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Exploring the Impact of Interpersonal Trust on Health Outcomes in Rapidly Gentrifying Neighborhoods in Portland, Oregon

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Introduction

Mental and Physical Wellness

Extant work has proposed that social components such as trust and cohesion are directly associated with mental and physical health outcomes. (Bjornstrom, Ralston, & Kuhl, 2013; Baum, Ziersch, Shang, & Osborne, 2009). Previous studies have comprehensively examined the interrelation between trust and individuals' mental health; however, there is a more insubstantial number of studies examining physical health (Bjornstrom, Ralston, & Kuhl, 2013).

Related, researchers have also documented that neighborhood disorder is negatively associated with health; the indicators are perceived cohesion and danger which are significant predictors of health (Cohen, Finch, Bower, Sastry, 2005). Perceived disorder, depression, and fearful anxiety have implications for increased alcohol and substance usage which can lead to poor self-rated health (Bjornstrom, Ralston, & Kuhl, 2013). Therefore, supportive relationships in socially cohesive neighborhoods can positively affect the morbidity, mortality, and aging rate among individuals (Cramm & Nieboer, 2015).

Additionally, aggregated neighborhood-level socioeconomic status measures and individual-level perceptions of the neighborhood are linked to overall health outcomes (Latkin, German, and Curry, 2009). Studies have also found that there is an increase in health status in regard to the migration of higher-income individuals, whereas there is an increase in the worst health conditions for those low-income residents who are relocating (Smith et al., 2020). Moreover, research indicates that socioeconomic discrimination such as gentrification has led to a deterioration of mental health, high-stress levels, and an increase in the risk of injuries due to changes in physical and social environments which include violence and crime. (Mehdipanah et al., 2017). Obesity, increase in heart rate/blood pressure, cancer, asthma, diabetes, cardiovascular diseases, and even premature mortality are some of the many diseases that have been seen to be associated with the lack of social cohesion and collective efficacy (Cohen et al., 2005; Henderson et al., 2016; Hill ., 2005).

Neighborhood Trust, Social Cohesion, and Collective Efficacy

Trust, support, cohesion, safety, and civic participation are some of the quintessential characteristics that individuals strongly value when residing in an area (Baum et al., 2009). Trust is a belief in integrity and reliability that requires a sense of reciprocity between individuals; it is a characteristic that is associated with a high level of social cohesion, collective efficacy, and physical disorder in communities. Social cohesion pertains to the effectiveness and instrumental mental support in a neighborhood that includes the level of trust between individuals, the strength of social bonds, and how willing they are to reciprocate those actions (Cramm et al., 2015). When individuals decide to step outside of their homes, they are willing to explore and connect with their communities. This decision is done through a form of trust with the hope of being accepted by other residents in the neighborhood. Collective efficacy and physical disorder, adjoined by the notion of mutual trust within a neighborhood, reflect the social interaction which results in the level of conformity and crime rates (Cohen et al., 2005).

Collective efficacy is a combination of social control and social cohesion, reflecting the willingness of community members to look out for each other when there are problems that arise (Cohen et al., 2005). Studies have elucidated that a low level of social cohesion and

belongingness in neighborhoods has contributed to the inability to achieve renewal in mutuality, trust, shared norms, and social bonds (Cramm et al., 2015; Henderson, Child, Moore, Moore, and Kaczynski, 2005).

An interest in the common good among neighborhoods positively reflects the strength of relationships, social participation, and collective attachment which is expected to enhance an individual's well-being, whereas, lack of cohesion can induce social disorder, conflict, and extreme inequality (Cramm et al., 2015). Many researchers have proposed that a high level of trust is associated with informal crime control, thus capturing the extent to which neighbors are more likely to engage in actions for the common good of the community (Bjornstrom, Ralston, & Kuhl, 2013).

Physical Disorder

Physical disorder, another prominent factor in the social process of communities, can be seen through incivilities such as vandalism, trash, drug sales, and other crimes (Polce, Hulbert, and Latkin, 2013; Hill, Ross, and Angel, 2005). Additionally, studies have indicated that a high level of disorder in neighborhoods is mediated by primary mistrust which gives rise to a sense of powerlessness, normlessness, and isolation; this idea generates a perception that invokes fear, anger, and distrust which causes individuals to isolate themselves from their communities in order to avoid ambient threats (Bjornstrom, Ralston, & Kuhl, 2013; Henderson et al., 2005; Ross et.al, 2009). Scholars also argue that trust between strangers that coexist in the same space, at the same time, is a form of protection from adverse mechanisms of urbanism and physical disorder (Intravia, Stewart, Warren, and Wolff, 2016). The increased physical disorder can lead to isolation and induce stress that can cause detrimental effects on mental health (Henderson et al., 2015). In addition to stress, isolation can prevent individuals from participating in outdoor activities which can hinder their physical health outcomes. In other words, the level of engagement, participation, and general dynamics in neighborhoods may promote health through physical activity (Cohen et al., 2005). Because trust is an emergent feature of social processes, it is reasonable to suspect that trust is associated with health outcomes which many studies have discovered.

Socioeconomic Status and Gentrification

Gentrification occurs when low SES/working-class neighborhoods experience an influx of new residents from the high SES/middle-upper class (Mehdipanah, Marra, Melis, and Gelormino, 2017; Smith, Breakstone, Dean, and Thorpe, 2020). Although gentrification has promoted an increase in property values, reduction in crime rates, and improvements to neighborhood environments, it has also disrupted social networks from residential displacement which has contributed to an increase in stress levels among residents who originally reside in the area (Smith et al., 2020). Gentrification has also endorsed racial discrimination in underserved, disadvantaged neighborhoods, which prevents them from acquiring equal opportunities. Although gentrification has detrimentally affected low-income neighborhoods, the denouements are more significant among Black and Hispanic/Latinx (Brown et al., 2007; Smith et al., 2020). Because most of the investments are towards the gentrified neighborhoods, there is an equivalent divestment in underserved communities. The complexities inherent in relations linked to urban renewal have reintroduced historical trauma and structural racism among the Black,

Hispanic/Latinx, and underserved communities (Mehdipanah et al., 2017; Smith et al., 2020). Because trauma and institutional racism has embedded themselves into gentrification, it has made trust between residents a challenging concept to grasp for underserved neighborhoods. One of many opportunities that have been taken away from individuals is equal access to healthcare (Mehdipanah et al., 2017). There are not many medical clinics in the area that it tailors to the needs of these communities. Health care is a salient element of one's overall health; therefore, the lack of protection for individual health can cause mistrust between residents in underserved neighborhoods and those who reside in more affluent areas with access to care (Baum et al., 2009).

Heightened perceptions of socioeconomic discrimination have been considered a form of stressor that contributes to poor physical and mental health outcomes. Neighborhoods, where a high percentage of individuals live in poverty, have lower educational levels, more unemployment, higher rates of public assistance, and lower rates of homeownership experience adverse health impacts differentially to those in affluent, well-resourced communities. (Hill et al., 2005). Studies have also indicated that along with social and economic determinants, racial minorities that reside in deprived neighborhoods and experience economical hardships are likely to be more susceptible to chronic diseases. (Brown, Ang, and Pebley, 2007; Cohen et al., 2005; Cramm et al., 2015). Gentrification has also led to an increase in the price of food, inadequate housing, and limited transportation all of which may induce worse health denouements (Brown et al., 2007).

The Relationship Between Gentrification, Trust, and Health Outcomes

Over the past decade, research has elucidated significant demographic shifts in Portland, Oregon. The prime focus of this study was to examine the relationship between demographic relocation and trust in neighborhoods on the northside of Portland such as the Albina and Rockwood neighborhood where. Residents have been greatly impacted by gentrification (Labissiere, Shannahan, & Rynerson, 2020). The Albina neighborhood historically an African-American community has seen an increase in white Americans (Gibson, K. J. (2007). Bleeding Albina: A history of community disinvestment, 1940-2000. *Transforming Anthropology*, 15(1), 3-25). Conversely, the Rockwood neighborhood, which has been predominantly white, has seen an influx of immigrants and people of color which has greatly diversified the area. In addition to the transitions of residency, the rise in businesses in the Albina neighborhood is making it financially unfeasible for working families to afford living in the area (Swart, 2018).

Although gentrification has displaced a striking amount of Albina residents, there is an equal amount who have to stay in the area. For these residents, gentrification is more than just an assault on the physical environment, it is also an assault on the social dynamics and established relationships that have coexisted for years/decades. Individuals that remained in the Albina neighborhood, especially African-American families, were denied a multitude of resources such as government funding and community support. Similarly, families who have moved into the Rockwood neighborhood are experiencing the same social and economical adversities. The discrimination and bigotry that is bestowed upon the African-American community have created a sense of mistrust (Labissiere, Shannahan, & Rynerson, 2020). When mistrust propagates, resentment and suspicion emerge. These factors have transformed individuals into strangers in their own neighborhoods. This is the opposite of collective efficacy and social cohesion. Studies

have determined that this type of mistrust contributes to the deterioration of individuals' physical and mental health outcomes (Mehdipanah et al., 2017)

The Albina neighborhood has been richly filled with the African-American culture; however, gentrification has recently superseded the area, bestowing economical struggles on African Americans who are left behind. Individuals who are left behind are residing in increasingly isolated pockets of poverty. Because these communities of color have been pushed out of the Albina neighborhood, they have migrated east into the Rockwood neighborhood. The Rockwood neighborhood, which is historically predominantly White, has experienced an influx of immigrants and people of color.

Current Study

This study aims to examine how trust in neighborhoods affects the physical and mental wellness of individuals in low socio-economic status communities, such as the Rockwood neighborhood, versus high socio-economic status communities such as the Albina neighborhood. The hypothesis is that the level of trust and social cohesion is lower in the Rockwood neighborhood; therefore, residents in that neighborhood will have worse self-rated health outcomes. In today's society, social cohesion has never been more important; this is one of the prime elements that resonate with trust, safety, physical disorder, and possibly gentrification. As a matter of fact, these are key factors to instituting a robust public health infrastructure. Reducing physical disorders and enhancing social cohesion is the first important step to promoting a healthier community. It is crucial for individuals to be able to seek support when it comes to their mental and physical well-being; their neighborhood is what influences the outcome of their decisions.

The Albina and Rockwood neighborhoods in North/NE Portland are two non-contiguous communities within Multnomah County. In the past decade, the two neighborhoods have been greatly impacted by gentrification as described earlier. The surveys were given out to both adults and children who live in the Albina/Rockwood neighborhood, located in North/Northeast Portland.

In the Albina neighborhood, approximately 40% of participants reported a household income of \$90,000 or more a year, juxtaposing only 3% in the Rockwood neighborhood (Labissiere, Shannahan, & Rynerson, 2020). Similarly, about 65% of Rockwood participants' annual household income is less than \$50,000 compared to just 39% in the Albina neighborhood (Labissiere et al., 2020). Data from the survey statistically indicated that the economic variation in the Rockwood neighborhood is more diverse compared to the Albina neighborhood, where the differences in incomes are greater.

Study Population and Design

The study uses survey data collected for the Albina-Rockwood Promise Neighborhood Initiative (ARPNI.) In the Albina- Rockwood Promise Neighborhood Initiative (ARPNI), SEI and its local partners, which include United Way of the Columbia-Willamette (UWCW), Albina Head Start (AHS), Immigrant and Refugee Community Organization (IRCO), Latino Network (LN), Metropolitan Family Service (MFS), and Native American Youth and Family Center (NAYA), are a part of a collective impact that aims to ameliorate the living conditions for families that reside in the underserved and under-resourced communities in Multnomah County,

Portland, Oregon. They are partners of this project and are determined to collectively move the needle on housing for families, dietary lifestyles among the youth, and better access to higher education.

This study was motivated by the ARPNI survey and its prime objectives. ARPNI attempts to illustrate a community that has been fragmented into two different neighborhoods. In the past decade, the Albina neighborhood has experienced rapid gentrification which has led to the displacement and separation of families of color. Additionally, there are indications that gentrification has produced a more deleterious effect on African/American and Hispanic families. When comparing changes in social dynamics between the two neighborhoods, it helps optimize our knowledge of how detrimental gentrification is among communities of color. The communities of color in Multnomah County are severely suffering more compared to other communities nationally.

The responses to the survey are intended to drive equity, provide additional cultural specifics and responsive services, and empower families of color. The ARPNI based their study on the Whole School Model, which includes the relationship model, culture of success, continuum of service, and comprehensiveness. Congruently, the purpose of this study is to help further understand how trust between neighbors can be employed as a tool to improve the overall mental and physical wellness of individuals with distinct racial backgrounds and different socioeconomic statuses. In this study, the main focus is to understand the impact of interpersonal trust and a sense of safety, and physical and mental health wellness of individuals in the two neighborhoods.

The goal was to start with an accurate based estimate. An accurate based estimate will allow these organizations to envision where to start and in which direction to go towards. To avoid a biased study, the decision was to use a stratified random sample. By adhering to a random assignment, all residents will have an equal opportunity to participate in the study. Because of the equal chances and random selection, helps increase the quality of the sample. This is useful for obtaining the based estimates for the health and education indicators which are the greatest concerns to the communities. A robust random sample will help provide an accurate estimate of the population.

Methods

As for the study, a list of families with children in the census tract was obtained via a commercial enterprise. Metro data was provided by the Population Research Center at Portland State University and the addresses of each parent in the census were collected from the corresponding school districts; Portland Public School District and Reynolds School District. The three lists were combined to get the relevant number of parents and their households in the neighborhoods. A random sample was drawn from the complete list. Residents that were selected to participate received the survey via mail or email. Portland's People's Outreach Project also helped make phone calls to participants on the list to help collect responses. Questions on the survey pertained to living conditions, education, level of safety, and wellness statuses. The purpose of the survey was to identify an accurate baseline estimate. Although this is an annual survey, only data from this year's survey will be used to analyze the level of trust, sense of safety, and overall self-rated health outcomes. The survey was translated into the 6 different languages recorded in the census. Participants received a \$40 gift card incentive.

Independent variable

The level of interpersonal trust between neighbors is the primary predictor of this study and is also the independent variable. Neighborhood trust was classified as high, medium, or low level of trust based on questions from the California Health Interview Survey asking about the level of agreement with the statements “people in my neighborhood are willing to help each other”, and “people in my neighborhood can be trusted”, and “I feel connected to my neighborhood.” The responses are compared to the responses to questions from the Interpersonal Support Evaluation List (ISEL) -- General Population (Cohen & Hoberman, 1983) where individuals had to identify whether it is definitely true (3), probably true (2), or probably false (1) and definitely false (0). The questionnaire measures the level of trust present between neighbors and how these relationships vary depending on the neighborhood they reside in. A high score indicates higher levels of trust that exist between neighbors, and a low score indicates a lower level of trust. Questions regarding the safety of the neighborhood such as “overall, how safe do you feel walking alone or moving about in your neighborhood” and “what makes you feel safe in the neighborhood” were asked to assess how safety influences relationships within the neighborhood.

Dependent Variable

Mental and physical health outcomes are dependent variables thought to be affected by levels of trust. An initial question to assess well-being asks about the level of perceived stress. To measure their physical health, participants will answer Self- Rated Health questions such as “would you say your health, in general, is excellent, very good, good, fair, or poor?” In previous longitudinal studies, there are suggestions that poorer self-rated health is associated with a higher mortality rate along with functional limitations (Brown et al., 2007). In addition to overall physical health, the questions retrieved from the Generalized Anxiety Disorder-2 and GAD-7 scale (Sapra, Bhandari, Sharma, Chanpura, & Lopp, 2020) will be used to examine the mental health outcomes. Participants will be asked to select not at all, several days, more than half the days, or nearly every day to “over the last 7 days, how often have you been bothered by the following problems- feeling nervous, anxious, or on edge? Would you say not at all, several days, more than half the days, or nearly every day?” Answers to these questions will be compared to individuals’ trust scores.

Analysis

The survey was established and delivered via Qualtric. Covariate variables including gender, race, class, and neighborhood, were included in the analysis. The first analysis compares the percentages of the level of agreement to the given questions that are irrespective of the neighborhood. The purpose of the first analysis is to capture the general picture of trust, and it corresponds to overall self-rated health outcomes. The second analysis also uses the percentage of agreements to the questions; however, in respect of each neighborhood. The percent differences in trust, safety, and health outcomes are the quantified variables. The goal of this analysis is to allow us to comprehend whether trust impacts mental and physical health outcomes regardless of environment, socioeconomic status, or demographics.

Results

The survey had a total of 605 responses; a subsample of 394 responses was included in this study. Inclusion criteria respondent must be a parent, guardian, or primary caregiver of a child aged 0 to 12th grade. and have responses submitted before July 31st, 2021.

A breakdown of the participant is presented in Table 1, showing the number of residents in each neighborhood and their relationship with the child(ren) in the household, and the percentage distribution of race/ethnicity and housing.

Characteristics	Albina	Rockwood
Residents (n)	150	239
Race and Ethnicity (%)		
White	47	29
Black/African American/African	36	17
Hispanic or Latino	12	52
Indigenous (includes Native American, Alaska Native, First Nations, Indigenous South American)	9	>5
Slavic, Pacific Islander, North African, Middle Eastern, and Asian	>5	>5
Housing (n)		
Rent place they are living in	55	74
Own place they are living in	44	26
Others	1	>1
Relationship with child (n)		
Mother	109	175
Father	22	39
Stepmother	2	2
Stepfather	0	4
Foster parent	1	0
Grandparent	6	11
Other	8	7

Gentrification is a prime element of the racial and socioeconomic allocation in the two neighborhoods. Rockwood had almost six times more Hispanic or Latino respondents. As suggested in previous studies, Albina has seen an influx of White Americans, whereas many individuals of color have joined Rockwood. The fluctuation has also endorsed racial discrimination in these neighborhoods. Racism and discrimination are factors that aggravate the level of trust and cohesion within communities. Demographic differences have greatly influenced individuals' perspectives of their neighborhoods (Labissiere, Shannahan, & Rynerson, 2020).

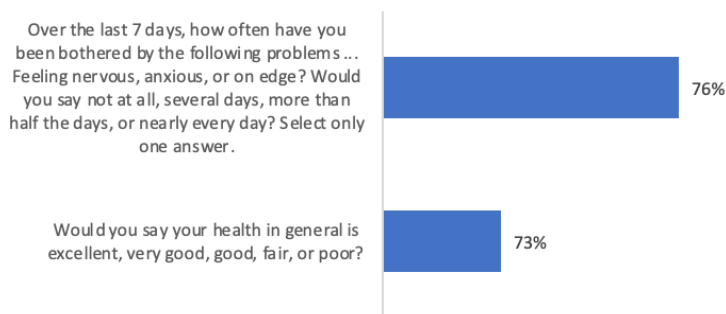
For socio-economic characteristics, respondents were asked to answer whether they or their family own or rent the place they are currently residing. Individuals in Albina are two times more likely to own a home compared to those who reside in the Rockwood neighborhood. Many individuals in Albina are more financially capable of owning a place since they are from the high SES/middle-upper class. Comparatively, most Rockwood families rent their place because most of them are from the working-lower class. These numbers may also possibly indicate that there are more renting units in Rockwood and that renting is more affordable for families. Gentrification has promoted an increase in property values due to an increase in businesses. In

Albina, the numbers of renters and owners are closer to each other which suggests that they have the option. Affordability is significant to the level of stress bestowed on people; elevated perceptions of socioeconomic differences have been deemed as a form of stressor that contributes to physical and mental health outcomes. Lastly, there were no questions regarding gender identity; however, participants were asked to indicate their relationship with the child(ren).

Table 2. The trust level is indicated by the percentage of agreement for each question regarding social cohesion and collective efficacy irrespective of the two neighborhoods.

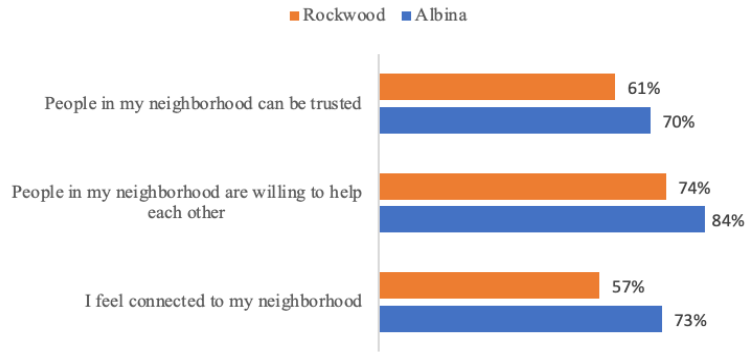


Table 3. The percentage of respondents who agreed to positive health attributes irrespective of the two neighborhoods.



Furthermore, the purpose of this study is to measure the level of interpersonal trust between the two neighborhoods and use it as the primary predictor of individual health outcomes. Within the two neighborhoods, about 64% of the respondents agreed that people in their neighborhood can be trusted and that they can feel connected to them. There was a 20% difference when asked if they were willing to help others. When associating these numbers with the overall health of individuals, there is some parallelism. The majority of respondents, 76%, agreed that they rarely or never feel anxious, nervous, or on edge. However, there is a 3% difference when it pertains to their general health being excellent, very good, or good. Overall, the percentages suggest that in neighborhoods where there's a high level of social cohesion, trust, and collective efficacy, there are better health outcomes.

Table 4. The trust level is indicated by the percentage of agreement for each question regarding social cohesion and collective efficacy with respect to each neighborhood.



When identifying the responses in respect of the neighborhoods, there was a 9% difference between the two neighborhoods. 61% of participants agreed in Rockwood and 70% in Albina. Similar percentages were observed for the willingness to help out their neighbors; individuals in the Albina neighborhood are 10% more likely to express support for the neighborhood. The substantial distinction between the two neighborhoods comes with the level of connectedness. There is a 16% difference between the Albina and Rockwood when asked if they feel connected to their neighborhood. The difference suggests that there are lower levels of social cohesion within Rockwood.

In addition to interpersonal trust, another variable that was examined was the level of safety in each neighborhood. Safety is a prime constituent of physical disorder which influences the level of trust that individuals have in their neighborhood. They were given the options of very safe, safe, unsafe, and very unsafe. However, for this analysis, very safe and safe were combined since they both pertain to the general idea of agreeing. Similar to the other two options, unsafe and very unsafe were conjoined as a single option which is disagreeing. Participants were asked, “Overall, how safe do you feel walking alone or moving about in your neighborhood during the day?”

Table 5. The percentage of participants who report feeling very safe and safe in the two neighborhoods.

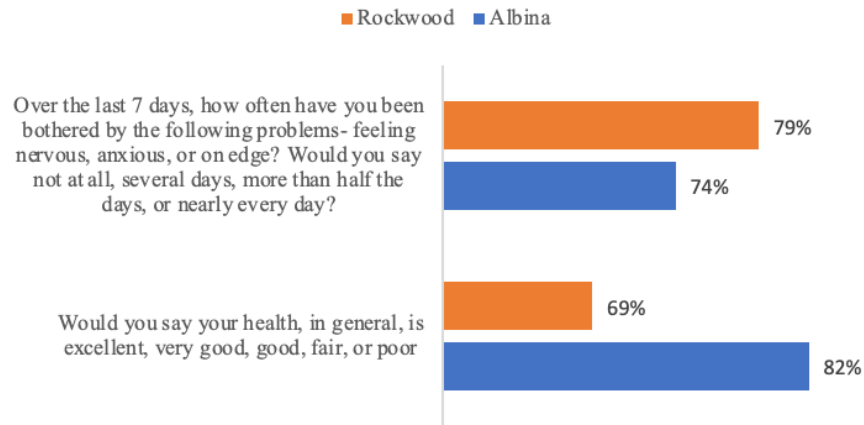


As for responses on safety, there was an 11% difference between the neighborhood; Albina residents feel more safe walking alone or moving about in their neighborhood during the day. These percentages can also suggest that individuals in the Albina are likely to feel more safe and comfortable being outdoors and interacting with others. Conversely, since individuals in Rockwood feel safe moving about, they are less likely to be outside to interact with their neighbors. The level of interaction that exists within a neighborhood can determine the level of social cohesiveness. To further comprehend the connection between trust and safety in each neighborhood, participants were asked, “What makes you feel unsafe in your neighborhood” in this some of the responses from the Albina neighborhood include:

Table 4. Responses from participants regarding how unsafe they feel in their neighborhood.

Albina
What makes you feel unsafe in the neighborhood?
A lot of shootings in the neighborhood. Lot's of theft. Stealing cars, bikes, etc. More gun violence than anywhere else she's lived.
A lot of violence in the neighborhood.
A number of issues but the main is the homelessness
Because of all the recent shootings that are close in the neighborhood
Because of shootings and kidnapping
Rockwood
What makes you feel unsafe in the neighborhood?
últimamente e mirado n las noticias q estan habiendo disparos últimamente y una sale hasta con miedo, y con el temor d pasar algo caminando mas con mi hija!!
A lot of gun violence
A lot of serious mental health problems with residents and break-ins in my neighborhood
A ávido muchos sonidos de pistolas en los alrededores
All of the shootings

Table 6. The percentage of respondents who agreed to positive health attributes between the two neighborhoods.



As for the first question which pertains to one's mental health, there is a difference between residents in the two neighborhoods. The data suggest that individuals in the Rockwood neighborhood often feel nervous, anxious, and on edge. Although the difference is only 5%, there is an indication that participants in the Rockwood neighborhood express poorer mental health. The second question refers to individuals' overall health. 82% of respondents in the Albina neighborhood suggested good overall health outcomes, whereas only 69% of respondents in the Rockwood neighborhood indicated good overall health outcomes. Compared to the question regarding mental health, there is more of a distinctive difference, a 13% difference, in the overall health between the two neighborhoods.

In terms of the overall picture of the two neighborhoods, the Albina neighborhood expressed higher levels of social cohesion and collective efficacy. Individuals in the Albina neighborhood were more likely to trust their neighbors, help each other, and are more willing to connect with each other. Residents in the neighborhood also feel safer when they are alone and moving about in their neighborhood. Regarding their health statuses, respondents in the Albina neighborhood demonstrated greater overall health outcomes. They also experience less anxiousness and nervousness which suggests better mental health outcomes.

Conversely, respondents in the Rockwood neighborhood expressed lower levels of trust for they are less likely to trust, help, or connect with their neighbors. These percentages indicated the lack of social support between individuals in this neighborhood. Similarly, they also feel less safe when walking and being alone in their neighborhood. When juxtaposed with their health status, individuals in the Rockwood neighborhood experience anxiousness and nervousness more often than individuals in the Albina neighborhood. As for their overall health, there was a 13% difference compared to their counter neighborhood which suggested that they had fewer individuals who considered their health to be excellent, very good, or good.

In the descriptive analysis, there is an indication that higher levels of trust in a neighborhood are associated with better overall health outcomes. Participants in the Albina neighborhood attested to greater trust between neighbors, feeling safe, and having a lower level of anxiety with better overall health. Conversely, respondents in the Rockwood neighborhood reported lower trust between individuals, feeling less safe and more anxious expressed worse overall health.

Discussions

The purpose of this research is to amplify previous studies on the relationship between trust, support, cohesion, safety, and other social capital which impacts the outcomes of one's physical and mental health (Baum et al., 2009). Perceived neighborhood disorder has also been the cause of depression and anxiety, which are implications of poor self-rated health (Bjornstrom et al., 2013). This analysis encapsulates perceptions from both the individual and neighborhood levels. In addition to these social capitals, this study also explores the demographics in each neighborhood and how it is a product of gentrification. Gentrification engenders disruption to the social network by inducing residential displacement, racial discrimination, and unequal access to resources and opportunities (Smith et al., 2020). In communities where there are high percentages of poverty, lower education, unemployment, and rent rather than own their home are more likely to experience adverse health impacts Hill et al., 2005).

The study examined two rapidly gentrified neighborhoods in Portland, Oregon, the Albina and Rockwood neighborhoods, to identify the relationship between trust and overall health outcomes. There is a juxtaposition that neighborhoods where social cohesion is more prominent, it reflects the strength of relationships between each individual, increase in social participation, and collective attachment (Cramm et al., 2015). These factors allow for the enhancement of an individual's wellbeing. As for communities where they observe a lack of social connectedness, they are more likely to perceive their community to have a higher social disorder, conflicts, and extreme inequality (Cramm et al., 2015). With this at hand, many residents may acquire the idea of little to no integration or attachment between the community.

Findings from the quantitative study confirm the hypothesis that the level of trust and social cohesion is lower in the Rockwood neighborhood; therefore, residents in that neighborhood will report worse self-rated overall health outcomes. Participants in Rockwood expressed a 9% less likely to trust their neighbors than in Albina. They were also 10% less likely to be willing to help out others and 16% less likely to connect with their neighborhood. Ultimately, the analysis stipulates the principles of gentrification impacting individuals' perceptions of their neighborhoods. Rockwood, which continues to experience rapid gentrification, depicts a lower level of social cohesion, collective efficacy, and neighborhood trust. In addition to trust between individuals, residents in the neighborhood feel less safe. There is an 11% difference suggesting some degree of high-level ongoing physical disorder in the Rockwood neighborhood. These numbers illustrate health outcomes in both Albina and Rockwood. Residents in Rockwood expressed a 5% likelihood of having anxiety compared to those in Albina. When examining the overall health, there is a 13% difference with respondents in Albina expressing better health whereas individuals in Rockwood experiences worse health outcomes. There is an overall depiction of the lower level of trust, social cohesion, and collective efficacy in rapidly gentrified neighborhoods that can lead to a denouement of poorer overall health.

Limitations of this study include the cross-sectional nature of the quantitative study, the sampling of each neighborhood, and possible self-report bias. However, by adjusting parental factors to reduce the bias in the responses. The measure of connectedness between individuals may have prime key neighborhood factors, which include the geographic location, how often they interact with each other, and other positive community characteristics that may intercede

personal perceptions. Furthermore, participants may potentially utilize their personal experiences with personal conflicts with their neighbors to influence their perceptions of social cohesion and collective efficacy. Another limitation was the number of participants in each neighborhood since there was a substantial difference between the two. Despite the number of participants that may potentially influence the percentage, the patterns may remain the same.

There is an acknowledgment that community perceptions may differ among each individual. Therefore, it is significant to recognize neighborhoods experiencing high levels of gentrification and how it influences their perceptions of urban planning. These data point serves as a reminder that social factors, such as social cohesion and collective efficacy, are fundamental to the trust that gets developed in these neighborhoods. There is no single approach or solution to ignite a trustful, harmonic relationship between neighbors. These solutions for diverse communities need to be distinctive and specific to their needs. A broad appeal will not lead to long-term impacts or change. Policies that are especially critiqued for rapidly gentrifying neighborhoods could also alleviate the struggles among these vulnerable communities. Considering the individual and community level constituents associated with manifested perceptions of the neighborhood may help determine neighborhood attributes corresponding to their mental health, physical health, and overall wellbeing.

As for future studies, there is an indication for further investigation on how gentrification can influence the child(ren) perception of their neighborhood. Their growth and development years are dependent on their connectedness and relationship established with their surroundings. Additionally, safety and physical disorder are other components that may influence their trust in their community and those offering them protection. Other attributes that may influence their perception include their sexual identity, race/ethnicity, and socioeconomic status. By amalgamating these factors and characteristics, there can be a better understanding of how rapidly gentrified neighborhoods explicate trust.

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