



ORIGINAL ARTICLES: VARIOUS TOPICS

Community Experiences and Perceptions Related to Demolition and Gut Rehabilitation of Houses for Urban Redevelopment

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ABSTRACT Reports about current residential demolition practices received from residents and plans for large-scale urban redevelopment in East Baltimore provided impetus for this study to assess community concerns and develop approaches to addressing them. This article describes the following themes regarding residents' experiences with demolition and gut rehabilitation of older housing performed as part of urban redevelopment: (1) lack of notification and awareness about protective measures; (2) concerns about environmental and safety hazards; (3) psychosocial impact from displacement, disruption in daily life, and inattention to community concerns; and (4) recommendations to improve redevelopment practices, including ideas to control neighborhood exposure to environmental hazards potentially exacerbated by residential demolition and gut rehabilitation. The findings from focus groups substantiated and deepened our understanding of earlier anecdotal reports of residents' concerns and emphasized the need for including community perceptions and ideas in addressing environmental and psychosocial issues related to urban redevelopment.

KEYWORDS Demolition, Focus groups, Gut rehabilitation, Housing, Qualitative, Urban redevelopment.

INTRODUCTION

Reducing the number of substandard housing units is one objective for promoting a healthy environment under Healthy People 2010.¹ A substantial body of literature exists that has long recognized the influence of poor housing on health. Many studies document the relationship of housing abandonment and negative outcomes^{2,3} for residents primarily residing in economically disadvantaged communities.^{4,5} In addition to being fundamental to health, adequate housing in a safe neighborhood carries psychological importance linking individuals to group life and social networks.⁶

Urban redevelopment efforts involving residential demolition and gut rehabilitation of older substandard housing is one means of promoting the objective of reducing the number of substandard houses. The U.S. Department of Housing and Urban Development estimates that 1.8 million houses will be demolished nationwide

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during this decade.⁷ Substandard urban housing targeted for redevelopment activities is associated with human exposure to environmental hazards, including lead-containing paint and dust, rats, cockroaches, allergens, and molds.

Exposure to hazards present in substandard housing has been associated with health risks,⁸ including lead poisoning,^{9,10} respiratory illnesses,¹¹ and poor mental well-being.^{5,12,13} Though the evaluation of the impact of housing improvements on health is limited, research has shown that removal of environmental hazards common in older housing has demonstrated health gains in individuals previously exposed to the hazards.^{13,14}

The impact of exposure to environmental hazards potentially exacerbated by redevelopment activities, including demolition and gut rehabilitation of older houses, is just beginning to be explored. Our recent research, for example, documented increased levels of lead in ambient dustfall during the demolition of older houses containing lead-based paint in Baltimore, Maryland¹⁵ and increased lead in settled dust on streets, alleys, and sidewalks.¹⁶ During that study, community residents and organizations provided anecdotal reports of other concerns about current demolition practices, including a lack of advance notification and health education and minimal efforts to control dust, rats, wastewater, and public access to the sites.

The process of urban renewal is also associated with health and social consequences, including loss of affordable housing, interruption of social networks through relocation of residents, elimination of businesses, and reduced opportunities for fulfillment.^{6,12} A variety of other investigations have been carried out that assess overall environmental impacts on health and well-being in local communities,^{17,18} and a range of public health interventions have been implemented and evaluated to test the effects of improved housing quality.^{8,13} Given the linkages between health and housing and the ongoing renewal programs in urban communities, interventions infused with genuine community involvement that does not undermine trust may be a basis for addressing problems caused by urban redevelopment.⁶

Like other cities, Baltimore, Maryland, the site of this study, has thousands of abandoned and substandard houses that are being targeted for urban renewal efforts. The 22-acre East Baltimore Life Sciences and Technology Park, to be located adjacent to the Johns Hopkins Medical Institutions, is touted as the economic force behind the redevelopment activities in the area and is projected to entail the demolition of approximately 20 square blocks of row houses during this decade, impacting significant portions of the community.¹⁹ The project provided impetus to this research study to explore strategies to limit environmental hazards and promote the well-being of the community during this period of transformation. This article reports findings from focus groups conducted to more fully explore and understand community perceptions of and experiences with urban renewal activities and to involve the community in the development of approaches to address their concerns. The goal of this assessment is to lead to the better use of community-specific responses in planning for environmental interventions.

METHODS

Design

To gain community perspectives, a total of five focus groups were conducted with residents of low-income and minority neighborhoods experiencing urban redevelopment activities, including the East Baltimore Empowerment Zone. Conducting

focus groups is a qualitative research method that is best used when the desire is to learn and hear from others who may have a shared experience.²⁰ It is also a tool that provides researchers with access to the language and concepts participants use to structure their experiences and to think and talk about a designated topic. Focus groups are also useful in developing valid instruments and facilitating future culturally relevant research.²¹ In this case, focus groups have been used to identify what the priorities and approaches should be to influence awareness and knowledge about environmental hazards potentially exacerbated by urban redevelopment activities. The focus groups were conducted in collaboration with three partner organizations located in East Baltimore. The first three focus groups, conducted between November 2000 and February 2001, addressed residential demolition practices. Two additional focus groups took place in December 2002 on gut rehabilitation of older urban housing, another key component of urban redevelopment.

The first two demolition focus groups were gender specific based on the potential for different perceptions and experiences related to demolition practices. For example, it was thought that women may have more concerns about the safety of neighborhood children and that men, while also concerned about children, may focus more on the process of demolition. The third demolition focus group and both gut rehabilitation focus groups included men and women because the gender-specific groups did not yield unique information. No new themes emerged during the final demolition and gut rehabilitation sessions. To supplement the focus groups, we asked the participants to respond to a short set of written questions about their exposure to demolition activities and associated experiences with notification, planning, and problems.

An eight-item topic guide (Appendix) with probes to facilitate the focus group discussion on current urban demolition and gut rehabilitation practices and community resident perceptions was developed with input from public health faculty with research expertise in environmental health and social and behavioral sciences. Literature reviews were conducted to assess previous research and to determine the value of the approach for addressing this community-level issue. Additionally, community health workers and the public health faculty representing the study provided input based on their direct contact with the community's conditions during the field research with demolition and gut rehabilitation.

Recruitment and Participants

Recruitment for the demolition focus groups was conducted within the East Baltimore Empowerment Zone with the assistance of the Middle East Community Organization and The Men's Center. Recruitment for the gut rehabilitation focus groups was conducted by the People's Homesteading Group, which is located in a neighborhood that had experienced gut rehabilitation work. Recruitment notices were posted at the offices of the collaborating community organizations and distributed by staff of the partner organizations. Interested persons were asked to contact the study office to receive additional information. A subsequent letter of invitation was sent confirming the date, time, and location of the focus groups. Each organization hosted at least one focus group.

Eligibility criteria included being an English-speaking adult of at least 18 years, living in the vicinity of present and past demolition or gut rehabilitation activity, depending on the topic of the focus group. All of the resident participants were African American. Informed consent was obtained before the start of each focus group by using a form approved by the Committee on

Human Research of the Johns Hopkins Bloomberg School of Public Health. Participants received a \$15-\$20 honorarium and a box dinner for their time and involvement.

Focus Group Procedures and Content

Two doctoral students experienced in leading focus groups and an established group facilitator moderated the demolition focus groups. Trained study personnel (outreach staff) facilitated the two gut rehabilitation focus groups. Each session was audiotaped with the consent of the participants and transcribed. An observer/note-taker took written notes at each session to supplement the transcriptions.

Data Analysis

The analysis plan was derived from the objectives of the research to assess community resident perceptions of demolition and gut rehabilitation practices and to seek their input on strategies to improve the current practices in their neighborhoods. Three sources of data were used in the analysis: (1) raw data transcribed from the audiotapes, (2) typed observer/recorder notes, and (3) answers to the brief set of written questions. The analysis plan set out to examine, compare, and contrast perceptions by looking for recurring themes, patterns, and trends from all three sources of data. To reduce researcher bias, reviews of the transcriptions were first done independently by two members of the research team experienced in the use of qualitative data. A matrix was constructed to organize, to note comparisons and contrasts in the data, and to code recurrent themes.²² Analysis of demolition and gut rehabilitation focus group findings were conducted independently of one another before being analyzed together to verify common themes. The themes about demolition and gut rehabilitation were found to be similar, and these results were pooled. Another feature of the analysis focused on identifying unanticipated findings. The research team reviewed and discussed the preliminary findings. Subsequently, a meeting was held to present the findings to a group of local agency representatives addressing demolition issues and to assess their sense of the representativeness of the themes that emerged.

RESULTS

A total of 37 adult community members participated in the five focus groups and the survey. The two gut rehabilitation focus groups were composed of seven females and six males ($n=13$) and one People's Homesteading Group staff member. The three demolition focus groups were composed of 11 women and 13 men ($n=24$). Four central themes were identified based on the demolition study focus group data. Later analysis of the gut rehabilitation study data used similar qualitative procedures and revealed themes congruent with demolition findings. The rationale for quotation selection was based on three factors: (1) linking the quotes to reflect the constructs underlying the study, (2) displaying quotable findings after synthesizing and condensing the volume of text into a manageable format, and (3) representing the data from participants with different points of view to reduce the chance of making bias-ridden judgments.

The first theme, *community concerns about awareness and notification*, highlighted the problem that no advance notice and health education is systematically given to residents living near redevelopment sites. "Communication is not happening"

was noted by one of the participants. Another respondent added “Legally, [they] don’t have to inform you of environmental dangers if demolishing a house.” Those who reportedly received no notification learned of the activities at the time of occurrence. As told by one participant, “[Demolition crews were] already tearing down the west side of the street when my notice came.” The six respondents who reported receipt of notification received it from neighbors or a community organization, whereas only one received it from a city agency. Participants also expressed particular concern about lack of notification to senior citizens and other individuals with special needs who may require certain provisions when redevelopment work takes place.

The second theme, *additional concerns about current practices*, generated much discussion because it addressed the potential negative impact of redevelopment activities experienced by community residents. Residents mentioned concerns about lack of restricted access to the demolition site. Reactions to this issue were expressed through the following sentiments: “Nothing was blocked off. No cones in the streets” and “Kids walked right through the area. That’s their playground . . . Debris attractive [to the kids as a good place to play].”

Based on the supplemental set of written questions, respondents reported problems with safety, dirt and trash, and noise/vibration during demolition and gut rehabilitation activities, including debris removal. Focus group participants further expressed how the generation of ambient dust and the presence of rats inconvenience them. “More rats than people. The rats will show you that they are the boss.”

Not all participants, however, viewed demolition solely in negative terms. They acknowledged that ridding the area of boarded-up houses reduced vagrancy, fire risks, and illegal drug activity. “I think there is a need for getting rid of it [old houses], and rid crimes and drugs involved, people hiding stuff in the houses, setting houses on fire . . . there is a need for them to find a better and safe way to do it.” Although participants expressed the belief that gut rehabilitation activities could promote revitalization of the community, they also felt that the removal of the dwellings’ original historical components would devalue the neighborhood and weaken the community.

The concerns about safety included practical aspects such as possible dust lead, contamination of animals and clothes left outside to dry during the demolition, and gut rehabilitation activities. Participants expressed concerns about safety hazards to children and adults resulting from the failure to post signs or restrict access to dangerous areas, such as the debris pile. Participants also noted concerns about the debris being left onsite for extended periods and about vacant lots being left undeveloped following the completion of the demolition. Dirt and trash were the most frequently reported problems noted about the vacant lots. One focus group participant complained that the vacant lots often became “dumping grounds” for trash.

Unique to the gut rehabilitation, focus group participants were concerned about houses remaining vacant, sometimes due to unfinished rehabilitation work, citing, “boarded-up houses left for extended period.” Also, “Houses stay vacant for years.” Vacant houses and lots are convenient places to leave trash. Also raised was the issue that vacant houses provide havens for rats, cockroaches, squatters, illegal drug users, and dangerous play areas for children.

The third theme, *psychosocial impact*, was one that the study team had awareness of, but did not fully appreciate, before the qualitative phase of the research. This theme reflects the humanity of urban redevelopment and the challenges and

consequences of relocation of families and disturbance of neighborhoods. Participants expressed that “Nothing positive is in the empty lots; it’s like a dump.” “[City officials] should be rebuilding, not tearing down . . .” and “We’re class experiments.” Similar frustrations were expressed regarding the city’s lack of action in prosecuting developers who did not finish rehabilitation projects, leaving vacant houses in the neighborhoods. Participants felt that the city provides inadequate services related to urban redevelopment because they are residents “in a poor black neighborhood.” They also expressed frustration and a lack of control over the psychosocial adjustments and ramifications of demolition and gut rehabilitation activities. “They were shocked. I never told my kids about it. The kids came back and said ‘Mommy, do you know the whole block of houses is torn down?’” The lack of involvement that community members had in planning redevelopment activities and the disregard for inconveniences experienced from demolition and gut rehabilitation added to their feelings of limited control over their surroundings and subsequent negative impressions. “They think our neighborhoods are expendable. Put something back—save some neighborhoods.” Another respondent commented, “I like my house; I’m not going anywhere.”

The fourth theme, *community recommendations to improve practices*, included practical solutions that would improve notification and awareness of demolition and gut rehabilitation, enhance safety and security of affected residents, and engage the community in planning and implementation across all phases of redevelopment activities. Recommendations were put forth on how to improve early notification, including the designation of an individual to speak with community residents in person and by telephone about the redevelopment activities. “Put up signs . . . lots of notices . . . should be on radio, on the houses, in the newspaper [and officials] should let us know one to two weeks in advance.” “We need a person to come out [direct personal contact], not just a telephone recording. . . .”

To enhance safety and security, participants made suggestions that should require enforcement by city officials and contractors such as timely notification and restricting access to work sites and soaking the buildings before demolition to minimize dust emissions. “Have a guard there 24–7.” Participants also believed that demolition and gut rehabilitation activities are done more carefully in more affluent neighborhoods outside East Baltimore. This perspective was reflected by the participant’s comment, “In a good neighborhood the area (demolition/gut rehabilitation site) would be fenced in.”

Participants felt that improving demolition practices will require their involvement in the process. While only three focus group members responded to the written supplement that they had been previously involved with urban redevelopment activities in their neighborhood, virtually all responded that they would like to help find a better way of doing demolition/gut rehabilitation. The list of recommendations to engage the community called for planning with them how to use the cleared land, training, and hiring residents to make small (home) repairs that might reduce the need for demolition and encouraging residents “. . . to work together to keep the community up.” “If you want a neighborhood, you just can’t have new houses without having the other elements that go into a community . . . hire people from the community and give them work.” Participants felt a strong connection with the potential for positive impact that gut rehabilitation activities, provided by community members, could have in the neighborhood. One participant warned, “If there are no houses, then there is no place to live, no community.”

DISCUSSION

The primary purpose of this study was to elicit the perceptions and concerns of East Baltimore residents about demolition and gut rehabilitation practices. In previous demolition-related research in East Baltimore,^{15,16} individuals provided anecdotal reports of their experiences and perceptions that the focus groups corroborated and explored in more depth. A second purpose was to generate suggestions on improving demolition and gut rehabilitation practices to protect residents' health and safety and preserve intact neighborhoods.

This research reflects the community's voice in the process of urban redevelopment, including the exploration of the human impact of potential environmental hazards exacerbated by demolition and gut rehabilitation activities. Insights generated from this qualitative research have inspired and informed the development of community-based interventions in older urban neighborhoods and have contributed to the scant literature in this area of environmental health. Another outgrowth of the research has been the formation of an environmental justice partnership between academic institutions and community organizations.

Lack of notification and information about what to know and do about potential hazards like lead dust, gas leaks, rats, noise, and dust were frequently reported as concerns exacerbated by demolition and gut rehabilitation activities. Also, of great interest to participants were vacant lots and houses that present physical hazards (trash and rodents) and socially dangerous areas inhabited by squatters and drug dealers. Although community members reported that unfinished gut rehabilitation projects presented hazards, they also expressed the preference for the renovation of historical buildings rather than demolition. Focus group participants agreed that the rehabilitation of these historical buildings engendered a feeling of neighborhood ownership and pride that promoted the strengthening of the community structure.

Recommendations for the improvement of urban redevelopment practices emphasized the inclusion of community members in the implementation of interventions to address potential environmental and safety hazards generated by urban redevelopment activities. Nearly all respondents reported that they want to be involved in the planning for future urban redevelopment in their neighborhoods; however, only three had ever contributed or been invited to participate in past planning efforts. Their interest in community-sensitive approaches to urban redevelopment is also reflected in their participation in the focus group discussions. Participants recommended that residents of impacted neighborhoods serve as community educators to notify and educate residents about upcoming demolition and gut rehabilitation activities. They also believed that building community capacity through employment on urban redevelopment projects, and the actual demolition and gut rehabilitation activities in the neighborhoods, would potentially create a sustainable, positive, synergistic effect on the success of the urban redevelopment projects. Participatory approaches, such as community-based participatory research, are being increasingly utilized as an approach to equitably involve stakeholders and minimize the potential for co-optation of community residents and community organizations.²³

The impact of urban redevelopment activities on the psychosocial well-being of communities divulged a message that some urban redevelopment practices actually devalue the spirit of the development activities by demolishing historical houses and leaving unused, littered, vacant lots. Throughout the focus group discussions, there

was a feeling that environmental hazards potentially associated with the city's urban redevelopment efforts were a result of social inequities. The psychosocial impact of urban redevelopment activities is receiving increasing attention in the literature, was deemed important in our study, and should be explored in more depth in future research to be fully appreciated.

Strengths and Limitations

This study has many crucial strengths including (1) themes elicited through the community members' personal experiences and interests rather than themes imposed by the study team, (2) the opportunity for community members to provide and emphasize pertinent topics of concern until no new themes emerged, (3) the opportunity for community members to become actively involved with the development of their neighborhoods, and (4) the generation of strategies for improving urban redevelopment practices. A final strength of this research is that it is built upon a previous field study of lead deposition from demolition and neighborhood observations to provide a much richer understanding of the context of communities facing the realities and uncertainties associated with changing urban environments.

The study may have been limited by factors such as possible selection bias, influence of group dynamics, and the role of focus group facilitators. Recruitment of focus group participants through use of flyer postings by partner community organizations could possibly have introduced selection bias. Community members who are more actively involved with the neighborhoods and the collaborating organizations may have been more aware of the focus group discussions. As a result, the individuals who did participate in the discussions might not necessarily represent the "typical" community resident. It should also be noted that only one third of the gut rehabilitation focus group participants reported living near a row house that was gut rehabbed in recent years.

Another challenge to using focus groups as a tool for qualitative analysis is the inevitable existence of group dynamics that can create a leader/follower or talker/nontalker condition during the discussions. This phenomenon may have suppressed the input by particular individuals. Although dominant individuals exist in most real-life situations, the facilitators worked to reduce this effect by encouraging the participation of the less vocal individuals.

The facilitator and observer play integral roles in the guidance and interpretation of the focus group discussions. Different facilitators, note-takers, and observers were used for the five focus group discussions. Having different facilitators can improve the diversity of the responses elicited from the participants but also potentially create differences in the focus group discussion outcomes. The use of different note-takers can also generate different levels of note quality and focus based on the experience of the note-taker.

This study is specific to the experiences of East Baltimore residents, and the data were not gathered with the intent to generalize to all populations. The authors believe, however, that the issues raised and the recommendations put forth to improve local practices may have relevance to other communities undergoing redevelopment.

Implications for Practice

Although many urban redevelopment activities are directed at improving the living conditions of underserved neighborhoods, current practices in use in East Baltimore

have the potential to exacerbate environmental hazards and propagate negative social perceptions. Interventions in this population must be directed at creating opportunities for members to become involved in the control over their exposure to the environmental hazards potentially aggravated by urban redevelopment initiated outside the community. Current demolition and gut rehabilitation activities have obviously been perceived as isolated practices, without the consideration of the impact on the community. Participation of neighborhood residents in the creation and implementation of approaches to lessening the negative impact of redevelopment can foster cohesion and development of the community.

Focus group data identified a significant need for developing educational tools to address community concerns about potential environmental hazards associated with urban redevelopment. These focus groups provided essential community insight and input into the development of notification and educational materials for community residents that include information on what to know about environmental hazards of urban redevelopment and how to protect oneself and family members. Moreover, the focus group members were directly involved in the creation of the educational materials under a subsequent grant.²⁴ To respond to focus group recommendations to build community capacity by involving members of the neighborhood in the redevelopment activities, community members were also trained under this separate grant to provide door-to-door outreach and education by using the educational materials developed especially for residents living near redevelopment sites. A second grant was secured to train residents to monitor the timeliness and quality of demolition work. These are examples of how this research facilitated opportunities for participants to become involved in addressing community concerns.

Community concerns and experiences identified through the focus group discussions were also used to increase the awareness of local, state, and federal agencies involved in the planning of urban redevelopment projects. The findings have been shared with the National Institutes of Health, Housing and Urban Development, East Baltimore Redevelopment, and a local interagency/community/investigator panel, which was formed as a result of an ongoing National Institute of Environmental Health Sciences project. The panel includes representatives from Baltimore (the Mayor's Office, Baltimore City Departments of Public Works, Planning, Housing, Health, and Police) and state agencies (Department of the Environment), community organizations and residents, and Johns Hopkins University investigators, who are all collaborating to develop a new protective approach to urban redevelopment that will address community concerns.

Public health has a long history of involvement with improving substandard housing containing lead paint and other hazards. Renewed interest in the last several years has been spawned by the emergence of asthma as a major public health issue accompanied by other driving forces such as unaffordable housing and urban sprawl.⁸ Efforts to promote and sustain safer housing will depend on a multisectoral approach that includes organizational resources and community capacities collaborating with one another to advocate substandard housing as a public health crisis.²⁵ As members of the public health community, we recognize housing and health as both a social justice and a health disparities issue, and through this study, have begun efforts to address housing-related health concerns brought on by urban demolition and gut rehabilitation. Incorporating the community's voice in the development, testing, and implementation of interventions to address environmental hazards and other health-related concerns will lead to strategies that are distinctive to the needs of each unique community.

APPENDIX

Focus group guide questions

1. How long have you lived here?
 2. What do you think are the main social and health issues where you live?
Probe: Issues related to vacant/boarded houses and other environmental problems.
 3. What do you think about urban redevelopment? What does it mean?
Probe: Demolition and gut rehabilitation activities.
 4. How many demolition/gut rehabilitation jobs have you seen in Baltimore row houses since you have lived here? How important is demolition/gut rehabilitation in comparison with other issues you or your community faces?
Probe: Is it very important, important, not so important, and not important at all?
 5. What do you think goes into the demolition/gut rehabilitation of older houses?
Probe: What have you heard about demolition/gut rehabilitation from friends and neighbors?
 6. Show pictures of demolition projects/gut rehabilitation work and ask: What do you remember most about this?
Probe: Did you get advance notice about the work? If yes, from whom? Any concerns about the demolition/gut rehabilitation process? Any concerns about the removal and clean-up process? Do you remember kids playing around the site and the debris?
 7. How do you view the organizations/city agencies involved in the process?
Probe: Community organizations, Baltimore City Department of Public Works, Baltimore City Department of Housing, and Community Development
 8. If it were in your power to do something about demolition/gut rehabilitation practices, what would it be?
Probe: If it were in your power to do something about urban redevelopment, what would it be?
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