

UNDERSTANDING GENTRIFICATION: THE ROLE AND ABILITIES OF COMMUNITY  
-BASED ORGANIZATIONS IN CHANGING NEIGHBORHOODS  
- A CASE STUDY OF POST-KATRINA NEW ORLEANS -

by

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ABSTRACT

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The goal of this study is to identify the roles and barriers of community-based organizations in post-disaster changing neighborhoods and to examine how community based organizations support residents in dealing with neighborhood change through the case of New Orleans, Louisiana following Hurricane Katrina. Drawing on a review of existing reports and conducting surveys with community-based organizations, this study first identifies how community-based organizations support existing residents and attempts to gauge the role of these organizations in representing low-income residents in New Orleans, LA after Katrina, 2005. I focus in particular on the potential role and the ability of community-based organizations—not only to prevent displacement but also as a way to ultimately create political linkages and social linkages with other groups—to assist low-income existing residents in changing neighborhoods. I found that the CDCs have built a potential ability to be a political linkage and social linkage through the development of and collaboration with partnerships as well as a catalyst for increasing civic participation and creating strong leadership of the

communities. CDCs play important roles in supporting the residents dealing with changing neighborhoods but they do so in different ways. The findings of this study are expected to contribute in the field of gentrification as a solution to support low-income residents dealing with changing neighborhoods in gentrifying neighborhoods.

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CHAPTER 1  
INTRODUCTION

1.1 Overview

Since the Reagan era the privatization of public services and devolution of public funding mechanisms have made social services a local responsibility. Simultaneously, the number of private non-profit organizations (NPOs) has increased as their roles have become critical to the distribution of public services to the local residents (Fraser et al, 2003; Marwell, 2004; Clarke& Gaile, 1998; Rose, 2000). As NPOs play an important role, researchers also emphasize that citizens play an important role in providing for social service in civil society (Clarke& Gaile, 1998; Rose, 2000). However, the funding mechanism and structural complexity often create barriers for non-profit organizations seeking to achieve their roles in helping low-income residents obtain access to and control of resources (Stoutland, 1999; Stoecker, 1997; Taub, 1990; Bratt, 1994; Rubin, 1997).

The disaster recovery plans in New Orleans following hurricane Katrina have been criticized for the past five years in terms of, first, pre-existing structural problems – A lack of pre-existing governmental planning institutions, a lack of cooperation between city, state, and federal officials, and a lack of local citizens' involvement in the planning processes (Olshansky, Johnson, Horne and Nee, 2008); and second, social equity issues in redevelopment planning – market-driven redevelopment plans that focus more on attracting tourists and businesses than rebuilding affordable housing for low-income residents (Slater, 2006; Smith, 2005). Due to these issues, relocating displaced low-income residents has been neglected in the recovery planning processes. Gentrification has emerged as a potential problem for the city. Slater (2006) sees the market-driven redevelopment plans in post-Katrina New Orleans as potential boosters for gentrification that “will not welcome the low-income, African-American and working class people

who evacuated back to New Orleans, which will in all likelihood be rebuilt as a tourist magnet....” (p. 737).

For decades in New Orleans, the “pro-growth” urban regime – a partnership between the public sector and the private sector – has favored economic development and neglected civic involvement (Burns, 2007, p.56). Despite the fact that the community-based organizations in New Orleans have been disregarded by the urban regime, their role in supporting existing low-income residents and replacing displaced residents in gentrifying post-Katrina New Orleans is important. For example, the Association of Community Organizations for Reform Now (ACORN), People Improving Communities through Organizing (PICO), and the Industrial Areas foundation (IAF) have played important roles in rebuilding community (p.57). Ultimately, this empowerment creates social linkages with other groups to resist potential gentrification and to help in relocating displaced low-income residents in the gentrifying post-Katrina New Orleans.

According to the Greater New Orleans Community Data Center (2009), compared to 2005 data, less than half of the residents’ addresses in New Orleans are still active. This makes rates for returning residents difficult to track. The returning rates differ by neighborhood from 102% (Algiers Point) to 0% (Florida Development) and 28% (B.W. Cooper). Differences in return rates are due to the degree of physical damage and the redevelopment projects done in the past five years. Although estimating the number of low-income residents’ repopulation is not an easy task while redevelopment projects are under construction, it is obvious that poverty concentrated areas, such as the ‘Desire Area’ have lower recovery rates than other study areas.

### 1.2 Gentrification and Community-Based Organizations

Many researchers have emphasized the important role of policy makers in offering solutions to the gentrification process – one such solution being the development of affordable housing regulations (Freeman, 2008; Newman & Wyly, 2006; Slater, 2006). The role of community-based organizations should also be considered in the policy making process as a bottom-up approach. The critical role of the community-based organizations is to create the social capacity of the existing residents that will empower them to connect with government and

developers (Robinson, 1996). In the urban planning process, these community-based organizations may operate in the following capacities. As intermediaries: connect poor residents to urban and policy regimes, leading government representatives and developers to listen to their needs; and, build the social capacity of existing residents that will empower and connect them with government representatives and developers (Robinson, 1996). Therefore, the community-based organizations should also be considered as important solutions that intermediate governments, developers, and residents in gentrifying neighborhoods.

Despite the ability of community-based organizations to deal with neighborhood change in gentrifying neighborhoods, only a few researchers have attempted to examine their role in dealing with gentrification and helping to prevent residents from being marginalized in the decision making process (Maureen & Paul, 2001; Newman & Wyly, 2006; Peter, 2007; Robinson, 1996). Maureen and Paul (2001) referred to “changing community leadership and institution[s]” and “conflict between old residents and new residents” as gentrification consequences. They also observed consequences such as the displacement of renters, homeowners, and local businesses; increasing real estate value; increasing tax revenue; income mix and de-concentration of poverty; changing street flavor and new commercial activities; and increased value on the neighborhood by outsiders (2001, p.15).

Robinson (1996) proves the significant importance of an empowering “ground-up approach” that will not only prevent displacement of old residents but also create social links. He observes that from the “grass-root approach” emerges a potential social linkage from “below” and argues that “community groups can develop professional and political sophistication by partnering with business and with government and can organize a local infrastructure with a substantial social production capacity” (p.1648). Instead of considering the role of community-based organizations as just a means to prevent displacement, he sees it as a way to ultimately create social linkages with other groups.

Similarly, Burns (2007) argues that poor residents are excluded from urban regimes – the “informal but long-lasting partnerships among resource providers” – because they do not

have resources, while others--government and the private sector--provide different forms of resources (i.e., authority, financial, etc.) for each other (p. 57). In other words, low-income residents lack of resources thus excludes them from the "urban regime" which could lead them out of a position of dependence. Peter describes how community-based organizations in New Orleans become the resource providers of the urban regime that lead the other providers to become concerned with their needs. Freeman (2006) also indicates the importance of the policy regime that ensures poor neighborhoods will have access to gentrifying neighborhoods (p.204). He argues that policy support alone cannot solve the multifaceted problems in gentrifying neighborhoods. For example, policy makers cannot help someone with a housing voucher if the housing owners do not accept low-income renters.

Studying the role community-based organizations play in neighborhood change and how they might support low-income residents in gentrifying neighborhoods is necessary to address a research gap in the field of gentrification. This research will help to identify the positive role community-based organizations play and the obstacles they face. Ultimately, this research may help to mitigate the effects of gentrification on those least prepared to handle it.

This study will focus on changing neighborhoods in post-Katrina New Orleans. Since displacement of existing residents is unavoidable at the moment of disaster and since a large scale economic redevelopment is also necessary at the time of disaster, the role of community-based organizations becomes more visible and the barriers of those organizations more identifiable. As replacement and economic redevelopment processes turn out to favor home owners and economic development, identifying the role and reported abilities, as well as the problems of community-based organizations will contribute to supporting low-income renters and residents in the recovery planning process. In addition, the findings of this study will also further the post-disaster planning field by acknowledging the role and barriers of community-based organizations in gentrifying neighborhoods of post-disaster cities.

There has been a dilemma concerning revitalization in declining North American cities – is it right to focus solely on economic development that favors private developers establishing

businesses and guarantees more tax money to the governments or is it right to concentrate on rebuilding affordable rental housing for the low-income residents (Slater, 2006)? The solution for the negative consequences of gentrification has been vague although many researchers point to the role of policy makers in providing affordable housing as a solution. A few researchers argue that policy solutions alone cannot solve the side effects of gentrification, that it is a multifaceted problem in addition to the low-income residents' displacement issue (Freeman, 2005, 2008; Newman, 2006; Slater, 2006).

After Hurricane Katrina hit New Orleans in 2005, the "pro-growth" urban regime that has led the economic development of New Orleans has shown how the economic development focus results in a missing connection between low-income residents and the urban regime. The catastrophe not only revealed the missing connection of the urban regime but also the ability of community-based organizations in supporting the existing residents and displaced low-income residents in post-Katrina changing neighborhoods of New Orleans. This phenomenon raises questions concerning the role and ability of community-based organizations to support existing neighborhoods dealing with change in post-disaster changing neighborhoods. Furthermore, it also raises the question, "what are the barriers community-based organizations face in supporting existing neighborhoods experiencing change and displacement of low-income residents in the post-Katrina gentrifying neighborhoods of New Orleans?"

### 1.3 Plan of Study

Research Questions:

- "What are the roles and potential abilities of community-based organizations in supporting existing residents dealing with neighborhood change in the post-Katrina changing neighborhoods of New Orleans?"
- "What are the barriers community-based organizations face in supporting residents dealing with neighborhood change in the post-Katrina changing neighborhoods of New Orleans?"

This study attempts to identify the potential ability of CDCs as the solution for the negative effects of gentrification processes in post-disaster context. Among the solutions discussed by several researchers (Robinson, 1996; Freeman, 1995; Maureen & Paul, 2001; Newman & Wyly, 2006; Peter, 2007) is the role of Community-Based Organizations in creating social capacity of the existing residents that will empower and connect residents with government representatives and developers. However, only a few studies have attempted to examine the actual role of CBOs and the barriers they face in dealing with neighborhood change in changing neighborhoods. CDCs are unique in their origin as well as in their roles representing disadvantaged neighborhoods. While their limitations have been discussed for a long period, the purpose of this study is to find out the roles, abilities and barriers of CDCs in supporting existing neighborhoods dealing with change in gentrifying neighborhoods.

CDCs in New Orleans are selected as cases because of the special circumstances after Hurricane Katrina, 2005. The “pro-growth” urban regime has led the economic development of New Orleans and has resulted in a slow recovery of rental housing and a slow replacement of low-income residents. Rebuilding rental housing in New Orleans post Katrina has been slow compared to the homeownership support. The Community Data Center reports that in 2008 the housing affordability crisis is more severe in New Orleans than in the rest of the nation. Along with the “economic-centered redevelopment” issue and housing affordability issue, the potential of gentrification appears to be visible in the future which may cause displacement of low-income residents and a loss of community culture of existing residents (GNO Community Data Center, 2009).

In New Orleans after Katrina the direction and pace of the recovery has been criticized. Since the displacement of low-income residents and the loss of cultural assets for existing residents are visible, the role, ability, and barriers of CDCs seem more apparent in dealing with changing neighborhoods.

Following a review of existing literature and reports regarding recovery plans and projects of New Orleans, a qualitative research approach (i.e., email survey) was conducted.

The survey questionnaires are developed to identify the roles, abilities, and barriers of community-based organizations in supporting existing neighborhoods, in changing neighborhoods and in relocating displaced low-income residents in the post-Katrina gentrifying neighborhoods which suffer from slow rental housing redevelopment compared to homeownership opportunities, of New Orleans. As a first step, active existing community-based organizations have been identified in areas damaged by Hurricane Katrina. Four Community Development Corporations were selected; the “Neighborhood Partnership Network” (NPA) New Orleans: ‘A shared Initiative,’ ‘Broadmoor Development Corporation,’ ‘Desire Ministries, CDC 58:12,’ ‘Mary Queen of Vietnam CDC.’ Those CDCs are selected due to active involvement in the “Neighborhood Partnership Network” (NPA); available contact information for the directors of each CDC; and the description on their websites of their roles in serving low-income residents and replacing displaced residents after Hurricane Katrina. Second, survey questionnaires are developed for the email survey. The questions helped identify the organizations’ roles and barriers in supporting existing neighborhoods and relocating displaced residents.

In chapter 3 a brief description, including origins, backgrounds and the main purpose of the organization is provided for each of the four CDC organizations based on the web research of the CDCs’ website will be provided with the survey results.

Follow the literature review and analysis of survey results; I identified the potential roles, abilities, and the barriers of CDCs in supporting changes in changing neighborhoods. I found that the CDCs have built a potential ability to be a political linkage and social linkage through the development of and collaboration with partnerships as well as a catalyst for increasing civic participation and creating strong leadership of the communities. CDCs play important roles in supporting the residents dealing with changing neighborhoods but they do so in different ways. For example, MQVN CDC provides language programs for new immigrants and non English speakers. Language programs are important in New Orleans East since about 40% of the population is Asian and new immigrants after Katrina are mostly Latinos. They also strengthen



their political linkages to represent the residents' needs to the political processes. Another example is the case of Broadmoor CDC. Broadmoor CDC has built strong partnerships with universities, city government, and private foundations. However, the CDCs do not issue of potential gentrification because the immediate recovery issues seem more problematic at present. Especially, for the 'Desire Area' and 'St. Claude' neighborhoods, lack of government interests and private investments appears to be one of the barriers of the CDCs.

Nevertheless, it is apparent that the cost for rental housing has increased at a higher rate in New Orleans than the nation as a whole as of 2008 when comparing rental housing costs to residents' income. It also shows the rental housing is in great demand yet building has been concentrated in homeownership despite to the slow rebuilding of rental housing. This study also identifies the lowest recovery rates being in the poverty concentrated neighborhoods (e.g. the Desire Area) compared to the other study areas. The survey results show that the CDC in the Desire Area has the most barriers in representing neighborhoods' needs to the political processes and suffers from a lack of professionals in the community. Although the neighborhoods with higher median incomes and mixed-race residents have shown faster recovery rates than lower-income concentrated neighborhoods, all the CDCs identified rebuilding of rental housing as a difficulty due to lack of funding sources.

## CHAPTER 2

### BACKGROUND AND DEFINITIONS

#### 2.1 Gentrification and the Role of Community-Based Organizations

This chapter is categorized into two separate issues: gentrification and Community-Based Organizations. The first part of the gentrification section reviews the different definitions that comprise different views of “gentrification” processes. Next, the meanings of gentrification from different perspectives, negative and positives are introduced. The third part of the gentrification section introduces research studies which suggest solutions to the negative effects of gentrification. The final part reviews research involving the handling of the gentrification issue in community development after the Katrina disaster in New Orleans.

In the second part of this chapter, the role of CBOs as a linkage to resources will be described in two different parts: first, as a linkage to political process and decision making and second, their role in creating social ties. Following the review of CBOs, the Role of Community Development Corporations and their barriers are described.

##### *2.1.1. Definitions, Gentrification*

The term “Gentrification” was first used by Ruth Glass (1964): “a complex urban process that includes the rehabilitation of old housing stock, tenurial transformation from renting to owning, property price increases, and the displacement of working-class residents by the incoming middle classes” (Loretta, Slater & Wyly, 2008, p.5; Glass, 1964). Clay (1979) reflects Glass’ definition (Loretta, Slater & Wyly, 2008) in his four gentrification process stages which each stage describes different levels of neighborhood changes.

The first stage starts with small renovation by small groups of people move into a neighborhood. These renovations are usually done by professional designers and/or artists. In this stage, there is little public attention and little displacement occurs although it will initiate the

later stage of gentrification by spreading the word. At second stage, more people with similar backgrounds move into the area which causes the private market to show more attention to the area. In this stage, the level of displacement increases and the amount of vacant housing decreases. In stage three, more people see the housing as an investment thus; more officials and media show interest in the area. At this stage, as more people come and displacement continues, tension between old residents and gentries begins to occur. The social service institutions become passionate about trying to remain in the neighborhood by providing housing subsidies. The effect of gentrification appears clearly and the area becomes attractive to young middle-class professionals. With the fourth stage, larger areas are gentrified and the new comers are related more to the business and managerial middle class. Commercial and retail activities increase and rental prices rise, thus, the displacement issue is not only a problem for renters but also for homeowners (p.57-59).

Loretta & et al (2008) describe Glass's definition as reflecting only one aspect of gentrification, the issue of residential rehabilitation, while Smith (1982) sees gentrification as multifaceted phenomena and argues that residential rehabilitation is only one of the changes gentrification involves. According to Neil Smith, gentrification is not only the result of residential rehabilitation processes, it is a by-product of a more complex dynamic process: it is more than a product of gentrifiers' preferences, it is rather a product of builders, developers, landlords, mortgage lenders, government agencies and real estate agents (1996, p.57).

Smith (1996) defines gentrification in his book as a process that revamps poor and working-class neighborhoods in the inner city by an influx of private capital and middle-class homebuyers and renters. These neighborhoods had experienced disinvestment and middle-class neighborhoods migration in the past (p.32). In his book, he discusses two different aspects of the gentrification process: 1) neighborhood changes and 2) the influx of private capital for the reinvestment of disinvested neighborhoods. In detail, the gentrification process includes two categories: first the "consumption-side" which is related to "neighborhood change (Hamnett, 1973) and the role of state and financial institutions that encourage gentrification and

provide capital for reinvestment (Williams, 1976, 1978) and; second the “production-side” which is related to capital disinvestment which provides the opportunity for gentrification, “rent-gap” theory—“Rent Gap” is the disparity between the potential ground rent level and the actual rent capitalized under the present land use. The rent gap is produced primarily by capital revalorization (which diminishes the proportion of the ground rent able to be capitalized) and also by continued urban development and expansion (which historically raised the potential ground rent level in the inner city) — and “uneven development” (Smith, 1979; 1996 p.41).

However, Smith (1996) supports the “production-side” of gentrification process as we can see from his definition of gentrification above. He believes that “capital mobility in and out of built environment” is the main cause among the complex process which is related to social, political, economic and cultural changes (p.51). He criticizes “consumer-side” explanations by providing the fact that only a small proportion of gentrifiers actually came from suburban areas in three different cities: Society Hill, Philadelphia, Baltimore and Washington, D.C. from 1965 to 1975 (p.p.53-55). According to his “rent-gap theory”:

“When the rent gap is wide enough, gentrification may be initiated in a given neighborhood by any of several different actors in the land and housing market (p.68).”

On the other side, Ley (1978) emphasizes the limitations of Smith’s “rent-gap” theory that disregards the housing inflation of 1970s and the inner-city middle class resettlement movement of that time (p.524). Debate over his cultural aspect of gentrification questions whether cultural components provide the initiation of gentrification or bring positive economic development to cities (i.e., Badcock, B., 1995; Florida, R., 2002). According to his study, “residential satisfaction and perceived environmental quality (e.g. density of art galleries)” has a stronger association with gentrification than housing and demographics (p.531). Thus, he (2003) argues that the relationship between cultural and economic capital should be seen together and through the historical context:

The fine-tuning of the aesthetic disposition; the movement of baby boomers, the dominant demographic cohort in many advanced societies, into higher education, the nursery for acquiring cultural capital; the maturation of the welfare state, with its implicit critique of unconstrained economism; and the all-too-visible excesses of public and private corporations that removed the luster from the market-place (Bourdieu, 1984; Ley, 2003, p.2542)...The redemptive eye of the artist could turn junk into art. The calculating eye of others would turn art into commodity, a practice as true of the inner-city property market as of the art work (2003, p.2542)

While there have been different boundaries to define the causes and processes of gentrification and while recent studies suggest broader causes and processes of gentrification (Hamnett, 2003; Ley, 2003; Hackworth, 2002; Slater, 2008), a general agreement among researchers and experts in the field of urban planning is that gentrification is a transformation of residents that involves displacement of existing residents in the 'revitalizing'- process of declining places (Atkinson, 2003; Slater, 2006; Marcuse, 1999; Newman & Wyly, 2006.).

### *2.1.2. Different perspectives, Gentrification*

With consideration of the immense effects of gentrification, it is important to discuss debates regarding whether gentrification is beneficial or harmful to community development. Debates over the effects of gentrification in community development can be categorized into the optimistic view versus the pessimistic view with respect to who gets the benefit from gentrification and why gentrification is harmful for low-income residents in gentrified communities. This begs the issue of whether there are gentrification benefits to revitalize or redevelop communities.

One of the general debates around gentrification is whether it brings more positive consequences or negative side effects to the revitalized places. For the advocate, the definition and process of gentrification has been explained as the positive progress of "residentialization" (Bromley, Tallon, & Thomas, 2005; Tallon & Bromley, 2004). Bromley & et al (2005) sees the

process of regeneration of urban area (i.e. new and converted houses with high density mixed urban uses) as a “process of residentialization” and describes positive aspects to the residentialization process (i.e. enhance the vitality and viability of city center, provide housing for indigenous demand for city facilities in the city center)( p.2408).

Tallon and Bromley (2004) and Bromley et al. (2005) argue that it is actually not ‘gentrification’ but the process of ‘residentialization’ based on the results from ‘household survey.’ They reason that the convenience of living close to their jobs, shopping, and entertainment attracts more residents to the city. Also, they argue that “more housing and residential development and social mix in the center city will promote public and private investors to invest more into center city” (p.785). According to the proponents, the benefit not only ensures dispersion of economic benefits to the residents but also protects their community culture. Components of the optimistic view of gentrification are (1) economic benefits, (2) creating a place for gatherings, unlike suburbia, i.e. a sense of place, and (3) THIS IS NOT A WORD of the de-concentration of poverty.

Pessimism toward gentrification addresses issues such as: (1) the affordable housing problem, rent increases, and real estates value increases, (2) how to maintain the rights of poor and working class residents in gentrified communities, (3) displacement of low-income working class or, in the case of post-disaster communities, the low rate of replacement, and (4) the loss of the sense of community (Byrne, 2003; Caulfield, 1994; Freeman & Braconi, 2004; Gale, 1979; Newman & Wyly, 2006; Slater, 1994; Smith, 1996; Hackworth, 2002; Wyly & Hammel, 2001; Zukin & Kosta, 2004, etc.). Slater (2006) argues that gentrification is portrayed as a tool to resist faceless suburbs, creating ‘meet with the other’ as well as considered as the savior of central city neighborhood amongst gentrification researchers (e.g., Zukin & Kosta, 2004; Wyly and Hammel, 2001).

From a critical perspective, gentrification is seen as a “transformation” of class that makes the city the habitat of the middle-class (Smith, 1996; Hackworth, 2002). Hackworth (2002) emphasizes that ‘class transformation’ occurs in gentrified areas and sees gentrification

as a 'production of urban space' that gives the place to more affluent residents (p.815). However, compared to the past, the gentrification process is more cooperative with private developers and the state more than ever before, accompanied with the fact that the 'anti-gentrification social movement' has been neglected from the political stream. He argues that the 'direct-displacement' gentrification is not visible because the context behind the process is 'relatively acquiescent' now. However, gentrification, in fact, has expanded and gentrification processes still remains as displacement and replacement process because the area is being transformed for "wealthier users" (p.839).

Gale (1979) also points out how gentrification becomes a favorable process to local government despite the fact that it brings negative impacts to low-income residents. He argues that the growing number of middle income household earners migrating back to old, declining urban areas actually brings negative effects on low-income families. According to him, the middle income household movement raises the rent price that might causes displacement of low-income earners. The local government, on the other hand, gets the benefits from the movement of middle income households by bringing to the central city increased real estate taxes and revenues, improved housing stock, less demand for social welfare and a lower crime rate (p.302). It is a dilemma that planners and policy professionals challenge.

Researchers who hold the negative perspective have frequently used low-income residents' displacement as evidence of gentrification (e.g., Atkinson, 2003; Slater, 2006, Newman & Wyly, 2006; Sumka, 1979). Slater (2006) criticized the perception of gentrification arguing "perceptions of researches are no longer about rent increases, landlord harassment and working class displacement, but rather street-level spectacles, trendy bars and cafes, i-Pods, social diversity and funky clothing outlets (p. 738)." He sees that the biased perceptions of those researchers produce the severe 'affordable housing' problem in the center city and the eviction of low-income working class residents from the center city. The key issues of gentrification in community development are the causes and effects of displacement, the

affordable housing problem in center cities, and the role of policy and organizations to deal with the negative effects of gentrification.

Another issue of gentrification research lies in quantitative approaches to examining its causes, processes, and impacts. Ideally, the displacement and replacement rate should be operationalized and quantitatively measured in order to examine the actual impact of gentrification on neighborhood residents. However, whether the rate of low-income residents' displacement in gentrifying areas is evidence of gentrification is still debatable. Researchers (e.g., Clay, 1979; Gale, 1984; Laska & Spain, 1980) argue that agents of gentrification come from within the city and therefore it is difficult to see the displacement rate representing gentrification in terms of its multifaceted elements and effects.

Practically, it is very difficult and sometimes impossible to measure the exact number of displaced residents and replacement rate after an area has been gentrified. This is due to the difficulty of tracking the displaced residents. In examining New York City, Newman and Wyly (2006) point out the difficulty of measuring actual displacement in terms of number of displaced residents due to the masking effects of those who "doubled up with other households," "became homeless," or "entered the shelter system." Nonetheless, there have been several attempts to apply a quantitative research method to the study of gentrification (e.g., Freeman & Braconi, 2002; 2004; Newman & Wyly, 2006).

In 2004, Freeman & Braconi point out that Slaton does not provide accurate evidence. They indicate that there is a "lack of empirical evidence" to show the 'impact of gentrification.' They also argue that 'gentrification is 'multi-faceted' and it affects different people differently.' They attempt to find evidence of the gentrification process by using the New York City Housing and Vacancy Survey for the years 1991, 1993, 1996, to 1999. They found lower rates of low-income resident's mobility in the gentrified neighborhoods in New York City. Their results show "lower rates of residential turnover in gentrifying neighborhood" and argue that "gentrification brings improvements to neighborhoods and it is valued by disadvantaged neighborhood (p.51)." Freeman (2006) reasons that the gentry can be beneficial to indigenous residents for two



reasons: 1) gentry may bring stronger social ties (i.e. "...ties that are more leverageable that is, ties that can lead to upward mobility" p.147), 2) gentry may bring better institutional resources (e.g. better amenities, and public services to the area) (p.152). He also mentions that gentrification may be a help when the indigenous residents and gentry share a common goal although it is not common that they get close (p.145). However, the result is interpreted as the evidence of lack of "feasible alternatives available to them in a tight/tightening housing market, thus the people are trapped in the gentrified neighborhoods rather than like to choose to live in the gentrified neighborhood (Marcus, 2005)."

Newman and Wyly (2006) criticize the community actors and policy makers who are the advocates of gentrification and emphasize the importance of public housing and rent policy and the role of policy makers that can enable them to stay in gentrifying neighborhoods the low-income residents. Their research tested the hypothesis that the national and regional housing market dynamic produces pressures which cause direct and indirect displacement as well as succession and replacement. They combined data from the New York City Housing and Vacancy Survey from the US Bureau of Census for the years 1991, 1993, 1996, 1999 and 2002 for their quantitative analysis with interviews and reviews of resident documents for their qualitative analysis. Results of their quantitative analysis show a slightly higher displacement rate of low-income residents in New York City when compared with the result of Freeman and Braconi (2004). Newman and Wyly point out the difficulty in measuring actual displacement in terms of the number for the 'displaced residents from New York City' as well as the 'number of those who doubled up with other households,' 'became homeless,' or who 'entered the shelter system.'

### *2.1.3. Different Approaches to Solutions, Gentrification*

Solutions to gentrification can be categorized into two folds: first, the role of public policy and rent regulation; second, the role of community-based organizations. Many researchers have emphasized the important role of policy makers in offering solutions to the gentrification process, one such solution being the development of affordable housing

regulations (Kennedy & Leonard, 2001; Marcus, 2001; Slater, 2006). Marcus (1985) points out the importance of public policy—‘at worst displacement leads to homelessness, at best it impairs a sense of community. Public policy should, by general agreement, minimize displacement, yet a variety of public policies, particularly those concerned with gentrification, seem to foster it (p. 931)’

Researchers, however, criticize market favorable redevelopment, community activists and policy-makers under neo-liberal governance (Newman & Wyly, 2006; Slater, 2006). Newman & Wyly (2006) notes the role of community actors and policy-makers to ensure public housing and rent policy for low-income residents and they criticize policy-makers for being favorable to gentrification. They also highlight the role of CBOs in resisting gentrification. They argue that despite the hard work of CBOs to initiate affordable housing in the gentrified neighborhood, it is difficult to reach city policy-makers (p.52). Slater (2006) points to the importance of the role of Community-Based Organizations (i.e. charities, non-profits, and community development corporations) as a result of the devolution of social welfare functions. CBOs replace the role of local government and often work for them, thus, they cannot protest against those that provide needed operational funding (Newman & Lake, 2006). However he emphasizes that less conflict does not lessen the fear that low-income residents have of gentrification (p.220).

Although there are criticisms CBOs sometimes weak representation of low-income residents’ needs, CBOs have been considered an important solution to help low-income residents to resist gentrification. According to Kennedy & Leonard (2001), the role of community-based organizations should also be considered in the policy making process as a bottom-up approach. The critical role of community-based organizations is to create social capacity for the existing residents that will empower them to connect with government and developers (Robinson, 1996). In the urban planning process, these community-based organizations may operate in the following capacities: connecting poor residents to urban and policy regimes, leading government representatives and developers to listen to their needs; and

create social capacity for the existing residents that will empower and connect them with government representatives and developers (Robinson, 1996). Therefore, the roles of community-based organizations should be considered as a solution to creating social capacity for existing residents and to support low-income residents to deal with changes in gentrifying neighborhoods.

Freeman argues that affordable housing policies alone cannot change the perspectives of private developers and renters:

Even if affordable housing were made an entitlement, this alone would not necessarily solve the affordability problems raised by gentrification. For example, someone in a gentrifying neighborhood may obtain a housing voucher, but if the landlord did not accept it, that person may still be forced to move (p.190).

He finds the needs for effective organizing should be accompanied with policy reactions (e.g. Tax Increment Financing targets affordable housing, affordable homeownership programs, etc.) for affordable housing as a solution (2005, p.182-186).

Another perspective to the solution is organizing community politics (Betancur, 2002). Betancur argues that “the right to community is a function of a group’s economic and political power” and “community formations are as strong as their political and economic power” (p.806). Especially, market-driven redevelopment of disinvested places cannot be accomplished without government support, thus community formation may resist the frightening partnership between government and the private sector that lead gentrification (p.807).

#### *2.1.4 Gentrification, in community development after disaster*

Challenges such as the affordable housing problem, low-income resident displacement, and making a sense of community more visibly appear where development or redevelopment occurs after a disaster. In terms of unavoidable displacement of post-disaster communities, displacement becomes the task to be minimized and the issue of public policy and the role of organization appear to be the most important solution to reduce the negative side-effects of

gentrification. For example, according to Slater (2006, 2008, p.220), New Orleans was rebuilt to attract tourists rather than to bring the evacuated residents back to New Orleans. In New Orleans, gentrification includes developing or redeveloping 'urban imaginary' which means street-level spectacles and trendy cafes. It has lost its perspective on the housing problems such as, rent increases, landlord harassment, and working-class displacement. This type of gentrification becomes the cause of affordable housing problems. Gotham (2007) also warns that tourism development and urban branding that do not correspond with the residents who actually 'live the brand' will cause 'inevitable exclusion' (p.844). Similarly, Marcus (1985) pointed out the important role of public policy preventing the danger of displacement by saying 'at worst displacement leads to homelessness, at best it impairs a sense of community. Public policy should, by general agreement, minimize displacement. Yet a variety of public policies, particularly those concerned with gentrification, seem to foster it (p. 931)'

Since the Congress added the Leased Housing program to the US Housing Act in 1961, US housing policy has involved and provided incentives to the private sector in producing and managing affordable housing. Since then, a series of related policies, programs, and organizations are initiated and applied. Examples include the section 8 housing choice voucher program and other programs such as, income tax credit and tax advantages for building new units and rehabilitating old ones, 1974, HOPE VI, 1993, and LIHTC (Low Income Housing Tax Credit) program that allowed developers to use of federal income tax credits to promote private equity capital for construction and rehabilitation of low-income rental housing. HOME Investment Partnerships Programs in 1990 has provided direct fund to families with income at or below 80% of median income and at the same time provided funds for developing rental housing or assisting homebuyers. Since 1974, the Community Development Block Grants (CDBG) program has provided multi-purposes grants including housing acquisition and rehabilitation, direct homeowner assistance and assistance in making repairs on foreclosed housing units (International Housing Coalition, 2006).

Despite such policies, programs and efforts of organizations, the continuing displacement and low replacement rate illustrates the challenges to declining or post-disaster community revitalization. The American Housing Survey 2003 (U.S. Census Bureau, 2004) reported that about 225,000 residents in U.S. with income below the poverty line had moved at least once and pointed to cost pressures as a main reason for it. Also, the survey reported that of these movers, 96,000 were directly displaced either by private landlord or government actions. Although the survey results show the fact that many low-income residents experienced displacement, the actual displacement rate could have been much larger because it is a real challenge to track down real numbers of displaced residents after severe disaster. Real number estimation is even harder when the income level of the majority of residents is below the poverty line.

## 2.2. Community-Based Organizations

### *2.2.1. Definitions, CBOs*

Generally, Community-Based Organizations (CBOs) refer to non-profit organizations with the status of 501(c) (3) and 501(c) (4) providing public services to communities and individuals. Organizations operating under sections 501(c)(3) and 501(c)(4) of the Internal Revenue Code of the United States are tax exempt organizations permitted to engage in the categories of Religious, Charitable, Scientific, Testing for public safety, Literary, Education, and fostering amateur sports competition (p.19). The purpose of CBOs is slightly different with Non-profit) organizations as will be discussed in the next paragraph. The purpose of non-profit organizations is to promote social welfare and their net earnings must be devoted only to charitable, educational or recreational purposes (<http://www.irs.gov/pub/irs-pdf/p557.pdf>).

However, researchers differentiate CBOs from other Non-profit organizations (NPOs) due to their role and activities in social and political dimensions of community. Marwell (2004) defines CBOs as 1) “community-based” organizations in a particular geographic area that serves only the particular geographic area and; 2) represent the needs of ‘disadvantaged residents’ of the area they serve (p.270). She distinguishes CBOs from other NPOs as

organizations that do not only allocate social services to the area they serve but also work on the social dimension of community: 'repair the frayed social fabric of poor neighborhoods (p.267),' and political dimension of community: 'address the individual needs of the poor people,' and earn political attention to the needs of disadvantaged residents, while Non-Profit Organizations focus on allocating public services (p.267-270).

CBOs have been considered one of the community capacity components among researchers (e.g. Chaskin, 2001; Fraser & et al., 2003; Diani, 1997, etc.). There are three levels of social agency that engage in community capacity; individual, organization and network levels. Chaskin (2001) categorizes CBOs as the 'organizational level' community capacity social agency (p.297-298). According to Chaskin, CBOs are "a component of and mechanism for creating community capacity, criteria for their effectiveness...to incorporate issues of constituent representation, political influence, and the ability to engage in instrumental, inter-organizational relationships (e.g. Glickman and Servon, 1997) and CBOs include social providers, local businesses, development organizations, and institutions (p.298)."

### *2.2.2. The Role of CBOs*

#### *Neoliberal Urban Governance, the Role of Community-Based Organizations*

Since the Reagan-era, 1980s, neoliberal restructuring of urban governance created privatization of public services and the devolution of public funding mechanisms due to cutback of federal spending and influence for public services to states, counties, and local municipalities. Following the changes in governmental structure, the role of NPOs and the role of community residents became critical (Fraser, Lepofsky, Kick & Williams, 2003; Marwell, 2004; Clarke & Gaile, 1998; Rose, 2000). Marwell (2004) emphasizes those decisions to allocate public resources moved closer to locally operated NPOs. She provides a description to show the critical role of NPOs and local responsibility under neoliberal urban governance: "...the competition between NPOs for government service contracts is decided by a different set of actors: state-and local-level elected and appointed officials rather than federal ones."

The unique roles of CBOs can be categorized into three areas; first, the allocation of public services to specific geographic areas second, facilitating the access to resources for marginalized residents and third the creation of social ties in the communities they serve. These roles generally fold into two dimensions, the political dimension and the social dimension. The political dimension addresses the specific needs of the 'disadvantaged neighborhoods' the CBOs' serve (Maxwell 2004). It concerns the neighborhood's insufficient resources and inadequate consideration received from government and market entities. The goal of CBOs as defined by Saegert (2006) is to "increase access to resources, opportunities and power in mainstream society and needing to challenge businesses as usual to achieve that goal" (p.283).

Studies of the social dimension of the CBOs' role have examined creating social ties and alleviating poverty in communities. Fraser & et al (2003) points out that the failure to develop 'institutional ties between residents' and community-based groups can cause weak social control and social problems (Sampson 1999; Ross, Reynolds, and Geis, 2000; Chaskin, 2001; Sampson, 1991) (p.420). They also highlight the notion that community building is closely related to poverty alleviation due to the CBOs its ability to promote the "rights to the city for poor residents and expand their participation in the future in an era of devolution (p.419)."

In the next section the role of CBOs as a linkage to resources will be described in two different parts: first, as a linkage to political process and decision making and second, their role in creating social ties.

### *2.2.3. The Role of CBOs as means to political linkages*

The political dimension of the CBOs' role is to increase residents' power to control resources as well as increase access to resources. This dimension of the CBO highlights the importance of resident participation in the main process of decision making. To achieve the needs of low-income residents it is necessary that participants are not marginalized from mainstream private and government interests. However, it is difficult to reflect the needs of low-income residents to decision making processes due to the CBOs' unique structural

characteristics: representing disadvantaged residents while being a non-profit organization which depends on outside financial sources.

Despite the difficulty representing the needs of low-income residents in the political processes and decision making, many researchers have emphasized the importance of increasing the political dimension work of CBOs.

Burns (2007) argues that poor residents are excluded from urban regimes – the “informal but long-lasting partnerships among resource providers” – because they do not have resources, while others--government and the private sector--provide different forms of resources (i.e., authority, financial, etc.) for each other (p. 57). In other words, low-income residents’ lack of resources excludes them from the “urban regime” which could lead them out of a position of dependence. Burns describes how community-based organizations in New Orleans become the resource providers of the urban regime that lead the other providers to become concerned with their needs.

Marwell (2004) argues that a CBOs role is not limited to providing services and community building but can also use ‘electoral strategies’ to get more political power to access public resources allocation from the government. She criticizes that although CBOs represent the disadvantaged residents, sometimes the relationship between CBOs and the residents they serve is more of a one-way relationship than two-way relationship if the organizations have a ‘nonreciprocal service provision.’ Thus, CBOs end up focusing only on allocating public resources instead of creating community capacity and the eventual gaining of political power to control of assets and access to resources (p.271-273).

Saegert (2006) emphasizes the important role of community organization. Community organization is important due to its ability to lead the residents to ‘political victories’, i.e. to the actual use and control of material and capital goods. She also argues that “bridging ties with important economic and political stakeholders (p.278)” is a critical element of the victories to gain control of capital and other sources. She analyzes the effect of organizing, more specifically, how community organizing increases residents’ access to power and control of



capital. She defines the role of community organizers when she points out the difference between the role of community organizers and community builders. The role of community organizers “start with a focus on the inequality of power and resources, identify a community of interest defined against the power structure, and emphasize confrontational tactics (p.279).” She concludes her argument by emphasizing: first, the needed ability to ‘exercise power’ as well as the ability to ‘collaborate within and outside of the community” and second, the ability to apply different approaches to the right place and people (i.e., organizing strategies of consensus-oriented and confrontation/competition-oriented approaches, p.291).

#### *2.2.4. Role of CBOs as means to social linkages*

Just as the role of CBOs in the political dimension is emphasized as the link that connects residents to the political decision making processes and in the process of gaining control to resources, many researchers also have studied the role of CBOs in the social dimension. The social dimension of the role of CBOs emphasizes the creation of social ties among residents within their community and with outside organizations and other networks. These social ties are often referred to as social capital. This dimension of CBOs is an important component in building community capacity by empowering the residents to solve their social problems from inside and the organizations to gain access to resources from outside.

Researchers (e.g. Chaskin, 2001; Fraser & et al 2003; Sampson, 1999) have emphasized the importance of community-based nonprofit organizations to contribute to creation of social ties in underserved communities and empower residents to build community capacity. Fraser & et al (2003) argue that effective community-based groups develop social control and reduce social problems. According to them, ‘community-level processes’ including community capacity and social capital building promote relationships within the neighborhood as well as with other organizations (Chaskin, 2001; Sampson, Morenoff, & Earls, 1999; Rohe and Mouw, 1991). They describe community-based institutions as ‘organization level’

components of community capacity building among the individual level, organization level, and network level of community. Additionally they point out that the combination of those components form the structure of the 'sense of community,' the 'level of commitment among community members,' and the 'access to resources' (p.420).

Diani (1997) also implies the important role of CBOs to build social ties in the community and differentiates the role of community leaders of community-based groups into two groups: first, "accumulating internal social capital in their grassroots" and second, "accumulating access to external social capital through partnerships." To be more specific, there are two types of social capital in community development: social ties within community; and social ties with other organizations which engage the organizations and individuals to other networks (i.e. local authorities, banks, private companies and funding bodies) (Diani, 1997; Woolcock, 19998; Purdue, 2001).

## 2.4. The Role of Community Development Corporations and their Barriers

### *2.4.1. The Role and Characteristics of CDCs*

In general, CDCs are defined as non-profit organizations in which community-based boards voluntarily serve the needs of low-income residents and represent their needs to outside. CDCs often do physical redevelopment of community as well as community capacity building projects. CDCs help residents reach resources that enable them to successfully achieve their needs and which will eventually reconcile the inequality of the market system to the low-income residents through the process of developing relationships. The assistance of CDCs enables the residents to get their demands and secure power (Alinsky, 1969; Delgado, 1994; Stoecker, 2003; Stoutland, 1999).

Stoecker (1997) defines CDCs as an "IRS 501 (c) (3) non-profit tax-exempt status, a volunteer board, and an emphasis on physical redevelopment." The author also explains the role of CDCs being to rebuild communities ruined and neglected by capitalist disinvestment.

Stoutland (1999) defines CDCs followed by the definition of the National Congress for Community Economic Development (NCCED) (the NCCED ceased operations in August, 2006 due to financial reasons)—

An organization must be a private non-profit entity, serving a low-income community or constituency, governed by a community-based board, and serving as an ongoing producer with at least one completed project in housing, commercial-industrial development, or business enterprise development (p.196).

She also states the goal of CDCs is “to serve the felt needs of low-income communities and to empower residents, both individually and collectively.”

The role and activities of CDCs are unique compared to other Community-Based Organizations. The different characteristics of CDCs are clear from their origin, role and activities. Compared to CBOs, CDCs are seen more as advocacy groups. CDCs were originally initiated in the 1960s as a response to redlining, urban renewal, and urban riots (Stoutland, 1999). CDCs' main functions were, at first, 'job creation', their mission moved to 'housing development' due to 'protests over redlining and displacement from urban renewal' (O'Connor, 1999; Stoecker, 1996). Recent research shows (e.g., Vidal, 1992; Stoecker, 1996; NCCED, 1995) that the main activities of CDCs are affordable housing development, business development, and commercial property programs.

The role of CDCs is similar to other types of CBOs as a way to allocate public services to disadvantaged community, represent low-income residents in declining areas and empower them to rebuild the community with resources from outside. The role of CDCs is not only to allocate public services to disadvantaged communities but also to create communicative relationships with residents and represent their needs and to furthermore, attract private markets to invest in disadvantaged communities. CDCs link low-income residents/ community

and private markets as non-profit organization. CDCs correct market failures by creating market opportunities to appeal to potential investors to invest in their neighborhood; disallow profit maximization that prevented socially conscious investing; and remove social/legal restriction on investment (Stoecker, 1997 p.4). Robinson (1996) states the role of CDCs in various types: 1) providing low rents and affordable housing, housing rehabilitation; 2) providing community services from high-income renters to disadvantaged low-income residents; 3) promoting neighborhood leadership; 4) represent the needs of community to get more attention from political, economic, or social groups (p.1658-1659).

However Stoecker (2001) describes the role of CDCs in terms of their unique position. The unique position of a CDC is viewed as being in the middle, between the community and capital. "They try to be community oriented while their purse strings are held by outsiders (p.6)." He categorizes the characteristics of CDCs into three folds—first, a unique position in the middle location—being non-profit organizations to represent and empower residents but with resource dependency on private entities second, a lack of self-sustainable access to resources and third, a complex organizational structure as it relies on outside funding.

#### *2.4.2. The Barriers of CDCs*

Due to CDCs unique position and role, as I mentioned in the previous section, many researchers observe the barriers CDCs face. Most often researchers emphasize financial reliance on outside entities as the source of problems CDCs have had (Stoutland, 1999; Stoecker, 1997; Keating, Rasey & Krumholz, 1990). Stoutland (1999) points to the difficulty CDCs face due to financial reliance on government, philanthropic organizations, and private businesses (p.194). Stoecker (1997) also shares this perspective. According to him, cutbacks in government funding have disabled CDCs role in correcting market failures, such as "creating opportunities to appeal to potential investors in the neighborhood; maximizing profits which can eliminate socially conscious investing and removing social/legal restriction on investment (p.4)."

Furthermore, he argues that a lack of CDC resources and the control of CDC resources by outside entities afford CDCs little control in the community due to involvement of outside stakeholders (p.1). Consequently, CDCs fail to achieve their broader roles in the community and have become similar to other landlords (Taub, 1990; Bratt, 1994; Rubin, 1997).

Stoecker (1997) summarizes three indicators to explain CDC failures, first they fail to increase community pride (Taub, 1990), second they fail to strengthen community leadership (Vidal, 1989), and three they fail to achieve political and economic independence and self-sufficiency (Keating, Rasey & Krumholz, 1990)). Robinson (1996) also points out that local groups often reflect corporate-driven redevelopment politics due to neoliberal governance and cutbacks of federal funds. He argues that because of their financial reliance on government and their inability to be financially self sufficient, CDCs will not be able to produce enough amounts of needed low-income housing units (p.1659-1660).

While many researchers point to the lack of financial self-sufficiency as a main problem that leads CDCs to struggle to achieve their original purposes, complex organizational structure has also been discussed as the cause that brings barriers to CDCs (Stoecker, 2001; Fraser, 2003; Saegert, 2006; ). Stoecker (2001) elaborates on CDCs' three different limits in its structural nature. First, its nature of volunteerism leads to a lack of funding that decides its success or failure. Especially the failure of CDCs in poor neighborhoods depends on access to resources. Second, its complex organizational structure involves stakeholders from outside who hold control over capital which can further remove control from the community. Third, it risks becoming to market-oriented organization as it competes with other CDCs for funding opportunities and may shift its focus only on physical rather than social development. This risk can bring the displacement of residents or disorganization of a community (p.10). The complex organization structure raises the issue of power, conflict, and competition (Saegert, p.283) and it can possibly remove control from the community (Stoecker, p.9). There are other barriers such

as project-based activity and lack of planning, core operating funds, and tension between professionalization and maintaining local ties, etc.

As a solution to overcome CDCs barriers, Stoecker (2001) suggests that “large CDCs have more capacity, more political capacity, and more collective talent to conduct physical redevelopment that can outpace community deterioration...also makes them a greater threat.” He also emphasizes that community organizing and expanding capital of CDCs, for example, demands a share of city budget and low-income homeownership subsidies that will help CDCs’ success. However, along with the Stocker’s argument that large CDCs will have more capacity, thus, it is more likely survive and achieve its mission for community, Stoutland (1999) raises another barrier of CDCs. Sometimes, CDCs are not to reflecting the needs of low-income residents because most of the senior staffs and board members are not from the neighborhood (Stoutland, 1999).

CHAPTER 3  
METHOD AND ANALYTICAL FRAMEWORK

3.1. Developing Survey Questions

From a review of existing literature, the roles and abilities, and barriers of CDCs were identified. To develop survey questions, the roles of CDCs (Table 1.) and the barriers of CDCs (Table 2.) are identified as follows. And the findings will be compared with the findings from the literature review.

The Roles of CDCs:

The role of CDCs include: 1) allocation of public services to disadvantaged communities, 2) representation of residents' needs in relation to political, economic, and/or social investment, 3) balancing market interests and residents' interests, 4) providing affordable rents, 5) promoting neighborhood leadership, and 6) removing social/legal restrictions on investment (e.g. zoning restrictions, reconciling conflicts between residents and private developers, educating residents to realize what resources and threats they have in their neighborhood, and entrepreneurial training, etc).

Table 1 Identified Roles of CDCs in Literature

Allocate public services to disadvantaged communities
Represent residents' needs to political, economical, or social investment
Balance market interests and residents' interests
Provide low rents and affordable housing, housing rehabilitation.
Promote neighborhood leadership
Remove social/legal restriction on investment

Source: Stoecker (1997); Robinson (1996)

The Barriers of CDCs:

The barriers of CDCs include: 1) financial reliance on private entities and government funding for serving its original purposes to ensure that affordable housing is provided in the community, to represent the needs of residents, and allocate public services to disadvantaged neighborhoods, 2) lack of self-sustainable access to resources such as, professionals, funding, volunteers, 3) balancing market interests and residents' needs due to financial reliance on outside funding, 4) complex organizational structure due to financial reliance on various funding resources for representing disadvantaged residents, 5) the risk of becoming too market-oriented organization due to too much reliance on private funding and involvement of outside stakeholders which often results CDCs losing control of the planning processes, 6) lack of political dependency due to their being non-profit volunteer organizations that represent low-income residents, and 7) often, focus only on physical development.

Table 2 Identified Barriers of CDCs in Literature

Financial reliance on private entities and government funding
Lack of self-sustainable access to resources
Balancing market interests and residents' needs
Complex organizational structure due to financial reliance on outside funding (outside stakeholders)
Risk to become market-oriented organization
Lack of political dependency
Often, focus only on physical development

Source: Stoutland, 1999; Stoecker, 1997; Keating, Rasey & Krumholz, 1990; Robinson, 1996.

The survey questionnaires are developed based on the identified roles and barriers so as to identify the roles, abilities, and barriers of community-based organizations in supporting existing neighborhoods and relocating displaced low-income residents in the post-Katrina gentrifying neighborhoods of New Orleans.



This study attempts to find out the ability CDCs have in helping low-income residents resist neighborhood changes in post-disaster changing neighborhoods. Survey questions asking about the types of projects and achievements of each CDC have done to support residents in dealing with the changes in the community including physical, demographic changes and the types of changes they observe in the neighborhoods are developed. These questions will help to understand if the CDCs can play a role in supporting low-income residents to deal with changing neighborhoods in gentrifying neighborhoods. After the potential ability of CDCs as a solution to the negative side of gentrification process is identified, the next part of survey questions will help in finding out if the structure of CDCs, in terms of the portion of involvement of residents and the building of outside partnerships, is related to certain barriers CDCs have faced. Specific categories of barriers are provided based on literature review (i.e., financial problems, representing residents' needs to political processes and/or decision making processes, identifying the most needed demands of the residents, balancing market interests and residents' needs, lack of professionals in the community, lack of volunteers in the community, and other).

The established year of each CDCs is asked to find out if the main purpose of the CDC is for the disaster recovery or whether it has been in the community for other purposes. Funding sources are asked to find out if the CDCs rely more on outside funding resources. Furthermore, if any CDCs have self-sustainable funding resources and whether the CDCs with self-sustainable funding resources have fewer problems in representing residents' needs to the political processes and/or decision making processes and balancing market interests and residents' needs.

### 3.1. Case Selection

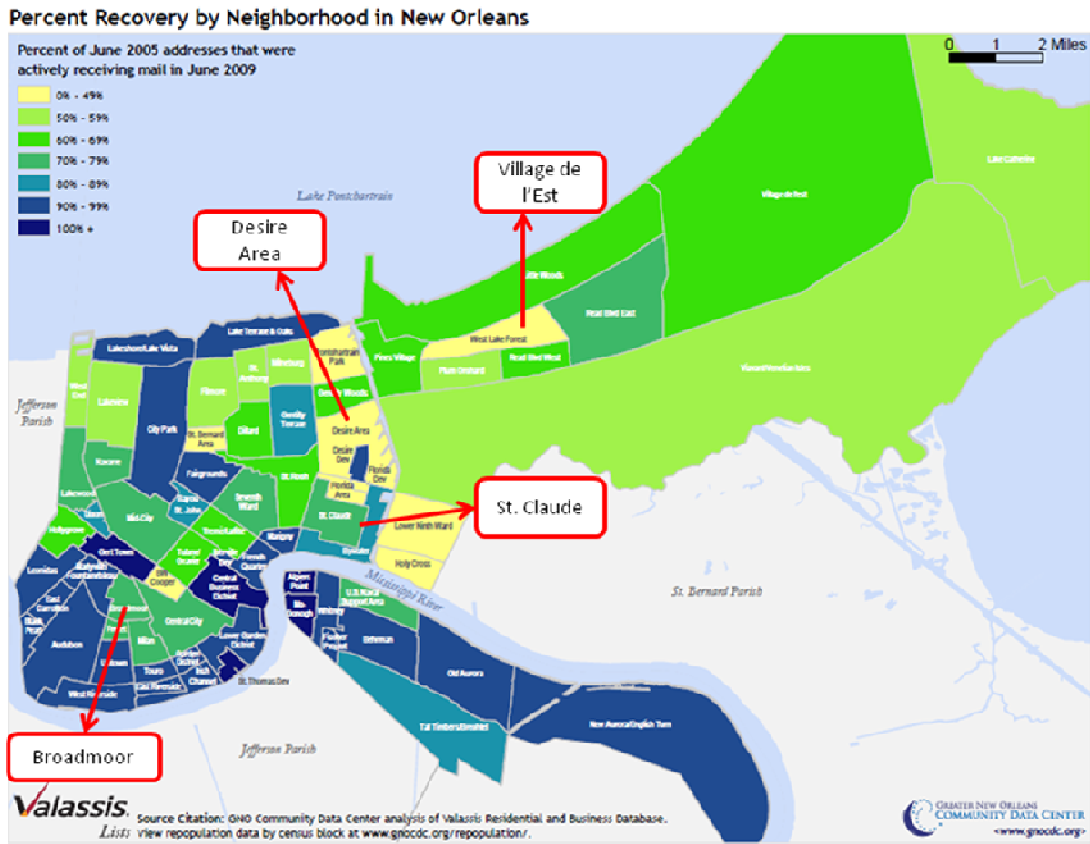


Figure 1. Study Area Locations, New Orleans, LA  
Source: GNO Community Data Center

Four Community Development Corporations were selected; ‘A shared Initiative,’ ‘Broadmoor Development Corporation,’ ‘Desire Ministries, CDC 58:12,’ ‘Mary Queen of Vietnam CDC.’ Those CDCs are selected due to active involvement in the “Neighborhood Partnership Network” (NPA); available contact information for the directors of each CDC; and the description on their websites of their roles in serving low-income residents and replacing displaced residents after Hurricane Katrina.

CDC 58:12 is located in Desire Area which has the lowest recovery rate and the lowest median household income compared to the other study areas: 29.5% of the households in Desire area earned less than \$10,000 in 2000 and most of the residents in Desire area are

African American (94.1%). MQVN CDC is located in the Village de l'Est where the residents are mostly African (55.4%) and Asian (37.1%) and 19% of the residents earned less than \$10,000 in 2000. A Shared Initiative is located in St. Claude. 90.5% of the residents are African Americans that live in St. Claude and 25.7 % of the residents earned less than \$10,000 in 2000. Broadmoor CDC is located in Broadmoor neighborhood. This neighborhood has mixed-race of African American (68.2%) and White (25.8%) and 22.3% of the residents earned less than \$10,000 in 2000. The four CDCs are located in different neighborhoods have different recovery rates and the levels of median household income (2008).

As we can see from the data (table. 3), Desire Area has increased only 37% of housing occupancy rate by 2009 while other CDCs (i.e. Broadmoor CDC, St. Claude, and MQVN CDC) have increased housing occupancy rate between 67% to 74 %.

Table 3 Recovery Rate of Four Neighborhoods CDCs located

Neighborhoods	Recovery Rate June, 2008	Recovery Rate June, 2009	Median. HH Income 2008 (city-data.com)
Broadmoor ('Broadmoor CDC')	81%	74%	\$36,277
Desire Area ('CDC 58:12')	32%	37%	\$21,942
St. Claude ('A Shared Initiative')	66%	73%	\$28,901
Village de l'est (MQVN CDC)	59%	67%	\$44,848

Source: GNO Community Data Center analysis of Valassis Residential and Business Database. Note: The recovery rate does not track repopulation post-disaster. It indicates the rate of housing occupancy in terms the number of household actively receiving mail or vacant/unoccupied.

CHAPTER 4  
RESULTS AND DISCUSSIONS

4.1 Case Study Results

This chapter provides descriptions of each survey from four CDCs in New Orleans: 1. CDC 58:12, Desire Street Ministries, Upper 9<sup>th</sup> Ward, New Orleans; 2. A Shared Initiative in St. Claude Neighborhood, 9<sup>th</sup> Ward, New Orleans; 3. Broadmoor Development Corporation, 13<sup>th</sup> Ward, New Orleans; and 4. Mary Queen of Vietnam CDC, Village De L'Est, New Orleans. A brief overview of each CDC is provided from background research, as well as descriptions of responses to survey questions from the case study. Three out of the four CDCs (the exception being Broadmoor Development Corporation) were established after Katrina. For the CDCs, gentrification was not a main issue, although they are aware of neighborhood changes (physical, race) and the difficulty of securing funding for rental housing rebuilding. Rather, the CDCs focused on immediate recovery projects after Katrina. Some of them (CDC 58:12, A Shared Initiative) had concerns over the lack of investment in the community but at the same time they (Broadmoor CDC, MQVN CDC) also had concerns about losing control of the community to the outside stakeholders and experiencing residents' distrust of the developers and CDCs (A Shared Initiative).

However, although the CDCs do not consider gentrification to be a serious problem in the community due to the immediate problems and lack of investment, potential gentrification processes are identified, such as rent increasing in the Broadmoor neighborhood and a lack of rental housing in all four study areas, which might cause the displacement of low-income residents over a long time period. The data from Greater New Orleans Data Center reveal rent increases in New Orleans overall after Katrina. Demand for rental housing has increased despite the slow recovery projects of rental housing (2009). Smith (2005) explains gentrification

as the “process that poor and working-class neighborhoods in the inner city are refurbished via an influx of private capital and middle-class homebuyers and renters-neighborhoods that had previously experienced disinvestment and a middle-class exodus (p.32).”

#### *4.1.1 CDC 58:12, Desire Street Ministries, Upper 9<sup>th</sup> Ward, New Orleans*

CDC 58:12 is a non-profit organization formed in 2006 with the purpose “to respond to the community and help restore broken community.” It was formed through a partnership with Desire Street Ministries and CrossRoads Mission. Desire Street Ministries was established in 1990 for the purpose of training and sending leaders to deprived neighborhoods to advance emotional resiliency and community development. CDC 58:12 serves areas which are in need of help to enhance low-income communities by developing affordable housing, encouraging and equipping business enterprises, and building family and community assets. The organization currently serves the Upper 9<sup>th</sup> Ward, or “Desire Area” (the “Desire Area” is a planning district designated by the New Orleans City Planning Commission) ([www.cdc5812.org](http://www.cdc5812.org)). The Desire Area has the lowest recovery rate and the lowest median household income (\$21,942) compared to the other study areas: 29.5% households in the Desire Area earned less than \$10,000 in 2000, and most of the residents in the Desire Area are African American (94.1%).

According to the respondent from the CDC 58:12, the majority of the members of this are from the community they serve and the respondents are also from the community. The community has lost 70% of its housing units and businesses. Almost all of the community has to be rebuilt. Right after Hurricane Katrina, the Desire Street Ministries moved its entire staff and students to Florida and then to Baton Rouge before returning to New Orleans. The organization provided grants to persons for utilities and rent after Katrina. CDC 58:12 also supports rental housing redevelopment and supports homeownership by providing grants to homeowners. In addition, CDC 58:12 gutted 600 homes with volunteers from the community. They have observed physical changes, such as 70% of units and businesses were damaged and all the schools have to be renovated, and resident changes, such that only homeowners with their own resources are back to the community, while residents of senior housing and public housing are

returning slowly due to slow redevelopment processes in the community after Hurricane Katrina. The organization considers their successful achievements to be that they provided supportive services in emotional resiliency for youth and their families. The funding sources of the organization are mainly from private funding from individuals, foundations, churches, and some state agencies.

To identify the barriers CDC 58:12 has faced in supporting the existing residents, seven different barrier categories (i.e. financial problems, representing residents’ needs to political processes and/or decision making process, identifying the most needed demands of the residents, balancing market interests and residents’ needs, lack of professionals in the community, lack of volunteers in the community) and one ‘other problem’ were presented. Respondents were asked to rate the barriers from 7 being “the most difficult to deal with” and 1 being “the least difficult to deal with.”

Table 4 Top Four Identified Barriers of ‘CDC 58:12, Desire *Street Ministries*.’

Barrier Categories
Representing residents’ needs to political processes and/or decision making process
Lack of Professionals in the community
Financial problems
Balancing market interests and residents’ needs

Both ‘Representing residents’ needs to political processes and/or decision making process’ and ‘Lack of Professional in the community are rated as most difficult. The respondent emphasizes that the community has been ignored in political and decision making processes. Following the most difficult barriers, ‘Financial problems’ is rated as 5 and ‘Balancing market interests and residents’ needs’ is rated as 3. ‘Identifying the most needed demands of the residents’ and ‘Lack of volunteers in the community’ are rated as degree 1, the least difficult to deal with in

supporting the existing neighborhoods since they have strong partnerships with non-profit organizations.

According to the respondents, they faced no barriers in relocating displaced residents to the community, nor in helping existing residents stay put in the community after their community was changed. However, considering the low recovery rate of the Desire Area (37%, 2009), the respondent indicates that there is no identified problem with the residents' intention to come back to the community, but rather they have problems in housing recovery projects. Balancing the market interests of developers and the interests of the residents in terms of bringing resources to the area has been difficult for the CDC because there has been little interest in the community. The Desire Area has long been a highly poverty-concentrated area. This area has been ignored from a political context as well as an economic context. There is no interest in revitalizing this area, especially for the public housing and senior housing.

#### *4.1.2 A Shared Initiative in St. Claude Neighborhood, 9<sup>th</sup> Ward, New Orleans*

A Shared Initiative was established in 2006 as a community development financial institution to provide anti-poverty programs designed by ASI Federal Credit Union. This CDC mainly serves low-income individuals and families in St. Claude neighborhood, 9<sup>th</sup> Ward, since Hurricane Katrina hit New Orleans. A Shared Initiative is located in St. Claude. The population of St. Claude is 90.5% African American, and 25.7 % of the residents earned less than \$10,000 in 2000. The St, Claude neighborhood had a median income of \$28,901 in 2008, which is higher than the Desire Area (\$21,942) but less than the Broadmoor neighborhood (\$36,277) and the Village de l'Est (\$44,848).

The services they provide include providing affordable homeownership opportunities and expanding access to vital community services. The priorities of the Shared Initiative are 'Cultural and Community Facilities,' Economic Development,' 'Housing,' 'Volunteer Management,' and 'Youth Engagement' (Neighborhoods Partnership Network Website, [www.npnnola.com](http://www.npnnola.com)). A Shared Initiative's mission statement is as followed:

“ASII’s mission focuses on equity in access to resources and the empowerment of individuals to create their own change. By taking a specific focus on housing, ASII hopes to establish a path for the improvement of quality of life for St. Claude residents.” (<http://www.asharedinitiative.org/>)

The members of the organization include those who are from the community that the organization serves and members from outside the community. The respondent is not from the community that the organization serves.

The main type of projects A Shared Initiative is working on is to offer homeownership counseling courses to the low-income residents. They also have done redevelopment projects to assist in the building of 5 homes to help residents who desired to remain in the community and opened a community resource center in the community to existing residents who remain in the community. The resource center will offer first-time homebuyer classes, one-on-one credit counseling, financial literacy education, et cetera. However, A Shared Initiative does not do any redevelopment projects for relocating displaced residents, supporting rental housing redevelopment, and other types of projects after Hurricane.

The respondent for A Shared Initiative points to greater demand for rental properties, loss of businesses that are slow to come back, increased numbers of ‘predatory lenders’ targeting low-income people who need quick cash, and the emergence of more community centers. The demographic characteristics of the residents in their community after Hurricane Katrina are essentially the same compared to pre-disaster. There are no visible changes of residents in the community after Hurricane Katrina identified by the respondent: “We work in the Upper 9<sup>th</sup> Ward which was and still is predominately low-income African American with families.” There is no major political leadership change observed in the community, although they now have a new mayor.

Since Hurricane Katrina hit the neighborhood, 1) they opened a community resource center in an area where no local gathering place previously existed; 2) they have held several community events that were free to the public (i.e. school supply giveaways, health ‘fairs, etc);



and 3) offered low-interest loans to residents to inspire private lenders to also provide low interest loans. 'A Shared Initiative' receives funds from federal, state, city, nonprofit foundations, and/or private giving. According to the respondent, "Funding is always challenging for non-profits. Currently, we receive funding from a local credit union, non-profit foundations and private funders." It appears that they have mixed funding resources: local credit union, non-profit and private funder.

Table 5 Top four Identified Barriers of 'A Shared Initiative.'

Barrier Categories
Financial problems
Representing residents' needs to political processes and/or decision making process
Identifying the most needed demands of the residents
Balancing market interests and residents' needs

From the rated barriers of 'A Shared Initiative,' the top four issues of 'A Shared Initiative' have faced are identified. The CDC has problem gaining trust from existing residents in supporting existing residents stay in the community. According to the respondent, even though the organization expects to be a permanent organization in the community, it is difficult to obtain trust from the existing residents because the organization is new. And also it is difficult to convince them to stay in the community with all the changes due to redevelopment of the community, housing redevelopment, or neighborhood change.

"Since we are a new organization, it is a challenge convincing existing residents that they have a reason to stay in the city and that we are not a temporary organization, but one that will permanently be in the community and that is committed to revitalizing the neighborhoods."

'A Shared Initiative' also has faced barriers in representing the needs of residents in the political processes and/or decision making processes. According to the respondent, it is difficult

to represent the needs of residents to the organization's management although the staffs understand the needs of the residents in the community. The CDC also has faced a problem in balancing the market interests of developers and the interests of the residents:

“Of course developers want to come in and build better, affordable housing, but residents don't always perceive developers the way they should. It is hard to convince residents that change is sometimes a good thing.”

There are tensions between developers and residents because residents fear the new development in their community. The question regarding the barriers 'A Shared Initiative' has faced in relocating displaced residents in the community were not addressed by the respondent because this type of work is not conducted through this organization.

#### *4.1.3. Broadmoor Development Corporation, 13<sup>th</sup> Ward, New Orleans*

The Broadmoor Development Corporation, established in 2006, is the community development branch of the Broadmoor Improvement Association. The Broadmoor Improvement Association (BIA) was established in 1930 as a civic organization for the purpose of addressing the needs of the recently established neighborhood. The Broadmoor CDC partners and collaborates with Broadmoor Improvement, universities, foundations, private donors, faith-based groups, corporations, private developers, NGO's and government. At the same time, the organization ensures the partners respect core value of the Broadmoor residents (Broadmoor Plan). In 1970, BIA fought the racially problematic practice of “blockbusting.” After Katrina hit the neighborhood, the Broadmoor CDC has led community activities to rebuild the community. The priorities of the organization encompass cultural and community facilities, economic development, housing, public education, quality of life, preservation, zoning, re-population, membership, resident case management, and youth engagement. They also secured funding and developed partnerships with Harvard's Kennedy School of Government, the Clinton Global Initiative, Shell Oil, and others (NPN website, [www.npnnola.com](http://www.npnnola.com)). Most of the members of Broadmoor Development Corporation are from the community they serve. Broadmoor CDC serves the Broadmoor neighborhood and has a mix of African American (68.2%) and White

(25.8%), and 22.3% of the residents earned less than \$10,000 in 2000. This neighborhood shows the highest recovery rate (74%) compared to the other study areas and a higher median income (\$36,277) than the Desire Area (\$21,942) and St. Claude (\$28,901) neighborhoods.

According to the respondent from Broadmoor, a large repopulation campaign was held from 2006 to 2008 to get Broadmoor residents back home. The organization created the 'BIA Repopulation Committee,' the 'Volunteer Block Captain Program,' and conducted a "Repopulation Statistical Analyses." However, the limited funding for renters has been identified as a barrier the organization has faced in supporting rental housing development. Multiple social work programs, and rebuild assistance programs, funded through philanthropic and government organizations are provided to help existing residents remain in the community. The respondent answered: "little projects to support rental housing redevelopment have been done because funds for rental housing city and statewide have been limited or weighted down with restrictions such that it's been difficult for people to get rebuild funds."

Two community spaces were established in 2006: a 'Youth center,' and a 'Community Meeting Space ('Broadmoor Plan Guide'). In addition, a CVS Pharmacy is proposed to be established in the community. Although the respondent is not aware of visible residents' changes, the respondent identified that the needs from low-income renters remain constant. Since Katrina, research changes in city council election are observed. According to the respondent, this is the lowest tier of formal political leadership." The Broadmoor Development Corporation has done a 'Community Mapping Project," which is the Broadmoor Planning Process" to build consensus in the community through several community meetings. The planning processes include repopulation training, planning process, and design workshop ([www.broadmoorimprovement.com](http://www.broadmoorimprovement.com)). The Broadmoor Development Corporation receives funds from a range of philanthropic givers and foundations. Rebuilding funds for Broadmoor Development Corporation come from HUD CDBG funds.

Four barriers the Broadmoor Development Corporation has faced are identified as financial problems, balancing market interests and residents' needs, and lack of volunteers in

the community. They also has faced discrepancy between remaining rebuild needs and available government funds—i.e. for renters, homes that are more than three units, assistance for people with succession and title issue. Resources for social needs—i.e. rental, utilities assistance, legal help, food, etc., are always constant.”

Table 6 Top Four Identified Barriers of ‘Broadmoor Development Corporation.’

Barrier Categories
Financial problems
Balancing market interests and residents’ needs
Lack of Volunteers in the community
Other-Discrepancy between remaining rebuild needs and available government funds (i.e. for renters, homes that are more than three units, assistance for people with succession and title issue. Resources for social needs (rental, utilities assistance, legal help, food, etc.) are always constant.

The respondent also indicates rent increase as a barrier in helping existing residents stay put in the community after the community was changed due to redevelopment, housing redevelopment, or neighborhood change.

“Rents have increased some, but we have not done direct financial assistance.

Neighborhood organizing and outreach to get residents interests and engaged in neighborhood initiatives, neighborhood charter school, are constant.”

There are no identified barriers the organization has faced in representing the needs of residents in the political processes and/or decision making processes. According to the respondent, they are very active in communicating neighborhood priorities to their city council representative and maintaining a presence in city hall meetings and neighborhood association meetings.

‘Balancing market interests of developers versus the interests of the residents’ was rated as a high barrier, and as the respondent describes it, it is hard to balance the interests of

developers and residents' interests because there are no legal restrictions to prevent the dominance of market interests. In fact, market interests are sometimes supported by government.

“Developers who want to control of lots and do so, have no legal restrictions preventing them from doing so, except for getting the stamp of approval from the city planning board that the developers have taken into account some aspect of community input. We can work with developers to try to have the community voice heard, and continue to do so. A CVS has been proposed on one side of the neighborhood and looks like it will be pushed through zoning approval eventually, regardless of opposition from a sizable number of residents.”

#### *4.1.4 Mary Queen of Vietnam CDC, Village De L'Est, New Orleans*

Mary Queen of Vietnam CDC (MQVN CDC) was established in 2006 to assist Vietnamese-American Katrina victims in New Orleans East. MQVN CDC provided emergency relief right after Hurricane Katrina. The organization has worked on organizing Vietnamese-American residents to rebuild the community and the current priority is a housing project. There major achievements include: 'emergency relief,' 'shutting down the controversial Chef Menteur landfill,' 'developing a trailer site that provides 199 trailer homes to hundreds of returnees,' 'forming a business association to advocate for increased funding support to revitalize neighborhood business districts,' and 'engaging hundreds of community members in creating a vision for rebuilding a more just and equitable community' (NPN website, [www.npnnola.com](http://www.npnnola.com)). Most of the members of MQVN CDC are from the community they serve. MQVN CDC serves the Village de l'Est where the residents are mostly African-American (55.4%) and Asian (37.1%), and 19% of the residents earned less than \$10,000 in 2000. This neighborhood has the highest median income (\$44,848, 2008) among the study areas.

The MQVN CDC has created services to ensure the return of the community as well as helping the existing residents remain in the community. The projects of MQVN CDC range from physical, social to economic redevelopment. According to the respondent:

“Coordinating with FEMA to provide temporary housing for residents to rebuild their homes has been done. Other projects include: creating 2 community clinics (one pediatric, one adult), a Charter school to continue education, a Viet Village Urban Farm and Farmers market to create improve economic development, a senior housing project for the elderly, and on-going business development through grant subsidies and façade improvements to assist our local small business owners before the storm.”

To support rental housing redevelopment, MQVN CDC collaborated with the city and state government to help community renters acquire DHAP (Disaster Housing Assistant Program, HUD) vouchers for a home. They have created a plan to develop 75 units of affordable housing for seniors, the ‘Senior Home Center’ equipped with a community space. MQVN CDC has also built a partnership with the Village de L’Est Improvement Association and Oak Island subdivision to encourage private developers to redevelop their home for selling or lending to support homeownership. In addition, they provide technical assistance to the residents who want to become homeowners.

Blighted and abandoned areas and more trash in the community are pointed as physical changes after Hurricane Katrina:

“Houses have become less blighted in our community. However, there is a strip of land on Chef Menteur Hwy (between Michoud and Alcee Fortier) that houses apartment units that have been blighted and abandoned since the storm. The number of unattended, blighted properties that are not owned by home-owners are astounding. We’ve also seen the city’s lack of trash pick-up. Recycling has since ended and with the new Mayor Elect (Mitch Landrieu), we hope to restore recycling by the end of 2010.”

The influx of the Latino population and the return of a majority of the African American population are identified as the residents' changes (e.g. new residents, income level, race, type of family, etc.) of the community. However, the income level has stayed the same:

“The demographics of our population have indeed changed. There is an influx of the Latino migrant population due to construction needs after the storms, specifically from Mexico and Honduras. Within the Vietnamese population, official residential ownership has been restored to 98% as it was before the storm. African American families have also returned to the majority of its capacity before Hurricane Katrina. The income level has since remained the same.”

After Hurricane Katrina, the local leadership of the Vietnamese community has been stronger and the residents have become more politically active:

“The Vietnamese Community has cultivated local leadership immediately following Hurricane Katrina. The decision of Mayor Ray Nagin to dump a landfill in New Orleans East on Chef Menteur Hwy (1 mile from the Vietnamese Community) caused huge controversy, resulting in the Vietnamese American Community becoming politically active and civically engaged. Five years after the storm, the community currently has three non-profit organizations serving the neighborhood and run by local community members. The first Vietnamese American Congressman is from our community's congressional district, and we have increased voter registration in 2008 by 20%.”

The accomplishments of the MQVN CDC include establishing social service facilities, English classes and translation services, youth financial literacy training workshops, fundraising to remodel a sport field for youth, ESL classes for the immigrant population, developing health programs to address minority health disparities, voter registration for community members, establishing semi-annual community neighborhood cleanup drives, restoring old business

owners as well as attracting new business owners into the community and establishing the community as a Commercial Tourist District.

The organization receives most of its funding from foundations and other non-profit donors. It receives a portion of its funding from the city, state, and federal government for the following projects: ‘Community Owned Health Center’ and ‘Viet Village Urban Farm.’ The organization also gets funding from donations from the residents and community members for their sports field as well as community cleanups.

Table 7 Top Four Identified Barriers of Mary Queen of Vietnam CDC (MQVN CDC)

Barrier Categories
Representing residents’ needs to political processes and/or decision making process
Balancing market interests and residents’ needs
Financial problems
Lack of Professionals in the community

‘Representing residents’ needs to political processes and/or decision making process’ was rated as 7, the most difficult to deal with. However, MQVN CDC has tried to establish relationship with political figures and key stakeholders. They are currently invited to the decision making processes.

“It has taken time to establish relationships with political figures and key stakeholders in the city. Now, we are finally invited to the decision making table. Our staff sits on different city coalitions, task-forces, and city planning committees throughout New Orleans. We currently have one small barrier of staff turn-over in our organization. After relationships have been established, it does take time and work to reestablish those connections.”

Following the most-difficult barrier to overcome, ‘balancing market interests and residents’ needs’ was the second most difficult barrier, rated as 6. According to the respondent, the



barriers in balancing market interests of developers versus the interests of the residents is a challenge with developers who are not from the local community but are who are involved in making decisions affecting the local community because developers are solely interested in profit as opposed to safety and sustainability. 'Financial problems' was rated as the third most difficult to deal with among the seven different barriers. 'Lack of Professionals in the community' (4), 'Brain drain in the community (3), 'Lack of Volunteers in the community' (2) are rated in order.

#### 4.2 Discussion

Overall, CDCs in the study areas have more issues in the immediate recovery projects than those directly concerned with gentrification. Although there are critical concerns of gentrification in New Orleans post-disaster (Slater, 2006; Smith 2005), the problems and needs neighborhoods in New Orleans face are different in terms of the level of damage and the self-ability of residents to recover (i.e. homeownership, median income). However, all four case results show the obvious problem in bringing rental housing funding to the neighborhoods, thus resulting in slow recovery of rental housing and public housing redevelopment. Some of the study areas (i.e. Desire Area, St. Claude) are suffering from the lack of investment and government interests and MQVN CDC has observed rent cost increasing and demand increasing for rental housing. Since it has been only five years since Katrina hit New Orleans, there have not been visible demographic changes in the study areas that can be necessarily interpreted as a gentrification process. There is a visible increase in rent costs in New Orleans compared to other cities and compared to the residents' income level in New Orleans. According to Greater New Orleans Community Center (2009), rebuilding rental housing in New Orleans post-Katrina has been slow compared to homeownership support. The rental housing cost is troublesome for the renters in New Orleans compared to the rest of the nation. In fact, the renters spend at least 30% of their income for their housing and utilities, and the median gross rent has increased from \$702 to \$892 from 2004 to 2008. It is higher than the renters spend for their housing in Baltimore, Memphis and Milwaukee (p.6). The report remarks that

“high cost burden rates among low-income renters indicate strong demand for more affordable units (p.13).” In addition, the housing affordability, post-Katrina, has worsened in terms of the comparison of the residents’ income and the housing cost residents spend.

The Community Data Center reports that the housing affordability crisis in New Orleans was more severe than in the rest of the nation in 2008. I also identified the lower recovery rate of the poorest neighborhood (i.e., Desire Area) and found that the CDCs recognize slow rental housing recovery projects and difficulty in securing funding for rental housing. With a slow recovery rate in the poverty concentrated areas, a lack of rental housing where rental housing is most needed in such neighborhoods as the Desire Area and St. Claude, and a housing affordability issue, the potential for gentrification appears to be visible in the future, which may cause displacement of low-income residents (GNO Community Data Center, 2009).

Although the CDCs do not directly consider gentrification or have issues on gentrification as their problem, according to the survey results, CDCs play important roles in supporting low-income residents in dealing with changing neighborhoods. However, their contributions and barriers are different due to their origins, their main purpose, the structure of their members (i.e. more members from within the community they serve versus members from outside the community or partnerships with other organizations), their dependence on outside funding, demographics of the neighborhoods they serve and the degree of damage of the neighborhoods.

#### *4.2.1. Identified Roles of different CDCs in changing neighborhoods:*

Each CDC identified similar roles, abilities, and barriers while revealing individual differences. The differences among them derived from the organizations they have partnered with or originated from, what their main roles are, and the involvement of residents members in the organizations. According to the survey results, the CDCs identify their roles as: 1) to revitalize the areas they serve, 2) empower the residents, 3) to provide affordable housing, 4) to provide access to resources, 5) to achieve economic development, 6) to represent residents’ needs. The identified roles match the common roles of CDCs studied by researchers. However,

the main purpose of each of their roles is slightly different. While the CDCs try to pursue the common goals of CDCs, more specifically it depends on their origins and the origins of members (i.e. more members from inside the neighborhood they serve versus more members from outside).

For example, 1) A Shared Initiative is the non-profit arm of ASI Federal Credit Union. Some of its members are from the community they serve and its main purpose is to focus on providing affordable homeownership. On the other hand, 2) CDC 58:12 was formed by the Desire Street Ministries which is a religious non-profit organization and has a partnership with CrossRoads Mission. CDC 58:12's main purpose is to respond to the community and help to restore broken community. The projects they have done include physical issues including building rental housing. Their projects also involve social issues such as support services (i.e. emotional relief for youth and their family). 3) In the case of 'Broadmoor CDC,' which is a branch of the 'Broadmoor Improvement Association' (established in 1930 as a civic organization for the purpose of addressing the needs of the neighborhood), most of the members are from the community they serve and its main purpose appears more expansive: Broadmoor CDC's projects go from physical development to social aspects of the community (i.e. create cultural and community facilities, improve quality of life, increase repopulation and membership of the residents, housing, zoning, and economic development). 4) MQVN CDC has the main purpose to rebuild Vietnamese-American Katrina victims with a majority of the members from the community they serve. A portion of its funding sources comes from fundraising from the community. MQVN CDC has a stronger focus on strengthening the political linkages to represent the needs of residents to the political decision making processes. Their priorities include social issues, political issues, as well as physical and economical issues.

However, while all four CDCs shared the purpose of representing low-income residents and/or repopulating the community, the CDCs have faced obstacles in their pursuit of funding for rental housing (see the result section 4.1.). Although CDC 58:12 has built an amount of rental housing and provided grants for the rent, the respondent indicated that little interest exists

for the development of rental housing and it is hard to obtain resources designated to the area (section 4.1.1.).

#### *4.2.2. Identified Activities of Different CDCs in Changing Neighborhoods:*

Different origins, main purposes are also mirrored in CDCs' achievements they identified. For example, 1) 'A Shared Initiative' identified their achievement as follows: first, offering low-interest loan to aspiring entrepreneurs; second, opening a community resource center, holding community events and give away.' 2) 'CDC 58:12' identified their achievements as: providing grants to persons for utilities and rent after Katrina; rebuilding rental housing, supporting homeownership, and gutting 600 homes with volunteers in the community. 3) "Broadmoor CDC' has achievements in building partnerships with schools and the city to revitalize the community. For example, conducting 'community mapping,' developing 'Broadmoor plan process,' etc. 4) 'MQVN CDC' identifies their achievements as follows: establishing social service facilities, English classes and services, financial literacy training workshop, fundraising to remodel a sport field, developing a health program for minorities, etc.

#### *4.2.3. Comparison of the Identified Barriers of different CDCs in Changing Neighborhoods:*

Identified barriers are similar, but the degrees barriers are different. From the different barriers each CDC has faced, I identified the pros and cons of different contexts of CDCs and how to resist the barriers to support low-income residents in dealing with changing neighborhoods. The rated results show, (see the table 8, p.53.) the barriers are visibly different due to the involvements of residents and who they have partnerships with. For example, 'A Shared Initiative' rated "Identifying the Most Needed Demands of the Residents" as 7, 'the most difficult to deal with,' while all other CDCs rated "Identifying the Most Needed Demands of the Residents" as the rate 1, 'the least difficult to deal with.' 'A Shared Initiative' has only some of the members from the community they serve while other organizations have most of the members from the community they serve.

According to the respondent, 'A Shared Initiative' is experiencing difficulty in earning trust from the residents according to the respondent. Another example can be found in the case

of 'Broadmoor CDC.' The respondent from 'Broadmoor' rated "Representing Residents' needs to Political Processes and/or Decision Making Process" as 1, 'the least difficult to deal with' while other organizations rated this barrier higher than 6 (7 being 'the most difficult to deal with'). Since the 'Broadmoor CDC' collaborates with BIA (Broadmoor Improvement Association) and has built partnerships with universities, foundations, private donors, faith-based groups, corporations, private developers, NGO's and government. The Broadmoor CDC also rated "Lack of Professionals in the Community" as 1, 'the least difficult to deal with' while other organizations rated it higher than at least 3 (7 being 'the most difficult to deal with).

Since the organization collaborates with partners as mentioned above, they seem not to have a problem with "Lack of Professionals in the Community." However, although the respondent rated "Representing residents' needs to political processes and/or decision making process" high (7), according to the respondent of the MQVN CDC, the local leadership of the community has been stronger and the residents are more politically active after Katrina, 2005. Since then the MQVN CDC is considered as a key stakeholder in the city.

Table 8 Identified Barriers of Four CDCs, New Orleans

Barrier Categories(Average Point) *1 being "the least difficult to deal with and 7 being "the most difficult to deal with."	CDC 58:12	A Shared Initiative	Broadmoor CDC	MQVN CDC
Financial Problems (6)	5	7	7	5
Representing Residents' needs to Political Processes and/or Decision Making Process (5)	7	6	1	7
Identifying the Most Needed Demands of the Residents (2)	1	6	1	1
Balancing Market Interests and Residents' Needs (5.25)	3	5	7	6
Lack of Professionals in the Community (3.5)	7	3	1	4
Lack of Volunteers in the Community (3.25)	1	3	7	2
Other Barriers	-	-	Discrepancies between remaining rebuild needs and available government funds (i.e. for renters, homes that are more than three units, assistance for people with succession and title issue. Resources for social needs (rental, utilities assistance, legal help, food, etc.) are always constant. (7)	Brain Drain in the Community (retention of local professionals) (3)

Overall, all four CDCs are experiencing “Financial Problems (6),” “Balancing Market Interests and Residents’ Needs (5.25),” and “Representing Residents’ needs to Political Processes and/or Decision Making Process (5)” more than other factors: “Lack of Professionals in the Community (3.5)” “Lack of Volunteers in the Community (3.25),” and “Identifying the Most Needed Demands of the Residents (2).”

The CDCs try to achieve in their communities can be categorized into political linkages to the political decision making processes and social linkages that engage the residents in the community as well as empower and strengthen the community through building partnerships with other organizations. The CDCs have more able to represent the residents’ needs when they either network with government, private developers and other organizations. Increased civic participation by the residents builds strong political leadership in the community. However, “Balancing market interests and residents needs” is often recognized as beyond their ability because they do not have any legal restriction to prevent development. Once, the government passes the zoning permit, the developers build.

## CHAPTER 5

### CONCLUSION

This study verifies the potential ability of Community-Based Organizations to resist the negative effects of gentrification (create political linkage and social linkage) and the reported ability of such CDCs in supporting low-income residents dealing with changing neighborhoods (e.g., Freeman, 2005; Kennedy & Leonard, 2001; Robinson, 1996, etc). However, it is necessary to note that gentrification is not considered a major issue for all of the CDCs in the study areas. Different CDCs have different issues, and especially the CDCs in poverty concentrated areas (i.e. Desire Areas and St. Claude) have experienced a rather marked lack of resources for immediate recovery projects after disaster, as we can see from the lower recovery rate of the Desire Area. However, all four CDCs are experiencing slow rental housing rebuilding and a difficulty in finding funding resources for public housing. Each neighborhood has a different recovery rate and experience.

As the literatures identify the important roles of CDCs as political linkages (Marwell, 2004; Peter, 2007; Saegert, 2004) and social linkages (Chaskin, 2001; Diani, 1997; Fraser & et al, 2003; Sampson, 1999) in changing neighborhoods, the results of this study show that CDCs play a role in political linkage and social linkage, although they still have barriers to overcome, as drawn from the findings. CDCs with wider and stronger partnerships, such as Broadmoor CDC, built social linkages through partnerships with universities, private foundations, NGOs, and government. This focus helped them to represent the residents' needs better. Thus, CDCs can improve their professionalism to help them collaborate and communicate with governments and private developers. In the case of MQVN CDC, the organization strengthened its political linkages by increasing political participation that created strong political leadership in the community. MQVN CDC also built social linkages in the community to reconcile new



immigrants, Latinos, with existing residents by providing English classes and services after Katrina. CDC 58:12 also played a role in building rental housing through its partnership with CrossRoads Mission and other volunteers, even though they have faced a lack of funding and interest for low-income housing and senior housing as well as for bringing businesses into the community. However, despite the potential roles and abilities of CDCs, CDCs are not fully aware of the potential gentrification but focus instead on immediate visible problems, such as physical damages and economic blights of the community. Even though the CDCs in this study do not recognize the potential for gentrification, the Greater New Orleans Community Data Center (2009) also emphasizes the importance of producing additional affordable housing units for low and very low income households while at the same time remediating blight and stabilizing neighborhoods.

This study also verifies earlier research studies on CDC Models overcoming their limitations of being non-profit organizations reliant on outside funding to play a role as mediators between residents and market interests, and to represent the needs of low-income residents (e.g. Bratt, 1994; Rubin, 1997; Stoecker, 1997; Stoutland, 1999; Taub, 1990). As Stoecker (2001) suggests, large CDCs have more capacity (e.g. political capacity, collective talent to conduct physical redevelopment). This study identifies large CDCs wider, stronger partnerships and/or political capacity (i.e. Broadmoor CDC and MQVN CDC) to achieve and represent the needs of residents better than others. However, as emphasized in the literature (Stoutland, 1999), the CDCs whose management members are from outside the community deal with the challenge of earning trust from the community (e.g. 'A Shared Initiative'). On the flip side, the organizations which are managed mainly by members from the community experience a lack of professionalism and difficulty in representing the needs of residents to the political decision-making processes. Furthermore, it is difficult to overcome the market forces that are often supported by government unless the organizations and community have strong political power to resist them. But, at the same time, lack of market interests can be a problem in areas where they do not have jobs or proper infrastructure.

Finally, this study first recommends that CDCs build stronger partnerships with universities and local government entities to have more capacity (e.g. professionalism, political capacity, and funding sources) to achieve the needs of residents. Second, at the same time, CDCs should involve residents and under-represented residents as core staffs of the organization to identify the most needed demands of the residents. Third, involvement of local government in the concentrated poverty areas is necessary because Community-Based Organizations alone cannot attract investment into the community nor provide affordable housing for the low-income residents.

More detailed research should be conducted in the future. Future research needs to address the perspectives of the residents through resident interviews. In addition, in most cases, places are still in the middle of experiencing recovery. Thus the changes--such as physical changes, residents' changes, and political changes--are difficult to identify. However, this study has contributed to research in post-disaster neighborhoods by identifying: first, the potential roles, abilities, and barriers of CDCs in the political and social linkages in dealing with gentrifying neighborhoods; and second, how such CDCs have overcome the limitations of the lack of professionalism, representing residents' needs in the political decision making process, and identifying the most needed demands of the residents.

APPENDIX A

SURVEY QUESTIONS

### Interview Questions

**There are 10 questions in total. Please, fill out the questions 1 - 10.**

1. When was your organization established?

Answer:

2. a. Are you from the community that your organization is working for?

Answer:

- b. Are the members of your organization from the community that your organization represents?

Answer:

3. How long have you worked for the organization?

Answer:

4. What types of redevelopment projects has your organization done in your community after Hurricane Katrina? Please provide a short description of the redevelopment projects your organization has worked on regarding:

- a. Relocating displaced residents after Hurricane Katrina:

Answer:

- b. Helping existing residents who remain in the community (specifically those who lived in the community before Hurricane Katrina):

Answer:

- c. Supporting rental housing redevelopment:

Answer:

- d. Supporting homeownership:

Answer:

e. Other Types of Projects:

Answer:

5. a. Have you observed any physical changes in your community after Hurricane Katrina?  
Examples of physical changes: housing type, types of businesses, community spaces, etc.  
Please, be specific and describe the physical changes you have observed.

Answer:

- b. Have you observed any changes of residents in your community after Hurricane Katrina?  
Examples of residents' changes: new residents, income level, race, type of family, etc.  
Please, be specific and describe the changes of residents you have observed.

Answer:

- c. Have you observed any political leadership change in your community after Hurricane Katrina?

Please, be specific and describe the political leadership changes you have observed.

Answer:

6. Of the projects your organization has done please describe the successful achievements of your organization in supporting residents dealing with neighborhood changes you have observed after Hurricane Katrina?

Answer:

7. What kind of support do you get from federal, state, city, nonprofit foundations, and/or private giving? If there are any other types of funding sources, please provide the funding source.

Answer:

8. If there are barriers your organization has faced in supporting the existing residents (who have lived in the community since before Katrina, 2005), please put the degree of difficulty in the blanks next to the listed problems in terms of a score on a scale of 1 to 7 (7 being "the most difficult to deal with" and 1 being "the least difficult to deal with").

- a. Financial problems ( )
- b. Representing residents' needs to political processes and/or decision making process ( )
- c. Identifying the most needed demands of the residents ( )
- d. Balancing market interests and residents' needs ( )
- e. Lack of Professionals in the community ( )
- f. Lack of volunteers in the community ( )
- g. Other - Please provide the problem here: ( )

9. Please specify the barriers your organization is experiencing through the number 9.a. – 9.e.

a. What are the barriers your organization has faced in **helping existing residents** (who have lived since before Hurricane Katrina) **stay put in the community after the community was changed** due to redevelopment of the community, housing redevelopment, or neighborhood change?

Answer:

b. What are the barriers your organization has faced in **relocating displaced residents to the community**?

Answer:

c. What are the barriers your organization has faced in **representing the needs of residents in the political processes and/or decision making processes**?

Answer:

d. What are the barriers your organization has faced in **balancing market interests of developers versus the interests of the residents**?

Answer:

e. Please specify **any other barriers** your organization has faced in helping the residents after Hurricane Katrina, 2005, which are not listed above.

Answer:

10. Have you observed any types of redevelopment projects that have been done by other organizations and/or government after Hurricane Katrina? If so, please provide a list and short description of those redevelopment projects.

Answer:

- Please provide any other comments or opinions below as you need. Thank you!

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