



The Health Consequences of Moving from Place to Place

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Moving from place to place, from one home to another, has long captured American imaginations. Moving is idealized as a way to pursue a better life, including for low-income people who “move up” to the suburbs or into larger homes, or for workers who change locales to take advantage of new job opportunities. Oftentimes, moving is seen as going hand in hand with other positive steps in life, such as starting a new marriage or other relationship, taking a good career step, or inheriting or finding one’s dream home.

But of course in real life moving can also be tied to negative life events. Immigrants may have to move to low-income areas with few social supports because of language barriers or discrimination in the housing market. Financial problems can force individuals and families to move in with relatives or take any available apartment in neighborhoods with poor amenities and high crime rates. College graduates may find that the need to pay back student loans in a weak economy limits the places they can afford to live. Divorces, foreclosures, and deaths in the family all can be events that force movements to worse circumstances.

In fact, residential instability – constant, unsettling relocation from one abode to another – affects many children and adolescents in America. A recent study found that an estimated 17% of children aged two to 18 years did not live in the same house across a given two-year time span; and across five years, almost half of people aged five and older did not continue to live in the same house. What are the broader implications of these trends? It turns out that the social consequences of so much moving around depend, in part, on the motivations for moving. When people move because of other positive changes in their lives, the results can be good. But household moves rooted in adverse life changes result in further negative outcomes. Changes in physical well-being and health are among the shifts that can happen for good or ill when people move. My research documents some of the patterns that need to be understood by advocates and policymakers concerned with health and housing issues, especially for urban residents.

When Residential Mobility is Associated with Poor Health

A comprehensive review of scholarly studies of residential mobility and health reinforces the conclusion that when families move around a lot, the health of children and adolescents can suffer. Alcohol and drug use, behavioral problems, cognitive difficulties, juvenile delinquency, and teen pregnancies – all are associated with constant changes in family residences. Constantly moving families also report poorer health and get visited by emergency services more often.

It is not hard to imagine why moving around a lot could be associated with so many worrisome developments. When households are constantly moving, familiar neighborhood arrangements and social relationships get disrupted, and people can lose contact with supportive institutions such as churches, neighborhood associations, and crime watch groups. Indeed, when many residents constantly leave, entire neighborhoods can suffer too.

The contemporary social landscape makes negative changes of these sorts more likely for urban than non-urban areas and people. Gentrification and neighborhood revitalization efforts uproot lower-income people, and the recent foreclosure crisis hit America’s cities especially hard. Even when affected people move only a short distance in absolute terms, such disruptive processes can tear individuals out of their homes and force them to take up residence in less familiar surroundings, often with fewer nearby facilities and more crime.

How Residential Mobility Can Lead to Improved Health

Two of my recent research projects sponsored by the Robert Wood Johnson Foundation suggest that residential mobility is not always associated with deteriorating health. Looking specifically at two measures of weight change, I find that moving from home to home is associated, overall, with a lower risk of excessive weight gain among adolescents and young adults. But this finding depends on location. In one study, I found

that people who moved tend to become physically inactive, especially when they live in non-urban areas. But that does not happen as much to those who live and move in cities.

In the other study, I discovered that the impact of mobility on weight may be entirely explained by changes in neighborhood surroundings, including resources like parks and safe streets. I discovered something that makes intuitive sense: Urban movers are less likely to become obese if they relocate to neighborhoods with parks, recreation centers, and lower crime rates.

In sum, although moving in itself does not predict gaining or losing weight, the destination matters. Moving to another locale with the same social characteristics and facilities as the former neighborhood has little effect on people's weight. But when urban people manage to move from an area with little infrastructure to one with safer conditions and better opportunities for recreation, then the risk of becoming obese goes down significantly.

How Urban and Government Policies Can Help

My research documents many complexities in the relationship between moving from place to place and people's health, as indicated by weight changes. But the findings do suggest some useful policy recommendations:

- **Give disadvantaged neighborhoods resources to support healthier lifestyles.** A few parks and recreation centers situated in disadvantaged areas can nudge communities toward lower levels of obesity and associated improvements in residents' health. Crime deterrence also matters, because it lets people feel safe to walk around and visit parks and recreation areas.
- **Improve overall welfare to promote *positive* mobility.** Public assistance programs that improve household finances and food supply, and policies that help people stay in homes they like, will improve prospects and foster stronger connections for both longstanding and new residents. Moving in or out will be more by choice to build stronger lives, and less a matter of disruptive uprooting – the kind of moving that can hurt both youngsters and families.

Read more in Antwan Jones, "**Residential Instability and Obesity over Time: The Role of Neighborhood Resources.**" *Health and Place* (2015), and "**Residential Mobility and Trajectories of Adiposity among Adolescents in Urban and Non-Urban Neighborhoods.**" *Journal of Urban Health* (forthcoming).