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Commentary

Sweden's Emerging Gentrification and Public Health Implications: A Viewpoint

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ABSTRACT

Gentrification has traditionally been understood as a phenomenon associated with Anglo-American cities, where speculative real estate markets and visible displacement reshape urban neighbourhoods. By contrast, Sweden, long recognized for its welfare state, universal housing policies and social equity commitments, has often been assumed to be insulated from such disruptive urban transformations. This viewpoint challenges this assumption, describing the emergence of a “quiet gentrification” in Swedish cities such as Stockholm, Gothenburg and Malmö. Unlike overt market-driven processes, the shift unfolds through state-led redevelopment, housing privatization, and renovation-induced rent increases, disproportionately affecting low-income and disadvantaged communities. This viewpoint argues that these subtle, yet profound changes have important implications for public and population health, given the established links between neighbourhood deprivation, housing insecurity, and adverse health outcomes. Moreover, the viewpoint contends that Sweden is facing a critical paradox: that institutions designed to promote equity are to some extent contributing to socio-spatial inequalities. At the same time, the transformation presents opportunities to reframe urban governance through equity-oriented planning, housing justice, and interdisciplinary collaboration between urban planners and public health researchers. By recognizing and addressing the health dimensions of gentrification, policy makers can safeguard social sustainability and ensure that urban renewal enhances, rather than undermining, population health and equity.

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1. INTRODUCTION

“Gentrification” refers to the transformation of neighbourhoods that occurs when individuals with higher incomes and educational backgrounds move into areas that have historically housed marginalized communities (Atkinson et al., 2011; Ding & Hwang, 2016). This shift often leads to rising housing prices, new upscale developments, and renovations of existing buildings, which can result in the displacement of long-term residents and alter the cultural fabric of the community (Atkinson et al., 2011; Ding & Hwang, 2016). Displacement, in this context, involves the removal, whether voluntary or involuntary, of lower-income residents because of factors such as unaffordable rent, increased property taxes, and other economic pressures

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linked to gentrification (Watt & Morris, 2024). It can be direct, such as being priced out of a home; indirect, when changes in the neighbourhood environment make it feel less welcoming or livable for existing residents; or cultural (Versey et al., 2019; Davis et al., 2023). Although displacement is common in many low-income areas, when it coincides with an influx of wealthier newcomers and new development, it becomes a defining element of gentrification (Watt & Morris, 2024).

In Sweden, the welfare state has historically been recognized for its comprehensive social protection, universal housing policies, and strong commitment to reducing socioeconomic inequalities (Esping-Andersen, 1990; Grander, 2024). Therefore, there has always been a belief that Swedish cities are protected from the rapid and disruptive urban transformations, including gentrification and displacement, that have reshaped many metropolitan areas worldwide (Ascensão, 2015; Sánchez-Ledesma, 2020; Clark, 2021). However, this narrative is increasingly being challenged as subtle, yet profound socio-spatial changes are emerging in the country's urban landscapes.

Unlike the overt but sometimes much-discussed gentrification observed in Anglo-American contexts, which is characterized by speculative booms and visible displacement, Sweden's version of gentrification manifests as a "quiet shift." In this viewpoint, quiet gentrification refers to urban change occurring without the spectacular visibility typical of classic gentrification elsewhere, for example in the United States. It involves subtle class transformations in housing and consumption patterns, incremental or dispersed displacement rather than wholesale neighbourhood turnover, and symbolic or aesthetic shifts, such as cafés, boutiques, and lifestyle markers, without large-scale redevelopment (Glynn, 2008). This contrasts with the more visible and spectacular forms characterized by rapid redevelopment, major capital influxes, and dramatic urban transformations (Smith, 2002; Lauermann, 2022).

These "quiet" transformations in Sweden have occurred through bureaucratically mediated changes such as the conversion of public rental units to condominiums, renovation-induced rent increases, and state-led redevelopment framed as modernization or social integration (Baeten et al., 2017). While subtle, these changes significantly affect low-income and disadvantaged populations through rising housing insecurity and the erosion of neighbourhood diversity (Bah, 2018; Rokem & Vaughan, 2019). This viewpoint highlights the evolving dynamics of gentrification in Sweden and their critical implications for public health. First, it addresses the emergence of gentrification in Swedish cities; second, it examines the public health implications of urban gentrification; and finally, it discusses the opportunities and challenges arising from ongoing urban transformation.

2. EMERGING GENTRIFICATION IN SWEDISH CITIES

Sweden has long aimed for high housing standards for the entire population (Boverket, 2014). Since the 1970s, the authorities have recognized socioeconomic segregation and made efforts to counter it (Andersson et al., 2010). However, in contrast to earlier state-regulated policies under the Folkhem model, a social democratic policy framework, the past two decades have witnessed a marked shift toward housing deregulation and privatization (Andersson & Turner, 2014). This transformation has driven up housing costs, largely due to escalating land prices in urban areas and profit-oriented construction practices by private developers. As a result, developers have prioritized high-end housing projects while neglecting affordable rental options (Nylander, 2013). In 2015, only around 20,000 housing units were built, despite an estimated need for double that number, reaching a projected shortfall of 400,000 units by 2025 (Boverket, 2014). This shortage has been particularly detrimental to young people and marginalized groups, who increasingly struggle to access the housing market (Salonen, 2012). Meanwhile, socioeconomic and ethnic segregation has deepened in Sweden's three major cities Stockholm, Gothenburg and Malmö, creating visible divides between affluent and disadvantaged areas (Hedin et al., 2011; Andersson & Turner, 2014).

Grundström and Molina (2016) identify three key periods that define Sweden's housing policy trajectory. The first was the regulated Folkhem era from 1930 to 1974, characterized by a state-led housing expansion that effectively eliminated shortages and emphasized equitable access. Construction peaked between 1965 and 1974, when Sweden achieved the highest housing output per capita in the world. The second phase, the deregulation period from 1974 to 2006, saw the onset of rent deregulation and a sharp decline in new construction. During the 1990s, neoliberal reforms further curtailed state support and prioritized market-based housing provision, which contributed to segregation by concentrating low-income and immigrant populations in peripheral areas.

The third phase, beginning in 2006 and continuing to the present, represents a market-dominated period shaped by liberal policies that have reinforced socioeconomic divisions. Public housing companies have gradually lost their social mandate to serve vulnerable groups, while new construction has predominantly targeted affluent buyers, intensifying the spatial clustering of both poverty and wealth (Grundström & Molina, 2016). Whereas the Folkhem ideal once promoted “housing for all,” contemporary trends increasingly favor market-driven provision of housing for the privileged. Housing has therefore shifted from being treated as a social right to a consumer commodity, reflecting broader cultural and ideological transformations within Swedish society.

With respect to gentrification, Sweden shares several global characteristics, including neighborhood upgrading, in-migration of middle-class residents, and rising property values (Mustered & Andersson, 2005; Andersson & Turner, 2014; Wilhelmsson et al., 2022). Yet, these processes are distinctly shaped by Sweden’s historically strong welfare model and its municipal housing policies, which have traditionally aimed at promoting social equity and universal housing access (Turner & Andersson, 2008). In Sweden’s major urban centers, particularly Malmö, Gothenburg and Stockholm, gentrification has evolved alongside post-industrial restructuring and urban redevelopment strategies targeting former working-class districts (Andersson et al., 2010; Hedin et al., 2011). These transformations have been driven by a combination of factors, including the conversion of industrial or marginalized areas for new urban uses (Andersson & Palander, 2001; Andersson, 2006; Andersson, 2013; Kusevsky et al., 2023; Voglazides & Mondani, 2023), neoliberal reforms such as rent deregulation and the privatization of public housing (Andersson & Turner, 2014), and cultural dynamics that valorize creative urban lifestyles and attract younger, middle-class populations (Altes, 2013). Empirically, gentrification manifests in different forms across Sweden’s three largest cities. In Stockholm, districts such as Södermalm have transformed from traditional working-class neighborhoods into highly desirable residential areas. The subdistrict of Hornstull, for instance, evolved from a run-down area into a fashionable quarter in the early 2000s (Andersson, 2004), while Bagarmossen, Aspudden and Midsommarkransen continue to experience marked demographic and socioeconomic shifts (Pohlman, 2022). In Malmö, large-scale redevelopment projects illustrate the diverse dynamics of urban change. The Rosengård transit-oriented development aims to enhance connectivity but also raises concerns over the displacement of low-income residents (Derakhti & Baeten, 2020), while Limhamn’s former quarry exemplifies environmental gentrification following ecological restoration efforts (Sandberg, 2014). Broader housing policy shifts have further enabled the gradual filtering of wealthier households into previously lower-income neighborhoods, contributing to growing social polarization across Malmö, Stockholm and Gothenburg (Hedin, 2012; Gustafsson, 2024). Peripheral areas such as Lindängen and Bunkeflostrand are also experiencing new pressures stemming from infrastructure improvements and enhanced accessibility (Vitrano & Mellqvist, 2022). In Gothenburg, sustainability-oriented planning has produced similar tensions. The “15-minute city” initiative has improved accessibility in formerly low-income districts but also risks driving displacement (Eldér, 2024). Meanwhile, Ringön’s industrial waterfront demonstrates early stages of creative gentrification, where cultural industries and artistic spaces emerge alongside ongoing industrial activities (Olshammar, 2019). Beyond the economic and spatial dimensions, cultural indicators such as changes in restaurant typologies, signage and the dominant languages used in public spaces also signal deeper socioeconomic transformations (Järlehed, Nielsen & Rosendal, 2018).

Although large-scale evictions remain relatively uncommon compared to Anglo-American cities, processes of gradual displacement are evident in many Swedish urban contexts. These include the filtering out of low-income residents through rent increases, restricted access to affordable housing and demographic turnover (Baeten et al., 2017; Sandow & Lundholm, 2019). Socioeconomic polarization has been particularly noted in areas such as Södermalm in Stockholm and Majorna in Gothenburg (Andersson & Bråmå, 2004; Bergsman & Johansson, 2021), where historically strong tenant protections and social housing mechanisms have provided some buffering against displacement. However, the continuing liberalization of housing policy has increasingly undermined these safeguards (Andersen et al., 2013; Andersson & Turner, 2014). Consequently, Swedish municipalities face the difficult task of balancing urban renewal and economic development with the imperative to prevent social exclusion and residential segregation (Holmqvist, 2010). Furthermore, the interplay between migration, segregation and neoliberal governance remains central to understanding the evolving forms of gentrification in contemporary Swedish cities (Molina & Westin, 2012; Gustafsson, 2019).

3. PUBLIC HEALTH IMPLICATIONS OF URBAN GENTRIFICATION

Over the past two to three decades, a growing body of Swedish public health research has highlighted that neighbourhood deprivation is consistently associated with adverse health outcomes (Sundquist et al., 2012; Sundquist et al., 2015; Raphael et al., 2020). Large-scale registry-based studies have shown that individuals with severe mental illnesses, such as schizophrenia or bipolar disorder (Sariaslan et al., 2015; Jansåker et al., 2023), experience markedly higher all-cause mortality when living in highly deprived neighborhoods. Similarly, people residing in deprived neighborhoods are at increased risk of death from cardiovascular disease (Sundquist et al., 2004) and cancer, and report poorer self-rated health (Sundquist & Yang, 2007; Sundquist, 2011; Sundquist et al., 2012; Sundquist et al., 2015), which, at the population level, translates into avoidable premature mortality, widening health inequalities, and increased demand for costly tertiary health care interventions. Furthermore, among adults with diabetes, neighbourhood-level deprivation has been linked to a heightened incidence of heart failure, independent of individual socioeconomic factors (Molnar et al., 2022). This finding underscores that health inequalities cannot be addressed solely by targeting individual behaviour change; rather, structural determinants must be tackled (Molnar et al., 2022). The consistent association between neighbourhood deprivation and diabetes incidence (Sundquist et al., 2015; White et al., 2016) further suggests that geographically concentrated disadvantage operates as a risk multiplier for chronic diseases, increasing long-term health care expenditures and straining preventive care resources.

Perinatal health outcomes also reflect neighbourhood-level disparities. Living in deprived areas has been associated with increased risk of extremely preterm birth, stillbirth and small-for-gestational-age births, even after controlling for maternal and social variables (Hesselman et al., 2019). These adverse outcomes are not only devastating at the family level but also carry population-wide implications by contributing to long-term developmental and health inequities. Early disadvantage at birth sets the stage for intergenerational cycles of poor health, low educational attainment and reduced economic productivity, reinforcing the importance of place-based public health interventions (Hesselman et al., 2019).

Evidence on the built environment further supports the role of neighbourhood characteristics in shaping health. Objective measures of walkability such as street connectivity and land-use mix have been correlated with greater moderate physical activity across the week (Sundquist et al., 2011). From a public health perspective, such findings highlight that investments in urban design and infrastructure can yield broad preventive benefits by fostering physical activity, reducing obesity rates and mitigating cardiovascular risks. Conversely, stronger neighbourhood social capital has been linked to improved self-rated health and serves as a protective factor against mental distress (Sundquist & Yang, 2007; Lindén-Boström et al., 2010).

Strengthening social capital at the neighbourhood level therefore emerges as an important population health strategy, particularly in mitigating the adverse effects of socioeconomic disadvantages. However, despite the well-documented influence of neighbourhood deprivation, the health impacts of gentrification remain underexplored in Nordic welfare contexts, particularly in Sweden (Ding & Hwang, 2016; Beck, 2024). While gentrification is often framed as a driver of urban renewal, empirical evidence from other settings has shown that processes such as renovictions, social exclusion and service displacement increase psychological stress and reduce access to social capital (Roux & Mair, 2010; Tran et al., 2020). These dynamics contribute to widening health inequities, affecting both displaced residents and those who remain in gentrifying areas (Schnake-Mahl et al., 2020; Cole et al., 2021; Zayas-Costa et al., 2021; González-Marínt et al., 2023; Martha, 2024). Qualitative studies across Europe (Santos et al., 2024), including Sweden (Koetsier, 2022), have shown that affected residents report feelings of alienation, housing instability and the fracturing of long-standing social ties (Van Eck et al., 2020). These processes exacerbate vulnerability among groups already at risk because of migration status, low socioeconomic position or limited social support. From a public health perspective, these findings are highly consequential: they reveal how neighbourhood transformation, if unmanaged, can produce inequitable health outcomes and amplify systemic disparities. Moreover, while gentrification often improves local amenities, the uneven distribution of these benefits can lead to “social hollowing”, a process whereby marginalized residents are priced out of the very advantages that urban revitalization is intended to provide (Baeten et al., 2017; Westin, 2021). Multiple pathways have been identified to explain how gentrification affects health and perpetuates disparities (Cole et al., 2021; Anguelovski, Connolly et al., 2019; Anguelovski, Triguero-Mas et al., 2019). These include weakening of social ties, a decline in social capital, and erosion of community cohesion (Sánchez-Ledesma et al., 2020; Weil, 2019; Versey, 2018; Versey et al., 2019; Huynh & Maroko, 2014; Gibbons & Barton, 2016; Pérez del Pulgar et al., 2020). The disruption of community networks is particularly damaging for population-level

resilience, as social support is a well-documented determinant of both physical and mental health. Furthermore, gentrification undermines residents' sense of place (Shaw & Hagemans, 2015; Anguelovski, 2015; Versey et al., 2019; Oscilowicz et al., 2020) and collective identity (Cocola-Gant, 2018). Socio-cultural exclusion, housing insecurity and exploitative landlord practices not only generate chronic stress but also create cumulative exposures that compromise long-term health outcomes (Desmond & Gershenson, 2017).

Crime and safety considerations further complicate the picture. While some studies suggest that violent crime may initially decline during the early stages of gentrification (Papachristos et al., 2011; Barton, 2016), others show increased risk of assault and robbery (Kreager et al., 2011; Williams, 2014). Importantly, fear of crime persists, with significant psychological implications. Similarly, substance use patterns shift in gentrifying areas (Izenberg et al., 2018) while long-standing residents have reported both higher alcohol consumption and a loss of social connectedness (Pennay et al., 2014). The rise of structural vulnerabilities, including heightened policing and reduced access to harm reduction services (Pennay et al., 2014), underscores the need for integrated public health and urban policy responses.

Finally, emerging evidence on commercial and green gentrification adds new complexity to public health outcomes. For instance, some argue that while new food establishments may appear, they often create food mirages, known as areas where healthy food options exist but remain financially inaccessible to residents (Breyer & Voss-Andreae, 2013; Sullivan, 2014; Anguelovski, 2015). Similarly, green gentrification introduces new parks and public spaces that may improve urban aesthetics but fail to equitably serve marginalized residents (Jelks et al., 2021; Triguero-Mas et al., 2021). For public health practitioners, the emerging patterns of gentrification in Swedish cities present a critical concern: interventions intended to foster healthier environments may inadvertently deepen inequalities unless affordability, inclusivity, and accessibility are explicitly prioritised. For instance, research conducted in other contexts on urban redevelopment and health has demonstrated that environmental and public health improvements, such as the creation of parks, cycling infrastructure, or green spaces, can unintentionally lead to "green gentrification," where the very residents these initiatives aim to help are displaced or priced out. Anguelovski and colleagues (2021) observe that attempts to develop healthier and more sustainable cities are often accompanied by rising property values and an influx of wealthier residents, resulting in the marginalisation of lower-income communities. Similarly, Versey (2022) emphasises that gentrification can affect long-term, lower-income residents through multiple channels, including housing instability, social displacement, and stress, all of which can negatively impact health and wellbeing. These findings highlight the necessity of embedding affordability, inclusiveness, and accessibility into urban health strategies if such interventions are to reduce, rather than exacerbate, existing health inequalities.

Overall, the Swedish evidence on neighbourhood deprivation and the emerging global literature on gentrification underscore the profound population-level implications of place for health. These findings highlight the need for integrated strategies that bridge urban planning, social policy and public health, ensuring that neighbourhood transformations contribute to health equity rather than exacerbate disparities. By addressing structural drivers, protecting vulnerable populations, and embedding equity considerations in urban development, policy makers can help ensure that public health systems play a central role in shaping healthier and more just communities.

4. DISCUSSION AND CONCLUSIONS: THE OPPORTUNITIES AND CHALLENGES OF SUBTLE URBAN CHANGE

Sweden's evolving experience with gentrification challenges the long-standing belief that robust welfare states are inherently shielded from neoliberal urban transformation. Indeed, it reveals how state-led, bureaucratically managed redevelopment, often presented as "modernization", can paradoxically contribute to social exclusion and displacement (Grundström & Molina, 2016; Baeten et al., 2017; Westin, 2021). This presents a critical paradox: institutions historically designed to promote equity and inclusion are, in some instances, becoming agents of uneven urban development (Tunström, 2009; Clark, 2021).

To fully understand and address this dynamic, there is a need to reframe gentrification not merely as a market-driven (or Anglo-American) phenomenon, but also as a process that can be deeply institutionally embedded, even within a social democratic welfare state. This viewpoint argues that while Sweden is undergoing a quiet but significant shift, this moment also presents a crucial opportunity to rethink urban policy and governance. Redevelopment can be reoriented to safeguard population health and promote social sustainability, grounded in principles of housing justice, participatory planning and equity-oriented

development. Such a framework would prioritize protecting affordable housing, implementing anti-displacement measures, and centring the lived experiences of those most at risk of marginalization. Without these interventions, the country risks further eroding the very values of solidarity, equity and inclusion that have long defined Sweden's urban and social model.

Interdisciplinary collaboration will be vital in this process. As Pineo (2020) and Macassa (2022) argue, urban planners must work closely with public health professionals, social scientists and affected communities to ensure that redevelopment advances equity, and wellbeing. This is especially important because, as highlighted in this viewpoint, no Swedish studies to date have examined the health effects of gentrification, despite growing evidence of socio-spatial restructuring in cities such as Stockholm, Gothenburg and Malmö. The limited empirical insights into the locations and mechanisms of "quiet gentrification" primarily stem from urban planning, geography, sustainability science, and cultural economics. Notably absent is a robust, health-focused evidence base to inform policy. To address this gap, methodologically rigorous interdisciplinary research is essential, examining the health impacts of gentrification. This includes employing both quantitative epidemiological methods to measure gentrification (Finio, 2021; Hirsh et al., 2021) and its relationship with outcomes such as mental health, physical health, displacement stress, and access to services, alongside qualitative methods (Silva & Ribeiro, 2024) that capture the subjective and often invisible dimensions of place-based change. The latter methods include narratives of belonging, perceived safety, social cohesion and experiences of exclusion or resilience among long-term residents (Polanska & Richard, 2019). Quantitative approaches can reveal population-level health trends across neighbourhoods (Finio, 2021) while qualitative studies uncover how individuals and communities interpret and respond to change (Silva & Ribeiro, 2024). For example, longitudinal cohort studies, spatial health inequity mapping and natural experiments (e.g. comparing pre- and post-redevelopment) can be complemented by ethnographic fieldwork, in-depth interviews and participatory action research. Together, these approaches can offer a fuller picture of the health implications of gentrification beyond simplistic measures of income and housing prices (Swope & Hernández, 2019; Rolfe et al., 2020). Without robust empirical evidence, public investments risk reinforcing social inequalities rather than addressing them (Kidokoro et al., 2023). Too often, urban revitalization occurs for communities rather than with them, leading to displacement, cultural erasure, and mistrust (Rendón, 2018). To prevent such outcomes, Sweden must prioritize secure and affordable housing, preserve socio-cultural diversity, invest in inclusive public spaces and services, and enable meaningful local engagement in planning processes. Only by centring the needs and perspectives of long-term residents can redevelopment foster shared prosperity as opposed to exclusion.

Urban transformation in Sweden is unfolding quietly yet profoundly. To ensure these changes foster health equity rather than exacerbate inequalities, public health and health science researchers must take an active role by collaborating with planners, geographers, sociologists, sustainability scientists and communities to explore the health implications of gentrification. Generating robust evidence in this area will be crucial for informed, equity-driven policy making that advances both urban sustainability and health justice. Guided by democratic, inclusive and justice-oriented principles, Sweden's urban redevelopment has the potential to serve as a catalyst for social cohesion rather than fragmentation.

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