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Publication Date

2019-11-01

DOI

10.1016/j.healthplace.2019.102225

Peer reviewed



HHS Public Access

Author manuscript

Health Place. Author manuscript; available in PMC 2020 November 01.

Published in final edited form as:

Health Place. 2019 November ; 60: 102225. doi:10.1016/j.healthplace.2019.102225.

Closure of ‘Third Places’? Exploring Potential Consequences for Collective Health and Wellbeing

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Abstract

In unassuming neighborhood locales, such as coffee shops, hair salons, and malls, people meet to socialize, express themselves, and support one another. These ‘third places’ enrich social interaction, sense of community, and belonging outside of the home and workplace. Yet third places are closing across the United States. Americans may be losing access to key services, goods, and amenities, in addition to community sites that help buffer against loneliness, stress, and alienation. The relevance of third places to health and quality life is under-researched. These sites may support wellbeing through mechanisms of stimulation, support, protection, and care. We call on researchers to investigate how third places contribute to wellbeing and consider the consequences that the disappearance of such places has for public health. Future research on third places may be mobilized to innovatively reduce health disparities and improve quality of life.

Keywords

third places; social infrastructure; neighborhood; place; public health; wellbeing

With frostbite possible in eight minutes during the 2019 polar vortex, libraries, police stations, community centers, and churches across the Midwest opened their doors as emergency warming centers. Local stores donated food and supplies to homeless shelters struggling to keep up with the demand (Bosman & Davey, 2019). ‘Third places’ – public and commercial sites that are neither home nor work – are often overlooked by policymakers, health officials, and researchers alike (Glover & Parry, 2009). Yet they can serve vital and life-saving roles in our communities. Their relevance to public health and quality of life is understated and under-researched, particularly among socioeconomically marginalized, vulnerable, and isolated individuals. Furthermore, third places may be closing at an alarming

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rate. We draw attention to this trend and the potential consequences for the health and wellbeing of Americans.

Third places: Centers of community and civic life

Defined by Oldenburg (1999) as ‘the great, good places’, third places are an essential component of an area’s *social infrastructure* (i.e., the broad collection of physical places, inhabited spaces, facilities, built infrastructure, neighborhood environments, streetscapes, organizations, and institutions that facilitate social connection among people [Latham & Layton, 2019; Klinenberg, 2018]). As a sub-category of the broad material foundation that supports and sustains social life, third places are, specifically, physical locations outside of the home (first place) or workplace (second place) that facilitate social interaction, community building, and social support. Public facilities and institutions, including libraries and parks, constitute third places; but so do commercial businesses and certain privately-operated organizations such as coffee shops and cafes, bars, beauty salons, barbershops, bowling alleys, gyms, child daycare, recreation and community centers, sites of worship, and shopping malls. These third places span a diversity of locations that are all defined by their ‘ordinariness’ – simple, unassuming, and usually affordable places to ‘hang out’ (Hickman, 2013). People can meet, express themselves, relax, play, and build community, often at little material cost or personal effort (Jeffres, Bracken, Jian, & Casey, 2009; Thompson & Kent, 2013). Beyond single instances of individual-level social interaction, third places can serve to generate *social surplus*: collective feelings of civic pride, acceptance of diversity, trust, civility, and overall sense of togetherness within a locale through sustained use and connection among residents (Latham & Layton, 2019; Klinenberg, 2018).

Third places have long been an important part of American culture and their role continues to evolve. Libraries, for example, welcome members of the public regardless of age or socioeconomic status and provide access to information, educational services, and a (usually) safe environment. In addition to supporting education, they can foster socialization through public talks and events, children’s play areas, group work spaces, and interior cafes. Their role as a community hub deepens as libraries have supported communal gardening, rented musical instruments, employed social workers, served as affordable housing partners, offered sanctuary during sociopolitical crises, and even trained staff to administer Narcan to interrupt opioid overdoses (Dubb, 2019). Public places such as parks provide a space for independent play and social interactions, which in turn provide opportunities to improvise a social life, learn social skills, and increase competencies among children (Carroll et al., 2015). Intergenerational spaces can enhance social and emotional understanding between age groups and increase civic harmony (Biggs & Carr, 2015).

Privately-run entities can also provide potentially-lifesaving care, support, and protection, as exemplified earlier when stores donated food and supplies to homeless and warming shelters. Non-profit agencies in the voluntary sector can help buffer against the vulnerabilities of poverty and spatial exclusion, including homelessness among immigrant communities (DeVerteuil, 2011). Neighborhood businesses including local cafes, grocery stores, bakeries, barbershops, and diners can represent a lifeline ‘home away from home’ for aging residents to build purpose (a reason to get out the door), nourish sense of self,

facilitate companionship, and build and maintain relationships (Gardner, 2011; Finlay & Kobayashi, 2018; Finlay, Gaugler, & Kane, 2018). Instead of simply moving through them, people purposefully occupy and connect to these key sites of daily life (Soja, 1996). The social support generated in third places can be protective to health and wellbeing across the life course. Third places are often-overlooked, yet represent essential sites to address society's pressing challenges, including isolation, crime, education, addiction, physical inactivity, malnutrition, and sociopolitical polarization (Klinenberg, 2018).

Neighborhoods and health

Neighborhoods – the places in which people live, work, play, and receive care – represent a convergence between the built and social environment. They shape patterns of morbidity and mortality by structuring opportunities for health-related behaviors and lifestyles, exposures to environmental toxins, and levels of material and social support (Palmer, Ismond, Rodriguez, & Kaufman, 2019). Literature generally concludes that living in neighborhoods with limited access to resources (e.g., healthy foods, recreational opportunities) and higher levels of social disorder (e.g., violence, distrust) is associated with negative health outcomes including poorer self-rated health, stress, higher prevalence of chronic disease, and increased mortality (Braveman, Egerter, & Williams, 2011; Diez Roux & Mair, 2010).

Third places are integral parts of neighborhood landscapes and associated with quality of life, wellbeing, and health. A local bar, for example, operates as more than a physical establishment for patrons to purchase food and beverages. As a thirdspace (Soja, 1996), people gather here for formal and informal socialization and entertainment (whether meeting friends, connecting with fellow fans watching a sports game, or simply sitting on a patio to watch passerby's). In critically examining these spaces of representation (Lefebvre, 1991 [1974]) – the everyday sites that people engage, imagine, and appropriate in complex ways – we can observe how third places foster sense of community and belonging, thereby building perceptions of security, confidence, and comfort. They encourage people to be physically active and socially connected to others, which have clear health implications. Third place patrons can inexpensively obtain socioemotional support by conversing with hairstylists and bartenders who listen and provide advice (Rosenbaum, Ward, Walker, & Ostrom, 2007). A fast-food restaurant may represent a vital site of daily routine to meet 'the gang' for a cheap cup of coffee, socialize, laugh, and be entertained (Cheang, 2002). Third place staff may protect vulnerable and isolated patrons, such as coffee shop baristas who calculate the monthly tab of a low-income elderly woman so she can pay in coordination with welfare cheques, and check in with her about medical appointments (Finlay, Gaugler, & Kane, 2018). Third places are thus important sites to critically consider and investigate through mechanisms of stimulation, support, protection, and care. This research can advance our understanding of upstream socioeconomic and environmental conditions that impact downstream health outcomes, and introduce novel neighborhood spaces as sources of protection and resiliency.

Snapshot of U.S. businesses and organizations: 2008–2015

Living in a ‘food desert’ is associated with poorer health outcomes (Palmer et al., 2019). What happens if someone inhabits a ‘third places desert’? Analyzing records from the National Establishment Time-Series (NETS), a database that provides annual records of the U.S. economy, prompted such questioning. The database was created in partnership by Walls and Associates and Dun and Bradstreet, and at present includes business microdata for than 60 million private for-profit and nonprofit establishments, in addition to government agencies, from 1990 to 2015 (Walls, 2007). NETS is considered one of the most comprehensive databases of establishments (Neumark, Zhang, & Wall, 2007), though it has some limitations. Some businesses may not be included, such as short-lived and seasonal businesses not counted in the underlying Dun and Bradstreet data (a cross-sectional snapshot from January of each year). Some geocodes and sub-classifications of businesses may be inaccurate, as described in-detail by Kaufman and colleagues (2015). NETS does not cover the entirety of Census-based employer and non-employer universes, but does include small establishments which tend to be undercounted in comparable official U.S. data on business activity (Barnatchez, Crane, & Decker, 2017). Overall, the detailed and high volume of information available in this longitudinal database make it a valuable source to study business activity and better understand the relevance of dynamic retail environments to public health (Kaufman et al., 2015; Neumark et al., 2007).

We examined changes in the number of third place establishments in the United States from the start of the Great Recession in 2008 to 2015 in selective North American Industry Classification System ([NAICS], Executive Office of the President, 2017) domains: sites of arts, entertainment, and recreation (Sector 71); civic and social organizations (Subsector 8134); commercial banking (Subsector 522110); food and beverage stores (Subsector 445); eateries (Subsector 722); libraries and archives (Subsector 51912); personal and laundry services (Subsector 812); religious organizations (Subsector 8131); and hobby retail stores (Subsector 451). The overall declining number of establishments since the Great Recession is striking, with categories such as food and beverage stores decreasing by 23 percent and religious organizations by 17 percent (Table 1).

While some categories have increased overall in number since 2008, such as libraries and archives, almost all categories – especially commercial establishments and privately-run organizations – declined since 2011 and 2012: a potential turning point of loss in third places (Figure 1). More recent data is not yet available as the NETS database from 2016 onwards is still under development, but the trajectory of third place closures is expected to continue given recent media attention, industry reports, and academic findings (Tokosh, 2018; Thompson 2017a, 2017b; Elitzak & Okrent, 2018).

The classic American main street – a walkable commercial center with a mix of services, public spaces, and locally-owned businesses – has struggled for decades (Talen & Jeong, 2019). The large number of North American company bankruptcies and store closings since 2010 has been described as the ‘retail apocalypse’ (Tokosh, 2018). Contributing factors include the over-supply of malls, rising rents, delayed effects of the Great Recession, gains in online shopping, and retail chains overloaded with debt (Thompson, 2017b). Table 1

reflects these trends, in addition to a notable exception in the rising number of eateries. For the first time in history, Americans are spending more money dining out than in grocery stores (Elitzak & Okrent, 2018). Fast-food and coffee shops constitute large and growing markets, and food delivery and takeaway are rapidly on the rise (Thompson, 2017a). The rising number of eateries may cater to select few, while others acutely feel the closure of vital community spaces such as recreation centers, grocery stores, laundromats, barbershops, local stores, and religious organizations.

What are the implications of widespread third place closures for health and wellbeing? As noted earlier, living in neighborhoods with limited access to resources is associated with poorer physical and mental health (Braveman et al., 2011; Diez Roux & Mair, 2010; Palmer et al., 2019). A rising number of Americans may face these conditions given closures of third places nationally. Store and mall closures, bankruptcies, and job losses are felt by the one in ten Americans employed in retail industry (Talen & Jeong, 2019). Beyond this, residents are losing access to key services, goods, amenities, and recreational leisure facilities; and spaces to socialize, connect, play, and care for one another. The loss of protective factors and resilience mechanisms, including buffers against stress, loneliness, inactivity, and alienation (Oldenburg, 1999), may be particularly harmful to groups who rely on third places including older adults, children, the chronically ill, and socioeconomically marginalized (Gardner, 2011; Finlay, Gaugler & Kane, 2018; Finlay & Kobayashi, 2018; Hooper, Ivory, & Fougere, 2015; Rosenbaum et al., 2007). Klinenberg (2018) observes that diminished social infrastructure can exacerbate societal perils including isolation, crime, addiction, sociopolitical polarization, inequality, and even climate change.

Moving forwards: Setting a third place agenda

There is insufficient dialogue surrounding third places in health literatures to date. We argue that it is critical to investigate how third places may provide functional, social, leisure, and care roles that protect individuals and provide mechanisms for resiliency at the individual, family, and community scale. Third places may serve as markers of the health and social vibrancy of neighborhoods. They represent enabling places (Duff, 2012) with access to social, material, and affective resources that can facilitate recovery and wellbeing among particular populations (Carroll et al., 2015; Gardner, 2011; Finlay, Gaugler, & Kane, 2018). Their absence may be indicative of threats to health and quality of life (Hickman, 2013).

Key research questions to examine between third places and wellbeing include: (1) Is quality of life in a neighborhood affected by the availability and accessibility of third places?; (2) How do the characteristics of frequented third places vary by individual (e.g., age, gender, race/ethnicity, sexuality, socioeconomic status) and context (e.g., urban, suburban, rural)?; (3) Where are third place closures and openings geographically concentrated over time?; and (4) Which communities are most affected by third place turnover, and how? Additional research topics in this agenda include interrogating: 5) how intersecting social categories, including race, gender, age, and socioeconomic status, structure individuals' access and ability to shape the third spaces that surround them – and subsequently, how these inequalities in access and power (one's right to the city [Lefebvre, 1996]) contribute to wider population health disparities; 6) whether similar third place closure is occurring across

international contexts, and if such a trend has similar implications for population health among countries that vary in availability of institutional resources, public goods, built and social infrastructure, and sociocultural norms; 7) whose role it is to protect against third place closures, such as the state, private interests, and/or voluntary sector – and how such ownership may impact who is included or excluded from third places; and 8) what is the role of third places for the wellbeing of staff, such as the intrinsic satisfaction of connecting and supporting members of the community, or the stress and harm of employment in commercial outlets open extended hours seven days a week felt by staff, their family members, and extended networks given long absences.

While knowledge of the nuanced relationship between the neighborhood environment and health increases, the need for evidence-based interventions and policy measures remains critical. Focusing on mundane, ordinary third places essential to everyday life may be a critical next step to develop more effective interventions that reduce health disparities and improve quality of life. The integration of geography, public health, and civic planning can cultivate third places that are essential to daily routines and vibrant, supportive, connected communities (Diez Roux & Mair, 2010). Policymakers can take steps to protect and preserve third places, such as backing fledgling stores and services (e.g., through subsidized rent, retail liaison officers, advice), supporting local community centers, and maintaining recreational areas and public spaces (Hickman, 2013; Thompson & Kent, 2013).

The provisioning of third places does not, by itself, guarantee a remedy to strengthen communities. Commercial establishments are run by private citizens and thus subject to implicit and explicit biases and exclusions, such as fast-food chain Chick-fil-A's business model influenced by the owner's religious beliefs. All restaurants are closed on Sundays for the owner and employees to "rest and worship if they choose" (Chick-fil-A, 2019, n.p.). Third places can be exclusionary, unfriendly, and/or physically difficult to access (Hickman, 2013). They are often deeply political and contentious with rules and design that intentionally include and exclude users, such as anti-homeless park benches designed to make sleeping on them impossible (Thompson & Kent, 2013). Parks 'open' to all are effectively closed off to particular members of the public, which exemplifies the invisibility of privilege embedded in third places and the ways in which inequities in access to resources and wellbeing are exacerbated. Third places can employ methods to overtly and covertly exclude certain people and disallow particular behaviors, such as timed water sprinklers, age restrictions, playing music, signage of rules, and the design of furniture. New methods of public surveillance, including high-definition police surveillance cameras, are often applied with bias and may dissuade already-marginalized populations from fully participating in salubrious third places. Surveillance can fundamentally alter the character of these environments, and allowable behavior and self-expression within (Ferguson, 2017; American Civil Liberties Union, 2019). Further, we do not know to what extent the Internet may fill the void of brick-and-mortar third place closures as people join online communities (Jeffres et al., 2009).

Focusing on third places can advance multiple domains of health geography and public health, including upstream socio-geographic conditions that impose downstream barriers to health, neighborhood-level protective factors and sources of resiliency, and the importance

of place and context. We call on researchers to afford such places greater attention. These efforts may result in meaningful third place interventions that reduce health disparities and promote wellbeing.

Funding:

Funding for this project was provided by NIH/NIA grant 1RF1AG057540-01 (Clarke, PI) and the Michigan Institute for Clinical & Health Research Postdoctoral Translational Scholar Program UL1 TR002240-02 (Finlay, PI).

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Highlights

- Third places enable socialization and support outside of the home and workplace.
- They serve vital community roles via stimulation, support, protection, and care.
- The relevance of third places to health is understated and under-researched.
- Third places may be closing in neighborhoods across the United States.
- The disappearance of such places could have devastating public health consequences.

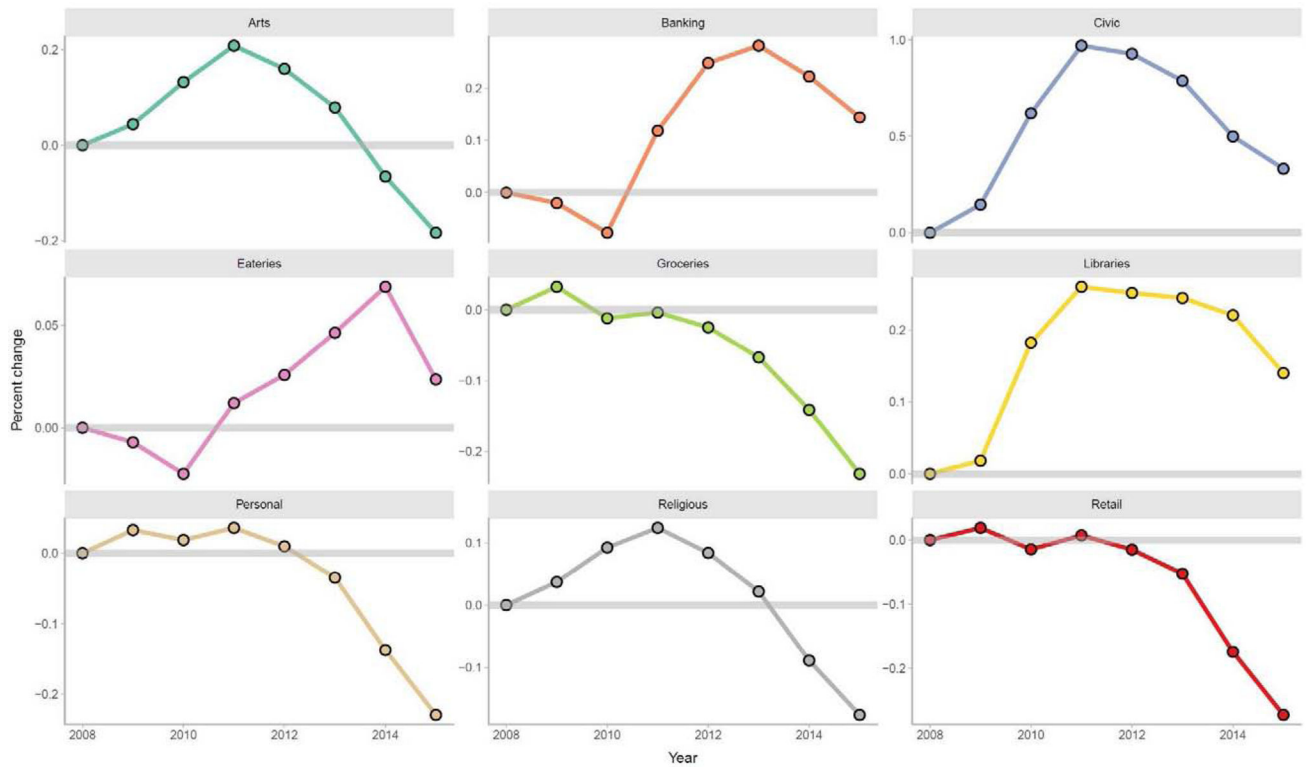


Figure 1.
Percent changes in the number of select establishments from the National Establishment
Time-Series: 2008–2015

Changes in the number of select establishments from the National Establishment Time-Series: 2008–2015

Table 1.

NAICS Sector	Arts, entertainment and recreation	Civic and social organizations (e.g., social clubs, veterans' membership clubs)	Commercial banking	Food and beverage stores (e.g., supermarket, and convenience stores, butcher shops, fruit and vegetable markets, bakeries)	Food and drinking places (e.g., restaurants, coffee shops, bars)	Libraries and archives	Personal and laundry services (e.g., barbershops, beauty salons, laundromats)	Religious organizations (e.g., churches, synagogues, mosques, temples)	Sporting goods, hobby, musical instrument, and book stores
	71	8134	522110	445	722	51912	812	8131	451
2008	231,310	122,247	72,218	391,300	785,855	26,800	847,372	544,049	209,338
2009	241,508	140,051	70,745	403,950	780,306	27,287	875,133	564,115	213,290
2010	261,984	198,022	66,647	386,625	768,240	31,687	863,171	594,214	206,296
2011	279,540	240,709	80,773	389,789	795,379	33,771	877,718	611,327	210,844
2012	268,367	235,593	90,149	381,583	806,170	33,541	855,573	589,541	206,196
2013	249,708	218,581	92,526	364,963	822,380	33,354	817,886	555,810	198,311
2014	216,163	183,303	88,282	336,074	839,999	32,712	730,868	495,695	172,799
2015	188,826	162,864	82,627	300,747	804,463	30,554	652,961	448,300	152,206
Net Change	-42,484	40,617	10,409	-90,553	18,608	3,754	-194,411	-95,749	-57,132
Percent Net Change	-18.37%	33.23%	14.41%	-23.14%	2.37%	14.01%	-22.94%	-17.60%	-27.29%