



ELSEVIER

Contents lists available at [SciVerse ScienceDirect](http://www.sciencedirect.com)

Health & Place

journal homepage: www.elsevier.com/locate/healthplace

Length of residence and social integration: The contingent effects of neighborhood poverty



Danya Keene^{a,*}, Michael Bader^b, Jennifer Ailshire^c

^a Robert Wood Johnson Foundation Health and Society, University of Pennsylvania, Colonial Penn Center, 3641 Locust Walk, Philadelphia, PA 19104, USA

^b Department of Sociology, American University, Battelle-Thompkins T-15, 4400 Massachusetts Ave., NW, Washington, DC 20016-8072, USA

^c Andrus Gerontology Center, University of Southern California 3715, McClintock Avenue, Room 218C Los Angeles, CA 90089-0191, USA

ARTICLE INFO

Article history:

Received 11 July 2012

Received in revised form

3 February 2013

Accepted 9 February 2013

Available online 17 February 2013

Keywords:

Residential stability

Social support

Neighborhood poverty

Urban policy

ABSTRACT

Given the well-established benefits of social integration for physical and mental health, studies have begun to explore how access to social ties and social support may be shaped by the residential context in which people live. As a critical health exposure, social integration may be one important mechanism by which places affect health. This paper brings together research on two previously studied contextual determinants of social integration. Specifically, we use multi-level data from the Chicago Community Adult Health Survey to investigate the relationships between an individual's length of residence and measures of social integration. We then investigate the extent to which these relationships are moderated by neighborhood poverty. We find that the relationship between length of residence and some measures of social integration are stronger in poor neighborhoods than in more affluent ones.

© 2013 Elsevier Ltd. All rights reserved.

1. Introduction

An extensive body of literature documents the importance of social integration for health and well-being. Access to social ties and social support are associated with a wide range of favorable mental and physical health outcomes including lower mortality (Berkman and Syme, 1979; House et al., 1982; Seeman, 1996), improved immune functioning (Cohen et al., 2003), better cardiovascular outcomes (Seeman, 1996) and lower rates of depression (Mulvaney and Kendrick, 2005; Mair et al., 2008). Given the potential health benefits of social integration, researchers have begun to investigate conditions that are conducive to developing social ties and social support including the residential context in which people live (Tigges et al., 1998; Schieman, 2005; Guest et al., 2006; Small, 2007; Turney and Harknett, 2009). The ability of neighborhoods to support social integration might be one important manner in which neighborhoods affect health.

Given that it can take time to build supportive social ties, length of neighborhood residence may be an important determinant of social integration. Indeed, existing research suggests that high rates of residential turnover in a neighborhood weaken interpersonal ties and disrupt social infrastructures that support the formation of new ties (Kasarda and Janowitz, 1974; Sampson

et al., 1999). Additionally, studies find that longer residential length, assessed at the individual level, is associated with more social support, local friendships and participation in local organizations (Kasarda and Janowitz, 1974; Sampson, 1988; Schulz et al., 2006; Turney and Harknett, 2009).

There is reason to suspect, however, that the benefits of long-term residence for social integration may vary by neighborhood characteristics. In particular, it is possible that the benefits of long-term residence are greater in higher poverty areas where there may be more barriers to social integration (Briggs, 1998; Schieman, 2005). A number of studies suggest that high levels of neighborhood poverty can act as a barrier to the formation of supportive social relationships (Geis and Ross, 1998; Small, 2007). Lengthier residence may help residents overcome distrust, fear, and self-imposed social isolation that some studies suggest are associated with urban poverty (Klinenberg, 2001; Ross et al., 2001; Clampet-Lundquist, 2010). Some ethnographic research suggests that residents of low-income neighborhoods, who are often struggling to make ends meet, can be cautious about entering into relationships that are likely to involve reciprocal obligations and risks (Stack, 1974; Fitchen, 1995; Dominguez and Watkins, 2003). Research also suggests that this perceived riskiness of forming new ties is likely to be more pronounced among newly arrived residents who are unfamiliar with the social terrain (Keene et al., 2010). Thus, not only may longer-term residence be more strongly related to social integration in high-poverty neighborhoods, but longer residence may also buffer the negative relationship between neighborhood poverty and social

* Corresponding author. Tel.: +1-734-274-1008.

E-mail addresses: danyak@umich.edu, dkeene@wharton.upenn.edu (D. Keene), bader@american.edu (M. Bader), ailshire@usc.edu (J. Ailshire).

integration that has been observed in some studies (Geis and Ross, 1998; Small, 2007). Indeed, Schieman (2005) finds that the negative relationships between neighborhood poverty and social support observed in a larger sample of Chicago residents are reversed among older black women who reside in residentially stable neighborhoods.

Social support that develops through long-term ties to a neighborhood may also be particularly significant to the health and well-being of low-income urban residents. While some studies suggest that the social ties of the poor may not be as beneficial to well-being as the more resource rich social networks found in more affluent communities (Caughy et al., 2003), others find that social integration provides critical resources that low-income individuals draw on in order to mitigate disadvantage (Mullings and Wali, 1999; Geronimus, 2000). Research suggests that social networks in poor neighborhoods provide material and logistical support that is often critical for day-to-day survival (Stack, 1974; Briggs, 1998). Other research suggests that local social networks provide psychosocial resources that can buffer stresses associated with poverty and marginalization, particularly in low-income minority communities (James, 1993; Geronimus, 2000). Thus, in high-poverty neighborhoods, the social integration that may ensue from longer-term residence may be an important buffer against the social and health consequences of neighborhood poverty.

Some studies have questioned the health benefits of long-term residence in high-poverty areas, suggesting that limited mobility might contribute to adverse environmental exposures and social stressors among those who reside in subpar environments (Ross et al., 2000; Drukker et al., 2005). However, to the extent that social integration is associated with long-term residence in poor neighborhoods, there may also be significant health costs associated with frequent mobility.

A better understanding of how the relationships between residential stability and social integration operate in poor communities is particularly important given recent policies and programs that have threatened the stability of many poor urban neighborhoods (Goetz, 2003; Newman and Wyly, 2006; Keene and Geronimus, 2011). Over the last few decades, an increasing policy focus on 'poverty deconcentration' has promoted relocation of low-income households (Goetz, 2001). Evaluating the potential success of these policies and programs requires disentangling the potential benefits of long-term residence in poor neighborhoods from negative consequences associated with neighborhood poverty. While these initiatives may offer access to improved social and physical environments, they may also disrupt social ties that have developed over time (Greenbaum, 2008; Keene et al., 2010). Additionally, in many urban areas, urban redevelopment has contributed to the displacement of low-income households (Bennett, 2006; Newman and Wyly, 2006). Furthermore, recession-related job loss and home foreclosures have increased residential instability, particularly in low-income and working class communities (Saegert et al., 2011). If indeed length of residence is associated with access to social integration, then policies, programs and conditions that contribute to frequent mobility are likely to have a detrimental impact on the health of those who are affected by them.

In this study, we use multi-level data from the Chicago Community Adult Health Study (CCAHS), a stratified probability sample of adults in the city of Chicago, to investigate the interaction between neighborhood poverty and residential length in predicting four measures of social integration. Collectively, these measures capture perceptions of overall social support and also assess access to more geographically proximate social resources. We hypothesize that the relationship between residential length and these four measures of social integration will be stronger in higher poverty neighborhoods than in low-poverty neighborhoods.

2. Methods

2.1. Study setting and population

We use data from the Chicago Community Adult Health Study (CCAHS), a multistage stratified probability sample of 3105 adults living in Chicago, IL in 2002 (House et al., 2011). CCAHS participants were sampled from 343 neighborhood clusters that were previously defined by the Project on Human Development in Chicago.¹ These neighborhood clusters usually consist of two census tracts (approximately 8000 residents) and are based on meaningful social boundaries. One adult from each sampled household was randomly selected and surveyed with a response rate of 71.8%. Participants were oversampled from 80 focal neighborhood clusters that were chosen for their racial and ethnic heterogeneity. In all of our analyses, we employ sample weights in order to adjust for differential rates of selection by neighborhood cluster and to make the results more generalizable to the 2003 Chicago population.² Additionally, we exclude 16 participants who are missing data on length of residence.

2.2. Data collection and variables

CCAHS respondents provided detailed information about multiple dimensions of their physical, social and economic well-being. They also provided their assessments of the physical and social environments in which they lived. Our dependent variables include 4 measures of social integration that allow us to capture different dimensions of this broad concept. First, we use a general measure of perceived access to social support that asks individuals about how often they have someone to take them to the doctor, help with daily chores, borrow money from and confide in. Existing literature suggests that long-term residence in the same place may contribute to the development of strong relationships that facilitate the exchange of these types of social support resources (Kasarda and Janowitz, 1974). Qualitative and ethnographic studies on urban social networks describe the development of very close, family-like relationships that develop between neighbors over time and often through processes of reciprocal exchange, for example shared child-rearing (Stack, 1974; Bennett and Reed 1999; Mullings and Wali, 1999). We also use three measures that capture more geographically proximate social support resources. First, we use a measure of local social ties derived from a survey item which asks respondents to report the number of friends and family who live nearby. The size of one's local social network is likely to increase with the amount of time an individual spends in the neighborhood. Additionally, local social ties (as opposed to more geographically diffuse ones) may be particularly important to health and well-being given their relative accessibility and ability to provide day-to-day instrumental support (Israel, 1982). In addition, we include two measures that assess perceptions of the neighborhood social environment. The first, social cohesion, captures an individual's perception of the extent to which neighbors get along with and interact with each other. The second measure, reciprocal exchange, captures an individual's perception of the extent to which neighbors exchange material and psychosocial support. Table 1 provides detailed information about how each of these measures was constructed.

Our primary independent variable is individual length of residence which is derived from a question asking respondents

¹ For a complete description of how PHDCN and CCAHS neighborhoods are defined, see: Sampson et al., (1997).

² See Morenoff et al. (2007) for a complete description of sample weighting procedures.

Download English Version:

<https://daneshyari.com/en/article/1048657>

Download Persian Version:

<https://daneshyari.com/article/1048657>

[Daneshyari.com](https://daneshyari.com)