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Associations between neighborhood perceptions and mental well-being among older adults

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ABSTRACT

This study examined whether perceived neighborhood factors were associated with positive well-being in older adults using data from the English Longitudinal Study of Ageing. Neighborhood perceptions were assessed at baseline (2006/2007) and three measures of well-being – hedonic, eudaimonic and evaluative – were assessed at baseline and follow-up (2010/2011) for 6134 participants. In cross-sectional and longitudinal analyses, negative neighborhood perceptions were associated with poorer well-being on all three measures. These associations remained significant after adjusting for a range of sociodemographic and health status variables and depressive symptoms.

1. Introduction

While scholars have tried to understand and articulate what constitutes a 'good life' for many centuries, the scientific study of emotional well-being only started in the 1960s (Campbell et al., 1976) and since then has grown rapidly (Diener et al., 1985). A conceptual distinction has been proposed between the hedonic (Diener, 2000; Kahneman et al., 1999) and the eudaimonic traditions (Ryan and Deci, 2001; Ryff and Singer, 2006, 2008). The hedonic approach is characterized by an affective component based on feelings of joy and pleasure and absence of negative affectivity, and by a cognitive component based on one's evaluation of one's own life satisfaction. The cognitive component has also been termed as evaluative well-being in some conceptualizations (Dolan et al., 2011). In contrast, the eudaimonic perspective is related to concepts like purpose in life, personal growth, sense of control over one's environment and valued relationships with others. Both formulations of well-being have been associated with physiological processes involved in health outcomes, although they seem to exhibit a different pattern of association with biomarkers (Ryff et al., 2004).

Mental well-being is a human aspiration and an increasingly valued indicator of societal progress (Stiglitz et al., 2009). There is also a considerable body of research indicating that higher levels of well-being in old age are associated with improved health outcomes including better physical and cognitive function, decreased levels of frailty and disability, and lower mortality (Gale et al., 2014; Ostir et al., 2000; Steptoe et al., 2014a, 2014b; Steptoe and Wardle, 2011, 2012). In the UK, there are currently more than 11 million individuals aged 65 years and over, and this number is expected to increase by nearly 50% by 2030 (Age UK, 2014). Therefore understanding the factors that affect mental and physical well-being in older age is of primary social and economic significance. Qualitative work with older adults suggests that optimism, contentment and adaptation are more relevant than absence of disabilities and disease when thinking about 'optimal aging' (Reichstadt et al., 2007), further reinforcing the need to understand what factors are associated with positive well-being in this group.

Evidence suggests that physical and social aspects of the neighborhood environment play a role in the health of older individuals and can predict health outcomes over individual deprivation and psychosocial characteristics (Bierman, 2009; Kubzansky et al., 2005; Yen et al., 2009). Aspects of the neighborhood environment may also be important for the emotional well-being of older adults because such individuals are more likely to be confined to their residential neighborhood due to retirement and mobility issues (Yen et al., 2009). A substantial body of research has investigated the association between mental health and objective characteristics of the neighborhood (Mair et al., 2008; Paczkowski and Galea, 2010). However, only limited evidence exists on the relationship between psychological well-being and individual perceptions of the neighborhood environment. Individual perceptions may refer to a range of characteristics from aspects of the built environment such as amenities, services and housing to concepts such as social cohesion, sense of belonging and perceived safety. The neighborhood disorder construct addresses both social and physical elements of the neighborhood, encapsulating concepts such

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as solidarity and safety as well as incivilities such as vandalism, graffiti and trash (Stafford et al., 2003, 2007).

Cross-sectional studies have found safety concerns, street-level incivilities, and neighborhood disorder to be associated with depressive symptoms and anxiety (Ellaway et al., 2009; Steptoe and Feldman, 2001; Wilson-Genderson and Pruchno, 2013). Both social cohesion and neighborhood climate have also been found to predict depressive symptoms over time (Brown et al., 2009; Stafford et al., 2011). We are aware of only four studies to document an association between neighborhood perceptions and positive well-being. Using large population samples of older individuals living in England, neighborhood cohesion was found to show a positive association (Elliott et al., 2014; Gale et al., 2011) and neighborhood problems a negative association (Gale et al., 2011) with scores on the Warwick-Edinburgh Mental Well-being Scale, a measure of well-being which focuses exclusively on positive features of mental health such as positive affectivity and psychosocial functioning. Using the same well-being scale with a general population sample, a greater sense of belonging to the neighborhood was found to be associated with higher positive well-being (Jones et al., 2014). While these studies were cross-sectional, Webb et al. (2011) found a positive association between improved perceptions of neighborhood and quality of life measured over a 4-year period. To the best of our knowledge, this is the only study to examine longitudinal associations between perceptions of neighborhood and positive well-being in older adults. Thus, more evidence is needed in order to understand whether poor mental health leads to more negative perceptions of one's neighborhood or vice versa. Additionally, as seen above, the majority of previous research has focused on depression with little attention paid to positive affective states.

However, it is understood that solely the absence of depression does not signify good mental health (Seligman and Csikszentmihalyi, 2000). Several mental disorders may occur not only because of the presence of negative states and events in one's life, but also because of the lack of positive states (Lee Duckworth et al., 2004; Seligman et al., 2006; Wood and Joseph, 2010). In fact, it is understood that well-being and ill-being have an orthogonal relationship (Depp and Jeste, 2010), meaning that positive and negative affectivity can coexist, and that their effects on biological outcomes can be somewhat independent (Cacioppo et al., 1999; Folkman, 2007; Ryff et al., 2006; Steptoe et al., 2012). This suggests that in order to fully understand the link between environment and health, positive mental states need also to be taken into account.

This study aims to extend previous work in this area by assessing the association between perceived physical and social neighborhood environment, and a conceptualization of well-being which focuses on positive aspects of psychological functioning, rather than solely examining negative mental states. We use a measure of *neighborhood disorder* which encapsulates elements of the physical and social neighborhood environment such as area cleanliness/physical neglect, relationship with neighbors and perceived safety, which may be particularly relevant for the individual (Bell et al., 2014). We assess three indicators of well-being namely, satisfaction with life, enjoyment of life, and quality of life. There is general consent that these indicators, although related can be distinguished (Dolan et al., 2011; Kahneman and Deaton, 2010). Enjoyment with life represents the hedonic perspective, quality of life is more concerned with psychosocial functioning with a focus on control, personal growth and purpose in life; features which are more in line with the eudaimonic approach, while life satisfaction with its focus on the evaluation of life in general is regarded as evaluative well-being. For the rest of this manuscript, we use the terms hedonic, eudaimonic and evaluative well-being respectively. In this analysis depression was included as a covariate in order to determine whether the associations of neighborhood perceptions with positive well-being were independent of negative mental states.

The main aims of these analyses were (a) to determine whether neighborhood disorder was associated with well-being in a cross-sectional analysis, as this would allow us to replicate previous work in the area, as well as to extend it to other measures of well-being, (b) to examine if neighborhood disorder was associated with change in well-being over a four-year period, as there is limited previous research that address this question, and (c) to establish whether these associations, if any, persist after controlling for depression. We hypothesized that greater neighborhood disorder would be associated with lower positive well-being on all measures, as well as a greater decrease in well-being over time. We also hypothesized that adjustment for depression would attenuate but not completely eliminate the association between neighborhood disorder and positive well-being.

2. Methods

2.1. Participants

The present analysis draws on data from the English Longitudinal Study of Ageing (ELSA), which is a nationally representative panel study of adults aged 50 years and over. The first wave of ELSA was in 2002, with participants drawn from the annual, nationally representative cross-sectional Health Surveys for England (HSE) in 1998, 1999 and 2001. All participants were aged 50 years or over at the start of fieldwork for wave 1. To ensure representativeness, subsequent waves of ELSA have included refreshment samples. Participants in ELSA are followed up every 2 years and alternate waves include a nurse visit. Further details regarding the sample and methodology are available elsewhere (Steptoe et al., 2013).

Wave 3 of ELSA (2006/2007) was the first wave to include both a measure of neighborhood disorder and evaluative well-being and was hence used as the baseline for this analysis. This wave included a refreshment sample drawn from HSE 2001–2004 (Scholes et al., 2008) and consisted of a total of 8810 participants who completed the study interview (fully or partially) in person. The present analyses were carried out on a sample of 6134 participants who also provided data at follow up 4 years later (wave 5, 2010/2011). Dropout between the waves was significantly higher among men, participants who were older at baseline, those belonging to an ethnic minority, individuals in lower wealth groups and those with lower levels of education. When compared with those in the study, participants who dropped out were less likely to be married/cohabiting or in work. They also had significantly higher scores on depression and significantly lower scores on all three measures of well-being. Further, individuals who dropped out had significantly more negative perceptions about their neighborhood.

2.2. Measures

Neighborhood disorder was measured at baseline using a 9-item semantic differential scale incorporating different features of the environment. Participants were asked, 'How do you feel about your local area, that is, everywhere within a 20-min walk or about a mile of your home?'. The following items were included 'I really feel part of this area,' 'Vandalism and graffiti are a big problem in this area,' 'I often feel lonely living in this area,' 'Most people in this area can be trusted,' 'People would be afraid to walk alone in this area after dark,' 'Most people in this area are friendly,' "People in this area will take advantage of you,". An opposing statement (e.g. 'There is no problem with vandalism and graffiti in this area') anchored the other end of a 7-point scale. Certain items were recoded and responses were summed such that scores on the scale ranged from 0 to 54, with higher scores indicating more negative perceptions of the neighborhood, i.e. greater