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Racially mixed neighborhoods, perceived neighborhood social cohesion, and adolescent health in Canada

Teresa Abada[a,*], Feng Hou[b], Bali Ram[b]

[a]*University of Western Ontario, London, Ontario, Canada N6A5C2*
[b]*Statistics Canada, Canada*

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Abstract

Using data from the Canadian Census and the National Longitudinal Survey of Children and Youth, we examine the effects of neighborhood concentration of racial minorities on general health status and depressive symptoms of Canadian adolescents. We also examine the role of perceived neighborhood cohesion and the extent to which it contributes to adolescent health. Our findings show that the racial concentration of ethnic minorities represents a health disadvantage for visible minority youth while perceived neighborhood cohesion is found to be a protective factor for both health outcomes. Perceived neighborhood cohesion is beneficial for the general health status (but not depression) of adolescents residing in neighborhoods with a high concentration of racial minorities.

Keywords: Racial minority concentration; Adolescent health; Neighborhood cohesion; Canada; Visible minority

Introduction

Over the past 30 years, social science literature on the effects of neighborhoods on the well-being of children has grown enormously. Much of this research examines the experiences of disadvantaged people in the United States, particularly those belonging to minority groups (especially blacks and Hispanics) who have become increasingly concentrated in particular parts of cities (Jencks & Mayer, 1990; Mellor & Milyo, 2004; Wilson, 1987). This trend has stimulated substantial policy debates, due to the mixed evidence on the effects of segregated neighborhoods on child outcomes (Browning & Cagney, 2002; Ginther, Haveman, & Wolfe, 2000; Sampson, Morenoff, & Gannon-Rowley, 2002). However, little research exists on the effects of segregated neighborhoods on children in other industrialized countries, despite the fact that nearly every major city in the world denotes some level of residential concentration of ethnic minorities (Musterd, Ostendorf, & Breebaart, 1998). Using data from the National Longitudinal Survey of Children and Youth (NLSCY) and the Census, this paper examines the effects of racially mixed (visible minority) neighborhoods on the perceived health status and depressive symptoms of Canadian adolescents. In this study, racial minorities refer to visible minorities in Canada. Under the Employment Equity Act, visible minorities are defined as "persons other than Aboriginal peoples who are non-Caucasian in race or non-white in color.

*Corresponding author. Tel.: +1 519 661 2111.
E-mail addresses: tabada@uwo.ca (T. Abada), Feng.Hou@statcan.ca (F. Hou), rambali@statcan.ca (B. Ram).

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According to the Act, visible minority groups include Chinese, South Asians, blacks, Arabs/West Asians, Filipinos, Japanese, Koreans, and others (Renaud & Costa, 1999).

Neighborhood studies have mainly examined the impact of socioeconomic deprivation with limited focus on the effects of racial composition on adults and children. Literature surrounding ethnic density is not clearly established, thus underscoring the need for more studies in this area (Fagg, Curtis, Stansfeld, & Congdon, 2006; Wickrama, Noh, & Bryant, 2005). Moreover, studies that examine racial composition of neighborhoods mainly focus on the experience of the United States, which is characterized by a long history of high and persistent residential segregation (Massey & Denton, 1993). In the United States, most minority neighborhoods are also low-income neighborhoods, which have created and sustained underclass communities of minorities (Wilson, 1987). In contrast, the experience in the UK finds that residing in neighborhoods with moderate concentrations of ethnic minorities in comparison to isolated individuals is favorable for one's health since increasing number of ethnic minorities reduces their isolation (Fagg et al., 2006). The benefits that arise from ethnic density however do not apply in situations where there is a very high concentration of minorities (Neeleman, Wilson-Jones, & Wessely, 2005). Because of the varying levels of segregation in industrialized countries, it is not clearly understood whether living amidst one's ethnic group poses a structural disadvantage or it is associated with positive health outcomes.

This paper examines the Canadian experience, where the degree of racial segregation has been traditionally modest (Bauder & Sharpe, 2002; Fong & Wilkes, 2003). Also, unlike several earlier studies, we do not equate minority neighborhoods with low-income neighborhoods. In Canada, many minority groups do not necessarily settle in economically deprived areas and most poor neighborhoods are not highly populated by racial minorities (Balakrishnan & Gyimah, 2003; Balakrishnan & Hou, 1999). On the other hand, due to the rapid increase of visible minorities, neighborhoods with a significant share of visible minorities have mushroomed in Canada's urban areas. For instance, the number of census tracts in Canada's three largest metropolitan areas where visible minorities account for over 30% of the population, increased from 60 in 1981 to over 760 in 2001 (Hou, 2006). These neighborhoods develop through rapid replacement, a dynamic migration process involving minorities moving into a neighborhood while whites move out (Fong & Gulia, 2000; Hou, 2006). These neighborhoods are characterized by large population turnover and vast diversity in culture, race/ethnicity, and immigrant status. Residents in these neighborhoods are likely to experience higher levels of social disorganization and isolation than those who live in more homogenous and stable neighborhoods. Furthermore, visible minorities in Canada endure a high level of discrimination and unfair treatment (Dion, 2001; Statistics Canada, 2003a). The perceptions of discrimination are likely to be heightened in mixed neighborhoods where people from different racial backgrounds come in contact on a daily basis. In this study, we examine whether racial minority concentration denotes structural disadvantage in Canada and whether it is detrimental to the health of visible minority youth.

We also examine the extent to which the perceived neighborhood cohesion contributes to the well-being of Canadian adolescents and how it interacts with the neighborhood concentration of minorities to influence their levels of emotional and physical health. Earlier studies have emphasized the important roles of social processes, especially those linked to neighborhood cohesion as a mechanism by which poor neighborhoods, residential instability, and ethnic heterogeneity affect children's outcomes (Browning & Cagney, 2002; Curtis, Dooley, & Phipps, 2004; Wickrama & Bryant, 2003). This examination is noteworthy from the viewpoint of both theory and policy related to much-debated effects of social capital on health (Muntaner & Lynch, 2002; Putnam, 2000).

Following the lead of a number of newer studies we make use of census tract data on measures of neighborhood and survey data on individual-level measures of health outcomes and socioeconomic characteristics to disentangle the influence of contextual-level and individual-level factors (Hou & Myles, 2005; Kohen, Brooks-Gunn, Leventhal, & Hertzman, 2002). Past studies of community influence on adolescent problems have mainly examined externalizing behaviors such as conduct disorders and adolescent delinquency with little focus on physical health as well as internalizing problems such as depressive symptoms (Leventhal & Brooks-Gunn, 2000; Wickrama & Bryant, 2003). Our study addresses this limitation in the literature by examining the two health