In this module we are going to talk a bit about the influence of neighborhood on health.
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References


The essential question in considering the effects of neighborhood on health is: What is a neighborhood? They can sometimes be difficult to define – not because we disagree on what the definition is (a district or locality; people living close to one another in a district or locality), but because the boundaries are often not distinct. It is not uncommon for there to be differences in where individuals draw the boundaries; if you ask two people where a given neighborhood starts and ends, you may very well get two different answers. From a research perspective, that lack of specificity may matter; from a program perspective, it likely does not matter very much.

It is also a concept that may be more relevant in urban settings. In very rural areas, where the closest neighbor may be a half mile away (if not farther), the concept of a “neighborhood” is somewhat different – and perhaps not a good way to capture the environmental factors that influence health.
There are a number of features associated with neighborhood that may influence health. We often think of the physical features first – things like how clean the air is and how pure the water is. There may also be influences based on the geographic location, such as the climate (heat, snow and ice, likelihood of hurricanes or tornadoes, etc.). The built environment within the neighborhood also influences health – that is, whether there are sidewalks and good lighting to support exercise, grocery stores for access to healthy foods, parks and recreational facilities, and other such things. Safety is another feature that influences health, as is the availability of services to support people as they move through their daily lives. For example, having doctors and pharmacies nearby makes it easier for people to take care of themselves and their families. Clearly, not all neighborhoods are created equal.
Why should we worry about neighborhood? There are several reasons. First, it is important to remember that where people live is often not a choice that they make. Where people live is often determined in large part by occupation and income, though there may be social influences as well (that is, people may prefer or need to live close to family members). Thus, neighborhood is often not a risk factor that is easily modified by the individual.

Second, there are two ways to think about neighborhoods. The first suggests that neighborhoods exert a contextual influence on individuals; the second suggests that neighborhoods are composed of individuals, are what they are because of the individuals who live there. The different perspectives lead to different approaches to health improvement. If you adopt the contextual perspective, you may be more likely to target the social and physical environments for change on the theory that changing the context will make it easier for individuals to change their health. If you adopt the compositional perspective, you may be more likely to target individuals for change. The two approaches are not mutually exclusive – you can believe that there are elements of both driving the influence of neighborhood on health.
There are two basic ways to deal with neighborhood influences when designing health promotion programs. First, you can change the neighborhood context to promote health. You may not be able to do much about the climate, but you can help people secure safe and affordable housing that is appropriate for the climate. You can work on improving air and water quality for the neighborhood overall. You can work on the built environment, bring more services into the neighborhood, enact policies and programs to improve safety, and other things to change the neighborhood context and make it easier for people to take care of themselves and their families.

Alternatively, you can take the neighborhood into consideration when designing interventions. You can – and should – consider whether some strategies work better in some types of neighborhoods than others and consider what the barriers and facilitators might be for a given program. For example, if you want to implement a physical activity program, you should consider whether there are outdoor opportunities for physical activity (e.g., parks, sidewalks), whether the sidewalks are safe and well-lit, whether the crime rate is such that people will be comfortable being outside or having their children play outside. If the answer(s) is no, these things become barriers that need to be addressed for the program to be successful; if the answer is yes, these things may be facilitators and assets that you can build on to promote physical activity.

I challenge you to think of a program you think your neighborhood could use and then think of the facilitators and barriers, the contextual factors within the neighborhood, that might influence the success of that program.
Thought questions

► What did you read or hear in this discussion that was new information for you?
► What surprised or challenged you?
► What did you agree with or disagree with and why?
► How does this information make sense in terms of your work in the field of public health?