Perceived Neighborhood Quality and Healthcare Access & Utilization

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Introduction

Background
- Social isolation predicts mortality for every cause of death (Berkman, & Glass, 2000).
- Prior research has found that the communication network of neighborhoods correlates with an individual’s access to healthcare services (Matsagian & Witkin 2015).
- Research has found that social networks are beneficial in providing individuals with social support as well as health information and knowledge (Ackerson & Viswanath, 2009).
- Higher levels of attachment to neighbors decreases the risk of engaging in poor health behaviors (e.g., smoking, drinking, binge eating, etc.; Carpiano, 2007).
- Individuals who live in neighborhoods they believe are safe and close-knit report feeling less stressed, a sense of belongingness, and healthier compared to those who live in neighborhoods perceived to be unsafe (Altschuler, Somkin, & Adler, 2004).

Significance of the Current Study
- This study expands upon prior research by examining associations between perceived neighborhood quality (i.e., the respondent’s personal views of the quality of his/her neighborhood) and access to healthcare.
- The current study may inform intervention programs by emphasizing the importance of focusing on neighborhoods in order to increase healthcare access and utilization.

Research questions
- Are there associations between frequency of contact with neighbors and healthcare access/utilization (e.g., frequency of medical visits)?
- Are there associations between frequency of social interactions with neighbors and healthcare access/utilization?
- Are there associations between perceived neighborhood quality and healthcare access/utilization?
- Those who have more frequent contact with their neighbors will report greater healthcare access and utilization.
- Those who report more frequent social interactions with neighbors will report greater healthcare access and utilization.
- Those who perceive their neighborhood as higher in quality will report greater healthcare access and utilization.

Hypotheses
- Those who have more frequent contact with their neighbors will report greater healthcare access and utilization.
- Those who report more frequent social interactions with neighbors will report greater healthcare access and utilization.
- Those who perceive their neighborhood as higher in quality will report greater healthcare access and utilization.

Data Set and Participant Information:
- MIDUS II data
  - Total participants: (n =4,963):
    - 46.7% male
    - 53.3% female
  - Participants ages ranged between 28 and 84 years with the (M=55.43, SD = 12.448)
  - Education:
    - 25.5% graduated from High School
    - 19.3% earned a Bachelor’s Degree
    - 10% earned a Master’s Degree
  - Marital Status:
    - Married: 70.6%
    - Separated/Divorced: 14.5%
    - Widowed: 7%
    - Never married: 7.7%
  - Race/Ethnicity:
    - White: 90.1%
    - Black/African American: 6.6%
    - Asian: 0.5%
  - 10% earned a Master’s Degree
  - 46.7% male
  - 53.3% female

Methods

Participants completed both phone interviews and a questionnaire.

Used SPSS software to examine correlations between neighborhood quality and healthcare care access and utilization variables

Results

Correlations Neighborhood Variables and Healthcare

<table>
<thead>
<tr>
<th>Measure</th>
<th>Items</th>
<th>Scales</th>
<th>Reliability</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of contact with neighbors</td>
<td>E.g. “How often do you have contact with your neighbors?”</td>
<td>1: Almost every day, 6: Never or hardly ever</td>
<td>n/a</td>
<td>Reverse-coded; higher scores indicate more frequent contact</td>
</tr>
<tr>
<td>Frequency of social interaction with neighbors</td>
<td>E.g. “How often do you have a conversation or get together socially with any of your neighbors?”</td>
<td>1: Almost every day, 6: Never or hardly ever</td>
<td>n/a</td>
<td>Reverse-coded; higher scores indicate more frequent interactions</td>
</tr>
<tr>
<td>Perceived quality of neighborhood</td>
<td>E.g. “I feel safe being out alone in my neighborhood during the day.”</td>
<td>1: A lot, 4: Not at all</td>
<td>0.064</td>
<td>Reverse coded</td>
</tr>
<tr>
<td>Access to healthcare and healthcare utilization</td>
<td>Frequency of medical visits E.g. “How many times have you had a routine physical exam in the past 12 months?”</td>
<td>Participants indicated the number of times they visited a doctor, hospital, or clinic for a routine exam.</td>
<td>n/a</td>
<td>Number of times in the last 12 months saw doctor for each of the following: physical routine exam, dental exam, optical exam, or urgent care</td>
</tr>
</tbody>
</table>

Discussion

Contrary to our hypotheses, the frequency of contact people have with their neighbors was not correlated with their healthcare utilization.

As expected, more frequent social interactions with neighbors was associated with more frequent physical health exams.

Also as expected, findings suggest that those who perceive their neighborhood as higher in quality reported more frequent dental exams, whereas those who perceive their neighborhood as lower quality reported more urgent care visits.

Findings suggest that neighborhood characteristics are associated with some, but not all types of healthcare access and utilization.

Similar to what we presented in our introduction, individuals who live in neighborhoods they perceive to be safe and of good quality had the most significant correlations with frequent healthcare utilization (Altschuler, Somkin, & Adler, 2004).

Limitations

We do not have a very diverse group of participants, because the majority of participants are Caucasian, married, and middle-class, which limits the generalizability of the findings.

Respondents did not specifically state if they talked to their neighbors about healthcare and if so how frequently they conversed or what they discussed.

Future Direction

In a future study, this work could be expanded upon by investigating the relationship between access to healthcare and neighborhoods across a variety of cultural areas.
References:


