

WHAT IS THE RELATIONSHIP BETWEEN NEIGHBORHOOD DEMOGRAPHICS ON HEALTH AMONG HISPANIC ADULTS?

California State University, Fullerton

Emely Portillo-Segovia

Masters of Social Work



Abstract

- The objective of this study was to determine the relationship between neighborhood demographics on health among racial minorities, primarily Hispanic and Black adults.
- The 13th wave of the Health Reform Monitoring Survey (HRMS) was utilized to measure neighborhood conditions, barriers that impeded participants from accessing health care, overall health status, health insurance coverage, and access and affordability of health care services.
- Significant relationships were found indicating that neighborhood satisfaction scores are directly related to race/ethnicity, citizenship, housing type, education, and general health.
- This research is essential to the field of social work because it highlights the racial disparities that impact the ethnic minorities in our American society

Literature Review

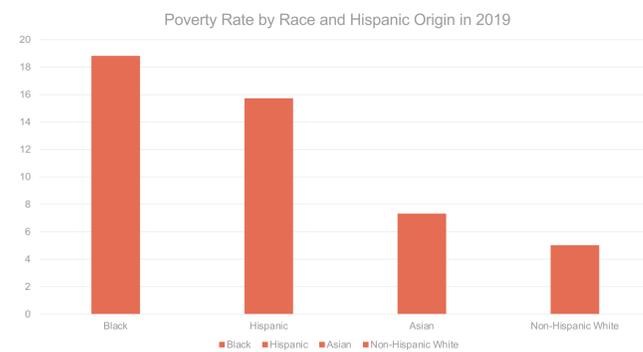
- Neighborhoods play an essential role in shaping our experiences with social, economic, and political policies
- Evidence supports the claim that disadvantaged neighborhoods lack public services and organizational resources such as police, fire, grocery stores, pharmacies, and sanitation
- Low socioeconomic neighborhoods are associated with residents having lower rates of accessing affordable health care, higher rates of residents experiencing unmet needs, and lower levels of receiving recommended preemptive care
- Residents living in deteriorating neighborhoods often experience greater stress, lower feelings of social control, solidarity, and social cohesion than residents living in high socioeconomic neighborhoods
- In the United States, Hispanics are twice as likely as white people to live in a neighborhood with a poverty level of 40 percent
- Low socioeconomic families may find it economically and psychologically challenging to access physical and mental health services



Of all racial or ethnic groups, Hispanics are the least likely to see a doctor.

Purpose

- What is the relationship between neighborhood demographics on health among Hispanic adults?"
- Hypothesis: Hispanic adults have low or worsening levels of health than White non-Hispanic due to neighborhood demographics.



17.3% of adults aged 18 and over consider their health as fair or poor



30.2% of adults aged 18-64 are without health insurance coverage

Methods

Research Design

- In January 2013, the Health Reform Monitoring Survey (HRMS) was carried out by the Urban Institute.
- Data from the thirteenth wave, which was conducted during the first quarter of 2017 and had over 9,000 participants between 18-64 was used for this analysis.

Sample & Sampling Method

- KnowledgePanel, a probability-based, nationwide representative Internet panel, derived each participant of HRMS
- For the purpose of this study, data from adults between the ages of 18 through 64 were used and analyzed (n = 9532). This sample includes 1649 participants who indicated Hispanic as their race/ethnicity during the thirteenth wave web-based survey

Operational Definitions

- Neighborhood conditions** was the independent variable in this current study. This variable consists of residents rating their neighborhood in terms of safety, medical care availability, transportation, and overall quality of environmental factors.
 - Difficulties Accessing Health Care** included items such as "did you have trouble finding a doctor or other health care provider who would see you," "where you told by a doctor's office or clinic that they do not accept your health care coverage," and "did you have trouble getting an appointment at a doctor's office or clinic as soon as you thought you needed one."
 - Health Status** included items such as "about how long has it been since you last visited a doctor or other health care provider for a routine checkup," "do you currently have a health condition that has lasted for a year or more or is expected to last for a year or more," "is there a place that you usually go to when you are sick or need advice about your health," and "how would you describe the condition of your mouth and teeth."
 - Health Insurance Coverage** items included "insurance through a current or former employer or union," "insurance purchased directly from an insurance company," and "does this mean you currently have no health insurance or health coverage plan." Participants who did not have health insurance were asked two follow-up questions. Follow up questions included the phrase "Reason you do not have health insurance...".
 - Participants were asked eight questions regarding **Access and Affordability of Health Care Services** with seven out of the eight questions were "yes or no" questions. Examples of these items included "needed but didn't get prescription drugs," "needed but didn't get medical care," and "needed to but didn't see a general doctor."
 - Participants were also asked two questions regarding **Income and Employment** which included items such "are you currently working for pay or self-employed," and "please mark the category that best describes your family's total income over the last year before taxes and other deductions".
 - Age and Gender** were each measured by a single item where participants were able to indicate their age via categories and their gender via female or male responses.
 - Race/Ethnicity** was measured by a single item where individuals were asked to identify as either White (Non-Hispanic), Black (Non-Hispanic), other (Non-Hispanic), Hispanic, or 2+ races (Non-Hispanic).
- ### Data Collections Procedures
- The thirteenth wave began in 2017 and utilized web-based surveys to collect data that included self-reported health status, health care insurance coverage, access and usage of health care, out-of-pocket costs for health care, affordability of health care, health insurance literacy, dental care, opinions of the ACA, and rating of neighborhood qualities.

Results

- Kruskal-Wallis H tests were conducted comparing overall neighborhood satisfaction scores among study participants based on their general health, race/ethnicity, educational background, and various housing types.
- Significant relationships were found in all four categories which will be depicted in the table below.

Variables	Mean Rank	Sig.
General Health		.000
Excellent	6110.28	
Very Good	5389.04	
Good	4239.00	
Fair	3303.9	
Poor	2979.59	
Race/ethnicity		.000
White, Non-Hispanic	4934.91	
Black, Non-Hispanic	4302.49	
Other, Non-Hispanic	4810.00	
Hispanic	4321.92	
2+ Races, Non-Hispanic	4485.24	
Education		.000
Less than high school	3753.86	
High school	4240.74	
Some college	4692.24	
Bachelor's degree or higher	5624.14	
Housing Type		.000
A one-family house detached from any other house	4880.87	
A one-family house attached to one or more houses	4962.39	
A building with 2 or more apartments	4537.75	
A mobile home or boat, RV, van, etc.	3193.39	

Discussion

Major Findings

- This study convincingly demonstrates that overall neighborhood satisfaction is significantly impacted by race/ethnicity, citizenship, housing type, education, and general health
- Study participants who consider their general health as poor or fair were significantly less satisfied with their overall neighborhood characteristics than study participants who consider their general as good, very good, or excellent
- Follow-up pairwise comparisons indicated that Black (Non-Hispanic) and Hispanic study participants were significantly less satisfied with their overall neighborhood characteristics than Other (Non-Hispanic) and White study participants

Study Limitations

- Current theories that consider neighborhood characteristics assume that transportation, access to medical care, and healthy foods positively impact overall neighborhood satisfaction; however, more research is needed to acknowledge the importance social support plays on neighborhood satisfaction, primarily in Hispanic immigrants

Recommendations

- These results should contribute to decisions made by health care professionals, policymakers, and other participants who aim to improve the health of people of color.