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How a Sense of Neighborhood Cohesion Affects the Health of Diverse Californians With Needs for Long-Term Services and Supports

Preeti Juturu, Lei Chen, and Kathryn G. Kietzman



INTRODUCTION

Previous research on neighborhoods and health has shown that local environments may influence both physical and mental health outcomes.¹ Some studies illustrate how community-based and trusted providers and messengers can be instrumental in effectively responding to local community health needs by facilitating access to care.² However, little is known about how a sense of neighborhood cohesion may affect access to care and health outcomes for populations needing long-term services and supports (LTSS). For older adults and adults who are managing chronic care needs, functional limitations, and disability, the neighborhood and social context may be even more important.

LTSS includes a range of physical and social supports that can be provided by a variety of individuals and organizations (e.g., family members and friends, direct care workers, and health and social care professionals) across a broad continuum of care settings (e.g., at home, in the community, or in institutional settings). This fact sheet reports on social characteristics of neighborhoods as perceived by Californians with needs for long-term services and supports. We document how perceptions of neighborhood safety and trust vary by race or ethnicity and income, and we illustrate how a sense of neighborhood cohesion (i.e., perceptions of neighborhood safety, neighbors' willingness to help, and trust) may be an important driver of mental health for this population.



A sense of neighborhood cohesion may affect access to care and health outcomes for populations needing long-term services and supports (LTSS).

The data presented here were taken from the 2019–2020 California Long-Term Services and Supports (CA-LTSS) Study, a follow-on survey of the 2019–2020 California Health Interview Survey (CHIS). Earlier reports from these data found that 2 in 5 older adults (those ages 65 and older) and adults with disabilities (those 18 years and older) who experience difficulties with day-to-day activities have unmet needs for personal care (e.g., assistance with bathing and dressing) and routine care (e.g., help with shopping and transportation).³ This fact sheet builds on these findings by taking a look at the role of neighborhoods as a potential social driver of health outcomes for this population.

For additional survey results related to the economic and social drivers of health and well-being for California older adults and adults with LTSS needs, please see the related policy brief, [The Health of Diverse Californians With Needs for Long-Term Services and Supports](#), and fact sheet, [Financial Worries of Diverse Californians With Needs for Long-Term Services and Supports](#), which were released in tandem with this fact sheet.

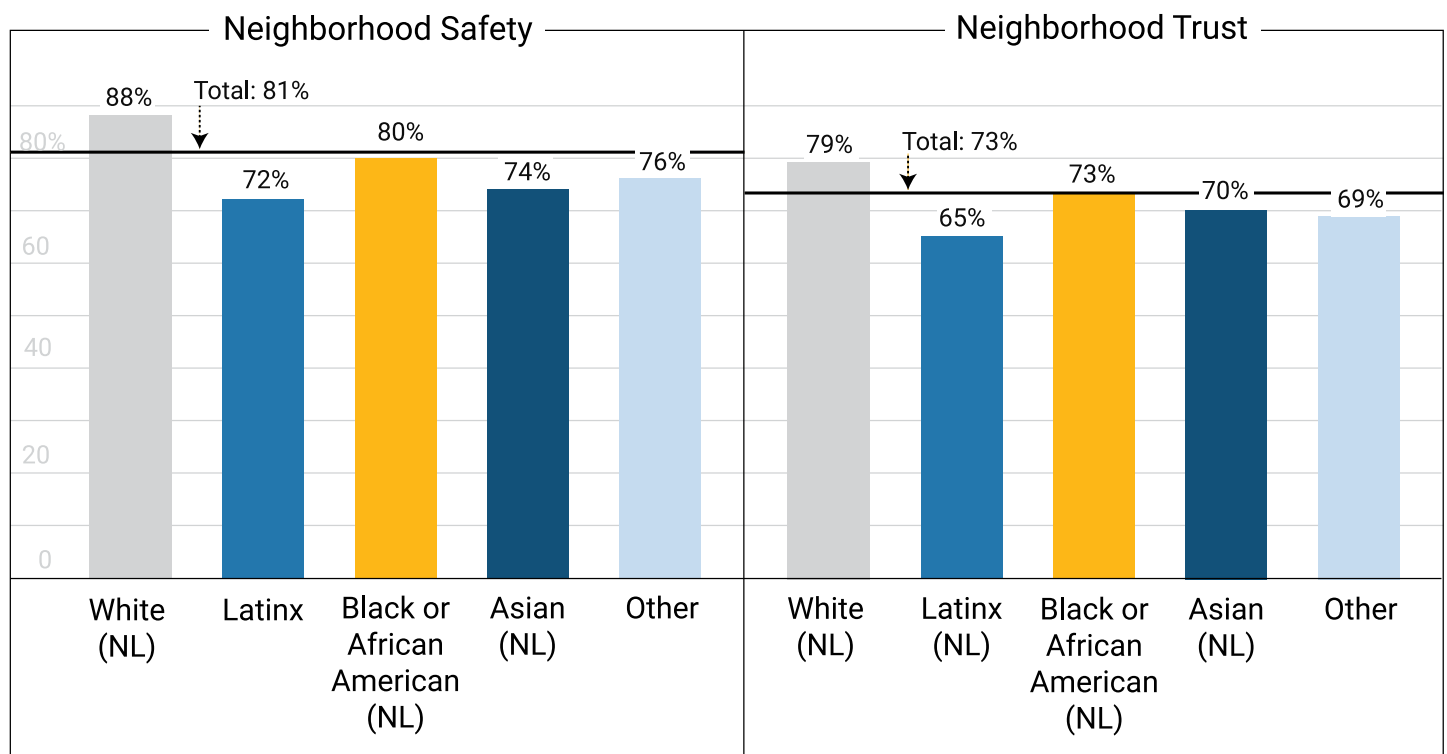
Findings

Most Californians with LTSS needs report high levels of neighborhood cohesion, but there are significant differences by racial/ethnic group.

Among all adults with needs for LTSS, we found that more than 80% perceived their neighborhood to be safe, 70% reported that people in their neighborhood were willing to help each other (data not shown), and 73% said their neighbors could be trusted.

We also found that perceptions of neighborhood safety and trust varied by race or ethnicity. White adults with LTSS needs were significantly more likely than adults in all other racial or ethnic groups to feel safe in their neighborhood and to believe that their neighbors could be trusted (Exhibit 1).

Exhibit 1 / Percentage of Adults With LTSS Needs Who Felt Safe in Their Neighborhood and Trusted Their Neighbors, by Race or Ethnicity, California, 2019–2020



NL = Non-Latinx

Other = American Indian /Alaska Native; Native Hawaiian/Pacific Islander; two or more races

Source: Authors' analyses of 2019–2020 California Long-Term Services and Supports (CA-LTSS) Study and 2019–2020 California Health Interview Survey (CHIS) data

We found significant differences in perceptions of neighborhood cohesion by income.

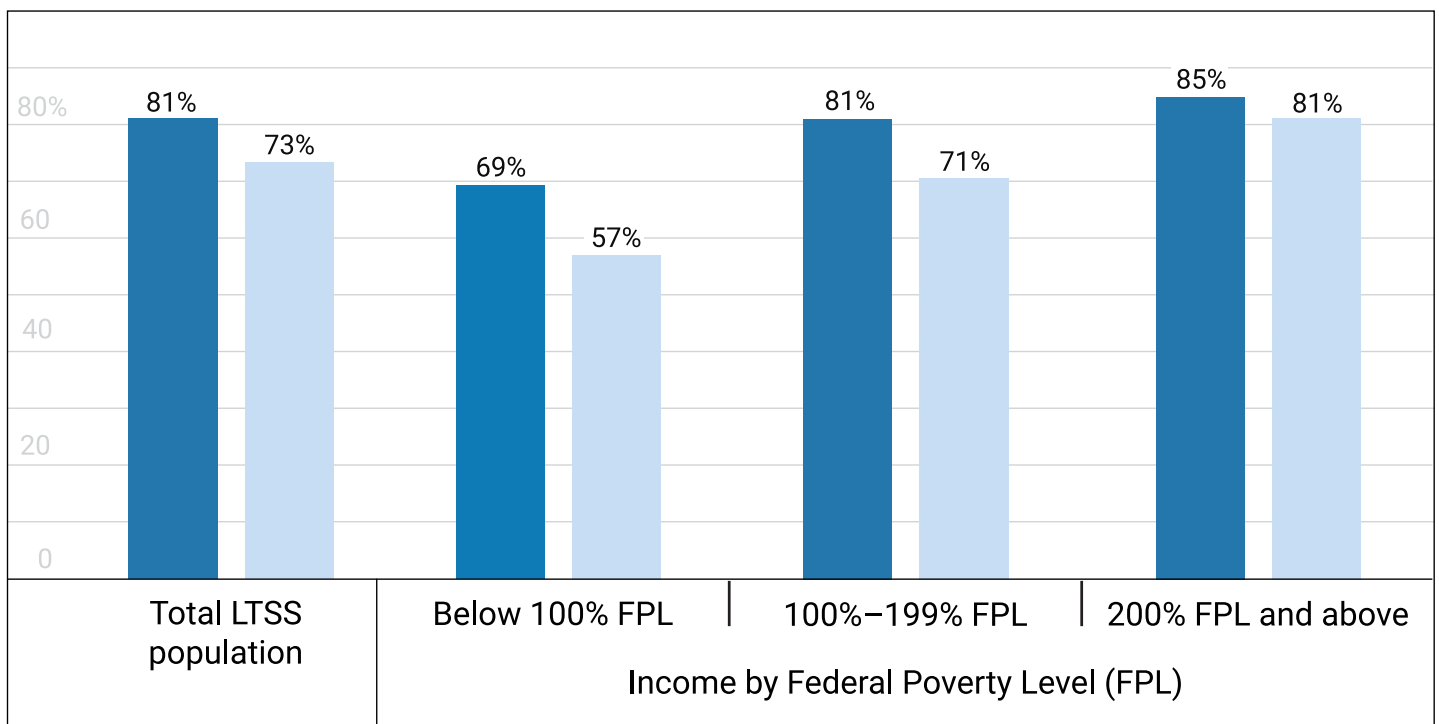
Adults with LTSS needs whose household income was below 100% FPL were significantly less likely to report feeling safe (69%) compared to those whose household incomes were between 100% and 199% FPL (81%) or 200% FPL and above (85%) (Exhibit 2). Those whose household income was below 100% FPL were also less likely to report that their neighbors could be trusted (57%) compared to those with household incomes between 100% and 199% FPL (71%) or 200% FPL and above (81%) (Exhibit 2).

For Californians with LTSS needs, neighborhood cohesion may be an important driver of mental health.

Across all measures of neighborhood cohesion, adults with LTSS needs who reported negative perceptions were more likely to experience serious psychological distress than those who reported positive perceptions. Specifically, those who perceived a lack of neighborhood safety were twice as likely to experience serious psychological distress (36%) compared to those who perceived that they lived in a safe neighborhood (17%) (Exhibit 3).

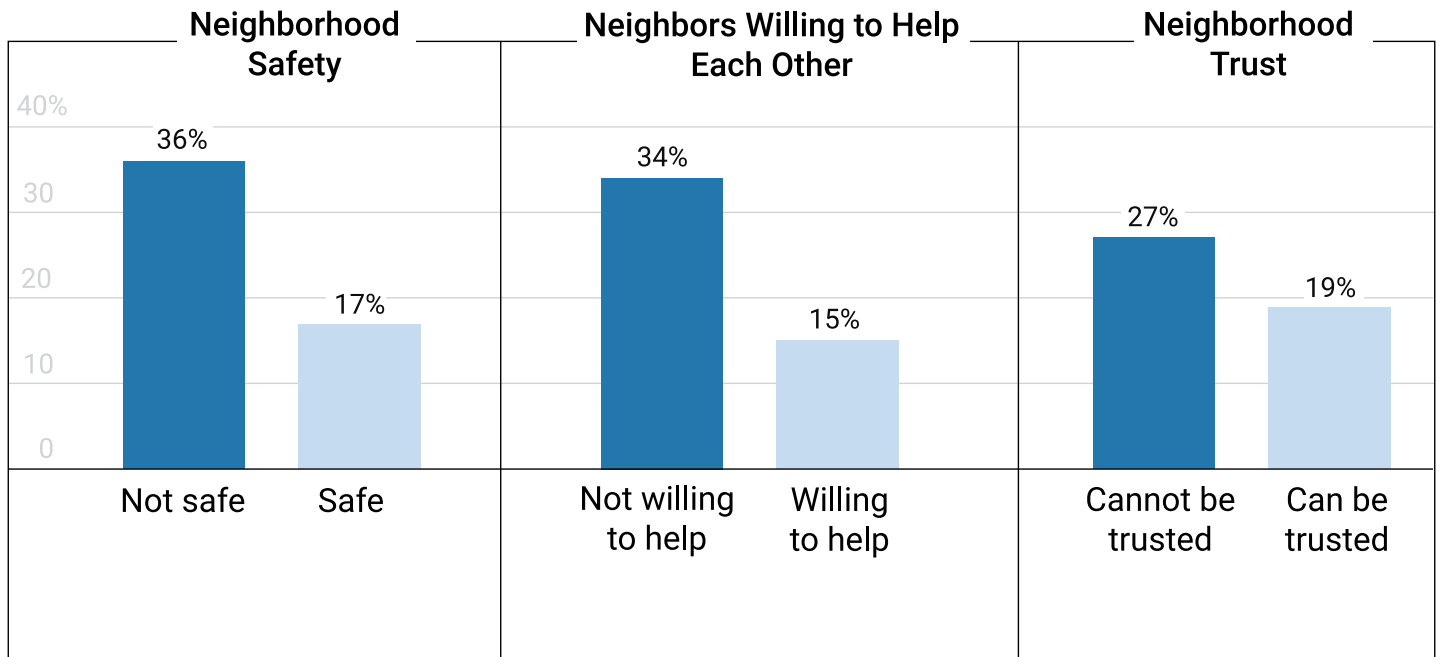
Exhibit 2 / Percentage of Adults With LTSS Needs Who Felt Safe in Their Neighborhood and Trusted Their Neighbors, by Income Level, California, 2019–2020

■ Neighborhood Safety ■ Neighborhood Trust



Source: Authors' analyses of 2019–2020 California Long-Term Services and Supports (CA-LTSS) Study and 2019–2020 California Health Interview Survey (CHIS) data

Exhibit 3 / Percentage of Adults With LTSS Needs Who Had Serious Psychological Distress, by Neighborhood Safety, Willingness to Help, and Trust, California, 2019–2020



Source: Authors’ analyses of 2019–2020 California Long-Term Services and Supports (CA-LTSS) Study and 2019–2020 California Health Interview Survey (CHIS) data

Similarly, those who perceived that neighbors were not willing to help each other experienced more than twice the rate of serious psychological distress as those who perceived their neighbors as willing to help each other (34% vs. 15%). Finally, adults with LTSS needs who reported that their neighbors could not be trusted had significantly higher reports of serious psychological distress (27%) compared to those who perceived that their neighbors could be trusted (19%).

IMPLICATIONS

The findings reported here point to neighborhood cohesion as a potential social driver of health among Californians with LTSS needs. The data that reflect perceptions of neighborhood cohesion among this population suggest that the majority feel safe in their

neighborhoods, trust their neighbors, and feel that they could call on them for help. This further suggests that local delivery of programs and resources for people with LTSS needs could improve access and use. That said, the differences and more negative perceptions of neighborhood cohesion by race or ethnicity and income warrant attention. Ideally, any assessment of the social needs and health status of individuals who have LTSS needs should also include an environmental assessment of their local neighborhoods and the quality of their social connections. This information could then be used to better respond to the diverse experiences and preferences of all people with LTSS needs, advance local initiatives to promote mental health, and address potential barriers in access to care.

Methodology

A total of 3,990 adults (9%) who responded to the 2019 and 2020 California Health Interview Surveys (CHIS) answered “Yes” to at least one of the following three questions and were therefore eligible to participate in the California Long-Term Services and Supports (CA-LTSS) Study:

- 1) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- 2) Do you have difficulty dressing or bathing?
- 3) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor’s office or shopping?

Among the 2,030 respondents who completed the CA-LTSS survey, 54% reported serious difficulty concentrating, remembering, or making decisions; 36% reported difficulty with personal care; and 53% reported difficulty with routine care. All results are weighted based on population characteristics in California.

Neighborhood cohesion is measured by three variables, as follows:

Neighborhood safety: Participants were asked how often they felt safe in their neighborhood. We categorized “all of the time” and “most of the time” as feeling safe, and “some of the time” and “none of the time” as not feeling safe.

Neighbors willing to help each other:

Participants were asked if they agreed that people in their neighborhood were willing to help each other. We categorized “strongly agree” and “agree” as perceiving neighbors as willing to help, and “disagree” and “strongly disagree” as perceiving them as not willing to help.

Neighborhood trust: Participants were asked if they agreed that people in their neighborhood could be trusted. We categorized “strongly agree” and “agree” as believing neighbors could be trusted, and “disagree” and “strongly disagree” as believing they could not be trusted.

Serious psychological distress was assessed using the Kessler 6 (K6) scale. The questionnaire asked participants how they had been feeling during the past 30 days with respect to the following six items: 1) nervous; 2) hopeless; 3) restless or fidgety; 4) so depressed that nothing could cheer you up; 5) everything was an effort; 6) worthless. Each item was coded as: 0 = None of the time/ Never; 1 = A little of the time; 2 = Some of the time; 3 = Most of the time; 4 = All of the time. The resulting range for psychological distress is 0–24. A score of 13 or greater indicates serious psychological distress.

Funder Information

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Endnotes

- 1 Arcaya MC, Ellen IG, Steil J. 2024. Neighborhoods and Health: Interventions at the Neighborhood Level Could Help Advance Health Equity. *Health Affairs* 43(2): 156–163.
- 2 Chau MM, Ahmed N, Pillai S, Telzak R, Fraser M, Islam NS. 2023. *Community-Based Organizations as Trusted Messengers in Health*. Hastings Center Report 53: S91–S98.
- 3 Kietzman KG, Chen L. 2022. *Unmet Needs for Help at Home: How Older Adults and Adults With Disabilities Are Faring in California*. Los Angeles, CA: UCLA Center for Health Policy Research.



The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews were offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For other information about CHIS, visit chis.ucla.edu.

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10960 Wilshire Blvd., Suite 1550
Los Angeles, California 90024
Phone: 310-794-0909
Fax: 310-794-2686
Email: chpr@ucla.edu
healthpolicy.ucla.edu

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