

ABSTRACT

Title of Thesis: FACILITATORS AND BARRIERS OF
NEIGHBORHOOD SOCIAL INTEGRATION

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Social isolation has reached concerning rates, particularly in the wake of COVID-19 pandemic. Social integration can combat social isolation and loneliness and promote feelings of belonging. Social integration within the neighborhood context (e.g., chatting with neighbors, participating in local organizations) can be used combat loneliness, but less is known about the process of social integration across various social identities. The current study examines variability in the patterns and mechanisms of neighborhood social integration across sociodemographic characteristics (e.g., developmental stage-social role, ethnic-racial identity, and housing tenure). Thematic analyses were conducted on interviews with 29 residents of Wards 4 and 5 of Washington, D.C. Results suggested that youth were far less socially integrated with their neighborhoods due to gentrification-induced transience and school choice programming. Despite sociodemographic differences in the perceived facilitators and barriers to neighborhood social integration, many residents called for more community programming and shared spaces to facilitate neighborhood connections.

FACILITATORS AND BARRIERS OF NEIGHBORHOOD SOCIAL INTEGRATION

by

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Chapter 1: Introduction

In 2023, the U.S. Surgeon General released a health advisory describing an epidemic of loneliness and social isolation (Office of the U.S. Surgeon General, 2023), both of which are linked to negative health outcomes (Umberson & Donnelly, 2023). More Americans than ever are socially disconnected (Kannan & Veazie, 2023), with 22 to 47 percent of adults in the U.S. experiencing loneliness (Cigna, 2018, DiJulio et al., 2018). Social isolation and loneliness increased during the COVID-19 pandemic as local businesses closed, travel slowed, more people worked from home, and in-person schooling transitioned to the virtual environment (Holt-Lundstad, 2022). Although research indicates that neighborhoods can provide social connection to guard against isolation and loneliness (Henry et al., 2014), less is known about how sociodemographic characteristics (e.g., developmental stage-social role; racial-ethnic identity, housing tenure) impact neighborhood social integration (i.e., engagement with the neighborhood environment). The current study leverages qualitative methods to (1) identify patterns of neighborhood social integration across various sociodemographic characteristics, and (2) highlight perceived facilitators and barriers to neighborhood social integration. The goal of this work is to better understand how neighborhoods can be leveraged to support health and wellbeing for individuals across the sociodemographic spectrum.

Social integration is the process through which relationships are created and maintained within a society (Durkheim, 1952). Socialization theories (e.g., Jencks & Mayer, 1990; Durkheim, 1952) suggest that social integration enables the exchange of social capital (i.e., personal resources, like knowledge, support, and skills). In turn,

social relationships are vehicles for shaping health and wellbeing (Berkman et al., 2000), and can minimize social isolation and loneliness (Holt-Lunstad et al., 2010). For example, a young person with low social integration may seldom interact with their neighbors or attend community events. Missed opportunities to build relationships or contribute to the community reduces access to social support and shared information, which increases risk for negative outcomes such as cardiovascular disease (Steptoe & Kivimäki, 2013) and suicidal ideation (Hatcher & Stubbersfield, 2013). Conversely, greater social integration, such as through interacting with neighbors and participating in local organizations combats risk for loneliness (Miao et al., 2019), and fosters greater subjective well-being (Appau et al., 2019) and a stronger sense of community (Erving & Hills, 2019). Although a body of research links neighborhood social integration to health and well-being (Holt-Lunstad et al., 2010), static measures of social integration (e.g., social network size, perceived shared values) make it difficult to capture *how* residents socially integrate into their neighborhoods. Additionally, despite a large focus on social integration in older adulthood (Nicholson, 2012), less work explores the ways in which young people socially integrate with their neighborhoods.

Engagement with the neighborhood physical and social environment

Residents dynamically engage with physical and social dimensions of the neighborhood environment (Bronfenbrenner, 1979; Berkman et al., 2000; Coulton & Spilsbury, 2014). The physical dimension of the neighborhood environment consists of the structures (e.g., parks, coffee shops, libraries), pathways (e.g., trails, sidewalks), and modes of transportation (e.g., buses, metros, cars) that facilitate social

interactions (Eicher & Kawachi, 2011; Small & Adler, 2019). The social dimension of the neighborhood environment includes the norms and collective actions that regulate behaviors and engagement amongst neighbors (Institute of Medicine, 2001). Social features of the neighborhood context are operationalized widely, including measures of civic participation, home ownership, and membership in voluntary organizations (*social capital*), trust and community solidarity (*social cohesion*), and enforced rules and social standards (*informal social control*) (Schiefer & Van der Noll, 2017).

Although oftentimes examined as distinct contributors to neighborhood social integration, the physical and social features of a neighborhood interact synergistically to produce opportunities for connection and interactions between residents. For example, the presence and proximity to greenspace, parks, and recreation centers is associated with higher rates of social engagement and interaction among adult residents (Dinnie et al., 2013; Pendola & Gen, 2008). These physical spaces, such as parks, recreation centers, and coffee shops, also provide opportunities for engage with others and promote feelings of belongingness, place attachment, and enjoyment of social engagement (Sandstrom & Dunn, 2014; Schoder, Lyons, & Epley, 2022). Changes to a neighborhood environment can therefore dissolve (Dawkins, 2006; Richardson et al., 2019) or reinforce (Eicher & Kawachi, 2011) existing social support structures and place-based social ties. Social changes, such as increased crime, may indicate less social control and lead to decreased trust among neighbors (Kawachi & Berkman, 2000). This may further impact resident willingness to engage with one another (Bjornstrom et al., 2013; Sampson & Morenoff, 2004). Additionally,

economic revitalization may lead to the creation or redevelopment of places like libraries or community centers that promote social integration (Bryson, 2012), or erode long-standing social relationships through displacement of lower-resourced residents (Richardson et al., 2019). Thus, one key question is how of the process of neighborhood social integration differs across varied sociodemographic characteristics.

Social identity

Although many studies of neighborhood social integration use social identity as an analytic control variable (e.g., whether social cohesion influences neighbor relationships irrespective of racial-ethnic identity), variability in the associations between neighborhood social integration and health and wellbeing suggests that residents with different sociodemographic characteristics (e.g., developmental stage-social role, ethnic-racial identity, housing tenure) experience neighborhood conditions differently (Umberson & Donnelly, 2023).

The intersection of an individual's developmental stage with their social role (i.e., youth, caregivers, community leaders) may impact neighborhood social integration. During adolescence, youth transition from spending most of their time in their homes with caregivers and family, to more time in their neighborhoods and school settings with peers (Smetana et al., 2006). Adolescence is a period of social reorientation (Crone & Dahl, 2012), during which youth strengthen their social networks and are extrinsically motivated by interactions with peers (Smetana et al., 2006). Peer networks help to buffer against loneliness (Rotenberg et al., 2004) and have been found to mediate the associations between the neighborhood social

environment and prosociality (Lenzi et al., 2012), such that greater neighborhood peer support was associated with higher perceived social cohesion and greater prosocial behavior. Caregivers, by contrast, engage with the larger neighborhood context, particularly as children grow older and enter the school system (Coulton & Spilsbury, 2014). The presence of a child in the household may serve as an impetus for caregivers to engage with health services, join parent-teacher associations, or volunteer for child sports teams (Hao & Yeung, 2015). Caregivers may also use neighborhood relationships as both social capital (i.e., for childcare and emotional support) and for modeling for adaptive parenting behaviors (Jencks & Mayer, 1990).

Although few studies that have directly investigated neighborhood social integration among community leaders (e.g., faith leaders, community organizers/leaders, elected officials), residents with central roles in their neighborhoods have been the subject of health-intervention research for decades (O'Brien et al., 2009). Given the degree of trust, respect, and understanding that community leaders typically embody in their communities (Purdue, 2001), they may be more inclined to socially integrate to address community issues and promote change (O'Brien et al., 2009). For example, Washington D.C. Advisory Neighborhood Commissioners (ANCs) are locally-elected officials who represent small neighborhood areas and act as the “voice” of the neighborhood (Office of Advisory Neighborhood Commissions, 2022). ANCs work to bridge the gap between local residents and the D.C. government by advising government agencies on neighborhood issues. Historically, ANCs have provided insight and recommendations on improvement programs, zoning issues, safety concerns, social services, as well as

a variety of other neighborhood-related issues (see Garrison, 2011). A clearer understanding of how community leaders socially integrate into their neighborhoods could reveal mechanisms for effective social change.

Beyond an individual's role in their community, ethnic-racial identity (ERI) also influences an individual's experience of neighborhood social integration. Ethnicity and race capture sociocultural norms, values, and historical experiences that shape how individuals navigate the world (Richeson & Sommers, 2016). Structural inequities and discrimination (e.g., educational and geographical exclusion, legalized disenfranchisement; Pager & Shepard, 2008) foster cultural and community adaptations that covary with various ERIs (Richeson & Sommers, 2016; Barger & Uchino, 2017; Yi et al., 2016). For example, a large body of literature has documented culturally-relevant coping strategies within Black American communities that leverage social connection for stress adaptation through spirituality, community support, activism, and positive racial socialization (Jones et al., 2020; Anderson et al., 2018). In the neighborhood context, these strategies for stress adaptation may influence resident values and further shape how residents engage with the neighborhood environment (Yi et al., 2016; Nations et al., 2010).

Housing tenure is also associated with the degree of neighborhood social integration (Dawkins, 2006; Oishi & Tsang, 2022). Residential mobility, or the extent of in- and out-migration in a community, shapes residents' ability to create and maintain social ties (Magdol, 2000; Giliath & Keefer, 2016). Residential mobility has implications for social network expansion, strength of social connections and perceived loneliness (see review by Oishi & Tsang, 2022). For example, new resident

status reduces trust building between residents, due to lack of shared local experiences (Magdol & Bessel, 2003). In other words, mobility may erode trust and engagement between residents of differing housing tenures. Systemic barriers, such as racial segregation and redlining practices have disrupted communities of color through forced residential mobility (Candipan et al., 2021). In fact, from 2000 to 2013, Washington D.C. experienced the most gentrification in the United States (by percentage), displacing over 20,000 Black residents (Richardson et al., 2019). Over time, these practices, along with urbanization and economic change disproportionately impact communities of color, highlighting the dynamic interplay between housing tenure and ERI in the process of neighborhood social integration.

Current study

Despite a large literature linking neighborhood social integration to health, far fewer studies have explored the influence of varied sociodemographic characteristics or social identities on the process of neighborhood social integration. The current study leverages qualitative research methods to elucidate how an individual's developmental stage/social role in the community (youth, caregiver, community leader), ERI, and housing tenure shape neighborhood social integration as well as resident perceptions of barriers and facilitators to neighborhood social integration. We hypothesized that residents of differing sociodemographic characteristics would exhibit different patterns of social integration. However, given the paucity of previous research investigating the role of sociodemographic characteristics in neighborhood social integration processes, we did not have strong directional hypotheses.

Chapter 2: Methods

Participants and procedures

Data sourced from the Community And Resilient Environments (CARE) Project, which investigates how neighborhood environments shape health and wellbeing across the life course in Washington D.C., USA. The CARE Project engages community stakeholders (i.e., local elected leaders, community organizations, and youth and adult residents) in the research process from project design to data collection and dissemination, drawing on the principles of Community-Based Participatory Research (Wallerstein & Duran, 2010).

Washington D.C. presents a unique context within which to study ecological contributors to community health and wellbeing. Historically dubbed the “Chocolate City” owing to its high concentration of African American residents, thriving Black business base, and broad representation in city government (Asch & Musgrove, 2017), Washington D.C. is home to substantial socioeconomic diversity within Black and African American communities. Documented health disparities by socioeconomic resources and racial-ethnic identity call upon researchers to work with communities most impacted by environmental inequities and structural oppression (Neblett Jr., 2019). Moreover, recent shifts in population demographics that intersect with local historical narratives (Prince, 2016; Shinault & Seltzer, 2019) suggest that a focus on the nation’s capital will advance our understanding of how rising inequality and gentrification impact health and wellbeing across the life course (Schnake-Mahl et al., 2020).

From Fall 2021 to Spring 2022, 29 semi-structured qualitative interviews were conducted with residents of Wards 4 and 5 in Washington, D.C. Wards 4 and 5 were

chosen due to the substantial socioeconomic diversity within majority Black or African American neighborhoods (U.S. Census Bureau, 2023). Participants were purposively recruited from local community organizations including ANCs, faith groups, and public libraries. Eligible participants were 10 years of age or older, spoke English or Amharic, lived or worked within Wards 4 or 5, and consented to audio-recording. Community leaders self-identified as individuals holding formal leadership positions in the local community (i.e., faith leaders, community-based nonprofit workers, ANC representatives). Participants received \$40 and University gear for their participation in the study. Informed consent was obtained from all participants (caregiver consent and minor assent for participants < 18 years old).

Demographics

Seven youth, 12 caregivers, and 10 community leaders participated in the interviews. Forty-one percent of the sample identified as Black and/or African American, followed by 24% of multiple racial-ethnic identities, 20% White, 10% Hispanic or Latinx, and 3% Asian. Participants identified as women (44.8%), men (51.7%), or non-binary (3.4%). Most participants (79%) were residents of Ward 4 and lived in their neighborhood for at least 10 years (55.6%). Within this sample, there were six adolescent-caregiver dyads or triads.

Qualitative interviews

Youth, caregivers, and community leaders participated in 60-90-minute semi-structured interviews over Zoom. Participants were asked about their perceptions of neighborhood boundaries, neighborhood social ties, youth health and wellbeing, and community outreach and research priorities. All interviews were audio-recorded, de-

identified by research staff, and transcribed using Dedoose. The current study analyzed participant narratives during the neighborhood social ties section (see Appendix B). In a conversational format, participants were asked to reflect on (a) places in their neighborhood where they and/or their family spend time, (b) people in their neighborhood with whom they spend time and where those interactions occur, (c) whether it is common to see other neighbors interacting with one another, (d) if there are relationships they would like to have in their neighborhood, and (e) whether there are places or resources that would like to have to foster social relationships between neighbors. All referenced names are pseudonyms.

Positionality statement

The research team acknowledges that their positions influence the construction and interpretation of these findings and share their positions in the spirit of transparency. The team consisted of two Black cis-gender woman who grew up in a predominantly White suburban communities; one is currently a resident of Maryland and the other is a resident of Texas. A second-generation Pakistani-American cis-gender woman raised in an ethnically-diverse suburban neighborhood in Maryland; she is a lifelong resident of Maryland. An Asian-American cis-gender woman raised in a predominantly White suburban community in Maryland; she is currently a resident in Northern Virginia. A second-generation Mexican cisgender woman who resides in an ethnically diverse suburban community where she was raised. A cisgender White man who grew up in a middle-class Houston suburb and now lives in Maryland. A White cis-hetero Jewish woman who grew up in both predominantly White suburban communities and sociodemographically-diverse urban

communities in California; she is a new resident of Ward 4 in Washington DC. We are grateful for the community members and local organizations who have shared their time and experiences with our team as part of the CARE Project. Most of our team is Maryland-based, and we are housed at the University of Maryland, College Park. We acknowledge that the university's historical role in denying access and full participation to education has harmed residents in the very communities served by the CARE Project. Although we are committed to rebuilding trust and shared values, we acknowledge that no amount of research or self-education can replace the lived experiences of any Washingtonian. We welcome all discussions about our positionality as researchers from the University of Maryland.

Data analytic plan

This study used an abductive coding approach that enables flexibility in exploration of both inductive and deductive themes (Deterding & Waters, 2021). Initial themes (social integration, neighborhood physical environment, safety, transience, and social cohesion) were inductively identified on a subset of interviews between coders (the master coder, J.F., and trained two undergraduate research assistants). Coders then applied deductive coding to further define sub-themes of “social cohesion”, and collaboratively created a codebook that included definitions of each theme and sub-theme identified. Lastly, all transcripts were closed-coded using Dedoose® and thematically analyzed to summarize themes within and between sociodemographic characteristics for all residents (Braun & Clarke, 2006).

Themes

Social integration was conceptualized as resident engagement with the neighborhood physical environment. Although the neighborhood environment is often described along physical and social dimensions (Diez Roux, 2001), inductive coding of narratives revealed that residents described their social engagement with the neighborhood in terms of physical structures and places. Therefore, the theme of neighborhood physical environment was considered as *what* (e.g., community events and programs), *where* (e.g., parks, libraries, grocery stores), and *how* (e.g., bus, walking, metro), residents used their neighborhoods in their daily routines (Appendix A).

In addition to the global theme of social integration with the neighborhood physical environment, three themes functioned as facilitators and barriers to social integration: safety, transience, and social cohesion (Appendix A). Consistent with past literature (Schiefer & Van der Noll, 2017), social cohesion was too broad to capture the nuances of residents' social interactions. Thus, deductive coding was used to create social cohesion sub-themes: shared identity, social relationships, and orientation towards the common good (Appendix A).

Chapter 3: Results

Social integration through the physical environment

When discussing features of their neighborhood physical environment, all participants mentioned libraries, parks, recreation centers, and/or grocery stores as places that they and their families frequented. However, the mere presence of these community spaces did not necessarily reflect high social integration. Residents often noted feelings of disconnection and desires to meet others in the community. For example, one caregiver shared:

“When I was growing up, ...we also all rode the same school bus, right? We all went to the same school, we had the same teachers, even if we didn't do the same activities, we started and ended our days in the same place...but here, both parents and kids all get in their cars and leave every day, and go, go someplace else...and then you come in at the end of the day, and you have very little time to do anything, let alone get to know your neighbors.... there's no natural way to like, 'Hey, I'll see you later at the...' Or, 'Hey, would you like to stop at such-and-such a place for coffee?'. ”

One youth respondent expressed a desire for more inclusive community programming for adolescents:

“I would love if uh, the rec center was even more... open ... more... accessible... like for example I know I tried to join the rec team's basketball team, but since there's I believe an age limit of like 13... I would like if they also added one for the teenagers, that would be nice.”

Many youth respondents also mentioned schools as one of the places that they frequent, though schools were not always located in their neighborhoods. One

caregiver directly noted the District's school choice programming and its impact on her child:

"He's inside most of the time...that is a very direct function of going to school outside of the neighborhood"

Lastly, when asked about things or relationships that residents would like to have, most mentioned the need for a physical space (e.g., café) or a community event (e.g., block parties, youth programming, and social clubs). A community leader noted:

"I always felt that the recreation center would be a haven for the community to have their social gatherings...But uh, so far... that's not happening"

And another said:

"Like maybe if they had like a daytime thing or work at home single mom's that might have an hour or two like maybe between like 12 and 2 like spare before they go on about their day. It could be an exercise class, it could be a wellbeing fitness class, it could just be like a mom's chat class, book-club type... type of thing you know. Like maybe a book club we can meet somewhere at the library... it would be cool to just be around peers and it would be cool to just you know talk to someone and not feel like it's not meaningful you know?"

Role of social role on neighborhood social integration

Community leaders, caregivers, and youth reported varying patterns of neighborhood social integration and barriers and facilitators to engaging with the neighborhood context. Community leaders often noted orientation towards the common good and social relationships as the main facilitators of integration; these

two themes often worked in concert. Leaders reflected on the utility of having various personalities in their neighborhoods and shared how these connections were used to network, gather information, and solve community problems:

“You’d be surprised, we have, they’re called like block captains...they are people who know everybody on their block and like, when she calls me she’s like, ‘Hey Annette, hope you’re doing well. I just wanted to talk to you about Ms. Smith up the street. She’s having a problem with her handicap parking. Do you know anything about that? And I say yeah, let me talk to Ms. Smith you know ... or she’ll call me the next day and be like Mr. Jones um, has some young kids up at the high school and they want to do a community clean up. Do know where they can get some ... garbage bags and... rakes for the leaves and stuff?’ Those people do exist and they’re amazing.”

Community leaders, as well as youth and caregivers, mentioned safety concerns related to COVID-19 transmission as a barrier to neighborhood social integration. For example, many residents reported an inability to use their homes, porches, and stoops as areas for conversations during the COVID-19 pandemic. However, this was a particularly salient concern for community leaders who emphasized that everyday social interactions were central for their roles in the community, including information-gathering and community problem-solving.

For caregivers, factors related to a sense of shared identity, social relationships, and an orientation toward the common good (like community leaders) were seen as facilitators of integration in the neighborhood. Social connection with neighbors was fostered by respondents’ desires to work together with neighbors to

create positive change in the neighborhood, for example by volunteering with formal mutual aid programs or seeking informal ways to provide social support for elder neighbors. For example, one respondent shared:

“I interact with my neighbors ‘cause I live around them and I just want to make sure that I’m keeping it peaceful environment by you know being neighborly cause we live together. We don’t know if we gonna need each other. Anything can happen. I look at you every week, so I want to make sure that we’re on good terms.”

Shared identity was also perceived as a facilitator of and barrier to neighborhood social integration for caregivers. When caregivers spoke about the barriers to social integration associated with identity, it was often in the context of not seeing others with similar family structures. One mother expressed her thoughts on the familial landscape of the neighborhood.

“I do sometimes feel like we’re like one of the only families with young kids...”

Parks, playgrounds, and school events were the spaces that caregivers said fostered social integration; however, interactions in these spaces were hindered by safety concerns regarding the COVID-19 pandemic. Caregivers also mentioned safety concerns regarding crime and loitering, which impacted their children’s neighborhood integration as a result of greater caregiver monitoring. One caregiver reflected:

“I grew up in a very small town where...everyone knew each other’s name you could leave your doors unlocked, and it was just a very safe, open place, very small... now...I don’t know everybody in the neighborhood, I have my

little small core group of people that I know. My kids are not growing up...with... you know, care-free safe feel. They know that...when you go outside, mama's gunna lock the door...I guess what I'm trying to say is like, it's definitely not a small-town feel.”

Youth respondents perceived that a lack of same-aged peers, engendered by neighborhood transience, hindered their ability to connect with others in their neighborhoods. Transience hindered social integration through (1) the loss of social relationships that they once had (i.e., friends moving away) and (2) the introduction of younger kids and peers with whom they had no prior relationships with. Youth noted that recreation centers, parks, and school grounds were spaces for connection with others, but that these spaces often lacked peers their age. For example, one teen shared:

“...it used to be common but not, necessarily anymore, like for example, ... previously I used to actually know my neighbors by name, but like, now with new people moving in and all, and having their own private lives, I don't necessarily know their names.”

Another mentions his inability to see his friends:

“So, um, most of my closer friends like, um, Jessie, moved up to Massachusetts...Charles moved over to Maryland... and Josh and Tyrone are in separate wards, so until... our parents communicate with each other, I can't go there either.”

Role of ethnic-racial identity on neighborhood social integration

Though the patterns were less clearly defined, ethnic-racial differences in perceived facilitators and barriers to neighborhood social integration emerged. The clearest distinctions and similarities between residents emerged from three of the largest ethnic-racial groups in the sample (i.e., Black or African American, multi-ethnic, and White). First, Black or African American residents often discussed orientation towards the common good and social relationships as facilitators to social integration. Transience and shared identity functioned as barriers; this was also the case for residents who identified as multi-ethnic or multiracial. By contrast, residents who identified as White predominantly mentioned safety—loitering, park infrastructure, and COVID-19 transmission—as a barrier. Lastly, residents identifying as Hispanic, Latino, or of Spanish origin often mentioned orientation towards the common good as a facilitator to social integration, while safety, particularly COVID-19 transmission, was mentioned as a barrier. Most residents who identified as Black, African American, or multi-ethnic were residents of over 10 years (86%), while all White identifying residents had only lived in their neighborhood for less than 10 years (100%). Our sample was not large enough to evaluate the influence of intersectional identities on neighborhood social integration; thus, some of these observed differences may predominantly capture differences in housing tenure or social role.

Role of housing tenure on neighborhood social integration

Differences in patterns of social integration also emerged in terms of the length of time that participants resided in their neighborhoods. Residents who lived in their neighborhoods for four years or less often perceived orientation towards the

common good and social relationships as the facilitators of social integration, while safety and shared identity were mentioned as barriers. Some recent residents leveraged relationships in their apartment complexes as avenues to connect with others. For these residents, safety concerns stemmed from the COVID-19 pandemic, in addition to loitering, and park infrastructure. Shared identity also emerged as a barrier to integration, in that many recent residents mentioned a desire to interact with peers (i.e., single parents, other families). Given that most recent residents were caregivers (83%), these findings may reflect differences by social role, as shared identity was often perceived as a barrier for caregivers in this sample.

Residents who lived in their neighborhoods for 5 to 10 years often reported factors related to shared identity and social relationships as facilitators to social integration. Perceptions of safety were identified as barriers to social integration; this was primarily due to the COVID-19 pandemic inhibiting travel to community touch points (e.g., grocery store or metro station). One resident mentioned the impact that staying home had on his daily routines:

“Being forced to stay home. I mean and part of that is winter. And part of that I think is Omicron, and remote work, you know, just remote work itself keeps you from going out into the neighborhood...Because you're not going to the metro. You're not waiting for the bus...You know. You're not buying lunch out.”

Residents who lived in their neighborhoods for more than 10 years reported transience and shared identity as the main barriers to neighborhood social integration.

As with endorsements by youth respondents, long-time residents reported that previously-held relationships were jointly impacted by transience and shared identity.

“Um, it seems like a lot of people are new to the area kind of unless they, you know, they've moved...as the young couples ... started having kids, so they came from some other place...I mean of course there are older people, I'm thinking of, um, there's a teacher a couple of doors down, and she's probably in her 60's, and, um, I think there are other people sort of, you know, little older in their- in their careers, and their lifetime. So, I think it's a mixture, um, but ...you know, the really old generation, I don't know of anyone like that so I think it's slowly turning...Our neighborhood was known as a gentrified neighborhood, and we were part of that gentrification... it's just slowly and steadily over the past 12 years... has been people like us who have come with young families and raised their children or so.”

Chapter 4: Discussion

In this qualitative study with residents in Washington D.C., we sought to identify various patterns of neighborhood social integration across sociodemographic characteristics and highlight the perceived facilitators and barriers to neighborhood social integration. Social integration was observed as resident engagement within the bounds of the neighborhood physical environment. The most common facilitators and/or hindrances to neighborhood social integration were transience, safety, and multiple aspects of social cohesion (i.e., orientation towards the common good, shared identity, and social relationships).

Limited youth social integration

One of the most glaring conclusions from this study was that youth reported overall less integration in their neighborhoods. As social integration has long been studied as a promotive factor for health and wellbeing across the life course (Holt-Lundstad et al., 2017), these results suggest that the youth in our sample may not be benefitting from the health-promoting effects of neighborhood social relationships. A lack of same-aged peers was a key barrier to neighborhood social integration, fostered by high residential transience that resulted in long-time friends moving away and unfamiliar and predominantly younger children moving in. Although much research has linked gentrification to lower perceived social cohesion among older residents (e.g., Versey, 2018), our results suggest that youth may be similarly impacted by the shifts in age and cultural dynamics that parallel renewal and displacement (Richardson, 2019). Indeed, Sadler and colleagues (2022) found that African American girls living in highly gentrified neighborhoods in Baltimore, Maryland

reported lower neighborhood social cohesion and greater internalizing symptoms. In our sample, the lack of same-aged peers further hindered youth's ability to effectively use their homes, or the homes of others, to develop social networks in their neighborhoods. Lack of peers in the neighborhood may leave youth feeling socially isolated, which is particularly concerning during this developmental period of heightened social reorientation towards peers (Crone & Dahl, 2012).

Both youth and caregivers also noted that caregiver monitoring constrained the neighborhood spaces that youth could frequent. For youth, most of their time was spent at school, within caregiver-initiated boundaries, and/or inside the home. Neighborhood uncertainty and danger has long been shown to increase caregiver monitoring (e.g., Jones et al., 2005), with much of this work reporting beneficial effects of caregiver monitoring on youth outcomes in neighborhood characterized by higher levels of socioeconomic disadvantage and violence (Cuellar et al., 2013). Both the Family Stress Model (Masarik & Conger, 2017) and Collective Socialization (Jenks & Meyer, 1990) models suggest that neighborhood social capital allows caregivers opportunities to diffuse caregiving load and stress through local social networks. In this sample, it may be that low social cohesion urges caregivers to reinforce stringent boundaries for youth due to their inability to leverage community social supports (i.e., peers and neighbors) to ensure their safety.

The last, and perhaps most central, contributing factor to low youth neighborhood social integration was school location. Of the seven teens interviewed, only two attended school within their self-defined neighborhoods; this is common in DC. In 2017, over 70 percent of D.C. students attended schools outside of their

neighborhoods (Coffin, 2018). Although there is little research on the association between school choice programming and neighborhood social integration, some literature suggests that longer student commutes are associated with a higher likelihood of school transfers and absenteeism (Blagg & Chingos, 2018). In addition, parents of children who go to school inside their neighborhoods perceive their neighborhood boundaries to be smaller and report living in closer-knit communities (Burdick-Will, 2018). Although schools critically support the development of youth socioemotional, physical, and cognitive wellbeing (Lipman, 2009), our findings call for more research to investigate the associations between home-to-school distance, neighborhood social integration, and youth outcomes across domains.

Community programming and shared space of neighborhood social integration

Another clear finding from the current study is that neighborhood events are deeply influential, and hold promise for increasing neighborhood social integration. Roughly 45% of residents noted that some form of community programming or gathering would directly increase their connections with neighbors, which are key health-promoting factors (Holt-Lundstad et al., 2017). Social integration can positively influence health by increasing access to resources and information, and by promoting psychological wellbeing and resilience through social connection (Kawachi & Berkman, 2000). Block parties, recreation center activities, and volunteering all are examples of community programming that may engage both of these processes (i.e., resource access, social relationships).

There is a large literature on the use of community programming for health interventions (Castillo et al., 2019). In fact, community programming can also be

used to engage community members to advocate for social, structural, and physical environmental equity (Baumann et al., 2021; Chung et al., 2009). For example, following the 2015 earthquake in Nepal, Baumann and colleagues (2021) described how one community leveraged art (e.g., urban murals, spoken word poetry) to promote social cohesion, support, and psychological relief for residents (Baumann et al., 2021). Similarly, Chung and colleagues (2009) found that community-curated arts events (e.g., spoken word, comedy shows, and photo exhibits) promoted community efficacy and engagement in addressing depression. Additionally, intergenerational community programming can further be used to promote social integration across the lifespan. For example, the Learning Families Project was a community-based intervention designed to emphasize health, happiness, and harmony for residents of all ages (Shen et al., 2017). Programming such as community talks, cooking workshops, craft making, yoga classes, were used to provide opportunities for family members and neighbors to interact with one another and promote neighborhood social cohesion.

In addition to community programming, shared spaces such as parks and libraries can enable neighborhood social integration through formal community programming events and informal opportunities to interact (Wan et al., 2021). Many of the community members we interviewed mentioned a lack of shared spaces or age-appropriate spaces (for youth residents) as an underlying barrier to forming deep connections with their neighbors. In a scoping review of the impact of parks on social cohesion, Wan and colleagues (2021) proposed that physical characteristics of a space, resident perceptions of safety and accessibility, and usage patterns interact to

support the development of social cohesion in a community. Indeed, Branas and colleagues (2018) examined the impacts of a citywide randomized control trial that restored blighted land on resident perceptions violence, fear, and social cohesion. The authors reported that residents living near treated vacant lots reported significantly greater use (by 75%) of outside spaces for relaxing and socializing. Collectively, community programming and shared spaces can foster opportunities for residents to develop relationships with their neighbors and exchange social capital (e.g., skills, knowledge, tools, perspectives) as mechanisms for promoting health and wellbeing (Holt-Lundstad et al., 2017, Kawachi & Berkman, 2000).

Limitations

The present study expands our understanding of the mechanisms of neighborhood social integration by developmental stage-social role, housing tenure, and ethnic-racial identity. Our focus on Washington D.C. provided a unique cultural context within which to examine how neighborhood change impacts social integration (Prince, 2016). This study also leveraged rich interview data with participants of all ages to explore similarities and differences in the perspectives of youth, caregivers, and community leaders. In contrast to a large literature among aging populations (Diez Roux, 2001), few studies have explored how youth become social integrated into their neighborhoods. Our results highlight the importance of community programming and shared space for equitable neighborhood social integration.

Several limitations are also warranted. Although we observed differences in the perceptions of facilitators and barriers to social integration across ethnic-racial groups, we lack saturation to address the nuance of intersectional identities on

neighborhood social integration (e.g., Asian versus Hispanic caregivers; new White residents versus longtime Black residents). In our sample, it may be that the ethnic-racial differences captured cultural norms more reflective of resident housing tenure, given that the majority of residents that identified as Black, African American, or multi-ethnic were residents of their neighborhoods over 10 years (86%), whereas White identifying residents had only lived in their neighborhood for less than 10 years (100%). Nonetheless, ethnic-racial differences have been detected in social integration patterns, even when controlling for housing tenure. For instance, Nation and colleagues (2010) found that Black residents were more likely to engage in property protection of neighbors while White residents were more likely to visit others and engage in conversation. Thus, future studies should include a larger sample to assess the nuance of intersectional identities as they relate to social integration.

Conclusions

Despite these limitations, an examination of developmental stage-social role, ethnic-racial identity, and housing tenure revealed variability in the degree and processes of social integration with the neighborhood physical environment. The current study highlights the limiting effects of gentrification-induced transience and school choice programming on youth social integration. Additionally, findings suggest that shared community spaces such as parks, libraries, and coffee shops can be leveraged to enhance social cohesion as a way to deepen social integration with one's neighbors.

Appendix A: Core Themes, Definitions, and Supporting Quotes

Definitions		Supporting Quotes
<i>Neighborhood Built Environment</i>		
Physical modes of transportation, how they access things they frequently use/what they access within walking distance and daily routines		“bars or lounges that are like fairly well-known that people been patronizing for years, I think these gathering spots, right, for people to um come together and be authentic with themselves but also share a collective identity”
Events, programs, happening in the places that they frequently use and access		“[the library] That has all neighborhood events, and that's normally where I find out what, what things are going on, um, and you can get COVID tests from there... information about blood drives...they just have community events posted, and people often use the library as their place for these events.”
<i>Safety</i>		
Perceived physical threat or support to physical and emotional well-being		“I wish I had.... places that would feel like a lot safer going to”
The COVID-19 Pandemic		“I think the pandemic has made, you know, those interactions a shadow of their former selves.... I think there's remnants of them, you know, and echoes of them, and resurgences of those interactions.”
<i>Transience</i>		
The fast-paced nature of Neighborhood/ D.C.		“DC to me is kinda like, um, New York. People are busy, they have places to go, and they're not, they normally have time to like sit and chat about the small stuff that's going on in life.”
The frequent coming and going (moving in and out)		“I guess when you own, to like get to know the people around you, and you know, it does feel like a pretty transient, D-D.C. generally is a transient place, so, um, yeah, but I mean I do think it would be nice to , uh, feel like I knew people, or you know, could like, rely on neighbors and things like that for help and advice.”
<i>Social Cohesion</i>		
Sub-theme	Definition	Supporting Quotes
<i>Shared Identity</i>	Similar identities, mindsets, similar goals, expectations	“I mean I would like some more people around my age, just so like I

<i>Social Relationships</i>	People who regularly meet and engage with who help individual feel a part of the space	could easily access their house or like hang out with them” “Postman [is] great. ... I've never lived in a place where everybody knows the postman... he's been delivering mail here for 30 years.”
<i>Orientation Towards Common Good</i>	Ideas, thoughts, actions, towards community goals	“It doesn't feel good when you like walk past like the homeless people in the neighborhood, so I, I think some sorta like social services would be nice, 'cause that's exactly what's leading to the situation the neighborhood is nowadays, right now.”

Appendix A. Core Themes, Definitions, and Supporting Quotes.

Appendix B: Interview Guide

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Version 1.4

1. Facilitator and Co-Facilitator Name	
2. Youth or Parent Focus Group or Interview?	
3. Participant Identification Numbers	
4. Date (mm/dd/yyyy)	_ _ _ / _ _ _ / _ _ _ _ _

Section 1: Information about the study

Facilitator Notes: As participants arrive and get comfortable in the room, offer them snacks, and ask them if they have any questions as they fill out the consent form and payment voucher. If the focus group takes place over zoom, confirm that everyone has filled out the consent, demographic, and receipt forms through Qualtrics (they will be sent the link ahead of time). If not, you can share the link in the chat feature on Zoom. Once everyone has settled in, all questions have been addressed, and all the paperwork has been completed, read the following script:

Ok, let's get started. My name is XXXX. Our lab at Maryland thinks a lot about how environments shape brain and behavioral development in children, teens, and families. The purpose of today is to get an idea of what our neighbors think about their neighborhood. I want to start out by thanking you for coming today on behalf of our research team. We know that your time is valuable, and we appreciate you for sharing your time with us.

I would like to highlight some of the Zoom features you will be using today. Whenever you would like to speak, you can click the microphone icon at the bottom of the Zoom window to unmute yourself. We ask that you mute your audio when you are not speaking. You can also click on the camera icon if you need to stop your video feed at any time.

We value your perspective and ideas. Our research team wants to make sure we remember today's conversation accurately and do not misrepresent what people say.

So in addition to taking good notes, we will record this meeting so that we can listen to it later. Even though we can see each other on Zoom right now, we are only going to save the audio recording.

You might be wondering what happens to this data after we are done collecting it? We will review all the audiotapes and then our research team will identify common themes and ideas that were raised by lots of people. To report the results of the study, we will prepare a scientific paper and share a report of our findings with community members – including you!

I hope that you will feel welcome to share openly and honestly about your experiences during our conversation today. I want to remind you that we will not disclose your name to anyone else. No one beyond the research team will listen to the audiotapes or know that you participated in today's conversation. If we quote anything that is said here today in a research report, presentation, or anything else, we will use fake names. The only case in which we would have to break your confidentiality is if, through our conversation, we learn about something that we are required by law to report, like child endangerment.

[START RECORDING ON ZOOM]

Ok, let's get started!

[If there are video quality control issues, turn off video feed of participant and continue with interview. If Zoom connectivity is not working, end the Zoom call. Call participant on their preferred phone number and record phone call on speaker using recorder]

Section 2: Neighborhood Boundaries and Perceptions

ICE-BREAKER:

I want to begin with introductions and by asking you a few questions about your neighborhoods. We have invited you here today because you live in Ward 4/5 in NE DC. I'll invite you to introduce yourself, share what general neighborhood you live in, and how long you have lived here. [PROBE]: Is there something that drew you to live in this neighborhood?

TRANSITION: The focus of our conversation today is to talk about your neighborhood. One thing that comes up when folks talk about their neighborhoods is the question of what is "a neighborhood". So, what type of things do you think of when you hear the word "neighborhood"?

KEY 1: Now what I would like us to do is think about the boundaries of our neighborhoods.

[Begin screen sharing the Google Maps site and enter participant's address (the address can be found on the "Cover Sheet")]. I am showing you a map of your address. Please select "View Option" at the top of your screen and then select "Annotate". Click "Draw" at the top of your screen and select the "~" option (it will be the very first option). Using this tool, draw an outline around what you consider to be

your neighborhood. **Ask participant if you need to move the map or zoom in/out.**
[Take a screen shot of completed exercise and save]

What were you thinking about when you drew those boundaries? [PROBES]: Did you think about specific places that you and your family go to? **Specific people that you know or hang out with?** Do people in your household work and/or go to school inside of the boundaries you drew around your neighborhood?

TRANSITION: What are you proud of or that you like about your neighborhood?
What are things that you would like to see improved?

[PARENTS ONLY] If there was one thing that you would want changed in your neighborhood, what would it be?

KEY 2: Do you feel like there have been efforts to address this issue in your neighborhood?

[PROBES] Who do you think is responsible for addressing this issue? What was the result of that action? How do you feel about the response? Tell me more about that.

Section 3: Determinants of Social Ties

INTRODUCTORY: Next, I would like to talk about things that people do in your neighborhood. First, tell me about places that you and your family spend time.

PROBE: For example, a library, a church, specific stores, somewhere outside—places that are important to you and your family.

TRANSITION [YOUTH]: What about places you might go without your parents? When you aren't in school, do you hang out in your neighborhood? What do you do and where do you go? How do you get from place to place?

TRANSITION [PARENTS]: What about your kids specifically? When they aren't in school, do they hang out in your neighborhood? What do they do and where do they go? How do they get from place to place?

[KEY 1]: Are there people in your neighborhood who you and/or your child interact with on a regular basis (could be daily, weekly, monthly, etc.)? Where do you interact with them and what kinds of things do you talk about? On the street or sidewalks? Porches? In parks? [PROBES]: How often do you/your child interact with other people in your neighborhood? Tell me more about that.

[KEY 2]: What about people outside of your family? Is it common to see other people talking with each other in your neighborhood? What are they doing? Where are they? On the street or sidewalks? Porches? In parks?

[KEY 3]: Are there things that you would like to do or relationships that you would like to have with people in your neighborhood but don't? [PROBES]: Do you want to form stronger relationships with other people in your neighborhood – like with neighbors, local officials, a church leader, or business owners? Are there places where you could meet up with neighbors? Places where you would like to meet up, but don't? What types of places would you like to have in your neighborhood that would allow you to meet up/engage with people in your community/neighborhood? Tell me about that.

Section 4: Neighborhood Assets and Risks for Child/Adolescent Health

YOUTH VERSION

INTRO: Now we would like to talk about your health and development as a young person. What does it mean for you to be “healthy and happy”? This can include things like diet, physical activity, doing well in school, having friends and hobbies, life goals, etc. [PROBE] What goals do you have for yourself? What do you want to accomplish by the time you end high school?

TRANSITION: For you, what makes it easy or hard to be healthy? This could be things happening in school, in your house, in the world, with your friends...

KEY: Now, thinking about your neighborhood specifically, does your neighborhood make it easy or hard to be “healthy and happy”? [PROBE]: Are there places, people, or things that happen in your neighborhood that make it “healthy” or “unhealthy”? Tell me about that.

PARENT VERSION

INTRO: Now we would like to talk about the health and positive development of your kids – specifically young people in your household between 10 and 17 years. What does it mean for your child to be “healthy and happy”? This can include their diet, physical activity, academic performance, friendships, hobbies, etc. Does being healthy mean the same thing as happy? [PROBES] What are your biggest priorities for their development as young people? What does that look like?

TRANSITION: For your child, what makes it easy or hard for them to be healthy? This could be things happening in their school, in the world, with their friends, etc.

TRANSITION/KEY: Now, thinking about your neighborhood specifically, how does your neighborhood support or challenge your child's health and positive development?

[PROBE]: What are some things in your community that might impact your child's health, for good or for bad?

Are there places, people, or things that happen in your neighborhood that make it “healthy” or “unhealthy” for your child? Tell me about that. [PROBES]: What about specific places? What about things in your neighborhood that support your child's

development? (if people are only discussing negative aspects/resources and not specific places – we want information on both)

Section 5: Community Research Interests

INTRODUCTION: One of our goals is to support teens, families, and communities through outreach, improving access to resources, and by conducting research. But we also know that sometimes community needs don't match researcher goals. So, I would like to talk about resources and research that you and your family would like to see. For our discussion, when I say "research", I am referring to participating in research involving humans. There are a few ways you might participate—sometimes you might provide your thoughts in an interview like today, or a survey with lots of questions that you fill out. A research study could happen in person, virtually (phone, zoom), or even through the mail.

TRANSITION: Are there specific questions you have about your/your child's development? [FOR YOUTH]: Are there specific questions you have about your development as young people? Are there things you want to know about your body and brain?

KEY: I am going to give you a list of potential research topics that our group came up with. Thinking about your/your child's healthy development, I would like you to rate each of these topics in terms of how important from 1 = not important at all to 5 = very important or most beneficial to your family. Then we can talk about them [SHARE SCREEN – there are two versions, youth and parent].

Research Topics (read them and let people ask questions / provide clarification):

- Social Relationships (peers, neighbors, parents, kids)
- Community Violence
- Environmental Factors (pollution, parks, green space)
- Diet, Physical Activity, and Sleep
- Inequality (income, wealth, school funding)

KEY: Wonderful. Now let's think about outreach activities and resources. I am now going to show you a list of potential outreach activities that our group came up with. I would like you to rate them from 1 = not important at all to 5 = very important or most beneficial to your family. Then we can talk about them [SHARE SCREEN].

- Mentoring Activities
 - Examples: after school tutoring, paid STEM learning experiences at UMD (e.g., summer internships, tours of research labs)
- STEM Career Q&A Sessions

- Examples: Virtual or in-person interactive workshop focusing on “A day in the life of a scientist” - what we do on a day-to-day basis, how do you become a scientist? What types of careers are there for children and teens interested in Science-Technology-Engineering-Math?
- Stronger Social Media Presence
 - Examples: “STEM History Month” highlighting the contributions and careers of diverse scientists
- Financial Aid Resources and Higher Educations Options
 - Examples: Virtual or in-person workshops on the financial aid process and college applications, tours of UMD and other local colleges
- “Sharing Science” Events and Information
 - Examples: "Science Saturdays" (e.g. presentations and demonstrations in the community, sharing learning resources with families, facilitating museum access)
- Building Stronger Relationships with Schools
 - Examples: reach out to school career counselors to provide additional resources; coordinate career fairs
- Hosting / Sponsoring Community Events
 - Examples: Attending existing and sponsor new community events (e.g., back-to-school backpack drives, community clean-up)

CLOSING: In light of the research and outreach ideas we just discussed, do you have any other ideas about how researchers could make a meaningful impact on your family or community? [NOTE** If you run out of time, you can skip reviewing items that were rated low]

Section 6: Closing

This conversation has been so helpful. We are so grateful for your offering your ideas and experiences as we seek to learn more about how research can better serve communities in the District. We know that we are still learning, and sometimes we can forget to ask important questions that really matter to people. What did we forget to ask about? What should we keep in mind moving forward? Is there anything else you would like us to know?

Thank you so much for your time and sharing your perspectives and experiences with us.

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