

Neighborhood Effects on Children's Health and Development

Greg J. Duncan
Northwestern University

Key research questions:

- What are the *causal* impacts of neighborhood conditions on children's development?
- Do improving neighborhood conditions in the *worst* urban neighborhoods have a bigger impact than elsewhere?
- What is the *process* by which neighborhood influences work?

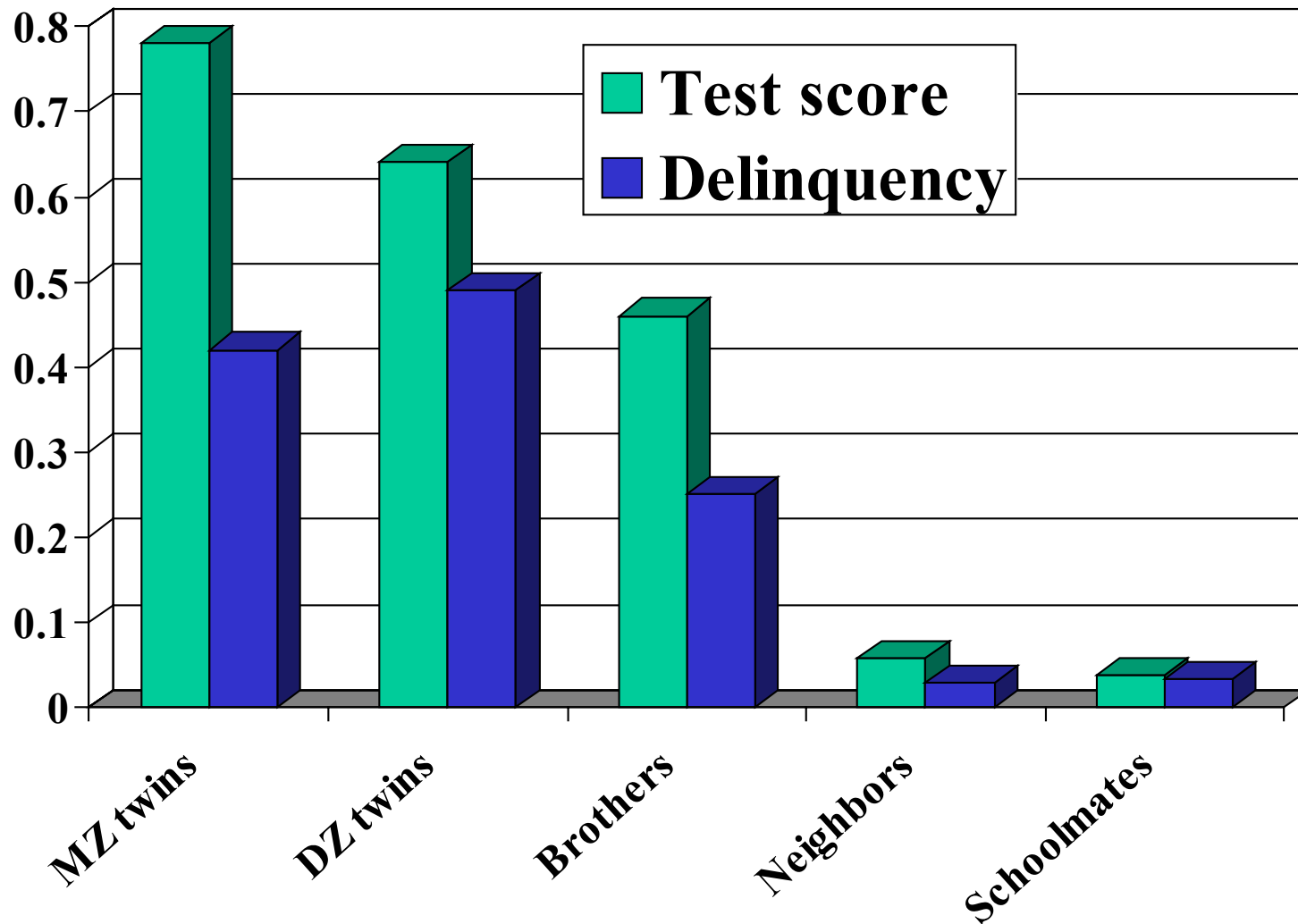
Neighborhood theories

- "epidemic models," focused on peer influences on problem behavior
- "collective socialization," focused on role models and monitoring
- "institutional models," focused on schools, parks, police rather than people
- "family management models"
- "competition models," in which children compete for scarce neighborhood resources

Nonexperimental data on the scope of neighborhood effects

- Use **nonexperimental** survey data from the National Longitudinal Survey of Adolescent Health
- Estimate correlations to provide **upper-bound** estimates on scope of contextual impacts

Correlations for Boys



Source: Duncan, Boisjoly, Harris, Demography, forthcoming

Key methodological problem with conventional studies:

- Families are **not randomly assigned** to their neighborhoods
 - Are neighborhood effects really just family effects?
 - Bias could be positive or negative

Experimental data:

- A **random-assignment** experiment in which families living in high-poverty neighborhoods are assigned to treatment and control groups
- **Moving to Opportunity** program from the U.S. Department of Housing and Urban Development (HUD)

Moving to Opportunity

- “Experimental” group was offered housing vouchers and counseling - must locate in <10% poverty neighborhood
- Section 8-only group - existing U.S. housing voucher program
- Control group

Five cities: Baltimore, Boston, Chicago, New York and Los Angeles

My summary:

- Draws on papers that can be downloaded from:

www.mtoresearch.org

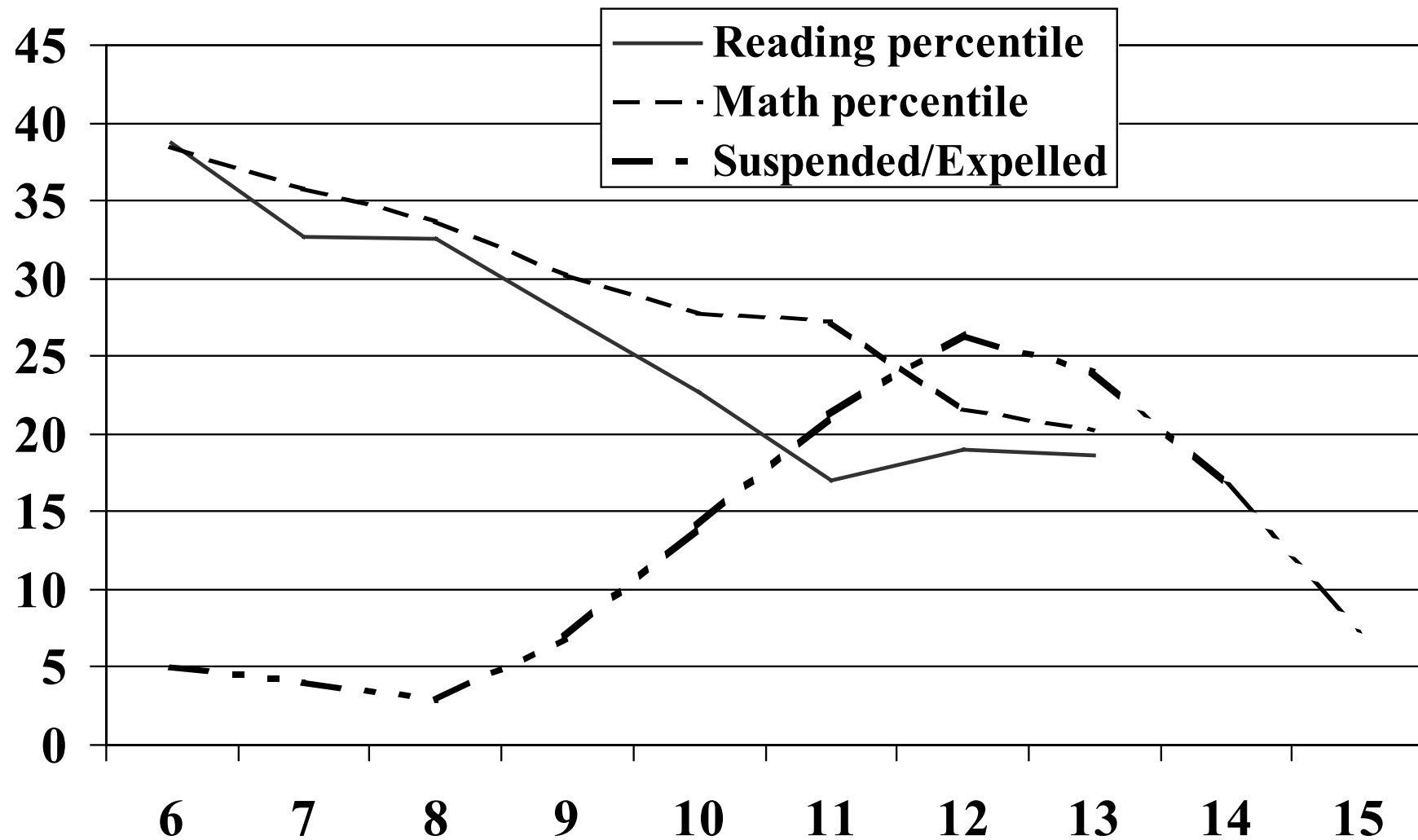
Baseline characteristics (Baltimore)

	Exp.	Section 8	Control
N	252	188	198
% Black	97%	97%	98%
Female head	96%	92%	95%
Income	\$6,900	\$6,700	\$6,700
% with car	5%	4%	3%
% crime victim	55%	52%	47%
Want to avoid gangs, etc.	80%	77%	82%

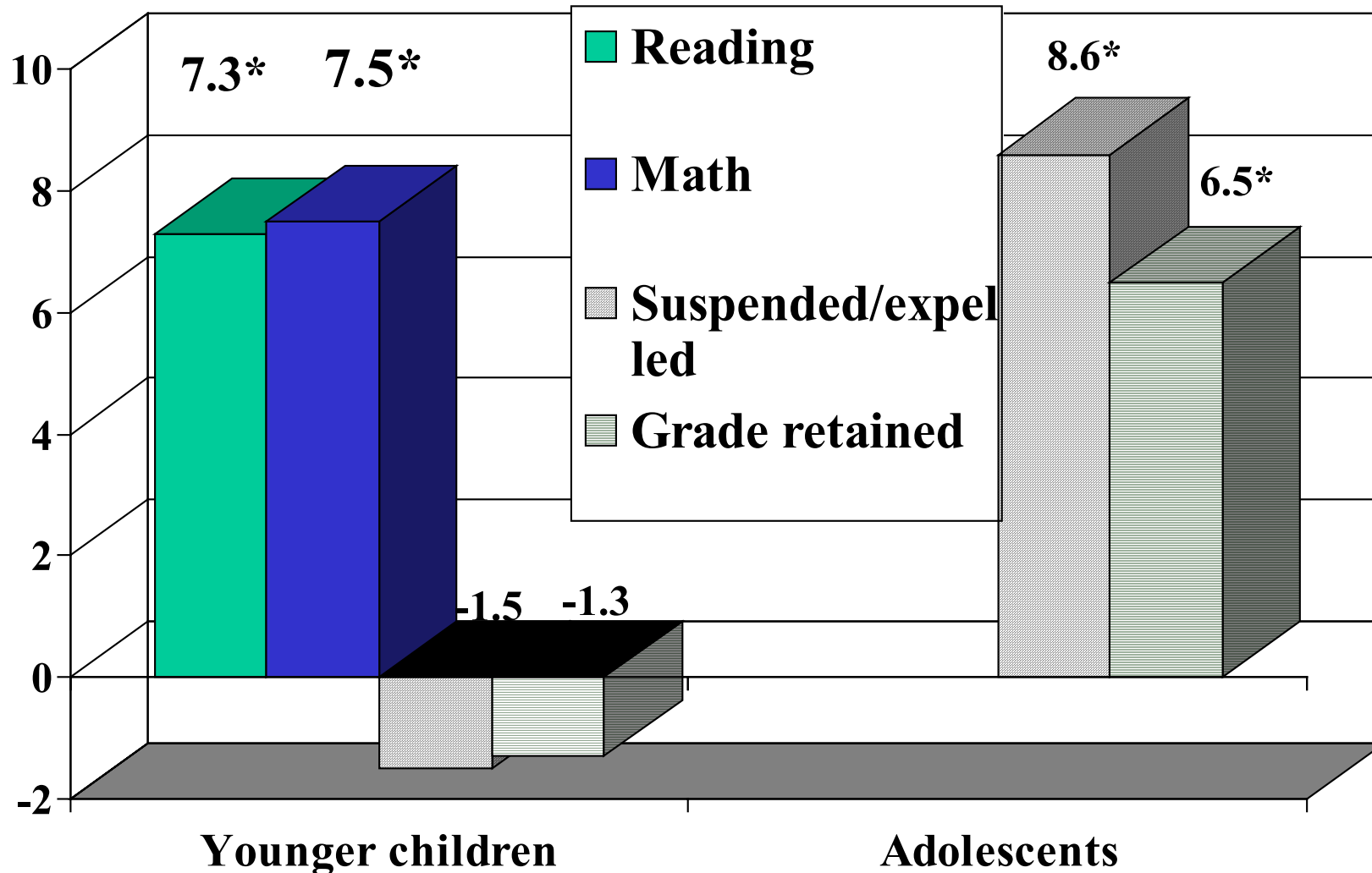
Relocation outcomes (Baltimore)

	Experimentals	Section 8
% who moved	53%	77%
<30% minority in neighborhood	42%	15%
<10% poor in neighborhood	90%	16%

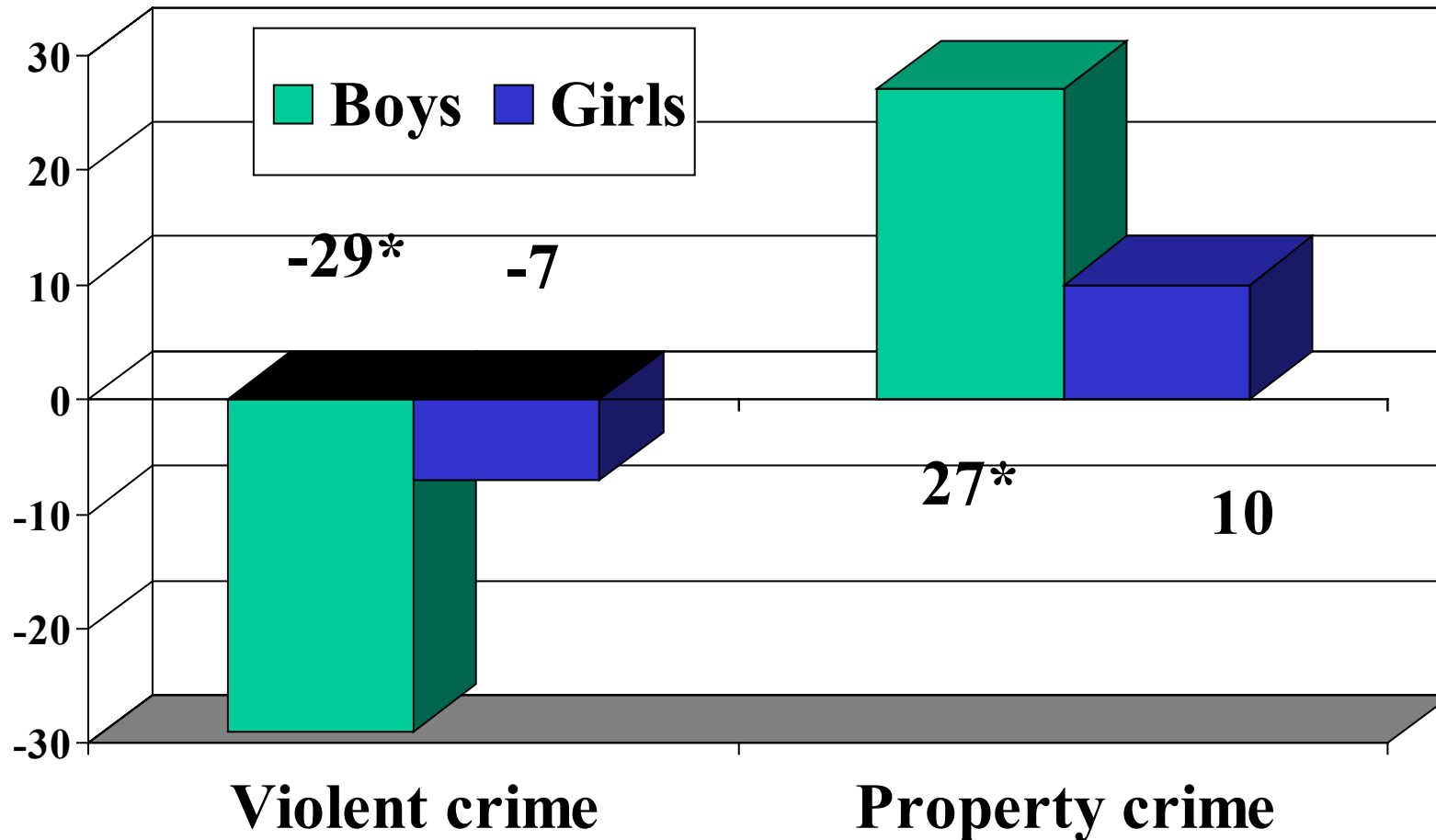
Developmental patterns for control children (Baltimore)



ITT Impacts on School Outcomes (Baltimore)

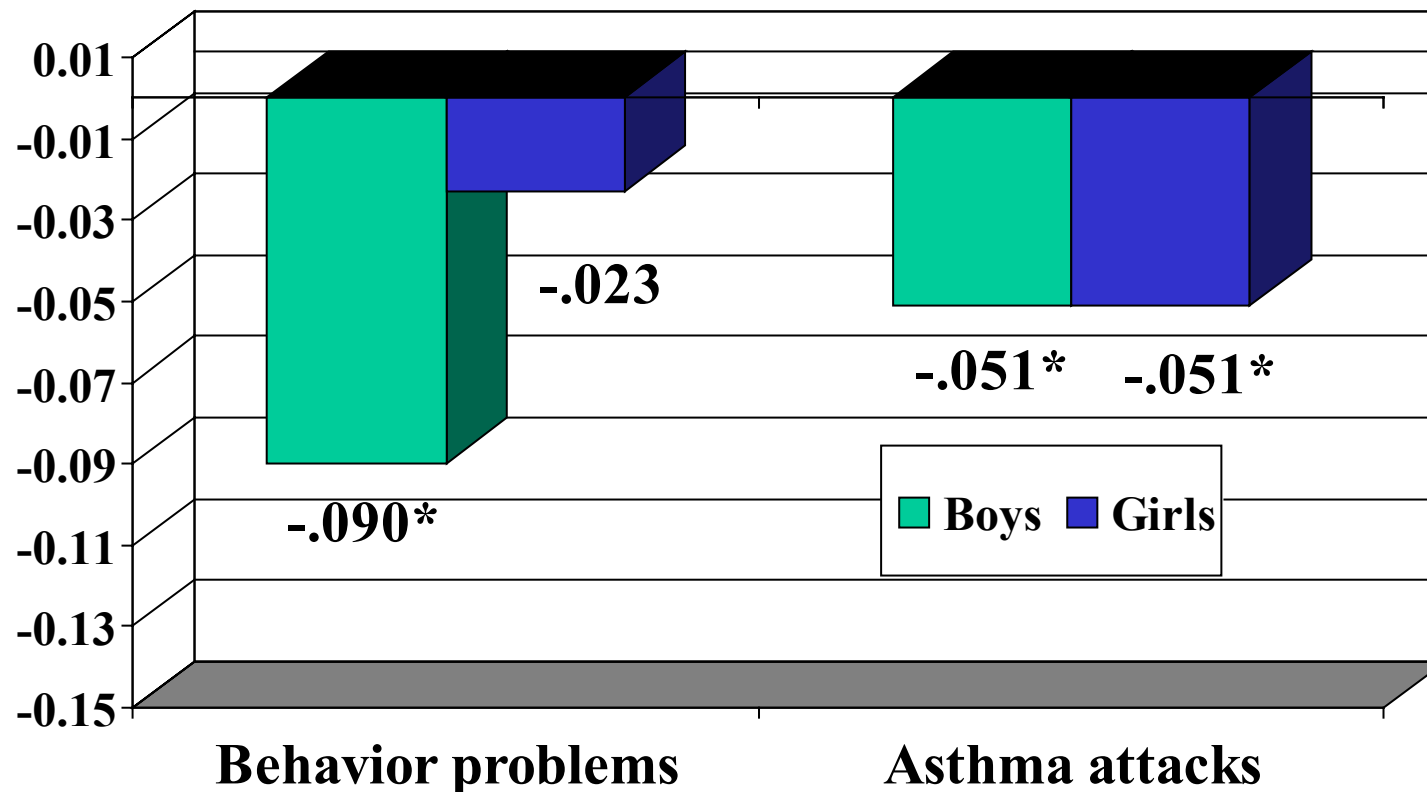


ITT Impacts on Youth Arrests per 1000 teens per quarter



Violent cr. control means: 43; 18 Property cr. Means: 33; 9

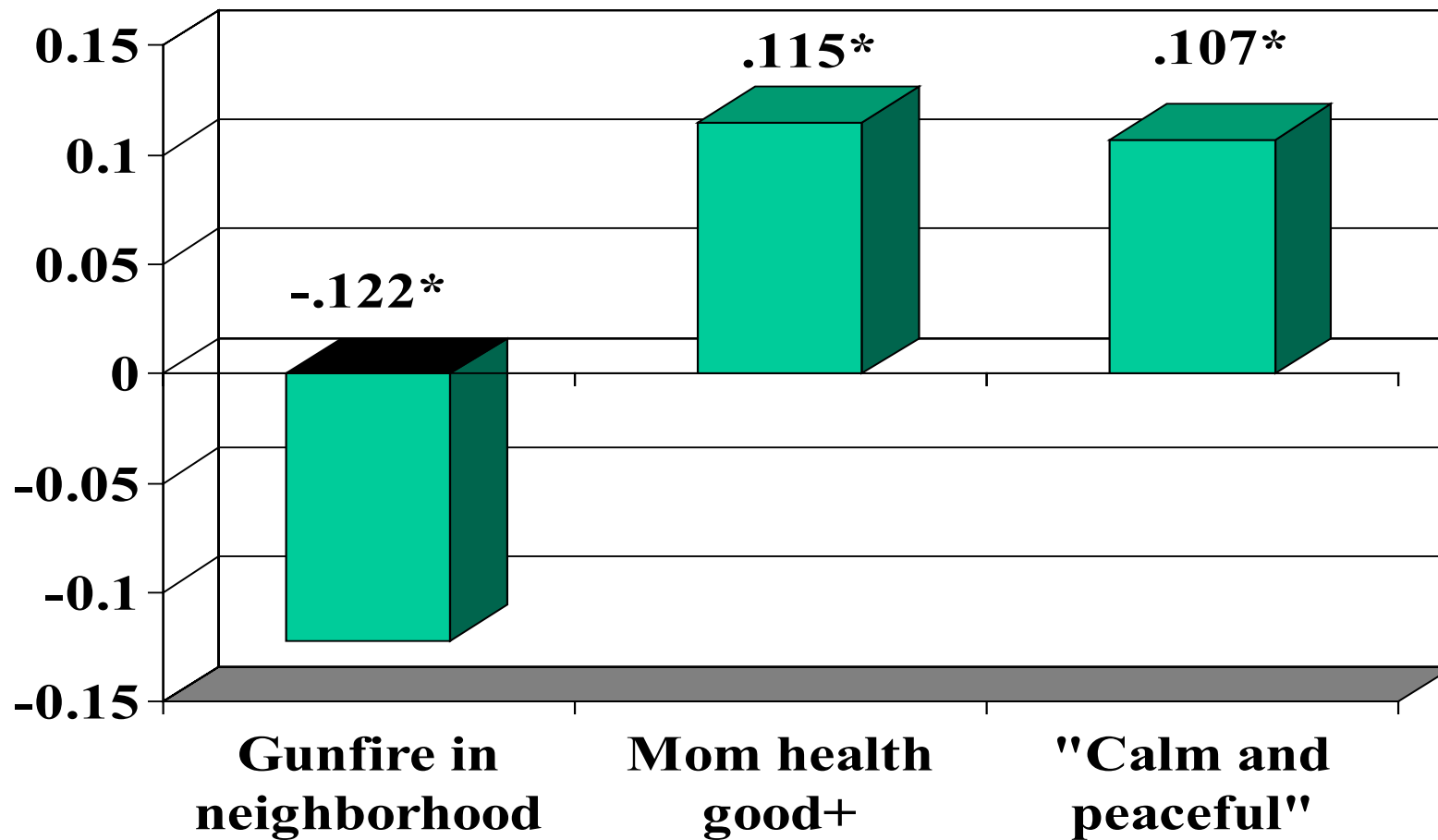
ITT impacts on behavior problems and asthma (Boston)



BPI control means: .326; .193

Asthma control means: .098

ITT impacts on maternal reports (Boston)



Control means: .205; .578; .465

Conclusions

- Large changes in neighborhood environments have some very beneficial impact on children's health and development
 - It may be that improving the worst neighborhoods matters much more than improving others
- Some changes may be adverse, especially for adolescents

Caveats

- MTO represents a very big “treatment” - **2-3 sd** change in neighborhood poverty
 - Will more modest “in place” community interventions matter at all?
- These are **short-term** results
 - A five-year follow-up will be fielded this fall for all five sites