

LOCAL RESOURCES AND HEALTH

Overview of knowledge synthesis



COMMUNITY LIFE is defined here as a set of social relationships that play out within a geographically defined space. These relationships unfold in a spirit of informal reciprocity. In health research, the neighborhood social environment is often addressed from a perspective of social cohesion and social capital—two multidimensional concepts that cover several other local social factors¹.

We found results for the following resources: social capital, social cohesion, social interactions, collective efficacy, reciprocity, involvement, trust, and social environment (with this last concept encompassing the previous ones indiscriminately). Associations were found between these resources and healthy weight, mental health, physical activity, depression, health behaviors, perceived health and cardiovascular health.

However, no results were found specifically pertaining to social participation, diabetes, cancer, respiratory health, smoking, traumas, healthy eating or well-being.

Parks, roads, supermarkets, apartment buildings and community centers shape our everyday lives. The quality and quantity of these local resources vary depending on the living environment. Is there a connection between urban populations' access to these resources and their health and well-being?

To answer this question, we conducted an in-depth study of the scholarly literature in four areas: sustainable mobility, food environment, housing and community life (see the study overview on page 4). This fact sheet provides a summary of our results on community life.

COMMUNITY LIFE

HIGHLIGHTS

As you can see from the center pages, **none of the seven included knowledge syntheses found a clearly unfavorable or an unfavorable trend in the association between neighborhood social environment and health!** However, a number of concepts overlap or are used indiscriminately (social cohesion, social interactions, neighborhood cohesion, etc.), a fact that clouds the clarity of the results.

The **high quality syntheses** suggest a favorable association between cardiovascular health and social cohesion and social interactions. They also establish a favorable trend association between healthy weight and social capital, social cohesion and social interactions. The **moderate quality syntheses** offer more diversified results. Some conclude in the existence of a clearly favorable association between physical activity, depression, cardiovascular diseases and at least two types of community life resources among social capital, neighborhood social environment, social interactions, involvement and trust. Finally, due to inconsistent results regarding seniors, it is not possible to draw conclusions .

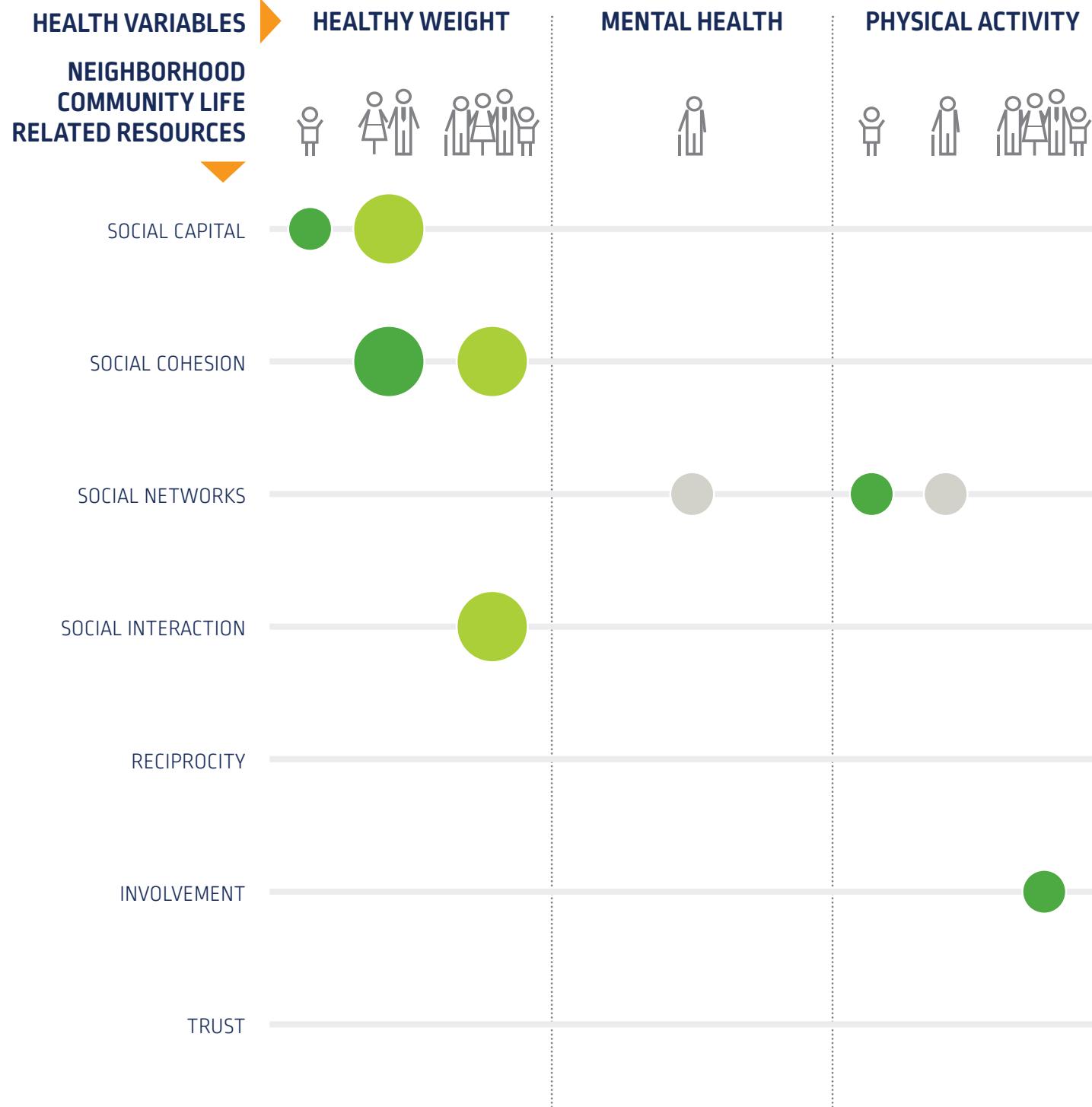
Most of these seven syntheses were conducted in the United States. They cover 83 relevant original studies. Most of these are cross-sectional, making it difficult to establish causal links. A good number of the excluded syntheses were focused on individuals' participation in community resources as opposed to access to such resources within an urban living environment.



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NEIGHBORHOOD COMMUNITY LIFE



Each dot corresponds to an association between a resource and a health variable.
Low quality reviews are excluded.
Empty space: no results available.

QUALITY OF REVIEWS



High quality, n = 2
AMSTAR scores between 8 and 11

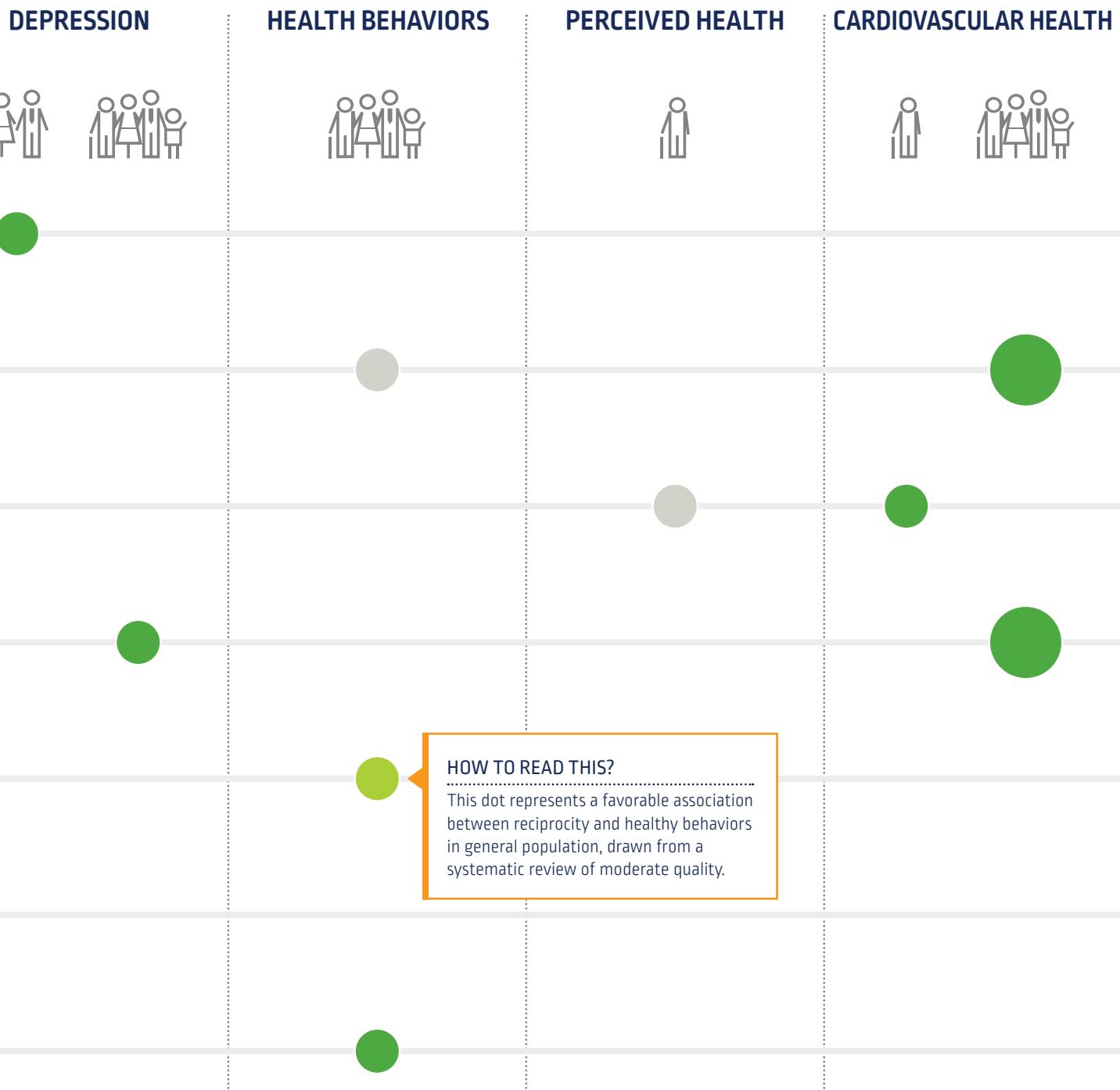


Moderate quality, n = 5
AMSTAR scores between 4 and 7

ASSOCIATIONS BETWEEN HEALTH AND THE PRESENCE OF LOCAL RESOURCES RELATED TO NEIGHBORHOOD COMMUNITY LIFE

www.chairecacis.org

Perez, E., Braën, C., Boyer, G., Rehany, É., Potvin, L., 2017



TYPES OF ASSOCIATION

Clearly favorable

Favorable trend

Unfavorable trend

Clearly unfavorable

Inconsistent

POPULATION GROUPS



Children



Adults



Elders



General population

OUR METHODOLOGY AT A GLANCE

The overarching purpose of this study is to provide a rigorous update of the scholarly knowledge on associations between characteristics of the food environment, community life, material housing conditions, sustainable mobility, and the physical and mental health of urban populations.

The results here presented are based on an umbrella review, i.e., a rigorous analysis² of scholarly works that have synthesized original studies on one of the four areas concerned. The analyzed reviews had to deal with general populations residing in urban neighborhoods of OECD countries; be published in English, French or Spanish between 2008 and 2016; and specify their methodology.

A literature search strategy was applied to 11 databases (6 to 10 per area: Sociological Abstracts, Embase, Medline, etc.) and supplemented with research in the grey literature and the reference lists of the included articles. Review selection and data extraction were performed by two independent reviewers. To assess the quality of methodology in the included syntheses (high, moderate or low), the AMSTAR tool³ was used.

The present study excluded knowledge syntheses on the health effects of participation in an intervention within the areas concerned, as well as syntheses on associations between the resources and special needs populations or patient types.

AVENUES FOR ACTION AND RESEARCH*

- Developing the following for managers and decision-makers at various levels of intervention:
 - Arguments on **the importance of adopting a global approach that is living environment based** as opposed to problem or subpopulation based;
 - **health management indicators** associated with the quality of community life;
- **Showcasing, valuing and supporting community efforts** (local cooperation and citizens' action) to develop meeting spaces conducive to socializing, especially in underprivileged areas.
- Given the scarcity of Canadian studies, **pursuing research** on the associations between community life related resources and health, specifically by better defining these resources and by expanding the number of health variables.
- In this area as in the others, **demonstrating caution in the use of "evidence-based data,"** given the number of low and moderate quality reviews and the disparities encountered between different definitions of concepts and measures.

* Our thanks go to the 30 or so stakeholders and managers from the municipal system, health network, and community sector who took part in a workshop on April 19, 2018 to help guide the content for this section.

REFERENCES

- 1 Bernard, P., Charafeddine, R., Frohlich, K. L., Daniel, M., Kestens, Y., & Potvin, L. 2007. Health inequalities and place: A theoretical conception of neighbourhood. *Social Science & Medicine*, 65: 1839-1852.
- 2 The detailed protocol is available here: BRAËN, C., PEREZ, E., DESLAURIERS, V., MERCIILLE, G., PERREAULT, K., BILODEAU, A., REHANY, É., POTVIN, L. 2016. Local resources favorable to health: an umbrella review. University of York, Centre for Reviews and Dissemination. Prospero reference no. CRD42016051609. https://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016051609
- 3 The standardized AMSTAR (A Measurement Tool to Assess Systematic Reviews) : <https://amstar.ca/index.php>

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