The Importance of Communities

Children are affected by their community as early as the first three years of life – when crucial brain development occurs.

Previous sections of the Data Book have examined how children’s lives are shaped by their family structures, home environments, and schools. While these may be the most direct influences on children, they are not the only ones. Children are also affected by their community environment, and this environment can reinforce or undermine the influence of schools and parents as early as the first three years of life—when crucial brain development occurs.

Research has linked neighborhood quality to several important outcomes for children and adolescents, including low birth weight, infant mortality, behavioral problems, crime, IQ scores, school dropout and teenage childbearing (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993; Browning, Leventhal, & Brooks-Gunn, 2004; Crane, 1991; Duncan, Brooks-Gunn & Klebanov, 1994; Sampson, Morenoff, & Gannon-Rowley, 2002).

Neighborhoods with few assets such as parks and playgrounds may offer young children too few opportunities for safe recreation; those characterized by crime and drug use provide negative role models and increase the risks faced by children in their daily lives.
Safe neighborhoods provide children with opportunities for healthy development.

Research shows that problem neighborhoods can also affect the type of parenting children receive. An environment which parents perceive as dangerous can lead to decreased warmth toward children, inconsistent and inappropriate discipline, and harsh parenting (Klebanov, Brooks-Gunn, & Duncan, 1994; Pinderhughes, Nix, Foster, & Jones, 2001). Structural disadvantages such as economic inequality, racial segregation, residential instability, and limited home ownership can lead to a lack of social cohesion and trust in poor neighborhoods. Scholars often refer to this as a loss of “collective efficacy”, which has been defined as “the extent of social connections in the neighborhood and the degree to which residents monitor the behavior of others in accordance with socially accepted practices and with the goal of supervising children and maintaining public order” (Leventhal & Brooks-Gunn, 2000, p. 326).

Neighborhoods with high levels of collective efficacy have lower crime and lower domestic violence (Browning, 2002; Sampson, Raudenbush, & Earls, 1997), and neighbors know and look out for one another. In neighborhoods with low collective efficacy, where there are few connections among neighbors, parents with already-strained resources need to invest increased time and effort to combat negative neighborhood effects. When parents have little social support, their parental effectiveness can be weakened (Ceballo & McLoyd, 2002). Community assets can help to offset these disadvantages.

Where are children in Memphis and Shelby County being born? What kind of community environments do they face, and what assets are in place that may provide support for their families? As a first step toward answering these questions, this chapter presents a brief overview of geographical variations in births, risk factors, and community assets in Memphis and Shelby County.

For the purposes of this brief examination of the differences between communities, we use zip codes as our unit of analysis, although we realize that there can be important neighborhood variations within zip codes. For a more detailed discussion, including variations among census tracts see Betts et al. (2008).
In order to describe in more detail the conditions faced by disadvantaged families in Shelby County, it is helpful to consider not only poverty, but also additional factors which can affect children.

Figure 3 shows the distributions of all Shelby County births in 2006 involving three or more risk factors. Four possible risk factors were considered: unmarried mothers, teen mothers, mothers with less than a high school diploma, and mothers in poverty. Each of these has been shown to be negatively correlated with child outcomes including health, educational attainment, and behavioral problems (Carlson & Corcoran, 2001; Cooksey, Menaghan, & Jekielek, 1997; McLanahan & Sandefur, 1994; Osborne, 2007). Newborn children exposed to these risks are concentrated in the communities to the north and south of central Memphis. This is especially troubling because these are also the areas where most Shelby County births take place, as shown by Figure 3. Communities with the greatest number of high-risk births are indicated by heavy dots.

Children born in areas of high poverty also face other risks.

Where are children in Shelby County being born? Figure 1 shows the distribution of all births in Shelby County in 2006. The zip codes with the greatest number of births, indicated by red shading, lie mostly to the north and south of downtown and midtown.

One way to measure neighborhood quality is to determine the extent of poverty in the area. In Memphis, the geographical distribution of poverty is undergoing a pattern of change which began in the 1990s. Poverty was once concentrated largely in public housing in the downtown area, but market forces and relocation efforts are now moving poor residents into Frayser and Raleigh to the north and northeast, and Whitehaven, Fox Meadows and Hickory Hill to the south and southeast, forming a horseshoe-like pattern around the more affluent Poplar corridor which links downtown to the suburbs in east Memphis (Betts, 2006; Covington, 2003).

This pattern can be seen in Figure 2, which shows the distribution of births to mothers living in poverty. Areas with the highest number of such births are indicated by heavy dots. Since 50 percent of mothers who gave birth in Shelby County in 2006 were in poverty, it is not surprising that the distribution of births to poor mothers is similar to the overall distribution of births.

Poverty is moving from central Memphis into outlying neighborhoods.

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2 Based upon analysis by The Urban Child Institute of 2006 birth certificate record data provided by Tennessee Department of Health. Poverty is determined by self-reported income.
Many community assets in Shelby County are not located where they are most needed.

Community resources are especially important to families facing hardships like those discussed above; unfortunately, the locations of many key assets in Memphis do not appear to match the changing demographics of need in Memphis. For example, the Health Loop is a system of ten outpatient clinics administered by the Regional Medical Center (The Med), and is a part of the Med’s mission to provide a “safety net for those who are unable to get quality health care elsewhere” (RMCM, 2008, para. 1). With walk-in services and extended hours, these clinics are an invaluable asset to working families with children. However, as Figure 4 shows, many of the clinics are clustered in central Memphis, although the highest-need areas are to the north and south. Only six of the ten are located in high-risk areas.

Affordable high-quality daycare is another necessity for working parents, especially single mothers. While there are over 1,000 child care providers in Shelby County, high quality centers are the exception. Only four percent of providers in the county have been accredited by the National Association for the Education of Young Children (NAEYC), whose voluntary program evaluates centers on criteria such as child-to-staff ratios, employee experience, and communication with parents. As Figure 4 shows, NAEYC-accredited centers are disproportionately located in low-risk areas. Low quality child care has been linked with academic and behavioral problems in children (NICHD, 2002; Peisner-Feinberg et al., 2001), which when combined with other risks faced by poor children can contribute to the cycle of poverty.

High-risk areas have fewer quality schools and after-school activities.

The quality of the public school a child attends can vary depending on where the child lives. 31 Memphis schools are on Tennessee’s 2009 High Priority List of schools failing to meet the standards of the federally mandated No Child Left Behind Act for two or more consecutive years. All elementary schools on the list are located in or near very-high-risk areas (Figure 4). This pattern is consistent with research showing that regardless of how school quality is defined, poor children attend consistently lower-quality schools, reinforcing the inequalities that exist before they enter kindergarten (Lee & Burkham, 2002).

Furthermore, opportunities for safe after-school recreation are more limited in high-risk areas. Only about half of Memphis’ community centers are located in the areas of the highest need (Figure 4). Research shows that participation in community-based extracurricular activities can improve developmental outcomes, including school engagement and academic achievement. Such activities also promote positive social norms and community bonds (Eccles & Templeton, 2002).

Research on this topic has tended to focus primarily on adolescents, but some research shows that even children in kindergarten and first grade benefit from community-based activities (Mahoney, Larson, Eccles, & Lord, 2005). If we are to fashion effective policies and interventions for children, we need to improve our understanding of community dynamics in Memphis and Shelby County and of how communities affect our children. Because patterns of neighborhood risk are changing, we need to explore new forms of outreach and recognize new challenges to community support efforts. Without strong communities which can provide positive environments, even the most effective parenting and educational practices may be undermined. Where neighborhood support systems and collective efficacy are strong, children and their families are more likely to overcome the challenges associated with a high risk environment.
Figure 1: Distribution by Zip Code of All Births, Shelby County, 2006
Figure 2: Distribution by Zip Code of All Births to Mothers in Poverty, Shelby County, 2006

Legend
- Memphis Boundary
- Interstate
- Major Road

Number of Births by Zip Code
- 23 - 145
- 146 - 300
- 301 - 430
- 431 - 614
- 615 - 1066

Number of Births Below Poverty
- 150 - 399
- 400 - 733

NOTE: Percent labels below zip codes represent the percent of all births to mothers living below the poverty line in Shelby County within that zip code.
Figure 3: All Births by Zip Code with Three or More Risk Factors, Shelby County, 2006

Legend
- Memphis Boundary
- Interstate
- Major Road
Number of Births by Zip Code
- 23 - 145
- 146 - 300
- 301 - 430
- 431 - 614
- 615 - 1066
3 or More Risk Factors
- High
- Very High

NOTE: Percent labels below zip codes represent the percent of all births to mothers with 3 or more risk factors in Shelby County within that zip code.
Figure 4: All Births by Zip Code with Three or More Risk Factors, with Selected Community Assets Shown, Shelby County, 2006


