2017

RAPPORT

SYSTEMATISK LITTERATURSØK MED SORTERING

Effekt av segregerte boområder på helse og levekår

folkehelseinstituttet

Utgitt av	Folkehelseinstituttet Område for helsetjenester
Tittel	Effekt av segregerte boområder på helse og levekår: Systematisk litteratursøk med sortering
English title	Effect of residential segregation on health and quality of life: Systematic literature search with sorting
Ansvarlig	Camilla Stoltenberg, direktør
Forfattere	Heather Menzies Munthe-Kaas, prosjektleder, Folkehelsinstituttet Rigmor C Berg, leder for seksjon for velferdstjenester i område for heletjenester, Folkehelsinstituttet Lien Nguyen, forskningsbibliotekar, Folkehelsinstitutet
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Innhold

Hovedbudskap

Seksjon for velferdstjenester ved Område for helsetjenester i Folkehelseinstituttet fikk i oppdrag av Integrerings- og mangfoldsdirektoratet og Husbanken å identifisere oppsummert forskning om effekt av og erfaring med å bo i segregerte boområder eller nabolag som kjennetegnes av materielle eller sosiale mangler.

Metoder
Vi utførte et systematisk litteratursøk med sortering av mulig relevante publikasjoner. En bibliotekar søkte i april 2017 etter litteratur i relevante databaser. To forskere gikk uavhengig av hverandre gjennom identifiserte referanser og vurderte relevans i forhold til de forhåndsdefinert inklusjonskriteriene. Vi utførte metodisk kvalitetsvurdering, hentet ut beskrivende data og sorterte de inkluderte systematiske oversiktene etter populasjon og utfall.

Resultater
Vi inkluderte 99 oversikter: 8 systematiske oversikter og 91 ikke-systematiske oversikter. De fleste av de systematiske oversiktene hadde moderat eller høy metodisk kvalitet. De inkluderte til sammen 533 primærstudier.

De systematiske oversiktene undersøkte effekt av nabolag som kjennetegnes av materielle eller sosiale mangler for: barn og ungdom (4 oversikter), voksne (2 oversikter), eldre voksne (1 oversikt), eller mødre og barn (1 oversikt). De inkluderte utfall angående fysisk og psykisk helse, bruk av helsetjenester, og helserelatert atferd, slik som røyking og alkoholbruk. Ingen av oversiktene så på preferanser eller synspunkter med hensyn til å bo i segregerte boområder.

Overordnet tyder resultatene fra de åtte systematiske oversiktene på at det er en klar sammenheng mellom nabolag og fysisk og psykisk helse, bruk av helsetjenester og helserelatert atferd. Flere av de systematiske oversiktene fremhevet imidlertid at man må være forsiktig i å tolke resultatene grunnet metodiske svakheter i studiene og at det trengs mer forskning.

Tittel:
Effekt av segregerte boområder på helse og levekår: Systematisk litteratursøk med sortering

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Publikasjonstype:
Systematisk litteratursøk med sortering

Et systematisk litteratursøk med sortering er resultatet av å

- Søke etter relevant litteratur ifølge en søkstrategi og
- Eventuelt sortere denne litteraturen i grupper presentert med referanser

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Svarer ikke på alt:

- Ingen analyse eller sammenfatning av resultatene
- Ingen anbefalinger

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Hvem står bak denne publikasjonen?
Folkehelseinstituttet har gjennomført oppdraget etter forespørsel fra Integrering og mangfoldsdirektoratet og Husbanken.

Når ble litteratursøket utført?
Søk etter studier ble avsluttet april 2017.

Key messages (English)

The unit for Social Welfare Services in the Division for Health Services at the Norwegian Institute for Public Health was commissioned by The Directorate of Integration and Diversity and the Norwegian State Housing Bank to identify reviews on the effect of and experiences with residential segregation or neighborhoods characterized by material or social disadvantage.

Methods

We conducted a systematic literature search with sorting of potentially relevant publications. In April 2017, a librarian carried out a literature search in relevant databases. Two researchers screened all references and assessed whether they met the predefined inclusion criteria. We assessed the methodological study quality, extracted data and sorted the included systematic reviews according to population and outcome.

Results

We included 99 reviews: 8 systematic review and 91 non-systematic reviews. Most of the systematic reviews had moderate or high methodological quality. Altogether, they included 533 primary studies.

The systematic reviews examined the effect of neighborhoods disadvantage for: children and youth (4 reviews), adults (2 reviews), older adults (1 review) or mothers and children (1 review). They included outcomes related to physical and mental health, use of health services, and health related behaviours such as smoking and use of alcohol. None of the included reviews looked at perspectives or preferences related to living in segregated neighborhoods.

The results from the eight systematic reviews suggest that there is a clear link between neighborhood disadvantage and physical and mental health, use of health services, and health related behaviours. However, several of the systematic reviews underlined that the results are tentative, given the studies' methodological limitations, and that there is a need for additional research.

Title:
Effect of residential segregation on health and quality of life: Systematic literature search with sorting

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Type of publication:
Systematic reference list

A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts.

Doesn't answer everything:
No analysis or synthesis of the results
No recommendations

Publisher:
Norwegian Institute of Public Health

Updated:
Last search for studies:
April 2017.

Forord

Seksjon for velferdstjenester i Område for helsetjenester i Folkehelseinstituttet fikk høsten 2016 i oppdrag av Integrerings- og mangfoldsdirektoratet og Husbanken å identifisere oppsummert forskning om effekt av segregerte boområder og nabolag som kjennetegnes av materielle eller sosiale mangler. Oppdraget var å utføre et systematisk litteratursøk med sortering av relevante oversikter. I dette systematiske litteratursøket med sortering har vi derfor søkt systematisk etter relevant litteratur, lest fulltekst for de oversiktene som passet våre forhåndsdefinerte inklusjonskriterier, sortert inkluderte oversikter etter type (systematisk eller ikke-systematisk), og kvalitetsvurdert og ekstrahert data fra de inkluderte systematiske oversiktene. Vi har sortert og presenterer noe data fra de inkluderte systematiske oversiktene. Vi har ikke sammenstilt resultatene, slik vi ville gjort det i en systematisk oversikt.

Prosjektgruppen besto av:

- Heather M Munthe-Kaas, forsker, Folkehelseinstituttet
- Rigmor C Berg, seksjonsleder, Folkehelseinstituttet
- Lien Nguyen, forskningsbibliotekar, Folkehelseinstituttet

Signe Flottorp	Rigmor C Berg	Heather M Munthe-Kaas
Avdelingsdirektør	*Seksjonsleder*	*Prosjektleder*

Innledning

Problemstilling

Hva finnes av oppsummert forskning om effekten av å bo et i segregert område eller nabolag med materielle eller sosiale mangler?

Bakgrunn

Segregerte boområder er avgrensede geografiske områder (nabolag, by, osv.) der én sosioøkonomisk, språk eller etnisk gruppe er signifikant overrepresentert. Slik segregering kan være problematisk når det gjelder helse og levekår for de segregerte gruppene. Når det segregerte boområdet primært består av innvandrere, er det sett på som det motsatte av vellykket integrering av innvandrere (1). Noen mener at segregerte boområder kan ha en beskyttende effekt (2). Det finnes forskning som tyder på risiko for publikasjonsskjevhet i dette forskningsfeltet; det kan se ut til at studier som viser en sterk sammenheng mellom nabolag og utfall knyttet til for eksempel utdanning, publiseres oftere enn studier som ikke vise en slik sammenheng (3).

Studier som vurderer «nabolagseffekt» tar utgangspunkt i antagelsen at boområdet der personer vokser opp, eller bor, har stor innflytelse på deres framtid, og at denne innflytelsen er sterkere enn familiebakgrunn, individuelle egenskaper og kapasitet, og diskriminering (4). Konseptet «nabolagseffekt» brukes for å beskrive effekt av området (som inkluderer bolig samt økonomisk og sosialt miljø) på et individ (5). Van Ham og Manley (2012) hevder at forskning på effekt av nabolag som kun undersøker hvor en person bor, risikerer å overforenkle virkeligheten, og at begrepet «nabolag» i denne forstand bør utvides til å inkludere områder en person beveger seg gjennom i løpet av daglige rutiner (hjem, skole, arbeidsplass, fritidsaktiviteter) (5).

Litteraturen skiller ofte mellom demografisk, sosioøkonomisk og etnisk segregering. I praksis er det ofte overlapp mellom etnisk og sosioøkonomisk segregering, og det er særlig denne formen for overlappende segregering som det er interessant å se nærmere på. Segregerte bomiljøer er kilde til bekymring i mange europeiske storbyer. Opptøyer i depriverte byområder har de siste årene gitt temaet stor politisk oppmerksomhet. For å utvikle treffsikker politikk, er det behov for en systematisk oversikt over hva forskningen sier om temaet, særlig når det gjelder nabolagseffekter. I hvilken grad kan

det påvises nabolagseffekter innen sysselsetting, utdanning, helse, bolig og bomiljø og kriminalitet?

I dette prosjektet har vi identifisert oversikter som har undersøkt effekt av å bo et i segregert område eller nabolag med materielle eller sosiale mangler. Det finnes imidlertid også forskning på effekt av tiltak for å hindre/redusere segregerte boområder (6-11). Slike oversikter er ikke inkludert i vår rapport.

Hvorfor er denne oversikten over oppsummert forskning viktig?
Denne oversikten identifiserer oppsummert forskning om effekten av å bo i et segregert område eller et nabolag med materielle eller sosiale mangler. En slik oversikt viser hva som finnes og ikke finnes av oppsummert forskning, hva denne forskningen sier og den peker på kunnskapshull der vi trenger mer forskning.

Metoder

I dette prosjektet søkte vi etter oppsummert forskning som ser på effekt av, og erfaringer med, segregerte boområder eller nabolag med materielle eller sosiale mangler.

Inklusjonskriterier

Vi inkluderte systematiske oversikter og ikke-systematiske oversikter. En systematisk oversikt kjennetegnes av 1) et systematisk litteratursøk, 2) tydelige inklusjonskriterier og 3) kritisk vurdering av inkluderte studier.

Populasjon:	Personer som bor i segregerte boområder eller nabolag med materielle eller sosiale mangler
Eksponering:	Å bo i et segregert boområde eller nabolag med materielle eller sosiale mangler, der nabolag defineres som området en person beveger seg i løpet av en dag. For studier som omhandler effekt av nabolag, inkluderte vi kun de som bruker begrepet «nabolagseffekt»
Sammenlikning:	Å ikke bo i et segregert boområde eller nabolag med materielle eller sosiale mangler
Utfall:	Alle utfall knyttet til levekår på individnivå (for eksempel utdannelse, helse, arbeid), eller preferanser og synspunkter med hensyn til å bo i segregerte boområder
Språk:	Alle så lenge sammendrag er på engelsk, norsk, dansk, svensk, fransk, tysk, eller spansk
År:	Oversikter publisert i 2000 og senere
Land:	34 land (per 2012) inkluderte i organisasjonen for økonomisk samarbeid og utvikling (OECD) ettersom det kan tenkes at segregerte boområder i lav- og middelsinntektsland er annerledes enn i høyinntektsland. Landene inkluderer: Australia, Belgia, Canada, Chile, Danmark, Estland, Finland, Frankrike, Hellas, Island, Israel, Irland, Italia, Japan, Luxembourg, Mexico, Nederland, New Zealand, Norge, Polen, Portugal, Slovakia, Slovenia, Spania, Storbritannia, Sverige, Sveits, Sør-Korea, Tsjekkia, Tyrkia, Tyskland, Ungarn, USA og Østerrike
Tidspunkt for måling av utfall:	Ikke spesifisert

Oversikter som så på effekt av å bo i et nabolag måtte eksplisitt fokusere på nabolagseffekt (dvs. effekt av å bo i et fysisk nabolag/bydel på en av utfallene nevnt ovenfor) for å bli inkludert.

Litteratursøking

En forskningsbibliotekar (LN) utviklet søkestrategien, med innspill fra faglige eksperter og prosjektlederen. Strategien ble fagfellevurdert av en annen bibliotekar. Vi søkte i følgende databaser:

- Ovid MEDLINE
- EMBASE (Ovid)
- PsycINFO (Ovid)
- Campbell Library
- Cochrane Library (inkl. CENTRAL)
- Epistemonikos
- Social Services Abstracts
- Sociological Abstracts
- CINAHL (EBSCO)
- ISI Web of Science

I tillegg gjennomførte vi et søk etter grå litteratur i Google Scholar. Søket ble avgrenset til år 2000 og nyere. Søket ble avsluttet i april 2017. Se vedlegg 1 for beskrivelse av søkestrategien.

Artikkelutvelging

To forskere (HMK og RB) gikk uavhengig av hverandre gjennom alle referansene identifisert gjennom litteratursøket. Vi inkluderte oversiktene dersom de traff inklusjonskriteriene (se ovenfor). Der det oppsto uenighet mellom forskerne diskuterte vi frem til en avgjørelse. Vi innhentet og leste i fulltekst de oversiktene vi vurderte var systematiske.

Vurdering av metodisk kvalitet

To av forfatterne (HMK og RB) vurderte uavhengig av hverandre den metodiske kvaliteten til de inkluderte systematiske oversiktene ved hjelp av Område for helsetjenesters sjekkliste for systematiske oversikter (12). Uenighet ble avgjort ved gjentatt lesing av oversikten og påfølgende diskusjon.

Vi vurderte ikke den metodiske kvaliteten til de identifiserte ikke-systematiske oversiktene.

Dataekstraksjon

For identifiserte systematiske oversikter hentet prosjektleder (HMK) ut data angående formål, setting, populasjon, utfall, effektstørrelser ved bruk av et dataekstraksjons-skjema (se vedlegg 2). RB sjekket at korrekte data var hentet ut.

Vi leste ikke de identifiserte ikke-systematiske oversiktene i fulltekst, men HMK hentet ut data angående setting, populasjon, utfall, og resultater fra sammendraget i den grad det var rapportert, ved bruk av et dataekstraksjonsskjema.

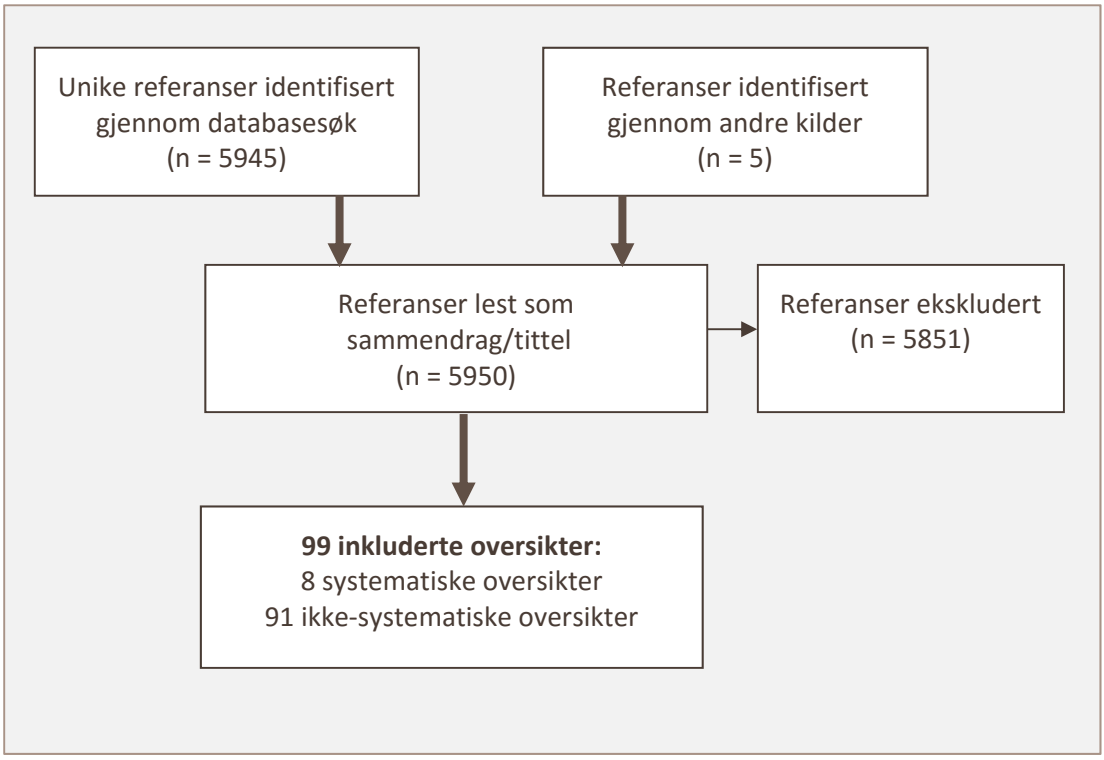
Analyser

Vi sorterte de inkluderte systematiske oversiktene etter populasjon og utfall. Vi rapporterer forfatternes hovedfunn for systematisk oversikter i en tabell. Vi presenterer ikke-systematiske oversikter, organisert etter populasjon, der det er mulig, i en tabell. Sammendraget er gjengitt i de tilfellene oversikten er publisert som open access (dette er i henhold til opphavsrett til åndsverk).

Resultater

Resultat av litteratursøket

Det systematiske søket i internasjonale databaser samt søket etter grå litteratur resulterte i 5950 referanser totalt. Av disse inkluderte vi 8 systematiske oversikter og 91 ikke-systematiske oversikter. Utvelgelsesprosessen er illustrert i Figur 1.



Figur 1. Flytskjema over identifisert litteratur

Beskrivelse av de inkluderte systematiske oversiktene

Vi inkluderte 99 oversikter: 8 systematiske oversikter og 91 ikke-systematiske oversikter.

Beskrivelse av de inkluderte systematiske oversiktene

Vi identifiserte åtte systematiske oversikter (13-20) (Tabell 1). De ble publiserte mellom 2006 og 2015, og siste oppdatering av litteratursøket ble gjort mellom 2007 og 2014. De inkluderte til sammen 533 primærstudier, men vi har ikke vurdert om og i hvilken grad det finnes overlapp mellom primærstudiene som er inkludert i de systematiske oversiktene. Det er imidlertid lite sannsynlig at det finnes mye overlapp gitt hvor mye oversiktene varierte med hensyn til populasjon og utfall. Se vedlegg 2 for flere detaljer om hver av de systematiske oversiktene.

Metodisk kvalitet av de inkluderte systematiske oversiktene

De inkluderte systematiske oversiktene varierte i metodisk kvalitet fra lav til høy kvalitet (Tabell 1). Tre oversikter ble vurdert til å ha lav metodisk kvalitet, grunnet manglende og/eller utilfredsstillende litteratursøk (med hensyn til begrensning angående språk eller manglende søk etter grå litteratur), manglende beskrivelse av metodene for å sammenfatte resultatene, uklarhet om resultatene ble sammenfattet på forsvarlig måte eller om konklusjonene støttes av analysen som er rapportert i oversikten. Tre oversikter ble vurdert til å ha moderat metodisk kvalitet på grunn av uklarheter knyttet til hvor tilfredsstillende søket ble gjort, om det ble sikret mot systematiske skjevheter ved seleksjon av studier, og om validiteten til primærstudiene ble vurdert ved bruk av relevante kriterier. To oversikter ble vurder til å ha høy metodisk kvalitet. Forfatterne av oversiktene brukte ulike metoder for å vurdere kvaliteten på de inkluderte primærstudiene. Se vedlegg 3 for flere detaljer om vurderingen av metodisk kvalitet av de inkluderte systematiske oversiktene.

Tabell 1. *Beskrivelse av de inkluderte systematiske oversiktene (N=8)*

Forfatter, år (ref)	Søkedato	Type inkluderte studier (N)	Kontekst (land)	Metodisk kvalitet
Algren 2015 (13)	juli 2014	Tverssnittstudier (22)	Nederland (6), Australia (6), USA (3), Storbritannia (3), Canada (1) Norge (1), Tyskland (1), Slovakia (1)	lav
Curtis 2013 (14)	mai 2010	Tverssnittstudier og longitudinelle studier omkludert i analysen (78). Totalt ble 276 studier inkludert	Det er uklart hvor mange studier kom fra hvert land, men inkluderte studier ble gjennomført i USA, Nederland, Canada, Finland, Storbritannia, Tyskland, Mexico, Sverige, Italia	lav

Feijen-de Jong 2012 (15)	september 2010	Tverssnittstudier (8)	USA (4), Storbritannia (2), Finland (1), Canada (1)	moderat
Richardson 2015 (16)	september 2014	Longitudinelle studier (14)	USA (9), Sverige (2), Storbritannia (1), Canada (1), Australia (1)	høy
Sellstrom 2006 (17)	oktober 2003	Kohortstudier (6), tverssnittstudier (6), longitudinelle kohortstudier (1)	USA (6), Nederland (3), Storbritannia (2) Finland (1), Canada (1)	moderat
Vos 2014 (18)	mai 2012	24 identifisert studier (7 kohort studier inkludert i meta-analyse)	Storbritannia (10), Canada (5), Nederland (4), USA (2), Australia (1), Spania (1), Sverige (1)	høy
Vyncke 2013 (19)	september 2011	Observasjonsstudier (8)	USA (4) Europa (2), Canada (2)	moderat
Yen 2009 (20)	desember 2007	Tverssnittstudier (25), longitudinelle studier (8)	USA (26), Europa / Australia (7)	lav

Beskrivelse av PICO i de inkluderte systematiske oversiktene

De inkluderte systematiske oversiktene vurderte effekt av bosegregering eller nabolagseffekter på helserelaterte utfall hos barn og unge (14-17, 19), voksne (13), mødre og barn (18) og eldre voksne (20). Ingen av de identifiserte systematiske oversiktene undersøkte preferanser eller synspunkter med hensyn til å bo i segregerte boområder. Se Tabell 2 for en oversikt over de inkluderte populasjonene, utfallene og en beskrivelse av eksponeringen for hver oversikt.

Tabell 2. *Beskrivelse av populasjon, eksponering og utfall i de inkluderte systematiske oversiktene (N=8)*

Referanse	Populasjon	Eksponering (særpreg ved nabolag)	Utfall rapportert
Algren 2015 (13)	N=295 456 (fra 655 til 58 282) Voksne (> 16 år)	Dårligstilt nabolag	Helsemessig risikoatferd som lite eller intet inntak av frukt og grønnsaker, røyking, periodedrikking eller høyt inntak av alkohol og fysisk inaktivitet
Curtis 2013 (14)	N=uklart Ungdom (10-20 år)	Nabolagsfaktorer	Vanlige psykiske lidelser
Feijen-de Jong 2012 (15)	N=1.5 mill (fra 17 765 til 593 510) Spedbarn og barn	Faktorer på individ- eller kontekstnivå som påvirker bruk av svangerskapsomsorg	Tid for første svangerskapskontroll. Hyppighet av svangerskapskontroller (eller ikke), adekvat svangerskapsomsorg, sen (eller

			manglende) start på svangerskapsomsorg
Richardson 2015 (16)	N=6.54 mill (fra 172 til 4.5 mill) Afroamerikanere, voksne med lav-inntekt, eller personer som ble eksponert for nabolagseffekt i løpet av ungdomstid, som eldre voksne, eller som voksen	Sosio-økonomiske faktorer i nabolaget (arbeiderklasse, arbeidsledighet, inntekt, fattigdom, formue, utdanningsnivå, overfylt husstand)	Depressive symptomer, depresjon
Sellstrom 2006 (17)	N=324 214 (fra 20 til 5427) nabolag/områder for folketelling Barn (Spedbarn, barn 0-4, 3-18 år)	Nabolag kontekst (sosioøkonomisk status eller sosialt miljø)	Fødselsvekt, atferdsproblemer, skader, barnemishandling
Vos 2014 (18)	N=6.39 mill (fra 2735 til 877 951) Mødre og barn	Inkluderte studier måtte inkludere en variabel for å måle nabolags sosial kapital (sosioøkonomiske kår)	Lav og svært lav fødselsvekt, perinatal dødelighet, for tidlig fødsel, ekstremt for tidlig fødsel
Vyncke 2013 (19)	N= ikke rapportert Barn og unge	Dårligstilt nabolag	Velvære, atferdsproblemer, evne til å uttrykke seg, mentale helseproblemer, selvfølelse og tilfredshet, kognitive ferdigheter
Yen 2009 (20)	N= mellom 10 og 1217 nabolag inkludert med gjennomsnittsantall beboer per nabolag n=3-207 Eldre voksne (≥55 år)	Å bo i et nabolag	Mental helse, fysisk aktivitet, fysisk fungering, kognitive ferdigheter, ensomhet, depresjon

Resultatene i de systematiske oversiktene

De inkluderte systematiske oversiktene hadde flere vinklinger på forskningsspørsmålet. I tabell 3 presenterer vi en matrise som viser hvilke utfall som ble vurdert for hver av populasjonsgruppene i de inkluderte systematiske oversiktene.

Tabell 3. *Oversikt over hvordan de inkluderte systematiske oversiktene dekker forskningsfeltet*

Populasjon	Fysisk helse	Psykisk helse	Bruk av svangerskaps-omsorg	Helseatferd
Barn og/eller unge	Vyncke 2013 (19) Sellström 2006 (17)	Curtis 2013 (14) Richardson 2015 (16)		
Mødre og barn	Vos 2014 (18)		Feijen-de Jong 2011 (15)	
Voksne				Algren 2015 (13)
Eldre voksne	Yen 2009 (20)			

De åtte identifiserte systematiske oversiktene undersøkte ulike populasjoner og ulike særpreg ved nabolag. Det er derfor ikke mulig å sammenligne resultatene fra de ulike oversiktene.

Vi gjengir resultater og konklusjoner fra sammendragene til de inkluderte systematiske oversiktene i tabell 4 (gjengitt som i originalen, på engelsk). Alle de inkluderte systematiske oversiktene oppsummerte forskning om effekt av nabolag som kjennetegnes av materielle eller sosiale mangler på helserelaterte utfall, inklusiv fysisk og psykisk helse. Ingen av oversiktene så eksklusivt på effekt av å bo i et nabolag som var segregerte på grunn av etnisitet eller innvandringsstatus. Nedenfor oppsummerer vi resultatene på norsk.

Fysisk helse

Fire oversikter vurderte effekten av å bo i segregerte områder, eller nabolag som kjennetegnes av materielle eller sosiale mangler, på fysiske helserelaterte utfall (17-21). To av oversiktene omhandlet barn og unge, én omhandlet mødre og barn og den siste oversikten inkluderte eldre voksne. Vyncke og kollegaer konkluderte forsiktig at sosial kapital i et nabolag muligens påvirker helsen hos barn og unge (19). Sellström og kollegaer utførte metaanalyser og fant at særpreg ved nabolag kan ha en effekt som er uavhengig av familiesituasjonen, og at nabolagseffekt kan forverre risiko for ulike utfall, inklusiv lav fødselsvekt, og andre helseutfall for barn (17). Vos og kollegaer fant at det å bo i et dårligstilt nabolag kan føre til lav fødselsvekt, tidlig fødsel og dødfødsel (18). Yen og kollegaer fant forskning som viste at nabolag ser ut til å påvirke eldre menneskers helse eller funksjonsnivå (20).

Psykisk helse

To oversikter undersøkte effekt av segregerte boområder eller nabolag som kjennetegnes av materielle eller sosiale mangler på utfall knyttet til psykisk helse hos barn og unge (14, 16). Curtis og kollegaer konkluderte at det ser ut til å være en sammenheng mellom problemer i nabolaget (fattigdom, dårlige livsforhold og vold) og problemer

med psykisk helse blant ungdom (14). Richardson og kollegaer fant sprikende forskningsresultater om hvorvidt det finnes en sammenheng mellom sosioøkonomisk status i et nabolag og depresjon blant ungdom (16).

Andre utfall

To studier undersøkte henholdsvis helseatferd blant voksne og bruk av svangerskapsomsorg (13, 15). Algren og kollegaer konkluderte med at forskningen konsekvent tyder på at det er en høyere forekomst av røyking og lite fysisk aktivitet blant voksne som bor i dårligstilte nabolag, men at det ikke finnes en sammenheng mellom forbruk av frukt, grønnsaker eller alkohol og særpreg ved nabolag (15). Feijen-de Jong og kollegaer konkluderte med at det å bo i nabolag med høy arbeidsledighet, flere enslige foreldre, familier med gjennomsnittlig inntektsnivå og lavt utdannelsesnivå, eller en høy andel kvinner som identifiserte som en del av urbefolkningen, var relatert til lavere bruk av svangerskapsomsorg (13).

Tabell 4 gjengir forfatternes egne resultater og konklusjoner (på engelsk).

Tabell 4. *Gjengivelse av resultater og konklusjoner fra inkluderte systematiske oversikter*

Algren 2015 (13)	"Results: The inclusion criteria were met by 22 studies. The available literature showed a positive association between smoking and physical inactivity and living in deprived neighbourhoods compared with non-deprived neighbourhoods. In regard to low fruit and vegetable consumption and alcohol consumption, the results were ambiguous, and no clear differences were found. Numerous different operationalisations of neighbourhood deprivation were used in the studies. Conclusion: Substantial evidence indicates that future health interventions in deprived neighbourhoods should focus on smoking and physical inactivity. We suggest that alcohol interventions should be population based rather than based on the specific needs of deprived neighbourhoods. More research is needed on fruit and vegetable consumption. In future studies, the lack of a uniform operationalisation of neighbourhood deprivation must be addressed."
Curtis 2013 (14)	«We conclude from this review that a large, growing, multi- disciplinary literature is suggestive of a link between risk of CMD [common mental disorders] for young people and neighbourhood problems of material poverty, poor living conditions and social stressors such as violence and victimisation. However, there are limitations in much of the empirical research evidence reviewed, and these constitute a research agenda to be addressed in future studies. We preface our conclusions with some caveats concerning the limitations of the review method. It proved difficult to define automated search terms that efficiently identified relevant research meeting our inclusion criteria, especially as the neigh- bourhood processes of interest are complex and difficult to summarise in terms of very specific causal pathways. The single set of quality criteria we have used (designed to capture some common aspects of quality relevant to a range of studies), will not have captured all the relevant information on the quality of each study, since different quality criteria apply to different research designs."

Feijen-de Jong 2012 (15)	«Results: Ultimately eight high-quality studies were included. Low maternal age, low educational level, non-marital status, ethnic minority, planned pattern of prenatal care, hospital type, unplanned place of delivery, uninsured status, high parity, no previous premature birth and late recognition of pregnancy were identified as individual determinants of inadequate use. Contextual determinants included living in distressed neighbourhoods. Living in neighbourhoods with higher rates of unemployment, single parent families, medium-average family incomes, low-educated residents, and women reporting Canadian Aboriginal status were associated with inadequate use or entering care after 6 months. Regarding health behaviour, inadequate use was more likely among women who smoked during pregnancy. Conclusion: Evidence for determinants of prenatal care utilization is limited. More studies are needed to ensure adequate prenatal care for pregnant women at risk.“
Richardson 2015 (16)	«Results Our database search identified 3711 articles, 84 of which were determined to be potentially relevant, and 14 articles were included in this review. About half of the studies found a significant association between neighborhood socioeconomic conditions (NSEC) and depression, and pooled estimates suggest poorer socioeconomic conditions were associated with higher odds of depression (OR = 1.14, 95 % CI 1.01, 1.28). Study results varied by follow-up time. Among studies with less than 5 years of follow-up, there was a significant association between NSEC and depression (OR = 1.28, 95 % CI 1.13, 1.44), although pooling of study results may not be warranted due to heterogeneity across studies. Among studies with at least 5 years of follow-up, which were homogeneous, there was no association (OR = 1.00, 95 % CI 0.95, 1.06) between NSEC and depression. Conclusions We found inconsistent evidence in support of a longitudinal association between NSEC and depression, and heterogeneity according to the length of followup time might partly explain the mixed evidence observed in the literature on NSEC and depression.”
Sellstrom 2006 (17)	«Neighbourhood socioeconomic status and social climate were shown to have small to moderate effects on child health outcomes, i.e. birth weight, injuries, behavioural problems, and child maltreatment. On average, 10% of variation in health outcomes was explained by neighbourhood determinants, after controlling for important individual and family variables. This review demonstrates that interventions in underprivileged neighbourhoods can reduce health risks to children, especially in families that lack resources. An analysis of methodological fallacies indicates that observed effects and effect sizes can be underestimated, and that interventions may well have greater impact than this review was able to establish.”
Vos 2014 (18)	«Results. We identified 2863 articles, of which 24 were included in a systematic review. A meta-analysis (n = 7 studies, including 2 579 032 pregnancies) assessed the risk of adverse perinatal outcomes by comparing the most deprived neighborhood quintile with the least deprived quintile. Compared with the least deprived quintile, odds ratios for adverse perinatal outcomes in the most deprived neighborhood quintile were significantly increased for preterm delivery (odds ratio

	1.23, 95% confidence interval 1.18–1.28), small-for-gestational age (odds ratio 1.31, 95% confidence interval 1.28–1.34), and stillbirth (odds ratio 1.33, 95% confidence interval 1.21–1.45). Conclusions. Living in a deprived neighborhood is associated with preterm birth, small-for-gestational age and stillbirth."
Vyncke 2013 (19)	«Results: Eight studies met the inclusion criteria for the review. The findings are mixed. Only two of five studies confirmed that neighbourhood social capital mediates the association between neighbourhood deprivation and health and well-being in adolescents. Furthermore, two studies found a significant interaction between neighbourhood socio-economic factors and neighbourhood social capital, which indicates that neighbourhood social capital is especially beneficial for children who reside in deprived neighbourhoods. However, two other studies did not find a significant interaction between SES and neighbourhood social capital. Due to the broad range of studied health-related outcomes, the different operationalisations of neighbourhood social capital and the conceptual overlap between measures of SES and social capital in some studies, the factors that explain these differences in findings remain unclear. Conclusions: Although the findings of this study should be interpreted with caution, the results suggest that neighbourhood social capital might play a role in the health gradient among children and adolescents. However, only two of the included studies were conducted in Europe. Furthermore, some studies focussed on specific populations and minority groups. To formulate relevant European policy recommendations, further European-focussed research on this issue is needed."
Yen 2009 (20)	"Evidence synthesis: The measures of objective and perceived aspects of neighborhood were summarized. Neighborhood was primarily operationalized using census-defined boundaries. Measures of neighborhood were principally derived from objective sources of data; eight studies assessed perceived neighborhood alone or in combination with objective measures. Six categories of neighborhood characteristics were socioeconomic composition, racial composition, demographics, perceived resources and/or problems, physical environment, and social environment. The studies are primarily cross-sectional and use administrative data to characterize neighborhood. Conclusions: These studies suggest that neighborhood environment is important for older adults' health and functioning."

Beskrivelse av de inkluderte ikke-systematiske oversiktene

Vi fant 91 ikke-systematiske oversikter som møtte inklusjonskriteriene. Disse oversiktene oppsummerte litteraturen om effekt av segregerte boområder eller nabolag med materielle eller sosiale mangler på

- barns utvikling

- fysisk aktivitet
- fysisk helse (inklusiv fedme, diabetes)
- kreft
- kriminalitet
- mødrehelse
- psykisk helse
- rus- og alkoholbruk (definert på ulike måter)
- utdanning
- vold og kriminalitet

Vi gir fullstendig referanse og i noen tilfeller også sammendraget til hver av disse oversiktene i vedlegg 4 (sammendraget er gjengitt i de tilfellene oversikten er publisert som open access; dette er i henhold til opphavsrett til åndsverk). I vedlegg 5 presenterer vi en oversikt over de identifiserte ikke-systematiske oversiktene og de utfall, populasjoner og særpreg ved nabolag de undersøker.

Diskusjon

Vi identifiserte mange systematiske og ikke-systematiske oversikter som har undersøkt effekt av segregerte boområder og nabolag med materielle eller sosiale mangler. Disse oversiktene omhandlet en rekke populasjoner og mange ulike utfall knyttet til levekår, inkludert bl.a. psykisk helse, kreft, utdanning og bruk av svangerskapsomsorg. Det kan imidlertid se ut til at det mangler systematiske oversikter som undersøker effekt av å bo i segregerte boområder eller nabolag med materielle eller sosiale mangler når det gjelder levekårsindikatorer som ikke er knyttet til helse. Vi fant ingen oversikter som undersøkte preferanser eller synspunkter med hensyn til å bo i segregerte boområder. Da vi ikke har søkt etter primærstudier, er det heller ikke mulig å si noe om det finnes forskning på utfall som for eksempel arbeidsledighet, avhengighet av sosialhjelp, smittsomme sykdommer eller reproduktiv helse.

Styrker og svakheter

Et systematisk litteratursøk med sortering av relevante referanser har mange styrker. Den er basert på et systematisk litteratursøk i elektroniske databaser der identifiserte referanser er vurdert opp mot inklusjonskriteriene og relevante systematiske oversikter og ikke-systematiske oversikter i fulltekst for endelig vurdering opp mot inklusjonskritene. I denne rapporten har vi også vurderte den metodiske kvaliteten til de inkluderte systematiske oversiktene. De to sistnevnte trinnene utføres vanligvis ikke ved litteratursøk med sortering, men vi gjorde det i dette tilfellet etter diskusjon med oppdragsgiver. Imidlertid kan vi ikke konkludere noe om effekt på basis av denne rapporten. I dette litteratursøket med sortering trakk vi ut noe deskriptiv informasjon fra de systematiske oversiktene, men vi sammenstilte ikke resultatene og vi vurderte ikke vår tillit til resultatene.

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93. Foster S, Giles-Corti B. The built environment, neighborhood crime and constrained physical activity: An exploration of inconsistent findings. Preventive Medicine 2008;47(3):241-251.

Vedlegg

Vedlegg 1. Søkestrategi

Database: Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R)
Dato: 05.04.2017
Treff: 1628

1	Minority Groups/	12133
2	exp Ethnic Groups/	135671
3	"Emigrants and Immigrants"/	8783
4	Refugees/	8115
5	Undocumented Immigrants/	82
6	"Emigration and Immigration"/	24324
7	Human Migration/	571
8	exp Continental Population Groups/	191361
9	Vulnerable Population/	7883
10	(refugee* or immigrant* or migrant* or (asyl* adj1 seek*) or foreigner* or ethnic* or race? or racial* or minorit* or multi-cultural* or multicultural* or multiethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or newly arrived or ((family or families) adj2 reuni*) or resettle*).ti,ab,kf.	278771
11	(((african* or afro or asian* or indian* or latin or native*) adj1 american*) or hispanic* or latino* or latina* or black? or alaska* native*).ti,ab,kf.	191803
12	or/1-11	568846
13	Residence Characteristics/	28178
14	exp Social Environment/	104321
15	((social adj2 environment*) or enclave* or ghetto* or neighbo?rhood* or (residential* adj3 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*).ti,ab,kf.	99138
16	or/13-15	219022
17	12 and 16	25686
18	meta analysis.pt.	77309
19	Meta-Analysis as Topic/	15772
20	Review Literature as Topic/	6800
21	review.pt.	2265579

22 (review* or overview? or meta-anal* or metaanal* or meta-regression* or metaregression* or (evidence* adj2 synth*) or ((systematic* or literature) adj3 search*)).ti,ab,kf. 1826757
23 or/18-22 3165008
24 17 and 23 2313
25 exp animals/ 21054968
26 humans/ 16688424
27 25 not (25 and 26) 4366544
28 (news or editorial or comment).pt. 1157914
29 24 not (27 or 28) 2284
30 limit 29 to yr="2000-current" 1700
31 remove duplicates from 30 1628

Database: PsycINFO 1806 to March Week 4 2017
Dato: 05.04.2017
Treff: 2340

1 minority groups/ 12787
2 exp "Racial and Ethnic Groups"/ 111684
3 immigration/ 18642
4 human migration/ 5632
5 refugees/ 4545
6 asylum seeking/ 304
7 at risk populations/ 34553
8 (refugee* or immigrant* or migrant* or (asyl* adj1 seek*) or foreigner* or ethnic* or race? or racial* or minorit* or multi-cultural* or multicultural* or multiethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or newly arrived or ((family or families) adj2 reuni*) or resettle*).ti,ab,id. 191757
9 (((african* or afro or asian* or indian* or latin or native*) adj1 american*) or hispanic* or latino* or latina* or black? or alaska* native*).ti,ab,id. 120575
10 or/1-9 317319
11 exp social environments/ 137303
12 ((social adj2 environment*) or enclave* or ghetto* or neighbo?rhood* or (residential* adj3 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*).ti,ab,id. 45998
13 11 or 12 168865
14 10 and 13 31479
15 meta analysis/ 3979
16 meta analysis.md. 16325
17 systematic review.md. 16051
18 "literature review"/ 22307
19 (review* or overview? or meta-anal* or metaanal* or meta-regression* or metaregression* or (evidence* adj2 synth*) or ((systematic* or literature) adj3 search*)).ti,ab,id. 535635
20 15 or 16 or 17 or 18 or 19 537108

21 14 and 20 2912
22 limit 21 to yr="2000-current" 2340
33 remove duplicates from 22 2338

Database: Embase 1974 to 2017 April 04
Dato: 05.04.2017
Treff: 726

Database(s): Embase 1974 to 2017 April 04
Search Strategy:

#	Searches	Results
1	*minority group/	5107
2	exp *ethnic group/	38773
3	*migrant/	1594
4	*immigrant/	6136
5	*emigrant/	70
6	*migrant worker/	665
7	*refugee/	6108
8	*migration/	19702
9	*asylum seeker/	222
10	*undocumented immigrant/	26
11	exp *ancestry group/	65600
12	*vulnerable population/	2803
13	(refugee* or immigrant* or migrant* or (asyl* adj1 seek*) or foreigner* or ethnic* or race? or racial* or minorit* or multi-cultural* or multicultural* or multiethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or newly arrived or ((family or families) adj2 reuni*) or resettle*).ti,ab,kw.	353552
14	(((african* or afro or asian* or indian* or latin or native*) adj1 american*) or hispanic* or latino* or latina* or black? or alaska* native*).ti,ab,kw.	240776
15	or/1-14	564716
16	exp *social environment/	164640
17	*demography/ [used for MeSH residence characteristics]	19004
18	((social adj2 environment*) or enclave* or ghetto* or neighbo?rhood* or (residential* adj3 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*).ti,ab,kw.	109331
19	or/16-18	285550
20	15 and 19	23914
21	meta analysis/	162411
22	systematic review/	160163
23	"review"/	2233403
24	(review* or overview? or meta-anal* or metaanal* or meta-regression* or metaregression* or (evidence* adj2 synth*) or ((systematic* or literature) adj3 search*)).ti,ab,kw.	2289277
25	21 or 22 or 23 or 24	3681672

26 20 and 25 2660
27 exp animals/ or exp invertebrate/ or animal experiment/ or animal model/ or animal tissue/ or animal cell/ or nonhuman/ 24726429
28 human/ or normal human/ or human cell/ 18787261
29 27 not (27 and 28) 5986008
30 (news or editorial or comment).pt. 538716
31 26 not (29 or 30) 2644
32 limit 31 to embase 822
33 limit 32 to yr="2000-current" 736
34 remove duplicates from 33 726

Database: Cochrane Library
Dato: 05.04.2017
Treff: 100

#1 [mh ^"Minority Groups"] 315
#2 [mh "Ethnic Groups"] 3679
#3 [mh ^"Emigrants and Immigrants"] 147
#4 [mh ^Refugees] 88
#5 [mh ^"Undocumented Immigrants"] 0
#6 [mh ^"Emigration and Immigration"] 78
#7 [mh ^"Human Migration"] 0
#8 [mh "Continental Population Groups"] 5745
#9 [mh ^"Vulnerable Population"] 219
#10 (refugee* or immigrant* or migrant* or (asyl* near/1 seek*) or foreigner* or ethnic* or race* or racial* or minorit* or multi-cultural* or multicultural* or multi-ethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or "newly arrived" or ((family or families) near/2 reuni*) or resettle* or ((african* or afro or asian* or indian* or latin or native*) near/1 american*) or hispanic* or latino* or latina* or black or blacks or alaska* next native*):ti,ab,kw 22123
#11 {or #1-#10} 24836
#12 [mh ^"Residence Characteristics"] 588
#13 [mh "Social Environment"] 3840
#14 ((social near/2 environment*) or enclave* or ghetto* or neighborhood* or neighbourhood* or (residential* near/3 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*):ti,ab,kw 2195
#15 {or #12-#14} 5607
#16 #11 and #15 Publication Year from 2000 to 2017 4
#17 (refugee* or immigrant* or migrant* or (asyl* near/1 seek*) or foreigner* or ethnic* or race* or racial* or minorit* or multi-cultural* or multicultural* or multi-ethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or "newly arrived" or ((family or families) near/2 reuni*) or resettle* or ((african* or afro or asian* or indian* or latin or native*) near/1 american*) or hispanic* or latino* or latina* or black or blacks or alaska* next native*) 29364
#18 {or #1-#9, #17} 32034

#19 ((social near/2 environment*) or enclave* or ghetto* or neighborhood* or neighbourhood* or (residential* near/3 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*) 2670
#20 #12 or #13 or #19 6070
#21 #18 and #20 Publication Year from 2000 to 2017, in Other Reviews, Technology Assessments and Economic Evaluations 96
#22 #16 or #21 100

Database: CINAHL (EBSCO)
Dato: 05.04.2017
Treff: 471

S1 (MH "Minority Groups") 7,132
S2 (MH "Ethnic Groups+") 81,855
S3 (MH "Immigrants") 7,985
S4 (MH "Refugees") 3,765
S5 (MH "Immigrants, Illegal") 521
S6 (MH "Emigration and Immigration") 3,877
S7 TI ((refugee* or immigrant* or migrant* or (asyl* N0 seek*) or foreigner* or ethnic* or race# or racial* or minorit* or multi-cultural* or multicultural* or multiethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or newly-arrived or ((family or families) N1 reuni*) or resettle* or ((african* or afro or asian* or indian* or latin or native*) N0 american*) or hispanic* or latino* or latina* or black or blacks or alaska* W0 native*))) OR AB ((refugee* or immigrant* or migrant* or (asyl* N0 seek*) or foreigner* or ethnic* or race# or racial* or minorit* or multi-cultural* or multicultural* or multiethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or newly-arrived or ((family or families) N1 reuni*) or resettle* or ((african* or afro or asian* or indian* or latin or native*) N0 american*) or hispanic* or latino* or latina* or black or blacks or alaska* W0 native*))) 91,569
S8 S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 138,309
S9 (MH "Social Environment+") 30,308
S10 (MH "Residence Characteristics+") 70,031
S11 TI (((social N1 environment*) or enclave* or ghetto* or neighborhood* or neighbourhood* or (residential* N2 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*)) OR AB (((social N1 environment*) or enclave* or ghetto* or neighborhood* or neighbourhood* or (residential* N2 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*)) 10,016
S12 S9 OR S10 OR S11 103,776
S13 S8 AND S12 18,885
S14 (MH systematic review) OR (MH meta analysis) OR (MH "Literature Review+") 44,925
S15 (PT systematic review) OR (PT review) 150,401
S16 TI ((review* or overview# or meta-anal* or metaanal* or meta-regression* or metaregression* or (evidence* N1 synth*) or ((systematic* or literature) N2

search*))) OR AB ((review* or overview# or meta-regression* or metaregression* or (evidence* N1 synth*) or ((systematic* or literature) N2 search*))) OR AB ((review* or overview# or meta-anal* or metaanal* or meta-regression* or metaregression* or (evidence* N1 synth*) or ((systematic* or literature) N2 search*))) 276,201

S17 S14 OR S15 OR S16 351,829

S18 S13 AND S17 [Exclude MEDLINE records; Published Date: 20000101-20170431] 471

Database: Web of Science Core Collection
Dato: 05.04.2017
Treff: 987

1 TOPIC: ((refugee* or immigrant* or migrant* or (asyl* NEAR/0 seek*) or foreigner* or ethnic* or race$ or racial* or minorit* or multi-cultural* or multicultural* or multiethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or newly-arrived or ((family or families) NEAR/1 reuni*) or resettle* or ((african* or afro or asian* or indian* or latin or native*) NEAR/0 american*) or hispanic* or latino* or latina* or black$ or "alaska* native*")) 572,605

2 TOPIC: (((social NEAR/1 environment*) or enclave* or ghetto* or neighbo$rhood* or (residential* NEAR/2 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*)) 177,239

3 TOPIC: ((review* or overview$ or meta-anal* or metaanal* or meta-regression* or metaregression* or (evidence* NEAR/1 synth*) or ((systematic* or literature) NEAR/2 search*))) 1,589,136

# 4 #3 AND #2 AND #1 987
Indexes=SCI-EXPANDED, SSCI Timespan=2000-2017

Database: Sociological Abstracts & Social Services Abstracts (ProQuest)
Dato: 05.04.2017
Treff: 585

S1 SU.EXACT("Minority Groups") OR SU.EXACT("Ethnic Groups") OR SU.EXACT("Undocumented Immigrants") OR SU.EXACT("Immigrants") OR SU.EXACT("Labor Migration") OR SU.EXACT("Immigration") OR SU.EXACT("Emigration") OR SU.EXACT("Migration") OR SU.EXACT("Refugees") OR SU.EXACT("Asylum") OR SU.EXACT("Migrants") OR TI,AB,SU((refugee* or immigrant* or migrant* or (asyl* NEAR/0 seek*) or foreigner* or ethnic* or race$1 or racial* or minorit* or multi-cultural* or multicultural* or multiethnic or multi-ethnic or multiracial or multi-racial or co-ethnic or newly-arrived or ((family or families) NEAR/1 reuni*) or resettle* or ((african* or afro or asian* or indian* or latin or native*) NEAR/0 american*) or hispanic* or latino* or latina* or black$1 or alaska* PRE/0 native*)) 261 577

S2 SU.EXACT("Residential Segregation") OR SU.EXACT("Neighborhoods") OR SU.EXACT("Ghettos") OR SU.EXACT("Social Environment") OR TI,AB,SU(((social NEAR/1 environment*) or enclave* or ghetto* or neighborhood* or neighbourhood* or (residential* NEAR/2 (characteristic* or concentrat* or cluster* or centrali* or densit* or diversit*)) or segregat* or hypersegregat*)) 45 985

S3 1 and 2 17 509

S4 SU.EXACT("Ethnic Neighborhoods") 798

S5 3 or 4 17 509

S6 Dtype("Systematic Review") OR TI,AB,SU(review* or overview$1 or meta-anal* or metaanal* or meta-regression* or metaregression* or (evidence* NEAR/1 synth*) or ((systematic* or literature) NEAR/2 search*)) 168 065

S7 5 and 6 1 367

S8 pd(20000101-20170405) 756 721

S9 7 and 8 622 [585 etter automatisk deduplisering]

Database: Epistemonikos
Dato: 05.04.2017
Treff: 27 (26 SR, 1 SS)

[Title/Abstract:] (minorit* OR ethnic* OR racial* OR race* OR racial* OR immigrant* OR migrant* OR refugee* OR "asylum seekers" OR multicultural* OR multi-cultural* OR co-ethnic OR mulitethnic OR multi-ethnic OR multiracial OR multi-racial OR black* OR hispanic* OR latino* OR latina*) AND [Title/Abstract:] (segregat* OR hypersegregat* OR ghetto* OR enclave* OR neighborhood* OR neighbourhood* OR "social environment" OR "social environments" OR "residential characteristics" OR "residential characteristic")

[Limit: Publication year: 2000-2017]

Vedlegg 2. Karakteristika av de inkluderte systematiske oversiktene

Study	Algren 2015
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other
Review Question (copy from paper):	1) What are the differences in health-risk behaviour (no or low consumption of fruits and vegetables, smoking, binge drinking or high-risk alcohol consumption, and physical inactivity) between adults living in deprived neighbourhoods and those living in non-deprived neighbourhoods based on quantitative observational studies
Secondary question(s)	2) what kind of operationalisations of neighbourhood deprivation were used in the studies?
Search last updated	1 July 2014
Population	Adult population (≥16 years)
Exposure	deprived neighbourhoods
Comparison	non-deprived neighbourhoods
Outcome	include health-risk behaviours such as either no or low consumption of fruits and vegetables, smoking, binge drinking or high-risk alcohol consumption, and physical inactivity as outcomes;
Study design	Quantitative observational studies with cross-sectional or longitudinal designs
Time	1986-2014 (data from after 1986 because data prior to 1986 are considered outdated).
Language	English
Other	Economically developed Western regions and countries (Eu countries, Andorra, Iceland, Liechtenstein, Monaco, Norway, San Marino, Switzerland, Vatican City, Canada, USA, Australia, New Zealand) adjust for at least one confounder besides sex and age
Results	
Synthesis methods	Not stated (appears to be narrative review)
Number of studies included	22
Include study designs	Cross-sectional (22)
Primary study origin (countries)	Netherlands (6), Australia (5), USA (3), UK (3)
Total number of participants included	N=295 456
Population characteristics	Men and women
Outcomes measured	Low fruit and vegetable consumption, low fruit consumption, low vegetable consumption, smoking, alcohol consumption, physical inactivity
Critical appraisal tool used	Effective Public Health Practice Project quality assessment tool

Quality of included studies	Low (weak to moderate global scores, no studies scored as strong) moderate k=10, weak k=12 strong k=0
Main findings	Conclusions: "Based on the studies that were included in this review, there is consistent evidence that smoking and physical inactivity are more prevalent among adult residents in deprived neighbourhoods than among residents in non-deprived neighbourhoods. No clear differences between deprived and non-deprived neighbourhoods were found in relation to low fruit and vegetable consumption or alcohol consumption, and the results were equivocal. The reviewed studies used different operationalisations of neighbourhood deprivation."
Abstract	Background: There has been increasing interest in neighbourhoods' influence on individuals' health-risk behaviours, such as smoking, alcohol consumption, physical activity and diet. The aim of this review was to systematically review recent studies on health-risk behaviour among adults who live in deprived neighbourhoods compared with those who live in non-deprived neighbourhoods and to summarise what kind of operationalisations of neighbourhood deprivation that were used in the studies. Methods. PRISMA guidelines for systematic reviews were followed. Systematic searches were performed in PubMed, Embase, Web of Science and Sociological Abstracts using relevant search terms, Boolean operators, and truncation, and reference lists were scanned. Quantitative observational studies that examined health-risk behaviour in deprived neighbourhoods compared with non-deprived neighbourhoods were eligible for inclusion. Results. The inclusion criteria were met by 22 studies. The available literature showed a positive association between smoking and physical inactivity and living in deprived neighbourhoods compared with non-deprived neighbourhoods. In regard to low fruit and vegetable consumption and alcohol consumption, the results were ambiguous, and no clear differences were found. Numerous different operationalisations of neighbourhood deprivation were used in the studies. Conclusion. Substantial evidence indicates that future health interventions in deprived neighbourhoods should focus on smoking and physical inactivity. We suggest that alcohol interventions should be population based rather than based on the specific needs of deprived neighbourhoods. More research is needed on fruit and vegetable consumption. In future studies, the lack of a uniform operationalisation of neighbourhood deprivation must be addressed.

Study	Curtis 2013
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other
Review Question (copy from paper):	– What is the empirical evidence for associations between individual risk of CMDs for young people aged 10–20 and material and social disadvantage in their neighbourhoods? – What is the empirical evidence that personal and neighbourhood factors interact in their relationship with risk for CMDs? – How much of the quantitative research in this field has deployed a longitudinal design to clarify associations between risk of CMDs and early life course experience of neighbourhood disadvantages, and what do we learn from longitudinal studies?
Secondary question(s)	N/A

Search last updated	May 2010
Population	Youth 10-20 years old
Exposure	Neighbourhood factors
Comparison	N/A
Outcome	Common mental disorders
Study design	Quantitative
Time	1950-2010
Language	English
Other	High income western countries (e.g. USA, Canada, Australia, New Zealand) where social conditions would be roughly comparable
Results	
Synthesis methods	Not stated (probably narrative summary)
Number of studies included	Unclear (n=276, focus on 78 most relevant studies)
Include study designs	Cross-sectional and longitudinal
Primary study origin (countries)	Research on general exposure to violence and crime in neighbourhoods: USA (35) Research on peer victimization/bullying: USA (13), Netherlands (3), Canada (2), Finland (2), UK (1), Germany (1), Mexico (1), Sweden (1), Italy (1), Multi-site (1)
Total number of participants included	Unclear
Population characteristics	Unclear
Outcomes measured	Common mental disorders
Critical appraisal tool used	Generalised quality score based on assessments of: a sampling procedure suitable for judging statistical probabilities; assessment of response bias; validated and/or justified measurement techniques for variables; methods of measurement applied consistently to all subjects; the analysis also considers variables at individual or family level which may be associated with the outcomes of interest.
Quality of included studies	Ranged from 1-5 (out of 5)
Main findings	«We conclude from this review that a large, growing, multi- disciplinary literature is suggestive of a link between risk of CMD for young people and neighbourhood problems of material poverty, poor living conditions and social stressors such as violence and victimisation. However, there are limitations in much of the empirical research evidence reviewed, and these constitute a research agenda to be addressed in future studies.»
Abstract	We present a critical review of research concerning the vulnerability of mental health of young people in the 10–20 year age range to neighbourhood factors that are theoretically associated with increased risk of Common Mental Disorders (CMDs). We interpreted 'neighbourhood factors' as attributes and processes in the local social and physical environment that young people inhabit, beyond the immediate household. We conducted an extensive search, and a structured method of assessment of the research papers that met our search criteria. We draw conclusions about the research evidence on this topic and identify issues needing further discussion and investigation.

	We focus particularly on quantitative research that aims to measure these relationships. We note that parallel to this research, a significant body of qualitative research on the geographical experiences of young people (though not specifically on their mental health) offers a rich source of background information to illuminate the statistical findings. We conclude with some reflections on the future challenges for research in this field.

Study	Feijen-de Jong 2011
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other
Review Question (copy from paper):	"to provide a systematic review of the current evidence of the determinants of use of prenatal healthcare in high-income countries."
Secondary question(s)	N/A
Search last updated	30 September 2010
Population	Women
Exposure	Individual or contextual variables affecting use of prenatal health care
Comparison	N/A
Outcome	Prenatal health care utilization
Study design	Quantitative studies with strong research methods
Time	1992-2010
Language	No restrictions
Other	High income countries
Results	
Synthesis methods	Narrative syntheses
Number of studies included	8
Include study designs	Cross-sectional analysis from registers, certificates, and surveys
Primary study origin (countries)	US (4), UK (2), Finland (1), Canada (1)
Total number of participants included	N= 17 765 to 593 510 1.5 million babies
Population characteristics	Not reported
Outcomes measured	Time of first prenatal visit. Frequency of prenatal care visits, prenatal care visits (or not), number of prenatal care visits, adequate prenatal care, late (or not) initiation of prenatal care
Critical appraisal tool used	Tool developed by Gyorkos et al. 1994
Quality of included studies	Strong (No major flaws threatened the internal validity of the study)
Main findings	Contextual predisposing variables Two studies assessed contextual predisposing variables. Perloff and Jaffee assessed economic opportunity structure, defined at zip-code level as distressed if 60% or more of the population was non-white and 30% or more

	had incomes below the poverty line. They found that residence in a distressed area increased the risk of late initiation of prenatal care (after 6 months gestation). Heaman et al. defined four contextual predisposing variables. They found more inadequate prenatal care among women living in neighbourhoods with medium and high rates of unemployment, with high rates of single parent families, with medium and high rates of women reporting Canadian Aboriginal status, and with medium and high rates of low-educated residents (<9 years of education). Contextual enabling/disabling variables Two studies reported on the relation between contextual enabling/ disabling variables and prenatal healthcare utilization. Perloff and Jaffee showed that living in a neighbourhood with few office-based primary care physicians increased the likelihood of beginning prenatal care late. Heaman et al. found that women living in areas with medium average family incomes more often had inadequate prenatal care use.
Abstract	Background: Prenatal healthcare is likely to prevent adverse outcomes, but an adequate review of utilization and its determinants is lacking. Objective: To review systematically the evidence for the determinants of prenatal healthcare utilization in high-income countries. Method: Search of publications in EMBASE, CINAHL and PubMed (1992–2010). Studies that attempted to study determinants of prenatal healthcare utilization in high-income countries were included. Two reviewers independently assessed the eligibility and methodological quality of the studies. Only high-quality studies were included. Data on inadequate use (i.e. late initiation, low-use, inadequate use or non-use) were categorized as individual, contextual and health behaviour-related determinants. Due to the heterogeneity of the studies, a quantitative meta-analysis was not possible. Results: Ultimately eight high-quality studies were included. Low maternal age, low educational level, non-marital status, ethnic minority, planned pattern of prenatal care, hospital type, unplanned place of delivery, uninsured status, high parity, no previous premature birth and late recognition of pregnancy were identified as individual determinants of inadequate use. Contextual determinants included living in distressed neighbourhoods. Living in neighbourhoods with higher rates of unemployment, single parent families, medium–average family incomes, low-educated residents, and women reporting Canadian Aboriginal status were associated with inadequate use or entering care after 6 months. Regarding health behaviour, inadequate use was more likely among women who smoked during pregnancy. Conclusion: Evidence for determinants of prenatal care utilization is limited. More studies are needed to ensure adequate prenatal care for pregnant women at risk.

Study	Richardson 2015
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other
Review Question (copy from paper):	"To update current knowledge on the association between [neighbourhood socioeconomic conditions] and depression and to provide a more rigorous and critical assessment of the evidence"

Secondary question(s)	N/A
Search last updated	September 2014
Population	Adolescents and adults living in high income countries
Exposure	Neighbourhood socioeconomic aspects (working class, unemployment, income, poverty, wealth, educational level, crowded households)
Comparison	Not specified
Outcome	Depressive symptoms, depression
Study design	Longitudinal studies
Time	Since 1947
Language	No restrictions
Other	High income countries, as defined by World Bank
Results	
Synthesis methods	Meta-analysis
Number of studies included	14
Include study designs	Longitudinal with follow-up from one to 17 years
Primary study origin (countries)	USA (9), Sweden (2), UK (1), Canada (1), Australia (1) Seven studies were restricted to urban areas, while the remaining seven studies were conducted in a mixture of urban, suburban, or rural areas.
Total number of participants included	N= 172 - 4.5 million Total = 6542305
Population characteristics	African Americans (1), Low-income adults (1), exposure to deprivation/disadvantage during adolescence (1), exposure to deprivation/disadvantage as an older adult (5), adulthood exposure to deprivation/disadvantage (8)
Outcomes measured	Studies assessed depression status using questionnaires, semi-structured interviews, or hospital discharge records.
Critical appraisal tool used	a modified version of the Newcastle-Ottawa scale
Quality of included studies	Low quality (3) medium quality (6) high quality (5)
Main findings	From abstract: Results Our database search identified 3711 articles, 84 of which were determined to be potentially relevant, and 14 articles were included in this review. About half of the studies found a significant association between NSEC and depression, and pooled estimates suggest poorer socioeconomic conditions were associated with higher odds of depression (OR = 1.14, 95 % CI 1.01, 1.28). Study results varied by follow-up time. Among studies with less than 5 years of follow-up, there was a significant association between NSEC and depression (OR = 1.28, 95 % CI 1.13, 1.44), although pooling of study results may not be warranted due to heterogeneity across studies. Among studies with at least 5 years of follow-up, which were homogeneous, there was no association (OR = 1.00, 95 % CI 0.95, 1.06) between NSEC and depression. Conclusions We found inconsistent evidence in support of a longitudinal association between NSEC and depression, and heterogeneity according to the

	length of follow-up time might partly explain the mixed evidence observed in the literature on NSEC and depression.
Abstract	Purpose The evidence linking neighborhood socioeconomic conditions (NSEC) with depression is mixed. We performed a systematic review of this literature, including a rigorous quality assessment that was used to explore if methodological or contextual factors explained heterogeneity across studies. Methods A systematic literature search in three databases identified longitudinal studies among adolescents and adults living in high-income countries. Two independent reviewers screened studies for inclusion and performed data abstraction. We conducted a formal quality assessment and investigated sources of study heterogeneity. Results Our database search identified 3711 articles, 84 of which were determined to be potentially relevant, and 14 articles were included in this review. About half of the studies found a significant association between NSEC and depression, and pooled estimates suggest poorer socioeconomic conditions were associated with higher odds of depression (OR = 1.14, 95 % CI 1.01, 1.28). Study results varied by follow-up time. Among studies with less than 5 years of follow-up, there was a significant association between NSEC and depression (OR = 1.28, 95 % CI 1.13, 1.44), although pooling of study results may not be warranted due to heterogeneity across studies. Among studies with at least 5 years of follow-up, which were homogeneous, there was no association (OR = 1.00, 95 % CI 0.95, 1.06) between NSEC and depression. Conclusions We found inconsistent evidence in support of a longitudinal association between NSEC and depression, and heterogeneity according to the length of followup time might partly explain the mixed evidence observed in the literature on NSEC and depression.

Study	Sellström 2006
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other
Review Question (copy from paper):	To clarify the impact of neighbourhood context on child and adolescent health.
Secondary question(s)	N/A
Search last updated	October 2003
Population	Children and adolescents
Exposure	Neighborhood context (defined in two categories as neighbourhood socioeconomic status, social climate) – living in a deprived neighbourhood
Comparison	N/A
Outcome	Health
Study design	Observational design
Time	Since 1990
Language	Not reported
Other	High income countries (Western European countries, USA, Canada, Australia); single studies of a childhood outcome or studies in which a certain outcome was measured in a way that made comparisons impossible were excluded)
Results	
Synthesis methods	They used multilevel technique whereby they accounted for differences between neighborhoods in terms of family characteristics: “i.e. the families and

	children in a neighbourhood are in some respects more alike than families and children from two different neighbourhoods. Hierarchical models for multilevel data consist of two equations estimated simultaneously, an individual- and a neighbourhood-level model, which allow identifying variability of the outcome on two levels"
Number of studies included	N=13
Included study designs	Cohort study (6), cross-sectional (6), longitudinal cohort (1)
Primary study origin (countries)	USA (6), Netherlands (3), UK (2) Finland (1), Canada (1)
Total number of participants included	Neighbourhoods/communities: N= 20-5427 communities/neighbourhoods/enumeration areas/census tracts Total: N=324214 children
Population characteristics	Infants (4), 0-4 years old (1) 3-18 years old (8)
Outcomes measured	Birth weight, behavioural problems, injuries, child maltreatment
Critical appraisal tool used	1. Probability sampling (Y/N) 2. Outcome based on self-reporting (Y/N) 3. Relevant individual-level variables (Y/N) 4. Neighbourhood variables measured before outcome (Y/N)
Quality of included studies	Unclear. Methodological limitations typical of cross-sectional designs.
Main findings	"What this review adds is that neighbourhood characteristics seem to have an effect that is independent of the individual family situation. Several analyses further imply that neighbourhood effects are not only added to the individual family's risk, but also exacerbate it. The risk of giving birth to a low-birth-weight infant increased by over 10% if the mother lived in a disadvantaged neighbourhood…Taken together, neighbourhood effects explain up to 10% of the variation in certain child health outcomes, after controlling for a number of different family characteristics" (p.552)
Abstract	Growing up in a poor neighbourhood has negative effects on children and adolescents. In the literature it has been concluded that the risk of low birth weight, childhood injury and abuse, and teenage pregnancy or criminality double in poor areas. However, the validity of such studies has been questioned, as they have been associated with ecological or individualistic fallacies. Studies using multilevel technique might thus contribute important knowledge in this field. The present review clarifies the importance of neighbourhood contextual factors in child and adolescent health outcomes, through considering only studies using multilevel technique. Keyword searching of the Medline, ERIC, PsycInfo, Sociological Abstracts, and Social Citation Index databases was performed. Original studies using multilevel technique to examine the effect of neighbourhood characteristics on child and adolescent health outcomes, and focusing on populations in high-income countries were included. Neighbourhood socioeconomic status and social climate were shown to have small to moderate effects on child health outcomes, i.e. birth weight, injuries, behavioural problems, and child maltreatment. On average, 10% of variation in health outcomes was explained by neighbourhood determinants, after controlling for important individual and family variables. This review demonstrates that interventions in underprivileged neighbourhoods can reduce health risks to children, especially in families that lack resources. An analysis of methodological fallacies indicates

	that observed effects and effect sizes can be underestimated, and that interventions may well have greater impact than this review was able to establish.

Study	Vos 2014
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other
Review Question (copy from paper):	"to summarize evidence on the relation between neighbourhood deprivation and the risks for preterm birth, small-for-gestational age, and stillbirth"
Secondary question(s)	N/A
Search last updated	May 2012
Population	Not specified (appears to be pregnant women and their newborns)
Exposure	Deprived neighborhoods
Comparison	Compared most deprived versus least deprived neighborhoods
Outcome	Preterm birth, low birth weight, small-for-gestational age, stillbirth and/or perinatal mortality
Study design	RCT, cohort (including longitudinal), cross-sectional and case-control studies
Time	No limitations
Language	No limitations
Other	Developed country, as defined by World Bank
Results	
Synthesis methods	Random-effects meta-analysis to estimate unadjusted and adjusted summary ORs with the associated 95% CI. The meta-analysis included cohort studies on adverse perinatal outcomes associated with neighbourhood deprivation. If outcomes for several years were reported, the most recent results were used for the meta-analysis.
Number of studies included	24 in systematic review, 7 in meta-analysis
Include study designs	Only cohort studies included in meta-analysis. Additional study designs: case-control, registry analysis/case-record study
Primary study origin (countries)	UK (10), Canada (5), Netherlands (4), USA (2), Spain (1), Sweden (1)
Total number of participants included	N: range from 2735 and 877 951 Total n=6 392 637
Population characteristics	Come from deprived neighborhood (One study used the Carstairs–Morris score, five studies used the Index of Multiple Deprivation, another five used the Townsend Deprivation Index, one study used the Jarman score, and five used neighborhood income as a proxy for deprivation at the neighborhood level.)
Outcomes measured	Small-for-gestational age, very low birthweight, low birth weight, perinatal mortality, preterm birth, very preterm birth

	Four included a multilevel analysis, 20 studies assessed neighbourhood-level exposure
Critical appraisal tool used	Newcastle-Ottawa Scale
Quality of included studies	Studies in meta-analysis: High (5), medium (2) (overall: low=2, medium= 9, high =13)
Main findings	From abstract: Results: We identified 2863 articles, of which 24 were included in a systematic review. A meta-analysis (n = 7 studies, including 2 579 032 pregnancies) assessed the risk of adverse perinatal outcomes by comparing the most deprived neighborhood quintile with the least deprived quintile. Compared with the least deprived quintile, odds ratios for adverse perinatal outcomes in the most deprived neighborhood quintile were significantly increased for preterm delivery (odds ratio 1.23, 95% confidence interval 1.18–1.28), small-for-gestational age (odds ratio 1.31, 95% confidence interval 1.28–1.34), and stillbirth (odds ratio 1.33, 95% confidence interval 1.21–1.45). From main text: Conclusions This systematic review and meta-analysis suggest that neighborhood deprivation is associated with SGA, preterm birth and stillbirth. However, more methodological research is necessary to determine the comparability of several neighborhood deprivation indices in relation to these perinatal outcomes. The included studies were not designed to explore mechanisms, so more etiological studies at a neighborhood and individual level are necessary to gain understanding of the effect of “neighborhood deprivation” on adverse perinatal outcomes. In the meantime this should not prevent us from designing new policies and programs for women living in deprived neighborhoods where both social and medical risk factors are present to a great extent.
Abstract	Objectives. This study aims to summarize evidence on the relation between neighborhood deprivation and the risks for preterm birth, small-for-gestational age, and stillbirth. Design. The design was a systematic review and meta-analysis. Main outcome measures. The main outcome measures included studies that directly compared the risk of living in the most deprived neighborhood quintile with least deprived quintile for at least one perinatal outcome of interest (preterm delivery, small-for-gestational age and stillbirth). Methods. Study selection was based on a search of Medline, Embase and Web of Science for articles published up to April 2012, reference list screening, and email contact with authors. Data on study characteristics, outcome measures, and quality were extracted by two independent investigators. Random-effects meta-analysis was performed to estimate unadjusted and adjusted summary odds ratios with the associated 95% confidence intervals. Results. We identified 2863 articles, of which 24 were included in a systematic review. A meta-analysis (n = 7 studies, including 2 579 032 pregnancies) assessed the risk of adverse perinatal outcomes by comparing the most deprived neighborhood quintile with the least deprived quintile. Compared with the least deprived quintile, odds ratios for adverse perinatal outcomes in the most deprived neighborhood quintile were significantly increased for preterm delivery (odds ratio 1.23, 95% confidence interval 1.18–1.28), small-for-gestational age (odds ratio 1.31, 95% confidence interval 1.28–1.34), and stillbirth (odds ratio 1.33, 95% confidence interval 1.21–1.45). Conclusions. Living in a deprived neighborhood is associated with preterm birth, small-for-gestational age and stillbirth.

Study	Vyncke 2013
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other
Review Question (copy from paper):	"To review the role of social capital in health inequalities and the social gradient in health and well-being of children and adolescents"
Secondary question(s)	"To analyse the interplay between socio-economic factors and neighbourhood social capital in relation to the health and well-being of children and adolescents."
Search last updated	September 2011
Population	Focus on children and/or adolescents
Exposure	Include a variable proposed to measure neighbourhood social capital, a measure of socio-economic conditions
Comparison	N/A
Outcome	Health-related outcomes
Study design	All quantitative studies
Time	1990-2011
Language	English, French, Dutch, German, Spanish, Icelandic, Czech
Other	Western countries (USA, New Zealand, Australia, and Europe)
Results	
Synthesis methods	Narrative review
Number of studies included	8
Include study designs	observational
Primary study origin (countries)	USA (4) Europe (2), Canada (2)
Total number of participants included	Not reported
Population characteristics	Children (6) and adolescents (2); one study specifically examined African American children, one study specifically examined rural children. None of the studies focused solely on deprived neighbourhoods.
Outcomes measured	Well-being (8), behaviour problems (4), verbal ability (2), mental health problems (1), self-esteem and satisfaction (1), cognitive abilities (1)
Critical appraisal tool used	Adapted version of the tool developed by the Effective Public Health Practice Project (Mirza 2007)
Quality of included studies	The quality of the studies was assessed as being mostly moderate to strong. Only one study adequately reported how missing data was dealt with, and all of the included studies were assessed as being at risk of allocation bias.
Main findings	Results: "Eight studies met the inclusion criteria for the review. The findings are mixed. Only two of five studies confirmed that neighbourhood social capital mediates the association between neighbourhood deprivation and health and well-being in adolescents. Furthermore, two studies found a significant interaction between neighbourhood socio-economic factors and neighbourhood social capital, which indicates that neighbourhood social capital is especially beneficial for children who reside in deprived neighbourhoods. However, two other studies did not find a significant interaction between SES and neighbourhood social capital. Due to the broad range of studied health-related outcomes, the

	different operationalisations of neighbourhood social capital and the conceptual overlap between measures of SES and social capital in some studies, the factors that explain these differences in findings remain unclear." Conclusions "Although the findings of this study should be interpreted with caution, the results suggest that neighbourhood social capital might play a role in the health gradient among children and adolescents. However, only two of the included studies were conducted in Europe. Furthermore, some studies focussed on specific populations and minority groups. To formulate relevant European policy recommendations, further European-focussed research on this issue is needed"
Abstract	Background: Although most countries in the European Union are richer and healthier than ever, health inequalities remain an important public health challenge. Health-related problems and premature death have disproportionately been reported in disadvantaged neighbourhoods. Neighbourhood social capital is believed to influence the association between neighbourhood deprivation and health in children and adolescents, making it a potentially interesting concept for policymakers. Methods: This study aims to review the role of social capital in health inequalities and the social gradient in health and well-being of children and adolescents. A systematic review of published quantitative literature was conducted, focussing on (1) the mediating role of neighbourhood social capital in the relationship between socio-economic status (SES) and health-related outcomes in children and adolescents and (2) the interaction between neighbourhood social capital and socio-economic characteristics in relation to health-related outcomes in children and adolescents. Three electronic databases were searched. Studies executed between 1 January 1990 and 1 September 2011 in Western countries (USA, New Zealand, Australia and Europe) that included a health-related outcome in children or adolescents and a variable that measured neighbourhood social capital were included. Results: Eight studies met the inclusion criteria for the review. The findings are mixed. Only two of five studies confirmed that neighbourhood social capital mediates the association between neighbourhood deprivation and health and well-being in adolescents. Furthermore, two studies found a significant interaction between neighbourhood socio-economic factors and neighbourhood social capital, which indicates that neighbourhood social capital is especially beneficial for children who reside in deprived neighbourhoods. However, two other studies did not find a significant interaction between SES and neighbourhood social capital. Due to the broad range of studied health-related outcomes, the different operationalisations of neighbourhood social capital and the conceptual overlap between measures of SES and social capital in some studies, the factors that explain these differences in findings remain unclear. Conclusions: Although the findings of this study should be interpreted with caution, the results suggest that neighbourhood social capital might play a role in the health gradient among children and adolescents. However, only two of the included studies were conducted in Europe. Furthermore, some studies focussed on specific populations and minority groups. To formulate relevant European policy recommendations, further European-focussed research on this issue is needed.

Study	Yen 2009
Publication type for main reference:	☒journal article ☐book chapter ☐ conference proceedings ☐unpublished ☐ other

Review Question (copy from paper):	To summarize the current body of literature that investigated neighborhood effects for older adults.
Secondary question(s)	N/A
Search last updated	December 31, 2007
Population	≥ 55 years (older adults)
Exposure	neighborhood
Comparison	N/A
Outcome	physical and mental health outcomes (including health behaviors)
Study design	Empirical studies
Time	1997-2007
Language	English
Other	Studies had to include 10 or more neighbourhoods
Results	
Synthesis methods	a quantitative analysis of the reviewed articles was not conducted; however, findings by exposure are briefly summarized below and notable findings are highlighted.
Number of studies included	33
Include study designs	Cross-sectional (25), longitudinal (8)
Primary study origin (countries)	USA (26), Europe/Australia (7)
Total number of participants included	Number of included neighborhoods ranged from 10 to 1217; average n per neighbourhood ranged from three to 207
Population characteristics	24 studies operationalized neighborhood using administrative boundaries, such as census or neighborhood association The remaining studies used an individual-driven approach to characterizing neighborhood or focused on either individual perception of neighborhood characteristics of interest (e.g., neighborhood support) or objective information for a certain geographic radius surrounding an individual's residence (e.g., physical environment characteristics within a quarter-mile radius of a participant).
Outcomes measured	Mental health, physical activity, physical functioning, cognitive ability, loneliness, depression
Definition of neighbourhood	Neighbourhood exposure measures (categories): socioeconomic composition; racial composition; demographics; perceived resources and/or problems; physical environment; social environment
Critical appraisal tool used	"The studies were assessed using a set of criteria created for the current study, informed by previous commentaries on neighborhood-health research. These commentaries and interest in examining this specific body of literature led to the creation of five categories: (1) the application of a stated theory or conceptual framework; (2) use of contextual or physical environment data either through databases of businesses and services or through direct observation; (3) taking into consideration length of time at an address in the analysis; (4) use of modeling to take clustering into account; and (5) for longitudinal studies, whether changes in the neighborhood over time were documented and taken into consideration."

Quality of included studies	"One third of the studies incorporated theory or used direct measures of neighborhood features, and only ten of the 33 accounted for length of residence in their analyses (Table 1). Of the eight longitudinal studies, only one […] took into account any changes in the neighborhood environment during follow-up." Eighteen included studies used multilevel modeling to take neighborhood clustering into account. Multilevel modeling is not necessarily associated with higher quality studies, as it is only possible if individuals were sampled only within a neighborhood, and a convenience or clinic-based sampling method may not be conducive to such modelling.
Main findings	Results: "The measures of objective and perceived aspects of neighborhood were summarized. Neighborhood was primarily operationalized using census-defined boundaries. Measures of neighborhood were principally derived from objective sources of data; eight studies assessed perceived neighborhood alone or in combination with objective measures. Six categories of neighborhood characteristics were socioeconomic composition, racial composition, demographics, perceived resources and/or problems, physical environment, and social environment. The studies are primarily cross-sectional and use administrative data to characterize neighborhood." Conclusion: "This literature review provides limited evidence that neighborhood environment is a primary influence on older adults' health and functioning. These results highlight the need for additional hypothesis-driven research based on models linking specific neighborhood exposure to health outcomes in older adults. New methods are needed to define "activity spaces"104 that are relevant to older adults and integrate direct measurement of these spaces into research. Further, relevant neighborhood exposures should be more consistently incorporated into health disparities research among older adults, and use of innovative methods (e.g., CBPR) may enhance the usefulness of the research with this population."
Abstract	Context: Epidemiologists and public health researchers are studying neighborhood's effect on individual health. The health of older adults may be more influenced by their neighborhoods as a result of decreased mobility. However, research on neighborhood's influence on older adults' health, specifically, is limited. Evidence acquisition: Recent studies on neighborhood and health for older adults were identified. Studies were identified through searches of databases including PsycINFO, CINAHL, PubMed, Academic Search Premier, Ageline, Social Science Citation Index, and Health Source. Criteria for inclusion were as follows: human studies; English language; study sample included adults aged _55 years; health outcomes, including mental health, health behaviors, morbidity, and mortality; neighborhood as the primary exposure variable of interest; empirical research; and studies that included _10 neighborhoods. Air pollution studies were excluded. Five hundred thirty-eight relevant articles were published during 1997– 2007; a total of 33 of these articles met inclusion criteria. Evidence synthesis: The measures of objective and perceived aspects of neighborhood were summarized. Neighborhood was primarily operationalized using census-defined boundaries. Measures of neighborhood were principally derived from objective sources of data; eight studies assessed perceived neighborhood alone or in combination with objective measures. Six categories of neighborhood characteristics were socioeconomic composition, racial composition, demographics, perceived resources and/or problems, physical environment, and social environment. The studies are primarily cross-sectional and use administrative data to characterize neighborhood.

	Conclusions: These studies suggest that neighborhood environment is important for older adults' health and functioning.

Vedlegg 3. Risiko for skjevheter i de inkluderte systematiske oversiktene

Vi benyttet Område for helsetjenesters sjekkliste for systematiske oversikter til å vurdere oversiktenes metodiske kvalitet. Tallene i øverste rad i tabellen nedenfor refererer til sjekklistens spørsmål (se nedenfor) som er besvart ja, nei, uklar/delvis. Siste kolonne (10) angir den endelige metodiske kvalitetsvurderingen, som varierer fra lav, moderat, til høy.

Oversikt	1	2	3	4	5	6	7	8	9	10
Algren 2015	ja	uklart	ja	nei	ja	ja	nei	uklart	uklart	lav
Curtis 2013	ja	uklart	ja	uklart	ja	uklart	nei	uklart	uklart	lav
Feijen-de Jong 2012	uklart	nei	ja	ja	ja	uklart	ja	ja	ja	mode-rat
Richard-son 2015	ja	ja	ja	ja	ja	ja	ja	ja	ja	høy
Sellström 2006	nei	uklart	ja	uklart	ja	ja	ja	ja	ja	mode-rat
Vos 2014	uklart	ja	ja	ja	ja	ja	ja	ja	ja	høy
Vyncke 2013	ja	uklart	ja	uklart	ja	uklart	ja	ja	ja	mode-rat
Yen 2009	ja	uklart	ja	nei	ja	uklart	nei	uklart	uklart	lav

Kriterier for metodisk kvalitetsvurdering av systematiske oversikter:
1. Beskriver forfatterne klart hvilke metoder de brukte for å finne primærstudiene?
2. Ble det utført et tilfredsstillende litteratursøk?
3. Beskriver forfatterne hvilke kriterier som ble brukt for å bestemme hvilke studier som skulle inkluderes (studiedesign, deltakere, tiltak, ev. endepunkter)?
4. Ble det sikret mot systematiske skjevheter (bias) ved seleksjon av studier (eksplisitte seleksjonskriterier brukt, vurdering gjort av flere personer uavhengig av hverandre)?
5. Er det klart beskrevet et sett av kriterier for å vurdere intern validitet?
6. Er validiteten til studiene vurdert (enten ved inklusjon av primærstudier eller i analysen av primærstudier) ved bruk av relevante kriterier?
7. Er metodene som ble brukt da resultatene ble sammenfattet, klar beskrevet?
8. Ble resultatene fra studiene sammenfattet på forsvarlig måte?
9. Er forfatternes konklusjoner støttet av data og/eller analysen som er rapportert i oversikten?

Vedlegg 4. Tittel og sammendrag for de inkluderte ikke-systematiske oversiktene

Vi gjør oppmerksom på at vi kun angir sammendrag for oversikter som er publisert som open access (dette i henhold til opphavsrett til åndsverk)

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Arcaya MC, Tucker-Seeley RD, Kim R, Schnake-Mahl A, So M, Subramanian SV. Research on neighborhood effects on health in the United States: A systematic review of study characteristics. Social Science & Medicine 2016;168:16-29.

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Abstract: This review critically summarizes the literature on neighborhood determinants of obesity and proposes a conceptual framework to guide future inquiry. Thirty-seven studies met all inclusion criteria and revealed that the influence of neighborhood-level factors appears mixed. Neighborhood-level measures of economic resources were associated with obesity in 15 studies, while the associations between neighborhood income inequality and racial composition with obesity were mixed. Availability of healthy versus unhealthy food was inconsistently related to obesity, while neighborhood features that discourage physical activity were consistently associated with increased body mass index. Theoretical explanations for neighborhood-obesity effects and recommendations for strengthening the literature are presented. (c) 2008 International Life Sciences Institute.

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Corral I, Landrine H, Hall MB, Bess JJ, Mills KR, Efird JT. Residential Segregation and Overweight/Obesity Among African-American Adults: A Critical Review. Front 2015;3:169.
Abstract: The relationship between residential segregation and overweight/obesity among African-American adults remains unclear. Elucidating that relationship is relevant to efforts to prevent and to reduce racial disparities in obesity. This article provides a critical review of the 11 empirical studies of segregation and overweight/obesity among African-American adults. Results revealed that most studies did not use a valid measure of segregation, many did not use a valid measure of overweight/obesity, and many did not control for neighborhood poverty. Only four (36% of the) studies used valid measures of both segregation and overweight/obesity and also controlled for area-poverty. Those four studies suggest that segregation contributes to overweight and obesity among African-American adults, but that conclusion cannot be drawn with certainty in light of the considerable methodologic problems in this area of research. Suggestions for improving research on this topic are provided.

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Cuellar J, Jones DJ, Sterrett E. Examining Parenting in the Neighborhood Context: A Review. J Child Fam Stud 2015;24(1):195-219.
Abstract: Positive parenting behavior is a robust predictor of child and adolescent psychosocial adjustment; however, contextual factors that relate to parenting itself are not well understood. This limited understanding is, in part, related to the fact that although theories have been put forth to explain the link between ecological context and parenting, there has been little integration of key concepts across these theories or empirical examination to determine their soundness. This review aims to begin to fill this gap by focusing on one contextual influence on parenting in particular, neighborhood context. Specifically, this review utilizes three constructs to provide a framework for integrating and organizing the literature on parenting within the neighborhood context: Danger (capturing crime and concerns for safety), Disadvantage (assessing the absence of institutional and economic resources), and Disengagement (noting the absence of positive social processes in the community). Findings from this review suggest evidence for an

association between neighborhood context and positive parenting. Yet these results appear to vary, at least to some extent, depending on which neighborhood construct is examined, the way positive parenting is assessed, and specific sample demographics, including family income and youth gender and age. Findings from this review not only summarize the research to date on neighborhood and parenting, but provide a foundation for future basic and applied work in this area
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Abstract: This article explores the possible causal pathways through which neighborhoods might affect health and then reviews the existing evidence. Although methodological issues make the literature inconclusive, the authors offer a provisional hypothesis for how neighborhoods shape health outcomes. They hypothesize that neighborhoods may primarily influence health in two ways: first, through relatively short-term influences on behaviors, attitudes, and health-care utilization, thereby affecting health conditions that are most immediately responsive to such influences; and second through a longer-term process of "weathering," whereby the accumulated stress, lower environmental quality, and limited resources of poorer communities, experienced over many years, erodes the health of residents in ways that make them more vulnerable to mortality from any given disease. Finally, drawing on the more extensive research that has been done exploring the effects of neighborhoods on education and employment, the authors suggest several directions for future research.

Ford PB, Dzewaltowski DA. Disparities in obesity prevalence due to variation in the retail food environment: three testable hypotheses. Nutr Rev 2008;66(4):216-228.
Abstract: Although the overall population in the United States has experienced a dramatic increase in obesity in the past 25 years, ethnic/racial minorities, and socioeconomically disadvantaged populations have a greater prevalence of obesity, as compared to white, and/or economically advantaged populations. Disparities in obesity are unlikely to be predominantly due to individual psychosocial or biological differences,

and they may reflect differences in the built or social environment. The retail food environment is a critical aspect of the built environment that can contribute to observed disparities. This paper reviews the literature on retail food environments in the United States and proposes interrelated hypotheses that geographic, racial, ethnic, and socioeconomic disparities in obesity within the United States are the result of disparities in the retail food environment. The findings of this literature review suggest that poor-quality retail food environments in disadvantaged areas, in conjunction with limited individual economic resources, contribute to increased risk of obesity within racial and ethnic minorities and socioeconomically disadvantaged populations. (C) 2008 International Life Sciences Institute.

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Abstract: This paper briefly reviews the social science on "neighborhood effects" as an independent force in shaping poor outcomes, specifically mental illness and criminal behavior, before discussing the implications of that research for understanding the relationship between neighborhoods, race and class. Neighborhood effects research has proliferated in recent years with extensive attention again being focused on the social context of family and individual development and life course. Moreover, recent work has suggested the need to consider the developmental effects of neighborhoods that persist across life-span. This paper will focus specifically on mental illness and criminal behavior as outcomes for understanding neighborhood effects, but will also consider what the structural causes of individual behavior and functioning mean for clinical assessment, especially forensic assessment.

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among the social determinants and that they are related to each other, as well as to core areas, sexual networks, and STD rates. Finally, we discuss the implications of our review for STD prevention and control with particular attention to STD program collaboration and service integration.

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lowed by a review of studies addressing both direct and indirect linking among neighborhood poverty to academic achievement as well as internalizing and externalizing behaviors. Available neighborhood studies that examined physical health disparities, as well as genetic and environmental influences on adolescent development, were also included. Within each section we summarize findings that address the direct and indirect effects of neighborhood poverty. We conclude with promising strategies for future research, including recommendations for addressing theoretical and methodological issues that continue to plague this field of research.

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Abstract: This literature review examines the changing roles of ethnic enclaves, the question of their authenticity, and their value as commodified spaces, giving special attention to Little Italy neighborhoods in the United States. Understanding the roles of ethnic enclaves requires some understanding about immigrants' identities. For some theorists, immigrants become blended into society over the course of generations; for other theorists, descendants of immigrants sometimes retain their cultural heritage and traits, helping form a multicultural or pluralist society. In the traditional sense, ethnic enclaves consist of both ethnic residents and ethnic businesses (such as restaurants, shops, and grocers). One way that ethnic enclaves change is when the area experiences a demographic shift, and people from outside the ethnic group move their residences

and businesses to the neighborhood, resulting in the area becoming diversified in people and businesses. A second way that an ethnic enclave changes is when the ethnic group shrinks, but the shops and other businesses remain, resulting in the area becoming diversified in residents but not businesses. This latter situation may encourage commodification of the neighborhood's ethnic identity, where a municipality or business association seeks to preserve an enclave's ethnic reputation for tourism purposes. This commodification has implications for many individuals and groups within the enclave as well as outside of it.

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(d) the study was done in the United States, and (e) the study measured at least one of the outcome measures-glycemic control, cholesterol (LDL), blood pressure, quality of life or cost. Using a reproducible strategy, 2,110 articles were identified, and 61 were reviewed based on inclusion criteria. Twelve were categorized as Economic Stability and Education, 17 were categorized as Social and Community Context, 28 were categorized as Health and Health Care, and three were categorized as Neighborhood and Built Environment. Based on the studies reviewed, social determinants have an impact on glycemic control, LDL, and blood pressure to varying degrees. The impact on cost and quality of life was not often measured, but when quality of life was investigated, it did show significance. More research is needed to better characterize the direct impact of social determinants of health on health outcomes in diabetes.

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cause of racial differences in socioeconomic status (SES) by determining access to education and employment opportunities. SES in turn remains a fundamental cause of racial differences in health. Segregation also creates conditions inimical to health in the social and physical environment. The authors conclude that effective efforts to eliminate racial disparities in health must seriously confront segregation and its pervasive consequences.

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Abstract: Purposes The aim of this study is to review the published evidence on the association between community environment and cognitive function in older people, focusing on the findings and a critique of the existing studies. Methods A literature search was conducted to identify studies linking the community environment and cognitive function in older people. The results and methodological factors, including the definition of community, individual level characteristics and the measurements of cognitive function and community environment were extracted from each study. The measurements of community environment were mainly categorized into two types: compositional, generated by aggregating individual and household data (community-level socioeconomic status, deprivation index) and contextual, targeting at the features of built or social environment in local areas (green space, street conditions, crime rate). Results Fourteen of the fifteen studies used compositional measurements such as community-level socioeconomic status and deprivation index and significant associations were found in eleven studies. Some individual level factors (ethnicity, genotype and socioeconomic status) were found to modify the association between community environment and cognitive function. Few contextual measurements were included in the existing studies. A conceptual framework for the pathway from community environment to cognitive function of older people is provided in this review. Conclusions To disentangle the additional effect of place from individual risk factors and investigate the casual direction of community environment and cognition in later life, longitudinal studies with measurements targeting built and social environments of community and change of cognitive functions over time need to be included in future studies.

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Vedlegg 5. Oversikt over de inkluderte ikke-systematiske oversiktene

Outcome / Population (or neighborhood characteristic)	Education	Physical activity	Diabetes	Obesity	Reproductive health	Health (general)	Mental health	Substance (mis)use	Cancer	Child development & parenting	Anti-social behaviour / violence / crime	Other
unspecified population and neighborhoods (includes disadvantaged neighborhoods)	Nieuwenhuis 2016 (3)	McNeill 2006 (22)	Creatore 2009 (23) Walker 2014 (24)	Papas 2007 (25) Black 2008 (26) Creatore 2009 (23)	Ncube 2016 (27) Kim 2013 (28)	Bakacs 2008 (29) Arcaya 2016 (30) Ellen 2001 (31) Hilmers 2012 (32) Larson 2009 (33) Schule 2015 (34) Roux 2010 (35)	Freedman 2013 (36) Heinz 2013 (37) Julien 2012 (38) Kim 2008 (39) Mair 2008 (40) Paczkowski 2010 (41) Silva 2016 (42) Truong 2006 (43) Wu 2015 (44)	Karriker-Jaffe 2011 (45) Gardner 2010 (46)	Davidson 2005 (47) Gomez 2015 (48) Landrine 2016 (21)		Kikuchi 2009 (49) Johnson 2015 (50)	

Outcome / Population (or neighborhood characteristic)	Education	Physical activity	Diabetes	Obesity	Reproductive health	Health (general)	Mental health	Substance (mis)use	Cancer	Child development & parenting	Anti-social behaviour / violence / crime	Other
Racial/ethnic segregation	Johnson 2010 (51) Johnson 2003 (52)		Kershaw 2016 (53) Durazo 2016 (54)	Ford 2008 (55) Corral 2015 (56)		Acevedo-Garcia 2003 (57) Andresen 2005 (58) Casagrande 2009 (59) Hogben 2008 (60) Kershaw 2015 (61) Kramer 2009 (62) Rebanal 2016 (63) Reid 2014 (64) White 2012 (65) White 2009 (66) White 2011	Copeland 2007 (70) Perry 2015 (71) Shaw 2012 (72) Veling 2013 (73)	Chartier 2014 (74)	Culhane 2005 (75)		Moye 2015 (76) Peterson 2006 (77)	Wolf 2003 (78)

Outcome / Population (or neighborhood characteristic)	Education	Physical activity	Diabetes	Obesity	Reproductive health	Health (general)	Mental health	Substance (mis)use	Cancer	Child development & parenting	Anti-social behaviour / violence / crime	Other
						(67, 68) Williams 2001 (68) Williams 2013 (69)						
Children							Zhou 2012 (79)			Schonberg 2007 (80) Salzinger 2002 (81) Nettles 2008 (82) Murry 2011 (83) Iruka 2009 (84) Hale 2013 (85) Hines 2004 (86) Cuellar 2015 (87)	Gorman-Smith 2003 (90) Ingoldsby 2002 (91)	Santiago 2014 (92)

Outcome / Population (or neighborhood characteristic)	Education	Physical activity	Diabetes	Obesity	Reproductive health	Health (general)	Mental health	Substance (mis)use	Cancer	Child development & parenting	Anti-social behaviour / violence / crime	Other
										Formoso 2010 (88) Burton 2000 (89)		
Neighborhood crime		Foster 2008 (93)										

Outcome / Population (or neighborhood characteristic)	Education	Physical activity	Diabetes	Obesity	Reproductive health	Health (general)	Mental health	Substance (mis)use	Cancer	Child development & parenting	Anti-social behaviour / violence / crime	Other
										Formoso 2010 (88) Burton 2000 (89)		
Neighborhood crime		Foster 2008 (93)										

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