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IN THIS ISSUE

The paper, “The Role of Prosocial Behavior in Promoting Physical Activity, as an Indicator of Resilience, in a Low-Income Neighborhood,” co-authored by Quianta Moore, M.D., J.D., was published in *Behavioral Medicine* in August 2020. Moore is the Huffington Fellow in Child Health Policy at the Baker Institute for Public Policy. Christopher Kulesza, Ph.D., a Baker Institute Scholar; Rachel Kimbro, Ph.D., a Rice University sociology professor; Daphne Flores, a Baker Institute intern; and Felicia Jackson of the Houston Area Urban League co-authored the paper.

An electronic version of this newsletter may be downloaded at [bit.ly/HPR-16-1](https://bit.ly/HPR-16-1).

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## HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine  
Joint Program in Health Policy Research

### Does life in a low-income neighborhood lead to poor health and well-being for residents?

“No, not always,” says Quianta Moore, M.D., J.D., the Huffington Fellow in Child Health Policy. Although there is evidence that living in a low-income neighborhood can have negative health impacts, resident and neighborhood attributes can be mitigating factors. These attributes are often characterized by the term “resilience,” which is “the ability to overcome hardships or bounce back from adversity,” says Moore.

The strength of neighborhood relationships and the willingness of neighbors to help one another—called prosocial behavior—could mitigate the negative health impact of living in a low-income neighborhood. Prosocial behavior has been found to be an attribute of resilience.

In their study, Moore and her colleagues examined whether prosocial behavior is positively correlated with physical activity in an urban, low-income neighborhood. “Physical activity is one integral way that individuals demonstrate resilience,” the study authors say. Physical activity is also an important contributor to health outcomes.

The study used a community-based participatory research approach to survey residents in an urban, African-American neighborhood in Houston, Texas. Community residents who were hired and trained as community researchers went door-to-door administering the survey. The defined geographic region of the neighborhood resulted in a sample of 2,457 households. The response rate was 57%. The study authors also hired a firm to conduct a built environment assessment of the neighborhood that evaluated

sidewalk conditions, walkability, and street intersection safety.

The researchers found that despite neighborhood factors that could hinder physical activity, such as poor walkability, lack of sidewalk infrastructure, and neighborhood violence, 57% of respondents reported participating in moderate-intensity physical activity three or more times a week, and 29% participated in high-intensity physical activity three or more times a week. Prosocial behavior was significantly and positively correlated with moderate-intensity physical activity. “These findings suggest that individuals with high pro-social behavior can overcome limitations in the built environment and neighborhood in order to maintain regular physical activity,” say Moore and her colleagues.

While this study focused on physical activity, its findings can be used to encourage researchers, health care providers, and policymakers to shift from a deficit-based model of the social determinants of health to an asset-based model. Until policymakers can address the root causes of poverty, understanding how to measure, foster, and support resilience may be a better path to improved health outcomes. Moreover, the constant focus on the negative attributes of low-income neighborhoods can reinforce stereotypes and implicit bias, creating a perpetual cycle of health disparities. Instead, a focus on community strengths can support self-determination and positive health behaviors, which can ultimately lead to better health outcomes.

**HEALTH POLICY** research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University's Baker Institute for Public Policy, in collaboration with **Laura Petersen, M.D., MPH**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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