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Reconciling opposing perceptions of access to physical activity in a gentrifying urban neighborhood

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Abstract

Objective: We sought to understand perspectives on access to physical activity in a gentrifying neighborhood.

Design: This qualitative descriptive study used street intercept interviews and photo documentation.

Sample: Participants included members ($n = 19$) of a gentrifying neighborhood in a northeastern city.

Results: Participants held markedly different perceptions of opportunities for physical activity. Some participants, particularly area university students or those who are identified as White, perceived the neighborhood as favorable to physical activity, with high walkability and abundant resources. Other participants, particularly those who identified as Black or African-American, felt it was difficult to be physically active because neighborhood recreation facilities are scarce or unaffordable and parks are poorly maintained or unsafe. Multiple participants noted strategies to overcome neighborhood barriers to physical activity. Regardless of neighborhood perceptions, family and friends played an important role in influencing physical activity.

Conclusions: Nurses must consider how disparities in actual and perceived access to neighborhood resources influence participation in physical activity, particularly in gentrifying neighborhood. Public health nurses are embedded in the neighborhoods that they serve, providing a unique opportunity to understand and address the impact of neighborhood on health.

Keywords

environment design; exercise; health equity

1 | BACKGROUND

Routine physical activity is associated with decreased risk of cardiovascular disease, cancer, diabetes, and early mortality (Centers for Disease Control & Prevention, 2018).

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Neighborhood physical and social environments are important determinants of physical activity (Carlin et al., 2017). Physical activity levels are markedly lower in neighborhoods with less green space, higher crime, and lower levels of neighborhood satisfaction and social capital. These adverse conditions are more common in low income and majority ethnic/racial minority neighborhoods, contributing to disparities in physical activity and health outcomes (Franzini et al., 2010; Sharifi et al., 2016; Wen, Zhang, Harris, Holt, & Croft, 2013). Of note, research suggests that perceived neighborhood conditions may be more important than objectively measured characteristics (Hillsdon, Coombes, Griew, & Jones, 2015; Pratt et al., 2015; Troped, Wilson, Matthews, Cromley, & Melly, 2010).

The perception of neighborhood conditions, including those related to physical activity, may vary among different racial, ethnic, and socioeconomic groups. Differing perceptions may be particularly prevalent in urban neighborhoods where social movements such as industrialization, urbanization, the Great Migration, deindustrialization, white flight, and gentrification have created a unique population mix. West Philadelphia represents one such neighborhood. West Philadelphia is a 9.5 square mile section of Philadelphia, the fifth largest city in the United States. As with many urban areas in the United States, since to mid-to-late 1900s West Philadelphia has struggled with a depleted economic base, high rates of unemployment, inadequate investment in education, housing, healthcare, and other social services, increased violent crime, and mass incarceration fueled by racial injustices in the criminal justice system (Blumgart, 2017; Tomek, 2017). More recently areas of West Philadelphia are experiencing gentrification. Construction of multistory apartment buildings, increased housing costs, and changes in residential composition (23% increase in percentage of population with a college degree; 30%–40% decrease in Black or African-American population in traditionally Black or African-American census tracts since 2000) are occurring (Lowe, 2016). However as West Philadelphia gentrifies, high rates of poverty persist and health disparities, including low levels of participation in physical activity and high chronic disease burden, remain widely prevalent (Lipman et al., 2011; Pew Charitable Trusts, 2015; Philadelphia Department of Public Health, 2017).

Amidst the gentrification, West Philadelphia is the focus of efforts from local institutions and city government to improve rates of physical activity and alleviate health disparities. Such efforts include free workout classes in a West Philadelphia park, a walking trail along the West Philadelphia's river border, a park associated with a local university, and a bike share program throughout the city. There are also various physical activity programs associated with faculty research efforts (such as a free dance class at local recreation center), the school system (such as a program for university athletes to engage in sports with area middle school students), and nonprofit organizations (such as a program based on decreasing neighborhood violence through engagement in basketball). Efforts in West Philadelphia entail a breath of activities with target populations of all ages. Some focus on populations who experience health disparities, others are targeted at all Philadelphians. Given these efforts, it is important to understand neighborhood members' perceptions of opportunities for physical activity in order to optimize engagement.

1.1 | Research question

In this study, we sought to explore and describe neighborhood members' perceptions of access to physical activity in West Philadelphia, a historically underserved neighborhood experiencing gentrification.

2 | METHODS

2.1 | Design and sample

This qualitative descriptive study (Sandelowski, 2010) employed street intercept interviews (Morgan et al., 2016) and photo documentation. Street intercept interviews entail approaching potential participants as they go about their daily lives in a neighborhood (e.g. walking home from the grocery store, waiting for the bus). The setting for the interviews was West Philadelphia, chosen due to the neighborhoods' current low levels of physical activity and high rates of chronic disease and proximity to area anchor institutions (including a research-intensive university and large health system) that aim to promote health in the neighborhood (Lipman et al., 2011; Philadelphia Department of Public Health, 2017). Interview sites included various locations throughout the neighborhood, including in and around parks and on sidewalks near residences and business.

The University of Pennsylvania Institutional Review Board approved this study. During October and November of 2016, a trained interviewer (AG) recruited participants in West Philadelphia after conducting the informed consent process (including receipt of consent for photo documentation component). Recruitment processes entailed the interviewer (AG) approaching a potential participant (e.g. a person waiting at a bus stop or walking down the sidewalk in the neighborhood), introducing herself, explaining the study, inviting the individual to participate in a brief interview about access to physical activity in West Philadelphia, and obtaining informed consent. All English-speaking adults (≥ 18 years) were eligible to participate. Those who were not interested were thanked for their time. All interviews took place during daytime hours, though time of day varied. No specific number of participants was targeted because a power analysis is not appropriate for qualitative research (Vaughn, Shay Schumm, & Sinagub, 1996); interviewing continued until data saturation was reached.

Interviews lasted approximately 15–30 min, took place at the time and location where the participant was initially approached, and were audio-recorded with the consent of each participant. To ensure validity of the data, standard procedures were implemented including rigorous training of interviewers and conducting interviews in a location where the participant was comfortable. The interview guide focused on experiences with physical activity in West Philadelphia and were participant-guided in order to focus on the issues and concerns that were most salient to the participants. To allow participants to guide the interview, the interviewer opened with broad questions such as “What do you do to stay healthy?” More specific questions about the neighborhood and physical activity, including “How do you think West Philadelphia does with allowing people to be physically active?,” were also asked. When participants mentioned physical activity routines or habits, probing questions were asked to expand upon participants' experiences. During and after the

interview, a professional urban street photographer documented both the participant's portrait and the local environment, taking note of conditions and resources relevant to physical activity that were mentioned by the participant. Participants received \$20 after completing the interview, as well as professional portraits that were sent to them through an email address of their preference at a later date.

2.2 | Data analyses

Interviews were de-identified and transcribed verbatim. The research team read the interviews line-by-line and developed a code-book to capture recurring concepts. Two researchers (KS, AB) then coded the interviews using qualitative content analysis methods (Hsieh & Shannon, 2005) and QSR NVIVO 11 (QSR International, 2019) with 93% inter-rater agreement. Findings were summarized in memos and discussed iteratively as a research team to identify key themes (Fusch & Ness, 2015; Guest, Bunce, & Johnson, 2006). Data saturation was achieved when interviews became redundant, when comprehensive themes encompassed all data, and when further theme development was no longer possible (Fusch & Ness, 2015; Guest et al., 2006). After data analyses were completed, illustrative photographs were chosen to represent themes.

3 | RESULTS

The final sample size for this study was 19 participants. The sample was 53% female ($n = 10$), with an average age of 33 years (range 20–67 years). Participants' self-reported race was Black or African-American ($n = 8$, 48%), Asian ($n = 4$, 21%), White ($n = 5$, 26%), or American Indian ($n = 1$, 5%), and not reported ($n = 1$, 5%). Two participants (10%) identified as Hispanic or Latinx ethnicity, whereas the others did not ($n = 17$, 90%). This roughly compares to neighborhood demographics, where the mean age is 35, 56% are female, 84% identify as Black or African-American, 2% identify as Asian, 13% identify as White, 0.3% identify as American Indian, and 3% identify as Hispanic or Latinx (United States Census Bureau, 2017).

One key theme and 6 subthemes were found. The key theme, *Opposing Perceptions of the Neighborhood*, demonstrates that participants perceived West Philadelphia in substantially different ways. Some felt that it was a green, healthy neighborhood where it was easy to be physically active and others felt that it was unsafe, undesirable, and unhealthy neighborhood. There was an emerging pattern of racial differences in perceptions. Each of the 6 subthemes illustrates aspects of this key theme, including the role of urban design, perceptions of safety, motivations for physical activity, neighborhood walkability, concerns about neighborhood members' health, and the influence of social support networks.

3.1 | Key theme: opposing perceptions of the neighborhood

Taken together, the interviews and photographs demonstrated that participants within one urban area held markedly different perceptions of the conditions for physical activity within their shared environment. There was an emerging pattern of differences in these neighborhood perceptions (though this finding should be considered hypothesis-generating); participants whose characteristics align with West Philadelphia's historic demographics

(Black or African-American) experienced a more negative and less healthy neighborhood than those who align with West Philadelphia's more recent demographics (employees of or students at area universities or hospitals, White, Asian) (Lowe, 2016) (Figures 1 and 2). Most participants who identified as Black or African-American perceived their neighborhood as unhealthy with limited options for physical activity, while most participants of other race/ethnicities viewed their neighborhood as a green and inviting with multiple resources available for physical activity. Those who perceived their neighborhood positively often mentioned resources that became available since 2000, when some areas of West Philadelphia began experiencing neighborhood gentrification. Opposing perceptions of the neighborhoods in West Philadelphia are described in the subthemes below and with illustrative quotes in Table 1.

3.2 | Urban design and places for physical activity

Some participants lamented the lack of accessible, affordable spaces, or commented that existing spaces were in disrepair or unsafe. Recreation center access and expensive membership costs to area gyms were mentioned as barriers to being active. In contrast, other participants noted that there were many specific affordable and accessible areas to be active, mentioning multiple specific neighborhood resources. Many of the resources mentioned in a positive manner were created or redeveloped in recent years and were geographically located in neighborhoods adjacent to the universities that have been highly gentrified, such as a park at an area University (built in 2011), a local bike share program (launched in 2015), and a local running trail (ongoing building and redeveloped since early 2000s). A student at an area university (Asian American male, age 23) also mentioned a walking path on the local university's campus and a pay-to-play sports league.

3.3 | Concerns about safety of places for physical activity

Many participants discussed the role of safety in influencing physical activity. However some participants mentioned lack of safety as a concern, whereas other participants specifically stated that they felt safe within their neighborhood. Participants who discussed safety usually related it to violent crime such as gun violence. For example, 2 participants (African-American male, age 23; African-American female, age 29) noted that they do not allow their children to use local playgrounds because they fear for their safety outdoors; playing indoors was seen as a safer option for children while still allowing them to be physically active. Illegal substance use, concerns about gun violence, and poor relations with law enforcement were also mentioned. In contrast, other participants did not feel that safety outdoors was an issue or felt that safety could be avoided by "doing the right thing" in their West Philadelphia neighborhood (white female, age 55).

3.4 | Motivations for physical activity

Participants had various motivating factors for physical activity. Most were consistent with health promotion—weight maintenance or disease prevention. Some enjoyed the social aspects of physical activity or noted that they feel better when they are active. Others mentioned the desire to be physically active to serve as a role model for their children. However, as noted in Table 1, one participant (African-American male, age 23) specifically linked his motivations to unfavorable neighborhood characteristics, explaining that he plays

basketball with the hopes of achieving a future career that can help him leave West Philadelphia.

3.5 | Role of walking and walkable spaces in promoting physical activity

Participants noted the importance of walking and walkable spaces in promoting physical activity, though they differed on how inviting they found the neighborhood. Some noted that their neighborhood was a great place to be active, with one participant (white male, age 48) even noting that he moved to the neighborhood because of its green space and walkability. Others noted that in urban neighborhoods everything is within walking distance, which facilitates physical activity. Some mentioned that they often see others walking or jogging. In contrast, others did not perceive their neighborhood as an area where neighborhood members (particularly adults) were seen being physically active. They did not feel like their neighborhood was an inviting space for walking, noting that their neighborhood was not in a nice area, that neighborhood parks were not clean, or that it was easiest to drive (versus walk) most places.

3.6 | Concerns about health of fellow neighborhood members

Perceptions of fellow neighborhood members' health, both related to physical activity and more broadly, differed. Some participants perceived that many neighborhood members did not live a physically active lifestyle. At times, they expressed concerns about other aspects of well-being, such as poor mental health, inadequate nutrition, lack of health insurance, and poverty. One participant (Lebanese female, age 25) reported a lack of access to health care in her neighborhood due to insurance barriers, noting that "a lot of health facilities and also mental health facilities have a pretty limited range of insurances that they accept. So I pretty much don't go to the doctor and don't see a therapist because I'm like 'I can't afford that.' And I feel like I have a lot of friends who are in the same boat." However, other participants noted their neighborhood to be generally healthy. Some noted a strong sense of cohesion, widespread use of parks by diverse groups, and that their neighbors walk everywhere.

3.7 | Role of social network in promoting physical activity

The impact of social networks (family, friends) in supporting and encouraging physical activity was reported by multiple participants across all social and demographic groups and regardless of neighborhood perceptions. For some, neighborhood resources made it easy to be active with loved ones; they described walking on the local trail with friends or joining local sports leagues with colleagues. Some noted how they were able to overcome neighborhood barriers in order to engage in activity with family and friends. For example, one participant (White Latino male, age 28) noted finding a sense of cohesion at a local gym despite it being "old and raggedy" and another (African American female, age 29) noted how she was active with her family indoors to avoid safety concerns at outdoor parks. In contrast to some of the other themes—findings related to this theme did not demonstrate significant differences by race or age.

4 | DISCUSSION

Findings of our study demonstrated that almost all experiences with physical activity in an urban neighborhood reflected a dichotomy—some participants saw their neighborhood as green and walkable with affordable, accessible spaces for activity, others saw the neighborhood as unsafe, undesirable, and a difficult place to be active and healthy. This contrast was largely divided along racial and age lines; individuals who identified as Black or African-American experienced a neighborhood that was less favorable than individuals who identified as other race/ethnicities and align with West Philadelphia's more recent demographics (employees of or students at area universities or hospitals, White, Asian). It is important to be clear that racial groups and age cohorts experience tremendous within group variation and it is not our intention to minimize the uniqueness of individual experiences; however, the differences in perceptions noted in West Philadelphia was largely consistent with demographic shifts related to gentrification.

While adverse neighborhood conditions can clearly undermine health, the evidence regarding neighborhood gentrification and health includes controversy and unanswered questions. Neighborhood gentrification can change not only the neighborhood physical environment but also the “essential character of a community” (Cortright & Mahmoudi, 2014; Kennedy & Leonard, 2001). Gentrification may have a positive impact on health behaviors such as physical activity (Centers for Disease Control & Prevention, 2013), but how gentrification impacts health and for whom is debated (Gibbons & Barton, 2016). Ideally, it is hoped that gentrification would increase physical activity-promoting public resources (e.g. well-maintained parks and playgrounds) for everyone in the neighborhood (Cortright & Mahmoudi, 2014; Kennedy & Leonard, 2001). However there is heated debate about who reaps the rewards of gentrification and who suffers, with concern that long-term residents and members of racial/ethnic minority groups in particular experience negative financial and social impacts such as getting “priced out” or experiencing decreased neighborhood cohesion (Gibbons & Barton, 2016; Kennedy & Leonard, 2001). It is possible that in a rapidly gentrifying neighborhood, new (and more privileged) neighborhood members may have access to improved resources but public goods have not been equitably developed, maintained, and made accessible to long-term neighborhood members. Furthermore, income inequality resulting from gentrification may negatively impact neighborhood social capital and increase long-term neighborhood members' stress due to social comparisons with new neighbors of higher socioeconomic position; such factors may decrease their likelihood of participating in physical activity (McNeill, Kreuter, & Subramanian, 2006; Scarapicchia, Amireault, Faulkner, & Sabiston, 2017). West Philadelphians' perceptions of neighborhood gentrification have been mixed (Lowe, 2016), though there has been significant concern about displacement of long-term residents (Ehlenz, 2016).

The dichotomous perceptions of West Philadelphia are notable given that the interviews took places within a 2 mile radius. To traverse West Philadelphia requires only six subway stops, a 20 minute bus ride, a 15 minute drive, or a 60 minute walk. This speaks to the importance of the microenvironment—environments that are small, geographically distinct, and influenced by individuals (Kirk, Penney, & McHugh, 2010; Roemmich, Beeler, & Johnson,

2014; Swinburn, Egger, & Raza, 1999). Microenvironment may be a particularly important concept in West Philadelphia because Philadelphia is known as a “city of neighborhoods” with distinct residential neighborhoods formed in the early 1800s and characterized by tight-knit social ties, immense local pride, and generations of families who remain in the neighborhoods in which they were born and raised. Thus, while West Philadelphia is considered a neighborhood, it could also be considered a group of smaller neighborhoods consistent with the concept of microenvironment (Washington Junior, 2018). Our study aligns with findings that people do not tend to travel far from home to participate in physical activity, particularly for more strenuous (versus light) physical activity (Hurvitz, Moudon, Kang, Fesinmeyer, & Saelens, 2014). In addition, it supports findings that characteristics of the built environment impact physical activity, but only within areas very close (~1 kilometer or 0.6 miles) to individuals’ homes (Troped et al., 2010). For those who live in urban areas, underserved neighborhoods, or who do not own cars, physical activity is likely to take place in walking distance from one’s home (Hillsdon et al., 2015).

Strengths of this study include that it is one of the first to examine perceptions of physical activity within the context of rapid neighborhood gentrification. In addition, our use of the street intercept method is a strength. Street intercept interviews occur in participants’ familiar environments, which can help shift the power dynamic inherent in studies taking place in a research environment (e.g. a university). In addition, street intercept interviews may be accessible for individuals who face barriers to engaging in research that requires travel to a university or clinical setting. Limitations of this study include its setting in a gentrifying urban neighborhood and that it may not be generalizable to rural, suburban neighborhoods, or urban neighborhoods that are not experiencing gentrification. Future studies could strengthen inferences by triangulating street intercept interviews with survey data and neighborhood assessment data such as geospatial analysis.

4.1 | Implications for public health nursing practice, research, and policy

Public health nurses are embedded in the neighborhoods that they serve, providing a unique opportunity to understand how neighborhood conditions impact engagement in physical activity. Results from this study suggests that public health nurses must consider not only actual neighborhood resources but perceptions of access to resources as well, because individuals living in the same geographic area might have different lived experiences of their neighborhood. When suggesting local physical activity resources to individuals and families, public health nurses must consider who feels welcome to use such resources, who is aware of such resources, and who has ownership of such resources. Conversations with neighborhood members can provide important insight about these issues and creative approaches might be needed to increase awareness of such resources. For example, a press release posted on a university Twitter account might not be as accessible as visiting a local neighborhood meeting or block party to speak about a program. Furthermore, public health nurses can play an important role in advocating for equitable access to recreation centers and parks and safe, clean streets by engaging with local neighborhood groups, participating in advocacy committees for their professional organizations, or connecting with policymakers. Advocating for either low cost or free physical activity programs is key for individuals with limited disposable income. In addition, when working to develop new neighborhood

resources for physical activity, public health nurses can ensure that the voices of groups who have been historically underserved are valued and that neighborhood members are included as true partners in resource development. Lastly, public health nurses who work in gentrifying urban areas must consider how gentrification is impacting individuals and families; it is necessary to thoughtfully attend to how gentrification impacts not only physical activity resources but also stress levels and availability of social support. With attention to ensuring equitable access to physical activity resources in neighborhoods, public health nurses can play an important role in supporting healthy behaviors in order to promote health and reduce disease burden.

5 | CONCLUSIONS

Given the impact of physical activity on many common chronic illnesses and mortality, it is critically important to understand neighborhood conditions that promote physical activity. Nationwide demographic shifts in urban neighborhoods necessitate a greater focus on understanding the impact of neighborhood gentrification on health behavior and outcomes. Our findings demonstrate that access to opportunities for physical activity resources can differ among groups living in the same neighborhood. Thus, researchers, clinicians, and policymakers must work to ensure that all neighborhood members benefit from gentrification and that existing health disparities are reduced—not exacerbated. Public health nurses can provide a unique perspective in both understanding neighborhood experiences and working with populations to promote physical activity within their neighborhood context. With a better understanding of how neighborhood gentrification impacts physical activity, policies and upstream interventions can be implemented to promote health for all.

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FIGURE 1.

Differing perceptions: Some participants saw the neighborhood as having affordable and accessible spaces for physical activity. They noted multiple resources, such as a local bike share, parks, and a running trail. They often highlighted walkability and green space as a key strength of their neighborhood. For all participants, family and friends played a key role as partners in being active or encouraging physical activity

FIGURE 2.

Differing perceptions: Some participants experienced the neighborhood as unsafe, undesirable, and a difficult place to be active and healthy. They mentioned concerns about risk of violent crime and felt that local physical activity resources were in disrepair or poorly maintained. They also felt that spaces for physical activity were too few in number or not accessible or affordable. Some expressed concerns that fellow neighborhood members were in poor health, not only related to physical activity but also regarding poor mental health and inability to afford healthy food

Street intercept interviews demonstrated opposing perceptions of access to physical activity in West Philadelphia, a gentrifying urban neighborhood

TABLE 1

Theme	Perception	Quote
Urban design and places for physical activity	Positive	"I mean, it's a city. And every time you live in the city, there is a lot of good transportation. Everything is around you. So you can basically just walk everywhere. And then there is Schuylkill River, so there is this trail. And I think a lot of people just go there to walk and run. It's really nice out there. It has like a scenic view. And then there are bikes everywhere in West Philadelphia." [South Asian Female, Age 25]
	Negative	"It's just the one gym in West Philly. You have parks but it's not a lot of variety of different kind of activities. They have a skating rink but it's old and run down, so nobody goes there." [Black Jamaican Female, Age 29]
Concerns about safety of places for physical activity	Positive	"I feel completely safe. I don't feel like there's any problems." [White Female, Age 55]
	Negative	"Of course, they have the free playground but, again, I am a parent and you get scared when your kids is outside playing because of the neighborhood that you live in. It's people that just doesn't care. Innocent people is outside. So parents, like myself, I tend to keep my kids inside because I feel like it's much safer for them." [African American Female, Age 32]
Motivations for physical activity	Positive	"I enjoy the feeling after because you just feel better about yourself. You feel kind of cleaner because you sweated out all the gross stuff and you just kinda feel like not horrible about yourself kind of I guess...It's just a nice feeling after to feel like you did something and you did something good for yourself and that's good." [White Female, Age 20]
	Negative	<i>In this quote, the participant is speaking about his motivation to be physically active to prepare for a career as a professional basketball player.</i> "I just wanna make it outta here, from around here. This is pretty much one of the roughest neighborhoods in Philly. People be shooting at cops and cops shooting people. And I got a daughter, so I know I gotta work extra hard. I don't wanna raise my daughter around here." [African American Male, Age 23]
Role of walking and walkable spaces in promoting physical activity	Positive	"I mean I think the green space of West Philly is something that drew us to this neighborhood... Philadelphia as a whole is such a walkable city, and that's a beautiful thing... We try to walk everywhere we can to—and we come down to the farmer's market, [we] know our farmer." [White Male, Age 48]
	Negative	"The most activity I see is kids running around in the mosque and kids playing in the park. I don't see a lot of grown people trying to do exercise." [Black Male, Age 36]
Concerns about health of fellow neighborhood members	Positive	"I think [West Philadelphians'] health is good... I always see a lot of people jogging." [Asian Female, Age 26]
	Negative	"[The neighborhood has] very poor health. It's dirty around here... The mental health isn't too great around here as well. People are stressed out due to their low income. There's a lot of poverty around West Philadelphia. And hunger makes anger. These people are hungry. They're deprived of certain things, they don't have money, and they're not happy." [Black Jamaican Male, Age 37]
Role of social networks in supporting physical activity	Positive	"The [University] Walk is also really nice because I'll just walk there with my fiancée. We'll just go and sometimes we'll play volleyball. They have a volleyball court there. So just having parks and stuff is really nice open spaces." [Asian American Male, Age 23]
	Negative	<i>This theme was largely positive for all participants; however, some noted negative neighborhood characteristics in describing the importance of social networks in supporting physical activity.</i> "[The local gym] is not like the nicest—physically—the nicest place, the nicest equipment and the newest stuff. It's all old and raggedy. But the group of people there I find very welcoming. I think it's because I put the time in to get to know them and development myself as a member of their community and so I love it." [White Latino Male, Age 28]