

Neighborhood Characteristics Are Associated With Developmental Well-Being at Age 3

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Key Findings

- **Multiple aspects of children’s neighborhoods were independently associated with developmental well-being among 3-year-olds, after accounting for a number of social and demographic characteristics:**
 - **High neighborhood support** demonstrated the strongest and most consistent association with developmental well-being. Children living in high-support neighborhoods—where community members look out for one another and families know where and how to access help—were more likely to be "on track" overall and in all five developmental domains: Early Learning Skills, Social-Emotional, Self-Regulation, Motor, and Physical Health.
 - **Access to a full range of neighborhood amenities** was associated with overall developmental well-being, and with the Early Learning Skills and Physical Health domains. Children living in neighborhoods with all four types of amenities (sidewalks, parks or playgrounds, recreation centers, and libraries or bookmobiles) were more likely to be "on track" in these domains compared with children living in neighborhoods with few or no amenities.
 - **Neighborhoods free of physical problems** were associated with Motor and Physical Health. Children living in neighborhoods without physical disorder—such as litter, vandalism, or abandoned buildings—were more likely to be "on track" in these two domains.
- **A range of neighborhood characteristics matter for 3-year-olds’ development, and these broad associations also reflect the co-occurrence of neighborhood assets. For example, neighborhoods without physical disorder tended to have greater social support and more amenities, suggesting that these neighborhood characteristics operate together as part of a broader neighborhood ecology rather than in isolation.**

Introduction

Young children’s developmental well-being spans multiple domains, including physical health, motor skills, social-emotional functioning, self-regulation, and early language and math skills.^{1,2} Developmental progress in these domains is shaped by a combination of factors, including the child’s individual characteristics, family environment, and broader community and societal contexts.³ Together, these influences form a dynamic ecology that can either support or hinder healthy development.⁴

In 2022, after several years of pilot testing, the National Survey of Children's Health (NSCH) introduced a national indicator of children's developmental well-being and school readiness called Healthy and Ready to Learn (HRTL).⁵ This new measure of young children ages 3–5 provides opportunities to better understand the developmental well-being of young children in the United States and the child, family, and community conditions that contribute to being healthy and ready to learn.

The conditions of the neighborhood in which a child grows up can play an important role in shaping their early development.⁶ Neighborhood environments can provide access to supportive neighbors as well as resources that support children's development, including sidewalks, libraries, parks, and recreation centers that promote safe outdoor play and enrichment opportunities. At the same time, some neighborhood characteristics, such as physical disorder (e.g., litter and vandalism), can signal conditions that can directly and indirectly impact children's healthy development.^{7,8,9} Examples may include reduced access to high-quality early childhood education environments and schools, and increased exposure to pollution and crime.

This brief is part of a series that summarizes evidence on how children's experiences relate to developmental well-being among 3-year-olds, as measured by HRTL. Age 3 is a key transition period between toddlerhood and preschool, making it an important point at which to understand the impact of prenatal-to-age-3 investments and identify strategies to support children's health and readiness to learn. This analysis focuses on malleable neighborhood factors—that is, those factors that can be influenced or changed, and especially those that are influenced by families, communities, and public policies and programs—that may reduce developmental risks and promote positive outcomes. In this brief, we identify neighborhood characteristics that are linked to developmental well-being, independent of the effects of all other measured neighborhood characteristics and social and demographic factors included in the model. We also consider how neighborhood characteristics and social and demographic factors co-occur.

Methods

Data

This brief reports findings from analyses of the 2022–2024 National Survey of Children's Health (NSCH) datasets. The NSCH is an annual, nationally representative survey of children from birth to age 17, completed by parents and caregivers. The analytic sample includes approximately 10,230 unweighted responses from parents or caregivers of 3-year-old children, pooled across the 2022, 2023, and 2024 survey years. Weighted estimates from this sample are representative of an estimated annual population of approximately 3,816,005 3-year-old children in the United States.

Measures

Children's **developmental well-being** was measured with the HRTL measure, which assesses whether children are “on track” developmentally in five domains: Early Learning Skills, Social-Emotional Skills, Self-Regulation Skills, Motor Skills, and Physical Health. The measure also summarizes across these domains with an overall HRTL score. Each domain score and the overall score are categorized as being “on track,” “emerging,” or “needs support.” Children are considered “on track” on the overall measure if they score “on track” in four or five domains and are not rated as “needs support” in any domain.¹⁰

Children's neighborhood conditions included parent-reported measures of the following:

- **Neighborhood supports.** This is a composite measure of the presence of three supportive characteristics in the child's neighborhood: 1) people in this neighborhood help each other out, 2) people watch out for each other's children in this neighborhood, and 3) when people in this neighborhood encounter difficulties they know where to go for help in their community. Item-level responses were scored from 1 to 4 and then summed to create the composite measure. The summed composite measure was grouped into the following categories: low support (0–7), moderate support (8–10), and high support (11–12).
- **Neighborhood amenities.** This is a composite measure of the presence of four amenities in the child's neighborhood: sidewalks or walking paths, parks or playgrounds, recreation centers, and libraries or bookmobiles. Responses were grouped into the following categories: 0–1 amenity, 2–3 amenities, and 4 amenities.
- **Neighborhood problems.** This is a composite measure of the presence of three detracting characteristics (problems) in the child's neighborhood: litter or garbage on the sidewalk or streets, poorly kept or rundown housing, and vandalism such as graffiti or broken windows. Responses were grouped into the following categories: 2–3 problems, 1 problem, and 0 problems.

The Healthy and Ready to Learn Measure and Data

Data are available annually on children ages 3, 4, and 5, and estimates are state- and nationally representative. The HRTL measure is the National Outcome Measure of School Readiness for Title V Maternal and Child Health Services Block Grantees and the indicator of Developmentally Ready for School in [Healthy People 2030](#). It was co-developed and validated by Child Trends and HRSA MCHB, and the validated version became available in the NSCH beginning in 2022.

HRTL Measure	Proportion of 3-year-olds "on track"
HRTL Overall	63.7%
Early Learning Skills	69.1%
Social-Emotional	82.8%
Self-Regulation	70.9%
Motor	69.3%
Health	91.2%

Social and demographic controls included the child's sex, race and ethnicity, low birth weight status, exposure to adverse childhood experiences (ACEs), household income relative to the federal poverty level, family structure, parental education, and primary home language. Each of these variables is associated with development through its role in shaping children's ecology via material, social, and—in the case of sex and birth weight—biological or developmental pathways. The effects of neighborhood characteristics are assessed net of these factors. See Appendix Table A1 for the full list of social and demographic factors as well as neighborhood characteristics and their prevalence.

Analyses

We used logistic regression models to understand which neighborhood characteristic experiences were independently associated with whether children were "on track" in each developmental domain and with the overall HRTL measure of developmental well-being. This means that we accounted for a number of social and demographic characteristics as control variables as well as all other neighborhood characteristics in the model simultaneously. Specifically, we examined whether particular neighborhood characteristics were associated with the likelihood of being "on track" in each developmental domain, *over and above* any effects of social and demographic characteristics and all other neighborhood characteristics. To further reduce the risk of false positive findings, we applied a statistical adjustment to the *p*-values—a Benjamini-Hochberg (B-H) correction. We report findings that remained statistically significant after this adjustment.

In the next section, we highlight key findings about children’s neighborhoods from these analyses, focused on describing which factors maintained independent associations with each domain of developmental well-being, beyond all other factors. For full regression findings, please see Appendix Table A2. Table A3 summarizes findings from models that examined how each neighborhood characteristic, individually, was associated with each HRTL outcome, controlling only for social and demographic characteristics. Together, these tables illustrate how neighborhood characteristics relate to development, both when considered on their own and when examined alongside a fuller set of neighborhood characteristics available in the NSCH.

Findings

Accounting for all neighborhood characteristics and social and demographic conditions, **we find that neighborhoods with high levels of supports and amenities—and no neighborhood problems—were positively related with developmental well-being among 3-year-olds.** Table 1 summarizes the findings from our analyses.

Table 1. Summary of significant associations between children’s neighborhood characteristics and HRTL domains and overall score

	Overall	Early Learning Skills	Social-Emotional Skills	Self-Regulation Skills	Motor Skills	Physical Health
Neighborhood amenities: 4 vs. 0–1	+	+				+
Neighborhood amenities: 2–3 vs. 0–1						
Neighborhood problems: 0 vs. 2					+	+
Neighborhood problems: 1 vs. 2						
Neighborhood supports: high vs. low	+	+	+	+	+	+
Neighborhood supports: mod. vs. low	+					+

Note: This table summarizes findings from logistic regression models using the 2022–2024 NSCH data sets, including a set of sociodemographic control variables, and applying a Benjamini–Hochberg (B–H) correction. Findings that remained statistically significant following B–H correction are marked with a (+) signifying a positive association. See Table A2 for full logistic regression findings, including odds ratios.

Neighborhood supports

Neighborhood supports demonstrated the strongest and most consistent positive association with developmental well-being among all neighborhood characteristics examined. When parents reported high levels of neighborhood support—for example, feeling that people in the neighborhood help each other and look out for each other’s children, and knowing where to go for help—their children were more likely to be “on track” overall and in every developmental domain. Children in neighborhoods with moderate levels of support were also more likely to be “on track” overall and in Physical Health, compared to those in neighborhoods with low support. Together, these findings suggest that perceived social cohesion and community connectedness have a broad, cross-domain association with developmental well-being among 3-year-olds.

Neighborhood amenities

Children living in neighborhoods with the highest level of amenities—where parents reported access to all four neighborhood resources assessed (sidewalks or walking paths, a park or playground area, a recreation center, and library or bookmobiles)—were more likely to be “on track” overall than children in neighborhoods with none, or just one, of these amenities. Specifically, this relationship was significant in Early Learning Skills and Physical Health domains. Having two to three amenities, however, was not significantly associated with any HRTL outcome above and beyond the effects of neighborhood supports, problems, and social and demographic factors. This suggests that interpersonal supports could be more closely associated with development than amenities.

Neighborhood problems

Children in neighborhoods with no reported problems—including no litter or garbage on the streets or sidewalks, no vandalism such as graffiti, and no abandoned buildings—were more likely to be “on track” in Motor Skills and Physical Health than children in neighborhoods with two or more problems. Having one neighborhood problem, compared to two or more neighborhood problems, was not significantly associated with any HRTL outcome. This finding suggests that the presence of *any* neighborhood problem matters most, as children with one problem were not differentiated from those experiencing two or more. Physical safety and environmental quality in the neighborhood appear to have a particular relevance for children's physical development, which may reflect the role of a safe, accessible outdoor environment in supporting active play and physical health.

Social and demographic characteristics and their association with HRTL

Our analyses included several social and demographic characteristics (control variables) generally found to be associated with developmental well-being in order to better understand the independent associations between neighborhood characteristics and HRTL, over and above the effects of these social and demographic factors. Findings from our final models—with all neighborhood characteristics, sociodemographic controls, and a Benjamini-Hochberg correction to reduce false positives—indicated that:

- Girls were consistently more likely than boys to be “on track” overall and in all domains except for Self-Regulation and Physical Health.
- Children born at normal birth weight were more likely to be “on track” overall and in the Motor and Physical Health domains than children who were born at low birth weight.
- A child's experience of any adverse childhood experience (ACE) by age 3 was associated with a lower likelihood of being “on track” overall, and in the Early Learning Skills, Self-Regulation, and Physical Health domains.
- Higher parental education was positively associated with being “on track” overall.
- Household income was positively associated with the likelihood of being “on track” in Physical Health.
- Child race and ethnicity, household language, and family structure were not significantly associated with any HRTL outcome.

Discussion

This brief provides recent, nationally representative analyses that examine how neighborhood characteristics relate to developmental well-being among 3-year-olds. The ability to examine these associations at the national level—and soon at the state level—is new and allows us to situate findings from the research literature within the broader context of young children across the United States. The novel contribution of the evidence in this brief is in identifying specific neighborhood characteristics that were associated with children's developmental well-being, net of social and demographic characteristics and the other neighborhood characteristics.

Of the three neighborhood dimensions we examined, neighborhood supports—reflecting perceived social cohesion, mutual aid, and community connectedness—showed the most consistent independent associations with development, having significant associations with all six HRTL outcomes. This pattern parallels findings from related analyses in this series, where the most consistently predictive factors tended to be those that reflect relational and protective conditions—such as low parental aggravation in the family context—rather than material or structural conditions alone. However, we acknowledge that these material and structural conditions may serve to foster positive relationships and protective conditions.

Our findings are also consistent with existing research on neighborhood effects and early child development. Studies have found associations between neighborhood social cohesion and children's cognitive and social-emotional outcomes, particularly in early childhood.^{11, 12} Research has also documented links between access to neighborhood amenities—including parks, libraries, and recreation spaces—and children's physical activity, outdoor play, and early learning opportunities.¹³ Evidence further supports a link between neighborhood physical disorder and children's physical health and development.^{14, 15} The evidence in this brief extends these findings with evidence that neighborhood supports, amenities, and physical environment each have independent associations with developmental well-being—even after accounting for the full set of neighborhood characteristics and a rich set of social and demographic controls.

Encouragingly, the majority of 3-year-olds in the United States live in neighborhoods with moderate to high levels of support, at least two amenities, and no reported physical problems. Still, only about one in three children (34.6%) lives in a neighborhood with access to all four types of amenities assessed, and just 38.4 percent live in neighborhoods characterized by high social support (see Table A1). These findings point to opportunities to strengthen young children's developmental well-being. First, communities can support neighborhood improvements, including efforts to increase the availability and quality of neighborhood amenities. Second, leaders can target investments toward promoting child and family well-being in neighborhoods with lower levels of support.

The ecology of neighborhood conditions and developmental well-being

We compared results from models that examined just one neighborhood characteristic at a time (see Table A3) versus those from models with all neighborhood characteristics modeled simultaneously (see Table A2). This analysis reveals important information about how neighborhood conditions co-occur and jointly shape children's developmental ecologies.

Neighborhood problems offer a clear example of this dynamic. In models that examined neighborhood problems alongside only social and demographic controls (Table A3), having zero neighborhood problems was significantly associated with being “on track” overall and in four developmental domains: Social-Emotional Skills, Self-Regulation Skills, Motor Skills, and Physical Health. However, in the fully adjusted

models and p-value corrected models that also accounted for neighborhood supports and amenities (Table A2), these associations narrowed to just Motor Skills and Physical Health. Additional correlational analyses indicate that neighborhoods with no physical disorder tend to also have higher levels of social support and greater amenity access—and that these co-occurring neighborhood conditions, rather than the absence of physical problems alone, account for much of the broader association with development. Neighborhood physical quality is thus best understood as one dimension of a broader neighborhood ecology, and its association with development is likely partly shared with the relational and resource dimensions of neighborhood life.

We also acknowledge that these findings represent important signals about neighborhood conditions and children's development, but do not necessarily indicate pathways of influence. Rather, the relationship between neighborhood characteristics and children's development is likely mediated by multiple mechanisms. For example, neighborhood social cohesion may support development by reducing parental stress, increasing access to informal social supports, and creating conditions that allow for safe outdoor play and community engagement.¹⁶ Similarly, the narrower association we found for neighborhood problems—specific to the Physical Health and Motor outcomes—is consistent with the hypothesis that the neighborhood's physical environment plays a particular role in shaping opportunities for active, outdoor physical development.

Finally, our findings highlight the malleable nature of many neighborhood characteristics. Neighborhood supports, amenities, and physical conditions are all influenced by the degree of community investment, local policy, and public infrastructure decisions. These disparate influences underscore that the neighborhood conditions associated with children's developmental well-being are not fixed features of children's environments—they can be strengthened through intentional policy and community action.¹⁷

Conclusion

This brief is one in a series of companion briefs that examine how conditions across multiple levels of children's lives—including their daily experiences, family characteristics, health care access, and neighborhood conditions—relate to their developmental well-being at age 3. Taken together, the findings point to additional areas in need of research, practice, and policy attention to better support the ecologies that promote young children's developmental well-being. The findings in this brief indicate that the neighborhood in which a child grows up is meaningfully associated with developmental well-being at age 3. Neighborhood social supports were found to have the broadest and most consistent independent associations, linking community cohesion and connectedness to children's well-being across all developmental domains. Access to neighborhood amenities and reports of no neighborhood physical problems showed more narrow associations with development.

Our collective findings also suggest that the neighborhood environment contributes to children's developmental well-being through multiple, overlapping pathways: relational, resource-based, and physical. Unlike many individual or family characteristics, aspects of the neighborhood environment—particularly the physical environment and access to community amenities—are potentially modifiable via community planning, investments, and policy. As such, they represent practical opportunities to strengthen the conditions that support young children's developmental well-being.

Further, the nationally representative, population-level evidence presented here offers an opportunity to situate these findings within the broader ecology of young children's environments across the United States and track change over time at both the national and state levels. This, in turn, presents an important opportunity for research, practice, and policy to work in concert to strengthen the neighborhood ecologies that promote young children's developmental well-being holistically.

To read other briefs in this series—including those examining how daily experiences, health care access, and neighborhood characteristics are associated with developmental well-being among 3-year-olds—visit our [Publications page](#).

Further Reading

- [School Readiness Among United States Children: Results From the 2022 National Survey of Children's Health](#)
- [Healthy and Ready to Learn: Prevalence and Correlates of School Readiness Among United States Preschoolers](#)
- [State Variation in School Readiness, 2022 – 2023 Data Brief](#)
- [School Readiness, 2022 Data Brief](#)
- [National Outcome Measure of Healthy and Ready to Learn: Research Briefs on the Pilot measure](#)

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Appendix A

Table A1. National weighted prevalence of sociodemographic characteristics and neighborhood characteristics among 3-year-olds in the United States, 2022–2024

Variable	Category	National Prevalence
Sociodemographic Controls		
Sex	Female	48.9%
	Male	51.1%
Race/ethnicity	White, non-Hispanic	48.6%
	Black, non-Hispanic	10.5%
	Other/Multi-racial, non-Hispanic	13.4%
	Hispanic, any race	27.6%
Family poverty level (FPL)	< 100% FPL	18.1%
	100–199% FPL	19.4%
	200–399% FPL	27.2%
	400%+ FPL	35.4%
Primary household language	English	81.7%
	Non-English	18.3%
Family structure	Two bio/adoptive parents	74.7%
	Other	3.7%
	Single parent	21.5%
Parent education	HS degree or GED	18.1%
	Some college	17.2%
	College degree+	57.0%
	Less than high school	7.8%
Birth weight	Normal birth weight	88.9%
	Low birth weight (<2500g)	11.1%
Adverse childhood experiences (ACEs)	Zero ACEs	73.7%
	Any ACEs	26.3%
Neighborhood Characteristics		
Neighborhood amenities	0–1 amenities	22.2%
	2–3 amenities	43.2%
	4 amenities	34.6%

Variable	Category	National Prevalence
Neighborhood problems	2–3 problems	10.5%
	1 problem	14.7%
	0 problems	74.8%
Neighborhood supports	Low support	22.6%
	Moderate support	39.0%
	High support	38.4%

Table A2. Odds ratios (OR) from logistic regression analyses of HRTL on neighborhood factors, with sociodemographic controls

This table shows results from six logistic regression models—one per developmental domain and one for the overall measure of Healthy and Ready to Learn—examining how each sociodemographic variable and neighborhood factor is associated with children’s likelihood of being “on track” across six HRTL domains. Each column represents a separate model for one HRTL outcome. Values are odds ratios, which can be read as the relative likelihood of being “on track” for a given characteristic compared to the reference group shown in parentheses. An odds ratio greater than 1 means children within neighborhoods with that characteristic were more likely to be “on track;” an odds ratio less than 1 means they were less likely. Values shown in bold with an asterisk (*) were statistically significant after applying the Benjamini-Hochberg correction to control the false discovery rate across all comparisons within each model.

When paired with Table A3, findings paint a fuller picture of how each neighborhood characteristic is associated with HRTL outcomes, either independently or in relation to other neighborhood factors.

Variable	HRTL Overall	Early Learning	Social Emotional	Self-Regulation	Motor	Physical Health
	OR (SE)	OR (SE)	OR (SE)	OR (SE)	OR (SE)	OR (SE)
Sociodemographic Control Variables						
Female (Ref: Male)	1.62** (0.15)	1.59** (0.15)	1.69** (0.21)	1.24 (0.12)	1.91** (0.18)	1.35 (0.21)
Race/ethnicity: White, non-Hispanic (Ref: Hispanic)	1.09 (0.14)	1.06 (0.14)	1.16 (0.18)	1.04 (0.14)	1.10 (0.14)	1.16 (0.23)
Race/ethnicity: Black, non-Hispanic (Ref: Hispanic)	0.96 (0.20)	1.11 (0.25)	0.82 (0.20)	1.12 (0.24)	0.68 (0.14)	1.05 (0.32)
Race/ethnicity: Other/Multi-racial, non-Hispanic (Ref: Hispanic)	1.00 (0.14)	1.32 (0.21)	0.85 (0.15)	0.91 (0.14)	1.10 (0.17)	0.67 (0.17)
100–199% FPL (Ref: <100% FPL)	1.00 (0.23)	1.14 (0.24)	0.95 (0.27)	1.00 (0.23)	0.96 (0.20)	1.60 (0.39)

Variable	HRTL Overall	Early Learning	Social Emotional	Self-Regulation	Motor	Physical Health
200–399% FPL (Ref: <100% FPL)	1.00 (0.22)	1.07 (0.21)	0.98 (0.30)	0.79 (0.17)	0.91 (0.17)	1.66 (0.42)
400%+ FPL (Ref: <100% FPL)	1.29 (0.29)	1.43 (0.30)	1.35 (0.40)	0.82 (0.19)	0.84 (0.16)	2.61** (0.74)
English (Ref: Non-English)	1.31 (0.21)	1.40 (0.23)	1.58 (0.32)	1.04 (0.18)	1.11 (0.19)	1.21 (0.32)
Zero ACEs (Ref: Any ACEs)	1.37** (0.16)	1.38** (0.17)	1.21 (0.19)	1.46** (0.18)	1.14 (0.14)	1.46* (0.26)
Normal birth weight (Ref: Low birth weight [<2500g])	1.43* (0.22)	1.38 (0.22)	1.58 (0.32)	1.33 (0.22)	1.69** (0.28)	1.80** (0.38)
Family structure: Two bio/adoptive parents (Ref: Single parent)	1.02 (0.15)	0.84 (0.13)	1.33 (0.24)	1.25 (0.18)	0.98 (0.14)	0.88 (0.20)
Family structure: Other (Ref: Single parent)	0.88 (0.28)	1.66 (0.51)	0.63 (0.23)	1.12 (0.41)	0.80 (0.26)	0.83 (0.29)
Education: HS degree or GED (Ref: Less than HS)	1.26 (0.37)	0.92 (0.27)	1.09 (0.37)	0.69 (0.21)	1.18 (0.35)	1.14 (0.43)
Education: Some college (Ref: Less than HS)	1.89* (0.55)	1.41 (0.40)	1.26 (0.43)	0.96 (0.29)	1.72 (0.50)	1.62 (0.58)
Education: College degree+ (Ref: Less than HS)	2.25** (0.64)	1.78 (0.50)	1.64 (0.55)	1.16 (0.34)	1.75 (0.49)	1.62 (0.59)
Neighborhood Factors						
Neighborhood amenities: 2-3 (Ref: 0–1 amenities)	1.04 (0.13)	1.14 (0.14)	1.09 (0.16)	1.06 (0.13)	0.92 (0.11)	1.02 (0.19)
Neighborhood amenities: 4 (Ref: 0–1 amenities)	1.32* (0.17)	1.56** (0.21)	1.42 (0.25)	1.27 (0.17)	1.14 (0.15)	1.65* (0.34)
Neighborhood problems: 1 (Ref: 2–3 problems)	0.87 (0.15)	0.96 (0.17)	1.03 (0.24)	1.02 (0.18)	1.03 (0.18)	1.23 (0.32)
Neighborhood problems: 0 (Ref: 2–3 problems)	1.25 (0.19)	1.11 (0.18)	1.50 (0.31)	1.31 (0.20)	1.46* (0.23)	2.14** (0.54)
Neighborhood supports: Moderate (Ref: Low support)	1.41** (0.18)	1.26 (0.17)	1.29 (0.20)	1.35 (0.17)	1.32 (0.17)	1.62* (0.31)
Neighborhood supports: High (Ref: Low support)	1.82** (0.25)	1.49** (0.21)	1.71** (0.28)	1.67** (0.22)	1.50** (0.20)	2.01** (0.43)

Note: Results are from 6 logistic regression models adjusted using Benjamini-Hochberg corrections; models were estimated separately by HRTL outcome. Asterisks (*) indicate statistical significance after corrections. * p<0.05, ** p<0.01.

Table A3. Neighborhood factors with significant associations to HRTL outcomes when examined one at a time, inclusive of sociodemographic controls

Table A3 presents odds ratios from models that examined how each neighborhood factor was individually associated with each HRTL outcome—controlling for sociodemographic characteristics only and not for other neighborhood factors simultaneously, and not after applying a Benjamini-Hochberg correction. Each value represents the odds of being on track for a given outcome among children with the specified characteristic compared to the reference group. Values in bold with asterisks indicate a statistically significant association ($p < 0.05$). This table complements Table A2 by showing how each neighborhood factor relates to developmental outcomes before accounting for the full set of neighborhood factors together.

When paired with Table A2, these analyses help paint a fuller picture of how each neighborhood factor is associated with HRTL outcomes, either independently or in relation to other neighborhood factors.

Variable	Overall HRTL	Early Learning Skills	Social-Emotional	Self-Regulation	Motor	Physical Health
Neighborhood amenities: 2–3 (ref: 0–1 amenities)	1.01 (0.12)	1.13 (0.14)	1.04 (0.16)	1.04 (0.13)	0.90 (0.11)	0.94 (0.18)
Neighborhood amenities: 4 (ref: 0–1 amenities)	1.33* (0.17)	1.60** (0.21)	1.41* (0.25)	1.29 (0.17)	1.13 (0.15)	1.60* (0.32)
Neighborhood problems: 1 (ref: 2–3 problems)	0.97 (0.17)	1.04 (0.18)	1.15 (0.27)	1.11 (0.20)	1.12 (0.20)	1.42 (0.38)
Neighborhood problems: 0 (ref: 2–3 problems)	1.47** (0.21)	1.22 (0.19)	1.71** (0.35)	1.50** (0.23)	1.65** (0.25)	2.59** (0.63)
Neighborhood supports: Moderate (ref: Low support)	1.50** (0.19)	1.34* (0.18)	1.43* (0.23)	1.45** (0.18)	1.44** (0.18)	1.93** (0.37)
Neighborhood supports: High (ref: Low support)	2.00** (0.26)	1.60** (0.21)	2.00** (0.32)	1.83** (0.24)	1.68** (0.21)	2.65** (0.52)

Note. * $p < 0.05$, ** $p < 0.01$.

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