An equitable approach to empowering communities through the use of data

Quianta Moore, JD, MD
Fellow in Child Health Policy
Baker Institute for Public Policy
Adjunct Assistant Professor in Pediatrics
Baylor College of Medicine

Assata Richards, PhD
Director
Sankofa Research Institute
Adjunct Assistant Professor, University of Houston
Survey Domains

- Physical Health
- Health Behaviors
- Mental Health
- Housing
- Employment
- Income
- Education

- Food Access
- Transportation
- Safety/Security
- Social Support
- Social Services
- Civic Engagement
- Perceptions of the Neighborhood
Phase I and Phase II (45S (north) Scott (east), 288 (west), Alabama (south)
  - Total surveyed 1301
  - Total knocked 2364
  - RR 55%

Phase III- extend Alabama to Blodgett to the south
  - Total surveyed 315
Third Ward Comprehensive Needs Assessment

- Recruited and trained residents to serve as community researchers, paying a living wage of $15.00
- Engaged community researchers to assist with survey development
- Compensated each household $50.00 to participate
- Community partners developed a Third Ward Residents Resource House to research participants with information on housing, employment, education, and social services
Community Based Participatory Research

Collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.

Begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve conditions within the community.
Community Based Participatory Research Benefits

**Bottom-up Approach:** community members take leadership roles in defining research priorities.

**Capacity Building:** adequate training and mentoring to enable community members to participate as co-researchers.

**Collaboration:** proven processes of collaboration that builds on strengths and knowledge of all partners.

**Shared ownership of research and research data:** all partners have/feel ownership in research topic and data.
Community Based Participatory Research Benefits

Social action/Policy outcomes: proactive commitment to use research to bring service positive social/policy change.

Community Relevance: research focus and outcomes reflect community priorities.

Inclusion and Equity: at all stages of research and amongst research team.

Sound Ethical Practices: proactive efforts to ensure genuine consent, confidentiality and minimal harm to research participants.
Survey Demographics

Mean age 54

Race
- 84% African-American
- 7% White
- 6% Hispanic

Household Income:
- 43.7% of respondents <$10,000
- 16% of respondents $10K-$19,999

Employment
- 27% are employed full-time
- 12% employed part-time
- 9% self-employed
- 28% Unemployed
  - 17% unable to work
  - 9% looking for work
  - 2% not looking for work
  - 19% are not working because of health problems
Built Environment

- 80% satisfied living in Third Ward
- Transportation
  - 26% use bus as primary mode of transportation
  - 7% bike or walk
- 26% report difficulty in walking/biking
  - 56% Not enough walking/biking paths
  - 61% poor quality
  - 63% Safety/fear of crime
  - 47% Intersections difficult to cross
- 80%+ report would walk/bike more if infrastructure improved
Safety

- **Neighborhood violence**
  - 15% have experienced violence or abuse
  - 83% hear gunfire from their home
  - 60% fear of crime limits where they would go

- **Safety/Security**
  - 67.5% safe walking in day---> 29.7 % at night
  - Extremely concerned about: drug dealing (47%), theft (45%), drug use (44%), property damage (42%), gang (39%), child abuse/neglect (39%), prostitution (38%), domestic violence (38%), & traffic (37%)
Housing

81% are renters, 18% are homeowners.

23% report their monthly payment or rent has increased over the past year.

25% of respondents are worried about having to move within the next year, with rent being the most common reason.

61% of respondents have lived in Third Ward over 15 years, 1 and 5 of these residents are worried about having to move.

Housing Quality

44% have pests.

25% have lead paint in their homes.

23% have mold.

9% have no heat or AC.

7% have no running water.
Needed Services

- Food assistance (72%)
- Domestic violence counseling (13%)
- Substance abuse counseling (12%)
- Inpatient mental health (18%)
- Outpatient mental health (19%)
- Help with utilities (69%)
- Help with rent (65%)
- Help finding housing (62%)
- Childcare (28%)
- Job training (41%)
- Employment (47%)
- Educational opportunities (52%)
Social Determinants

- **Access to healthcare**
  - 75% of the respondents have health insurance, with 18% employer-based insurance, 31% Medicaid and 20% Medicare
  - 50% have primary provider, 49% do not
  - 13% couldn’t see a mental health/substance abuse professional when needed

- **Food insecurity**
  - 50% have experienced food insecurity, compared to 17% nationally
  - 49% of all respondents utilize SNAP benefits; 58% of those with food insecurity receive SNAP benefits
Health Conditions

- Self-reported health: 57% good or average health; 8% report poor health
  - 12% Asthma
  - 18% Diabetes
  - 11% Heart conditions
  - 42% HTN (national prevalence 39% men, 43% women)
  - 6% Kidney/bladder

- Health behaviors
  - Avg. BMI 28
  - Exercise—88% engage in high to moderate exercise 3+ times/week
Mental Health

Lifetime Prevalence of Mental Disorder by Diagnoses, EEDC target area vs. National Estimates

Anxiety* 28.8%
Bipolar Disorder* 7.1%
Depression*** 17.5%
Post-traumatic Stress Disorder (PTSD)* 5.8%
Schizophrenia* 3.6%

Third Ward National

0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0% 35.0%
Collective Efficacy

- Defined: Trust among residents and willingness to intervene to achieve social control.
- Measures
  - 86% check on elderly neighbor
  - 74% give neighbor a ride
  - 80% watch a neighbor’s children
  - 77% check neighbor’s mail
- Civic Engagement: 64.4% voted in Presidential election in 2016
Questions?

CONTACT:
DR. CHRIS KULESZAKC3@RICE.EDU
DR. QUIANTA MOOREQM4@RICE.EDU