
Community Project

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Charleston Promise Neighborhood (CPN)

About CPN:

- Incorporated in **May 2010**
- **501c3 non-profit** organization
- Modeled after the highly successful **Harlem Children's Zone in NYC**
- CPN started **KidsWell** by partnering with MUSC, which ensures 1700 students have access to pediatric clinics onsite at their schools
- Involved with government resources, educational institutions, non-profit partners and expert volunteers (nurses, doctors, community residents, retired executives, etc.)





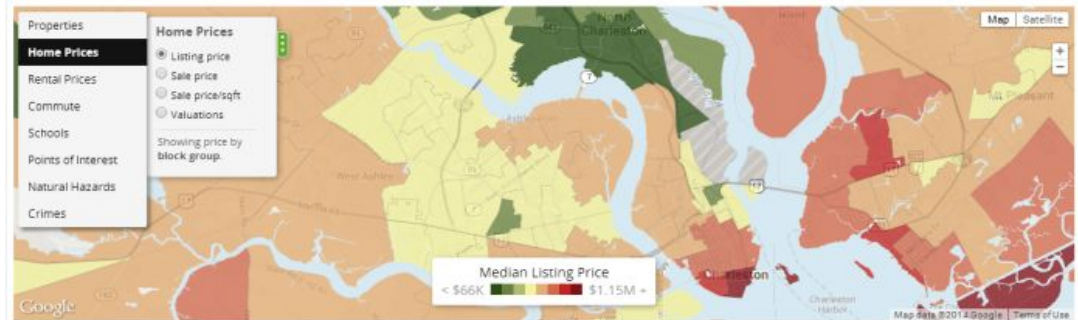
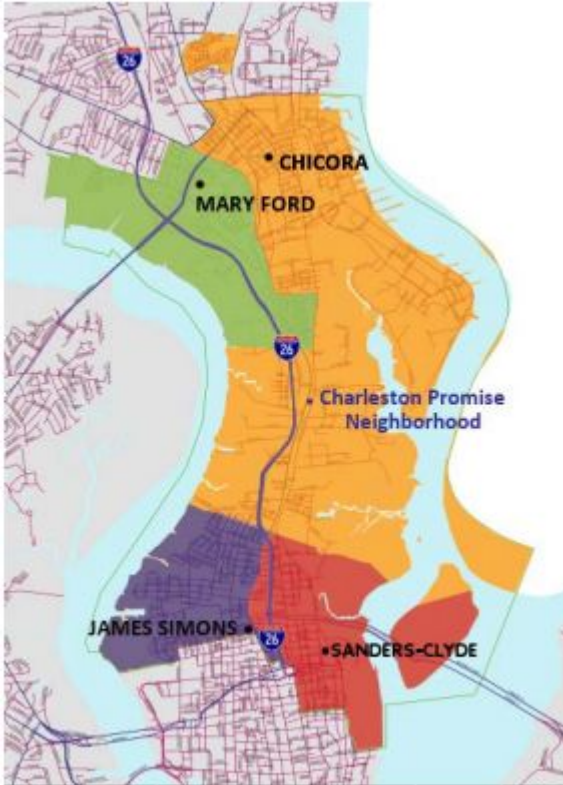
Purpose:

- To transform an under-resourced area into a prosperous community with many college-educated adults who are committed to transforming the dynamic of their neighborhood for generations to come
- Build a pipeline of support - a seamless network of educational & socially conscious programs
- Build a sense of community among residents, institutions & stakeholders
- Cultivate a culture of success rooted in passion, accountability, leadership & teamwork

Six Strands of Focus: Education, Healthcare, Parent Engagement, Community Engagement, Housing & Employment

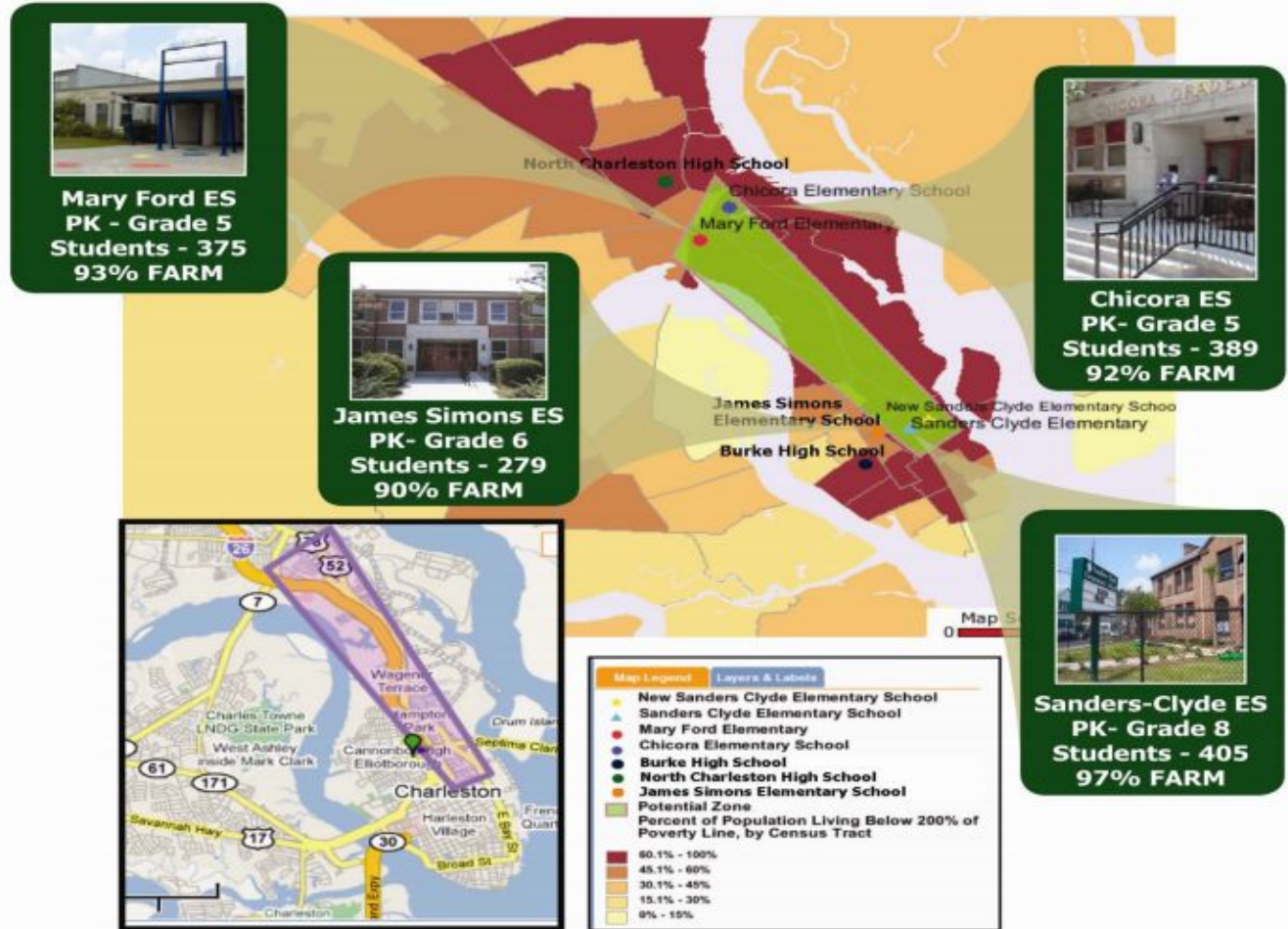
The Neighborhood

- **5.6 mile area** of Charleston County with over **22,000 residents**.
- **High Poverty Rates:** 65% of residents live below 200% of the national poverty line.
- **Low Educational Achievement:** Close to 30% of residents lack a High School Diploma.
- **High Rates of Female Heads of Households:** single mothers run nearly 20% of all households compared to only 9% of single mother households in Charleston County.
- These characteristics indicate a **significant lag in net financial, education and social well-being**.

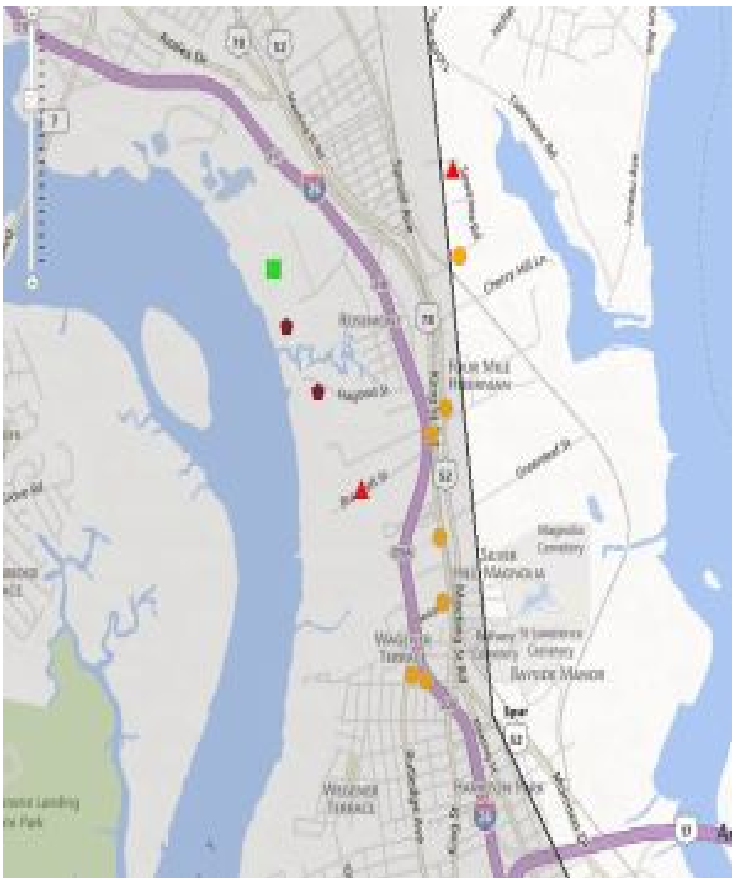


The boundaries were chosen to coincide with four CCSD elementary schools:

**James Simons,
Sanders-Clyde,
Mary Ford
and Chicora**



FARM: free & reduced meals



Environment

Orange Circle = Brownfield Site

Red Triangle = Superfund Site

Purple Pentagon = Atlantic Phosphate Works

Green Squares = Resource Conservation and Recovery Act Corrective Action

Our Mission:

To conduct a community-wide health needs assessment in the catchment area of the Charleston Promise Neighborhood organization over 12 census tracts with community stakeholder perspectives **to identify priorities and strategies for future interventions to promote and maintain health and well-being across the lifespan.**



Direct Data: sidewalk & windshield surveys, informant interviews

Secondary Data: demographic & census data obtained from US Census, published findings from credible sources



Census Tract 40

Statistics

Total population: **2,676**

-Decreased from **2,762**

-The population of those under 5 doubled

-The age 25-29 cohort increased

-White and Asian populations both increased

Housing:

-Vacant housing: increased by 20%

-Rental vacancy: increased by 5%

Windshield Survey:

-One dental clinic

-No health clinics

-No grocery stores with fresh food

-Minimal sidewalks



Census Tract 43

Statistics

- The population had a minor increase
 - Increase in both male and female population
 - The 30-34 age group doubled in percentage
 - The over 65 cohort also increased
- Asian race diminishing completely

Housing:

- Vacant housing: increased by 18%
- Owner occupied housing: increased by 27%
- Renter occupied housing: decreased by 5%



Census Tract 37

Total population: 3,242

- Racial Groups: Black (2,623), White (501), Hispanic (108)

Total housing units: 1,721



Census Tract 44

Total population: 2,259

- Racial Groups: Black (1,930), White (276), Hispanic (50)

Total housing units: 1,087

Area (square miles): 2.39

Land Area (square miles): 1.88

Water Area (square miles): 0.51

Census Tract 52



- Total population increased from **3,999 to 4,599**
 - Younger and middle populations grew, but low growth for the elderly population (60>)
- Males > Females
- Racial Groups
 - **Increase in Whites and a decrease in African Americans and Asians**
- Housing
 - Slight reduction in occupied housing; **vacant housing units increased by 6%**; renter occupied units declined.



Census Tract 53

- Total Population: **4,068**
 - Younger population (infant to 34 yrs) increased
 - Upper middle age population (60-74 year olds) has continued to increase
 - Females > Males
- Racial Groups; Blacks (3,154), Whites (899)
 - **Less racial diversity**
- Housing Total: 1,762
 - Occupied and vacant housing has remained stable for the 3-year period.





Total Population: **2,115**

Racial Groups: Blacks (1,767), Whites (193), Asian (48)

- Black population decreased
- White & Asian population increased

Housing:

- Total (786)
- Decrease in single-parent households
- Increase in non-family households
- >60% renter-occupied housing
- Median home value: \$95,000
- Median monthly rent: \$570

Windshield & Sidewalk Survey: wide class division → becoming more affluent area



Census Tract 55

Total Population: **1,236**

Female > Male

Racial Groups: Blacks (902), Whites (184)

- Black population decreased
- White population increased

Housing:

- Total (501)
- Decrease in single-parent households
- Increase in non-family households
- Majority are renter-occupied housing
- Median home value: \$187,000
- Median monthly rent: \$706

Windshield & Sidewalk Survey:

- Multiple dollar stores with unhealthy, overpriced food items
 - Lottery tickets
 - Plasma bank



Key Informant Interviews

Stakeholders working in or serving the community and people living in the community.

- Church ministries
- Nonprofits and community organizations
- School staff
- Convenient stores
- Bus stop
- Housing developments

Examples of Interview Questions:

1. What do you see as the **important health need** in your community?
2. What kind of health needs or needed services in the community **don't** get met?
3. Who or what is your **primary source of care**?
4. How well do you think the healthcare you use is **meeting your needs**?
5. What would you like to **improve** about available health services?

Community Health Needs:

Health Behaviors and Factors

- **Nutrition & Diet**
- **Affordability and access to nutritious food options**
- Resistance to change despite knowledge
- Personal ownership for one's health
- **Obesity**
- Stress

Chronic Disease

- **Diabetes**
- **Hypertension**
- Heart Disease
- Cancer
- Asthma
- Over-medication (ADHD)
- **Prevention/Screening**
- **Affordability of maintenance medications**

Social & Economic Determinants

- Unsafe housing options leading to health issues
- Distrust and/or discrimination in health care system
- **Community safety resources & community involvement**
- **Homelessness**
- Distrust and discrimination in law enforcement

Mental Health

- Lack of access to get information, providers and services
- Affordability
- Stigma of mental health care
- School counseling need
- **Alcohol and drug addiction**

Accessibility

- Lack of access to specialty care
- Lack of coordinated response by free clinics and referral f/u
- **Affordability of care**
- Clinic hours of operation
- **Location of available services**
- **Transportation**
- **Lack of access to dental care**
- **Lack of access to vision care**
- Safe places to exercise

Knowledge of Resources

- **Health Literacy Education**
- **Help with medication management**
- **Knowledge of services available**

Research

- In 2013, the **leading health-related causes of death** in SC were from:
 - cancer, heart disease, chronic lower respiratory disease, stroke, Alzheimer's disease, diabetes, influenza, pneumonia and septicemia
- Modifiable risk factors in Charleston County:
 - **smoking, sedentary lifestyle, obesity, high cholesterol, and low consumption of fruits and vegetables**
- Blacks within Charleston County are at a greater risk than state averages for being overweight or obese, having high cholesterol and living sedentary lifestyles.
- **Immunizations are underutilized:**
 - 35% not receiving the flu shot in the last 12 months
 - 30% of the population never getting the pneumonia vaccination



Outcomes

- **Outcomes for this project are still being analyzed**
- Prioritized health assets, resources, and gaps provided a foundation for future interventions
- Findings were integrated with the updated Census data and descriptive observations collected by students to form a community health needs assessment report were shared with the Charleston Promise Neighborhood administrative team
- Charleston Promise Neighborhood will present the report to their Board of Directors and to community forums for public review
- Charleston Promise Neighborhood, in partnership with MUSC, will work on publications to share information in scholarly journals

A new fire station in North Charleston



A warehouse space that could be turned into a grocery store



How can we *work together* to improve *YOUR* community?



Recommendations

- Regular visits across the census tracts with Lowcountry Street Grocery (LSG)
 - Fresh local fruits and vegetables
 - Education on food choices
- Establish a supermarket in the neighborhoods to provide a stationary source of food
- Small steps to improve access to transportation
 - Public bike rentals
- Increased use of TeleHealth
- Recurrent health fairs held in the community
 - Emphasis on mental health
 - Health education for chronic diseases such as diabetes and hypertension.
- Food and service swaps
- Social marketing with a connection to MUSC's Hands on Health program

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