

# Community Engagement in Evaluation and Advocacy for Healthier Neighborhood Environments

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## Study Background

Currently, more than one-third of adults in the United States are obese and another one-third are overweight, contributing to serious chronic conditions and overall poor health. Ecological models of health promotion posit that built and social environments, and the interactions between them, play a significant role in physical activity participation and other health behaviors and outcomes (e.g., healthy eating, stress, chronic diseases). Indeed, several studies have shown that neighborhoods with positive physical attributes, such as parks, sidewalks, lighting, and well-connected streets and trails, tend to be associated with higher levels of physical activity and health, whereas neighborhoods with negative physical attributes, such as litter, graffiti, and traffic, may discourage physical activity and impair health. However, growing evidence suggests that the social environment may also contribute to overall health in individuals and communities, and recent studies have begun to explore the role of the social environment on physical activity, specifically, including the importance of constructs such as social control, social cohesion, and collective efficacy.

Despite a growing understanding of how environmental factors shape health behaviors and outcomes, several questions remain about how to strengthen the social fabric of a neighborhood in order to promote health. Some hypotheses suggest that the physical environment drives/creates the social environment, but knowledge is still limited about the specific elements of the physical environment that may contribute to resident's perceptions of their neighborhood social environment. Most research that has examined neighborhood environments with physical activity and health has not simultaneously measured both the physical and social environment, and few studies have examined residents' *perceptions* of these various elements in relation to their health behaviors (i.e. physical activity) and well-being.

## Study Purpose and Objectives

Given these considerations, the overall purpose of the Greenville Healthy Neighborhoods Project is to examine how positive and negative aspects of neighborhood physical and social environments influence residents' physical activity patterns and other health behaviors and outcomes. Specifically, the main objectives are:

1. To identify neighborhood factors that contribute to health and best illustrate how both built and social neighborhood environmental factors jointly influence health behaviors, through residential engagement via in-depth focus groups in low-income communities.
2. To test both the direct and indirect effects of built and social neighborhood attributes on health behaviors, such as physical activity, and health outcomes using path analyses.
3. To inform and empower residents as well as appropriate individuals and organizations (neighborhood associations, political representatives, municipal agencies) to advocate for policy and environmental changes that promote overall health and well-being in the study neighborhoods.



## Study Setting

- Eight ‘Special Emphasis’ neighborhoods (designated by the City of Greenville to denote their historic social and economic adversity) in Greenville, SC were selected to take part in this project.

## Study Participants

- Residents (ages 18 and older) from each neighborhood were selected to participate in a community-based focus group. Each focus group asked participants to discuss the attributes in their neighborhood that may contribute to or detract from their health. In total, 76 residents participated in a focus group, lasting approximately 60-90 minutes. The majority of participants were African-American (95%), female (72%), and older (mean age: 61.5).
- Residents (ages 18 and older) from each neighborhood were invited to participate in a household survey that assessed perceptions of the physical and social attributes of their neighborhood as well as their self-reported physical activity participation and overall health and well-being. In total, 430 surveys were completed.

## Greenville Healthy Neighborhoods Project Timeline

Data Collection (2014-15)	J	F	M	A	M	J	J	A	S	O	N	D
Focus groups, collecting field notes, community engagement		■	■	■	■							
Transcription, qualitative data analysis, development of model					■	■	■	■	■			
Develop and pilot household survey, sampling design							■	■	■			
Household survey data collection									■	■	■	■
<b>Data Analysis (2015-16)</b>												
Data entry and cleaning	■	■	■									
Ongoing analysis and dissemination				■	■	■	■	■	■	■	■	■

- 1. Focus groups:** With the assistance of our Community Engagement Liaison from Greenville Dreams, we hosted focus groups with 8 selected neighborhoods in the greater Greenville area.
- 2. Household Survey:** The survey data collection occurred September through December of 2014. We employed a respondent-driven sampling technique in which residents were selected for participation through other residents in order to bolster participation from hard-to-engage populations.
- 3. Objective Assessments:** We are continuing to work with the City of Greenville and Greenville County to develop geographic information systems (GIS) maps. Geocoding the data will also allow us to determine variables such as the distance to the nearest available grocery store, or access to the Swamp Rabbit Trail.
- 4. Data entry, evaluation and dissemination:** The last several months of the proposed study will allow for data entry and cleaning, extensive evaluation and analysis of the data, and dissemination of the study results. This includes a project report that was shared with neighborhood leaders, study partners, and other interested stakeholders in the City of Greenville and Greenville County, as well as peer-reviewed manuscripts and presentations to research audiences within the fields of public health and urban planning.

## Study Funding Sources

University of South Carolina Office of the Vice President for Research

Blue Cross Blue Shield Foundation of South Carolina