Leveraging Our Place to Transform a Community: The Westward Ho Initiative

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Introduction
The purpose of this study was to determine the health and psychosocial assets and needs of tenants of the Westward Ho, a large urban subsidized housing property in downtown Phoenix, as a means of identifying community-based intervention opportunities for revitalizing a sense of community among tenants living at the Westward Ho.

The unique partnership between the owners, managers, and tenants of the housing property and our university was designed to empower tenants through community-based capacity-building efforts. Adopting an interdisciplinary approach and building upon previously established trusting relationships with tenants (through programs sponsored through the College of Nursing & Health Innovation and School of Dance) reflects and promotes fundamental transformative community building elements.

The findings of a mixed-methods assets and needs assessment we conducted helped to identify the health and social status, service utilization, and quality of life among the subsidized housing property tenants. While tenants reported good access to routine health care, they also reported elevated chronic health risks (including mental illness, cardiovascular disease, and diabetes), as well as social isolation and community disconnectedness.

Utilizing a community-based collaborative approach is promoting the development of empowerment- and participatory-based interventions aimed at restoring a sense of community, decreasing isolation, and encouraging health awareness.

Needs Assessment Method
- Confidential structured clinical interview design
- Convenience sample (n=50)
- Structured interview included items from the following scales:
  - SF36® (v2) Health Survey; α = 0.88 (PCS) & α = 0.88 (MCS)
  - Social Networks Scale (Lubben, 1988); α = 0.75
  - UCLA Loneliness Scale (Russell, et al. 1978); α = 0.85
  - Sense of Community Scale (Perkins, et al., 1990); α = 0.79
- Capturing detailed health, behavioral health, and psychosocial status needs and indicators
  - Health & behavioral health status, including chronic diseases
  - Health & human service utilization patterns and unmet needs
  - Public & private entitlement program/insurance enrollment & eligibility
  - Quality of life
  - Psychosocial status
- Reviewing secondary data (emergency service utilization records provided by Phoenix Fire Department)

Demographic Snapshot
- Mean age of participants was 57.06, with a range of 26 – 81
- 54% identified as female, with 46% identifying as male
- 69.4% reported Caucasian racial background, 8.2% Black or African American, 10.2% American Indian or Alaska Native, and 12.2% Other
- 64% reported at least some college education, with 20% reporting degree completion (Associate’s, Bachelor’s, Master’s, or Doctoral)
- 62% reported currently or previously married
- 69.9% reported currently having a pet
- 74% reported public transit as primary mode of transportation
- 60% reported having a home computer, with 54% reporting internet access
- 48% reported having no religious affiliation
- 40% reported being retired, with an additional 38% reporting disability income
- 81.6% reported a monthly income of less than $1,000
- 74% reported Medicaid eligibility, with 24% reporting Medicare eligibility
- 98% reported prescription medication usage, with 87.8% reporting being current on all prescriptions

Health Care Access & Utilization

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<thead>
<tr>
<th>Health Care Provider Access</th>
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<th>%</th>
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<tbody>
<tr>
<td>Regular Health Care Provider</td>
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<td>96</td>
</tr>
<tr>
<td>No Regular Health Care Provider</td>
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<td>4</td>
</tr>
<tr>
<td>Last Visit to Regular Health Care Provider</td>
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<td>59.2</td>
</tr>
<tr>
<td>Within Last Month</td>
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<td>More than 6 Months</td>
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Emergency Response Calls (2012)

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<tr>
<th>Type of Call</th>
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</thead>
<tbody>
<tr>
<td>Advanced Life Support (ALS)</td>
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<td>46.5</td>
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<tr>
<td>Basic Life Support (BLS)</td>
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<td>43.9</td>
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<tr>
<td>Fire</td>
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<tr>
<td>Total</td>
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Emergency Health Care Access & Utilization

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<th>Most Recent Physical Exam</th>
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<tr>
<td>Once in Last 12 Months</td>
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<table>
<thead>
<tr>
<th>Substance Abuse/Mental Health Treatment</th>
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<th>%</th>
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<tbody>
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<td>34</td>
<td>26</td>
</tr>
<tr>
<td>Once in Last 12 Months</td>
<td>14</td>
<td>10</td>
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<tbody>
<tr>
<td>Access to Adequate Care</td>
<td>92</td>
<td>92</td>
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<tr>
<th>Hospital Admissions</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Not in Last 12 Months</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Once in Last 12 Months</td>
<td>26</td>
<td>86</td>
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Key Findings: Health Risks & Social Disconnectedness

SF36® Health Survey
- Individual respondent scores and group mean scores less than 47 indicate impaired functioning or well-being, compared to the U.S. general population.
  - SF36® Physical Health Component Summary scores within our sample ranged from 20.27 to 64.34, with a mean of 39.53
  - SF36® Mental Health Component Summary scores within our sample ranged from 11.18 to 68.67, with a mean of 42.86
- Overall Physical Health & Mental Health mean scores within our sample indicate potential physical and mental health impairment

Social Networks Scale
- Total Social Networks scale score is obtained from an equally weighted sum of all scale items. Our study utilized modified versions of 9 items from the Social Networks Scale, with total possible scale scores ranging from 0 to 45.
- Social Networks scale scores within the lower quartile tend to be associated with increased risk of hospitalization (Lubben, 1988)
  - Social Networks Scale scores within our sample ranged from 0 to 34.44, with a mean of 16.61
  - 30% of our sample reported scores within the lower quartile of the distribution (< 12.23), indicating increased risk for hospitalization

Loneliness Scale
- Total Loneliness Scale score is calculated based on the sum of responses to the items. Our study utilized 10 items from the UCLA Loneliness Scale, with total possible scale scores ranging from 10 to 40.
- Mean loneliness scores on the UCLA Loneliness Scale (20-item) for clinical significance was 60.1 compared to a mean of 39.1 for the comparison sample.
- Loneliness Scale (10-item) scores within our sample ranged from 0 to 32, with a mean of 21.19
- 14% of our sample reported scores compared to clinical significance (> 30) on the UCLA Loneliness Scale

Sense of Community Scale
- Total Sense of Community Scale score is calculated from an equally weighted sum of all scale items, with total possible scale scores ranging from 12 to 36.
- Sense of Community Scale scores within our sample ranged from 17 to 30, with a mean of 25.33

Moving Forward: Community-Based Intervention
Utilizing principles consistent with community-based participatory action research, our research team has been working with key stakeholders (including property tenants, management & ownership, as well as key health and mental health community partners) to develop a community engagement plan for the Westward Ho. Collaborators have been engaged in designing and implementing sustainable interventions aimed at addressing social isolation and disconnectedness. We are also working tenants and other stakeholders to identify community-based interventions that will help to restore a sense of community and promote health awareness.

Strategies used include the following:
- Ongoing collaboration (property ownership, management, and tenants)
- Needs assessment (de-briefing & community feedback forums)
- Utilizing focus groups to identify intervention opportunities
- Strategic planning with tenants and tenant advisory association
- Tenant engagement training
- Strengthening university-based health promotion programs on property
- Leveraging community resources

Legend:
- 95% CI: 95% confidence interval
- p: Probability
- SF: SF36-® Health Survey