A Community Health Needs Assessment of Thomasville Heights Elementary School

Morehouse School of Medicine

Community Health

Group 1

Kyle Abramowitz, Mark Armanious, Cameron Bilbro, Noel Brown, Vishwanath Chegireddy, Kenny Esho, Patience Green, Christopher Guidry, Marita Harris, Shantae Mangaroo, Antoinette Joshua, Ralph Netty, Karen Riggins, Katherine Taylor, Taylor Wang

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Introduction:

As many as 50 million Americans lead sedentary lifestyles, and a lack of physical activity has been linked to health conditions such as heart disease, obesity, and shortened life expectancies (Macera *et al*, 2005). Unfortunately, America's socioeconomically disadvantaged, in particular racial and ethnic minorities, disproportionately represent individuals within the segment of the population living inactive lifestyles (Bennett *et al*, 2007; McAlexander *et al*, 2009). Comprehending why socioeconomically disadvantaged individuals are more likely to regularly engage in more health-promoting physical activities involves understanding the various social determinants, environmental factors, and economic limitations that significantly hinder these individuals from leading more active lifestyles. In particular, residing in an unsafe neighborhood represents a significant barrier to residents in low income areas (Bennett *et al*, 2007). Adults and children living in low-income housing are cognizant of the perceived dangers within their communities such as gang activity, violence, and drugs. These factors create an environment that is not hospitable to residents safely engaging in outdoor physical activities. In addition to the prevalence of crime, the lack of availability and knowledge of proper nutrition may be relevant factors for comprehending the obesity epidemic amongst children and adolescents of socioeconomic disadvantaged backgrounds (Daniel and Kestens, 2010).

The community selected for a health needs assessment was the students of Thomasville Heights Elementary (THE) School, and their parents, who predominantly reside in the nearby Forest Cove Apartments (FCA) complex. This community is located within the metropolitan Atlanta area, in Fulton County, within zip code 30315, and this area is represented by Census Tract 68.02 in the 2000 U.S. Census (shown in Figures 1, 2, and 3 respectively). An arrow has

been placed on the first two figures to show the approximate location of Census Tract 68.02. Basic demographic data are provided in Table 1, and Table 2 contains some of the major socioeconomic descriptors (U. S. Census, 2000). Tables with greater detail regarding demographics and socioeconomics are provided in Appendix A.

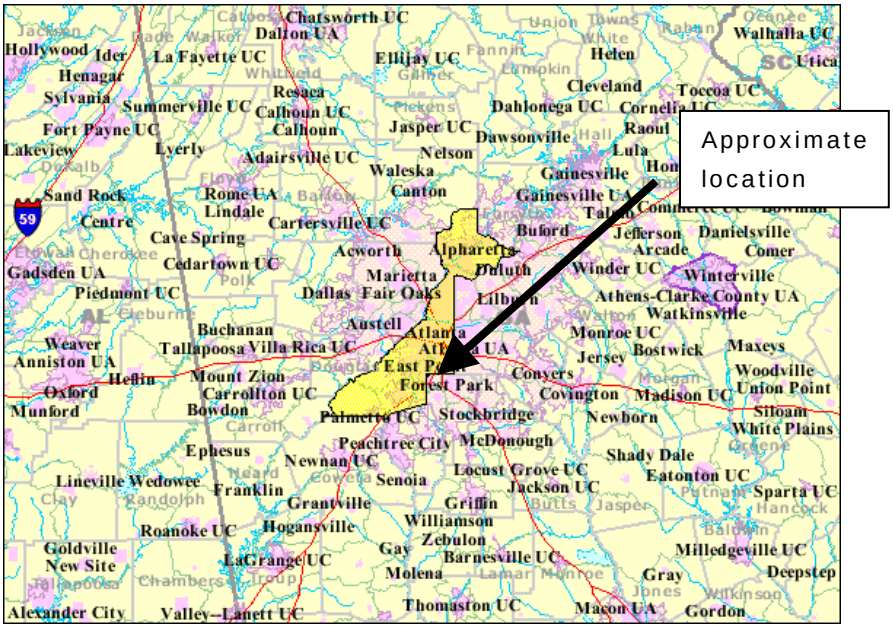


Figure 1. Location of Fulton County, Georgia.

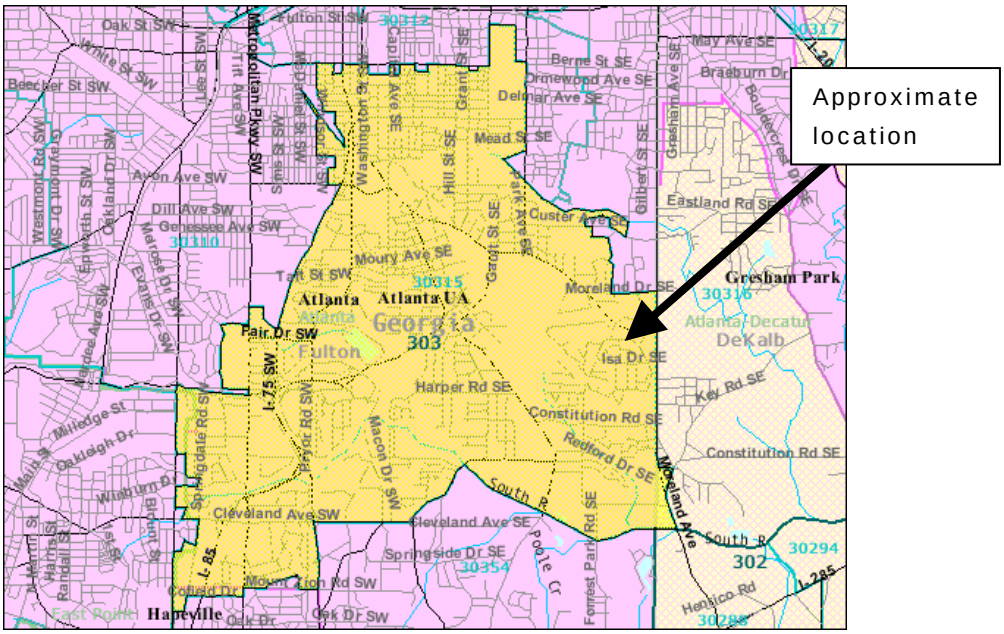


Figure 2. Location of Zip Code 30315.

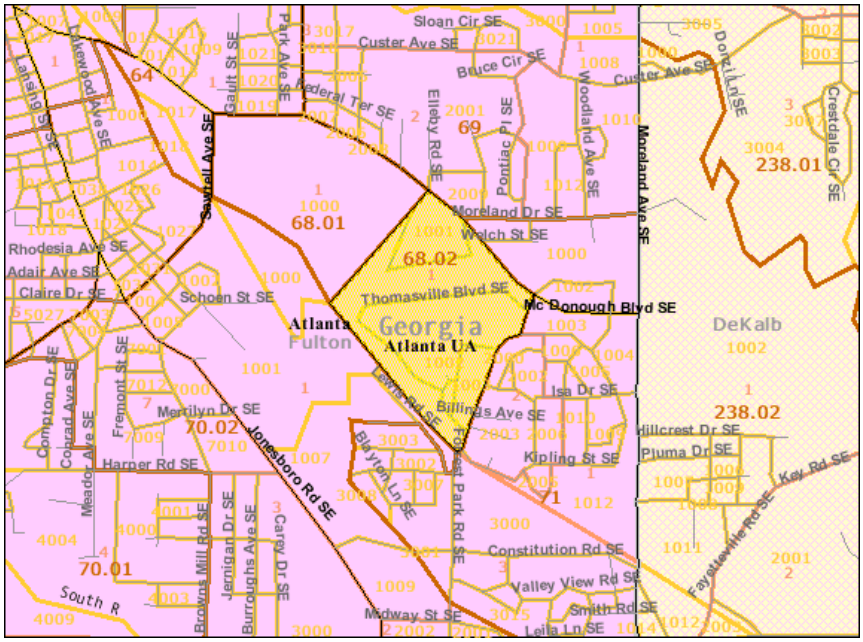


Figure 3. Location of Census Tract 68.02.

TABLE 1. Demographic Data for the Target Community

Parameter	Census Tract 68.02	Zip Code 30315	Fulton County, GA
Median Age	15.2 years	28.8 years	32.7 years
African-American Race	99.0 %	77.8 %	44.6 %
Female	50.8 %	49.1 %	61.4 %
9^{th}-12^{th}, no diploma	37.8 %	30.4 %	10.9 %
HS graduate or GED	50.2 %	30.9 %	19.4 %
Never Married	63.3 %	47.5 %	37.5 %
Now Married	19.5 %	28.8 %	42.9 %
Divorced	9.1 %	9.9 %	10.7 %
Grandparents Raising Grandchildren	75.9 %	53.7 %	47.0 %

TABLE 2. Socioeconomic Data for the Target Community

Parameter	Census Tract 68.02	Zip Code 30315	Fulton County, GA
Mean Household Income	$25,935	$29,918	$74,928
Median Household Income	$12,240	$20,333	$47,321
Mean Family Income	$20,116	$30,446	$91,471
Median Family Income	$11,655	$21,192	$58,143
Population Not In Labor Force	49.4 %	51.2 %	32.3 %
Individuals Below Poverty Level	67.3 %	41.2 %	15.7 %
Families Below Poverty Level	65.5 %	37.2 %	12.4 %
Families with Children Under 18 Below Poverty Level	77.1 %	48.8 %	18.2 %
No Vehicle Available	65.1 %	35.7 %	15.2 %
No Telephone Service	8.8 %	6.1 %	2.2 %
Median Home Value	$64,800	$65,300	$180,700

Tables 1 and 2 display that the target community within Census Tract 68.02 is predominantly African-American with a median age of 15.2 years and a median household income of $12,240. These numbers are significantly lower than both Fulton County and the 30315 zip code as a whole. Census tract datum indicates this community is almost equally split between male and female. Nevertheless, there are few adult males living in the Forest Cove community. This contrast between census data and neighborhood demographics is potentially due to an underreporting of adult males living in the Forest Cove community since few males are

listed as lease holders. Fifty percent of adults 25 years and older have high school diplomas while another 38% attended high school without obtaining a diploma or equivalent degree. Extended families, in particular grandparents, are the primary caregivers in 76 % of the households with children under the age of 18. Seventy-seven percent of families with children under age 18 are below the poverty level, and approximately half of the Forest Cove residents are employed. The Forest Cove poverty level is approximately 1.5 to 1.7 times higher than zip code 30315 and approximately 4.5 to 5 times higher than of Fulton County. The number of people in the community without a vehicle (65.1 %) and without phone service (8.8 %) is approximately 4 times higher than in the county as a whole.

Health data for the THE School and FCA area were obtained from the Georgia Online Analytical Statistical Information System (OASIS). The relative numbers of deaths (including infant deaths), births, and cancer incidences respectively by the census tract for Fulton County (OASIS, 2005-2007) are in Appendix C. Residents within Census Tract 68.02 are in the "lowest" category for cancer incidence and number of deaths, in the "lower" category for the number of infant deaths (death before age one), and in the "moderate" category for number of births in comparison to other census tracts in Fulton County.

As previously mentioned, there is a relationship between the lack of physical activity and the prevalence of obesity. This observation is more pronounced among racial and ethnic minorities of low economic status. According to the Centers of Disease Control and Prevention, clinical definition of obesity involves an individual having a body mass index (BMI) greater than 30.0 while an individual is considered overweight with a BMI between 25.0 and 29.0 (2010). Since maintaining an unhealthy body weight is also associated with an increased risk of developing illnesses such as coronary heart disease, diabetes, metabolic syndrome, and

hypertension (National Institutes of Health, 2010), Thomasville Heights Elementary School students and Forest Cove residents were assessed for potential health problems.

Methods:

Key informant interviews were conducted in a group setting at THE School on September 22, 2010 from 2:30 PM to 3:30 PM. Key informants were pre-selected by the school based on their leadership positions and included Principal, C. Penn; Guidance Counselor/ Partnership Coordinator, T. Fisher; Nurse, H. Swilling; Cafeteria Manager, C. Broughton; Physical Education instructor, Q. Garey; Community-in-Schools liaison, D. Laguerre; Parent-School liaison, K. Robinson; Parent Teacher Association (PTA) secretary, M. Williams; and the PTA president, L. Leslie. Key informants individually gave brief introductions and subsequently discussed their occupational responsibilities. Informants discussed, with minimal prompting, their observations regarding the strengths and weaknesses of the school program, students, and parents as it pertained to their occupational duties. All responses were typed or written by group members. During the following week, September 29, 2010, a windshield survey was conducted from 3:00 PM to 4:30 PM. Multiple groups drove in a two to three mile radius around THE School to observe the community. The windshield survey focused on collecting information pertaining to the number of grocery stores, healthcare facilities, churches, convenience stores, and the general condition of the surrounding community (e.g. housing conditions). On October 12, 2010, two adult focus groups were conducted consisting of four adults in each group (six women and two men, age range 18 – 50, all African American). The participants were all parents of students attending THE School and were recruited by the Parent-School liaison on a volunteer basis. We created a focus group guide which included rules for the FG. Questions were developed based on our observations of the community. We selected a FG moderator and co-

moderator for each group. All other Group members were present to take notes and introduced themselves to the FG participants prior to beginning the session. Although questions were not pretested with individuals within the THE School community, we continually discussed and rewrote questions to ensure that they were tailored to the selected audience. For example, questions were phrased in simple terms to ensure they would be comprehensible by all focus group members. Before beginning the session, focus group participants were assured that all responses would be kept confidential and reported only in summary form (see Appendix D).

From October 12, 2010 to October 20, 2010, a written survey was designed to assess the community's health and accessibility of resources. Each student suggested one question and we agreed upon a final version (see Appendix E). On October 20, October 27, and November 3, 2010, MSM Community Health Group 1 members administered questionnaires to a convenience sample of residents in the Forest Cove community and surrounding areas from 1:30 PM to 3:00 PM. Sixty-six surveys were completed, and the results were entered into the Statistical Package for the Social Sciences (SPSS) statistics program. Data were subsequently exported to Microsoft Excel, and Excel was used to perform descriptive analysis of the information

During these same three weeks, group members collected age, weight, and height information for 272 students in grades one through five at THE School. Students' heights were measured in inches using standard measuring tape/charts without shoes. Weight was measured in pounds, without shoes, using a spring scale. Body Mass Index (BMI) calculations were performed and plotted as percentiles on Centers for Disease Control and Prevention growth charts via the Epi Info statistical program.

Results:

Windshield survey

The windshield survey consisted of observing the area around Forest Cove Apartments and Thomasville Heights Elementary School. Within walking distance from Forest Cove Apartments are the Atlanta United States Federal Penitentiary, a convenience store, a recreation center, and a barber shop. Grocery stores, including Super IDA Foods, Kroger and ALDI, are located along Moreland Ave 2 miles away, and they are practically accessible via a private vehicle or MARTA. The MARTA bus stop, however, is about a one mile walk from the apartment complex. Southside Medical Center, located three miles away, is the closest clinic to the apartments. The clinic provides a shuttle service to transport residents from Forest Cove Apartments to Southside Medical Center. There are newly-built homes along McDonough Blvd and Moreland Ave, and there is a public library, and Mount Nebo Church, located closer to THE School.

Key Informant Session

The key informant session included nine participants and was conducted with members of the school staff, the community/school liaison, and a representative from the PTA. According to key informants, the school faces the following challenges:

1. Parental involvement
2. Physical activity
3. Children with diabetes and
4. Local violence

Interviewees expressed a generalized lack of involvement of parents in the academic achievement of their children, and there was a consensus that parents should place a greater emphasis on academics, proper hygiene, and respect. Also, Georgia law doesn't require students to attend school past the age of sixteen which may influence the dropout rates as well. In an effort to keep children in school, scholarships are offered to high-achieving students who continue their education.

Physical activity among students is a priority for the school staff, but increased enrollment, and limited resources, restrict the amount of time that children spend in physical education (PE) class. Grades k-2 are in PE two times a week for 40 minutes, third and fifth grades participate in PE three hours a week, and all other grades participate two hours a week. When students do not have a scheduled PE class, teachers are encouraged to take their classes to the school's playground for 15 minutes per day. The local recreation center, located across the street from THE School, is also a valuable recreational resource, but respondents stated that many parents are not interested in investing the additional time and expense necessary for participation.

The numbers of diabetic children at Thomasville Heights have increased, and this factor places an additional strain on the school's nurse. One school nurse is responsible for the healthcare needs of children in three area schools, and economic factors also shift the responsibility of healthcare, in addition to education, in the hands of school faculty. Since parents generally cannot afford to miss work, children are sent to school sick, and it is left to the school to manage their care.

The violence in local neighborhoods negatively impacts academic performance. Often children exhibit signs of stress and fatigue due to shootings in the community at night. The

community does have a public safety patrol, but it mainly operates during the day. Thus, individuals engaging in violent behavior primarily restrict their activities to nighttime hours.

Focus groups

The focus groups consisted of eight participants. The following questions were answered during the focus group sessions:

What are some of the positive aspects and/or strengths of your community and why do think those aspects are positive?

The focus group participants stated that the local schools are positive influences on the community. The respondents viewed the close proximity of Thomasville Heights Elementary to the community, as well as relative convenience of local shopping areas, as neighborhood assets. The MARTA public transport system was also viewed as a positive aspect of the community, but the limitations of bus routes and fees were mentioned as drawbacks. Local health clinics exist on Ridge Avenue, in one of the apartment complexes, and on McDonough Blvd. Other positive aspects identified included church-hosted activities for children that occur several times per month and after-school programs offered by the local recreation center. Negative aspects of the community were also discussed. Violence and transportation problems were mentioned as significant pitfalls to living in the Thomasville Heights community. Respondents suggested that more recreational and after-school activities would help to improve the community.

What are some of the challenges the children of this community face?

Participants discussed the influence of criminal behavior on the children of the community. Adults in the community involved in violence, gambling, and the use and sale of drugs, impact the behavior of impressionable children. Play areas are common sites for these activities. This influence is seen as children join gangs and carry guns at younger ages as well as openly utilize illegal substances. One parent stated, "Younger and younger, everyday children are joining gangs and carrying guns." Some parents do not allow their children outside their homes without supervision which restricts their outdoor activities.

What is your opinion of the school and its programs?

The overall view is that school and its programs function well and positively impact the community.

What types of activities are present in your community for children, adults, and families?

Children of participants in the focus groups are involved in recreational football and basketball as well as cheerleading. Some activities are available for children through local churches or the recreation center, but these activities lack transportation and fees are prohibitively expensive. One participant stated, "A lot of parents don't have transportation or the funds to get their kids involved in the sports and activities." The focus group members agree that the neighborhood playground is unsafe and cannot be effectively supervised. There is a community library where internet access is available, but no activities, for adults and families, exist otherwise. This problem is compounded by prevalence of adults unable to find employment. Many of these adults have criminal records which significantly reduce their ability

to obtain employment. The focus groups expressed interest in an adult basketball or baseball league, as well as computer classes, and the opportunity to work toward a GED.

What issues do you face in receiving health care?

Lack of affordability of health insurance was mentioned as the primary issue. Grady Hospital does provide care for the uninsured, except for eye and dental care, which makes it unavailable to many. It is a practice among women in the community to become pregnant in order to become eligible for Medicaid. One parent said "You gotta keep getting pregnant so you can keep getting Medicaid."

What are some of the major health issues of this community?

The focus groups cited violence, especially shootings, as the most pressing health issue in the community. Respondents also mentioned AIDS and HIV, sexually transmitted infections, diabetes, high blood pressure, and some heart and lung conditions including lung cancer. Smoking was also mentioned as a causative factor for many illnesses.

Where do you obtain food for your family?

Kroger, Walmart, IGA, Piggly Wiggly, Supergiant, Meat House, Family Dollar, Sam's Club and BJs were cited as common places to obtain groceries. Nevertheless, Sam's Club and BJ's are more difficult to access without private transportation. Participants were also asked about the types of food they prepare and answers varied. Some families eat balanced diets, and others eat a mixture of unhealthy foods with some healthy selections. At least one participant said that his family eats predominately fried foods, and another eats at restaurants often. Overall, the focus groups indicated that access to healthy foods is not a problem. Instead, preparation time and personal preference are the major influences on dietary choice.

How many hours of television do the children watch a week?

The answers ranged from slightly above, to slightly below, one hour per school day. A typical schedule given by a parent was the following: snack, homework, football, shower, dinner, television, and bed.

Are there community service opportunities for the children?

According to the focus groups, it is difficult to convince the community to work together. There is poor parent participation with school programs and community involvement.

During our discussion last week, we mentioned asking about employment opportunities, if time permits we can inquire about this.

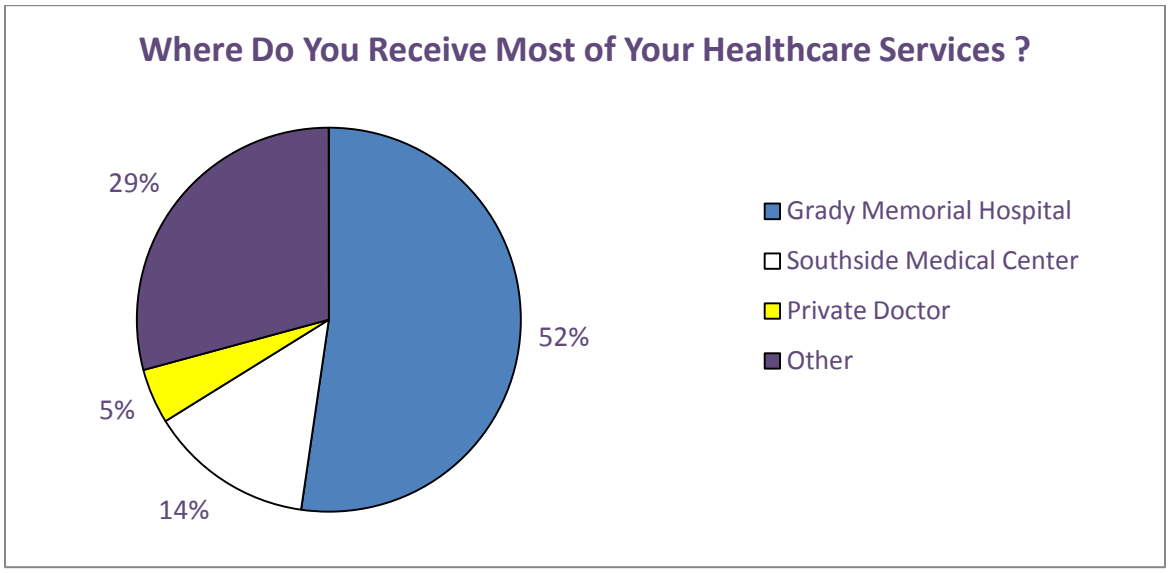
The focus groups stated that many community members are unemployed. Some are unemployed because parenting responsibilities do not leave time for engaging in employment outside of the home while others cite the inabilitity to afford transportation as the limiting factor. Public transit provides limited service and routes have been recently changed.

Anything else to add?

The community management is slow to respond to requests for maintenance. The apartments are of poor quality with issues including mold, leaking pipes, holes in the ceiling, and leaking air conditioning units.

Community Survey

There were 66 respondents to the community survey. Questions in relation to health services where asked and, of the respondents, 52% receive their healthcare from Grady Memorial Hospital, 14% from Southside Medical Center, and the remaining 34% from other facilities and private offices (Figure 1). Most respondents pay for services with Medicaid (59%) and Medicare (23%) (Figure 2). Of their children, the majority (61%) pay with Medicaid (Figure 3). Forty-one percent listed they had no problems in receiving healthcare services while 26% and 24% indicated money and transportation, respectively (Figure 4). Violence was cited as the most important health issue by 33.33% of respondents, followed by diabetes with 17.46% (Figure 5).



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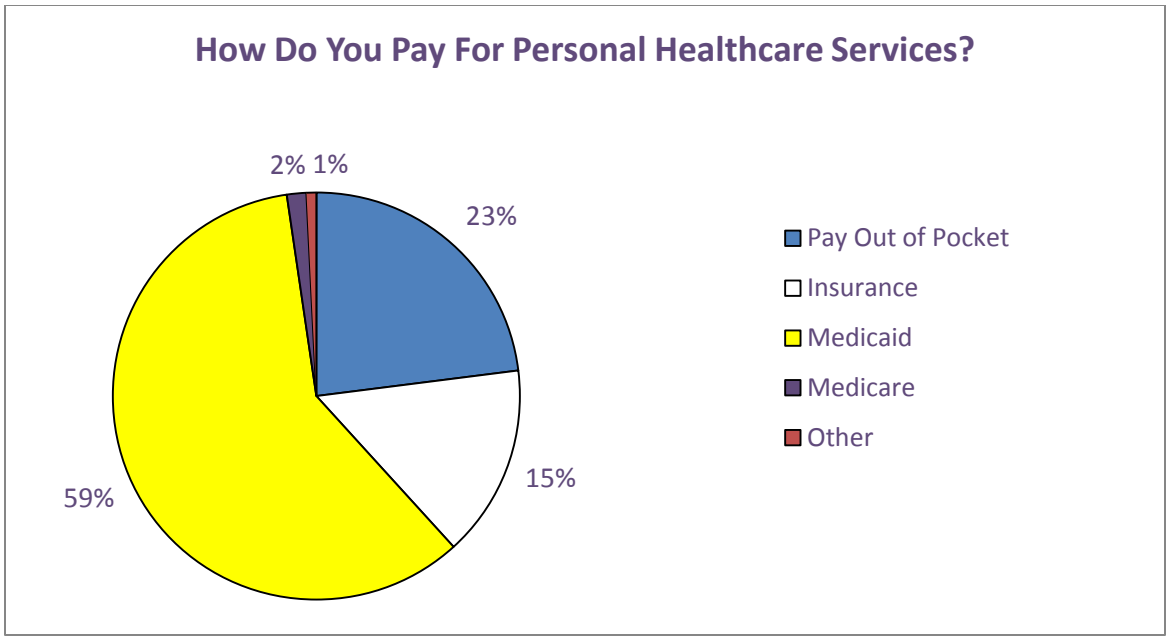

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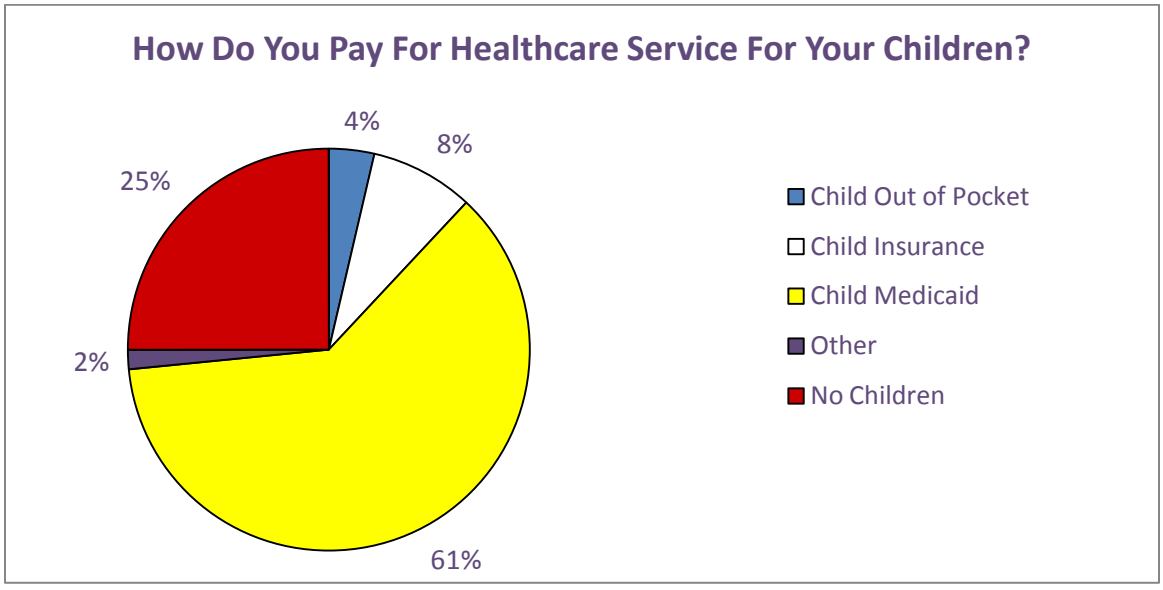

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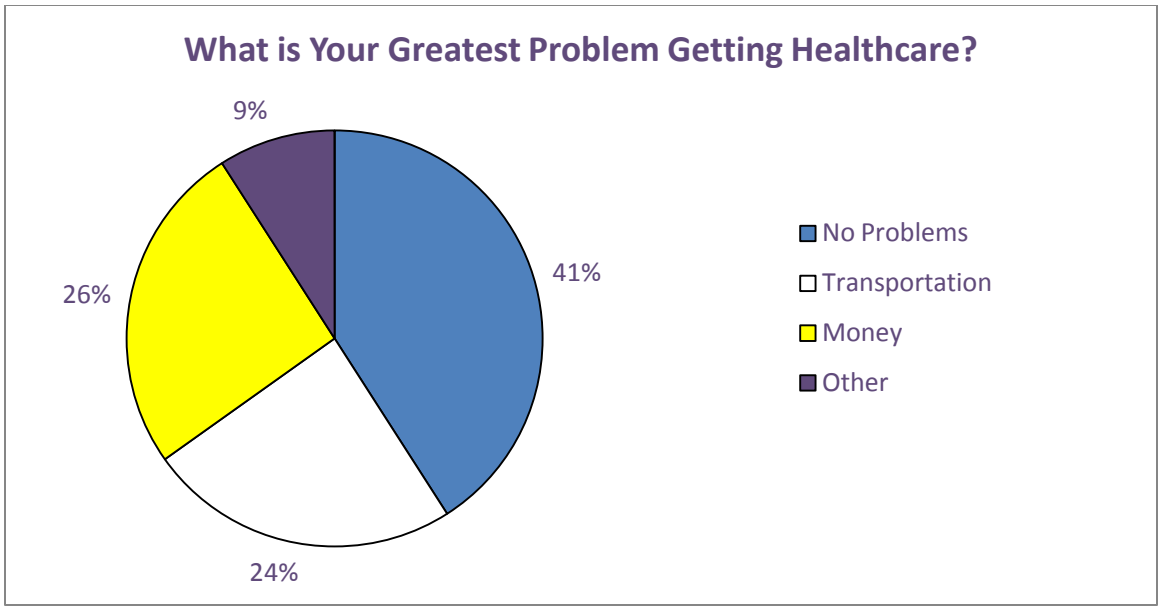

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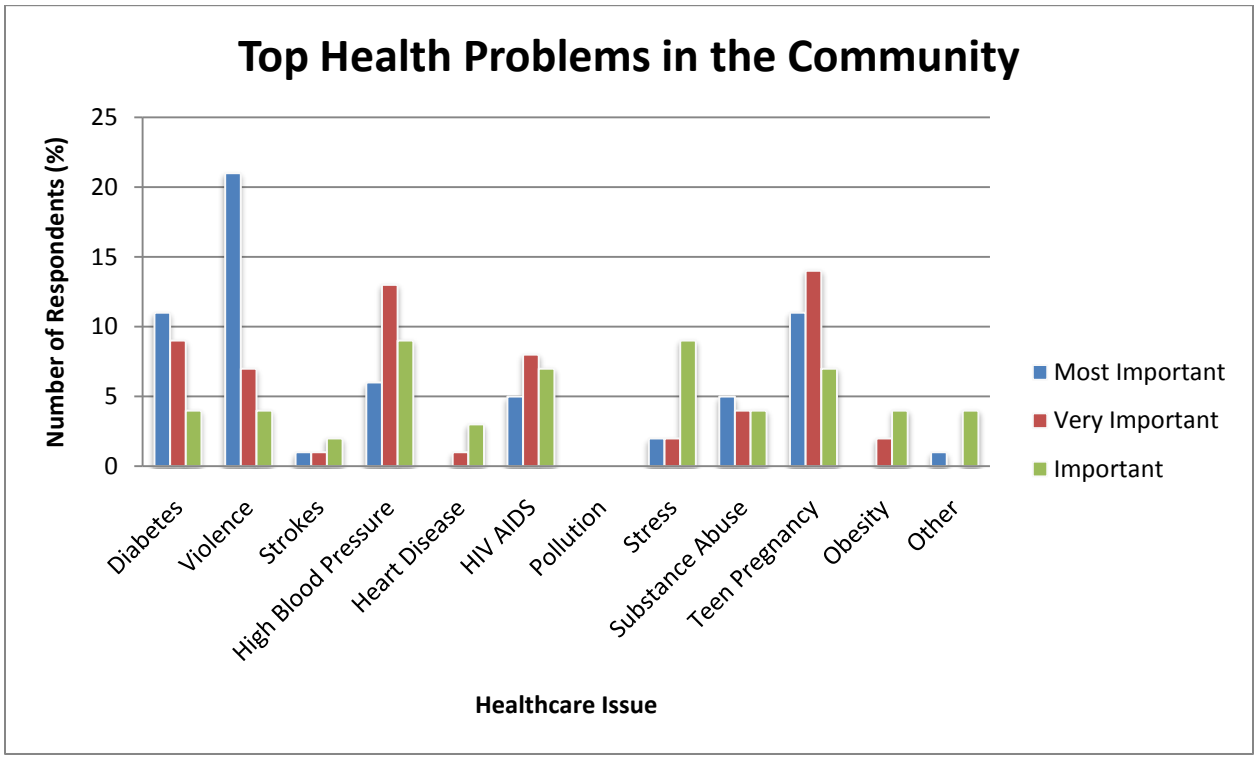

(Figure 5)

BMI Study

There were 272 students that were measured and weighed to calculate their BMIs. At Thomasville Heights Elementary School, there are more overweight and obese females, 20.80% and 23.20% respectively, compared to overweight and obese males, 15.65% and 17.69% respectively (Figure 1). When categorized by grades, females in 1st grade have the lowest prevalence of obese students (0.00%) in comparison to females in 3rd grade with the highest prevalence of obese students (35.48%) (Table 1). Males in 5th grade have the lowest prevalence of obese students (10.53%) in comparison to males in 3rd grade (23.53%) (Table 2). When looking at trends of 1st grade through to 5th grade female students, there is a decreasing trend of normal weight students and an increasing trend of overweight and obese students (Figure 2). Inversely, when looking at trends from 1st grade through to 5th grade male students, there is an increasing trend of normal weight students and a decreasing trend of overweight and obese students (Figure 3). Throughout 1st grade to 5th grade between both male and female students, 18.01% and 20.22% are classified as overweight and obese respectively, and 59.93% are classified as within a normal BMI range (Table 3).

Body Mass Index (Females)				
	Percentile			
Grade	Underweight (<5%)	Normal Weight (5%-85%)	Overweight (>85%-95%)	Obese (>95%)
1	11.11%	77.78%	11.11%	0.00%
2	3.70%	59.26%	22.22%	14.81%
3	0.00%	51.61%	12.90%	35.48%
4	3.70%	51.85%	22.22%	22.22%
5	0.00%	45.16%	29.03%	25.81%
Total	2.40%	53.60%	20.80%	23.20%

(Table 1)

Body Mass Index (Males)				
	Percentile			
Grade	Underweight (<5%)	Normal Weight (5%-85%)	Overweight (>85%-95%)	Obese (>95%)
1	1.96%	64.71%	17.65%	15.69%
2	2.78%	61.11%	13.89%	22.22%
3	0.00%	52.94%	23.53%	23.53%
4	0.00%	66.67%	16.67%	16.67%
5	0.00%	84.21%	5.26%	10.53%
Total	1.36%	65.31%	15.65%	17.69%

(Table 2)

Body Mass Index				
	Percentile			
Gender	Underweight (<5%)	Normal Weight (5%-85%)	Overweight (>85%-95%)	Obese (>95%)
Male	1.36%	65.31%	15.65%	17.69%
Female	2.40%	53.60%	20.80%	23.20%
Total	1.84%	59.93%	18.01%	20.22%

(Table 3)

Discussion:

The Thomasville Heights area is financially disadvantaged and a number of residents participate in violent and illegal activities for various reasons. One third of the individuals participating in the survey felt violence was a major health issue within the Forest Cove Apartments; of the six police zones of Atlanta, zone 3, that including the Forest Cove community, accounts for 26% of violent crime in Atlanta. These activities are associated with the children's poor academic performance and increasing obesity issue.

According to focus groups, children are limited in their playtime outside of the home because of the severity of violence within the apartment complex. According to Nelson and Gordon-Larsen**, "**engaging in a diverse range of physical activities is associated with reduced participation in a series of health risk behaviors and enhanced positive health outcomes, including higher self-esteem and academic performance" (2006). Unfortunately, the parents' attempts to protect their children could cause additional, sedentary-related, health problems.

Nationally, 31.7% of elementary and adolescent students are overweight and obese (Ogden, et al 2007). In a recent study conducted by the Trust for America's Health and the Robert Wood Johnson Foundation the state of Georgia ranked third highest in the prevalence of overweight youths (ages 10-17) at 37.3% (McAlexander KM *et al*. 2009). The BMI data collected at the school indicate that 20.22% of 1st through 5th graders are classified as overweight and obese. These data parallel the national obesity rates.

The highest rates of obesity occur among populations with the highest poverty rates (Trust for America's Health, 2009). It is postulated that this association is a result of the price of high calorie foods relative to fresh fruits and produce. According to United States Department of Agriculture, the cost for consuming a 2000 calorie, nutritious diet per day is $36.32 while a diet composed of higher fat, processed items costs $3.52 per day (2008). Although the cost of consuming a healthier diet is considerable, focus group participant feedback indicates that this issue is also related to convenience. Preparing healthier, home-cooked meals are considered more time consuming. Furthermore, the immediate gratification of a tastier, but unhealthy, meal can be stronger than weighing the long-term effects of unhealthy eating.

According to Dr. Mark Hyman, an internationally known leader in the emerging field of functional medicine and contributing writer for the Huffington Post, a large portion of Americans at or below the poverty line consume an excess of nutritionally-depleted cheap calories from sodas, processed foods, and unhealthy foods (2007). Pricing policies could be used to address the dietary factors contributing to the obesity problem in children in an effort to increase the consumption of healthy, less-dense foods. The price of food in the United States is currently subsidized for low-income individuals and families through a number of programs such as Food Stamps; the Women, Infant and Children (WIC) Nutrition Program; the Child and Adult Care Food Program; and the National School Lunch and Breakfast Programs (Drewnoski, Specter, 2004). Unlike the latter three programs, Food Stamps, the largest subsidized nutritional program in the nation, does not place restrictions on the types of food products recipients purchase (US Department of Health and Human Services, 2004). Moderate changes in these programs, for example capping the amount of money spent on unhealthy foods such as soda, candy, etc., could be a valuable tool in combating the rates of obesity in the low income, minority populations. Given the expected incomes of the families within our study, it is likely that many qualify and are already enrolled in one of these programs. Therefore, the infrastructure is already in place to financially subsidize more nutritious diets. However, it is also important to consider other barriers that prevent families from purchasing healthy foods such as corner store availability of fresh produce or food preferences. To address these issues, a forum addressing budget conscious healthy eating, the benefits of proper nutrition, and methods of preparing healthy, satiable meals is a potential solution.

While legislation cannot back all of the initiatives, the Child Nutrition and WIC Reauthorization Act of 2004 established a new requirement that all school districts comply with a federally-funded school meals program and develop and implement wellness policies that address nutrition and physical activity by the start of the 2006-2007 school year (School Nutrition Association, 2010). The MSM intervention of the Thomasville Heights community could focus on auditing the school's current compliance and ways to expand the program.

Access to affordable and adequate healthcare services is one of the main barriers facing the Thomasville Heights Elementary School community as well. The major issues with receiving healthcare mentioned by the focus group were the expensive insurance premiums and the fact that Grady Hospital does not provide eye and dental care for the uninsured. Statistics show that 52% receive their healthcare services from Grady, 14% from Southside Medical Center and the remaining 34% from other facilities and private offices. Survey results show that about 60% of the residents of this community are on Medicaid. An article in the Atlanta Journal-Constitution stated Medicaid numbers increased by an additional 9% in 2009 due to the economy, which places Georgia at 23%, above the national average of 17% (Teegardin, 2010).

There were a few limitations faced while performing the needs assessment. First, all of the data were collected on Wednesdays during the hours of 1:30PM to 5:00PM. Therefore, members of the community who were unavailable during this time were not able to participate. Additionally, the key informant interviews were held in a group format instead of individually. Therefore, answers could have been influenced by other members of the group. Lastly, there was no children's focus group. Therefore, this assessment is

based solely on the adults' perception of the community. Nonetheless, these findings will be reported to the Thomasville Heights community and an appropriate intervention will begin in the spring.

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APPENDIX A – Supplemental Demographic Data

TABLE A-1. Population by Age and Gender

	Census Tract 68.02		
	Both sexes	***Males***	***Females***
Population	1896	732 (38.6 %)	1164 (61.4 %)
Median age	15.2	12.1	19.7
% Under 5 years	16.4	21.0	13.5
% Under 18 years	54.9	66.3	47.7
% 65 years and over	4.2	3.7	4.5

	Zip Code 30315		
	Both sexes	***Males***	***Females***
Population	40288	20521 (50.9 %)	19767 (49.1 %)
Median age	28.8	28.4	29.2
% Under 5 years	8.7	8.8	8.6
% Under 18 years	32.3	32.3	32.3
% 65 years and over	8.3	5.6	11.0

	Fulton County		
	Both sexes	***Males***	***Females***
Population	816006	401726 (49.2 %)	414280 (50.8 %)
Median age in years	32.7	31.6	33.8
% Under 5 years	7.0	7.1	6.8
% Under 18 years	24.4	25.2	23.7
% 65 years and over	8.5	6.4	10.4

TABLE A-2. Population by Race/Ethnic Group

	Census Tract 68.02	Zip Code 30315	Fulton County
% African-American	99.0	77.8	44.6
% Caucasian	0.5	13.3	48.1
% Latino	0.9	9.6	5.9

TABLE A-3. Adult (25 years and older) Educational Attainment

	Census Tract 68.02	Zip Code 30315	Fulton County
% Less than 9th grade	2.9	14.6	5.1
% 9th - 12th, no diploma	37.8	30.4	10.9
% HS graduate or GED	50.2	30.9	19.4
% Some college, no degree	6.9	14.1	18.5

% Associate degree	2.2	2.8	4.7
% Bachelor's degree	0.0	4.4	26.7

TABLE A-4. Population by Marital Status

	Census Tract 68.02	Zip Code 30315	Fulton County
% Never married	63.3	47.5	37.5
% Now married	19.5	28.8	42.9
% Separated	5.2	5.4	3.0
% Widowed	2.9	8.3	6.0
% Divorced	9.1	9.9	10.7

TABLE A-5. School-aged Population Distribution

	Census Tract 68.02	Zip Code 30315	Fulton County
% Kindergarten	11.0	7.5	5.4
% Grades 1 - 4	36.4	28.9	21.3
% Grades 5 - 8	26.6	25.7	20.3
% Grades 9 -12	15.1	21.3	19.2
% College, undergraduate	2.5	7.2	19.7

APPENDIX B-Maps of community statistics

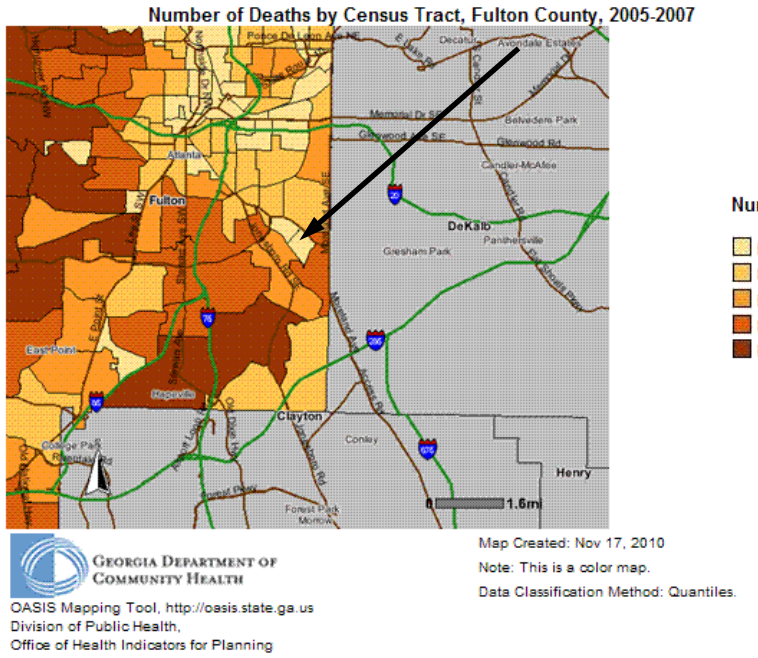

Figure 4. Number of Deaths by Census Tract, Fulton County, 2005-2007.

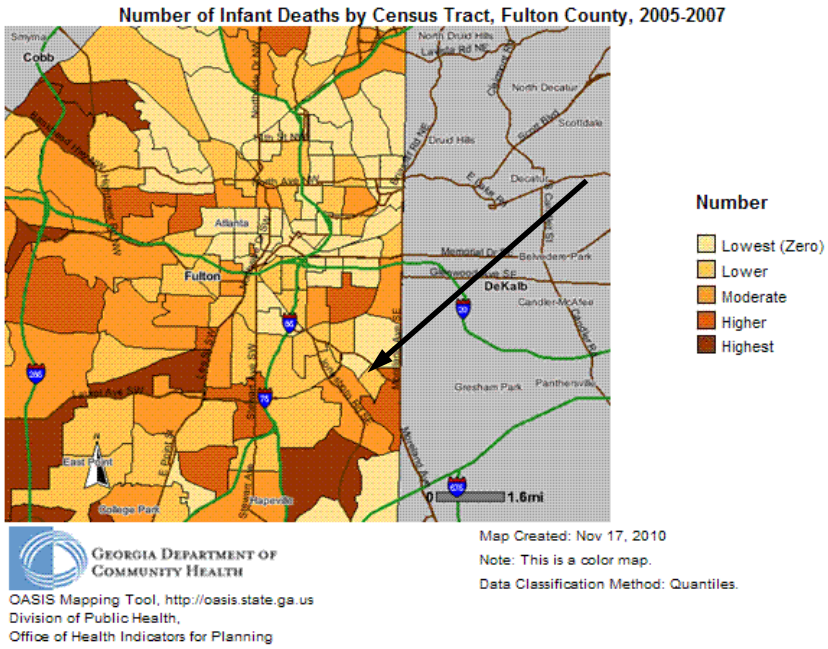

Figure 5. Number of Infant Deaths by Census Tract, Fulton County, 2005-2007.

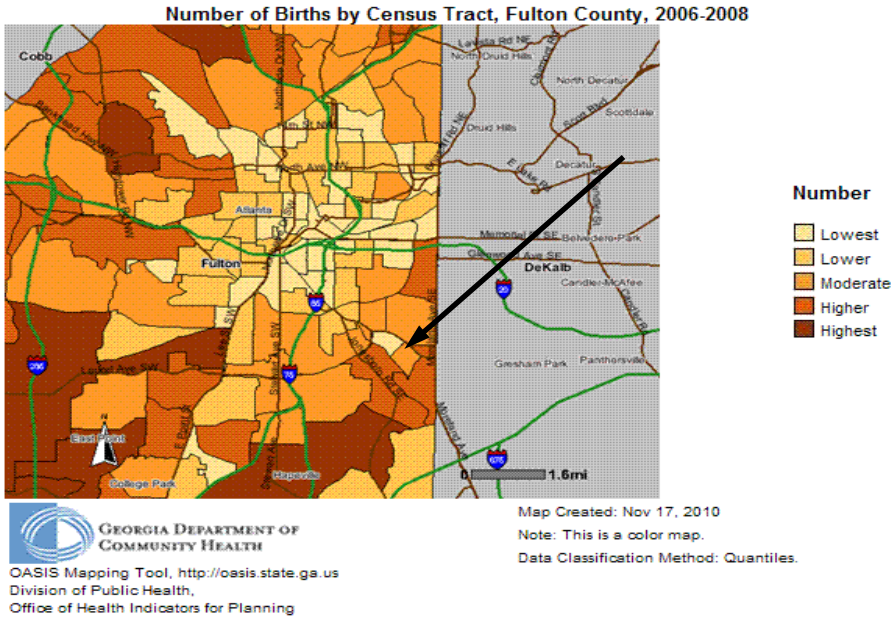

Figure 6. Number of Births by Census Tract, Fulton County, 2006-2008.

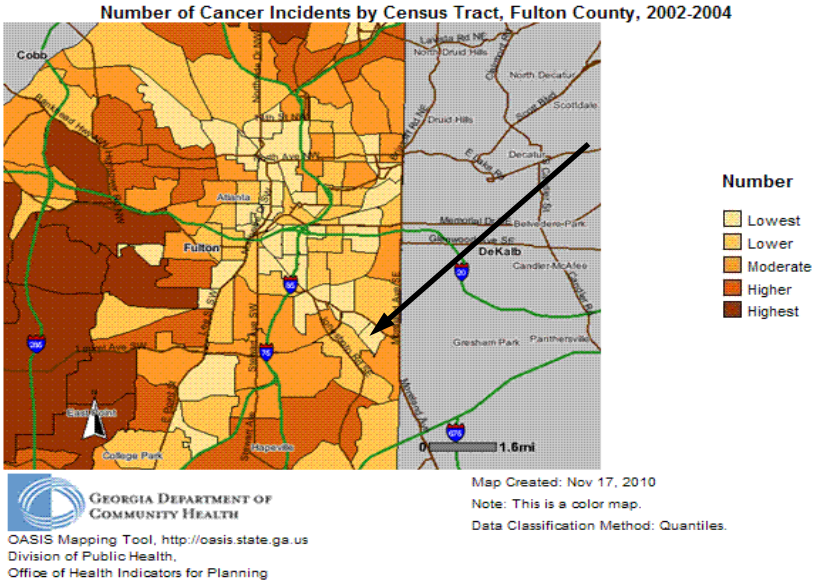

Figure 7. Number of Cancer Incidents by Census Tract, Fulton County, 2002-2004

APPENDIX C – Supplemental Health Data

TABLE B-1. 2007 Deaths in Fulton Health District

AGE (yrs)	AFRICAN-AMERICANS	CAUCASIANS	LATINOS
< 1	78	37	4
1 - 4	14	1	0
5 -12	11	4	0
13 - 19	41	14	3
20 - 29	103	54	7
30 - 44	289	125	17
44 - 59	729	314	13
69 -74	818	464	5
> 74	984	1549	16

TABLE B-2. 2008 Pregnancies in Fulton Health District

MOTHER'S AGE (yrs)	AFRICAN-AMERICANS	CAUCASIANS	LATINOS
All ages	11019	4997	2130
10 - 14	47	4	6
15 - 17	566	35	85
18 - 19	1056	93	148
20 - 24	3296	581	587
25 - 29	3040	1036	610
20 -34	1839	1662	414
35 - 39	937	1276	234
40 - 44	225	294	45
45 -55	13	16	1

TABLE B-3. 2008 Births in Fulton Health District

MOTHER'S AGE (yrs)	AFRICAN-AMERICANS	CAUCASIANS	LATINOS
All ages	6464	3769	1620
10 - 14	23	4	5
15 - 17	394	18	66
18 - 19	637	43	110
20 - 24	1902	261	454
25 - 29	1735	742	454
20 -34	1098	1419	324
35 - 39	554	1051	179
40 - 44	116	220	27
45 -55	5	11	1

TABLE B-4. 2008 Births to Unmarried Mothers in Fulton Health District

MOTHER'S AGE (yrs)	AFRICAN-AMERICANS	CAUCASIANS	LATINOS
All ages	4901	476	954
10 - 14	23	4	5
15 - 17	391	16	61
18 - 19	628	36	80
20 - 24	1725	130	317
25 - 29	1243	138	266
20 -34	577	91	135
35 - 39	255	44	77
40 - 44	56	17	12
45 -55	3	0	1

TABLE B-5. 2008 ER Visits in Fulton Health District

AGE (yrs)	AFRICAN-AMERICANS	CAUCASIANS
< 1	8885	1854
1 – 4	18360	4859
5 -12	15159	5021
13 – 19	16396	4647
20 – 29	35458	9715
30 – 44	42134	13890
44 – 59	40160	13014
69 -74	14082	6327
> 74	6034	6897

TABLE B-6. 2008 Reported Cases of STDs by Type in Fulton Health District

STD Type	AFRICAN-AMERICANS	CAUCASIANS	LATINOS
Chlamydia	3308	145	77
Gonorrhea	2081	60	15
Syphilis (all forms)	758	148	31

APPENDIX D – Adult Focus Group Rules and Questions

Introduction:

- Moderator will introduce self and ask MSM students to introduce themselves.
- Ask participants to introduce themselves.
- Moderator will thank participants and explain the purpose of the focus group.
    - To gain an understanding of the community
    - Determine how we can best serve the community
- Moderator will explain the "rules"
    - Please, no side conversations
    - Only one person speak at a time
    - Treat everyone's ideas with respect
- Ask the participants if they have any questions before we start.

Questions:

1. What are some of the positives aspects and/or strengths of your community and why do think those aspects are positive?
2. What are some of the challenges the children of this community face?
3. What do you think about the school and its programs?
4. What types of activities are present in your community for children?
5. What types of activities are present in your community for adults and families?
    a. Are you and/or your children involved in any of these activities?
    b. What community activities would you like to see?
6. Is there anything else you'd like to add?

Bridge: Health care was a huge issue during the 2008 presidential election and continues to be a "hot topic." We'd like to get your thoughts on these issues.

7. What issues do you face in receiving health care?
    a. Where do you get health care services?
    b. What are some of the major health issues of this community?

Bridge: The First Lady, Michelle Obama, is trying to get kids to be more active and trying to eat healthier. We'd like to ask you questions about your family's diet.

8. Where do you obtain food for your family?
    a. What are some of the main meals you prepare for your family?
    b. Do you feel like you and your families are eating healthy foods?

APPENDIX E – Survey Questions

Community Health Survey
Thomasville Heights/Forest Cove Community
October 2010

We are medical students at Morehouse School of Medicine. We are conducting a survey of your community to identify some of the major health issues affecting your community. The results of this survey will be anonymous. We will use the results to develop a health promotion program over the next few months. This should take about ___ minutes. Will you help us by sharing your opinions on these issues? OR May I continue?

Demographics

1. **Gender (Check One)_____ M ___ F**

2. **What is your employment status? (Check One)** ___ Employed ____ Unemployed ___ Retired

3. **Marital status (Check One). Are you currently:**

___ Single ___ Married ___Divorced ___ Widowed

4. **Age (Check One)**

A. ___ 18-25
B. ___ 26-35
C. ___ 36-50
D. ___ 51-65
E. ___ ≥ 66 years

5. **Number of children (under age 18) in the house**: ___

6. **Do you have a child at Thomasville Heights Elementary School?** __ Yes __ No

Next, I will ask you some questions about your healthcare.

7. **Where do you receive most of your healthcare services? (Circle One)**

A. Grady Memorial Hospital
B. Southside Medical Center
C. Private Doctor
D. Fulton County Health Department
E. South Fulton Hospital
F. Other or none , Please specify: _____

8. **How do you pay for your personal healthcare services? (Circle all that apply)**

A. Out of pocket
B. Insurance
C. Medicaid
D. Medicare
E. Other _____

9. What about your children, how do you pay for healthcare services for them?

A. Out of pocket
B. Insurance
C. Medicaid
D. Other _____
E. No children

10. Overall, how satisfied are you with your healthcare service? (Circle one)

Not at all Extremely Satisfied
1 2 3 4 5

11. What is your greatest problem in getting healthcare?

A. No problems
B. Transportation
C. Money
D. Baby Sitter
E. Other _____

12. On a scale of 1-5 (1 is most important), how important do you think it is to get regular check-ups and exams such as breast, pelvis, and prostate?

Not important at all Very Important
1 2 3 4 5

13. Compared to others in your age group, do you believe your health is:

A. Excellent B. Good C. Fair D. Poor

14. Are there times when you need healthcare but cannot afford it?

___ Yes ___ No

Now I have a few other questions

15. Is public transportation in this community adequate? (check most important)

____ Yes
____ No, too far to nearest bus stop
____ No, buses don't run often enough
____ No, buses don't go where I need to go
____ No, other (specify) _____
____ No opinion

16. What do you think are the top 3 health problems in your community?
Rank the top 3 (1-3) with 1 = Most Important

A. Diabetes _____
B. Violence _____
C. Strokes _____
D. High Blood Pressure _____
E. Heart Disease _____
F. HIV/AIDS _____
G. Pollution _____
H. Stress _____
I. Substance Abuse _____
J. Teen Pregnancy _____
K. Obesity _____
L. Other _____

17. Do you consider the diet served in your home healthful? ___ Yes _____ No

18. How many servings of fruits and vegetables do you eat each day? ___

19. Are there times when you want to buy healthy food but cannot afford to?
___ Yes ____No

20. Where do you do most of your grocery shopping?
A. Kroger on Moreland
B. IGA on Moreland
C. Convenience store on McDonough
D. Other

20. On a scale of 1-5 (1 is best), how satisfied are you with the cafeteria services at Thomasville Heights Elementary? (skip if no children at THE School, #6)

Very Satisfied				Not Satisfied at All
1	2	3	4	5

21. How many times each week do you exercise (at least 30 minutes; includes vigorous housework, such as sweeping or mopping)? _____

22. How active do you think your children are in terms of the exercise they get?

A. Very Active
B. Active
C. Moderately Active
D. Not very active

23. Do you have a computer in your home/apartment?
A. Yes, with Internet access ___
B. Yes, without Internet access ___
C. No ___