

Whitely Community Council and Ball State University: Partnership for Improved Health

Research Partnership:

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Whitely Community Council and Ball State University: Partnership for Improved Health Outcomes: Results

Introduction

Background. Delaware county has among the worst health outcomes in the state, ranking (85th) out of 92 Indiana counties (County Health Rankings, 2023). Central Indiana faces many challenges related to social determinants of health (SDH), including access to health care, income insecurity and underemployment, food insecurity, inadequate housing, fragmented transportation systems, and structural inequities driven by systemic racism which impact health outcomes. Whitely residents have seen a steady stream of disinvestment in their community, resulting in the area becoming a *food desert* with access to just one gas station and a dollar store to purchase food for families, further perpetuating unhealthy eating habits. The Whitely neighborhood has a 95% free and reduced lunch rate for local students and a household median income of \$17,159. Racial inequities among health and health outcomes also create greater challenges for community members. African Americans have higher rates of high blood pressure, diabetes, and strokes yet have less access to medical care and treatment (CDC, 2017). Additionally, African Americans have increased levels of poverty, unemployment, and decreased homeownership (CDC, 2017). This initiative sheds light on additional SDH impacting the community of Whitely, a historically African American sector of Muncie, by utilizing a community-engaged approach to gain greater understanding of the needs, strengths, and health priorities impacting the healthy outcomes of residents. In this approach, we recognize that it takes time to build trust and develop relationships, thus the importance of a partnership between WCC and BSU. By working alongside members of the Whitely neighborhood, it helps to ensure that a broad range of stakeholders with a vested interest in improving the community health outcomes are heard and respected.

Project overview. This is an action-oriented, participatory, community-engaged initiative to bring together the Whitely community and BSU with a common goal to improve local health outcomes. Imposition of “solutions” by external members such as academic institutions not directly affiliated with communities can be well meaning but ineffective in reaching the targeted population or obtaining desired outcomes. The community members of the Whitely neighborhood are the experts in identifying their needs and desires for programming and support. However, with partnership between WCC and BSU, collaboration can occur to formally identify the needs and strengths assessment and planning for future action, support, and change. The aims for this collaborative initiative are to 1) build community partnership between WCC and BSU and 2) to assess community identified needs to assist in building and sustaining the Whitely Community Health and Wellness Committee. To support and encourage the partnership, monthly meetings between the WCC, community liaisons (members of the Whitely neighborhood), and BSU affiliates will aid in the development of trust between group members and lead to collaborative planning and project goal setting. The planning meetings included rapport building, research training for the community partners (i.e. CITI Training, CBRP training), training of university partners for best practice of program delivery and outreach within WCC (i.e. surveys, community meetings), and development of assessment methods related to

community health and wellness (i.e. quantitative, qualitative tools). By assessing community members' needs and ideas, greater support and expansion for the WCC Health and Wellness Committee may occur and long-term program development. Speaking directly with community members can engender greater understanding and awareness of the current available resources as well as identifying the challenges to accessing resources. It can also provide training the next generation to listen, engage, and collaborate. Thus, information can lead to creating an action plan for further support, research, and collaboration between the Whitely Neighborhood and Ball State University.

Community Partner: The Whitely Community Council (WCC) is the neighborhood association and nonprofit organization serving and supporting the Whitely neighborhood located on the east side of Muncie, Indiana. The WCC is a goal-oriented organization, focused on strategic planning to create meaningful change, support community members, and create a healthy and thriving community. The WCC has recently established a Health and Wellness Committee to help support positive health outcomes within the Whitely Community. The Health and Wellness Committee is led by Mr. Ken Hudson, the Executive Director of the WCC.

University Partner: Ball State University (BSU) is a predominantly undergraduate, public institution of higher education with high research and community engagement activity. BSU recognizes the need for students to engage in educational, scholarly, and creative endeavors to have fulfilling careers and meaningful lives enriched by lifelong learning and service, while enhancing economic, environmental, and social vitality. BSU actively engages with community partners to advance mutually beneficial work that transforms both students and community.

Team members. The initiative gathers voices from the Whitely community and BSU faculty and students, with a common goal to improve local health outcomes. Recognizing that it takes time to build trust and develop relationships; forming a strong partnership between Whitely and BSU was the first step in developing such a foundation. Monthly meetings as well as informal conversations and emails occurred between the WCC, community liaisons (Whitely residents), and BSU affiliates. These meetings and sharing of information facilitate the development of trust between group members which, in turn, led to collaborative planning and project goal setting. Over the past year, the team focused on not only rapport and trust building, but on developing recruitment strategies and materials and development with dissemination of the strengths and needs assessment. The current team members include: Kristin Trainor (BSU), Ken Hudson (WCC), Angela Davis (WCC), Laurie Harris (WCC), Alexa Curra (BSU), and Nykasia Williams (BSU and Whitely community member). All members completed the CITI Training. Ms. Alexa Curra, a BSU student and research assistant, joined the project in the summer of 2022. Ms. NyKasia Williams is a member of the Whitely Community, an HLC graduate assistant, and an MSW student at BSU. Ms. Williams joined the team in early fall of 2022. Alexa and NyKasia assisted with the project development, data collection, and data analysis.

Methods

Process

Monthly meetings between the WCC, community liaisons (Whitely residents), and BSU affiliates were facilitated and continue to develop trust between group members which, in turn, is leading to continued collaborative planning and project goal setting. Meetings were virtually based to allow for greater regularity and health safety due to COVID-19. During the meetings in the spring and summer of 2022, the discussion focused on building the needs and strengths assessment tool, development of the informed consent, discussion of the recruitment process, and formulation of recruitment materials. The team worked as a cohesive unit to develop recruitment materials including flyers, social media posts, and recruitment scripts. All items were reviewed by the team to ensure readability and accessibility. The instrument, including the survey and interview questions, were meticulously reviewed by all team members to support readability, contextual relevance, length, and accessibility. Results were reviewed together to develop themes and process next steps to support the Whitely Community Health and Wellness Committee development.

Institutional Review Board. The IRB process was initiated for the *Whitely Community Council and Ball State University: Partnership for Improved Health Outcomes* project. The initial aim of this collaborative initiative was to build a partnership between Whitely and BSU. The next aim, Aim 2, was to assess community-identified needs to assist in building and sustaining the Whitely Community Health and Wellness Committee. Aim 1 was the initial phase of the community participatory research process and, on December 10, 2021, Aim 1 was deemed not “Human Subject Research” by the IRB and no further IRB action was required. The partnership then developed the IRB application for Aim 2 (assessment). Aim 2 is the assessment phase of the community participatory research process, thus after development of the survey and recruitment materials was complete, the IRB application was submitted. On August 25, 2022, Aim 2 was not deemed “Human Subject Research” by the IRB and no further IRB action was required. The IRB stated that the study does not meet the federal definition of human subject research and hence does not require the IRB review. The team was then able to continue with recruitment and data collection.

Recruitment

The team thoroughly discussed recruitment methods for the needs and strengths and assessment. The team chose to include all Whitely community members. To ensure all voices are heard, it was decided that a member of the community included anyone who lives, works, or worships within the community and are over the age of 18. For recruitment, the team used social media through the Whitely Community Council, Healthy Lifestyle Center, and individual social media accounts to share the project information and encourage participation in the survey and/or interviews. Mr. Hudson presented the study information at the Whitely Community Council Board Meeting. The team distributed flyers and surveys at local churches and establishments within the Whitely community, the local library, and during the Whitely Community Food Drive. Additionally, each team member created their own recruitment script regarding the survey. The group found it be important to allow for individuality in sharing the information while also delivering reliable, accurate, and consistent messaging. Data collection occurred through October 2022- December 1, 2022. Sixty-four individuals initiated the survey while three individuals

attended the focus group/ interviews. The interviews were offered both in-person within the Whitely community and virtually through Zoom.

Instrument

The 25-item survey instrument was developed and modified from existing community health surveys. The survey included participant demographics, questions referencing the strengths of the community, areas for growth within the community, as well as personal needs participants are experiencing. The instrument was formatted as a paper document and as an electronic survey using Qualtrics. Drop off sites were available at Connection Corner Library, which is located in the Whitely neighborhood, monthly during the Whitely Community food pantry events at Harvest Christian Fellowship, and by pick up from Mr. Ken Hudson. Respondents were also invited to participate in an interview to further discuss their perceptions of the strengths and needs of their community. The interview consisted of five open-ended questions exploring the strengths and needs of the community. The interviews occurred via Zoom and at Connection Corner Library. The needs assessment survey and interview questions are available as appendices 1 and 3.

Results

Quantitative Results

Demographics

The survey yielded 64 participants opening the survey though 47 proceeded with the survey. Of those 47, participants range in age from 19-82 years with an average age of 55.18 years. Gender identity for participants included 78.7% female, 17% male, and 4.3% as non-binary. Racial identity for participants included Black or African American (68.1%), White/Caucasian (17%), Multiple Ethnicities (10.6%), and Other (4.3%). All identified as not Hispanic or Latino (100%). Participant education level include High School Diploma or GED (21.28%), Some College (25.53%), Associate Degree (19.15%), Bachelor Degree (23.40%), and Graduate Degree (10.64%). See table 1 for complete list of demographics.

Overall Survey Response

The survey focused on participants identifying areas of confidence, strengths, general areas of need, and specific areas of need within healthcare, nutrition, mental health, transportation, substance use, housing, personal stress, and measures to improve the quality of life within the Whitely community. The next section further explore each domain.

Confidence. Participants were asked to rank their level of confidence in the following areas as they exist in the Whitely community: education, employment/ job skills, access to health care, opportunities for healthy eating (i.e fruits and vegetables), parks/ green space, community safety, community activities, police, personal space, legal issues support, affordable insurance, transportation, workplace safety, language, family support, substance abuse treatment, mental health treatment (i.e. medication, therapy), physical activity, affordable housing (i.e. rent/own),

access to faith based support, access to child care/after school care, and had an opportunity to identify other areas.

When considering the confidence that community members feel in specific areas as they exist in the Whitely community, the top three areas included access to faith-based support (48.9%), green space and parks (46.8%), and transportation (42.6%) were identified as meeting or exceeding the needs of community members. The areas with least confidence include substance abuse treatment (53.2%), mental health treatment (51%), and legal issues support (48.9%) identifying little to no confidence exists. See table 2 for complete list.

Strength. Participants were asked to identify the greatest area of strength within the Whitely Community. Participants could mark as many areas as they wanted. The top three greatest area of strength identified by the community included: family support (61.7%), access to faith-based support (55.3%), and parks/green (51.1%). See table 3 for the complete list. Participants had the option to write in other areas of strengths not specified which includes areas such as community resilience and unity, close community willing to help each other, and positive community involvement.

Area of Need. Participants were asked to identify the greatest area of need within the Whitely Community. Participants could mark as many areas as they wanted. The top three greatest area of need identified by the community included: opportunities for healthy eating (46.8%), mental health treatment (40.4%), and employment/ job skill opportunities (40.4%). See table 4 for the complete list. Participants had the option to write in other areas of need within the community such as improved sidewalks/ street lights, community stigma, drug use, property upkeep, and lack of trust toward non-community members.

Topic Specific

Participants were asked to explore deeper into the areas of strength or concern within the community. The areas included: healthcare, nutrition, mental health, transportation, substance use, housing, stress, and quality of life. Each category offered specific questions related to the overall category. Responses were on a 4-point Likert with the option to select unsure, none, low, or high. The questions were used to gain greater clarity into the need or measures to support change within each broader category.

Healthcare. When considering specific healthcare needs, participants notes that mental health support (46.8%) and substance use services (42.6%) had the highest need which was closely followed up primary care (38.3%), specialty care (34%), dental care (34.0%), and eye care (34.0%). See table 5 for complete list.

Nutrition. When considering specific nutrition needs, participants note that access to health foods (40.4%) and access to stores with healthy foods (40.4%) had the highest need followed by access to healthy foods in school (29.8%) and cooking classes (25.5%). See table 6 for complete list.

Mental health. When considering specific mental health needs, participants note that access to residential mental health treatment (40.4%) and access to mental health professionals

(36.2%) had the highest need followed by access to mental health professionals (36.2%), access to information about mental health disorders/ conditions (34%), access to mental health treatment (34%), access to emergency mental health care (34%). See table 7 for complete list.

Transportation. When considering specific transportation needs, participants note that transportation to work (59.6%) had the highest level of need followed about affordable transportation (29.8%), transportation to grocery store (27.7%), and transportation to health care (25.5%). See table 8 for complete list.

Substance use. When considering specific substance use needs, participants note that youth services (44.7%) and substance use prevention services (42.6%) had the highest need followed closely by reduction of drug use (40.4%) and reduction of alcohol abuse (38.3%). See table 9 for complete list.

Housing. When considering specific housing needs, participants note that access to loans (44.7%), affordable housing (42.6%), and financial literacy (42.6%) had the highest need followed by senior housing (29.8%), support for tenants' rights (29.8%) and help with heat (25.5%). See table 10 for complete list.

Stress. When considering specific sources of stress, participants note that community violence (27.7%), access to food (23.4%), and access to childcare/after school care (19.1%) had the highest need followed by relationships (17.0%), access to health care (14.9%) and access to safe housing (14.9%). See table 11 for complete list.

Quality of life. When considering specific quality of life needs, participants note that connection to resources or community agencies (38.3%), community safety (38.3%), mental health services (34.0%), and employment services (34.0%) would most improve their quality of life within the Whitely community. See table 12 for complete list.

Qualitative Response Results

All individuals were invited to participate in an interview regarding their beliefs of the strengths and needs of the Whitely Community. Ultimately 8 individuals signed up for the interviews though 3 individuals completed the interview. The interview consisted of five open-ended questions exploring the strengths and needs of the community. Two interviews occurred via Zoom and 1 in-person at Connection Corner Library. The interviews were recorded via Zoom and via electronic recording for the in-person interview. The interviews were then transcribed and thematic analysis was used to identify themes. See Appendix 2 for full list.

Themes

Five themes and 5 subthemes emerged from the analysis. Themes include a sense of family connection, educational engagement, misrepresentation by community outsiders, pride in the rich history of the community, and challenges with inspiration and connection between generations. Each theme will be further explored.

Sense of Family Connection. Participants note that a sense of family connection was a strong strength of the Whitely community. One resident noted, "Everybody waves and

everybody speaks at them. They're not quite used to that kind of a community, so I guess one of the strengths is, is um I guess our relationships. While another noted “the longevity um of families being in the neighborhood getting to know each other. Their children now know each other.” Family connection also emerged as residents shared “It's the ongoing relationships that goes from generation to generation” and “...But people understand we're welcoming community uh more family oriented.” The Whitely community has a rich history in family connections and such a strength may help to increase support and identify need.

Educational Engagement. Participants note that educational engagement is a challenge within the Whitely community. Respondents shared “If you look at the school to those kinds of things. It's a it's a big gap” and “not exactly sure when it happened, but I think we're seeing the effects of it as we look at schools as we look at grades um as we look at reading scores and all those kinds of things.” Respondents additionally shared “Um as of late one of the biggest challenges for our neighborhood is um, I guess, inspiring the young people this this next generation to be more uh academically inclined” and “... they're going to be talking to the kids and getting them involved, and we've lost that.” Overall, respondents identified a lack in the overall engagement and connection within the educational system and educational goals. Education is a prime factor in health outcomes and such awareness as to the change in educational engagement may support additional initiatives.

Misrepresentation by Community Outsiders. Participants notes that misrepresentation by community outsiders is a challenge within the Whitely community. Respondents shared, “Uh, I guess you know we're we always looked at is a low income neighborhood” and “..but somebody had to let me know that you know we were low income. I didn't know until somebody told us so. That's not really where we struggle, because we all help each other out.” Respondents additionally shared, “..And we're doing all we can to change, not just the appearance when we try to make things look better, but the impression of of who we are, and it's over time, I think, that has changed and “I guess we had a reputation uh of being a low income, dangerous uh unsafe environment and those kinds of things.” However, concerns for infrastructure also emerged as evidence by “sidewalks we've asked for those kinds of things that make it a little safer for people walking down the streets and those kinds of things” and “a grocery store, you know, we're in a food desert, and those kinds of things you would ask for um, but as far as changing the neighborhood to make our neighborhood better, we can always get better.” Overall, respondents shared concern over the misrepresentation of their community but also highlighted areas to improve the overall infrastructure of the community. Stigma and bias impact health outcomes and if community members perceive that others view their community negatively, it can impact access to resources and comfort in discussing needs.

Pride in the Rich History of the Community. Participants notes that pride in the rich history of the community serves as a strength within the community. Respondents shared, “I don't know I like Whitely. I I like us,” and “...I'm pretty happy with with who we are and where we are.” Respondents also shared “...Probably the history that we have as, as a community. Our, our community goes back quite a ways and “...I didn't know we did that uh we had Shaffer chapel. It's a historic first school, I guess, in in in Muncie is the first schoolhouse ever built they

turned it into a church. It's the last um public lynch was held uh was a a vigil was held there. So, it's got a lot of history about that that building, and it's a museum down, I guess, in the basement of it That tells a lot of the history.”

Two additional subthemes emerged including Whately supporting the larger community and community involvement. Respondents shared, “We had the Boys Club. We had the Multi center. We had all these places that kids could go, and there were people there. Um The families knew. So when my kids gets out of school going to the Multi, and I know Joe's going to be there, Harry's going to be there, so and so is going to be there,’ and “... we're very uh we're very active community in the greater community”. Additionally, a respondent shared, “we won several national awards for different things that we do, but we do those because we involve other other neighborhoods. We involve other entities. So we're not a neighborhood that just does stuff within the neighborhood. We draw other people in.” The rich history and social connectedness of the community may serve as a protective factor when considering SDH and health outcomes.

Challenges with Inspiration and Connection Between generations. Participants note that challenges with inspiration and connection between generations, which includes subthemes of trust/mistrust, and lack of involvement due to financial strain, are areas for growth within the Whately community. Respondents shared, “It seems like they're not interested in sports, they're not interested in music, they're not interested in after school activities,” and “one of our biggest challenges is connecting uh with, with the, with the younger generation, I guess, how to do that in this uh this age.” Participants noted the challenge created greater involvement as respondents shared “So we don't want to lose this this generation”, “How do we? How do I reach that generation.” Respondents shared, solutions such as “something that might help that is a place where kids could go um that we could probably connect a little bit better with them um off offline.” By building greater connection at an earlier age, it may impact long term health outcomes and longevity within the community.

Discussion

Challenges and Limitations

Challenges. During the reporting period of January 1, 2022- January 20, 2023, a few challenges have surfaced. Dr. Natalie Kruzliakova stepped away from the university beginning January 1, 2023. While her presence and expertise will be missed, the core team: Dr. Trainor, Mr. Ken Hudson, Ms. Angela Davis, and Ms. Laurie Harris continued meeting the project goals of data analysis and building future plans to support the ideas generated by the surveys and interviews. As a group, there was much focus to ensure the research materials including informed consent, recruitment flyers, social media posts, surveys, and interview questions were appropriate and valid for the research plan. Thus, increased time and care was taken in the development process. While there was a delay in the initial distribution of the instruments, the project as a whole completed the objectives by the close of the grant timeline.

Limitations.

- Small n-
 - chose to keep all surveys as some questions were skipped by participants due to the low sample size and to still include participant experiences.
 - Unfinished surveys
 - No incentives were used
- Survey too long
- Cannot make generalized findings

Recommendation

- Utilize community-based services
- celebrate the family connection and use as tool to meet with family members
- Reach out to people via....
- Use results to support additional focus groups and surveys on targeted points

Table 1. Demographic	n	Mean
Age	38*	55.18
Mean	55.18	
Range	19-82	
Gender		
Male	8	17.0%
Female	37	78.7%
Non-binary	2	4.3%
Race/Ethnicity		
Black or African American	32	68.1%
White or Caucasian	8	17.0%
Multiple Ethnicities	5	10.6%
American Indian or Native	0	0
Alaskan	0	0
Asian	0	0
Native Hawaiian or Pacifica	0	0
Islander	2	4.3%
Hispanic/ Latino		
Other		
Education		
High School Diploma or GED	10	21.28%
Some College	12	25.53%
Associate Degree	9	19.15%
Bachelor Degree	11	23.40%
Graduate Degree	5	10.64%
Language		
English	47	100.0%
Access Resources (n=28)		
Word of Mouth	11	39.2%
Whitely Website	4	14.29%
Whitely Facebook Page	5	17.86%
Personal Facebook Page	1	3.57%
Other	3	10.71%

*not all provided response to age

Area	N	Not exists	Barely Exists	Exists Needs More	Meets Need	Exists in Abundance
Education	39	0 (0%)	5 (10.6%)	20 (42.6%)	10 (21.3%)	4 (8.5%)
Employment/ job skills	39	2 (4.3%)	12 (25.5%)	16 (34%)	5 (10.6%)	4 (8.5%)
Access to health care	37*	6 (12.8%)	10 (21.3%)	13 (27.7%)	4 (8.5%)	4 (8.5%)
Opportunities for healthy eating	39	4 (8.5%)	15 (31.9%)	12 (25.5%)	5 (10.6%)	3 (6.4%)
Parks/ green space	39	4 (4.3%)	6 (12.8%)	9 (19.1%)	13 (27.7%)	9 (19.1%)
Community Safety	38*	3 (6.4%)	10 (21.3%)	13 (27.7%)	9 (19.1%)	3 (6.4%)
Community Activities	38*	5 (10.6%)	9 (19.1%)	12 (25.5%)	8 (17.0%)	4 (8.5%)
Police	37*	3 (6.4%)	12 (25.5%)	14 (29.8%)	3 (6.4%)	5 (10.6%)
Personal space	36*	2 (4.3%)	6 (12.8%)	13 (27.7%)	10 (21.3%)	5 (10.6%)
Legal issues support	36*	8 (17.0%)	15 (31.9%)	8 (17.0%)	2 (4.3%)	3 (6.4%)
Affordable insurance	36*	5 (10.6%)	16 (34.0%)	11 (23.4%)	2 (4.3%)	2 (4.3%)
Transportation	39	2 (4.3%)	4 (8.5%)	13 (27.7%)	13 (27.7%)	7 (14.9%)
Workplace safety	36*	4 (8.5%)	8 (17.0%)	13 (27.7%)	8 (17.0%)	3 (6.4%)
Language	37*	3 (6.4%)	2 (4.3%)	12 (25.5%)	12 (25.5%)	8 (17.0%)
Family support	38*	2 (4.3%)	7 (14.9%)	11 (23.4%)	12 (25.5%)	6 (12.8%)
Substance abuse treatment	35*	11 (23.4%)	14 (29.8%)	7 (14.9%)	1 (2.1%)	2 (4.3%)
Mental health treatment	34*	15 (31.9%)	9 (19.1%)	5 (10.6%)	3 (6.4%)	2 (4.3%)
Physical activity	36*	3 (6.4%)	10 (21.3%)	9 (19.1%)	12 (25.5%)	2 (4.3%)
Access to Faith Based Support	38*	1 (2.1%)	1 (2.1%)	13 (27.7%)	8 (17.0%)	15 (31.9%)
Affordable housing	35*	8 (17.05)	12 (25.5%)	11 (23.4%)	2 (4.3%)	2 (4.3%)
Access to Child Care/After school care	38*	4 (8.5%)	5 (10.6%)	9 (19.1%)	14 (29.8%)	6 (12.8%)

*note that n varies between 35-39

Table 3. Greatest Area of Strengths within Whitley Community		
Area	n	Percent
Education	15	31.9%
Employment/ job skills	3	6.4%
Access to health care	5	10.6%
Opportunities for healthy eating (i.e fruits and vegetables)	4	8.5%
Parks/ green space	24	51.1%
Community Safety	7	14.9%
Community Activities	10	21.3%
Police	5	10.6%
Personal space	6	12.8%
Legal issues support	2	4.3%
Affordable insurance	3	6.4%
Transportation	15	31.9%
Workplace safety	2	4.3%
Language	7	14.9%
Family support	29	61.7%
Substance abuse treatment	2	4.3%
Mental health treatment (i.e. medication, therapy)	1	2.1%
Physical activity	9	19.1%
Access to Faith Based Support	26	55.3%
Affordable housing (i.e. rent/own)	11	23.4%
Access to Child Care/After school care	18	38.3%

Area	n	Percent
Education	8	17%
Employment/ job skills	19	40.4%
Access to health care	17	36.2
Opportunities for healthy eating (i.e fruits and vegetables)	22	46.8%
Parks/ green space	7	14.9%
Community Safety	10	21.3%
Community Activities	11	23.4%
Police	13	27.7%
Personal space	3	6.4%
Legal issues support	13	27.7%
Affordable insurance	6	12.8%
Transportation	6	12.8%
Workplace safety	4	8.5%
Language	4	8.5%
Family support	1	2.1%
Substance abuse treatment	17	36.2%
Mental health treatment (i.e. medication, therapy)	19	40.4%
Physical activity	1	2.1%
Access to Faith Based Support	0	0%
Affordable housing (i.e. rent/own)	15	31.9%
Access to Child Care/After school care	5	10.6%

Table 5. Greatest healthcare need in the Whitely community.

Area	n	Unsure	None	Low	High
Primary Care (regular doctor, pediatrician)	31	3 (6.4%)	5 (10.6%)	5 (10.6%)	18 (38.3%)
Specialty Care (ex. OB/GYN)	28	1 (2.1%)	7 (14.9%)	4 (8.5%)	16 (34.0%)
Dental Care	30	2 (4.3%)	7 (14.9%)	5 (10.6%)	16 (34.0%)
Eye Care	30	2 (4.3%)	7 (14.9%)	5 (10.6%)	16 (34.0%)
Substance Abuse	29	0 (0%)	5 (10.6%)	4 (8.5%)	20 (42.6%)
Mental Health	31	2 (4.3)	5 (10.6%)	2 (4.3%)	22 (46.8%)
Transportation to medical appointments	27	1 (2.1%)	1 (2.1%)	14 (29.8%)	11 (23.4%)

Table 6. Greatest nutrition needs in the Whitely community.

Area	n	Unsure	None	Low	High
Access to affordable healthy food (Example: Fruit, Vegetables, Fresh Meat)	29	0 (0%)	3 (6.4%)	7 (14.9%)	19 (40.4%)
Access to healthy foods in school	28	1 (2.1%)	4 (8.5%)	9 (19.1%)	14 (29.8%)
Access to healthy foods in stores (Example: Fruit, Vegetables, Fresh Meat)	28	1 (2.1%)	5 (10.6%)	3 (6.4%)	19 (40.4%)
Cooking classes	29	4 (8.5%)	6 (12.8%)	7 (14.9%)	12 (25.5%)

Table 7. Greatest mental health need in the Whitely community.

Area	N	Unsure	None	Low	High
Access to residential mental health treatment (Example: Inpatient/ hospitalization for treatment of mental health disorders/conditions)	28	2 (4.3%)	4 (8.5%)	3 (6.4%)	19 (40.4%)
Mental health professionals (Example: Psychologist, Psychiatrist, Social Worker)	28	2 (4.3%)	3 (6.4%)	6 (12.8%)	17 (36.2%)
Access to information about mental health disorders/conditions	28	3 (3.6%)	4 (8.5%)	5 (10.6%)	16 (34.0%)
Access to mental health treatment (Example: Therapy, Medication, Hospital)	28	2 (4.3%)	4 (8.5%)	6 (12.8%)	16 (34.0%)
Access to emergency mental health care	27	1 (2.1%)	4 (8.5%)	6 (12.8%)	16 (34.0%)

Table 8. Greatest transportation need in the Whitely community.

Area	N	Unsure	None	Low	High
Transportation to health care	28	2 (4.3%)	3 (6.4%)	11 (23.4%)	12 (25.5%)
Transportation to work	28	7 (14.9%)	13 (27.7%)	8 (17.0%)	28 (59.6%)
Transportation to grocery store	28	1 (2.1%)	5 (10.6%)	9 (19.1%)	13 (27.7%)
Reliable, scheduled transportation	28	0 (0%)	8 (17.0%)	11 (23.4%)	9 (19.1%)
Affordable transportation	29	1 (2.1%)	6 (12.8%)	8 (17.0%)	14 (29.8%)
Transportation to community activities	29	3 (6.4%)	5 (10.6%)	13 (27.7%)	8 (17.0%)

Table 9. Greatest substance use needs in the Whitley community.

Area	N	Unsure	None	Low	High
Substance abuse prevention programs	29	1 (2.1%)	2 (4.3%)	6 (12.8%)	20 (42.6%)
Reduction of drug use	27	0 (0%)	4 (8.5%)	4 (8.5%)	19 (40.4%)
Reduction of prescription drug abuse	29	2 (4.3%)	4 (8.5%)	8 (17.0%)	15 (31.9%)
Access to treatment (outpatient)	27	0 (0%)	3 (6.4%)	8 (17.0%)	16 (34.0%)
Access to treatment (inpatient)	29	0 (0%)	3 (6.4%)	9 (19.1%)	17 (36.2%)
Reduction of alcohol abuse	29	2 (4.3%)	4 (8.5%)	5 (10.6%)	18 (38.3%)
Drug specific treatment	28	2 (4.3%)	3 (6.3%)	6 (12.8%)	17 (36.2%)
Youth services	29	1 (2.1%)	4 (8.5%)	3 (6.4%)	21 (44.7%)

Table 10. Greatest housing need in the Whitely community.

Area	n	Unsure	None	Low	High
Support for tenants' rights	25	2 (4.3%)	4 (8.5%)	5 (10.6%)	14 (29.8%)
Support for property owners' rights	26	4 (8.5%)	5 (10.6%)	6 (12.8%)	11 (23.4%)
Senior housing	27	1 (2.1%)	4 (8.5%)	8 (17%)	14 (29.8%)
Affordable housing	29	1 (2.1%)	4 (8.5%)	4 (8.5%)	20 (42.6%)
Access to loans	29	2 (4.3%)	4 (8.5%)	2 (4.3%)	21 (44.7%)
Financial literacy	29	2 (4.3%)	3 (6.4%)	4 (8.5%)	20 (42.6%)
Help with mold	23	4 (8.5%)	5 (10.6)	4 (8.5%)	10 (21.3%)
Help with pests like bed bugs, ants	24	3 (6.4%)	6 (12.8%)	4 (8.5%)	11 (23.4%)
Help with led paint and/or pipes	24	1 (2.1%)	6 (12.8%)	9 (19.1%)	8 (17.0%)
Help with heat	26	1 (2.1%)	3 (6.4%)	10 (21.3%)	12 (25.5%)
Help with appliances (stove, oven, etc.)	25	2 (4.3%)	6 (12.8%)	8 (17.0%)	9 (19.1%)
Help with smoke detectors (not working)	26	2 (4.3%)	5 (10.6%)	8 (17.0%)	11 (23.4%)
Water leaks or damage	24	6 (12.8%)	5 (10.6%)	4 (8.5%)	6 (19.1%)

Table 11. Greatest sources of stress in Whitely community members experience.

Area	n	Unsure	None	Low	High
Relationships	23	0 (0%)	10 (21.3%)	5 (10.6%)	8 (17.0%)
Fear of domestic violence	22	1 (2.1%)	18 (38.3%)	4 (4.3%)	1 (2.1%)
Access to health care	23	1 (2.1%)	9 (19.1%)	6 (12.8%)	7 (14.9%)
Access to food	25	1 (2.1%)	7 (14.9%)	6 (12.8%)	11 (23.4%)
Access to transportation	23	1 (2.1%)	11 (23.4%)	5 (10.6%)	6 (12.8%)
Access to safe housing	24	1 (2.1%)	10 (21.3%)	6 (12.8%)	7 (14.9%)
Access to education	23	1 (2.1%)	10 (21.3%)	7 (14.9%)	5 (10.6%)
Community violence	26	0 (0%)	9 (19.1%)	4 (8.5%)	13 (27.7%)
Access to Childcare/After school care	23	1 (2.1%)	11 (23.4%)	2 (4.3%)	9 (19.1%)

Table 12. Improving the Quality of Life in Whately community members.

Area	n	Unsure	None	Low	High
Education opportunities	24	3 (6.4%)	2 (4.3%)	6 (12.8%)	13 (27.7%)
Housing	23	1 (2.1%)	3 (6.4%)	6 (12.8%)	13 (27.7%)
Recreational opportunities	26	0 (0%)	3 (6.4%)	8 (17.0%)	15 (31.9%)
Community safety	26	1 (2.1%)	3 (6.4%)	4 (8.5%)	18 (38.3%)
Health care access	24	2 (4.3%)	5 (10.6%)	4 (8.5%)	13 (27.7%)
Dental care access	26	4 (8.5%)	4 (8.5%)	5 (10.6%)	13 (27.7%)
Public transportation	21	1 (2.1%)	7 (14.9%)	6 (12.8%)	7 (14.9%)
Substance abuse support	23	2 (4.3%)	6 (12.8%)	3 (6.4%)	12 (25.5%)
Mental health services	23	1 (2.1%)	2 (4.3%)	4 (8.5%)	16 (34.0%)
Employment opportunities	22	2 (4.3%)	2 (4.3%)	2 (4.3%)	16 (34.0%)
Community activities	24	1 (2.1%)	3 (6.4%)	8 (17.0%)	12 (25.5%)
After school programs	23	2 (4.3%)	2 (4.3%)	6 (12.8%)	13 (27.7%)
Partnership with local police department	24	1 (2.1%)	4 (8.5%)	6 (12.8%)	13 (27.7%)
Connections to resources/community agencies	24	1 (2.1%)	4 (8.5%)	1 (2.1%)	18 (38.3%)
Access to local parks and community parks	22	1 (2.1%)	5 (10.6%)	8 (17.0%)	8 (17.0%)
Trails and paths	22	1 (2.1%)	5 (10.6%)	6 (12.8%)	10 (21.3%)

Appendix 1

Focus Group and Interview Questions

In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?

- On average, how many minutes did you usually spend exercising at this level on one of those days?
 - Where do you like to exercise?
 - Are there places in the community that you can exercise?
- 2.) What are the greatest strengths of your community?
- Why do you think these strengths are present?
- 3.) What are the greatest challenges in your community?
- Why do you think these are the challenges?
 - What do you think may help the community?
- 4.) What do you want people to know about the community?
- 5.) If you could change one thing about your community, what would it be?

Appendix 2 Thematic Responses

Thematic Response: Whitley Community Needs and Strengths Assessment				
Sense of Family Connection	Educational Engagement	Misrepresentation by Community Outsiders a. Infrastructure Concerns	Pride in the Rich History of the Community a. Whitley Supports Larger Community b. Community Involvement	Challenges with Inspiration and Connection Between generations a. Trust/Mistrust b. Lack of Involvement Due to Financial Strain
So we know each other. We're more like uh family.	If you look at the school to those kinds of things. It's a big gap. Not exactly sure when it happened, but I think we're seeing the effects of it as we look at schools as we look at grades um as we look at reading scores and all those kinds of things.	Uh, I guess you know we're we always looked at is a low-income neighborhood.	I don't know I like Whitley. I I like us	It seems like they're not interested in sports, they're not interested in music, they're not interested in after school activities.
Everybody waves and everybody speaks at them. They're not quite used to that kind of a community, so I guess one of the strengths is, is um I guess our relationships.	Um as of late one of the biggest challenges for our neighborhood is um, I guess, inspiring the young people this this next generation to be more uh academically inclined.	but somebody had to let me know that you know we were low income. I didn't know until somebody told us so. That's not really where we struggle, because we all help each other out	But i'm i'm pretty happy with with who we are and where we are.	and they're going to be talking to the kids and getting them involved, and we've lost that
the longevity um of families being in the neighborhood getting to know each other. Their children now know each other	and they're going to be talking to the kids and getting them involved, and we've lost that	And we're doing all we can to change, not just the appearance when we try to make things look better, but the impression of of who we are, and it's over time, I think, that has changed	Probably the history that we have as, as a community. Our, our community goes back quite a ways	One of our biggest challenges is connecting uh with with the with the younger generation, I guess, how to do that in this uh this age.

<p>It's the ongoing relationships that goes from generation to generation.</p>		<p>sidewalks we've asked for those kinds of things that make it a little safer for people walking down the streets and those kinds of things.</p>	<p>We had the Boys Club. We had the Multi center. We had all these places that kids could go, and there were people there. Um The families knew. So when my kids gets out of school going to the Multi, and I know Joe's going to be there, Harry's going to be there, so and so is going to be there</p>	<p>But we have kids that walk up and down the street all the time that have no idea of the history of our neighborhood</p>
<p>and they say, does everybody know everybody here?</p>		<p>a grocery store, you know, we're in a food desert, and those kinds of things you would ask for um, but as far as changing the neighborhood to make our neighborhood better, we can always get better.</p>	<p>because we're very uh we're very active community in the greater community.</p>	<p>So we don't want to lose this this generation.</p>
<p>But people understand we're welcoming community uh more family oriented.</p>		<p>I guess we had a reputation uh of being a low income, dangerous uh unsafe environment and those kinds of things.</p>	<p>we won several national awards for different things that we do, but we do those because we involve other other neighborhoods. We involve other entities. So we're not a neighborhood that just does stuff within the neighborhood. We draw other people in</p>	<p>How do we? How do I reach that generation?</p>
		<p>greatest challenges might appear to be uh finances or anything like that</p>	<p>I didn't know we did that uh we had Shaffer chapel. It's a historic first school, I guess, in in in muncie is the first schoolhouse ever built they turned it into a church. It's</p>	<p>and then get that next to the middle generation to to kind of join us in that effort.</p>

			the last um public lynch was held uh was a a vigil was held there. So, it's got a lot of history about that that building, and it's a museum down, I guess, in the basement of it That tells a lot of the history.	
			most of the people here have lived here for a long time, so Um, about forty years, I guess, in this neighborhood.	something that might help that is a place where kids could go um that we could probably connect a little bit better with them um off offline.
				We had all kinds of things that kids were interested in uh a back in that day.

Appendix 3

INFORMED CONSENT FORM

Study Title: Whitely Community Council and Ball State University: Partnership for Improved Health Outcomes Part 2

Funding/Sponsor:

This research is supported/sponsored/funded by Indiana Clinical and Translational Sciences Institute.

Study Purpose and Rationale:

This study is to explore health outcomes, strengths, and needs in the Whitely Community.

Inclusion/Exclusion Criteria:

You ARE eligible to participate in this project if you are 18 years of age or older AND a member of the Whitely community OR a community stakeholder with personal stake in supporting the Whitely community.

You are NOT eligible to participate in this project if you are younger than 18 years of age OR not a member of the Whitely community OR not a community stakeholder with personal stake in supporting the Whitely community.

Participation Procedures and Duration:

If you agree to participate in this project, you will be asked to complete a survey, interview, or focus group. The survey, interview, or focus group can be completed virtually or in-person. It will take about 10-20 minutes.

Data Confidentiality or Anonymity:

All data will be maintained as confidential and no identifying information such as names will appear in any publication or presentation of the data.

Data Security, Storage, and Retention Period (How will the researchers protect my information?):

All data will be kept on a password protected computer and password protected hard drive. Paper surveys will be inputted into the password protected storage system and papers will be shredded. A secure cloud storage platform provided by the university (Microsoft OneDrive) will be used for online data storage.

Future research:

All identifying information will be removed and remaining data may be shared with other researchers.

Risks or Discomforts:

There are no perceived risks or discomforts for participating in this project.

Benefits:

Participating in this project will benefit the community by supporting and improving health outcomes.

Compensation/Incentives:

There are no compensation and/or incentives for participation.

Voluntary Participation:

Your participation in this study is voluntary and you may stop at any time.

Please feel free to ask any questions of the investigator before signing this form and at any time during the study. If you decide to withdraw from this study, the researchers will ask you if information already collected from you can be used.

Contact Information:

For questions about your rights as a research subject, please contact the Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5052 or at orihelp@bsu.edu.

Researcher Contact

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Please note: This part of the research project does not meet the federal definition of Human Subjects Research and therefore does not require IRB approval. This informed consent form is for our records as project investigators and for your records as a participant.

Study Title: Whitely Community Council and Ball State University: Partnership for Improved Health Outcomes Part 2

Consent I, _____, agree to participate in this research project entitled, Whitely Community Council and Ball State University: Partnership for Improved Health Outcomes Part 2, I have had the study explained to me and my questions have been answered to my satisfaction. I have read the description of this project and give my consent to participate. To the best of my knowledge, I meet the inclusion/exclusion criteria for participation (described on the previous pages) in this study.

Date

Signature

**Whitely Community Council and Ball State University:
Partnership for Improved Health Outcomes Part 2**

Q1 What year were you born? _____

Q2 Do you or our family worship, work, or live in the Whitely neighborhood?

- No
- Yes

Q3 If yes, do you currently live in the Whitely community?

- No
- Yes

Q4 If no, have you in the past lived in the Whitely community?

- No
- Yes

Q5 What is your gender?

- Female
- Male
- Non-binary / third gender
- Prefer not to say

Q6 What is your highest level of education?

- Less than 8th grade
- Some High School
- High School Diploma or GED
- Some College
- Associate Degree
- Bachelor Degree
- Graduate Degree
- Post Graduate Degree
- Prefer not to answer

Q7 What is your yearly household income?

- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000 - \$149,999
- More than \$150,000
- Prefer not to answer

Q8 What is your ethnicity?

- American Indian or Native Alaskan
- Asian
- Black or African American
- Native Hawaiian or Pacifica Islander
- Hispanic or Latino
- White or Caucasian
- Multiple Ethnicities
- Other
- Prefer not to answer

Q9 What language do you speak most at home?

- English
- Spanish
- French
- Chinese
- Arabic
- German
- Other

Q10 Please rank your level of confidence for each of the following areas as they exist within the Whitely community.

	Not exist (1)	Barely exists (2)	Exists, needs more (3)	Meets need (4)	Exists in abundance (5)
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/ job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for healthy eating (i.e fruits and vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks/ green space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal issues support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health treatment (i.e. medication, therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing (i.e. rent/own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Faith Based Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Child Care/After school care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 What are the greatest STRENGTHS of the Whitley community?

(Check all that apply)

- Education
 - Employment/ job skills
 - Access to health care
 - Healthy eating (i.e. fruits and vegetables)
 - Parks/ green space
 - Community safety
 - Community activities
 - Police
 - Personal space
 - Legal issues support
 - Affordable insurance
 - Transportation
 - Workplace safety
 - Language
 - Family
 - Substance use treatment access
 - Mental health treatment access (i.e. therapy, medication)
 - Physical activities
 - Affordable housing options (i.e. rent/own)
 - Access to faith-based institutions
 - Access to childcare services/ After school programs
 - Other, please specify.
-

Q12 The greatest strengths I see in the Whitely community are:

**Q13 What are the greatest WEAKNESSES of the Whitely community?
(Check all that apply)**

- Education
 - Employment/ job skills
 - Poor access to health care
 - Lack of healthy food (ie. fruits and vegetables)
 - Minimal parks/ green space
 - Community Safety
 - Lack of community activities
 - Police
 - Lack of personal space
 - Legal Issues
 - Insurance
 - Limited transportation
 - Workplace safety
 - Language skills
 - Family
 - Lack of substance use treatment
 - Lack of mental health treatment (i.e. therapy, medication)
 - Physical Activity
 - Lack of affordable housing options (i.e. rent, own)
 - Access to faith-based institutions
 - Access to childcare services/ After school programs
 - Other, please specify.
-

Q14 The greatest challenges I see in the Whitely community are:

Q15 Where do you access information about the resources available to you and the Whitely community?

- Word of mouth
 - Whitely website
 - Whitely Facebook page
 - Personal Facebook page
 - School
 - Church
 - Other, please specify.
-

Q16 Health care: What are the greatest health care needs in the Whitely community?

	Unsure (1)	None (2)	Low (3)	High (4)
Primary Care (regular doctor, pediatrician)	0	0	0	0
Specialty Care (ex. OB/GYN)	0	0	0	0
Dental Care	0	0	0	0
Eye Care	0	0	0	0
Substance Abuse	0	0	0	0
Mental Health	0	0	0	0
Transportation to medical appointments	0	0	0	0
Other, please specify.	0	0	0	0

Q17 Nutrition: What is the greatest nutritional need in the Whitely community

	Unsure (1)	None (2)	Low (3)	High (4)
Access to affordable healthy food (Example: Fruit, Vegetables, Fresh Meat)	0	0	0	0
Access to healthy foods in school	0	0	0	0
Access to healthy foods in stores (Example: Fruit, Vegetables, Fresh Meat)	0	0	0	0
Cooking classes	0	0	0	0
Other, please specify.	0	0	0	0

Q18 Mental Health: What are the greatest mental health needs in the Whitely community?

	Unsure (1)	None (2)	Low (3)	High (4)
Access to residential mental health treatment (Example: Inpatient/ hospitalization for treatment of mental health disorders/conditions)	0	0	0	0
Mental health professionals (Example: Psychologist, Psychiatrist, Social Worker)	0	0	0	0
Access to information about mental health disorders/conditions	0	0	0	0
Access to mental health treatment (Example: Therapy, Medication, Hospital)	0	0	0	0
Access to emergency mental health care	0	0	0	0
Other, please specify.	0	0	0	0

Q19 Transportation: What are the greatest transportation needs in the Whitely community?

	Unsure (1)	None (2)	Low (3)	High (4)
Transportation to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliable, scheduled transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 Substance Abuse: What are the greatest substance abuse needs in the Whitely community?

	Unsure (1)	None (2)	Low (3)	High (4)
Substance abuse prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of prescription drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to treatment (outpatient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to treatment (inpatient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug specific treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Housing: What are your greatest housing needs?

	Unsure (1)	None (2)	Low (3)	High (4)
Support for tenants' rights	0	0	0	0
Support for property owners' rights	0	0	0	0
Senior housing	0	0	0	0
Affordable housing	0	0	0	0
Access to loans	0	0	0	0
Financial literacy	0	0	0	0
Help with mold	0	0	0	0
Help with pests like bed bugs, ants	0	0	0	0
Help with led paint and/or pipes	0	0	0	0
Help with heat	0	0	0	0
Help with appliances (stove, oven, etc.)	0	0	0	0
Help with smoke detectors (not working)	0	0	0	0
Water leaks or damage	0	0	0	0
Other, please specify.	0	0	0	0

Q22 Stress: What are sources of stress in your daily life?

	Unsure (1)	None (2)	Low (3)	High (4)
Relationships	0	0	0	0
Fear of domestic violence	0	0	0	0
Access to health care	0	0	0	0
Access to food	0	0	0	0
Access to transportation	0	0	0	0
Access to safe housing	0	0	0	0
Access to education	0	0	0	0
Community violence	0	0	0	0
Access to Childcare/After school care	0	0	0	0
Other, please specify.	0	0	0	0

Q23 Quality of Life: What would improve the quality of life for you within the Whitely community?

	Unsure (1)	None (2)	Low (3)	High (4)
Education opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After school programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnership with local police department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connections to resources/community agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to local parks and community parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trails and paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24 Is there anything you would like to share?

Q25 Are you willing to be contacted to attend an interview about the Whitely community? The interview will last approximately 15 minutes and can be conducted in-person, over the phone, or through Zoom.

- No
- Yes

Q26 If yes, please provide your contact information to be contacted to set up an interview time (virtually or in-person). Please include phone or email address.

To submit your survey please:

1.) Drop off completed survey at the Connection Corner Library. There is a drop off box.
1824 E Centennial Ave, Muncie, IN 47303

Or

2.) Drop off completed survey at the Whitely Neighborhood Food Pantry on October 20th or November 17th between 4-6pm. Location: Harvest Christian Fellowship, 1010 East Centennial Ave, Muncie, Indiana.

Or

3.) Please call Mr. Ken Hudson at 765-287-5392 to schedule a pick-up.

Thank you for your time and support!