Shared-Use ROOSEVELT HEALTH IMPACT ASSESSMENT

Final Report

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Livable Communities

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Roosevelt Elementary School District:

Hjordis Wallace
Jennifer Gordon
Robert Nickerson
Stuart Starky
Rick Hall

Public or Governmental Organizations:

Anissa Jonovich, Melanie Homec, Arizona Department of Health Services
Jon Brodsky, FitPHX Coordinator, City of Phoenix Parks and Recreation
Mark Melnychenko, City of Phoenix Street Transportation Department
Kara Batdorf, The Office of Councilwoman Kate Gallego, City of Phoenix District 8
Cristina Guterman, Maricela Garcia, University of Arizona Cooperative Extension Maricopa County
Ronald Pope, Maricopa County Air Quality Department
Ed McClelland, Southwest Behavioral Health Services
Dean Brennan, Arizona State University Urban Planning, Arizona Alliance for Livable Communities

Community-Based Organizations:

Mary Mitchell, Girls Scouts Arizona Cactus-Pine, Cultivate South Phoenix (CUSP)
Lorraine Moya-Salas, Unlimited Potential, CUSP
Darren Chapman, Marcel Young-Scaggs, Tiger Mountain Foundation/CUSP
John Wann, CUSP

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Austin LaBanc, Midwestern University

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Jacqueline Ward
Keely Muertos
Zoraida Ettrick
Brandon Hernandez
David Dube
Sara Horner
Kenneth Steel
Vincent Lopez

REPORT ABBREVIATIONS

AALC	Arizona Alliance for Livable Communities
ADE	Arizona Department of Education
ADHS	Arizona Department of Health Services
ADOT	Arizona Department of Transportation
ASU	Arizona State University
ASU SIRC	Arizona State University Southwest Interdisciplinary Research Center
CDC	Centers for Disease Control and Prevention
CoP	City of Phoenix
CPTED	Crime prevention through Environmental Design
CUSP	Cultivate South Phoenix
EMT	Emergency Medical Technician
ESL	English as a Second Language
ESRI	Environmental Systems Research Institute
FAST	Family and Schools Together
GAIN	Getting Arizona Involved in Neighborhoods
GED	General Education Development
GIS	Geographic Information Systems
HDD	Hospital Discharge Data
HIA	Health Impact Assessment
IC	Insight Committee
IRB	Institutional Review Board
KII	Key Informant Interview
MAG	Maricopa Association of Governments
MCDPH	Maricopa County Department of Public Health
POW-WOW	Produce on Wheels Without Waste
PTO/A	Parent Teacher Organizations/Associations
RAIDS	Regional Analysis and Information Data Sharing
RSD	Roosevelt Elementary School District
SAS	Statistical Analysis System
SBS	Southwest Behavioral Health Services
SCNTHIA	South Central Neighborhood Transit Health Impact Assessment
SHUR	Shared-use Roosevelt Health Impact Assessment
SM WORKS	South Mountain Works Coalition
SNAP	Supplemental Nutrition Assistance Program
SOPARC	System for Observing Play and Recreation in Communities
STEAM	Science, Technology, Engineering, Arts and Mathematics
UP	Unlimited Potential Arizona
WESD	Washington Elementary School District
WHO	World Health Organization

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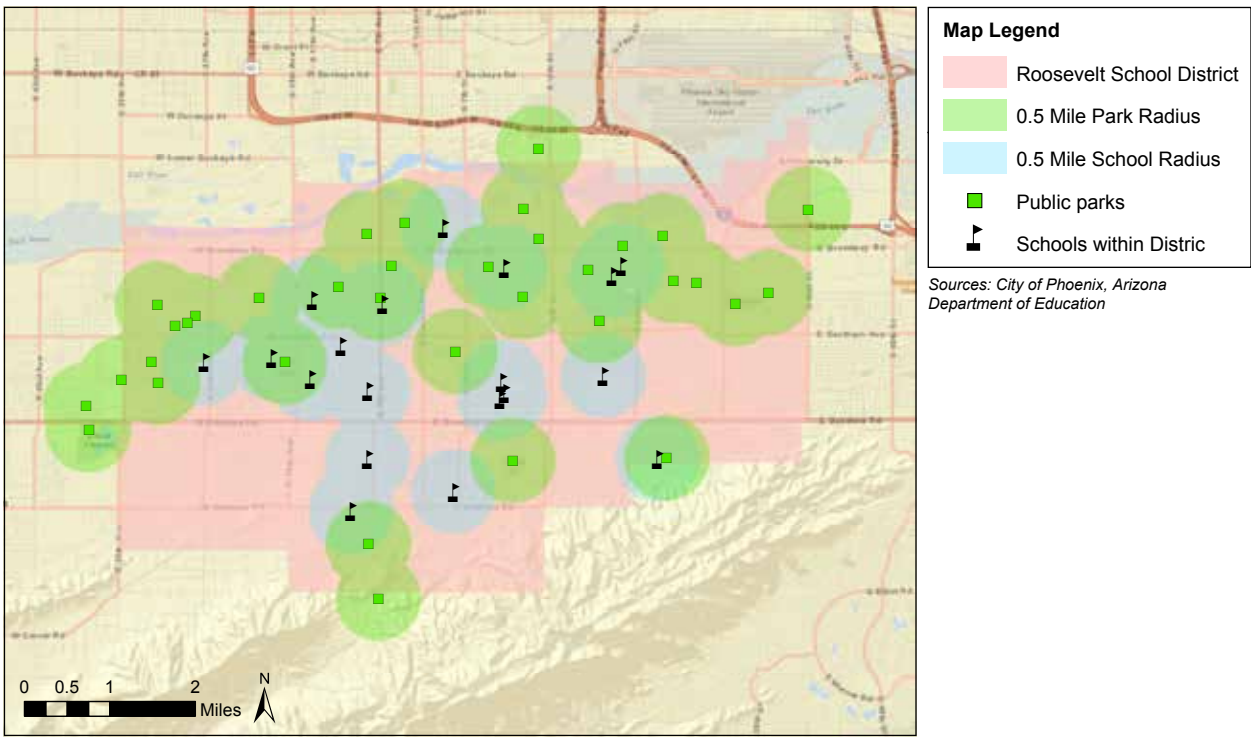
EXECUTIVE SUMMARY

A community's health is largely influenced by social factors such as education, economic opportunities, conditions of neighborhoods as well as access to healthy food, safe spaces to recreate, and adequate housing. As rates of chronic disease continue to rise, geographic areas with higher concentrations of poverty and fewer resources tend to be disproportionately affected. The Centers for Disease Control and Prevention, along with many large health organizations, are now proclaiming that zip code is a better predictor of health than genetic code. Efforts to reduce chronic disease and improve health equity must include targeted approaches to create political, social and environmental conditions that support health.

A strategy termed shared-use, sometimes called joint-use, is becoming more prevalent in communities throughout the United States. Shared-use is defined as "opening school buildings and grounds during non-school hours for community use". Through shared-use, schools have been identified as worthy substitutes when other safe recreational spaces for physical activity are lacking.

The Roosevelt School Elementary School District (RSD) was established in 1912. Its 21 schools serve over 12,000 students and 1,200 employees. Currently, after-hours use of RSD school properties by the community has been limited to agreements on a contractual or event-by-event basis. In order to expand access to District-owned properties to be more regularly utilized by the community at large, the District expressed interest in participating in a Health Impact Assessment (HIA) to serve as a mechanism for improving future shared-use decision-making.

Shared Use Roosevelt HIA: Schools & Parks with a 0.5 Mile Radius



Sources: City of Phoenix, Arizona Department of Education

Health Impact Assessment: A Community Driven Process

HIA is a tool that helps decision-makers consider the health effects of a proposed policy, project, plan or project. Through the six steps of HIA, direct and indirect impacts of a decision are assessed prospectively in order to foresee implications, both positive and negative, on the health of a community. Equity is a core value of HIA. Therefore, HIA also addresses the reasons why low-income people, communities of color and other underserved populations experience poorer health as a result of inequities in opportunity. Extensive community-involvement is involved at each step of HIA.

SHUR Methodology

A community advisory group consisting of representatives of local governmental, academic and community-based organizations – the Insight Committee – provided guidance for the HIA. Embracing the social determinants of health model, the Insight Committee found that the greatest health impacts of the policy decision to expand shared-use in RSD came through five critical pathways to health. The study's research questions and methods were built within these pathways.

1. Community Enrichment/ Civic Pride	When communities gather together, they can increase their sense of social cohesion, belonging and trust – all of which have been shown to improve physical and mental health.
2. Healthy Eating	District owned vacant lots, open spaces, and community kitchens can serve as spaces for both youth and adults to grow, prepare, and consume healthy foods.
3. Physical Activity	When schools open up their recreation spaces to community members after hours, levels of physical activity amongst both youth and adults can increase, especially when facilities are in good order (e.g., clean, graffiti-free, and properly lit).
4. Neighborhood Impacts and Public/Personnel Safety	Safety and security must be addressed if school facilities are to be shared by the public. Amount of staffing/supervision, frequency of policing, quality of lighting/ infrastructure, and level of community presence can all impact actual and perceived safety.
5. Maintenance/Operations	Common costs for share-used include, but are not limited to: maintenance, cleanup, repairs, staff, security and utilities. However, costs can be mitigated through greater ownership by the community.

The study's five pathways and research questions helped to guide the community engagement and assessment activities for the HIA. The assessment phase was broken down into two stages: 1) understanding the existing conditions of the community and 2) assessing the predicated health impacts of expanding shared-use. A multi-method approach resulted in the collection and analyses of demographics data, hospital discharge data, and crime data, as well as extensive literature review. Additionally, primary data collection consisted of multiple focus groups, surveys, key informant interviews and community mapping sessions. In total, over 300 individuals that live, work and/or go to school in the study-area community were involved in the assessment processes.

Findings

Assessment phase results revealed that residents within the Roosevelt School District care for their community and value expanded shared-use, particularly for the opportunities it might open up for increased activity and education among youth. Additionally, residents noted a desire and commitment toward improving their community for current and future generations. The primary perceived benefits of expanding shared-use include: 1) the opportunity for community enrichment through collaboration/partnership and 2) physical activity improvement.

Community Enrichment

Through increased access to community gathering spaces as well as more open communication channels between the school district and the community, social cohesion in the community and sense of ownership for school properties can improve – both of which can increase the health of the community as well as help to address issues with safety and security.

Physical Activity

Shared-use can also potentially improve physical activity in the RSD area by directly providing increased access to recreational spaces. In SHUR, this notion is especially salient for youth rather than adults. Youth appear more likely to take advantage of open schools, especially if they lived in neighborhoods where local parks were not close. A strong emphasis was placed on the need for organized and planned physical activities for local youth so that improvement in physical activity could be supported in a structured manner. There was also a desire for open indoor gyms to address issues such with excessive heat and pollution.

Barriers/Concerns

Despite these two primary perceived benefits - residents, leaders, and District personnel emphatically emphasized that a number of barriers, concerns, and needs must be addressed in order for expanded shared-use to be successfully implemented. The most important considerations include those related to safety, security and crime. Again and again throughout the HIA process, community members expressed their concerns over the safety of the streets in their neighborhoods. Many community members avoided physical activity during the night time or around dangerous intersections. However, by enhancing safety protocols at the District and City levels, creating stronger partnerships with community organizations as well as law enforcement, enlisting volunteers, and implementing programs such as Safe Routes to School, many of these concerns can be addressed.

Recommendations

In order to maximize the health benefits of expanded shared-use while mitigating the potential negative health outcomes, the SHUR IC worked to develop and prioritize a list of 21 recommendations to various responsible agencies and organizations. These recommendations were then “ground-truthed” through a final community focus group. These recommendations are listed in order of highest to lowest priority within each pathway and are available on pages 77-82.

Conclusion

Overall, according to the literature and data, expanded community use of District-owned properties will positively impact public health in the community – especially through increased community enrichment, social cohesion, and physical activity. Nevertheless, special consideration must be placed on appropriate methods to mitigate safety concerns, injuries as well as added stress on RSD staff moving forward.

Shared-Use ROOSEVELT HEALTH IMPACT ASSESSMENT

Advances in public health and health care have contributed to major increases in life expectancy over the past century. By eradicating diseases such as polio and smallpox through vaccination, reducing infectious disease through improved sanitation and hygiene, and fighting infection through the discovery and development of antibiotics, life expectancy has increased by close to thirty years since 1900. However, former U.S. Surgeon General Richard Carmona was quoted in March 2004 saying, "Because of the increasing rates of obesity, unhealthy eating habits and physical activity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents."

In today's society, the leading causes of death have transitioned from infectious to chronic disease. These chronic diseases include, but are not limited to: heart disease, stroke, diabetes, respiratory disease, and cancer. Moreover, prevalence of chronic disease is often higher in geographic areas with higher concentrations of poverty and less resources. The Centers for Disease Control and Prevention, along with many large health organizations, are now proclaiming that zip code is a better predictor of health than genetic code. Efforts to address chronic disease must focus on targeted promotion of positive health behaviors by creating political, social, and environmental conditions that support health.

Health starts where we live, learn, work, and play. It starts in our homes, jobs, schools, and communities.

What is Health, and Where does Health Start?

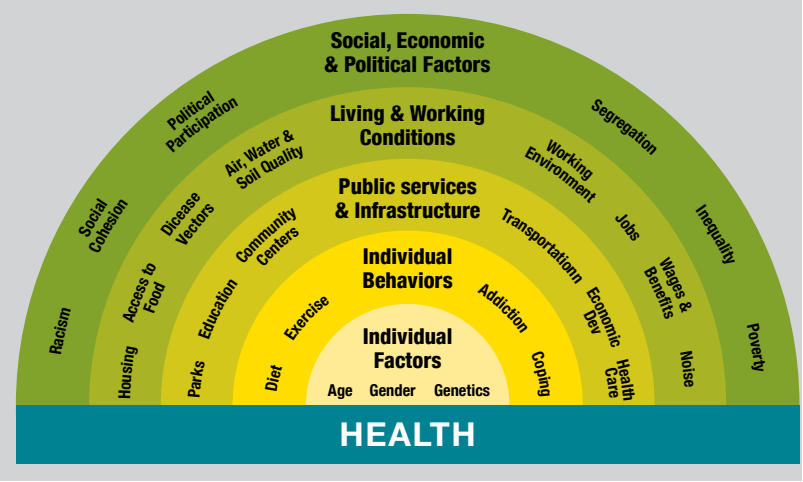
The World Health Organization (WHO) defines health as a "state of complete physical, mental, and social well-being and not merely the absence of disease of infirmity." In order to obtain the optimal state of health for all people, the focus must shift to where health starts rather than where health ends. Exorbitant health care costs associated with the prevalence of chronic disease are an indicator that there is great value in allocating resources towards prevention of disease rather than towards treatment of disease.

Health starts where we live, learn, work, and play. It starts in our homes, jobs, schools, and communities. More specifically, health is largely influenced by social factors such as education, economic opportunities, and conditions of neighborhoods, as well as access to healthy, affordable food, safe spaces to recreate, and adequate housing. These factors are often called the social-determinants of health. The model on Figure 1 identifies the root causes of disease and poor health.

What is Health Impact Assessment?

Policy-makers are constantly making decisions that impact the political, social, and environmental conditions of a community. Without even realizing it, the decisions they make in areas related to education, transportation, housing, land-use, economic development and criminal justice (just to name a few) can actually play a large role in the health of the population that they serve.

Figure 1: Social Determinants of Health



Take, for example, a city council vote to approve or disapprove of a transit tax that would allocate additional funding for transportation services such as bus or light rail systems. The decision to implement such a tax would have direct implications on the transportation infrastructure available to the residents and visitors of that city. However, indirectly, additional transportation infrastructure may provide greater opportunities for individuals to access recreation facilities, healthy food outlets, and healthcare services – thus improving health. For instance, a study in Charlotte, North Carolina found that individuals lost an average of 6.45 pounds after a light rail system was constructed in their community – presumably due to the increase in physical activity that resulted simply from the residents walking to and from transit stops. A recent HIA conducted in Maricopa County, the South Central Neighborhood Transit Health Impact Assessment (SCNTHIA) assessed the health impacts of a transit corridor extension which will bring light rail from downtown Phoenix to South Phoenix. The HIA predicted health outcomes such as obesity, diabetes, cancer, asthma, and other chronic diseases to be impacted through light rail's immediate impact on access to resources and services and levels of transit ridership. Nevertheless, additional transportation infrastructure may also present concerns about safety that must also be addressed in the context of the health of the community.

HIA is an approach to understanding how a proposed project will impact the social determinants of health. The process is comprised of a series of steps that serve as a framework for assessing the broad impacts of a policy, plan or program. Through HIA, direct and indirect impacts of a decision are assessed prospectively in order to foresee implications, both positive and negative, on the health of a community. Equity is a core value of HIA (Policylink). The Centers for Disease Control and Prevention (CDC) define health equity as a state when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Therefore, HIA also addresses the reasons why low-income people, communities of color and other underserved populations experience poorer health as a result of inequities in opportunity.

In addition, HIA is collaborative in nature and attempts to bring together all agencies, organizations, and community members that hold a stake in the proposed decision. Through this collaboration and intentional community engagement, HIA gathers both quantitative and qualitative data which HIA typically follows the six steps of Screening, Scoping, Assessment, Recommendations, Reporting, and Monitoring and Evaluation.

HIA addresses the reasons why low-income people, communities of color and other underserved populations experience poorer health as a result of inequities in opportunity.

1. Screening

Prior to performing an HIA, the necessity, feasibility, and receptivity of the project must be determined. Practitioners must determine whether they have the capacity to conduct the HIA and if decision-makers are amenable to considering the results of the HIA. A viable project must a) provide new information to an initiative which is likely to impact health, and b) inform a proposed initiative, which, by definition, has not yet been implemented or ultimately decided.

2. Scoping

A stakeholder advisory group is formed based on the screening. Once an HIA is screened as appropriate for the proposed project, stakeholders consider the project strategically:

- the multiple pathways between the project (or policy or program) and likely health impacts are identified
- the specific research questions are determined and the methods and mechanisms to answer those questions – the scope of the project – is determined

The scoping phase defines the 'who, what, where, why, and how' of the HIA and proposes objectives for the HIA to accomplish. Stakeholder involvement is critical.

3. Assessment

During the assessment phase, practitioners, and community stakeholders utilize qualitative and quantitative research methodologies (e.g., literature reviews, focus groups, surveys, community meetings) to calculate baselines for, and future impacts to, each indicator chosen during the scoping phase. The assessment phase depicts both positive and negative impacts in an impartial manner.

4. Recommendations

Findings from the assessment help to inform the creation of actionable recommendations which seek to improve public health and mitigate potentially unfavorable health consequences that may stem from the proposed initiative. The recommendations also specify parties responsible for carrying out the action items and the indicators of recommendation-implementation success.

5. Reporting

During the reporting phase, the assessment and recommendations are conveyed to decision-makers, stakeholders,, and community members to solicit feedback. Responses from all parties are then used to inform a revised and final HIA report disseminated to decision-makers, stakeholders and additional outreach partners.

6. Monitoring and Evaluation

Evaluation of an HIA involves analysis of a) the HIA process as it was conducted, b) its impact on decision-making, and c) any health outcomes related to the HIA and its recommendations. Indicators used in the HIA are monitored in order to evaluate the HIA.

Shared–Use Roosevelt Health Impact Assessment (SHUR)

SHUR was conducted in order to better inform future decision-making and funding allocations related to the expansion of shared-use within a large school district located in South Phoenix - the Roosevelt Elementary School District (RSD).

> **"The Roosevelt School District is always looking for ways to enhance and better the lives of its local community."**

The shared-use of school facilities is not inherently a health-related issue; however, there are multiple physical, social, and mental health impacts that potentially surround its expansion within RSD. These health impacts can be both positive and negative, and will affect not only students within the District but also members of its surrounding communities. Currently, use of RSD school properties during non-school hours by the community has been limited to agreements on a contractual or event-by-event basis. In order to expand access to District-owned properties to be more regularly utilized by the community at large, the District expressed interest in the HIA process to serve as a mechanism for improving future shared-use decision-making. Moreover, this HIA presented a timely opportunity to inform the District surrounding consideration of a potential capital facilities improvement bond request. The District's superintendent at the onset of the study, Dr. Jacqueline Jackson, stated that:

"The Roosevelt School District is always looking for ways to enhance and better the lives of its local community. We are eager to see what benefits can be derived from using district properties and facilities to make South Phoenix a more healthy and vibrant place to live for our students and their families."

In terms of the political environment, the state of Arizona is in a unique position to address liability – a common concern related to the shared-use of school facilities. A series of bills (SB1059, SB1123 & SB1336) were passed in 2012 and 2014 that release school districts (including charter schools) and their employees from liability, unless grossly negligent, surrounding the use of specified school grounds by recreational users.

SHUR Project Goals

- Better understand the current health and well-being of the community that the Roosevelt School District serves
- Predict the impacts on the social determinants of health from shared-use of district properties
- Provide recommendations that help to expand and promote the community use of district-owned properties in the Roosevelt School District safely and responsibly
- Present data and information on shared-use that is useful for other districts locally and elsewhere

What is Shared-use?

Seemingly, ordinary spaces in the community, such as schools, are often the primary hubs of engagement – places where great community change can occur (Oldenburg, 1999). Therefore, schools often serve as laboratories of place-based change (Ogilvie, 2014). Over time, demand for the utilization of schools outside of their normal hours of operation has increased. A prime example is the establishment of, and continued demand for, after-school programs. In 2013, Bassett and colleagues found that while 8.4 million children in the U.S. attend after school programs, another 18.5 million children would attend if they had access to suitable programs. While schools have a history of sharing resources with the community outside of their normal hours, specifically to children in the community, a larger movement of opening up school grounds and facilities to the public has been slow to emerge (Spengler, 2012). This slowness is especially more salient in communities comprised of lower-income families (Spengler, 2012). However, change may be coming.

A strategy termed shared-use, sometimes called joint-use, is becoming more prevalent in communities throughout the United States. Shared-use is defined as "opening school buildings and grounds during non-school hours for community use" (Young et al., 2014, p. 1586). Although shared-use agreements are commonly thought of as a tool for opening playgrounds to the community, shared-use can go beyond playgrounds to also cover school district -owned properties including but not limited to kitchens, multi-purpose rooms, greenhouses, vacant lots and tracks.

School buildings and grounds provide established indoor and outdoor spaces for children and adults to gather, to play, to exercise, or to engage in many other individual, group or community activities. These activities may range from informal, unstructured, unsponsored, and unsupervised to formal, structured, community-sponsored, and supervised. Shared-use of school facilities does not necessarily require formal written contracts, but many schools and school districts do require such contracts of individuals or groups for liability and expense reasons (Young et al., 2014).

Shared-use can cover school district -owned properties including but not limited to kitchens, multi-purpose rooms, greenhouses, vacant lots and tracks.

What are the benefits of shared-use?

Schools and school districts that have implemented shared-use strategies have identified a number of benefits. One such benefit is an impact on the physical activity and overall health of local community members (e.g., Spengler, 2012; Spengler, Connaughton, & Carrol, 2013; Young et al., 2014). Communities that show high risk factors for obesity often lack recreational facilities for their members. Through shared-use, schools have been identified as worthy substitutes when other safe recreational spaces for physical activity are lacking (Spengler, 2012; Spengler et al, 2013).

Both children and adults can benefit from increased physical activity that results from the shared-use of school facilities. Spengler (2012) highlighted that access to recreational opportunities on school campuses outside of school hours positively influences children's physical activity levels. In particular, low-income areas and those with high racial/ethnic minority populations hold a greater need for shared-use programs as their residents tend to be less likely to engage in physical activity (Spengler et al., 2013). Lafleur and colleagues (2013) note: "Joint-use agreements are a promising strategy for increasing moderate to vigorous physical activity among adults and children in under-resourced communities. Providing physical activity programs may substantially increase after-hours use of school facilities by community members," (page 1).

Schools have been identified as worthy substitutes when other safe recreational spaces for physical activity are lacking.

The benefits to community health and well-being extend beyond physical activity. Young and colleagues (2014) noted that schools and school districts might enact shared-use as strategy to garner goodwill in the community and better support their academic missions of lifelong learning. Community places and spaces of lifelong learning have been linked to greater community health, quality-of-life, and well-being (Hammond, 2004). For example, schools, as lifelong learning community centers or hubs, might offer community members enriching educational opportunities such as nutritional classes, cooking classes or community gardening projects (Ogilvie, 2014).

More indirectly, shared-use, through its potential for lifelong learning and physical activity, may promote greater social cohesion in communities (Lafleur et al., 2013). Past research has demonstrated that physical activity in communities strongly influences social cohesion (Cradock et al., 2009; Lafleur et al., 2013). Schools may also serve as social actors for communities, meaning they act as places where social cohesion can be built (Clopton & Finch, 2011).

A final benefit worth noting is increased funding for schools and communities. Schools that enact shared-use may be eligible to apply for additional funding from foundations and government agencies (Warren, 2005; Young et al., 2014). Organizations such as the Prudential Foundation, smaller foundation, and federal initiatives have begun to provide funding for many shared-use projects (Warren, 2005). Moreover, according to the Safe-Routes National Partnership, shared-use is understood to be more cost-effective than building new parks or renovating existing parks.

What barriers or concerns arise regarding shared-use?

Sustainability and success with shared-use is dependent on how well a number of barriers and concerns are addressed (Burbage et al., 2014). Operational issues such as maintenance, sanitation, and security must be addressed prior to implementing shared-use (Burbage et al., 2014; Spengler, 2012; Young et al., 2014). Spengler (2012) noted that maintenance, staffing, liability, and cost are major concerns regarding shared-use held among school administrators in lower-income and racial/ethnic minority communities.

Staffing and supervision of activities after school hours are additional concerns that must also be carefully considered (Warren, 2005). In addition, liability regarding persons and property is a notable concern regarding implementing shared-use (Burbage et al., 2014; Spengler, 2012). Vandalism and safety have also been noted as specific barriers to physical activity if shared-use was implemented (Burbage, et. al. 2014). Drawing on lessons from parks and recreation, graffiti, poor lighting, and damaged equipment appear to be uninviting and lessen use of community spaces (Slater & Colabianchi, 2014). Contrarily, Spengler, Connaughton, and Carroll (2013) have suggested that access to shared-use programs may actually lessen vandalism through creating a sense of community. Furthermore, the presence of groups of people at schools during hours they are closed (evenings and weekends) can reduce the opportunity for violence and crime to occur (Spengler, et al., 2013). Finally, Burbage and colleagues (2014) found that while safety, vandalism, and liability were significant concerns, budget and associated costs of shared-use were even greater concerns.

Costs will be incurred while addressing the above barriers and concerns. Costs for shared-use vary, but common costs include maintenance, cleanup, repairs, staff, security and utilities (Young, Spengler, Frost, Evenson & Vincent, 2014; Warren, 2005). While costs vary among shared-use, incremental costs do not need to be high (Warren, 2005). Kanters and colleagues (2014) found that utility usage does not necessarily significantly impact overall costs of shared-use; however, the costs for repairs and improvements due to facility use over time were significant cost inflators. These costs can and may need to be split between schools and community organizations (Lees, Salvesen & Shay, 2008; Spengler, et al., 2013).

Challenges exist, which include funding, communication, decision-making authority, adequate facilities, and liability concerns, but they are not insurmountable.

Do the benefits of shared-use outweigh concerns?

The literature supports the benefits of shared-use and outweighs the concerns. Regarding shared-use, Young and colleagues (2014) noted: "Challenges exist, which include funding, communication, decision-making authority, adequate facilities, and liability concerns, but they are not insurmountable" (p. 1587). Congruently, Kanters and colleagues (2014) found that despite perceptions of increased costs, shared-use facilities increased afterschool program participation without significantly increasing the expenses. Sustainability and success in shared-use strategies can only occur if costs are managed and barriers are addressed (Burbage et al., 2014). It appears that communities must assess their own needs and assets to decide for themselves whether shared-use is feasible and in their best interest.

Why conduct an HIA on Shared-use?

Public health agencies have identified implementation of shared-use agreements as a strategy to improve health and well-being of communities through increased opportunities for physical activity and increased social cohesion. However, the review of literature has revealed that there are multiple barriers and concerns that must be addressed in order for successful implementation of shared-use. Recognizing that HIA is an objective process that addresses both positive and negative health outcomes, it is an ideal method to present a holistic and comprehensive review of the health impacts of shared-use. Most importantly, this HIA presented an opportunity to identify and address the community's and decision-makers' thoughts on shared-use.

Background and Stakeholder Buy-In

The majority of the screening process for this HIA took place prior to submission of the grant application in spring 2014. In summer 2013, Maricopa County Department of Public Health (MCDPH), in collaboration with the Pima Prevention Partnership in Tucson, AZ and the Public Health Law Center at William Mitchell College of Law in St. Paul, MN, examined the current state of community use of school facilities at 21 elementary school districts in Phoenix, AZ. The result of this collaboration was a report entitled *Finding Space to Play*. As part of this process, RSD was one of the many districts that completed a survey that provided information on the current policies, procedures, and rules that guide the implementation of shared-use within its district.

During the screening process, members from multiple agencies were approached to discuss the initial idea for the HIA. These included including RSD, the Arizona Department of Health Services (ADHS), the City of Phoenix, the Arizona Alliance for Livable Communities (AALC) and members of various South Phoenix community-based agencies including Cultivate South Phoenix (CUSP), a grass-roots coalition focused on inspiring community wellness and gardening in South Phoenix, and Unlimited Potential (UP), a promotora-driven group that is focused on enriching the lives of low-income, minority women and children in South Phoenix. All agencies subsequently agreed upon the value of the project and committed to being involved in the process if the project was funded.

Key representatives from the City of Phoenix Parks and Recreation and Street Transportation departments also committed to serving on the project's community advisory board. Their participation was critical should the District enter into agreements with the City to have District-owned properties serve as city parks.

Health-impacts

The built environment of a community, which includes all of the physical parts of where individuals live, learn, work, and play, is known to directly impact a person's level of physical activity. Depending on the District's final decisions related to the utilization and development of their school properties, it is likely that the community's access to, and consumption of, healthy food may also be affected through decision-making. Both levels of physical activity and quality of diet can greatly affect measures of morbidity and mortality including, but not limited to, obesity, heart disease, asthma, diabetes, and cancer.

Both levels of physical activity and quality of diet can greatly affect measures of morbidity and mortality.

Concerns over safety are often perceived as barriers to implementing shared-use. Therefore, indicators of intentional and unintentional injuries (e.g., homicide, bullying, pedestrian/bicyclist incidents, heat-related illness, etc.) within the study area also needed to be addressed. Moreover, levels of social connectedness and cohesion, which have been shown to directly impact health, may also be affected with greater availability of community gathering spaces (Smith and Christakis, 2008).

Levels of social connectedness and cohesion may also be affected with greater availability of community gathering spaces.

In considering the health equity of the population, according to the demographic composition of the greater than 100,000 residents within RSD's borders, the population most affected by this decision-making will be low-income, minority youth. This is evidenced by 2010 US Census data of RSD, which reveals a higher prevalence of racial and ethnic minorities as compared to the US (56.3% vs. 27.6%) and a higher prevalence of youth under age 15 as compared to the US (27.1% vs. 19.8%). In addition, families within RSD earn a significantly lower median household income as compared to the rest of the nation ($33,248 vs. $50,157).

SCOPING

According to the Health Impact Project, the scoping phase of an HIA identifies the social, political, and economic factors that affect the health of a community, whereby developing objectives and an outline of key steps for a project that typically attempts to answer: What health effects should the HIA address? What concerns have stakeholders expressed about the pending decision? And, who will be affected by the policy or project, and how?

Throughout the scoping process, stakeholders that comprise the SHUR community advisory board, or Insight Committee (IC), were encouraged to help shape and drive the focus of the project.

Agencies/Organizations Represented in the Insight Committee:

- Arizona Alliance for Livable Communities
- Arizona Department of Health Services
- Arizona State University Project for Livable Communities
- City of Phoenix Parks and Recreation/Fit PHX
- City of Phoenix Street Transportation Department
- Cultivate South Phoenix
- Girl Scouts Arizona Cactus-Pine
- Maricopa County Air Quality Department
- Maricopa County Department of Public Health
- Office of City of Phoenix Councilwoman Kate Gallego, City of Phoenix, District 8
- Orchard Community Learning Center
- Roosevelt Elementary School District
- St. Luke's Health Initiatives
- Sonoran Institute
- Southwest Behavioral Services
- Tiger Mountain Foundation
- University of Arizona Cooperative Extension
- Unlimited Potential

MCDPH staff was dedicated to engaging the stakeholders participating in the study's IC in every step of the process. A number of key tasks for the IC during the scoping stage were identified.

Tasks Related to Stakeholder Participation

- Development of understanding of the HIA process and the social determinants of health.
- Engagement of stakeholders in the development of direct, intermediate, and health-related outcomes of the proposed policy change.
- Consensus/agreement on the scope of the HIA.
- Identification of populations of special interest/ populations that may be disproportionately affected by decision-making.
- Collaborative prioritization of research questions to be answered in the assessment phase.

After convening the IC, the scoping process for the SHUR project began with a review of the HIA process, a review of shared-use and an examination of the existing conditions of the study area.

The review of the HIA process led the IC members through a discussion of the six typical steps of HIA – screening, scoping, assessment, recommendations, reporting and monitoring, and evaluation – while making sure to indicate that the process is flexible and iterative. It was stressed that HIA is a community-driven process.

Next, the most common definitions of shared-use agreements were shared with the IC, along with a short video describing the concept from ChangeLab Solutions: (https://www.youtube.com/watch?v=QX-bwZlX2x80). Presenters made sure to indicate that shared-use agreements can go beyond playgrounds to also cover school district-owned properties including, but not limited to, kitchens, multi-purpose rooms, greenhouses, vacant lots, tracks, etc.

Another goal of the first insight committee meeting was to provide background on the current health status of the study area. Epidemiologists from MCDPH shared localized data with the IC related to: demographics, rates of chronic disease, deaths, births, and access to care. They also presented maps of the current locations of RSD schools and City of Phoenix parks within the study area.

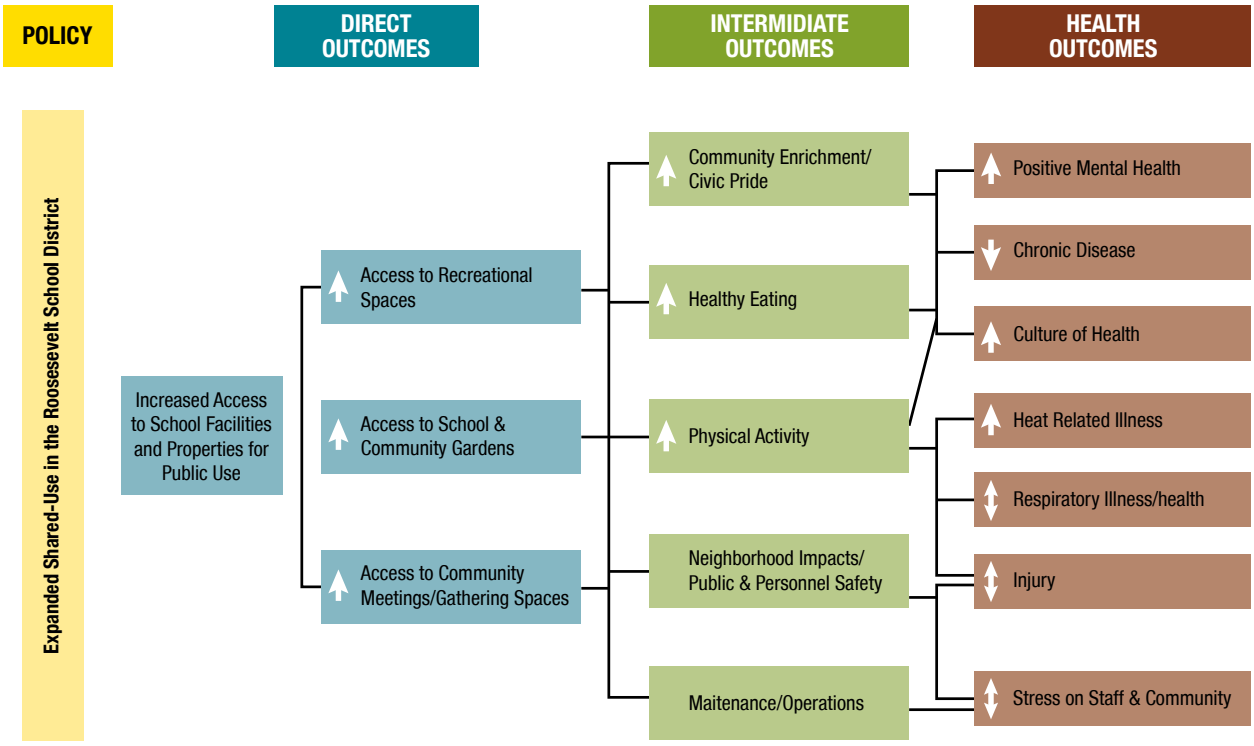
Existing conditions data will be presented at the beginning of the Assessment phase section on page 24.

Prior to developing the objectives and outline for the project, participants were led through a process to familiarize themselves with the social and economic determinants of health. Equipped with this knowledge, participants were better able to understand and identify which factors eventually impact health within the scope of the SHUR project – which led to the development of the project's pathway diagram and research questions.

The Pathway Diagram

The purpose of developing the pathway diagram was to help present a clear visual of the ways in which the policy decision of expanded shared-use ultimately impact the health of students and community residents in the study area.

Figure 2: Pathway Diagram



Beginning with the left-hand column, the pathway diagram starts with the policy decision of expanding shared-use in RSD. Most directly, expanding shared-use agreements will increase access to school facilities and properties for public use. These facilities and properties were expected to increase access to recreational spaces, school and community gardens, and other community meeting and gathering spaces. The intermediate outcomes of the increased access to these facilities and properties were expected to have five primary intermediate impacts. These five outcomes are the study's primary pathways through which shared-use eventually impacts the health of the residents of the study area.

The five pathways include:

1. Community Enrichment/Civic Pride
2. Healthy Eating
3. Physical Activity
4. Neighborhood Impacts/Public And Personnel Safety
5. Maintenance And Operations

Research Questions

Based on the pathway diagram that was developed, IC participants were broken into groups to consider what questions needed to be answered within each of the five pathways during the HIA's assessment phase. Through the utilization of a World Café-type activity (small table, rotational process), each group was allowed to add to, and provide feedback on, each other's proposed research questions and the associated indicators, data sources and recommended methodologies for each question. Research questions are listed later in the report within the Research Findings by Pathway sections.

Priority Populations

A list of priority populations, populations most likely to be affected by expanded shared-use and its direct and indirect impacts, was created at the first IC meeting based on the existing conditions data. These populations included low income residents, parents, students/youth, Hispanic and African American parents and children, young adults/adolescents, seniors, neighbors, tax payers, school staff and police/fire.

The Assessment phase of HIA provides 1) a profile of existing health conditions and 2) evaluation of potential health impacts of decision-making.

Assessment for the SHUR project was guided by the pathway diagram and the study's research questions. Both the pathway diagram and research questions were developed in coordination with the study's IC.

Background

After working with the IC to develop the study's pathway diagram and research questions, a combination of methods was used to complete the assessment. MCDPH conducted the existing conditions portion of the assessment phase, including an analysis of the demographics of the study region and an analysis of hospital discharge data related to multiple health indicators in the study area. MCDPH also developed multiple geographic information systems (GIS) maps which are included in sections of the assessment summary below.

Following the existing conditions phase of the HIA, MCDPH contracted with ASU Southwest Interdisciplinary Research Center (ASU SIRC) and Unlimited Potential Arizona (UP) to gather primary data that explored the potential health impacts of expanded shared-use. ASU SIRC and UP conducted surveys, focus groups, key informant interviews, community mapping sessions and literature review.

Methods and Samples

Both quantitative and qualitative data were collected through a multi-method approach consisting of collection and analysis of demographic data, hospital discharge data, death data, archival data and RAIDS online crime data. Primary methods included conducting focus groups, surveys, key informant interviews, and community mapping sessions. Other methods included GIS mapping and SOPARC park assessments.

Demographic Data

Demographic data were gathered through ESRI Community Analyst – American Community Survey. Demographics of the SHUR study area (2014) were compared against demographic data for Maricopa County as a whole (2013). Demographic data also included 2013 birth data (vital statistics).

Hospital Discharge Data and Access to Care

Hospital discharge data (HDD) collected included all hospital encounters from patients with an address within the SHUR study area. Hospital encounters consist of both inpatient hospitalizations and emergency department room visits and were mostly from year 2012. HDD assessed health outcomes including diabetes, asthma, perinatal conditions, obesity, depression, heat-related hospitalizations, drug and alcohol-related hospitalizations and cancer. Hospital encounter data also helped to gauge the level of access to care in the community. Access to care data included payer types and also the top hospitals utilized by SHUR study-area residents.

Death Data

Death data (vital statistics) included all the leading causes of deaths among residents in the SHUR study area during 2012. Most common causes of death included: cardiovascular disease, cancer, external causes, diabetes and chronic lower respiratory illness. Other areas of concern included homicide and motor vehicle accidents.

RAIDS Online Crime Data

Regional Analysis and Information Data Sharing (RAIDS) online is a tool that compiles crime data and other information from local law enforcement agencies. Data and information are shared with the public in order to keep them informed about crime. The data is updated daily. While the numbers used in this analysis are up to date, accuracy relies on the reporting of incidents by the responsible reporting agency. The majority (95%) of reports in this study area were submitted by the Phoenix Police Department. In addition, there were few reports received from the Maricopa County Sheriff's Office as well as the Tempe Police Department. Due to the small amount of reports received from the Maricopa County Sheriff's Office in particular, there is reason to believe that this is a conservative representation of crime in the area.

Archival Data

Data were collected from the research literature regarding the expected community, health, and fiscal impacts associated with community use of school properties and facilities before and after normal school hours. Existing research studies, reports, and documentation from comparable school districts within Phoenix were collected and used to further elucidate the potential impacts of expanding shared-use within RSD.

Focus Groups

Focus groups with adults and children were utilized in order to engage residents in discussions surrounding shared-use and their communities. Focus groups provide insightful, detailed information that cannot be gathered through surveys. Focus groups and community mapping recruitment was conducted by ASU SIRC in collaboration with UP and Southwest Behavioral Services (SBS). Flyers for focus group and mapping session events were posted and sent out in English and Spanish through South Phoenix community organizations. SBS reached out to youth that they engage with to participate in the youth focus group. All youth focus group participants were students in the RSD. Notices were also sent out through the RSD e-mail list. Flyers for the focus groups and mapping sessions were also sent out at local community events where surveys were administered.

Three focus groups were conducted consisting of 6 to 10 participants each. Focus groups were conducted with youth and adults separately to better facilitate discussion, and adults (community members) were further separated by preferred language (English or Spanish). SIRC staff conducted the youth and community member focus groups in English; Unlimited Potential conducted the community member focus group in Spanish. Participant characteristics were as follows:

1. **Youth (n=10)**
   Ages 11-16 (average = 13 years)
   80% Female
   80% Latino
   10% Black/African-American

2. **Community members (n=13)**
   Ages 22-49 (average = 43 years)
   85% Female
   85% Latino
   15% Black/African-American

Groups were 90 minutes in length and were facilitated using a common written protocol distributed to each facilitator and a standard set of questions reviewed in advance by the project's IC. Questions centered on:

- Healthy eating behaviors
- Neighborhood characteristics and perceptions
- Community/school collaboration, and
- Support for an expanded shared-use policy

Surveys

Promotoras (community health workers) from UP and SWBH collected surveys at various local events in the study area including the Roosevelt Center of Sustainability S.T.E.A.M. (Science, Technology, Engineering, Arts and Mathematics) festival and a dance and talent festival put on by South Mountain Works Coalition. Promotoras were enlisted because of their rapport with the community, which made them more approachable than university of health department staff.

Paper questionnaires were administered in both English and Spanish to youth and adults living or working within RSD boundaries. All data collection followed consent procedures as required by ASU's Institutional Review Board (IRB); however, given the enhanced consent requirements for youth participation (signed parent consent + signed youth assent), only five youth completed the questionnaire. Results from youth surveys were thus excluded from this report.

The adult sample consisted of 225 participants with the following characteristics:

- Ages 19-92 (average = 42 years)
- 86% RSD residents
- 76% Female
- 73% Latino
- 15% Black/African-American
- 70% Parents (of children under age 18)

Key Informant Interviews

MCDPH, ASU SIRC and the City of Phoenix worked together to develop a list of potential key informant interviews (KII). The Finding Space to Play report helped to determine the best RSD staff members to interview.

Nineteen key informants participated in face-to-face, telephone, or online interviews. These informants represented the positions/organizations listed below. All informants worked within the Roosevelt School District (RSD) or its geographic boundaries, except the individual representing Washington Elementary School District, a comparable school district in northwest Phoenix.

- City of Phoenix Fire Department
- City of Phoenix Parks & Recreation (2)
- City of Phoenix Police Department (2)
- Community Youth Development Program
- Health Improvement Partnership of Maricopa County
- Maricopa County Department of Public Health
- Orchard Community Learning Center
- Parent Education Resource Center
- Roosevelt Elementary School District
- School Principals (2)
- South Mountain WORKS! Coalition
- Southwest Behavioral Health Services (2)
- Teacher/Former student council sponsor
- Unlimited Potential
- Washington Elementary School District

Community Mapping Sessions

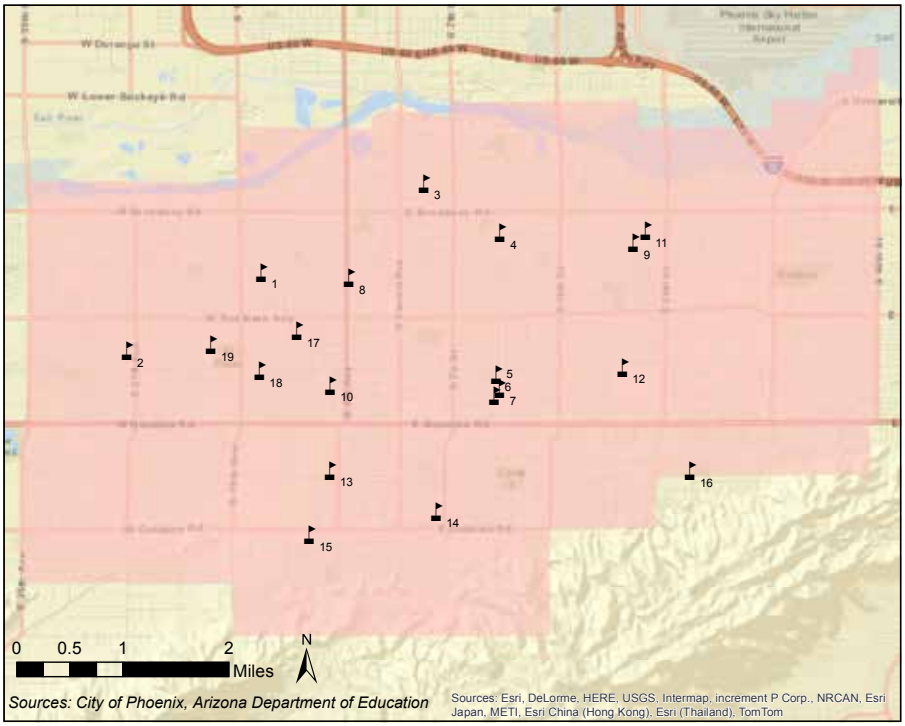
Community members (ages 18 or older) were recruited to participate in two community mapping sessions with a total of 39 individuals participating. Large-scale maps of the RSD were printed and displayed on three to six different tables per session. Community members sat around the maps and answered a series of questions about their behavior, their families' behavior, and their community.

At the outset, the community members were thanked for their participation and informed that their answers would be used for future development decisions in their community. Participants were given three different types of tokens to use to make their marks on the maps; tokens were grouped by color with each participant at each table using a unique color. With some questions, participants were able to use two to four tokens to mark their responses on the maps, while on others they were asked to just use one. Residents were asked to indicate where they and their families were most active in their community, where they purchased healthy food, where they felt safe and unsafe, and about other neighborhood service/activity locations within RSD.

After each participant indicated his or her answer to the respective question, two photos were taken of each table's map to serve as the data record. These locations were later translated into addresses and were mapped using GIS technology.

A single facilitator guided the session by introducing the question and ensuring that photos were taken of the participants' answers. Additional facilitators were available to help the participants read the maps, translate questions and instructions into Spanish, and repeat and clarify the questions as needed.

Map 1: SHUR Study area and RSD School Sites



Map Legend

Roosevelt School District

Schools within District

1. C J Jorgensen School
2. Bernard Black Elementary School
3. Cesar Chavez Community School
4. Rose Linda School
5. John F Kennedy Elementary School
6. Amy L Houston Academy
7. C O Greenfield School
8. Sunland Elementary School
9. Percy L Julian School
10. V H Lassen Elementary School
11. Martin Luther King Jr. Elementary School
12. T G Barr School
13. Valley View Elementary School
14. Maxine O Bush Elementary School
15. Southwest Elementary School
16. Cloves Campbell Elementary School
17. John R Davis School
18. Ignacio Conchos School
19. Ed & Verma Pastor Elementary School

GIS Mapping

MCDPH also utilized data from the City of Phoenix, Arizona Department of Education, Maricopa Association of Governments and Valley Metro to build maps to show the location of schools, parks, community facilities and food establishments.

SOPARC Park Assessment

The System for Observing Play and Recreation in Communities (SOPARC) was used to obtain direct information on community park use in the SHUR study area. SOPARC provides an assessment of park users' physical activity levels, gender, activity modes/types and estimated age. It also provides information on a parks accessibility, usability, supervision and organization. Park assessment was crucial to understand the resident's utilization of existing City of Phoenix-owned parks in the community.

A statistically significant sample of City of Phoenix public parks in the SHUR study area was identified using random sampling in SAS. Sample size was selected to represent roughly 1/3rd of total parks. The sample included both large and small parks – which were assessed on a Wednesday and Friday in early March 2015. In addition to the formal SOPARC method for City of Phoenix parks, a significant sample of RSD school parks were also visually examined for their overall conditions (not using the SOPARC methodology).

Assessment Step 1: Existing Conditions Data

The existing conditions portion of the assessment phase consisted of demographics, deaths and hospital discharge data that was used to examine the broad landscape of the population and its health. Presenting these data to the IC helped to better inform them of what health outcomes were priorities in the study area and what health outcomes stood to be affected through shared-use decision making.

Demographics

The SHUR study area reflects a younger and lower-income population as compared to the rest of Maricopa County. In addition, the study area has a larger Hispanic and African American population, resulting in a larger number of Spanish-speaking residents.

Figure 3: SHUR Study Area Demographics

Summary	2014 SHUR Study Area	2013 Maricopa County*
Population	106,465	4,009,412
Households	31,766	1,425,393
Average Household Size	3.33	2.78
Owner Occupied Housing Units	17,027 (53.6%)	859,362 (60.3%)
Renter Occupied Housing Units	14,739 (46.4%)	566,031 (39.7%)
Median Age	29.5	35.6

Source: ESRI Community Analyst Online, Current Year Estimates, 2014

**2013 Estimates from American FactFinder as of July 2, 2013*

Figure 4: Percentage of Population by Age

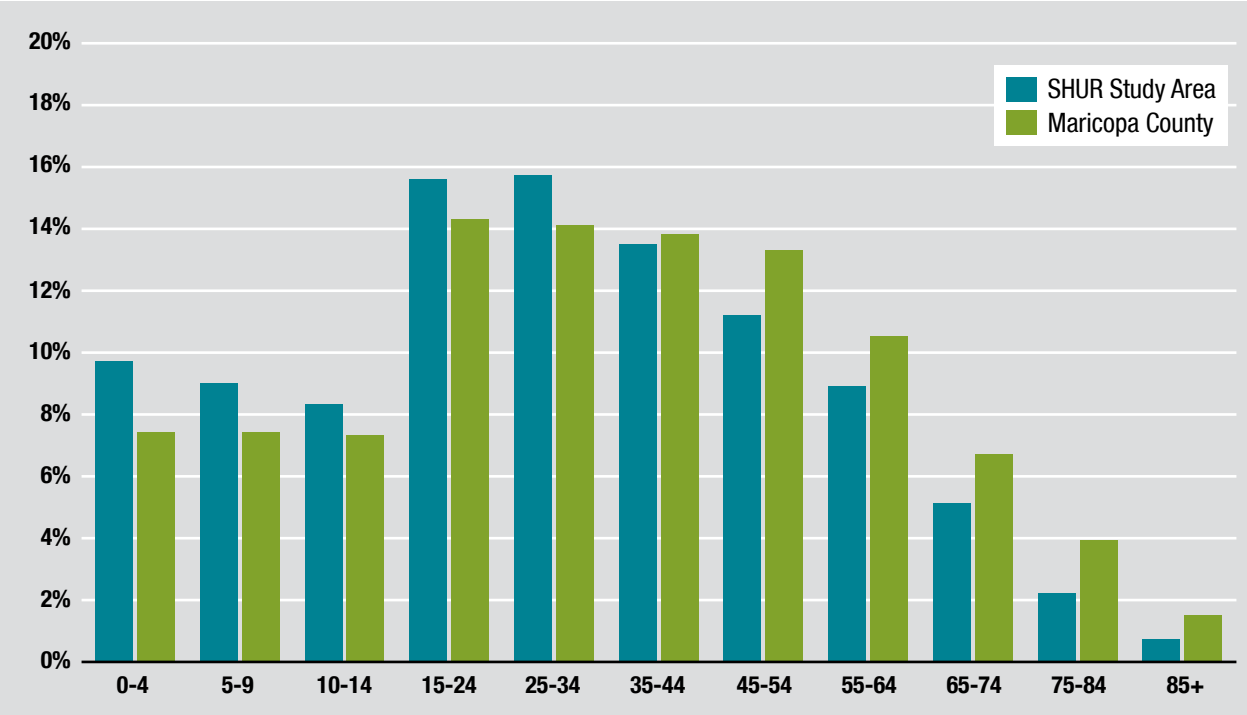


Figure 5: Median Household Income

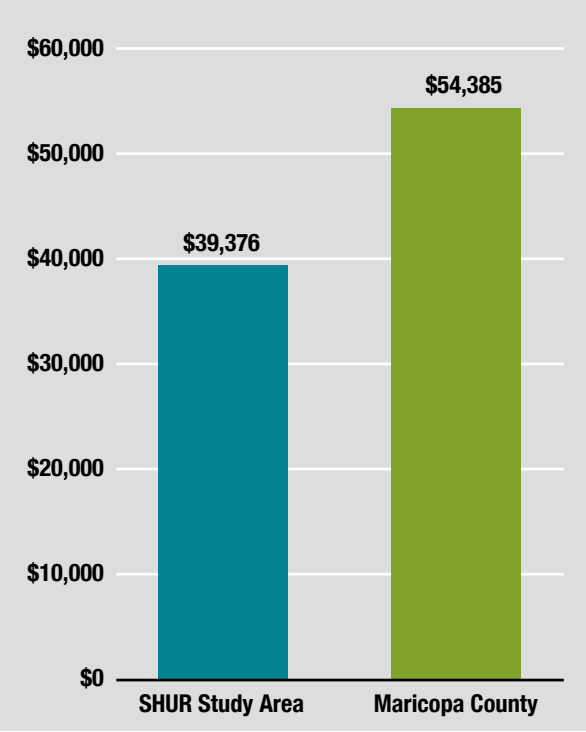


Figure 6: Percent of Households below poverty level in past 12 months

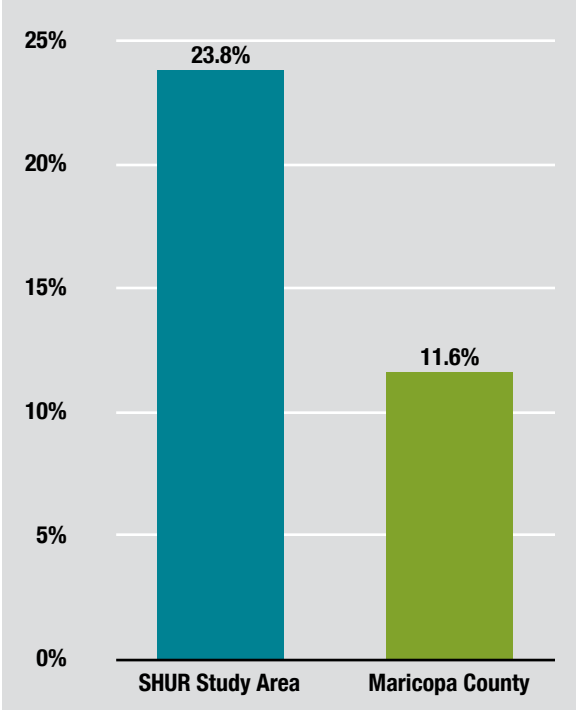


Figure 7: Percent of Population by Race/Ethnicity

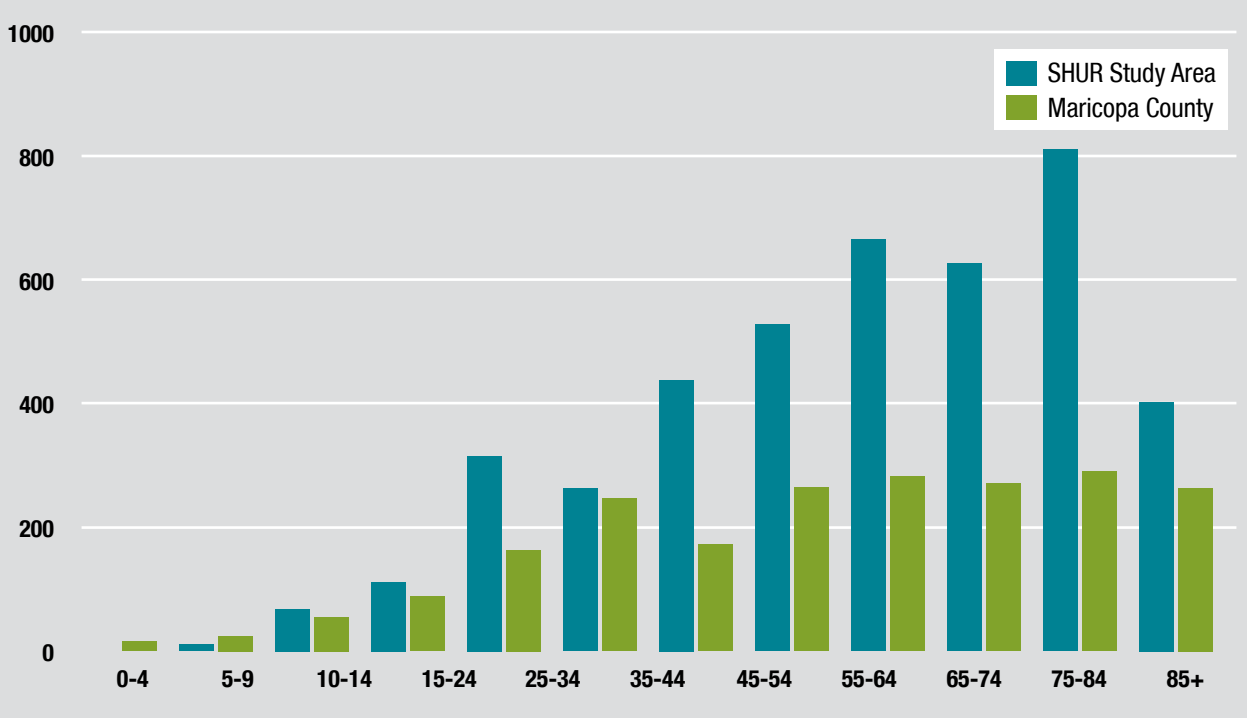
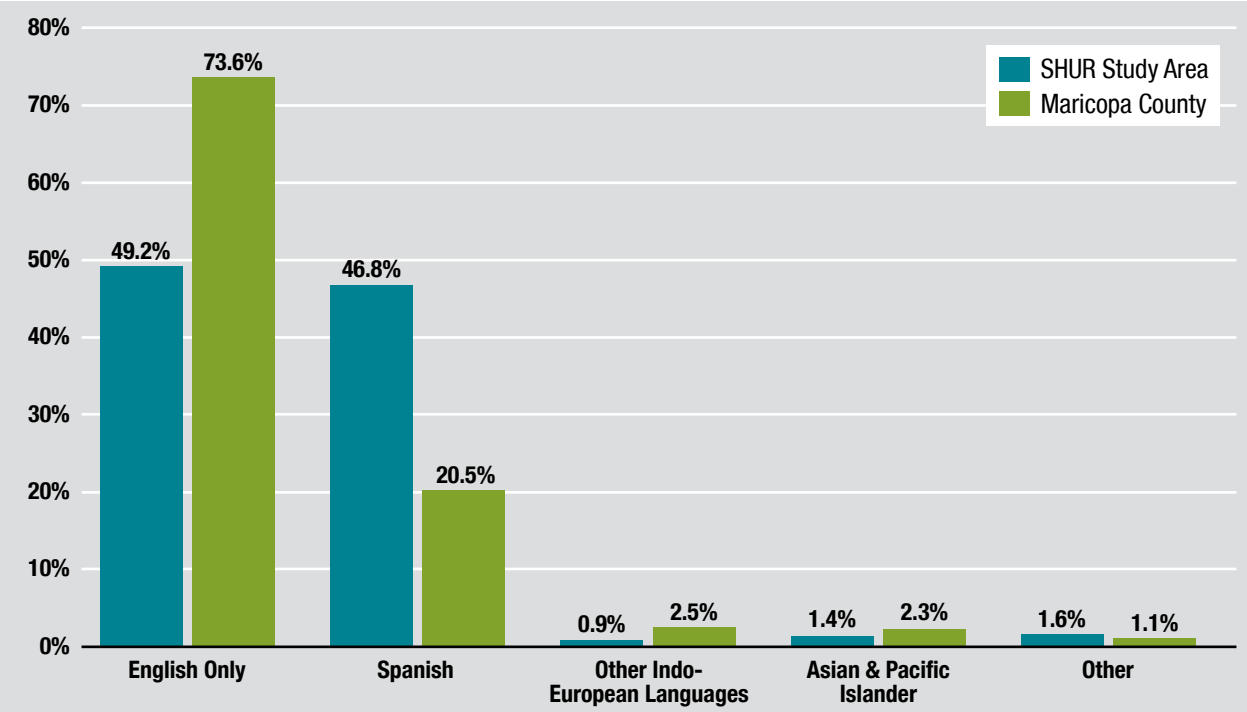


Figure 8: Language Spoken At Home, 2008-2012



Diabetes

Rates of diabetes hospitalizations in the SHUR study area are higher than in the rest of the county, especially in Hispanic and African American populations. Diabetes hospitalizations in the SHUR study area were higher for all age groups from 10 to 85+.

Figure 9: Diabetes Related Hospitalizations

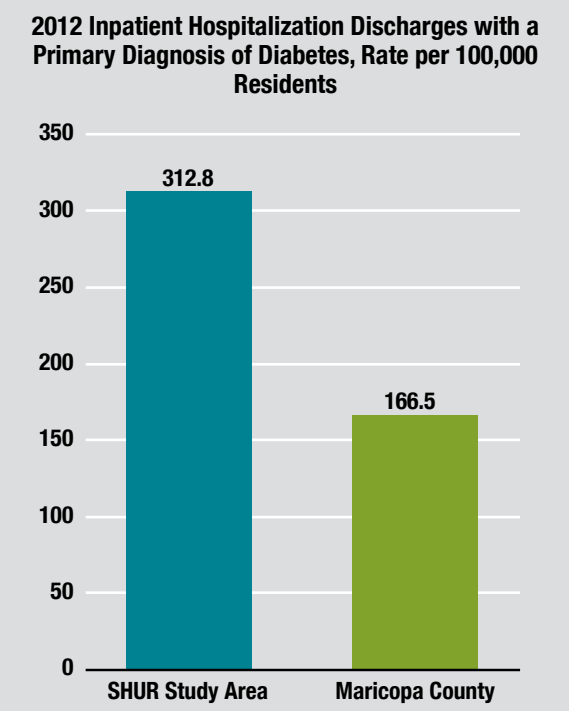


Figure 10: Diabetes Related Hospitalizations by Race/Ethnicity

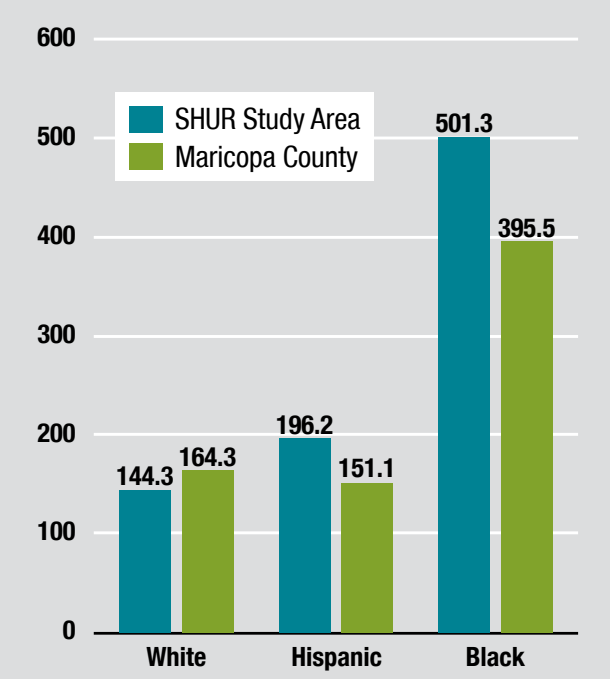
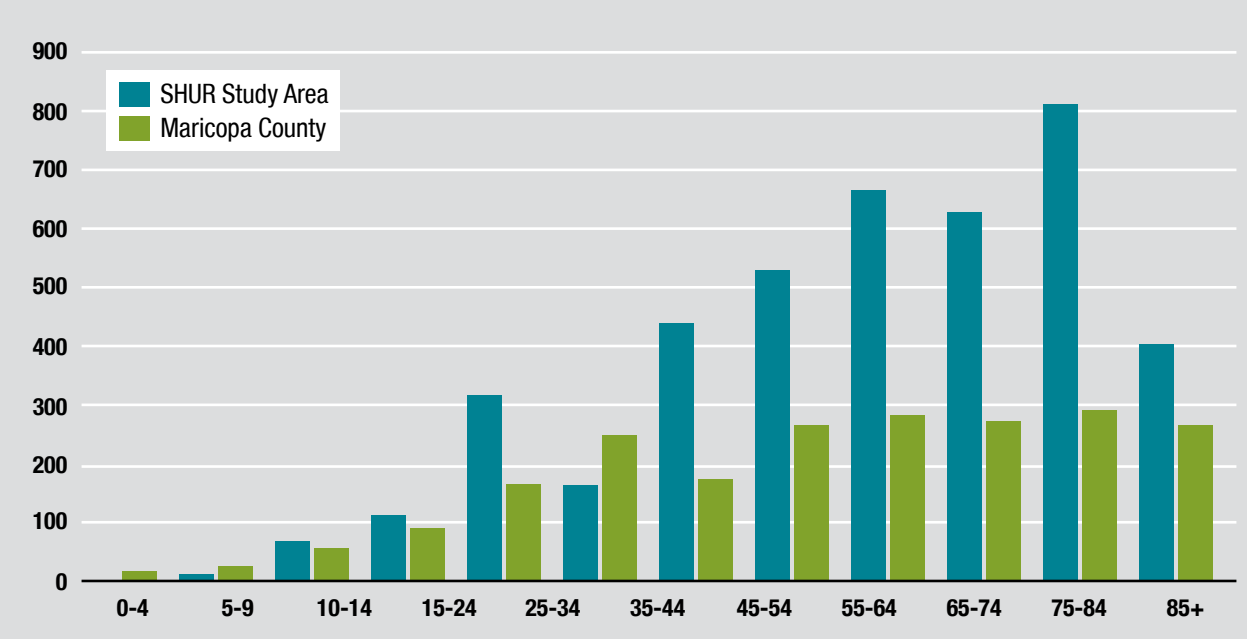


Figure 11: Diabetes by Age Group



Asthma

Asthma hospitalization rates are also higher in the SHUR study area as compared to the rest of the county. Across the board, Asthma hospitalizations rates were higher for most age groups, but were disproportionally high for those ages 5-9 and for those ages 75-84.

Figure 12: Asthma Related Hospitalizations

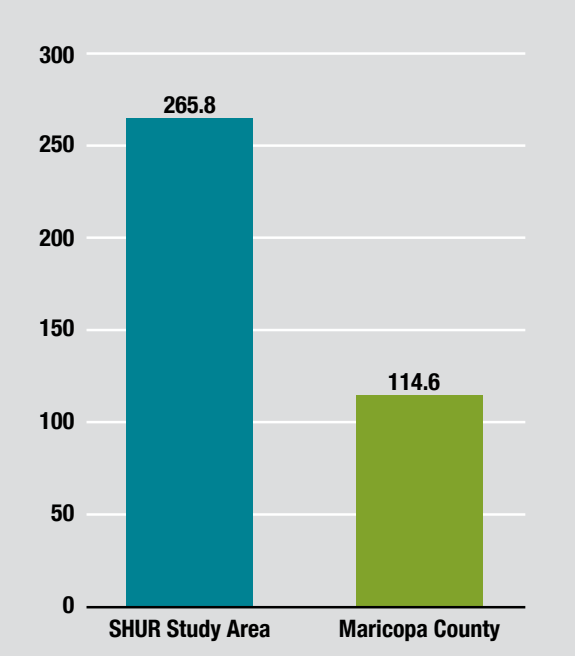


Figure 13: Asthma Related Hospitalizations by Race/Ethnicity

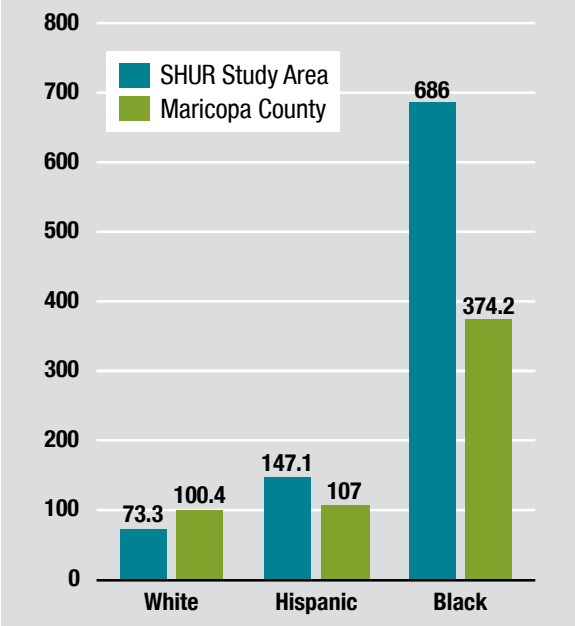
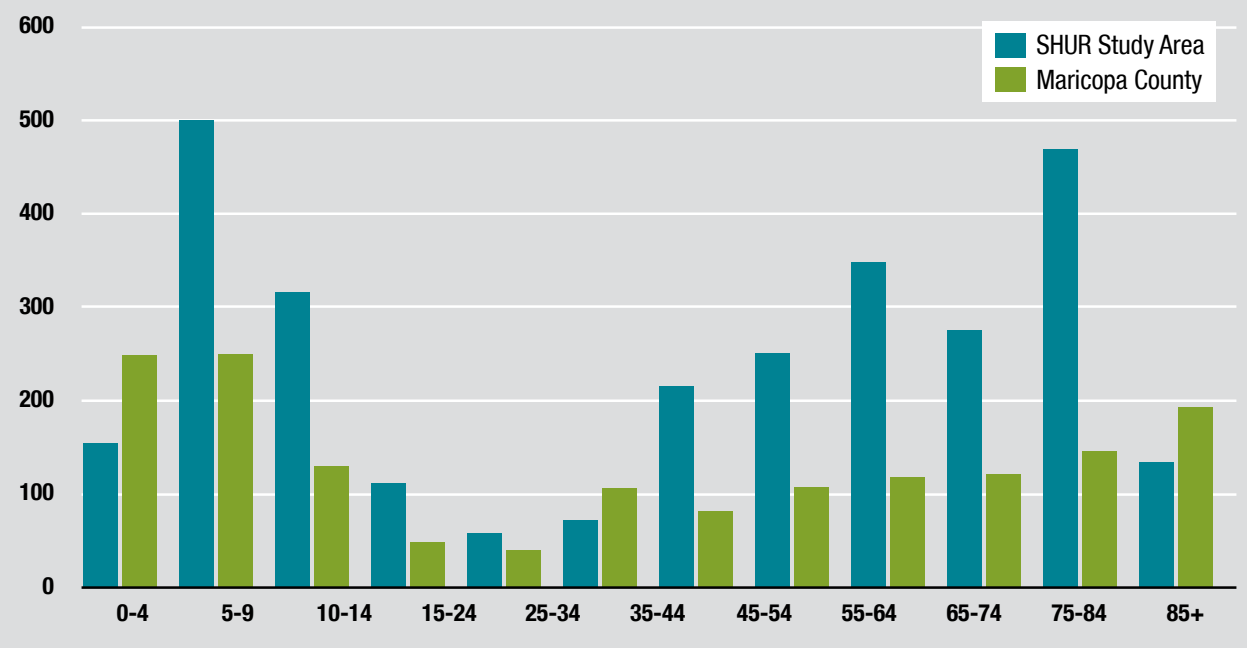


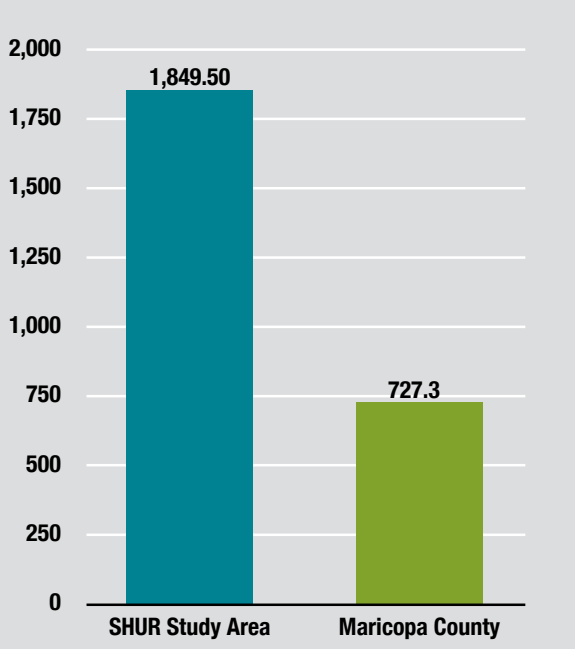
Figure 14: Asthma Related Hospitalizations by Age Group



Perinatal Conditions

A higher rate of perinatal condition-related hospitalizations was also examined in the SHUR study area.

Figure 15: Perinatal Condition Related Hospitalizations



Deaths Data

Three areas of concern in the SHUR area were homicide, stomach cancer and liver disease. Accidents (including motor vehicle) and suicide were lower in the SHUR study area than in the rest of the county.

Figure 16: Causes of Death: Areas of Concern

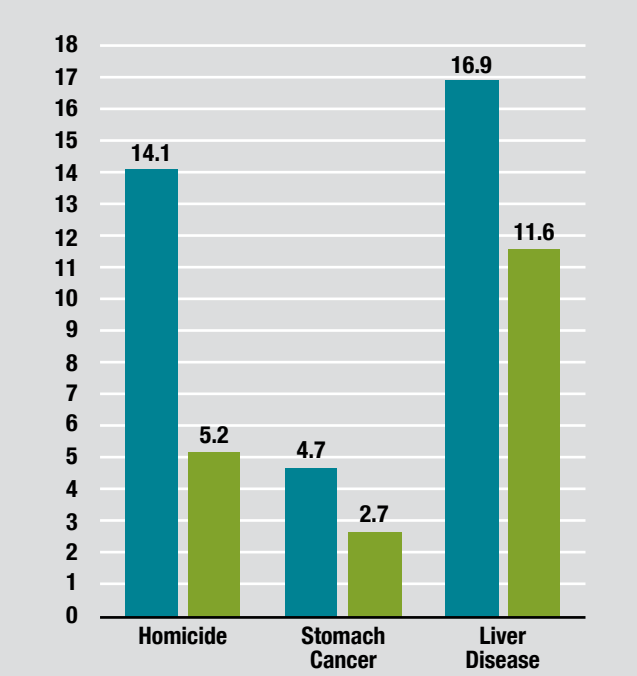
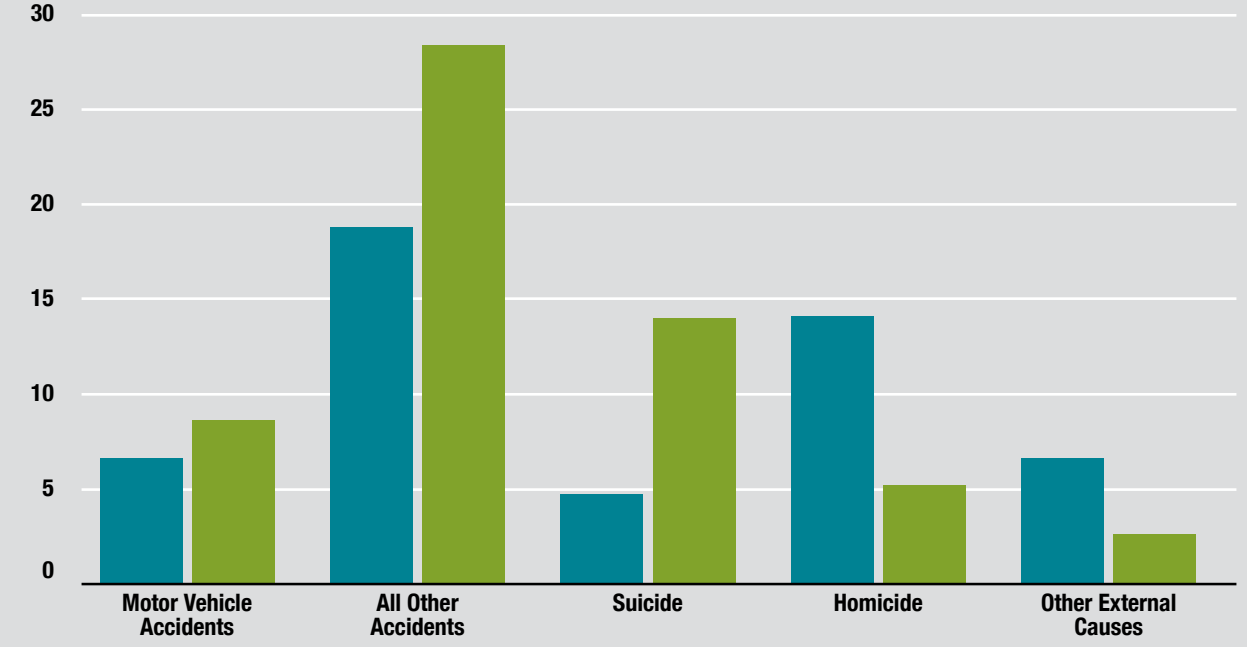


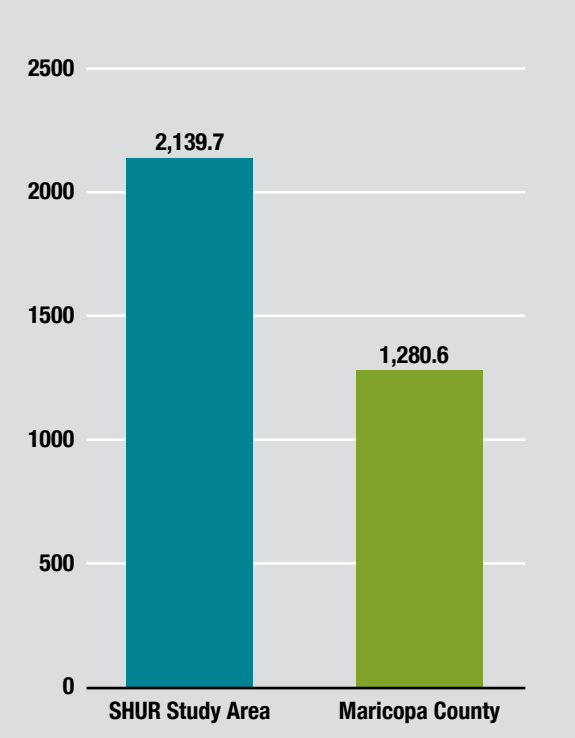
Figure 17: Leading Causes of Non-natural Death



Obesity

Obesity related hospitalizations were also higher in the study area than in the rest of the county.

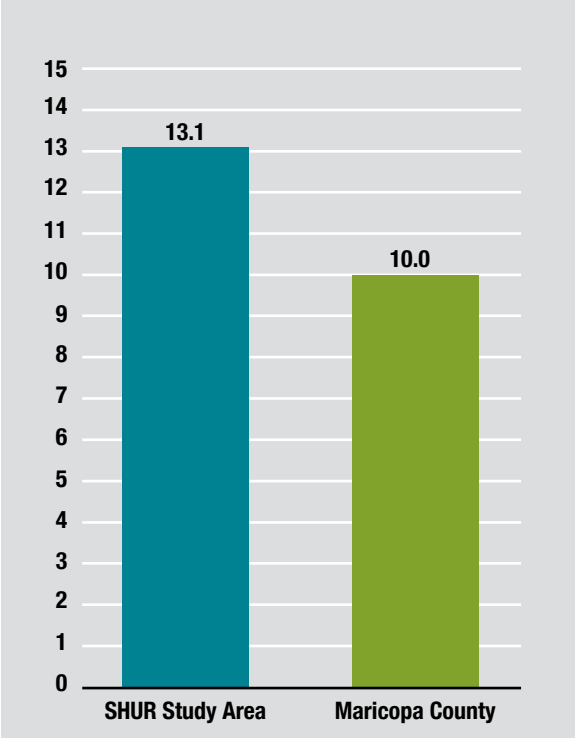
Figure 18: Obesity Related Hospitalizations



Heat-related Incidents

Heat related incidents appear to be higher in the SHUR study area as opposed to the rest of Maricopa County. Previous research gathered in the SCNTHIA project (similar study area) revealed that most heat-related incidents occurred in the homeless population.

Figure 19: Heat-related Hospitalizations



Access to Care

Medicaid and Medicare were the payers for two-thirds of hospital encounters by SHUR residents. Medicaid also paid for close to three-fourths of the births of SHUR residents. Hospitals most commonly frequented by SHUR residents are reflected in the chart below.

Figure 20: Access to Care by Payer Type

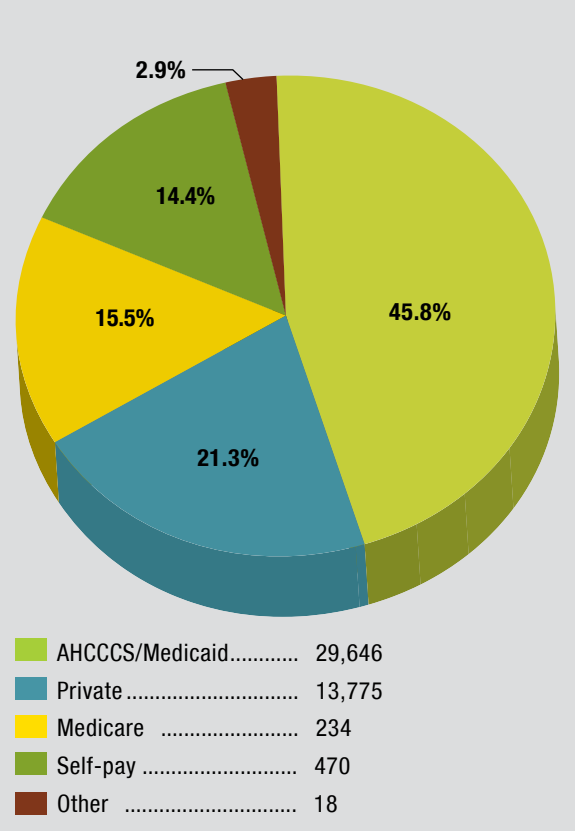


Figure 21: Access to Care: Births

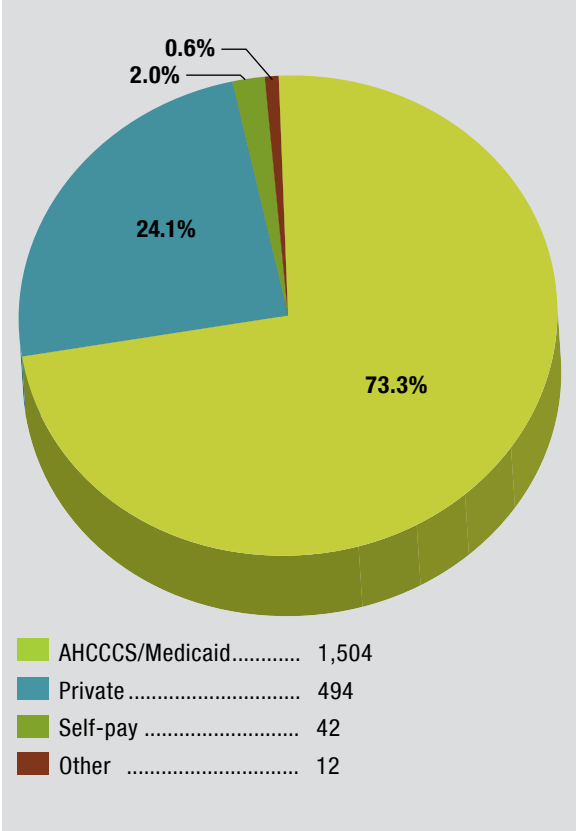


Figure 22: Access to Care by Hospital

Top 5 Hospitals Utilized by Residents	Number of Total Encounters	% of Total Encounters
Banner Good Samaritan Medical Center	14,424	22.3%
Phoenix Children's Hospital	11,688	18.1%
St. Joseph's Hospital and Medical Center	11,331	17.5%
Maricopa Medical Center	4,623	7.1%
Banner Estrella Medical Center	4,133	6.4%

Figure 23: Access to care: Births by Hospital

Top 3 Hospitals Utilized by Residents	Number of Total Encounters	% of Total Encounters
Banner Good Samaritan Medical Center	888	43.3%
St. Joseph's Hospital and Medical Center	346	16.9%
Maricopa Medical Center	214	10.4%

Below are the Research Findings of the study broken down into the five pathways. Within each of the five pathways, each of the study's research questions was addressed regarding 1) the methods that were used to answer the question and 2) what the study was able to find.

Pathway 1: Community Enrichment/Civic Pride

Schools can act as community hubs of engagement, whereby they create additional spaces for recreation, learning, and gathering for community members (e.g., Ogilvie, 2014). Through shared-use, communities can be enriched by schools that open their doors to the public and become community spaces. These spaces may serve as centers for lifelong learning, which have aided improvements in community health, quality-of-life, and wellbeing (Hammond, 2004; Ogilvie, 2014). Specifically, activities held by local community organizations in schools may help to build a sense of cohesion, belonging, community, and trust (Clopton & Finch, 2011; Cradock et al., 2009; Lafleur et al., 2013). Trust and efficacy are the keys to empowerment; together, they can lead to greater community participation (Perkins et al., 2002). Collaborations and partnerships based on accountability and trust can help foster a greater sense of care and abundance in communities (McKnight & Block, 2011).

PATHWAY #1 **Increased access to school facilities for public use ►** **Increased Community Enrichment/Civic Pride ►** **▲ Positive Mental Health,▼ Chronic Disease, and ▲ Culture of Health**		
Research Questions:	**Research Questions:**	
Existing Conditions (of health determinants and health outcomes)	**Potential Impacts (on health determinants and health outcomes)**	**Methods used to answer questions:**
1a. Where are community center activities occurring, for lifelong learning?	1b. Will this project improve or worsen capacity?	▪ GIS mapping ▪ Community mapping ▪ Focus groups ▪ Key informant interviews ▪ Surveys
2a. Are current community center activities being utilized? If so, when and how often?	2b. Will this project increase or decrease utilization of community centers?	▪ Community mapping ▪ Key informant interviews ▪ Surveys
3a. What is the demand of community partners interested in utilizing RSD facilities?	3b. What community partners are willing to partner or participate and use school facilities?	▪ Key informant interviews ▪ Surveys
4a. What is the current level of interaction/collaboration between community based organizations (CBOs) and schools?	4b. Will interaction/collaboration increase or decrease?	▪ Focus groups ▪ Key informant interviews
5a. What is the current level of care for the community by residents?	5b. Will care for the community change?	▪ Focus groups ▪ Surveys

6a. What is the level of community buy-in/support for this project?	6b. Will the community continue to be supportive of shared-use?	▪ Focus groups ▪ Key informant interviews ▪ Surveys
7a. What is the current level of community empowerment?	7b. Will levels of community empowerment increase or decrease?	▪ Focus groups ▪ Surveys
8a. What is the current sense of social cohesion or sense of belonging?	8b. Will residents gather at new space as a result of this project?	▪ Focus groups ▪ Surveys
9a. What is the current level of attendance in schools?	9b. Will attendance decrease or increase?	▪ Archival data ▪ Key informant interviews

1. Where are community center activities occurring for lifelong learning? What impact would expanded shared-use have on utilization of existing community centers?

How we answered the question:

- GIS mapping
- Community mapping
- Focus groups
- Key informant interviews
- Surveys

What we found:

Shared-use provides additional advantages for lifelong learning in the Roosevelt School District community. Particularly, shared-use can open up the schools to serve as community spaces, or hubs, for the many community organizations in the area to host programs, trainings, and other educational opportunities. The different locations of the schools allow for a broader spread of spaces likely giving the community members greater access to resources near their own homes. Events hosted at local schools after normal school hours can also be used to promote and draw community members to the community organizations' primary locations so that community members can access the particular educational resources they desire.

There are a number of community centers operating vigorously in the school district area. In particular, the community mapping sessions revealed a number of key centers for lifelong learning:

- Unlimited Potential/Brooks Academy
- K-12 Schools
- Salvation Army KROC Center
- City of Phoenix Community Centers
- South Mountain Community College
- Libraries
- Churches
- Home Owner's Associations
- Service centers

Specific programs and centers mentioned in focus groups and key informant interviews included:

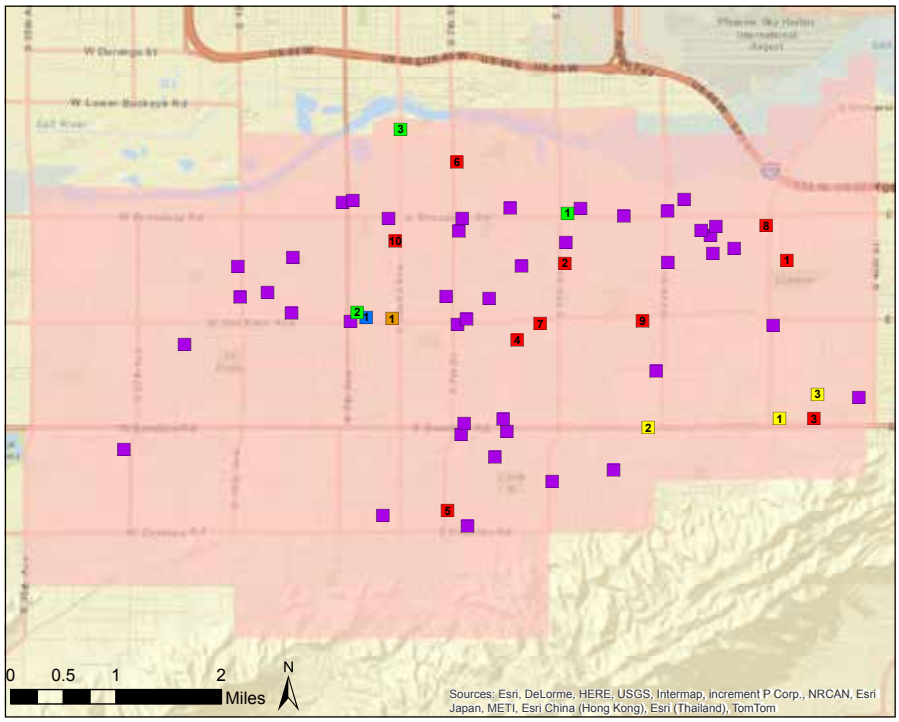
1. South Mountain Works Coalition, which was highlighted for its promotora program and Teen Outreach Programs, and addresses underage drinking, (youth) substance use prevention, youth leadership, life skills training, and parent education through their Family and Schools Together (FAST) program.
2. Unlimited Potential, which helps empower children, parents, and families through education. UP works with parents who have children in the school district providing ESL, GED classes, a promotora program that supports wellness, Abriendo Puertas, and other parent education and support groups.
3. Mentor Kids USA, which provides after school tutoring and programming for youth.
4. Orchard Learning Center, which works with Valley View Elementary parents and youth on community gardening and STEAM activities.
5. The TigerMountain Foundation, which engages youth and families in community gardening.
6. Girl Scouts, which promotes leadership among girls.
7. Southwest Behavioral Health Services, which provides school-based counseling services and facilitates the SM WORKS! Coalition.
8. Padres Promotores de South Mountain, which focuses on community education.
9. The Maricopa County Juvenile Court, which provides parent education on juvenile justice.
10. Be a Leader Foundation, which works on college readiness.
11. First Things First, which aims to provide quality early childhood education.
12. The University of Arizona Maricopa Cooperative Extension, which holds programs at the early childhood learning center.
13. The Phoenix Police Department, which conducts its Wake up Program focused on youth development.
14. Community Youth Development Program, which provides school-based counseling, outpatient referrals and , prevention programs and is run by Southwest Behavioral Health Services.
15. Travis L Williams service center, which provides referrals, offers financial assistance for families, and is a safe place for teens. This is a City of Phoenix asset.
16. Block Watch programs, which provide neighborhood watch services through volunteers.

17. Cultivating South Phoenix (CUSP), which works to support and improve the wellness of families and children.
18. Preventive Health Collaborative, which aims to increase collaboration and community capacity within the health system.
19. Father Matters, which helps men to be more involved in their roles as fathers.

Other organizations include the Friendly House, Chicanos por la Causa, and other health organizations that partner with the District or individual schools for health fairs and bring resources to families in RSD.

Key informants felt that expanding community use of District properties would have a positive impact on utilization of existing community centers and expressed no concern that community center use would decrease as school properties became more available.

Map 2: Community Facilities



Sources: City of Phoenix

Map Legend

- Roosevelt School District
- Public Service (10)
- Public Safety (1)
- Recreational Facility (3)
- Library (1)
- Community Facility (3)
- Faith Based Organization (42)

Public Service:
1. American Red Cross
2. Choices of South Central Mental Health Services
3. DaVita Raven Dialysis Center
4. Ebony House Drug Addiction Treatment Center
5. Mara Villa Care Center
6. Maricopa County Southport Community Probation Center
7. New Life Pregnancy Center
8. Southwest Behavioral Health
9. Sun Crest Health Care Nursing Home
10. Travis L Williams Family Service Center

Public Safety:
1. Phoenix Police Department

Recreational Facility:
1. Anytime Fitness
2. LA Fitness
3. Raven Golf Club

Library:
1. Ocotillo Library

Community Facility:
1. American Legion
2. Boys & Girls Club of Metro Phoenix
3. Rio Salado Audubon Center

2. Are current community center activities being utilized? If so, when and how often? Will this project increase or decrease utilization of community centers?

How we answered the question:

- Community mapping
- Key informant interviews
- Surveys

What we found:

According to the community mapping session and survey participants, there appears to be a strong desire for greater access to community spaces within RSD. This greater access not only concerns schools but also concerns local community centers.

The majority of residents surveyed reported visiting community centers within their neighborhood. Two-thirds of residents reported going to community center sometimes (38%), often (21%), or very often (7%), while the remaining third reported never (12%) or rarely (21%) using them.

Mapping participants most frequently mentioned utilizing the following types of community centers within RSD boundaries (listed in order of popularity):

- Parks
- Libraries
- Community Centers (incl. KROC)
- Churches
- K-12 Schools
- Family Service/Resource Centers

A number of community centers were specifically mentioned in our key informant interviews as well, including:

- Sierra Vista (Parent Education Resource Center)
- Brooks Academy
- KROC Center (Salvation Army)
- Boys and Girls Club
- South Phoenix Youth Center
- Roosevelt Wellness Center
- Alta Vista Community Center
- South Mountain Community Library

Among our key informants, the interviewees noted they would use three community centers more frequently if they were made more available: Sierra Vista, Brooks Academy, and the Roosevelt Wellness Center.

Common concerns regarding utilization of these centers include affordability and desire for these centers to be used to their full potential. Among our key informants, the interviewees noted they would use three community centers more frequently if they were made more available: Sierra Vista, Brooks Academy, and the Roosevelt Wellness Center. They also noted great interest in using school facilities more if they were made more available and if coordination were easier.

3. What is the demand of community partners interested in utilizing RSD facilities? What community partners are willing to partner or participate and use school facilities?

How we answered the question:

- Key informant interviews
- Surveys

What we found:

Many community partners appear ready to use the schools should expanded shared-use strategies be implemented. The greatest advantages the schools appear to have is their proximity, familiarity, and space available to community organizations and members who might attend their programs. A place to begin to look at demand for shared-use is to look at current use of schools by adults outside of normal school hours. This section also addresses demand by looking at what community programs might be held at the schools outside of normal hours.

The greatest advantages the schools appear to have is their proximity, familiarity, and space available to community organizations and members who might attend their programs.

Just under half of residents surveyed indicated that they sometimes (29%), often (11%), or very often (8%) use school properties outside of school hours. A slight majority of survey respondents (52%) reported rarely (22%) or never (30%) doing so.

Parent participation in school activities appears fairly common among RSD residents. The majority of the residents surveyed reported participating in meetings or events at their child's school often (29%) or very often (25%), with an additional 29 percent participating sometimes. Less than one quarter of residents never or rarely participate in such events.

Further, the vast majority of residents surveyed (72%) indicated that if shared-use was implemented, they would use the shared school properties at least sometimes, with approximately one-third expecting to do so often or very often.

Overall, the key informants highlighted a strong demand for greater availability of schools as community spaces. They felt the spaces could be used for a variety of meetings, classes, and programs, including physical and sports activities, cooking and nutrition classes, adult education classes, ESL classes for parents, computer classes, general youth and family programs, peer leadership, drug and alcohol abuse education, teen pregnancy education, arts activities, theatre and drama, psychological and spiritual growth, and professional networking and training.

The schools were also discussed as prime locations for community health care programs and activities. Health advisory councils could meet at the local schools. Events such as health fairs – hosted already in the District – were also suggested.

A few individuals also suggested that schools could be good locations for community gardens or farmers markets. These options are further discussed in the next section on Pathway 2: Healthy Eating.

4. What is the current level of interaction/collaboration between community-based organizations (CBOs) and schools? Will interaction/collaboration increase or decrease?

How we answered the question:

- Focus groups
- Key informant interviews

What we found:

According to key informants, many different types of programs currently take place at RSD schools via community partners, including: Zumba and karate classes, boxing and volleyball clubs, dance groups, Block Watches, and general afterschool and student leadership programs. Collaboration appears most prevalent at Brooks Academy, which has been identified as a vital activity and service center for the community. Additionally, it was noted in a KII that some community organizations had long-standing relationships already in place with the schools, although certain schools (and school principals in particular) were pinpointed as being more or less collaborative than others.

Despite these long-standing relationships, a number of social and communication barriers precluded access to the local schools for greater community use. A lack of trust, respect, and adequate communication between the school personnel and community leaders were noted by focus group participants. Community organizations also seem unclear on who the proper gatekeepers to school access are; while the school and administrative staff appear to be the best ways to get in touch with parents and families, they appear to not have the time or dedication to assist community organizations in disseminating resources or information.

Other issues hindering use of school spaces were even more logistical in nature. Issues regarding the scheduling and cost of school spaces for afterhours use were also noted as challenging. Some schools appeared to need improved lighting and better grounds-keeping to improve walkability and safety of spaces. Liability, regulations, and lack of resources appear to be additional inhibiting factors.

The key informants believed that these barriers could be overcome and collaboration could be improved. One strategy would be for the District to increase its involvement and awareness of the happenings at the individual schools in the District. The District could help facilitate collaborations between administrative staff and community leaders so that both parties could benefit, feel valued, and communicate more effectively. Part of such a strategy might include regular meetings between school/District staff and community partners. One interviewee noted, “Knowing who works there and what they are responsible for within the District, this will make it easier to form relationships with the right people to provide services and opportunities to the school district.”

The process of accessing, reserving, and using spaces appears to need greater transparency and clarity. Community organizations are also unaware of which spaces have been designated for access by the community, even though District administrators report that all properties are available for community use within the stated policy guidelines. Additionally, informants noted that it would be helpful if the District and school websites contained more updated information.

Both community organizations and school personnel seem largely unaware of the benefits of shared-use with the community. One of the interviews suggested incentive programs for sharing use might be beneficial (e.g., funds or rewards). There appears to be a need for documenting, funding, and championing success stories, as well as for reassuring school staff that shared-use does not necessarily mean more work for them (especially more work that would not be compensated).

5. What is the current level of care for the community by residents? Will care for the community change?

How we answered the question:

- Focus groups
- Surveys

What we found:

The level of care shown for community parks and the community in general reflect a great deal of care present in the community. Residents expressed a certain amount of pride that they resided in an older, more established area of Phoenix. Pride for their neighborhoods was also quite prominent among youth.

Adults often liked their neighbors and felt they took care of one another. Residents liked that "everybody knows everybody" and that they greeted one another on the street. Those who had a park in the neighborhood liked being able to play there; one participant characterized it as worry-free. Those that lived near a park (particularly the larger, more popular parks) enjoyed using it on a regular basis.

Expanded shared-use efforts within RSD could build upon and enhance this base level of community care and pride by encouraging greater community buy-in and involvement in schools, as well as greater engagement among residents.

Parks, in particular, were a point of pride in the RSD area. Approximately two in five residents surveyed (just over 39%) noted that they often or very often visited community parks, while an additional two out of five (40%) reported doing so at least sometimes.

Expanded shared-use efforts within RSD could build upon and enhance this base level of community care and pride by encouraging greater community buy-in and involvement in schools, as well as greater engagement among residents. However, doing so successfully will require organizing structured community activities and enhancing communication between the schools or District and community residents.

6. What is the level of community buy-in/support for this project? Will the community continue to be supportive of shared-use?

How we answered the question:

- Focus groups
- Key informant interviews
- Surveys

What we found:

There appeared to be a strong buy-in for shared-use in the community, so long as shared-use addresses the different operational concerns highlighted throughout this document and in the earlier literature review. Of stakeholders interviewed, 90 percent support shared-use, and 100 percent felt it was important to expand school access in the community (80% very important). Of residents surveyed, 84 percent support shared-use, while the remaining 16 percent do not support shared-use. Nearly three-quarters of residents surveyed (73%) indicated that shared-use was important or very important (18% somewhat important; 9% not important).

The notion of continued buy-in and support is harder to answer, but sustainability does seem possible so long as the benefits of shared-use are continually made visible and the operational issues/concerns continue to be addressed. Relationships and communication between the schools, District, and community organizations need to be strengthened in order to maximize the potential for this project.

While parks were seen as the primary sources for physical activity in the community, residents were open to having the schools as places for activity as well (not only physical activity), so long as adequate supervision was provided. Residents were adamant that the schools needed to be safe after hours for their children and for them. Accountability between the community and schools was also desired.

Community programs and activities could promote healthy habits and decrease vandalism, drug and alcohol use.

Interviewees highlighted the notion that shared-use might make the community safer and healthier. Community programs and activities could promote healthy habits and decrease vandalism, drug and alcohol use. One informant noted that shared-use might lead to "happier community members."

Interviewees expressed an interest in shared-use of school properties in order to better connect community members to programs and resources. One interviewee responded, "Residents of this community lack a lot of resources or knowledge of resources in the area." Key informants believed that school spaces could be used to cultivate a welcoming sense of community and cohesion. One interviewee commented, "Schools are at the heart of communities…[Shared-use] will reinforce a sense of belonging and create community attachment." Shared-use was posited to better connect families, enhance parent-child relationships, enrich school-community partnerships, increase parent involvement in schools, and promote lifelong learning. One interviewee thought that shared-use might even improve school attendance.

Community organizations, however, were also worried about increased costs that might be incurred and/or prohibitively high fees that the District might charge to recoup these costs. Interviewees emphasized the need for low- or no-cost programs for children and adults outside of school hours. Clear estimates of costs may be needed in order to alleviate concerns of both community partners and school personnel.

Other concerns or comments related to shared-use buy-in included:

[Shared-use] requires a commitment from the school, and I am not convinced the district would commit necessary resources to ensure opening properties is done safely.

The overall condition, image, and reputation of the district and its schools, both academically and administratively, needs to be addressed first before successful expansion of community access can be done.

Despite their concerns, the majority of RSD residents and community organizations are supportive of an expanded shared-use policy.

7. What is the current level of community empowerment? Will levels of community empowerment increase or decrease?

How we answered the question:

- Focus groups
- Surveys

What we found:

Empowerment was both felt and observed among many community members and groups involved in the focus groups and surveys. Among survey respondents, approximately 63 percent indicated a strong sense of community empowerment, while only 14 percent indicated a lack of empowerment. On a 0-4 scale, the average score was 2.6, which indicates that the majority of residents do, indeed, feel empowered Most RSD residents believe they can get a variety of things accomplished within their community if they put their minds to it.

More details regarding empowerment were apparent in the focus groups. Some residents discussed how they watched out for one another, with special attention given to children and the elderly. Some residents were involved in neighborhood groups such as (e.g., Block Watch and GAIN). Some participants believed that peer pressure helped to keep neighbors from acting up and they worked together to keep their neighborhood nice. Moreover, some residents suggested their churches had activities and were places where residents could get together and support one another. Yet, there were several others who did not have much interaction with their neighbors at all.

8. What is the current sense of social cohesion or sense of belonging? Will residents gather at new space as a result of this project?

How we answered the question:

- Focus groups
- Surveys

What we found:

The level of community interactions and get-togethers between community residents appears low in the district area; however, these figures are comparable to state and national level averages. Almost 20 percent of community residents indicated that they often or very often get together with other community residents, while an additional 37 percent reported doing so sometimes. Just over one-third of those surveyed never or rarely get together with other residents.

The community youth, in particular, shared interesting insights regarding belonging and cohesion. Several youth expressed a sense of community with their neighbors and discussed various activities among their neighbors. These activities included barbeques, events for children (Halloween, Easter, birthdays), and generally hanging out to cook together, watch movies, or fix cars.

Overall, sense of belonging, community, and cohesion appear lower than sense of empowerment; however, very few community members expressed feelings that they did not belong in their community. Among survey respondents, approximately 20 percent indicated a strong sense of cohesion within their community, while 11 percent indicated a lack of cohesion. On a 0-4 scale, the average score was 2.2, which indicates that the majority of residents rate their community as somewhere in between cohesive and not cohesive.

The majority of residents surveyed indicated that they were willing to help their neighbors, but other markers of belonging and cohesion fell below the majority.

9. What is the current level of attendance in schools? Will attendance decrease or increase?

How we answered the question:

- Archival data
- Key informant interviews

What we found:

One key informant interviewee felt shared-use would improve school attendance. Another expressed the need and potential for increased attendance at Parent Teacher Organization (PTO) meetings. The thoughts were that expanding shared-use would 1) enhance relationships among schools, parents and students; 2) better connect schools to the neighborhood; and, 3) create a safer overall environment, all of which would contribute to better school attendance and increased parental involvement.

Figure 24: RSD Attendance rates

Attendance Rates (All Grades)						
	All Students	African American	Native American	Asian	Hispanic	White
District Rate	94%	94%	92%	95%	95%	93%
State Rate	-	95%	93%	97%	95%	95%

Source: https://azreportcards.com/AcademicIndicators/AttendanceRate

Overall, key informants agreed that while some students and parents were active at various schools across the District, many were not. Family and community involvement in schools has been shown to have a positive impact on student attendance (Epstein & Sheldon, 2002) and achievement (Jeynes, 2007), so extending shared-use should be able to have a positive impact on student attendance provided a concerted effort is made to improve communication and coordination among families, schools, community organizations and the District through the implementation process.

Pathway 2: Healthy Eating

Schools serve as primary actors in the health and wellbeing of children and, in some ways, communities (Story et al., 2006). Especially in low-income communities, schools can feel pressured to take on poverty issues, such as access to health care and healthy foods (Filardo et al., 2010). Some schools have started to pursue community gardening as a mechanism to aid these pertinent social issues, which has shown some promise (Blair, 2009). For example, some community gardens, like those in California, incorporated physical activity and nutrition in their programs, resulting in a 6 percent increase of physical activity among youth and a 10 percent increase in youth's consumption of fruits and vegetables (Twiss et al., 2003). Additionally, gardens can often be sustained naturally by collecting and funneling storm water into them, which helps reduce associated costs (Lister, 2000). Additionally, gardens can act as relatively inexpensive projects to facilitate school-community partnerships.

Pathway #2 **Increased access to school facilities for public use ►** **Increased Healthy Eating ►** **▲ Positive Mental Health, ▼ Chronic Disease, and ▲ Culture of Health**		
Research Questions:	**Research Questions:**	
Existing Conditions (of health determinants and health outcomes)	**Potential Impacts (on health determinants and health outcomes)**	**Methods used to answer questions:**
1a. What is current community/urban garden capacity?	1b. Will this project yield increased capacity for gardens?	▪ Key informant interviews
2a. What are residents' current knowledge, behavior, and acceptance of gardening?	2b. How will this project affect knowledge, behavior, and acceptance of gardening?	▪ Community mapping ▪ Focus groups ▪ Key informant interviews
3a. What is the current capacity for cooking classes/demonstrations in the community?	3b. Will there be a greater number of cooking classes at RSD facilities?	▪ Key informant interviews
4a. What are current RSD Nutrition-related practices and policies?	4b. Will healthy eating habits be introduced and/or improved?	▪ Key informant interviews
5a. What is the current access to healthy food?	5b. Will residents accept and eat the new healthy food? (yield from garden)	▪ Community mapping ▪ GIS Mapping ▪ Focus groups ▪ Surveys

1. What is current community/urban garden capacity? Will this project yield increased capacity for gardens?

How we answered the question:

- Key informant interviews

What we found:

There are already several community gardens in the Roosevelt School District. Expanding shared-use within RSD could increase the capacity for gardens but individual assessments should be conducted with each school (including administration, staff, students, parents and community stakeholders) to determine if gardening is a top priority for use of the space and if sufficient space is available for such an endeavor.

Interviews with community organizations and school administrators suggest that while some community groups would like to see school properties used for gardening and would be interested in leading those efforts, some schools may not have the space or resources available to host gardens. One school principal specifically requested that the space be used for activities other than gardening because of the limited amount of remaining landscape on school grounds.

Nonetheless, 10 out of 11 stakeholders who completed the online interview felt that expanded access to district properties would have a slightly positive impact (50%) or very positive impact (50%) on the availability of community or urban gardens.

2. What are residents' current knowledge, behavior, and acceptance of gardening? How will this project affect knowledge, behavior, and acceptance of gardening?

How we answered the question:

- Community mapping
- Focus groups
- Key informant interviews

What we found:

Few adult residents of RSD indicated a desire to be involved in community gardening. Only five percent (n=7) of adult survey respondents who live in RSD reported purchasing or using food from a community garden in the past year. When asked how often they work in or receive food from a community garden in their neighborhood, only seven percent (n=9) said often or very often, while more than three-quarters said never (60%; n=78) or rarely (18%; n=24); the remaining 15 percent reported doing so sometimes. None of the community mapping participants reported buying food from community gardens.

Overall, RSD residents seem to know that there are several community gardens in the area and are happy that they are there and that other people are keeping them up but, for the most part, they are not interested

in working in them or buying food from them themselves. As one focus group participant stated, the garden would have to be right next to the grocery store or her house in order for her to buy food from it; otherwise, it is inconvenient because she has to go to the grocery store anyway for everything else. In addition to inconvenience, lack of time was listed as a barrier to community garden participation as well as to home gardening. Other barriers to home gardening included lack of space, the cost of water, the amount of water wasted, pets that might destroy them, and lack of a green thumb. However, some focus group participants, particularly those with younger children, did indicate an interest in learning more about how to use produce and cultivate foods at home within these constraints, so offering cooking classes, recipes, or practical home gardening techniques, and providing the initial supplies to get started might be useful. Residents with children seemed particularly motivated to set a good example for healthy eating for their children, which may be a good starting place for healthy eating efforts.

Overall, youth expressed much more interest in gardening than did adults. About two-thirds expressed a desire to participate in a community garden. Many of them had experience growing their own food both at home and at school, but did not know what happened to the food grown in their school gardens. School gardens have been shown to have a positive impact on health and community involvement among youth, so perhaps they are something to consider. However, they also require a "champion" to take ownership and sustain, and the distribution of food from the gardens would need to be considered (e.g., who will get the food? will there be a fee? if so, how much? etc.). Partnership with ADHS and ADE will help to spell out details about developing safety measures for consuming food on site and assisting with distribution channels.

3. What is the current capacity for cooking classes/demonstrations in the community? Will there be a greater number of cooking classes at RSD facilities?

How we answered the question:

- Key informant interviews

What we found:

There are some cooking classes already taking place within RSD on occasion. For instance, the RSD Wellness Center kitchen is being utilized to engage students and community members in interactive cooking classes. The wellness center also has the capability of recording or providing live-streams of classes. RSD hopes to make these streams available in classroom settings in the near future. Community organizations active within RSD expressed an interest in offering more of them were the space within schools made more available. It seems that intentions toward cooking classes are somewhat high; yet, in the Washington Elementary School District, which has a strong shared-use program, no community groups have asked to use their facilities for that specific purpose, which limits expectations for such uses in RSD.

Nevertheless, most stakeholders interviewed believed that expanded shared-use would have a positive impact on the availability of cooking classes. Among respondents to the online interview, 36 percent thought it would have a slightly positive impact and 45 percent thought it would have a very positive impact.

4. What are current RSD nutrition-related practices and policies? Will healthy eating habits be introduced and/or improved?

How we answered the question:

- Key informant interviews

What we found:

RSD has a wellness policy that covers nutrition. It is available on their website at http://www.schoolnutritionandfitness.com/schools/rsd_1506091857328281/WellnessPolicy.pdf. The District schools also receive physical activity and nutrition services from the University of Arizona's Cooperative Extension program using United States Department of Agriculture SNAP-ed funding through the Arizona Department of Health Services.

Healthy eating is already encouraged in the district schools through federal meal guidelines and the District's wellness policy. Expanded shared-use, however, could help improve the culture of food within the District if school properties were used for gardening, cooking classes or recipe demonstrations.

Nine of 11 respondents to the online interviews felt that expanded shared-use would indeed have a positive (45% slightly positive; 36% very positive) impact on residents' eating behaviors. However, some schools do not want their properties used for gardening; others do not have the space or facilities for gardening or cooking programs; and some community residents are just not interested in spending their time and effort in these types of endeavors. Thus, it would take a large, comprehensive effort to change residents' overall eating behaviors and move the needle on healthy eating for the majority of District residents through shared-use.

5. What is the current access to healthy food? Will residents accept and eat the new healthy food? (e.g., yield from garden)

How we answered the question:

- Community mapping
- GIS Mapping
- Focus groups
- Surveys

What we found:

Most adult residents were aware of multiple places to obtain healthy food within the RSD area. These places included large grocery store chains (e.g. Fry's, Safeway, Wal-Mart, Ranch Market), smaller chains (Fresh & Easy, Dollar Store), farmer's markets, and Produce on Wheels With Out Waste (POW-WOW), a food recovery and distribution program run through Borderlands Food Bank. Several residents felt that Fresh & Easy was the best place to obtain healthy food, preferring this grocery to other chains. However, many residents traveled outside of the area to obtain healthy food at Sprouts, Whole Foods, Costco and Sam's Club, and expressed the need for one of these types of stores in South Phoenix.

While residents were not very satisfied with the quality of the fresh food available at their local grocery stores, they discussed several strategies to improve the quality of fresh foods. For example, one person found that

store managers will respond to complaints; another person suggested going earlier in the week to get the "good stuff." While a few people wanted the produce to be ripe, others preferred getting less ripe produce because they knew they would not eat it right away. Residents generally agreed that, "You get what you pay for" and tried to strike the right balance between higher quality and lower price.

Yet, most youth and adult participants admitted to eating more unhealthy food than they would like. Youth and adults were likely to concede that they often made poor dietary choices even when a healthy option was readily available. They had good intentions but lacked willpower, ignoring the healthy foods in favor of something "better." Adults generally agreed with the sentiment suggested by one gentleman who reported going through "periods of eating good and then I'm bad."

Participants seemed to believe that healthy food is more expensive as well, citing, "ramen is cheap." Some admitted they had a preference for the taste of unhealthy options (e.g. Flaming Hot Cheetos, empanadas). One youth explained that her family wanted to eat healthy and then her dad started bringing lots of Cheetos and cookies to the house, which sabotaged their efforts. Another stated that they tried eating salads but still felt the need for grease so they would go out and get a burger after eating the salads.

Focus group participants often cited time as a barrier to healthy eating among focus group participants. Adults often skipped meals because they had no time for breakfast, were too busy during the day for lunch, or it was late and they were too tired for dinner. Adults stated it was time-consuming to prepare a healthy meal and often picked up dinner instead. Some had very long days that did not allow for eating a healthy lunch and by the time they returned home at night they were too tired to fix a healthy meal, opting for quick comfort foods instead. While many agreed that eating breakfast provided more energy during the day and was healthy, it was often skipped.

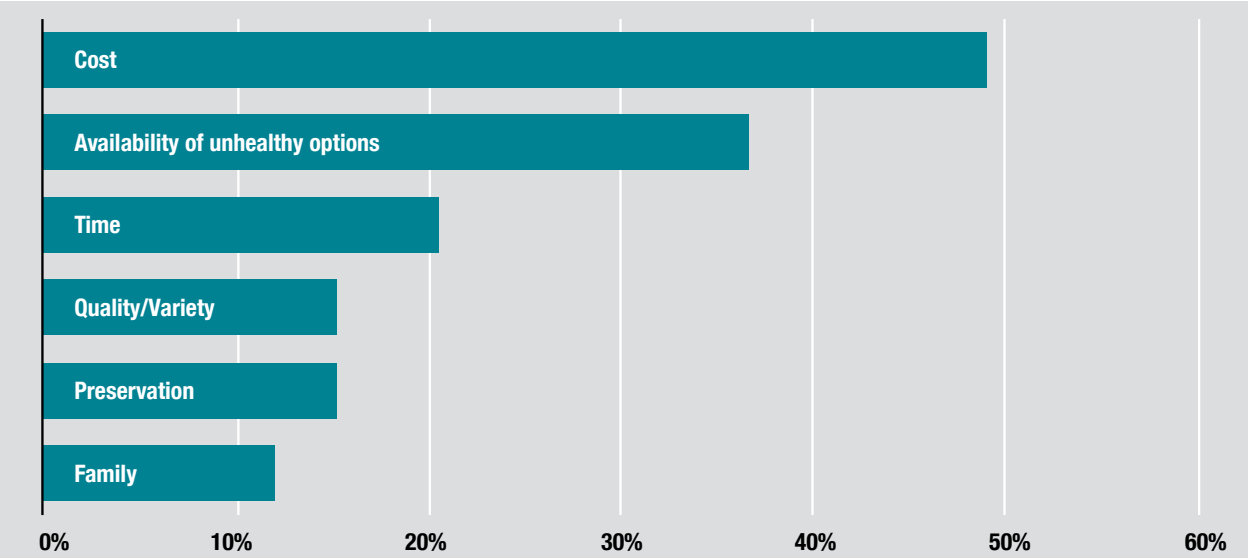
Women who raised families agreed that they prioritized healthy eating and family dinners when their children were at home. One family agreed that they were more mindful to set an example for their young children. They had the children help with meal preparation, which encouraged the children to eat a healthier diet. Mothers were careful to include a variety of fruits and vegetables and avoided greasy foods and soda. Most participants agreed that eating a healthy diet is a process of learning more about nutrition and incorporating those foods in the family diet.

Despite parents' motivation toward healthy eating, among the youth that participated in the focus group, only two out of ten believed their family ate a healthy diet. The youth defined a healthy diet as foods that had several different food groups in them; for example, lasagna (meat, cheese, tomato sauce) and sandwiches (meat, cheese, lettuce, and tomato) were deemed healthy. In addition to these foods, the youth agreed that fruits and vegetables were healthy choices. Water, milk, and juice were the preferred healthy drinks; all youth agreed that soda was not a healthy option.

Just under half of the survey respondents (45%) felt that they already ate healthily. On average, participants indicated eating fruits and vegetables twice per day. The most commonly selected barriers to healthy eating among survey respondents are displayed in Figure 4.

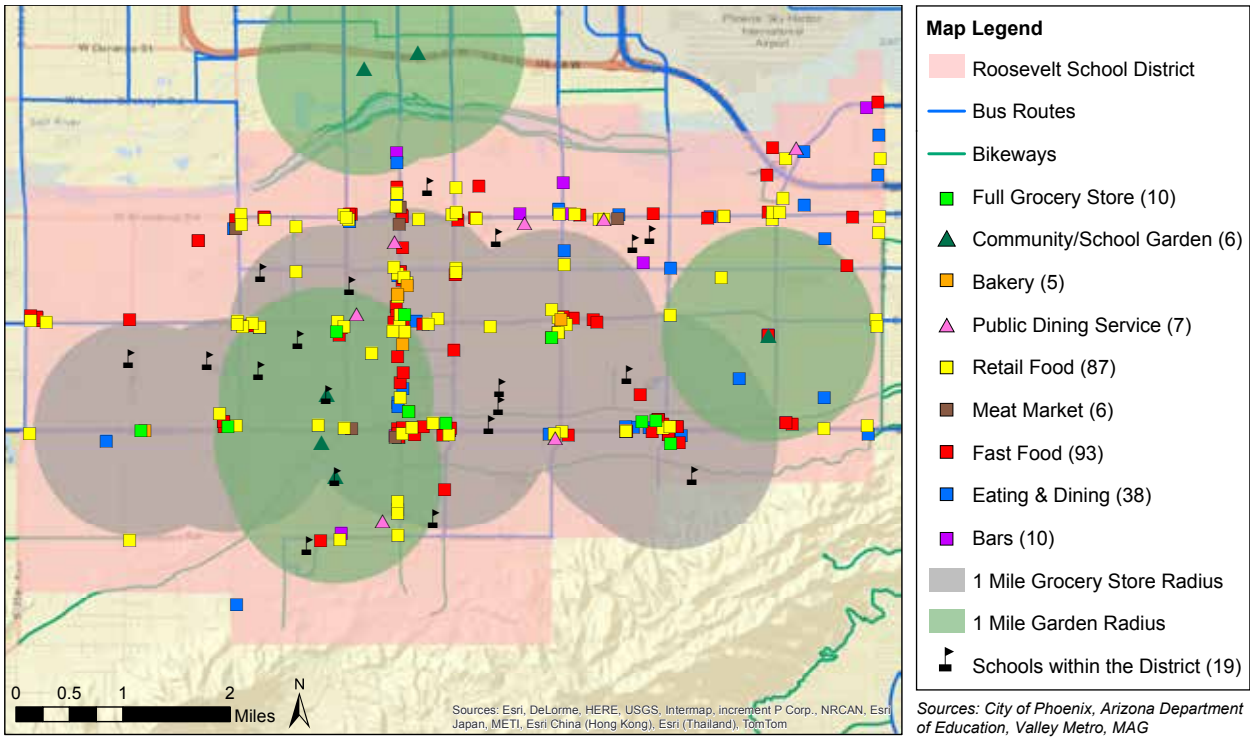
Disliking the taste of healthy foods, including fresh fruits and vegetables, was not a common barrier to healthy eating. Only six percent of RSD residents listed this barrier, which suggests that were they made more available in an appealing, convenient, and affordable manner, residents would be open to eating them.

Figure 25: Barriers to Healthy Eating Among RSD residents



Note: "Cost" is a combination of three other variables: "Healthy foods cost too much", "Other foods are cheaper", and "Can't afford it".

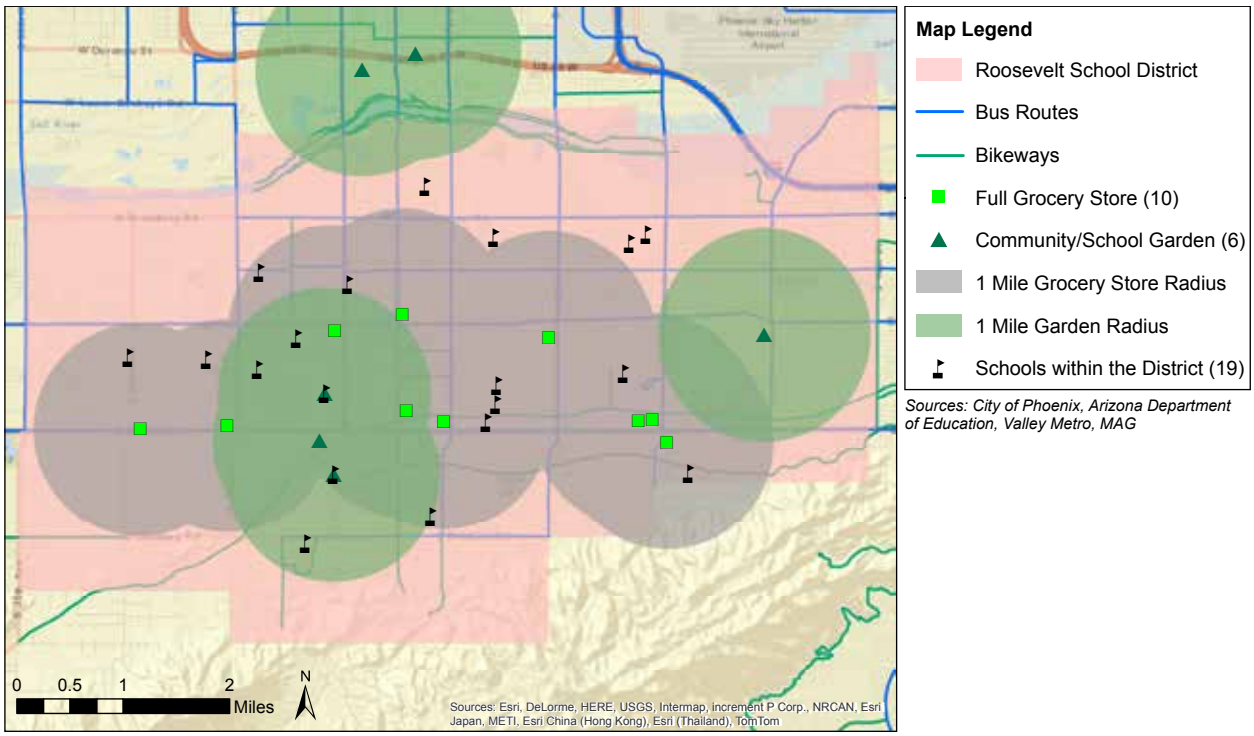
Map 3: All Food Establishments



Sources: City of Phoenix, Arizona Department of Education, Valley Metro, MAG

The map displays all food establishments within the SHUR study area. Literature indicates that individuals are willing to walk approximately one-mile to access healthy food. A one-mile radius is shown around the healthy food establishments – full service grocery stores and community/school gardens. Areas remaining in pink have limited access to healthy foods.

Map 4. Healthy Food Establishments



Sources: City of Phoenix, Arizona Department of Education, Valley Metro, MAG

Pathway 3: Physical Activity

The influence of schools on physical activity is one of the most well-researched aspects of shared-use (e.g., Spengler, 2012; Spengler, Connaughton, & Carrol, 2013; Young et al., 2014). Often, communities lack recreational spaces for physical activity, and schools can serve as worthy substitutes (Spengler, 2012; Spengler et al, 2013). Youth primarily take advantage of these spaces for physical activity; however, adults can benefit as well (Spengler, 2012). Low-income and high racial/ethnic minority populations have shown particularly strong benefits through shared-use programs as, for a variety of reasons, these populations have often been suggested to engage in less physical activity (Spengler et al., 2013). Importantly, providing structured and planned programming can greatly increase community use of schools outside of normal working hours (Lafleur et al., 2013). Finally, community use of schools is more likely to occur when facilities are in good order (e.g., clean, graffiti-free, and properly lit) (Slater & Colabianchi, 2014).

Pathway #3 Increased access to school facilities for public use ▶ Increased Physical Activity ▶ ▲ Heat-Related Illness, ▼ Respiratory illness/health, ▼ Chronic Disease, ▲ Culture of Health, ▲ Positive Mental Health, ▼ Injury		
Research Questions: **Existing Conditions (of health determinants and health outcomes)**	**Research Questions:** **Potential Impacts (on health determinants and health outcomes)**	**Methods used to answer questions:**
1a. What is current condition of District-owned properties and facilities?	1b. Will the condition of the properties affect utilization/safety/health?	▪ Key informant interviews ▪ Park Assessment
2a. What are the current physical activity level of RSD students?	2b. Will levels of physical activity in the students change?	▪ Archival data ▪ Community mapping ▪ Focus groups ▪ Key informant interviews ▪ Surveys
3a. What are the current physical activity level of community members/parents living within RSD boundaries?	3b. Will levels of physical activity in parents/community members change?	▪ Community mapping ▪ Focus groups ▪ Key informant interviews ▪ Surveys
4a. What is the current number of afterschool recreational programs?	4b. Will more programs become available?	▪ Not answered
5a. What is the current environment for recreational facilities/park outside of District-owned properties?	5b. If a school playground was made available - would the public and the kids use it?	▪ Community mapping ▪ GIS mapping ▪ Focus groups ▪ Key informant interviews ▪ Surveys
6a. What are the current obesity/ Chronic disease levels in the community?	6b. Will these levels be affected by shared-use over time?	▪ Hospital discharge data (Existing Conditions)
7a. How many heat-related illnesses have occurred in the study area?	7b. Will the number of heat-related illnesses increase or decrease with more shared-use?	▪ Hospital discharge data (Existing Conditions)
8a. What is the current prevalence of respiratory illness?	8b. Will respiratory illness increase or decrease?	▪ Hospital discharge data (Existing Conditions)
9a. What is the current prevalence of physical activity-related injury?	9b. Will physical activity-related injury increase or decrease?	▪ Answered partially in Pathway 4 (Pedestrian and Bicyclist incidents)

1. What is the current condition of District-owned properties and facilities? Will the condition of the properties affect utilization/safety/health?

How we answered the question:

- Key informant interviews
- Park and Playground Assessments

What we found:

Overall, informants perceived RSD schools to be sufficiently well-equipped, at least for educational purposes. The condition of the properties varies quite a bit by school; some schools are older and more in need of updates than others. These schools are probably less likely to be used by community members and groups because they are not very attractive or inviting, whereas Valley View and Greenfield schools, for example, have newer gyms/facilities that might be more appealing.

Schools located in areas without nice parks nearby might be good targets for expanded shared-use as well since neighborhood children in such areas might be more in need of a place to play than others.

Perceptions of safety and neighborhood problems varies quite a bit by school and by respondent as well. Cesar Chavez Elementary, for example, seems to be of greater concern than many others. Interestingly, informants seemed to perceive the schools themselves as relatively safe when asked about the school's safety generally; yet when asked if they would let their own children play at each of the schools before or after school hours, there were many more No's than Yes's.

According to District administration, lighting is limited at most of the school playing fields, which might serve as a barrier to evening or nighttime events and sports leagues. Principals report that the schools are not constructed to provide easy access to open playgrounds, but since most children would not be allowed to play at the schools without some sort of supervised activity anyway, this may not be much of a problem.

Almost all schools have an indoor gym that could be of use for increased physical activity programming (Totura et al., 2012).

There were no concerns expressed regarding the potential for the poor physical conditions of school facilities to harm users. This makes intuitive sense as the District must maintain its facilities to a certain standard of safety for daily student use. Likewise, representatives from the fire department/EMTs expressed no concerns about the potential for increases in heat-related illnesses or injuries as a result of expanded shared-use, explaining that they rarely receive calls for such issues as is. The most common calls they respond to at parks now are for allergies, which could potentially increase if children are outside more. Nonetheless, no one who participated in the study indicated being concerned about this sort of unintended consequence.

Six school playgrounds (Ignacio Conchos School, MLK Jr. School, Rose Linda School, Sunland Elementary, VH Lassen Elementary, Valley View School) within RSD were assessed for general infrastructure quality, including lighting, shade, green space and sports facilities. From the visual observation, it was apparent that this sample of school playgrounds was mostly well equipped, though a number did not have lights and a few did not have shade.

Map 5: City of Phoenix Parks

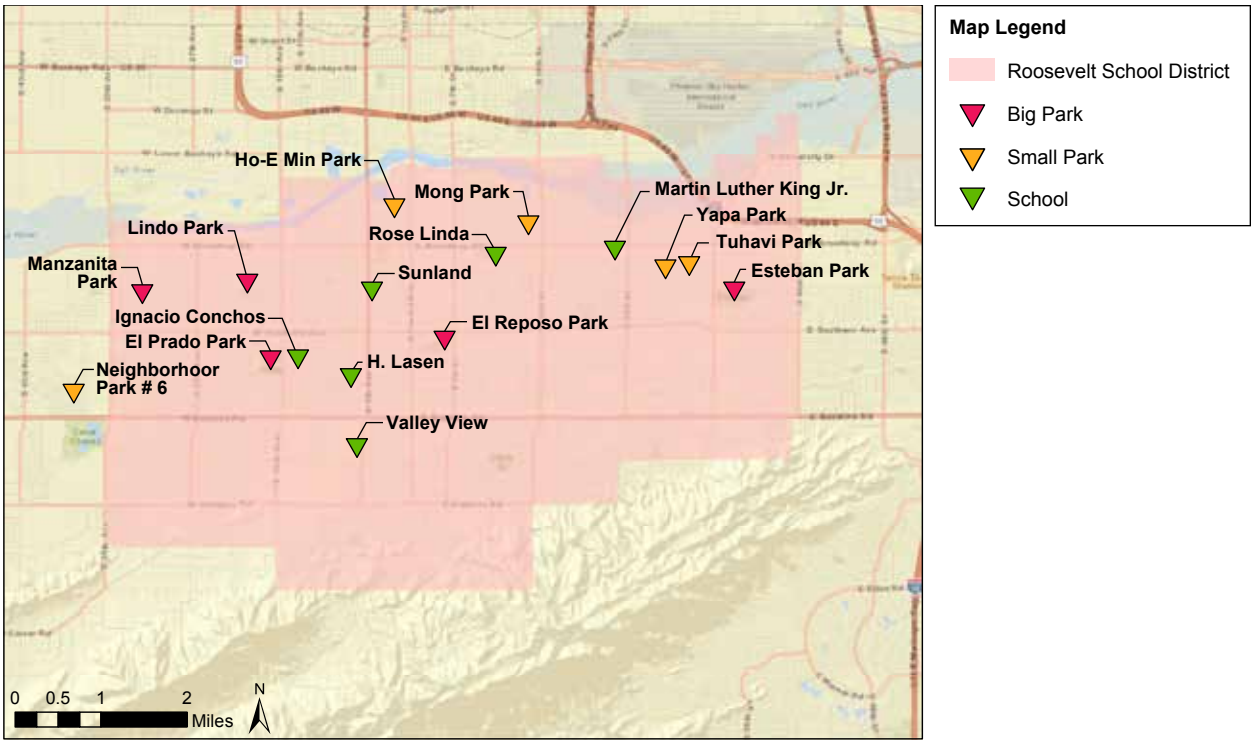
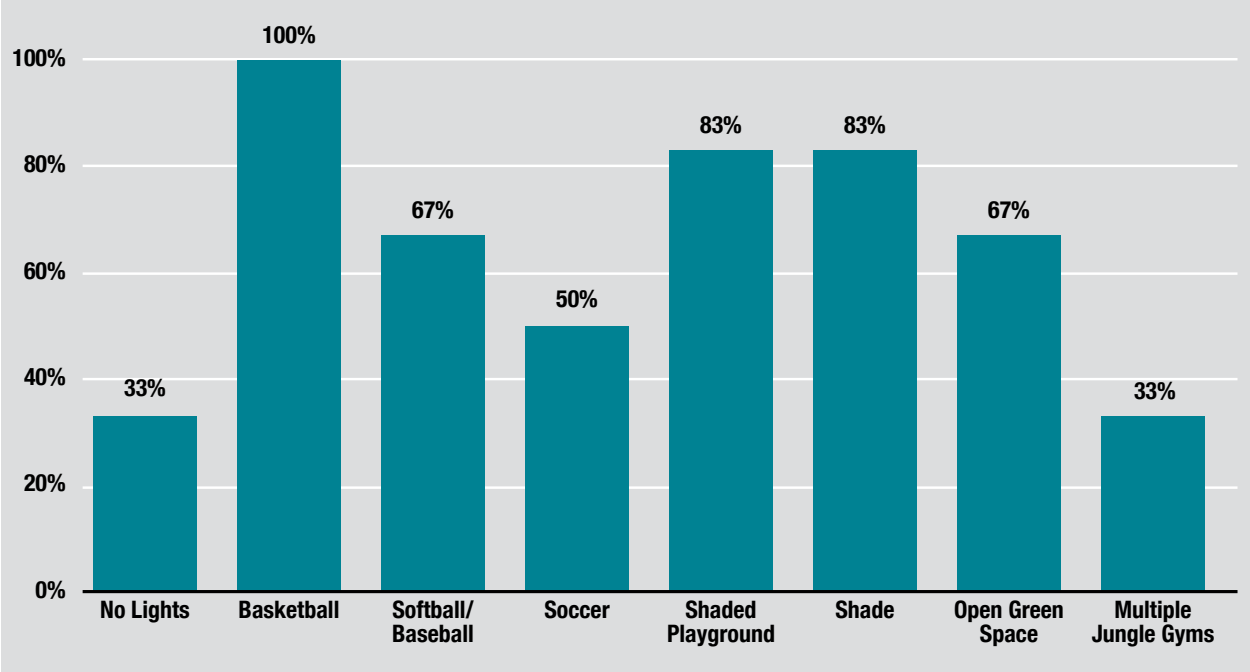


Figure 26. Quality of Schools Parks and Playgrounds



2. What are the current physical activity levels of RSD students? Will levels of physical activity in the students change?

How we answered the question:

- Archival data
- Community mapping
- Focus groups
- Key informant interviews
- Surveys

What we found:

> One teacher advocated for open use of gyms, stating, "If they had a gym available, the kids would be there every day."

In a previous analysis of school-based obesity prevention policies and practices, Totura et al. (2012) reported that physical education classes were offered once per week, on average, in RSD schools, with all students receiving at least 15 minutes per day of recess. A few students in the focus group, however, indicated receiving more than this, even up to an hour of physical activity at school per day. Another student explained that the amount of activity they get at school frequently depends on the teacher. One student reported getting no physical activity whatsoever.

Some RSD schools offer afterschool physical activity programming such as Zumba and walking or running clubs with funding from 21st Century and other grants and/or with the support of community organizations. Some students reported participating in soccer leagues, weight lifting or jogging at home, or going on hikes with families. However, when asked about the general levels of physical activity they see in their neighborhoods, students reported seeing fairly little activity due to safety issues (e.g., street fighting, gangs, drugs, etc.) and constraints placed on children by their parents as a result of this perceived lack of safety.

Informants suggested that schools might help to mitigate some of these barriers to physical activity within RSD as schools are generally perceived to be a safer alternative to neighborhood streets and parks. One teacher advocated for open use of gyms, stating, "If they had a gym available, the kids would be there every day." Again, schools as centers for physical activity among children were thought to be particularly useful in areas where access to safe, well-equipped parks was more limited. Almost all informants thought expanded access to District properties would have a very positive impact on children's physical activity levels. They did warn, however, that efforts to expand use must proceed cautiously, with one informant stating, "The overall condition, image and reputation of the District and its schools both academically and administratively needs to be addressed first before successful expansion of community access can be done." Adequate maintenance, funding, lighting, security, and commitment from the schools and District were also listed as needs/concerns that could limit the impact of an expanded shared-use policy on physical activity.

> Parents reported seeing some children walking, biking or skateboarding to school, but noted that oftentimes this was infeasible or unsafe because of busy intersections or unsafe routes.

Parks emerged as an important location for physical activity within RSD. Mapping session participants reported seeing children, as well as adults, using the local parks for physical activities such as basketball, volleyball, and skateboarding. Some parents expressed

concerns about parks, though, including "smells of marijuana", broken glass in sand on playgrounds, nasty bathrooms with no toilet paper, etc.

Parents reported seeing some children walking, biking or skateboarding to school, but noted that oftentimes this was infeasible or unsafe because of busy intersections or unsafe routes. Traffic was a fairly consistent concern among parents (e.g., cars coming around corners too fast; not respecting the speed limit), which limits neighborhood walkability. Other barriers to children's physical activity according to parents included unsafe neighborhoods, general lack of time, and too much homework. The children who get the most physical activity seem to be involved in some sort of organized sports activities.

3. What is the current physical activity level of community members/ parents living within RSD boundaries? Will levels of physical activity in parents/community change?

How we answered the question:

- Community mapping
- Focus groups
- Key informant interviews
- Surveys

What we found:

On average, survey respondents reported an average of 4-5 hours per week of physical activity, including housework and jobs involving manual labor (anything that raises their heart rate and quickens their breathing). Approximately one-third (32%) of respondents reported being "active enough".

Barriers listed to physical activity included:

- Lack of time
- Gym/class costs and overcrowding
- Safety issues (e.g., nowhere to exercise/play after dark)
- Too tired after work/school
- Unkempt parks (e.g., dirty, drugs, broken bottles); holes in fields
- Poor lighting
- Traffic/unsafe streets

Women reported preferring to walk in groups, but even then, mentioned preferring to do so at parks rather than in their neighborhoods for safety reasons. Few people reported seeing much physical activity occurring on neighborhood streets. One focus group participant noted that if she sees someone walking in her neighborhood, she wonders what they are up to and assumes it's no good.

Study participants were somewhat optimistic that expanded community access to school properties would improve adults' physical activity levels. For the most part, they felt that the biggest gains in physical activity would be among children, but that adults might use tracks or gyms if they were available. Additionally, parents (mostly mothers) expressed an interest in participating in structured physical activities at their local schools at the same time as their children were involved in structured activities at the school. With just

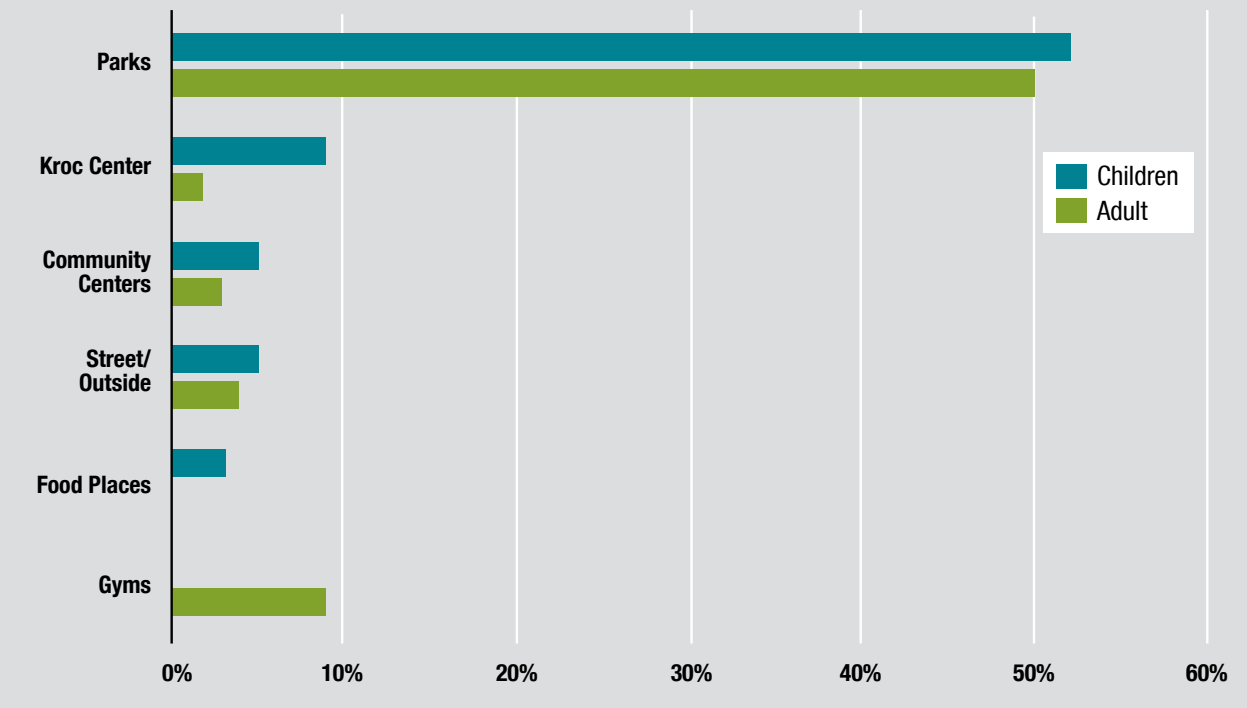
under one in five (18%) survey respondents listing lack of child care as a barrier to their own physical activity, concomitant, structured activities for parents and children at schools could be a good opportunity to increase residents' activity levels.

Currently, South Mountain Preserve, Cesar Chavez, El Reposo, and Circle K parks appear to be the most popular destinations for physical activity within RSD, with parks clearly leading the way for both children and adults. The Kroc Center (Salvation Army) is another bright spot. Some adults report using gyms (e.g., LA Fitness, 24-hour Fitness) but the cost of gym memberships and overcrowding serve as barriers to consistent gym use. Several residents lamented the closure of the South Mountain branch of the YMCA, noting that it was an affordable alternative for many residents.

4. What is the current number of afterschool recreational programs? Will more programs become available?

These research questions were not able to be answered during the assessment phase of the HIA. Future studies should explore existing afterschool recreation programs within the study area.

Figure 27: Where RSD residents are currently active



Note: Numbers displayed indicate how many times each location or category was listed by participants in community mapping sessions.

5. What is the current environment for recreational facilities/parks outside of District-owned properties? If a school playground were made available, would the public and the kids use it?

How we answered the question:

- Community mapping
- Focus groups
- Key informant interviews
- Surveys

What we found:

There are many parks available within RSD but none that residents feel safe using after dark and many that residents do not feel particularly safe during the day. Yet, more than 40 percent of RSD residents report using parks within their neighborhood often or very often; an additional 38 percent report doing so sometimes, with only one in five saying they never or rarely go to parks. Nearly one-third of RSD residents report using community centers or recreational facilities frequently, with slightly more than that reporting rarely or never doing so.

Informants felt that school playgrounds could serve as good places for children "to have somewhere to stretch their legs," particularly in areas with limited access to nice, safe parks.

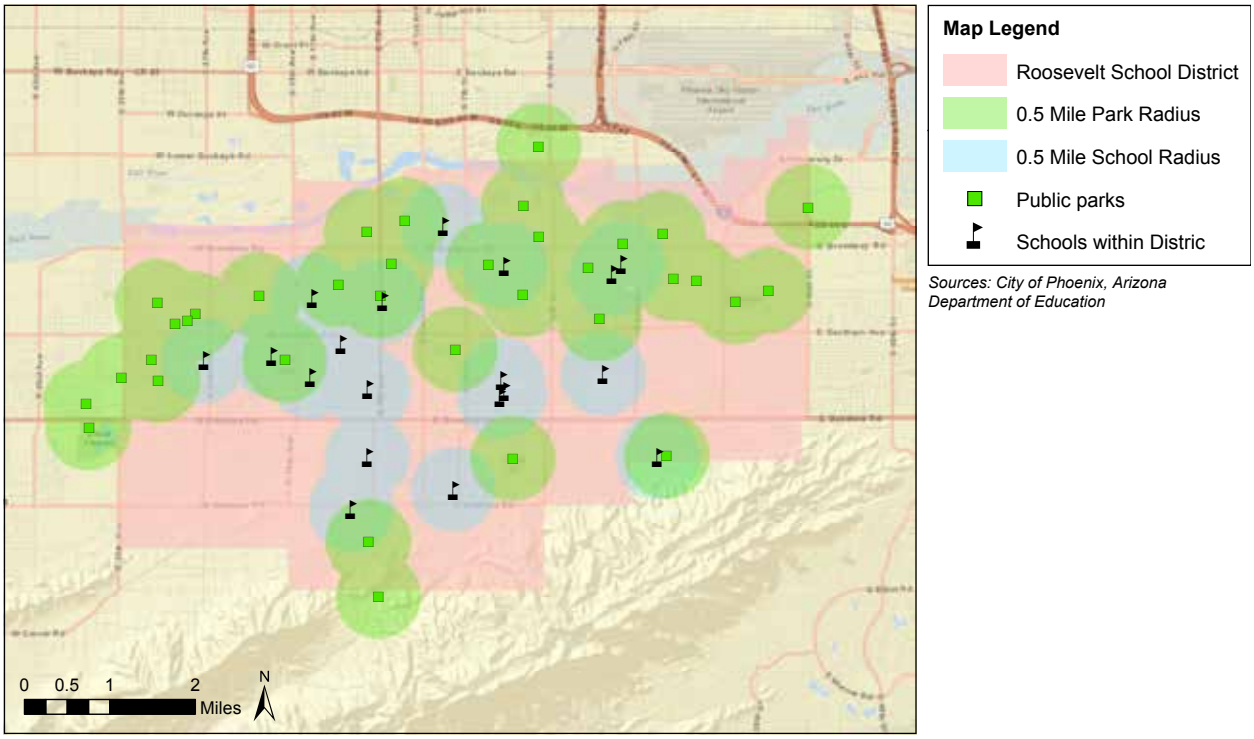
Few RSD residents report using school properties before or after school hours currently, but use could increase if structured activities were more available. Additionally, informants felt that school playgrounds could serve as good places for children "to have somewhere to stretch their legs," particularly in areas with limited access to nice, safe parks. Informants felt that opening up school fields (and charging low usage fees) might also encourage more local sporting leagues. Adults, however, would not benefit much from merely the opening of school playgrounds, as only children would be likely to use them, and would only be allowed to do so under adult supervision.

MCDPH's Office of Nutrition and Physical Activity conducted a number of park assessments in the study area. Assessments were conducted using the System for Observing Play and Recreation in Communities (SOPARC). Four large parks (El Prado, Esteban, El Reposo and Manzanita) and five small parks (Tuhavi, Yapa, Lindo, Neighborhood Park #6 and Ho-E) were scanned to assess number of park users, user physical activity level, and user physical activity mode. These nine parks represent a statistically significant sample of public parks within the District bounds. Three parks were assessed on a Wednesday and the remainder on a Friday.

Key takeaways from park assessments include: Large parks were more heavily utilized than small parks. Utilization was higher in the afternoon and evenings for both large and small parks.

Map 6: Schools and Parks with a 0.5 Mile Radius

This map represents the City of Phoenix parks located within the SHUR study area boundaries. Literature indicates individuals are willing to walk 0.5 miles to spaces of recreation. Areas that remain pink have limited access to recreation. Areas in blue are potential spaces for recreation if shared-use is implemented.



Sources: City of Phoenix, Arizona Department of Education

Pathway 4: Neighborhood/Public Safety

Safety and security are key issues that must be addressed if schools are to be shared by the public (Burbage et al., 2014; Spengler, 2012; Young et al., 2014). In communities, perceptions of safety have been linked to property values and vacancy rates (Sampson, 1996). Perceptions of safety are particularly influenced by the amount of staffing and supervision provided for non-school hours activities (Warren, 2005). Supervisors of such activities can vary between parents, volunteers, community organization staff, or school staff, so long as they are vigilant and responsible (Warren et al., 2009). Supervisors and community members who hold a sense of ownership and responsibility over school spaces are likely the first defenses against vandalism or safety issues (Burbage, et. al. 2014; Spengler et al., 2013; Warren et al., 2009). Additionally, prevention of damage or injury demands adequate equipment, infrastructure, and lighting of school areas, so that there are not hidden or more dangerous areas on campuses (Slater & Colabianchi, 2014). Schools can be designed or reconfigured to feel safer with proper lighting, clear views from the streets, and general upkeep (Spengler & Baber, 2014). To elucidate the benefits of shared-use (e.g., physical activity), police may need to be both more present and more effective (Zieff et al., 2012). Additionally, an increased presence of community groups on campus can decrease the opportunity for violence and crime to occur (Spengler et al., 2013). Overall, children are more likely to walk to school if their parents feel that their neighborhood areas are safe (Kerr et al., 2006). Finally, noise and parking issues have not been found to be frequent complaints in the research literature on shared-use.

Pathway #4 Increased access to school facilities for public use ▶ Neighborhood Impacts/Public Safety ▶ ▼ Injury and ▼ Stress on Staff and Community		
Research Questions:	**Research Questions:**	
Existing Conditions (of health determinants and health outcomes)	**Potential Impacts (on health determinants and health outcomes)**	**Methods used to answer question:**
1a. What is the existing physical infrastructure of the project area?	1b. Will this project improve the infrastructure or make it worse?	▪ Community mapping ▪ Focus groups ▪ Key informant interviews
2a. What is the current noise level in the project area?	2b. Will this project increase the noise level for those homes surrounding the school?	▪ Archival data ▪ Surveys
3a. What is the current number of traffic incidents between motor vehicles and motor vehicles/bicycles/pedestrians in the area?	3b. Will traffic incidents increase or decrease?	▪ Community mapping ▪ Focus groups ▪ Key informant interviews ▪ ADOT Data + GIS mapping
4a. Is the current level of police service adequate in handling the current crime level in the community?	4b. Will this project create a need for additional police or will it lessen the burden on the Phoenix Police Department?	▪ Key informant interviews ▪ RAIDS Online crime data
5a. What is the Perception of Safety in the District/ neighborhoods?	5b. Will this project increase or decrease that perception?	▪ Community mapping ▪ Focus groups ▪ Surveys
6a. Where are there existing Neighborhood Watch programs?	6b. Will there be a need to increase these or will this project ease the burden on these programs?	▪ Archival data ▪ Focus groups
7a. What are the current property values for homes in the District?	7b. Will this project raise or lower those values?	▪ Archival data
8a. What is the current vacancy rate for homes/apts in the District?	8b. Will this project raise or lower the vacancy rate?	▪ Archival data

1. What is the existing physical infrastructure of the project area? Will this project improve the infrastructure or make it worse?

How we answered the question:

- Community mapping
- Focus groups
- Key informant interviews

What we found:

Adults shared concerns about schools being in need of repairs. Some adults who grew up in the RSD area stated that they did not notice the poor condition of their neighborhood school until they saw other schools that were in much better condition. Common concerns included flooding when it rains, mold, and ceiling tiles in disrepair. Adults noted the sidewalks on the way to school were in need of repair as well and that the routes to neighborhood schools often required children to cross at busy intersections. They would like to see walking bridges built across main roads.

Some parents in the focus groups often did not send their children to RSD schools because they felt the schools were not safe or clean and the facilities were old. However, parents that have children at RSD schools reported good relationships with the staff and teachers. Their primary concerns were with fighting on campus.

The youth rated their schools about a seven out of ten overall with a range of 5-9. Students were particularly concerned about the condition of school restrooms and noted that they were often dirty, there were no mirrors and some stall doors did not lock to allow adequate privacy. However, students also mentioned that the rest of their schools were generally clean and that there were a lot of windows and plenty of space in classrooms and common areas.

One interviewee noted: "One must let the district know how the district benefits directly and how costs, infrastructure, and safety will be mitigated. In addition, how the work load of site administrators will not be impacted greatly."

2. What is the current noise level in the project area? Will this project increase the noise level for those homes surrounding the school?

How we answered the question:

- Archival data
- Surveys

What we found:

Current noise levels in the study area were not obtained, however, increased noise does not appear to be an important concern in this study or in the broader research literature on shared-use. Fewer than seven percent of residents surveyed were concerned about increased noise if expanded shared-use were implemented.

3. What is the current number of traffic incidents in the area? Will traffic incidents increase or decrease?

How we answered the question:

- Community mapping
- Focus groups
- Key informant interviews

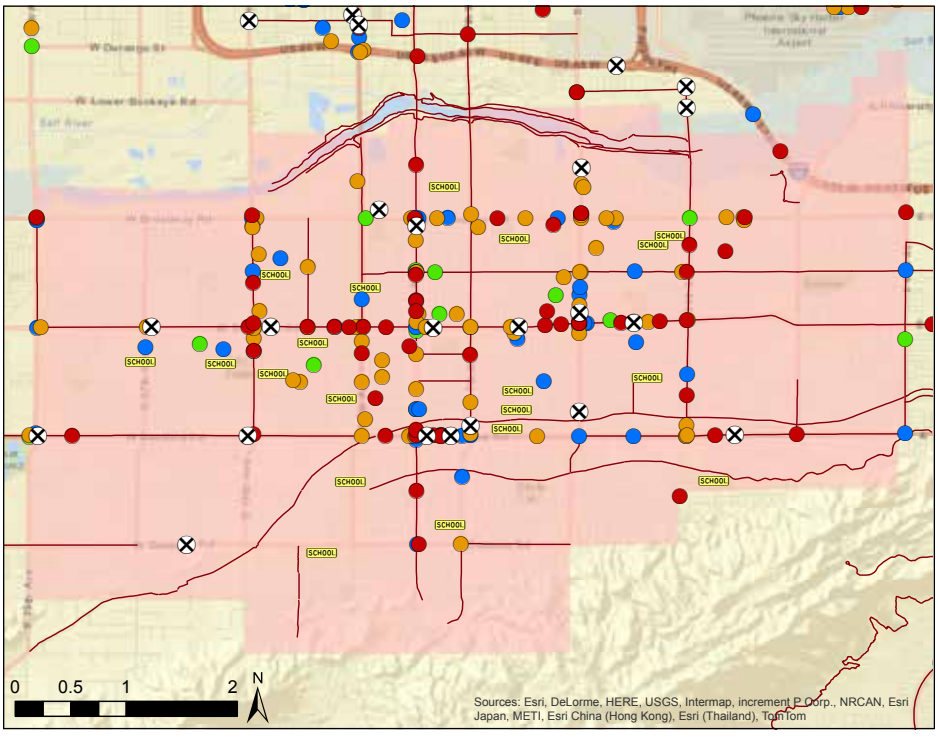
What we found:

Focus group participants who lived on main roads noted that the main roads make it hard for children to play and ride their bikes, as the traffic can be a safety issue. Adults see many children daily skateboarding, biking, and playing basketball in their neighborhood. Women felt safer walking with someone or with a group.

Some discussed seeing people carry golf clubs to protect themselves from stray dogs. One resident noted that if she sees someone walking in her neighborhood, she wonders what trouble they are up to. However, many stated they did not see people walking in their neighborhood, as it is not safe; they only observed walking at nearby parks.

In general, mapping participants noted traffic incidents at major intersections and did not feel that any roads within their community were very safe for cars, pedestrians, or bikes. As such, residents prefer to go to parks to recreate rather than doing so on neighborhood streets.

Map 7: Pedestrian and Motor-Vehicle Collisions



Map Legend

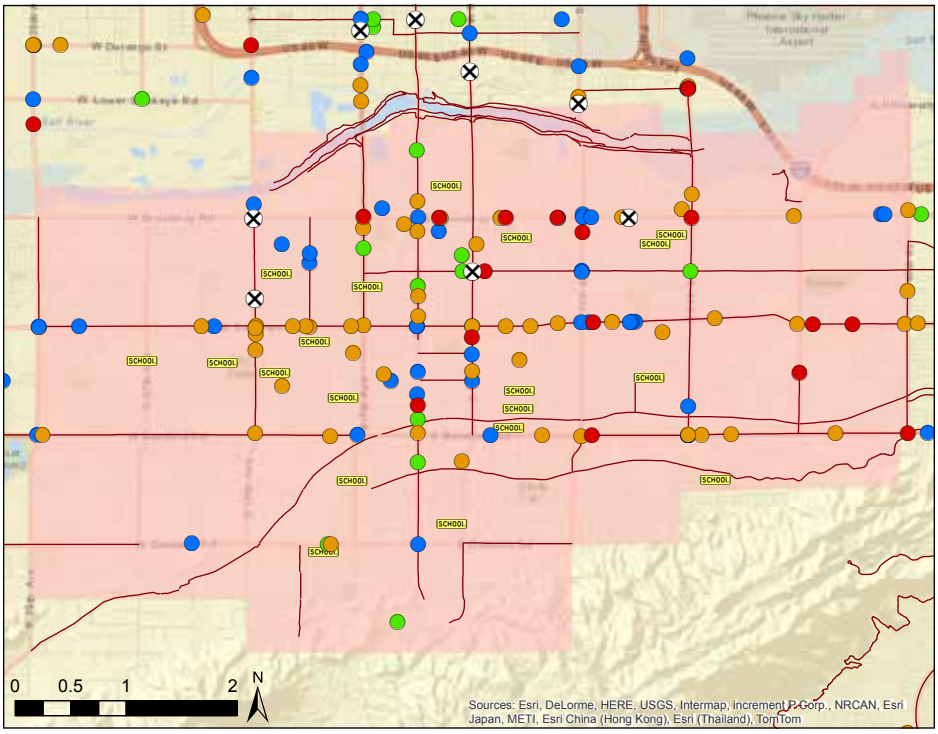
- Roosevelt School District
- Bikeways
- Schools within District
- No Injury
- Possible Injury
- Non-Incapacitating Injury
- Incapacitating Injury
- Fatality

Note: Bikeways include bike lanes, bike routes, paved shoulders & multi-use paths

Sources: City of Phoenix, Maricopa Association of Governments (MAG), Arizona Department of Transportation (ADOT)

Collision data from 2009-2013 were obtained from the CoP, MAG and ADOT. Pedestrian and motor-vehicle Incidents appear to be concentrated on arterial streets –especially surrounding major intersections. Although bikeways were included in the map, sidewalks were not. Additional information about the location and condition of sidewalks as well as crosswalks and other pedestrian infrastructure may provide more useful information.

Map 8: Bicyclist and Motor-Vehicle Collisions



Note: Bikeways include bike lanes, bike routes, paved shoulders & multi-use paths

Sources: City of Phoenix, Maricopa Association of Governments (MAG), Arizona Department of Transportation (ADOT)

Collision data from 2009-2013 were obtained from the CoP, MAG and ADOT. Similar to pedestrian and motor-vehicle incidents, bicyclist and motor-vehicle collisions appear to be primarily located on major arterials and intersections. Despite being a bikeway, Southern Avenue appears to be a problem area. Fatalities were mostly located in the northern portion of the study area, in Central City South Phoenix.

4. Is the current level of police service adequate in handling the current crime level in the community? Will this project create a need for additional police or will it lessen the burden on the Phoenix Police Department?

How we answered the question:

- Key informant interviews

What we found:

Police did not express much concern that their work or costs would increase as a result of expanding shared-use within RSD. As one informant stated, “Police can adapt to how the community grows.” While opening up new places for community members to congregate would certainly affect them, they were able to provide many examples of preventative measures that schools or the District could put into place to minimize these impacts. For example, ensuring that school properties follow the Crime Prevention through Environmental Design (CPTED) guidelines and that posted signage is adequate would improve the ability of police to reduce crime on school properties and keep community members safe.

Interviewees questioned the District's readiness for expanded shared-use efforts, asking:

> Is the school district prepared to deal with the possible increase in certain types of crimes that come with having a public place open after hours?
>
> Is the district going to aid in the prosecution of crimes that occur on that property?

City of Phoenix police were open to further collaboration with RSD schools and District administrators in expanded shared-use efforts, and noted that additional involvement and communication from the District would be helpful.

Map 9: Homicide Heat Map and Chart

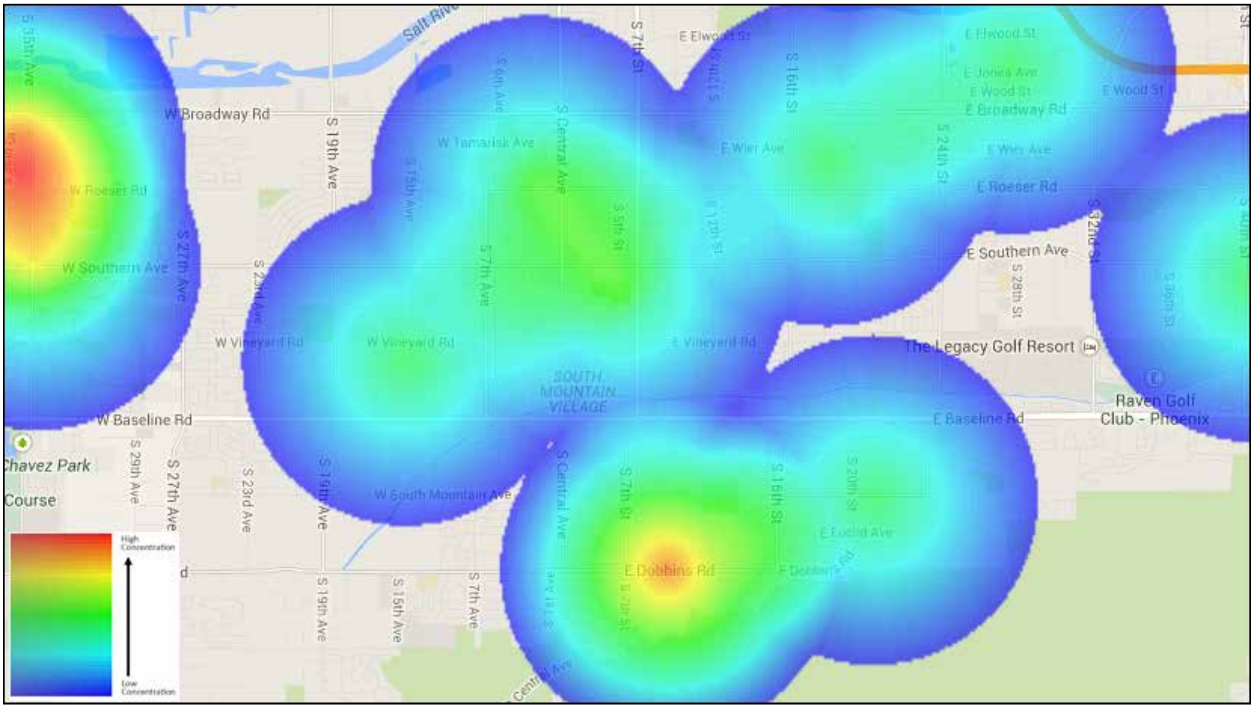
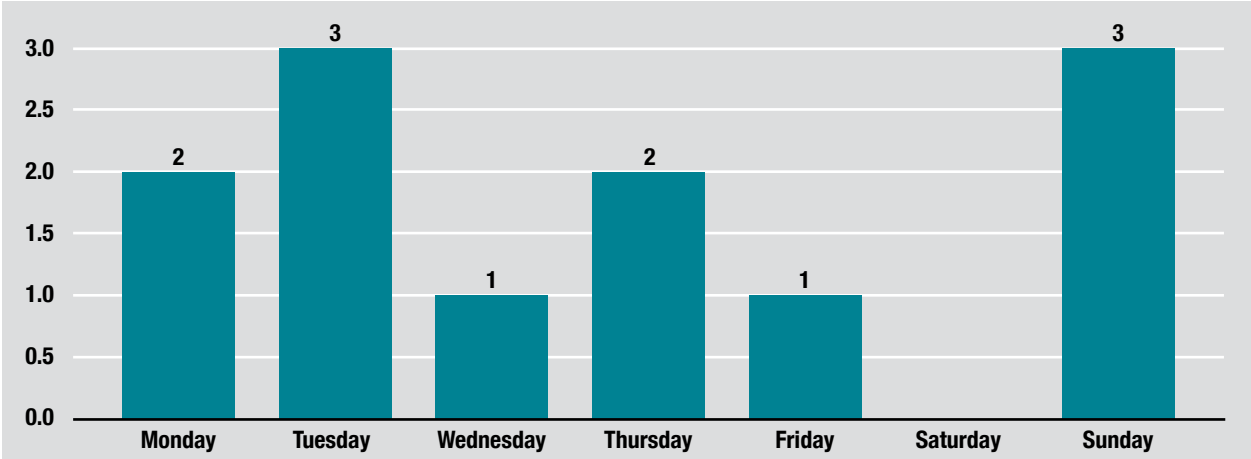
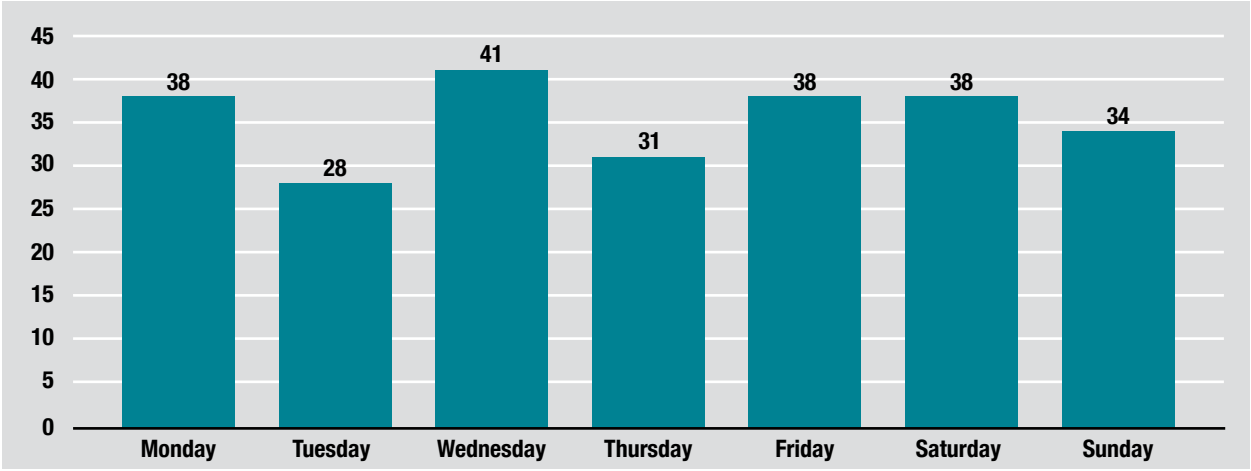


Figure 28: Homicides by Day of the Week



Map 10: Robbery Heat Map

Figure 29: Robbery Events by Day of the Week



5. What is the perception of safety in the District/neighborhoods? Will this project increase or decrease that perception?

How we answered the question:

- Community mapping
- Focus groups
- Surveys

What we found:

Shared-use. Safety was a common concern among community members. Some parents in the focus groups often did not send their children to RSD schools because they felt the schools were not safe. These

concerns regarding safety were centered on incidents of fighting at schools. Yet, parents were open to the idea of having activities at neighborhood schools if supervision and safety concerns were adequately addressed. Residents, in general, had concerns regarding safety, supervision, crime and vandalism that they wanted to be addressed. Approximately one half (51%) of residents surveyed remarked that they had safety concerns about shared-use while another 50 percent expressed concerns about adequate supervision. Potential increases in incidences of vandalism were a concern to 35 percent of residents surveyed.

Residents, in general, had concerns regarding safety, supervision, crime and vandalism that they wanted to be addressed.

Neighborhood perceptions. Adults discussed a desire to improve the safety and appearance of their neighborhood. Some residents discussed how they watched out for one another, with special attention given to children and the elderly. Others did not have much interaction with their neighbors. Some neighborhoods had active Block Watch programs, held regular Block Watch Meetings, organized a Getting Arizona Involved in Neighborhoods (GAIN) night and were encouraged to report graffiti to Graffiti Busters. Some participants believed that peer pressure helped to keep neighbors from acting up, and indicated that they work together to keep their neighborhoods nice. Moreover, some residents suggested their churches had activities and were places where residents could get together and support one another.

Youth expressed significant safety concerns within their neighborhoods. Youth described what it was like to live in their neighborhood as horrible and ghetto, with lots of rapists, drug dealers, and kidnappers. However, they also described some positive aspects of their community, such as knowing your neighbors, going to neighbors' barbeques, and having friends around with whom to play. Improvements youth suggested included fewer street fights, and less drug dealing and drive-bys. When describing the importance of these improvements, one 13-year-old girl explained:

We need to change things for the next generation. I can take care of myself, but the little kids don't know what's going to happen (such as when a car pulls up slowly).

6. Where are there existing Neighborhood Watch programs? Will there be a need to increase these or will this project ease the burden on these programs?

How we answered the question:

- Archival data
- Focus groups

What we found:

There are over 100 neighborhood organizations, including Block Watches, recognized by the City of Phoenix in the vicinity of RSD. Safety and supervision were the primary concerns of residents regarding shared-use, but they felt shared-use spaces would be helpful for holding neighborhood organization (e.g., Block Watch) meetings.

In the focus groups, individuals mentioned that they were active in their local Block Watch programs and had regular Block Watch meetings. In the interviews, Block Watches were noted as important and, often, respected organizations that operated within the school district's boundaries.

The police precinct that is affiliated with the local Block Watches is the South Mountain Precinct; 400 West Southern Avenue, Phoenix, Arizona 85041; 602-495-5004. More information about those organizations is available at http://jphxprd.phoenix.gov/NSDAssoc/

7. What are the current property values for homes in the district? Will this project raise or lower those values?

How we answered the question:

- Archival data

What we found:

Neighborhoods and housing quality can vary block-to-block within RSD. There are pockets of "nice" (often gated) housing mixed in with areas that consist of older, more poorly maintained homes.

According to the American Community Survey 2013 (5-year estimates), there are approximately 34,657 housing units within the RSD boundaries, the median value of which is $112,900 (+/- $3,879). Housing values can be further broken down as follows:

- Less than $50,000: 15%
- $50,000 to $99,999: 27%
- $100,000 to $149,999: 24%
- $150,000 to $199,999: 16%
- $200,000 to $299,999: 12%
- $300,000 or above: 5%

There is little evidence that expanded shared-use will increase home values in the near-term, but it has the potential to do so (indirectly) over time if it does indeed lead to some of the expected improvements in community enrichment and resident health and wellbeing.

8. What is the current vacancy rate for homes/apartments in the district? Will this project raise or lower the vacancy rate?

How we answered the question:

- Archival data

What we found:

According to the American Community Survey 2013 (5-year estimates), the homeowner vacancy rate within RSD is 4.4% (+/-1.2%), and the rental vacancy rate is 9.2% (+/-2.0%). Expanded shared-use is unlikely to have a measurable impact on these rates in the short- or medium-term.

Pathway 5: Maintenance/Operations

Maintenance and liability, and their associated costs, for before- and after-hours usage are common concerns surrounding shared-use (Burbage et al., 2014; Spengler, 2012). Vandalism is often a noted concern, but it can also be lessened through shared-use, specifically from a greater sense of ownership by the community and increased supervision of school properties (Spengler et al., 2013). Volunteers may also sufficiently substitute for school personnel during non-school hours (Warren, 2005; Warren et al., 2009). Overall costs for shared-use will vary, but common costs include maintenance, cleanup, repairs, staff,

security, and utilities (Warren, 2005; Young, Spengler, Frost, Evenson and Vincent, 2014). These costs can and may need to be split or shared between schools and community organizations (Lees, Salvesen & Shay, 2008; Spengler, et. al., 2013). Some have even noted that despite perceptions of increased costs, shared-use facilities can increase afterschool program participation without significantly increasing expenses (Kanters et al., 2014).

Pathway #5 **Increased access to school facilities for public use ▶** **Maintenance/Operations ▶** **▼ Stress on Staff and Community**		
Research Questions:	**Research Questions:**	
Existing Conditions (of health determinants and health outcomes)	**Potential Impacts (on health determinants and health outcomes)**	**Methods used to answer questions:**
1a. What is the current status of funds available in the Roosevelt School District?	1b. Would there be a need for additional funding to maintain/upkeep equipment, infrastructure, inventory, etc.?	▪ Key informant interviews
2a. What are the current costs/ expenditures related to grounds upkeep (i.e. trash, equipment, lights, water) in the school district?	2b. How will costs/expenditures related to grounds upkeep change? Will they go up, down, or remain the same?	▪ Key informant interviews
3a. What is the current insurance held by the school district?	3b. Would a change in insurance policy be required? Or would the current policy remain sufficient? (Passing of Arizona SB 1123)	▪ Key informant interviews
4a. What is the current level of staffing?	4b. Would an increase in staff be required?	▪ Archival data ▪ Key informant interviews
5a. How many volunteers and community service programs are currently available to assist with shared-use responsibilities?	5b. Would outreach be needed to identify additional volunteers and community service programs?	▪ Archival data
6a. What are the current levels of vandalism experienced in the District and community?	6b. How will the levels of vandalism change? Will we see an increase or decrease?	▪ Key informant interviews ▪ RAIDS online crime data
7a. What are the current costs/ expenditures associated with vandalism in the school district?	7b. How will costs/expenditures associated with vandalism change? Will they go up, down, or remain the same?	▪ Key informant interviews
8a. Is there currently any vandalism prevention/clean-up programs in place within the study area?	8b. Would there be a need for one or more vandalism/clean-up prevention programs?	▪ Key informant interviews

1. What is the current status of funds available in the Roosevelt School District? Would there be a need for additional funding to maintain/ upkeep equipment, infrastructure, inventory, etc.?

How we answered the question:

- Key informant interviews

What we found:

According to an RSD administrator, there are no funds available within the existing RSD budget to support expanded shared-use. Specifically, the administrator stated:

The district does not have state budget authorization available to accommodate additional use and related expenses without having a negative effect on educational programming. In addition, RSD cannot expend funds without reimbursement.

The point about reimbursement was corroborated by the Facility Use Coordinator at the Washington Elementary School District (WESD), who explained that WESD initially charge an extremely nominal fee (e.g., $1.00/hour) for community use of their facilities. However, the State subsequently passed a law mandating that districts recoup any costs associated with external use of their facilities; thus, they had to raise their rates to cover extra energy use and custodial staff time. Still, they work hard to keep the costs very reasonable in order to encourage community use and generally feel that the costs balance out over time.

Funding to sustain community access is a necessity for schools, and some RSD/ school administrators expressed little optimism that such funding would become a reality, particularly since student education is their number one priority when it comes to both funding and facility use.

Additional costs are of major concern to RSD and individual school principals. One school principal explained that while he does his best to make his school very open to the community, "it is having an impact on [their] ability to maintain and control the costs to [their] facility," such that, while the school is still open to the community, "it is becoming less each year." Funding to sustain community access is a necessity for schools, and some RSD/school administrators expressed little optimism that such funding would become a reality, particularly since student education is their number one priority when it comes to both funding and facility use.

Facilitating successful expanded community use of school facilities and fields, at a minimum, would likely require additional funding to install adequate lighting and maintain the safety and quality of the playing fields. Any groups using the fields/facilities could bring in their own equipment, as is required for community use in WESD.

2. What are the current costs/expenditures related to grounds upkeep in the school district? How will costs/expenditures related to grounds upkeep change?

How we answered the question:

- Key informant interviews

What we found:

At least one school principal expressed concern that community use of school facilities is costing more money (particularly in maintenance costs) than the school has available to spend. He clearly felt that these costs would continue to increase with increasing community use. However, the Facility Use Coordinator for WESD felt that the actual costs of shared-use actually balance out over time, even though the District has to pay for improvements or damages on occasion. The Coordinator explained:

Occasionally groups that are consistently using the fields put their own necessary equipment (e.g., lighting, soccer goals) in and the district either has to pay to maintain it or to take it out once it is beyond repair. This can be costly, but generally the costs balance out over time. For example, schools often like when little leagues use the fields because the teams drag the fields and schools do not have to do it, which saves time and money, in addition to the seasonal use fees the teams pay. Generally, the sports teams take very good care of the fields because they want them in good condition for their continued use. We have a few soccer teams that used to tear up the fields, so we had to talk to them and pull back on their usage a bit. Overall, it depends on the group how well it works as a reciprocally beneficial arrangement.

When asked about specific costs, or changes in cost, associated with shared-use, the WESD Coordinator stated that they have had no costs or changes associated with equipment or infrastructure because they do not rent out equipment and have not changed existing infrastructure much. Insurance costs are already covered by the District at an adequate level; no additional insurance was needed. Additionally, most community groups are required to provide evidence of their own insurance prior to using the space (per the facility use form), so individual groups pay for any damages assumed during their assigned usage times. Anything that community groups do not pay is paid for using the facility use fees.

3. What is the current insurance held by the school district? Would a change in insurance policy be required or would the current policy remain sufficient?

How we answered the question:

- Key informant interviews

What we found:

The District's current insurance policy should be sufficient to cover any expanded use of District facilities, especially following the passage of recent state-level legislation limiting Districts' liability related to community use of their facilities. Indeed, the WESD Coordinator was not even aware of the most recent limited liability legislation (SB 1336, passed in 2014), yet remarked that, regardless, WESD has not had to change any of its insurance coverage levels to accommodate community use. She further stated that when the 2012 legislation passed (SB 1059), they checked with the District's legal counsel to see if it changed anything for them regarding liability but the counsel determined that it did not.

Since community groups are also required to provide their own proof of insurance (i.e., Certificate of Liability Coverage), insurance costs should not be an issue for expanding shared-use within RSD.

4. What is the current level of staffing? Would an increase in staff be required?

How we answered the question:

- Archival data
- Key informant interviews

What we found:

Currently, the Student Support Services Secretary at RSD is the primary point of contact regarding community use of District-owned properties. However, since Student Support Services oversees the operations of so many departments (Business Services, Child Nutrition Services, Custodial Services, Internal Audit, Maintenance, Technology and Transportation), coordinating use of facilities with community groups in a timely manner can be quite a challenge. Several community groups expressed frustration with this process and a desire to create a more streamlined process in which community groups are given higher priority. However, with staffing and resources already spread so thinly within RSD, and because District use of facilities and resources necessarily remains the top priority, it is unlikely that this barrier to shared-use will be overcome without an increase in staff.

Comparable school districts in Phoenix that are perceived as fairly successful with their shared-use policies (e.g., Tempe, Kyrene, Washington), all have a clear point of contact (often a separate community education or engagement coordinator) who helps to facilitate and streamline the facility use process. The job duties of many of these coordinators often specifically include community outreach and education. For example, the primary person responsible for shared-use at the Washington Elementary School District holds the position of Enrichment and Facility Use Coordinator in the district office. Part of her job entails travelling out to the individual schools within the district to educate office staff about the facility rental process and answer any questions that these staff might have. She finds this part of her job to be particularly important since inquiries about facility use usually start at the individual schools.

RSD does not currently have an electronic facility request system in place, which further increases the staff time needed to successfully facilitate the shared-use process and increases the process duration. The WESD Coordinator started a facility use website as a way to make the process more accessible, convenient, and efficient, which not only makes the process easier for both the District and the community, but also helps to save paper. Prior to the electronic process, she explained, paper forms had to pass through many hands to get from the community to the schools to the District with all the necessary signatures, which took much longer than necessary. Thus, adding the necessary technology to implement an online facility rental process within RSD might help to reduce the ongoing staffing needs and costs required to facilitate shared-use, but may involve some additional costs up front as the District works to get the technology into place.

Community use of District facilities sometimes involves additional custodial needs as well, particularly for large or indoor events. In such cases, districts tend to incorporate these additional costs into the facility use agreement and rental charges. WESD, for example, requires community groups to pay for any additional custodial staff time necessary to supervise or clean up from their events on top of the groups' hourly or seasonal usage fees. These additional staffing needs may have an upside. As the WESD Coordinator explained, the custodians, who are often residents of the local community, often appreciate the extra overtime pay, especially when they are on a 10-month contract.

5. How many volunteers and community service programs are currently available to assist with shared-use? Would outreach be needed to identify additional volunteers and community service programs?

How we answered the question:

- Archival data

What we found:

There are over 100 community organizations registered with the City of Phoenix within the boundaries of RSD; at least 20 of which were specifically mentioned by study participants as being active within the community. Schools and the District could lean on these community organizations to assist with shared-use needs. Additionally, students/youth are often required, or at least encouraged, to contribute a designated number of community service hours as part of their participation in various programs (e.g., Southwest Behavioral Health Services' Community Youth Development Program); schools could partner with community organizations to engage their youth in community service that supports expanded shared-use.

Involving volunteer and community service programs will require some concentrated outreach on the part of the District, but could be as simple as working with HandsOn Greater Phoenix or the Valley of the Sun United Way to recruit volunteers on an as-needed basis. Additionally, for schools that are interested in adding school or community gardens, the Maricopa County Cooperative Extension operates the Master Gardener program, from which the District or individual schools could recruit volunteers. Master Gardeners must contribute a certain amount of volunteer hours to maintain their designation.

The Tiger Mountain Foundation, which runs several community gardens within RSD, has been very successful at involving volunteers from corporations and groups outside of the RSD community, and may be able to provide suggestions on how the District could do this successfully as well.

6. What are the current levels of vandalism experienced in the District and community? How will the levels of vandalism change?

How we answered the question:

- Key informant interviews

What we found:

All schools within the RSD experience issues with vandalism and graffiti, some more than others. Community groups and police, as well as District administrators and school principals, expressed a concern that such incidences would increase with expanded shared-use. More than one-third of survey respondents (35%) expressed a similar concern.

Police representatives reported lots of tagging and graffiti within RSD, as well as vandalism in the form of kids hitting signs with rocks, cutting fences, breaking windows and cutting copper wire from water meters – all of which were expressed as consistent issues experienced by local parks representatives as well. However, as one police interviewee stated, while "the increase in crime is kind of a given, [it] is more of a City of Phoenix police problem" than a problem for the schools and, overall, the police are not too worried about it.

Contrary to concerns expressed within RSD, the WESD experience with shared-use suggests that incidences of vandalism and graffiti could actually decrease as community use of District properties increases. Since all community use of facilities outside of normal school hours requires a supervisor or responsible adult on site, greater use keeps more eyes on the properties and decreases the amount of time available for crimes and other delinquent activities to occur.

Map 11: Vandalism Heat Map

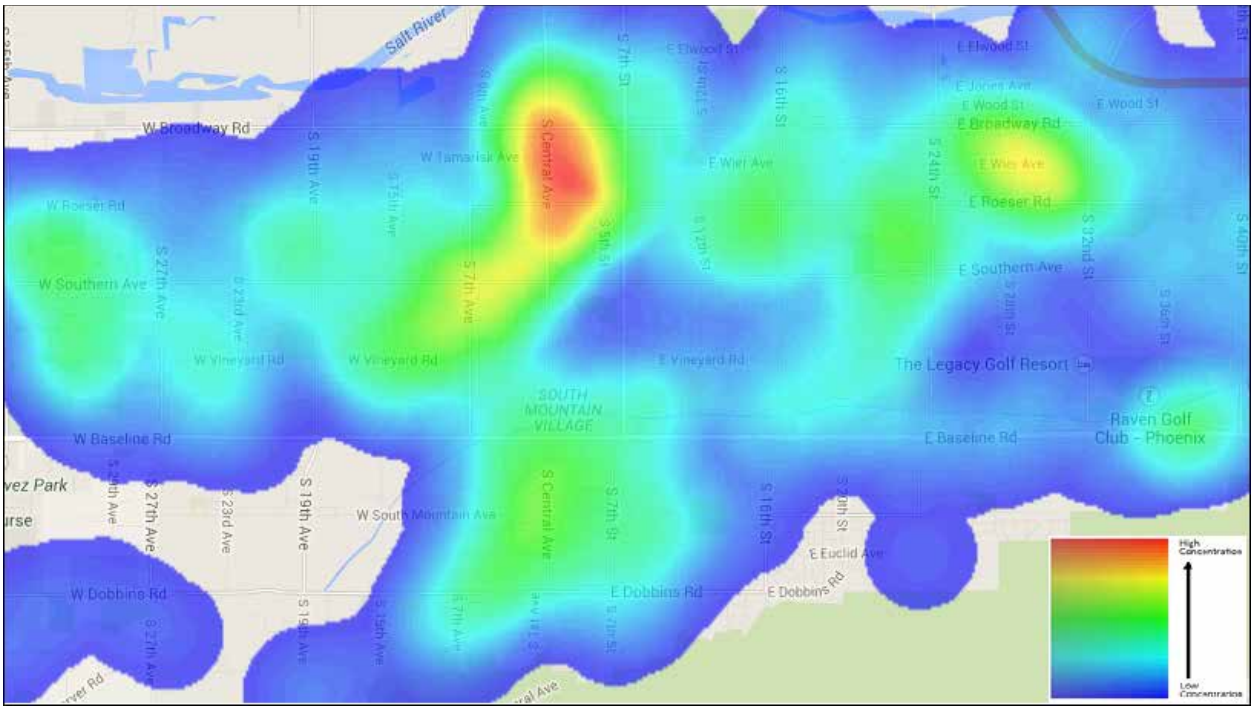
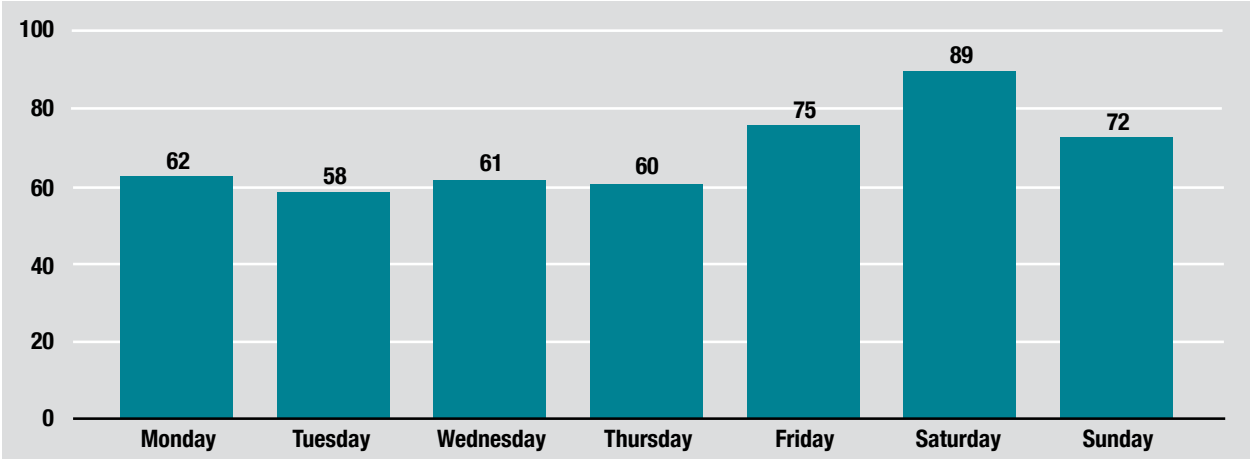


Figure 30: Vandalism Events by Day of the Week



7. What are the current costs/expenditures associated with vandalism in the school district? How will costs/expenditures associated with vandalism change?

How we answered the question:

- Key informant interviews

What we found:

The costs/expenditures associated with vandalism within RSD as a result of expanding shared-use will depend greatly on the types of policies and practices that are implemented. Enhancing security within the

District, working with local police to identify areas and times more in need of police attention and working with local Block Watches, many of which are already very active within RSD, will help to reduce these costs.

One police representative suggested targeting the schools that are more visible from main roads as locations for enhanced community use and further suggested following Crime Prevention through Environmental Design (CPTED) guidelines to eliminate hiding places and dark corners on school properties, where kids and others who may be up to no good can congregate without being seen. Police contacts felt much more confident in their ability to help reduce the potential negative impacts associated with expanded shared-use if school properties were well-lit with easily recognizable signage showing hours and terms of use, including the A.R.S. codes police could use to enforce the laws. Additionally, police would appreciate having contact information for the responsible party or on-call night personnel they should outreach to in the case of any incidences after hours.

Cleaning up vandalism within the parks can cost several thousand dollars per year, according to a local park supervisor, but the schools have the added benefit of being completely fenced in, which may help to limit criminal access.

8. Are there currently any vandalism prevention/clean-up programs in place within the study area? Would there be a need for more such programs?

How we answered the question:

Key informant interviews

What we found:

The City of Phoenix currently offers the Graffiti Busters program to help clean up instances of graffiti using City funding. However, school maintenance crews tend to take care of any such issues on school property using school funds. A police representative explained that schools usually do not call Graffiti Busters, in part, because Graffiti Busters does not match their paint to school colors.

If increased vandalism or graffiti on school properties were to be a problem with expanded shared-use, perhaps local Block Watches and volunteer groups could be of assistance to help the District and schools mitigate those costs.

Again, WESD, which in general experiences more incidences of vandalism and graffiti than many districts in Phoenix, felt that shared-use did not make this problem worse but, on the contrary, may even have made it better by increasing the number of people around the school after hours to deter criminal activity.

Summary of Assessment Findings

Residents within the Roosevelt School District care for their community and value expanded shared-use, particularly for the opportunities it might open up to increased activity among youth. Additionally, residents noted a desire and commitment toward improving their community for current and future generations. However, residents, leaders, and District personnel emphatically emphasized that a number of barriers, concerns, and needs must be addressed before expanded shared-use could be successfully implemented.

Barriers, Concerns, and Needs Regarding Shared-use

The primary barriers and concerns expressed by the RSD community regarding shared-use included the following:

- Safety, Security, and Crime
- Lack of Proper Supervision, Staffing, and Volunteers
- School District Infrastructure and Maintenance
- Costs
- Leadership and Transparency
- Communication between the District, School, and Community

Perceived Benefits of Shared-use in RSD

RSD stakeholders also identified a number of benefits that shared-use could provide to students, staff, and families in the RSD, primarily in the areas of community enrichment/civic pride and physical activity. Notably, they emphasized that these benefits could only occur if all of the above concerns, barriers, and needs were addressed. Still, they expressed hope and demand for the success of shared-use.

- **Community Enrichment through Collaboration and Partnership**

  Shared-use likely can enrich the good work of both school and community leaders and partners in the RSD community. A direct outcome of shared-use that was discovered is that shared-use will increase access to community meeting and gathering spaces. Another outcome, if the above concerns are addressed, is more open communication channels between community organizations, the local schools, and the school district. Overall, there was a strong interest expressed by community leaders to enter into greater collaboration and partnership with local schools through hosting programs, classes, and events outside of normal school hours. Such collaboration and partnership may help indirectly inspire a sense of ownership over the school spaces, which could lead to cleaner and safer schools during off hours.

A strong emphasis was placed on the need for structured and planned physical activities for local youth so that improvement in physical activity could actually occur.

- **Physical Activity Improvement**

  Shared-use likely can improve physical activity in the RSD area by directly providing increased access to recreational spaces. This notion is especially more salient for youth rather than adults. Youth were seen to be more likely to take advantage of open schools, especially if they lived in neighborhoods where local parks were not close. A strong emphasis was placed on the need for structured and planned physical activities for local youth so that improvement in physical activity could actually occur.

Predicted Health-impacts of Expanded Shared-use

Figure 31: Predicted Health-impacts of Expanded Shared-use

The purpose of this table is to predict the impacts on health within the context of each pathway and to serve as a summary for the assessment phase. Overall, according to the literature and data, expanded community use of District-owned properties will positively impact public health; however, special consideration must be placed on methods to mitigate respiratory illness, injury as well as stress on staff and the community moving forward.

Health Determinants and Outcomes	Likelihood	Quality of Evidence	Overall Public Health
Pathway #1 Increase access to school facilities for public use => Increased Community Enrichment/Civic Pride			
Positive Mental Health	▲	••	+
Chronic Disease	▼▼	••	+
Culture of Health	▲ ▲ ▲	•••	+
Pathway #2 Increased access to school Facilities for public use => Increased Healthy Eating			
Positive Mental Health	▲	•	+
Chronic Disease	▼	••	+
Culture of Health	▲ ▲	•••	+
Pathway #3 Increased access to school facilities for public use => Increased Physical Activity			
Heat Related Illness	▼	••	+
Respiratory Illness/Health	▲	••	-
Chronic Disease	▼▼	•••	+
Culture of Health	▲ ▲	•••	+
Positive Mental Health	▲	••	+
Injury	▲	••	-
Pathway #4 Increased access to school facilities for public use => Neighborhood Impacts/Public Safety			
Injury	▲	•	-
Stress on Staff and Community	▼	••	+
Pathway #5 Increased access to school facilities for public use => Maintenance/Operations			
Stress on Staff and Community	▲	••	-

LEGEND:

Likelihood

Direction of arrow indicates effect on condition:

▲ or ▼ = Possible, more likely to happen than not.

▲▲ or ▼▼ = Probable, very likely to happen.

▲▲ ▲ or ▼▼▼ = Definite, will happen.

Quality of Evidence

• = No direct evidence to support OR evidence is inconclusive.

•• = Direct evidence but from limited sources, including published studies.

••• = Direct strong evidence from a range of data sources collected using different methods.

•••• = Overwhelming strong evidence from a range of data sources using different methods.

Overall Public Health Impact - positive (**+**) or negative (**-**).

RECOMMENDATIONS

After reviewing both existing conditions and potential health outcome assessment data over the course of three IC meetings, IC members were facilitated through another World Café facilitation process similar to the one utilized for the development of the study's research questions. Indicators of success, agencies responsible, and general timing of implementation were also discussed, identified, and documented. A month later, after the recommendations were written up and distributed back to the IC members for clarification, a facilitation process was utilized in order to rank the recommendations based on 1) impact on the community and 2) feasibility (ease or difficulty of implementation).

The order in which the recommendations are listed reflect both 1) the ranking of the IC members and 2) the input from the final "Recommendations focus group".

Recommendations Focus Group

During the last two IC meetings, attendance was not as strong as it could have been. Since the recommendations were developed and refined in these two meetings, MCDPH and ASU SIRC felt it was necessary to ground-truth the study recommendations with residents of the community. Ten (10) adult residents of the SHUR study area participated in the focus group, two men and eight women ranging in age from 23 to 65 years (mean=50 years). Participants reported living in the area anywhere from three months to 11 years. Closely reflecting the demographics of the community, 80% of participants were Hispanic or Latino; 20% were White, non-Hispanic; and 10% were Black or African-American. The majority (70%) were parents, grandparents, or caregivers of children under the age of 18.

Four individuals spoke only Spanish, three spoke only English, and three were bilingual (English and Spanish). Despite the language differences, all participants were actively engaged in the discussion and provided ample feedback regarding the study recommendations.

Community participants were extremely supportive of the expanded shared-use policy. In general, they seemed to perceive schools as safer gathering and activity spaces than other places in the community and loved the idea of using school properties more for a wide variety of activities. Of the prioritized HIA recommendations, they were most supportive of structured physical activity programs and open gyms. Participants also expressed excitement about the idea of implementing more school gardens. Overall, participants wanted to see a wide variety of activities offered – anything "that keeps [the youth] from drugs".

In fact, a few participants were energized by the process and offered up their contact information to the focus group facilitators so that they could receive further contact on how to be more actively engaged in the shared-use movement within their District.

Three primary conclusions arose from the recommendations focus group:

1. **Address safety, security, and crime within the Roosevelt School District to encourage residents to become more active and involved within their community and schools**
2. **Communicate activities, events, and progress on policy efforts to community members through multiple channels, in both English and Spanish, to encourage participation and buy-in.**
3. **Get youth more involved**

Pathway #1

Increased access to school facilities for public use ▶ Increased Community Enrichment/Civic Pride ▶ ▼ Positive Mental Health, ▼ Chronic Disease, and ▲ Culture of Health				
Number	**Recommendation**	**Indicator**	**Agency Responsible**	**Timing**
1.1	Hold community events and activities on school grounds in order to gather community members and foster increased social cohesion.	▪ # events and activities held	▪ Roosevelt School District (RSD) ▪ Cooperative extension ▪ Girl Scouts ▪ City of Phoenix Parks and Rec/FIT PHX ▪ Southwest Behavioral Health ▪ MCDPH	▪ During shared-use implementation
1.2	Gather an inventory of existing services and school or community-based activities. Advertise and promote services and activities through schools and community agencies.	▪ Inventory created ▪ Activities promoted	▪ City of Phoenix Parks and Recreation ▪ RSD ▪ Local media outlets	▪ Before and during shared-use implementation
1.3	Work with the City of Phoenix to improve street infrastructure around schools and parks in order to increase safe neighborhood gathering and community pride.	▪ # of improved streets surrounding schools and parks	▪ City of Phoenix Street Transportation ▪ City of Phoenix Complete Streets Advisory Board ▪ APS/SRP	▪ Prior to shared-use implementation
1.4	Identify strategies to highlight and beautify gathering spaces within RSD. Strategies could include working with artists, parents and students to paint murals at RSD or City owned lots and properties.	▪ # gathering spaces highlighted and promoted	▪ # spaces beautified ▪ School newsletters ▪ South Mountain Villager ▪ La Voz ▪ Local artists ▪ Home Depot ▪ Students ▪ Parents ▪ MLK Center ▪ Neighborhood watch ▪ Family resource centers ▪ PTO/PTA ▪ Churches	▪ Before and during shared-use implementation

Pathway #2

Increased access to school facilities for public use ▶ Increased Healthy Eating ▶ ▲ Positive Mental Health, ▼ Chronic Disease, and ▲ Culture of Health				
Number	**Recommendation**	**Indicator**	**Agency Responsible**	**Timing**
2.1	Implement school gardens that grow fruits and vegetables by engaging students, parents and community members.	▪ # of school gardens	▪ RSD ▪ International Rescue Committee ▪ Cultivate South Phoenix ▪ UofA Cooperative Extension	▪ Ongoing
2.2	Conduct and promote healthy cooking, nutrition and home gardening classes for families and community members.	▪ # of classes per quarter/monthly	▪ RSD School with shared-use ▪ RSD Wellness Center ▪ RSD Brooks Community School ▪ University of Arizona Cooperative Extension ▪ Valley Permaculture Alliance	▪ After shared-use in place
2.3	Bring farmers' markets and pop-up stands to schools, community centers and parks in the study area. Create partnerships with local food retailers and farms.	▪ # of farmers' markets ▪ # pop-up stands	▪ Arizona Farmers' Market Association ▪ City of Phoenix Planning and Zoning ▪ International Rescue Committee ▪ Cultivate South Phoenix (CUSP) ▪ Tiger Mountain Foundation ▪ Maricopa County Food System Coalition	▪ Before or after shared-use in place

Pathway #3

Increased access to school facilities for public use ▶
Increased Physical Activity ▶
▼ Heat Related Illness, ▼ Respiratory illness/health, ▼ Chronic Disease, ▲ Culture of Health, ▲ Positive Mental Health, ▼ Injury

Number	Recommendation	Indicator	Agency Responsible	Timing
3.1	Create Partnerships with community agencies to provide free or low-cost structured physical activity courses for youth and community members during shared-use/open-use periods	▪ # courses provided	▪ RSD ▪ FIT PHX ▪ City of Phoenix Parks and recreation ▪ Local gyms ▪ Local running groups	▪ During shared-use implementation
3.2	Implement shared-use that includes open gyms to accommodate individuals with health issues such as asthma and other respiratory illness.	▪ # of gyms open to community	▪ RSD ▪ Community members – for volunteering/ supervision ▪ Block Watch groups	▪ During shared-use implementation
3.3	Conduct physical assessments of schools (visual observation of space, lighting, shade etc.) in order to identify best candidates for shared-use that are safe and accessible to the community.	▪ # schools assessed	▪ MCDPH ▪ ASU Planning	▪ Prior to shared-use implementation
3.4	Conduct additional physical assessments of City of Phoenix park utilization and conditions (lighting, quality of equipment, shade etc.) in order to identify best candidates for shared-use that are safe and accessible to the community.	▪ # of parks assessed	▪ MCDPH ▪ ASU Planning	▪ Prior to shared-use implementation

Pathway #4

Increased access to school facilities for public use ▶ Neighborhood Impacts/Public Safety ▶ ▼ Injury and ▼ Stress on Staff and Community				
Number	**Recommendation**	**Indicator**	**Agency Responsible**	**Timing**
4.1	Ensure facilities considered for shared-use are assessed for safety. Considerations may include: access to the school, pedestrian/ bicyclist safety, playground equipment, congestion/parking, gangs and lighting	▪ # of school assessments	▪ RSD ▪ PTOs ▪ MCDPH ▪ City of Phoenix Streets Transportation	▪ Prior to shared-use implementation
4.2	Develop policies that are safety minded related to supervision, trash, dogs, hours. Assess how supervision might impact stress on staff (custodians, teachers, security).	▪ # safety policies for the District	▪ RSD	▪ Prior to shared-use implementation
4.3	Create or enhance neighborhood Block Watch groups that are able to supervise open facilities during non-school hours.	▪ Create a directory for the neighborhood Block Watch schedule that monitors shared-use facilities	▪ RSD ▪ Phoenix Police ▪ Phoenix Neighborhood Services	▪ Immediately
4.4	Post signage at RSD facilities that indicates: hours of use, point of contact for emergencies, rules and regulations.	▪ # of signs at facilities	▪ RSD ▪ Phoenix Police	▪ Pending shared/ open – use of the facility
4.5	Assess/study alternative transportation efforts to and from schools after hours. Cross-walks, walking school bus, group walks etc.	▪ # alternatives analyzed and implemented	▪ RSD ▪ Safe Routes to School ▪ Police ▪ Community leaders ▪ Churches	▪ Prior to shared-use implementation

Pathway #5

Increased access to school facilities for public use ▶
Maintenance/Operations ▶
▼ Stress on Staff and Community

Number	Recommendation	Indicator	Agency Responsible	Timing
5.1	Estimate costs of shared-use activities. Identify funding sources (existing and potential) for shared-use related costs.	▪ Costs of shared-use estimated ▪ Funding opportunities identified	▪ RSD ▪ City of Phoenix	▪ Before annual budgets finalized
5.2	Establish shared-use funding committee with PTOs and community members.	▪ Committee formed ▪ Funding allocated	▪ RSD ▪ City of Phoenix ▪ PTOs ▪ Community Development Corporations, community-based organizations ▪ Local Businesses, foundations, organizations ▪ Non-profit hospitals	▪ Immediately
5.3	Create a communication channel within the District to distribute information related to shared-use and to enlist volunteers (parents, current staff)	▪ # of promotional materials created and distributed ▪ # of volunteers enlisted	▪ RSD	▪ Prior to shared-use implementation
5.4	Better understand and promote shared-use liability legislation and establish a more robust RSD shared-use policy with regard to liability.	▪ Understanding the existing Senate Bills ▪ SB Language incorporated into a RSD policy	▪ RSD ▪ Community members	▪ Immediately
5.5	Simplify reservation process and reduce costs for community use of school facilities.	▪ Reservation process simplified	▪ RSD	▪ Immediately

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