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An Investigation of the Perceptions of Community Residents and Volunteer Researchers for the Community Health of the Clarke Square Neighborhood

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AN INVESTIGATION OF THE PERCEPTIONS OF COMMUNITY
RESIDENTS AND VOLUNTEER RESEARCHERS FOR THE COMMUNITY HEALTH OF
THE CLARKE SQUARE NEIGHBORHOOD

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ABSTRACT
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The study explored the similarities and differences in community residents' perceptions and volunteer researchers' perceptions of community health indicators in the Clarke Square Neighborhood. The study sought to identify noteworthy differences between community residents' perceptions and volunteer researchers' perceptions, indicating the importance of including community members in community health research. In the study, community residents in the Clarke Square Neighborhood conducted a survey that had previously been done by volunteer researchers from the Urban Ecology Center and the Medical College of Wisconsin regarding community health indicators in the Clarke Square Neighborhood. The study also included a focus group, which discussed the perceptions of community residents and volunteer researchers regarding community health in the Clarke Square Neighborhood and the role that communities play in research. The study found several noteworthy differences in the perceptions of community residents and volunteer researchers regarding community health in the Clarke Square Neighborhood.

Keywords: community, community health, community-based participatory research, perceptions

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Introduction

Conducting research in communities can have many powerful benefits; however it can also be a challenging endeavor. Community research can be conducted in such a way as to fulfill the needs of the researchers as well as accurately reflect the community being studied. Research can also be conducted so as to maintain positive relationships among all constituent groups, which requires a delicate balance and a deep understanding of the implications involved in community research.

In order to realize these benefits, the roles of stakeholder groups must be understood and communicated prior to the beginning of the research study. Additionally, the mutual expertise of researchers and community members must be acknowledged and respected. Finally, expectations should be clearly discussed, modified if and as needed, and communicated throughout the research process.

In addition to the challenge of navigating community and researcher relationships, researchers must also acknowledge the role that perception of the community residents plays in research. One resident's perception of his/her community may be entirely different from another resident's perception of the same community. On top of this challenge, the perception that researchers have regarding a community being studied may be entirely different from the perception that community members have of their community.

The study focused on one particular neighborhood in Milwaukee, the Clarke Square Neighborhood and research being conducted in the neighborhood called the More Than a Pretty Place project. The study explored the perceptions of the residents in the Clarke Square

Neighborhood in comparison to the perceptions of volunteer researchers used in the More Than a

Pretty Place Project.

Chapter 1 begins with a section entitled Background, which contains an explanation of

the More Than a Pretty Place project as the primary context for the study. This section also

provides an explanation of our interest in the topic of community research and the role of

perceptions in community research. The second section entitled Purpose and Significance details

the importance of the study and its long-term implications. Next, the section entitled Research

Questions identifies the research questions used to address the purpose of the study. The research

methods used to answer the research questions appear in the section entitled Procedures. The

section entitled Limitations and Delimitations addressed important considerations for the validity

of the processes of the study, its conclusions and recommendations. The last section entitled

Glossary identifies and defines important terms used throughout the study.

Background

The study began with our mutual interest in asset-based mapping combined with an

interest in how research is conducted in communities, specifically in the Menomonee Valley

location of the Urban Ecology Center. We as MU researchers first became interested in

conducting the study when we attended a *Building a Better Milwaukee* conference on asset-based

mapping in Milwaukee, which took place on November 2, 2011, at the Redeemer Lutheran

Church. Not long after, we found out that the Urban Ecology Center was engaging in a research

process that would evaluate community health in the neighborhoods surrounding the

Menomonee Valley location of the Center. Specifically, the Urban Ecology Center, Menomonee

Valley Partners and the Medical College of Wisconsin partnered in the Healthy Wisconsin

Partnership Program (HWPP); and their project was called the More Than a Pretty Place project.

More Than a Pretty Place The purpose of the More Than a Pretty Place: Activating

Urban Parks to Improve Community Health and Wellness Project was to assess the relationship

between environmental education and community health. Specifically, the goal was to

understand how "a new urban park, with complementary outreach and education, affects

knowledge, attitudes, behaviors, assets/supports and health outcomes among neighborhood

residents (HWPP Proposal, 2011, p.1). This study was based on the recognition that green spaces

are important components of neighborhood quality, and that access to green space influences

emotional, social and physical health. This study further assumed that the mere presence of green

spaces in communities may not be enough to relay the benefits of green spaces to communities.

Environmental education and recreational activities can effectively activate parks for

communities. In other words, environmental education programs and recreation activities can

increase the perceived accessibility of green spaces in communities, which can help to increase

the usage of green spaces and therefore relay the benefits associated with access to green space.

The overall goal of the More Than a Pretty Place Project was to understand how the new

park in Menomonee Valley, in combination with the environmental education and outreach

programs offered by the Urban Ecology Center would affect the neighborhood residents. The

project was designed to accomplish three primary objectives:

1. Measure baseline information on children's health behaviors, assets/supports and

   outcomes, to enable measurement of individual-level change in long-term (HWPP

   Proposal, 2011, p.3)

2. Measure change in children's knowledge and attitudes about outdoor play in green spaces and health, and access to green space (HWPP Proposal, 2011, p.3)

3. Measure baseline information on geographical patterns of neighborhood quality to enable measurement of neighborhood-level change in the long-term (HWPP Proposal, 2011, p.3)

Using these three objectives, the More Than a Pretty Place Project was designed to collect data in the neighborhood in order to track how the opening of a park in Menomonee Valley and the opening of an Urban Ecology Center location with its environmental education and outreach programs will affect the surrounding community.

For the purpose of the study, we considered the third objective of the More Than a Pretty Place Project, which is to conduct a baseline study of the neighborhoods surrounding the Menomonee Valley location of the Urban Ecology Center. In order to do this baseline assessment, the Urban Ecology Center and the Medical College recruited volunteer researchers to walk up and down specified street segments and fill out a *Neighborhood Assessment Tool* with community health indicator questions. The street segments chosen for this sample were randomly generated. The volunteer researchers were recruited for the most part from the Urban Ecology Center volunteer program. Specifically, an email was sent to volunteers who had indicated an interest in doing field research with the Urban Ecology Center. The email included information about the More Than a Pretty Place Project.

Volunteers who responded with an interest in participating in this study then completed an hour-long training session in which they learned about the study, *Neighborhood Assessment Tool* tool and the survey process. The purpose of the training was to ensure that all volunteer researchers understood completely how to use the survey tool and understood the components of

the survey tool. The components included: land use, social environment, orderliness and

cleanliness of the neighborhood, recreational opportunities, natural and aesthetic features. For

example, volunteer researchers were shown pictures representing a sidewalk in "poor condition,"

a sidewalk in "fair condition," a sidewalk in "moderately well-kept" condition, and so on. The

point of this activity was to lessen subjectivity in the volunteer researchers' responses by

ensuring that they held the same standards. Volunteer researchers were also told not to engage

with any residents when they walked up and down the street segments. This direction was also

given in order to make the results as objective as possible. Throughout the summer and fall of

2012, volunteer researchers walked the street segments and filled out the surveys using iPads

provided through grant funds for the More Than a Pretty Place Project. The survey results were

then compiled to create a baseline assessment of the neighborhood so that future research in the

neighborhoods could show changes and developments over time.

    Our specific interest in this aspect of the More Than a Pretty Place Project was to

question how accurately the volunteer researchers' assessment of the community health reflected

community members' perceptions regarding their community health. In our study, we sought to

understand potential similarities and differences in the how the volunteer researchers perceived

community health indicators and how the residents perceived community health indicators in

their own neighborhoods. In our study, we focused specifically on the Clarke Square

Neighborhood. We defined the Clarke Square Neighborhood as the area between National

Avenue Greenfield Avenue and Cesar Chavez Drive and Layton Boulevard. We had community

residents fill out the same surveys on the same street segments as the volunteer researchers in the

More Than a Pretty Place Project. This method allowed us to compare volunteer researchers'

perceptions of community health indicators with neighborhood residents' perceptions.

Our study emphasized the importance of adding community perceptions to the evaluations of communities so that future studies can strengthen their findings and reveal valuable and honest portrayals of communities. While researchers and volunteer researchers bring valuable knowledge and experience to the table, community members are the real experts in terms of their own communities. Community members know what their communities are like at all hours of the day. They know what their communities are like at all times throughout the year. Community members know who values what in their community. Therefore, their voices and perceptions reveal pertinent insights into the understanding of the community itself. Insights revealed by community members not only add to the robustness of the community health studies, they also ensure that the results of studies accurately reflect the community and its values.

Our study provided further information into how the residents of Clarke Square perceive their community. Additionally, our study provided further insight into the concept of community participation in research studies and the relationship between community members and researchers. The purpose of the third objective of the More Than a Pretty Place Project was to create a neighborhood assessment that would function as a baseline study so as to enable researchers to measure and evaluate changes in neighborhood health over time. By studying community residents' perceptions, our study provided a necessary component to this evaluation and understanding of the Clarke Square Neighborhood. By including the community voice, we are enhancing the understanding of neighborhood health in Clarke Square. We are digging deeper into the evaluation of the community health of the Clarke Square Neighborhood in order to provide a more honest representation of the community.

Asset-Based Mapping Researchers have been evaluating communities and community programs in order to find and validate possible solutions to the problems that society has deemed

important. Society's concern over certain issues has resulted in an interest in measurement in

order to better understand and work towards solving these issues (Gahin & Paterson, 2001).

Whether the research focuses on problems with physical health, mental health, the environment,

or safety, society is looking for solutions to these problems and looking towards research to

demonstrate which solutions are working and which are not. Unfortunately, this pressure to

identify problems and find solutions has often caused research approaches to look at

communities through a lens that magnifies the problems existing in communities.

The needs-based approach, which focuses on what communities need instead of focusing

on what assets communities already have, can disempower communities. In this approach,

communities are viewed through a lens of need, and this lens of need can cause communities to

identify with their own needs or deficits rather than their assets. Additionally, as suggested by

McKnight and Kretzmann (1990) "it is no surprise that most Americans think about lower

income urban neighborhoods as problems" (p.1). The more that research focuses on the problems

that exist in these communities, the more the public and the communities themselves see

themselves as problems. As the view that these problems, issues or needs are prevalent in low

socioeconomic status communities becomes acceptable, research continues to focus on the

problems and needs in these communities, causing a cycle of negativity that can lead to

disempowerment.

Asset-based mapping, on the other hand, utilizes an approach that identifies and focuses

on the assets that a community already has, rather than identifying what it lacks or needs.

Specifically, this capacity-based alternative works to "develop policies and activities based on

the capacities, skills, and assets of low-income people and their neighborhoods" (McKnight &

Kretzmann, 1990, p.2). This approach suggests that researchers, organizations and institutes

cannot develop communities from the top-down, or from the outside. However, they can assist

communities in their own progress of developing their own assets. Through recognizing assets,

community members can network and share each other's assets in order to strengthen their

community internally. This approach suggests the importance of understanding the assets of a

community when assisting that community. The asset-mapping process (Kretzmann &

McKnight, 1993) involves identifying specific human and material resources for six domains of

an organization or a community. The left column in the chart below contains a list of the six

domains, and the right column contains examples of resources for each domain:

Table 1

Asset Map Domains and Examples

Domains	Examples
Individuals	advocates, elders
Associations	community centers, social cause groups
Institutions	banks, schools
Resources	facilities, lands
Weavers	consultants, networkers
Stories	influence stories, inspirational stories

Purpose and Significance

The purpose of the study was to explore the similarities and differences in perceptions of

the Clarke Square Neighborhood held by community residents and volunteer researchers. The

study was deemed important for its potential to shed light on multiple significant implications

regarding the Clarke Square Neighborhood and on community health research. The study

attempted to bring to light the views of Clarke Square residents regarding community health

indicators in their community, which added value to the overall study of the community health of

the Clarke Square Neighborhood by providing pertinent insights into the community health of

the neighborhood that would have been otherwise lost. The study sought to increase the

understanding of the views, perceptions and values of the Clarke Square Neighborhood from the

perspective of the residents, which would, hopefully, add to the robustness of the understanding

of Clarke Square. Additionally, the study showed that perceptions of residents may differ from

perceptions of researchers. This disconnect suggested not only the critical role that perceptions

play in research, but also the importance of including community members in community health

research so as to enhance studies by including these valuable perceptions. An important

implication of the study was the suggestion that future community health studies should work to

include community members in a participatory role, should recognize the value that community

members add to a study, and should recognize the role that perceptions play when analyzing

results and findings in such studies.

Research Questions

   With respect to the purpose of the study, the following research questions seemed

warranted:

1. What are the perceptions of the volunteer researchers regarding community health

    indicators in the Clarke Square Neighborhood?

2. What are the perceptions of the local community residents regarding community

    health indicators in the Clarke Square Neighborhood?

3. What are the similarities and differences between residents' perceptions and volunteer

    researchers' perceptions regarding community health indicators in the Clarke Square

    Neighborhood?

Procedures

In order to answer Research Question 1, the results from the *Neighborhood Assessment Tool* for the street segments in the Clarke Square Neighborhood were compiled. These results were from the surveys that were conducted by volunteer researchers the previous summer and fall as part of the neighborhood assessment for the More Than a Pretty Place Project. The surveys were conducted on I Pads and the results were compiled in a spreadsheet. The Evaluation Coordinator for the More Than a Pretty Place Project sent us the spreadsheet with these results, and we as MU researchers filtered out the segments that were not from the Clarke Square Neighborhood. Names were included in the More Than a Pretty Place Project; however, once the results were sent to us, we as MU researchers immediately deleted the names of participants so as to keep results anonymous. This information allowed us to identify the perceptions of volunteer researchers regarding the Clarke Square Neighborhood.

In order to answer Research Question 2, Clarke Square community residents conducted the survey tool that was used in the More Than a Pretty Place Project. First, we identified the segments used in the More Than a Pretty Place Project that were part of the Clarke Square Neighborhood. We then knocked on doors on each of those identified street segments and invited residents to conduct the community health assessment survey. We explained to all participants that their answers would remain anonymous and we did not gather any information on the participants that could compromise their anonymity. Participants were also told that they could choose to opt out of the survey at any point throughout the process. The information gathered in this step allowed us to identify the perceptions of local residents regarding the Clarke Square Neighborhood.

In order to answer Research Question 3, the results from the volunteer researchers' surveys and the Clarke Square residents' surveys were put in tables, and we analyzed the tables looking for similarities and differences. Additionally, a focus group with a community resident, a community connector and a staff member at the Urban Ecology Center was conducted to validate and comment on the findings from the review of literature and the themes presented from the residents' survey results and the volunteer researchers' survey results. A review of scholarly literature was conducted on the subject of community health indicator studies, community engagement in research, collaboration between researchers and communities, and the role of perception in research, which provided further understanding and analysis for each of the research questions.

Limitations and Delimitations

The first three weaknesses discussed in this section are weaknesses regarding the *Neighborhood Assessment Tool* and its administration. The last weakness described in this section pertains to the focus group.

The volunteer researchers conducted the survey in the end of August and throughout September of 2012. The community residents conducted the survey in January. The disparity in season between the two participant groups may be a limitation of the study. For example, the snow in the winter may have hidden damages to buildings that were easier to see in the summer. Additionally, the season may have affected the amount of people who were outside when the surveys took place. However, we attempted to minimize this weakness by gathering data from the same street sections used in August and September. We also asked residents who completed

the surveys in January to envision their street segment in the summer and answer the questions as if they were looking outside at their street in the summer season.

Additionally, the study was offered only in English and was conducted in a bilingual neighborhood. An inherent weakness of the study was that the research language was in a language unfamiliar to some of the resident participants. In most circumstances, residents who we approached who did not speak English simply refused to complete the survey. Our results therefore leave out an important population in the community. In some circumstances, interviews with community residents often relied on translations by children between residents and researchers. This mechanism was a limitation because the children may not have accurately translated their parents' meaning and observations.

The final weakness had to do with the focus group. Focus groups involve an inherent weakness regarding the subjectivity of the participants. The answers given by focus group participants are subject to their own personal opinions, backgrounds in the community and roles within the community. Additionally, the focus group met for almost 90 minutes. Even though the focus group provided comments on the data gathered for all of the 11 health indicators, more time would have yielded additional comments.

Last, while five community leaders agreed to participate in the focus group, only three were able to participate due to unforeseen circumstances. While the three community leaders who participated in the focus group represented different stakeholder groups in the Clarke Square Community and for the More Than a Pretty Place Project, even a few more community leaders would have provided additional insights into the findings from our study.

Glossary

In describing the qualities of the Clarke Street Neighborhood, the following key terms had specific meanings:

Community: Brenner and Manice (2011) define community as "a group of people united by at least one but perhaps more than one common characteristic including geography, ethnicity, shared interest, values, experience, or traditions" (p.87). For the purpose of the study, community is defined as individuals who lived in the Clarke Square Neighborhood, which included the area between National Avenue Greenfield Avenue and Cesar Chavez Drive and Layton Boulevard.

Community Health: For the purpose of the study, community health refers to the quality of life within a community. Specifically, we focused on land use, social environment, orderliness and cleanliness of the neighborhood, recreational opportunities, natural and aesthetic features. These components were the community health indicators used in the *Neighborhood Assessment Tool*.

Community-Based Participatory Research: Community-Based Participatory Research in the study refers to the active engagement of and participation of community members on various levels. O'Fallen and Dearry (2002) describe the six principles of community-based participatory research. These principles include: promoting active collaboration at all stages of research, focusing on co-learning, ensuring that projects are community-driven, disseminating research results in ways that are useful for the community, using culturally appropriate methods, and defining community as a unit of identity (p.156).

Community Residents: Adults who lived in the Clarke Square Neighborhood on or next to the specified street segments.

Participatory Research: Taverso-Yapez et al. (2012) describe participatory research as research that involves communities in three components. These components include: "shared ownership

of the research project, community-based identification and analysis of social problems, and

orientation toward using research results to facilitate community action and change" (p.3)

Perceptions: The assessment and judgments that members of a community made about their

community, specifically in regards to recreation, physical disorder, housing quality.

Street Segments: The length of street from one intersection to another intersection or from one

intersection to a dead end within the Clarke Square community.

Volunteer Researchers: The members of the Urban Ecology Center volunteer program who

indicated an interest in field research and lived in the Milwaukee area.

Chapter II: Literature Review

Introduction

The purpose of the study was to explore the perceptions of residents in the Clarke Square

Neighborhood in comparison to the perceptions of volunteer researchers regarding community

health indicators in the Clarke Square Neighborhood. The study looked specifically at how two

different types of constituent groups might have similar or different perceptions when conducting

a community health assessment. Traditionally, community health studies often involved

nonresident researchers conducting research in communities. More recently, studies have moved

toward community participation in varying degrees throughout the research process. In both

types of studies, perceptions of researchers and community residents can play important roles in

community research.

This chapter includes a review of literature on the subject of community health studies

and the role that participants and their perceptions play in this type of research. This chapter

begins by a review of pertinent literature about trends in community health studies. The first

section, entitled Community Health Indicator Studies, looks into trends in community health studies over the past few decades. This section addresses the changing trends in community health indicator studies as well as the challenges and benefits of community health indicator studies. The second section, entitled Community Engagement in Research, addresses the changes in trends of community engagement in research as well as the benefits and challenges of community participatory research. This section also includes an in-depth look at Community-Based Participatory Research. The third section, entitled Collaboration Between Researchers and Residents: Who is the Expert, addresses the different expertise that both researchers and residents bring to community research project. Specifically, this section looks at collaboration between researchers and communities and addresses the exchange principle in community engagement models. The fourth section, entitled The Role of Perception in Research, explores residents' perceptions towards their communities and the influence their perceptions can have on community health research projects. This section also takes a specific look at the role of perceptions in survey and focus group studies. Each section also concludes with a subsection entitled Implications, which identifies the most relevant insights for the study.

Community Health Indicator Studies

      Past and Present Trends Over time, community health research has become viewed as a necessary aspect of documenting community growth and development. The use of indicators as a strategy to assess communities has also gained popularity over time. In their studies on past, present and future trends in indicator research, Gahin and Paterson (2001) described indicators as being used to "illustrate current conditions, track trends over time, and identify important issues" (p.347).

Gahin and Paterson (2001) further noted the importance of historical trends in indicator research. The 1960's, for example, saw an increase in public concern over issues such as poverty, race, unemployment and housing. This growing concern led to an increased interest in measurements as a way to better understand and work to improve or solve these problems. The 1970's then saw a flourishing of social work indicators. As Gahin and Paterson described, "Citizens and social leaders sought data that reflected the state of affairs in their immediate environment" (p.349). Then in the 1980's, with growing concern over the state of the environment, a whole new set of environmental indicators developed. These indicators included monitoring of carbon dioxide emissions, the depletion of ozone layer and deforestation. Then in 1992, the Rio Summit introduced a framework for developing indicators of sustainability (Gahin & Paterson, 2001).

The 1990's saw an important change in trend in terms of indicator studies. An emphasis was placed on a bottom-up approach to indicator studies in which democratic participation was emphasized (Gahin & Paterson, 2001). This new approach to indicator studies revealed a new perception on the role of indicators and indicator research. As opposed to previous goals that focused primarily on the evaluation aspect of indicator studies, this new trend placed an emphasis on empowering and engaging communities involved in indicator studies. Rather than viewing communities as the subjects of studies, researchers began to consider how citizens could be engaged in such studies so as to have an impact on the future of their communities. This new trend suggested that indicators could function as a way to measure progress while engaging community members in important dialogue about the future of their community.

Gahin and Paterson (2001) noted that indicators work to reflect the status of larger systems. They reveal information about past trends and current conditions. Indicators can be

used not only to monitor progress, but they can also be used to bring attention to particular areas. In this sense, indicators and indicator studies can be powerful tools not only for researchers, but for communities as well. Indicators can empower communities to recognize their own strengths as well as weaknesses, and have a voice in what attention is brought to these strengths and weaknesses.

Maclaren (2001) also noted the evolution of indicator studies over time. The community indicator movement has been a phenomenon since the 90's, specifically noting that over 200 community indicator projects were launched in the US in the 90's. While traditionally the primary authors of indicator studies were government bodies, more recently community members have become participants in order to more accurately reflect the values of communities. Maclaren (2001) noted "in the new indicator movement, indicator reports have varying levels of community input in their development and a wide range of authors, including local government, community groups, non-government organizations, academics, or various combinations of these" (p.276). Community members have become a key constituent group in the research process, not just as participants, but as advisors, recruiters, and in disseminators of results as well.

Challenges and Benefits of Community Health Indicator Studies In their article on the development of community indicators for a Healthy Communities Initiative in Alberta, Canada, a research team of Smith, Littlejohns, Hawe and Sutherland (2008) studied community members' experiences and expectations in developing indicators. Smith et al. recognized the pressure that community programs, such as health and human service programs, face to evaluate their programs in order to demonstrate the value of their programs. Often, this pressure came from funding sources. Indicators became a necessary strategy in the process of evaluating programs.

Smith et al. (2008) noted that, "engaging the public in a participatory process to derive their own indicators of success seems, on the surface, an appropriate and logical way to proceed" (p.119). In a series of 19 semi-structured interviews, Smith et al. asked community participants questions on their definition of success in the Healthy Communities Initiative and their experience in developing indicators in order to further analyze community indicator studies.

Smith et al. (2008) found that community members who were participating in the Healthy Communities Initiative seemed disinterested in the process of establishing indicators. The researchers then consulted with key informants from the communities in which the studies were happening to develop research questions that would shed light on the experience and concerns of the community members (Smith et al., 2008). One of the central themes that emerged from these conversations and, therefore became the focus of the research, was the tension between research staff expectations and the participants' experiences. Specifically, Smith et al. (2008) noted that "formal HCI indicators lacked relevance to community members; community members felt no ownership of these indicators and community members instead drew upon measures that were informal or experiential in nature" (p.122). For example, community members were more likely to see improvement in a park when they noticed more kids playing in the park and a more confident vibe in the community regarding the park. It would not necessarily be the formal indicators that suggested improvement to community members, but rather something that community members could just feel.

Furthermore, Smith et al. (2008) found that, while some participants acknowledged the value of indicators, few participants had interest in undertaking the indicator development part of the work. They found that "participants were perceptively critical of the indicators' ability to capture important community changes" and felt that the indicators were something that they

were obliged to provide for the research staff (p.122). Community members felt more

comfortable with the use of informal measures of change. A challenge, therefore, in indicator

research was developing indicators that are meaningful to communities.

Similarly, Maclaren (2001) noted the various potential setbacks in indicator studies.

Maclaren suggested that researchers may choose indicators that reflect their own "perceived or

desired images of that community" (2001, p.276). Additionally, researchers may lack the data

necessary to develop indicators that communities request. Another potential setback is that

researchers and report authors might not have the knowledge necessary to accurately interpret

indicator results. Finally, Maclaren (2001) suggested that researchers and report authors "may be

forced to simplify results in the report so as to make the results easily understood by the target

audience" (p.276). In other words, the results reported in research studies may not be honest

representations of communities as they may be influenced by various biases and factors.

In his research on sustainability indicator projects, Holden (2001) noted another

challenge in indicator studies. Some sustainability indicator projects are less able to help resolve

immediate problems and are more geared towards developing long-term solutions. Some projects

specifically attempted to work around this issue in order to better address local and immediate

problems while at the same time conducting research necessary for long term change. As an

example, Holden (2001) noted one organization that was looking to develop an "adopt an

indicator program" in which "community groups [would] take responsibility for and address a

particular indicator of interest to them" (p.222). This example represented a bottom-up approach,

which "has the advantage of having a support base wide enough to weather changes in political

climate and explicitly addressing interconnections among issues and indicators" (Holden, 2001,

p.222). While indicator studies yield more challenges, researchers have found creative ways to address these challenges by focusing on community and community involvement.

Along with the various challenges inherent in indicator studies, researchers have also identified benefits. Gahin and Paterson (2001) noted that the process of developing indicators brings people together and opens up dialogue about community issues. Indicator studies also can develop a shared understanding of community problems and goals. This uniting aspect of indicator research took place not only in communities, but also among communities, researchers, organizations and educational institutions that worked together on indicator studies.

Implications While indicator studies can be an important and empowering tool in the field of community health studies, researchers must remain aware of the challenges that arise in this type of research and in accurately portraying communities. The major challenge lies in developing indicators that not only accurately reflect communities and their values, but also are meaningful to communities. Various studies recommend a collaborative approach to developing indicators that involves communities and researchers. Maclaren (2001) suggested that community reports more accurately reflect community values when the community has a role in developing indicators. Smith et al. (2008) suggested that future indicator development should focus on "measures of success that community members deem meaningful and relevant in the context of their own values and direct expertise" and "creating stable, trustworthy contexts of action within which informants will be used" (p.125). In order to develop meaningful studies, collaboration should be at the heart of the process. In other words, to fully take advantage of the benefits of community health indicator studies, communities must be engaged in the research design, data-gathering and dissemination.

Community Engagement in Research

Several factors led to an increased emphasis on community participation in community health and well-being studies. Traverso-Yepez, Maddalena, Bavington and Donovan (2012) mentioned the influence of the Ottawa Charter and the EPP report in the 1980's and the resulting emphasis specifically in Canadian literature on communities participating in initiatives related to health and well-being. While in most empirical, quantitative studies, participants are made up of volunteers or staff from health promotion agencies, Traverso-Yepez et al. (2012) suggested that for programs to be effective, communities should have a voice in the design and implementation process.

In their work on participatory research, Traverso-Yepez et al. (2012) studied two case studies of grant-funded projects in Canada. In interviewing participants in the study, the researchers emphasized their desire to work in a participatory manner. They found that even though participants had agreed to the participatory aspect of the study, the participants of the study saw the researchers as authority figures. It did not matter how the researchers framed their own role in the process, the participants saw the study as coming form the researchers (Traverso-Yapez et. al., 2012). At times, the researchers even felt that the participants were tailoring their answers to fit what they believed the researchers wanted to hear.

This type of challenge can be addressed through a participatory approach to community health research. Taverso-Yapez et al. (2012, p.3) describe three components of participatory research:

- Shared ownership of the research project

- Community-based identification and analysis of social problems

- Orientation toward using research results to facilitate community action and change

Their research in Canada suggested the importance of an interdependent top-down, bottom-up

relationship between communities and researchers. They suggested a top-down approach in

terms of what is facilitated with a bottom-up involvement in what is achieved (Traverso-Yepez,

2012). Most importantly, their research showed that community capacity cannot come from the

outside, but must be built from stakeholders on the inside. The most effective way to conduct

community health research was to work with a community towards a common goal.

      Historical Implications, Benefits and Challenges Traditionally, community health

studies did not emphasize a collaborative, community engagement approach to research. This

omission has resulted in historic mistrust between researchers and communities being

researched. As Cargo and Mercer (2008) noted, "decision-makers, advocates of underserved

populations, researchers, and intended users have questioned the social and cultural validity of

studies conducted by researchers who know little about the people, culture, and setting in which

their research was done" (p.326). Furthermore, communities have expressed dissatisfaction with

researchers "parachuting in," conducting research on community members, and leaving without

providing information (p.326). Brenner and Manice (2011) noted that communities can have a

negative perception of research studies stemming from unethical research projects that have

happened in the past leaving communities with the feeling of being used. In other words, both

researchers and communities stood to lose with traditional, non-participatory approaches to

research.

      Collaborative participation in research can offset some of the negative views that have

been imprinted on communities towards research. Cargo and Mercer (2008) defined participatory

research as "an umbrella term for a school of approaches that share a core philosophy of

inclusivity and recognizing the value of engaging in the research process (rather than including

only as subjects of the research) those who are intended to be beneficiaries, users, and stakeholders of research" (p.326). They noted that the integrity of the partnership between researchers and communities depends on the ability to establish mutual trust and respect. Once that trust has been established, participatory research can improve research quality by increasing recruitment and retention, reducing reporter bias, and reducing error caused by survey questions that are not culturally aligned (Caro & Mercer, 2008). Furthermore, nonacademic partners and communities develop their own capacity, empowerment and ownership through a participatory approach. A participatory approach also lent itself to the potential for wider dissemination and translation of research results. Including community members from the beginning of a study increased the likeliness that the study will be understood and supported by the community (Brenner & Manice, 2011).

In their study on community engagement in children's environmental health, Brenner and Manice (2011) emphasized the importance of community engagement in research. In particular, they also suggested that community engagement in research not only helped to build trust and reduce historic mistrust between researchers and communities and populations being studied, it can also contribute to the quality of the design of the study, the findings, and the dissemination of the findings (Brenner & Manice, 2011). A collaborative approach to research in communities can improve the design of the study, increase retention of study participants, and produce more meaningful results.

Community members can participate in varying degrees in research projects. In analyzing and understanding methods of community involvement in participatory research, Brenner and Manice (2011) suggested using a continuum model based on the degree to which

community members were involved in the research, decision-making, and dissemination of research.

Brenner and Manice (2011) also found many benefits to community engagement in research in terms of strengthening research studies. Collaborating with community members can bring new perspectives for community values and interests. Understanding community values and interests was important in engaging the community and sufficiently establishing cause-and-effect relationships.

Community-Based Participatory Research (CBPR) Researchers and communities can engage in research in a variety of different ways. Additionally, communities can engage in research in a variety of different levels. One approach to participatory research, which is included in the continuum model suggested by Brenner and Manice (2011), has been called Community-Based Participatory Research (CBPR). Williams, Bray, Shapiro-Mendoza, Reisz and Peranteau (2009) described community-based participatory research as an approach that "includes recognizing the community as a unit of identity, building trust with community stakeholders, using co-learning and empowerment processes to research questions relevant to the community, employing culturally appropriate researchers, and disseminating findings and knowledge to all partners through a community-driven process" (p.67). The Community-Based Participatory approach is known for going beyond community members participating in research merely as participants, and involving community members in deeper aspects of the research process.

O'Fallen and Dearry (2002, p.156) outlined the six principles of Community-Based Participatory Research:

1. Promote active collaboration at every stage of research.

2. Focus on co-learning

3. Ensure that projects are community-driven.

4. Disseminate results in useful terms.

5. Research and intervention strategies should be culturally appropriate.

6. Community is defined as a unit of identity

Active collaboration, they believed, could help to provide participants with a sense of ownership of the research and the outcomes. In an environment of co-learning, "both community residents and researchers could contribute their respective expertise and…partners learn from one another" (O'Fallen & Dearry, 2002, p.156). In community-driven research, research questions should be driven by community concerns. In order to disseminate results in useful terms, results should be "communicated to all partners in culturally appropriate, respectful, and understandable terms" (O'Fallen & Dearry, 2002, p.156). These six principles outlined how communities can actively participate in research and be a part of the research process.

Community-Based Participatory Research has had its challenges. One challenge, for example, revolves around funding. Collaborative research approaches often involved community-training sessions in which community members receive training in varying degrees. O'Fallen and Dearry (2002) noted that Community-Based Participatory Research may not always fit in with the funding paradigm, and the benefits may not always be immediately clear to funding agencies and research agencies. For example, funding agencies may not always be immediately aware that participatory research approaches tend to strengthen the quality of research designs, increase recruitment and retention of participants, increase dissemination of research results and build community capacity and empowerment. Without this knowledge, funding agencies may balk at the added cost that can come with collaborative approaches.

In their research on Community-Based Participatory Research in community health assessments, Williams et al. (2009) also identified challenges to the CBPR approach. They looked at three different models of participatory research used in the Healthy Neighborhoods Initiatives and analyzed them in terms of CBPR approaches. In this research, Williams et al. (2009) looked at the following three approaches:

1. A combined local-area analysis of quantitative data, qualitative information, and asset mapping.

2. A community-based participatory model, emphasizing participatory rural appraisal approaches and quantitative assessments.

3. A modified version of the community-based participatory model, which was more financially sustainable.

Through their research, they found various challenges in the Community-Based Participatory Research method. They found that cost due to increased time-commitment in training community participants could be a challenge to the CBPR approach. Additionally, differences in communication patterns could be a challenge. These differences could include language, timeliness, rapport and different perspectives, priorities, assumptions, beliefs and values (Williams et al., 2009).

Although Community-Based Participatory Research can lead to various challenges, the benefits of the CBPR approach may warrant much consideration. The CBPR approach builds trust between researchers and community. O'Fallen and Dearry (2002) also pointed out that, historically, communities have not been viewed as partners in the research process and often did not receive information about outcomes and seldom perceived benefits from participating in research projects. This disconnection between researchers and communities has caused

communities to feel hesitant about working with research projects. Community-Based

Participatory Research works to counteract this negative perception of research in communities.

O'Fallen and Dearry (2002) also noted that Community-Based Participatory Research

can increase the relevance of research questions. Community participation "ensures that the

research question under investigation is relevant to the needs and concerns of both the

researchers and affected residents" (O'Fallen & Dearry, 2002, p.158). Furthermore, positive

relationships developed in CBPR bring enhanced recruitment and retention among participants,

which improves data quality. Positive relationships also increase dissemination as active

participation leads to participants being more willing to disseminate findings.

Williams et al. (2009) noted many similar benefits to Community-Based Participatory

Research. They also noted that this approach can lead to improved study design through

increased participation and better representation of target audience. As community insights and

feedback can allow for improved tools that could be used in later studies, CBPR can lead to

enhanced study instruments. Participatory methods improve triangulation of data and invite

"richer interpretations of traditional quantitative data" (Williams et al., 2009). Finally, Williams

et al. (2009) found that CBPR builds higher levels of trust and rapport between community and

researchers.

Implications While engaging communities in the research process through participatory

research can certainly bring about challenges, the benefits suggest the importance in considering

this method of research in community health studies. The cost of participatory research methods

may be higher than non-participatory methods, as researchers often have to engage in additional

trainings for community members. Participatory research methods can also be more time

consuming than non-participatory methods. However, the benefits of this approach not only

affect the community being researched, they also affect the research itself. Communities often experience empowerment as their voices are heard and they recognize, develop and utilize new skills. This method also may enhances research studies as the research itself is more reflective of the values of the community, and community support increase participation and retention of participants. Finally, this approach may lead to positive, trusting and respectful relationships between communities and researchers.

Current trends have leaned towards participatory research as the importance of respecting and empowering communities starts to outweigh and outshine the importance of evaluating communities. Researchers can utilize various different approaches to engaging communities in participatory research. Depending on the circumstances of the study and the context surrounding the study, researchers can choose which method makes the most sense for their study and is the most feasible. With this flexibility, researchers can work to determine how best to bring the benefits of a participatory approach to their studies.

Collaborations Between Researchers and Communities: Who is the Expert?

The last two decades have seen an increase in community health research, much of it geared towards developing, implementing and evaluating programs for improving health in communities. In their study on inner-city Seattle communities' perspectives regarding community-researcher partnerships, Kone, Sullivan, Senturia, Chrisman, Ciske and Krieger (2000) noted the importance of a paradigm shift from traditional practices:

> …acknowledging community contributions, recruiting and training minority people to participate in research teams, improving communication, sharing power, and valuing respect and diversity (p.243).

In other words, Kone et al. (2000) suggested the importance of a culturally competent collaborative approach to research studies. A positive, trusting and healthy relationship between communities and researchers depends on an approach that values and respects diversity, open communication and empowerment.

Similar to studies previously discussed, Kone et al. (2000) found that effective partnerships require active participation by communities, a sense of ownership, and control by communities. They also mentioned challenges to this participation, such as appropriately defining target communities, developing effective community representations, and determining the role of community members. In their study, they found that developing and using culturally sensitive methodology and clarifying roles and expectations of community members and researchers can be helpful toward collaborations between researchers and communities. Additionally, participants mentioned the importance of appropriate representation of community members, noting that community representatives can facilitate communication between communities and researchers and support increased participation and empowerment of the community.

In their research in Seattle, Kone et al. (2000) found that researchers are often viewed as the experts because of their formal education, connection to a funding source, or decision-making aspects. This finding brings up a legitimate question of, who is the expert in community research studies?

In the Participatory Rural Appraisal (PRA) research approach, "researchers become the learners and community members become teachers providing 'learners' with expert knowledge of the complexities of local health conditions" (Williams et al., 2009, p.68). This research approach raised an interesting point. In community health studies, community members really

have the expertise in terms of their own community and local health conditions. While researchers certainly have their own areas of expertise that they bring to the table, so to speak, it is important to also note the expertise that community members bring as well. As noted by Cargo and Mercer (2008), "a key strength of [participatory research] is the integration of researchers' theoretical and methodological expertise with nonacademic participants' real-world knowledge and expertise into a mutually reinforcing partnership" (p.327). Equal participation of academic and nonacademic partners is ideal in terms of developing ownership, capacity building and empowerment. Acknowledging the importance of insider-knowledge in enhancing the academic partner's understanding of the needs and priorities of the communities is an important step in strengthening research studies (Cargo & Mercer, 2008).

Various studies have suggested the importance of the **exchange principle** in community engagement models. Brenner and Manice (2011) noted that "all community engagement models in research should create and maintain exchanges of value to the community or population being studied, in the form of either improved health or prevention initiatives, education, community capacity building and/or policy advocacy" (p.88). When participating in studies, communities are offering their time and their expertise. Brenner and Manice (2011) found that using the exchange principle led to an increase in gaining and sustaining community support and advancing study recruitment.

Community members often have a lot to offer researchers in community health studies. Traditionally, community members have seen researchers as the major benefactors who are motivated by their own publications and funding. Additionally, community members want to avoid "tokenism," or community involvement just to fulfill funding requirements (Kone et al., 2000). In order to maximize the exchange principle and avoid negative feelings from the

researchers or community participants, both parties must define their roles while acknowledging their own and the others' expertise. Open communication prior to the beginning of studies can help with the process and facilitate positive relationships between researchers and communities throughout the study.

Implications Far too often, researchers have come into communities and relied on their own expertise to evaluate communities and neighborhoods. In doing so, researchers miss out on valuable knowledge and unique perspectives regarding the subject of their research. The community members who live in the community have the most intimate knowledge of the community. Additionally, community members' perspectives reveal the true values of the community. The community members themselves make up the foundation of the community; the most effective way to incorporate this pertinent information about a community in a research study is to collaborate with a community in such a way that acknowledges community members' expertise in their own community.

Researchers who do not acknowledge the expertise of community members not only stand to weaken their own study, but may also miss out on the opportunity to empower and strengthen the community within which they research. When researchers acknowledge the expertise of community members, they are suggesting to community members that their voices are worth hearing and that their views matter. This reassurance can be a powerful and meaningful gift to give communities.

Finally, the mutual acknowledgment of expertise between community members and researchers can help to strengthen the relationship between researchers and communities. Community members have crucial expertise to offer research studies. Additionally, researchers often have benefits they can offer communities, such as community capacity building and policy

advocacy. In adhering to the **exchange principle**, both community members and researchers can offer exchanges of value to each other. This building of a positive relationship can work to undue the negative perceptions communities often have toward researchers based on years of their own expertise being unrecognized and ignored. As communities begin to be respected, appreciated and included in research studies, and as community members begin to be seen for their expertise regarding their own communities, this affirmation of their own assets will empower their communities.

The Role of Perception in Research

   Residents' Perceptions of their Communities Every individual has a unique perception of his or her environmental surroundings. Many factors can influence the assessment and judgments that members of a community make about their community, causing variations in perceptions regarding communities and neighborhoods. Additionally, perceptions can play a critical role in how communities act towards their environment. In Broderick's (2007) study on how communities perceive their environments, Broderick noted the importance of perceptions suggesting that how an environment was perceived will ultimately influence how an individual or group will act in it. Broderick (2007) further stated that "environmental perception is an active process; the individual actively perceives their environment through their personal and social experiences in place" (p.298). In other words, every individual has a unique perception of his or her environment, which can be influenced by various different factors. Both the social and environmental characteristics of a place can influence an individual's environmental perceptions. Broderick (2007) suggested the importance of individuals having active participation in their environment as their perceptions are influenced by spatial location, social interaction and

personal experiences. Community participation effects environmental perceptions, which can have a crucial role in the sustainable management of ecosystems (Broderick, 2007).

Perceptions can also play a role in the sustainability of a community. Kooti, Valentine and Valentine (2011) conducted a study to determine what factors predict whether or not residents perceived their community as family-based. They noted that the sustainability of a community was subject to the perceptions of the residents who lived in the community, such as how satisfied they felt toward their local conditions. Kooti et al. (2011) found direct positive correlations between "community friendliness, education quality, and the condition of public housing" and residents' perceptions of their community as family-based (p.78). This correlation shows how community members' personal experiences and social interactions affect their perceptions of their communities, which in term can affect the sustainability of a community.

In their study on factors that affect perceptions of communities, Latkin, German, Hua and Curry (2009) found that the association between perceived social disorder and health was often a factor of one's evaluation of his or her surroundings as well as his or her objective environmental qualities, such as crime, vandalism, and loitering (p.122). This study also noted that personal characteristics and prior experiences can shape residents' perceptions of their community. Specifically, negative prior experiences can cause ongoing mental distress that can influence residents' perceptions of neighborhood disorder. Latkin et al. (2009) gave the example of an individual who may have recently been the victim of a crime in his neighborhood. He may have a more heightened sense of disorder and fear than an individual who has not undergone this type of traumatic experience in his community. Negative experiences can negatively effect residents' perceptions of their communities.

Latkin et al. (2009) also noted that while a negative experience can cause negative perceptions, negative perceptions can also amplify fear, causing a cyclical process. Similarly, negative perceptions towards one's neighborhood can affect an individual's physical and mental health. Negative perceptions can cause on-going stress, which can lead to mental and physical repercussions. Residents are impacted both by their direct experiences in a community and how they view their neighborhood environment. Latkin et al. (2009) noted that it is likely that individuals' perceptions of their neighborhoods are, in part, due to actual differences in their experiences. For example, an individual who drives through his neighborhood every day may have a difference experience than an individual who walks through his neighborhood every day. Perceptions can vary depending on the amount of time an individual spends in his neighborhood and with whom he interacts in the neighborhood. Furthermore, social networks can have an impact on perceptions as individual can influence others' perceptions simply by providing information about their environment.

Professional literature also reveals how other racial biases can affect perceptions of neighborhoods. Sampson and Raudenbush (2004) studied the extent to which implicit racial bias contributed to perceived neighborhood disorder. Their study found that, regardless of the racial background of the respondent, perceptions of neighborhood disorder increased as the number of minority residents increased. They also found that black residents reported less neighborhood disorder overall than white residents.

Interestingly, a study done by Brann-Barrett (2011) which looked at the perceptions of socio-economically disadvantaged young people and of university students living in the same post-industrial community, found that all participants had similar perceptions of their community. Despite the fact that the participants came from varying different life chances or

circumstances, participants' responses revealed many common themes in their perceptions. For example, participants' responses revealed not only a common feeling of hope toward their community but also a common feeling of skepticism that the current community decision-makers could facilitate the changes necessary to make that hope a reality.

While participants' responses revealed many examples of overlap in the perceptions, this study also found an example of a disconnect between the university students' perceptions and the socio-economically disadvantaged youth. Brann-Barrett (2011) described how one university student produced a picture of what she described as an abandoned building that no longer served a purpose. In reality, the building actually housed an outreach center for disenfranchised youth, some of whom were participants in the study (p.274). This disconnect served as an example of how different life experiences can influence the perception that residents have of their neighborhood. In this circumstance, individuals who held different experiences with a building could look at the same building and have completely different perceptions. The range or perceptions in this example may have been extreme, as some viewed the house as an abandoned waste and others viewed it as a source of safety and hope.

Studies of perception have been done not only in the United States, but on an international scale as well. Larrsion and Hadley-Ives (2004) found that even within the limited economies of rural Mexican villages variations in economic status affect the ways in which community members perceive the outcomes of community development programs. Specifically, they found that the poorest of the poor were less likely to be satisfied with development projects than those with average or better off economic status (Larrison & Hadley-Ives, 2004, p.37). This disparity shows how different economic backgrounds or status' can affect perceptions. Therefore, while Brann-Barrett found overall overlap in perceptions of participants with different

socio-economic backgrounds, other studies suggest that community health research can be influenced by the socio-economic background of participants.

Perception in Survey and Focus Group Studies Participant perceptions can play a role in surveys and focus groups. In a study done by Carlsen and Glenton (2012), the researchers conducted a study with a follow up survey on the same topic. They found that the two different parts of the study had conflicting conclusions. In this study, a focus group determined that doctors were generally negative to clinical guidelines, whereas a survey indicated the opposite. Using this study combined with their experience from previous focus group studies, Carlsen and Glenton (2012) speculated if focus group settings encourage participants to exaggerate views in a negative direction. They also noted that survey participants' desire to please researchers in surveys has been documented in a range of studies. Additionally, focus groups can lead towards a conformity bias, as participants tend to hide differences of opinion and do not necessarily feel the urge to please the researchers.

Studies have also been done that reveal the strengths of focus group studies. For example, focus group studies have particular strengths in their ability to gather the breadth and depth of participants' opinions on issues specified by the researcher (Peter, 1997). Patton (1990) described focus groups as exploring topics with groups of six to eight people over a period of two to 30 hours. Participants discussed questions posed by the interviewer, who may either closely direct the discussions or may choose to be non-directive. Participants may make additional comments after hearing each other's comments and a consensus is not necessarily reached. Patton (1990) also noted that focus groups are appropriate at any point within the research process, "from initial exploration and framing of research questions, to the final validation of the researcher's findings" (p.544).

Rodriguez, Schwartz, Lahman and Geist (2011) noted that, "while initially subject to a high level of criticism with regard to their reliability and validity, focus groups are now recognized and valued as an important data gathering technique" (p.401). While acknowledging the strengths of focus groups as a research tool for qualitative studies, Rodriguez et al. (2011) also stated the importance of using culturally responsive research practices to guide focus group development. Specifically, when focus groups are constructed intentionally, they can reflect an environment that seems natural, comfortable and affirming to participants. Rodriguez et al. (2011) further suggested that conducting research can be a "transformational process in which [researchers and participants] challenge assumptions and make meaning of new information" (p.402). An important step in achieving this transformational process is to work "with" participants, not "on" participants.

Just as it is important for researchers to keep in mind how experiences and characteristics can influence participants' perceptions, researchers should also keep in mind how particular research methods or tools can influence participants' perceptions. Some studies have suggested that surveys elicit positive perceptions from participants, while focus groups elicit more negative perceptions. Surveys and focus groups can be effective measures in community health research, but it is important for researchers to keep in mind the role that perceptions play even in terms of the actual tool being utilized. Some participants might have positive or negative feelings towards a survey and some participants may have positive or negative feelings towards a focus group.

Implications While various studies have shown the role that personal experiences and characteristics of residents play on their perceptions of their communities, the role of perceptions suggests important implications in terms of community health studies. One important implication to note is that when researchers are studying communities, often their findings are influenced by

the perceptions of the participants. While one individual may fill out a survey stating that a community has a lot of physical disorder and is a dangerous neighborhood, as Latkin et al. (2009) pointed out, this information could be influenced by a past negative experience or simply by the character of the individual. A different individual from the same neighborhood may not have had a negative experience and may have a more positive attitude, and, filling out the same survey, could state that the neighborhood has little physical disorder and is a safe, family-friendly neighborhood. Researchers should note that the findings of their studies often reflect perceptions. They should also note the factors that influence perceptions and keep these factors in mind when they are analyzing their perceptions.

Additionally, when disseminating the results of a research study in a community, researchers should keep in mind the role of perceptions. As Lartkin et al. (2009) noted, perceptions can become a part of a cycle in which an individual has a bad experience, which causes fear, which leads to negative perceptions, which leads to fear. This factor is not to suggest that researchers should alter their findings so as to positively affect neighborhood perceptions. However, researchers should keep in mind the role that perceptions play in research and in communities when conducting community health studies.

Finally, an important implication of the role of perceptions in research relates to community engagement in research. Historically, it was primarily researchers and volunteers from research institutions who conducted research in communities. While the range of perceptions by residents toward their neighborhoods varies considerably, bringing in researcher adds a whole new array of valuable perceptions. Just as Larrison and Hadley-Ives (2004) suggested that expert-driven and top-down development projects can be criticized because outsiders do not understand local social realities, top-down research can be criticized as it lacks

local perceptions The more that researchers can include communities and residents in the process

of the research study, the more their findings will reflect the perceptions of residents rather than

the perceptions of researchers.

Chapter III: Procedures

Introduction

The purpose of the study was to explore the similarities and differences in perceptions of

the Clarke Square Neighborhod held by community residents and volunteer researchers for

community health indicators. With respect to the purpose of the study, the following research

questions seemed warranted:

1. What are the perceptions of the volunteer researchers regarding community health

    indicators in the Clarke Square Neighborhood?

2. What are the perceptions of the local community residents regarding community

    health indicators in the Clarke Square Neighborhood?

3. What are the similarities and differences between residents' perceptions and volunteer

    researchers' perceptions regarding community health indicators in the Clarke Square

    Neighborhood?

Chapter 3 opens with a description of the Context of the study including basic demographic data

and information about the More than a Pretty Place Project. Next the chapter presents a

description of the Subjects who participated in the neighborhood surveys and the focus group.

The chapter concludes with a section entitled Data Collection and the Treatment which contains

the methods used to interview community residents and the steps for conducting the focus group.

Context

Demographics The study was conducted in the Clarke Square Neighborhood of

Milwaukee, WI. This neighborhood is bounded by Pierce Street and Greenfield Avenue from the

north to south, and Layton Boulevard and S. Cesar E. Chavez Drive from the west to east. See

map in Appendix F. Clarke Square is rich in many community-based organizations. Included are

such community organizations as the Milwaukee County Mitchell Park Conservatory (the

Domes), Journey House, Milwaukee Christian Center, and Lao American Organization. Located

near the historical industrious Menomonee Valley are such tourist attractions as the Potawatomi

Casino, Miller Park, and the Harley Davidson Museum. Clarke Square is described as the one of

the gateways to the south side of Milwaukee.

Clarke Square is also home to Longfellow Elementary School, which is the largest

Elementary School in Wisconsin, and also where Journey House is located. In 2009, Longfellow

students lagged 10-40 percentage points behind Wisconsin state averages on standardized tests.

At the same time, 48% of residents over the age of 25 in Clarke Square area lacked a high-school

diploma.

Clarke Square is home to a diverse population. With a population of just over 8,000,

more than 1/3 of the residents were under the age of 18 with a median age of 25. The median

household income earned was about $27,000, and 32% of residents lived below poverty level.

Close to 60% of the residents were Hispanic while another 20% were white alone. The

percentage of residents that did not speak English well or not at all was 25%. The majority of

males worked in a production occupation while majority of females were in sales and office

occupations. Twenty percent of area residents that wanted work were unemployed in 2009-twice

the national average.

About half of the housing stock was built before 1897, making it much older on average

than Milwaukee's housing as a whole and more expensive to maintain. The community was

densely occupied. The average household size in Clarke Square was 3.37 people compared to

2.52 in Milwaukee. Foreclosures were filed on 5.3% of the one and two family residential

buildings in 2008, twice as many as the year before. http://www.city-

[data.com/neighborhood/Clarke-Square-Milwaukee-WI.html](http://www.city-data.com/neighborhood/Clarke-Square-Milwaukee-WI.html).

More Than a Pretty Place Project This study was initiated as a partnership among the

Medical College of Wisconsin, Urban Ecology Center, and Menomonee Valley Partners. The

purpose of the More Than a Pretty Place: Activating Urban Parks to Improve Community Health

and Wellness Project was to assess the relationship between environmental education and

community health. Specifically, the goal was to understand how "a new urban park, with

complementary outreach and education, affects knowledge, attitudes, behaviors, assets/supports

and health outcomes among neighborhood residents" (HWPP Proposal, 2011, p.1). The overall

goal of the More Than a Pretty Place Project was to understand how the new park in Menomonee

Valley, in combination with the environmental education and outreach programs offered by the

Urban Ecology Center would affect the neighborhood residents. The project was designed to

accomplish three primary objectives:

1. Measure baseline information on children's health behaviors, assets/supports and

   outcomes, to enable measurement of individual-level change in long-term (HWPP

   Proposal, 2011, p.3)

2. Measure change in children's knowledge and attitudes about outdoor play in green

   spaces and health, and access to green space (HWPP Proposal, 2011, p.3)

3. Measure baseline information on geographical patterns of neighborhood quality to

enable measurement of neighborhood-level change in the long-term (HWPP Proposal, 2011, p.3)

We the MU researchers decided to focus efforts on the third objective. The *Neighborhood Assessment Tool* was selected to gather data for the third objective. Volunteer researchers from the Medical College of Wisconsin and Urban Ecology Center completed the *Neighborhood Assessment Tool* prior to the opening of the third site for Urban Ecology Center in the Menomonee Valley in September 2012. The volunteer researchers covered a two-mile radius from the new Urban Ecology Center site completing surveys on the randomly selected street segments. Clarke Square was focused on in this research because of complaints from some residents about the safety of the Mitchell Park Domes. In the Clarke Square Neighborhood 18 street segments were randomly identified for the study. Data were collected from the volunteer residents that completed surveys on those 18 street segments in Clarke Square. Different volunteer researchers repeated three of the same street segments.

Specific interest in this aspect of the More Than a Pretty Place Project was to question how accurately the volunteer researchers' assessment of the community health reflected community members' perceptions regarding their community health. This study sought to understand potential similarities and differences between the ways volunteer researchers perceived community health indicators and the ways residents perceived community health indicators in their own neighborhoods. The focus was specifically on the Clarke Square Neighborhood. Community residents filled out the same surveys on the same street segments as the volunteer researchers in the More Than a Pretty Place Project. This method allowed us to compare volunteer researchers' perceptions with community residents' perceptions of Clarke Square community health indicators.

A potential for misperception was possible due to the subjectivity of many of the survey questions. For example, the volunteer researchers had to rate the severity of safety concerns for the particular street segments. Different times of day would portray differences of opinion depending on the types of activities people are engaging in. These observations were why we decided to dig further into what possible similarities and differences may be present of the volunteer researchers' perceptions and the community residents' perception on the condition of the randomly chosen street segments. Another part of the misperceptions was due to the different process that we engaged in and the process of the volunteer researchers. Significantly, we listened to and interacted with the community residents who lived on the same street segments. What the volunteer residents observed was what they were told to observe during their training conducted by the MCW research designed. Such directions may be of limited value for the survey process.

Subjects

Community Residents We as MU researchers visited all 18 street segments and engaged 24 adult residents that live on the same 18 street segments. Two different community residents on the same street completed the survey on four of the street segments. Three different community residents on the same street completed the survey on one of the street segments. The table below indicates the number of adult female and male residents in the Clarke Square Neighborhood who participated in each street segment. See Appendix F for the Street Segment Map.

Table 2

Numbers and Gender of Community Resident Survey Participants for each Street Segment

Segments	Males	Females
286 W Pierce Street	1	0
318 W National Avenue	0	1
320 W National Avenue	1	0
323 S 20th Street	0	2
348 W National Avenue	0	1
350 W National Avenue	1	2
387 W Mineral Street	1	0
388 S 19th Street	0	1
390 S 20th street	1	0
401 W Mineral Street	1	1
404 25th Street	0	1
406 W Mineral Street	0	1
407 S 26th Street	0	1
429 S 17th Street and W Washington Street	1	1
440 S 24th Street	0	1
572 S 18th Street	0	1
586 S 24th Street	0	1
591 W Greenfield Avenue	1	1
Totals	8	16

Focus Group In addition to the participants who completed the surveys, three Clarke

Square community leaders participated in a focus group to review and discuss data gathered for

the study. All three focus group participants are considered strong leaders in the Clarke Square

Neighborhood. The abbreviation FG means a member of the Focus group, so FG1 means the

first member of the Focus group.

Table 3

Profiles of Focus Group Participants

Focus Group Participants	Profile
FG1 - female	• Hired to take a lead role in the More Than a Pretty Place Project • Worked closely with the community at the Urban Ecology Center Menomonee Valley Branch and in surrounding schools
FG2 - female	• Grew up in the same house the participant lived in during the time of the study with her family • Has witnessed a lot of changes throughout the years
FG3 - male	• 30 years of experience working in nonprofits with youth violence prevention in the south side of Milwaukee • Experience working on the research end with the Medical College of Wisconsin • At the time of the study, was working on the Clarke Square Initiative to improve the life quality of the residents of Clarke Square

Data Collection and Treatment

Given the purpose and research questions of the study, and based on the review of

literature in Chapter 2, the following steps were used in gathering data from community residents

and members of the focus group:

Securing Permission from UEC and MCW for *Neighborhood Assessment Tool*

The Principal Investigator of the More than a Pretty Place Project from Medical College

of Wisconsin was contacted along with Urban Ecology Center's Evaluation Coordinator to

secure permission to use the *Neighborhood Assessment Tool*, and to secure data collected by the

volunteer researchers during August and September 2012. See Appendix E. The Urban Ecology

Center also allowed us as MU researchers the use of the iPads to administer the survey. When all

surveys were completed by the volunteer researchers and the community residents, the

Evaluation Coordinator sent all the data in an excel spreadsheet to us. We then compiled the data into the tables seen in Chapter 4.

<u>Interviewing Community Residents</u>

As the third of three research goals for the More Than a Pretty Place Project, the Medical College of Wisconsin engaged volunteer researchers to administer the *Neighborhood Assessment Tool* in order to establish baseline data prior to the opening of the new Menomonee Valley Urban Ecology site. The *Neighborhood Assessment Tool* is included in Appendix E. We walked each street segment in Clark Square, knocking on doors to find at least one person per street segment to complete the survey on the iPad. When a resident was home and answered the door, the researchers began with the following script:

Hello. My name is Kelly and this is Meghan.

We are conducting a survey about how Clarke Square residents feel about their neighborhood.

We are doing this on behalf of Marquette University and the Urban Ecology Center.

We would need about 10 minutes of your time.

First we will take a few minutes to explain the purpose and have you sign a consent form.

Then we will have you fill out a survey which will take 5-7 minutes.

Are you over 18?

Have you lived in this neighborhood for over 6 months?

As requested by the Marquette University Institutional Review Board protocol summary, all community residents survey participants signed the consent form prior to completing the survey. See Appendix D. After community residents gave consent and took the survey, the researchers followed up asking:

Is there anyone else we should survey?

Do you know of any highly respected individuals in the community would be good to

have in our focus group?

We brought back the iPads to the Urban Ecology Center after every walk. An average of six

surveys were completed on each day the MU researchers walked the neighborhood. Once the

data was completed, the data collected was uploaded to the More Than a Pretty Place database.

The Evaluation Coordinator was able to send the data in an excel spreadsheet the day after all the

data was collected on February 8, 2012.

Organizing and Conducting Focus Group

We made phone calls to known leaders in the Clarke Square Neighborhood, inviting them

to participate in the focus group, held at Marquette University Institute for the Transformation of

Learning on March 6, 2012. See Appendix B for all communications. Five leaders were invited,

and three were able to commit to the date and time. A representative of the Clarke Square

Neighborhood Initiative, a resident of Clarke Square, and a representative of the Menomonee

Valley Urban Ecology Center were able to commit to the time and date. The two MU researchers

conducted the focus group.

Participants were introduced before discussing the purpose of the study, signing the

consent form, and going through the agenda for the evening. See Appendix D for consent form

and Appendix G for agenda. We thanked the members of the focus group for participating. Next,

they introduced the purpose of the study and stated their reasons for conducting the study. The

research questions were then discussed. After the focus group felt comfortable with the

background knowledge of the study, the format for the discussion of the tables of data was

explained. We presented the data tables showing the survey results for the residents and

volunteer researchers, which are discussed in Chapter 4. The tables were organized into 11

themes based on the survey questions. Each table was introduced for its content and

organization. For each theme, the focus group participants were asked these three questions:

1. As you look as these data, what surprises you?

2. How valid do these data look?

3. Why do you think these similarities and/or differences occurred?

We took notes for each of the comments made by members of the focus group and summarized

comments under each table. All copies of the notes were placed in a locked file at one of the

researcher's residences for three years following the completion of the research.

Treating the Data

The raw data were sent through e-mail from the Urban Ecology Center's Evaluation

Coordinator to one of us, the two Marquette researchers. We sorted the data by community

residents and volunteer researchers and made tables based on 11 different themes based on the

questions from the *Neighborhood Assessment Tool*. When presenting the tables to the focus

group, each participant had an opportunity to answer the three questions presented. See

Appendix G for the agenda. We took careful notes to document the analysis of the focus group

participants on each of the 11 tables. Handwritten notes were transcribed electronically.

Data were sent in an excel spreadsheet with numbers representing the different possible

answers for the survey questions. The UEC Evaluation Coordinator gave the MU researchers the

code to decipher what the numbers meant. We sorted the data by community residents and

volunteer researchers. Next, we tallied the different answers for each question by hand to come

up with numbers and percentages for the answers to each question. Not every question was used

due to the relevance for the opinions of the community residents. For example, the questions

regarding what is visible in the segment were not an opinion in which perception could alter the response. We found 11 themes that were relevant and made tables based on those themes.

The presentation of the data gathered for each table contains an introduction, the table of data, the *Researchers' Analysis*, *Focus Group Commentary*, and a *Summary*. Connections were then made between focus group responses and the review of literature presented in Chapter 2.

Chapter IV: Findings and Analysis

Introduction

In an attempt to understand the need for community involvement in community health research, the purpose of the research was to explore the similarities and differences in perceptions of the Clarke Square Neighborhood held by volunteer researchers and community residents. The three research questions were as follows:

1. What are the perceptions of the volunteer researchers regarding community health indicators in the Clarke Square Neighborhood?

2. What are the perceptions of the community residents regarding community health indicators in the Clarke Square Neighborhood?

3. What are the similarities and differences between community residents' perceptions and volunteer researchers' perceptions regarding community health indicators in the Clarke Square Neighborhood?

Eleven tables of data gather using the *Neighborhood Assessment Tool* are organized according to the 11 themes of the *Neighborhood Assessment Tool*:

1. Residential Units

2. Commercial Properties

3.   Physical Disorder

4.   Social Environment: Children

5.   Social Environment: Adults

6.   Automobile

7.   Environmental Pollution

8.   Rater Reaction: Safe Place to Live

9.   Rater Reaction: Safe Walking at Night

10.   Rater Reaction: Neighborhood Characteristics

11.   Rater Reaction: Safe for Children to Play Outside

A table of data is provided for each of the eleven themes. For Research Question 1, the numbers

and percentages of perceptions from the volunteer researchers are reported under the headings

volunteer researchers of each table. These data came from the spreadsheet sent from the

Evaluation Coordinator at the Urban Ecology Center. For Research Question 2, the numbers and

percentages of perceptions from the residents of the Clarke Square Neighborhood are reported

under the headings of community residents of each table. An introduction describes the content

and organization of each table. The *Researchers' Analysis*, the *Focus Group Commentary* and a

Summary follow each table to address Research Questions 1, 2 and 3.

Findings and Analysis

The community residents were described as residents living for at least six months in the

Clarke Square Neighborhood. Specifically, all community residents or CR's who completed the

survey lived within a half block from the recorded street segment. The volunteer researchers or

VR's are described as volunteers from the Urban Ecology Center that were trained for two hours

on how to use the *Neighborhood Assessment Tool*.

The first theme was **Residential Units**. Survey participants were asked to evaluate the quality of the residential housing based solely on the street segments they were evaluating. Twenty-four community residents and 18 volunteer researchers responded to the question. The order of the perceptions is shown in the same order asked on the *Neighborhood Assessment Tool*. The left column lists the different options to rate the residential houses. The middle column contains the perceptions of the community residents, and the right column contains the perceptions of the volunteer researchers.

Table 4

Residential Housing Quality: In general, how would you rate the condition of most of the residential units in the street segment?

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Very well-kept/good condition	5	21%	3	17%
Moderately well-kept condition	6	25%	12	**67%**
Fair condition (peeling paint, needs repair)	11	**46%**	2	11%
Poor/badly deteriorated condition	2	8%	1	5%
No residential units present	0	0%	0	0%
Total	24	100%	18	100%

Researchers' Analysis: The majority of the volunteer researchers rated the condition as **moderately well-kept**, while majority of the community residents rated the conditions as **fair condition**. Interestingly, more of the community residents than volunteer researchers rated the

residential units as **very well-kept**. Community residents had more of a range in perceptions whereas volunteer researchers tended to stick to the **moderately well-kept condition**.

Focus Group Commentary: In general, the focus group participants were not surprised by the differences between the community residents' perceptions and the volunteer researchers' perceptions. In describing the discrepancy between community residents' perceptions and volunteer researchers' perceptions, FG3 mentioned that researchers "come in with some feel sorry attitude," and they gave higher marks because they did not want to feel racist. FG3, when referring to the over 80% of volunteer researchers who said that residential units were either **very well-kept** or **moderately well-kept**, said that this perception just was not true. FG3 could not envision anyone walking the streets saying these are beautiful homes. FG3 mentioned that maybe this perception would be true of a few houses, but not 80%. FG3 further emphasized that the statistics shown by the volunteer researchers were not realistic. FG3 commented that it seemed almost rude, saying of the volunteer researchers, "I'm not judging them as humans, but they cannot be connected to reality." FG3's response suggested that volunteer researchers and community residents have different perceptions when looking at the same residential units on the same streets. This perception could be due to having different attitudes regarding the task at hand, such as a fear of placing judgment, or this perception could be due to having different past life experiences.

FG2 agreed that perception plays a large role in how one would describe the residential units. FG2 also mentioned that perceptions would depend a lot on which streets were being walked down. She suggested that she takes care of her yard and shovels the snow, but if you go two houses down, there's snow. Additionally, FG1 commented that the survey itself was worded in such a way that made it seem negative. For example, the wording of the questions made

participants feel inclined to point out negative aspects of the community. If participants were not

finding these negative aspects, they felt as if they were not doing the survey correctly. She

suggested that volunteer researchers might have wanted to avoid seeming negative or passing

judgment on someone else's residential unit. FG1 also commented that the reason difference

could have played a role in the discrepancy between volunteer researchers' and community

residents' findings. Perhaps peeling paint was more difficult to see in the winter than in the

summer and fall.

Summary: This table showed that community residents and volunteer researchers have

different perceptions regarding residential units in the Clarke Square Neighborhood. The focus

group believed the reasons behind the discrepancies could be due to having different attitudes

regarding the task at hand, such as a fear of placing judgment, or these discrepancies could be

due to having different past life experiences. Latkin (2009) noted that it is likely that individuals'

perceptions of the neighborhood are, in part, due to the actual differences in their experiences.

The experiences in the Clarke Square Neighborhood held by the volunteer researchers were very

short lived and are based on a first impression. The community residents have past experiences

ranging from six months to 40 years in which to draw their perceptions.

The second theme was **Commercial Properties**. Participants were asked to evaluate the

quality of the commercial or industrial properties based solely on the street segment they were

evaluating. Thirteen community residents and 15 volunteer researchers responded to the

question. The order of the perceptions is shown in the same order asked on the *Neighborhood*

Assessment Tool. The left column lists the different options to rate the commercial or industrial

buildings. The middle column contains the perceptions of the community residents, and the right

column contains the perceptions of the volunteer researchers.

Table 5

Institutional Building Quality: In general, how would you rate the condition of most of the commercial or industrial properties in the street segment?

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Very well kept/good condition	2	15%	6	**40%**
Moderately well-kept condition	3	23%	3	20%
Fair condition (peeling paint, needs repair)	7	**54%**	4	27%
Poor/badly deteriorated condition	1	8%	2	13%
No commercial or industrial buildings present	0	0%	0	0%
Total	13	100%	15	100%

Researchers' Analysis: A major difference occurred between community residents and volunteer researchers in the perception of commercial or industrial properties. The majority of the volunteer researchers rated the condition as **very well-kept and moderately well-kept condition**, while majority of the community residents rated the conditions as **fair and poor/badly deteriorated condition.**

Focus Group Commentary: The participants in the focus group took a while determining where commercial units existed in the Clarke Square Neighborhood. FG3 commented that, other than on National Avenue, not a lot of room exists for commercial or industrial properties. FG3 also stated that commercial buildings were fairly new and fairly nice and stated that the community residents rated the commercial units lower than they should have been. He suggested that community residents remembered what it used to be like in Clarke Square and their own

personal experiences said, "This used to be ugly." FG2 agreed and told a story about a factory

where her aunt used to work. She mentioned that when she thinks of the factory, she thinks of it

as "ugly". FG1 commented that she remembered seeing renovated commercial units and that the

businesses seemed really well taken care of.

Summary: Table 5 showed that community residents and volunteer researchers have

different perceptions regarding commercial and industrial units in the Clarke Square

Neighborhood. Discrepancies could be due to past experiences that influenced community

residents' perceptions of commercial units. As suggested by Latkin et al. (2009), negative past

experiences can influence individuals to have negative perceptions towards aspects of their

community. If the community residents of Clarke Square had previous negative experiences with

commercial units in the Clarke Square Neighborhood, they may have been allowing these

perceptions to influence their responses to the surveys. The volunteer researchers, on the other

hand, did not have these previous experiences with commercial units in the Clarke Square

Neighborhood, so their perceptions were different.

The third theme was **Physical Disorder.** All participants had to complete this part of the

survey; therefore 24 community residents and 21 volunteer researchers are accounted for in the

data. Participants were asked to rate the amount of physical disorder as either **heavy, moderate,**

or light amounts, none, or cannot evaluate. Under each of those options, the left column gives

the perceptions of the community residents (CR) and the right column gives the perceptions of

the volunteer researchers (VR). The left column gives different physical disorders for the raters

to evaluate.

Table 6

Physical Disorder: Which of the following are visible in this segment?

	Heavy		Moderate		Light		None		Cannot Evaluate	
	CR	VR	CR	VR	CR	VR	CR	VR	CR	VR
Garbage, litter, broken glass	29%	19%	17%	19%	**50%**	**48%**	4%	14%	0%	0%
Poorly kept porches	13%	0%	8%	5%	**46%**	14%	25%	**81%**	8%	0%
Whole or broken beer or liquor bottles	25%	5%	21%	0%	25%	48%	25%	**48%**	4%	0%
Cigarette or cigar butt	21%	5%	25%	29%	**33%**	29%	17%	**38%**	4%	0%
Condoms	17%	0%	8%	0%	21%	0%	**46%**	**100%**	8%	0%
Needles, syringes or drug related paraphernalia	13%	0%	8%	0%	17%	0%	**58%**	**100%**	4%	0%
Abandoned car, cars w. broken windows	8%	0%	8%	10%	29%	0%	**50%**	**90%**	4%	0%
Graffiti	4%	0%	17%	0%	33%	24%	**42%**	**76%**	4%	0%
Broken windows	4%	0%	17%	5%	25%	5%	**50%**	**90%**	4%	0%
Poorly kept front yards	21%	0%	17%	14%	**29%**	33%	25%	**52%**	8%	0%

Researchers' Analysis: When just considering where the majority lies, most volunteer researchers did not have the perception of a lot of physical disorder. They either sided with **none or a light amount**. The community residents were a little more spread out in their opinions.

According to the volunteer researchers, very few **poorly kept front porches** were present.

Nearly 80% perceived no **poorly kept front porches**. About 70% of the community residents

believed **poorly kept front porches** ranged from **light to heavy**.   Majority of the volunteer

researchers perceived little to no **whole or broken beer bottles** while 70% of community

residents perceived a **light to heavy amount**.

Considering the **condoms** and **needles categories**, 100% of the volunteer researchers did

not see any. Although the majority of the community residents agreed, a few residents claimed it

was present. One of the community residents told the two MU researchers he picks it up in the

morning so the kids don't see it. This explanation would give reason to why the volunteer

researchers didn't see anything.

The same perceptions held true for **cigarettes, abandoned cars, graffiti, broken**

windows, and poorly kept front yards. Majority of community residents and volunteer

researchers perceived **light to none** yet community residents were more spread out in their

evaluations.

Focus Group Commentary: In these tables, the focus group participants responded by

acknowledging the differences between community residents' perceptions and volunteer

researchers' perceptions and suggested surprise toward the volunteer researchers' perceptions. In

particular, focus group participants felt surprised that half of the volunteer researchers' surveys

suggested that they did not see **poorly kept yards**. FG3 stated, "For lack of a better way of

saying that, if you said that to the community, someone would get shot." FG3 was suggesting

that **poorly kept yards** and **front porches** was a hot button issue in the community. The

volunteer researchers' perceptions were not reflective of this tension in the community. He also

suggested that a few streets might exist with nicely kept yards and porches, and perhaps the

community residents who responded "none" to these questions lived on those small percentages of streets.

The focus group commented also on the discrepancy between community residents and volunteer researchers regarding much of the indicators of physical disorder. In many cases, 90-100% of the volunteer researchers replied none for physical disorder indicators such as **condoms**, **drug paraphernalia** and **abandoned cars**, while community residents' perceptions suggested that these signs of disorder did exist in the neighborhood. FG2 said that it depends on the street and that she always sees these signs of physical disorder. FG3 again mentioned that responses are influenced by perception, and that volunteer researchers did not want to appear negative in their perceptions regarding the neighborhood. Both FG2 and FG3 affirmed that **condoms** are often found on the streets. Both do cleanups regularly, in which they dispose of **condoms**, and suggested that this could be the reason why volunteer researchers did not find **condoms**. FG2 commented that **condoms** are always on the streets because of the high number of prostitutes. She also commented that **abandoned cars** are on her street. FG3 suggested that maybe volunteer researchers were just looking straight ahead of them and not looking down.

Both FG2 and FG3 shared personal experiences that connected them to the signs of physical disorder in the neighborhood. Whether it was calling in to report an **abandoned car**, living next to alcoholics, or doing cleanups in the street, both connected on a personal level to the indicators in the study and to the perceptions of community residents. Both participants' responses also suggested a disconnection with the volunteer researchers' perceptions, and both participants cited various possible reasons for this disconnect.

Summary: Table 6 showed a disparity between community residents' perceptions and volunteer researchers' perceptions to survey questions. Discrepancies could be explained by

different personal experiences between the two constituent groups. While it is possible that at the time when the volunteer researchers walked a particular street and did the survey, they did not see any of the signs of physical disorder suggested in the survey, the community residents' perceptions are more indicative of the overall environment of the neighborhood and not just the way a street may have looked during a given half hour of a day. The volunteer researchers' perceptions may have revealed a snapshot of what a street looked like for 20 minutes one day, but the community residents' perceptions revealed much deeper insights into the neighborhood. For example, their perceptions revealed that signs of physical disorder can be seen in the neighborhood. The focus group responses revealed even deeper levels of insights into the community, showing that the community cares enough to clean up these sign of disorder. At times, their perceptions revealed pride in their own efforts and hope for what could be in their community. The community residents' perceptions portrayed a more honest picture of the community health in the Clark Square Neighborhood, and the focus group's perceptions portrayed a more representative picture of the values of the neighborhood.

The fourth theme was **Social Environment: Children**. Sixteen community residents and seven volunteer researchers responded to the question as having observed children while completing the survey. Participants rated the behavior of the children being observed as **all, most, some, or none** for each of the activities. Under each of those options, the left column gives the perceptions of the community residents (CR), and the right column gives the perceptions of the volunteer researchers (VR). The left column gives different behaviors the children could be engaging in.

Table 7

Social Environment: How many children are…

	All		Most		Some		None	
	CR	VR	CR	VR	CR	VR	CR	VR
Engaging in active behaviors	17%	**43%**	**44%**	0%	22%	14%	17%	**43%**
Under adult supervision	19%	**43%**	19%	14%	**38%**	0%	25%	**43%**
Arguing, fighting or hostile	20%	0%	13%	0%	**33%**	0%	**33%**	**100%**

Researchers' Analysis: The community residents felt most of the children were **engaging in active behaviors** while the volunteer researchers are split between all and none. This discrepancy could be because of the one moment in time that the volunteer researchers were observing while the community residents just generalized an average day in the summer in their head.

A child **under adult supervision** was another split for the volunteer researchers with 43% saying all and 43% saying none. Majority of community residents felt that only some were **under adult supervision**. During the time the volunteer researchers were at each segment, none saw any children **arguing or fighting**. The community residents were more spread out in their opinions with most claiming some or none.

Focus Group Commentary: Focus group participants agreed on the perceptions regarding children **arguing, fighting or being hostile**. They first noted that some blocks have between 200 to 300 kids on a block, and if it was a hot summer day, kids were outside. FG2

commented that kids were outside being bullies. While 100% of volunteer researcher reported no

children **arguing, fighting or engaging in hostile behavior**, community residents' perceptions

were spread out between **all, most, some, and none**. FG3 suggested that volunteer researchers'

perceptions may have been affected by the fact that they were only present on the street segment

for about 29 minutes. Specifically, FG3 said, "I could see someone going through a block and

not seeing nothing for 20 minutes. You can hang out on any block and eventually it will come."

FG2 added that if people stand outside for a while, eventually they would start hearing it. FG1

noted that the volunteer researchers for the most part did their surveys during the day when kids

were in school. The discrepancy between community residents' and volunteer researchers'

perceptions could have been due to the timing of the volunteer researchers' surveys. They only

saw a street segment for a snippet of a day, and this small time-frame may have limited their

observations.

Focus group participants then started discussing safety in the neighborhood. FG2

commented that if an individual goes outside with the attitude that he or she is not going to

bother anyone or hurt anyone, then the neighborhood will protect you. She stated, "We respect

each other. I'm good to you, you be good to me." Her comments suggested pride in her

neighborhood and in the community members respect that community members demonstrate

towards each other.

Summary: Again, a comparison between community residents' perceptions to the survey

and volunteer researchers' perceptions to the survey revealed a discrepancy for Social

Environment: Children. Volunteer researchers were only out in the street for a small portion of

the day; therefore, their perceptions, though honest reflections of what they say, may not have

been representative reflections of the community. Both community residents' perceptions to the

survey and focus group participants' perceptions reveal more insight into the behavior of youth in the community. Further discussion into the survey questions with the focus group also revealed deeper understanding of the community by giving a forum for community members, such as FG2 to discuss the implications of these perceptions. FG2 felt it was important to note that while bullying and aggressive behavior in children is a problem in the community, overall the community is an environment where individuals respect each other and protect each other.

The fifth theme was **Social Environment: Adults**. Fourteen community residents and 13 volunteer researchers responded to the question as having observed adults while completing the survey. Participants rated the behavior of the adults being observed as all, most, some, or none for each of the activities. Under each of those options, the left column gives the perceptions of the community residents (CR) and the right column gives the perceptions of the volunteer researchers (VR). The left column gives different behaviors the adults could be engaging in.

Table 8

Social Environment: How many adults are…

	All		Most		Some		None	
	CR	VR	CR	VR	CR	VR	CR	VR
Engaging in active behaviors	21%	0%	14%	0%	**43%**	39%	21%	**62%**
Arguing, fighting or hostile	14%	0%	21%	0%	14%	0%	**50%**	**100%**
Homeless or begging	7%	0%	7%	0%	**36%**	0%	**36%**	**100%**

Drinking alcohol openly or visibly intoxicated	14%	0%	14%	0%	**36%**	0%	**36%**	**100%**
Smoking	14%	7%	14%	0%	**43%**	8%	29%	**85%**
Selling drugs	14%	0%	0%	0%	21%	8%	**64%**	**92%**

Researchers' Analysis: Table 8 showed a majority of volunteer researchers did not observe any adults **engaging in active behaviors**, **arguing or fighting**, **homeless or begging**, **drinking alcohol or intoxicated**, **smoking**, or **selling drugs**. This omission doesn't mean these behaviors do not exist, according to the perceptions of the community residents. Although majority also chose some or none, their perceptions were spread out between **all, most, some, and none**. Surprisingly, 100% of volunteer researchers agreed no adults a**rguing, fighting or hostile, homeless or begging**, or **drinking alcohol or visibly intoxicated** existed.

Focus Group Commentary: Focus group participants agreed with volunteer researchers' perceptions suggesting that adults in the Clarke Square Neighborhood are not very active. However, participants again noted that the volunteer researchers' perceptions to these questions did not accurately reflect the Clark Square Neighborhood. While 100% of volunteer researchers noted no **homelessness** on their street segments, FG3 commented that **homelessness** is a big issue on their neighborhood that no one is talking about. FG3 also commented that trafficking of children is a big issue in the neighborhood that no one is talking about. He stated that 50% of people in Clarke Square do not have a high school diploma. FG2 commented that she hears arguing and fighting all the time, while FG3 said that it depends on the blocks. FG3 suggested that a more strategic approach could have been used regarding which streets were studies. He

noted that a prostitution house in Clarke Square Neighborhood exists and suggested that the inclusion of certain streets could have impacted perceptions.

Focus group participants also noted that some of these questions would be difficult to answer objectively. FG1 questioned how a volunteer researcher could see if someone is homeless. Deciphering if someone is homeless could be a challenge unless the researcher approached the individual and asked if he or she was homeless. FG3 questioned how a volunteer researcher could see if someone was **selling drugs**. FG3 suggested that a volunteer researcher could see a father handing his son the keys to the house and potentially think it was a drug deal. FG2 noted that it is hard to acknowledge or accept what the volunteer researchers are saying because they were only on the street for 20 minutes. FG1 also noted that individuals are not going to be openly and visibly selling drugs. FG1 stated, "To think we could capture that by walking up and down a street is ridiculous." She further stated that this type of question is asking participants to stereotype. Perceptions are totally subjective and based on perceptions of what drug dealers or homeless people look like. A volunteer researcher could see an unkempt looking person and assume that he or she is homeless and not really know.

Summary: Volunteer researchers' perceptions to survey questions in Table 8 differed from community residents' perceptions regarding community health of the Clarke Square Neighborhood. These results showed that each constituent group has different perceptions. Even more importantly, they show that not including community residents as a constituent group results in the omission of information that is pertinent in truly understanding community health in the Clarke Square Neighborhood. **Homelessness**, for example, appears to be a nonissue based on volunteer researchers' perceptions. However, community residents' perceptions revealed that **homelessness** does exist in the Clarke Square Neighborhood, which caused focus group

participants to engage in a revealing discussion regarding **homelessness** in the Clarke Square Neighborhood. One focus group participant commented that **homelessness** is a big issue in the Clark Square Neighborhood that no one is talking about. Perceptions such as those revealed by the volunteer residents in this section perpetuate a lack of discussion on important topics. One hundred percent of volunteer researchers reported no **homelessness** in the Clark Square Neighborhood. Such perceptions function as conversation stoppers. Individuals are not going to discuss a problem if it does not appear evident. The discrepancy between residents' perceptions and volunteer researchers' perceptions regarding **homelessness** suggests the important of digging deeper into community evaluations by including community members' perceptions. The focus group responses further emphasized the importance of including community members' perceptions if researchers really want a more representative understanding of communities.

Furthermore, volunteer researchers' perceptions to some of these survey questions may lead towards stereotyping and inaccurate answers. Volunteer researchers cannot know if an individual is **homeless** or **selling drugs** unless they actually ask individuals. Without asking, their perceptions are based on what they perceive to be **homelessness** or **drug dealers**. Residents, on the other hand, may actually know who is homeless in the community and who is a drug dealer. Their perceptions, therefore, may be more accurate and could strengthen the validity of future surveys used in the More Than a Pretty Place Project.

The sixth theme was **Automobile**. Participants were asked to evaluate the safety of the street according to type of drivers that frequent the specific street segment. Twenty-four residents and 21 volunteer researchers responded to the question. The left column gives the option of answering yes or no to the question of aggressive drivers. The middle column contains

the perceptions of the community residents, and the right column contains the perceptions of the volunteer researchers.

Table 9

Automobiles: Are there aggressive drivers on the segment (e.g. speeding, not giving pedestrians/bicyclists right-of-way)?

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Yes	17	**71%**	3	14%
No	7	29%	18	**86%**
Total	24	100%	21	100%

Researchers' Analysis: Seventy-one percent of community residents believed aggressive drivers are present while 86% of volunteer researchers had not witnessed while they observed for approximately 20 minutes to complete the survey. The major difference of opinion could be due to the small amount of time the volunteer researchers have to observe while the community residents have a better understanding of what type of drivers generally pass on their street.

Focus Group Commentary: Focus group participants commented that aggressive drivers are actually a serious problem in the Clark Square Neighborhood and noted that volunteer researchers' perceptions did not accurately reflect this issue. FG3 mentioned that speed bumps exist now all throughout Clark Square Neighborhood because it has been such a big issue. A volunteer researcher might not see an aggressive driver in 20 minutes, but if he or she stuck around for the entire day, it would be different. FG2 agreed that aggressive drivers are a serious problem in the Clark Square Neighborhood.

Summary: Volunteer researchers' perceptions did not reflect residents' perceptions, and focus group responses validated residents' perceptions as being more true to the overall condition of the neighborhood. Once again, volunteer researchers' perceptions were likely affected by the limited amount of time that volunteer researchers spent on each segment. It is quite possible that in the 20 minutes that volunteer researchers spent on each segment, they did not see aggressive driver. Community residents' perceptions suggested that aggressive drivers are problematic in the neighborhood, and focus group responses suggested that aggressive drivers are actually a serious problem in the Clarke Square Neighborhood.

The seventh theme was **Environmental Pollution**. Twenty-four community residents and 21 volunteer researchers responded to the question. Participants were asked to evaluate the environmental pollution including loud noise from trains, construction, or factories.   The left column gives the option of answering yes or no to the question of environmental pollution. The middle column contains the perceptions of the community residents, and the right column contains the perceptions of the volunteer researchers.

Table 10

Environmental Pollutions: Is noise pollution audible in this segment (e.g. loud ambient sounds from trains, construction, factories)?

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Yes	15	**63%**	3	14%
No	9	37%	18	**86%**
Total	24	100%	21	100%

Researchers' Analysis: Sixty-three percent of community residents believed noise pollution was present, and 86% of volunteer researchers believed no noise pollution was present. This discrepancy may again be the result of the volunteer researchers completing the survey in a short period of time when the train was not passing and other noise pollutants were not present.

Focus Group Commentary: Focus group participants were surprised by volunteer researchers' perceptions indicating that noise pollution was not evident. FG3 mentioned that the train station was nearby and it would be difficult to not hear the noise that the train makes. FG2 mentioned hearing the train every morning.

Summary: Similar to Table 10, Volunteer researchers' perceptions did not reflect community residents' perceptions. Once again, volunteer researchers' perceptions were likely affected by the limited amount of time that volunteer researchers spent on each segment. It is quite possible that in the 20 minutes that volunteer researchers spent on each segment, they did not see aggressive driver. Community residents' perceptions suggested that aggressive drivers were problematic in the neighborhood, and focus group responses suggested that aggressive drivers were actually a serious problem in the Clarke Square Neighborhood.

The eighth theme was **Rater Reaction: Safe Place to Live**. Twenty-four community residents and 21 volunteer researchers responded to the question. Participants were asked to evaluate the degree to how safe they felt the street would be to live on. They could choose from **definitely safe, fairly safe, unsure, fairly unsafe, or definitely unsafe**, as shown in the left column. The middle column contains the perceptions of the community residents, and the right column contains the perceptions of the volunteer researchers.

Table 11

Rater Reactions: The neighborhood appears to be a safe place to live.

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Definitely safe	1	4%	6	29%
Fairly safe	12	**50%**	7	**33%**
Unsure	5	20%	4	19%
Fairly unsafe	3	13%	3	14%
Definitely unsafe	3	13%	1	5%
Total	24	100%	21	100%

Researchers' Analysis: Majority of both community residents and volunteer researchers rated the neighborhood to be **fairly safe**. Notable that almost 30% of volunteer researchers rated the neighborhood **definitely safe** while only four percent of the community residents felt **definitely safe** on their streets.

Focus Group Commentary: Focus group participants noted that in this table, community residents' perceptions were similar to volunteer researchers' perceptions. FG3 commented that the similarities existed in Table 11 because the question was based on an actual experience while other questions are "conviction filled". FG3 further noted that some people have a hard time saying something negative about other people. Volunteer researchers had a "real" experience where they were feeling that this is a safe place. FG2 agreed that it is believable that 54% of people would find that Clarke Square Neighborhood is a safe place. She suggested again that it depends on if people respect community residents and if people know how to handle themselves.

People often think that Clarke Square Neighborhood is not safe because people say it is not safe.

FG3 agreed that the biggest challenge is to change the perception that Clarke Square

Neighborhood is not safe, stating "It's a perception we have to fight all the time." FG1 noted that

many volunteer researchers were concerned about the safety of the neighborhood and wondered

if it would be safe to walk on the streets with an iPad. One volunteer researcher brought her dog

with her for safety measures.

Summary: Table 11 showed a lot of similar perceptions of the safety of the Clarke Square

Neighborhood. The majority believed the street segment to be **fairly safe**. Twenty-six percent of

community residents and 21% of volunteer researchers believed Clarke square to be **unsafe**. The

perceptions held by the community residents could depend on whether or not that community

resident knows how to handle themselves, as FG1 pointed out. Also, the kind of experience had

by a volunteer researcher while observing the street segment can determine their perception of

safety.

The ninth theme was **Rater Reaction: Safe Walking at Night**. Twenty-four community

residents and 21 volunteer researchers responded to the question. Participants were asked to

evaluate the degree to how safe they felt the street would be walking at night. They could

choose from **definitely safe, fairly safe, unsure, fairly unsafe, or definitely unsafe**, as shown

in the left column. The middle column contains the perceptions of the community residents, and

the right column contains the perceptions of the volunteer researchers.

Table 12

Rater Reactions: I would feel safe walking in this neighborhood at night.

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Definitely safe	0	0%	2	10%
Fairly safe	8	33%	7	**33%**
Unsure	3	12%	7	**33%**
Fairly unsafe	4	17%	1	5%
Definitely unsafe	9	**38%**	4	19%
Total	24	100 %	21	100%

Researchers' Analysis: The community residents and volunteer researchers had more of a spread out perception of how they felt about walking in the neighborhood at night. Majority of the community residents believed it to be **definitely unsafe** to walk the streets at night. The volunteer researchers, who were doing the survey during the day, mainly felt it was either **fairly safe** or **unsure**.

Focus Group Commentary: Focus group participants agreed that Clark Square Neighborhood at night is different form Clark Square Neighborhood during the day. Focus group participants suggested that the 43% of volunteer researchers who found Clark Square Neighborhood to be **definitely safe** or **fairly safe** at night had most likely not been in Clark Square at night. FG3 noted that Clark Square Neighborhood is a very dark neighborhood at night and that the lights are all very dim. Focus group participants also noted that the day time perceptions of residents in terms of safety were different form the night time perceptions. Fifty-four percent of community residents said that Clark Square is a safe neighborhood, but 54% of community residents said it is **unsafe** at night. FG3 noted that if the lights were brighter, it would

create more safety. A lot of trees exist under street lights that block the lights. FG1 questioned

how volunteer researchers are supposed to know if it is safe at night on the segments when they

were only there for 20 minutes during the day.

Summary: Table 12 and focus group comments demonstrated the research done by Latkin

(2009). Latkin noted that it is likely that individuals' perceptions of their neighborhoods are due

to actual differences in experiences. The volunteer researchers completed their surveys during

the day and possibly had never walked the streets of the Clarke Square Neighborhood.

Considering that the majority of volunteer researchers felt the neighborhood would be a **fairly**

safe place to live and they have no experience of the night, it made sense that they would have

answered on the safe side. The focus group confirmed that the Clarke Square Neighborhood is a

different place at night and is not as safe as it is during the day. This discussion also reflected

the perceptions community residents gave.

The tenth theme was **Rater Reaction: Neighborhood Characteristic**. Twenty-four

residents and 21 volunteer researchers responded to the question. The left column lists the

different options to rate the perceived characteristic of the residents that live on the evaluated

street segments. They could choose the following options: **wealthy/prosperous, comfortably**

off, moderate means, poor, or unsure. The middle column contains the perceptions of the

community residents, and the right column contains the perceptions of the volunteer researchers.

Table 13

Rater Reactions: The neighborhood appears to be best characterized as:

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Wealthy/ prosperous	2	8%	0	0%
Comfortably off	3	13%	0	0%
Moderate means	8	33%	16	**76%**
Poor	9	**38%**	5	24%
Unsure	2	8%	0	0%
Total	24	100%	21	100%

Researchers' Analysis: While the community residents had varying answers, 76% of volunteer researchers rated the neighborhood as **moderate means** and 24% **poor**. Majority of community residents felt the neighborhood was **poor** and secondly **moderate means.** Five community residents rated the neighborhood as **wealthy or comfortably off**.

Focus Group Commentary: Focus group participants commented on the role that perception played in answering these questions. FG3 stated, "There are a lot of people who, believe it or not, live in Clark Square and make a lot of money." He went on to explain that a number of six figure income people live in Clark Square; and with the valley and Potawatomi Casino, a lot of new multi-family houses are coming up. Despite this claim, the perception remains that the Clark Square Neighborhood is still **moderate** to **poor**. This perception is not in line with the truth. FG2 added that people think that the Clark Square Neighborhood is grungy. When commenting on the lower percentage of volunteer researchers who rated the neighborhood as **poor**, FG3 pointed out that society's perception of **poor** is what they see on TV. He added

that, in the Clark Square Neighborhood, a person can wear Jordan's and still be **poor**. He also

commented that he did not know he was **poor** until he moved out of the Clark Square

Neighborhood. FG2 tells a story of when she moved back to the Clark Square Neighborhood to

move into her family's house and take over their business, her children asked her if she had lost

her job and if they were **poor**. She commented that the perception of the Clark Square

Neighborhood was different. FG1 commented that the volunteer researchers might not have

known what **poor** meant. Their experience of **poor** might just be driving through a

neighborhood.

Summary: Clarke Square is perceived by both community residents and volunteer

researchers as **poor to moderate means**. According to the focus group, this is not in line with

the truth. FG1 commented that the volunteer researchers might not have known what **poor** is and

their only experience could be just driving through a "poor" neighborhood. Sampson and

Raudenbush (2004) found that, regardless of the racial background of the respondent,

perceptions of neighborhood disorder increased with proportion to minority residents. The focus

group pointed out that society's perception of **poor** is what they see on TV.

The eleventh theme was **Rater Reaction: Safe for Children to Play Outside**. Twenty-

four community residents and 21 volunteer researchers responded to the question. Participants

were asked to evaluate the degree to how safe they felt the street would be for children to play

outside. They could choose from **definitely safe, fairly safe, unsure, fairly unsafe, or**

definitely unsafe, as shown in the left column. The middle column contains the perceptions of

the community residents, and the right column contains the perceptions of the volunteer

researchers.

Table 14

Rater Reactions: In your judgment, is it safe for children to play outside in this segment?

	COMMUNITY RESIDENTS		VOLUNTEER RESEARCHERS	
Definitely safe	2	8%	1	5%
Fairly safe	10	**42%**	11	**52%**
Unsure	2	8%	1	5%
Fairly unsafe	4	17%	7	33%
Definitely unsafe	6	**25%**	1	**5%**
Total	24	100%	21	100%

Researchers' Analysis: The findings in Table 14 showed a lot of similarities between the two constituency groups. Both community residents and volunteer researchers felt it was **fairly safe** for children to play outside. Twenty-five percent of community residents versus 5% of volunteer researchers felt it was **definitely unsafe**.

Focus Group Commentary: Focus group participants commented again that for the 20 minutes during the day that volunteer researchers were present on each segment, the neighborhood would appear **safe**. However, they agreed that the similar perceptions between community residents and researchers were fairly honest reflections of the neighborhood. FG2 mentioned that during the day, she lets her own kids play outside in the yard and she lets them cross the street and play in the park. FG1 commented that volunteer researchers who felt that it was **unsafe** for kids were for the most part concerned about traffic.

Summary: Both constituency groups believed it is **safe** to a degree for children to play outside. The focus group confirmed this perception to be a fairly accurate reflection of the Clarke Square Neighborhood. The focus group also believed that for those participants that believed it to be **unsafe** for children to play outside, were most likely concerned with the traffic.

Chapter V: Conclusion

Introduction

The purpose of the research was to explore the similarities and differences in perceptions of community health in the Clarke Square Neighborhood held by community residents and volunteer researchers. Chapter 1 provided a description of the background on the context and purposes of the study and defined key terms used throughout the study. Chapter 2 provided a review of pertinent literature regarding the topics of community health research, community participation in research and the role of perception in research. Chapter 3 described the methodology used to gather the data from Clarke Square community residents as well as securing permission from the Medical College of Wisconsin and the Urban Ecology Center to use their data and survey tool entitled the *Neighborhood Assessment Tool*. Chapter 4 reviewed the findings from the surveys of community residents and the focus group, which discussed the similarities and differences between perceptions of community residents and volunteer researchers. Essentially, Chapter 4 presented data to answer the first two research questions:

1. What are the perceptions of the volunteer researchers regarding community health indicators in the Clarke Square Neighborhood?

2. What are the perceptions of community residents regarding community health indicators in the Clarke Square Neighborhood?

Chapter 5 contains the Summary of Findings with respect to the third research question:

3. What are the similarities and differences between community residents' perceptions and volunteer researchers' perceptions regarding community health indicators in the Clarke Square Neighborhood?

The second section entitled Conclusions identifies two significant conclusions drawn from the research based on those findings. The next section entitled Recommendations contains specific ideas about future changes that should be made to the More Than a Pretty Place Project. This chapter concludes with a section entitled Discussion of what was learned throughout the study and what might have been done differently if the study were replicated.

Summary of Findings

Community-Based Participatory Research has continued to gain popularity in the last decade. Despite the benefits connected to conducting research in this manner, not all community assessment studies include community residents in the research process. The study was done in order to explore the similarities and differences in perceptions of community residents and volunteer researchers of the Clarke Square Neighborhood regarding community health. The Clarke Square residents, who would be considered by many to be the ultimate experts of the Clarke Square Neighborhood, were not included in the original assessment of the community health of the Clark Square Neighborhood. We, the MU researchers, believed that the Clarke Square residents' perspectives could be the missing link needed to more fully understand the Clarke Square Neighborhood in order to develop an accurate baseline assessment of the neighborhood.

Table 12 below contains a summary of the findings sequenced from most different perceptions to most similar perceptions between community residents and volunteer researchers.

The left column contains the headings of the 11 themes of community health from the

Neighborhood Assessment Tool. The middle and right columns contain the numbers and

percentages of positive and negative perceptions from both groups of subjects.

Table 15

Summary of Perceptions by Community Residents and Volunteer Researchers and Comments by

Members of the Focus Group

Themes of Community Health	Perceptions of Community Residents (number and percentage)	Perceptions of Volunteer Researchers
Automobile	17 and 71% Yes 7 and 29% No	3 and 14% Yes 18 and 86% No
	Focus Group Comments: • Aggressive drivers are a serious problem in Clarke Square. • Volunteer researchers' perceptions did not accurately reflect this issue judgment.	
Environmental Pollution	15 and 63% Yes 9 and 37% No	3 and 14% Yes 18 and 86% No
	Focus Group Comments: • Volunteer researchers' perceptions that noise pollution was not evident were surprising.	
Residential Units	11 or 46% positive 13 or 54% negative	15 or 85% positive 3 or 17% negative
	Focus Group Comments: • Researchers come in with a "feel sorry" attitude and give higher marks. • Volunteer researchers were not realistic. • Volunteer researchers may want to avoid seeming negative or passing judgment.	
Social Environment: Adults	Averages 26% All or Most 32% Some 39% None	Averages 1% All or Most 9% Some 90% None

	Focus Group Comments: • Some questions would be difficult to answer objectively. • Deciphering if someone was homeless or selling drugs would be difficult through observation alone.	
Social Environment: Children	Averages 44% All or Most 31% Some 25% None	Averages 33% All or Most 5% Some 62% None
	Focus Group Comments: • Volunteer researchers' perceptions may have been affected by the fact that they were only on the street segments for about 20 minutes.	
Physical Disorder	Averages 30% Heavy –Moderate 31% Light 34% None	Averages 10% Heavy-Moderate 20% Light 70% None
	Focus Group Comments: • Volunteer researchers' perceptions are really surprising. • Physical disorder is actually a big issue in Clarke Square.	
Commercial Properties	5 and 38% positive 8 and 62% negative	9 and 60% positive 6 and 40% negative
	Focus Group Comments: • Community residents remember what commercial units used to be like. • Commercial buildings are actually fairly new and fairly nice in Clarke Square.	
Rater Reaction: Safe Walking at Night	8 and 33% safe 3 and 13% unsure 13 and 54% unsafe	9 and 43% safe 7 and 33% unsure 5 and 24% unsafe
	Focus Group Comments: • Clarke Square neighborhood is different during the day than	

	during the night. • Volunteer researchers were not present in Clarke Square during the night.	
Rater Reaction: Neighborhood Characteristic	5 and 21% positive means 17 and 71% poor 2 and 8% unsure	0 and 0% positive means 21 and 100% poor 0 and 0% unsure
	Focus Group Comments: • Some people with money reside in Clarke Square. • The perception remains that the Clarke Square Neighborhood is still moderate.	
Rater Reaction: Safe Place to Live	13 and 54% safe 5 and 21% unsure 6 and 25% unsafe	13 and 62% safe 4 and 19% unsure 4 and 19% unsafe
	Focus Group Comments: • Similarities may have been due to the question being based on an actual experience rather than conviction filled.	
Rater Reaction: Safe for Children to Play Outside	12 and 50% safe 2 and 8% unsure 10 and 42% unsafe	12 and 57% safe 1 and 5% unsure 8 and 38% unsafe
	Focus Group Comments: • Volunteer researchers were only present 20 minutes during the day. • The volunteer researchers who felt it was unsafe for kids were concerned about traffic.	

Table 15 showed noteworthy differences in perceptions of community health in the Clarke

Square Neighborhood for the majority of the themes. Community residents and volunteer

researchers had substantially different perceptions regarding the following themes in descending

order: Automobile, Environmental Pollution, Residential Units, Social Environment for Adults,

Social Environment for Children, Physical Disorder, Commercial Properties, and Rater Reaction: Safe Walking at Night.

Table 15 showed the themes in which community residents and volunteer researchers had similar perceptions. Community residents and volunteer researchers had similar perceptions regarding the following themes: Rater Reaction: Safe for Children to Play Outside, Rater Reaction: Safe Place to Live, and Rater Reaction: Neighborhood Characteristics. It is interesting to note that the majority of themes in which community residents and volunteer researchers had similar perceptions involved Rater Reaction questions.

Focus group commentary provided a deeper understanding into the perceptions of community health in the Clarke Square Neighborhood, as well as validated the similarities and differences between community residents' perceptions and volunteer researchers' perceptions regarding community health in the Clarke Square Neighborhood. Additionally, focus group commentary provided possible reasons for the similarities and differences in perceptions between community residents and volunteer researchers. Finally, focus group comments provided deeper insight into the concept of community participation in research studies and the relationships between researchers and community members.

Furthermore, the addition of community residents' perceptions increased the integrity and strength of the study itself. As suggested by the focus group commentary, the reason for these differences could be because a volunteer researcher is not able to get a complete understanding of what a street or neighborhood truly represents from spending only 20 minutes on a street conducting a survey in the daylight hours. This notion that 20 minutes on a street does not provide an accurate reflection of a neighborhood seemed fairly obvious and easy to comprehend. However, studies still continue to use methods of assessment that depend on short and somewhat

superficial stints in neighborhoods. The literature reviewed in Chapter 2 suggested that including

community residents in research studies not only empowers the community, but also strengthens

the study. Community participation in research empowers communities by enabling them to have

their voices heard as well as enabling community members to develop and utilize new skills.

Furthermore, community participation in research strengthens studies by improving methods of

triangulation in a study, increasing participation and participant retention in studies, and

increasing dissemination of results. The survey and focus group findings described in Chapter 4

suggested that volunteer researchers and community residents have different perceptions of the

Clarke Square Neighborhood. Inconsistencies in perceptions as may be due to past experiences

that play pivotal roles in how people view neighborhoods. This idea of the influence of personal

experiences on perceptions suggests that the participant himself, his character and his past

experiences, plays an unintentional role in research studies. Therefore, thought should be put into

the participants who are being used for studies and the role that their perceptions will play in the

research process. Every participant brings his or her own personal baggage to a study. When

community members are included in research studies, all their past experiences, which are

essentially the experiences of the community, become a part of the study and enriches the

findings of the study so that the study itself becomes a more honest and realistic portrayal of the

community.

Conclusions

With respect to the purpose of the research, the following conclusions appear to be

warranted:

First, the following perceptions were different between community residents and

volunteer researchers: Automobile, Environmental Pollution, Residential Units, Social

Environment for Adults, Social Environment for Children, Physical Disorder, Commercial

Properties, and Rater Reaction: Safe Walking at Night. For the majority of the themes,

community residents and volunteer researchers had substantially different perceptions regarding

community health indicators in the Clarke Square Neighborhood.

One reason for differences in perceptions between community residents and volunteer

researchers could be due to the fact that volunteer researchers spent such limited time in the

neighborhood and on the street segments. The volunteer researchers' perceptions may have

revealed a snapshot of what a street looked like for 20 minutes one day, but the community

residents' perceptions revealed much deeper insights into the neighborhood. The perceptions

given by community residents revealed that signs of physical disorder, arguing children and

adults, homelessness, visible intoxication of adults, adults selling drug, aggressive drivers, and

noise pollution are evident in the neighborhood. The perceptions of volunteer researchers, on the

other hand, did not consistently reveal these themes because they may not have been evident at

the time the survey was conducted. The focus group responses revealed even deeper levels of

insights into the community, showing that the community cares enough to clean up these sign of

disorder. While 100% of volunteer researchers noted no homelessness on their street segments,

FG3 commented that homelessness is a big issue in their neighborhood about which no one talks.

Homelessness appears to be a nonissue based on volunteer researchers' perceptions. Unlike

volunteer researchers' perceptions, community residents' perceptions did reveal that

homelessness existed in the Clarke Square Neighborhood. This difference showed that volunteer

researchers' perceptions lacked expertise regarding community health in the Clarke Square

Neighborhood and community residents' perceptions provided the missing link needed to

accurately represent the community. Furthermore, community residents' perceptions caused

focus group participants to engage in a revealing discussion regarding homelessness in the Clarke Square Neighborhood. The combination of community residents' perceptions and focus group commentary resulted in an even deeper, more honest understanding of community health in the Clarke Square Neighborhood.

Second, the following perceptions were similar between community residents and volunteer researchers: Rater Reaction: Safe for Children to Play Outside, Rater Reaction: Safe Place to Live, and Rater Reaction: Neighborhood Characteristics. Interestingly, the Rater Reaction themes, in which the survey questions tended to be more subjective, were the areas in which the perceptions between community residents and volunteer researchers were most similar.

As suggested by the focus group, community residents and volunteer researchers may have had similar perceptions on Rater Reaction themes because these themes involved participants identifying a feeling rather than an experience. For example, when volunteer researchers' perceptions reveal that the neighborhood is a safe place, these revelations are because they are having a real experience in which they are feeling that the neighborhood is a safe place. For the majority of the themes, participants answer questions that involved identifying an experience, such as looking at the condition of a house or the condition of a yard or street. The perceptions that are revealed through these types of questions can be influenced by past experiences as well as the characteristic of the participant. For example, a community resident may have had past experiences in which they identified physical disorder in the street. When they answered the survey questions, those past experiences influenced their perceptions. Volunteer researchers, on the other hand, may not have had those past experiences with physical disorder on the street, which influenced their perceptions. The Rater Reaction themes, on the

other hand, allowed participants to identify a feeling of safety and characteristics, which might have been less influenced by past experiences in the neighborhood. The limitation of only spending 20 minutes on a street segment did not influence perceptions as much for these themes.

In many of the tables, the community residents have very scattered data. FG2 commented that she hears arguing and fighting all the time, while FG3 said that it depends on the blocks. He noted that there is a prostitution house in Clarke Square Neighborhood and suggested that the inclusion of this street could have impacted results. The neighborhood is very different depending on which part of Clarke Square is being evaluated. The focus group was very surprised at the way the volunteer researchers perceived the Clarke Square Neighborhood as their perceptions were often too positive and not reflective of reality. Although the majority of both community residents and volunteer researchers believed the neighborhood to be a safe place to live and to let children play outside, the community residents did not feel safe walking in the neighborhood at night while majority of the volunteer residents revealed they would feel safe walking in the neighborhood at night. The focus group believed the reasons behind the discrepancies could be due to having different attitudes regarding the task at hand, such as a fear of placing judgment, or this could be due to having different past life experiences.

Recommendations

The information lost without participation from community members in community evaluation research is invaluable. For future research in the More Than a Pretty Place Project, we recommend the inclusion of community members at all stages throughout the research project. Community members should be involved in identifying important community health indicators to study as well as in the research collection, analysis and dissemination process. For example, without the perceptions of community residents, researchers in the More Than a Pretty Place

Project may not identify homelessness as a community concern. The discrepancy between residents' perceptions and volunteer researchers' perceptions regarding homelessness suggests the importance of digging deeper into community evaluations by including community members' perceptions. The focus group responses further emphasized the importance of including community members' perceptions if researchers really want honest understandings of communities. Additionally, involving community members at all stages of the research process will strengthen the rigor of the study by increasing participation and retention of participants. It will increase the validity of the study through triangulation. Finally, the inclusion of community members will empower residents to be more involved in the evaluation and strengthening of their own communities.

If we were to do this study over again, we would make the following changes. First, we would research the Clarke Square Neighborhood and ensure that the street segments were accurately representative of all aspects of Clarke Square. FG3 suggested that a more strategic approach could have been used regarding which streets were studied. He noted that there is a prostitution house in Clarke Square Neighborhood and suggested that the inclusion of this street could have impacted results. A more intentional selection of the street segments would have provided the study with a more well-rounded assessment of the neighborhood and ensured that certain indicative areas in the neighborhood did not get omitted from the analysis. Additionally, we would have used a bilingual survey tool. For participants who do not speak English, a bilingual survey tool would be useful in providing a clear understanding of what is being asked in the survey. Also, we would ensure that at least one of the researchers going door to door would speak Spanish so as to be able to represent the Spanish speaking only community

residents. Many of the Spanish-speaking community residents that opened the door would refuse to do the survey stating that they did not speak English.

Discussion

Through this research, we as MU researchers discovered the importance of including community members in community health research. The results clearly revealed discrepancies between the perceptions of the community residents and the volunteer researchers. In order to have a clearer picture of the health indicators in a community, research must include the participation and perceptions of residents who live in the community and are therefore the experts of what goes on in the neighborhood rather than relying on outside researchers whose perceptions come from just a 20 minute walk down the street.

Furthermore, the MU researchers were able to gain valuable insights while completing the study. During the survey portion of the study, the MU researchers found that the community residents in the Clarke Square Neighborhood were for the most part incredibly eager and happy to have their voices heard. Some of the participants spent up to an hour discussing the changes over time that they had witnessed in the neighborhood. One participant had lived in the neighborhood for over 50 years, had raised her children in the neighborhood and was at the time watching her grandchildren be raised in the neighborhood. The MU researchers were eagerly invited into her home and she discussed with honesty and openness her feelings regarding the community. For almost every survey, the MU researchers were invited into the homes of the community residents. Almost all of the community residents who completed the surveys were eager to share personal stories and anecdotes related to the survey and the community itself.

The majority of community residents who participated in the survey expressed a unique blend of pride in their neighborhood, acknowledgment of room for improvement in the

neighborhood, and dedication to the improvement of the neighborhood. Community residents explained how they woke up at the crack of dawn to clean the streets of the neighborhood so their kids would not see the used condoms and broken bottles littered on the streets from the evening before. Many community members also commented on the amount of abandoned houses and foreclosure houses in the neighborhood. While it was difficult to determine from the outside that the houses were abandoned, this revelation has important implications regarding the study. The fact that a large percentage of houses in the neighborhood were abandoned has important implications regarding the neighborhood assessment. The assessment included an analysis of the outside appearance of houses. Houses that looked deteriorated because the owners did not take care of the house have or yield different implications than houses that looked deteriorated because no one lived in them. There would be no way to know the difference between these two types of deteriorated houses without involving community perceptions in the research process. This implication suggests the importance of gaining community perspectives in order to more truly and honestly interpret research results.

Some community residents seemed to take pride in the roof they were able to place over their children's and their family's heads, while others expressed longing for more improved conditions and more space. Community residents survey results and their conversations with the MU researchers during the survey process revealed varying perceptions regarding the neighborhood, but all responses suggested a deep understanding and connection to the neighborhood. Community residents also eagerly recommended neighbors who could share additional stories and insights into the neighborhood and community. Overall, community residents seemed happy to have their voices heard, and the tone of some even went so far as to suggest that it was about time their voices were heard and their stories were told.

The focus group portion of the study also revealed interesting insights. Not only did the focus group validate, affirm and add to the researchers' analysis of the findings, but it also provided a more in depth and rich understanding of the Clarke Square Neighborhood. Interestingly, the commentary during the focus group suggested that the Clarke Square community residents were somewhat leery of the role that research institutes and researchers play in the community. One focus group participant mentioned that research institutes and researchers often come to the community with large, grant funded projects and talk to the community about the amount of money that is going toward the funding of the project. These conversations leave the community members thinking that the money will be used toward community improvement, and almost every time the community ends up not seeing any of the money or any improvements that came with the money. For this reason, the community has developed the feeling that research projects that come into the community are not for the community at all, but rather for the researchers and the research institutes. The community then feels misled, used, ignored and taken advantage of. These negative feelings lead to negative relationships between communities and researchers and research institutes. The literature reviewed in the study reflected these sentiments felt in the Clarke Square Neighborhood regarding researchers and suggested the importance of working to overcome these negative feelings by developing positive relationships between researchers and community residents through true participatory research.

Collaboration Because this project was the first Capstone Project in the Graduate School of Marquette University in which collaboration between two graduate students occurred, we feel it pertinent to discuss the influential role that collaboration itself played in the study. Most of the study was completed in full collaboration, and some of the steps were taken separately. For our

collaboration work plan, see Appendix A. We would recommend graduate students working in collaboration on Capstone Projects in the future as our collaboration provided us with a valuable learning opportunity and strengthened our own research.

The collaboration method of the study not only strengthened the study itself, but also was necessary at times in terms of our safety. Collaboration allowed the two of us to avoid having an individual walking alone up and down streets inviting residents to participate in a survey. We felt that it was a safety imperative to have two researchers together conducting the survey portion of the study. Volunteers for the More Than a Pretty Place Project also walked in pairs for safety reasons. Furthermore, this collaboration deeply enriched our learning experience as we completed the study. One theme that we discuss in our research is the role of *perception* in research. We found it invariably helpful to be able to bring in each of our own unique perceptions when deciding how to conduct the research, when actually conducting the research, and when analyzing the research. We also found it helpful to have two individuals conducting the residents' surveys, as one individual could ensure that all the paperwork was completed while another person focused on explaining how to complete the survey. Additionally, as one of us was assisting with the survey and helping with any technical assistance that was needed in utilizing the iPads, the other person could take notes of interesting and important comments and reactions participants were having. Finally, it was helpful to have both two individuals facilitating the focus group so as to ensure that the group could be facilitated with ease while comments were recorded in their entirety.

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Appendix A: Collaboration Work Plan

The following list describes the 10 action steps that we took in completing the study and further details how the collaboration took place:

1. **Identifying the problem**: We collaborated fully on this step. We began by discussing our mutual interest the Clarke Square Neighborhood and in asset-mapping and then identified problem that we were interested in researching.

2. **Create research questions**: We collaborated fully on this step by meeting and discussing the appropriate research questions that most adequately addressed the purpose of our study.

3. **Determine the best research methods for analyzing the problem**: We collaborated fully on this step by meeting and determining the best approach.

4. **Conduct a literature review**: We collaborated on this step by splitting up the topics that we wanted to cover in the Literature Review. Meghan researched the topics of community health indicator studies, community participation in research and collaboration between communities and researchers. Kelly researched the topics of perception in research studies and focus groups.

5. **Conduct 25 In-Person surveys in Clark Square Neighborhood**: We collaborated in full on this step and conducted the surveys together.

6. **Organize survey results in table**: Kelly led this step, and Meghan supported.

7. **Conduct Focus Group**: We collaborated on this step by taking turns facilitating and note taking.

8. **Analyze and transcribe focus group responses**: We collaborated on this step by meeting and devising a system to analyze and transcribe focus group responses. We

then split up the themes discussed in the focus group so we could both participate in

analyzing and transcribing the responses.

9. **Write paper**: We split up the chapters for this step. Meghan wrote Chapters 1 and 2,

Kelly wrote Chapters 3 and 4, and we co-wrote Chapter 5. Additionally, after each of

our chapters were written we submitted the chapter to the other individual so that they

could add any additional input. This combination of both of our perceptions added to

the robustness of the writing.

10. **Create Presentation**: We collaborated in full on the creation of the presentation.

Collaboration was spurred by a mutual interest in asset-based mapping, in how

research is conducted in communities, and an interest in the opening of the

Menomonee Valley branch of the Urban Ecology Center.

Appendix B: Communications

Permission to use the *Neighborhood Assessment Tool* and Data from More Than a Pretty Place Project

Connecting our project
Dione, Kelly

Sent: Wednesday, August 08, 2012 6:42 PM
To: Meghan Jones [mjones@urbanecologycenter.org]; Beyer, Kirsten [kbeyer@mcw.edu]

```
Good evening Kirsten,

Meghan and I met with our professional project advisor, Dr.
Pavlik, last week and we came up with some really neat ideas to
connect our project. We are thinking of focusing on the
community surrounding the Mitchell Domes. We want to investigate
the perceptions of residents and researchers for the Clarke
Square Neighborhood. We'd like to look at the data that we are
collecting through the in-person survey tool (we'd need your
permission) and have Clarke Square community members use the
same tool. Then we'd compare the data from both constituent
groups. Would it be okay for us to use the survey tool AND use
the data collected by the researchers for the segments in Clarke
square?

Have a great evening,

Kelly and Meghan


Kelly Dione
YES Program Coordinator
Marquette University
United Community Center
kelly.dione@marquette.edu
414-649-2819
```

RE: Connecting our project

Beyer, Kirsten [kbeyer@mcw.edu]

Sent:
Friday, August 17, 2012 3:27 PM

To:
Dione, Kelly; Meghan Jones [mjones@urbanecologycenter.org]

Cc: Erin Shawgo (eshawgo@urbanecologycenter.org)

Meghan and Kelly,

I've talked with the team and we're in agreement about
sharing the tool and eventually the data. I hope your
project plans are coming along nicely!

On a related note, are both of you able to put in time on
the in-person neighborhood assessment? Our volunteers are
few and haven't yet entered much data, and we are concerned
that there won't be enough data collected by the time the
center opens. If you have to make a choice, do the in-person
assessment for now instead of the virtual one, which can
probably continue past the center's opening due to the fact
that images are from 2007 and 2009.

Thanks, and talk to you soon!
Kirsten

Focus Group Invitation

Dear ,

I hope this email finds you well!

My name is Meghan Jones, and I am working with Kelly Dione to complete a Professional Project for our graduate program in Public Service at Marquette University. For our project, we have been conducting research in the Clarke Square Neighborhood. Specifically, we have been looking at the research that the Urban Ecology Center and the Medical College of Wisconsin completed this past summer in the Clarke Square Neighborhood as part of the Healthy Wisconsin Partnership Program (HWPP). The Urban Ecology Center and the Medical College of Wisconsin collaborated to assess the community health of the neighborhoods surrounding the new Menomonee Valley location of the Urban Ecology Center. The goal for the HWPP project is to develop a baseline assessment of the community health in that area, and then to continue to track the community health of the neighborhoods over the course of the next three years, as the new green space opens and Urban Ecology Center offers more and more programs to connect the community with the green space.

As Kelly and I learned about the HWPP project, we became interested in the process of the research. The HWPP used primarily non-resident volunteers to complete surveys which assessed certain community health indicators. Kelly and I were curious to know how the non-residents' perceptions of their community health would be similar and/or different to the community members' perceptions of their own community's health. For our professional project, we conducted the same survey, however we had community members fill out the survey instead of non-resident volunteers.

For the final part of our study, we are inviting individuals who have either been identified by ourselves or by community members as Community Connectors to participate in a focus group in which we will discuss the perceptions of community residents as compared to non-resident volunteers as well as themes that became apparent through this research.

We are eager for Clarke Square to have its voice heard, both through the surveys we conducted with local residents and through the focus group we will conduct with Community Connectors.

We invite you to come and be a voice of Clarke Square! Please join us as we gather to discuss some of the important implications connected to research in the Clarke Square Neighborhood.
We will be conducting our focus group on the week of March 4th. If you are interested in participating in our focus group, please let us know by responding to this email and telling us which evenings you are available from 6:30-7:30pm: Monday, March 4th, Tuesday, March 5th, or Wednesday, March 6th. We will choose a date based on the availability of the majority of our focus group participants.
The focus group will include light snacks, beverages and great conversation!
We look forward to hearing back from you soon.

Meghan Jones and Kelly Dione
Marquette University
Masters of Arts in Public Service Program

Appendix C: IRB Approval Letter

MARQUETTE
UNIVERSITY
Be The Difference.

Office of Research Compliance

Schroeder Complex, 102
P.O. Box 1881
Milwaukee, Wisconsin 53201-1881

P 414.288.7570
F 414.288.6281
W marquette.edu/researchcompliance

December 13, 2012

Ms. Kelly Dione and Ms. Meghan Jones
Professional Studies

Dear Ms. Dione and Ms. Jones:

Thank you for submitting your protocol number HR-2515 titled, *"Investigate the perceptions of residents and researchers for the Clarke Square Neighborhood."* On December 6, 2012, the Marquette University Institutional Review Board granted exempt status for this protocol under Exemption Category #2: Educational Tests, Surveys, Interviews, or Observations.

Your IRB approved informed consent form is enclosed with this letter. Use the stamped copies of this form when recruiting research participants. Each research participant should receive a copy of the stamped consent form for their records.

You may proceed with your research. Your protocol has been granted exempt status as submitted. Any changes to your protocol affecting participant risk must be requested in writing by submitting an IRB Protocol Amendment Form which can be found here:
http://www.marquette.edu/researchcompliance/research/irbforms.shtml. These changes must be reviewed and approved by the IRB before being initiated, except when necessary to eliminate apparent immediate hazards to the human subjects. If there are any adverse events, please notify the Marquette University IRB immediately.

Please submit an IRB Final Report Form once this research project is complete. Submitting this form allows the Office of Research Compliance to close your file.

If you have any questions or concerns, please do not hesitate to contact me. Thank you for your time and cooperation.

Sincerely,

Benjamin Kennedy
Research Compliance Officer-Human Subjects & Radiation Safety

cc: Dr. Christopher Okunseri, IRB Chair
       Dr. Robert Pavlik, Professional Studies
       Ms. Sherri Lex, Graduate School

Enclosure
AA/rr

Appendix D: Survey and Focus Group Consent Forms

Marquette University College of Professional Studies

Meghan Jones and Kelly Dione, MAPS Graduate Student
meghan.m.jones@marquette.edu kelly.dione@marquette.edu
414-607-2755 or 920-16-4475

Dear Community Connector,

We are public service graduate students conducting research for our capstone project at Marquette University on the topic of perceptions of community health in the Clarke Square neighborhood. As a community connector, you are the best resource to provide feedback regarding survey results that indicate perceptions on various community health indicators. It is my hope that the findings within the research will positively contribute to your neighborhood or organization by providing you with a deeper connection and understanding of the community in which you work and/or live.

A focus group conversation will be held at the Menomonee Valley Urban Ecology Center on 37th and Pierce St. The purpose of this focus group is to discuss findings from surveys recently completed by community residents and volunteers of the Urban Ecology Center.

As an individual whom we have identified as a community connector, you are invited to participate in this focus group. The group itself will be comprised of approximately 6 participants. The session will be video recorded for later transcription and analysis. Your responses will be kept confidential and used only for comparative purposes. You have the right to refuse to participate in the proposed research. You may withdraw from the research at any time, however, your withdrawal from the research does not necessarily include the withdrawal of any data compiled up to that point.

You are encouraged to contact me by e-mail or by telephone with any questions. You may also contact my advisor, Dr. Bob Pavlik, at 414-288-3886 or robert.pavlik@marquette.edu if you have any questions about the project.

Meghan Jones and Kelly Dione

Protocol Number: _____

MARQUETTE UNIVERSITY
INFORMATION FORM FOR RESEARCH PARTICIPANTS
Community Health Indicators: Variances between Residents' and Non-Residents' Perceptions
Meghan Jones & Kelly Dione
College of Professional Studies

You have been invited to participate in the research study. Before you agree to participate, it is important that you read and understand the following information. Participation is completely voluntary. Please ask questions about anything you do not understand before deciding whether or not to participate.

PURPOSE: The purpose of the research study is to identify and analyze the variances in perceptions of community health between residents and non-residents of the Clarke Square neighborhood. We are public service graduate students conducting research for our capstone project at Marquette University on the topic of perceptions of community health in the Clarke Square neighborhood. As a resident, you are the best resource to identify perceptions on various community health indicators. It is our hope that the findings within the research will positively contribute to your neighborhood, and by providing local organizations with a deeper connection and understanding of the community in which they work.

DURATION: Your participation will consist of one 20 minute survey.

RISKS: The risks associated with participation in the study are minimal.

BENEFITS: There are no direct benefits associated with participation in the study. An indirect benefit to society is this research may provide a deeper connection and understanding of the Clarke Square neighborhood in which you work and/or live.

CONFIDENTIALITY: All information you reveal in the study will be kept confidential. All of your data will be assigned a code number rather than using your name or other information that could identify you as an individual. When the results of the study are published, you will not be identified by name. The data will be destroyed by deleting electronic files. The records associated with this research may be inspected by the Marquette University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

VOLUNTARY NATURE OF PARTICIPATION: Participating in the study is completely voluntary and you may withdraw from the study and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled; however, your withdrawal from the research does not necessarily include the withdrawal of any data compiled up to that point.

CONTACT INFORMATION: If you have any questions about this research project, you can contact Meghan Jones at Meghan.m.jones@marquette.edu or by phone at 414-607-2755 or Kelly Dione at Kelly.dione@marquette.edu or by phone at 920-716-4475. You may also contact our advisor, Dr. Bob Pavlik at robert.pavlik@marquette.edu or 414-288-3886. If you have questions or concerns about your rights as a research participant, you can contact Marquette University's Office of Research Compliance at (414) 288-7570.

Initials: _____

Page 1 of 1

Date: _____

Protocol Number: _____

MARQUETTE UNIVERSITY
AGREEMENT OF CONSENT FOR RESEARCH PARTICIPANTS
Community Health Indicators: Variances between Residents' and Non-Residents' Perceptions
Meghan Jones & Kelly Dione
College of Professional Studies

You have been invited to participate in the research study. Before you agree to participate, it is important that you read and understand the following information. Participation is completely voluntary. Please ask questions about anything you do not understand before deciding whether or not to participate.

PURPOSE: The purpose of the research study is to identify and analyze the variances in perceptions of community health between residents and non-residents of the Clarke Square neighborhood. You will be one of approximately six participants in this research study.

PROCEDURES: The focus group will take place in a private room at the Menomonee Valley Urban Ecology Center. The focus group will be comprised of approximately 5 to 7 other participants. Meghan Jones and Kelly Dione will be present as well as our advisor, Dr. Bob Pavlik. The focus group will be videotaped to ensure accuracy of the data. The recordings will be transcribed and destroyed 3 years from the date of the completion of the study along with electronic and hard copies of the transcript. For confidentiality purposes, your name will not be recorded.

DURATION: Your participation will consist of one 60-90 minute focus group.

RISKS: The risks associated with participation in the study are minimal.

BENEFITS: There are no direct benefits associated with participation in the study. An indirect benefit to society is this research may provide a deeper connection and understanding of the Clarke Square neighborhood in which you work and/or live.

CONFIDENTIALITY: All information you reveal in the study will be kept confidential. All of your data will be assigned a code number rather than using your name or other information that could identify you as an individual. When the results of the study are published, you will not be identified by name. The data will be destroyed by shredding paper documents, deleting electronic files, and erasing video recordings 3 years after the completion of the study. The video recording of the focus group will be transcribed into an electronic document. The electronic document will be kept in a password protected file on Meghan Jones' computer. The video recording along with paper transcripts will be held in a locked file cabinet at Meghan Jones' residence for 3 years, at which time the video recording will be erased, electronic documents deleted, and all paper copies shredded. All focus group participants are instructed to keep discussions confidential. However, the researcher(s) cannot guarantee that all focus group participants will respect everyone's confidentiality. The records associated with this research may be inspected by the Marquette University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

COMPENSATION: Pizza and refreshments will be provided to all focus group participants.

Initials: _____

Page 1 of 2

Date: _____

Protocol Number: _____

EXTRA COSTS TO PARTICIPATE: Transportation is the responsibility of the participant.

VOLUNTARY NATURE OF PARTICIPATION: Participating in the study is completely voluntary and you may withdraw from the study and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled; however, your withdrawal from the research does not necessarily include the withdrawal of any data compiled up to that point.

CONTACT INFORMATION: If you have any questions about this research project, you can contact Meghan Jones at Meghan.m.jones@marquette.edu or by phone at 414-607-2755 or Kelly Dione at Kelly.dione@marquette.edu or by phone at 920-716-4475. You may also contact our advisor, Dr. Bob Pavlik at robert.pavlik@marquette.edu or 414-288-3886. If you have questions or concerns about your rights as a research participant, you can contact Marquette University's Office of Research Compliance at (414) 288-7570.

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT.

_____   _____
Participant's Signature   Date

_____
Participant's Name

_____   _____
Researcher's Signature   Date

_____   _____
Researcher's Signature   Date

Although confidentiality in this study is ensured, there may be information disclosed in the focus group wherein showing video clips of the focus group during public presentations may have a profound impact on the audience. Please indicate below if you elect NOT to have your image shown in a public forum.

_____   _____
Participant's Signature   Date

Initials: _____

Date: _____

Appendix E: *Neighborhood Assessment Tool*

More Than a Pretty Place -- Neighborhood Assessment Tool   1

GENERAL INFORMATION

Observer ID:

Segment ID:

Street name:

Time:

Weather conditions:

Date:

TYPES OF BUILDINGS/LAND USE

Is the land used in any of the following ways (check all that apply)?
1. Vacant Lots/Open Space/Parking Lots
2. Residential
3. Commercial/Business
4. Industrial, Warehouse, Manufacturing
5. Institutional (schools, churches, etc.)
6. Recreational Facilities, Parks or Playgrounds

More Than a Pretty Place -- Neighborhood Assessment Tool   2

What is the MAIN land use type?
1. Vacant Lots/Open Space/Parking Lots
2. Residential
3. Commercial/Business
4. Industrial, Warehouse, Manufacturing
5. Institutional (schools, churches, etc.)
6. Recreational Facilities, Parks or Playgrounds

PEOPLE

	Yes	No
Are there any children visible in this segment (less than 13 years old)?	☐	☐
Are there any teenagers or adults visible in this segment (13 years old or older)?	☐	☐
There are people present, but unable to evaluate age.	☐	☐

STREET AND SIDEWALK QUALITY

In general, what is the condition of the street?
1. Good (NO sizable cracks, potholes, or broken curbs)
2. Fair (Sizable cracks, potholes, or broken curbs along SOME of the street)
3. Poor (Sizable cracks, potholes, or broken curbs along MOST/ALL of the street)
4. Under construction

Is there outdoor lighting illuminating the street?
1. Yes
2. No

In general, what is the condition of the sidewalk?
1. Good (NO holes, sizable cracks, or crumbing or uneven pavement on both sides of the street)
2. Fair (Holes, sizable cracks, or crumbling or uneven pavement along SOME of the sidewalk on both sides of the street)
3. Poor (Holes, sizable cracks, or crumbling or uneven pavement along most or ALL of the sidewalk on both sides of the street)
4. Under construction
5. No sidewalk present

Which of the following are visible in this segment?
1. Sidewalks
2. Crosswalks
3. Bike lanes
4. Walking/biking trails or paths
5. Bike racks
6. None of the above

More Than a Pretty Place -- Neighborhood Assessment Tool   3

Are there trees lining the street?
1. Most or all of the street segment
2. Some trees
3. A few trees
4. None

VACANT LOT/OPEN SPACE QUALITY
(answer only if vacant/open space, including parking lots, are present)

Types of vacant lots/open space present (select all that apply)
1. Vacant lots
2. Open space
3. Parking lots
4. Abandoned buildings
5. Other

In general, how would you rate the condition of vacant lots and/or open spaces on the street segment?
1. Very well-kept/good condition
2. Moderately well-kept condition
3. Fair condition
4. Poor/badly deteriorated condition
5. No vacant lots or open spaces present

Are any vacant lots/open spaces being renovated or developed?
1. Yes
2. No
3. Cannot evaluate

Is there any indication of renovation/development involving the planting of trees, grass or other vegetation?
1. Yes
2. No
3. Cannot evaluate

RESIDENTIAL HOUSING QUALITY
(answer only if residential housing is present)

In general, how would you rate the condition of most of the residential units in the street segment?
1. Very well-kept/good condition
2. Moderately well-kept condition
3. Fair condition (peeling paint, needs repair)
4. Poor/badly deteriorated condition
5. No residential units present

More Than a Pretty Place -- Neighborhood Assessment Tool   4

What type of residential housing is in the street segment? (Check all that apply)
1. Single occupancy dwelling units/houses
2. Duplex
3. Multiple household/Apartment building
4. Housing units over commercial store fronts

What is the MAIN type of residential housing in the street segment?
1. Single occupancy dwelling units/houses
2. Duplex
3. Multiple household/Apartment building
4. Housing units over commercial store fronts

Are most of the residential units set back from the street, i.e., is there a front yard?
1. All housing units are set back
2. Most housing units are set back
3. About half of the housing units are set back
4. A few housing units are set back
5. None of the housing units are set back

Are there any residential units in the street segment being renovated?
1. Yes
2. No
3. Cannot evaluate

COMMERCIAL/INDUSTRIAL BUILDING QUALITY
(answer only if commercial or industrial buildings are present)

In general, how would you rate the condition of most of the commercial or industrial properties in the street segment?
1. Very well kept/good condition
2. Moderately well-kept condition
3. Fair condition (peeling paint, needs repair)
4. Poor/badly deteriorated condition
5. No commercial or industrial buildings present

Are any commercial/industrial buildings being renovated?
1. Yes
2. No
3. Cannot evaluate

INSTITUTIONAL BUILDING QUALITY
(answer only if institutional buildings are present)

In general, how would you rate the condition of most of the institutional buildings in the street segment?
1. Very well-kept/good condition
2. Moderately well-kept condition
3. Fair condition (peeling paint, needs repair)

More Than a Pretty Place -- Neighborhood Assessment Tool 5

4. Poor/badly deteriorated condition
5. No institutional buildings present

Are any institutional buildings being renovated?
1. Yes
2. No
3. Cannot evaluate

RECREATIONAL OPPORTUNITIES
(answer only if recreational opportunities are present)

What kinds of recreational facilities or equipment are in the street segment? (Check all that apply)
1. Park
2. Playground
3. Playground equipment (i.e., slide, swings)
4. Sports/playing fields/courts
5. Sports equipment (i.e., goal posts, basketball nets)
6. Sports stands/seating
7. Pools
8. Bike/walking trails
9. No recreational facilities or equipment present

In general, how would you rate the condition of the recreational facilities and equipment in the street segment?
1. Very well kept/good condition
2. Moderately well-kept condition
3. Fair condition (needs repair)
4. Poor/badly deteriorated condition
5. No recreational facilities or equipment present

Specifically, how would you rate the condition of the parks in the street segment?
1. Very well-kept/good condition
2. Moderately well-kept condition
3. Fair condition (needs care)
4. Poor/badly deteriorated condition (needs immediate care)
5. No parks present

PHYSICAL DISORDER

Is there strewn garbage, litter, broken glass, clothes or papers on the street segment in the street/sidewalk/or public space?
1. Heavy
2. Moderate
3. Light
4. None
5. Cannot evaluate

More Than a Pretty Place -- Neighborhood Assessment Tool 6

Which of the following are visible in this segment?

	Heavy	Moderate	Light	None	Cannot Evaluate
Porches that are poorly kept or cluttered with personal effects	❏	❏	❏	❏	❏
Whole or broken beer or liquor bottles or cans	❏	❏	❏	❏	❏
Cigarette or cigar butt or packages	❏	❏	❏	❏	❏
Condoms	❏	❏	❏	❏	❏
Needles, syringes or drug-related paraphernalia	❏	❏	❏	❏	❏
Abandoned cars, cars with broken windows and/or run down cars	❏	❏	❏	❏	❏
Graffiti	❏	❏	❏	❏	❏
Graffiti that has been painted over	❏	❏	❏	❏	❏
Broken windows	❏	❏	❏	❏	❏
Bars on the windows	❏	❏	❏	❏	❏
Chipping paint	❏	❏	❏	❏	❏
Water damage/discoloration/rust	❏	❏	❏	❏	❏
Poorly kept front yards	❏	❏	❏	❏	❏

NATURAL AND AESTHETIC FEATURES

Which of the following are visible in this segment?

	Yes	No
Park	❏	❏
Bodies of water	❏	❏
Open natural space (i.e., wooded area, swamp, meadow- not a vacant lot)	❏	❏
Mature trees	❏	❏
Flower gardens	❏	❏
Courtyard/neighborhood gathering area	❏	❏
Statues/ monuments of any size	❏	❏
Benches	❏	❏
Picnic tables and/or grills	❏	❏
Designated green space	❏	❏

SOCIAL ENVIRONMENT: CHILDREN
(answer only if children are present)

How many children are there?

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How many children are...

	None	Some	Most	All
Engaging in active behaviors (i.e. playing a sport, running, climbing)?	❏	❏	❏	❏
Standing or walking?	❏	❏	❏	❏
Playing in front yards?	❏	❏	❏	❏
Playing in the street?	❏	❏	❏	❏
Playing on the sidewalk or in driveways?	❏	❏	❏	❏
Playing with friends/other children?	❏	❏	❏	❏
Under adult supervision/accompanied by an adult?	❏	❏	❏	❏
Arguing, fighting, acting hostile or threatening?	❏	❏	❏	❏

SOCIAL ENVIRONMENT: TEENS AND ADULTS

How many teenagers or adults are there?

How many teenagers or adults are...

	None	Some	Most	All
Men?	❏	❏	❏	❏
Women?	❏	❏	❏	❏
Unable to identify gender?	❏	❏	❏	❏
Standing or walking?	❏	❏	❏	❏
Engaging in active behaviors (i.e. running, biking, playing a sport)?	❏	❏	❏	❏
Arguing, fighting, acting hostile or threatening?	❏	❏	❏	❏
Engaging one another?	❏	❏	❏	❏
Loitering, congregating or hanging out?	❏	❏	❏	❏
Homeless or begging?	❏	❏	❏	❏
Drinking alcohol openly or visibly intoxicated?	❏	❏	❏	❏
Smoking?	❏	❏	❏	❏
Selling drugs?	❏	❏	❏	❏

AUTOMOBILES

Are there any cars visible in this segment?
1. Yes, parked cars
2. Yes, moving cars
3. No

Are there aggressive drivers on the segment (e.g. speeding, not giving pedestrians/bicyclists

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right-of-way)?
  1. Yes
  2. No

ENVIRONMENTAL POLLUTION

Is air pollution visible or detectable through odors (e.g. diesel fumes, factory emissions) in this segment?
  1. Yes
  2. No

Is noise pollution audible in this segment (e.g. loud ambient sounds from trains, construction, factories)?
  1. Yes
  2. No

RATER REACTIONS

The neighborhood appears to be a safe place to live
  1. Definitely safe
  2. Fairly safe
  3. Unsure
  4. Fairly unsafe
  5. Definitely unsafe

I would feel safe walking in this neighborhood at night
  1. Definitely safe
  2. Fairly safe
  3. Unsure
  4. Fairly unsafe
  5. Definitely unsafe

The neighborhood appears to be best characterized as:
  1. Wealthy/prosperous
  2. Comfortably off
  3. Moderate means
  4. Poor
  5. Unsure

How were you regarded by the people in this street segment?
  1. No people around
  2. Paid little or no attention by those around
  3. Treated with suspicion
  4. Friendly responses/greetings/helpful
  5. Polite responses to own questions
  6. Questioned about what I was doing in the area
  7. Other

In your judgment, is it safe for children to play outside in this segment?

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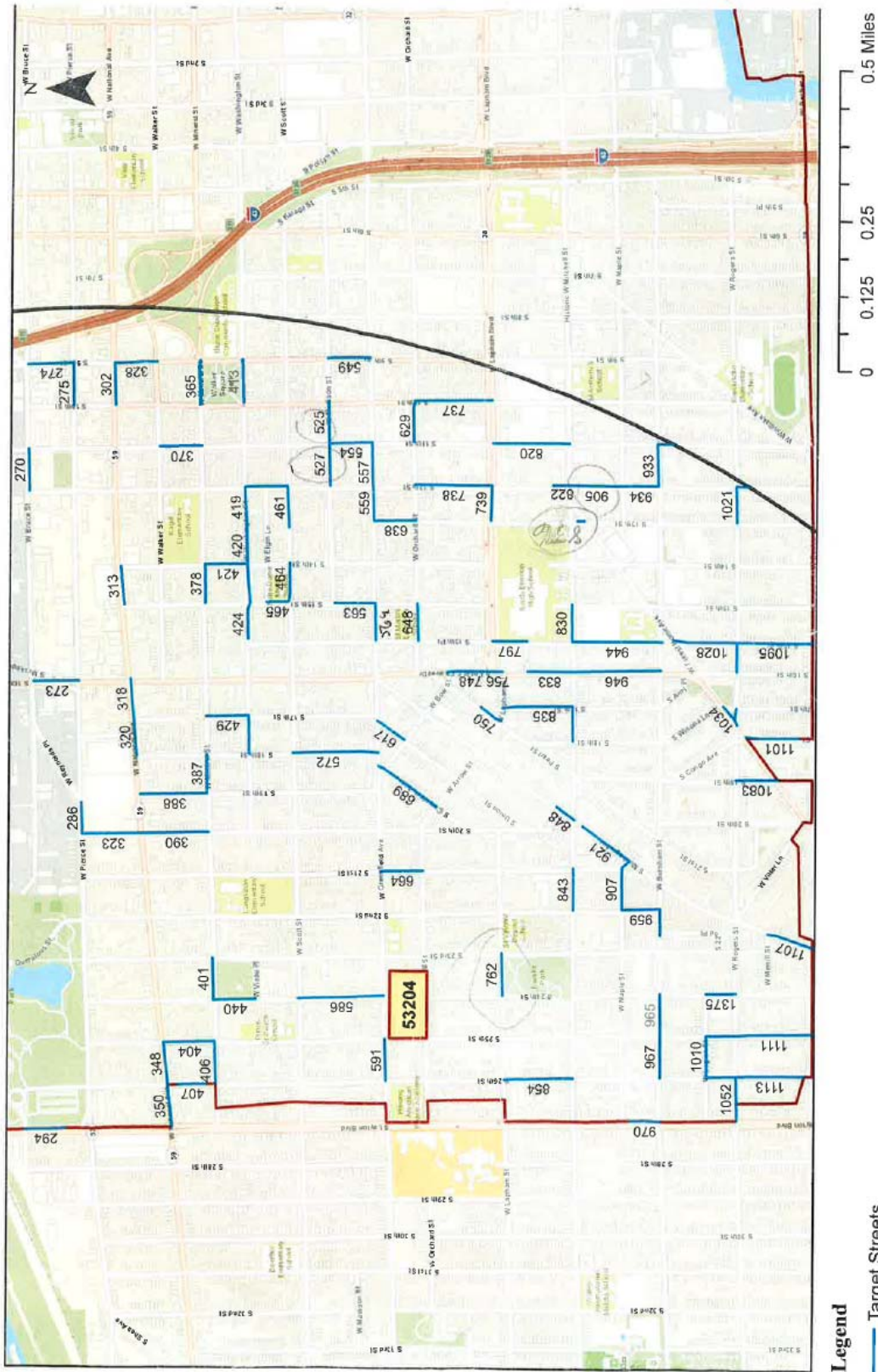
1. Yes
2. No
3. Other

Please include any comments regarding the overall condition of the neighborhood and/or the suitability of the neighborhood for families and children.

Please describe any problems encountered or errors made during the assessment of this street segment.

Appendix F: Street Segment Map

Appendix G: Focus Group Agenda

An Investigation of the Perceptions of Residents and Volunteer Researchers for the Community Health of the Clarke Square Neighborhood

- Meghan Jones: Meghan is a graduate student at Marquette University studying in the Masters of Public Service program and specializing in nonprofit management. Meghan works at the Urban Ecology Center as the Volunteer Program Manager.
- Kelly Dione: Kelly is also a graduate student at Marquette University studying in the Masters of Public Service program and specializing in nonprofit management. Kelly works at the United Community Center as the YES Coordinator.

Purpose The purpose of the study is to explore the perceptions of residents in the Clarke Square Neighborhood in comparison to the perceptions of volunteer researchers in the Clarke Square Neighborhood.

Research Questions

1. What are the perceptions of the local community members regarding the Clarke Square Neighborhood?
2. What are the perceptions of the volunteer researchers regarding the Clarke Square Neighborhood?
3. What are similarities and differences between volunteer researchers' perceptions and residents' perceptions regarding the Clarke Square Neighborhood?

Background The study began with our mutual interest in asset-based mapping, in how research is conducted in communities, and in the Menomonee Valley location of the Urban Ecology Center. We first became interested in this project when we attended a *Building a Better Milwaukee* conference on asset mapping in Milwaukee. We became intrigued with the idea of asset-based mapping and how research is conducted in communities. Not long after, we found out that the Urban Ecology Center was engaging in a research process that would evaluate community health in the neighborhoods surrounding the Menomonee Valley location of the Center. Specifically, the Urban Ecology Center and the Medical College of Wisconsin have partnered in the Healthy Wisconsin Partnership Program (HWPP). Their project is called More Than a Pretty Place. The goal of the More Than a Pretty Place project is to assess the relationship between environmental education and community health.

One of the steps in the More Than a Pretty Place project was to conduct a baseline study of the neighborhoods surrounding the Menomonee Valley location of the Urban Ecology Center. In order to do this, volunteer researchers walked up and down specified street segments and filled out a survey with community health indicator questions. The survey results were then compiled to create a baseline assessment of the community.

We were interested in how accurately this assessment reflected community perceptions regarding their community. We questioned if there would be differences between the way that volunteer researchers perceived community health indicators and the way residents perceived community health indicators in their own neighborhoods. In our study, we focus specifically on

the Clarke Square Neighborhood and we had community residents fill out the same surveys on the same street segments as the volunteer researchers in the More Than a Pretty Place project. This allowed us to compare volunteer researchers' perceptions of community health indicators with neighborhood residents' perceptions.

Focus Group Process We will present tables showing the survey results for residents and volunteer researchers. The tables will be organized into 11 themes based on the survey questions. When we present a table, we will explain how we have organized the data. For each theme, we will then ask the following questions:

1. As you look at these data, what surprises you?
2. How valid do these data look?
3. Why do you think these similarities and/or differences occurred?

After we have gone through all of the tables, we will ask a few more questions regarding the implications of the study. Focus group participants are welcome to ask questions at any point throughout the process.