



# THIRD WARD COMPREHENSIVE NEEDS ASSESSMENT DATA REPORT

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“Third Ward Comprehensive Needs Assessment Data Report”

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### I. Executive Summary

This report presents our findings from a comprehensive needs assessment survey conducted in the Third Ward neighborhood of Houston, Texas. Survey data was collected in three phases between April 2017 and August 2018 in a geographic boundary of SH-288/US 59 to the west, I-45 to the north, Cullen St. to the east and Blodgett St. to the south. Our team had assistance from resident researchers who completed National Institutes of Health training on human subject research before collecting data. Our dataset includes responses from 1,616 heads of households, representing a 49% response rate.



Residents in this neighborhood had a strong sense of community. Most of those surveyed had lived in the Third Ward for more than 15 years and had little desire to move. Our survey responses indicate that residents were overwhelmingly satisfied with living in the Third Ward. Additionally, our results provide substantial evidence that residents were committed to supporting their community and one another. Collective efficacy, which measures individuals' willingness to help one another in times of need, was notably high across the Third Ward. Individuals were also willing to find ways to support the neighborhood through formal associations. The percentage of residents that participated in a neighborhood association, resident council, or a civic group exceeded national trends. Lastly, very few residents reported that they do their grocery shopping outside of the neighborhood. Thus, our data reveals that Third Ward residents were strongly tied to their community, were supportive of each other, and invested in neighborhood businesses.

Recent neighborhood development had many residents concerned about displacement. Almost a third of residents reported being worried about having to move within the next year. Rising rental rates were cited as the most common reason for potentially needing to move. We found that a majority of residents were "extremely" concerned with a loss of African American culture in the Third Ward. Further, when residents were asked about the neighborhood conditions that concerned them, the construction of new townhomes was an "extreme" concern for approximately 40% of respondents. Our results suggest that new housing developments and the rising cost of living were major factors driving these anxieties. This is not to say, however, that residents were opposed to all new development in the neighborhood. We found that they would like to see new services, stores, and businesses come into the Third Ward, including hospitals, childcare facilities, restaurants, and movie theaters.

Most Third Ward residents reported their overall health as "good" or "very good." Our survey also suggests that they were undertaking regular exercise. More than half of neighborhood residents engaged in either moderate or high-intensity activity three or more times a week. Additionally, we found that the prevalence of most physical health

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conditions was not significantly different from national rates. There are notable findings, however, that warrant attention. Only 68.38% responded that they had health insurance coverage. Prevalence rates of diabetes, asthma, neck problems, and hypertension were higher than national trends. Further, approximately one-fifth of residents responded that health conditions were a barrier to working.

Additionally, housing inadequacy and food insecurity were hurdles to resident health and well-being. Housing inadequacy, as defined by the U.S. Department of Housing and Urban Development, was remarkably higher in the Third Ward than national averages. Likewise, more than half of residents were facing food insecurity, which is more than four times higher than national trends. We found that approximately half of the residents receiving assistance from Social Security Disability, Supplemental Nutrition Assistance Program, or food banks were still food insecure. These findings suggest that new strategies must be developed to meet the housing and nutritional needs of this community.

Moreover, the prevalence of certain mental health diagnoses in Third Ward was higher than national rates. For instance, bipolar disorder and schizophrenia diagnoses exceeded national rates. And females have disproportionately higher rates of bipolar disorder, anxiety, and depression. Additionally, residents with health problems who were unable to work were significantly more likely to say they or other adults in their household were diagnosed with a mental illness or an emotional or behavioral disorder in the past 12 months.

While there are challenges present in the Third Ward, the information presented in this report also paints a picture of resilience. We hope this data can be used to inform strategies, programming, and investments to leverage the strengths of this community and ensure that every Houstonian has access to health care, quality housing, food, and employment opportunities.



The survey team, from left: Darchelle Campbell, Blynthia Scott, Sunshine Smith, Kofi Taharka, Aubrey Walker, Kirk Jackson, Quianta Moore, Laura Torgerson, Melanie Meleekah Villegas, and Zeinab Bakhiet

## II. Introduction

Houston's Third Ward is a historically African American neighborhood with a long tradition of community pride and civic engagement. Settlement of the Third Ward started after the end of the Civil War, when former slaves from what is now the Greater Houston area began to move in. They purchased properties or rented houses from whites who were leaving the city to move to the outskirts of the city. The influence of African Americans is reflected in the homes they built and, most notably, the wooden shotgun houses. The neighborhood grew to become a vibrant community for many African Americans in Houston. In the Third Ward, they could,



over the years, attend black educational institutions, such as Texas Southern University; receive medical care at the only hospital that served African Americans at the time, the Negro Hospital, later renamed Riverside Hospital; and establish businesses. Dowling Street, now Emancipation Avenue, was once lined with successful black-owned businesses providing a wide range of goods and services, job training centers and theaters. The neighborhood's popular El Dorado Ballroom once hosted music legends like Sam Lightnin' Hopkins, Count Basie, and B.B. King.

Although the Third Ward served as a thriving community for African Americans for many decades, political and economic forces caused disinvestment and suburbanization, and two major freeways eventually severed the neighborhood. Due to its proximity to downtown Houston, the Third Ward slowly gentrified as condominiums and townhomes sprang up beginning in the 1990s. Over the past decade the rate of new development has accelerated, and a recent \$33 million investment to renovate Emancipation Park prompted developers to purchase additional land—and the community to mobilize efforts to halt gentrification. Emancipation Park is significant because a freed slave, Rev. Jack Yates, collected \$800 from businessmen and African American ministers to purchase the land for it as a place to celebrate the Emancipation Proclamation.

Since the redevelopment of Emancipation Park in 2017, several community organizations have come together to halt gentrification and prevent displacement of current residents. Community churches, organizations, and residents have formed the Emancipation Economic Development Council (EEDC), which has engaged academic institutions, such as MIT, and local foundations, such as the Kinder Foundation and the Houston Endowment, to aid in the development of strategies to advance their mission. This community-driven effort came to the attention of various media outlets and local policymakers and has resulted in additional partnerships to further efforts to revitalize the neighborhood.

Rice University's Baker Institute for Public Policy, in partnership with a community-based organization, the Sankofa Research Institute, conducted the needs assessment that is the subject of this report to support the development of data-driven strategies, policies, and

investments in the Third Ward. We received broad community support for our research and a high response rate from residents. Overall, we found that many challenges exist in the Third Ward due to long-term disinvestment and displacement, but the community itself is strong and resilient. There are many opportunities to leverage community commitment for change to advance neighborhood improvements and economic revitalization.



### III. General Neighborhood Demographics

Our survey was conducted from April 2017 to August 2018 in three phases across the northern parts of the Third Ward neighborhood in Houston, Texas.

Specifically, we surveyed households within the geographic boundary of SH-288/US 59 to the west, I-45 to the north, Cullen St. to the east, and Blodgett St. to the south. The sample included 1,616 heads of households, representing a 49% response rate from the 3,298 households in that geographic area. The first two phases of the study included every household north of Alabama St., and the final phase included a random sample of households in the southern portion of our survey area.

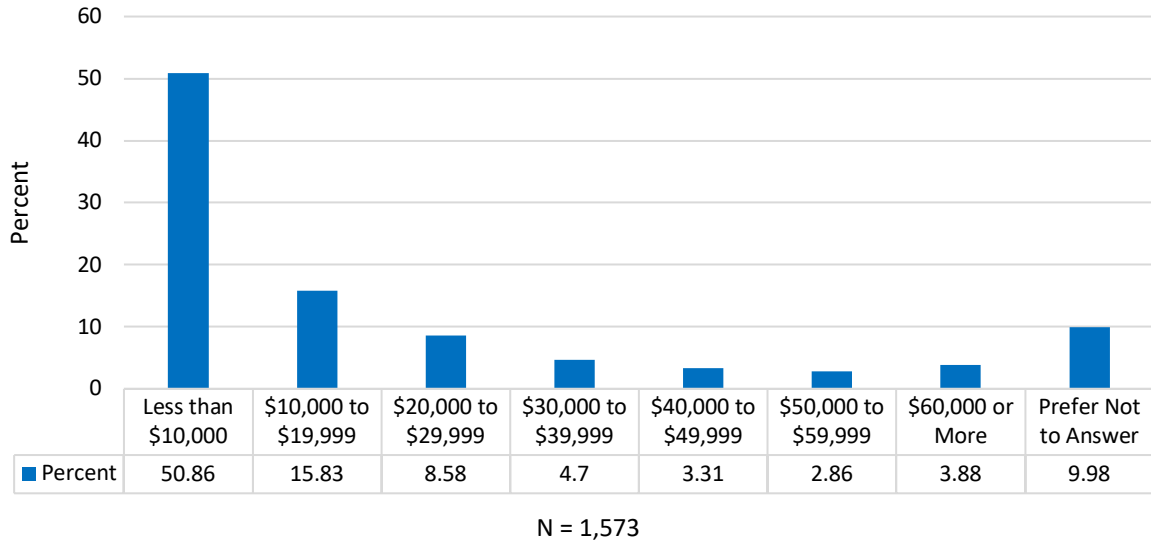
Our study was unique in that community residents were hired and trained to be part of the team and administered the survey door-to-door. These resident researchers were instrumental in helping the research team validate the survey, better understand the neighborhood, and obtain a high response rate. Those who were surveyed received a \$50 money order along with a list of cashing locations.



Residents in our sample were on average 49 years old; 43.87% identified as male. Among those surveyed, 88.24% reported their race as African American, 4.64% as Caucasian or white, 4.46% as Hispanic, 0.5% as Asian, and .31% as American Indian or Alaska Native. As illustrated in Figure 1, household income in the Third Ward was lower than the Houston median of \$63,802.<sup>1</sup> More than half (50.86%) of the respondents reported an annual household income of less than \$10,000. We also found that 3.88% of residents had an annual household income of \$60,000 or more.

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**Figure 1: Income Levels**

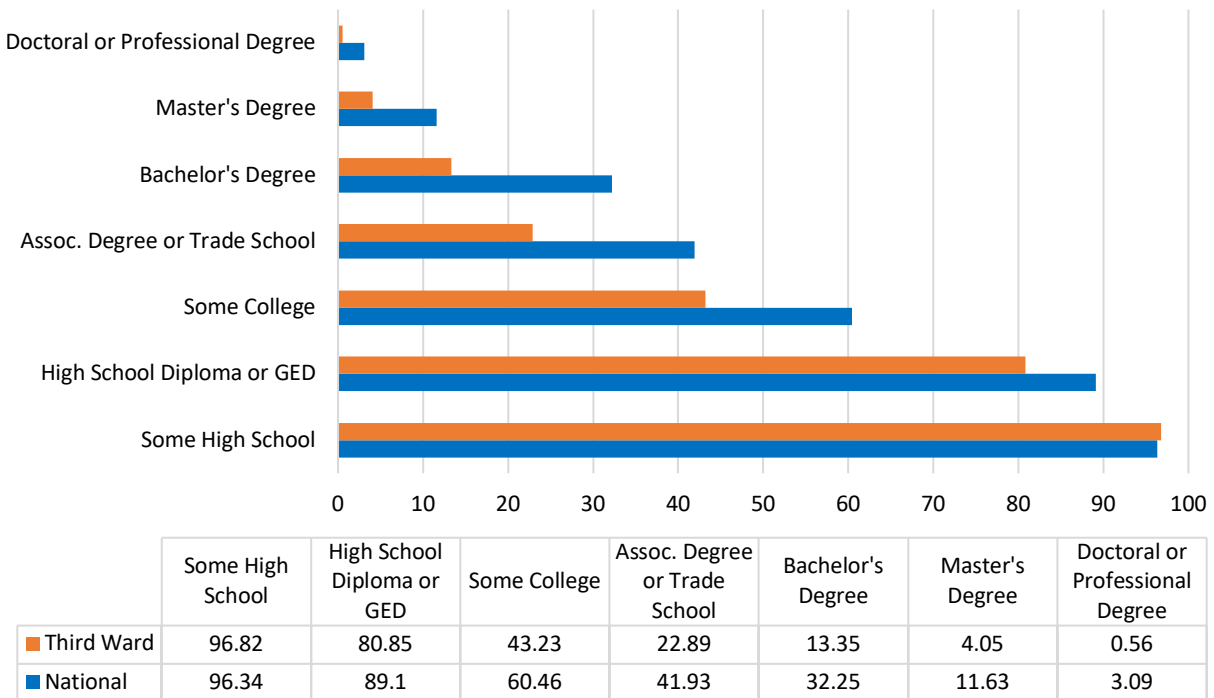


Source: Survey data

## Third Ward Comprehensive Needs Assessment Data Report

Figure 2 shows the highest level of educational attainment reported by Third Ward residents compared to national rates. As the figure indicates, college attainment in the Third Ward was below the national average. The survey found that 80.85% of residents held at least a high school diploma or a GED, while 13.35% held a bachelor's degree or higher. This compares to national high school/GED and college completion rates of 89.1% and 32.25%, respectively.<sup>2</sup> The survey also found that 9.54% held a trade school degree (not represented in Figure 2). Notably, this figure aligns with the current national emphasis on technical schooling and could allow for further technical job training in the neighborhood.

**Figure 2: Educational Attainment**



N = 1,603

Source: Survey data

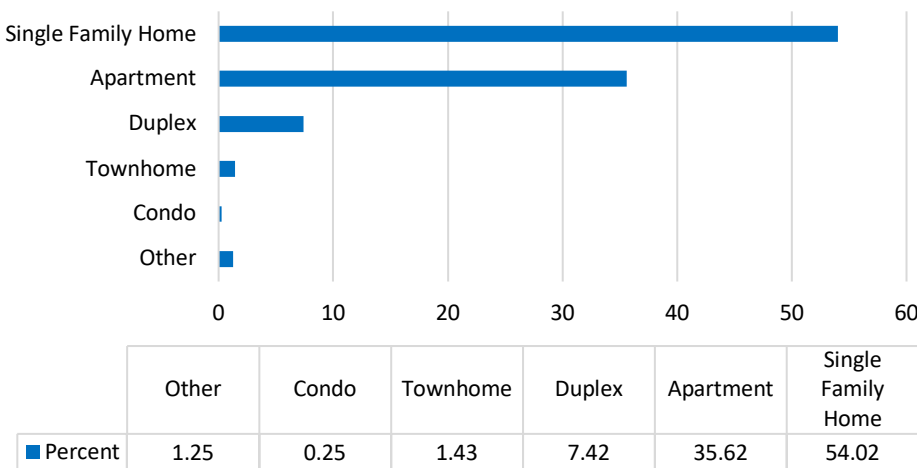
## IV. Housing

The assessment included a broad array of questions on housing conditions in the Third Ward. In general, we found a plurality of residents were renters living in single family homes. Severely inadequate housing, defined below, was much more common than at the national level.

There was little variation in the type of housing occupied by Third Ward residents. The survey found that 54.02% lived in single-family houses. Apartments were the second-most common form of housing at 35.62%. Only four (0.25%) residents reported living in a condominium.



**Figure 3: Resident Housing Type**



N = 1,603

Source: Survey data

Renting was approximately five times more common in the Third Ward than home ownership. Among those surveyed, 81.84% reported renting their place of residence, 16.92% reported owning or purchasing their home, while the remaining 1.24% reported that they neither rent nor own their home.

Monthly housing payments in the Third Ward were substantially lower than the average and median paid by Houston residents. The median and average monthly rental rates reported by Third Ward residents were \$597.50 and \$579.81, respectively. This compares to the median gross rent in Houston of \$1,095.<sup>3</sup> Average and median mortgage payments were \$871.91 and \$792.50, respectively. For the majority of Third Ward residents surveyed,

monthly housing costs were stable over the past year. In all, 71.37% of residents had not seen a change in their monthly housing payment in the previous year. However, 26.83% of respondents experienced an increase, while 1.8% saw a decrease. A high portion of residents (22.45%) were concerned about having to move, primarily due to rising rental rates.

### *A. Housing Adequacy*

We investigated the number of residents living in severely inadequate housing. Severely inadequate housing was determined through resident responses to 11 questions. Each question represented a specific housing condition present in a resident's home within the past 12 months. Severely inadequate housing was identified in one of two ways from responses to the items in the two categories that follow. First, housing was considered severely inadequate if the resident reported that the home did not have hot or cold water, a toilet that flushed, heat or AC in the last 12 months, or that the home had exposed wiring. Second, residents had severely inadequate housing if they reported five or more of the following: outside water leaks, inside water leaks, holes in the floor, open cracks wider than a dime, broken plaster or peeling paint, or rats at the home in the last 12 months.

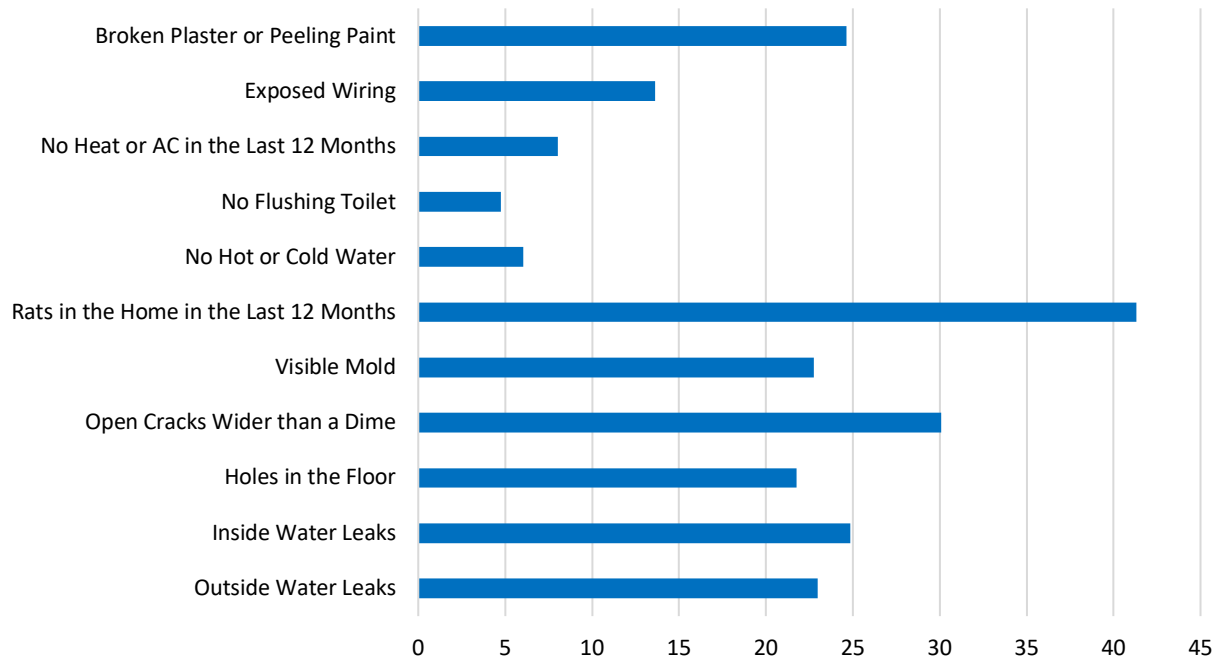
The breakdown of responses from the housing adequacy index is reported below in Figure 4.<sup>i</sup> Of those surveyed, 23.5% lived in severely inadequate housing.<sup>ii</sup> This is significantly higher than the less than 2% national rate reported by the U.S. Department of Housing and Urban Development in 2013.<sup>4</sup> The most common problem was the presence of rats (41.3%) in the home, followed by open cracks wider than a dime (30%), and inside water leaks (24.87%). Not having a toilet that flushed was the least reported problem, with only 4.77% of the sample living with this issue. Although not part of the severely inadequate housing index, we note that 22.77% reported visible mold in their home, which has an impact on health. We discuss trends in resident health as they relate to housing conditions later in the report.

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<sup>i</sup> The breakdown of individual items includes all residents who responded to that specific question.

<sup>ii</sup> Includes a sample of 1,515 residents. Severely inadequate housing was calculated by totaling residents who reported having at least five of the following: outside water leaks, inside water leaks, holes in the floor, open cracks wider than a dime, rats in the home, and broken plaster or peeling paint; or who reported having any one of the following conditions: exposed wiring, no heat or AC, no flushing toilet, and no hot or cold water. Residents who did not reply to any of these questions were not included in our final calculation for severely inadequate housing.

Figure 4: Inadequate Housing Conditions



Source: Survey data



*B. Concerns About Moving from the Neighborhood*

Our results indicate that concerns about moving from the community were relatively prevalent among those surveyed. As seen in Figure 5, we found that 316 residents (22.45% of respondents) worried about having to move the following year. Of this group, rising rental costs were the primary reason for concern (68.98%). Approximately half noted other reasons for moving, such as neighborhood crime (52.86%), no resources in the neighborhood (52.38%), or increases in property taxes (46.22%). Schools doing a poor job of educating children in the neighborhood concerned 29.8% of respondents. A small percentage (7.61%) cited unstable relationships with partners as the primary reason for the possibility of moving.<sup>iii</sup>

**Figure 5: Concerns About Moving**



Source: Survey data

<sup>iii</sup> The number of responses range from 197 (unstable relationship with a partner) to 274 (rent is too high).

## V. Transportation

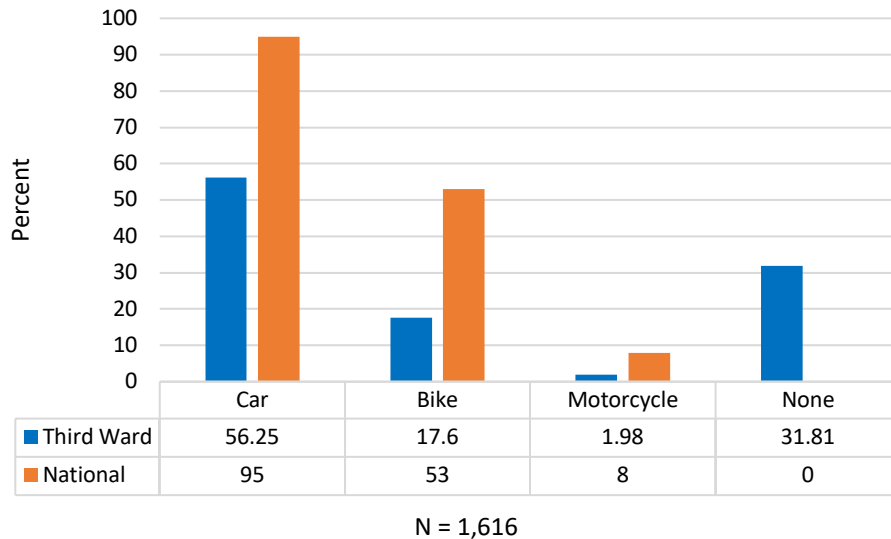
Our survey findings on transportation access suggest there are significant barriers to mobility in the Third Ward. We found that private vehicle ownership was relatively low compared to national and local rates. As expected, ownership of some form of transportation was strongly associated with income levels. Relatively more females than males said they did not own a car, bicycle, or motorcycle. Respondents strongly supported infrastructure improvements. Over 80% of residents stated that sidewalk and crosswalk improvements would make them more likely to use alternate forms of transportation. Bike rentals received the least support, but they were nevertheless endorsed by 73.72% of respondents.



### *A. Primary Mode of Transportation*

As shown in Figure 6, only 56.25% of the Third Ward respondents reported that they own a car. This compares to approximately 95% of American households that own a car, according to the U.S. Department of State, and the estimated 91.9% of Houston residents who own a car, according to 2016 Census projections. Further, just 17.70% of the Third Ward residents surveyed owned a bike compared to 53% of U.S. households that do.<sup>5</sup> Only 1.98% reported owning a motorcycle, which is much lower than the national rate of 8%.<sup>6</sup> Nearly one-third of residents surveyed said that they do not own a car, bike, or motorcycle; the national rate of no transportation ownership is not available. On average, those who reported not owning a vehicle were somewhat older (52.92 years old) than those who owned a car (47.01 years old), bike (47.73 years old), or motorcycle (49 years old).

Figure 6: Transportation Ownership



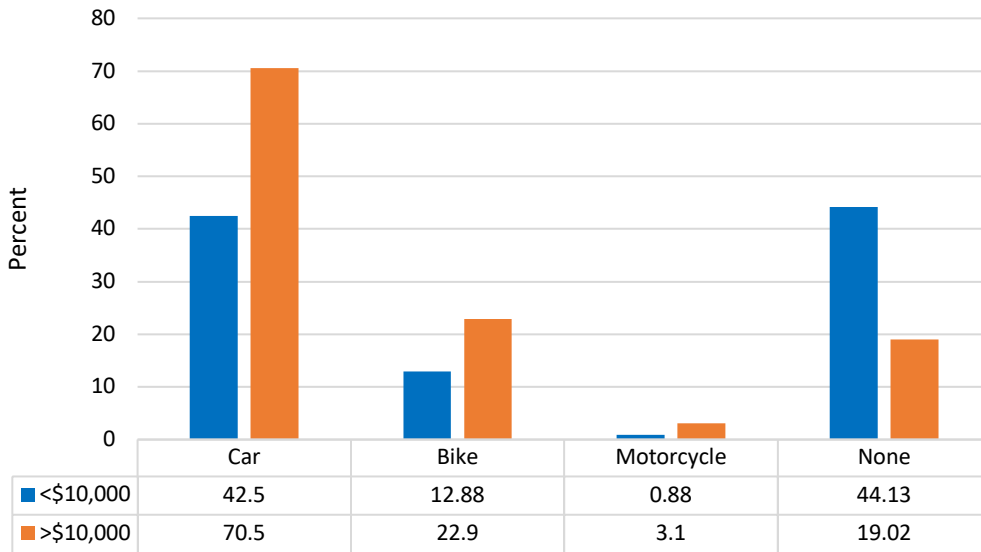
Source: Survey data

Cars were the most commonly reported primary mode of transportation (56.19%). Bus or rail were the second-most reported mode of transportation (26.75%), which is well above the national average. According to the Pew Research Center, only 11% of Americans regularly use bus or rail services.<sup>7</sup> This difference is not surprising, however, considering the proximity of the Third Ward to public transit and the low car ownership rates of neighborhood residents. Relatively few respondents replied that their primary form of transportation was rides with friends (6.75%), biking (5.75%), walking (3%), taxis or Uber-like services (1.13%), or scooters and motorcycles (0.44%).

As expected, transportation ownership was associated with income. Approximately 70% of households with an income over \$10,000 per year owned a car. On the other hand, only 42.5% of those with a household income of less than \$10,000 owned a car. The survey shows that 44.13% of households with a reported income of less than \$10,000 did not own a car, bike, or motorcycle.<sup>iv</sup>

<sup>iv</sup> Eight-hundred residents surveyed did not own any form of transportation.

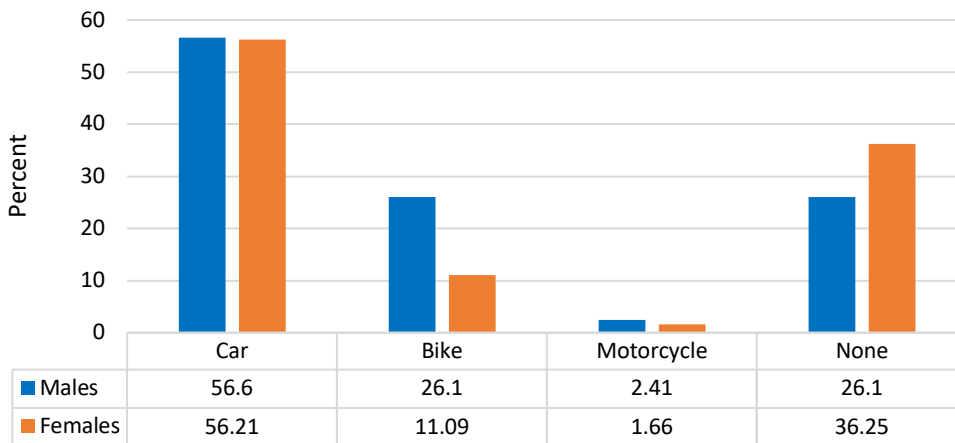
Figure 7: Transportation Ownership by Income



Source: Survey data

There were no differences in car ownership between males and females ( $\approx 56\%$ ), but older individuals were less likely to own a car ( $r = -0.158, p < .001$ ).<sup>v</sup>

Figure 8: Transportation Ownership by Gender



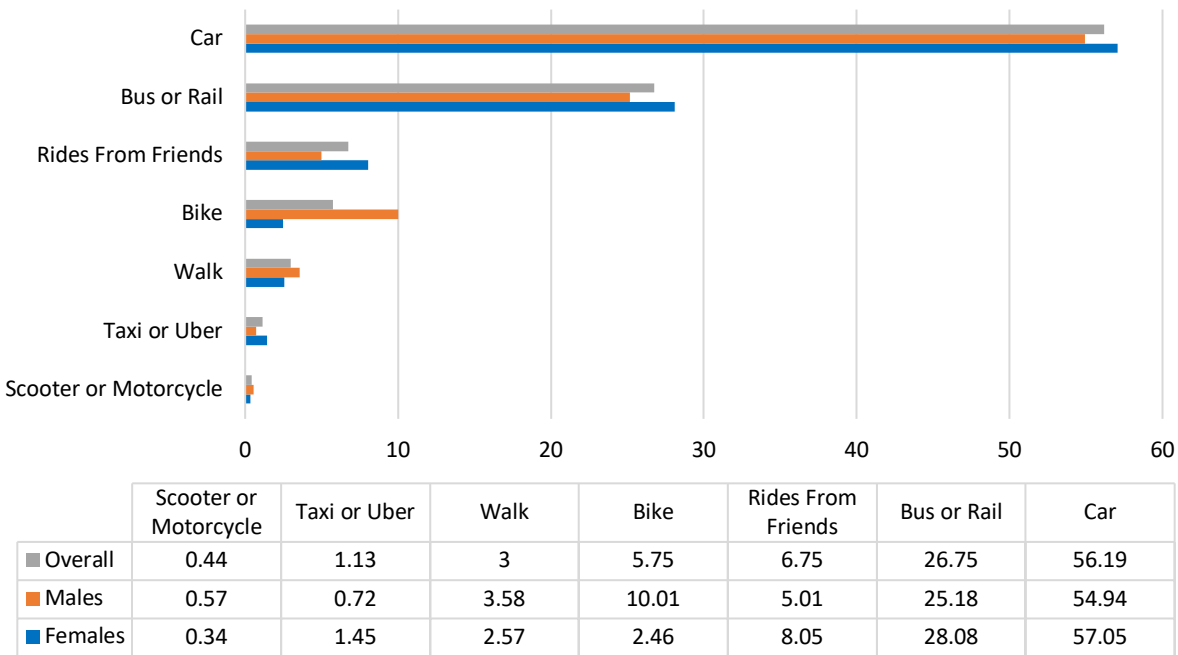
Male N = 705; Female N = 902

Source: Survey data.

<sup>v</sup> Females were more likely to not own any form of transportation ( $\phi = .108, p < .001$ ). Males were over two times more likely to own a bike than females ( $\phi = - .195, p < .001$ ).

Age and gender differences among the main types of transportation largely reflected ownership rates. Males and females equally reported that cars were their main form of transportation. Males were far more likely to report that bikes were their primary form of transportation. The average age of those who primarily relied on cars was lower than that of all other groups (46.89 years); this age group was followed by those who take Uber-like services or taxis (48.28 years). Those who relied on rides from friends (59.2 years) tended to be about 11 years older than the average age in other categories (48.59 years).

Figure 9: Main Transportation Type by Gender



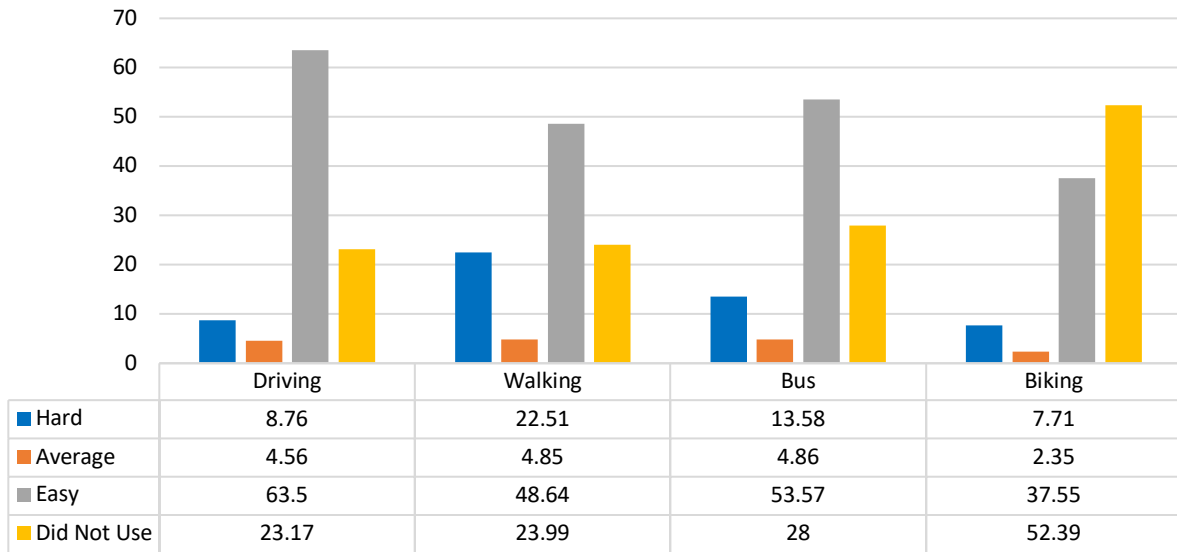
N = 1,600

Source: Survey data

*B. Perceptions of Transportation and Mobility*

We asked residents, “Thinking about recent transportation experiences in the past 12 months, please rate how easy or difficult it was to make your trip.” Most residents reported that driving (63.5%) and taking the bus (53.57%) were easy. Relatively few residents reported that taking the bus (13.58%), biking (7.71%), or driving (8.76%) were difficult. Walking was cited as the most difficult type of transportation, with 22.51% reporting that it was hard. Over half of our respondents (52.39%) stated that they did not bike around the community.

Figure 10: Difficulty of Taking Trip by Transportation Mode



Driving N = 1,381; Walking N = 1,217; Bus N = 1,318; Biking N = 1,193

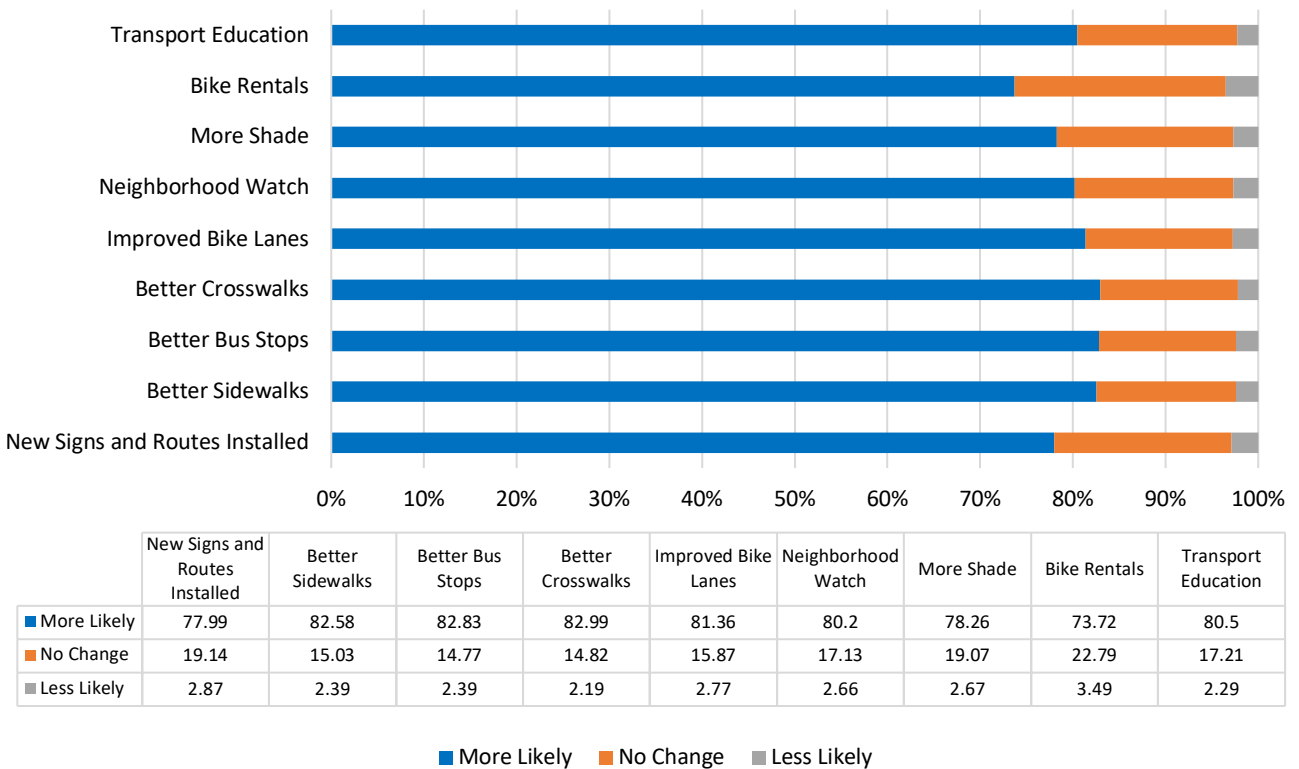
Source: Survey data



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Our survey indicates that improvements in the community would increase residents’ willingness to use alternate forms of transportation. We asked, “Would you walk, bike, or take the bus or rail more if the following changes are made? Please tell me if the following improvements would make you more likely, less likely, or unchanged in walking, biking, or taking the bus or train.” The breakdown of responses is reported in Figure 11. Each of the proposed improvements would increase walking, biking, or use of bus or rail services. “Better crosswalks” had the most support at 82.99%. Most of the remaining improvements each earned an approximately 80% response rate. More information and education such as maps and guides on how to ride the bus/rail, how to bike safely, etc., received support from 80.5% of those surveyed. Unsurprisingly, less than 3.5% of residents stated that these improvements would make it less likely to use various types of transportation.

**Figure 11: Resident Perceptions of Improvements to Neighborhood Infrastructure**



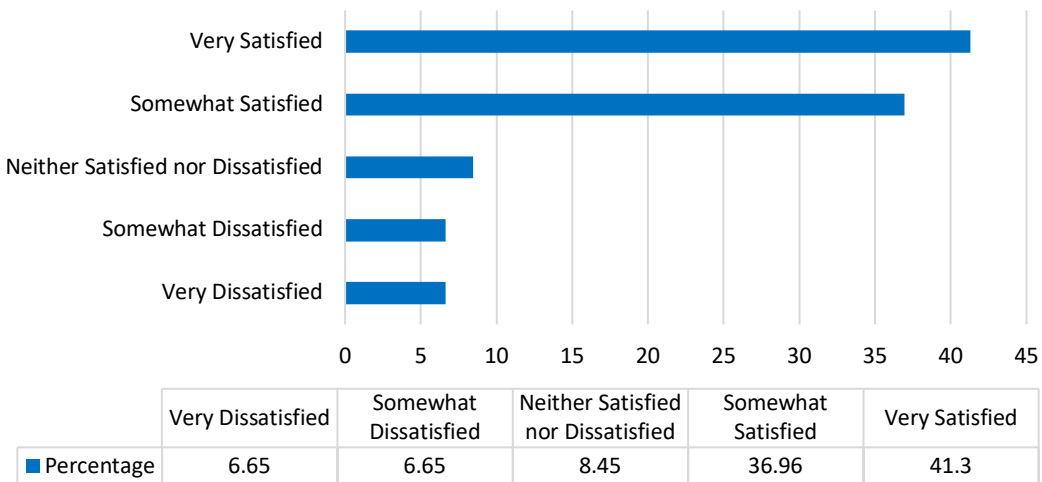
Source: Survey data

## VI. Resident Perceptions of the Third Ward Neighborhood

Our survey measured neighborhood satisfaction levels among those living in the Third Ward. Most Third Ward residents were highly satisfied with living in the neighborhood. Only 13.3% of the respondents reported that they were either “very dissatisfied” or “somewhat dissatisfied.” Another 78.26% stated that they were either “somewhat satisfied” or “very satisfied” living in the Third Ward. There were no age differences between those who were satisfied and unsatisfied. However, there were some differences based on the number of years residents had lived in the Third Ward. A robust 48.7% of residents who had lived in the Third Ward for more than 15 years reported being very satisfied. A somewhat lower 32.28% of residents who had lived there fewer than 15 years were very satisfied.



Figure 12: Neighborhood Satisfaction



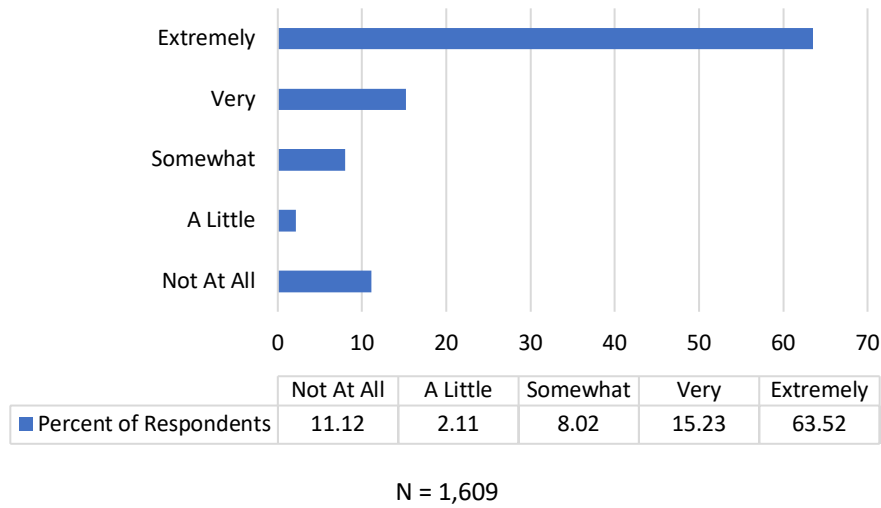
N = 1,610

Source: Survey data

### A. African American Culture Loss

While our data shows residents were satisfied living in the Third Ward, there was significant concern among residents that the neighborhood was losing its African American culture and identity. A majority—63.52% of residents—stated that they were “extremely” worried about African American culture loss within the past 12 months. Another 15.23% said they were “very” worried, while only 11.12% stated they were “not at all” worried.

Figure 13: African American Culture Loss Concerns

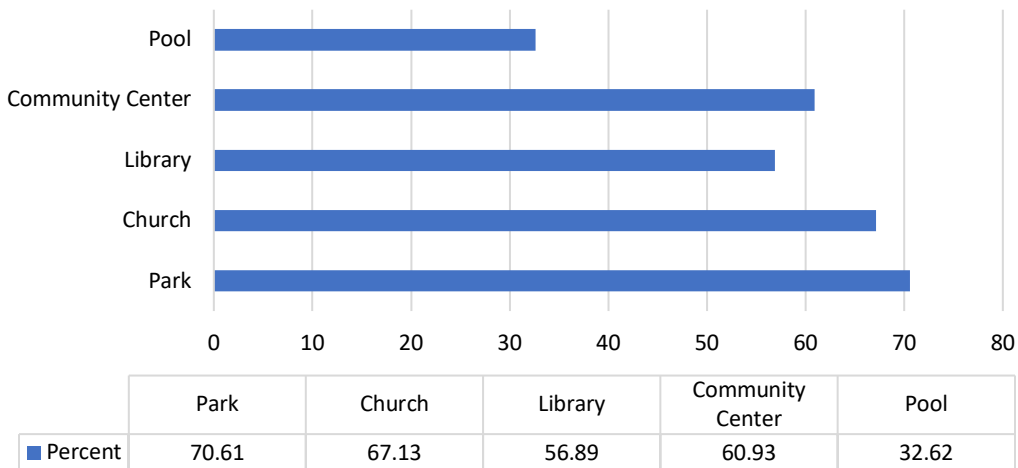


Source: Survey data

*B. Places Visited by Residents*

Amenities, community centers, and places of worship were relatively well visited by neighborhood residents. Our data does not show, however, which location within the Third Ward residents visited. The survey shows that 70.61% of residents visited a park in the last 12 months, while 67.13% of residents attended a church in the past 12 months. The latter is generally consistent with national trends of church attendance. Only 32.62% of residents reported visiting a pool in the past year.

Figure 14: Places Visited by Residents in the Past 12 Months

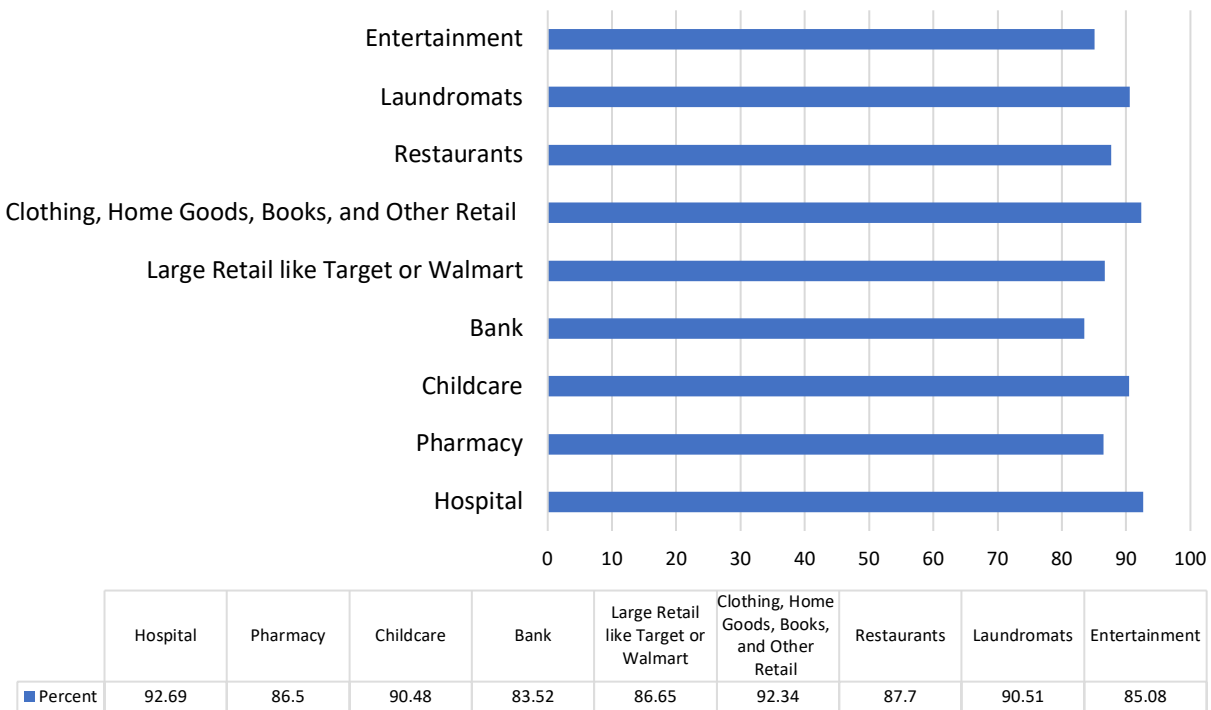


Source: Survey data

*C. Services, Stores, and Business Needs*

We asked residents, “What services, stores, and businesses do you think are needed in Third Ward?” All options received over 80% support, suggesting that there is a high level of need for additional services and business in the Third Ward neighborhood. The highest level of support, 92.69%, was for more hospitals, followed by clothing, home goods, book, and other retail stores at 92.34%.

**Figure 15: Neighborhood Needs of Residents**



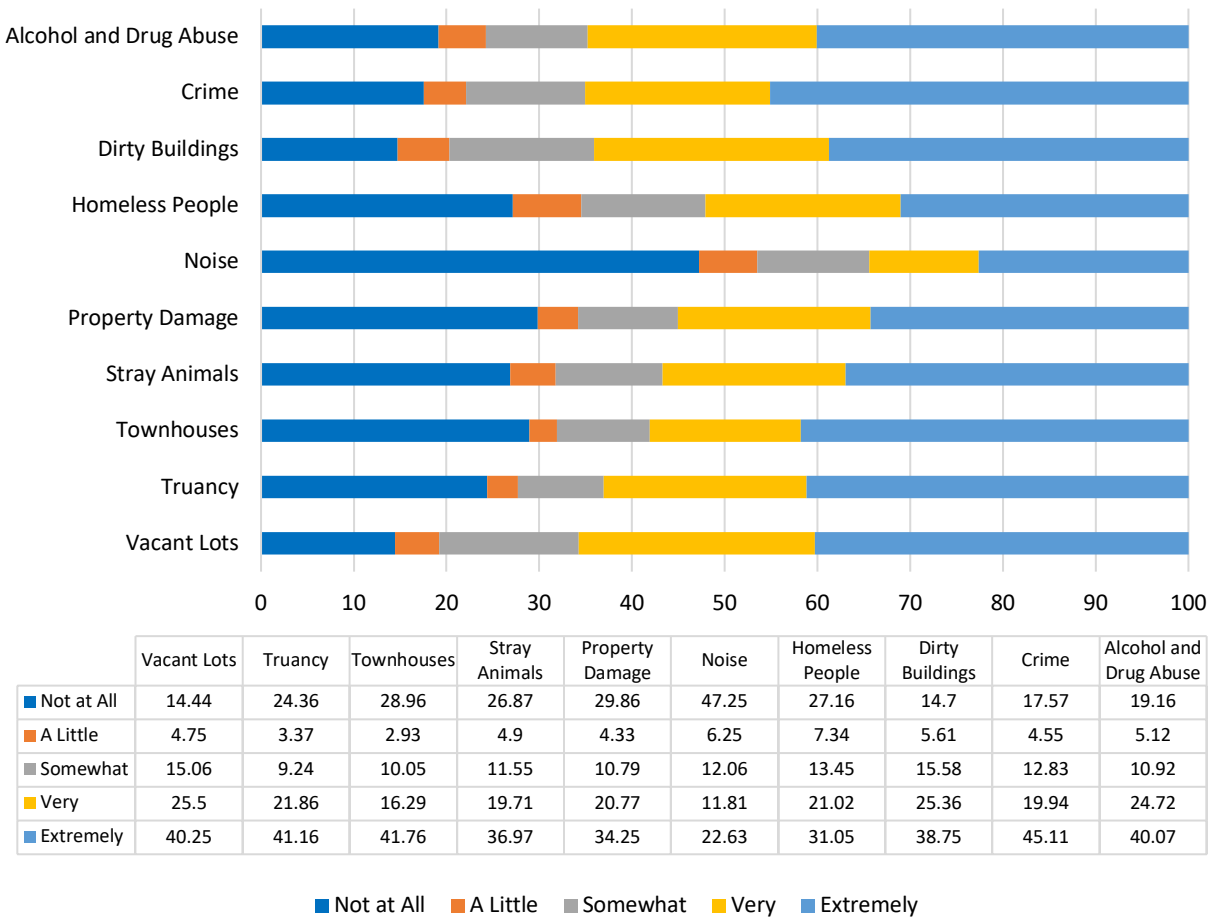
Source: Survey data

The survey also included questions to gauge the residents’ concern about certain neighborhood conditions. Noise was the only item on the survey that did not noticeably worry residents, with approximately half stating that they were “not at all concerned.” On the other hand, for all other concerns, over 30% of respondents were “extremely concerned.” Among those surveyed, 45.11% stated they were extremely concerned about crime, which was the most-selected response among the choices. This is consistent with our findings on neighborhood safety, which we report in a later section of this report. Concern about crime was followed by the construction of new townhouses at 41.76% and truancy at 41.16%.

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The concern about townhouses is notable for two reasons. The first relates to increasing rental rates in the neighborhood. As noted previously, a significant portion of residents were worried about having to move from the community due to higher rental costs. We see this reflected here with the high concern among residents about new townhouse construction in the neighborhood, which may be contributing to increased property values and rental rates. Second, the townhouses signal a dramatic change in neighborhood culture. Concerns about losing the community’s African American culture are exacerbated by ongoing demographic shifts in the neighborhood and new construction.

**Figure 16: Neighborhood Concerns**



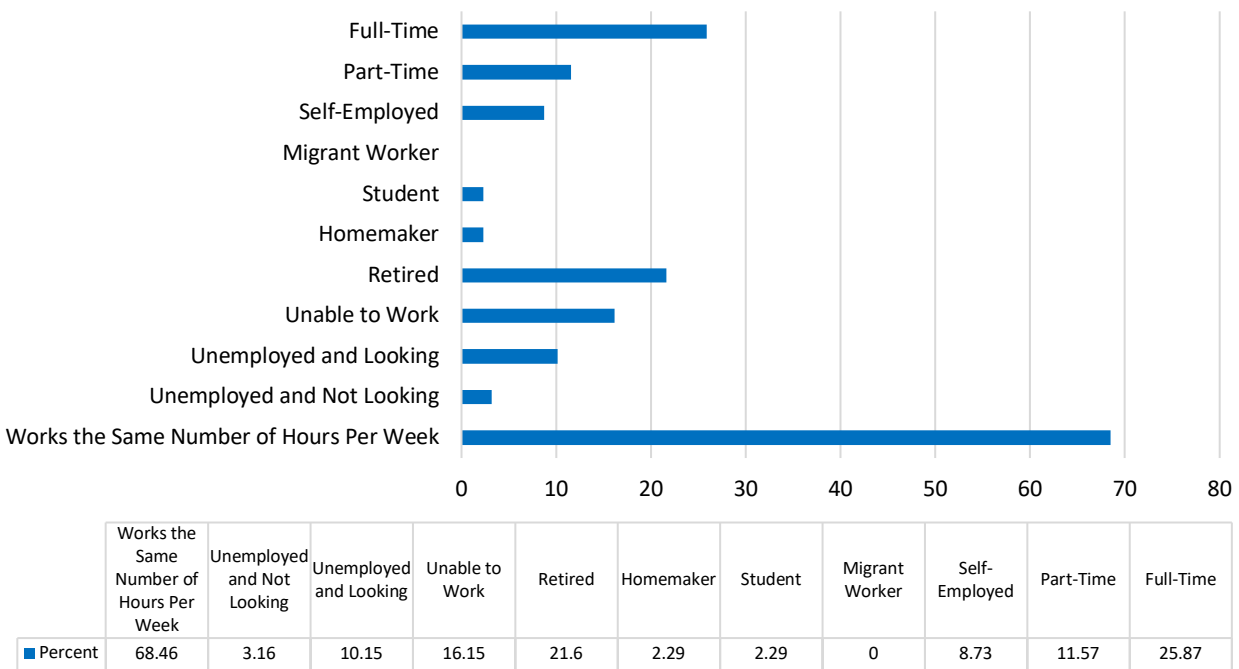
Source: Survey data

## VII. Employment

Our survey suggests that the “official” unemployment rate (those who were unemployed and looking) in the Third Ward was 10.15%. That said, our results indicate that this is a very limited picture of employment in the neighborhood. Only one-fourth of residents reported having full-time employment, while 11.57% were working part-time. Another 16.5% were unable to work and 21.60% of respondents were retired. No survey respondents identified as a migrant worker. There was no significant gender difference in employment status. Instead, differences in employment status were purely dependent upon the underlying response rates of males and females.



Figure 17: Employment Status



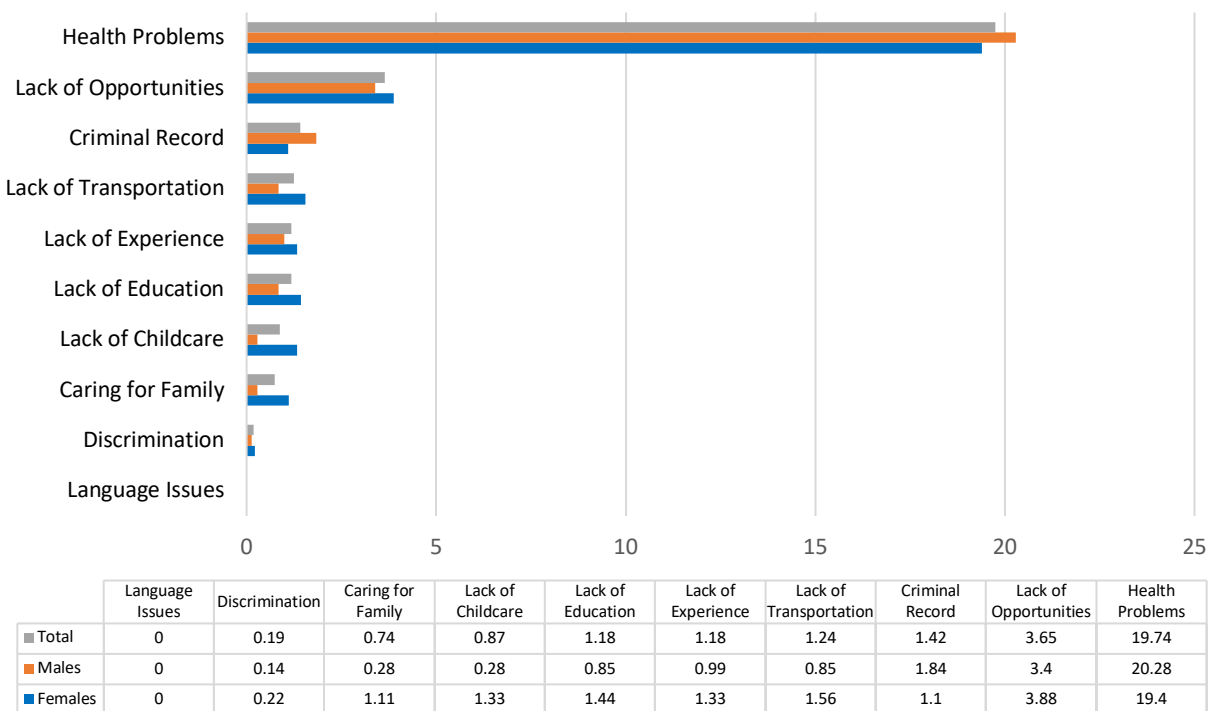
Source: Survey data



*A. Barriers to Finding Employment*

Those unable to find work were asked additional questions regarding barriers to employment, i.e., why were they or others in their household not working? By far, health problems were the most common reason cited by residents for their inability to work. Lack of opportunities, which had the second highest number of responses, was cited by only 3.65% of those surveyed. Very few residents cited lack of education (1.18%) as a barrier to employment. No survey respondents stated that language barriers were the primary reason for their inability to work. We found no significant difference between males and females on the issue of employment barriers.

**Figure 18: Cited Reason for Not Working**



Total N = 1,616, Male N = 705, Female N = 902

Source: Survey data

*B. Types of Future Employment*

We asked residents who were not employed, “How would you describe the industry or type of job you want to work in?” As seen below, the responses were highly mixed. The most common answers were the health, food, and hospitality sectors. Very few respondents wanted to enter the arts, politics, energy, or technology fields. Older workers tended to mention that they wanted to work in manufacturing, construction, or transportation. The youngest residents stated that they wanted to work in retail, closely followed by childcare.

**Table 1: Industries that Interest Third Ward Residents**

<b>Future Employment</b>	<b>Number</b>	<b>Males</b>	<b>Females</b>	<b>Average Age</b>
Manufacturing	24	18 (75.00)	6 (25.00)	45.79
Food Industry	59	19 (32.20)	40 (67.80)	38.54
Health	60	13 (21.67)	47 (78.33)	40.89
Politics	9	3 (33.33)	6 (66.66)	37.55
Arts	9	3 (33.33)	6 (66.66)	36.77
Education	14	4 (28.57)	10 (71.43)	38.78
Child Care	13	3 (23.08)	10 (76.92)	34.84
Construction	28	22 (78.57)	6 (21.43)	46.17
Retail	37	2 (5.41)	35 (94.59)	34.32
Administrative	30	2 (6.67)	28 (93.33)	42.17
Transportation	23	11 (47.83)	12 (52.17)	44.5
Maintenance	17	11 (64.71)	6 (35.29)	42.47
Technology	11	5 (45.45)	6 (54.55)	37.54
Hospitality	39	8 (20.51)	31 (79.49)	36.64
Personal Services	27	10 (37.04)	17 (62.96)	35.88
Energy	11	6 (54.55)	5 (45.45)	43.90
Technology	11	5 (45.45)	6 (54.55)	37.54

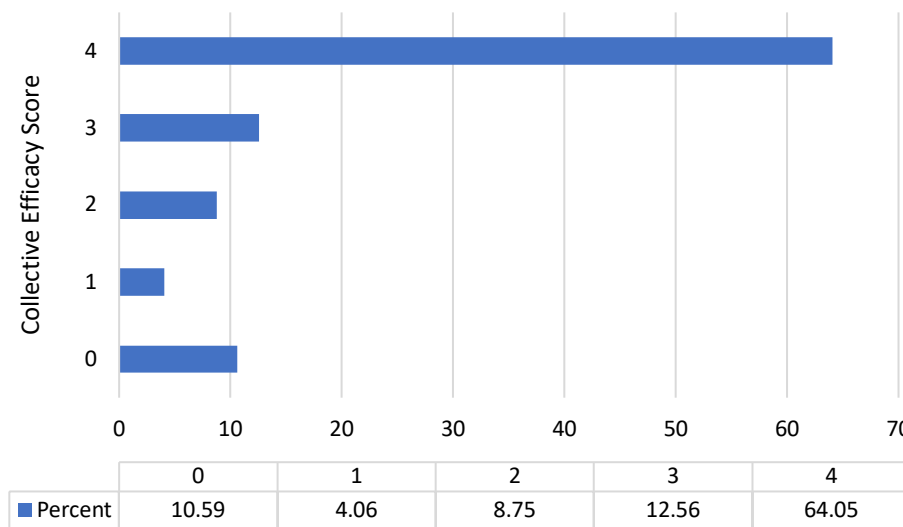
Source: Survey data

### VIII. Collective Efficacy and Civic Engagement

Collective efficacy taps into interpersonal relationships that are not simply held together by friendship or familial ties. It has been defined as “social cohesion among neighbors combined with their willingness to intervene on behalf of the common good.”<sup>8</sup> Residents reported very high levels of collective efficacy in the Third Ward: 64.05%. Collective efficacy was measured using an additive scale from zero to four. Residents were asked, “Would people in this neighborhood help if (i) someone needed a ride, (ii) someone needed help getting their mail, (iii) an elderly neighbor needed someone to check in on him or her, or (iv) a neighbor needed someone to take care of their child in an emergency?” The responses to these questions were first coded as dichotomous variables then combined into a single measure. Thus, higher scores indicated stronger levels of collective efficacy.



Figure 19: Collective Efficacy Score



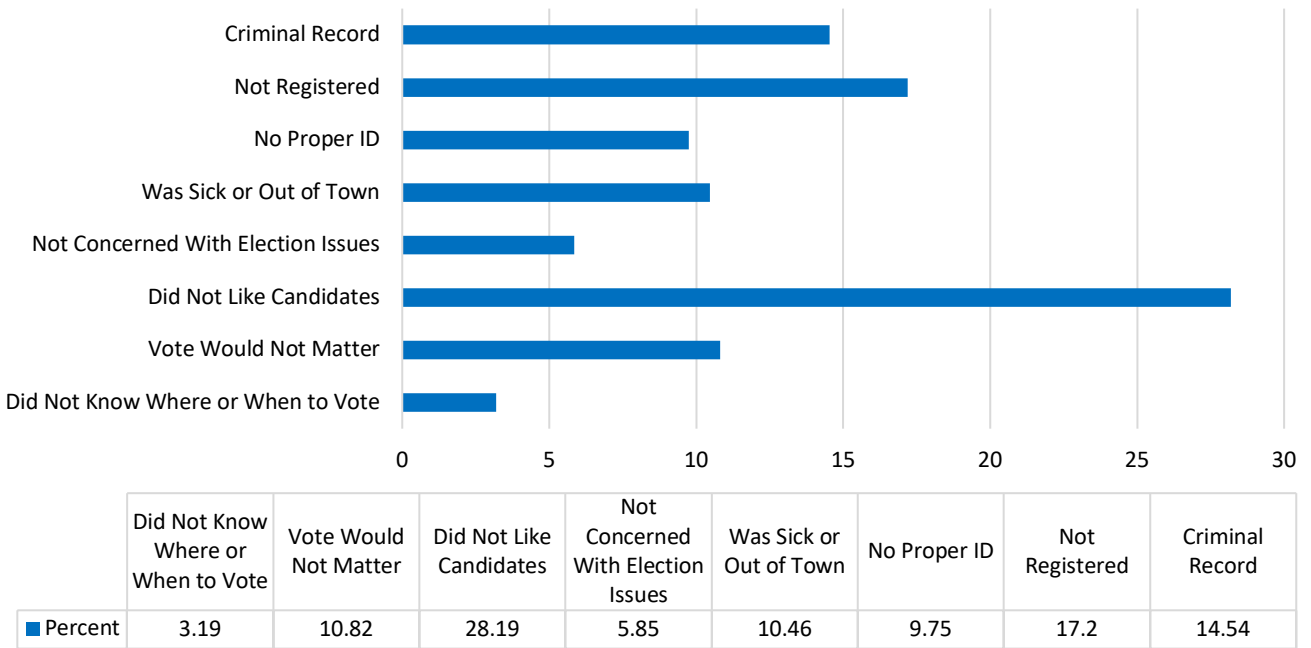
Source: Survey data

Additionally, civic engagement was relatively strong in the Third Ward. The survey found that 24.69% of residents took part in a civic engagement group. This compares to 15% of the U.S. general public that “is an active member of a group that tries to influence government or public policy.”<sup>9</sup> Age was significantly and positively associated with involvement in a civic engagement group ( $r = .09, p < .001$ ). Gender did not predict if a resident was more likely to participate in a civic engagement group.

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Voter turnout in the Third Ward was stronger than across due Texas, with 64.29% of residents reporting voting in the 2016 election. This is higher than the statewide turnout of 46.45%. Those who did not vote in the 2016 election were asked why they did not go to the polls. Resident responses were quite diverse. Of those who did not vote, the most common reason cited was that they did not like any of the candidates listed (28.19%). This was followed by not being registered to vote (17.20%). A criminal record kept 14.54% from voting. Only 3.19% reported not knowing where to vote.

**Figure 20: Reason for Not Voting in the 2016 Election**



N = 564

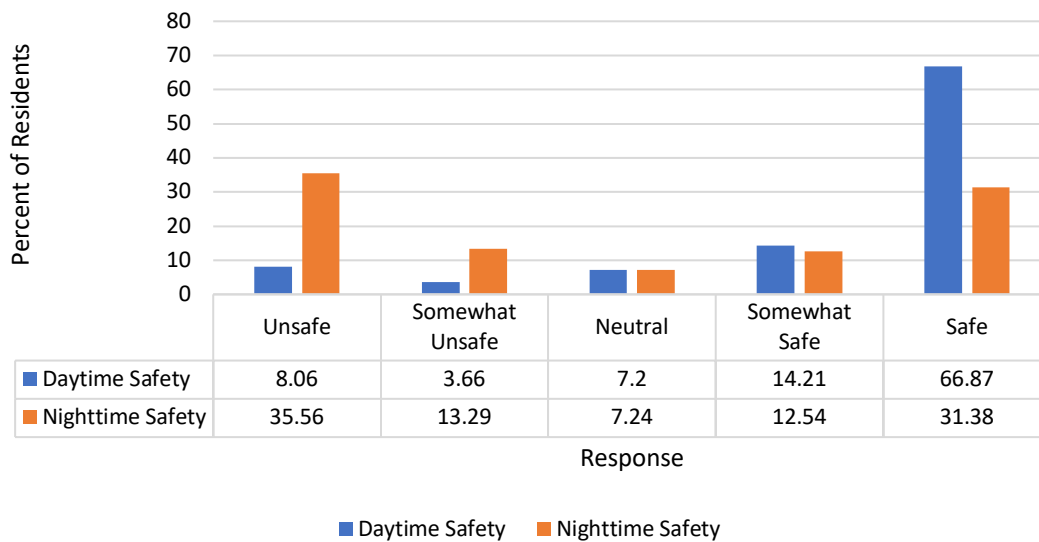
Source: Survey data

## IX. Community Safety

We wanted to assess residents’ general perception of safety in the neighborhood. Thus, we began by asking respondents to rate how safe they felt in the Third Ward during the day and at night. The responses revealed a significant difference in perceptions of daytime and nighttime safety: 66.87% of residents replied that they felt safe in the neighborhood during the day as opposed to only 31.38% who felt safe at night; and 35.56% felt unsafe at night while only 8.06% felt unsafe during the day.



Figure 21: Daytime and Nighttime Safety



Source: Survey data

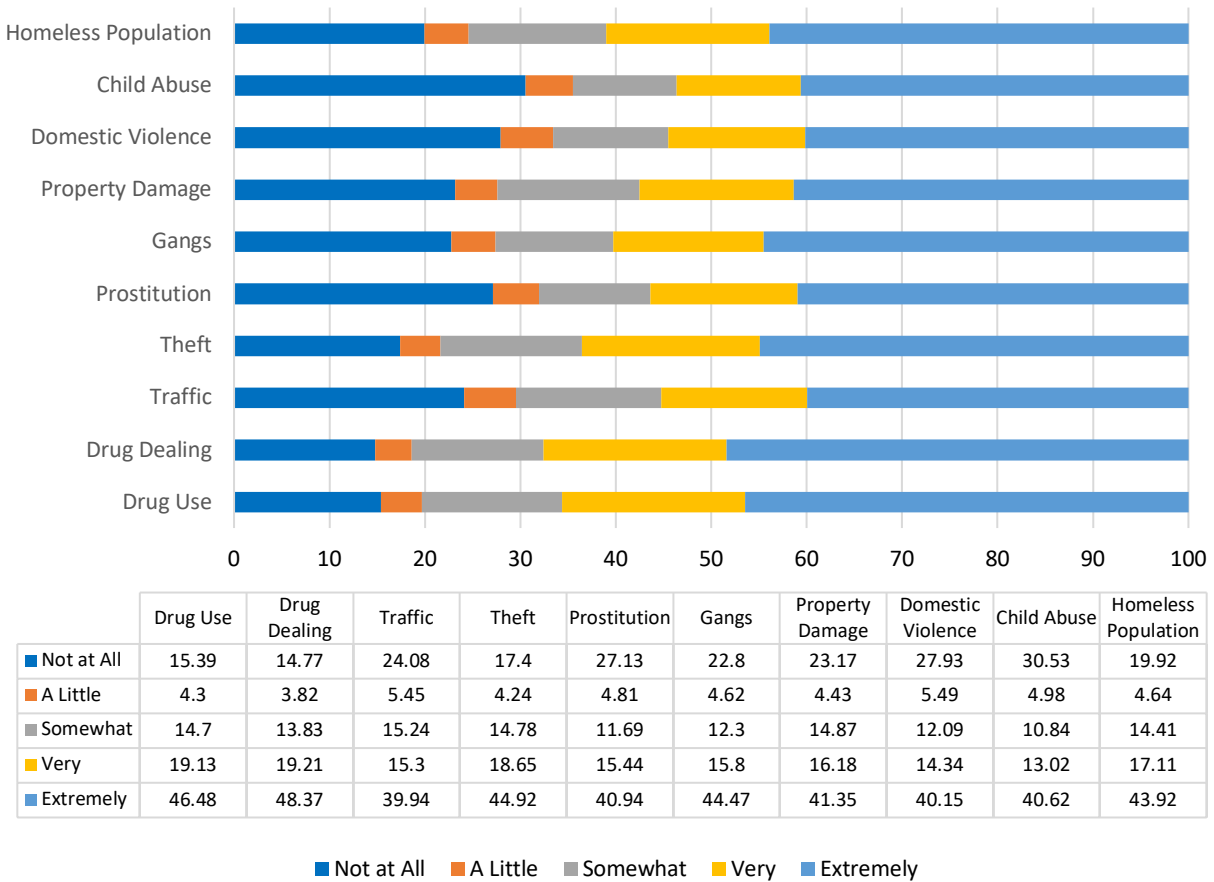
### A. Neighborhood Safety Concerns

We asked all residents to respond to 10 neighborhood safety questions in order to identify potential reasons for feeling unsafe. The distribution of responses for each of the neighborhood concern questions weighted toward “extremely worried” about each of the safety issues presented. Approximately 40% or more of residents replied that they were extremely worried about each safety concern. Residents were most worried about drug dealing, with nearly half stating that they were “extremely worried.” Concern about drug dealing was followed by drug use, with 46.48% “extremely worried” about it.

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The distribution for worries about prostitution, child abuse, and domestic violence were somewhat bimodal; residents were highly likely to respond either “extremely” or “not at all” but not in between. For example, 30.53% said they were not at all worried about child abuse while another 40.62% said they were extremely worried. And 27.93% of residents said they were not worried about domestic violence, yet 40.15% said they were extremely worried about it.

**Figure 22: Resident Safety Concerns**

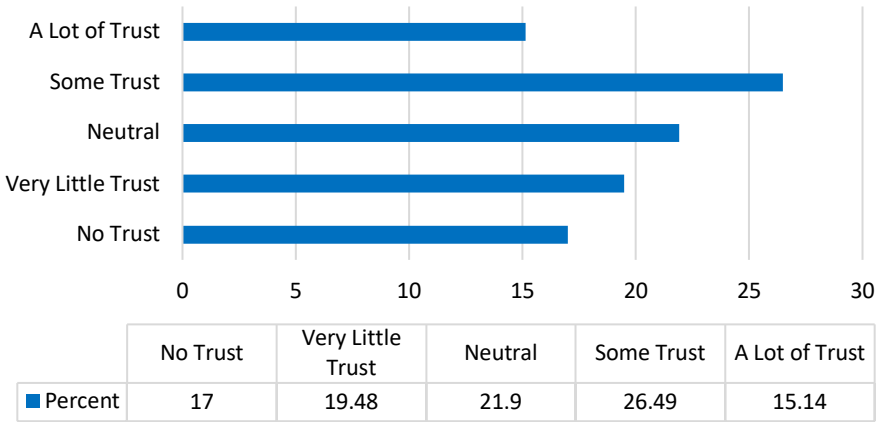


Source: Survey data

We also asked if residents heard gunfire from somewhere outside their home and if anyone in the household had experienced violence or abuse. These two questions were measured as dichotomous “yes” or “no” responses. A considerable 85.2% of residents reported hearing gunfire outside of their home, while 15.18% of residents reported that a household member had experienced violence or abuse (including 13.61% of men and 16.54% of women).

We also assessed the level of trust in the Houston Police Department (HPD) in the neighborhood. Overall, most residents reported either “some trust” or “a lot of trust” in the HPD. There was not a substantial difference between the percentage of residents who reported having no trust (17%) versus a lot of trust (15.14%).

**Figure 23:** Resident Trust in HPD



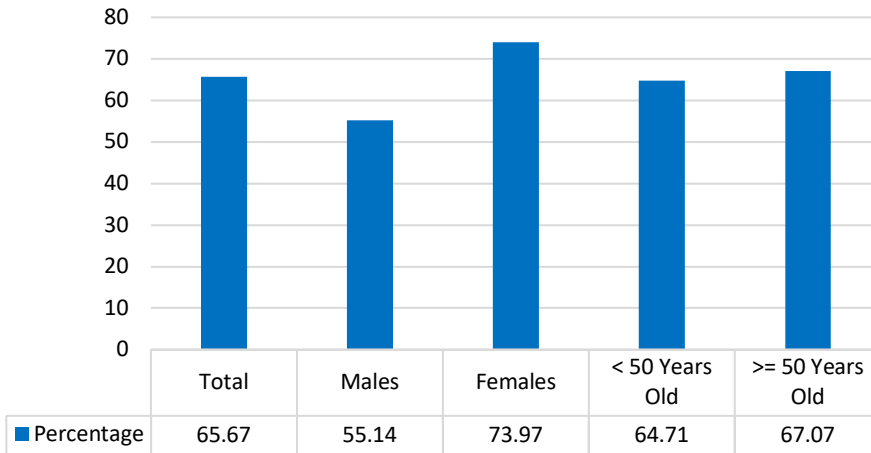
N = 1,612

Source: Survey data

*B. Crime and Mobility*

A majority—or 65.67%—of our respondents stated that crime in the community limited their mobility in the neighborhood. There was a large gender gap in responses, but most males and females reported that crime limited their mobility. In all, 73.97% of females reported that crime limited their movements compared to 55.14% of males. There were no discernable significant age differences between the two groups.

**Figure 24:** Crime Limits Movement



N = 1,602

Source: Survey data



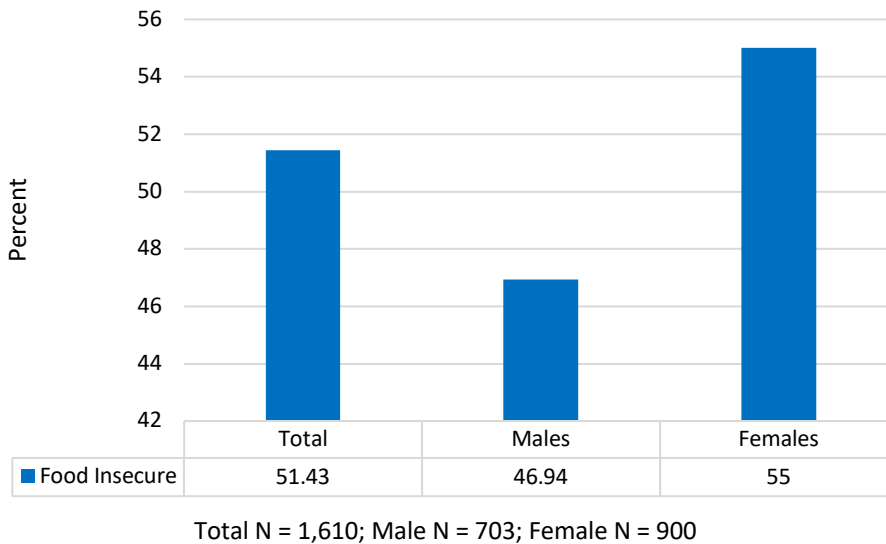
## X. Food Security

We used a two-item food security screening tool to assess food insecurity.<sup>10</sup> The survey asked, “Within the past 12 months, did you worry whether your food would run out before you had money to buy more?” and “Within the past 12 months, did the food you bought not last and did you not have money to buy more?” Residents who replied “sometimes” or “never” to either question were screened as food insecure.



Food insecurity is a problem in the Third Ward neighborhood. The prevalence of food insecurity reported in the Third Ward was substantially higher than national rates: 51.43% of residents screened positive for food insecurity compared to the national rate of 11.8%.<sup>11</sup> There were also statistically significant gender differences in those who were food insecure: 55% of females screened positive for food insecurity compared to 46.94% of males.

Figure 25: Food Insecurity

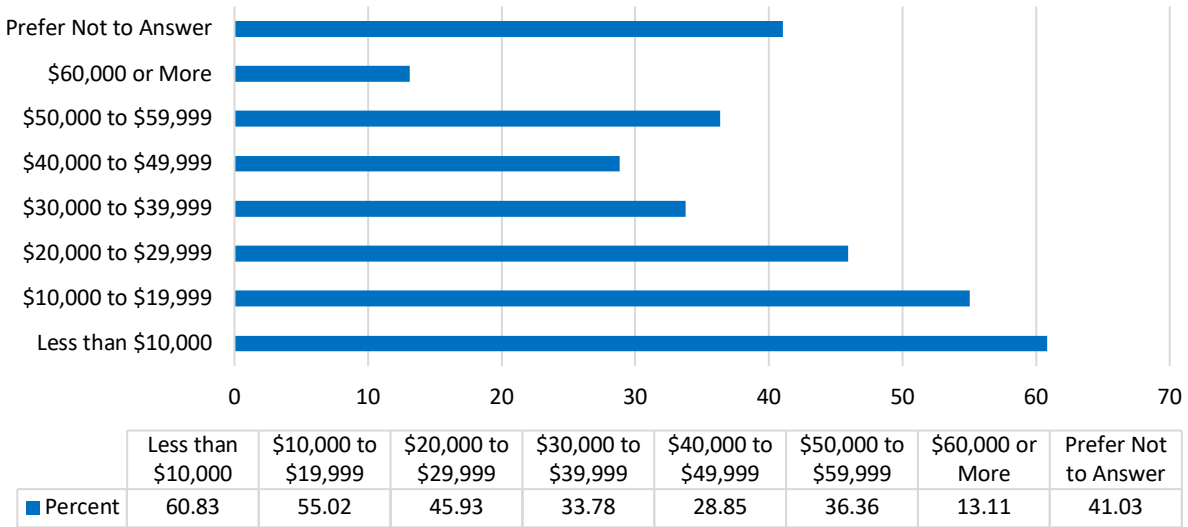


Source: Survey data

*A. Food Insecurity, Income, and Education*

Figure 26 reports resident food insecurity by income level. The survey showed that 60.83% of households with annual incomes of less than \$10,000 screened as food insecure. As expected, the percentage of individuals reporting food insecurity generally decreased as income levels rise. Importantly, 13.11% with annual incomes of \$60,000 and above screened positive for food insecurity in the Third Ward, which is higher than national trends.

**Figure 26:** Food Insecurity by Income Level



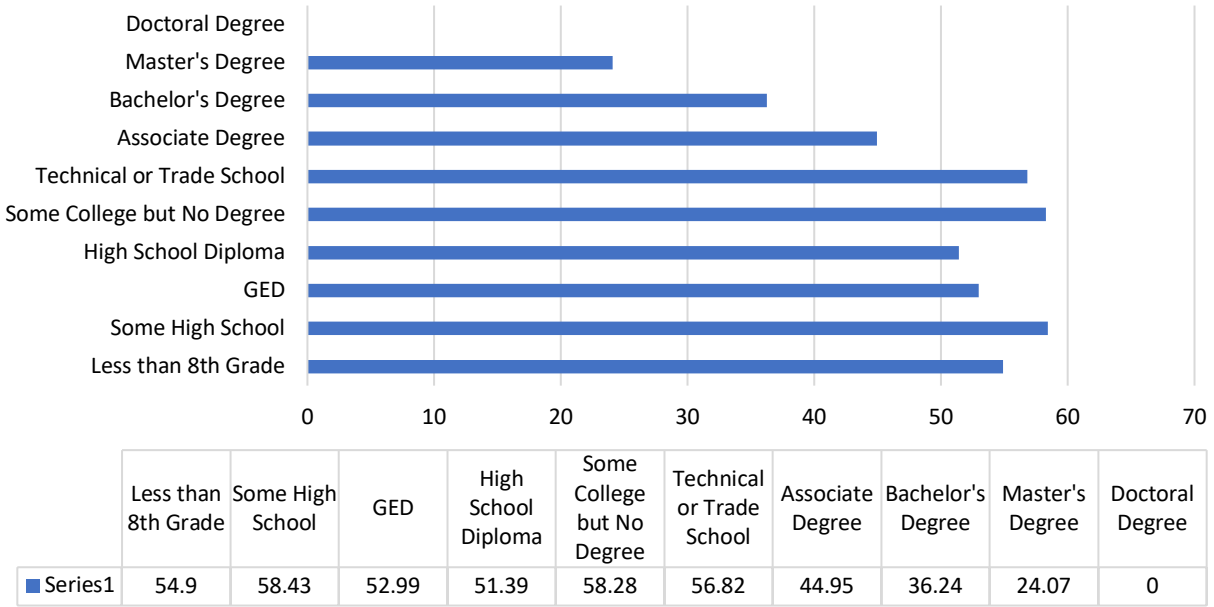
N = 1,570

Source: Survey data

### Third Ward Comprehensive Needs Assessment Data Report

Figure 27 shows the breakdown of food insecurity by the highest level of educational attainment. More than half of residents with an 8th grade education or less, or were trade/technical school graduates, screened positive for food insecurity. The number of food insecure residents substantially fell to 36.24% for those who held a bachelor's degree. No one with a doctoral degree reported food insecurity, but the overall number of individuals in this category was quite low (N = 9).

**Figure 27: Food Insecurity by Education Level**

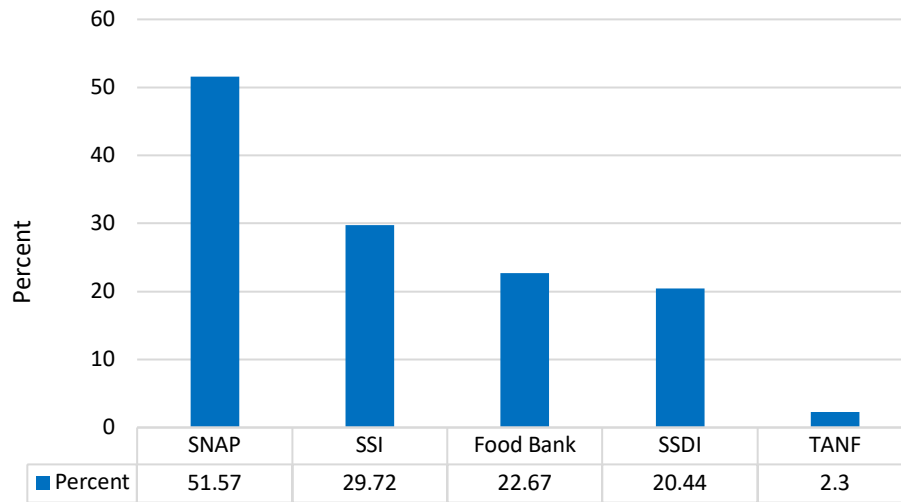


N = 1,611

*B. Food Insecurity, Benefits, and Assistance*

The percentage of residents receiving government benefits and assistance is shown in Figure 28. More than half of the respondents (51.57%) received Supplemental Nutrition Assistance Program (SNAP) benefits, while 29.72% received Supplemental Security Income/Social Security (SSI). A somewhat similar number of residents visited food banks (22.67%) or received Social Security Disability Income (SSDI) (20.44%). Only 2.3% of the sample reported enrollment in the Temporary Assistance for Needy Families (TANF) program.

**Figure 28:** Residents Receiving Benefits or Assistance

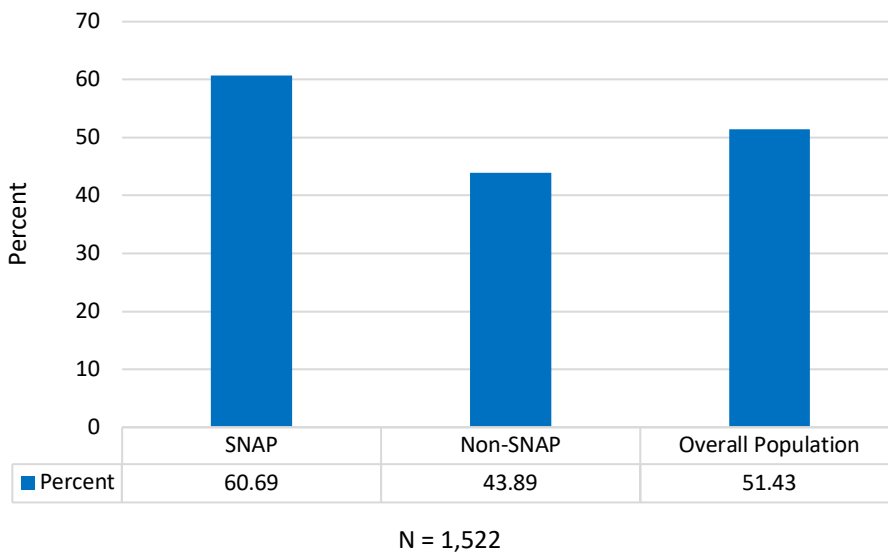


SNAP N = 1,524; SSI N = 1,477; Food Bank N = 1,451; SSDI N = 1,448; TANF N = 1,435

Source: Survey data

We found no significant relationship in food insecurity levels between the total sample and those on SSI or TANF. Significant and positive relationships were found between food insecurity and SNAP, food bank, and SSDI use. Figure 29 shows the percentage of SNAP and non-SNAP recipients who were screened as food insecure. SNAP recipients were significantly more likely to experience food insecurity than non-SNAP recipients at the  $p < .001$  level ( $\phi = 0.168$ ). Of those surveyed, 60.69% of SNAP recipients were screened as food insecure compared to 43.89% of non-SNAP recipients. Logically, SNAP should help reduce food insecurity, yet rates are still high. While this research does not specifically test the relationship between food insecurity and SNAP, one could expect the program to reduce food insecurity.

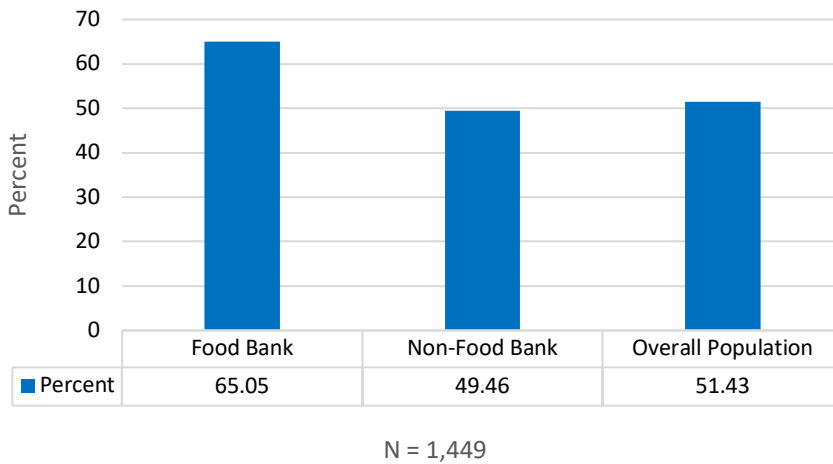
**Figure 29:** Food Insecurity Among SNAP Recipients



Source: Survey data

As shown in Figure 30, 65.05% of food bank visitors surveyed in the Third Ward are food insecure compared to 49.46% of non-visitors. The correlation between food insecurity and visiting a food bank is significant ( $p < .001$ ). This finding is not surprising, however, considering that food banks do not provide steady support to residents. Indeed, a food bank is not likely to be the primary source of food for residents.

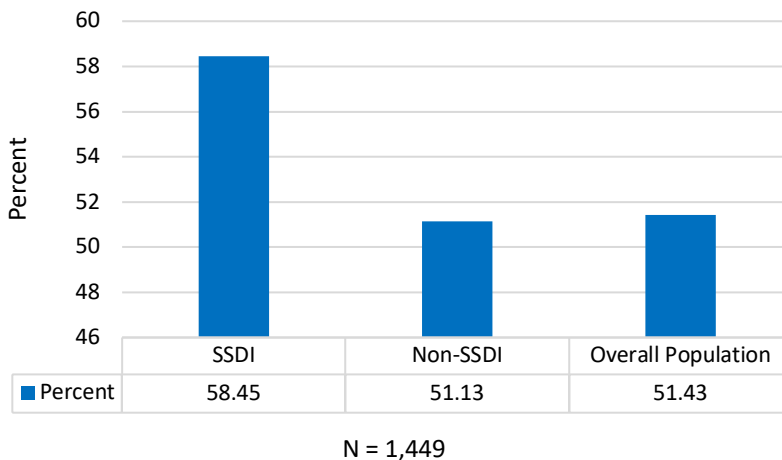
**Figure 30: Food Insecurity Among Food Bank Visitors**



Source: Survey data

Finally, Figure 31 shows the percentage of individuals receiving SSDI who were food insecure. Of those surveyed, 58.45% of residents receiving SSDI were food insecure, which is slightly lower than the percentage of those on SNAP (60.69%). Still, the percentage of residents who received SSDI and were food insecure is quite high.

**Figure 31: Food Insecurity Among SSDI Recipients**

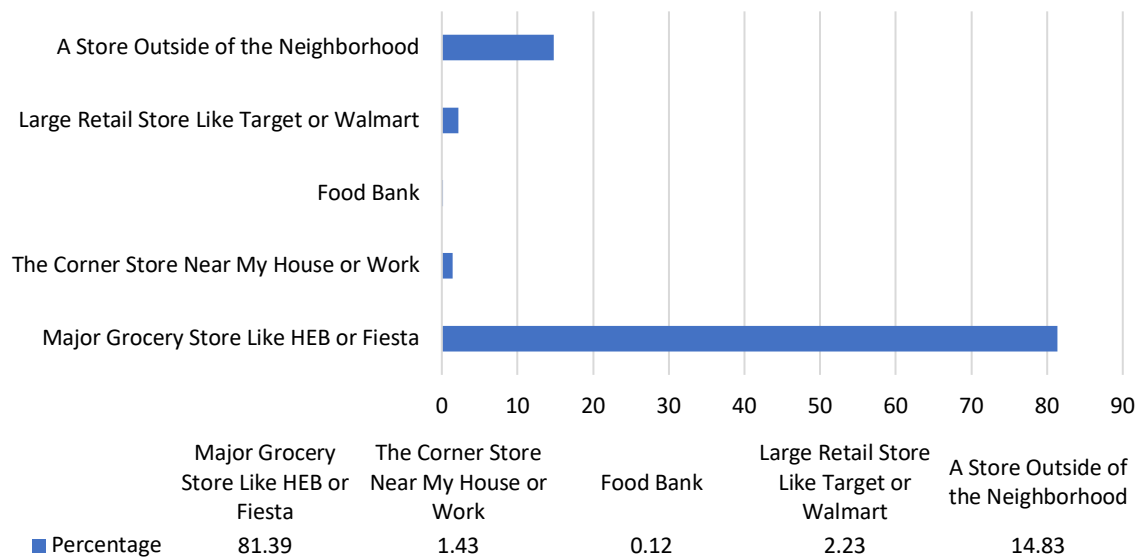


Source: Survey data

*C. Where Residents Purchase Groceries*

We also asked Third Ward residents where they primarily get their groceries. Consistent with the results above, only 0.12% of residents (a total of two) stated that their primary location for receiving groceries was a food bank. Most, or 81.39%, shopped at a major grocery store like HEB or Fiesta for most of their food. It is important to note that very few residents went outside of the neighborhood to obtain food (14.83%). This finding may suggest a resident preference for conducting business within their own community.

**Figure 32: Primary Location of Grocery Purchases**



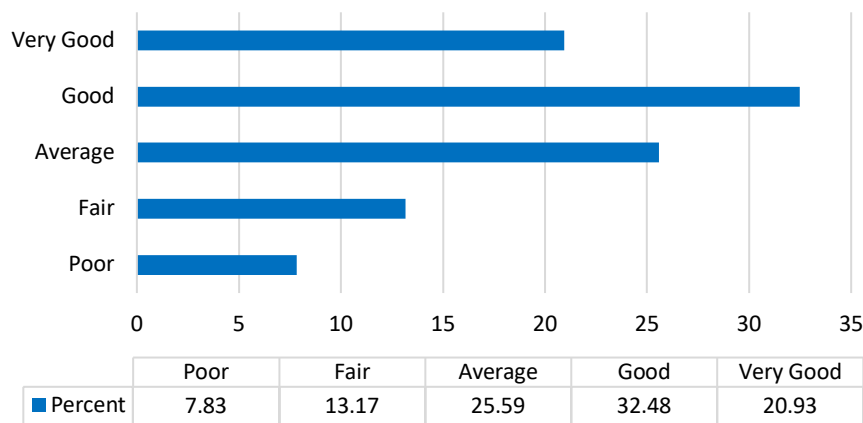
Source: Survey data

## XI. Physical Health of Residents

Residents were asked to provide a rating of their health on a scale from “Very Good” to “Poor.” As shown below, self-reported health status was relatively high in our sample. More than half (53.42%) of Third Ward residents reported their health status as “good” or “very good.” About one-quarter rated their personal health as “average”, while 21% of residents rated their health as “fair” or “poor.”



Figure 33: Self-Reported Health Ratings



N=1,610

Source: Survey data

On average, the surveyed residents of the Third Ward had a body mass index (BMI) of 28.36 (N = 1,532), which is a calculation of height and weight, and is an indicator of obesity. For residents of the Third Ward, obesity was not a major issue, though the mean of 28.36 can be interpreted that many of the residents were overweight. For reference, a BMI of less than 18.5 is underweight, 18.5-24.9 is normal weight, and 25-29.9 is overweight; obesity begins at a BMI of 30.

### A. Prevalence of Physical Health Conditions

Table 1 below shows the prevalence of various physical health conditions in the neighborhood. A few notable findings warrant further discussion. The percentage of residents in the Third Ward who reported arthritis (25.12%) is relatively consistent with the national rate of 23%. That said, according to the Centers for Disease Control and Prevention



## Third Ward Comprehensive Needs Assessment Data Report

(CDC), African Americans are 17% less likely than whites to report arthritis even though they are about twice as likely to have the condition.<sup>12</sup> Further, females in the Third Ward were significantly more likely than males to report arthritis ( $\phi = .0811$ ,  $p < .01$ ). There were significant gender differences in the rate of diabetes ( $\phi = .066$ ,  $p < .01$ ): 16.41% of females reported a diabetes diagnosis, while only 11.77% of males did likewise. Both rates are higher than the national diabetes rate of 9.4%. Relatively few residents surveyed in the Third Ward reported having kidney problems. Compared to some of the other reported conditions, a larger percentage of residents reported having hypertension, which is common among African American populations. Vision problems were also relatively high among the Third Ward residents surveyed.

**Table 1: Reported Physical Conditions**

Condition	Overall (%)	% of Males	% of Females	National (%)
Arthritis	25.12	21.28	28.38	23 <sup>13</sup>
Asthma	11.26	8.51	13.53	8.3 <sup>14</sup>
Cancer	3.71	2.98	4.32	N/A <sup>vi</sup>
COPD	3.96	3.26	4.55	6.4 <sup>15</sup>
Diabetes	14.29	11.77	16.41	9.4 <sup>16</sup>
Emphysema	1.30	1.13	1.44	1 <sup>17</sup>
Heart	8.97	9.22	8.87	9 <sup>18</sup>
HIV	1.18	1.56	0.89	0.3 <sup>19</sup>
Hypertension	36.82	36.17	37.58	33 <sup>20</sup>
Kidney Problems	4.95	5.25	4.77	15 <sup>21</sup>
Lupus	1.24	0.28	1.8	0.46 <sup>22</sup>
Neck Problems	18.56	18.72	18.63	10-20 <sup>23</sup>
Sickle Cell	1.67	0.43	2.66	0.03 <sup>24</sup>
STI	.99	1.28	0.78	N/A
Thyroid	1.67	1.99	4.43	5.8 <sup>vii 25 26</sup>
Ulcers	1.36	0.99	1.66	4.1 <sup>27</sup>
Headaches	7.80	5.67	9.53	12 <sup>28</sup>
Vision Problems	20.85	21.99	20.18	2.4 <sup>29</sup>
Obesity	7.74	4.4	10.42	39.8 <sup>30</sup>

Source: Survey data

### *B. Exercise*

We asked residents if they engaged in moderate or high intensity exercise three or more times per week. Moderate exercise was defined as “sports, fitness, or recreational activities three or more times a week that cause a small increase in breathing or heart

<sup>vi</sup> Reliable overall prevalence rates for cancer and sexually transmitted infections were not available from the Centers for Disease Control and Prevention.

<sup>vii</sup> Includes both hyperthyroidism and hypothyroidism.

rate, such as brisk walking, biking, or swimming, for at least 10 minutes continuously.” High intensity exercise was defined as “vigorous sports, fitness, or recreational activities three or more times a week that cause large increases in breathing or heart rate for at least 10 minutes continuously.”

As shown in Table 2, over half (55.67%) of residents reported engaging in moderately intense activity. Only about one-quarter of Third Ward residents surveyed reported doing high intensity activity. There is a statistically significant age difference between those who partake in moderate or high intensity activity and those who do not ( $p < .01$ ).

**Table 2:** Exercise in the Third Ward

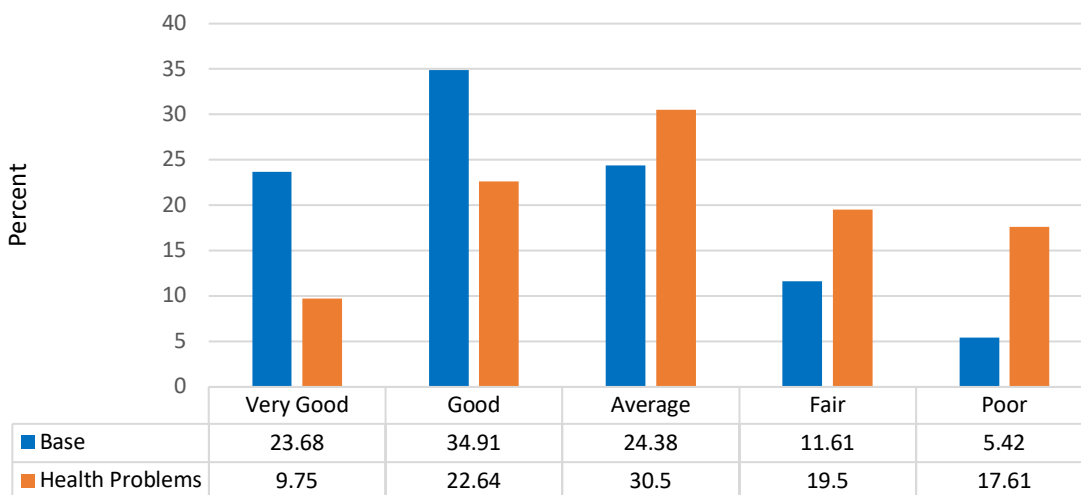
Partake in Exercise	Moderate Activity-Number	Moderate Activity-Age	High Activity-Number	High Activity-Age
No	711 (44.33)	50.73	1,192 (74.41)	51.21
Yes	893 (55.67)	48.17	410 (25.59)	43.87

Source: Survey data

### C. Physical Health and Employment

As noted, approximately one-fifth of those without employment reported an inability to work due to health. Those who did not work due to health problems were approximately three times more likely to rate their health as “poor.” Only 9.75% of those who could not work due to health problems rated their health as “very good” (31 residents).

**Figure 34:** Self-Health Ratings and Health Barriers to Work



Base N = 1,921; Not Working Due to Health Problems N = 318

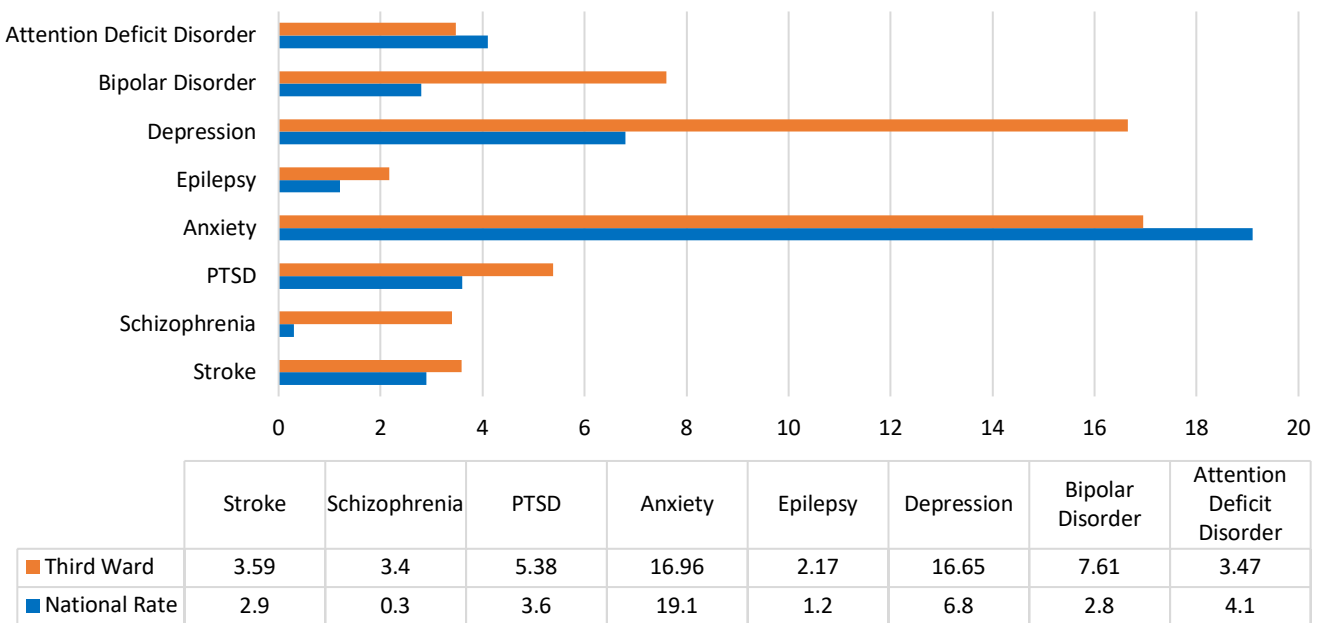
Source: Survey data

## XII. Resident Mental Health

In Figure 35 below, we compare the prevalence of mental health diagnoses in Houston’s Third Ward to the national estimates reported by the National Institute of Mental Health<sup>31</sup> and the CDC.<sup>32</sup> The number of residents reporting a diagnosis by a health care provider of attention deficit/hyperactivity disorder, epilepsy, and stroke were in line with national rates. The results from our survey demonstrate, however, that the rates of certain disorders are far above national estimates. For instance, 7.61% of residents reported a diagnosis of bipolar disorder, which is more than double the national average of 2.8%. The percentage of residents who reported a diagnosis of depression (16.65%) is also substantially higher than the national average (6.8%). The percentage who reported a diagnosis of schizophrenia (3.4%) is more than 11 times as high as the national rate. However, 16.96% of respondents reported a diagnosis of anxiety, which is slightly lower than the national rate of 19.1%. Lastly, the percentage of those who reported a diagnosis of post-traumatic stress disorder (5.38%) is somewhat higher than the national rate (3.6%).



Figure 35: Diagnosis of Mental, Emotional, or Behavior Disorders in the Last Year



N = 1,616

Source: Survey data

We wanted to include another measure for disease prevalence that did not depend on health insurance status or access to a provider. Thus, we also screened residents for depression through the Patient Health Questionnaire-2 (PHQ-2), which is a validated tool used in medicine to screen for depression. While a positive screen using this tool is not the same as a formal diagnosis of depression from a qualified health care provider, a positive screen on the PHQ-2 does indicate the presence of some depressive symptomology and the need for further assessment of that individual.

There was a difference between the percentage of survey respondents who screened positive for depression on the PHQ-2 (12.63%) and those diagnosed with depression by a health care provider (16.27%). While the two variables are significantly correlated ( $\varphi = .226, p < .001$ ), that degree of association may be lower than some would expect given that both are measures of the same construct (i.e., depression). It is important to remember, however, that the two measures inquire about different time frames (two weeks for the PHQ-2 and one year for the formal health care diagnosis) and so fluctuations in depressive symptomology over time, the recent development of depression, or successful treatment may explain that disparity. Furthermore, the formal diagnosis of depression depends on that resident seeing a health care provider who assessed their level of depressive symptomology over a year-long period, a situation that is far from a certainty (as is made clear in the assessment of health care access in the Third Ward, detailed below).

### *A. Gender Differences in Mental Health Reporting*

Females surveyed in the Third Ward were significantly more likely than males to report a diagnosis of anxiety ( $\varphi = .117, p < .001$ ), bipolar disorder ( $\varphi = .056, p < .05$ ), and depression ( $\varphi = .104, p < .001$ ). That said, the overall PHQ-2 score was nearly identical between males and females. The rates of a positive screen on the PHQ-2 and a depression diagnosis were nearly identical in males, but the rate of a depression diagnosis among females was higher than their rate of positive screens on the PHQ-2. As discussed above, there are a variety of possible explanations for that disparity. Males in the sample had a higher rate of schizophrenia than females, but the difference was statistically insignificant.

**Table 3:** Gender Differences in Mental Health and Selected Neurological Conditions

Condition	Percent Males	Male Number	Percentage Females	Female Number
<b>Diagnosis in Last Year</b>	<b>9.91</b>	<b>64</b>	<b>10.91</b>	<b>98</b>
Anxiety	12.06	85	20.95	189
Attention Deficit Disorder	3.55	25	3.44	31
Depression	12.34	87	20.18	182
PHQ-2 Positive	12.74	88	12.49	111
Bipolar Disorder	5.96	42	8.98	81
Epilepsy	1.70	12	2.55	23
PTSD	5.39	38	5.43	49
Schizophrenia	4.11	29	2.88	26
Stroke	3.26	23	3.77	34

Source: Survey data

*B. Mental Health and Employment*

As noted, 19.74% of residents reported that health problems prevented them or another member of their household from working. We examined the relationship between mental health and barriers to work. In all, 23.41% of those unable to work due to health problems reported that they or another adult in their household had received a mental, emotional, or behavioral health diagnosis. Moreover, out of all respondents reporting an inability to work, those with health problems were significantly more likely to report that they or other adults in their household were diagnosed with a mental illness or an emotional or behavioral disorder in the past 12 months ( $\phi = .215, p < .001$ ). Consistent with these findings, there was a significant and positive relationship between PHQ-2 positivity and reports of health problems as the reason a respondent or a member of the household was unable to work ( $\phi = .21, p < .001$ ).

### XIII. Drug and Alcohol Use

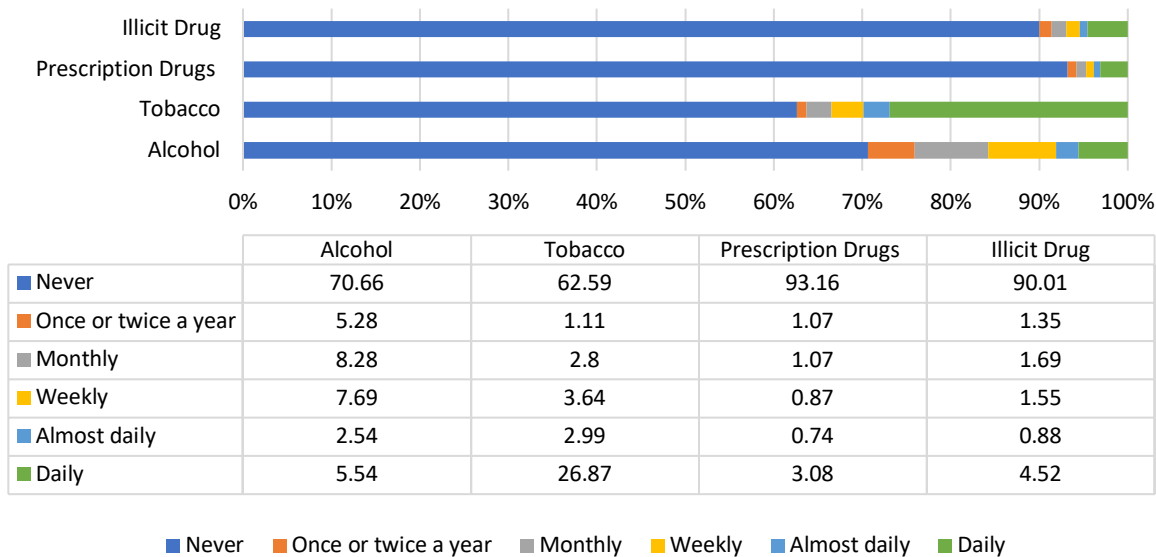
Drug and alcohol use are historically underreported; thus, we assume our survey responses for drug and alcohol consumption were also underreported. Our survey indicates that alcohol use in the Third Ward is significantly lower than the national average. According to the CDC, more than half of the U.S. adult population consumes alcoholic beverages monthly. This compares to approximately 24% of those surveyed in the Third Ward who reported consuming alcohol on a monthly basis or more.



Tobacco use in the Third Ward is relatively higher than national trends. The data also shows a somewhat bimodal distribution of responses, with “Never” and “Daily” being the two most common answers to questions about drug or alcohol use. The CDC reports that 14.0% of adults report smoking at least once a day or some days.<sup>33</sup> This compares to 29.86% of those who reported smoking daily or almost daily in our sample.

As shown in Figure 36, prescription drug use in the Third Ward was relatively low. Only 3.08% of residents reported using prescription drugs daily. That compares to 93.16% who reported never using prescription drugs. Our survey suggests that illicit drug use in the Third Ward is somewhat lower than the national average. According to the CDC, 10.6% of Americans age 12 and above used illicit drugs in the past month.<sup>34</sup> This compares to the 8.64% who reported using illicit drugs on at least a monthly basis in the Third Ward.

**Figure 36: Annual Drug Use**



Source: Survey data

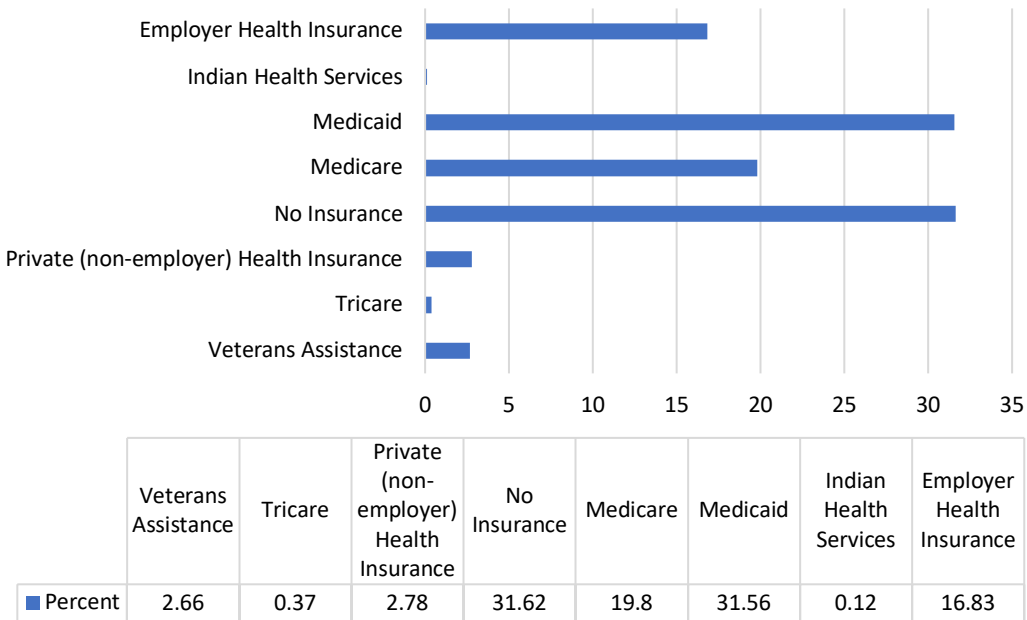
### XIV. Access to Health Services

We found that the percentage of residents who reported having health insurance is significantly lower than the national rate of 91.2%.<sup>35</sup> Only about 68.38% of Third Ward residents reported having some form of health insurance. Of those with health insurance, 31.56% had Medicaid, 19.80% had Medicare, and 16.83% had employer-sponsored health insurance. Of those with Medicare, approximately half were between the ages of 18-64. The study shows that 31.62% of residents surveyed did not have any health insurance coverage.



We also found that 52.41% of residents had a personal doctor or nurse, defined as a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician’s assistant, who was familiar with the individual’s health history and was their primary health care provider. Of those surveyed, 47.59% did not have a personal doctor as their primary health care provider.

**Figure 37:** Health Insurance Access



Source: Survey data

*A. Barriers to Health Care*

The survey asked respondents to note any barriers to accessing any type of health care, including physical, mental, dental, and vision care. The most commonly cited barrier was the cost of health care, with 37.92% of respondents citing this reason. Others were concerned about time—such as waiting for an appointment (16.57%)—the unavailability of evening or weekend appointments (16.12%), having household responsibilities (16.11%), and having to take time off of work (14.76%).

Table 4: Barriers to Medical Care

Barrier	Percent	Number	N
Not able to get to doctor’s office	13.35	169	1,266
The cost of health care	37.92	493	1,300
Not able to call the doctor’s office or clinic	9.93	125	1,259
Worried about being prescribed medicine	14.46	182	1,259
Waiting too many days for an appointment	16.57	208	1,255
Not finding a doctor or clinic that is open in the evening or on weekends	16.12	203	1,259
Having to take care of household responsibilities	16.11	203	1,260
Having to take time off of work	14.76	186	1,260
Having to wait too long in the waiting room	16.31	205	1,257
Meeting the needs of other family members	15.60	195	1,250

Source: Survey data



*B. Mental Health and Substance Abuse Access*

The survey asked residents about their access to mental health and substance abuse resources. Of those diagnosed with a mental illness or an emotional or behavioral disorder, 8.62% reported needing mental health treatment or counseling, but not receiving it. The 3.88% of those needing substance abuse treatment were unable to gain access. We asked a follow-up question to individuals responding that they needed treatment, but did not receive it: “Why were you or someone in your household not able to get mental health or substance abuse treatment?” High costs were the most common barrier to accessing mental health or substance abuse treatment in the Third Ward. This reason was followed by insurance not covering certain services or treatments.

**Table 5: Barriers to Mental Health and Substance Abuse Treatment**

<b>Barriers to Accessing Mental Health or Substance Abuse Treatment</b>	<b>Percentage</b>	<b>Number</b>
The cost was too high	71.43	95
Health insurance did not cover services or treatment	60	69
Did not know where to get services or treatment	53.06	52
Concerned information given to counselor will not be kept confidential	43.43	43
Concerned about having to take medication	41.24	40
Did not think treatment was needed at the time	46.39	45
Did not have time or unable to get treatment	44.90	44
Worried other people will find out that treatment was needed	39.36	37

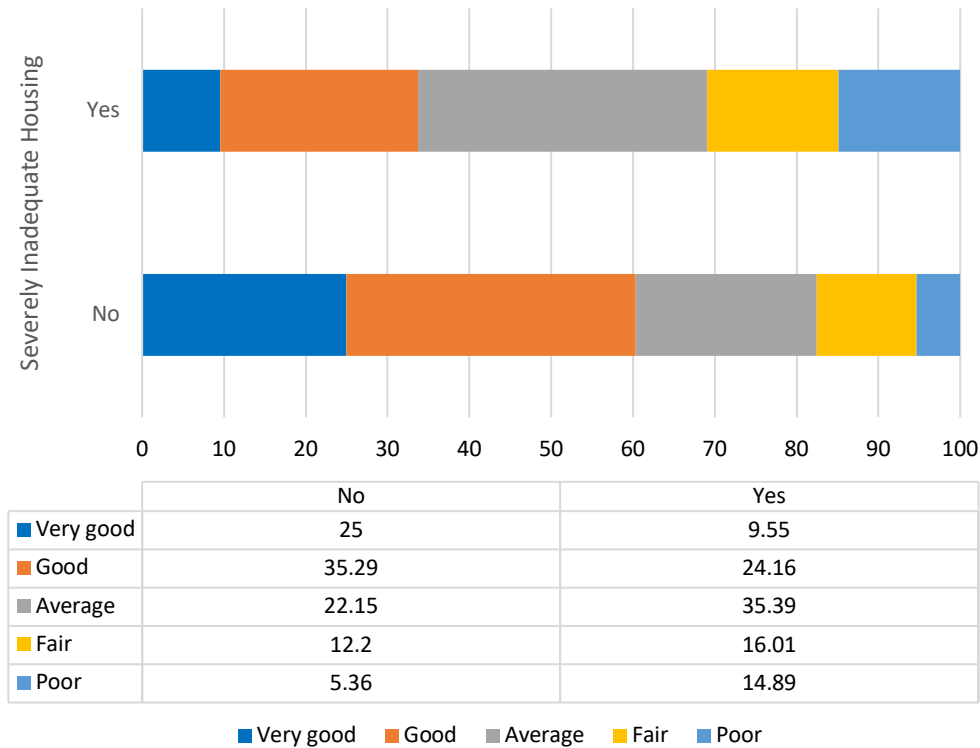
Source: Survey data

## XV. Health and Housing Conditions

The survey results demonstrate that there is a clear association between improved housing conditions and better physical and mental health. From Figure 38, we can see that those living in severely inadequate housing reported relatively lower health ratings. While a majority of those living in adequate housing rated their health as either very good or good, only 33.71% of residents living in severely inadequate housing reported the same.



**Figure 38:** Severely Inadequate Housing and Health



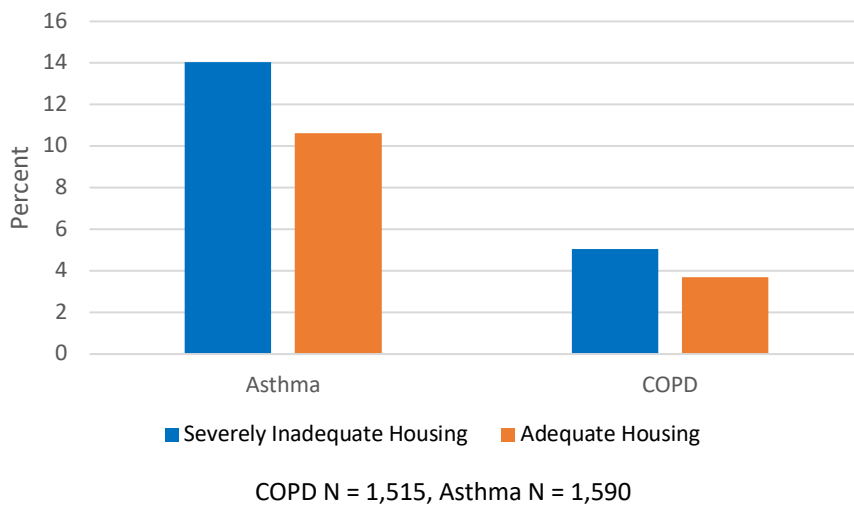
Inadequate Housing N = 356; Not Inadequate Housing N = 1,156

Source: Survey data

*A. Individual Physical Health Conditions and Housing*

Now we turn to individual physical health conditions and how they relate to housing adequacy in the neighborhood. The results reported below reflect the most notable findings but are not exhaustive. First, we found that Third Ward residents who reported living in inadequate housing conditions were somewhat more likely to report having asthma (14.04%) than those who did not (10.61%). The correlation between asthma and inadequate housing, however, is not statistically significant. Likewise, relatively more residents living in severely inadequate housing reported having COPD, but the relationship is statistically insignificant.

**Figure 39: COPD, Asthma, and Inadequate Housing Status**



Source: Survey data

We also found that residents living in housing with mold were significantly more likely to have headaches ( $\phi = .07, p < .01$ ). It should be noted, however, that the percentage of individuals with headaches was a relatively small portion of the surveyed neighborhood (7.80%). While 11.33% of respondents who reported seeing mold in their homes had headaches, only 6.84% of those who did not see mold in their homes had headaches.

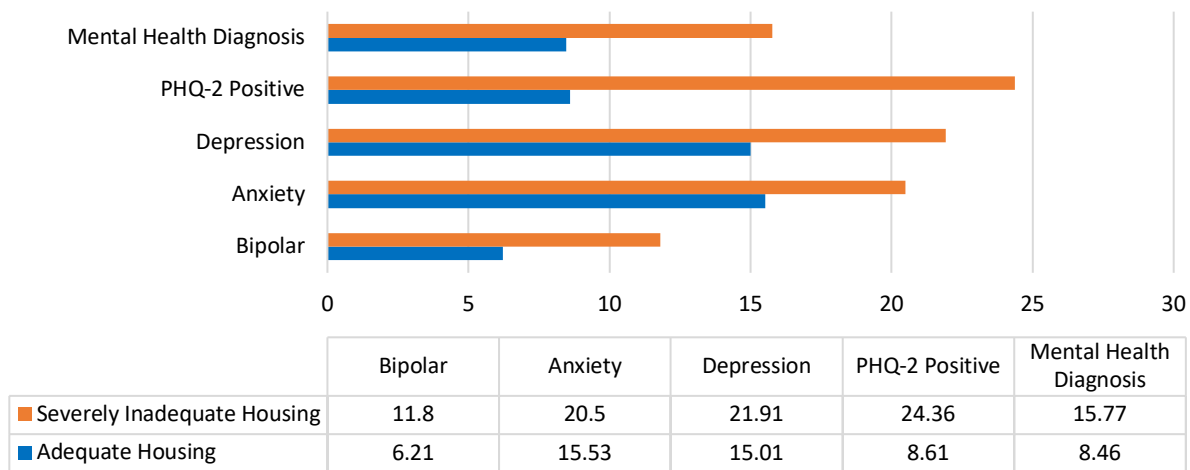
*B. Individual Mental Health Conditions and Housing*

Finally, we report the relationship between mental health conditions and housing conditions in the neighborhood. Residents who lived in households with individuals who were diagnosed with a mental illness or an emotional or behavioral disorder in the past year (15.77%) were much more likely to live in inadequate housing ( $\phi = .103, p > .001$ ). Only 8.46% of those in adequate housing had a member of their household diagnosed with a mental illness or an emotional or behavioral disorder.

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Figure 40 below shows the relationship between a respondent’s mental health diagnosis and severely inadequate housing. Our analysis shows that those with depression are significantly more likely to live in severely inadequate housing ( $\phi = .076, p > .01$ ): 21.91% of those who lived in severely inadequate housing reported a diagnosis of depression compared to 15.01% of those who lived in adequate housing. The relationship between depression and housing quality strengthens when looking at those who screened positive on the PHQ-2 ( $\phi = .204, p > .001$ ). The percentage of individuals who screened positive on the PHQ-2 and were living in inadequate housing is relatively higher. We also found significant and positive relationships between housing conditions and anxiety ( $\phi = .057, p > .05$ ) as well as bipolar disorder ( $\phi = .063, p > .01$ ).

**Figure 40: Severely Inadequate Housing and Mental Health Diagnosis Status**



Severely Inadequate Housing N ≈ 355; Adequate Housing N ≈ 1,150

Source: Survey data

## XVI. Conclusion

Houston Mayor Sylvester Turner has designated the Third Ward as a “Complete Community,” making it part of a city-wide initiative to improve neighborhoods affected by historical disinvestment. The initiative provides an opportunity for neighborhoods such as the Third Ward to partner with the city to ensure that services, investments, and neighborhood redevelopment yield a more vibrant, resource-rich community for the people who live there.

While the Complete Community program will be a boon for the area, the Third Ward also benefits from many inherent resources. It has high levels of neighborhood satisfaction and collective efficacy, which mean there are high levels of trust among residents and a willingness to intervene when appropriate. Additionally, this community has a high civic participation and voting record, which can be leveraged to facilitate grassroots as well as political action. Neighborhood cohesion and collective efficacy are related to improved health outcomes. Not surprisingly, most residents surveyed reported a positive health status that is higher than the national average. Moreover, the prevalence rates for most physical health conditions in the Third Ward are like national rates. However, the prevalence of specific mental health conditions, such as schizophrenia and bipolar disorder, is higher in the Third Ward than nationally.

The Third Ward also has several challenges. The residents reported being concerned about recent development in the neighborhood and the loss of the community’s African American history and culture. Rising rental rates were also a concern, which is not surprising as half of the residents made less than \$10,000 a year. Additionally, the prevalence of severely inadequate housing was problematic, especially because residents with very low incomes are vulnerable to eviction and may be fearful to report inadequate living conditions to a landlord or an appropriate city department. Although the residents surveyed desired more amenities and services in the neighborhood, caution should be exercised so that community redevelopment does not cause resident displacement.

Overall, the Third Ward has many strengths and its challenges are similar to those in other communities in Houston and throughout the United States that have experienced disinvestment. The rigor of data collection and the high response rate for this study yielded a sizable collection of reliable data on the conditions, needs, and assets of this community. This information should be used to inform the decisions of policymakers, community-based organizations and philanthropic interests as plans for the future of the Third Ward are developed.

## XVII. Endnotes

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