



OLNEYVILLE:

ACTION FOR A HEALTHIER COMMUNITY





ASSESSING THE HEALTH OF OLNEYVILLE

The purpose of this assessment was to examine community factors that influence the health of residents and look for opportunities for improvement.

It is a fact that where you live impacts your health. Whether or not you have access to healthy foods, affordable quality healthcare, safe and attractive places to play and exercise, well-maintained streets, and social activities to engage in all affect your overall health and well-being.

From 2010 to 2011, Olneyville Housing Corporation and the Rhode Island Department of Health conducted a community assessment in partnership with local residents and community decision-makers. The assessment builds on years of community-based development in Olneyville and expands on the Rhode Island Local Initiatives Support Corporation (LISC) Olneyville Community Contract, a grassroots community improvement plan.

Our assessment looked at factors that influence the health of residents and opportunities for improvement. We talked to 175 residents through groups and interviews with adult residents, youth, and community leaders. We also looked at the physical environment of the community.

Please note that for the purposes of this report, we use the term “residents” to refer to residents of Olneyville who participated in the community assessment. Given the small sample size, the results of this community assessment do not necessarily apply to all residents of Olneyville. In addition, our data on “children” was reported by parents who participated in the assessment, rather than the children themselves, with the exception of the data on “youth” which comes from a youth discussion group.

WHAT WE FOUND

While Olneyville is a neighborhood ready for change, residents said they currently face a number of challenges to making healthy choices—cost, safety concerns, not enough local health-related programs, and unsafe streets.

While most residents reported being physically active, they also said that they need more organized, age-specific, year-round opportunities for exercise.

Almost half of residents said they eat fruits and vegetables everyday, but most people also face a variety of barriers to doing so including cost, transportation, quality of local produce, and lack of choice.



OLNEYVILLE FACTS*

LOCATION: On the west side of Providence; its boundaries are Atwells Avenue to the north, the AMTRAK railway line and Route 10 to the east, the Woonasquatucket River and Route 6 to the south, and Glenbridge Avenue to the west.

SIZE: About ½ square mile (2009 Providence GIS data)

RESIDENTS: 6,495 (US Census 2000)

HOUSEHOLDS: 2,228 (US Census 2000)

MEDIAN HOUSEHOLD INCOME: \$17,538 (US Census 2000)

FAMILIES BELOW POVERTY LEVEL: 41%, compared with 24% Providence overall (US Census 2000)

RACIAL AND ETHNIC BREAKDOWN: 61% Hispanic; 16% White; 13% Black or African American; 4% Asian; 6% Other (US Census 2010)

HOUSING STOCK: 18% owner-occupied and 12% single-family housing units, compared with 35% and 26%, respectively, for Providence overall (US Census 2000)

RATES OF LEAD POISONING: 14% of children younger than age 6 had elevated blood lead levels, some of the highest in Providence (2004–2008 RI Department of Health, KIDSNET data)

TRANSPORTATION: 41% of households report not owning a car (US Census 2000)

LOW BIRTH WEIGHT: Only 3% of total births were less than 2500g, one of the best rates in Providence (2007 RI Department of Health, KIDSNET data)

BIRTHS TO MOTHERS WITH PUBLIC INSURANCE: 88% of total births from 2006–2008, consistently one of the highest rates in Providence (1997–2008 RI Department of Health, KIDSNET data)

PARKS: Three parks, two are linked together by the Woonasquatucket River Greenway Bike Path (2010 RIGIS data)

PLAYGROUNDS: Two community centers and three playgrounds (one in each park) (2010 The Providence Plan data)

FOOD: 22 fast food establishments, 13 convenience stores, and 6 restaurants (2009 RI Department of Health, Food Licensing data)

GARDENS: Three community gardens, one school garden, and no farmers' markets (2010 Farm Fresh Rhode Island data)

TOBACCO: 24 vendors selling tobacco products and 52 outdoor advertisements for tobacco products (2009 RI Department of Health, Tobacco Control Program Survey)

*Additional data are available at www.provplan.org

Residents agreed that tobacco use is a problem in Olneyville, and specific concerns included widespread advertising and easy access to tobacco for youth.

Residents said obesity is a common health issue, and 41% of residents have a diagnosed chronic disease or have someone in their family who has one. There is a need for more local supports that help people manage their chronic conditions.

There is a strong will in the community to get involved in making Olneyville a healthier and more attractive place to live.

NEIGHBORHOOD DESIGN

“I’m active but I’m discouraged by the way the neighborhood is dirty...I’d be interested in doing [something] to clean up the neighborhood...”



The small size of Olneyville could make it a very “walkable” community. The community has many popular destinations, such as parks, playgrounds, stores, community centers, and a library within walking distance. In order to lead active lives, residents need to have access to well-maintained sidewalks, bike routes, and parks:

- **Sidewalks:** While some residents thought that there were many sidewalks suitable for walking, others thought that the city could do a better job in keeping them unobstructed, well-maintained, and level.

- **Bike Path:** Residents overall had a better opinion about the bike path than the sidewalks, indicating that it was generally unobstructed, well-maintained, and easily identifiable. However, only “off-road” portions of the bike path are accessible for people with disabilities.
- **Parks:** Some residents indicated that the parks needed to be better maintained and improved. Residents indicated that the parks and open spaces were not well-linked together with a safe, easy way to get from one to the others. Accessibility for people with disabilities was also mentioned as a problem.

Overall, there was a sense that the community needs to be “cleaned up” to improve the condition of the neighborhood and make it feel more attractive and safe. Residents indicated that there is a lot of garbage, litter, and broken glass making the neighborhood visually displeasing.

RESIDENTS’ SUGGESTIONS

Sponsor community service activities that could improve neighborhood cleanliness and appearance and, thus, encourage more outdoor activity.

Improve parks (for example develop a walking track) and ensure they are maintained.

Upgrade sidewalks to increase safety and walkability.

Provide better winter maintenance, like clearing sidewalks and fixing potholes.

Use empty lots to meet a variety of neighborhood needs, including community gardens, recreation, housing, etc.

Improve regulation and enforcement of laws related to upkeep of property.

Create spaces for both winter and summer activities.



NEIGHBORHOOD SAFETY

Residents were also concerned about unsafe drivers and bad traffic. Less than half of residents felt safe from traffic while walking or riding their bikes in the neighborhood.

Residents need to feel safe to “get out and about”. While just over half of residents felt safe from crime while walking or riding their bikes in the neighborhood, residents mentioned concerns about personal and property crime, as well as drug dealings, particularly at night. Community leaders mentioned that there is a perception that the open spaces in the community, particularly the Bike Path, are dangerous. Community leaders also mentioned that safety concerns related to unsupervised teens and fear of strangers discourage people from getting out and being active. Residents reported that they learn to recognize unsafe parts of their community and adapt to avoid those places, indicating that there are not enough police patrols.

Residents were also concerned about unsafe drivers and bad traffic. Less than half of residents felt safe from traffic while walking or riding their bikes in the neighborhood. Parents of children under age 18 were particularly concerned about the unsafe road conditions for their children. Residents indicated that there is a lot of speeding and little enforcement. While crossing guards seem to be prevalent, the community is lacking in infrastructure, such as speed bumps to slow traffic and crosswalk counters to help residents cross busy streets. No Safe Routes to School and/or walking school bus programs to help children walk or bike safely to school were identified through the assessment.

On the other hand, residents have noticed recent neighborhood improvements, including improved street lighting, traffic, and sidewalks and additional community police, making some residents feel “more safe” in their community than they previously did. Most youth commented that they feel safe.

RESIDENTS' SUGGESTIONS

Expand police presence and engagement

Improve road safety through better streets and sidewalks

Upgrade infrastructure (road lines, crosswalks, lights, speed bumps, signs, etc.), especially for people with disabilities

Create an environmental education center in Riverside Park to create more of a community presence

PHYSICAL ACTIVITY

“Look at the statistics...kids stay at home playing video games...When I was growing up, my parents kicked me outta the house all day...when they get older they’re gonna have a lot of medical problems and not know how to take care of themselves.”

In Olneyville, physical activity is valued for both adults and children. Residents associated physical activity with the idea of getting out of the house and staying active or exercising, with walking being a common form of exercise. In addition, Spanish-speaking residents related physical activity with working and being independent, responsible, and socially active. Over half of Olneyville adults and children reported being physically active* everyday, with daily physical activity being more prevalent among English-speakers and smokers**.

A majority of residents reported they are physically active in Olneyville. Popular places included sidewalks, roads, bike paths, school, and playgrounds or parks. Residents indicated that most areas/facilities for physical activities are easy to walk to, well-utilized, and open seven to nine months a year on average. More specifically, about a third of Olneyville residents indicated that they used the bike path and over half of Olneyville residents indicated that they used Riverside Park. Specifically, Latinos were more likely to use Riverside Park. Teens mentioned that they use the bike path as well.

However, about half of Olneyville residents face barriers to physical activity. Neighborhood crime/violence, cost, cold weather, and limited age-specific



programs all stand in the way of physical activity for adults and children, as well as lack of transportation and lack of time to a lesser extent. Community leaders noted specifically that there is a lack of organized sports programs for kids. Community leaders also noted that there are few opportunities for people to be active together. In addition, adults have health issues (illness, pain, and injuries) and tough economic times to contend with. Teens thought that exercise was important but indicated that they often have better things to do and/or were embarrassed about exercising. Youth

specifically mentioned that they do not use the parks because they are “too old” for them. When asked about the barriers to using specific resources like the bike path or Riverside Park, residents mentioned individual issues (too tired, not enough time, sick, don’t have a bike, can’t or don’t want to ride, etc.), as well as broader issues such as not being aware of these resources and safety issues. Only about half of the parks and recreation facilities have appropriate areas/facilities/programs for people of all ages and there are no indoor facilities or programs specifically for adults.

Over half of adults and children in Olneyville watch two or more hours of television every day, making television a barrier to physical activity as well. Residents aged 46 and older, residents without children under age 18, and smokers were all more likely to watch more television. Community leaders indicated that the “culture” of video games and television are barriers to physical activity.

RESIDENTS’ SUGGESTIONS

Improve neighborhood safety, such as increasing police officer presence, adding more cameras, and adding more lighting

Design safer roads, including speed bumps

Make programs more affordable

Provide accessible after-school, community, and organized sports options for kids

Create a directory of all the programs, facilities, and spaces for physical activity.

*defined as engaging in physical activity, such as running, walking, biking, playing sports, for at least 30 minutes

**defined as anyone who has smoked at least 100 cigarettes in his or her life, not necessarily current smokers.



TOBACCO USE

Seventy-six percent of residents think young people have an easy time getting cigarettes and other tobacco products.

Residents tended to see smoking as a problem in Olneyville. Residents commented on the negative aspects of smoking, such as the smell and the negative health effects.

Over a third of residents reported being “smokers” themselves, defined as someone who has smoked at least 100 cigarettes in their life, and 70% of those residents smoked every day. Males, residents aged 46 and older, and residents with a chronic disease and/or with a family member with a chronic disease were all more likely to be smokers. The majority of smokers (78%) were aware of where to get help to quit smoking, with 83% being aware of the 1-800-TRY-TO-QUIT line specifically.

While there seem to be fewer advertisements around the neighborhood than in the past, 71% of residents still think that tobacco products are advertised a lot in

Olneyville (52 outdoor advertisements were identified through a 2009 Tobacco Control Program Survey). Youth commented that advertisements that make smoking look cool are everywhere. Some residents thought advertisements influenced smoking. One resident said, “With fewer advertisements, people would

forget about smoking.” Other residents did not see advertisements as the primary problem, particularly concerning youth smoking. Residents seemed to agree that the primary problem is easy access, with 76% thinking that young people have an easy time getting cigarettes and other tobacco products. Youth can buy cigarettes through merchants who do not card (“especially if they know you”) or through adults/older friends who are willing to buy cigarettes for them. Cost still remains a large barrier, however, to youth smoking.

Almost all residents believe that second-hand smoke is dangerous to their health and/or their children’s health. Seventy-eight percent would support an increase in taxes on cigarettes if that meant fewer people would smoke, with Latinos more likely to support the tax increase. Residents had mixed reactions to smoke-free policies in public housing, high-rises, and their own homes. Spanish-speakers tended to support these policies, while English-speakers tended to think that the policies would threaten people’s personal freedoms. Overall, the majority of residents reported they would prefer to live in a house or apartment where no one smokes inside, with Spanish speakers being more likely to prefer non-smoking residences.

RESIDENTS’ SUGGESTIONS

Provide more programs and counseling to deal with addiction

Ban smoking in public places

Limit the sale and advertising of cigarettes

Provide insurance coverage for the patch and other quit methods

Give people more activities and other things to occupy their time

Promote more anti-tobacco advertisements

Provide programs that help people improve their lives and reduce stress

Enforce no-smoking policies on school grounds

NUTRITION

Residents identified cost as the primary barrier to buying fruits and vegetables, and to healthy eating in general. Residents also indicated that high-quality, affordable fruits and vegetables, low-fat products, and whole grains are not available in local stores.

Residents of Olneyville associate good nutrition with eating fruits and vegetables, avoiding greasy/fried/processed food, picking foods low in calories and fat, and eating a variety/balance of foods. Just under half of Olneyville adults and about half of children reported eating five or more servings of fruits and vegetables every day, with Latinos being less likely to eat fruits and vegetables.

Roughly two-thirds of Olneyville residents face barriers to buying fruits and vegetables. Residents identified cost as the primary barrier to buying fruits and vegetables, and to healthy eating in general. Residents also indicated that high-quality, affordable fruits and vegetables, low-fat products, and whole grains are not

available in local stores. Only PriceRite and Stop&Shop carry healthy foods, and while these were the two most popular stores identified for shopping, transportation is limited to these stores and there are few price incentives or healthy food promotions. Eighty-four percent of residents would volunteer their time to support efforts to increase the availability of healthy foods in corner stores.

Olneyville parents mentioned time as a barrier to healthy eating, and community leaders and Spanish-speaking residents mentioned culture and taste preference as barriers. Not liking or not knowing how to prepare fruits and vegetables did not seem to be major barriers; although some Spanish-speaking focus group participants did mention that they did not like vegetables. Community leaders also mentioned that while the school lunch program has gotten better, it is still lacking in healthy food choices. They noted that costs are the biggest barrier to providing nutritious meals.

During the community assessment, residents were asked to comment on specific topics related to healthy eating:

- **Farmers' Markets:** Parents seemed to have the most experience with farmers' markets, whereas youth knew very little about them. Residents thought that the food at farmers' markets was fresh,



RESIDENTS' SUGGESTIONS

Lower prices on high-quality healthy foods

Increase access to low-cost, high-quality healthy foods, particularly fruits and vegetables, in corner stores or local food stands/carts

Set up farmers' markets that are affordable and easy to get to

Provide more safe spaces to garden (and maybe even a greenhouse for year-round gardening)

Eliminate unhealthy vending machine options and replace them with water

Provide education on "decent-flavored" alternatives to sugar-sweetened beverages (beyond water)

Work with fast food establishments to provide healthier options and/or implement menu labeling of healthy choices



high-quality, and tasty; however, they found the prices to be too high, the markets to be inaccessible, and were uncertain about the location and the use of food stamps.

- **Gardens:** Very few residents currently garden, but many residents either have done so in the past or would like to in the future. Residents don't necessarily associate gardening with healthy eating, but rather as an activity they enjoy doing. Barriers to gardening include not having space, not having enough time to keep it up, not knowing how to garden, health issues ("bad back"), and stolen vegetables.
- **Eating Out:** While the majority of adults and children report eating food prepared at home most of the time, 21% of adults and 16% of children said they ate fast food, takeout, or food at sit down restaurants three or more days a week. Youth, in particular, mentioned that they liked fast food, commenting that there is too much fast food in

Olneyville and that they "grew up on it." Community leaders agreed that fast food is a prominent choice in the community. Residents indicated that "eating out" is convenient and easy, especially when they are too busy to go food shopping or "don't feel like cooking". They use it as a way to splurge, to change routine, and to be social with other families. While eating out can be more expensive than eating at home, they said that they can pick cheaper options, acknowledging that the cheaper options are often less healthy. Local restaurants tend not to carry healthy foods and rarely promote them if they do, and residents had mixed views on whether nutritional information at the point of purchase would influence decision-making and make them choose healthier options.

- **Sugar-Sweetened Beverages:** About a third of Olneyville adults and children said they drank one or more sugar-sweetened beverage every day, with Latinos and Spanish-speakers being less likely to drink sugar-sweetened

beverages. The majority of residents saw drinking too many sugar-sweetened beverages, such as soda, juice, Kool Aid, and iced tea, as a health problem, with 88% agreeing that they are a major cause of obesity in children. They also mentioned long-term effects such as weight gain, diabetes, and dental problems and shorter-term effects such as sugar crashes, headaches, and hyperactivity. Residents had mixed views on the effect of raising prices of sugar-sweetened beverages: while the majority of focus group participants said that raising prices would not affect behavior, the majority of interview respondents said that they would purchase fewer sugar-sweetened beverages for themselves and their children. Similarly, while focus group participants had mixed reactions to a policy that would ban sugar-sweetened beverages at certain public places such as libraries, public parks, and governmental buildings, 76% of interview respondents would support such a policy.

OBESITY AND CHRONIC DISEASE

Residents agreed that obesity is a problem in Olneyville. Forty-one percent of residents were diagnosed with a chronic disease or had a family member diagnosed with a chronic disease, such

as asthma, diabetes or heart disease. English-speakers, non-Hispanics, and smokers were all more likely to have a chronic disease and/or have a family member with a chronic disease.

While almost all residents dealing with chronic disease said that they have the necessary services to manage the disease, residents would still like the following to help their families better manage their diseases:

RESIDENTS' SUGGESTIONS

Increase opportunities for physical activity

Increase education on how to eat right and how to read nutrition labels

Teach young children about exercise

Provide consultations for family members to become more aware and knowledgeable about a family member's chronic disease

- Educational materials
- More time with doctors
- Transportation
- Support groups / workshops
- Appointment reminders
- Home visits from health aids
- Medication management
- Workshops/orientations



HEALTHCARE AND HEALTH INSURANCE

Seventy-one percent of residents had health insurance (from one or more sources). The major health insurance providers were Rite Care (44%), Medicaid (32%), Medicare (18%), and UnitedHealthcare (14%). Females reported higher numbers of insurance coverage.

Residents receive their current healthcare from community health centers (47%), hospitals (31%), free clinics (14%), and private doctors (11%). Females, non-smokers, residents aged 45 or younger, residents with children under 18, residents with a chronic disease and/or with a family member with a chronic

disease, Latinos, and Spanish-speakers were all more likely to receive care from a community health center. Smokers were more likely to receive care at free clinics than non-smokers.

Community leaders indicated that there is a general lack of awareness of the available healthcare services and benefits and that there needs to be better outreach to get people connected to those programs. They also commented that cultural issues may play a role in a resident's ability to navigate the system, as people have different health systems, perspectives, and beliefs.

RESIDENTS' SUGGESTIONS

Expand access to health insurance

Increase access to clinics for people who don't have insurance

Provide assistance in "navigating" the healthcare/social services system



HOW PEOPLE GET THEIR INFORMATION

Residents reported they obtained information about community happenings from television (47%), newspapers (29%), and family and friends (36%). For information on keeping their families healthy, they turned to television (42%), community organizations (24%) their physician or healthcare provider (23%), radio (20%), family and friends (19%), and the newspaper (18%). The following trends were apparent regarding how people obtained health information:

FAMILY AND FRIENDS: Latinos, non-smokers, those without a chronic disease and/or family member with a chronic disease were all more likely to rely on family and friends for health information.

HEALTHCARE PROVIDERS: Spanish-speakers and non-smokers were more likely to rely on their physicians or healthcare providers for health information.

TELEVISION: Smokers were more likely to rely on TV for health information.

INTERNET: Half of the respondents used the Internet, although the Internet was not identified as a primary source of information. Residents aged 45 and younger and residents with children under 18 were both more likely to use the Internet. Of those who do use the Internet, most use it for surfing (74%), health information (42%) and Facebook/My Space (38%).

CELL PHONES: Most respondents (65%) would not be interested in receiving health information on their cell phones. However, residents aged 45 or younger and non-smokers were more likely to be interested in receiving health information in this way.

DATA SOURCES

This comprehensive community assessment included focus groups and interviews with adults, a discussion group with youth, and interviews with community leaders, as well as a look at the actual physical environment of the community. A total of 175 residents took part in the assessment.

RESIDENT FOCUS GROUPS: Five 90-minute focus groups were conducted with Olneyville residents. The groups targeted English and Spanish-speaking adults with children under 18 living at home; English and Spanish-speaking adults without children under 18 living at home; and elderly residents aged 65 years and older. A bilingual facilitator was hired and trained to administer a 35-question focus group guide.

RESIDENT INTERCEPT INTERVIEWS: Utilizing a 37-question survey tool, trained local residents conducted one-on-one interviews with 99 residents. Interviews took place at local community gathering spots, such as community centers, pharmacies, community health centers, and community events.

YOUTH DISCUSSION GROUP: Youth from A Sweet Creation Youth Organization and Olneyville Youth Group were brought together for a discussion. The group included 10 teens ages 13 to 18. A trained teen facilitator led the group at Manton Heights Recreation Center.

COMMUNITY LEADER INTERVIEWS: Olneyville Housing Corporation staff conducted 10 interviews with community organizations, elected representatives, and resident leaders.

PHYSICAL ENVIRONMENT ASSESSMENT: Olneyville Housing Corporation and the YMCA utilized the YMCA's Community Healthy Living Index (CHLI) tool to conduct an assessment of the physical condition of the neighborhood. Eight neighborhood stakeholders gathered over four sessions to discuss the condition of the streets, sidewalks, parks, and recreation facilities, as well as the availability of healthy food choices in neighborhood stores and restaurants. They concluded by coming up with a number of recommendations for improving the neighborhood.

MAKING A HEALTHIER OLNEYVILLE

"A [community] is a complex place that has everything we need to exercise, socialize, and interact."

Residents understand the issues in their community—they know its strengths and weaknesses—and are motivated to take action to make changes but they need support to make it happen. As seen throughout this summary, respondents had a lot of suggestions as to how to improve the health of their community. When asked what one thing would help most, residents put forth the following ideas:

- Increase community participation and communication between residents and community organizations by strengthening neighborhood associations
- Cut crime/drug use with more police and a neighborhood watch group
- Create cleaner environments and better places for community participation and recreation, including programs/activities for children
- Provide more free health and social services and resources, like the buses to get your blood pressure taken or

sugar tested or places to go to get help with a variety of issues

- Involve younger people in all aspects of community development
- Improve the safety infrastructure, especially for people with disabilities

In addition to the themes mentioned above by residents, community leaders suggested providing education and workshops on exercise and nutrition. Specific suggested topics included selecting and cooking healthy foods and how food is related to chronic disease.

Residents, particularly Spanish-speaking residents, favored policy or system interventions, while others proposed more individual-level changes to improve health. While residents were likely to act around issues of neighborhood design, physical activity, and nutrition issues, they felt that the physical infrastructure (such as streets and sidewalks) was an area that they had little control over and would look to the city to step in.

Residents felt that other people would support these changes, and indicated that community members and community officials were key stakeholders, specifically mentioning politicians, churches, teachers, home owners, and business owners. In particular, community leaders mentioned the need to get kids involved in the effort, as ways to get kids physically active, involved in their community, and out of trouble. Residents thought there should first be "grassroots" organizing at the community level ("a petition from the community" or "a committee of neighbors") with a clear plan and tangible results. They could then involve community officials/politicians, using the community-level information to guide decision-making. Residents mentioned limited community resources, particularly in "this economy", and lack of interest from community members and officials themselves as potential barriers to change.



NEXT STEPS

Olneyville Housing Corporation will be holding community forums to bring together residents to discuss the results of this assessment and identify priorities for action. These discussions will be the starting point for an action plan to improve health in Olneyville.

We need your help! To get involved, call Johanna Walczak at Olneyville Housing Corporation at 401.351.8719 x109 or email walczak@olneyville.org



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