

Magnolia Park Assessment-Intervention-
Final Report
July, 2008

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INTRODUCTION AND BACKGROUND



The Houston Department of Health and Human Services (HDHHS) conducted, along with community-based organizations (CBOs) and volunteers, its second community Assessment-Intervention-Mobilization project (AIM) in May 2007 within the Magnolia Park neighborhood.



Magnolia Park borders the Houston Ship Channel just south of the Turning Basin, the location of some of the first wharves built when Houston became a deep water port in 1913. The 2.6 sq. mile community thrived as a home for workers on the docks and in industries lining the channel. For a time it was even an incorporated municipality. As early as the 1930s, Magnolia Park was developing an identity as a center of Houston's Hispanic community. This continues, especially around recently revived commercial areas near Harrisburg and Wayside. New residential development, which previously has been prevented due to utility restrictions, also is starting to occur now. This neighborhood is included in the Ripley Medically- Underserved Area which also is designated as a Health Professional Shortage Area for Primary Care, Dental and Mental Health personnel. A federally-Qualified Health Center, El Centro de Corazon, recently has established services within the Magnolia Multi-Service Center.



Census 2000 data for Magnolia Park showed 21,302 persons, 96% of them Hispanic. Non-Hispanic whites accounted for 3% with the remaining 1% in the black or Asian non-Hispanic categories. More than 86% spoke Spanish at home while 13% spoke only English. Only 8% of the residents were age 65 or over; 86% were under age 55, more than a third under age 20.

Census results showed that only a third of the residents over age 25 had completed high school; almost half had less than a ninth grade education. In 2000, the unemployment rate was 6% but over half of the residents were not in the workforce. Anecdotal information suggests that undocumented day laborers were not accounted for as part of the workforce in the Census. The 2000 census also showed that almost half of the residents had moved to the area in the five years prior to the census and 34% of new residents had moved from elsewhere in Harris County. A more transient population is thought to reside in the many rented garage apartments behind area homes.



The Magnolia Park AIM project began in Spring, 2006 when HDHHS environmental leadership became involved in assisting the residents of the community in understanding the risks described in a series of major reports and news stories outlining the concentration of environmental hazards, particularly air quality, related to the industries associated with the Houston Ship Channel.



Most of the communities within the Southeast region border industrial sites. The Port of Houston and other water ways and multiple railroads and heavy truck routes also cross the area. There have been reports of increased cancer/respiratory illnesses which caused concern among community residents. One such report based on a HDHHS sponsored study released in January 2007 showed concerns of increased risk of leukemia among children within two miles of the Houston Ship Channel compared with children living further away. However, further study

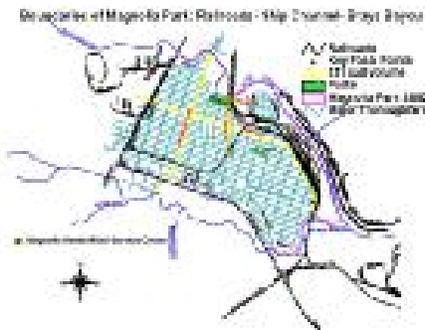
attempts have been unable to replicate these findings when race is specifically included in the multivariate models.

General air quality in Houston's East End where Magnolia Park is located is monitored by the City of Houston with grants from the Environmental Protection Agency (EPA) through the Texas Commission on Environmental Quality and by Texas Commission on Environmental Quality using fixed base ambient air quality monitors, including ozone and PM2.5 (fine particulate) monitors. The EPA has set national standards for six pollutants considered harmful to public health and the environment. Ozone and PM2.5 are two of the six pollutants required to meet EPA's National Ambient Air Quality Standards (NAAQS). Ground level ozone is monitored throughout the Houston/Galveston/Brazoria (HGB) area and the information from these monitors is available online to the public. The HGB area is classified as non-attainment for ozone by the EPA and has until 2010 to meet the required standard. Houston currently meets the EPA NAAQS for fine particulate, but is at risk of surpassing the standard.

Exposure to harmful pollutants can have significant ramifications on the health of residents. Ozone exposures can impair lung function, exacerbate asthma and allergies, and can also impair the immune system so that people are more susceptible to respiratory infections. Exposures to elevated levels of PM 2.5 can cause shortness of breath and coughing, especially in children, the elderly and pregnant women. In addition, PM2.5 can aggravate the conditions of individuals with lung cancer, respiratory disease, or cardiovascular disease. PM2.5 also soils and damages buildings and property and can impair visibility.

Several community assessments had been conducted by other organizations such as one by the East End Management District with a focus on 'Quality of Life' improvements and another by Houston Hope, Inc. Houston Hope's community assessment was focused on "Quality of Life" and creation of a Human Services plan to identify the types of resources and agencies needed/wanted in community partnerships.

These and other organizations, including the Magnolia Park/Harrisburg/Manchester Support Neighborhood Council Leadership, participated in community forum, held July 13, 2006. Participants expressed their vision of what their community should look like and completed surveys to determine their priorities regarding concerns about the environment and chronic disease issues. From this beginning, the Community Environmental Health Coalition was formed and met monthly in conjunction with the Super Neighborhood Council Residents requested assistance with a number of 'Quality of Life' issues such as crime, litter, pollution, odors, contaminated dust and noise associated with the many industries in the area.



Discussion of the issues revealed some obvious connections and overlap with traditional health and human services activities. Many community members were not aware of the array of services and assistance available in the area from multiple agencies. The existence and purpose of the Magnolia Multi-Service Center was unknown to many who did not use the Women, Infants, and Children Program (WIC) or Neighborhood Centers, Inc. services. The leadership of HDHHS agreed with numerous community-based agencies, organizations and residents that a

comprehensive assessment, intervention and mobilization effort was indicated. The intense nature of the project required limiting the geographic scope to the Magnolia Park Super

Neighborhood boundaries: Houston Ship Channel on the North, Brays Bayou on the East, the railroads adjacent to Terminal on the West and Capital on the South.



The primary purpose of the AIM was:

- 1) to strengthen the safety-net by linking residents to the health and human services related to needs they identified;
- 2) to explore environmental concerns affecting residents of the community; and
- 3) to promote collaboration and coordination among health care and human service agencies and other government and community

organizations to assist residents in identifying and addressing community issues.

The project involved two phases: an initial screening assessment of all households to determine immediate needs with response to requests for assistance (Phase I) and ten days later, a more detailed assessment survey administered to a random sample of households representing the entire neighborhood (Phase II).



The AIM project was conducted through both internal and external collaboration. A broad spectrum of HDHHS programs participated in the AIM planning and execution contributing all necessary resources (human, material, funding, and expertise) to make this event a success. Creating a partnership with the community was a core feature, which was deemed essential in strengthening the community's capacity to address changing neighborhood needs.

Community partners were engaged, beginning with the Magnolia Park/Harrisburg/Manchester Super Neighborhood Council, Greater Magnolia/Pineview Place civic Club, Houston Hope, Inc. (affordable housing and a human services plan) and a multi-agency team of partners who are developing expanded services for the HDHHS Magnolia Multi-Service Center at 7037 Capitol St. Additional collaborative partners include:



El Centro de Corazon (primary care and mental health services), Gulf Coast Community Services Association (basic needs and literacy programs), Neighborhood Centers, Inc. (Head Start and senior activities), Family Services Center (computer training), United Way of Texas – Gulf Coast, the Metropolitan Organization, Parent-Teacher Organizations, Immaculate Conception and Immaculate Heart of Mary

Catholic Churches, American Red Cross-Magnolia (disaster preparedness), YMCA, Mayor's Citizen Assistance Office (gateway to assistance with city of Houston services), Houston Planning and Development Dept., Houston Public Library-Stanaker (Story time session for children/information), and NRG Energy, Inc., Community partners assisted in mobilizing volunteers. Several community agencies volunteered staff to help respond to immediate needs during the AIM.

METHODS

For purposes of AIM, a household refers to one of the 3,935 properties in the tax appraisal database which are classified as single or multi-family residences. Some of those were determined later to have demolished or abandoned homes.



Phase I (TOUCH)

Each household was handed an information package in a small plastic bag, or it was left on the door or fence if residents were absent. A 'Refer and Link' form was used to screen all households in Magnolia Park where a resident was available. This form consists of nine

questions to determine needs for assistance:

1. Basic needs (food, clothing, shelter, rent/utility, counseling);
2. Medical care or insurance coverage;
3. Children's immunization status;
4. Immunization Registry participation;
5. Blood lead testing for children;
6. Adult education or job readiness;
7. Community involvement interest (environmental, chronic disease);
8. Method of assistance preferred (contact information, direct connection, multiple problems, internet information, go to Magnolia MSC, prior use of MSC);
9. Contact preference (phone, mail, home visit, language).



The forms were relayed to the Service Response Team and referral to the appropriate program was then made. The 'Walkability Audit' was used to assess the adequacy of sidewalks for safe walking or biking due to the connection between the environmental health of the community and physical, mental, emotional health of the residents. A clean and safe environment enables residents to focus on activities to promote personal health and creates an expectation that others will be involved in activities to maintain the 'Quality of Life' of the community. Some of the questions included:

- Do streets have sidewalks and are they inviting for walking?
- How many streets have on-street parking, trees and amenities (benches, foundations, art, bike racks)
- Are homes and buildings in business and retail area set up near street with parking in back or on street-allowing access for bikes/pedestrians?

Team Leaders within the divisions were asked to complete a "Walkability Survey" every few blocks to determine the adequacy or absence of sidewalks suitable for safe walking or biking. The scores were used to rate blocks as Good, Fair or Poor.

Phase II (ASSESSMENT)

The Assessment survey was conducted with a random, representative sample of households in the Magnolia Park area. The assessment was designed to determine the prevalence of chronic disease among households in the community and to identify the characteristics that might be associated with lack of access to care or environmental issues related to chronic disease (lead paint, standing water, kerosene heat source, damaged electrical wiring). Outdoor air quality concerns were assessed by asking about problems affecting the residents (smoke, vehicle exhaust, fumes, chemicals, haze).

Three different surveys were developed: Schedule A obtained basic information from the household (readiness for an emergency length of residence/exposure, education levels, employment status, sources of information, number of members of vulnerable groups—elderly, children, disabled); Schedule B was used if the household contained a resident aged 60 years or over (randomly selected if more than one) and Schedule C was administered if the household contained a child aged 0 – 4 years (also randomly selected, if more than one in the household). The latter two survey tools were used to gather specialized information about those age groups.

In addition to basic demographics, seniors were asked about level of education, employment status, participation in community activities and reasons for non-participation. Questions related to chronic disease included a self-rating of health status, relationship with a regular doctor and whether or not they were in care for specific conditions (diabetics, asthma emphysema/COPD, hypertension, stroke, heart disease, arthritis or rheumatic disease, cancer). Older adults were also asked how often physical health interfered with a job or normal activities and the level of confidence they had about keeping problems from interfering with a daily routine and managing a condition to decrease the need for a doctor. Health behaviors were assessed with questions about smoking, exposure to second-hand smoking, physical activity, consumption of fruits and vegetables, water, sodas, fried foods, whether the resident had a flu shot or pneumonia shot and use of walking trails, parks, sports fields. If the latter were not used, reasons were requested.

The parent of the randomly selected child was asked about the child's health status, relationship with a regular doctor and whether assistance in finding one was needed, if the child was in care for specific conditions (diabetes, asthma, hypertension, cancer) and whether the child had been tested for lead poisoning. Behaviors were investigated regarding use of walking trails, parks, playgrounds or sport fields and reasons for not using them. Other questions addressed amount of time the child was around a smoker, and consumption of fruits and vegetables, tap water, sodas, fried foods.

FINDINGS

Phase I

Attempts were made to conduct the initial screening in all 3,935 residential properties or to leave the information package with contact information, although homes with “no trespassing” signs posted, fences or large dogs prevented HDHHS staff from entering the yard and conducting the screening. Information was not collected on the number of homes where a resident was personally talked to vs. how many packages of information were left. Requests for assistance were received from 393 homes and 90% were referred to a program or agency within four days. Sixteen requests were deemed of an emergency nature and were responded to in no more than four hours. By the end of June, 353 referrals had been closed out, leaving 40 pending follow-up to confirm a response from the program or agency. Homes needing a referral involved 660 adults, 532 children and 196 older adults over age 60. Within 90 days the remaining 40 referrals were connected with the most appropriate agency for issue resolution. Some gaps in available service resources, such as free health services for adults under age 60 and prescription assistance, were identified and must be addressed in the long-range intervention plan. Apprehension about community safety among older adults appears to contribute to elder isolation and limited exercise in daily activities.

Table 1: Households Requesting Immediate Assistance

| | |
|---|-----|
| Food | 113 |
| Rent/Utility Assistance | 113 |
| Clothing | 46 |
| Counseling | 20 |
| Shelter/Housing | 14 |
| Other: Medical support assistance Dental services Community issues (sidewalks, potholes, drainage, mosquitoes, etc.) | 138 |

Over half of the households who said they had an immediate need indicated that it was a need for food or rent/utility assistance. The surveys were early in the month (May 7 and 8) and so this lack of food can not be attributed to low funds typically found at the end of the month. This may indicate a chronic problem with food sufficiency in some households in this area, undoubtedly related to low income.

Families were linked to agencies within the city to address the identified needs. All food, clothing, rent, and utility assistance needs identified were forwarded to Gulf Coast Community Association for further assessment and support. They also provided 83 bags of food that were delivered to homes needing food.

Table 2: Households Needing Help Seeing A Doctor Or Getting Medical Coverage

| | |
|-----|-----------|
| Yes | 153 (43%) |
| No | 207 (57%) |

Approximately two out of five households responding indicated that they needed help finding a doctor or getting medical coverage. They were referred to El Centro de Corazon for follow-up.

Table 3: Immunization History of Children in Household

| | |
|---|-----|
| Immunizations current | 139 |
| Immunizations not current | 146 |
| Don't know if immunizations current | 9 |
| Enrolled child in immunization registry | 100 |
| Did not enroll child in immunization registry | 256 |
| Child already enrolled in registry | 31 |

HDHHS Immunization program contacted households who reported interest in Immunization Registry and those reporting not being current with child's immunizations. The call provided information on the walk-in immunization clinic. Limited response was reported.

The Data: Results of the "Walkability Audit"

The 149 surveys returned gave an average score of 13.8 {Poor → Fair} for Magnolia Park's sidewalks, indicating that sidewalks are not, in general, in good shape in the area, making it difficult to walk or ride a bike.

Phase II

The survey attempted to obtain a response from a representative sample of the total target population: 315 total households, 70 children under age 5, and 140 adults age 60 or over. A total of 308 households consented to participate in the interview during the event and information was collected for 70 children and 90 older adults. The sample is considered to be representative of these age groups and sex as recorded in the 2000 Census. The racial and ethnic profile is unclear due to assessor coding errors (2/3 of the interviews were conducted in Spanish but only 10% were recorded as being of Hispanic background). The 2000 Census indicates the community is 96% Hispanic.

Demographics

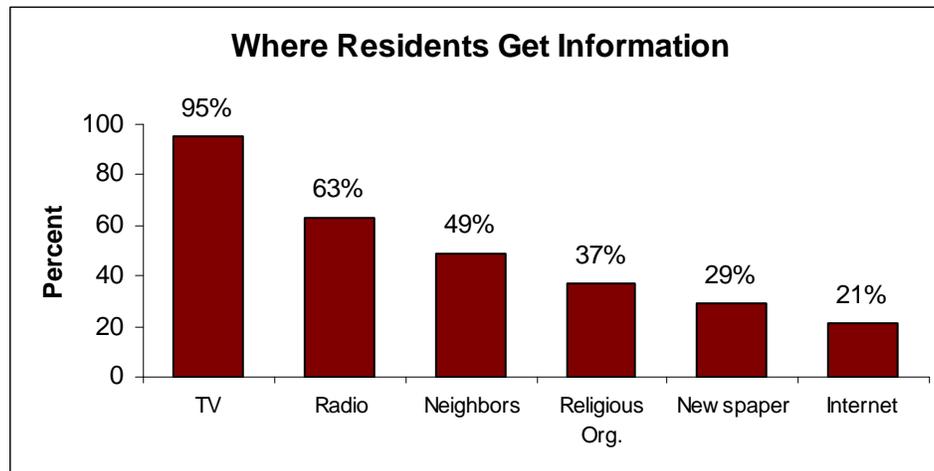
The figures in Table 4 represent the demographic information for the households who responded to the survey.

| Table 4: Household Survey Demographics | |
|--|-------|
| 308 households participated | |
| ■ Contained one or more child <5 years old | 9.4% |
| ■ Contained adults ≥60 years | 13.5% |
| ■ Over 21% of the households had moved into the community in the past three years (since 2003-2004). | |

These results indicate a young population with one of every ten residents under the age of four years. One out of five households had moved to the Magnolia community within the last three years.

Where Do Residents get their Information?

Figure 1

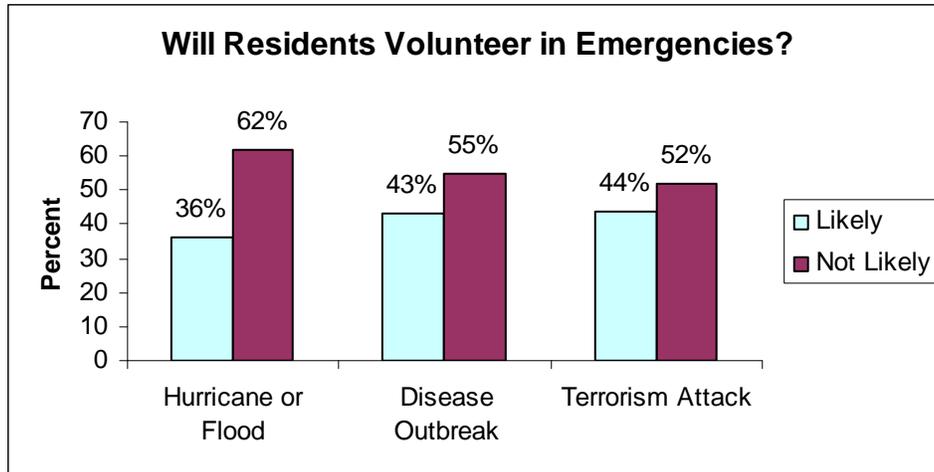


Almost everyone got information from television, with over half getting information from radio and neighbors. This indicates ways to effectively target messages in this community.

Readiness for an Emergency

Residents were asked about their willingness to volunteer in their community during different types of emergencies. Results are shown in Figure 2.

Figure 2



Approximately two out of four households said they were likely to volunteer to assist in a community emergency. It will be important to identify these households ahead of time so that they are well-prepared to assist.

Outdoor Environmental Concerns

Figure 3

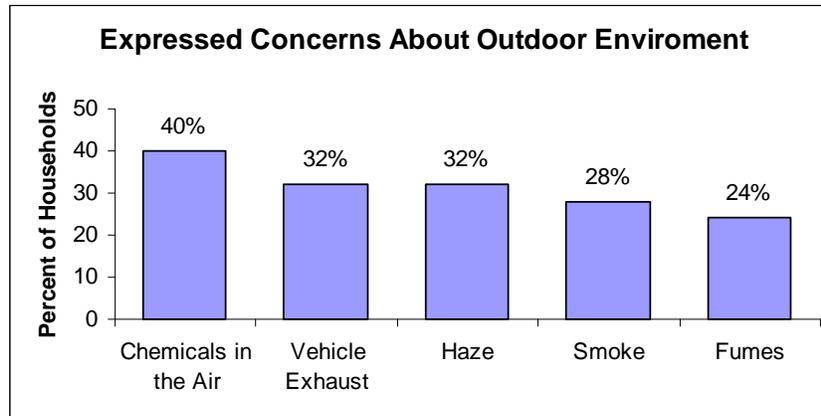
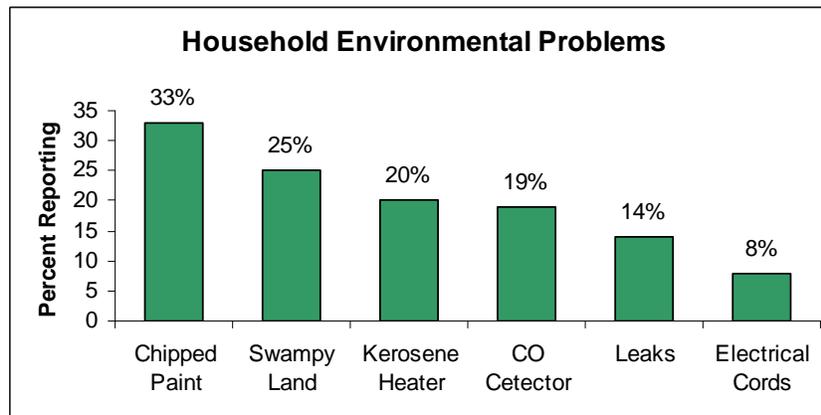


Figure 4

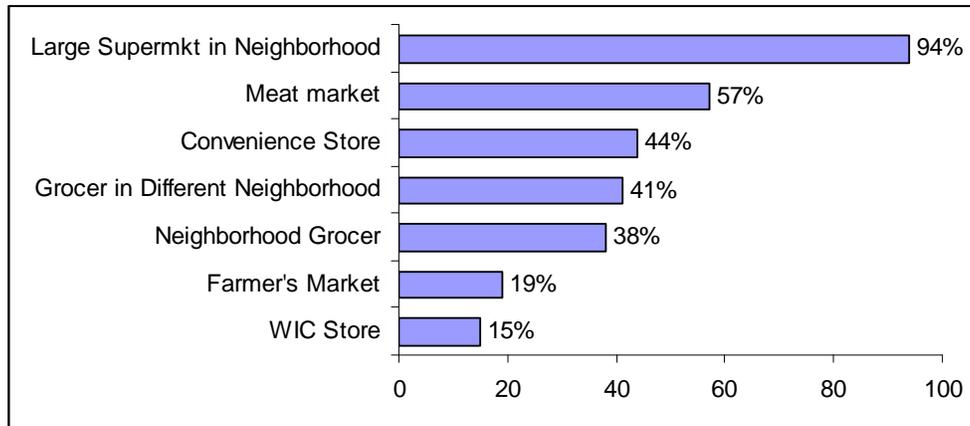


Two out of five households were concerned about chemicals in the air and one-third was concerned about vehicle exhaust. At least one quarter of household expressed an environmental concern.

Figure 4 shows one third of households had chipped paint which may be exposing children to lead. At least 60% of residences were built before 1978, but 30% of residents didn't know the age of their residence. Other common household environmental problems included nearby swamp land with stagnant water, a kerosene heater in the house, and leaks in the house. Less than one out of five houses had a CO₂ detector installed.

Sources of Nutrition

Figure 5:



Almost all residents bought groceries at a large supermarket, assuring access to fresh fruits and vegetables.

Pregnancy and Prenatal care

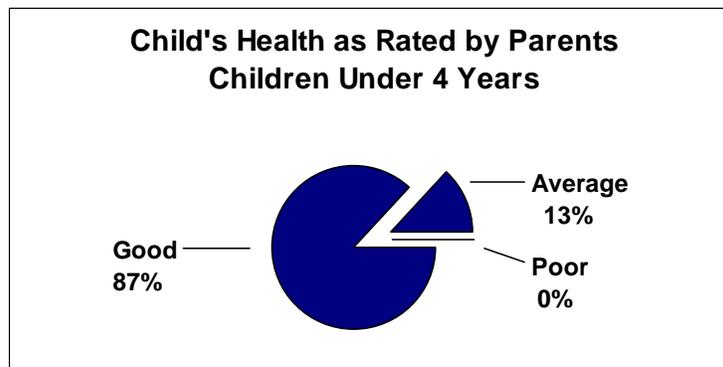
One of eight (12%) of households with pregnant women in the previous year reported that they had not received pre-natal care. However, access to prenatal care may be less of a problem than timing. One of four pregnant women entered prenatal care in the second trimester which is a higher proportion than Houston overall. The teen birth rate [those 15-17 years] is one of the highest of all super neighborhoods.

The Young Child Survey

In addition to the household questionnaire, a sample of those households with children under 4 years of age was selected for questions targeted to that population.

General Health

Figure 6



| Table 5: Chronic Diseases Reported in Young Children by Their Parents | | | | |
|--|---------------------|-------------------------|-----------|-------------------|
| Disease | Yes, in care | Yes, not in care | No | Don't know |
| Diabetes | 1 % | 0 % | 99 % | 0 % |
| Asthma | 3 % | 0 % | 96 % | 1 % |
| High Blood Pressure | 1 % | 0 % | 99 % | 0 % |
| Cancer | 0 % | 0 % | 100 % | 0 % |

All parents surveyed reported their child's health was good or average. The vast majority had a regular doctor indicating access to care for children is not a major problem in this neighborhood. Chronic diseases are not common in these very young children.

| Table 6: Environmental Lead Exposure Information | |
|---|----------------|
| Reported Exposures | Percent |
| Untested children who live in buildings built prior to 1978. (Note that another 30% of parents don't know the age of the residence.) | 62 |
| Untested children who lived in residences with chipping paint | 39 |
| Untested children who have their own doctor | 86 |

Over half of children have not been tested for lead poisoning and almost two-thirds of those live in houses likely to have Lead based paint. This indicates the need for broad-based education and screening efforts regarding lead poisoning.

Figure 7

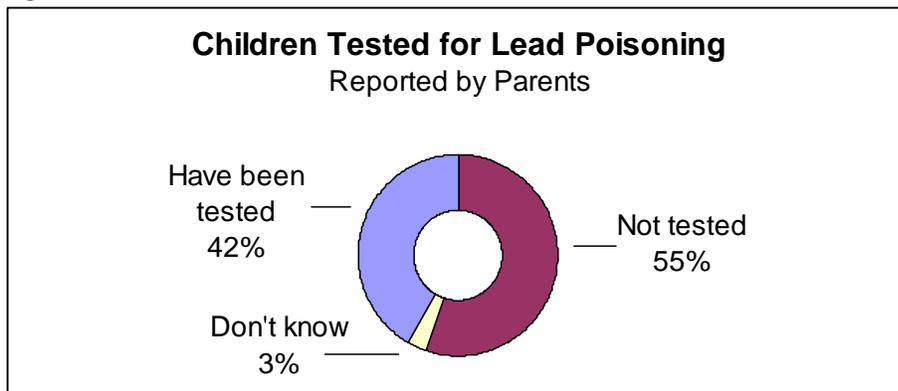


Table 7: Nutritional Habits of Young Children

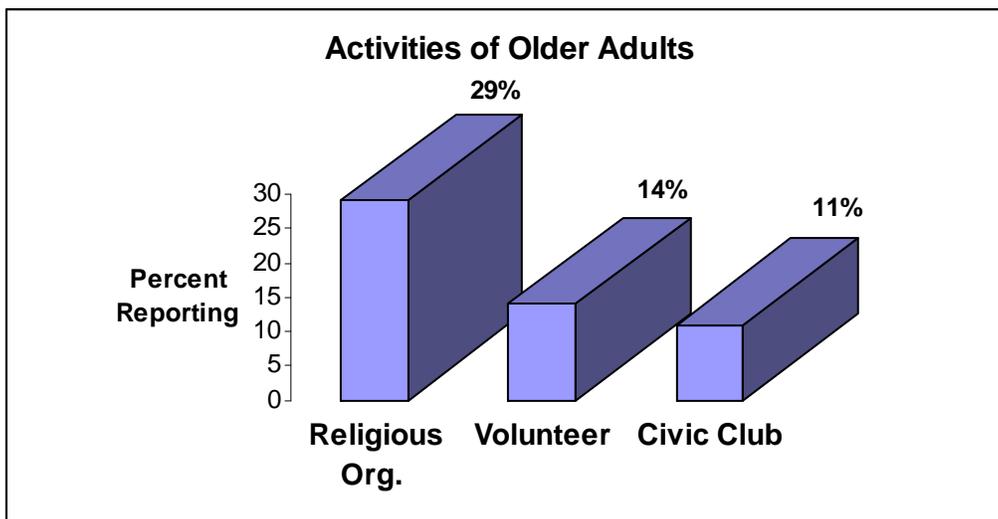
| Survey Question | Never/Almost Never (%) | Sometimes (%) | Fairly Often/ Every Day (%) |
|--|------------------------|---------------|-----------------------------|
| How often does your child eat 3-5 servings of fruits & vegetables per day? | 21 | 26 | 52 |
| How often does your child drink tap water? | 71 | 7 | 22 |
| How often does your child drink sodas per week? | 56 | 35 | 8 |
| How often does your child eat fried food per week? | 35 | 41 | 23 |

Like most of us, children in the Magnolia area need to increase their daily intake of fruits and vegetables. Almost two out of three never drink tap water which means they may not be getting the fluoride they need to protect their teeth from cavities.

The Older Adult Survey

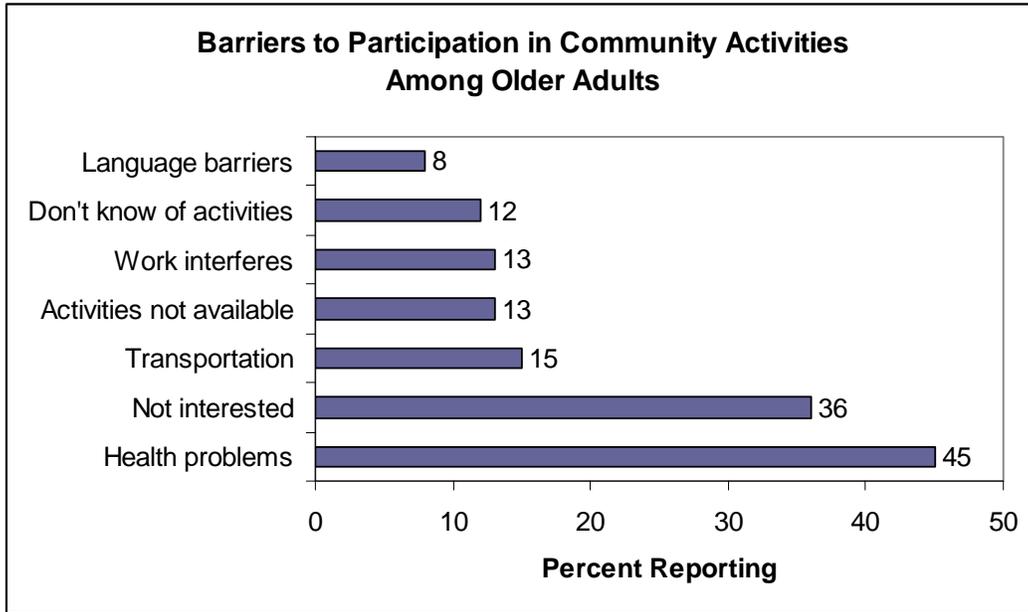
A sample of adults age 60 or over was selected from the households for questions targeted to that population.

Figure 8



Three out of four older residents have less than an eighth grade education. Up to two thirds of them appear not to be engaged outside the home, although they may be involved with family activities.

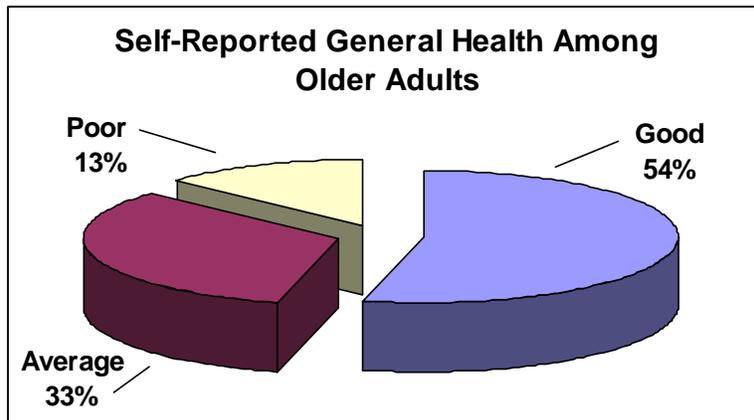
Figure 9



Almost half of older adults cite health problems as the reason for not participating in community activities while one out of three say they are just not interested. Most do know about activities and do not report language as a major barrier.

Health of Older Adults

Figure 10



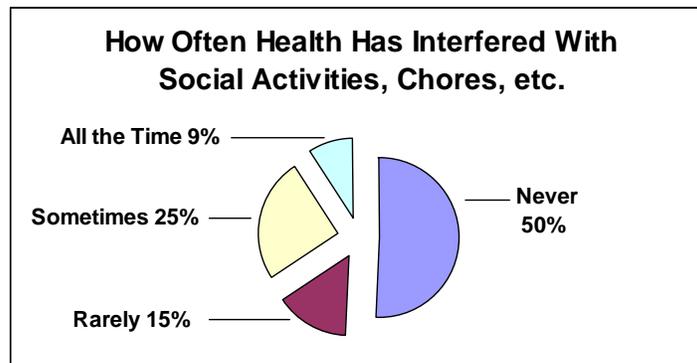
| <i>Table 8: Health of Older Adults (Aged 60 and Over)</i> | | |
|---|--------------------|------------------------|
| Health Condition | In Care (%) | Not In Care (%) |
| Diabetes | 30 | 2 |
| High blood pressure | 43 | 9 |
| Heart disease/stroke | 9 | 2 |
| Arthritis | 35 | 4 |
| Cancer | 0 | 1 |

| Preventive Care | Yes (%) | No (%) |
|------------------------------|----------------|---------------|
| Flu shot in the past year | 67 | 33 |
| Ever took the pneumonia shot | 42 | 58 |

Self reported health of older adults was good – six out of seven reported good or average health, despite nearly one third having diabetes and almost half with heart disease. This may be due to the fact that the vast majority was in care for their ailment, indicating, as with children, that access to care is not a major problem among seniors. Preventive medicine could be more widely available – one out of three did not have a flu shot during the previous season and over half had never received the pneumonia vaccine, both recommended for this age group.

Quality of Life of Older Adults

Figure 11



Most older adults were confident that they could manage their health conditions and reported that their health did not interfere with their daily life.

Health Habits of Older Adults

Nine out of ten seniors ate 3-5 servings of fruits and vegetables sometimes to every day. They were also fairly active with over half getting 30 minutes of exercise a day fairly often to every day.

SUMMARY AND RECOMMENDATIONS

During May 2007, the Houston Department of Health and Human Services along with Community Based Organizations and volunteers conducted a community assessment-intervention-mobilization (AIM) in the Magnolia Park area. The primary purpose was to strengthen the safety-net by linking residents to identified health and human service needs, to explore environmental concerns affecting residents of the community, and to promote collaboration between government and community organizations. However, the AIM was expanded to include collecting data regarding access to care and specific health and wellness questions among seniors and young children through a random survey of residential households.

Each household was provided with an information package and, if home, screened for emergency needs for assistance. Three hundred and ninety-three homes (approximately 10% of households catalogued in the 2000 census) indicated such a need, with over half needing food or rent/utility assistance. Two of five households indicating an urgent need responded that they needed help seeing a doctor or getting medical coverage and they were referred to El Centro de Corazon. Sidewalks in the area were deemed to be in fair to poor shape which may limit opportunities for physical exercise. This is an area where the City of Houston could assist in correcting the situation.

A random survey of 308 households was performed to collect information regarding wellness and health issues. Demographics showed a young population (nearly 10% younger than 5 years of age) with one of seven older than 60 years. One of five households had arrived in the neighborhood in the past three years. Public health messages and mobilization efforts may need to be renewed every few years due to rapid change in this community. Questions were asked regarding willingness to volunteer in an emergency (approximately half were willing) and sources of information (nearly all got their news from television). It will be important to identify these households ahead of time in order to prepare and mobilize them in case of an emergency.

Access to fresh produce did not appear to be a problem as greater than nine in ten households shopped at large supermarkets in their neighborhood, although the quality and variety of nutritious foods in these stores could be assessed. Similarly, access to prenatal care was widespread (seven of eight women pregnant in the last year had received such care) although timing may be an issue as they enter the system later than Houstonians overall. The teen pregnancy rate is one of the highest of all Houston super neighborhoods.

Environmental concerns were widespread as at least one of four households expressed some worry about this topic. The most common apprehension expressed was regarding chemicals in the air followed by vehicle exhaust and haze, understandable since the community is surrounded and crossed by major roads or thoroughfares with truck traffic as well as industry on the Ship Channel and other businesses. In this respect and other environmental respects, through the Community Environmental Health Coalition (CEHC) mentioned earlier, HDHHS and other City of Houston departments, such as Planning, Police, Parks and Recreation, Public Works, 3-1-1, and others collaborated with Magnolia Park civic group leaders for more than a year, including the time period of Magnolia AIM, working together to identify and address environmental issues important to Magnolia Park residents. Examples of issues that City of Houston departments responded to and helped resolve include collection of stray animals, clearing high weeds in railroad right-of-ways, enforcing on outdoor air nuisance, helping induce improvements of internal environmental controls of regulated entities, and enforcement on poorly maintained grease traps eliminating food waste exposure.

As part of the CEHC collaboration as described above, City of Houston departments presented wide ranging information such as how to report and how to follow up on reported concerns through 3-1-1; how to recognize violations of food-related ordinance including mobile food vendors; how to care for pets and encouraging pet adoptions from the Bureau of Animal Regulation and Control; providing special containers where residents could properly dispose of oils and grease to avoid clogging the sewer system; and how to report air quality complaints by collecting evidence information. Furthermore, during the Magnolia AIM, Magnolia Park civic group and business leaders coordinated a tour of a metal crushing business to which city officials were invited, with participation from Magnolia Park residents. Business representatives answered many questions posed by the residents.

There were a myriad of environmental problems identified at the household level with one of three houses having chipped paint. However, over one-half of children had not been tested for lead blood poisoning and this is an area where the health department and others can intervene to provide education and screening. In addition, educational efforts by government and community based organizations should be directed towards residents and landlords and mobilization efforts encouraged to address air quality policy issues.

The Young Child (0-5 years) Survey found all parents rating their child's health as good or average and very low rates of chronic diseases, as would be expected in this young age group. Access to care did not seem to be a problem. Although one in eleven children had no regular doctor, this does not necessarily mean lack of access. Nutritional habits were not as positive – one of five children never or almost never ate three to five servings of fruits and vegetables each day although half did so. One in four children ate fried food almost every week and two of three never drank tap water, indicating they may need fluoride supplementation to protect their teeth from cavities.

Older adults (60 years and above) reported that they were generally healthy (less than one in eight reported poor health) and in care for chronic conditions, indicating access to care is not a major problem for this age group. Preventive care (measured by vaccination against influenza and/or pneumonia) was low and this is an additional area where the health department and FQHCs could intervene. Only one in four seniors had higher than an eighth grade education, so that public health messages should be targeted at a lower reading level.

Quality of life questions showed that half of seniors said health had never interfered with their daily activities. Seniors were confident that they could manage their health conditions. While one out of three seniors is active at church, barriers to participation in community activities included that one-third were not interested in participating and almost half cited health problems as they reason they were not. Knowledge of activities and language barriers were not major obstacles, however. Nutritional information collected indicated that the vast majority of seniors ate three to five servings of fruits and vegetables sometimes to every day and they were fairly active with over half getting 30 minutes of exercise a day at least fairly often.

In summary, our report shows a young thriving community that wishes to mobilize to address common concerns. Based on the TOUCH experience and information resulting from referrals and survey responses, Magnolia Park residents appear eager to do more than just wait passively for help to arrive but are excited at the possibility of working hand in hand with HDHHS and other community partners to attend to these concerns.