

The UCity Family Zone

*The UCity Family Zone: A Place-Based Partnership for Improving
the Social Determinants of Health and Social Capital in the
University City Communities*

*“An individual’s zip code is a much stronger predictor of their
health than their genetic code”*

Mission:

To promote overall wellbeing, reduce preventable disease, and increase social capital in the people and communities of University City, by coordinating and expanding social determinants of health activities through a Community Organization, University, Business, and Faith-Based Organizations (FBO) partnership.

Vision:

*The UCity Family Zone is an equitable, resilient, and healthy community, facilitated and supported by a synergistic and coordinated community partnership in **five primary social determinants of health areas** (lead organization):*

1. Education (University City Connect)
2. Housing and Homelessness (Mayfield Memorial MBC)
3. Hunger (UNC Charlotte)
4. Income (Sugar Creek Church of Christ)
5. Health (Camino Community Center)

*The vision is enhanced and implemented through **two coordinating functions**:*

1. Physical environment (community hardware; University City Partners)
2. Social environment (community software; UNCC ARCHES).

Partners*:

The UCity Family Zone is led by a collaborative partnership among six organizations:

- Camino Community Center
- Mayfield Memorial Missionary Baptist Church
- Sugar Creek Church of Christ
- University City Partners
- University City Connect
- University of North Carolina at Charlotte

*The UCity Family Zone is directed by a steering committee representing the diverse multicultural blend of leaders from the partner organizations.

Background and Context *(excerpted from Charlotte Observer July 16, 2016):*

Charlotte is America's 17th largest city, one of the country's fastest growing. It is home to 10 percent of North Carolina's people, but produces 30 percent of its GDP. Over 25 percent of Charlotte households make at least \$100,000 a year, a much higher ratio than the state's.

The city's ample prosperity has often, of late, been said to be inadequately shared. Stanford Professor Raj Chetty identified intense economic mobility challenges. The Urban Institute documented shortages of affordable housing. The Brookings Institute noted trends of economic exclusion and concentrated poverty. It is fair to say these embarrassing negative markers spiked the city's attention.

Charlotte's impressive income figures mask notable racial disparities. Seventy percent of black households make less than \$60,000 a year, while almost 60 percent of white ones make more than that. ***The median income for white families is 86 percent higher than for black and Hispanic ones.***

Poverty has almost doubled since 2000 (from 10 to 18 percent), one of the sharpest increases in the nation. ***Roughly three times as many African-Americans and Hispanics live in wrenching poverty as whites. For kids, it's worse: one-quarter of Charlotte children are poor – 5 percent of white kids, 36 percent of blacks, and 39 percent of Hispanics.***

Charlotte's ***trends toward concentrated poverty*** may be even more worrisome. In ***high-poverty neighborhoods, the poor must cope not only with the challenges of their own deprivation, but also with those of their neighbors.*** Dangerous streets, substandard housing, challenged schools, sparse transportation, isolation from commercial opportunities and services – the list is long.

In 2000, 19 percent of Charlotte census tracts were deemed high poverty (over 20 percent of residents are poor). ***By 2014, 34 percent of tracts were – again, one of the country's steepest increases. Seventy of the 79 high poverty tracts are majority-minority neighborhoods.*** Four of North Carolina's 10 most severely distressed neighborhoods are in Charlotte.

Charlotte's ***economic polarization is also increasingly entrenched by highly stratified patterns of employment and compensation.*** Over the past decade, large percentages of middle income jobs have been lost and salaries for low wage positions have been either stagnant or falling.

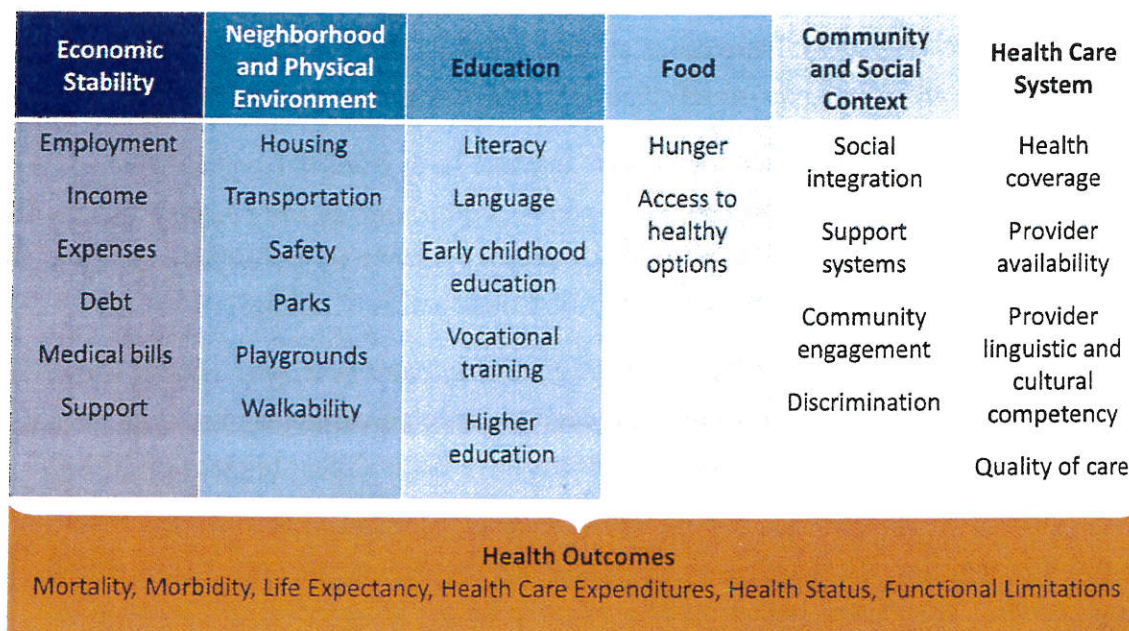
The Response - Social Determinants of Health and the Effects of Place:

Living in conditions of poverty and scarcity, is a matter of life and death. Poverty conditions in multiple domains of life combined with low social capital affects the way and where people live, their consequent chance of illness, and their risk of premature death. ***Health inequalities are avoidable and preventable***, and result directly from the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. ***When combined, the neighborhood factors in which people are born, grow, live, work and age, determine whether they will develop their full potential and live flourishing and resilient lives, or whether their potential for success will be inhibited, constrained, and blighted.***

The social determinants of health refer to the “the structural determinants and conditions in which people are born, grow, live, work and age.” They include factors like ***socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care. It is estimated that 80% of chronic diseases are preventable and 70% of all premature deaths result from social factors.*** The social determinants of health have a profound effect on the health of individuals, families, neighborhoods, and communities.

Figure 2

Social Determinants of Health



UCity Family Zone Goals:

1. ***Improve daily living conditions*** – actively enhance the wellbeing of individuals and families throughout the community, by improving living, learning, and working conditions; and create supportive neighborhood structures that ***promote resilience and flourishing***.
2. ***Enhance social capital*** – promote and advocate for equity in housing, education, health, income, and hunger; and ***empower individuals and families*** with the skills and resources needed to contribute to health and social equity.
3. ***Measure and understand neighborhood assets and needs*** – measure the impact of individual, family, and collective actions; ***routine monitoring of progress*** on improving the social determinants of health and social capital.

The UCity Family Zone approach recognizes that the participating partner organizations formally and informally engage in community activities and programs, that are frequently a response to the social consequences of poverty. Their work has both direct and indirect usually unmeasured effects on improving wellbeing, social capital, and health outcomes among individuals and families, and throughout the University City community. ***By combining their activities and perspectives, expanding collective programming and initiatives, and measuring the effects of their actions, the partners will influence and improve social capital, reduce unnecessary preventable disease, and contribute to overall wellbeing in University City communities.***

Operational Plan:

1. ***Assess Community Assets and Unmet Needs Related to Social Determinants of Health:*** perform a comprehensive asset mapping evaluation of existing resources, and create community sociodemographic and socioeconomic profiles (Stage 1).
2. ***Assess the Level of Community and Individual Social Capital*** - determine community and individual baseline social capital resources (Stage 2).
3. ***Create an Operational Plan for UCity Family Zone*** – create an evidence-based plan for progress, based on identified existing assets and areas of need, and how partner organizations can work together to fill the gap between exiting social determinants of health assets and the identified unmet needs (Stage 3).

Data Gathering and Reporting:

Stage 1: UNCC Communiversiity faculty and students enrolled in the Community Action Research Scholars (CARS) program will perform the comprehensive asset mapping, sociodemographic, and socioeconomic assessment.

Stage 2: The World Bank Social Capital Assessment Tool (SOCAT) will be used to supplement to information obtained in Stage 1. The SOCAT has three principal components: (1) Community Profile, (2) Organizational Profile, (3) and Household Survey. The Community Profile uses both structured and open-ended discussion groups with community members to develop an understanding of community assets and services, formal and informal community organizations and their accessibility and interconnectedness, and case studies of previous collective action. The Organizational Profile seeks to understand the internal features of the organizations within the community through interviews with organizational leaders, members, and non-members; and the Household Survey provides essential data on household characteristics, structural social capital, cognitive social capital, and capacity for collective action.

Stage 3: Ongoing program of planning and operational development among the UCity Family Zone members, based on evidence obtained through the Stage 1 & 2 assessments, and funding opportunities.

Logistics:

Office space, administrative support, and supplies is provided by the UNCC College of Health and Human Services, Academy for Research and Community Health, Engagement and Services (ARCHES) as an in-kind gift to the UCity Family Zone. *It is anticipated that matching cash financial resources can be raised through local foundation grants associated with the Opportunity Task Force (OTF) recommendations written to underwrite the ongoing administrative and research costs associated with the UCity Family Zone along with much needed investment in collaborative programming.*

Conclusion:

Equipped with data, evidence-based priorities, and a strategic development plan, the UCity Family Zone will develop programming designed to improve health, wellbeing, and social capital outcomes. It may be possible to engage all community organizations and FBOs in the University City area in a positive way, allowing them to contribute to and benefit from the coordinated evidence-based and systematic UCity Family Zone planning. Additionally, using their natural mediating capacity to enhance and support social networks, community

organizations and FBOs could simultaneously work on multiple components for improving individual, family, and community health outcomes; functioning as a truly operational “city on a hill.”

UCity Family Zone Steering Committee:

The UCity Family Zone Operational Workgroup meets monthly to review progress, ongoing activities, and new grant proposals. Members include:

Dr. Mark DeHaven
UNC Charlotte, College of Health and Human Services

Ms. Darlene Heater
University City Partners

Rev. Leslie James
Sugar Creek Church of Christ

Ms. Wendy Pascual
Camino Community Development Corp.

Rev. Rusty Price
Camino Community Development Corp.

Mr. Robert Rogers
University City Connect

Dr. Peter Wherry
Mayfield Memorial Missionary Baptist Church

UCity Family Zone

