Community Members’ Utilization of Community Wellness Spaces and Perception of Well-Being After Use

by

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Introduction: The city of Pittsburgh, Pennsylvania sees many underserved communities, one being Homewood. The School of Health and Rehabilitation Science’s (SHRS) Wellness Pavilion was developed to meet the needs of the community. Methods: Over an 8-week period, community members were sent an anonymous Qualtrics survey tailored to the demographics, health perceptions, and suggestions for future programs after engagement in activities in the center via email from in person check-in forms. Follow-up surveys will be sent two weeks after the initial survey. Gift card drawing randomization forms will also be sent for incentivization. Results: Thirty-three people participated across five different programs. Eleven surveys were received. Three of respondents were excluded due to exclusion criteria. Four surveys were identified as incomplete and four provided full responses. The mean age and standard deviation of participants was calculated to be 18.8 ± 20.3 years old. Many agreed that their health perceptions have been impacted positively by the SHRS Wellness Pavilion programs and look forward to the development of new programs. Discussion: Despite low respondent rates, the SHRS Wellness Pavilion has been a resource of positive change within the Homewood Community. Mostly impacting those of an Elementary and Middle School education, the SHRS Wellness Pavilion has influenced the health perceptions of participants through the programs voiced as beneficial by community members. Conclusion: The SHRS Wellness Pavilion has cultivated a positive impact on its target community. To further its impact, input from the community members and partnered development is needed.
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Preface

I would like to thank Dr. Murray, Dr. Allison, and Dr. Lovalekar for their continuous and unwavering support during the development of my thesis. Dr. Murray especially, thank you for the long hours that you spent guiding me, answering any question that I had, your patience, giving me the extra push when I needed, and always reminding me of the importance of the work that I was doing when I thought that my thesis would not be up to par with the expectations of a student in this program. I would also like to thank my support system back at home, especially my parents. Thank you for always supporting my dreams and giving me the confidence that I needed to keep pushing when I did not think that I had much left to give.
1.0 Introduction

Within the city of Pittsburgh, Pennsylvania, many communities have seen a rise and fall from their golden area, which is defined by the Merriam-Webster Dictionary as a period of great happiness, prosperity, and achievement.\textsuperscript{1,2,5} The Homewood community in Pittsburgh is an area working towards redevelopment. Once a thriving and rapidly growing community, Homewood has suffered from the effects of economic destabilization.\textsuperscript{1,2} The population decline, economic instability, and poor housing have had a negative impact on the health and well-being of community members from the elderly to young children.\textsuperscript{3,4}

Today, we see vast momentum from community members and organizations to rebuild this fallen neighborhood.\textsuperscript{3} Community assets such as the Carnegie Library, the Young Women's Christian Association of the United States of America, Inc (YWCA), and the Community College of Allegheny County (CCAC) continue to bring positive programs and effects to the neighborhood.\textsuperscript{1} Community-based organizations have been operating in Homewood for years, working toward addressing specific community problems. These community-based organizations have become integral in the establishment of change in the Homewood Community.\textsuperscript{5}

Joining the Carnegie Library, the YWCA, and CCAC community assets, the School of Health and Rehabilitation Science’s (SHRS) Wellness Pavilion (WP) in the Homewood Community Engagement Center (CEC) was established in 2020.\textsuperscript{3} The SHRS WP conducts free programming and events for the enrichment and to effect positive changes within the community on a weekly basis.\textsuperscript{3}
With the SHRS WP going into its 2nd anniversary, analysis of data that has been collected on program attendance and recommendations for change are critical to understanding the success of the space. The SHRS WP’s efficacy in terms of its goal to impart healthier lifestyles to the underserved people within the community has yet to be assessed through the lens of community members. The space was created for the very reason to provide an underserved community with resources that were not immediately available to them, primarily focusing on methods of engagement in a healthy well-being. Research is warranted to investigate the perceived benefits and community utilization of the center. Before beginning this research, however, one must understand the nature of an underserved community.

1.1 Research Conducted in Underserved Communities on Well-being Perception

Understanding a target community's internal sense and perception of health serves as a baseline for many initiatives to effectively move forward with implementation. Most initiatives function to impact positive change in a targeted demographic where a need has been seen. This thesis aims to add to the diverse work that has been completed previously.

1.1.1 Underserved Communities in Suburban Areas

In DuPage County, Illinois, a qualitative study conducted by Simon et al, aimed to explore the perceptions of research in the rapidly growing underserved population. This research was conducted in a suburban area, filling a gap in research as this is a region not sufficiently explored
in this context. According to the U.S. Census Bureau, between 2000 and 2009, the percentage of DuPage County residents who live below the federal poverty line rose by 182%.\textsuperscript{32,65} Residents in this community that opted to be part of this study were asked to consider whether research helped or harmed themselves and the community, whether the research was appropriate for the community, and whether the values of the community should be considered during the research.\textsuperscript{32}

Findings from the study revealed that community members often associate research with the medical realm or with community engagement, rely on mostly the internet for research information, trust research conducted by academic institutions, and perceive financial barriers as significant obstacles toward receiving the benefits of research more than race or ethnicity.\textsuperscript{32} Moreover, most participants, regardless of background, age, or focus group, identified research as beneficial.\textsuperscript{32}

This research highlights the fact that each underserved community is unique in overall perceptions, so assumptions cannot be made from one community to the next. It also shows the importance of identifying gaps in literature so that there is proper representation.

1.1.2 Health Perceptions of Adolescent and Young Adult Males

Adolescent and young adult (AYA) males are largely underserved in the realms of healthcare delivery systems, public health and policy, and the research arena.\textsuperscript{66} Recently, the Global Adolescent Study highlighted that many prominent gender differences tend to be accentuated during the onset and completion of puberty.\textsuperscript{66,68} These changes are one of many factors that place adolescent boys at risk for several negative health outcomes. Such studies demonstrate that the healthcare system is often not equipped to deal with AYAs.\textsuperscript{66,68} Contributing to this are health literacy, stigma, and gender-sensitive outreach and delivery.\textsuperscript{66,68,69}
According to the CDC, there are two types of health literacy: personal and organizational health literacy. Personal health literacy is defined as the degree to which an individual can do three important things: find, understand, and use information or services to properly draw health-related decisions for themselves and others. Likewise, organizational health literacy deduces the same three factors but is not completed in an individual sense. It is the degree to which organizations equitably enable the individuals themselves to find, understand, and use their information and services for health-related decisions. Health literacy is not typically garnered until one is of adult age, forcing young adults to rely on their parents for their health-related decision-making. Studies have found that even for those adolescents and young adults, specifically males, that can successfully navigate healthcare pathways and processes, many report difficulties with emotion-based disclosures.

Social stigma is widely present in perceptions of adolescents and young adult males regarding the concept of masculinity. This form of stigma is a result of a lack of direct and open communication for a group of people, leading to strong perceptions of what is socially desirable for them. Interwoven with this idea of stigma is shame. Men are often taught to fear this shame of being seen as less masculine than their counterparts. It has been found to be a strongly influential factor in impeding one from seeking help as it can be viewed as a threat to masculinity, like many social stigmas. This forces treatment to be delayed or never occur. In Western countries, young men tend to rely on the masculine ideals of their society as an ontological reference point. Most are socialized and taught to embody negative masculine ideals that enforce the notions of vulnerability, weakness, or emotional expression.

Outreach to adolescents and young adults is typically female-focused. Services, such as mental health, have provisions that typically remain higher for adolescent girls and young adult
females.\textsuperscript{72,76} In addition, evidence of alternative symptom patterns for certain diseases and disorders in young men affects how outreach and delivery should occur.\textsuperscript{72} Commonly accepted expressions of distress are at times subdued due to the ideal of masculinity.\textsuperscript{72,73,76} Males often display stoicism and invulnerability due to the concept of masculinity.\textsuperscript{72,73} Personality traits such as these make symptoms of distress harder to detect. This causes current diagnostic and classification systems to be poorly aligned with the range of ways in which adolescent boys and young adult men display distress, affecting outreach and delivery methods.\textsuperscript{73,75} In order to effectively reach and deliver services, studies suggest providing environments where male adolescents and young adults feel competent, free from judgment, engaged in interventions that do not correct deficiencies, feel supported by genuinely kind peers, and are closely integrated with practitioners that are credible, trustworthy, and authentic.\textsuperscript{72,76,77}

From these studies, there is an immense need for more equitable gender attitudes. Professionals must also encourage broader societal changes in masculinity norms not only in the eyes of boys and men but also for girls and women. Gender equity can only be achieved by addressing the health of boys and men along with girls and women equally.\textsuperscript{66,68} Additionally, the rights of lesbian, gay, bisexual, and transgender (LGBT) youth require careful consideration when analyzing the masculinity norms adopted by adolescent boys.\textsuperscript{66}

\textbf{1.1.3 Impact of Gardening on Perceived Health}

Tasks to reshape communities serve the purpose of internal betterment and healing as well as revitalizing the area. Gardening takes skill, practice, and focus. Learning how to grow fresh food in safe social spaces provides individuals with the opportunity to increase their awareness of
their personal well-being and life in their community. A research team aimed to see how a gardening experience built into an underserved community would impact those engaged. The study later revealed that as time went on, participants began sharing a motivation to learn, seek new gardening knowledge, and develop life skills associated with this notion of community gardening.

These perceptions served to highlight the direct and indirect prospects that gardening processes may elicit in everyday life. Many participants found that working in a team setting also created an incredible impact, showing how group tasks allow each member to be influenced by the other. Participants reported that from the frequent socialization and community connectedness alone, they perceived feelings of great happiness. Findings from the study highlighted the impact of community work through gardening and how effective local learning environments can promote needed psychological well-being and community-connectedness in underserved neighborhoods.

### 1.2 Implications of Living in an Underserved Community

Living in underserved communities impacts the overall quality of life. Often seen in research is a common theme within underserved communities: these areas are food deserts, meaning that access to fresh produce, grocery stores, and healthy quick food options are scarce, the education systems are less than adequate in terms of resources provided by local governments despite attempts at direct impact from the U.S. Department of Education's Equity Action Plan, and the communities tend to have little to no access to physical activity equipment including parks and recreation centers.
As a direct result of the poor access seen in such communities, research has found higher-than-average rates of poverty and substance use.\textsuperscript{10} With this history of racial trauma along with the hardships of poverty, marginalized communities tend to have a difficult time seeking and trusting the implementation of outside aid from those who have never endured their lived experiences.\textsuperscript{10} Being engaged in uplifting a community in need requires one to understand what it truly means to live in such an environment, including all implications that come with it.

1.2.1 Defining an Underserved Community

Under the Department of Health and Human Services (HHS), the U.S. federal agency titled the Centers for Medicare & Medicaid Services (CMS) defines underserved communities as populations that face health, financial, educational, and/or housing disparities.\textsuperscript{6} Such barriers often create difficulties with obtaining healthcare coverage, healthcare services, and methods of physical activity or engagement.\textsuperscript{6,7} These communities have been characterized as ones that receive fewer health care services, often face economic, cultural, and/or linguistic barriers to accessing health care services, live in locations where providers are not readily available or physically accessible, and lack familiarity with the health care delivery system.\textsuperscript{6,7}

1.2.2 Prevalence in the United States

The Health Resources & Services Administration (HRSA), a United States federal agency, works with state partners to determine which areas are eligible to receive certain federal resources.\textsuperscript{11} With this, the agency also provides an abundance of data on areas that see shortages in core necessities including food and housing.\textsuperscript{11} In 2020, the University of Medicine and Health
Sciences reported on this data provided by HRSA, resulting in the identification of the top 10 states with the most medically underserved areas/populations (MUA/P).\textsuperscript{11,12} The data has been listed in Table 1. The state of Pennsylvania has 157 identified MUA/Ps. Analyzing Allegheny County in Pittsburgh, which is where the community of Homewood is located, there are 19 other neighborhoods designated as MUA/Ps. This data is reported by the Pennsylvania Department of Health, reflecting this county having the most MUA/Ps of any other area in the state.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
\textbf{State Ranking} & \textbf{MUA/P Count} \\
\hline
1 & California (214) \\
\hline
2 & Texas (204) \\
\hline
3 & Illinois (176) \\
\hline
4 & Georgia (168) \\
\hline
5 & Pennsylvania (157) \\
\hline
6 & Ohio (137) \\
\hline
7 & New York (133) \\
\hline
8 & Florida (130) \\
\hline
9 & Missouri (122) \\
\hline
10 & Virginia (120) \\
\hline
\end{tabular}
\caption{MUA/P's Ranked Nationally}
\end{table}
At the time of this data collection from HRSA, it was found that there were approximately 3,438 designated MUA/Ps in the US.\textsuperscript{11,12} With this data, it is important to understand that these areas are not localized to a single group or demographic. Persistent health disparities exist in the United States predominantly between race and across urban to rural gradients.\textsuperscript{13,14} There is often a misconception about underserved communities, with the general public perceiving that they are mostly seen in these urban neighborhoods.\textsuperscript{14} As reported by the Kaiser Family Foundation, in rural communities there are nearly 80\% of neighborhoods are designated as medically underserved.\textsuperscript{13} Access to and quality of medical care are continuously highlighted as primary reasons for differences in health outcomes most impacted and susceptible to being an underserved community.\textsuperscript{14} This gradient spans urban and rural areas.\textsuperscript{14}

Rural residents tend to have fewer healthcare providers readily accessible and as a result, are less likely to be recommended for preventative services.\textsuperscript{14,15} Likewise, the life experience differences play a critical role in the overall effects on health seen. Rural communities may experience more exposure to agricultural, forestry, or mining practices while urban communities may experience more exposure due to traffic-related emissions, power generation, and industrial processes.\textsuperscript{14,16,17,18,19}

Minorities that live in these rural communities are at a particular disadvantage, with differences observed in cancer screenings, management of cardiovascular disease and diabetes, as well as mental health.\textsuperscript{14,20} With an analysis of birth outcomes in rural and urban areas shows significantly heightened preterm birth rates and low birth rates are declining in African Americans and preterm birth rates and low birth rates are declining in suburban and urban areas, but not in isolated rural areas.\textsuperscript{14,20}
1.2.3 Issues of Accessibility

Throughout the history of healthcare, professionals have investigated ways in which to best identify, characterize, and develop opportunities easily accessible to residents of a targeted community.\textsuperscript{70} Measuring the degree of inequity in healthcare accessibility is vital as it creates an avenue to identify underserved areas that suffer from uneven distribution of services.\textsuperscript{70} Analysis of several contributing factors including education and language barriers, food access, and exercise equipment access were warranted for this investigation.

1.2.3.1 Educational and Language Barriers

Access to health-related information and educational resources are among a plethora of factors negatively influencing physical activity in underserved populations.\textsuperscript{38}

Amongst the African American and Latino communities, knowledge has been a reported barrier to physical activity.\textsuperscript{38} Lack of awareness of how much physical activity should be performed for a positive impact on health has been a gap widely observed by researchers. There is also a culture of mistrust in governmental, medical, and other public institutions that will be further analyzed in later sections.\textsuperscript{38} Data from a study on community tracking observed that these groups reported higher levels of physician distrust compared to white populations, making it difficult to promote physical activity.\textsuperscript{38,56} This lack of knowledge about what constitutes an adequate physical activity or how to properly use gym equipment often results in avoidance of said engagement.

In addition to one’s prior knowledge, the dissemination of health materials promoting physical activity also plays an important role in making it difficult for communities to engage.\textsuperscript{38} There is immense importance for materials to be adapted to non-English speakers, being aware of
the complexity of the language utilized in text, and appealing to the culture of focus by reflecting their relevant values.

1.2.3.2 Food Access

The relationship between food quality and income has served as a prevalent issue for decades. Those with higher incomes can afford higher-quality nutrients to encompass their diets. This correlational relationship is also true for those of a lower income; the lower the income, the less quality of the diet. When examining these relationships, inequities between affluent and impoverished communities are explicitly clear.

A person’s dietary intake is typically shaped by food purchases made for the entirety of the household; this creates the food environment in the home. Research conducted by French et al., aimed to examine differences in the quality of food purchased by household income level and compared their overall nutritional quality using the Healthy Eating Index 2010. Completed in an observational study design, the food shopping practices of 202 urban households in Chicago were examined. Participants were trained by the research staff on how to properly collect their food purchase receipts. They were also taught how to conduct proper annotation procedures.

Consistent with existing data, researchers ultimately found that the overall nutritional quality of foods and beverages purchased was significantly lower among low-income households when compared to high-income households. It was also found that because of higher prices for higher-quality foods, lower-income households are often forced to purchase low-quality foods. Household configuration including the number of children as well as variables related to employment, such as the number of jobs and hours worked may also influence the quality of what is bought.
There is also the issue of food deserts. A food desert is an area where people in the community have limited access to a variety of healthy and affordable food. A limited number of food retailers in one’s area, and income stability to purchase fresh produce and healthy groceries. Area design also plays a role in this classification. It was found that residents in the rural Northeast are less likely to live far from a store compared to those in rural areas located in the West, Midwest, and South. The study suggests that this is the case because of the relative proximity of rural tracts, or areas, in the Northeast to the urban tracts that contain grocery stores. In comparison with rural areas in the South, Midwest, and West, population density is typically much sparser. Even within these rural areas, high population density reduces the odds of food desert development in less dense areas. Urban areas also have the probability of being food deserts. Dense urban areas in the South, West, and Midwest are more likely to be food deserts than those in the Northeast primarily because fewer cities are more than 1 mile from a supermarket. In comparison, urban tracts in other cities may be surrounded by slightly less dense tracts, creating situations where people and stores are more spread out.

In response to curb this issue, the United States Department of Agriculture (USDA) published a directive titled Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. The report measured the extent of food deserts across the country, investigated potential reasons for this development, the consequences of the problem, and suggested policy solutions. It was found that 23.5 million people live in low-income areas that are further than 1 mile from a large grocery store or supermarket. Such a distance proves to be one of the largest barriers to food access due to transportation availability. In addition to having poor access, residents of impoverished or deprived areas frequently face higher prices for typical grocery store items. Level of education and access to health care
services in conjunction with high prices for healthy foods are contributing factors to the poor diet and adverse health outcomes for residents of these areas. 64,65

1.2.3.3 Exercise Equipment Access

An array of evidence from a multitude of studies has revealed that underserved populations and low-income individuals face institutional, societal, and environmental barriers that can prevent them from partaking in and achieving adequate levels of physical activity (PA). 38,39,40,41,42,43 The lack of access to facilities that foster PA plays a large role in this data. Facilities promoting physical activity are less likely to be found in low-income minority communities than in higher-income communities. 44,45 Facilities such as parks, gyms, and recreation centers available and well maintained are limited. 47

Particularly for the youth of communities, park proximity plays an important role in promoting higher levels of physical activity. 47,48 A study conducted by Franks et al., that examined park proximity to travel data of children between the ages of 5 to 10 in Atlanta, GA found that those who resided closest to parks and open spaces were approximately two to three times more likely to take a walk within a two-day period than their counterparts that had no parks near their homes. 47,48,49 Although public parks and recreation areas are available in urban, suburban, and rural communities across the country, the distribution of these amenities is not uniform. 47 Concerns about safety and perceived threats should also be considered when evaluating the low usage of parks in high-poverty and underserved communities. 50 These steam from fears of crime, low maintenance of park areas and equipment, traffic safety, and gang violence. 50
Access may also be limited by the gyms available to the public. A study conducted by Choitz et al., aimed to reduce common barriers to exercise by establishing two fitness centers in an underserved community in Philadelphia where other convenient and safe exercise options were almost non-existent. In turn, researchers sought to increase exercise activity and improvement in overall health statuses in the community. Federal agencies such as The Centers for Disease Control and Prevention (CDC) award funding to community organizations that address health disparities through their Racial/Ethnic Approach to Communities Initiative.38,46 Shah et al., evaluated and analyzed the effectiveness of the funded no-cost gym memberships. There were four Federally Qualified Health Centers (FQHC) and a YMCA wellness center that was evaluated in the Boston area.46

1.2.3.4 Result of Providing Accessibility

Studies such as the ones described above have proven that providing access does instill change. The success of these studies in attracting populations with histories of inactivity may be explained by the facilities having removed some of the central barriers to access. These include developing dialogue that can be easily understood by the target, providing educational tools, breaking the barrier of food deserts, transportation mechanisms, cost of facilities, and providing education on proper usage and techniques needed for health benefits from equipment. Providing accessibility also requires impacting the social environment of the community. Perspective, perception, and desire all influence one’s interest with engaging in activity. Once the facility, object, or program has been made accessible, the community must be willing to engage in it. Only then may we start to see the positive impact of accessibility.
1.3 Historical Considerations

1.3.1 History of Homewood

The 1950 census declared a population of 34,000 and 22% were African American. However, in this same year, the City of Pittsburgh did something that devastated surrounding areas, directly affecting Homewood. To make way for the Civic arena, the city cleared the Lower Hill District Community. This displaced thousands of low-income African American families, many of whom moved to Homewood. This influx accelerated the flight of the non-minority population in Homewood to suburban communities, also known as white flight. This displacement paved an avenue for Homewood to grow and become one of Pittsburgh’s largest African American neighborhoods, despite the residential population falling to 30,000.

Two events in 1968 had a detrimental effect on Homewood, from which the community is still recovering. Following the assassination of Dr. Martin Luther King there were two days of riots and looting. The business community was irreparably harmed, never truly recovering. In 1968, the Civil Rights Act was also passed with the Fair Housing Act being one of its provisions. This gave African Americans the opportunity to live in a wider variety of communities. Many of the more affluent families began moving elsewhere, away from Homewood. As a result, the population of Homewood continued its decline. The community now consists of three neighborhoods – Homewood North, Homewood West, and Homewood South – with a combined population of 6,442, which is 94% African American, as of the 2010 census. More recent data has yet to be published.
1.3.2 Reconstruction of the Community

In the years following the evacuation from the community for those living affluent lives, reconstruction of the once flourishing neighborhood became the forefront. Roadblocks, however, we're often faced with each attempted progression. These included issues with receiving funding, continued destruction of the community, systemic violence, gang-related activity, and mistrust. Studies such as one conducted by Scharff et al., have shown that mistrust of the healthcare system has emerged as a primary barrier to participants in medical research and health-related initiatives, regardless of prior research participation or socioeconomic status. It stems from historical events, largely including the Tuskegee syphilis study. This lack of trust is reinforced by the historical aspects of the health system's discriminatory events and lack of cultural competency that continue to this day. As a result, minorities, mostly African Americans, participate less frequently than Whites across various study types whether they are for treatment or intervention.

1.3.2.1 Mistrust and the Tuskegee Study

A monumental issue that grew rapidly and is still apparent today is a heightened lack of trust toward outside initiatives. Healthcare systems specifically prove to be a primary barrier to the cultivation of trust. The widening gap of socio-economic inequalities and the hierarchical relationship between providers and patients in addition to the historical violence in medical research has increased the complexity of trust issues for the community.
Analyzing the history of medical research further the clarifies reasoning for the extent of mistrust seen today. One of the most prolific of these initiatives has been the U.S. Public Health Service (USPHS) Syphilis Study at Tuskegee, better known as the Tuskegee Experiment. In 1932, the USPHS began working with the Tuskegee Institute to study and record the natural history of syphilis in Black Americans.31,33 This study would go on until 1972, spanning a total of 40 years. Initially, this study involved 600 Black men where 399 were placed in the experimental group as they had syphilis, and 201 were put in the control group as they did not have the disease.31,33

The first true sign of deception was that informed consent was never collected from the participants.31 As many of the participants were not properly educated or versed in health literacy, this was not something many thought to ask for. Instead, researchers enticed the participants with luxuries that they could not afford and at the time may not have had the right to medical exams, rides to and from clinics, meals on examination days, free treatment for minor ailments, and guarantees that provisions would be made after their deaths as their survivors would receive stipends for their burials.31,33 The participants were told by the researchers that they were being treated for “bad blood”.33 At the time of this study, this term was used locally to describe several conditions such as syphilis, anemia, and fatigue.33

With all that was done to the participants, lives could have been saved. At the time of the study, there were no known treatments for syphilis.33 Eleven years later, penicillin was introduced and became the treatment of choice. This treatment became widely available in 1947, but the participants in the study were not informed or offered treatment to quit the study. Researchers were aware of this drug and yet chose to let the lives of innocent people be lost for science. They relied on the poverty and illiteracy of participants to carry on with their study. It would be 29 years with a known treatment until the study was officially shut down as the result of a groundbreaking
Associated Press story. Between the start of the study in 1932 to the date when penicillin was determined as a cure for the disease in 1947, dozens of men had died while those closest to them and an untold number of others had been infected.

Stories such as this live on in the communities of the underserved, highlighting how institutions will use those less fortunate for the greater population. It is heart-wrenching facts about the history of medical science that make today’s work difficult to conduct. Underserved populations must be active agents when addressing any challenges in their communities. Having an active voice along with researchers and practitioners allows communities of focus to evaluate their needs and contribute to effective, meaningful solutions.\textsuperscript{38}

\subsection*{1.3.2.2 The Community-Engagement Approach}

Considering the widespread mistrust, how does reconstruction begin? To garner perspectives of those that are underserved, successful initiatives have found that a community-engagement approach works most effectively.\textsuperscript{14,27,28} This approach, unique to others, involves the inclusion of community members as partners in all stages of the research process or program development process.\textsuperscript{30,31} It has a higher likelihood of being effective in identifying and minimizing negative health conditions resulting from a lack of ample resources while also promoting the use of skill sets and the cultivation of trust so that effective change can be made for the needs of the community.\textsuperscript{14,30}

Aside from medical mistrust, a community-engagement framework also fosters a relationship and bridges the gap between academic institutions and the community.\textsuperscript{30} These aid in subsiding any fears or suspicions, as the community and institution will aim to work in a team-like fashion.
Many community partners in the Homewood area have adopted this framework. Listed below are a few of those partners:

**The Young Men’s Christian Association (YMCA)- Homewood-Brushton Y:** The greater YMCA of the USA organization implements branches in various locations. The overall mission of the group is to foster the spiritual, mental, and physical development of individuals, families and communities according to the ideals of inclusiveness, equality, and mutual respect for all. This specific branch of the YMCA is considered a hub for the support seen in the Homewood community as it appeals to all age groups. It fosters programs such as From Hope for All which provides support to community members including food security and tax preparation and the Employment Center, which helps folks become prepared to acclimate themselves back into the workforce. There are also youth enrichment programs including the Lighthouse Project and Y Creator Space that connects students to STEAM programming as well as the arts.

**The Community College of Allegheny County (CCAC):** CCAC is a historically black college that is an active community partner located in the heart of Homewood. Another community partner actively engaged in the community is CCAC. Their Community Education program has a strong partnership with the community facilities in the neighborhood including the YMCA where they host Health and Physical Education classes and the Homewood Children’s Village where they advocate and teach different educational topics.

**The Homewood Early Learning Hub & Family Center:** A community resource under the Trying Together advocacy group, this facility supports the early learning needs of young children, families, and early educators in the Homewood community. This partnership aims to offer developmentally appropriate activities for children, group support for parents to set goals,
and professional growth opportunities. Some of their programs and advocacy strategies include a Parent Advisory Committee, Care Giver Groups, the Homewood Early Learning Steering Committee, and resources such as a diaper bank.

**Homewood Children’s Village:** Based on its mission statement, the Homewood Children’s Village aims to improve the lives of Homewood children and simultaneously reweave the fabric of the community in which they live. The facility serves both children and their families through collaboration, engagement, advocacy, and research. They offer an array of direct services and learning support programs such as Baby Promise which is an 8-week program for expectant parents and parents of children ages 0-5, the Leadership Institute which trains residents in advocacy, and their Office of Research and Evaluation (ORE) that tracks and analyzes the impacts of their core services for continual growth in their program and development.

The Homewood Children’s Village has also assisted in establishing Full-Service Community Schools in the area. A model that has now been officially recommended by the Pittsburgh Public Schools Board of Directors for implementation county-wide, these schools and their Site Directors serve children in both a place of learning, providing holistic support beyond academics, and establishing partnerships between community organizations. This relationship creates an environment where schools become a hub for community engagement open beyond school hours to serve the entire community.

**Pitt Community Engagement Center in Homewood (CEC):** The University of Pittsburgh has established an effort to build stronger communities in conjunction with a stronger University based on long-term place-based partnerships, called Neighborhood Commitments. The CEC in Homewood provides a baseline for partnerships to be established between residents and stakeholders as the University makes commitments of investment, infrastructure, programming,
and staffing in a long-term objective. The CEC offers its spaces free to the public including offices, conference rooms, computer labs, and science labs. All programs at the CEC are free to the public as well. Some of these programs include PittEnrich which aims to tutor elementary school-age students, babysitting certification classes, and small business development consulting. The Wellness Pavilion is housed within the CEC.

1.3.3 History of the SHRS Wellness Pavilion

At the peak of the COVID-19 pandemic in 2020, the School of Health and Rehabilitation Sciences (SHRS) at the University of Pittsburgh provided funding for the establishment of what is now known as the SHRS Wellness Pavilion as part of the CEC. The aim of SHRS in this establishment was to make health and wellness services more accessible in Homewood with its designation as an underserved community along with the surrounding communities. With the resources available to the department, positive change was sought after. The goal expressed by SHRS was for this newly developed space to provide interactive educational sessions, services, special events, and programming that is student-led, faculty-supervised, and free of charge.

Within the Wellness Pavilion, a host of programming occurs during the University of Pittsburgh’s Fall, Spring, and out-of-school sessions during the winter and summer. One of these programs includes Hope for Handwriting which is hosted by the Occupational Therapy Department in SHRS. This program aims to impact the fundamental writing skills of elementary school-aged children. Another program includes Dance and Be Fit. This program is hosted by a local community member, Roland Ford. His program aims to engage community members in simple dance techniques that are both fun and promote physical activity. To continue to find methods of community betterment, it is important that we critically analyze the effect that
community assets are having. This assists them in improving their programming and finding what works most consistently. 

1.3.3.1 A Walk-Through of the SHRS Wellness Pavilion

With the vision of providing educational services, the SHRS WP was designed meticulously:

- Entering the primary portion of the SHRS WP, immediately to the right tucked away in a corner are lockers for the safekeeping of personal belongings for anyone utilizing the facility. This way, participants may focus on the activity that they are attending rather than being concerned with securing their personal items.

- Immediately to the left of the entrance of the SHRS WP is a large industrial kitchen. This space allows SHRS and community partners to give cooking demonstrations, often on healthy recipe options. In addition, after-school programs tend to use this area for snack time and as an area to serve food during special events. In the kitchen, there is a 4-burner stove top, an oven, an industrial-sized refrigerator, freezer, 4 sinks, and a dishwasher.

- Going straight ahead from the entrance of the SHRS WP is the multipurpose room. This area is set up with floor-to-ceiling mirrors, a projector for use of displaying graphics during programming, a speaker system for music access during programs, and physical equipment tools such as dumbbells and resistance bands. The multipurpose room is the most frequently used space in the SHRS WP as most programs occur in this area. It is spacious.
enough for the space to be molded into what is necessary for the program. There may be
dance classes in this space utilizing the large mirrors, fitness sessions utilizing the training
equipment, or even educational presentations utilizing the speaker system.

• Within the multipurpose room, there are 3 rooms located to the right-hand side. Two of
these rooms are treatment rooms used for treatment and evaluation. These rooms are
-equipped with treatment tables, weight scales, sinks, medical tools such as stethoscopes
and thermometers, and roller cars for easy mobility of providers when taking notes. This
space was primarily developed for the SHRS Physical Therapy Departments’ usage. The
third room in the multipurpose room is used as a conference room. Many of the programs
for elementary school-aged children occur in this area, where focus and attention are
critical, such as Hope for Handwriting. This room is equipped with a conference table,
chairs, a sink, and writing tools including paper, pencils, and crayons.

• When leaving the primary SHRS WP area, the counseling program has an area designated
solely for their use. This area is in the basement of the overall CEC. One side of this area
is equipped with a 2-way-mirror room. One side is for the counselor, providing them with
a microphone to speak to those on the other side, chairs, desks, and a couch. On the
client/patient side, there are also chairs, a couch, a microphone, and a desk. The purpose of
this area is to observe communities to provide clinical diagnoses. The other side of this
area includes 2 offices for use of the counselor, client, or anyone needing a private area to
work. This provides the person with the opportunity to work in an area without the
distraction of others. These rooms are equipped with desks, chairs, tissue paper, and hand sanitizer.

Each area of the SHRS WP was curated with a vision in mind of providing access. Each space serves a purpose with a common goal in mind.

1.4 Methodological Considerations

The SHRS Wellness Pavilion hosts weekly programs hosted by community partners and SHRS departments alike as well as large, non-recurring events. Continuous weekly events had weekly participant numbers averaged at the end of the term session in relation to the number of those that registered. For single night events, the number of those attended was tallied as participants entered and confirmed once the event had ended. This was later compared to the number of participants who registered. This allowed for analysis of facility usage.

In addition to qualitative data collection, all participants received post-activity questionnaires. Community members were encouraged to sign up for events, however, if they showed up at check-in and did not register, we collected their names and email addresses to send out the form in person. In this form, participants were asked a series of questions regarding demographic information, perceptual information, and suggestions for future programming. Surveys were dispersed at the end of the program for larger events and were sent at the end of the term session for weekly events.

Considering the past studies mentioned previously, this work seeks to add to the existing literature. As the Homewood community has a unique need separate from what has been completed in past studies within different areas, this work will be conducted in its own fashion.
1.5 Problem Statement

The efficacy of the SHRS WP has not been assessed through the lens of the community members statistically despite it going into its 2nd anniversary of establishment. As the aim of the facility is to serve those in the area surrounding it, research is warranted to investigate the perceived benefits and community utilization of the center.

1.6 Study Purpose

The purpose of this research is to assess the Homewood community’s utilization of the SHRS WP and identify its relationship to perceived health outcomes.

1.7 Specific Aims and Hypothesis

Specific Aim 1: Identify types of programs attended to most in terms of demographic information.

Specific Aim 2: Identify community members’ usage of the SHRS WP in order to describe the relationship to perceived health benefits from engagement.

Specific Aim 3: Identify community members feedback on SHRS WP programming in order to describe experiences in the space.
1.8 Study Significance

This research is significant because it will show how community engagement centers affect the well-being of those who live in the surrounding area.\(^1,2\) Specifically, this study will give us insight as to how to better engage with the community of focus and how to curate programs effectively.\(^1,2\) If members engage in these programs, it is expected that participants will be more inclined to change their lifestyle, assuming that they are not already optimal. Also, results will show whether those who engage in the center regularly and those who engage in the center occasionally have perceived differences in health.\(^1\) Overall, the long-term outcome aim is to effect and assist community centers locally and potentially nationally in establishing best practices for engagement. Preliminary engagement data is presented in Figures 1. and 2. This is of value in research as it helps to build an understanding of how access to simple physical activity modalities effects perceptive aspects of health.\(^2,9\) It also aids in increasing the understanding of best practices for the community in identifying what is most effective in establishing change and seeing the need of the community.
Figure 1 Preliminary Data

Figure 2 Preliminary Data
2.0 Methods

2.1 Experimental Design

**Design**: This study was completed via a descriptive research study design.

**Independent Variables**: Included all programs hosted at the SHRS Wellness Pavilion from October 2022-December 2022.

**Dependent Variables**: Well-being perception gathered via a Qualtrics survey.

2.2 Subject Characteristics (Inclusion/Exclusion)

All programs at the SHRS WP intend to engage people of all ages. The geographical area of focus for these programs is aimed at Homewood Community residents. As a result, the following criteria were disseminated for all subjects:

Subjects were included in the study if they meet the following criteria:

- Currently reside within the Homewood Community

Subjects were excluded from the study if they meet the following criteria:

- Does not reside in the Homewood community
2.3 Power Analysis

This was a descriptive study. Based on consistent residence in the area and analysis of past program attendance rates, a sample size of 150 was targeted for this study. This ensured that adequate data were available in each demographic group when describing the dependent variables. The study utilized a non-probabilistic sampling method.

2.4 Instrumentation

2.4.1 Qualtrics Survey

Qualtrics is a system widely utilized by The University of Pittsburgh’s faculty and student population. The Online Survey System allows one to easily create a survey, collect and store data securely, analyze responses, and present results using professional-quality graphs. It is available to Pitt students, faculty, and staff at all campuses, at no cost.\textsuperscript{21} The service is used to support teaching, academic research, and institutional business.

In this survey, a 5-point Likert Scale was used. This is a type of psychometric scale, or technique of mental measurement, in which respondents specify their level of agreement to a statement typically in five points: Strongly disagree, Disagree, Neither agree nor disagree, Agree, and Strongly agree.\textsuperscript{52,53} This scale allows a neutral response to a question or statement, allowing a person to have the option of not expressing an opinion. Included in this scale are also two opposite responses and two intermediate responses.\textsuperscript{52,53}
2.5 Procedures

2.5.1 Subject Recruitment

Subjects were recruited via email and in-person check-in at events or programs between October 2022-December 2022, totaling an 8-week survey period. To ensure de-identification, emails were not collected within the post-activity survey. All post-activity surveys remained anonymous as no identifying information was collected. All participants were strongly encouraged to register for the event that they planned on attending via Eventbrite. A total of 150 participants were aimed to be recruited for this study in order to fully describe the specified dependent variables.

After completion of registration and participation in their selected event, subjects were sent the post-activity survey. Along with the survey, a separate link to a gift card incentivization sign up form was sent. Through this, respondents elected to be part of a $50 gift card drawing for completion of their survey. Within this form, participants were asked for their first and last names, email addresses, and the program attended. For those randomly selected from this drawing, a follow up email was sent notifying them of their award and requested their address as well as date of birth. Such questions were asked as a profile had to be created for them in the Vincent platform as this is the system utilized by the University of Pittsburgh to pay participants for their engagement in a study. After created of the profile, these cards were mailed to the participants stated address. Regardless of one-session events or continuous weekly events, all participants were sent a post-activity survey and gift card drawing consent after the conclusion of the program along with a reminder to fill out the survey two weeks after the initial email.
Participants also had the opportunity to express interest in being part of the study in person. At the end of each event, participants were asked to fill out a sign-in sheet that requests their name, email for documentation of their attendance at the event, and were verbally made aware of the ongoing survey. Each sign-in sheet was labeled with the program name and date for organizational purposes. This sign-in sheet was passed around during one-night events only. Subjects were instructed to first complete the post-activity Qualtrics survey and then complete the gift card drawing form in person and through email.

Subjects were evaluated on eligibility to participate in the study based on inclusion and exclusion criteria. Along with the sending of the survey, participants were informed of the schedule for participation as well as the randomized drawing for compensation via email. Subjects were automatically excluded from the study if it is identified that the participant is not a resident of the Homewood community.

2.5.2 Post-Activity Survey

Utilizing the Qualtrics system, researchers developed survey questions tailored to the participants’ perception of their well-being. The survey may be found in Appendix A. The questions include:

- Demographic information
  - According to the Merriam-Webster dictionary, demographic information refers to the statistical characteristics of human populations that are used, especially to identify markets. This survey collected demographic information related to age, gender identity, ethnicity, education, and residential status.
- Health Perception
This study is centered on the perception of wellbeing from community members. This section was developed in the form of a Likert Scale so that measurements may be obtained from mental perceptions.

Future suggestions

In order to ensure that continued programming meets the needs of the community, it is vital to obtain members’ ideas for improvement. This section was developed into a free-response space. This allowed participants to convey their thoughts on the revitalization of current programs and share ideas for programs that have yet to occur.

2.5.3 Survey Incentivization

Participants were made aware that with the completion of the Qualtrics survey, there would be an opportunity to win a $50 coupon through a randomized drawing of names. As the Qualtrics survey was anonymous, this form was created to solely collect respondents’ information so that the incentive could be sent to them. This portion of the study was conducted through Microsoft Forms, as shown in Appendix C.

2.5.4 Health Perceptions Questionnaire (HPQ)

The primary outcome measures of interest were the subscales of the Health Perception Questionnaire (HPQ). The HPQ is a 5-item self-report instrument that measures three distinct perceptual dimensions: Health Outlook, Current Health, and Attitude toward Activity. High scores
on these three subscales (Health Outlook, Current Health, and Attitude toward Activity) reflect favorable health perceptions. A high score is indicated by the number of participants that respond on a range from strongly disagree to strongly agree in the Likert Scale.

2.6 Data Analysis

Survey data was obtained using Qualtrics Core XM Online Survey System (Qualtrics XM, Provo UT, USA).
3.0 Results

The purpose of this study was to assess the Homewood community’s utilization of the SHRS Wellness Pavilion and identify its relationship to perceived health outcomes. The following sections present an analysis of the data collected during the study period. Further interpretation of the results and subsequent conclusions provided from them are described in depth within the final chapters.

3.1 Programs Offered During the Survey Period

3.1.1 Hope for Handwriting

This program is led by Occupational Therapist and faculty member, Kelsey Voltz-Poremba with assistance from students in the program. The program is tailored to K-12 participants. With the current societal push towards technology, this program aims to impact children with resistance to written work and those who are having overall difficulty with learning letters and subsequent school performance.

During this program, activities completed by participants include:

- Fine motor tuning
- Dexterity practice
3.1.2 Beyond the Bell

This program is led by Occupational Therapist and faculty member, Kelsey Voltz-Poremba with assistance from students in the program as well. The program is tailored to participants of elementary and middle school ages. The aim is to teach the target audience skills in success as students through educational and recreational activities.

During this program, activities completed by participants include:

- Success building activities
- Physical activity engagement
- Leadership activities
- Homework assistance

3.1.3 Dance and Be Fit

Dance and Be Fit is a health and wellness organization led by community leader, Roland Ford. Hosting sessions throughout the Greater Pittsburgh region, Ford appeals his lesson plans to all age groups. Each session is free of charge to its participants. This organization aims to engage and promote interactive physical activity mechanisms through organized dance to all its participants.

During this program, activities completed by participants include:

- Standing exercises
- Seated exercises
- Balance management
- Stretching techniques
• Nutrition engagement

3.1.4 Bingo with Alma Illery Health Center

This program is led by the Pittsburgh community organization, Alma Illery Health Center. This organization is a primary healthcare service hub that focuses on providing affordable, accessible, and comprehensive medical treatment. The Bingo program focuses on health themes, providing participants with education during their activity.

During this program, activities completed by participants include:

• Health education
• Mental assessment

3.1.5 Tai Chi for Beginners

This program was led by Mengjun “Kate” Wang, a first-year Sports Medicine student at the University of Pittsburgh. To bolster students’ expertise outside of the classroom, this program was an attempt at a pilot for ongoing engagement from students in SHRS. Kate is a trained professional in the art of Tai Chi and Chinese Martial Arts.

During this program, activities completed by participants include:

• Balance techniques
• Breathing techniques
• Movement control
• Standing exercise
• Relaxation techniques

3.2 Qualtrics Survey Data

3.2.1 Survey Participants

This study garnered 33 participants across all programs during the survey period. A total of 11 participants currently active in the city of Pittsburgh, Pennsylvania responded to the post-activity survey that was sent virtually at the conclusion of the program attended. Three participants were excluded from the study due to unmet inclusion criteria as they indicated not being Homewood residents. The remaining 8 participants identified their residency as being in Homewood. Of these 8 surveys included in the study, 4 were abandoned prior to completion. In total, 8 surveys were analyzed in this study. Subjects were recruited from event registration and participation. The most attended program by gender and age was Hope for Handwriting. Those who participated in Hope for Handwriting were also most likely to fill out the post-activity survey. Survey participants were further asked to qualitatively rate their experiences during these programs as shown in Tables 4 and 5.

Activities completed during these programs include:

• Sitting exercises
• Standing exercises
• Balance mechanics through dance
• Stretching techniques
• Fine motor techniques
- Leadership skills
- Health education
- Mental tests
- Mental assessments
- Nutrition engagement

3.2.2 Subject Demographics

5 surveys were utilized for the analysis of demographics. Programs attended to most were evaluated utilizing this information. Between genders, most participants reported being female as evidenced in Table 2.1. Age was distributed across a large range with the youngest participant surveyed being 8 years old and the oldest being 55 years old (18.8 ± 20.3). Amongst all programs, the ethnicity reported most showed to be Black or African American (n=3).
During this time, the SHRS Wellness Pavilion space was mostly used by Homewood residents during the survey period (n=5). Three participants were excluded from the study as they indicated not being a resident of the Homewood Community. Participants of an Elementary (Kindergarten-5th Grade) and Middle School (6th-8th Grade) educational level were engaged in programs most often (n=2), as indicated in Table 2.2. After the first demographic question pertaining to residential status, two of the respondents abandoned the survey. As a result, only five responses were collected in subsequent questions regarding age, gender, and ethnicity. The 3rd survey was abandoned after responding to educational status. In total, four surveys were fully completed.
3.2.3 Usage Data

Based on online registration and in-person sign-in sign in information, participant engagement and usage at the SHRS Wellness Pavilion were analyzed. During the survey period, 57 people registered for an event at the SHRS Wellness Pavilion. Out of the 57 that registered, 33 people participated in the program (58%), as shown in Table 3.

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Status</td>
<td></td>
</tr>
<tr>
<td>Non-Homewood Resident</td>
<td>3</td>
</tr>
<tr>
<td>Homewood Resident</td>
<td>5</td>
</tr>
<tr>
<td>Educational Status</td>
<td></td>
</tr>
<tr>
<td>Pre-Kindergarten (Babysitter, etc.)</td>
<td>0</td>
</tr>
<tr>
<td>Elementary School (K-5th Grade)</td>
<td>2</td>
</tr>
<tr>
<td>Middle School (6th-8th Grade)</td>
<td>2</td>
</tr>
<tr>
<td>High School (9th-12th Grade)</td>
<td>1</td>
</tr>
<tr>
<td>Some Schooling</td>
<td>0</td>
</tr>
<tr>
<td>Associate’s Degree</td>
<td>0</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>0</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>0</td>
</tr>
<tr>
<td>Doctorate’s Degree</td>
<td>0</td>
</tr>
</tbody>
</table>
As a result of low attendance rates to programs and poor responses gathered from participants when asked what program they attended in the Qualtrics survey, programs attended to most demographically could not be garnered. This fails to meet the 1st specific aim of this study.

### 3.2.4 Perceptions of Perceived Benefits

A Likert scale was developed to identify community members’ perceived health benefits from engagement in programs at the SHRS Wellness Pavilion. This survey period lasted from October 2022 to December 2022, totaling an 8-week survey period. For both children and adults, the most popular answer for all proposed questions concerning program perceptions was “Strongly Agree” as indicated in Tables 4 and 5. Neither Agree nor Disagree was selected on 1 occasion. “Somewhat Agree” was chosen on 3 separate questions. The adult population did not have any perception other than “Strongly Agree” with the questions posed.
### Table 5 Adult Responses to Perceived Health Benefits of the SHRS Wellness Pavilion Programs

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Total Percent</th>
<th>Somewhat Disagree</th>
<th>Total Percent</th>
<th>Neither Agree nor Disagree</th>
<th>Total Percent</th>
<th>Somewhat Agree</th>
<th>Total Percent</th>
<th>Strongly Agree</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have enjoyed an event/program that I attended at the WP within the last 6 months.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>1/1 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over the past month, I have been satisfied with my health status.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>1/1 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending the Wellness Pavilion programs and events will positively affect my health status.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>1/1 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The instructor was able to teach me something new regarding healthy lifestyles after my engagement in the program that I attended.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>1/1 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will try to incorporate any new skills that I learned at the Wellness Pavilion into my day-to-day and weekly life routines.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>1/1 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Responses: 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 6 Child Focused Responses to Perceived Health Benefits of the SHRS Wellness Pavilion Programs

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Total Percent</th>
<th>Somewhat Disagree</th>
<th>Total Percent</th>
<th>Neither Agree nor Disagree</th>
<th>Total Percent</th>
<th>Somewhat Agree</th>
<th>Total Percent</th>
<th>Strongly Agree</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending the Wellness Pavilion programs and events will positively affect my child's health status.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>3/3 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will try to have my child incorporate any new skills that they have learned at the Wellness Pavilion in their day-to-day and weekly life routines.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>1/3 33%</td>
<td>0 0%</td>
<td>2/3 67%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over the past month, I have been satisfied with my child's health status.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>2/3 67%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The instructor was able to teach my child something new regarding healthy lifestyles after engagement in the program attended.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>2/3 67%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child has enjoyed an event/program that they have attended at the Wellness Pavilion within the last 6 months.</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>3/3 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Responses: 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.2.5 Subject Suggestions for Future Wellness Pavilion Programming

Free-response questions were utilized to elicit suggestions from community members about future SHRS Wellness Pavilion programs. Four participants responded with suggestions to these questions when asked, where 1 was for the adult survey and three were for the child survey. 2 participants marked “N/A” to all questions posed. In the adult-tailored survey and child-tailored survey, questions were worded differently. Questions that had responses are listed in Table 6.

The one respondent for the adult survey provided 3 suggestions when asked, “If there are any other programs that you would like to see at the SHRS Wellness Pavilion, please choose one or state them below (Example: Yoga, Mental Health Workshops, Certification Classes, etc.)”. These responses included: Mental Health Workshops, Certification Classes, and CPR & First Aid Certification Classes. 2 suggestions were given for child-tailored programs when asked, “If there are any other programs that you would like to see at the SHRS Wellness Pavilion pertaining to children, please select them below. (Example, Daycare, Potty Training, Back to School Prep, etc.)”. These responses included: Back to School Prep and Career Exposure Summer Camp.

Asked across groups, “What could have been done differently in the program that you attended?”, 1 response was collected: More notice. Child-tailored surveys were asked, “How would you suggest the SHRS Wellness Pavilion advertise child-related programs in the future?”. 1 respondent suggested the use of Pittsburgh Public Schools sends out electronic flyers through the "Peach Jar" system. When adult-tailored program respondents were asked, “How would you suggest the SHRS Wellness Pavilion advertise events in the future?”, 1 response was collected suggesting social media. Other suggestions for the future
of the SHRS Wellness Pavilion came from 1 adult respondent suggesting that there be more bingo events.

Table 7 Suggestions for Future Programs at the SHRS Wellness Pavilion

<table>
<thead>
<tr>
<th>Question</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there are any other programs that you would like to see at the Wellness Pavilion, please choose one or state them below (Example: Yoga, Mental Health Workshops, Certification Classes, etc.)</td>
<td>Mental Health Workshop, Certification Classes, CPR &amp; First Aid certification Class</td>
</tr>
<tr>
<td>If there are any other programs that you would like to see at the Wellness Pavilion pertaining to children, please select them below. (Example, Daycare, Potty Training, Back to School Prep, etc.)</td>
<td>Back to School Prep, Career Exposure Summer Camp</td>
</tr>
<tr>
<td>What could have been done differently in the program that you attended?</td>
<td>More notice</td>
</tr>
<tr>
<td>How would you suggest the Wellness Pavilion advertise child related programs in the future?</td>
<td>Pittsburgh Public Schools sends out electronic flyers through &quot;Peach Jar&quot; system</td>
</tr>
<tr>
<td>How would you suggest the Wellness Pavilion advertise events in the future?</td>
<td>Social Media</td>
</tr>
<tr>
<td>Please type any other suggestions for the future of the Wellness pavilion that was not previously stated.</td>
<td>More bingo events</td>
</tr>
</tbody>
</table>
4.0 Discussion

Since its development in 2020, no research has been conducted to identify the efficacy of the School of Health and Rehabilitation Science’s (SHRS) Wellness Pavilion through the lens of the community members in achieving its goal. The primary goal in establishing the SHRS Wellness Pavilion in the underserved community of Homewood in Pittsburgh, Pennsylvania was to offer services and programs that aimed to improve and promote the health and wellness of community residents and surrounding communities across the lifespan. The purpose of this study was to assess the Homewood community’s utilization of the SHRS Wellness Pavilion and identify its relationship to perceived health outcomes.

In addition, this study aimed to identify community members’ usage of the SHRS Wellness Pavilion to describe the relationship to perceived health benefits from engagement, identify types of programs attended to most in terms of demographic information, and identify community members feedback on SHRS Wellness Pavilion programming in order to describe experiences in the space. This is the first study conducted that includes the SHRS Wellness Pavilion, to the author’s knowledge. Furthermore, from analysis of the current literature, this is the first study that evaluates the usage of the SHRS Wellness Pavilion by Homewood Community members and compares this to their perceived health outcomes.

Results indicated that there was a low usage rate of the SHRS Wellness Pavilion by community members during the 8-week survey period. Out of the 57 people registered for events, only 33 attended. Out of these 33 participants, only 4 people responded to the post-activity survey. The low attendance rates may be accredited to a host of factors including poor weather
during the winter months, a late start in program implementation, and change in leadership which will both be discussed further in the limitations of this study.

4.1.1 Attendance Rates in Spring of 2022 vs. Fall of 2022

With the small sample size garnered in this research study, analysis of the overall attendance rates of the Wellness Pavilion is indicated between the Spring of 2022 (2/26/2022-4/14/2022) and the Fall of 2022 (11/26/2022-12/21/2022), totaling 8 weeks for both periods. Each survey period began with the first program of the season and ended with the last program of the season. Compared to the Fall of 2022, the Spring of 2022 saw many more attendees and programs developed overall. This may have been a result of the change in leadership during the study period. In the Spring of 2022, the leaders in the SHRS Wellness Pavilion had very strong connections and relationships with Homewood residents and leaders.

Much of this was lost when leadership was changed in the Fall of 2022 as the new staff members did not have as long of a rapport with the community as the previous leaders. Many of the previous strong connections to community leaders had been lost with this change, affecting overall reach and communication with community members. Totaled from in-person check-in data collected in the previous season, 147 people across all programs utilized the SHRS Wellness Pavilion space as shown in Table 8 in the Spring of 2022. In comparison, the SHRS Wellness Pavilion was used less than half as often in the Fall of 2022, seeing only 33 attendees across its programs (22%) as shown in Table 3. The drop seen in attendance rates will be further analyzed in the limitations of the study.
### Table 8 Programs Offered at the SHRS Wellness Pavilion in Spring 2022 and Reported Attendance

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Number of Sessions</th>
<th>Number of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Sitting Training Class (Cohort 4)</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Common Threads Cooking Class</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Dance and Be Fit</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>WP Office Hours</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Hope for Handwriting</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Beyond the Bell</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Operation Better Block Jr. Corps Cooking Class</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Operation Better Block Job Readiness Program</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Healthy Eating on a Budget (Landforce x Nutrition)</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Pre-Health Scholar Program Tour</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Aphasia Support Group</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutrition Class</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>Silver Sounds</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total Participants:</strong></td>
<td></td>
<td><strong>148</strong></td>
</tr>
</tbody>
</table>

#### 4.1.2 Demographic Information

Demographic information including gender, age, ethnicity, residential status, and educational status were all deduced from the Qualtrics survey. In-person sign-in sheets were utilized to track the number of participants per program. Finding the correlation between programs attended most and demographic information was inconclusive. Participants were asked to list the program attended in the Qualtrics survey with the aim of this information being compared to the demographic information listed previously. Although data was collected on how many participants
were at each program, the specific aim of identifying the demographic information that correlated with this was not met.

Findings were able to be drawn from the data that was collected, however. It was found that participants identified most often as female and many of them were Black or African American. The community of Homewood is a predominately Black area, which aligns with the data that was collected. More Homewood residents than non-Homewood residents also participated in programs. Participants were also mostly of adolescent age and educational level (Elementary and Middle School). This may have been explained by the programs offered at the SHRS Wellness Pavilion including the child target programs such as Hope for Handwriting and Beyond the Bell that occurred during the survey period.

4.1.3 Perception of Health

Health perceptions were a primary outcome for analysis in this study. Only the community members themselves can state whether the facility has positively influenced the community as a whole; this cannot come from quantitative data. Considering the community-based participatory research (CBPR) approach, as previously discussed, this model recognizes the strength of the scientific researcher and community members as a partner and strongly influenced the approach to this portion of the study. Moreover, this encourages a collaborative approach, ensuring that communication between the two parties is always maintained and that interventions created are responsive and sustainable toward community needs.

A Likert scale was used for this portion of the survey and aimed to analyze three distinct perceptual dimensions: Health Outlook, Current Health, and Attitude toward Activity. The most selected answer across all questions and age groups was, “Strongly Agree”, showing that for many
participants, the SHRS Wellness Pavilion programs have been seen as beneficial towards the participants’ overall health, shaping it positively. This result aligns with work completed in a similar sense to the current study by a student completing their master’s degree thesis. This work aimed at analyzing an existing wellness center in a rural area with the goal of measuring the perceived wellness of the local community by utilizing the facility. Deploying a survey-based method and Likert Scale, the researcher garnered six dimensions of health perceptions of 60 participants. These dimensions included: Physical, Spiritual, Psychological, Social, Emotional, and Intellectual Wellness. Results indicated that participants scored their wellness in each dimension evenly between the mid-to-high ranges, aligning with the results of the current research indicating that engagement in a wellness center can positively influence one’s perceived health.

4.1.4 Suggestions from Community Members for Future Development of Programs

There was a low response rate for suggestions for the future. Only two respondents provided answers to the questions posed as shown in Table 6. One response came from a participant in the adult-tailored survey while the second came from a participant in the child-tailored survey. However, the suggestions given provided insight into what is needed and wanted in the community, the best ways to get in touch with community members, and what can be done better in the future.
4.1.4.1 Adult Tailored Survey

From the adult-tailored survey, all questions were responded to as indicated in Table 6. The first question asked the participant to describe programs that they hope to see in the future. The participant responded with three suggestions, the first being mental health workshops. This type of program is not currently one seen in the SHRS Wellness Pavilion but may be beneficial based on the lack of access to healthcare methods seen in underserved communities.\textsuperscript{11}

Next, the participant also indicated a need for certification classes being offered at the SHRS Wellness Pavilion, such as CPR & First Aid classes. Considering the close relationship of the Emergency Medicine (EM) Department at the University of Pittsburgh with the SHRS Wellness Pavilion, such a program could be hosted through this partner, showing its feasibility. Currently, the EM Department hosts Babysitting Certification classes for teens at the SHRS Wellness Pavilion, but no certifications are targeted specifically at the adult population. Moreover, with the SHRS Wellness Pavilion being near the Community College of Allegheny County (CCAC), the certification classes offered at the school could potentially be taught in the SHRS Wellness Pavilion meeting spaces.

Understanding how to best promote, engage with participants, and ensure programs are truly meeting needs is the core focus of program development at the SHRS Wellness Pavilion. As such, the participant was posed with the question of what they believe should have been completed differently about the program that they attended. This question was intentionally vague so that the respondent could relay information ranging from advertising the event to the cultural competence of the instructor. The response given was to provide participants with more notice for events, meaning better advertising and at an earlier period prior to the event. Typically, flyers and
registration forms for the events hosted at the SHRS Wellness Pavilion are posted 3-4 weeks in advance with the subsequent weekly posting of the event on social media. With the request for more notice, staff in the facility should consider posting flyers 6-8 weeks in advance with continued weekly posting thereafter. For those who register, staff should also consider sending reminder emails of the event 2 weeks before the date of implementation.

The next question posed was targeted toward the promotion and advertising of events in a more direct manner than the previous question. Trying to understand the low attendance rates of programs this semester has been a critical aim of the SHRS Wellness Pavilion. One way to tackle this is by understanding if the outreach methods utilized are up to par with what is needed for the community. Moreover, it is important in general that knowledge of the programs overall is reaching the intended target. The response given for better advertising events was through the means of social media. Currently, for advertising and promotion, the SHRS Wellness Pavilion utilizes Facebook, Instagram, and Eventbrite. If more social media presence is requested, staff could potentially try using new methods such as the popular platform, TikTok. Events could be advertised on this platform in unique ways through short interviews with the community leader of the program or even posting short clips of the previous sessions to promote upcoming editions of the program. Lastly, staff could also post more frequently on the current platform, potentially more than once or twice a week utilizing more than just the event flyer such as; polls to garner engagement and ask if a person plans to attend the event or gifs that visualize excitement for the upcoming event, etc.

The last question asked for community member suggestions was broad, asking for any other suggestions that were not previously stated. To this, the participant responded that having more bingo events would be ideal. Two of these events occurred during the survey period once a
month. However, with the feedback provided, SHRS Wellness Pavilion staff should consider implementation on a potential bi-weekly basis. This event allowed for not only socialization but also health education, so to community members per the feedback provided, this is a desired program.

4.1.4.2 Child Tailored Survey

Guardians of children that participated in SHRS Wellness Pavilion programs provided answers to the questions posed. Only one participant responded to this section of the survey, as indicated in Table 6. The questions posed were similar to those asked in the adult-tailored survey. The language was altered to better fit the adolescent population. Respondents were first asked about programs related to children that they would like to occur at the SHRS Wellness Pavilion. The responses garnered mentioned Back-to-School Prep and Career Exposure Summer Camp. Currently, such programs do not occur at the SHRS Wellness Pavilion. For Back-to-School Prep, this would be a difficult program to host as the staff is limited over the summer as the SHRS Wellness Pavilion operates on the University of Pittsburgh’s school calendar where if a student is on a designated break, they are not required to work.

There may be an opportunity for such a program to be hosted a week before the start of the Fall semester, typically once students begin arriving on campus again. This way, staffing for this program would be adequate. For the Career Exposure Camp suggestion, such a program has been indicated and actively worked on by staff in the facility. Ph.D. student, Ouahiba Boukaabar, has worked closely with the SHRS Wellness Pavilion to curate such a program for her dissertation. This Career Exposure Camp would focus on the different paths that can be taken in the realm of science. This camp would be a week-long exposure where students would come into the SHRS
Wellness Pavilion each day to engage in lesson plans and field trips to laboratories as well as museums. It would also be free of charge for parents.

The respondent did not have any suggestions for aspects of the attended program that should have been conducted differently but did have an idea for better advertisement. It was suggested that to promote events, the SHRS Wellness Pavilion should begin using the Peach Jar System. From further research, this is an online platform utilized throughout the Pittsburgh Public School System for relaying electronic flyers in an effort to create a medium of communication between parents and community partners. This was the last question responded to by the participant of the child-tailored survey.

4.1.4.3 Community Partners that Meet Suggestions Provided

As stated previously, suggestions for future programs included mental health workshops, CPR and First Aid certification classes for the adults, back-to-school preparation programs, and career exposure camps for children and adolescents. These are programs not currently hosted at the SHRS Wellness Pavilion, falling short of what the community aims to engage in at this facility. Despite this, other facilities in the community have these programs readily available for members.

The Homewood Children’s Village hosts workshops on mental health, school preparation, and career exposure for both young people as well as their families. These programs include: the Health Matters Discussion Series, Health and Wellness Fairs, Bridge to College After School Program, and the college networking program called the Promise Fulfillment Network.

The Homewood-Brushton YMCA also offers children and adolescents school preparation and career exposure opportunities through their programs: Audio Arts and Visual Club, Y Creator Space, Y-Achievers, Before and After School Enrichment, and Summer Day Camp.
Lastly, the Community College of Allegheny County (CCAC) Homewood location offers courses in CPR and First Aid, which do qualify for certification.\textsuperscript{34} Community members may also receive a certification in a host of specialties ranging from Music technology, Accounting, Medical Assistant, Pharmacy Technician, and even Homeland Security.\textsuperscript{34}

Although other community partners have suggested programs available at their centers, this does not lessen the need of the community for such programs. Mental health initiatives and events were also not seen in other facilities, showing where the focus may need to be in terms of program development. The SHRS Wellness Pavilion may be at a better distance to the participant’s home than other facilities, the participant may feel more comfortable performing activities in our space, or our space may have better hours of operation that aligns with the participant’s schedule. As the SHRS Wellness Pavilion may fall short currently of these needs, other community partners may meet them.

\section*{4.2 Limitations}

Several limitations of this study should be acknowledged. The first is the small sample size of participants. Out of 57 registrants, 33 program participants, and 33 email invitations were sent to complete the post-activity survey, 11 surveys were started, 3 were excluded, and 4 were fully completed. Drawing a thoughtful and concrete analysis from 4 surveys is a difficult thing to do. In addition, it may also not be an accurate representation of the space.

Another limitation of the current study was a significant change in leadership. The staffing at the Wellness Pavilion changed fully during the survey period which required new systems to be put in place, losing contact between community leaders and required training in roles. This also
impacted when programs were able to be implemented, delaying this until the end of October. Ultimately, this affected the number of programs that were able to be developed, in turn negatively affecting the attendance rates seen at the facility causing low participation in comparison to past seasons.

Usage data was also incredibly difficult to gather, causing the research to not meet Specific Aim 1. Many people signed up for programs, but many did not end up showing up as shown in Table 3, revealing a high attrition rate. The worst attrition was seen with the program, Tai Chi for Beginners where 1 participant registered and 0% attended. Bingo with Alma Illery Health Center also had an attrition rate of note where 21 participants registered and only 52% attended. In addition, surveyors did not indicate what program they had attended, so we could not place a respondent to a program making identification of the correlation between demographics and programs impossible.

The incentivization of the study also created issues overall. 9 participants indicated wanting to be part of the gift card drawing for the survey. However, only 4 of these participants completed the survey in its entirety. How the gift card form was made available put participants in the drawing who may have not filled out the survey. It should be linked at the end of the Qualtrics survey rather than having it in a separate link entirely. This would have required respondents to go through the survey before being placed in the drawing, effectively increasing respondent rates and decreasing confusion in the data regarding who completed the survey and who did not. The form was not initially linked in the Qualtrics survey as we wanted the post-activity survey to remain as anonymous as possible. Linking the form at the end may have limited the blinding of the study as the researcher would have been able to identify who completed which survey based on the time of completion of the Qualtrics survey and the time of completion of the gift card drawing form.
Lastly, the registration service named Eventbrite used at the SHRS Wellness Pavilion did not have certain features that could have benefitted the study including the collection of demographic information ranging from age and gender. This may have created an improper analysis of gender and age distribution as the researcher was forced to report data that exclusively came from surveys despite in-person attendance being much higher.

4.3 Future Research

Considering the limitations of this study, future research on the SHRS Wellness Pavilion is warranted. The first suggestion for future research would be to analyze the impact of the SHRS Wellness Pavilion on the surrounding communities in addition to Homewood. As Homewood is the main population aimed to be targeted by programs, research was warranted to first study this specific community. Now that this study has been conducted, research may be expanded into neighboring communities or the entirety of the city of Pittsburgh while also better defining what wellness means. Through analysis of the results, it was seen that many people outside of the Homewood community attended programs and events hosted at the SHRS Wellness Pavilion. Considering this, the health of outside communities may be directly impacted by the center. To confirm this, research is warranted to analyze the impact that the SHRS Wellness Pavilion has on the surrounding community outside of Homewood, essentially expanding the current reach of this study.

Research identifying the degree to which the SHRS Wellness Pavilion is truly student-led should also be analyzed considering the mission statement created by the School of Health and Rehabilitation Sciences, “…student-led community space that offers person-centered inter-
professional services and programs which aim to improve, maintain, and promote the health and wellness of Homewood residents and surrounding communities across the lifespan. This would also assist in establishing the efficacy of the facility in meeting the goals that were set during its establishment and seeing what may need to be revised. It would also provide an analysis of whether a student-led facility is an efficient way to run such a specific center. If research is conducted on this topic in the future, I would suggest the study be designed as followed:

- Emphasized recruitment of student-led activities in the SHRS Wellness Pavilion via email promotion.
- Tracking of the number of students that lead an event through a secured SHRS Wellness Pavilion document.
  - This document will include the students’ name, the event hosted, and the date.
  - It will also list the number of students leading the specific event.
- Aside from recruiting of students, the number of programs developed/ideas brought about by students should also be tracked.

4.4 Conclusion

The Homewood community in Pittsburgh, Pennsylvania is a relentless one, aiming for betterment in its community. It has faced significant economic and societal setbacks, greatly affecting the lifestyle and environment seen today. In an effort to utilize its resources towards those that truly need them, the School of Health and Rehabilitation Science (SHRS) at the University of
Pittsburgh created the SHRS Wellness Pavilion in the Pitt Community Engagement Center located in the Homewood community. Going into its 2nd year of establishment, however, analysis of the efficiency and efficacy of the facility in completing the goals set out has not been conducted. This is an important factor in ensuring the satisfaction of the community by having this space in their area. This study is the first step in the overall evaluation of the facility.

Research was conducted to identify the types of programs attended to most in terms of demographic information, community members’ usage of the SHRS Wellness Pavilion to describe the relationship to perceived health benefits from engagement, and to identify community members’ feedback on SHRS Wellness Pavilion programming in order to describe experiences in the space as well as identify any needed changes. This was completed through a uniquely designed Qualtrics post-activity survey that analyzed the programmatic engagement of participants. This survey included demographic data, health perceptions, and suggestions for future implementation. Subjects were recruited through program registration. Post-activity surveys were sent out at the conclusion of the program, whether it was a continuous or single session. Qualtrics post-activity surveys remained anonymous while gift card drawing forms requested identifying information so that incentives may be sent directly to them.

Results revealed that within the 8-week survey period, there was a very low attendance rate at the SHRS Wellness Pavilion. Only 33 participants attended programs developed during the survey period. Out of these 33 participants, 4 respondents fully filled out the post-activity questionnaire sent after completion of the activity. These participants indicated that they strongly agreed that their health perceptions had been positively impacted following engagement with an activity at the SHRS Wellness Pavilion and suggested further programs for future development. Research such as this should be conducted on a regular basis so that the needs of the community
are continuously met, and the facility can continue to evolve as a partner in the promotion of wellness to the community members.
Appendix A Post-Activity Survey

Q0 Fill out the survey for yourself if you are 16 years or older. Fill out the survey for your child if your child is under 16 years of age.

☐ Got it! (4)

Q0 If needed, you are permitted to have assistance filling out this survey.

☐ Sounds good! (1)

Q0 Are you completing this survey on behalf of a child?

☐ Yes (1)

☐ No (2)

End of Block: Who are you?

Start of Block: Demographics
Q1 Are you a resident of the Homewood Community?

- Yes, how many years? (1) ____________________________
- No (2)

Q1 Does your child reside in the Homewood Community?

- Yes (1)
- No (2)

Q2 Please type your child's age below.

________________________________________________________________

Q2 Please type your age below

________________________________________________________________
Q3 What race would you best identify your child with?

▼ White (1)
Black or African American (2)
American Indian or Alaska Native (3)
Asian (4)
Native Hawaiian or Pacific Islander (5)
Other (6)

Q3 What race do you best identify with?

▼ White (1)
Black or African American (2)
American Indian or Alaska Native (3)
Asian (4)
Native Hawaiian or Pacific Islander (5)
Other (6)
Display This Question:
If Are you completing this survey on behalf of a child? = No
And Demographics = Yes; How many years?

Q4 Which gender do you best identify with?

▼ Male (1)
Female (2)
Non-binary/Third gender (4)
Other (5)

Display This Question:
If Are you completing this survey on behalf of a child? = Yes
And Demographics = Yes

Q4 Which gender would your child best identify with?

▼ Male (1)
Female (2)
Non-binary/Third gender (4)
Other (5)
Q5 What is your highest level of education achieved?

- Some schooling (1)
- High school (2)
- Associate Degree (3)
- Bachelor’s Degree (4)
- Master’s (5)
- Doctorate (6)
- Other (7)
- Prefer not to respond (8)

Q5 What level of school is your child currently in?

- Pre-Kindergarten (Babysitter, etc.) (1)
- Elementary School (K-5th Grade) (2)
- Middle School (6th-8th Grade) (3)
- High School (9th-12th Grade) (4)
Display This Question:

If Demographics = Yes; How many years?
Or Demographics = Yes

Q6 What was the program attended today?

- Hope for Handwriting (4)
- Beyond the Bell (5)
- Dance & Be Fit (6)
- Alma Illery Breast Cancer Awareness (7)
- Pitt Enrich (8)

- Other (9) __________________________________________________
Q27 Have you attended any other programs at the Wellness Pavilion in the past 6 months?

<table>
<thead>
<tr>
<th>Has this program been attended?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (1)</td>
</tr>
<tr>
<td>No (2)</td>
</tr>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hope for Handwriting (1)</td>
</tr>
<tr>
<td>Beyond the Bell (2)</td>
</tr>
<tr>
<td>Dance &amp; Be Fit (3)</td>
</tr>
<tr>
<td>Alma Illery Breast Cancer Awareness (4)</td>
</tr>
<tr>
<td>Pitt Enrich (5)</td>
</tr>
<tr>
<td>Operation Better Block Jr. Corps Cooking Class (6)</td>
</tr>
<tr>
<td>Babysitting Certification Class (7)</td>
</tr>
<tr>
<td>Managing Diabetes through DISCO (8)</td>
</tr>
</tbody>
</table>

End of Block: Demographics

Start of Block: Health Perceptions
Q7 Please select the best answer that relates to your experience with the Wellness Pavilion.

<table>
<thead>
<tr>
<th>Strongly disagree (6)</th>
<th>Somewhat disagree (7)</th>
<th>Neither agree nor disagree (8)</th>
<th>Somewhat agree (9)</th>
<th>Strongly agree (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child has enjoyed an event/program that they have attended at the Wellness Pavilion within the last 6 months. (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over the past month, I have been satisfied with my child's health status. (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The instructor was able to teach my child something new regarding healthy lifestyles after engagement in the program attended. (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will try to have my child incorporate any new skills that they have learned at the Wellness Pavilion in their day-to-day and weekly life routines. (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending the Wellness Pavilion programs and events will positively affect my child's health status overtime. (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

68
Q7 Please select the best answer that relates to your perception.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree (21)</th>
<th>Somewhat disagree (22)</th>
<th>Neither agree nor disagree (23)</th>
<th>Somewhat agree (24)</th>
<th>Strongly agree (25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have enjoyed an event/program that I attended at the WP within the last 6 months. (1)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Over the past month, I have been satisfied with my health status. (2)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Attending the Wellness Pavilion programs and events will positively affect my health status overtime. (3)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The instructor was able to teach me something new regarding healthy lifestyles after my engagement in the program that I attended. (4)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I will try to incorporate any new skills that I learned at the Wellness Pavilion into my day-to-day and weekly life routines. (5)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

End of Block: Health Perceptions
Q8 If there are any other programs that you would like to see at the Wellness Pavilion, please choose one or state them (Example: Yoga, Mental Health Workshops, Certification Classes, etc.) Please type N/A if you do not have a suggestion.

☐ Yoga (5)

☐ Mental Health Workshop (6)

☐ Certification Classes (7)

☐ Tai Chi Classes (8)

☐ CPR & First Aid Certification Class (10)

☐ Cooking Classes (12)

☐ Concussion Education (13)

☐ Other (9) __________________________________________________
Q8 If there are any other programs that you would like to see at the Wellness Pavilion pertaining to children, please describe them. (Example: Daycare, Potty Training Classes, Back to School Prep, etc.) Please type N/A if you do not have a suggestion.

☐ Daycare (4)

☐ Potty Training Classes (5)

☐ Back to School Prep (6)

☐ Career Exposure Summer Camp (7)

☐ Other (8) _______________________________

Q9 What could have been done differently in the program that you attended? Please type N/A if you do not have a suggestion.

Q9 What could have been done differently in the program that your child attended? Please type N/A if you do not have a suggestion.

Q10 How would you suggest the Wellness Pavilion advertise events to the community? Please type N/A if you do not have a suggestion.
Q10 How would you suggest the Wellness Pavilion advertise child related programs? Please type N/A if you do not have a suggestion.

Q11 If you have a disability, do you feel as though your needs were accommodated? If not, how should the Wellness Pavilion better accommodate them in the future? Please type N/A if you do not have a suggestion.

Q11 If your child has a disability, do you feel as though their needs were accommodated? If not, how should the Wellness Pavilion better accommodate them in the future? Please type N/A if you do not have a suggestion.

Q12 Please type any other suggestions that you have for the future of the Wellness Pavilion that were not previously stated. Please type N/A if you do not have a suggestion.

Q12 Please type any other suggestions that you as the parent/guardian have for the future of the Wellness Pavilion that were not previously stated. Please type N/A if you do not have a suggestion.
Appendix B Survey E-mail

1st E-mail:

Hello!

Thank you for your participation in our program at the SHRS Wellness Pavilion! My name is Sasha, and I am the Community Engagement Fellow here at the SHRS Wellness Pavilion located in the Pitt Community Engagement Center in Homewood.

We would greatly appreciate your feedback on this program so that we may continuously adapt it to fit the needs of the community.

Please use this link to fill out our post-activity survey. It should take no more than 5-7 minutes to complete. No identifying information will be collected; this survey is completely anonymous.

https://pitt.co1.qualtrics.com/jfe/form/SV_3z9g7zoOCbwcdOm

If you would like to be placed in a $50 gift card drawing for filling out this survey, please fill out this 3-question form. 6 winners will be selected.

https://forms.office.com/Pages/ResponsePage.aspx?id=ifT5nqDg606HzDpSYRL9DVEuR0sG1cZAh_aSY75hzn9UNVXVTdJVDUwTjZIV1IzWjBWVU5OUUdWQi4u

Thank you, again, for your participation. If you have any questions, please feel free to respond to this email.

Best,

Sasha Tolliver
Follow-up E-mail

Hello!

Thank you for your participation in our program at the SHRS Wellness Pavilion. I am sending a follow up/reminder to fill out the survey’s below for a chance to win a $50 gift card to be used at any location of your choice. These surveys are also helpful for bettering the program development at the Wellness Pavilion to ensure that it is meeting the needs and expectations of the community.

Please use this link to fill out our post-activity survey. It should take no more than 5-7 minutes to complete. As a reminder, no identifying information will be collected; this survey is completely anonymous.

https://pitt.co1.qualtrics.com/jfe/form/SV_3z9g7zoOCbwcdOm

If you would like to be placed in a $50 gift card drawing for filling out this survey, please fill out this 3-question form. 6 winners will be selected.
https://forms.office.com/Pages/ResponsePage.aspx?id=ifT5nqDg606HzDpSYRL9DVEuR0sG1cZAh_aSY75hzn9UNVVXVTdJVDUwTjZIV11zWjBWVU5OUUdWQi4u

As always, please feel free to reach out to me regarding any questions that you may have!

Best,

Sasha Tolliver
Appendix C Gift Card Drawing Survey

Sign in + Survey & Gift Card Drawing

Please fill out this form if you are interested in being placed in a drawing for a $50 gift card for filling out a post-activity survey.

The survey will be sent to you via email after the program has ended.

1. Full name *
   Enter your answer

2. Email address *
   Enter your answer

3. Program attended *
   Enter your answer
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