Elm Street Community Survey

An Honors Thesis (HONRS 499)

by

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Thesis Advisor
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Expected Date of Graduation- 2004
Abstract

During the Spring and Summer of 2003 a survey was conducted of residents on Elm Street in the Old McKinley Neighborhood, North of Wysor Street and South of the White River. The purpose of the survey was to find the self-reported needs and assets of this community. The composition of this neighborhood is primarily Caucasian and 70% of households make under $30,000 per year. The community reported many assets such as the value of education and the role of religion as well as the availability of public transportation and expressed desire to see change come to the community. Respondents expressed a desire to reduce crime, restore the physical conditions of the neighborhood, build relationships with neighbors, and provide meaningful activities for children.

Acknowledgements

♦ Dr. Melinda Messineo- Thank you for all your guidance and expertise in advising this project.

♦ Blood-N-Fire Ministries- Thank you for your continuing support and inspiration.

♦ Joshua Smith- Thank you for your technical knowledge and selfless attitude in putting together the brochure.

♦ Kelbe Collins and Eliott Ferguson- Thank you for your willingness and assistance in completing the interviews.
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About the Survey

The purpose of the Elm Street Community Survey was to find the self-reported needs and assets of this community. The door-to-door survey interviews were collected from residents on Elm Street, north of Wysoir Street and south of the White River bridge. The survey was conducted by Kyra Hainlen during the Spring and Summer of 2003 as part her senior thesis for the Ball State University Honors College under the supervision of Dr. Melinda Messineo, professor of Sociology, and in conjunction with Blood-N-Fire Ministries. The research the survey was based on was inspired by the work the Christian Community Development Association (CCDA).

CCDA

The Christian Community Development movement started in the 1960's and was founded by Dr. John M. Perkins as a response to the state of the urban poor. In Muncie, efforts aligning with the CCDA movement are being made through the cooperation of organizations, churches and individuals. Local initiatives on Elm Street such as the advances currently being made through the collaboration of Blood-N-Fire Ministries, Habitat for Humanity, and community residents are making efforts toward the restoration and revitalization of the neighborhood.

For more information regarding the current work on Elm Street contact:
Blood-N-Fire Ministries
300 N. Madison
Muncie, IN 47305
765-747-0872

For more information about the Elm Street survey contact:
Dr. Melinda Messineo
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Muncie, IN 47306
765-285-5530
or
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Ball State University
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For more information about the Christian Community Development Association contact:
www.cnda.org

"Meeting needs by knowing where to start."
The Survey
The Elm Street neighborhood is an area rich in community support and possibilities. Interviews with neighborhood residents imparted an overwhelming desire to see improvement come to the area. All the findings presented here come through the responses of 33 individuals and families living on Elm Street during the summer of 2003.

Demographics
Race
White 87.9%
African American 3%
Other 6.1%

Income
$0-15,000 = 30.3%
$15,000-30,000 = 42.4%
$30,000-45,000 = 9.1%
$45,000+ = 9.1%
n/a = 9.1%

Age range  Average age
3-84 years  Female = 27.73
            Male = 30.81

Household
Range
1-9 persons
Average household size 3.45 persons

Assets
- Education valued
- Religion valued
- Availability of child care
- Availability of public transportation

Limitations
- High crime rate/presence of drugs
- Lack of local youth activities
- Physical structures of neighborhood in poor condition

Changes needed
- Better relationships with neighbors
- (61% supported activities such as neighborhood block parties)
- Less rental housing
- Improvements in the condition of housing
- More activities for youth
- Improved road conditions and policing of increased traffic

Ways to Help
- Make home ownership more accessible for local residents
- Coordinate local youth activities
- Organize neighborhood block parties or other events to build a sense of community in the neighborhood
- Implement a neighborhood task force to fight against the presence of illegal drugs and crime
- Attract grocery stores and other community support businesses to nearby area.
Introduction

The purpose of the Elm Street Community Survey is to take a grassroots look at the condition of this specific neighborhood and by doing so take the first steps in empowering the community to make their self-identified desired changes. The basic principles of community development grow from the idea that the community should have greater control of its environment, including community activities and assets.

The most important aspect of successful community development is active community control. For proper functioning it is necessary that community members define the problems that they are facing in order to create better interaction for developing ways to meet their needs. Community Development Corporations (CDCs) work to empower the community so that the whole community, not just the individuals benefit from the resources it seeks to provide. It is believed that there is a direct relationship between the improvement of the community and the improvement of each individual within that community (Berndt, 1977, 33-34).

In looking at the assets of the neighborhood, a model of Christian Community Development (CCD) may be useful in establishing long-lasting change in the neighborhood. While many families and individuals are being served through the welfare system there is still a great need for change to occur to improve their situation. CCD seeks to find the cause of the poverty problem and help build families that work together in a healthy and successful way to eliminate their poverty (Perkins, 1993, 28). Perkins (1995, 26), the founder of the Christian Community Development movement describes CCD as, “a church based ministry among the poor, which

- Begins with felt needs of the people in the community
- Responds to those needs in a holistic way
- Is based on clear biblical principles
- Is "time-tested"
- Develops and utilized leaders from within the community
- Encourages relocation- living among the poor
- Demands reconciliation- people to God and people to people
- Empowers the poor through redistribution- all community members sharing their skills, talents, education and resources to help each other

Demographics

There were a total of thirty-three (33) interviews conducted with respondents ranging in age from eighteen (18) years old and eighty-four (84) years old. Of the respondents, nearly sixty-four percent (63.6%) of them were female and the remaining thirty-six (36.4%) were male. The average age of respondents was 40.64 years old. Eighty-eight percent (87.9%) reported their racial identity as White, three percent (3%) African American, and six percent (6.1%) as "Other"—of which included "American Indian" and "Human".

When asked about their employment, the most common answer among respondents, at fifteen percent, was "unemployed". Other frequent answers were CNA (Certified Nursing Assistant), homemaker/housewife, student, retired, disabled, and work in the health care industry. About thirty percent (30.3%) of respondents reported an annual household income below $15,000; approximately forty-two percent (42.4%) reported between $15,000 and $30,000; nine percent between $30,000 and $45,000; nine (9.1%) percent above $45,000; and nine (9.1%) percent declined an answer.

The average household size of the population surveyed was 3.45 individuals, ranging from a minimum of one person to a maximum of nine people. Of all the
Household residents, fifty-two percent (52%) were female, and forty-eight (48%) percent were male. The average age of all females was 27.73; the average age of all males was 30.81.

Survey Results

There were multiple self-reported assets throughout the community. Some of the assets include a commitment to education, family and religion; good child care; and easily available public transportation. Described here are responses affirming the assets of the community. (The scale used for many of the questions puts 1 at strongly disagree; 2- disagree; 3- undecided; 4- agree; 5- strongly agree.)

When responding to the statement, "education is important to me" the average answer was 4.73, the most common response being a 5. Family support is also noted as an asset for this community, where the average answer was 4.52 when asked if they had a strong relationship with their family. There also seemed to be an overall importance of religion that could serve as an asset. The average response to "God is an important part of my life" was 4.39 and to "Religion or Spirituality is important to me" was 4.33.

Nearly all respondents replied that they had adequate child care, most often noted was that the caregiver was a family member. The average response was 1.39 when asked if they had problems getting good child care. (The scale used for many of the questions puts 1 at strongly disagree; 2- disagree; 3- undecided; 4- agree; 5- strongly agree.)

There is a MITS bus stop centrally located on this street and respondents agreed that MITS transportation was easily available there, with a score of 4.45.
Despite the many assets that this community has, there was also reported a great need for improvement. Of the questions asked, two of the greatest areas of need reported were a lack of activities for kids and a high crime rate. When asked if there is a lack of local youth activities, the average response was 3.76, the most common answer was 5. The median answer when asked if crime was too high was 3.43.

Probably more telling than the data itself, were the comments made during the interview. Multiple people, when asked about their general feelings toward the neighborhood cited crime, specifically stated that drug sales and prostitution were major problems. One person actually said they were moving their family away because of the presence of drugs. Multiple comments were also made about there not being enough activities for kids to do. One person said, “I wish they had more activities for kids, besides riding their bikes in the road.” Another person said that they, “keep the house locked up with the kids inside” because of the conditions of the neighborhood and the presence of drugs.

The lack of activities for kids may be significant because of the number of kids in the neighborhood. Thirty-five percent of the population in the households surveyed were age 18 or under. Estimates for the population of Delaware County in 1999 reported that twenty-three percent of the population of Delaware County was under the age of 18 (Delaware County Community Needs and Asset Assessment 2000).

Of a list of services available, the most common utilized was food stamps, by thirty-nine percent of households. Thirty-six percent (36%) of households report receiving free or reduced cost school lunches; thirty percent collect disability; and twenty-four percent (24%) of households in the neighborhood are on welfare. While
most respondents were not very interested in receiving the majority of public services available, the most common services they would use (if they are not currently) are free or reduced cost dental services (33%), free or reduced cost physical health treatment (27%), free or reduced cost legal services (24%) and free or reduced cost clothing (24%). While only thirty-nine percent (39%) of respondents said they currently obtain groceries from a food pantry or would like to if they don’t currently; sixty-one percent (61%) of households said that they would want to receive additional groceries at the end of the month if they were available close to the neighborhood. This may have to do with the location of such services currently available, or the perception of going to a “food pantry” versus receiving additional groceries. While this difference in wording may appear to be negligible, the connotation associated with receiving charity lessens the dignity of the person receiving help. Whereas most of the respondents would benefit from some extra help and would like it, the way the process has been set up and the stigma associated with it causes residents to not want to seek that help.

In addition to the responses about receiving additional food, there were some questions where answers conflicted, or could not provide a consensus of data for the neighborhood. There was also a general, although not strong, satisfaction with living in the neighborhood. When asked if they enjoyed living there, the average response was a 3.76. In response to if their neighbors were friendly, the average answer was 3.73. In response to there being a strong sense of community, the average response was 2.76, the most common responses were 2 and 4. This may show a division of attitudes toward the neighborhood.
Once again, the comments made by those interviewed may tell a greater story than the actual data. When respondents were asked about their feelings toward the neighborhood, there were more than three times as many negative comments made than positive comments. Most negative comments centered around four major areas: poor condition of the neighborhood, crime—especially presence of drugs, problems caused by rentals and/or landlords and traffic/road conditions.

Many comments were made by respondents about the poor condition of the neighborhood. In fact, 51% of respondents said they would be interested in home improvement or repair assistance if it were made available. Comments about the condition of the neighborhood included, “Not a neighborhood I would prefer to be in”, “Needs improving, but could be done if neighbors work together”, “gone down hill in the last five years; rentals a problem, cause a lack of community.”

The sentiment about rentals being an issue of concern was made by many people, even those rent. As one person put it, “rentals have caused the downfall of the neighborhood.” Sixty-seven percent (67%) of the households rent, and only fifteen percent (15%) of those were interested in buying the house they currently live in. Comments were also made about high landlord turnover and tenant turnover. While the mean number of years of occupancy was 10.34, the median number of years and most common response was 3.

While the average response when asked if the interviewee or anyone in their household had problems finding a job was 2.39; twenty-seven percent (27%) of responses were a 4 or 5. Unemployment or disability was also the highest rated self-reported
response to current occupation, followed by jobs in the health care industry and housewife or homemaker.

Despite the numerous concerns about the presence of drugs in the neighborhood, when asked if the respondent or anyone in their household had a problem with drugs or alcohol, the average response was 1.42, the most common response being a 1.

Researcher Comments

The entire process of producing the Elm Street Community Survey has been an extremely beneficial learning experience, as well as an insightful look at the condition of one small area of downtown Muncie. This invaluable educational tool has taught me so much about the methods and resources needed to develop and implement social research and also about the condition of a community struggling to survive and thrive. Through spending hours interviewing members of this neighborhood it has given me a greater desire to see change come to this area and to help empower community members to better use their self-identified assets and compensate for their needs.

One interesting observation was that north end of the street was in a worse condition and had more complaints about the condition of the neighborhood than the south end of the street. This was confirmed through discussion during the interviews where respondents said, “It’s a good place to live; the block down [the road to the north] may be different”; “Past Columbus St. things get worse.” However, there was no clear evidence as to why this has occurred. The distinction between the North and Sough ends of the street could explain why there was disparity in many of the responses.
Recommendations

Recommendations for provision of services should be based on responses made by community members. Overwhelmingly, the residents of Elm Street said that there is a need for improvement, both in the condition of houses and the condition of the community. The majority of those interviewed seemed to want to help bring a change to their community. Two of the three most requested services focused on changing the community and the houses within that community (block parties and home improvement/repair assistance). Tied to that was the problems reported about the high amount of crime and problems associated with rental housing. Possibly, a neighborhood task force could bring community members together and help them combat crime by joining forces and watching out for each other. The neighborhood would definitely benefit from new ownership of houses. A circular problem has developed where people don’t want to buy houses in the neighborhood because they think it’s bad, but one of the reasons they think it’s bad is because of the lack of ownership, which goes beyond just owning a house, to taking ownership in the neighborhood itself. Services which would provide assistance for funding the purchase and restoration of houses in the neighborhood would help bring the desired restoration to the community.

The most requested service was that for additional groceries at the end of the month. As discussed above, there may be problems with the delivery of such services and the need to preserve the dignity of the person receiving them. Perkins (1993, 28) asserts that people should not give solely on the basis that it makes them feel better. It is important to acknowledge that receiving charity is no easy matter for most people. Robert Lupton (1989, 5) said that, “Receiving is a humbling matter. It implies neediness."
It categorizes one as being worse off than the giver.” Thus, giving should be done in a way that affirms the person and does not dehumanize them.

Therefore, to adequately meet this need it is recommended that an alternate means of delivery be implemented to provide the same service. Over and above that, it is recommended that creative solutions be made to bring change to their situation, rather than perpetuating it monthly. These changes, as described by Jay VanGroningen (2003), can only come through building relationships and by building on an individual’s gifts and abilities. By getting to know people on a personal level and seeing them as more than a number they can then be connected to resources that will help them change their situation through an exchange of relationships, not a “hand-out”.

Another overwhelmingly reported need was that for local youth activities. Possible recommendations may be to start a neighborhood club or after-school program which would provide kids with activities, tutoring and mentoring to help connect community members through their children. This would best be done at a nearby facility or better yet, right there in the neighborhood, even within the homes of concerned community members. By instilling children with a strong moral basis and a concern for their community now, it will help improve the community and hopefully lower crime in years to come.
Works Cited


Delaware County Community Needs and Asset Assessment. (2000). Conducted by LifeStream Services, Inc. Commissioned by United Way of Delaware County, Community Foundation of Delaware County, Division of Family and Children’s Services, Delaware County Step Ahead and ACTION, Inc.


Elm Street Community Survey
Data Analysis
Kyra Hainlen

1 = Strongly Disagree
2 = Disagree
3 = Undecided
4 = Agree
5 = Strongly Agree

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a strong sense of community in this neighborhood</td>
<td>2.76</td>
<td>3</td>
<td>2, 4</td>
</tr>
<tr>
<td>2. MITS transportation is easily available here</td>
<td>4.45</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>3. I feel safe in this neighborhood</td>
<td>2.97</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4. The houses in this neighborhood are in good condition</td>
<td>2.70</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I enjoy living here</td>
<td>3.76</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>6. My neighbors are friendly</td>
<td>3.73</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7. My neighbors keep their yard clean</td>
<td>3.33</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>8. I have a strong relationship with my family</td>
<td>4.52</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>9. Religion/Spirituality is important to me</td>
<td>4.33</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10. Education is important to me</td>
<td>4.73</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>11. Crime is high in this neighborhood</td>
<td>3.43</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>12. My neighbors are too loud</td>
<td>2.39</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>13. I have problems accessing health care</td>
<td>2.52</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>14. There is a lack of local youth activities</td>
<td>3.67</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I would be interested in getting involved with a church</td>
<td>2.75</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16. I or someone in my household have a problem with alcohol or drugs</td>
<td>1.42</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>17. I or someone in my household have problems getting good child care</td>
<td>1.18</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>18. I or someone in my household have problems finding a job</td>
<td>2.39</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>19. God is an important part of my life</td>
<td>4.39</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Which of the following services would you or someone in your household want to be involved in if they were offered close to your neighborhood? (Check all that apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>Total%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Informal church service on Saturday afternoons</td>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>21. Home improvement/repair assistance</td>
<td>17</td>
<td>51</td>
</tr>
<tr>
<td>22. Receiving a free meal every Saturday at a nearby location</td>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>23. Receiving additional groceries at the end of the month</td>
<td>20</td>
<td>61</td>
</tr>
<tr>
<td>24. Free or reduced cost counseling/therapy</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>25. Help with a drug or alcohol problem</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>26. Temporary overnight shelter</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>27. Neighborhood block parties</td>
<td>20</td>
<td>61</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rent/Own Rent/Own</th>
<th>Total</th>
<th>Total%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Own Rent/Own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Do you rent or own your home?</td>
<td>22</td>
<td>67</td>
</tr>
<tr>
<td>Rent/Own Rent/Own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. If you rent, would you like to own the home you currently live in</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Rent/Own Rent/Own</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
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</thead>
<tbody>
<tr>
<td>Rent/Own Rent/Own</td>
<td>Mean</td>
<td>Median</td>
<td>Mode</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rent/Own Rent/Own</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Do you rent or own your home?</td>
<td>22</td>
<td>67</td>
<td>11</td>
</tr>
<tr>
<td>Rent/Own Rent/Own</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>29. If you rent, would you like to own the home you currently live in</td>
<td>5</td>
<td>14</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rent/Own Rent/Own</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
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<td>Rent/Own Rent/Own</td>
<td>Mean</td>
<td>Median</td>
<td>Mode</td>
</tr>
</tbody>
</table>
30. How long have you lived in your current home | 10.34 | 3 | 3

**What type(s) of assistance do you or someone in your household use?**
(circle all that apply)

<table>
<thead>
<tr>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>31a. Welfare</td>
<td>8</td>
</tr>
<tr>
<td>31b. Food stamps</td>
<td>13</td>
</tr>
<tr>
<td>31c. Groceries from a food pantry</td>
<td>6</td>
</tr>
<tr>
<td>31d. Reduced or free school lunches</td>
<td>12</td>
</tr>
<tr>
<td>31e. Unemployment</td>
<td>4</td>
</tr>
<tr>
<td>31f. Disability</td>
<td>10</td>
</tr>
<tr>
<td>31g. Reduced or free child care</td>
<td>2</td>
</tr>
<tr>
<td>31h. After school care/ youth activities program</td>
<td>2</td>
</tr>
<tr>
<td>31i. Overnight emergency shelter</td>
<td>0</td>
</tr>
<tr>
<td>31j. Section 8/ housing assistance</td>
<td>2</td>
</tr>
<tr>
<td>31k. Free or reduced cost mental health treatment</td>
<td>4</td>
</tr>
<tr>
<td>31l. Free or reduced cost physical health treatment</td>
<td>3</td>
</tr>
<tr>
<td>31m. Nursing home/ elderly care assistance</td>
<td>1</td>
</tr>
<tr>
<td>31n. Free or reduced cost clothing</td>
<td>2</td>
</tr>
<tr>
<td>31o. Free or reduced cost legal services</td>
<td>1</td>
</tr>
<tr>
<td>31p. Transportation assistance</td>
<td>3</td>
</tr>
<tr>
<td>31q. Free or reduced cost dental services</td>
<td>3</td>
</tr>
<tr>
<td>31r. None of the above</td>
<td>7</td>
</tr>
<tr>
<td>31s. other:</td>
<td>0</td>
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</tbody>
</table>

**For those services that you may not be using, which would you like to use? (circle all that apply)**

<table>
<thead>
<tr>
<th>Total</th>
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<tbody>
<tr>
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<tr>
<td>32c. Groceries from a food pantry</td>
<td>4</td>
</tr>
<tr>
<td>32d. Reduced or free school lunches</td>
<td>1</td>
</tr>
<tr>
<td>32e. Unemployment</td>
<td>2</td>
</tr>
<tr>
<td>32f. Disability</td>
<td>1</td>
</tr>
<tr>
<td>32g. Reduced cost or free child care</td>
<td>3</td>
</tr>
<tr>
<td>32h. After school care/ youth activities program</td>
<td>3</td>
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<tr>
<td>32i. Overnight emergency shelter</td>
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<tr>
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<td>4</td>
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<td>32n. Free or reduced cost clothing</td>
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<td>32o. Free or reduced cost legal services</td>
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<td>32p. Transportation assistance</td>
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</tr>
<tr>
<td>32q. Free or reduced cost dental services</td>
<td>11</td>
</tr>
<tr>
<td>32r. none of the above</td>
<td>10</td>
</tr>
<tr>
<td>32s other: utilities assistance</td>
<td>1</td>
</tr>
</tbody>
</table>

**Mean** | **Median** | **Mode**
---|---|---
33a. How many people live in your household? | 3.45 | 3 | 4

**Mean** | **Mean male** | **Female** | **Male**
33b. Ages and gender of those in your household

<table>
<thead>
<tr>
<th>Female age</th>
<th>age</th>
<th>age range</th>
<th>age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.73</td>
<td>30.81</td>
<td>.3 - 84</td>
<td>.5 - 72</td>
</tr>
</tbody>
</table>

34. Which best describes your yearly household income

<table>
<thead>
<tr>
<th>% $0-15,000</th>
<th>% $15,000-30,000</th>
<th>% $30,000-45,000</th>
<th>% $45,000 +</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.3</td>
<td>42.4</td>
<td>9.1</td>
<td>9.1</td>
<td>9.1</td>
</tr>
</tbody>
</table>

35. What is your current occupation?

Unemployed-5, fast food, dispatcher, CNA-2, merchandiser, sales, housewife/homemaker-4, security guard, student-2, manure mucker, retired-3, disabled-2, welder, factory, roofer, maintenance, health care-3, telemarketer,

36. Which best describes your racial identity?

% African American | % White | % Other
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>87.9</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Other: "American Indian" "Human"

37. What is your age

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.64</td>
<td>39</td>
<td>33</td>
</tr>
</tbody>
</table>

38. What is your gender

<table>
<thead>
<tr>
<th>% Male</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.4</td>
<td>63.6</td>
</tr>
</tbody>
</table>

39. What are your general Feelings toward the neighborhood? (In no particular order)

- Hope it gets better
- gone down hill the last 5 years, rentals a problem, cause a lack of community
- nice
- not too bad, the people are not very stable, too much drug use, rental houses a problem
- 2 nice neighbors, the only ones we talk to
- lived here so long you get used to it
- fairly quiet
- nice, get drugs and prostitution out
- too much crime, not good for kids, drug sales, need more police
- it sucks. Not a neighborhood or house I would prefer to be in
- satisfied, rather live in the country, but need access for medical attention
- OK, but going downhill, prostitutes
- Seen a lot of people come and go, seen it go up and down. It’s a family home, about 5 others that have been here a long time
- Needs improvement, but could be done if neighbors work together
- Needs fixed up; better and more policing that’s non-racist; needs improvement
- Nice neighborhood, lots of kids
- No problems
- Frustrating at times
- Not bad, generally don’t see the bad stuff, could be improved
- I like it down through here
- I like it here
- It’s OK (4)
- Pretty decent, pretty quiet, only 1 fight
- It’s a good place to live; the block down [the road to the north] may be different
- Great- moved back here from Tennessee
- Fair
• OK, some people need to be taken out
• Don't associate with them (neighbors); keep house locked up with the kids inside; not good, lots of crack houses
• Needs a lot of improving: curbs, sidewalks, tree removal

40. Please provide any additional comments
• Need more for kids to do
• Roads need improvement; spray for mosquitoes; landlord turnover a problem
• It's on the rise, you can tell people are trying to fix up their properties, my value goes up, too. Leery of inviting people in house because of history of being robbed- usually someone that's been in your home
• I wish they had more activities for kids, besides riding their bikes in the road. Need better sidewalks
• There's nothing for kids to do. Past Columbus St. things get worse. Generally negative feelings
• Friday nights are bad, but I feel pretty safe
• I moved here in 1956 to go to college and met my wife. That was the same year organized crime moved in to Muncie.
• Questions biased in religion- too monotheistic
• Need police enforcement on stop sign
• Rentals cause downfall of neighborhood
• I'm moving away because of the presence of drugs. Too much traffic- need more stop signs- too many kids
Elm Street Community Survey

Principal Investigator: Kyra Hainlen
Advisor: Dr. Melinda Messineo
Table of Contents

Human Subject Research Application – 3 pages

Protocol- 3 pages

Appendix A (Support Letter) - 1 page

Appendix B (Literature Review) -18 pages

Appendix C (Information Letter) – 1 page

Appendix D (Survey) - 5 pages
Ball State University
Institutional Review Board (IRB)
Human Subject Research Application

Select Type of Review -->

Title: Elm Street Community Survey

Principal Investigator (PI): Kyra Hainlen
Department: Sociology

Rank: Undergraduate
Email: 

PI’s address to which all correspondence will be sent
1411 West Riverside, Muncie, IN 47303

Telephone: (765) 289-2423

Anticipated Project Dates: Begin March 2003 End March 2004

If this project is funded or if the investigator is seeking funding, list the agency(s) and/or sources(s):

To comply with the federally mandated educational requirement, have you, as the PI and all of the key personnel for the proposed research project, completed the on-line tutorial (http://cme.nci.nih.gov) on the protection of human subjects?

\[\text{yes no}\]

As a result of the federal regulations, protocols submitted to the IRB without this requirement successfully completed will not be reviewed until the requirement has been met.

A printout of the computer generated certification of your successful tutorial completion must be either attached to this protocol application or be on record in the Office of Academic Research and Sponsored Programs.

IRB ASSURANCE STATEMENT

I have read and understand Ball State University’s Policy for the Protection of Human Subjects in Research as stated in the Faculty and Professional Personnel Handbook and I agree:

a) to accept responsibility for the scientific and ethical conduct of this research study;
b) to obtain IRB approval prior to revising or altering the research protocol or the approved Informed Consent form;
c) to immediately report to the IRB any serious adverse reactions and/or unanticipated effects on subjects which occur as a result of this study.

Kyra Hainlen

Date 2/21/03

FACULTY ADVISOR/SPONSOR ASSURANCE STATEMENT

As the Faculty Advisor/Sponsor, I certify that I have reviewed this protocol and affirm that merit of this research project and the competency of the investigator(s) to conduct the project. (A signature is required for all student research projects, and for all persons not affiliated with Ball State University.)

Melinda Messineo

Date 2/21/03

For IRB use

Approval Date:

Continuing Review:
**PROTOCOL INFORMATION**

List all persons, other than the PI, who will have a role in the research project (if necessary include an additional sheet of paper):

<table>
<thead>
<tr>
<th>Name</th>
<th>Rank</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melinda Messineo</td>
<td>Fac</td>
<td>Sociology</td>
</tr>
<tr>
<td>Faculty Advisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of subject population:

- Number of subjects: 40-60
- Gender of subjects: □ Males only, □ Females only, ▪ Both males and females
- Age range(s): 18 and older

Check all categories that apply to the subjects:

- □ Cognitively impaired
- □ Minors (individuals under the age of 18 yrs.)
- ▪ Normal/Healthy volunteers
- □ Patients/Clients
- □ Other, explain:

Will any information pertaining to the research be withheld from the subjects (i.e., as in a deception study)?

- □ yes, ▪ no

If yes, for what purpose?

List the location(s) where the research will be conducted: On Elm Street between Wysor and White River, Muncie, IN.

If an advertisement(s) will be used to recruit subjects, indicate the format(s) to be used:

- □ Flyer
- □ Newspaper
- □ Radio
- □ Television (e.g., public access channel)
- □ Electronic media, describe:
- □ Other, describe:

*** ATTACH COPIES OF ALL ADVERTISEMENTS TO THE PROTOCOL ***
If any part of the research is to be conducted at another institution with a collaborator, provide the following information for that person:

Name: ____________________________
Address: ____________________________
Telephone number: ___________ Email address: ____________________________

If any part of the research is to be conducted at an institution, or in conjunction with another organization, other than Ball State University, provide the name and contact information for a person who can give permission to conduct the research. (This generally will be the person who will write the letter of permission to conduct the research.)

Name: Blood n Fire Ministries
Address: 300 N. Madison
          Muncie, IN 47305
Telephone number: (765) 747-0872 Email address: ____________________________

AFTER PRINTING THE HUMAN SUBJECT RESEARCH APPLICATION FORM, SELECT THE CORRECT PROTOCOL REVIEW BUTTON.
Protocol

Elm Street Community Survey

Section I- Overview

1. Title- Elm Street Community Survey

2. Purpose of the Study- The purpose of this study is to assess the self-reported needs and assets of the Elm Street Community. This information will be used to determine the approach to Christian Community Development based on the response from neighborhood members. (see support letter Appendix A)

3. Rationale- By identifying the needs and assets of the neighborhood, community development efforts can be appropriated in the best way for this target area. The goal of Christian Community Development is to bring an overall restoration to the community through a holistic approach that includes addressing issues concerning housing, health care, social activities for all ages, safety and spirituality (see Appendix B).

Section II- Population

1. Number of Subjects- Approximately 40 individuals

2. The Population- Residents of Elm Street between Wysor Street and the White River

3. Inclusion/Exclusion Criteria- Individuals will be surveyed from the 60 housing structures in this neighborhood.
Section III- Recruitment

1. **Method of Subject Recruitment**- The head of household will be requested to complete the survey, but any contributing member over 18 years of age will be accepted to answer on behalf of the household. Before beginning the survey, a written consent will be obtained from each respondent (see Appendix C).

Section IV- Methods

1. **Methods and Procedures**- Following IRB approval, the 40 question survey will be conducted as a door to door interview (see Appendix D). The questions will be asked as written on the survey and recorded by the researcher. The survey will be conducted on Saturday afternoons or weekday evenings through July 2003. The Principal Investigator will be accompanied by a representative from Blood-N-Fire Ministries. This person will provide additional support and security to the principal investigator, but will not be involved in administering the survey in any way.

Section V- Anonymity/Confidentiality of Data

1. **Securing the Data**- Survey results will be kept confidential and no names of individuals will be recorded. The actual survey documents will be kept in a locked safe at Blood-N-Fire Ministries and will be shredded and disposed of when no longer needed.
Section VI- Potential Risks and Benefits

1. **Risks and Discomforts**- The risks and discomforts to the survey are minimal. Some questions are of a personal nature and most require the respondent to state their opinion or feelings toward their neighborhood condition. Respondents will not be required to answer any question they are uncomfortable answering.

2. **How Risks will be minimized**- Respondents will not be forced to answer any question they may feel uncomfortable answering.

3. **Potential Benefits**- The potential benefits from the results of this survey are great. The findings will be used to help provide programs and assistance to the neighborhood and its members. In joining with Blood-N-Fire Ministries, who has already established a presence in the neighborhood, the survey has the potential to continue building relationships with the community members and promoting an already established presence in the neighborhood.
February 22, 2003

Dear Review Board,

Greetings! I am writing to express my enthusiasm for the project that Kyra Hainlen is undertaking in McKinley neighborhood. Kyra has my full support and my permission to work with and use the name of Blood-N-Fire Ministries as she does her research. I look forward to working with her in any way that would be appropriate and fit within the framework of your expectations for this project. I believe the results will be very helpful in our work as we collaborate with others to see significant healthy change come to this neighborhood. Thank you for your support of this project that has potential to be a blessing to so many precious people.

Respectfully,

Bob Ball, Director

Address: 300 North Madison Street, Muncie, Indiana 47305 Phone: 765-747-08
Appendix B I

Introduction

The Elm Street Community Survey is a needs and assets assessment of the Elm Street Community, part of the Old McKinley Neighborhood. Results will be obtained through informal interviews conducted with residents of the community. The results will be used to help provide direction and insight for the development of services by Blood-N-Fire Ministries, part of the Muncie Christian Community Development Association.

Research Questions

The purpose of the survey is to find the self-reported strengths and weaknesses of the Elm Street Community. What does the community do well? In what ways can it help contribute to other groups? How could the community be improved? What resources could be utilized to make these improvements possible? How do the residents describe their community and their lives?

Literature Review

There is a serious problem today with the living conditions of those with a low socio-economic status, particularly those in poor urban areas. The United Nations estimates that upwards of a billion and a half people do not have adequate housing and that one-hundred million people have no house at all (Fuller, 2000). This problem, amongst others, is seen strikingly among the African-American population as they are disproportionately represented in poor urban areas. Perkins (1993) asserts that this disparity is based on, “three centuries of exploitation, dehumanizing laws, and now dependency and the absence of moral leadership (22).” He continues by quoting the following statistics:
• Infants born to black teenage girls have a 50 percent higher mortality rate that those of the general population
• 25 percent of black men aged 20 through 64 are unemployed
• One-third of blacks live below the poverty line
• 25 percent of black males aged 16 through 30 are in our prison system
• 64 percent of the prison population is black (and yet blacks account for only 12 percent of the general population)
• 600,000 blacks are in prisons, as opposed to 400,000 in colleges
• Two-thirds of black children are born to unwed mothers
• 2.6 million of our 4.6 million black families are headed by single women
• Homicide is the leading cause of death for black males aged 15 through 44
• Homicide is the second cause of death for all black males under 70

The purpose is not to just merely point out the injustices facing this part of our population, but to do something about it. When designing programs to help the poor it is helpful to understand why they are poor. There are two major schools of theory addressing that question. The first is that people are poor because they are not working hard enough; their personal problems and lethargy have prevented them from succeeding. The second theory says that people are poor because of an unjust society. Those with power, usually those who have money, control the politics and economics, thus the poor are discriminated against and exploited. However, a third theory seems to be growing up at the grassroots level that attributes the plight of the poor to a combination of both forces. There is still much debate over how much of the problem is caused by each, but many argue that steps need to be taken to address both sides (Perkins, 1995, 47-48). The Community Development (CD) model and subsequently the Christian Community Development (CCD) model seek to address these issues using a combination of forces by working directly with the individuals facing them.

The Community Development Corporation (CDC) arose from the struggle for civil rights in the 1960’s and the events surrounding this time in United States’ history. A combination of those forces necessitated the government and society to address the
needs of the urban poor. The purpose of CDCs was first officially stated in Title VII of the Community Economic Development Amendment to the Economic Opportunity Act of 1964 stating that CDCs were intended to:

Encourage the development of special programs by which the residents of urban and rural low-income areas may through self-help and mobilization of the community at large with appropriate federal assistance, improve the quality of their economic and social participation in community life in such a way as to contribute to the elimination of poverty and establishment of permanent economic and social benefits.

The National Advisory Council on Economic Development states the goal of CDCs as, “to break the cycle of poverty in low-income communities by arresting tendencies toward dependency, chronic unemployment and community alteration (Berndt, 1977, 32-33).” Berndt (1977) says that, “the Community Development Corporation has a mandate to improve the quality of life of the community residents through economic development, development of new skills, ownership of property and accumulation of capital for community improvement (37).”

Since the 1960’s CDCs have seen many changes. They have grown and expanded from their original market that grew out of response to social, urban and racial tensions. The early 1960’s CDCs were characteristic of business and work force development efforts. A second generation of CDCs emerged in the 1970’s. Their focus became smaller and tended to take on only one or two projects in a given area. Federal funding was still widely available. Much of the funding came from specialized bodies such as the Department of Housing and Urban Development’s Section 8 New Construction and Moderate Rehabilitation Programs. The 1980’s ushered in a third generation of CDCs saw a huge increase in numbers despite a depleting amount of available federal funds. This caused a shift that placed financial funding on local sources. The focus of the
1980's CDCs was mostly on housing and the changing non-profit housing sector. Many of the CDCs that began in the 1960's and 70's still exist and are on average, larger than those founded in the 1980's and 90's. In the early 1990's the CDC was relatively small, employing an average of 6-7 staff. The late 1990's also saw an emergence of Community Building and Comprehensive Community Initiatives (CBIs and CCIs). These new forms of community development emphasize the participation of community members in combining efforts with non-profit, government and for-profit entities at all levels of the system. CDCs are primarily funded through assistance and contributions from the government, philanthropic organizations and private businesses. New methods for funding are also being explored that would provide less tension between their grassroots focus and their bureaucratic funding structure (Ferguson, 1999, 195-201).

The basic principles of community development grow from the idea that the community should have greater control of its environment, including community activities and assets. The most important aspect of successful community development is active community control. For proper functioning it is necessary that community members define the problems that they are facing in order to create better interaction for developing ways to meet their needs. CDCs work to empower the community so that the whole community, not just the individuals benefit from the resources it seeks to provide. It is believed that there is a direct relationship between the improvement of the community and the improvement of each individual within that community (Berndt, 1977, 33-34).

"Community development produces assets that improve the quality of life for neighborhood residents. Although ownership and control of these assets is preferred,
increasing access is also important because it expands opportunity (Ferguson, 1999, 4). Since most of the businesses and property in poor neighborhoods are owned by individuals outside the community, the money poured into these establishments and the benefits of the money are reaped by those outside the community. It is therefore believed that if community members are able to take ownership of businesses and even their own homes, then the entire area will improve and become more self-sustaining. The money invested in these entities would then be reinvested in the people of the community—and its benefits would stay within the community (Berndt, 1977, 34).

According to Berndt (1977, 33) the overall desire of the CDC is to facilitate partnerships between the community, government, and private business sector. The role of the private business sector is to provide members for CDC boards and subsidiary boards as well as providing technical assistance and staff training and management support. The role of the government is that of a significant source for funding, provision of technical assistance and direction, favor in consideration of government contracts. The role of the community is to supply the workers, direct vision and structure for functioning of the CDC.

CDCs work not only to improve the immediate financial condition of the individuals in economically depressed areas, but also to seek justice for the acts of economic forces that have caused the marginalization of entire populations (Ferguson, 1999, 194). CDCs seek to improve communities not only through housing and commercial development, but also organizing, advocacy, community building and services related to the social, intellectual, physical, financial and political aspects of life (6). CDCs employ a grassroots approach in which residents present concern over the
need of their community and take action over these things. Community residents are believed to be the greatest source of knowledge when it comes to their particular community. In addition to being grassroots, CDCs pursue a holistic approach that respects and addresses a comprehensive view of the lives of individuals (193).

Habitat for Humanity (HfH) is one successful example of a community development strategy focused on ownership of homes. HfH is a Christian organization that works to build good houses and good communities. Their aspiration is to create, or when applicable in many circumstances re-create, strong and healthily functioning neighborhoods that strengthen and support its members by building strong and supportive families. There is a significant need to build not only good homes, but also strong neighborhoods. This need was recognized by the U.S. Congress through the 1949 Housing Act. This act put in writing a desire for all American families to have decent housing in a sufficient living environment. These good intentions, however, have been difficult to achieve. The nation, as a whole, has done well at providing housing, but not nearly as well at fostering the achievement of adequate living environments (Fuller, 2000, 53). “All aspects of the Habitat program are structured to nurture families and break the poverty cycle- not just provide an affordable house (31).” Fuller believes that, “a new social and religious movement is forming to rid the world of substandard houses and homelessness. Habitat for Humanity is the vanguard of launching and nurturing that movement.” He continues by saying that, “even with a growing movement in place, it is going to take a very long time to accomplish the goal of ending poverty housing and homelessness. That’s why it is essential to engage the next generation and the one after that and the one after that in this ministry of hammering out faith and love (269-270).”
Many reports have been made of the emergence of CDCs and churches, primarily those of African-American and the urban poor. Many churches have created CDCs and others have formed small community development programs (Ferguson, 1999, 230). Ferguson (1999) also notes on page 589:

Churches and labor unions have been the institutions most able to organize the moral force and outright defiance—hence crisis—needed to raise the nation's consciousness on issues of social justice. It is possible that an upsurge in political organizing might be necessary in the next few years. Churches and church-affiliated organizations are best suited, most financially and politically independent base of power from which to launch such a movement.

Historically, the church has played a vital role in providing social service programs. It continues to be an integral part of an emerging movement called Christian Community Development (CCD). Christian Community Development seeks to empower the poor and offers solutions to some of the problems facing the inner-city. CCD shares many of the same basic principles and programs as CDCs. The fundamental focus of both is to seek justice for and improve the condition of the poor. The primary difference is the Christian Community Development’s overt focus on ministry in addition to social programs. CDC addresses the need for a holistic approach to helping people. Their basic tenant is the love of God and from that comes spiritual outreach, social action, economic development and justice for those in need. At the heart of everything done through CCD is the belief that people innately have spiritual needs and those are best met through relationship with God. The church is seen as a catalyst for these beliefs and social service programs based on holistic ministry (Perkins, 1995, 21). Christian Community Developers look to the activities of Jesus as described in the New Testament as a role model for their actions. As described by John Perkins (1995, 20), the founder of the CCD movement:
Jesus goes directly to the people and loves and affirms them. Because they trust him, many come to believe in him. Jesus’ method of ministering to people around their needs offers us a powerful example. Jesus met the Samaritan woman around her felt need (having her dignity affirmed), loved her around that need (by boldly initiating a dialogue), made her needs his very own (by asking for a drink), then shared with her the ‘wonderful plan’ by helping her discover for herself her spiritual needs.

While many families and individuals are being served through the welfare system there is still a great need for change to occur to improve their situation. CCD seeks to find the cause of the poverty problem and help build families that work together in a healthy and successful way to eliminate their poverty (Perkins, 1993, 28). Perkins (1995, 26) describes CCD as, “a church based ministry among the poor, which

- Begins with felt needs of the people in the community
- Responds to those needs in a wholistic way
- Is based on clear biblical principles
- Is “time-tested”
- Develops and utilized leaders from within the community
- Encourages relocation- living among the poor
- Demands reconciliation- people to God and people to people
- Empowers the poor through redistribution- all community members sharing their skills, talents, education and resources to help each other

These eight key elements are narrowed down into three basic tenants call the “3Rs: Reconciliation, Redistribution and Relocation” (Perkins, 1995, 32). Reconciliation is based upon Jesus’ command to love God and love thy neighbor. According to the CCDA website (2002):

Christian Community Development is concerned with reconciling people to God and bringing them into a church fellowship where they can be discipled in their faith... Christian Community Development recognizes that the task of loving the poor is shared by the entire body of Christ, black, white, brown, and yellow, rich and poor, urban and suburban.

Redistribution is meant to empower the poor through providing avenues in which a more fair diffusion of money is achieved. “Christian Community Development
ministries find creative avenues to create jobs, schools, health centers, home ownership, and other enterprises of long-term development (ccda.org, 2002).” Relocation means transplanting individuals and families interested in the values and work of CCD into the urban areas where they are working. “By relocating, we will understand most clearly the real problems facing the poor; then we may begin to look for real solutions... Relocation transforms "you, them, and theirs" to "we, us, and ours." (ccda.org, 2002).”

According to Perkins (1995, 20) there are three basic, universal human needs that have been identified that determine a person’s overall development, growth and secure sense of dignity. The first is a “need to belong”. This is seen in all areas and walks of life, but is especially significant in poor urban areas. This need to belong can also assist us in understanding the urban gang problem. The second need is that of being “significant and important- to be somebody”. It is important to every individual that they have a sense of accomplishment and love. Every person needs to know that they have worth. The third is a need for a “reasonable amount of security”. Violent crime pays a heavy toll on the safety of the families and communities within U.S. cities. It is necessary for every person to know that they have the security and safety in which to live and grow.

The three needs presented by Perkins align very closely with Maslow’s Hierarchy of Needs. Maslow asserted that every human being has needs that have to systematically be met in order for them to progress and eventually reach the highest point, that of Self-Actualization. Maslow starts out with a person’s physiological needs, those that must be met in order to sustain life. The second step is safety. Safety is defined as having security and structure in an environment that provides freedom from fear, anxiety and
chaos. The third step is belongingness and love needs. This is the area where people naturally seek affirmation and affection from people close to them such as family and friends. The fourth step is esteem needs. In this stage one develops self-respect, respect for others and recognizes a sense of accomplishment. Self-actualization is the final step in Maslow’s model. In this stage one is able to recognize and achieve their full potential. It is characterized by problem solving abilities, creativity, search for justice, truth, order, unity and beauty. At this point, an individual is equipped and ready to learn and discover themselves and the world around them (Zastrow, 2001, 432).

CCD embraces the principles identified by Maslow through its holistic approach and focus on the individuals in the community as well as the community as a whole. CCD works to empower those in need to rebuild themselves and their community. The principle used to accomplish this is called indigenous leadership. It is described essentially as assisting those in a community to solve their own problems. This principle is one that sets CCD apart from other similar models (Perkins, 1995, 31).

CCD efforts must go beyond simple acts of charity and kindness. Perkins asserts that people should not give solely on the basis that it makes them feel better. It is important to acknowledge that receiving charity is no easy matter for most people. Robert Lupton said that, “Receiving is a humbling matter. It implies neediness. It categorizes one as being worse off than the giver.” For Christian Community Developers, giving should be done in a way that affirms the person and does not dehumanize them. Christians view giving as a humbling experience because of their belief that one is only able to give because God first gave to them (Perkins, 1993, 28). This view of giving is a foundation in the CCD movement. In the CCD model giving is
Appendix B 11

best represented in empowerment. A basis for the view of empowerment comes from a Chinese Poem (as copied from ccda.org):

Go to the people
Live among them
Learn from them
Love them
Start with what they know
Build on what they have:
But of the best leaders
When their task is done
The people will remark
“We have done it ourselves.

Hundreds of Christian Community Development Associations are operating in the United States and countries around the world. One of the earliest of these church-focused operations is the New Song program located in the Sandtown neighborhood of Baltimore, Maryland. The New Song Community Church, established in 1988, has grown to include a Habit for Humanity chapter, a community learning center, a health clinic, a job center and an arts and media center. These programs employ over 80 people, more than 60 of whom are lifetime residents of the neighborhood. The Sandtown-Winchester area of west Baltimore is a 72 block community. The focus of the New Song efforts are based on 15 blocks in the north-central part of the community.

The 2000 Delaware County Community Needs and Assets Assessment provides recent and relevant data about the perceived conditions of Muncie residents. They reported that, “One of the greatest challenges facing low to moderate-income households is sufficient resources to meet medical needs (7).” The proportion of people in Delaware County on Medicaid (9.8%) is slightly higher than the state average (7.8%). The percentage of people in Delaware County receiving TANF in June of 1999 was 1.5%, again slightly higher than the state average of 1.3%. The report estimates that
16.4% of the population was living in poverty in 1993, equaling out to almost 19,000 individuals in Delaware County. In addition to economic deficiencies, the proportion of babies born out of wedlock (36.4/1000) in 1995 was also higher than the national average (32.4/1000). Delaware county children also ranked as the 10th highest county for rates of positive lead screenings in Indiana. This could possibly be attributed to the age of many Muncie area homes (70% of homes were built before 1940).

Looking at the specific conditions of the McKinley Neighborhood as provided by the Ball State University Department of Urban Planning will provide a better understanding of the specific population being studies on Elm Street. Studies were conducted in both the Spring of 1999 and Spring of 2002 that looked at the condition of homes and resident opinions. The 1999 study reported that 85% of available housing was being occupied. Elm St. was listed as an area where the concentration of abandoned homes were located. Of the occupied housing structures 68% was being used as a single unit, 25% a double unit and 7% multi-unit. Many of the homes which had originally been single unit structures had been converted to multi-unit structures. These changes create wear on the structures and requires additional maintenance. The housing survey found that many of the residents whose homes required major repairs were unable to afford the cost of the repairs. Over half of the units in the neighborhood required some sort of repair, ranging from basic superficial repairs to the exterior of the houses to major repairs such as the roof and the foundation. The high rate of renter occupied and double/multi unit structures has had an unfavorable effect on the neighborhood and overall housing quality.
The second part of the 1999 study was a public opinion survey conducted exclusively with the residents of the neighborhood. Respondents viewed the biggest problem in the neighborhood to be the level of crime. The second biggest problem was the large number of absentee landlords that owned property in the neighborhood that was not being properly taken care of. Another major concern mentioned was the lack of youth activities available to the children and teens. Respondents viewed one of their greatest assets to be a good sense of community. They also viewed good access to public transportation as a benefit of their community.

The 2002 study conveyed much of the same information as the 1999 study, but showed a slight improvement of the physical condition of the neighborhood. They listed that 80% of the houses were in good condition and that the repairs needed for the other 20% were mostly minor (paint and roof replacement). The major problems they found were mostly related to the community. These were such things as “trash in the yards, lack of community and parking issues.” A lack of recreational facilities was also a concern for residents. Drug dealing and domestic violence ranked as the highest crime concerns for residents. The average household size was reported to be 2.37 people, the average age of housing units was 60 years and valued at $19,600. Elm St. was noted as having a more highly concentrated number of multi-family homes. Residents believed that “the neighborhood would be better off if the families owned, instead of rented.” This relates to the concern in 1999 of the number of absentee landlords and the condition of the houses, particularly upkeep of yards and eradication of trash and litter.
A community profile provides a broad based look at a selected group, in this case the Elm Street community. It is not limited just to statistics, but includes the conditions of a neighborhood as described by those living in it (Samuels, 1995, 18). Doing a community assessment is an important step in community development because it serves as the groundwork upon which the programs and services will be built. The assessment is meant to serve as a way to gather information and opinions from neighborhood residents and in doing so foster ownership in the program (viii). Needs assessments are usually defined by professionals as a look at the discrepancies between what should be present in a community and what is really present. These discrepancies may be in the form of the ideal, the norm, a minimum requirement, a desired amount or an expected finding (Posavac, 1992, 101).

**Hypothesis**

A good way to identify the needs of a population is simply to ask. Individuals in the population hold opinions and attitudes toward their perceived need and the development of human services (Posavac, 1992, 106). The purpose of this survey is to do simply that: ask. The Elm Street Community Survey will build on the foundations laid by research that has previously been done in Muncie and in the McKinley Neighborhood (of which Elm St. is a part). It is predicted that many of the same opinions and findings will occur in the Elm Street Community Survey as in the previous studies. The Elm Street Survey is necessary to provide a more accurate and detailed look at the needs of this specific neighborhood and identify how they relate to the Christian Community Development model.
It is hypothesized that there will be a racial and age mix within the community, but that most of the households will be of a modest income (likely $30,000 or below). The majority (over 50 percent) will use at least one social service listed in the survey and at least half will be interested in a service they are not currently using.

**Methodology**

The attached survey will be used to do a community profile of the needs and assets of the Elm Street neighborhood, North of Wysor Street and South of the White River. The exploratory design of the survey will provide insight and understanding of the problems facing this community. The purpose of the study is to identify areas of perceived need in the neighborhood that can be addressed by the Muncie Christian Community Development Association. In other words, what can the Muncie CCD do to help meet the needs of the Elm Street Neighborhood?

The survey will be conducted as a door-to-door survey during weekday evening hours or during Saturday afternoons; it is predicted that this is when residents are most likely to be available. Upon approaching each housing unit the head of household will be requested to complete the survey, but any contributing member over age 18 will be acceptable to answer on behalf of the household. The researcher will explain the purpose of the survey by using the consent form. One consent form will be signed and kept securely by the researcher. Confidentiality of the respondent is assured. Another consent form will be left with the respondent, both forms contain an explanation of the survey and provide contact information. The researcher will ask the respondent forty questions pertaining to their life situation and their experiences in the neighborhood and the
answers will be recorded on the survey form by the researcher. Of the sixty housing structures, at least one representative from 40 (forty) of the structures (some structures have multiple housing units, and some structures are currently unoccupied or unlivable) will be surveyed. For a total of at least 40 completed surveys.
Resources


Delaware County Community Needs and Asset Assessment. (2000). Conducted by LifeStream Services, Inc. Commissioned by United Way of Delaware County, Community Foundation of Delaware County, Division of Family and Children’s Services, Delaware County Step Ahead and ACTION, Inc.


Dear Neighbor,

The purpose of the Elm Street Community Survey is to get a better understanding of the situations and opinions of people in the neighborhood. Any information you provide will be strictly anonymous and your name will not appear on any document relating you to the information provided in any way. The survey has been organized through the Sociology Department of Ball State University and Blood-N-Fire Ministries. Blood-N-Fire Ministries has recently received the house at 650 N. Elm as a donation and it is currently being restored. We are very interested in getting to know the people in the neighborhood and providing resources to help improve the community.

Your answers to the survey are very important to us and will give us an idea of what this neighborhood is like and what, if any, changes you would like to see occur. Please feel free to contact us if you have any questions or more information to share. Your input is greatly appreciated! Thank you!

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Elm Street Community Survey

Please mark each of the following statements1-5 based on your opinion.
1= Strongly Disagree
2= Disagree
3= Undecided
4= Agree
5= Strongly Agree

1) _____ There is a strong sense of community in this neighborhood.
2) _____ MITS transportation is easily available here.
3) _____ I feel safe in this neighborhood.
4) _____ The houses in this neighborhood are in good condition.
5) _____ I enjoy living here.
6) _____ My neighbors are friendly.
7) _____ My neighbors keep their yard clean.
8) _____ I have a strong relationship with my family.
9) _____ Religion/Spirituality is important to me.
10) _____ Education is important to me.
11) _____ Crime is high in this neighborhood.
12) _____ My neighbors are too loud.
13) _____ I have problems accessing health care.
14) _____ There is a lack of local youth activities.
15) _____ I would be interested in getting involved with a church.
16) _____ I or someone in my household have a problem with alcohol or drugs.
17) _____ I or someone in my household have problems getting good child care.
18) _____ I or someone in my household have problems finding a job.
19) _____ God is an important part of my life.

Which of the following services would you or someone in your household want to be involved in if they were offered close to your neighborhood? (Check all that apply)

20) _____ Informal church service on Saturday afternoons
21) _____ Home improvement/repair assistance
22) Receiving a free meal every Saturday at a nearby location.
23) Receiving additional groceries at the end of the month
24) Free or reduced cost counseling/therapy
25) Help with a drug or alcohol problem
26) Temporary overnight shelter
27) Neighborhood block parties

28) Do you rent or own your home? (please circle one)
    a) rent
    b) own

29) If you rent, would you like to own the home you currently live in? (please circle one)
    a) Yes
    b) No
    c) Not sure

30) How long have you lived in your current home?

________________________

31) What type(s) of assistance do you or someone in your household use?
    (circle all that apply)

    a) Welfare
    b) Food stamps
    c) Groceries from a food pantry
    d) Reduced or free school lunches
    e) Unemployment
    f) Disability
    g) Reduced or free child care
    h) After school care/ youth activities program
    i) Overnight emergency shelter
    j) Section 8/ housing assistance
k) Free or reduced cost mental health treatment
l) Free or reduced cost physical health treatment
m) Nursing home/ elderly care assistance
n) Free or reduced cost clothing
o) Free or reduced cost legal services
p) Transportation assistance
q) Free or reduced cost dental services
r) None of the above
s) other: ______________________________

32) For those services that you may not be using which would you like to use?
(circle all that apply)

a) Welfare
b) Food stamps
c) Groceries from a food pantry
d) Reduced or free school lunches
e) Unemployment
f) Disability
g) Reduced cost or free child care
h) After school care/ youth activities program
i) Overnight emergency shelter
j) Section 8/ housing assistance
k) Free or reduced cost mental health treatment
l) Free or reduced cost physical health treatment
m) Nursing home/ elderly care assistance
n) Free or reduced cost clothing
o) Free or reduced cost legal services
p) Transportation assistance
q) Free or reduced cost dental services
r) none of the above
s) other: ______________________________

33a) How many people live in your household?
(specify number)

__________________________
33b) Ages and gender of those in your household:


34) Which best describes your yearly household income?
  A) $0- $15,000
  B) $15,000- $30,000
  C) $30,000- $45,000
  D) $45,000 or more

35) What is your current occupation?


36) Which best describes your racial identity?
  A) African American
  B) White
  C) Hispanic
  D) Asian
  E) Other: ______________________

37) What is your age? ______________

39) What is your gender?  Male        Female

39) What are your general feelings toward the neighborhood?


40) Please provide any additional comments you would like to share.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Completion Certificate

This is to certify that

Kyra Hainlen

has completed the Human Participants Protection Education for Research Teams online course, sponsored by the National Institutes of Health (NIH), on 01/18/2003.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.

National Institutes of Health
http://www.nih.gov