



CLAREMONT HEALTHY VILLAGE INITIATIVE Community Needs Assessment Report

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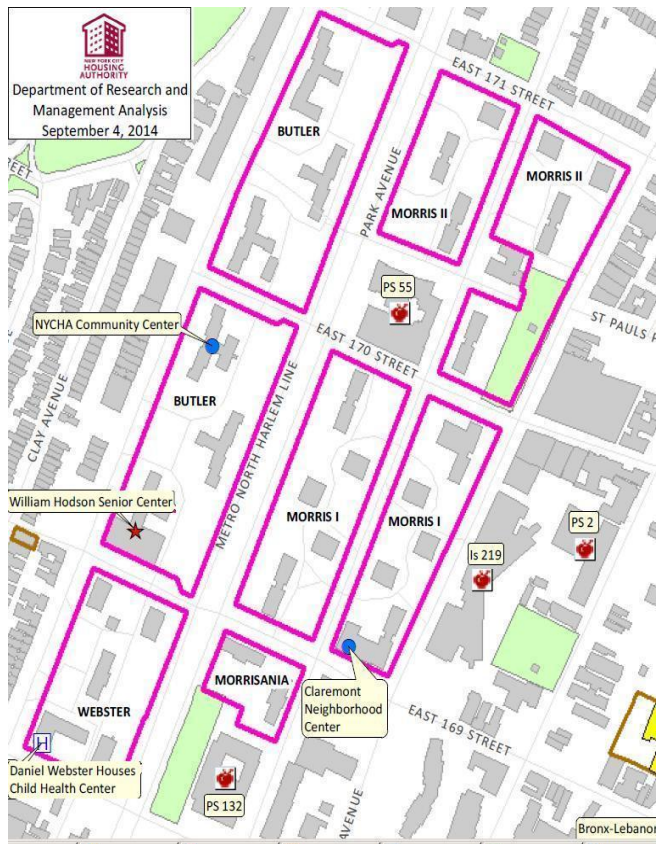
Executive Summary

The Claremont Healthy Village Initiative (CHVI) was originally launched as a three-year initiative in the fall of 2012. The initiative was set up to improve health outcomes and encourage the healthy lifestyles of Claremont residents. The preliminary partners of the initiative were Bronx Lebanon Hospital center's Family medicine department (BLHC), the American Diabetes Association, The Claremont Neighborhood Center (CNC) and HealthFirst.

The initiative has since addressed some of the needs of the community. For instance, the initiative partnered with GrowNYC to provide fresh, healthy, locally grown produce available for purchase using EBT/SNAP benefits. Other partners now include Casita Maria Center for Arts & Education, the Bronx Documentary Center (BDC), the William Hodson Senior Center, the New York City Housing Authority (NYCHA), Directions For Our Youth, and the Morrisania and Butler Tenant Associations.

This needs assessment report was commissioned to further research the needs of the community. The findings of the needs assessment will help inform the initiative on community needs from the perspective of community members. One thing that is clear is most of these issues are interrelated. There will not be a quick fix for any of these problems. However it is important that the initiative continues to engage the community members on a larger scale. The need for this is discussed further under recommendations.

Overview of the community



The Claremont Village is located in South Bronx, New York. Claremont is a NYCHA public housing development. The community has a population of 11,000 people with 35% under the age of 18. Claremont is a majorly Hispanic (52%) and Black/African-American (46%) community. According to 2014 data provided by NYCHA, 13.5% of all families in the community are on welfare while the average gross income of the population is \$20,508. Additional statistics concerning

Claremont residents can be found in the table below.

% Of residents who have Asthma	19%
% Of residents who have Diabetes	9%
% Of residents who have hypertension	20%
% Of residents who are obese	14%
% Of residents who are smokers	13%

2014 NYCHA data released to the family medicine department

Methodology and timeline

Research – 3 weeks

The needs assessment began with research on the community. Socio-demographic information was gotten from NYCHA. Some community assets were identified using the directory. Areas of concentration were determined based on this information and a timeline was set. The major areas of concentration included food access, cleanliness of the environment, employment, physical inactivity, crime/safety and access to healthcare. Furthermore, the survey touched on other areas such as Internet access and spirituality. Please find a copy of the survey at the end of this report.

Data Collection

Surveys: Design – 1 week

The survey was our primary method of data collection. A draft of the survey was created and piloted in Bronx Lebanon's Family medicine clinic. A final draft was made following recommendations. The final survey had 23 questions. The branch logic was added to the Yes/No questions. This way survey takers could skip to the next question if it was an unrelated topic. Open-ended questions were kept to a minimum. Multiple choice questions and likert scales were utilized.

Research showed that people were less skeptical about surveys if demographic questions were at the end, so this method was adopted. This turned out to be the case while administering the surveys; some people questioned the need for demographic information if the survey was truly 'anonymous'. The paper survey was available in both English and Spanish. Additionally, an online English version of the survey was prepared using GoogleForms.

Conducting the survey – 3 weeks

257 surveys were collected in total over the course of three weeks. The surveys were administered Monday – Friday at different periods between 9:30 am – 4:30pm. Surveys were conducted at community parks, the William Hodson senior center, the Community Neighborhood Centre and by walking around the neighborhood (on major roads and in between the development). Different incentives were given to encourage people to take the surveys. The incentives ranged from tote bags, cooler bags, medication trackers and teddy bears to mini first-aid kits. While conducting the surveys, I had informal interviews/discussions with some of the residents. They allowed me to take notes during these discussions. The longest informal interview lasted over an hour.

Formal Interviews – 1 week

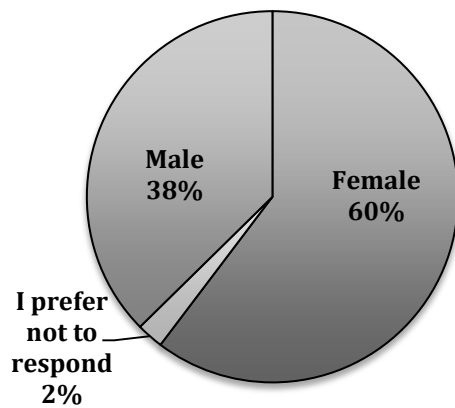
Six community leaders were interviewed over the course of one week. These community leaders were; Dr. Reich from Bronx Lebanon hospital center, Dr. Mills from the William Hodson Senior Centre, Mr. Jones from The Claremont Neighborhood Center, Mr. James, Mr. Bernard and Ms. Barbara Holmes a Tenant Association president. Some of the common themes in the interviews included the need for more and better paying jobs, better quality food, youth empowerment, banks as well as a reduction in guns and violence.

Data Analysis – 1 week

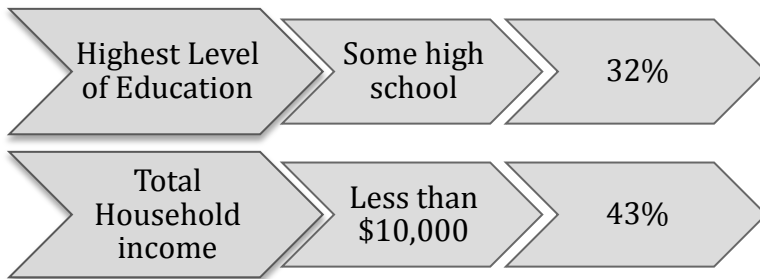
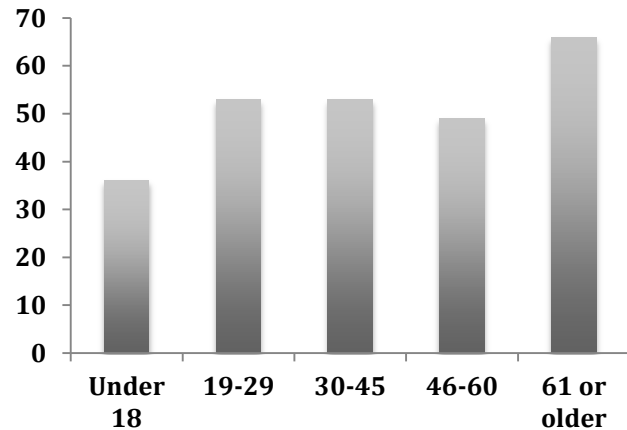
The data was evaluated using Microsoft excel (pivot tables and charts).

Key Findings – Demographics

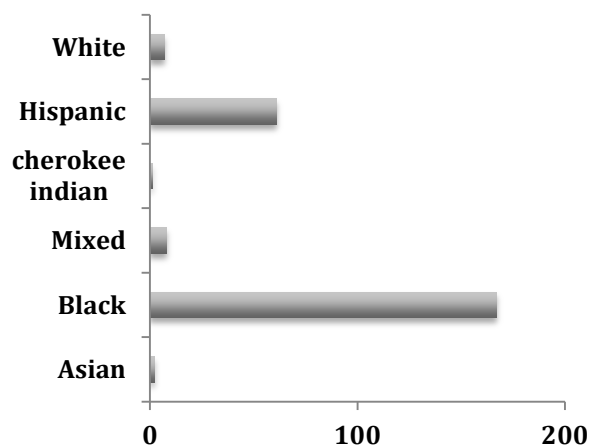
Gender Distribution



Age Distribution



Race/Ethnicity



60% of our sample was female.

Although a larger population of the Claremont community is Hispanic,

more Black/African-Americans

participated in the survey. Most

people who identified as mixed were

Hispanic/Black. There were a few

Black/White and Hispanic/white.

Additionally, few Africans identified

as other rather than Black. However I

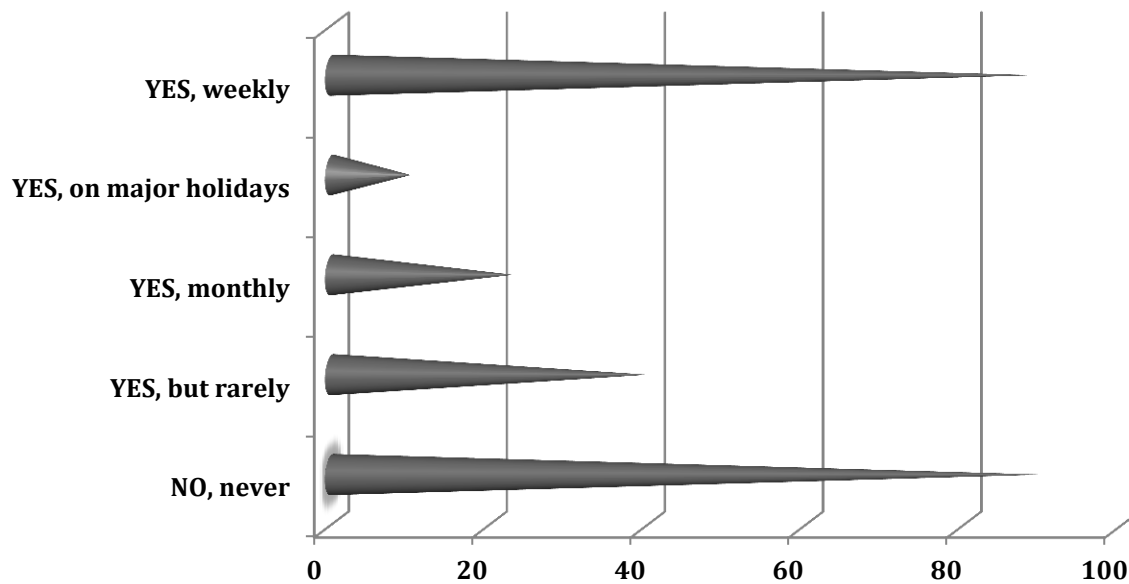
have represented these people under

'Black' for the purpose of this

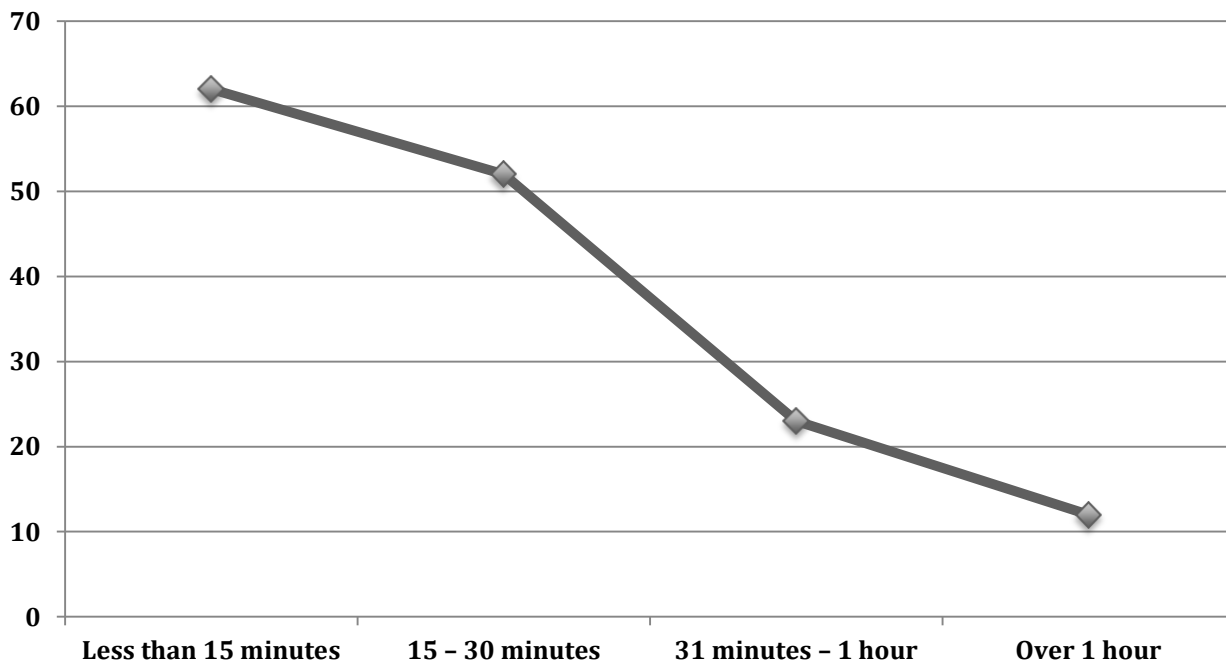
analysis.

Religion /Spirituality

Question - Do you attend religious / Spiritual services?

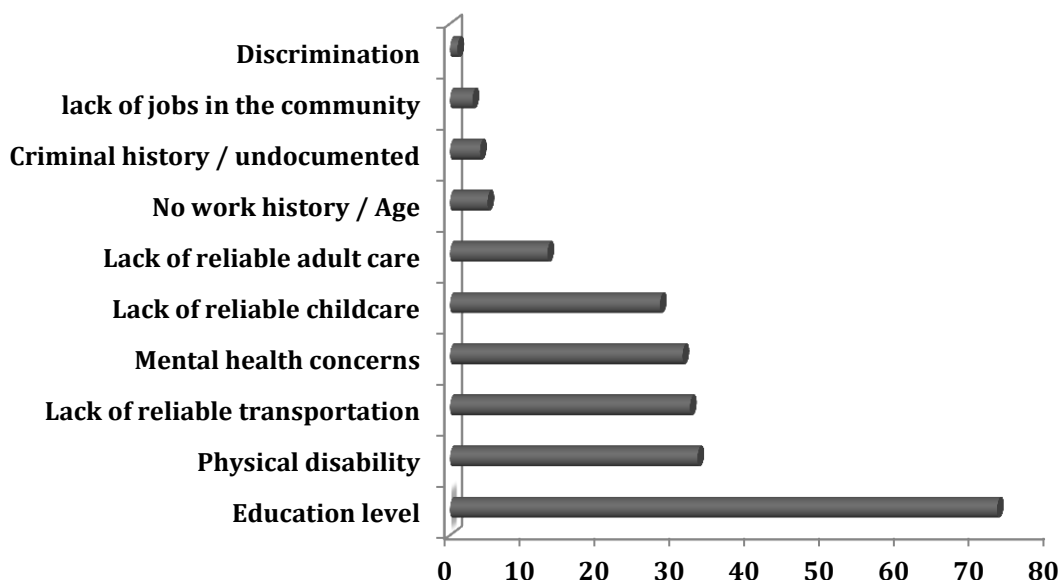


Question - If you attend these services, how far is it from home?

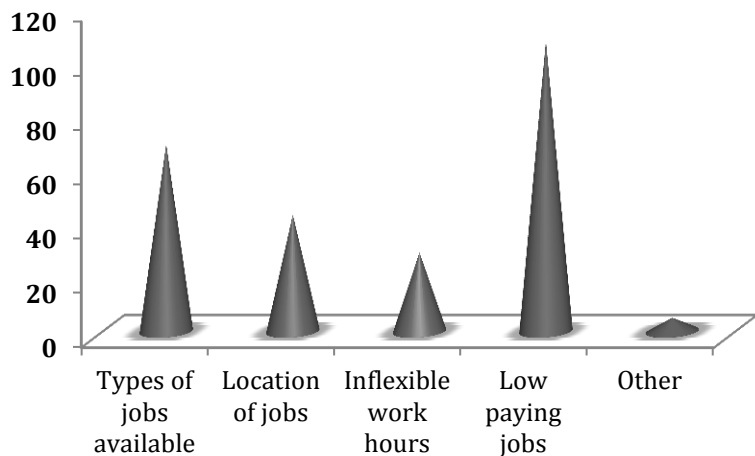


Employment and Education

Barriers to Employment



which of these options do you feel causes the most concern in terms of Employment?



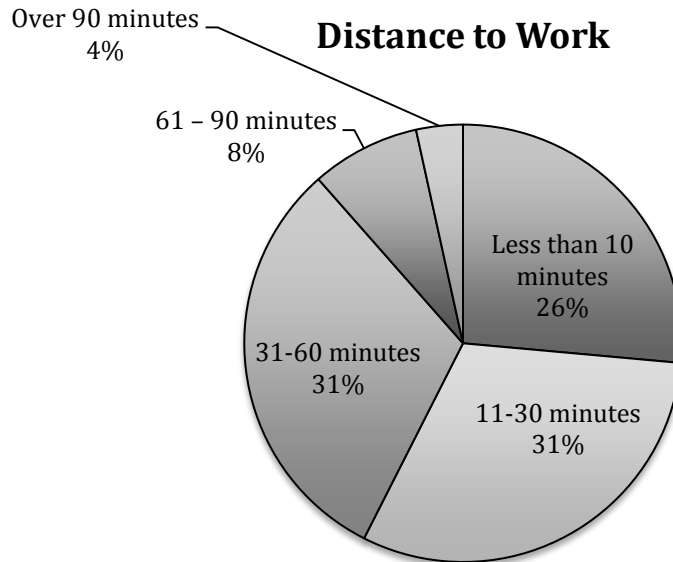
The number one barrier to employment was Education level. Other top barriers included physical disability, mental health concerns and lack of transportation. 45% of the respondents are not satisfied with the types of jobs in the neighborhood. As far as what types of jobs people would like to see, the responses were mostly any jobs, more jobs or higher

Paying jobs. Additionally, Miss Holmes pointed out another factor that affects employment.

She said *“young people around here start smoking marijuana early, from as young as the age of 14, therefore they fail drug tests and cannot get jobs”*.

In terms of the type of jobs available in the community, the top concern was the fact they are mostly low-paying jobs, making it difficult for people to make a decent earning.

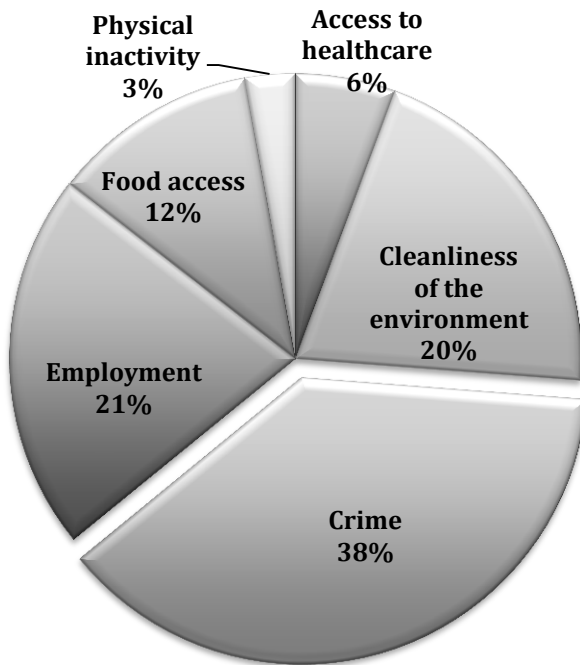
Do you know where to get these?	Responded Yes
Job seeking services	24%
GED classes	14%
English classes	9%
Resume building	5%
Computer training	10%
I do not know	37%



In this sample, 37% are employed, 44% unemployed while 19% are retired. Surveys were only conducted between 9:30 am – 4:30 pm, which are regular work hours. This may somehow account for the low employment rate of the respondents. Interestingly, about 20% of the 37% employed are under the age of 18 hence why many of the occupations listed were either summer camp coordinators or camp counselors.

Other occupations included barbers, cashier, maintenance worker, food service worker and teacher's assistant. Furthermore, less than 25% of respondents knew where to get any of the services we listed on the table above.

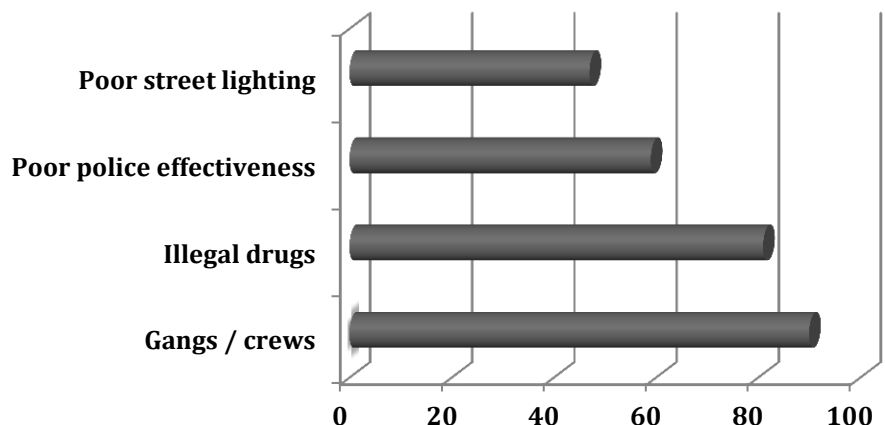
Crime



When asked to choose a major problem in the community, Crime came out on top out of employment, cleanliness of the environment, food access, physical inactivity and access to healthcare. Furthermore under Crime, Gangs or crews and Illegal crime got the blame as the cause for the high crime in the neighborhood. One resounding reason that was not in the survey but kept coming up was the idea that people resulted to crime because they had nothing else to do.

There are a lot of guns in the community. Mr. Bernard and Ms. Holmes both mentioned the prevalence of gun violence. There were also complaints concerning the mistrust of law enforcement. The police don't interact with the people so this has in turn soured their relationship

Which of these options do you feel causes the most concern in terms of crime?

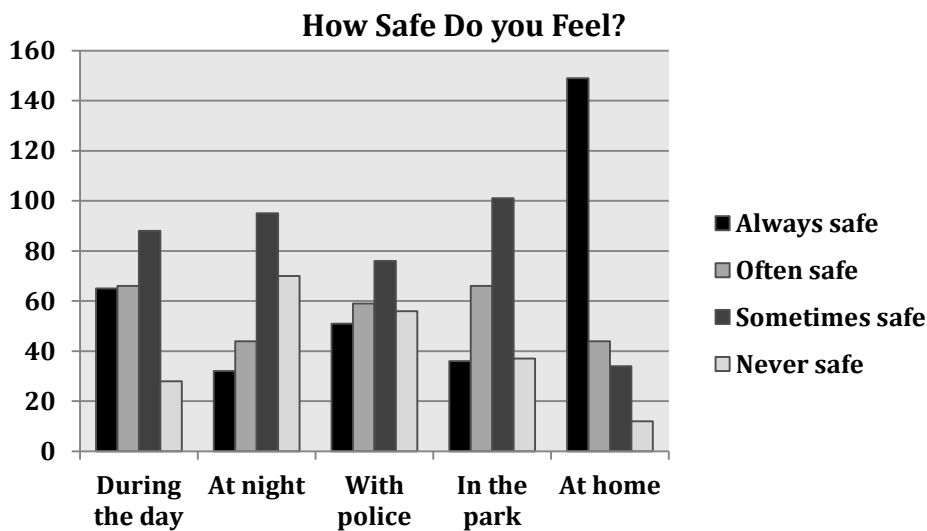


A resident asked, "Do you see all those holes in the front door? They are bullet holes. How are we supposed to feel safe? My building got 'shot up' a

few days ago, but nobody is going to say who did it". Mr. Jones from the CNC explained "There is also a lack of role models, father absenteeism, and babies raising babies".

Furthermore, Ms. Holmes stated that a lot of kids result to violence because they don't know how else to solve issues. *"They trust their guns, they don't trust their parents or the system".* She mentioned past Tenant Association president used to gather the youths from different crews every Friday. He would make them solve their issues using words. She believes this helped to reduce the crime to a certain level as *"they stopped killing each other"*.

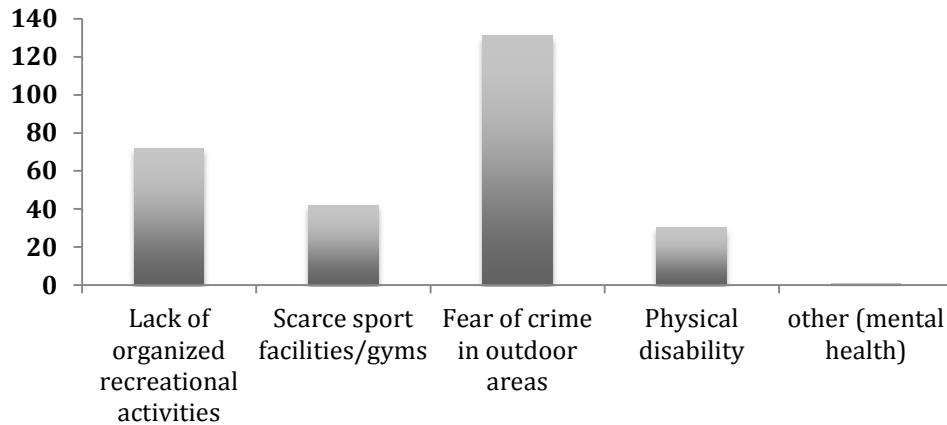
A resident complained bitterly about opposition she gets from the police whenever she had any events. She said, *"The police shut down my event because they complain about people hanging around smoking and drinking. My event brings the community together and encourages people to stop the violence. These same people the police complain about drink and smoke in front of buildings and children every day but the police never do anything"*



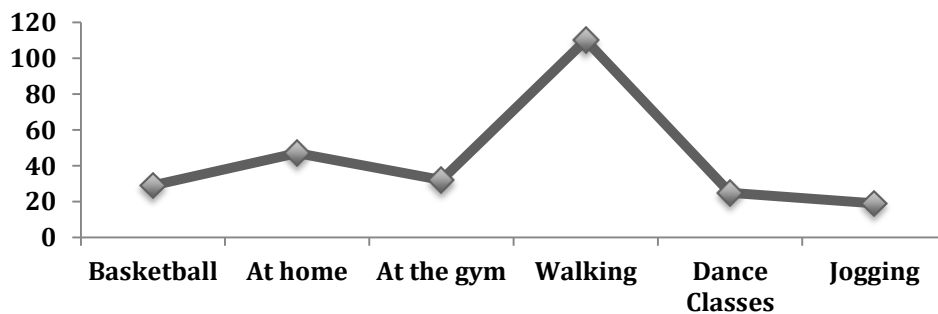
Something observed concerning the chart to the left was that people would often say, *" I never go out at night, so I guess I always feel safe at night"* while admitting they stayed indoors because they felt safer there. This outlook skewed the results

Physical Inactivity

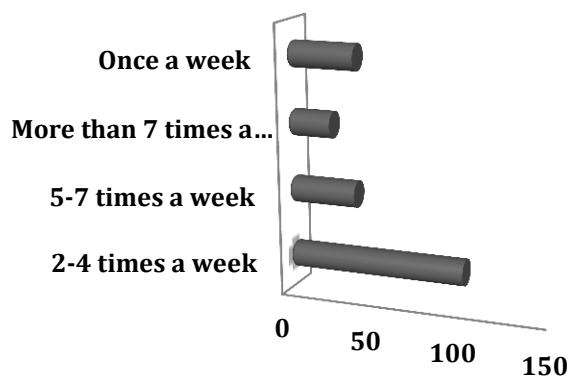
Which of these options do you feel causes the most concern in terms of Physical Inactivity?



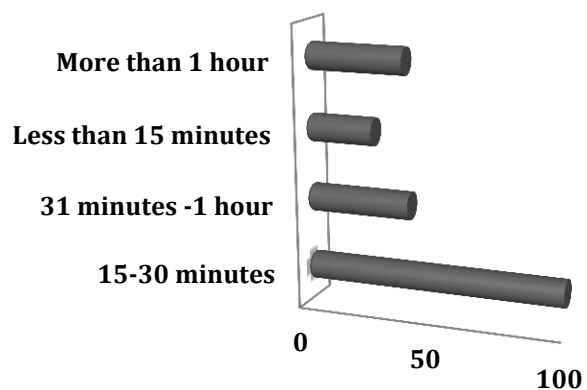
How do you exercise?



Frequency of Exercise

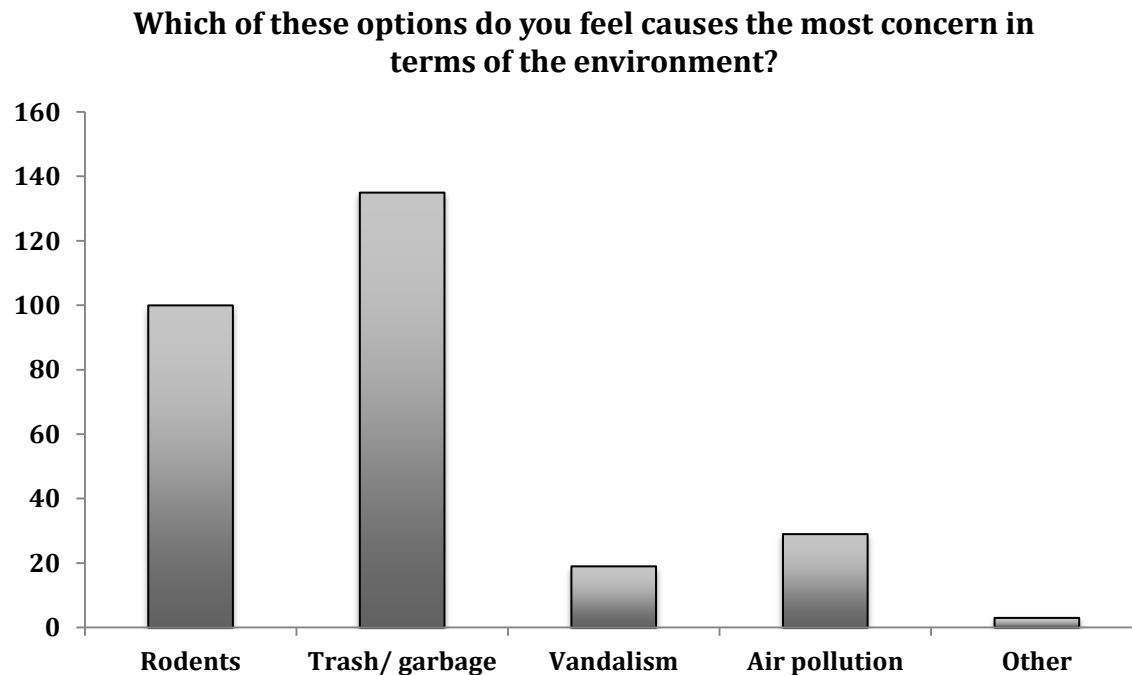


Duration of exercise



The top response we got as the reason behind physical inactivity was “a fear of crime in the neighborhood”. Nevertheless 83% of the sample answered ‘yes’ to exercising regularly. The top frequency was 2 to 4 times a week. The most popular form of exercise was walking. As far as duration is concerned, 62% of the people who exercise do so for no longer than thirty minutes. So overall majority of the sample exercise by walking 15-30 minutes a day, 2-4times a week.

The environment

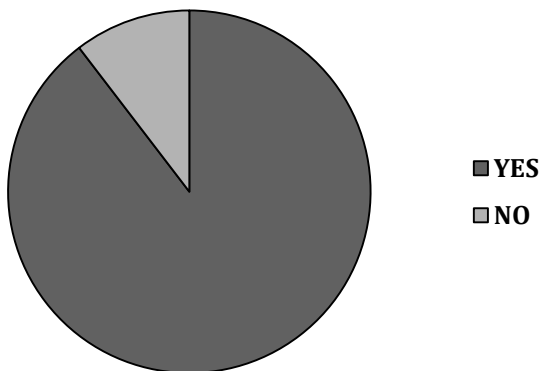


Trash/Garbage and Rodents were the top response for a cause of concern in the environment. The trash/Garbage problem is one the community needs to curb together in support with NYCHA. Dr. Reich points out that resources are available but are not sufficient in addressing some of the issues. There are trash shoots in the buildings and trashcans in the parks. However, there might not be enough financial resources to properly maintain the grounds.

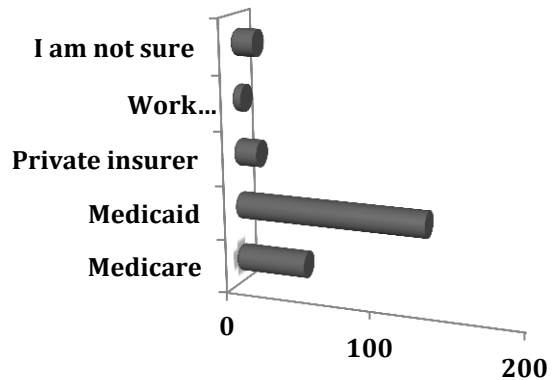
The rodent problem will be reduced if the trash problem is reduced but it has to be a community effort. The community needs to police each other to end this problem. Other issues people complained about concerning the environment were housing issues such as hot water and bad elevators. People also complained about poor lighting in between the developments. This is believed to encourage crime in the nighttime.

Access to healthcare

Do you have health insurance?

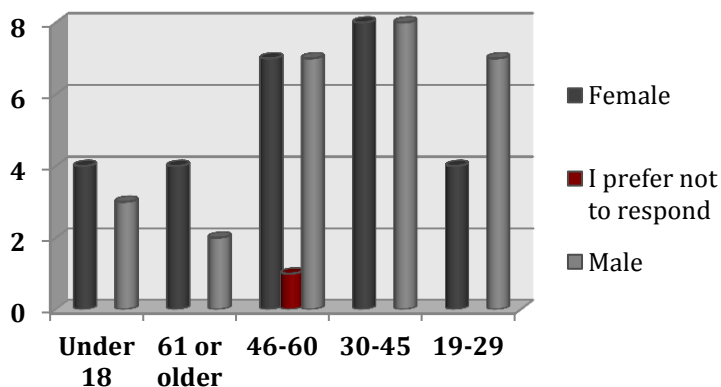


What type of health insurance?



The two top responses behind difficult access to healthcare were 'Lack of health services information' and 'Transportation'. 90% of the sample responded yes to having insurance. Medicaid and Medicare were the most popular type of insurance, making up for 82%. The sample was a little confused about the type of insurance; people often asked me if it was Medicaid or Medicare. As far as source of medical care, Personal Doctor was the top choice. However emergency room and hospital got almost the same amount of responses.

Age vs Gender of CHVI survey ER visitors



I decided to check the gender and age distribution of people who selected emergency room to see if there were any trends. I found no major trends in sex. More females go to the emergency room in age group 61 or older, while more males visit the emergency room in the 19 - 29 age group.

As far as emergency room trends in age group, there are lower visits in Under 18 and over 61 age groups respectively.

During one of my informal interviews, a resident mentioned visiting the Emergency room on almost a bi-monthly basis hoping for free medication. *“Medicaid doesn’t cover anything anymore. I have high blood pressure and diabetes. I need a home attendant because my walker no longer works but I can’t get one. I constantly run out of medications and when this happens I go to the emergency room hoping one of the doctors will give me some of those free samples until my covered medication comes around. They make me wait too long for my medication and I can’t afford it otherwise”.*

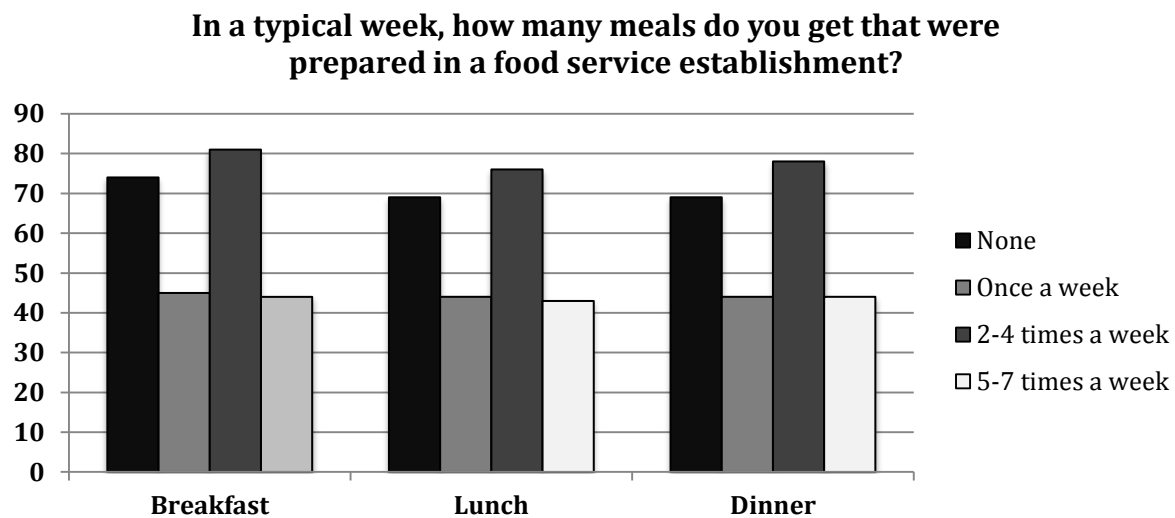
Food

The top two concerns in regards to food access were the price and the quality of the food. This is true regardless of gender. All the community leaders interviewed agreed the quality of the food is poor compared to more affluent neighborhoods in New York. However, price is more subjective as it depends on the individual. Mr. James noted that eating healthy in this neighborhood is a personal choice. He gave an example” *\$20 spent on some pizza and wings could also be used to make a healthier dinner with a salad, rice, and some rotisserie chicken”.*

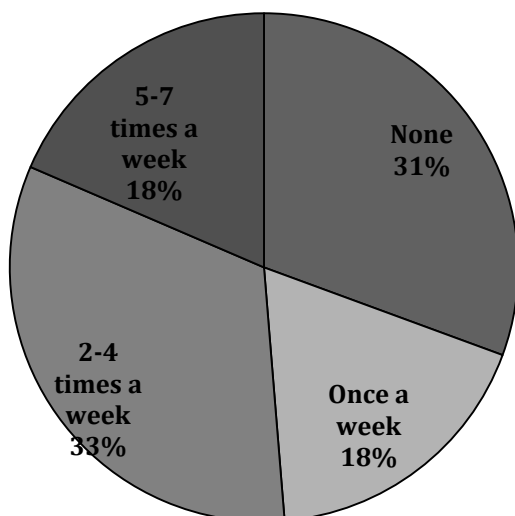
While conducting surveys by the GrowNYC food box station, an interested lady changed her mind after seeing the produce, stating she didn’t eat any of the vegetables in the food box. After further enquiry, it was discovered she changed her mind because she didn’t know how to cook any of the vegetables.

75% of the sample responded ‘YES’ to cooking at home regularly. However the real percentage is probably somewhere between 50/50 based on the chart below. Additionally, while surveying a group of young mothers, they laughed and said, *“I never eat breakfast”* so they checked none for the question *‘in a typical week, how many meals do you get that*

were prepared in a food service establishment?’ I wonder if other people answered this way for meals they skipped. Please keep this in mind when viewing the chart.



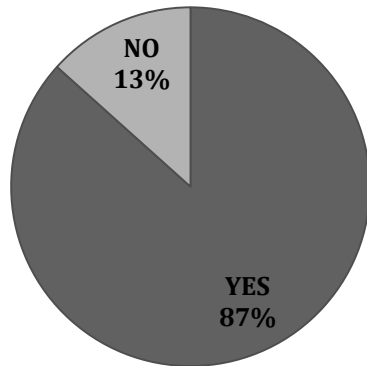
In a typical week, how many times do you eat fruits and vegetables?



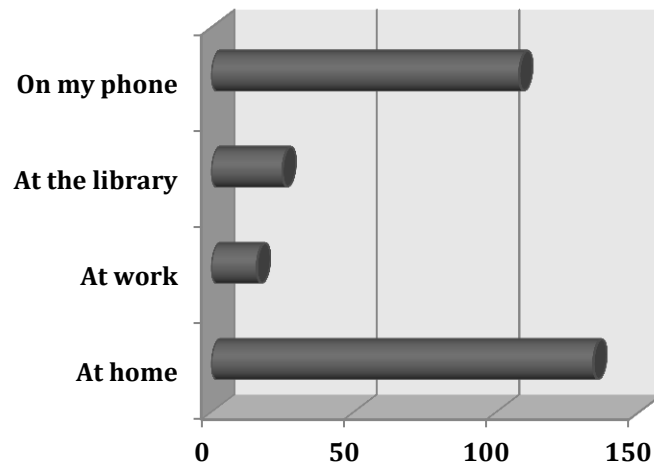
The Most selected appliances were stoves and microwaves. I do not think people were 100% certain about the type of stove they had at home, because they would look around and ask each other or check both electric and gas.

Internet Access

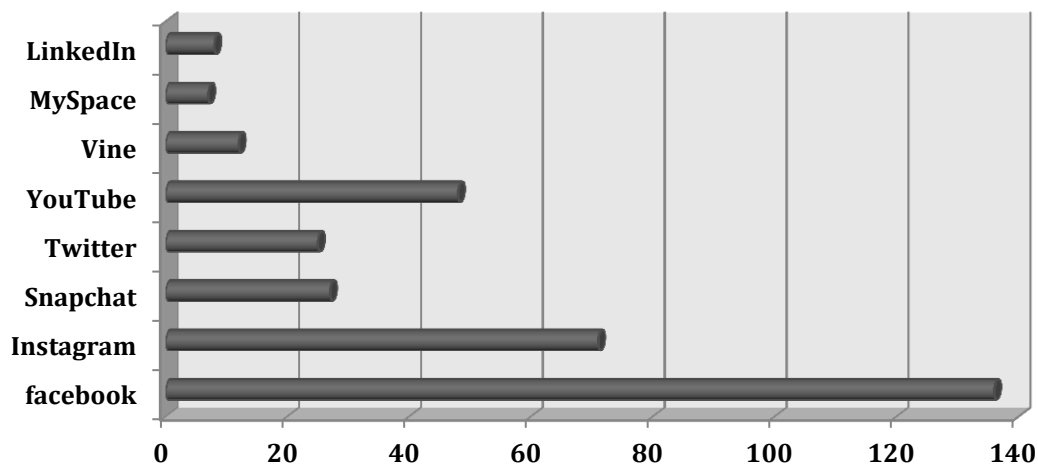
Do you have access to the internet?



How do you access the Internet?

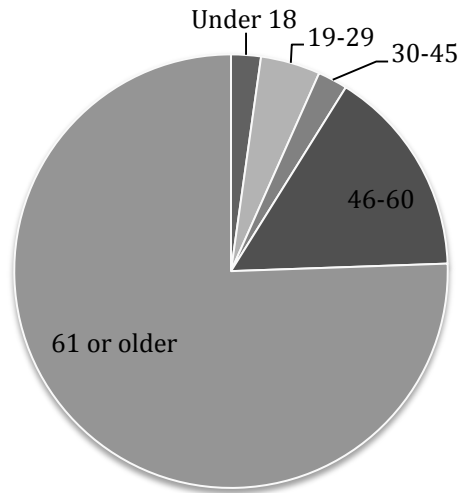


What Social Media are you active on?



87% of the sample population answered yes to having Internet access either at work, at the library, at home or on their phones. Facebook is the most popular social media platform with active members across all age groups. (From 'under 18' to '61 or older'). A large population of those who responded 'no' to Internet access are in the '61 or older' age group.

Age distribution of those who responded 'no' to Internet access



For every participant '61 or older' who responded No to Internet access, there was another who responded yes. For every participant in the age group '46-60' who responded 'no' to Internet access, there were 6 other participants who responded 'yes'.

Internet access Yes/No	For every participant that answered 'NO' These are the participants that answered 'YES'
Under 18	35
19-29	26
30-45	52
46-60	6
61 or older	1

Mental Health

The survey did not focus on mental health, thus I was shocked to see people openly check mental health concerns as a barrier to employment. This is because mental health is a very sensitive topic for most people. Many residents also openly discussed mental health concerns with me. One resident mentioned that her son was schizophrenic stating *“my son is grown (age 30) but he is sick so I have to take care of him. What will happen when I need someone to take care of me? I work hard; I don’t sit around and wait for checks because I need to keep my mind strong. My neighbor has six kids, and now her kids have kids. Her youngest daughter, eleven years old just had a baby so they sit around and collect checks from the government. But I will not do that because I need to work and keep my mind going”*.

A different resident gave thoughts on how mental health was the reason for a lot of issues discussed in the survey. *“I hate living here, but I don’t let that push me into negativity like so many others. I have lived here for 18 years and I still hate it. I go to Manhattan for everything, for church, work, everything! I work part-time with the homeless and mentally ill but I see all the same problems here everyday. People that have mental health concerns don’t care about eating well, keeping a job, their health or keeping the environment clean because they aren’t functioning right. Your organization needs to help the mentally ill in this community. Many of them don’t even know they’re sick. And those that aren’t mentally ill are bitter and angry at life because they have no activities to look forward to. This is why I always go to Manhattan for everything”*.

A third resident stated *“I have been abused all my life so I wonder why I am not suicidal like my daughter. My daughter has to live in a home because she tries to kill herself very often. I am lucky that at 49 I am not incarcerated or dead. Although I used drugs as an escape but I am working on that now. My therapist went on a two-month vacation without*

giving me a replacement. What happens when I get very depressed? My therapist does not care, nobody does. I don't see how any of these surveys can help the community".

Smoking

The option 'Help to quit smoking' came in second on a list of twelve things people needed in the community. Good amounts of people were smoking before / while taking the survey, so this may have triggered the decision to check that off the list. Also, very few people discussed their difficulty with quitting cigarette with me. One person however said, *"I was hooked on crack and alcohol in the past, but cigarettes has remained the hardest to quit"*. With only ten dollars left for the month, I watched the resident spend \$3.50 on a loose cigarette and some papers to roll some more at home. *"I can't afford to buy from the stores, they're too expensive so I roll my own stuff"*. This resident cited the main struggle was *'feeling alone in the battle to quit'*.

Barriers / Limitations

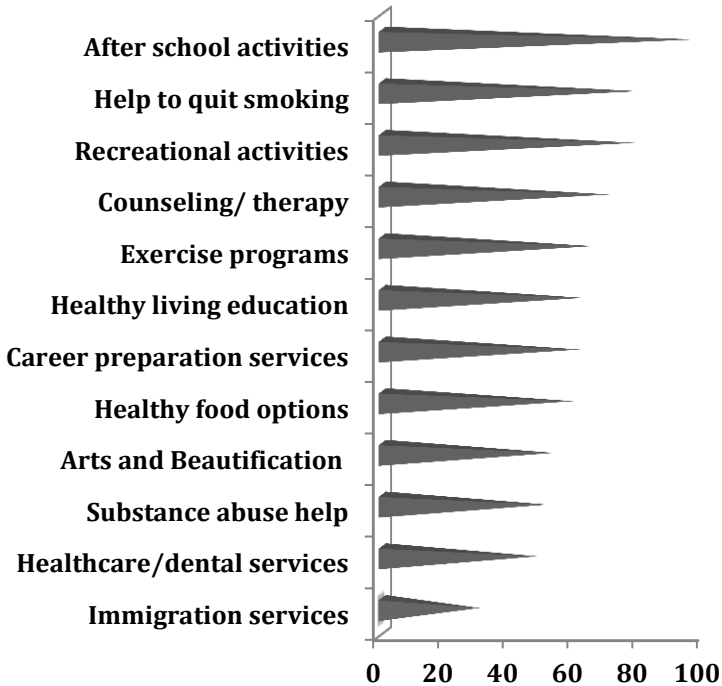
The biggest difficulty I faced while conducting the surveys and informal interviews was the constant skepticism and distrust from community members. People may have been more receptive if persons they recognized encouraged participation. I received good responses from the senior center and neighborhood center when Dr. Mills and Mr. Jones talked a little about the CHVI to the people. This is because there was a level of trust. But in the community, the residents didn't believe the surveys would make a difference. Some residents took the survey simply because they wanted the incentive. Though the incentives were very helpful, many men were not interested in the majority of them.

Additionally, some residents did not want to work with me based on past experiences with partners. People told me stories about bad experiences at Bronx Lebanon Hospital's emergency room and used this as an excuse not to participate. Another lady who had a bad experience with Health First declined to participate because she saw health first on one of the incentives. Though I explained CHVI was about the community, the people wouldn't buy it. A man with a negative prior experience with one of the partners got really upset and stopped his friend from taking the survey. So subsequently I said I was from CHVI with no mention of the partners, but people was still very skeptical because they did not know about CHVI.

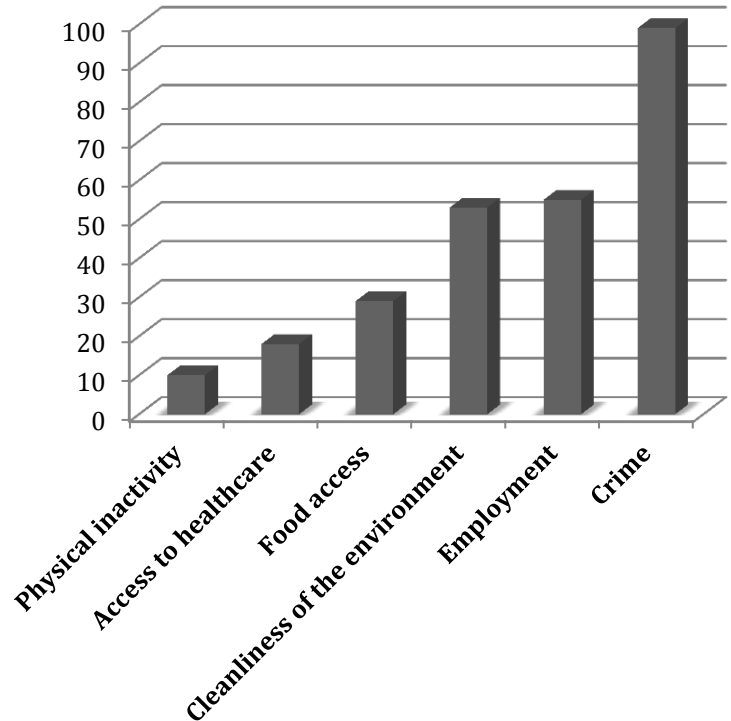
There were also language barriers. Although there was a Spanish version of the survey, I couldn't properly assist Spanish-speaking people when they had questions regarding the survey. Furthermore, additional Manpower would have made the data collection process faster and easier. I worked alone on most days, which really hindered the quantity of data that could have been collected.

Recommendations

Which of these activities do you want or need in your neighborhood?



Which of the following, if any, is your greatest concern?



There are so many needs in this community, and most of them are interrelated.

Crime may be what residents are most concerned about but crime can be linked to idleness/boredom, education, unemployment and also parent absenteeism. So for instance, if you go into the community with education programs, people are skeptical because it may not seem like a priority, when in fact it is one of the things that could in the long run impact crime and safety.

Like I discussed in the barriers section, the people were very cynical about interacting with me. They found it hard to believe that BLHC or whoever was conducting the survey really cared about their needs. People did not know what CHVI was and this distrust really hindered my work. The paramount point I got from interacting with community members was the importance of constantly engaging the community every step

of the way. Regardless of the need you try to address as an outsider, many people in the community will be unconvinced because they may not understand the process, so we have to carry them along from the early stages. The initiative needs to have a greater presence inside the community both formally via focus groups, open roundtable meetings, community events and so on and informally by interacting with different residents at random.

Additionally, communication and follow-up is key. I got so many complaints about a lack of follow up. People would said things like “we attended this meeting”, “I took that survey, nothing came out of it” and I believe this is what has caused the distrust. CHVI needs to be branded so the community knows if they come for a meeting that is hosted by CHVI; the discussion will not end at that meeting, they have people they can contact directly for follow-up. Otherwise, the hard work being done will be lost among the oodles.

This is where social media and the Internet come in to play. It will make it easier to keep people updated. This also ties back into branding the initiative. Everyday residents scroll through their news feed and see something positive CHVI is doing, it will be a reminder of what is going on in the community. It is a little sign that people care about the community. A resident reminded me “*talk is cheap*,” asking exactly how I intended to help the neighborhood. The residents want evidence that things are actually happening, and social media can be used as an inexpensive resource to show the naysayers persistent proof of the available resources and programs. For those people who don’t have Internet access, there will be posters and fliers as well as word of mouth to help spread the news.

Future and present projects need to move forward more organically, with community members involved in planning and execution, otherwise the community will continue to be doubtful. This will empower the community members and encourage the

people to advocate for more change. Success will not happen overnight however with persistence, this work can snowball into something really great.

Please find further recommendations in the table below (no specific order).

Objective	Target	Initiatives	Resources/ Partnerships
Sponsor College tours	Increase Graduation rate Improved Employment Reduce Crime	Encourage interest in college, thereby increasing education level.	CNC – a lot of youth High schools Middle schools Financial resources
Counseling and therapy This could be formal or informal group meetings	Reduce Crime	Improve Health and mental wellbeing	BHLC Community leaders Spiritual institutes
Community activities Ranging from activities for kids of all ages to programs for adults. E.g. Sports, cooking classes, community clubs, vocational training, advocacy e.t.c	Increase physical activity Reduce idleness Reduce crime Improve the environment	Create a sense of community pride. Teach the people how to advocate for the community. Build trust between law enforcement and the community	Local schools Community center Financial resources NYPD Community leaders
Food demonstrations + Healthy, affordable Food options	Improve health outcomes	Teach the youth and adults how to eat and cook healthier Provide familiar healthy food (good quality and affordable prices)	GrowNYC Farmers market Local schools Day care Adopt-a-bodega
Brand CHVI Create a logo Create social media accounts and other channels for communication	Build trust between the initiative and community members	Increase awareness and access to programs and services	Internet access Social media
Mentorship Program	Reduce crime Improve education level Improve employment	Guide and encourage the youth to achieve their utmost potential in all aspects of their life.	Big Brother Big Sister of NYC BHLC Physicians
Healthy living education Retain a physician or educator to provide both culturally and linguistically appropriate education within the community.	Improve health outcomes	Provide Health Educational classes, materials, resources in the community	BLHC Community centers Schools

COMMUNITY NEEDS SURVEY

The purpose of this survey is to understand the needs of the community. All information obtained will remain **ANONYMOUS**. We recognize that some of these questions may be sensitive. However, your responses will help the center to be more responsive to the needs of the community. Your time and patience are greatly appreciated.

1. Of the following topics, which of these options do you feel causes the most concern? (Please check one for each topic)

Topics					
<u>Food Access</u>	<input type="checkbox"/> Limited food options	<input type="checkbox"/> Price of the food	<input type="checkbox"/> Quality/Freshness of the food	<input type="checkbox"/> Location of supermarket	Other
<u>Cleanliness of the Environment</u>	<input type="checkbox"/> Rodents	<input type="checkbox"/> Trash/garbage	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Air pollution	Other
<u>Employment</u>	<input type="checkbox"/> Types of jobs available	<input type="checkbox"/> Location of jobs	<input type="checkbox"/> Inflexible work hours	<input type="checkbox"/> Low paying jobs	Other
<u>Physical Inactivity</u>	<input type="checkbox"/> Lack of organized recreational activities	<input type="checkbox"/> Scarce sport facilities/gyms	<input type="checkbox"/> Fear of crime in outdoor areas	<input type="checkbox"/> Physical disability	Other
<u>Crime</u>	<input type="checkbox"/> Gangs / crews	<input type="checkbox"/> Illegal drugs	<input type="checkbox"/> Poor street lighting	<input type="checkbox"/> Poor police effectiveness	Other
<u>Access to Healthcare</u>	<input type="checkbox"/> Transportation	<input type="checkbox"/> Lack of health service information	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Language barriers	Other

2. Which of the following, if any, is your greatest concern? Please check one

- | | |
|---|---|
| <input type="checkbox"/> Food access | <input type="checkbox"/> Physical inactivity |
| <input type="checkbox"/> Cleanliness of the environment | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Access to healthcare |

3. Do you cook most of your meals (breakfast, lunch or dinner) at home?

YES <input type="checkbox"/> - Please answer the following	NO <input type="checkbox"/> - Please go to the next question
<u>If yes, what appliance do you use to cook the most?</u>	
<input type="checkbox"/> Gas stove	<input type="checkbox"/> Electric stove
<input type="checkbox"/> Microwave	<input type="checkbox"/> Oven
Other	
<u>When meals /snacks are prepared at home, do you consider: limiting salt, limiting fat or including vegetables?</u>	
<input type="checkbox"/> Always	<input type="checkbox"/> Very often
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Almost never
Never	

4. In a typical week, how many meals do you get that were prepared in a food service establishment?
(Such as restaurants, fast food eateries, food stands, grocery stores, or vending machines)

	None	Once a week	2-4 times a week	5-7 times a week
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a typical week, how many times do you eat fruits (fresh, frozen or canned) or vegetables (such as broccoli, spinach, carrots,)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are you currently employed / own a business?

<input type="checkbox"/> YES - Please continue	<input type="checkbox"/> NO - Please go to question 6	<input type="checkbox"/> Retired - Please go to question 6
If yes, how many hours do you work in a week at all jobs and businesses?		
<input type="checkbox"/> 0 - 15 hours	<input type="checkbox"/> 16-35 hours	<input type="checkbox"/> 36-55 hours
<input type="checkbox"/> 55 hours or more		
What kind of work do you do?		
How far is your work from home?		
<input type="checkbox"/> Less than 10 minutes	<input type="checkbox"/> 11-30 minutes	<input type="checkbox"/> 31-60 minutes
<input type="checkbox"/> 61 – 90 minutes		
<input type="checkbox"/> Over 90 minutes		

6. Please identify any barriers to employment

<input type="checkbox"/> Education level	<input type="checkbox"/> Lack of reliable transportation	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Lack of reliable childcare	<input type="checkbox"/> Lack of reliable adult care	<input type="checkbox"/> Mental health concerns	Other Barriers
Are you satisfied with the type of jobs available in Claremont?				YES <input type="checkbox"/>		NO <input type="checkbox"/>
If NO, what type of Jobs will you like to see?						

7. Which of the following do you need/want in Claremont? (Check top 3 choices)

<input type="checkbox"/> After school activities	<input type="checkbox"/> Help to quit smoking	<input type="checkbox"/> Substance abuse help	<input type="checkbox"/> Healthy food options
<input type="checkbox"/> Arts and Beautification of the neighborhood	<input type="checkbox"/> Career preparation services	<input type="checkbox"/> Healthy living education	<input type="checkbox"/> Healthcare and dental services
<input type="checkbox"/> Immigration services	<input type="checkbox"/> Exercise programs	<input type="checkbox"/> Recreational activities	<input type="checkbox"/> Counseling/ therapy
Other			

8. Do you exercise regularly? (This could include long walks, dance classes, jogging, gym workouts and competitive sports like basketball).

YES <input type="checkbox"/> - Please answer the following		NO <input type="checkbox"/> - Please go to question 9	
If yes, how many times a week do you exercise?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	2-4 times a week	5-7 times a week	More than 7 times a week
How much time do you spend exercising continuously on a typical day?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 15 minutes	15-30 minutes	31 minutes -1 hour	More than 1 hour
How do you like to exercise?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	At the gym	At home	Walking
			Jogging
			Dance Classes
			Other _____

9. Please answer these questions by checking the appropriate boxes. –

How safe do you feel in your neighborhood	Always Safe	Often Safe	Sometimes Safe	Never Safe
During the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How safe do you feel when the police are in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How safe do you feel in your neighborhood parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How safe do you feel at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your gender identity?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	Female	I prefer not to respond

11. Please check your age group

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 18	19-29	30-45	46-60	61 or older

12. What is the highest level of education you have completed?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some high school	High school graduate/GED	Some college	College graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade/technical training	Vocational training	Some postgraduate	Postgraduate degree

13. Please specify your race/ethnicity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
	Asian	Black	Hispanic	White	
14. What is your total household income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than \$10,000	\$10,000-\$19,999	\$20,000-\$24,999	\$25,000-\$29,999	\$30,000 or more

15. Do you currently have health insurance?

<input type="checkbox"/> YES – Please circle what type below			<input type="checkbox"/> NO – Please go to question 16	
Medicare	Medicaid	Private insurer	Work insurance	I am not sure

16. What is your regular source of medical care?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
Emergency room	Personal doctor	Hospital	Urgent care clinic	

17. How do you find out about services, events and programs in Claremont?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	
	Posters and fliers	Word of mouth	Community Center		
18. Do you know where to get any of these educational and employment services in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Job seeking services	GED classes	English classes	Resume building	Computer training

19. Are you interested in any of these activities? (Check those that apply)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	Tennis	Basketball	Skate-boarding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biking	Baseball	Soccer	Zumba or dance classes

20. Do you attend any religious/spiritual services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES, weekly	YES, monthly	YES, on major holidays	YES, but rarely	NO, never
21. If you attend these services, how far is it from your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than 15 minutes	15 – 30 minutes	31 minutes – 1 hour	Over 1 hour	NO, I do not attend
22. Do you have access to the Internet?	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
		At home	At work	At the library	On my phone
	No <input type="checkbox"/>	Please go to the next question			
23. Are you active on social media?	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
		Instagram	Facebook	Twitter	MySpace
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Snapchat	Vine	YouTube	LinkedIn	
	No <input type="checkbox"/>	This is the end of the survey			

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!!!

Sources

2014 NYCHA data released to the family medicine department

Gupta, Kavita. A Practical Guide to Needs Assessment. San Francisco: Pfeiffer, 2014.