

New York City Health and Hospitals Corporation

# Appendix C: Primary Data Collection Instruments and Information

ID (NYAM USE ONLY):

Date: \_\_\_\_\_

Site: \_\_\_\_\_

**New York City Health Provider Partnership: Community Needs Assessment  
Community Survey**

The New York Academy of Medicine is conducting this 15-20 minute survey as part of a community needs assessment. The community needs assessment is being done for New York City health care providers. The information that you provide is important to help providers better serve their communities.

The survey is voluntary and confidential. You do not have to complete the survey, and you can skip questions you do not want to answer. Your name will not be written on the survey, and we will not be able to connect your answers to you personally.

In appreciation of your time and effort, you will receive a \$10 MetroCard for completing this survey

**First, some background questions.**

1. Where do you live?

- Bronx                       Brooklyn                       Manhattan                       Queens

*[If Bronx, Brooklyn, Manhattan, or Queens - Continue to Question 2]*

- Staten Island                       Outside of New York City

*[If Staten Island, or outside of NYC - Thank you for your time. Unfortunately you are not eligible for the survey.]*

2. What is your ZIP code? \_\_\_\_\_ 3. What neighborhood do you live in? \_\_\_\_\_

4. How old are you? \_\_\_\_\_ years

*[If younger than 18 years old: Thank you for your time. Unfortunately you are not eligible for the survey.]*

**Next, some questions about health issues in your community.**

5. What do you think are the biggest health concerns in your community? (Check up to five.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adolescent health             | <input type="checkbox"/> Hepatitis                                 | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Heart disease                             | <input type="checkbox"/> Stroke                          |
| <input type="checkbox"/> Arrests and incarceration     | <input type="checkbox"/> High blood pressure                       | <input type="checkbox"/> Teen pregnancy                  |
| <input type="checkbox"/> Cancer                        | <input type="checkbox"/> HIV                                       | <input type="checkbox"/> Tobacco use                     |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Maternal and child health                 | <input type="checkbox"/> Violence or injury              |
| <input type="checkbox"/> Disability                    | <input type="checkbox"/> Mental health (e.g., depression, suicide) | <input type="checkbox"/> Other, specify: _____           |
| <input type="checkbox"/> Drug and alcohol use          | <input type="checkbox"/> Obesity                                   | <input type="checkbox"/> Don't know                      |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Pollution (e.g., air quality, garbage)    |  |

6. What kind of health education or programs are **needed** in your community? (Check all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cancer/cancer prevention   | <input type="checkbox"/> HIV/sexually transmitted diseases | <input type="checkbox"/> Vaccinations          |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Maternal and child health         | <input type="checkbox"/> Violence              |
| <input type="checkbox"/> Domestic violence          | <input type="checkbox"/> Mental health                     | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Exercise/physical activity | <input type="checkbox"/> Nutrition                         |  |
| <input type="checkbox"/> Family planning            | <input type="checkbox"/> Substance abuse                   | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Heart disease              | <input type="checkbox"/> Sickle cell anemia                |  |

7. To what extent is each of the following available in your community?

Very available   Available   Not very available   Not available at all   Don't know

a. Accessible transportation	<input type="checkbox"/>				
b. Affordable housing	<input type="checkbox"/>				
c. Dental services	<input type="checkbox"/>				
d. Healthy foods	<input type="checkbox"/>				
e. Home health care	<input type="checkbox"/>				
f. Job training	<input type="checkbox"/>				
g. Medical specialists	<input type="checkbox"/>				
h. Mental health services	<input type="checkbox"/>				
i. Pediatric and adolescent services	<input type="checkbox"/>				
j. Places to exercise, walk and play	<input type="checkbox"/>				
k. Primary care medicine	<input type="checkbox"/>				
l. Social services	<input type="checkbox"/>				
m. Substance abuse services	<input type="checkbox"/>				
n. Vision services	<input type="checkbox"/>				

**The next questions are about your health and health care use.**

8. In general, would you say that your health is:

Excellent    Very good    Good    Fair    Poor

9. Which of the following health concerns do you face? *[If yes to any condition]* Do you feel that your condition is under control?

	No	Yes	<i>[If yes] Is it under control?</i>	Prefer not to answer
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Mobility impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your current weight in pounds? \_\_\_\_\_ pounds  Don't know  Prefer not to answer

11. What is your current height? \_\_\_\_\_ feet, \_\_\_\_\_ inches  Don't know  Prefer not to answer

12. Do you currently have health insurance? (Check all that apply.)

- Yes, Medicaid     
  Yes, Medicare     
  Yes, Private/commercial     
  Yes, VA  
 Yes, other, specify: \_\_\_\_\_     
  No     
  Don't know

13. Do you have a primary care provider or personal doctor?

- Yes     
  No     
  Don't know     
  Prefer not to answer

14. Is there a specific place you **usually** go for health care, when it is not an emergency (e.g., for a fever or rash)?

- Yes *[Continue to Question 15]*     
  No *[Skip to Question 17]*     
  Prefer not to answer *[Skip to Question 17]*

15. What kind of place is it?

- Primary care doctor's office     
  Emergency room     
  Alternative care (e.g., herbalist, acupuncturist)  
 Specialist doctor's office     
  Urgent care     
  Other, specify: \_\_\_\_\_  
 Community/family health center     
  Pharmacy     
  Don't know  
 Hospital-based clinic     
  Drug treatment center     
  Prefer not to answer  
 Private clinic     
  Mental health center

16. Where is it located?

- Bronx                       Brooklyn                       Manhattan                       Queens                       Staten Island  
 Outside of New York City                       Prefer not to answer

17. Do you use any complementary or alternative treatments or remedies? (Check all that apply.)

- Yes, acupuncture                       Yes, chiropractic care                       Yes, herbal remedies  
 Yes, homeopathy                       Yes, remedies from a botánica                       Yes, other, specify:  
\_\_\_\_\_  No                       Prefer not to answer

18. When was your last routine checkup (when you were not sick)?

- Within the past year                       Over one year ago, but within the past two years  
 Over two years ago                       Never had a routine physical exam  
 Prefer not to answer                       Don't know

19. Have you been to the dentist in the past 12 months?

- Yes                       No                       Don't know                       Prefer not to answer

20. Was there a time in the past 12 months when you needed health care or health services but did not get it?

- Yes [Continue to Question 21]                       No [Skip to Question 22]                       Prefer not to answer [Skip to Question 22]

21. Why didn't you get the health care you needed? (Check all that apply.)

- Not insured                       Concerned about quality of care                       Had other responsibilities (e.g., work, family)  
 Cost of co-pays                       Didn't know where to go                       Didn't have transportation  
 Couldn't get an appointment soon or at the right time                       Concerned about language or translation issues  
 Other, specify: \_\_\_\_\_                       Don't know  
 Prefer not to answer

22. During the past 12 months, how many times have you gone to a hospital emergency room about your own health?

- None (skip to 24)                       One time                       Two or more times  
 Don't know                       Prefer not to answer

23. Why did you go to the emergency room in the last year? (Check all that apply.)

- Didn't have insurance                       Problem too serious for a doctor's office or clinic  
 Didn't have transportation to doctor's office or clinic                       Doctor's office or clinic wasn't open  
 Get most care at emergency room                       Other, specify: \_\_\_\_\_  
 Don't know                       Prefer not to answer

24. Do you ever worry you won't have enough money to pay for food or housing?

- Always                       Sometimes                       Rarely                       Never                       Don't know                       Prefer not to answer

25. Where do you get most of your health information? (Check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Books   | <input type="checkbox"/> Family or friends      | <input type="checkbox"/> School   |
| <input type="checkbox"/> Doctor or health care provider                          | <input type="checkbox"/> Health insurance plan  | <input type="checkbox"/> Television or radio  |
| <input type="checkbox"/> Community based organization                            | <input type="checkbox"/> Health department      | <input type="checkbox"/> Other, specify: _____  |
| <input type="checkbox"/> Ethnic media (e.g., ethnic newspaper, TV, radio)        | <input type="checkbox"/> Health fairs           | <input type="checkbox"/> Don't know [ <i>Only if none of the above are selected</i> ] |
| <input type="checkbox"/> Faith-based organization (e.g., church, temple, mosque) | <input type="checkbox"/> Internet               | <input type="checkbox"/> Prefer not to answer   |
|  | <input type="checkbox"/> Library                |   |
|  | <input type="checkbox"/> Newspapers or magazine |   |

26. Which of the following do you currently use? (Check all that apply.)

- Email                       Smart phone (e.g., iPhone or Galaxy)                       Twitter  
 Internet                       Text messaging                       Facebook  
 None                       Prefer not to answer

27. Do you visit or attend events at any of the following organization at least once per month?

- Community center                       Gym or recreational center                       Other community organization  
 Library                       Political club                       School  
 Faith-based organization (e.g., church, temple, synagogue, mosque)                       Senior center                       Sports league  
 Neighborhood association (e.g., tenant or block association, precinct council)                       None                       Prefer not to answer

**Last, we'd like to get some background information.**

28. Are you...

- Female                       Male                       Transgender                       Prefer not to answer

29. Do you consider yourself...

- Heterosexual or straight                       Homosexual, gay, or lesbian                       Bisexual  
 Other                       Don't know                       Prefer not to answer

30. Do you consider yourself to be Hispanic or Latino?

- Yes                       No                       Prefer not to answer

31. What is your race? (Check all that apply.)

- White                       Native Hawaiian or other Pacific Islander  
 Black or African American                       Other, specify: \_\_\_\_\_  
 Asian, specify: \_\_\_\_\_                       Prefer not to answer  
 American Indian or Alaskan Native

32. What ethnic group do you identify with, if any? \_\_\_\_\_

33. Were you born outside of the U.S.?

- Yes                       No                       Prefer not to answer

34. What is the primary language you speak at home?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> English                                 | <input type="checkbox"/> Haitian/French Creole | <input type="checkbox"/> Urdu                 |
| <input type="checkbox"/> Spanish                                 | <input type="checkbox"/> Hindi                 | <input type="checkbox"/> Yiddish              |
| <input type="checkbox"/> Arabic                                  | <input type="checkbox"/> Italian               | <input type="checkbox"/> Other, specify:      |
| <hr/>  |  |   |
| <input type="checkbox"/> Chinese (Mandarin, Cantonese, or other) | <input type="checkbox"/> Korean                | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> French                                  | <input type="checkbox"/> Russian               |   |

35. Do you prefer to get health care in a language other than English?

- Yes       No       No preference       Prefer not to answer

36. How well do you speak English?

- Very well       Well       Not well       Not at all       Prefer not to answer

37. What is your highest level of education completed? (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Did not attend high school  | <input type="checkbox"/> Some high school, but did not graduate     |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Technical or vocational training           |
| <input type="checkbox"/> Some college but no degree  | <input type="checkbox"/> Two year degree (i.e., Associate's Degree) |
| <input type="checkbox"/> Bachelor's Degree           | <input type="checkbox"/> Master's Degree or above                   |
| <input type="checkbox"/> Prefer not to answer        |   |

38. What is your current employment status?

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time   | <input type="checkbox"/> Homemaker  |
| <input type="checkbox"/> Student            | <input type="checkbox"/> Retired              | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Unable to work     | <input type="checkbox"/> Prefer not to answer |                                     |

39. What is your total annual household income?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Less than \$10,000    | <input type="checkbox"/> \$50,000 to \$59, 999   | <input type="checkbox"/> \$150,000 or more    |
| <input type="checkbox"/> \$10,000 to \$19,999  | <input type="checkbox"/> \$60,000 to \$69, 999   | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> \$20,000 to \$29, 999 | <input type="checkbox"/> \$70,000 to \$79, 999   | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$30,000 to \$39, 999 | <input type="checkbox"/> \$80,000 to \$99, 999   |   |
| <input type="checkbox"/> \$40,000 to \$49, 999 | <input type="checkbox"/> \$100,000 to \$149, 999 |   |

40. How many people are part of your household, including yourself, children and adults? \_\_\_\_\_

**Thank you for helping us to better understand the needs of people in your community!**

## **Community Needs Assessment Key Informant Interview Guide**

***We first wanted to find out about you, your general experience and your role within the community here.***

- 1) Can you tell me a little about your background, including how long you have lived/worked in this community?
- 2) Can you talk a little about your position as [community leader/role]?
  - a) How long have you been doing that?
  - b) How did you come to take on this role?
- 3) In what ways is your work—or your organization—involved with health issues or health care services?

***Next I wanted to ask your perception of the community and communities here.***

- 4) I'm very interested in hearing you describe your community – can you tell me about it?
  - a) What are the strengths and weaknesses?
  - b) What are the priorities and concerns?
  - c) What challenges do you think are most common among your community members?

***I'd like to talk about health and health care now.***

- 5) From your perspective, what are the most significant health issues in your community?
  - a) Why do you feel those are particularly significant?
  - b) To what extent are services available and accessible to prevent and manage these issues?
  - c) Are there any factors that make it difficult for people to manage these issues? (e.g., lack of insurance, housing, transportation, language, poverty)
- 6) What are the most significant behavioral health issues (including mental health, substance abuse, domestic violence) in your community and who do they affect (e.g. a particular age group or gender)?
  - a) What are the services available to help people with behavioral health issues—such as medical and social services, as well as faith- and – community-based services?
  - b) Can you describe the access issues—both what limits access and what promotes access?
- 7) To what extent is health care easily accessible to members of your community?
  - a) How accessible is preventive care? Primary care? Specialty care?
  - b) Are there any significant gaps?
  - c) What specifically makes it easy—or difficult—to get health care here?
  - d) Are there organizations that are particularly accessible – or that help in facilitating access to other organizations (e.g., outreach and referral programs)?
  - e) Do you have any concerns about the quality of available services?

- 8) Where are people in your community most likely to go for health care? Why?
  - a) What are the qualities that are most important to people in your community when they are choosing healthcare?
- 9) What do you consider to be the most prevalent social service needs in the community?
  - a) Are there organizations that help people address these needs? Which organizations?
  - b) How effectively are social service needs addressed?

***As you know, there is more to good health than just health care. Next, I'd like to talk to you about the neighborhood and the community and their impact on health.***

- 10) In what ways do you feel this neighborhood promotes or discourages good health? (For example, is there healthy food available here, places for physical activity, does it seem safe, etc.)
  - a) To what extent do people take advantage of those opportunities (what are the barriers/facilitators)?
  - b) How might organizations facilitate access to these resources (e.g., parks, farmers markets, etc.)?
  - c) What is needed to make the neighborhood a healthier place to live?
- 11) What role might health care providers have in making this neighborhood a healthier place to live? (e.g., health education, programs that give people "healthy" skills, easier access to preventive and disease management services)
  - a) Would people in the community be interested in these activities?
  - b) What would be the best way to engage people in these activities (e.g., where to hold them, what organizations to partner with, how to publicize)?
- 12) What role might community, faith, civic and other organizations have in making this neighborhood a healthier place to live?
- 13) Thinking about the community again, and their culture and habits, to what extent and in what ways does your community and culture promote (or discourage) good health?
  - a) Is maintaining good health (e.g. eating right, exercising, maintaining a good weight) important in your community? Can you describe in what ways it is or is not important?
  - b) What might motivate people in your community to be more concerned about health and to access health-related services?
- 14) If you were able to transform the health care system to better meet the needs of community members, what would you do?
- 15) Can you name a few other individuals or organizations that you would recommend we talk to in order to get a fuller picture of the health needs of this community?
- 16) We also want to talk to groups of residents—to conduct some focus groups (group interviews with about 8-10 people)—so we can gather information and recommendations directly from them. Do you have suggestions about organizations (including your own) that might be appropriate for hosting such conversations?
  - a) In general, what are the characteristics of the community members that would participate?

17) Is there anything else you would like us to know?

18) Do you have any questions?

## Community Needs Assessment Focus Group Guide

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Thank you for taking the time to meet with us today. We want to talk to you about health issues and health care services in your community. This focus group is part of a community needs assessment, a study to find out about health-related needs of residents. We will use information from this focus group and discussions with other community groups to identify ways that providers can better serve communities. The study is being conducted by The New York Academy of Medicine in collaboration with a large group of health care providers.

I want to remind you that everything you say will be kept confidential. In our reports, no one will be able to connect you with the comments you made. You do not have to be part of the focus group and you do not have to answer any question you do not want to answer. I also want to mention some guidelines for discussion. Information shared during this focus group should be treated as confidential by everyone present today. However, we can't control what people say later, so if you are worried that something you say might be repeated later, you need not say it. Also, it's okay to ask each other questions. We expect people to disagree, as long as we are all respectful. The facilitators will lead the discussion to make sure that all topics are covered and everyone has an equal opportunity to speak.

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19) To start, can a few of you tell us a little about your involvement with *[the host organization]*, including what kind of services or activities you are involved in?

20) We'd next like to hear a little about you, including how long you have lived in this community and what you do.

***As you know, we're particularly interested in health and health care here. We'd first like to ask a little about behaviors that might affect health.***

21) Can you talk a little about the food that you and your family generally eat?

- a) Do you feel it's healthy?
- b) Do you and your family think about whether food is healthy or not?
- c) Where do you usually get your food? How easy is it to eat and serve healthy food?
- d) What might make it easier to eat healthy?
- e) Do you think others in your community think about how healthy their food is? (explain)

22) We're also interested in exercise, including walking, sports (like soccer and basketball) and other kinds of physical activity.

- a) Do people here (in your community) exercise?
- b) *[If yes]* What do they do and how often?
- c) *[If no]* Why not?
- d) What might encourage people to exercise more?

***Switching more specifically to health.***

- 23) What do you think are the greatest health issues for people here? (e.g., particularly common illnesses or problems)
- Do you know why these health issues are so significant here? (e.g., age of the population, diet, lifestyle, pollution, other environmental factors)
  - How well are people able to control or manage these issues?
- 24) Are there any particular mental health issues for people here, including depression, anxiety, trauma, or stress?
- Why do you think these issues are significant here?
  - Are there adequate organizations in the community to help people cope with these issues?
  - Are there gaps?
- 25) *[If appropriate condition mentioned]* We've heard that *[x condition, as determined from key informant interviews or other focus groups]* is particularly common in this community. Do you think it is a problem here?
- [If yes]* Why do you think *[x condition]* is so common?
- 26) Overall, what might make it easier or more difficult to be healthy?
- 27) What could organizations in this neighborhood, including *[x organization]*, health care providers, or the government, do to help people here stay healthy? *[If silence, use these prompts]* Here are some thoughts:
- More health education (for whom, on what?)
  - More programs that strengthen people's skills with respect to "healthy" choices (e.g., healthy cooking classes, exercise classes)
  - Easier access to services that may help prevent disease, such as vaccinations or cancer screenings.
  - Easier access to services that help people manage illnesses (e.g., education, supports)
- 28) Would people in the community be interested in these activities and services?
- What would be the best way to get people to attend? (e.g., where to hold them, what organizations to partner with, how to publicize)

***Now I'd like to talk about health care.***

- 29) Do people here (and family members) go to the doctor each year to get checked, *[for women]* including seeing a gynecologist?
- For those that don't, why not?
- 30) How about dental care – do people go to the dentist each year to get checked?
- If not, why not?
- 31) When you are sick and feel you need to see a doctor, do you always go?
- For those that don't, why not?
  - How about family members, do they see doctors when they are sick?
  - What are some of the things you do when you don't see a doctor for illness?
- 32) Where do people go for doctor's visits (like checkups and relatively minor illnesses)?

- a) How did you choose that place?
  - b) How do you like it – what’s good and bad about it?
- 33) Do people see complimentary or alternative medicine providers, such as herbalists, botánicas or acupuncturists?
- a) What kind of providers do you see?
  - b) How do you decide when to see a complimentary provider and when to see a mainstream provider?
- 34) Do people ever go to the emergency room instead of an office or clinic-based doctor?
- a) Do you ever go when it’s not a real emergency (i.e., a condition that could be treated in your provider’s office)? If so, why do you go to the emergency room?
  - b) What do you think providers can do to get people into the doctor’s office and out of the emergency room?
- 35) Do you generally get health care in [*Brooklyn, the Bronx, or Queens*]?
- a) What services do you use here?
  - b) What services do you go to other boroughs for?
  - c) How do you decide where to receive care? (e.g., referrals, input from friends)
- 36) Who do people – people here in this group or people in the community – talk to if they are feeling sad or anxious and need help with that?
- a) Doctors? Religious leaders? Community organizations? Others?
  - b) Are people willing to seek help for these kinds of issues?
  - c) What might help people to use these kinds of services more for these types of issues?
- 37) Where do people go if they need help with issues such as benefits, insurance, immigration, or receiving other supportive services?
- a) What needs are the most common in the community?
  - b) Are people able to get help with these issues?
- 38) Overall, do you feel that health care (of different types) is easy for you and your family members or friends to get?
- a) What specifically makes it easy—or difficult—to get health care in this community?
  - b) Are there organizations that are helpful? (i.e. for providing services or providing connections to other organizations)
  - c) Is cost of services an issue?
  - d) Is insurance an issue?
  - e) Is language – or provider sensitivity an issue?
- 39) If you could change the way healthcare is provided in your community, what would you do? What would it look like?
- 40) Do you have any other comments about health or health care here – anything we haven’t discussed?
- 41) Do you have any questions for us?

## **Focus Groups conducted for Queens CNA**

Adhikaar  
Center For Independence of the Disabled in New York  
Charles B. Wang Community Health Center  
Chhaya Community Development Corporation  
Health and Hospitals Corporation  
Korean American Family Service Center  
Korean Community Services  
Make the Road NY  
Queens Community House  
Queens PPS  
Queens Pride House  
Self Help Community Services  
Services & Advocacy for GLBT Elders (SAGE)  
South Asian Council for Social Services  
Services Now for Adult Persons (SNAP)  
Youth Congress of Bangladeshi Americans

## Queens Community Needs Assessment: Key Informants

- **AHRC**  
Melvin Gertner, Board member
- **Callen Lorde**  
Jay Laudato, Executive Director
- **Center for Independence of the Disabled, New York**  
Susan Dooha, Executive Director
- **Charles B. Wang Community Health Center**  
Nuna Kim, Medical Director
- **Children's Aid Society**  
Lisa Handwerker, Medical Director  
Maria Astudilla, Deputy Director, Health and Wellness Division
- **Child Center of New Yor,**  
Traci Donnelly, CEO
- **Coalition for Asian American Families and Children (CAFCF)**  
Noilyn Abesamis-Mendoza, Health Policy Director
- **Commission on the Public Health System**  
Anthony Feliciano, Director  
Judy Wessler, Former Director
- **CommuniLife**  
Rosa Gil, President and CEO
- **Community Service Society**  
Elisabeth Benjamin, Vice President of Health Initiatives
- **Corporation for Supportive Housing**  
Kristin Miller, Director
- **Haitian American United for Progress**  
Elsie St. Louis Accilien, Executive Director
- **Jamaica Hospital Center**  
Jogesh Syalee, Director, School Health

- **Jewish American Serving the Aging (JASA)**  
Kathryn Haslanger, CEO  
Amy Chalfy, Director of Programs
- **Make the Road**  
Theo Oshiro, Deputy Director
- **NADAP**  
John Darin, President & CEO  
Joy Demos, Assistant Director of Care Coordination
- **New York Immigration Coalition**  
Jackie Vimo, Director of Health Advocacy  
Claudia Calhoon, Health Advocacy Senior Specialist
- **New York Lawyers for the Public Interest**  
Shena Elrington, Former Director of the Health Justice Program
- **NYC Department of Homeless Services**  
Dova Marder, Medical Director
- **NYCDOH/Rikers Island**  
Alison Jordan, Executive Director, NYCDOHMH Correctional Health Services'  
Transitional Health Care Coordination
- **Services & Advocacy for GLBT Elders (SAGE)**  
Catherine Thurston, Senior Director for Programs
- **South Asian Council for Social Services**  
Sudha Acharya, Executive Director