2012 - 2013 MSM PRC Community Health Needs Assessment Survey

The Morehouse School of Medicine Prevention Research Center is conducting its Community Health Needs Assessment. As a neighborhood resident of Neighborhood Planning Units (NPUs) V, X, Y, and Z, your opinion about the health concerns in your community is important to us.

The information you give will help us develop health programs and improve prevention education services that can benefit you and your families. Please take ten minutes of your time right now to complete this survey. Remember, there is no right or wrong answer. Please tell us what you think.

Before we begin – have you completed this 2012 – 2013 Community Health Needs Assessment survey already?

Yes

No

Not Sure

6 What Neighborhood Planning Unit (NPU) do you live in? V X Y Z Other (Please Specify) Don't Know
7 What is your zip code?
8 What is your annual family income? Under \$10,000 \$10,001-\$25,000 \$25,001-\$40,000 \$40,001-\$55,000 \$55,001-\$75,000 \$75,001-\$100,000 Over \$100,000 I prefer not to disclose my income.
9 Please indicate your marital status. Single, Never Married Informally Married or Living with a Permanent Partner Married Divorced Widowed I prefer not to disclose this information.
10 Would you say in general that your health is: Excellent Very Good Good Fair Poor

13 What do you think should be done to solve these health problems?					
the first priority	op three things my comm , the second priority	nunity needs to kno	o <u>w</u> more about related o). My comm o	to health? (Rank unity needs to know	
more about:					

16 Please <u>rank the top three health issues you would like to learn more about for yourself</u>. (Rank the . For my OWN health, I want to

learn more about:

Choose One Health Issue in Each Column	First Priority ("1")	Second Priority (" 2")	Third Priority (" 3")
Asthma			
Cancer			
Diabetes			
Environmental Health			
Heart Disease			
High Blood Pressure			
HIV/AIDS			
Men's Health			
Mental Health			
Obesity			
Secondhand smoke			
Sexually Transmitted Diseases or Infections			
Stroke			
Substance Abuse			
Teen Pregnancy			

17 For each of your top three choices,	please tell us why the health issue	es you chose are important for
you.		

NOW, WE WOULD LIKE TO KNOW WHAT HEALTH PROGRAMS AND SERVICES ARE AVAILABLE TO YOU

18 Are there any he	alth programs in your community?	
Yes (Please List)		
No		

19 Have you attended any health programs in your community?	
Yes (Please List)	
No	
20 The Mor	

29 What are the three best ways to share health information with you? Please <u>rank your top three</u> choices ("1" Being the best,

CHOICES (1 Doing the Doct,		·	
	First	Second	Third
Choose One Way to Share Information in Each Column	Best Way	Best Way	Best Way
	("1")	(" 2")	(" 3")
Attend Church Events			
Attend Community Events			
E-News Bulletin/E-Health Cards			
Facebook			
Flyers			
Health Clinics			
Health Fairs			
Internet			
Local Newspapers			
Neighborhood Meetings			
Phone			
Posters			
Radio Programs			
Television Programs			
Twitter			
Word of Mouth			
Other (Please List)			

30 Please share any other ideas or comments about health concerns for you and your community.

THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!

If you have any questions or concerns, please contact the Morehouse School of Medicine Prevention Research Center (MSM PRC) at 404-752-1022.