New York Community Hospital
<u>Community Health Needs Assessment Survey</u>

1. What are the greatest challenges to healthcare in your community? What health problems do you see the most among your family members and neighbors?

      (Examples: heart disease, diabetes, tobacco use, mental/emotional/behavioral health, drug/alcohol use, HIV/AIDS & STDs, prenatal & infant health, asthma, and/or obesity etc.)

2. On a scale from 1-5 (1 being the lowest), how does New York Community Hospital respond to each health need that you listed?

3. What changes do you think New York Community Hospital can make to address the greatest healthcare needs of community members?

4. What do you think are the greatest strengths of New York Community Hospital?

5. Do you live in one of these Zip Codes? Please circle one:

11210   **11223**   **11224**   **11229**   **11230**   **11234**   **11235**   **11236**

Once completed, please e-mail the form to smm9003@nyp.org.