



MARCH 2023

# COMMUNITY NEEDS ASSESSMENT REPORT

*Harlem Strong Community Mental Health Initiative*

**PREPARED BY:**

Center for Innovation in Mental Health  
CUNY Graduate School of Public Health  
and Health Policy

**REVIEWED BY:**

Harlem Congregations for Community  
Improvement Inc.  
Harlem Health Initiative

# ABOUT THE INITIATIVE

## MISSION

Harlem Strong's mission is to address the syndemic risks of mental health, social risks, institutional racism, and COVID-19 through a neighborhood-based multisectoral coalition of community, faith-based, mental health, social service, health, and city organizations focused on mental health integration and coordination of care across the Harlem community. The specific goals of the coalition are to:

- promote mental health awareness and access to resources across the community
- increase linkage to care through care navigation
- build capacity in mental health promotion and task-sharing skills
- support continuous quality improvement, and
- strengthen community resiliency.

## Vision

To close gaps in care and strengthen community mental health resiliency in Harlem.

## Values

- Community-partnered
- Health equity
- Evidence-based solutions





# RESEARCH STUDY OVERVIEW

Community-engaged planning is an evidence-based model for coordinating systems of care and will be used to support implementation of a multisector collaborative care in low income housing (LIC) and primary care (PC) sites. Harlem Strong will use a sequential multiple assignment randomized trial (SMART) design to build an adaptive implementation strategy in which we first test the effectiveness of a community-engaged multisector collaborative care model (MCC) compared with education and resources (E&R) for MH task-sharing (screening, education, and referral).

During the second randomization, MCC sites will be randomized to the addition of technology-based implementation tool to determine the added value of a community-developed innovation for implementation.

Harlem Strong will evaluate the impact on system and consumers of a multisectoral community collaborative care model.

# PROJECT PARTNERS

## **Center for Innovation in Mental Health (CIMH)**

CIMH is an academic training and research center that promotes reach and adoption of evidence-based mental health interventions through research, evaluation, training, and policy. CIMH has extensive background in developing capacity, implementing, scaling up, and evaluating evidence-based practices (EBPs) for mental health across multiple sectors for vulnerable communities globally. CIMH's goal is to support the development and scale-up of evidence-based mental health solutions and innovations to increase access and quality of mental health care for all populations.

## **Harlem Congregations for Community Improvement, Inc. (HCCI)**

Founded in 1986, HCCI is a diverse coalition of inter-faith congregations that has implemented a comprehensive portfolio of programs to provide affordable housing and safe streets; offer opportunities for individuals and groups to become and remain economically independent; increase understanding of and access to health care; and provide substantive educational programs for adults and young people.

## **Harlem Health Initiative (HHI)**

HHI has one aim: to improve the health and wellbeing of the Harlem community by supporting its existing community-based organizations. The Harlem Health Initiative's very first step is a comprehensive process of listening to community stakeholders to develop a full understanding of the health-related needs of the Harlem community and learning everything possible about the existing service organizations that aim to address those needs.

A photograph of a train platform under a clear blue sky. A green lamppost with two ornate light fixtures stands in the foreground. A white sign with the text 'WATCH THE GAP' is visible on the platform. In the background, a train is partially visible, and a sign with the letter 'Ha' is seen on the right. The scene is brightly lit, casting long shadows.

# MENTAL HEALTH CRISIS

Rates of mental health problems have doubled and tripled during COVID-19

# PRELIMINARY WORK

## Community Needs Assessment

The goal of the Harlem Strong Multi-Stakeholder Needs Assessment is to better understand the economic, social, health, and mental health impacts of COVID and to inform the development of community-based programming and services to better serve the Harlem community during the ongoing COVID-19 pandemic.

We have included Harlem residents, CBO staff, faith leaders, and community leaders in our

multi-stakeholder approach.

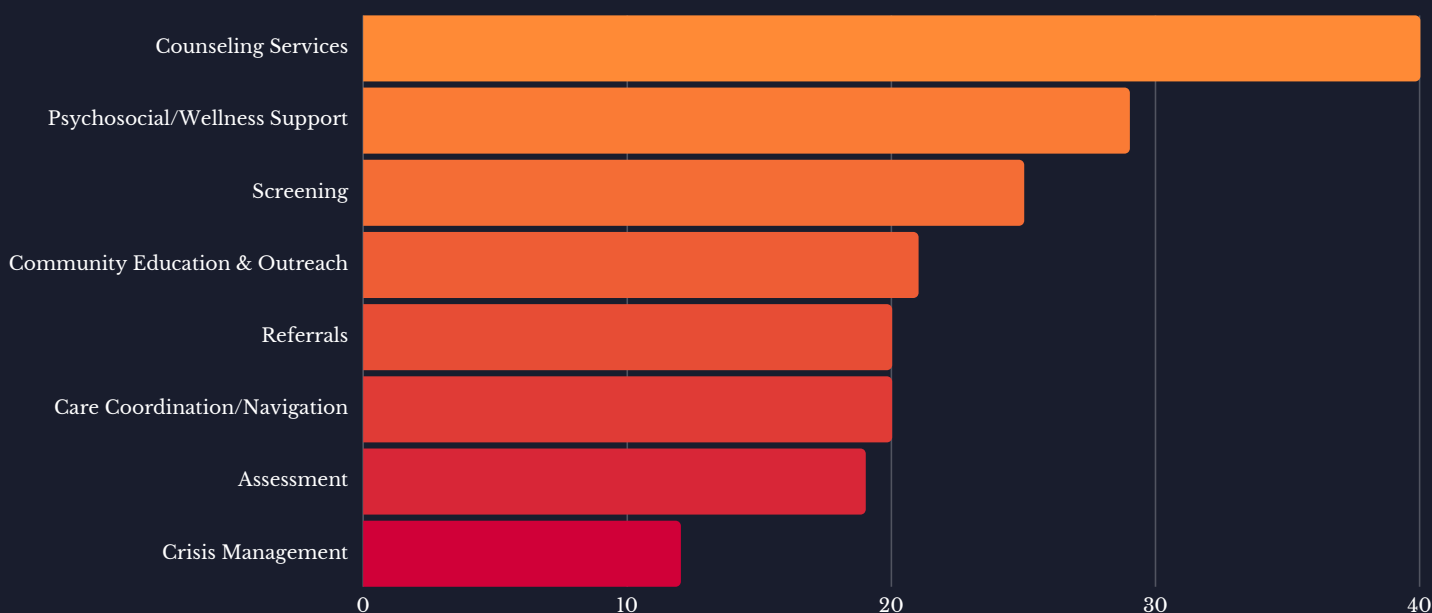
Harlem residents (both public / affordable housing and market rate housing), CBO staff, and faith and community leaders are being recruited for an online survey.

Of those recruited for the survey, 10 from each stakeholder group will be invited for qualitative interviews to gain insight on barriers and facilitators for an effective, community-based mental health intervention.



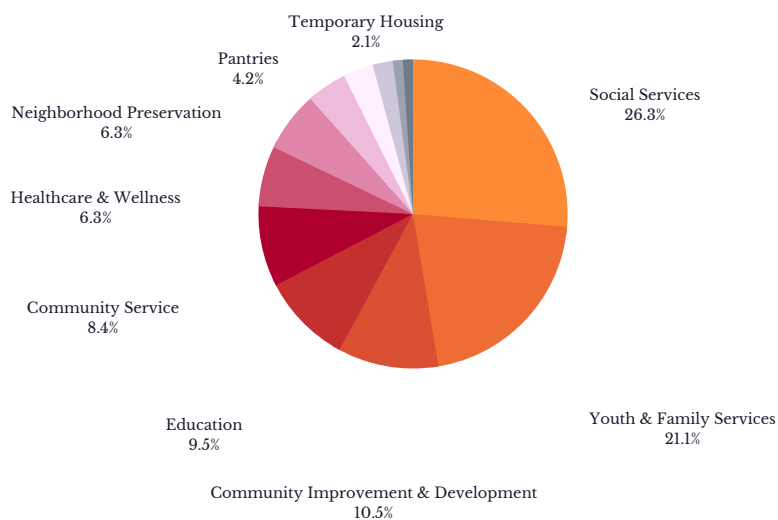
# CBO MAPPING FINDINGS

## MOST COMMON MH SERVICES:



## Summary

To complement the ongoing needs assessment, we developed a list of 94 CBOs through databases obtained from our community partners in Harlem. We then conducted an environmental scan to identify and characterize the Harlem community's active organizations and services.



# RESIDENT SURVEY

## Recruitment

In order to accurately measure the stressors contributing to negative mental health and increased substance use during the height of the COVID-19 pandemic, the Harlem Strong Study tapped into the rich connections our community partners have throughout the neighborhood. In addition to advertising the survey via Harlem CBOs and Community Boards 9, 10, and 11, residents were recruited via HCCI, HHI, and CIMH's social media channels and through word of mouth. Survey participants who met completion criteria were provided with \$20 Amazon gift cards to reimburse them for their time.

## Survey Development

The Harlem Strong Needs Assessment Resident Survey was developed using a combination of new and validated measurement tools. The survey itself was administered digitally, via Qualtrics. Data was collected between April 13, 2021- September 16, 2021.

## Data Verification & Analysis

Data was verified manually by the research team using whitepages.com, metadata, verification questions, emails, and phone calls to survey participants. Verified surveys were analyzed using both STATA and SPSS statistical software programs.





# PARTICIPANTS

"...to see the effect that things are having on the Community and knowing that you're limited in what you can do and doing the best you can with what you have." -Harlem CBO Leader

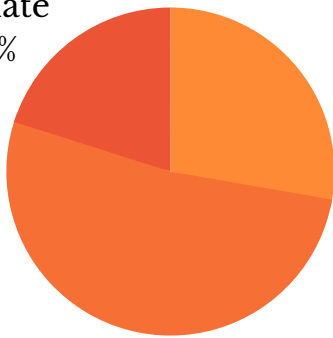
Market Rate Housing (own, market value rental, etc.)	254
Affordable Housing/ NYCHA	139
<hr/>	<hr/>
Total Validated Participants	393
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Qualifying Zip Codes: 10025, 10026, 10027, 10029, 10030, 10031, 10035, 10037, 10039, 10115

# DEMOGRAPHICS

## Educational Attainment:

Bachelor or Graduate  
20.1%

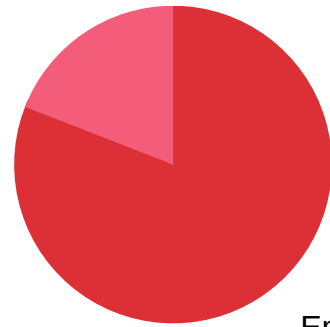


High School and Less  
27.7%

Associate or Some College  
52.2%

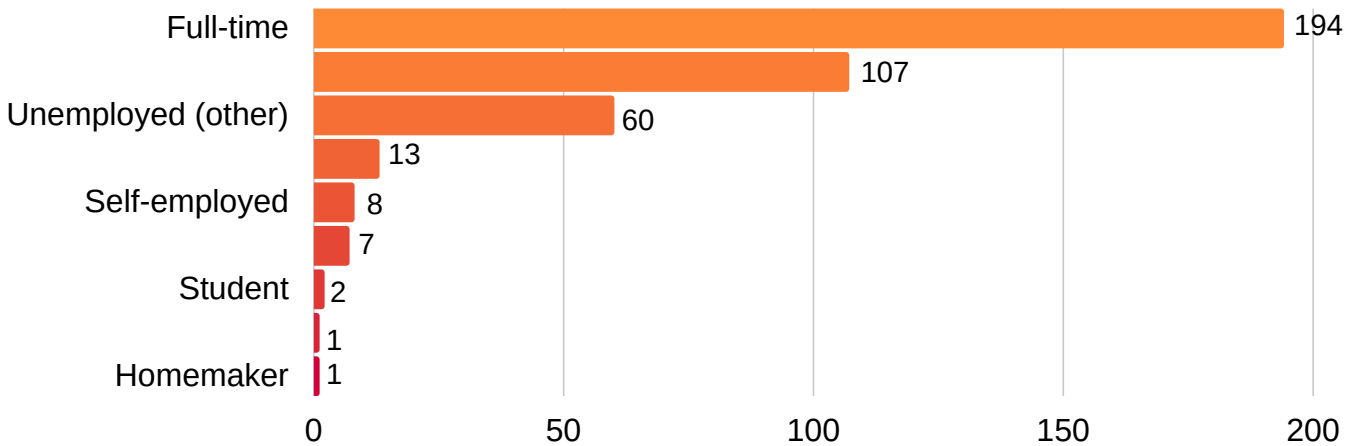
## Employment Status:

Unemployed  
19.1%

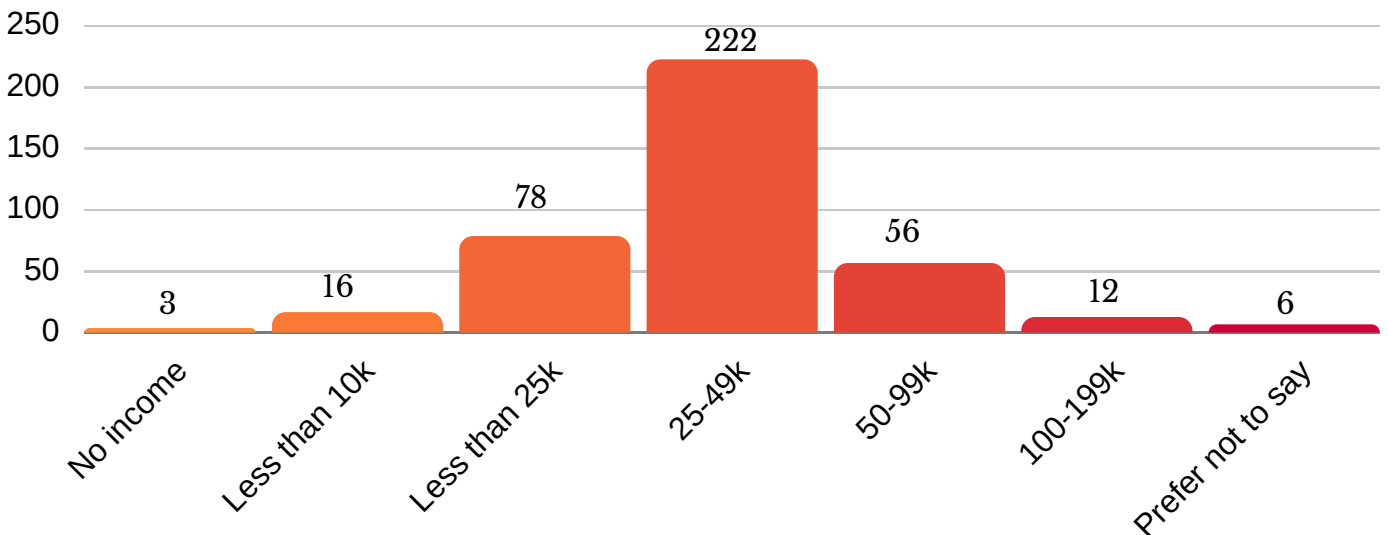


Employed  
80.9%

## Employment Type:



## Reported Yearly Income:



# RESIDENT SURVEY FINDINGS

**41.2%**

Residents had depression risk

**48.1%**

Residents had anxiety risk

**73%**

Residents reported signs of loneliness

**25.7%**

Residents had PTSD risk

**63.6%**

Residents had experienced interpersonal violence

**48.9%**

Residents reported alcohol misuse

**19.1%**

Residents reported higher substance use after COVID

# RESIDENT SURVEY FINDINGS

**49.6%**

Housing Insecure

**56.5%**

Employment Insecure

**44.5%**

Food Insecure

**32.1%**

Reported facing childcare challenges

**34.6%**

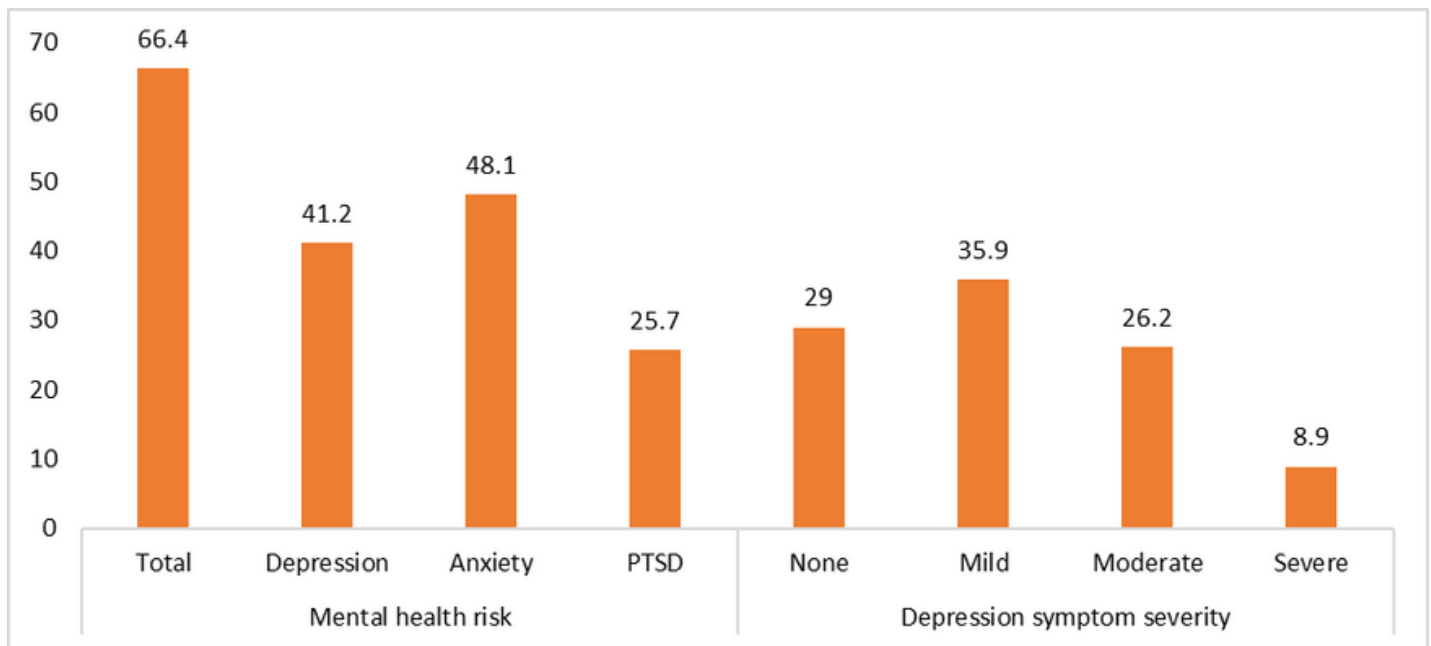
Report needing psychological support

**85.8%**

Endorsed facing barriers to accessing MH care

# RESIDENT SURVEY FINDINGS

## Mental health risks among the study population



## Factors associated with mental health risks

	aPR	95% CI
Affordable/NYCHA (vs. Market-rate housing)	<b>1.16*</b>	<b>1.01 - 1.34</b>
Alcohol misuse (Yes vs. no)	<b>1.68***</b>	<b>1.40 - 2.01</b>
Employment insecurity (Yes vs. no)	0.94	0.82 - 1.07
Food insecurity (Yes vs. no)	<b>1.23**</b>	<b>1.07 - 1.42</b>
Housing insecurity (Yes vs. no)	1.13	0.96 - 1.33
Interpersonal violence (Yes vs. no)	<b>1.33*</b>	<b>1.08 - 1.65</b>
COVID positive (Yes vs. no)	1.11	0.96 - 1.28
Having ever experienced discrimination (Yes vs. no)	<b>1.53***</b>	<b>1.23 - 1.92</b>
Mean score of perception about police (10-50)	<b>0.97**</b>	<b>0.95 - 0.99</b>

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ . The model was controlled for gender (male vs. female), ethnicity (White vs. non-White), and age (in years).

# RESIDENT SURVEY FINDINGS

## Mental health services need, usage, and satisfaction

	Total N=393	Market-rate housing N=254	Low-income housing N=139	p-value <sup>+</sup>
<b>Seeking professional support for psychological or emotional issues</b>	136 (34.6)	89 (35.0)	47 (33.8)	0.83
<b>Receiving counseling/therapy from mental health professionals (n=136)</b>	107 (78.7)	70 (78.7)	37 (78.7)	1.00
<b>Levels of satisfaction with mental health services (n=107)</b>				0.49
Not at all/A little satisfied	35 (32.7)	20 (28.6)	15 (40.5)	
Satisfied	65 (60.7)	45 (64.3)	20 (54.1)	
Very satisfied	7 (6.5)	5 (7.1)	2 (5.4)	
<b>Mental health services used</b>				
Websites with useful information and referral sources	112 (28.5)	67 (26.4)	45 (32.4)	0.24
Anonymous online counseling and therapy services	107 (27.2)	<b>53 (20.9)</b>	<b>54 (38.8)</b>	<b>&lt;0.001</b>
Anonymous phone counseling (counseling hotlines, crisis hotlines)	76 (19.3)	<b>41 (16.1)</b>	<b>35 (25.2)</b>	<b>0.033</b>
Confidential but not anonymous online counseling and therapy services	99 (25.2)	56 (22.0)	43 (30.9)	0.068
Text-based support	76 (19.3)	<b>36 (14.2)</b>	<b>40 (28.8)</b>	<b>&lt;0.001</b>
Self-management or wellness guidebooks	106 (27.0)	60 (23.6)	46 (33.1)	0.057
Mental health phone applications	88 (22.4)	58 (22.8)	30 (21.6)	0.80

<sup>+</sup>Chi-square or Fisher-exact tests;

# NEEDS ASSESSMENT UPDATES

## CBO & FBO Survey Updates (9/29/2022):

Type of Survey	Eligible	Completed
CBO Survey	65	38
FBO Survey	19	8

## CBO & FBO Interview Updates:

Type of Interview	Completed
CBO Survey	7
FBO Survey	1

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