

# Columbia University Center for Children’s Environmental Health, Community Outreach and Translation Core, Environmental Health, and Justice Community Needs Assessment 2021

## Table of Contents

EXECUTIVE SUMMARY .....	3
English .....	3
Español .....	4
CENTER FOR CHILDREN’S ENVIRONMENTAL HEALTH (CCCEH) .....	6
CCCEH COTC COMMUNITY NEEDS ASSESSMENT .....	7
Methods & Implementation .....	7
Thank you to our CASB members and community partners! .....	9
COVID-19 PANDEMIC IMPACT ON OUR COMMUNITIES .....	9
NEW YORK CITY COMMUNITY BOARD NEEDS ASSESSMENTS BY COMMUNITY DISTRICTS, CDs .....	11
CHARACTERISTICS OF THE POPULATION .....	16
SOCIO-ECONOMIC CONDITIONS COMPOUNDING CHILDREN’S HEALTH & ENVIRONMENTAL HEALTH .....	21
Housing Quality .....	21
Child Poverty by Race .....	22
NYC Preterm Births and Low Birthweight .....	22
Child Health Outcomes and Children’s Environmental Health .....	24
Household Characteristics .....	27
Community Resources-Park Access .....	29
CCCEH COTC EHJ COMMUNITY NEEDS ASSESSMENT SURVEY RESULTS.....	30
Demographics .....	31
Community Strengths .....	35
Opinions on Green Spaces by Community .....	37
Bronx .....	37
Harlem .....	38
Washington Heights Inwood, WHI .....	39
Dissemination of CEH & EHJ Information.....	40
Vehicles for Dissemination.....	40
Strategies to Increase Environmental Health Communication & Information .....	41

Industries/Business Believed to Expose People to Environmental Toxins .....	42
Health Conditions Attributed to EHJ Issues by Community.....	43
Community Awareness of Environmental Contaminants .....	45
Air Pollution .....	45
Link Between Air Pollution and Health .....	46
Lead Awareness and Developmental Delays.....	49
Knowledge of BPA and Heating Food in Microwave .....	51
Knowledge of Pesticides and Potential Health Impacts.....	52
Flame Retardant Knowledge of Birth Weight & Neurological Development.....	53
Pressing Needs in General .....	54
COVID-19 Information Sources .....	56
Pressing Safety Issues .....	57
CCCEH COTC EHJ COMMUNITY NEEDS ASSESSMENT FOCUS GROUP ANALYSIS.....	58
Defining Environmental Health and Justice .....	59
Community Strengths.....	60
Concerning Environmental Health Issues.....	61
Exposure to Toxins at Work & Home.....	62
Best Approaches & Strategies to Improve Dissemination of Children’s Environmental Health Information .....	63
EHJ Capacity Building - Initiating Community-Based Interventions & Programs.....	64
Engaging Political Will to Bring about Change - Organizing to Engage Legislative Leaders .....	64
Mental Health - Most Important Health Need.....	65
Reliable COVID-19 Sources of Information .....	66
Safety Issues in Our Communities .....	67
Two Things You Could Change with your Magic Wanda .....	67
Other Community Concerns .....	68
APPENDIX .....	70

# EXECUTIVE SUMMARY

## English

The Community Outreach Translation Core (COTC) communicates and disseminates Columbia Center for Children's Environmental Health (CCCEH) children's environmental health and justice (CEHJ) research findings to community residents, policymakers, health care professionals, and the public. COTC engages with the community and researchers to understand the environmental health and justice needs, specifically as they affect children and the community.

The COTC team works with the Community Advisory and Stakeholders Board (CASB) and the CCCEH Youth Advisory Council, EHJ Advocates, to identify CEH and environmental health and justice, EHJ, priorities. The CASB consists of key partners who contribute to the development of the COTC strategic plan, guide the development of materials, host workshops, and disseminate CEHJ materials. The EHJ Advocates train as peer educators and help identify community needs, and best approaches for dissemination, and actively engage in EHJ educational initiatives and materials development.

The COTC needs assessment seeks to identify CEHJ issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx. The COTC is interested in investigating and understanding CEHJ issues as defined by members of these communities to improve CEHJ and build capacity and collaborative opportunities. In addition, the needs assessment will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect the environmental health and well-being of all, especially children.

In completing this needs assessment, multiple sources of information were compiled to provide a comprehensive picture of the strengths and needs of the COTC catchment areas, Washington Heights, Harlem, and the South Bronx. 1) Population-based data; 2) COTC online survey was distributed through our advisory boards, the COTC CASB, and EHJ Advocates in addition to other community partners. These key partners shared the survey with their members, including residents and individuals working in and/or living in the communities. 3) Qualitative data were gathered through focus groups conducted with our advisory boards, EHJ Advocates, and CASB members and their constituents.

## Findings

### **Significant adverse health outcomes among children compared to children in neighboring New York City communities**

The child population in the Bronx, Harlem, and Washington Heights (WH) experiences significant adverse health outcomes in these communities compared to other children in the New York City metropolitan area. The disparity is so evident that it is quite notable when comparing child health outcomes to more affluent geographically neighboring communities.

### **An elevated level of community awareness/knowledge regarding harmful environmental toxins**

The community is deeply knowledgeable about the following environmental toxins: lead, air pollution, bisphenol-A, BPA, flame retardants, and pesticides and their harmful health effects on children. The community understands that exposure to these toxins exists within the broader environmental health and justice (EHJ) framework. The respondents accurately define the meaning of EHJ and consider the disparate environmental exposures within this context.

### **Air Pollution and Lead are Concerning Environmental Issues**

Air pollution is an important concern. All (100%) respondents attribute air pollution to asthma, expressing a strong understanding that it is also linked to cardiovascular disease and cancer. Respondents, however, are less certain about linking air pollution to learning disabilities, low birth weight, and obesity. Lead exposure and poisoning continue to be important health concerns despite the great advancements in awareness, remediation, and legislation to protect CEH. As we learned from Flint Michigan, we must remain vigilant especially from an EHJ standpoint, lead poisoning prevention education remains important despite the public health gains.

### **Dissemination and Communication Strategies: Coalition Building, Engaging Political Will, Simplifying CEHJ/EHJ Messaging, Engaging Media, and Implementing Community Initiatives, specifically with Early Childhood and Youth programs**

Top strategies to increase communication and dissemination of CEH research findings include coalition building, organizing, and engaging political will, simplifying messages, using media, and facilitating community involvement in CEH and EHJ activities. In addition, reaching groups providing direct service to children such as early childhood programs, schools, and youth programs is indicated as a top priority for CEH research dissemination.

### **Community Strengths: Sense of community and Cultural identities, friendliness, proximity to parks and public transportation**

Community strengths include friendliness, unity, collaboration, cultural identity and traditions, proximity to parks, and access to public transportation.

### **Overall Community Concerns: Affordable Housing, Mental Health, Safety Issues - growing gun, and gender-based violence, (domestic violence and sexual harassment)**

In all three communities, affordable housing and access to healthy foods surfaced as the top community need. Mental Health was indicated as a top health concern in all communities, with chronic health conditions specifically mentioned as the number one health concern in the Bronx. Concerning *safety*, there is growing concern over gun violence, sexual harassment, and domestic violence. Priority safety issues vary in each community; however, gun violence was indicated as a growing concern in the Bronx and Harlem.

Across all the communities, the survey and focus group respondents mentioned coalition building and engaging political will as key strategies to address CEH. Given our new administration and as we return to “normal” after the year and a half of the COVID-19 pandemic, we must seize this opportunity and engage the political to move CEHJ forward.

## **Español**

*El Community Outreach Translation Core (COTC) comunica y difunde los hallazgos de las investigaciones sobre la salud ambiental y justicia infantil (CEHJ, por sus siglas en inglés, Children’s Environmental Health and Justice) del Centro de Columbia para la Salud Ambiental Infantil (CCCEH, por sus siglas en inglés, Columbia University Center for Children’s Environmental Health) a los residentes de la comunidad, los formuladores de políticas, los profesionales de la salud y al público. COTC se compromete con la comunidad y los investigadores para comprender las necesidades y preocupaciones de la comunidad en materia de salud y justicia ambiental, especialmente como esto afecta la salud infantil.*

*COTC trabaja con la Junta Asesora Comunitaria (CASB) y el Consejo Asesor Juvenil de CCCEH, EHJ Advocates. El CASB está formado por socios que contribuyen al desarrollo del plan estratégico de COTC, guían el desarrollo de materiales, son anfitriones de talleres de CEHJ y difunden materiales de CEHJ y EHJ por sus siglas en inglés, Environmental Health and Justice, para sus miembros comunitarios. El Consejo Juvenil son defensores de EHJ que se capacitan como educadores de pares y ayudan a identificar las necesidades de la comunidad y los mejores enfoques para informar a la comunidad e involucrarse en actividades educativas y apoyan el desarrollo de materiales educativos de EHJ.*

*La evaluación de necesidades de COTC busca identificar problemas de CEHJ, en las comunidades dinámicas de Washington Heights/Inwood, Harlem y el sur del Bronx. La COTC está interesada en investigar y comprender los problemas de EHJ según los definen los miembros de estas comunidades para mejorar la salud y la justicia ambientales, desarrollar la capacidad y las oportunidades de colaboración. Además, la evaluación de necesidades buscará explorar las condiciones y los sistemas que perpetúan la desigualdad y el racismo y, por lo tanto, afectan la salud ambiental y el bienestar de todos, especialmente de los niños/-as.*



*Al completar esta evaluación de necesidades, se recopiló múltiples fuentes de información para proporcionar una imagen completa de las fortalezas y necesidades en las áreas de enfoque incluyendo, Washington Heights/ Inwood, Harlem y el sur del Bronx. 1) Datos basados en la población; 2) Encuesta de evaluación electrónica fue distribuida a través de la Junta Asesora Comunitaria (CASB) y el Consejo Asesor Juvenil e otros grupos comunitarios. Estos socios compartieron la encuesta con sus miembros, incluidos los residentes y las personas que trabajan y / o viven en las comunidades. 3) Los datos cualitativos se recopiló a través de tres grupos de enfoque con nuestras juntas asesoras, los EHJ Advocates y el CASB, sus miembros residentes y otros residentes afiliados con otras organizaciones comunitarias (CBO) y agencias de servicios.*

### **Hallazgos, en Resumen**

#### **La salud infantil experimenta alto nivel de condiciones de salud adversas en comparación con los niños/as en otras comunidades vecinas en la ciudad de Nueva York**

*La población infantil en el Bronx, Harlem y Washington Heights/Inwood (WHI) experimenta resultados de salud adversos significativos en comparación con otros niños/-as en el área metropolitana de la ciudad de Nueva York. La disparidad de salud es tan evidente especialmente al compararse con las comunidades vecinas con estatus económico mayor.*

#### **Alto nivel de conciencia/conocimiento entre las comunidades con respecto a las toxinas ambientales dañinas**

*Las comunidades conocen bastante bien los efectos nocivos en la salud infantil que tienen las siguientes toxinas ambientales: plomo, contaminación del aire, bisfenol-A, BPA, retardantes de fuego y pesticidas. La comunidad comprende que la exposición a estas toxinas existe dentro de un marco más amplio de salud y justicia ambiental (EHJ) y define con precisión el significado de EHJ y emprende las exposiciones ambientales dentro de este contexto.*

#### **Contaminación del aire y plomo son condiciones ambientales preocupantes**

*La contaminación del aire es una preocupación importante, el 100% de los encuestados atribuyen la contaminación del aire al asma, expresaron una sólida comprensión de que también está relacionada con las enfermedades cardiovasculares y el cáncer. Los encuestados estaban menos seguros de relacionar la contaminación del aire con las discapacidades del aprendizaje, el bajo peso al nacer y la obesidad.*

*La exposición y el envenenamiento por plomo sigue siendo un problema de salud importante a pesar de los grandes avances en la conciencia, la remediación y la legislación para proteger la salud infantil ambiental. La experiencia recién, de Flint Michigan, nos instruye que debemos permanecer vigilantes, especialmente desde el punto de vista de CEHJ, y debemos continuar el trabajo de educar a las comunidades sobre los efectos dañinos de las toxinas ambientales.*

#### **Estrategias de difusión y comunicación: construcción de coaliciones, participación de la voluntad política, simplificación de los mensajes de CEHJ / EHJ, incrementar la participación de los medios de comunicación e implementar iniciativas educativas a nivel comunitario, específicamente programar charlas educativas en los programas de la primera infancia y con la juventud**

*Las estrategias principales para aumentar la comunicación y la difusión sobre la salud ambiental infantil (CEHJ) incluyen la formación de coaliciones, la organización y la participación de la voluntad política, la simplificación de los mensajes, el uso de los medios de comunicación y la facilitación de la participación de la comunidad en las actividades de CEHJ y EHJ, especialmente, la colaboración con los programas de la primera infancia y las escuelas o programas e iniciativas juveniles en la comunidad.*

***La fortaleza presente en las comunidades: Sentido de identidad comunitaria y cultural, amabilidad, proximidad a parques y transporte público.***

*Las fortalezas de la comunidad incluyen amabilidad, unidad, colaboración, identidad cultural y tradiciones, proximidad a los parques y acceso al transporte público.*

***Preocupaciones generales de la comunidad: vivienda asequible, salud mental, armas que aumentan la inseguridad, inseguridad por falta de reparaciones y mantenimiento adecuado, violencia doméstica y acoso sexual***

*Las preocupaciones **generales** de la comunidad incluyen: vivienda asequible y acceso a alimentos saludables, en términos de **salud** estos incluyen; salud mental, problemas de salud crónica. Con respecto a la **seguridad**, existe preocupación por la creciente violencia con armas, inseguridad por falta de mantenimiento y reparaciones adecuadas, y el acoso sexual y la violencia doméstica. Los problemas de seguridad indicados por los encuestados son específicos entre cada comunidad, sin embargo, la violencia con armas es una preocupación creciente en el Bronx y Harlem.*

*Los encuestados y los grupos de discusión de todas las comunidades mencionaron la creación de coaliciones y la participación política para abordar la CEHJ. Dada nuestra nueva administración y a medida que volvemos a la “normalidad” después de casi dos años de la pandemia de COVID-19, debemos aprovechar esta oportunidad y buscar formas de involucrar la voluntad política para proteger la salud ambiental y justa infantil, CEHJ.*

## **CENTER FOR CHILDREN’S ENVIRONMENTAL HEALTH (CCCEH)**

### **Purpose**

The studies of the Columbia Center for Children’s Environmental Health (CCCEH) (IRB-AAAA6110) are designed to measure exposures to ambient air pollution by personal, indoor, and outdoor monitoring, to evaluate whether environmental exposures during pregnancy adversely affect fetal development, asthma development, and child health. The Harlem and Washington Heights/Inwood neighborhoods in Northern Manhattan and the communities of the South Bronx, like other Hispanic and African American communities, are near sources of environmental air pollution. It has become increasingly evident over the last several years that minority populations are disproportionately exposed to many environmental hazards, including hazardous air pollutants.

The Community Outreach and Translation Core (COTC) was established in 1998 and funded under the original Center (IRB-AAAA6110) grant to fulfill the following aims: 1) Translate the Center’s research results to be understood and used by non-scientific audiences; 2) Disseminate children’s environmental health findings to community residents and the broader public using various media; 3) Apply scientific findings to the policy arena by educating and empowering policymakers and community members to mobilize around environmental issues that challenge community health, and 4) to Analyze risks and costs associated with environmental pollutants. These activities have continued to date since the Center’s 1998 inception.

Today, the COTC works to translate, communicate, and disseminate Center findings to the local community and key stakeholders to help parents and communities reduce exposure to common urban pollutants. The COTC’s initiatives are based on a highly successful long-term working partnership between Center staff and our community partners, the leader of which is West Harlem Environmental Action (WE ACT). In addition, the COTC works with a Community Advisory and Stakeholder Board (CASB) to translate research findings and obtain guidance and feedback on outreach activities and health materials.

## COTC EHJ Community Needs Assessment Team & Acknowledgments

The COTC Needs Assessment activities were conducted by Maricela Ureño, MPH, COTC Program Coordinator, and Anabel Cole, MA, MPH, COTC Youth Council Coordinator, and supervised by Dr. Julie Herbstman, Director of the Center for Children's Environmental Health, and Dr. Diana Hernandez, COTC Director responsible for supervising the community outreach and research translation activities. In her absences, Dr. Herbstman and Dr. Joan Casey supported the COTC NA and all COTC Engagement Activities.

We would like to thank our EHJ Advocates Intern, Quincy Wise, and Mailman School of Public Health Practicum students, Kunsorya Chhea and Zhiru Wang for their assistance with a variety of tasks in the research and implementation of the community needs assessment. A special thanks to the CCCEH EHJ Advocates for both participating in the research, assisting with the dissemination of the survey, recruiting community youth to the youth focus group, and assisting with note-taking in the adult focus group conducted after participation in the survey and youth focus group.

Most importantly, we would like to acknowledge our COTC CASB members and community partners for their active participation and recruitment of their constituents to take part in the needs assessment. We are especially grateful for their collaboration given the institutional strains we are facing due to the Covid-19 pandemic. Thank you for your commitment to protect children's environmental health and justice.

## CCCEH COTC COMMUNITY NEEDS ASSESSMENT

CCCEH Community Outreach and Translation Core, COTC, community needs assessment seek to identify environmental health and justice, EHJ, issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx. CCCEH, COTC is interested in exploring and understanding the CEHJ issues as defined by members of these communities, building CEHJ capacity and collaborative opportunities, and exploring conditions and systems that perpetuate inequality and racism and thereby affect the environmental health and well-being of all, especially children.

COTC will conduct a community needs assessment with the following aims:

- 1) To improve opportunities for collaboration by engaging our advisory boards COTC, Community Advisory and Stakeholder Board (CASB) members, CCCEH Youth Council, EHJ Advocates, and other Community-Based Organizations (CBOs) in the EHJ Community Needs Assessment. CASB members represent a diverse group of agencies with years of experience working and providing service in the communities of Washington Heights/Inwood, Harlem, and the South Bronx, and have a history of disseminating CEH scientific findings to the communities.
- 2) To Identify EHJ community needs as defined by the COTC CASB members, community agencies, the CCCEH Youth Council, EHJ Advocates, and other constituents. To explore how best to address the CEHJ needs to identify and improve communication, environmental health literacy, and dissemination of the science to enhance CEH knowledge and action.
- 3) To identify community assets and strengths to determine the best strategies to provide relevant technical assistance and build environmental health and justice capacity among our member agencies and CCCEH Youth Council.
- 4) To improve understanding of the community EHJ and CEH needs to inform the COTC team, CCCEH, and Columbia University EHS researchers and enhance bi-directional collaboration.

## Methods & Implementation

The COTC team conducted data management activities. Multiple levels of security are in place at CCCEH ensuring that only appropriate staff has access to the project data and files derived from it. Qualtrics was used to develop and disseminate the surveys and analyze the data. The COTC team analyzed the focus groups to report qualitative findings.

1) Literature review includes, CCCEH Center research and population-based data for a comprehensive picture of the strengths and needs of Washington Heights/Inwood, Harlem, and the South Bronx.

Resources include:

- NYC Planning Statements of Community Districts Needs and Community Board Requests, the Fiscal Year 2022, February 2021, Community Districts: South Bronx (1, 3, 4), Harlem (10, 11) & Washington Heights Inwood (12)
- Citizens Committee for Children of New York, Keeping Track of New York City's Children
- New York Department of Health and Mental Hygiene Vital Statistics
- NYC DOH Community Health Profiles
- NYC Planning Population Fact Finder

2) COTC NA Quantitative and Qualitative Bi-lingual English/Spanish Instrument Development

- E-Surveys, administered via Columbia University's Qualtrics Account.
- Focus Group Guide conducted via Columbia University's Zoom Account

## IMPLEMENTATION

Due to the COVID-19 Pandemic \*\*all study procedures were conducted remotely via phone, email, Qualtrics e-survey, and Zoom conferencing. \*\*

### Surveys

COTC team sent survey requests via email to community agencies with a sample letter describing COTC's Community Needs Assessment to facilitate survey participation of their constituents/membership. Emails were followed up with phone calls to encourage participation and address any concerns. *Qualtrics*, a pre-approved Columbia University research platform, was used in the development and distribution of the survey. Many of the agencies approached to participate in needs assessment are members of the Center for Children's Environmental Health, Community Outreach and Translation Core, and Community Advisory and Stakeholder Board, CASB. *Qualtrics* was also used for e-consenting. Participants were sent a Qualtrics consent via email or text. The research team was available to address any questions with e-consenting including addressing assent forms for children 17 years of age and younger.

Seventy (70) e-surveys were collected from November 2020 to February 2021 from residents and/or individuals working in the communities of Washington Heights/Inwood, Harlem, and the South Bronx. The data collected is a snapshot of some of the opinions in the communities and are comparable to population-based data collected from community residents by NYC DOH, NYC Planning and Community Boards Needs Assessments, Citizens Committee for Children of New York, Keeping Track of New York City Children among other sources. These findings will provide us with guidance on the most pressing EHJ and CEH issues, knowledge of what the communities already know, their strengths and areas for capacity building, and how best to communicate children's environmental health and justice information to the very dynamic and diverse communities of Northern Manhattan and the Bronx.

### Focus Groups

Bronx, Harlem, and Washington Heights/Inwood community members participated in the focus groups. Three focus groups were conducted between January and February 2021. A total of twenty-two individuals participated in three groups. Youth ages 18-24 comprised one of the focus groups, a total of twelve individuals participated. Most of the youth currently live in the communities and are members of the Center for Children's Environmental Health Youth Council, EHJ Advocates, and are members of the Center's research cohorts. The other two focus groups had a total of ten participants, five in each group. Seven of the participants reside in the community and the other three work in Washington Heights, the Bronx, and Harlem. Each focus group had at least four community members representing the community. Focus groups were conducted via Zoom conferencing and were audio/video recorded. Qualtrics was also used for the e-consenting of focus groups. Participants were informed about the audio/video recording and the consent process. Recordings will be used as an internal

tool for project planning discussions, and for analysis by the research team. Focus group recordings will be destroyed upon completion of transcription and production of the final report.

Agencies invited to participate in survey and focus groups:

A.I.R. Harlem  
ABC Association to Benefit Children  
Asylum Clinic, Columbia Human Rights Initiative  
Bio Bus  
South Bronx United  
Cardinal McCloskey Early Childhood Education Division  
CCCEH Youth Council EHJ Advocates  
Columbia University School of Nursing  
El NIDO  
Friends of WHEELS, (Now Future's Ignite)  
Healthy Families Washington Heights, Dominican Women's Development Association  
Hispanic Federation  
Northern Manhattan Improvement Corporation  
NY Public Library Inwood  
NYP ACNC Columbia University, Dept of Obstetrics/GYN  
NYP Family Planning Clinic  
NYP Youth Lang  
Parent Coordinator, NYC Public School IS 143  
Urban Health Plan  
Washington Heights Expeditionary Learning School, WHEELS Teacher  
WE ACT  
WE ACT NYCHA Representatives/Organizers  
WIC, NYP

**Thank you to our CASB members and community partners!**

## **COVID-19 PANDEMIC IMPACT ON OUR COMMUNITIES**

From years of working with our research participants, we are very much aware of the disproportionate environmental health and justice burdens the families face and the subsequent adverse health outcomes they experience. During the (initial) peak of the pandemic in New York City, communities like the South Bronx, home to many of our cohort participants, have been severely affected by the coronavirus. Of the top ten zip codes in New York City that saw the highest cases of coronavirus and deaths, half of those were in the Bronx.<sup>1</sup>

Approximately 18% of our study participants reside in these same zip codes. Community District 4 was hit harder by COVID-19. The areas of Highbridge and Concourse had a total of 3,091 cases, 178 deaths, and a 132% positivity rate. Compared to

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<sup>1</sup> The New York Times. "New York City Coronavirus Map and Case Count." The New York Times. The New York Times, May 9, 2020. <https://www.nytimes.com/interactive/2020/nyregion/new-york-city-coronavirus-cases.html?action=click&module=RelatedLinks&pgtype=Article#zipcode>.

neighboring Fieldstone/Riverdale, a far more affluent area with a dramatically different demographic and socio-economic profile, as of February 2021 had a total of 928 cases, 89 deaths, and a 9% positivity rate.<sup>2</sup>

A report (September 15, 2020) from the Centers for Disease Control and Prevention (CDC) revealed that most of the children dying from COVID-19 are children of color. From February to July 2020, 78% of the children who died were Black, Hispanic, or Native American. Among these children, 75% ages 10-20 had underlying health conditions like asthma, obesity, and heart conditions which increased their risk of COVID-19 complications. The CDC report also describes social disparities faced by communities of color in which households are crowded and parents tend to be essential workers, who are unable to work from home and may take public transportation to work further exposing the household to COVID-19<sup>3</sup>

New York City has seen more than 2,800 small businesses shutter their doors over the last six months, 30% of those are restaurants. The vacancy rate for NYC apartments is the highest it has been since the 1990s<sup>4</sup> In addition the \$9 billion budget deficit for FY 2021 has already had a significant impact on street cleanliness and garbage pick-up accompanied by a growing presence of rodents.<sup>5</sup>

COVID-19 has underscored the importance of the upkeep and maintenance of our educational facilities. We have numerous facilities in the district requiring repairs and upgrades, and the need to properly ventilate buildings has become more of a priority with the spread of COVID-19.

Distance learning has become the norm and will continue to play a role in the education of children not only in NYC but around the world. NYC Department of Education, DOE, must continue to invest in the resources for students and teachers to effectively execute distance/remote learning. DOE must ensure an adequate supply of laptops for students to effectively engage in remote learning which will require ongoing management.

The recent stimulus aid passed by the Biden Administration has designated 24 billion to New York State as of May 11, 2021. New York City is to receive \$316,357,047.00 and the Bronx will receive \$275, 470, 084.00.<sup>6</sup> Bronx, Washington Heights and Harlem's Community Boards released their Community Needs Reports 2022 fully aware that this potential financial opportunity could begin to address long-awaited disparities. Hopeful to see the first-in-the-nation legislation requiring internet service providers to offer an affordable \$15 per month high-speed internet plan to qualifying low-income households, continue the provision of electronic devices for NYC children to reduce the digital divide, funding to support mental health with our newfound and increasing comfort with telehealth, and the extension of postpartum Medicaid from 60 days to one year and housing relief and improvements among other needs .<sup>7</sup> Given the high vacancy rate due to COVID-19,

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<sup>2</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. "Bronx Community District 4." February 2021. 7. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022\\_Statement BX04.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022_Statement BX04.pdf)

<sup>3</sup> NPR. CDC. "Most Children Who Die from Covid-19 are Minorities." 9/15/2020. <https://www.npr.org/2020/09/16/913693764/most-children-who-die-of-COVID-19-are-minorities-cdc-report-shows>

<sup>4</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. "Bronx Community District 4." February 2021. 9. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022\\_Statement BX04.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022_Statement BX04.pdf)

<sup>5</sup> IBID

<sup>6</sup> Democrat and Chronicle, "New York governments are getting 24 billion in stimulus aid. Here's where it is headed." May 11, 2021. <https://www.democratandchronicle.com/story/news/politics/albany/2021/05/11/american-rescue-plan-stimulus-money-new-york/5034196001/>

<sup>7</sup>New York State government report, "Governor announces Highlights of FY 2022 Budget to Reimagine, Rebuild and Renew New York." April 6, 2021. <https://www.governor.ny.gov/news/governor-cuomo-announces-highlights-fy-2022-budget-reimagine-rebuild-and-renew-new-york>



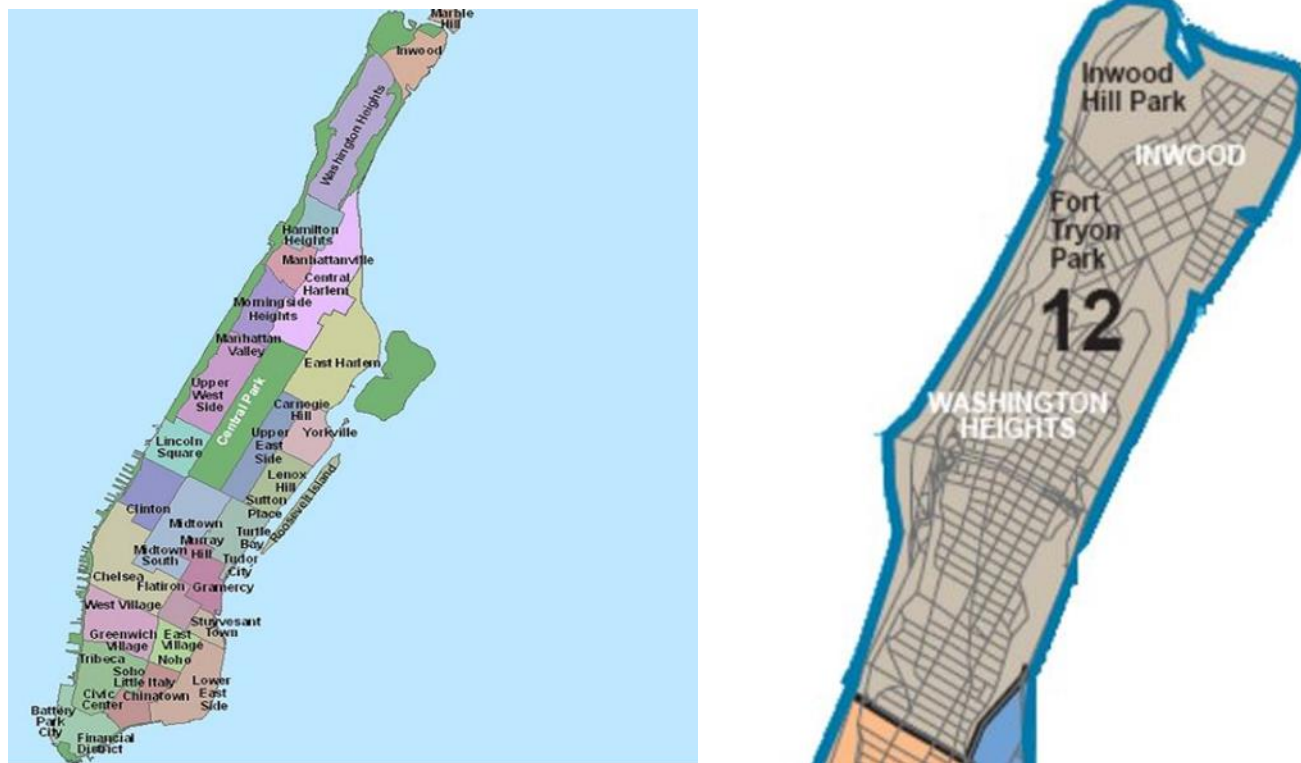
the city has an opportunity to negotiate with landlords on behalf of those with substandard housing to provide every resident clean, safe, and affordable housing. The pandemic created great challenges demanding immediate solutions. We can use this same energy, creativity, and urgency to address the social disparities and systemic injustices the pandemic has highlighted.

## NEW YORK CITY COMMUNITY BOARD NEEDS ASSESSMENTS BY COMMUNITY DISTRICTS, CDs

NYC Planning, Statements of Community District Needs & Community Board Budget Requests reports provide a comprehensive picture to glean and in-depth understanding of specific community needs, similarities across communities, strengths, complexities, success, and challenges facing the Bronx, CD 1,3, 4, Harlem CD 10, 11 and Washington Heights/Inwood CD 12.

For this report, we focus on needs from the Community Board Needs Assessment, 2022 that align with questions explored in the COTC survey and focus groups. Community board needs selected for this assessment align with questions asked in the COTC survey and focus groups. These include *the most pressing issue, most pressing health need and the most pressing community safety need.*

### COMMUNITY DISTRICTS 12 WASHINGTON HEIGHTS/INWOOD OVERVIEW

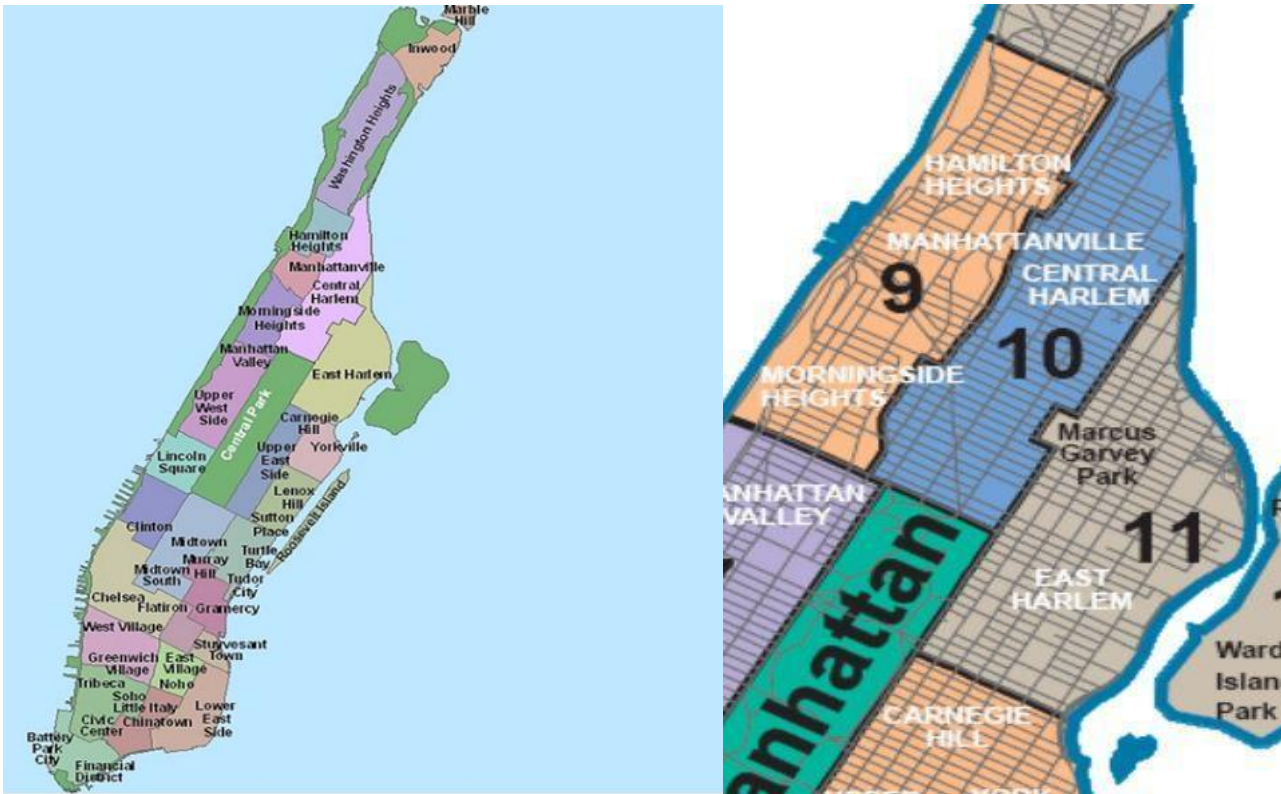


**Figure 1.** Map one shows Washington Heights (WH) within Manhattan and map two describes the community of WHI as district 12.

*Manhattan Community District 12 (CD12M) include[ing] Washington Heights and Inwood. District 12 is bordered by the Harlem River on the east side and by the Hudson River on the west side. It is located between West 155th*

Street and West 220th Street. District 12 has a total population of 219,657 residents and is home to one of the largest Latinx communities.<sup>8</sup>

COMMUNITY DISTRICTS 10 and 11 HARLEM



**Figure 2.** Map one shows Harlem within Manhattan and map two shows the two community districts that make up Central and East Harlem.

*Manhattan Community Board 10 (CD10M) is in Central Harlem. The district is bounded by Harlem River to the north, Central Park to the south, Fordham Cliffs to the west, and Fifth Avenue to the east. Manhattan Community Board 11 is in East Harlem, borders Fifth Avenue to the West, the East River, Randall’s Island and Wards Island, 96<sup>th</sup> to the South and the northern tip at 142<sup>nd</sup>.*<sup>9 10</sup>

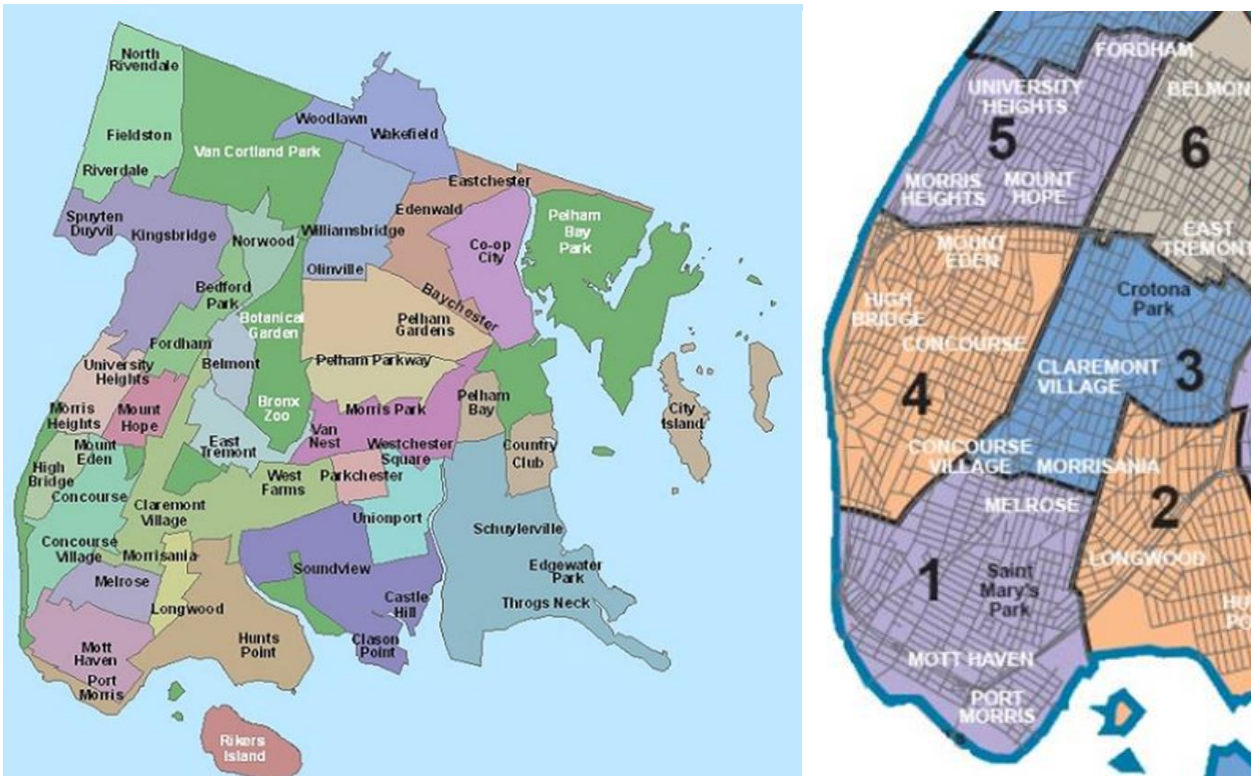
COMMUNITY DISTRICTS 1, 3, 4 Bronx

<sup>8</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Community District12” February 2021. 7. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN12.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN12.pdf)

<sup>9</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Manhattan Community District 10.” February 2021. 7. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN10.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN10.pdf)

<sup>10</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Manhattan Community District 11.” February 2021. 7. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN10.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN10.pdf)





**Figure 3.** Map one shows the Bronx and map two describes the Bronx CB 1, 3, 4 described as the South Bronx and home to many of our study cohort participants.

*(CB 1) includes Mott Haven, Melrose, and Port Morris communities, also known as the South Bronx. The district is bounded by Harlem River, East 149th Street, Park Avenue, East 159th Street, East 161st Street, Prospect Avenue, East 149th Street and the East River.<sup>11</sup>*

*Bronx (CB 3) encompasses parts of the Morrisania, Melrose, Claremont, Crotona Park East, Bathgate and Woodstock neighborhoods in Bronx County. The boundaries for Bronx Community District Three are north by the Cross Bronx Expressway and Crotona Park North, east by the Sheridan Expressway, E. 169 St., E. 167 St. and Prospect Avenue; south by E. 159 St. and E. 161 St. and west by Park and Webster Avenues. Due to varying socio-economic factors during the period 1970-1980, Community District 3 experienced the most significant population decline compared to all districts within the borough (64%).<sup>12</sup>*

*Bronx (CB 4) includes the following neighborhoods: Mt. Eden, Highbridge, West Concourse, East Concourse, and Concourse Village. The district is located by the Cross Bronx Expressway to the North, East 149th Street to the South, Webster to Park Avenue on the East and the Harlem River on the West. Home to the world-renown Yankee Stadium.<sup>13</sup>*

<sup>11</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Bronx Community District 1.” February 2021 <https://www1.nyc.gov/site/bronxcb1/index.page>

<sup>12</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Bronx Community District 3.” February 2021

<sup>13</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Bronx Community District 4.” February 2021

As mentioned above, the Community Board’s needs assessment framework aligns with questions asked in the COTC EHJ Community Needs Assessment survey and focus groups. These areas will be used to enhance understanding and perspective of the children’s environmental health and justice issues the communities experience and raise awareness and action.

These include:

- ***the most pressing issue***
- ***most pressing health need***
- ***the most pressing safety issue***

The number one most pressing need across all Community Board districts was *affordable housing* which is defined as financially attainable, safe and in good repair. The development of unaffordable, low-income units makes housing financially inaccessible, preventing “in-community mobility” across communities of Harlem, Washington Heights, and CB 4 in the Bronx.<sup>14</sup> COTC survey respondents also mentioned affordable housing as the number one issue in the Bronx and Washington Heights.

*We urge the city to implement Area Median Income (AMI) Income Averaging to ensure that any new affordable housing constructed in the district encompasses a wider range and mix of incomes as opposed to strict income ranges that do not support economic diversity within new housing stock.*<sup>15</sup>

Beyond the need for affordable housing, the second and third most pressing need varied by community, Washington Heights, CB12, Harlem CB 10 and the Bronx CB 3 indicated the need to support school and youth services to improve academic success. Due to COVID-19 remote learning has been implemented and may continue as an important teaching tool in the schools. Low-income families in the districts need affordable Internet/Wi-Fi service post pandemic.<sup>16</sup>

*We are seeking to ensure that all students have equal access to remote learning capabilities, to supply students with functional electronic devices, access to broadband, and a dedicated virtual learning support team to assist parents.*<sup>17</sup>

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<sup>14</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Manhattan Community District 10.” February 2021. 8. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN10.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN10.pdf)

<sup>15</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Bronx Community District 4.” February 2021. 7. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022\\_Statement\\_BX04.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022_Statement_BX04.pdf)

<sup>16</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Community District12” February 2021. 8. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN12.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN12.pdf)

<sup>17</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Manhattan Community District 10.” February 2021. 8. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN10.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN10.pdf)

Important to note that communities in the Bronx differed from Washington Heights and Harlem. CB 1 and 3 in the Bronx mentioned *health concerns* and the *need for health services* as their top pressing issues. Furthermore, *chronic health problems* and *need for services and prevention* surfaced as the primary concern in both the **most pressing issue category** and **most pressing health need category**.

The CB districts needs assessment findings mirrored the COTC needs assessment findings regarding the **most pressing issue related to health**. *Mental health* surfaced as the most pressing health need in Harlem, CB 10, 11 and Washington Heights, CB 12 needs assessment. Mental health was also the top health need mentioned in the COTC survey and focus groups for Washington Heights and Harlem. In CB 10, 11, 12 needs assessment each community requested the need for expanding services. Harlem, (CBs 10, 11) in particular, finds itself in a difficult spot needing additional mental health services and at the same time indicated that the Harlem community is overburdened with more than their share of social service agencies addressing mental health, substance abuse and homelessness. Harlem respondents indicated that social service agencies should be located equally across New York City neighborhoods and not just housed in Harlem. This over saturation is straining community resources. “Data from the NYS Office of Alcohol and Substance Abuse Services shows that 75% of their clients receiving services in our community reside outside of CD11.”<sup>18</sup>

*Oversaturation is the direct result of discriminatory practices that place “undesirable” social services in communities of color, often with little notice and no way for the residents to hold the decision makers or operating organizations accountable. This discriminatory practice must stop, and all responsible city and state agencies must consider “Fair Share” requirements, as developed by the 1989 New York City Charter Revision Commission, when choosing where to site such facilities.*<sup>19</sup>

For all three Bronx Communities, the most pressing health issue was not mental health but rather chronic disease prevention and management. Specifically, an appeal to improve prevention and management of heart disease, hypertension, obesity, asthma, and diabetes by improving community-based programming to help address these health issues.<sup>20</sup>

*According to the 2018 Community Health Profile, (CB 4) the adult obesity rate is 34% higher than the rest of NYC. Obesity can lead to high-blood pressure, diabetes, and other chronic diseases. Seventeen percent of residents have been diagnosed with diabetes and 42% of adults have been diagnosed with hypertension. These and other factors contribute to the high prevalence of chronic diseases that are not well managed in the district.*<sup>21</sup>

Finally, CB needs assessment explored most pressing safety issue, across Harlem and Bronx communities’ general crime was increasing with growing presences of illegal guns and subsequent gun violence. “*Gun violence in our communities is a public*

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<sup>18</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Manhattan Community District 11.” February 2021. 9 FY2022\_Statement\_MN11.pdf (google.com)

<sup>19</sup> Ibid.

<sup>20</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Bronx Community District 4.” February 2021. 7. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022\\_Statement\\_BX04.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/BX%20DNS%20FY%202022/FY2022_Statement_BX04.pdf) pg.10

<sup>21</sup> Ibid. pg. Check

*health crisis.*<sup>22</sup> Growing gun violence was the most pressing safety issue across communities with Harlem and the Bronx identifying gun violence as their main concern.

## CHARACTERISTICS OF THE POPULATION

To best serve the communities of the Bronx, Harlem and Washington Heights/Inwood, the Center for Children’s Environmental Health, Community Outreach and Translation Core will use the population and demographics data to identify and prioritize how best to disseminate and communicate Columbia University’s Center’s Children’s Environmental Health (CEH) research.

Children make-up 20-34% of the total population of the households in the Bronx, Harlem, and Washington Heights/Inwood communities.<sup>23</sup> Informing the communities about harmful environmental exposures to children is imperative. For more than 20 years, the Center has identified that children in our study cohorts are exposed to toxins as early as in utero.<sup>24</sup> Children are more vulnerable to toxins due to the higher levels of inhalation, absorption, consumption, and behavior compared to adult exposures, affecting children disproportionately at critical ages and stages of physical and cognitive development.<sup>25</sup>

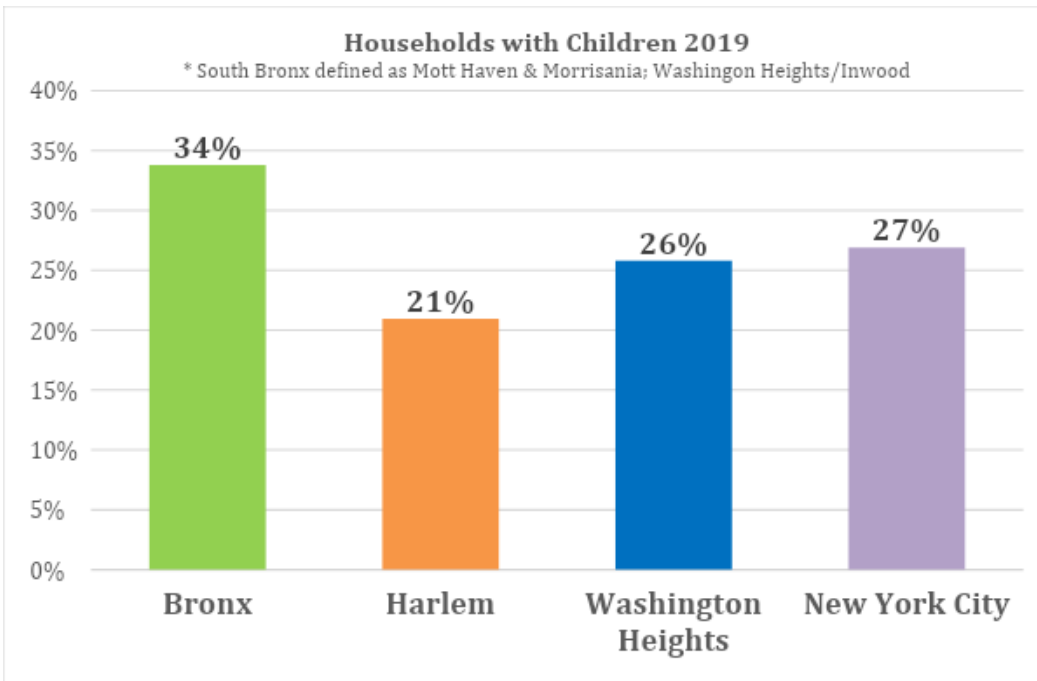
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<sup>22</sup> NYC Planning. Statements of Community District Needs & Community Board Budget Requests. “Manhattan Community District 10.” February 2021. 16. [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN10.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN10.pdf)

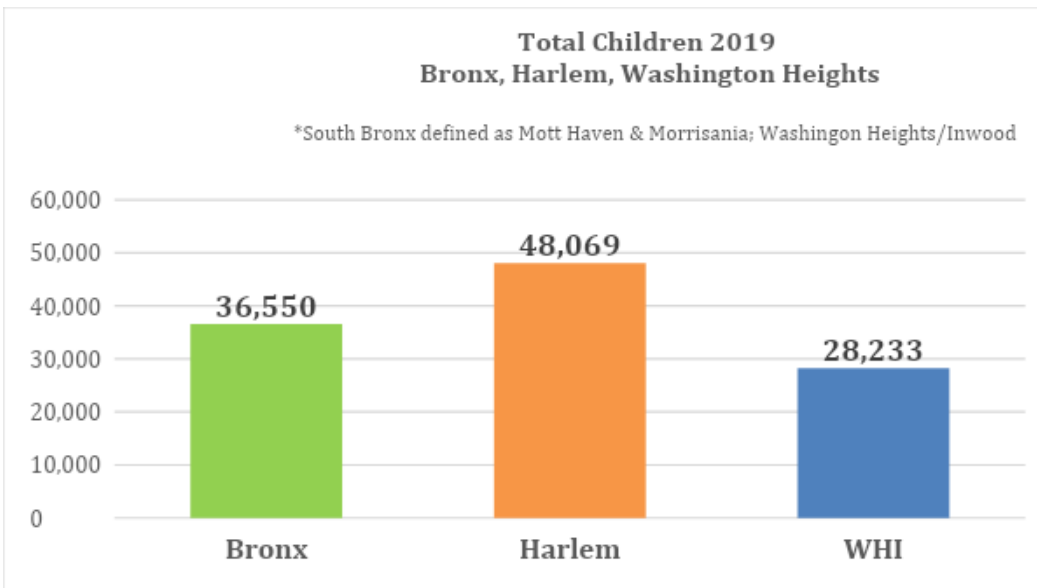
<sup>23</sup> Citizens’ Committee for Children of New York. <https://data.cccnewyork.org/data/map/32/households-and-families#102/211/3/155/62/112/a> (Table created from source data).

<sup>24</sup> Perera, F. P., Illman, S. M., Kinney, P. L., Whyatt, R. M., Kelvin, E. A., Shepard, P., Evans, D., Fullilove, M., Ford, J., Miller, R. L., Meyer, I. H., & Rauh, V. A. (2002). The challenge of preventing environmentally related disease in young children: community-based research in New York City. *Environmental health perspectives*, 110(2), 197–204. <https://doi.org/10.1289/ehp.02110197>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1240736/pdf/ehp0110-000197.pdf>

<sup>25</sup> F.P. Perera, V. Rauh, R.M. Whyatt, D. Tang, W.Y. Tsai, J.T. Bernert, Y.H. Tu, H. Andrews, D.B. Barr, D.E. Camann, D. Diaz, J. Dietrich, A. Reyes, P.L. Kinney, A Summary of Recent Findings on Birth Outcomes and Developmental Effects of Prenatal ETS, PAH, and Pesticide Exposures, *Neurotoxicology*, Volume 26, Issue 4, 2005, Pages 573-587, ISSN 0161-813X, <https://doi.org/10.1016/j.neuro.2004.07.007>. <https://www.sciencedirect.com/science/article/abs/pii/S0161813X04001093>



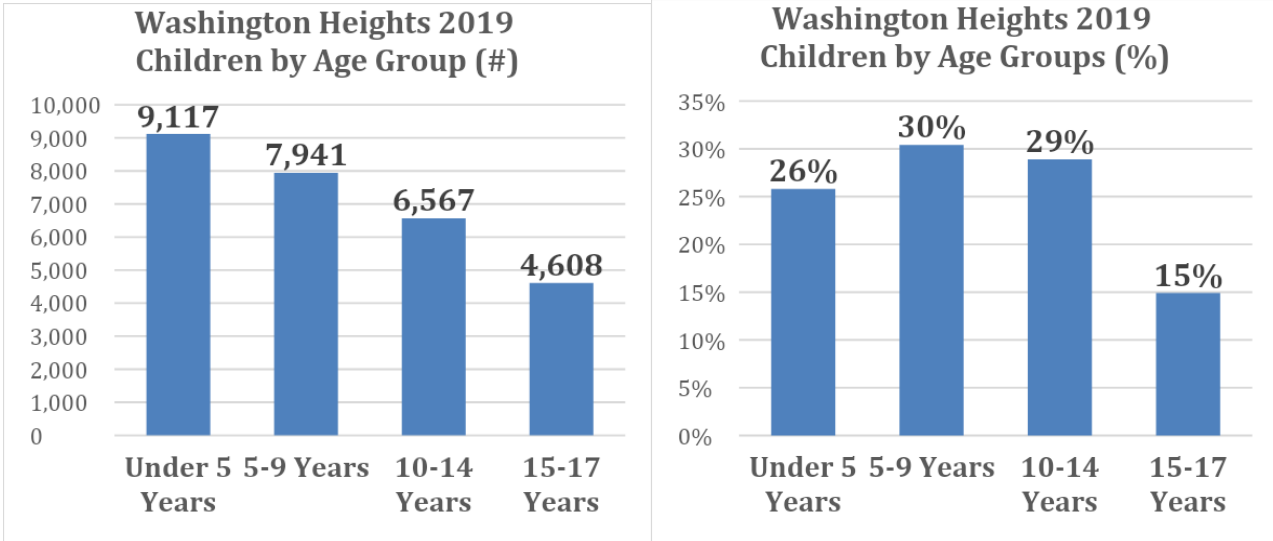
**Figure 3.** Percentage of households with children by region in 2019; Source: Citizens Committee for Children of New York



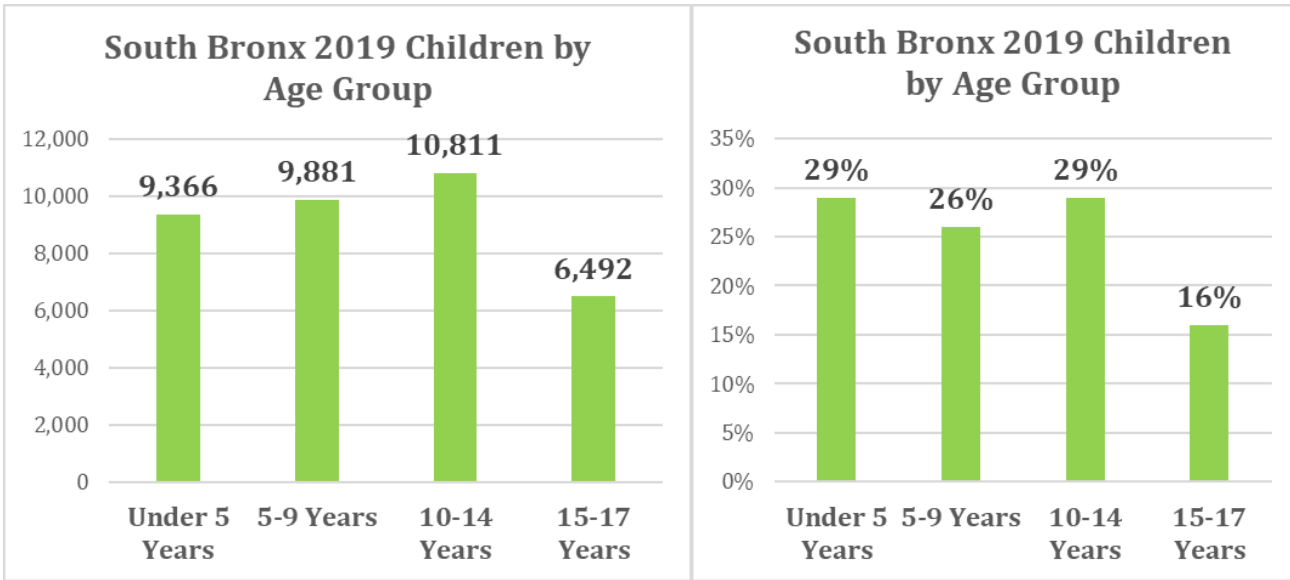
**Figure 4.** Total number of children (less than 5 years of age) in Bronx, Harlem, and Washington Heights (WHI) in 2019. Source: Citizens Committee for Children of New York

The total population in the needs assessment catchment area of Washington Height/Inwood, Harlem, and South Bronx is 464,742. Children under age 18 make up a total of 112,852 and children under 5 years of age make up 33,389 of the child population.<sup>26</sup>

<sup>26</sup> Citizens' Committee for Children of New York. <https://data.cccnewyork.org/data/table/97/total-population#83/127/40/a/a> (Table created from source data).

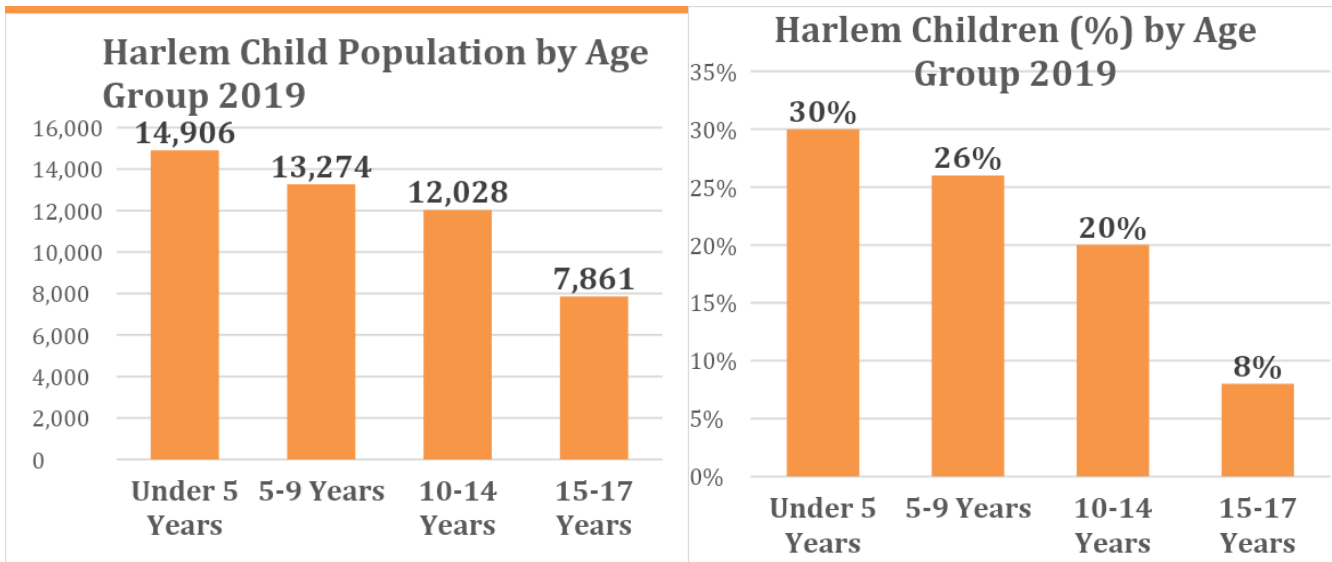


**Figure 5.** Total number of children in Washington Heights/ Inwood by age groups in 2019 (left); the percentage of children in WHI by age in 2019 (right). Source: Citizens Committee for Children of New York



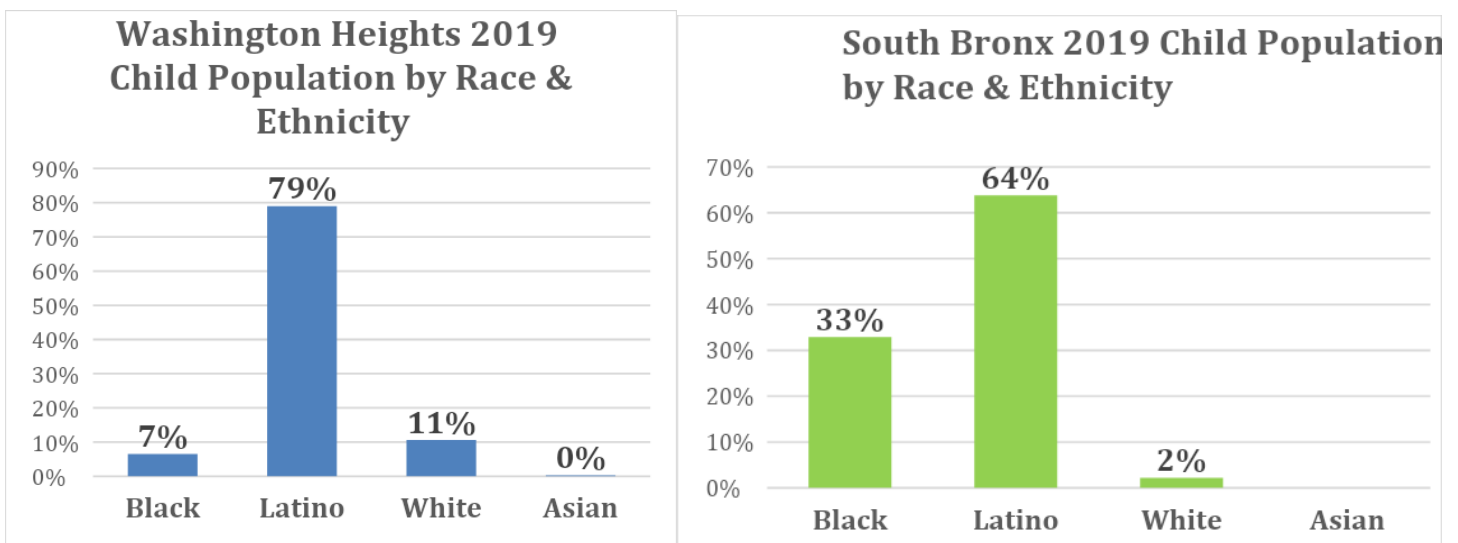
**Figure 6.** Total number of children in South Bronx by age groups in 2019 (left); the percentage of children in the South Bronx by age in 2019 (right). Source: Citizens Committee for Children of New York



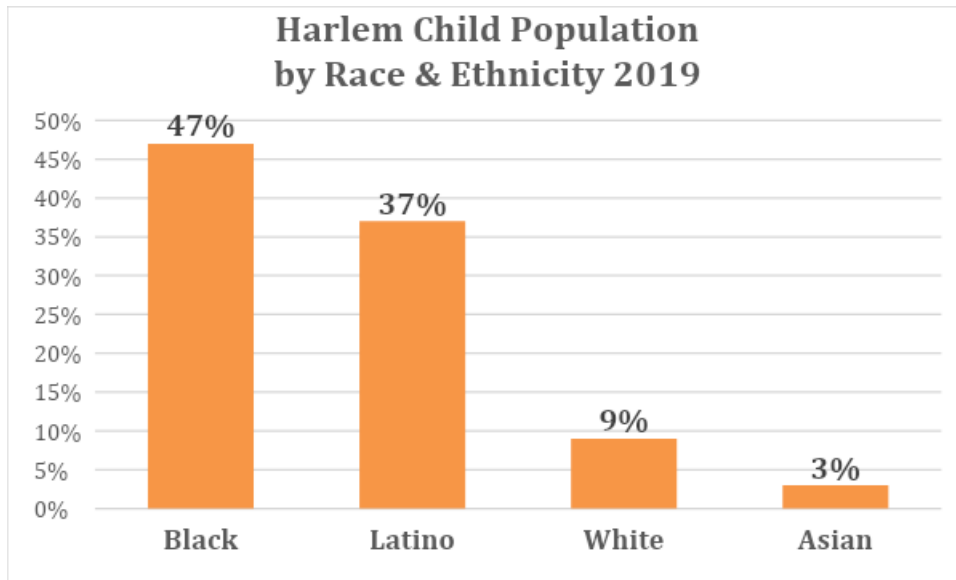


**Figure 7.** Total number of children in Harlem by age groups in 2019 (left); the percentage of children in Harlem by age in 2019 (right); Source: Citizens Committee for Children of New York

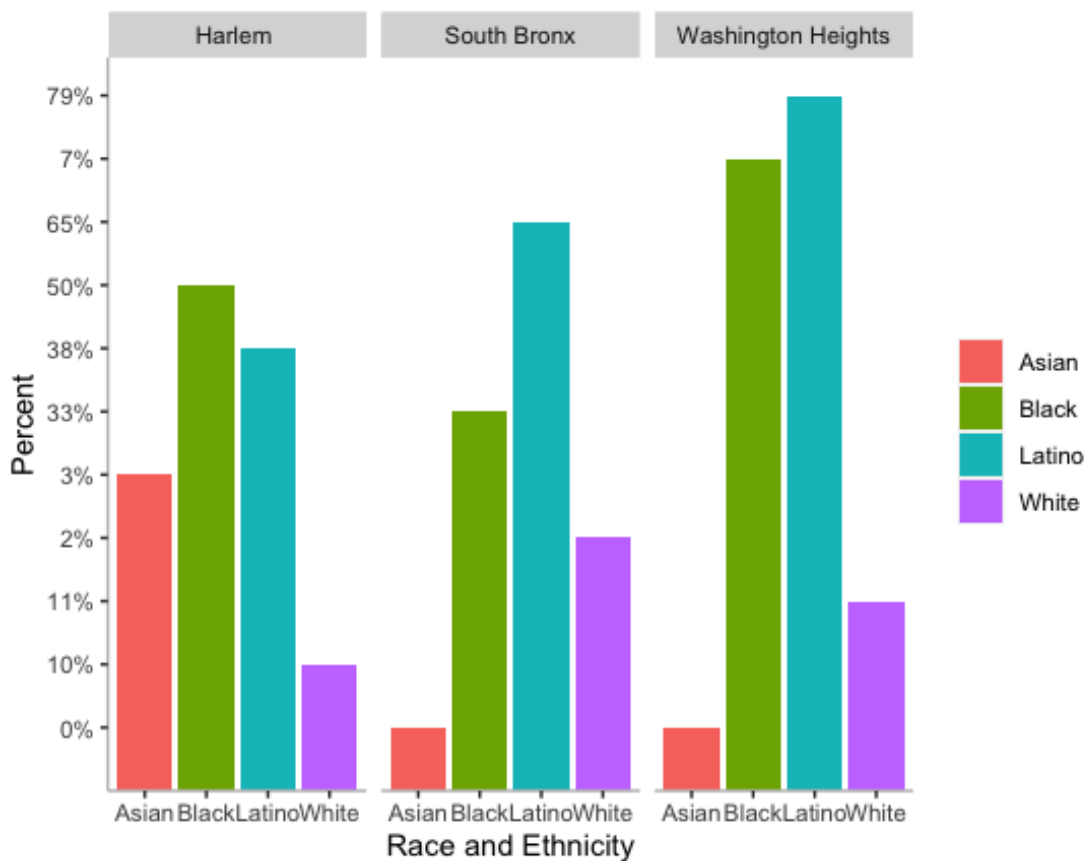
Child population by race, Washington Heights and Bronx Latinx children comprise 79% and 64% of the child population, respectively. In Washington Heights Black children comprise 7% of the population, and in the Bronx Black children comprise one-third, 33% of the child population. Black children in Harlem are the majority, 47%, followed by the Latinx child population, 37%. The population of White children in the communities in Washington Heights, the Bronx and Harlem make up 11%, 2%, and 9%, respectively.<sup>27</sup> The vast majority of children in these communities identify as children of color, data on the adverse health outcomes and social-economic injustices endured by children of color demands heightened vigilance and the implementation of public health programs to protect children’s environmental health.



<sup>27</sup>Citizens’ Committee for Children of New York, <https://data.cccnewyork.org/data/map/98/child-population#11/17/3/19/62/112/a> (Table created from source data).



**Figure 8.** Children population by race and ethnicity in Washington Heights, Harlem, and Bronx in 2019; Source: Citizens Committee for Children of New York



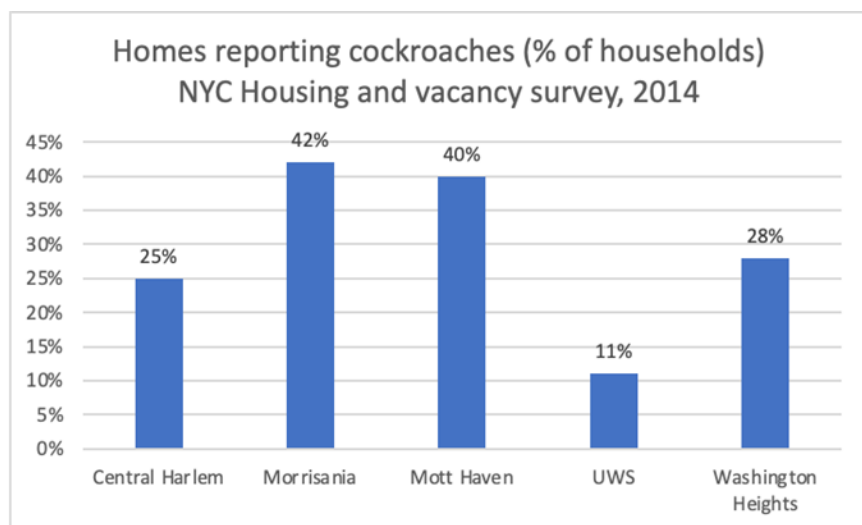


## SOCIO-ECONOMIC CONDITIONS COMPOUNDING CHILDREN’S HEALTH & ENVIRONMENTAL HEALTH

### Housing Quality

As previously indicated in the NYC Planning, Statements of Community District Needs & Community Board Budget Requests *housing* is the number one concern across all communities. Poor housing quality is associated with poor health outcomes, such as respiratory problems associated with asthma. Homes that are poorly maintained may have cockroach and rodent infestations increasing resident use of pesticides and exposure of these toxins, in addition to allergic reactions to cockroach and rodent fecal matter compromising respiratory systems of vulnerable children.<sup>28</sup> Maintenance defects may include water leaks, cracks, and holes, peeling paint, inadequate heating increasing children’s exposure to environmental toxins such as mold, lead, carbon-monoxide, secondhand tobacco smoke and other air pollutants.

The latest data on homes reporting cockroaches and homes with defects come from NYC Housing and Vacancy Survey in 2014. Central Harlem reported 25%, Morrisania reported 42%, Mott Haven reported 40%, the Upper West Side, a neighboring more affluent community, reported 11%, and Washington Heights reported 28% of households with cockroaches.<sup>29</sup>



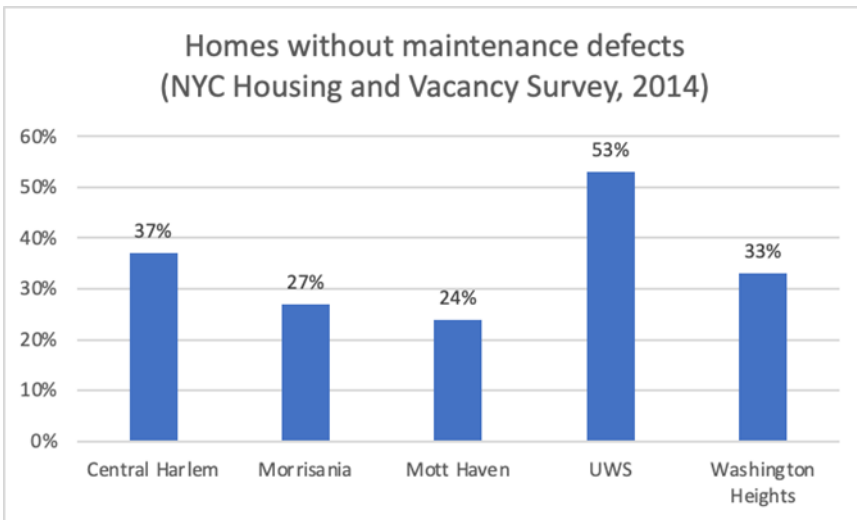
**Figure 9.** Homes reporting cockroaches in 2014; Source: Citizens Committee for Children of New York

As for percentage of homes **WITHOUT** maintenance defects, Central Harlem reported 37%, Morrisania reported 27%, Mott Haven reported 24%, the Upper West Side reported 53%, and Washington Heights reported 33%.<sup>30</sup>

<sup>28</sup> Perzanowski MS, Chew GL, Divjan A, et al. Early-life cockroach allergen and polycyclic aromatic hydrocarbon exposures predict cockroach sensitization among inner-city children. *J Allergy Clin Immunol.* Mar 2013;131(3):886-893 e886; Early-life cockroach allergen and polycyclic aromatic hydrocarbon exposures predict cockroach sensitization among inner city children; [https://www.jacionline.org/article/S0091-6749\(12\)02646-2/fulltext#secid13405884e1471](https://www.jacionline.org/article/S0091-6749(12)02646-2/fulltext#secid13405884e1471)

<sup>29</sup> NYC Housing and Vacancy Survey, 2014. <https://www.census.gov/data/datasets/2014/demo/nychvs/microdata.html>

<sup>30</sup> Ibid.



**Figure 9.** Homes without maintenance defects; Source: Citizens Committee for Children of New York

### Child Poverty by Race

When categorized by race, the child poverty rate is the lowest for all races in the Upper West Side compared to the other community districts. Meanwhile, the South Bronx has the highest child poverty rates for all races. It is important to note those who identify as White in the South Bronx make up the highest percentage of child poverty at 57.7% (or 335 children). In contrast, the second group with the highest child poverty rate is Latino at 49.63% or 9,957 children.<sup>31</sup>

### NYC Preterm Births and Low Birthweight

Below is data from the Citizens’ Committee for Children of New York taken in 2017 showing the percentage rate of preterm births by race in New York City. In this data, preterm birth is defined as “babies born alive before 37 weeks of pregnancy.” The total preterm birth rate in NYC is 9% in 2017, and of those 9%, the rates for preterm births are 7.9% for Asians, 12.70% for Blacks, 6.9% Whites, 9.6% for Hispanics, and 9.9% for “Other”.<sup>32</sup> Racial and ethnic differences per-term data nationally has remained the same, “in 2019 the rate of preterm birth among non-Hispanic black women (14.4%) was about 50% higher than the rate of preterm birth among non-Hispanic white women (9.3%) or Hispanic women (10%)”<sup>33</sup>.

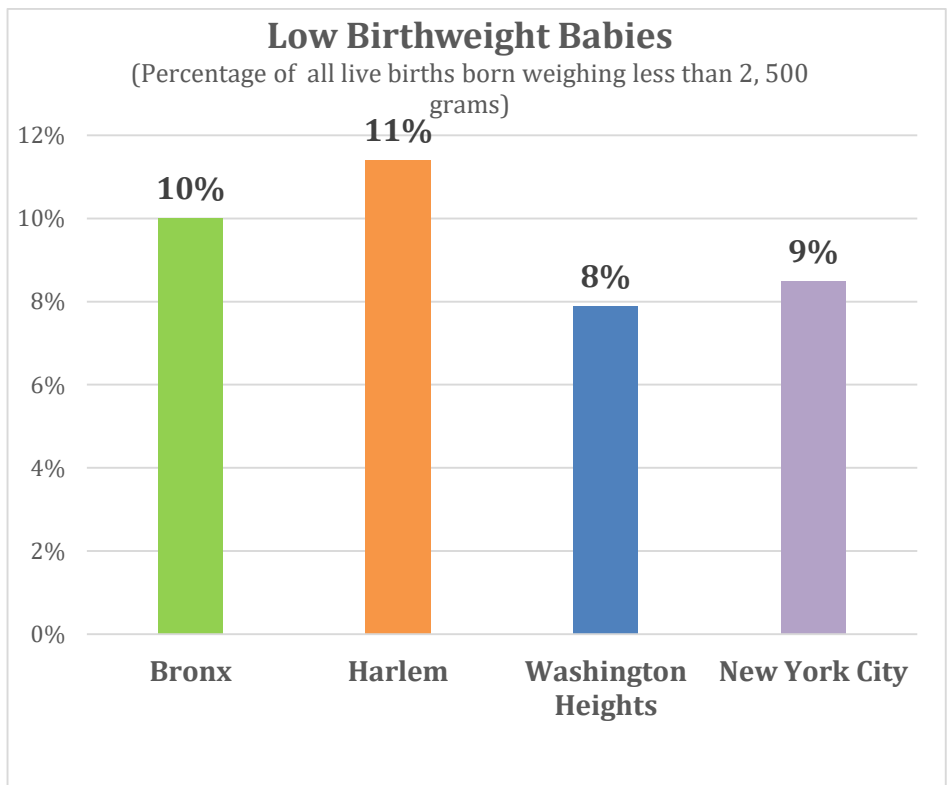
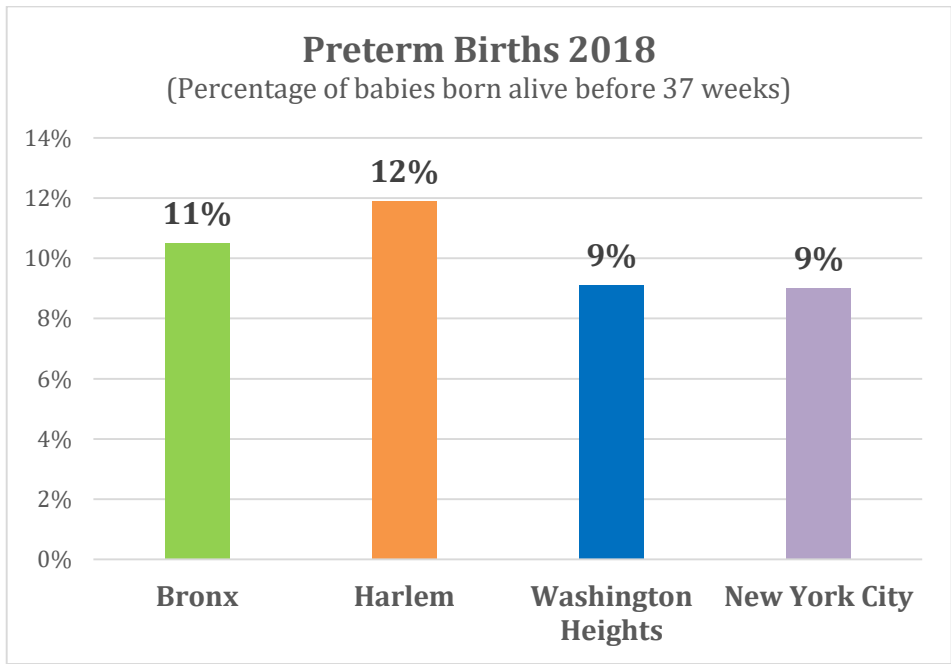
There are multitude of factors that can affect birth outcomes, such as preterm births, ranging from biological to environmental to social. Contributing factors include chronic health problems (i.e., high blood pressure, diabetes), cigarette smoking, alcohol use, exposure to environmental contaminants (i.e., secondhand smoke, air pollution, lead), and more.<sup>34</sup>

<sup>31</sup> Citizens’ Committee for Children of New York <https://data.cccnewyork.org/data/table/96/child-poverty#9/14/40/a/a>(Table created from source data).

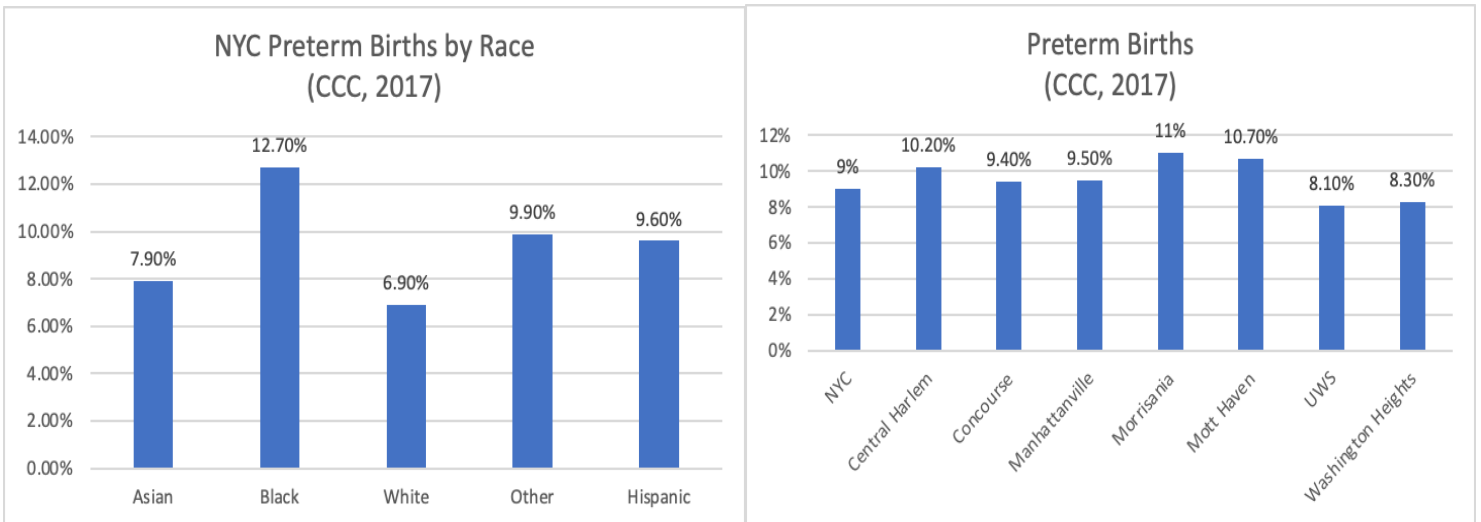
<sup>32</sup>Citizens’ Committee for Children of New York <https://data.cccnewyork.org/data/table/1276/preterm-births#1276/1479/25/a/a> (Table created from source data).

<sup>33</sup> CDC, Premature Birth, October 2020. <https://www.cdc.gov/reproductivehealth/features/premature-birth/index.html>

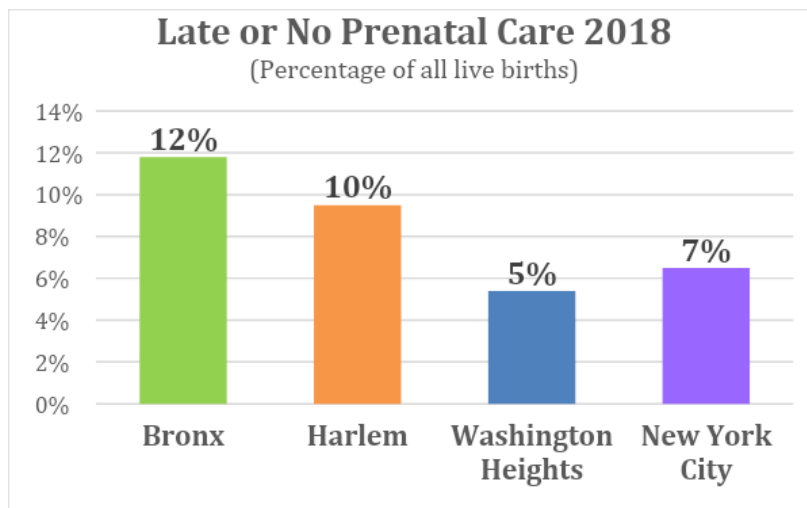
<sup>34</sup> <https://ephtracking.cdc.gov/showRbPrematureBirthEnv.action>



**Figure 10.** Preterm births in 2018; Low Birthweight Babies; Source: Citizens Committee for Children of New York



**Figure 11.** NYC preterm births by race in 2017; preterm births by region Source: Citizens Committee for Children of New York



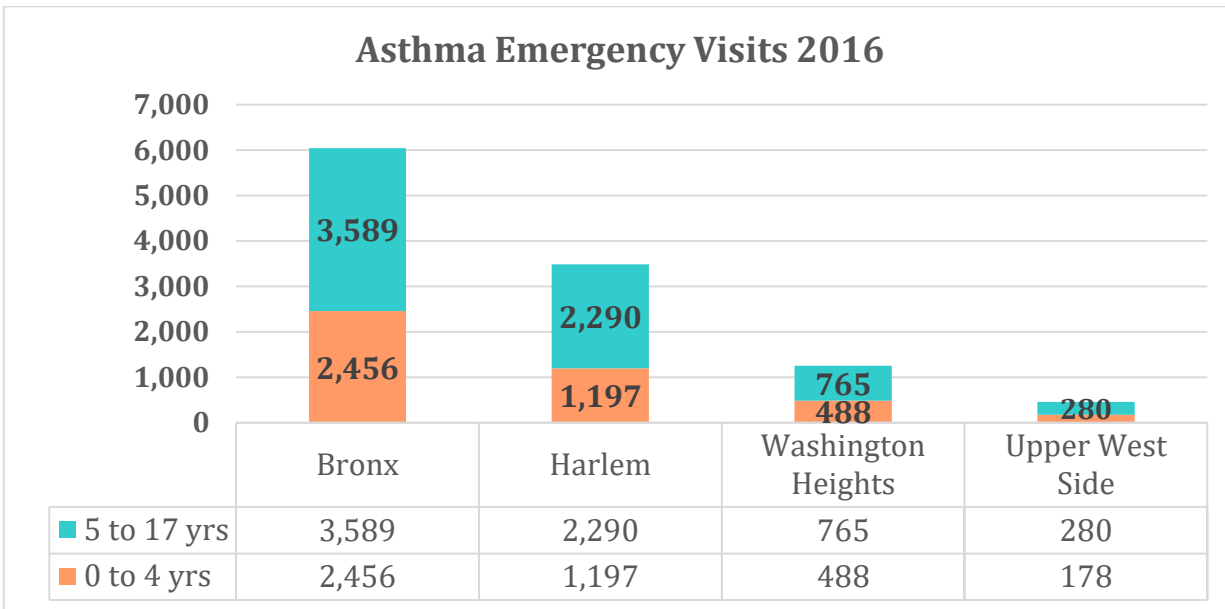
**Figure 12.** Late or no prenatal care in 2018 by region; Source: Citizens' Committee for Children

## Child Health Outcomes and Children's Environmental Health

Health indicators such as late or no prenatal care<sup>35</sup>, lead poisoning, asthma, and the expression of these as potential learning disabilities, demand the collaborative efforts of multi-agency and disciplines to begin to address biological, social, and environmental factors that speak to these ills. Asthma emergency visits are outrageous in the Bronx, and Harlem compared to a more affluent yet close geographic neighbor of Harlem.<sup>36</sup>

<sup>35</sup> Citizens' Committee for Children of New York, <https://data.cccnewyork.org/data/map/47/late-or-no-prenatal-care#47/a/3/84/40/112/a>

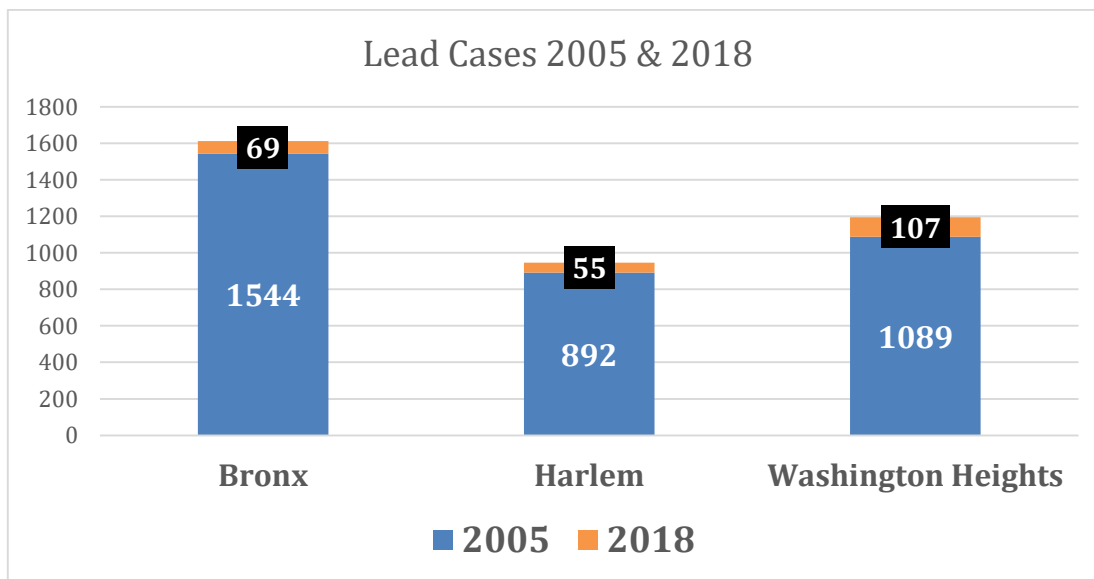
<sup>36</sup> Citizens' Committee for Children of New York, <https://data.cccnewyork.org/data/map/6/asthma-emergency-department-visits#6/196/4/9/22/a/a> (Table created from source data).



**Figure 13.** Asthma Emergency Visit in 2016; Source: Citizens’ Committee for Children

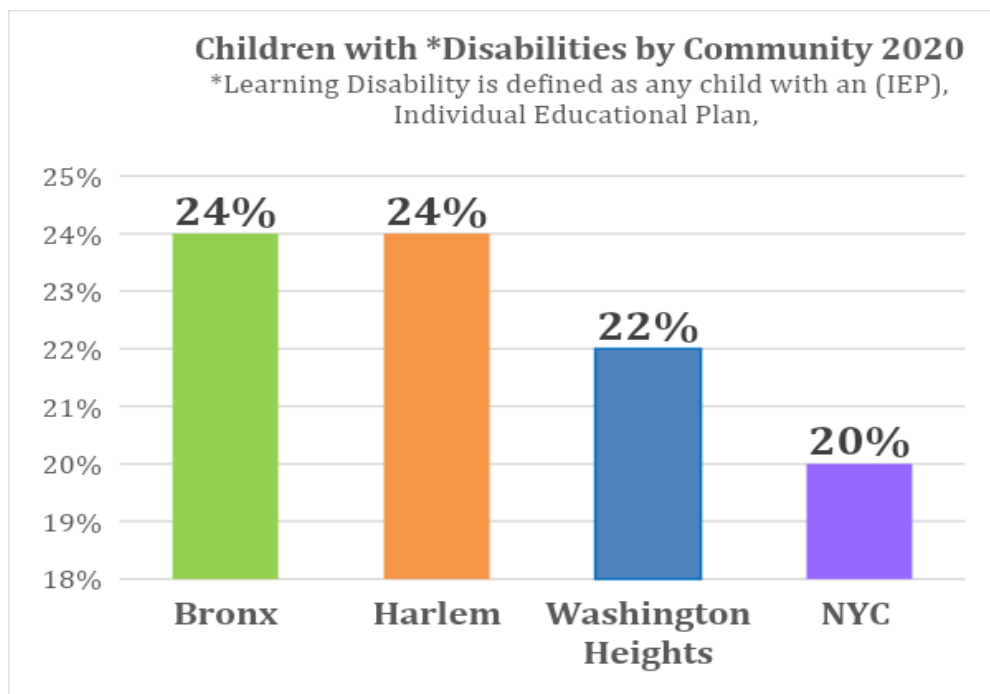
Lead poisoning prevention has seen some success nationally and in our communities. Despite our gains, we are sadly reminded that lead prevention is a child health issue that requires ongoing vigilance. CEH advocacy efforts and research must continue as we are reminded of the negligence and abuse that occurred in Flint Michigan in 2018. We must also stay informed and vigilant to serve as advocates in our own communities and remedy the lead issues identified in NYCHA housing and NYC public schools in the Bronx.

Lead cases in 2005 are as follows 1,544 in the Bronx (Morrisania), 892 in Harlem, and 1089 in Washington Heights. In 2018, the cases for the same communities are 107, 55, and 69 respectively. Significant improvements have been accomplished in the prevention of childhood lead poisoning; however, education and vigilance need to continue as a mainstay in CEH.



**Figure 14.** Number of lead cases in 2005 compared to 2018; Source: Citizens’ Committee for Children

The table below defines children with learning disabilities as any child receiving an IEP (Individual Educational Plan), in school. In our communities, children with IEPs rank in the top eleven out of 32 NYC school districts. In the Bronx, Mott Haven ranks number one, Central Harlem ranks 2<sup>nd</sup>, East Harlem, 6<sup>th</sup>, and Washington Heights 11<sup>th</sup>.<sup>37 38</sup>



**Figure 16a.** Children with disabilities by School District as per IEP Services 2020; Source: Citizens’ Committee for Children

<b>Learning Disabilities (IEP) Ranked by Community School District 2020</b>	
*Learning Disability is defined as any child with an (IEP), Individual Educational Plan, (Districts ranked 1-32)	
Mott Haven	1
Central Harlem	2
East Harlem	6
Crotona Park, Morrisania, Melrose	8
Washington Heights	11
Upper West Side	20
Brooklyn Hts, Downtown BK	32

<sup>37</sup> Citizens’ Committee for Children of New York, [Students with Disabilities \(IEP\) \(ccnnewyork.org\)](http://Students with Disabilities (IEP) (ccnnewyork.org))

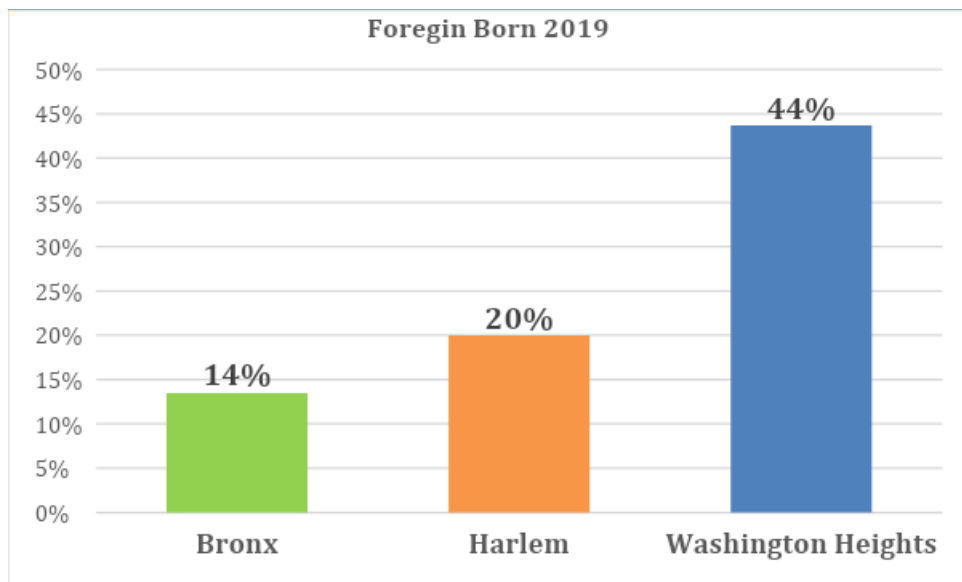
<sup>38</sup> Ibid

**Figure 16b.** Children with disabilities ranked by School District as per IEP Services 2020; Source: Citizens' Committee for Children

## Household Characteristics

Most residents of the Bronx (14%) and Harlem (20%) communities are **not** foreign-born, Washington Heights/Inwood, however, has the greatest percentage of foreign-born individuals, (44%)<sup>39</sup>.

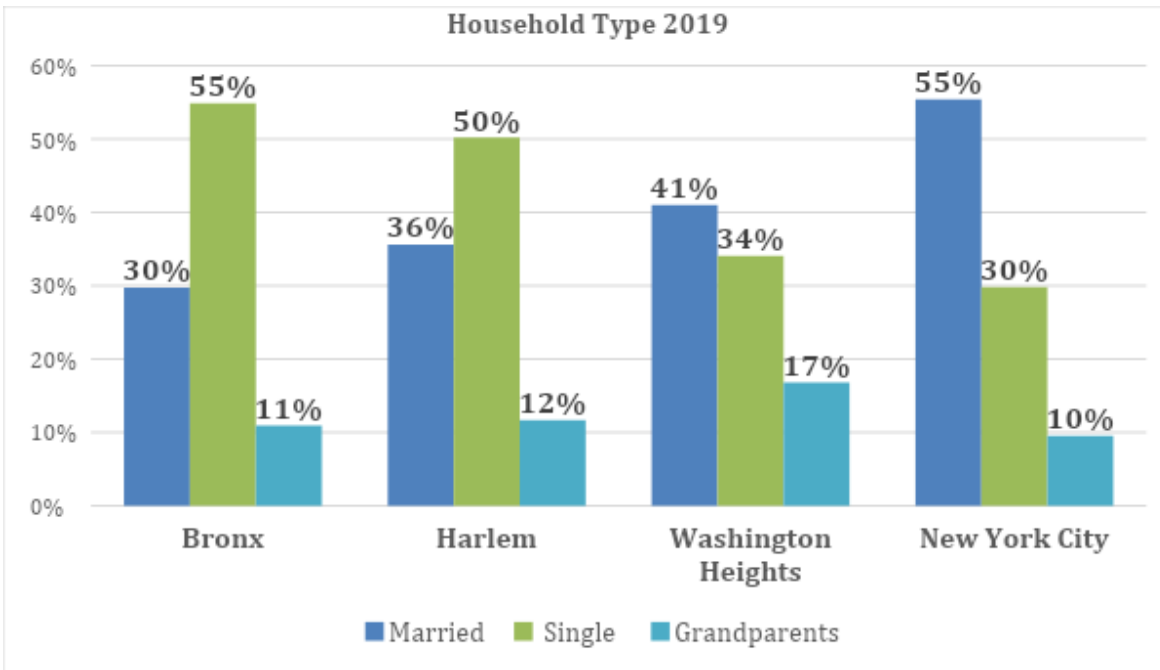
Data from 2019 indicates that most households are single-parent in the Bronx, (55%), Harlem, (50%) and Washington Heights, (34%), has fewer residents indicating single-parent households and slightly hire married households, (41%) compared to Harlem, (36%), and the Bronx, (30%).<sup>40</sup>



**Figure 17.** Foreign Born 2019 data; Source: Citizens' Committee for Children

<sup>39</sup> Citizens' Committee for Children of New York, <https://data.cccnewyork.org/data/map/25/foreign-born-population#25/4/3/45/62/111/a>

<sup>40</sup>Citizens' Committee for Children of New York, <https://data.cccnewyork.org/data/map/98/child-population#1244/192/3/1424/62/112/a>



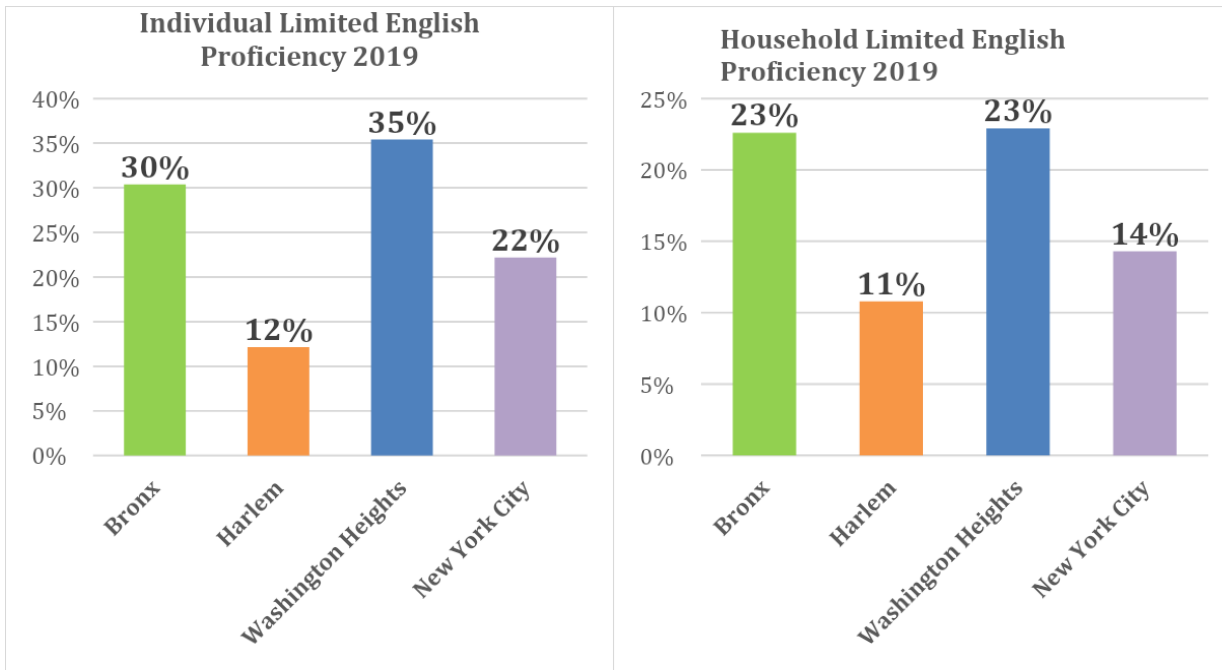
**Figure 18.** Household Type; Single, Married, Grandparents; Source: Citizens’ Committee for Children

## English Proficiency

Approximately, a quarter of the residents of Washington Heights/Inwood (23%) and the Bronx (23%) **households** have limited English proficiency. At the **individual** level in these communities **limited English proficiency** increases to (35%) in Washington Heights/Inwood and 30% in the Bronx. Harlem’s individual and household, (12% and 11% respectively) **limited English** proficiency is the lowest of all three communities and lower when compared to NYC overall, (22% and 14% respectively).<sup>41</sup>

<sup>41</sup> Citizens’ Committee for Children of New York, <https://data.cccnewyork.org/data/map/1256/limited-english-proficiency#1256/209/3/1447/62/112/a>

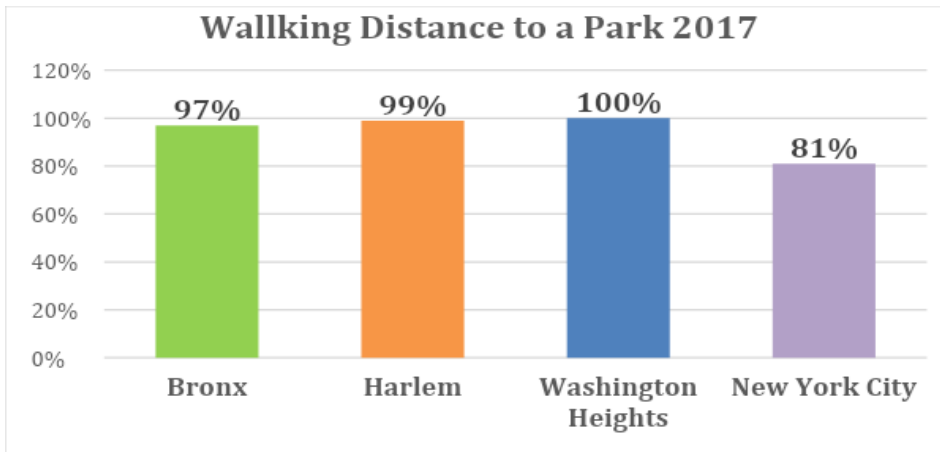




**Figure 19a.** Individual limited English proficiency **Figure 19b.** Household limited English proficiency.  
 Source: Citizens' Committee for Children

### Community Resources-Park Access

Parks are very accessible to residents of the Bronx, Harlem, and Washington Heights/Inwood. The majority of ( 97% to 100%) of the residents across communities concurred. Parks are a valuable resource supporting healthy indicators such as socialization/community, health, and mental health.<sup>42</sup>



**Figure 20.** Park Proximity; Source: Citizens' Committee for Children

### Food Environment

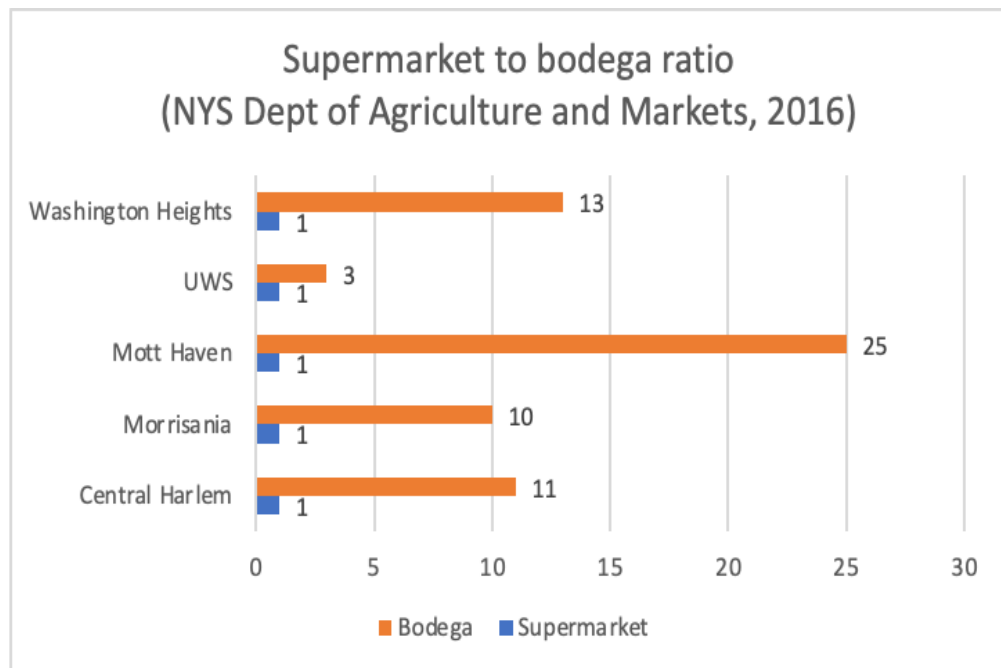
Access to food can come from a variety of sources, such as supermarkets, bodegas, farmers' markets, or streetside vendors, each of which provides varying quality and quantity of food products. Compared to supermarkets, bodegas offer fewer healthy options and fresh produce. For example, 28% of bodegas sell fruits like apples, oranges, and bananas, compared with

<sup>42</sup> Citizens' Committee for Children of New York, <https://data.ccnewyork.org/data/map/1377/walking-distance-to-a-park#1377/a/4/1623/25/uhf301/a>

91% of supermarkets. According to the NYC Department of Health and Mental Hygiene, there is a strong correlation between lack of access to healthy food and health risks, such as obesity.<sup>43</sup>

In 2016, the New York State Department of Agriculture and Markets compiled data to show the ratio of supermarkets to bodegas in NYC neighborhoods. The ratio of supermarkets to bodegas is 1:13 in Washington Heights, 1:3 in the Upper West Side, 1:25 in Mott Haven, 1:10 in Morrisania, and 1:11 in Central Harlem. The lowest ratio among NYC communities is one supermarket for every three bodegas and the highest ratio is one supermarket for every 57 bodegas.<sup>44</sup>

The NYC DOH Health and Mental Hygiene Health Bucks Program<sup>45</sup> provides funds to access fresh fruits and vegetables through NYC Farmers Markets. This is an important program working to remedy access. It is important to recognize these initiatives and ensure information and access to such programs are disseminated to protect the health of children and the community.



**Figure 21.** Bodega to supermarket ratio in NYC neighborhoods

## CCCEH COTC EHJ COMMUNITY NEEDS ASSESSMENT SURVEY RESULTS

The Center for Children’s Environmental Health, CCCEH, Community Outreach, and Translation Core, COTC, team conducted an Environmental Health and Justice Community Needs Assessment with the support of the CCCEH EJH Advocates and our community partners. Many of the community partners serve on the CCCEH, COTC, Community Advisory and Stakeholder Board, CASB. With their support, we collected 70 surveys from Washington Heights, Harlem, and the South Bronx providing a

<sup>43</sup> [https://www1.nyc.gov/assets/opportunity/pdf/BH\\_PRR.pdf](https://www1.nyc.gov/assets/opportunity/pdf/BH_PRR.pdf)

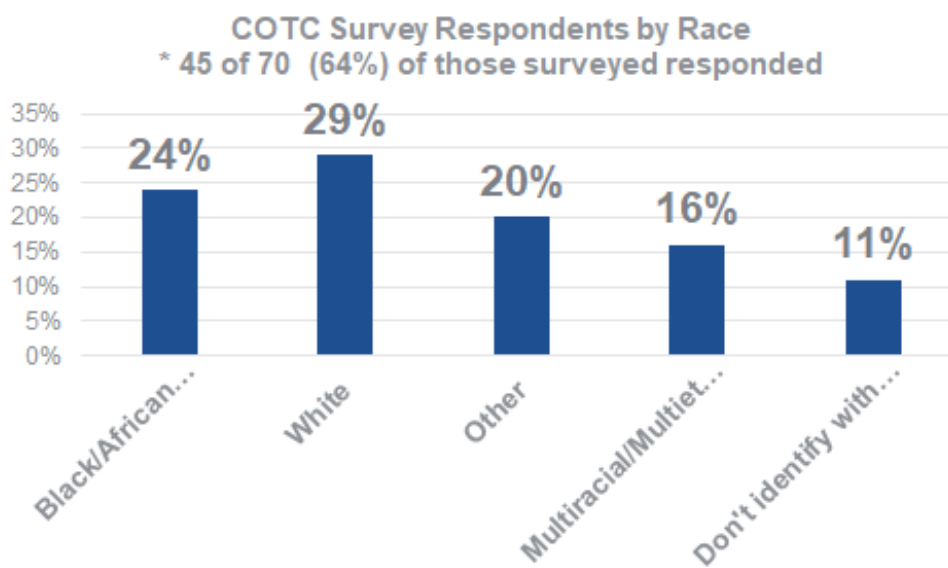
<sup>44</sup> <https://www1.nyc.gov/site/doh/data/data-publications/profiles.page>

<sup>45</sup> NYC Health Bucks, <https://www1.nyc.gov/site/doh/health/health-topics/health-bucks.page>

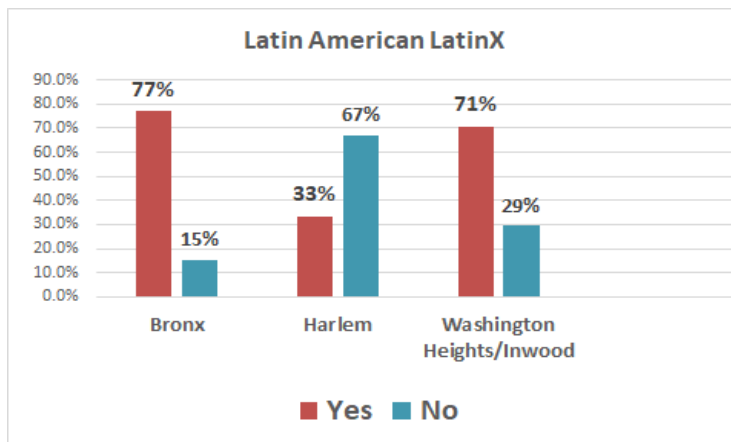
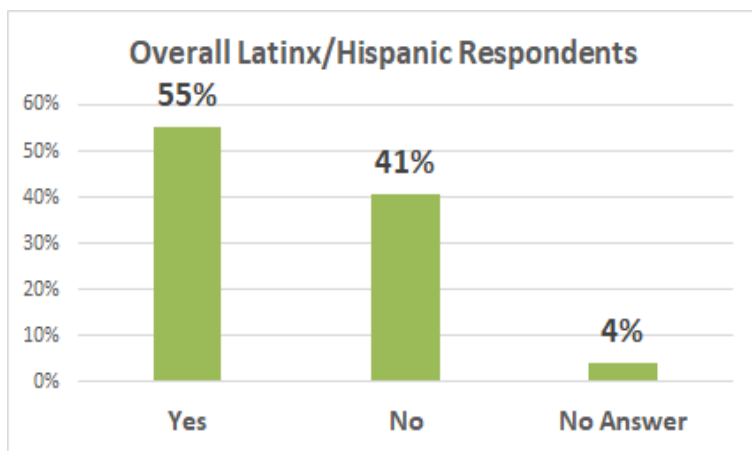
snapshot of environmental health and justice issues. The data collected identifies CEHJ issues and communication strategies as per the community respondents' views. The communities' insight will help guide CEHJ priorities and approaches to improve the engagement of all involved, researchers, community member, and legislative leaders.

## Demographics

Most individuals surveyed identified racially as White (29%) and Black/African American (24%), with 55% identifying ethnically as Latinx. In the Bronx, 77% identified as Latinx and 71% in Washington Heights. In Harlem 33% identified as Latinx.



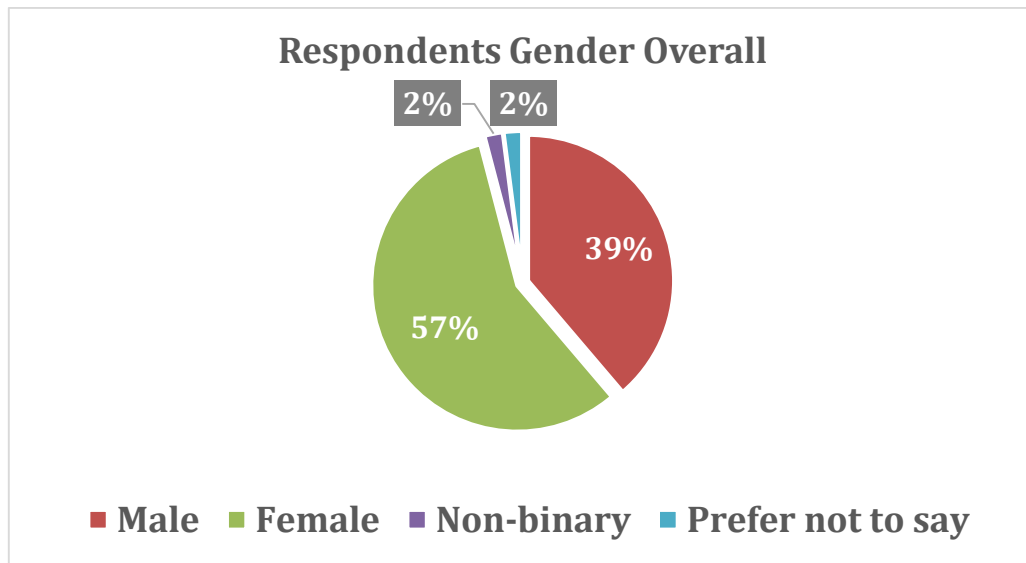
**Figure 22.** Racial Identity in Bronx, WHI, Harlem; CCCEH COTC EHI Survey 2021



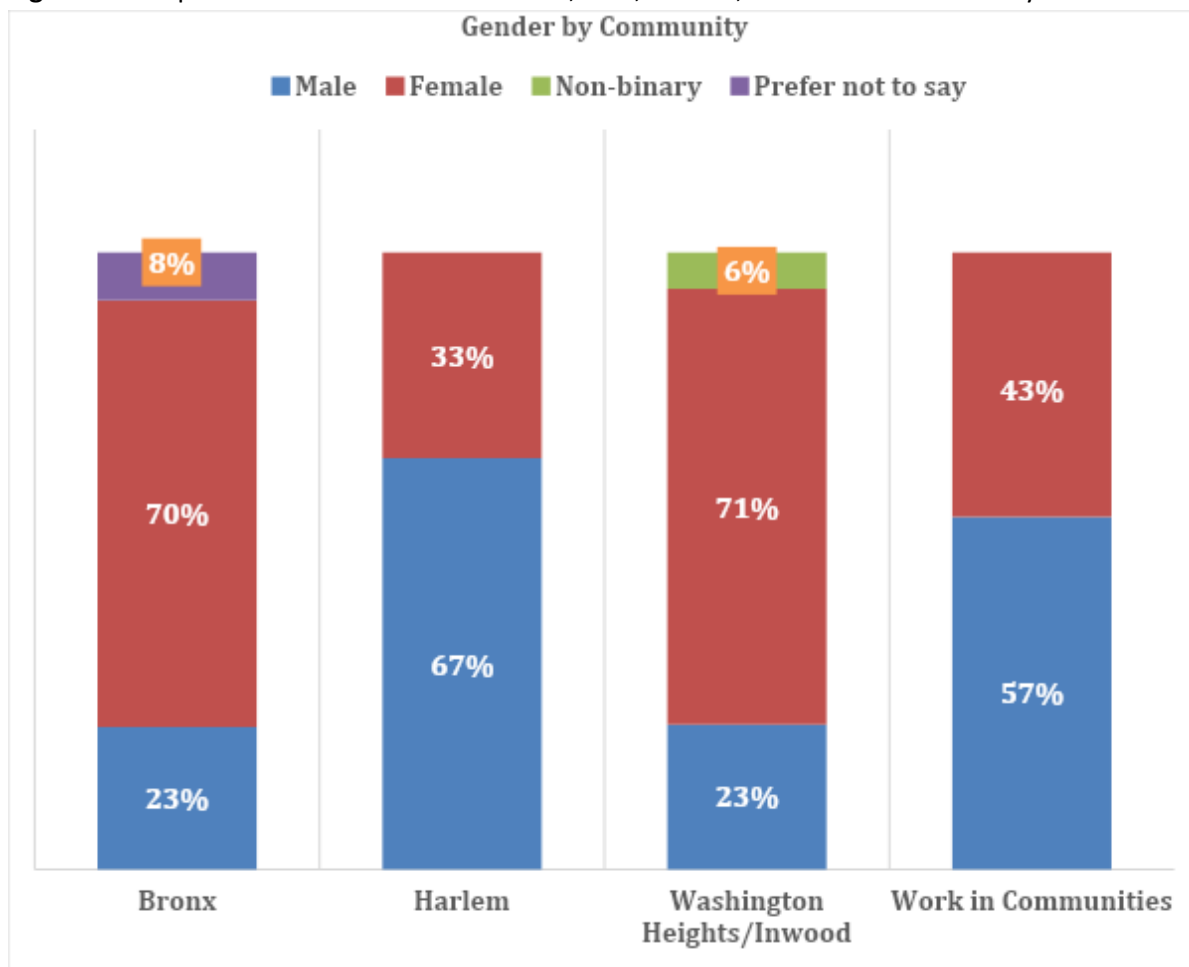
**Figure 23 a & b.** Culturally Identity as Latinx/Hispanic in Bronx, WHI, Harlem; CCCEH COTC EHI Survey 2021

Overall, most survey respondents identify as female (57%), male, (37%), non-binary, (2%), and 2% of respondents preferred not to say. When looking at gender in each community, despite the stronger female representation overall, more than two-thirds of the respondents in Harlem are male, 67% compared to 33% female. Washington Heights and the Bronx have a

greater female representation, 71%, and 70% respectively. Among respondents that work in the community, more males (57%) than females took the survey, (43%).

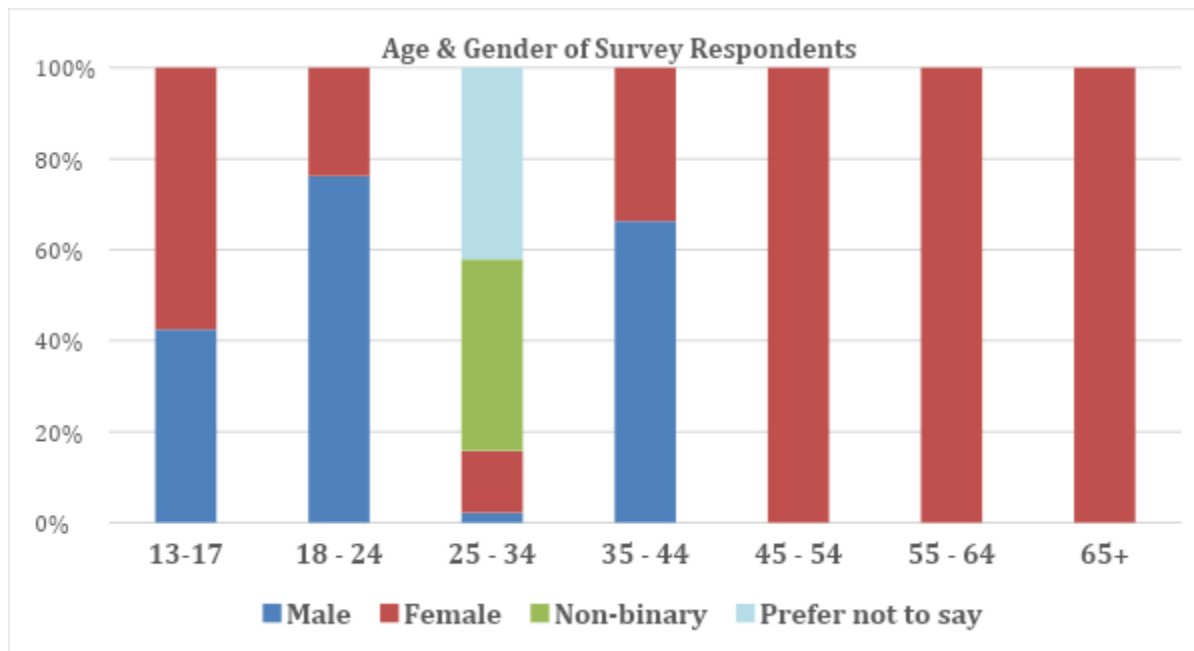


**Figure 24.** Respondents Overall Gender - Bronx, WHI, Harlem; CCCEH COTC EHI Survey 2021

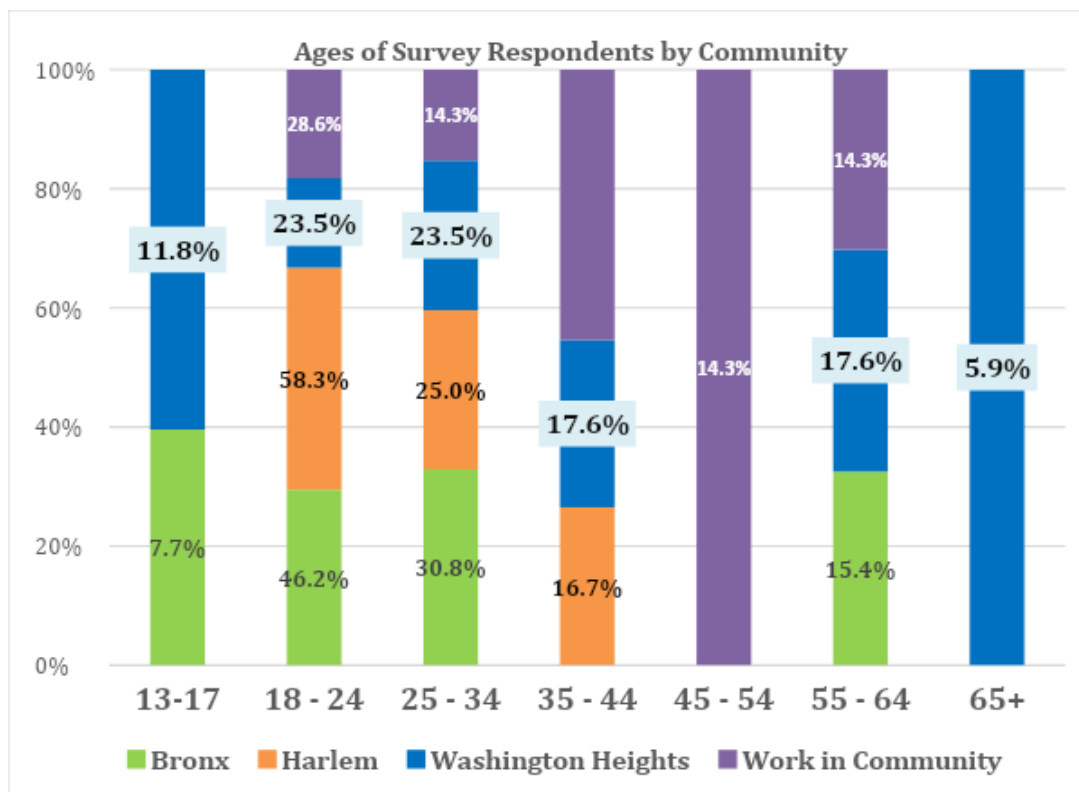


**Figure 25.** Gender by community respondents Bronx, WHI, Harlem and those that work in the community; CCCEH COTC EHI Survey 2021

Most respondents are between the ages of 18-34, figure 27. Harlem has more male respondents and most of these young men are in the 18-24 age group. Other than this group female respondents make up the majority of survey respondents across all age groups.

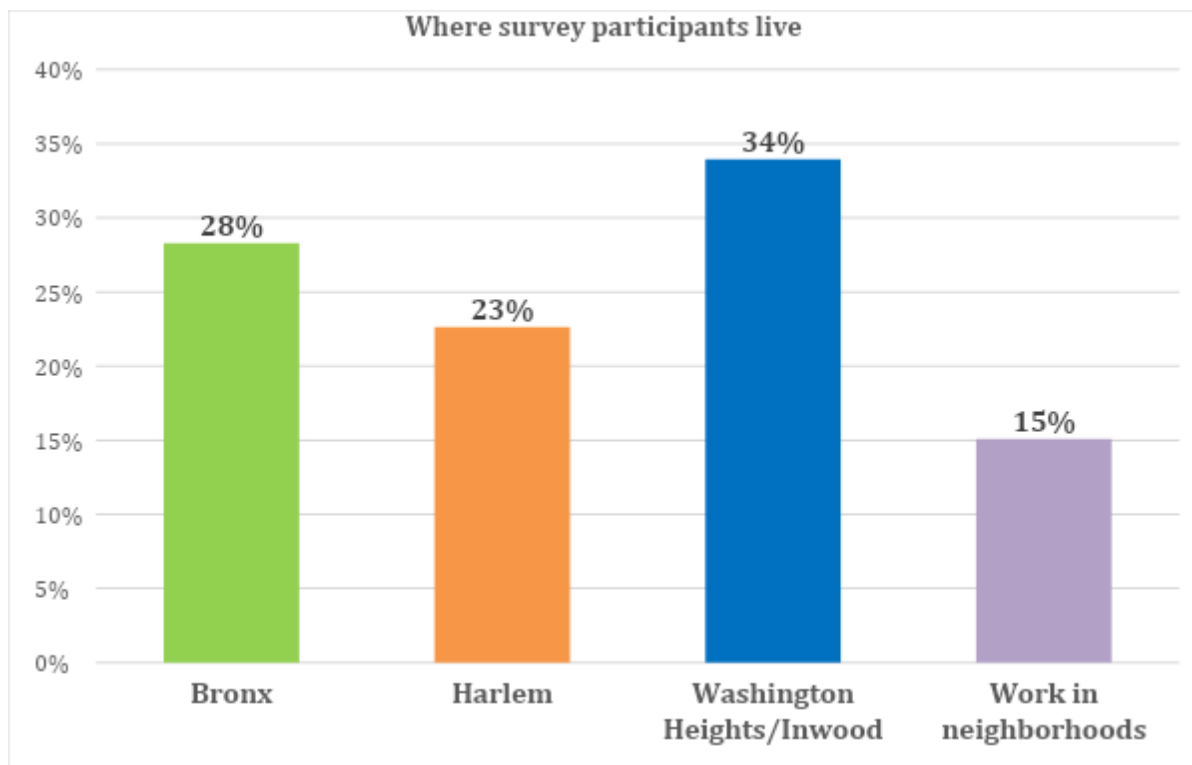


**Figure 26.** Age and Gender of respondents Bronx, WHI, Harlem; CCCEH COTC EHJ Survey 2021



**Figure 27.** Age of respondents by community Bronx, WHI, Harlem & those that work in the community; CCCEH COTC EHJ Survey 2021

All communities have approximate representation. Washington Heights has the largest representation of survey respondents (34%), followed by the Bronx (28%), and Harlem with (23%) of the respondents.

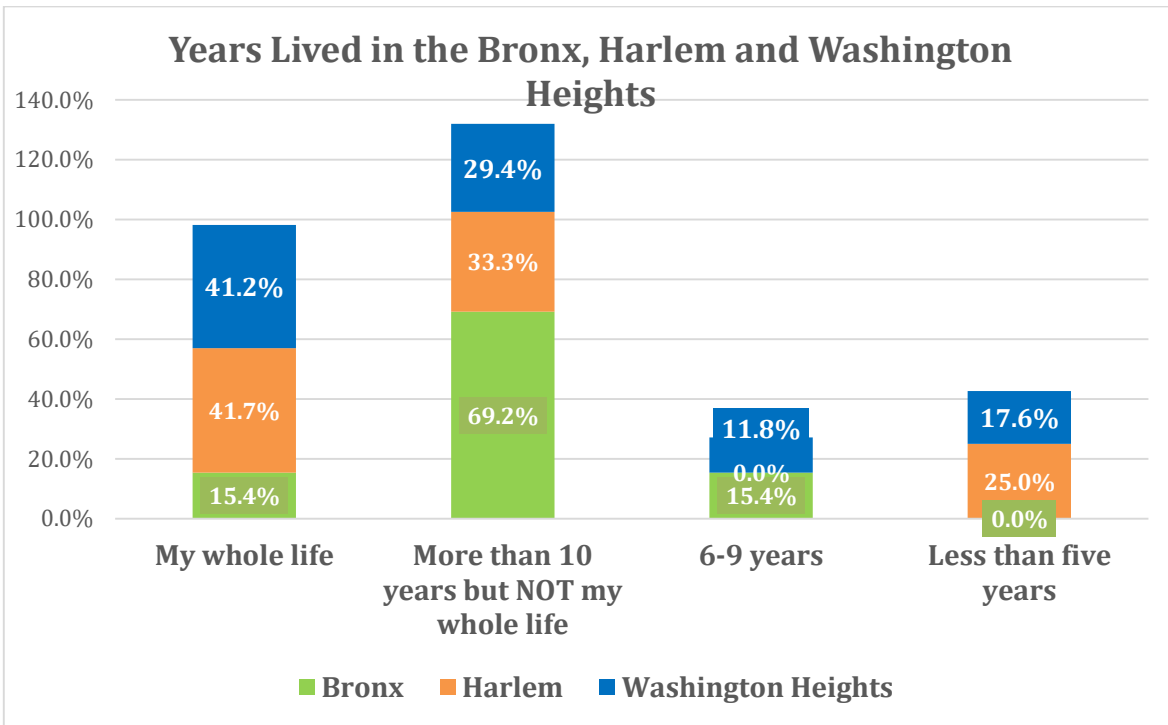


**Figure 28.** Percentage of respondents from each community Bronx, WHI, Harlem and those that work in the community; CCCEH COTC EHJ Survey 2021

Forty-one percent of respondents from Washington Heights and 42% of Harlem respondents have lived in their communities their entire life, whereas only 15% of the Bronx respondents surveyed have lived there their entire life. At the same time, the Bronx respondents have lived there for more than ten years compared to Washington Heights and Harlem for this category. This may be an indication of Harlem<sup>46</sup> and Washington Heights<sup>47</sup> residents moving to the Bronx in the last 15-20 years due to rising rents and gentrification.

<sup>46</sup> FY2022\_Statement\_MN 10. pdf [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN10.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN10.pdf) pg. 8

<sup>47</sup> FY 2022\_Statement MN 12.pdf [https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022\\_Statement\\_MN12.pdf](https://docs.google.com/viewer?url=https://github.com/NYCPlanning/labs-cd-needs-statements/raw/master/MN%20DNS%20FY%202022/FY2022_Statement_MN12.pdf), pg. 8

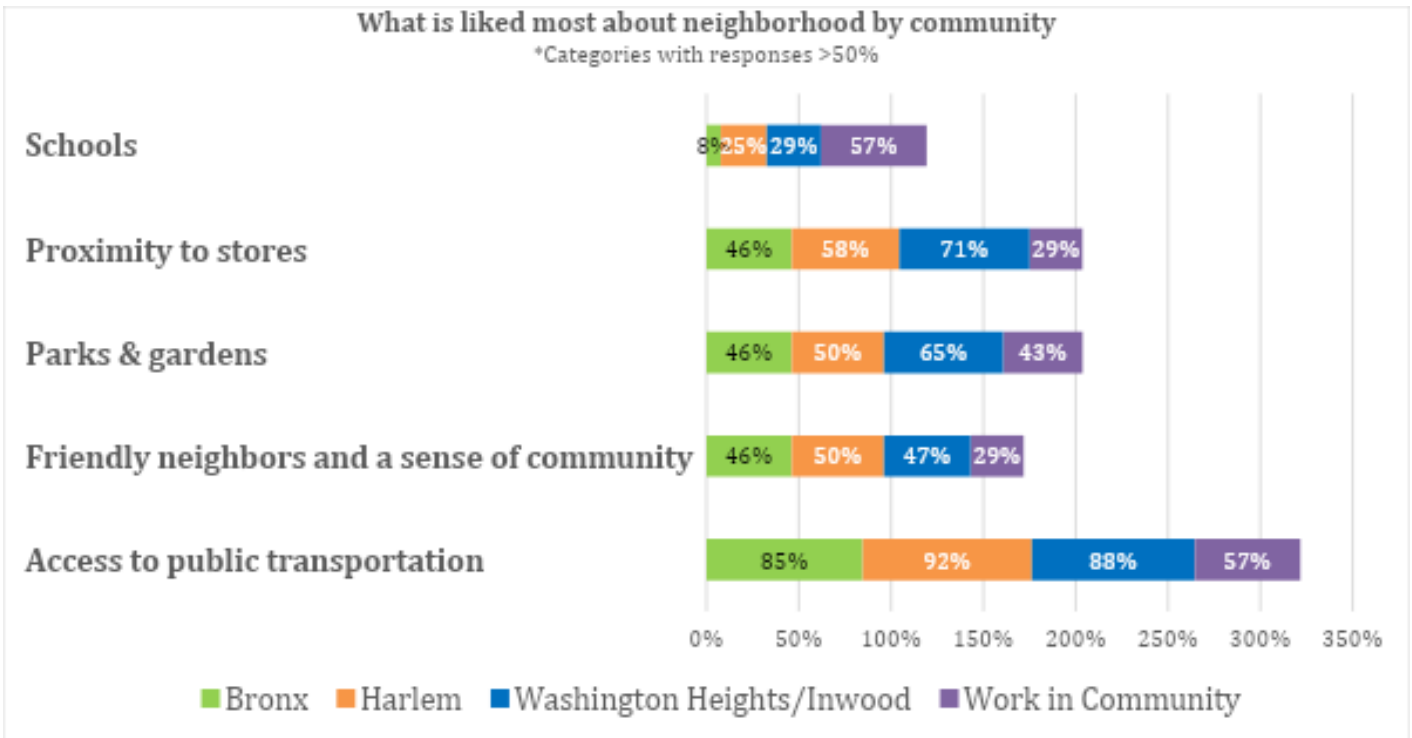


**Figure 29.** Percentage of years respondents have lived in the community Bronx, WHI, Harlem; CCEH COTC EHI Survey 2021

### Community Strengths

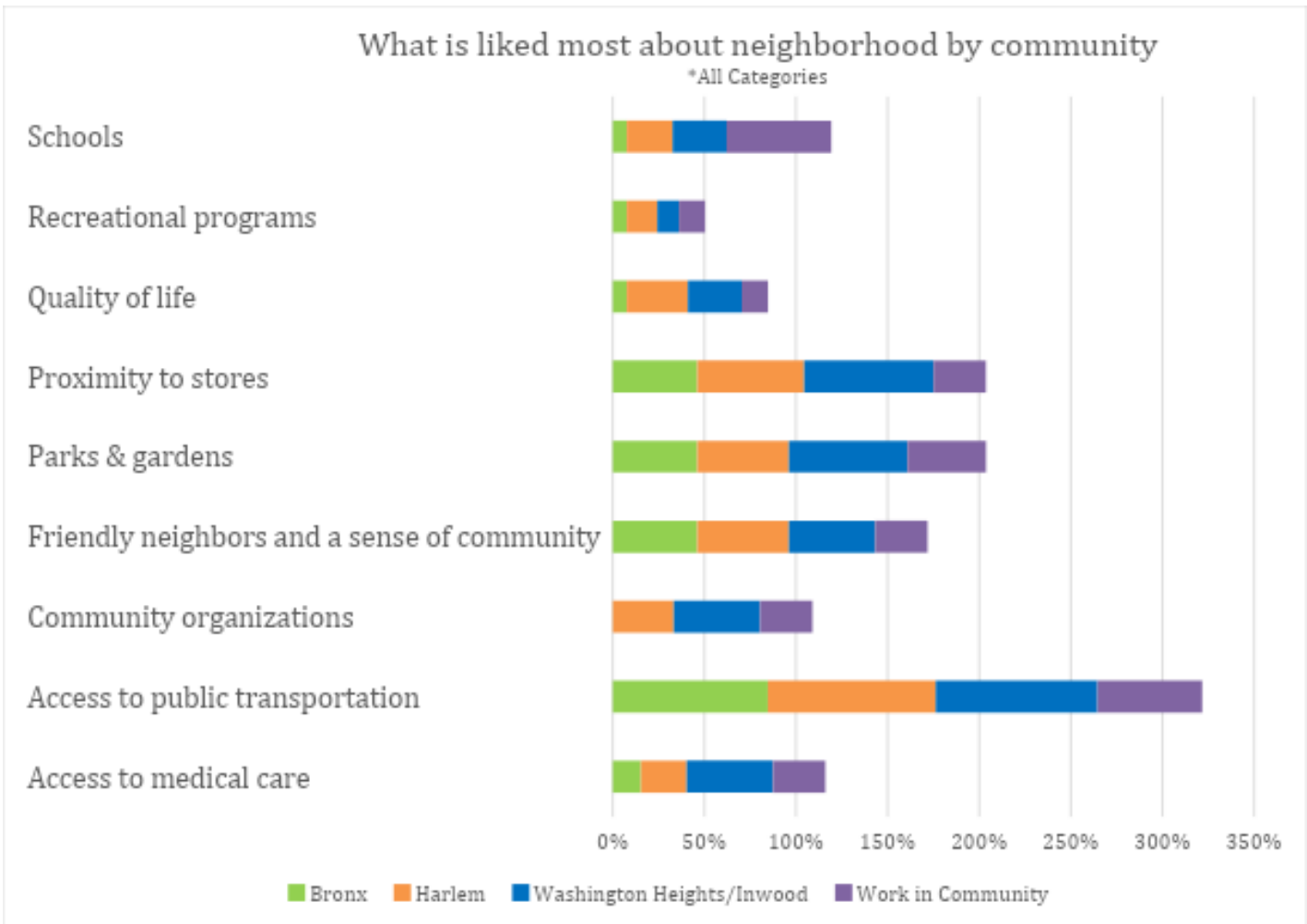
Access to transportation is the number one strength across all three communities. Respondents valued transportation as follows: the Bronx, (85%), Harlem, (92%), and Washington Heights, (88%). Proximity to stores, park, gardens, and friendly neighbors are mentioned across communities. However, the value of these resources varies across the three communities. The average value of “friendly neighbors” is about 45% across all respondents, “approving of the parks” is 53%, and 55% of respondents on average indicate they “enjoy the proximity to stores”. In Washington Heights, however, 71% of the respondents indicated that proximity to stores was a significant community strength. (Figure 30.)

*Quality of life* and *recreational programs* are **not** considered a community strength by community respondents. In addition, *access to medical care, schools, and community organizations* are also ranked low when considering community strengths. (Fig. 31). Interestingly, the respondents that work in the community, (57%) consider schools as a community strength almost twice as much and more than any of the community members across the three communities. (Fig. 30)



**Figure 30.** Categories selected by 50%+ of the respondents as to what they like most about their community Bronx, WHI, Harlem and those that work in the community; CCCEH COTC EHI Survey 2021





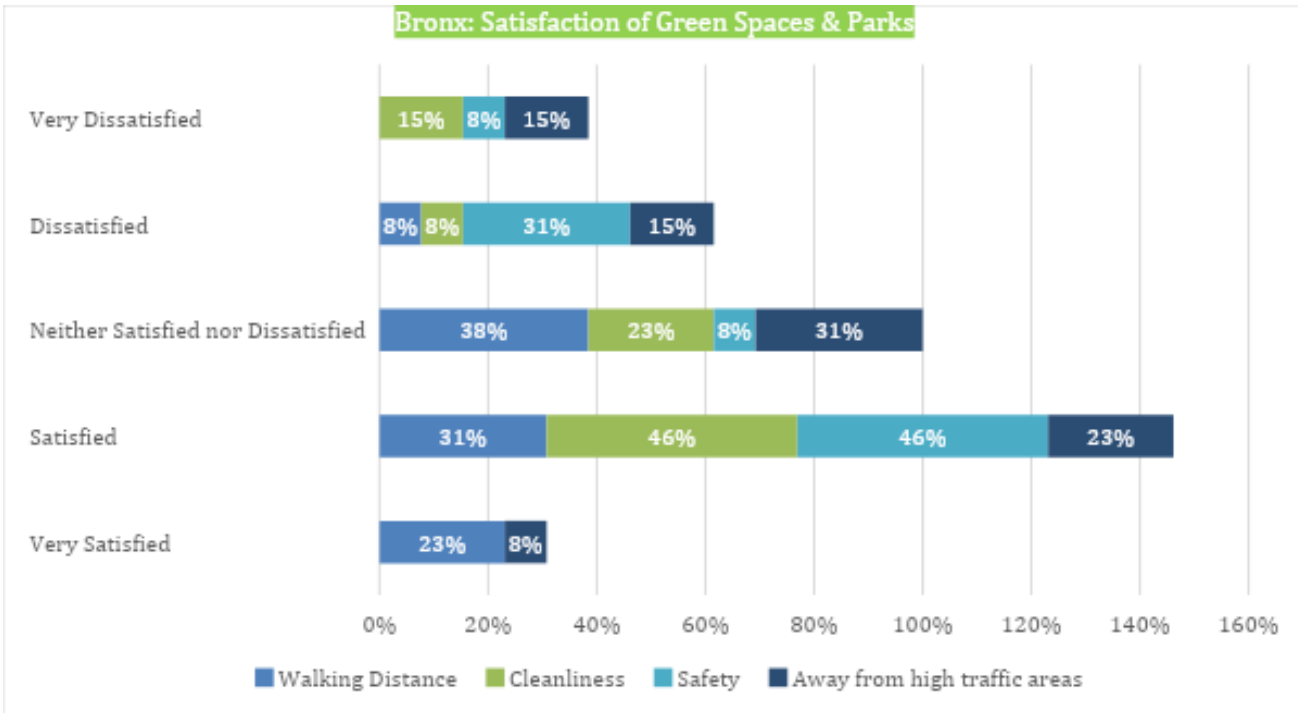
**Figure 31.** Responses to all categories as to what they like most about their community- Bronx, WHI, Harlem and those that work in the community; CCCEH COTC EHJ Survey 2021

### Opinions on Green Spaces by Community

The COTC survey explored the satisfaction of respondents when considering the walking distance, cleanliness, and safety of parks, green spaces, and gardens, and whether these outdoor spaces are located away from high traffic areas in their communities. Responses varied in each community, but overall, there was more satisfaction than dissatisfaction in the categories exploring the quality of green spaces. City parks are an important outdoor space for New Yorkers, keeping them safe, clean, accessible, and distanced from high-traffic areas are important indicators to maintain the physical and mental wellbeing of residents.

#### Bronx

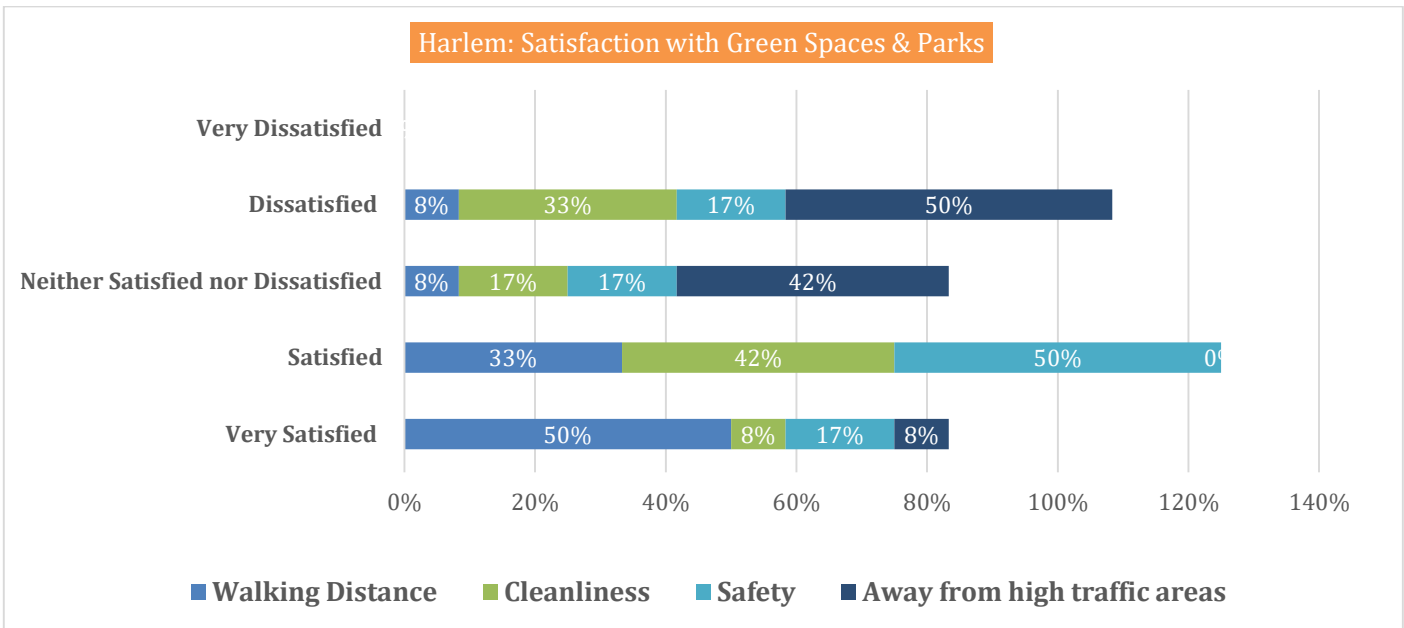
In assessing *walking distance* and whether green spaces are *away from high traffic areas*, responses are “*neither satisfied nor dissatisfied*” (38%), *walking distance* to green spaces in the Bronx, respondents lean towards satisfied, (31%) and very satisfied (23%) than dissatisfied. Only 8% and 0% indicated dissatisfaction with walking distance to green spaces. Respondents are mostly *satisfied* with *cleanliness* (46%) and *safety* (46%). However, thirty-one percent of individuals did indicate dissatisfaction with safety. (Fig. 32)



**Figure 32.** Bronx- satisfaction with green spaces and parks by walking distance, cleanliness, safety and away from high traffic areas; CCCEH COTC EHJ Survey 2021

**Harlem**

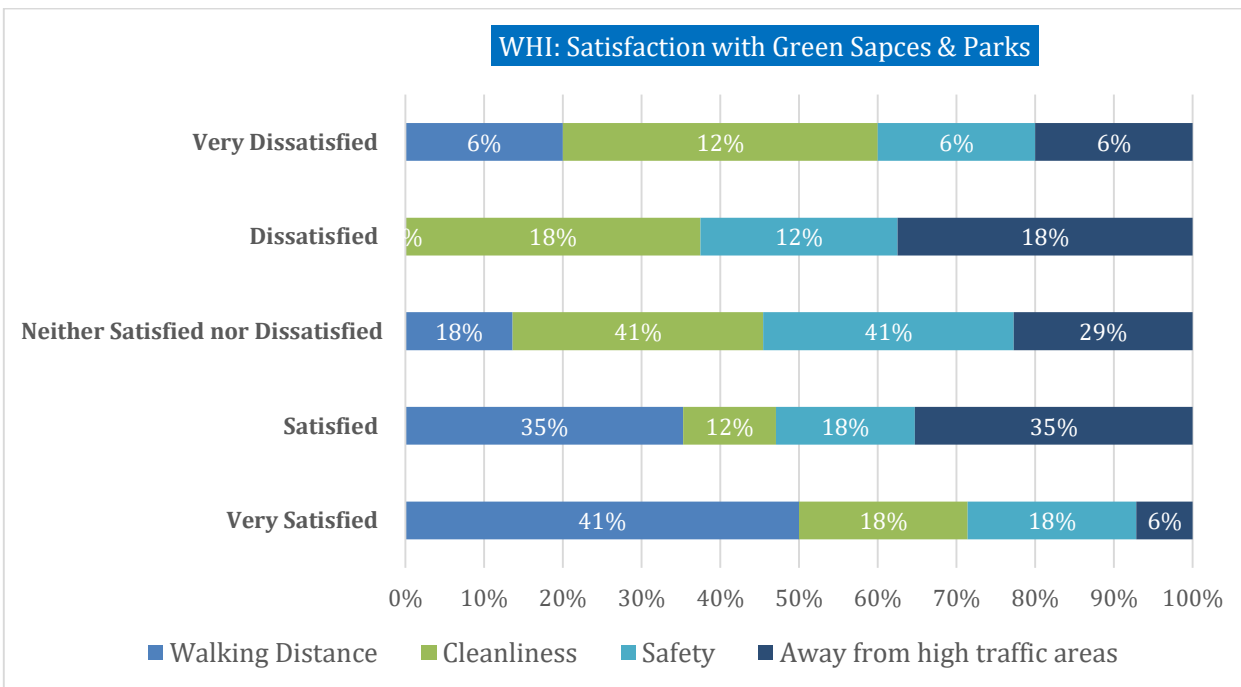
*Eighty-three percent* of Harlem respondents are *content with their proximity* to green spaces, 50% indicated very satisfied and 33% satisfied. Other categories leaning toward indifference or dissatisfaction are minimally selected. Opinions on *cleanliness* vary, 42% indicate they are satisfied *with the cleanliness*, and 33% indicate they are *dissatisfied*. Most respondents are satisfied *with parks and green space safety*, (50%) and yet indicate dissatisfaction, (50%) in considering whether parks, green spaces, and gardens are sufficiently distanced from *high traffic areas* and 42% of the respondents have no strong opinion or are *neutral* when thinking about the distance from high traffic areas. (Fig. 33)



**Figure 33.** Harlem - satisfaction with green spaces and parks by walking distance, cleanliness, safety and away from high traffic areas; CCCEH COTC EHJ Survey 2021

**Washington Heights Inwood, WHI**

Seventy-six percent of the WHI respondents are very satisfied and satisfied with *walking distance to parks, green spaces, and gardens*. Most respondents are satisfied (35%) with parks, green spaces, and gardens being *away from high-traffic areas* with 29% expressing neither satisfaction nor dissatisfaction. Regarding green space *cleanliness*, 41% and *safety*, 41% of respondents are neutral on the matter; neither satisfied nor dissatisfied.



**Figure 34.** WHI- satisfaction with green spaces and parks by walking distance, cleanliness, safety and away from high traffic areas; CCCEH COTC EHJ Survey 2021

## Dissemination of CEH & EHJ Information

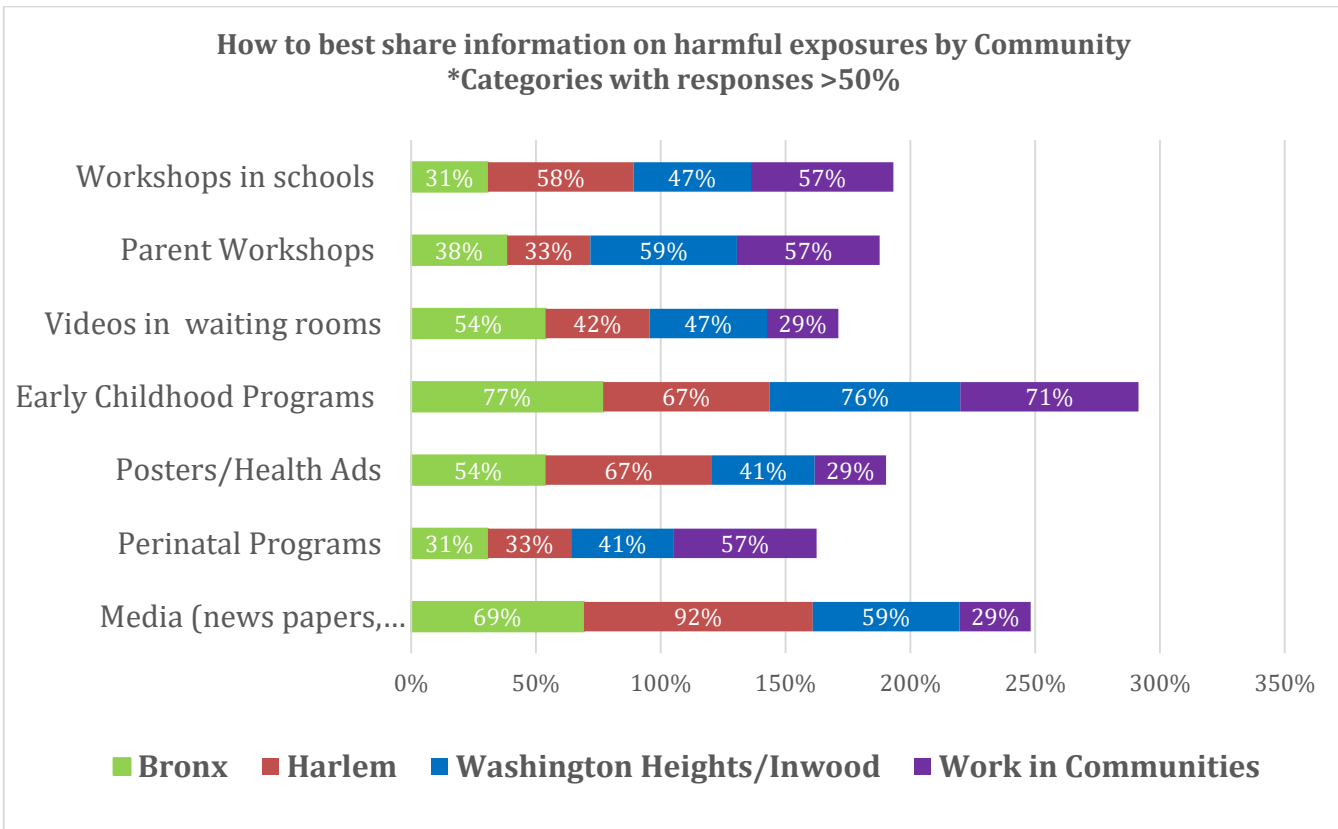
### Vehicles for Dissemination

Overall, communicating information to *early childhood programs* is considered the best place to disseminate information on harmful toxins and chemicals. This category is selected on average by 73% of the respondents in all three communities, Bronx, Harlem, and Washington Heights. *Media* defined as *newspapers* and *radio* is among the top two selections and is considered the second-best method to communicate EHJ information, on average 69% of respondents indicated *Media*.

Individually, the three communities differed on the best approach to communicate EJJ information. Harlem respondents, for example, differed significantly from the Bronx and Washington Heights, on the best methods to communicate. Ninety-two percent of the Harlem respondents indicated *Media* as the best source to communicate EHJ information. *Early Childhood Programs* are deemed secondary along with *Posters and Health Ads*, with 67% of respondents selecting these categories equally. On the other hand, only 59% of respondents in Washington Heights selected *Media* as the best method to inform the community about harmful toxins and chemicals, the lowest percentage designated for *Media* when comparing the three communities. Among Bronx respondents, 69% indicated *Media* as the best method to communicate EHJ information.

Respondents that work in the communities concur that early childhood programs, (71%) are the best strategy for dissemination of CEHJ information. *Perinatal and centering programs* and *virtual sessions in schools and for parents* surface as the second most effective approach, (57%) to reach the community. *Media* for this group, however, is not considered an effective means to disseminate information and is ranked the lowest with only 29% of the respondents that work in the community selecting *Media*.

CCCEH COTC will continue CEHJ dissemination efforts among early childhood programs and we take note that the best way to reach the Harlem community is via newspaper and radio as indicated by the Harlem respondents. In addition, we will conduct educational sessions virtually or in-person in school settings through *youth and parent workshops*. Posters, ads, and other means of raising awareness will be utilized. Newsletters did not rank well across the three communities nor among the group that works in the communities. This may require a specific assessment to identify how the use of this method can be improved.

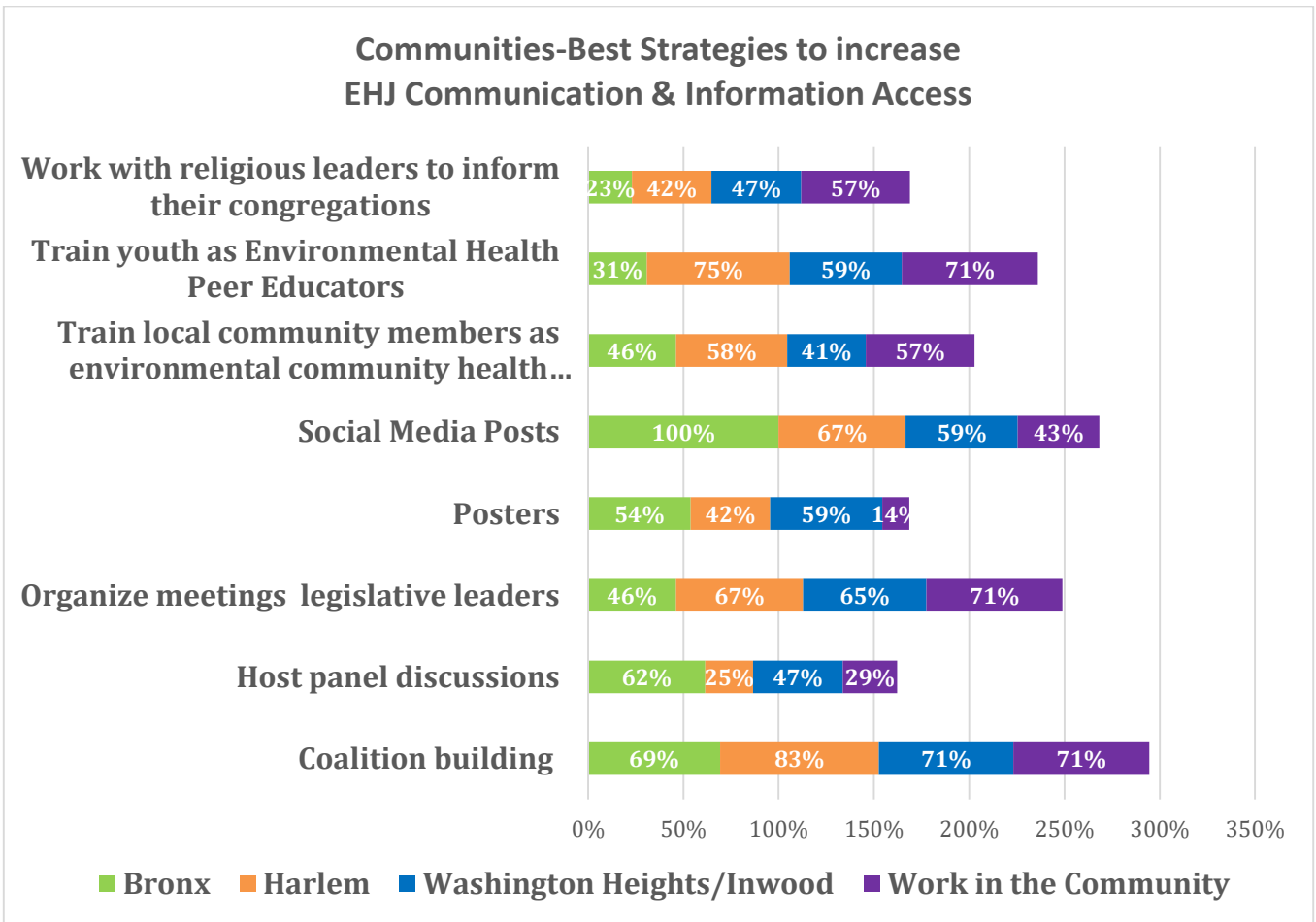


**Figure 35.** Categories selected by 50%+ of the respondents by all communities as to how to disseminate information on harmful exposures; CCEH COTC EHI Survey 2021

**Strategies to Increase Environmental Health Communication & Information**

*Coalition building* was identified as the top strategy to increase communication and information on environmental health across all groups, 83% of Harlem respondents, 71% of WHI respondents, and among 71% of those working in communities. Bronx respondents indicated *social media posts* as the number one strategy to communicate information, with 100% of the respondents selecting this strategy and coalition building as the second-best strategy according to 69% of respondents.

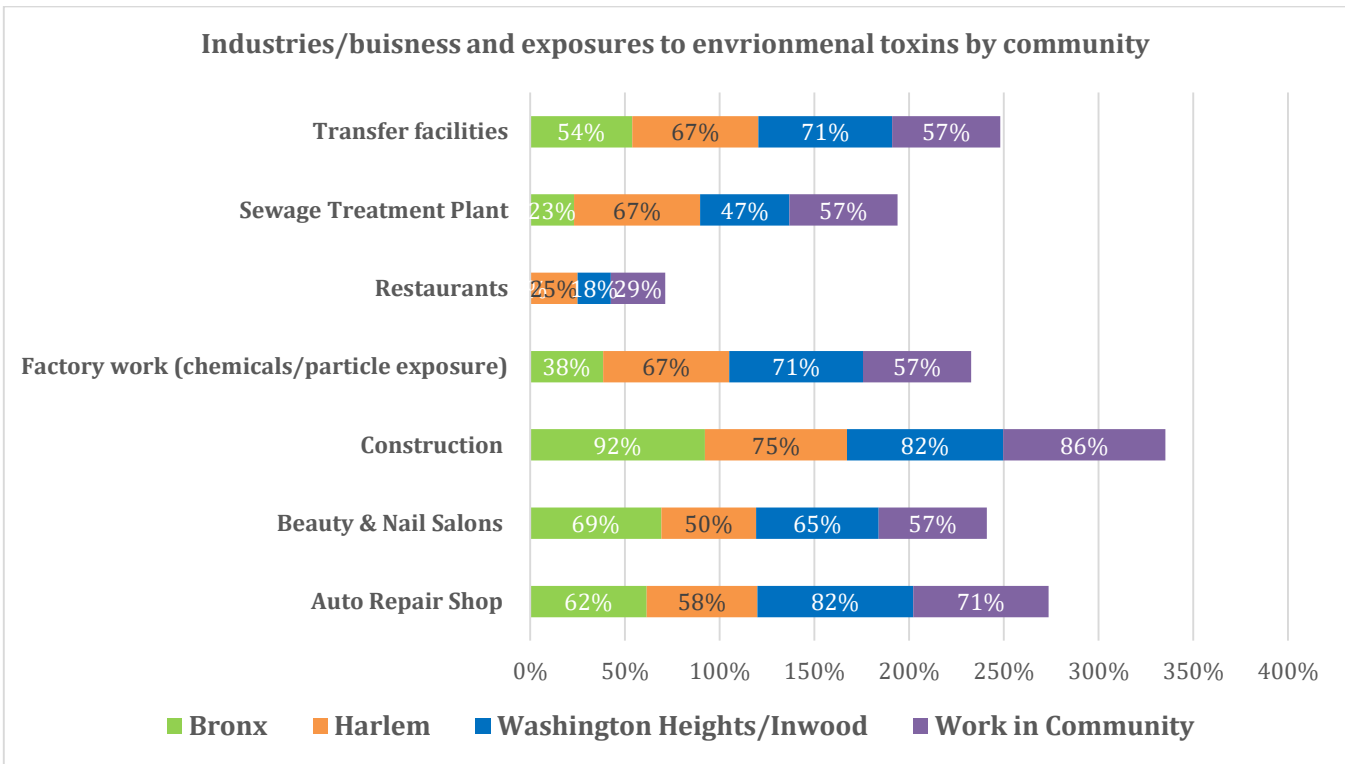
Many of the respondents across groups, rank *training youth* among the top three strategies, and *organizing meetings with community members and legislative leaders* ranks as the second to the third best strategy, except for Bronx respondents. Postering and hosting panels are strategies the Bronx respondents prefer, giving greater importance to these categories than training youth. Washington Heights Inwood also concurs that *postering* is an important strategy, however, is given equal importance to training youth and posting on social media platforms. Respondents who work in the communities split their selection equally at 71% for each of the following strategies: *coalition building, organizing meetings with local community members and legislative leader, and training youth.*



**Figure 36.** Responses to all categories on best strategies to increase communication and information by community

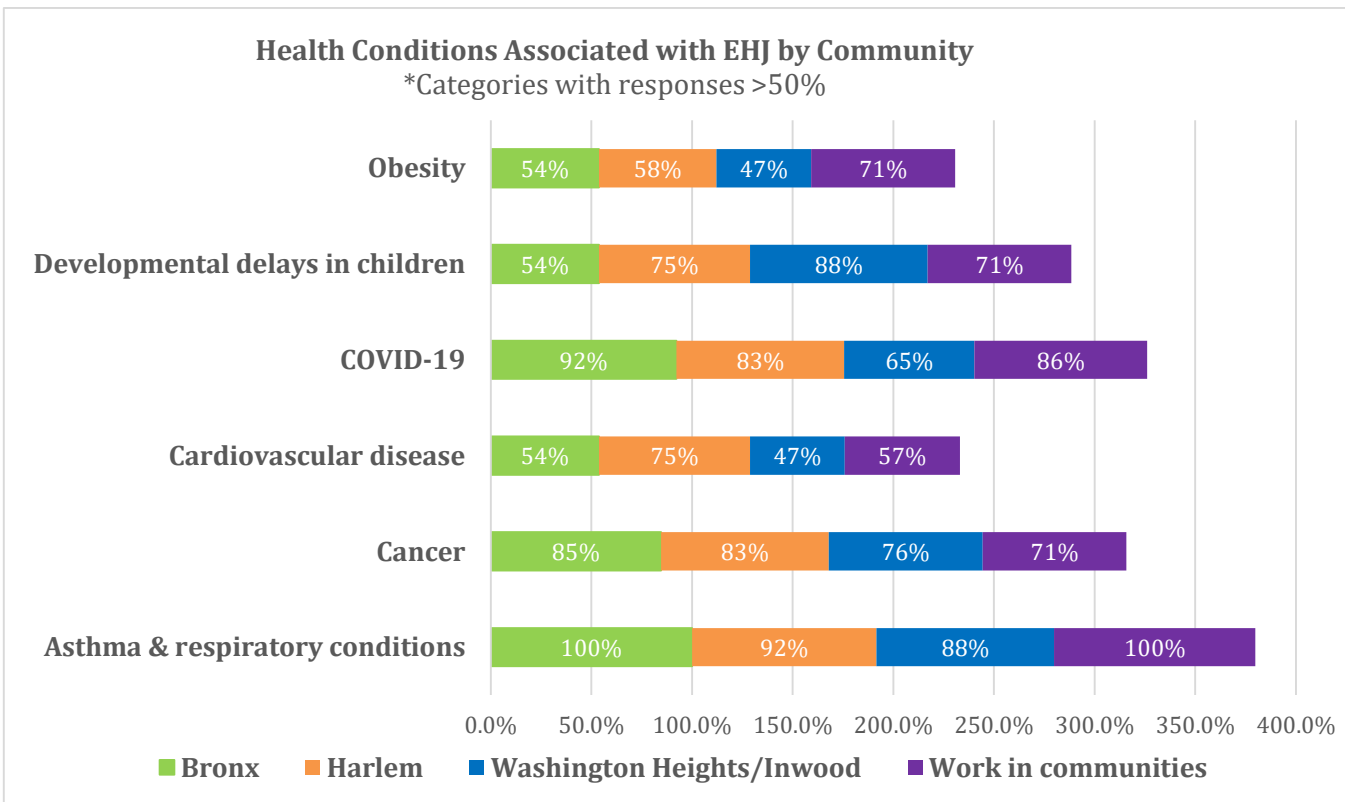
### Industries/Business Believed to Expose People to Environmental Toxins

All respondents across groups believe construction to be the main source of exposure to environmental toxins. *Construction* is defined as *lead dust, varnishes, painting, and adhesive fumes*. These sources can be a result of large construction projects like raising new buildings or the result of small projects such as painting or applying floor varnish in a neighboring apartment unit. In *Washington Heights*, however, fumes from *auto-repair shops* are equal to construction as a source of exposure to environmental toxins. *Transfer facilities* and *factory work* rank as the number two source of environmental toxins among the Harlem and Washington Heights respondents. *Beauty* and *nail salon businesses* also rank second after construction in Washington Heights and the Bronx as sources of environmental toxins in their communities. In Harlem toxins from *factory work, transfer facilities, and sewage* are considered the second greatest source of toxins, (67%), after construction. For those that work in the communities, *construction* and *auto repair* businesses are the top two sources of environmental toxins.



**Figure 37.** Categories of business/industries as sources of exposures to environmental toxins by community

### Health Conditions Attributed to EHJ Issues by Community

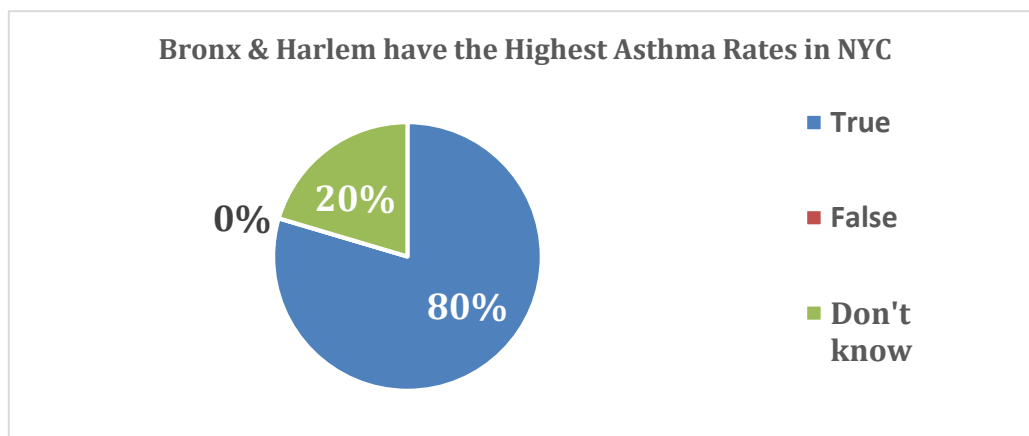


**Figure 38.** Categories selected by 50%+ of the respondents to indicate health conditions they associate with EHJ by all communities; CCCEH COTC EHJ Survey 2021

All three communities ranked *asthma and respiratory conditions* as the number one health condition attributed to environmental health and justice. *Cancer, COVID-19, and developmental delays* are subsequently ranked in that order as health conditions associated with EHJ. The South Bronx has fallen victim to Legionnaire disease outbreaks since 2015-2018.<sup>48</sup> However, the Bronx and the other communities of Washington Heights and Harlem did not identify Legionnaires as a health condition attributed to environmental health and justice; nor was it considered important or prevalent compared to other conditions affecting their communities.

The environmental health and justice lens includes climate change, and it is important to note that NASA marked 2016 as the hottest year on record now tied with 2020.<sup>49</sup> Warmer temperatures may account for more frequent outbreaks of *Legionella pneumophila* bacteria in the communities. Warmer temperatures due to climate change and immunosuppression due to HIV/AIDS rates being the highest in the Bronx<sup>50</sup> among men and women may be associated with the increase of legionnaires cases in the South Bronx. Considering the previously mentioned scenarios legionnaires may be a health condition the Center can help address and increase EHJ awareness and action. This is especially important as early diagnosis improves curability.

Survey respondents are aware of the prevalence of asthma in New York City. Specifically, they are highly knowledgeable that the Bronx and Harlem are among the most affected communities in New York City area. This awareness may be due to personal experience and information disseminated through asthma education and management programs such as "*Interventions for Control of Asthma Among Black and Hispanic Children*".<sup>51</sup> These programs have been in place for the past three decades in the most affected communities. These educational and service programs may also explain why respondents select asthma as the health condition that is mostly attributed to environmental health and justice. Experience gained from Asthma interventions may serve as a model to help disseminate information and raise awareness of other conditions associated with environmental health and justice.



**Figure 39.** All community respondents understand the Bronx and Harlem suffer from high asthma rates in NYC, CCCEH COTC EHJ Survey 2021

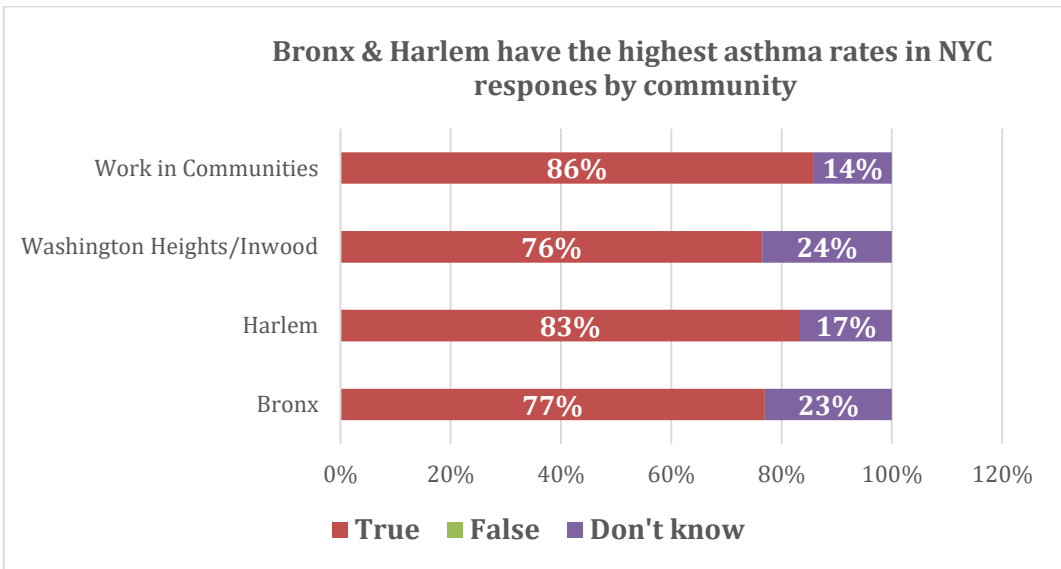
<sup>48</sup> NYC Legionnaires Disease Outbreaks, 2015-2018; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5466019/>

<sup>49</sup> NASA <https://www.nasa.gov/press-release/2020-tied-for-warmest-year-on-record-nasa-analysis-shows>

<sup>50</sup> NYC.DOH. HIV <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2019.pdf>

<sup>51</sup> *Interventions for Control of Asthma among Black and Hispanic Children*, <https://clinicaltrials.gov/ct2/show/NCT00005713>



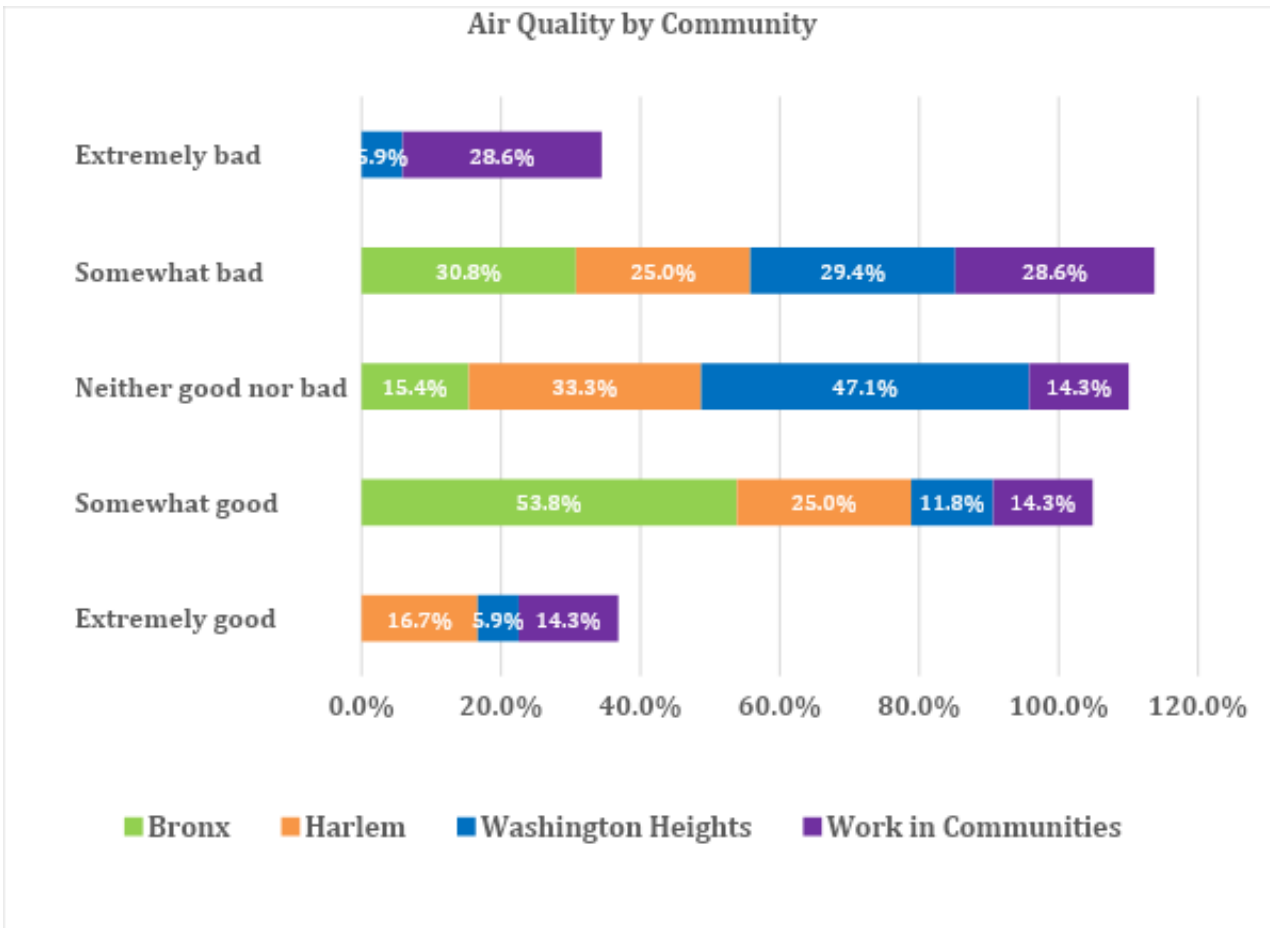


**Figure 40.** Knowledge by community that Bronx and Harlem have the highest asthma rates in NYC, CCCEH COTC EHJ Survey 2021

### Community Awareness of Environmental Contaminants

#### Air Pollution

Overall, opinions on **Air Pollution** with regards to air quality clustered in the middle with most indicating *neither good nor bad*. *Somewhat bad* ranked as the second most common opinion and *somewhat good* ranked as the third most common opinion with a slight difference between the two choices. Interestingly, when looking at different communities, more Bronx respondents indicated that the air quality was *somewhat good* compared to respondents from Harlem and Washington Height. Those who work in the communities but do not live in them indicated a more negative opinion of air quality, *extremely and somewhat bad* compared to respondents that live in the communities.



**Figure 41.** Responses by community on air quality, CCCEH COTC EHJ Survey 2021

### Link Between Air Pollution and Health

Across communities, those that live in the Bronx, Harlem, and Washington Heights, and those who work in the communities, indicated that *air pollution* is linked to the following health outcomes: *asthma, cancer, and cardiovascular health*. There is overwhelming certainty about the link between asthma and *air pollution* as respondents selected, “*Definitely Yes*” across all communities. Obesity and air pollution, on the other hand, is the only health outcome that received responses across the Likert scale, responses ranging from, “*Definitely Yes*” to “*Definitely Not*”. However, Washington Heights respondents do not think there is a link between air pollution and obesity.

When assessing the following health outcomes in relation to air pollution: learning disabilities and low birth weight babies’ responses lean towards the affirmative side of the Likert scale indicating “*definitely yes*” to “*probably yes*” almost as much as they selected “*might or might not*”. Few respondents selected choices at the opposite ends of the scale indicating that there is “*definitely no*” and “*probably no*” link between low birth weight, learning disabilities, and air pollution.

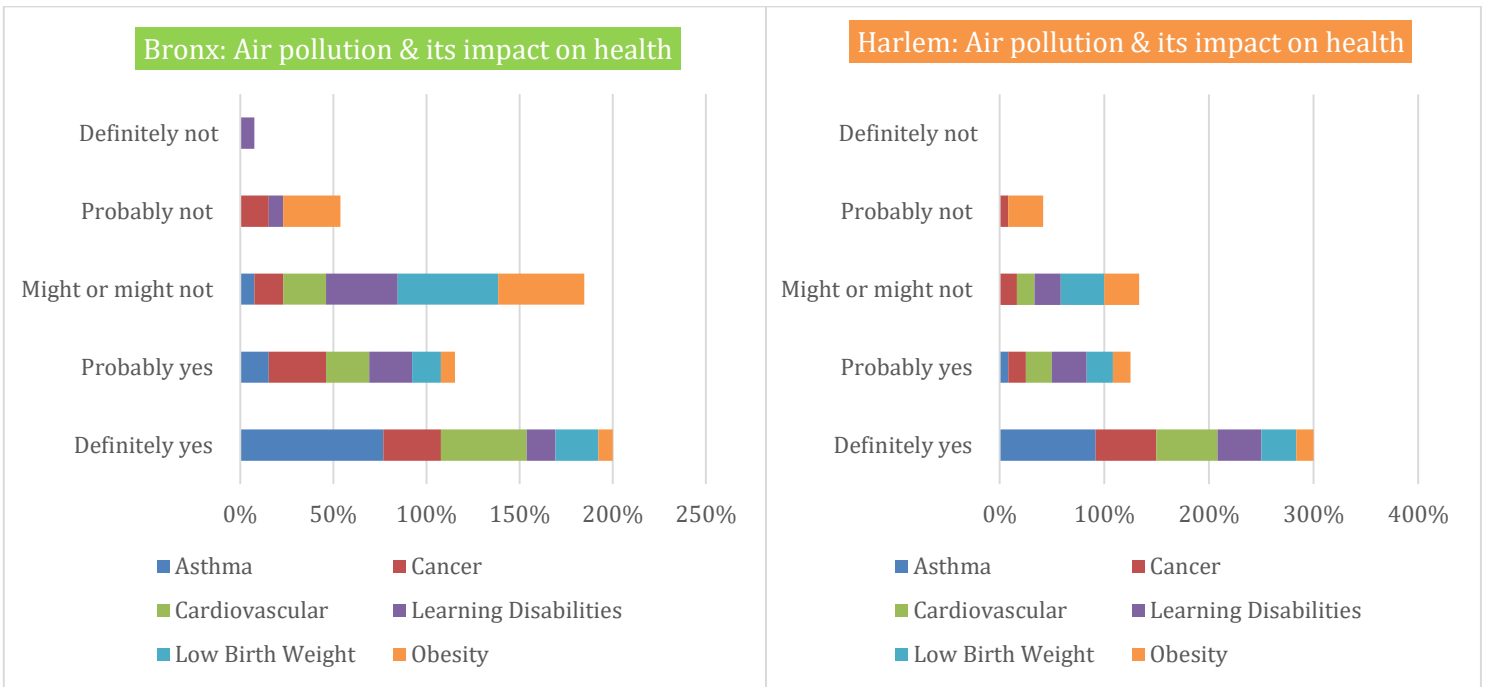


Figure 42 a & b. Bronx & Harlem responses on air quality and impact on health conditions, CCCEH COTC EHJ Survey 2021

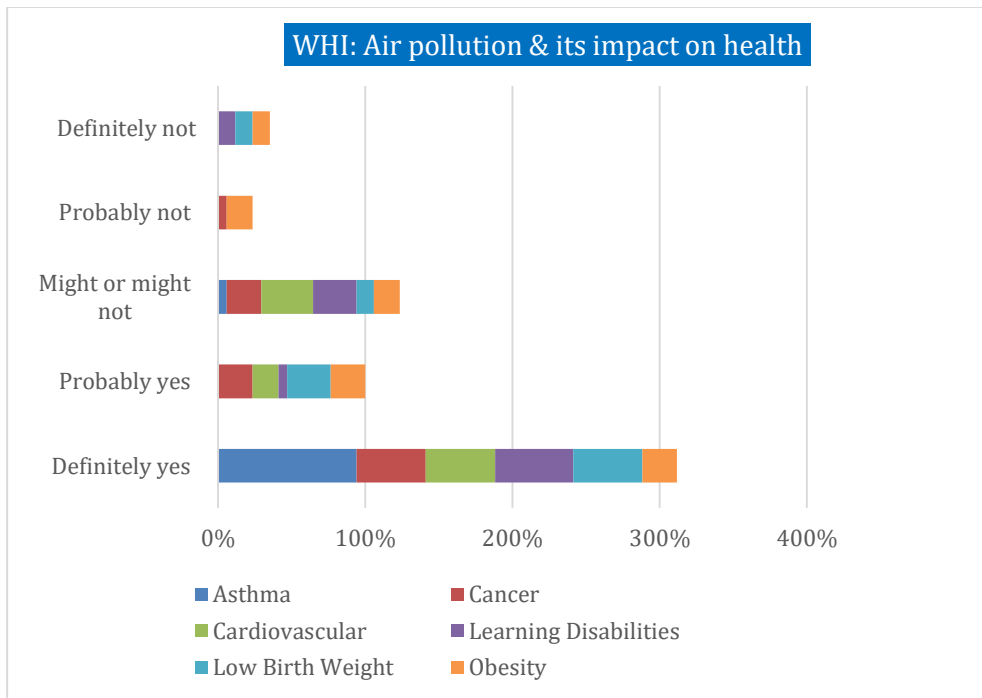
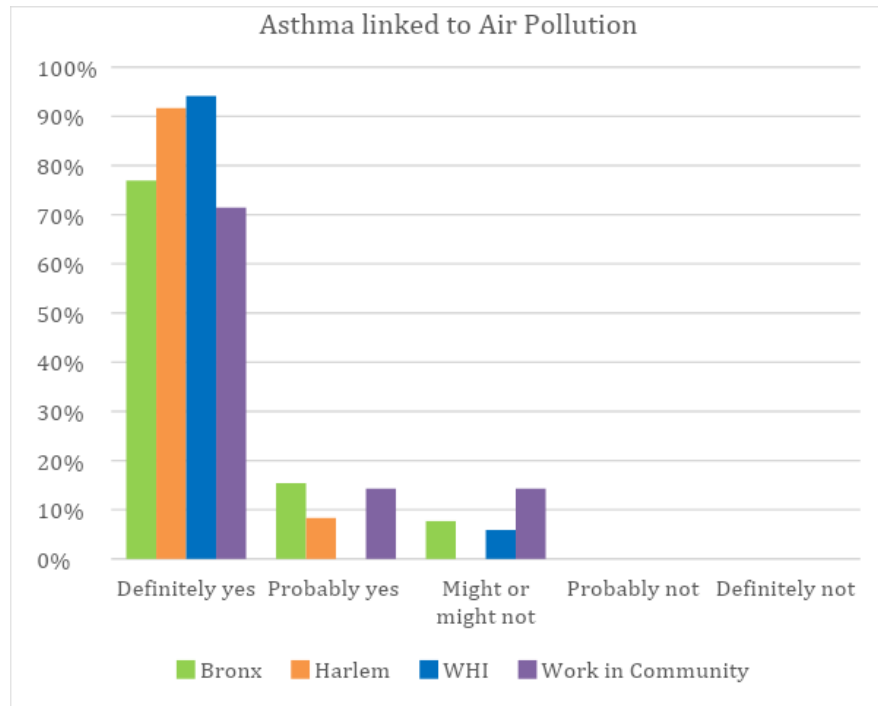
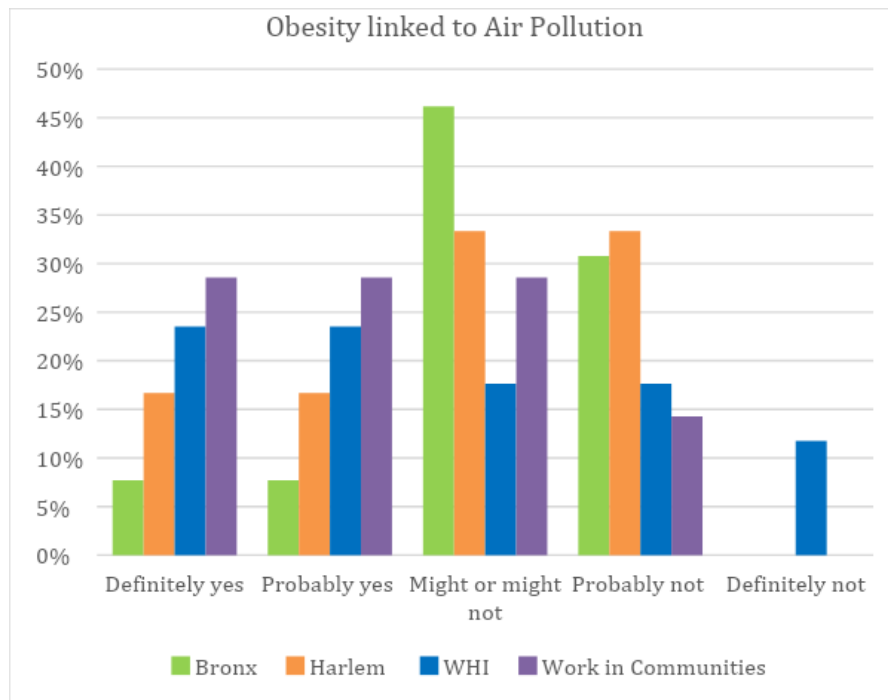


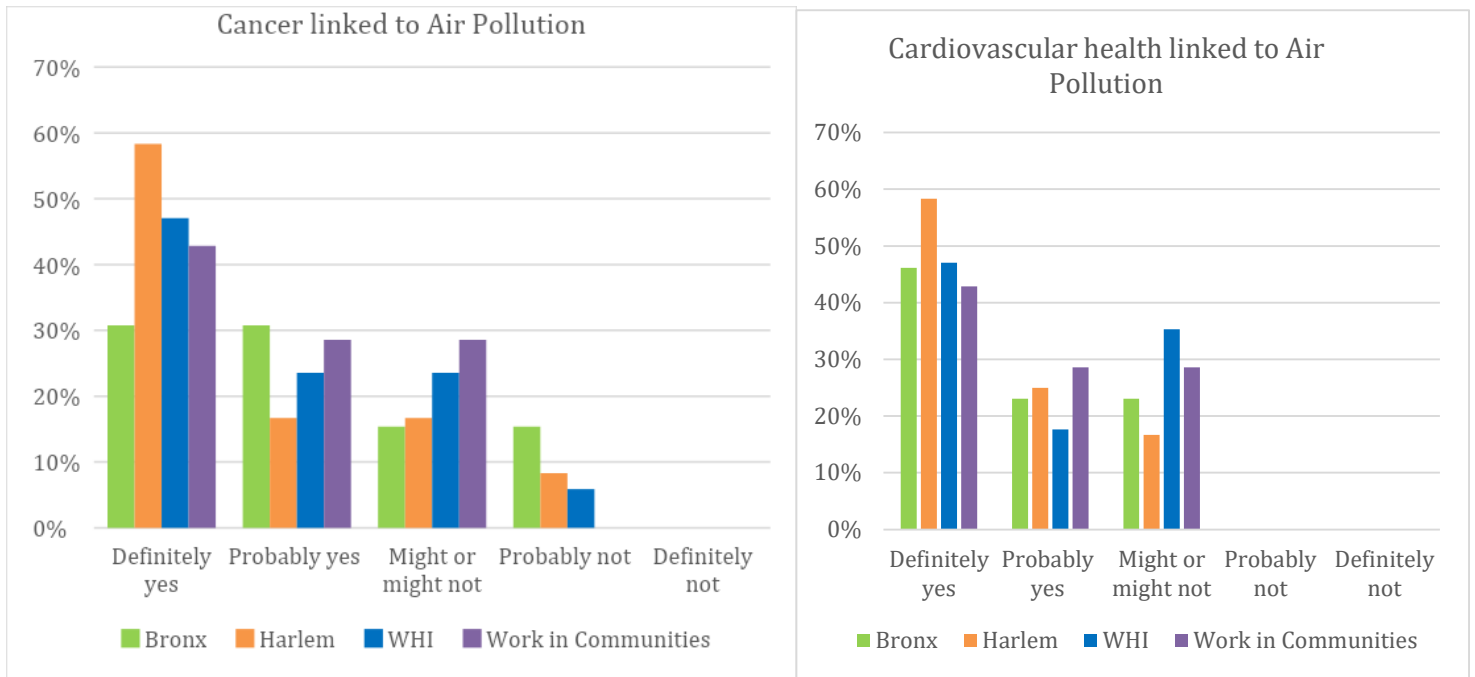
Figure 42c. WHI responses on air quality and impact on health conditions, CCCEH COTC EHJ Survey 2021



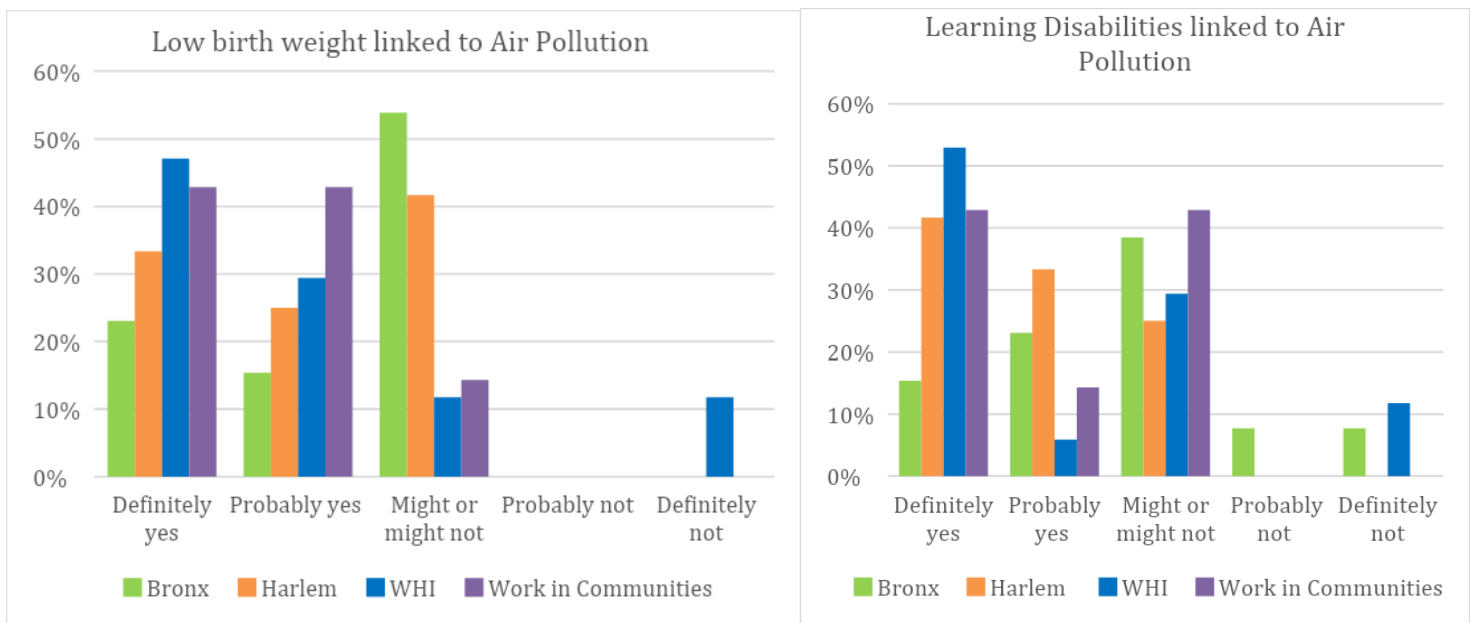
**Figure 43.** Asthma linked to air pollution by community, CCCEH COTC EHJ Survey 2021



**Figure 44.** Obesity linked to air pollution by community, CCCEH COTC EHJ Survey 2021



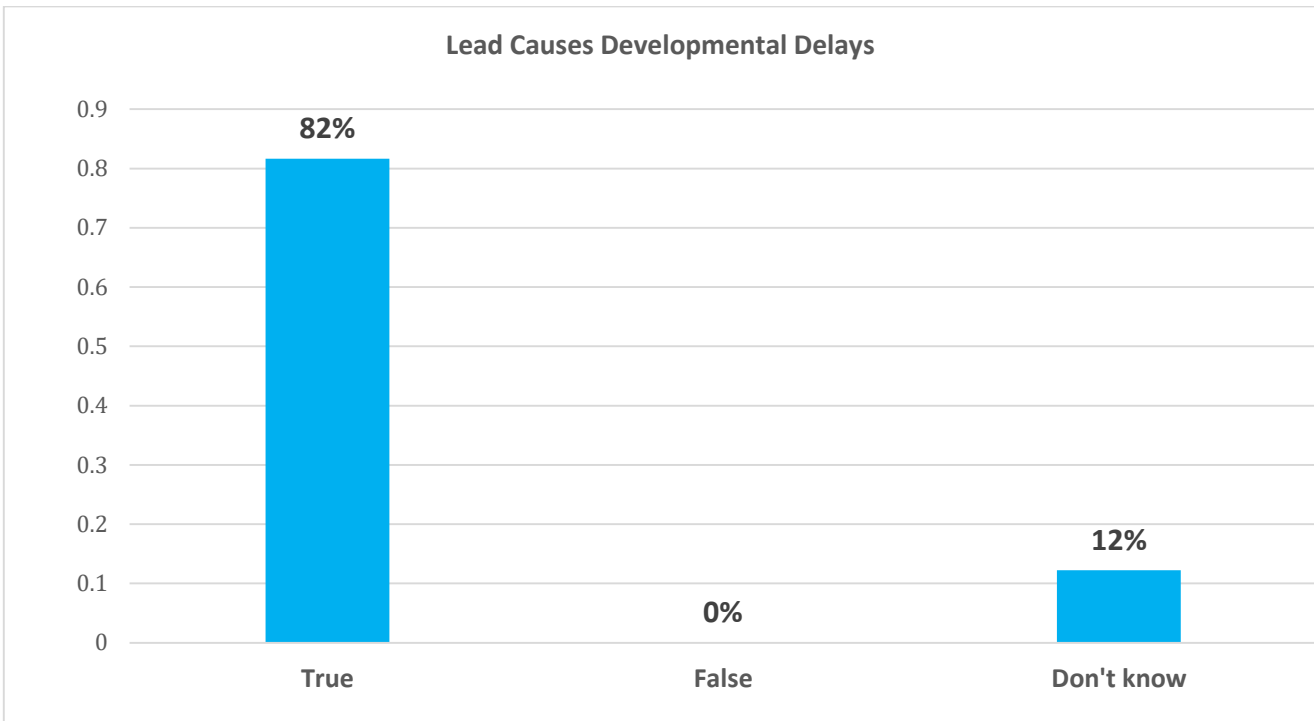
**Figure 45 a & b.** Cancer and cardiovascular linked to air pollution by community, CCCEH COTC EHJ Survey 2021



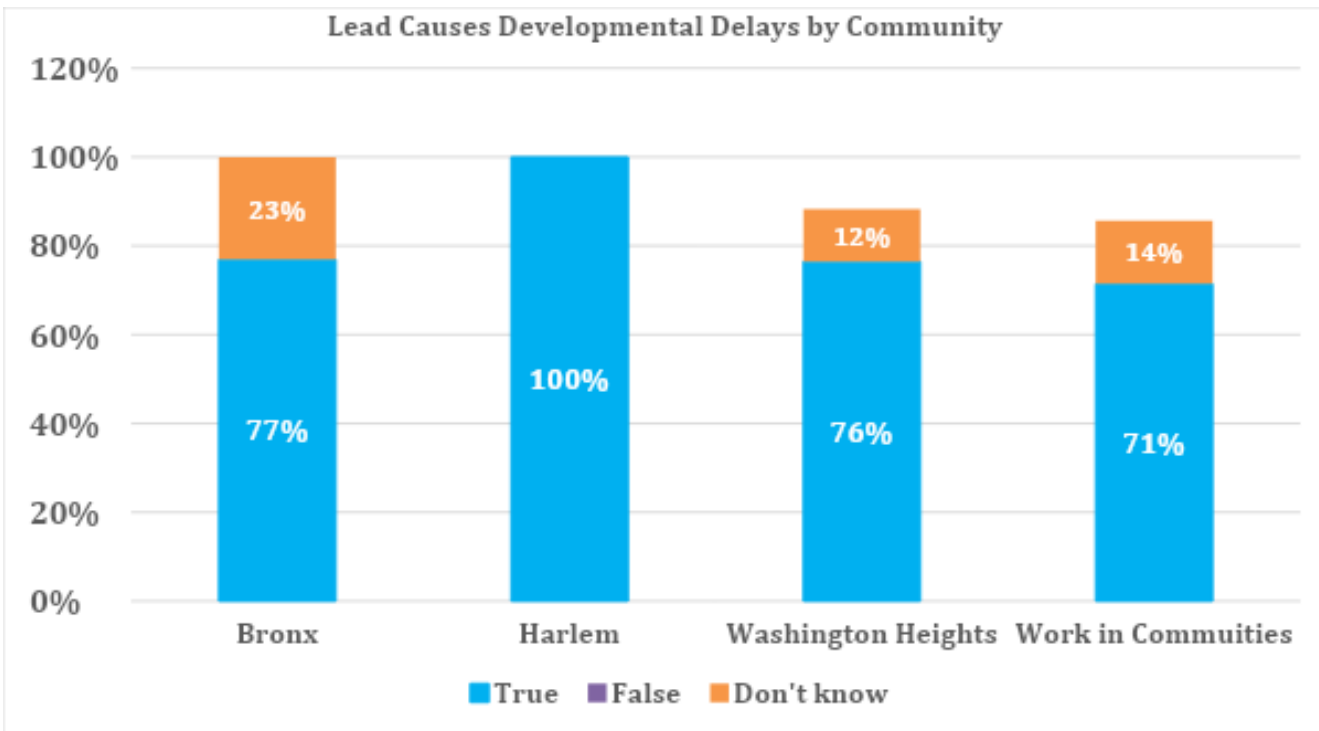
**Figure 46 a & b.** Low birth weight and learning disabilities linked to air pollution by community, CCCEH COTC EHJ Survey 2021

### Lead Awareness and Developmental Delays

The communities of Washington Heights, Bronx, and Harlem are very knowledgeable about lead and the effects it can have on children’s health and development. It is especially worth noting that all Harlem respondents, (100%) indicated this knowledge.



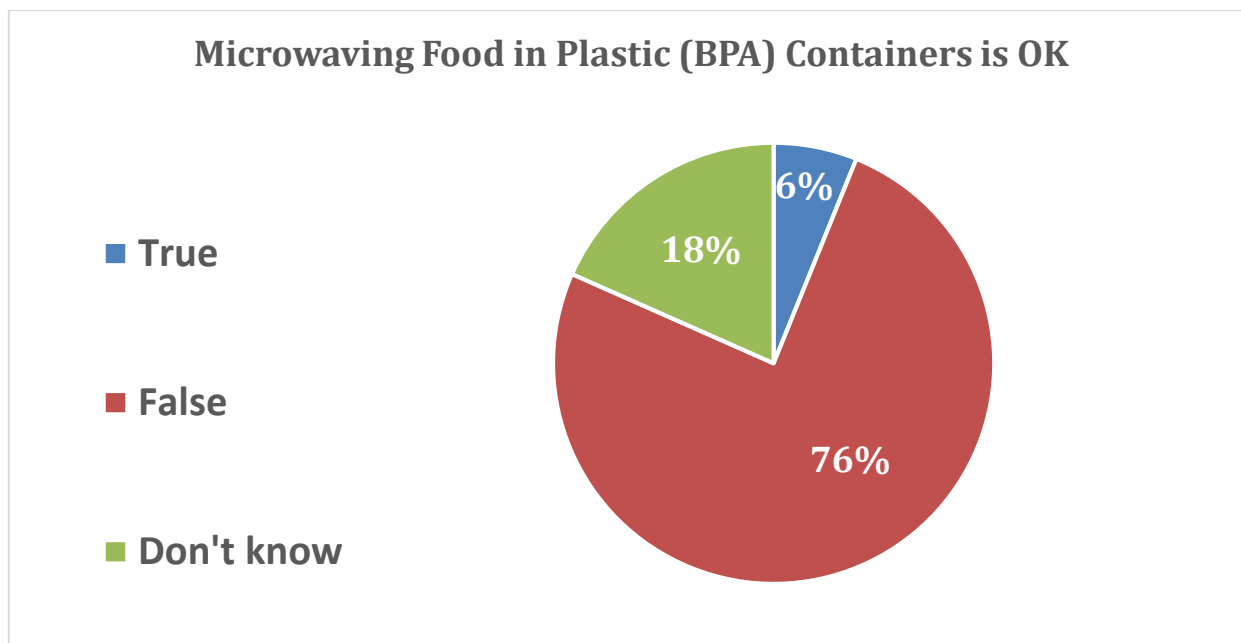
**Figure 47.** Knowledge by all communities on whether lead poisoning causes developmental delays, CCCEH COTC EHJ Survey 2021



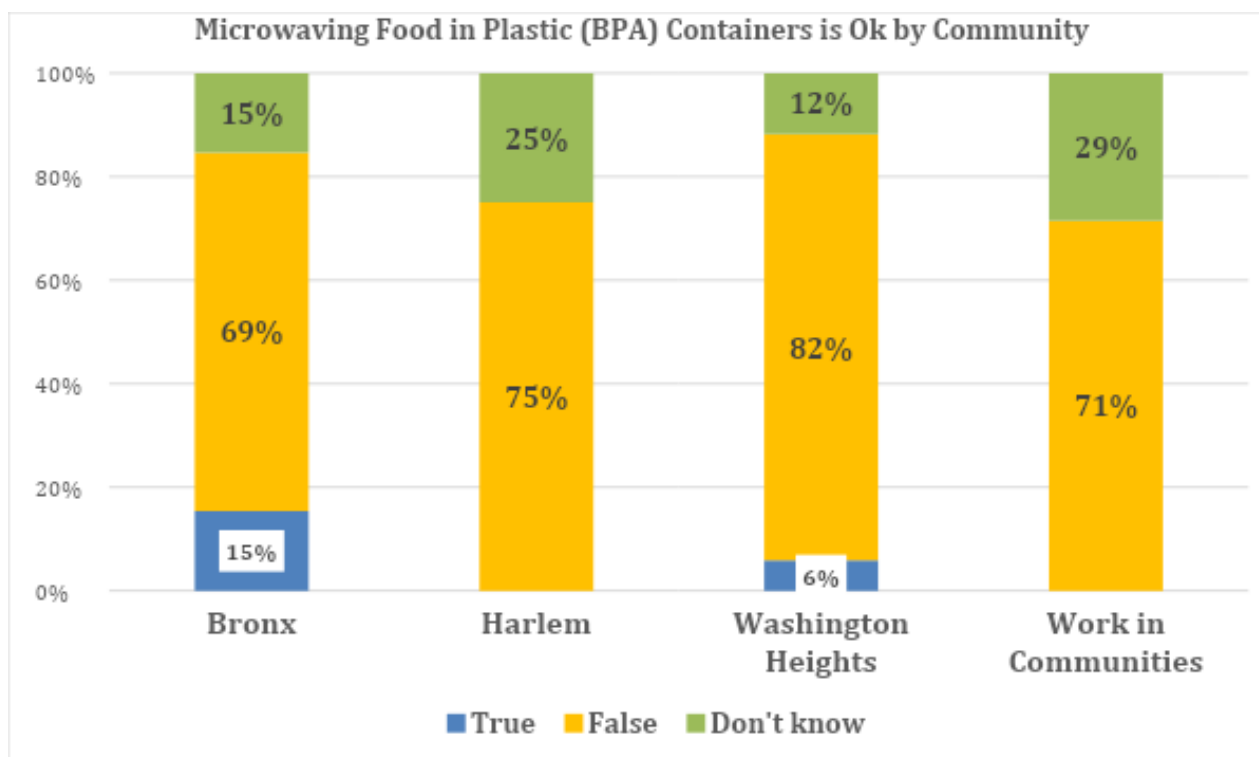
**Figure 48.** Knowledge by community on whether lead poisoning causes developmental delays, CCCEH COTC EHJ Survey 2021

### Knowledge of BPA and Heating Food in Microwave

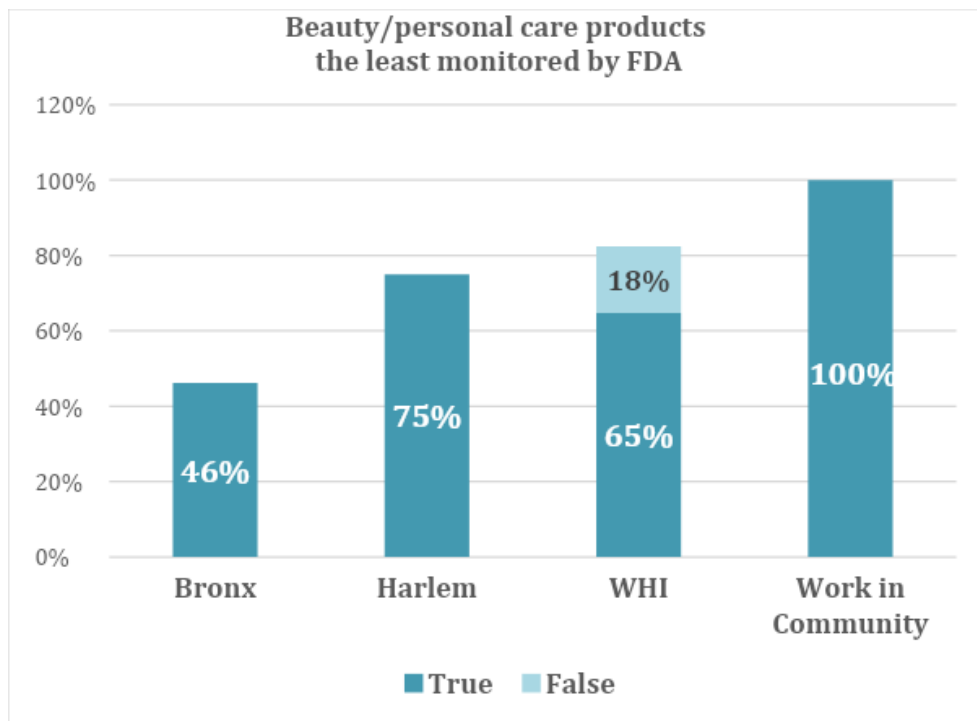
Overall, seventy - six percent of our survey respondents across all communities indicated that heating food in the microwave is **NOT** safe because plastics may contain Bisphenol-A, BPA. Washington Heights was the highest-ranking community with 82% of the survey respondents in disagreement with the statement, “it is ok to heat food in plastic containers in the microwave”.



**Figure 49.** Knowledge by community on whether microwaving food in plastic containers with BPA is acceptable, CCCEH COTC EHI Survey 2021



**Figure 50.** Knowledge by community on whether microwaving food in plastic containers with BPA is acceptable, CCCEH COTC EHI Survey 2021

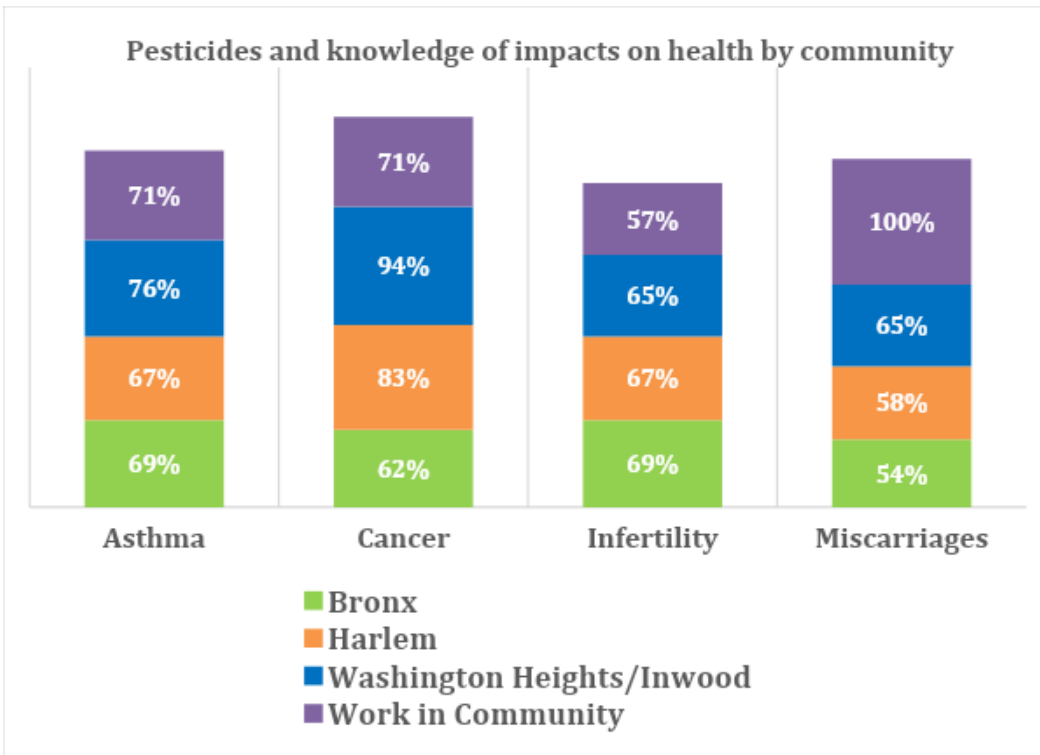


**Figure 51.** Knowledge by community on whether personal care products are the least monitored by FDA, CCCEH COTC EHI Survey 2021

#### Knowledge of Pesticides and Potential Health Impacts

In all three communities, most respondents indicated awareness of pesticides and the health impact they have on *asthma*, *cancer*, and *infertility*. Responses ranged from 62% to 94%. *Cancer* and pesticides had the highest response in Harlem, (83%) and Washington Heights, (94%). *Miscarriage*, as it relates to pesticide awareness, ranked lowest of all health outcomes with the following communities responding: the Bronx, 54%, Harlem 56%, and Washington Heights, 65%.

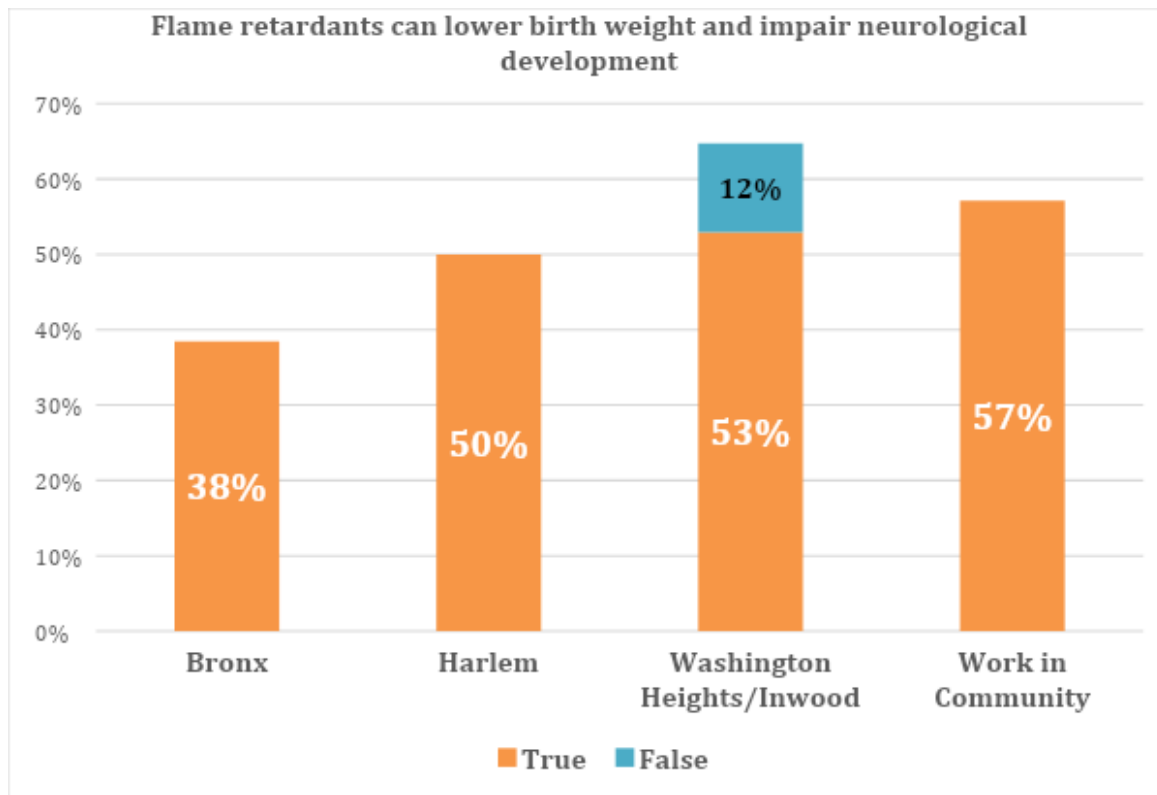




**Figure 52.** Knowledge by community on whether pesticides have an impact on asthma, cancer, infertility, and miscarriages, CCCEH COTC EHI Survey 2021

**Flame Retardant Knowledge of Birth Weight & Neurological Development**

Respondents across communities responded less to this question compared to our environmental toxins explored in previous questions. This may be due to the question having two items, a double-barreled question, or may be due to less knowledge about the health effects flame retardants can have on a developing child. We will need to explore this further.



**Figure 52.** Knowledge by community on whether flame retardants are associated with lower birthweight and impaired neurological damage, CCCEH COTC EHI Survey 2021

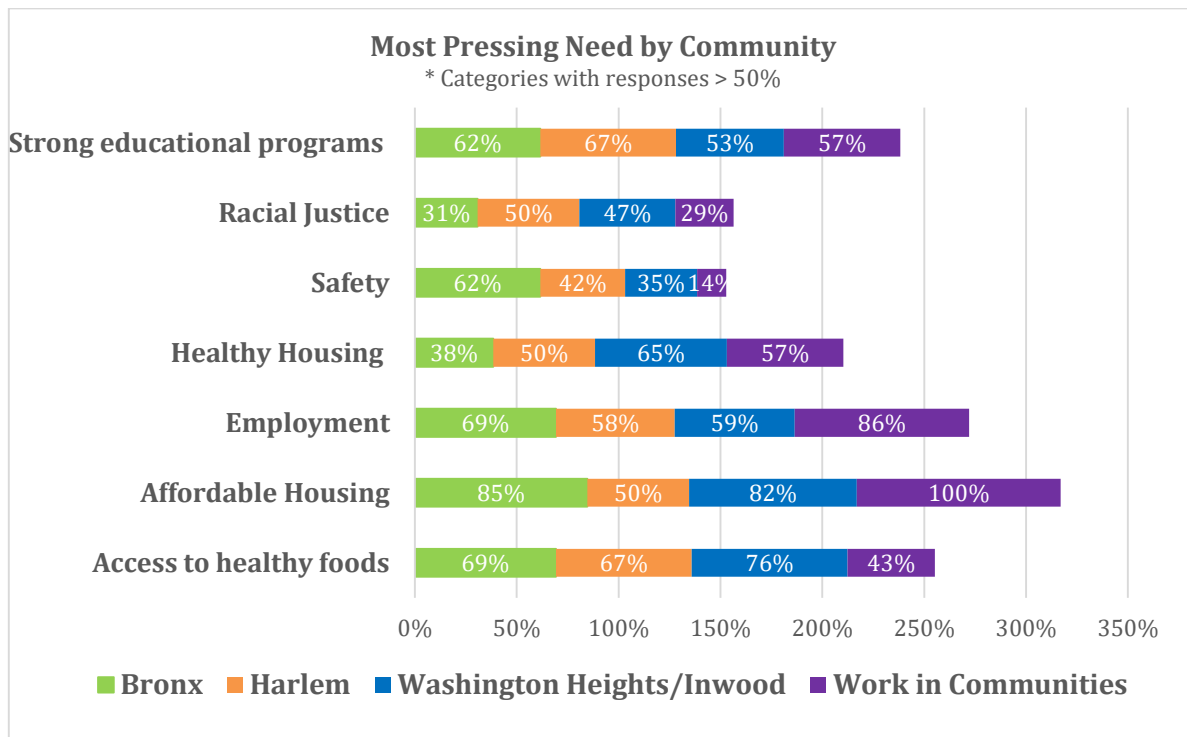
### Pressing Needs in General

The COTC EHI Community Needs Assessment also explored broader needs in the community to gain insight into the social and/or justice issues that are of greatest concern.

Overall, the Bronx and Washington Heights respondents and individuals who work in the community indicated **affordable housing, (85%, 82% & 100% respectively)** as the number one need faced by the communities with access to **healthy foods, employment, strong educational programs,** and **healthy housing** as the top five most pressing needs in that order.

**Harlem** respondents differed significantly from the Bronx and Washington Heights respondents. For Harlem respondents, **Healthy Foods** and **strong educational programs** ranked equally as the number one pressing need and **employment** as number two (58%). **Affordable housing, healthy housing,** and **racial justice** ranked as the third most pressing need with each category at (50%).

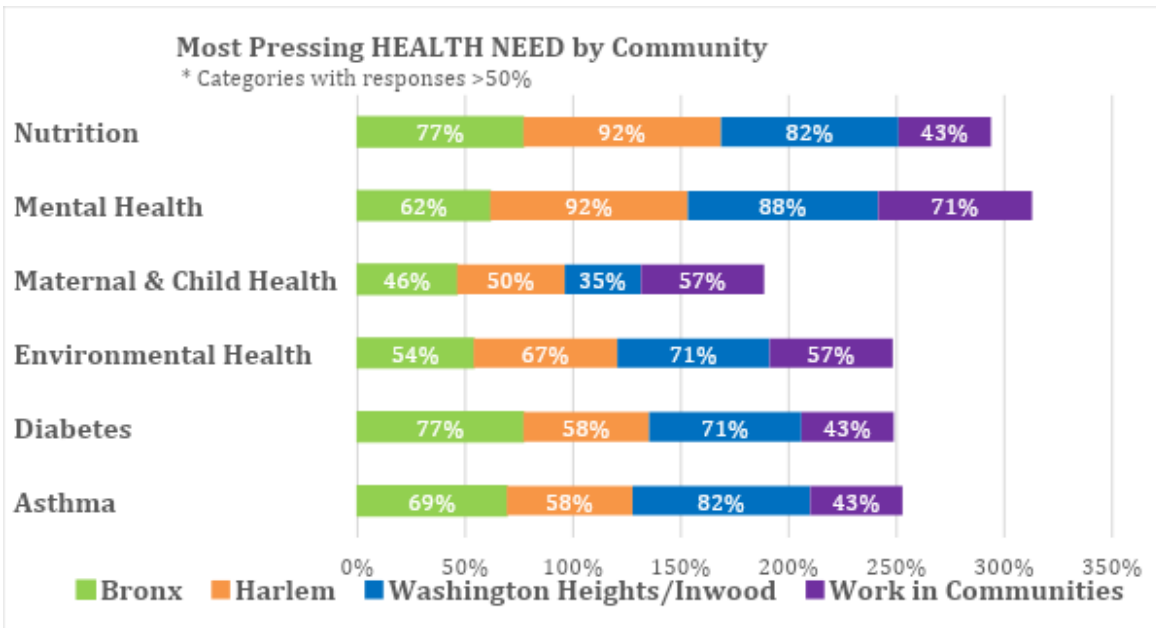
In the **Bronx** **safety** and **strong educational programs** ranked **third** with employment having equal importance to healthy foods. In **Washington Heights** and **Harlem, safety** ranked **7<sup>th</sup>** and **5<sup>th</sup>** respectively as a most pressing need. People that work in the community indicate safety as the least of the community's pressing needs along with substance abuse.



**Figure 53.** Categories selected by 50%+ of the respondents to indicate most pressing need by all communities; CCCEH COTC EHJ Survey 2021

### Pressing Health Needs

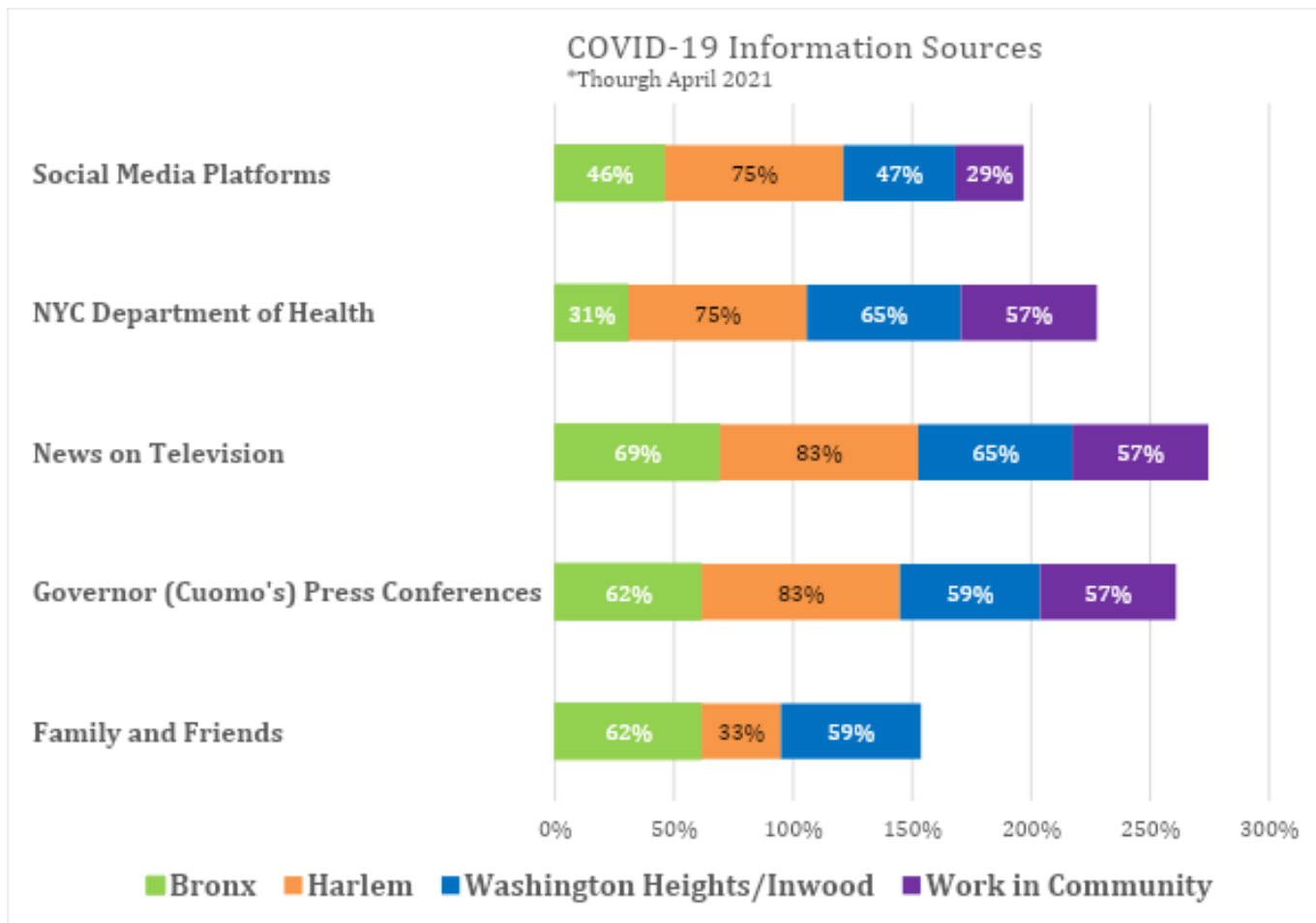
Overall, the most pressing health need was **mental health** followed by **nutrition, asthma, and diabetes**. Harlem (92%) and Washington Heights (89%) ranked mental health as the most pressing health need compared to the Bronx where respondents ranked mental health as the third most pressing health need. For the Bronx, diabetes, and nutrition each ranked as the number one health need, and asthma ranked as the second most important health need. When assessing the importance of environmental health across the three communities, environmental health ranked as the third most important health need in Harlem (67%) and Washington Heights (71%) and the fourth most important health need among the Bronx (54%).



**Figure 53.** Categories selected by 50%+ of the respondents to indicate most pressing health need by all communities; CCCEH COTC EHI Survey 2021

**COVID-19 Information Sources**

Respondents indicated that *news on television* and *Governor Cuomo’s televised press conferences* as the primary sources followed to obtain information on COVID-19. Information from the *New York City Department of Health, NYC DOH*, indicated most communities as the third most followed resources for COVID-19 news, except for the Bronx in which *social media* was selected for news more than *NYC DOH*. *Social media platforms* and *family and friends* are mentioned the least in all communities except for Harlem which indicated *social media*, (75%) as a key source of information along with the other choices, (*NYC DOH, news on television, and governor’s press conferences*).

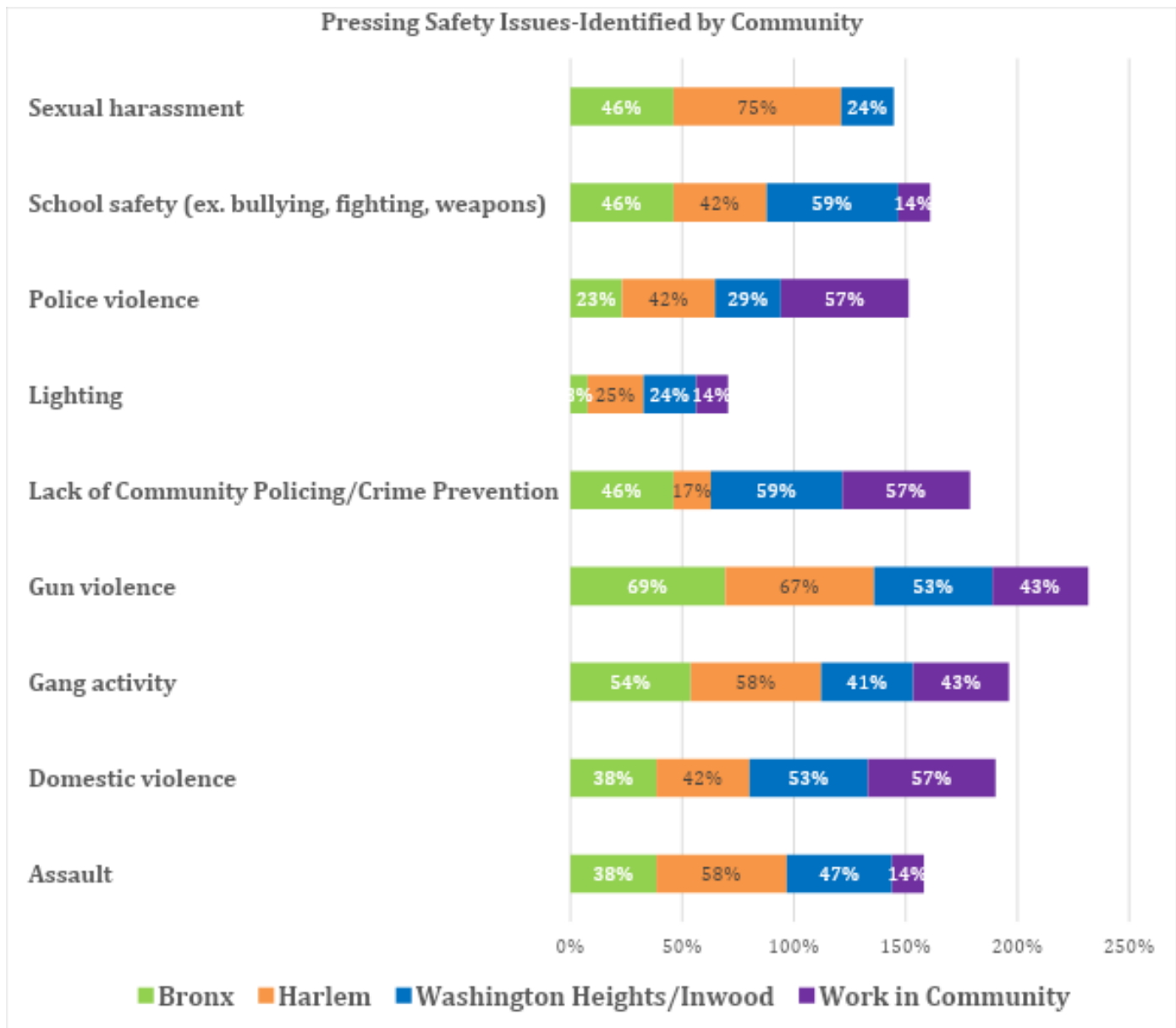


**Figure 55.** Respondents indicated COVID-19 information sources by all communities; CCCEH COTC EHI Survey 2021

### Pressing Safety Issues

Community respondents identified gun violence as one of the top two safety issues in all three communities. For the Bronx it ranked as the number one issue, Harlem as the second, and Washington Heights Inwood as the second most pressing safety concern along with Domestic Violence. Gang violence which can be closely associated with gun violence was identified as the second or third most pressing safety issue in the Bronx and Harlem. Interestingly, sexual harassment was defined as the number safety issue in Harlem (75%). Sexual harassment ranked lowest in WHI (24%) and in the Bronx, (46%). This is especially noteworthy since many of the COTC survey respondents in Harlem are young males, (67%) and compared to the female survey respondents in the Bronx (69%), and WHI (71%). This may serve as a nice indicator that young men in Harlem find this behavior unacceptable and stand in solidarity with women who tend to experience sexual harassment at higher rates than men. A promising direction for gender equality.

For those that work in the communities, the top safety issues are Police Violence, Lack of Community Policing, and Domestic Violence each category was identified as the most pressing safety issue at 57%.



**Figure 55.** Respondents indicated most pressing safety issue by community; CCCEH COTC EHJ Survey 2021

### CCCEH COTC EHJ COMMUNITY NEEDS ASSESSMENT FOCUS GROUP ANALYSIS

Bronx, Harlem, and Washington Heights community members participated in three focus groups. A total of twenty-two individuals participated in the focus groups. One group was exclusively represented by youth ages 18-24 with a total of 12 individuals participating. Almost all the youths are residents of the communities and members of the Center for Children’s Environmental Health Youth Council, the EHJ Advocates, and/or are part of the Center’s research cohort. The two other focus groups had a combined total of ten participants, five in each group. Seven of the participants reside in the community and the other three work in Washington Heights, the Bronx, or Harlem. Each focus group had at least 4 community members representing their community.

## Defining Environmental Health and Justice

Participants were asked to define/describe what the term Environmental Health and Justice means to them, (“When you hear the term Environmental Health and Justice what do you think of/comes to mind?”). Across the three focus groups, participants are very knowledgeable of the academic definition of EHJ and its origins. More importantly, respondents had an in-depth understanding of the term EHJ from a very personal and lived experience. The term readily represents the inequity and abuse that takes place in their community and more generally speaking in disenfranchised communities of color. Several of the respondents shared their perspectives as present-day community activists and EHJ advocates. They were quick to mention that their community is aware of the environmental injustice and this fact drives their commitment to build partnerships, raise awareness and move the community to action to engage local, state, and federal legislators.

*environmental issues that affect certain populations of people and they are typically ignored*

*to me it kind of means like there's- equity- like environmental equity if that makes sense like it- it means that you're not taking advantage of a particular neighborhood and dumping you know things into their resources. You know you're not building factories in a particular neighborhood because you know it's populated by predominantly poor people... it's about making sure that you're not taking advantage of a certain group of people or you know that you're destroying their environment but preserving your own. This is about preserving all environments regardless of who lives there and what their socioeconomic status is*

*It's sort of the difference between the survival of a person who's more privileged and the survival of a person who's less fortunate. You know because a person who is less fortunate might be exposed to more chemicals or might be exposed to environments that risk their health...*

*Environmental justice to me is when my daughter was diagnosed with asthma... she's the first person in my family, or even, her father's side that has asthma. I got in contact with the doctor and started really researching it, I started to see that my environment was the reason why she could possibly have asthma.*

*Well, I've been doing some research on the father of environmental justice, Dr. Robert Bullard, and frontline communities. And, you know, this is dealing with city planning to, you know, some before the mitigation process that our community-based organizations have done to get certain factories out...pollution from buses, and high traffic areas, especially in affecting NYCHA residents... these problems are not just outside they are inside...*

*...Our community is the opposite of what it means to have environmental health and justice because we have had to deal with the brunt of NYC dumping in our community. Fossil fuel ways, transfer stations, 5 major highways going through, air quality is very different from everywhere else in terms of air pollution, carbon, PM2.5. South Bronx has very little green space here, almost none ...Mott Haven/Port Morris section. When it comes to environmental health and justice, we see none because we have been subjected to policies that are racist and prevent people from having a great quality of life.*

*Aside from recognizing the systemic practices and policies that disenfranchised our community, something that's powerful about EHJ is that it focuses on rights-based approach on what each individual/community ought to have. For my community and the work, I do with young people, for me it's about how do we ensure that the environment is*

*shaping us in a positive way. Young people are reimagining our communities and transforming them into what we want them to be.*

*Fight for equity. This statement states that there is already an injustice is happening. Look at it as something that if you don't advocate for, you don't receive it. Frontline communities are fighting ... It's economically based, racially based. Equity doesn't come equally, so it's something that you need to fight for.*

*EJ is the cognitive development of our children, quality of life, healthier outcomes. It also plays into the prison industrial complex. Cognitive development that can be impacted by the air you breath and leads into the school to prison pipeline.*

## **Community Strengths**

Participants were asked to describe the positive characteristics of the communities, (*What do you like most about the community you live in?*). Overall, respondents indicated that there is “*friendliness*”, a strong sense of community, connection, a celebration of culture, and positive behavior as neighbors greet and help each other even though they are *strangers*. This resiliency, mutual recognition, and connection can facilitate opportunities for organizing and coalition building. Secondly, transportation access was mentioned as a positive community attribute.

### ***The power of culture and connection***

*... in Washington Heights where I grew up-no matter what's going on or the struggles -people keep their traditions.*

*A lot of the families are first-generation immigrants, that realness and rawness of their culture is still with them and as they try to acclimate here, they can also provide perspectives that are different.*

*Love that there is so much love, joy, culture, and flavor.*

*... there is a generational connection... things and wisdom. I feel like I've learned so much from people who have lived in these neighborhoods like their whole lives. It's just like seeing the connections at the community.*

*Unity-my community comes together we celebrate. When someone passes, we come together and can address issues.*

### ***Sense of community, (pride) and friendliness***

*Sense of community, greeting each other, saying “thank you”*

*...sense of community...It shapes a lot of families and communities. (I) live near Inwood Hill Park, I love the open green spaces to walk, chill, BBQ in the summer.*

*I mean the friendliness that people have. They're so open to help each other out. I feel that I you know; you could ask anyone in the street for directions. If you speak Spanish, it is a plus, very friendly.*

*It feels good to know that when I walk out my door, that even though we're not related by blood, I have a second family, in my in my neighborhood in my community, and the people you know, the stores, people in stores know me, they always call me the “Good Morning Lady”, because I say good morning to everybody. And, you know, I just like that sense of a second family.*



*I am a South Bronx native from the outside it's seen as the borough that burned and has the worst statistics when it comes to health and environmental indicators. But I love that the people are resilient, creative, and communal. We take care of each other, advocate for each other, go toe-to-toe, heart-to-heart with the big giants to fight for what's right for the community. The creativity is phenomenal, breeding ground for hip hop, artistry, jazz, graffiti. Entrepreneurship, mom, and pop businesses.*

*Live in the Bronx and formulated the coalition out of the residents who live here. We did that b/c we have a strong community center and I never felt like that in any other places I've lived in.*

*...the opening up and seemingly low crime. And it seems that everyone is basically friendly. I'm a community activist. And I forced myself on people and most of them are positive.*

### **Transportation access was also mentioned as important community attribute**

*Love that you can be 10 min from urban grind, suburbia, and green spaces; you can get a little bit of everything.*

*I like my geographical location, the transit, transit accessibility,*

*Actually, transit access for me, even though it's far. It is pretty easy for me to get to Harlem on the train.*

### **Concerning Environmental Health Issues**

As we explored in general environmental health issues that are of concern in their communities, respondents mentioned: Air pollution and airborne toxins due to construction; the need for regular and quality maintenance of housing, and repairs and maintenance of community infrastructure.

#### **Air pollution and airborne toxins due to construction.**

*cleaner construction and better waste disposal because one of my biggest fear is like air pollution.*

*like I think construction is a really big problem especially like where I live...like this new building ... like this luxury building with terrible smell because of oil -even when you close your windows you could still smell like a toxic smell... and I think definitely construction is a big problem because if the construction is right outside of your house you can't really avoid inhaling...*

*smog, air quality from building*

*maintenance clean streets, cleaner construction management, road safety. Repairs.*

#### **The need for regular and quality maintenance of housing.**

*Housing issues- specifically NYCHA no repairs and poor quality in materials used and workmanship, as well as other housing units inadequate heating lack of necessities in home. Discouraging tenants to complain about need for repairs, poor quality and lack of basic needs like functioning heating*

*our issues living in NYCHA, our lead mode, pass unreliable elevators and heating. And because of the (broken) elevators, people are dying, trying to make their dialysis appointment...*

*You know what also happens they use shoddy materials, the reason why nothing lasts is because they're using cheap stuff. You get a plastering job within a year the plaster is falling apart, you get a paint job, because the paint is shoddy, it's peeling within a matter of six months, of getting repairs done, they're using the bare minimum.*

### **Repairs and maintenance of community infrastructure.**

*maintaining things like roads and sidewalks and distressed regions and drivers there are a lot of accidents in my area because of this especially near intersections and crosswalks, so I think improving infrastructure and mending managing... so many people travel more safer*

*...more trash cans - cause you know how we're using the masks nowadays require more investment around that one before so they should probably put more trash cans around back-*

*also need so solve the sort of the insect and rodent problem in New York because not only is it and specifically in Manhattan a lot and also in the Bronx... this problem is related to asthma and stuff like that.*

*mold/black mold, buildings in NYCHA being in disrepair, increase of rodents/vermin that lead to increase in asthma/asthma-type conditions.*

### **Exposure to Toxins at Work & Home**

Participants were specifically asked to describe work and home-related environmental toxins in their communities. Pollutants affecting air quality surfaced again with respondents mentioning outdoor pollutants from vehicles and industrial emissions and indoor pollutants such as pesticides and tobacco smoke. The respondents also describe extreme heat as a concern resulting from the growing threat of climate change and its potential impact on mental health. The respondents are concerned about the risk of lead poisoning among young children in their communities, the specific sources mentioned include exposure in NYCHA housing and from NYC public school drinking water.

#### ***Air pollutants included vehicle and industry emissions and indoor pollutants such as pesticides and tobacco smoke.***

*A lot of truck-intensive businesses create emissions and fumes that heat up our environment. Urban communities and communities of colors are pointed as spaces where a lot of heavy industry and EH Injustice takes place.*

*Cardiovascular and respiratory conditions from air pollution. PM2.5, for example, increases mortality and morbidity rate of overall health conditions. Because we are heavily saturated with the highways, that has led to an increase in all of the health conditions.*

*...just that pesticides and we're talking about toxins sometimes we're talking about different chemical exposures.*

*I want to add one - everyone in the city - my building- it just like there was a lot of people that smoke cigarettes... people smoking outside of like their door like on the stairway and stuff and like there are a lot of little kids as young as three running around*

### **Climate change exacerbates extreme heat and mental health.**

*Extreme heat is very prevalent in the East Harlem and Washington Heights area. It's been difficult, especially with COVID, when families need to stay indoors. Some folks didn't even have the resources to purchase A/C units.*

*As climate change continues, we will see more extreme heat in our community were being treated from depression/anxiety that stemmed from an environment and things they couldn't change*

*We haven't even talked about the mental health effects on residences. As a therapist, I have a growing concern that communities retain so much heat during the summer...and it may have an effect on mental health.*

*um could stress be considered one of them because I know that stress is toxic especially to your mental health but what do you think.*

### **Lead prevalence in NYCHA housing and NYC schools**

*We can throw in lead-based poisoning. Buildings are very old, slumlords that don't take care of the property the way it should be taken care of. Physical health like toxicity from heavy metals, a 3-fold rate of autism because of the living environment.*

*Lead paint, heavy metal toxicities... We've had studies over and over again in our environment. Highest concentration of NYCHA.*

*Lead in water in most elementary schools. The DOE have tried to hush it up, when exposed, we found that many of our kids have been drinking lead-based water and feeling the effects, seeing the cognitive effects.*

## **Best Approaches & Strategies to Improve Dissemination of Children's Environmental Health Information**

Focus group participants were asked to identify the best ways CCCEH COTC should disseminate Children's Environmental Health and Justice research and discuss strategies to improve CEHJ communication and information dissemination.

### **Simplifying messages and participation**

*Not have it be confusing make it clear easy to understand*

*You know, when you read documents, you don't understand it. So, it's also about dumbing, I don't want to say dumbing it down, but making it easy for people to understand and know what their rights are...*

*Infographics are a great way.*

*Commercials....*

*Simplifying things... families have bigger priorities than this. "here's an easy way to recycle" for example, here's some material to do that, show them the location, this is something you can do with your kids. Simplify it in a way that they can digest it. (it becomes doable)*

### **Youth involvement- school-based programs and participation in EHJ groups**

*why not have EHJ implemented in the school curriculum? A project that a certain grade has to do? That has to go through the DOE and they have to buy in that this is a significant issue in the communities. So, we can pitch it to them, this is something Columbia has the influence to do.*

*Action and join a youth group to bring more awareness.*

*talk to schools and students what EHJ means... A lot of the situations are normalized as "it is the way it is." Families and children are normalizing their situations and feel powerless. How do we give them power? The more awareness we can give to communities about what powers they have like...*

*Groups like these (CCCEH EHJ Advocates) where we can talk about what's wrong. Like I live in a dirty community, and it affected my self-esteem cuz I came from a dirty place.*

*The meeting like our youth Council.*

### **EHJ Capacity Building - Initiating Community-Based Interventions & Programs**

*If Columbia has a thing where we can do programming or have people come in - to plant things, connect with the tenant associations, and how schools can create programming or plant trees, etc.*

*Pipeline programs--what is the community benefit. Scholarships for people in urban environments to learn botany, EHJ, etc. so they can go back to their communities about what they learn to set up that pipeline so that we can always have a cyclical benefit between community and programming.*

*Institutions can help by helping people see the unseen. For example, can't see the air pollution, but if it's in water people can see it (smell and color). Just like Flint*

*I would love to see how we could get botanists and some environmental scientists to teach. For example, if we develop a program for asthmatics with a scientist to show which plant detoxify airs, this is how you can plant it, this is where you can have this plant in your house. Now this person can go into this room that now has detoxified air. Set up programming that can teach people how to use the resources available to them, teaching them how things in their environments can help them and reduce feelings of their symptoms.*

### **Engaging Political Will to Bring about Change - Organizing to Engage Legislative Leaders**

*I don't know that our people don't know (the EHJ issues) that. We are a heavily researched area. It's a matter of making the political will, having the accountability and necessary advocacy to implement policies that will make sure that all the information we have will be implemented to make an impact. Knock on any of my neighbor's door and they can tell you how their environment is affected. What is the government doing? What is the city/federal doing so that our politicians will advocate?*

*visiting elected officials*

*Sometimes neighbors blame each other for issues instead of looking at things in a more systemic way. That's why community organizers want to reshape that thinking. A great way for Columbia to help is definitely through funding.*

*I think getting to a base of grassroots organizing. Some of it is funding, some of it is using the leverage and bodies that you have. One of the ways SBU, (South Bronx United) is effective is that we literally show up. You have a meeting at 9 am in our space, we would call everyone and have everybody there. This mayor knows us by name because we make them accountable. Put the funding behind the grassroots communities that are doing the work. How do you connect students/interns that are cross-sectoral? This is not just an EH study, it's cross-sectoral. Use the power of their voices and develop planning around their fields of interests.*

*SBU is very involved in political processes, and most of us have multiple jobs. That means we can't go to community meetings. Fresh Direct would call meetings and change locations last minute or an inconvenient time so that people couldn't attend the meetings. How can we get bodies to these meetings to speak about the issues? The community members can't necessarily be there, how do we get the impact of voices/presence to show up when it's not possible for community members who can't show up?*

*On the ground folks know how to interact with the community and have the systemic thinking of why things happen and where to put pressure to invoke change. But money resources can help get the ball rolling. In terms of reports and research, many EHJ orgs incorporate the arts. Utilizing community art to spread the information.*

## **Mental Health - Most Important Health Need**

In general, participants were also asked to discuss from their point of view to describe the most important needs in the community. Mental health surfaced as the most important need. Considering the emotional strains, which communities have recently endured during the Covid-19 pandemic, this is not a surprising response. However, from a holistic public health and social justice perspective mental health is an important need to integrate into public health programs and research. The role of environmental exposures and their effects on mental health needs to be a continual area of study. Furthermore, mental health was stated as the most important health need by CCCEH COTC Needs Assessment survey respondents in Harlem and Washington Heights, and was also raised as an important need in NYC Community Based Profiles, Community Needs Assessment documents, 2022. Partnering with institutions like Columbia University School of Social work and others who can assist with meeting mental health needs and exploring the effects of unjust environmental conditions may provide an alternative lens through which children's environmental health justice issues can be addressed, strengthening partnerships and coalition building.

### **Mental Health is mentioned as the most important health need.**

*We need to help people with mental disorders.*

*People can't afford mental health services-they don't have enough money*

*A firm hand on mental health-kids need to know how cops are trained- they need mental health training.*

*Covid is taking a huge toll. There are more mental health issues- not a crime going on-but more of a mental breakdown-Don't know how to word it...just mental health should be talked about-If you are going through something it should be helped- we need to talk about it.*

*On the trains we see a lot of people with disorders or substance abuse issues but not enough services to help*

*Mental Health and the affordability of services.*

*...Like I live in a dirty community, and it affected my self-esteem cuz I came from a dirty place*

*Obesity, diabetes, hypertension, asthma. We are leading the way in all of these conditions. Called asthma alley. Hospitalization rates 8x the national average. Lack of recreational space, unequitable access to green space. This leads to more co-morbidities, adding to our susceptibility to COVID and mental health.*

## **Reliable COVID-19 Sources of Information**

Seeking to identify reliable sources of information, participants were asked which were their most trusting sources of information during the early months of the Covid-19 pandemic, (March-August 2020). Accessing information on the internet and social media platforms were mostly mentioned by respondents. Secondly, family and friends proved to be reliable sources. Training a local team of “credible messengers” with established trust and reliability in the community is an asset to any public health intervention, including CEHJ.

### **Internet and social media**

*I use internet sources to make sure information is accurate.*

*Social media, twitter, Facebook*

*I phone social media, internet, or TV*

*I just google and click on Covid-I try to access reliable sources, but I also look at twitter and Instagram*

*Got most information from social media- twitter and Instagram.*

### **Family and friends as reliable sources**

*I got information from family, friends that experience or read papers and I listen*

*My grandma was really on Covid-she would talk to me and tell me stuff.*

*For me I learn from the news, social media, and people*

## **Safety Issues in Our Communities**

When assessing community safety issues, participants defined safety in two distinct categories, intentional harm due to assault and negligence. Assault is defined specifically as it relates to issues of gun violence and vulnerability because of one's gender. Security regarding negligence was discussed as systems in disrepair, poor maintenance, and inadequate safety systems being in place, like ventilation in schools to reduce the spread of COVID-19.

### **Assault as a safety issue**

*Gun violence- someone next to my building got shot.*

*Gun violence*

*Security and elevators, building security and elevators.*

*Making others, especially women feel safer, walking in their community. There are abductions- women are just taken on the spot.*

*Increase the feeling of safety-sometimes people that live in the community don't feel safe.*

### **Safety due to Infrastructure disrepair and lack of safety systems in place to address COVID-19 spread**

*More construction to old buildings for example, fire escapes do not look like they are in good shape.*

*Now, with COVID, it really opened my eyes to how our buildings and the environment around us are not safe. Because, you know, when we talked about the kids going back to school, the first thing they started to say is the ventilation systems are not good. And a lot of the schools and, you know, our children will not be protected. And I guess that kind of scares me. My daughter goes to private school, and she's back in school, but they have HIPAA filters.*

*(Considering COVID-19) a lot of our buildings here are not adequate, office buildings and school buildings are not adequate.*

## **Two Things You Could Change with your Magic Wanda**

Several of the focus group respondents are actively engaged in EHJ work and express their ideas on important changes very clearly. South Bronx United, (SBU) has been working on developing the waterfront in the Bronx, creating green spaces, and capping highways to improve air quality. In Washington Heights, Friends of WHEELS, (now Futures Ignite) and the WHEELS students and environmental teachers have been working on establishing their "Green Corridor" on 182<sup>nd</sup> Street in front of their school. In Harlem, NYCHA representatives wish to improve access to digital information. In addition to these efforts currently underway in their communities, other respondents would use their magic wand to do away with poverty by improving education, access to mental health services, improving financial opportunities, and creating zip code equity.

## Community Initiatives Underway

*Our coalition has been fighting for the waterfront in the Bronx. We have been fighting for access so that community can develop economically and businesses along the waterfront. Introduce people to green space and water activity.*

*We need more green space, parks, and waterfront access. I would love for our politicians to prioritize the waterfront project because we have developed the blueprint already, so we just want the funds to free up to get that project moving. Also, to get the highways capped. Figuring out a way to cap the expressways. Mychal introduced the idea of environmental walls. A huge wall to put up in communities that is equivalent to 20,000 trees and detoxify the environment.*

*Green corridor. Presented to the community board and they were excited. First phase is open a plaza right in front of the school hopefully that puts everything in motion and hopefully close the whole street.*

*The need to access digital media with NYCHA residents on a resident council level, so that we can become more aware of environmental climate and public housing issues, and learning the legislative process, as well as advocating for ourselves.*

## End Poverty

*Poverty in my community so people could access things like education, mental health, food, and financial opportunities.*

*I would wave my wand to clear stigma around a location and have politicians and programs and funders think about what's best for the people... Why doesn't this zip code have what this other zip code has?*

*The education*

*education, and mental health*

*I agree with everyone-my top two would be mental health awareness and education*

## End Covid-19 pandemic and the digital divide (accessible internet and electronic devices for education)

*...just going back to the internet point, a lot of folks do not have internet access. And so, I think my wand, I would love to waive it and give free Wi Fi to everyone.*

*well with this wand I would do away with COVID... I wish I could make it better*

*it took you know COVID for children to get access to Chromebooks and computers and stuff. But I would wave my wand for them to be able to keep it ...Right now our kids have access to the internet, and you know are able to do their homework because the schools are giving them each individually a Chromebook but in the average household there may be One Laptop or one Chromebook for the whole house.*

## Other Community Concerns

Finally, participants were asked to mention any other community concerns that were not raised in the focus group. Participants discussed concerns about homelessness in their communities and how best to address the needs.



*Shelter-I know there are shelters but there is too many people living on the train. People sleeping on the train-the trains smell like urine-we need more shelters.*

*Agree with homelessness. They are not healthy-they catch stuff cuz they are outside-It's not even their fault. A lot of people are homeless, but they don't know what is going on.*

*But even if they are in a shelter-management treat people poorly- so people don't want to go to a shelter if they need it.*

*Then there are policies that after a certain amount of time they have to leave. A shelter should be a home until you are ready to move on. They are kicking them out before they are ready.*

*Some people if you don't give them a push- I understand you want to help them get up in the morning find a job or an apartment. If we don't encourage those to go out-how are we going to get all the others out in the streets in?*

## **CONCLUSION**

We would like to express our gratitude to the residents of the South Bronx, Harlem, and Washington Heights/Inwood for sharing their community needs, assets, and resiliency by participating in the CCCEH COTC EHJ survey and focus groups. The COTC team will use these findings to guide our educational interventions, inform our methods to improve the dissemination of the Center's research, develop strategies and improve engagement with our community advisory board, partners, and academic colleagues to address children's environmental health and justice and inform policy. We look forward to building strong partnerships and coalitions.

# APPENDIX



# COLUMBIA CENTER FOR CHILDREN'S ENVIRONMENTAL HEALTH

MAILMAN SCHOOL OF PUBLIC HEALTH  
COLUMBIA UNIVERSITY

## COTC Community Outreach and Translation Core EHJ Community Needs Assessment 2021



# CASB AGENDA 6.14.2021

**I. Welcome & Introductions (10 min) (Julie Herbstman)**

**II. COTC EHJ Community Needs Assessment Report Back (20 min)**  
(Maricela Ureño & Anabel Cole)

**III. CASB Member - Break Out Groups- South Bronx, Washington Heights and Harlem (15 min)**  
(Facilitators: Anabel, Julie, Maricela)

- **What activities can we can take-on to start addressing EHJ initiatives to protect children’s environmental health?**
- What are your recommendations and/or next steps should we include in the final report?

**IV. Report Back and Next Steps (15 min, 5 min per grp)**



# Our COTC Community Needs Assessment Partners

- A.I.R. Harlem
- ABC Association to Benefit Children
- Asylum Clinic, Columbia Human Rights Initiative
- BioBus
- South Bronx United
- Cardinal McCloskey Early Childhood Education Division
- CCCEH Youth Council EHJ Advocates
- Columbia University School of Nursing
- EI NIDO
- Friends of WHEELS
- Healthy Families Washington Heights, Dominican Women's Development Association
- Hispanic Federation
- Northern Manhattan Improvement Corporation
- NY Public Library Inwood
- NYP ACNC Columbia University, Dept of Obstetrics/GYN
- NYP Family Planning Clinic
- NYP Youth Lang
- Parent Coordinator, NYC Public School IS 143
- Urban Health Plan
- Washington Heights Expeditionary Learning School, WHEELS Teacher
- WE ACT
- WE ACT NYCHA Representatives/Organizers
- WIC, NYP



## Objectives:

- Identify EHJ needs as defined by the community members of Washington Heights, Harlem, and the South Bronx.
- Identify and initiate opportunities for collaboration.
- Identify conditions and systems that perpetuate inequality and racism and how these affect the environmental health and well-being of all, especially children.



### Information collected from:

- **Secondary sources (population data):** *NYC Planning Statements of Community Districts Needs and Community Board; Keeping Track of New York City's Children, among others*
- **Survey and focus group respondents:** Community Advisory Stakeholder Board and their constituents, CCCEH Youth Council and their community contacts
  - 70 electronic surveys collected, bilingual Spanish/English
  - Three focus groups conducted, English

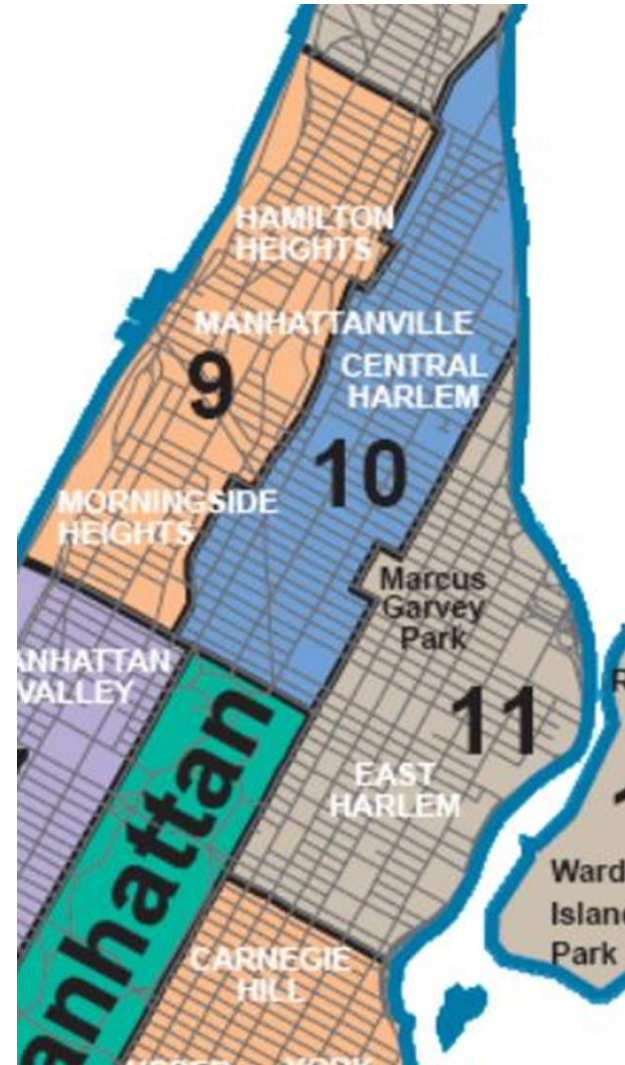
### Limitations:

- We likely chose respondents that are more accessible and/or more involved in the community
- Constituents of Community-based agencies are more likely to be better informed about their community, and harmful health effects of various environmental conditions.



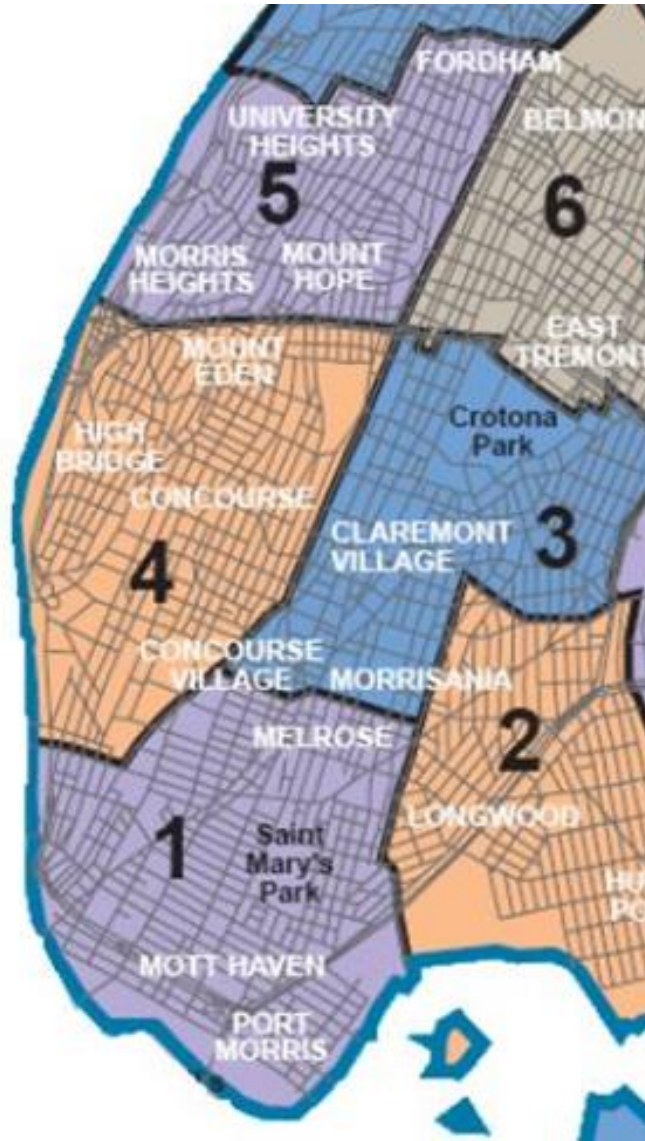


# Washington Heights CD12 & Harlem CD 10 & 11





# The South Bronx CD 1, 3, 4



## Key Findings

- Significant child health disparities among Bronx, Harlem & WH children.
- High level of community awareness/knowledge regarding harmful environmental toxins
- Community Strengths: Sense of community and strong cultural identities, friendliness, proximity to parks and public transportation
- Overarching Community Concerns: Affordable housing, mental health, gun and gender-based violence, (domestic violence and sexual harassment)
- Air pollution and lead concerning environmental issues
- Dissemination and Communication Strategies:
  - Coalition building, engaging political will, simplifying messages, engaging media and early childhood programs

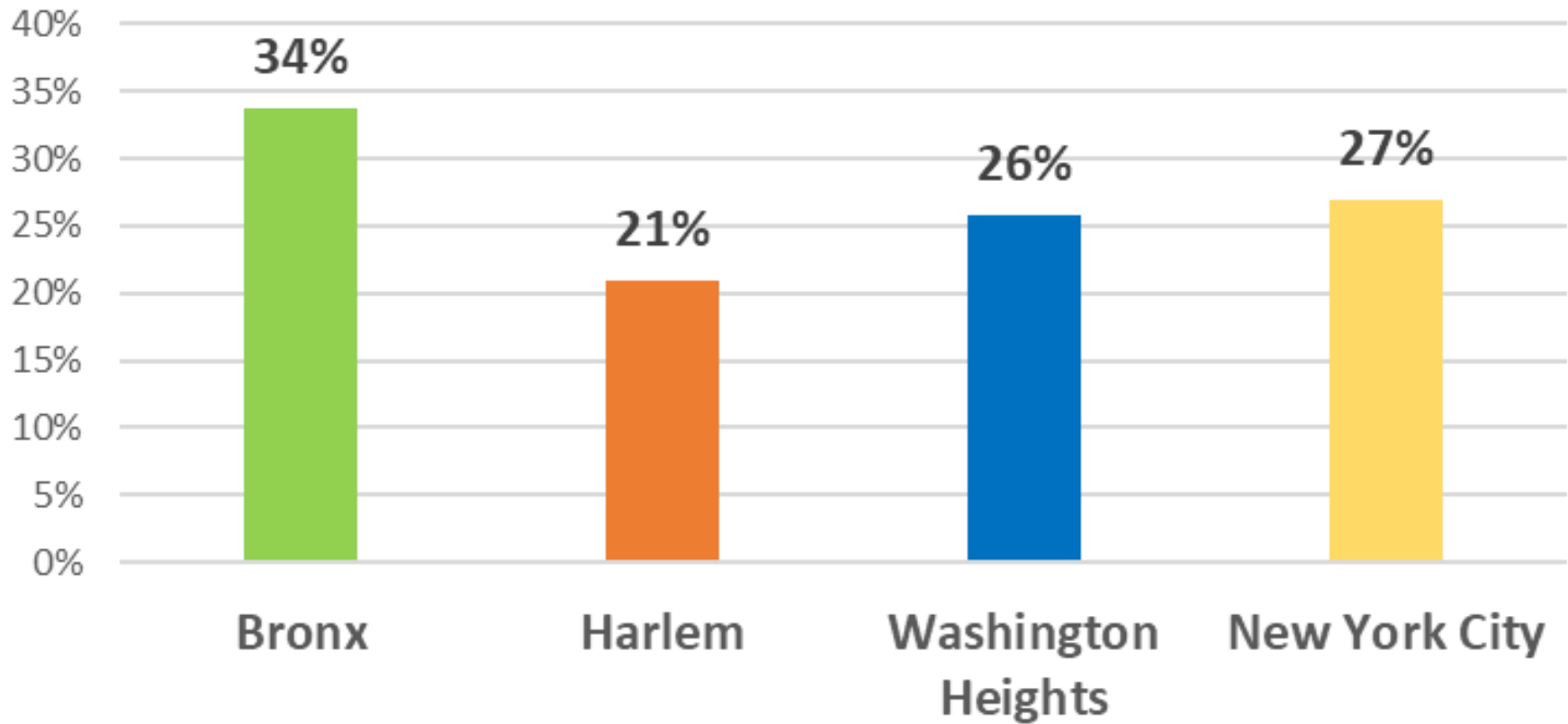


**Bronx, Washington Heights and Harlem Secondary Sources  
Child Population Data & Health Disparities**



# WH, Bronx, Harlem Child Demographics

## Households with Children 2019



<https://data.cccnewyork.org/data/table/97/total-population#83/127/40/a/a>



# Health Disparities in our Communities

- There is a larger percentage of **low birth weight and preterm births** in the Bronx and Harlem than in New York City at large.
- The Bronx has the highest number of **Asthma related ER visits** by far. (Bronx 13 times greater than UWS, Harlem is 7.6 times greater than UWS)
- Lead poisoning continues to be a concern.
- Our communities rank among the **top 11 out of 32 school districts**, in which children have an **IEP**, (*Individual Educational Plan*), **indicating a learning disability**. [1-Mott Haven, 2-Central Harlem, 6- East Harlem, 8 - (Morissania, Crotona, Melrose), 11-WH, 20-UWS, 32-Brooklyn Hts]

Source: Citizens' Committee for Children of New York

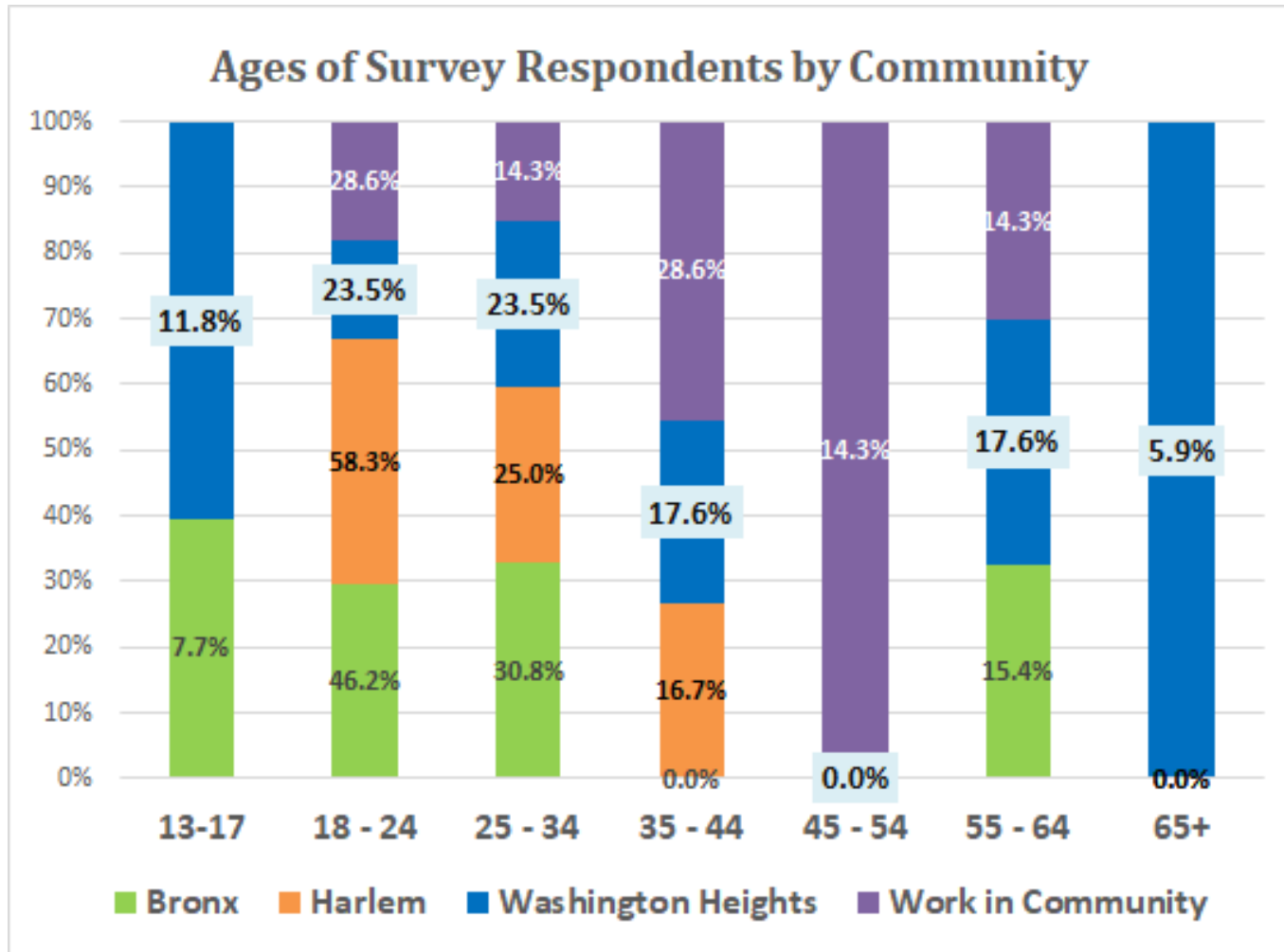


**Bronx, Washington Heights and Harlem  
CCCEH COTC Needs Assessment Survey Results  
Who took the survey?**

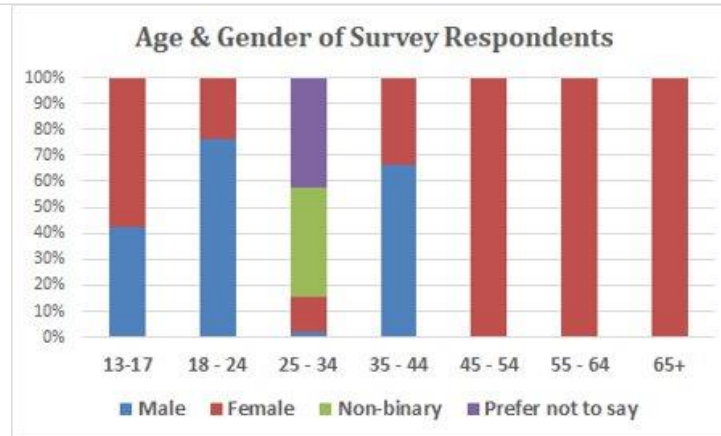
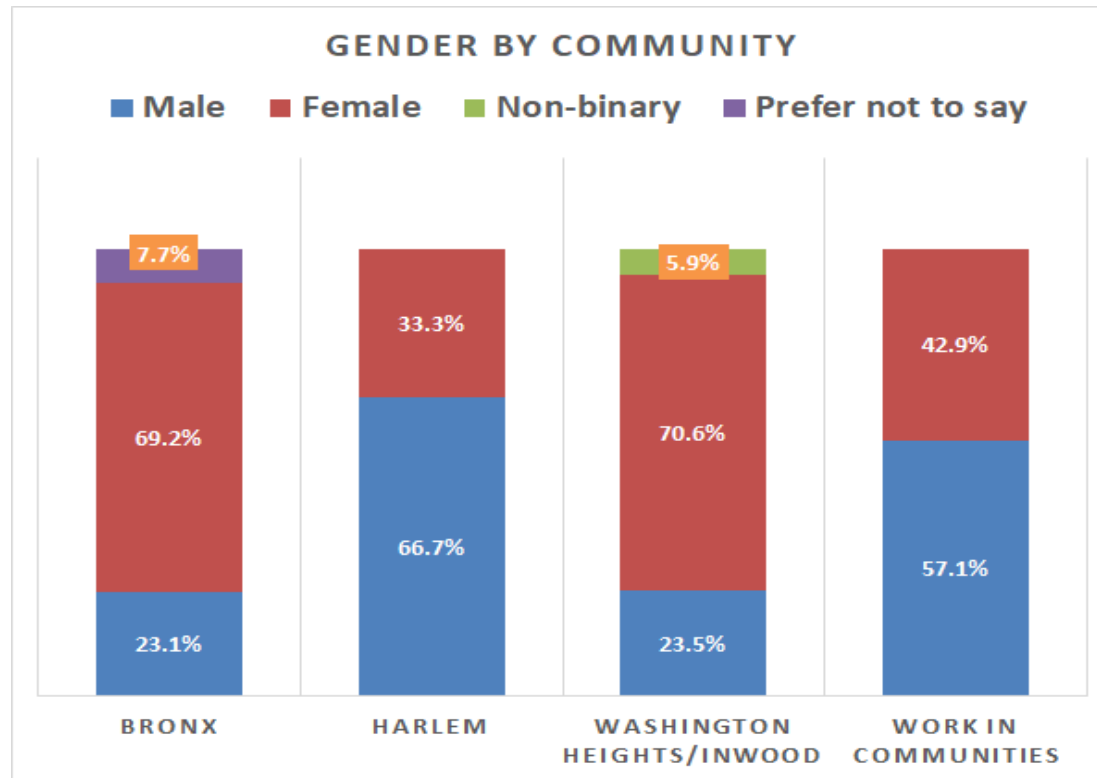


# Who took our survey?

Survey respondents hailed from all 3 communities WH (34%), Bronx (28%), Harlem (23%)

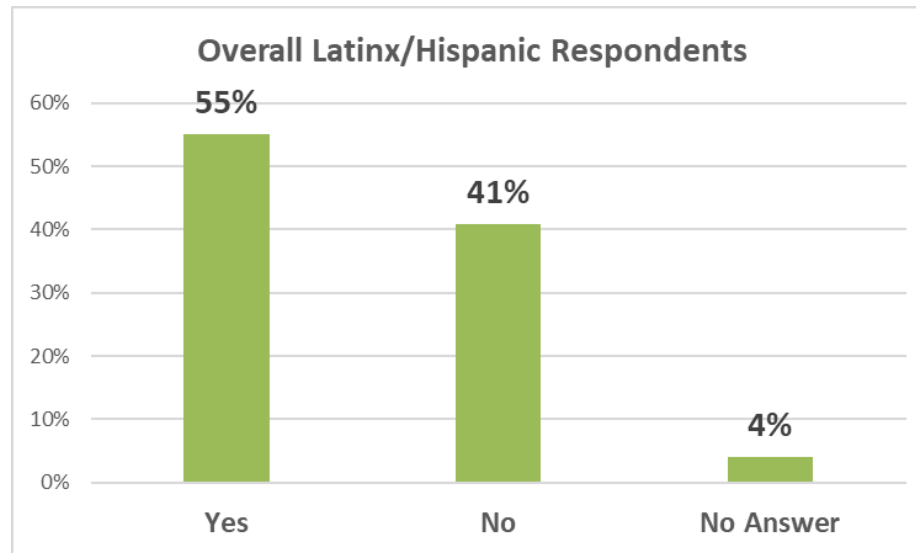
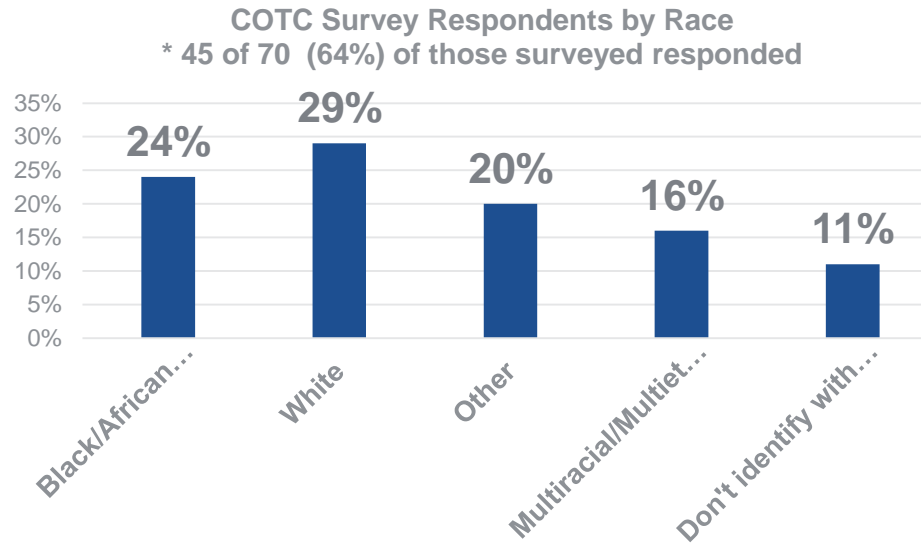


# Age & Gender by Community



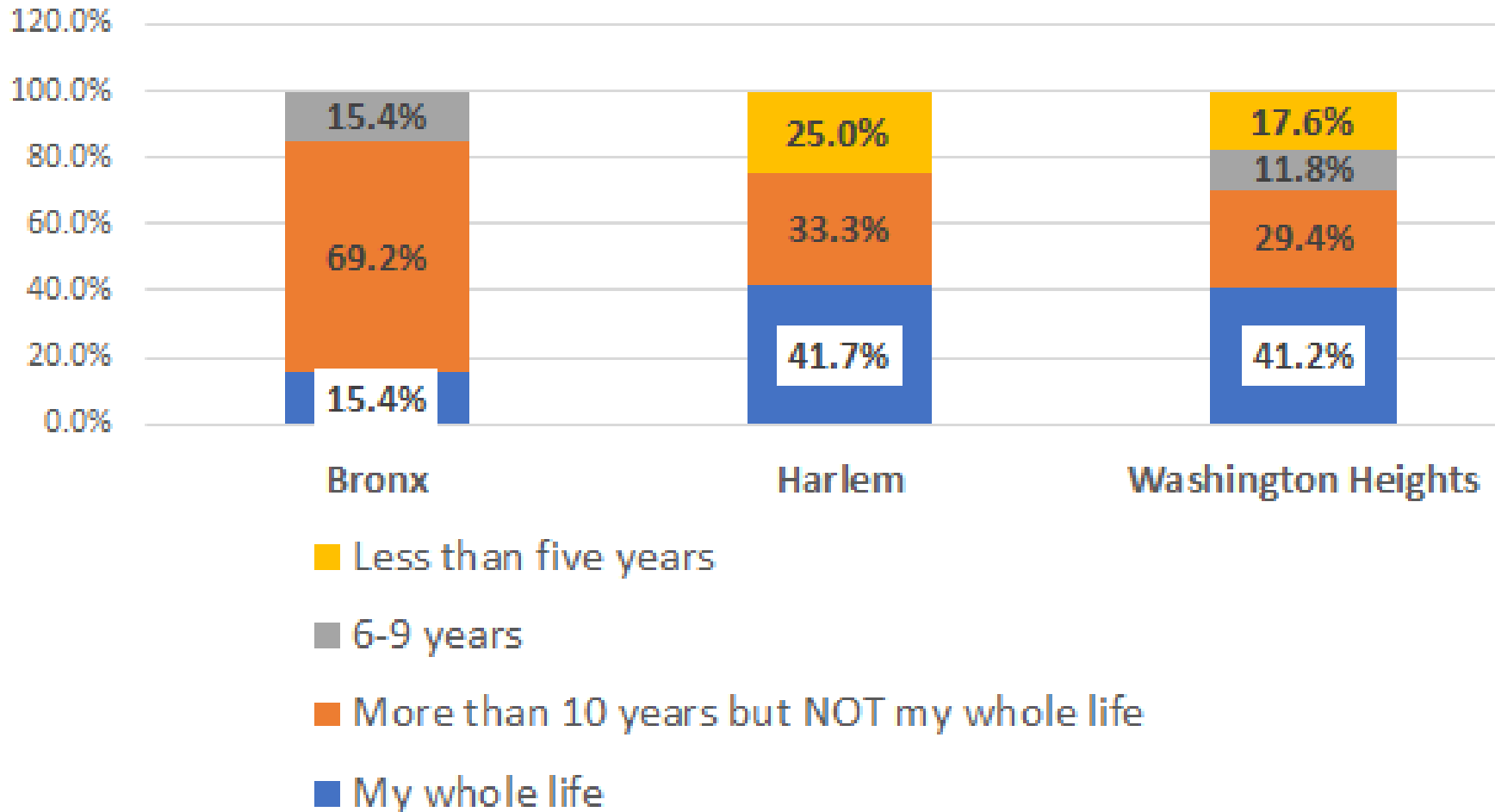


# Race/Ethnicity of Respondents



# How long have respondents lived in their community?

## Years Lived in Bronx, Harlem & Washington Heights



**Bronx, Washington Heights and Harlem  
CCCEH COTC Needs Assessment EHJ & CEH  
Survey & Focus Group Results**



*...to me it kind of means like there's- equity- like **environmental equity** if that makes sense like it- it means that **you're not taking advantage of a particular neighborhood** and dumping.... You know you're not building factories in a particular neighborhood because you know it's populated by predominantly poor people... it's about making sure that you're not taking advantage of a certain group of people or you know that you're **destroying their environment but preserving your own. This is about preserving all environments regardless of who lives there and what their socioeconomic status is.***



# What do you like most about your community?

## *The Power of Culture and Connection*

*A lot of the families are **first-generation immigrants**, that **realness and rawness of their culture ... provide perspectives that are different.***

***Unity**-my community comes together we celebrate. When someone passes, we come together and can address issues.*

*Love that there is so much **love, joy, culture, and flavor.***

*... there is a **generational connection... things and wisdom.***



# What do you like most about your community?

## *Sense of Community, (Pride) and Friendliness*

*... I have a second family, in my in my neighborhood in my community, and the people you know, the stores, people in stores know me, they always **call me the “Good Morning Lady”**, because I say good morning to everybody.*

*I am a South Bronx native **from the outside it’s seen as the borough that burned** and has the worst statistics when it comes to health and environmental indicators. **But I love that the people are resilient, creative, communal.** We take care of each other, advocate for each other, go toe-to-toe, heart-to-heart with the big giants to fight for what’s right for the community.*



# What do you like most about your community?

*Transportation access was also mentioned :*

*Love that you can be **10 min from urban grind, suburbia, and green spaces**; you can get a little bit of everything.*

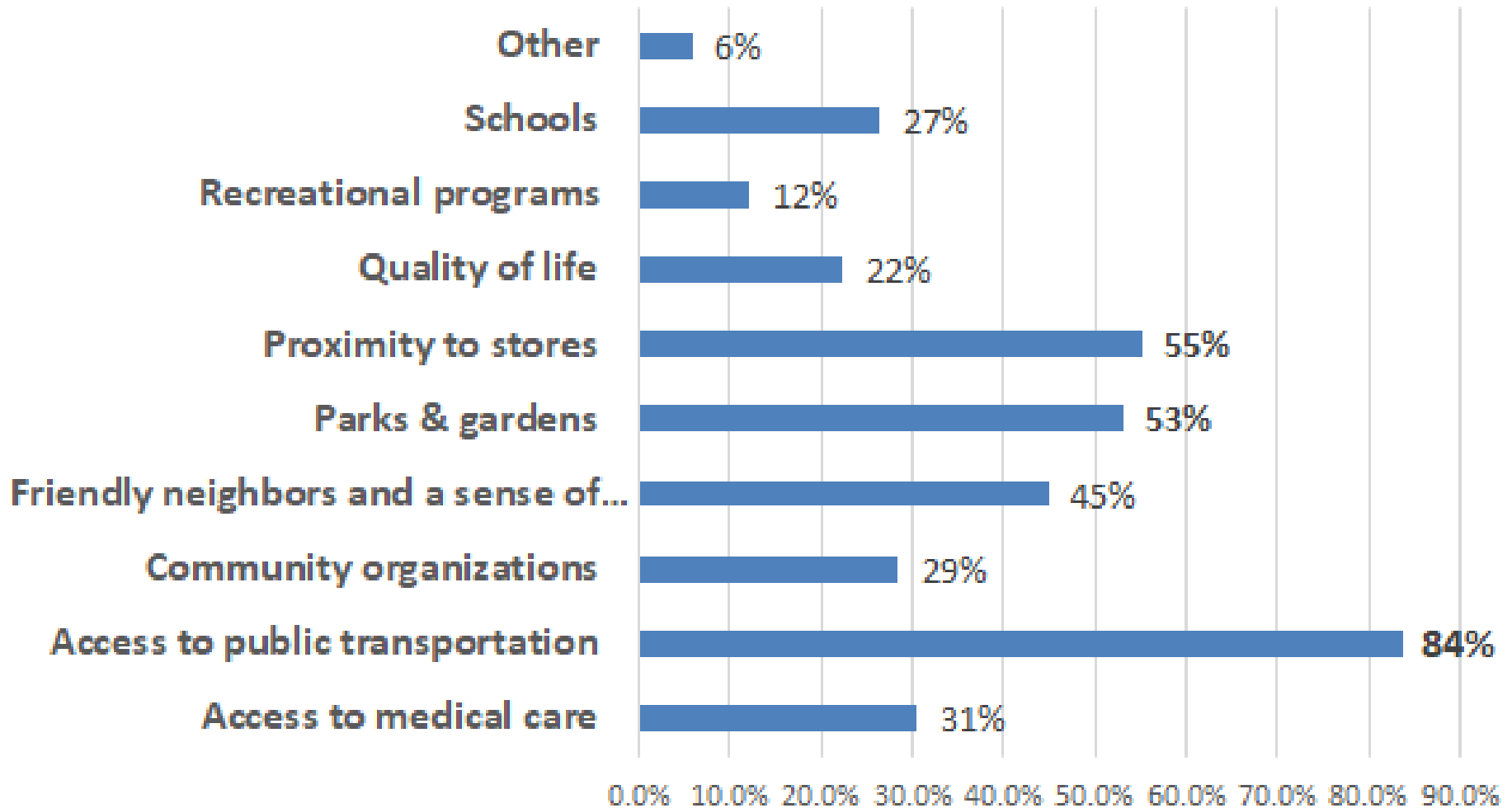
*I like my geographical location, the **transit, transit accessibility,***

*Actually, **transit access** for me, even though it's far. It is pretty **easy for me to get to Harlem on the train.***



# What do you like most about your neighborhood?

## What do you like most about your neighborhood?





# Air Quality a Concerning EHJ Issue

*...smog, air quality from building*

*A lot of truck-intensive businesses create **emissions and fumes** that heat up our environment. Urban communities and **communities of colors** are pointed as spaces where a **lot of heavy industry and EH Injustice** takes place.*

***Cardiovascular and respiratory conditions from air pollution. PM2.5, for example, increases mortality and morbidity rate of overall health conditions. Because we are heavily saturated with the highways, that has led to an increase in all of the health conditions.***



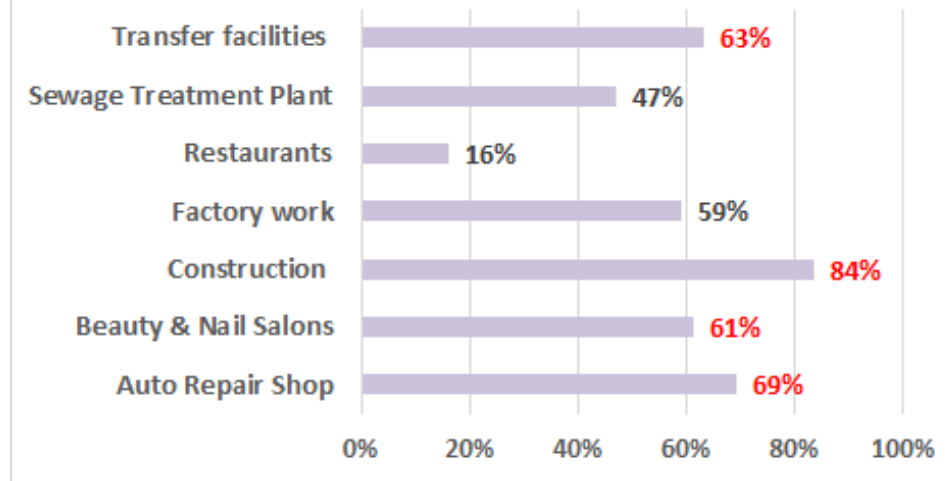
# Air Pollution and Construction-Concerning EHJ Issue

*cleaner construction and better waste disposal because one of my biggest fear is like air pollution.*

*like I think construction is a really big problem especially like where I live...like this new building ... like this luxury building with terrible smell because of oil -even when you close your windows you could still smell like a toxic smell.. and I think **definitely construction** is a big problem because if the construction is right outside of your house you can't really avoid inhaling...*

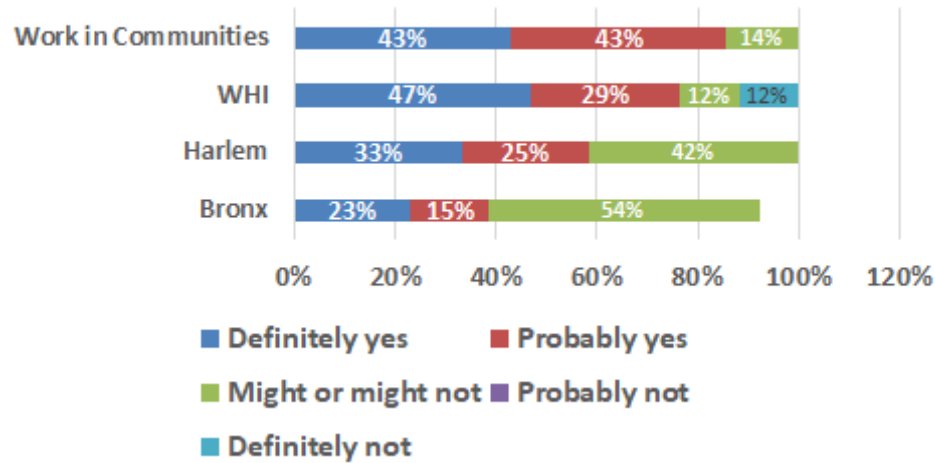


**Construction Main Industry Exposing Community to Toxins**

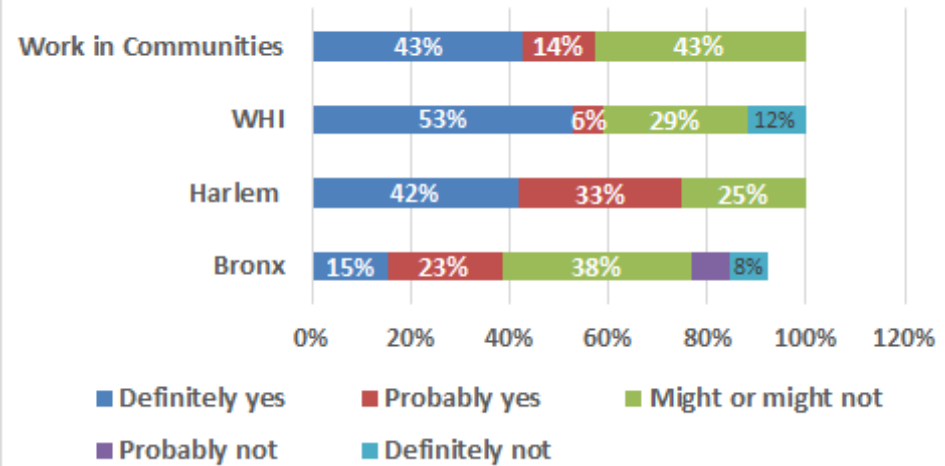


# Air Pollution - Low Birth Weight & Learning Disabilities

## Low Birth Weight Linked to Air Pollution

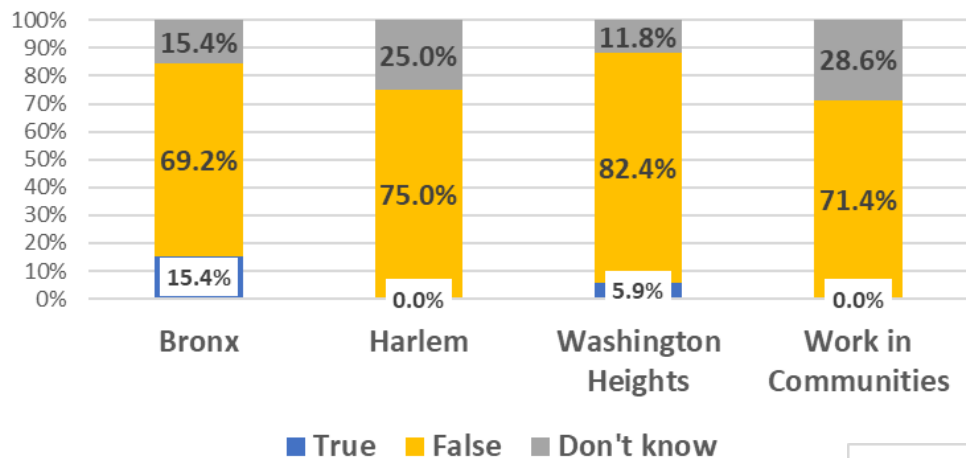


## Learning Disabilities Linked to Air Pollution

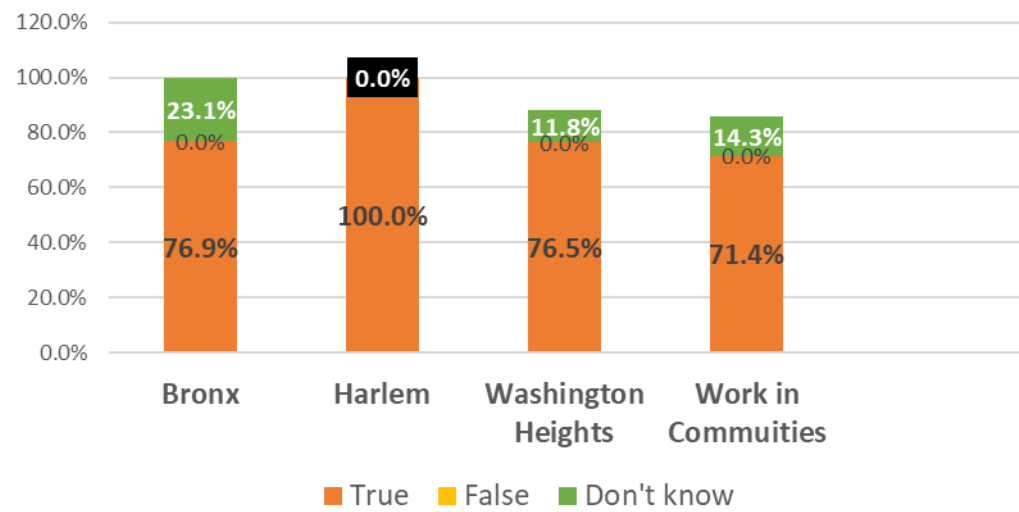


# Clearly knowledgeable of health effects due Lead, BPA, Pesticides, Flame Retardants

## Microwaving Food in Plastic (BPA) Containers is Ok by Community



## Lead Causes Developmental Delays





# Despite knowledge of harmful health effect lead poisoning is still a concern in NYC homes and schools

*We can throw in **lead-based poisoning**. Buildings are very old, slumlords that **don't take care of the property the way it should be taken care of**. Physical health like **toxicity from heavy metals**, a **3-fold rate of autism** because of the living environment.*

***Lead in water** in most elementary schools. The **DOE** have tried to **hush it up**, when exposed, we found that many of our kids have been drinking **lead-based water** and feeling the effects, seeing the cognitive*

***Lead paint, heavy metal toxicities...** We've had studies over and over again in our environment*





Photo: Stephen Wang



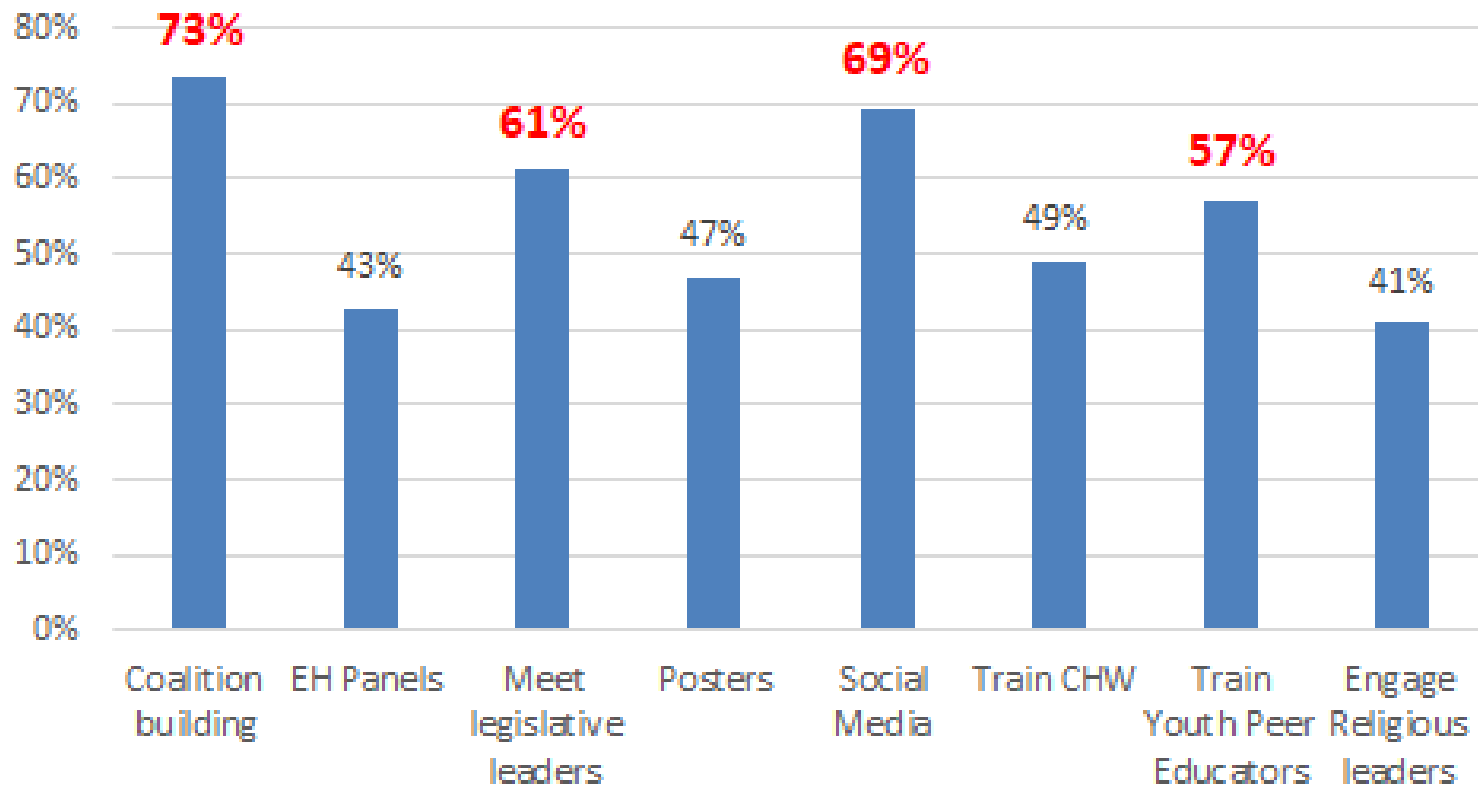
Photo: Richard Harbus

**Bronx, Washington Heights and Harlem  
CCCEH COTC Needs Assessment Survey & Focus Group:  
Strategies to increase information & action to protect children's  
environmental health**



# Best Strategies to increase CEH Information & Communication Dissemination

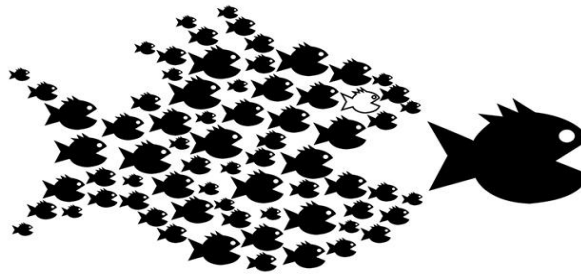
## Summary-Best Strategies to increase EHJ Communication & Information Access



# Best Strategies to increase CEH Information & Communication Dissemination

## Engaging political will to bring about the needed change - organizing

- *visiting elected officials*



- *sometimes neighbors blame each other for issues instead of looking at things in a more systemic way. That's why community organizers want to reshape that thinking*
- *I don't know that our people don't know (the EHJ issues) that. We are a heavily-researched area. **It's a matter of making the political will, having the accountability and necessary advocacy to implement policies that will make sure that all the information we have will be implemented to make an impact.** Knock on any of my neighbor's door and **they can tell you how their environment is affected.** What is the government doing? What is the city/federal doing so that our politicians will advocate?*



# Best Strategies to Increase CEH Information & Communication Dissemination

## Simplifying Messages and Participation

- *Not have it be confusing make it clear - easy to understand*
- *Simplifying things... families have bigger priorities than this. “here’s an easy to way to recycle”... show them the location, this is something you can do with your kids. Simplify it in a way that they can digest it. (it becomes doable)*

## Youth involvement- School-based programs and Participation in EHJ groups

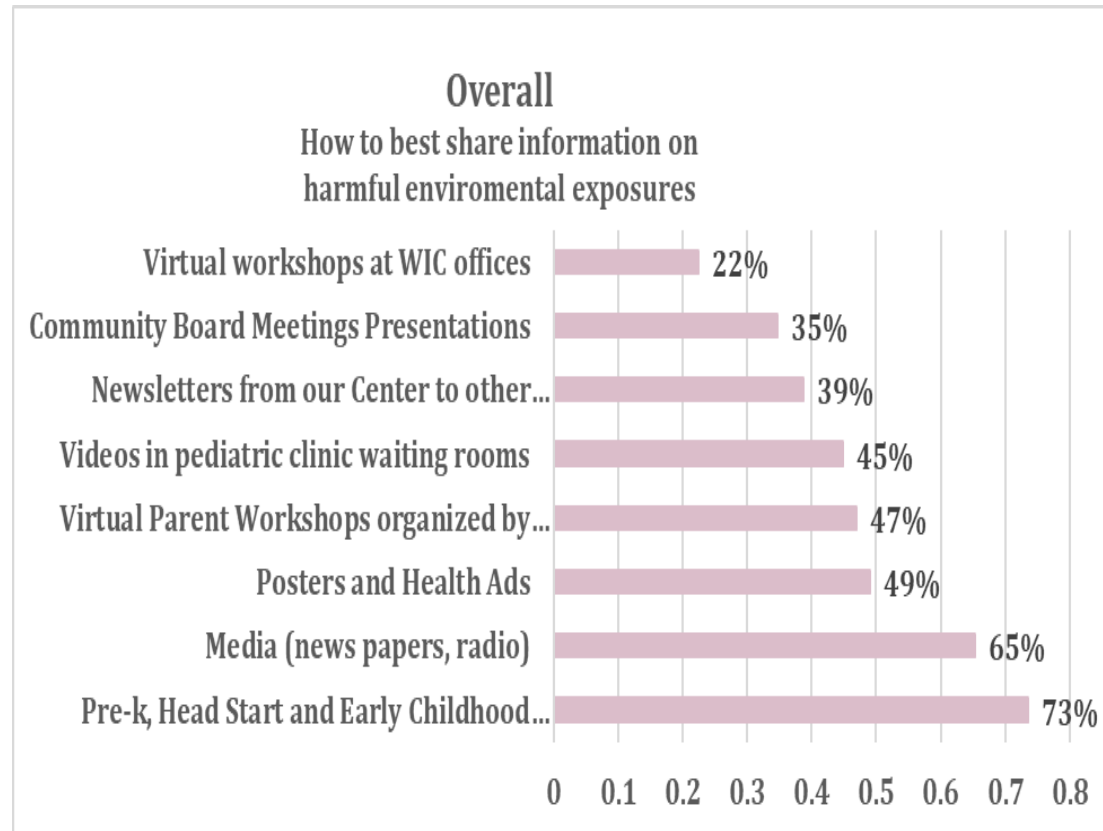
- *Why not have EHJ implemented in the school curriculum? A project that a certain grade has to do? That has to go through the DOE and they have to buy in that this is a significant issue in the communities... we can pitch it to them, this is something Columbia has the influence to do.*
- *Action and join a youth groups to bring more awareness.*
- *Talk to schools and students what EHJ means... A lot of the situations are normalized as “it is the way it is.” Families and children are normalizing their situations and feel powerless.*

# Best Strategies to Increase CEHJ Information & Communication Dissemination

## EHJ Capacity building by Initiating community-based interventions and programs.

*If Columbia has a thing where we can do programming or have people come in to plant things, connect with the tenant associations, and how schools can create programming or plant trees, etc.*

*Pipeline programs--what is the community benefit.  
Scholarships for people in urban environments to learn botany, EHJ, etc*

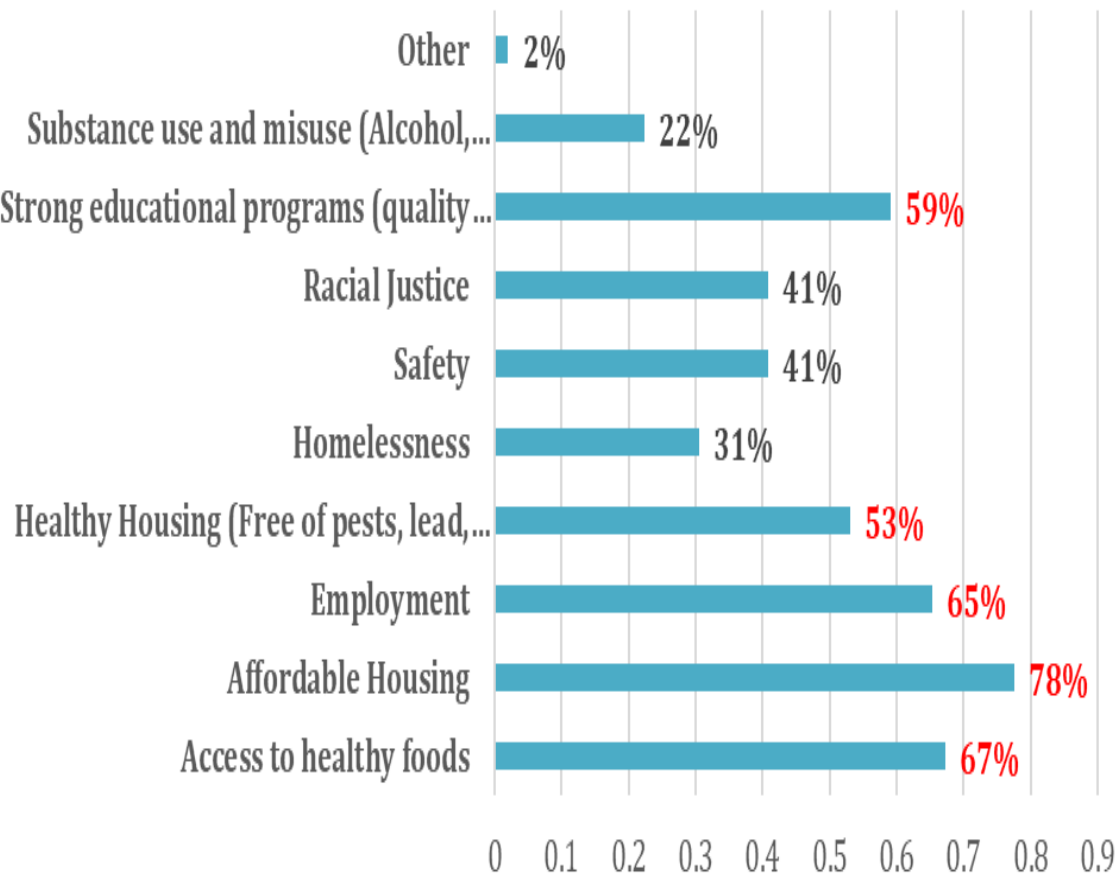


**Bronx, Washington Heights and Harlem  
Most Pressing Community Needs  
Survey & Focus Group Results**



# Housing Most Pressing Issue in all Communities

## Most Pressing Needs



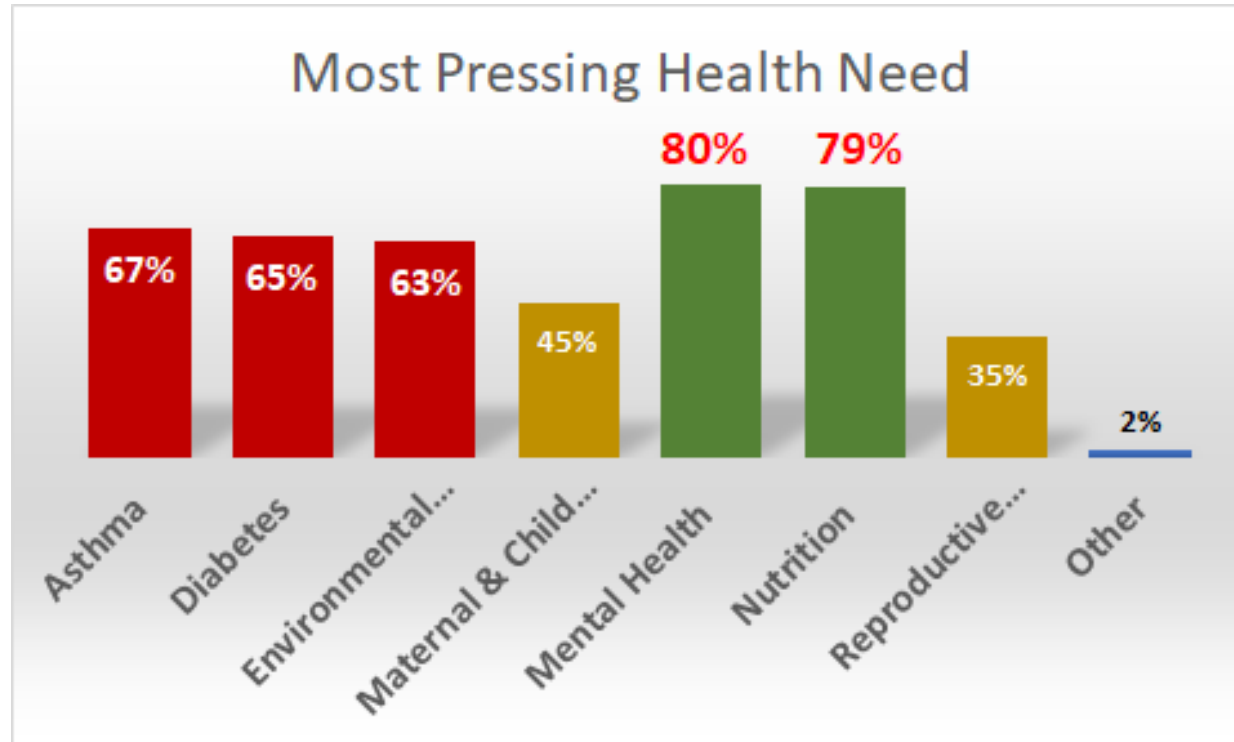
*Affordable Housing is defined as financially attainable, safe and in good repair.*

*"The development of unaffordable, low-income units makes housing financially inaccessible preventing "in-community mobility..." (Source-NYC Planning Statements, CB Reports)*

*...discouraging tenants to complain about need for repairs, poor quality and lack of basic needs like functioning heating...*

*(In NYCHA housing)... because of the (broken) elevators, people are dying, trying to make their dialysis appointment...,*

# Mental Health Most Pressing Health Need



- *We haven't even talked about the mental health effects on residents. As a therapist, I have a growing concern that communities retain so much heat during the summer...and its effects on mental health.*
- *As climate change continues, we will see more extreme heat in our community were being treated from depression/anxiety that stemmed from an environment and things they couldn't change*
- *Covid is taking a huge toll. There are more mental health issues...*

# Most Pressing Safety Issues

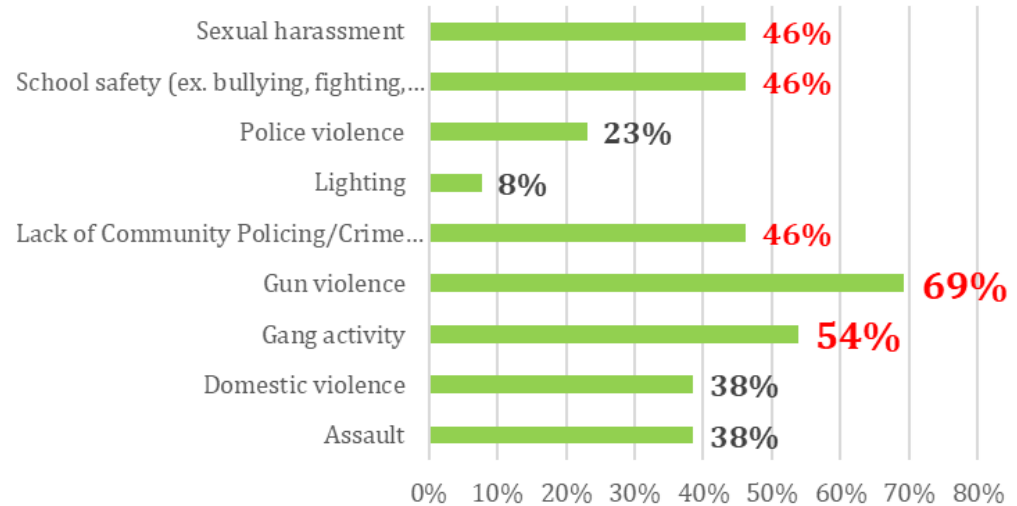
## Assault as a safety issue

*Gun violence- someone next to my building got shot.*

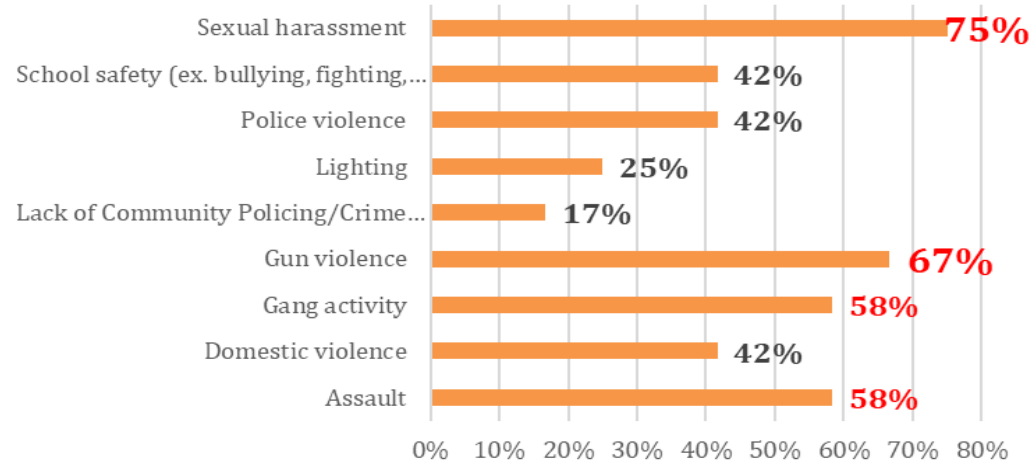
*Security and elevators, building security and elevators.*

*Making others, especially women feel safer, walking in their community. There are abductions- women are just taken on the spot.*

## Bronx Pressing Safety Issues

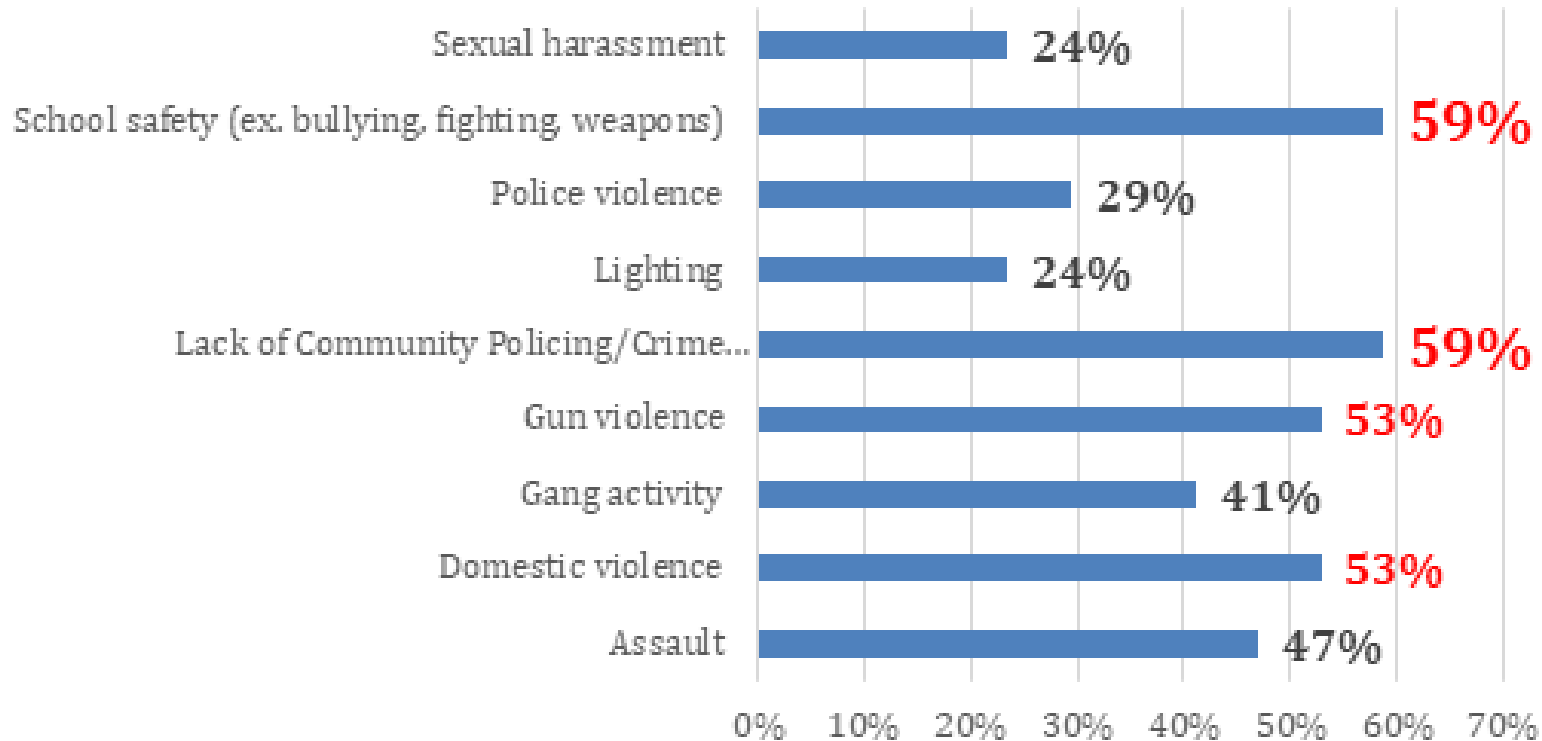


## Harlem - Pressing Safety Issues



# Most Pressing Safety Issues

## WHI-Pressing Safety Issues



# Magic Wand – Two things you could change/make happen

## Community Initiatives Underway

*Our coalition has been fighting for the **waterfront in the Bronx**. We have been fighting for access so that community can develop economically and businesses along the waterfront. Introduce people to green space and water activity.*

***Green corridor.** Presented to the community board and they were excited. First phase is open a plaza right in front of the school hopefully that puts everything in motion and hopefully close the whole street.*

*The need to access digital media with **NYCHA residents** on a resident council level, so that we can become more aware of environmental climate and public housing issues, and learning the legislative process, as well as advocating for ourselves.*



# Magic Wand – Two things you could change/make happen

## End Covid-19 pandemic and the digital divide (accessible internet and electronic devices for education)

- *...just going back to the internet point, a lot of folks do not have internet access. And so I think my wanda, I would love to waive it and give free Wi Fi to everyone.*
- *well with this wand I would do away with COVID... I wish I could make it better*
- *it took you know COVID for children to get access to Chromebooks and computers and stuff. But I would wave my wand for them to be able to keep it ...Right now our kids have access to the internet*

# THANK YOU!

# Resources

<https://data.cccnewyork.org/>

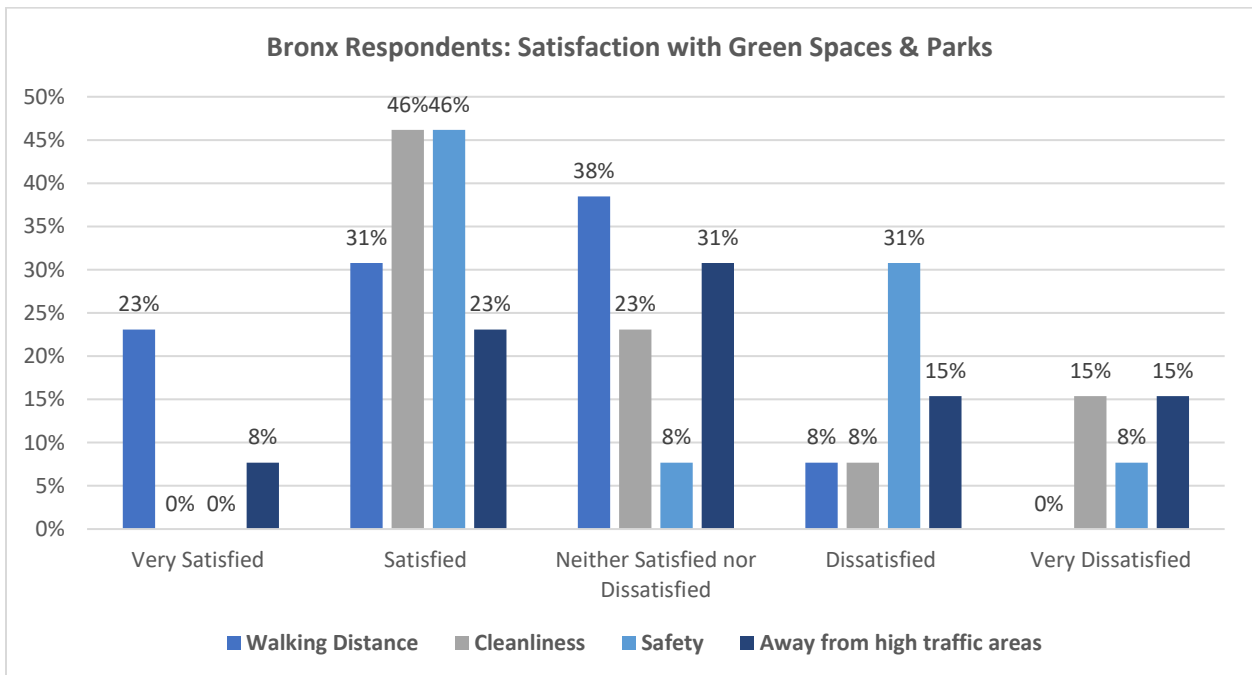
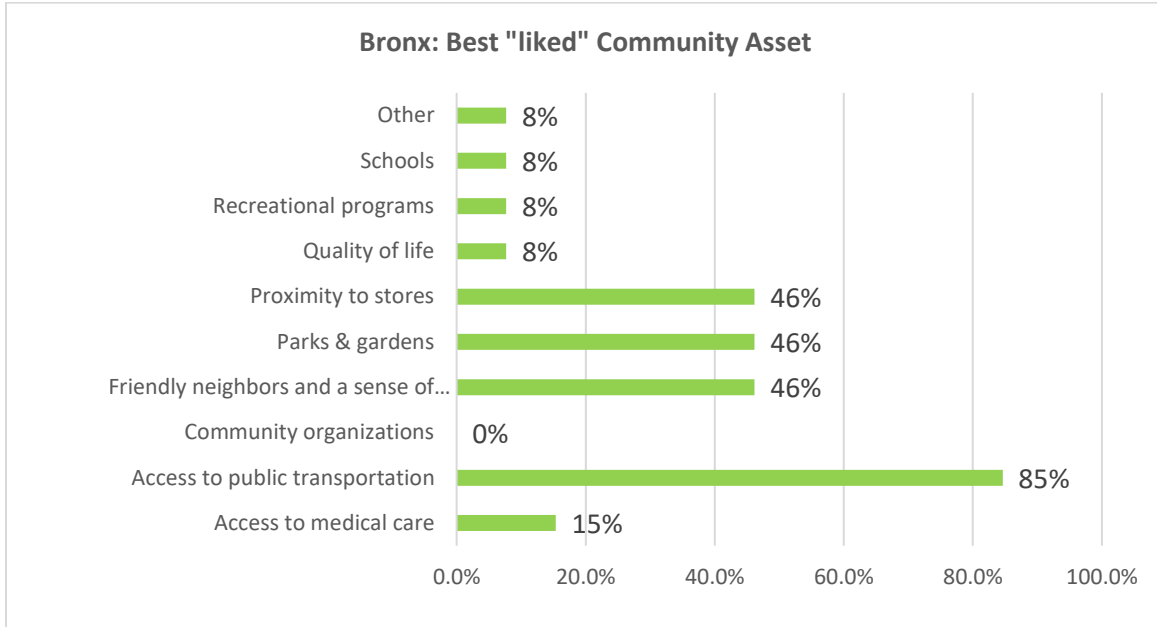
<https://nypost.com/2020/09/13/de-blasio-downplayed-dire-extent-of-nycha-lead-poisoning-issue/>

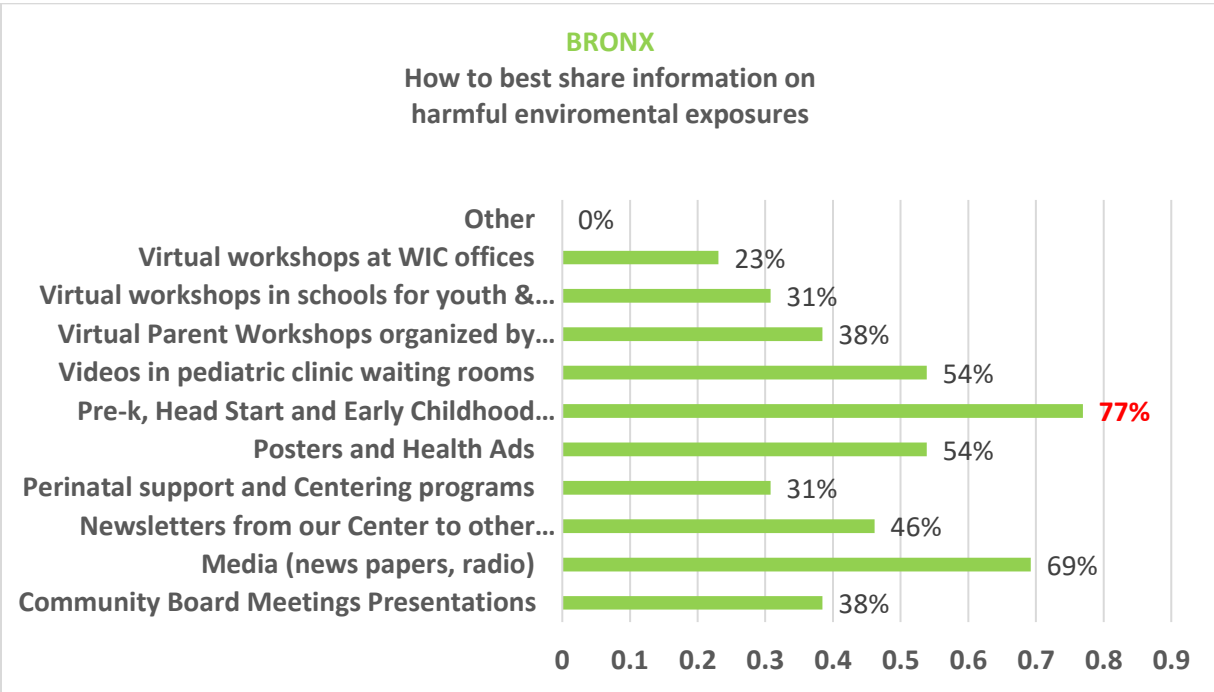
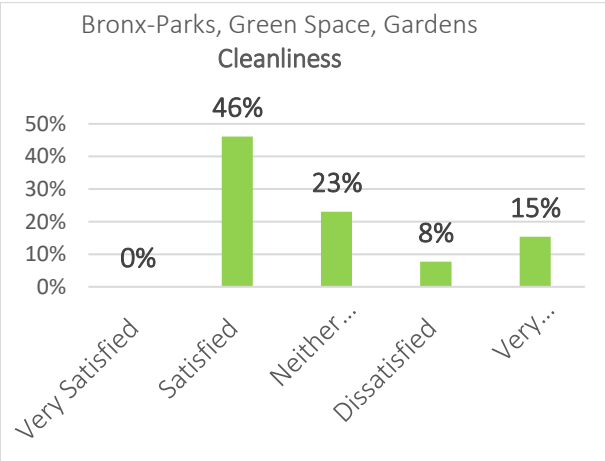
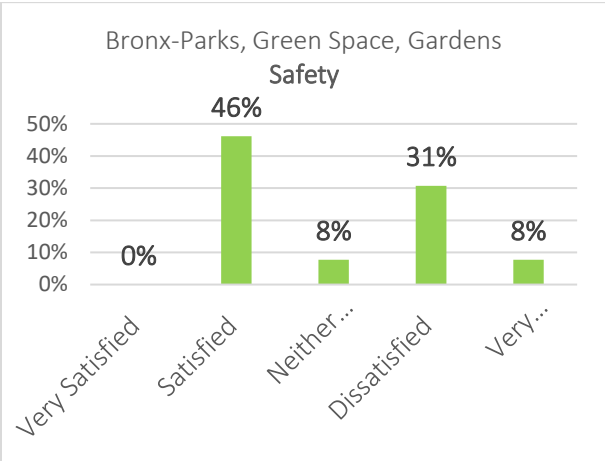
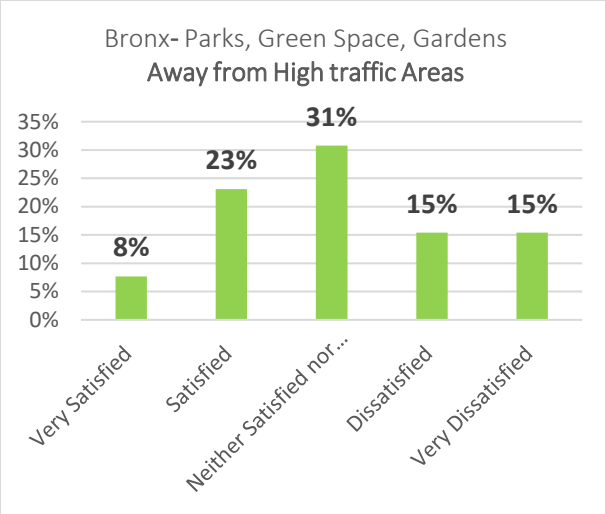
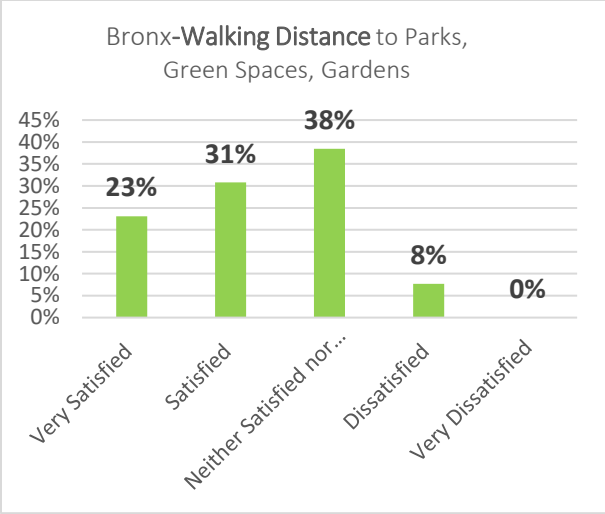
<https://gothamist.com/news/city-quietly-triples-estimate-nycha-apartments-lead-risk-children>

<https://www.nrdc.org/experts/joan-leary-matthews/still-high-levels-lead-drinking-water-nyc-schools>

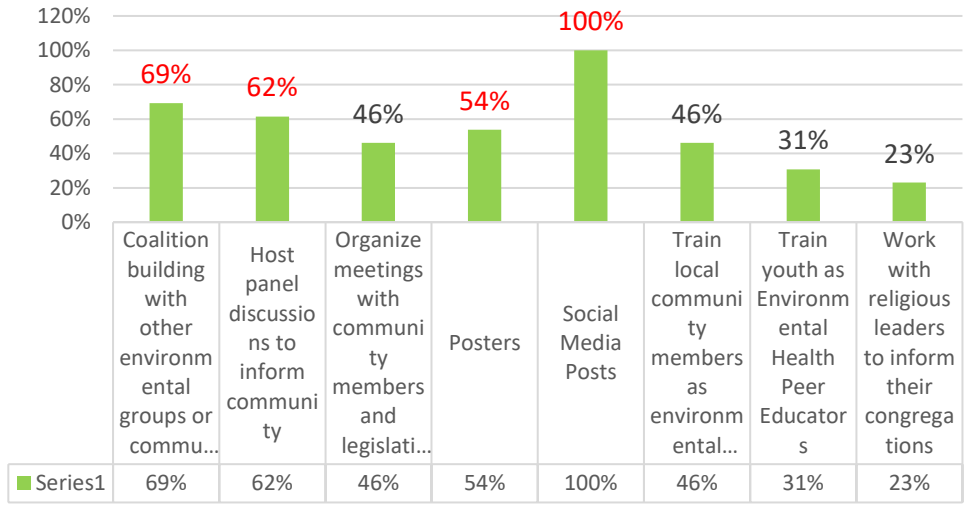


# Bronx Respondents: CCCEH COTC EHI Community Needs Assessment Survey Analysis Tables 2021

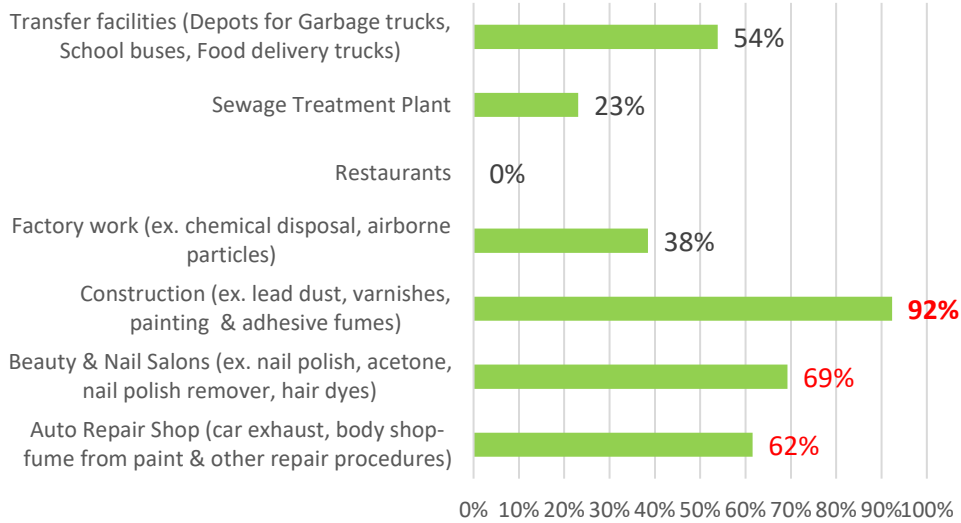


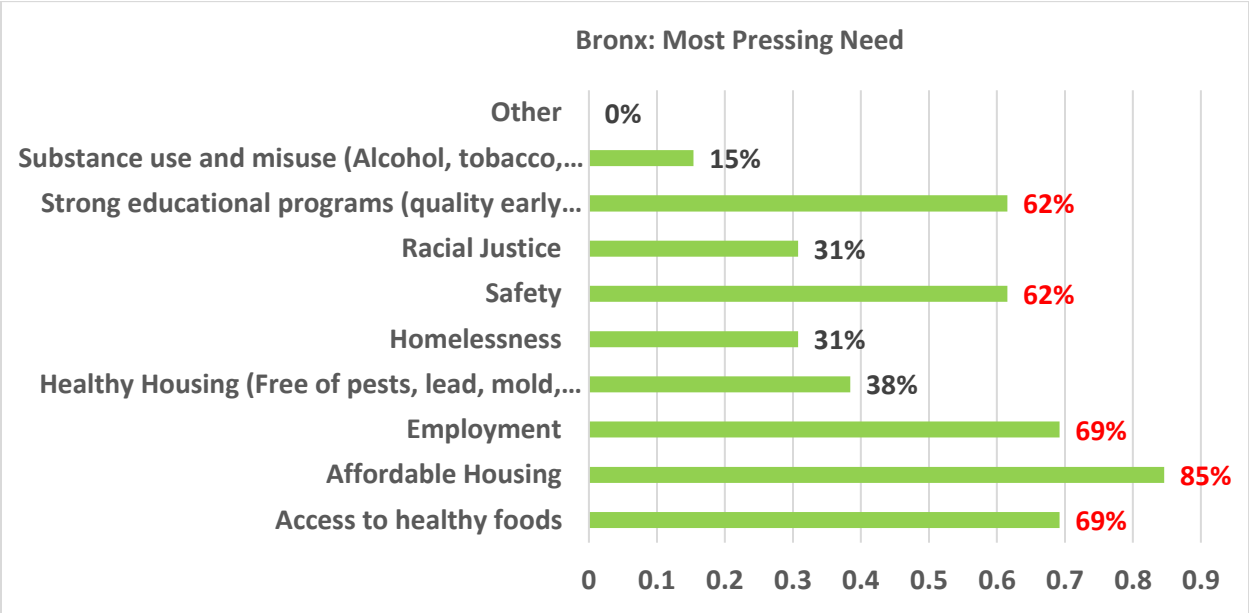
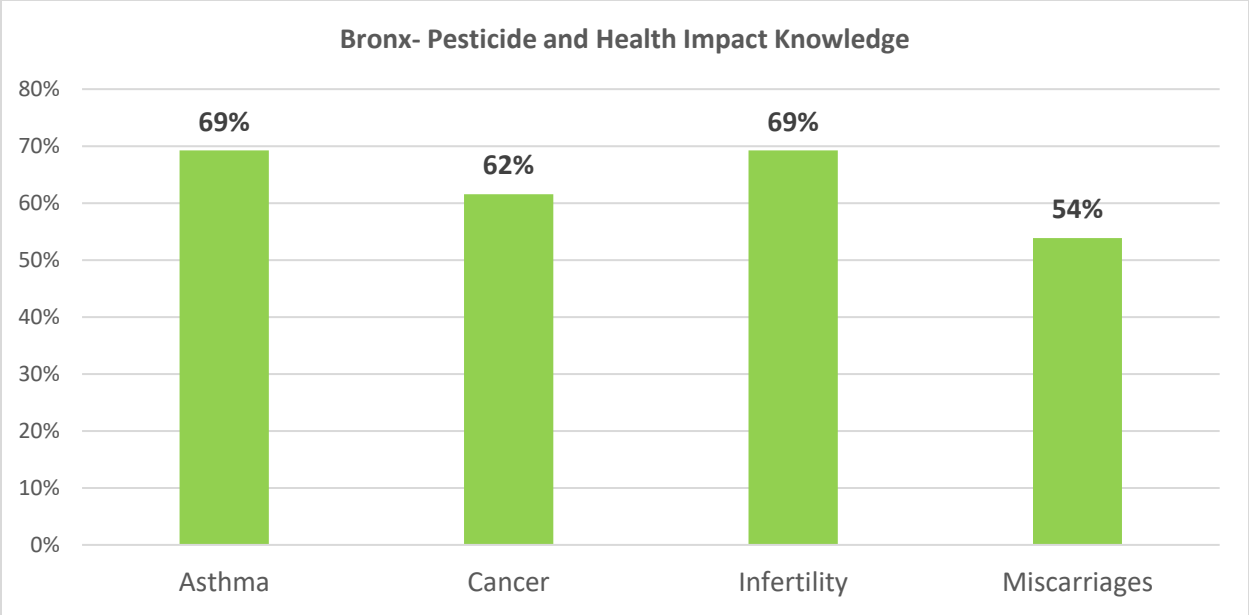


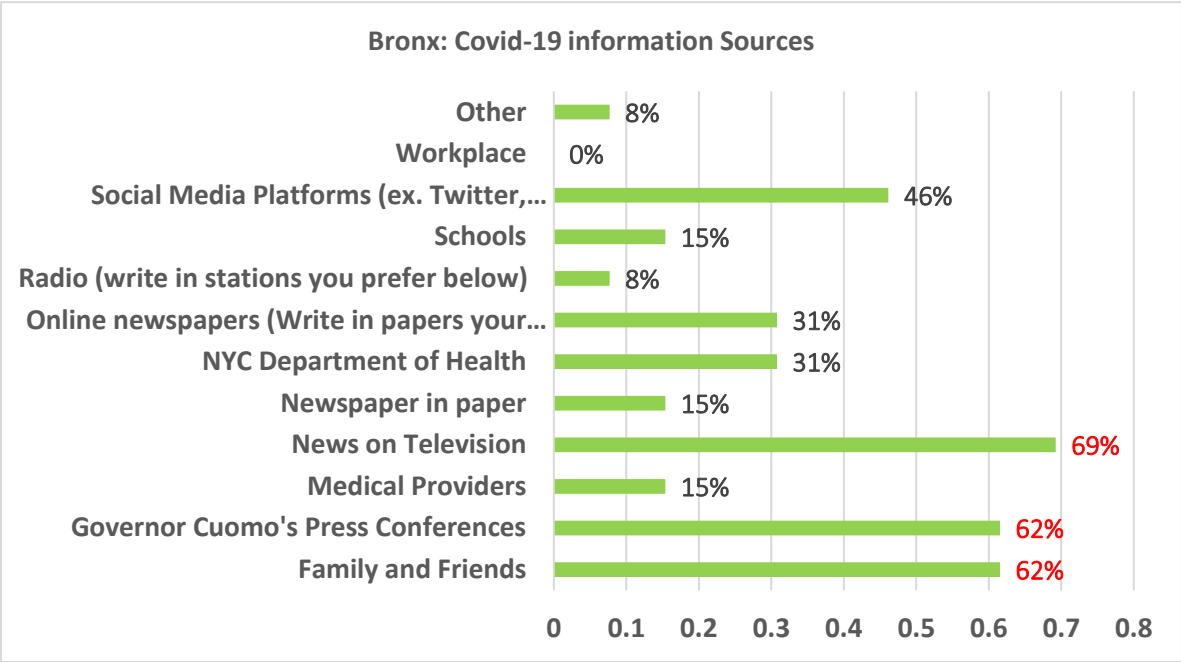
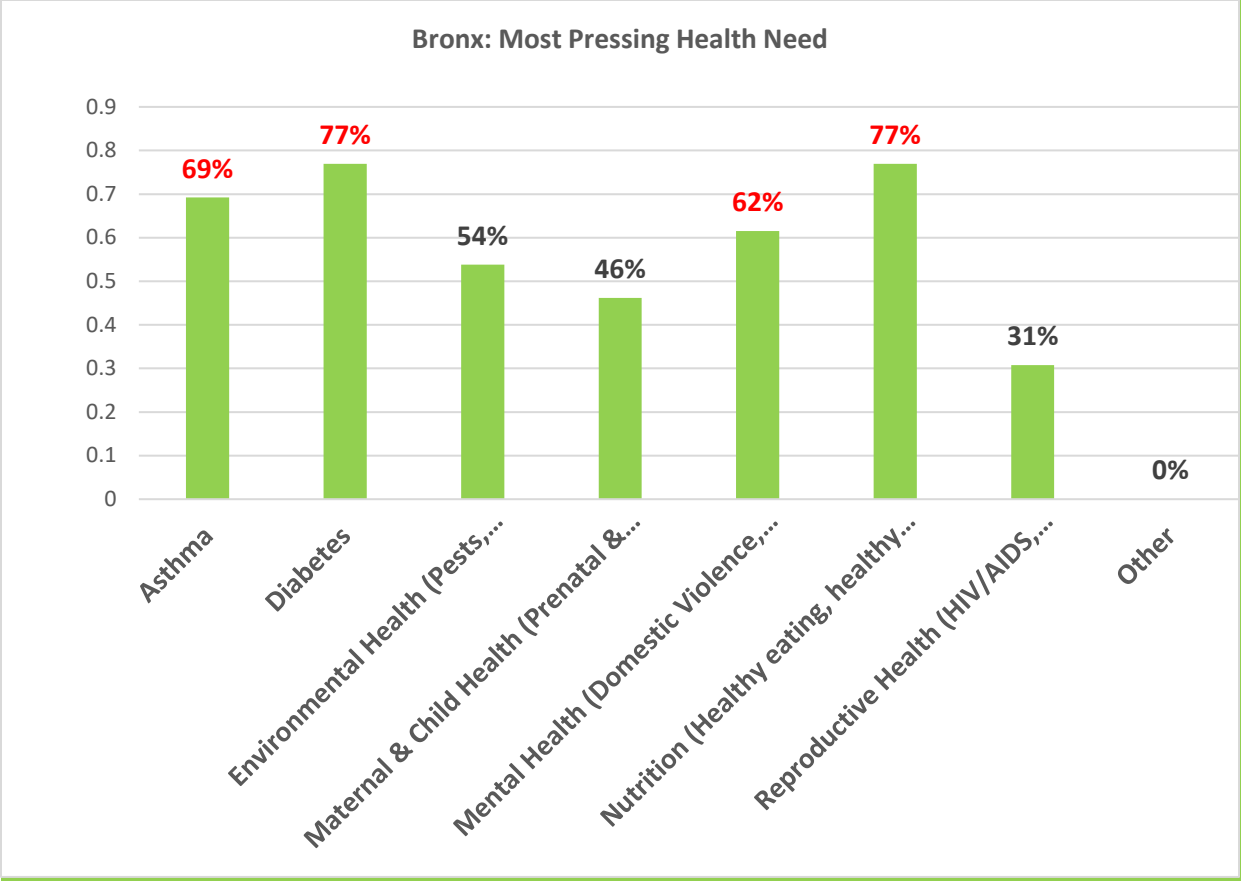
### BRONX-Best Strategies to increase EHJ Communication & Information Access



### Bronx: Industries & exposure to environmental toxins

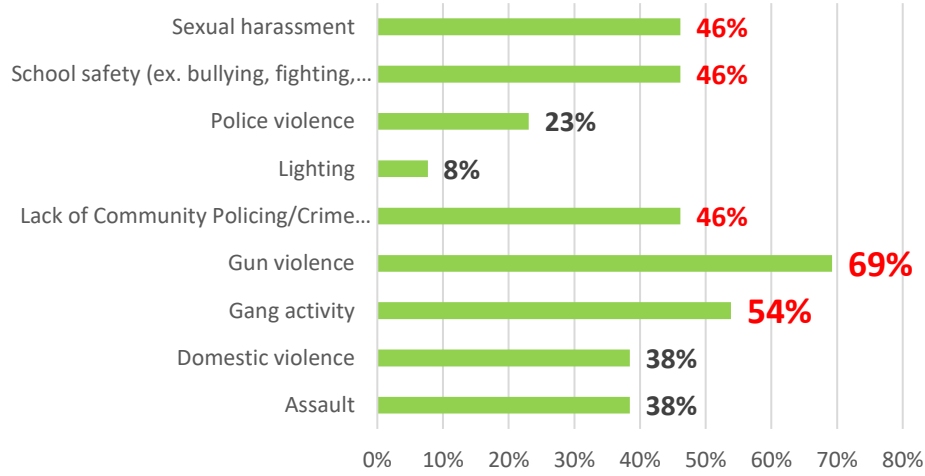




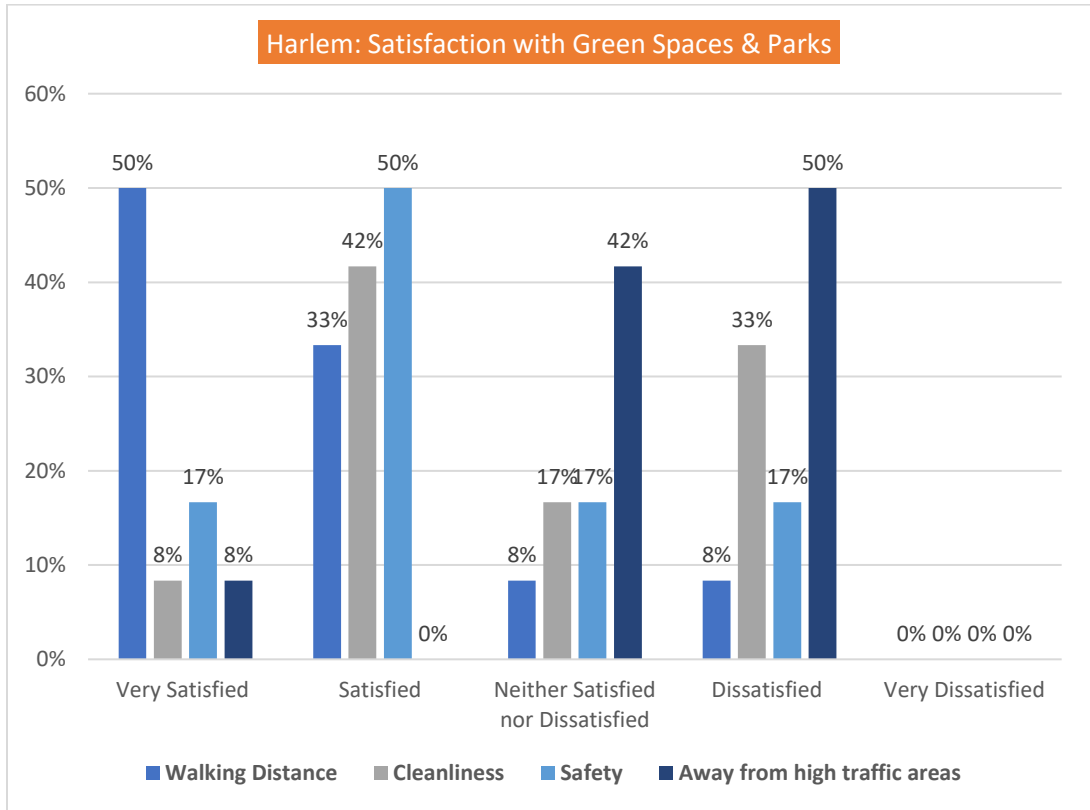
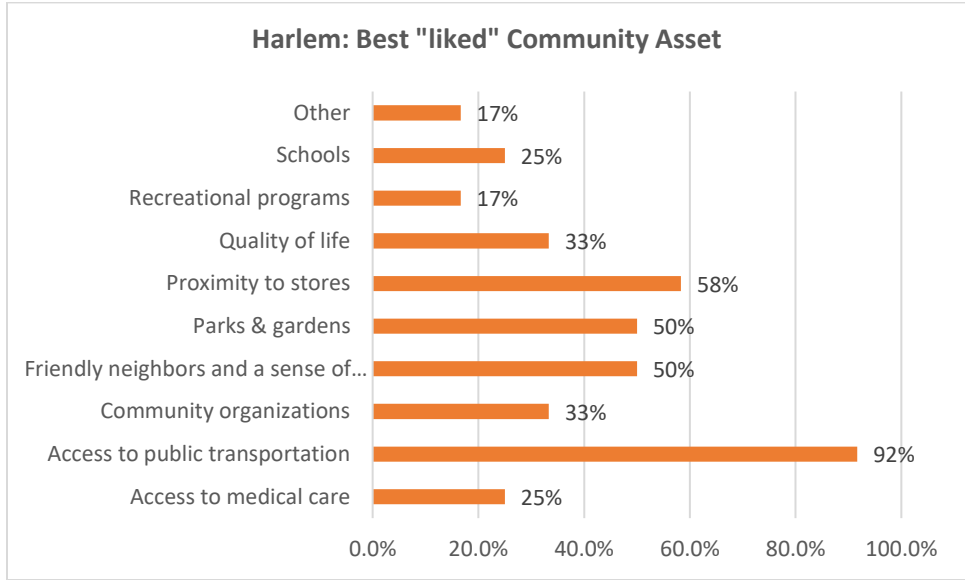


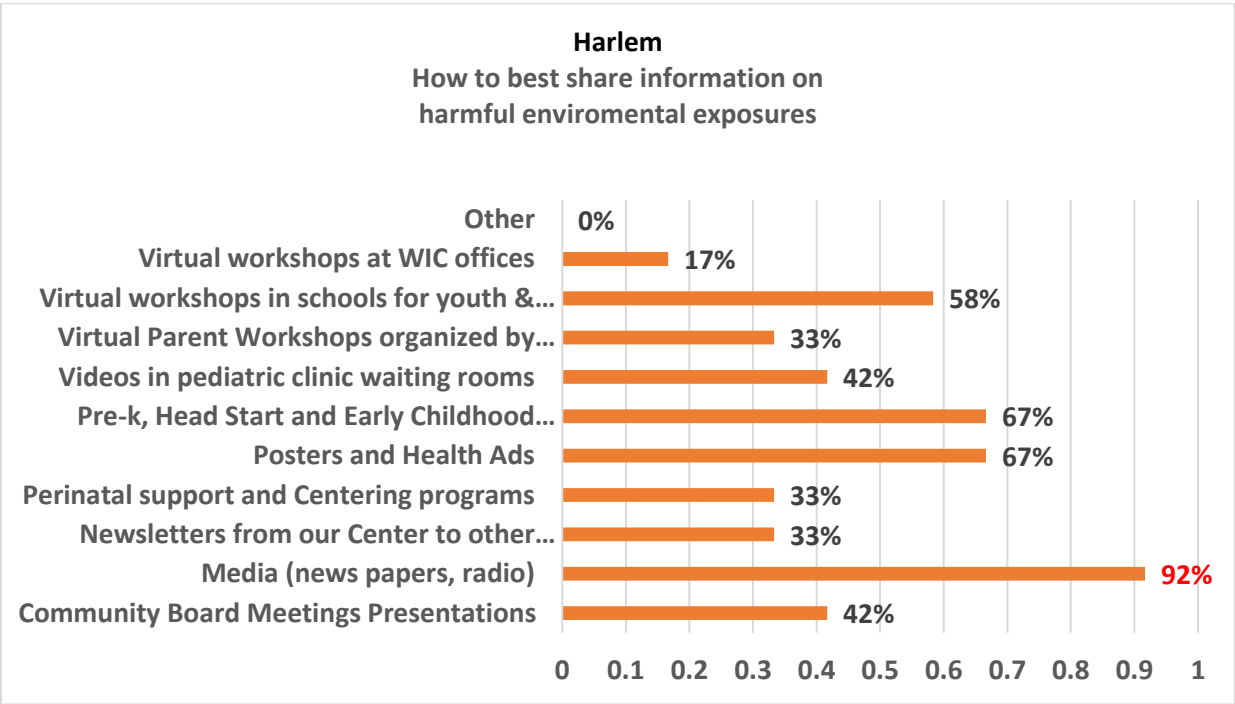
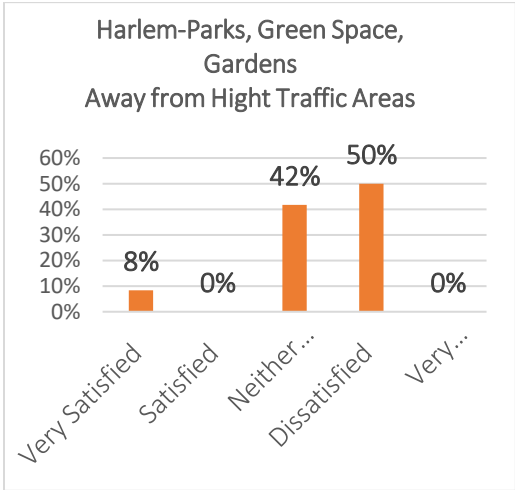
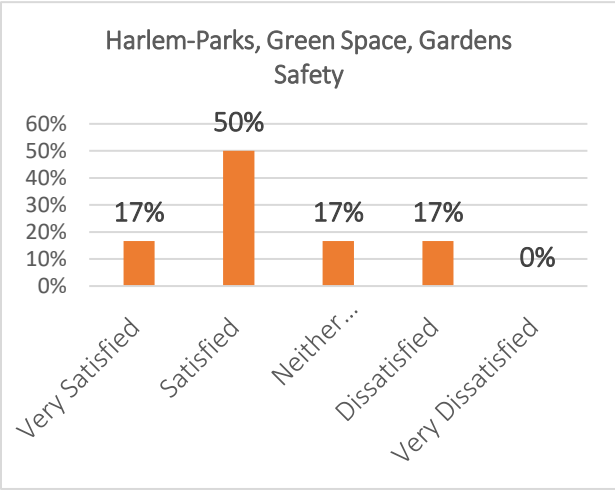
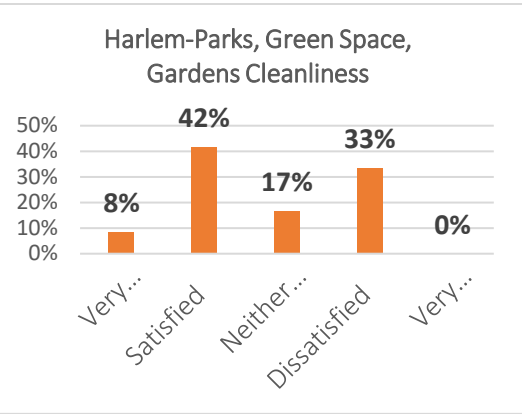
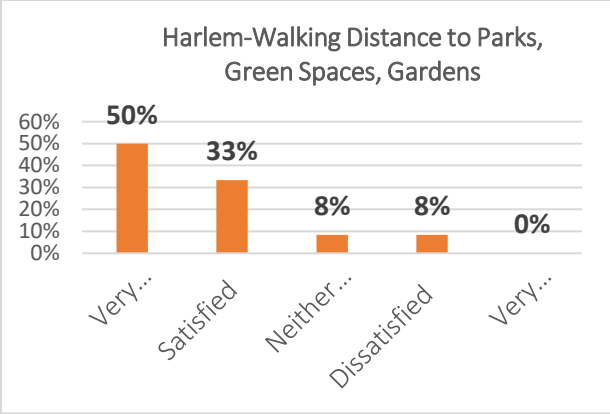


### Bronx Pressing Safety Issues

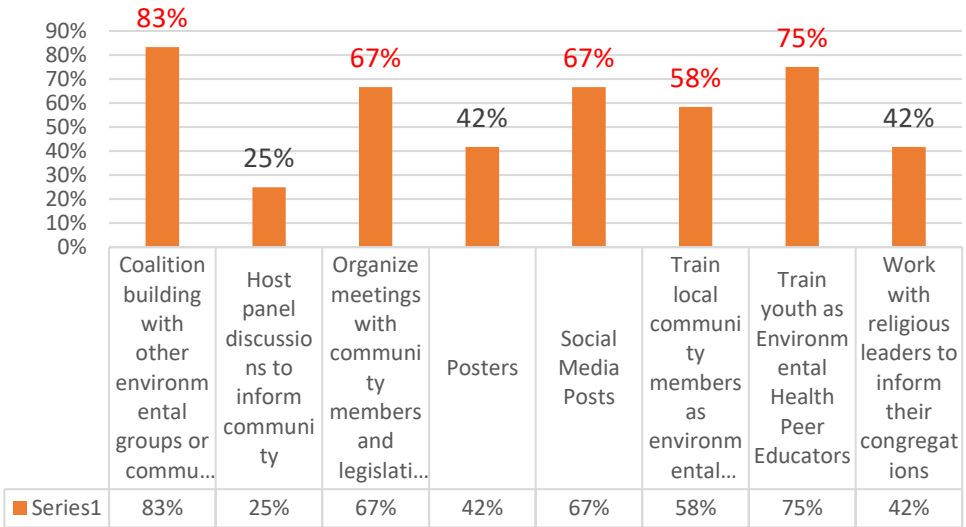


# Harlem Respondents: CCCEH COTC EHJ Community Needs Assessment Survey Analysis Tables 2021

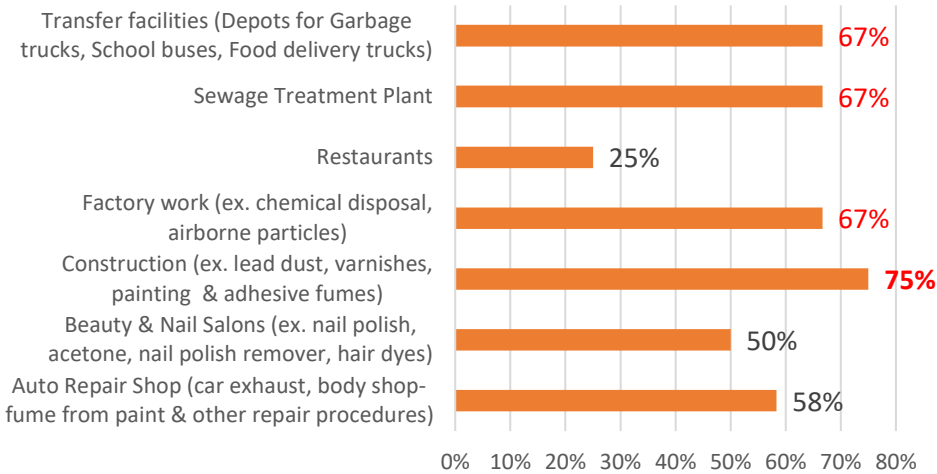


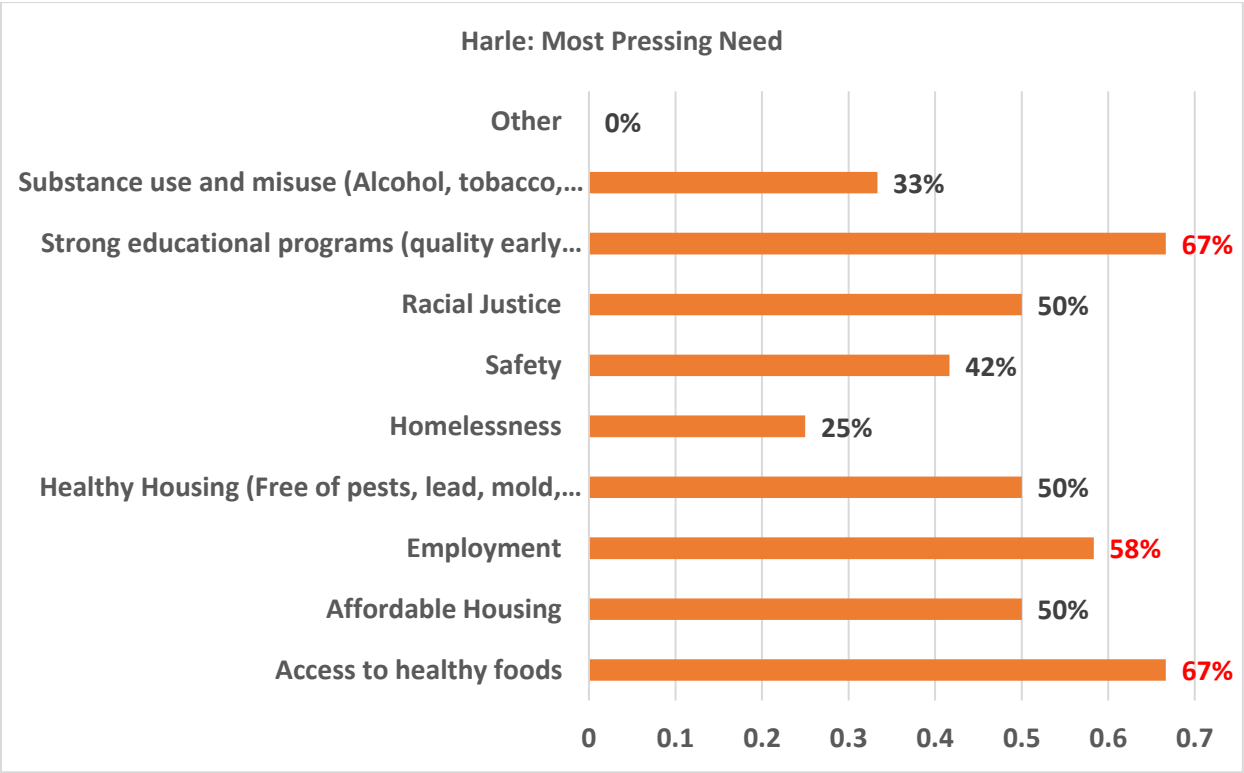
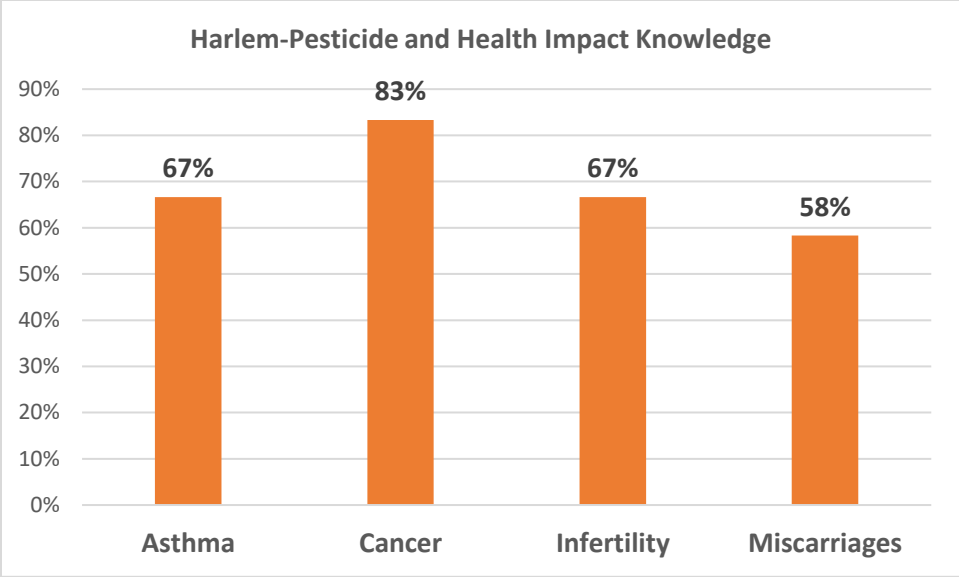


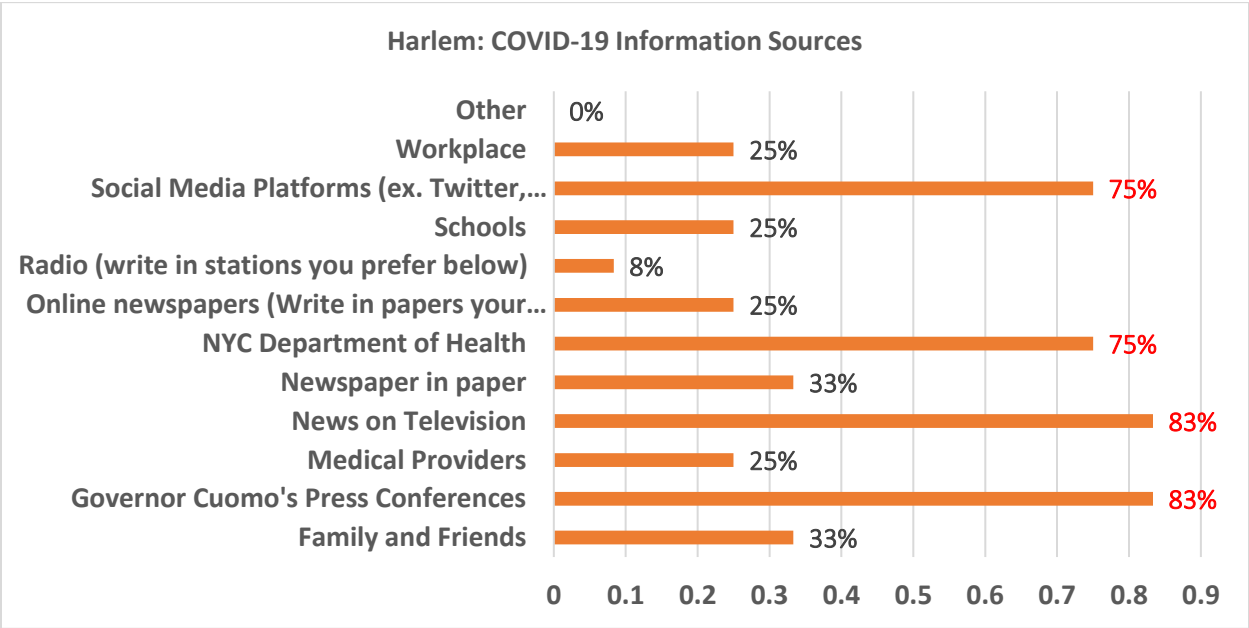
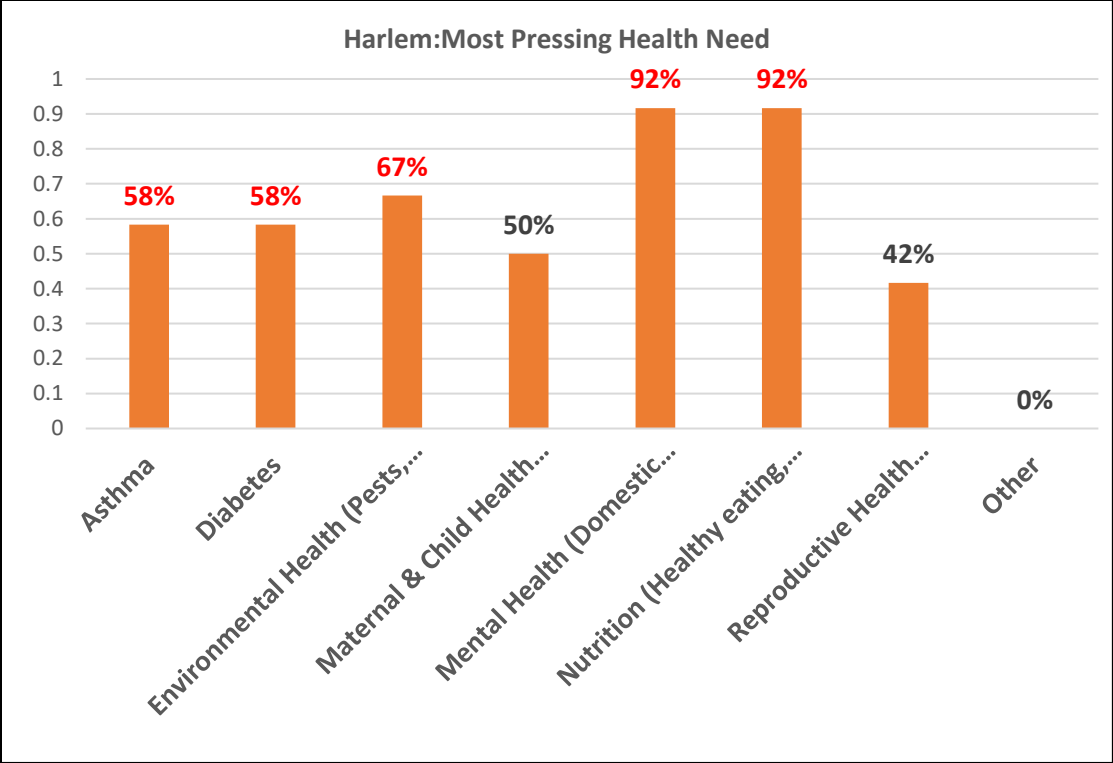
### HARLEM-Best Strategies to increase EHI Communication & Information Access



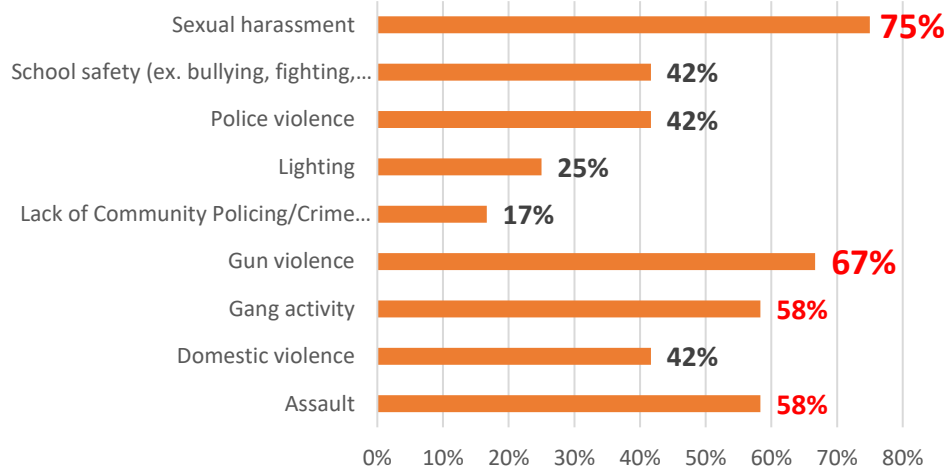
### Harlem: Industries & exposure to environmental toxins



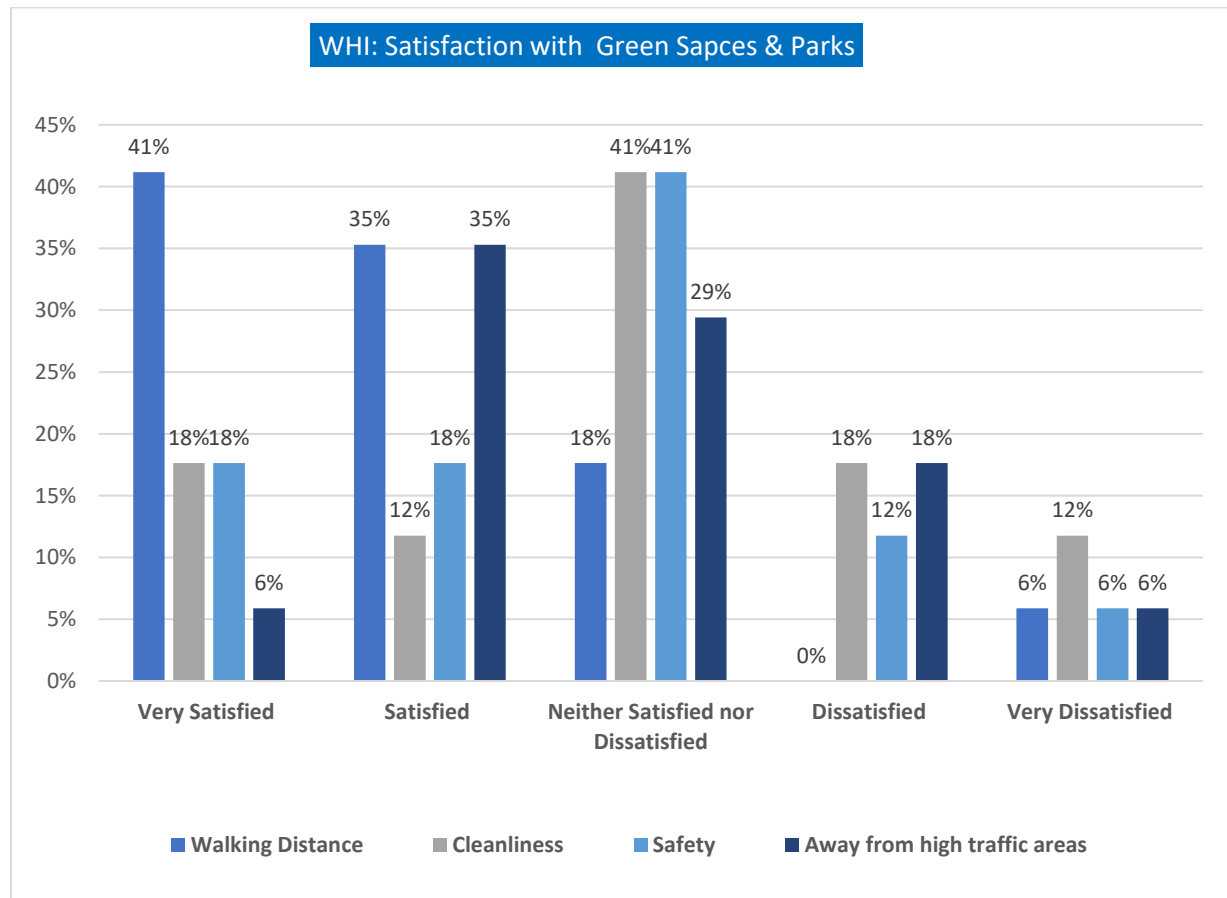
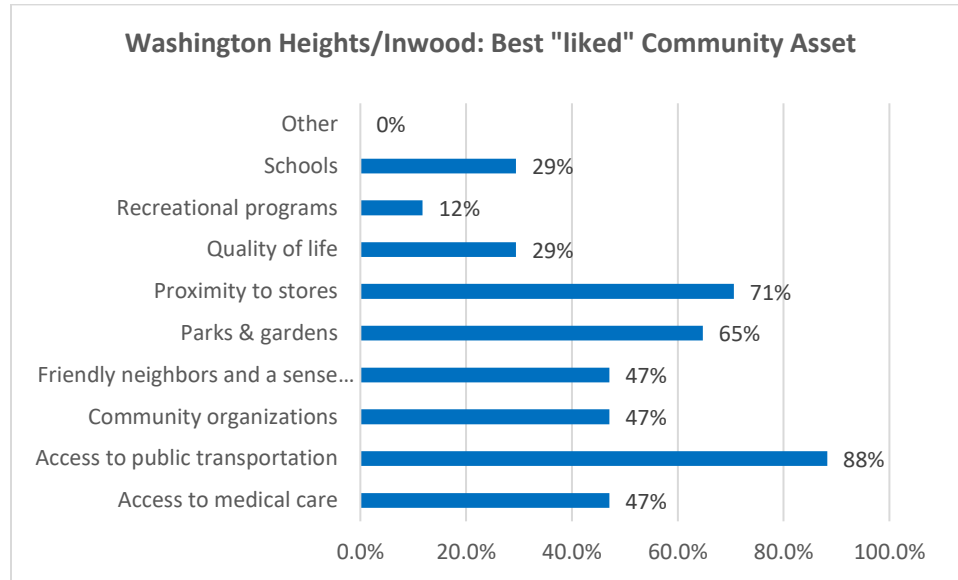




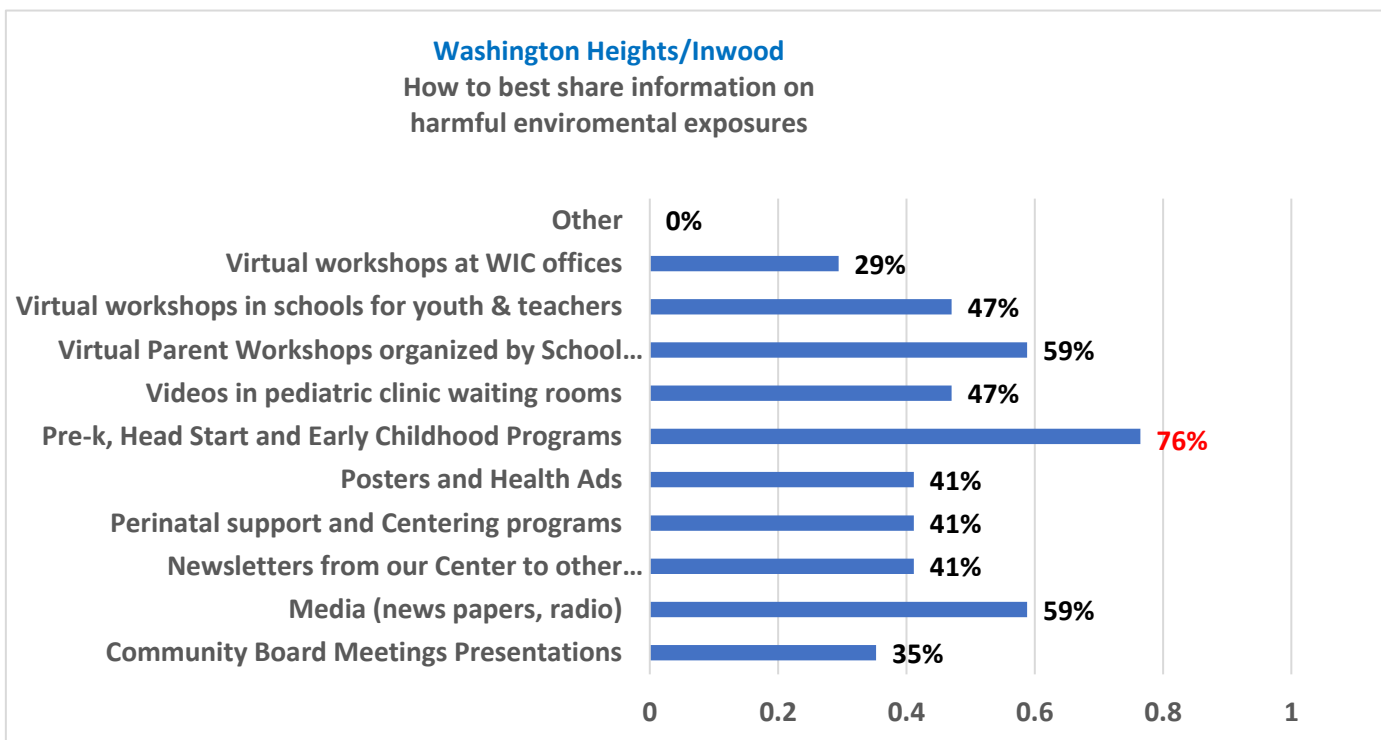
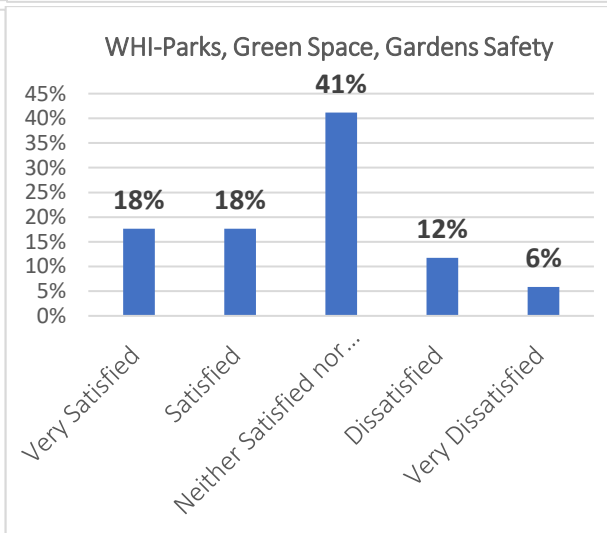
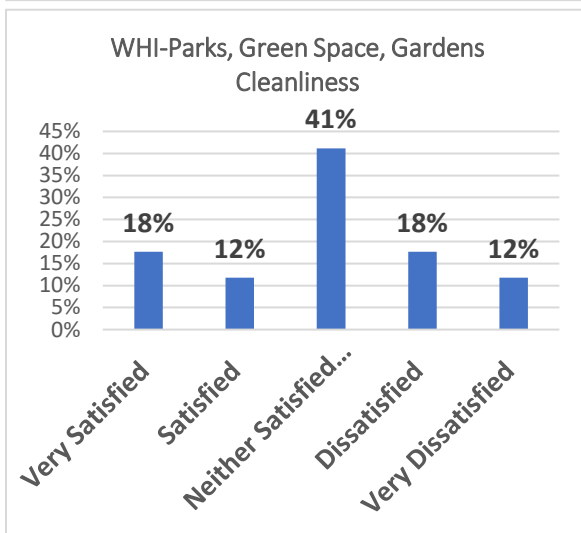
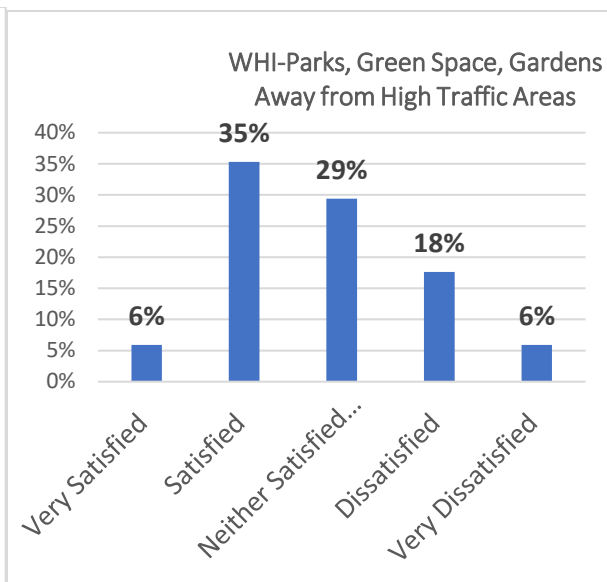
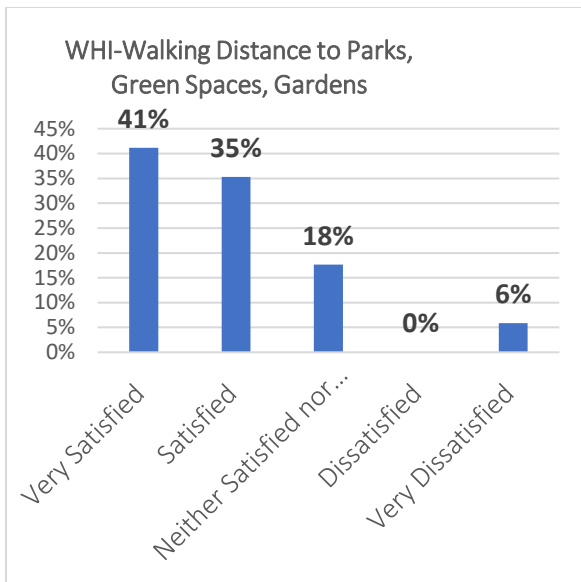
### Harlem - Pressing Safety Issues



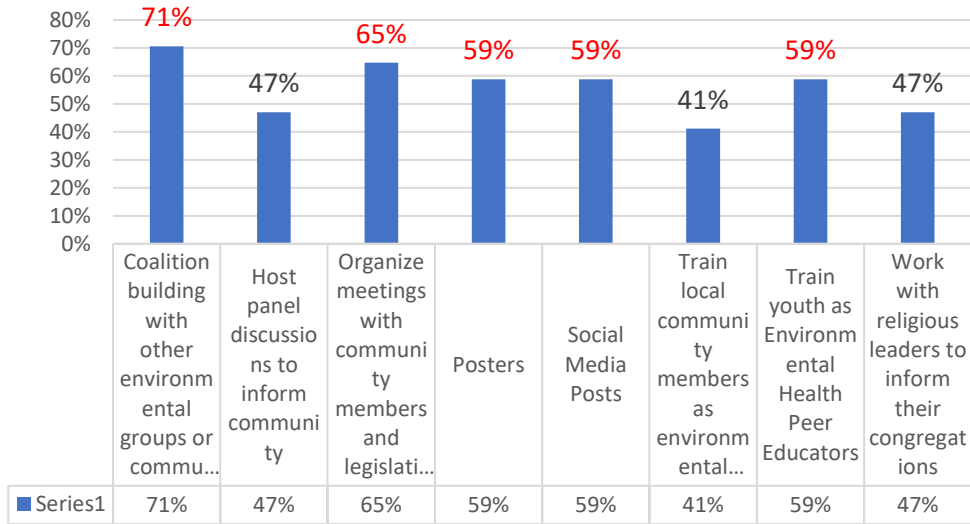
# Washington Heights/Inwood Respondents: CCCEH COTC EHJ Community Needs Assessment Survey Analysis Tables 2021



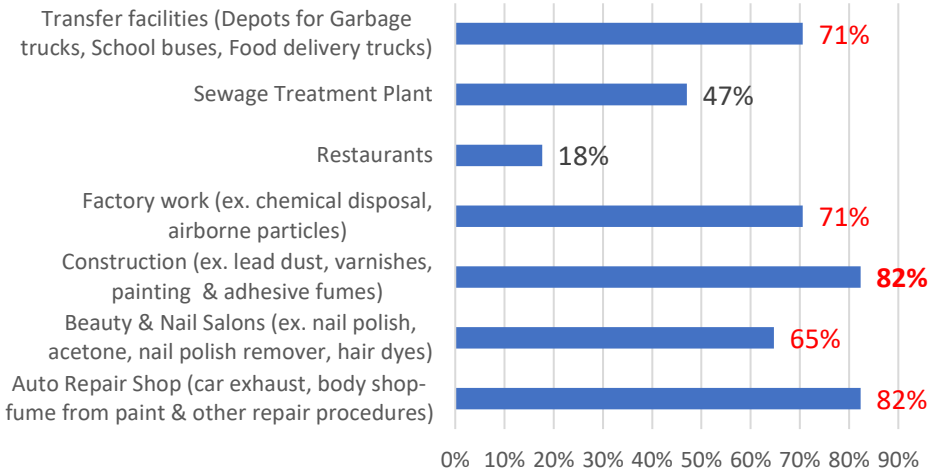


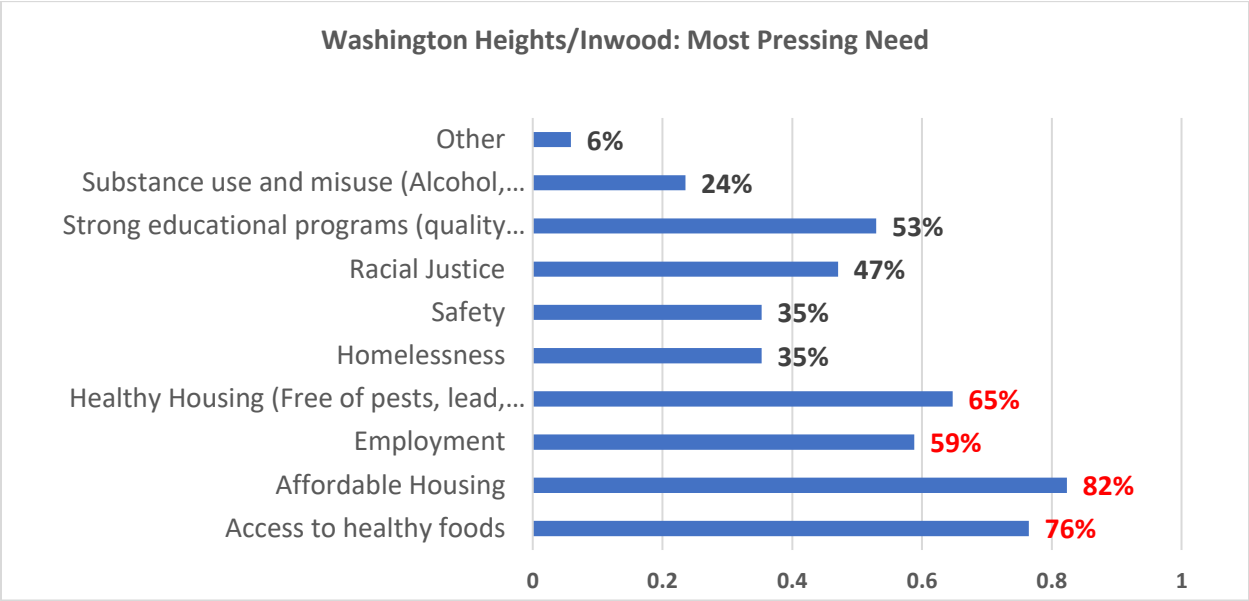
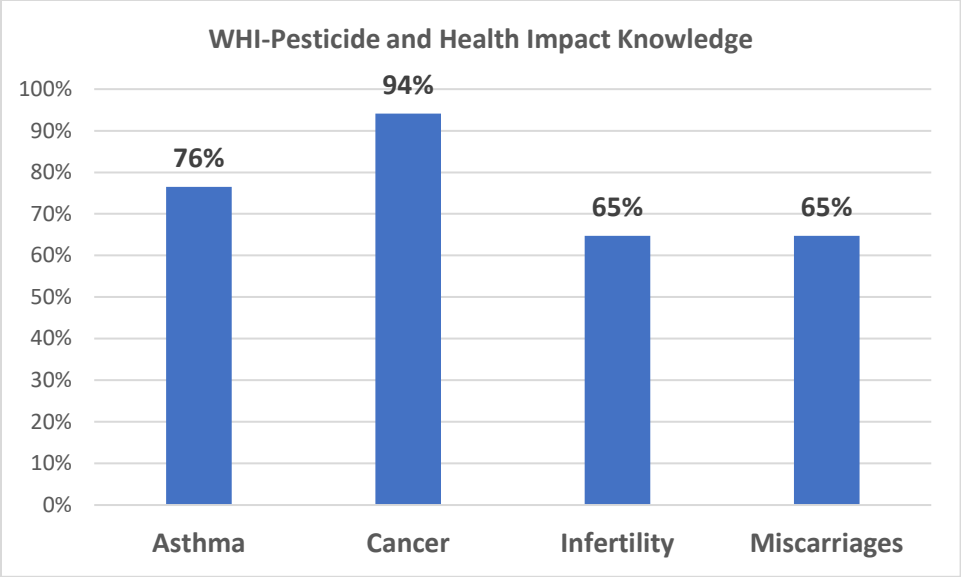


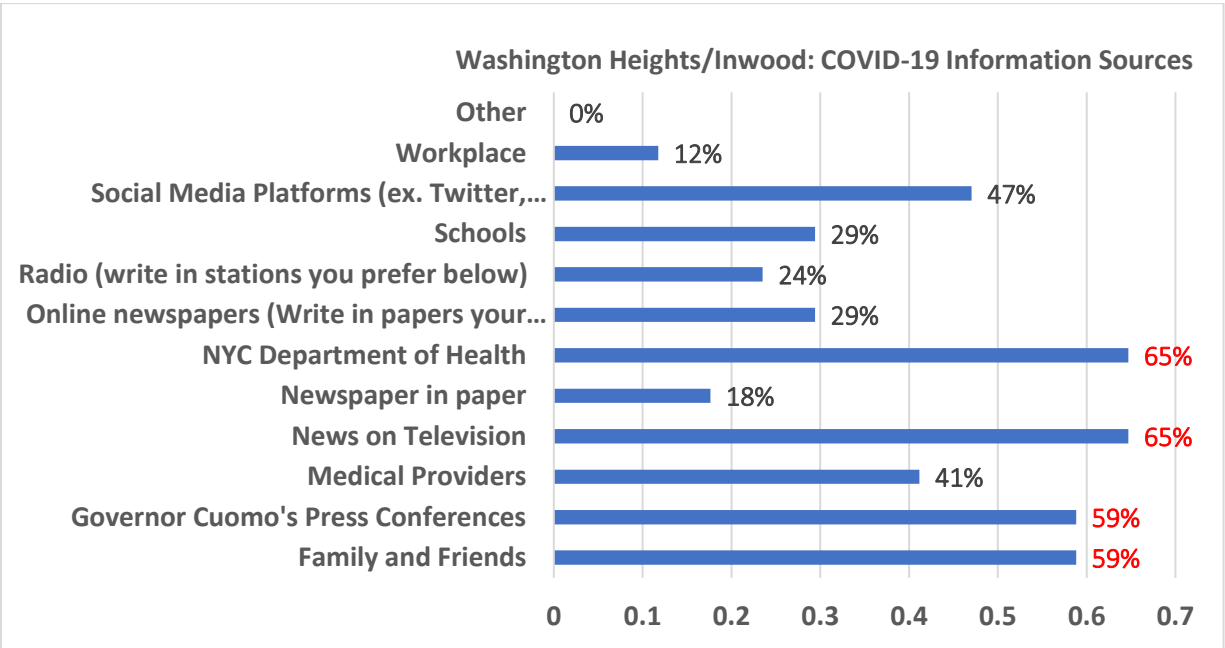
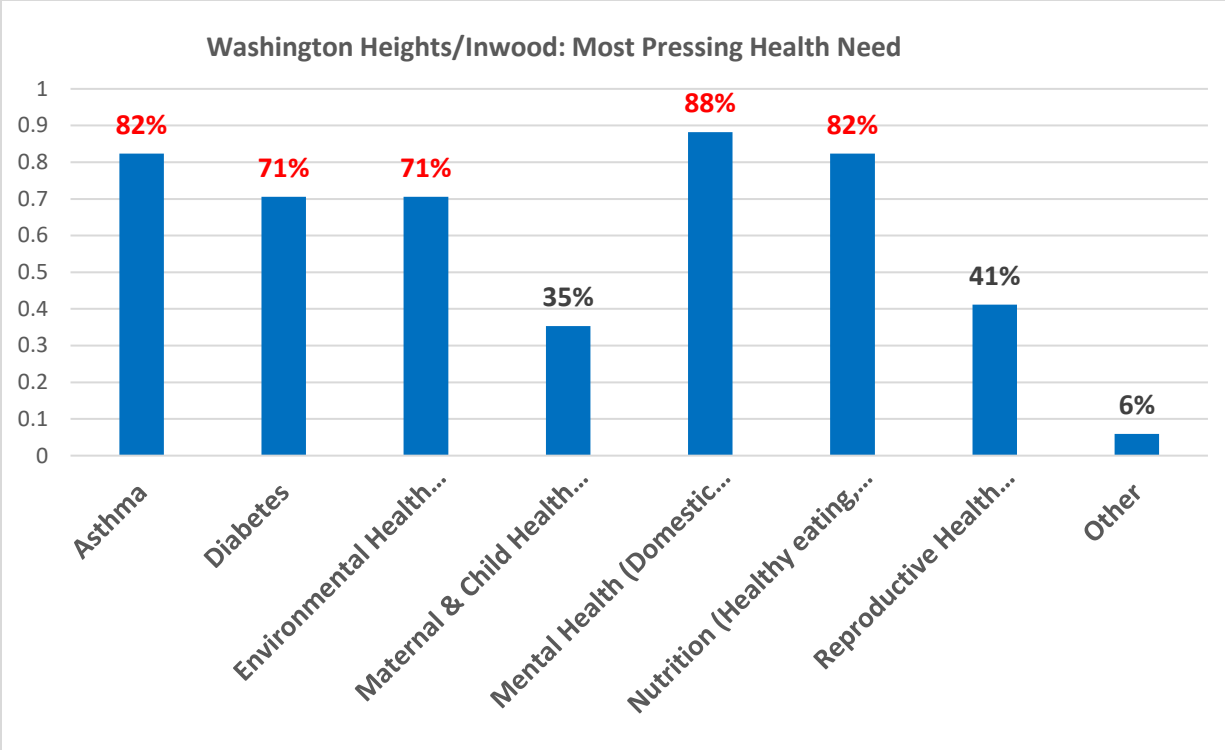
### WHI-Best Strategies to increase EHI Communication & Information Access



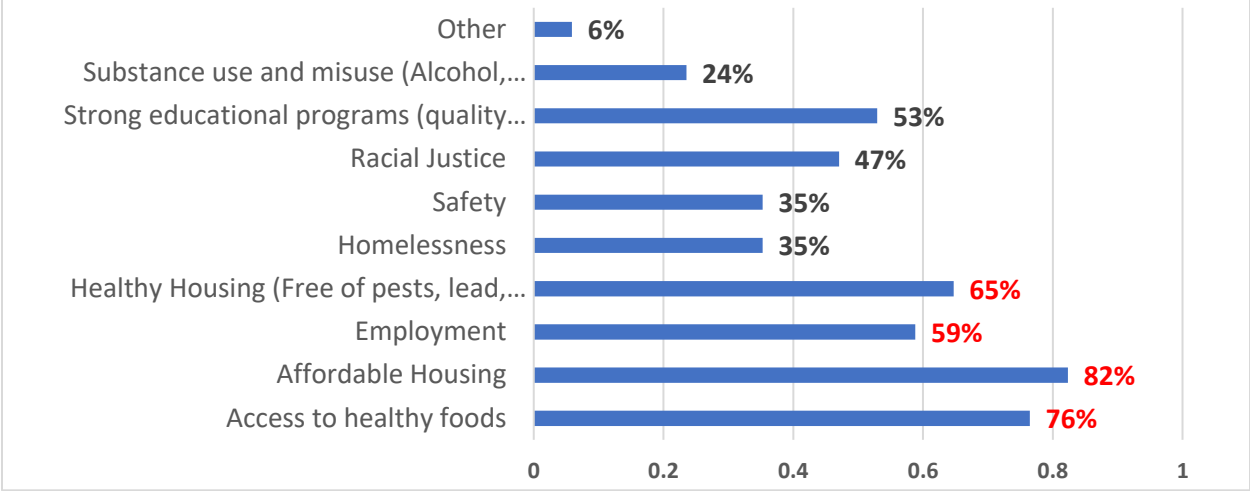
### WHI: Industries & exposure to environmental toxins







### Washington Heights/Inwood: Most Pressing Safety Issue



# **Internal Review Board Approved CCCEH COTC Community Needs Assessment Documents**

1. Protocol
2. Letter of Approval
3. Data Sheet
4. Letter of Support
5. Survey Consent Adult - English
6. Survey Child Assent - English
7. Focus Group Consent Adult - English
8. Focus Group Consent Child - English
9. Greeting Letter - English
10. Follow-up Script
11. Survey - English
12. Focus Group Guide - English
13. Recruitment Flyer - English
14. Translation Certificate
15. Survey - Spanish
16. Follow-up Script - Spanish
17. Survey Consent Adult - Spanish
18. Survey Child Assent - Spanish

<b>Protocol:</b>	AAAT2317(M00Y01)	<b>Protocol Status:</b>	
<b>Effective Date:</b>		<b>Expiration Date:</b>	
<b>Originating Department Code:</b>		EHS CCCEH (8211502)	
<b>Principal Investigator:</b>		Hernandez, Diana (dh2494)	
<b>From what Columbia campus does this research originate:</b>		Medical Center	
<b>Title:</b>	Environmental Health and Justice Community Needs Assessment - CCCEH Community Outreach and Research Translation Core (COTC)		
<b>Protocol Version #:</b>		<b>Abbreviated Title:</b>	EHJ Community Needs Assessment - CCCEH COTC
<b>Was this protocol previously assigned a number by an IRB:</b>			No

#### 1) PURPOSE OF THE STUDY

The studies of the Columbia Center for Children’s Environmental Health (CCCEH) (IRB-AAAA6110) are designed to measure exposures of ambient air pollution by personal, indoor and outdoor monitoring, to evaluate whether environmental exposures during pregnancy adversely affect fetal development, asthma development, and child health. The Harlem and Washington Heights neighborhoods in Northern Manhattan and the communities of the South Bronx, like other Hispanic and African- American communities, are located in close proximity to sources of environmental air pollution. It has become increasingly evident over the last several years that minority populations are disproportionately exposed to many environmental hazards, including hazardous air pollutants.

The Center for Children’s Environmental Health, CCCEH, COTC is interested in exploring and understanding the EHJ issues as defined by members of these communities to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the needs assessment will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect environmental health and well-being of all, especially children.

Specifically, The Community Outreach and Translation Core, COTC, community needs assessment seeks to identify environmental health and justice, EHJ, issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx. These activities will be directed by Dr. Diana Hernandez, who is an expert in community outreach and engagement.

## 2) STUDY DESIGN AND STATISTICAL PROCEDURES:

### 2A) STUDY DESIGN:

#### THE COMMUNITY OUTREACH AND TRANSLATION CORE:

The Community Outreach and Translation Core (COTC) was established in 1998, to fulfill the following aims:

- 1) Translate the Center's research results to be understood and used by non-scientific audiences;
- 2) Disseminate children's environmental health findings to community residents and the broader public using various media;
- 3) Apply scientific findings to the policy arena by educating and empowering policy makers and community members to mobilize around environmental issues that challenge community health; and
- 4) Analyze risks and costs associated with environmental pollutants. These activities have continued to date since the Center's 1998 inception.

Today, the COTC works to translate, communicate, and disseminate Center findings to the local community and key stakeholders in order to help parents and communities reduce exposure to common urban pollutants. The COTC's initiatives are based on a highly successful long-term working partnership between Center staff and our community partners, the leader of whom is West Harlem Environmental Action (WE ACT). In addition, the COTC works with a Community Advisory and Stakeholder Board (CASB) to translate research findings and obtain guidance and feedback on outreach activities and health materials. **To do more to realize the goal of a healthy, sustainable environment for Northern Manhattan, the South Bronx, and similar urban communities, the COTC will conduct a community Needs Assessment with the following aims:**

- 1) To Improve opportunities for collaboration by engaging COTC, Community Advisory and Stakeholder Board (CASB) members and Community Based Organizations (CBO's) in an EHJ Community Needs Assessment. Thereby involving constituents from diverse backgrounds to operationalize scientific findings.
  - a. CASB members represent a diverse group of agencies with years of experience working and providing service in the communities of Washington Heights, Harlem, and the South Bronx.
- 2) To Identify EHJ community needs as defined by the COTC CASB members, community agencies, the CCCEH Youth Council, and other constituents. To explore how best to address the EHJ needs of adults, young adults, and children to provide access and expertise in health communication,



environmental health literacy, and dissemination science to enhance and accelerate the reach and adoption of CEH knowledge and findings.

- 3) To identify community assets and strengths to determine best strategies to provide relevant technical assistance and build environmental health and justice capacity among our member agencies and Youth Council.
- 4) To improve understanding of community EHJ needs to inform the COTC team, the center, and Columbia University EHS researchers and enhance bi-directional collaboration. Providing the Center, the opportunity to capture and integrate research that is directed at understanding the complex relationships between the environment and human health. Thereby guiding how best to address EHJ needs and ensure the environmental health and wellbeing of children and families.

The Center's COTC is recognized as a model for community-academic partnerships, and has maintained a highly successful long-term working partnership with WE ACT and other community partners. In addition, Dr. Diana Hernandez, an Assistant Professor at Columbia Mailman's School of Public Health, will take over the leadership of the COTC, working closely with the COTC program coordinators, and our community partners. Dr. Hernandez's research has focused on social and environmental determinants of health. Her community-oriented research examines the intersections between the built environment (housing and neighborhoods), poverty/equity and health with a particular focus on energy insecurity. She will be responsible for supervising the community outreach and research translation activities.

## 2B) STATISTICAL PROCEDURES:

Data management activities will be carried out by the CCCEH outreach coordinator. Multiple levels of security already in place at CCCEH ensure that only appropriate staff has access to the project data and files derived from it.

Questionnaires will be administered via Qualtrics electronic surveys – we will use Qualtrics to analyze questionnaire data for our reporting purposes.

Focus Groups will be conducted by the NA team and we will use qualitative analysis tools to report findings.

### Methods & Implementation

- 1) Background research population-based data for a comprehensive picture of the strengths and needs of Washington Heights, Harlem, and the South Bronx. Resources include:
  - New York City Community Districts Data from districts: 4, 9, & 12

- New York Department of Health and Mental Hygiene Vital Statistics,
- Citizens Committee for Children of New York, Keeping Track of New York City's Children
- NYC DOH Community Health Profiles
- NYC Planning Population Fact Finder

2) Literature Review-Center Research and other sources to inform NA and questions

3) Instrument Development, Bi-lingual English/Spanish

- Focus Group Guide
- Quantitative Needs Assessment Questionnaires

We will contact potential groups to administer NA questionnaires: CASB representatives and their members, CCCEH Youth Council. (Others may be religious, legislative leaders and other CBOs- To be assessed by NA team). We will also conduct electronic survey with community members affiliated with agencies and staff.

We will conduct focus groups with CASB Members, Youth Council, and other community groups.

4) PROCEDURES:

**\*\*ALL STUDY PROCEDURES WILL BE CONDUCTED REMOTELY VIA PHONE, EMAIL, QUALTRICS SURVEY OR ZOOM CONFERENCING.\*\***

Participants will be invited to take part in focus groups, surveys or interviews sponsored by the Columbia Center for Children's Environmental Health as part of a community needs assessment. The needs assessment (NA) will help us to explore and understand the EHJ issues as defined by members of the communities of Northern Manhattan and the Bronx, in order to improve environmental health and justice, build capacity and collaborative opportunities.

In addition, the NA will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect the environmental health and well-being of all, especially children.

Subjects will be audio/video recorded while participating in focus groups or interviews. Participants will be informed of this in the consent process. They will also be asked permission for recording, and told how the recording will be stored and used. Recordings will be used as an internal tool for project planning discussions, for analysis by the research team, and possible use as a teaching tool to those who are not members of the research staff. All focus group data will be kept separate from contact information and will be given an ID number that will only be used for this focus group in order to keep sensitive

information confidential. The recording and any data collected will be stored on password-protected endpoint devices (desktop computers and laptops). The recording will include audio, video of full facial features, and may include names. Any recordings will be transcribed after the meeting and the original recordings will be destroyed once they are analyzed. Transcriptions will be done internally. We will assign an ID number and we will not include participant names, addresses, or other identifying information on written transcriptions of the focus group.

Surveys will not collect any identifiable information, and will be sent to community agencies via email along with a letter inviting them to share the survey with their constituents / membership. The Needs Assessment Survey tool will be administered via Columbia University Qualtrics survey software.

#### 4) STUDY DRUGS/DEVICES

N/A

#### 5) STUDY INSTRUMENTS:

1. Columbia University Qualtrics EHJ Needs Assessment Survey: Survey designed to explore and understand issues of environmental health and justice (EHJ) and how these circumstances are affecting the communities' well-being.
2. Focus Group Guide: A script to help guide moderators during the focus groups – including questions that we plan to use.

#### 6) STUDY SUBJECTS

We are reaching out to subjects that reside in the areas where the Columbia Center for Children's Environmental Health has focused its research will be the target population: Northern Manhattan and the Bronx. These populations are primarily low-income communities of color.

#### 7) RECRUITMENT:

Participants will be recruited via email message and through follow up phone calls. Needs Assessment Surveys will be sent to community agencies via email along with a letter inviting them to share the survey with their constituents/membership. The Needs Assessment Survey tool will be administered via CUIT approved survey solution Qualtrics.

For focus groups, we will share a flyer via email inviting constituents to participate in Zoom video focus groups.

Most of the CBOs approached to participate in Needs Assessment are members of the Center for Children's Environmental Health, Community Outreach and Translation Core, Community Advisory and Stakeholder Board. We will ask the community agencies to identify likely candidates from their agency and to forward the invitation, consent forms and survey links to their members, along with the study coordinators contact information. The study coordinators will then contact interested participants via phone or email for any needed clarification. All agencies will be invited to participate and are free to decline regardless of past collaborations or being a CASB member. Their decision to not participate will not impact their existing relationship with our center (CCCEH).

CUIT Qualtrics will be used for e-consenting. Participants will be sent a Qualtrics consent via email or text, depending on their preference. The research worker will review the consent with the participant via a phone call/email. If they choose to participate in the study, they will sign their name electronically at the end by typing their name/ date below a statement of consent. Assents will be sent to the parent at the same time of the parental consent and completed in the same manner with the child, if the child is of assenting age (7-17)

#### 8) CONFIDENTIALITY:

Any data that you supply will be entered into password-protected endpoint devices. Information on specific individuals will never be shared but we will be sharing our overall findings.

The only parties that have access to identifying information are the study coordinators. We maintain subject's information to the highest security allowable by law.

Only persons who have working relations with research participants will have necessary access to participant records and information. Regulatory and oversight bodies may on occasion review participant records. In each instance, the importance of participant privacy is considered.

SUBJECTS WHO WILL BE AUDIO/VIDEO RECORDED WHILE PARTICIPATING WILL BE INFORMED OF THIS IN THE CONSENT PROCESS. THEY WILL ALSO BE ASKED PERMISSION FOR RECORDING, AND TOLD HOW THE RECORDING WILL BE STORED AND USED.

The recording and any data collected will be stored on password-protected endpoint devices (desktop computers and laptops). Any recordings will be transcribed after the meeting and the original recordings will be destroyed once they are analyzed.

9) POTENTIAL RISKS:

There are no more than minimal risks expected for those that participate in youth advisory council.

10) POTENTIAL BENEFITS:

Potential benefits include the psychological benefit of contributing to knowledge that can prevent future adverse health effects in others.

The population included in the study is at high risk for air pollution exposures, social adversities, asthma, and child developmental deficits. Information provided to subjects may help them use safer, less toxic pesticides, lower the pest populations in their homes, remove sources of lead and mercury toxicity, and improve knowledge about good health practices.

11) ALTERNATIVES:

Study participants have the alternative to not participate in the study or have any procedures done for research purposes.



October 29, 2020

Diana Hernandez  
8211502 - EHS CCCEH

Protocol Number: IRB-AAAT2317

Title: Environmental Health and Justice Community Needs Assessment - CCCEH Community Outreach and Research Translation Core (COTC)

Approval Date: 10/29/2020 Annual/Progress Report Due: 10/28/2021

Event Identifier: New Protocol(Y01M00)

The above-referenced event was reviewed by Columbia University IRB Exp.

Level of review and outcome: Approved by Expedited review

To view a list of documents that were included in this approval (if applicable) and all other currently approved documents for this study, please refer to the Print Menu for this Event in Rascal. It is important to confirm the status of each document, e.g., active, stamped, etc. Only stamped, active documents can be used with research participants.

**Consent Requirements:**

Informed consent with written documentation will be obtained from the research participant or appropriate representative

Please access the following link for a list of tasks that should be addressed prior to your next submission:

<https://www.rascal.columbia.edu/irb/protocol/AAAT2317/323275/researcherTasks>

**Reminders:**

- 1) Please remove the inactive Rascal consent form (AACA2284) from your protocol prior to your next modification submission.
- 2) Impact of COVID-19: For current information regarding the ramp up of human subjects research activities, please consult the frequently asked questions available at: [https://research.columbia.edu/COVID-19\\_Research/Ramp-up/HS](https://research.columbia.edu/COVID-19_Research/Ramp-up/HS). Any questions regarding ramp up, as it pertains to human subjects research should be directed to [irboffice@columbia.edu](mailto:irboffice@columbia.edu)

Electronically signed by: Santos, Rafael

**Researcher Responsibilities:**

Any proposed changes to the protocol or other study-related documents or procedures must be immediately submitted to the IRB for review and approval prior to implementation, unless such a change is necessary to avoid immediate harm to the participants.

Any unanticipated problems that involve risks to subjects must be reported to the IRB in accordance with the Unanticipated Problems: Reporting to the IRB of Unanticipated Problems Involving Risks policy. All submissions for modifications and unanticipated problems must be submitted through Rascal.

Studies that require renewal applications must have the renewal submitted 60 days before the expiration date through Rascal. Failure to obtain renewal of your study prior to the expiration date will require discontinuance of all research activities for this study, including enrollment of new subjects.

Studies that require an annual/progress report must have the report submitted in Rascal prior to the due date noted on the first page of this approval correspondence.

A Closure Report must be submitted in Rascal when this study has been completed.

# Columbia University Human Subjects Protocol Data Sheet

## General Information

**Protocol:** AAAT2317(M00Y01) **Protocol Status:** Approved  
**Effective Date:** 10/29/2020 **Expiration Date:** 10/28/2021  
**Originating Department Code:** EHS CCCEH (8211502)  
**Principal Investigator:** Hernandez, Diana (dh2494)  
**From what Columbia campus does this research originate:** Medical Center  
**Title:** Environmental Health and Justice Community Needs Assessment - CCCEH  
Community Outreach and Research Translation Core (COTC)  
**Protocol Version #:** **Abbreviated Title:** EHJ Community Needs  
Assessment - CCCEH  
COTC  
**Was this protocol previously assigned a number by an IRB:** No

**Is the purpose of this submission to obtain a "Not Human Subjects Research" determination?**

No

## IRB Expedited Determination

**7. Research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodology.**

## Attributes

**Special review type: Check all that apply or check "None of the Above" box.**

- Review for 45 CFR 46.118 Determination (involvement of human subjects is anticipated but is not yet defined)  
 Funding review for Administrative IRB approval (such as for Center or Training Grants)  
 None of the above

**IRB of record information: Will a Columbia IRB be the IRB that is responsible for providing review, approval, and oversight for this study?**

Yes

**Select the most appropriate response:**

**Columbia will be the IRB of record for the study procedures conducted by Columbia researchers (Note: this response will apply to most submissions).**

**Is this research part of a multicenter study?**

No

**Please indicate if any of the following University resources are utilized:**

- Cancer Center Clinical Protocol Data Management Compliance Core (CPDM)  
 CTSA-Irving Institute Clinical Research Resource (CRR)  
 CTSA- Irving Institute Columbia Community Partnership for Health (CCPH)  
 None of the above



## Background

### Abbreviated Submission:

The IRB has an abbreviated submission process for multicenter studies supported by industry or NIH cooperative groups (e.g., ACTG, HVTN, NCI oncology group studies, etc.), and other studies that have a complete stand-alone protocol. The process requires completion of all Rascal fields that provide information regarding local implementation of the study. However, entering study information into all of the relevant Rascal fields is not required, as the Columbia IRBs will rely on the attached stand-alone (e.g., sponsor's) protocol for review of the overall objectives.

If you select the Abbreviated Submission checkbox and a section is not covered by the attached stand-alone protocol, you will need to go back and provide this information in your submission.

### Study Purpose and Rationale:

Provide pertinent background description with references that are related to the need to conduct this study. If this is a clinical trial, the background should include both preclinical and clinical data. Be brief and to the point.

Abbreviated Submission - This information is included in an attached stand-alone protocol. Proceed to the next question

### Study Design:

Describe the methodology that will be used in this study, covering such factors as retrospective vs. prospective data collection, interventional vs. non-interventional, randomized vs. non-randomized, observational, experimental, ethnography, etc.

Abbreviated Submission - This information is included in an attached stand-alone protocol. Proceed to the next question

### Statistical Procedures:

Provide sufficient details so that the adequacy of the statistical procedures can be evaluated including power calculations to justify the number of participants to be enrolled into the study. Definitions of subject terms such as enrolled and accrued as used for Rascal submissions can be found in the Subjects section.

Abbreviated Submission - This information is included in an attached stand-alone protocol. Proceed to the next question

## Exempt and Expedited

Is the purpose of this submission to obtain an exemption determination, in accordance with 45CFR46.101(b):

No

Is the purpose of this submission to seek expedited review, as per the federal categories referenced in 45CFR46.110?

Yes

Is the risk of harm to which subjects will be exposed as a result of this research no more than minimal?

Yes

Select the category or categories of research into which study procedures fall.

Category 1 - Clinical studies of drugs and medical devices only when condition (a) or (b) is met. (a)



Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.) (b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

[ ] Category 2 - Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows: (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or (b) from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

PLEASE NOTE: If blood is collected through an existing catheter, you do not qualify for expedited review under this category.

[ ] Category 3 - Prospective collection of biological specimens for research purposes by noninvasive means. Examples include: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.

[ ] Category 4 - Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples include: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

[ ] Category 5 - Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). PLEASE NOTE: If extra tissue is being taken during a routine clinical procedure (i.e. additional tissue that is not being taken for diagnostic purposes), you do not qualify for expedited review under this category.

[ ] Category 6 - Collection of data from voice, video, digital, or image recordings made for research purposes.

[x] Category 7 - Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Do all procedures fall into one or more of the categories listed above?

Y

NOTE: This project appears to be eligible for expedited review.

### Funding

Is there any external funding or support that is applied for or awarded, or are you the recipient of a gift, for this project?

No

### Locations

Location Type	Facility Name	Domestic or International	Geographic Location	Local IRB Ethics Approval	Local Site Approval
Columbia/CUMC	722 W 168th St., New York, NY 10032				

### Personnel

UNI/Phone	Name	Role	Department	Edit/View	Obtaining Informed Consent
dh2494 917-902-2446	Hernandez, Diana	Principal Investigator	SMS Sociomedical Science (821500X)	Edit	N
<b>Roles and Experience:</b> Dr. Diana Hernandez is the Director of our Community Outreach and Engagement Core (COTC). She contributes skills and experience in mixed-methods study design, community-engaged research, housing-based studies and the evaluation of place-based interventions.					
ac3580 212-304-5520	Cole, Anabel	Coordinator	EHS CCCEH (8211502)	Edit	Y
<b>Roles and Experience:</b> Anabel Cole is an officer of research, she will coordinate IRB submissions for this project, as well as assist with primary and secondary research for the Needs Assessment.					
jh2678 212-304-7273	Herbstman, Julie	Investigator	EHS CCCEH (8211502)	Edit	N
<b>Roles and Experience:</b> Dr. Julie Herbstman is the Director of the Center for Children's Environmental Health. Dr. Herbstman has extensive expertise in the design, implementation, and analysis of epidemiologic studies and provides oversight and day-to-day management of the research staff.					
kc3347 619-888-8864	Chhea, Kunsorya	Other Engaged Personnel	EHS Environment Health Science (821100X)	Edit	Y
<b>Roles and Experience:</b> Kunsorya is an MPH student - working as a member of our Needs Assessment team, and assisting as needed in order to fulfill her practicum requirement. She will collaborate with COTC Team on all aspects of Community NA plan & implementation.					
mu3 212-923-5237	Ureno, Maricela	Coordinator	EHS CCCEH (8211502)	Edit	Y
<b>Roles and Experience:</b> Maricela Ureno is coordinating this Needs Assessment - conducting primary and secondary research about the community our center does research in. (Including questionnaires, focus groups, and interviews)					

**Training and COI**

The PI must ensure that each individual that is added as personnel has met the training requirements for this study (<http://www.cumc.columbia.edu/dept/irb/education/index.html>). For help identifying which research compliance trainings you may be required to take, visit the [Research Compliance Training Finder](#).

UNI	Name	COI	HIPAA	HSP (CITI)	Research with Minors (CITI)	FDA-Regulated Research (CITI)	S-I	CRC	Good Clinical Practice (GCP)	GCP - Third-party tracking	GCP Refresher	Genetic Research Consent
dh2494	Hernandez, Diana	05/20/2020	06/03/2015	05/14/2018	05/14/2018	05/14/2018			07/23/2020			
ac3580	Cole, Anabel	01/22/2020	12/05/2012	10/10/2018	10/10/2018	08/07/2017						01/03/2018
jh2678	Herbstman, Julie	11/18/2019	02/06/2007	02/04/2020	02/24/2017	08/06/2017						
kc3347	Chhea, Kunsorya	06/19/2020	07/24/2020	05/26/2020	07/24/2020							
mu3	Ureno, Maricela	09/23/2020	09/26/2019	09/26/2019	07/08/2011							

**Departmental Approvers**

Electronic Signature: Kunsorya Chhea (821100X) - Other Engaged Personnel Date: 08/27/2020  
 Electronic Signature: Julie Herbstman (8211502) - Investigator Date: 08/28/2020  
 Electronic Signature: Diana Hernandez (821500X) - Principal Investigator Date: 09/18/2020  
 Electronic Signature: Maricela Ureno (8211502) - Coordinator Date: 08/27/2020  
 Electronic Signature: Anabel Cole (8211502) - Coordinator Date: 08/27/2020

**Privacy & Data Security**

Indicate the methods by which data/research records will be maintained or stored (select all that apply):

Hardcopy (i.e., paper)

**Describe where and how the data will be stored:**

We will be keeping printed copies of consent forms, attendance lists, and meeting notes, which will contain participant names under locked, fire-proof cabinets where the office is secured with an encoded alarm. (At 722 W. 168 St., 12th Fl.)

Electronic

**Where will the data be stored?**

Y

On a System

On an Endpoint

**Identify what type of endpoint will be used (select all that apply):**

- Desktop Computer
- Laptop Computer
- Mobile Device
- Other

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**Does this study involve the receipt or collection of Sensitive Data?**

Yes

**If any Sensitive Data is lost or stolen as part of your research protocol, you must inform both the IRB and the appropriate IT Security Office (CUMC IT Security if at CUMC; CUIT if at any other University campus).**

**What type of Sensitive Data will be obtained or collected? Select all that apply:**

- Personally Identifiable Information (PII), including Social Security Numbers (SSN)

**Will Social Security Numbers (SSNs) be collected for any purpose?**

No

- Protected Health Information (PHI), including a Limited Data Set (LDS)

**If any PHI is lost or stolen, you must inform both the IRB and the Office of HIPAA Compliance.**

**Indicate plans for secure storage of electronic sensitive data: check all that apply**

- Sensitive data will not be stored in electronic format
- Sensitive data will be stored on a multi-user system

**Provide the System ID numbers for the certified environment in which the Sensitive Data will be stored**

4069

- Sensitive data will be stored on an encrypted endpoint

**By Selecting an Endpoint Device and approving this protocol for submission to the IRB, the PI is attesting that the device and any removable media that may be used have been or will be registered and/or will be maintained in compliance with the University's Information Security Charter and all related policies. It is important that this information is updated, during the course of the study, as new devices are added.**

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**Provide a description of how the confidentiality of study data will be ensured, addressing concerns or protections that specifically relate to the data storage elements identified above (e.g. hard copy, electronic, system, and/or endpoint):**

All PII (Names, email addresses, Employing Organization, etc.) will be stored electronically on a Columbia University certified multi-user system (SIR/Citrix database system ID#4069) and on encrypted, password-protected endpoint devices. E-consenting will be done via Qualtrics. The information collected from the Qualtrics consenting process will be stored on the cloud on CUIT approved Qualtrics Survey Solution. Focus groups will take place via CUIT approved Zoom video conferencing, and recordings will be stored on the cloud until they are destroyed after transcription. Data is analyzed and reported without personal identifiers. Any hard copies of documents will be stored in fire-proof locked file cabinets, accessible only by members of the research team. Transcription will be done by the study coordinators internally.

**If your project is not NIH funded, has a Certificate of Confidentiality (CoC) been requested for this research?**

No

**collected:**

Only persons who have working relations with research participants will be present during focus groups they will have necessary access to participant information. We will be keeping consent forms, attendance lists, and meeting notes, which will contain participant names under locked file cabinets, on the cloud on CUIT Qualtrics Survey Solutions software, on CUIT Zoom cloud recordings, and on encrypted endpoint devices in a Columbia University certified multi-user system. (#4069)

Although the researchers will take every precaution to maintain confidentiality, the nature of focus groups/ group forums prevents the researchers from guaranteeing confidentiality. The researchers will remind participants during the consent process to respect the privacy of their fellow participants, and not to repeat what is said in the focus group to others.

If participants consent to being audio/video recorded for any meeting, the recordings will be transcribed as soon as possible after the meeting, and original recordings will be destroyed once they are analyzed. Transcription will be done internally by the study coordinators. We will not include names, addresses, or other identifying information on written transcriptions of the focus group. Information on specific individuals will never be shared.

<b>Procedures</b>
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**Is this project a clinical trial?**

No

**Is this project associated with, or an extension of, an existing Rascal protocol?**

No

**Do study procedures involve any of the following?**

**Analysis of existing data and/or prospective record review**

No

**Audio and/or video recording of research subjects**

Yes

**Behavioral Intervention?**

No

**Biological specimens (collection or use of)**

No

**Cancer-related research**

No

**Drugs or Biologics**

No

**Future use of data and/or specimens**

Yes

**Genetic research**

No

**Human embryos or human embryonic stem cells**

No

**Imaging procedures or radiation**

No

**Medical Devices**

No

**Surgical procedures that would not otherwise be conducted or are beyond standard of care**

No

**Will any of the following qualitative research methods be used?**

**Survey/interview/questionnaire**

Yes

**NOTE: You must attach a PDF version of the survey(s)/interview(s)/questionnaire(s) to this protocol prior to submission.**

**Systematic observation of public or group behavior**

No

**Program evaluation**

No

**Will any of the following tests or evaluations be used?**

**Cognitive testing**

No

**Educational testing**

No

**Non-invasive physical measurements**

No

**Taste testing**

No

**Is there an external protocol that describes ALL procedures in this study?**

Yes

[x]Check here if all procedures being conducted by Columbia researchers are detailed in the stand-alone protocol, or provide a detailed description of which procedures are being conducted by Columbia researchers.

**Future Use**

**For what materials do you anticipate future research use? Select all that apply.**

Data

Biological Specimens

**Please indicate how data and/or specimens will be retained for future use:**

[x]Some or all data and/or specimens, as applicable, will be retained by Columbia researchers for future use.

**How are the materials intended to be used for research in the future?**

Current PI will retain the materials and there is no intent to create a repository or share with other CU researchers. Note: Information provided in original consent forms will be considered when an addition of future uses is submitted via modification.

**What future uses are anticipated?**

The information/data we gather from subject's participation may be used as an internal tool for project planning discussions, and for possible use as a teaching tool to those who are not members of the research staff (i.e., for educational purposes, or conference presentations). Names and identifying information will not be shared with anyone outside the research staff or in any report of findings. All data is given a code number that will not link back to the subjects name or other identifying information. A subjects de-identified information may be used for future research studies without additional consent. (e.g. views about best mechanisms for community outreach/ research translation, about issues affecting the community, or health issues of importance).

**How will the data and/or specimens, as applicable, be labeled during storage for future uses.**

In the same manner as during collection (e.g., with direct identifiers, coded, de-identified, anonymous)

In a different manner than during collection. Select all that apply:

Specimens will be labeled with, and/or data will contain, direct identifiers

Specimens and/or data will be labeled with a code and the research team will have the key and can link specimens/data to direct identifiers. Specimens and/or data would be considered to be identifiable.

Specimens and/or data will be labeled with a code and the research team will not have access to the key to link specimens/data to direct identifiers. Specimens and/or data would be considered to be de-identified.

Identifiers will be removed prior to the receipt of the specimens/data by Columbia researchers and no link will remain.

Data and/or specimens were originally or will be collected without identifiers.

**Describe the physical storage for the specimens/data, including location.**

In the same manner as during collection

In a different manner than during collection

**Describe who will have access to the stored data and/or specimens.**

Only members of the research team will have necessary access to participant records.

Some or all data/specimens will be released to a non-Columbia entity for future use and Columbia researchers will not have direct control.

## Recruitment And Consent

### Recruitment:

**Will you obtain information or biospecimens for purposes of screening or determining eligibility?**

No

**Describe how participants will be recruited:**

Participants will be recruited via email message and through follow up phone calls. Needs Assessment Surveys will be sent to community agencies via email along with a letter inviting them to share the survey with their constituents/membership. The Needs Assessment Survey tool will be administered via CUIT approved survey solution Qualtrics.

For focus groups, we will share a flyer via email inviting constituents to participate in CUIT Zoom video focus groups.

Most of the community agencies approached to participate in Needs Assessment are currently members of CCCEH's Community Outreach and Translation Core, (COTC), Community Advisory and Stakeholder Board, (CASB). COTC is in regular contact with this group, we have their contact information as we have an existing partnership. The CASB will be invited to participate in either focus groups and/or the survey. Other community agencies not on the CASB but who are involved with COTC because we currently send our monthly newsletter or have conducted workshops with their members or have been involved in other educational or information dissemination activities will also be contacted. We actively collaborate with these groups, and have an existing contact list. We will ask the community agencies to identify likely candidates from their agency and to forward the invitation, consent forms and survey links to their members, along with Maricela and Anabel's contact information (study coordinators). The study coordinators will contact interested participants via phone or email for any needed clarification.

All agencies will be invited to participate and are free to decline regardless of past collaborations or being a CASB member. The consent form clearly indicates that participation is voluntary and their decision to not participate will not impact their existing relationship with our center (CCCEH).



In any instance, in which a study coordinator has a past or current supervisory relationship with one of the participants, they will not be involved in the consent process. At the moment, we do not foresee any conflicts of interest.

**Select all methods by which participants will be recruited:**

- Study does not involve recruitment procedures
- Person to Person
- Radio
- Newspapers
- Direct Mail
- Website
- Email
- Television
- Telephone
- Flyer/Handout
- Newsletter/Magazine/Journal
- ResearchMatch
- CUMC RecruitMe

**Additional Study Information: Please add a description of your study as you would like it to be displayed on the RecruitMe website.**

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**Informed Consent Process:**

**Informed Consent Process, Waiver or Exemption: Select all that apply**

- Informed consent with written documentation will be obtained from the research participant or appropriate representative.

**Documentation of informed consent is applicable to:**

The study in its entirety

**Identify the portion of the study (e.g., prospective portion, focus groups, substudy 2) or subject population for which documentation of consent will be obtained::**

**Documentation of participation will be obtained from::**

- Adult participants
- Parent/Guardian providing permission for a child's involvement
- Legally Authorized Representatives (LARs)

**Describe how participants' written consent will be obtained:**

CUIT Qualtrics Survey Solution software will be used for e-consenting. Participants will be sent a Qualtrics consent form via email or text, depending on their preference.

The Informed Consent Process will begin with a concise and focused presentation of the key information about the research study. A study coordinator will review the consent with the participant via a phone call and will explain all procedures, risks, voluntary participation, compensation, and confidentiality of the data being collected. Potential subjects will have an opportunity to discuss the information provided. The

Informed Consent process will present information in sufficient detail relating to the research study. The coordinator(s) will instruct the participant to read through and encourage the participant to ask questions. If they choose to participate in the study, the participant will sign electronically by typing their name/ date below a statement of consent.

Assents will be sent to the parent at the same time as the parental consent and completed in the same manner with the child, if the child is of assenting age (7-17).

In any instance, in which a study coordinator has a past or current supervisory relationship with one of the participants, they will not be involved in the consent process. At the moment, we do not foresee any conflicts of interest.

Informed consent will be obtained but a waiver of written documentation of consent (i.e., agreement to participate in the research without a signature on a consent document) is requested.

A waiver of some or all elements of informed consent (45 CFR 46.116) is requested.

Planned Emergency Research with an exception from informed consent as per 21 CFR 50.24.

This is exempt research.

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### Subject Language

Enrollment of non-English speaking subjects is expected.

#### Languages anticipated:

Spanish

**As you plan on enrolling non-English speaking subjects, administrative IRB approval of the translated documents (e.g., consent, recruitment materials, questionnaires) in the above selected languages are required. Please see the IRB's policy on the Enrollment of Non-English Speaking Subjects in Research for further details**

(<http://www.cumc.columbia.edu/dept/irb/policies/documents/Nonenglishspeakingsubjects.Revised.FINALDRAFT.111909.website.doc>).

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### Capacity to Provide Consent:

**Do you anticipate using surrogate consent or is research being done in a population where capacity to consent may be questionable?**

No

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## Research Aims & Abstracts

### Research Question(s)/Hypothesis(es):

The Center for Children's Environmental Health, CCCEH, Community Outreach and Translation Core, COTC is genuinely interested in exploring and understanding the EHJ issues as defined by

members of these communities to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the NA will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect environmental health and well-being of all, especially children.

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**Scientific Abstract:**

The Center for Children’s Environmental Health, CCCEH, Community Outreach and Translation Core, COTC is genuinely interested in exploring and understanding the EHJ issues as defined by members of these communities to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the NA will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect environmental health and well-being of all, especially children. The objectives are to:

- Improve opportunities for collaboration by engaging COTC, Community Advisory and Stakeholder Board, CASB, members in EHJ Community Needs Assessment.
- Identify EHJ community needs as defined by the COTC, Community Advisory and Stakeholder Board, CASB, members, other agencies and the Center’s Youth Council. COTC CASB members represent a diverse group of agencies with years of experience working and providing service in the communities of Washington Heights, Harlem, and the South Bronx, and the Center’s Youth Council members are residents of the same communities.
- Identify EHJ agency and community needs as defined by CASB member leadership, staff, educators, youth, and other constituents. Explore how best to address the EHJ needs of adults, young adults, and children.
- Identify community assets and strengths to determine best strategies to provide relevant technical assistance and build environmental health and justice capacity among our CASB member agencies and Youth Council.
- Improve understanding of community EHJ needs to inform COTC team, Center and CUEHS researchers and enhance bi-directional collaboration.
- [Identify relevant methods to disseminate EHJ research and knowledge with the aim of improving communication strategies and messaging, developing public health interventions and practices, curricula and other educational activities.](#)
- Distribute NA findings among CASB and Youth Council members, other agencies, CUEHS department, legislative leaders, media and social media platforms in an effort to define next steps in implementing EHJ community pilot programs

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**Lay Abstract:**

The Center for Children’s Environmental Health, CCCEH, Community Outreach and Translation Core, COTC is genuinely interested in exploring and understanding the EHJ issues as defined by members of these communities to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the NA will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect environmental health and well-being of all, especially children.

**Abbreviated Submission:**

The IRB has an abbreviated submission process for multicenter studies supported by industry or NIH cooperative groups (e.g., ACTG, HVTN, NCI oncology group studies, etc.), and other studies that have a complete stand-alone protocol. The process requires completion of all Rascal fields that provide information regarding local implementation of the study. However, entering study information into all of the relevant Rascal fields is not required, as the Columbia IRBs will rely on the attached stand-alone (e.g., sponsor's) protocol for review of the overall objectives. .

If you select the Abbreviated Submission checkbox and a section is not covered by the attached stand-alone protocol, you will need to go back and provide this information in your submission.

---

**Potential Risks:**

Provide information regarding all risks to participants that are directly related to participation in this protocol, including any potential for a breach of confidentiality. Risks associated with any of the items described in the Procedures section of this submission should be outlined here if they are not captured in a stand-alone protocol. Risks of procedures that individuals would be exposed to regardless of whether they choose to participate in this research need not be detailed in this section, unless evaluation of those risks is the focus of this research. When applicable, the likelihood of certain risks should be explained and data on risks that have been encountered in past studies should be provided.

Abbreviated Submission - This information is included in an attached stand-alone protocol. Proceed to the next question

---

**Potential Benefits:**

Provide information regarding any anticipated benefits of participating in this research. There should be a rational description of why such benefits are expected based on current knowledge. If there is unlikely to be direct benefit to participants/subjects, describe benefits to society. Please note that elements of participation such as compensation, access to medical care, receiving study results, etc. are not considered benefits of research participation.

Abbreviated Submission - This information is included in an attached stand-alone protocol. Proceed to the next question

---

**Alternatives:**

If this research involves an intervention that presents greater than minimal risk to participants, describe available alternative interventions and provide data to support their efficacy and/or availability. Note, participants always have the option not to participate in research.

Abbreviated Submission - This information is included in an attached stand-alone protocol. Proceed to the next question

---

**Data and Safety Monitoring:**

Describe how data and safety will be monitored locally and, if this is a multi-center study, how data and safety will be monitored across sites as well.

Abbreviated Submission - This information is included in an attached stand-alone protocol. Proceed to the next question

---

**Subjects**

Unless otherwise noted, the information entered in this section should reflect the number of subjects enrolled or accrued under the purview of Columbia researchers, whether at Columbia or elsewhere.

**Target enrollment:**

225

**Number anticipated to be enrolled in the next approval period:**

175

**Does this study involve screening/assessment procedures to determine subject eligibility?**

No

**Is this a multi-center study?**

No

**Does this study have one or more components that apply to a subset of the overall study population (e.g. Phase 1/2, sub-studies)?**

Yes

Name/Procedure	Target enrollment	Enrollment Status
CBO Focus Group	12	Open to enrollment or ongoing review of records/specimens
	<b>Additional Information:</b> We plan to host a focus group with representatives from community agencies (including CASB) in order to obtain their opinions regarding EHJ issues in the community.	
Community Member Focus Group(s)	14	Open to enrollment or ongoing review of records/specimens
	<b>Additional Information:</b> We will ask our partner community agencies to identify likely candidates from their agency membership (residents of the community at large) and to forward the Focus Group invitation, consent forms, along with Maricela and Anabel's contact information (study coordinators). (May host 1 - 2 focus groups)	
Community Needs Assessment Survey	175	Open to enrollment or ongoing review of records/specimens
	<b>Additional Information:</b> We will ask our partner community agencies to identify likely candidates from their agency and to forward consent forms, and survey links to their members (residents of the community at large), along with Maricela and Anabel's contact information (study coordinators). We will also forward survey invitations to our youth council study (AAAT0053), and community agency leadership/representatives.	
Youth (minors) Focus Group	12	Open to enrollment or ongoing review of records/specimens
	<b>Additional Information:</b> We plan to host a focus group with minors to obtain their opinions regarding issues of Environmental Health and Justice.	
Youth Council Focus Group	12	Closed to further enrollment: study-related procedures ongoing
	<b>Additional Information:</b> We plan to host a focus group with members of the CCCEH Youth Council study(AAAT0053) that are 18- 23.	

**Target Enrollment Demographics:**

**Population Gender**

Females	Males	Non Specific
0%	0%	100%

**Population Age**

0-7	8-17	18-65	>65	Non Specific
0%	10%	90%	0%	0%

**Population Race**

American Indian/Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	Black or African American	White	More than One Race	Non-Specific
0%	0%	0%	0%	0%	0%	100%

**Population Ethnicity**

Hispanic or Latino	Not Hispanic or Latino	Non-Specific
0%	0%	100%

**Vulnerable Populations as per 45 CFR 46:**

**Will children/minors be enrolled**

Yes

**Note that upon "Save", you will see a link to the required "Child Involvement" page in the left side navigation menu. You must complete this page prior to submission.**

**Will pregnant women/fetuses/neonates be targeted for enrollment?**

No

**Will prisoners be targeted for enrollment?**

No

**Other Vulnerable Populations:**

Individuals lacking capacity to provide consent

CU/NYPH Employees/Residents/Fellows/Interns/Students

**Please ensure that a plan for avoiding elements of coercion or undue influence of these populations is addressed on the Informed Consent page.**

Economically disadvantaged

Educationally disadvantaged

Non-English speaking

**Please ensure that your plan to enroll subjects in their primary language is described on the Informed Consent page.**

Other Vulnerable populations

None of the Populations listed above will be targeted for Enrollment

**Subject Population Justification:**

Subjects that reside in the areas where the Columbia Center for Children's Environmental Health has focused its research will be the target population: Northern Manhattan and the Bronx. These populations are primarily low income communities of color.

**Does this study involve compensation or reimbursement to subjects?**

No

**Child Involvement**

**RISK/BENEFIT DETERMINATION**

**Please refer to the Columbia University IRB policy on research involving children for further information. (Available on the IRB websites: CUMC IRB or Morningside/LDEO IRB.)**

**'Minimal risk' means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.**

**Select the option below that best describes your study.**

No more than Minimal Risk (45 CFR 46.404/21 CFR 50.51; i.e., 'Section 404')

**Explain how the risks of the research are minimal. 'Minimal Risk' means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.**

We will be asking opinions about environmental health and justice perspectives via Qualtrics survey questionnaires.

## **WARDS AND FOSTER CHILDREN**

**If 'Section 406' or 'Section 407' research was indicated, the inclusion of wards or foster children requires additional information and, if the research will be conducted in New York City (NYC), approval from the NYC Administration for Children's Services (ACS). Please select the appropriate option below.**

This research has not been categorized as 45 CFR 46.406 ('Section 406') or 45 CFR 46.407 ('Section 407').

## **ASSENT OF SUBJECTS**

**Assent of the child is required except in limited circumstances. The first step in determining whether assent is required and/or appropriate is to assess whether the children who will participate in the study will be capable of providing assent. The next step is to determine, for children who are capable of providing assent, whether assent will be obtained or should be waived.**

**Indicate whether the children who will be enrolled in this study will generally be capable of providing assent.**

Some or all are expected to be capable of providing assent.

**Please explain why some or all of the children are expected to be capable of providing assent, and if applicable, why some may not be capable.**

Any children approached to participate are expected to be aged 13 or older (8th grade and older).

**For the children who are capable of providing assent, indicate whether you propose to obtain assent or to request a waiver of the requirement to obtain assent.**

Assent will be obtained from children who are capable of providing voluntary and informed agreement to participate.

**Describe the process that will be used (e.g., with or without parents present, whether models, diagrams, or other aids will be used).**

e-consenting procedures: When the parent receives the e-consent, the assent will be sent at the same time. If the parent consents to participate in the study, the child will be assented in the same way. They will speak with a study coordinator on the phone, who will walk them through the assent form. They will be able to either sign their name electronically at the end.

**Describe how assent will be documented (e.g., signed assent form, verbal assent with documentation of process in the research record).**

CUIT Qualtrics will be used for e-consenting. Participants will be sent a Qualtrics consent via email or text, depending on their preference. The research worker will review the consent with the participant via a phone call/email.

## **PARENT/GUARDIAN PERMISSION**

**Permission of parents/guardians of the children is required except in limited circumstances. Permission from one parent/guardian is acceptable for research categorized as Section 404 or Section 405 unless waiver of informed consent is approved or the IRB determines that permission from both parents is warranted.**

**Select the parental permission option that applies to your study, and provide the rationale for your response if justification is requested. For most studies, one selection is appropriate, however, if more than one option applies, select all that apply.**

The permission of one parent/guardian will be obtained.

The permission of both parents/guardians will be obtained. - THIS IS REQUIRED IF YOU HAVE CATEGORIZED YOUR RESEARCH AS 45 CFR 46.406 OR 45 CFR 46.407

No parental permission will be obtained because each of the following waiver criteria for waiving parental permission apply (45 CFR 46.408(c)):

No parental permission will be obtained because the involvement of children in this research meets the criteria for a complete waiver of consent (45 CFR 46.116(d)), which is requested in the "Recruitment and Informed Consent" section.

**Attached Consent Forms**

Number	Copied From	Form Type	Title	Active/InActive	Initiator
AACA2284		Consent	CCCEH COTC EHJ Community Needs Assessment - Focus Group Consent Form	Inactive	Anabel Cole (ac3580)

**Documents**

Archived	Document Identifier	Document Type	File Name	Active	Stamped	Date Attached	Created By
No	NA Focus Group Child Assent - Qualtrics	Consent Form/Addendum	NA Focus Group Child Assent - Qualtrics.pdf	Y	Yes	09/14/2020	Anabel Cole (ac3580)
Yes	NA Focus Group eConsent - Qualtrics	Consent Form/Addendum	NA Focus Group eConsent - Qualtrics.pdf	Y	No	09/14/2020	Anabel Cole (ac3580)
No	NA Focus Group eConsent - Qualtrics	Consent Form/Addendum	NA Focus Group eConsent - Qualtrics.pdf	Y	Yes	09/18/2020	Anabel Cole (ac3580)
No	NA Survey Child Assent - Qualtrics	Consent Form/Addendum	NA Survey Child Assent - Qualtrics.pdf	Y	Yes	09/14/2020	Anabel Cole (ac3580)
No	NA Survey eConsent - Qualtrics	Consent Form/Addendum	NA Survey eConsent - Qualtrics.pdf	Y	Yes	09/18/2020	Anabel Cole (ac3580)
Yes	NA Survey eConsent - Qualtrics	Consent Form/Addendum	NA Survey eConsent - Qualtrics.pdf	Y	No	09/14/2020	Anabel Cole (ac3580)
No	NA Survey Invitation Letter	Email/Communication/Message	NA Letter.ENG.pdf	Y	No	09/11/2020	Anabel Cole (ac3580)
Yes	NA Survey Invitation Letter.ENG	Email/Communication/Message	NA Letter.ENG.pdf	Y	No	08/27/2020	Anabel Cole (ac3580)
No	Focus Group Facilitator Guide	Information Sheet/Verbal Script	FINAL IRB Facilitator Guide - Copy.pdf	Y	Yes	09/18/2020	Anabel Cole (ac3580)
Yes	Focus Group Facilitator Guide - Eng	Information Sheet/Verbal Script	FINAL IRB FG.ENG2.pdf	Y	No	08/27/2020	Anabel Cole (ac3580)
No	CCCEH Letter of Support _Dr. Minguez	Other	CCCEH Letter of Support _Dr. Minguez.pdf	Y	No	09/11/2020	Anabel Cole (ac3580)
Yes	NA Focus Group Flyer ENG	Recruitment Material	NA FG Flyer Final (Eng).pdf	Y	No	08/27/2020	Anabel Cole (ac3580)
No	NA FG Flyer Final ENGLISH	Recruitment Material	NA FG Flyer Final ENGLISH.pdf	Y	Yes	09/14/2020	Anabel Cole (ac3580)
No	Stand Alone Protocol - Needs Assesment FINAL 9-14	Standalone/Sponsor's Protocol	Stand Alone Protocol - Needs Assesment FINAL 9-14.pdf	Y	No	09/14/2020	Anabel Cole (ac3580)



Archived	Document Identifier	Document Type	File Name	Active	Stamped	Date Attached	Created By
No	Stand Alone Protocol - Needs Assesment TRACKED	Standalone/Sponsor's Protocol (tracked)	Stand Alone Protocol - Needs Assesment TRACKED.pdf	Y	No	09/14/2020	Anabel Cole (ac3580)
No	Follow-up Phone-email script	Study Material/Instrument	Follow-up Phone-email script .pdf	Y	Yes	09/14/2020	Anabel Cole (ac3580)
No	Needs Assesment Survey (Qualtrics) ENG	Study Material/Instrument	NA Survey (Qualtrics) ENG FINAL DRAFT 8.14.2020.pdf	Y	Yes	08/27/2020	Anabel Cole (ac3580)
Yes	Stand Alone Protocol - Needs Assesment FINAL	Study Material/Instrument	Stand Alone Protocol - Needs Assesment FINAL.pdf	Y	No	08/27/2020	Anabel Cole (ac3580)

### Tasks

Section	Task	Required for submission	Completed	Created By	Date Created
Consent Form	Please remove the inactive Rascal consent form (AACA2284) from your protocol prior to your next modification submission.	No	No	Elizabeth Baez (eb2441)	2020-09-22 16:21:02.0

September 9, 2020

Mara Minguez, MD, MSc  
Assistant Professor of Pediatrics and  
Population & Family Health  
Columbia University Irving Medical Center  
Assistant Chief Medical Officer for Community Affairs &  
Medical Director, Lang Youth Medical Program  
New York-Presbyterian Hospital  
60 Haven Avenue Suite B3  
New York, New York 10032

Dear Dr. Diana Hernandez,

I am writing on behalf of New York Presbyterian Lang Youth Medical Program to support the Columbia Children's Center for Environmental Health, Community Outreach and Translation Core's, Environmental Health and Justice Community Needs Assessment Study. As a member of Center's Community Advisory & Stakeholder Board (CASB), NYP Lang is happy to support the Center in the upcoming Needs Assessment.

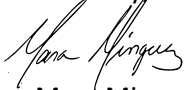
We will inform students and parents about the Needs Assessment and communicate that this is a purely voluntary activity and their decision to participate or, **not** to participate will have no bearing on their involvement with NYP Lang Program or future collaborations with the Columbia Center for Children's Environmental Health. They will also be informed that there will be no financial compensation for their participation and that consent and assent forms are required to take part in the Needs Assessment. NYP Lang staff will work with Center study coordinators to facilitate the process for those interested.

As the study methods will be conducted electronically, via CUIT Zoom for focus groups and via CUIT Qualtrics electronic survey program there will be minimal risks and liability issues.

We are very pleased with our partnership as NYP LANG students and parents have already been exposed to the Center's environmental health and justice workshops, and the Center also served as the environmental health and justice internship site this summer.

We are enthusiastic about additional collaborative activities and moving the environmental health and justice agenda forward by participating in this timely community needs assessment.

Sincerely,

A handwritten signature in black ink that reads "Mara Minguez". The signature is written in a cursive style with a large initial "M".

Mara Minguez, MD, MSc

Link to survey: [https://cumc.co1.qualtrics.com/jfe/form/SV\\_bD9L5cOIJ9uxNhr](https://cumc.co1.qualtrics.com/jfe/form/SV_bD9L5cOIJ9uxNhr)

## CCCEH Community Outreach and Research Translation Core Community Needs Assessment

Consent form for survey participation

### GENERAL INFORMATION

**Participation Duration:** 10 minutes

**Anticipated number of subjects:** 175

**Research Purpose:** The Community Outreach and Translation Core, COTC, community needs assessment seeks to identify environmental health and justice, EHJ, issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx.

You are invited to participate in a survey sponsored by the Columbia Center for Children's Environmental Health. The purpose of this research study is to help us to explore and understand the EHJ issues as defined by members of these communities in order to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the Needs Assessment will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect the environmental health and well-being of all, especially children.

**This consent form is written to address a research subject. If, however, you will be providing permission as the parent or legal guardian of a minor, the words 'you' and 'your' should be read as 'your child'.**

### INFORMATION ON RESEARCH

We are trying to identify the most effective way to report study findings and provide health information to the community. Your participation in today's survey will help us answer questions about your community's needs and strengths. For example, we may ask questions about issues of importance



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IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

For use until modified or study is closed

to your community, best platforms for communicating health messages, and existing knowledge about environmental health exposures and other health topics.

Our goal is to provide research findings in a way that is meaningful and utilizes existing expertise, resources, and assets in the community.

Survey responses will be collected via Columbia University Qualtrics survey software and your responses will remain anonymous and no names or other identifying information will be mentioned in our findings. The information/data we gather from your participation may be used as an internal tool for project planning discussions, and for possible use as a teaching tool to those who are not members of the research staff (i.e., for educational purposes, or conference presentations). Your de-identified information may be used for future research studies without additional consent. (e.g. your views about best mechanisms for community outreach/ research translation, about issues affecting you and your community, or health issues of importance to you).

Any data collected will be stored on password-protected endpoint devices (desktop computers and laptops).

## **RISKS**

There are no expected risks to you in participating in this study. You may choose to not answer/skip any questions that make you uncomfortable.

A risk of taking part in any study is the possibility of a loss of confidentiality or privacy. Loss of privacy means having your personal information shared with someone who is not on the study team and was not supposed to see or know about your information. The study team plans to protect your privacy. Their plans for keeping your information private are described in the Confidentiality section of this consent form.

## **BENEFITS**

There is no direct benefit to participation in this study, though your opinions will help us to identify opportunities for the development of educational materials and outreach campaigns and for the improvement of our research and our ability to address Environmental Health and Justice issues in your community.

## **ALTERNATIVE PROCEDURES**

You may choose not to participate in this research study as an alternative procedure.

## **CONFIDENTIALITY**

Any information collected during this study that can identify you by name will be kept confidential. We will do everything we can to keep your data secure, however, complete confidentiality cannot be promised. Despite all of our efforts, unanticipated problems, such as a stolen computer may occur, although it is highly unlikely.

All data that you supply will be assigned a code number, and separated from your name or any other information that could identify you. The research file that links your name to the code number will be kept in a locked file cabinet and a secured database and only the investigator and study staff will have access to the file. Information on specific individuals will never be shared but we will be sharing our overall findings.

Only persons involved with the Needs Assessment Study will have access to participant records and information. Regulatory and oversight bodies may on occasion review participant records. In each instance, the importance of participant privacy is considered. Those with access are held to the strictest standards of confidentiality.



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IRB-AAAT2317 (Y01M00)

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The following people and/or agencies will be able to look at, copy, use and share your research information:

- The investigator, Columbia University Medical Center and NewYork-Presbyterian Hospital study staff and other professionals who may be evaluating the study;
- Authorities from Columbia University and NewYork-Presbyterian Hospital, including the Institutional Review Board ('IRB'). An IRB is a committee organized to protect the rights and welfare of people involved in research.
- The Federal Office of Human Research Protections ('OHRP')

## **COMPENSATION**

You will not receive any payment or other compensation for participating in this needs assessment study.

## **ADDITIONAL COSTS**

There are no costs to you for participating in this study.

## **VOLUNTARY PARTICIPATION**

Participation in this study is completely voluntary. You can choose not to participate in the survey and you can stop participation at any time.

I understand that I am free to not participate in the study or to withdraw at any time. My decision to not participate or to withdraw from the study will not affect my future status with this investigator.

## **ADDITIONAL INFORMATION**

No names or other identifying information will be mentioned in our reported findings.

If you have any questions or concerns about the study, you may contact:

Maricela Ureño at (646) 279-6891, mu3@cumc.columbia.edu, or  
Anabel Cole at (646) 883-0322, ac3580@cumc.columbia.edu.

If you have any questions about your rights as a research subject, you may contact:

Institutional Review Board  
Columbia University Medical Center  
154 Haven Ave, 1st Floor  
New York, NY 10032  
Telephone: (212) 305-5883

An Institutional Review Board is a committee organized to protect the rights and welfare of human subjects involved in research.

Please call Maricela or Anabel to discuss this consent form and any questions you may have.

If you agree to participate in this needs assessment survey, you will be prompted to provide your electronic signature, your child's name (if providing parental consent for a child), and the date. We will also ask for your phone number and email address in order to send you an electronic copy of this consent form.

By clicking the button below, you acknowledge:

Any questions you had were answered to your satisfaction. You are 18 years of age.

- Yes, proceed
- No, I do not wish to participate

[If Yes is selected, the following statement of consent/electronic signature request is displayed]

## STATEMENT OF CONSENT

*I have read this consent form and the research study has been explained to me, including the purpose, procedures, risks, benefits, and alternatives. I agree to be in the research study described above. A copy of this consent form will be provided to me after I sign it. I am aware that by signing below, I have not given up any of the legal rights that I would have if I were not a participant in the study, and that I can stop being in the study at any time.*

### ELECTRONIC SIGNATURE

Study Participant Name:

Child Name (If providing parental consent for a child):

Date of consent (mm/dd/yyyy):

Preferred e-mail Address:

Preferred phone number:

Powered by Qualtrics

This message appears at the end:

We thank you for your time spent reviewing this consent form.  
Your response has been recorded.

If you consented to **take the EHJ needs assessment survey**, please click here to proceed: [https://cumc.co1.qualtrics.com/jfe/form/SV\\_eLDq6tacmkTdNOd](https://cumc.co1.qualtrics.com/jfe/form/SV_eLDq6tacmkTdNOd)

If you have provided **parental consent for a child**, please have your child complete an assent form by following this link:  
[https://cumc.co1.qualtrics.com/jfe/form/SV\\_9ZjaDB165NULOBF](https://cumc.co1.qualtrics.com/jfe/form/SV_9ZjaDB165NULOBF)

Please feel free to contact us with any questions:  
Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),  
or Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)



Link to Survey Assent: [https://cumc.co1.qualtrics.com/jfe/form/SV\\_9ZjaDB165NULOBF](https://cumc.co1.qualtrics.com/jfe/form/SV_9ZjaDB165NULOBF)

## **CCCEH Community Outreach and Research Translation Core Community Needs Assessment**

Child Assent for Survey Participation

### **GENERAL INFORMATION**

**Participation Duration:** 10 minutes

**Anticipated number of subjects:** 175

**Research Purpose:** The Community Outreach and Translation Core, COTC, community needs assessment seeks to identify environmental health and justice, EHJ, issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx.

You are invited to participate in a survey sponsored by the Columbia Center for Children's Environmental Health. The purpose of this research study is to help us to explore and understand the EHJ issues as defined by members of these communities in order to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the Needs Assessment will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect the environmental health and well-being of all, especially children.

### **INFORMATION ON RESEARCH**

We are trying to identify the most effective way to report study findings and provide health information to the community. Your participation in today's survey will help us answer questions about your community's needs and strengths. For example, we may ask questions about issues of importance to your community, best platforms for communicating health messages, and existing knowledge about environmental health exposures and other health topics.



**Columbia University IRB**

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

For use until modified or study is closed

Our goal is to provide research findings in a way that is meaningful and utilizes existing expertise, resources, and assets in the community.

Survey responses will be collected via Columbia University Qualtrics survey software and your responses will remain anonymous and no names or other identifying information will be mentioned in our findings. The information/data we gather from your participation may be used as an internal tool for project planning discussions, and for possible use as a teaching tool to those who are not members of the research staff (i.e., for educational purposes, or conference presentations). Your de-identified information may be used for future research studies without additional consent. (e.g. your views about best mechanisms for community outreach/ research translation, about issues affecting you and your community, or health issues of importance to you).

Any data collected will be stored on password-protected endpoint devices (desktop computers and laptops).

## **RISKS**

There are no expected risks to you in participating in this study. You may choose to not answer/skip any questions that make you uncomfortable.

A risk of taking part in any study is the possibility of a loss of confidentiality or privacy. Loss of privacy means having your personal information shared with someone who is not on the study team and was not supposed to see or know about your information. The study team plans to protect your privacy. Their plans for keeping your information private are described in the Confidentiality section of this consent form.

## **BENEFITS**

There is no direct benefit to participation in this study, though your opinions will help us to identify opportunities for the development of educational materials and outreach campaigns and for the improvement of our research

and our ability to address Environmental Health and Justice issues in your community.

## **ALTERNATIVE PROCEDURES**

You may choose not to participate in this research study as an alternative procedure.

## **CONFIDENTIALITY**

Any information collected during this study that can identify you by name will be kept confidential. We will do everything we can to keep your data secure, however, complete confidentiality cannot be promised. Despite all of our efforts, unanticipated problems, such as a stolen computer may occur, although it is highly unlikely.

All data that you supply will be assigned a code number, and separated from your name or any other information that could identify you. The research file that links your name to the code number will be kept in a locked file cabinet and a secured database and only the investigator and study staff will have access to the file. Information on specific individuals will never be shared but we will be sharing our overall findings.

Only persons involved with the Needs Assessment Study will have access to participant records and information. Regulatory and oversight bodies may on occasion review participant records. In each instance, the importance of participant privacy is considered. Those with access are held to the strictest standards of confidentiality.

## **COMPENSATION**

You will not receive any payment or other compensation for participating in this needs assessment study.



**Columbia University IRB**

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IRB Approval Date: 10/29/2020

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## **ADDITIONAL COSTS**

There are no costs to you for participating in this study.

## **VOLUNTARY PARTICIPATION**

Participation in this study is completely voluntary. You can choose not to participate in the survey and you can stop participation at any time.

I understand that I am free to not participate in the study or to withdraw at any time. My decision to not participate or to withdraw from the study will not affect my future status with this investigator.

## **ADDITIONAL INFORMATION**

No names or other identifying information will be mentioned in our reported findings.

If you have any questions or concerns about the study, you may contact: Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu), or Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu).

If you have any questions about your rights as a research subject, you may contact:

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Telephone: (212) 305-5883

An Institutional Review Board is a committee organized to protect the rights and welfare of human subjects involved in research.

Please call Maricela or Anabel to discuss this consent form and any questions you may have.

If you agree to participate in this needs assessment survey, you will be prompted to provide your electronic signature and the date.

Your parent will need to complete an electronic consent form for your participation as well. If your parent, has not already consented to your participation, please contact us so that we may obtain their consent. Once we have both your assent and your parent's consent, we will send you a link to the survey.

Please make sure to provide us with your contact information so that we may send you a link to the survey and a copy of your consent form.

- Yes, proceed
- No, I do not wish to participate

[If Yes is selected, the following statement of consent/electronic signature request is displayed]

### STATEMENT OF CONSENT

*I have read this consent form and the research study has been explained to me, including the purpose, procedures, risks, benefits, and alternatives. I agree to be in the research study described above. A copy of this consent form will be provided to me after I sign it. I am aware that by signing below, I have not given up any of the legal rights that I would have if I were not a participant in the study, and that I can stop being in the study at any time.*

### ELECTRONIC SIGNATURE

Child Participant Name:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Date of consent (mm/dd/yyyy):	<input type="text"/>
Preferred e-mail Address:	<input type="text"/>
Preferred phone number:	<input type="text"/>

Powered by Qualtrics

End of Survey Message:

We thank you for your time spent reviewing this consent form.  
Your response has been recorded.

If your parent has not yet completed a consent form for your participation in this study, please ask them to contact:

Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),

or Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)



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Link to Survey Assent: [https://cumc.co1.qualtrics.com/jfe/form/SV\\_9ZjaDB165NULOBf](https://cumc.co1.qualtrics.com/jfe/form/SV_9ZjaDB165NULOBf)

## CCCEH Community Outreach and Research Translation Core Community Needs Assessment

Child Assent for Survey Participation

### GENERAL INFORMATION

**Participation Duration:** 10 minutes

**Anticipated number of subjects:** 175

**Research Purpose:** The Community Outreach and Translation Core, COTC, community needs assessment seeks to identify environmental health and justice, EHJ, issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx.

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Any data collected will be stored on password-protected endpoint devices (desktop computers and laptops).

## **RISKS**

There are no expected risks to you in participating in this study. You may choose to not answer/skip any questions that make you uncomfortable.

A risk of taking part in any study is the possibility of a loss of confidentiality or privacy. Loss of privacy means having your personal information shared with someone who is not on the study team and was not supposed to see or know about your information. The study team plans to protect your privacy. Their plans for keeping your information private are described in the Confidentiality section of this consent form.

## **BENEFITS**

There is no direct benefit to participation in this study, though your opinions will help us to identify opportunities for the development of educational materials and outreach campaigns and for the improvement of our research



and our ability to address Environmental Health and Justice issues in your community.

## **ALTERNATIVE PROCEDURES**

You may choose not to participate in this research study as an alternative procedure.

## **CONFIDENTIALITY**

Any information collected during this study that can identify you by name will be kept confidential. We will do everything we can to keep your data secure, however, complete confidentiality cannot be promised. Despite all of our efforts, unanticipated problems, such as a stolen computer may occur, although it is highly unlikely.

All data that you supply will be assigned a code number, and separated from your name or any other information that could identify you. The research file that links your name to the code number will be kept in a locked file cabinet and a secured database and only the investigator and study staff will have access to the file. Information on specific individuals will never be shared but we will be sharing our overall findings.

Only persons involved with the Needs Assessment Study will have access to participant records and information. Regulatory and oversight bodies may on occasion review participant records. In each instance, the importance of participant privacy is considered. Those with access are held to the strictest standards of confidentiality.

## **COMPENSATION**

You will not receive any payment or other compensation for participating in this needs assessment study.



**Columbia University IRB**

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

For use until modified or study is closed

## **ADDITIONAL COSTS**

There are no costs to you for participating in this study.

## **VOLUNTARY PARTICIPATION**

Participation in this study is completely voluntary. You can choose not to participate in the survey and you can stop participation at any time.

I understand that I am free to not participate in the study or to withdraw at any time. My decision to not participate or to withdraw from the study will not affect my future status with this investigator.

## **ADDITIONAL INFORMATION**

No names or other identifying information will be mentioned in our reported findings.

If you have any questions or concerns about the study, you may contact: Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu), or Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu).

If you have any questions about your rights as a research subject, you may contact:

Institutional Review Board  
Columbia University Medical Center  
154 Haven Ave, 1st Floor  
New York, NY 10032  
Telephone: (212) 305-5883

An Institutional Review Board is a committee organized to protect the rights and welfare of human subjects involved in research.

Please call Maricela or Anabel to discuss this consent form and any questions you may have.

If you agree to participate in this needs assessment survey, you will be prompted to provide your electronic signature and the date.

Your parent will need to complete an electronic consent form for your participation as well. If your parent, has not already consented to your participation, please contact us so that we may obtain their consent. Once we have both your assent and your parent's consent, we will send you a link to the survey.

Please make sure to provide us with your contact information so that we may send you a link to the survey and a copy of your consent form.

- Yes, proceed
- No, I do not wish to participate

[If Yes is selected, the following statement of consent/electronic signature request is displayed]

### STATEMENT OF CONSENT

*I have read this consent form and the research study has been explained to me, including the purpose, procedures, risks, benefits, and alternatives. I agree to be in the research study described above. A copy of this consent form will be provided to me after I sign it. I am aware that by signing below, I have not given up any of the legal rights that I would have if I were not a participant in the study, and that I can stop being in the study at any time.*

### ELECTRONIC SIGNATURE

Child Participant Name:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Date of consent (mm/dd/yyyy):	<input type="text"/>
Preferred e-mail Address:	<input type="text"/>
Preferred phone number:	<input type="text"/>

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End of Survey Message:

We thank you for your time spent reviewing this consent form.  
Your response has been recorded.

If your parent has not yet completed a consent form for your participation in this study, please ask them to contact:

Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),

or Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)



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Link to survey: [https://cumc.co1.qualtrics.com/jfe/form/SV\\_5nYkG43JjRBKK7b](https://cumc.co1.qualtrics.com/jfe/form/SV_5nYkG43JjRBKK7b)

## **CCCEH Community Outreach and Research Translation Core Community Needs Assessment**

Consent Form for Focus Group Participation

### **GENERAL INFORMATION**

**Participation Duration:** 90 minutes

**Anticipated number of subjects:** 10 to 12

**Research Purpose:** The Community Outreach and Translation Core, COTC, community needs assessment seeks to identify environmental health and justice, EHJ, issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx.

You are invited to participate in a focus group sponsored by the Columbia Center for Children's Environmental Health. The purpose of this research study is to help us to explore and understand the EHJ issues as defined by members of these communities in order to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the Needs Assessment will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect the environmental health and well-being of all, especially children.

**This consent form is written to address a research subject. If, however, you will be providing permission as the parent or legal guardian of a minor, the words 'you' and 'your' should be read as 'your child'.**

### **INFORMATION ON RESEARCH**

We are trying to identify the most effective way to report study findings and provide health information to the community. Your participation in today's focus group will help us answer questions about your community's needs and strengths. For example, we may ask



**Columbia University IRB**

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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questions about issues of importance to your community, best platforms for communicating health messages, and existing knowledge about environmental health exposures and other health topics.

Our goal is to provide research findings in a way that is meaningful and utilizes existing expertise, resources, and assets in the community.

We are asking for you to allow us to audio/video record you as part of the research study. We will utilize CUIT Columbia University Zoom video conference recording.

The recording will be used for data analysis by the research team. The information/data we gather from your participation may be used as an internal tool for project planning discussions, and for possible use as a teaching tool to those who are not members of the research staff (i.e., for educational purposes, or conference presentations). Names and identifying information will not be shared with anyone outside the research staff or in any report of findings. Your de-identified information may be used for future research studies without additional consent. (e.g. your views about best mechanisms for community outreach/ research translation, about issues affecting you and your community, or health issues of importance to you).

The recording and any data collected will be stored on password-protected endpoint devices (desktop computers and laptops). The recording will include audio, video of full facial features, and may include names. Any recordings will be transcribed after the meeting and the original recordings will be destroyed once they are analyzed. We will assign an ID number and we will not include your name, address, or other identifying information on written transcriptions of the focus group.



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## **RISKS**

There are no expected risks to you in participating in this study. You may choose to not answer/skip any questions that make you uncomfortable.

A risk of taking part in any study is the possibility of a loss of confidentiality or privacy. Loss of privacy means having your personal information shared with someone who is not on the study team and was not supposed to see or know about your information. The study team plans to protect your privacy. Their plans for keeping your information private are described in the Confidentiality section of this consent form.

## **BENEFITS**

There is no direct benefit to participation in this study, though your opinions will help us to identify opportunities for the development of educational materials and outreach campaigns and for the improvement of our research and our ability to address Environmental Health and Justice issues in your community.

## **ALTERNATIVE PROCEDURES**

You may choose not to participate in this research study as an alternative procedure.

## **CONFIDENTIALITY**

Any information collected during this study that can identify you by name will be kept confidential. We will do everything we can to keep your data secure, however, complete confidentiality cannot be promised. Despite all of our efforts, unanticipated problems, such as a stolen computer may occur, although it is highly unlikely.

All data that you supply will be assigned a code number, and separated from your name or any other information that could identify you. The

research file that links your name to the code number will be kept in a locked file cabinet and a secured database and only the investigator and study staff will have access to the file. We will not have your name, address, or other identifying information on written transcriptions of the focus group. Information on specific individuals will never be shared but we will be sharing our overall findings.

Only persons involved with the Needs Assessment Study will have access to participant records and information. Regulatory and oversight bodies may on occasion review participant records. In each instance, the importance of participant privacy is considered. Those with access are held to the strictest standards of confidentiality.

The following people and/or agencies will be able to look at, copy, use and share your research information:

- The investigator, Columbia University Medical Center and NewYork-Presbyterian Hospital study staff and other professionals who may be evaluating the study;
- Authorities from Columbia University and NewYork-Presbyterian Hospital, including the Institutional Review Board ('IRB'). An IRB is a committee organized to protect the rights and welfare of people involved in research.
- The Federal Office of Human Research Protections ('OHRP')

## **COMPENSATION**

You will not receive any payment or other compensation for participating in this needs assessment study.

## **ADDITIONAL COSTS**

There are no costs to you for participating in this study.

## **VOLUNTARY PARTICIPATION**



Participation in this study is completely voluntary. You can choose not to participate in the focus group and you can stop participation at any time.

I understand that I am free to not participate in the study or to withdraw at any time. My decision to not participate or to withdraw from the study will not affect my future status with this investigator.

## **ADDITIONAL INFORMATION**

Although the focus group will be recorded, no names or other identifying information will be mentioned in our findings.

There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group.

We also ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

If you have any questions or concerns about the study, you may contact:

Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu), or  
Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu).

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Columbia University Medical Center

154 Haven Ave, 1st Floor  
New York, NY 10032  
Telephone: (212) 305-5883

An Institutional Review Board is a committee organized to protect the rights and welfare of human subjects involved in research.

Please call Maricela or Anabel to discuss this consent form and any questions you may have.

If you agree to participate in this needs assessment study, you will be prompted to provide your electronic signature, your child's name (if providing parental consent for a child), and the date. We will also ask for your phone number and email address in order to send you an electronic copy of this consent form.

By clicking the button below, you acknowledge:

Any questions you had were answered to your satisfaction. You are 18 years of age.

- Yes, proceed
- No, I do not wish to participate

[If Yes is selected, the following statement of consent/electronic signature request is displayed]

## STATEMENT OF CONSENT

I have read this consent form and the research study has been explained to me, including the purpose, procedures, risks, benefits, and alternatives. I agree to be in the research study described above. A copy of this consent form will be provided to me after I sign it. I am aware that by signing below, I have not given up any of the legal rights that I would have if I were not a participant in the study, and that I can stop being in the study at any time.

## ELECTRONIC SIGNATURE

Study Participant Name:   
Child Name (If providing  
parental consent for a  
child):   
Date of consent  
(mm/dd/yyyy):   
Preferred e-mail Address:   
Preferred phone number:

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The following message displays at the end:

We thank you for your time spent reviewing this consent form.  
Your response has been recorded.

If you have provided **parental consent for a child**, please have your child  
complete an assent form by following this link:

[https://cumc.co1.qualtrics.com/jfe/form/SV\\_exQKOKCyHVbuxNP](https://cumc.co1.qualtrics.com/jfe/form/SV_exQKOKCyHVbuxNP)

Please feel free to contact us with any questions:

Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),  
or Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)



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IRB-AAAT2317 (Y01M00)

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## **COMPENSATION**

You will not receive any payment or other compensation for participating in this needs assessment study.

## **ADDITIONAL COSTS**

There are no costs to you for participating in this study.

## **VOLUNTARY PARTICIPATION**

Participation in this study is completely voluntary. You can choose not to participate in the focus group and you can stop participation at any time.

I understand that I am free to not participate in the study or to withdraw at any time. My decision to not participate or to withdraw from the study will not affect my future status with this investigator.

## **ADDITIONAL INFORMATION**

Although the focus group will be recorded, no names or other identifying information will be mentioned in our findings.

There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group.

We also ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

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Telephone: (212) 305-5883

An Institutional Review Board is a committee organized to protect the rights and welfare of human subjects involved in research.

Please call Maricela or Anabel to discuss this consent form and any questions you may have.

If you agree to participate in this needs assessment focus group, you will be prompted to provide your electronic signature and the date.

Your parent will need to complete an electronic consent form for your participation as well. If your parent, has not already consented to your participation, please contact us so that we may obtain their consent. Once we have both your assent and your parent's consent, we will send you an invitation to the Zoom focus group.

Please make sure to provide us with your contact information so that we may send you an invitation to the focus group and a copy of your consent form.

- Yes, proceed
- No, I do not wish to participate

[If Yes is selected, the following statement of consent/electronic signature request is displayed]

### STATEMENT OF CONSENT

I have read this consent form and the research study has been explained to me, including the purpose, procedures, risks, benefits, and alternatives. I agree to be in the research study described above. A copy of this consent form will be provided to me after I sign it. I am aware that by signing below, I have not given up any of the legal

Link to survey: [https://cumc.co1.qualtrics.com/jfe/form/SV\\_exQKOKCyHVbuxNP](https://cumc.co1.qualtrics.com/jfe/form/SV_exQKOKCyHVbuxNP)

## CCCEH Community Outreach and Research Translation Core Community Needs Assessment

Child Assent for Focus Group Participation

### GENERAL INFORMATION

**Participation Duration:** 90 minutes

**Anticipated number of subjects:** 10 to 12

**Research Purpose:** The Community Outreach and Translation Core, COTC, community needs assessment seeks to identify environmental health and justice, EHJ, issues in the dynamic communities of Washington Heights, Harlem, and the South Bronx.

You are invited to participate in a focus group sponsored by the Columbia Center for Children's Environmental Health. The purpose of this research study is to help us to explore and understand the EHJ issues as defined by members of these communities in order to improve environmental health and justice, build capacity and collaborative opportunities. In addition, the Needs Assessment will seek to explore conditions and systems that perpetuate inequality and racism and thereby affect the environmental health and well-being of all, especially children.

### INFORMATION ON RESEARCH

We are trying to identify the most effective way to report study findings and provide health information to the community. Your participation in today's focus group will help us answer questions about your community's needs and strengths. For example, we may ask questions about issues of importance to your community, best platforms for communicating health messages, and existing knowledge about environmental health exposures and other health topics.

Our goal is to provide research findings in a way that is meaningful and utilizes existing expertise, resources, and assets in the community.



Columbia University IRB

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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rights that I would have if I were not a participant in the study, and that I can stop being in the study at any time.

### ELECTRONIC SIGNATURE

Child Participant Name:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Date of consent (mm/dd/yyyy):	<input type="text"/>
Preferred e-mail Address:	<input type="text"/>
Preferred phone number:	<input type="text"/>

Powered by Qualtrics

This message appears at survey completion:

We thank you for your time spent reviewing this consent form.  
Your response has been recorded.

If your parent has not yet completed a consent form for your participation in this study, please ask them to contact:

Maricela Ureño at (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),  
or Anabel Cole at (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)



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IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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Greetings,

Attached, you will find a needs assessment survey being administered by Columbia Center for Children's Environmental Health (CCCEH). Your participation in this survey is **voluntary**.

**Before you proceed, please note that you must reside or work in Washington Heights, Harlem, or the South Bronx.**

We would like to invite you to answer some questions about environmental health and justice (EHJ) issues in the community. Your opinion about the EHJ needs and strengths will help inform the Center for Children's Environmental Health on EHJ issues important to you, and how to best distribute the research findings back to your community.

Please click on the link below to take you to a survey on Qualtrics:

[https://cumc.co1.qualtrics.com/jfe/form/SV\\_eLDq6tacmkTdNOd](https://cumc.co1.qualtrics.com/jfe/form/SV_eLDq6tacmkTdNOd)

Feel free to contact Maricela Ureño at [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu) or Anabel Cole at [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu) if you have any questions about this survey.

Regards,

Columbia Center for Children's Environmental Health  
Community Outreach and Translation Core



## Follow-Up Phone/e-mail Script

Hello \_\_\_\_\_,  
Consenting participant

My name is \_\_\_\_\_, and \_\_\_\_\_ from  
Study Coordinator Agency Representative

\_\_\_\_\_ provided me your name as someone who would be  
Agency

interested in participating in the environmental health and justice needs assessment study that will be conducted by the Columbia Center for Children's Environmental Health. I am calling/writing today to thank you for your interest in participating and/or (agreeing to allow your child to participate) in the Needs Assessment.

I wanted to ask if you had any questions regarding the consent and/or any questions about the Needs Assessment. I will also review how much time we expect the survey and/or focus group will take.

(Study Coordinator will address any questions and confirm participation.)

The survey will take about 10 minutes. \_\_\_\_\_ will forward you the survey link and all  
Agency representative  
you have to do is click on the link and start the survey and confirm your consent.

(And/or)

The Zoom focus group will be held on:

Date:

Time:

\_\_\_\_\_ send you a Zoom link so you can log onto the Zoom focus group. The  
Agency representative  
focus group will take about an hour and a half.

Once again thank you for your participation. If you have any other questions, feel free to contact me via email or by phone.

Have a great day!



Center for Children's Environmental Health COTC Environmental Health and Justice Needs Assessment

Start of Block: INTRODUCTION AND CONSENT

Q1

Community Outreach and Translation Core, COTC

Environmental Health and Justice Needs Assessment

**Q2 We are conducting a brief survey on issues of environmental health and justice (EHJ) and how these circumstances are affecting the communities' well-being. The survey takes about 10 minutes to complete. Your input will help inform on EHJ research important to the community and how best to disseminate the EHJ research findings to the community.**

**Do you agree to take this survey?**

Yes (1)

No (2)



Columbia University IRB

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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End of Block: INTRODUCTION AND CONSENT

Start of Block: ENVIRONMENTAL HEALTH AND JUSTICE NEEDS

Q3

**ENVIRONMENTAL HEALTH & JUSTICE NEEDS**

Q4 How many years have you lived in your community?

- Since Birth (1)
- Less than a year (2)
- 1-5 years (3)
- 6-10 years (4)
- 11-15 years (5)
- More than 16 years (6)

Q6

What do you like most about your neighborhood?

(Select all that apply)

- Access to medical care (1)
- Access to public transportation (2)
- Community organizations (3)
- Friendly neighbors and a sense of community (4)
- Parks & gardens (5)
- Proximity to stores (6)
- Quality of life (7)
- Recreational programs (8)
- Schools (9)
- Other (10) \_\_\_\_\_



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IRB-AAAT2317 (Y01M00)

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Q7 What **environmental health issues** are you most concerned about in your community?  
(Rank in order of importance to you, 1-6, with #1 being the most important.)

\_\_\_\_\_ Air pollution (Examples: Indoor-tobacco smoke, off-gassing and Outdoor- fuel emissions) (1)

\_\_\_\_\_ Climate Change (Extreme weather - heat, cold, rainfall) (2)

\_\_\_\_\_ Healthy Home (Chemicals in household & personal care products, pests, lead, mold, carbon monoxide,) (3)

\_\_\_\_\_ Lack of green spaces (Parks, gardens, pedestrian walk-ways free of traffic) (4)

\_\_\_\_\_ Transfer facilities (Parking lots for Garbage trucks, School buses, Food delivery trucks) (5)

\_\_\_\_\_ Waste management (waste disposal, litter on the streets, insufficient public garbage bins) (6)

Q8 Where do you get your information on environmental health?

(Check all that apply.)

- Advertisements from the NYC Department of Health (1)
- Community Based Organizations (2)
- Family & Friends (3)

- Internet (4)
  - Newspaper (Write down preferred news papers below) (5)
- 

- Medical Providers (6)
  - Radio (Write down preferred radio stations below) (7)
- 

- School (8)
- Social media platforms (ex. Twitter, Instagram, Facebook, YouTube) (9)
- Workplace (10)
- Other: (11) \_\_\_\_\_

Q9 What are some health conditions you think are attributed to environmental health and justice?

- Asthma & respiratory conditions (1)
- Cancer (2)
- Cardiovascular disease (3)

Coronavirus (COVID-19) (4)

Developmental Delays in children (5)

Obesity (6)

Other (7) \_\_\_\_\_

Q10 When you think of the parks, gardens, and green spaces in your area, how would you rate your satisfaction with the following?

	Very Satisfied (1)	Satisfied (2)	Neither Satisfied nor Dissatisfied (3)	Dissatisfied (4)	Very Dissatisfied (5)
Within walking distance (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Away from high traffic areas (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 How would you describe the AIR quality in your community?

- Extremely good (1)
- Somewhat good (2)
- Neither good nor bad (3)
- Somewhat bad (4)
- Extremely bad (5)

Q13 Air pollution has been linked to several health outcomes. Do you think air pollution has an impact on the following:

	Definitely yes (1)	Probably yes (2)	Might or might not (3)	Probably not (4)	Definitely not (5)
Asthma (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Cardiovascular health (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Disabilities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low birth weight babies (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 Lead poisoning causes developmental delays.

▼ True (1) ... Don't know (3)

Q15 The use of flame retardants, PBDEs, on household products have been banned since 2017 due to their negative impacts on health. We may still have household products with PBDEs in our home. We can manage this by washing hands before eating, dusting and mopping regularly to prevent any dust released from being consumed.

▼ True (1) ... Don't Know (3)

Q16 BPA, (Bisphenol- A) is a chemical found in plastic containers like the ones used for take out. It is okay to warm food in the microwave in these containers.

▼ True (1) ... Don't know (3)

Q17

Pesticides are known to cause the following

(Select all that apply)

- Asthma (1)
- Cancer (2)
- Infertility (3)
- Miscarriages (4)

Q18 The rates of asthma in the Bronx and Harlem are among the highest in New York City area.

▼ True (1) ... Don't know (3)

Q19 The chemicals used in beauty and personal care products are the least monitored by the Food and Drug Administration (FDA).

▼ True (1) ... Don't know (3)

Q20 How can we expand interest and knowledge on Environmental Health in the community?

---

Q21 What strategies are needed to increase communication and information on environmental health?

(Select your top 5 choices)

- Coalition building with other environmental groups or community organizations (1)
- Host panel discussions to inform community (2)
- Organize meetings with community members and legislative leaders (3)
- Posters (4)
- Social Media Posts (5)
- Train local community members as environmental community health workers (6)



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IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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- Train youth as Environmental Health Peer Educators (7)
- Work with religious leaders to inform their congregations (8)

**Q22 How can we best share information on harmful environmental exposures in the community to protect children's health and ensure environmental justice? ( Select your top 5 choices)**

- Community Board Meetings Presentations (1)
- Media (news papers, radio) (2)
- Newsletters from our Center to other Community Based Organizations (3)
- Perinatal support and Centering programs (4)
- Posters and Health Ads (5)
- Pre-k, Head Start and Early Childhood Programs (6)
- Videos in pediatric clinic waiting rooms (7)
- Virtual Parent Workshops organized by School Parent Coordinator (8)
- Virtual workshops in schools for youth & teachers (9)



**Columbia University IRB**

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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- Virtual workshops at WIC offices (10)
- Other (11) \_\_\_\_\_

Q23 Is there anything else you would like to add for this section that we did not ask about or you would like to elaborate on?

\_\_\_\_\_

Q24

**Broader Community Needs**

Q25 In your opinion, what do you think are some of the most pressing needs in the community (Check all that apply)

- Access to healthy foods (1)
- Affordable Housing (2)
- Employment (3)

- Gentrification (4)
- Healthy Housing (Free of pests, lead, mold, asbestos, & proper maintenance) (5)
- Homelessness (6)
- Safety (7)
- Racial Justice (8)
- Strong educational programs (quality early childhood, elementary and high school education) (9)
- Substance use and misuse (Alcohol, tobacco, drugs) (10)
- Other (11) \_\_\_\_\_

Q26

What industries or businesses in your community, do you believe expose people to environmental toxins?

- Auto Repair Shop (car exhaust, body shop-fume from paint & other repair procedures) (1)
- Beauty & Nail Salons (ex. nail polish, acetone, nail polish remover, hair dyes) (2)

- Construction (ex. lead dust, varnishes, painting & adhesive fumes) (3)
- Factory work (ex. chemical disposal, airborne particles) (4)
- Restaurants (5)
- Sewage Treatment Plant (6)
- Transfer facilities (Depots for Garbage trucks, School buses, Food delivery trucks) (7)

Q27 Do you currently live in the same building or within 2 blocks of a:

(Check all that apply.)

- Auto repair shop (car exhaust, body shop- fumes from paint & other repair procedures) (1)
- Beauty & Nail Salons (ex. nail polish, acetone, hair permanent fumes) (2)
- Construction Site (ex. lead dust, varnishes, painting & adhesive fumes) (3)
- Highway (4)
- Industrial Plant (Chemical disposal, airborne particles) (5)

- Restaurant (6)
- Sewage Treatment Plant (7)
- Transfer facilities (Depots for Garbage trucks, School buses, Food delivery trucks) (8)

Q28 In general, what would you say are your community's most pressing **health** concerns?  
(Select all that apply)

- Asthma (1)
- Diabetes (2)
- Environmental Health (Pests, Pollution, Toxic Chemicals, Lead & Carbon Monoxide Poisoning) (3)
- Maternal & Child Health (Prenatal & postnatal care, Well-baby Care) (4)
- Mental Health (Domestic Violence, Substance misuse/Alcoholism, Depression) (5)
- Nutrition (Healthy eating, healthy weight) (6)
- Reproductive Health (HIV/AIDS, Family Planning, Teen Pregnancy, Cancers) (7)
- Other (8) \_\_\_\_\_



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Q29 What **safety issues** in your community are you concerned about? (Select all that apply)

- Assault (1)
- Domestic violence (2)
- Gang activity (3)
- Gun violence (4)
- Lack of Community Policing/Crime Prevention (5)
- Lighting (6)
- Police violence (7)
- School safety (ex. bullying, fighting, weapons) (8)
- Sexual harassment (9)



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Q32 Where did you get most of your news and information on Covid-19? (Select all that apply and please include your preferred news papers, radio stations, and social media platforms)

- Family and Friends (1)
  - Governor Cuomo's Press Conferences (2)
  - Medical Providers (3)
  - NYC Department of Health (4)
  - Online newspapers (Write in papers you prefer below) (5)
- 

- Radio (write in stations you prefer below) (6)
- 

- Schools (7)

- Social Media Platforms (ex. Twitter, Instagram, Facebook, YouTube) (8)
- 

- Workplace (9)

- Other (10) \_\_\_\_\_



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Q33 What have been your greatest sources of concern from the COVID-19 outbreak? (Select all that apply)

- Health concerns (1)
- Financial concerns (2)
- Impact on your child (3)
- Impact on education & schooling (4)
- Impact on family members (5)
- Impact on your community (6)
- Impact on work (7)
- Access to food (8)
- Access to baby supplies (formulas, diapers, wipes) (9)
- Access to personal care products or household supplies (10)
- Access to medical care including mental health care (11)
- Social distancing or being quarantined (12)
- I am not concerned about the COVID-19 outbreak (13)



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IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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Q34 Please indicate the extent to which you view the COVID-19 outbreak as having either a positive or negative impact on your life.

- Extremely positive (1)
- Moderately positive (2)
- Slightly positive (3)
- No impact (4)
- Somewhat negative (5)
- Moderately negative (6)
- Extremely negative (7)

Q35 Is there anything else you would like to add for this section that we did not ask about or you would like to elaborate on?

---

Q36

**Demographics**

Q37 What is your gender?

- Male (1)
- Female (2)
- Non-binary (3)
- Prefer not to say (4)

Q38 How old are you?

- 13-17 (1)
- 18 - 24 (2)
- 25 - 34 (3)

35 - 44 (4)

45 - 54 (5)

55 - 64 (6)

65+ (7)

Q39 Where do you live?

Bronx (1)

Harlem (2)

Washington Heights/Inwood (3)

Other (4) \_\_\_\_\_

Q40 What is your zip code?

Please type below (1) \_\_\_\_\_



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IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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Q41 Are you Hispanic or Latinx?

Yes (1)

No (2)

Q42 What is your race? (Select all that apply)

Asian (1)

Black/African American (2)

Middle Eastern (3)

Native American or Alaska Native (4)

Native Hawaiian or Pacific Islander (5)

White (6)

Multiracial/Multiethnic (7)



Columbia University IRB

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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- Don't identify with any race (8)
- Other (9) \_\_\_\_\_

Q43 What language(s) do you speak at home? (Select all that apply)

- English (1)
- Spanish (2)
- French (Haitian Creole) (3)
- Yoruba (4)
- Arabic (5)
- Russian (6)
- Other (7) \_\_\_\_\_

Q45



**Thank you for participating in the survey!**

End of Block: ENVIRONMENTAL HEALTH AND JUSTICE NEEDS



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IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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## Center for Children's Environmental Health

### COTC, Community Outreach and Translation Core

Environmental Health and Justice, EHJ, Needs Assessment August 2020

### Focus Group Guide for CBOs/Service Agencies-English

(Facilitator/**notetaker**: Introduce yourself and read introduction to participants.)

Each question should be more than a one-word answer probe with: ***“is there anything else you can tell me...”*** ***“any other issues...?”*** “would you explain further? Can you give me an example? Please describe what you mean...

Be prepared to write fast- **exactly what the person says in their own words- do not edit.** Use additional sheets as needed to take notes.)

## Instructions and Welcome

- I. **Welcome- (3 mins)** Thank you all for coming today. I am \_\_\_\_\_ from the Columbia Children's Environmental Health Center and we are conducting a community needs assessment on environmental health and justice. This research will be conducted in the Washington Heights, Harlem, and Bronx communities. We will do focus groups like this and we will also conduct surveys and in-depth interviews to better inform our research on environmental health and justice. All the information collected will be analyzed to create a report and we will gladly share these findings with all of you.
  - a. I will be co-facilitating this focus group with\_\_\_\_\_.
  - b. The goal of today's meeting is to understand environmental health issues that are of greatest concern to you and the community you serve and may live. We will also explore issues of environmental justice and how these circumstances are affecting the communities' well-being. Your input will help inform on EHJ research important to the community and how best to disseminate the EHJ research findings to the same community.
- II. **Introductions- (3 mins)** Let us just go around the Zoom video and please say your name and (the agency you represent and community).
- III. **There are only a few basic rules to keep in mind while participating today (3 mins):**
  - a) Everyone is expected to be an active participant. So please keep your video on so we can see you. (Maybe mention the Zoom hand). This will help us facilitate the focus group.
  - b) There are no “right” or “wrong” answers.
  - c) Speak freely but remember not to interrupt others while they are talking.

- d) Note taking is for reporting purposes only and will be used for analysis. Names are not attached to the notes.
- e) In order, to maintain confidentiality, I just ask that anything that is said during our session is not repeated outside of our session. -Thank you.

## Questions:

As we start ...keep in mind the community in which your agency is based...

### 1. When you hear the term *Environmental Health and Justice* what do you think of?

*Probe: How do you define these terms?*

### 2. What do you like the most about the community?

*Probes: (Can you tell me more about that; How do other people feel about this? Can we hear some other views? is there anything else you can tell me...?" "any other issues...? (To bring quieter ppl in)-You haven't had a chance to share...what do you think?)*

### 3. What are some of the environmental health issues that concern you the most?

*Probes: What sources do you think contribute to these problems?*

*(Can you tell me more about that? How do other people feel about this? Can we hear some other views? is there anything else you can tell me...?" "any other issues...? (To bring quieter ppl in)-You haven't had a chance to share...what do you think?)*



Columbia University IRB

IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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**4. In your opinion, what are some health conditions in the community that are associated with environmental health?**

*Probes: (Can you tell me more about that? How do other people feel about this? Can we hear some other views? is there anything else you can tell me...?" "any other issues...? (To bring quieter ppl in)-You haven't had a chance to share...what do you think?)*

**5. What are work and home related environmental toxins people in your community may be exposed to?**

*Probe: (In your opinion, what industries or businesses in your community expose people to environmental toxins?)*

*Probes: (Can you tell me more about that? How do other people feel about this?; Can we hear some other views? is there anything else you can tell me...?" "any other issues...? (To bring quieter ppl in)-You haven't had a chance to share...what do you think?)*

**6. What strategies are needed to increase communication and information on environmental health?**

*Probes: (Can you tell me more about that? How do other people feel about this? Can we hear some other views? is there anything else you can tell me...?" "any other issues...? (To bring quieter ppl in)-You haven't had a chance to share...what do you think?)*

**7. Where do you think people get most of their information on environmental health?**

*Probes: (Can you tell me more about that? How do other people feel about this? Can we hear some other views? is there anything else you can tell me...?" "any other issues...? (To bring quieter ppl in)-You haven't had a chance to share...what do you think?)*

**8. How can we best share information on harmful environmental exposure to protect children’s health and ensure environmental justice?**

*Probes: (Can you tell me more about that? How do other people feel about this? Can we hear some other views? is there anything else you can tell me...?” “any other issues...? (To bring quieter ppl in)-You haven’t had a chance to share...what do you think?)*

**9. In general, what are some of the most important needs in the community?**

*Probes: (Can you tell me more about that? How do other people feel about this? Can we hear some other views? is there anything else you can tell me...?” “any other issues...? (To bring quieter ppl in)-You haven’t had a chance to share...what do you think?)*

**10. Where did you get most of your news and information on Covid-19?**

*Probes: (Can you tell me more about that? How do other people feel about this?; Can we hear some other views? is there anything else you can tell me...?” “any other issues...? (To bring quieter ppl in)-You haven’t had a chance to share...what do you think?)*

**11. What safety issues in your community are you concerned about?**

*Probes: (Can you tell me more about that? How do other people feel about this?; Can we hear some other views? is there anything else you can tell me...?” “any*

*other issues...? (To bring quieter ppl in)-You haven't had a chance to share...what do you think?)*

**12. If you had a magic wand what 2 things, if any, would you change about the community you serve (your community)?**

***Probes:** (Can you tell me more about that? How do other people feel about this?; Can we hear some other views? is there anything else you can tell me...?" "any other issues...? (To bring quieter ppl in)- "You have not had a chance to share...what do you think?)*

**13. Is there anything else you would like to add?**



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IRB-AAAT2317 (Y01M00)

IRB Approval Date: 10/29/2020

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# ENVIRONMENTAL HEALTH AND JUSTICE NEEDS ASSESSMENT

## FOCUS GROUPS VIA ZOOM



**Come share your opinions about the strengths and  
needs of your community!**

**Days:**

**Wednesdays, September 23<sup>rd</sup>, 30<sup>th</sup>, & October 7<sup>th</sup> 3:30 – 5:00 pm**

**Thursdays, September 24<sup>th</sup>, & October 1<sup>st</sup> 10:00 – 11:30 am**

**Saturday, October 3<sup>rd</sup> 11:00 – 12:30 pm**

**Columbia Center for Children's Environmental Health, Community Outreach and Translation  
Core** is sponsoring focus groups to understand environmental health and justice (EHJ) issues that  
are of greatest concern to you and your community.

**For more information contact: Maricela Ureño, 646.279.6891. [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu)**



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IRB-AAAT2317 (Y01M00)

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COLUMBIA UNIVERSITY  
MEDICAL CENTER

**The Spanish Translation Center (STC)**

Clinical Trials Office

New York, NY 10032

Tel. (954) 404-9531

[mg1067@columbia.edu](mailto:mg1067@columbia.edu)

## **CERTIFICATION OF TRANSLATION**

November 4, 2020

I have reviewed and hereby certify that, the translation for the Study IRB Protocol Number AAAT2317 (eConsent Form, Assent Form, Phone-email Script, EHJSurvey) IRB Approval Date: 10/29/2020 for use until modified or study is closed is, to the best of my knowledge, a true, complete and accurate translation from English to Spanish.

**Magaly Garcia M.D.**

**Director**

**THE SPANISH TRANSLATION CENTER  
Columbia University Medical Center**



## **Center for Children's Environmental Health**

Evaluación de necesidades de justicia y salud ambiental de COTC

Empezar el bloque: INTRODUCCIÓN Y CONSENTIMIENTO

Q1.

Centro de traducción y alcance comunitario, COTC

Evaluación de necesidades de justicia y salud ambiental

**Q2 Estamos realizando una breve encuesta sobre temas de justicia y salud ambiental (EHJ) y cómo estas circunstancias afectan el bienestar de las comunidades. La encuesta le tomará unos 10 minutos para completar. Sus comentarios ayudarán a respaldar la importancia de la investigación de justicia y salud ambiental para la comunidad y a mejorar las maneras de difundir los resultados de la investigación de justicia y salud ambiental a la comunidad.**

**¿Acepta realizar esta encuesta?**

- Sí
- No

Fin del bloque: INTRODUCCIÓN Y CONSENTIMIENTO

Empezar el bloque: **NECESIDADES DE JUSTICIA y SALUD AMBIENTAL**

**Q3 NECESIDADES DE JUSTICIA y SALUD AMBIENTAL**

Q4. ¿Cuántos años ha vivido en su comunidad?

- Desde que nací (1)
- Menos de un año (2)
- 1-5 años (3)

- 6-10 años (4)
- 11-15 años (5)
- Más de 16 años (6)

Q6. ¿Qué es lo que más le gusta de su vecindario?

(Seleccione todas las que correspondan)

- Acceso a la atención médica (1)
- Acceso al transporte público (2)
- Organizaciones comunitarias (3)
- Vecinos amigables y el sentido de comunidad (4)
- Parques y jardines (5)
- Proximidad a tiendas y comercio (6)
- Calidad de vida (7)
- Programas recreativos (8)
- Escuelas (9)
- Otro (10) \_\_\_\_\_

Q7. ¿Cuáles son los **problemas de salud ambiental** que le preocupan más en su comunidad?

(Clasifique en orden de importancia de 1- 6, el número 1 es el más importante)

\_\_\_\_ Contaminación del aire (Ejemplos: humo de tabaco dentro de la casa, emisión de gases y emisiones de combustible afuera) (1)

\_\_\_\_ Cambio climático (clima extremo-calor, frío, lluvia) (2)

\_\_\_\_ Hogar saludable (químicos en productos de limpieza del hogar y en productos de cuidado personal, plagas, plomo, moho, monóxido de carbono) (3)

\_\_\_\_ Falta de espacios verdes (parques, jardines, senderos peatonales libres de tráfico) (4)

\_\_\_\_ Centros de transferencia (espacios de estacionamiento para camiones de basura, autobuses escolares, camiones de entrega de alimentos)(5)

\_\_\_\_\_Manejo de basura (eliminación de desperdicios, basura en las calles, insuficiente botes de basura públicos) (6)

Q8. ¿Dónde obtiene su información sobre la salud ambiental?

(Marque todo lo que corresponda.)

- Anuncios del Departamento de Salud de Nueva York (1)
  - Organizaciones basadas en la comunidad (2)
  - Familia y amistades (3)
  - Internet (4)
  - Periódico (escriba abajo los periódicos preferidos) (5)
- 

- Proveedores médicos (6)
  - Radio (escriba abajo las estaciones de radio preferidas) (7)
- 

- Escuelas (8)
- Plataformas de redes sociales (ej. Twitter, Instagram, Facebook, YouTube) (9)
- Lugar de trabajo (10)
- Otro (11)\_\_\_\_\_

Q9. ¿Cuáles son algunas condiciones de salud que cree que se atribuyen a la justicia y salud ambiental? (Marque todo lo que corresponda.)

- Asma y condiciones de salud respiratorias (1)
- Cáncer (2)
- Enfermedad cardiovascular (3)
- Coronavirus (COVID-19) (4)
- Retrasos del desarrollo en los niños (5)
- Obesidad (6)
- Otro (7)\_\_\_\_\_

Q10. Cuando piensa en los parques, jardines y espacios verdes en su área, ¿cómo calificaría su satisfacción con lo siguiente?

	Muy satisfecho (1)	Satisfecho (2)	Ni satisfecho ni insatisfecho (3)	Insatisfecho (4)	Muy insatisfecho (5)
Caminando una corta distancia(1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La limpieza (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La seguridad (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lejos de las zonas de mucho tráfico (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11. ¿Cómo describiría la calidad del AIRE en su comunidad?

- Extremadamente bueno (1)
- Algo bueno (2)
- Ni bueno ni malo (3)
- Algo malo (4)
- Extremadamente malo (5)

Q13. La contaminación del aire se ha relacionado con varias condiciones de salud. Cree que la contaminación del aire tiene un impacto en lo siguiente:

	Definitivamente sí (1)	Probablemente sí (2)	Probablemente sí o probablemente no (3)	Probablemente no (4)	Definitivamente no (5)
Asma (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salud cardiovascular (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trastornos del aprendizaje (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bebés con bajo peso al nacer (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesidad (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14. La intoxicación por plomo causa retrasos en el desarrollo.

▼ Verdadero (1) ... No sé (3)

Q15. El uso de los retardadores de fuego, PBDEs, ha sido prohibido en los productos del hogar desde el 2017 debido al impacto negativo en la salud. Podemos tener productos del hogar con PBDEs en nuestra casa. Podemos manejar esto lavándonos las manos antes de comer, sacudir y mapear regularmente para impedir levantar el polvo al ser consumido.

▼ Verdadero (1) ... No sé (3)

Q16. El BPA (bisfenol-A) es un químico que se encuentra en recipientes de plástico como los que se usan cuando ordena comida para llevar. Está bien calentar los alimentos en el microondas en estos recipientes.

▼ Verdadero (1) ... No sé (3)

Q17.

Se sabe que los pesticidas causan lo siguiente

(Seleccione todas las que correspondan)

- Asma (1)
- Cáncer (2)
- Esterilidad (3)
- Abortos espontáneos (4)

Q18. Las tasas de asma en el Bronx y Harlem se encuentran entre las más altas en el área de la ciudad de New York.

▼ Verdadero (1) ... No sé (3)

Q19. Los productos químicos utilizados en productos de belleza y cuidado personal son los menos controlados por la Administración de Alimentos y Medicamentos (FDA).

▼ Verdadero (1) ... No sé (3)

Q20. ¿Cómo podemos expandir el interés y los conocimientos sobre la salud ambiental en la comunidad?

---

Q21. ¿Qué estrategias se necesitan para incrementar la comunicación y la información sobre salud ambiental? (Seleccione sus 5 respuestas preferidas)

- Construcción de coaliciones con otros grupos ambientales u organizaciones comunitarias (1)
- Organizar paneles de discusión para informar a la comunidad (2)
- Organizar reuniones con miembros de la comunidad y líderes legislativos (3)
- Carteles Informativos (4)
- Publicaciones en redes sociales (5)
- Capacitar a miembros de la comunidad local para trabajar como promotores de salud ambiental de la comunidad (6)
- Capacitar a jóvenes para trabajar como educadores de colegas en salud ambiental (7)
- Trabajar con líderes religiosos para informar a sus congregaciones (8)

Q22 ¿Qué métodos serían los mejores para compartir información sobre exposiciones ambientales nocivas en la comunidad con el fin de proteger la salud de los niños y garantizar la justicia ambiental? (Seleccione sus 5 respuestas preferidas.)

- Presentaciones en las reuniones de la junta comunitaria (1)
- Medios de comunicación (periódicos, radio) (2)
- Boletines informativos de nuestro centro a otras organizaciones comunitarias (3)
- Programas del centro y de apoyo perinatal (4)
- Carteles y anuncios de salud (5)

- Programas de prekindergarten, Head Start y Early Childhood (Primera Infancia) (6)
- Vídeos en salas de espera de clínicas pediátricas (7)
- Talleres virtuales para padres organizados por los Coordinadores de Padres en las escuelas públicas (8)
- Talleres virtuales en escuelas para jóvenes y maestros (9)
- Talleres virtuales en las oficinas de WIC (10)
- Otro (11)\_\_\_\_\_

Q23. ¿Hay algo más que le gustaría agregar? ¿Algo que no preguntamos o dar más detalles sobre algo que se trató anteriormente?

---

#### Q24

#### Las necesidades comunitarias en general

Q25.

En su opinión, ¿cuáles piensa que son algunas de las necesidades más apremiantes en la comunidad? (Seleccione sus 5 respuestas preferidas.)

- Acceso a alimentos saludables (1)
- Vivienda asequible (2)
- Empleo (3)
- Aumento de clase adinerada (aburguesamiento) (4)
- Vivienda saludable (libre de plagas, plomo, moho, asbesto y mantenimiento adecuado) (5)
- Indigentes (6)
- La seguridad (7)
- Justicia racial (8)
- Programas educativos de calidad (educación infantil, primaria y secundaria) (9)
- Uso y abuso de sustancias (alcohol, tabaco, drogas) (10)
- Otro (11)\_\_\_\_\_

Q26.

En su opinión, ¿qué industrias o negocios en su comunidad exponen a las personas a toxinas ambientales? (Seleccione todas las que correspondan.)

- Taller de reparación de automóviles (escape de humo de automóviles, gases de pintura y otros procesos de reparación en talleres de auto) (1)
- Salones de belleza y uñas (ej. esmalte de uñas, acetona, quitaesmalte, tintes para el cabello) (2)
- Construcción (ej. polvo de plomo y gases de barnices, pintura y adhesivos) (3)
- Trabajo en fábrica (ej. eliminación de químicos, partículas en el aire) (4)
- Restaurantes (5)
- Planta de tratamiento de aguas residuales (6)
- Instalaciones de transferencia (depósitos para camiones de basura, autobuses escolares, camiones de entrega de alimentos) (7)

Q27.

Actualmente vive en el mismo edificio o a dos cuerdas de: (seleccione todas las que correspondan)

- Taller de reparación de automóviles (escape de humo de automóviles, gases de pintura y otros procesos de reparación en talleres de auto) (1)
- Salones de belleza y uñas (ej. esmalte de uñas, acetona, quitaesmalte, tintes para el cabello) (2)
- Centros de construcción (ej. polvo de plomo y gases de barnices, pintura y adhesivos) (3)
- Autopista (4)
- Planta industrial (desechos químicos, partículas en el aire) (5)
- Restaurantes (6)
- Planta de tratamiento de aguas residuales (7)
- Instalaciones de transferencia (depósitos para camiones de basura, autobuses escolares, camiones de entrega de alimentos) (8)

Q28 En general, ¿cuáles diría usted que son las preocupaciones de **salud** más apremiantes de la comunidad? (Seleccione todas las que correspondan.)

- Asma (1)



- Diabetes (2)
- Salud ambiental (plagas, contaminación, productos químicos tóxicos, envenenamiento por plomo y monóxido de carbono) (3)
- Salud materno infantil (prenatal y posparto, cuidado, cuidado del bebé sano) (4)
- Salud mental (violencia doméstica, abuso de sustancias / alcoholismo, depresión) (5)
- Nutrición (alimentación saludable, peso saludable) (6)
- Salud reproductiva (VIH / SIDA, planificación familiar, embarazo adolescente, cáncer) (7)
- Otro (8) \_\_\_\_\_

Q29. ¿Qué **problemas de seguridad** le preocupan en su comunidad? (Seleccione todas las que correspondan)

- Asalto (1)
- Violencia doméstica (2)
- Actividad de pandillas (3)
- La violencia armada (4)
- Falta de vigilancia policial comunitaria/ prevención de actos criminales (5)
- Iluminación adecuada (6)
- Violencia policial (7)
- Seguridad escolar (ej. Intimidación, peleas, armas) (8)
- Acoso sexual (9)

Q32. ¿Dónde obtuvo la mayor parte de las noticias e información sobre la COVID-19? (Seleccione todas las opciones que correspondan e incluya sus periódicos, estaciones de radio y plataformas de redes sociales preferidas.)

- Familiares y amistades (1)
  - Conferencias de prensa del gobernador Cuomo (2)
  - Proveedores médicos (3)
  - Departamento de Salud de la Ciudad de New York (4)
  - Periódicos por internet (escriba los periódicos que prefiera a continuación) (5)
-

Radio (escriba las estaciones que prefiera a continuación) (6)

---

Escuelas (7)

Plataformas de redes sociales (por ejemplo, Twitter, Instagram, Facebook, Youtube) (8) \_\_\_\_\_

Lugar de trabajo (9)

Otro (10) \_\_\_\_\_

Q33. ¿Cuál ha sido su mayor preocupación del brote de la COVID-19? (Seleccione todas las que correspondan)

Preocupaciones de salud (1)

Preocupaciones financieras (2)

Impacto en su hijo (3)

Impacto en la educación y la escolaridad (4)

Impacto en los miembros de la familia (5)

Impacto en su comunidad (6)

Impacto en el trabajo (7)

Acceso a la comida (8)

Acceso a suministros para bebés (fórmulas, pañales, toallitas) (9)

Acceso a suministros de cuidado personal y productos del hogar (10)

Acceso a la atención médica, incluida la atención de salud mental (11)

Distanciamiento social o estar en cuarentena (12)

No me preocupa el brote de COVID-19 (13)

Q34 Según su punto de vista, indique en la medida de lo posible cómo la COVID 19 tiene un impacto positivo o negativo en su vida.

Extremadamente positivo (1)

Moderadamente positivo (2)

Ligeramente positivo (3)

- No impacta (4)
- Algo negativo (5)
- Moderadamente negativo (6)
- Extremadamente negativo (7)

Q35. ¿Hay algo más que le gustaría agregar? ¿Algo que no preguntamos o que le gustaría profundizar?

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### Q36

#### Demografía

Q37. ¿Cuál es su género?

- Masculino (1)
- Femenino (2)
- No binario (3)
- Prefiero no decirlo (4)

Q38. ¿Cuántos años tiene?

- 13-17 (1)
- 18 – 24 (2)
- 25 – 34 (3)
- 35 – 44 (4)
- 45 – 54 (5)
- 55 – 64 (6)

- 65+ (7)

Q39. ¿Dónde vive?

- Bronx (1)
- Harlem (2)
- Washington Heights / Inwood (3)
- Otro (4) \_\_\_\_\_

Q40. ¿Cuál es su código postal?

- Por favor, escriba abajo (1)
- \_\_\_\_\_

Q41. ¿Es hispano o latino?

- Sí (1)
- No (2)

Q42. ¿Cuál es su raza? (Seleccione todas las que correspondan)

- Asiática (1)
- Negra / afroamericana (2)
- Del Medio Oriente (3)
- Nativa americana o nativa de Alaska (4)
- Nativa de Hawái o de las islas del Pacífico (5)
- Blanca (6)
- Multirracial / multiétnica (7)
- No me identifico con ninguna raza (8)
- Otra (9) \_\_\_\_\_

Q43. ¿Qué idioma (s) habla en su casa? (Seleccione todas las que correspondan)

Inglés (1)

Español (2)

Francés (creole haitiano) (3)

Yoruba (4)

Árabe (5)

Ruso (6)

Otro (7) \_\_\_\_\_

Q45

**¡Gracias por participar en la encuesta!**

Fin del bloque: NECESIDADES DE JUSTICIA Y SALUD AMBIENTAL

## **Guion de seguimiento para las llamadas telefónicas y correos electrónicos**

**Hola** \_\_\_\_\_,  
*Participante que ha dado su consentimiento*

**Mi nombre es** \_\_\_\_\_ **y** \_\_\_\_\_ **de**  
*Coordinadora del estudio Representante de la agencia*

\_\_\_\_\_ **me proporcionó su nombre como alguien que está interesado en**  
*Agencia*

**participar en el estudio de Evaluación de necesidades de justicia y salud ambiental que llevará a cabo el Columbia Center for Children’s Environmental Health (Centro de Columbia para la Salud Ambiental Infantil).**

**Primero, quiero agradecerle por su interés en participar y/o (aceptar permitir que su hijo/a participe) en el estudio de Evaluación de las necesidades.**

**Quería preguntarle si tuvo alguna pregunta con respecto al consentimiento y / o alguna pregunta sobre el estudio de Evaluación de necesidades. También revisaré cuánto tiempo esperamos que tome la encuesta y / o el grupo de enfoque.**

**(La coordinadora del estudio responderá a cualquier pregunta y confirmará su participación).**

**La encuesta durará unos 10 minutos. \_\_\_\_\_ le enviará el enlace a la encuesta.**  
*Representante de agencia*

**Solo tiene que hacer clic en el enlace e iniciar la encuesta y confirmar su consentimiento.**

**(Y / o)**

**El grupo de enfoque en Zoom se llevará a cabo en:**

**Fecha:**

**Hora:**

\_\_\_\_\_ **le enviará un enlace a Zoom para que pueda iniciar el grupo de enfoque en**  
*Representante de agencia*

**Zoom. El grupo de enfoque durará aproximadamente una hora y media.**

**De nuevo, quiero darle las gracias por su participación. Si tiene alguna otra pregunta, usted tiene la libertad de comunicarse conmigo por correo electrónico o por teléfono.**

**¡Que pase un buen día!**

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**Centro de Traducción de investigaciones y alcance comunitario de CCCEH  
(CCCEH Community Outreach and Research Translation Core)**

**Evaluación de necesidades comunitarias**

FORMULARIO DE CONSENTIMIENTO PARA LA PARTICIPACIÓN EN LA ENCUESTA

**INFORMACIÓN GENERAL**

**Duración de la participación:** 10 minutos

**Número estimado de sujetos:** 175

**Propósito de la investigación:**

El Centro de traducción y alcance comunitario (Community Outreach and Translation Core, COTC por sus siglas en inglés), busca evaluar las necesidades comunitarias para identificar problemas de salud y justicia ambiental (EHJ por sus siglas en inglés) en las dinámicas comunidades de Washington Heights, Harlem y el South Bronx.

Está invitado a participar en una encuesta patrocinada por “*Columbia Center for Children's Environmental Health*” (Centro de Columbia para la Salud Ambiental Infantil, CCCEH por sus siglas en inglés). El propósito de esta investigación es ayudarnos a explorar y comprender los problemas de salud y justicia ambiental tal como los definen los miembros de estas comunidades con los objetivos de mejorar la salud y la justicia ambiental, crear capacidad y oportunidades de colaboración. Además, la Evaluación de necesidades buscará explorar las condiciones y los sistemas que perpetúan la desigualdad, el racismo y, por lo tanto, afectan la salud ambiental y el bienestar de todos, especialmente de los niños.

Este formulario de consentimiento esta escrito para informar a los sujetos del estudio. Si usted está dando su permiso como padre o tutor legal de un menor, las palabras “usted” o “su” se deben interpretar como “su hijo/a”.

**INFORMACIÓN SOBRE LA INVESTIGACIÓN**

Estamos tratando de identificar la forma más eficaz de comunicarle a la comunidad los hallazgos del estudio y proporcionarle información acerca de la salud. Su participación en la encuesta de hoy nos ayudará a responder cuestiones sobre las necesidades y fortalezas de su comunidad. Por ejemplo, le preguntaremos sobre temas importantes para su comunidad, las mejores plataformas para comunicar mensajes de salud y el conocimiento actual sobre las exposiciones ambientales para la salud y otros temas de salud.

Nuestro objetivo es compartir los hallazgos de la investigación de una manera que sea significativa y utilice las experiencias, los recursos y los bienes que ya existen en la comunidad.

Las respuestas a esta encuesta se recopilarán a través del *software de encuestas Qualtrics* de *Columbia University* y sus respuestas permanecerán anónimas y no se mencionarán nombres

ni otra información de identificación en nuestros hallazgos. La información o los datos que recopilamos de su participación, se pueden utilizar como una herramienta interna para las discusiones sobre la planificación de proyectos, así como para el posible uso como una herramienta de enseñanza para aquellos que no son miembros del personal de investigación (es decir, con fines educativos o para presentaciones en conferencias). La información anónima puede usarse para estudios futuros de investigación sin el consentimiento adicional (por ejemplo, sus puntos de vista sobre los mejores mecanismos para el alcance comunitario / traducción de la investigación, sobre problemas que lo afectan a usted y a su comunidad o temas de salud de importancia para usted).

Todos los datos recopilados se almacenarán en dispositivos terminales protegidos con contraseña (computadoras de escritorio y portátiles).

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## **RIESGOS**

No se esperan riesgos para usted por su participación en este estudio. Usted puede elegir no responder a ciertas preguntas y dejar sin contestar una pregunta, si alguna pregunta lo hace sentir incómodo.

Un riesgo que siempre existe en cualquier estudio es la posibilidad de la pérdida de la confidencialidad o privacidad. La pérdida de privacidad significa que su información personal se comparta con alguien que no está en el equipo del estudio y que no debía ver ni conocer su información. El equipo de estudio planea proteger su privacidad. Los planes para mantener la privacidad de su información se describen en la sección de Confidencialidad de este formulario de consentimiento.

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## **BENEFICIOS**

No hay ningún beneficio directo de participar en este estudio, aunque sus opiniones nos ayudarán a identificar las oportunidades para el desarrollo de materiales educativos y campañas de alcance comunitario y para mejorar nuestra investigación, así como nuestra capacidad de abordar los problemas de salud y justicia ambiental en su comunidad.

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## **ALTERNATIVAS**

Como alternativa, usted puede elegir no participar en este estudio de investigación.

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## **CONFIDENCIALIDAD**

Cualquier información recopilada durante este estudio que pueda identificarlo por su nombre se mantendrá confidencial. Haremos todo lo posible para mantener sus datos seguros, sin



embargo, no se puede prometer la confidencialidad total. A pesar de todos nuestros esfuerzos, pueden surgir problemas imprevistos, como el robo de una computadora, aunque es muy poco probable.

A todos los datos que proporcione se les asignará un código numérico y se separarán de su nombre o cualquier otra información que pueda identificarlo. El archivo de la investigación que vincula su nombre al número de código se guardará en un archivador cerrado con llave y en una base de datos segura y solo el investigador y el personal del estudio tendrán acceso al archivo. La información sobre individuos específicos nunca se compartirá, pero compartiremos nuestros hallazgos generales.

Solo las personas involucradas en este estudio de Evaluación de necesidades tendrán acceso a los registros y la información de los participantes. Las entidades de regulación y de supervisión pueden, en ocasiones, revisar los registros de los participantes. En cada caso, se considera la importancia de la privacidad de los participantes. Aquellos con acceso están sujetos a los más estrictos estándares de confidencialidad.

Las siguientes personas y / o agencias podrán ver, copiar, usar y compartir la información de su investigación:

- El investigador, el personal del estudio del Centro Médico de la Universidad de Columbia y del Hospital New York-Presbyterian y otros profesionales que puedan estar evaluando el estudio;
- Las autoridades de la Universidad de Columbia y del Hospital New York-Presbyterian, incluida la Comisión Institucional de Revisión ('IRB' por sus siglas en inglés). Una IRB es un comité organizado para proteger los derechos y el bienestar de las personas involucradas en la investigación.
- La Oficina de Protección de Humanos en Investigación ('OHRP' por sus siglas en inglés) a nivel federal.

## **COMPENSACIÓN**

No recibirá ningún pago ni otro tipo de compensación por participar en este estudio de Evaluación de necesidades.

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## **GASTOS ADICIONALES**

No hay ningún costo para usted por participar en este estudio.

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## **PARTICIPACIÓN VOLUNTARIA**

La participación en este estudio es completamente voluntaria. Puede elegir no participar en la encuesta y puede dejar de participar en cualquier momento.

Entiendo que tengo la libertad de no participar en el estudio o de retirarme en cualquier momento. Mi decisión de no participar o de retirarme del estudio no afectará mi situación futura con este investigador.

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## **INFORMACIÓN ADICIONAL**

No se mencionarán nombres ni otra información de identificación en el reporte de los hallazgos.

Si tiene alguna pregunta o inquietud sobre el estudio, comuníquese con:

Maricela Ureño al (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),

o

Anabel Cole al (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)

Si tiene alguna pregunta sobre sus derechos como participante en la investigación, puede comunicarse con:

Institutional Review Board  
Columbia University Medical Center  
154 Haven Ave, 1st Floor  
New York, NY 10032  
Teléfono: (212) 305-5883

Una Comisión Institucional de Revisión (Institutional Review Board) es un comité organizado para proteger los derechos y el bienestar de los sujetos humanos involucrados en la investigación.

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Por favor, llame a Maricela o Anabel para hablar sobre este formulario de consentimiento y hacerle cualquier pregunta o inquietud que pueda tener.

Si acepta participar en esta encuesta de Evaluación de necesidades, se le pedirá que proporcione su firma electrónica, el nombre de su hijo/a (si está dando su consentimiento como

padre para su hijo/a) y la fecha. Le pediremos su número de teléfono y dirección de correo electrónico para enviarle una copia electrónica de este formulario de consentimiento.

Haga clic en el siguiente botón, usted confirma que:

Todas las preguntas que ha tenido fueron respondidas a su plena satisfacción. Usted tiene 18 años o más.

- Sí, proceda
- No, no deseo participar

*Si seleccionó **Sí**, a continuación, se muestra la declaración de consentimiento / firma electrónica solicitada.*

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## DECLARACIÓN DE CONSENTIMIENTO

*He leído este formulario de consentimiento y se me ha explicado el estudio de investigación, incluido el propósito, los procedimientos, riesgos, beneficios y las alternativas. Acepto participar en el estudio de investigación descrito anteriormente. Se me proporcionará una copia de este formulario de consentimiento después de que lo firme. Soy consciente de que, al firmar a continuación, no renuncio a ninguno de los derechos legales que tendría si no participara en el estudio y puedo suspender mi participación en el estudio en cualquier momento.*

## FIRMA ELECTRÓNICA

- Nombre del participante del estudio:  
\_\_\_\_\_
- Nombre del niño (si el padre otorga el consentimiento para el hijo):  
\_\_\_\_\_
- Fecha del consentimiento (mm/dd/aaaa):  
\_\_\_\_\_
- Correo electrónico preferido:  
\_\_\_\_\_
- Número de teléfono preferido:  
\_\_\_\_\_

Este mensaje aparece al final:

Le estamos agradecidos por su tiempo dedicado para revisar este formulario de consentimiento.

Su respuesta ha sido registrada.

Si dio su consentimiento para participar en la encuesta de Evaluación de necesidades EJH, por favor, haga clic aquí para proceder:

[https://cumc.co1.qualtrics.com/jfe/form/SV\\_eLDq6tacmkTdNOd](https://cumc.co1.qualtrics.com/jfe/form/SV_eLDq6tacmkTdNOd)

Si ha proporcionado el consentimiento como padre para su hijo/-a, por favor, haga que su hijo/a complete el formulario de asentimiento, siguiendo este enlace:

[https://cumc.co1.qualtrics.com/jfe/form/SV\\_9ZjaDB165NULOBF](https://cumc.co1.qualtrics.com/jfe/form/SV_9ZjaDB165NULOBF)

Usted tiene la libertad de contactarnos si tiene alguna pregunta:

Maricela Ureño al (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),

O Anabel Cole al (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)

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**Centro de Traducción de investigaciones y alcance comunitario de CCCEH  
(CCCEH Community Outreach and Research Translation Core)**

**Evaluación de necesidades comunitarias**

Asentimiento del hijo/a para participar en la encuesta

**INFORMACIÓN GENERAL**

**Duración de la participación:** 10 minutos

**Número estimado de sujetos:** 175

**Propósito de la investigación:**

El Centro de traducción y alcance comunitario (Community Outreach and Translation Core, COTC por sus siglas en inglés), busca evaluar las necesidades comunitarias para identificar problemas de salud y justicia ambiental (EHJ por sus siglas en inglés) en las dinámicas comunidades de Washington Heights, Harlem y el South Bronx.

Estás invitado a participar en una encuesta patrocinada por “*Columbia Center for Children's Environmental Health*” (Centro de Columbia para la Salud Ambiental Infantil, CCCEH por sus siglas en inglés). El propósito de esta investigación es ayudarnos a explorar y comprender los problemas de salud y justicia ambiental tal como los definen los miembros de estas comunidades con los objetivos de mejorar la salud y la justicia ambiental, crear capacidad y oportunidades de colaboración. Además, la Evaluación de necesidades buscará explorar las condiciones y los sistemas que perpetúan la desigualdad, el racismo y, por lo tanto, afectan la salud ambiental y el bienestar de todos, especialmente de los niños.

**INFORMACIÓN SOBRE LA INVESTIGACIÓN**

Estamos tratando de identificar la forma más eficaz de comunicarle a la comunidad los hallazgos del estudio y proporcionarle información acerca de la salud. Tu participación en la encuesta de hoy nos ayudará a responder cuestiones sobre las necesidades y fortalezas de tu comunidad. Por ejemplo, te preguntaremos sobre temas importantes para tu comunidad, las mejores plataformas para comunicar mensajes de salud y el conocimiento actual sobre las exposiciones ambientales para la salud y otros temas de salud.

Nuestro objetivo es compartir los hallazgos de la investigación de una manera que sea significativa y utilice las experiencias, los recursos y los bienes que ya existen en la comunidad.

Las respuestas a esta encuesta se recopilarán a través del *software de encuestas Qualtrics* de *Columbia University* y tus respuestas permanecerán anónimas y no se mencionarán nombres ni otra información de identificación en nuestros hallazgos. La información o los datos que recopilamos de tu participación, se pueden utilizar como una herramienta interna para las discusiones sobre la planificación de proyectos, así como para el posible uso como una herramienta de enseñanza para aquellos que no son miembros del personal de investigación (es decir, con fines educativos o para presentaciones en conferencias). La información anónima puede usarse para estudios futuros de investigación sin el consentimiento adicional (por

ejemplo, tus puntos de vista sobre los mejores mecanismos para el alcance comunitario / traducción de la investigación, sobre problemas que te afectan a ti y a tu comunidad o temas de salud de importancia para ti).

Todos los datos recopilados se almacenarán en dispositivos terminales protegidos con contraseña (computadoras de escritorio y portátiles).

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## **RIESGOS**

No se esperan riesgos para ti por tu participación en este estudio. Puedes elegir no responder a ciertas preguntas y dejar sin contestar una pregunta, si alguna pregunta te hace sentir incómodo.

Un riesgo por participar en cualquier estudio es la posibilidad de la pérdida de la confidencialidad o privacidad. La pérdida de privacidad significa que tu información personal se comparta con alguien que no está en el equipo del estudio y que no debía ver ni conocer tu información. El equipo de estudio planea proteger tu privacidad. Los planes para mantener la privacidad de tu información se describen en la sección de Confidencialidad de este formulario de consentimiento.

## **BENEFICIOS**

No hay ningún beneficio directo de participar en este estudio, aunque tus opiniones nos ayudarán a identificar las oportunidades para el desarrollo de materiales educativos y campañas de alcance comunitario y para mejorar nuestra investigación, así como nuestra capacidad de abordar los problemas de salud y justicia ambiental en tu comunidad.

## **ALTERNATIVAS**

Como alternativa, puedes elegir no participar en este estudio de investigación.

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## **CONFIDENCIALIDAD**

Cualquier información recopilada durante este estudio que pueda identificarte por tu nombre se mantendrá confidencial. Haremos todo lo posible para mantener tus datos seguros, sin embargo, no se te puede prometer la confidencialidad total. A pesar de todos nuestros esfuerzos, pueden surgir problemas imprevistos, como el robo de una computadora, aunque es muy poco probable.

A todos los datos que proporciones se les asignará un código numérico y se separarán de tu nombre o cualquier otra información que pueda identificarte. El archivo de la investigación que vincula tu nombre al número de código se guardará en un archivador cerrado con llave y en una base de datos segura y solo el investigador y el personal del estudio tendrán acceso al

archivo. La información sobre individuos específicos nunca se compartirá, pero compartiremos nuestros hallazgos generales.

Solo las personas involucradas en este estudio de Evaluación de necesidades tendrán acceso a los registros y la información de los participantes. Las entidades de regulación y de supervisión pueden, en ocasiones, revisar los registros de los participantes. En cada caso, se considera la importancia de la privacidad de los participantes. Aquellos con acceso están sujetos a los más estrictos estándares de confidencialidad.

## **COMPENSACIÓN**

No recibirás ningún pago ni otro tipo de compensación por participar en este estudio de Evaluación de necesidades.

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## **GASTOS ADICIONALES**

No hay ningún costo para ti por participar en este estudio.

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## **PARTICIPACION VOLUNTARIA**

La participación en este estudio es completamente voluntaria. Puedes elegir no participar en la encuesta y puedes dejar de participar en cualquier momento.

Entiendo que tengo la libertad de no participar en el estudio o de retirarme en cualquier momento. Mi decisión de no participar o de retirarme del estudio no afectará mi situación futura con este investigador.

## **INFORMACIÓN ADICIONAL**

No se mencionarán nombres ni otra información de identificación en el reporte de los hallazgos.

Si tienes alguna pregunta o inquietud sobre el estudio, comunícate con:

Maricela Ureño al (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),

O Anabel Cole al (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)

Si tienes alguna pregunta sobre tus derechos como participante en la investigación, puedes comunicarte con:

Institutional Review Board  
Columbia University Medical Center  
154 Haven Ave, 1st Floor  
New York, NY 10032

Teléfono: (212) 305-5883

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Una Comisión Institucional de Revisión (Institutional Review Board) es un comité organizado para proteger los derechos y el bienestar de los sujetos humanos involucrados en la investigación.

Por favor, llama a Maricela o Anabel para hablar sobre este formulario de asentimiento y hacerle cualquier pregunta o inquietud que puedas tener.

Si aceptas participar en esta encuesta de Evaluación de necesidades, se te pedirá que proporciones tu firma electrónica y la fecha. Si tus padres todavía no han dado el consentimiento para tu participación, comunícate con nosotros, ya que podemos obtener su consentimiento. Una vez que tengamos tu asentimiento y el consentimiento de tus padres, te enviaremos un enlace a la encuesta.

Asegúrate de proporcionarnos tu información de contacto para poder enviarte un enlace a la encuesta y una copia de tu formulario de asentimiento.

- Sí, proceda
- No, no deseo participar

*Si seleccionó **SÍ**, a continuación, se muestra la declaración de consentimiento / firma electrónica solicitada.*



## DECLARACIÓN DE CONSENTIMIENTO

*He leído este formulario de consentimiento y se me ha explicado el estudio de investigación, incluido el propósito, los procedimientos, riesgos, beneficios y las alternativas. Acepto participar en el estudio de investigación descrito anteriormente. Se me proporcionará una copia de este formulario de consentimiento después de que lo firme. Soy consciente de que, al firmar a continuación, no renuncio a ninguno de los derechos legales que tendría si no participara en el estudio y puedo suspender mi participación en el estudio en cualquier momento.*

## FIRMA ELECTRÓNICA

Nombre del niño/a participante:

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Nombre del padre/tutor:

---

Fecha del consentimiento (mm/dd/aaaa):

---

Correo electrónico preferido:

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Número de teléfono preferido:

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Mensaje final de la encuesta:

Gracias por tu tiempo para revisar este formulario de consentimiento.  
Tu respuesta ha sido registrada.

Si tus padres todavía no han completado el formulario de consentimiento para tu participación en este estudio, pídele a ellos que contacten con:

Maricela Ureño al (646) 279-6891, [mu3@cumc.columbia.edu](mailto:mu3@cumc.columbia.edu),  
O Anabel Cole al (646) 883-0322, [ac3580@cumc.columbia.edu](mailto:ac3580@cumc.columbia.edu)