

Community Healthcare Survey, 2006.

Grace Family Medicine

and His Branches

Advisor: Dr. Bill Morehouse

Jessica Speares

Roberts Wesleyan College

August 16, 2006

**Goal of the Research:** To conduct an original assessment of healthcare in the 19<sup>th</sup> ward using three tools: demographic analysis, community leader interviews, and door-to-door surveying of residents.

**Research Plan:**

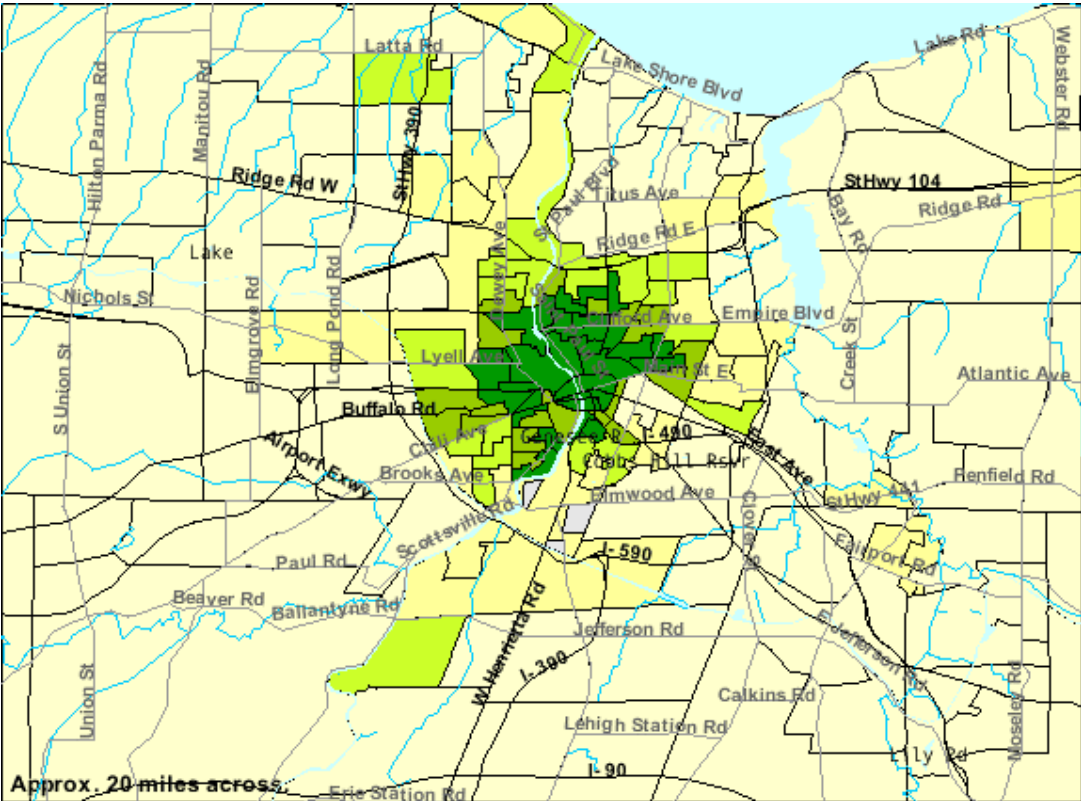
1. Conduct on-line demographic research about the 19<sup>th</sup> ward- know its people, places, and programs.
2. Contact community leaders (anyone in the community in a position of social leadership) and interview them about what they believe are the most paramount issues in healthcare and general well-being in the 19<sup>th</sup> ward.
3. Synthesize the leaders' comments into a coherent outline, which will aid in the formation of the survey.
4. Author an original survey which will be used as an instrument to measure residents' overall feelings about healthcare, as well as identify areas of strength and needed improvement.
5. Go door-to-door with a group of community volunteers and give the survey to residents.
6. Analyze the data, and create a formal report which will outline the findings.

**Part I: Demographic Research:**

Statistics Courtesy of 2000 U.S. Census: [www.Census.gov](http://www.Census.gov)

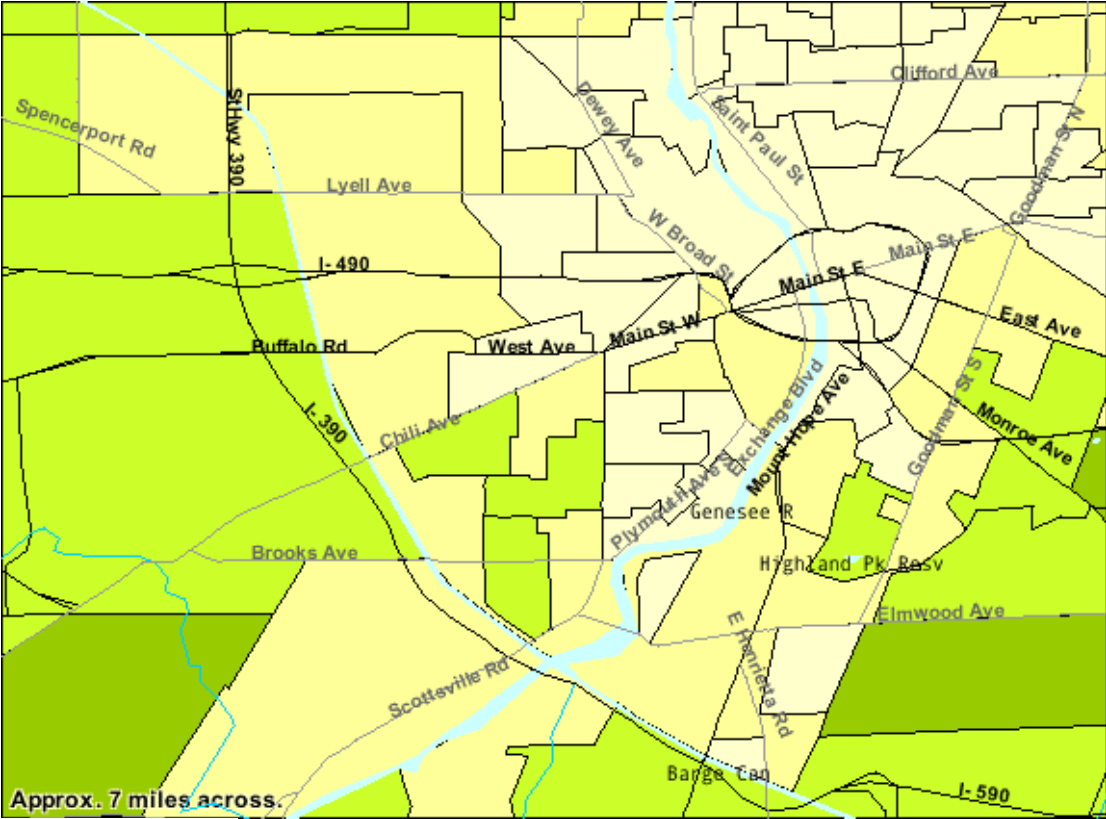
General Characteristic	Number	Percentage	U.S.
Total Population	3,228		
Male	1,482	45.9%	49.1%
Female	1,746	54.1%	50.9%
Median Age (yrs.)	30.5		35.3
Under 5	282	8.7%	6.8%
18 & Over	2,064	63.9%	74.3%
65& Over	234	7.2%	12.4%
Av. Household #	2.94		2.95
Av. Family #	3.46		3.14
Total Housing	1,242		
Occupied Housing	1,094	88.1%	91.0%
Owner-occupied	606	55.4%	66.2%
Renter-occupied	488	44.6%	33.8%
Vacant Housing	148	11.9%	9,0%
Median Household Income	30,705		41,994
Median Family Income	33,875		50,046
Per Capita Income (1999)	15,156		21,587
Families Below Poverty Line	147	18.0%	9.2%
Individuals Below Poverty Line	667	21.6%	12.4%

**The Area of Study: Sector 4, Tract 63.**



**This map of Rochester shows the tracts divided for Census Data purposes. The intersection of Chili Ave & Genesee Street form the upper right corner of Tract 63.**

### Median Household Income



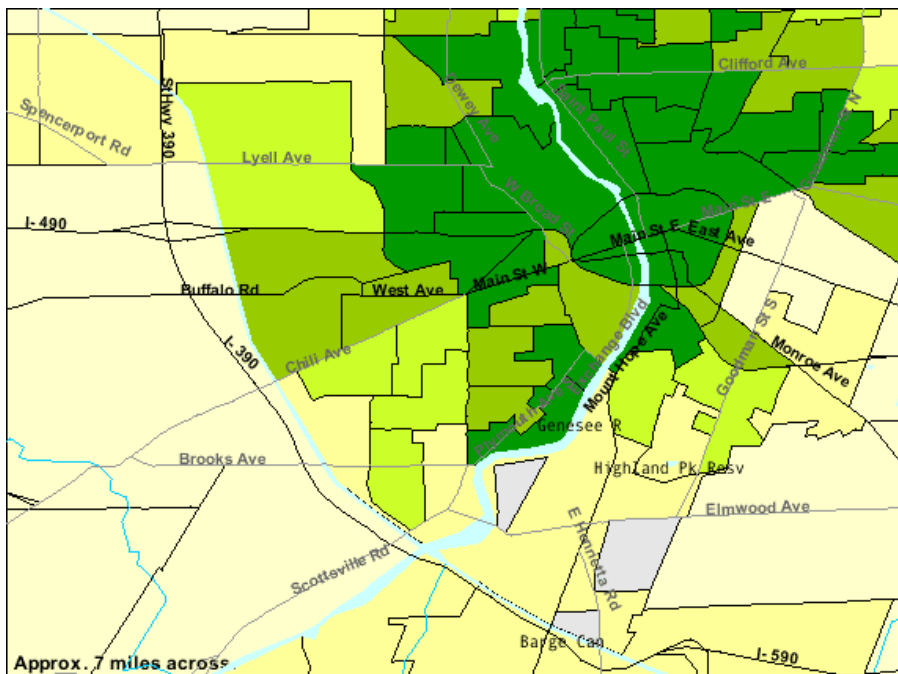
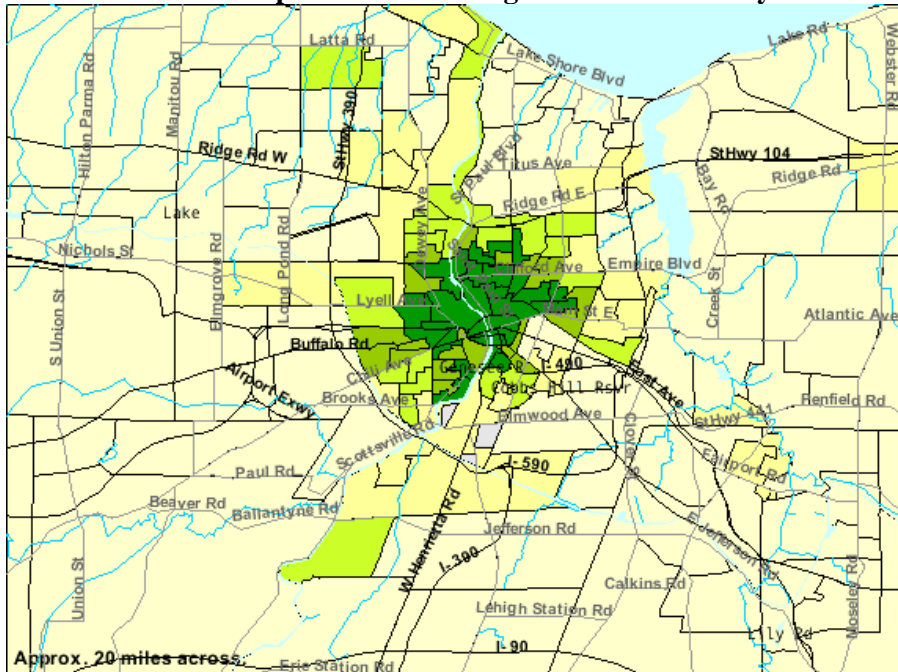
**Data Classes**

- Dollars
- 0 - 22154
- 24036 - 36563
- 37766 - 52417
- 53298 - 72326
- 74891 - 114787

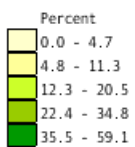
**Features**

- Major Road
- Street
- Stream/Waterbody
- Stream/Waterbody

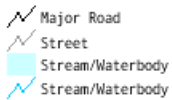
### Population Percentage Below the Poverty Line



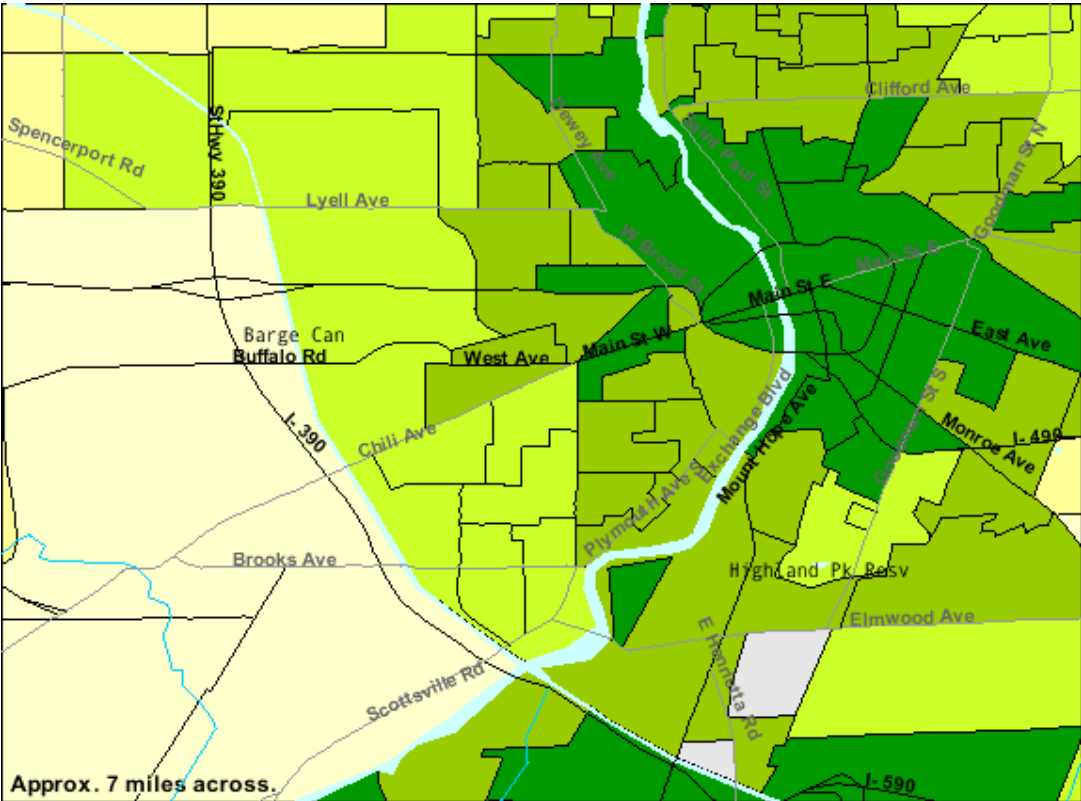
**Data Classes**



**Features**



### Percentage of Renter-Owned Properties



**Data Classes**

Percent

0.0 - 16.8
17.4 - 31.9
33.2 - 51.1
51.6 - 73.0
73.8 - 100.0

**Features**

- Major Road
- Street
- Stream/Waterbody
- Stream/Waterbody

## Part II: Community Leader Interviews:

**Community Leader Interviewed:** Administrator of Westside Health Center.

**Fields of Study/ Areas of Expertise:** Public Health, 19<sup>th</sup> ward health issues, healthcare administration.

**Comments:**

Strengths of local healthcare include Westside health center, Dr. Morehouse's practice and other providers in the area. Many patients who are seen would otherwise not go to a doctor, or would go to the ER.

Weaknesses of local healthcare are that "we are just surviving as a health clinic".

Smaller employers cannot provide coverage for their workers, and the government restrains a lot of the care patients can receive due to federal, state and local deficits. This necessitates that providers find ways to cut costs. Another issue to struggle with is a lot of the populations providers deal with (ie, Addictions, behavioral issues etc.) occur in individuals who are transitory. Thus, it is very difficult to provide a stable healthcare environment for these individuals.

What is needed is a coordination of services, not necessarily more services. Access in an efficient manner is critical. There needs to be formal transitional programs from one service to another.

Cultural competency is also important. There can be lifestyle issues that a provider might not understand, or stereotypes on the part of the patient about healthcare providers. (African American Health Status Task Force, May 2003: "Whats Goin' On"). There need to be "healthcare collaboratives" to educate the population about common healthcare issues specific to the African American population such as Cardiovascular disease, cancer, diabetes, behavioral health and stroke. (African American Task Force Report, May 2003).

**Community Leader Interviewed:** C.O.O and Vice President of Park Ridge Hospital (Administrator of St. Mary's Hospital for 23 years).

**Fields of Study/ Areas of Expertise:** Primary care, homeless, HIV and pre-natal outreaches, Healthcare Administration, 19<sup>th</sup> ward health issues, etc.

**Comments:**

Strengths of area healthcare include an engaged and active community association, people who cooperate with one another, a large number of community organizations, the presence of Unity Health and its many health outreaches, Dr. Morehouse's practice, and Westside.

Weaknesses include crime, homicide "A lot happens across Genesee Street", lack of adequate primary care, infant mortality, STDs, and violence. Some of this may be outside the influence of the healthcare provider, and may be due to things like family dynamics, etc. The challenge is to "link it back to the community", to figure out what are THEIR needs?

Asthma care is expensive and complicated, and as such is not always treated adequately. Transportation of the patient to the healthcare provider is HUGE.

There may be disparities among race in diabetes and heart attack care (Caucasians are more likely to have procedures like angioplasty, etc, but African Americans have a higher incidence of heart attack). Do these two groups receive different levels of care? Performance improvement must be used to determine disparities in care and treatment. Maternal childcare is very important. Problems with it result in a decrease in quality of life and an increase healthcare costs throughout the lifetime of the individual.

**Community Leader Interviewed:** Assistant Director to Youth Services Coordinator, Arnett Branch Library.

**Fields of Study/ Areas of Expertise:** Issues among teens and children.

**Comments:**

The 19<sup>th</sup> ward is a “working community”. Many people work more than one part-time and seasonal job, but are not considered full time employees, and do not receive healthcare coverage, but also do not qualify for Medicaid. These people fall between the cracks. Many of the kids she sees do not have healthcare coverage. The ER is used for all of the medical needs of the family. Things like dental and eye care needs are not taken care of, because they are not covered and the costs are astronomical.

Teen Pregnancy is a large issue in this community. It may be a largely educational issue. Basic hygiene is also a concern. Kids need toothbrushes, supplies, etc. Problems getting medication: Transportation and financial.

There needs to be better ACCESS and more options with lower cost or free medical coverage. People need to know their options to take advantage of them.

**Community Leader Interviewed:** Interfaith Action Associate

**Fields of Study/ Areas of Expertise:** Community Advocacy, Organizational services.

**Comments:**

People need to advocate for their own healthcare and they don't know how. “The system is a maze”, if you don't know the ins and outs how will you navigate? Lead poisoning is also an issue because of the high degree of rental properties in the area. Lack of insurance/ high cost of insurance is of course an issue.

Health issues specific to the African American population: Diabetes, heart disease, sickle cell anemia).

Children's health: ADD/ADHD.

**Community Leader Interviewed:** School Nurse, 19<sup>th</sup> ward Elementary Schools 16 & 54.

**Fields of Study/ Areas of Expertise:** Children's health, 19<sup>th</sup> ward issues, etc.

**Comments:**

There has been a real positive difference in the healthcare system since 1990. NYS should be a national model because of Child Health Plus. Also, St. Mary's takes anyone without insurance. Access to healthcare is pretty good. A real issue in the schools is parents not following through on a nurse's advice/referral. Dental is also an issue because not many dental providers take Medicaid. SMILES does cleanings, but no oral surgery.

There are a disproportionate amount of children with diabetes in the schools. Asthma and sickle cell anemia are also concerns. Accidents are the most common cause of trips to the nurse, and most kids need TLC.

Kids are sent to school sick because mom works and can't take off to stay home.

Abundance of Resources!!

Rochester Primary Care Network: 232-2012 X223 Willie Mae Cliett

Asthma Intervention: Mary Beth Schlabach

SMILES: East Ridge Road

**Community Leader Interviewed:** Sector 4 Community Development Corp. President

**Fields of Study/ Areas of Expertise:** ALL THINGS 19<sup>th</sup> WARD!

**Comments:**

“Unity is very community service oriented.”

All acute care has been moved to Park Ridge, but St. Mary’s still takes care of the less cost effective services. (Hospice, brain and spinal recovery, mental health/ in-services, assisted living, community oriented primary care is downstairs.”

Increased costs are driving consolidation of resources; this is why Dr. Morehouse is so unique.

### Part III: Community Healthcare Survey

1. How long have you and your family lived in this community? (19<sup>th</sup> ward)

\_\_\_\_\_ years/ months

2. How many people make up your household, and what ages are they?

Infants: (0-1yr.)\_\_\_\_\_ Young Adults: (20-39 yrs.)\_\_\_\_\_

Children: (2-12yrs.)\_\_\_\_\_ Middle Aged: (40-59 yrs.)\_\_\_\_\_

Teens: (13-19yrs.)\_\_\_\_\_ Seniors: (60+) \_\_\_\_\_

3. Do you and your family have a primary care physician (a doctor you regularly see)?

Yes No

a. **If YES:** When was the last time you saw them? **Date:**\_\_\_\_\_

b. **If NO:** Where do you get medical care? (Circle all that apply)

A. Walk-In or Urgent Care Center

B. Emergency Department

C. Other:\_\_\_\_\_

D. None- I Do Not seek medical care.

4. The last time you were seriously sick or injured, did you seek medical attention?

a. **If YES,** how satisfied were you with your overall visit on a scale of 1-10?

\_\_\_\_\_ (1= totally dissatisfied; 10= totally satisfied).

b. **If No,** what prevented you from seeking medical care? (Circle all that apply).

A. Lack of convenient transportation

B. Too expensive

C. Problems with insurance or lack of it

D. Unable to get time off of work to go to the doctor.

E. The doctor's office isn't open at the right times.

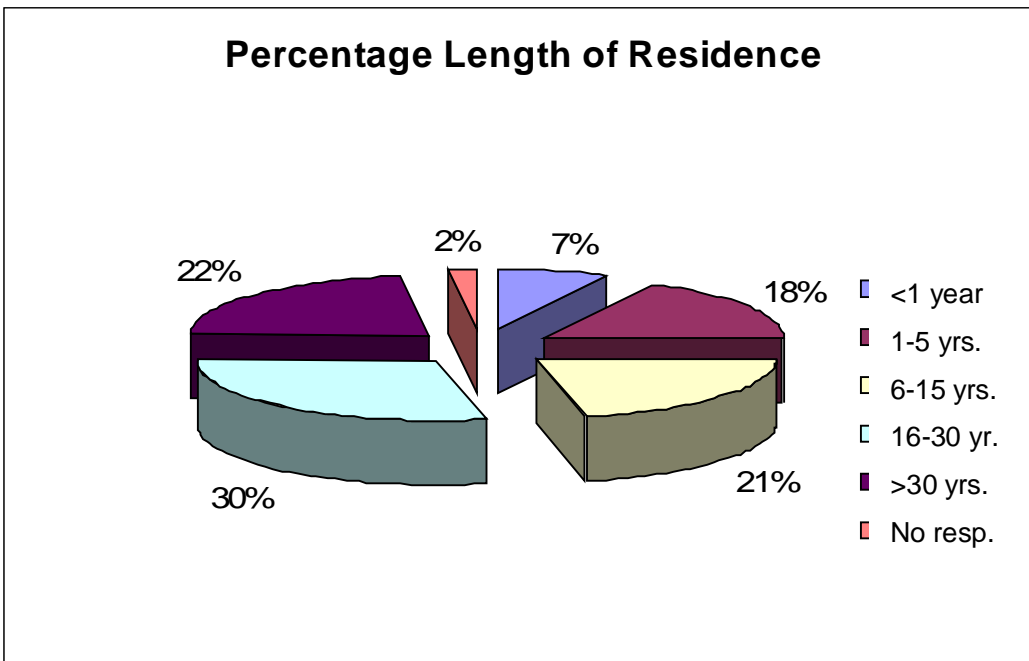
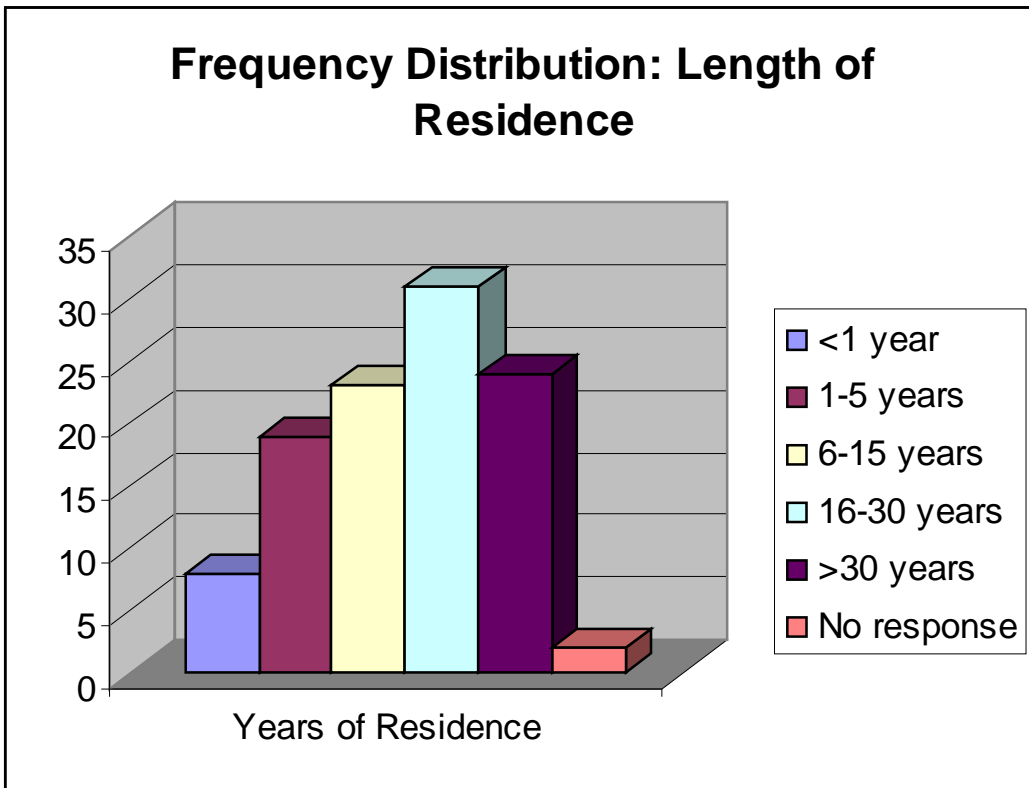
F. I don't have a physician

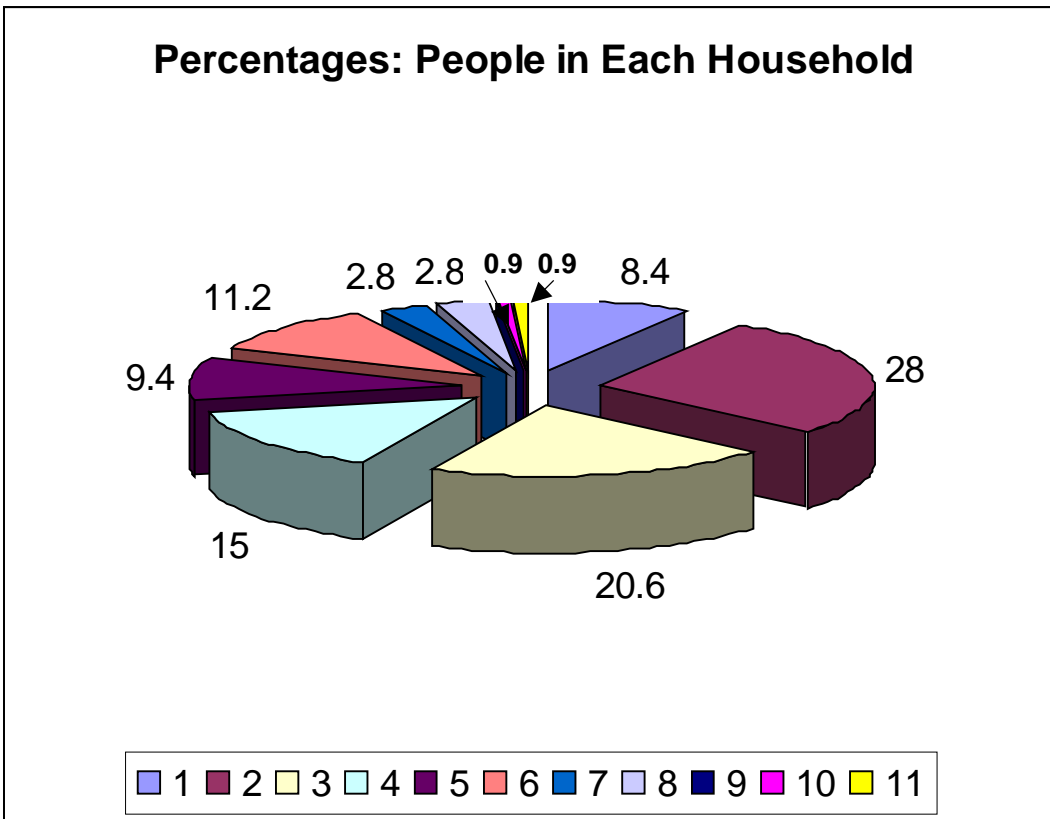
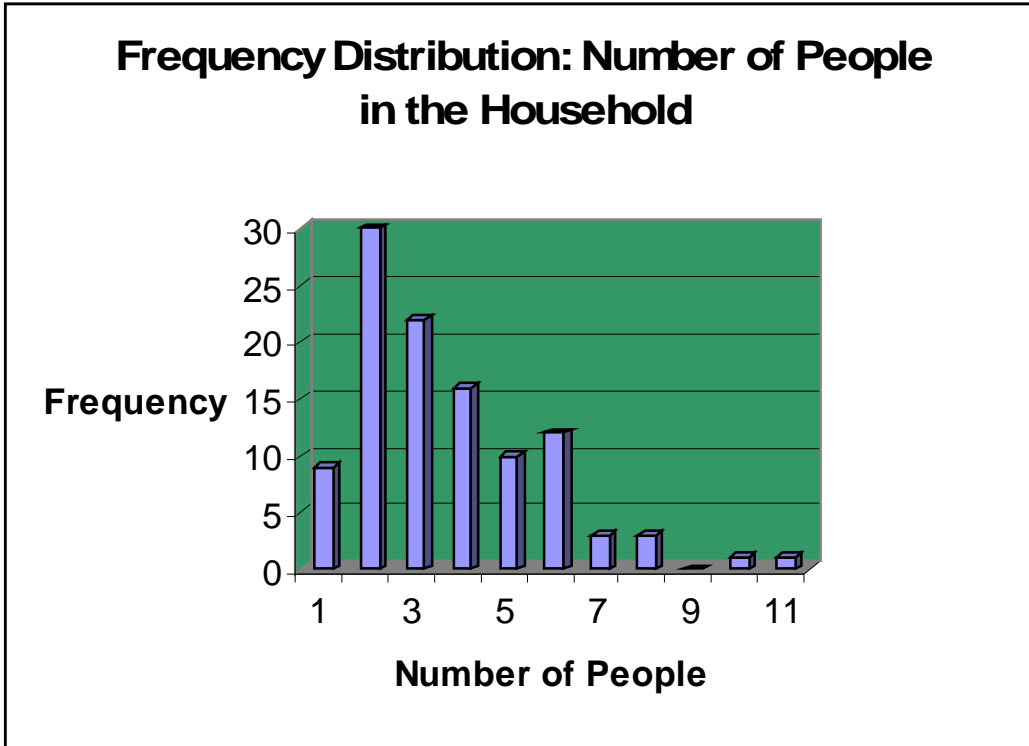
G. I toughed it out

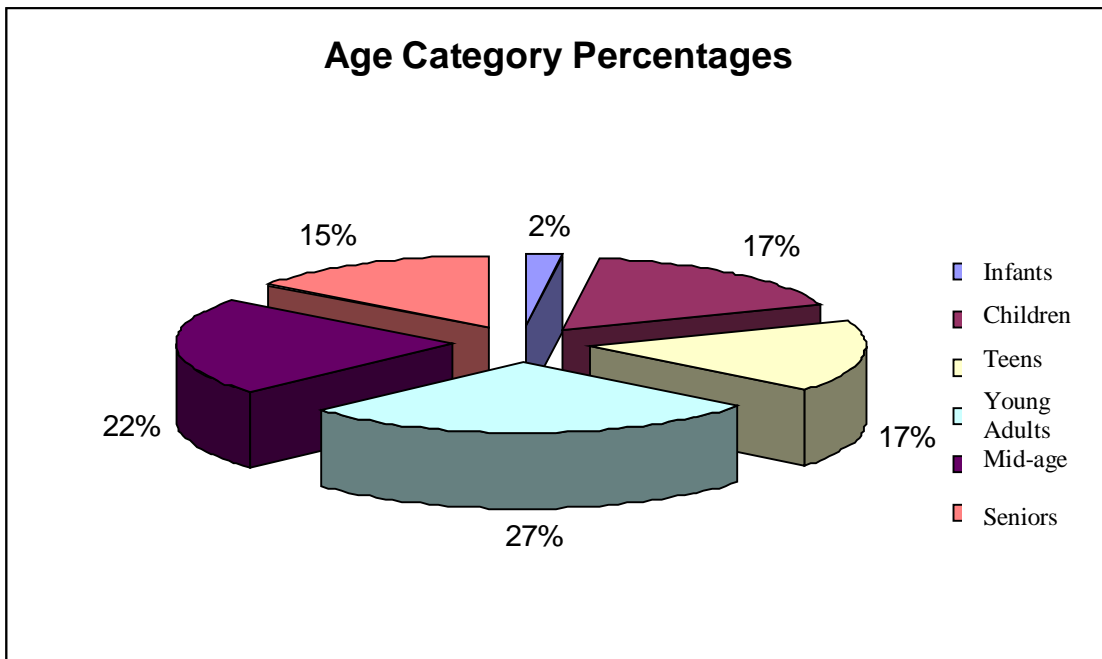
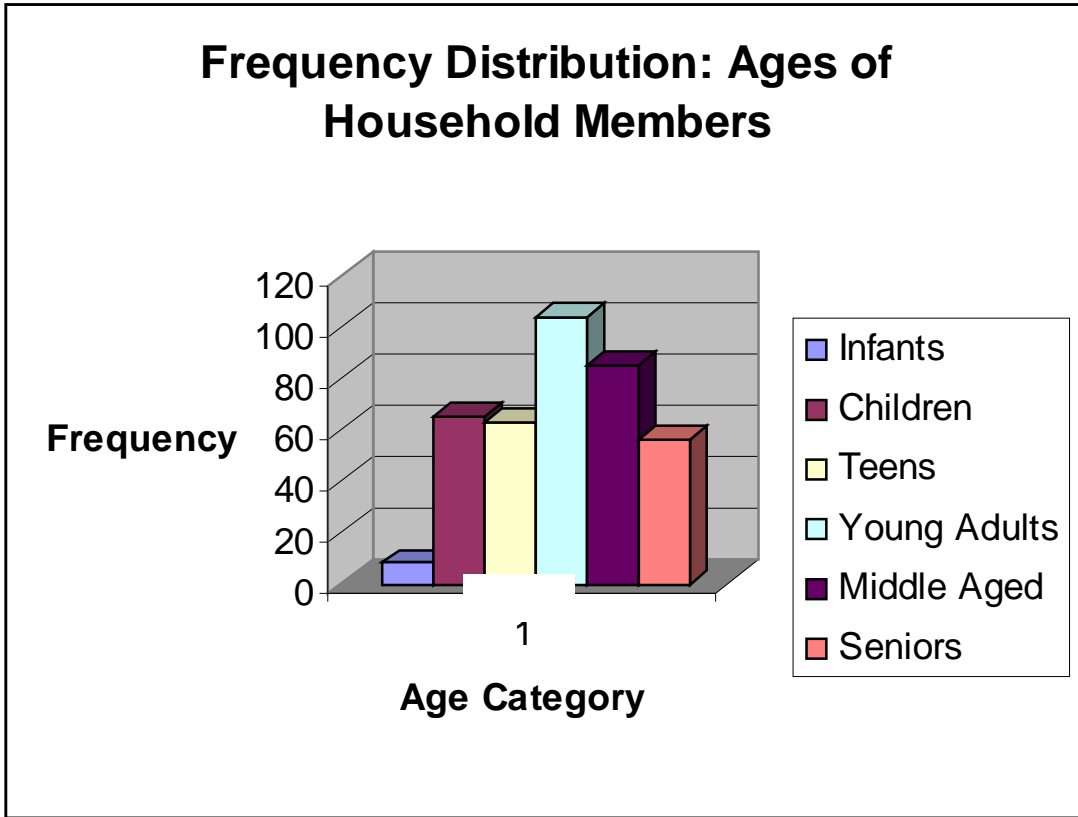
5. In your experience with healthcare, what is missing? What do you wish you had?

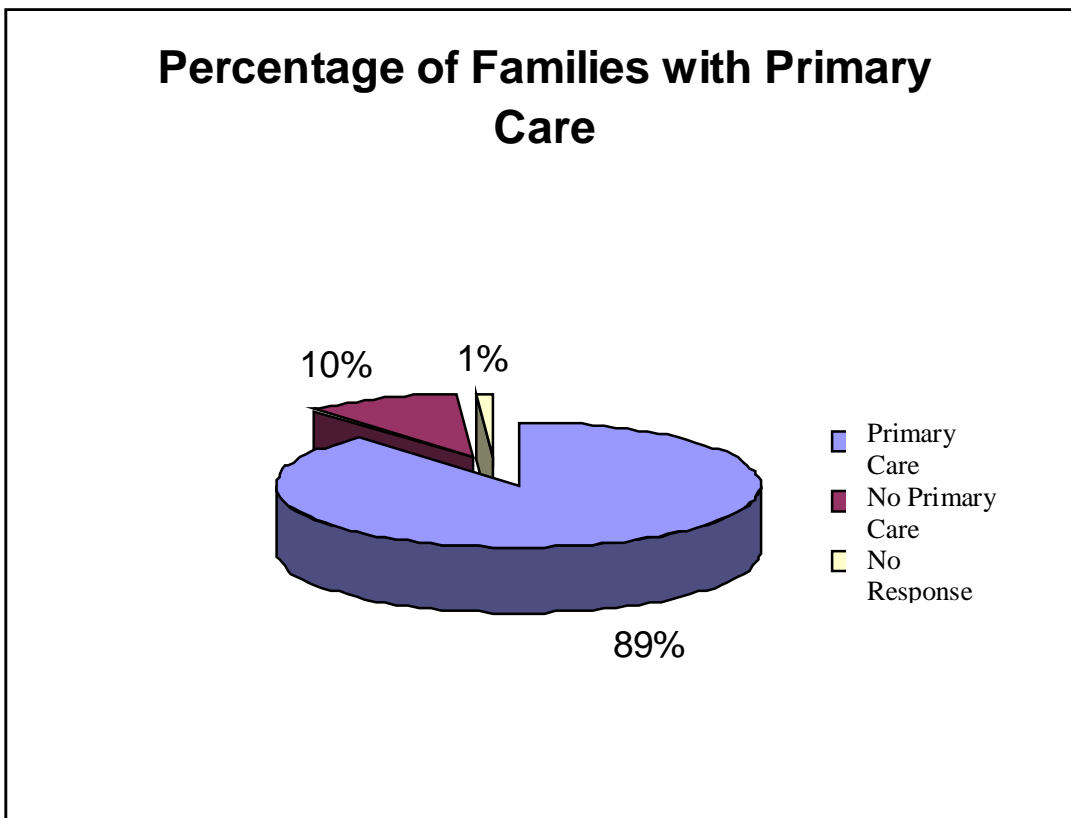
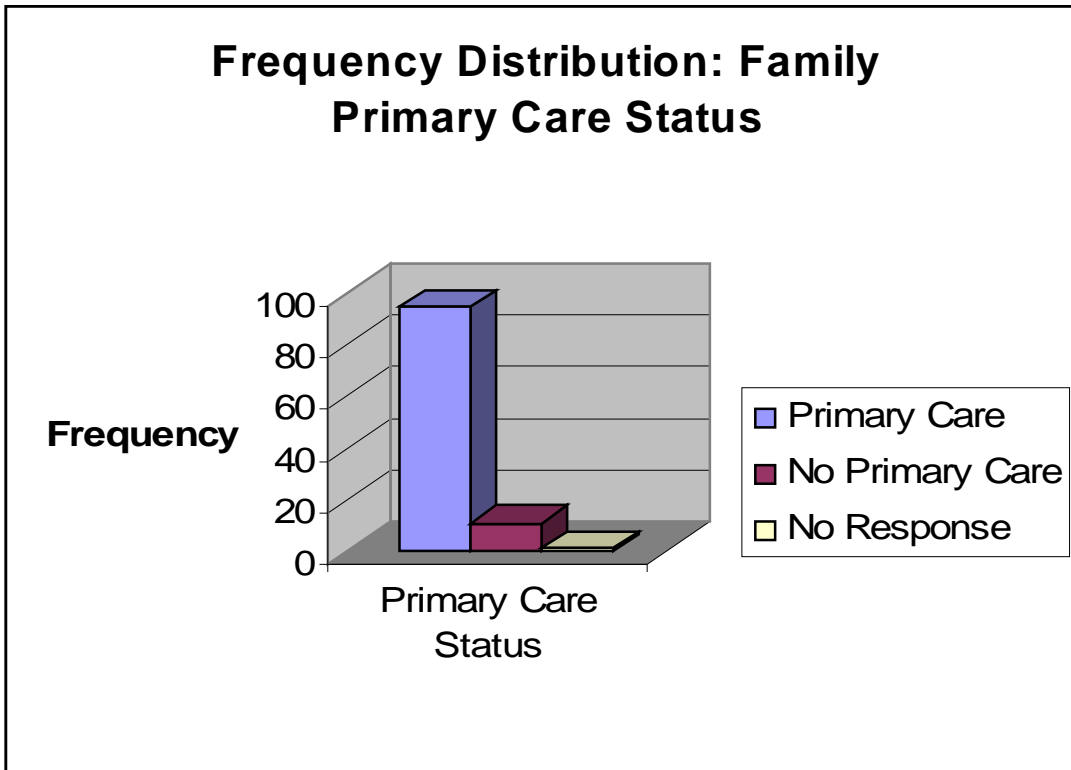
6. Are there any programs or services you would like to see in this community?

7. Is there anything else you would like to add for our research team?

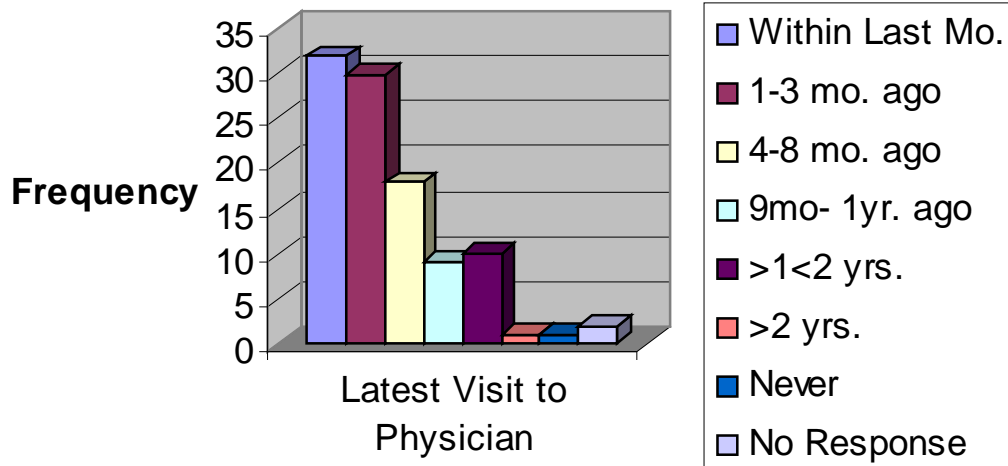




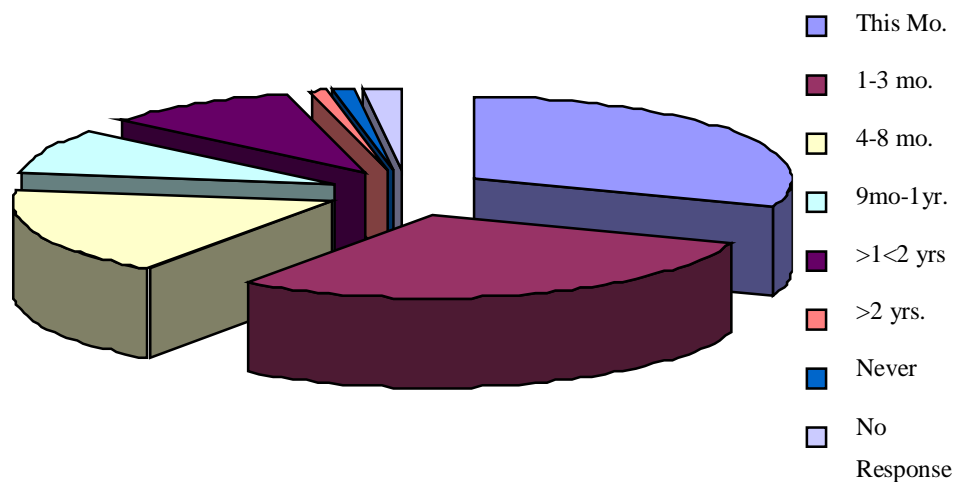




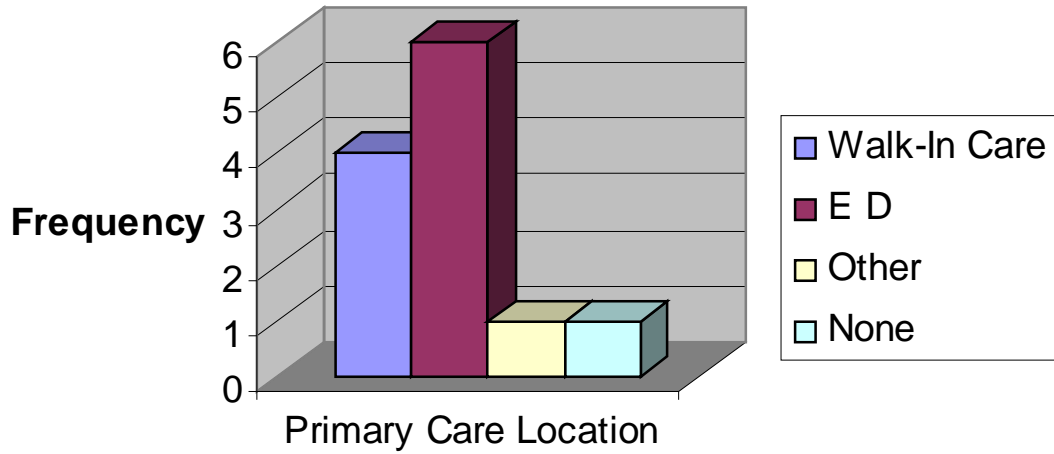
### Frequency Distribution: Most Recent Doctor's Visit



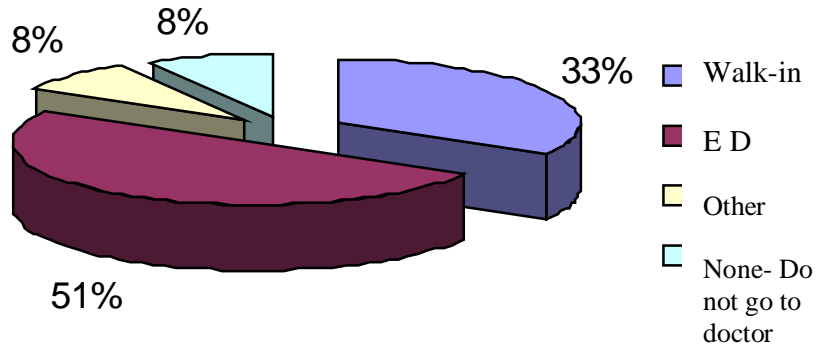
### Percentage of Patients Most Recent Doctor's Visit

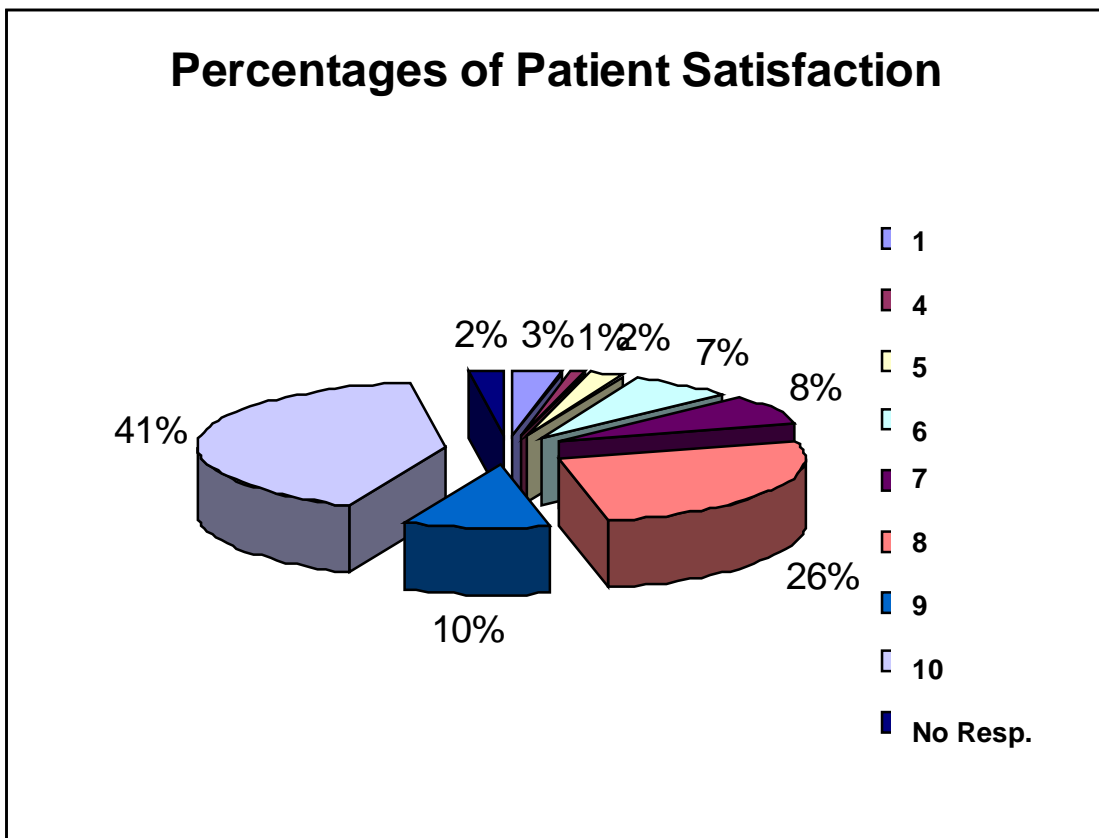
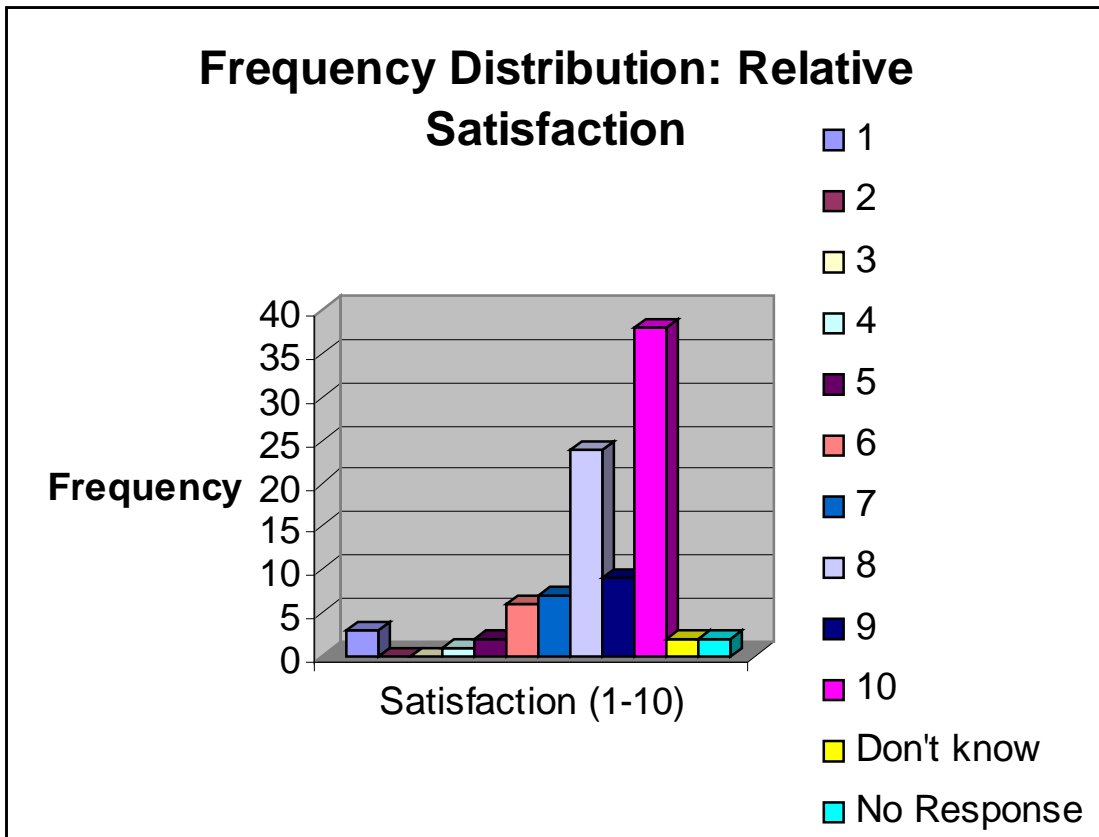


### Location of Medical Care for Those Without Primary Care

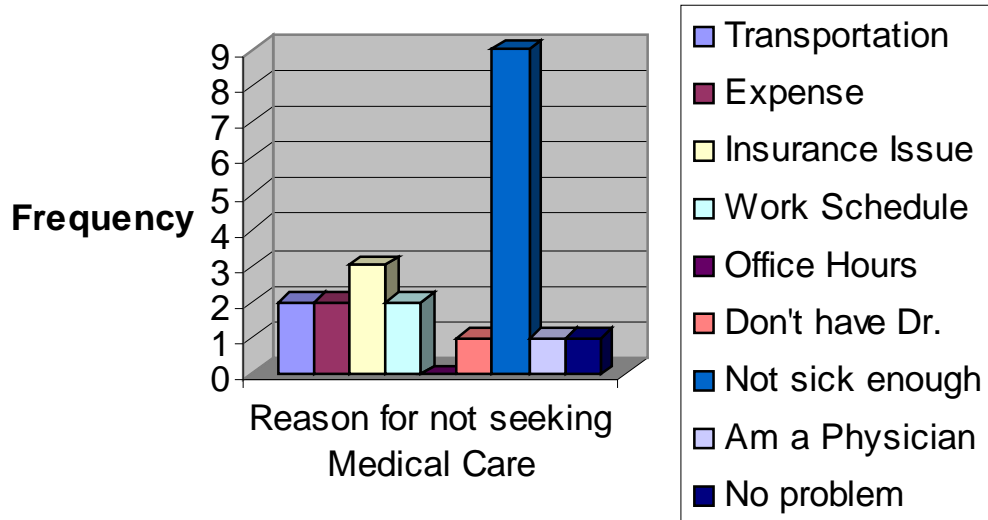


### Location of Medical Care for Those without Primary Care

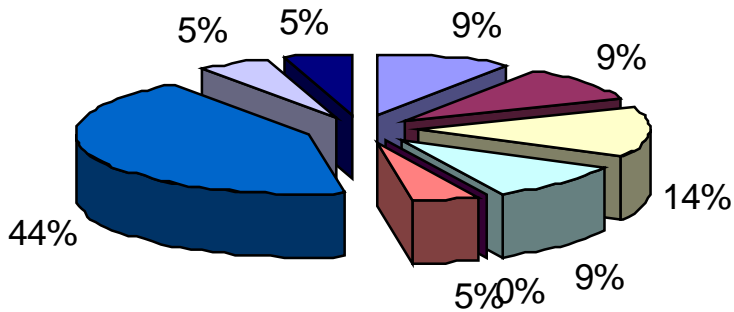


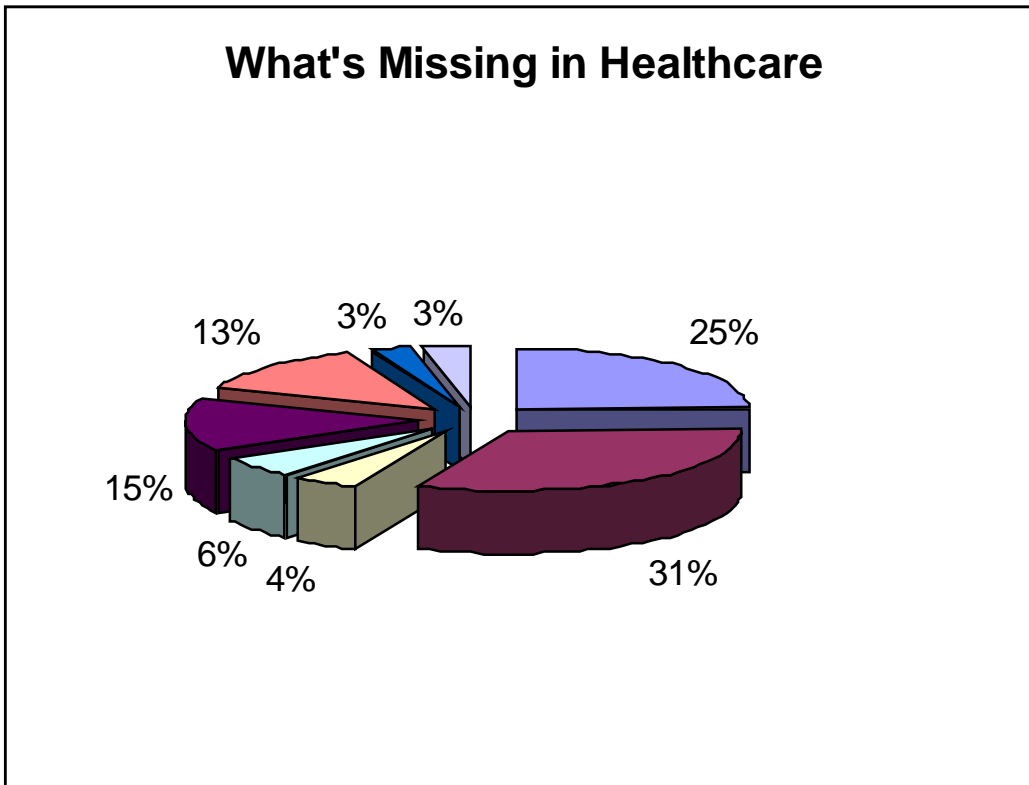
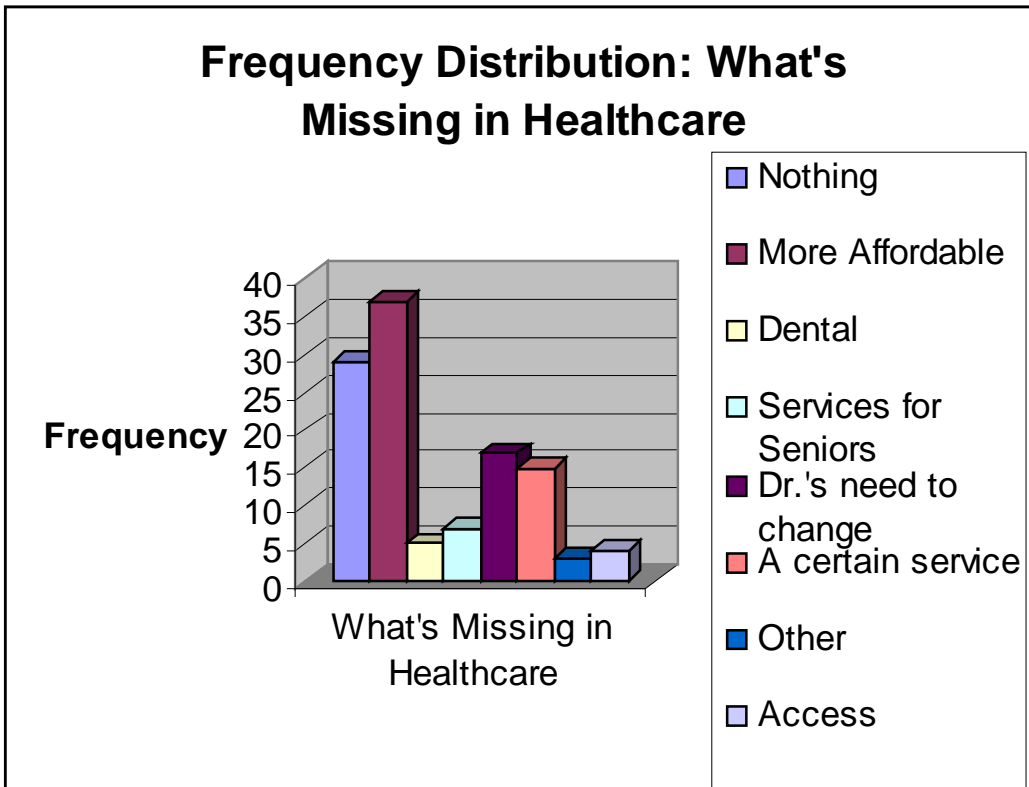


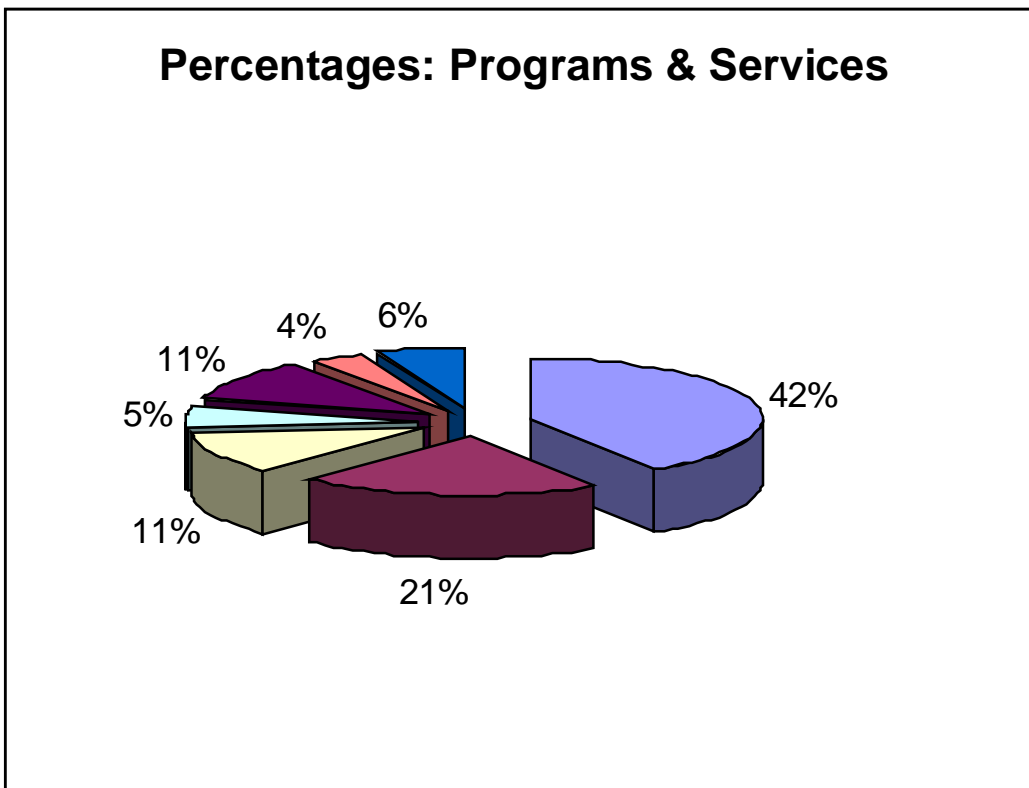
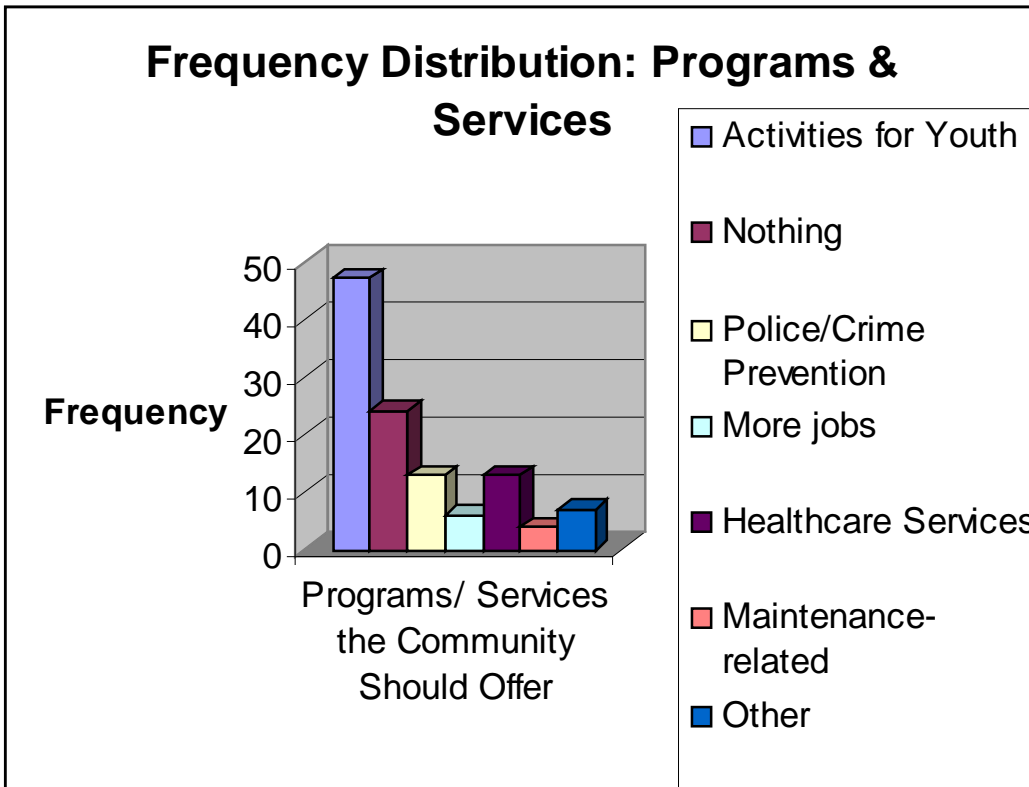
### Reason for Not Seeking Medical Attention



### Percentages: Reason for not Seeking Medical Attention







## Appendix A: Summary of Responses

### Question # 5: “What’s missing in Healthcare?”

1.
  - “I wish I didn’t have to worry about whether or not an emergency out of the area would be covered.”
  - Prescription drug coverage equal for generic and brand name drugs.
2.
  - “Fully funded federal universal healthcare!”
3.
  - Aid for seniors
4.
  - None
5.
  - Better benefits
  - Affordable
6.
  - More help for the poor.
7.
  - One-to-one doctor/patient relationships
8.
  - Better communication b/n doctor and patient.
9.
  - Would like to speak to a real person, not a machine.
10.
  - There are some people suffering [who need to be helped].
11.
  - Too expensive
12.
  - Affordable
13.
  - Dental
  - Less expensive
14.
  - Dental
  - More Affordable.
15.
  - Full coverage
16.
  - Dental
  - Pediatrics
  - Men’s health clinics/services (Screenings for prostate cancer, STDs, etc, someone to educate men about health). There are a lot of places that target women and children...what about men?
17.
  - Transportation to medical providers

18.
  - Better healthcare plans
19.
  - Lower prices/more free healthcare.
20.
  - None/IDK
21.
  - None/Its good.
22.
  - “I dislike that you have to go to the doctor’s to get a referral, especially for repeated problems. Its an unnecessary co-pay/financially straining.”
23.
  - Co-pays too high
  - Medicine is too expensive.
24.
  - “They should have a van come around and give out free condoms and safe sex advice.”
25.
  - “Healthcare needs to be more accessible for middle aged minority. People who fall between the cracks.”
  - Co-pays too expensive
  - Referrals are complicated
  - Insurance restrictions [dictate the care one receives.]
26.
  - It’s pretty good, my medicines are covered.
27.
  - Lower healthcare costs!
28.
  - Nothing
29.
  - Nothing
30.
  - Nothing- I’m satisfied.
31.
  - Nothing
32.
  - Preferred care has served me well.
  - Friends have problems with Med-i-care and Medicaid and prescriptions.
33.
  - Docs don’t pay attention; don’t care.
34.
  - Nothing
35.
  - Nothing
36.
  - Nothing
37.
  - Dental
- 38.

- Less of a wait [in the doctor's office].
- 39.
- Nothing
  - Its hard to get time off of work to go to the doctor.
- 40.
- Help with medicine for senior citizens
- 41.
- Nothing...Just moved from NYC, it is much better here. More help, etc.
- 42.
- Nothing
- 43.
- A place where people can get care if they can't pay.
- 44.
- Too expensive
  - Some doctors won't treat if you don't have insurance.
- 45.
- "Everything is there, people just have to utilize it. Doctors have to teach patients how to use their resources."
- 46.
- Nothing
- 47.
- Medication is too expensive
  - Waits are too long.
- 48.
- Affordability
  - Dental
  - Insurance dictates the treatment you get.
  - There is an overall efficiency in the system that is lacking.
- 49.
- There should be more local clinics
- 50.
- Not enough providers for the elderly.
- 51.
- More free clinics
- 52.
- Lower costs
  - Better eye and dental coverage
- 53.
- Free healthcare
- 54.
- Nothing
- 55.
- Transportation
- 56.
- Healthcare for seniors
- 57.
- More doctors and nurses
- 58.

- ACCESS!
- 59.
- Access...healthcare available for more people.
- 60.
- Something in the area. Wish we had Genesee Hospital back. Park Ridge and General are too far.
- 61.
- Universal insurance for everybody.
  - Doctors should have better bedside manner
  - Doctors should be better at listening and understanding their patients/ communication skills.
  - Faster lab results by giving patients access to their results via the web.
- 62.
- “We lack primary care physicians who fulfill the role of a primary care doc. They must take the time to treat the patient, not just send them to a specialist. I am a specialist, and a lot of the patients I see have problems that could be taken care of by a primary care doc.”
- 63.
- “The healthcare system is confusing! Especially for seniors.”
- 64.
- Better services for seniors
  - Insurance is too expensive.
- 65.
- “Doctors should listen more, and be more responsive to patients. They should listen to patients’ concerns.”
- 66.
- Cheaper prices for services and meds.
- 67.
- “Better healthcare coverage for retired people. A lot of people lose their coverage when they retire. There needs to be a national system.”
  - “There is a lack of connectedness. There is no inter-departmental communication [between healthcare providers].
  - “People need coverage, but they don’t know how to ADVOCATE for themselves.”
- 68.
- “Someone who can answer questions. My doctor has so many patients she doesn’t have time to actually sit and talk one-on-one with [me].”
- 69.
- Doctors need to be [on the] front lines! Doctors need to get to families with young kids early and educate the parents on how to care for the kids. Young kids are having kids, resulting in inexperienced parenting, and the kids are suffering for it.
- 70.
- More preventative care (educate the public on how to AVOID getting sick in the first place).
  - Educational programs to let people know about issues in health like diabetes, high BP, nutrition).
  - Faster care for less acute things.

- 70% of kids live in an area with no primary care. We need more services, since the doctor on Thurston Rd. closed.
- 71.
- Less paperwork
- 72.
- More preventative care ( How NOT to get sick).
- 73.
- Pharmaceutical costs are too high
  - Universal healthcare
  - Doctors shouldn't rush
  - Easier referrals to specialists.
- 74.
- Cheaper prescriptions
- 75.
- Nothing
- 76.
- Nothing
- 77.
- Nothing
- 78.
- Co-pays are too high
  - There is a lack of understanding about how important healthcare is (Education).
- 79.
- A 24-hour medical center besides the E.D.
- 80.
- Nothing
- 81.
- Too expensive
  - Universal healthcare.
- 82.
- Nothing
- 83.
- Too expensive/ better coverage.
- 84.
- Better healthcare
- 85.
- Costs too high
- 86.
- Nothing
- 87.
- More emergency care
  - Some people need a phone to call
- 88.
- Coverage/ services for those who cannot pay.
- 89.
- Wishes she could see her old doctor.
- 90.
- More staff in the emergency room to handle demands.
- 91.

- 92.
  - Nothing
- 93.
  - More speedy and courteous service.
- 94.
  - Services for the poor
- 95.
  - Co-pays are too high
- 96.
  - “Doctors should take more time with the patients.”
- 97.
  - “Healthcare in the city is horrible. Genesee Hospital shouldn’t have been closed. Strong is a teaching hospital and is not personal.”
- 98.
  - People who are on Medicaid are not well-treated, and their services are delayed.
- 99.
  - Nothing
  - I am depressed and need help.
- 100.
  - Nothing
- 101.
  - More dental
  - A physical therapist in the neighborhood, especially for the elderly. PTs have to come in and do home visits or residents have to go outside the neighborhood for services.
- 102.
  - Insurance issues.
- 103.
  - Nothing
- 104.
  - “Patients are rushed. Doctors don’t listen. They need to listen more before they diagnose instead of making up their minds about what is wrong before the patient finishes speaking.”
- 105.
  - Nothing
- 106.
  - Nothing. “Fortunately we have an excellent health insurance program with my husband’s employer, and overall, we’re quite satisfied.”
- 107.
  - Too expensive
- 108.
  - Nothing

## Question # 6: “Are There Any Programs or Services You’d Like To See the Community Offer?”

1.
  - Nothing
2.
  - More healthcare providers
3.
  - More constructive activities for kids.
4.
  - More PAC-TAC/ Help with crime.
5.
  - Small business development
6.
  - Better care of the community
  - Watch dogs
7.
  - A rec center for kids.
8.
  - Neighborhood watches
  - More police
9.
  - More healthcare for low income families.
10.
  - Speed bumps. People drive too fast.
11.
  - More police.
12.
  - Stuff for teens
13.
  - More for teens to do.
14.
  - More programs for teens.
15.
  - Activities for kids.
16.
  - More jobs.
17.
  - More jobs
  - More police
  - More rec centers
18.
  - Teen pregnancy services/ alternatives to abortion.
19.
  - More community centers.
- 20.

- Eye care.
- 21.
- Activities for seniors.
- 22.
- More dentists.
  - Dentists are far away- Transportation to services.
- 23.
- Nothing
- 24.
- Nothing
- 25.
- “More resources for kids. The Y was torn down. Someplace to get swimming lessons. Better advertising for the programs we DO have.”
- 26.
- Nothing
- 27.
- More programs for youth. More mentoring. More community involvement!
- 28.
- Nothing
- 29.
- More playgrounds for the kids.
- 30.
- More for the kids right here in the neighborhood. Big brother/ Big sister programs, mentoring and tutoring.
- 31.
- Nothing
- 32.
- A closer rec center for the kids
  - “Better park facilities on Frost street for the kids. More stuff for the kids to play.”
- 33.
- More programs for the kids
  - Better education
  - Jobs for teens.
- 34.
- Nothing
- 35.
- People park on both sides of the street [Rugby] and there is not enough room.
  - The neighborhood is not as quiet as it used to be [referring to violence].
- 36.
- Nothing
- 37.
- “Something for kids in the summer. The kids play in the street!”
- 38.
- More family programs
  - Services for single mothers.
- 39.
- Something to spiritually educate people.
- 40.

- 41. • Nothing
- 42. • Nothing
- 43. • “Help with the violence. More police...anything!”
- 44. • Nothing
- 45. • Dental care
- 45. • Have to go through Strong, and if you need help now, you have to WAIT.
- 46. • Better play area/more monitored place for kids.
- 47. • Another gym
- 47. • A clinic which provides sex education and services.
- 48. • Get the guns off the streets.
- 48. • More things for the kids to do.
- 49. • Crime prevention
- 49. • Better parenting/ family dynamics (education)
- 50. • Programs to keep kids off the streets- CURFEW!
- 50. • Parents need to be involved
- 51. • More Police!
- 52. • Nothing
- 53. • Recreation areas for kids
- 53. • Work for kids
- 54. • Nothing
- 55. • More things for kids.
- 56. • Better childcare
- 57. • More programs for kids
- 58. • Playgrounds, youth activities
- 58. • More public education
- 58. • Public transportation
- 59. • Nothing
- 60. • A nice bakery

- Things for teens- a hang out.
- 61.
- Intro doesn't filter down, better advertising to get info out.
- 62.
- Nothing
- 63.
- Nothing
- 64.
- Nothing
- 65.
- Rec centers to keep kids busy.
- 66.
- Nothing
- 67.
- Constructive youth activities. Community projects to employ youth so that the community is benefited and they can earn some money (Like FDR's projects).
- 68.
- This community lacks positive role models. The boys and girls club is a good place to go but that's about it. People tend to use sex as a past time. If there was something else fun to do they would do it.
- 69.
- Parenting classes
  - We need to start learning how to embrace each other; start caring for each other, to encourage wellness within the community.
- 70.
- Open-door policy with neighbors to bring the community together.
- 71.
- A pool
- 72.
- A place where you could learn how to be more healthy.
- 73.
- Acute after hours care.
- 74.
- More things for kids.
- 75.
- More visible and active community association.
  - More help with maintenance-related concerns.
- 76.
- Nothing
- 77.
- More activities for youth
- 78.
- Affordable camps and programs for younger children
- 79.
- Another YMCA (to replace the one that used to be on Arnett).
  - A football league.
- 80.
- More stuff for kids (sports)
- 81.

- Something for teens
- Daycare
- 82.
  - 911 doesn't respond.
  - I want it to be safe to sit on the porch.
- 83.
  - Something for kids.
- 84.
  - Another dentist.
- 85.
  - More health fairs.
- 86.
  - Nothing
- 87.
  - "Get the knuckleheads off the street."
- 88.
  - Nothing
- 89.
  - A clinic that's open convenient hours.
- 90.
  - Programs for youth
- 91.
  - Nothing
- 92.
  - Closer bank
- 93.
  - Nothing
- 94.
  - Nothing
- 95.
  - More surveillance (kids left w/o care).
- 96.
  - Problems with rental problems
  - Overall deterioration of the neighborhood.
- 97.
  - More jobs
  - Improve city schools. Uniforms for kids.
- 98.
  - More for kids
- 99.
  - More for kids
- 100.
  - Transportation to the doctor
  - Shopping (more activities right here in the neighborhood).
- 101.
  - More AIDS awareness
  - Educational programs for young kids.
- 102.

- Gym for kids
- 103.
- More for kids and teens
  - Jobs for youth, so they can make a little money.
  - More volunteers
- 104.
- Keep the kids busy.
- 105.
- Preventative dental care for underinsured or uninsured
  - Preventative medical care for underinsured or uninsured
- 106.
- More places close by (for activities).
- 107
- Young kids and teen programs

## Question # 7: “Anything else you’d like to add?”

*\* All respondents not listed in the following section answered ‘Nothing’.\**

2.
  - “Its great to have Dr. Morehouse and associates in the neighborhood, but we need more providers, especially with his dedication.”
3.
  - Playgrounds/ rec centers
11.
  - Speed bumps
12.
  - Community Center
13.
  - Areas adults can go for ideas and share with others
  - MORE POLICE.
14.
  - More summer and after school jobs
44.
  - We need to slow down the crime! More police patrols; they respond to calls but disappear after the shooting. Stop young ‘thugs’ from loitering; “clear ‘em off the corners”. At Kataya’s meat market loitering doesn’t happen because the owners take charge and enforce a no loitering policy. More business owners need to do that.
  - Some of the PAC TAC people are too old, they need to have people on the streets who can really handle somebody.
46.
  - Violence needs to stop
  - People need to be better educated/
52.
  - [Society needs to] regain morals
  - Lower school taxes
67.
  - EDs are always code Red. People without coverage don’t have a lot of options [so they go to the ED]. People with minor problems need to be kept out of the ED/
68.
  - “We need more people to come forward and show people that your life isn’t over if you have a virus or STDs. Some people are scared that they will be looked at funny because of the situation. In reality you are being strong to let that be known.”
72.
  - “We need a hospital around here.”
81.
  - “SOMETHING TO CURB THE VIOLENCE!”
83.
  - More activities for kids
87.
  - “More values in the young.”
- 90.

98. • Places with healthy food in restaurants and corner stores with juice and veggies.

99. • Stop The Violence.

100. • A Place with computers available for kids.  
• Speed bumps on Wellington.  
• After school and summer activities for youth.  
• Bring back block clean-up parties.

103. • More volunteers (to help do yard work, etc.)

103. • Curfew  
• Kids need people to advise them.  
• Mothers and fathers need to visit kids in schools, and see how they act in school; kids are out of control.  
• Kids wouldn't sell drugs if they had jobs.

*\*\*Quotations (“”) denote a direct quote from the respondent.*

*\*\*\*Responses without quotations indicate the response was paraphrased by the interviewer.*