



## Medfield Outreach Community Needs Assessment

Medfield Outreach is very interested in learning more about your experience as it relates to behavioral health and wellness in our town. Your honest feedback will help us improve our services. This survey is completely anonymous and should take no longer than 10 minutes to complete. Thank you for participating!

### Tell us about yourself:

1. Are you any of the following? *(Check all that apply)*
  - A resident of Medfield
  - An employee of the town of Medfield
  - None of the above *(If no to both, end survey)*
  
2. What is your age? *(Select one option)*
  - Under 18
  - 18-25
  - 26-35
  - 36-44
  - 45-59
  - 60-75
  - Over 75
  
3. What is your gender? *(Select one option)*
  - Male
  - Female
  - Non-binary
  - I prefer not to answer
  
4. What is your race/ethnicity?
  - White/Caucasian
  - Asian
  - Latino/Hispanic
  - Black/African-American
  - Mixed Race
  - I prefer not to answer
  - Other (Please specify) \_\_\_\_\_
  
5. What was your total household income last year?
  - Less than \$20,000
  - \$20,001-\$40,000
  - \$40,001-\$60,000
  - \$60,001-\$80,000
  - \$80,001-\$100,000
  - Over \$100,000
  - I prefer not to answer

6. How long have you lived/worked in Medfield (whichever is longer)? *(Select one option)*

- Less than 1 year
- 1-5 years
- 6-10 years
- Over 10 years

7. Does your family speak a language other than English at home *(Select one option)*

- Yes
- No
- Sometimes

8. If yes or sometimes, what language? *(Select one option)*

- English
- Portuguese
- Spanish
- Arabic
- Russian
- Albanian
- Armenian
- Chinese
- German
- Gujarati
- Hebrew
- Japanese
- Korean
- Mandarin
- Nepali
- Swedish
- Turkish
- Ukrainian
- Other (Please specify) \_\_\_\_\_

9. What is your preferred language for written materials? *(Select one option)*

- English
- Portuguese
- Spanish
- Arabic
- Russian
- Albanian
- Armenian
- Chinese
- German
- Gujarati
- Hebrew
- Japanese
- Korean
- Mandarin
- Nepali
- Swedish

9. What is your preferred language for written materials? *(Select one option) (cont.)*

- Turkish
- Ukrainian
- Other (Please specify) \_\_\_\_\_

10. Are you a parent or guardian for one or more children in the following categories? *(Check all that apply)*

- Under 3 years old
- Preschool (3-5 years old)
- Elementary School
- Middle School
- High School
- College
- Young Adult (18-26 years old)
- Does not apply

11. Do you have a child or dependent between the ages of 18-26 living at home full-time? *(Select one option)*

- Yes
- No

12. Are you a primary caregiver for an aging adult or an individual with a disability? *(Select one option)*

- Yes
- No

**Behavioral Health and Wellness Knowledge:**

**Behavioral health is the term used to describe how daily habits, behaviors, and actions can impact one's mental and/or physical health.** The following questions refer to behavioral health.

13. To what extent would you agree with the following statements?

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I know how to recognize signs of someone who is struggling with their mental health				
I know how to access mental health support services				
I know how to recognize signs of substance misuse				
I know how to access substance misuse support services				

**Behavioral Health and Wellness Needs:**

14. For this question, think about **YOUR OWN FAMILY**. To what extent are the following issues a concern for **YOUR OWN FAMILY**?

	Serious concern	Moderate concern	Minor concern	Not a concern
Parenting challenges				
Financial insecurity				
Job insecurity				
Job insecurity				
Mental health concerns				
Substance use and misuse				
Feeling that it's hard to be different in this community*				
Bullying				
Domestic violence/intimate partner violence				
Unhealthy technology/compulsive screen use				
Limited opportunities for healthy nutrition and exercise				
Limited insurance coverage for physical or mental health care				

\*14a. Since you said it is hard to be different in this community, to what differences were you referring? *(Select all that apply)*

- Race/ethnicity
- Gender/sexual identity
- Disability
- Economic status
- Community expectations
- Other (Please specify) \_\_\_\_\_

15. Please tell us more or share additional issues for which you or your family have needed support *(Optional)*

16. For this question, think about the **MEDFIELD COMMUNITY** as a whole. To what extent do you think the following issues are a concern for the COMMUNITY?

	<b>Serious concern</b>	<b>Moderate concern</b>	<b>Minor concern</b>	<b>Not a concern</b>
Parenting challenges				
Financial insecurity				
Food insecurity				
Job insecurity				
Mental health concerns				
Substance use and misuse				
Feeling that it's hard to be different in this community*				
Bullying				
Domestic violence/intimate partner violence				
Unhealthy technology/compulsive screen use				
Limited opportunities for healthy nutrition and exercise				
Limited insurance coverage for physical or mental health care				

\*16a. Since you said it is hard to be different in this community, to what differences were you referring? *(Check all that apply)*

- Race/ethnicity
- Gender/sexual identity
- Disability
- Economic status
- Community expectations
- Other (Please specify) \_\_\_\_\_

17. Please tell us more or share additional issues for which you think the Medfield Community has needed support. *(Optional)*

18. What would improve your family's quality of life? *(Select the TOP THREE services)*

- Increased access to nutritional foods
- Increased availability of employment opportunities
- Increased access to affordable housing
- Increased access to affordable childcare
- Increased access to affordable health care
- Increased access to mental health/prevention services
- Increased access to substance misuse/prevention services
- Increased access to elder care information/support
- Increased availability of bilingual services
- Increased availability of cultural/arts programming
- Increased availability of recreational programming
- Increased availability of safe and accessible places to walk/bike/play
- I don't know/I don't have an opinion
- Other (Please specify) \_\_\_\_\_

**Medfield Outreach:**

19. Are you aware that Medfield Outreach services are available to all Medfield residents? *(Select one option)*

- Yes
- No

20. Have you ever sought help from Medfield Outreach (formerly known as "Medfield Youth Outreach")? *(Select one option)*

- Yes
- No (skip to Q.22)

\*20a. If you answered "Yes," how satisfied are you with Medfield Outreach services? *(Select one option)*

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

21. Please share your experience(s) with Medfield Outreach services.

22. If you answered "No," why not? *(Select all that apply.)*

- I did not need help
- I did not know about Medfield Outreach
- I was concerned about my privacy/confidentiality
- I was worried about stigma
- I was concerned about the quality of care
- I found a different resource
- I thought I was not eligible for services
- Other (Please specify) \_\_\_\_\_

23. Are you aware that Medfield Outreach provides the following services?

	Yes, I am aware of this service	No, I am not aware of this service
<b>Mental Health Services</b>		
Short-term mental health counseling by Outreach staff for residents		
Referral to additional mental health services		
Mental health assessments and consultations		
Therapeutic groups		
<b>Education and Prevention Services</b>		
Workshops for parents		
Prevention programs for youth (inside and outside of school)		
Substance misuse prevention programs		
Medfield Cares About Prevention (MCAP) – substance misuse prevention coalition		
Medfield Coalition for Suicide Prevention (MCSP)		
<b>Need-Based Services (only available to qualifying residents)</b>		
Financial support		
Birthday Wishes Program		
Campership Fund		
Fuel assistance		
Holiday Gift Program		
Referral support to public assistance programs		

**Closing:**

24. Please use this space to share any additional thoughts you may have.

Thank you for taking the time to complete this survey!

If you or a loved one needs help with mental health, substance use, or financial instability, please don't hesitate to contact us. **Our services are free and available to all Medfield residents.** More information can be found at <https://www.town.medfield.net/403/Medfield-Outreach> or by calling our office at 508-359-7121.

This survey was made possible thanks to the generosity of the Medfield Foundation Legacy Fund.