Community-based organization and partner survey

Please complete this survey about important health issues in the communities you serve. Please answer based on your experiences through the role you hold at your organization. We expect there will be more than one response per organization. Together, Nuvance Health and local health departments will use the results of this survey and other information to help prioritize community health needs. Your survey responses will be included in aggregated data reports. Thank you for your participation.

ABOUT YOUR COMMUNITY

1. **What are the biggest health problems for the people/communities you serve?** *(Please check up to three major categories; for subcategories, check all that apply.)*

- ○ Access to healthcare providers *(check all that apply)*
  - ☐ Dental care
  - ☐ Primary care (including OBGYN, pediatrician)
  - ☐ Mental health care
  - ☐ Specialty care (e.g., cardiologists, etc.)
  - ☐ Other *(please specify)* _____
- ○ Asthma/lung disease
- ○ Cancer
- ○ Care for the elderly
- ○ Child health and wellness
- ○ Cognitive impairment (e.g., confusion, memory loss, etc.)
- ○ Communicable diseases and other infections *(check all that apply)*
  - ☐ Tick-borne illness
  - ☐ Vaccine preventable diseases (e.g., measles, polio, etc.)
  - ☐ Respiratory infections
  - ☐ HIV/AIDS and sexually transmitted infections
  - ☐ Other *(please specify)* _____
- ○ Diabetes
- ○ Environmental hazards (e.g., water, pollution, air, etc.)
- ○ Falls among the elderly
- ○ Heart disease and stroke
- ○ Mental health (e.g., depression, anxiety, suicide, etc.)
- ○ Nutrition/eating habits
- ○ Obesity/weight management issues
- ○ Pregnancy-associated health issues (e.g., premature births, preeclampsia, low birthweight, gestational diabetes, maternal depression, etc.)
- ○ Preventable injuries *(check all that apply)*
  - ☐ Car crashes
  - ☐ Pedestrian injuries
  - ☐ Gun violence
  - ☐ Other *(please specify)* _____
- ○ Safety
- ○ Smoking/tobacco/nicotine use
- ○ Substance misuse *(check all that apply)*
  - ☐ Drugs
  - ☐ Alcohol
- ○ Teen pregnancy
- ○ Violence
- ○ Women's health and wellness
- ○ Unsure
- ○ Other *(please specify)* _____

2. **What would be most helpful to improve the health of the people/communities you serve?** *(Please check up to three major categories; for subcategories, check all that apply.)*

- ○ Access to healthier food *(check all that apply)*
  - ☐ Farmers markets
  - ☐ More grocery stores
  - ☐ Other *(please specify)* _____
- ○ Access to transportation *(check all that apply)*
  - ☐ Public
  - ☐ Private
- ○ Access to local jobs with competitive compensation
- ○ Affordable housing
- ○ Breast feeding support (e.g., lactation consultation, etc.)
- ○ Clean air and water
- ○ Drug and alcohol rehabilitation services
- ○ Health education programs
- ○ Health insurance enrollment programs
- ○ Health screenings
- ○ Improved home care options
- ○ Improved childcare options
- ○ Investments in schools
- ○ Mental health services
- ○ Parks and recreation
- ○ Safer places to walk/play
- ○ Safer workplaces
- ○ Smoking cessation programs
- ○ Weight management programs
- ○ Unsure
- ○ Other *(please specify)* _____

3. Do any people/communities you serve have problems getting needed healthcare?

- ○ Yes *(if "yes," please answer question #3A)*
- ○ No
- ○ Unsure

3A. If you answered "yes" to question #3, what do you think the reasons are? *(Please check up to three major categories; for subcategories, check all that apply.)*

- ○ Cost of care *(check all that apply)*
  - ☐ No insurance and unable to pay for care
  - ☐ Unable to pay copays/deductibles
  - ☐ Other *(please specify)* _____
- ○ Don't know how to find healthcare clinicians/providers
- ○ Fear/hesitancy (e.g., immigration status, not ready to face health problem, etc.)
- ○ Lack of cultural/religious sensitive care
- ○ Lack of appointment availability *(check all that apply)*
  - ☐ Appointments don't match patient availability (e.g., unable to miss work, other responsibilities, etc.)
  - ☐ Long wait times
  - ☐ Not accepting new patients
  - ☐ Other *(please specify)* _____
- ○ Lack of available healthcare clinicians/providers in the community
- ○ Lack of transportation
- ○ Language barriers
- ○ Misinformation/limited health literacy
- ○ Unsure
- ○ Other *(please specify)* _____

4. Which of the following health screenings and/or education/information topics/programs would be most beneficial to keep people healthy in the communities you serve? *(Please check up to three.)*

- ○ Air and water quality
- ○ Antibiotic resistance
- ○ Blood pressure
- ○ Breastfeeding
- ○ Cancer
- ○ Cholesterol
- ○ Chronic disease management
- ○ Cognitive impairment (e.g., confusion, memory loss, etc.)
- ○ Dental screenings
- ○ Diabetes/pre-diabetes
- ○ Disease outbreak prevention
- ○ Drug and alcohol misuse
- ○ Eating disorders
- ○ Emergency preparedness
- ○ Environments to promote physical activity
- ○ Exercise/physical activity
- ○ Fall prevention for the elderly
- ○ Food security
- ○ Heart disease and stroke
- ○ Hepatitis C virus
- ○ HIV/AIDS and sexually transmitted infections
- ○ Mental health (e.g., depression, anxiety, suicide, etc.)
- ○ Nutrition
- ○ Other environmental toxins
- ○ Pedestrian/cyclist safety
- ○ Prenatal care
- ○ Routine wellness checkups
- ○ Smoking cessation (e.g., tobacco, nicotine, etc.)
- ○ Suicide prevention
- ○ Vaccinations/immunizations
- ○ Violence prevention
- ○ Weight management
- ○ Unsure
- ○ Other *(please specify)* _____

5. Who are the trusted sources of health information for the people/communities you serve? *(Please check all that apply.)*

- ○ Doctors/healthcare providers
- ○ Family or friends
- ○ Health departments
- ○ Hospitals
- ○ Online health sites (e.g., WebMD, etc.)
- ○ Religious organizations
- ○ Schools or colleges
- ○ Workplace wellness/occupational health programs
- ○ Unsure
- ○ Other *(please specify)* _____

6. In your own words, what are the major health challenges facing the communities you serve?

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7. How would you rate the health of the people/communities you serve?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Excellent
- ○ Unsure

YOUR DEMOGRAPHIC INFORMATION

Your organization

_____

_____

Your title

_____

_____

ZIP code where you work: _____

Town where you work: _____

Counties served by your organization:
(Please check all that apply.)

- ○ Fairfield, CT
- ○ Litchfield, CT
- ○ Dutchess, NY
- ○ Orange, NY
- ○ Putnam, NY
- ○ Rockland, NY
- ○ Ulster, NY
- ○ Westchester, NY
- ○ Other *(please specify)* _____

Where did you receive this survey? _____

Which sector does your organization primarily represent?
(Please check one.)

- ○ Aging/elder services
- ○ Anti-poverty/housing
- ○ Children services
- ○ Disability services
- ○ Education services
- ○ Environmental services (e.g., waste collection, water testing, conservation, etc.)
- ○ Food insecurity/nutrition
- ○ Healthcare
- ○ Health department
- ○ Immigration/refugees
- ○ Mental health/substance misuse
- ○ Social services
- ○ Social justice advocacy
- ○ Transportation
- ○ Other *(please specify)* _____