Your Community Health Experience

Please complete this survey about important health issues in your community. Together, Nuvance Health and your local health department will use the results of this survey and other information to identify health needs and inform program planning in your community. This survey is intended for adults aged 18 and over. Please complete only one survey per person. Your survey responses are anonymous. Thank you for your participation.

1. **What are the main health concerns in the COMMUNITY where you live?** *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Access to healthcare providers
  - ☐ Dental care
  - ☐ Primary care (including OBGYN, pediatrician)
  - ☐ Mental healthcare
  - ☐ Specialty care (e.g., cardiologists)
  - ☐ Other *(Please specify.)* _____
- ○ Asthma/lung disease
- ○ Cancer
- ○ Care for the elderly
- ○ Child health and wellness
- ○ Cognitive impairment (e.g., confusion, memory loss)
- ○ Contagious diseases and other infections *(Please check all that apply.)*
  - ☐ Tick-borne illness
  - ☐ Vaccine preventable diseases (e.g., measles, polio)
  - ☐ Respiratory infections
  - ☐ HIV/AIDS and sexually transmitted infections
  - ☐ Other *(Please specify.)* _____
- ○ Diabetes
- ○ Environmental hazards (e.g., water, pollution, air)
- ○ Falls among the elderly
- ○ Heart disease and stroke
- ○ Mental health (e.g., depression, anxiety, suicide)
- ○ Nutrition/eating habits
- ○ Obesity/weight management issues
- ○ Pregnancy-associated health issues (e.g., premature births, preeclampsia, low birthweight, gestational diabetes, maternal depression)
- ○ Preventable injuries *(Please check all that apply.)*
  - ☐ Car crashes
  - ☐ Pedestrian injuries
  - ☐ Other *(Please specify.)* _____
- ○ Safety
- ○ Smoking/tobacco/nicotine use
- ○ Substance misuse *(Please check all that apply.)*
  - ☐ Drugs
  - ☐ Alcohol
- ○ Teen pregnancy
- ○ Violence *(Please check all that apply.)*
  - ☐ In the home or between partners
  - ☐ Guns
  - ☐ Murder
  - ☐ Rape
  - ☐ Other *(Please specify.)* _____
- ○ Women's health and wellness
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

2. **What are the main health concerns for YOU AND YOUR FAMILY?** *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Access to healthcare providers
  - ☐ Dental care
  - ☐ Primary care (including OBGYN, pediatrician)
  - ☐ Mental healthcare
  - ☐ Specialty care (e.g., cardiologists)
  - ☐ Other *(Please specify.)* _____
- ○ Asthma/lung disease
- ○ Cancer
- ○ Care for the elderly
- ○ Child health and wellness
- ○ Cognitive impairment (e.g., confusion, memory loss)
- ○ Contagious diseases and other infections *(Please check all that apply.)*
  - ☐ Tick-borne illness
  - ☐ Vaccine preventable diseases (e.g., measles, polio)
  - ☐ Respiratory infections
  - ☐ HIV/AIDS and sexually transmitted infections
  - ☐ Other *(Please specify.)* _____
- ○ Diabetes
- ○ Environmental hazards (e.g., water, pollution, air)

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- ○ Falls among the elderly
- ○ Heart disease and stroke
- ○ Mental health (e.g., depression, anxiety, suicide)
- ○ Nutrition/eating habits
- ○ Obesity/weight management issues
- ○ Pregnancy-associated health issues (e.g., premature births, preeclampsia, low birthweight, gestational diabetes, maternal depression)
- ○ Preventable injuries *(Please check all that apply.)*
  - ☐ Car crashes
  - ☐ Pedestrian injuries
  - ☐ Other *(Please specify.)* _____
- ○ Safety
- ○ Smoking/tobacco/nicotine use
- ○ Substance misuse *(Please check all that apply.)*
  - ☐ Drugs
  - ☐ Alcohol
- ○ Teen pregnancy
- ○ Violence *(Please check all that apply.)*
  - ☐ In the home or between partners
  - ☐ Guns
  - ☐ Murder
  - ☐ Rape
  - ☐ Other *(Please specify.)* _____
- ○ Women's health and wellness
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

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3. How do you think your community will be doing five years from now in the following areas?
(Please check one response per row.)

	Better	About the same	Worse	Unsure	Prefer not to respond
Access to transportation *(Check one across.)*					
Affordable housing *(Check one across.)*					
Employment opportunities *(Check one across.)*					
Access to healthy food *(Check one across.)*					
Access to childcare *(Check one across.)*					
Safety *(Check one across.)*					

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4. Which of the following are most needed to improve the health of your community? *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Access to healthier food *(Please check all that apply.)*
  - ☐ Farmers markets
  - ☐ More grocery stores
  - ☐ Other *(Please specify.)* _____
- ○ Access to transportation *(Please check all that apply.)*
  - ☐ Public
  - ☐ Private
- ○ Access to local jobs with competitive compensation
- ○ Affordable housing
- ○ Breastfeeding support (e.g., lactation consultation)
- ○ Clean air and water
- ○ Drug and alcohol rehabilitation services
- ○ Health insurance enrollment programs
- ○ Health education programs
- ○ Health screenings
- ○ Home care options (e.g., home health aides, visiting nurses)
- ○ Improved childcare options
- ○ Investments in schools
- ○ Mental health services

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- ○ Parks and recreation
- ○ Safer places to walk/play
- ○ Safer workplaces
- ○ Smoking cessation programs
- ○ Weight management programs
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

5. Which of the following health screenings and/or education/information topics/programs would be most beneficial to your community? *(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)
- ○ 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)
- ○ Nutrition
- ○ Other environmental toxins
- ○ Pedestrian/cyclist safety
- ○ Prenatal care
- ○ Routine wellness checkups
- ○ Smoking cessation (e.g., tobacco, nicotine)
- ○ Suicide prevention
- ○ Vaccinations/immunizations
- ○ Violence prevention
- ○ Weight management
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

6. In the last year, have you had trouble meeting the needs of you or members of your household in any of the following areas? *(Please check all that apply.)*

- ○ Childcare
- ○ Food
- ○ Healthcare
- ○ Housing
- ○ Internet
- ○ Interpersonal safety
- ○ Medicine
- ○ Phone
- ○ Transportation
- ○ Utilities
- ○ Unsure
- ○ Prefer not to respond
- ○ None of the above
- ○ Other *(Please specify.)* _____

7. Do any of the following prevent you and your family from getting needed healthcare? *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Cost of care (Please 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., not ready to face health problem; immigration status)
- ○ Lack of cultural/religious sensitive care
- ○ Lack of appointment availability (Please check all that apply.)
  - ☐ Appointments don't match our availability (e.g., unable to miss work, other responsibilities)
  - ☐ 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
- ○ Nothing prevents me and my family from getting needed healthcare
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

8. **Who are the trusted sources of health information for you and your family?** *(Please check all that apply.)*
   - ○ Doctors/healthcare providers
   - ○ Family or friends
   - ○ Health departments
   - ○ Hospitals
   - ○ Online health sites (e.g., WebMD)
   - ○ Religious organizations
   - ○ Schools or colleges
   - ○ Workplace wellness/occupational health programs
   - ○ Unsure
   - ○ Prefer not to respond
   - ○ Other *(Please specify.)* _____

9. **Which of the following social media platforms/apps do you use to learn about local health-related events and programs?** *(Please check all that apply.)*
   - ○ Facebook
   - ○ X (formally Twitter)
   - ○ Instagram
   - ○ TikTok
   - ○ YouTube
   - ○ LinkedIn
   - ○ Snapchat
   - ○ Other *(Please specify.)* _____
   - ○ None

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10. **In your own words, what are the major health challenges in your community?**

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11. **In your own words, what are your most significant health challenges?**

12. In the last year, in an average week, how often did you *(Please check one response per row.)*:

	0 days	1-3 days	4-6 days	7 days	Unsure
Eat a balanced healthy diet *(Check one across.)*					
Exercise for 30 min or more *(Check one across.)*					
Get 7 to 9 hours of sleep *(Check one across.)*					
Have quality encounters with friends, family or neighbors *(Check one across.)*					
Feel stressed *(Check one across.)*					

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13. How would you rate your health in each area below? *(Please check one response per row.)*

	Poor	Fair	Good	Excellent	Unsure	Prefer not to respond
Physical health *(Check one across.)*						
Dental health *(Check one across.)*						
Mental health *(Check one across.)*						

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14. Are there children under the age of 18 living in your household?

○ Yes ○ No ○ Prefer not to respond

14A. How would you rate your child(ren)'s health in each area below? Please only answer this question if you've answered "Yes" to question #14. *(Please check one response per row.)*

	Poor	Fair	Good	Excellent	Unsure	Prefer not to respond
Physical health *(Check one across.)*						
Dental health *(Check one across.)*						
Mental health *(Check one across.)*						

14B. What are the biggest concerns regarding your child(ren)'s health and wellbeing? Please only answer this question if you've answered "Yes" to question #14. *(Please check up to three major categories. When there are subcategories, you may check all that apply.)*

- ○ Accidents
  - ☐ Automobile accident
  - ☐ Drowning
  - ☐ Sports related injury
  - ☐ Other *(Please specify.)* _____
- ○ Chronic absenteeism/school performance
- ○ Chronic disease (e.g., asthma, diabetes)
- ○ Dental health
- ○ Mental health (e.g., depression, anxiety, suicide)
- ○ Nutrition/eating habits
- ○ Obesity/weight management issues
- ○ Safer places to walk/play
- ○ Substance misuse *(Please check all that apply.)*
  - ☐ Drugs
  - ☐ Alcohol
- ○ Vaccine-preventable illness
- ○ Violence *(Please check all that apply.)*
  - ☐ In the home or between partners
  - ☐ Guns
  - ☐ Murder
  - ☐ Rape
  - ☐ Other *(Please specify.)* _____
- ○ Unsure
- ○ Prefer not to respond
- ○ None of the above
- ○ Other *(Please specify.)* _____

15. I identify as:

- ○ Woman
- ○ Man
- ○ Transgender
- ○ Non-binary/non-conforming
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

16. What is your age?

- ○ 18 - 24 years
- ○ 25 - 34 years
- ○ 35 - 44 years
- ○ 45 - 54 years
- ○ 55 - 64 years
- ○ 65+ years
- ○ Prefer not to respond

17. ZIP code where you live: _____

18. Town where you live: _____

19. County where you live:

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

20. What is your annual household income from all sources?

- ○ Less than $25,000
- ○ $25,000 - $49,999
- ○ $50,000 - $99,999
- ○ $100,000 - $149,999
- ○ Greater than or equal to $150,000
- ○ Prefer not to respond

21. Do you have reliable internet access in your home?

- ○ Yes
- ○ No
- ○ Prefer not to respond

22. Do you or anyone in your household have a disability?

- ○ Yes
- ○ No
- ○ Prefer not to respond

23. What is your current employment status?

- ○ Employed full-time
- ○ Employed part-time
- ○ Student
- ○ Retired
- ○ Out of work, looking for work
- ○ Out of work, but not currently looking
- ○ Out of work, unable to work
- ○ Prefer not to respond

24. Are you a veteran or active military member?

- ○ Yes
- ○ No
- ○ Prefer not to respond

25. Do you currently have health insurance?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Prefer not to respond

25A. What type of insurance do you have? (Please only answer if you selected "Yes" to question #25; check all that apply.)

- ○ Medicaid
- ○ Medicare
- ○ Insured through employer
- ○ Purchase my own insurance
- ○ No insurance
- ○ Unsure
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

26. What race do you consider yourself?

- ○ White
- ○ Black or African American
- ○ Asian
- ○ Native Hawaiian and Other Pacific Islander
- ○ American Indian and Alaska Native
- ○ Two or more races
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____

27. Are you Hispanic or Latino?

- ○ Not Hispanic or Latino
- ○ Hispanic or Latino
- ○ Unsure
- ○ Prefer not to respond

28. What language do you speak when you are at home? (Please check all that apply.)

- ○ Albanian
- ○ Arabic
- ○ Chinese
- ○ English
- ○ French
- ○ French Creole
- ○ Farsi
- ○ Haitian Creole
- ○ Hindi
- ○ Italian
- ○ Korean
- ○ Nauru
- ○ Polish
- ○ Portuguese
- ○ Spanish
- ○ Samoan
- ○ Yiddish
- ○ Prefer not to respond
- ○ Other *(Please specify.)* _____