English

Rockland County HEALTH

Community Health Assessment Survey

We need YOUR input!

The Rockland County Department of Health (RCDOH) is in the process of developing our 2025-2030 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHA uses public health data, community surveys, and community stakeholder input to identify the health needs and issues of the county. The CHIP is our long-term effort to address the needs and issues identified in the CHA. Community agencies will use these to address the public health concerns in the county. The results of this survey will be published in the upcoming CHA. For more information, please visit RocklandCountyNY.gov
By completing this survey, you can help us identify the issues most important to you and your community. The survey should take about 10-15 minutes to complete. It is completely anonymous, and answers cannot be traced back to you. Any questions about this survey can be directed to RCDOHHealthAssessment@co.rockland.ny.us.

Do you live in Rockland County? (Must live in Rockland to participate) *

- ○ Yes
- ○ No

What is the zip code of your home address in Rockland County? *

What is your age? (Must be at least 18 to participate) *

- ○ Under 18
- ○ 18-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60+

What is your sex? *

- ○ Male
- ○ Female
- ○ Prefer not to answer

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Which race/nationality do you identify with? Please select all that apply. *

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Hispanic/Latino/Latinx
- ☐ Asian or Asian American
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Prefer not to answer
- ☐ Other

What is your approximate household income? *

- ○ $0-$29,999
- ○ $30,000-$69,999
- ○ $70,000-$109,999
- ○ $110,000-$149,000
- ○ $150,000-$189,999
- ○ $190,000-$229,999
- ○ $230,000+
- ○ Prefer not to answer

How many people live in your home, including yourself? *

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more
- ○ Prefer not to answer

Do you have health insurance? *

- ○ Yes
- ○ No

What kind of health insurance do you have? *

- ○ Employer/Spouse's Employer
- ○ Medicare
- ○ Medicaid
- ○ Veteran's Affair (VA)
- ○ NYS of Health/Marketplace Exchange
- ○ Tribal Health
- ○ Not sure
- ○ Prefer not to answer

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How would you rate your quality of life in Rockland County? *

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ Very Poor

Please choose the top three factors that you believe make a positive contribution to healthy living in Rockland County. *

- ☐ Safe neighborhoods
- ☐ Access to services for mental health/substance abuse
- ☐ Opportunities for outdoor recreation/physical activity
- ☐ Access to healthy food
- ☐ Access to affordable, high-quality housing
- ☐ Access to affordable childcare
- ☐ Good schools
- ☐ Good jobs
- ☐ Clean environment
- ☐ Access to good public transportation
- ☐ Access to health care for children (Immunization, Lead screening, Early Intervention)
- ☐ Access to prenatal care
- ☐ Access to community services and support
- ☐ Other _____

Priorities for Community Health and Wellbeing

Select your top 3 areas that you believe need improvement in Rockland County. *

- ☐ Economic Wellbeing (affordable childcare, unemployment, housing stability/affordability, food insecurity)
- ☐ Mental Wellbeing and Substance Use (suicide, substance use/addiction [alcohol, tobacco, opioids], overdose response [Narcan®])
- ☐ Safe and Healthy Communities (access to adequate transportation, spaces for physical activity, neighborhoods free of crime/violence, safe roadways, access to safe drinking water, access to community resources)
- ☐ Health Care Access and Quality (prenatal care, teen pregnancy, chronic disease prevention [diabetes, heart disease], communicable disease prevention [access to vaccines, public health clinics])
- ☐ Healthy Children (immunization, lead screening, Early Intervention, behavioral health)
- ☐ Education Access and Quality (Health and wellness programs in schools, options for continuing education, vocational programs)

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Economic Priorities

If you did not select this priority as one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No opinion
Access to affordable, healthy food	○	○	○	○	○	○
Access to affordable housing	○	○	○	○	○	○
Availability of jobs that meet your cost of living	○	○	○	○	○	○
Access to affordable childcare	○	○	○	○	○	○

Mental Wellbeing and Substance Use

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Anxiety and Depression	○	○	○	○	○	○
Suicide Prevention	○	○	○	○	○	○
Opioid Use	○	○	○	○	○	○
Overdose Prevention	○	○	○	○	○	○
Alcohol Misuse	○	○	○	○	○	○
Tobacco and Vaping Use	○	○	○	○	○	○

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Safe and Healthy Communities

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Access to community spaces like parks, walkways, bike paths, and community centers	○	○	○	○	○	○
Access to classes, activities, and groups that encourage healthy habits (physical activity, nutrition, stress reduction, diabetes prevention, fall prevention, quitting smoking, etc.)	○	○	○	○	○	○
Access to community services and resources (WIC, Social Services, Aging Services, Salvation Army, United Way, etc.)	○	○	○	○	○	○
Injuries and violence prevention	○	○	○	○	○	○
Traffic safety	○	○	○	○	○	○
Drinking water quality	○	○	○	○	○	○
Public transportation availability	○	○	○	○	○	○

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Healthcare Access and Quality

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Access to health screenings available in your community (blood sugar, cholesterol, blood pressure, etc.)	○	○	○	○	○	○
Prevention of Communicable Disease (access to vaccines, public health clinics such as TB, STI, etc.)	○	○	○	○	○	○
Prevention of Chronic Disease (diabetes, hypertension, cancer, heart disease)	○	○	○	○	○	○
Access to adequate prenatal care	○	○	○	○	○	○
Teen pregnancy rates	○	○	○	○	○	○

Which of the following health conditions are you most concerned about for yourself and your community? Please select any 3 for yourself and any 3 for your community. *

	Myself	My Community
Asthma, COPD, or other chronic respiratory conditions	☐	☐
Diabetes	☐	☐
Cancer	☐	☐
Heart problems (high blood pressure, cholesterol, heart disease, stroke, etc.)	☐	☐
Infectious diseases (Seasonal FLU, COVID-19, RSV, measles, polio, HIV, TB, AIDS, hepatitis, sexually transmitted infections, etc.)	☐	☐
Mental illness (depression, anxiety, suicide, bipolar disorder)	☐	☐
Substance use disorders (alcohol, tobacco, vaping, cannabis, opioids, etc.)	☐	☐
Obesity, or problems with weight management or nutrition	☐	☐

List any additional health conditions that you are concerned about that were not included.

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Healthy Children

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Childhood Vaccination Rates	○	○	○	○	○	○
Lead Screening	○	○	○	○	○	○
Early Intervention	○	○	○	○	○	○
Childhood Behavioral Health (ability to regulate emotions, develop social skills, and cope with challenges)	○	○	○	○	○	○
Preventing Adverse Childhood Experiences (abuse, neglect, family mental illness/substance abuse/incarceration)	○	○	○	○	○	○

Education

If you did not select this priority one of your top 3 priorities for improvement, please skip this section.

How much improvement do you think the following issues need in our county? Indicate on a scale of 1 (needs little) to 5 (needs a lot). *

	1 (Needs Little)	2	3	4	5 (Needs a lot)	No Opinion
Health and Wellness Programs in Schools	○	○	○	○	○	○
Options for Continuing Education	○	○	○	○	○	○
Vocational Programs	○	○	○	○	○	○

English

Rockland County HEALTH

Food and Housing Accessibility

Over the past year, there were times when I or someone in my household was hungry and couldn't get access to enough food. *

- ○ Often True
- ○ Sometimes True
- ○ Never True

What has prevented you or someone in your household from getting enough food? (Select all that apply) *

- ☐ Lack of money/cannot afford food
- ☐ Lack of transportation
- ☐ Lack of time to get food
- ☐ Inability/difficulty preparing food on my own
- ☐ Does not apply
- ☐ Other _____

Do you use any of the following resources? (Select all that apply) *

- ☐ Local food pantry
- ☐ SNAP benefits
- ☐ Friends/Family
- ☐ Meals on Wheels or other prepared food services
- ☐ My household has not used any of these services
- ☐ Other _____

How would you rate the physical condition of your home?

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○ I am unhoused/homeless
- ○ Prefer not to answer

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In the past five years, have you had a problem (that you found difficult/impossible to resolve) with any of the following in your home? (Select all that apply) *

- ☐ Lack of access to heat or air conditioning when you needed it
- ☐ Lack of access to clean water when you needed it
- ☐ Lead or lead-based paint
- ☐ Lack of smoke or carbon monoxide detection
- ☐ Overcrowding
- ☐ Black Mold
- ☐ Structural issues
- ☐ Rodent/Pest Problems
- ☐ Does not apply

Has your home ever been tested for the presence of Lead or Lead-based Paint

- ○ Yes
- ○ No
- ○ Unsure
- ○ Does not apply
- ○ Prefer not to answer

What is your primary source of drinking water?

- ○ Municipal or Public Supply
- ○ Private Well
- ○ Unsure
- ○ Prefer not to answer
- ○ Other _____

Are you concerned about the quality of your drinking water? *

- ○ Yes
- ○ No

What are your specific water quality concerns?

- ☐ Lead
- ☐ PFOS (perfluorooctane sulfonate)
- ☐ PFOA (perfluorooctanoic acid)
- ☐ Nutrient Loading
- ☐ Does not apply
- ☐ Other _____

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What is your primary form of transportation? *

- ○ Personal Vehicle
- ○ Public transportation
- ○ Ride share/taxi
- ○ Bicycle
- ○ Walking
- ○ Prefer not to answer
- ○ Other _____

Do you have access to public transportation when and where you need it? *

- ○ Yes
- ○ Sometimes
- ○ No
- ○ Prefer not to answer
- ○ Does not apply

English

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Health and Wellbeing

If you or someone in your household did not get physical, dental, or mental health care that was needed, advised, or recommended, what were the main reasons for not receiving care? Select all that apply for each type of care. *

	Physical Health	Dental Care	Mental Health	Does not apply
Cost- Without insurance it was too expensive	☐	☐	☐	☐
Cost- Even with insurance, it was too expensive	☐	☐	☐	☐
Transportation- It was too hard to get there or didn't have reliable transportation	☐	☐	☐	☐
Hours - They weren't open when I/we could get there	☐	☐	☐	☐
Appointment Availability- There were no appointments available in a timely manner	☐	☐	☐	☐
Unsure Where to Go- Didn't know where to go to receive care	☐	☐	☐	☐
Personal Feelings- Scared, embarrassed, or ashamed of getting care	☐	☐	☐	☐
Decided not to Pursue Care- Didn't like going or didn't wish to continue with care	☐	☐	☐	☐

List any other reason not listed that prevented you from accessing medical care.

The CDC recommends that adults engage in at least 150 minutes of moderate-intensity physical activity/exercise per week. Do you participate in at least 150 minutes of physical activity/exercise per week? *

- ○ Yes
- ○ No
- ○ Prefer not to answer

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Which, if any, of the following would help you become more active? Select all that apply.

- ☐ Transportation to a park or other exercise space (such as community center/gym)
- ☐ Free at-home exercise plans
- ☐ Exercise groups, clubs, or a friend to participate with
- ☐ Free exercise workshops/classes/programs for adults
- ☐ Free exercise workshops/classes/programs for families (adults and children)
- ☐ Safer outdoor places to exercise (walking/running/biking paths, parks, etc)
- ☐ Discounts for gym memberships
- ☐ Workplace exercise programs or equipment
- ☐ Other _____

Children's Health

This section is focused on young children. If you do not have any children under 6 in your household, please skip to the next section.

Do you have a child younger than 6 years old living in your household? *

- ○ Yes
- ○ No

Has your child been screened for lead poisoning by a pediatrician?

- ○ Yes
- ○ No
- ○ Unsure

Have you wanted to get a vaccine for your child but experienced difficulties accessing vaccines? *

- ○ Yes
- ○ No
- ○ Prefer not to answer

What barriers have you faced accessing vaccines? *

- ☐ Cost
- ☐ Personal time limitations
- ☐ Not offered at my doctor/pharmacy
- ☐ Transportation difficulty
- ☐ Other _____

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Do you believe the childhood vaccines recommended by health authorities (e.g., CDC, WHO) are necessary and safe?

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

Are your children up to date on their recommended vaccines?

- ○ Yes
- ○ No
- ○ Unsure

Have you ever chosen to skip or delay a vaccine recommended for your child?

- ○ Yes
- ○ No

Select the reason(s) why you chose to skip or delay.

- ☐ Concerns about vaccine safety/ingredients
- ☐ Concerns about vaccine side effects
- ☐ Religious or philosophical beliefs
- ☐ Scheduling difficulties
- ☐ Cost/Insurance issues
- ☐ Influence from friends/family
- ☐ Other_____

What, if any, could increase your confidence in childhood vaccines?

- ☐ More information from healthcare providers
- ☐ Personal stories from parents who vaccinated their children
- ☐ Increased public health campaigns and education
- ☐ Recommendations from trusted community members
- ☐ Clearer communication about the benefits of vaccines
- ☐ Other_____

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Women's Health

This section is focused on women's health. If you do not identify as a woman, please skip to the next section.

Are you pregnant or planning to become pregnant? *

- ○ Yes
- ○ No
- ○ Does not apply

Do you have access to adequate prenatal care?

- ○ Yes
- ○ No

What is limiting your access to adequate prenatal care?

- ☐ Lack of access to transportation
- ☐ Lack of funds
- ☐ Don't have insurance
- ☐ Don't know how to get access to care
- ☐ Other_____

Do you have access to lactation (breastfeeding) services?

- ○ Yes
- ○ No
- ○ Does not apply

Do you have consistent access to menstrual products (tampons, pads, menstrual cups)?

- ○ Yes
- ○ No
- ○ Does not apply

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Tobacco and Substance Use

Substance use disorders (addictions) don't just affect individuals; they impact families, friends, and communities. Select all that apply for your personal experience with substance use disorders. *

	Yourself	Family Member	Friend	Does not apply
Alcohol Misuse	☐	☐	☐	☐
Drug Use	☐	☐	☐	☐
Tobacco/Vaping Products Use	☐	☐	☐	☐
In Recovery from Drug Addiction	☐	☐	☐	☐
In Recovery from Alcohol Use Disorder	☐	☐	☐	☐

Do you know what Narcan® (Naloxone) is?

- ○ Yes
- ○ No

Narcan® (Naloxone) is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. It can reverse an opioid overdose and quickly restore normal breathing. For more information, please visit the NYS OASAS website.

What is your experience with Narcan® (Naloxone)

- ☐ I know where I can get Narcan® in Rockland County.
- ☐ I do not know where I can get Narcan® in Rockland County
- ☐ I carry Narcan® with me or keep it in my home.
- ☐ I have used Narcan® to save a life.
- ☐ I have no experience with Narcan®.
- ☐ Prefer not to answer.

English

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Thank you for completing the Community Health Assessment Survey. You can now enter for a Chance to win a $50 Gift Card*!

To enter, provide:

Your Full Name: _____

Phone Number: (_____)_____

If you are one of the lucky winners, we will call you to arrange for you to receive your $50 Gift Card.

*Sweepstakes entrants will not be connected to any survey responses; your name and phone number are for the sweepstakes only.