

LONG ISLAND HEALTH SURVEY FOR ORGANIZATIONS AND AGENCIES

The county health departments (Nassau and Suffolk), local hospitals, and other community partners are in the process of deciding what health problems we will focus on for the next few years. We would like to find out what problems are vital to the persons and community you provide care/services to. We will use these results, along with other information, to plan to improve the health of persons in Nassau and Suffolk counties. Please give us your input by filling this out and sending it back by mail or email. Or complete the survey online (preferred method) through this link: <https://www.surveymonkey.com/r/LIHC-CBO2024>. The return information is listed at the end of this survey. Thank you.

1. Which of the following health-related social needs are *unmet* in your community? (Please check up to 3)

- Economic wellbeing
- Mental wellbeing and substance use
- Safe and healthy communities
- Health insurance coverage and access to care
- Healthy children
- PreK-12 student success and educational attainment

2. What are the biggest health and/or social problems for the people/community you serve? (Please check up to 5)

- Access to prenatal care
- Access to vaccinations
- Adverse childhood experiences
- Alcohol use
- Anxiety/stress
- Asthma/lung disease
- Cancer
- Care for the elderly
- Childhood behavioral health
- Child health & wellness
- Depression
- Diabetes
- Drug misuse and overdose
- Environmental hazards (water/soil/air pollution, lead, etc.)
- Falls in the elderly
- Heart disease & stroke
- HIV/AIDS & sexually transmitted diseases (STDs)
- Housing instability
- Infections
- Maternal and infant mortality
- Memory loss
- Nutrition/eating habits
- Nutrition insecurity
- Obesity/weight loss issues
- Oral health problems
- Poverty
- Premature births
- Preventable injuries
 - Car crashes
 - Pedestrian injuries
 - Other: _____
- Safety
- Sedentary lifestyle/lack of physical activity
- Smoking/vaping/tobacco use
- Suicide
- Teen pregnancy
- Unemployment
- Uninsured or underinsured
- Vaccine preventable diseases
- Violence
 - In the home between partners
 - Guns
 - Murders
 - Rape
 - Other: _____
- Women's health & wellness
- Other (please specify): _____

3. What would be helpful to improve the health problems of the people/community you serve? (Please check up to 5)

- Access to community services & support
- Access to healthier food
- Affordable housing
- Better schools
- Breastfeeding
- Clean air & water
- More grocery stores
- Farmers markets
- Health & wellness promotion in schools
- Healthier food choices
- Health education programs
- Health screenings (physical & mental)
- Home care options
- Insurance enrollment programs
- Job opportunities
- Opportunities for continued education
- Parks & recreation
- Recreation facilities
- Safer childcare options
- Safer places to walk/play
- Safer workplaces
- Transportation (public and/or active)
- Violence prevention
- Water fluoridation
- Other (please specify): _____

4. Do any people/communities you serve have problems getting needed health care?

- Yes (if 'yes,' please answer question #5) No

5. If you answered 'yes' to question #4, what do you think the reasons are? (Please check up to 5)

- Cultural/religious beliefs
- Don't know how to find providers
- Don't understand need to see a provider
- Fear/hesitancy (e.g. not ready to face/discuss health problems; immigration status; etc.)
- Lack of availability of providers/appointments
- Lack of culturally sensitive providers/care services
- Lack of LGBTQIA+ affirming care
- Language barriers
- Misinformation/lack of health literacy
- No insurance/unable to pay for care
- Prior negative experiences
- Transportation
- Unable to pay co-pays/deductibles
- Other (please specify) _____



6. What health screenings and/or health services are needed to keep the people/communities you serve healthy? (Please check up to 5)

- Anxiety/stress management
- Blood pressure
- Cancer
- Cholesterol (fats in the blood)
- Chronic disease management
- Dental screenings
- Depression/suicidal ideation
- Diabetes
- Disease outbreak prevention
- Drug and alcohol misuse
- Early intervention
- Eating disorders
- Emergency preparedness
- Exercise/physical activity
- Falls prevention in the elderly
- Hearing screening
- Heart disease
- HIV/AIDS & sexually transmitted diseases (STDs)
- Memory loss
- Nutrition
- Prenatal care
- Primary care/prevention for adults
- Primary care/prevention for children
- Smoking/vaping/tobacco cessation programs
- Suicide prevention
- Vaccination/immunizations
- Weight loss programs
- Other (please specify) _____

7. Where do the people/communities you serve get most of their health information? (Please check all that apply)

- Doctor/health professional
- Family or friends
- Health department
- Hospital
- Internet
- Library
- Newspaper/magazines
- Radio
- Religious organization
- School/college
- Social media (Facebook, Twitter, etc.)
- Television
- Worksite
- Other (please specify) _____

8. What do you think makes a community healthy?

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

- Very healthy Healthy Somewhat healthy
- Unhealthy Very unhealthy

If you are able, please complete the following:

Your organization: _____

Where did you receive this survey? _____

Zip code where you work _____

Town where you work _____

For the population(s) you serve, please check all that apply pertaining to their gender:

- Woman Man Transgender
- Non-binary/non-conforming Prefer not to respond

For the population(s) you serve, please check all that apply pertaining to their age:

- Under 18 18-24 years 25-34 years 35-44 years
- 45-54 years 55-64 years 65+ years

For the population(s) you serve, please check all that apply pertaining to their Hispanic or Latino ethnicity:

- Not Hispanic or Latino Unknown
- Hispanic or Latino Prefer not to respond

For the population(s) you serve, please check all that apply pertaining to their race:

- 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) _____

For the population(s) you serve, please check all that apply pertaining to their highest level of education:

- K-8 grade
- Some high school
- High school graduate
- Technical school
- Some college
- College graduate
- Graduate school
- Doctorate
- Other (please specify) _____

Your name: _____

Phone: _____

Email: _____

Would you be willing to participate in a 15-minute phone/Zoom call in the early part of 2025 to delve deeper into the health and social support issues concerning Long Islanders? These narrative responses will be analyzed in the aggregate for key themes and focus areas and will become another primary data source. Yes No

