**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 (insert link).** The return information is listed at the end of this survey. Thank you.

1. **What are the biggest health problems for the people/community you serve? (Please check up to 5)**

Access to vaccinations

Asthma/lung disease

Cancer

Care for the elderly

Child health & wellness

Memory loss

Diabetes

Drugs & alcohol abuse

Environmental problems (water, pollution, air, etc.)

Falls in the elderly

Heart disease & stroke

HIV/AIDS & Sexually Transmitted Diseases (STDs)

Infections

Preventable Injuries

Car crashes

Pedestrian injuries

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mental health (including depression & suicide)

Nutrition / eating habits

Obesity/weight loss issues

Premature births

Smoking/Tobacco use

Teen pregnancy

Violence

In the home or between partners

Guns

Murders

Rape

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Women’s health & wellness

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Access to healthier food  Affordable housing

Better schools

Breastfeeding

Clean air & water

Drug & alcohol services

More grocery stores

Farmers markets

Health education programs

Health screenings

Home care options

Insurance enrollment programs

Job opportunities

Mental health services

Parks and recreation

Safer childcare options

Safer places to walk/play

Safer work place

Transportation

Weight loss programs

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes (if ‘yes’, please answer question #4)  No

1. **If you answered ‘yes’ to question #3, what do you think the reasons are? (Please check up to 5)**

Cultural/religious beliefs

Don’t know how to find doctors

Don’t understand need to see a doctor

Fear (e.g. not ready to face/discuss health problem)

Lack of availability of doctors

Language barriers

No insurance and unable to pay for the care

Transportation

Unable to pay co-pays/deductibles

Other (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What types of health screenings and/or services are needed to keep people healthy in the community you provide care to? (Check up to 5)**

Blood pressure

Cancer

Cholesterol (fats in the blood)

Dental screenings

Diabetes

Disease outbreak prevention

Drug and alcohol

Eating disorders

Emergency preparedness

Exercise/physical activity

Falls prevention in the elderly

Heart disease

HIV/AIDS & STDs

Routine well checkups

Memory loss

Mental health/depression

Nutrition

Prenatal care

Quitting smoking

Suicide prevention

Vaccination/immunizations

Weight loss help

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What health issues do the people/community you provide care need education about? (Please check up to 5)**

Blood pressure

Cancer

Cholesterol

Dental screenings

Diabetes

Disease outbreak prevention

Drug and alcohol

Eating disorders

Emergency preparedness

Exercise/physical activity

Falls prevention in the elderly

Heart disease

HIV/AIDS & STDs

Routine well checkups

Mental health/depression

Nutrition

Prenatal care

Suicide prevention

Vaccination/immunizations

Quit smoking

Other (please specify)

**7. Where do the people/community you provide care to get most of their health information? (Check all that apply)**

Doctor/health care provider

Facebook or twitter

Family or friends

Health Department

Hospital

Internet

Library

Newspaper/magazines

Other social media

Radio

Church group

School or college

TV

Worksite

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_

1. **What do you think makes a community healthy?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **How would you rate the health of the people/community you provide care to?**

Very healthy  Healthy  Somewhat healthy Unhealthy Very unhealthy

***If you are able, please complete the following:***

Your organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you receive this survey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your sex:  Male  Female

How old are you? :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP code or Town where you work: \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Hispanic or Latino?  Yes  No

What race do you consider yourself?

White

Black/African American

Asian/Pacific Islander

Native American

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the highest grade you finished?

8th grade or less

Some high school

High school graduate

Technical school

Some college

College graduate

Graduate school

Doctorate

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we contact you so you can tell us more of your ideas regarding health problems in Nassau and Suffolk counties and what should be done about them?

Yes  No

Please return this survey before ?????????. Email to [info@lich.org](mailto:info@lich.org) or mail to**:Brooke Oliveri, LIHC, 1383 Veterans Memorial Highway, Suite 26, Hauppauge, NY 11788**

**PREFERRED METHOD OF RETURN IS TO COMPLETE THE SURVEY VIA THIS LINK:**

**Questions: Please call 631-??????**