**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 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-??????**