

LONG ISLAND COMMUNITY HEALTH ASSESSMENT SURVEY | *Your opinion is important to us!*

The purpose of this survey is to get your opinion about health issues that are important in your community. Together, the County Departments of Health and hospitals throughout Long Island will use the results of this survey and other information to help target health programs in your community. Please complete only one survey per adult 18 years or older. Your survey responses are anonymous. Thank you for your participation.

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 ongoing health and/or social concerns in THE COMMUNITY WHERE YOU LIVE?

(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
- 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
- Women's health & wellness

Other (please specify):

3. What are the biggest ongoing health and/or social concerns for YOURSELF? (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
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- Suicide
- Teen pregnancy
- Unemployment
- Uninsured or underinsured
- Vaccine preventable diseases
- Violence
 - In the home between partners
 - Guns
 - Murders
 - Rape
- Women's health & wellness
- Other (please specify):

4. What prevents you and your family from getting medical treatment?

(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)

5. Which of the following is MOST needed to improve the health of your community? (Please check up to 5)

- Access to community services & support
- Access to healthier food
- Affordable housing
- Better schools
- Breastfeeding
- Clean air & water
- 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
- More grocery stores
- Opportunities for continued education
- Parks & recreation
- Recreation facilities
- Safer childcare options
- Safer places to walk/play
- Safer worksites
- Transportation (public and/or active)
- Violence prevention
- Water fluoridation
- Other (please specify)

6. What health screenings or education/information services are needed in your community? (Please check up to 5)

- Anxiety/stress management
 - Blood pressure
 - Cancer
 - Cholesterol (fats in the blood)
 - Chronic disease management (such as asthma, heart disease, diabetes, etc.)
 - Dental screenings
 - Depression/suicidal ideation
 - Diabetes
 - Disease outbreak information
 - Drug and alcohol misuse
 - Eating disorders
 - Emergency preparedness
 - Exercise/physical activity
 - Falls prevention in the elderly
 - Heart disease
 - HIV/AIDS & sexually transmitted diseases (STDs)
 - Importance of routine well checkups
 - 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)
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7. Where do you and your family get most of your health information? (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)
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For statistical purposes only, please complete the following:

I identify as:

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

What is your age?

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

Zip code where you live

Town where you live

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)
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Are you Hispanic or Latino?

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

What language do you speak when you are at home? (Check all that apply)

- English
 - Chinese
 - Portuguese
 - Korean
 - Spanish
 - Hindi
 - Italian
 - Haitian Creole
 - Farsi
 - French Creole
 - Polish
 - Other (please specify)
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What is your annual household income from all sources?

- \$0-\$19,999
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$125,000
- Over \$125,000

What is your 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)
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What is your current employment status?

- Employed for wages
- Student
- Military
- Self-employed
- Retired
- Out of work and looking for work
- Out of work, but not currently looking

Do you currently have health insurance?

- Yes
- No
- No, but I did in the past

What type of insurance do you have? (Check all that apply)

- Medicaid
- Medicare
- Private/commercial
- No insurance

Do you have reliable internet in your home?

- Yes
- No

If you have health concerns or difficulty accessing care, please call the Long Island Health Collaborative for available resources at 631-963-4167.

**Please return this completed survey to:
LIHC
Nassau-Suffolk Hospital Council
800 Veterans Memorial Highway, Suite 150
Hauppauge, NY 11788**

Or you may fax completed survey to 631-716-6920

All non-profit hospitals on Long Island offer financial assistance for emergency and medically necessary care to individuals who are unable to pay for all or a portion of their care. To obtain information on financial assistance offered at each Long Island hospital, please visit the individual hospital's website.