

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/CBO2022>**. 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)

- | | | |
|---|--|--|
| <input type="checkbox"/> Access to vaccinations | <input type="checkbox"/> HIV/AIDS & Sexually Transmitted Diseases (STDs) | <input type="checkbox"/> Smoking/Tobacco use |
| <input type="checkbox"/> Asthma/lung disease | <input type="checkbox"/> Infections | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Preventable Injuries | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Care for the elderly | <input type="checkbox"/> Car crashes | <input type="checkbox"/> In the home or between partners |
| <input type="checkbox"/> Child health & wellness | <input type="checkbox"/> Pedestrian injuries | <input type="checkbox"/> Guns |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Murders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health (including depression & suicide) | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Drugs & alcohol abuse | <input type="checkbox"/> Nutrition / eating habits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Environmental problems (water, pollution, air, etc.) | <input type="checkbox"/> Obesity/weight loss issues | <input type="checkbox"/> Women's health & wellness |
| <input type="checkbox"/> Falls in the elderly | <input type="checkbox"/> Premature births | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heart disease & stroke | | |



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

- | | | |
|---|--|---|
| <input type="checkbox"/> Access to healthier food | <input type="checkbox"/> Farmers markets | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Health education programs | <input type="checkbox"/> Safer childcare options |
| <input type="checkbox"/> Better schools | <input type="checkbox"/> Health screenings | <input type="checkbox"/> Safer places to walk/play |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Home care options | <input type="checkbox"/> Safer work place |
| <input type="checkbox"/> Clean air & water | <input type="checkbox"/> Insurance enrollment programs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Drug & alcohol services | <input type="checkbox"/> Job opportunities | <input type="checkbox"/> Weight loss programs |
| <input type="checkbox"/> More grocery stores | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Other (please specify) _____ |

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

- Yes (if 'yes', please answer question #4) No

4. If you answered 'yes' to question #3, what do you think the reasons are? (Please check up to 5)

- | | | |
|---|--|--|
| <input type="checkbox"/> Cultural/religious beliefs | <input type="checkbox"/> Lack of availability of doctors | <input type="checkbox"/> Unable to pay co-pays/deductibles |
| <input type="checkbox"/> Don't know how to find doctors | <input type="checkbox"/> Language barriers | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Misinformation/lack of health literacy | <input type="checkbox"/> No insurance and unable to pay for the care | |
| <input type="checkbox"/> Fear/hesitancy (e.g. not ready to face health problem; immigration status) | <input type="checkbox"/> Transportation | |

5. 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Environments to promote physical activity | <input type="checkbox"/> Mental health/depression |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Exercise/physical activity | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Cholesterol (fats in the blood) | <input type="checkbox"/> Falls prevention in the elderly | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Food security | <input type="checkbox"/> Prevent/quit tobacco use |
| <input type="checkbox"/> Dental screenings | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Substance misuse |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis C virus (HCV) | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Disease outbreak prevention | <input type="checkbox"/> HIV/AIDS & STDs | <input type="checkbox"/> Vaccination/immunizations |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Routine well checkups | <input type="checkbox"/> Violence prevention |
| <input type="checkbox"/> Emergency preparedness | <input type="checkbox"/> Memory loss | <input type="checkbox"/> Weight loss help |
| | | <input type="checkbox"/> Other (please specify) _____ |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Air and water quality | <input type="checkbox"/> Emergency preparedness | <input type="checkbox"/> Other environmental toxins |
| <input type="checkbox"/> Antibiotic resistance | <input type="checkbox"/> Environments to promote physical activity | <input type="checkbox"/> Pedestrian/cyclist safety |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Exercise/physical activity | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Falls prevention in the elderly | <input type="checkbox"/> Substance misuse |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Food security | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Vaccination/immunizations |
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Hepatitis C virus (HCV) | <input type="checkbox"/> Violence prevention |
| <input type="checkbox"/> Dental screenings | <input type="checkbox"/> HIV/AIDS & STDs | <input type="checkbox"/> Prevent/quit tobacco use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health/depression | <input type="checkbox"/> Routine well checkups |
| <input type="checkbox"/> Disease outbreak prevention | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Eating disorders | | _____ |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Doctor/health care provider | <input type="checkbox"/> Library | <input type="checkbox"/> TV |
| <input type="checkbox"/> Facebook or twitter | <input type="checkbox"/> Newspaper/magazines | <input type="checkbox"/> Worksite |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Other social media | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Radio | _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Church group | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School or college | |

8. What do you think makes a community healthy? _____

9. 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: _____

How old are you? : _____

Where did you receive this survey: _____

ZIP code or Town where you work: _____

What is your sex: Male Female

Are you Hispanic or Latino? Yes No

What race do you consider yourself?

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black/African American | | <input type="checkbox"/> Other (please specify) _____ |

What is the highest grade you finished?

- | | | |
|--|---|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Technical school | <input type="checkbox"/> Graduate school |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> College graduate | <input type="checkbox"/> 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

Questions? Contact:
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Please return this survey before DEADLINE via email to lihc@nshc.org or mail to:
LIHC 1383 Veterans Memorial Highway, Suite 26, Hauppauge, NY 11788 PREFERRED METHOD
OF RETURN IS TO COMPLETE THE SURVEY VIA THIS LINK: <https://www.surveymonkey.com/r/CBO2022>