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. What are the biggest ongoing health concerns in THE COMMUNITY WHERE YOU LIVE? (Please check up to 3)

Asthma/lung disease	Heart disease & stroke	Safety
Cancer	HIV/AIDS & Sexually	Vaccine preventable diseases
Child health & wellness	Transmitted Diseases	Women's health & wellness
Diabetes	(STDs)	Mental health -
Drugs & alcohol abuse	Environmental hazards	Depression/suicide
Obesity/weight loss issues	Other (please specify)	

2. What are the biggest ongoing health concerns for <u>YOURSELF</u>? (Please check up to 3)

Asthma/lung disease	Heart disease & stroke	Safety
	HIV/AIDS & Sexually	Vaccine preventable diseases
Child health & wellness	Transmitted Diseases	Women's health & wellness
Diabetes	(STDs)	Mental health -
Drugs & alcohol abuse	Environmental hazards	Depression/suicide
Obesity/weight loss issues	Other (please specify)	

3. What prevents people in your community from getting medical treatment? (Please check up to 3)

Cultural/religious beliefs	Lack of availability of doctor	rs Unable to pay co- pays/deductibles
Language barriers	Transportation	Don't know how to find doctors
No insurance	There are no barriers	Don't understand need to see a doctor
Ear (e.g. not ready to face/	Other (please specify)	
discuss health problem)		

4. Which of the following is MOST needed to improve the health of your community? (Please check up to 3)

Clean air & water	Mental health services	Smoking cessation programs
Drug & alcohol	Recreation facilities	Transportation
rehabilitation services	Safe worksites	Job opportunities
Healthier food choices	Safe childcare options	Weight loss programs
Safe places to walk/play	Other (please specify)	

5. What health screenings or education/information services are needed in your community?

(Please check up to 3)		
Blood pressure	Eating disorders	Mental health/depression
	Emergency preparedness	Nutrition
Cholesterol	Exercise/physical activity	Prenatal care
Dental screenings	Heart disease	Suicide prevention
Diabetes	HIV/AIDS & Sexually	Vaccination/immunizations
Drug and alcohol	Transmitted Diseases	Disease outbreak information
Importance of routine well	(STDs)	
checkups	Other (please specify)	

6. Where do you and your family get most of your health information? (Check all that apply)

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

For statistical purposes only, please complete the following:

ale 🗌 Female	Other
	-
yourself?	
Native American	Multi-racial
Asian/Pacific Islander	Other (please specify):
	yourself?

Are you Hispanic or Latino? Yes No

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

English	Portugue	ese Spanis	h 🗌 Italian	Haitian Creole	French Creole
Chinese	Korean	🗌 Hindi	E Farsi	Polish	Other

What is your annual household income from all sources?

\$0-\$19,999	\$20,000 to \$34,999	\$35,000 to \$49,999
\$50,000 to \$74,999	\$75,000 to \$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):

What is your current employment status?

Employed for wage	S
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Self-employed

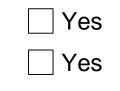
Student

Retired

Out of work and looking for work
Out of work, but not currently looking

Military

Do you currently have health insurance? Do you have a smart phone?



No

No No, but I did in the past

If you have health concerns or difficulty accessing care, please call the Long Island Health Collaborative for available resources at: 631-257-6957

Please return this completed survey to: LIHC Nassau-Suffolk Hospital Council 1383 Veterans Memorial Highway, Suite 26 Hauppauge, NY 11788 Or you may fax completed survey to 631-435-2343

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.