

Creating a Healthier Flagler & Volusia: 2019 Community Survey

We need your assistance to better understand the health of Volusia & Flagler counties. You can help by completing this health survey. The survey results will be used to compile the community health needs assessment. Thank you!

1. **Where do you live?** Flagler Volusia Another Florida County Outside of Florida 2. **Zip code:** _____
3. **How do you rate your overall health? (Check ONE)** Excellent Good Fair Poor Don't know
4. **Check up to 5 things that allow YOU to be healthy where you live:**
- | | | |
|--|---|--|
| <input type="checkbox"/> Churches or other places of worship | <input type="checkbox"/> Good place to raise kids | <input type="checkbox"/> Absence of discrimination |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Good jobs, healthy economy | <input type="checkbox"/> Presence of advanced medical technology |
| <input type="checkbox"/> Places where I can be active & safe | <input type="checkbox"/> Good education | <input type="checkbox"/> Good place to grow old |
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Safe neighborhood/safe to walk | <input type="checkbox"/> Schools focused on children's health |
| <input type="checkbox"/> Affordable and/or available housing options | <input type="checkbox"/> Preventative health care | <input type="checkbox"/> Access to healthy foods |
| <input type="checkbox"/> Access to social and mental health services | <input type="checkbox"/> Clean and healthy environment | <input type="checkbox"/> Other _____ |
5. **Check up to 5 health issues YOU are most concerned about in your county:**
- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma/respiratory/lung disease | <input type="checkbox"/> Addiction – alcohol or drug | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> End of life care | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Environmental health, sewers, septic tanks | <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Heart disease & stroke | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Infant mortality/infant death | <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Adult obesity |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Firearms in homes | <input type="checkbox"/> Childhood obesity |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Dental problems | <input type="checkbox"/> Violence (rape, assault, crime, etc) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Smoking/tobacco use | <input type="checkbox"/> Access to healthy food/grocery stores |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Other _____ |
6. **Check up to 5 unhealthy behaviors YOU are most concerned about in your county:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Alcohol/drug abuse | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Poor nutrition/poor eating habits | <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Unlicensed and/or unsafe drivers |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using birth control | <input type="checkbox"/> Unsafe sex (teen & adult) |
| <input type="checkbox"/> Mental health problems/stress | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Being overweight/obese |
| <input type="checkbox"/> Poor dental/oral health | <input type="checkbox"/> Overuse of emergency rooms | <input type="checkbox"/> Other _____ |
7. **What health care services are difficult to obtain in your community? (Check ALL that apply):**
- | | | |
|--|--|---|
| <input type="checkbox"/> Alternative therapy | <input type="checkbox"/> Prescriptions/medications/medical supplies | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Dental/oral care | <input type="checkbox"/> Preventive care (i.e. annual check ups) | <input type="checkbox"/> Mental health/counseling |
| <input type="checkbox"/> Emergency room/Inpatient care | <input type="checkbox"/> Primary care (i.e. family doctor or walk-in clinic) | <input type="checkbox"/> Physical therapy/rehab therapy |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Specialty doctor care (i.e. heart doctor) | <input type="checkbox"/> Vision/eye care |
| <input type="checkbox"/> X-rays/mammograms/lab work | <input type="checkbox"/> Substance abuse services - drug & alcohol | <input type="checkbox"/> Other _____ |
8. **What do you feel are barriers for YOU getting or staying healthy in your county? (Check ALL that apply):**
- | | | |
|---|--|---|
| <input type="checkbox"/> I work too much | <input type="checkbox"/> I don't have good health insurance | <input type="checkbox"/> I can't get to somewhere that sells healthy food |
| <input type="checkbox"/> It's hard to be healthy where I work | <input type="checkbox"/> I can't get to somewhere I can exercise | <input type="checkbox"/> I can't exercise outside |
| <input type="checkbox"/> I don't have support from family/friends | <input type="checkbox"/> I don't exercise | <input type="checkbox"/> It's hard or expensive to cook/eat healthy |
| <input type="checkbox"/> I don't like healthy food | <input type="checkbox"/> None, I don't have any barriers | <input type="checkbox"/> Other _____ |
9. **What do you feel are barriers for YOU getting health care in your county? (Check ALL that apply):**
- | | | |
|--|--|--|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Have no regular source of care | <input type="checkbox"/> Racial discrimination/lack of respect |
| <input type="checkbox"/> Can't pay for doctor/hospital visits | <input type="checkbox"/> Lack of evening and/or weekend services | <input type="checkbox"/> Medical debt |
| <input type="checkbox"/> Can't find providers that accept my insurance | <input type="checkbox"/> Long waits for appointments | <input type="checkbox"/> Lack of phone access |
| <input type="checkbox"/> Don't know what types of services are available | <input type="checkbox"/> No one to turn to for help | <input type="checkbox"/> I don't have insurance |
| <input type="checkbox"/> Too much worry and stress | <input type="checkbox"/> Lack of daily needs for survival | <input type="checkbox"/> Coping with loss/grief |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Coping with loneliness | <input type="checkbox"/> None, I don't have any barriers |
| <input type="checkbox"/> Need for senior services | <input type="checkbox"/> Coping with depression | <input type="checkbox"/> Other _____ |

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10. How is your health care covered? (Check **ALL** that apply):

- Insurance: your or a family member's job Medicare Medicaid – your own Don't have health insurance
 Insurance you pay for personally Military coverage/VA Pay cash Other _____

11. Where would you go if you were worried about your child's mental, physical or social health? (Check **ALL** that apply):

- I don't have children/dependents The local health department School nurse/teacher/counselor
 Their doctor's office Hospital emergency room I don't know
 Other family members or friends Local place of worship or neighborhood group Other _____

12. Do problems getting child care make it difficult for you to work or study? Yes No Not applicable
13. Are you afraid you might be hurt in your apartment building or house? Yes No Don't know/not sure
14. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? Yes No Don't know/not sure
15. Do you have a safe place or is there someplace where you feel safe? Yes No Don't know/not sure

Within the last 12 months:

16. Has the utility company shut off your services for not paying your bills? Yes No Don't know/not sure
17. Did you ever eat less because there wasn't enough money for food? Yes No Don't know/not sure
18. Did you worry if your food would run out before you got money to buy more? Yes No Don't know/not sure
19. Was there a time you needed to see a doctor but could not because of cost? Yes No Don't know/not sure
20. Ever had to go without health care because you didn't have a way to get there? Yes No Don't know/not sure

21. How often do you feel that you lack companionship? Never Hardly ever Sometimes Often
22. How often do you feel left out? Never Hardly ever Sometimes Often
23. How often do you feel isolated from others? Never Hardly ever Sometimes Often

Demographics:

24. Age: less than 18 18-24 25-34 35-44 45-54 55-64 65+
25. Marital Status: Single Married Divorced Widowed
26. Gender: Female Male
27. Race: With which group do you most identify? (Check **ONE** selection)
 Black/African American Mixed Race Asian Hawaiian Native/Pacific Islander
 White/Caucasian Native American/Alaskan Native Other _____
28. With which ethnic group do you most identify? (Check **ONE** selection) Not Hispanic/Latino Hispanic/Latino
29. Education: Please check the highest level completed: (Check **ONE** selection)
 Elementary/Middle School Some College 4-year College/Bachelor's Degree
 High School Diploma or GED Technical/Community College Graduate/Advanced Degree
30. Employment Status: (Check **ONE** selection):
 Employed full-time Self-employed Not seeking work Home maker Student
 Employed part-time Unemployed Retired Other _____
31. Annual Household Income: (Check **ONE** selection)
 Less than \$10,000 \$20,000 to \$29,999 \$50,000 to \$74,999 \$100,000 or more
 \$10,000 to \$19,999 \$30,000 to \$49,999 \$75,000 to \$99,999

Thank you for taking the time to complete this survey! If you have any questions or would like to participate in the community health needs assessment process, email Laureen Husband at Laureen.Husband@flhealth.gov. Mail completed surveys to Community Health Survey, Department of Health-Volusia, 1845 Holsonback Drive, Bin #126, Daytona Beach, FL 32117.