Montefiore DOING MORE℠ SBH Health System BRONX

2019 BRONX COUNTY COMMUNITY HEALTH SURVEY

There are many areas where the healthcare system can make efforts to improve the community. We are interested to hear your thoughts on what issues should be a priority in your community and for your personal health. Montefiore Health SYstem and St. Barnabas Health System will use the results to help improve health programs. Please take a few minutes to fill out this survey if you are 18 years or older. Your responses are anonymous. Please return your finished responses to the ***Office of Community & Population Health, 3514 Dekalb Ave, Bronx, NY 10467. email: communityhealth@montefiore.org***

You may also take the survey online at: https://www.surveymonkey.com/r/BX_CHS_2019

Thank you for your participation!

The first few questions are about the health needs of the COMMUNITY WHERE YOU LIVE.

What THREE areas do you see as being priority health issues in the COMMUNITY WHERE YOU LIVE?

- ☐ Antibiotic resistance and healthcare associated infections
- ☐ Child and adolescent health
- ☐ Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease
- ☐ Environments that promote well-being & active lifestyles
- ☐ Food and nutrition
- ☐ Food safety and chemicals in consumer products
- ☐ Hepatitis C
- ☐ HIV/AIDS
- ☐ Injuries, such as falls, work-injuries, or traffic-injuries
- ☐ Maternal and women's health
- ☐ Mental health
- ☐ Newborn and infant health
- ☐ Obesity
- ☐ Outdoor air quality
- ☐ Physical activity
- ☐ Sexually transmitted diseases
- ☐ Smoking, vaping, and secondhand smoke
- ☐ Substance use disorders
- ☐ Vaccinations/immunizations
- ☐ Violence
- ☐ Water quality

What THREE actions would be most helpful to improve the health of the COMMUNITY WHERE YOU LIVE?

- ☐ Access to dental care
- ☐ Access to education
- ☐ Access to healthier food
- ☐ Access to primary care
- ☐ Affordable housing
- ☐ Breastfeeding support
- ☐ Caregiver support
- ☐ Clean air & water
- ☐ Drug & alcohol treatment services
- ☐ Domestic violence prevention/victim support
- ☐ Employment opportunities
- ☐ Exercise & weight loss programs
- ☐ Health insurance enrollment
- ☐ Health screenings
- ☐ Home care services
- ☐ Immigrant support services
- ☐ Improving racial equality
- ☐ Mental health services
- ☐ Public transportation
- ☐ Quality and affordable childcare
- ☐ Safe places to walk & play
- ☐ Services for LGBTQ population
- ☐ Services for older adults
- ☐ Smoking & tobacco services
- ☐ Violence prevention
- ☐ Other _____

What population needs the greatest attention?

- ☐ Infants
- ☐ Young children
- ☐ School-age children
- ☐ Teens
- ☐ Young adults
- ☐ Middle-aged adults
- ☐ Older adults
- ☐ Other specific groups _____

The rest of the survey is about YOU and YOUR health needs

What THREE areas do you see as being priority health issues for YOURSELF?

- ☐ Antibiotic resistance and healthcare associated infections
- ☐ Child and adolescent health
- ☐ Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease
- ☐ Environments that promote well-being & active lifestyles
- ☐ Food and nutrition
- ☐ Food safety and chemicals in consumer products
- ☐ Hepatitis C
- ☐ HIV/AIDS
- ☐ Injuries, such as falls, work-injuries, or traffic-injuries
- ☐ Maternal and women's health
- ☐ Mental health
- ☐ Newborn and infant health
- ☐ Obesity
- ☐ Outdoor air quality
- ☐ Physical activity
- ☐ Sexually transmitted diseases
- ☐ Smoking, vaping, and secondhand smoke
- ☐ Substance use disorders
- ☐ Vaccinations/immunizations
- ☐ Violence
- ☐ Water quality

Would you say that in general your health is:

☐ Excellent ☐ Good ☐ Poor
☐ Very good ☐ Fair

Do you have somebody that you think of as your personal doctor or health care provider? ☐ Yes ☐ No

Has a doctor, nurse or other health professional told you that you had any of the following (check all that apply)?

☐ Arthritis ☐ COPD, emphysema, or chronic bronchitis ☐ Heart disease
☐ Asthma ☐ Kidney disease
☐ Cancer (excluding skin cancer) ☐ Depression/anxiety ☐ Hypertension
☐ Skin cancer ☐ Diabetes (excluding during pregnancy)

Was there a time in the past 12 months when you needed to see a doctor but could not because of the following?

Cost	☐ Yes ☐ No	**Transportion**	☐ Yes ☐ No	**Unable to get an appointment**	☐ Yes ☐ No

What type of insurance do you use to pay for your doctor or hospital bills (check all that apply)?

☐ Your employer or a family member's employer ☐ Medicare ☐ Other _____
☐ The New York State Marketplace (Exchange/Obamacare) ☐ Medicaid ☐ I don't have health insurance
☐ Military (TriCare or VA)
☐ COBRA

During the past 30 days, have you felt emotionally upset, for example, angry, sad, or frustrated, as a result of how you were treated based on any of the following…

Age	☐ Yes ☐ No	**Sexual orientation**	☐ Yes ☐ No	**Disability**	☐ Yes ☐ No
Gender identity	☐ Yes ☐ No	**Perceived immigration status**	☐ Yes ☐ No	**Other**	☐ Yes ☐ No
Race/Ethnicity	☐ Yes ☐ No	**Religion**	☐ Yes ☐ No		

The next set of questions will be used to describe who responds to the survey and will not be examined individually. Please remember that your responses are anonymous.

What is your current gender identity?

☐ Female ☐ Trans female/Trans woman ☐ Gender not listed (please state):
☐ Male ☐ Trans male/Trans man _____
☐ Non-binary person/Gender non-conforming

What is your age?

☐ 18-24 ☐ 45-54 ☐ 75+
☐ 25-34 ☐ 55-64
☐ 35-44 ☐ 65-74

What is the highest grade or year of school you completed?

☐ Less than high school ☐ Some college or technical school ☐ Advanced or professional degree
☐ High school grad/GED ☐ College graduate

What is the ZIP Code where you currently live? __ __ __ __ __

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

Which one the following best describes your race?

☐ White ☐ Asian/Pacific Islander ☐ Multi-racial
☐ Black/African American ☐ American Indian/Alaskan Native ☐ Other _____

Are you currently?

☐ Employed ☐ A homemaker ☐ Unable to work
☐ Self employed ☐ Student ☐ Other _____
☐ Out of work ☐ Retired

What is the primary language spoken in your home?

☐ English ☐ Spanish
☐ Kru, Ibo, or Yoruba ☐ French ☐ Italian
☐ Bengali ☐ Albanian ☐ Mande
☐ Arabic ☐ French ☐ Other _____