Montefiore's Community Health Survey, Part 1

BRONX PARTNERS FOR HEALTHY COMMUNITIES

BRONX COUNTY COMMUNITY HEALTH SURVEY

We want to hear your thoughts about important health issues in your community. Together, the county health department and hospitals throughout Bronx County, NY will use the results of this short survey and other information to help improve health programs in your community. Your responses are completely anonymous. Thank you for your participation!

What are the THREE biggest ongoing health concerns in the COMMUNITY WHERE YOU LIVE?

- ☐ Access to primary care
- ☐ Alcohol abuse
- ☐ Asthma/breathing problems
- ☐ Cancer
- ☐ Care for the elderly
- ☐ Child health & wellness
- ☐ Dementia/Alzheimer's
- ☐ Dental care
- ☐ Diabetes
- ☐ Disability
- ☐ Distracted driving
- ☐ Drug abuse
- ☐ Family planning/teen pregnancy
- ☐ Healthy environment
- ☐ Heart disease/stroke
- ☐ HIV/AIDS & Sexually Transmitted Infections
- ☐ Other: _____
- ☐ Mental health/depression/suicide
- ☐ Nutrition/eating habits
- ☐ Overweight/obesity
- ☐ Smoking/tobacco use
- ☐ Preventable injury/falls
- ☐ Violence
- ☐ Women's health

What are the THREE biggest ongoing health concerns for YOURSELF?

- ☐ Access to primary care
- ☐ Alcohol abuse
- ☐ Asthma/ breathing problems
- ☐ Cancer
- ☐ Care for the elderly
- ☐ Child health & wellness
- ☐ Dementia/Alzheimer's
- ☐ Dental care
- ☐ Diabetes
- ☐ Disability
- ☐ Distracted driving
- ☐ Drug abuse
- ☐ Family planning/teen pregnancy
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- ☐ Mental health/depression/suicide
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- ☐ Overweight/obesity
- ☐ Smoking/tobacco use
- ☐ Preventable injury/falls
- ☐ Violence
- ☐ Women's health

What THREE things would be most helpful to improve YOUR health concerns?

- ☐ Access to dental care
- ☐ Access to healthier food
- ☐ Access to primary care
- ☐ Affordable housing
- ☐ Breastfeeding support
- ☐ Caregiver support
- ☐ Clean air & water
- ☐ Community education
- ☐ Domestic violence prevention
- ☐ Drug/alcohol services
- ☐ Elder care services
- ☐ Exercise/weight loss programs
- ☐ Health Insurance enrollment
- ☐ Health screenings
- ☐ Home care services
- ☐ Immigrant support services
- ☐ Job opportunities
- ☐ Mental health services
- ☐ Safer childcare options
- ☐ Safer places to walk/play
- ☐ Smoking/tobacco services
- ☐ Transportation
- ☐ Violence/bullying/gang prevention
- ☐ Other: _____

Do you have a health care provider for checkups and visits? ☐ Yes ☐ No

How would you describe your overall health?

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

How would you describe your overall mental health?

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

Do you suffer from any chronic health conditions? *(Check all that apply)*

- ☐ Asthma/breathing problems
- ☐ Cancer
- ☐ Diabetes
- ☐ Disability
- ☐ Heart disease
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ HIV/AIDS
- ☐ Mental health
- ☐ Overweight/obesity
- ☐ Drug/alcohol abuse
- ☐ Other: _____

Montefiore's Community Health Survey, Part 2

How long has it been since you visited a health care provider for a routine physical exam or check-up?

- ☐ In the past year
- ☐ In the past 2 years
- ☐ In the past 5 years
- ☐ 5 or more years ago
- ☐ Never
- ☐ Don't know

What THREE things prevent YOU from getting medical care from a health care provider?

- ☐ Nothing prevents me from getting medical care
- ☐ Cannot afford
- ☐ Cannot find a health provider who speaks my language
- ☐ Co-pay/deductible too high
- ☐ Cultural/religious beliefs
- ☐ Doctor's office not open
- ☐ Don't know how to find providers
- ☐ Don't like going/afraid to go
- ☐ Don't understand need to see a provider
- ☐ I have no time
- ☐ Insurance does not cover service
- ☐ No transportation/too far
- ☐ No childcare
- ☐ No insurance
- ☐ Other: _____

In the past 12 months, did you receive care in the emergency room? ☐ Yes ☐ No

If yes, what is the ONE main reason for your emergency room visit?

- ☐ Could not find a local provider who speaks my language
- ☐ Doctor's office not open
- ☐ Emergency room is the closest provider
- ☐ Health provider said go to emergency room
- ☐ No other place to go
- ☐ Receive most of my care at emergency room
- ☐ Thought problem too serious for a doctor's visit
- ☐ Other: _____

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

- ☐ Community-based organization
- ☐ Doctor/Health professional
- ☐ Family or friends
- ☐ Health department
- ☐ Hospital
- ☐ Internet
- ☐ Library
- ☐ Newspaper/magazine
- ☐ Radio
- ☐ Religious organization
- ☐ School/college
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Television
- ☐ Worksite
- ☐ Other: _____

For statistical purposes only (your responses are anonymous) please complete the following:

I identify as: ☐ Male ☐ Female ☐ Other

Zip code where I live: _____ **Town/city where I live:** _____

What is your age? ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75+

Are you Hispanic or Latino? ☐ Yes ☐ No

What category best describes your race?

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

What is the primary language you speak?

- ☐ English
- ☐ Spanish
- ☐ Italian
- ☐ Portuguese
- ☐ French
- ☐ Chinese
- ☐ Tagalog
- ☐ Other: _____
- ☐ Korean

What is your highest level of education?

- ☐ Less than high school
- ☐ High school grad/GED
- ☐ Technical school
- ☐ Some college
- ☐ College graduate
- ☐ Other: _____
- ☐ Advanced degree

What is your current employment status?

- ☐ Employed
- ☐ Not Employed
- ☐ Student
- ☐ Military
- ☐ Retired

Do you have any of the following types of health insurance?

- ☐ Medicare
- ☐ Medicaid
- ☐ Private insurance
- ☐ Tri-Care
- ☐ None/no insurance
- ☐ Insurance through NY State or Federal Health Exchange
- ☐ Other: _____

Montefiore's Provider Survey, Part 1

BRONX PARTNERS FOR HEALTHY COMMUNITIES

BRONX COUNTY PROVIDER SURVEY

We want to hear your thoughts about important health issues in the community you serve. Together, the county health department and hospitals throughout Bronx County, NY will use the results of this short survey and other information to help improve health programs. Thank you for your participation!

Please check the categories that best describe your agency. *(Please check all that apply)*

- ☐ Community-based Organization
- ☐ Community Health Center
- ☐ Dental Practice
- ☐ Home Care Agency
- ☐ Hospital
- ☐ Medical Practice
- ☐ Mental Health Clinic
- ☐ Outpatient Clinic
- ☐ Other *(please specify)*: _____

Please check the types of services provided by your agency. *(Please check all that apply)*

- ☐ Breastfeeding support
- ☐ Dental services
- ☐ Childcare
- ☐ Community education
- ☐ Domestic violence prevention
- ☐ Drug/alcohol services
- ☐ Elder care/senior services
- ☐ Exercise/ weight loss programs
- ☐ Family Planning
- ☐ Health insurance enrollment
- ☐ Health screenings
- ☐ Home care services
- ☐ Immigrant support services
- ☐ Mental health services
- ☐ Prenatal/PCAP services
- ☐ Primary care services- adults
- ☐ Primary care services- children
- ☐ Smoking/tobacco services
- ☐ Transportation
- ☐ Violence/bullying/gang prevention
- ☐ WIC
- ☐ Other *(please specify)*: _____

Please check all persons served by your agency. *(Check all that apply)*

- ☐ Adults
- ☐ Children
- ☐ Disabled
- ☐ Immigrants
- ☐ Low-income
- ☐ Other *(please specify)*: _____
- ☐ Uninsured

What are the THREE biggest ongoing health concerns for the people/community you serve?

- ☐ Access to primary health care
- ☐ Access to specialty care
- ☐ Alcohol abuse
- ☐ Asthma/breathing problems
- ☐ Cancer
- ☐ Care for the elderly
- ☐ Child health & wellness
- ☐ Dementia/Alzheimer's
- ☐ Dental care
- ☐ Diabetes
- ☐ Disability
- ☐ Distracted driving
- ☐ Drug abuse
- ☐ Family planning/teen pregnancy
- ☐ Healthy environment
- ☐ Heart disease/stroke
- ☐ HIV/AIDS & Sexually Transmitted Infections
- ☐ Mental health/depression/suicide
- ☐ Nutrition/eating habits
- ☐ Overweight/obesity
- ☐ Preventable injury/falls
- ☐ Smoking/tobacco use
- ☐ Violence
- ☐ Women's health
- ☐ Other: *(please specify)* _____

What THREE things would be most helpful to improve health problems of the people/community you serve?

- ☐ Access to healthier food
- ☐ Affordable housing
- ☐ Breastfeeding support
- ☐ Caregiver support
- ☐ Clean air & water
- ☐ Community education
- ☐ Dental services
- ☐ Domestic violence prevention
- ☐ Drug/alcohol services
- ☐ Elder care services
- ☐ Exercise/weight loss programs
- ☐ Health Insurance enrollment
- ☐ Health screenings
- ☐ Home care services
- ☐ Immigrant support services
- ☐ Job opportunities
- ☐ Mental health services
- ☐ Safer childcare options
- ☐ Safer places to walk/play
- ☐ Smoking/tobacco services
- ☐ Transportation
- ☐ Violence/bullying/gang prevention
- ☐ Other *(please specify)*: _____

How would you rate the health of the people/community you serve?

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

Montefiore's Provider Survey, Part 2

What are the THREE most significant barriers impacting YOUR ability to provide services to your patients/clients?

- ☐ Cultural competency issues
- ☐ High no-show rate
- ☐ Inadequate insurance reimbursement
- ☐ Lack of funding
- ☐ Limited bi-lingual staff
- ☐ Limited or lack of access to specialists
- ☐ Limited space and/or equipment
- ☐ Limited staffing resources
- ☐ Patient cannot afford prescription meds
- ☐ Patient non-adherence to treatment
- ☐ Other *(please specify)*: _____

For the patients/clients you serve, what are the top THREE barriers impacting your clients' ability to access services?

- ☐ There are no issues
- ☐ Cannot afford services
- ☐ Co-pay/deductible too high
- ☐ Cultural/religious beliefs
- ☐ Don't like going/afraid to go
- ☐ Don't understand need to see a provider
- ☐ Inconvenient office hours
- ☐ Insurance does not cover service
- ☐ Lack of time
- ☐ Lack or limited providers/service
- ☐ Lack or limited providers who speak their language
- ☐ No transportation/too far
- ☐ No childcare
- ☐ No insurance
- ☐ Other *(please specify)*: _____

Where do community members you serve get most of their health information? *(Check all that apply)*

- ☐ Community-based organization
- ☐ Doctor/Health professional
- ☐ Family or friends
- ☐ Health department
- ☐ Hospital
- ☐ Internet
- ☐ Library
- ☐ Newspaper/magazine
- ☐ Radio
- ☐ Religious organization
- ☐ School/college
- ☐ Social media *(Facebook, Twitter, etc.)*
- ☐ Television
- ☐ Worksite
- ☐ Other *(please specify)*: _____

For statistical purposes only, (your responses are anonymous) please complete the following:

Zip code where you work: _____

How would you best describe your title/role in your agency?

- ☐ Advocate
- ☐ Alcohol/substance counselor
- ☐ Board member
- ☐ Dentist
- ☐ Executive director
- ☐ Health educator
- ☐ Nurse
- ☐ Physician
- ☐ Program administrator/manager
- ☐ Psychologist
- ☐ Social worker
- ☐ Other: _____

Optional

Your name: _____ **Phone # :** _____

Title: _____ **Agency:** _____

Email address: _____