Greater Mercer Public Health Partnership

RWJBarnabas HEALTH

For Official Use only:
ID Number:________________________
Date of Completion: ________________
Date of Data Entry:_________________

INTRODUCTION

The Greater Mercer Public Health Partnership (GMPHP) is conducting a survey to learn more about the needs and strengths of the community and its residents. This information will be used to guide future services and programs and better coordination among organizations.

Filling out this survey is voluntary, and your responses are confidential. You will not be asked your name, address, or any other information that can identify you. This survey will take about 15 minutes to complete. Thank you for helping to improve services to our families and community.

PART A: Background Information – You and Your Community

1. **What is your zip code?** ________________________ *(Please write in the 5-digit number.)*
2. **What is your town or city?** _____________________
3. **How long have you lived in the area?**

☐ Under 1 year → If less than 1 year, what was the zip code of your previous address? ____________
☐ 1-4 years
☐ 5-9 years
☐ 10-19 years
☐ 20+ years

*****The following demographic questions are for analysis of this study only and are kept completely confidential.***

4. **What year were you born?** ________________

5. **How would you describe your ethnic or racial background?** *(Check all that apply).*

☐ Black or African American (e.g., African American, Haitian, Jamaican, Nigerian, Ethiopian)
☐ Latino/a or Hispanic of Caribbean descent (e.g. Puerto Rican, Cuban, Dominican)
☐ Latino/a or Hispanic of Mexican or Central or South American descent (e.g., Mexican, Salvadorian, Brazilian, Columbian)
☐ East Asian (e.g., (e.g., Chinese, Japanese, Korean, Filipino, Vietnamese)
☐ South Asian (e.g., (e.g., Indian, Pakistani, Bangladeshi, Nepalese)
☐ Middle Eastern/North African/Arab (e.g., Egyptian, Moroccan, Jordanian, Syrian)
☐ White/European American (e.g., German, Irish, English, Italian, Polish)
☐ American Indian/Native American (e.g., Nanticoke Lenni-Lenape, Powhatan Renape, Ramapough)
☐ Native Hawaiian or Other Pacific Islander (e.g. Hawaiian, Samoan)
☐ Other (please specify): ____
☐ Prefer not to answer

6. **What is the highest level of education you have completed?**

☐ Less than high school
☐ Some high school
☐ High school graduate or GED
☐ Some college
☐ Associate or technical degree/certification
☐ College graduate
☐ Post-graduate or professional degree
☐ Prefer not to answer

Part B: Community Priorities, Assets, and Challenges

7. In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your <u>community</u> overall? *(Please select only 3.)*

- ☐ Asthma
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart disease
- ☐ Lung disease (e.g., COPD, emphysema)
- ☐ Overweight/obesity
- ☐ Aging-related health concerns (e.g., Alzheimer's, falls)
- ☐ Mental health issues (e.g., depression, anxiety, suicide)
- ☐ Alcohol use, abuse, or overdose
- ☐ Smoking, vaping, or chewing tobacco
- ☐ Substance use, abuse, or overdose (e.g., opioids, heroin, misusing prescription drugs, marijuana)
- ☐ High stress lifestyle
- ☐ Infectious or contagious diseases (e.g., pneumonia, COVID, flu)
- ☐ Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)
- ☐ Teen pregnancy
- ☐ Violence and community safety (e.g., gun violence, domestic abuse)
- ☐ Unintentional injuries (e.g., car accidents, drowning)
- ☐ Having enough health & social services that people can use
- ☐ Racism and discrimination
- ☐ Housing people can afford
- ☐ Hunger or having healthy food people can afford
- ☐ Adequate and quality education
- ☐ Poverty / job opportunities
- ☐ Other issue or concern not listed (specify): ____
- ☐ Don't know

8. In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community for <u>children and youth</u>? *(Please select only 3.)*

- ☐ Asthma
- ☐ Childhood cancers
- ☐ Diabetes
- ☐ Overweight/obesity
- ☐ Bullying
- ☐ Mental health issues (e.g., depression, anxiety, suicide)
- ☐ Alcohol use, abuse, or overdose
- ☐ Smoking, vaping, or chewing tobacco
- ☐ Substance use, abuse, or overdose (e.g., opioids, heroin, misusing prescription drugs, marijuana)
- ☐ High stress lifestyle
- ☐ Infectious or contagious diseases (e.g., pneumonia, COVID, flu)
- ☐ Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)
- ☐ Teen pregnancy
- ☐ Child abuse and neglect
- ☐ Violence and community safety (e.g., gun violence, school violence, gangs)
- ☐ Unintentional injuries (e.g., car accidents, drowning)
- ☐ Having enough health & social services that children or youth can use
- ☐ Racism and discrimination
- ☐ Housing people can afford
- ☐ Hunger or having healthy food people can afford
- ☐ Adequate and quality education
- ☐ Poverty / job opportunities
- ☐ Other issue or concern not listed (specify): ____
- ☐ Don't know

9. Using the scale below, please indicate how much you agree (find the statement to be true) or disagree (find the statement to be false) with the following statements about the community. *(Please pick only one choice per statement.)*

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Don't Know
a. My community has safe outdoor places to walk and play.	☐	☐	☐	☐	☐	☐
b. It's easy to live a healthy lifestyle in my community.	☐	☐	☐	☐	☐	☐
c. My community is a good place to raise a family.	☐	☐	☐	☐	☐	☐
d. There are educational opportunities for adults in my community.	☐	☐	☐	☐	☐	☐
e. My community has places for everyone to socialize (e.g., library, churches, local clubs, senior meetings).	☐	☐	☐	☐	☐	☐
f. Schools in my community offer healthy food choices for children.	☐	☐	☐	☐	☐	☐
g. It would be easy for me to take public transportation to get to where I needed to go day-to-day (e.g., work, supermarket, doctor appointments, etc.).	☐	☐	☐	☐	☐	☐

h. My community has transportation services for seniors and those with disabilities (e.g., to take to the supermarket, shopping centers, etc.)	☐	☐	☐	☐	☐	☐
i. There are job opportunities in my area.	☐	☐	☐	☐	☐	☐
j. If I needed help in feeding myself or my family, I would know which services to go to for help (e.g., food bank, food pantry, etc.).	☐	☐	☐	☐	☐	☐
k. There is enough housing that I can afford that is safe and well-kept in my community.	☐	☐	☐	☐	☐	☐
l. Violence is low in my community (e.g., assault, gangs, robberies, rapes, etc.)	☐	☐	☐	☐	☐	☐
m. Interpersonal violence is low in my community (e.g., domestic violence/abuse, elder abuse, bullying, cyber-bullying, etc.)	☐	☐	☐	☐	☐	☐
n. People in my community can afford basic needs like food, housing, and transportation.	☐	☐	☐	☐	☐	☐
o. There is enough housing that I can afford that is safe and well-kept in my community.	☐	☐	☐	☐	☐	☐
p. Violence is low in my community (e.g., assault, gangs, robberies, rapes, etc.)	☐	☐	☐	☐	☐	☐
q. Interpersonal violence is low in my community (e.g., domestic violence/abuse, elder abuse, bullying, cyber-bullying, etc.)	☐	☐	☐	☐	☐	☐
r. People in my community can afford basic needs like food, housing, and transportation.	☐	☐	☐	☐	☐	☐

10. 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

11. How often are you unable to get to where you need to go because of not having a way to get there?

☐ Rarely or infrequently ☐ More than once a month ☐ About once a month
☐ Several times a year ☐ Once a week or more often

12. Please read the following statements that people have made about their food situation. For each one, choose how true the statement was for your household over the last 12 months.

	Often True	Sometimes True	Never True
a. We worried whether our food would run out before we got money to buy more.	☐	☐	☐
b. The food that we bought just didn't last and we didn't have money to get more	☐	☐	☐
c. We rely on a community supper program, food pantry, or meal assistance program to supplement our household.	☐	☐	☐

13. In the past 12 months, have you received free or low-cost assistance from an organization or government program to help you with any of the following? *(Please check all that apply.)*

☐ Transportation
☐ Utility Bills
☐ Education
☐ Food (e.g., SNAP)
☐ Medications
☐ Childcare
☐ Housing
☐ Job search or training
☐ Care for seniors or disabled
☐ Translation/interpretation
☐ Immigration issues
☐ Legal Issues
☐ Have not received assistance
☐ Prefer not to answer/Don't know

PART C: Health Status & Conditions

14. How would you describe your overall health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

15. Have you ever been told by a doctor or other health professional that you have had any of the following?

For each "Yes" in question 15a, please answer in 15b: Are you currently under care for this condition?
Reminder: Filling out this survey is voluntary, and your responses are confidential. You will not be asked your name, address, or any other information that can identify you.

	15a. Ever been told by a provider you have….?		**15b. If yes, currently under medical care?**	
	Yes	No	Yes	No
Heart condition	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐
High cholesterol	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Kidney disease	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Cancer (any type)	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Lung disease (e.g., COPD, emphysema)	☐	☐	☐	☐
Alzheimer's or dementia	☐	☐	☐	☐
Weight problem	☐	☐	☐	☐
Hearing problem	☐	☐	☐	☐
Depression or anxiety issues	☐	☐	☐	☐
Substance abuse issues (drug or alcohol)	☐	☐	☐	☐
Addiction to smoking or vaping	☐	☐	☐	☐

16. Please select if any of the following reasons keep you from eating foods that are part of a healthy diet. *(Check all that apply.)*

☐ Lack of time to buy or prepare healthy meals
☐ Transportation to getting healthy foods
☐ Don't always know what foods are part of a healthy diet
☐ Don't know how to buy or prepare healthy foods
☐ Price of healthy foods / healthy foods cost too much money
☐ Physical disability to buying or preparing healthy foods
☐ Lack of equipment (e.g., working stove, pots) to prepare food
☐ Don't like the taste or healthy foods don't fill me up
☐ Not in the mood for healthy foods
☐ Other (please specify):________________________
☐ Nothing keeps me from eating healthy foods

17. During the past month, other than your regular job, did you participate in any physical activities or exercises such as walking, running, biking, dancing, sports, or other similar activity?

☐ Yes ☐ No ☐ Prefer not to answer

18. Do you have any children under age 18 that live with you at home or who you have regular responsibility for?

☐ Yes → **18a. If yes, during the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day?** *(Specify a number 0-7): If you have more than 1 child, please complete for up to 3 children.*
☐ No

Child 1: _______________ **Child 2:** _______________ **Child 3:** _______________

19. Have you participated in any of the following screenings, services, or programs in the past 2 years?

	Yes	No	Don't know
Annual physical exam or check-up	☐	☐	☐
Dental screening or check-up (e.g., x-rays, cleaning)	☐	☐	☐
Any form of mental health counseling (e.g., for depression, anxiety)	☐	☐	☐
Any form of alcohol or drug/substance use counseling	☐	☐	☐
Stop smoking/ vaping program	☐	☐	☐
Any form of nutrition education	☐	☐	☐
Any form of heart disease education	☐	☐	☐
Parenting classes	☐	☐	☐
Flu shot			
COVID shot or booster	☐	☐	☐
Cholesterol screening	☐	☐	☐
Blood pressure check	☐	☐	☐
Diabetes screening or blood sugar check	☐	☐	☐
Vision screening	☐	☐	☐
Hearing screening	☐	☐	☐
Mammogram or breast examination/screening	☐	☐	☐
Colon cancer screening (e.g., colonoscopy, fecal occult blood test)	☐	☐	☐
Prostate cancer screening	☐	☐	☐
Skin cancer screening	☐	☐	☐

PART D: Healthcare Access & Barriers to Care

20. What type of health insurance do you have?

☐ Medicare
☐ Medicaid/NJ FamilyCare
☐ Private/health insurance that you and/or your employer pay for (e.g., Aetna, Humana, Blue Cross Blue Shield, etc.)
☐ Some other type of health insurance *(specify:)* ____________________________________
☐ No health insurance
☐ Prefer not to answer

21. Over the past 2 years, which, if any, of these issues made it hard for you or a household family member to get medical treatment or care when needed? (*Check "yes" if issue made it hard/was a problem for you or your family and "no" if issue did not make it hard to get medical treatment or care or was not a problem.)*

Reminder: Filling out this survey is voluntary, and your responses are confidential. You will not be asked your name, address, or any other information that can identify you.

	Yes	No	Don't know
Insurance problems (e.g., doctors do not take your insurance, you do not have any insurance)	☐	☐	☐
Cost of care (e.g., you were unable to pay, co-pays too high)	☐	☐	☐
Doctors not accepting new patients	☐	☐	☐
Wait times at doctor's office or clinic are too long	☐	☐	☐
Hard to schedule an appointment at a convenient time of day/evening/weekend	☐	☐	☐
Fear or dislike of doctors or hospitals; unfriendly doctors, providers, or office staff; do not feel welcome	☐	☐	☐
Can't get time off to get care - will not get paid or will lose job	☐	☐	☐
Unable to find care; do not know where to go to for care	☐	☐	☐
Language problems (e.g., hard to talk with health provider or office staff)	☐	☐	☐
Services not accessible for people with disabilities	☐	☐	☐
Transportation problems	☐	☐	☐
Childcare problems	☐	☐	☐
Health information not kept confidential	☐	☐	☐
Afraid due to immigration status	☐	☐	☐
Some other issue that kept you/household family member from getting medical treatment or care (specify:) ______________________________	☐	☐	☐

22. **When trying to get medical care, how often have you PERSONALLY felt discriminated against based on any of the following characteristics:**

	Frequently	Sometimes	Never
Race or ethnicity	☐	☐	☐
Cultural or religious background	☐	☐	☐
Language or speech	☐	☐	☐
Age	☐	☐	☐
Income level	☐	☐	☐
Body size	☐	☐	☐
Sexual orientation	☐	☐	☐
Gender or gender identity	☐	☐	☐
Physical or mental disability	☐	☐	☐

23. **If you had a question or needed information about improving your health, where would you go for advice?** *(Check all that apply.)*

☐ Faith based organization
☐ Family member
☐ Free clinic
☐ Friends
☐ Health care provider (e.g., physician, nurse practitioner)
☐ Hospital emergency department
☐ Local health department
☐ Online resources (e.g., WebMD)
☐ Social media resources (e.g., Facebook)
☐ Urgent care
☐ There is no good source for me

24. **In the past <u>2 years</u>, was there ever a time when you needed to see a health care provider or specialist but could not because of <u>availability, cost, or insurance problems</u>?**
<u>For each "Yes" in question 24a</u> please indicate in question 24b what prevented you from seeing a provider or specialist?

	Q24a. Needed specialist but could not go because of issues in Q28.		**Q24b. (If Yes) What prevented you from seeing a provider or specialist?** *(check all that apply)*			
	Yes	**No**	**Provider availability**	**Cost**	**Insurance problems**	**Other (write in) ______**
Behavioral health (e.g. individual or group counseling, mental health services, substance use disorder, etc.)	☐	☐	☐	☐	☐	
Children's health or pediatrics (e.g. infant care, well-child check-ups, immunizations, school or sports physicals, etc.)	☐	☐	☐	☐	☐	
Cancer (e.g. cancer screenings, radiation, chemotherapy, cancer survivorship)	☐	☐	☐	☐	☐	
Heart health/cardiovascular issues (e.g. coronary artery disease, heart attack, high blood pressure, etc.)	☐	☐	☐	☐	☐	
Emergency/hospital care (e.g. sudden or serious illness, medical emergencies, rehabilitation, inpatient care)	☐	☐	☐	☐	☐	
Issues with brain, spinal cord, or nerves/Neurology (e.g. Alzheimer's, epilepsy, MS, stroke, etc.)	☐	☐	☐	☐	☐	
Bone and muscle issues/Orthopedics (e.g., breaks and fractures, arthritis, dislocated joints, etc.)	☐	☐	☐	☐	☐	
Women's health (e.g. family planning, gynecology, pregnancy care, menopause, etc.)	☐	☐	☐	☐	☐	
Other (Specify):______________________________	☐	☐	☐	☐	☐	

PART E: Mental Health & Substance Use

25. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(Please specify a number between 0 to 30): _______

26. During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(Please specify a number between 0 to 30): _______

27. In the last two years, was there a time when you or someone in your household needed help for mental health problems, such as feeling very sad, anxious, or other emotional concerns, but couldn't get the needed care?

- ☐ Yes, I/my family member needed mental health services and/or treatment but could not get them
- ☐ No, I/my family member needed mental health services and/or treatment and was able to get them
- ☐ No, I/my family member did not need mental health services and/or treatment
- ☐ Prefer not to answer/don't know

28. In the last two years, was there a time when you or someone in your household needed help for problems with using drugs or alcohol, but couldn't get the needed support?

- ☐ Yes, I/my family member needed substance use services and/or treatment but could not get them
- ☐ No, I/my family member needed substance use services and/or treatment and was able to get them
- ☐ No, I/my family member did not need substance use services and/or treatment
- ☐ Prefer not to answer/don't know

If you or a household family member did not need mental health or substance use services in the past 2 years, please skip to Part F, question 30.

29. Over the past 2 years, which, if any, of these issues made it hard for you or a household family member to get mental health or substance use services and/or treatment when needed? (*Check "yes" if issue made it hard/was a problem for you or your family and "no" if did not make it hard or was not a problem.)*

	Yes	No	Don't know
Insurance problems (e.g., doctors do not take your insurance, you do not have any insurance)	☐	☐	☐
Cost of care (e.g., you were unable to pay)	☐	☐	☐
Counselors or services not accepting new patients	☐	☐	☐
Wait times are too long	☐	☐	☐
Hard to schedule an appointment at a convenient time of day/evening/weekend	☐	☐	☐
Fear or dislike of providers, counselors, doctors or hospitals; unfriendly doctors, providers, or office staff; do not feel welcome	☐	☐	☐
Can't get time off to get care - will not get paid or will lose job	☐	☐	☐
Unable to find care; do not know where to go to for care	☐	☐	☐
Language problems (e.g., hard to talk with health provider or office staff)	☐	☐	☐
Services not accessible for people with disabilities	☐	☐	☐
Transportation problems	☐	☐	☐
Childcare problems	☐	☐	☐
Health information not kept confidential	☐	☐	☐
Afraid due to immigration status	☐	☐	☐
Stigma / shame about getting these types of services	☐	☐	☐
Fear of being hospitalized against my will	☐	☐	☐
Fear that my work/employer might find out	☐	☐	☐
Some other issue that kept you/household family member from getting treatment or care (specify:)__________________________	☐	☐	☐

If you or someone you care about needs help, please see the resources below:

New Jersey Hopeline - for confidential support to anyone in emotional distress or suicidal crisis. **Text or Call at 988**

ReachNJ - for help with a substance use disorder. **Call 844-732-2465**

PART F: In Your Own Words

30. **Use the space below to expand on a topic previously mentioned or an important health-related topic that was not mentioned in this survey that you believe is important for when planning health and community services.**

____

____

____

PART G: Additional Background Information

*****The following demographic questions are for analysis of this study only and are kept completely confidential.***

31. **Which most closely describes your gender?**

☐ Woman
☐ Man
☐ Transgender woman
☐ Transgender man
☐ Non-binary/gender queer (neither exclusively male or female)
☐ Agender/I don't identify with any gender
☐ Additional gender category (please specify): _________________
☐ Prefer not to answer

32. **Which most closely describes your sexual orientation?**

☐ Straight or heterosexual
☐ Gay or lesbian
☐ Bisexual, pansexual, or queer
☐ Asexual
☐ I am not sure
☐ Additional category (please specify): _________________
☐ Prefer not to answer

33. **Which most closely describes your annual <u>household</u> income before taxes?** ***Household income is the total money earned by everyone living in your home in the past year (e.g., income earned, alimony received, etc.).***

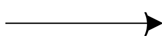
☐ Less than $10,000
☐ $10,000 to $14,999
☐ $15,000 to $24,999
☐ $25,000 to $34,999
☐ $35,000 to $49,999
☐ $50,000 to $74,999
☐ $75,000 to $99,999
☐ $100,000 to $149,999
☐ $150,000 to $199,999
☐ $200,000 or more
☐ Prefer not to answer

34. **Which of the following best describes your marital status?**

☐ Single
☐ Separated/divorced/widowed
☐ Married
☐ Domestic partnership/civil union/living together
☐ Prefer not to answer

35. **Were you born in the United States?**

☐ Yes (please skip to question 36)
☐ No (please answer question 35a
☐ Prefer not to answer



35a. If no, how long have you lived in this country?

☐ Under 1 year
☐ 1-4 years
☐ 5-9 years
☐ 10 years or more, but not my whole life
☐ I have lived in the U.S. nearly my whole life
☐ Prefer not to answer

36. **What is the primary language(s) spoken in your home?** *(Please check all that apply.)*

☐ English
☐ Spanish
☐ Portuguese
☐ Hindi
☐ Gujarati
☐ Chinese (including Mandarin and Cantonese)
☐ Korean
☐ Arabic
☐ Tagalog
☐ Italian
☐ Polish
☐ Haitian Creole
☐ Yiddish
☐ Other: ___________________________
☐ Prefer not to answer

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This concludes our survey. Thank you for your time. We greatly appreciate your participation.