

## Health Survey of Escambia and Santa Rosa Residents

Q1 Achieve Healthy EscaRosa and the Haas Center at the University of West Florida are conducting research regarding the health of the community in Escambia and Santa Rosa counties. While your personal identity and information will remain anonymous, the responses to the questions will be aggregated, analyzed, and shared with the local health community. Are you willing to take a survey about your community's health? **If No, please end the survey.**

- Yes  No

**Rather take the survey online?**

Visit [uwf.edu/ResidentCHNA](http://uwf.edu/ResidentCHNA) or Scan Here!



Q2 Are you at least 18 years old? **If No, please end the survey.**

- Yes  No

Q3 **In an effort to identify the local community's health priorities and address them through community action, it is important for us to gather your responses to these health questions.** *The following questions should take five to ten minutes to complete. Thank you for your valuable input.*

Q4 What zip code do you live in?

- 32501  32506  32512  32521  32530  32560  32566  32583  
 32502  32507  32513  32522  32533  32561  32570  32591  
 32503  32508  32514  32523  32534  32562  32571  
 32504  32509  32516  32524  32535  32563  32572  
 32505  32511  32520  32526  32559  32565  32577  
 Outside Escambia and Santa Rosa Counties

Q5 Please select your primary occupation.

- I work full-time  I work part-time  I am a full-time student  
 I am a part-time student  I am not currently employed  I am retired

Q6 Which zip code do you **work or go to school** in?

- 32501  32506  32512  32521  32530  32560  32566  32583  
 32502  32507  32513  32522  32533  32561  32570  32591  
 32503  32508  32514  32523  32534  32562  32571  
 32504  32509  32516  32524  32535  32563  32572  
 32505  32511  32520  32526  32559  32565  32577  
 Outside Escambia and Santa Rosa Counties

Q7 What is your typical one-way commute time from home to work/school? *Please respond in minutes.* \_\_\_\_\_

Q8 What is your primary mode of transportation?

- Bicycle  Car  Walking  
 Car ride service (Uber, Lyft, Taxi)  Public Transportation  Other (please specify): \_\_\_\_\_

Q9 Overall, how would you rate the health of people who reside in your community?

- Poor  Fair  Good  Very Good  Excellent

Q10 What do you think are the most important areas of a "healthy community"? (The factors that have the most benefit to quality of life) *Please rank the top 3 areas, with 1 being the most important and 3 being the third most important.*

- |  |   |
|--|---|
| <input type="checkbox"/> Absence of discrimination (racism, sexism)      | <input type="checkbox"/> Good public transportation   |
| <input type="checkbox"/> Affordable housing                              | <input type="checkbox"/> Good schools   |
| <input type="checkbox"/> Arts and cultural events                        | <input type="checkbox"/> Healthy foods in neighborhoods (stores with fresh produce)           |
| <input type="checkbox"/> Churches and religious organizations            | <input type="checkbox"/> Low crime/safe neighborhoods   |
| <input type="checkbox"/> Clean environment (water, air)                  | <input type="checkbox"/> Places to get help (social services, food pantries, charities, etc.) |
| <input type="checkbox"/> Early childhood education/VPK                   | <input type="checkbox"/> Places to socialize (community centers, sports groups, social clubs) |
| <input type="checkbox"/> Good jobs                                       | <input type="checkbox"/> Safe places to be active   |
| <input type="checkbox"/> Good medical care (doctors, hospitals, clinics) | <input type="checkbox"/> Other (Please specify): _____  |

Q11 What do you think are the most important health issues in your community? (Problems that have the greatest impact on overall health.) *Please rank the top 3 health issues, with 1 being the most important and 3 being the third most important.*

- |   |   |
|---|---|
| <input type="checkbox"/> Breathing or lung problems (asthma, COPD, etc) | <input type="checkbox"/> Infectious disease (Hepatitis, TB, etc)                        |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Mental health issues   |
| <input type="checkbox"/> Dental problems                                | <input type="checkbox"/> Overweight or obesity  |
| <input type="checkbox"/> Diabetes                                       | <input type="checkbox"/> Preventable injuries (car accidents, accident at home or work) |
| <input type="checkbox"/> Early childhood development                    | <input type="checkbox"/> Sexually transmitted diseases (STD's)                          |
| <input type="checkbox"/> Heart disease or stroke                        | <input type="checkbox"/> Substance abuse (drugs or alcohol)                             |
| <input type="checkbox"/> HIV / AIDS                                     | <input type="checkbox"/> Teen pregnancy   |
| <input type="checkbox"/> Infant death or premature birth                | <input type="checkbox"/> Other (Please specify): _____                                  |

Q12 Which of the following behaviors in the community concern you the most? (Those behaviors that have the greatest impact on overall community health.) *Please rank the top 3, with 1 being the most concerning and 3 being the third most concerning.*

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol abuse  | <input type="checkbox"/> Not getting shots to prevent disease   |
| <input type="checkbox"/> Child abuse  | <input type="checkbox"/> Not seeing a doctor or dentist   |
| <input type="checkbox"/> Domestic violence  | <input type="checkbox"/> Poor eating habits (eating "junk" food, not eating vegetables, etc)          |
| <input type="checkbox"/> Drug abuse   | <input type="checkbox"/> Sexual assault   |
| <input type="checkbox"/> Lack of affordable daycare                               | <input type="checkbox"/> Tobacco use (cigarettes, cigars, e-cigarettes, vaping, chewing tobacco, dip) |
| <input type="checkbox"/> Lack of exercise   | <input type="checkbox"/> Unprotected or unsafe sex  |
| <input type="checkbox"/> Not getting routine health screening (such as mammogram) | <input type="checkbox"/> Other (Please specify): _____  |

Q13 Which healthcare services are difficult to get in your community? *Select the top 3 services that concern you the most.*

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Alcohol or drug abuse treatment     | <input type="checkbox"/> Alternative therapies such as acupuncture | <input type="checkbox"/> Dental care                    | <input type="checkbox"/> Emergency medical care  |
| <input type="checkbox"/> Family doctor/Primary Care          | <input type="checkbox"/> Family planning (including birth control) | <input type="checkbox"/> Hearing aids                   | <input type="checkbox"/> Mental Health Services  |
| <input type="checkbox"/> Physical therapy and rehabilitation | <input type="checkbox"/> Prescriptions                             | <input type="checkbox"/> Services for the elderly       | <input type="checkbox"/> Specialty medical care (such as a cardiologist, neurologist, etc) |
| <input type="checkbox"/> Urgent care                         | <input type="checkbox"/> Vision care (eye exam and glasses)        | <input type="checkbox"/> No problems obtaining services | <input type="checkbox"/> Other (please specify): _____                                     |

Q14 What is the primary source of your healthcare insurance coverage?

- |  |   |
|--|---|
| <input type="checkbox"/> I do not have health insurance                                    | <input type="checkbox"/> Medicaid                                       |
| <input type="checkbox"/> Indian or Tribal Health Services                                  | <input type="checkbox"/> Medicare (alone or with a Medicare supplement) |
| <input type="checkbox"/> Insurance from an employer or union                               | <input type="checkbox"/> TRICARE, military or VA Benefits               |
| <input type="checkbox"/> Insurance that you pay for yourself (including "Obamacare" plans) | <input type="checkbox"/> Other (Please specify): _____                  |

Q15 How do you access your health information? *Please select all that apply.*

- |                                |                                    |                                   |                               |                                |
|--------------------------------|------------------------------------|-----------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> In-person | <input type="checkbox"/> Internet | <input type="checkbox"/> Mail | <input type="checkbox"/> Phone |
|--------------------------------|------------------------------------|-----------------------------------|-------------------------------|--------------------------------|

Q16 What are the problems with acquiring healthcare for yourself or your family members? *Please select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor not taking new patients                       | <input type="checkbox"/> I don't have health insurance                                |
| <input type="checkbox"/> Doctor or clinic not taking my insurance             | <input type="checkbox"/> I don't trust the healthcare system                          |
| <input type="checkbox"/> Doctor or nurse does not speak my language           | <input type="checkbox"/> Lack of transportation (couldn't get a ride to the doctor's) |
| <input type="checkbox"/> I am able to get quality healthcare without problems | <input type="checkbox"/> Wait time to get an appointment is too long                  |
| <input type="checkbox"/> I cannot afford my insurance copay or deductible     | <input type="checkbox"/> Other (Please specify): _____                                |
| <input type="checkbox"/> I cannot afford medicine                             |   |

Q17 When you or someone in your family is sick, where do you go for healthcare? *Please select all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Health Department, Community Health Center, or Free Clinic | <input type="checkbox"/> Urgent care clinic            |
| <input type="checkbox"/> Hospital emergency room                                    | <input type="checkbox"/> VA or military                |
| <input type="checkbox"/> I usually go without healthcare                            | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> My family doctor/primary care                              |  |

Q18 Have you delayed medical care due to COVID-19? **If No, please skip to Q20**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q19 Which of the following were impacted due to COVID-19? *Select all that apply.*

- Elective surgeries
- Loss of health insurance
- Waiting for vaccine (non-Covid vaccine)
- ER visit for you or your family
- Routine hospital visit for you or your family
- Other (Please specify): \_\_\_\_\_

Q20 Please rank the following categories within your community. With 1 being poor and 5 being excellent, please circle your response.

A. The overall health of the community	1	2	3	4	5
B. Your overall health	1	2	3	4	5
C. The overall quality of life in the community	1	2	3	4	5
D. Access to basic health care for you and your family	1	2	3	4	5
E. Your community as a place to raise children	1	2	3	4	5
F. Your community as a place to grow old	1	2	3	4	5
G. Community as a safe place to live	1	2	3	4	5
H. Your neighborhood as a safe place to live	1	2	3	4	5
I. Job opportunities	1	2	3	4	5
J. Overall economy	1	2	3	4	5
K. The way the community works together to provide services	1	2	3	4	5
L. The way people in your neighborhood care about each other and work together	1	2	3	4	5
M. The way you are accepted in your neighborhood	1	2	3	4	5
N. The way you are accepted in the community	1	2	3	4	5

Q21 How hard is it for you to be physically active every day?

- Extremely difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy
- Extremely easy

Q22 How hard is it for you to eat 5 fruits or vegetables each day?

- Extremely difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy
- Extremely easy

Q23 How hard is it for you to get regular health screenings and check-ups?

- Extremely difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy
- Extremely easy

Q24 What is your gender?

- Male
- Female
- Non-binary/third gender
- Prefer not to answer

Q25 What is your marital status?

- Single
- Married
- Living with significant other
- Divorced
- Widowed

Q26 Please select your age bracket.

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-80
- 80 or older
- Prefer not to answer

Q27 Please identify your race. *Select all that apply.*

- African American/Black
- Asian/Pacific Islander
- Caucasian/White
- Native American
- Other
- Prefer not to answer

Q28 Please identify your ethnicity.

- Hispanic/Latinx
- Non-Hispanic/Latinx
- Prefer not to answer

Q29 What is the highest level of school you have completed or highest degree you have received?

- Less than high school
- High school diploma or GED
- 2-year college degree
- 4-year college degree
- Graduate degree or higher
- Certificate or technical training
- Other (Please specify): \_\_\_\_\_

Q30 What is your annual family income?

- Less than \$15,000/year
- \$15,001 - \$25,000/year
- \$25,001 - \$35,000/year
- \$35,001 - \$50,000/year
- \$50,001 - \$75,000/year
- \$75,001 - \$100,000/year
- \$100,001+ /year
- Prefer not to answer

Q31 What type of industry do you work in?

- Accommodation and Food Services
- Administrative and Support and Waste Management and Remediation Services
- Agriculture, Forestry, Fishing and Hunting
- Arts, Entertainment, and Recreation
- Construction
- Educational Services
- Finance and Insurance
- Health Care and Social Assistance
- Information
- Management of Companies and Enterprises
- Manufacturing
- Mining, Quarrying, and Oil and Gas Extraction
- Professional, Scientific, and Technical Services
- Public Administration
- Real Estate and Rental and Leasing
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade
- Other Services (except Public Administration)
- I'm not sure

Q32 If you would like to see the results of the survey and continue to be informed about Achieve Healthy EscaRosa efforts to improve the health of our community, **please provide your email address.**

---