

2019

Community Health Assessment Essex & Franklin Counties, New York

Community/Resident Survey

Introduction

Essex County Health Department,
Franklin County Public Health,
UVM Health Network-Elizabethtown Community Hospital,
UVM Health Network-Alice Hyde Medical Center and
Adirondack Health-Adirondack Medical Center
are surveying residents to assess the top health needs of our communities.

Your input will help shape our goals for future community health initiatives.
The survey takes only 5-10 minutes to complete.

We want to hear from you! Your participation is voluntary & anonymous.

Take this survey online at: <https://www.surveymonkey.com/r/2019CHAResidentSurvey>



Public Health
Prevent. Promote. Protect.

Franklin County Public Health



Alice Hyde Medical Center



Your Vision of Health and a Healthy Community

Tell us how you think about health and what it means to be a healthy community.

1. Which one definition below best describes what you think of as "health"? Select one.

Health is:

- a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
- a state of being free from illness or injury
- soundness of mind and body
- a state that allows an individual to cope with all demands of daily life
- a balance that an individual has between him/herself and his/her social and physical environment

2. When you imagine a strong, vibrant, healthy community, what are the most important features you think of? Choose up to 5.

- Affordable housing
- Clean environment
- Diverse populations
- Drug & alcohol free communities
- Economic opportunities
- Good childcare
- Good schools
- Access to healthcare services
- Healthy food choices
- Livable wages
- Access to mental health services
- Parks & recreation resources
- Safe environment
- Senior housing resources
- Access to senior services
- Transportation resources
- Walkable & bike-friendly communities

Challenges in Our Community

Tell us what health, social & environmental challenges you feel are of greatest concern in the community where you live.

3. When you think about health challenges in the community where you live, what are you most concerned about? Choose up to 5.

- Access to dental care
- Access to healthcare services
- Access to mental health services
- Cancer
- Chronic disease
(diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)
- Falls
- Immunization rates
- Infectious disease
(Hepatitis A, B or C, flu, etc.)
- Intellectual or developmental disability
- Issues related to aging
(arthritis, hearing/vision loss, etc.)
- Lung disease (asthma, COPD, etc.)
- Overweight/obesity
- Physical activity
- Prenatal care/maternal & infant health
- Sexually transmitted infections (including HIV)
- Substance abuse (drugs, alcohol, etc.)
- Suicide
- Tobacco use
- Other (please specify) _____

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4. When you think about social challenges in the community where you live, what are you most concerned about? Choose up to 5.

- Access to healthy foods
- Access to opportunities for health for people with intellectual or developmental disabilities
- Access to opportunities for health for people with physical limitations or disabilities
- Affordable housing
- Bullying
- Child abuse/neglect
- Childcare
- Crime/vandalism
- Domestic violence
- Elder abuse/neglect
- Homelessness
- Hunger
- Incarceration rates
(number of people in jail)
- Lack of employment opportunities
- Lack of a livable wage
- Lack of support/resources for seniors
- Lack of support/resources for youth
- Opportunities for physical activity
- Racial or cultural discrimination
- Safe recreational areas
- Street safety
(crosswalks, shoulders, bike lanes, traffic)
- Transportation
- Other (please specify) _____

5. When you think about environmental challenges in the community where you live, what are you most concerned about? Choose up to 5.

- Agricultural runoff (manure, pesticides, etc.)
- Air pollution
- Climate change
- Drinking water quality
- Exposure to tobacco smoke
- Failing septic systems
- Flooding/soil drainage
- Home safety
- Lead-based paint hazards
- Nuisance wildlife/stray animals
- Safe food
- School safety
- Stream, river, lake quality
- Vector-borne diseases (mosquitoes, ticks, etc.)
- Other (please specify) _____

Individual Challenges

Tell us what health and social challenges have been of greatest concern for you or your family members.

6. What health challenges have you or a family member had in the past year? Select all that apply.

- Access to dental care
- Access to healthcare services
- Access to mental health services
- Cancer
- Chronic disease
(diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)
- Falls
- Immunization
- Infectious disease
(Hepatitis A, B or C, flu, etc.)
- Health concerns of intellectual or developmental disability
- Health concerns of physical disability
- Issues related to aging
(arthritis, hearing/vision loss, etc.)
- Lung disease (asthma, COPD, etc.)
- Overweight/obesity
- Physical activity
- Prenatal care/maternal & infant health
- Sexually transmitted infection (including HIV)
- Substance abuse (drugs, alcohol, etc.)
- Suicide
- Tobacco use
- Other (please specify) _____

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7. What social challenges have you or a family member had in the past year? **Select all that apply.**

- Access to healthy foods
- Access to opportunities for health for those with intellectual or developmental disabilities
- Access to opportunities for health for those with physical limitations or disabilities
- Affordable housing
- Bullying
- Child abuse/neglect
- Childcare
- Crime/vandalism
- Domestic violence
- Elder abuse/neglect
- Homelessness
- Hunger
- Incarceration (time in jail or prison)
- Lack of employment opportunities
- Lack of a livable wage
- Lack of support/resources for seniors
- Lack of support/resources for youth
- Opportunities for physical activity
- Racial or cultural discrimination
- Safe recreational areas
- Street safety
(Crosswalks, shoulders, bike lanes, traffic, etc.)
- Transportation
- Other (please specify) _____

8. If there was a time in the past year that you or a family member needed medical care but could not get it, why did you not get care? **Select all that apply.**

- Co-pays or deductibles were too high
- Could not afford
- Could not leave work
- Did not have a doctor
- Did not have childcare
- Did not have dental or vision insurance
- Did not have medical insurance
- Did not have transportation
- No access for people with physical disabilities
- No accommodations for people with intellectual or developmental disabilities
- No appointment was available (primary care)
- No appointment was available (specialist)
- No specialist locally
- Provider did not speak my language
- None of the above
- Other (please specify) _____

Cancer Care

If you, or someone you love, has ever been diagnosed with cancer please tell us about your experiences when dealing specifically with a cancer diagnosis.

9. Select the cancer services you feel are missing or lacking in the community based on your experience. Select all that apply.

- Access to advanced care planning
- Access to affordable prescription/medication coverage
- Access to alternative healthcare providers (acupuncture, chiropractors, etc.)
- Access to cancer patient support groups
- Access to cancer screenings/resources/information
- Access to clinical trials
- Access to financial assistance programs for co-pays and bills
- Access to genetic testing
- Access to help overcome drug/alcohol dependence
- Access to Hospice services
- Access to mental health services
- Access to occupational therapy
- Access to physical and exercise therapy
- Access to recreation/exercise facilities and services for individuals with physical impairments and disabilities
- Access to timely specialist care
- Affordable in-home services
- Affordable travel options
- Assistance with understanding health insurance benefits and coverage
- Caregiver support (respite)
- Nutrition education/healthy meal planning
- Opportunities for social connections
- Pain management services
- Reduction of tobacco use including e-cigarettes
- Resources to help with basic needs (food, housing, paying bills, etc.)
- Stress and anxiety resources and treatment
- Other _____

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Demographics

Please tell us more about yourself and your household.

This information lets us know we have collected responses from many different residents.

10. What gender do you identify with?

- Female
- Male
- Non-binary
- Prefer not to answer
- Other _____

11. What is your age?

- 17 years and under
- 18-24 years
- 25-44 years
- 45-64 years
- 65-79 years
- 80 years and over

12. What city/town do you live in? Select only 1 based on your primary residence.

Essex County:

- Chesterfield (Keeseville)
- Crown Point
- Elizabethtown
- Essex
- Jay
- Keene
- Lewis
- Minerva
- Moriah
- Newcomb
- North Elba (Lake Placid)
- North Hudson
- St. Armand (Bloomingdale)
- Schroon
- Ticonderoga
- Westport
- Willsboro
- Wilmington

Franklin County:

- Bangor
- Bellmont
- Bombay
- Brandon
- Brighton
- Burke
- Chateaugay
- Constable
- Dickinson
- Duane
- Fort Convington
- Franklin
- Harrietstown
- Malone
- Moira
- Santa Clara
- Tupper Lake
- Waverly
- Westville
- Other (not Essex or Franklin) _____

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13. What is the primary language spoken in your household? Select only 1.

- English
- 한국어 (Korean)
- 中文 (Chinese)
- Polski (Polish)
- Français (French)
- Русский (Russian)
- Kreyòl (Haitian-Creole)
- Español (Spanish)
- Italiano (Italian)
- Other (please specify) _____

14. What is your race/ethnicity? Select all that apply.

- American Indian
- White
- Asian or Pacific Islander
- Prefer not to answer
- Black or African American
- Other (please specify) _____
- Hispanic, Latino or Spanish origin

15. What is your highest level of education? Select only 1.

- Some high school (did not finish)
- Associate's degree
- High school diploma or GED
- Bachelor's degree
- Technical or trade school certificate
- Graduate degree
- Some college
- Other (please specify) _____

16. What is your household's annual income? Select only 1.

- Less than \$10,000
- \$100,000-\$149,999
- \$10,000-\$24,999
- \$150,000 or more
- \$25,000-\$49,999
- Prefer not to answer
- \$50,000-\$99,999

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17. Do any of the following apply to you? Select all that apply.

- I am deaf or have serious difficulty hearing.
- I am blind or have serious difficulty seeing, even when wearing glasses.
- Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions.
- I have serious difficulty walking or climbing stairs.
- I have difficulty dressing or bathing.
- Because of a physical, mental, or emotional condition, I have difficulty doing errands alone, such as visiting a doctor's office or shopping.
- N/A

Thank you for completing the survey!

RETURN TO:

Essex County Health Department

132 Water Street PO Box 217

Elizabethtown, NY 12932

jdbuehler@co.essex.ny.us