TALLAHASSEE MEMORIAL HEALTHCARE

Tallahassee Memorial HealthCare 2019 COMMUNITY HEALTH SURVEY

Please circle the county you live in:

LEON GADSDEN JEFFERSON WAKULLA

1. **Is there a particular doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?** ☐ **Yes** ☐ **No**

Skip to question 2 if you answered no

If you answered yes:

Is this where you would go for new health problems? ☐ Yes ☐ No
Is this where you would go for preventive health care, such as general check-ups, examinations, and immunizations (shots)? ☐ Yes ☐ No
Is this where you would go for referrals to other health professions when needed?
☐ Yes ☐ No

2. **If you do not have a particular doctor, where do you go when you are sick or need advice about your health? (Check all that apply)**

☐ Doctor's Office
☐ Emergency Room
☐ Community Clinic (For example, Bond Community Health Center, Carepoint Health and Wellness Center, North Florida Medical Center, Neighborhood Medical Center)
☐ Health Department
☐ Student Health Services
☐ Pharmacy Clinic (For example, CVS MinuteClinic)
☐ Planned Parenthood
☐ Veterans Medical Center (VA)
☐ Urgent Care / Walk in Clinic
☐ Telemedicine/Virtual Care
☐ Other: _____

3. **Where do you go for dental care? (Check all that apply)**

☐ Dentist's office
☐ Emergency Room
☐ The Molar Express (Leon Co. Health Department)
☐ Other County Health Department
☐ Urgent Care / Walk in Clinic
☐ Community Clinic (Bond Community Health Center or Neighborhood Medical Center)
☐ Tallahassee Community College, Dental Hygiene Clinic
☐ Other: _____

4. Do you use mental or behavioral health services or services for alcohol or drug abuse? ☐ Yes ☐ No

If yes, where do you go for mental or behavioral health, alcohol or drug abuse services? (Check all that apply)

- ☐ Doctor/Counselor's Office
- ☐ Apalachee Center, Inc.
- ☐ Emergency Room
- ☐ Employee Assistance Program
- ☐ Capital Regional Behavioral Health Center
- ☐ Community Support Group (Alcoholics Anonymous, Celebrate Recovery, Teen Challenge, etc.)
- ☐ Tallahassee Memorial Behavioral Health Center
- ☐ Disc Village Behavioral Health
- ☐ Townsend Addiction Recovery Center
- ☐ University/College Counseling Center
- ☐ Urgent Care / Walk in Clinic
- ☐ Other: _____

5. What do you think are the five most important issues that affect health and wellbeing in our community? (Please read all choices and then check five)

☐ Access to Health Services
For example, not having health insurance or not having a doctor

☐ Preventive Health Services
For example, people with high blood pressure and diabetes not being seen by a doctor or people not getting tests like mammogram or colonoscopy.

☐ Environment Exposures
For example, air quality or children exposed to secondhand smoke.

☐ Injury and Violence
For example, motor vehicle crashes, falls, assault and murder

☐ Maternal, Infant and Child Health
For example, premature birth and infant death

☐ Mental Health
For example, suicide and depression.

☐ Nutrition, Physical Activity and Obesity
For example, number of people overweight, not eating enough vegetables or not getting enough physical activity.

☐ Oral Health
For example, people not going to the dentist or getting care for dental problems.

☐ Reproductive and Sexual Health
For example, people not knowing their own HIV/AIDS status or sexually active women not seeing a doctor.

☐ Social
For example, many students not graduating from high school or not enough good paying jobs.

☐ Substance Abuse
For example, drug or alcohol use or high number of people binge drinking.

☐ Tobacco
For example, many people smoking cigarettes, vapes and other tobacco products.

6. Which healthcare is hard for you to get? (Check all that apply)

☐ Alternative therapy (ex. herbal, acupuncture, massage)
☐ Ambulance services
☐ Cancer care
☐ Chiropractic care
☐ Dental Care Adult
☐ Dental Care Child
☐ Dermatology
☐ Domestic violence services
☐ Eldercare
☐ Emergency room
☐ End of life / hospice / palliative care
☐ Family doctor
☐ Family planning / birth control
☐ Vaccines or Immunizations
☐ Hospital Care
☐ Lab work
☐ Medication / medical supplies
☐ Mental health / counseling
☐ Physical therapy
☐ Preventive Screenings like mammogram and colonoscopy
☐ Preventive and wellness care (nutrition counseling, help and support for healthier lifestyle)
☐ Programs to stop using tobacco products
☐ Specialty care (ex. heart doctor)
☐ Substance abuse services –drug and alcohol
☐ Urgent care / walk in clinic
☐ Vision care
☐ Women's health services
☐ X-rays
☐ None
☐ Other: _____

7. What keeps you from getting the healthcare you need? (Check all that apply)

- ☐ I don't have a doctor
- ☐ It costs too much
- ☐ I don't have insurance
- ☐ I have insurance but still have to pay too much
- ☐ I can't find providers that accept my Medicaid insurance
- ☐ I can't find providers that accept my Medicare insurance
- ☐ Demands of taking care of others
- ☐ I don't have childcare
- ☐ I'm too busy.
- ☐ I don't know what types of services are available
- ☐ I don't like accepting government assistance
- ☐ I don't trust doctors/clinics
- ☐ Lack of evening and weekend services
- ☐ I don't understand what doctors say
- ☐ Long waits for appointments
- ☐ Fear of bad news
- ☐ I don't have transportation
- ☐ I don't like my doctor

8. Please check one of the following for each statement

	Yes	No	N/A
I have had an eye exam within the past year.			
I have had a mental or behavioral health or substance abuse visit within the past year.			
I have had a dental exam within the past year.			
I have had a routine check-up or physical in the past year.			
I have been to the emergency room for an illness in the past year.			
I have been to the emergency room for an injury in the past year (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).			
I have been a victim of domestic violence or abuse in the past year.			
My doctor has told me that I have a long-term or chronic illness.			
I take the medicine my doctor tells me to take to control my chronic illness.			
I can afford medicine needed for my health conditions.			
Lack of transportation has kept me from medical appointments, meetings, work, or from getting things I needed for daily living in the last year.			
In the past year, I've spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility.			
I feel physically and emotionally safe where I currently live.			
I am female and over 21 years of age and have had a Pap smear within the past three years. (If you are male or a female under 21 please check N/A)			
I am female and over 40 years of age and have had a mammogram within the past year. (If you are male or a female under 40 please check N/A)			
I am over 50 years of age and have had a colonoscopy within the past 10 years. (If you are under 50 please check N/A)			
The area I live in is a good place for exercise such as walking, biking and going to parks.			
It is easy for me to get to a good grocery store.			
In the area that I live, it is easy for me to get affordable fresh fruits and vegetables.			
I worry whether our food will run out before I have money to buy more.			
The food I buy just doesn't last and I don't have money to get more.			

9. Where do you get the food that you eat at home? (Check all that apply)

- ☐ Back-pack or summer food programs
- ☐ Community Garden
- ☐ Corner store / convenience store / gas station
- ☐ Dollar store
- ☐ Farmers' Market
- ☐ Food bank / food kitchen / food pantry
- ☐ Grocery store
- ☐ Home Garden
- ☐ I do not eat at home
- ☐ I regularly receive food from family, friends, neighbors, or my church
- ☐ Meals on Wheels
- ☐ Take-out / fast food / restaurant
- ☐ Other: _____

10. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? Do not count fruit or vegetable juice. (Please check one)

- ☐ I did not eat fruit or vegetables during the past 7 days
- ☐ 1 – 3 times during the past 7 days
- ☐ 4 – 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

11. Have you been told by a doctor that you have... (Check all that apply)

- ☐ Asthma
- ☐ Cancer
- ☐ Cerebral palsy
- ☐ COPD / chronic bronchitis / Emphysema
- ☐ Depression or anxiety
- ☐ Drug or alcohol problems
- ☐ Heart disease
- ☐ High blood pressure
- ☐ High blood sugar or diabetes
- ☐ High cholesterol
- ☐ HIV / AIDS
- ☐ Mental health problems
- ☐ Obesity / overweight
- ☐ Stroke / Cerebrovascular disease
- ☐ I have no health problems
- ☐ Other: _____

12. The next questions are about physical activities (exercise, sports, physically active hobbies…) that you may do in your LEISURE time.

How often do you do VIGOROUS LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?
How many times per per week do you do these activities?

- ☐ Never
- ☐ Unable to do this type activity
- ☐ _____ times per week
- ☐ Don't know

About how long do you do these vigorous leisure-time physical activities each time?
_____ minutes

How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?
How many times per week do you do these activities?

- ☐ Never
- ☐ Unable to do this type activity
- ☐ _____ times per week
- ☐ Don't know

About how long do you do these light or moderate leisure-time physical activities each time?

_____ minutes

How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)
How many times per per week do you do these activities?

- ☐ Never
- ☐ Unable to do this type activity
- ☐ _____ times per week
- ☐ Don't know

13. How often do the people living in your home eat a meal together?

- ☐ Not at all
- ☐ Most days
- ☐ Once a week
- ☐ A few times a week
- ☐ I live alone

14. How have you seen or talked to people that you care about and feel close to in the past 30 days? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

☐ Less than once a week ☐ 1 or 2 times a week ☐ 3 to 5 times a week ☐ More than 5 times a week
☐ I choose not to answer

15. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed have you been in the past 30 days?

☐ Not at all ☐ A little bit ☐ Quite a bit ☐ Very much ☐ Somewhat ☐ I choose not to answer

16. During the last 30 days, how many days did you miss work or school due to pain or illness (physical or mental)? _____ Days

17. During the past 30 days, have you? (Check all that apply)

☐ Binged on alcohol (more than 5 drinks if male or 4 drinks if female within a few hours
☐ Used tobacco (cigarettes, smokeless tobacco, e-cigarettes, vapes, etc.)
☐ Taken prescription drugs to get high
☐ Used marijuana
☐ Used drugs such as cocaine, heroin, ecstasy, crack, or LSD
☐ None of the above

18. Which of the following describes your current type of health insurance? (Check all that apply)

☐ I don't have health insurance
☐ I don't have dental insurance
☐ COBRA
☐ Dental Insurance
☐ Employer Provided Insurance
☐ Eye/Vision Insurance
☐ Government (VA, Champus)
☐ Health Savings / Spending Account
☐ Individual / Private Insurance / Market Place / Obamacare
☐ Medicaid
☐ Medicare
☐ Medicare Supplement or Medicare Advantage Plan

19. If you do not have health insurance, why not? (Check all that apply)

☐ I don't understand options for Obamacare
☐ Not available at my job
☐ Student
☐ Too expensive / cost
☐ Unemployed / no job
☐ Other: _____

20. What is your ZIP code? _____

21. What is your age? _____

22. What is your gender?

☐ Male ☐ Female ☐ Non-binary/ third gender ☐ Prefer not to say

Do you identify as transgender?

☐ Yes ☐ No ☐ Prefer not to say

23. How many people live in your home (including yourself)?
Number who are 0 – 17 years of age _____
Number who are 18 – 64 years of age _____
Number who are 65 years of age or older _____

24. What is your highest education level completed?

☐ Less than high school ☐ Some high school ☐ High school diploma
☐ Associates/Technical or Vocational ☐ Bachelors ☐ Masters / PhD

25. What is your primary language? ☐ English ☐ Spanish ☐ Other_____

26. How would you describe yourself? Choose all that apply.

☐ Non-Hispanic White	☐ Native American or Alaskan Native
☐ Black, Afro-Caribbean, or African American	☐ Native Hawaiian or Other Pacific Islander
☐ Latino or Hispanic	☐ Other
☐ Asian	

27. What is your housing situation today?
☐ I have housing ☐ I do not have housing (staying with others; in a hotel, shelter, or car; or outside)
☐ I choose not to answer
Do you:
☐ Own
☐ Rent
☐ Stay in public or subsidized housing

28. Are you worried about losing your housing?
☐ Yes ☐ No

29. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.

Food	☐ Yes	☐ No
Clothing	☐ Yes	☐ No
Utilities	☐ Yes	☐ No
Child Care	☐ Yes	☐ No
Medicine or any health care (medical, dental, mental, vision)	☐ Yes	☐ No
Phone	☐ Yes	☐ No
Other (please write)	☐ Yes	☐ No

☐ I choose not to answer

30. What is your current employment status?

☐ Full time paid work
☐ Part time paid work

Are you self-employed? ☐ Yes ☐ No

Are you a student? ☐ Yes ☐ No
If yes, are you ☐ Full time ☐ Part time

If you are not currently working for pay, are you?

☐ Retired
☐ Full time student
☐ Homemaker/ Caretaker
☐ Unemployed and looking for work

31. If you work, how many jobs do you work?

☐ 1 job ☐ 2 jobs ☐ 3 or more jobs

32. What is your yearly household income?

☐ Under $10,000	☐ $50,001 to $60,000
☐ $10,000 to $20,000	☐ $60,001 to $70,000
☐ $20,001 to $30,000	☐ $70,001 to $80,000
☐ $30,001 to $40,000	☐ $80,001 to $90,000
☐ $40,001 to $50,000	☐ Above $90,000

33. At any point in the past 2 years, has seasonal or migrant farm work been your or your family's main source of income?

☐ Yes ☐ No ☐ I choose not to answer

Is there anything else you would like to share about health and wellbeing in our community?

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