

**2024 Flagler & Volusia Counties
Community Health Needs Assessment Survey (Large Print)**

We need your assistance to better understand the health of Flagler and Volusia counties. You can help by completing this community survey. Your feedback will help make both Flagler and Volusia counties healthier places to live. Thank you!

1. What ZIP code do you live in? _____
2. What city/town do you live in? _____
3. How do you rate your overall health? (*choose one*)

<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
<input type="checkbox"/> Good	<input type="checkbox"/> I don't know
<input type="checkbox"/> Fair	
4. Choose up to 5 of the items below that you feel are the most important features of a healthy community:

<input type="checkbox"/> Access to churches or other places of worship	<input type="checkbox"/> Preventative health care (e.g., annual check-ups, screenings, mammograms, immunizations)
<input type="checkbox"/> Good place to raise kids	<input type="checkbox"/> Quality childcare
<input type="checkbox"/> Access to healthcare	<input type="checkbox"/> Clean and healthy environment
<input type="checkbox"/> Good jobs, healthy economy	<input type="checkbox"/> Access to mental health and behavioral health services
<input type="checkbox"/> Access to parks and places to play	<input type="checkbox"/> Access to social services
<input type="checkbox"/> Good education	<input type="checkbox"/> Lack of discrimination
<input type="checkbox"/> Access to transportation (e.g., bus, taxi)	<input type="checkbox"/> Good place to grow old
<input type="checkbox"/> Low crime rates/safe neighborhoods	<input type="checkbox"/> Adequate accommodations for persons with disabilities
<input type="checkbox"/> Affordable and/or available housing options	<input type="checkbox"/> Other: _____



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5. Choose up to 5 of the health concerns that you feel are most important in Flagler and Volusia counties:

- | | |
|---|--|
| <input type="checkbox"/> Respiratory/lung disease (e.g., COPD, asthma) | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Drug abuse (e.g., alcohol, opioids, drugs, marijuana) | <input type="checkbox"/> Human trafficking |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Mental health (e.g., depression, suicide, anxiety, stress, etc.) | <input type="checkbox"/> Infant death/premature birth |
| <input type="checkbox"/> Infectious diseases (e.g., flu, pneumonia) | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Low completion rates of immunizations to prevent disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Adequate parking/accommodations for persons with disabilities |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Lack of access to healthcare |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Accidental injuries | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Unsafe sex/sexually transmitted diseases | <input type="checkbox"/> Other: _____ |



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6. What health care services are difficult to obtain in your community?

(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Alternative therapy (e.g., herbals, acupuncture) | <input type="checkbox"/> Family planning/birth control |
| <input type="checkbox"/> Physical or rehab therapies | <input type="checkbox"/> Inpatient hospital |
| <input type="checkbox"/> Ambulance/rescue services | <input type="checkbox"/> Vision care |
| <input type="checkbox"/> Prescriptions/medications/medical supplies | <input type="checkbox"/> Lab work |
| <input type="checkbox"/> Chiropractic care | <input type="checkbox"/> Mental health/counseling |
| <input type="checkbox"/> Wellness/nutrition counseling | <input type="checkbox"/> X-rays/mammograms |
| <input type="checkbox"/> Dental/oral care | <input type="checkbox"/> OB/pregnancy care |
| <input type="checkbox"/> Primary care (e.g., family doctor or walk-in clinic) | <input type="checkbox"/> Substance abuse services (e.g., drug and alcohol) |
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Specialty care (e.g., heart doctor) | |

7. In the past 5 years, which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family?

(check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Problems with transportation (e.g., bus, taxi, etc.) | <input type="checkbox"/> Health care information is not kept private |
| <input type="checkbox"/> Lack of evening and weekend services | <input type="checkbox"/> Can't find health services in my native language |
| <input type="checkbox"/> I can't afford to pay for health care | <input type="checkbox"/> I do not have insurance |
| <input type="checkbox"/> Long wait times for appointments and services | <input type="checkbox"/> I don't understand the health information my doctor gives me |
| <input type="checkbox"/> I can't find providers that accept my insurance | <input type="checkbox"/> None – I don't have any barriers to health care |
| <input type="checkbox"/> I don't know what types of services are available | <input type="checkbox"/> Other: _____ |



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8. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- ☐ Yes
☐ No
☐ I'd prefer not to answer

9. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as part of a household?

- ☐ Yes
☐ No
☐ I'd prefer not to answer

10. How often do you feel lonely or isolated from those around you?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Often |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> I'd prefer not to answer |

11. What do you like most about living in Flagler and Volusia counties?
(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost of living | <input type="checkbox"/> Culture |
| <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> School and education system |
| <input type="checkbox"/> Traffic and ease of transportation | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Low crime rate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Proximity to family and friends | |



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12. How is the cost of your health care paid? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Health insurance from my job | <input type="checkbox"/> Medicaid (any kind) |
| <input type="checkbox"/> Health insurance from a family member's job | <input type="checkbox"/> Military or VA benefits |
| <input type="checkbox"/> Health insurance that I pay for on my own | <input type="checkbox"/> I pay out of pocket |
| <input type="checkbox"/> Medicare (any kind) | <input type="checkbox"/> Other: _____ |

13. What is your age?

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 55–64 |
| <input type="checkbox"/> 18–25 | <input type="checkbox"/> 65–79 |
| <input type="checkbox"/> 26–39 | <input type="checkbox"/> 80+ |
| <input type="checkbox"/> 40–54 | |

14. What is your sex assigned at birth?

- ☐ Male
☐ Female
☐ Unknown

15. Which race/ethnicity do you most identify with? (*check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | |

16. What is the highest level of education you have completed? (*choose one*)

- | | |
|--|---|
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Graduate/Advanced Degree |
| <input type="checkbox"/> Trade/Technical/Vocational Training | <input type="checkbox"/> I'd prefer not to answer |
| <input type="checkbox"/> Associate/Bachelor's Degree | |



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17. What is your current employment status? *(choose one)*

- | | |
|---|---|
| <input type="checkbox"/> Employed – Full time | <input type="checkbox"/> Stay-at-home parent |
| <input type="checkbox"/> Employed – Part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Retired | <input type="checkbox"/> I'd prefer not to answer |

18. What is the approximate total income among all earners in your household?
(choose one)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$51,000–\$99,000 |
| <input type="checkbox"/> \$10,000–\$20,000 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$21,000–\$30,000 | <input type="checkbox"/> I'd prefer not to answer |
| <input type="checkbox"/> \$31,000–\$50,000 | |

19. Is there anything else you would like to share about the health concerns in Flagler and Volusia counties?

Thank you for completing the survey!