St. Johns County CHA Community Survey (Large Print)

*Please scan completed surveys to lillian_zeman@hpcnef.org and cc jdeangelo@hpcnef.org

The Florida Department of Health in St. Johns County needs your help. Please fill out this survey to share your opinions about healthcare in St. Johns County. Your feedback will help make St. Johns County a healthier place to live.

1. What ZIP code do you live in?
   - ☐ 32033
   - ☐ 32080
   - ☐ 32081
   - ☐ 32082
   - ☐ 32084
   - ☐ 32086
   - ☐ 32092
   - ☐ 32095
   - ☐ 32145
   - ☐ 32259
   - ☐ Other: _____

2. What city/town do you live in? _____

3. How do you rate your overall health? *(choose one)*
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor
   - ☐ I don't know

4. Choose up to 5 of the items below that you feel are the most important features of a healthy community:
   - ☐ Access to churches or other places of worship
   - ☐ Good place to raise kids
   - ☐ Access to healthcare
   - ☐ Good jobs, healthy economy
   - ☐ Access to parks and places to play
   - ☐ Good education
   - ☐ Access to transportation (e.g., bus, taxi)
   - ☐ Low crime rates/safe neighborhoods
   - ☐ Affordable and/or available housing options
   - ☐ Preventative health care (e.g., annual check-ups, screenings, mammograms, immunizations)
   - ☐ Quality childcare
   - ☐ Clean and healthy environment
   - ☐ Access to social services
   - ☐ Lack of discrimination
   - ☐ Good place to grow old
   - ☐ Adequate accommodations for persons with disabilities
   - ☐ Other: _____

5. Choose up to 5 of the health concerns that you feel are most important in St. Johns County:

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

6. What health care services are difficult to obtain in your community? *(check all that apply)*

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

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)*

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

8. What do you like most about living in St. Johns County? *(check all that apply)*

- ☐ Cost of living
- ☐ Employment opportunities
- ☐ Traffic and ease of transportation
- ☐ Low crime rate
- ☐ Proximity to family and friends
- ☐ Culture
- ☐ School and education system
- ☐ Parks and recreation
- ☐ Other: _____

9. How is your health care covered? *(check all that apply)*

- ☐ Health insurance from my job
- ☐ Health insurance from a family member's job
- ☐ Health insurance that I pay for on my own
- ☐ Medicare (any kind)
- ☐ Medicaid (any kind)
- ☐ Military or VA benefits
- ☐ I pay out of pocket
- ☐ Other: _____

10. What is your age?

- ☐ Under 18
- ☐ 18–25
- ☐ 26–39
- ☐ 40–54
- ☐ 55–64
- ☐ 65–74
- ☐ 75+

11. What is your sex assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Unknown

12. Which race/ethnicity do you most identify with? *(choose one)*

- ☐ Black/African American
- ☐ Hispanic or Latino
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

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

- ☐ High School Diploma or GED
- ☐ Trade/Technical/Vocational Training
- ☐ Associate/Bachelor's Degree
- ☐ Graduate/Advanced Degree
- ☐ I'd prefer not to answer

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

- ☐ Employed – Full time
- ☐ Employed – Part-time
- ☐ Unemployed
- ☐ Retired
- ☐ Stay-at-home parent
- ☐ Student
- ☐ I'd prefer not to answer

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

- ☐ Less than $10,000
- ☐ $10,000–$20,000
- ☐ $21,000–$30,000
- ☐ $31,000–$50,000
- ☐ $51,000–$99,000
- ☐ $100,000 or more
- ☐ I'd prefer not to answer

16. Please list any other comments you have about the health issues in St. Johns County.

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Thank you for completing the survey!