

St. Johns County CHA Community Survey

*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: _____



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

- | | |
|---|--|
| <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: _____ |

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) | |



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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:
_____ |

8. What do you like most about living in St. Johns County? *(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 | |

9. How is your health care covered? *(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:
_____ |

10. What is your age?

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 55–64 |
| <input type="checkbox"/> 18–25 | <input type="checkbox"/> 65–74 |
| <input type="checkbox"/> 26–39 | <input type="checkbox"/> 75+ |
| <input type="checkbox"/> 40–54 | |

11. What is your sex assigned at birth?

- Male
 Female
 Unknown



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

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

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

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

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

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

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

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

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

Thank you for completing the survey!