OFFICE OF HEALTH EQUITY

2024-2025 Erie County Community Health Assessment Survey

The New York State Department of Health asks all counties to do a Community Health Assessment (CHA) and design a Community Health Improvement Plan (CHIP). The CHA and CHIP are used to improve the health of all Erie County residents. Please help improve the health of Erie County by completing the following survey with your valuable input into this process.

This survey should take about 10-20 minutes to complete. At the end of the survey, you will have the option to be entered into a raffle for a $100 gift card to Tops! You must complete this survey to be eligible to win.

More information on CHAs and CHIPs are available by scanning this QR Code for the CDCs website.

SURVEY BEGINS ON THE NEXT PAGE

Survey Eligibility

1. Do you live, work, or go to school in Erie County? **Select <u>one</u>.**

- ☐ Yes
- ☐ No

If you do not live in, work or go to school in Erie County you are not eligible to complete this survey.

2. Which of the following applies to you? **Select <u>all</u> that apply.**

- ☐ I live in Erie County
- ☐ I work in Erie County
- ☐ I go to school in Erie County

3. If you live in Erie County, what is the ZIP code of your home address?
Select <u>one</u>.

- ☐ My Erie County ZIP code is _____
- ☐ I do not live in Erie County (I only work or go to school here)
- ☐ I do not have a home address

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Community Issues and Concerns

4. Which community factors do you feel **should be focused on for improvement** in the 2025-2030 Community Health Improvement Plan? **Please select at most 5 options.**

- ☐ Access to affordable, healthy food
- ☐ Access to community services and resources
- ☐ Access to continued education programs (such as GED, trade schools)
- ☐ Access to quality health and wellness programs in school
- ☐ Access to reliable transportation
- ☐ Access to translation and interpretation services
- ☐ Availability and access to services to support healthy children (such as childcare, early intervention, or lead screening)
- ☐ Community spaces like parks, walkways, bike paths, and community centers
- ☐ Cost of health care services or access to health insurance
- ☐ Employment options that pay a livable wage
- ☐ Environmental conditions like air, water, and soil
- ☐ Housing options that are affordable and safe
- ☐ Parent support services (such as breastfeeding/chestfeeding locations and parental leave availability)
- ☐ Racism and discrimination
- ☐ Safety of your neighborhood
- ☐ Other _____
- ☐ Do not wish to say

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5. Which health conditions do you feel should be **<u>focused on for improvement</u>** in the 2025-2030 Community Health Improvement Plan? **Please select at <u>most</u> 5 options.**

- ☐ Asthma, COPD or other chronic respiratory conditions
- ☐ Cancer
- ☐ Cigarettes, tobacco products, vaping, or nicotine use or disorder
- ☐ COVID-19 or long COVID
- ☐ Dental health issues (such as cavities, tooth removals)
- ☐ Diabetes
- ☐ Heart issues (such as high blood pressure, cholesterol, heart disease, or stroke)
- ☐ Infectious diseases (such as HIV or AIDS, hepatitis, sexually transmitted diseases, etc.)
- ☐ Injuries (such as falls or motor vehicle accidents)
- ☐ Lead Poisoning and Lead Issues
- ☐ Mental health, depression, anxiety and stress management
- ☐ Obesity, weight management, or nutrition
- ☐ Reproductive and birth issues (pregnancy complications, teen pregnancy, infant injuries and death)
- ☐ Substance Use Disorders (such as alcohol, cannabis, and opioid)
- ☐ Violence related injury (such as child abuse, elder abuse, or domestic violence.) and firearm (gun) injuries and deaths
- ☐ Other _____
- ☐ Do not wish to say

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6. We are also interested in what you believe we are lacking in our community. What are some services that we do not have that would help support health and wellbeing in our community?

_____

_____

_____

_____

_____

Demographics

7. What is your current age? _____

8. What is your race and ethnicity? **Select <u>all</u> that apply.**
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Middle Eastern or North African
   - ☐ Pacific Islander or Hawaii Native
   - ☐ White
   - ☐ Other _____
   - ☐ Do not wish to say

CONTINUED ON NEXT PAGE

9. What is your gender? **Select <u>all</u> that apply.**

- ☐ Gender Nonconforming or Gender Expansive
- ☐ Man
- ☐ Non-binary
- ☐ Not sure or questioning
- ☐ Woman
- ☐ Other_____
- ☐ Do not wish to say

10. Are you transgender? **Select <u>one</u>.**

Transgender describes a person whose gender identity is different from the sex that they were assigned at birth.

- ☐ Yes
- ☐ No
- ☐ Not sure or questioning
- ☐ Do not wish to say

11. What is your sexual orientation? **Select <u>all</u> that apply.**

- ☐ Asexual (someone who does not experience sexual attraction)
- ☐ Bisexual (someone attracted to people of two or more genders)
- ☐ Gay (someone attracted to people of the same gender)
- ☐ Lesbian (a woman attracted to other women)
- ☐ Not sure or questioning
- ☐ Pansexual (someone attracted to people of all genders)
- ☐ Queer (someone whose sexual orientation is something other than straight or heterosexual)
- ☐ Straight or heterosexual (sexually attracted to people of a different gender)
- ☐ Other_____
- ☐ Do not wish to say

CONTINUED ON NEXT PAGE

12. Do you have a disability? **Select <u>one</u>.**

The American Disabilities Act defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity.

- ☐ Yes – Proceed to question 13
- ☐ No – Skip to question 14
- ☐ Do not wish to say – Skip to question 14

13. What type of disability do you have? **Select <u>all</u> that apply.**

- ☐ Developmental or intellectual
- ☐ Mental or emotional
- ☐ Physical or mobility
- ☐ Sensory (such as blindness or deafness)
- ☐ Other_____
- ☐ Do not wish to day

14. Who do you live with? **Select <u>all</u> that apply.**

- ☐ No one or you live alone
- ☐ Spouse or partner
- ☐ Child or Children 18 and younger
- ☐ Child or Children over 18
- ☐ Your parent(s) or your partner's parent(s)
- ☐ Friend(s) or unrelated roommate(s)
- ☐ I live in a shared living space (group home, dormitory, assisted living, transitional housing, shelter)
- ☐ Other_____
- ☐ Do not wish to say

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15. Were you born outside the US? **Select <u>one</u>.**

- ☐ Yes
- ☐ No
- ☐ Do not wish to say

16. What is the primary language spoken at home? **Select <u>one</u>.**

- ☐ English
- ☐ Arabic
- ☐ Bengali
- ☐ Burmese
- ☐ Spanish
- ☐ Swahili
- ☐ Other_____
- ☐ Do not wish to say

Personal and Family Health

17. Thinking about your health in the past year, how would you rate the following? **Select <u>one</u> box in each row.**

	Poor	Fair	Good	Very Good	Excellent	Do not wish to say
Physical Health	☐	☐	☐	☐	☐	☐
Dental Health	☐	☐	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐	☐	☐

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18. Have you or anyone in your household had any challenges to accessing the following types of health care in the past year?
Select <u>one</u> box in each row.

	Yes	No	I Don't Know	Does not Apply to My Household
PRIMARY CARE (routine check-ups or minor health visits)	☐	☐	☐	☐
DENTAL HEALTH (routine check-ups and emergency dental)	☐	☐	☐	☐
HARM REDUCTION OR TREATMENT FOR SUBSTANCE USE DISORDERS	☐	☐	☐	☐
MENTAL HEALTH (therapists, counseling)	☐	☐	☐	☐
REPRODUCTIVE CARE (pregnancy prevention, abortion, prenatal care)	☐	☐	☐	☐
Emergency Care (hospital, ER, Urgent Care)	☐	☐	☐	☐

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19. Have you experienced any chronic or long-term physical medical conditions? **Select <u>one</u>.**

For example: asthma, cancer, heart disease, high blood pressure, diabetes, obesity.

- ☐ Yes – Proceed to question 20
- ☐ No – Skip to question 21
- ☐ Do not wish to say– Skip to question 21

20. If yes, which of the following physical conditions do you have you experienced? **Select <u>all</u> that apply.**

- ☐ Asthma
- ☐ Cancer
- ☐ COPD or other lower respiratory diseases
- ☐ Diabetes
- ☐ Disease of the liver
- ☐ Heart disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Kidney disease
- ☐ Long-term COVID symptoms
- ☐ Obesity
- ☐ Other_____
- ☐ Do not wish to say

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21. Do you have or have you had any mental health conditions? **Select <u>one</u>.**
For example: anxiety, depression, PTSD, or substance use disorder (SUD)

- ☐ Yes – Proceed to question 22
- ☐ No – Skip to question 23
- ☐ Do not wish to say – Skip to question 23

22. If yes, which of the following mental health conditions have you experienced? **Select <u>all</u> that apply.**

- ☐ Anxiety
- ☐ Bipolar
- ☐ Borderline personality disorder (BPD)
- ☐ Depression
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Substance Use Disorder (SUD)
- ☐ Other_____
- ☐ Do not wish to say

23. Do you have any children (age 18 or younger) that have any physical or mental health condition or special needs? **Select <u>one</u>.**

- ☐ Yes– Proceed to question 24
- ☐ No– Skip to question 25
- ☐ Do not wish to say– Skip to question 25

CONTINUED ON NEXT PAGE

24. Which mental, physical or special needs do the children in your home have? **Select <u>all</u> that apply.**
    - ☐ Asthma
    - ☐ Developmental/learning disability (such as autism spectrum disorder or auditory processing disorder)
    - ☐ Diabetes
    - ☐ Fine motor challenges (such as challenges holding a pencil)
    - ☐ Gross motor challenges (such as challenges with walking, balancing, or complex movements)
    - ☐ Mental/emotional challenges (such as anxiety, depression)
    - ☐ Obesity
    - ☐ Severe allergies (any allergy that can result in a life-threatening reaction)
    - ☐ Speech delay or impediment or non-verbal
    - ☐ Vision or hearing impaired
    - ☐ Other_____
    - ☐ Do not wish to say

Education and Employment

25. What is your highest level of education? **Select <u>one</u>.**
    - ☐ Less than high school or did not finish high school
    - ☐ High school graduate or GED equivalency
    - ☐ No college degree, but technical degree, trade expert, or other certificate program
    - ☐ Some college, but no degree
    - ☐ Associate's degree (for example: AA, AS)
    - ☐ Bachelor's degree (for example: BA, BBA, BS)
    - ☐ Master's degree (for example: MA, MS, MBA)
    - ☐ Professional Degree (for example: MD, DDS, JD)
    - ☐ Doctorate (for example: PhD, EdD)
    - ☐ Other_____
    - ☐ Do not wish to say

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26. What option best describes your current employment status? **Select <u>one</u>.**

- ☐ Unemployed, not currently working, retired, or a student - Proceed to question 27
- ☐ Temporary or seasonal work only (your current job will only last a short period) – Skip to question 28
- ☐ Part-time, in only one job (total hours at your only job is less than 40 per week) – Skip to question 28
- ☐ Part-time, in multiple jobs (total hours of all jobs are less than 40 hours per week) – Skip to question 28
- ☐ Full-time, in only one job (total hours at your only job is 40 or more hours per week) – Skip to question 28
- ☐ Full-time, in multiple jobs (total hours of all jobs are 40 or more hours per week) – Skip to question 28
- ☐ Other_____
- ☐ Do not wish to say

27. What is your main reason for your unemployment? **Select <u>one</u>.**

- ☐ I am a student or in school
- ☐ I am a homemaker or stay at home
- ☐ I am retired
- ☐ Currently looking for employment
- ☐ I am unable to work because of a disability
- ☐ Other_____
- ☐ Do not wish to say

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28. What is your approximate total household income? **Select <u>one</u>.**
This is the total amount that everyone who earns money in your home makes. Each option is shown per year, month, and week.

- ☐ Less than $25,000 per year or less than $2083 per month or less than $480 per week
- ☐ $25,000 - $34,999 per year or $2,083 - $2,917 per month or $480 - $643 per week
- ☐ $35,000 - $44,999 per year or $2,917 - $3,750 per month or $643 - $865 per week
- ☐ $45,000 - $54,999 per year or $3,750 - $4,583 per month or $865 - $1,058 per week
- ☐ $55,000 - $74,999 per year or $4,583 - $6,250 per month or $1,058 - $1,442 per week
- ☐ $75,000 - $94,999 per year or $6,250 - $7,917 per month or $1,442 - $1,827 per week
- ☐ $95,000 - $124,999 per year or $7,917 - $10,417 per month or $1,827 - $2,404 per week
- ☐ $125,000-$174,999 per year or $10,417 - $14,583 per month or $2,404 - $3,365 per week
- ☐ More than $175,000 per year or more than $14,583 per month or $3,365 per week
- ☐ Do not wish to say

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Health Care Insurance

29. Do you currently have any type of health care coverage or health insurance? **Select <u>one</u>.**
    - ☐ Yes – Proceed to question 30
    - ☐ No – **<u>Skip</u>** question 30
    - ☐ Do not wish to say– **<u>Skip</u>** question 30

30. What type of insurance do you have? **Select <u>all</u> that apply.**
    - ☐ Covered by the VA
    - ☐ Employer-sponsor private insurance (either through your job or your partners/spouses)
    - ☐ Enrolled through the insurance marketplace (Obamacare) or through NYS of Health
    - ☐ Medicaid
    - ☐ Medicare
    - ☐ Tribal health services or tribal insurance
    - ☐ Other_____
    - ☐ Do not wish to say

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Raffle Entry

Would you like to be entered into a raffle to win a $100 Tops Supermarket Gift Card? **Select <u>one</u>.**
To be entered to win you must be willing to provide a name, email, and phone number.

☐ Yes – Please complete the contact information at the bottom of the page
☐ No

Focus Group Participation

Would you like to be considered for participating in community focus group to further discuss health issues in Erie County? Participating in a focus would make you eligible to receive a $20 gift card for Tops Supermarkets.
Select <u>one</u>.

☐ Yes - Please complete the contact information on the next page
☐ No

Subscribe to Updates from the Office of Health Equity

Would you like to be added to the Office of Health Equity's email subscription list? **Select <u>one</u>**.
You must provide a name and email below to sign up to receive updates from the Erie County Office of Health Equity.

☐ Yes - Please complete the contact information below
☐ No

Name:_____

Phone Number:_____

Email:_____

Home Address:_____

_____