



# Chautauqua County Community Health Survey

**We need YOUR help!**

You know a lot about where you live. You make a difference in the health and well-being of your Chautauqua County community! Please help us understand what matters most to you by taking a few minutes to fill out this confidential survey. Personal, identifiable information is not required, and responses cannot be tied back to you.

The 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 one of five \$50 Tops gift cards!** You must complete the survey to be eligible to win.

The Chautauqua County Health Department, local hospitals, and community partners will use this information to find out what health issues are important to you and how to make our community a healthier place to live.

## Survey Eligibility

**\*IF YOU DO NOT LIVE, WORK OR GO TO SCHOOL IN CHAUTAUQUA COUNTY, YOU ARE NOT ELIGIBLE TO COMPLETE THIS SURVEY.**

1. Do you live, work or go to school in Chautauqua County? **Please select one.**

- I live in Chautauqua County (proceed to Question #2)
- I work in Chautauqua County and live somewhere else (skip to Question #3)
- I go to school in Chautauqua County and live somewhere else (skip to Question #3)

2. What is the Zip Code of your home address in Chautauqua County?

\_\_\_\_\_

## **Community Issues and Concerns**

3. When you think about your own health and the health of your community, which of the following issues **are you most concerned about?**

**Please select up to three (3) choices.**

- Medical health (heart disease, diabetes, obesity, cancer, asthma, chronic pain management, sexual health, memory loss, etc.)
- Dental health
- Mental health (stress; anxiety, depression, suicide, etc.)
- Environmental conditions (access to food/water, walkable neighborhoods, safe roadways, etc.)
- Housing options that are affordable and safe
- Maternal / infant health (prenatal care, teen pregnancy, pregnancy planning, child abuse/neglect)
- Physical safety (risk of falling, firearm misuse, domestic violence, etc.)
- Substance use (drugs, alcohol, tobacco)
- Other (please tell us) \_\_\_\_\_

4. Which of the following community factors do you feel **should be focused on to improve health** in the next five years for Chautauqua County's Community Health Improvement Plan?

**Please select up to three (3) choices.**

- Access to affordable, healthy food
- Access to reliable transportation to medical appointments, grocery stores, etc.
- Community spaces like parks, walkways, bike paths, and community centers
- Access to community groups that encourage healthy habits (physical activity, nutrition, stress reduction, diabetes prevention, fall prevention, quitting smoking, etc.)
- Access to quality health and wellness programs in schools
- Availability and access to services to support healthy children
- Safety in your neighborhood
- Access to community services and resources (WIC, Social Services, Aging Services, Salvation Army, United Way, etc.)
- Access to health screenings available in your community (blood sugar, cholesterol, blood pressure, etc.)
- Other (please tell us) \_\_\_\_\_

5. Which of the following disease and illness conditions do you feel we should focus on to improve health in the next five years for Chautauqua County’s Community Health Improvement Plan?

Please select up to five (5) choices.

- Asthma, COPD, or other chronic respiratory conditions
- Cancer
- Cigarettes, tobacco products, vaping, or nicotine use
- Dental health (cavities or tooth removal)
- Diabetes
- Heart issues (high blood pressure, cholesterol, heart disease, stroke, etc.)
- Infectious diseases (HIV, AIDS, hepatitis, sexually transmitted diseases, etc.)
- Injuries (falls, motor vehicle accidents)
- Lead poisoning or lead issues
- Mental health, depression, anxiety and stress management
- Obesity, weight management, or nutrition
- Reproductive and birth issues
- Substance use disorders (alcohol, cannabis, opioid, etc.)
- Violence related injury (child abuse, elder abuse, domestic violence, firearm injuries and death)
- Other (please tell us) \_\_\_\_\_

## **Personal, Family & Community Health**

**It is recommended that individuals be seen by their primary care provider once a year, and by their dentist every 6 months.**

6. What were the main reasons you or someone in your household did not get care that was needed, advised, or recommended? **Please select all that apply.**

	<b>Medical</b>	<b>Dental</b>	<b>Mental Health</b>
Cost- Without insurance, it was too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost- Even with insurance, it was too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation- It was too hard to get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours- They weren’t open when I/we could get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment not available in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn’t know where to get the care I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decided not to go, because I/we don’t like going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear/shame/embarrassment about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we did not have an issue receiving care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other reason (please tell us)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			

7. Since the legalization of marijuana and cannabidiol (CBD) products, has your use of these products changed? **Please select all that apply.**

- I do not use marijuana/CBD products
- I use marijuana/CBD products for recreational purposes
- I use marijuana/CBD products for medical reasons

**Substance use disorders (addictions) don't just affect individuals; They impact families, friends and communities.**

8. I have a relationship to addiction in the following way(s): **Please select all that apply.**

- I have a family member who uses alcohol and/or drugs.
- I have a family member who is in recovery from alcohol and/or drug use.
- I have a friend who uses alcohol and/or drugs.
- I have a friend who is in recovery from alcohol and/or drug use.
- A family member or friend has died from alcohol and/or drug use.
- I personally have an active alcohol and/or drug addiction.
- I am personally in recovery from alcohol and/or drug use.
- I have no close experience with alcohol and/or drug use.

9. If I had a family member or a friend suffering with an addiction, I would know how to find help.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

10. Narcan® (Naloxone) is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. **Please select all that apply.**

- I know where I can get Narcan® in Chautauqua County.
- I do not know where I can get Narcan® in Chautauqua County.
- I carry Narcan® with me or keep it in my home.
- I have used Narcan® to save a life.

**Good nutrition and physical activity are important to overall health and well-being.**

11. How often do you participate in physical activity or exercise?

- 5-7 times per week for at least 30 minutes each time
- 2-4 times per week for at least 30 minutes each time
- 0-1 times per week for at least 30 minutes each time
- I don't exercise regularly, but I try to add physical activity when possible
- No physical activity or exercise beyond regular daily activities

12. Which, if any, of the following would help you become more active? **Please select all that apply.**

- Transportation to a park or outdoor activities and spaces
- Groups or a friend to participate with
- Workshops for classes about exercise
- Safe places to walk or exercise
- Individual instruction/personal training
- Information about exercise programs or gym memberships
- Discounts for exercise programs or gym memberships
- Workplace programs or equipment
- Activities you can do with your children
- None of the above
- Other (please tell us) \_\_\_\_\_

13. Over the past year, there were times when I or someone in my household was hungry, but didn't eat because there wasn't enough money for food.

- Often True
- Sometimes True
- Never True

## **Health Insurance**

14. Please describe your health insurance coverage. **Please select all that apply.**

- Employer/spouse's employer
- Medicare
- Medicaid
- VA
- NYS of Health/Marketplace Exchange
- Tribal Health
- I do not have health insurance
- I'm not sure

## **Demographics**

15. Do you or someone in your household have a disability? **Please select one.**

*The American with 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 activities.*

- Yes – (proceed to Question #16)
- No – (skip to Question #17)
- Prefer not to answer –(skip to Question #17)

16. What type of disability do you or your family member have? **Select all that apply.**

- Developmental or intellectual
- Mental or emotional
- Physical or mobility
- Sensory such as blindness or deafness
- Other \_\_\_\_\_
- Prefer not to answer

**Each of the following questions are important to help us understand health concerns associated with age, gender, race, etc. This information does not identify you.**

17. What is your age?

- 20 or under
- 21-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65 or over
- Prefer not to answer

18. What is your gender identity?

- Male
- Female
- Non Conforming
- Non Binary
- Transgender
- Other (please tell us) \_\_\_\_\_
- Prefer not to answer

19. Which race/nationality do you identify with? **Please select all that apply.**

- White/Caucasian
- Black/ African American
- Hispanic/Latino/LatinX
- Asian or Asian American
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Other (please tell us) \_\_\_\_\_
- Prefer not to answer

20. What is your approximate average household income?

- \$0 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 - \$149,999
- \$150,000 +
- Prefer not to answer

21. Do you have access to transportation when you need it?

- Yes
- Sometimes
- No
- Prefer not to answer

22. How many people live in your home, including yourself?

- 1
- 2
- 3
- 4
- 5 or more
- Prefer not to answer

23. If we wanted to reach you with a community health message or public service announcement, what would be the best way? **Please select up to three (3) choices.**

- Social media (Facebook, Instagram, X)
- TV
- Radio/streaming music service
- Local Health Department website
- Newspaper
- Brochures and handouts

24. Where did you hear about this survey? **Please select one.**

- Social media
- Email
- News media (radio/paper/TV)
- School
- Medical provider
- Community group or organization
- Other (please tell us) \_\_\_\_\_

**Thank you for taking time to complete the Chautauqua County  
Community Health Survey.**

Completed surveys can be returned to the location where you got the survey or to the  
Chautauqua County Health Department, HRC Building, 7 North Erie Street, Mayville NY 14757.



**This page will be kept separate.**

**Survey answers will remain confidential.**

Please enter your contact information, and you will be entered into a drawing for a chance to win one of five gift cards!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Thank you for taking time to complete the Chautauqua County Community Health Survey.**