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Date of Completion:
Date of Data Entry:
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### **INTRODUCTION**

The Greater Mercer Public Health Partnership (GMPHP) is conducting a survey to learn more about the needs and strengths of the community and its residents. This information will be used to guide future services and programs and better coordination among organizations.

Filling out this survey is voluntary, and your responses are confidential. You will not be asked your name, address, or any other information that can identify you. This survey will take about 15 minutes to complete. Thank you for helping to improve services to our families and community.

1.	What is your zip code?	(Please write in the 5-digit number.)
2.	What is your town or city?	
3.	How long have you lived in the area?	
	<ul> <li>☐ Under 1 year → If less than 1 year,</li> <li>☐ 1-4 years</li> <li>☐ 5-9 years</li> <li>☐ 10-19 years</li> <li>☐ 20+ years</li> </ul>	what was the zip code of your previous address?
** <b>T</b>	he following demographic questions a	re for analysis of this study only and are kept completely confidential.
4.	. What year were you born?	
5.	. How would you describe your ethni	c or racial background? (Check all that apply).
	<ul> <li>□ Latino/a or Hispanic of Caribbean of Latino/a or Hispanic of Mexican or Columbian)</li> <li>□ East Asian (e.g., (e.g., Chinese, Japan South Asian (e.g., (e.g., Indian, Pak Indian)</li> <li>□ Middle Eastern/North African/Aral Indian/White/European American (e.g., GIN)</li> <li>□ American Indian/Native American Indian/Native Hawaiian or Other Pacific Is</li> </ul>	istani, Bangladeshi, Nepalese) b (e.g., Egyptian, Moroccan, Jordanian, Syrian) erman, Irish, English, Italian, Polish) (e.g., Nanticoke Lenni-Lenape, Powhatan Renape, Ramapough)
	6. What is the highest level of educati	on you have completed?
•	•	•
	☐ Less than high school☐ Some high school	<ul><li>☐ Associate or technical degree/certification</li><li>☐ College graduate</li></ul>
	☐ High school graduate or GED	☐ Post-graduate or professional degree
	☐ Some college	☐ Prefer not to answer

# Part B: Community Priorities, Assets, and Challenges

7. In your opinion, what are the TOP 3 HEALTH ISSUES OR		,		•		•
<ul><li>☐ Asthma</li><li>☐ Cancer</li><li>☐ Diabetes</li></ul>	HIV// □ Teen	AIDS) pregnancy			e.g., Chlamy	
☐ Heart disease			nmunity safe	ety (e.g., g	gun violence	,
Lung disease (e.g., COPD, emphysema)		estic abuse)				
☐ Overweight/obesity					nts, drownin	
☐ Aging-related health concerns (e.g., Alzheimer's, falls)				al services	s that people	e can use
Mental health issues (e.g., depression, anxiety, suicide)		m and discri				
☐ Alcohol use, abuse, or overdose		ing people c				
☐ Smoking, vaping, or chewing tobacco	_	er or having	•		can afford	
$\square$ Substance use, abuse, or overdose (e.g., opioids,		uate and qu	•	ion		
heroin, misusing prescription drugs, marijuana)		rty / job opp				
☐ High stress lifestyle	☐ Othe	r issue or co	ncern not lis	sted (spec	cify):	
$\square$ Infectious or contagious diseases (e.g., pneumonia,						_
COVID, flu)	☐ Don't	know				
8. In your opinion, what are the TOP 3 HEALTH ISSUES OR select only 3.)  Asthma Childhood cancers Diabetes Overweight/obesity Bullying Mental health issues (e.g., depression, anxiety, suicide) Alcohol use, abuse, or overdose Smoking, vaping, or chewing tobacco Substance use, abuse, or overdose (e.g., opioids, heroin, misusing prescription drugs, marijuana) High stress lifestyle	☐ Teen ☐ Child ☐ Viole viole ☐ Unint ☐ Havir can ☐ Racis ☐ Hous	pregnancy abuse and r nce and com ence, gangs) tentional injug g enough ho	neglect nmunity safe uries (e.g., c ealth & socia mination an afford healthy foo	ety (e.g., g ar accider al services ad people	gun violence nts, drownin s that childre	, school g)
<ul> <li>☐ Infectious or contagious diseases (e.g., pneumonia, COVID, flu)</li> <li>☐ Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)</li> <li>9. Using the scale below, please indicate how much you ag statement to be false) with the following statements ab</li> </ul>	☐ Othel☐ Don't	e statement	to be true)	or disagr	ee (find the	_
COVID, flu)  Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)  9. Using the scale below, please indicate how much you ag	☐ Othe ☐ Don't gree (find the out the com	r issue or co know e statement munity. (Pl	to be true) ease pick or	or disagr	ee (find the oice per	Don't
<ul> <li>COVID, flu)</li> <li>Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)</li> <li>Using the scale below, please indicate how much you ag statement to be false) with the following statements ab</li> </ul>	☐ Othel☐ Don't	r issue or co know	to be true) ease pick or Neither Agree or	or disagr	ee (find the	Don't Know
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<ul> <li>COVID, flu)         <ul> <li>Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)</li> </ul> </li> <li>9. Using the scale below, please indicate how much you as statement to be false) with the following statements ab statement.)</li> <li>a. My community has safe outdoor places to walk and play.</li> <li>b. It's easy to live a healthy lifestyle in my community.</li> <li>c. My community is a good place to raise a family.</li> <li>d. There are educational opportunities for adults in my</li> </ul>	Other Don't gree (find the cout the com	know e statement munity. (Pl	to be true) ease pick or  Neither Agree or Disagree	or disagrate of the second of	ee (find the oice per  Strongly Agree	Know
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<ul> <li>COVID, flu)         <ul> <li>Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)</li> </ul> </li> <li>9. Using the scale below, please indicate how much you as statement to be false) with the following statements ab statement.)</li> <li>a. My community has safe outdoor places to walk and play.</li> <li>b. It's easy to live a healthy lifestyle in my community.</li> <li>c. My community is a good place to raise a family.</li> <li>d. There are educational opportunities for adults in my community.</li> <li>e. My community has places for everyone to socialize (e.g., library, churches, local clubs, senior meetings).</li> </ul>	Othe	c know  e statement munity. (Pl  Disagree	to be true) ease pick or  Neither Agree or Disagree	or disagrate of the state of th	ee (find the oice per  Strongly Agree	Know
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<ul> <li>COVID, flu)         <ul> <li>Sexually transmitted infections (STIs) (e.g., Chlamydia, HIV/AIDS)</li> </ul> </li> <li>9. Using the scale below, please indicate how much you as statement to be false) with the following statements ab statement.)</li> <li>a. My community has safe outdoor places to walk and play.</li> <li>b. It's easy to live a healthy lifestyle in my community.</li> <li>c. My community is a good place to raise a family.</li> <li>d. There are educational opportunities for adults in my community.</li> <li>e. My community has places for everyone to socialize (e.g., library, churches, local clubs, senior meetings).</li> <li>f. Schools in my community offer healthy food choices for</li> </ul>	Othe	r issue or co know e statement munity. (Pl  Disagree	to be true) ease pick or  Neither Agree or Disagree	or disagrate of the state of th	ee (find the oice per  Strongly Agree	Know

	n. My community has transportation services for seniors and those with disabilities (e.g., to take to the supermarket, shopping centers, etc.)						
-	. There are job opportunities in my area.						
_	. If I needed help in feeding myself or my family, I would						
'	know which services to go to for help (e.g., food bank,	_		_		<del>_</del>	
	food pantry, etc.).						
	c. There is enough housing that I can afford that is safe and						
	well-kept in my community.						
Ī	. Violence is low in my community (e.g., assault, gangs, robberies, rapes, etc.)						
	m. Interpersonal violence is low in my community (e.g., domestic violence/abuse, elder abuse, bullying, cyber- bullying, etc.)						
ı	n. People in my community can afford basic needs like food, housing, and transportation.						
(	o. There is enough housing that I can afford that is safe and well-kept in my community.						
I	<ul> <li>Violence is low in my community (e.g., assault, gangs, robberies, rapes, etc.)</li> </ul>						
•	q. Interpersonal violence is low in my community (e.g., domestic violence/abuse, elder abuse, bullying, cyberbullying, etc.)						
Г	r. People in my community can afford basic needs like						
	food, housing, and transportation.						
	<ul> <li>10. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?  \[ \subseteq \text{Yes}  \subseteq \text{No} \]</li> <li>11. How often are you unable to get to where you need to go because of not having a way to get there?</li> </ul>						
	as part of a household?  ☐ Yes ☐ No  11. How often are you unable to get to where you need to get to you need to get to where you need to get to you need to	<u>o</u> because	of not having	g a way to g	et there?	vn, rent, or	stay in
	as part of a household?  Yes No  11. How often are you unable to get to where you need to get get to get get get to get	go because month ore often made abou	of not having □ About t their food s	g a way to g t once a mo	et there?		
	as part of a household?  Yes No  11. How often are you unable to get to where you need to get to	go because month ore often made abou	of not having □ About t their food s	g a way to g t once a mo ituation. Fo	et there?		ow
1.	as part of a household?  Yes No  11. How often are you unable to get to where you need to get get to get get get to get	go because month ore often made abou 12 months.	of not having □ About t their food s	g a way to g t once a mo ituation. Fo	get there? onth or each one	e, choose h	ow True
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). :.	as part of a household?  Yes No  11. How often are you unable to get to where you need to get to you need to get to where you need to get to where you need to get to where you need to get to you need to get to get you need to get to get you need	month ore often made about 12 months. oney oney	of not having  About  t their food s  Often True	g a way to g t once a mo ituation. Fo	get there? onth or each one imes True	e, choose ho	ow True
). :.	as part of a household?  Yes No  11. How often are you unable to get to where you need to get make a gear Nore than once a several times a year Once a week or make true the statement was for your household over the last get whether our food would run out before we got make to buy more.  The food that we bought just didn't last and we didn't have make to get more  We rely on a community supper program, food pantry, or means.	month ore often  made about 12 months.  oney  oney	of not having  About t their food s  Often True	s a way to go tonce a modification. For	get there? Onth  or each one imes True	e, choose he	ow True
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## **PART C: Health Status & Conditions**

14. How would you descr  ☐ Excellent	D Very good	ealth?	☐ Fair	· 🗆	Poor
15. Have you ever been to		•	-	-	_
For each "Yes" in ques *Reminder: Filling out			•		nation? <b>not be asked your name,</b>
address, or any other i	•	• •			,
		15a. Ever been told you hav			urrently under
		Yes	No	Yes	No
Heart condition					
High blood pressure					
High cholesterol					
Diabetes					
Kidney disease					
Stroke					
Cancer (any type)					
Asthma					
Lung disease (e.g., COPD,	empnysema)				
Alzheimer's or dementia					
Weight problem Hearing problem		П			П
Depression or anxiety issu	201				
Substance abuse issues (d			П		
Addiction to smoking or v	-		П		
<b>16. Please select if any of</b> <i>apply.)</i> ☐ Lack of time to buy or pi ☐ Transportation to gettin	repare healthy me		☐ Physical disa	bility to buying or	ealthy diet. (Check all that preparing healthy foods ing stove, pots) to prepare
☐ Don't always know what		a	food		
healthy diet					foods don't fill me up
☐ Don't know how to buy				ood for healthy fo	ods
☐ Price of healthy foods /	nealthy foods cos	t too much money		ps me from eating	healthy foods
17. During the past mont walking, running, bik	•	• • •	•	any physical activ	rities or exercises such as
☐ Yes	□ No	$\square$ Prefer not to	answer		
18. Do you have any child	dren under age 18	that live with you	at home or who	you have regular	responsibility for?
☐ Yes ———	▶ 18a. If yes, du	ring the past 7 days	, on how many o	lays was your chil	d
□ No		active for a total o u have more than 1			
	Child 1:	Ch	ild 2:	Child 3: _	

19.	Have you participated in any	of the following screenings	, services, or programs in	the past 2 years?
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20. What type of health insurance do you have?	
☐ Medicare	☐ Some other type of health insurance (specify:)
☐ Medicaid/NJ FamilyCare	
$\square$ Private/health insurance that you and/or your employer	☐ No health insurance
pay for (e.g., Aetna, Humana, Blue Cross Blue Shield, etc.)	☐ Prefer not to answer

21. Over the past 2 years, which, if any, of these issues made it hard for you or a household family member to get medical treatment or care when needed? (Check "yes" if issue made it hard/was a problem for you or your family and "no" if issue did not make it hard to get medical treatment or care or was not a problem.)

\*Reminder: Filling out this survey is voluntary, and your responses are confidential. You will not be asked your name, address, or any other information that can identify you.

	Yes	No	Don't know
Insurance problems (e.g., doctors do not take your insurance, you do not have any			
insurance)			
Cost of care (e.g., you were unable to pay, co-pays too high)		Ш	Ш
Doctors not accepting new patients			
Wait times at doctor's office or clinic are too long			
Hard to schedule an appointment at a convenient time of day/evening/weekend			
Fear or dislike of doctors or hospitals; unfriendly doctors, providers, or office staff; do			
not feel welcome			
Can't get time off to get care - will not get paid or will lose job			
Unable to find care; do not know where to go to for care			
Language problems (e.g., hard to talk with health provider or office staff)			
Services not accessible for people with disabilities			
Transportation problems			
Childcare problems			
Health information not kept confidential			
Afraid due to immigration status			
Some other issue that kept you/household family member from getting medical treatment or care (specify:)			

following characteristics: Frequently **Sometimes** Never  $\Box$  $\Box$ Race or ethnicity П П П Cultural or religious background П П Language or speech Age Income level Body size Sexual orientation  $\Box$ Gender or gender identity Physical or mental disability 23. If you had a question or needed information about improving your health, where would you go for advice? (Check all that apply.) ☐ Faith based organization ☐ Hospital emergency department ☐ Family member ☐ Local health department ☐ Free clinic ☐ Online resources (e.g., WebMD) ☐ Friends ☐ Social media resources (e.g., Facebook) ☐ Health care provider (e.g., ☐ Urgent care physician, nurse practitioner)  $\square$  There is no good source for me 24. In the past 2 years, was there ever a time when you needed to see a health care provider or specialist but could not because of availability, cost, or insurance problems? For each "Yes" in question 24a please indicate in question 24b what prevented you from seeing a provider or specialist? Q24a. Needed specialist Q24b. (If Yes) What prevented you from seeing a provider or specialist? (check all that apply) but could not go because of issues in Q28. Provider Cost Insurance Other (write in) Yes Nο availability problems Behavioral health (e.g. individual or group counseling,  $\Box$ П mental health services, substance use disorder, etc.) Children's health or pediatrics (e.g. infant care, well-child check-ups, immunizations, school or sports physicals, etc.) Cancer (e.g. cancer screenings, radiation, chemotherapy, cancer survivorship) Heart health/cardiovascular issues (e.g. coronary artery disease, heart attack, high blood pressure, etc.) Emergency/hospital care (e.g. sudden or serious illness, medical emergencies, rehabilitation, inpatient care) Issues with brain, spinal cord, or nerves/Neurology (e.g. Alzheimer's, epilepsy, MS, stroke, etc.) Bone and muscle issues/Orthopedics (e.g., breaks and fractures, arthritis, dislocated joints, etc.) Women's health (e.g. family planning, gynecology,

 $\Box$ 

pregnancy care, menopause, etc.)

Other (Specify):

22. When trying to get medical care, how often have you PERSONALLY felt discriminated against based on any of the

## **PART E: Mental Health & Substance Use**

25.	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	26.	During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?  (Please specify a number between 0 to 30):
	(Please specify a number between 0 to 30):		
27.	In the last two years, was there a time when you or someone in your household needed help for mental health problems, such as <u>feeling very sad, anxious, or other emotional concerns</u> , but couldn't get the needed		In the last two years, was there a time when you or someone in your household needed help for problems with using drugs or alcohol, but couldn't get the needed support?  Yes, I/my family member needed substance use
	care?		services and/or treatment but <u>could not get</u> them
	Yes, I/my family member needed mental health services and/or treatment but could not get them No, I/my family member needed mental health services and/or treatment and was able to get them No, I/my family member did not need mental health services and/or treatment Prefer not to answer/don't know		No, I/my family member needed substance use services and/or treatment and was able to get them No, I/my family member did not need substance use services and/or treatment Prefer not to answer/don't know
vo	u or a household family member did no	ot ne	ed mental health or substance use

# If you or a household family member did <u>not</u> need mental health or substance use services in the past 2 years, please skip to Part F, question 30.

29. Over the <u>past 2 years</u>, which, if any, of these issues made it hard for you or a household family member to get mental health or substance use services and/or treatment when needed? (Check "yes" if issue made it hard/was a problem for you or your family and "no" if did not make it hard or was not a problem.)

you or your jamily and "no "ij ald not make it hard or was not a problem.)			
	Yes	No	Don't know
Insurance problems (e.g., doctors do not take your insurance, you do not have any insurance)			
Cost of care (e.g., you were unable to pay)			
Counselors or services not accepting new patients			
Wait times are too long			
Hard to schedule an appointment at a convenient time of day/evening/weekend			
Fear or dislike of providers, counselors, doctors or hospitals; unfriendly doctors, providers, or office staff; do not feel welcome			
Can't get time off to get care - will not get paid or will lose job			
Unable to find care; do not know where to go to for care			
Language problems (e.g., hard to talk with health provider or office staff)			
Services not accessible for people with disabilities			
Transportation problems			
Childcare problems			
Health information not kept confidential			
Afraid due to immigration status			
Stigma / shame about getting these types of services			
Fear of being hospitalized against my will			
Fear that my work/employer might find out			
Some other issue that kept you/household family member from getting treatment or care (specify:)			

If you or someone you care about needs help, please see the resources below:

<u>New Jersey Hopeline</u> - for confidential support to anyone in emotional distress or suicidal crisis. **Text or Call at 988 ReachNJ** - for help with a substance use disorder. **Call 844-732-2465** 

## PART F: In Your Own Words

30.	•		oned or an important health-related topic that was not when planning health and community services.
	G: Additional Background Inform following demographic questions are		ly only and are kept completely confidential.
	Which most closely describes your ge		, , , , ,
31.	☐ Woman		queer (neither exclusively male or female)
	☐ Man		entify with any gender
	☐ Transgender woman	-	category (please specify):
	☐ Transgender man	☐ Prefer not to answe	
32.	Which most closely describes your se	xual orientation?	
	$\square$ Straight or heterosexual	☐ Asexual	
	$\square$ Gay or lesbian	$\square$ I am not sure	
	$\square$ Bisexual, pansexual, or queer	☐ Additional category ☐ Prefer not to answe	y (please specify):er
33.			e before taxes? Household income is the total money
	earned by everyone living in your hor	ne in the past year (e.g	., income earned, alimony received, etc.).
	$\square$ Less than \$10,000	☐ \$35,000 to \$49,999	□ \$150,000 to \$199,999
	☐ \$10,000 to \$14,999	☐ \$50,000 to \$74,999	
	☐ \$15,000 to \$24,999	☐ \$75,000 to \$99,999	
	□ \$25,000 to \$34,999	□ \$100,000 to \$149,9	999
34.	Which of the following best describes	•	
	☐ Single	☐ Married	
	$\square$ Separated/divorced/widowed	<ul><li>☐ Domestic partnersh</li><li>☐ Prefer not to answer</li></ul>	nip/civil union/living together er
35.	Were you born in the United States?		
	☐ Yes (please skip to question 36)		35a. If no, how long have you lived in this country?
	☐ No (please answer question 35a	<b>→</b>	☐ Under 1 year
	$\square$ Prefer not to answer		☐ 1-4 years
			☐ 5-9 years
			☐ 10 years or more, but not my whole life
			☐ I have lived in the U.S. nearly my whole life
26	What is the primary language(s) spoke	on in your home? (Place	☐ Prefer not to answer
30.	☐ English	•	□ Arabic
	☐ Spanish		☐ Tagalog
	☐ Portuguese		☐ Italian
	☐ Hindi		□ Polish
	☐ Gujarati		☐ Haitian Creole
	☐ Chinese (including Mandarin and (	Cantonese)	☐ Yiddish
	☐ Korean	•	☐ Other:
			☐ Prefer not to answer
4	· · · · · · · · · · · · · · · · · · ·	<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>	*****

This concludes our survey. Thank you for your time. We greatly appreciate your participation.