

# 2019 COMMUNITY HEALTH NEEDS SURVEY



Our local not-for-profit hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey. Your voice is important to ensure these organizations have the best understanding of the needs of our community. Thank you!



**You must be 18 years of age or older to complete this survey.**

COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have any questions, please contact the Florida Department of Health in Hillsborough County at (813) 307-8015 Ext. 6609.

## Demographic Information

These first few questions tell us about you. They will be used only to help us better understand the people who live in your community so that we can provide better health care services. This information will not be used to identify you.

\* 1. In which county do you live? Please choose only one:

- Hillsborough       Pinellas       Other  
 Pasco       Polk

\* 2. In which ZIP code do you live? Please write in:

3. What is your age? Please choose only one:

- 18 to 24    25 to 34    35 to 44    45 to 54    55 to 64    65 to 74  
 75 or older

4. Are you of Hispanic or Latino origin or descent? Please choose only one:

- Yes, Hispanic or Latino       Prefer not to answer  
 No, not Hispanic or Latino

5. Which race best describes you? Please choose only one:

- American Indian or Alaska Native       Native Hawaiian or Pacific Islander       Other
- Asian       White       Prefer Not to Answer
- Black or African American       More than one race

6. Do you identify your gender as:

- Male       Transgender: Male to Female       Other/Gender non-Conforming
- Female       Transgender: Female to Male

7. Which of the following best describes your sexual orientation? Please choose only one:

- Heterosexual (Straight)       Bisexual
- Gay or Lesbian       Other
- 

8. What language do you MAINLY speak at home? Please choose only one:

- Arabic       German       Vietnamese
- Chinese       Haitian Creole       Other
- English       Russian
- French       Spanish

9. How well do you speak English? Please choose only one:

- Very well       Well       Not Well       Not at all

10. What is the highest level of school that you have completed? Please choose only one:

- Less than high school
- Some high school, but no diploma
- 
- H  
i  
g  
h  
s  
chool  
diploma  
(GED)

Some college, no degree  2 – Year College Degree

4 – Year College Degree

Graduate -  
Level  
Degree or  
Higher

None of the above

11. How much total combined money did all people living in your home earn last year? Please choose only one:

- \$0 to \$9,999       \$75,000 to \$99,999       \$175,000 to \$199,999  
 \$10,000 to \$24,999       \$100,000 to \$124,999       \$200,000 and up  
 \$25,000 to \$49,999       \$125,000 to \$149,999       Prefer not to answer  
 \$50,000 to \$74,999       \$150,000 to \$174,999

12. Which of the following best describes your current relationship status? Please choose only one:

- Married       Divorced  
 In a domestic partnership or civil union       Single, never married  
 Widowed       Separated  
 Single, but living with a significant other

13. Which of the following categories best describes your employment status? Please choose only one:

- Employed, working full-time       Retired       Not employed, NOT looking for work  
 Student       Not employed, looking for work  
 Employed, working part-time       Disabled, not able to work

14. What transportation do you use most often to go places? Please choose only one:

- I drive my own car       I walk       I ride a motorcycle or scooter  
 Someone drives me       I ride a bicycle  
 I take the bus       I take a taxi cab       I take an Uber/Lyft  
 Some other way

15. Are you:

- A veteran       In Active Duty       National Guard/ Reserve       None of these – **SKIP TO**

**QUESTION 17**

16. If veteran, active duty or national guard/reserve are you receiving care at the VA?

Yes  No

17. How do you pay for most of your health care? Please choose only one:

- I pay cash / I don't have insurance     Indian Health Services     Veteran's Administration  
 TRICARE     Medicaid or Medicaid HMO     Some other way  
 Medicare or Medicare HMO     Commercial health insurance (HMO, PPO)

18. Including yourself, how many people currently live in your home? Please choose only one:

- 1     3     5  
 2     4     6 or more

19. Are you a caregiver to an adult family member who cannot care for themselves in your home?

Yes  No

20. Including yourself, how many people 65 years or older currently live in your home? Please choose only one:

- None     3     6 or more  
 1     4  
 2     5

21. How many CHILDREN (under age 18) currently live in your home? Please choose only one:

- None – **SKIP TO Q33**     3     6 or more  
 1     4  
 2     5

**If you selected 'None', skip the Children's Health section and go to Question 33**



## Children's Health

22. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care you needed?

Yes  No – **SKIP TO QUESTION 24**

23. What is the MAIN reason they didn't get the medical care they needed? Please choose only one:

- |  |  |
|--|--|
| <input type="radio"/> Can't afford it / Costs too much | <input type="radio"/> I had trouble getting an appointment |
| <input type="radio"/> I had transportation problems    | <input type="radio"/> I don't have health insurance        |
| <input type="radio"/> I don't have a doctor            | <input type="radio"/> Other                                |
| <input type="radio"/> I don't know where to go         |  |

24. Was there a time in the PAST 12 MONTHS when children in your home needed DENTAL care but did NOT get the care you needed?

Yes  No – **SKIP TO QUESTION 26**

25. What is the MAIN reason they didn't get the dental care they needed? Please choose only one:

- |  |  |
|--|--|
| <input type="radio"/> Can't afford it / Costs too much | <input type="radio"/> I had trouble getting an appointment |
| <input type="radio"/> I had transportation problems    | <input type="radio"/> I don't have dental insurance        |
| <input type="radio"/> I don't have a dentist           | <input type="radio"/> Other                                |
| <input type="radio"/> I don't know where to go         |  |

26. Was there a time in the PAST 12 MONTHS when children in your home needed mental health care but did NOT get the care you needed?



Yes  No – **SKIP TO QUESTION 28**

27. What is the MAIN reason they didn't get the mental health care they needed? Please choose only one:

- Can't afford it / Costs too much
- I had trouble getting an appointment
- I had transportation problems
- I don't have health insurance
- I don't have a doctor/counselor
- Other
- I don't know where to go

28. I feel safe walking in my neighborhood.

- Yes – **SKIP TO QUESTION 30**
- No

29. If you answered "no", CHECK ALL reasons you do not feel safe walking:

- Traffic
- Dogs not on a leash
- No sidewalks
- Stopped by police
- Poor condition of roads or sidewalks
- Violent Crime or theft

30. Check all the health issues children in your home have faced. CHECK

ALL THAT APPLY:

- |  |  |
|--|--|
| <input type="checkbox"/> My children have not faced any health issues  | <input type="checkbox"/> Dental Problems (such as cavities, root canals, extractions, surgery, and others) |
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Autism  |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Child abuse /child neglect  |
| <input type="checkbox"/> Bullying  | <input type="checkbox"/> Diabetes /Pre-diabetes /High Blood Sugar  |
| <input type="checkbox"/> Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports) | <input type="checkbox"/> Using drugs or alcohol  |
| <input type="checkbox"/> Behavioral Health / Mental health   | <input type="checkbox"/> Using tobacco, e-cigarettes, or vaping  |
| <input type="checkbox"/> Children overweight   | <input type="checkbox"/> Teen pregnancy  |
| <input type="checkbox"/> Children underweight  | <input type="checkbox"/> Sexually Transmitted Disease  |
| <input type="checkbox"/> Birth-related (such as low birthweight, prematurity, prenatal, and others)  | <input type="checkbox"/> Other (please specify)  |

31. Check all the special needs children in your home have faced. CHECK

ALL THAT APPLY:

- |   |  |
|---|--|
| <input type="checkbox"/> My children do not have any special needs          | <input type="checkbox"/> Emotional disturbance                                 |
| <input type="checkbox"/> Attention deficit / hyperactivity disorder (AD/HD) | <input type="checkbox"/> Epilepsy / Seizure disorder                           |
| <input type="checkbox"/> Autism / pervasive development disorder (PDD)      | <input type="checkbox"/> Intellectual disability (formerly mental retardation) |
| <input type="checkbox"/> Blindness / visual impairment                      | <input type="checkbox"/> Learning disabilities / differences                   |
| <input type="checkbox"/> Cerebral palsy                                     | <input type="checkbox"/> Speech and language impairments                       |
| <input type="checkbox"/> Child who uses a wheelchair or walker              | <input type="checkbox"/> Spina bifida  |
| <input type="checkbox"/> Deaf / hearing loss                                | <input type="checkbox"/> Traumatic brain injury                                |
| <input type="checkbox"/> Developmental delay (DD)                           | <input type="checkbox"/> Other (please specify)                                |
| <input type="checkbox"/> Down syndrome                                      |  |

32. Do any children in your home:

	Yes	No	Not Sure
Know how to swim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a bike/skate helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Not Sure
Children under age 8 use a car/booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a seatbelt at all times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have access to a pool where you live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive all shots to prevent disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a history of being bullied (including social media)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive gun safety education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Sunscreen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat at Least 3 Servings of Fruits and Vegetables Every Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise at Least 60 Minutes Every Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get 8 Hours or More of Sleep Every Night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat Fast Food Every Week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink Sugary-Sweetened Sodas, Energy Drinks, or Sports Drinks Every Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat Junk Food Every Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay Home from School 5 or More Days a Year Because of Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Not Sure
Need Regular Access to a School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a Public or Charter School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Community Health

**These next questions are about your view or opinion of the community in which you live.**

33. Overall how would you rate the health of the community in which you live? Please choose only one:

- Very unhealthy
  Unhealthy
  Somewhat healthy
  Healthy  
 Very healthy
  Not sure

34. Please read the list of risky behaviors listed below. Which three do you believe are the most harmful to the overall health of your community?

- Alcohol abuse
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Not getting "shots" to prevent disease
- Not wearing helmets
- Not using seat belts/not using child safety seats
- Tobacco use / E-cigarettes / Vaping
- Unsafe sex including not using birth control
- Distracted driving (texting, eating, talking on the phone)
- Not locking up guns
- Not seeing a doctor while you are pregnant

**In order, select which three behaviors you think are:**

- (1) *Most Harmful*;  
 (2) *Second Most Harmful*; and,  
 (3) *Third Most Harmful*.

Enter One for Each Row

1 - Most Harmful	<input type="text"/>
2 - Second Most Harmful	<input type="text"/>
3 - Third Most Harmful	<input type="text"/>

35. Read the list of health problems and think about your community. Which of these do you believe are most important to address to improve the health of your community?

- Aging Problems (for example: difficulty getting around, dementia, arthritis)
- Cancers
- Child Abuse / Neglect
- Clean Environment / Air and Water Quality
- Dental Problems
- Diabetes / High Blood Sugar
- Domestic Violence / Rape / Sexual Assault
- Gun-Related Injuries
- Being Overweight
- Mental Health Problems Including Suicide
- Heart Disease / Stroke / High Blood Pressure
- HIV/AIDS / Sexually Transmitted Diseases (STDs)
- Homicide
- Infectious Diseases Like Hepatitis and TB
- Motor Vehicle Crash Injuries
- Infant Death
- Respiratory / Lung Disease
- Teenage Pregnancy
- Tobacco Use / E-cigarettes / Vaping

**In order, select which three health problems you think are:**

- (1) *Most Important;*  
 (2) *Second Most Important; and,*  
 (3) *Third Most Important.*

Enter One for Each Row

1 - Most Important	<input style="width: 570px; height: 25px;" type="text"/>
2 - Second Most Important	<input style="width: 570px; height: 25px;" type="text"/>
3 - Third Most Important	<input style="width: 570px; height: 25px;" type="text"/>

36. Please read the list of factors below. Which do you believe are most important to improve the quality of life in a community?

- Good Place to Raise Children
- Low Crime / Safe Neighborhoods
- Good Schools
- Access to Health Care
- Parks and Recreation
- Clean Environment / Air and Water Quality
- Low-Cost Housing
- Arts and Cultural Events
- Low-Cost Health Insurance
- Tolerance / Embracing Diversity
- Good Jobs and Healthy Economy
- Strong Family Life
- Access to Low-Cost, Healthy Food
- Healthy Behaviors and Lifestyles
- Sidewalks / Walking Safety
- Public Transportation
- Low Rates of Adult Death and Disease

- Low Rates of Infant Death
- Religious or Spiritual Values
- Disaster Preparedness
- Emergency Medical Services
- Access to Good Health Information

**In order, select which three factors you think are:**

*(1) Most Important;*

*(2) Second Most Important; and,*

*(3) Third Most Important.*

Enter One for Each Row

1 - Most Important	<input type="text"/>
2 - Second Most Important	<input type="text"/>
3 - Third Most Important	<input type="text"/>



37. Below are some statements about your local community. Please tell us how much you agree or disagree with each of the following statements:

	Agree	Disagree	Not Sure
Drug abuse is a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no problem getting the health care services I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have great parks and recreational facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation is easy to get to if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of jobs available for those who want them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime in my area is a serious problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution is a problem in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my own neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are affordable places to live in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of health care is good in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good sidewalks for walking safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to get healthy food easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Community Health

38. Below are some statements about your connections with the people in your life. Please tell us how much you agree or disagree with each of the following statements:

	Agree	Disagree	Not Sure
I am happy with my friendships and relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough people I can ask for help at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationships are as satisfying as I would want them to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

Not at All  Several Days  More than half the days  Nearly Every Day

**If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255.**

40. In the past 12 months, I worried about whether our food would run out before we got money to buy more. Please choose only one:

Often true  Sometimes true  Never true

41. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. Please choose only one:

Often true  Sometimes true  Never true

42. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

Yes  No

43. Now think about the past 7 days. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive-through.

44. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?

Yes  No

45. 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?

Yes  No

46. In the past 12 months has your utility company shut off your service for not paying your bills?

Yes  No

47. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor's prescription or differently than how a doctor told you to use it?

Yes  No

## Personal Health & Health Care

**These next questions are about your personal health and your opinions about getting health care in your community.**

48. Overall, how would you rate YOUR OWN PERSONAL health? Please choose only one:

Very unhealthy  Unhealthy  Somewhat healthy  Healthy

Very healthy  Not sure

49. In the past 12 months, how did your health change? Please choose only one:

- Got better  Stayed about the same  Got worse

50. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?

- Yes  No – **SKIP TO QUESTION 52**

51. What is the MAIN reason you didn't get the medical care you needed? Please choose only one:

- Can't afford it / Costs too much  I had trouble getting an appointment  
 I had transportation problems  I don't have health insurance  
 I don't have a doctor  Other  
 I don't know where to go

52. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? Please choose only one:

- Excellent  Very good  Good  Fair  Poor

53. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?

- Yes  No – **SKIP TO QUESTION 55**

54. What is the MAIN reason you didn't get the mental health care you needed? Please choose only one:

- Can't afford it / Costs too much
- I had trouble getting an appointment
- I had transportation problems
- I don't have health insurance
- I don't have a doctor / counselor
- Other
- I don't know where to go

55. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

- Yes  No – **SKIP TO QUESTION 57**

56. What is the MAIN reason you didn't get the dental care you needed? Please choose only one:

- Can't afford it / Costs too much
- I had trouble getting an appointment
- I had transportation problems
- I don't have dental insurance
- I don't have a dentist
- Other
- I don't know where to go

57. In the past 12 months, have you gone to a hospital emergency room (ER) about your own health?

- Yes  No, I have not gone to a hospital ER in the past 12 months

**If 'NO', skip to Question 60**

58. Please enter the number of times you have gone to a hospital emergency room (ER) about your own health in the past 12 months:

59. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? Please choose only one:

- After hours / Weekend  Emergency / Life-threatening situation
- I don't have a doctor / clinic  I don't have insurance
- Long wait for an appointment with my regular doctor  Other
- Cost

60. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? CHECK ALL THAT APPLY:

- Cancer  High blood pressure / Hypertension
- Depression  Obesity
- Diabetes  Stroke
- HIV / AIDS  None of these
- Heart disease

61. How often do you smoke? Please choose only one:

- I do not smoke cigarettes  I smoke less than one pack per day
- I smoke about one pack per day  I smoke more than one pack per day

62. How often do you vape or use e-cigarettes? Please choose only one:

- I do not vape or smoke e-cigarettes  I vape or smoke e-cigarettes on some days
- I vape or smoke e-cigarettes everyday

**The final questions are about events that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them. For these questions, please think back to the time BEFORE you were 18 years of age.**

63. Did you live with anyone who was depressed, mentally ill, or suicidal?

- Yes  No

64. Did you live with anyone who was a problem drinker or alcoholic?

Yes  No

65. Did you live with anyone who used illegal street drugs or who abused prescription medications?

Yes  No

66. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

Yes  No

67. Were your parents separated or divorced?

Yes  No

68. How often did your parents or adults in your home slap, hit, kick, punch, or beat each other up?

Never  Once  More than once

69. How often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?

Never  Once  More than once

70. How often did a parent or adult in your home swear at you, insult you, or put you down?

Never  Once  More than once

71. How often did an adult or anyone at least 5 years older than you touch you sexually?

Never  Once  More than once

72. How often did an adult or anyone at least 5 years older than you try to make you touch them sexually?

Never  Once  More than once

73. How often did an adult or anyone at least 5 years older than you force you to have sex?

Never  Once  More than once

**If you would like help with or would like to talk about these issues, please call the National Hotline for Child Abuse at 1-800-4-A-CHILD (1-800-422-4453).**

That concludes our survey. Thank you for participating!  
Your feedback is important.