

2022 WESTCHESTER COUNTY COMMUNITY HEALTH SURVEY

Westchester County Department of Health, along with six other county health departments, is conducting a survey to better understand how the COVID-19 pandemic has impacted the health and well-being of the people in the Hudson Valley area. There are many areas where the healthcare system can make efforts to improve the community. We are interested to hear your thoughts on what issues should be a priority in your community and for your personal health. Your input will shape the work that the health departments, hospitals, and community partners do in the coming years.

Please take a few minutes to fill out this survey if you are 18 years and older. Your responses are anonymous. Please return your finished responses to **Elissa Cestone, Department of Health, 10 County Center Road, 2nd Floor, White Plains, NY 10607.**

Phone #: 914-995-7499. email: eec9@westchestergov.com.

Thank you for your participation!

The first few questions are about the COMMUNITY WHERE YOU LIVE.

Q1. What do you think about the following statements about the community you live?

There are enough jobs that pay a living wage	<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know	Most people are able to access affordable food that is healthy and nutritious	<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know	People may have a hard time finding a quality place to live due to the high cost of housing	<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know
Parents struggle to find affordable, quality childcare	<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know	There are sufficient, quality mental health providers	<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know	There are places in this community where people just don't feel safe	<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know
People can get to where they need using public transportation	<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know	The local government and/or local health departments do a good job keeping citizens aware of potential public health threats			<input type="checkbox"/> Completely true <input type="checkbox"/> Somewhat true <input type="checkbox"/> Not very true <input type="checkbox"/> Not at all true <input type="checkbox"/> Don't know

Q2. Overall, how would you rate the quality of information you receive from county agencies during public emergencies, such as weather events or disease outbreaks?

☐ Excellent
 ☐ Good
 ☐ Fair
 ☐ Poor
 ☐ Don't know

The following questions are about YOUR HEALTH STATUS AND HEALTH BEHAVIORS

Q3. In general, how would you rate your physical health?

☐ Excellent
 ☐ Good
 ☐ Fair
 ☐ Poor
 ☐ Don't know

Q4. Mental health involves emotional, psychological, and social wellbeing. How would you rate your overall mental health?

☐ Excellent
 ☐ Good
 ☐ Fair
 ☐ Poor
 ☐ Don't know

Q5. Thinking back over the past 12 months, for each of the following statements, how many days in an AVERAGE WEEK did you do the following?

Eat a healthy balanced diet, including whole grains, protein, dairy, vegetables, fruits	<input type="checkbox"/> 0 days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-6 days <input type="checkbox"/> All 7 days <input type="checkbox"/> Don't know	Exercise for 30 minutes or more a day	<input type="checkbox"/> 0 days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-6 days <input type="checkbox"/> All 7 days <input type="checkbox"/> Don't know	Get 7 to 9 hours of sleep in a night	<input type="checkbox"/> 0 days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-6 days <input type="checkbox"/> All 7 days <input type="checkbox"/> Don't know
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Q6. On an average day, how stressed do you feel, such as feeling tense, nervous, anxious, or can't sleep at night, because of a trouble mind?

☐ Not at all stressed
 ☐ Not very stressed
 ☐ Somewhat stressed
 ☐ Very stressed
 ☐ Don't know

Q7. In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors, that make you feel that people care about you?

☐ Less than once a week
 ☐ 1-2 times a week
 ☐ 3-5 times a week
 ☐ More than 5 times a week
 ☐ Don't know

Q8. How frequently in the past year, on average, did you drink alcohol?

☐ Less than once a week
 ☐ 1-2 times a week
 ☐ 3-5 times a week
 ☐ More than 5 times a week
 ☐ Don't know

Q9. Do you currently drink alcohol less often than you did before the COVID-19 pandemic, more often than you did before the pandemic, or about as often as you did before the pandemic?

☐ Less often ☐ More often ☐ About as often ☐ Don't know

Q10. How frequently in the past year have you used drugs, whether it was a prescription medication or not, for non-medical reasons?

☐ Never ☐ Less than once per month ☐ More than once per month, but less than weekly ☐ More than once per week, but less than daily

☐ Daily ☐ Don't know

Q11. If you are currently using any type of drugs for non-medical reasons, do you use it/them less often than you did before the COVID-19 pandemic, more often than you did before the pandemic, or about as often as you did before the pandemic?

☐ Less often ☐ More often ☐ About as often ☐ Don't know

Q12. In the past 12 months, have you or any other members of your household been unable to get any of the following when it was really needed?

Food	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Utilities, including heat and electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Any health care, including dental or vision	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Access to the internet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Q13. Have you visited a primary care physician for a routine physical or checkup within the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q14. If you did NOT visit a primary care physician for a routine physical or checkup within the last 12 months, what were the reasons (check all that apply)?

☐ I did not have insurance ☐ I did not have enough money (for copay, medicine, etc.)
☐ I did not have transportation ☐ I did not have time
☐ I chose not to go due to concerns over COVID ☐ I chose not to go for another reason
☐ I couldn't get an appointment ☐ Other (Specify) _____
☐ Don't know

Q15. Have you visited a dentist for a routine check-up or cleaning within the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q16. If you did NOT visit a dentist for a routine check-up or cleaning within the last 12 months, what were the reasons (check all that apply)?

☐ I did not have insurance ☐ I did not have enough money (for copay, medicine, etc.)
☐ I did not have transportation ☐ I did not have time
☐ I chose not to go due to concerns over COVID ☐ I chose not to go for another reason
☐ I couldn't get an appointment ☐ Other (Specify) _____
☐ Don't know

Q17. Sometimes people visit the emergency room for medical conditions or illnesses that are NOT emergencies, that is, for health-related issues that may be treatable in a doctor's office. Have you visited an emergency room for a medical issue that was NOT an emergency in the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q18. If you visited an emergency room for a medical issue that was NOT an emergency in the last 12 months, what were the reasons (check all that apply)?

<input type="checkbox"/> I don't have a regular doctor/primary care doctor	<input type="checkbox"/> At the time I thought it was a health-related emergency, though I later learned it was NOT an emergency
<input type="checkbox"/> The emergency room was more convenient because of (Check all that apply)	<input type="checkbox"/> My primary care doctor was not available due to COVID
<input type="checkbox"/> Location	<input type="checkbox"/> Coved Testing
<input type="checkbox"/> Cost	<input type="checkbox"/> Don't know
<input type="checkbox"/> Hours of operation	

Q19. Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, or therapist, for one-on-one appointments or group-sessions (either in-person or online) within the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q20. If you did NOT visit a mental health provider in the last 12 months, what were the reasons (check all that apply)?

☐ I did not have a need for mental health services ☐ I did not have insurance
☐ I did not have enough money (for copay, medicine, etc.) ☐ I did not have transportation
☐ I did not have time ☐ I chose not to go
☐ A mental health provider was not available due to COVID ☐ Other (Specify) _____
☐ Don't know

Q21. During COVID, have you had a tele-health appointment with any healthcare providers?

☐ Yes ☐ No ☐ Don't Know

Q22. If you did NOT have a tele-health appointment with any healthcare providers during COVID, what were the reasons (check all that apply)?

☐ I did not have a need for tele-health services ☐ My doctor did not offer tele-health
☐ I don't have access to the internet ☐ I don't know how to set up or participate in a tele-health
☐ I prefer in-person appointment ☐ I put off all medical care during the pandemic
☐ don't Know ☐ Other (Specify) _____

Q23. The following questions are about COVID:

Have you ever had COVID <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	Has any other household member had COVID? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't have other household members <input type="checkbox"/> Not sure
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Q24. Have you or any other household members had ongoing COVID symptoms that have lasted more than four weeks - otherwise known as long-COVID?

☐ Yes ☐ No ☐ Don't Know

Q25. Consider the impact of COVID on each of the following and indicate whether it has improved, worsened, or stayed the same, over the course of the pandemic:

Your physical health <input type="checkbox"/> Improved <input type="checkbox"/> Worsened <input type="checkbox"/> The same <input type="checkbox"/> Don't Know	Your mental health <input type="checkbox"/> Improved <input type="checkbox"/> Worsened <input type="checkbox"/> The same <input type="checkbox"/> Don't Know	Your ability to obtain affordable food that is nutritious <input type="checkbox"/> Improved <input type="checkbox"/> Worsened <input type="checkbox"/> The same <input type="checkbox"/> Don't Know
Your ability to maintain employment that pays at least a living wage <input type="checkbox"/> Improved <input type="checkbox"/> Worsened <input type="checkbox"/> The same <input type="checkbox"/> Don't Know	Your ability to afford housing <input type="checkbox"/> Improved <input type="checkbox"/> Worsened <input type="checkbox"/> The same <input type="checkbox"/> Don't Know	Your ability to find available, quality childcare <input type="checkbox"/> Improved <input type="checkbox"/> Worsened <input type="checkbox"/> The same <input type="checkbox"/> No need <input type="checkbox"/> Don't Know
Your ability to obtain care or to care for any member of your household that has disability or chronic illness		<input type="checkbox"/> Improved <input type="checkbox"/> Worsened <input type="checkbox"/> The same <input type="checkbox"/> No need <input type="checkbox"/> Don't Know

Q26. Have you been vaccinated for COVID?

☐ Yes ☐ No

Q27. Thinking back to when you got vaccinated, did you get it as soon as you were eligible or were you somewhat hesitant to get the COVID vaccine?

☐ Got it as soon as eligible ☐ Somewhat hesitant ☐ Don't know

Q28. If you did not get the COVID vaccine as soon as eligible but somewhat hesitated, why did you end up getting the vaccine eventually (check all that apply)?

☐ You were required by your job ☐ You were required to for some other reason
☐ You or someone you know got sick or died with COVID ☐ Faith-based community encouraged me
☐ Family or friends encouraged me ☐ Learned more about the vaccine
☐ Your doctor recommended it ☐ Other (specify) _____
☐ Don't Know

The following questions are about YOU AND YOUR HOUSEHOLD		
Q29. Do you live in New York State?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Q30. Which County do you currently live in?		
<input type="checkbox"/> Westchester <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Don't know		
Q31. How long have you lived in this County?		
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5 years or more <input type="checkbox"/> Don't know		
Q32. What is your living arrangement? Do you		
<input type="checkbox"/> Rent an apartment or house <input type="checkbox"/> Own your home <input type="checkbox"/> Other living arrangement		
Q33. Is there at least one telephone INSIDE your home that is currently working?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Q34. What kind of telephone do you have INSIDE your home?		
<input type="checkbox"/> Landline only <input type="checkbox"/> Cell Phone Only <input type="checkbox"/> Landline and Cell phone <input type="checkbox"/> Other		
Q35. What is your age?		
<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+		
Q36. In what year were you born?		
<input type="checkbox"/> _____		
Q37. How do you describe your gender? Do you identify as a		
<input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Male to Female <input type="checkbox"/> Women (Please specify) <input type="checkbox"/> Female to Male <input type="checkbox"/> Gender queer, gender nonconforming or non-binary <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Another gender not listed, please specify _____ <input type="checkbox"/> Don't know		
Q38. Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Q39. Would you consider yourself:		
<input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Something Else (specify): _____		
Q40. What is the highest grade or year of school you completed?		
<input type="checkbox"/> Less than high school <input type="checkbox"/> High school grad/GED <input type="checkbox"/> Some college or technical school <input type="checkbox"/> Advanced or professional degree <input type="checkbox"/> College graduate		
Q41. Which of the following categories best describes your current employment situation?		
<input type="checkbox"/> Employed, full-time <input type="checkbox"/> Self-employed, full-time <input type="checkbox"/> Disabled <input type="checkbox"/> Employed, part-time <input type="checkbox"/> Self-employed, part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Underemployed, below my skill <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unemployed, not looking for work or pay level		
Q42. What is the primary language spoken in your home?		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Italian <input type="checkbox"/> Portuguese <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____		
Q43. Are there children under the age of 18 living in your household?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Q44. Are you or anyone in your household a veteran or a member of active duty military service?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Q45. Do you or anyone in your household have a disability?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Q46. About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs:		
<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 to just under \$50,000 <input type="checkbox"/> \$50,000 to just under \$100,000 <input type="checkbox"/> \$50,000 to just under \$150,000 <input type="checkbox"/> \$150,000 or more		
Q47. What is the ZIP Code where you currently live?		

THANK YOU FOR FINISHING THE SURVEY		