Penn Medicine
Princeton Health

2021 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Health and wellness matters to everyone. That's why Penn Medicine Princeton Health wants to know how health and wellness programs and services can best serve area residents, and we want you to be part of that planning. We recognize this is a unique time we are in. We would like to understand what issues have personally affected you and your family now and prior to the COVID-19 pandemic.

We are asking people who live or work in the communities in Somerset, Mercer, and Middlesex Counties to give us your feedback and suggestions about health services and issues in the region by completing this 10-15 minute survey by **Friday, June 4, 2021**. All responses are completely anonymous. There are no right or wrong answers; it's your opinion that matters!

Your feedback is valuable since the information gathered from this survey will be used to inform future health programming and services in this region.

Thank you for your participation.

What To Do When You're Done. Once you complete the survey, please mail it to:
Debbie Millar and Craig Harley
Penn Medicine Princeton Health
731 Alexander Road, Suite 103
Princeton, NJ 08540

1. **What is the zip code where you live? ___ ___ ___ ___ ___**

2. **What is the zip code where you work, volunteer, worship, or go to school (if applicable)? (If more than one applies, then indicate the zip code where you work.) ___ ___ ___ ___ ___**

Community Health

We recognize this is a unique time we are in. We would like to understand what issues have personally affected you and your family now and prior to the COVID-19 pandemic.

3. **For each health issue, please check if the issue was something that affected you or your family personally now and/or prior to COVID - or has not affected you or your family at either time period. You can check any that apply.**

	Currently affects me or my family	Affected me or my family prior to COVID	Does not affect me or my family now nor prior to COVID
Access to health care services	☐	☐	☐
Access to healthy foods	☐	☐	☐
Access to affordable housing	☐	☐	☐
Aging health concerns (e.g., Alzheimer's, dementia)	☐	☐	☐
Alcohol use disorder	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
Caregiving (e.g., elder care, childcare)	☐	☐	☐
Children's health concerns	☐	☐	☐
Chronic disease (e.g., diabetes, heart disease, hypertension)	☐	☐	☐
Community violence (e.g., gangs, street crime)	☐	☐	☐
Coronavirus/COVID-19	☐	☐	☐
Dental and oral health	☐	☐	☐
Environmental health issues (e.g., lead poisoning, air pollution, climate change)	☐	☐	☐
Infectious/contagious disease other than COVID-19, like tuberculosis, pertussis, pneumonia, flu, etc.	☐	☐	☐
Injuries (e.g., car accidents, falls, concussion)	☐	☐	☐
Interpersonal violence (e.g., domestic violence, sexual violence, bullying)	☐	☐	☐
LGBTQ health concerns	☐	☐	☐
Mental health issues (e.g. anxiety, depression, suicide)	☐	☐	☐
Musculoskeletal issues (e.g. joint pain, arthritis)	☐	☐	☐
Neuroscience issues (e.g. epilepsy, seizures)	☐	☐	☐
Overweight or obesity	☐	☐	☐
Sexually transmitted infections (e.g., HIV/AIDS, chlamydia, gonorrhea)	☐	☐	☐
Substance use disorder (e.g., heroin, other opioids, marijuana, cocaine)	☐	☐	☐
Unintended pregnancy	☐	☐	☐

	Currently affects me or my family	Affected me or my family prior to COVID	Does not affect me or my family now nor prior to COVID
Women's health issues (e.g., reproductive health, etc.)	☐	☐	☐
Other (please specify): _____	☐	☐	☐

4. Please select the <u>TOP 5 HEALTH ISSUES</u> impacting you or your family personally and the community in which you live. Please select 5 health issues FOR EACH column below. You can select the same or different issues for each.

	You/Your family	**Community where you live**
Access to health care services	☐	☐
Access to healthy foods	☐	☐
Access to affordable housing	☐	☐
Aging health concerns (e.g., Alzheimer's, dementia)	☐	☐
Alcohol use disorder	☐	☐
Asthma	☐	☐
Cancer	☐	☐
Caregiving (e.g., elder care, childcare)	☐	☐
Children's health concerns	☐	☐
Chronic disease (e.g., diabetes, heart disease, hypertension)	☐	☐
Community violence (e.g., gangs, street crime)	☐	☐
Coronavirus/COVID-19	☐	☐
Dental and oral health	☐	☐
Environmental health issues (e.g., lead poisoning, air pollution, climate change)	☐	☐
Infectious/contagious disease other than COVID-19, like tuberculosis, pertussis, pneumonia, flu, etc.	☐	☐
Injuries (e.g. car accidents, falls, concussion)	☐	☐
Interpersonal violence (e.g., domestic violence, sexual violence, bullying)	☐	☐
LGBTQ health concerns	☐	☐
Mental health issues (e.g., anxiety, depression, suicide)	☐	☐
Musculoskeletal issues (e.g., joint pain, arthritis)	☐	☐
Neuroscience issues (e.g., epilepsy, seizures)	☐	☐
Overweight or obesity	☐	☐
Sexually transmitted infections (e.g., HIV/AIDS, chlamydia, gonorrhea)	☐	☐
Substance use disorder (e.g., heroin, other opioids, marijuana, cocaine)	☐	☐
Unintended pregnancy	☐	☐
Women's health issues (e.g., reproductive health, etc.)	☐	☐
Other (please specify): _____	☐	☐

5. In general, how would you describe the overall health of the following currently ?

	Excellent	Very Good	Good	Fair	Poor
The community in which you live	☐	☐	☐	☐	☐
The community in which you work, volunteer, worship, or go to school (if applicable)	☐	☐	☐	☐	☐

6. In general, how would you describe the overall health of the following before COVID?

	Excellent	Very Good	Good	Fair	Poor
The community in which you live	☐	☐	☐	☐	☐
The community in which you work, volunteer, worship, or go to school (if applicable)	☐	☐	☐	☐	☐

7. What do you see as the <u>strengths</u> of your community? (Please check all that apply.)

☐ My community is close to medical services
☐ My community has good access to resources
☐ My community has people of many races and cultures
☐ People speak my language
☐ People accept others who are different than themselves
☐ People care about improving their community
☐ People are proud of their community
☐ People feel like they belong in this community
☐ People like to work together in this community
☐ People can deal with challenges in this community
☐ There are innovation and new ideas in my community
☐ None of the above

Access to Services

8. Please think about the different <u>health care services</u> in your community. In general, how easy or hard is it to access the following health care services in your community?

	Very easy	Easy	Not easy or hard	Hard	Very hard	Don't know
Alcohol or drug treatment or prevention services for adults (age 18+)	☐	☐	☐	☐	☐	☐
Alcohol or drug treatment or prevention services for youth (under 18 years)	☐	☐	☐	☐	☐	☐
Cancer care/treatment	☐	☐	☐	☐	☐	☐
Cancer screening	☐	☐	☐	☐	☐	☐
Counseling/mental health care for adults (age 18+)	☐	☐	☐	☐	☐	☐
Counseling/mental health care for children or adolescents (under 18 years)	☐	☐	☐	☐	☐	☐
Dental or oral health services	☐	☐	☐	☐	☐	☐
Emergency department services	☐	☐	☐	☐	☐	☐

	Very easy	Easy	Not easy or hard	Hard	Very hard	Don't know
Health or medical services for children or adolescents (under 18 years)	☐	☐	☐	☐	☐	☐
Health or medical services for seniors (age 65+)	☐	☐	☐	☐	☐	☐
Health or medical services for women (e.g. reproductive health, pregnancy, breast health, pelvic health)	☐	☐	☐	☐	☐	☐
Hospital services	☐	☐	☐	☐	☐	☐
Immunizations	☐	☐	☐	☐	☐	☐
Occupational therapy	☐	☐	☐	☐	☐	☐
Outpatient services such as lab work or radiology (e.g. X-rays, MRIs)	☐	☐	☐	☐	☐	☐
Physical therapy	☐	☐	☐	☐	☐	☐
Primary care physicians	☐	☐	☐	☐	☐	☐
Specialty care (e.g. gastroenterologist, cardiologist, endocrinologist, nephrologist, neurologist, etc.)	☐	☐	☐	☐	☐	☐
Urgent care services	☐	☐	☐	☐	☐	☐
Vision services	☐	☐	☐	☐	☐	☐

9. When trying to get medical care, how often have YOU PERSONALLY felt discriminated against based on any of the following characteristics:

	Frequently	Sometimes	Never
Your race or ethnicity	☐	☐	☐
Your cultural or religious background	☐	☐	☐
Your language	☐	☐	☐
Your age	☐	☐	☐
Your income	☐	☐	☐
Your body size	☐	☐	☐
Your sexual orientation	☐	☐	☐
Your gender or gender identity	☐	☐	☐
Your disability (if not applicable, select "Never")	☐	☐	☐

10. Have any of these issues made it difficult for you to get needed health services within the last two years? (Please check all that apply.)

- ☐ Lack of transportation
- ☐ No provider available near me/services not available in my community
- ☐ Lack of information/ I don't know what types of services are available
- ☐ Office not accepting new patients
- ☐ Lack of evening or weekend services
- ☐ Long wait for an appointment
- ☐ Lack of specialists/specialty care services
- ☐ Insurance problems/lack of coverage
- ☐ Cost of care (e.g., deductibles, co-pays)
- ☐ Cost of prescription medications
- ☐ Language problems/could not communicate with health provider or office staff
- ☐ Unfriendly provider or office staff
- ☐ Afraid to have health check-up
- ☐ Afraid due to immigration status
- ☐ I have never experienced any difficulty in getting care

Community Priorities

11. Please check whether you consider these issues to be low, medium, or high priority for future funding and resources in your community.

	Low	Medium	High
Increasing transportation to area health/medical services	☐	☐	☐
Increasing the health/medical services that are close by and easy to get to	☐	☐	☐
Providing more language interpretation services	☐	☐	☐
Increasing the number of providers/staff that speak languages other than English	☐	☐	☐
Expanding programs or services designed to help patients navigate the health care system	☐	☐	☐
Providing more counseling or mental health services	☐	☐	☐
Providing more alcohol or drug prevention and treatment services	☐	☐	☐
Expanding cancer screening, diagnostics, and treatment services	☐	☐	☐
Expanding the health/medical services focused on seniors (65+)	☐	☐	☐
Increasing the number of services to help the elderly stay in their homes	☐	☐	☐
Expanding the health/medical services focused on children and adolescents (under 18 years)	☐	☐	☐
Expanding the health/medical services focused on women's health issues (e.g., pregnancy, well-visits, pelvic health)	☐	☐	☐
Expanding the health/medical services available to low-income individuals	☐	☐	☐
Expanding access to technology that can help me to monitor and maintain my health (e.g., health apps for smartphones)	☐	☐	☐
Offering community education programs on the environment and environmental sustainability	☐	☐	☐
Offering more programs or services focusing on physical activity and/or nutrition	☐	☐	☐
Offering more programs or services focusing on obesity/weight control	☐	☐	☐
Offering more programs or services focusing on prevention of chronic diseases like heart disease or diabetes	☐	☐	☐
Offering more programs or services focusing on wellness like meditation, yoga, acupuncture, or mindfulness	☐	☐	☐
Offering more programs or services to help people quit smoking	☐	☐	☐
Increasing access to affordable housing	☐	☐	☐
Increasing availability of sidewalks or parks	☐	☐	☐
Increasing availability of supermarkets/healthy food options people can afford	☐	☐	☐
Increasing the availability of safe, stable, quality, well-compensated work for all people	☐	☐	☐
Increasing the quality of educational opportunities for all people	☐	☐	☐
Other (please specify): _____	☐	☐	☐

Health Coverage and Information

12. Are you personally currently covered by any of the following types of health insurance or health coverage plans? (Check all that apply)

- ☐ Insurance through a current or former employer or union (yours or another family member's)
- ☐ Insurance purchased directly from an insurance company (by you or another family member) including coverage purchased through a healthcare exchange or marketplace such as Healthcare.gov, otherwise called 'Obamacare'
- ☐ Medicare, for people age 65 and older, or people with certain disabilities
- ☐ Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. You may know this type of coverage as 'NJ Family Care'
- ☐ Tricare or other military health care, including Veteran's Administration health care
- ☐ Any other type of health insurance coverage or health coverage plan
- ☐ No insurance, uninsured

13. What is your MAIN SOURCE of medical care? (Please check one.)

- ☐ Private doctor's office or group practice
- ☐ Community health center (i.e. Clinic)
- ☐ Emergency Room at a hospital
- ☐ Walk-in medical clinic/urgent care center
- ☐ Free medical program
- ☐ Veteran's Administration facility
- ☐ Tele-health or tele-medicine services (i.e. health services or consultations delivered via remote video link)
- ☐ Do not have a main source of medical care
- ☐ Other (please specify): _____

14. Have you ever used an online patient portal (like Princeton HealthConnect) to securely access your own or a family member's medical record, lab or radiology reports, medication lists, or other information about health care services received?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

15. Have you ever used your mobile device (e.g., smartphone) to access health care for yourself or a family member, for example by video-conferencing or virtually chatting with your health care provider?

- ☐ Yes (GO TO Q17)
- ☐ No
- ☐ Don't know/Not sure

16. (IF YOU ANSWERED "YES" IN Q15, SKIP TO Q17) Would you be interested in accessing health care for yourself or a family member through your mobile device or smartphone (for example, video-conferencing or virtually chatting with your health care provider)?

- ☐ Yes
- ☐ No

Demographic Information

These few last questions are so we can see the range of people who will be answering this survey. Like your other answers, these answers will remain anonymous.

17. What category best describes your age?

- ☐ Under 18 years old
- ☐ 18-29 years old
- ☐ 30-39 years old
- ☐ 40-49 years old
- ☐ 50-64 years old
- ☐ 65-74 years old
- ☐ 75 years old or older

18. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Gender neutral
- ☐ Additional Gender Category

19. How would you describe your ethnic/racial background? (Please check all that apply.)

- ☐ African American/Black
- ☐ East Asian/Pacific Islander (e.g., Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa)
- ☐ South Asian (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal)
- ☐ Caucasian/White
- ☐ Hispanic/Latino(a)
- ☐ Middle Eastern/North African
- ☐ American Indian/Native American
- ☐ Additional ethnic/racial category (please specify): _____

20. What is the primary language you speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ Portuguese / Cape Verdean Creole
- ☐ Haitian
- ☐ Vietnamese
- ☐ Cambodian/Khmer
- ☐ French (including Cajun)
- ☐ Tagalog/Filipino
- ☐ Gujarati
- ☐ Hindi
- ☐ Telugu
- ☐ Nepali/Marathi/Konkani
- ☐ Polish
- ☐ Urdu
- ☐ Arabic
- ☐ Korean
- ☐ Russian
- ☐ Other (please specify): _____

21. What is the highest level of education that you have completed?

- ☐ Primary or middle school
- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Some college
- ☐ Associate or technical degree/certification
- ☐ College graduate
- ☐ Graduate or professional degree

22. Are you the parent of a child under the age of 18? ☐ Yes ☐ No

Thank you for taking this survey! Results will be made available to the community in Fall 2021.