

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.

The following questions are about YOU AND YOUR HOUSEHOLD

Q1. Do you live in New York State?

Yes No Don't know

Q2. Which County do you currently live in?

Westchester Other (Specify) _____ Don't know

Q3. How long have you lived in this County?

Less than 1 year 1-2 years 2-5 years 5 years or more Don't know

Q4. What is your living arrangement? Do you

Rent an apartment or house Own your home Other living arrangement

Q5. Is there at least one telephone INSIDE your home that is currently working?

Yes No Don't know

Q6. What kind of telephone do you have INSIDE your home?

Landline only Cell Phone Only Landline and Cell phone Other

Q7. What is your age?

18-24 25-34 35-44 45-54 55-64 65-74

Q8. In what year were you born?

Q9. How do you describe your gender? Do you identify as a

Man Transgender Male to Female
 Woman (Please specify) Female to Male
 Gender queer, gender nonconforming or non-binary Gender non-conforming
 Another gender not listed, please specify _____ Don't know

Q10. Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?

Yes No Don't know

Q11. Would you consider yourself:

African American or Black American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander White Other/Something Else (specify): _____

Q12. What is the highest grade or year of school you completed?

Less than high school High school grad/GED Some college or technical school
 Advanced or professional degree College graduate

Q13. Which of the following categories best describes your current employment situation?

Employed, full-time Self-employed, full-time Disabled
 Employed, part-time Self-employed, part-time Retired
 Unemployed, looking for work Underemployed, below my skill or pay level Other (Specify) _____
 Unemployed, not looking for work

Q14. What is the primary language spoken in your home?

English Spanish Italian Portuguese French Other

Q15. Are there children under the age of 18 living in your household?

Yes No Don't know

Q16. Are you or anyone in your household a veteran or a member of active duty military service?

Yes No Don't know

Q17. Do you or anyone in your household have a disability?

Yes No Don't know

Q18. 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:

Less than \$25,000 \$25,000 to just under \$50,000 \$50,000 to just under \$100,000
 \$50,000 to just under \$150,000 \$150,000 or more

Q19. What is the ZIP Code where you currently live? _____

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

Q20. What do you think about the following statements about the community you live?

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

Q21. 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

Q22. In general, how would you rate your physical health?

Excellent Good Fair Poor Don't know

Q23 Mental health involves emotional, psychological, and social wellbeing. How would you rate your overall mental health?

Excellent Good Fair Poor Don't know

Q24. Thinking back over the past 12 months, for each of the following statements, how many days in 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 at 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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Q25. On an average day, how stressed do you feel, such as feeling tense, nervous, anxious, or can't sleep at night, because of a troubled mind?

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

Q26. 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

Q27. 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

Q28. 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

Q29. 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 a month
 More than once per month, but less than weekly
 More than once per week, but less than daily
 Daily
 Don't know

Q30. 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

Q31. 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 electric <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

Q32. Have you visited a primary care physician for a routine physical or checkup within the last 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Q33. 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)?	
<input type="checkbox"/> I did not have insurance	<input type="checkbox"/> I did not have enough money (for copay, medicine, etc.)
<input type="checkbox"/> I did not have transportation	<input type="checkbox"/> I did not have time
<input type="checkbox"/> I chose not to go due to concerns over COVID	<input type="checkbox"/> I chose not to go for another reason
<input type="checkbox"/> I couldn't get an appointment	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Don't know	
Q34. Have you visited a dentist for a routine check-up or cleaning within the last 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Q35. 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)?	
<input type="checkbox"/> I did not have insurance	<input type="checkbox"/> I did not have enough money (for copay, medicine, etc.)
<input type="checkbox"/> I did not have transportation	<input type="checkbox"/> I did not have time
<input type="checkbox"/> I chose not to go due to concerns over COVID	<input type="checkbox"/> I chose not to go for another reason
<input type="checkbox"/> I couldn't get an appointment	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Don't know	
Q36. 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Q37. 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	
The emergency room was more convenient because of	
(Check all that apply)	
<input type="checkbox"/> Location	<input type="checkbox"/> My primary care doctor was not available due to COVID
<input type="checkbox"/> Cost	<input type="checkbox"/> COVID Testing
<input type="checkbox"/> Hours of operation	<input type="checkbox"/> Don't know
Q38. 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Q39. If you did NOT visit a mental health provider in the last 12 months, what were the reasons (check all that apply)?	
<input type="checkbox"/> I did not have a need for mental health services	<input type="checkbox"/> I did not have insurance
<input type="checkbox"/> I did not have enough money (for copay, medicine, etc.)	<input type="checkbox"/> I did not have transportation
<input type="checkbox"/> I did not have time	<input type="checkbox"/> I chose not to go
<input type="checkbox"/> A mental health provider was not available due to COVID	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Don't know	
Q40. During COVID, have you had a tele-health appointment with any healthcare providers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Q41. If you did NOT have a tele-health appointment with any healthcare providers during COVID, what were the reasons (check all that apply)?

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

Q42. 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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Q43. 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

Q44. 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	

Q45. Have you been vaccinated for COVID?

Yes No

Q46. 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

Q47. 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)?

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

Thank you for completing the survey!

Please return your finished responses to Elissa Cestone, Westchester County Department of Health, 10 County Center Road, 2nd Floor, White Plains, NY 10607. Phone #: 914-995-7499. email: eec9@westchestergov.com.