



## 2017 MSM PRC Community Health Needs & Assets Assessment Survey

The Morehouse School of Medicine Prevention Research Center is conducting a Community Health Needs and Assets Assessment. As a neighborhood resident of Neighborhood Planning Units (NPU) T, V, X, Y, and Z, your opinion about the health concerns and resources in your community is important to us.

The information you give will help us develop health promotion programs and improve prevention education services that can benefit you and your family. Please take fifteen minutes of your time right now to complete this survey. Remember, there are no right or wrong answers and the information you provide will not be used to identify you. Please tell us what you think.

Before we begin – have you completed this survey already?

- ☐ Yes
- ☐ No
- ☐ Not Sure

1 Which community do you live in? (Check One)

- |                                                 |                                           |                                                        |
|-------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <input type="radio"/> Adair Park                | <input type="radio"/> High Point          | <input type="radio"/> South River Gardens              |
| <input type="radio"/> Amal Heights              | <input type="radio"/> Joyland             | <input type="radio"/> Summerhill                       |
| <input type="radio"/> Ashview Heights           | <input type="radio"/> Just Us             | <input type="radio"/> Sylvan Hills                     |
| <input type="radio"/> Atlanta University Center | <input type="radio"/> Lakewood            | <input type="radio"/> The Villages at Carver           |
| <input type="radio"/> Betmar La Villa           | <input type="radio"/> Lakewood Heights    | <input type="radio"/> The Villages at Castleberry Hill |
| <input type="radio"/> Blair Villa/ Poole Creek  | <input type="radio"/> Leila Valley        | <input type="radio"/> Thomasville Heights              |
| <input type="radio"/> Browns Mill Park          | <input type="radio"/> Mechanicsville      | <input type="radio"/> West End                         |
| <input type="radio"/> Capitol Gateway           | <input type="radio"/> Norwood Manor       | <input type="radio"/> Westview                         |
| <input type="radio"/> Capitol View              | <input type="radio"/> Orchard Knob        | <input type="radio"/> Other (Please Specify)           |
| <input type="radio"/> Capitol View Manor        | <input type="radio"/> Peoplestown         | <input type="radio"/> _____                            |
| <input type="radio"/> Chosewood Park            | <input type="radio"/> Perkerson           | <input type="radio"/> Don't Know                       |
| <input type="radio"/> Glenrose Heights          | <input type="radio"/> Pittsburgh          |                                                        |
| <input type="radio"/> Hammond Park              | <input type="radio"/> Polar Rock          |                                                        |
| <input type="radio"/> Harris Chiles             | <input type="radio"/> Rebel Valley Forest |                                                        |
|                                                 | <input type="radio"/> Rosedale Heights    |                                                        |
|                                                 | <input type="radio"/> South Atlanta       |                                                        |

2 What Neighborhood Planning Unit (NPU) do you live in?

- ☐ T
- ☐ V
- ☐ X
- ☐ Y
- ☐ Z
- ☐ Other (Please Specify) \_\_\_\_\_
- ☐ Don't Know

3 What is your zip code? \_\_\_\_\_

**WE WOULD LIKE TO HEAR MORE ABOUT HEALTH CONCERNS IN YOUR COMMUNITY.**

4 What are the top three health issues my community needs to know more about? (**Rank only three health issues by writing a "1" in the box next to the first priority, the second priority "2", and the third priority "3"**).

**My community** needs to know more about:

|                                                                                             | Ranking |
|---------------------------------------------------------------------------------------------|---------|
| Asthma                                                                                      |         |
| Cancer                                                                                      |         |
| Diabetes                                                                                    |         |
| Environmental Health (e.g., air pollution, landfills, litter)                               |         |
| Heart Disease                                                                               |         |
| High Blood Pressure                                                                         |         |
| HIV/AIDS                                                                                    |         |
| Men's Health                                                                                |         |
| Mental Health                                                                               |         |
| Nutrition                                                                                   |         |
| Obesity                                                                                     |         |
| Physical Disability                                                                         |         |
| Second-or Third-hand smoke                                                                  |         |
| Sexually Transmitted Diseases or Infections (e.g., Chlamydia, Herpes, Gonorrhea, Syphilis ) |         |
| Stroke                                                                                      |         |
| Substance Abuse                                                                             |         |
| Teen Pregnancy                                                                              |         |
| Violence Prevention                                                                         |         |
| Women's Health                                                                              |         |
| Other (Please List)<br>_____                                                                |         |

5 For each of your top three choices, please tell us why the health issues you chose are important.

6 What do you think are the causes of the health issues/concerns you identified?

7 What do you think should be done to solve these health issues/concerns?

8 Please rank the top three health issues you would like to learn more about for yourself. (**Rank only three** health issues by writing a “1” in the box next to the first priority, the second priority “2”, and the third priority “3”).

For my **OWN** health, I want to learn more about:

|                                             | Ranking |
|---------------------------------------------|---------|
| Asthma                                      |         |
| Cancer                                      |         |
| Diabetes                                    |         |
| Environmental Health                        |         |
| Heart Disease                               |         |
| High Blood Pressure                         |         |
| HIV/AIDS                                    |         |
| Men’s Health                                |         |
| Mental Health                               |         |
| Nutrition                                   |         |
| Obesity                                     |         |
| Physical Disability                         |         |
| Second- or Thirdhand smoke                  |         |
| Sexually Transmitted Diseases or Infections |         |
| Stroke                                      |         |
| Substance Abuse                             |         |
| Teen Pregnancy                              |         |
| Violence Prevention                         |         |
| Women’s Health                              |         |
| Other (Please List)<br>_____                |         |

9 For each of your top three choices, please tell us why the health issues you chose are important for you.

10 What are the top three policy, system, or environmental issues that need to be addressed in my community to improve health? (Rank **only three** issues by writing a “1” in the box next to the first priority, the second priority “2”, and the third priority “3”). For my COMMUNITY, I want the following to be addressed:

|                                             | Ranking |
|---------------------------------------------|---------|
| Access to Health Insurance                  |         |
| Access to Healthy Foods                     |         |
| Access to the Internet/Technology           |         |
| Access to Physical Activity                 |         |
| Access to Quality Healthcare Services       |         |
| Child Care                                  |         |
| Employment                                  |         |
| Health Education                            |         |
| Housing                                     |         |
| Mental Health Treatment                     |         |
| Poverty                                     |         |
| Public Education System                     |         |
| Racism                                      |         |
| Sexism                                      |         |
| Substance Abuse                             |         |
| Transportation                              |         |
| Youth Employment                            |         |
| Youth Engagement (e.g., Recreation Centers) |         |
| Other (Please List)<br>_____                |         |

11 For each of your top three choices, please tell us why the policy, system or environmental issues you chose are important.

**NOW, WE WOULD LIKE TO KNOW WHAT HEALTH PROGRAMS AND SERVICES ARE AVAILABLE TO YOU**

12 Are there any health programs in your community (e.g. walking clubs, weight loss programs)?

- ☐ Yes (Please List) \_\_\_\_\_
- ☐ No
- ☐ Don't know

13 Have you attended any health programs in your community?

- ☐ Yes (Please List) \_\_\_\_\_
- ☐ No

14 The Morehouse School of Medicine Prevention Research Center has a number of community health programs for community members. We would like your input on how to let people know about these programs. Where do you think the top three places are to invite community members to hear about these programs? **(Please Select 3 Choices)**

- ☐ Churches
- ☐ Community Events
- ☐ Daycare Centers
- ☐ Health Clinics
- ☐ Neighborhood Businesses
- ☐ Neighborhood Centers (Please specify name) \_\_\_\_\_
- ☐ Neighborhood Meetings
- ☐ Public Assistance Office
- ☐ Rental Offices
- ☐ School Meetings
- ☐ Other (Please List) \_\_\_\_\_

15 Do you have health insurance?

- ☐ Yes
- ☐ No (Skip to question 18)

16 If so, what? (Check all that apply)

- ☐ Insurance through a current or former employer or union
- ☐ Insurance purchased directly from an insurance company
- ☐ Medicare, for people 65 and older, or people with certain disabilities
- ☐ Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- ☐ TRICARE or other military health care
- ☐ VA (including those who have ever used or enrolled for VA health care)
- ☐ Indian Health Service
- ☐ Grady Health card
- ☐ Any other type of health insurance or health coverage plan not listed (Please List)  
\_\_\_\_\_

17 If other, is your health insurance public or private?

- ☐ Public
- ☐ Private

18 Do you have supplemental insurance (i.e., additional insurance that pays directly to the insured such as AFLAC)?

- ☐ Yes
- ☐ No

19 Do you have a primary care doctor?

- ☐ Yes
- ☐ No

20 Do you participate in any of the following activities to prevent poor health?

- ☐ Eat healthy foods
- ☐ Exercise daily on a regular basis
- ☐ Receive annual flu shot
- ☐ See the dentist for routine dental exams
- ☐ See the doctor for annual physical exams
- ☐ Take a daily multivitamin or mineral supplement
- ☐ Take children to receive scheduled shots (immunization)
- ☐ Other (Please list) \_\_\_\_\_

21 Do you primarily seek health care in an emergency room?

- ☐ Yes
- ☐ No

22 Where do you usually get health care? (Check all that apply)

- ☐ Grady Memorial Hospital
- ☐ Good Samaritan
- ☐ Lakewood Health Center (Lakewood Avenue)
- ☐ South Fulton Medical Center (Carver High School Campus)
- ☐ South Fulton Medical Center (Cleveland Avenue)
- ☐ Southside Medical Center (Ridge Avenue)
- ☐ Atlanta Medical Piedmont
- ☐ Private physician (Please List Location) \_\_\_\_\_
- ☐ Urgent Care (Please List Location) \_\_\_\_\_
- ☐ Veterans Administration Hospital (VA)
- ☐ Nowhere, home remedies only
- ☐ Other (Please List) \_\_\_\_\_

23 How often do you usually get health care at the location(s) above?

- ☐ Annually
- ☐ Monthly
- ☐ Quarterly
- ☐ Weekly
- ☐ Other (Please specify): \_\_\_\_\_

24 What services/resources are available in your community? (Check all that apply)

- ☐ Community clinic
- ☐ Counseling Services
- ☐ Home health
- ☐ Hospital
- ☐ Private clinic
- ☐ Urgent Care
- ☐ YMCA (or other community center)
- ☐ Other (Please List) \_\_\_\_\_

**NOW, WE WOULD LIKE TO KNOW THE BEST WAY TO SHARE HEALTH SERVICE AND RESOURCE INFORMATION WITH YOU**

25 What are the **three** best ways to share health information **with you**? Please rank your top three choices (Write "1" next to the choice that is the best, "2" the second best, and "3" the third best way).

|                                | Ranking |
|--------------------------------|---------|
| Attend Church Events           |         |
| Attend Community Events        |         |
| Email                          |         |
| E-News Bulletin/E-Health Cards |         |
| Facebook                       |         |
| Flyers                         |         |
| Health Clinics                 |         |
| Health Fairs                   |         |
| Instagram                      |         |
| Internet                       |         |
| Local Newspapers               |         |
| Neighborhood Meetings          |         |
| Phone                          |         |
| Posters                        |         |
| Radio Programs                 |         |
| School Meetings                |         |
| Television Programs            |         |
| Twitter                        |         |
| Word of Mouth                  |         |
| Other (Please List)            |         |
| _____                          |         |

26 Please share any other ideas or comments about health concerns for you and your community.

**NOW, WE WOULD LIKE TO KNOW ABOUT MORE ABOUT YOU**

27 What is your age? (Check One)

- ☐ 18-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ 65 years or older

28 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender

29 Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

30 What do you consider your race to be? (Check all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black/African-American
- ☐ Native-Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (Please Specify) \_\_\_\_\_

31 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? \_\_\_\_\_

32 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? \_\_\_\_\_

33 Do you have a substance use issue?

- ☐ Yes
- ☐ No

34 What Neighborhood Planning Unit (NPU) do you **work** in?

- ☐ T
- ☐ V
- ☐ X
- ☐ Y
- ☐ Z
- ☐ Other (Please Specify) \_\_\_\_\_
- ☐ Don't Know

35 What is your total family household income in a year?

- ☐ Under \$10,000
- ☐ \$10,001-\$25,000
- ☐ \$25,001-\$40,000
- ☐ \$40,001-\$55,000
- ☐ \$55,001-\$75,000
- ☐ \$75,001-\$100,000
- ☐ Over \$100,000
- ☐ I prefer not to disclose my income.

36 Please indicate your marital status.

- ☐ Single, Never Married
- ☐ Informally Married or Living with a Permanent Partner
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ I prefer not to disclose this information.

37 Please indicate your sexual orientation.

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian
- ☐ Other (please specify) \_\_\_\_\_
- ☐ I prefer not to disclose this information.

38 Please tell us more about the children in your household (please check all that apply).

- ☐ Reside with children under 6 years old
- ☐ Reside with children 6 to 17 years old
- ☐ No children under 18 years old in the household.
- ☐ I prefer not to disclose this information.

39 Please indicate your household size.

- ☐ 1-person household
- ☐ 2-person household
- ☐ 3-person household
- ☐ 4-person household
- ☐ 5-person household
- ☐ 6-person household
- ☐ 7-or-more-person household
- ☐ I prefer not to disclose this information.

**THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!**

If you have any questions or concerns, please contact the Morehouse School of Medicine Prevention Research Center (MSM PRC) at 404-752-1022.

Morehouse School of Medicine Prevention Research Center. (2017). *Community health needs and assets assessment*. [Survey]