

# Community Health Survey 2019

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about how to improve the health of Ventura County residents. Your feedback is very important to us!

1. What do you think makes a “Healthy Community?” These are the factors which most improve life in a community. (Choose the five options that are most important to you.)

- |   |   |
|---|---|
| <input type="checkbox"/> Access to health care (e.g., having a regular doctor, insurance coverage)  | <input type="checkbox"/> Good schools   |
| <input type="checkbox"/> Access to organizations which provide community services (e.g. food banks, shelters, screenings, free vaccinations etc.) | <input type="checkbox"/> Healthy behaviors and lifestyles                                     |
| <input type="checkbox"/> Access to transportation   | <input type="checkbox"/> Low adult death and disease rates                                    |
| <input type="checkbox"/> Affordable housing   | <input type="checkbox"/> Low crime / safe neighborhoods                                       |
| <input type="checkbox"/> Arts and cultural events   | <input type="checkbox"/> Low infant deaths  |
| <input type="checkbox"/> Caregiver support and education  | <input type="checkbox"/> Low level of child abuse   |
| <input type="checkbox"/> Clean environment  | <input type="checkbox"/> Parks and recreation   |
| <input type="checkbox"/> Excellent race relations   | <input type="checkbox"/> Religious or spiritual values  |
| <input type="checkbox"/> Good jobs and healthy economy  | <input type="checkbox"/> Safe places to exercise (e.g. walk, ride a bicycle, or ride a horse) |
| <input type="checkbox"/> Good place to raise children   | <input type="checkbox"/> Strong family life   |
| <input type="checkbox"/> Good place to grow older   |   |
| <input type="checkbox"/> Other (please specify)   |   |

2. What do you think are the five most important “health problems” in our community? These are problems which have the greatest impact on overall community health. (Choose the five options that are most important to you.)

- |  |  |
|--|--|
| <input type="checkbox"/> Aging complications (e.g. dementia, falls, social isolation etc.) | <input type="checkbox"/> Lack of educational opportunities                               |
| <input type="checkbox"/> Cancers   | <input type="checkbox"/> Lack of free early childhood education for families in need     |
| <input type="checkbox"/> Caregiver stress  | <input type="checkbox"/> Lack of good paying jobs  |
| <input type="checkbox"/> Child abuse / neglect   | <input type="checkbox"/> Lack of information to make correct health decisions            |
| <input type="checkbox"/> Dental problems   | <input type="checkbox"/> Language access/lack of interpreters                            |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Lack of sufficient food or healthy food options                 |
| <input type="checkbox"/> Domestic Violence   | <input type="checkbox"/> Lack of transportation for medical needs                        |
| <input type="checkbox"/> Environmental Exposures (e.g. pesticides, smoke etc.)             | <input type="checkbox"/> Mental health problems (e.g. trauma, depression, bipolar etc.)  |
| <input type="checkbox"/> Firearm-related injuries  | <input type="checkbox"/> Motor vehicle crash injuries                                    |
| <input type="checkbox"/> Heart disease and stroke  | <input type="checkbox"/> Multiple chronic conditions                                     |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Natural disasters (e.g. wildfires, tsunamis, earthquakes, etc.) |
| <input type="checkbox"/> HIV / AIDS  | <input type="checkbox"/> Poor housing conditions or lack of housing                      |
| <input type="checkbox"/> High healthcare costs (e.g. insurance, co-pays, prescriptions)    | <input type="checkbox"/> Rape/sexual assault   |
| <input type="checkbox"/> Homicide  | <input type="checkbox"/> Respiratory/lung disease  |
| <input type="checkbox"/> Infant Death/Stillborn  | <input type="checkbox"/> Sexually Transmitted Diseases or Infections (STDs or STIs)      |
| <input type="checkbox"/> Infectious Diseases (e.g. hepatitis, TB, etc.)                    | <input type="checkbox"/> Suicide   |
| <input type="checkbox"/> Lack of access to prenatal care for expectant mothers             | <input type="checkbox"/> Teenage pregnancy   |
| <input type="checkbox"/> Other (please specify)  |  |

3. What changes need to be made to address the health problems that you have identified in the previous question?

4. What programs are already in place to address the health problems that you have identified in the previous question?

5. What do you think are the five most important “risky behaviors” in our community? (Choose the five behaviors which you think have the greatest impact on overall community health.)

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol abuse          | <input type="checkbox"/> Not getting “shots” to prevent disease                 |
| <input type="checkbox"/> Being overweight/obese | <input type="checkbox"/> Racism   |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Tobacco/e-cigarette use                                |
| <input type="checkbox"/> Drug abuse             | <input type="checkbox"/> Lack of family planning (e.g. not using birth control) |
| <input type="checkbox"/> Lack of adequate sleep | <input type="checkbox"/> Not using seat belts / child safety seats              |
| <input type="checkbox"/> Lack of exercise       | <input type="checkbox"/> Prescription Drug Abuse                                |
| <input type="checkbox"/> Poor eating habits     | <input type="checkbox"/> Unsafe sex   |
| <input type="checkbox"/> Other (please specify) |   |

6. What programs are already in place to address the risky behaviors that you have identified in the previous question?

7. What changes need to be made to address the risky behaviors that you have identified in the previous question?

8. Ventura County is a good place to live and raise children.

- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

9. How would you rate your own personal health?

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

10. Do you provide regular care or assistance (unpaid) to a friend or family member who has a health problem or disability?

- No
- Yes, for a person 65 or older
- Yes, for a person 65 or older with dementia
- Yes, for a person under 65 years old with a disability
- Yes, for a child (under 18) with a disability
- Other (please specify)

**Please answer the following questions so we can see how different types of people feel about local health issues in Ventura County.**

11. Please provide the zip code for your address:

12. Where do you currently live (select one)?

- Your own house or apartment
- Family member's house or apartment
- Hotel/motel
- Friend's house or apartment
- Homeless (please indicate where you sleep)

13. Please provide your age:

14. Sex

- Female
- Male
- Transgender

15. Marital Status:

- Married / co-habiting
- Not married / Single
- Other (please specify)

16. Education:

- Less than high school
- High school diploma or GED
- College degree or higher
- Other (please specify)

17. How do you pay for your health care?

*(check all that apply)*

- Pay cash (no insurance)
- Health insurance (e.g., private insurance, Blue Shield, HMO)
- Medi-Cal
- Medicare
- Veterans' Administration
- Indian Health Services
- Other (please specify)

18. What kind of business or industry do you work in?

- Agriculture
- Construction
- Education
- Food Service or Retail
- Government
- Healthcare
- Military
- Technology
- Transportation
- Other (please specify)

19. Ethnic group you most identify with:

- African American / Black
- Asian / Pacific Islander
- Hispanic / Latino
- Indigenous (Oaxaca, Guerrero, etc.)
- Native American
- White / Caucasian
- Mixed Race (two or more races)
- Other (please specify)

20. What is your current annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000