



2012 - 2013 MSM PRC Community Health Needs Assessment Survey

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

The information you give will help us develop health programs and improve prevention education services that can benefit you and your families. Please take ten minutes of your time right now to complete this survey. Remember, there is no right or wrong answer. Please tell us what you think.

Before we begin – have you completed this 2012 – 2013 Community Health Needs Assessment survey already?

- Yes
- No
- Not Sure

NOW, WE WOULD LIKE TO KNOW ABOUT WHO YOU ARE AND YOUR NEIGHBORHOOD

1 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

2 What is your gender?

- Male
- Female

3 Are you Hispanic or Latino?

- Yes
- No

4 What is your race? (Check one)

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

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

- Adair Park
- Amal Heights
- Betmar La Villa
- Blair Villa/ Poole Creek
- Browns Mill Park
- Capitol Gateway
- Capitol View
- Capitol View Manor
- Chosewood Park
- Glenrose Heights
- Hammond Park
- High Point
- Jonesboro North
- Jonesboro South
- Joyland
- Lakewood
- Lakewood Heights
- Leila Valley
- Mechanicsville
- Norwood Manor
- Orchard Knob
- Peoplestown
- Perkerson
- Pittsburgh
- Polar Rock
- Rebel Valley Forest
- Rosedale Heights
- South Atlanta
- South River Gardens
- Summerhill
- Sylvan Hills
- The Villages at Carver
- Thomasville Heights
- Other (Please Specify) _____
- Don't Know

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

- V
- X
- Y
- Z
- Other (Please Specify) _____
- Don't Know

7 What is your zip code? _____

8 What is your annual family income?

- 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.

9 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.

10 Would you say in general that your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

NOW, WE WOULD LIKE TO HEAR MORE ABOUT HEALTH CONCERNS IN YOUR COMMUNITY

11 List three major health issues/concerns in your community.

12 What do you think are the causes of the health problems you listed in number 11?

13 What do you think should be done to solve these health problems?

14 What are the top three things my community needs to know more about related to health? (**Rank the first priority “1”, the second priority “2”, and the third priority “3”**). **My community** needs to know more about:

Choose One Health Issue in Each Column	First Priority (“1”)	Second Priority (“2”)	Third Priority (“3”)
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men’s Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondhand smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Diseases or Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women’s Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please List) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

16 Please rank the top three health issues you would like to learn more about for yourself. **(Rank the first priority “1”, the second priority “2”, and the third priority “3”).** For my **OWN** health, I want to learn more about:

Choose One Health Issue in Each Column	First Priority (“1”)	Second Priority (“2”)	Third Priority (“3”)
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men’s Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondhand smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Diseases or Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women’s Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please List) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

18 Are there any health programs in your community?

- Yes (Please List) _____
- No

19 Have you attended any health programs in your community?

- Yes (Please List) _____
- No

20 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 participate?

(Please Select 3 Choices)

- Neighborhood Centers
- Neighborhood Meetings
- Neighborhood Businesses
- Daycare Centers
- Churches
- Health Clinics
- Community Events
- Rental Offices
- Public Assistance Office
- Other (Please List) _____

21 Do you have health insurance?

- Yes
- No (Skip to question 24)

22 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
- Any other type of health insurance or health coverage plan (Please List) _____

23 Is your health insurance public or private?

- Public
- Private

24 Do you have a primary health care provider?

- Yes
- No

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

- Yes
- No

26 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)
- Private physician (Please List Location) _____
- Veterans Administration Hospital (VA)
- Other (Please List) _____

27 What services are available in your community? (Check all that apply)

- Community clinic
- Counseling Services
- Home health
- Hospital
- Private clinic
- YMCA (or other community center)
- Other (Please List) _____

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

28 What do you think are the three best ways to share health information **in your community**? Please rank your top three choices ("**1**" Being the best, "**2**" the second best, and "**3**" the third best way).

Choose One Way to Share Information in Each Column	First Best Way ("1")	Second Best Way ("2")	Third Best Way ("3")
Attend Church Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend Community Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-News Bulletin/E-Health Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please List) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29 What are the three best ways to share health information **with you**? Please rank your top three choices ("1" Being the best, "2" the second best, and "3" the third best way).

Choose One Way to Share Information in Each Column	First Best Way ("1")	Second Best Way ("2")	Third Best Way ("3")
Attend Church Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend Community Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-News Bulletin/E-Health Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please List) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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.