DELAWARE COUNTY HEALTH DEPARTMENT

**Delaware County Community Health Survey 2023**

We need YOUR help!

You know a lot about where you live. You can make a difference in the health and well-being of Delaware County! Please tell us what matters most to you by filling out this survey. This survey is **anonymous** (we will not ask your name) and **confidential**.

The Delaware County Health Department and its partners in the community will use this information to find out what health issues you care about and your ideas to make our community healthier.

## This survey is for adults 18 and older who live, work, or go to school/college or receive services in Delaware County, PA.

Please complete the survey by **June 30, 2023**!

If you have questions about the survey, or need help filling it out, please contact the Delaware County Wellness Line at (484) 276-2100 or DelcoWellness@co.delaware.pa.us

Thank you for completing the Delaware County Community Health Survey!

Surveys can be dropped off (Mon-Fri 8:30-4:30) to any of the DCHD Offices, or mailed to the Yeadon Office:

**Delaware County Wellness Center at Yeadon**
125 Chester Avenue, Yeadon, PA 19050

**Delaware County Wellness Center at Chester**
151 W. 5th St, Chester, PA 19013

**Environmental Health Division**
1510 Chester Pike Suite 700
Eddystone PA 19022

## Qualifying Questions

1.) Do you (check all that apply):

☐ Live in Delaware County ☐ Work in Delaware County

☐ Go to school/college in Delaware County ☐ Use services in Delaware County

☐ None of the above

2.) Are you 18 or older?

☐ Yes ☐ No

3.) How long have you been in Delaware County?

☐ Less than 1 year ☐ 1-2 years ☐ 3-5years ☐ 6-10 years ☐ More than 10 years

4.) If you live in Delaware County, what is your ZIP Code? _____

5.) If you live in Delaware County, what is your City, Town, or Borough? _____

## Your Health

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

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

7.) How would you rate your mental health, including your mood, stress level, and your ability to think?

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

8.) How would you rate your connection with others, such as community, friendships, family, faith groups, etc.?

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

## Access to Healthcare

9.) Do you have health insurance or health care coverage?

☐ Yes ☐ No ☐ Do not know ☐ Prefer not to answer

10.) Are you able to get medical care when you need it?

☐ Always ☐ Sometimes ☐ Never ☐ Not Applicable

11.) Are you able to get mental health care when you need it?

☐ Always ☐ Sometimes ☐ Never ☐ Not Applicable

12.) Are you able to get dental (oral) health care when you need it?

☐ Always ☐ Sometimes ☐ Never ☐ Not Applicable

13.) What would help you get the health care you need? *Select all that apply*

- ☐ More appointments available
- ☐ Evening or weekend appointments
- ☐ Virtual/telehealth appointments
- ☐ Paid time off work
- ☐ Being able to get more than one service at the same place or practice
- ☐ Services closer to where I live
- ☐ Transportation to appointments
- ☐ Health care providers or interpreters who speak my language
- ☐ Help with finding services, filling out paperwork, using insurance, and making appointments
- ☐ Lower co-pays or bills for health care on top of insurance costs
- ☐ Clear prices for services
- ☐ Health care provider who specializes in the care I need
- ☐ Childcare or elder care
- ☐ Access to a primary care or regular doctor or other health care provider
- ☐ Not applicable
- ☐ Other_____

## About Your Community's Health

14.) What do you like about living in Delaware County?

_____

_____

_____

_____

_____

15.) When you think about your own health and the health of your community, which of these problems are you most concerned about? *Check up to 3*

☐ Accidental injury (risk of falling; car accidents, drownings, job-related injuries, etc.)

☐ Child Abuse or neglect

☐ Chronic Diseases (heart disease; diabetes; cancer; asthma; chronic lung disease; chronic pain management; etc.)

☐ Dental health (oral health)

☐ Drug / Alcohol use disorders, Addiction

☐ Environmental safety (food/water; neighborhood; roadway; safe and clean housing; etc.)

☐ Intellectual Disabilities

☐ Memory Loss, Alzheimer's, Dementia

☐ Maternal / infant health (medical care for pregnancy; infant death; teen pregnancy; pregnancy planning)

☐ Mental health (stress; anxiety; depression; suicide; etc.)

☐ Obesity and overweight; unhealthy weight

☐ Physical Disabilities

☐ Sexually Transmitted Diseases (chlamydia; gonorrhea; syphilis; Human Papilloma Virus (HPV); HIV/AIDS; etc.)

☐ Tobacco, Nicotine, or Marijuana use, Vaping

☐ Trauma and adverse childhood experiences

☐ Violent injuries (Domestic Violence, Sexual Assault, gun violence, homicide)

☐ Other (please tell us)_____

16.) Has anyone in your household (including yourself) been told by a health provider (doctor) that they have asthma?

☐ Yes ☐ No ☐ Not Sure ☐ Prefer not to answer

16a.) If yes, please list ages and sex of each person with asthma

Age _____Sex_____

17.) Have you experienced discrimination in the past 12 months due to the following: *Check all that apply.*

☐ Race
☐ Language
☐ Income
☐ Gender Identity Expression
☐ Sexual orientation
☐ Education
☐ Other _____
☐ National Origin, ethnicity, or ancestry
☐ Religion or spiritual practice
☐ Gender
☐ Age
☐ Disability
☐ Not applicable
☐ Prefer not to answer

18.) How easy is it to find the following in your community?

| | Easy | Somewhat Easy | Not Easy or Difficult | Somewhat Difficult | Difficult | N/A |
|---|---|---|---|---|---|---|
| Safe spaces to exercise and be physically active (parks, green spaces) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Streets and sidewalks safe for walking and biking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Healthy foods that are affordable | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Places to stay cool during hot months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Places to stay warm during cold months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Childcare that is quality and affordable | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Schools that are quality and affordable | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Affordable education after high school | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Public transportation options that work for you | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| High-speed internet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Affordable housing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Quality medical care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Quality mental health care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Substance use/addiction treatment services | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Programs, activities, centers for seniors ages 65+ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Public libraries, community centers, and educational events | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

19.) How much do you agree with the following statements where you live?

| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|---|---|---|---|---|---|
| People are accepting of different cultures and identities | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel safe in public spaces (not worried about gun violence, terrorism, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel safe in my home (not worried about burglary, domestic violence, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel safe while driving (few traffic accident, safe drivers, good roadway design, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| There are many opportunities to participate in cultural, spiritual, or religious events | ☐ | ☐ | ☐ | ☐ | ☐ |
| There are enough services for people in need or crisis (food pantries, shelters, assistance with bills, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| I usually have enough money to pay for essentials such as food, clothing, transportation, and housing | ☐ | ☐ | ☐ | ☐ | ☐ |

20.) The COVID-19 pandemic has affected many aspects of life in Delaware County; it has changed how we work, learn, and interact. *Check all that apply*

☐ I have new mental health problems since COVID-19 started, such as stress, anxiety, depression, or loneliness/isolation.

☐ I use more alcohol, tobacco, and/or drugs.

☐ I have Long COVID, or had post-COVID conditions

☐ I am stressed by the constant, sometimes shifting and conflicting flow of information.

☐ I have skipped or delayed regular/preventive health care visits.

☐ I have avoided healthcare visits for serious injury or illness.

☐ I have used telemedicine visits to access my provider.

☐ I am more aware of my health conditions and how to manage them

☐ I have made positive lifestyle changes, such as spending more time outdoors, starting exercise program, eating healthier food, stopped smoking

☐ Other _____

☐ None of these

21.) What would help you and your family be healthier?

_____

_____

_____

22.) How many people live in your household? _____

## Vaccination

23.) Are you a parent or a legal guardian for a child?

☐ Yes ☐ No ☐ Prefer not to answer

23a.) If you answered yes to question 24, have your children gotten all the vaccines/shots that the doctor recommends for their age?

☐ Yes ☐ No ☐ Not Sure ☐ Other _____

23b.) If you answered no, not sure, or other to question 23a, have you had any of the following problems when trying to get your child a vaccine or a shot? *Select all that apply*

☐ I have not had any problems getting vaccine for my child

☐ Place to get vaccine/shots is too far away

☐ I do not know where to go to get vaccine for my child

☐ I do not understand the vaccine schedule

☐ My child has a medical condition that makes them ineligible to get vaccinated (e.g. severe allergy)

☐ I do not have transportation to get to the vaccine provider

☐ Hours are inconvenient at the office

☐ Wait time for vaccine is too long

☐ It is difficult to find or make an appointment

☐ I am too busy to get my child vaccinated

☐ Other _____

☐ Not sure

## Chronic Disease Prevention Activities and Risk Factors

24.) In the past 3 months have you used any of the following substances?

| | Never | Daily | Weekly | Monthly | Prefer not to say |
|---|---|---|---|---|---|
| Tobacco/nicotine products (cigarettes, chewing tobacco, cigars, vaping/e-cigarettes) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Alcohol (beer, wine, liquor) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cannabis (marijuana, pot, grass, weed, hash, edibles, THC products, vaping/e-cigarettes) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Opioids (heroin, morphine, methadone, codeine) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Stimulants (cocaine, meth, MDMA/ecstasy/Molly) | ☐ | ☐ | ☐ | ☐ | ☐ |

25.) How often do you participate in physical activity or exercise?

☐ 5-7 times per week for at least 30 minutes each time

☐ 2-4 times per week for at least 30 minutes each time

☐ 0-1 times per week for at least 30 minutes each time

☐ I do not exercise regularly, but I try to be active when possible

☐ No physical activity or exercise beyond regular daily activities

26.) What would help you become more active?

_____

_____

_____

_____

27.) Please select any barriers you faced when you tried to buy fruits or vegetables over the past year.

*Please check all that apply.*

☐ I cannot afford to buy fruits/vegetables (too expensive)

☐ I cannot find fruits/vegetables where I buy or receive my groceries

☐ I cannot get to fruit/vegetable markets (farm stands; farmers' market; WIC benefits; etc.)

☐ I cannot find the kinds of fruits/vegetables I like

☐ I do not know how to cook or prepare fruits/vegetables

☐ I do not have the tools to cook or prepare fruits/vegetables (no stove/no oven/no proper cookware, etc.)

☐ I do not like to eat fruits/vegetables

☐ I ate fruits and/or vegetables most (5-7) days of the week

28.) Have you been told by a health provider that you have a chronic disease, such as heart disease, diabetes, cancer, asthma, chronic lung disease, chronic pain, etc.?

☐ Yes ☐ No ☐ Not Sure ☐ Prefer not to answer

28a.) If you answered yes to question 29, Are you aware of what you need to do to manage and/or improve your chronic disease, such as heart disease, diabetes, cancer, asthma, chronic lung disease, chronic pain, etc.?

☐ Yes, I am aware ☐ No, I do not know what to do ☐ Prefer not to answer

## Substance Use Disorders

29.) Drug and alcohol use disorders (addictions) do not just affect individuals. The impact spreads to families, friends, and communities. I have a relationship to addiction in the following way(s): *Please check all that apply*

☐ I have a family member who uses alcohol and/or drugs

☐ I have a family member who is in recovery from alcohol and/or drug use

☐ I have a friend who uses alcohol and/or drugs

☐ I have a friend who is in recovery from alcohol and/or drug use

☐ I have had a family member or friend die from an alcohol and/or drug use

☐ I personally have an active alcohol and/or drug addiction

☐ I am personally in recovery from alcohol and/or drug use

☐ I have no close experience with alcohol and/or drug use

30.) If you, a family member, or friend has an addiction, what substance(s) are used?
*Please check all that apply*

☐ Alcohol
☐ Marijuana
☐ Methamphetamine
☐ Heroin
☐ Prescription Pills
☐ Cocaine
☐ Hallucinogens
☐ Fentanyl
☐ Other _____

31.) If I had a family member or friend suffering with an addiction I would know how to find help.

☐ Strongly agree
☐ Somewhat agree
☐ Neither agree or disagree
☐ Somewhat disagree
☐ Strongly disagree

32.) Narcan® (also known as naloxone) is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. *Please check all that apply.*

☐ I know where I can get Narcan® in Delaware County
☐ I carry Narcan® with me or keep it in my home
☐ I know how to use Narcan®
☐ I have used Narcan® to save a life

## Environment

33.) When you think about environmental challenges in the community where you live, what are you most concerned about? *Select up to 3.*

☐ Air pollution
☐ Noise
☐ Climate change
☐ Drinking water quality
☐ Exposure to tobacco and/or marijuana smoke
☐ Failing septic systems
☐ Flooding/soil drainage
☐ Home safety
☐ Lead-based paint hazards
☐ Nuisance wildlife/stray animals
☐ Stream, river, lake quality
☐ Vector-borne diseases (mosquitos, ticks, etc.)
☐ Other (please specify) _____

## Demographics

This information is used to help identify needs for people by various groups. Your answers are anonymous and will be kept private and secure. This information will not be used for discriminatory purposes.

34.) Please select your age group

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

☐ 75-84 years ☐ 85+

35.) Sex assigned at birth:

☐ Male ☐ Female ☐ Intersex ☐ Prefer not to say

36.) Do you identify as a member of the LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual) community?

☐ Yes ☐ No ☐ Prefer not to say

37.) Which race/ethnicity do you identify with? *Check all that apply.*

☐ American Indian or Alaskan Native

☐ Asian or Asian American

☐ Black/African American/African

☐ Hispanic/Latino/LatinX

☐ Native Hawaiian or other Pacific Islander

☐ White/Caucasian

☐ Other _____

☐ Prefer not to answer

38.) What is your country of origin?_____

39.) Which of the following best describes your marital/relationship status?

☐ Domestic Partner ☐ Never Married ☐ Married ☐ Widowed ☐ Separated/Divorced

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

☐ Never attended school

☐ Elementary (K-8th grade)

☐ Some High School (9th – 11th grade)

☐ High School graduate or GED

☐ Some college courses

☐ Technical school

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Doctoral Degree

☐ Prefer not to answer

41.) What is your approximate average household income?

☐ Less than $25,000
☐ $25,000 - $49,999
☐ $50,000 - $74,999
☐ $75,000 - $99,999
☐ $100,000 - $149,999
☐ $150,000 +
☐ Prefer not to answer

42.) Do you identify with any of the following groups? *Check all that apply.*

☐ Adult with children (parent or legal guardian)
☐ Adult with no children
☐ Caregiver
☐ Immigrant
☐ Person experiencing homelessness
☐ Person with a disability
☐ Refugee/Asylum Seeker
☐ Single parent
☐ Veteran or Active Duty
☐ Other _____
☐ None

43.) If we wanted to reach you with a health message, what would be the best way? *Check all that apply.*

☐ Facebook
☐ Instagram
☐ Twitter
☐ Newspaper
☐ Updates or newsletters from religious centers
☐ County newsletters or email lists
☐ Radio
☐ Delaware County Public Health Website
☐ School newsletters
☐ Television
☐ Posters in waiting rooms or other public spaces
☐ Other _____

44.) Please use this space to tell us anything else you would like for us to know about the health of Delaware County.

_____

_____

_____

_____

_____