

## Introduction

**Health and wellness matters to everyone. That's why we want your help. We are asking residents who live in the communities listed below to give feedback and suggestions about health services and issues in the region.**

**This survey is part of a Community Health Needs Assessment, which is an effort to identify strengths and challenges in the region related to health and accessing health care. The MetroWest Health Foundation is leading this year's Community Health Needs Assessment and is partnering with other organizations to reach as many residents as possible.**

- **The survey will take less than 10 minutes to complete**
- **Data will be reported in aggregate so your responses remain anonymous.**
- **The survey will remain open until June 1, 2023.**
- **You may choose to skip a question if you are not comfortable answering it.**
- **There are no right or wrong answers; it's your opinions that matter!**

**Your feedback is very valuable to us. The information gathered from this survey will be used to inform future health programming and services for a range of organizations in the MetroWest region.**

**Thank you for your participation.**

1. In which city/town do you live?

## 2023 MetroWest Community Health Assessment

### Access and availability of care

2. In the last 12 months, did you or a family member need any of the following types of health care? Please select the response that best describes your experience.

	Yes, I (or a family member) needed this type of care and was able to access it	Yes, I (or a family member) needed this type of care but could <b>not</b> access it	No, I (nor a family member) did not need this type of care
Primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency physical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency mental health care (including crisis care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. For care that you or a family member needed but were not able to access, please select the reason(s) why you were unable to access care. Please choose all that apply.

	Unable to afford costs	Providers do not accept my insurance / no insurance	Unable to get transportation	Long wait time for an appointment	Another reason not listed here
Primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency physical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency mental health care (including crisis care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you answered “Another reason not listed here” for any of the above types of care, please describe why you were unable to access care.

5. How satisfied are you with the **availability** of the following services in your community?

	Very satisfied	Somewhat satisfied	Not at all satisfied	Not sure
Primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency physical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency mental health care (including crisis care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the last 12 months, how accessible were the following resources to you? Please select the response that best describes your experience.

	I am able to access this <b>all</b> of the time	I am able to access this <b>most</b> of the time	I am able to access this <b>some</b> of the time	I am <b>not able</b> to access this	N/A - I did not need this
Reliable transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare (including before and after school care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income to cover my or my family's basic needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training to advance my skills or career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe space for recreation (walking, biking, jogging, team sports, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good quality, affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air and water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Options during extreme weather, such as for staying cool during periods of extreme heat or staying warm in periods of extreme cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to socialize with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Perceptions of health

7. What are the **top 3 health issues** facing this community? Please select **three**.

- ☐ Alcohol and substance use (marijuana, opioids, heroin, etc.)
- ☐ Asthma/Allergies
- ☐ Cancer
- ☐ COVID-19 (coronavirus)
- ☐ Diabetes
- ☐ Domestic violence
- ☐ Heart disease (stroke, hypertension, etc.)
- ☐ Homelessness/Poor housing
- ☐ Hunger/Food insecurity
- ☐ Impaired cognitive function (dementia, Alzheimer's, traumatic brain injury, Etc)
- ☐ Infectious/Contagious disease (tuberculosis, pneumonia, flu, etc.)
- ☐ Mental health issues (anxiety, depression, etc.)
- ☐ Oral health
- ☐ Overweight/Obesity
- ☐ Physical impairments / disabilities
- ☐ Sexually transmitted infections (HIV/AIDS, chlamydia, etc.)
- ☐ Smoking/Vaping
- ☐ Suicide
- ☐ Teen pregnancy
- ☐ Other (please specify)

8. What do you feel is **working well** in your community related to accessing health care?

9. Do you feel safe in your community?

- ☐ Yes
- ☐ No
- ☐ Not sure

10. In general, how would you describe the health of this community?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

11. In general, how would you describe your own personal health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

12. Are there lasting effects of COVID-19 on you or your community? Please share.

Demographic Information

**We are asking the following information to understand whether people's experiences with health and the health care system vary based on their personal characteristics. Data will be reported in aggregate so your responses remain anonymous. You may choose not to answer a question.**

13. Which category best describes your age?

- |  |   |
|--|---|
| <input type="radio"/> Under 18 years old | <input type="radio"/> 50-64 years old       |
| <input type="radio"/> 18-29 years old    | <input type="radio"/> 65-74 years old       |
| <input type="radio"/> 30-49 years old    | <input type="radio"/> 75 years old or older |

14. Where do you get the majority of your health information?

- ☐ Doctor, nurse or other health provider
- ☐ Friends or family
- ☐ Internet
- ☐ Pharmacy
- ☐ Religious or spiritual advisor
- ☐ Other (please specify)

15. What kind of health insurance do you have? Please check all that apply.

- ☐ Private insurance (through employer/spouse/parents/Connector or buy my own)
- ☐ Medicare
- ☐ MassHealth/Medicaid
- ☐ Veteran's Administration or TriCare
- ☐ Health Safety Net/MassHealth Limited
- ☐ I do not have insurance
- ☐ Other (please specify)

16. Please indicate whether any of the following people are under your care (check all that apply):

	Yes, and they live in my household	Yes, and they <b>do not</b> live in my household	N/A
Child(ren) aged 18 or younger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult(s) with illness or disability aged 19-64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older adult(s) aged 65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How would you describe your gender identity? (Please check all that apply)

- ☐ Woman
- ☐ Man
- ☐ Transgender
- ☐ Non-Binary (including gender-queer, gender fluid, gender non-conforming)
- ☐ Prefer not to answer
- ☐ Gender not listed. My gender identity is:

18. How would you describe your ethnic/racial/cultural background? (Please check all that apply.)

*We recognize that this list will not capture all ways that someone may identify. The categories below are based on common identities in our region, and are formatted to show how some groups may be combined in order to maintain anonymity for individual respondents. If you would like to be more specific, please write in a response in the "Other" line below.*

- |  |  |
|--|--|
| <input type="checkbox"/> African American and/or Black   | <input type="checkbox"/> Hispanic and/or Latino(a)   |
| <input type="checkbox"/> ---African American (may be collapsed into "African American and/or Black") | <input type="checkbox"/> ---Hispanic (may be collapsed into "Hispanic and/or Latino(a)")                               |
| <input type="checkbox"/> ---Black (may be collapsed into "African American and/or Black")            | <input type="checkbox"/> ---Latino(a) (may be collapsed into "Hispanic and/or Latino(a)")                              |
| <input type="checkbox"/> American Indian/Native American   | <input type="checkbox"/> Middle Eastern  |
| <input type="checkbox"/> Pacific Islander  | <input type="checkbox"/> Asian   |
| <input type="checkbox"/> Brazilian   | <input type="checkbox"/> ---Asian ethnicity (may be collapsed into "Asian"; please include specifics in "Other" below) |
| <input type="checkbox"/> Caucasian/White   |  |
| <input type="checkbox"/> Other   |  |



19. What language(s) do you use at home?

20. What is the highest level of education that you have completed?

- |  |  |
|--|--|
| <input type="radio"/> Less than 9th grade                                | <input type="radio"/> Associate's degree or technical degree/certificate |
| <input type="radio"/> 9th to 12th grade, no diploma                      | <input type="radio"/> Bachelor's degree                                  |
| <input type="radio"/> High school graduate (includes GED or equivalency) | <input type="radio"/> Graduate or professional degree                    |
| <input type="radio"/> Some college, no degree                            |  |

21. Is there anything else you would like to tell us that relates to health or wellness in the MetroWest region?