

North Jersey Health Collaborative



health matters

Community Voice Initiative

Preview

INTRODUCTION

We're reaching out to you because you are connected with [organization name]. [Organization name] is a partner of the North Jersey Health Collaborative, a group of more than 150 organizations working together to create healthy communities and healthy people [www.njhealthmatters.org]. Every three years, we try to figure out what topics we should focus on to improve health in northern New Jersey.

To make sure we choose the things that really matter, we need to hear from people who live and work in our communities. This is your chance to tell us what you think we should focus on. This should take about 12 minutes and you can skip any questions you do not want to answer. **Your answers are completely confidential** (they won't be shared with your name) and **whether or not you want to share your voice is up to you**. If you would like to get a copy of the results, be involved in future conversations, or enter for a **chance to win \$100**, you can add your contact information at the end.

- I understand and I am ready to share my voice
- I do not want to participate

ABOUT YOU

This section asks questions about you and where you live. We are asking for this information to make sure that we talk to a wide variety of people (of different ages, ethnicities, etc.). It will not be used to identify you.

1) WHERE DO YOU LIVE?

County Name: _____

Town/Municipality Name: _____

Zip Code: _____

Neighborhood Name (if applicable): _____

2) HOW OLD ARE YOU?

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 18 - 19 | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 75 - 79 |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 80 - 84 |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 65 - 69 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 70 - 74 | |

3) WHAT IS YOUR GENDER IDENTITY?

- Male Female You do not have an option that applies to me
(please specify) _____

4) ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?

- Yes No

5) WHAT IS YOUR RACE? HOW WOULD YOU DESCRIBE YOURSELF? [PLEASE CHECK ALL THAT APPLY]

- White
- Black or African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- You do not have an option that applies to me (please specify) _____

6) WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE FINISHED?

- Less than 9th grade
- High school graduate (or GED/ equivalent)
- Some college (no degree)
- Graduate or professional degree
- 9-12th grade, no diploma
- Associate's Degree or Vocational Training
- Bachelor's degree
- Other (please specify): _____

7) WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSEHOLD FINANCIAL SITUATION?

- Struggling hard (behind on most bills, hard to put food on the table)
- Barely getting by (make late payments on some bills, but have food & housing)
- Getting by (can pay for necessities, as long as nothing goes wrong)
- Somewhat stable (can handle most bills and some unexpected expenses or emergencies)
- Very stable (can afford all bills and unexpected expenses or emergencies)

8) DO YOU CURRENTLY HAVE HEALTH INSURANCE?

- Yes
- No

9) DO YOU PROVIDE UNPAID ASSISTANCE TO A FAMILY MEMBER OR FRIEND WHO HAS PHYSICAL, DEVELOPMENTAL OR PSYCHIATRIC DISABILITIES, CHRONIC ILLNESS, OR ISSUES OF AGING?

- Yes
- No

PHYSICAL ENVIRONMENT

Next, we want to know about some of the things in your neighborhood that can influence your health, from the air you breathe, to the roads and sidewalks you walk on every day. This is called the *physical environment*. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

In my neighborhood...

| | | |
|--|-------------------------------|--------------------------------|
| Air is clean and breathable [Air Quality] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There are parks, playgrounds and other places where people can get exercise safely for free or at a good price [Exercise opportunities] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People can buy healthy food at a good price [Food Access] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There is enough affordable housing and it is safe and well-kept [Housing] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There are public places where neighbors can get together, like open spaces, a public library or a community center [Meeting Places] | <input type="checkbox"/> True | <input type="checkbox"/> False |

| | | |
|---|-------------------------------|--------------------------------|
| Roads are safe and well-maintained [Roads] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People can walk around the neighborhood and cross streets safely [Pedestrian Safety] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There are public places people can walk or bike to safely (they don't need a car) [Active Transportation] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There is a good access to transportation –people can get to work, school, businesses, healthcare facilities and places of worship easily and safely [Vehicle/Transit Access] | <input type="checkbox"/> True | <input type="checkbox"/> False |

SOCIAL AND ECONOMIC FACTORS

Now, tell us about some issues related to people in your neighborhood—how they get along with one another and their ability to get an education and make a living. These are called *social and economic factors*. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

In my neighborhood...

| | | |
|---|-------------------------------|--------------------------------|
| People feel safe from crime and violence [Community Safety] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There are opportunities for people to get a good education [Education] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Neighbors know one another [Social Connection] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There are enough jobs and most people who want a job can get one [Employment] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People make enough money to afford basic needs, like food, housing, and transportation [Income] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People look out for each other and take care of one another [Social Support] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People have access to safe, high-quality child care at a good price [Child Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People know where to go if they have a problem or need assistance on a regular basis [Access to Resources] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People know where to get help in times of crisis or emergency [Community Readiness] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People feel proud to live here [Community Pride] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| If there is a problem, community members can get it solved [Community Influence] | <input type="checkbox"/> True | <input type="checkbox"/> False |

CLINICAL CARE

Next, tell us a bit about healthcare in your neighborhood, including emergency treatment, doctor's appointments, specialty care, tests and procedures. This is called **clinical care**. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

In my neighborhood...

| | | |
|--|-------------------------------|--------------------------------|
| People can get health information in a language they understand and healthcare decisions fit with the culture of the person getting the care [Culturally-Relevant Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People can get health insurance that is affordable and covers the care that they need [Health Insurance] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There are places close-by where people can get healthcare [Local Care Options] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Most people have a doctor they consider to be their personal doctor, who they can go to get healthy and stay healthy through regular check-ups [Primary Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The healthcare that people receive is of good quality [Quality of Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People have access to good quality dental care at a reasonable price [Dental Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People have access to good quality care for substance use disorders (or substance abuse) that is close by and available at a reasonable price [Drug/Alcohol Treatment] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People have access to good quality emergency care that is close by and available at a reasonable price [Emergency Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People have access to good quality mental health care that is close by and available at a reasonable price [Mental Health Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |

HEALTH BEHAVIORS

We've asked you to talk about your neighborhood. Now, we would like to know about your own health behaviors. **Health behaviors** are the decisions and actions that you make that can influence your health for better or worse. Take a look at the list below and mark if the statement is true or false for you personally. If you don't know, leave it blank.

For me personally...

| | | |
|---|-------------------------------|--------------------------------|
| I do not use alcohol to excess; my use of alcohol does not cause any problems in my life [Alcohol Use] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I do not use drugs to excess; my use of drugs does not cause any problems in my life [Drug Use] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I eat healthy foods most days [Nutrition] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I get enough exercise and lead an active lifestyle [Physical Activity] | <input type="checkbox"/> True | <input type="checkbox"/> False |

| | | |
|--|-------------------------------|--------------------------------|
| If I engage in sexual activity, I do it safely (take measures to protect myself and others from disease) [Sexual Activity] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I get enough sleep and feel well-rested most days [Sleep] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I am able to manage my stress most days [Stress] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I do not use cigarettes, vaporizers (e-cigs), or smokeless tobacco (like chew or dip) [Tobacco/Nicotine Use] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| If I need information on substance abuse prevention for myself or someone I know, I know where to find it [Substance Abuse Prevention] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Most days, I'm able to take care of myself [Self Care] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| If I need substance abuse treatment for myself or a loved one, I know how to find it [Substance Abuse Treatment] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I do not take more medication than what my doctor tells me to take, or use medication that was not prescribed to me [Prescription Drug Use] | <input type="checkbox"/> True | <input type="checkbox"/> False |
| I am aware of locations to properly dispose of unused/unwanted prescription medication [Medication Disposal] | <input type="checkbox"/> True | <input type="checkbox"/> False |

YOUR WELL-BEING

Imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder (10) represents the best possible life for you. The bottom of the ladder (0) represents the worst possible life for you. On which step of the ladder would you say you stand at this time?

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

WHICH TOPICS SHOULD WE WORK ON?

Think about your answers to the previous sections. Of all the topics listed, which do you think should be our main focus when trying to improve the health of your neighborhood? **[Circle up to THREE]**

- | | | |
|---|---|---|
| <input type="radio"/> Air Quality | <input type="radio"/> Social Support | <input type="radio"/> Mental Health Care |
| <input type="radio"/> Exercise Opportunities | <input type="radio"/> Child Care | <input type="radio"/> Alcohol Use |
| <input type="radio"/> Food Access | <input type="radio"/> Access to Resources | <input type="radio"/> Drug Use |
| <input type="radio"/> Housing | <input type="radio"/> Community Readiness | <input type="radio"/> Nutrition |
| <input type="radio"/> Meeting Places | <input type="radio"/> Community Pride | <input type="radio"/> Physical Activity |
| <input type="radio"/> Roads | <input type="radio"/> Community Influence | <input type="radio"/> Sexual Activity |
| <input type="radio"/> Pedestrian Safety | <input type="radio"/> Culturally-Relevant Care | <input type="radio"/> Sleep |
| <input type="radio"/> Active Transportation | <input type="radio"/> Health Insurance | <input type="radio"/> Stress |
| <input type="radio"/> Vehicle/Transit Access | <input type="radio"/> Local Care Options | <input type="radio"/> Tobacco/Nicotine Use |
| <input type="radio"/> Community Safety | <input type="radio"/> Primary Care | <input type="radio"/> Substance Abuse Prevention |
| <input type="radio"/> Education | <input type="radio"/> Quality of Care | <input type="radio"/> Self Care |
| <input type="radio"/> Social Connection | <input type="radio"/> Dental Care | <input type="radio"/> Substance Abuse Treatment |
| <input type="radio"/> Employment | <input type="radio"/> Drug/Alcohol Treatment | <input type="radio"/> Prescription Drug Use |
| <input type="radio"/> Income | <input type="radio"/> Emergency Care | <input type="radio"/> Medication Disposal |

Why you think these issues should be our focus when trying to improve the health of your neighborhood?

[Write below]

Are these issues a bigger problem for some people in your neighborhood compared to others? (For example, a topic may be a bigger problem for single parents, women, or new immigrants)

- No, these issues affect everyone about the same
- Yes, one or more of these issues are a bigger problem for people who are... [write below and explain]

- I don't know

Is there anything else you want to tell us about your community (good or bad)?

OPTIONAL: JOIN US TO MAKE A DIFFERENCE

We are looking for people to help us *make a difference* on these topics and we would like to hear more from you about what you think we need to do to improve health in your neighborhood. If you would be willing for us to contact you for more information or if you would like a **chance to win \$100 or a signed Jets football**, please enter your contact information below:

First name:

E-mail address:

Phone Number:

Select the type of follow-up you would like [select all that apply]:

- I would like to see a summary of what other people had to say
- I would like to be entered into a drawing for a \$100 grand prize or signed Jets football
- I would like to join the North Jersey Health Collaborative to help make a difference on these topics

Thank you for your participation!

If you need help or resources in your community, dial 2-1-1 on your phone or visit

<http://www.njhealthmatters.org/nj211>