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RESULTS

Demographic Characteristics

Table 3: Demographic comparison of Survey 1 and Survey 2 respondents separately, all survey respondents and the 2022 American Community Survey (ACS) demographic estimates for Guilford County.

Variable	Survey 1 Respondents SVI 0 0.75 (95% confidence interval)	Survey 2 Respondents SVI 0.75 1.0 (95% confidence interval)	All Respondents Survey 1 and 2 (95% confidence interval)	ACS Guilford County Estimates, 2022, Census Bureau
Gender				
Female	59.8 (51.7, 67.9)	57.1% (49.4, 64.8)	59.2% (52.7, 65.7)	52.4%
Male	39.7% (31.6, 47.8)	42.4% (34.7, 50.2)	40.3% (33.8, 46.9)	47.6%
Age				
Ages 18-19	3.1% (0,7.4)	2.4 (0.3, 4.4)	2.9% (0,6.24)	--
Ages 20-29	14.6% (8.4, 20.9)	12.6% (7.0, 18.1)	14.2% (9.2, 19.2)	14.3%
Ages 30-39	16.6% (10.4, 22.8)	8.0% (3.9, 12.2)	14.6% (9.7, 19.5)	12.8%
Ages 40-49	11.5% (6.0, 17.0)	19.4% (12.9, 25.9)	13.4% (8.9, 17.8)	12.2%
Ages 50-59	17.8% (11.6, 24.0)	12.3% (6.0, 18.6)	16.6% (11.6, 21.5)	12.9%
Ages 60-69	20.4% (13.7, 27.1)	25.8% (17.7, 33.9)	21.6% (16.1, 27.2)	10.9%
Ages 70-79	12.5% (5.8, 19.3)	12.0% (6.2, 17.8)	12.4% (7.1, 17.8)	6.8%
Ages 80 and over	3.4% (0.7, 6.0)	7.5% (1.8, 13.2)	4.3% (1.9, 6.7)	3.7%
Race				
American Indian	2.0% (0, 4.2)	2.0% (0.1, 4.0)	2.0% (0.2, 3.8)	0.3%
Asian or Asian American	4.7% (1.4, 8.0)	6.0% (0, 13.7)	5.0% (1.9, 8.1)	5.2%
Black or African American	30.7% (21.0, 40.3)	52.3% (40.1, 64.5)	35.5% (27.6, 43.4)	34.2%
White	50.3% (40.1, 60.6)	31.9% (20.8, 42.9)	47.2% (37.9, 54.5)	51.0%
Some other race	7.6% (3.0, 12.3)	6.2% (2.6, 9.8)	7.3% (3.6, 11.0)	3.4%
Two or more races	4.7% (1.0, 8.4)	1.5% (0, 3.2)	4.0% (1.1, 6.9)	5.8%
Hispanic or Latino origin				
Hispanic	10.6% (4.5, 16.8)	10.9% (6.6, 15.3)	10.6% (5.8, 15.4)	8.6%
Highest grade completed				
Less than 9 th grade	0.7% (0, 2.1)	9.6% (1.8, 17.5)	2.7% (0.6, 4.7)	3.9%
9-12 th grade, no diploma	2.6% (0, 5.2)	13.6% (8.2, 18.8)	5.0% (2.7, 7.4)	6.0%
High school graduate/GED	20.7% (12.9, 28.4)	29.4% (21.6, 37.3)	22.4% (16.2, 28.6)	22.7%
Some college, no degree	19.8% (11.4, 28.3)	22.7% (17.2, 28.1)	20.3% (13.7, 26.9)	20.4%
Associates degree	10.2% (5, 15.3)	8.6% (4.2, 13.1)	9.7% (5.6, 13.8)	9.1%
Bachelor's degree	29.1% (22.0, 36.2)	12.1% (7.0, 17.2)	25.0% (19.5, 30.6)	23.9%
Graduate or professional	16.9% (9.3, 24.5)	4.0% (0.8, 7.2)	13.9% (8.0, 19.8)	14.0%

Source: 2022 U.S. Census American Community Survey (ACS) 5-year estimates, Table DP05: ACS Demographic and Housing Characteristics

Table 3 displays the demographic characteristics of the overall survey sample and Sample 1 (SVI 0-0.75), and Sample 2 (SVI 0.75-1.0) compared with the Census population estimates. Survey estimates are followed by

95% confidence intervals (CI) in parentheses. The 95% CI may be interpreted as meaning that one can be 95% confident that the true population parameter or value lies between the range represented by the lower and upper confidence interval. When comparing the estimates shown for Surveys 1 and 2, if the 95% confidence intervals for the two surveys do not overlap, then the differences between the estimates are statistically significant. If the 95% confidence intervals from one survey include the point estimate from the other survey, then the differences between the two survey estimates are not statistically significant (Greenland et. al, 2016).

Comparisons between survey sample estimates and Census estimates provide a measure of the success of the randomization process in selecting survey samples that represent the population of Guilford County. Overall, the results shown in Table 3 confirm that in terms of demographic characteristics the combined survey samples mirrors the demographic characteristics of the county, and that the demographics of surveys 1 and 2 tend to reflect the demographics characteristics of high and lower Social Vulnerability Index census tracts.

The gender distribution of combined survey respondents has a higher proportion of females than the census population estimates, likely due to the greater likelihood of women being home and being willing to complete a survey. The age distribution of the combined survey is similar to the county census demographics, with the exception that the proportion of survey respondents between the ages of 60 and 79 is higher than the county proportion, this again probably due to the greater likelihood of older residents being at home and willingness to participate in the survey.

The distribution of race and Hispanic respondents in the combined survey sample is very similar to the county census distribution. The proportion of Black respondents in the Survey 2 (High SVI) sample is higher than in Survey 1 (Lower SVI) sample. Educational attainment (no high school diploma) is a measure that contributes to the SVI Index. Table 3 shows that the distribution of educational attainment of the combined survey respondents mirrors that of the Census population estimates. Survey 2 respondents (Higher SVI) have a higher percentage with no high school diploma than those in Survey 1 (Lower SVI).

How to Read this Report

For each survey question, charts include results in three groups - all respondents, Survey 1 respondents (SVI 0-0.75) and Survey 2 respondents (SVI 0.75-1.0) - whenever differences were statistically significant (95% Confidence interval).

Reported Results	Explanation
All Respondents	Results from all Survey 1 and Survey 2 respondents combined, regardless of social vulnerability.
SVI 0-0.75 (i.e., Lower SVI or social vulnerability)	Results from Survey 1 respondents only
	Survey 1 respondents were selected from census tracts with a Social Vulnerability score of 0 – 0.75.
SVI 0.75-1.0 (i.e. Higher SVI or social vulnerability)	Results from Survey 2 respondents only
	Survey 2 respondents were selected from census tracts with highest Social Vulnerability score of 0.75 – 1.0.

Additional charts, tables, and narrative analysis share significant differences (95% CI) and select notable differences (90% CI) by other demographic factors:

- Age (above or below the mean age of 50 years)
- Gender
- Race and Hispanic origin (non-Hispanic white, non-Hispanic black, and Hispanic of any race)
- Educational attainment (high school/equivalent education or less, some college/associates degree/vocational training, or bachelor’s degree or higher)
- Homeownership (rent, own home)
- Employment (not currently working, employed full or part-time)

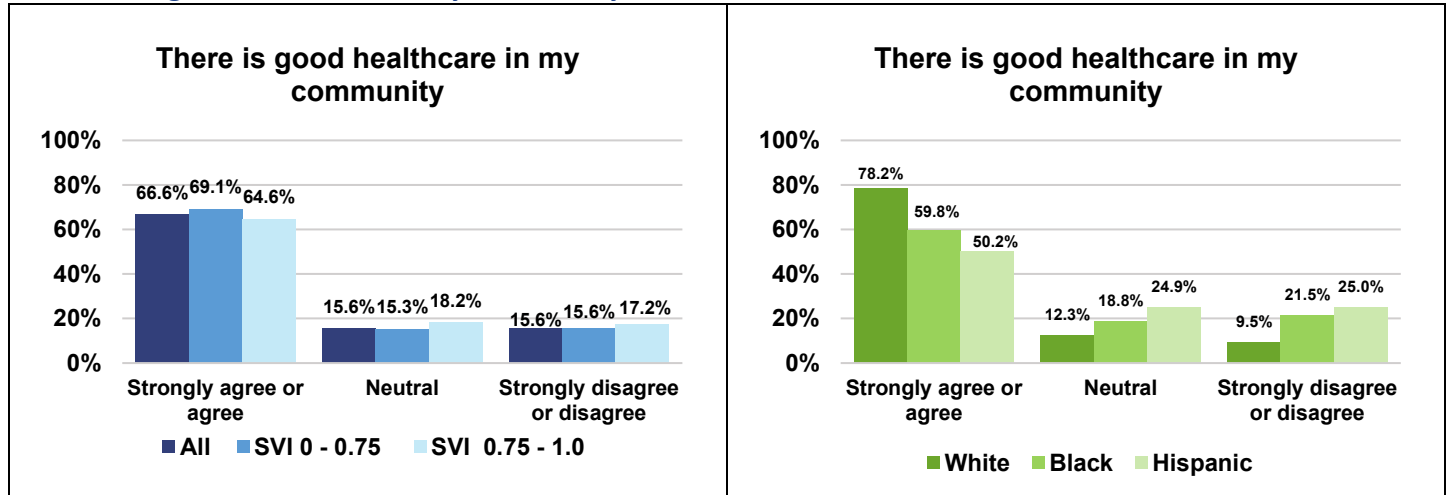
Questions are grouped in the following topic areas:

- Community Conditions
- Personal Health and Wellbeing
- Access to Care
- Community Services
- Other Social Factors that Impact Health (includes Caregiving, Child Care, Housing, Food Security, Transportation, Emergency Preparedness, Health Information, and Impacts of COVID-19)

Community Conditions

5. Thinking specifically about how you define your community, please tell us how you feel about the following statements: Please tell us whether you “strongly disagree”, “disagree”, are “neutral”, “agree”, or “strongly agree” with each of the next few statements thinking specifically about your community as you see it.

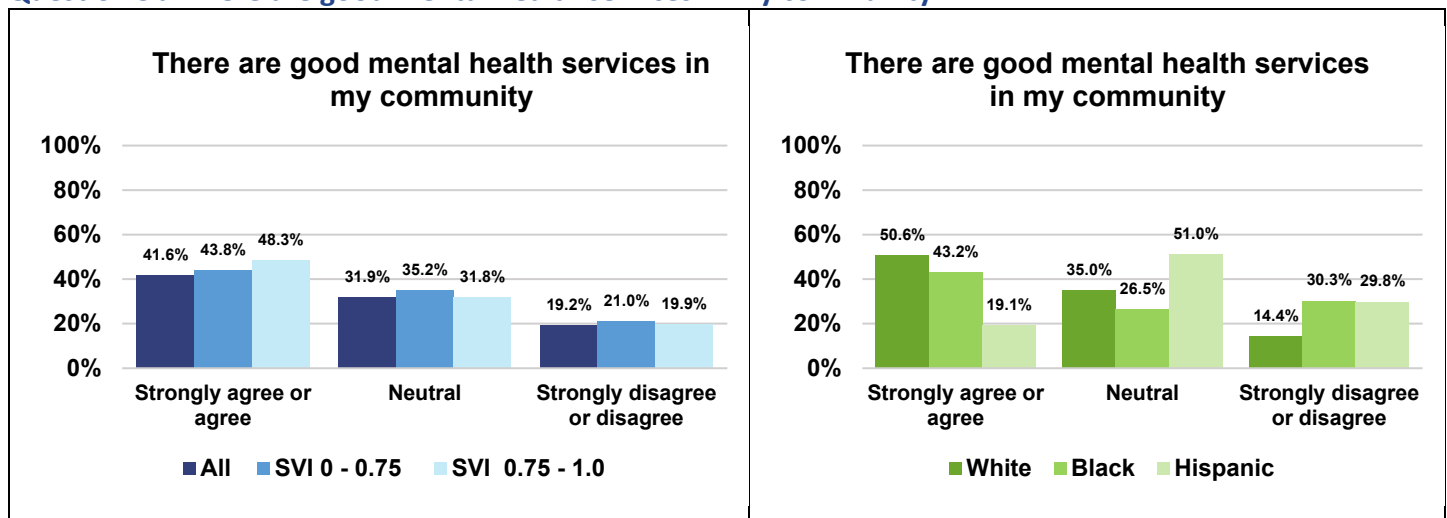
5a. There is good healthcare in my community.



Interpretation: 66.6% of all respondents agreed or strongly agreed that there is good health care in their community while 15.6% disagreed or strongly disagreed.

Equity Analysis: There was not a statistically significant difference between Lower SVI and Higher SVI, but there was a statistically significant difference by race and ethnicity. 78.2% of White respondents agreed or strongly agreed good health care was present in their community, as compared to 59.8% of Black respondents and 50.2% of Latino respondents.

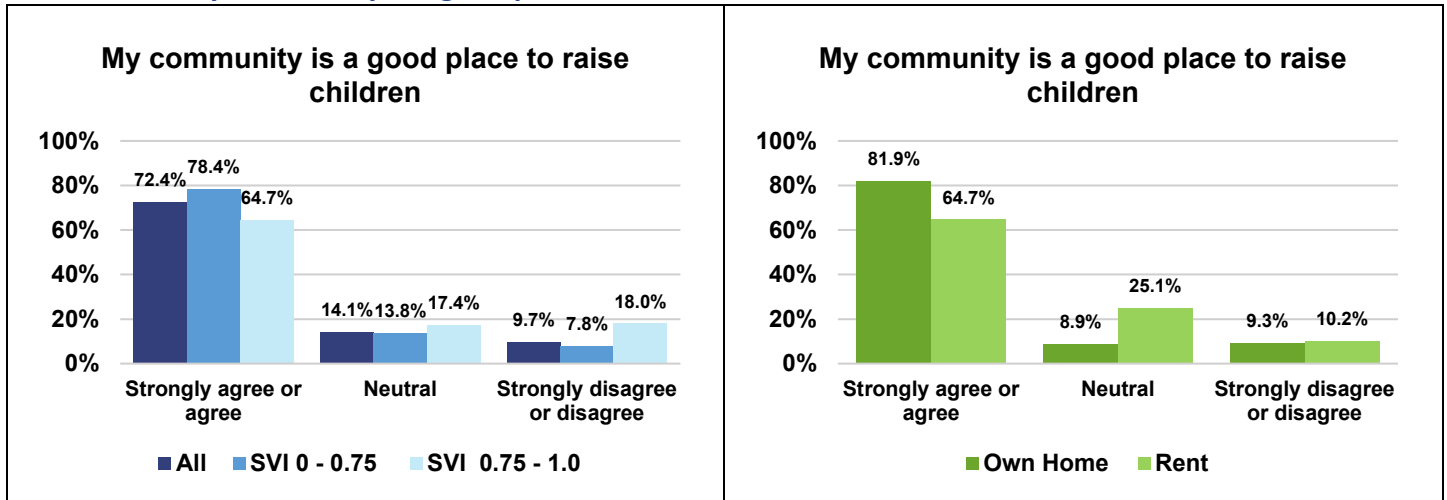
Question 5b. There are good mental health services in my community.



Interpretation: 41.6% of all respondents agreed or strongly agreed that there are mental health services in their community while 19.2% disagreed or strongly disagreed, and 31.9% were neutral, neither agreeing nor disagreeing. The differences between Lower and Higher SVI survey responses were not statistically significant.

Equity Analysis: Subgroup analysis identified statistically significant differences in perceptions of mental health services by both race and ethnicity and by homeownership. Black and Hispanic respondents were significantly less likely than Whites to agree or strongly agree that there are good mental health services in the community and more likely to strongly agree or disagree. Those renting their homes were more likely than homeowners to disagree or strongly disagree with the statement that there are good mental health services in the community (26.3% compared to 17.1%).

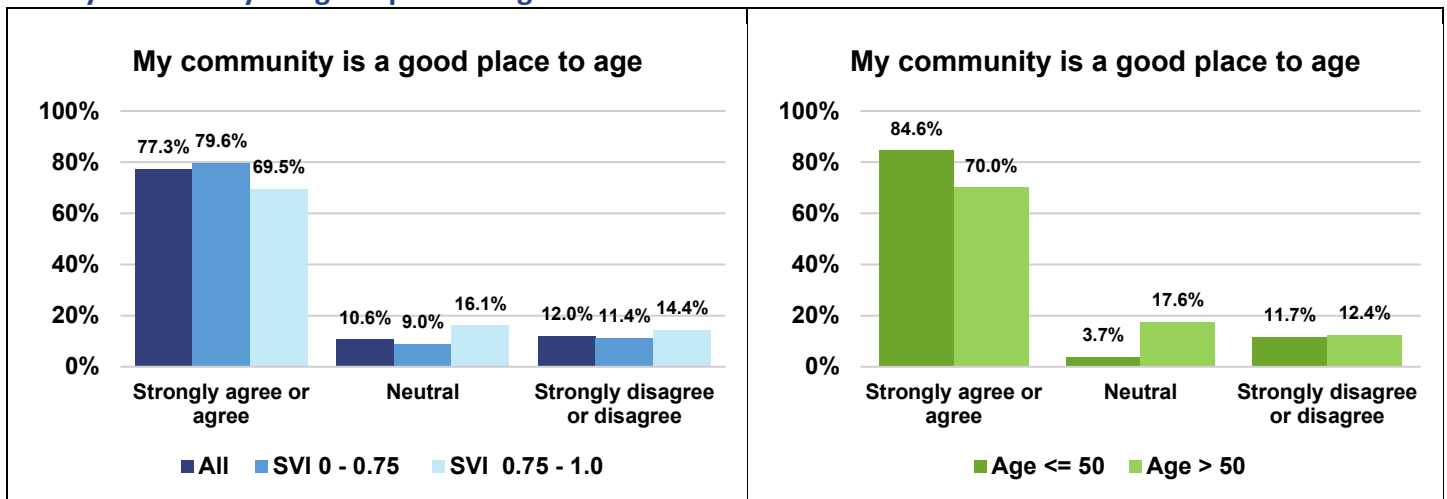
Question 5c. My community is a good place to raise children.



Interpretation: 72.4% of all survey respondents agreed or strongly agreed that the community is a good place to raise children with about 10% disagreeing or strongly disagreeing. Survey respondents from the Lower SVI sample were significantly more likely than Higher SVI respondents to agree or strongly agree that the community is a good place to raise children and less likely to disagree or strongly disagree.

Equity Analysis: Respondents who rent their homes were less likely than homeowners to agree or strongly agree that the community is a good place to raise children (64.7% compared to 81.9%) and were more likely to report being neutral on the question (25.1% compared to 8.9%).

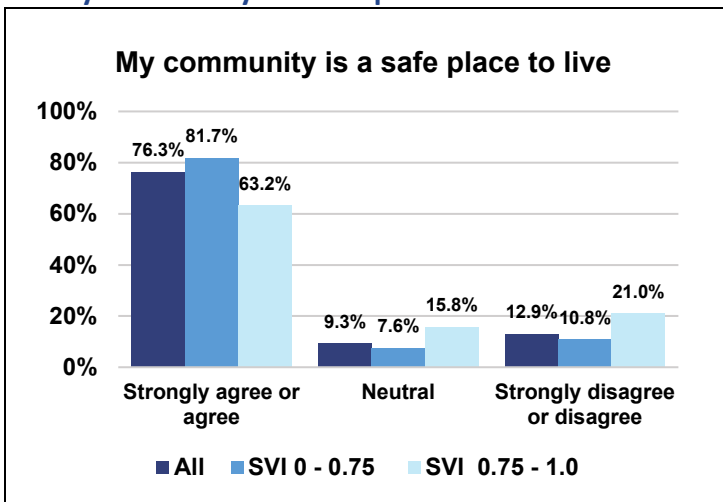
5d. My community is a good place to age.



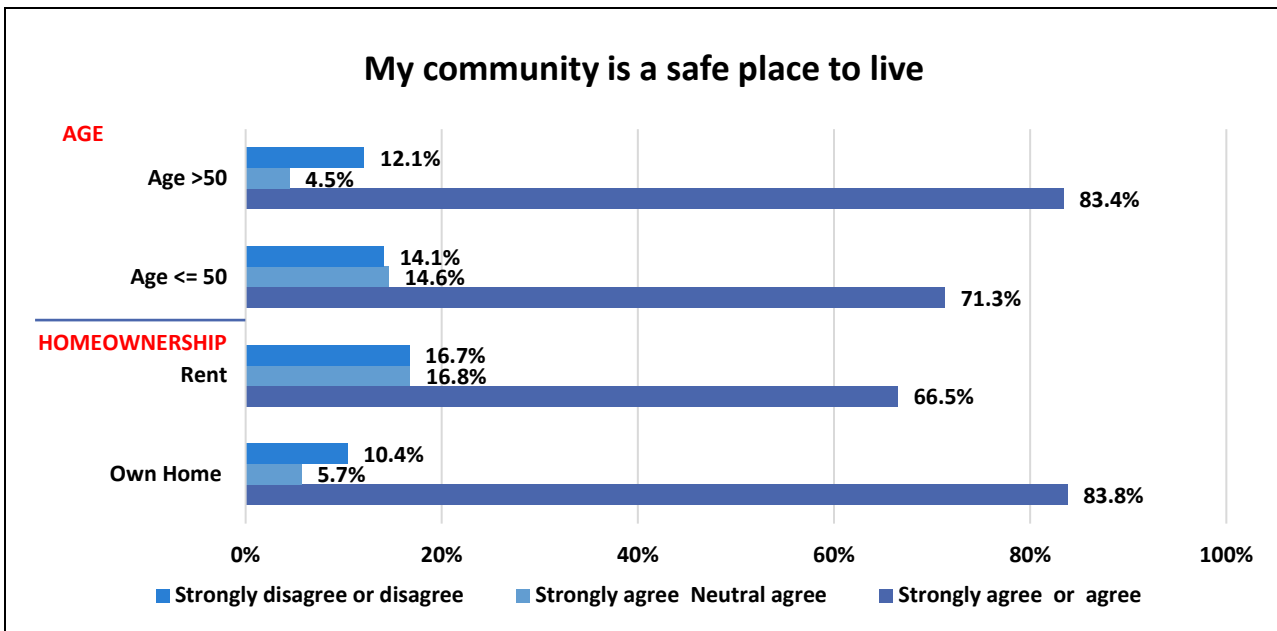
Interpretation: Over three fourths of respondents overall (77.3%) agreed or strongly agreed that the community is a good place to age. Almost 80% of Lower SVI respondents agreed or strongly agreed with this statement compared with 69.5% of Higher SVI respondents. This difference is notable, not reaching statistical significance at the P = 0.05 level but significant at the 0.10 level.

Equity Analysis: Survey respondents over the age of 50 were significantly more likely to agree that the community is a good place to age than younger respondents ages 50 or younger (84.6% compared to 70.0%).

5e. My community is a safe place to live.

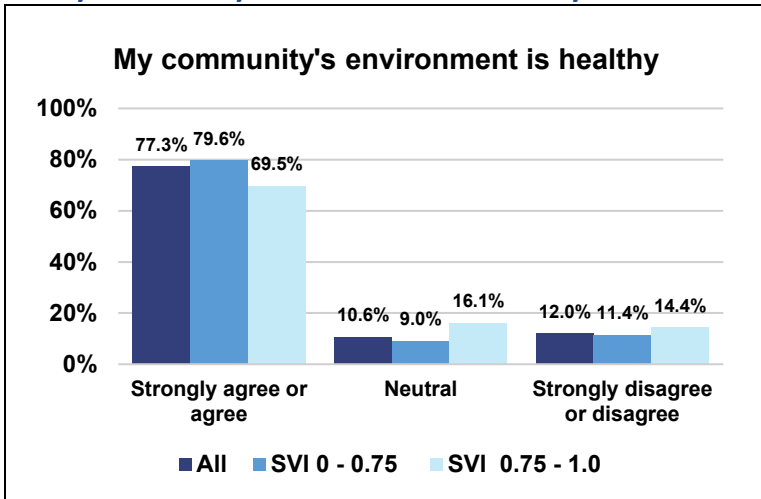


Interpretation: 76.3% of all respondents agreed or strongly agreed that the community is a safe place to live, with Lower SVI survey respondents significantly more likely to agree or strongly agree that the community is a safe place to live compared to Higher SVI survey respondents (81.7% compared to 63.2%).

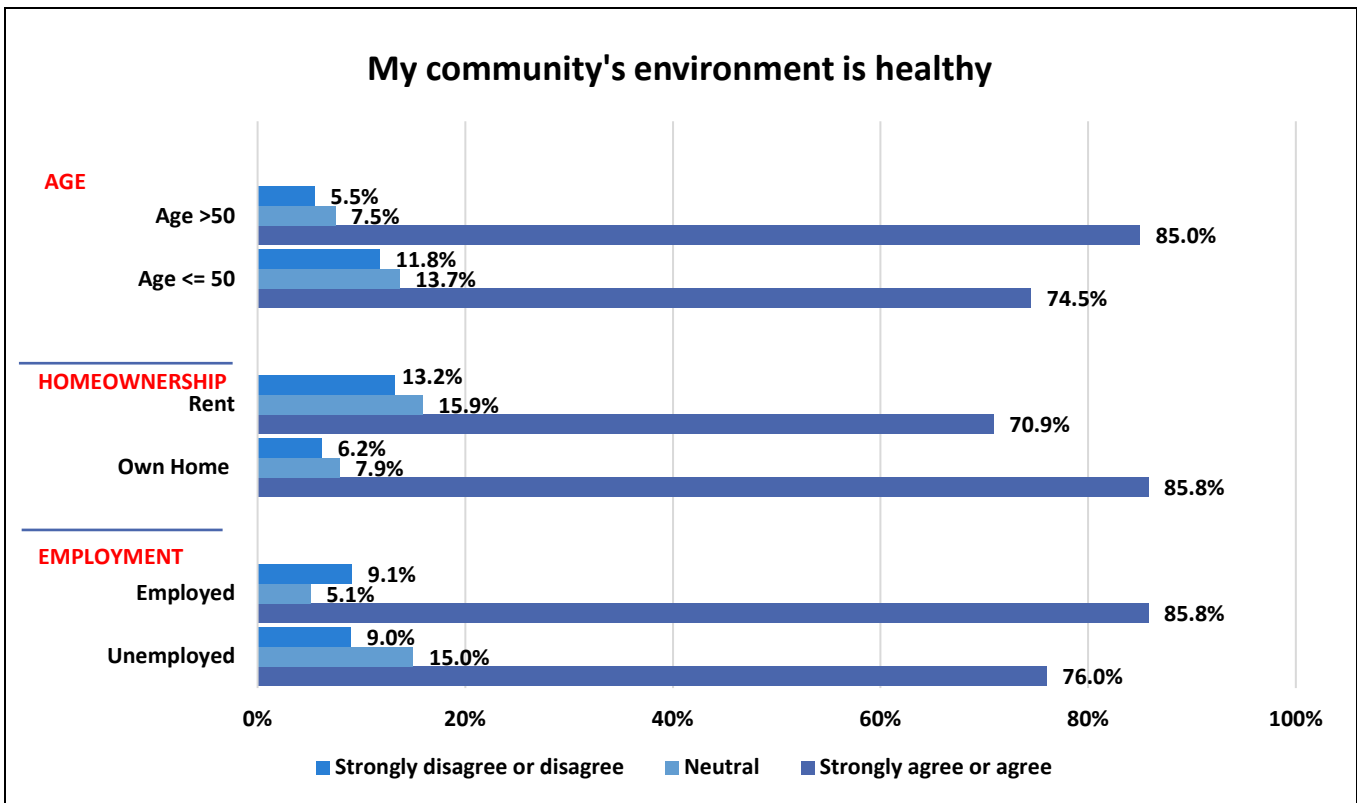


Equity Analysis: There were significant differences in agreement that the community is a safe place to live by younger and older residents and by homeownership status, with older residents and homeowners more likely to agree that the community is a safe place to live.

5f. My community's environment is healthy.



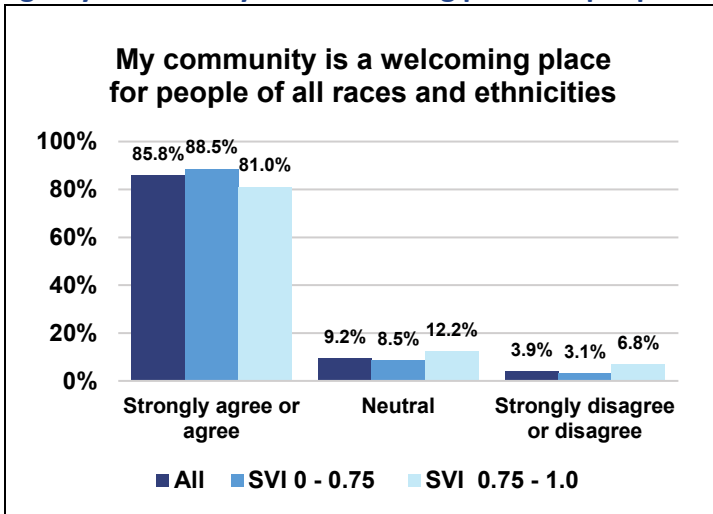
Interpretation: Over three-fourths of all survey respondents agreed or strongly agreed that the community's environment is healthy. Higher SVI respondents were less likely to agree or strongly agree with this statement.



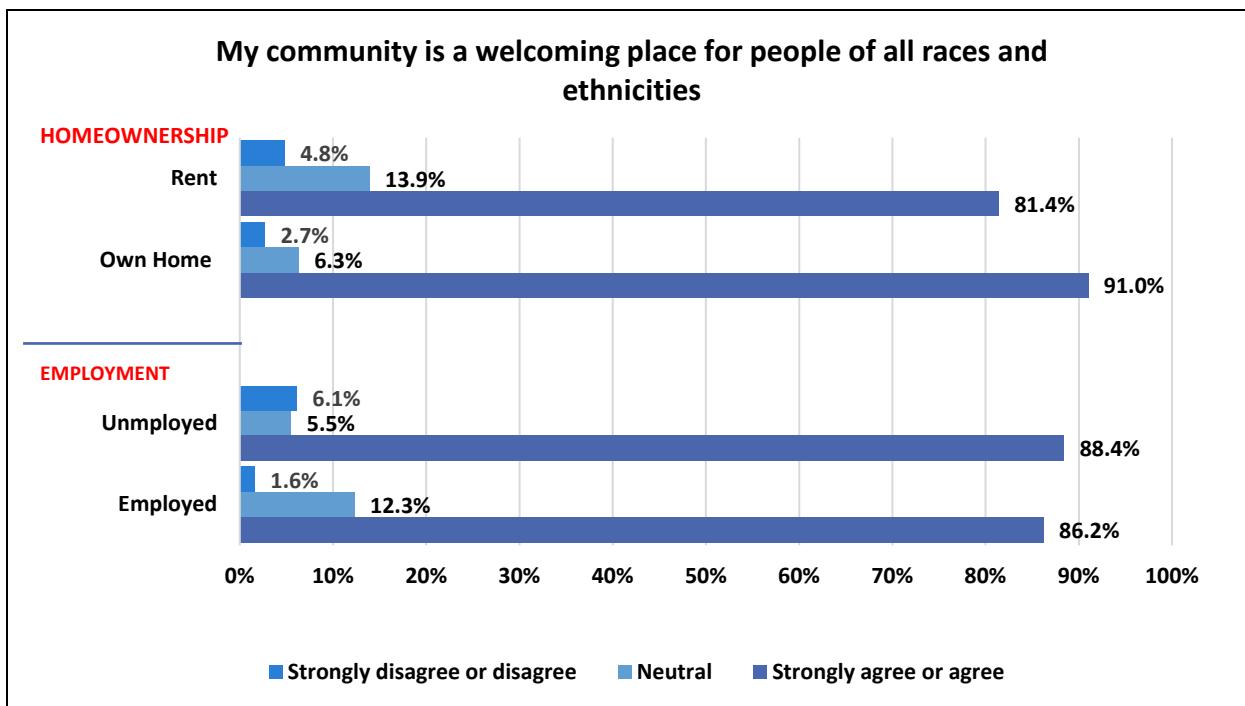
Equity analysis:

- **Employment:** Employed survey respondents were significantly less likely to agree or strongly agree that the community's environment is healthy.
- **Homeownership:** Similarly, those renting their homes were also less likely to agree or strongly agree that the community's environment is healthy.
- **Age:** Notably, respondents over the age of 50 were more likely than those age 50 or younger to agree or strongly agree that the community's environment is healthy.

5g. My community is a welcoming place for people of all races and ethnicities.



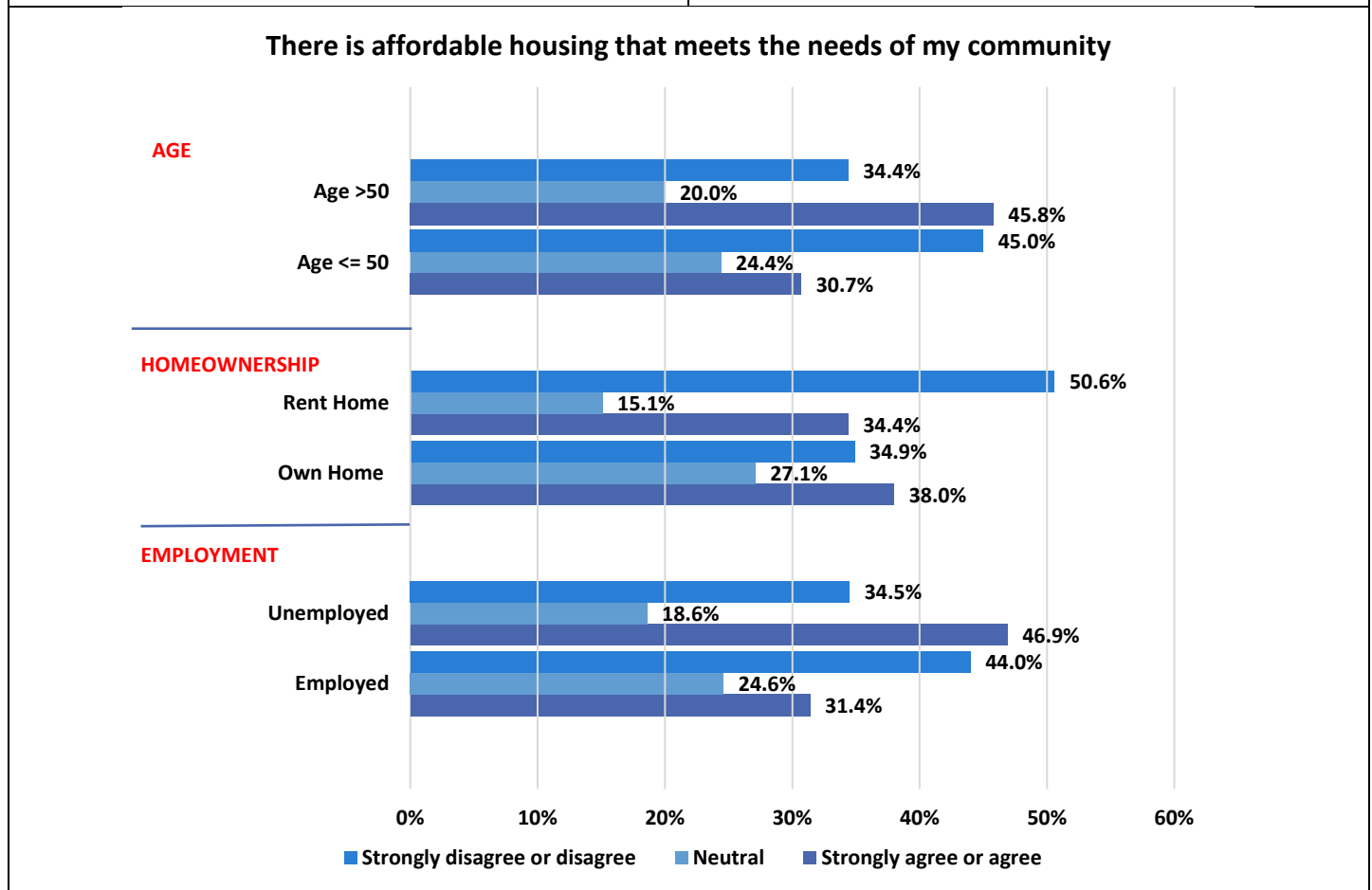
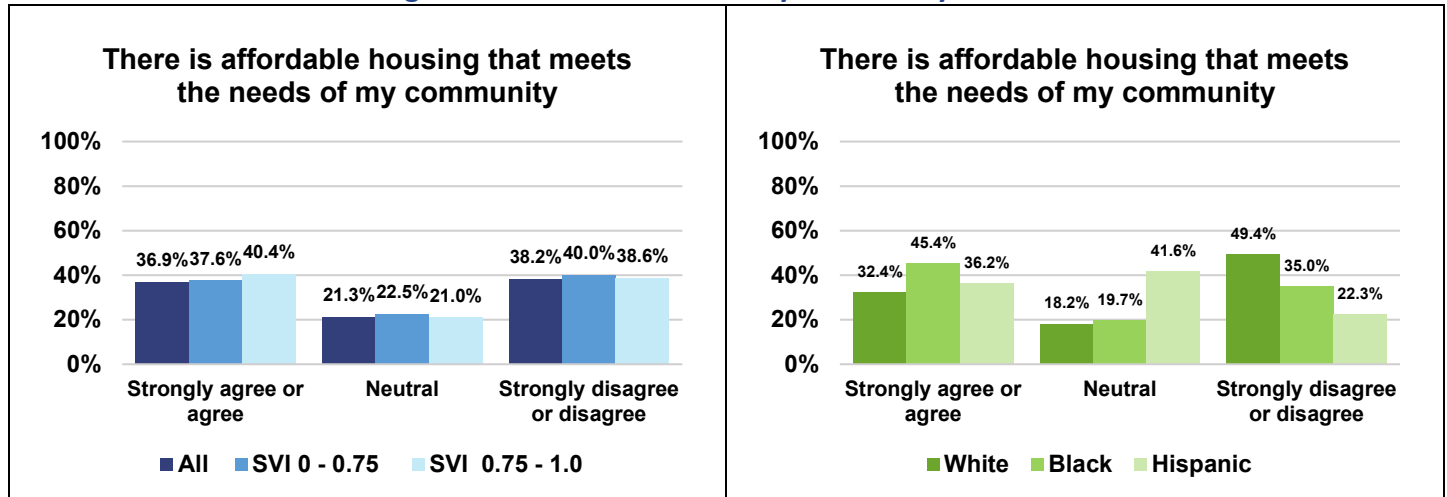
Interpretation: 85.8% of all survey respondents agreed or strongly agreed that the community is a welcoming place for people of all races and ethnicities, with only 3.9% disagreeing or strongly disagreeing with that statement. The differences between the Lower and Higher SVI survey respondents on this question were not statistically significant.



Equity Analysis:

- **Employment:** Unemployed respondents were a little less likely to agree or strongly agree that the community is a welcoming place for people of all races and ethnicities and more likely to say that they are neutral on the question compared to employed respondents.
- **Homeownership:** People owning their homes were more likely than renters to agree or strongly agree that the community is a welcoming place and less likely to disagree or strongly disagree with this statement.

5h. There is affordable housing that meets the needs of my community.



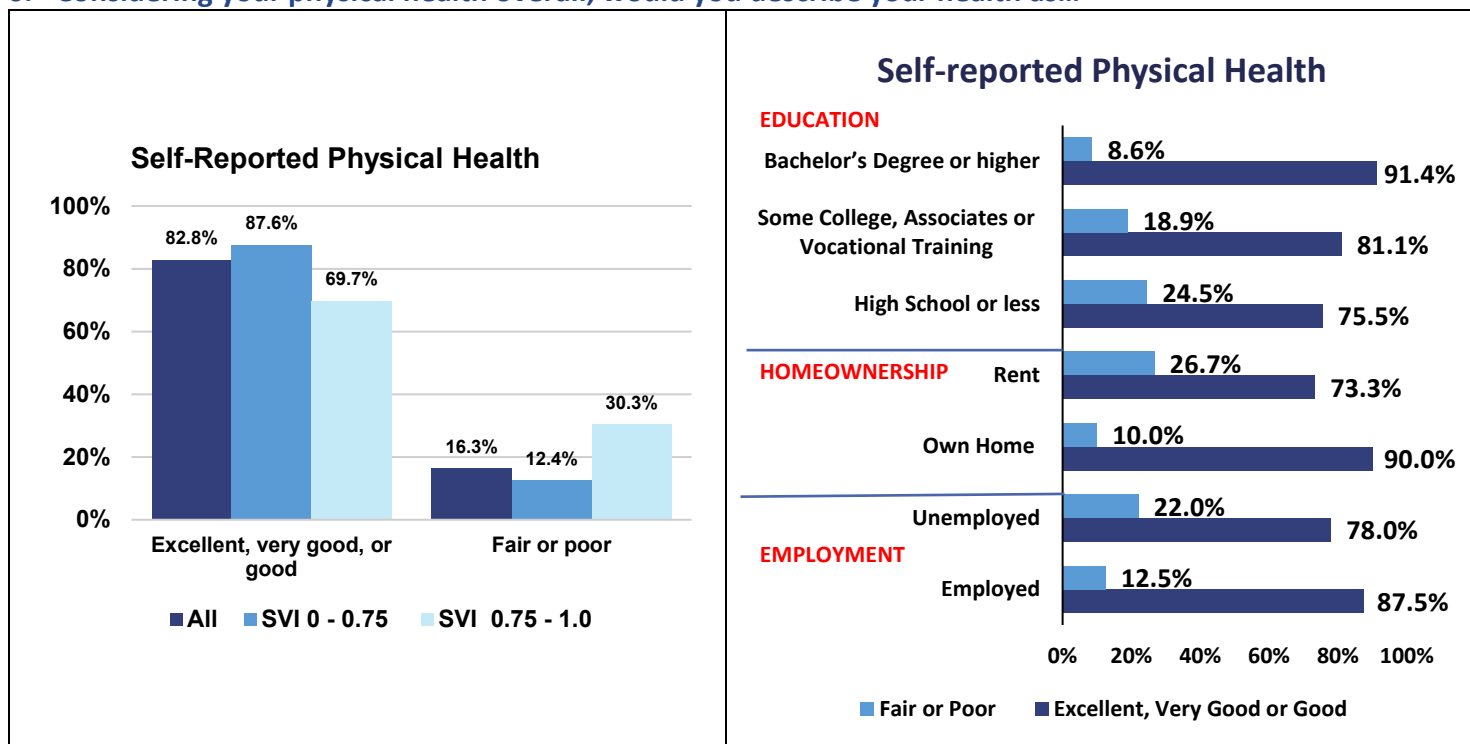
Interpretation: Only about a third of all respondents agreed or strongly agreed (36.9%) with the statement that there is affordable housing that meets the needs of my community, with 38.2% strongly disagreeing or disagreeing. Differences on this question between Lower SVI and Higher SVI survey respondents were not statistically significant.

Equity Analysis: While Lower SVI and Higher SVI survey responses did not vary significantly on the question of availability of affordable housing in the community, there were several significant and notable sub-group differences.

- **Race and Ethnicity:** White residents were more likely than Black or Hispanic residents to disagree or strongly disagree with the statement that there is affordable housing that meets the needs of my community. (49.4% of Whites compared with 35.0% for Blacks and 22.3% for Hispanics).
- **Employment:** Employed respondents were significantly less likely to agree or strongly agree that there is affordable housing in the community (31.4% compared to 46.9% for those not currently working).
- **Homeownership:** Renters were more likely than homeowners to disagree or strongly disagree that there is affordable housing in the community (50.6% compared to 34.9% for homeowners).
- **Age:** A notable finding is that residents over the age of 50 were more likely to report agreement that there is affordable housing in the community compared with respondents ages 50 and younger (45.8% compared to 30.7%). Notable results are significant at the $P = 0.1$ level but not at the $P = 0.05$ level.

Personal Health and Wellbeing

6. Considering your physical health overall, would you describe your health as...



Interpretation: 82.8% of all respondents described their physical health as excellent, very good or good, while 16.3% said it was fair or poor. Residents living in parts of the county with lower social vulnerability reported better overall physical health (87.6%) than residents living in higher social vulnerability areas (69.7%).

Equity Analysis: There are significant differences by employment status, homeownership, age, and educational attainment.

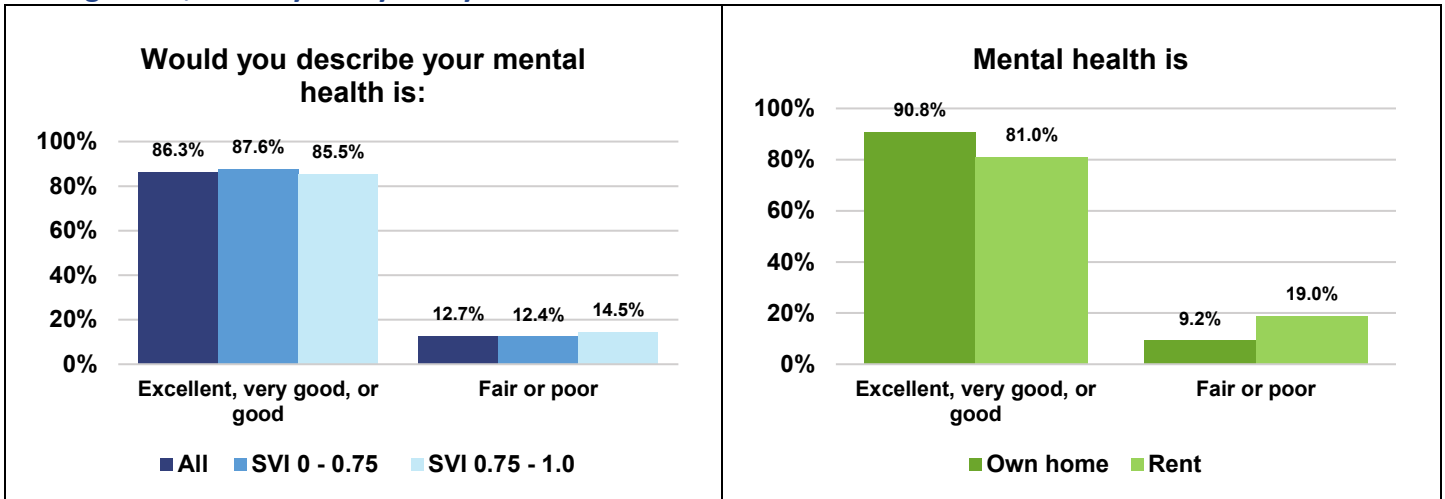
- **Employment status:** A higher percentage of employed respondents reported having excellent, very good or good physical health (87.5%) compared to 77.0% of respondents who were not employed.
- **Homeownership:** Persons who owned their homes were more likely to report excellent, very good or good overall health than persons who rented their homes (90.0% compared to 73.3%)
- **Educational attainment:** Survey respondents with lower educational attainment reported excellent, very good or good general health at lower rates than those with higher education. 75.5% of those with high school or less education reported excellent, very good or good health compared to 81.1% of those with some college, associate's degree or 91.4% with a bachelor's degree or higher.

In past community surveys, we found...

Survey Year	Excellent, very good, or good self reported physical health	Fair or poor self reported physical health
2009 (high poverty census tracts)	70.8%	29.2%
2016	79.8%	20.1%

- The percentage of community survey respondents reporting that their physical health is excellent, very good or good increased from 2009 (70.8%) to 2016 (79.8%) and to 2023 (82.8%).

7. In general, would you say that your mental health is: ...

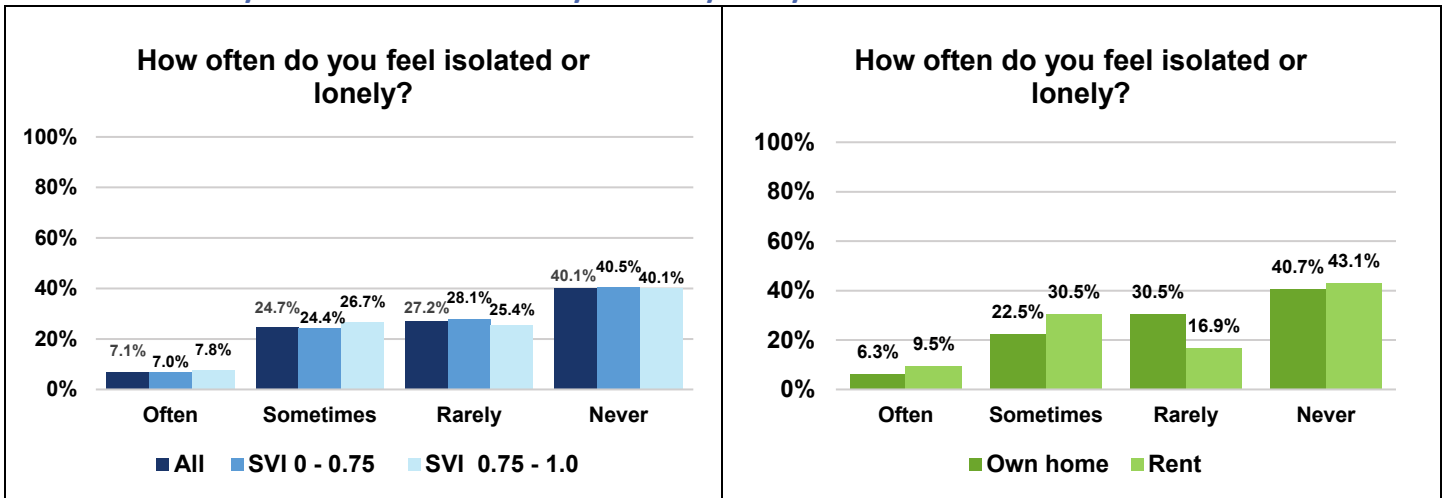


Interpretation: 86.3% of all respondents described their mental health as excellent, very good or good, while 12.7% said it was fair or poor.

Equity Analysis: There were significant differences by homeownership and notable differences by gender.

- **Homeownership:** Survey respondents who owned their own home were more likely to report excellent, very good or good mental health (90.8%) compared to 81.0% of those who rented their home.
- **Gender:** Men reported higher rates of excellent, very good or good mental health (92.4%) compared to 84.2% of women. These differences were statistically significant at the $p = 0.1$, but not at the $p = 0.05$ level.

8. How often do you feel isolated or lonely? Would you say.....

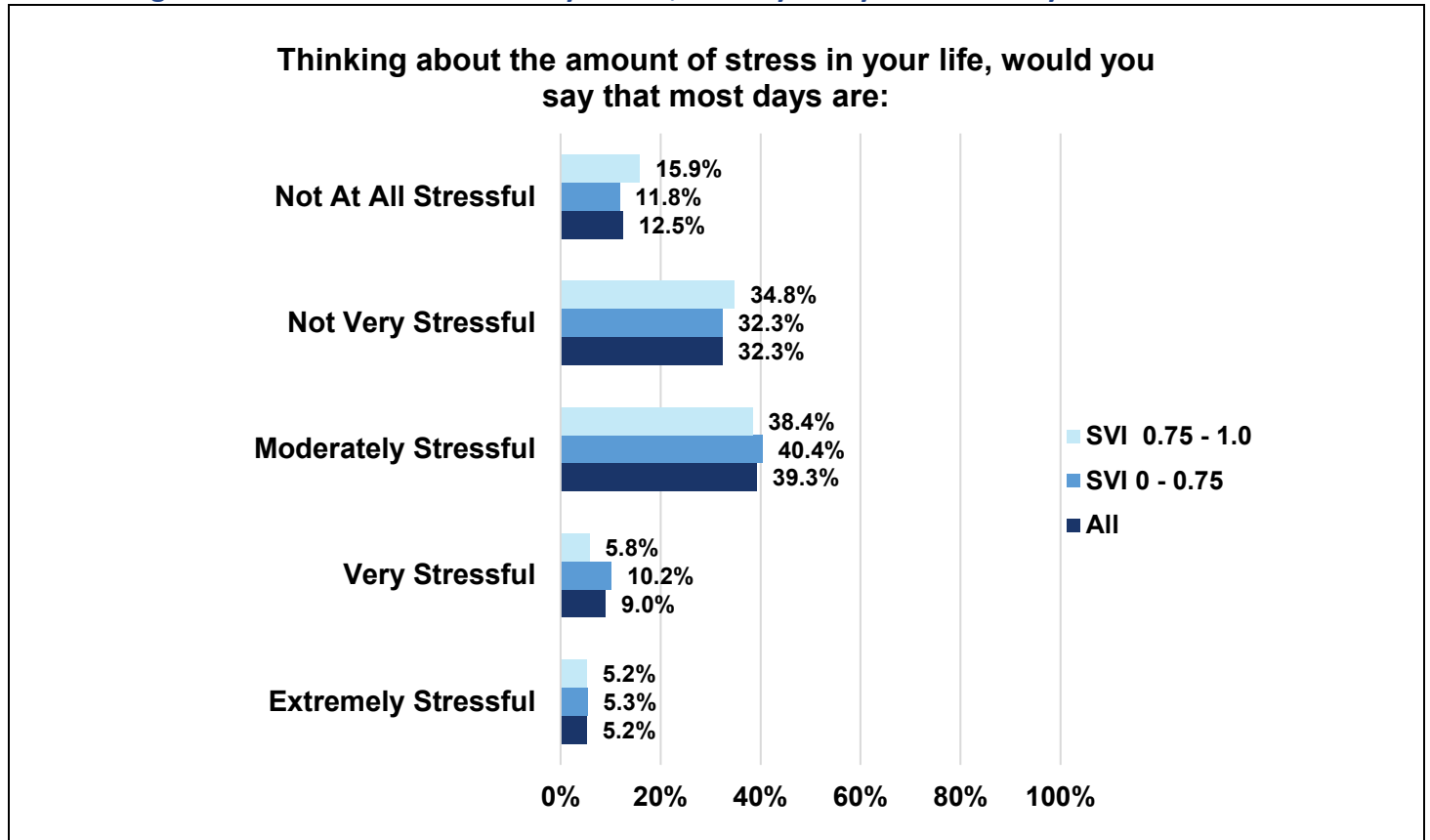


Interpretation: 67.3% of all respondents reported they rarely or never felt isolated or lonely, while 31.8% said they often (7.1%) or sometimes (26.7%) felt isolated or lonely. There was no statistically significant difference by SVI.

Equity Analysis:

- **Homeownership:** Survey respondents who rented their homes reported that they sometimes or often feel isolated or lonely at a higher rate than respondents who owned their homes (40% compared to 28.8%).
- **Employment:** A higher percentage of persons who were not employed reported sometimes or often feeling isolated or lonely compared to employed persons (36.8% compared to 29.0%, significant at the $p = 0.1$ level).

9. Thinking about the amount of stress in your life, would you say that most days are...

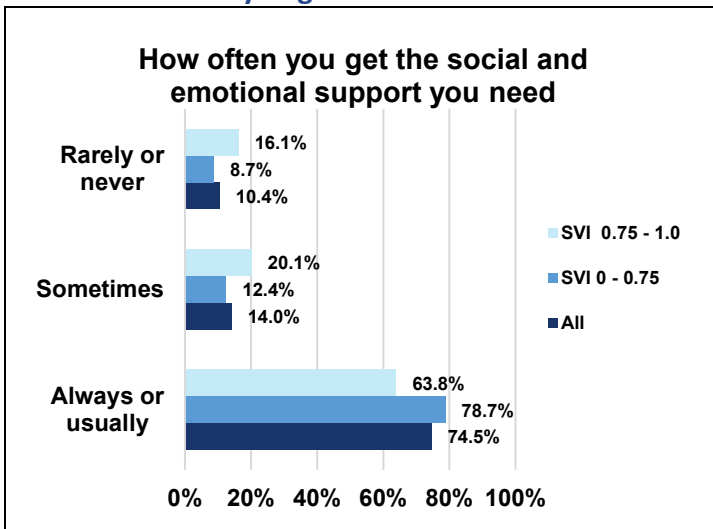


Interpretation: 5.2% of survey respondents indicated that that most days are extremely stressful and 9.0% say most days are very stressful. 12.5% reported most days are not at all stressful with 32.3% saying not very stressful. The differences between Lower SVI and Higher SVI respondents were not statistically significant.

Equity analysis: There were significant differences by age and employment status.

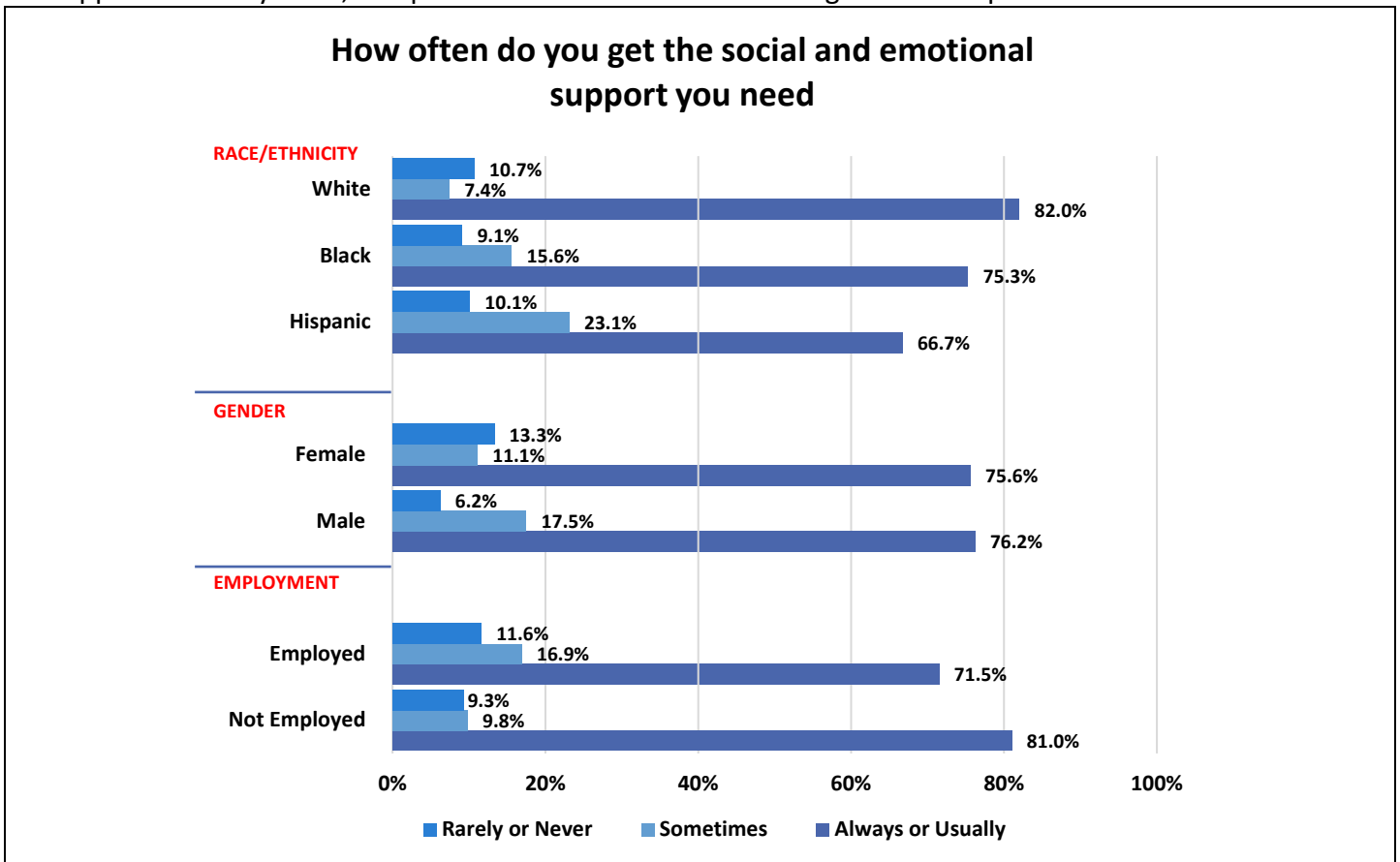
- **Age:** Those over the age of 50 were less likely to report most days being very stressful (6.2% compared to 12.2%) or moderately stressful than those 50 or younger (30.8% compared to 49.1%). Those over the age of 50 were more likely to report that most days were not very stressful (40.2% compared to 25.5%) or not at all stressful compared to younger respondents (17.5% compared to 7.9%).
- **Employment:** Survey respondents who were not employed were more likely than those who were to report that most days were not at all stressful (17.2% compared to 8.9%) or not very stressful (39.0% compared to 28.9%). Employed persons were more likely than those not employed to report that most days were extremely stressful (7.8% compared to 2.2%) and to report that most days were very stressful (11.0% compared to 7.0%).

10. How often do you get the social and emotional support you need? Would you say..



Interpretation: Respondents were also asked about their support systems. Most also reported having strong support systems, with 74.5% stating that they always or usually receive the social and emotional support that they need. However, 10.4% of all respondents reported that they rarely or never get the social and emotional support that they need.

- **Social Vulnerability Index:** There were notable differences by SVI. 78.7% of the Lower SVI sample reported usually or always having the social/emotional support they need, compared to 63.8% of the Higher SVI sample. 8.7% of Lower SVI respondents reported that they rarely or never get the social and emotional support that they need, compared to 16.1% of those in the Higher SVI sample.



- **Race and Ethnicity:** White survey respondents were more likely to report always or usually getting the social and emotional support that they need (82.0%) compared to Black respondents (75.3%) and Hispanic respondents (66.7%).
- **Gender:** Female survey respondents were more than twice as likely as males to report that they rarely or never get the social and emotional support that they need (13.3% compared to 6.2%).
- **Employment:** A higher percentage of survey respondents who are not employed reported that they always or usually get the social and emotional support that they need (81.0% compared to 71.5%).

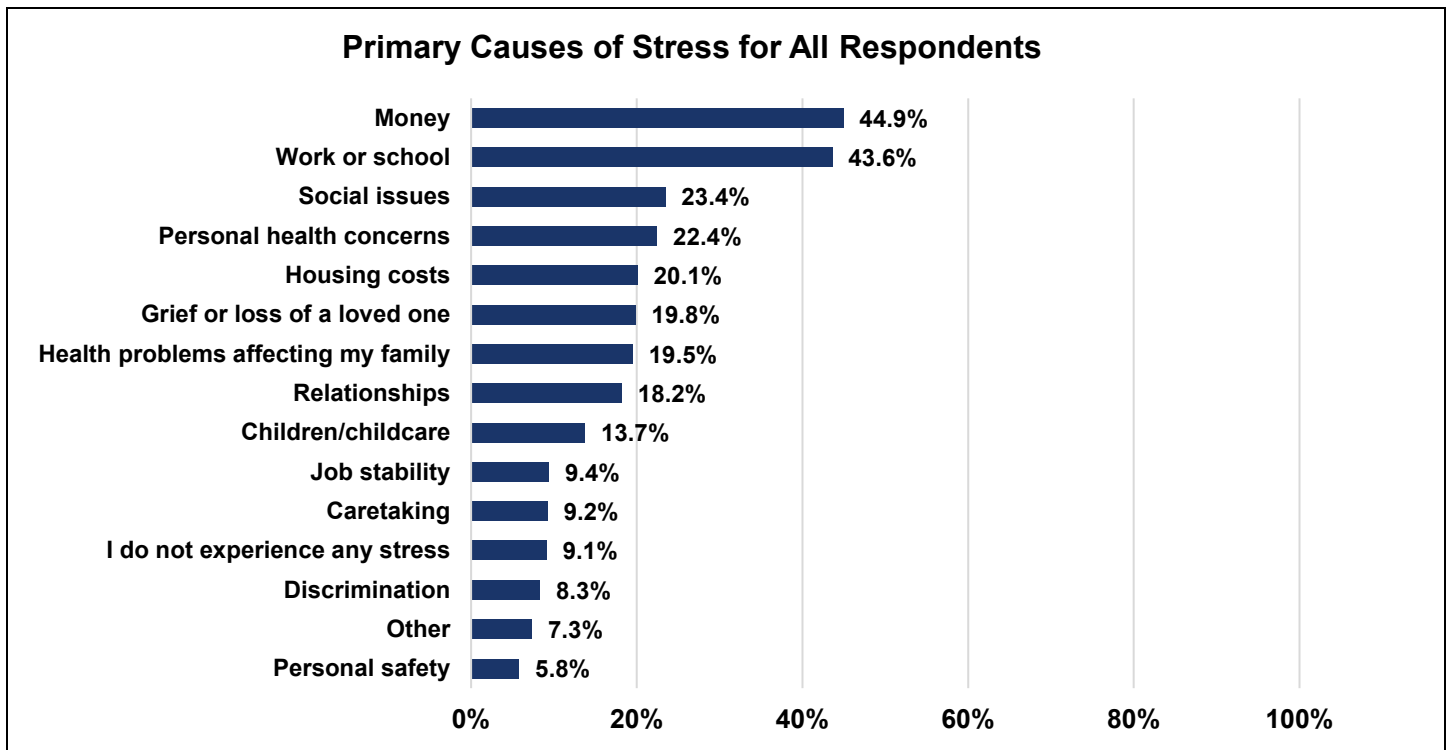
In past community surveys, we found...

How often do you get the social and emotional support you need?

Survey Year	Always or usually	Sometimes	Rarely or never
2009 (higher poverty census tracts)	72.0%	18.95	9.9%
2016	82.5%	9.8%	6.5%

- **Change over time:** The percentage of community survey respondents reporting that they always or usually get the social and emotional support that they need declined from 82.5% in 2016 to 74.5% in 2023. The percentage saying they rarely or never get the needed support increased from 6.5% to 10.4%.

11. What are the primary causes of your stress? (Select all that apply)



Interpretation: Over 40% of all respondents identified finances and work or school as primary causes of stress, while over 20% also identified social issues, personal health concerns, and housing costs. Approximately one in five respondents also identified grief or the loss of a loved one, health problems affecting their family or relationships as primary stressors.

Report Appendices

- 1. 2023 Guilford County Community Health Survey (English)**
- 2. 2023 Guilford County Community Health Survey (Spanish)**
- 3. Survey Postcard 1**
- 4. CHA Welcome Letter (English and Spanish)**
- 5. Survey Postcard 2**
- 6. 2023 Guilford County Community Health Survey News Release 1**
- 7. 2023 Guilford County Community Health Survey News Release 2**



2023 Guilford County Community Health Assessment Questionnaire

To complete the survey online, visit <https://go.unc.edu/Guilfordsurvey>

Survey Access Code (4-digit code found next to your address on the postcard and letter envelope):

We are only surveying adults 18 and older. Are you 18 years old or older?

We are only surveying Guilford County residents. Do you live in Guilford County?

I. Basic Demographics (Part 1)

I'll start by asking just a couple questions about you. As a reminder, everything you share with us will remain completely confidential and anonymous.

1. What is your age? _____ (Enter age 18 to 110)

Prefer not to answer

2. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?

(The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.")

Yes Prefer not to answer

No

3. How would you describe your race? (Select all that apply)

American Indian or Alaska Native (for example: Navajo Nation, Blackfeet

Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)

Asian or Asian American (for example: Chinese, Vietnamese, Asian Indian, Japanese, Pakistani, Cambodian, Hmong, etc.)

Black or African American (for example: for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)

Native Hawaiian or Pacific Islander (for example: Native Hawaiian, Samoan, Tongan, Fijian, Marshallese, Chamorro, etc.)

White (for example: German, Irish, English, Italian, Lebanese, Egyptian, etc.)

Other race, please specify _____

Prefer not to answer

4. Do you describe yourself as a man, a woman, or in some other way?

Man Some other way (specify if shared: _____)

Woman Prefer not to answer

h. There is affordable housing that meets the needs of my community (<i>Consider the availability and quality of safe, affordable housing.</i>)	○	○	○	○	○	○
--	---	---	---	---	---	---

III. PERSONAL HEALTH AND WELLBEING

Thank you. Let's shift gears now and talk about your personal health. Remember, everything you share with us remains confidential.

6. Considering your physical health overall, would you describe your health as...

- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to answer*

7. In general, would you say that your mental health is: ...

- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to answer*

8. How often do you feel isolated or lonely? Would you say.....

- Often
- Sometimes
- Rarely
- Never
- Prefer not to answer*

9. Thinking about the amount of stress in your life, would you say that most days are...

- Extremely Stressful
- Very Stressful
- Moderately Stressful
- Not Very Stressful
- Not At All Stressful
- Prefer not to answer*

10. How often do you get the social and emotional support you need? Would you say..

- Always
- Usually
- Sometimes
- Rarely
- Never
- Prefer not to answer*

11. What are the primary causes of your stress? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Money | <input type="checkbox"/> Social issues (politics, the economy, etc.) |
| <input type="checkbox"/> Work or school | <input type="checkbox"/> Grief or loss of a loved one |
| <input type="checkbox"/> Personal health concerns | <input type="checkbox"/> Job stability |
| <input type="checkbox"/> Children/childcare | <input type="checkbox"/> Personal safety |
| <input type="checkbox"/> Caretaking | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Relationships (e.g., partner, spouse, kids, family) | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Health problems affecting my family | <input type="checkbox"/> I do not experience any stress |
| <input type="checkbox"/> Housing costs (e.g., mortgage or rent) | <input type="checkbox"/> Don't know/Not sure |
| | <input type="checkbox"/> Prefer not to answer |

12. Discrimination can happen because of many reasons. In the past 12 months, have you experienced discrimination?

- Yes Don't Know (Skip to Q13)
 No (Skip to Q13) Prefer not to answer (Skip to Q13)

12b. (If yes) Please tell me which of these reasons you think may have contributed to the discrimination you experienced. (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Sexuality | <input type="checkbox"/> Physical appearance |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Accent or English proficiency |
| <input type="checkbox"/> Age | <input type="checkbox"/> Race or ethnicity |
| <input type="checkbox"/> Faith | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Weight or size | <input type="checkbox"/> Other reason _____ |
| <input type="checkbox"/> How much money you have or make | <input type="checkbox"/> Prefer not to answer |

12c. Did you experience discrimination in the following situations? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> By police | <input type="checkbox"/> While seeking employment |
| <input type="checkbox"/> By government agencies | <input type="checkbox"/> In your neighborhood |
| <input type="checkbox"/> In educational settings | <input type="checkbox"/> While shopping |
| <input type="checkbox"/> While seeking housing | <input type="checkbox"/> In the workplace |
| <input type="checkbox"/> In a healthcare setting | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> In interpersonal situations | |

13. Do you currently use any of the following tobacco or nicotine products? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Pipes |
| <input type="checkbox"/> Vape/Electronic cigarettes (e-cigarettes) (JUUL, Stig, Puff Bars, Blue, etc.) | <input type="checkbox"/> Hookah |
| <input type="checkbox"/> Smokeless tobacco (chew, dip, snuff, snus) | <input type="checkbox"/> I don't use any tobacco products |
| <input type="checkbox"/> Cigars | <input type="checkbox"/> Prefer not to answer |

14. Considering all types of alcoholic beverages, how many days during the past 30 days did you have 4 (females)/ 5 (males) or more drinks on an occasion?

Enter number _____(0 to 30)

- Don't know/Not sure*
- Prefer not to answer*

15. During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, golf, gardening, or walking for exercise?

- Yes
- No (*Skip to Q16*)
- Prefer not to answer*

15b. During the past month, what type of physical activity or exercise did you spend the MOST time doing? (*Select one*)

- Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- Instructed exercise class (aka gym class, spin class, Zumba, yoga, dancing, etc.)
- Outdoor sports like hiking, backpacking, hunting, rock climbing, etc.
- Group sport (e.g. baseball, basketball, soccer, tennis, pickleball, etc.)
- Bicycling (aka Bike, Cycling)
- Walking or running
- Strength training/conditioning
- Yard work, gardening, carpentry
- Water sports (boating, swimming, fishing)
- Other, please specify: _____
- Prefer not to answer*

16. About how many servings of fruits and vegetables do you eat each day? One small apple, one banana, or one-half cup of broccoli are all examples of a serving.

- None
- 1-2 servings
- 3-4 servings
- 5-6 servings
- 7 or more servings
- Don't know*
- Prefer not to answer*

17. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (*Select all that apply*)

- Asthma
- Cancer
- Depression or anxiety
- Diabetes (not during pregnancy)
- Heart disease or other cardiovascular disease
- Stroke
- High blood pressure (hypertension)
- High cholesterol
- Long COVID
- Other, specify: _____
- None of the above
- Prefer not to answer*

IV. ACCESS TO CARE

Great! We are about halfway through. Next I am going to ask you some questions about your health care coverage and accessing health care services.

18. Where do you go most often when you are sick or need advice about your health?

19. Do you currently have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, Military, or Indian Health Services?

- Yes Don't Know
 No (*Skip to Q20*) *Prefer not to answer*

19b. What is your current primary source of your health insurance? (*Select one*)

- Plan through employer or union Indian Health Service
 Private nongovernmental plan State sponsored health plan
 Medicare Other, please specify: _____
 Medicaid Don't Know
 Children's Health Insurance Program (CHIP) *Prefer not to answer*
 Military related health care (TRICARE/VA Health Care/CHAMPUS)

19c. Does your medical health insurance cover prescription drugs?

- Yes Don't Know
 No *Prefer not to answer*

20. Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?

- Yes Not applicable
 No *Prefer not to answer*

21. About how long has it been since you last visited a doctor for a routine checkup? Do not include times you visited the doctor because you were sick, injured, or pregnant, or emergency room visits.

- Less than one year I have never been to the doctor for a routine checkup
 1-2 years Don't Know
 3-5 years *Prefer not to answer*
 More than 5 years

22. About how long has it been since you last visited a dentist for a routine checkup or cleaning? Do not include times you visited the dentist because of pain or an emergency.

- | | |
|--|--|
| <input type="radio"/> Less than one year | <input type="radio"/> I have never been to the dentist for a routine checkup |
| <input type="radio"/> 1-2 years | <input type="radio"/> Don't Know |
| <input type="radio"/> 3-5 years | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> More than 5 years | |

23. In the past 12 months, have any of the following prevented you or someone in your household from getting the health care (e.g., doctor visit, dental care, eye care, surgery or medical procedure, prescribed medicines, etc.) you needed? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> I have not experienced any of these issues (<i>Skip to Q24</i>) | <input type="checkbox"/> The needed service or medication was not covered by insurance |
| <input type="checkbox"/> Could not get through on the telephone | <input type="checkbox"/> There was no one who spoke my preferred language and no interpreter available |
| <input type="checkbox"/> Could not get an appointment soon enough | <input type="checkbox"/> Felt ignored, not taken seriously, or disrespected |
| <input type="checkbox"/> Once getting there, the wait to receive care was too long | <input type="checkbox"/> Did not know where to go |
| <input type="checkbox"/> Inconvenient hours/days of operation | <input type="checkbox"/> Other: Please specify: _____ |
| <input type="checkbox"/> Did not have transportation | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> It was too expensive | |
| <input type="checkbox"/> Did not have health insurance | |
| <input type="checkbox"/> Available doctors were not in the insurance network | |

23b. If yes, which of the following health care providers or facilities did you have trouble accessing?

(Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Substance use treatment provider |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Eye care/optometrist/ophthalmologist | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Pharmacy/prescriptions | <input type="checkbox"/> Specialist: <u>Please specify:</u> |
| <input type="checkbox"/> Pediatrician | _____ |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Mental health provider | |

24. In the past 12 months have you needed any of these specific community services but had difficulty finding or using the service?

Did you have difficulty...	Service not needed	Received service, no problems	Yes, had problems	No response
A. Enrolling in Medicaid or Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. With assistance with food costs/food stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. With assistance with housing costs/subsidized housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. With transportation to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Accessing legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Finding health Promotion/Wellness programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Accessing mental health care or counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Finding or accessing drug or alcohol treatment program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Any other service that you had difficulty accessing?	Specify _____			

V. OTHER SOCIAL FACTORS THAT IMPACT HEALTH

Thanks again for your time so far. We are getting close the end. This section covers factors like housing, finances, access to healthy food and caregiving which can impact our health.

25. Are you currently caring for anyone besides yourself in your home?

- Yes (Continue to parts b & c) No (Skip to Q27) Prefer not to answer

25b. Are you currently caring for any of the following? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Elderly or disabled parent | <input type="checkbox"/> Foster child(ren) (ask Q26, else skip) |
| <input type="checkbox"/> Elderly or disabled grandparent | <input type="checkbox"/> Family member with chronic illness |
| <input type="checkbox"/> Elderly or disabled spouse/partner | <input type="checkbox"/> I am not caring for anyone who fits these descriptions (Skip to Q27) |
| <input type="checkbox"/> Child(ren) under 5 years (ask Q26, else skip) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Disabled child(ren) (ask Q26, else skip) | |

Disability is defined here as having serious difficulties with one or more of the following basic areas of functioning - hearing, vision, cognitive, or ambulation (movement).

25c. Do you provide any of the following types of care? (Select all that apply.)

- Medical care
- Financial management
- Daily care (e.g., feeding, bathing, toileting, grooming, etc.)
- Household assistance (e.g., grocery shopping, transportation to appointments, etc.)
- Other: _____
- None of the above
- Prefer not to answer*

26. (If household has children <5, disabled children, or foster children) Has your family had problems affording child care for your children?

- Yes
- No
- Not Applicable
- Don't Know
- Prefer not to answer*

27. Do you own or rent your home?

- Own
- Rent
- Other arrangement
- Don't Know
- Prefer not to answer*

28. In the past twelve months, were there times when you were worried about having enough money to pay your rent or mortgage?

- Yes
- No
- Prefer not to answer*

29. In the past twelve months, did you ever worry that you would run out of food before you had money to buy more?

- Yes
- No
- Prefer not to answer*

30. In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No
- Prefer not to answer*

31. Have you experienced any of the following issues with transportation in the past 12 months? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Did not experience any issues or problems with transportation | <input type="checkbox"/> Public transportation hours of operation aren't convenient for me |
| <input type="checkbox"/> No sidewalks where I needed to walk | <input type="checkbox"/> Public transportation takes too long |
| <input type="checkbox"/> Couldn't afford to buy a vehicle | <input type="checkbox"/> Public transportation is too expensive |
| <input type="checkbox"/> Couldn't afford gas | <input type="checkbox"/> I don't know how to use public transportation (i.e., bus routes, buying tickets, etc.) |
| <input type="checkbox"/> Couldn't afford necessary repairs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Couldn't get to repair shop | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Public transportation routes aren't convenient for me | |

32. Ok, now I am going to read some statements about preparing your household for emergencies. For each statement please reply yes, no or not sure.

	Yes	No	Not Sure	No response
A. I know what emergencies or disasters are most likely to occur in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. My family has a personal disaster plan and we have practiced it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. I have an emergency preparedness kit with supplies for 72 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. I regularly check my smoke and carbon monoxide detectors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I have emergency response related apps downloaded on my phone (e.g., Red Cross, Weather, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. I am signed up to receive emergency alerts (social media, text, email).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. During an emergency, I can access emergency resources in my preferred language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Of the following, where do you get health news or information about Guilford County? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Surrounding area news stations | <input type="checkbox"/> Another source (specify): _____ |
| <input type="checkbox"/> Radio, Newspaper, 2-1-1, Streaming TV | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Spanish language media | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Next Door social network | |
| <input type="checkbox"/> Social Media | |

34. This next question asks about the COVID-19 (also known as coronavirus) pandemic and how it has impacted you and your household. Are you still dealing with any of the following as a result of the COVID-19 pandemic? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> I lost my job, was furloughed, or had my work hours reduced | <input type="checkbox"/> I have drank or used drugs more than usual |
| <input type="checkbox"/> I lost business or income | <input type="checkbox"/> I have felt more stress or anxiety |
| <input type="checkbox"/> I lost my health insurance | <input type="checkbox"/> I have worried about my own health |
| <input type="checkbox"/> I was not able to access health care services | <input type="checkbox"/> I have worried about the health of family or friends |
| <input type="checkbox"/> I filed for unemployment or financial benefits | <input type="checkbox"/> I have experienced grief from losing a loved one |
| <input type="checkbox"/> I have been unable to pay my mortgage, or utility bills | <input type="checkbox"/> I am still suffering from Long COVID |
| <input type="checkbox"/> I have not had enough money to make ends meet | <input type="checkbox"/> I have sought help or support but was unable to get it (Please describe: _____) |
| <input type="checkbox"/> I have exercised less than usual | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> <i>Prefer not to answer</i> |

VI. Demographics (Part 2)

Thank you so much for taking the time to answer these questions! Just to remind you, all the information you shared with us will be kept completely confidential. It will be reported only as a group summary. Two more questions to ask and then we'll be done!

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

- | | |
|--|--|
| <input type="radio"/> Less than 9th grade | <input type="radio"/> Associates degree or vocational training |
| <input type="radio"/> 9-12th grade, no diploma | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school graduate (or GED/equivalent) | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> Some colleges (no degree) | <input type="radio"/> <i>Prefer not to answer</i> |

36. What is your current employment status? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time (40 or more hours/week) | <input type="checkbox"/> Armed forces/military |
| <input type="checkbox"/> Employed part-time (under 40 hours/week) | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed for less than one year |
| <input type="checkbox"/> Student | <input type="checkbox"/> Unemployed for more than one year |
| <input type="checkbox"/> Stay at home parent | <input type="checkbox"/> Unable to Work |
| <input type="checkbox"/> Unable to work due to illness or injury | <input type="checkbox"/> <i>Prefer not to answer</i> |
| <input type="checkbox"/> Working part time due to illness or injury | |

37. All right, and our final question is: In your opinion, what is one thing that would make your community a healthier place to live? _____

Appendix 2 - 2023 Guilford County Community Health Survey (Spanish)



Cuestionario de Evaluación de La Salud Comunitaria del Condado de Guilford 2023

To complete the survey online, visit <https://go.unc.edu/Guilfordsurvey>

Código de acceso a la encuesta (código de 4 dígitos que se encuentra junto a su dirección en la postal y en el sobre de la carta):

Solo estamos encuestando a adultos mayores de 18 años. ¿ Tiene usted 18 años o más?

Sólo estamos encuestando a los residentes del condado de Guilford. ¿ Vive usted en el condado de Guilford?

I. Demografía básica (Parte 1)

Empezaré haciéndole sólo un par de preguntas acerca de usted. Le recuerdo que todo lo que comparta conmigo será completamente confidencial y anónimo.

1. **¿Cuál es su edad?** _____ (Inserte la edad de 18 a 110)

Prefiero no responder

2. **¿Es usted de origen hispano o latino, o su familia es originaria de un país de habla hispana?** (La Oficina del Censo define "hispano o latino" como "una persona de cultura u origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, o de otra cultura u origen español, independientemente de su raza".)

Sí

Prefiero no responder

No

3. **¿Cómo describiría su raza?** (Seleccione todas las que correspondan)

Indio americano o nativo de Alaska (por ejemplo: Nación Navajo, Tribu Pies Negros Maya, Azteca, Pueblo Nativo de Barrow Gobierno Tradicional Inupiat, Comunidad Esquimal Nome, etc.)

Asiático o asiático-americano (por ejemplo: chino, vietnamita, indio asiático, japonés, paquistaní, camboyano, hmong, etc.)

Negro o afroamericano (por ejemplo: afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.)

Nativo de Hawái o de las islas del Pacífico (por ejemplo: nativo de Hawái, samoano, tongano, fijiano, marshalés, chamorro, etc.)

Blanco (por ejemplo: alemán, irlandés, inglés, italiano, libanés, egipcio, etc.)

Otra raza, por favor especifique _____

Prefiero no responder

4. **¿Se describe a sí mismo como hombre, mujer o de alguna otra manera?**

Hombre

De alguna otra manera (especifique si se comparte: _____)

Mujer

Prefiero no responder

II. SALUD/CONDICIONES DE LA COMUNIDAD

5. **Muy bien, ahora pensando específicamente en cómo define usted a su comunidad, díganos qué opina de las siguientes afirmaciones: Díganos si está “totalmente en desacuerdo”, “en desacuerdo”, es “neutral”, está “de acuerdo” o “totalmente de acuerdo”. con cada una de las siguientes afirmaciones pensando específicamente en su comunidad tal y como la ve.**

Cada uno identifica su comunidad de una manera diferente, puede ser geográfica como su vecindario inmediato o todo el condado, puede ser la comunidad de la Iglesia o tal vez su escuela. Piense en cómo definiría usted su comunidad.

	Totalmente en desacuerdo	En desacuerdo	Neutral	de acuerdo	Totalmente de acuerdo	Ninguna respuesta
a. Hay buena atención médica en mi comunidad. <i>(Piense en el acceso, el costo, la disponibilidad, la calidad y las opciones en la atención médica).</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hay buenos servicios de salud mental en mi comunidad. <i>(Considere el acceso, el costo, la disponibilidad, la calidad y las opciones en la atención de salud mental).</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mi comunidad es un buen lugar para criar niños. <i>(Piense en la calidad de la escuela, las guarderías, los programas extracurriculares, los patios de recreo y los centros recreativos, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mi comunidad es un buen lugar para envejecer. <i>(Piense en viviendas para personas mayores, transporte a servicios médicos, iglesias, compras; guarderías para personas mayores, apoyo social para personas mayores que viven solas, comidas sobre ruedas, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mi comunidad es un lugar seguro para vivir. <i>(Piense en la violencia comunitaria, la violencia doméstica, la seguridad en el hogar, el lugar de trabajo, las escuelas, los patios de recreo, los parques, el vecindario, las tiendas, etc. ¿Los vecinos se conocen y confían unos en otros? ¿Se cuidan unos a otros?)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. El medio ambiente de mi comunidad es saludable. <i>(aire, agua, suelo, espacios verdes, transitables, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Mi comunidad es un lugar acogedor para personas de todas las razas y etnias. <i>(Piense en las interacciones entre vecinos o miembros de la comunidad de diferentes razas y etnias).</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hay viviendas asequibles que satisfacen las necesidades de mi comunidad. <i>(Considere la disponibilidad y calidad de viviendas seguras y asequibles).</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III. SALUD Y BIENESTAR PERSONAL

Gracias. Cambiemos de tema ahora y hablemos de su salud personal. Recuerde, todo lo que comparta con nosotros permanece confidencial.

6. Considerando su salud física en general, ¿describiría su salud como...?

- Excelente
- Muy Buena
- Buena
- Aceptable
- Pobre
- Prefiero no responder*

7. En general, diría usted que su salud mental es...

- Excelente
- Muy Buena
- Buena
- Aceptable
- Pobre
- Prefiero no responder*

8. ¿Con qué frecuencia se siente aislado o solo? ¿ Diría

- A menudo
- A veces
- Casi nunca
- Nunca
- Prefiero no responder*

9. Pensando en la cantidad de estrés que hay en su vida, ¿diría que la mayoría de los días son...?

- Extremadamente estresantes
- Muy estresantes
- Moderadamente estresantes
- No muy estresantes
- Nada estresantes
- Prefiero no responder*

10. ¿Con qué frecuencia recibe el apoyo social y emocional que necesita? ¿ Diría...?

- Siempre
- Generalmente
- A veces
- Casi nunca
- Nunca
- Prefiero no responder*

11. Cuáles son las principales causas de su estrés? (Seleccione todo lo que corresponda)

- | | |
|---|--|
| <input type="checkbox"/> Dinero | <input type="checkbox"/> Temas sociales (política, economía, etc.) |
| <input type="checkbox"/> Trabajo o escuela | <input type="checkbox"/> Duelo o pérdida de un ser querido |
| <input type="checkbox"/> Preocupaciones de salud personales | <input type="checkbox"/> Estabilidad laboral |
| <input type="checkbox"/> Niños/guardería | <input type="checkbox"/> Seguridad personal |
| <input type="checkbox"/> Cuidados | <input type="checkbox"/> Discriminación |
| <input type="checkbox"/> Relaciones (p. ej., pareja, cónyuge, hijos, familia) | <input type="checkbox"/> Otro, especifique: _____ |
| <input type="checkbox"/> Problemas de salud que afectan a mi familia. | <input type="checkbox"/> No experimento ningún estrés |
| <input type="checkbox"/> Costos de vivienda (p. ej., hipoteca o alquiler) | <input type="checkbox"/> No lo sé/No estoy seguro |
| | <input type="checkbox"/> Prefiero no responder |

12. La discriminación puede ocurrir por muchas razones. En los últimos 12 meses, ¿ha experimentado discriminación?

- | | |
|--|---|
| <input type="radio"/> Sí | <input type="radio"/> No lo sé (Pase a la pregunta 13) |
| <input type="radio"/> No (Pase a la pregunta 13) | <input type="radio"/> Prefiero no responder (Pase a la pregunta 13) |

12b. (En caso afirmativo) , dígame cuál de estas razones cree que puede haber contribuido a la discriminación que sufrió. (Seleccione todo lo que corresponda)

- | | |
|---|---|
| <input type="checkbox"/> Sexualidad | <input type="checkbox"/> Apariencia física |
| <input type="checkbox"/> Género | <input type="checkbox"/> Acento o dominio del inglés. |
| <input type="checkbox"/> Edad | <input type="checkbox"/> Raza o etnia |
| <input type="checkbox"/> Fe | <input type="checkbox"/> No estoy seguro(a) |
| <input type="checkbox"/> Peso o tamaño | <input type="checkbox"/> Otra razon _____ |
| <input type="checkbox"/> ¿Cuánto dinero tienes o ganas? | <input type="checkbox"/> Prefiero no responder |

12c. ¿ Sufrió discriminación en las siguientes situaciones? (Seleccione todo lo que corresponda)

- | | |
|---|--|
| <input type="checkbox"/> Por la policía | <input type="checkbox"/> Mientras buscaba empleo |
| <input type="checkbox"/> Por agencias gubernamentales | <input type="checkbox"/> En su vecindario |
| <input type="checkbox"/> En entornos educativos | <input type="checkbox"/> durante las compras |
| <input type="checkbox"/> Mientras buscaba vivienda | <input type="checkbox"/> En el lugar de trabajo |
| <input type="checkbox"/> En un entorno sanitario | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> En situaciones interpersonales | |

13. ¿Utiliza actualmente alguno de los siguientes productos de tabaco o nicotina? (Seleccione todo lo que corresponda)

- | | |
|---|--|
| <input type="checkbox"/> Cigarrillos | <input type="checkbox"/> Pipas |
| <input type="checkbox"/> Vape/cigarrillos electrónicos (cigarrillos electrónicos) (JUUL, Stig, Puff Bars, Blue, etc.) | <input type="checkbox"/> Narguile (Hookah) |
| <input type="checkbox"/> Tabaco sin humo (masticar, mojar, rapé, snus) | <input type="checkbox"/> No uso ningún producto de tabaco. |
| <input type="checkbox"/> Cigarros | <input type="checkbox"/> Prefiero no responder |

14. Considerando todos los tipos de bebidas alcohólicas, ¿cuántos días durante los últimos 30 días bebió 4 (mujeres)/5 (hombres) o más tragos en una ocasión?

Ingrese el número _____ (0 a 30)

- No lo sé/No estoy seguro*
- Prefiero no responder*

15. Durante el último mes, además de su trabajo habitual, ¿participó en alguna actividad o ejercicio físico, como correr, jugar golf, trabajar en el jardín o caminar para hacer ejercicio?

- Sí
- No (*Pase a la pregunta 16*)
- Prefiero no responder*

15b. Durante el último mes, ¿a qué tipo de actividad física o ejercicio dedicaste MÁS tiempo?

- Dispositivos de juego activos (Wii Fit, Dance Dance Revolution)
- Clase de ejercicio instruida (también conocida como clase de gimnasia, clase de spinning, zumba , yoga, baile, etc.)
- Deportes al aire libre como senderismo, mochilero, caza, escalada en roca, etc.
- Deporte de grupo (por ejemplo , béisbol, baloncesto, fútbol, tenis, pickleball, etc.)
- Andar en bicicleta (también conocido como bicicleta, ciclismo)
- Caminar o correr
- Entrenamiento/acondicionamiento de fuerza
- Trabajos de jardinería, jardinería, carpintería.
- Deportes acuáticos (paseo en bote, natación, pesca)
- Otros (especificar: _____)
- Prefiero no responder*

16. ¿Aproximadamente cuántas porciones de frutas y verduras consume cada día? Una manzana pequeña, un plátano o media taza de brócoli son ejemplos de porciones.

- Ninguno
- 1-2 porciones
- 3-4 porciones
- 5-6 porciones
- 7 o más porciones
- No lo sé*
- Prefiero no responder*

17. ¿Alguna vez un médico, enfermera u otro profesional de la salud le ha dicho que tiene alguna de las siguientes condiciones de salud? (*Seleccione todo lo que corresponda*)

- Asma
- Cáncer
- Depresión o ansiedad
- Diabetes (no durante el embarazo)
- Enfermedad cardíaca u otra enfermedad cardiovascular.
- Accidente cerebrovascular
- Presión arterial alta (hipertensión)
- Colesterol alto
- COVID prolongado
- Otra especificar: _____
- Ninguna de las anteriores
- Prefiero no responder*

IV. ACCESO A LA ATENCIÓN

¡Excelente! Estamos a mitad de camino. A continuación le haré algunas preguntas sobre su cobertura de atención médica y el acceso a los servicios de atención médica.

18. Adónde va con más frecuencia cuando está enfermo o necesita consejos sobre su salud?

19. ¿Tiene actualmente algún tipo de cobertura de atención médica, incluido un seguro médico, un plan prepago como un HMO o un plan patrocinado por el gobierno como Medicare, Medicaid, servicios militares o de salud para indígenas?

- Sí
- No (*Pase a la pregunta 20*)
- No lo sé
- Prefiero no responder*

19b . ¿Cuál es su actual fuente principal de su seguro médico?

- Plan a través del empleador o sindicato
- Plan privado no gubernamental
- Medicare
- Medicaid
- Programa de seguro médico para niños (CHIP)
- Atención médica relacionada con el ejército (TRICARE/VA Health Care/CHAMPUS)
- Servicio de Salud Indígena
- Plan de salud patrocinado por el estado
- Otros (especificar: _____)
- No lo sé
- Prefiero no responder*

19c . ¿Su seguro médico cubre los medicamentos recetados?

- Sí
- No
- No lo sé
- Prefiero no responder*

20. ¿Hubo algún momento en los últimos 12 meses en el que necesitó un medicamento recetado, pero no lo obtuvo porque no podía pagarlo?

- Sí
- No
- No aplica
- Prefiero no responder*

21. ¿Cuánto tiempo ha pasado aproximadamente desde la última vez que visitó a un médico para un chequeo de rutina? No incluya las veces que visitó al médico, por enfermedad, lesión o embarazo, ni las visitas a la sala de emergencias.

- Menos de un año
- 1-2 años
- 3-5 años
- Mas de 5 años
- Nunca he ido al médico para un chequeo de rutina.
- No lo sé
- Prefiero no responder*

22. ¿Cuánto tiempo ha pasado aproximadamente desde la última vez que visitó a un dentista para un chequeo o limpieza de rutina? No incluya las veces que visitó al dentista debido a dolor o una emergencia.

- Menos de un año
- 1-2 años
- 3-5 años
- Mas de 5 años
- Nunca he ido al dentista para un chequeo de rutina.
- No lo sé
- Prefiero no responder

23. En los últimos 12 meses, ¿ alguna de las siguientes situaciones le ha impedido a usted o a alguien en de su hogar recibir la atención médica (por ejemplo, visita al médico, atención dental, atención oftalmológica, cirugía o procedimiento médico, medicamentos recetados, etc.) que necesitaba? (Seleccione todas las que correspondan.)

- No he experimentado ninguno de estos problemas (Pase a la pregunta 24).
- No se pudo comunicar por teléfono
- No se pudo conseguir una cita lo suficientemente pronto
- Una vez allí, la espera para recibir atención fue demasiado larga.
- Horas/días de operación inconvenientes
- No tenía transporte
- Era demasiado caro
- No tenía seguro médico
- Los médicos disponibles no estaban en la red del seguro
- El servicio o medicamento necesario no estaba cubierto por el seguro.
- No había nadie que hablara mi idioma preferido y no había ningún intérprete disponible.
- Se sintió ignorado, no tomado en serio o no respetado.
- No sabía a donde ir
- Otro: Por favor especifique: _____
- Prefiero no responder

23b . En caso afirmativo, ¿a cuál de los siguientes proveedores o centros de atención médica tuvo problemas para acceder?

(Seleccione todas las que correspondan)

- Dentista
- Médico general
- Cuidado de los ojos/optometrista/oftalmólogo
- Farmacia/recetas
- Pediatra
- Obstetra/ginecólogo
- Proveedor de salud mental
- Proveedor de tratamiento por uso de sustancias
- Hospital
- Centro de atención urgente
- Especialista: Por favor especifique : _____
- Prefiero no responder

24. En los últimos 12 meses, ¿ha necesitado alguno de estos servicios comunitarios específicos pero ha tenido dificultades para encontrarlo o utilizarlo?

¿ Tuvo dificultades...?	Servicio no necesario	Servicio recibido, sin problemas.	Si, tuve problemas	Ninguna respuesta
A. Para Inscribirse en Medicaid o Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Con ayuda para gastos de alimentos/cupones de alimentos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Con ayuda para los gastos de vivienda/vivienda subsidiada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Con transporte al centro de salud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Para Acceder a servicios legales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Para Encontrar programas de promoción de salud/bienestar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Para el Acceso a atención o asesoramiento de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Para Encontrar o acceder a un programa de tratamiento de drogas o alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Para la Atención médica domiciliaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. ¿Algún otro servicio al que hayas tenido dificultades para acceder?	Especificar _____			

V. OTROS FACTORES SOCIALES QUE IMPACTAN LA SALUD

Gracias nuevamente por habernos brindado su tiempo hasta el momento. Nos estamos acercamos a la final. Esta sección cubre factores como la vivienda, las finanzas, el acceso a alimentos saludables y el cuidado que puede influir en nuestra salud.

25. ¿Está actualmente al cuidado de alguien además de usted en su hogar?

- Sí (Continúe con las partes b y c)
 No (Pase a la pregunta 27)
 Prefiero no responder

25b . ¿Está actualmente al cuidado de alguno de los siguientes? (Seleccione todas las que correspondan)

- | | |
|--|--|
| <input type="checkbox"/> Padre anciano o discapacitado | <input type="checkbox"/> Hijo(s) de crianza (<i>pregunte la pregunta 26; de lo contrario, omita</i>) |
| <input type="checkbox"/> Abuelo anciano o discapacitado | <input type="checkbox"/> Miembro de la familia con enfermedad crónica. |
| <input type="checkbox"/> Cónyuge/pareja anciano o discapacitado | <input type="checkbox"/> No estoy cuidando a nadie que se ajuste a estas descripciones (<i>Pase a la pregunta 27</i>). |
| <input type="checkbox"/> Niño(s) menor(es) de 5 años (<i>pregunte la pregunta 26, de lo contrario omita</i>) | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Niños discapacitados (<i>pregunte la pregunta 26; de lo contrario, omítala</i>) | |

La discapacidad se define aquí como tener serias dificultades con una o más de las siguientes áreas básicas de funcionamiento : audición , visión , cognitiva o deambulación (movimiento).

25c . ¿Brinda usted alguno de los siguientes tipos de atención? (Seleccione todas las que correspondan.)

- Atención médica
- Gestión financiera
- Cuidado diario (p. ej., alimentación, baño, aseo, etc.)
- Asistencia doméstica (p. ej., compras de comestibles, transporte a las citas, etc.)
- Otro: _____
- Ninguna de las anteriores
- Prefiero no responder

26. (Si el hogar tiene niños <5, niños discapacitados o niños de crianza) ¿Su familia ha tenido problemas para pagar el cuidado infantil de sus hijos?

- | | |
|--------------------------|---|
| <input type="radio"/> Sí | <input type="radio"/> No aplica |
| <input type="radio"/> No | <input type="radio"/> No lo sé |
| | <input type="radio"/> Prefiero no responder |

27. ¿Es usted propietario o alquila su casa?

- | | |
|------------------------------------|---|
| <input type="radio"/> Propio | <input type="radio"/> No lo sé |
| <input type="radio"/> Alquilar | <input type="radio"/> Prefiero no responder |
| <input type="radio"/> Otro arreglo | |

28. En los últimos doce meses, ¿hubo momentos en los que le preocupó tener suficiente dinero para pagar el alquiler o la hipoteca?

- | | |
|--------------------------|---|
| <input type="radio"/> Sí | <input type="radio"/> Prefiero no responder |
| <input type="radio"/> No | |

29. En los últimos doce meses, ¿alguna vez le preocupó quedarse sin comida antes de tener dinero para comprar más?

- Sí
 Prefiero no responder
 No

30. En los últimos 12 meses, ¿usted o alguien en su hogar redujo el tamaño de sus comidas o se saltó comidas porque no había suficiente dinero para comprar alimentos?

- Sí
 Prefiero no responder
 No

31. ¿Ha tenido alguno de los siguientes problemas con el transporte en los últimos 12 meses? (

Seleccione todo lo que corresponda)

- | | |
|--|---|
| <input type="checkbox"/> No he tenido ningún problema con el transporte. | <input type="checkbox"/> El horario de funcionamiento del transporte público no me conviene |
| <input type="checkbox"/> No hay aceras por donde necesitaba caminar | <input type="checkbox"/> El transporte público tarda demasiado |
| <input type="checkbox"/> No podía comprar un vehículo | <input type="checkbox"/> El transporte público es demasiado caro. |
| <input type="checkbox"/> No podía pagar la gasolina | <input type="checkbox"/> No sé cómo utilizar el transporte público (es decir, rutas de autobús, comprar billetes, etc.) |
| <input type="checkbox"/> No podía pagar las reparaciones necesarias | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> No pude llegar al taller de reparación | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Las rutas de transporte público no me convienen | |

32. Bien, ahora voy a leer algunas declaraciones sobre cómo preparar su hogar para emergencias. Para cada afirmación responda “Sí,” “No” o “No estoy seguro(a).”

	Sí	No	No estoy seguro(a)	Ninguna respuesta
A. Sé qué emergencias o desastres tienen más probabilidades de ocurrir en mi comunidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Mi familia tiene un plan personal para desastres y lo hemos practicado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Tengo un kit de preparación para emergencias con suministros para 72 horas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Reviso periódicamente mis detectores de humo y monóxido de carbono.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Tengo aplicaciones relacionadas con respuesta a emergencias descargadas en mi teléfono (por ejemplo, Cruz Roja, Clima, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Estoy registrado para recibir alertas de emergencia (redes sociales, mensajes de texto, correo electrónico).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Durante una emergencia, puedo acceder a recursos de emergencia en mi idioma preferido.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. De los siguientes, ¿dónde obtiene noticias de salud o información sobre el condado de Guilford?

(Seleccione todas las que correspondan.)

- | | |
|--|--|
| <input type="checkbox"/> Estaciones de noticias de los alrededores | <input type="checkbox"/> Otra fuente (especifique):
_____ |
| <input type="checkbox"/> Radio, Periódico, 2-1-1, Streaming TV | <input type="checkbox"/> Ninguna de las anteriores |
| <input type="checkbox"/> Medios en español | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Red social de Nextdoor | |
| <input type="checkbox"/> Medios de comunicación social | |

34. La siguiente pregunta es sobre la pandemia de COVID-19 (también conocida como coronavirus) y cómo le ha afectado a usted y a su hogar. ¿Sigue lidiando con alguno de los siguientes problemas como resultado de la pandemia de COVID-19?

(Seleccione todo lo que corresponda).

- | | |
|--|--|
| <input type="checkbox"/> Perdí mi trabajo, me suspendieron o me redujeron las horas de trabajo | <input type="checkbox"/> He bebido o consumido drogas más de lo habitual |
| <input type="checkbox"/> Perdí negocio o ingresos | <input type="checkbox"/> He sentido más estrés o ansiedad. |
| <input type="checkbox"/> perdi mi seguro medico | <input type="checkbox"/> Me he preocupado por mi propia salud . |
| <input type="checkbox"/> No pude acceder a los servicios de atención médica. | <input type="checkbox"/> Me he preocupado por la salud de familiares o amigos. |
| <input type="checkbox"/> Solicité desempleo o beneficios financieros | <input type="checkbox"/> He experimentado dolor por perder a un ser querido. |
| <input type="checkbox"/> No he podido pagar mi hipoteca ni mis facturas de servicios públicos. | <input type="checkbox"/> Sigo sufriendo de COVID prolongado |
| <input type="checkbox"/> No he tenido suficiente dinero para llegar a fin de mes . | <input type="checkbox"/> He buscado ayuda o apoyo pero no pude obtenerlo (describa: _____) |
| <input type="checkbox"/> He hecho menos ejercicio de lo habitual | <input type="checkbox"/> Otro: _____ |
| | <input type="checkbox"/> Ninguna de las anteriores |
| | <input type="checkbox"/> Prefiero no responder |

VI. Demografía (Parte 2)

¡Muchas gracias por tomarse el tiempo para responder estas preguntas! Sólo para recordarle que toda la información que haya compartido con nosotros se mantendrá completamente confidencial. Se informará únicamente como un resumen grupal. ¡Le haré Dos preguntas más y luego habremos terminado!

35. ¿Cuál es el grado o año escolar más alto que completó?

- | | |
|--|--|
| <input type="radio"/> Menos de noveno grado | <input type="radio"/> Asociado o formación vocacional. |
| <input type="radio"/> 9.º a 12.º grado, sin diploma | <input type="radio"/> Licenciatura |
| <input type="radio"/> Graduado de escuela secundaria (o GED/equivalente) | <input type="radio"/> Título de posgrado o profesional |
| <input type="radio"/> Algunas universidades (sin título) | <input type="radio"/> Prefiero no responder |

36. ¿Cuál es su situación laboral actual? Seleccione todas las que correspondan.

PRESS RELEASE



FOR IMMEDIATE RELEASE
October 25, 2023

Contact: Elizabeth O'Brien
Public Health Communications Manager
(336) 641-6667
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Your Voice Matters! Input Requested for 2023 Guilford County Community Health Survey

Staff from the Guilford County Department of Health & Human Services, Division of Public Health (GCDPH) and community volunteers will continue conducting door-to-door, in-person surveys with selected residents as part of the 2023 Guilford County Community Health Assessment. Households are chosen randomly in selected neighborhoods to take part in this survey. Survey teams will complete a total of 420 20-minute face-to-face interviews.

Public health staff and volunteers will be conducting surveys October 26, 27, and 28 from 10:00 a.m. to 5:00 p.m. To ensure the safety of our county residents, public health staff will have proper identification.

Survey questions will ask about household well-being, access to care, and social factors that impact health like housing, finances, and access to healthy food. These in-person surveys are part of a Community Health Assessment that informs the work of the GCDPH and community partners.

All data collected in this survey is anonymous and will not be linked to any individual. This data will be combined with other data to help shape the services our community needs and address issues that are important to the community. The North Carolina Institute for Public Health at the University of North Carolina at Chapel Hill will provide technical support for the survey process.

For more information regarding the 2023 Community Health Assessment, go to www.healthyguilford.com or call Guilford County Department of Health and Human Services, Division of Public Health at 336-641-3292.

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