YOUR VOICE MATTERS.

2023
Guilford County Community Health Survey Report

Our community.
Our health.

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PUBLIC HEALTH

ACKNOWLEDGMENTS

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INTRODUCTION

Purpose of the 2023 Guilford County Community Health Survey

The What

In October and November 2023, Guilford County Division of Public Health (GCDPH) and County staff, community volunteers, and partners engaged in door-to-door interviews with 362 randomly selected Guilford County residents. Community residents shared their thoughts about important health and social determinants of health like access to care, transportation, housing, and food insecurity.

The How

For the 2023 Community Health Assessment Survey (2023 GCCH Survey), two surveys were conducted to ensure we hear from a representative sample in the county, including populations that are disproportionately impacted by poor health outcomes and are often underrepresented in surveys in Guilford County. It is the first time GCDPH utilized the Social Vulnerability Index (SVI) to allow for comparison between groups with different levels of social vulnerability. The two samples also allow some responses to be analyzed by race, ethnicity, age, and other factors. The North Carolina Institute for Public Health and Spatial Data Consulting provided technical support for the survey process.

Staff and volunteers participated in a 3-hour just-in-time, mandatory training, then went in pairs and triads throughout Guilford County neighborhoods to collect data. In total, 50 staff and 19 community volunteers completed 362 surveys combined in both samples, for an overall response rate of 86%. Survey #1 included households in neighborhoods with an SVI score of 0 – 0.75 and for Survey #2, the sample population included households in more vulnerable neighborhoods with an SVI score of 0.75 – 1.0. A total of 176 interviews were conducted in Survey 1, achieving an 83.8% success rate and for Survey 2, 186 interviews were completed with a success rate of 88.6%.

Dedicated volunteers represented NCA&T State University, the University of North Carolina at Greensboro, High Point University, the University of North Carolina at Chapel Hill, and community partners, NC Cooperative Extension's Guilford County Center, Cone Health, Do Care Foundation, United Way of Greater Greensboro and WellCare. For more details on survey design, sampling methods, administration, and data analysis, see the next section of this report.

The Why

The intention of the 2023-2024 Community Health Assessment and this survey is to better understand the impact of health inequities, social determinants of health, and the populations that are disproportionately impacted by poor health outcomes.

The Guilford County Division of Public Health chose this approach to:

- Engage in classic "boots on the ground" public health work, speaking directly with the community members that Public Health serves.
- Provide key insights into the services and health needs of the community.
- Rebuild rapport and trust in the community after the challenges of the COVID-19 pandemic.
- Train new staff and build community capacity to engage in this type of work in the future.
- Begin developing a cohort of individuals that we can regularly reach out to about key and emerging health and safety issues.

The 2023 Guilford County Community Health Survey (2023 GCCH Survey) serves as the central primary data collection method in the 2023-2024 Community Health Assessment (CHA). The CHA is a process where GCDPH collaborates with the community to identify community needs, resources, and strengths every four years. In addition to reviewing existing health and community data, we also survey community members and have community conversations to better understand the story of our community's health.

SURVEY DESIGN AND METHODS

Survey Design

Mark H. Smith, Ph.D., Epidemiologist Consultant, and Laura Mrosla, Community Health Educator with the Guilford County Division of Public Health led the survey development process. The Assessment Design and Implementation Team reviewed the 2009 and 2016 Guilford County survey tools previously used, as well as the NCIPH's CHA Primary Data Question Bank. The identification of gaps in existing data informed choices on potential questions to add and questions were eliminated if data were available elsewhere.

To paint a clearer picture of the impact of social determinants of health on community members' health particularly since the COVID-19 pandemic, this survey sought to go beyond health behavior and access to care questions. The Team added questions about stressors, social and emotional support, caregiving, childcare, discrimination, transportation, housing and food security, internet access and emergency preparedness. The survey was then reviewed, tested and finalized (*Appendix 1 - 2023 Guilford County Community Health Survey-English and Appendix 2 - 2023 Guilford County Community Health Survey-Spanish*).

Sampling Methods

To ensure participation and representation from populations disproportionately impacted by poor health outcomes and often underrepresented in surveys in Guilford County, two surveys were conducted. The sampling frame was determined using the Social Vulnerability Index (SVI) which was created by the Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program (2020). The SVI ranks census tracts based on 16 variables with higher SVI values indicating a higher relative vulnerability (Figure 1). According to the CDC, the SVI measures social factors that "may affect [a] community's ability to prevent human suffering and financial loss in the event of disaster," which applies to natural disasters such as the COVID-19 pandemic. For example, neighborhoods with higher SVI values tend to be areas of higher poverty, lower insurance rates, lower access to vehicles and areas with a higher percentage of mobile homes or group quarters.
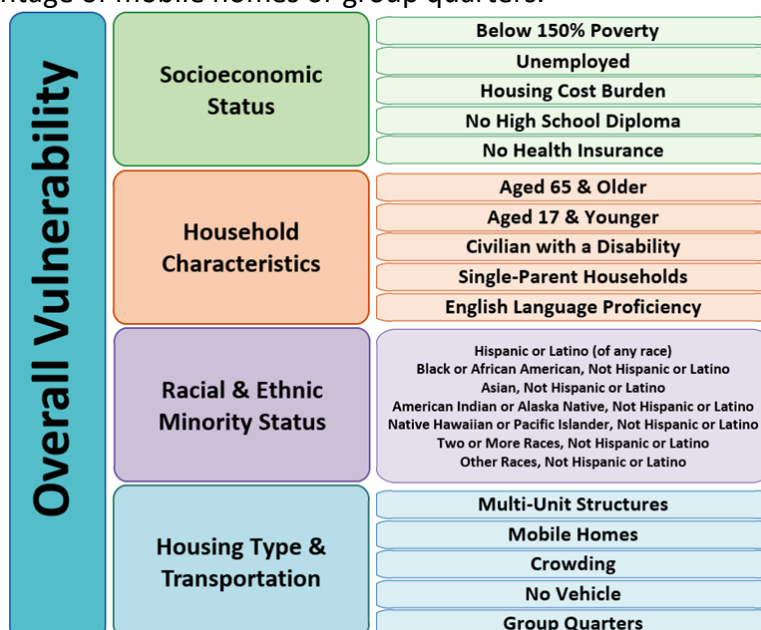
Figure 1. Social Vulnerability Index Themes and Variables. CDC ATSDR GRASP 2020.

The "SVI indicates the relative vulnerability of every US Census tract," according to the CDC. "Census tracts are subdivisions of counties for which the Census collects statistical data. SVI ranks the tracts on 16 social factors" (CDC ATSDR, 2020). Data for the SVI variables were obtained from the United States Census Bureau's American Community Survey 2017-2021 (5-year) estimates. Data were downloaded, compiled and vulnerability was calculated relative to <u>only</u> Guilford County Census tracts. This contrasts with the CDC SVI data which depicts census tract vulnerability relative to <u>all</u> census tracts in the state.

For Survey #1, the sampling frame was defined as those neighborhoods with an SVI score of 0 – 0.75. For Survey #2, the sample population was the most vulnerable neighborhoods, those with an SVI index greater than 0.75. Since the SVI is a percentile ranking, these areas represent the most vulnerable 25% of census tracts based on vulnerability. Figure 2 shows Guilford County census tracts ranked in quartiles by Social Vulnerability Index score. The tracts with the darkest shading represent those tracts included in Survey #2 while all others were included in the sampling frame for Survey #1.
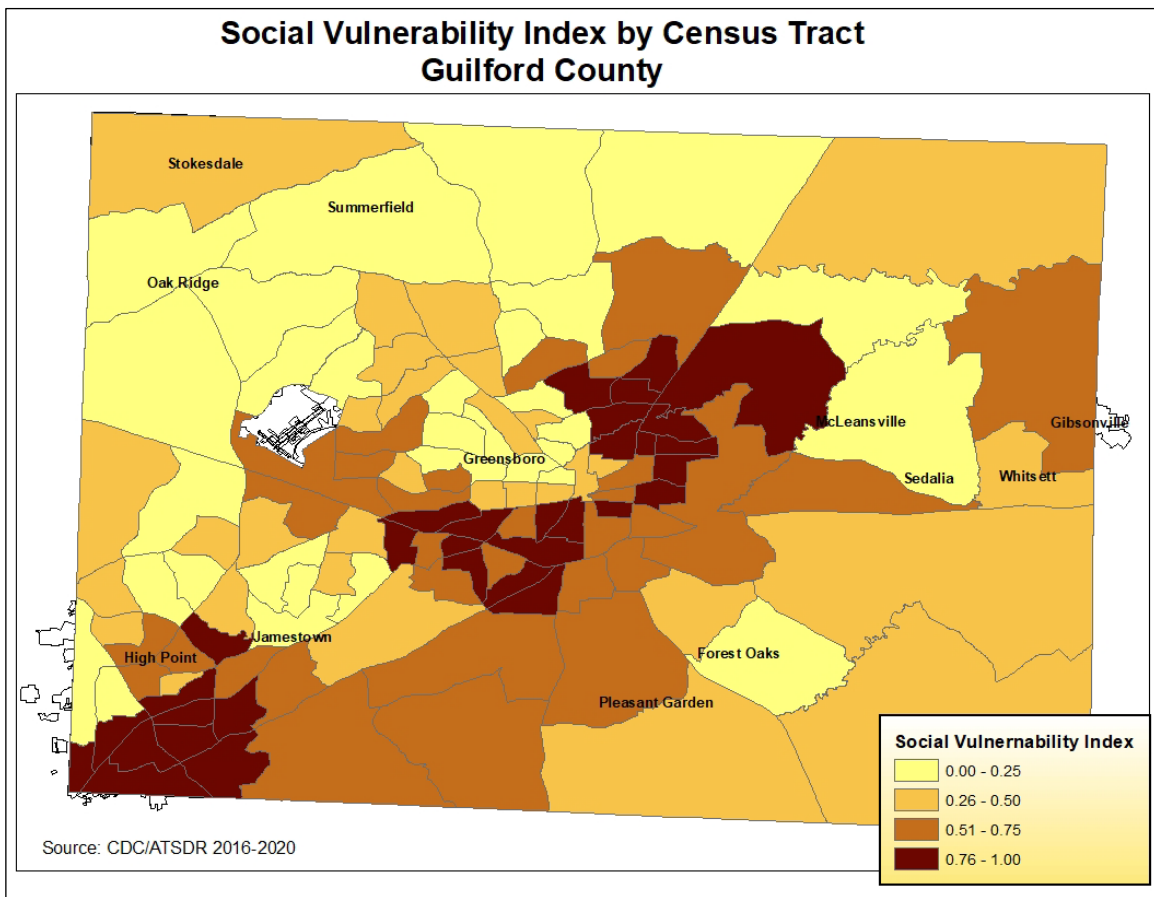
Figure 2: Social Vulnerability Ranked in Quartiles, by Census Tract

A two-stage cluster sampling method, known as Community Assessment for Public Health Emergency Response (CASPER), initially developed by the CDC and the World Health Organization (WHO), was used to select a population-weighted sample of census blocks (Malilay, Flanders, & Brogan, 1996). Population-weighted cluster sampling allows the results to be generalized to the entire population of the sample frame; however, stratification of results into sub-groups can result in imprecise estimates because of smaller sample sizes. This sampling method has been validated to assess various population-level public health needs rapidly. It produces valid and precise estimates within +/- 10% of the "true" estimate (Binkin, Sullivan, Staehling, & Nieburg, 1992).

In the first sampling stage, 30 census blocks were randomly selected with the probability of selection proportional to the number of occupied households for each survey (Figures 3 and 4). The second sampling stage randomly selected seven residential addresses within each pre-selected block. The 30x7 cluster sample resulted in a total sample size of 210. Residential addresses were provided by the Marketing Systems Group, GENESYS Sampling Systems in August 2023.
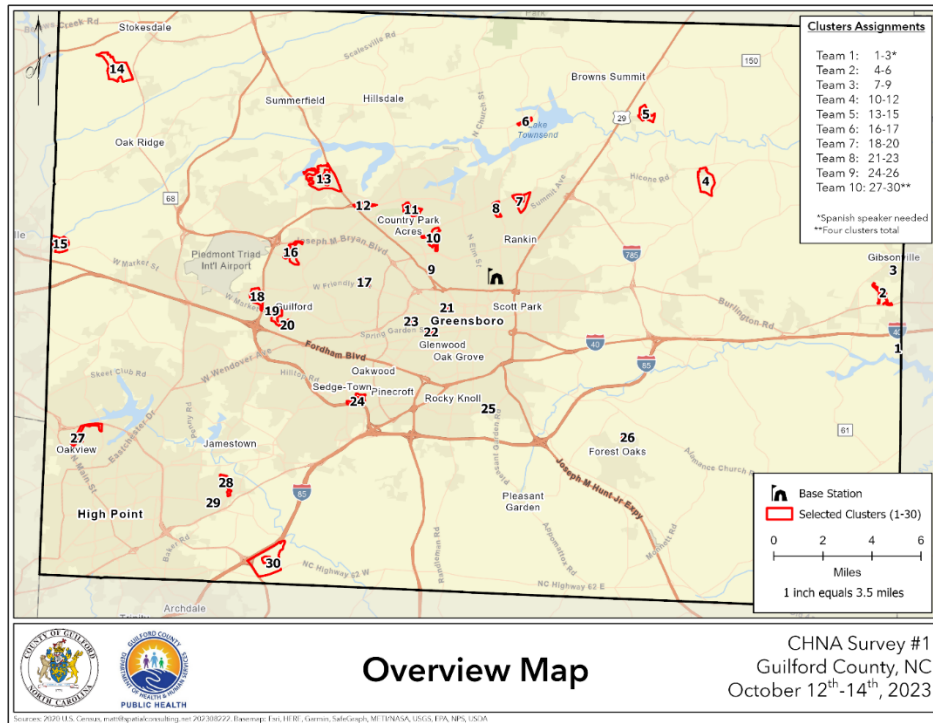
Figure 3. Selected Clusters for Survey #1
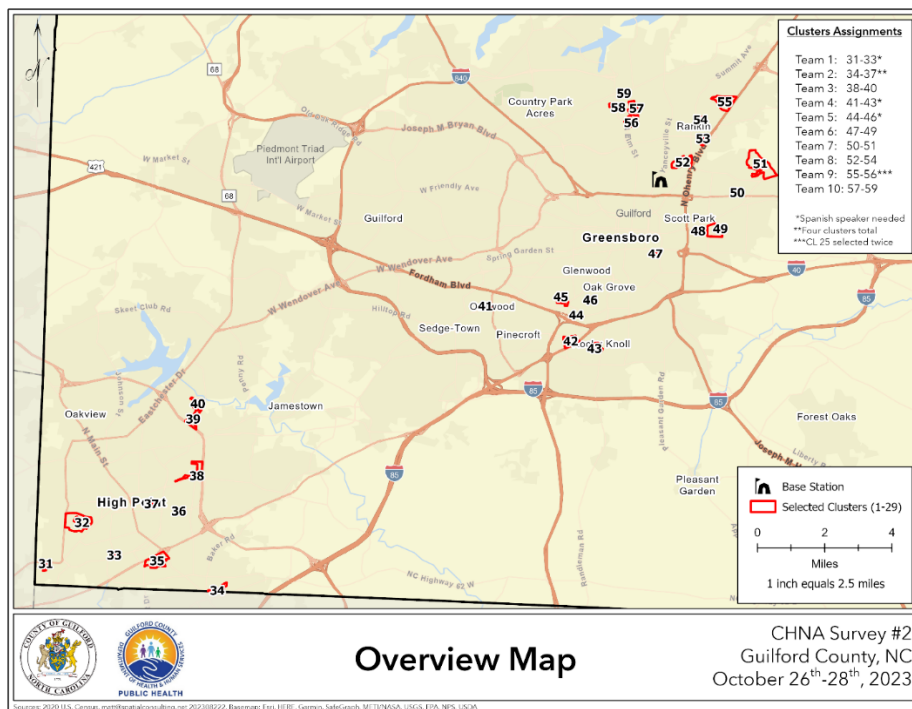
Figure 4. Selected Clusters for Survey #2

Survey Administration

Selected addresses were first sent a postcard letting them know they had been randomly selected to participate in the survey (*Appendix 3 - Survey Postcard 1*). One week later, a packet containing a welcome letter, a paper copy of the questionnaire, and a return envelope was sent (*Appendix 4 - CHA Welcome Letter*). Finally, in week 3, a reminder postcard was sent that also included a QR code for respondents to go online to complete the survey (*Appendix 5 - Survey Postcard 2*). Survey teams then attempted to contact those randomly selected addresses which had not responded so far. Survey teams visited selected neighborhoods for survey 1 from October 12-14 and for survey 2 from October 26-28 with a few additional follow up days in early November to ensure success rate for both surveys. GCDPH issued news releases prior to survey team face-to-face visits (*Appendix 6 - News Release 1 and Appendix 7 - News Release 2*). Roughly 10% of responses for both survey 1 and 2 were completed online or filled out on paper and mailed back to the health department (Table 1). Nearly 90% of surveys were completed face-to-face for both surveys.

Table 1. Survey Response by Mode

	Survey 1 SVI 0 0.75		Survey 2 SVI 0.75 1.0		Combined	
	Number	%	Number	%	Number	%
Online	14	8.0%	10	5.4%	24	6.6%
Paper	6	3.4%	9	4.8%	15	4.1%
Face-to-Face	156	88.6%	167	89.8%	323	89.2%
Total	176	100%	186	100%	362	100%

A 3-hour just-in-time, mandatory training for surveyors and volunteers was held before beginning fieldwork. The training covered the sampling methods, how to safely conduct door-to-door interviews, interview techniques, the questionnaire, use of tracking forms, field maps and the use of tablets for navigating to the pre-selected addresses and to record interview responses.

A total of 176 interviews were conducted in Survey 1, achieving an 83.8% success rate (176/210). From October 12-14, 28 survey teams knocked on doors (Table 2). With additional clean-up teams going out over the next couple weeks, 904 total attempts were made to achieve a cooperation rate of 50.2% and a contact rate of 17.5%. For Survey 2, the success rate was 88.6% (186/210). The cooperation rate was 68.4% while the contact rate was 23.0%. Nearly all the response rates were within expected ranges for conducting door-to-door interviews. It should be noted that survey teams had to contact more doors in Survey #1 and encountered more resistance to participating. Respondents who participated were also invited to participate in an on-going assessment cohort for future follow-up.

Table 2. Response Rate Summary

	Survey 1 SVI 0 0.75	Survey 2 SVI 0.75 1.0	Combined	Expected Range
Success Rate: Percentage of completed surveys based on goal of 210 for both surveys	83.8%	88.6%	86.0%	80%+
Cooperation Rate: Percentage of contacted residents agreeing to complete the survey	50.2%	68.4%	63.6%	60-80%
Contact Rate: Percentage of residents of randomly selected addresses successfully contacted for face-to-face interviews.	17.5%	23.0%	21.8%	20-40%
Total attempts	904	751	1,655	

Data Analysis

Survey results were analyzed in SAS version 9.4 (SAS Institute Inc., Cary, NC) using survey adjustment methods. Each survey response was assigned a weight based upon the number of housing units and the population in the cluster and sample frame that it represented. Separate analyses were conducted for the Survey #1 and Survey #2 areas based on SVI scores, as well as both regions combined to represent Guilford County. Collectively, these response weights allow the sample results to be generalized to the entire county.

Before analysis, data were cleaned and checked for duplication. Categorical variables were analyzed with SAS PROC SURVEYFREQ to account for survey weights, clusters, and sample frame, which produces weighted counts, percentages and 95% confidence intervals (CIs). These weighted estimates were then analyzed visually as well. For questions that were only asked to a subset of respondents, such as questions within a skip pattern, unweighted counts, percentages and 95% CIs were calculated because the weights were no longer valid. Thus, these estimates cannot be taken as representative statistics for the survey sampling frame. Many questions allowed respondents to choose multiple responses or requested multiple responses; the weighted percentages calculated for these questions do not sum to 100%. Continuous variables were analyzed with SAS PROC SURVEYMEANS, which produces a weighted mean and standard error that are plotted for visual examination. As with categorical variables, continuous variables that were produced from only a subset of respondents were not weighted for analysis.

In addition to analysis by SVI (survey sample), stratified analyses of survey responses were conducted for strata of the following demographics: 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), and employment (not currently working, employed full or part-time). For the stratified analyses Chi-Square analyses were conducted to assess differences in the distribution of responses across demographic strata using an *a priori* alpha level of 0.05 to determine statistically significant results. Using the results of the significance tests, questions with statistically significant or otherwise notable findings (e.g., $p < 0.10$; failed tests due to 0 counts but with large differences) were reviewed and presented where appropriate in the report.

References

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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 9th grade	0.7% (0, 2.1)	9.6% (1.8, 17.5)	2.7% (0.6, 4.7)	3.9%
9-12th 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.
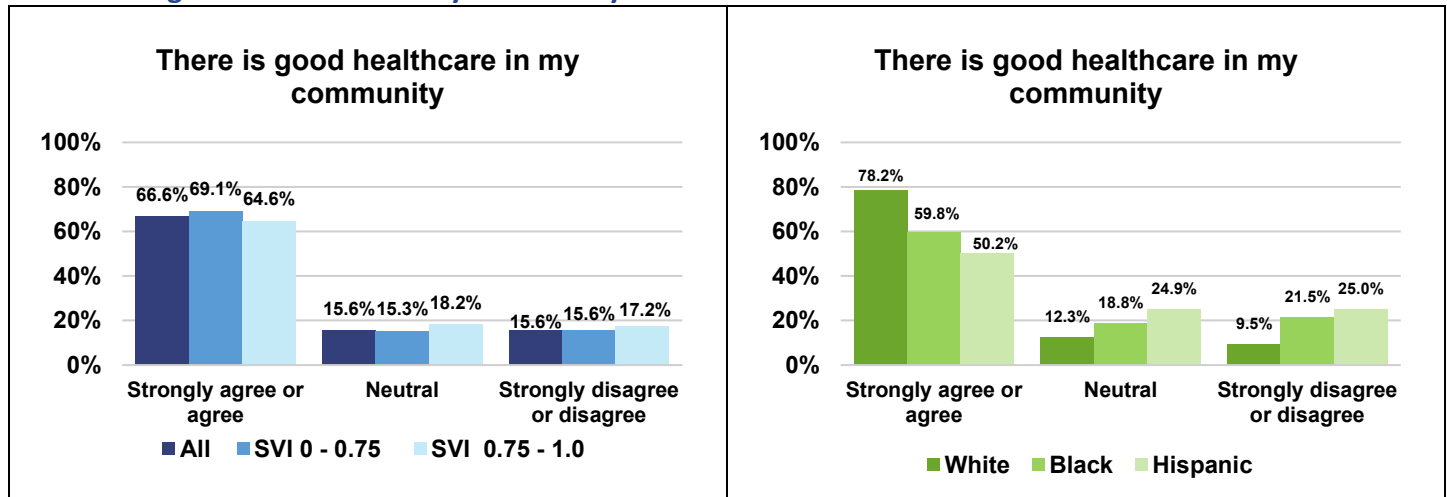
Interpretation: 66.6% of all respondents agreed or strongly agreed that there is good health care in their community while 15.6% disagreed or strongly disagreed.

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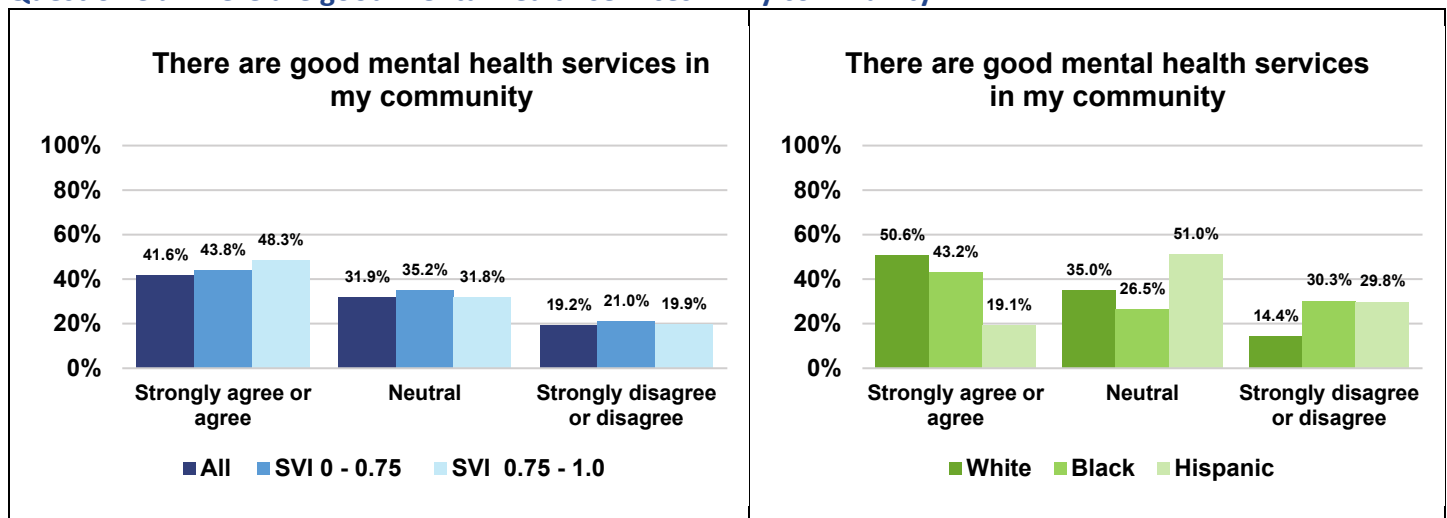
Interpretation: 41.6% of all respondents agreed or strongly agreed that there are mental health services in their community while 19.2% disagreed or strongly disagreed, and 31.9% were neutral, neither agreeing nor disagreeing. The differences between Lower and Higher SVI survey responses were not statistically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

My community is a good place to raise children

Strongly agree or agree: All 72.4%, SVI 0 - 0.75 78.4%, SVI 0.75 - 1.0 64.7%
Neutral: All 14.1%, SVI 0 - 0.75 13.8%, SVI 0.75 - 1.0 17.4%
Strongly disagree or disagree: All 9.7%, SVI 0 - 0.75 7.8%, SVI 0.75 - 1.0 18.0%

Legend: ■ All ■ SVI 0 - 0.75 ■ SVI 0.75 - 1.0

My community is a good place to raise children

Strongly agree or agree: Own Home 81.9%, Rent 64.7%
Neutral: Own Home 8.9%, Rent 25.1%
Strongly disagree or disagree: Own Home 9.3%, Rent 10.2%

Legend: ■ Own Home ■ Rent

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.

My community is a good place to age

Strongly agree or agree: All 77.3%, SVI 0 - 0.75 79.6%, SVI 0.75 - 1.0 69.5%
Neutral: All 10.6%, SVI 0 - 0.75 9.0%, SVI 0.75 - 1.0 16.1%
Strongly disagree or disagree: All 12.0%, SVI 0 - 0.75 11.4%, SVI 0.75 - 1.0 14.4%

Legend: ■ All ■ SVI 0 - 0.75 ■ SVI 0.75 - 1.0

My community is a good place to age

Strongly agree or agree: Age <= 50 84.6%, Age > 50 70.0%
Neutral: Age <= 50 3.7%, Age > 50 17.6%
Strongly disagree or disagree: Age <= 50 11.7%, Age > 50 12.4%

Legend: ■ Age <= 50 ■ Age > 50
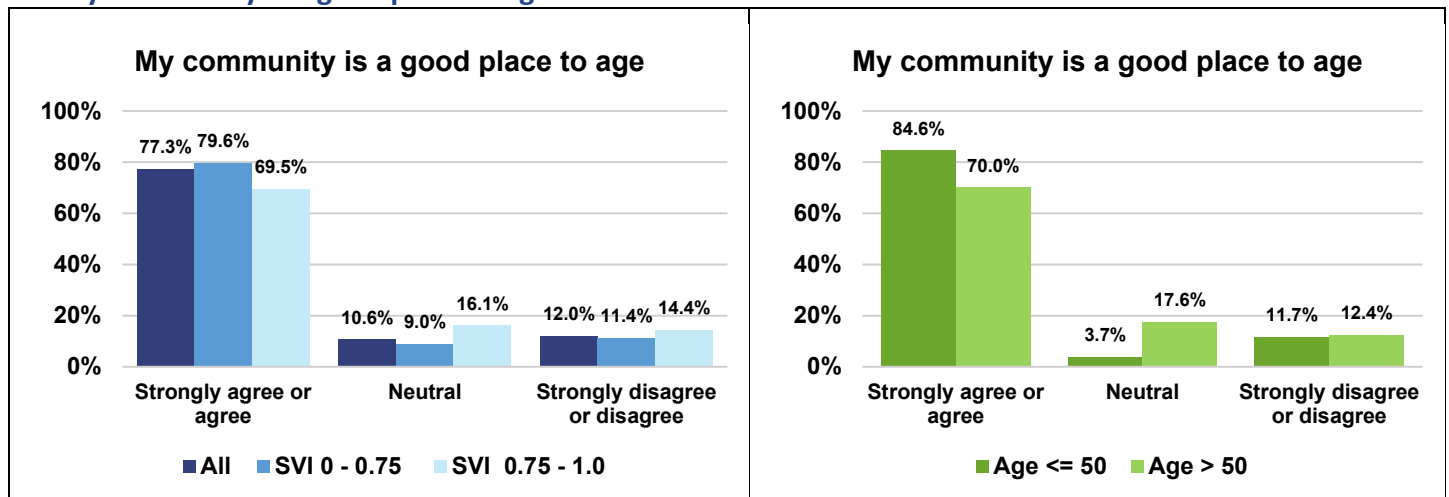
Interpretation: Over three fourths of respondents overall (77.3%) agreed or strongly agreed that the community is a good place to age. Almost 80% of Lower SVI respondents agreed or strongly agreed with this statement compared with 69.5% of Higher SVI respondents. This difference is notable, not reaching 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.

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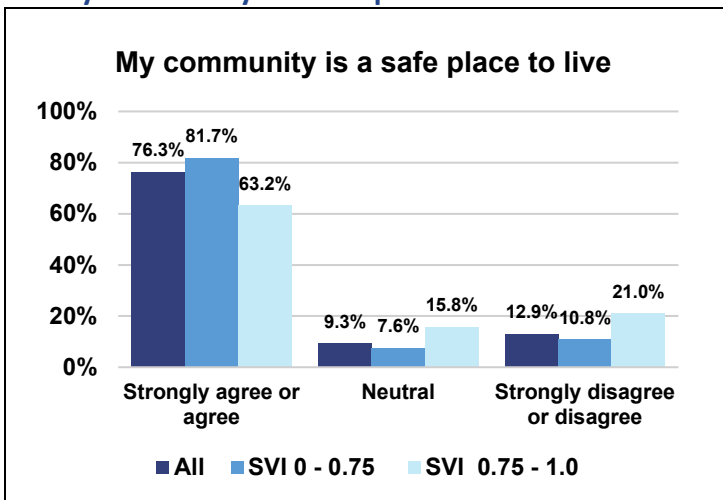
Interpretation: 76.3% of all respondents agreed or strongly agreed that the community is a safe place to live, with Lower SVI survey respondents significantly more likely to agree or strongly agree that the community is a safe place to live compared to Higher SVI survey respondents (81.7% compared to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

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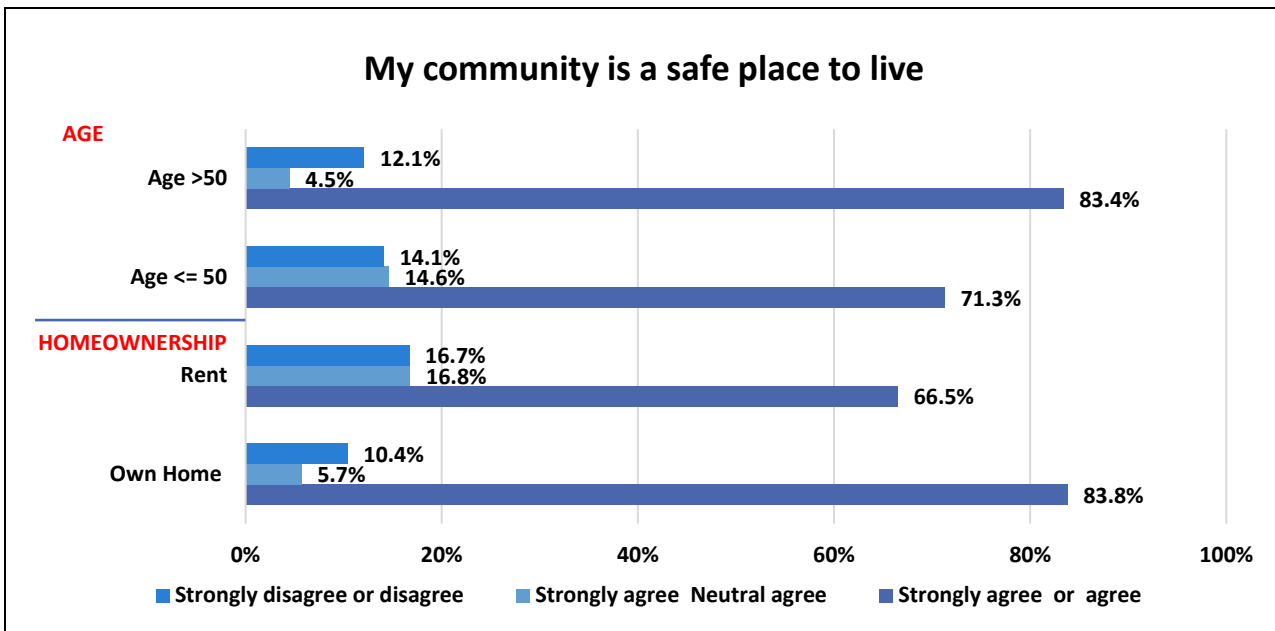
Equity Analysis: There were significant differences in agreement that the community is a safe place to live by younger and older residents and by homeownership status, with older residents and homeowners more likely to agree that the community is a safe place to live.

5f. My community's environment is healthy.

My community's environment is healthy

	Strongly agree or agree	Neutral	Strongly disagree or disagree
All	77.3%	10.6%	12.0%
SVI 0 - 0.75	79.6%	9.0%	11.4%
SVI 0.75 - 1.0	69.5%	16.1%	14.4%
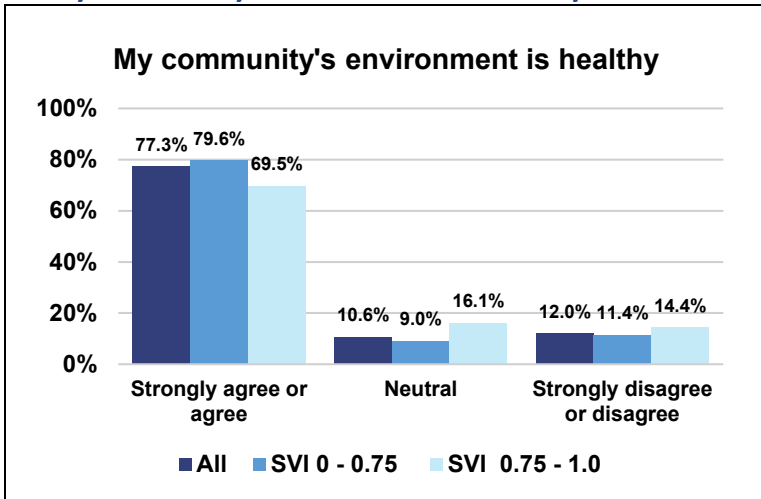
Interpretation: Over three-fourths of all survey respondents agreed or strongly agreed that the community's environment is healthy. Higher SVI respondents were less likely to agree or strongly agree with this statement.

My community's environment is healthy

	Strongly disagree or disagree	Neutral	Strongly agree or agree
AGE			
Age >50	5.5%	7.5%	85.0%
Age <= 50	11.8%	13.7%	74.5%
HOMEOWNERSHIP			
Rent	13.2%	15.9%	70.9%
Own Home	6.2%	7.9%	85.8%
EMPLOYMENT			
Employed	9.1%	5.1%	85.8%
Unemployed	9.0%	15.0%	76.0%
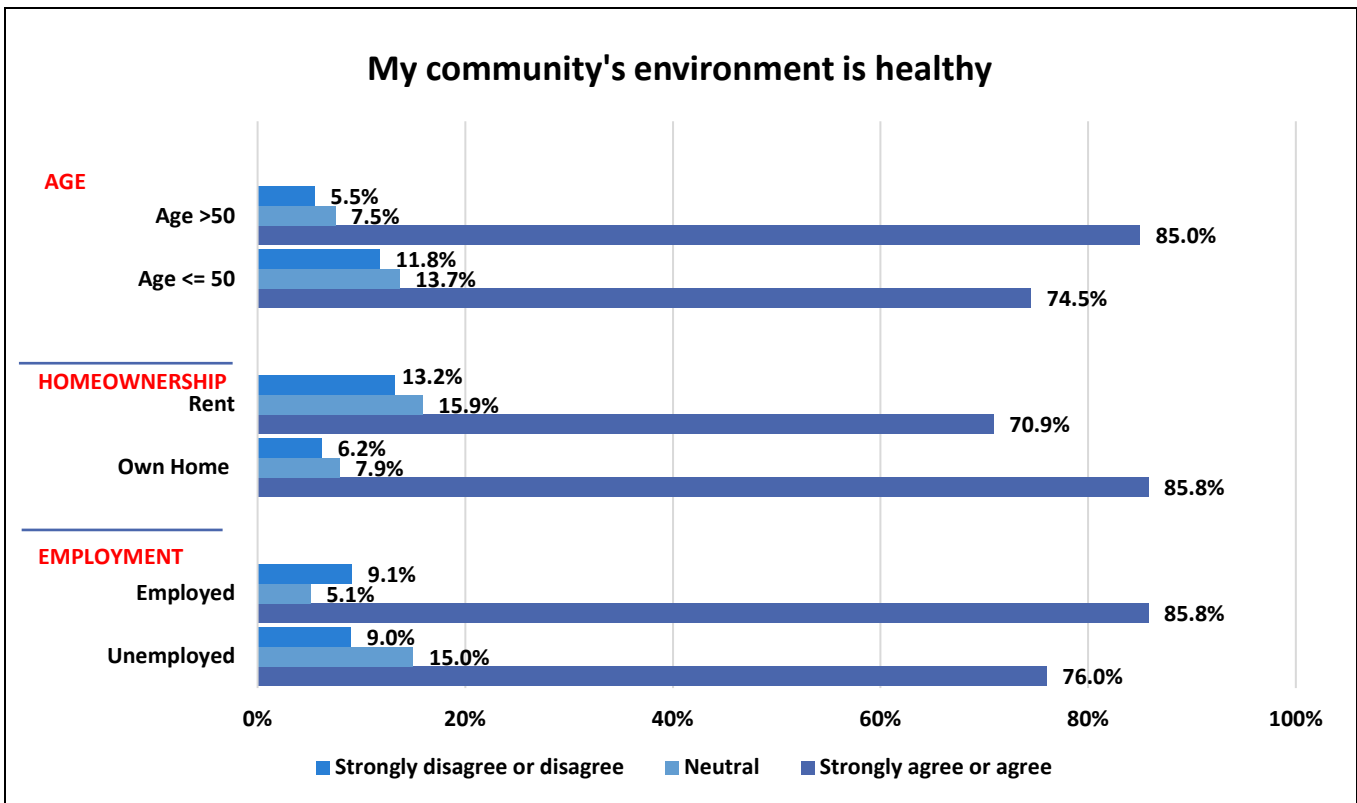
Equity analysis:
- **Employment:** Employed survey respondents were significantly less likely to agree or strongly agree that the community's environment is healthy.
- **Homeownership:** Similarly, those renting their homes were also less likely to agree or strongly agree that the community's environment 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.

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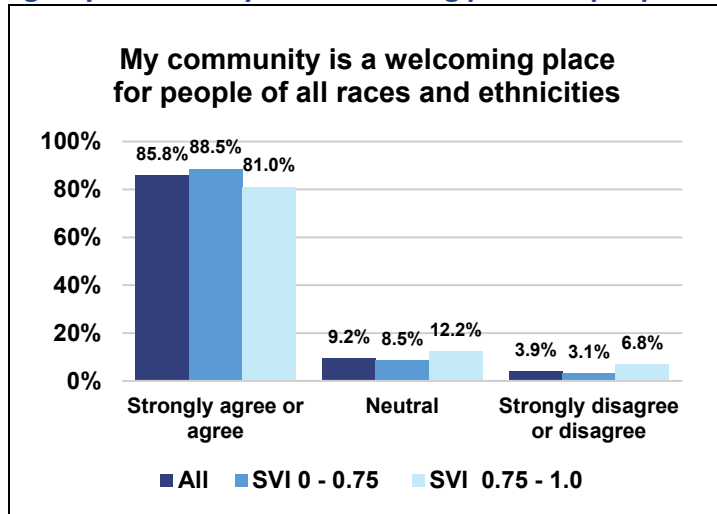
Interpretation: 85.8% of all survey respondents agreed or strongly agreed that the community is a welcoming place for people of all races and ethnicities, with only 3.9% disagreeing or strongly disagreeing with that statement. The differences between the Lower and Higher SVI survey respondents on this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

My community is a welcoming place for people of all races and ethnicities
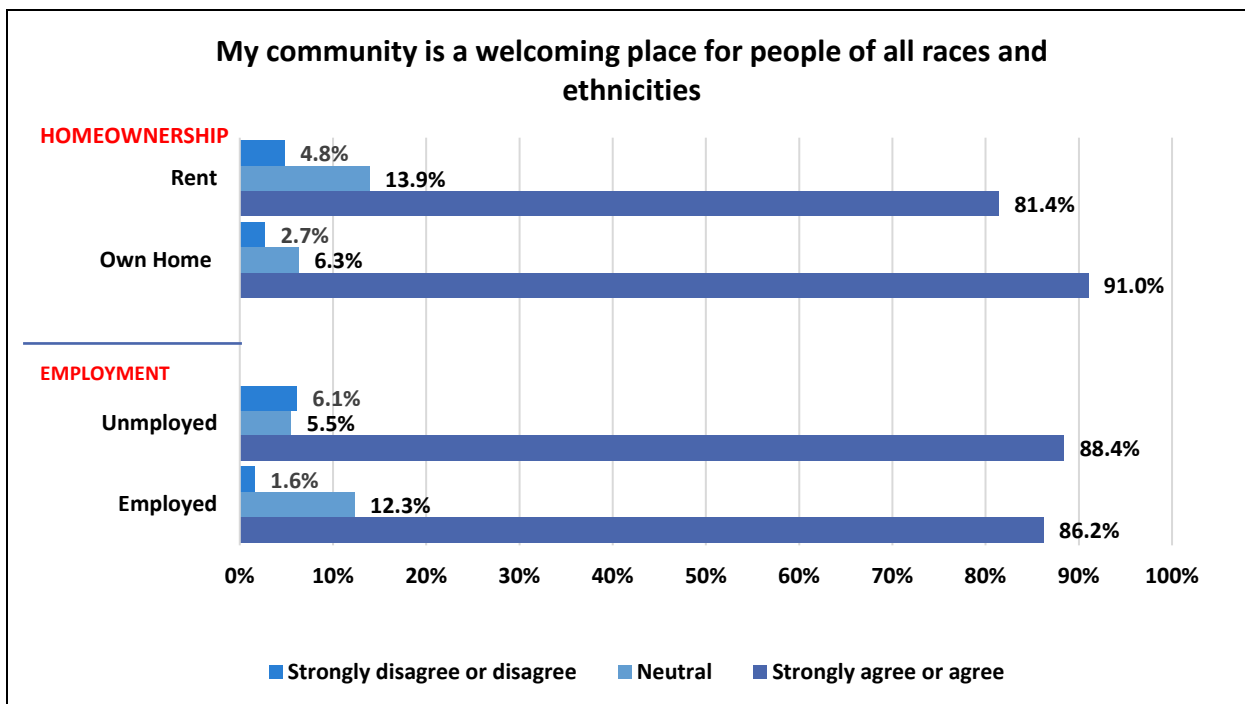
Equity Analysis:

- **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.

There is affordable housing that meets the needs of my community

Legend: ■ All ■ SVI 0 - 0.75 ■ SVI 0.75 - 1.0

- Strongly agree or agree: 36.9% / 37.6% / 40.4%
- Neutral: 21.3% / 22.5% / 21.0%
- Strongly disagree or disagree: 38.2% / 40.0% / 38.6%

There is affordable housing that meets the needs of my community

Legend: ■ White ■ Black ■ Hispanic

- Strongly agree or agree: 32.4% / 45.4% / 36.2%
- Neutral: 18.2% / 19.7% / 41.6%
- Strongly disagree or disagree: 49.4% / 35.0% / 22.3%

There is affordable housing that meets the needs of my community

AGE

Age >50: 34.4% / 20.0% / 45.8%
Age <= 50: 45.0% / 24.4% / 30.7%

HOMEOWNERSHIP

Rent Home: 50.6% / 15.1% / 34.4%
Own Home: 34.9% / 27.1% / 38.0%

EMPLOYMENT

Unemployed: 34.5% / 18.6% / 46.9%
Employed: 44.0% / 24.6% / 31.4%

Legend: ■ Strongly disagree or disagree ■ Neutral ■ Strongly agree or agree

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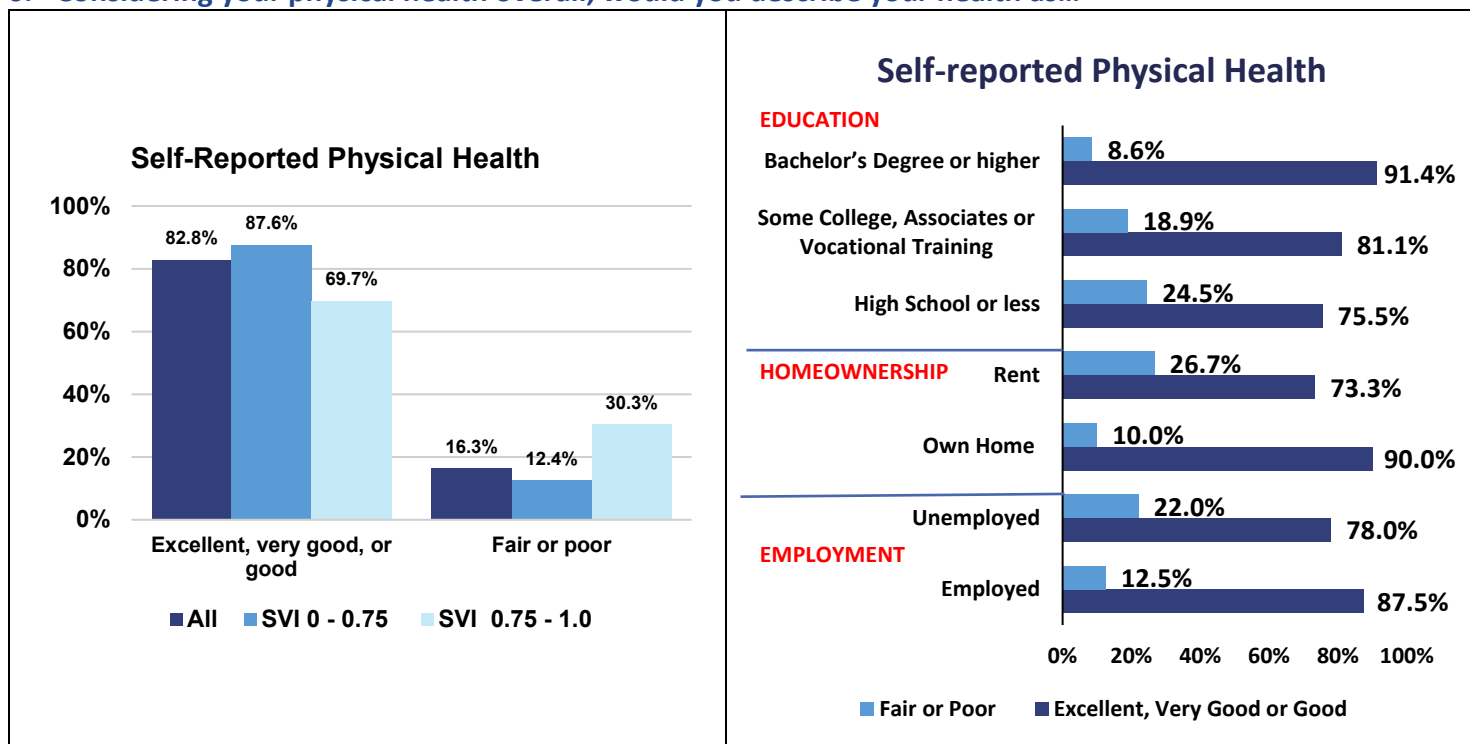
Interpretation: 82.8% of all respondents described their physical health as excellent, very good or good, while 16.3% said it was fair or poor. Residents living in parts of the county with lower social vulnerability reported better overall physical health (87.6%) than residents living in higher social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

Would you describe your mental health is:
- Excellent, very good, or good: All 86.3%, SVI 0 - 0.75 87.6%, SVI 0.75 - 1.0 85.5%
- Fair or poor: All 12.7%, SVI 0 - 0.75 12.4%, SVI 0.75 - 1.0 14.5%

Legend: ■ All ■ SVI 0 - 0.75 ■ SVI 0.75 - 1.0

Mental health is
- Excellent, very good, or good: Own home 90.8%, Rent 81.0%
- Fair or poor: Own home 9.2%, Rent 19.0%

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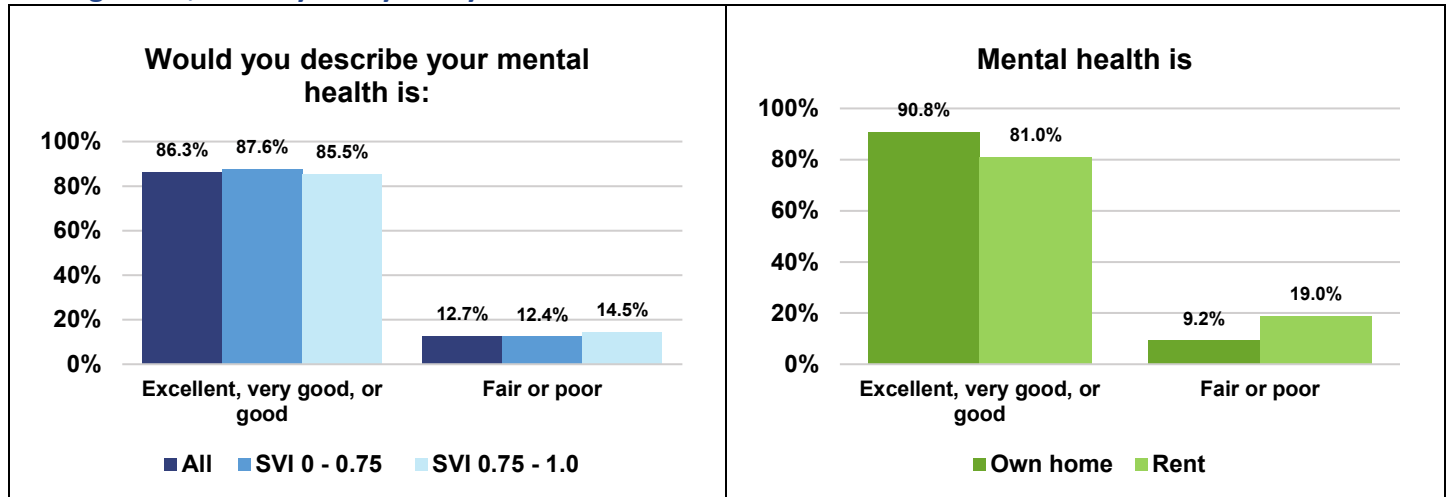
Interpretation: 86.3% of all respondents described their mental health as excellent, very good or good, while 12.7% said it was fair or poor.

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……

How often do you feel isolated or lonely?
- Often: All 7.1%, SVI 0 - 0.75 7.0%, SVI 0.75 - 1.0 7.8%
- Sometimes: All 24.7%, SVI 0 - 0.75 24.4%, SVI 0.75 - 1.0 26.7%
- Rarely: All 27.2%, SVI 0 - 0.75 28.1%, SVI 0.75 - 1.0 25.4%
- Never: All 40.1%, SVI 0 - 0.75 40.5%, SVI 0.75 - 1.0 40.1%

Legend: ■ All ■ SVI 0 - 0.75 ■ SVI 0.75 - 1.0

How often do you feel isolated or lonely?
- Often: Own home 6.3%, Rent 9.5%
- Sometimes: Own home 22.5%, Rent 30.5%
- Rarely: Own home 30.5%, Rent 16.9%
- Never: Own home 40.7%, Rent 43.1%

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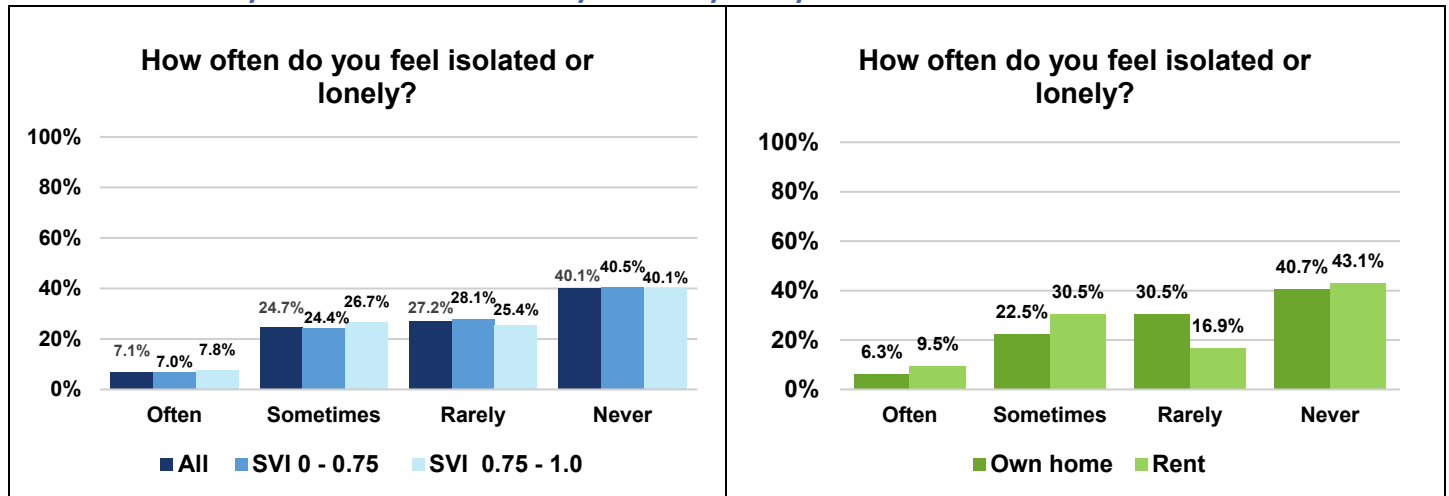
Interpretation: 67.3% of all respondents reported they rarely or never felt isolated or lonely, while 31.8% said they often (7.1%) or sometimes (26.7%) felt isolated or lonely. There was no statistically significant difference by SVI.

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…

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

Not At All Stressful	15.9% (SVI 0.75 - 1.0) / 11.8% (SVI 0 - 0.75) / 12.5% (All)
Not Very Stressful	34.8% (SVI 0.75 - 1.0) / 32.3% (SVI 0 - 0.75) / 32.3% (All)
Moderately Stressful	38.4% (SVI 0.75 - 1.0) / 40.4% (SVI 0 - 0.75) / 39.3% (All)
Very Stressful	5.8% (SVI 0.75 - 1.0) / 10.2% (SVI 0 - 0.75) / 9.0% (All)
Extremely Stressful	5.2% (SVI 0.75 - 1.0) / 5.3% (SVI 0 - 0.75) / 5.2% (All)
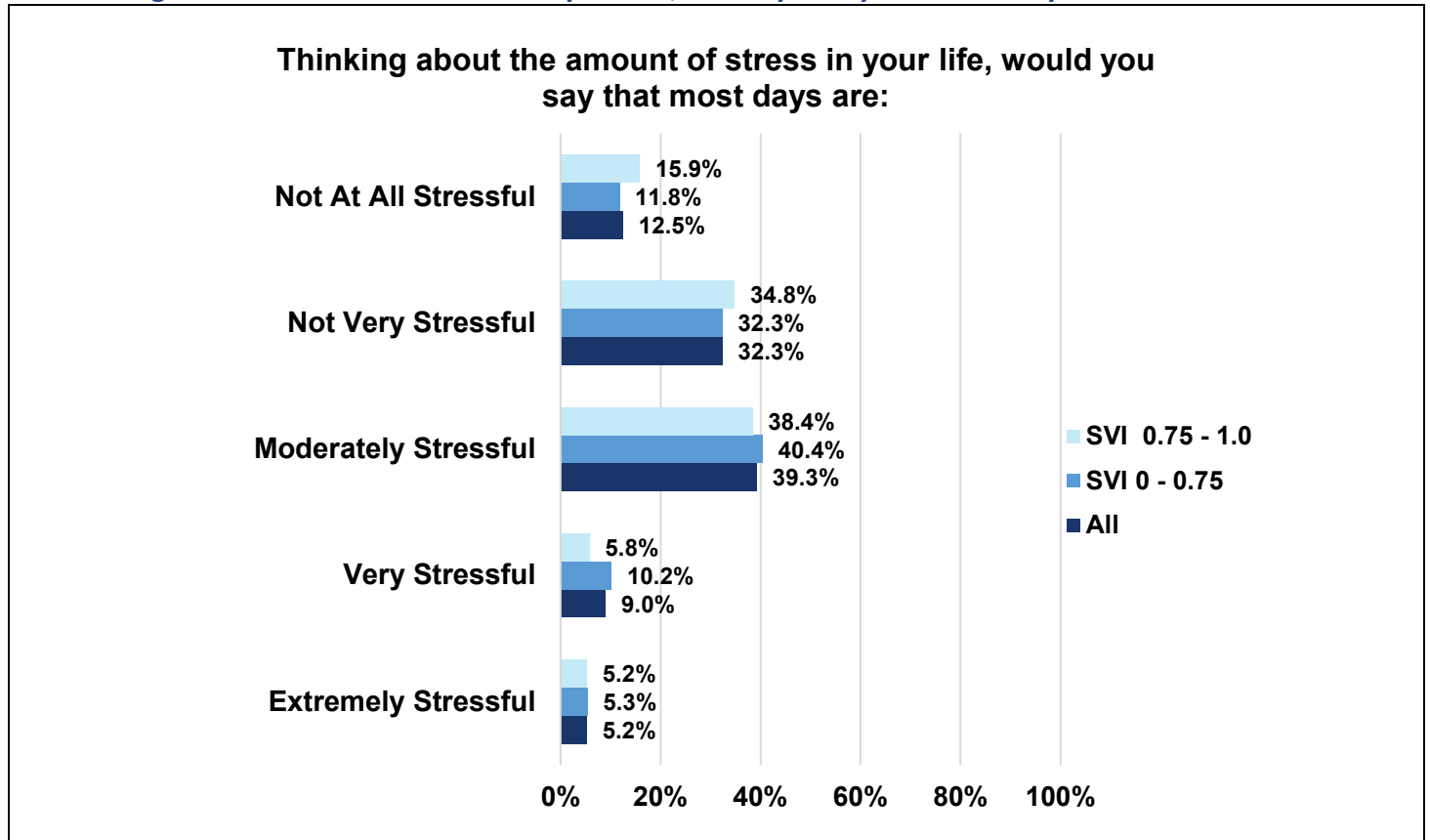
Interpretation: 5.2% of survey respondents indicated that that most days are extremely stressful and 9.0% say most days are very stressful. 12.5% reported most days are not at all stressful with 32.3% saying not very stressful. The differences between Lower SVI and Higher SVI respondents were not statistically 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..

How often you get the social and emotional support you need

- Rarely or never: SVI 0.75 - 1.0: 16.1%, SVI 0 - 0.75: 8.7%, All: 10.4%
- Sometimes: SVI 0.75 - 1.0: 20.1%, SVI 0 - 0.75: 12.4%, All: 14.0%
- Always or usually: SVI 0.75 - 1.0: 63.8%, SVI 0 - 0.75: 78.7%, All: 74.5%

Legend: SVI 0.75 - 1.0, SVI 0 - 0.75, All
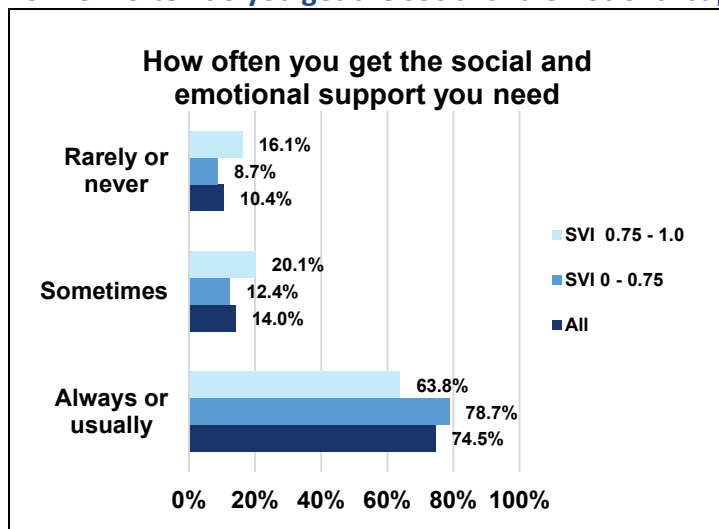
Interpretation: Respondents were also asked about their support systems. Most also reported having strong support systems, with 74.5% stating that they always or usually receive the social and emotional support that they need. However, 10.4% of all respondents reported that they rarely or never get the 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.

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

RACE/ETHNICITY
- White: Rarely or Never: 10.7%, Sometimes: 7.4%, Always or Usually: 82.0%
- Black: Rarely or Never: 9.1%, Sometimes: 15.6%, Always or Usually: 75.3%
- Hispanic: Rarely or Never: 10.1%, Sometimes: 23.1%, Always or Usually: 66.7%

GENDER
- Female: Rarely or Never: 13.3%, Sometimes: 11.1%, Always or Usually: 75.6%
- Male: Rarely or Never: 6.2%, Sometimes: 17.5%, Always or Usually: 76.2%

EMPLOYMENT
- Employed: Rarely or Never: 11.6%, Sometimes: 16.9%, Always or Usually: 71.5%
- Not Employed: Rarely or Never: 9.3%, Sometimes: 9.8%, Always or Usually: 81.0%

Legend: Rarely or Never, Sometimes, Always or Usually

- **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%).
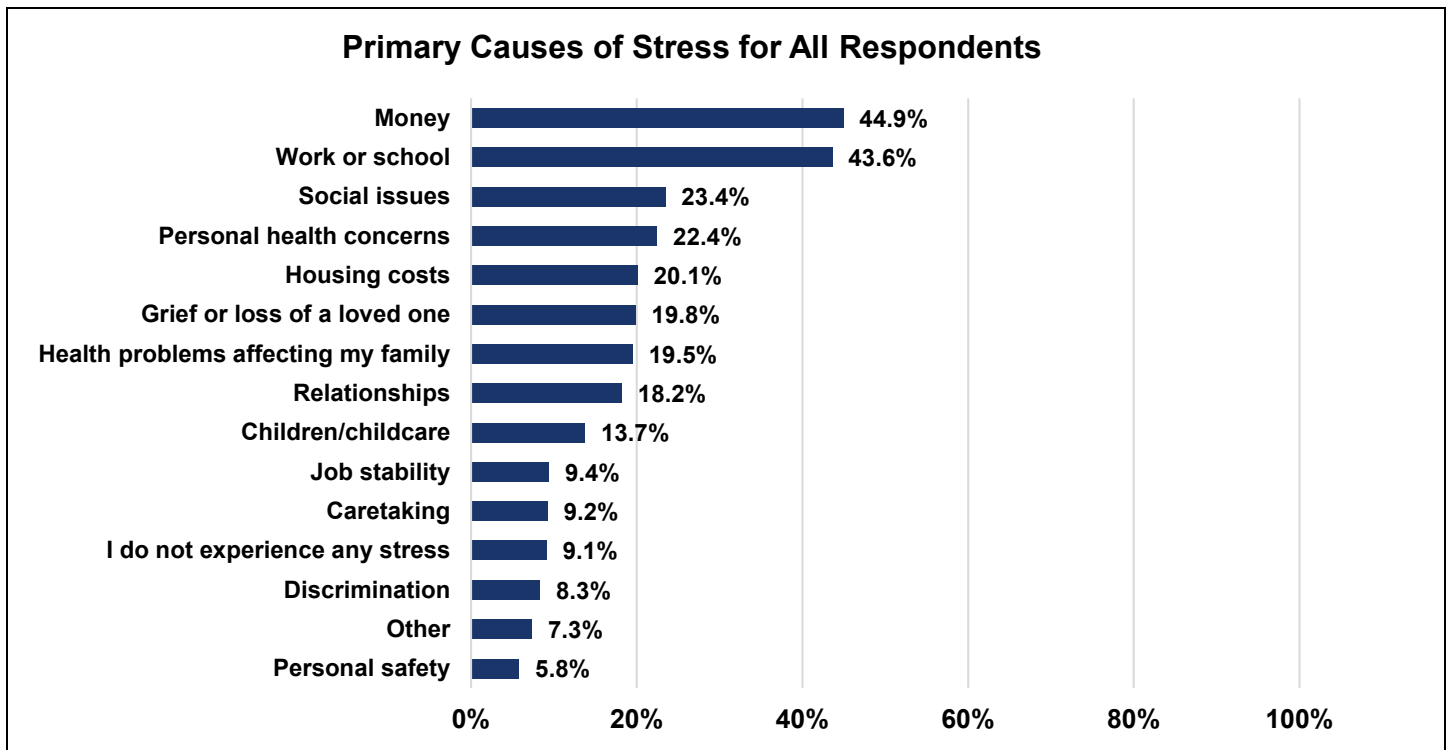
In past community surveys, we found…

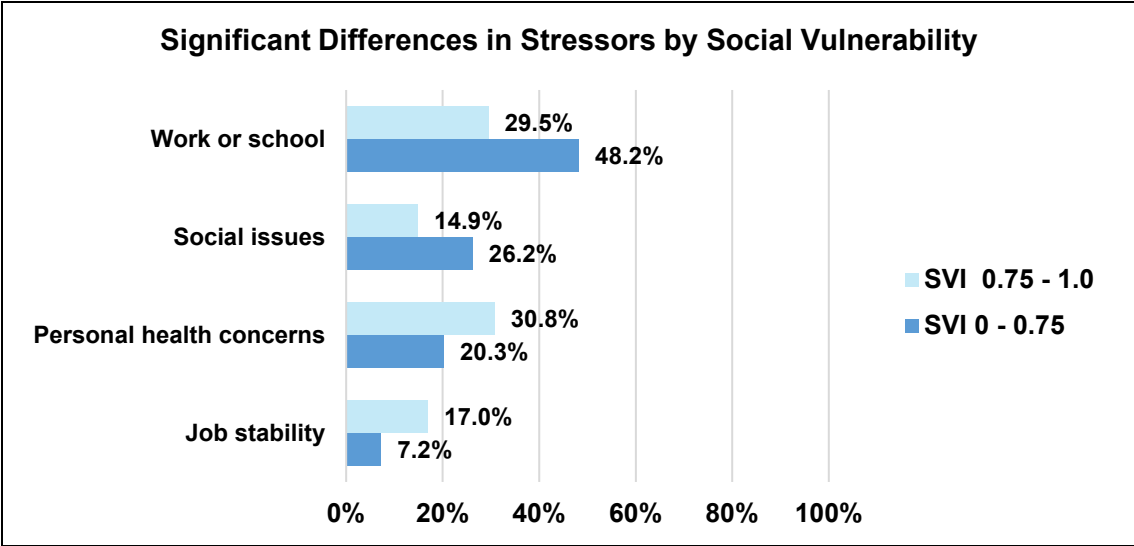**How often do you get the social and emotional support you need?**

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)

Primary Causes of Stress for All Respondents

Cause	Percentage
Money	44.9%
Work or school	43.6%
Social issues	23.4%
Personal health concerns	22.4%
Housing costs	20.1%
Grief or loss of a loved one	19.8%
Health problems affecting my family	19.5%
Relationships	18.2%
Children/childcare	13.7%
Job stability	9.4%
Caretaking	9.2%
I do not experience any stress	9.1%
Discrimination	8.3%
Other	7.3%
Personal safety	5.8%

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.

Significant Differences in Stressors by Social Vulnerability

- Work or school: 29.5% (SVI 0.75 - 1.0), 48.2% (SVI 0 - 0.75)
- Social issues: 14.9% (SVI 0.75 - 1.0), 26.2% (SVI 0 - 0.75)
- Personal health concerns: 30.8% (SVI 0.75 - 1.0), 20.3% (SVI 0 - 0.75)
- Job stability: 17.0% (SVI 0.75 - 1.0), 7.2% (SVI 0 - 0.75)

Significant and Notable Primary Stressors by Equity Indicators

| Cause of stress	Age		Gender		Race/Ethnicity			Education			Home ownership		Employment	
	<=50	>50	M	F	W	B	H	HS	Coll	BS+	Own	Rent	Emp	Not Emp
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Money	59.3	31.9									36.5	59.8	55.5	33.1
Work or school	63.5	25.2			38.2	48.1	62.9						66.6	15.6
Personal Health	17.8	27.3						31.9	19.0	18.3	18.6	30.1		
Children/Childcare	18.4	9.5			6.6	22.5	13.6							
Caretaking			3.6	13.1										
Relationships	22.9	14.0											22.6	13.4
Family health								24.8	22.6	14.0	10.2	38.7		
Housing costs	28.9	12.0	13.7	24.6	13.5	29.5	17.5							
Grief or loss			9.1	27.0										
Job stability			6.0	11.7	5.2	15.6	18.1						12.2	6.2
Personal Safety											4.0	9.5	7.5	3.6
Discrimination			4.7	10.8	3.5	11.2	9.6							

Note: Stressors highlighted in yellow are statistically significant at the p = 0.1 level (or notable).

Equity Analysis:
- **Social Vulnerability Index:** Survey respondents in the Lower SVI sample were more likely than those in the Higher SVI sample to report work or school and social issues as stressors. Higher SVI sample respondents were more likely to report personal health concerns and job stability as stressors.
- **Age:** those 50 and younger were significantly more likely to report money, work, children, relationships, and housing costs as stressors than those older than 50. Those over 50 were more likely than younger survey respondents to report personal health as a stressor.
- **Gender:** Women were significantly more likely to report caretaking, housing costs, the grief or loss of a loved one than men. Women also reported a notable difference for job stability and discrimination.
- **Race/Ethnicity:** Black and Hispanic respondents were significantly more likely than White respondents to report children/childcare and housing costs as stressors. Whites were notably less likely to report work/school, job stability, or discrimination than Black or Hispanic respondents.

- **Education:** Survey respondents with a BS degree or greater were significantly less likely than those with less education to report family health issues as a stressor and notably less likely to report personal health issues as a stressor.
- **Homeownership:** Those who rent were more likely to report money, personal health, and housing costs than those who own their homes, and notably more likely to report personal safety issues.
- **Employment:** Those who worked full or part-time were more likely than those who were not currently working to report money and work/school as stressors and notably more likely to report relationships, job stability and personal safety as stressors.

12. Discrimination can happen because of many reasons. In the past 12 months, have you experienced discrimination?
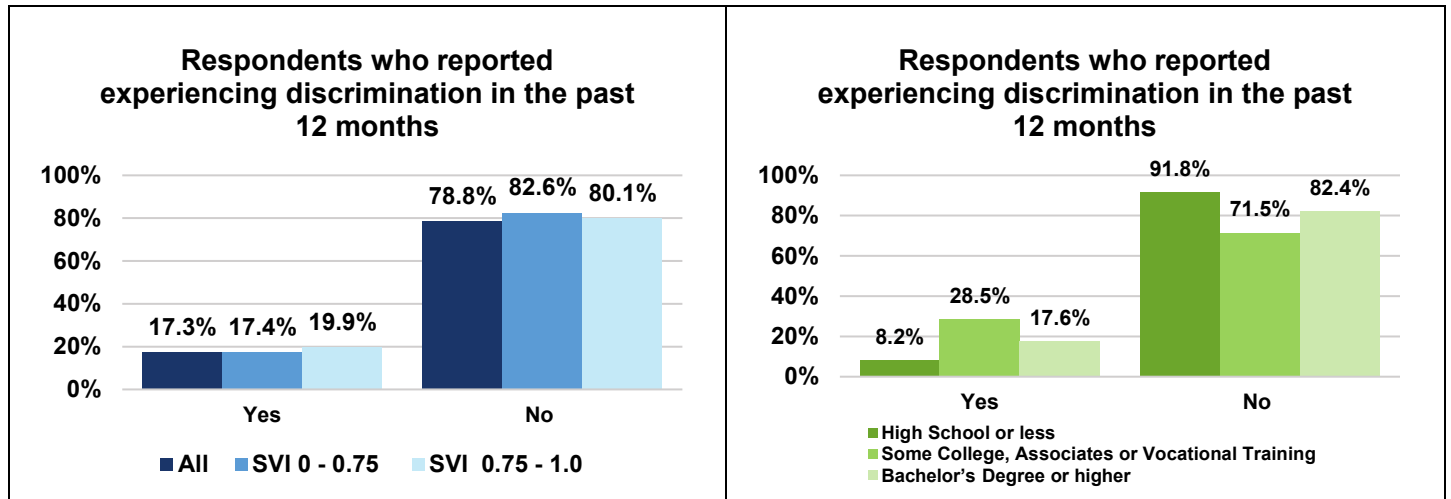
Interpretation: A little over 78.8% of respondents said they had not experienced discrimination in the past 12 months while 17.3% said they had. There was no significant difference with SVI.

Equity Analysis: Those with some college, associate or vocational degrees were more likely than those with a high school education or less and those with a bachelor's degree or greater to report that they had experienced discrimination in the past 12 months.

12b. (If yes) Please tell me which of these reasons you think may have contributed to the discrimination you experienced. (Select all that apply)
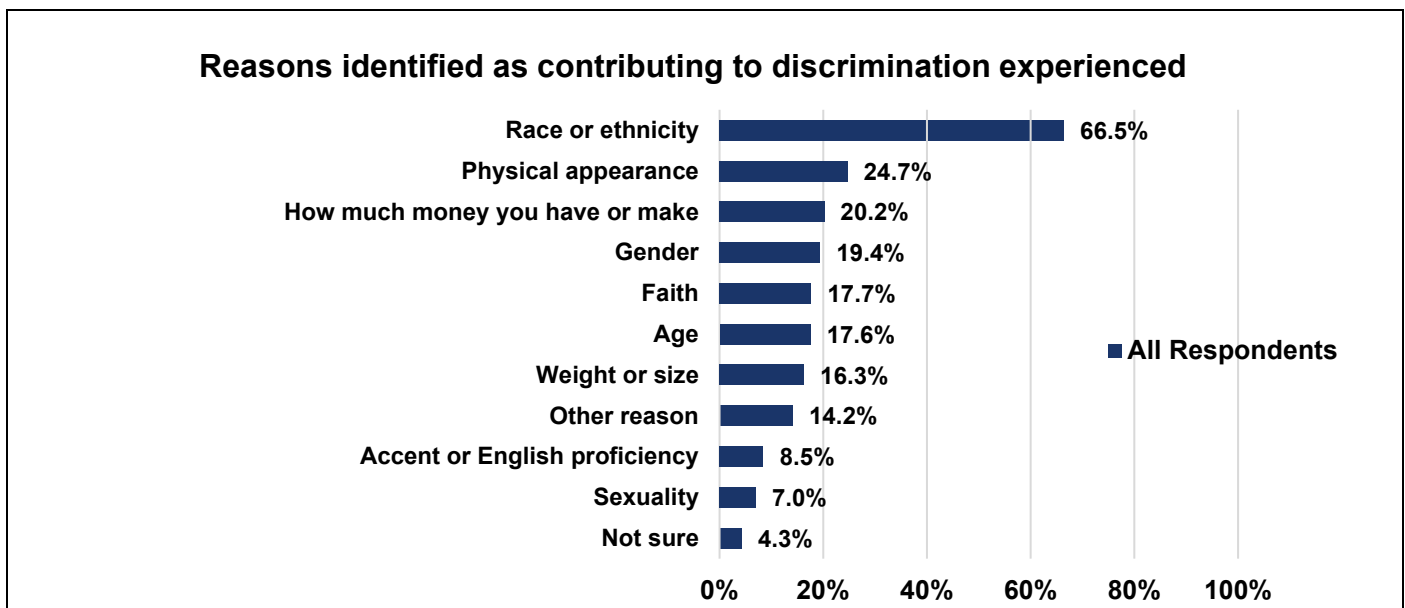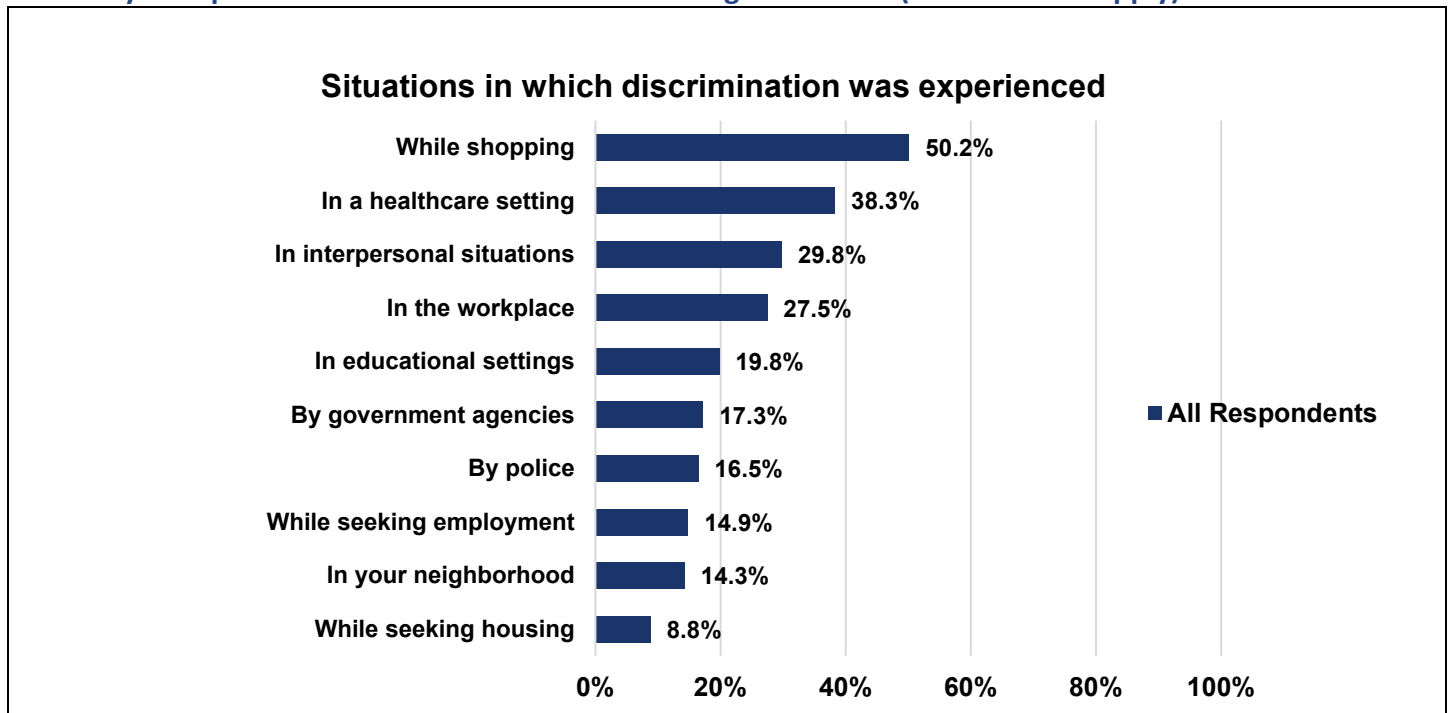
Interpretation: Note that this question was only answered by those that said they had experienced discrimination in the past 12 months (N=65). For those that did experience discrimination, racism was often mentioned, followed by physical appearance, how much money you have or make, and gender.

Equity Analysis: Respondents in the Higher SVI sample reported notably more likely to mention their age and accent or English proficiency as contributing to the discrimination experienced as compared to the Lower SVI group.

- **Age:** Among those reporting experiencing discrimination, those under 50 and younger were more likely than those over 50 to report discrimination due to gender (32.2% vs. 8.3%). Those 50 and younger were also more likely to report discrimination due to their physical appearance (40.4% vs. 11.1%).
- **Gender:** Among those reporting discrimination, men were significantly more likely than women to report discrimination based on race or ethnicity (86.8% compared to 62.4%) and were notably more likely to report discrimination due to sexuality (9.6% compared to 2.3%).
- **Race and ethnicity:** Among those reporting discrimination, White survey respondents were more likely than Black or Hispanic respondents to report discrimination based on how much money they have or make (29.4% compared to 5.8% and 5.7%), while Hispanic respondents were more likely than White and Black respondents to report discrimination based on their accent or English proficiency.
- **Education:** Among those reporting experiencing discrimination, person with a high school education or less were more likely than those with higher education to report discrimination based on their accent or English proficiency (32.2% compared to 1.4% of those with some college, an associate's degree or vocational training and 11.7% of those with a BS degree or higher).
- **Homeownership:** Of those reporting discrimination, those who rent were more likely than homeowners to report discrimination based on gender (41.1% vs. 14.1%) and physical appearance (56.2% vs. 12.8%).

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

Situations in which discrimination was experienced

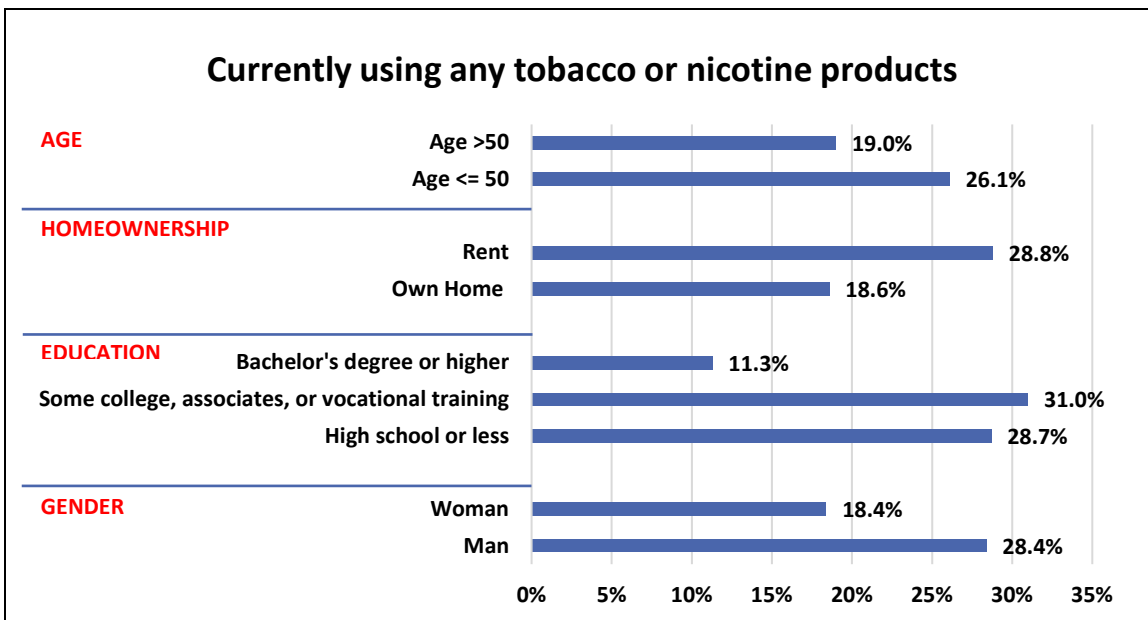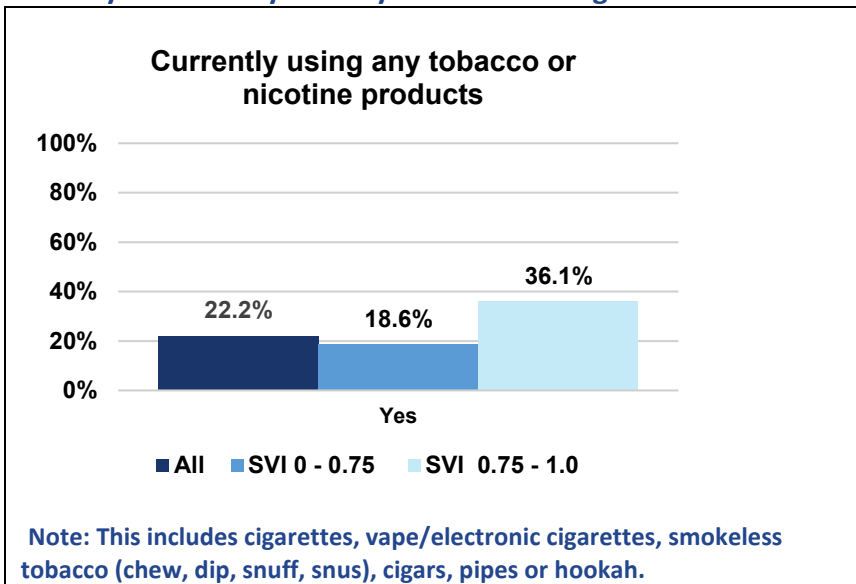| Situation	All Respondents
While shopping	50.2%
In a healthcare setting	38.3%
In interpersonal situations	29.8%
In the workplace	27.5%
In educational settings	19.8%
By government agencies	17.3%
By police	16.5%
While seeking employment	14.9%
In your neighborhood	14.3%
While seeking housing	8.8%

Interpretation: Note that this question was only answered by those that said they had experienced discrimination in the past 12 months (N=65). For those that did report experiencing discrimination, the most common settings were while shopping, in a healthcare setting, in interpersonal situations, and in the workplace.

Equity Analysis: A higher percentage of respondents in the lower SVI sample shared that they experienced discrimination in interpersonal situations (37.2% vs. 14.7% - statistically significant) and in a health care setting (46.9% vs. 21.9% - notable). A higher percentage of those in the Higher SVI group identified discrimination while seeking employment (28.5%) as compared to the Lower SVI group (11.7%).

- **Age:** Among those reporting discrimination, those age 50 and younger reported discrimination while seeking housing (16.7%) and while seeking employment 25.3% and notably reported discrimination by government agencies (26.3%) and in the workplace (39.4%).
- **Race:** Among those reporting discrimination, White respondents reported discrimination while seeking housing (14.4%) and in healthcare settings (62.0%).
- **Homeownership:** Among those reporting discrimination, renters reported that they experienced discrimination while seeking employment (26.6%) and notably reported discrimination in their neighborhoods (32.1%).
- **Employment:** Among those reporting discrimination, those not employed reported discrimination while seeking housing (14.0%) and in the workplace (40.5%).

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

Currently using any tobacco or nicotine products

	All	SVI 0 - 0.75	SVI 0.75 - 1.0
Yes	22.2%	18.6%	36.1%

Note: This includes cigarettes, vape/electronic cigarettes, smokeless tobacco (chew, dip, snuff, snus), cigars, pipes or hookah.

Currently using any tobacco or nicotine products

AGE	
Age >50	19.0%
Age <= 50	26.1%
HOMEOWNERSHIP	
Rent	28.8%
Own Home	18.6%
EDUCATION	
Bachelor's degree or higher	11.3%
Some college, associates, or vocational training	31.0%
High school or less	28.7%
GENDER	
Woman	18.4%
Man	28.4%

Interpretation: While most respondents reported that they do not currently use tobacco or nicotine products (79.7%), 22.2% of all respondents' report using one or more type. There were significant differences by SVI 18.6% in the Lower SVI group report using tobacco/nicotine products as compared to 36.1% in those in the Higher SVI group.

Equity Analysis:

- **Gender:** Men were more likely than women to report currently using tobacco or nicotine products (28.4% compared to 18.4%).
- **Education:** Respondents with a high school education or less and those with some college, an associate's degree or vocational training were more likely to report using tobacco or nicotine products (28.7% and 31.0% respectively) than those respondents with a bachelor's degree or higher (11.3%).
- **Homeownership:** 28.8% of those who rent report using tobacco or nicotine products as compared to 18.6% of homeowners.
- **Age:** There was a notable difference by age with 26.1% of those age 50 and younger reporting using tobacco or nicotine products, compared to 19.0%.

Type of tobacco or nicotine products used

Product	SVI 0.75 - 1.0	SVI 0 - 0.75	All
Cigars	3.6%	2.1%	2.4%
Smokeless tobacco (chew, dip, snuff, snus)	2.3%	1.0%	1.3%
Vape/Electronic cigarettes (e-cigarettes)	6.6%	4.8%	5.1%
Cigarettes	22.1%	9.8%	12.3%

Type of Tobacco or Nicotine Products Used

Vape/E-cigarette Use

AGE
- Age >50: 2.6%
- Age <= 50: 7.9%

Cigarette Use

HOMEOWNERSHIP
- Rent: 18.6%
- Own Home: 9.1%

EDUCATION
- Bachelor's degree or higher: 3.6%
- Some college, associates, or vocational training: 16.7%
- High school or less: 20.1%

Interpretation: Of those who reported currently using any of the following tobacco or nicotine products (22.2%), the most common product was cigarettes, followed by vape/electronic cigarettes. There were statistically significant differences among cigarette use by SVI, with 22.1% of those in the Higher SVI sample reporting smoking cigarettes, as compared to 12.34% in those in the Lower SVI sample.

Equity Analysis:
- **Education:** 3.6% of those with a bachelor's degree or higher currently smoke cigarettes, as compared to 20.1% of those with a high school education or less and 16.7% of those with some college, an associate's degree or vocational training.
- **Homeownership:** Those who rent were twice as likely to smoke cigarettes as those who own their home (18.6% vs. 9.1%).
- **Age:** Those 50 and younger were notable more likely to report vaping or using electronic cigarettes than those 50 and over (7.9% as compared to 2.6%).
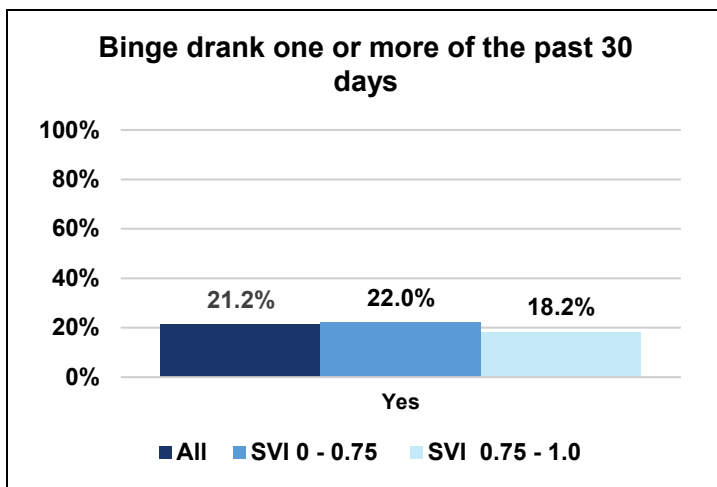
In past community surveys, we found…
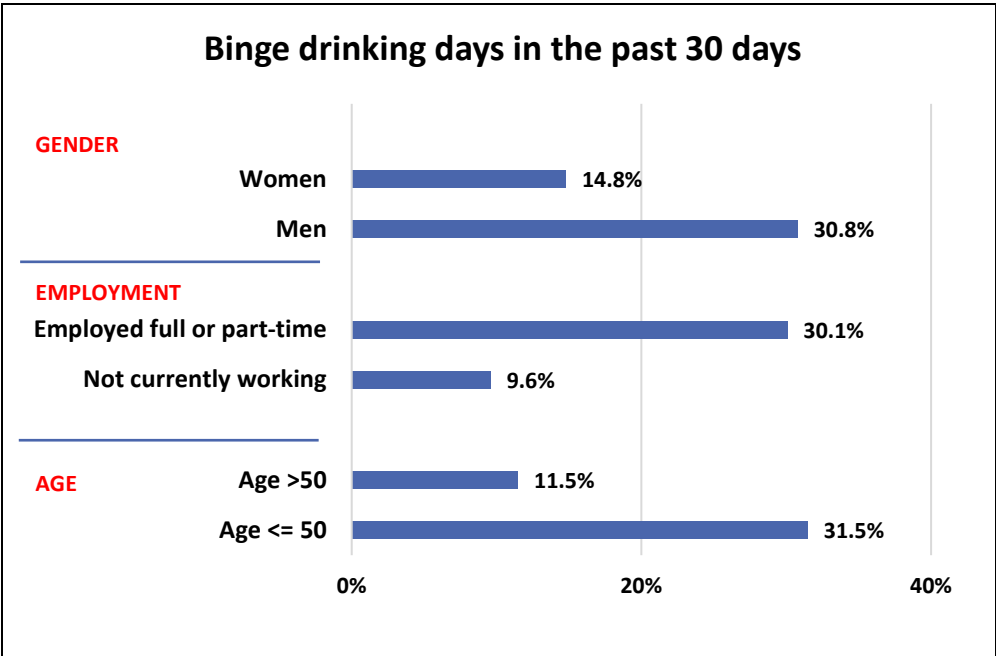
<div align="center">

Smoked cigarettes?

</div>

Survey Year	Yes	No
2009 (high poverty census tracts)	39%	59%
2016	12.8%	82.4%

- **Change over time:** There was little change in the percentage of survey respondents reporting that they smoked cigarettes in 2016 and 2023 (12.8% vs. 12.3%).

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?**

Binge drinking is defined as consuming 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women.

Binge drinking days in the past 30 days

GENDER
- Women: 14.8%
- Men: 30.8%

EMPLOYMENT
- Employed full or part-time: 30.1%
- Not currently working: 9.6%

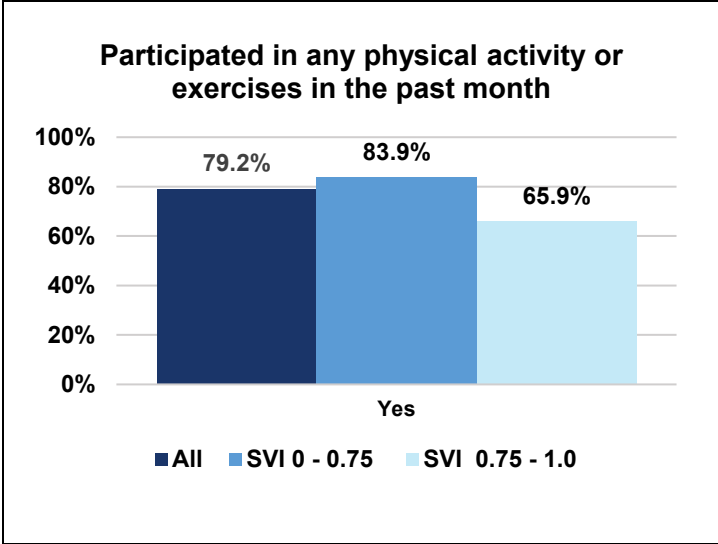**AGE**
- Age >50: 11.5%
- Age <= 50: 31.5%

Interpretation: About 21.2% of all respondents reported that they had engaged in binge-drinking alcoholic beverages one or more of the past 30 days. There were no statistically significant differences by SVI.
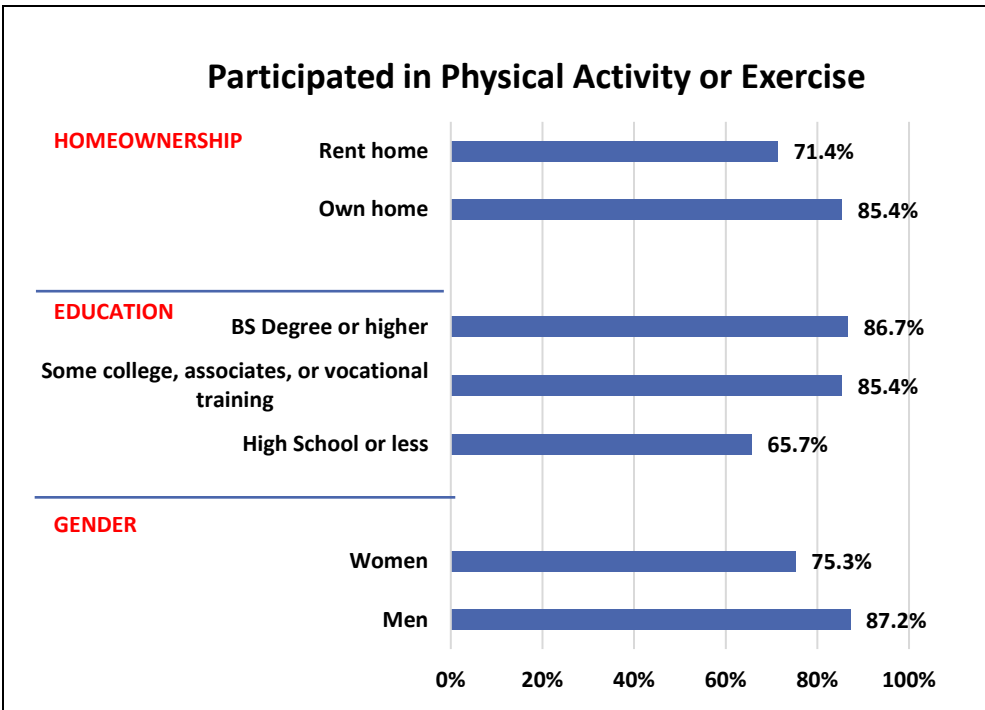
Equity Analysis:

- **Age:** Those 50 and under were more likely to report binge drinking one day or more of the past 30 days compared to those over 50 (31.5% vs. 11.5%) and those under 50 were more likely to binge drink 1-13 days in the past month than those 50 and over.
- **Employment**: Those employed full or part-time were more likely to report binge drinking in the past 30 days than those who were not currently working (30.1% vs. 9.6%).
- **Gender**: Men were more likely than women to report engaging in binge drinking in the previous month (30.8% compared to 14.8%).

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?

Participated in any physical activity or exercises in the past month

- All: 79.2%
- SVI 0 - 0.75: 83.9%
- SVI 0.75 - 1.0: 65.9%

Legend: ■ All ■ SVI 0 - 0.75 ■ SVI 0.75 - 1.0

Interpretation: 79.2% of survey respondents reported that in the previous month they participated in physical activities or exercise other than their regular job. Those in the Higher SVI sample were significantly less likely than those in the Lower SVI sample to report engaging in exercise or physical activity (65.9% vs. 83.9%).

Participated in Physical Activity or Exercise

HOMEOWNERSHIP
- Rent home: 71.4%
- Own home: 85.4%

EDUCATION
- BS Degree or higher: 86.7%
- Some college, associates, or vocational training: 85.4%
- High School or less: 65.7%

GENDER
- Women: 75.3%
- Men: 87.2%

Equity Analysis:

- **Gender:** Women were less likely to report engaging in non-work physical activity or exercise then men (75.3% compared to 87.2%).
- **Education:** Those with a high school education or less were less likely than those with some college, an associate's degree, or vocational training or a BS degree or higher to engage in non-work exercise (65.7% compared to 85.4% and 86.7% respectively).
- **Homeownership:** Those renting their homes were less likely to engage in non-work physical activity than homeowners (71.4% compared to 85.4%).
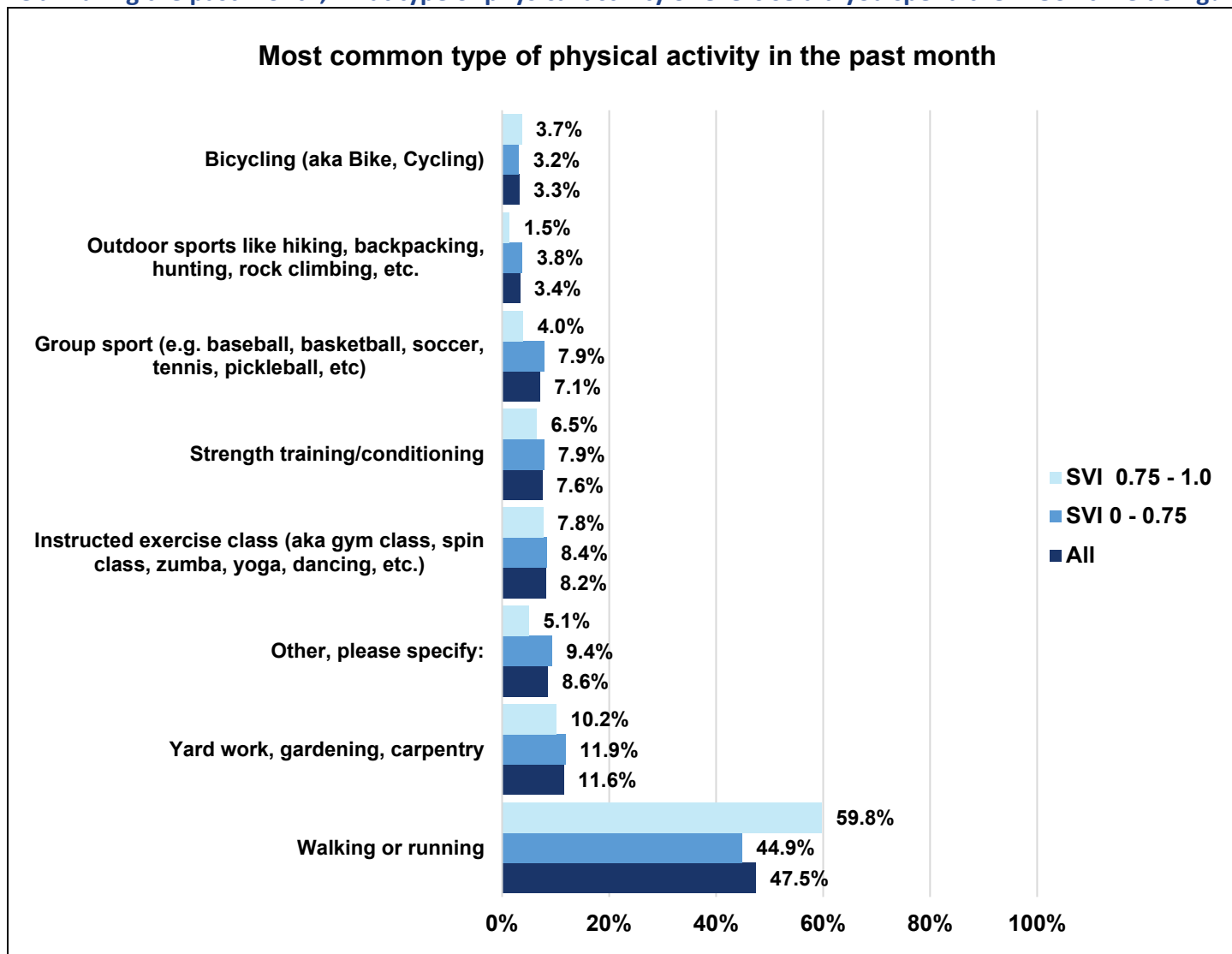
In past community surveys, we found…

Participate in non-work physical activity or exercise in previous month

Survey Year	Yes	No
2009 (high poverty census tracts)	79.0%	21.0%
2016	81.9%	17.9%

- **Change over time:** The percentage of community survey respondents reporting that they engaged in non-work physical activity in the previous month declined slightly from 2016 to 2023, from 81.9% to 79.2%.

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

Most common type of physical activity in the past month

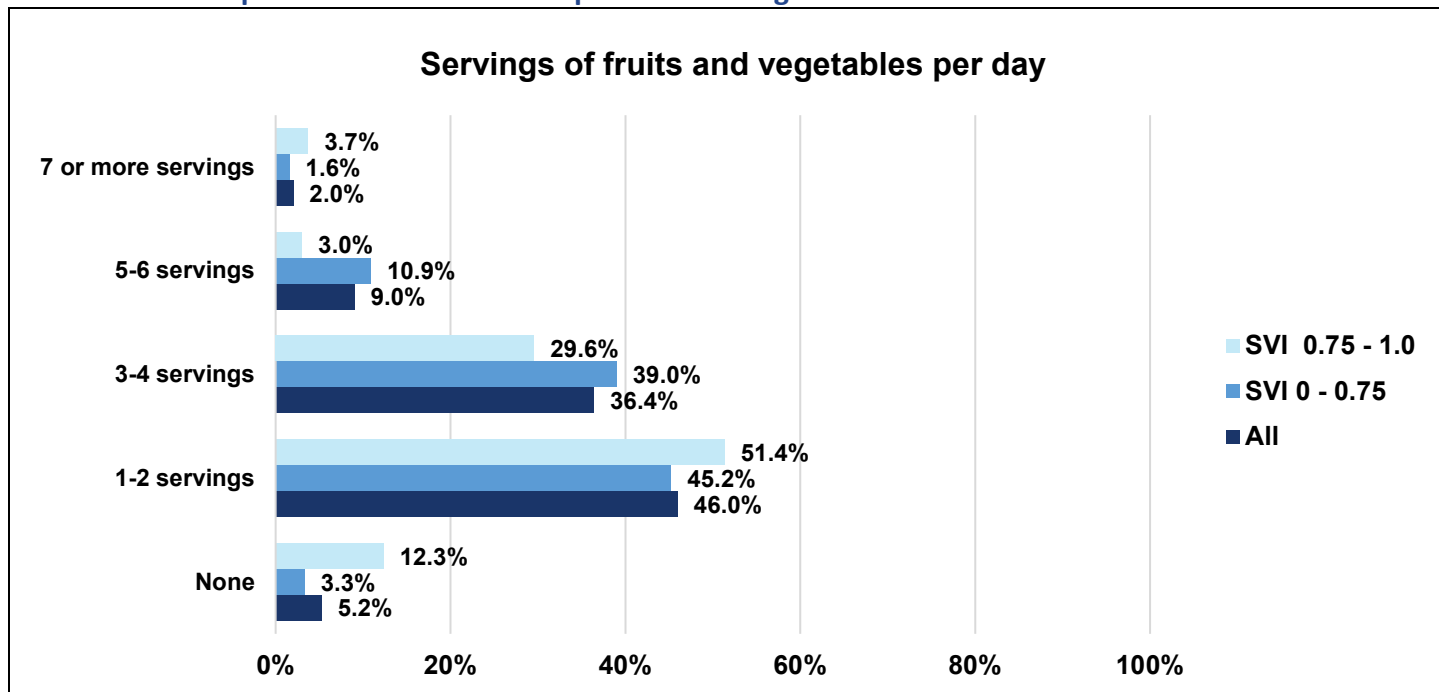| Activity	SVI 0.75 - 1.0	SVI 0 - 0.75	All
Bicycling (aka Bike, Cycling)	3.7%	3.2%	3.3%
Outdoor sports like hiking, backpacking, hunting, rock climbing, etc.	1.5%	3.8%	3.4%
Group sport (e.g. baseball, basketball, soccer, tennis, pickleball, etc)	4.0%	7.9%	7.1%
Strength training/conditioning	6.5%	7.9%	7.6%
Instructed exercise class (aka gym class, spin class, zumba, yoga, dancing, etc.)	7.8%	8.4%	8.2%
Other, please specify:	5.1%	9.4%	8.6%
Yard work, gardening, carpentry	10.2%	11.9%	11.6%
Walking or running	59.8%	44.9%	47.5%

Interpretation: Walking or running, gardening and other types of yard work, instructed exercise and strength training were the most common types of physical activity reported by Guilford residents. Among survey respondents reporting some non-work physical activity, a significantly larger percentage of those in the Higher SVI sample reported that they engaged in walking or running (59.8%) compared to those in the Lower SVI sample (45.0%).

Equity Analysis: The types of physical activity respondents engaged in varied according to equity sub-population.

- **Age:** Survey respondents ages 50 or younger were more likely than those over 50 to report engaging in strength training (12.7% vs. 2.7%) and group sports (11.5% vs. 3.0%). Those 50 and over were more likely to engage in walking or running (55.4% vs. 39.7%) and riding a bicycle (6.2% vs. 0.3%).
- **Gender:** Men were more likely than women to report engaging in group sports (11.4% compared to 3.8%) and strength training (12.2% compared to 3.9%). Women were more likely than men to engage in instructed exercise (10.8% compared to 4.8%) and walking or running (56.6% compared to 36.6%).
- **Race:** Black survey respondents were more likely than White and Hispanic respondents to engage in group sports (12.0% compared to 5.6% for Whites and 7.2% for Hispanics) and strength training (12.2% compared to 1.7% for Whites and 6.7% for Hispanics).
- **Employment:** Those who were employed full or part-time were more likely than those not working to engage in group sports (10.6% compared to 1.8%) and outdoor sports (5.3% compared to 0.4%), while those not currently working were notably more likely to engage in yard work or gardening (16.5% compared to 7.7%).

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.

Servings of fruits and vegetables per day

- **7 or more servings:** SVI 0.75 - 1.0: 3.7%; SVI 0 - 0.75: 1.6%; All: 2.0%
- **5-6 servings:** SVI 0.75 - 1.0: 3.0%; SVI 0 - 0.75: 10.9%; All: 9.0%
- **3-4 servings:** SVI 0.75 - 1.0: 29.6%; SVI 0 - 0.75: 39.0%; All: 36.4%
- **1-2 servings:** SVI 0.75 - 1.0: 51.4%; SVI 0 - 0.75: 45.2%; All: 46.0%
- **None:** SVI 0.75 - 1.0: 12.3%; SVI 0 - 0.75: 3.3%; All: 5.2%

Legend: SVI 0.75 - 1.0, SVI 0 - 0.75, All

Interpretation: Almost half of all survey respondents report that they typically eat at least 1-2 helpings of fruits and vegetables each day and about a third of respondents indicated eating 3-4 servings per day.

Equity Analysis:

- **Social Vulnerability Index:** Those in the Higher SVI survey sample were more likely than those in the Lower SVI sample to report that they typically do not eat any fruits and vegetables (12.3% compared to 3.3%).
- **Homeownership:** Those who rent their home were more likely than homeowners to report that they do not eat any fruits and vegetables, while homeowners were more likely to report eating 5 or 6 helpings of fruits and vegetables (12.0% compared to 5.1%).
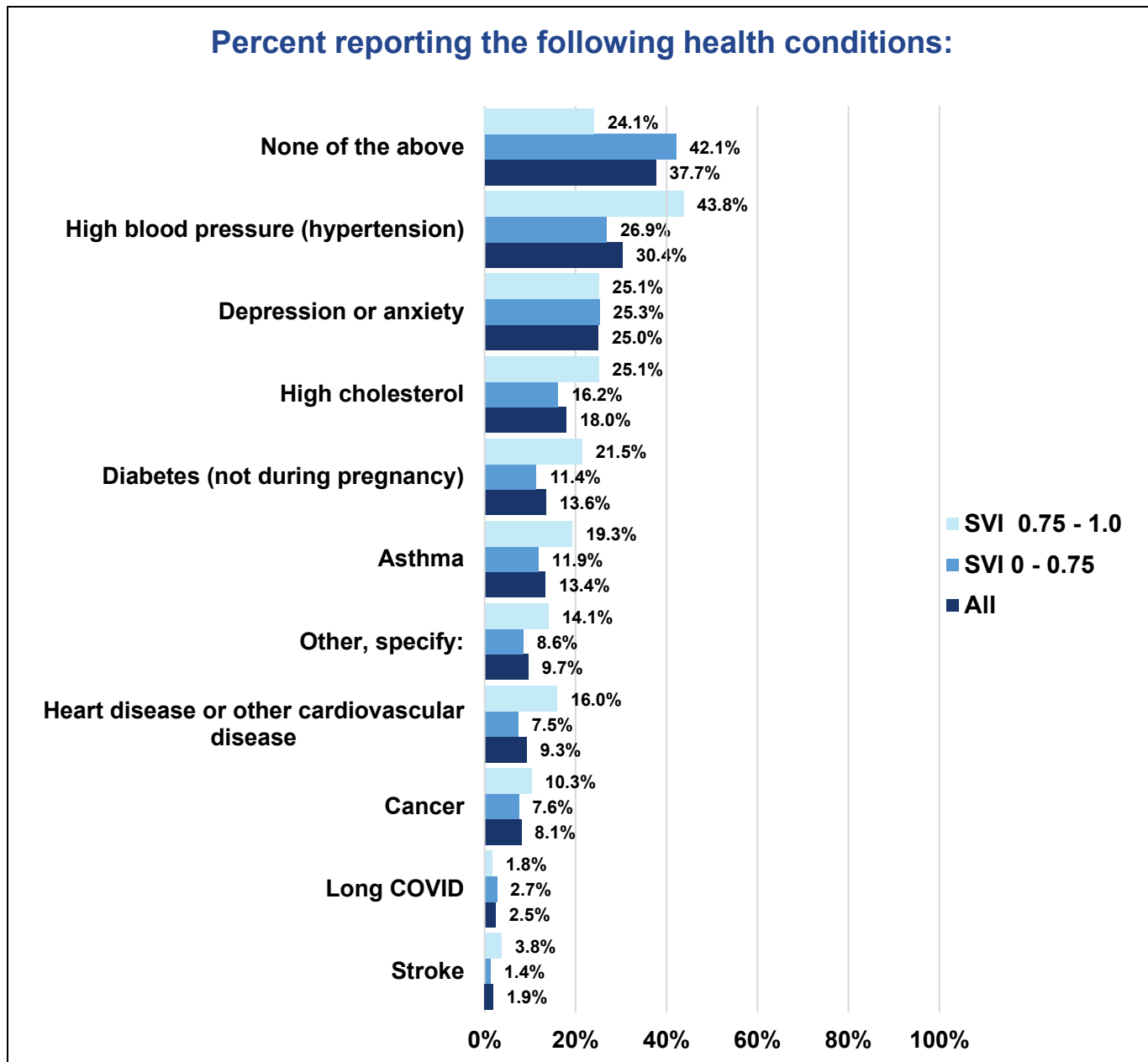
In past community surveys, we found…

Eat 3 or more helpings of fruits and vegetables each day

Survey Year	Yes
2009 (high poverty census tracts)	70.3%
2016	47.5%
2023	47.4%

- **Change over time:** The percentage of community survey respondents reporting that they typically eat 3 or more helpings of fruits and vegetables was substantially higher in the 2009 higher poverty sample survey (70.3%) but was the same in 2016 as in the 2023 surveys.

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)

Percent reporting the following health conditions:

Condition	SVI 0.75 - 1.0	SVI 0 - 0.75	All
None of the above	24.1%	42.1%	37.7%
High blood pressure (hypertension)	43.8%	26.9%	30.4%
Depression or anxiety	25.1%	25.3%	25.0%
High cholesterol	25.1%	16.2%	18.0%
Diabetes (not during pregnancy)	21.5%	11.4%	13.6%
Asthma	19.3%	11.9%	13.4%
Other, specify:	14.1%	8.6%	9.7%
Heart disease or other cardiovascular disease	16.0%	7.5%	9.3%
Cancer	10.3%	7.6%	8.1%
Long COVID	1.8%	2.7%	2.5%
Stroke	3.8%	1.4%	1.9%

Interpretation: The largest percentage of all respondents (37.7%) indicated that they had never been told that they had any of the listed health conditions. The most reported conditions were high blood pressure, depression or anxiety, high cholesterol and diabetes. Lower SVI sample respondents were significantly more likely than Higher SVI respondents to report not having any of the listed conditions (24.1% vs. 42.1%). Lower SVI respondents were more likely to report high blood pressure (43.8% vs. 26.9%), high cholesterol (25.1% compared to 16.2%), diabetes (21.5% vs. 11.4%) and heart disease (16.0% vs. 7.5%).

Equity Analysis: The following table displays the statistically significant and notable differences in reported health conditions by equity indicator:

Significant and Notable Reported Health Conditions by Equity Indicators

Reported Health Condition	Age		Gender		Race/Ethnicity			Education			Home ownership		Employment	
	<=50	>50	M	F	W	B	H	HS	Coll	BS+	Own	Rent	Emp	Not emp
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Asthma					9.3	18.8	13.6	12.3	22.0	8.5	8.0	22.0		
Cancer	1.6	14.6			13.5	5.0	2.5						2.3	16.1
Depression/ Anxiety			15.1	31.4							19.9	36.3		
Diabetes (not during pregnancy)	4.6	22.6	9.5	16.3									8.7	20.5
Heart Disease	4.5	14.3			12.8	6.4	--						3.6	17.4
Stroke	0.1	3.7												
High Blood Pressure	15.0	46.1						39.8	34.0	21.8				
High Cholesterol	9.1	27.2						24.8	21.3	11.3				
Long COVID			0.4	4.0										
None of the above	51.4	25.0						28.9	31.2	49.8			48.4	23.4

Note: Conditions highlighted in yellow are statistically significant at the p = 0.1 level (or notable).

In past community surveys, we found…

Self-reported prevalence of selected health conditions

Selected Health Condition	2009 High Poverty Sample	2016	2023
Asthma	25%	14.7%	13.4%
Cancer	8%	10.0%	8.1%
Depression/Anxiety	NA	24.5%	25.0%
Diabetes	17%	18.1%	13.6%
Heart Disease	11%	10.5%	9.3%
High Blood Pressure	43%	38.6%	30.4%
High Cholesterol	32%	31.6%	18.0%

- **Change over time:** The reported prevalence of high blood pressure and high cholesterol declined substantially from 2016 to 2023.

Access to Care

This section asked respondents to answer questions about their health care usage, health insurance, barriers to health care, sources of health information and emergency preparedness.
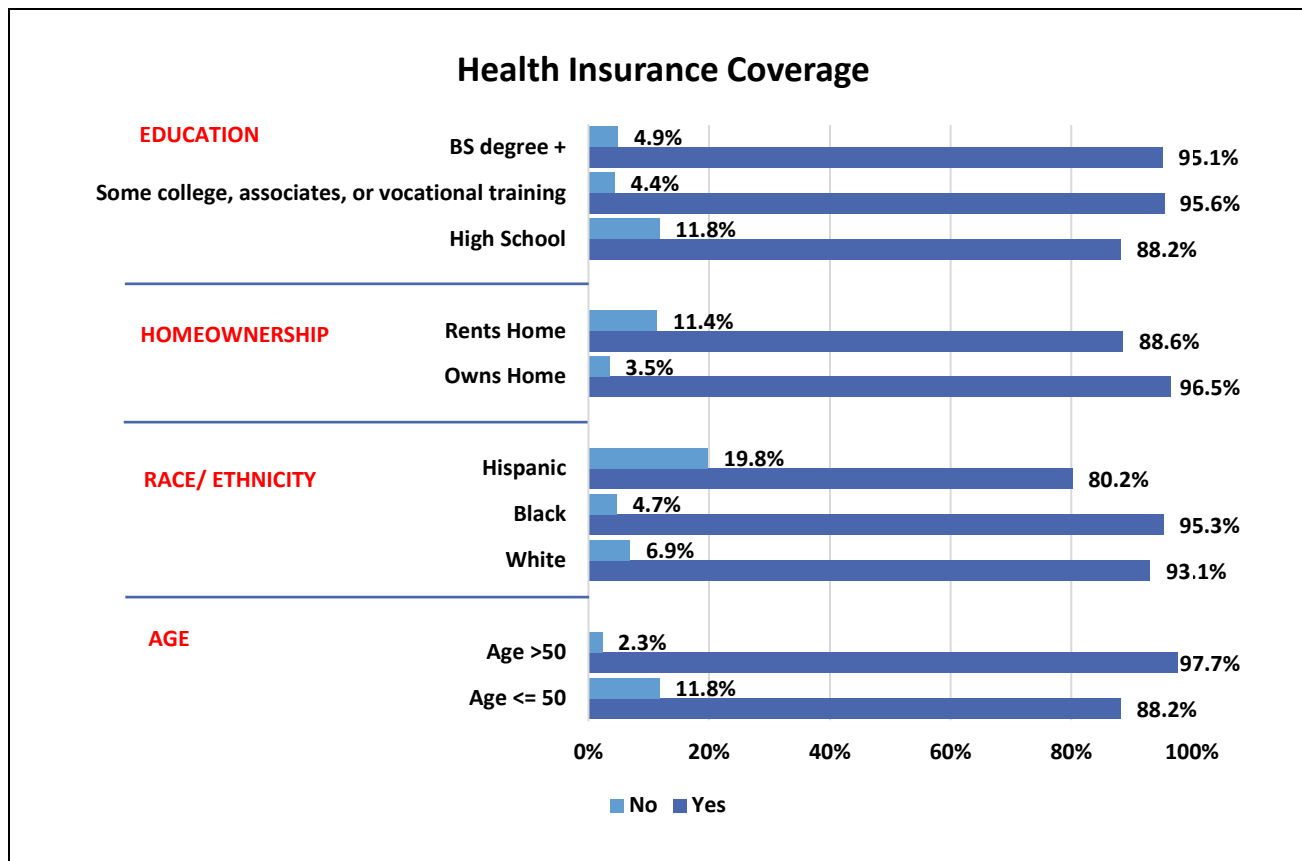
18. Where do you go most often when you are sick or need advice about your health?

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

Category	SVI 0.75 - 1.0	SVI 0 - 0.75	All
Not applicable	2.3%	3.5%	3.2%
Other	9.7%	8.3%	8.6%
Community clinic	3.7%	0.0%	0.8%
Doctor's office	61.6%	69.3%	67.5%
Hospital clinic	2.5%	3.0%	2.8%
Urgent care center	13.9%	11.6%	12.1%
Health Department	0.9%	0.0%	0.2%
Hospital emergency room	5.4%	4.3%	4.6%
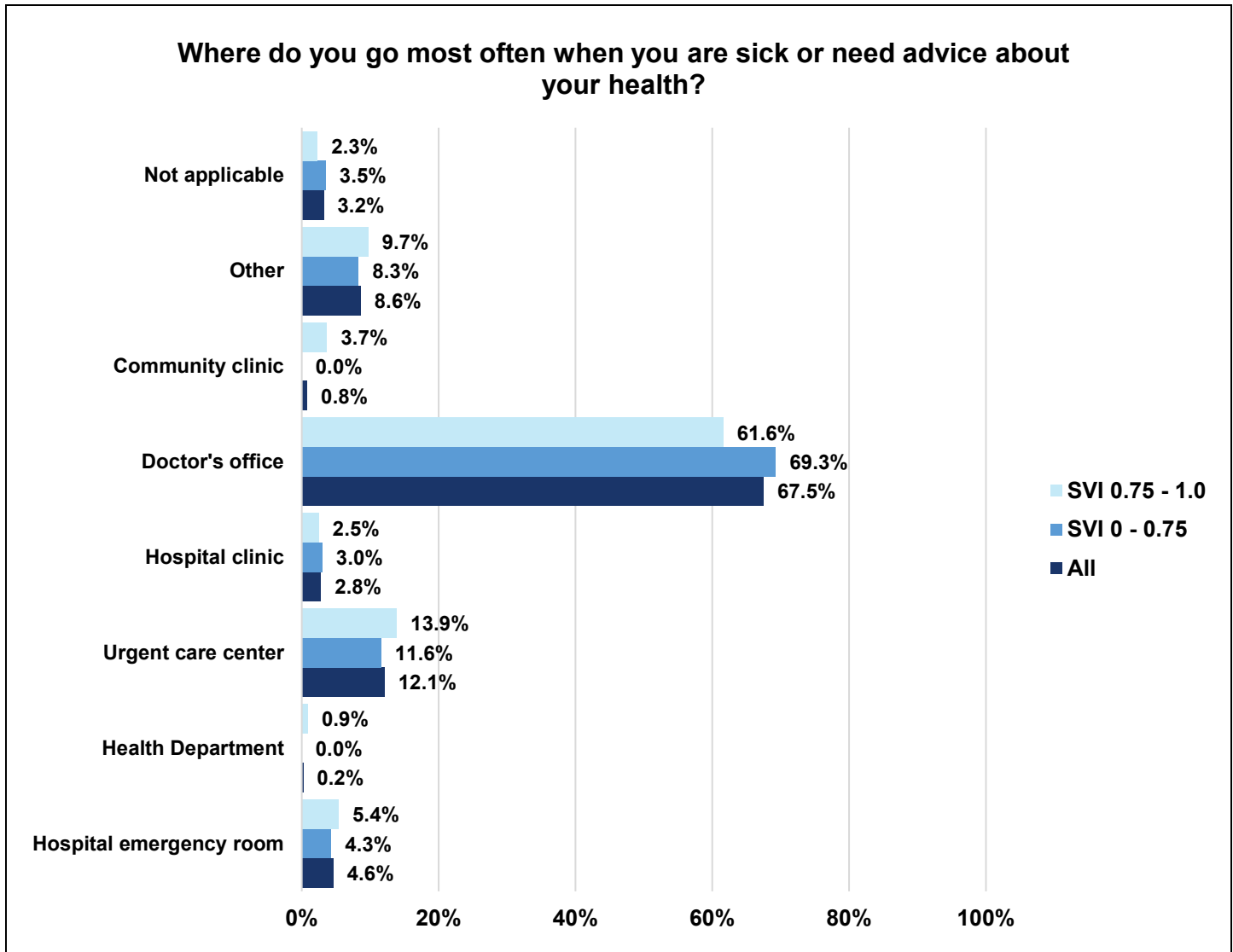
Interpretation: When asked where they go most often when they are sick or need advice about their health, by far the largest percentage, 67.5%, reported visiting a doctor's office, while 12.1% reported using an urgent care center and 4.6% reported using the emergency room.

Equity analysis: While there were no statistically significant differences in provider type by SVI level, there were notable differences by gender, employment status and age group under and over the age of 50. Men were more likely than women to report using an urgent care center (15.7% compared to 9.8%) and less likely to go to a doctor (59.0% compared to 73.5%). Those age 50 and under were more likely to report using an urgent care center (18.7%) than those over 50 (5.8%). Those not employed reported greater urgent care utilization (17.3%) compared to those employed (5.6%) and were less likely to go to a doctor (60.3% compared to 76.7% for those employed).

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?

Health Insurance Coverage

EDUCATION
- BS degree + : No 4.9%, Yes 95.1%
- Some college, associates, or vocational training: No 4.4%, Yes 95.6%
- High School: No 11.8%, Yes 88.2%

HOMEOWNERSHIP
- Rents Home: No 11.4%, Yes 88.6%
- Owns Home: No 3.5%, Yes 96.5%

RACE/ ETHNICITY
- Hispanic: No 19.8%, Yes 80.2%
- Black: No 4.7%, Yes 95.3%
- White: No 6.9%, Yes 93.1%

AGE
- Age >50: No 2.3%, Yes 97.7%
- Age <= 50: No 11.8%, Yes 88.2%

Legend: No, Yes

Interpretation: 92.1% of all survey respondents reported having health care coverage, while 6.9% did not.
Equity Analysis: There was a statistically significant difference by SVI. More respondents in the SVI 0 – 0.75 sample reported having health insurance coverage (94.9%) than respondents in the SVI 0.75-1.0 sample (86.6%).

- **Age:** Those under 50 years of age were significantly less likely to have health care coverage compared to those over 50 (88.2% for under 50 years of age, 97.7% for 50 years and older).
- **Race:** Latino respondents were less likely to report having health insurance coverage (19.8%) than Whites or Blacks (6.9% and 4.7% respectively). This is a statistically significant difference.
- **Homeownership/renter status:** Those who rent were significantly less likely to have health care coverage compared to those who own their home (88.56% for those who rent, 96.5% for homeowners).
- **Educational Attainment:** There were notable (significant at the p = 0.1 level) differences in health insurance coverage by educational attainment. Survey respondents having a high school education or less were less likely to report having any form of health insurance (88.2%) compared to those with some college, an associate's degree or vocational training (95.6%) or those with a bachelor's degree or greater (95.1%).

19b. What is your current primary source of health insurance?
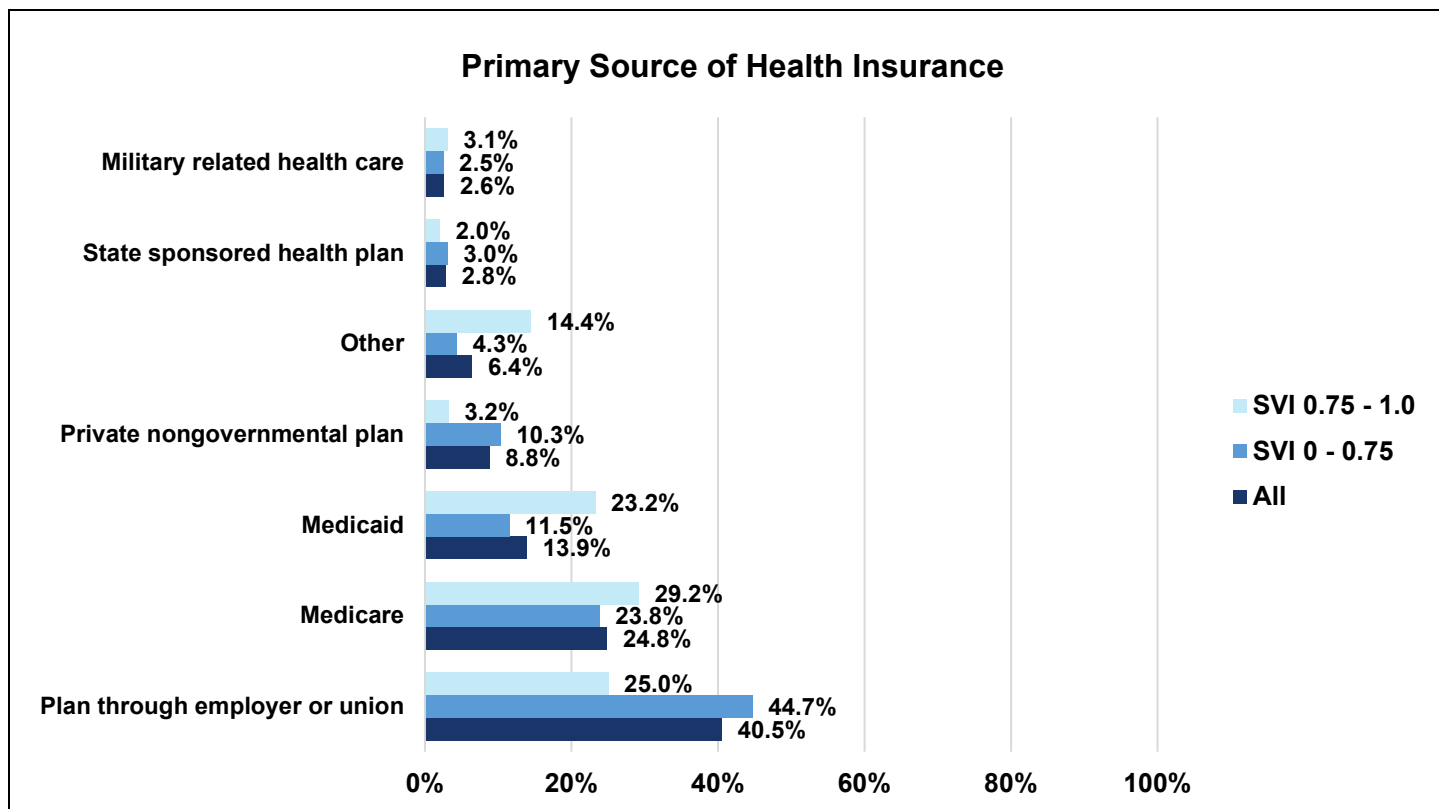
Interpretation: Among all respondents with some form of health insurance, 40.4% have employer-based coverage, followed by Medicare (24.8%), Medicaid (13.9%), private nongovernmental plan (8.8%) and other plans.
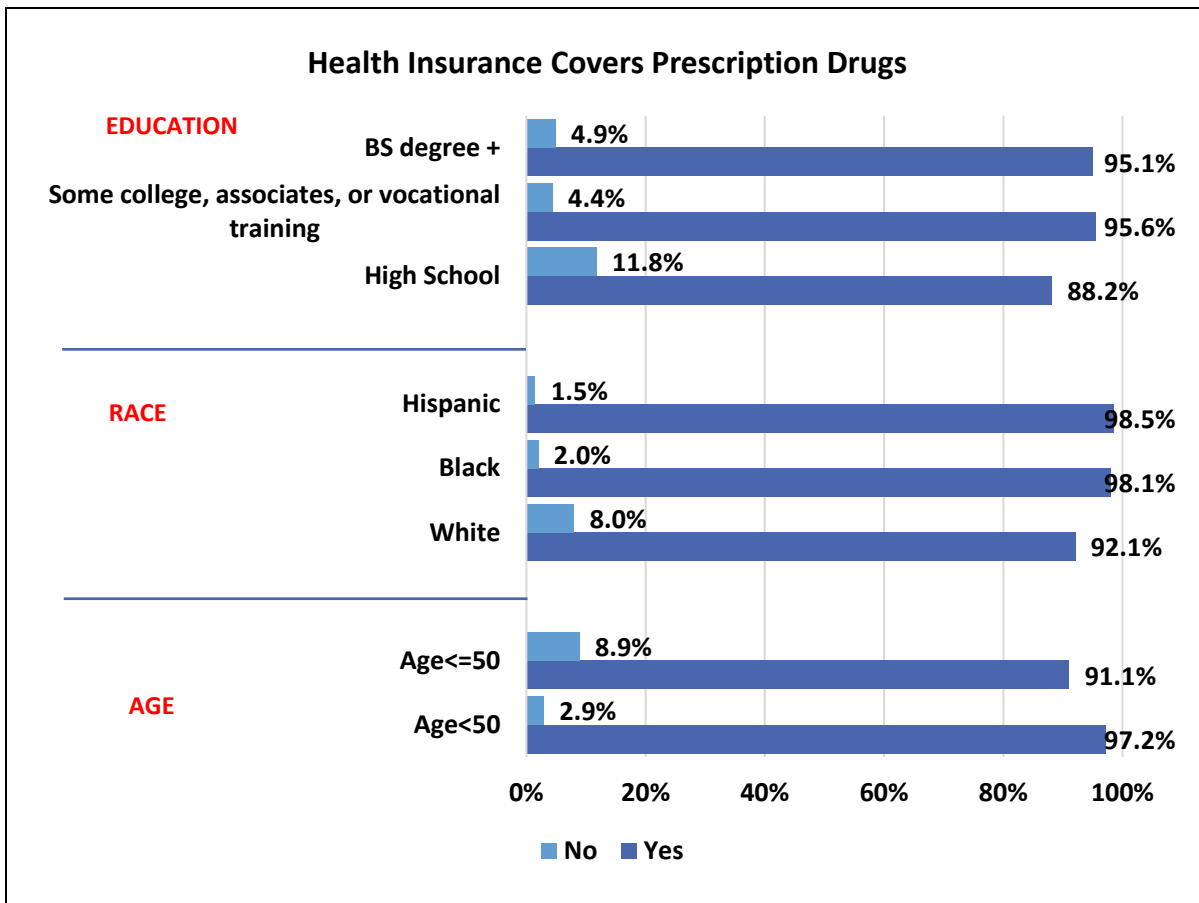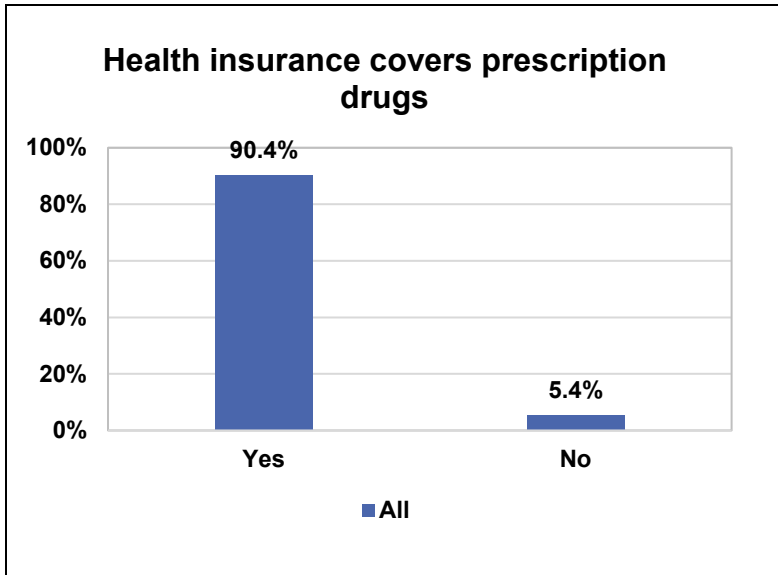
Primary source of health insurance

Type of Health Insurance	Age		Race/Ethnicity			Education			Home		Employment	
	<=50	>50	W	B	H	HS	Coll	BS+	Own	Rent	Emp	Not emp
	%	%	%	%	%	%	%	%	%	%	%	%
Employer-provided	54.7	28.2				24.4	46.9	47.2	42.5	38.2	65.8	7.5
Private plan	10.7	7.1				5.8	9.2	10.4	9.6	6.2	9.2	8.2
Medicare	2.1	45.1	32.7	14.8	14.2	29.3	18.4	27.0	28.8	18.8	7.1	48.3
Medicaid	23.0	5.9	7.5	20.9	30.6	26.5	15.6	3.6	8.4	22.7	11.6	16.9
Military health care	2.9	2.3	1.4	4.6	--	0.9	5.6	1.5	2.8	2.0	0.2	5.7
State plan						2.3	1.5	4.2	3.2	2.0	1.4	4.7
Other	5.2	7.5				10.9	2.7	6.1	4.7	10.0	4.7	8.7

Equity Analysis:
- **Race/Ethnicity**: White respondents were more likely to have coverage through Medicare than Blacks or Hispanics while Black and Hispanic survey respondents were more likely to have coverage through Medicaid.
- **Age**: Those 50 and under were more likely to have employer-based coverage or Medicaid, while those over 50 were more likely to have Medicare.

- **Education**: Those with a high school education or less were less likely than those with more education to have employee-provided health insurance and more likely to have Medicaid.

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

Health insurance covers prescription drugs

- Yes: 90.4%
- No: 5.4%

■ All

Health Insurance Covers Prescription Drugs

EDUCATION
- BS degree +: No 4.9%, Yes 95.1%
- Some college, associates, or vocational training: No 4.4%, Yes 95.6%
- High School: No 11.8%, Yes 88.2%

RACE
- Hispanic: No 1.5%, Yes 98.5%
- Black: No 2.0%, Yes 98.1%
- White: No 8.0%, Yes 92.1%

AGE
- Age<=50: No 8.9%, Yes 91.1%
- Age<50: No 2.9%, Yes 97.2%

■ No ■ Yes

Interpretation: 90.4% of survey respondents with some form of health insurance reported that their health insurance covers prescription drugs, with 5.4% saying their insurance does not cover prescription drugs. Differences in drug coverage by SVI sample were not statistically significant but there were some differences by equity sub-group.

Equity Analysis:

- **Age:** Those ages 50 or younger were notably less likely to have insurance that covers prescription drugs.
- **Race/Ethnicity:** Black and Hispanic survey respondents were significantly more likely to have insurance that covers prescription drugs compared with Whites.
- **Education:** Those with only a high school education or less were notably less likely to have prescription drug coverage.

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?

Financial Barriers to Obtaining Prescription Medicine in the Past Year

All: 16.5%   SVI 0 - 0.75: 16.4%   SVI 0.75 - 1.0: 17.5%

Financial Barriers to Obtaining Prescription Medicine in the Past Year

Own Home: 12.6%   Rent: 23.7%
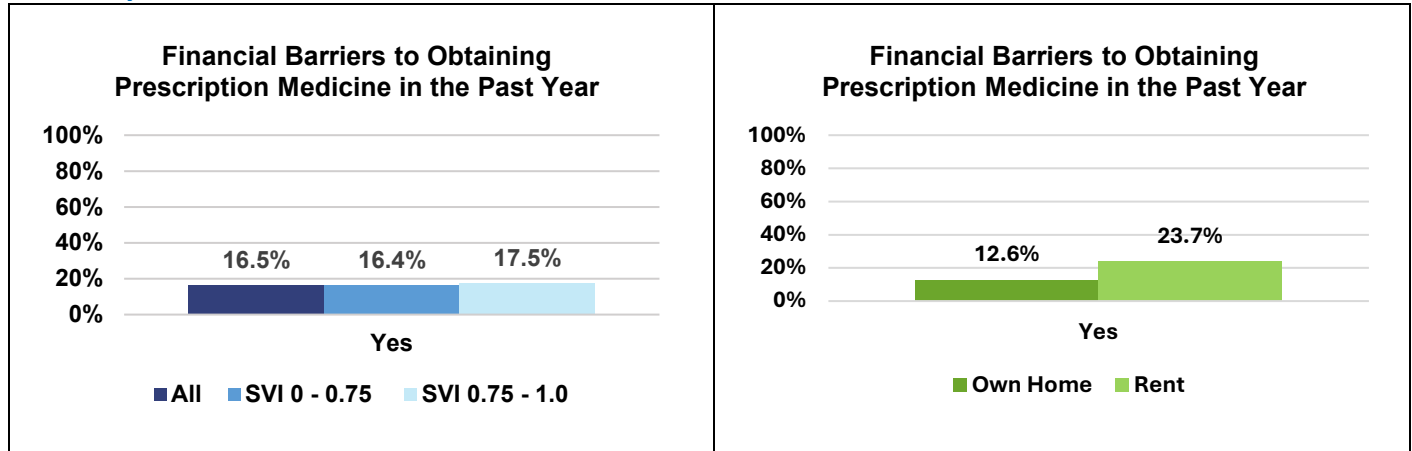
Interpretation: 16.5% of all survey respondents reported that in the previous year there was a time when they needed a prescription medication but could not afford to get the needed medicine. There was not a significant difference by SVI.

Equity Analysis:

- **Homeownership:** A higher percentage of survey respondents who rent their homes reported a financial barrier to purchasing needed prescription medication (23.7%) than survey respondents (12.6%).

In past community surveys, we found…

Financial Barriers to Obtaining Prescription Medicine in the Past Year

Survey Year	Yes
2009 (high poverty census tracts)	15.1%*
2016	12.2%**
2023	16.5%

*Had problems getting a medically necessary prescription, which includes financial problems.
**Couldn't afford a medically necessary prescription, missed doses or split doses.

- **Change over time:** The percentage of community survey respondents reporting financial barriers to obtaining prescription medications increased from 2016 to 2023.

20. 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.

Last visited a Doctor for a Routine Checkup

I have never been to the doctor for a routine checkup
- 1.8%
- 2.2%
- 0.5%

More than 5 years
- 3.3%
- 3.3%
- 3.8%

3-5 years
- 4.3%
- 4.2%
- 4.6%

1-2 years
- 10.4%
- 10.6%
- 10.6%

Less than one year
- 78.9%
- 79.7%
- 80.5%

0% 20% 40% 60% 80% 100%

■ All ■ SVI 0 - 0.75 ■ SVI 0.75 - 1.0
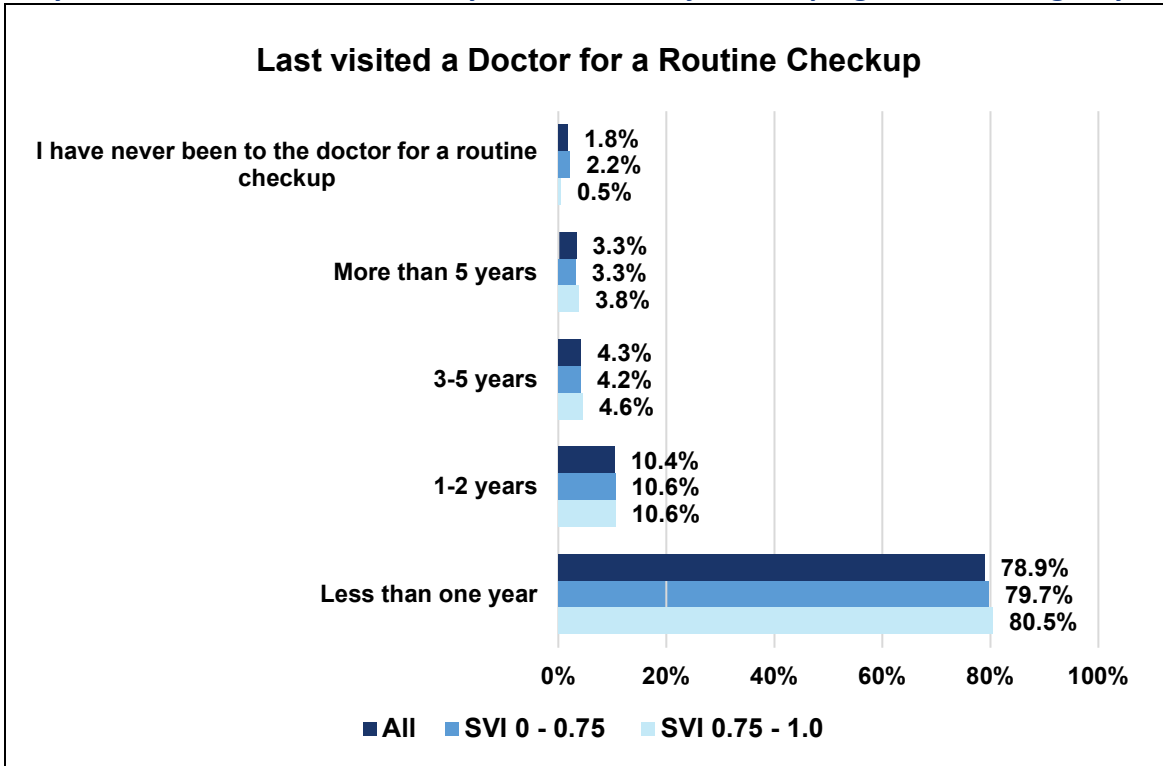
Interpretation: About 80% of all survey respondents reported that they visited a doctor for a routine check-up in the previous year and another 10% reporting a visit in the previous 1-2 years. There were no significant differences between the Lower SVI and Higher SVI samples.

Routine doctor visit in previous year by Age Groups <=50 and > 50

Routine doctor visit in previous year
- 90.8%
- 68.7%

0 20 40 60 80 100

■ > Age 50 ■ <= Age 50
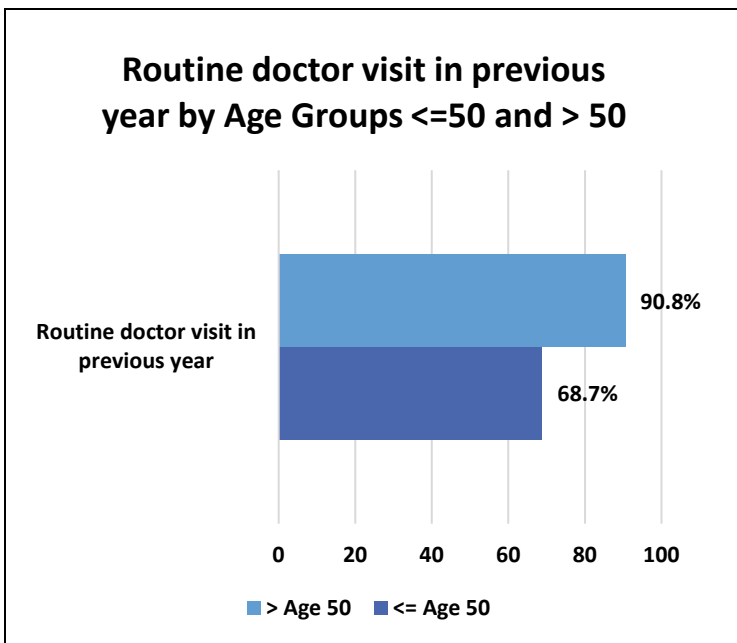
Equity Analysis:
- **Age:** 90.8% of survey respondents over the age of 50 reported visiting a doctor in the previous year compared to 68.7% of survey respondents ages 50 and younger.

- **Homeownership:** Though not statistically significant at the p = 0.05 level, persons renting their homes were notably less likely to report a routine doctor's visit in the previous year (69.7% compared to 90.8% of persons over the age of 50 (90.8%).

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.

Routine Dental Care

Category	All	SVI 0 - 0.75	SVI 0.75 - 1.0
I have never been to the dentist for a routine checkup	2.6%	2.7%	2.2%
More than 5 years	9.5%	8.0%	15.3%
3-5 years	8.5%	7.5%	12.4%
1-2 years	18.5%	17.6%	22.5%
Less than one year	59.8%	64.2%	47.6%

Routine Dentist Visit in Previous Year

RACE/ ETHNICITY
- Hispanic: 42.8%
- Black: 56.8%
- White: 67.2%

AGE
- Age >50: 67.0%
- Age <=50: 53.8%

SOCIAL VULNEREABILITY INDEX
- High SVI (>=0.75): 47.6%
- Lower SVI (<0.75): 64.2%
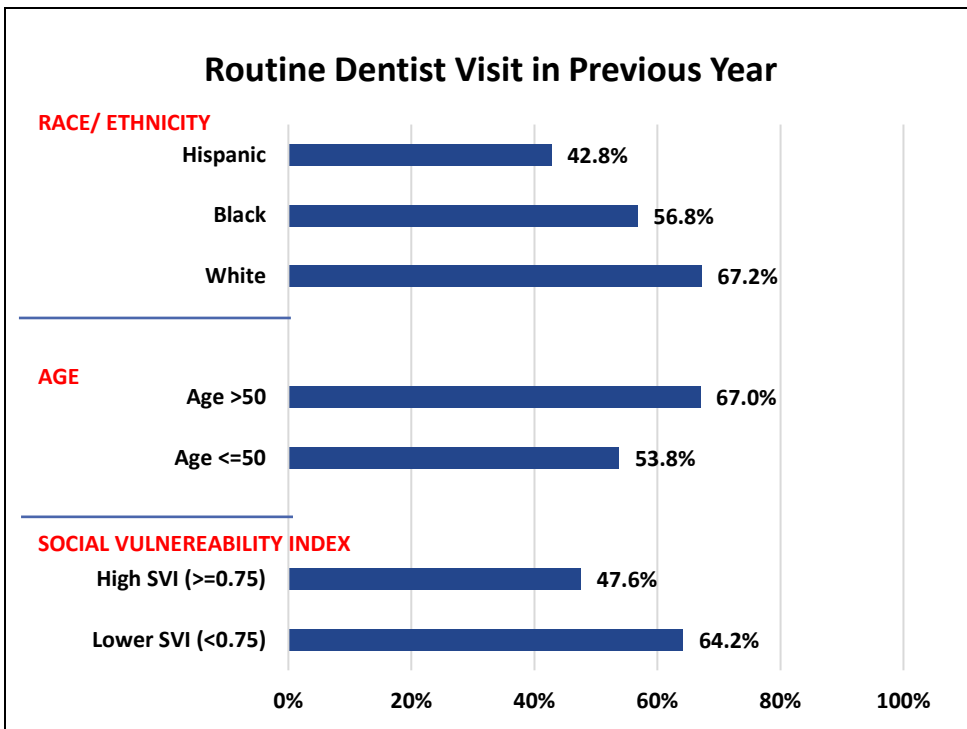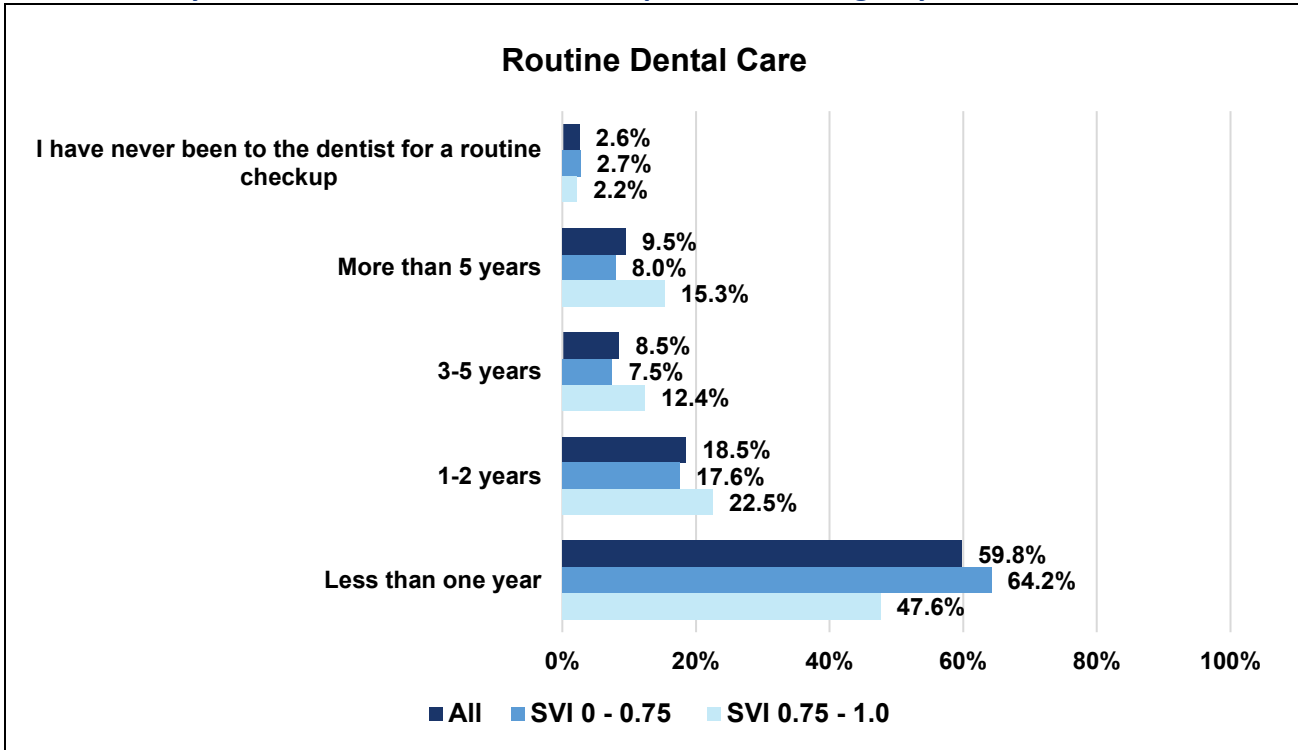
*Notable differences are significant at the p = 0.1 level

Interpretation: About 60% of all survey respondents reported that they had been to the dentist in the previous year for a routine checkup or cleaning.

Equity Analysis:

Social Vulnerability Index: Survey respondents from the Lower SVI sample were notably more likely to report that they have been to the dentist for a routine checkup or cleaning in the previous 12 months than respondents from the Higher SVI sample (64.2% compared to 47.6%).

Age: Survey respondents ages 50 or younger were less notably likely than those over 50 to report a routine visit to the dentist in the previous year (53.8% compared to 67.0%).

Race: Hispanic survey respondents were least likely to report a routine dentist visit in the previous year (42.8%) compared to Black (56.8%) or White respondents (67.2%).

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.)

Barriers to Health Care for Respondents or Household Members

Barrier	All
I have not experienced any of these issues	70.4%
Could not get an appointment soon enough	12.0%
Available doctors were not in the insurance network	5.3%
Did not have health insurance	4.7%
It was too expensive	4.5%
Incovenient hours/days of operation	4.1%
Service or medication was not covered by insurance	4.1%
Once getting there, the wait to receive care was too long	4.0%
Did not know where to go	3.1%
Felt ignored, not taken seriously, or disrespected	3.0%
Could not get through on the telephone	2.7%
Did not have transportation	1.3%
Preferred language not spoken or no interpreter available	0.8%

Interpretation: 70.4% of all survey respondents reported no barriers to healthcare for themselves or household members. The most common barriers reported were not being able to get an appointment soon enough, available doctors were not in the insurance network, did not have health insurance and that it was too expensive. Differences in reported barriers to healthcare by equity indicators shown in table below.

Barriers to Health Care for Respondents or Household Members, by Equity Indicators

Barrier to Healthcare	SVI		Age		Gender		Home		Employment	
	SVI < 0.75	SVI >= 0.75	<=50	>50	Men	Women	Own	Rent	Emp	Not emp
Couldn't get timely appointment			15.0%	9.2%	7.3%	15.4%				
Hours of operation inconvenient	0.4%	4.2%			0.3%	2.0%			6.7%	0.9%
Didn't have transportation	3.5%	8.2%								
Too expensive			6.5%	2.5%	1.4%	6.7%	1.7%	9.6%		
No insurance			9.2%	0.4%	1.4%	7.1%	2.2%	8.4%		
Doctor not in insurance network	2.8%	9.0%	8.2%	2.6%			2.0%	11.9%	7.8%	2.2%
Service or medicine not covered by insurance					1.4%	6.0%				
Interpreter not available			1.5%	0.2%						
Didn't know where to go	3.7%	1.0%							5.4%	0.3%

Note: Barriers highlighted in yellow are statistically significant at the p = 0.1 level (notable).

23b. If yes, which of the following health care providers or facilities did you have trouble accessing? (Select all that apply)

Health care providers or facilities respondents had trouble accessing

- General practitioner 35.9%
- Specialist 29.8%
- Dentist 27.6%
- Hospital 14.8%
- Mental health provider 12.8%
- Urgent care center 12.1%
- Eye care/optometrist/ ophthalmologist 11.6%
- OB/GYN 9.4%
- Pharmacy/prescriptions 8.5%
- Pediatrician 3.9%
- Substance use treatment provider 1.2%

(Legend: ■ All)
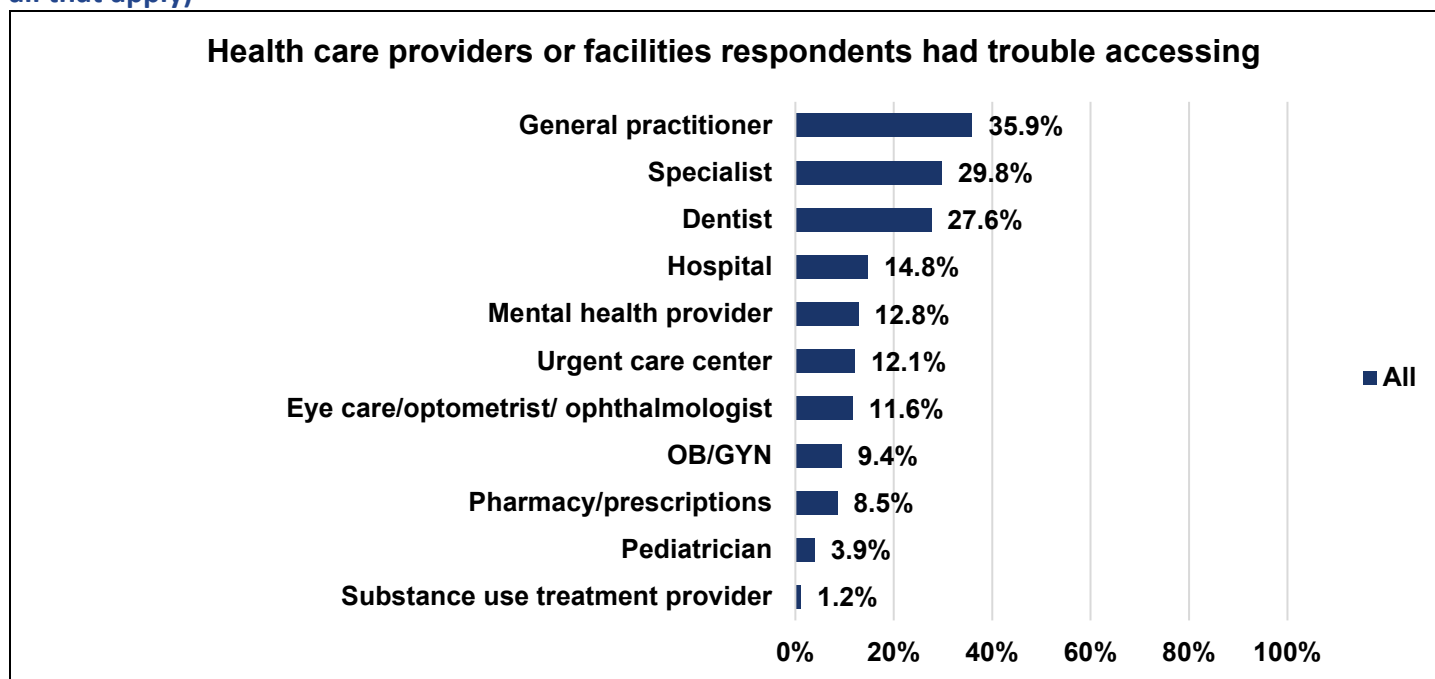
Interpretation: Among those reporting experiencing a barrier to healthcare, about a third (35.9%) reported issues with seeing a general practitioner, while 29.8% reported issues with seeing a specialist and 27.6% reported a barrier to seeing a dentist.

Equity Analysis:

- **Social Vulnerability Index:** Those in the Higher SVI sample were notably more likely to experience a barrier to dental care than those in the Lower SVI sample (42.3% compared with 25.3%).
- **Age:** Those aged 50 or less were notably more likely than those over 50 to experience a barrier to dental care (36.7% compared to 19.6%). The younger respondents were significantly more likely to report a barrier to mental health care (24.2% compared to 1.0%) but less likely than those over 50 to report a barrier to specialist care (16.5% compared to 47.6%).
- **Gender:** Women were notably more likely than men to report a barrier to dental care (33.2% vs. 14.9%). Women were significantly more likely than men to report a barrier to pediatric care (7.0% vs.3.0%) and more likely to report a barrier to care with a general practitioner (55.8% vs. 30.4%).
- **Race/Ethnicity:** Hispanic survey respondents were more likely to report a barrier to getting eye care (21.1%) compared to Whites (14.7%) or Blacks (0.7%).
- **Education:** Those with a bachelor's degree or higher were more likely to report a barrier to pediatric care (9.2% compared to those with some college, an associate's degree or vocational training (1.3%) or those with a high school diploma or less (0.0%).
- **Homeownership:** Those renting their homes were more likely to report a barrier to receiving mental health care than homeowners (21.8% compared to 6.9%).

In the 2016 CASPER survey we found that of those who had difficulty accessing health care, respondents reported having the most trouble receiving health care from general practitioners (32.2%), dentists (30.5%), and specialists (25.4%). Greensboro residents reported having more trouble receiving care from dentists (34.8% vs. 27.8%) and general practitioners (43.5% vs. 25.0%) while High Point residents reported having more trouble getting care from pharmacies (16.7% vs. 4.3%).

Community Services

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

Percentage of all respondents receiving needed community services compared to the those who had problems finding or using services

Service	Received Service, no problems	Yes, had problems
Home health care	5.0%	3.0%
Finding or accessing drug or alcohol treatment program	5.0%	0.9%
Accessing mental health care or counseling	8.2%	8.7%
Finding health promotion/wellness programs	7.3%	5.1%
Accessing legal services	7.6%	4.0%
Transportation to health care	5.3%	3.9%
Assistance with housing costs/subsidized housing	10.2%	2.2%
Assistance with food costs/food stamps	16.4%	8.8%
Enrolling in Medicaid or Medicare	30.9%	8.2%

Interpretation: Among all respondents, the most needed and received community services in the past 12 months included enrolling in Medicaid or Medicare, assistance with food costs/food stamps, housing costs, mental health care, legal care, and health promotion programming.

Percentage of respondents receiving needed services with no problems

Service	SVI 0-0.75	SVI 0.75-1.0
Home health care	3.7%	9.3%
Finding or accessing drug or alcohol treatment program	5.3%	3.7%
Accessing mental health care or counseling	7.3%	11.2%
Finding health promotion/wellness programs	5.2%	14.4%
Accessing legal services	6.7%	10.8%
Transportation to health care	2.2%	16.0%
Assistance with housing costs/subsidized housing	7.0%	21.2%
Assistance with food costs/food stamps	14.1%	24.8%
Enrolling in Medicaid or Medicare	26.8%	44.7%

Interpretation: For almost all community services, those in the Higher SVI sample were more likely than those in the Lower SVI sample to need and receive community services, except for drug or alcohol treatment.

Percentage of respondents having difficulty finding or using needed services

Service	SVI 0-0.75	SVI 0.75-1.0
Home health care	3.5%	1.0%
Finding or accessing drug or alcohol treatment program	0.4%	2.4%
Accessing mental health care or counseling	9.2%	6.9%
Finding health promotion/wellness programs	5.5%	3.7%
Accessing legal services	3.6%	5.4%
Transportation to health care	3.2%	6.1%
Assistance with housing costs/subsidized housing	0.9%	6.7%
Assistance with food costs/food stamps	6.1%	18.3%
Enrolling in Medicaid or Medicare	7.8%	9.8%

■ SVI 0-0.75   ■ SVI 0.75-1.0

Interpretation: For most community services, those in the Higher SVI sample were more likely than those in the Lower SVI sample to have difficulty finding or using these services, particularly assistance with food costs and transportation to health care. Those in the Lower SVI sample were more likely to have challenges with finding or using mental health care, health promotion programs, and home health care.

Other Social Factors that Impact Health

Caregiving

25.   Are you currently caring for anyone besides yourself in your home?
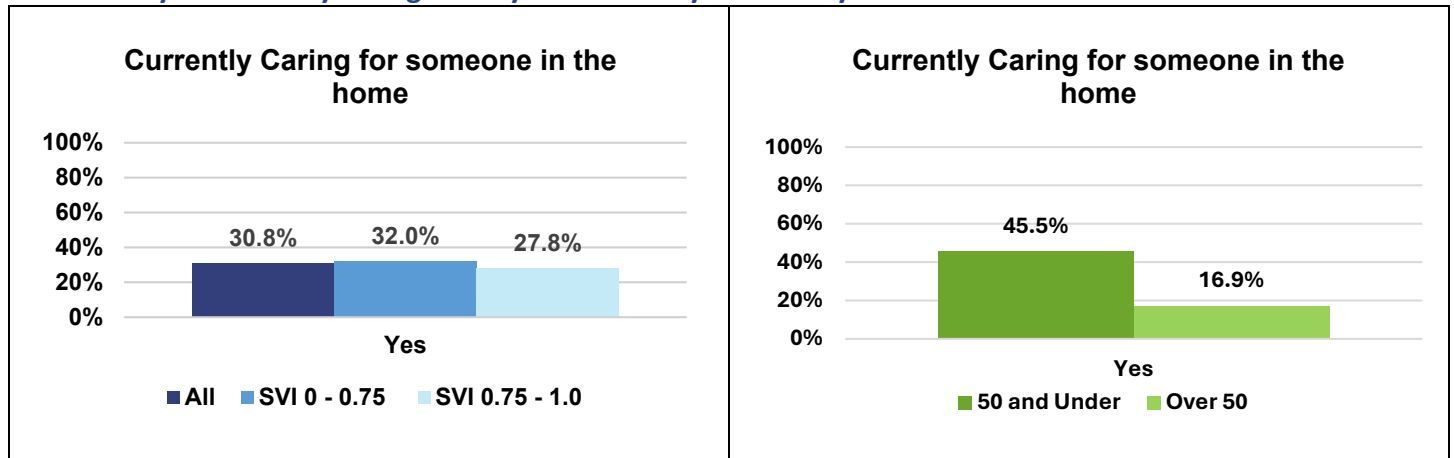
Interpretation: 30.8% of all respondents report currently caring for someone in the home, with no statistically significant difference by SVI.

Equity Analysis:

- **Age:** Those under 50 and under were more likely to be in a caregiving role than those over 50 (45.5% vs. 16.9%).

25b. Are you currently caring for any of the following? (Select all that apply)
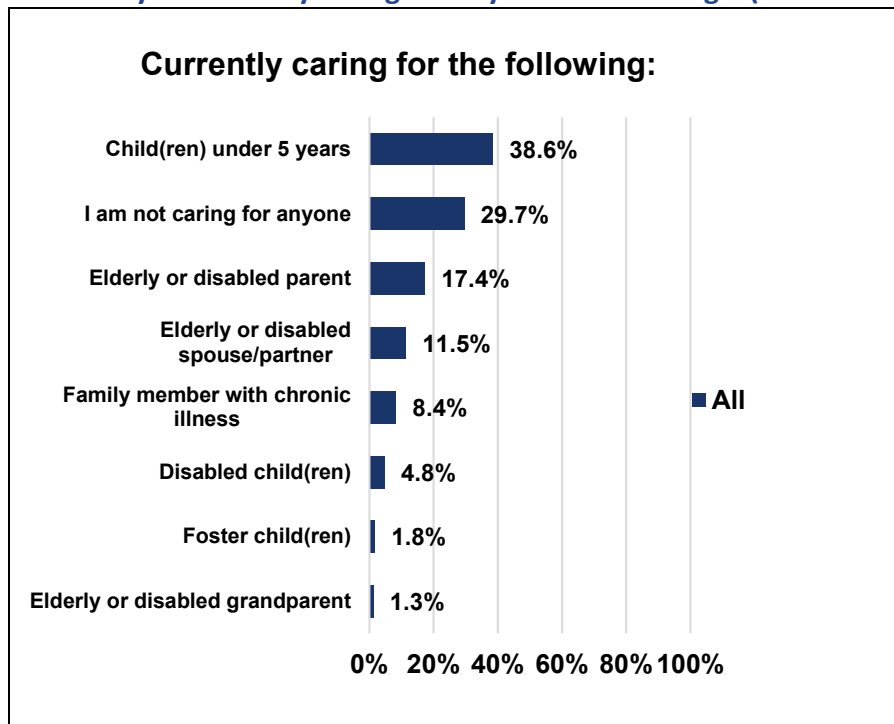
Differences in caregiving by Age

Caring for a family member with a chronic illness
- Age >50: 21.5%
- Age <= 50: 3.5%

Caring for an elderly spouse/partner
- Age >50: 34.0%
- Age <= 50: 3.1%

Caring for child(ren) under 5
- Age >50: 10.2%
- Age <= 50: 50.7%
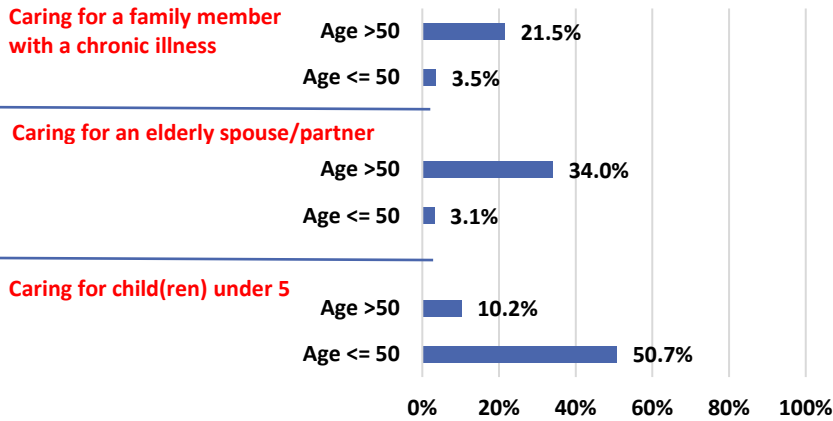
Interpretation: 70% of all respondents reported caring for someone besides themselves in the home. Respondents most frequently reported caring for children under the age of five (38.6%), followed by an elderly or disabled parent (17.4%) or spouse/partner (11.5%), family member with a chronic condition (8.4%) or a disabled child (4.8%). There was no difference by SVI.

Equity Analysis:

- **Age:** Those 50 and under were more likely to be caring for caring for children under the age of 5. Those over 50 more likely to care for an elderly or disabled spouse/partner and/or a family member with a chronic illness.

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

Providing the following types of care:

- Daily care (e.g., feeding, bathing, toileting, grooming, etc.): 51.1%
- Household assistance (e.g., grocery shopping, transportation to appointments, etc.): 35.2%
- Financial management: 29.1%
- Medical care: 26.3%
- None of the above: 7.0%
- Other: 6.6%

■ All

Differences in Type of Care Provided

DAILY CARE

HOMEOWNERSHIP
- Rent: 60.5%
- Own Home: 41.7%

FINANCIAL ASSISTANCE

GENDER
- Women: 23.1%
- Man: 40.6%

HOUSEHOLD ASSISTANCE

GENDER
- Women: 28.0%
- Man: 49.2%

Interpretation: Most commonly reported types of care included daily care (51.1%), household assistance (35.2%), financial management (29.1%), and medical care (26.3%). There was no difference by SVI.

Equity Analysis:
- **Gender:** Men were statistically more likely to report providing household assistance (49.2% vs. 28%) and notably more likely to report financial management (40.6% vs. 28%).
- **Homeownership:** Those who rent were notably more likely to report providing daily care than those who own their home (60.5% vs. 41.7%).

Childcare

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

Have had problems affording childcare

- All: 25.3%
- SVI 0 - 0.75: 29.1%
- SVI 0.75 - 1.0: 25.1%

(Yes)

Have had problems affording childcare

- Employed full or part-time: 15.1%
- Not currently working: 45.3%

(Yes)
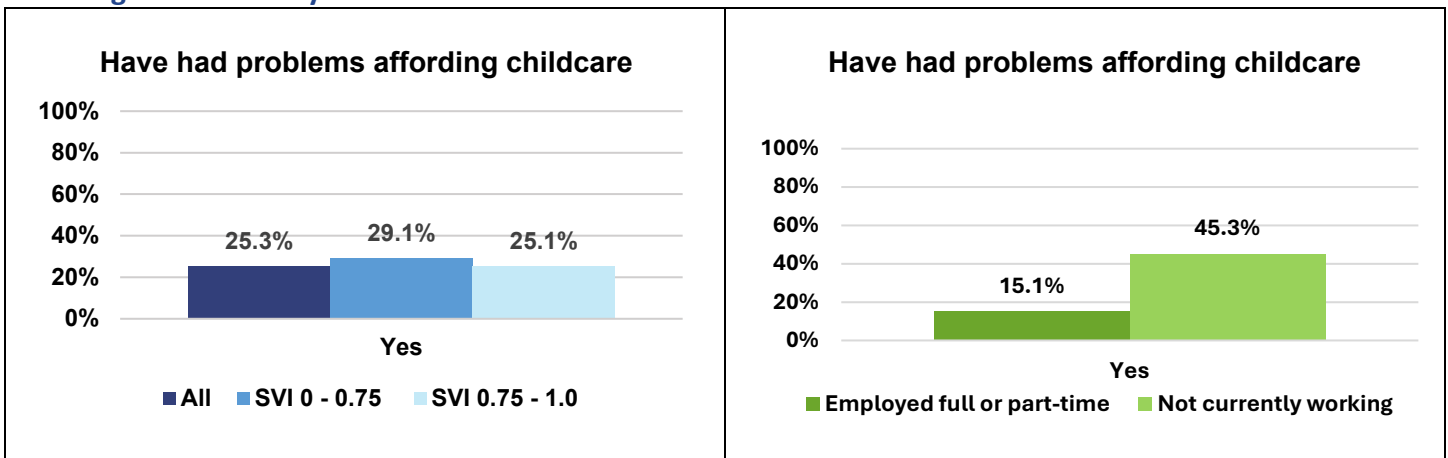
Interpretation: Of those respondents with children under the age of 5, disabled children or foster children (N=45), 25.3% reported they have had problems affording childcare, with no statistical difference by SVI.

Equity Analysis:
- **Employment:** Those not currently working were significantly more likely to report having had problems affording childcare than those currently employed (45.3% vs. 15.1%)
- **Age:** There was a notable but not surprising difference by age: 31.3% of those 50 and under had problems affording childcare, as compared to 7.7% of those over 50.

Housing

27.   Do you own or rent your home?
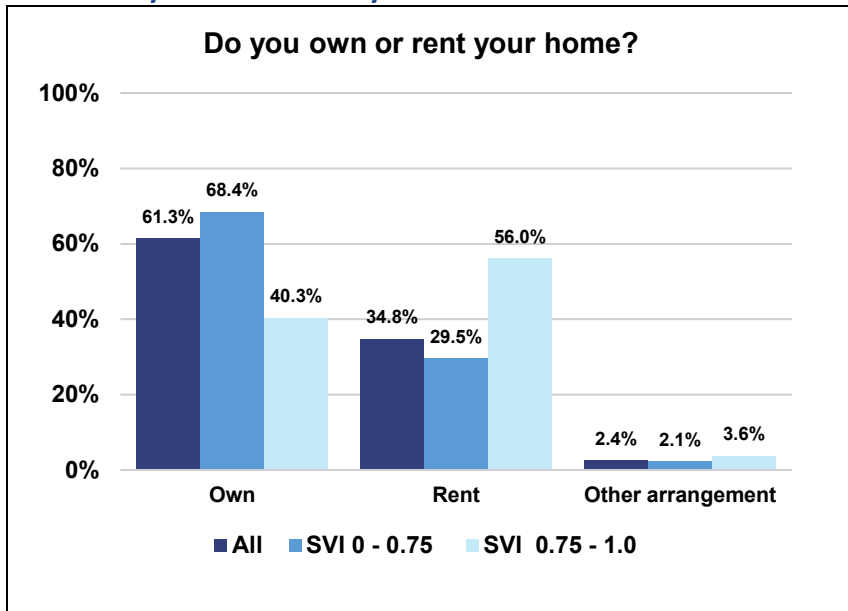
Interpretation: 61.3% of respondents reported owning their home overall, while 34.8% reported renting. Those in the Lower SVI sample (68.4%) were significantly more likely to own their home than those in the Higher SVI sample (40.3%).
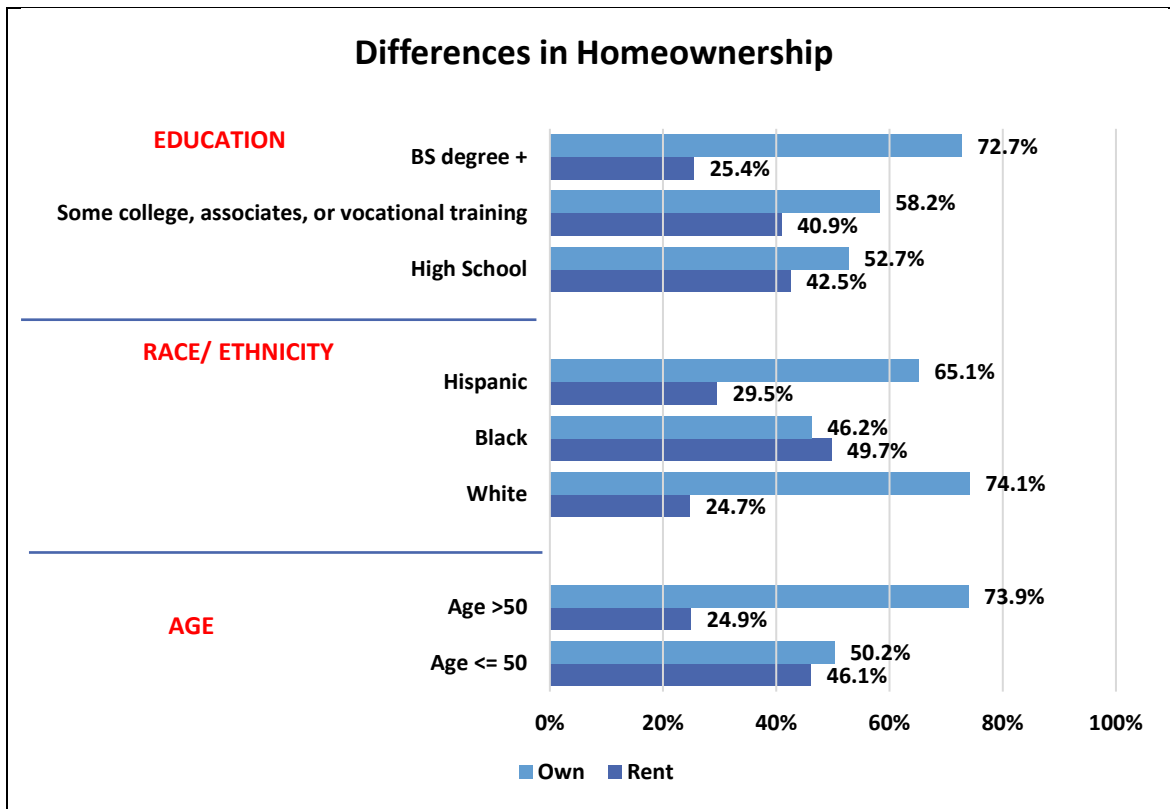
Equity Analysis:

- **Age:** Those over the age of 50 were significantly more likely to own their own home than those 50 and under (73.9% vs. 50.2%), while those 50 or under were more likely to rent (46.1% vs. 24.9%).

- **Race/Ethnicity:** 74.1% of White respondents reported owning their own home, compared to 65.1% of Hispanic respondents and 46.2% of Black respondents.
- **Education:** Homeownership increases with educational attainment, with highest homeownership among those with a bachelor's degree or more (72.7%), followed by those with some college, an associates or vocational degree (58.2%) and then those with a high school education or less (52.7%).

28.   In the past twelve months, were there times when you were worried about having enough money to pay your rent or mortgage?
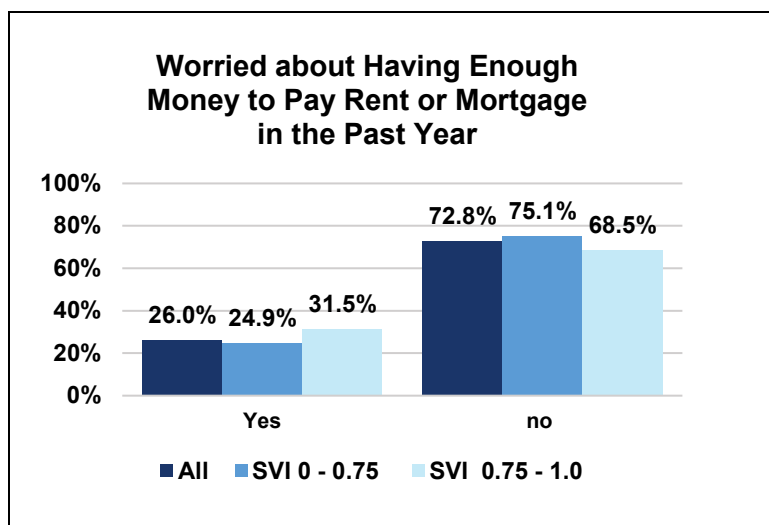
Interpretation: 26% of all respondents reported being worried about having enough money to pay their rent or mortgage in the last year. Differences by SVI were not significant.
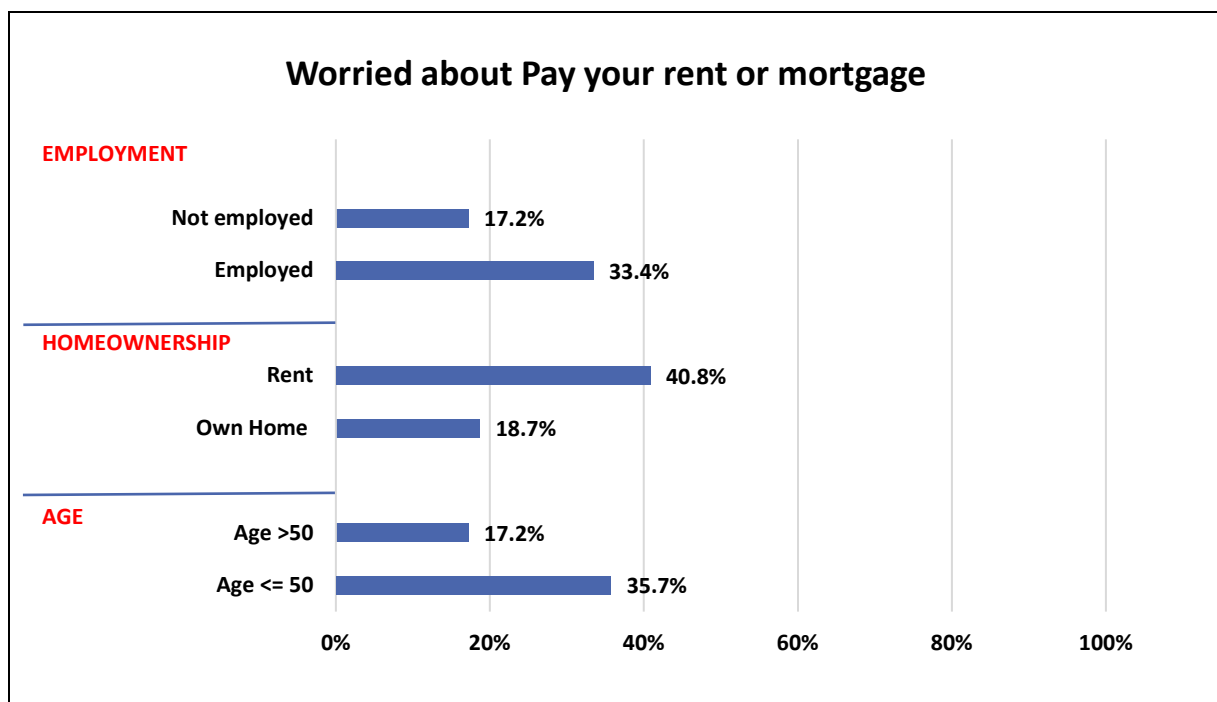
Equity Analysis:
- **Age: Respondents** 50 and younger were more likely to report being worried about housing expenses than those over 50 (35.7% vs. 17.2%).

- **Homeownership:** Renters were twice as likely as homeowners to report being worried about housing expenses (40.8% vs. 18.7%).
- **Employment:** Employed respondents were more likely to report being worried about housing expenses (33.4% vs. 17.2%).

Food Security

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

Worried about running out of food before having money to buy more in the past 12 months

	All	SVI 0 - 0.75	SVI 0.75 - 1.0
Yes	20.1%	17.6%	29.4%

Has worried about running out of food before having money to buy more in the past 12 months

	White	Black	Latino
Yes	13.5%	30.0%	30.7%
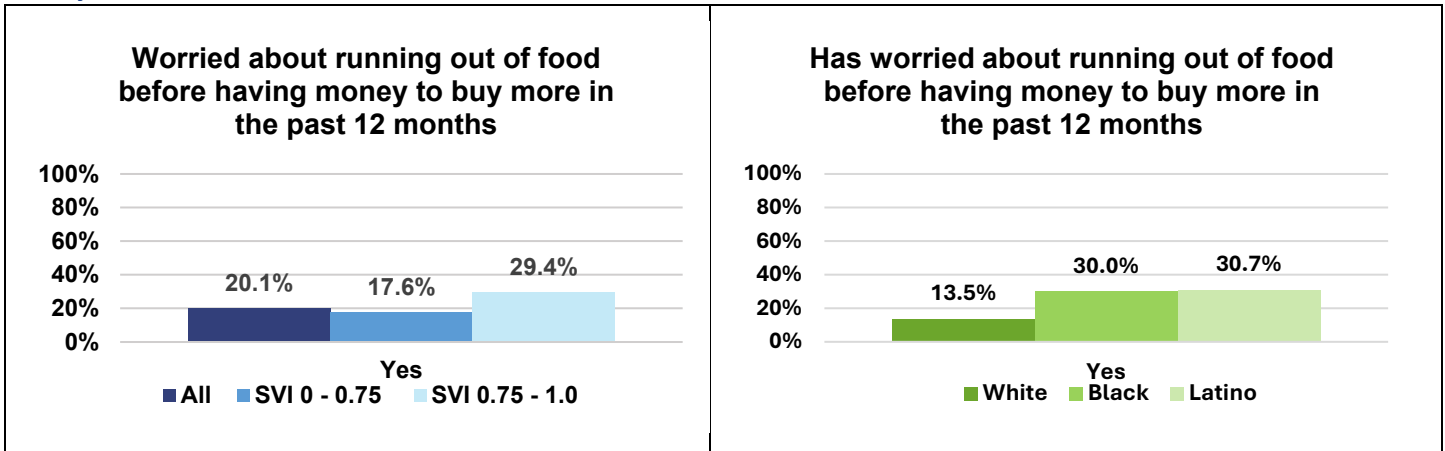
Interpretation: 20.1% of all survey respondents reported being worried about running out of food before having money to buy more in the past year. Those in the Lower SVI sample were notably more likely to report that they were worried (29.4% compared to 17.6%).
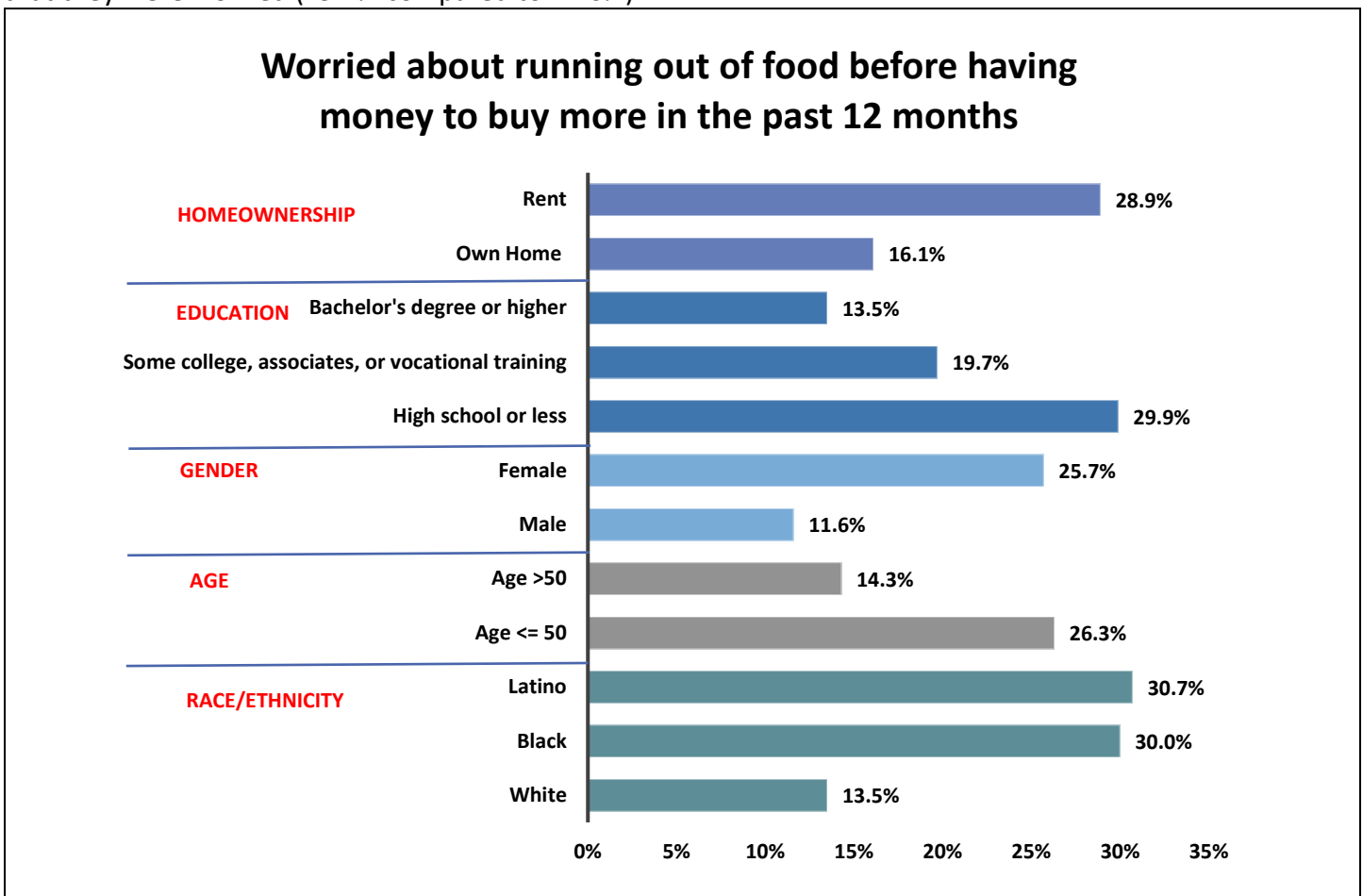
Worried about running out of food before having money to buy more in the past 12 months

Category	Group	Percent
HOMEOWNERSHIP	Rent	28.9%
	Own Home	16.1%
EDUCATION	Bachelor's degree or higher	13.5%
	Some college, associates, or vocational training	19.7%
	High school or less	29.9%
GENDER	Female	25.7%
	Male	11.6%
AGE	Age >50	14.3%
	Age <= 50	26.3%
RACE/ETHNICITY	Latino	30.7%
	Black	30.0%
	White	13.5%

Equity Analysis:

- **Age:** Respondents 50 and younger were more likely to report being worried about food expenses than those over 50 (26.3% vs. 14.3%).
- **Gender:** Female respondents were more than twice as likely as males to be worried about running out of food before having money to buy in the past year (25.7% vs. 11.6%).
- **Race/Ethnicity:** Hispanic (30.0%) and Black respondents (30.7%) were also more than twice as likely as White respondents (13.5%) to be worried about running out of food before having enough money to buy more in the past year.
- **Education:** Concerns about food insecurity also were lower as educational attainment increased. Those with those with a high school education or less reported being most worried (29.9%), dropping to 19.7% among those with some college, an associates or vocational degree and then being lowest among those with a bachelor's degree or more (13.5%).
- **Homeownership:** Those renting their homes were more likely to report worrying about running out of food than homeowners (28.9% compared to 16.1%).

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?

Skipped meals or cut meal size due to financial concerns in the past 12 months

All: 13.7% SVI 0 - 0.75: 11.6% SVI 0.75 - 1.0: 21.5%

Skipped meals or cut meal size due to financial concerns in the past 12 months

Own Home: 8.8% Rent: 23.6%

Skipped Meals

RACE/ ETHNICITY
- Latino: 12.20%
- Black: 20.20%
- White: 9.20%

GENDER
- Female: 17.40%
- Male: 7.70%

AGE
- Age >50: 9.70%
- Age <= 50: 17.70%
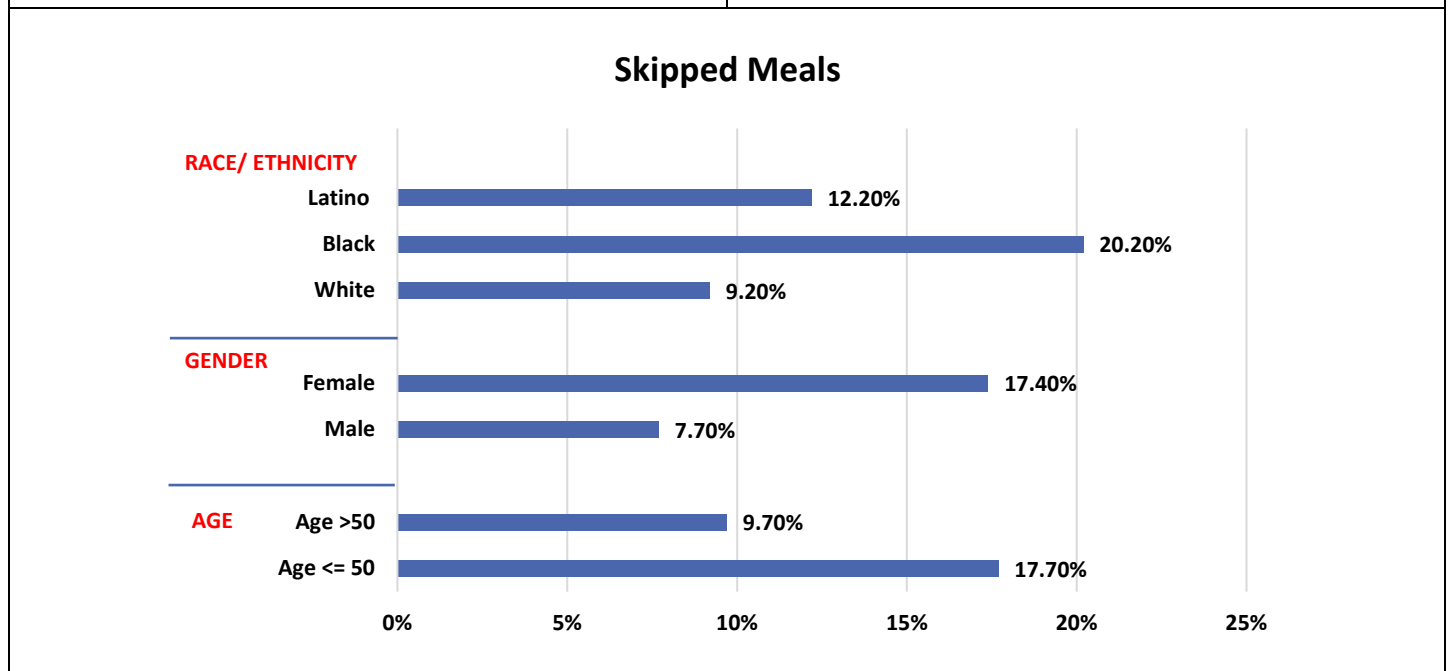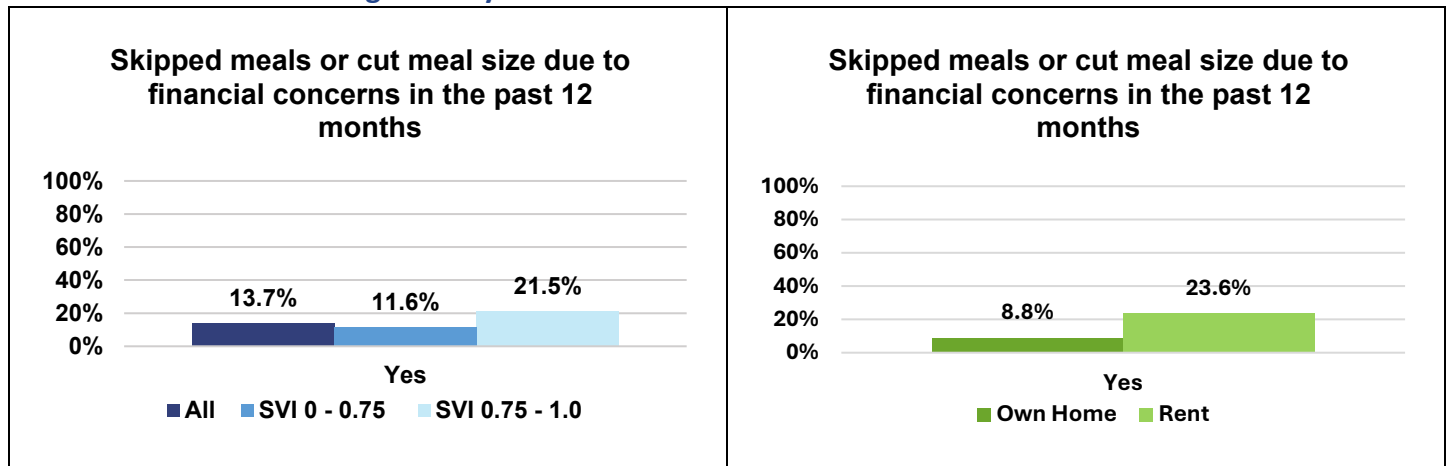
Interpretation: Respondents in the Higher SVI sample were almost twice as likely as those in the Lower SVI sample to have skipped meals or cut meal size due to financial concerns (21.5% vs. 11.6%).
Equity Analysis:
- **Gender and Race/Ethnicity:** There were also notable differences by age, gender and race/ethnicity. Respondents who were 50 or younger, female and/or Black were more likely to report skipping meals or cutting meal size due to financial concerns.
- **Homeownership:** Respondents who rent were almost three times as like to report skipping meals or cutting meal size due to financial concerns (23.6% vs. 8.8%).

Transportation

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

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

Issue	SVI 0.75 - 1.0	SVI 0 - 0.75	All
Public transportation is too expensive	2.4%	0.5%	
Couldn't get to repair shop	5.3%	1.0%	1.9%
Public transportation hours of operation inconvenient	2.7%	1.5%	1.8%
I don't know how to use public transportation		1.8%	1.4%
Public transportation routes aren't convenient	7.5%	1.9%	3.1%
Public transportation takes too long	4.6%	2.0%	2.6%
Couldn't afford to buy a vehicle	9.4%	2.9%	4.3%
No sidewalks where I needed to walk	3.3%	6.0%	5.4%
Couldn't afford gas	8.7%	6.4%	6.9%
Couldn't afford necessary repairs	11.8%	6.8%	7.8%
Did not experience any issues or problems	71.8%	78.3%	76.4%

Interpretation: While 76.4% of survey respondents reported they did not experience any issues with transportation, 23.6% did. For those who did, issues included cost of necessary repairs and gas, lack of sidewalks where respondents needed to walk, and inability to afford to buy a vehicle. A smaller percentage reported issues with public transportation, including inconvenient routes and hours, the length of time needed to and lack of knowledge of how to use this service use the service, and expense.

Equity Analysis: Of those who reported transportation issues, the following differences were present:

- **Social Vulnerability Index:** Respondents in the Higher SVI sample were significantly more likely to report they couldn't afford to buy a vehicle, couldn't get to repair shop, and/or public transportation routes aren't convenient for them.
- **Age:** Respondents ages 50 and under were more likely to report they couldn't afford to buy a vehicle, gas, or necessary repairs than those over 50 years of age.
- **Education:** Those with higher education were more likely to report there were not sufficient sidewalks.
- **Homeownership:** Those who rent were significantly more likely to report challenges the costs of gas and necessary repairs and were more likely to report challenges with public transportation than those who own their home.

Emergency Preparedness

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.

Emergency Preparedness
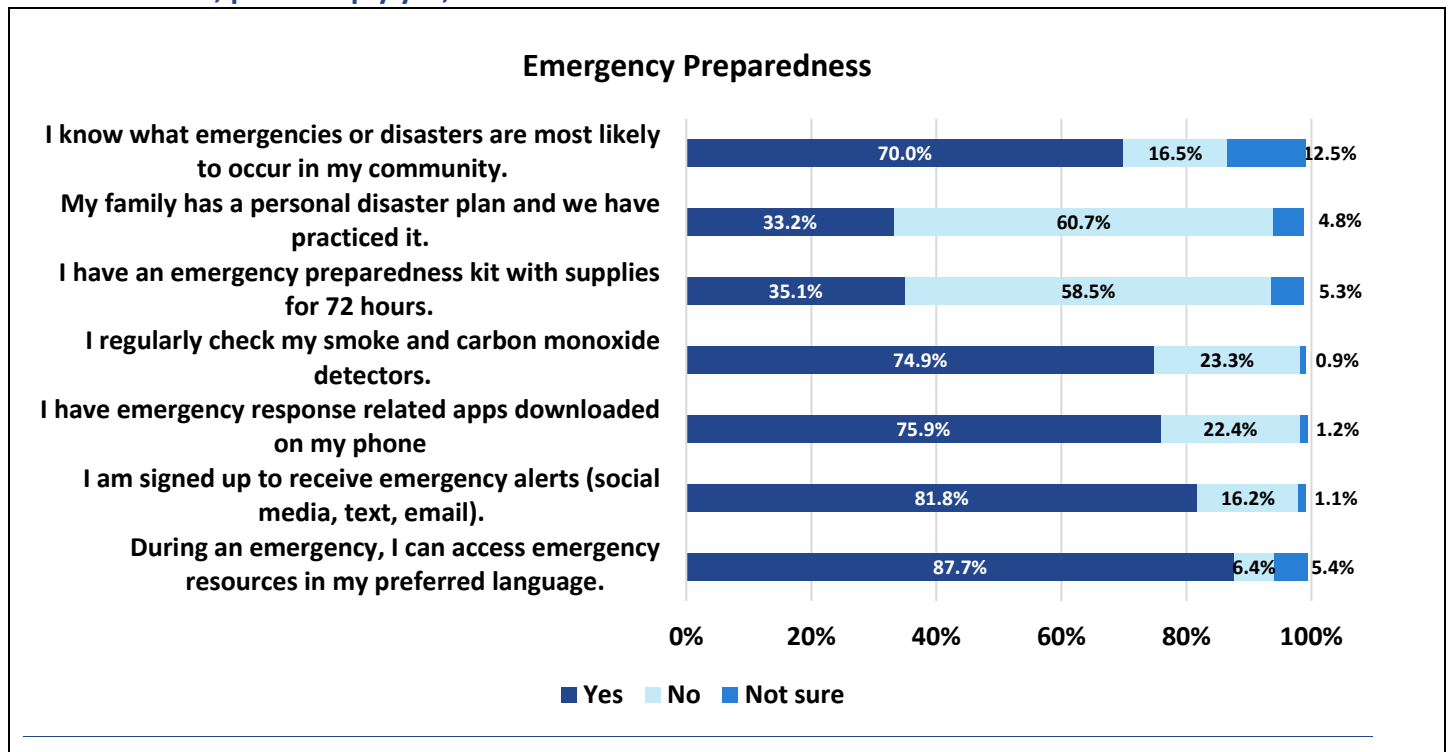
Interpretation: Most respondents reported knowing the emergencies most likely to occur, regularly checking smoke and carbon monoxide detectors, receiving emergency alerts, have emergency response apps on their phone, and can access emergency resources in their preferred language. Fewer respondents reported having a personal disaster plan they have practiced with their family (33.2%) or an emergency preparedness kit with supplies for 3 days (35.1%).

Equity Analysis: Those in the Higher SVI sample significantly more likely to have a personal disaster plan they have practiced with their family as compared to the Lower SVI sample, though the difference is small (36.0% vs. 34.6%). Those in the Higher SVI sample were also notably less likely to know what emergencies are most likely to occur in the community (77.8% vs. 80.7%) or have a preparedness kit available (35.5% vs. 37.5%).

Differences in statements about emergency preparedness are reported by **equity indicators** shown in table below.

- Respondents aged 50 and younger were significant less likely to be knowledgeable about emergencies, have a personal disaster plan they have practices, and regularly check their smoke/carbon monoxide detectors than those over 50.
- Black and Hispanic respondents were less like to report being knowledgeable about emergencies than White respondents.
- Respondents who were not employed were less likely to report being knowledgeable about emergencies than those were employed.
- Homeowners were significantly more likely to and regularly check their smoke/carbon monoxide detectors than those who rent.

Significant and Notable Equity Differences

	Age		Race/Ethnicity			Education			Home ownership		Employment	
	<=50	>50	W	B	H	HS	Coll	BS+	Own	Rent	Emp	Not emp
	%	%	%	%	%	%	%	%	%	%	%	%
Knowledgeable about emergencies	74.3	85.7	88.2	74.6	70.3							
Have/practiced a personal disaster plan	29.0	40.7									39.2	28.6
Regularly check smoke/carbon monoxide detectors	70.0	81.1							81.2	67.2		
Have emergency apps on their phone			70.9	83.1	77.8							
Receive emergency alerts						77.9	81.8	87.8				
Can access information in their preferred language			95.5	94.7	78.0							

Note: Measures highlighted in yellow are statistically significant at the p = 0.1 level (notable).

Health Information

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

Sources of health news and information about Guilford County

Source	All
Spanish language media	1.1%
None of the above	6.2%
Nextdoor social network	12.5%
Another source	19.5%
Radio, Newspaper, 2-1-1, Streaming TV	38.5%
Social Media	47.0%
Surrounding area news stations	53.2%
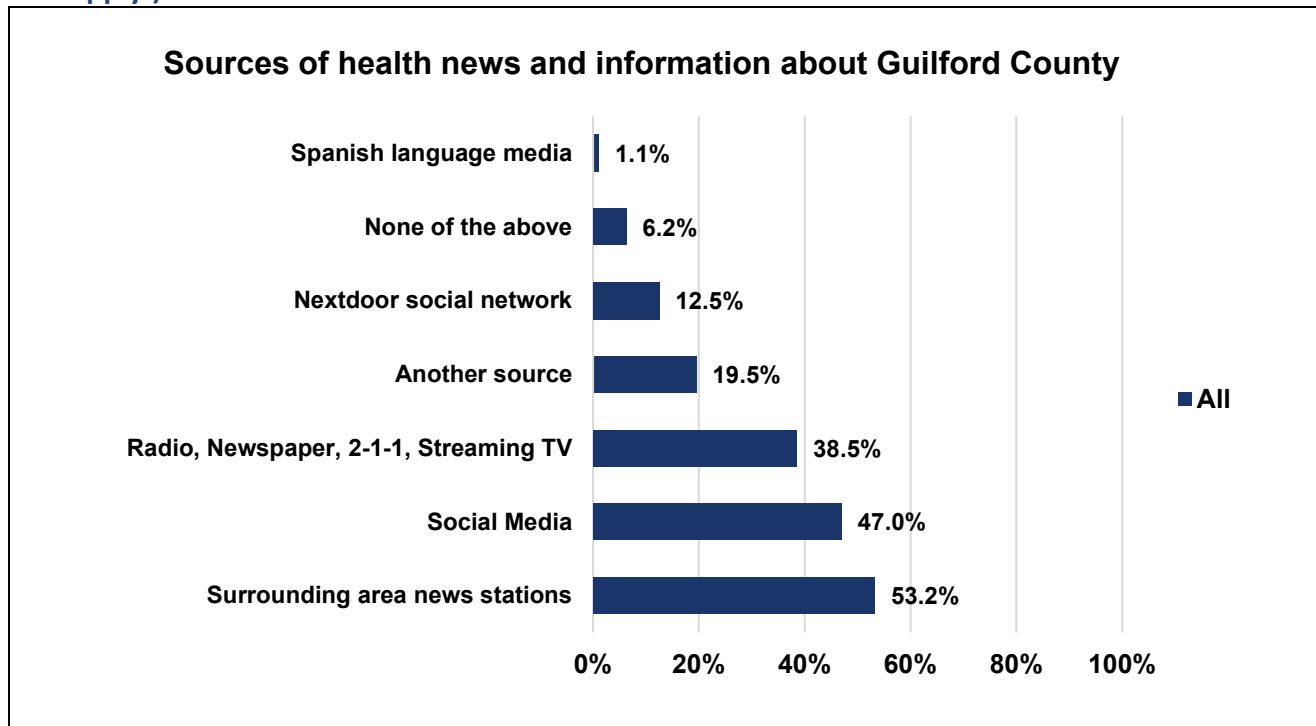
Interpretation: Surrounding area news stations and social media were the top sources of health news and information about Guilford County, followed by radio, newspaper, 2-1-1, and streaming TV. There were no statistical differences by SVI.

Equity Analysis:

- **Age:** Residents over the age of 50 were more likely than those under 50 to report surrounding new stations as a main source of health news (64.7% vs. 42.3%), or another source (27.2% vs. 19.5%). Those under 50 were more likely to report social media as a main source (61.6% vs. 33.4%).
- **Gender:** Women were more likely to report Next Door social network as a main source of health news than men (15.7% as compared to 8.1%).
- **Race/Ethnicity:** White residents were more likely to report getting health news from "None of the above" (28.3%) compared with Black residents (14.9%) or Hispanic respondents (11.7%)
- **Homeownership:** Homeowners were significantly more likely to report surrounding new stations as a main source of health news than renters (59.7% vs. 43.4%), and notably more likely to use the Next Door app (15.6% vs. 8.6%).
- **Employment:** Respondents not currently working were more likely than those employed to report surrounding new stations as a main source of health news (62.0% vs. 47.4%), or another source (27.3% vs. 14.2%). Employed respondents were more likely to report social media as a source (56.2% compared to 35.6% for those not currently working).

Impacts of COVID-19 Pandemic

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.)

Are still dealing with the following as a result of the COVID-19 pandemic:

Category	All
None of the above	47.5%
I have worried about the health of family or friends	32.1%
I have felt more stress or anxiety	24.7%
I have exercised less than usual	17.7%
I have worried about my own health	17.3%
I have experienced grief from losing a loved one	11.0%
I have not had enough money to make ends meet	5.3%
I am still suffering from Long COVID	4.8%
I lost my job, was furloughed, or had my hours reduced	4.6%
I lost business or income	3.9%
Other	3.7%
I have been unable to pay my mortgage, or utility bills	3.0%
I filed for unemployment or financial benefits	3.0%
I have sought help or support but was unable to get it	2.7%
I have drank or used drugs more than usual	2.4%
I was not able to access health care services	0.9%
I lost my health insurance	0.5%

Interpretation: Over half of all survey respondents reported they were still dealing with challenges as result of the COVID-19 pandemic. The most reported concerns were worrying about the health of family or friends (32.1%), feeling more stress and anxiety (24.7%), concern over their own health (17.3%), and grief from losing a loved one (11%). Around 5% of respondents also reported having financial challenges or suffering from long COVID.

 Equity Analysis:
- Respondents in the Higher SVI sample were significantly more likely to be dealing with loss of a loved one (17.2% compared to the Lower SVI sample (9.5%). Higher SVI respondents were also notably more likely to report not having enough money to make ends meet than Lower SVI respondents (10.2% vs. 4%).
- **Age:** Those age 50 or less were more likely to report filing for unemployment or financial benefits due to COVID than those over the age of 50, though the numbers of persons selecting this item were small.
- **Gender:** Female respondents were significantly more likely to report the following concerns about their own health or the health of their loved ones as compared to male respondents. Specifically, female respondents felt more stress or anxiety (31.3% vs. 16.2%), worried about my own health (25.4% vs. 6.2%), or the health of family or friends (39.8% vs. 21.9%), have experienced grief from losing a loved one (15% vs. 5.9%) and still suffering from Long COVID (7.5% vs. 1.3%).

- **Race/Ethnicity:** Black (3.3%) and Hispanic (20.0%) respondents were more likely than Whites (1.6%) to report that they had lost their job, been furloughed, or had work hours reduced due to COVID and were similarly more likely to report losing business or income (Black = 7.8%, Hispanic = 7.8% and White = 1.0%).
- **Homeownership: Renters** were more likely than homeowners to report that at times they did not have enough money to make ends meet (10.0% vs. 3.1%), but a higher percentage of homeowners reported greater levels of stress and anxiety due to COVID than did renters (29.7% compared to 18.3%).

35. What is one thing that would make your community a healthier place to live?

Common themes from residents' responses focus on health care access, housing, community safety, access to food, community cohesion, and infrastructure. Below are visualizations that capture some of the things respondents identified that would make their community a healthier place to live.

Health Care and Access to Care
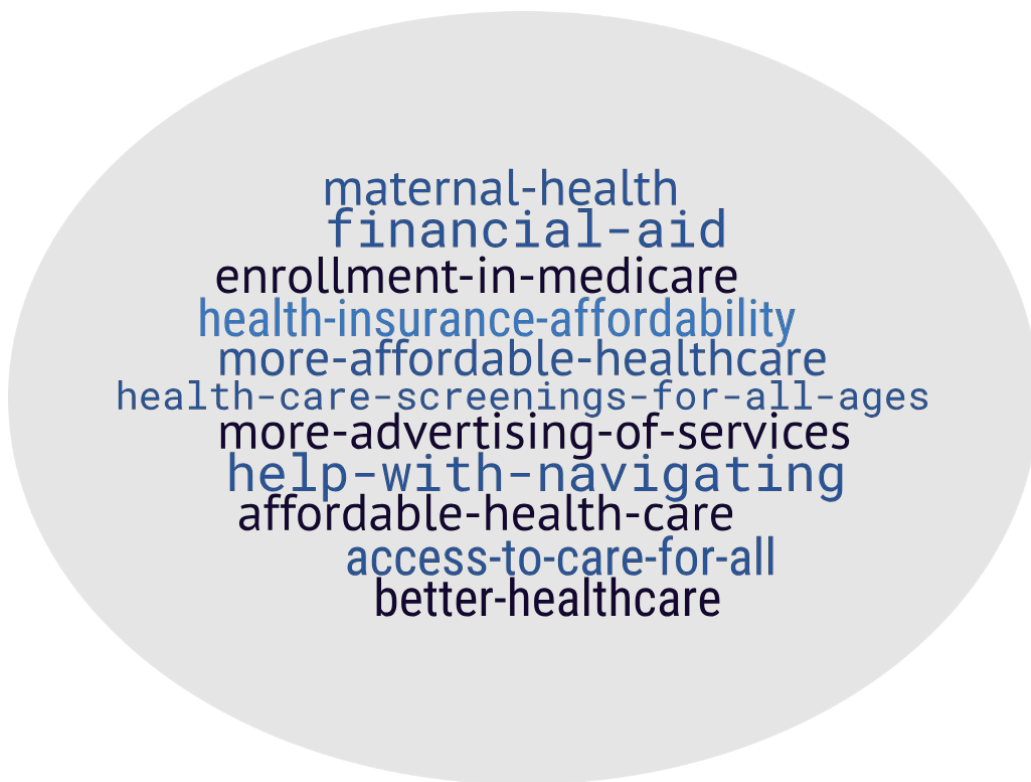
Housing

social-justice
affordable-housing
people-being-homeless
having-a-cheaper-place-to-live
resources-for-homeless-or-almost-homeless
more-affordable-housing-for-those-with-limited-income
having-to-choose-between-housing-and-food
more-outreach-for-homeless
making-it-affordable-to-live
caps-on-rent
better-housing

Community Safety

speed-deterrents
violence-prevention
more-police-officers gun-control
closer-emergency-services less-violence
more-police-patrolling
some-neighborhoods-are-not-safe
too-many-shootings-in-schools
police-officers-riding-though-neighborhood
more-speedbumps-in-neighborhoods
gun-violence-prevention-programs
pedestrian-access-and-safety
proper-storage-to-reduce-gun-violence
address-violence-in-communities
concerned-about-the-shootings
streetlights more-traffic-enforcement
safety-and-crime-prevention
a-neighborhood-watch
traffic-enforcement
slow-down-traffic
more-safety
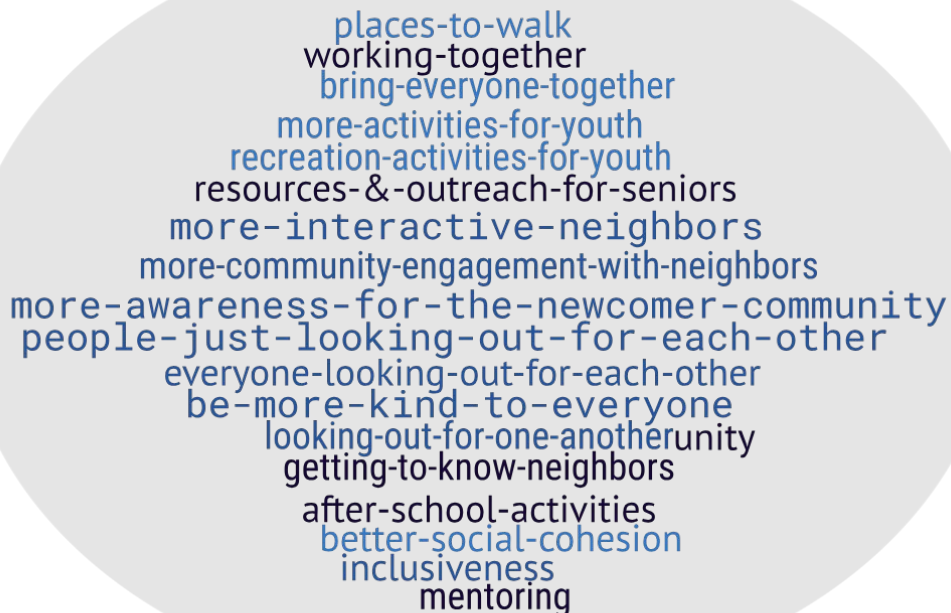
Food Access and Quality

affordable
more-food-stamps
have-a-grocery-store healthy-foods
access-to healthy-food-options
community-grocery-store healthier
mobile-food-pantry
health-inspired-food-fairs
more-food-pantries-for-those-in-need
access-to-healthy-food-for-everyone-not-just-one-who-can-afford-it
lowering-healthy-food-costs
more-fruit-and-vegetable-options
food-support-system
more-grocery-store-access
more-farmers-markets
food affordable-food-access
farmers-market
fresh-produce
food-deserts

Social and Community Connection

places-to-walk
working-together
bring-everyone-together
more-activities-for-youth
recreation-activities-for-youth
resources-&-outreach-for-seniors
more-interactive-neighbors
more-community-engagement-with-neighbors
more-awareness-for-the-newcomer-community
people-just-looking-out-for-each-other
everyone-looking-out-for-each-other
be-more-kind-to-everyone
looking-out-for-one-another unity
getting-to-know-neighbors
after-school-activities
better-social-cohesion
inclusiveness
mentoring

Infrastructure

information
walking-accessibility
more-bicycle-lanes
make-it-more-affordable
more-bike-lanes-and-sidewalks
oversight-on-environmental-quality
clean-roads-and-sidewalks
information-in-other-languages
affordability-for-regular-working-people-to-meet-basic-needs
community-centers-with-access-to-outdoor-space-exercise-equipment-&-resources
better-access-to-resources-for-those-who-need-it
communication-about-available-resources
better-access-to-public-transportation
more-visibility-and-access-to-services
bike-paths-away-from-traffic
better-lighting-for-streets
air-quality affordable-childcare
slowing-traffic-down
water-quality

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*

II. *COMMUNITY HEALTH/CONDITIONS*

5. All right, now thinking specifically about <u>how you </u>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. *Everyone identifies their community in a different way, this might be geographic like your immediate neighborhood or the entire County, it could be your Church community or maybe your school. Think about how <u>you</u> would define your community.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No response
a. There is good healthcare in my community. *(Think about access, cost, availability, quality, and options in health care.)*	O	O	O	O	O	O
b. There are good mental health services in my community. *(Consider access, cost, availability, quality, and options in mental health care.)*	O	O	O	O	O	O
c. My community is a good place to raise children. *(Think about school quality, day care, after school programs, playgrounds, and recreation centers, etc.)*	O	O	O	O	O	O
d. My community is a good place to age. *(Think about elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for seniors living alone, meals on wheels, etc.)*	O	O	O	O	O	O
e. My community is a safe place to live. *(Think about community violence, domestic violence, safety in the home, the workplace, schools, playgrounds, parks, neighborhood, shops, etc. Do neighbors know and trust one another? Do they look out for one another?)*	O	O	O	O	O	O
f. My community's environment is healthy *(air, water, soil, green space, walkable, etc.)*	O	O	O	O	O	O
g. My community is a welcoming place for people of all races and ethnicities. *(Think about interactions between neighbors or community members of different races, ethnicities.)*	O	O	O	O	O	O

h. There is affordable housing that meets the needs of my community *(Consider the availability and quality of safe, affordable housing.)*	○	○	○	○	○	○

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

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

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

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No (*Skip to Q13*)
- ○ *Don't Know* (*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*)

- ☐ Sexuality
- ☐ Gender
- ☐ Age
- ☐ Faith
- ☐ Weight or size
- ☐ How much money you have or make
- ☐ Physical appearance
- ☐ Accent or English proficiency
- ☐ Race or ethnicity
- ☐ Not sure
- ☐ Other reason _____
- ☐ *Prefer not to answer*

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

- ☐ By police
- ☐ By government agencies
- ☐ In educational settings
- ☐ While seeking housing
- ☐ In a healthcare setting
- ☐ In interpersonal situations
- ☐ While seeking employment
- ☐ In your neighborhood
- ☐ While shopping
- ☐ In the workplace
- ☐ *Prefer not to answer*

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

- ☐ Cigarettes
- ☐ Vape/Electronic cigarettes (e-cigarettes) (JUUL, Stig, Puff Bars, Blue, etc.)
- ☐ Smokeless tobacco (chew, dip, snuff, snus)
- ☐ Cigars
- ☐ Pipes
- ☐ Hookah
- ☐ I don't use any tobacco products
- ☐ *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   ○ *Prefer not to answer*
       ○ No (*Skip to Q16*)

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 <u>most often</u> 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
- ○ Private nongovernmental plan
- ○ Medicare
- ○ Medicaid
- ○ Children's Health Insurance Program (CHIP)
- ○ Military related health care (TRICARE/VA Health Care/CHAMPUS)
- ○ Indian Health Service
- ○ State sponsored health plan
- ○ Other, please specify: _____
- ○ Don't Know
- ○ *Prefer not to answer*

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

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.**

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

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.)*

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

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

(Select all that apply)

- ☐ Dentist
- ☐ General practitioner
- ☐ Eye care/optometrist/ophthalmologist
- ☐ Pharmacy/prescriptions
- ☐ Pediatrician
- ☐ OB/GYN
- ☐ Mental health provider
- ☐ Substance use treatment provider
- ☐ Hospital
- ☐ Urgent care center
- ☐ Specialist: Please specify:

_____
- ☐ *Prefer not to answer*

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	◯	◯	◯	◯
B. With assistance with food costs/food stamps	◯	◯	◯	◯
C. With assistance with housing costs/subsidized housing	◯	◯	◯	◯
D. With transportation to health care	◯	◯	◯	◯
E. Accessing legal services	◯	◯	◯	◯
F. Finding health Promotion/Wellness programs	◯	◯	◯	◯
G. Accessing mental health care or counseling	◯	◯	◯	◯
H. Finding or accessing drug or alcohol treatment program	◯	◯	◯	◯
I. Home health care	◯	◯	◯	◯
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)*

☐ Elderly or disabled parent
☐ Elderly or disabled grandparent
☐ Elderly or disabled spouse/partner
☐ Child(ren) under 5 years *(ask Q26, else skip)*
☐ Disabled child(ren) *(ask Q26, else skip)*

☐ Foster child(ren) *(ask Q26, else skip)*
☐ Family member with chronic illness
☐ I am not caring for anyone who fits these descriptions (*Skip to Q27*)
☐ *Prefer not to answer*

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

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

27. Do you own or rent your home?

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

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

    ○ Yes   ○ *Prefer not to answer*
    ○ No

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   ○ *Prefer not to answer*
    ○ No

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   ○ *Prefer not to answer*
    ○ No

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

☐ Did not experience any issues or problems with transportation
☐ No sidewalks where I needed to walk
☐ Couldn't afford to buy a vehicle
☐ Couldn't afford gas
☐ Couldn't afford necessary repairs
☐ Couldn't get to repair shop
☐ Public transportation routes aren't convenient for me

☐ Public transportation hours of operation aren't convenient for me
☐ Public transportation takes too long
☐ Public transportation is too expensive
☐ I don't know how to use public transportation (i.e., bus routes, buying tickets, etc.)
☐ Other: _____
☐ *Prefer not to answer*

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.	○	○	○	○
B. My family has a personal disaster plan and we have practiced it.	○	○	○	○
C. I have an emergency preparedness kit with supplies for 72 hours.	○	○	○	○
D. I regularly check my smoke and carbon monoxide detectors.	○	○	○	○
E. I have emergency response related apps downloaded on my phone (e.g., Red Cross, Weather, etc.).	○	○	○	○
F. I am signed up to receive emergency alerts (social media, text, email).	○	○	○	○
G. During an emergency, I can access emergency resources in my preferred language.	○	○	○	○

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

☐ Surrounding area news stations
☐ Radio, Newspaper, 2-1-1, Streaming TV
☐ Spanish language media
☐ Next Door social network
☐ Social Media

☐ Another source (specify): _____
☐ *None of the above*
☐ *Prefer not to answer*

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 <u>still dealing</u> with any of the following as a result of the COVID-19 pandemic?** (S*elect all that apply*.)

- ☐ I lost my job, was furloughed, or had my work hours reduced
- ☐ I lost business or income
- ☐ I lost my health insurance
- ☐ I was not able to access health care services
- ☐ I filed for unemployment or financial benefits
- ☐ I have been unable to pay my mortgage, or utility bills
- ☐ I have not had enough money to make ends meet
- ☐ I have exercised less than usual

- ☐ I have drank or used drugs more than usual
- ☐ I have felt more stress or anxiety
- ☐ I have worried about my own health
- ☐ I have worried about the health of family or friends
- ☐ I have experienced grief from losing a loved one
- ☐ I am still suffering from Long COVID
- ☐ I have sought help or support but was unable to get it (Please describe: _____)
- ☐ Other: _____
- ☐ None of the above
- ☐ *Prefer not to answer*

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?**

- ○ Less than 9th grade
- ○ 9-12th grade, no diploma
- ○ High school graduate (or GED/equivalent)
- ○ Some colleges (no degree)

- ○ Associates degree or vocational training
- ○ Bachelor's degree
- ○ Graduate or professional degree
- ○ *Prefer not to answer*

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

- ☐ Employed full-time (40 or more hours/week)
- ☐ Employed part-time (under 40 hours/week)
- ☐ Retired
- ☐ Student
- ☐ Stay at home parent
- ☐ Unable to work due to illness or injury
- ☐ Working part time due to illness or injury

- ☐ Armed forces/military
- ☐ Self-employed
- ☐ Unemployed for less than one year
- ☐ Unemployed for more than one year
- ☐ Unable to Work
- ☐ *Prefer not to answer*

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?** _____

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, fiyiano, 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_
   - ○ Mujer   _comparte:_____)_
   - ○ _Prefiero no responder_

II. SALUD/CONDICIONES DE LA COMUNIDAD

5. **Muy bien, ahora pensando específicamente en <u>cómo define usted</u> 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 <u>usted</u> su comunidad.

	Totalmente en desacuerdo	En desacuerdo	neutral	eptar	Totalmente de acuerdo	Ninguna respuesta
a. **Hay buena atención médica en mi comunidad.** *(Piense en el acceso, el costo, la disponibilidad, la calidad y las opciones en la atención médica).*	O	O	O	O	O	O
b. **Hay buenos servicios de salud mental en mi comunidad.** *(Considere el acceso, el costo, la disponibilidad, la calidad y las opciones en la atención de salud mental).*	O	O	O	O	O	O
c. **Mi comunidad es un buen lugar para criar niños.** *(Piense en la calidad de la escuela, las guarderías, los programas extracurriculares, los patios de recreo y los centros recreativos, etc.)*	O	O	O	O	O	O
d. **Mi comunidad es un buen lugar para envejecer.** *(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.)*	O	O	O	O	O	O
e. **Mi comunidad es un lugar seguro para vivir.** *(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?)*	O	O	O	O	O	O
f. **El medio ambiente de mi comunidad es saludable.** *(aire, agua, suelo, espacios verdes, transitables, etc.)*	O	O	O	O	O	O
g. **Mi comunidad es un lugar acogedor para personas de todas las razas y etnias.** *(Piense en las interacciones entre vecinos o miembros de la comunidad de diferentes razas y etnias).*	O	O	O	O	O	O
h. **Hay viviendas asequibles que satisfacen las necesidades de mi comunidad.** *(Considere la disponibilidad y calidad de viviendas seguras y asequibles).*	O	O	O	O	O	O

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*)

- ☐ Dinero
- ☐ Trabajo o escuela
- ☐ Preocupaciones de salud personales
- ☐ Niños/guardería
- ☐ Cuidados
- ☐ Relaciones (p. ej., pareja, cónyuge, hijos, familia)
- ☐ Problemas de salud que afectan a mi familia.
- ☐ Costos de vivienda (p. ej., hipoteca o alquiler)

- ☐ Temas sociales (política, economía, etc.)
- ☐ Duelo o pérdida de un ser querido
- ☐ Estabilidad laboral
- ☐ Seguridad personal
- ☐ Discriminación
- ☐ Otro, especifique:_ _____
- ☐ No experimento ningún estrés
- ☐ *No lo sé/No estoy seguro*
- ☐ *Prefiero no responder*

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

- ○ Sí
- ○ No (*Pase a la pregunta 13*)
- ○ *No lo sé* (*Pase a la pregunta 13*)
- ○ *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*)

- ☐ Sexualidad
- ☐ Género
- ☐ Edad
- ☐ Fe
- ☐ Peso o tamaño
- ☐ ¿Cuánto dinero tienes o ganas?

- ☐ Apariencia física
- ☐ Acento o dominio del inglés.
- ☐ Raza o etnia
- ☐ No estoy seguro(a)
- ☐ Otra razon _____
- ☐ *Prefiero no responder*

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

- ☐ Por la policía
- ☐ Por agencias gubernamentales
- ☐ En entornos educativos
- ☐ Mientras buscaba vivienda
- ☐ En un entorno sanitario
- ☐ En situaciones interpersonales

- ☐ Mientras buscaba empleo
- ☐ En su vecindario
- ☐ durante las compras
- ☐ En el lugar de trabajo
- ☐ *Prefiero no responder*

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

- ☐ Cigarrillos
- ☐ Vape/cigarrillos electrónicos (cigarrillos electrónicos) (JUUL, Stig, Puff Bars, Blue, etc.)
- ☐ Tabaco sin humo (masticar, mojar, rapé, snus)
- ☐ Cigarros

- ☐ Pipas
- ☐ Narguile (Hookah)
- ☐ No uso ningún producto de tabaco.
- ☐ *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   ○ *Prefiero no responder*
○ No (*Pase a la pregunta 16*)

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

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 <u>con más frecuencia</u> 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 sabia 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	○	○	○	○
B. Con ayuda para gastos de alimentos/cupones de alimentos.	○	○	○	○
C. Con ayuda para los gastos de vivienda/vivienda subsidiada	○	○	○	○
D. Con transporte al centro de salud.	○	○	○	○
E. Para Acceder a servicios legales	○	○	○	○
F. Para Encontrar programas de promoción de salud/bienestar	○	○	○	○
G. Para el Acceso a atención o asesoramiento de salud mental	○	○	○	○
H. Para Encontrar o acceder a un programa de tratamiento de drogas o alcohol	○	○	○	○
I. Para la Atención médica domiciliaria	○	○	○	○
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)*

☐ Padre anciano o discapacitado
☐ Abuelo anciano o discapacitado
☐ Cónyuge/pareja anciano o discapacitado
☐ Niño(s) menor(es) de 5 años *(pregunte la pregunta 26, de lo contrario omita)*
☐ Niños discapacitados *(pregunte la pregunta 26; de lo contrario, omítala)*

☐ Hijo(s) de crianza *(pregunte la pregunta 26; de lo contrario, omita)*
☐ Miembro de la familia con enfermedad crónica.
☐ No estoy cuidando a nadie que se ajuste a estas descripciones (*Pase a la pregunta 27*).
☐ *Prefiero no responder*

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, 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?**

○ Sí
○ No

○ No aplica
○ No lo sé
○ *Prefiero no responder*

27. ¿Es usted propietario o alquila su casa?

○ Propio
○ Alquilar
○ Otro arreglo

○ No lo sé
○ *Prefiero no responder*

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

○ Sí
○ No

○ *Prefiero no responder*

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)

☐ No he tenido ningún problema o con el transporte.
☐ No hay aceras por donde necesitaba caminar
☐ No podía comprar un vehículo
☐ No podía pagar la gasolina
☐ No podía pagar las reparaciones necesarias
☐ No pude llegar al taller de reparación
☐ Las rutas de transporte público no me convienen

☐ El horario de funcionamiento del transporte público no me conviene
☐ El transporte público tarda demasiado
☐ El transporte público es demasiado caro.
☐ No sé cómo utilizar el transporte público (es decir, rutas de autobús, comprar billetes, etc.)
☐ Otro: _____
☐ *Prefiero no responder*

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	estoy guro(a)	nguna puesta
A. Sé qué emergencias o desastres tienen más probabilidades de ocurrir en mi comunidad.	○	○	○	○
B. Mi familia tiene un plan personal para desastres y lo hemos practicado.	○	○	○	○
C. Tengo un kit de preparación para emergencias con suministros para 72 horas.	○	○	○	○
D. Reviso periódicamente mis detectores de humo y monóxido de carbono.	○	○	○	○
E. Tengo aplicaciones relacionadas con respuesta a emergencias descargadas en mi teléfono (por ejemplo, Cruz Roja, Clima, etc.).	○	○	○	○
F. Estoy registrado para recibir alertas de emergencia (redes sociales, mensajes de texto, correo electrónico).	○	○	○	○
G. Durante una emergencia, puedo acceder a recursos de emergencia en mi idioma preferido.	○	○	○	○

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

(Seleccione todas las que correspondan.)

☐ Estaciones de noticias de los alrededores

☐ Radio, Periódico, 2-1-1, Streaming TV

☐ Medios en español

☐ Red social de Nextdoor

☐ Medios de comunicación social

☐ Otra fuente (especifique): _____

☐ *Ninguna de las anteriores*

☐ *Prefiero no responder*

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 <u>lidiando</u> con alguno de los siguientes problemas como resultado de la pandemia de COVID-19?

(Seleccione *todo lo que corresponda*).

☐ Perdí mi trabajo, me suspendieron o me redujeron las horas de trabajo

☐ Perdí negocio o ingresos

☐ perdi mi seguro medico

☐ No pude acceder a los servicios de atención médica.

☐ Solicité desempleo o beneficios financieros

☐ No he podido pagar mi hipoteca ni mis facturas de servicios públicos.

☐ No he tenido suficiente dinero para llegar a fin de mes .

☐ He hecho menos ejercicio de lo habitual

☐ He bebido o consumido drogas más de lo habitual

☐ He sentido más estrés o ansiedad.

☐ Me he preocupado por mi propia salud .

☐ Me he preocupado por la salud de familiares o amigos.

☐ He experimentado dolor por perder a un ser querido.

☐ Sigo sufriendo de COVID prolongado

☐ He buscado ayuda o apoyo pero no pude obtenerlo (describa: ____)

☐ Otro: _____

☐ Ninguna de las anteriores

☐ *Prefiero no responder*

VI. *<u>Demografía (</u> Parte 2 <u>)</u>*

¡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?

○ Menos de noveno grado

○ 9.º a 12.º grado, sin diploma

○ Graduado de escuela secundaria (o GED/equivalente)

○ Algunas universidades (sin título)

○ Asociado o formación vocacional.

○ Licenciatura

○ Título de posgrado o profesional

○ *Prefiero no responder*

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

- ☐ Empleado a tiempo completo (40 o más horas/semana)
- ☐ Empleado a tiempo parcial (menos de 40 horas/semana)
- ☐ Jubilado
- ☐ Alumno
- ☐ Padre que se queda en casa
- ☐ Incapacidad para trabajar debido a enfermedad o lesión.
- ☐ Trabajar a tiempo parcial debido a enfermedad o lesión.

- ☐ Fuerzas armadas/militares
- ☐ Trabajadores por cuenta propia
- ☐ Desempleado por menos de un año
- ☐ Desempleado por más de un año
- ☐ Incapaz de trabajar
- ☐ *Prefiero no responder*

37. Muy bien, y nuestra pregunta final es: En su opinión, ¿qué es lo que haría de su comunidad un lugar más saludable para vivir? _____ .

Appendix 3- Survey Postcard 1

ONE GUILFORD
Building Stronger Communities, Together.
For more information/ Para más información:
www.healthyguilford.com

PUBLIC HEALTH

Congratulations! We have chosen your household for a survey! Share your opinions about important health and social issues like access to care, transportation, housing, and food insecurity.

The Guilford County Division of Public Health will work with the community to address the health concerns identified in the 2023 Community Health Assessment.

¡Felicidades! ¡Hemos elegido su hogar para una encuesta! Comparta sus opiniones sobre temas sociales y de salud importantes como el acceso a la atención, el transporte, la vivienda y la inseguridad alimentaria.

La División de Salud Pública del Condado de Guilford trabajará con la comunidad para abordar los problemas de salud identificados en la Evaluación de Salud Comunitaria de 2023.

https://go.unc.edu/guilfordsurvey

PLEASE TAKE THIS 20-MINUTE SURVEY BY OCTOBER 11TH TO PLAY A VITAL ROLE IN IMPROVING OUR COMMUNITY'S HEALTH.

YOUR VOICE MATTERS.

With your help, we can make Guilford County a healthier place to live, work, and play!

POR FAVOR, TOME ESTA ENCUESTA DE 20 MINUTOS ANTES DEL 11 DE OCTUBRE PARA DESEMPEÑAR UN PAPEL VITAL EN LA MEJORA DE LA SALUD DE NUESTRA COMUNIDAD.

TU VOS IMPORTA.

¡Con su ayuda, podemos hacer del Condado de Guilford un lugar más saludable para vivir, trabajar y jugar!

PUBLIC HEALTH

Guilford County Health and Human Services Public Health Division
1203 Maple Street
Greensboro, NC 27405

YOUR VOICE MATTERS.

2023 Guilford County Community Health Survey

Encuesta de salud comunitaria del condado de Guilford

**Our community.
Our health.
Nuestra comunidad.
Nuestra salud.**

THE GUILFORD COUNTY
DIVISION OF PUBLIC HEALTH

1203 Maple Street, Greensboro, NC 27405

(336) 641-7777

2023 Guilford County Community Health Assessment

Dear Guilford County Resident:

Congratulations! The Guilford County Division of Public Health (GCDPH) has randomly selected your household for an important health survey! We need your participation in the 2023 Guilford County Community Health Assessment to improve the health and well-being of our community.

This Community Health Survey is a key part of the Community Health Assessment to help identify the issues that most affect the health and well-being of Guilford County residents. It helps us to determine the challenges, strengths, and opportunities that exist in the community, and what we can do together to make life better!

Please take 20 minutes to complete this survey and share your opinions about important health and social issues like access to care, transportation, housing, and food insecurity. Your voice matters and we highly value your participation. Your address, not you personally, was randomly selected from a sample of Guilford County residences. All your information and responses are kept strictly confidential, and you will not be publicly identified in any way. **The completed survey must be received by October 11ᵗʰ.**

It's easy to take part!

To complete the survey, scan the QR code to the right or visit the website: **https://go.unc.edu/Guilfordsurvey** **Then enter the 4-digit Survey Access Code found on the envelope label or postcard ___ ___ ___ ___**

OR

Fill out the paper survey and mail it back to us in the stamped envelope

GCDPH is also starting a new effort to reach out to community members regularly to better hear from people living in Guilford County. You are one of approximately 420 people sharing your thoughts in this survey. If you would like to participate in future surveys or listening sessions, please complete and return the Follow-Up Consent form with your survey. You will be invited to participate in up to two optional GCDPH surveys or listening sessions per year. You may opt-out at any time.

With your help, we can make Guilford County a healthier place to live, work, and play! For more information, please visit www.healthyguilford.com, call 336-641-3292 or email cha@guilfordcountync.gov.

Sincerely,

Iulia Vann, MD, MPH
Health Director

LA DIVISIÓN DE SALUD PÚBLICA DEL CONDADO DE GUILFORD

1203 Maple Street, Greensboro, NC 27405
(336) 641-7777

Evaluación de Salud Comunitaria del Condado de Guilford 2023

Estimado residente del condado de Guilford:

¡Felicidades! ¡La División de Salud Pública del Condado de Guilford (GCDPH, por sus siglas en inglés) ha seleccionado al azar su hogar para una importante encuesta de salud! Necesitamos su participación en la Evaluación de Salud Comunitaria del Condado de Guilford 2023 para mejorar la salud y el bienestar de nuestra comunidad.

Esta Encuesta de Salud Comunitaria es una parte clave de la Evaluación de Salud Comunitaria para ayudar a identificar los problemas que más afectan la salud y el bienestar de los residentes del Condado de Guilford. ¡Nos ayuda a determinar los desafíos, fortalezas y oportunidades que existen en la comunidad, y lo que podemos hacer juntos para mejorar la vida!

Por favor, tómese 20 minutos para completar esta encuesta y comparta sus opiniones sobre temas sociales y de salud importantes como el acceso a la atención, el transporte, la vivienda y la inseguridad alimentaria. Su voz es importante y valoramos mucho su participación. Su dirección, no usted personalmente, fue seleccionada al azar de una muestra de residencias del condado de Guilford. Toda su información y respuestas se mantienen estrictamente confidenciales, y no será identificado(a) públicamente de ninguna manera. **La encuesta completa debe recibirse antes del 11 de octubre.**

¡Es fácil participar!

Para completar la encuesta, escanee el código QR a la derecha o visite el sitio web: https://go.unc.edu/Guilfordsurvey **Luego ingrese el Código de Acceso de 4 dígitos de la Encuesta que se encuentra en la etiqueta del sobre o postal ___ ___ ___ ___**

O

Complete la encuesta en papel y envíenosla por correo en el sobre sellado

GCDPH también está comenzando un nuevo esfuerzo para llegar a los miembros de la comunidad regularmente para escuchar mejor a las personas que viven en el condado de Guilford. Usted es una de las aproximadamente 420 personas que comparten sus pensamientos en esta encuesta. Si desea participar en futuras encuestas o sesiones de escucha, por favor complete y envíe el formulario de consentimiento de seguimiento con su encuesta. Se le invitará a participar en hasta dos encuestas opcionales de GCDPH o sesiones de escucha por año. Puede optar por no participar en cualquier momento.

¡Con su ayuda, podemos hacer del Condado de Guilford un lugar más saludable para vivir, trabajar y jugar! Para obtener más información, visite www.healthyguilford.com, llame al 336-641-3292 o envíe un correo electrónico cha@guilfordcountync.gov.

Atentamente,

Iulia Vann, MD, MPH
Director de Salud

Appendix 5 – Survey Postcard 2

ONE GUILFORD
Building Stronger Communities, Together.
For more information/ Para más información:
www.healthyguilford.com

PUBLIC HEALTH

IT'S NOT TOO LATE!
YOUR VOICE MATTERS.

PLEASE TAKE THIS 20-MINUTE SURVEY BY OCTOBER 11TH TO PLAY A VITAL ROLE IN IMPROVING OUR COMMUNITY'S HEALTH.

¡NO ES DEMASIADO TARDE!
TU VOZ IMPORTA.

POR FAVOR COMPLETE ESTA ENCUESTA DE 20 MINUTOS HASTA EL 11 DE OCTUBRE PARA JUGAR PAPEL VITAL EN PARA MEJORA DE LA COMUNIDAD SALUD.

https://go.unc.edu/guilfordsurvey

If we don't hear from you, Public Health Teams will be knocking on doors to hear your thoughts!

Teams will be out in the community:
OCTOBER 12TH -14TH
AND
OCTOBER 26TH - 28TH!

With your help, we can make Guilford County a healthier place to live, work, and play!

¡Si no escuchamos de usted, los equipos de Salud Pública estarán tocando puertas para eschuchar su opinión!

Los equipos estarán en la comunidad:
12 - 14 DE OCTUBRE
Y
26 - 28 DE OCTUBRE!

¡Con su ayuda, podemos hacer del Condado de Guilford un lugar más saludable para vivir, trabajar, y jugar!

Guilford County Health and Human Services Public Health Division
1203 Maple Street
Greensboro, NC 27405

PUBLIC HEALTH

YOUR VOICE MATTERS.

2023
Guilford County
Community Health
Survey

Encuesta de salud comunitaria del condado de Guilford

Our community.
Our health.
Nuestra comunidad.
Nuestra salud.

PRESS RELEASE

FOR IMMEDIATE RELEASE
October 9, 2023

Contact: Elizabeth O'Brien
Public Health Communications Manager
(336) 641-6667
Cobrien2@guilfordcountync.gov

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 be conducting door-to-door, in-person surveys with selected residents as part of the 2023 Guilford County Community Health Assessment. Households will be 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 only be conducting surveys on the following dates:
When: Thursdays, Fridays, and Saturdays
Dates: October 12, 13 and 14 and October 26, 27, and 28
Times: 10:00 am to 5:00 pm

Survey teams, made up of Public Health staff and one or more volunteers, will be knocking on doors in randomly selected neighborhoods Thursday to Saturday from around 10 am to 5 pm. 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 are 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.

Your voice matters in improving the community's health! If you are contacted by an interview team, please take part in the 20-minute survey to share your thoughts. GCDPH, local organizations, and community members will use information gathered from the surveys to help address the most pressing health concerns that Guilford County residents are facing today.

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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PRESS RELEASE

FOR IMMEDIATE RELEASE
October 25, 2023

PUBLIC HEALTH

Contact: Elizabeth O'Brien
Public Health Communications Manager
(336) 641-6667
Cobrien2@guilfordcountync.gov

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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