

## Casa Colina CHNA 2014 - Community Survey

The Center for Nonprofit Management is conducting Casa Colina's 2015 Community Health Needs Assessment. Please take 15 minutes to complete this online survey and share your input about the most prevalent health needs in the community and the issues that contribute to poor health. The results from this survey will assist Casa Colina in developing ways to address some of the needs identified in the survey.

The information you provide will be kept confidential and will only be reported in summary form and will not be associated with your name.

We really appreciate you taking time out of your day to help Casa Colina.

For questions about the survey and community health needs assessment please contact Jessica Vallejo at [jvallejo@cnmsocal.org](mailto:jvallejo@cnmsocal.org).

### 1. How would you describe your overall health?

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

### 2. Where do you or a family member go for routine healthcare/regular health check-ups? *Select all that apply*

- ☐ Physicians/Doctors office
- ☐ Urgent care clinic
- ☐ Emergency room
- ☐ Local Health Department
- ☐ Community clinic
- ☐ I do not receive routine healthcare/regular check-ups
- ☐ My family members do not receive routine healthcare/regular check-ups
- ☐ Other (please explain) \_\_\_\_\_

### 3. If you or a family member do not receive routine healthcare/regular check-ups, why not? *Select all that apply*

- ☐ Don't have medical insurance
- ☐ Cannot afford it
- ☐ No transportation
- ☐ No specialist in my community for my condition
- ☐ Unable to take time off of work
- ☐ Difficulty scheduling an appointment
- ☐ Other (please explain) \_\_\_\_\_

### 4. What type of healthcare coverage do you have?

- ☐ Medicare
- ☐ Medicaid
- ☐ Private insurance (Kaiser Permanente, Anthem Blue Cross, Humana, etc.)
- ☐ I don't have healthcare coverage
- ☐ Other (please explain) \_\_\_\_\_

**5. What are the major health conditions you or a family member have faced in the last year?**

- |  |  |
|--|--|
| <input type="radio"/> Alcohol Abuse                        | <input type="radio"/> HIV/AIDS                           |
| <input type="radio"/> Allergies                            | <input type="radio"/> Hypertension                       |
| <input type="radio"/> Alzheimer's Disease                  | <input type="radio"/> Mental Health including depression |
| <input type="radio"/> Arthritis                            | <input type="radio"/> Obesity/Overweight                 |
| <input type="radio"/> Asthma                               | <input type="radio"/> Oral Health                        |
| <input type="radio"/> Breast Cancer                        | <input type="radio"/> Other Cancers                      |
| <input type="radio"/> Cervical Cancer                      | <input type="radio"/> Sexually Transmitted Disease       |
| <input type="radio"/> Colorectal Cancer                    | <input type="radio"/> Stroke                             |
| <input type="radio"/> Diabetes                             | <input type="radio"/> Substance Abuse                    |
| <input type="radio"/> Disability                           | <input type="radio"/> Vision                             |
| <input type="radio"/> Heart Disease/Cardiovascular Disease | <input type="radio"/> Other (please explain) _____       |
| <input type="radio"/> High Cholesterol                     |  |

**6. Were you or your family member able to receive the health services you needed for the condition(s)?**

- ☐ Yes  
☐ No

**7. If not, why not? *Select the top 3***

- |  |   |
|--|---|
| <input type="radio"/> Don't have medical insurance                   | <input type="radio"/> Unable to take time off of work |
| <input type="radio"/> Cannot afford it                               | <input type="radio"/> Difficulty scheduling           |
| <input type="radio"/> No transportation                              | <input type="radio"/> Language barrier                |
| <input type="radio"/> No specialist in my community for my condition | <input type="radio"/> Other (please explain) _____    |

**8. If you or your family members do not receive the health services you needed, why not? *Select the top 3***

- |  |  |
|--|--|
| <input type="radio"/> Don't have medical insurance                   | <input type="radio"/> Unable to take time off of work      |
| <input type="radio"/> Cannot afford it                               | <input type="radio"/> Difficulty scheduling an appointment |
| <input type="radio"/> No transportation                              | <input type="radio"/> Other (please explain) _____         |
| <input type="radio"/> No specialist in my community for my condition |  |

**9. What social or environmental factors do you think contribute to poor health?**

**Select the top 5**

- |  |  |
|--|--|
| <input type="radio"/> Access to health care                  | <input type="radio"/> Lack of health education     |
| <input type="radio"/> Access to healthy and affordable foods | <input type="radio"/> Lack of health screenings    |
| <input type="radio"/> Air quality                            | <input type="radio"/> Language Barrier             |
| <input type="radio"/> Alcohol abuse                          | <input type="radio"/> Physical Activity            |
| <input type="radio"/> Education Level                        | <input type="radio"/> Safety                       |
| <input type="radio"/> Healthy eating                         | <input type="radio"/> Substance abuse              |
| <input type="radio"/> Homelessness                           | <input type="radio"/> Transportation               |
| <input type="radio"/> Housing                                | <input type="radio"/> Unemployment                 |
| <input type="radio"/> Lack of dental care access             | <input type="radio"/> Other (please explain) _____ |
| <input type="radio"/> Lack of disease management             |  |

**10. If you or a family member you know has a chronic health condition such as diabetes, heart disease, asthma, etc., how do you or they keep it under control?**

**Select all that apply**

- ☐ Support from health care provider
- ☐ Health education (i.e. disease specific information)
- ☐ Support groups
- ☐ Take my medication
- ☐ Stay active (i.e. exercise and other physical movements)
- ☐ Other (please explain) \_\_\_\_\_

**11. Where do community members go to receive assistance with health or social services? Select all that apply**

- |   |  |
|---|--|
| <input type="radio"/> Community based organization/agency | <input type="radio"/> Natural remedies/at home remedies              |
| <input type="radio"/> Community center                    | <input type="radio"/> Primary Care Physician                         |
| <input type="radio"/> Community clinic                    | <input type="radio"/> Urgent care                                    |
| <input type="radio"/> Curanderos/Traditional Healers      | <input type="radio"/> Urgent care clinic                             |
| <input type="radio"/> Emergency room                      | <input type="radio"/> Hospital                                       |
| <input type="radio"/> Internet                            | <input type="radio"/> Go outside of the community to access services |
| <input type="radio"/> Local Health Department             | <input type="radio"/> Other (please explain) _____                   |
| <input type="radio"/> Local school                        |  |

**12. Which health or social services are most difficult to access in your community?**

**Select all that apply**

- |   |   |
|---|---|
| <input type="radio"/> Diabetes management       | <input type="radio"/> Mammograms                |
| <input type="radio"/> Heart Disease management  | <input type="radio"/> Colonoscopies             |
| <input type="radio"/> Oral care                 | <input type="radio"/> General cancer screenings |
| <input type="radio"/> Vision care               | <input type="radio"/> Other (please explain)    |
| <input type="radio"/> General health screenings | _____   |

**13. Why are the services difficult to access? Select the top 3**

- |   |   |
|---|---|
| <input type="radio"/> Don't have medical insurance                            | <input type="radio"/> Unable to take time off of work |
| <input type="radio"/> Have medical insurance but difficult to access services | <input type="radio"/> Difficulty in scheduling        |
| <input type="radio"/> Cannot afford it  | <input type="radio"/> Language barrier                |
| <input type="radio"/> No transportation                                       | <input type="radio"/> Other (please explain)          |
| <input type="radio"/> No specialist in my community for my condition          | _____   |

**14. Who (in terms of ethnic group, age group, income level, etc.) is most likely to have a difficult time accessing the health and/or social services they need?**

**Please explain**

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**15. Where do community members go to receive assistance with specialty care and/or services? Select all that apply**

- |   |  |
|---|--|
| <input type="radio"/> Community center                  | <input type="radio"/> Specialty Care Physician   |
| <input type="radio"/> Community clinic                  | <input type="radio"/> Urgent care  |
| <input type="radio"/> Curanderos/Traditional Healers    | <input type="radio"/> Urgent care clinic   |
| <input type="radio"/> Emergency room                    | <input type="radio"/> Hospital   |
| <input type="radio"/> Internet                          | <input type="radio"/> Go outside of the community to access services                     |
| <input type="radio"/> Local Health Department           | <input type="radio"/> There are no specialists in the community for specialty care needs |
| <input type="radio"/> Local school                      | <input type="radio"/> Other (please explain)   |
| <input type="radio"/> Natural remedies/at home remedies | _____  |
| <input type="radio"/> Primary Care Physician            |  |

**16. Which specialty care and/or services are most difficult to access in your community? *Select all that apply***

- |  |   |
|--|---|
| <input type="radio"/> Medical rehabilitation | <input type="radio"/> Long term respite care                |
| <input type="radio"/> Drug/sub abuse rehab   | <input type="radio"/> Specialty care physician consultation |
| <input type="radio"/> In home care           | <input type="radio"/> Services for children                 |
| <input type="radio"/> Respite care           | <input type="radio"/> Other (please explain)                |
| <input type="radio"/> Transitional care      | _____   |

**17. Why are specialty care/services difficult to access? *Select the top 3***

- |  |  |
|--|--|
| <input type="radio"/> Don't have medical insurance   | <input type="radio"/> No specialist in my community for my condition |
| <input type="radio"/> Have medical insurance but it is difficult to access services        | <input type="radio"/> Unable to take time off of work                |
| <input type="radio"/> Have medical insurance but it does not cover specialty care services | <input type="radio"/> Difficulty in scheduling                       |
| <input type="radio"/> Cannot afford it   | <input type="radio"/> Language barrier                               |
| <input type="radio"/> No transportation  | <input type="radio"/> Other (please explain)                         |
|  | _____  |

**18. Who (in terms of ethnic group, age group, income level, etc.) is most likely to have a difficult time accessing the special care/services they need? *Please explain***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**19. Which healthy behavior is most difficult to encourage in the daily lives for you and family? *Select the top 3***

- |  |   |
|--|---|
| <input type="radio"/> Appropriate use of prescribed medication | <input type="radio"/> Preventive healthcare including health screenings |
| <input type="radio"/> Managing a chronic condition             | <input type="radio"/> Regular exercise                                  |
| <input type="radio"/> Healthy eating                           | <input type="radio"/> Smoking cessation                                 |
| <input type="radio"/> Preventative dental care                 | <input type="radio"/> Other (please explain)                            |
|  | _____   |

**20. Does your health and/or condition keep you from doing things you would like to do (i.e. socializing, getting enough exercise, being around others, be independent, etc.)?**

- ☐ Yes
- ☐ No

Please explain \_\_\_\_\_

**21. What might Casa Colina do to better meet the health needs of the community?  
Please explain**

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**For statistical purposes, please provide the following:**

**22. What is your age:** \_\_\_\_\_

**23. What ZIP code do you live in?** \_\_\_\_\_

**24. What is your ethnicity?**

- |   |  |
|---|--|
| <input type="radio"/> African-American/Black        | <input type="radio"/> Hispanic/Latino                  |
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> Asian                         | <input type="radio"/> Other (please explain)           |
| <input type="radio"/> Caucasian                     | _____  |

**25. What is your annual household income?**

- |   |  |
|---|--|
| <input type="radio"/> \$0-\$24,999      | <input type="radio"/> \$75,000-\$99,999    |
| <input type="radio"/> \$25,000-\$49,999 | <input type="radio"/> \$100,000 or more    |
| <input type="radio"/> \$50,000-\$74,999 | <input type="radio"/> Prefer not to answer |

**26. What is your level of education?**

- ☐ Some high school
- ☐ High school graduate
- ☐ Some college
- ☐ College graduate

**27. Have you been a patient at Casa Colina? What types of services did you receive from Casa Colina?**

- ☐ Yes
- ☐ No

Please explain \_\_\_\_\_