



## 2024 Community Health Assessment Survey

Please take a few minutes to complete the survey below.

The purpose of this survey is to get your opinions about the health and well-being in Williamson County. The Williamson County Community Health Assessment (CHA) Task Force will use the results of this survey, along with interviews and focus groups with community members to identify the most urgent problems which can be addressed through community action efforts. Your opinion is needed and important!

Thank you in advance for taking the time to complete it.

If you have any questions, please visit our website at [www.healthywilliamsoncounty.org/cha](http://www.healthywilliamsoncounty.org/cha)

**Question 1: What are the *strengths* of the community you live in? *Pick up to five.***

- Access to health care (family doctor, dental, mental health)
- Access to internet/Wi-fi/Devices
- Access to public transportation
- Accessible food
- Affordable housing
- Affordable food
- Clean environment (air, water, soil)
- Community resources (non-profits, libraries, food pantries)
- Community health workers
- Culturally aware healthcare professionals
- Community, cultural, and recreational events
- Good jobs and financial stability
- Good relationships among different race/Ethnic groups in the community
- Good schools
- Healthy behaviors and lifestyles
- Low crime/Safe place
- Parks and recreational activities
- Prepared for disasters and emergencies
- Safe, appropriate bike paths and sidewalks
- Strong religious or spiritual values
- Strong support systems
- Trusted community advocates/Leaders
- Trusted local elected officials
- Other: \_\_\_\_\_

**Question 2: What are some *challenges or concerns* in the community you live in? *Pick up to five.***

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|--|--|
| <input type="checkbox"/> Access to basic needs   | <input type="checkbox"/> Lack of exercise/Recreation   |
| <input type="checkbox"/> Access to insurance   | <input type="checkbox"/> Lack of trust in elected officials  |
| <input type="checkbox"/> Access to internet/Wi-Fi/Devices  | <input type="checkbox"/> Language barriers/Communication issues  |
| <input type="checkbox"/> Assault/Violent crime/Deaths  | <input type="checkbox"/> Long commute time   |
| <input type="checkbox"/> Child abuse/Neglect   | <input type="checkbox"/> Mental health problems (anxiety, bipolar, depression, self-harm, suicide, etc.) |
| <input type="checkbox"/> Chronic diseases (cancer, diabetes, heart, asthma, etc.)                                      | <input type="checkbox"/> Overweight/Obesity  |
| <input type="checkbox"/> Dental problems   | <input type="checkbox"/> Problems related to aging   |
| <input type="checkbox"/> Discrimination  | <input type="checkbox"/> Polluted air/Water/Soil   |
| <input type="checkbox"/> Domestic violence/Sexual violence   | <input type="checkbox"/> Racism  |
| <input type="checkbox"/> Drug overdose/Fentanyl  | <input type="checkbox"/> Regular check-ups and shots   |
| <input type="checkbox"/> Elderly abuse/Neglect   | <input type="checkbox"/> Sex/Human trafficking   |
| <input type="checkbox"/> Feeling isolated or lonely  | <input type="checkbox"/> Sexually transmitted diseases/STIs  |
| <input type="checkbox"/> Financial insecurity  | <input type="checkbox"/> Social and emotional support from friends, family, and the community            |
| <input type="checkbox"/> Firearm related injuries/Death  | <input type="checkbox"/> Stress  |
| <input type="checkbox"/> Hearing and vision impairments or loss  | <input type="checkbox"/> Substance misuse (alcohol, drug, tobacco)                                       |
| <input type="checkbox"/> Hate crimes/Extreme group violence  | <input type="checkbox"/> Teen pregnancy  |
| <input type="checkbox"/> Getting help with health resources (insurance, eligibility, documentation, finding providers) | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Homelessness  | <input type="checkbox"/> Worksite injuries   |
| <input type="checkbox"/> Housing instability (couch surfing, living in cars, and/or unsheltered)                       | <input type="checkbox"/> Unemployment  |
| <input type="checkbox"/> Hunger/Food insecurity  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Infectious diseases (Hepatitis, TB, pandemics)  |  |

**Question 3: What services do you think need improvement in the community you live in? *Pick up to five.***

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|--|--|
| <input type="checkbox"/> Childcare options                                     | <input type="checkbox"/> Parks/Trails/Community centers/Sidewalks                                  |
| <input type="checkbox"/> Counseling/Mental health services                     | <input type="checkbox"/> Reliable and affordable internet/Wi-fi                                    |
| <input type="checkbox"/> Crime prevention and safety                           | <input type="checkbox"/> Reliable utilities (electricity, gas, trash, water)                       |
| <input type="checkbox"/> Culturally/Linguistically appropriate health services | <input type="checkbox"/> Road safety   |
| <input type="checkbox"/> Disaster and emergency preparedness                   | <input type="checkbox"/> Services/Activities for people with disabilities                          |
| <input type="checkbox"/> Health coverage for the uninsured and underinsured    | <input type="checkbox"/> Services for people who are unable to leave their home without difficulty |
| <input type="checkbox"/> Healthy and affordable food choices                   | <input type="checkbox"/> Services/Activities for seniors   |
| <input type="checkbox"/> Help finding services/Resources                       | <input type="checkbox"/> Services/Activities for youth   |
| <input type="checkbox"/> Housing assistance                                    | <input type="checkbox"/> Support groups: _____   |
| <input type="checkbox"/> Initiatives to work on discrimination and racism      | <input type="checkbox"/> Transportation (accessible, affordable & reliable)                        |
| <input type="checkbox"/> Job skills/Certifications/Training opportunities      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Low-cost health services                              |  |

**Question 4: In your opinion, which groups of people get the least support and/or could use more support in Williamson County? *Pick up to three.***

- |   |  |
|---|--|
| <input type="checkbox"/> Aging (55+)                      | <input type="checkbox"/> Rural   |
| <input type="checkbox"/> Homeless                         | <input type="checkbox"/> Uninsured   |
| <input type="checkbox"/> Immigrants                       | <input type="checkbox"/> Veterans  |
| <input type="checkbox"/> LGBTQ+                           | <input type="checkbox"/> Youth (0-17)  |
| <input type="checkbox"/> People of color                  | <input type="checkbox"/> Working people struggling with affording basic needs (rent, utilities, groceries, basic supplies, etc.) |
| <input type="checkbox"/> People with disabilities         | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> People with mental health issues |  |
| <input type="checkbox"/> Refugees                         |  |

This question asks how the COVID-19 pandemic and the years after affected your life.

**Question 5: Pick all that apply. I have experienced \_\_\_\_\_ in the past 2-3 years:**

- Being behind in school and or education
- Difficulties getting medical care and getting prescriptions refilled
- Family or friend loss
- Housing loss
- Inability to pay for basic needs
- Increased health anxiety
- Increased health precautions
- Increased use of technology (virtual appointments, remote work, etc.)
- Job loss
- Mental health issues (feeling hopeless, stressed, depressed, anxious, other)
- Sedentary activity/Decline in movement
- Social isolation/Avoidance
- Stocking up for emergencies
- Other: \_\_\_\_\_
- None of the above
- I do not want to answer

**Question 6. Agree or Disagree: In the past 2-3 years, I feel that healthcare resources have improved in the community I live in. Circle one:**

1 = Strongly Disagree

2 = Disagree

3 = Neutral / Unsure

4 = Agree

5 = Strongly Agree

**Question 7: How many months of living expenses (rent, utilities, groceries, basic supplies) does your household have saved up for an emergency?**

- Less than one month
- One month
- Two months
- Three months
- More than three months
- Not sure
- I do not want to answer

**Question 8: How do you primarily pay for your healthcare?**

- |   |   |
|---|---|
| <input type="checkbox"/> Affordable Care Act (ACA) Marketplace insurance plan | <input type="checkbox"/> Private health insurance |
| <input type="checkbox"/> Cash (no insurance)                                  | <input type="checkbox"/> Veterans Affairs         |
| <input type="checkbox"/> Indian Health Services                               | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> I do not use healthcare  |
| <input type="checkbox"/> Medicare   | <input type="checkbox"/> I do not want to answer  |

The next four questions will require you to think about how long it takes for you to travel to see the nearest healthcare professional from where you live.

**Question 9a: Without traffic, how long does it take to get to medical care?**

- Less than 15 minutes
- 15 to 30 minutes
- 30 minutes or more
- Does not apply/Unsure

**Question 9b: Without traffic, how long does it take to get to a dentist?**

- Less than 15 minutes
- 15 to 30 minutes
- 30 minutes or more
- Does not apply/Unsure

**Question 9c: Without traffic, how long does it take to get to mental health care?**

- Less than 15 minutes
- 15 to 30 minutes
- 30 minutes or more
- Does not apply/Unsure

**Question 9d: How do you get to these appointments?** (personal vehicle, friend, Uber/Lyft, public transportation, etc.)

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**Question 10: Without traffic, how long do you travel for work each day, round trip?**

- Less than 30 minutes
- 30-45 minutes
- 45 minutes or more
- I work remotely
- I do not work

**Question 11: Do you feel like your voice is heard when you stand up for issues?**

- Yes
- No
- Unsure
- I do not want to answer

**Question 12: What is the main reason you continue to live in your city and/or Williamson County?**

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We strive to obtain feedback that represents the full diversity of the Williamson County community. We are asking the following questions about zip code, age, gender, race, and ethnicity to ensure that we are meeting this goal.

**Question 13: What city do you live in?** \_\_\_\_\_

**Question 14: What zip code do you live in?** \_\_\_\_\_

**Question 15: What is your age?**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 65-74 years          |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 75-84 years          |
| <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 85 years and older   |
| <input type="checkbox"/> 45-54 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 55-64 years |   |

**Question 16: Which of the following best describes your gender? *Pick only one answer.***

- Woman
- Man
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

**Question 17: Which of the following best describes your race and ethnicity? *Pick all that apply.***

- African, African-American, or Black
- Asian or Aian-American
- Hispanic or Latino
- Middle Eastern or North African
- Native American or Alaskan Native
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer



**Question 18: How did you learn about this survey?**

- Community organization provider, specify: \_\_\_\_\_
- Community meeting, specify: \_\_\_\_\_
- Flyer with QR code/ website
- Healthy Williamson County Coalition
- Family/Friend
- Newsletter/ email
- Newspaper
- Social media
- Workplace, specify: \_\_\_\_\_
- Other: \_\_\_\_\_

**Question 19: Are you interested in becoming a health leader/advocate for Williamson County? Please enter your name and email or phone number if interested.**

- Yes
- No

First and Last Name \_\_\_\_\_

Phone Number and/or Email Address \_\_\_\_\_

**Question 20. Would you like to participate in a focus group that would allow you to give your opinions on how to work on the issues mentioned in this survey? *Please enter your name and email or phone number if interested.***

- Yes
- No

First and Last Name \_\_\_\_\_

Phone Number and/or Email Address \_\_\_\_\_