



The purpose of a Community Health Assessment is to determine conditions within the community that prove to be most impactful and currently in need of improvement. The goal of this assessment is to listen to the people of this community and work toward improving upon the concerns that are most widely shared.

By participating in this survey, your perceptions and experiences will be significantly influential in making community-based changes. The Northern Bristol County Public Health Alliance (NBCPHA) will use information collected in this survey to ensure that action is being taken to meet the needs of the community.

The results of a Community Health Assessment are crucial for improving the health of both individuals within a community, as well as the health and wellness of the community itself. The effects of the results can range from increased spending to address certain needs to implementing new programs within the community to initiatives geared toward removing barriers to health.

**Who can take this survey?** You can take this survey if you:

- Are 18 years old or older
- Live in Northern Bristol County – Attleboro, Berkley, Dighton, North Attleborough, Rehoboth, or Taunton, MA – for some or all of the year.

Your answers are **anonymous** and cannot be traced back to you. Your name and other identifying information will not be collected. The survey should take about 10 minutes to complete.

Questions in the survey will ask about:

- Your access to health care
- Your experience with housing in your community
- Your experience with chronic health conditions
- Your access to basic needs, as well as interest in programming/services regarding basic health needs
- Your experience with the environment of your community
- Basic information about yourself (age, gender, ethnicity, etc. – we will not ask for any identifying information)

Participation in this survey is **completely optional**. You may skip questions you do not want to answer, and you can stop the survey at any time for any reason.

There are **minimal risks** to completing this survey. Some questions may be uncomfortable to answer, and may bring up stress, anxiety, or hurtful memories. Again, you may pause or stop the survey at any time if you need to. While there are no direct benefits to you for completing the survey, your information will be greatly beneficial in helping the Northern Bristol County Public Health Alliance understand the greatest needs in the community so we may direct support to where it is needed most. Your participation is critical in helping Northern Bristol County achieve better health.

**Questions?** If you have any questions, please contact the Regional Public Health Specialist, Sydney Garilli, at 774-362-4970 or [sgarilli@berkleyma.us](mailto:sgarilli@berkleyma.us)

1. What town/city do you live in? NOTE: this survey is only applicable to folks living in a town or city within **Northern Bristol County**.
  - a. Attleboro
  - b. Berkley
  - c. Dighton
  - d. North Attleborough
  - e. Rehoboth
  - f. Taunton
  - g. Other (please specify): \_\_\_\_\_

### Health Care Access

1. Do you have health insurance?
  - ☐ Yes, obtained through current or former employment
  - ☐ Yes, private insurance purchase directly from an insurance company
  - ☐ Yes, Medicare
  - ☐ Yes, Medicaid, Medical Assistance, MassHealth, or any other government-assistance plan
  - ☐ Yes, I have another form of insurance not listed here: \_\_\_\_\_
  - ☐ No, I do not have insurance
2. Where do you typically access care locally? \_\_\_\_\_
3. In the last 12 months, how often were you able to access the following services if/when needed by you or a family member?

|  | ALL of the time | MOST of the time | SOME of the time | NEVER | Not Applicable |
|--|-----------------|------------------|------------------|-------|----------------|
| Primary Care                               |                 |                  |                  |       |                |
| Emergency Physical care                    |                 |                  |                  |       |                |
| Mental Health Care                         |                 |                  |                  |       |                |
| Maternal Health / Reproductive Health Care |                 |                  |                  |       |                |
| Emergency Mental Health Care               |                 |                  |                  |       |                |
| Substance Use Treatment                    |                 |                  |                  |       |                |
| Dental / Oral Health Care                  |                 |                  |                  |       |                |
| Vision Care                                |                 |                  |                  |       |                |
| Pediatric Care                             |                 |                  |                  |       |                |

4. If you or a family member were unable to access necessary care, please select the reason(s) why; select all that apply.
  - ☐ Unable to afford
  - ☐ Provider does not accept my insurance/no insurance
  - ☐ No way of transportation to appointment
  - ☐ Long wait time to be seen by a provider
  - ☐ Other reason not listed: \_\_\_\_\_
5. In the past 12 months, have you applied for any of the following?
  - ☐ Cash Assistance or Temporary Assistance for needy families (TANF)

- ☐ Disability Assistance
- ☐ Food Assistance (EBT, SNAP, HIP, Food Pantry, etc.)
- ☐ Housing/Rental Assistance
- ☐ Women, Infant, and Children (WIC)
- ☐ Other: \_\_\_\_\_

**Community Programming / Resources:**

1. Do you ever have trouble accessing or affording any of the following?

|                         | ALL of the time | MOST of the time | SOME of the time | NEVER |
|-------------------------|-----------------|------------------|------------------|-------|
| Housing                 |                 |                  |                  |       |
| Food/Groceries          |                 |                  |                  |       |
| Childcare               |                 |                  |                  |       |
| Health care             |                 |                  |                  |       |
| Internet / Technology   |                 |                  |                  |       |
| Transportation          |                 |                  |                  |       |
| Utilities               |                 |                  |                  |       |
| Prescription Medication |                 |                  |                  |       |

2. Do you have a need for/would you be interested in any of the following health-related services if they were offered at reduced or no cost?

|                          | Yes | Maybe | No |
|--------------------------|-----|-------|----|
| Mental Health Counseling |     |       |    |
| Podiatry care clinic     |     |       |    |
| Dental care clinic       |     |       |    |
| Eye care clinic          |     |       |    |
| Maternal health services |     |       |    |
| Vaccine clinics          |     |       |    |
| Substance use support    |     |       |    |

3. Would you be interested in participating in any of the following programs if they were offered at reduced or no cost?

|  | Yes | Maybe | No |
|--|-----|-------|----|
| Basic health/hygiene courses   |     |       |    |
| Nutrition classes  |     |       |    |
| Food safety guides   |     |       |    |
| Chronic illness management class/guides (e.g., Diabetes, COPD, hypertension, etc.) |     |       |    |
| Maternal & infant resource fair  |     |       |    |
| Childcare & home support program   |     |       |    |
| Signs of substance use class/guides  |     |       |    |

|  |  |  |  |
|--|--|--|--|
| Community talks w/ health professionals to discuss community health concerns |  |  |  |
| Pest management guides/ informational sessions                               |  |  |  |

**Substance Use :**

1. Would you consider drugs and alcohol to be easily accessible in your community?
  - ☐ Yes
  - ☐ Somewhat
  - ☐ No
  - ☐ Unsure
2. Has your or their use of any of the previously stated substances negatively interfered with daily life or functioning?
  - ☐ Yes (please specify/describe)
  - ☐ No
  - ☐ Unsure

**Maternal and Child Health :**

1. Have you or your partner had a child while living in your community and/or are you currently pregnant? (Logic Question to then display MCH questions)
  - ☐ Yes
  - ☐ No
2. Were you able to access prenatal care during your most recent pregnancy?
  - ☐ Yes
  - ☐ Sometimes, but not as often as I would have liked/is recommended
  - ☐ No
3. If you were unable able to access prenatal care during your most recent pregnancy, please select the reason(s) why not; select all that apply:
  - ☐ Not enough money or insurance to cover the cost
  - ☐ No way of transportation to the clinic
  - ☐ No source of care for other children or family members
  - ☐ Providers were not taking new patients/long wait times for an appointment
  - ☐ Other (please specify): \_\_\_\_\_
4. If you have already gone through childbirth, how satisfied were you with the teaching and communication you received before hospital discharge?
  - ☐ Very satisfied, no complaints
  - ☐ Mostly satisfied
  - ☐ Not satisfied at all
5. During your pregnancy and postpartum experience, have you been provided information/guidance regarding any of the following? Please select all that apply:

|   | Yes | Some, but not much | No |
|---|-----|--------------------|----|
| Prenatal Care – vitamins, exercise, vaccination                   |     |                    |    |
| Oral Health – during pregnancy and postpartum                     |     |                    |    |
| Local childcare/school options                                    |     |                    |    |
| Immediate postpartum support – breastfeeding, vaccination         |     |                    |    |
| Postpartum health services – mental health, clinic visits         |     |                    |    |
| Newborn & Child safety guidance – sleeping, car seat, home safety |     |                    |    |
| Local social needs support – WIC, SNAP, food                      |     |                    |    |
| Utilities, housing, and/or transportation support/resources       |     |                    |    |

6. What is one topic/concern that you wish was a greater emphasis in you and/or your child's care?

- ☐ Breastfeeding / Lactation support
- ☐ Mental Health
- ☐ Nutrition
- ☐ Prenatal health
- ☐ Vaccinations / Primary healthcare

7. Please select the event you would be most interested in participating in.

- ☐ Infant CPR and choking
- ☐ General newborn care classes
- ☐ Local support group / focus group
- ☐ More in depth surveys regarding maternal and infant health/experiences
- ☐ Community Baby Shower (resource fair)

8. Are there any barriers preventing you from attending local MCH events? Please select all that apply:

- ☐ Transportation
- ☐ Language
- ☐ Work
- ☐ Time conflicts
- ☐ Health
- ☐ Other (please specify): \_\_\_\_\_

**Mental Health:**

1. In the past 12 months, have you experienced any of the following?

|                                    | Yes | No | Prefer not to answer |
|------------------------------------|-----|----|----------------------|
| Depression                         |     |    |                      |
| Anxiety                            |     |    |                      |
| Feelings of isolation / loneliness |     |    |                      |
| Psychiatric distress               |     |    |                      |
| Suicidal thoughts / ideations      |     |    |                      |
| Other mental health issues         |     |    |                      |
| None of the above                  |     |    |                      |

2. Hoarding Rating Scale – Please select the choice that best reflects your experience.

|  | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| It is difficult to utilize space in my home due to clutter/a large amount of possessions.  |                |       |          |                   |
| I have difficulty discarding ordinary things that other people would get rid of.   |                |       |          |                   |
| I have a problem with collecting or buying more things than I truly need or can afford.  |                |       |          |                   |
| I experience emotional distress because of clutter, difficulty discarding items, and/or a problem with buying/acquiring things.          |                |       |          |                   |
| I experience impairment in my daily life because of clutter, difficulty discarding items, and/or a problem with buying/acquiring things. |                |       |          |                   |

**Chronic Disease:**

1. Have you or someone you know ever been told you have any of the following conditions? (Please Circle Yes or No)

- ☐ Asthma
- ☐ Cancer (any kind)
- ☐ Chronic Kidney Disease (CKD)
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Diabetes
- ☐ Heart attack (Myocardial Infarction)
  - ☐ Other cardiac disease (please specify): \_\_\_\_\_
- ☐ High Blood Pressure (Hypertension)
- ☐ High cholesterol
- ☐ Hypothyroidism or Hyperthyroidism
- ☐ Liver disease
- ☐ Obesity
- ☐ Osteoporosis

- ☐ Peripheral vascular disease
  - ☐ Stroke
  - ☐ None of the above
  - ☐ Other (please specify): \_\_\_\_\_
2. If you said yes to any of the previously listed conditions, do you find care/treatment to be accessible and feasible for you/someone you know?
- ☐ Yes
  - ☐ No
  - ☐ Unsure
  - ☐ N/A

**Housing:**

1. What is your current housing situation?
- ☐ Own
  - ☐ Rent
  - ☐ Homeless
  - ☐ Other (Please Specify): \_\_\_\_\_
2. Regarding your housing, please select the response that best reflects your experience.

|  | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| The cost of my housing is feasible and does not cause me to sacrifice other needs. |                |       |          |                   |
| My housing situation is sustainable and I plan to live here long-term.             |                |       |          |                   |
| My housing is in an area with clean air and water.                                 |                |       |          |                   |
| My housing facility is safe and in good condition.                                 |                |       |          |                   |
| Accessing my current housing was uncomplicated and felt like a fair process.       |                |       |          |                   |

**Built Environment:**

1. What mode of transportation do you currently rely on most?
- ☐ Personal vehicle
  - ☐ Family/friend vehicle
  - ☐ Bicycle
  - ☐ Public Bus
  - ☐ Train
  - ☐ Taxi/Uber/Lyft
  - ☐ Walking
  - ☐ Other (please specify): \_\_\_\_\_
2. Please select the response that best reflects your experience regarding the following statement: "I am always able to get to where I need to go".
- ☐ Strongly Agree

- ☐ Agree  
☐ Disagree  
☐ Strongly Disagree

3. Please answer each statement by selecting the box that best reflects your experience in your community.

|   | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| The physical environment of my community promotes health and wellness.            |                |       |          |                   |
| There are ample opportunities for physical activity and movement in my community. |                |       |          |                   |
| My community has a clean and safe environment.                                    |                |       |          |                   |
| I am satisfied with the walkability of my community.                              |                |       |          |                   |
| Fresh and nutritious food options are often accessible to me.                     |                |       |          |                   |

### Environmental Health:

1. Which environmental issue do you think is most urgent in your community?

- ☐ Air pollution/quality  
☐ Water pollution/quality  
☐ Waste Management  
☐ Loss of green spaces  
☐ Climate change impacts (e.g., extreme weather, rising temperatures, flooding)  
☐ Other (please specify): \_\_\_\_\_

2. Do you feel that your community promotes environmental health and sustainability?

- ☐ Yes  
☐ Somewhat  
☐ No  
☐ Unsure

3. Do you feel that your physical health has been impacted by the condition of your environment?

- ☐ Yes  
☐ Somewhat  
☐ No  
☐ Unsure

If you would like to elaborate, please do so here: \_\_\_\_\_

### Overall:

1. What are the top 3 health issues facing this community? Please select **three**.

- ☐ Alcohol and substance use (marijuana, opioids, heroin, etc.)  
☐ Asthma/Allergies  
☐ Cancer



- ☐ COVID-19 (coronavirus)
- ☐ Diabetes
- ☐ Domestic violence
- ☐ Environmental Impacts of Climate Change
- ☐ Heart disease (stroke, hypertension, etc.)
- ☐ Homelessness/Poor housing
- ☐ Hunger/Food insecurity
- ☐ Impaired cognitive function (dementia, Alzheimer's, traumatic brain injury. Etc)
- ☐ Infectious/Contagious disease (tuberculosis, pneumonia, flu, etc.)
- ☐ Livestock nuisances (e.g., odors, noises, subsequent pests, etc.)
- ☐ Mental health issues (anxiety, depression, etc.)
- ☐ Oral health
- ☐ Overweight/Obesity
- ☐ Physical impairments / disabilities
- ☐ Sexually transmitted infections (HIV/AIDS, chlamydia, etc.)
- ☐ Smoking/Vaping
- ☐ Suicide
- ☐ Teen pregnancy
- ☐ Other (please specify)

**Demographics:**

1. What age range do you currently fit in to?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

2. How would you describe your gender identity?

- ☐ Man
- ☐ Woman
- ☐ Transgender
- ☐ Non-binary/non-conforming
- ☐ Prefer not to answer
- ☐ Other (please specify): \_\_\_\_\_

3. How would you describe your race/ethnicity?

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American

- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other (please specify): \_\_\_\_\_

4. What is your highest level of completed education?

- ☐ Less than a high school diploma
- ☐ High school graduate or equivalent (e.g., GED)
- ☐ Some college credit, but no degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ PhD or higher
- ☐ Trade/Technical/Vocational school
- ☐ Prefer not to answer

5. What is your marital status?

- ☐ Single, never married
- ☐ Married / civil union
- ☐ Living with partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to answer

6. What is your current employment situation? Select all that apply.

- ☐ Employed, full-time
- ☐ Employed, part-time
- ☐ Working multiple jobs
- ☐ Unemployed
- ☐ Other (please specify): \_\_\_\_\_

7. Where do you typically receive health news/information? Select all that apply.

- ☐ Newspaper or radio
- ☐ Television news broadcasts
- ☐ Town website
- ☐ Social media
- ☐ Digital news app
- ☐ Podcasts
- ☐ Friends & family
- ☐ Other (please specify): \_\_\_\_\_