

COMMUNITY HEALTH ASSESSMENT 2018

Public Health Needs to Hear from You

Many things impact your health, your family's health and your community's health. Saint Paul - Ramsey County Public Health would like to hear from you. Your experiences and opinions will help us improve:

- ways you connect and belong with others;
- how your health relates to earning enough to support yourself and your family;
- safe spaces where you live, work, and play.

All responses will be confidential and anonymous.



YOUR INDIVIDUAL HEALTH

1. What helps you stay healthy?
2. What keeps you from being healthy?



YOUR FAMILY'S HEALTH

3. What helps your family stay healthy?
4. What keeps your family from being healthy?



YOUR COMMUNITY'S HEALTH

5. What helps your community stay healthy?
6. What keeps your community from being healthy?



YOUR DEMOGRAPHIC

7. Zip Code: _____

8. What racial group(s) do you identify with? (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic, Latino, or Spanish Origin | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Other (please specify) | |

9. What cultural group(s) do you identify with? _____

10. What gender do you identify with? (Choose one)

- | | | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Other (please specify): _____ |
|---------------------------------|-------------------------------|--|

11. Have you served in the US military?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

12. What is your age? (Choose one)

- | | | | |
|---------------------------------------|--------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> 9 or younger | <input type="checkbox"/> 10-14 | <input type="checkbox"/> 15-19 | <input type="checkbox"/> 20-24 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 65-74 | <input type="checkbox"/> 75-84 | <input type="checkbox"/> 85 and older | |

13. How many people currently live in your household?

- | | | | |
|----------------------------|-------------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 10 or more | | |

14. What is your household's annual income level? (Choose one)

- | | |
|---|---|
| <input type="checkbox"/> \$11,999 or less | <input type="checkbox"/> \$12,000 to \$19,999 |
| <input type="checkbox"/> \$20,000 to \$34,999 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$100,000 or more | <input type="checkbox"/> I choose not to answer |