

Westford Community Health Assessment 2020

Thank you for taking the time to provide your input on Westford's Health Assessment Survey. Your responses are valuable and help us to improve and expand our services offered to Westford's residents.

Demographics and Household

1. How long have you lived in Westford (in years)?

2. What is your age in years?

- a. 0-17
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-64
- g. 65-74
- h. 75 or older

3. What is your gender?

- a. Female
- b. Male
- c. Non-binary/third gender
- d. Prefer to self-describe _____
- e. Prefer not to say

4. What is your employment status?

- a. Full-time
- b. Part-time
- c. Self-employed
- d. Retired
- e. Disabled
- f. Homemaker
- g. Student
- h. Unemployed

5. What is the highest level of education you have completed?
- a. 12th grade or less, no diploma
 - b. High School Diploma or GED
 - c. College Degree
 - d. Graduate or Professional Degree
 - e. Other
6. What is your marital status?
- a. Married
 - b. Domestic partnership
 - c. Separated
 - d. Divorced
 - e. Widowed
 - f. Single
7. Is English your primary spoken language?
- a. Yes
 - b. No (please list your primary spoken language)

8. What category *best* describes your race/ethnicity? Circle all that apply.
- a. White/Caucasian
 - b. Black or African American
 - c. Hispanic, Latinx, or Spanish origin
 - d. Asian
 - e. American Indian or Alaska Native
 - f. Indian
 - g. Other _____
 - h. Prefer not to say
9. In which neighborhood do you live?
- a. Center
 - b. Forge Village
 - c. Graniteville
 - d. Nabnassett
 - e. Parker Village

10. What was your household income last year?

- a. Less than \$25,000
- b. \$25,000 - \$34,999
- c. \$35,000 - \$49,999
- d. \$50,000 - \$74,999
- e. \$75,000 - \$99,999
- f. \$100,000 - \$199,999
- g. \$200,000 or more

11. Including yourself, how many people live in your household?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. 7 or more

12. How many children under age 18 do you have living in your household?

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7 or more

13. Does your household have any of the following? (Circle all that apply)

- a. Smoke detectors
- b. Carbon monoxide detectors
- c. Basic emergency supply kit
- d. Family emergency plan
- e. Radon kit
- f. Garbage disposal
- g. Private drinking water well
- h. Septic system

14. Have you tested the air or water at your home for radon?

- a. Both air and water
- b. Air only
- c. Water only
- d. Neither

15. Do you test your private drinking water well regularly?

- a. Yes
- b. No
- c. Not applicable

16. How often do you have your septic system pumped?

- a. Yearly
- b. Every 2 years
- c. Every 3 years
- d. Every 4+ years
- e. Not applicable

Communication

17. Where do you obtain most of your health-related information?

- a. Friends/family
- b. Medical professional(s)
- c. Internet
- d. Printed materials
- e. Local health department
- f. Other _____

18. What is the best way for us to reach you with health-related information?

- a. Newspaper
- b. Social media
- c. Email/list serve
- d. Internet/website
- e. Banners
- f. Sandwich boards
- g. Flyers/pamphlets
- h. Health department brochure
- i. Cable TV (Westford CAT)
- j. Phone

k. Other _____

19. Do you have access to the internet?

- a. Yes
- b. No

20. Do you use the Health Department website?

- a. Yes
- b. No

21. Have you registered online for the Westford emergency CodeRED Notification System?

- a. Yes
- b. No
- c. Not sure

22. Do you know that Westford has an emergency radio station at 1630 AM?

- a. Yes
- b. No

Barriers to Health Care

23. Do you have health insurance?

- a. Yes
- b. No

24. What hospital(s) do you prefer to receive medical care from?

- a. Emerson
- b. Lowell General
- c. Lahey
- d. Mass General
- e. Beth Israel
- f. Nashoba Valley
- g. Brigham and Women's
- h. Other _____

25. Do you have a personal doctor or primary care physician?

- a. Yes
- b. No

26. In the past 12 months, have any of the following problems prevented you or your family from getting necessary medical care? *Circle all that apply.*

- a. Cost of co-pay or deductible
- b. Afraid to go to the doctor
- c. No transportation
- d. Provider does not take my insurance
- e. No available doctor near me
- f. Other _____
- g. N/A

27. Do you have dental insurance?

- a. Yes
- b. No
- c. Unsure

28. In the past 12 months, have any of the following problems prevented you or your family from getting dental care? *Circle all that apply.*

- a. Cost of co-pay or deductible
- b. Afraid to go to the dentist
- c. No transportation
- d. Provider does not take my insurance
- e. No available dentist near me
- f. Other _____
- g. N/A

Personal Health

29. How would you describe your overall health status?

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

30. Has a doctor, nurse, or other health care professional ever told you that you have any of the following health conditions? *Circle all that apply.*

- a. Asthma
- b. Cancer
- c. Depression or anxiety

- d. Diabetes (not during pregnancy)
- e. Hearing impairment
- f. Heart condition
- g. High blood pressure
- h. High cholesterol
- i. HIV/AIDS
- j. Lyme disease
- k. Mental health condition
- l. Obesity
- m. Osteoporosis
- n. Stroke
- o. Vision impairment

31. Please check the box that best applies to when you last had each of the following:

	Never	Past Year	1-2 Years Ago	3-5 Years Ago	5+ Years Ago
Routine Physical Exam					
Cholesterol Check					
Colorectal Cancer Screen					
Breast Exam					
Flu Shot					
Blood Pressure Check					
Emergency Care					

32. Because of any impairment or health condition, do you need any assistance in handling routine needs, such as household chores, shopping, or managing finances?

- a. Yes
- b. No

33. Because of any impairment or health condition, do you need any assistance with personal care needs, such as eating, bathing, or dressing?
- Yes
 - No
34. Do you require the use of any of the following? *Please circle all that apply*
- Wheelchair
 - Walker
 - Oxygen
 - Cane
 - Dialysis
 - N/A
35. In a normal week, how often do you engage in any exercise activity for at least 30 minutes?
- 0 (none)
 - 1-2 times
 - 3 or more
36. Which of the following best describes your smoking status?
- Never smoked
 - Smoke daily
 - Smoke occasionally
 - Quit smoking
 - Tried a few times but never smoked regularly
37. Do you use e-cigarettes?
- Yes
 - No
 - Occasionally
38. If you smoke, where would you go for help if you wanted to quit?
- Health department
 - Doctor
 - Support group
 - Individual counseling
 - Other _____

39. How many alcoholic beverages do you consume in a given week?
- a. I do not drink alcoholic beverages
 - b. 1-2 drinks
 - c. 3-5 drinks
 - d. 6-9 drinks
 - e. 10 or more drinks
40. If you, a friend, or a family member needed counseling or a referral for a mental health, drug, or alcohol issue, who would you call or talk to?
- a. Doctor
 - b. Private counselor
 - c. Religious official
 - d. Health department
 - e. Support group
 - f. Substance abuse coordinator
 - g. Other _____
41. If you, a friend, or a family member needed to find resources for domestic violence issues, who would you call or talk to?
- a. Doctor
 - b. Private counselor
 - c. Religious official
 - d. Health department
 - e. Friend/family
 - f. WCNV
 - g. Police department
 - h. Other _____

Health Department Services

42. What are the top public health concerns in Westford for you and your family? *Circle all that apply*
- a. Access to medical care
 - b. Air pollution
 - c. Asthma
 - d. Beavers
 - e. Cancer
 - f. Dental and oral health

- g. Diabetes
- h. Domestic violence
- i. Drainage problems
- j. Drugs or alcohol abuse
- k. Emergency preparedness
- l. Excessive noise
- m. Exercise
- n. Foodborne illness
- o. Hazardous materials
- p. Healthy lakes and ponds
- q. Heart disease
- r. Infectious/contagious diseases
- s. Mental health
- t. Mosquito-borne illness
- u. Nutrition
- v. Overweight/obesity
- w. Pedestrian safety
- x. Public pools
- y. Rabid animals
- z. Rodents or pests
- aa. Septic systems
- bb. Sexually transmitted infections
- cc. Suicide
- dd. Tick-borne illness
- ee. Tobacco use
- ff. Transportation
- gg. Unsafe or unhealthy housing situations
- hh. Water supply or wells
- ii. Other _____

43. Which of the following health services offered by the Health Department are you familiar with? *Circle all that apply.*

- a. Blood pressure screening
- b. Cholesterol screening
- c. Diabetic screening
- d. Diet and medication
- e. Educational health program
- f. Emergency services

- g. Flu clinics
- h. Health care referrals
- i. Health fairs
- j. Hearing screening
- k. Home visits
- l. Immunizations
- m. Needle and syringe collection
- n. Parent support groups
- o. School dental program
- p. Senior dental program
- q. Shingles program
- r. Substance use disorder program
- s. Tobacco control program
- t. Vaping education

44. Have you ever received information about any health programs in Westford?

- a. Yes
- b. No

45. Of the health services you are familiar with, have you or your family ever used them?

- a. Yes
- b. No
- c. Not applicable

46. If no one in your family has attended any of these services, why not?

- a. Use private care only
- b. Unaware it was offered
- c. Inconvenient times
- d. Other _____

47. Which of the following screenings would you be interested in receiving? *Circle all that apply.*

- a. Blood pressure
- b. Bone density
- c. Cholesterol
- d. Diabetes
- e. Glaucoma
- f. Hearing

- g. PAP smear
- h. Prostate
- i. Pulmonary
- j. Skin
- k. Vision
- l. Well child physicals

48. If available, would you participate in any of the following programs? *Circle all that apply.*

- a. Aging process
- b. Alcohol/drug addiction
- c. Baby and child health
- d. Childbirth education
- e. Cholesterol education
- f. Depression/mental health
- g. Domestic violence
- h. Drinking water health and safety
- i. Elder services
- j. Hypertension education
- k. Nutrition and weight management
- l. Parenting issues
- m. Septic system operation and maintenance
- n. Smoking cessation
- o. Stress management
- p. Women's health
- q. Vaping education
- r. Other _____

49. If available, would you participate in support groups?

- a. Yes
- b. No
- c. Unsure

50. What type of support groups would you be interested in attending? *Circle all that apply.*

- a. Aging
- b. Alzheimer's/dementia
- c. Cancer
- d. Caregiver/caring for aged
- e. Health and wellness

- f. Mental health/depression
- g. Nutrition/weight management
- h. Parenting
- i. Stress management
- j. Suicide prevention
- k. Substance abuse support
- l. Other _____

51. What time of day is best for you to receive a health department screening or program?

Please check the boxes that best apply.

- a. 9:00 - 11:00AM
- b. 2:00 - 4:00PM
- c. 7:00 - 9:00PM
- d. Not applicable

52. Are you aware that the following areas are inspected by the Westford Health Department? *Circle all that apply.*

- a. Beaches
- b. Campgrounds/recreational areas
- c. Food establishments
- d. Hazardous materials storage
- e. Housing
- f. Newly constructed septic systems
- g. Piggeries and stables
- h. Public pools
- i. Tanning facilities

53. Do you know that the Westford Health Department has a volunteer response team (MRC) to help the community in times of need?

- a. Yes
- b. No

54. If there were an extended loss of power, would you use an emergency shelter?

- a. Yes
- b. No
- c. Unsure

55. Are you aware that the Health Department manages the following in Westford? *Circle all that apply.*

- a. Beavers permits
- b. Campgrounds
- c. COVID-19 information/management
- d. Drainage problems
- e. Excavation and trenches
- f. Foodborne illness
- g. Food service inspection
- h. Hazardous materials
- i. Healthy housing
- j. Indoor/outdoor air quality
- k. Infectious/contagious diseases
- l. Noise pollution
- m. Nuisances and pests
- n. Private wells
- o. Public health education
- p. Rabies control
- q. Rats or rodent issues
- r. Septic system issues
- s. Tick/mosquito-borne illness
- t. Healthy housing
- u. Unsealed wells

56. Have you ever reported a problem to the Westford Health Department?

- a. Yes
- b. No

57. If you have reported a problem, do you feel it was handled in a satisfactory manner?

- a. Yes
- b. No
- c. Not applicable