

* 1. Which community sectors and relationships best describes you? Check all that apply.

- Courts
- Law Enforcement
- Elected Official
- Government Employee
- Education Provider
- Low-Income
- Medical Professional/Healthcare
- Faithbased Organization
- Business
- Youth
- Parent
- Media
- Civic/Volunteer Groups
- Mental Health Agency
- Substance Abuse Agency
- Program Participant/Client - Community Action
- Funder - Community Action
- Donor - Community Action
- Volunteer - Community Action
- Board Member - Community Action
- Member of the community
- Caregiver for the elderly
- College student

2. What is your age?

- | | |
|--------------------------------|-----------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24 | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34 | <input type="radio"/> 65+ |
| <input type="radio"/> 35-44 | |

3. What is your gender?

- Male
- Female
- Other (please specify)

4. What is your race?

- White or Caucasian
- Black or African American
- Asian or Asian American
- Other (please specify)
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race

5. What is your ethnicity?

- Hispanic
- Non-hispanic

* 6. In the following list, which public health issues do you consider to be a problem in our community? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Diet (access to healthy food) |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Safety in homes |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Motor vehicle crashes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Immunization/vaccinations |
| <input type="checkbox"/> Physical Inactivity | <input type="checkbox"/> Low birth weight |
| <input type="checkbox"/> Teen births | <input type="checkbox"/> Hepatitis B/C |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Foodborne illness |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Concussions |
| <input type="checkbox"/> Alzheimer's Dementia | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Falls | |

* 7. What are the 3 best features of our county?

Best 1

Best 2

Best 3

* 8. What are the 3 worst issues facing the county?

Worst 1

Worst 2

Worst 3

* 9. What do you think are the top 3 health issues affecting our county?

1

2

3

* 10. What types of services do you think would meet those health issue needs?

* 11. In the following list, what types of care do you feel our community DOES NOT have adequate access to meet community needs. Check all that apply.

Mental health counseling services - Adults

Dentist

Substance abuse counseling services - Adults

OBGYN

Medication-assisted treatment for substance abuse

Substance abuse detox facility

Mental health counseling for trauma victims

Birthing center

Primary Care Physicians

Substance abuse counseling services - Youth

Specialty Physicians

Home health care

Specialist physician type:

* 12. In the following list, what health issues have you or a family member had in the last year?

- | | |
|---|---|
| <input type="checkbox"/> Aging problems | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emergency in the home |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Heart disease, stroke | <input type="checkbox"/> Rape/Sexual Assault |
| <input type="checkbox"/> Mental Health problems | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Substance abuse problems | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Falls | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Firearm related |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Infectious disease |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Fertility |
| <input type="checkbox"/> Motor vehicle crashes | <input type="checkbox"/> Not applicable or not willing to share |
| <input type="checkbox"/> Other (please specify) | |

* 13. If you have children, do you have any of the following health issues or concerns for them? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Depression or anxiety | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mobility issues |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Cerebral palsy |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Premature/pre-term birth |
| <input type="checkbox"/> Lack of physical activity | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Sexual activity | <input type="checkbox"/> Concussions |
| <input type="checkbox"/> Autism | |
| <input type="checkbox"/> Other (please specify) | |

* 14. In the following list, what behaviors have you or a family member experienced in the last year? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Not getting shots |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Not using a seat belt or childseat |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Hoarding |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Lack of birth control |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Other (please specify) | |

15. In the past 1-2 years have you had any of the following preventative health screening, tests or immunizations? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Dental care | <input type="checkbox"/> General physical |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Cholesterol screen |
| <input type="checkbox"/> Breast exam | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Colonoscopy |
| <input type="checkbox"/> Pap smear | <input type="checkbox"/> PSA test |
| <input type="checkbox"/> Other (please specify) | |

16. Do you believe the following issues exist in our community? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Pests (bed bugs, roaches, etc) | <input type="checkbox"/> Open dumping |
| <input type="checkbox"/> Exposure to tobacco | <input type="checkbox"/> Farm run-off |
| <input type="checkbox"/> Unsafe housing/vacant housing | <input type="checkbox"/> Unsafe river, creeks, lakes |
| <input type="checkbox"/> Lack of safe recreational activities | <input type="checkbox"/> Unsafe drinking water |
| <input type="checkbox"/> Air pollution | <input type="checkbox"/> Septic system run-off |
| <input type="checkbox"/> Unsafe roads and highway | |
| <input type="checkbox"/> Other (please specify) | |

17. If there was a time in the past year that you or anyone in your family needed medical care but could not get it, what were the reasons you did not get care? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Inability to pay | <input type="checkbox"/> No child care |
| <input type="checkbox"/> No appointment available | <input type="checkbox"/> Provider didn't speak my language |
| <input type="checkbox"/> No access for people | <input type="checkbox"/> Provider not taking new patients |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Provider not accepting my insurance |
| <input type="checkbox"/> No transportation | |
| <input type="checkbox"/> Other (please specify) | |

Community Action Commission of Fayette County Questions

* 18. Please check the following areas in Fayette County you believe to be the most important causes of poverty in the community and/or the areas that need additional support.

- Affordable Housing
- Employment
- Under-employment (not enough money to cover expenses)
- GED
- Post Secondary Education
- Before & After School Childcare
- Food Assistance
- Utility Assistance
- Homelessness
- Facing Eviction
- Medical Care
- Domestic Violence Programs
- Rental Assistance
- Enrichment Programs for Youth
- Senior Programs
- Programs for the Disabled
- Adult Counseling Services
- Youth Counseling Services
- Substance Abuse Prevention All Populations
- Substance Abuse Prevention for Youth

- Medication Assisted Treatment
- Parenting Skills
- School Readiness
- Health Care Services
- Health Care Costs/Lack of Insurance
- Transportation
- Legal Services
- Health Programming for Exercise
- Nutrition
- Peer Support Groups
- Financial Literacy
- Support for Opening a New Business
- Discrimination
- Criminal history & other legal matters
- Lack of support and familial relationships
- Credit and/or savings
- Home delivered meals
- Congregate meals
- Home repair
- Loss of mainstream benefit greater than increases in income (benefit cliff)

* 19. In the space below make suggestions or the types of services that would help meet these needs.

Priority 1

Priority 2

Priority 3

Priority 4

Priority 5

20. What are the top 3 things that impact employment and underemployment in our community?

1

2

3

21. What are the top 3 things impacting housing and homelessness?

1

2

3

* 22. What do you see as the most important issues that will likely impact the low-income community during the next 3 years?

23. CAC has as part of the mission to reduce reliance on federal grant programs. Which alternatives should the agency explore?

- Medicaid Billing
- Fundraising Events
- Donation Drives
- Business venture to earn funding for agency programs
- Other (please specify)

24. If CAC were to launch a business for the purpose of earning funding for agency programs, what type(s) of new business(es) do you think our community needs?

* 25. Are there any community partnerships or initiatives which you believe CAC should establish or play a role? For each partnership or initiative, please explain how CAC should engage a greater role? Is it with your agency?

* 26. Are there any new programmatic initiatives that you believe CAC should explore?

* 27. What do you think CAC should do differently within the next 3 years?

* 28. In what areas do you think the CAC agency needs to improve?

* 29. In what program or administrative areas do you believe CAC has performed particularly well?

* 30. The mission of the Community Action Commission of Fayette County is to combat causes of poverty, expand community services, and implement projects necessary to provide services and further community improvements. Its mission is also to consider the problems concerning youth, adults and senior citizens and deal with the prevention and solving of those problems. The development and management of affordable housing for special populations like individuals in recovery from substance abuse or mental illness, victims of domestic violence, the homeless and/or disabled, and low to moderate income individuals, families, and seniors is a specific purpose of the agency, as is the development of income-generating projects consistent with the purposes of the corporation which will increase funds available for services and reduce the agency's dependence on public funds.

Our vision is to facilitate the development of effective community programs that provide every individual and neighborhood in our community the opportunity to thrive.

Do you believe CAC is meeting that mission and vision? Why or why not?

-

31. Do you have any general comments or questions?

32. Please leave your contact information if you are willing to provide more information in person or over the phone.

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

33. Are there any ways that you think Community Action needs to improve: accessibility for individuals with disabilities, staff understanding of trauma, and/or staff understanding of racial equity? If yes, how can those things be improved?