

Health *of* Houston Survey 2010



Health of Houston Survey 2010 Community Input Form

Institute for Health Policy
The University of Texas School of Public Health
P.O. Box 20186
Houston, TX 77225

Phone: 713-500-9481
Fax: 713-500-9406



THE UNIVERSITY of TEXAS
SCHOOL OF PUBLIC HEALTH



As a member of a Greater Houston organization or community group interested in health of Houstonians, we invite you to assist us in pinpointing relevant health topics to be included in the Health of Houston 2010 Survey.

The Health of Houston 2010 Survey will be administered only to the adult population, 18 years old and above. The respondents will also be asked to provide health-related information on children residing in their households.

Your responses will be kept confidential.

For any questions, please call Jessica Tullar, at 713-500-9481, or e-mail Jessica.M.Tullar@uth.tmc.edu.



From among the eleven categories listed below, please select/suggest HEALTH TOPICS for inclusion in the Health of Houston 2010 Survey.

1. Health Status and Chronic Conditions

- General health status
- Allergies
- Asthma
- Arthritis
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Cancer
- Cardiovascular disease
- Disability (e.g., physical, mental, temporary, permanent, activity limitations)
- Other topics? Please specify below.*

2. Health Risk Behaviors

- Diet/Obesity
- Physical activity
- Alcohol use
- Tobacco use
- Illegal drug use
- Sexual behaviors/orientation
- Treatment adherence (e.g., medications, physical and medical therapies)
- Other topics? Please specify below.*

3. Mental Health

- Mental health status
- Mental health assessment (e.g., feeling sad, hopeless, nervous, stressed)
- Respondent's perceived need
- Access to mental and behavioral health services
- Utilization of mental and behavioral health services
- Other topics? Please specify below.*

4. Prevention services

- Immunizations
- Women's preventive care (e.g., Pap test screening, mammography)
- Men's preventive care (e.g., prostate exam, PSA)
- Cancer screening (e.g., colonoscopy)
- HIV/STD testing
- Preventive dental care
- Other topics? Please specify below.*

5. Children's Health

- Health status and conditions
- Mental health and development concerns
- Dental health
- Diet/physical activity
- Health care access and insurance
- Public programs
- Child care
- Bullying
- Other topics? Please specify below.*

6. Health Care Access/Health Insurance

- Usual source of care (e.g., primary care, emergency care, medical home)
- Delays in getting care/reason
- Health literacy/communication with a doctor
- Current and past health insurance
- Health plan enrollment
- Reasons for lack of insurance
- Medical debt
- Other insurances (dental, vision insurance)
- Other topics? Please specify below.*

7. Prenatal/Preconception Services

- Infertility (female and male)
- Family planning (birth control practices)
- Pregnancy status
- Prenatal care

Other topics? Please specify below.

8. Food Insecurity and Food Environment

- Availability of food
- Food selection at school (children)
- Soda consumption at school (children)
- Fast food consumption

Other topics? Please specify below.

9. Neighborhood, Environment and Housing

- Neighborhood safety (e.g., street crime)
- Social support
- Transportation
- Home ownership
- Park availability/use
- Environmental risks (e.g., air pollution, lead, pesticides use)
- Occupational risks (e.g., chemicals at work)
Stray animals

Other topics? Please specify below.

10. Public Programs Eligibility and Knowledge

- Program participation (e.g., WIC, Food Stamps)
- Gold Card knowledge (financial assistance offered by Harris County Hospital District)
- 211 knowledge (United Way's Information and Referral Search)
- Unemployment compensation
- Social Security/Disability

Other topics? Please specify below.

11. Interpersonal Violence

- Gangs
- Family violence
- Violence at work

Other topics? Please specify below.

Q2.

Among the topics that you selected, which are your top THREE priorities?

1st priority	
2nd priority	
3rd priority	

Q3. The Health of Houston 2010 Survey will include the following social and demographic characteristics: income, education, employment status, age, gender, race, ethnicity. Please add any others that you believe are important.

Q4. What GEOGRAPHIC AREAS in Harris County are of special interest to you?

Q5. What POPULATIONS/GROUPS that reside in Harris County are of special interest to you?

Q6. Please identify top FIVE or so community collaborators or partners with whom you will be working in 2009?

Q7. In the past year, have you needed health information that you were unable to find? If so, please describe below.

Q8. What data sources do you use for program planning, grant proposals or other evidence-based planning?

- Census data
- Vital statistics
- Behavioral Risk Factor Surveillance System (BRFSS, provided by TDSHS)
- Community Health Information System (CHIS, provided by St. Luke's Episcopal Health Charities)

- Other (please specify):*

Q9. If you have any other concerns or comments that were not addressed above, please list them in the space below.

Please provide the name of your organization so that we can acknowledge your contribution. We ask for your contact information to be able to follow up or clarify items with you if needed. Contact information will be kept confidential. **(All fields are required)**

Name:	<input type="text"/>
Organization:	<input type="text"/>
Position:	<input type="text"/>
Email or Telephone:	<input type="text"/>

THANK YOU FOR TAKING THE TIME TO CONTRIBUTE TO THE HEALTH OF HOUSTON 2010 SURVEY
Please use the pre-paid envelope provided to send us your input.

Institute for Health Policy
The University of Texas School of Public Health
P.O. Box 20186
Houston, TX 77225

Phone: 713-500-9481
Fax: 713-500-9406



THE UNIVERSITY of TEXAS

SCHOOL OF PUBLIC HEALTH