



# Marion County Community Health Assessment Methodological Report

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Prepared for:

Marion County Public Health Department

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## ACKNOWLEDGEMENTS

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# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	1
TABLE OF CONTENTS .....	2
SUMMARY .....	3
METHODOLOGY .....	4
Online .....	4
Telephone.....	4
Mailings .....	5
Emails .....	6
Telephone.....	6
SURVEY COMPLETES .....	7
DATA QUALITY CHECKS.....	8
DATA WEIGHTING.....	9
DEMOGRAPHIC CHARACTERISTICS .....	11
APPENDICES .....	12
APPENDIX A. Recruitment Letter .....	13
APPENDIX B. Reminder Postcard .....	15
APPENDIX C. Envelope .....	16
APPENDIX D. Email Invitation.....	17
APPENDIX E. Reminder Email.....	18
APPENDIX F. Final Survey Instrument .....	18

## SUMMARY

### Background & Purpose

The Marion County Public Health Department (MCPHD) contracted with Market Decisions Research (MDR) to conduct a Community Health Assessment Survey with Marion County, Indiana residents. The purpose of this survey was to understand the health, health behaviors, and health opinions of Marion County residents.

To meet this objective, MCPHD created a 100-question survey, which MDR fielded online and via telephone. MDR utilized an address-based probability sample with push-to-web methodology, mailing 45,000 survey invitation letters to Marion County residents. Reminder letters, postcards, and emails (when available) were sent to encourage participation. To further increase response rates, MDR's Call Center contacted individuals to remind them to complete the online survey or to complete the survey via phone. Data were collected from September 26, 2024, to May 14, 2025. MDR compiled, cleaned, and weighted all survey data.

This technical methods report outlines the details of survey methodology, recruitment methods, sampling, data quality checks, and data weighting and analysis.

Final deliverables for this engagement include:

- Methodological report
- Final (cleaned and weighted) dataset
- Verbatim and coded open-ended comments in an Excel document
- Data dictionary

## METHODOLOGY

### Research Objectives

The primary goal of this project was to collect 5,000 responses from Marion County residents assessing community health-related needs. After facing significant data collection challenges in reaching the desired number of survey completes, the goal was lowered to 4,500 completed surveys. This methodology report details this effort.

### Survey Instrument

MCPHD developed a questionnaire that included topics on social support, health care and access, neighborhood, environment, health behaviors and conditions, mental health, safety and violence, discrimination, children, health perceptions, and demographic information. MDR reviewed the questionnaire for flow, logic, and cohesion. The final survey included 100 questions. Screening questions were included at the beginning of the survey to determine eligibility based on age and zip code. Individuals were eligible for the survey if they were 18 years or older and lived within a Marion County zip code. The survey was translated into Spanish, Hakha, Falam, Haitian Creole, and Kinyarwanda by translation vendor, AcclIndy. The final survey can be found in Appendix F. Those who completed the survey were eligible to receive \$15 total in incentives.

### Online

The final survey was programmed into our Voxco® online survey software in all languages. At the beginning of the survey, participants were asked to choose which language they would like to take the survey in. MDR's research team tested the survey program to ensure it was functioning as intended. This included running simulations of surveys in Voxco to test all possible skip logic and survey patterning issues. MCPHD staff were provided with a link to test the survey and provided feedback that was implemented before receiving MCPHD's final approval to launch.

At the start of the survey, participants were reminded that participation was voluntary and confidential, responses were not linked to specific users. Users were able to take the survey in one of the languages provided and could choose to utilize the desktop or mobile-friendly version, based on their device.

### Telephone

The Marion County Health Assessment was also programmed into Voxco's Computer-Assisted Telephone Interviewing (CATI) functionality. The CATI survey was tested internally by our programmers and Call Center staff.

### Data Collection Overview & Schedule

#### Batch 1

In August 2024, MDR worked with sampling provider, Marketing Systems Group (MSG) to obtain a sample of 22,500 (referred to as Batch 1) Marion County, Indiana households. MDR split the first sample list into two mailing batches of 11,250. All households received an initial letter with a \$1 pre-incentive, a reminder postcard, and a final reminder letter. All mailings included information about the survey, a unique QR code to easily scan into the survey, and a URL link to access the online survey with a unique survey access code. The letter included language translations, a link to the study website, and project staff contact information. Additionally, MSG appended email addresses, where applicable, to this

sample. Email reminders were sent intermittently to cases with email addresses. Individuals who completed the survey were mailed or emailed (based on survey respondent preference) a \$14 gift card.

## Batch 2

Due to a lower-than-expected response rate on the initial mailings and concerns with botting<sup>1</sup>, MDR reallocated budget funds to purchase an additional sample of 22,500 households (referred to as Batch 2) in Marion County from MSG. Starting in December 2024, these households received an initial survey letter invitation, a reminder postcard, and a final invitation letter via mail. To offset the cost for Batch 2, initial invitation letters did not include a \$1 pre-incentive. Instead, individuals from Batch 2 who completed the survey, were eligible to receive a \$15 gift card. Additionally, MSG appended email addresses, where applicable, to this sample. Email reminders were sent intermittently to cases with email addresses. Individuals that completed the survey were mailed or emailed (based on survey respondent preference) a \$15 gift card.

To further increase response rate, MDR involved their Call Center. Both landline and cell phone numbers were appended to Batch 2, and MDR's Call Center provided telephone outreach during evenings and weekends to remind individuals to complete the survey online or to complete the survey over the phone. Individuals who completed the survey over the phone were also eligible to receive a \$15 gift card.

Data collection ran from September 26, 2024, to May 14, 2025, and resulted in 4,518 valid survey completes. Due to lower-than-expected response rate, survey fatigue during election season, and botting, the goal was reduced to 4,500 completed surveys.

## Details by Recruitment Method

### Mailings

Mailing materials included an initial survey invitation, a reminder postcard, and a final invitation letter. The mailing materials included both a QR code and URL link to access the online survey. Each record was tied to a specific pin to access the survey. Each pin was only eligible to complete the survey once. Recruitment materials can be found in Appendices A-C. Below is a breakdown of the mailings sent with the drop date and number of letters mailed. Each mailed recruitment item included information in all the languages the survey was offered in. All mailings were handled by MDR's printing partner, Fineline Printing Inc., located in Indianapolis, Indiana.

### Types of Mailings and Amount Mailed

Type of Mailing	Amount Mailed	Mail Drop Date
Initial Invitation Letter with \$1 pre-incentive to Batch 1, Wave 1	11,250	9/26/2024
Reminder Postcards to Batch 1, Wave 1	11,250	10/3/2024

---

<sup>1</sup> Botting in this instance occurred when individuals accessed the survey website and guessed/entered pins until they were able to take the survey. These attempts were linked with non-US IP addresses. It is likely that those responsible for the botting were completing the survey in the hopes of receiving multiple incentives. This occurred in October 2024 and the survey link was immediately terminated. This instance of botting did not impact data security. Existing, valid surveys were retained and data integrity and participants' contact information was not comprised in any way. Cases that were linked to botting – as determined by foreign IP addresses, speeding, and/or nonsensical open ends – were removed from the final dataset.

Initial Invitation Letter with \$1 pre-incentive to Batch 1, Wave 2	11,250	10/3/2024
Reminder Postcards to Batch 1, Wave 2	11,250	10/10/2024
Reminder Letters to Batch 1, Wave 1	10,702	10/10/2024
Reminder Letters to Batch 1, Wave 2	10,284	10/17/2024
Initial Invitation Letter to Batch 2	22,500	12/3/2024
Reminder Letter to Batch 2	20,535	3/11/2025
Reminder Postcards to Batch 2	20,260	3/26/2025

## E-mails

To increase response rates, email reminders were sent to individuals who had already received recruitment letters and postcards. Email recruitment letters can be found in Appendices D and E.

### Email Reminders, Batch 2

Timeframe	Number of Emails
December 2024	10
January 2025	27
February 2025	10
March 2025	2
April 2025	12
May 2025	5

### Email Reminders, Batch 1

Timeframe	Number of Emails
May 2025	6

## Telephone

MDR's Call Center utilized a sample of 20,498 phone numbers from Batch 2 to contact potential participants. During evening and weekend hours, MDR's Call Center reminded Marion County residents to complete the survey online or helped them take the survey over the phone. Phone data collection began March 27, 2025 and ended May 6, 2025.

## SURVEY COMPLETES

The original goal of this data collection was 5,000 completed surveys. Due to lower-than-expected response rate, survey fatigue during election season, and botting, the goal was lowered to 4,500 surveys. Below are the number of valid completes by data collection mode.

Data Collection Mode	Number of Valid Completes
Mailings	4,270
Email	47
Telephone	201
Total	4,518

Final Survey Disposition						
	Total		Batch 1		Batch 2	
	Count	%	Count	%	Count	%
Completed - Valid Survey	4,518	10.2%	2,284	10.4%	2,234	10.0%
Partial survey	416	0.9%	212	1.0%	204	0.9%
Ineligible/Screened out	107	0.2%	37	0.2%	70	0.3%
Quality Termination (failed more than 1 check)	670	1.5%	670	3.1%	0	0%
Undeliverable address	5,136	12%	2,428	11%	2,708	12%
Total	44,452		21,952		22,500	
<b>Response Rate*</b>		<b>10.2%</b>		<b>10.4%</b>		<b>10.0%</b>

\* The number of complete cases divided by the number of eligible cases.

## DATA QUALITY CHECKS

To ensure the integrity of the data collected, MDR developed a comprehensive set of data quality checks to identify potentially suspicious, fraudulent, and invalid surveys that may have been completed by surveys bots, professional survey takers, or in bad faith by legitimate respondents seeking one or multiple gift cards.

As mentioned, our initial survey link experienced botting<sup>2</sup>. All botted cases were removed from the dataset prior to additional data quality checks. To mitigate future botting issues, MDR created more stringent unique codes (pins) to access the survey for Batch 2. Batch 1 contained numeric pins only; Batch 2 was assigned alphanumeric pins to improve survey access protections.

**Surveys were considered complete and retained in the dataset for weighting if all the questions were answered.** Any partial surveys, invalid surveys, and surveys that do not pass the quality checks listed below were removed from the final dataset for weighting.

***Cases were flagged as invalid for weighting purposes and removed from the dataset based on the following criteria:***

- Surveys considered incomplete; completed surveys were those answered up to Q92.
- Surveys from duplicate and foreign IP addresses.
- Surveys where the zip code reported by the participant did not match the zip code in the sample file.

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<sup>2</sup> Botting in this instance occurred when individuals accessed the survey website and guessed/entered pins until they were able to take the survey. These attempts were linked with non-US IP addresses. It is likely that those responsible for the botting were completing the survey in the hopes of receiving multiple incentives. This occurred in October 2024 and the survey link was immediately terminated. This instance of botting did not impact data security. Existing, valid surveys were retained and data integrity and participants' contact information was not comprised in any way. Cases that were linked to botting – as determined by foreign IP addresses, speeding, and/or nonsensical open ends – were removed from the final dataset.

## DATA WEIGHTING

The data were weighted to reflect the sampling design and to align with the target population. Adjustments for oversampling were incorporated throughout the weighting process (see sampling plan). Specifically, base weights were scaled to account for the disproportionate representation of oversampled groups, bringing them in line with their actual share in the population. Post-stratification adjustments were then applied to further align the weighted data with known population benchmarks.

### Population Data

Population data used for the raking adjustments was obtained from the most recent American Community Survey (2023 ACS 5-year estimates).

Census tract population for design weights was pulled from the census and is available in the sampling plan.

**FINALWT** = The final weighting adjustment normalized to equal the total adult population (those over 18 years of age) of Marion County, Indiana. This total population (968,460) is based on the 2023 ACS 5-year estimates.

### Design Weight

This project used a probability sample, and the sample design included stratification by racial and ethnic communities to compensate for generally lower response rates for non-white individuals. **Therefore, design weights need to be calculated to account for this stratification.**

Design weights are calculated as the inverse of the probability of selection within each of the sampling strata divided by the response within the survey strata:

$$(N/n)*(1/r)$$

Where N is the total population within the census track, n is the number of sample records drawn within the census tract and r is the number of survey completes for the census tract.

### Raking Adjustments

Raking adjustments are made to normalize the data set to the population based on demographic characteristics. This is done because a sample does not perfectly match the actual population distribution based on their known demographic characteristics. The variables used in raking adjustments are selected based on characteristics that are available for the population and believed to be important to the topic.

Weight variables:

- Age by Gender
  - Female
    - 18-24
    - 25-34
    - 35-44
    - 45-54
    - 55-64
    - 65+
  - Male

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Race/Ethnicity
  - American Indian, Alaska Native, or Indigenous (non-Hispanic)
  - Asian or Pacific Islander (will include Native Hawaiian) (non-Hispanic)
  - Black or African American (non-Hispanic)
  - Hispanic
  - White (non-Hispanic)
  - Other/Multiracial (will include MENA) (non-Hispanic)
- Education
  - High school graduate / GED or Less
  - Trade / Vocational school or 2 year degree ("AA", Associate's degree)
  - 4 year degree
  - Professional degree (law degree, Master's degree, etc.) or more
- Federal Poverty Level (FPL) –
  - <100% FPL
  - 100% - <150%FPL
  - 150% - <200%FPL
  - 200% - <300%FPL
  - 300+% FPL

### Raking Steps

Raking was done using the R post-stratification weighting program.

## DEMOGRAPHIC CHARACTERISTICS

### Demographics (completed cases)

Notes: The following tables show the imputed demographic breakdowns of survey respondents.

Age Categories	N	%
18 to 24	161	4%
25 to 34	724	16%
35 to 44	959	21%
45 to 54	742	16%
55 to 64	781	17%
65 or older	1151	25%
<b>Total</b>	<b>4518</b>	<b>100%</b>

Gender	N	%
Male	1574	35%
Female	2944	65%
<b>Total</b>	<b>4518</b>	<b>100%</b>

Race/Ethnicity	N	%
AIAN ONLY	28	1%
Asian or Pacific Islander ONLY	151	3%
Black or African American ONLY	1016	22%
Latino/a/e/x or Hispanic ALL	367	8%
White ONLY	2840	63%
Other/Multiracial	116	3%
<b>Total</b>	<b>4518</b>	<b>100%</b>

Federal Poverty Levels	N	%
Less than 100% FPL	599	13%
Between 100% to 150% FPL	539	12%
Between 150% to 200% FPL	417	9%
Between 200% to 300% FPL	784	17%
More than 300% FPL	2179	48%
<b>Total</b>	<b>4518</b>	<b>100%</b>

Education	N	%
High school graduate / GED or Less	839	19%
Trade / Vocational school or 2 year degree (Associate's degree)	1213	27%
4 year degree	1365	30%
Professional degree (law degree, Master's degree, etc.) or more	1101	24%
<b>Total</b>	<b>4518</b>	<b>100%</b>

## APPENDICES

Appendix A: Invitation Letter

Appendix B: Reminder Postcard

Appendix C: Letter Envelope

Appendix D: Email Invitation

Appendix E: Reminder Email

Appendix F: Final Survey Instrument (English)



# Marion County Community Health Assessment

[Date]

This survey is available in English, Spanish, Hakha, ~~Falam~~, Haitian Creole, and Kinyarwanda.



Dear Current Resident,

Your household has been selected to participate in the Marion County Public Health Department (MCPHD) Community Health Assessment Survey. The purpose of this survey is to help identify the most pressing health issues affecting YOUR community! Survey results will be used by the MCPHD and their partners to improve the quality and accessibility of health services in your neighborhood.

Your Voice + Your Community Needs + Bold Action. It All Adds Up To Better Health.

If you qualify and complete the survey, you will receive a \$14 gift card.

To take the survey, visit [MarketDecisions.com/Indiana](https://MarketDecisions.com/Indiana) and enter your survey access code, which is: [PIN]

[QR]

Or scan this personalized QR code to open the survey.

Open the camera on your smartphone or tablet and hold it over the QR code.

Answering the survey is completely voluntary and you can stop it at any time. Your answers will be confidential. No one will be able to link your contact information to your individual answers.

The survey is sponsored by the MCPHD partnered with Market Decisions Research, an independent research firm located in Portland, Maine. If you have questions about the survey or would like to take the survey over the phone, please contact the project manager, Elisa Ungaro, at [ungaro@marketdecisions.com](mailto:ungaro@marketdecisions.com) or by phone at (800) 293-1538 ext. 1710. To contact the Marion County Public Health Department about this survey, email [epidemiology@marionhealth.org](mailto:epidemiology@marionhealth.org) or call 317-221-3355.

Sincerely,

Virginia A. Caine, MD, Director & Chief Medical Officer, The Marion County Public Health Department  
in partnership with Market Decisions Research

Su hogar ha sido seleccionado para participar en la Encuesta de evaluación de salud comunitaria del Departamento de Salud Pública del Condado de Marion (MCPHD, por las siglas en inglés). El objetivo de esta encuesta es ayudar a identificar los problemas de salud más urgentes que afectan a SU comunidad. Los resultados de la encuesta serán utilizados por el MCPHD y sus asociados para mejorar la calidad y la accesibilidad de los servicios de salud en su vecindario. Si califica y completa la encuesta, recibirá una tarjeta de regalo de \$14.

Para completar la encuesta, visite [MarketDecisions.com/Indiana](https://MarketDecisions.com/Indiana) e ingrese su código de acceso a la encuesta, que es: [PIN] o escanee este código QR personalizado para abrir la encuesta.

*Abra la cámara de su teléfono inteligente o tableta y sosténgala sobre el código QR.*

[QR CODE]

Urugo rwawe rwatoranjwe kugira ngo rugire uruhare mu Ishami ry'Ubuzima Rusange rya Marion County (MCPHD) Ubushakashatsi bwisuzuma ryubuzima bwabaturage. Intego y'ubu bushakashatsi ni ugufasha kumenya ibibazo byubuzima byugarije umuryango WAVE! Ibisubizo by'ubushakashatsi bizakoreshwa na Marion County Public Health Department (MCPHD) n'abafatanyabikorwa babo mu kuzamura ireme no kugera kuri serivisi z'ubuzima mu baturanyi bawe. Niba wujuje ibisabwa kandi ukarangiza ubushakashatsi, uzahabwa ikarita yimpano ya \$14.

Kugira ngo ukore ubushakashatsi, sura [MarketDecisions.com/Indiana](https://MarketDecisions.com/Indiana) hanyuma wandike kode yawe yubushakashatsi, ariyo: [PIN] cyangwa urebe kode ya QR yihariye kugirango ufungure ubushakashatsi.

*Fungura kamera kuri terefone yawe cyangwa tableti hanyuma uyifate hejuru ya QR code.*

[QR CODE]

Na chungkhar nih Marion County Zapi Ngandamnak Phuthen (MCPHD) i Mibu Ngandamnak lei Zohfelnak tuahmi dothlatnak ah tel ding in an i thim. Mah dothlatnak nih na mibu ah ngandamnak he pehtlain a cangmi thil kha fiangte in theihngalhi hi aa tinh bik mi a si ko. Mah dothlatnak nih a hmuh mi hna hi MCPHD le a tñanpi hawi hna nih na innpa ngandamnak ding ca ah bawmhnak an hmuh khawhnak le an ngandamnak a tñancho khawhnak hnga a hman lai. Mah dothlatnak ah na tlin le na tlamtinter khawh a si ahcun \$14 card laksawng na co lai.

Mah dothlatnak tuah ding ah, [MarketDecisions.com/Indiana](https://MarketDecisions.com/Indiana) timi ah hin vun zoh, cun dothlatnak na tuahnak ding code kha tjal, cucu: [PIN] asiloah pumpak in hmanmi QR code dothlatnak tuahnak i luhnak ding kha scan tuah.

*Na phone camera asiloah na tablet kha awng law QR code zawn khan chiah.*

[QR CODE]

Marion Khua Senpi Harhdamnak Zung Vantlang Harhdamnak Thu Lakkhawmnak ih tel dingah Nan Sungkua Hril Nan Si. Hi thu lakkhawmnak ih tumtah cu NA vantlang siatnak petu harhdamnak thu buainak bik thei dingah a bawm ding! Thu lakkhawmnak ih thusuak cu MCPHD and an hnatanpi pawl in na kiangkap harhdamnak bawmnak a thansoh ternak hrangah a hmang ding. Thu lakkhawmnak na theh ih na tling asilen \$14 laksawng card na ngah ding.

Survey tuah dingah, himi [MarketDecisions.com/Indiana](https://MarketDecisions.com/Indiana) leng aw cun na thu lakkhawmnak luhnak code a si mi: [PIN] ngan aw asilole thu lakkhawmnak awng dingah hi bulpak QR code hi scan aw.

*Na smartphone asilole tablet ih camera awng awla, QR code parah ret aw.*

[QR CODE]

Yo te chwazi fwaye ou pou patisipe nan Sondaj Evalyasyon Sante Kominotè Depatman Sante Piblik Konte Marion (MCPHD). Objektif sondaj sa se ede idantifye pwoblèm sante ki pi ijan yo k ap touche kominote OU an! Rezilta sondaj la pral itilize pa MCPHD ak patnè li yo pou amelyore kalite ak aksè nan sèvis sante nan katye w la. Si ou kalifye epi ranpli kondisyon sondaj la, w ap resewva yon kat kado \$14.

Pou reponn a sondaj la, vizite [MarketDecisions.com/Indiana](https://MarketDecisions.com/Indiana) epi antre kòd aksè sondaj ou a, ki se: [PIN] oswa eskane kòd QR pèsonalize sa a pou ouvri sondaj la.

*Louvri kamera a sou telefòn entèlijan ou a oswa tablèt ou epi mete l sou kòd QR la.*

[QR CODE]

Note: The incentive amount and project manager contact information changed midway through this project. The incentive was changed from a \$1 pre-incentive and \$14 post-incentive to a \$15 post-incentive only.

## APPENDIX B. Reminder Postcard

### **Marion County Community Health Assessment Survey Reminder**

This is a friendly reminder to complete the survey if you have not already—we want to hear from you! **To take the survey, go to the website and insert your code sent in the original letter, or scan the QR code below.**

Para completar la encuesta, ingrese al sitio web e inserte el código que le enviamos en la carta original o escanee el código QR a continuación.

Kugira ngo ukore ubushakashatsi, jya kurubuga hanyuma ushyiremo code yawe yoherejwe mu ibaruwa yumwimerere, cyangwa urebe kode ya QR hepfo.

Mah dothlatnak tlamtling tein phihnak ding caah website ah na code kha khumh asiloah QR kha scan a tang ah hin tuah.

Thu lakkhawmnak tuah dingah, website ah lut awla na ca ih code kan lo kuatmi thun aw, asilole a hnuai ih QR code hi scan aw.

Pou reponn sondaj la, ale sou sit entènèt la epi mete kòd ou nou te voye nan lèt orijinal la, oswa eskane kòd QR ki anba a.

[QR CODE]



Your Voice + Your Community  
Needs + Bold Action  
**It All Adds Up To Better Health**

### **Marion County Community Health Assessment Survey**

c/o Market Decisions Research  
P.O. Box 1240  
Portland, ME 04104-1240

Current Resident  
[ADDRESS1]  
[ADDRESS2]  
[CITY], [ST] [ZIP]

## APPENDIX C. Envelope



## APPENDIX D. Email Invitation



Hello!

You recently received a letter in the mail asking you to complete the Marion County Public Health Department (MCPHD) Community Health Assessment Survey. There's still time to complete this survey! The purpose of this survey is to help identify the most pressing health issues affecting YOUR community! Survey results will be used by the MCPHD and their partners to improve the quality and accessibility of health services in your neighborhood.

**Your Voice + Your Community Needs + Bold Action. It All Adds Up To Better Health.**

To take the survey, visit <https://us1se.voxco.com/S2/8/IndianaCHA2> and enter your survey access code, which is [PIN] or click this link: [UNIQUEURL]

The survey is sponsored by the MCPHD partnered with Market Decisions Research, an independent research firm located in Portland, Maine. If you have questions about the survey, would like to take the survey over the phone or request a paper version of the survey, please contact Cecelia Stewart at [cstewart@marketdecisions.com](mailto:cstewart@marketdecisions.com) or by phone at (800) 293-1538 ext. 1710. To contact the Marion County Public Health Department about this survey, email [epidemiology@marionhealth.org](mailto:epidemiology@marionhealth.org) or call 317-221-3355.

Sincerely,

  
MCPHD/MDR

## APPENDIX E. Reminder Email

### Earn \$15!

Hello!

You recently received a letter in the mail or a telephone call asking you to complete the Marion County Public Health Department (MCPHD) Community Health Assessment Survey. There's still time to complete this survey! The purpose of this survey is to help identify the most pressing health issues affecting YOUR community! Survey results will be used by the MCPHD and their partners to improve the quality and accessibility of health services in your neighborhood.

**Your Voice + Your Community Needs + Bold Action. It All Adds Up To Better Health.**

To take the survey, visit <https://us1se.voxco.com/S2/8/IndianaCHA2> and enter your survey access code, which is [SPIN] or click this link: [SPURL]

The survey is sponsored by the MCPHD partnered with Market Decisions Research, an independent research firm located in Portland, Maine. If you have questions about the survey, would like to take the survey over the phone or request a paper version of the survey, please contact Cecelia Stewart at [cstewart@marketdecisions.com](mailto:cstewart@marketdecisions.com) or by phone at (800) 293-1538 ext. 1710. To contact the Marion County Public Health Department about this survey, email [epidemiology@marionhealth.org](mailto:epidemiology@marionhealth.org) or call 317-221-3355. For more information about the Marion County Community Health Assessment, go to <https://cha.marionhealth.org/>.

Sincerely,

Market Decisions Research  
on behalf of The Marion County Public Health Department

[Click HERE to unsubscribe.](#)

Note: The **Earn \$15** was changed to **Earn \$14!** for individuals from the first batch of sample, who had already received the \$1 pre-incentive. The portion about the telephone call was also omitted for the first batch of sample.



# Marion County Community Health Needs Assessment Survey 2024

Prepared for the  
Marion County Public Health Department  
by Market Decisions Research

## Contents

<a href="#">About you</a>	21
<a href="#">About your household</a>	27
<a href="#">Social Support: Barriers &amp; Needs</a>	28
<a href="#">Health Care &amp; Access</a>	29
<a href="#">Neighborhood</a>	33
<a href="#">Environment</a>	34
<a href="#">Health behaviors and habits</a>	35
<a href="#">Physical activity</a>	35
<a href="#">Food</a>	36
<a href="#">Alcohol, Tobacco and other Substances</a>	37
<a href="#">Health Conditions &amp; Attitudes</a>	40
<a href="#">Mental Health &amp; Health Status</a>	41
<a href="#">Safety &amp; Violence</a>	43
<a href="#">Discrimination</a>	44
<a href="#">Children in household</a>	45
<a href="#">Child's Demographics</a>	46
<a href="#">Activity, smoke exposure</a>	48
<a href="#">Perceptions</a>	49
<a href="#">Follow-up</a>	49

## **Language Preference:**

Which language do you prefer to complete this survey in? Interpretation services are available upon request and include translation, as well as accommodations for disability. Interpretation services are available at (800) 293-1538 extension 1710.

English

Spanish

Hakha

Falam

Haitian Creole

Kinyarwanda

## **Your Voice + Your Community Needs + Bold Action. It All Adds Up To Better Health.**

### **Introduction:**

The Marion County Public Health Department is conducting a Community Health Assessment to help us learn more about you, the residents of our county, so we can best work on the greatest areas of need in our community. We are trying to gather this information from over 5,000 residents and hope you will be one of them. This survey is entirely voluntary and the answers you give will be kept private and confidential. Your feedback will remain anonymous and secure and all identifiable information will be eliminated before sharing results. The information collected will be combined, summarized, and shared publicly with the community and Marion County Public Health Department's partners. This summarized information will be used to plan work that will make a difference in our community.

This survey hopes to gather information from people like you about who you are, how you feel about the community you live in, what social supports you use or may need, your health behaviors, your health status, and the health status of your children, if you have any between the ages of 0 and 17. We value your responses and want to thank you for your help and participation in this effort! This survey will take about 25 minutes to finish. Once you finish the survey, you will be sent a \$14 gift card of your choice.

### **Instructions:**

Who should fill out this questionnaire? We ask that the adult (18 years of age or older) in your household who had the most recent birthday complete this questionnaire. Please select only one answer option for each question unless the question includes "select all that apply" at the end. If you do not wish to answer a question or if it does not apply to you, you may choose the "prefer not to answer" option.

### **About you**

#### **1. How old are you currently?**

Age (in years): \_\_\_\_\_

Prefer not to answer

2. **A. Would you prefer to answer a question about how tall you are in feet/inches or meters/centimeters?**

Feet/inches

Meters/centimeters

- 2 b. How tall are you now without shoes?**

[ASK IF 2A = FEET/INCHES]

Feet: \_\_\_\_\_ Inches: \_\_\_\_\_

Prefer not to answer

- 2 c. How tall are you now without shoes?**

[ASK IF 2A = METERS/CENTIMETERS]

Meters: \_\_\_\_\_ Centimeters: \_\_\_\_\_

Prefer not to answer

3. **a. Would you prefer to answer a question about how much you weigh in pounds or kilograms?**

Pounds: \_\_\_\_\_ Kilograms: \_\_\_\_\_

Prefer not to answer

- b. How much do you weigh now without shoes?**

[ASK IF 3A = pounds]

Pounds: \_\_\_\_\_

Prefer not to answer

- c. How much do you weigh now without shoes?**

[ASK IF 3A = kilograms]

Kilograms: \_\_\_\_\_

Prefer not to answer

4. **When you were born, what sex was marked on your birth certificate (assigned sex at birth)?**

Male

Female

Other

Prefer not to answer

**5. How do you identify? (Select all that apply.)**

Male

Female

Transgender

Nonbinary

Genderfluid

I use a different term (please specify): \_\_\_\_\_

Prefer not to answer

**6. Which of the following best represents how you think of yourself?**

Gay

Lesbian

Straight

Bisexual

Queer

Pansexual

Questioning

Asexual

I use a different term (please specify): \_\_\_\_\_

Prefer not to answer

**7. What is your race and/or ethnicity? (Select all that apply.)**

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Prefer not to answer

Only include detailed drop downs when race/ethnicity is selected.

**7a. American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native village of barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

\_\_\_\_\_  
Prefer not to answer

**7b. Asian** – Select all that apply to you and provide additional details.

Chinese Asian Indian Filipino Vietnamese Korean Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc. \_\_\_\_\_

Prefer not to answer

**7c. Black or African American** – *Select all that apply to you and provide additional details.*

African American Jamaican Haitian Nigerian Ethiopian Somali  
Enter, for example, *Trinidadian and Tobagonian, Ghanaian, Congolese,*

*etc.* \_\_\_\_\_

Prefer not to answer

**7d. Hispanic or Latino** – *Select all that apply to you and provide additional details.*

Mexican Puerto Rican Salvadoran Cuban Dominican Guatemalan  
Enter, for example, *Colombian, Honduran, Spaniard, etc.* \_\_\_\_\_

Prefer not to answer

**7e. Middle Eastern or North African** – *Select all that apply to you and provide additional details.*

Lebanese Iranian Egyptian Syrian Iraqi Israeli  
Enter, for example, *Moroccan, Yemeni, Kurdish, etc.* \_\_\_\_\_

Prefer not to answer

**7f. Native Hawaiian or Pacific Islander** – *Select all that apply to you and provide additional details.*

Native Hawaiian Samoan Chamorro Tongan Fijian Marshallese  
Enter, for example, *Chuukese, Palauan, Tahitiana, etc.* \_\_\_\_\_

Prefer not to answer

**7g. White** – *Select all that apply to you and provide additional details.*

English German Irish Italian Polish Scottish  
Enter, for example, *French, Swedish, Norwegian, etc.* \_\_\_\_\_

Prefer not to answer

**8. What is the highest degree or level of school you completed?**

No schooling completed

Nursery school

Kindergarten  
Grades 1 through 11  
12th grade – diploma not received  
High school diploma  
GED or alternative credential  
Trade certificate or credentials  
Some college credit, but less than 1 year of college credit  
1 or more years of college credit, no degree  
Associate’s degree (for example: AA, AS)  
Bachelor’s degree (for example: BA, BS)  
Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)  
Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)  
Doctorate degree (for example: PhD, EdD)  
Prefer not to answer

**9. Are you currently married, divorced, separated, widowed, not married but living with a partner, or have you never been married?**

Married  
Divorced  
Separated  
Widowed  
Not married but living with a partner  
Domestic partnership  
Civil union  
Never married  
Something else (please specify): \_\_\_\_\_  
Don't know  
Prefer not to answer

**10. What language is primarily (mostly) spoken in your home?**

English  
Spanish  
Burmese  
Chinese  
Hindi  
Arabic  
French  
Hakha  
Dari  
Pashto  
Farsi  
Swahili  
Kinyarwanda  
Tigrinya

Haitian Creole

Other (please specify): \_\_\_\_\_

Prefer not to answer

**11. Which of the following best describes your current employment status?**

Employed full-time for wages or self-employed

Employed part-time for wages or self-employed

Currently unemployed

Unable to work or on leave

Retired

Other: \_\_\_\_\_

Prefer not to answer

**12. In the past week, how did you get to most places you needed to go?**

Walked

Biked

Drove or rode in a private vehicle

Used public transportation (such as IndyGo)

Used ride sharing services (such as Uber, Lyft etc.)

Electronic scooter (such as Lime, Bird, etc.)

Other (please specify): \_\_\_\_\_

Prefer not to answer

**13. What, if any, learning or physical disabilities do you have? (Select all that apply.)**

I do not have any learning or physical disabilities.

I am deaf or hard of hearing.

I am blind or have diverse vision (including color blindness, partially, legally, or totally blind).

I have difficulty reading due to dyslexia or alexia.

I have a physical or mobility impairment.

I have a speech disorder or disability.

Other (please specify): \_\_\_\_\_

Prefer not to answer

**14. Do you provide unpaid assistance or care to a family member or friend because of a health condition or disability? This could include a physical, mental, emotional, cognitive, behavioral, or developmental disability, a chronic health condition or psychiatric condition, or blindness or deafness. Assistance can include medical care or help with everyday activities (including supervision or reminders).**

Yes

No

Don't know

Prefer not to answer

## About your household

**15. Please select your zip code.**

[Marion county zip codes]

None of these

**16. In the last 12 months, how many times have you or your household family members moved from one place to another?**

[Write in option, allows for number 0-99]

Prefer not to answer

**17. Consider the house, apartment, or mobile home you currently live in. Is it...**

Owned by you or someone in this household with a mortgage or loan. Include home equity loans.

Owned by you or someone in the household free and clear (without a mortgage or loan).

Rented.

Occupied without payment of rent.

Homeless, in a shelter, and/or transitional housing.

Don't know

Prefer not to answer

**18. Can you or any member of this household both make and receive phone calls (landline, mobile, or web-based) when at this house, apartment, or mobile home?**

Yes

No

Prefer not to answer

**19. At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers or personal devices? (Select all that apply.)**

Desktop or laptop

Smartphone

Tablet or other portable wireless computer

Some other type of computer

Don't know

Prefer not to answer

**20. At this house, apartment, or mobile home – do you or any member of this household have access to the internet?**

Yes, by paying a cell phone company or internet service provider (including cable).

Yes, without paying a cell phone company or internet service provider.

No access to the internet at this house, apartment, or mobile home.

Don't know

Prefer not to answer

**21. How many people live in this household, including all children?**

[skip to Q23 if Q21=1]

[Write in option, allows for numbers] \_\_\_\_\_

Prefer not to answer

**22. How many people living in your household are 18 years or older?**

[Write in option, allows for numbers]

Prefer not to answer

**23. How many household residents are over 65 years or older?**

[Write in option, allows for numbers] \_\_\_\_\_

Prefer not to answer

**24. Is your head of household (yourself or someone else) over the age of 65?**

[skip if Q23 = 0]

Yes

No

Prefer not to answer

**25. What is your annual household income, before taxes?**

*Please select the most accurate answer.*

*Based on how many individuals are in the households, respondents are shown numeric values (income brackets) that correspond with the below federal poverty levels.*

<100% FPL

100% - <150%FPL

150% - <200%FPL

200% - <300%FPL

300+% FPL

## Social Support: Barriers & Needs

For the next two questions, please indicate how much the following two statements were true for you and your household in the past 12 months:

**26. Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for (you/your household)?**

Often true

Sometimes true

Never true

Don't know

Prefer not to answer

**27. Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that often true, sometimes true, or never true for (you/your household)?**

- Often true
- Sometimes true
- Never true
- Don't know
- Prefer not to answer

**28. In the past 12 months, have you or others in your household used the following services? (Select all that apply.)**

- Community kitchen
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- SNAP (also known as food stamps) and EBT
- Free/reduced-price school meals
- Summer food service program (for children and teens)
- Food pantry
- Senior dining site
- Meals on Wheels
- Fresh Bucks
- Emergency food site (from a church, soup kitchen, etc.)
- None of the above
- Don't know
- Other (please specify):
- Prefer not to answer

## Health Care & Access

**29. Do you currently have any kind of health care coverage, including health insurance, prepaid plans (such as HMOs), or government plans (such as Medicare or Medicaid)?**

- Yes, government plan (such as Medicare or Medicaid)
- Yes, private insurance (such as through an employer or a partner/spouse's employer)
- Yes, prepaid plan (such as HMO)
- Yes, some other insurance
- No
- Don't know
- Prefer not to answer

**30. Within the past 12 months, did you or someone in your household have any existing medical bills that you were unable to pay in full? This includes bills for doctors, dentists, hospitals, therapists, medicine, medical equipment, nursing home or home care.**

- Yes
- No
- Don't know
- Prefer not to answer

**31. Do you have someone that you think of as your personal doctor or health care professional?**

- Yes, only one
- Yes, more than one
- No, none → GO to question 33
- Don't know → GO to question 33
- Prefer not to answer -> go to question 33

**32. Do you feel respected at your current health care provider?**

- Yes, I feel respected by both my health care professional and the staff at my provider's location.
- No, I do not feel respected by my health care professional or the staff at my provider's location.
- Prefer not to answer

**33. Please tell us more about your health care in the past 12 months:**

**a. During the past 12 months, have you seen or talked to a health care professional about your own health?**

- Yes → GO to question 33b
- No → GO to question 33c
- Don't know → GO to question 33c
- Prefer not to answer → Go to question 33c

**b. Please tell us more about your health care in the past 12 months.**

**Where did you see a health care professional in the past 12 months? (Select all that apply.)**

- Doctor's office
- Hospital emergency room
- Hospital outpatient department
- Clinic or health center
- Retail store clinic (CVS, Walgreens, Walmart, Costco, Kroger, etc.)
- School (nurse's office, athletic trainer's office)
- Urgent care
- Some other place (please specify): \_\_\_\_\_
- Don't know
- Prefer not to answer

**c. Please tell us more about your health care in the past 12 months.**

**In the past 12 months, have you seen a dentist, orthodontist, oral surgeon, or**

**other dental specialist for any routine dental care including check-ups, screenings, or sealants?**

- Yes
- No
- Don't know
- Prefer not to answer

**d. Please tell us more about your health care in the past 12 months.**

**Was there a time in the past 12 months when you needed to see a doctor or other health care professional, but could not because of cost?**

- Yes
- No
- Don't know
- Prefer not to answer

**e.**

**Please tell us more about your health care in the past 12 months. Was there a time in the past 12 months when you needed prescribed medicine, but went without or didn't take as much medicine as directed because of cost?**

- Yes
- No
- Don't know
- Prefer not to answer

**34. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your pharmacy, doctor or other health care professional?**

- Never
- Occasionally
- Sometimes
- Frequently
- Always
- Prefer not to answer

**35. In the last 12 months, how often did a doctor or other health care professional...**

**a. Make sure you understand your health condition (concern, diagnosis)?**

- Never
- Occasionally
- Sometimes
- Frequently
- Always
- Prefer not to answer

**b. Make sure you understand the things you needed to do to take care of your health?**

- Never

Occasionally  
Sometimes  
Frequently  
Always  
Prefer not to answer

**c. Explain things in a way you could understand?**

Never  
Occasionally  
Sometimes  
Frequently  
Always  
Prefer not to answer

**d. Involve you in decisions about your health care as much as you wanted them to?**

Never  
Occasionally  
Sometimes  
Frequently  
Always  
Prefer not to answer

**e. Listen carefully to you?**

Never  
Occasionally  
Sometimes  
Frequently  
Always  
Prefer not to answer

**f. How would you rate your communication with your health care provider(s)?**

Poor  
Fair  
Good  
Very good  
Excellent  
Prefer not to answer

**T1. It is important for us to make sure that the answers that we collect from this survey are accurate. To show that you are paying attention, please select “somewhat concerned” from the options below to continue.**

- Not at all concerned
- Slightly concerned
- Somewhat concerned
- Moderately concerned
- Extremely concerned

## Neighborhood

**Please indicate your level of agreement with the following statements about your neighborhood.**

**36. I feel safe in my neighborhood.**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know
- Prefer not to answer

**37. In my neighborhood, there are many vacant, abandoned, or rundown properties.**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know
- Prefer not to answer

**38. Does your neighborhood have sidewalks or paved paths?**

- Yes
- No → [GO to question 40](#)
- Prefer not to answer → [Go to question 40](#)

**39. Tell us more about the sidewalks/paved paths/trails in your neighborhood.**

**a. Could someone use the sidewalks/paths/trails with a wheelchair, walker, stroller, or other mobility aid without difficulty?**

- Yes
- No
- Don't know
- Prefer not to answer

**b. Are there streetlights that light the sidewalks/paths/trails at night?**

- Yes
- No

Don't know  
Prefer not to answer

**c. Do the sidewalks/paths/trails connect to other major streets or neighborhoods?**

Yes  
No  
Don't know  
Prefer not to answer

**40. Do you have safe and convenient access to....**

**a. a full-service grocery or supermarket? A full-service grocery is a store that sells items such as meats, fruits and vegetables, and dairy products.**

Yes  
No  
Don't know  
Prefer not to answer

**b. a community center or library?**

Yes  
No  
Don't know  
Prefer not to answer

**c. a park, greenway or playground?**

Yes  
No  
Don't know  
Prefer not to answer

**d. a bus stop or other public transportation?**

Yes  
No  
Don't know  
Prefer not to answer

## Environment

**41. Please look at the following list of environmental issues and mark up to five issues that concern you the most.**

Outdoor air pollution  
Traffic/ congestion  
Indoor air quality  
Lead exposure  
Safe drinking water  
Flooding  
Drought or water shortages  
Pollution of rivers, lakes, and other bodies of water  
Poor waste management (e.g. overuse of landfills)  
Radioactive waste  
Shaded areas to be safe from the sun (trees or other shade structures)  
Litter  
Food safety

Genetically modified food  
Climate change (including extreme heat, severe weather events, etc.)  
The hole in the ozone layer  
Using up the earth's resources  
Extinction of species  
Overpopulation (of the earth by humans)  
I am not concerned about any of these issues  
Prefer not to answer

**42. Has air pollution ever affected your health or the health of your family or friends?  
(Select all that apply.)**

Yes, my health  
Yes, the health of my family  
Yes, the health of my friends  
No  
Don't know  
Prefer not to answer

**“Climate change” is a term used to describe warming temperatures, greater extremes of drought and precipitation, or other large changes in our climate.**

**43. Do you believe climate change is happening (whether caused by human activity or not) to any degree?**

Yes  
No  
Don't know  
Prefer not to answer

**44. How much, if at all, do you think global climate change is currently affecting your local community?**

A great deal  
Some  
Not too much  
Not at all  
Don't know  
Prefer not to answer

## Health behaviors and habits

### Physical activity

The next questions are about physical activities such as exercise, sports, or physically active hobbies. We are interested in activities that cause at least some increase in breathing or heart rate.

**45. In a typical week, how long do you spend doing physical activities?**

150+ minutes (or 2.5+ hours) of physical activity  
1-149 minutes (or less than 2.5 hours) of physical activity  
0 minutes of physical activity  
Don't know  
Prefer not to answer

**46. How many hours in a day, on average, do you spend watching TV, streaming shows or videos, playing video games, or using social media, a cellphone, other personal electronic devices, or the computer outside of work or school?**

[Free text, allowing digits 0-24]

Prefer not to answer

## Food

**47. In a typical week, where do you do MOST of your shopping for food items?**

Supermarket, grocery store, or warehouse (like Kroger, Aldi, Meijer, Target, Costco, Wal-Mart, Sam's Club etc.)

Convenience or drug store (like gas stations, CVS, Walgreens, etc.)

Ethnic food stores (like Bodegas, Asian Food Markets, African Markets, Halal Markets, etc.)

Dollar stores

Online grocery delivery (like Instacart, Shipt, AmazonFresh etc.)

Local farms, farmer's markets, backyard gardens

Don't know; someone else shops

Other (please specify):

Prefer not to answer

**48. In a typical week, how many meals do you get that were prepared away from home in places such as full-service or fast-food restaurants, food stands, grocery stores, or vending machines? By meal, we mean breakfast, lunch, and dinner.**

[Free text, allowing digits 0-21]

Prefer not to answer

**49. In a typical week, how many times per day do you eat fruit? Count fresh, frozen, or canned fruit. Do not include fruit juices.**

0

1

2

3

4 or more

Don't know

Prefer not to answer

**50. In a typical week, how many times per day do you eat a green leafy or lettuce salad, with or without other vegetables? Count fresh, frozen, or canned vegetables.**

0

1

2

3

4 or more

Don't know

Prefer not to answer

**51. In a typical week, how many times per day did you eat any kind of potatoes, such as baked, boiled, mashed potatoes, or potato salad?**

- 0
- 1
- 2
- 3
- 4 or more
- Don't know
- Prefer not to answer

**52. In a typical week, not including lettuce salads and potatoes, how many times per day did you eat other vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, cabbage, bean sprouts, collard greens, and broccoli. Include raw, canned, or frozen vegetables. Do not include rice.**

- 0
- 1
- 2
- 3
- 4 or more
- Don't know
- Prefer not to answer

**53. In a typical week, how many times per day did you drink regular soda/pop that contains sugar or any other sugar-sweetened drink such as Kool-aid, lemonade, Hi-C, cranberry juice drinks, sports drinks, Red Bull, sweet tea, etc.? Include drinks that you made at home and added sugar to. Do not include diet soda or drinks sweetened with artificial non-sugar sweetener.**

- 0
- 1
- 2
- 3
- 4 or more
- Don't know
- Prefer not to answer

### **Alcohol, Tobacco and other Substances**

**54. Have you smoked at least 100 cigarettes (5 packs) in your life? Do not include: electronic cigarettes (e-cigarettes, NJOY, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.**

- Yes
- No → GO to question 57
- Don't know → GO to question 57
- Prefer not to answer → go to question 57

**55. Do you currently smoke every day, some days, or not at all?**

Every day  
Some days  
Not at all  
Don't know  
Prefer not to answer

**56. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

Yes  
No  
Don't know  
Prefer not to answer

**57. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage, such as beer, wine, malt beverage or liquor?**

0 → GO to question 60

1-3 days  
4-6 days  
7-9 days  
10-19 days  
20-29 days  
30 days  
Don't know

Prefer not to answer

**58. On the days when you did drink in the past 30 days, how many drinks did you have on average? One drink would be a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor.**

1  
2  
3  
4  
5  
6 or more  
Don't know  
Prefer not to answer

**59. How many times during the past 30 days did you have 4 or more drinks (for women) or 5 or more drinks (for men) on any occasion? Please consider all types of alcohol.**

0 days  
1-3 days  
4-6 days  
7-9 days

10-19 days

20-29 days

30 days

Don't know

Prefer not to answer

**60. In the past 12 months, have you used any of the following substances? (Select all that apply.)**

Electronic vaping device (including personal vaporizers, vape pens, e-cigars, or hookah pens)

Chewing tobacco, snuff, or snus

Delta 8

CBD

Marijuana (including cannabis products, sometimes called pot, weed, hashish, or concentrates)

Cocaine (including all the different forms of cocaine such as powder, 'crack,' free base, and coca paste)

Heroin, fentanyl, and other opiates

Hallucinogens (including LSD or 'acid', PCP or 'angel dust' or phencyclidine, peyote mescaline, psilocybin, 'Ecstasy' or 'Molly' or MDMA, Ketamine or 'Special K' or 'Super K')

Inhalants (including amyl nitrite, 'poppers', locker room odorizers, rush, gasoline, lighter fluid, nitrous oxide 'whippits', or other aerosol sprays)

Methamphetamines (also known as meth, crank, ice, crystal meth, speed, glass, and many other names)

Prescription pain relievers that a doctor did not direct you to use (including Vicodin, Lortab, Norco, Zohydro ER, hydrocodone, oxycodone, propoxyphene, tramadol, codeine pills, morphine, and oxymorphone). Does not include over the counter medicines like Tylenol or Ibuprofen.

Tranquilizers that a doctor did not direct you to use (including xylazine, alprazolam, extended-release alprazolam, lorazepam, clonazepam, diazepam, or cyclobenzaprine).

Other (please specify):

I have not used any substances in the past 12 months

Prefer not to answer

**60a. If they selected options 1-13**

**Do you currently use [INSERT CHOICE] every day, or some days?**

Every day

Some days

Don't know

Prefer not to answer

**61. Do you have a family member or close friend who has substance use disorder or currently struggles with substance use?**

Yes

No

Prefer not to answer

## **Health Conditions & Attitudes**

**62. Please indicate whether a physician, nurse, or other health professional has EVER told you that you had any of the following health conditions.**

**a. A heart attack (also called myocardial infarction)**

Yes

No

Don't know

Prefer not to answer

**b. Angina (also called angina pectoris)**

Yes

No

Don't know

Prefer not to answer

**c. Coronary heart disease**

Yes

No

Don't know

Prefer not to answer

**d. A depressive disorder (including major depression, dysthymia, or minor depression)**

Yes

No

Don't know

Prefer not to answer

**e. Alzheimer's, dementia, or mild cognitive decline**

Yes

No

Don't know

Prefer not to answer

**f. Asthma (currently or in the past)**

Yes, I currently have asthma.

Yes, I had asthma in the past.

No

Don't know

Prefer not to answer

**g. Hypertension (or high blood pressure)**

- Yes
- Yes, but only during pregnancy
- No
- No, but I have been told I am pre-hypertensive or borderline high
- Don't know
- Prefer not to answer

**h. High blood cholesterol**

- Yes
- No
- Don't know
- Prefer not to answer

**i. Dental decay or cavities**

- Yes
- No
- Don't know
- Prefer not to answer

**j. Diabetes or high blood sugar**

- Yes - Type 1 diabetes
- Yes - Type 2 diabetes
- Yes, but only during pregnancy
- No, but I have been told I have pre-diabetes or borderline diabetes
- No
- Don't know
- Prefer not to answer

**63. Now, please think about seasonal vaccinations, such as flu or COVID-19. Overall, how hesitant are you about getting these vaccines for yourself?**

- Not at all hesitant
- Not that hesitant
- Somewhat hesitant
- Very hesitant
- Don't know
- Prefer not to answer

## Mental Health & Health Status

**64. Would you say that in general your health is...**

- Excellent
- Good
- Fair
- Poor
- Very poor
- Prefer not to answer

**65. Now think about your physical health, which includes physical illness and injury.**

**How many days during the past 30 days was your physical health NOT good?**

[Free text, allowing digits between 0-30] \_\_\_\_\_

- Prefer not to answer

**66. Now think about your oral health, which includes toothaches, swelling in jaws, bleeding gums, and injury. How many days during the past 30 days was your oral health NOT good?**

[Free text, allowing digits between 0-30] \_\_\_\_\_

Prefer not to answer

**67. Overall, how would you rate your mental health, which includes stress, depression, anxiety, and problems with emotions?**

Excellent

Good

Fair

Poor

Very poor

Prefer not to answer

**68. Over the last 7 days, how often have you been bothered by ...**

**a. Having little interest or pleasure in doing things?**

- Not at all
- Several days
- More than half of the days
- Nearly everyday
- Prefer not to answer

**b. Feeling down, depressed, or hopeless?**

- Not at all
- Several days
- More than half of the days
- Nearly everyday
- Prefer not to answer

**c. Feeling nervous, anxious, or on edge?**

- Not at all
- Several days
- More than half of the days
- Nearly everyday
- Prefer not to answer

**d. Not being able to stop or control worrying?**

- Not at all
- Several days
- More than half of the days
- Nearly everyday
- Prefer not to answer

**T2. It is important for us to make sure that the answers that we collect are accurate. To show that you are paying attention, please select “low priority” from the options below to continue.**

- Not a priority
- Low priority
- Somewhat priority
- Moderate priority
- High priority
- Essential priority

## **Safety & Violence**

**69. Do you or anyone in your home keep a handgun or other firearm in or around your home and for what purpose?**

- Yes, for home defense/protection
- Yes, as part of my employment
- Yes, inherited from someone else
- Yes, for hunting/sport
- Yes, for some other reason
- No --> GO to question 71

Don't know --> GO to question 71  
Prefer not to answer → go to question 71

**70. Do you keep the handgun or other firearm in secure firearm storage or use a trigger lock? (Select all that apply.)**

Yes, I use a trigger lock.  
Yes, I lock my firearm in a secure storage container.  
I use another type of secure firearm storage (please specify): \_\_\_\_\_  
No  
Don't know  
Prefer not to answer

**71. Has gun violence ever affected you personally, your friends or family, or your neighborhood? (Select all that apply.)**

Yes, I have personally been affected by gun violence.  
Yes, my friends or family have been affected by gun violence.  
Yes, my neighborhood has been affected by gun violence.  
No, I myself, my friends and family, and my neighborhood have never been affected by gun violence.  
Don't know  
Prefer not to answer

**72. Have you ever been in a relationship where you feared for your safety either because they acted in an angry way, controlled what you did, or isolated you from your friends and family?**

Yes  
No  
Don't know  
Prefer not to answer

## Discrimination

**73. These next questions are about times and places where you were treated unfairly. In your day-to-day life how often have any of the following things happened to you?**

**a. You are treated with less courtesy or respect than other people.**

At least once a week  
A few times a month  
A few times a year  
Less than once a year  
Never  
Don't know  
Prefer not to answer

**b. Compared to other people, you receive poorer service at restaurants or stores.**

At least once a week  
A few times a month  
A few times a year  
Less than once a year  
Never

Don't know  
Prefer not to answer

**c. People act as if they think you are not smart.**

At least once a week  
A few times a month  
A few times a year  
Less than once a year  
Never  
Don't know  
Prefer not to answer

**d. People act as if they are afraid of you.**

At least once a week  
A few times a month  
A few times a year  
Less than once a year  
Never  
Don't know  
Prefer not to answer

**e. You are threatened or harassed.**

At least once a week  
A few times a month  
A few times a year  
Less than once a year  
Never  
Don't know  
Prefer not to answer

## Children in household

**74. How many household residents are children aged 0 to 17 years old?** - Children who live with the parent half-time should be considered residents if they are currently living in the household.

[Free text, allowing digits only]  
Prefer not to answer

### Questions about Child

**If no household residents are children aged 0 years to 17 years, GO TO “Perceptions” section (Question 90).**

**Next, we would like to ask you about one of your children between 0 and 17 years old. Please answer questions about your child who has had the most recent birthday.**

**75. Are you this child’s primary caregiver?**

- Yes
- No
- Prefer not to answer

### Child's Demographics

#### 76. How old is this child?

[Free text, allowing digits 0-17]  
Prefer not to answer

#### 77. a How tall is this child?

[ask if 2A = FEET/INCHES]

Feet: \_\_\_\_\_ Inches: \_\_\_\_\_  
Don't know  
Prefer not to answer

#### b. How tall is this child?

[ask if 2A = METERS/CENTIMETERS]

Meters: \_\_\_\_\_ Centimeters: \_\_\_\_\_  
Don't know  
Prefer not to answer

#### 78. a.How much does this child weigh?

[ASK IF 3A=POUNDS]

Pounds: \_\_\_\_\_  
Don't know  
Prefer not to answer

#### b.How much does this child weigh?

[ASK IF 3A=KILOGRAMS]

Kilograms: \_\_\_\_\_  
Don't know  
Prefer not to answer

#### 79. Does this child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (Health Maintenance Organization), or government plans such as Medicaid (S-CHIP, Indiana's Children's Health Insurance Program known as Hoosier Health Wise)?

Yes, government plan (including Hoosier HealthWise/Medicaid)  
Yes, private insurance (such as through an employer or a partner/spouse's employer)  
Yes, prepaid plans (such as HMO)  
Yes, some other insurance  
No  
Don't know  
Prefer not to answer

**80. Do you have one person that you think of as this child's primary doctor or health care professional?**

Yes, one person  
No, more than one person  
No, no usual person  
Don't know  
Prefer not to answer

**81. In the past 12 months, has this child seen a dentist or dental specialist for any type of routine dental care?**

Yes  
No  
Don't know  
Prefer not to answer

**82. In the past 12 months, how many times has this child been seen in the emergency room or an immediate care facility?**

0  
1  
2  
3 or more  
Don't know  
Prefer not to answer

**83. Please indicate whether a physician, nurse, or other health professional has EVER told you that this child had any of the following conditions:**

**a. Asthma**

Yes  
No  
Don't know  
Prefer not to answer

**b. High blood pressure (or hypertension)**

Yes  
No  
Don't know  
Prefer not to answer

**c. Depression or anxiety problems**

Yes  
No  
Don't know  
Prefer not to answer

**d. ADD OR ADHD (Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder)**

- Yes
- No
- Don't know
- Prefer not to answer

**e. Diabetes or pre-diabetes**

- Yes, Type 1 diabetes
- Yes, Type 2 diabetes
- Yes, Pre-diabetes
- No
- Don't know
- Prefer not to answer

**f. Dental decay or cavities**

- Yes – the child currently has dental decay or cavities
- Yes – the child had dental decay or cavities, but only in the past
- No
- Don't know
  
- Prefer not to answer

**84. Has your child ever received blood lead testing?**

- Yes
- No
- Don't know
- Prefer not to answer

**85. Has a parent/guardian been counseled on the risk of lead exposure (lead paint, lead pipes, or other sources of lead) by a doctor, nurse, health educator, or other health professionals?**

- Yes
- No
- Don't know
- Prefer not to answer

**86. Now, please think about all routine childhood vaccines, such as measles, polio, and tetanus. Overall, how hesitant are you about these vaccines for your child?**

- Not at all hesitant
- Not that hesitant
- Somewhat hesitant
- Very hesitant
- Don't know
- Prefer not to answer

**Activity, smoke exposure**

**87. On an average day, how many hours does this child watch TV or use a tablet, computer or smartphone for something that is not school work such as watching YouTube, Instagram, Facebook, TikTok, or playing video games?**

[Free text, allowing digits 0-24]

Prefer not to answer

**88. Does anyone smoke tobacco inside this child's home or vehicle (including cigarettes, cigars, pipes, or hookah) or use electronic vaping devices (including e-cigarettes, personal vaporizers, vape pens, e-cigars, or hookah pens)? Please include household residents or visitors. (Select all that apply.)**

Yes, smoke tobacco

Yes, use electronic vaping device

No

Don't know

Prefer not to answer

**89. ONLY DISPLAY QUESTION IF CHILD IS 6 YEARS OR OLDER. Does this child get 60 minutes of physical activity per day? Include times in physical education classes, sports, active play, dance or other sports lessons or practices, riding a bike or scooter.**

Yes

No

Don't know

Prefer not to answer

## Perceptions

**90. What do you like most about the community you live in?**

[Free text]

Prefer not to answer

**91. What do you like least about the community you live in?**

[Free text]

Prefer not to answer

## Follow-up

**92. After we analyze the results of this survey, we may want to contact people we've surveyed to get more information about a topic. We will also send a copy of the results to those who would like one. Do we have permission to contact you for that purpose? (Select all that apply.)**

Yes, you may contact me for more information.

Yes, I would like a copy of the results

No → [GO to Q94](#)

**93. How would you like us to reach you?**

*Your responses will remain private and will not be linked to your results.*

Email

Phone

Mail

[Free text for details, validation for phone and email]

**94. Thank you for participating in this survey! If you are interested in receiving a \$14 gift card, please enter your email address below.**

**Note: Digital gift card incentives are processed in batches each week. Please allow up to two weeks to receive an email from [marketdecisions1@customer.rybbon.net](mailto:marketdecisions1@customer.rybbon.net) with your reward.**

[Free text email address]

I do not have an email address → go to Q95

I do not wish to receive an incentive → exit survey

**95. If you would prefer to be mailed an incentive, please enter your full mailing address below. Note: Due to reward processing and mailing delays, mailed incentives may take up to three weeks to arrive.**

[Free text mailing address]

I do not wish to receive an incentive

We really appreciate your time and cooperation. Results of the survey will be released on the Marion County Public Health Department website ([www.marionhealth.org](http://www.marionhealth.org)). Thank you for your time.