

Tompkins County Community Health Survey, 2025-2030

Thank you for participating in the Community Health Survey! Your answers will inform local health initiatives.

- The survey takes about 10 minutes to complete
- All of your answers are anonymous
- You must be a resident of Tompkins County and age 18 or over to take the survey

Instructions: Please answer the following questions based on your experiences and perceptions. Your participation is voluntary, and your responses will be kept confidential.

* 1. Are you a resident of Tompkins County and 18 years or older?

- Yes
- No

Economic Stability

2. In your opinion, what are the three most important factors that create a "Healthy Community"? (Check your top 3)

- | | |
|---|---|
| <input type="checkbox"/> A clean environment | <input type="checkbox"/> Opportunities for continued education |
| <input type="checkbox"/> Affordable healthcare | <input type="checkbox"/> Preventative health services (primary care, screening, etc.) |
| <input type="checkbox"/> Affordable safe childcare | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Affordable safe housing | <input type="checkbox"/> Safe neighborhoods |
| <input type="checkbox"/> Arts & cultural events | <input type="checkbox"/> Substance Use Treatment |
| <input type="checkbox"/> Easy to walk and bike | <input type="checkbox"/> None of the above or don't know |
| <input type="checkbox"/> Good paying jobs | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Good schools | _____ |
| <input type="checkbox"/> Knowing my neighbors | |
| <input type="checkbox"/> Local news and information | |
| <input type="checkbox"/> Mental Health support | |

3. In the past year, have you or anyone in your household faced difficulties paying for the following? (select all that apply)

- Food
- Childcare
- Transportation
- Medical expenses
- Rent or mortgage
- Utilities (e.g., electricity, internet)
- Not applicable, I did not face any of these difficulties
- Other (please specify) _____

Social and Community Context

4. In the past year, how often have you felt stress or anxiety about meeting basic needs (e.g., housing, food, or healthcare)?

- Almost always
- Often
- Sometimes
- Rarely
- Never

5. Have you experienced any of the following in the past year? (select all that apply)

- Feelings of loneliness or isolation
- Limited social support network (e.g., friends, family)
- Thoughts of self-harm or suicide
- Using any of the following more than you would like: drugs, THC products, alcohol, tobacco, or nicotine products
- None of the above

If you or someone you know needs support now, call or text **988** or chat **988lifeline.org**

6. In the past year, have you engaged with any resources in the community to meet your basic needs or improve your mental health?

- Yes, and the resources addressed at least some of my needs
- Yes, but the resources did not address any of my needs
- No, I know about resources but did not engage with them
- I do not know about resources that can address any of my needs
- I do not have any needs that require resources

7. How do you rate your health in the following categories? (Put an X in the box)

	Poor	Fair	Good	Very Good	Excellent	Prefer not to answer
Your physical health						
Your mental or emotional health						

Neighborhood and Built Environment

8. How would you rate the safety of your neighborhood?

- Very safe
- Somewhat safe
- Not very safe
- Not safe at all
- Not sure

9. Do you feel there are enough recreational spaces (e.g., parks, trails, community centers) for physical activity in your community?

- Yes
- No
- Not sure

Healthcare Access and Quality

10. For each service, please indicate what barriers you have experienced in the past year in accessing these services. (Put an X in the box)

	Cost	Lack of insurance	Lack of transportation	Long wait times for appointments	Lack of providers	Lack of "in network" coverage	Difficulty making an appointment	Not Applicable
Cancer screening								
Dental care								
Mental health care								
Prenatal care								
Preventative care for your children (E.g., Vaccines or screening)								
Primary medical care								
Substance use treatment								

Education Access and Quality

11. How would you rate the quality of health and wellness resources available in your local school district (e.g., mental health counseling or health education)?

- Excellent
- Very Good
- Good
- Fair
- Poor
- These resources are unavailable
- Not sure
- Not applicable, I am not familiar with local schools

Please continue to additional questions. Thank you.

Demographics

To help us understand the diverse perspectives in our community, please consider answering the following demographic questions. Your responses will remain confidential.

12. Age

- | | |
|--------------------------------|---|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 45-54 | |

13. Zip code

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> 13053 | <input type="checkbox"/> 14817 | <input type="checkbox"/> 14881 |
| <input type="checkbox"/> 13062 | <input type="checkbox"/> 14850 | <input type="checkbox"/> 14882 |
| <input type="checkbox"/> 13068 | <input type="checkbox"/> 14851 | <input type="checkbox"/> 14883 |
| <input type="checkbox"/> 13073 | <input type="checkbox"/> 14852 | <input type="checkbox"/> 14886 |
| <input type="checkbox"/> 13102 | <input type="checkbox"/> 14853 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 13736 | <input type="checkbox"/> 14854 | |
| <input type="checkbox"/> 13864 | <input type="checkbox"/> 14867 | |

14. What municipality do you live in?

- | | |
|--|---|
| <input type="checkbox"/> City of Ithaca | <input type="checkbox"/> Newfield |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Ulysses |
| <input type="checkbox"/> Danby | <input type="checkbox"/> Trumansburg |
| <input type="checkbox"/> Town of Dryden | <input type="checkbox"/> Etna |
| <input type="checkbox"/> Village of Dryden | <input type="checkbox"/> McLean |
| <input type="checkbox"/> Freeville | <input type="checkbox"/> Brooktondale |
| <input type="checkbox"/> Enfield | <input type="checkbox"/> Varna |
| <input type="checkbox"/> Town of Groton | <input type="checkbox"/> Cayuga Heights |
| <input type="checkbox"/> Village of Groton | <input type="checkbox"/> Slaterville Springs |
| <input type="checkbox"/> Town of Ithaca | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Lansing | |

15. Race/Ethnicity (select all that apply)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer
- If none of the provided options accurately describe your race and ethnicity, please share it here: _____

16. Are you Hispanic or Latino?

- Yes
- No
- Prefer not to answer

17. Which of the following best describes you?

- Man
- Non-binary
- Woman
- Prefer not to answer
- Prefer to self-describe: _____

18. What is your sexual orientation?

- | | |
|---|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Heterosexual or straight | <input type="checkbox"/> Prefer to self-describe: |
| <input type="checkbox"/> Lesbian | _____ |

19. Do you consider yourself to be transgender?

- Yes
- No
- Prefer not to answer

20. Do you have someone under age 18 in your household?

- Yes
- No
- Prefer not to answer

21. Household income:

- Less than \$15,000
- \$15,000-\$25,000
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- More than \$150,000
- Prefer not to answer

22. What is the highest degree or level of school you have completed?

- Less than a high school diploma
- High school diploma or equivalent
- Some college, no degree
- Associate degree
- Bachelor's degree
- Graduate or Professional degree
- Prefer not to answer

23. What is your current employment status? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Caregiver or Homemaker | <input type="checkbox"/> Student Part-time |
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Unable to work due to disability or other reasons |
| <input type="checkbox"/> Employed Part-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Student Full-time | |

Thank you for your participation!

Thank you for completing this survey! Our report will be available in fall 2025 on the Tompkins County Whole Health website and in the community. Please encourage your friends, family, neighbors, and co-workers to complete the survey!

The survey can be completed online at <https://bit.ly/TC-Health-Survey-2025>. Please do not take the survey more than one time.

For more resources and services, go to the Tompkins County Whole Health website or call 607-274-6600.

If you or someone you know needs support now, call or text **988** or chat **988lifeline.org**

You may scan your completed survey and upload it on this web page:
<https://tompkinscountyny.gov/health/CHI-Tompkins/Survey-Submit>

