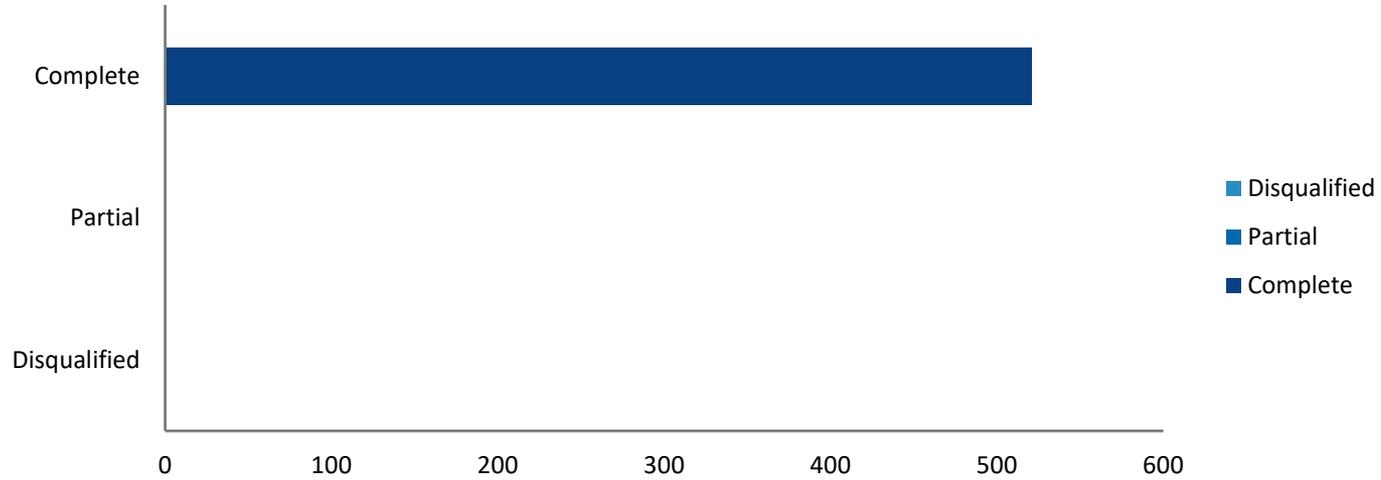


**Report for Martin County
Community Health Survey
September 13, 2024 – January 28, 2025**



Response Statistics



Count

Percent

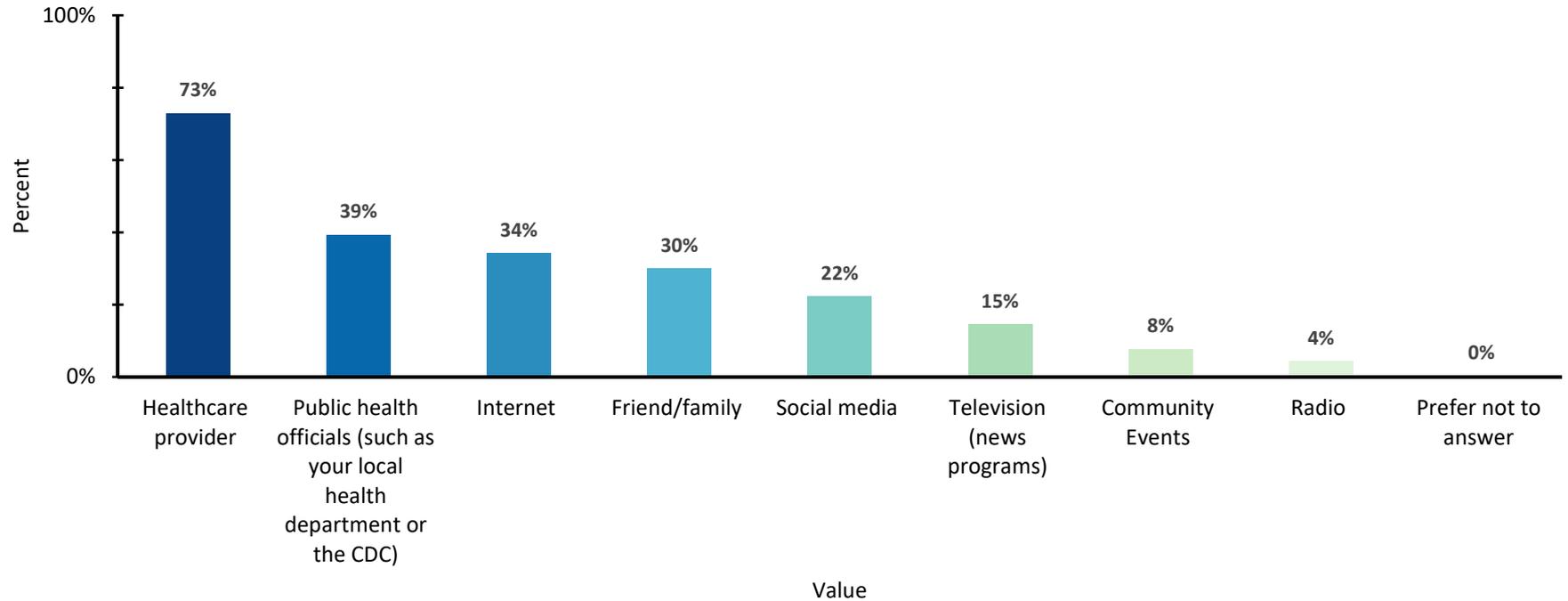
Complete 521 100

Partial 0 0

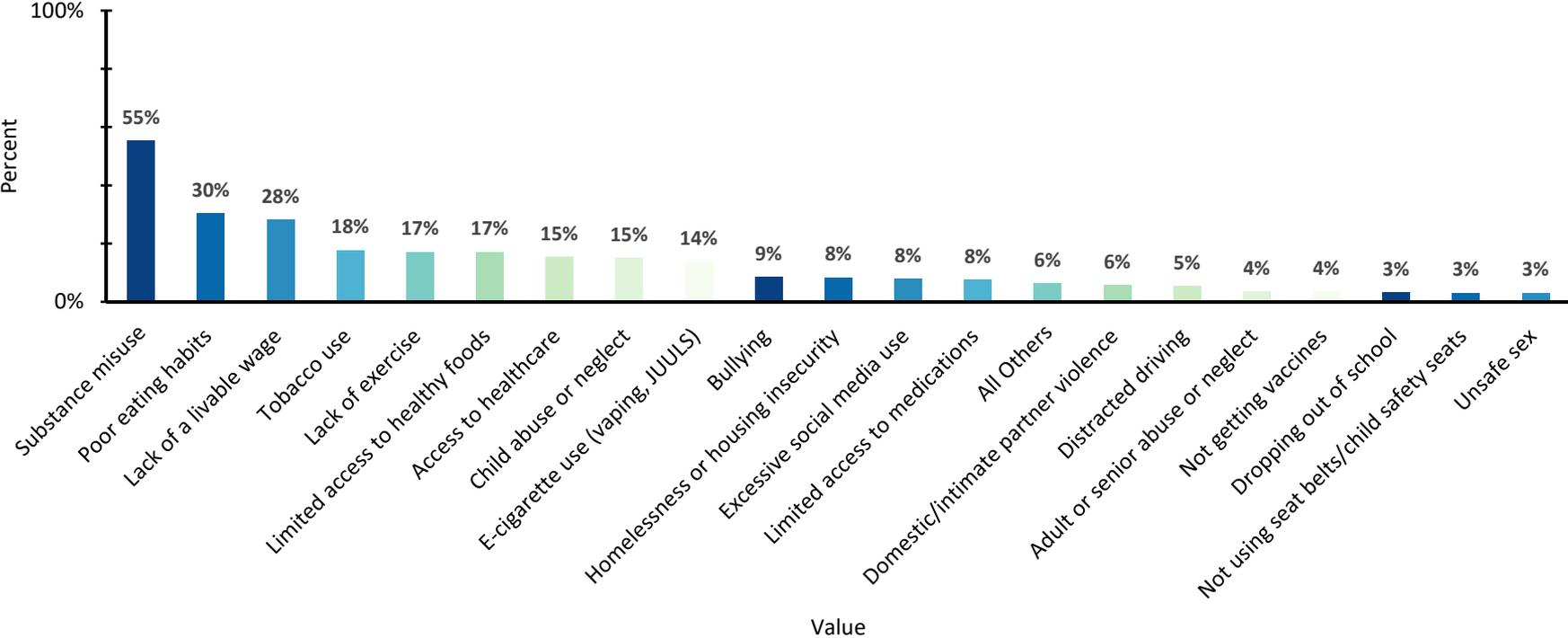
Disqualified 0 0

Totals 521

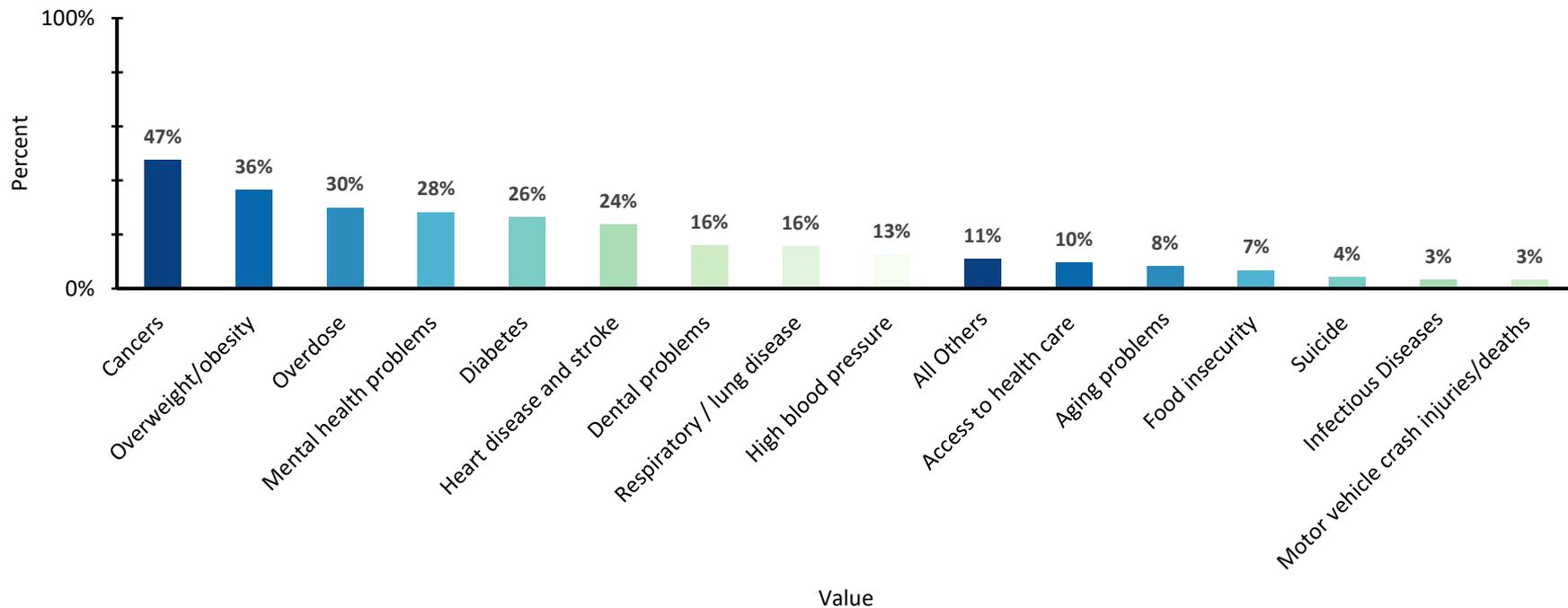
Who or what do you rely on most often for health information? Please select all that apply.



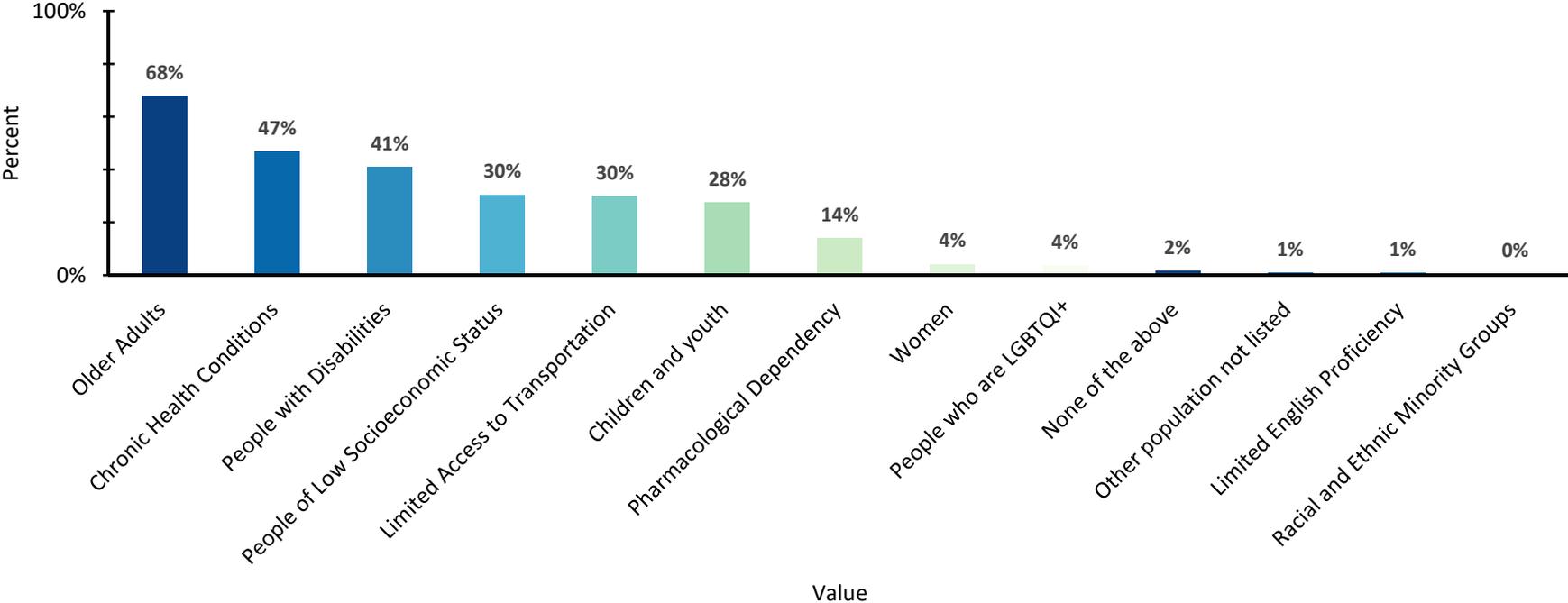
In your opinion, what are the risk factors in our community that have the greatest impact on our health? Please select the top 3.



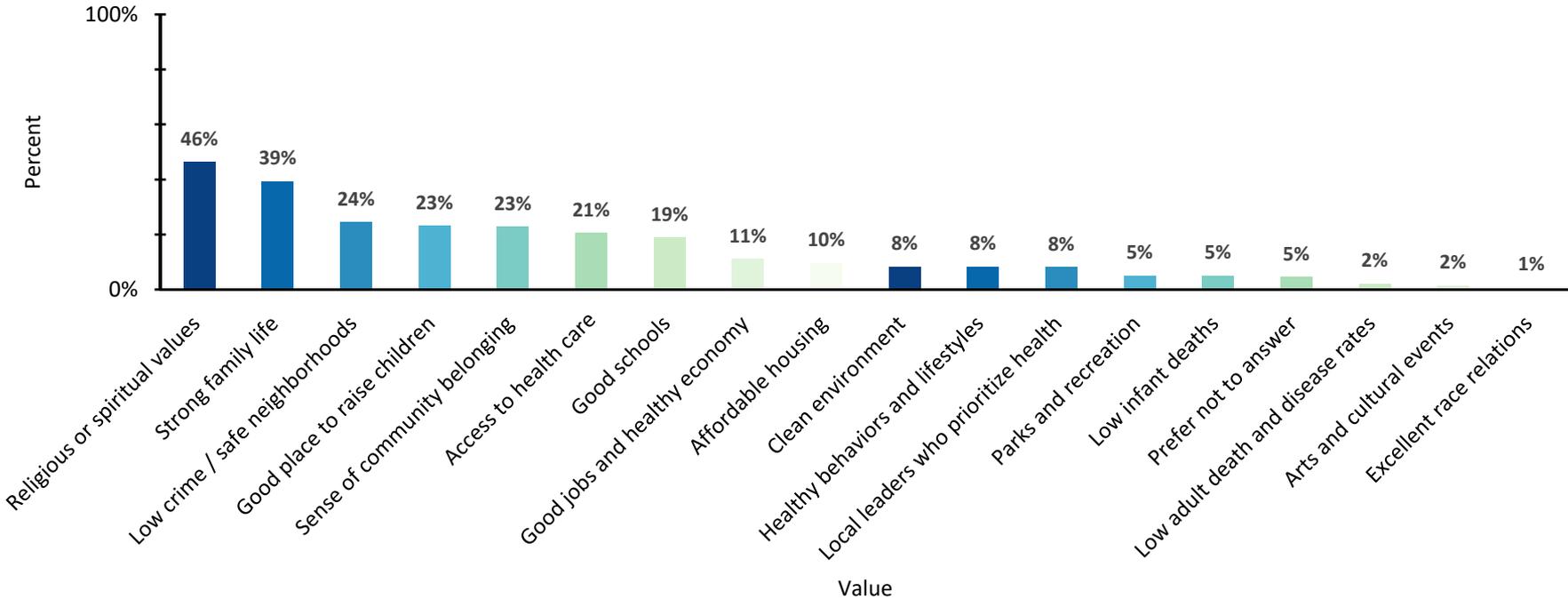
In your opinion, what are the most important health problems in our community? Please select the top 3.



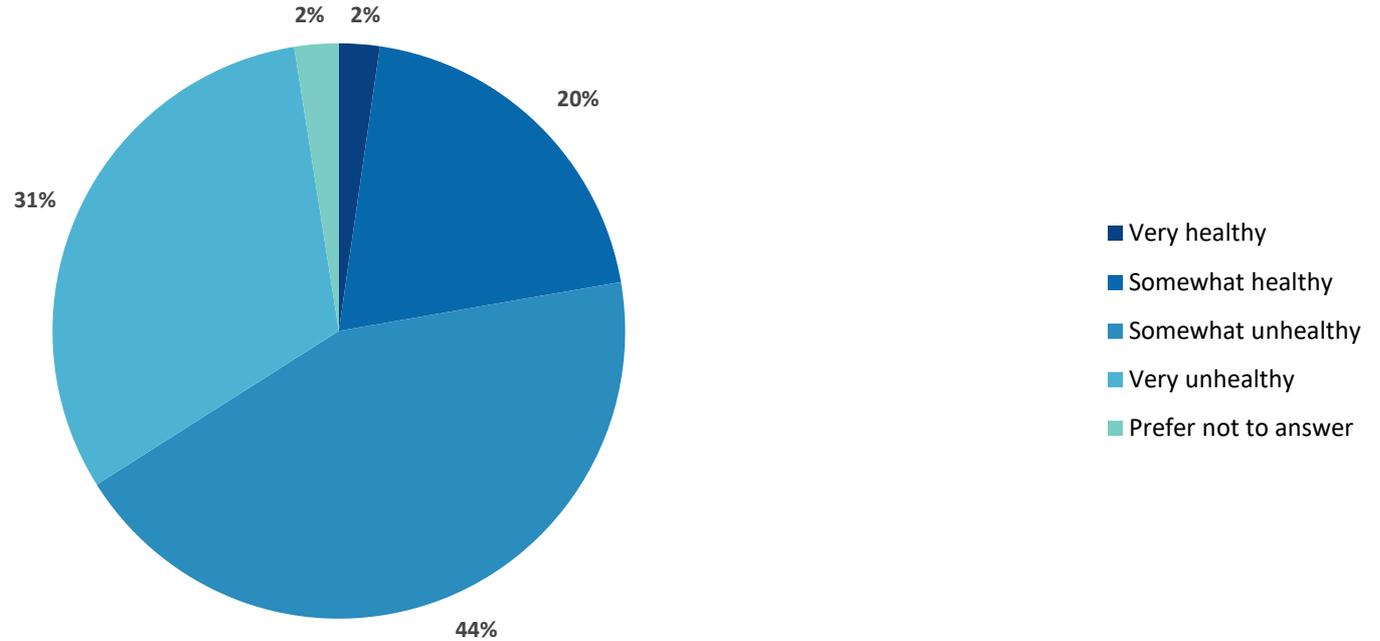
Which populations do you think have the greatest health challenges in our community? Please select your top 3.



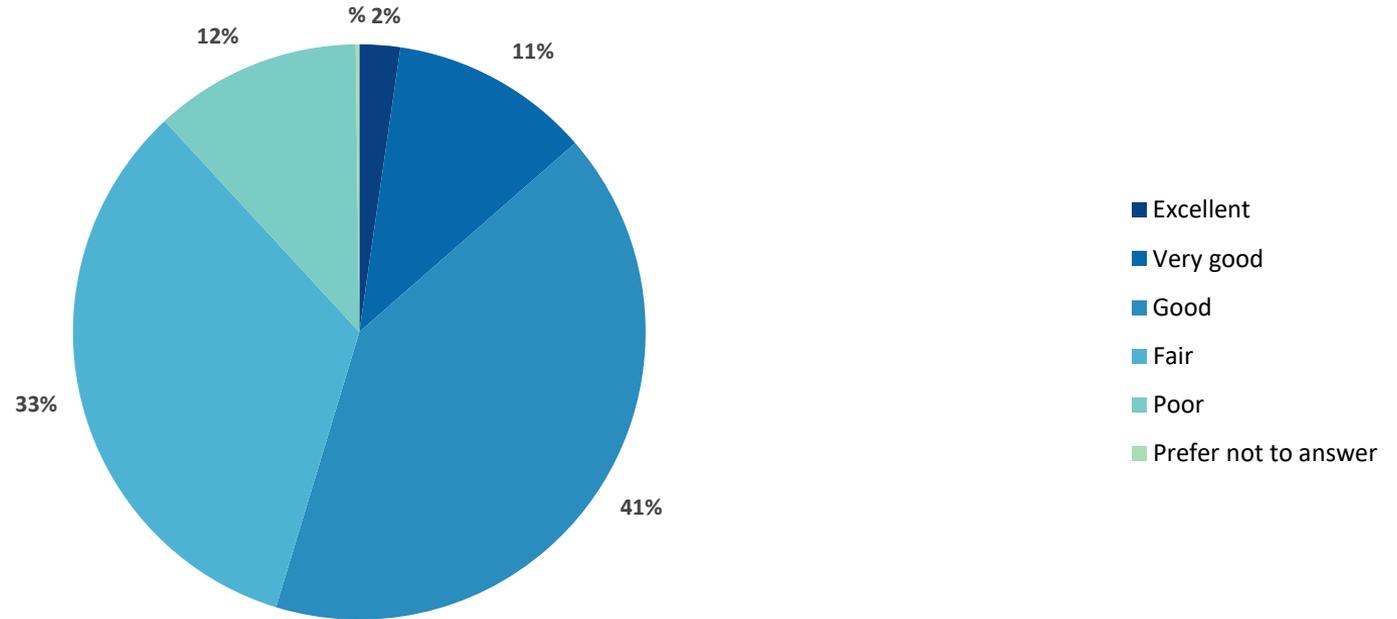
In your opinion what are the strengths of our community that can help our citizens be healthier? Please select the top 3.



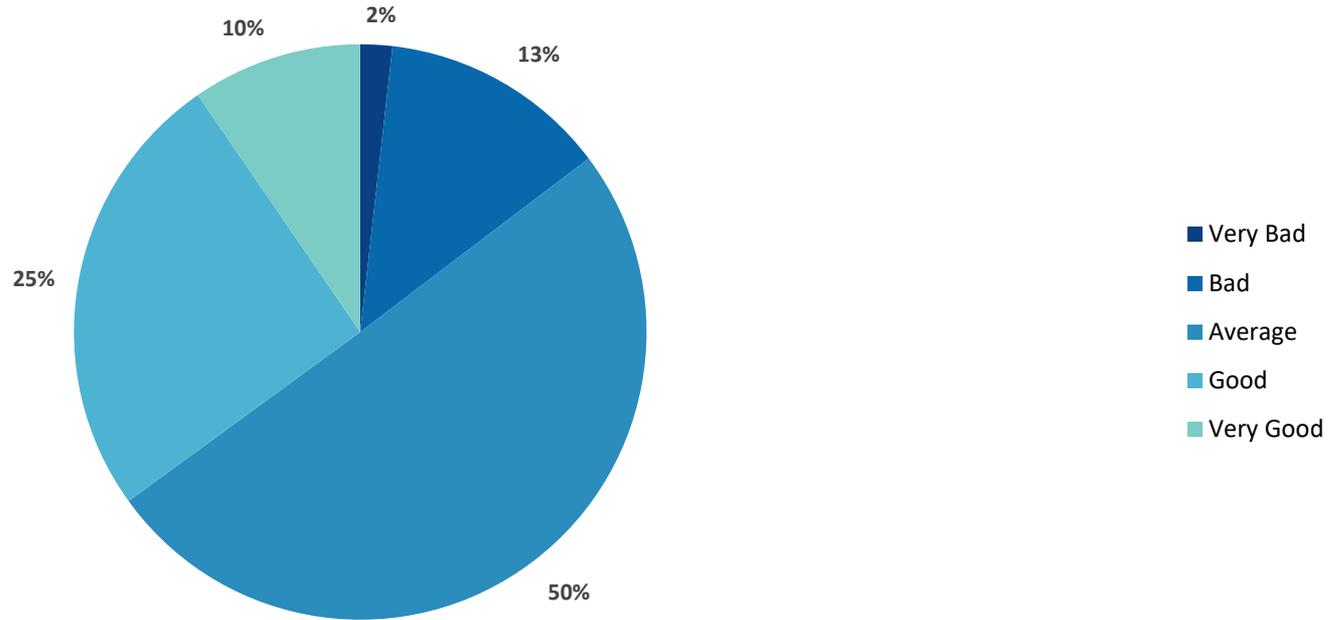
How healthy or unhealthy would you say our community is?



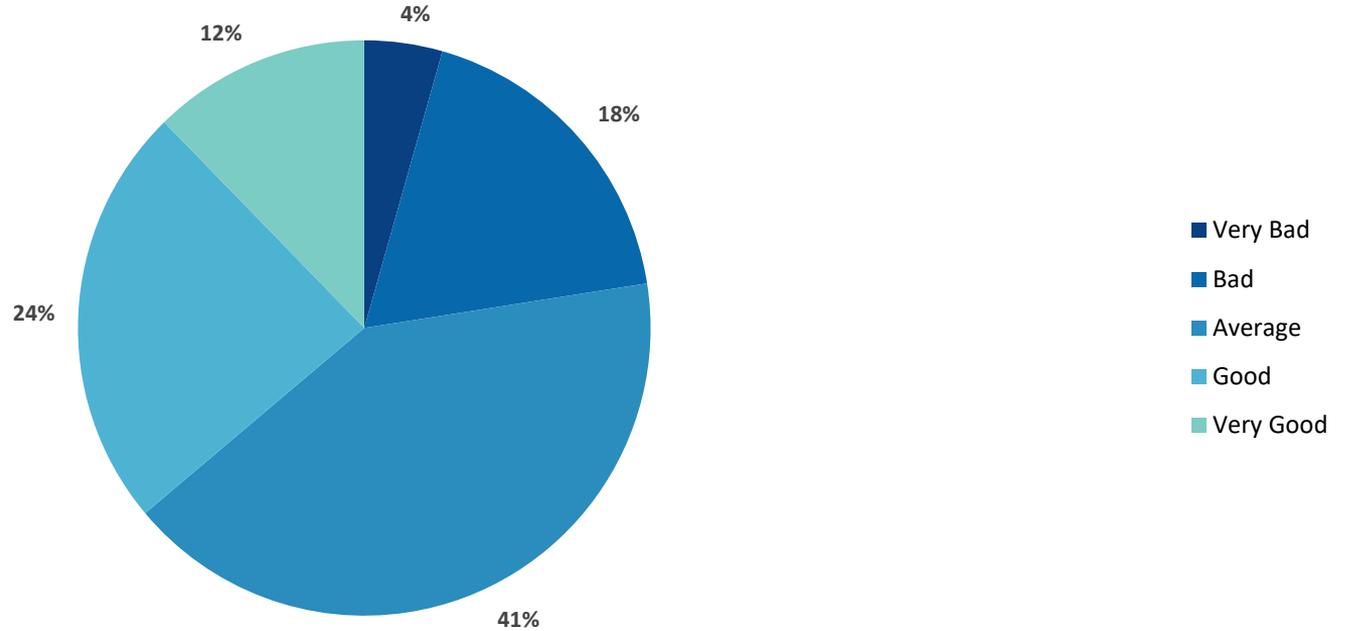
In general, would you say your health is...?



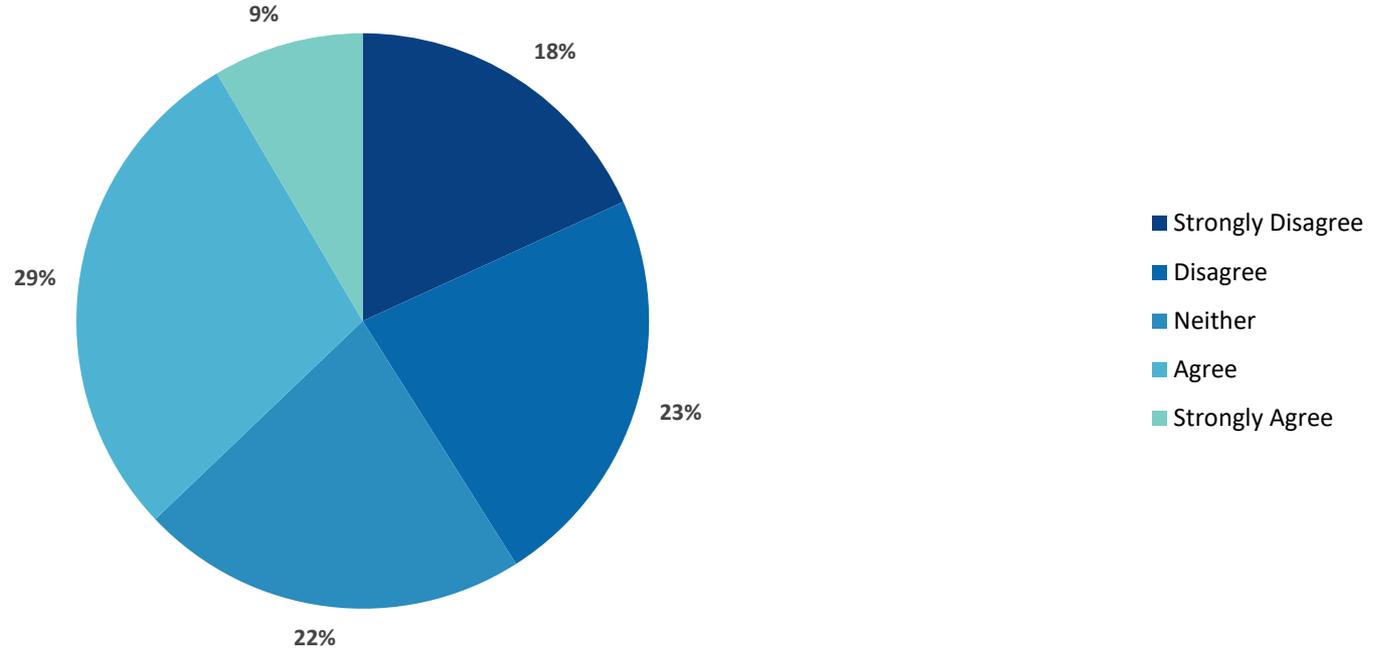
Now thinking about your physical health, which includes physical illness and injury, how would you describe your health during the past 30 days?



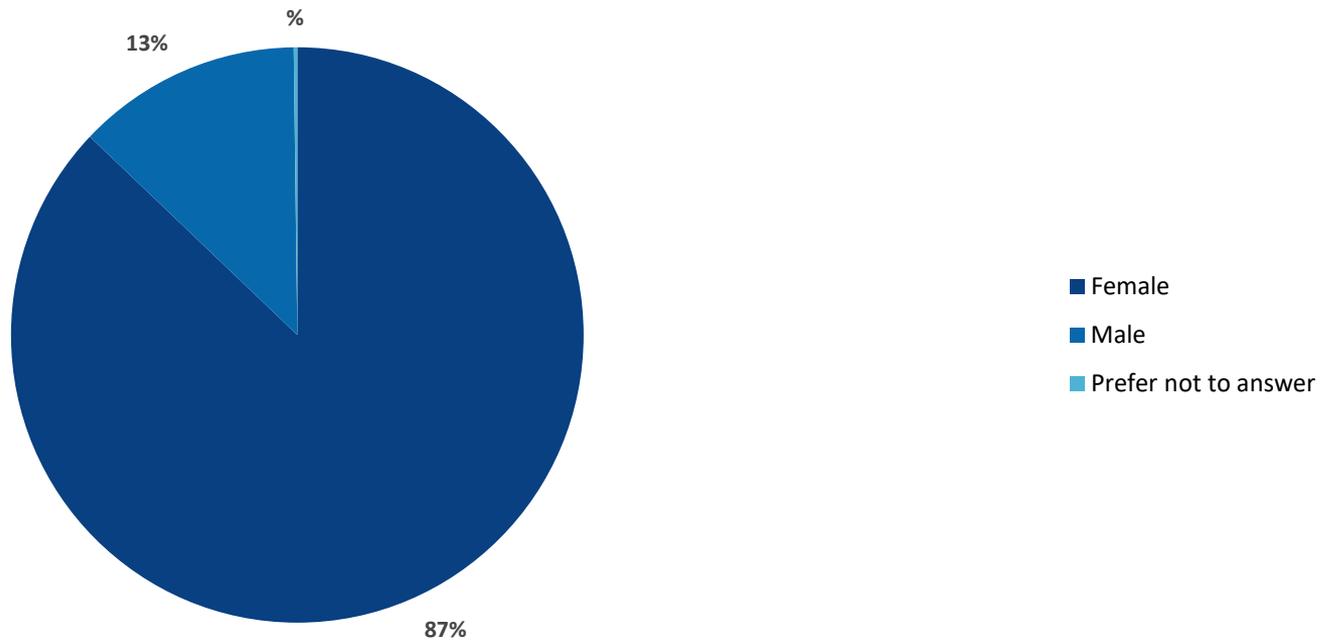
Now thinking about your mental health, which includes stress, depression, and problems with emotions, how would you describe your health during the past 30 days?



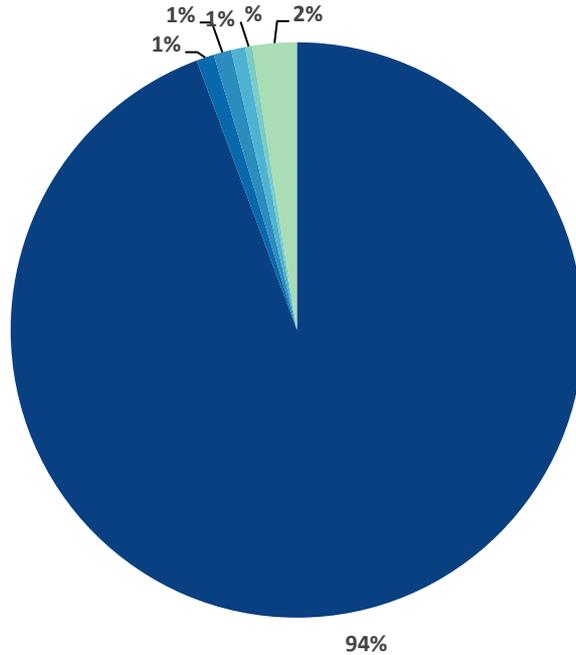
Agree or disagree? During the past 30 days, poor physical or mental health kept me from doing my usual activities, such as self-care, work, or recreation.



Are you...?

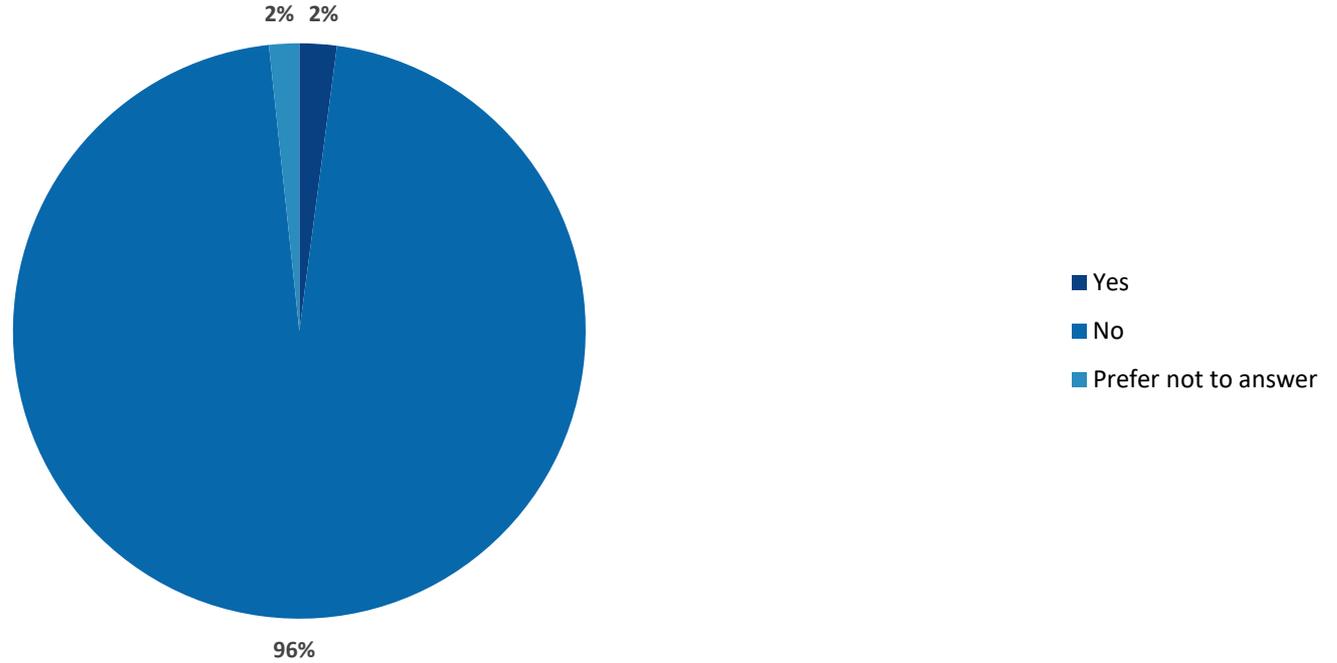


Do you think of yourself as...?

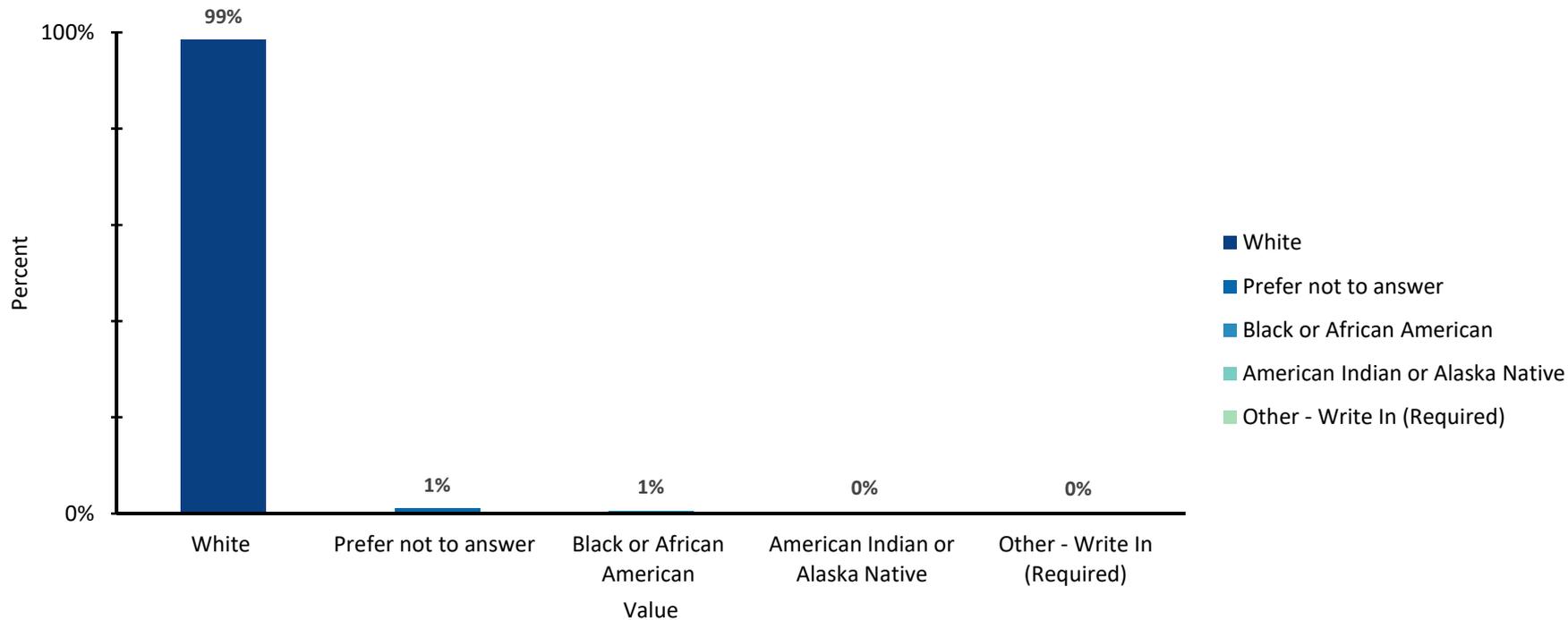


- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Another identity (please specify)
- Not sure
- Prefer not to answer

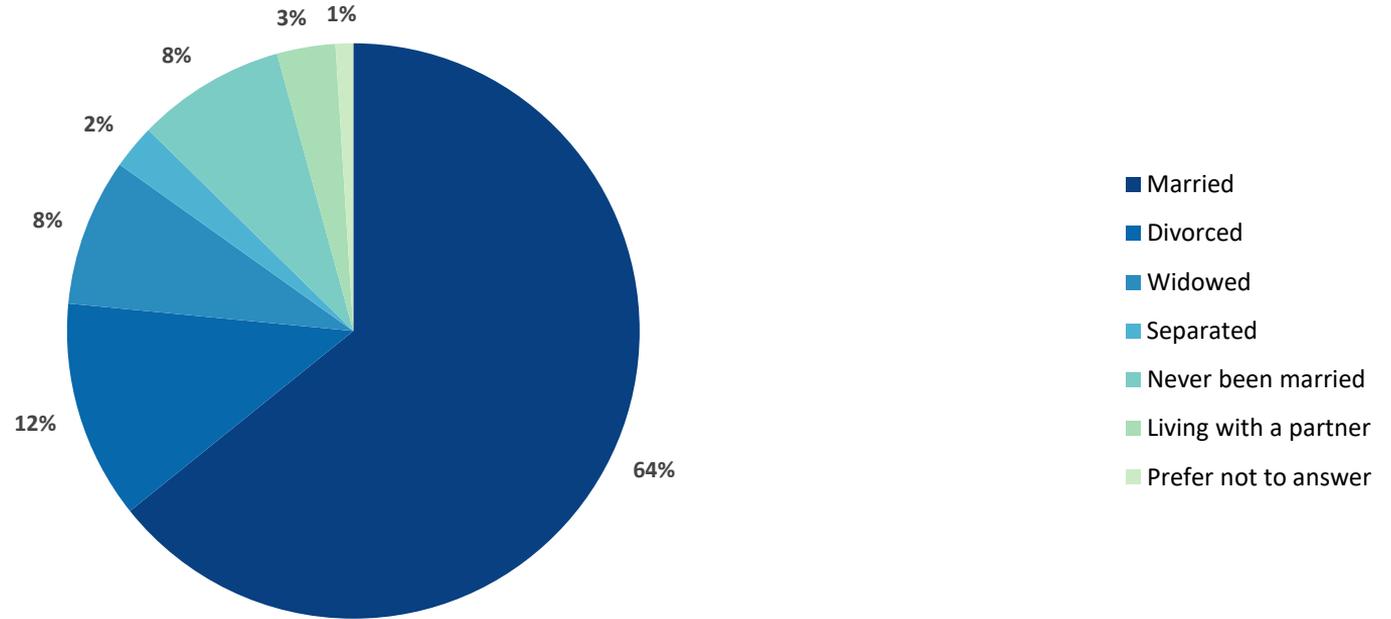
Are you Hispanic, Latino(a), or Spanish?



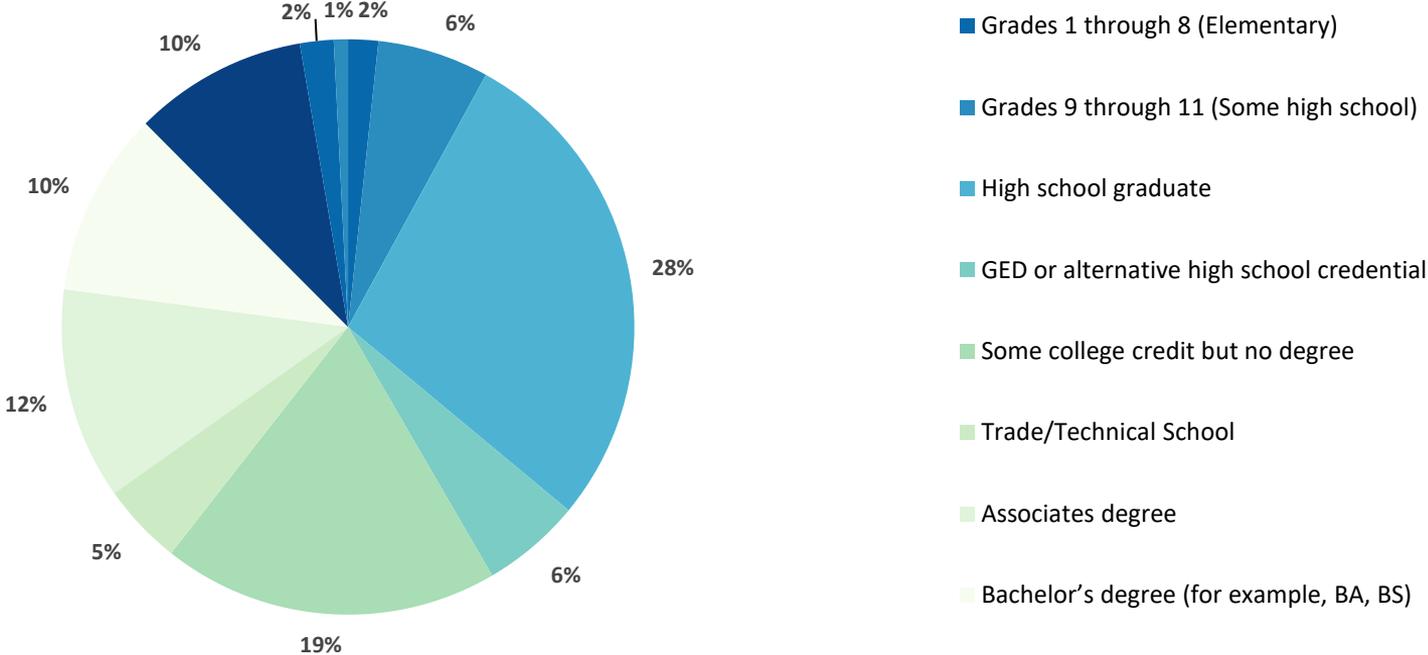
What is your race? Please select all that apply.



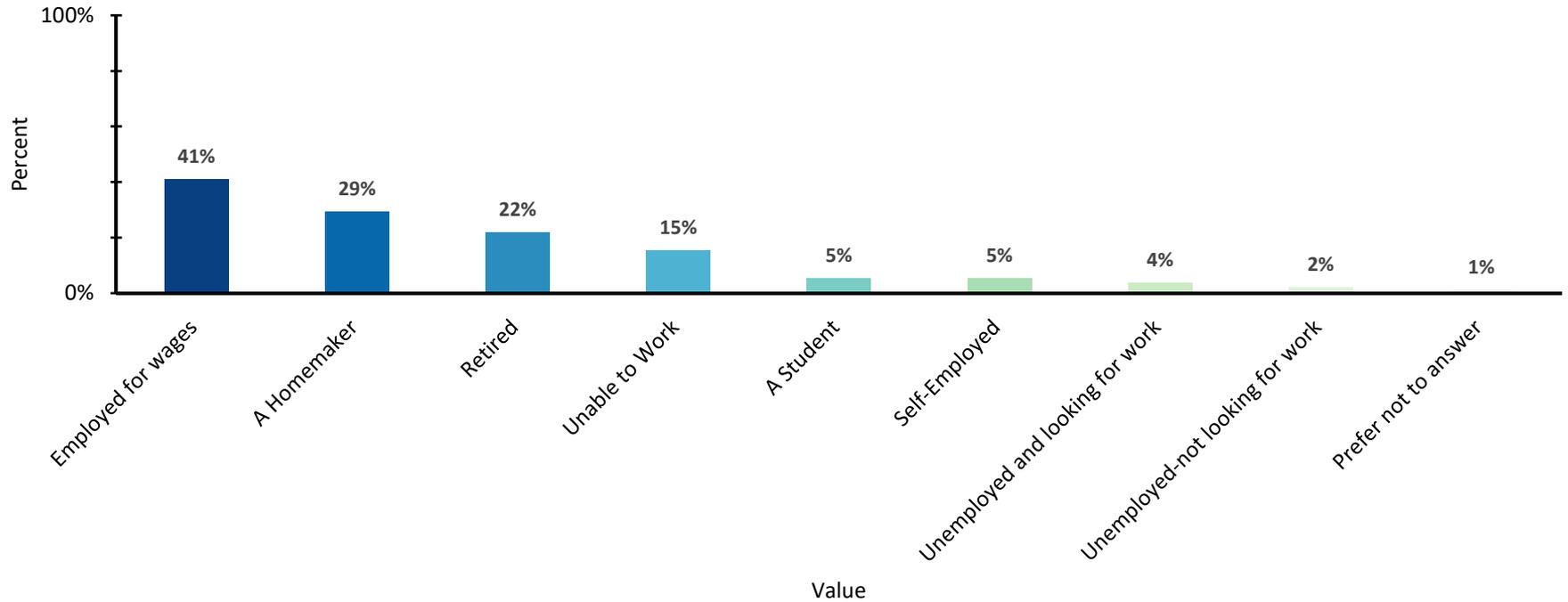
What is your marital status?



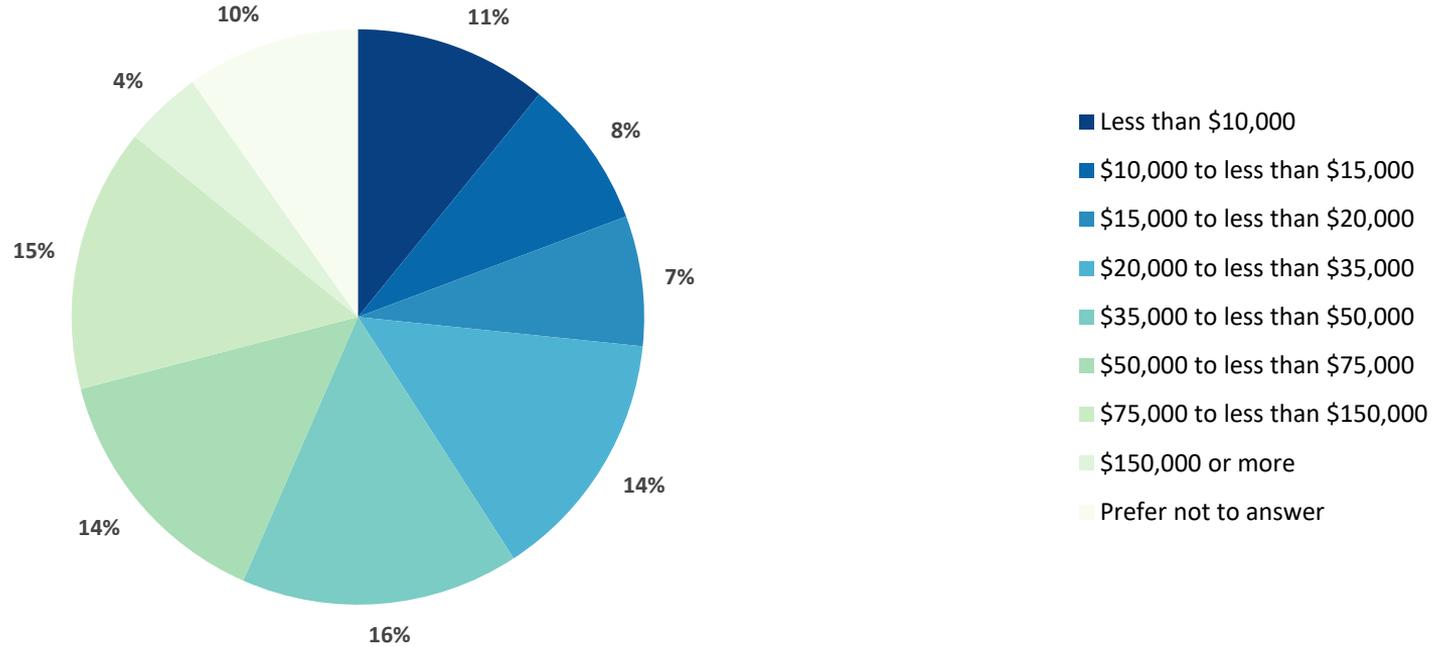
What is the highest grade or year of school you completed?



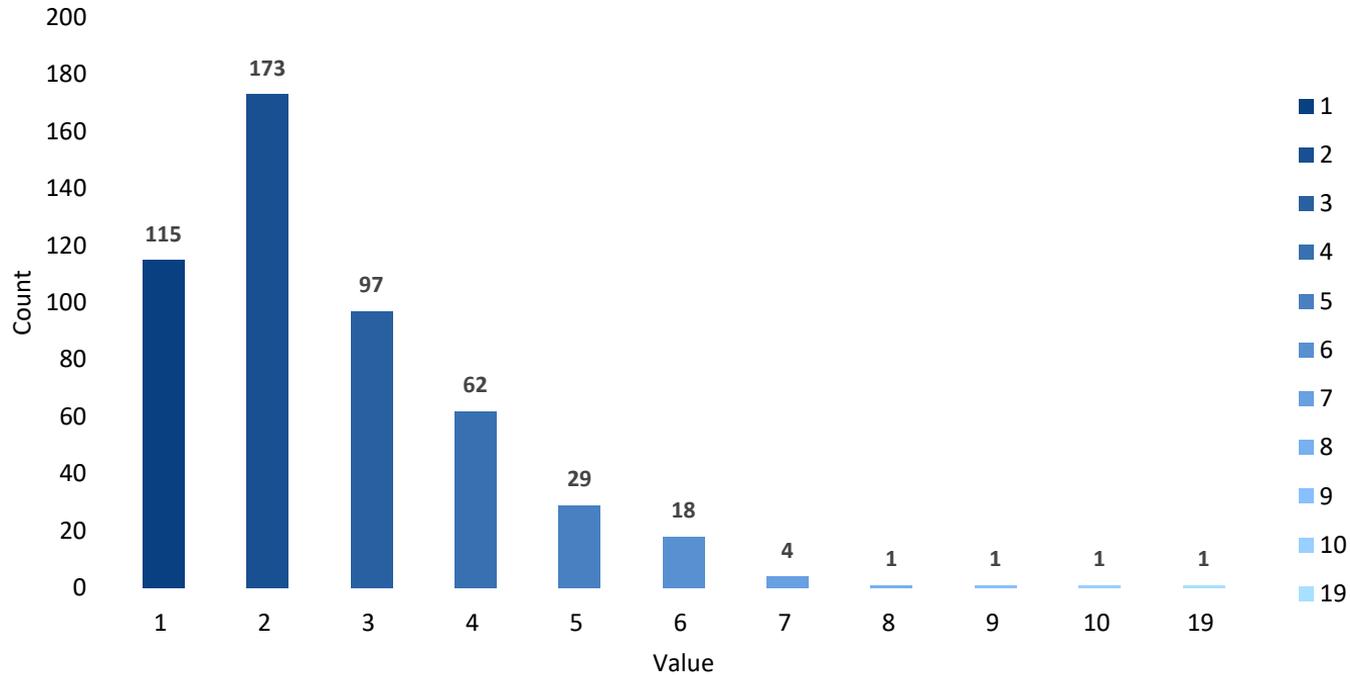
Are you currently...? Please select all that apply.



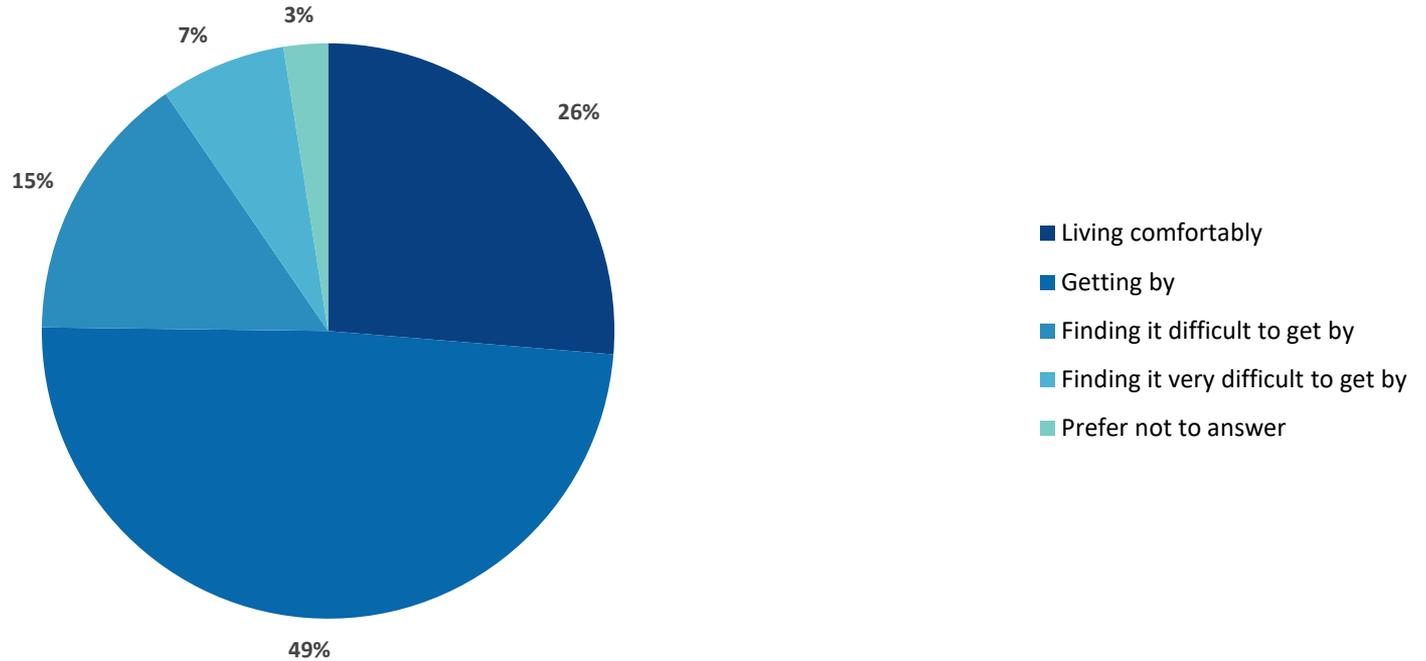
What was your total household income last year?



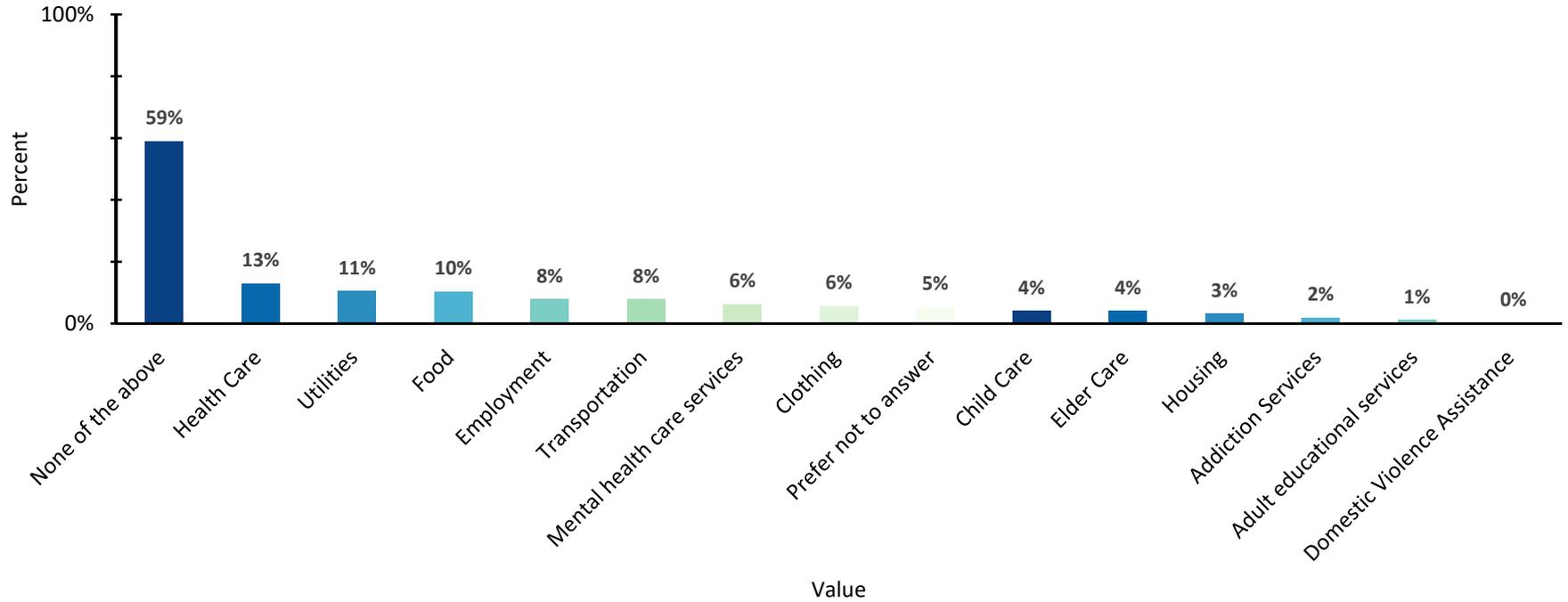
Including you, how many people does your income support?



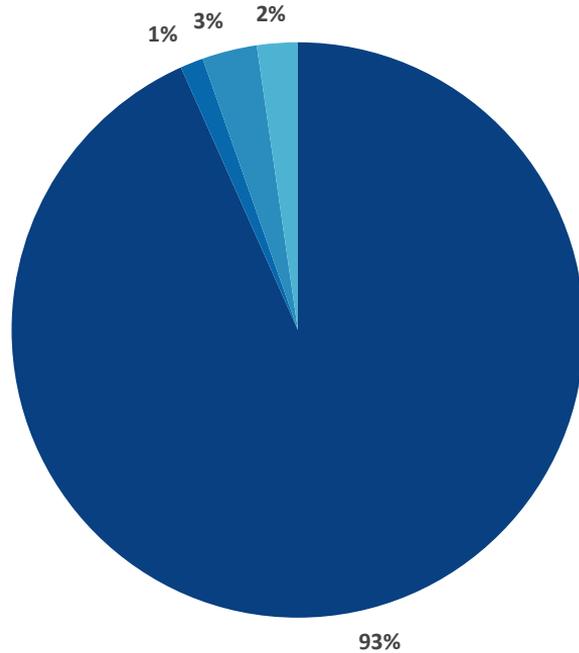
How would you describe your financial well-being?



In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Please select all that apply.

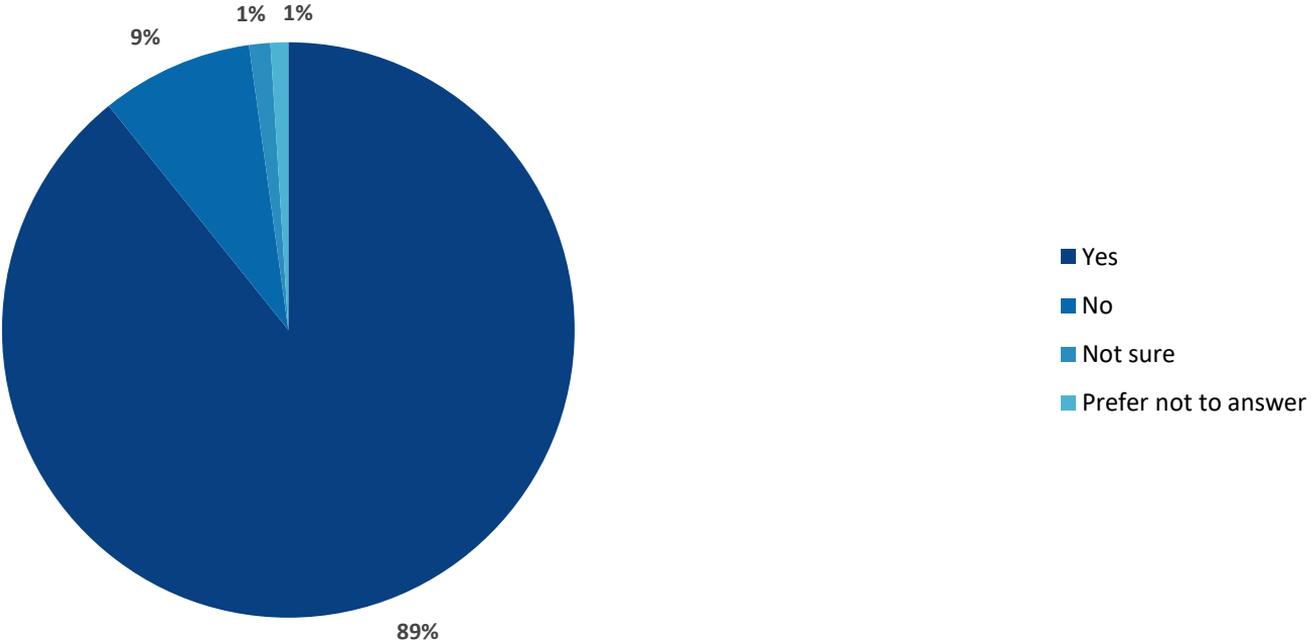


What is your housing situation today?



- I have housing
- I do not have permanent housing (staying with others, in a hotel, in a shelter)
- I have housing today, but I am worried about losing housing in the future
- Prefer not to answer

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Medicaid or Indian Health Service?



What barriers exist that prevent you from receiving health services? Please select all that apply.

