



Your voice matters!

Thank you for taking the time to help us better understand your needs!

This brief survey helps organizations fund and work better together on the issues that matter most to you. It only takes 2-5 minutes to complete, and all responses are anonymous. The results will help prioritize needs in the next Allegany County Community Health Improvement Plan.

Please **do not** enter your name or personally identifiable information in open text fields. Once you complete the survey, you will be redirected to another page so that you can enter your name in the prize drawing.

The following survey is being conducted by the Allegany County Health Department with UPMC Western Maryland, HRDC, Inc. AHEC West, and Tri-State Community Health Center.

* 1. What is your zip code?

* 2. What issues matter most to you? Select all that apply.

- Access to Healthcare
 - Affordable Housing
 - Aging Populations
 - Child and Adolescent Health
 - Childcare
 - Child Maltreatment (Abuse & Neglect)
 - Chronic Diseases (Cancer, Heart Disease, Diabetes, etc...)
 - Communication and Access to Information
 - COVID-19
 - Crime
 - Dental Health
 - Disabilities
 - Discrimination
 - Domestic Abuse
 - Education
 - Environmental Health (Food Safety, Clean Water, Climate Change, etc...)
 - Health Insurance
 - Other - Tell us what matters to you!
- Homelessness
 - Isolation
 - Jobs, Wages, and Economic Development
 - Lack of Food (Food Insecurity)
 - Language Barriers
 - LGBTQIA+ Care
 - Maternal Health
 - Mental Health
 - Nutrition
 - Obesity
 - Physical Activity
 - Sexually-Transmitted Infections (STIs/STDs)
 - Substance Use (Opioids and Prescription Medications, Alcohol, Tobacco, and Other Drugs)
 - Transportation
 - Vaccines (Immunizations)
 - Veterans

* 3. What is your age?

Under 18

18-24

25-34

35-44

45-54

55-64

65+

* 4. What is your gender?

Female

Male

Non-Binary

Prefer Not to Answer

* 5. 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 Northern African

Native Hawaiian or Pacific Islander

White

* 6. What is your highest completed level of education?

- 8th Grade or Less
- Some High School
- High School Graduate/GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Post-Graduate Degree

* 7. What best describes your status? Select all that apply.

- Unemployed
- Employed
- Student
- Volunteer
- Retired

* 8. What is your household income?

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000

9. Are you a member of any of the following vulnerable populations? Select all that apply.

- Individuals With Disabilities
- Individuals Who Have Been Incarcerated
- Individuals With a Substance Use Disorder
- Individuals With a Mental Illness
- Individuals Experiencing Homelessness
- Individuals Experiencing Poverty
- Individuals Born Outside the United States
- Individuals Experiencing Lack of Food (Food Insecurity)
- Individuals Experiencing Isolation
- LGBTQIA+ Individual
- Medically Underserved (Uninsured, Underinsured, or Lacking Access to Healthcare)

