



CLAY COUNTY "HOW HEALTHY IS OUR ENVIRONMENT?" SURVEY

The Florida Department of Health-Clay County needs your help to understand environmental health in Clay County. Please fill out this survey to share your opinions about the environment and quality of life in the county. Survey results will be made available to the public in a written report. The information gathered from responses to this survey will help make Clay County a better place to live. *Thank you, in advance, for your participation!*

Environmental Health and Hazards

1. Please tell us **up to 3** things that Clay County has to offer as a place to live.

2. Which aspects of life in Clay County are most important to be maintained for future generations (**list up to 2**)?

3. What first comes to mind when you hear the words "environmental health"?

4. Think for a moment about environmental factors that can affect our health. Check the environmental factors that pose the greatest threat to health and quality of life in Clay County. **Select up to 5.**

- | | |
|---|---|
| <input type="checkbox"/> Spread of disease | <input type="checkbox"/> Noise pollution |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Septic systems not working |
| <input type="checkbox"/> Trash & litter in public areas | <input type="checkbox"/> Drinking water pollution |
| <input type="checkbox"/> Lack of housing choices (no new or affordable houses, apartments, etc.) | <input type="checkbox"/> Lack of access to healthy food |
| <input type="checkbox"/> Community appearance, e.g., abandoned buildings/cars | <input type="checkbox"/> Indoor air pollution |
| <input type="checkbox"/> Too many advertisements for alcohol/tobacco | <input type="checkbox"/> Outdoor air pollution |
| <input type="checkbox"/> Evidence of substance use in public places, e.g., cigarette butts, needles, alcohol containers | <input type="checkbox"/> Lack of environmental education |
| <input type="checkbox"/> Health effects of chemicals/Cancer-causing chemicals | <input type="checkbox"/> Transport of hazardous chemicals |
| <input type="checkbox"/> Crime/lack of community safety | <input type="checkbox"/> Development out of control |
| <input type="checkbox"/> Lack of transportation options | <input type="checkbox"/> Need for better animal control |
| <input type="checkbox"/> Loss of farmlands/green space | <input type="checkbox"/> Need for more recycling |
| <input type="checkbox"/> Lack of parks/places for outdoor recreation | <input type="checkbox"/> Household hazardous waste disposal |
| | <input type="checkbox"/> Other (please specify)_____ |

5. Which environmental conditions/issues are most likely to affect the health of future generations? **Select up to 5.**

- | | |
|---|---|
| <input type="checkbox"/> Spread of disease | <input type="checkbox"/> Noise pollution |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Septic systems not working |
| <input type="checkbox"/> Trash & litter in public areas | <input type="checkbox"/> Drinking water pollution |
| <input type="checkbox"/> Lack of housing choices (no new or affordable houses, apartments, etc.) | <input type="checkbox"/> Lack of access to healthy food |
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| <input type="checkbox"/> Crime/lack of community safety | <input type="checkbox"/> Development out of control |
| <input type="checkbox"/> Lack of transportation options | <input type="checkbox"/> Need for better animal control |
| <input type="checkbox"/> Loss of farmlands/green space | <input type="checkbox"/> Need for more recycling |
| <input type="checkbox"/> Lack of parks/places for outdoor recreation | <input type="checkbox"/> Household hazardous waste disposal |
| | <input type="checkbox"/> Other (please specify)_____ |



6. In general, do you feel that these are safe in your community?
- | | | |
|----------------------------------|-----|----|
| a. Your water supply | yes | no |
| b. Your food supply | yes | no |
| c. Outdoor air | yes | no |
| d. Indoor air | yes | no |
| e. Work environment | yes | no |
| f. Schools and public facilities | yes | no |
| g. Roads and sidewalks | yes | no |
7. Are there any environmental conditions in your neighborhood that you feel may be contributing to any family illness or poor health? (e.g., unpleasant odors, pollution, garbage, stagnant water, sewage on the ground, etc.). If yes, what and where?
- a. Yes _____
- b. No
- c. Not Sure

Community Safety

8. Do you feel that law enforcement in Clay County is responsive to the needs of you and your neighborhood?
- a. Yes
- b. No
- c. Not Sure – have not needed law enforcement services
9. What, if any, are your safety concerns in your neighborhood *during the day* (select up to 3)?
- a. Drug Activity
- b. Crime
- c. Traffic/ Speeding Cars
- d. Lack of sidewalks
- e. I have no safety concerns in my neighborhood
10. What, if any, are your safety concerns in your neighborhood *during evening/night* (select up to 3)?
- a. Drug Activity
- b. Crime
- c. Traffic/ Speeding Cars
- d. Lack of streetlights
- e. Lack of sidewalks
- f. I have no safety concerns in my neighborhood
11. Are there areas in your neighborhood prone to standing water and/or flooding? If often, where?
- a. Yes _____
- b. No
- c. Not Sure

Transportation

12. What is your main way to get around town?

CAR	BUS	WALK	BIKE	TAXI/UBER/LYFT
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. On most days, how satisfied are you with ease and safety of travel in Clay County?

MODE	SATISFIED	DISSATISFIED	NO OPINION
CAR/TRUCK/MOTORCYCLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WALK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BIKE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



14. Have you used public transportation in Clay County in the past 30 days?
- Yes
 - No
15. How safe do you feel your child/children are when they travel around the neighborhood, such as to/from school or to visit friends?
- | VERY SAFE | SAFE | NEUTRAL | UNSAFE | VERY UNSAFE | NA, I DON'T HAVE CHILDREN |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
16. Do you allow your child to walk/bike to and from school? If no, why?
- Yes
 - No: _____
 - NA, I don't have children
17. How would the following changes to your community affect your level of physical activity?
- Decreased crime/Better safety (e.g., more lighting, more community policing, etc.) (check one).*
 - Increase your physical activity
 - No change to your physical activity
 - Decrease your physical activity
 - NA (not a role in your physical activity)
 - Construction of sidewalks and better sidewalk network (check one).*
 - Increase your physical activity
 - No change to your physical activity
 - Decrease your physical activity
 - NA (not a role in your physical activity)
18. How many times a week, on average are you likely to walk or ride a bike to get somewhere (to go to work, visit friends or family, pick up food, etc.)?
- Never
 - 1-2 Times a week
 - 3-5 Times a week
 - More than 5 times a week
19. Select from the choices below why you do NOT choose riding a bike or walking for transportation.
- Too far to walk or ride a bike
 - I don't have the time
 - Crime makes it dangerous
 - Traffic makes it dangerous
 - Lack of sidewalks
 - I am not physically able
 - Other _____

Community Resources & Characteristics

20. Where do you purchase fresh fruits and vegetables in your community?
- Grocery Store
 - Farmer's Market
 - Corner/ Convenience Store
 - Unable to Purchase
21. Do you feel affordable housing is readily available to residents of Clay County?
- Yes
 - No
 - Not sure
22. Do you feel homelessness is a concern in Clay County?
- Yes
 - No
 - Not sure



23. Are businesses and public places in Clay County accessible for those with a physical or mental disability?
- a. Yes
 - b. No
 - c. Not sure
24. How easy is it to access and participate in outdoor recreation (e.g., hiking, sports, fishing, etc.) in Clay County?
- VERY EASY EASY NEUTRAL DIFFICULT VERY DIFFICULT**
-
25. Are there abandoned buildings in your community that you think should be demolished? If yes, where?
- a. Yes _____
 - b. No
 - c. Not Sure

Demographics

26. What is your age?
- LESS THAN 12 12-17 18-25 26-39 40-54 55-64 65-74 75+**
-
27. What is your gender?
- FEMALE MALE OTHER PREFER NOT TO SAY**
-
28. Race/Ethnicity: Which group do you most identify with?
- WHITE/CAUCASIAN BLACK/AFRICAN AMERICAN NATIVE AMERICAN ASIAN/PACIFIC HISPANIC OTHER RACE**
-

29. Please select the highest level of education you have completed.
- | | |
|--|---|
| <input type="checkbox"/> Grade/Middle School | <input type="checkbox"/> 4 year College/Bachelor's Degree |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Graduate/Advanced Degree |
| <input type="checkbox"/> Technical/Community College | |

30. What Zip Code do you live in?
- | | | |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 32043 | <input type="checkbox"/> 32073 | <input type="checkbox"/> 32656 |
| <input type="checkbox"/> 32050 | <input type="checkbox"/> 32079 | <input type="checkbox"/> Other- Please List: |
| <input type="checkbox"/> 32065 | <input type="checkbox"/> 32091 | |
| <input type="checkbox"/> 32068 | <input type="checkbox"/> 32003 | |

31. What is your employment status?
- | | |
|---|---|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Stay-at-home Parent/Family Manager |
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other- Please List: |
| <input type="checkbox"/> Retired | |

32. Are you now or have you ever been in the military?
- Yes No

33. What is your total annual household income from all sources, before taxes?
- | | |
|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000-\$49,999 |
| <input type="checkbox"/> \$10,000-\$19,999 | <input type="checkbox"/> \$50,000-\$99,999 |
| <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$100,000 or more |