

Introduction

Thank you for taking the time to complete this survey! Your feedback is important to us. The Mono County Health Department is looking at the health and needs of women, children, and families locally. We would like to hear your ideas on how we can help improve the health of Mono County residents. This survey is looking at:

- The ability for children and adults to receive dental care
- Causes and prevention of overweight and obesity
- Sudden Infant Death Syndrome (SIDS) education and safe sleep for infants

Please answer all questions that you have experience with personally or through your work. All of your responses will be kept confidential, and never connected to your name, employer, or business. We would appreciate your complete honesty, even if it is the hard truth!

1. What is your name or initials?

2. Which of the following best describes you? Check all that apply.

- Agency or organization employee
- Business owner
- Childcare provider
- Community member
- Community council member
- Foundation representative
- Health care provider
- Local government employee
- Mental health care provider
- Parent
- Pastor or member of a faith based organization
- School or academia employee
- Student
- Youth
- Tribe member or affiliate
- Other (please specify)

3. For the boxes checked in question 2, please write the name of the organization, business, community, council, clinic, or tribe that you work with or for.

Dental Care

4. Do you know anyone who lives locally who has not been able to receive dental care in Mono County when they wanted or needed it?

- Yes
- No

5. Was it a child or an adult who was not able to receive dental care?

- Child (under age 19)
- Adult (19 years or older)
- Both children and adults

6. Did the person have dental insurance?

- No dental insurance
- Denti-Cal or dental insurance through Medi-Cal
- Private dental insurance
- Don't know
- Other (please specify)

7. Why you think the person did not receive dental care? Check all that apply.

- No dental insurance
- Dental care was too expensive
- Not an established patient at a dental clinic or practice
- Needed emergency or urgent dental services
- Did not have transportation or other resources to go to the dentist
- Could not make an appointment in an acceptable amount of time
- Did not understand the importance of receiving dental care
- Fear of the dentist
- Only seek dental care when in pain
- Other (please specify)

8. Do you have any suggestions for how this person could have received the dental care they needed?

Please answer, even if you think an idea is unrealistic or far-fetched!

Overweight and Obesity

9. Do you think overweight and obesity is a concern in Mono County?

- Yes
- No

10. Why do you think children and/or adults are overweight or obese? Check all that apply.

- High cost of healthy foods
- Prefer to eat foods high in calories, sugar, and fat
- Soda and sugary drink consumption
- Unaware of what a healthy diet includes
- Cultural practices or norms
- Lack of motivation
- Too busy to eat well or exercise
- Stress
- Depression or other mental health concern
- Genetics
- Too expensive to participate in some sports
- Other (please specify)

11. Do you have any suggestions on how to encourage healthy lifestyle choices (like eating nutritious foods and exercising) or how to reduce local rates of overweight and obesity?

Safe sleep practices

12. Do you think local families are familiar with Sudden Infant Death Syndrome (SIDS) and how to keep a baby safe when sleeping?

- Yes
- No
- Other (please specify)

13. Have you seen or heard of local parents or caregivers putting an infant at risk in any of the following ways? Check all that apply.

- Sleeping with an infant in the same bed as an adult
- Having loose toys or blankets near the infant when sleeping
- Placing the infant on a soft surface (like pillows or blankets) to sleep
- Using crib bumpers
- Heating a home to uncomfortably high temperatures
- Putting an infant in many layers of clothes or blankets
- Putting an infant to sleep on his/her side or stomach
- Smoking in the home or car with an infant
- Alcohol or other drug abuse around the infant
- Other (please specify)

14. What type of information or training would you find helpful to increase families' understanding of keeping infants safe while sleeping?

Collaboration

15. Would you be interested in working with Mono County Health Department to help improve any of these problems?

Please check all that apply. This is not a firm committment, just gathering a list of possible resources.

- I am not interested
- Participate on the Oral Health Task Force
- Participate on the Nutrition & Physical Activity Taskforce
- Work one on one with Health Department staff
- Provide materials, resources, or funding
- Volunteer

Other (please specify)

16. If you are interested in working with the Mono County Health Department, please provide your contact information below. This will only be used by the Health Department and not given to anyone else for use.

Name	<input type="text"/>
City/Town	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

17. Thank you so much for taking the time to complete this survey. Please let us know if you have any additional comments.