

Community Health Survey – 2012

In this survey, “community” refers to the major area where you live, shop, and use services.

1. Listed below are some health concerns in Elbert County. Please mark the level of your concern about these issues by checking one box on each line.

		Not concerned	A little concerned	Concerned	More concerned	Very concerned	Don't know
a.	Access to health care						
b.	Affordable health care						
c.	Aging problems						
d.	Alcohol &/or Drug Abuse						
e.	Alzheimer's/Dementia						
f.	Asthma						
g.	Cancer						
h.	Chronic disease (heart, lungs, diabetes, high blood pressure, liver disease)						
i.	Dental Health						
j.	Domestic Violence						
k.	Environmental Pollution						
l.	Flu/Pneumonia						
m.	Lack of Basic Needs (food, water, home)						
n.	Low Birth Weight babies						
o.	Mental Illness/Depression						
p.	Motor Vehicle Injuries						
q.	Multiple Sclerosis						
r.	Obesity (children and adults)						
s.	Pharmacy Services						
t.	Sexually Transmitted Diseases						
u.	Sickness from Animals (rabies, West Nile)						
v.	Stroke/Heart Attacks						
w.	Suicide						
x.	Teenage Pregnancy						
y.	Unintended Injuries (falls, burns, drowning, farm/ranch injuries)						
z.	Veteran's Services (VA)						
aa.	Other _____						

2. Please mark the importance of the following factors that define a “Healthy Community” (those things that most affect the quality of life in **any** community):

		Not Important	Somewhat Important	Important	More Important	Very Important	Don't Know
a.	Access to Health Care and Other Services						
b.	Affordable Housing						
c.	Clean Environment						
d.	Community Involvement						
e.	Excellent Race Relationships						
f.	Good Child Care						
g.	Good Jobs/Healthy Economy						
h.	Good Place to Raise Children						
i.	Good Schools						
j.	Healthy Behaviors & Lifestyles						
k.	Low Crime/Safe Neighborhoods						
l.	Low Death & Disease Rates						
m.	Low Infant Death Rates						
n.	Low Level of Child Abuse						
o.	Parks & Recreation						
p.	Religious or Spiritual Values						
q.	Strong Family Life						
r.	Other: _____						

3. In the following list, what do you think are the *three most important “risky behaviors”* in **your** community? (Those behaviors which have the greatest impact on overall community health.) MARK ONLY THREE.

<input type="checkbox"/> Alcohol/Drug Abuse	<input type="checkbox"/> Being Overweight
<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Poor Eating Habits
<input type="checkbox"/> Dropping Out of School	<input type="checkbox"/> Not Using Birth Control/Unsafe Sex
<input type="checkbox"/> Not Using Seat Belts/Child Safety Seats	<input type="checkbox"/> Lack of Exercise
<input type="checkbox"/> Not Getting Shots/Vaccines	<input type="checkbox"/> Other: _____

4. Please rate your concern about the following safety problems for people in your community:

		Not Concerned	A Little Concerned	Concerned	More Concerned	Very Concerned	Don't Know
a.	Child Abuse & Neglect						
b.	Domestic Violence						
c.	Drinking & Driving						
d.	Farm/Ranch Equipment						
e.	Firearms/Access by Children						
f.	Grass/Prairie Fires						
g.	Interaction with Livestock						
h.	Manufacture & Mis-use of Drugs (including prescription drugs)						
i.	Not Using Seat Belts/Safety Seats/Helmets						
j.	Racism/Intolerance (bullying)						
k.	School Violence						
l.	Unsafe Driving						
m.	Unsafe Recreational Activities						
n.	Unsafe Roads/Intersections/Walks						
o.	Elder Abuse/Neglect						
p.	Crime						
q.	Other: _____						

5. How would you rate your community as a healthy community to live in? (Circle One).

a. Very Unhealthy b. Unhealthy c. Somewhat Healthy d. Healthy e. Very Healthy

6. In the case of an emergency in your community (tornado, outbreak of disease) would you know what to do?

___ yes

___ no

7. If there was a rapidly developing public health emergency in Elbert County, such as a disease outbreak or large storm, what are the first THREE sources of information you would seek for information on what to do?

Please check up to three:

___ Call City/Town Hall

___ Go to the county website/Code Red Alert

___ Call the County Public Health Department

___ Go to another website

___ Call the school

___ Local newspaper

___ Call the Sheriff or Police

___ Radio

___ Call your health care provider

___ Television

___ Friends/Family

___ Other: _____

8. How well-prepared do you think Elbert County is to deal with the following types of public health emergencies? *Please check one response per row.*

	Very Well Prepared	Well Prepared	Moderately Prepared	Poorly Prepared	Very Poorly Prepared	No Answer/Don't Know
A natural disaster, such as flood or tornado						
A bioterrorism attack introducing a disease to the county						
A terrorism attack introducing toxic chemicals or radiation to the county						
A natural outbreak of a disease						

9. How much confidence do you have that you would be informed about a public health emergency in Elbert County quickly and accurately? *Circle one.*

Very High High Moderate Low Very Low Don't Know/No Answer

10. Listed below are some environmental issues. Please mark your level of concern about these issues in your community by checking one box on each line:

		Not Concerned	A Little Concerned	Concerned	More Concerned	Very Concerned	Don't Know
a.	Clean outdoor air						
b.	Clean indoor air						
c.	Exposure to second-hand smoke						
d.	Clean water for drinking						
e.	Clean water for recreation						
f.	Recyclable materials in landfills						
g.	Use and disposal of lawn/farm chemicals						
h.	Other chemical storage and disposal of chemical waste						
i.	Illegal dumping of hazardous waste into the environment						
j.	Safe food at restaurants						
k.	Safe food at grocery stores						
l.	Clean childcare facilities						
m.	Diseases that can be transmitted from animals or insects to humans						
n.	Exposure to radon						
o.	Exposure to lead						
p.	Exposure to asbestos						

11. Have you or anyone in your immediate family been living with any of the following chronic conditions?

Please mark all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Lung Disease/Asthma | <input type="checkbox"/> Hearing/Vision Loss |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Physical or Developmental Disability |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Mental Health Illness |
| <input type="checkbox"/> Alcohol or Drug Dependency | <input type="checkbox"/> Other: _____ |

12. Within the past year, what type of health services have you or your immediate family received outside your community? *Mark all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Lab Work | <input type="checkbox"/> General Practitioner Care |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Eye Care | <input type="checkbox"/> Urology Care |
| <input type="checkbox"/> Orthopedic/Bone Care | <input type="checkbox"/> Ear, Nose, Throat |
| <input type="checkbox"/> Cardiac/Heart Care | <input type="checkbox"/> Podiatry Care |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> MRI/Ultrasound/CT Scan/X-Ray | <input type="checkbox"/> Obstetrics/Gynecology |
| <input type="checkbox"/> Hearing Services | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> Emergency Room Service | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Registered Dietitian | <input type="checkbox"/> Preventive Health (i.e. yoga, exercise, etc) |
| <input type="checkbox"/> Ambulance Service | <input type="checkbox"/> Veterans' Services (VA) |
| <input type="checkbox"/> Alternative Health Care (i.e. massage, acupuncture) | <input type="checkbox"/> Pediatric Services |
| <input type="checkbox"/> Pharmacy Services | <input type="checkbox"/> Radiation/Chemo therapy |
| <input type="checkbox"/> Other: _____ | |

13. If you did receive health care outside of your community, please tell us why. *Mark all that apply.*

- ☐ My doctor of choice is in another city
- ☐ No local providers for these services/specialty
- ☐ My insurance only covers doctors in another area
- ☐ My doctor does not accept Medicaid
- ☐ Other: _____

14. Do you have one person you think of as your personal doctor or health care provider?

- ☐ No ☐ Yes, only one ☐ Yes, more than one ☐ Don't know

15. Was there a time in the past year when you needed attention, but could not get it because:

		No	Yes	Don't Know	N/A (was seen as needed, or does not apply)
a.	Of the cost				
b.	There was no provider				
c.	No provider would take your insurance				
d.	You don't have health insurance				
e.	You could not be seen in a timely manner(could not get an appointment in time)				

16. During the past year, was there any time you needed prescription medicines but did not get it because you couldn't afford it?

___ No ___ Yes ___ Don't know ___ Not Applicable

17. Within the past year, have any members of your family needed long-term care placement (nursing home, rehab, or assisted living care)?

___ No placement needed
 ___ Nursing Home
 ___ Assisted Living Care
 ___ Rehabilitation

18. What are *your personal* health risks? This might be something happening now, or something you feel could be a problem in the future. Please check all that apply:

___ Don't wear seat belt	___ Overweight
___ Drink too much alcohol	___ Too much stress
___ Drinking and driving	___ Unhealthy eating habits
___ Family history of specific illnesses	___ Unsafe sex
___ Hazardous hobbies	___ Use tobacco
___ Hazardous occupation	___ Unsafe driving habits (other than drinking)
___ Not enough exercise	___ I have no personal health risks
___ Other: _____	

19. The next few questions are about preventive health behaviors. When was the last time you:

		Never	Past year	1-2 yrs ago	3-5 yrs ago	More than 5 yrs ago	Don't Know
a.	Visited dentist/dental clinic for any reason						
b.	Had teeth cleaned by dentist or hygienist						
c.	Had a flu shot						
d.	Had colorectal cancer screening						
e.	Had blood pressure checked						
f.	Had cholesterol checked						
g.	Had a skin cancer check						
h.	Had blood sugar test for diabetes						
i.	Had routine check up						
j.	Women: had mammogram						
k.	Women: had breast exam by professional						
l.	Women: had Pap test						
m.	Women: had hysterectomy						
n.	Men: had PSA (blood test for prostate cancer)						
o.	Men: had rectal exam (finger)						

20. Do you wash your hands with soap:

	Never	Rarely	Sometimes	Almost Always	Always
After using the restroom or changing a diaper?					
Before preparing a meal or handling food?					
Before eating a meal ?					
Often during the day?					

21. How often do you buckle your seat belt, whether driving or as a passenger on the road?

___ Never ___ Rarely ___ Sometimes ___ Almost Always ___ Always

22. How often do you buckle your seat belt, driving or as a passenger, on the farm/ranch or doing errands in town?

___ Never ___ Rarely ___ Sometimes ___ Almost Always ___ Always

23. How often do you use sunscreen or completely cover up with clothing for sun protection?

___ Never ___ Rarely ___ Sometimes ___ Almost Always ___ Always

24. Are you currently employed? (Mark one)

___ Not employed ___ Employed part-time (_____ hours per week)
 ___ Self-employed ___ Employed full-time

25. Are you currently working more than one job? (Include farm/ranch if applicable)

___ No ___ Yes (number of jobs _____)

26. If you are working full or part-time, what is your job field (Mark all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Agriculture (farm or ranch) | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Business | <input type="checkbox"/> Student |
| <input type="checkbox"/> Government | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Education | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other |

27. If not working, what is the main reason you are not working (mark one)?

- | | |
|--|--|
| <input type="checkbox"/> Ill or Disabled | <input type="checkbox"/> Taking care of family |
| <input type="checkbox"/> Cannot find work | <input type="checkbox"/> Need training |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Laid off |
| <input type="checkbox"/> Full-time student | <input type="checkbox"/> Other: _____ |

28. Do you think there are enough employment opportunities in your community for adults?

- ☐ Yes ☐ No

29. Do you think there are enough employment opportunities in your community for youth?

- ☐ Yes ☐ No

30. Do you: ☐ Rent home ☐ Own home ☐ Live with others who rent or own ☐ Other

31. In your community, the places you go for recreation/entertainment are:

	Never	Seldom	S ometimes	More Often	Often	Not Available
Parks						
Movie Theaters						
Golf Course						
Lakes						
Sports fields						
Swimming pools						
Health/fitness club						
Church						
Senior Center						
Youth Center						
Library						
Rodeo/riding arena						
School events						
Bowling alley						

32. Do you feel there are enough activities for the youth of your community?

- ☐ Yes ☐ No

33. If you use daycare, how would you rate your current daycare?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Currently seeking daycare ☐ NA

34. Do you feel there are enough daycare providers in your community:

- ☐ Yes ☐ No ☐ Don't Know

35. How do you pay for your health care? *Mark all that apply:*

- | | |
|--|---|
| <input type="checkbox"/> No insurance/cash | <input type="checkbox"/> Private/group health insurance (include employer-provided) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Child Health Plan Plus (CHP+) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Colorado Indigent Care (CICP) | <input type="checkbox"/> Medicare Supplement Insurance |
| <input type="checkbox"/> Other: _____ | |

36. Within the past year, what type of service benefits did you or anyone in your immediate family need?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Colorado Indigent Care Program (CICP) |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Child Health Plan Plus (CHP+) | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> TANF (Welfare payments) | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> LEAP | <input type="checkbox"/> Subsidized Child Care |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Other: _____ |

Please answer the following questions about yourself so that we can see how different types of people feel about these local health issues:

37. a. Zip code where you live: _____ b. County where you live: _____

38. Your gender: ☐ Female ☐ Male

39. Your age: ☐ Under 18 years ☐ 55-64 years
☐ 18-25 years ☐ 65-80 years
☐ 26-39 years ☐ over 80 years
☐ 40-54 years

40. Number of people living in your household: _____

41. Annual household income (optional):

- | | |
|---|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$30,000 to \$49,000 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> Over \$50,000 |

42. Ethnic group you most identify with:

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: _____ |

43. Your highest completed level of education:

- | | |
|---|---|
| <input type="checkbox"/> less than high school graduate | <input type="checkbox"/> college degree or higher |
| <input type="checkbox"/> high school diploma or GED | <input type="checkbox"/> other: _____ |

Thank you for your response – your input is very valuable to us in planning future health services!