**Community Health Survey**

**2014**

Please take a moment to complete the survey below. The purpose of this survey is to get your input about community health topics in your community. The East Central District Health Department and other community partners will use the results of this survey and other information to identify the most pressing health issues which can be addressed through community action. If you have previously completed **this** survey, please ignore this. Remember…your opinion is important! Thank you and if you have any questions, please contact us (see contact information on back).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Unhealthy | Unhealthy | Somewhat Healthy | Healthy | Very Healthy |
|  | How would you rate your community as a “Healthy Community?” | ❍ | ❍ | ❍ | ❍ | ❍ |
| **Please indicate your level of agreement with each of the following statements.** |
|  |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  | I am satisfied with the quality of life in our community (considering my sense of safety and well-being). | ❍ | ❍ | ❍ | ❍ | ❍ |
|  |  |
| Comments: |  |
|  |
|  |  |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  | a. | The community has adequate health and wellness activities | ❍ | ❍ | ❍ | ❍ | ❍ |
| 3. | I am satisfied with the health care system in our community. | ❍ | ❍ | ❍ | ❍ | ❍ |
|  | a. | I have easy access to the medical specialists I need.  | ❍ | ❍ | ❍ | ❍ | ❍ |
|  | b. | I am very satisfied with the medical care I receive. | ❍ | ❍ | ❍ | ❍ | ❍ |
|  |
| What health care services would like to see that we do not have in your community? |
|  |  |  |  |  |  |  |  |
| Comments: |  |
|  |
|  |  |  |  |  |  |  |  |
|  |  |  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  | c. | Sometimes it is a problem for me to cover my share of the cost for a medical care visit. | ❍ | ❍ | ❍ | ❍ | ❍ |
|  | d.  | I am able to get medical care whenever I need it. | ❍ | ❍ | ❍ | ❍ | ❍ |
| 4. | This community is a good place to raise children. | ❍ | ❍ | ❍ |  | ❍ |
|  |  |  |  |  |  |  |
|  |  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 5. | This community is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
|  | a. | There is a transportation service that takes older adults to medical facilities or to shopping centers. | ❍ | ❍ | ❍ | ❍ | ❍ |
|  | b. | There are enough programs that provide meals for older adults in my community. | ❍ | ❍ | ❍ | ❍ | ❍ |
|  | c. | There are networks for support for the elderly living alone. | ❍ | ❍ | ❍ | ❍ | ❍ |
| 6. | There are jobs available in the community (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ |
| 7 | The community is a safe place to live (considering residents perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). Neighbors know and trust one another and look out for one another | ❍ | ❍ | ❍ | ❍ | ❍ |
| 8.  | There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need. | ❍ | ❍ | ❍ | ❍ | ❍ |
| 9. | All residents believe that they, individually or collectively, can make the community a better place to live. | ❍ | ❍ | ❍ | ❍ | ❍ |
|  |  |
| 10.  | In the following list, what do you think are the **3 most important “health problems”**  in our community? **Check only 3.**  |
|  | ☐ | Aging problems (e.g., arthritis, hearing/vision loss) |  | ☐ | Homicide |
|  | ☐ | Alcohol/Drug abuse |  | ☐ | Infant death |
|  | ☐ | Bullying |  | ☐ | Infectious diseases (e.g., hepatitis, TB) |
|  | ☐ | Cancers |  | ☐ | Mental health problems |
|  | ☐ | Child abuse/neglect |  | ☐ | Motor vehicle crash injuries |
|  | ☐ | Dental problems |  | ☐ | Obesity |
|  | ☐ | Diabetes |  | ☐ | Rape/sexual assault |
|  | ☐ | Domestic Violence |  | ☐ | Respiratory/lung disease |
|  | ☐ | Firearm-related injuries |  | ☐ | Sexually transmitted diseases |
|  | ☐ | Heart disease and stroke |  | ☐ | Suicide |
|  | ☐ | High blood pressure |  | ☐ | Teenage pregnancy |
|  | ☐ | HIV/AIDS |  | ☐ | Other:  |  |
|  | ☐ | Housing that is adequate, safe and affordable |  |  |  |
|  |  |  |  |  |  |
| 11.  | Of the problems that you marked, which one would you volunteer to help improve? |
|  |  |
|  |  |
|  |  |  |  |  |  |
| 12. | In the following list, what do you think are the **3 most important “risky behaviors”**  in our community? (those behaviors that have the greatest impact on overall community health) **Check only 3.** |
|  |  |  |  |  |  |
|  | ☐ | Alcohol abuse |  | ☐ | Racism |
|  | ☐ | Dropping out of school |  | ☐ | Texting/cell phone while driving |
|  | ☐ | Drug abuse |  | ☐ | Tobacco use/ or electronic cigarette use  |
|  | ☐ | Lack of exercise |  | ☐ | Not using birth control |
|  | ☐ | Overeating |  | ☐ | Not using seat belts and/or child safety seats |
|  | ☐ | Poor eating habits |  | ☐ | Unsafe sex |
|  | ☐ | Not getting “shots” to prevent disease |  | ☐ | Other: |  |
|  |  |  |  |  |  |
| Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers. |
|  |  |  |  |  |  |
| 13. | Zip Code: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 14. | Your Gender: |  | Male |  |  | Female |  |  |  |
|  |  |  |  |  |  |
| 15. |  | Under 18 years | 16. | Marital Status | 17. | Are you Hispanic or Latino? |
|  | ☐ | 18-25 years |  | ☐ | Married/cohabitating |  | ☐ | Yes | ☐ | No |
|  | ☐ | 26-39 years |  | ☐ | Divorced |  |
|  | ☐ | 40-54 years |  | ☐ | Never married |  |
|  | ☐ | 55-64 years |  | ☐ | Separated |  |
|  | ☐ | 65-80 years |  | ☐ | Widowed |  |
|  | ☐ | Over 80 years |  | ☐ | Other: |  |  |
|  |  |
| 18. | Which one of these groups would you say best represents your race? |
|  | ☐ | White | ☐ | Black or African American |
|  | ☐ | Asian | ☐ | Native Hawaiian or Other Pacific Islander |
|  | ☐ | American Indian or Alaskan Native | ☐ | Other: [specify] |  |
|  |  |  |  |  |  |
| 19. | Household Income: |  |  |
|  | ☐ | Less than $20,000 | ☐ | $20,000 to $29,000 |  |
|  | ☐ | $30,000 to $49,000 | ☐ | $50,000 to $74,000 |  |
|  | ☐ | $75,000 to $99,999 | ☐ | Over $100,000 |  |
|  |  |  |  |  |  |
| 20. | Your highest education level: |  |
|  | ☐ | Less than high school graduate | ☐ | High School Diploma |  |
|  | ☐ | College degree or higher | ☐ | Other: |  |  |
|  |  |  |  |  |  |
| 21.  | How do you pay for your health care? (Check all that apply) |
|  | ☐ | Pay cash | ☐ | Health Insurance (e.g., private insurance, Blue Shield, HMO,through employer |
|  | ☐ | Medicaid | ☐ | Medicare |  |
|  | ☐ | Veterans Administration | ☐ | Indian Health Services |  |
|  | ☐ | Other:  |  |  |  |

**Thank you very much for your response!**

Please return completed surveys as directed. If you would like more information about this community project, please contact us at the number below.

East Central District Health Department

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