

COMMUNITY HEALTH OPINION SURVEY

Northampton



2010 Community Health Opinion Survey

Hello!

The Northampton Healthy Carolinians Task Force would like to have your participation in a health opinion survey of your county. The purpose of this survey is to learn more about the health, safety and quality of life in Northampton County, North Carolina. The Northampton County Health Department and Healthy Carolinians of Northampton County will use the results of this survey to help them develop plans for addressing the major health, safety, and community issues in Northampton County. All the information you give us will be completely confidential and will not be linked to you in any way.

The survey is completely voluntary. It should take no longer than 20 minutes to complete.

On behalf of Northampton County Health Department and Healthy Carolinians your participation is greatly appreciated.

Northampton County Community Health Survey

Please tell us whether you strongly disagree, disagree, agree or strongly agree with each of the next 6 statements.

Part 1: Quality of Life in Northampton County

How do you see life in Northampton County

Statements	Choose a number for each statement below.			
	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Northampton County has a good healthcare system. Consider the cost, quality of care, number of options, and availability of healthcare in Northampton County.	1	2	3	4
2. Northampton County is a good place to raise children. Consider the quality and safety of schools, child care programs, after school programs, and places for children to play.	1	2	3	4
3. Northampton County is a good place to grow old. Consider our county's housing, transportation to medical services, recreation, and services for the elderly.	1	2	3	4
4. There is plenty of economic opportunity in Northampton County. Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in Northampton County.	1	2	3	4
5. Northampton County is a safe place to live. Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in Northampton County.	1	2	3	4
6. There is plenty of help for individuals and families during times of need in Northampton County. Consider social support in Northampton County: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	1	2	3	4

Part 2: Community Problems and Issues

Health Problems

1. The next questions are about health problems that have the most impact on the community as a whole. Please look at this list of health problems. Please pick **the most important health issue you feel is a problem in Northampton County. You can choose up to 5.** Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a health problem you consider to be important please write it under other.

- | | | |
|---|--|--|
| ___ Aging problems (Alzheimer's, Arthritis, Hearing or vision loss, etc.)
___ Asthma
___ Birth defects
___ Cancer What kind? _____
___ Dental health
___ Diabetes
___ Gun-related injuries
___ Heart disease/heart attacks
___ Autism | ___ Infant death
___ Infectious/Contagious diseases (TB, salmonella, Pneumonia, flu, etc.)
___ Kidney disease
___ Liver disease
___ Mental health (depression, Schizophrenia, suicide etc.)
___ Motor vehicle accidents
___ Neurological disorders (Multiple Sclerosis, muscular dystrophy, ALS) | ___ Other injuries (drowning, choking, home or work related)
___ Obesity/overweight
___ Lung disease (Emphysema, etc.)
___ Sexually transmitted diseases (STDs)
___ HIV/AIDS
___ Stroke
___ Teenage pregnancy
___ Other _____ |
|---|--|--|

Unhealthy Behaviors

2. **The next questions are about unhealthy behaviors that have a large impact on the community as a whole. Pick the community issues that have the greatest effect on quality of life in Northampton County. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see an unhealthy behavior that you consider one of the most important, please write it under other.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not using seat belts | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not going to a dentist for preventive check-ups/care | <input type="checkbox"/> Reckless/drunken driving |
| <input type="checkbox"/> Having unsafe sex | <input type="checkbox"/> Not going to the doctor for yearly check-ups and screenings | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not getting prenatal (pregnancy) care. | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Not getting immunizations (shots) to prevent disease | | <input type="checkbox"/> Violent behavior |
| <input type="checkbox"/> Not using child safety seats | | <input type="checkbox"/> Other: _____ |

Community Issues

3. **The next questions are about community-wide issues that have a large impact on the overall quality of life in Northampton County. Please look at this list of community issues. Pick the community issues that have the greatest effect on quality of life in Northampton County. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a community problem you consider one of the most important, please write it under other.**

- | | |
|---|--|
| <input type="checkbox"/> Animal control issues | <input type="checkbox"/> Availability of healthy family activities |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Availability of positive teen activities |
| <input type="checkbox"/> Affordability of health services | <input type="checkbox"/> Neglect and abuse (Specify type) |
| <input type="checkbox"/> Availability of healthy food choices | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Pollution (air, water, land) |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Low income/poverty |
| <input type="checkbox"/> Inadequate/unaffordable housing | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Lack of transportation options |
| <input type="checkbox"/> Lack of culturally appropriate health services. | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Lack of health care providers | <input type="checkbox"/> Unsafe, un-maintained roads |
| What kind? _____ | <input type="checkbox"/> Violent crime (murder, assault, etc.) |
| <input type="checkbox"/> Lack of recreational facilities (parks, Trails, community centers, etc.) | <input type="checkbox"/> Rape/sexual assault |
| | <input type="checkbox"/> Domestic Violence |
| | <input type="checkbox"/> Bullying School/Community |
| | <input type="checkbox"/> Other: _____ |

Part 3: Personal Health

Your Personal Health

This is a completely random survey; we only need information about your health, not the health of your family members.

1. **How would you rate your own health? Please choose only one of the following:**

- | | |
|---|---|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Very unhealthy |
| <input type="checkbox"/> Somewhat healthy | |

2. **Where do you get most of your health-related information? Please choose only one.**

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital | <input type="checkbox"/> School |
| <input type="checkbox"/> Doctor/nurse/pharmacist | <input type="checkbox"/> Help lines | <input type="checkbox"/> Church |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Other |

3. Where do you go most often when you are sick or need advice about your health? Choose the one that you use most often.

____ Doctor's office
 ____ Health department
 ____ Hospital

____ Medical Clinic
 ____ Urgent Care Center
 ____ Other: _____

4. In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility?

____ Yes ____ No (now skip to question #6)

5. If you answered "yes", which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us and I will write it in.

- A. ____ I didn't have health insurance.
 B. ____ My insurance didn't cover what I needed.
 C. ____ My share of the cost (deductible/co-pay) was too high.
 D. ____ Doctor would not take my insurance or Medicaid.
 E. ____ Hospital would not take my insurance.
 F. ____ I didn't have a way to get there.
 G. ____ I didn't know where to go.
 H. ____ I couldn't get an appointment
 I. ____ I didn't have a sitter to watch my child/parent.
 J. ____ Other: _____

6. In the past 12 months, did you have a problem filling a medically necessary prescription?

____ Yes ____ No (now skip to question #8)

7. If you answered "yes" tell us which of these problems did you had you can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us and I will write it in.

- A. ____ I didn't have health insurance.
 B. ____ My insurance didn't cover what I needed.
 C. ____ My share of the cost (deductible/co-pay) was too high.
 D. ____ Pharmacy would not take my insurance or Medicaid.
 E. ____ I didn't have a way to get there.
 F. ____ I didn't know where to go.
 G. ____ Other: _____

8. Was there a time during the past 12 months when you needed to get dental care, but could not?

____ Yes ____ No (now skip to question #10)

9. If you answered "yes", why could you not get dental care? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us.

- A. ____ I didn't have dental insurance.
 B. ____ My insurance didn't cover what I needed.
 C. ____ I couldn't afford the cost.
 D. ____ Dentist would not take my insurance or Medicaid.
 E. ____ My share of the cost (deductible/co-pay) was too high.
 F. ____ I didn't have a way to get there.
 G. ____ I didn't know where to go.
 H. ____ I couldn't get an appointment.
 I. ____ Other: _____

10. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to?
- A. Private Counselor or therapist
 B. Support group (e.g., AA, Al-Anon)
 C. School counselor
 D. Doctor
 E. Minister/religious official
 F. Don't know
 G. Other: _____
11. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business? Yes No
12. During a normal week, other than in your regular job, do you engage in any exercise activity that lasts at least a half an hour? Yes No (now skip to question #14)
13. If you answered yes, how many times would you say you engage in this activity during a normal week? _____
14. Where do you go to exercise or engage in physical activity? Check all that apply.
- A. ABC Family YMCA
 B. Park
 C. Public Recreation Center
 D. Private Gym
 E. Home
 F. Other: _____
15. If you answered "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.
- | | |
|---|--|
| A. <input type="checkbox"/> My job is physical or hard labor | G. <input type="checkbox"/> I don't like to exercise. |
| B. <input type="checkbox"/> Exercise is not important to me. | H. <input type="checkbox"/> It costs too much to exercise
(equipment, shoes, gym costs) |
| C. <input type="checkbox"/> I don't have access to a facility that has
the things I need, like a pool, golf course,
or track. | I. <input type="checkbox"/> There is no safe place to exercise. |
| D. <input type="checkbox"/> I don't have enough time to exercise. | J. <input type="checkbox"/> I'm too tired to exercise. |
| E. <input type="checkbox"/> I would need child care and I don't have it. | K. <input type="checkbox"/> I'm physically disabled. |
| F. <input type="checkbox"/> I don't know how to find exercise partners | L. <input type="checkbox"/> I don't know |
| | M. <input type="checkbox"/> Other _____ |
16. How many hours per day do you watch TV, play video games, or use the computer for recreation?
 0-1 hour 2-3 hours 4-5 hours 6+ hours
17. During the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work? Yes No
18. Not counting juice, lettuce salad, or potato products, how many cups per week of fruits and vegetables would you say you eat? One apple or 12 baby carrots equal one cup.
- A. Number of cups of fruit _____
 B. Number of cups of vegetables _____
 C. Never eat fruit _____
 D. Never eat vegetables _____

Lettuce salad is the typical “house salad” with iceberg lettuce, or the salad mixes you get at the store or fast food type restaurants, even if they have meat on top. - Potato products are french fries, baked potatoes, hash browns, mashed potatoes anything made from white potatoes. - For the purposes of this study, ketchup is not considered a vegetable.

19. Are you exposed to secondhand smoke in any of the following places (Check all that apply)?

- A. Home
- B. Workplace
- C. Hospitals
- D. Restaurants
- E. School
- F. Other: _____
- G. I am not exposed to secondhand smoke.

20. Do you currently smoke? Yes No

21. If yes, where would you go for help if you wanted to quit?

- A. Quit Now NC
- B. Doctor
- C. Church
- D. Pharmacy
- E. Private counselor/therapist
- F. Health Department
- G. I don't know
- H. Other: _____
- I. Not applicable; I don't want to quit

22. Have you ever been told by a **doctor, nurse, or other health professional** that you have any of the following conditions?

- A. Asthma Yes No
- B. Depression or anxiety disorder Yes No
- C. High blood pressure Yes No
- D. High cholesterol Yes No
- E. Diabetes (not during pregnancy) Yes No
- F. Osteoporosis Yes No
- G. Overweight/Obesity Yes No

Child Health

1. Do you have children between the ages of 9 and 19? Yes No

2. Do you think your child is engaging in any of the following high risk behaviors? (Please answer yes or no after each behavior. Read the list and check all that apply).

- A. Alcohol Use
- B. Tobacco Use
- C. Teen Violence
- D. Eating Disorders
- E. Sexual intercourse
- F. Drug Abuse
- G. Reckless driving/speeding
- H. I don't think my child is engaging in any high risk behaviors

We are aware that there are other risky behaviors. For the purposes of this survey, we are only requesting information about these 7 behaviors.

3. Are you comfortable talking to your child about the risky behaviors we just asked about? Yes No

4. Do you think your child or children need more information about the following problems: (Read list? Check all

- A. Alcohol
- B. Eating Disorders
- C. Drug Abuse
- D. Tobacco
- E. Sexual intercourse
- F. Reckless driving/speeding
- G. HIV/STD
- H. STDs
- I. Teen Violence
- J. Mental health issues
- K. Sexual Harassment including sexual coercion

Part 4. Emergency Preparedness

1. Does your household have working smoke and carbon monoxide detectors? (Mark only one.)

- Yes, smoke detectors only
- Yes, carbon monoxide detectors only
- Yes, both
- No

2. Does your household have a Family Emergency Plan? Yes No

(Examples for an Emergency plan are severe weather, natural disasters, etc.)

3. Does your family have a basic emergency supply kit? Yes No

If yes, how many days do you have supplies for? 2 days 3 days 1 week 2 weeks or more

Part 5. Demographic Questions

General Questions about you. Your answers will remain anonymous.

1. How old are you? (Mark age category.)

- 15-19
- 20-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 +

2. Are you Male or Female? Male Female3. Are you of Hispanic origin? Yes No

4. What is your race?

(Please check one or choose "other" if you do not identify with only one of the categories.)

- Black/African American Other
- American Indian or Alaskan Native
- Asian or Pacific Islander
- White
- Hispanic

5. A. Do you speak a language other than English at home? Yes No

B. If yes, what language do you speak at home? _____

6. What is your marital status?

- Never Married/Single
- Married
- Divorced
- Widowed
- Separated
- Other

7. What is the highest level of school, college, or vocational training that you have finished?

- Some high school, no diploma
- High school diploma or GED
- Associate's Degree or Vocational Training
- Some college (no degree)
- Bachelor's degree
- Graduate or professional degree
- Other: _____

8. What was your total household income last year, before taxes?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$14,999 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> over \$75,000 |

9. How many people does this income support? _____

If you are paying child support but your child is not living with you, this still counts as someone living on your income.)

10. What is your employment status?

- | | |
|--|---|
| A. <input type="checkbox"/> Employed full-time | F. <input type="checkbox"/> Disabled |
| B. <input type="checkbox"/> Employed part-time | G. <input type="checkbox"/> Student |
| C. <input type="checkbox"/> Retired | H. <input type="checkbox"/> Homemaker |
| D. <input type="checkbox"/> Military | I. <input type="checkbox"/> Self-employed |
| E. <input type="checkbox"/> Unemployed | |

11. Do you have access to the Internet? Yes No

12. What are the first five digits of your Zip Code _____?

Survey number _____