Blue Ridge HealthCare Community Health Survey

Blue Ridge HealthCare is interested in your opinions on our community’s health. By taking this brief survey, you will help identify the most important health issues in Burke County, so we can develop plans to address them.

- Please do not write your name on this survey.
- Your responses are completely confidential.
- Combined results from all surveys will become part of Blue Ridge HealthCare’s 2013 Community Health Needs Assessment.

If you do not live in Burke County, please STOP here.

<table>
<thead>
<tr>
<th>Circle one number for each statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a good health care system in Burke County.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Burke County is a good place for children and youth.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>3. Burke County is a good place to grow old.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. There are plenty of ways to earn a living in Burke County.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Burke County is a safe place to live.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. There is plenty of support for individuals and families during times of stress and need in Burke County.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
7. Please put check marks next to what you think are the **top 5** health issues in Burke County.

- [ ] Aging problems
- [ ] Asthma
- [ ] Cancer
- [ ] Diabetes/Obesity
- [ ] Drug abuse (prescription and illegal drugs)
- [ ] Heart disease
- [ ] HIV/AIDS
- [ ] Infant death
- [ ] Infectious/contagious diseases (TB, pneumonia, flu, etc.)
- [ ] Kidney disease
- [ ] Liver disease
- [ ] Lung disease
- [ ] Mental health
- [ ] Oral/dental health
- [ ] Sexually transmitted diseases
- [ ] Teenage pregnancy
- [ ] Motor vehicle accidents
- [ ] Gun-related injuries
- [ ] Other: ___________

8. Please put check marks next to the 5 most important “unhealthy behaviors” in Burke County.

- [ ] Alcohol abuse
- [ ] Lack of exercise
- [ ] Unhealthy eating
- [ ] Tobacco use
- [ ] Drug abuse
- [ ] Having unsafe sex
- [ ] Second-hand smoke
- [ ] Not getting immunizations
- [ ] Not using child safety seats
- [ ] Not using seat belts
- [ ] Not going to a dentist for regular check ups
- [ ] Not going to the doctor for check ups
- [ ] Reckless/drunk driving
- [ ] Suicide
- [ ] Violent behavior
- [ ] Other: ___________
9. Please put check marks next to the 5 most important “social issues” in Burke County.

___ Availability of healthy food  ___ Lack of public transportation
___ Places to walk, exercise, play, etc.  ___ Homelessness
___ Inadequate/unaffordable housing  ___ Neglect and abuse (of a child, a spouse, the elderly, etc.)
___ Lack of affordable health insurance/health care  ___ Pollution (air, water, land)
___ Lack of health care providers  ___ Poverty
___ Lack of education/dropping out of school  ___ Racism
___ Lack of services for people with cultural or language differences.  ___ Underemployment/poor-paying jobs
___ Lack of public transportation  ___ Disaster preparedness/bioterrorism
___ Homelessness  ___ Violent crime
___ Neglect and abuse (of a child, a spouse, the elderly, etc.)  ___ Other: _______________________
___ Pollution (air, water, land)  ___ Underemployment/poor-paying jobs
___ Poverty  ___ Disaster preparedness/bioterrorism
___ Racism  ___ Violent crime
___ Other: __________________________

Remember, this survey will not identify you in any way.

10. How would you rate your own personal health? Please check only one answer.

___ Very healthy  ___ Somewhat healthy
___ Somewhat unhealthy  ___ Very unhealthy

11. During the past year, was there any time that you did not have any health insurance or health care coverage? ___ Yes  ___ No

12. During the past year, did you have a problem getting medical care you needed?

___ Yes  ___ No

13. If your answer to Question #5 was yes, why couldn’t you get the medical care you needed? Check all the answers that apply.

___ I didn’t have health insurance
___ My insurance didn’t cover what I needed
___ I couldn’t afford it/My share of the cost was too high
___ Doctor would not take my insurance or Medicaid
___ Hospital would not take my insurance
___ I didn’t have transportation
___ I didn’t know where to go
___ Doctor wasn’t taking new patients
___ Took too long to get an appointment

7. When was your last routine medical checkup? Do not include times you visited the doctor because you were sick or pregnant.

___ Within the past 12 months
___ 1-2 years ago
___ 3-5 years ago
___ More than 5 years ago
___ I have never had a routine or “well” medical checkup.

8. Which of the following tests/screenings is a routine part of your personal health care? Check all that apply.

___ Prostate exam
___ Colonoscopy test for colon cancer
___ Pap Test
___ Mammogram
9. During the past 12 months, did you have a problem filling a prescription ordered for you by your doctor?
   ____ Yes (Go to Question #10)  ____ No

10. If your answer to Question #10 was yes, why couldn’t you fill the prescription you needed? Check all the answers that apply.
    ____ I didn’t have health insurance
    ____ My insurance didn’t cover what I needed
    ____ I couldn’t afford it/My share of the cost was too high
    ____ Pharmacy would not take my insurance or Medicaid
    ____ I had a problem with Medicare Part D
    ____ I didn’t have transportation
    ____ I didn’t know where to go
    ____ Other: _____________________________________________________

11. If one of your friends or family members needed counseling for a mental health, substance abuse, or developmental disability problem, whom would you suggest they go see? (Check all that apply)
    ____ I don’t know
    ____ Mental Health Partners
    ____ Children’s Developmental Services Agency
    ____ Counselor or therapist in private practice
    ____ Doctor
    ____ Minister/pastor
    ____ School counselor
    ____ Vocational Rehabilitation/Independent Living
    ____ Hospital Emergency Department
    ____ Narcotics Anonymous
    ____ Burke Council on Alcoholism and Chemical Dependency
    ____ Other:

12. During the past 4 weeks, other than your regular job, did you engage in any physical activity that lasted at least 30 minutes?
    ____ Yes (Go to Question #13)  ____ No (Go to Question #14)

13. If your answer to Question #12 was yes, how frequently did you engage in physical activity for at least 30 minutes during the past four weeks?
    ____ Less than once a week
    ____ Once a week
    ____ 2-3 times a week
    ____ 4-6 times a week
    ____ Daily
    (Now skip to Question #15)

14. If your answer to Question #12 was no, why didn’t you engage in physical activity?
My job is physical or hard labor
I don’t have enough time for physical activity
I’m too tired for physical activity
I have a health condition that limits my physical activity
I don’t have a place to exercise
Weather limits my physical activity
Physical activity costs too much (equipment, shoes, gym expense)
Physical activity is not important to me
Other:

21. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following?
   Asthma               ____ Yes   ____ No
   Heart disease       ____ Yes   ____ No
   Diabetes or a risk of diabetes ____ Yes   ____ No
   High blood pressure ____ Yes   ____ No
   High cholesterol    ____ Yes   ____ No
   Overweight/obesity  ____ Yes   ____ No
   Cancer              ____ Yes   ____ No
   Depression          ____ Yes   ____ No

PART 4. Please answer this next set of questions so we can see how different types of people feel about local health issues. Remember, your answers are confidential and cannot be linked to you in any way.

1. Do you live in Burke County? ____ Yes   ____ No

2. What is your zip code?__________

3. How old are you? _____ 18-24   _____ 40-44   _____ 60-64
   _____ 25-29   _____ 45-49   _____ 65-69
   _____ 30-34   _____ 50-49   _____ 70-74
   _____ 35-39   _____ 55-59   _____ 75+

4. Are you:     ____ Male   ____ Female

5. What is your race or ethnicity?
   ____ White – Non-Hispanic  ____ Asian/Pacific Islander
   ____ Black – Non-Hispanic   ____ Native American
   ____ Hispanic/Latino   ____ Other:

6. What is the highest education level you have completed? Check only one (1) answer.
   ____ Less than high school (Highest grade completed: _________)
   ____ High school diploma or GED
   ____ Some college but no degree
   ____ Associate’s Degree
   ____ College degree (Bachelor’s degree)
   ____ Graduate degree (Masters or Doctoral degree)
   ____ Other: __________________________

7. What is your employment status? Check all answers that apply.
___ Employed full-time
___ Employed part-time
___ Unemployed
___ Retired
___ Disabled; unable to work
___ Student
___ Homemaker