

2008 Polk County Health Assessment Survey

Polk survey.doc Version 7.0

If you are 18 years or older and live or work in Polk County, please complete this survey.

The Polk County Wellness Coalition is a group of community leaders, health professionals, and concerned community members who work together to plan and implement effective strategies to address health needs in the community. We appreciate your participation in this health and wellness assessment for Polk County. It is very important that we get your opinion about the health care issues we face so we can recommend appropriate changes. **This survey is anonymous**; we do not ask for your name. The survey should take about 20 minutes to complete. The results of all surveys will be combined and reported to the public in late 2008 and may also be published as research. This project is made possible from financial assistance from the Marjorie M. and Lawrence R. Bradley Endowment Fund of Polk County, NC.

If you have any questions about the survey, please contact Anne Marie Lester, Wellness Coalition Coordinator, at 828-899-9355. Thank you for taking time to share your opinions with the Wellness Coalition.

Part 1: Health Issues

1. How would you rate Polk County on each of the following issues?

	Excellent	Very good	Good	Not very good	Poor
Affordable healthcare	1	2	3	4	5
Quality healthcare	1	2	3	4	5
Convenience of healthcare locations	1	2	3	4	5
Convenience of healthcare office hours	1	2	3	4	5

2. Do you or someone in your family have a problem with any of the following in the past 12 months? If you answer yes, please indicate with a check if you know where to find help in Polk County for that particular problem.

	Yes	No	I know where to get help	I don't know where to get help
Access to medical care	Yes	No		
Access to specialized medical care	Yes	No		
Access to vision care	Yes	No		
Access to dental care	Yes	No		
Access to mental health or substance abuse services	Yes	No		
Access to emergency medical care	Yes	No		
Access to prenatal care during pregnancy	Yes	No		
Access to day care for children	Yes	No		
Access to medical care for a child	Yes	No		
Access to childhood immunizations	Yes	No		
Access to day care for adults	Yes	No		
Access to nursing home care or elderly care	Yes	No		
Finding a doctor who accepts Medicaid patients	Yes	No		
Finding a doctor who accepts Medicare patients	Yes	No		
Obesity	Yes	No		
Drug abuse	Yes	No		
Alcohol abuse	Yes	No		
Domestic violence	Yes	No		
Child abuse or neglect	Yes	No		
Stress	Yes	No		
Not having enough money to buy food	Yes	No		
Not having enough money to buy needed clothing/shoes	Yes	No		
Not having enough money to pay household bills	Yes	No		
Forced to choose between buying medicine or paying bills/buying food	Yes	No		
Transportation to medical services	Yes	No		
Do you currently smoke tobacco cigarettes or use other tobacco products?	Yes	No		

Part 2: Community Issues

3. Please rate each of the following problems for people in Polk County (circle your choice).

	Not a problem	Minor problem	Moderate problem	Major problem
Lack of physical activity or exercise	0	1	2	3
Poor eating habits/lack of good nutrition	0	1	2	3
Obesity	0	1	2	3
Alcohol abuse/alcoholism among adults (18 or older)	0	1	2	3
Alcohol abuse/alcoholism among children (17 and younger)	0	1	2	3
Drug abuse among adults (18 or older)	0	1	2	3
Drug abuse among children (17 and younger)	0	1	2	3
Methamphetamine (Meth) use	0	1	2	3
Prescription drug abuse	0	1	2	3
Mental illness or emotional issues among adults (18 or older)	0	1	2	3
Mental illness or emotional issues among children (17 and younger)	0	1	2	3
Depression	0	1	2	3
Stress	0	1	2	3
Suicide among adults	0	1	2	3
Suicide among youth	0	1	2	3
Sexual assault/rape	0	1	2	3
Abuse or neglect of senior citizens	0	1	2	3
Youth violence	0	1	2	3
HIV/AIDS	0	1	2	3
Teen pregnancy	0	1	2	3
Tobacco use among adults	0	1	2	3
Tobacco use among children 17 and younger	0	1	2	3
Tobacco use in workplaces	0	1	2	3
Cigarette smoking in restaurants	0	1	2	3
Not enough healthy options available on restaurant menus	0	1	2	3

4. What are the three most important health problems facing Polk County?

1. _____
2. _____
3. _____

Part 3: Wellness

For each of the following questions, please circle the answer that is most true for you.

5.a. How much of the time do you feel healthy and full of energy?	All of the time	Most of the time	Some of the time	None of the time	Don't know/ Unsure
5.b. How often do you wake up feeling well rested?	All of the time	Most of the time	Some of the time	None of the time	Don't know/ Unsure
5.c. Do you feel that you eat a healthy diet?	All of the time	Most of the time	Some of the time	None of the time	Don't know/ Unsure
5.d. How often do you feel troubled, worried, stressed out or depressed?	All of the time	Most of the time	Some of the time	None of the time	Don't know/ Unsure
5.e. How often do these feelings (question above) affect your work or family life?	All of the time	Most of the time	Some of the time	None of the time	Don't know/ Unsure
6.a. How satisfied are you with feeling part of your community?	Very satisfied	Somewhat satisfied	No opinion	Somewhat dissatisfied	Very dissatisfied
6.b. How satisfied are you with your personal relationships?	Very satisfied	Somewhat satisfied	No opinion	Somewhat dissatisfied	Very dissatisfied
7. How many hours of sleep do you usually get each night?	More than 8 hours	8 hours	7 hours	6 hours	Less than 5
8. How often do you volunteer?	Daily	4-6 x week	1-3 x week	1-3 x month	Never

9. How satisfied are you with the following in our community (Polk County)?

	Very satisfied	Somewhat satisfied	No opinion	Somewhat dissatisfied	Very dissatisfied
Recreation areas: greenways, walking trails	1	2	3	4	5
Recreational facilities: gym, pool	1	2	3	4	5
Safe accessible sidewalks	1	2	3	4	5
Bike paths and lanes	1	2	3	4	5
Health and wellness support in your faith community	1	2	3	4	5
Health education in schools	1	2	3	4	5
Wellness education programs	1	2	3	4	5

10. What personal changes would you like to make in order to feel healthier (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Stop smoking/chewing tobacco
<input type="checkbox"/> Increase exercising
<input type="checkbox"/> Choose more nutritious foods
<input type="checkbox"/> Decrease or stop overeating
<input type="checkbox"/> Eat fewer fatty foods to lower cholesterol
<input type="checkbox"/> Choose more organic foods and products | <input type="checkbox"/> Control diabetes better
<input type="checkbox"/> Decrease blood pressure
<input type="checkbox"/> Lose weight
<input type="checkbox"/> Gain weight
<input type="checkbox"/> Control an eating disorder
<input type="checkbox"/> Abstain from drug or alcohol abuse |
|--|--|

11. Please mark how often you do each of the following activities.

Activity	Daily or more	4 to 6 times/week	1 to 3 times/wk	1 to 3 times/month	Never
Walk					
Jog					
Run					
Participate in sports					
Workout in a gym					
Swim					
Yoga					
Aerobics or exercise class					
Dance					
Gardening					
Other Activity (write in):					

12. Please select the alternative treatments that you have used or would consider using to address your health issues:

- | | |
|--|--|
| <input type="checkbox"/> Acupuncture or other Chinese medicine | <input type="checkbox"/> Chiropractic medicine |
| <input type="checkbox"/> Massage therapy or other body work | <input type="checkbox"/> Herbal medicine |
| <input type="checkbox"/> Art therapy | <input type="checkbox"/> Vitamins or supplements |
| <input type="checkbox"/> Pet therapy | <input type="checkbox"/> Prayer healing |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Shamanism |
| <input type="checkbox"/> Reiki or other energy work | <input type="checkbox"/> Other (write in): _____ |

Part 4: Individual Health

13. How long has it been since you did the following:

	Within the last year	Within the last 3 years	More than 3 years	Never	Don't know/NA
Seen a doctor for any reason					
Seen a doctor for a routine check up					
Seen a dentist					
Checked your blood pressure					
Had your cholesterol checked					
Had your blood sugar checked					
Had a colon exam					
(For women) Had a mammogram					
(For women) Had a Pap smear					
(For men) Had a prostate exam					

Part 5: Access to Care

14. Over the last two years, did you need care from the following professionals, but decided not to go?

	Did Not Go	Went To Provider	Not Applicable
Doctor or nurse practitioner			
Mental health therapist or counselor			
Substance abuse counselor			
Dentist			

If you answered "Went to provider" or "NA" to all parts of #14, please go to question #16.

15. If you decided not to go to any of the above professionals, please indicate what are the primary reasons you did not visit the professional (check all that apply):

	Doctor/Nurse practitioner	Mental health therapist	Substance abuse counselor	Dentist
I did not think problem was serious				
I could not get through by phone				
I did not have time				
I did not know who to call				
I could not get an appointment soon enough				
I had difficulty getting transportation				
Could not afford transportation				
I could not find a babysitter				
I could not get an appointment after work hours/office not open at convenient times				
Costs too much/could not afford				
Medicaid or insurance co-pay too expensive				
Inadequate or no health insurance				
Did not want family and/or friends to know I was going to see the professional				

16. What office hours for health or mental health/substance abuse visits would you most likely use? (check all that apply)

- Regular office hours (9 am to 5 pm)
- Before 9 am
- Lunch time
- After 5 pm
- Saturdays

17. Who do you typically discuss any feelings of sadness, anxiety, stress, concerns about drinking, etc.? (check all that apply)

- Family doctor
- Professional (therapist, counselor)
- Family
- Clergy
- Friends
- Have these feelings but usually do not discuss with anyone
- Not applicable

18. Would you be willing to get all your healthcare needs in one location?

19. If there was a place in Polk County that offered both medical and mental health/substance abuse services in one location, would you or your family members be more likely to seek these services when needed? If you answered no to #18 or #19, please explain:

Yes	Might consider	No
Yes	Might consider	No

Part 6: Insurance

20. Do you have any type of healthcare insurance coverage? Yes (go to #21) No (Go to#22)

21. If yes, what type of insurance do you have? Then go to #23.

- Blue Cross/Blue Shield
- Other commercial insurance
- Medicaid
- Medicare
- Other, specify: _____
- Don't know

22. If you have no insurance and needed medical care, how would you pay for it?

- I would pay for it myself
- A family member would pay
- A friend would pay
- I would go somewhere that does not charge me
- I would not get medical care
- Other, specify: _____

23. Does everyone in your household have some type of healthcare insurance coverage? Yes No

24. If no, who is not covered? Spouse Child Parent Other

Part 7: Demographics

Please share a few things about yourself:

25. What is your age range:
- 18-34 years
 - 35-54 years
 - 55-74 years
 - 75 + years
26. Are you:
- Male
 - Female
27. Please indicate your primary racial or ethnic group:
- Native American
 - Asian/Pacific Islander
 - African American
 - White/Caucasian
 - Hispanic/Latino(a)
 - Other

28. How long have you been a resident of Polk County?

- Less than ten years
- More than ten years
- Not a resident but own a home here.....
- Not a resident

29. What is your employment status?

- Employed Full Time
- Employed Part Time
- Retired
- Unemployed.....
- Disabled.....
- Student
- Homemaker

30. In which county do you work (or retired)?

- Polk
- Henderson
- Rutherford.....
- Spartanburg
- Other
- Retired
- Not Applicable.....

31. Please specify the highest level of education you have completed:

- Some high school
- High School Diploma or GED.....
- Some college or technical school.....
- Associate's degree or technical trng.....
- Bachelor's degree
- Graduate degree or higher

32. What is your ZIP Code?

33. What community do you reside in?

- | | | |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Mill Spring | <input type="checkbox"/> Coopers Gap |
| <input type="checkbox"/> Saluda | <input type="checkbox"/> Green Creek | <input type="checkbox"/> Lynn |
| <input type="checkbox"/> Tryon | <input type="checkbox"/> Sunnyview | <input type="checkbox"/> Other: _____ |

34. What is your before tax household income?

- Under \$15,000
- \$15,000 up to \$25,000
- \$25,000 up to \$35,000
- \$35,000 up to \$45,000
- \$45,000 up to \$55,000
- \$55,000 up to \$75,000
- \$75,000 up to \$100,000
- \$100,000 or more.....

35. Number of people in your household? (please write in number)

- Total Number _____
- Ages 0-5 _____
- Ages 6-12 _____
- Ages 13-18..... _____
- Ages 19-25..... _____
- Ages 26 - 59..... _____
- Ages 60 +..... _____

36. In closing, is there anything else you would suggest to improve health and wellness in Polk County?

Thank you for your help!

**Please return to the front desk
or Drop off or mail to:
Polk County Health Department
C/O Wellness Coalition
161 Walker Street
Columbus, NC 28722**