

## **Washington County Health Survey** ***A Health Network Partnering Project***

Great Mines Health Center • Washington County Health Department • Washington County Ambulance  
District • Washington County Community Partnership • Washington County Memorial Hospital

The purpose of this survey is to obtain opinions about community & individual health issues, measure community knowledge of services, and identify gaps. The above listed organizations are collaborating to obtain data and to compile this information to prepare a community health assessment and improvement plan.

### **Part I: Community Health**

1. In the following list, what do you think are **the three most important factors for a “Healthy Community?”** (Those factors which most improve the quality of life in a community.)

**Check only three:**

<input type="checkbox"/> Good place to raise children <input type="checkbox"/> Low crime / safe neighborhoods <input type="checkbox"/> Low level of child abuse <input type="checkbox"/> Good schools <input type="checkbox"/> Access to health care (e.g., family doctor) <input type="checkbox"/> Access to mental health services <input type="checkbox"/> Access to substance abuse services <input type="checkbox"/> Parks and recreation <input type="checkbox"/> Clean environment <input type="checkbox"/> Affordable housing	<input type="checkbox"/> Arts and cultural events <input type="checkbox"/> Excellent race/ethnic relations <input type="checkbox"/> Good jobs and healthy economy <input type="checkbox"/> Strong family life <input type="checkbox"/> Healthy behaviors and lifestyles <input type="checkbox"/> Low adult death and disease rates <input type="checkbox"/> Low infant deaths <input type="checkbox"/> Religious or spiritual values <input type="checkbox"/> Emergency preparedness <input type="checkbox"/> Other _____
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2. In the following list, what do you think are **the three most important “health problems”** in our community? (Those problems which have the greatest impact on overall community health.)

**Check only three:**

<input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss, etc.) <input type="checkbox"/> Cancers <input type="checkbox"/> Child abuse / neglect <input type="checkbox"/> Dental problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Effects of alcohol, drug and substance abuse <input type="checkbox"/> Firearm-related injuries	<input type="checkbox"/> Heart disease and stroke <input type="checkbox"/> High blood pressure <input type="checkbox"/> HIV / AIDS <input type="checkbox"/> Homicide <input type="checkbox"/> Infant Death <input type="checkbox"/> Infectious Diseases (e.g., hepatitis, TB, etc.) <input type="checkbox"/> Mental health problems <input type="checkbox"/> Motor vehicle crash injuries	<input type="checkbox"/> Rape / sexual assault <input type="checkbox"/> Respiratory / lung disease <input type="checkbox"/> Sexually Transmitted Diseases (STDs) <input type="checkbox"/> Suicide <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Terrorist activities <input type="checkbox"/> Other _____
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3. In the following list, what do you think are **the three most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.)

**Check only three:**

<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Being overweight <input type="checkbox"/> Dropping out of school <input type="checkbox"/> Drug abuse <input type="checkbox"/> Lack of exercise <input type="checkbox"/> Lack of maternity care <input type="checkbox"/> Poor eating habits <input type="checkbox"/> Not getting “shots” to prevent disease	<input type="checkbox"/> Racism <input type="checkbox"/> Reckless driving <input type="checkbox"/> Tobacco use <input type="checkbox"/> Not using birth control <input type="checkbox"/> Not using seat belts / child safety seats <input type="checkbox"/> Unsafe sex <input type="checkbox"/> Unsecured firearms <input type="checkbox"/> Other _____
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4. How would you rate the overall health of our community?

Very unhealthy     Unhealthy     Somewhat healthy     Healthy     Very healthy

Some basic demographics – your zip code: \_\_\_\_\_

5. Gender: \_\_\_\_\_

7. Your household income:

6. Age:  less than 25  
 26 – 39  
 40 – 54  
 55 – 64  
 65 or over

- Less than \$20,000  
 \$20,000 to \$29,999  
 \$30,000 to \$49,999  
 Over \$50,000

8. How do you pay for your health care?

- |   |   |
|---|---|
| <input type="checkbox"/> pay cash (no insurance)                                  | <input type="checkbox"/> Medicare (seniors 65+)   |
| <input type="checkbox"/> I receive no healthcare due to cost                      | <input type="checkbox"/> Veterans' Administration |
| <input type="checkbox"/> health insurance ( <i>private or group health plan</i> ) | <input type="checkbox"/> Military plan            |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> other _____              |

## Part II: Personal Health

9. How would you rate your own personal health?

- Very un-healthy     Unhealthy     Somewhat healthy     Healthy     Very healthy

10. Do you have any health issues that can be attributed to (*check all that apply*):

- obesity                       alcohol use                       No - none of these  
 tobacco use                       drug use

11. How often do you engage in physical activity such as exercise, walking, biking, or other?

- hardly ever                       a couple times a week  
 sometimes                       daily  
 once a week                       weekends only - due to job & time

12. Have you visited a physician in the past 12 months for any condition or emergency?

- Yes                       No

13. If yes, please check all that apply to you in the past 12 months.

- |  |   |
|--|---|
| <input type="checkbox"/> routine physical exam | <input type="checkbox"/> cancer screening – <i>was it gender specific?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> cholesterol check     | <input type="checkbox"/> asthma   |
| <input type="checkbox"/> blood sugar           | <input type="checkbox"/> disease diagnosis & treatment ( <i>surgery and/or pharmaceuticals</i> )                                    |
| <input type="checkbox"/> other blood work      | <input type="checkbox"/> heart related issue  |
| <input type="checkbox"/> blood pressure        | <input type="checkbox"/> treatable illness ( <i>i.e. sinus/respiratory infection or other</i> )                                     |
| <input type="checkbox"/> arthritis             | <input type="checkbox"/> chronic obstructive pulmonary disease COPD   |
|  | <input type="checkbox"/> substance abuse treatment  |

14. Have you visited the emergency room or urgent care in the past 12 months     Yes     No

If yes, then:

- |   |  |
|---|--|
| <input type="checkbox"/> minor injury ( <i>treated and released</i> )     | <input type="checkbox"/> treatable illness             |
| <input type="checkbox"/> traumatic injury ( <i>admitted to hospital</i> ) | <input type="checkbox"/> your child's health or injury |
| <input type="checkbox"/> heart related issue                              | <input type="checkbox"/> other _____                   |

15. Have you had to travel outside of Washington County in the past 3 years to see a health specialist physician?  Yes  No *If no, Why not?*  No need  Can't afford  No ride

16. Have you been transported by ambulance in the past 12 months?

If yes, was it a Washington County ambulance?  Yes  No

Was the destination hospital in Washington County?  Yes  No

17. Have you visited a dentist in the past 12 months?

Yes  No

*If yes, check all that apply:*

routine check-up

cavity treatment

gum disease

crown, root canal, or bridgework

dentures or partials

other

*If no, then why:*

no dental insurance

cannot afford dental care

other

18. Have you visited an eye doctor or ophthalmologist in the past 12 months?

Yes  No

19. Have you visited any of the below in the past 12 months?  Yes  No

• counselor (LCSW)

• psychologist

• therapist

• mental health counselor (LMHC or LPC)

• psychiatrist

### **PART III: Knowledge of Available Services and What's Needed**

#### **Do you know?**

20. That Washington County Memorial Hospital has visiting specialists [*internal medicine, urology, nephrology, cardiology, pulmonology, orthopedic, gastroenterology, psychiatry and a general surgeon*] providing such services as outpatient general surgery, wound care, sleep studies, colonoscopy, and others?  Yes  No
21. That Washington County Memorial Hospital has an Inpatient Swing-bed program that provides nursing care, physical therapy, occupational therapy, wound care, and IV therapy that may follow a hip replacement, coronary bypass, and illness recovery among others?  Yes  No
22. That Great Mines Health Center offers the following specialty services: radiology (x-ray and DEXA) chiropractic, tele-psychiatry, counseling, cardiology, and pediatrics  Yes  No
23. That Great Mines Health Center has an additional location in Farmington that provides Family Practice and Pediatric care services?  Yes  No
24. That Washington County Health Department accepts private insurances for immunizations?  Yes  No
25. That Washington County Health Department operates a women's health clinic for eligible women aged 35 – 64 that screens for the cancers that affect women at no cost; and if diagnosed, up to 100% of financial assistance is available for treatment?  Yes  No
26. That the Washington County Community Partnership sponsors an annual Back-to-School Fair, Christmas for Kids and Farm Tour?  Yes  No
27. That the Washington County Community Partnership provides ongoing court approved parenting classes, Cars for Careers and provides info & referral for free women's exams to eligible women ages 35-64  Yes  No
28. That the Washington County Ambulance District offers CPR classes to the public and to local businesses and organizations?  Yes  No

