JC Blair Community Health Survey

JC Blair Health System is interested in learning about the health of the residents in Huntingdon County and the surrounding communities. Your input in this process is very important. We are asking that you complete this survey that will help us to identify the needs of our community so that we can work together to address those needs. The survey should take approximately 10 minutes to complete, and we ask that you please complete by March 25, 2019.

Your responses are important and will provide us with information that will allow us to identify the most pressing needs of our community so that we might all work together to address those needs. Please note that your responses are completely anonymous. If you have questions regarding the survey, or need assistance completing this survey please contact Jacqui Catrabone at 1-866-480-8003 or jacqui@getstrategy.com

To thank you for your participation, you will be entered into a drawing for a chance to win one of 6 Visa Gift Cards:

- (1) $100 Visa Gift Card
- (2) $50 Visa Gift Cards
- (3) $25 Visa Gift Cards

Upon completion of the survey, please complete the entry form, separate it and place each form in a separate envelope and mail to: Community Relations Office, JC Blair Memorial Hospital, 1225 Warm Springs Avenue, Huntingdon, PA 16652.

Thank you for your participation!

1. What is your Zip Code?_____

2. How would you rate your (personal) overall health?
   _ Excellent _ Very Good _ Good _ Fair _ Poor

3. How would you rate the health status of your community?
   _ Excellent _ Very Good _ Good _ Fair _ Poor

4. How do you pay for your Health Care? (Check all that apply)
   - _ I have Health Insurance through my employer
   - _ I have Medicare
   - _ I have Medicaid
   - _ I am covered by the VA
   - _ I purchased health insurance through healthcare.gov
   - _ I pay cash
   - _ I currently do not have health care coverage

5. What stops you from seeking medical care for yourself and/or your family? (Check all that apply)
   - _ I can't get time off from work
   - _ I don't have transportation
   - _ Cost of medical care
   - _ Cost of copay
   - _ Cost of medications
   - _ Hours – They weren't open when I could get there
   - _ I had no one to watch my children
   - _ I couldn't get an appointment for a long time
   - _ The medical staff didn't speak my language
   - _ I didn't know where to get the care I needed
   - _ Lack of health care providers
   - _ Lack of local specialists
   - _ I decided not to go because I don't like going to doctors
   - _ I do not have any barriers that keep me from seeking medical care for myself and/or my family
   - _ Other, Please Specify_____

6. How often do you see a doctor or other healthcare provider? (Mark only one)
   _ Once per year _ Only when I am sick _ Other, Please Specify _____
   _ A few times per year _ I don't go to the doctor

7. Have you had any of the following tests in the last two years? (Please check all that apply)

_ Annual Exam	_ Prostate Specific Antigen Test (PSA Test)	_ Dental Exam
_ Sigmoidoscopy	_ Lab Screenings or Lab Work	_ Eye Exam
_ Colonoscopy	_ Blood Pressure Screening	_ Other, Please Specify _____
_ Pap Test	_ Diabetic Screening	
_ Mammogram	_ Cholesterol Screening	

8. Where do you usually seek medical care? (Mark only one)

_ At my doctor's office	_ I use urgent care	_ I do not seek medical care
_ I go to the emergency room	_ At a free clinic/sliding scale clinic	_ Other, Please Specify _____

Access to Care

9. Have the following directly affected **<u>you or your family</u>** in the last 2 years? (Consider things like coverage under your health benefit plan, cost of service, location, transportation, knowledge of providers, etc.)

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Access to Adult Immunizations	□	□	□	□	□	□
Access to Childhood Immunizations	□	□	□	□	□	□
Access to General Health Screenings (including blood pressure, cholesterol, colorectal cancer and diabetes)	□	□	□	□	□	□
Access to Mental Health Care Services	□	□	□	□	□	□
Access to Prenatal Care	□	□	□	□	□	□
Access to Transportation to Medical Care Providers and Services	□	□	□	□	□	□
Access to Women's Health Services	□	□	□	□	□	□
Access to Primary Medical Care Providers	□	□	□	□	□	□
Availability of Specialists/Specialty Medical Care	□	□	□	□	□	□
Access to Affordable Health Care (related to copays and deductibles)	□	□	□	□	□	□
Access to Dementia Care Services	□	□	□	□	□	□
Access to Dental Care	□	□	□	□	□	□
Access to Emergency Shelter in the Area	□	□	□	□	□	□

Health Problems

10. Have any of the following affected **your or your family** in the last 2 years?

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Asthma/COPD Related Issues	□	□	□	□	□	□
Cancer	□	□	□	□	□	□
Diabetes	□	□	□	□	□	□
Influenza and Pneumonia	□	□	□	□	□	□
Heart Disease	□	□	□	□	□	□
Obesity and Overweight	□	□	□	□	□	□
Childhood Obesity	□	□	□	□	□	□
Cardiovascular Disease	□	□	□	□	□	□
Stroke	□	□	□	□	□	□
High Cholesterol	□	□	□	□	□	□
Hypertension/High Blood Pressure	□	□	□	□	□	□
Dental Hygiene/Dental Problems	□	□	□	□	□	□
Allergies	□	□	□	□	□	□
Mental Health	□	□	□	□	□	□
Chronic Depression	□	□	□	□	□	□
Hepatitis C	□	□	□	□	□	□
Sexually Transmitted Diseases	□	□	□	□	□	□

11. How would you determine your personal weight?

_ Underweight _ Normal Weight _ Overweight

Social and Environmental Factors

12. Have any of the following affected **you or your family** in the last 2 years?

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Affordable and Adequate Housing	□	□	□	□	□	□
Homelessness	□	□	□	□	□	□
Employment Opportunities/ Lack of Jobs	□	□	□	□	□	□
Poverty	□	□	□	□	□	□
Lack of Recreational Opportunities	□	□	□	□	□	□
Lack of Safe Roads and Sidewalks	□	□	□	□	□	□
Lack of Early Childhood Development/Child Care	□	□	□	□	□	□
Access to High Quality Affordable Healthy Foods	□	□	□	□	□	□
Access to Fresh, Available Drinking Water	□	□	□	□	□	□

13. Have the following directly affected **you or your family**?

	Yes	No	Don't Know
Within in the past 12 months, we worried whether our food would run out before we got money to buy more.	_	_	_
Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.	_	_	_
In the past 12 months, has your utility company shut off your service for not paying your bills?	_	_	_
Are you worried or concerned that in the next 2 months, you may not have stable housing that you own, rent, or stay in as part of a household?	_	_	_
Are you afraid you may be hurt in your apartment building or house?	_	_	_
Do problems getting child care make it difficult for you to work or study?	_	_	_

Lifestyle

14. Have any of the following affected **you or your family** in the last 2 years?

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Alcohol Abuse	□	□	□	□	□	□
Prescription Drug Abuse	□	□	□	□	□	□
Illegal Drug Use	□	□	□	□	□	□
Crime	□	□	□	□	□	□
Delinquency/Youth Crime	□	□	□	□	□	□
Domestic Violence	□	□	□	□	□	□
Sexual Abuse	□	□	□	□	□	□
Child Physical Abuse	□	□	□	□	□	□
Child Sexual Abuse	□	□	□	□	□	□
Child Emotional Abuse	□	□	□	□	□	□
Child Neglect	□	□	□	□	□	□
Violence	□	□	□	□	□	□
Gun Violence	□	□	□	□	□	□
Lack of Exercise/Physical Activity	□	□	□	□	□	□
Sexual Behaviors (unprotected, irresponsible/risky)	□	□	□	□	□	□
Teenage Pregnancy	□	□	□	□	□	□
Tobacco Use	□	□	□	□	□	□
Tobacco Use in Pregnancy	□	□	□	□	□	□
Driving Under the Influence of Drugs or Alcohol	□	□	□	□	□	□
Texting and Driving	□	□	□	□	□	□
Motor Vehicle Crash Deaths	□	□	□	□	□	□
Gambling	□	□	□	□	□	□

15. How often do you use tobacco products? (Mark only one)

_ Multiple times a day _ Several times a week _ Other, Please Specify _____
_ Once a day _ I do not use any tobacco or vapor/e-cig products

16. How often do you use vapor/e-cig products? (Mark only one)

_ Multiple times a day _ Several times a week _ Other, Please Specify _____
_ Once a day _ I do not use any tobacco or vapor/e-cig products

17. How often are you physically active for 30 minutes or more? (Mark only one)
    - _ 1-2 times per week
    - _ 3-5 times per week
    - _ 6-7 times per week
    - _ I try to add physical activity when possible (taking the stairs, parking farther away, etc.)
    - _ None beyond regular daily activity

18. Which, if any, of the following would help you become more active? (Please check all that apply)
    - _ Transportation
    - _ Walking or Exercise Groups
    - _ Workshops or Classes
    - _ Discounts for exercise programs or gym
    - _ Low cost sneakers, sweat suites, or other equipment
    - _ A friend to exercise with
    - _ Safe place to walk or exercise
    - _ Information about programs in your community
    - _ Activities you can do with your children
    - _ Not applicable, I am physically active!
    - _ Other, Please Specify _____

19. What keeps you from eating fresh fruits and vegetables every day? (Mark only one)
    - _ Time it takes to prepare
    - _ Cost
    - _ The stores near me don't sell fresh fruits and vegetables
    - _ I do not like to eat healthy food
    - _ My family does not like to eat healthy
    - _ I am not sure how to cook/prepare fresh fruits and vegetables
    - _ I DO eat fresh fruits and vegetables
    - _ Other, Please Specify _____

20. What do you drink more often?
    - _ Water
    - _ Pop or Soda
    - _ 100% Juice
    - _ Beer, Wine, Liquor
    - _ Other, Please Specify _____

Mental Health/Substance Use Disorder

21. Do you feel our community has/is:

	Yes	No	Don't Know
There is a sufficient number and range of mental health services in the area	_	_	_
Community members know how to access local mental health services	_	_	_
There is sufficient number and range of substance abuse resources in the area	_	_	_
The local community is doing well in managing the nationwide opioid epidemic	_	_	_

22. How has any of the following affected you in the past two weeks?

	Often	Some of the Time	Hardly Ever	Never
How often do you have trouble falling asleep, staying asleep, or sleeping too much?	_	_	_	_
How often do you feel that you lack companionship?	_	_	_	_
How often do you feel left out?	_	_	_	_
How often do you feel isolated from others?	_	_	_	_
How often have you been bothered by feeling down, depressed, or hopeless?	_	_	_	_
How often have you been bothered by little or no interest or pleasure in doing things?	_	_	_	_

Community Needs

23. What do you feel are the top three **health problems** in the community you live in? (For example: cancer, diabetes, obesity, etc.). Your response does not need to be listed to topics in previous questions.
    Problem 1: _____
    Problem 2: _____
    Problem 3: _____

24. What do you feel are the top three **social or environmental problems** in the community you live in? (For example: high rates of drug use, language, lack of jobs, etc.) Your response does not need to be listed to topics in previous questions.
    Problem 1: _____
    Problem 2: _____
    Problem 3: _____

25. What additional health care services do you feel are needed in your community?
    _____
    _____

Getting to Know You

26. Sex:
    _ Male _ Female

27. Gender: (Mark only one)
    _ Male _ Female _ Transgender _ Do not identify

28. Age: (Mark only one)
    _ Under 18 _ 40-49 _ 70 and over
    _ 18-29 _ 50 - 59
    _ 30-39 _ 60 - 69

29. Number of children under the age of 18 in your household? _____

30. Ethnicity: Hispanic?
    _ Yes _ No

31. Race: (Please check all that apply)
    _ White/Caucasian
    _ Black/African American
    _ Native American
    _ Latino/a
    _ Asian or Pacific Islander
    _ Prefer not to answer
    _ Other, Please Specify _____

32. Marital Status: (Mark only one)
    _ Single, Never Married
    _ Married
    _ Divorced
    _ Widowed
    _ Separated
    _ Member of an Unmarried Couple

33. Highest Grade Level of School Completed: (Mark only one)
    _ Less than 9th Grade
    _ Some High School, No Diploma
    _ High School Graduate (or GED)
    _ Some College, No Degree
    _ Associates Degree
    _ Bachelor's Degree
    _ Master's Degree
    _ Professional School Degree
    _ Doctorate Degree

34. Household Income: (Mark only one)

_ $0 to $24,999	_ $50,000 to $74,999	_ $150,000 to $199,999
_ $25,000 to $34,999	_ $75,000 to $99,999	_ $200,000 or more
_ $35,000 to $49,999	_ $100,000 to $149,999	

35. Languages Spoken at Home _____

36. Current Employment Status: (Mark only one)

_ Employed full time (40+ hours)	_ Unemployed/currently look for work	_ Retired
_ Employed part time (up to 39 hours/week)	_ Unemployed/not currently looking for work	_ Homemaker
_ I work multiple jobs	_ Student	_ Self - Employed
		_ Unable to Work

37. Are you currently the caregiver of an elder family member of friend?

_ Yes, I provide care to an Elder _ No, I do not provide care to an Elder

38. How much time do you spend providing care to this individual?

_ Daily	_ Once a Month
_ Several Times a Week	_ Only Provided Care One Time
_ About Once a Week	_ I Do Not Provide Care to an Elder
_ Several Times a Month	_ Other, Please Specify

39. Do you feel there is adequate support/resources for caregivers in your community?

_ Yes _ No _ Don't Know

Thank You for Completing the JC Blair Community Health Survey!

To thank you for your participation ***six*** participants will be selected to win one of the following:

(1) $100 Visa Gift Card
(2) $50 Visa Gift Cards
(3) $25 Visa Gift Cards

The information provided below is not connected to the survey you just completed. This information will only be used for the drawing and will not be used for later marketing efforts, nor will it be shared with any other groups.

By providing your contact information below you will be entered into a drawing for one of the six prizes noted above. The winner will be notified by the end of March 2019.

Once you have completed the survey and entry form please separate the two and drop them in the appropriate box or envelope.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Thank you again for your participation!