



Promote, provide and protect the health and safety of the citizens of Northampton County

2014 Community Health Opinion Survey

Northampton County Health Department is conducting a survey of the county to learn more about the health and quality of life in Northampton County. The Northampton County Health Department and Northampton Healthy Carolinians Task Force will use the results of this survey to help address the major health and community issues in our county.

The survey is completely voluntary, and it should take no longer than 20 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way.

Thank You.

Northampton County Community Health Survey

PART 1: Quality of Life Statements

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

Statements	<i>Circle the number that best represents your opinion of each statement below.</i>				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<p>1. How do you feel about this statement, “There is good healthcare in Northampton County”? Consider the cost, quality, number of options, and availability of healthcare in the county.</p>	1	2	3	4	5
<p>2. How do you feel about this statement, “Northampton County is a good place to raise children”? Consider the quality and safety of schools, child care programs, after school programs, and places to play in this county.</p>	1	2	3	4	5
<p>3. How do you feel about this statement, “Northampton County is a good place to grow old”? Consider the county’s elder-friendly housing, transportation to medical services, recreation, and services for the elderly.</p>	1	2	3	4	5
<p>4. How do you feel about this statement, “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 the county.</p>	1	2	3	4	5
<p>5. How do you feel about this statement, “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 the county.</p>	1	2	3	4	5
<p>6. How do you feel about this statement, “There is plenty of help for people during times of need in Northampton County”? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.</p>	1	2	3	4	5

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

7. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in Northampton County? (Please choose only one.) If there is a community problem that you consider the most important and it is not on this list, please write it in.

- | | |
|--|---|
| a. <input type="checkbox"/> Pollution (air, water, land) | i. <input type="checkbox"/> Neglect and abuse (<i>Specify type</i>) |
| b. <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Elder abuse |
| c. <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Child abuse |
| d. <input type="checkbox"/> Homelessness | j. <input type="checkbox"/> Domestic Violence |
| e. <input type="checkbox"/> Lack of/ inadequate health insurance | k. <input type="checkbox"/> Violent crime (murder, assault) |
| f. <input type="checkbox"/> Hopelessness | l. <input type="checkbox"/> Theft |
| g. <input type="checkbox"/> Discrimination/ racism | m. <input type="checkbox"/> Rape/sexual assault |
| h. <input type="checkbox"/> Lack of community support | n. <input type="checkbox"/> Other: _____ |
| | o. <input type="checkbox"/> None |

8. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.) If there is a service that you think needs improvement that is not on this list, please write it in.

- | | |
|---|---|
| a. <input type="checkbox"/> Animal control | k. <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) |
| b. <input type="checkbox"/> Child care options | l. <input type="checkbox"/> Healthy family activities |
| c. <input type="checkbox"/> Elder care options | m. <input type="checkbox"/> Positive teen activities |
| d. <input type="checkbox"/> Services for disabled people | n. <input type="checkbox"/> Transportation options |
| e. <input type="checkbox"/> More affordable health services | o. <input type="checkbox"/> Availability of employment |
| f. <input type="checkbox"/> Better/ more healthy food choices | p. <input type="checkbox"/> Higher paying employment |
| g. <input type="checkbox"/> More affordable/better housing | q. <input type="checkbox"/> Road maintenance |
| h. <input type="checkbox"/> Number of health care providers | r. <input type="checkbox"/> Road safety |
| <i>What kind?</i> _____ | s. <input type="checkbox"/> Other: _____ |
| i. <input type="checkbox"/> Culturally appropriate health services | t. <input type="checkbox"/> None |
| j. <input type="checkbox"/> Counseling/ mental health/ support groups | |

Part 3. Health Information**9. In your opinion what is the best way to get health information into your community?**

- | | |
|---------------------|--|
| a. _____ TV | d. _____ Health Fairs/Community Events |
| b. _____ Radio | e. _____ Social Media |
| c. _____ Newspapers | f. _____ Word of Mouth |
| | g. _____ Other (Please Specify) |

10. Based on the health information you have received in the last two years, are you eating more fruit and vegetables?

- a. _____ Yes b. _____ No

11. Based on the health information you have received in the last two years are participating physical activity more often.

- a. _____ Yes b. _____ No

12. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|--|---|---|
| a. ___ Eating well/ nutrition | i. ___ Using child safety seats | q. ___ Substance abuse prevention (ex: drugs and alcohol) |
| b. ___ Exercising/ fitness | j. ___ Using seat belts | r. ___ Suicide prevention |
| c. ___ Managing weight | k. ___ Driving safely | s. ___ Stress management |
| d. ___ Going to a dentist for check-ups/ preventive care | l. ___ Quitting smoking/ tobacco use prevention | t. ___ Anger management |
| e. ___ Going to the doctor for yearly check-ups and screenings | m. ___ Child care/ parenting | u. ___ Domestic violence prevention |
| f. ___ Getting prenatal care during pregnancy | n. ___ Elder care | v. ___ Crime prevention |
| g. ___ Getting flu shots and other vaccines | o. ___ Caring for family members with special needs/ disabilities | w. ___ Rape/ sexual abuse prevention |
| h. ___ Preparing for an emergency/disaster | p. ___ Preventing pregnancy and sexually transmitted disease (safe sex) | x. ___ Bullying/Harassment |
| | | y. ___ Healthy Life Styles |
| | | z. ___ Other: _____ |
| | | aa. ___ None |

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

- | | |
|---------------------------|--------------------------|
| a. ___ Friends and family | g. ___ Hospital |
| b. ___ Doctor/nurse | h. ___ Health department |
| c. ___ Pharmacist | i. ___ Help lines |
| d. ___ Church | j. ___ Books/magazines |
| e. ___ Internet | k. ___ Other _____ |
| f. ___ My child's school | |

**14. What health topic(s)/ disease(s) would you like to learn more about?
(Write in all suggestions.)**

15. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relatives.)

- a. ___ Yes b. ___ No c. ___ Refused to Answer

16. Which of the following health topics do you think your child/children need(s) more information about?

- | | | |
|----------------------------|----------------|----------------------------------|
| a. ___ Dental hygiene | f. ___ Tobacco | j. ___ Drug Abuse |
| b. ___ Nutrition | g. ___ STDs | k. ___ Reckless driving/speeding |
| c. ___ Eating Disorders | h. ___ Sex | l. ___ Mental health issues |
| d. ___ Asthma management | i. ___ Alcohol | m. ___ Suicide prevention |
| e. ___ Diabetes management | | n. ___ Peer Pressure |
| | | o. ___ Other |

PART 4: Personal Health

These questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

17 Would you say that, in general, your health is...?

- | | |
|--------------------------|----------------------------|
| a. ___ Excellent | e. ___ Fair |
| b. ___ Very good | f. ___ Poor |
| c. ___ Good | g. ___ Don't know/Not sure |
| d. ___ Refused to answer | |

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

(DK= Don't know/ Not sure; R= Refuse to answer)

- | | | | | |
|------------------------------------|------------------|--------|--------|-------|
| a. Asthma | ___ Yes | ___ No | ___ DK | ___ R |
| b. Depression or anxiety | ___ Yes | ___ No | ___ DK | ___ R |
| c. High blood pressure | ___ Yes | ___ No | ___ DK | ___ R |
| d. High cholesterol | ___ Yes | ___ No | ___ DK | ___ R |
| e. Diabetes (not during pregnancy) | ___ Yes | ___ No | ___ DK | ___ R |
| f. Osteoporosis | ___ Yes | ___ No | ___ DK | ___ R |
| g. Overweight/Obesity | ___ Yes | ___ No | ___ DK | ___ R |
| h. Angina/ heart disease | ___ Yes | ___ No | ___ DK | ___ R |
| i. Cancer | ___ Yes | ___ No | ___ DK | ___ R |
| j. Other | Specify _____ -- | | | |

19. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

- a. ____ Yes b. ____ No c. ____ Don't know/ Not sure d. ____ Refused to answer

20. In 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?

- a. ____ Yes b. ____ No
b. ____ Don't know/ Not sure d. ____ Refused to answer

21. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour?

- a. ____ Yes c. ____ No
b. ____ Don't know/ Not sure d. ____ Refused to answer

22. Since you said yes, how many times do you exercise or engage in physical activity during a normal week? _____ (Write number)

(If you exercise more than once a day, count each separate physical activity that lasts for at least a half hour to be one "time.")

23. Where do you go to exercise or engage in physical activity? Check all that apply.

- a. ____ YMCA d. ____ Private gym
b. ____ Park e. ____ Home
c. ____ Public Recreation Center f. ____ Other: _____

24. Since you said "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. ____ My job is physical or hard labor g. ____ I don't like to exercise.
b. ____ Exercise is not important to me. h. ____ It costs too much to exercise
c. ____ I don't have access to a facility that has i. ____ There is no safe place to exercise.
the things I need, like a pool, golf course, or j. ____ I'm too tired to exercise.
a track. k. ____ I'm physically disabled.
d. ____ I don't have enough time to exercise. l. ____ I don't know
e. ____ I would need child care and I don't have it. m. ____ Other _____
f. ____ I don't know how to find exercise partners.

For the purposes of this study, ketchup is not considered a vegetable'

Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables in an average week. Lettuce salad is the typical "house salad" with iceberg lettuce, or the salad mixes you get at the store or fast food restaurants, even if they have meat on top. Potato products are French fries, baked potatoes, hash browns, mashed potatoes... anything made from white potatoes.

One apple or 12 baby carrots equal one cup.

25. How many cups per week of fruits and vegetables would you say you eat?

- | | |
|--|-------------------------------------|
| a. ___ Number of cups of fruit | c. ___ Never eat fruit |
| b. ___ Number of cups of vegetables | d. ___ Never eat vegetable |
| e. ___ Number of cups 100% fruit juice | f. ___ Never drink 100% fruit juice |

26. Have you been exposed to secondhand smoke in the past year?

- | | |
|-----------------------------|--------------------------|
| a. ___ Yes | b. ___ No |
| c. ___ Don't know/ Not sure | d. ___ Refused to answer |

27. If yes, where do you think you are exposed to secondhand smoke most often? (Check only one place)

- | | |
|--------------------|--|
| a. ___ Home | e. ___ School |
| b. ___ Workplace | f. ___ Other: _____ |
| c. ___ Hospitals | g. ___ I am not exposed to secondhand smoke. |
| d. ___ Restaurants | |

28. Do you currently smoke? (Include regular smoking in social settings.)

- | | | |
|------------|-----------|--------------------------|
| a. ___ Yes | b. ___ No | c. ___ Refused to answer |
|------------|-----------|--------------------------|

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

(Choose only one.)

- | | |
|------------------------------------|---|
| a. ___ Quit Line NC | f. ___ Health Department |
| b. ___ Doctor | g. ___ I don't know |
| c. ___ Church | h. ___ Other: _____ |
| d. ___ Pharmacy | i. ___ Not applicable; I don't want to quit |
| e. ___ Private counselor/therapist | |

30. During the past 12 months, have you had a seasonal flu vaccine?

(An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "Flu Mist" which is sprayed into your nose)

- | | |
|-----------------------|----------------------------|
| a. ___ Yes, flu shot | d. ___ No |
| b. ___ Yes, flu spray | e. ___ Don't Know/Not Sure |
| c. ___ Yes, both | f. ___ Refused |

Part 5. Access to Care/ Family Health

31. Where do you go most often when you are sick? Here are some possibilities. (Choose only one please.)

- | | |
|----------------------------|-----------------------------|
| a. _____ Doctor's office | d. _____ Medical Clinic |
| b. _____ Health department | e. _____ Urgent Care Center |
| c. _____ Hospital | f. _____ Other: _____ |

32. Do the hours of operations at your local health department meet the needs of you and your family?

- a. _____ Yes b. _____ No

33. Are you satisfied with the services you received at your local health department?

- a. _____ Yes b. _____ No c. _____ I never use the health department

34. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?(Please choose only one.)

- a. ___ The State Employee Health Plan
 b. ___ Blue Cross and Blue Shield of North Carolina
 c. ___ Other private health insurance plan purchased from employer or workplace
 d. ___ Other private health insurance plan purchased directly from an insurance company
 e. ___ Medicare
 f. ___ Medicaid or Carolina ACCESS or Health Choice 55
 g. ___ The military, Tricare, CHAMPUS, or the VA
 h. ___ The Indian Health Service
 i. ___ Other (government plan)
 j. ___ No health plan of any kind
 k. ___ Don't know/Not sure
 l. ___ Refused

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

- a. _____ Yes b. _____ No c. _____ Don't know/ Not sure d. _____ (Refused to answer)

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose more than one if you need to. If there was a provider that you tried to see but we do not have listed here please write it in.

- | | |
|---|---------------------------------------|
| a. _____ Dentist | f. _____ OB/GYN |
| b. _____ General practitioner | g. _____ Health Department |
| c. _____ Eye care/ optometrist/ ophthalmologist | h. _____ Hospital |
| d. _____ Pharmacy/ prescriptions | i. _____ Urgent Care |
| e. _____ Pediatrician | j. _____ Medical Clinic |
| | k. _____ Specialist (What type) _____ |

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to. If you had a problem that we do not have written here, please write it in.

- a. No health insurance.
- b. Insurance didn't cover what I/we needed.
- c. My/our share of the cost (deductible/co-pay) was too high.
- d. Doctor would not take my/our insurance or Medicaid.
- e. Hospital would not take my/our insurance.
- f. Pharmacy would not take my/our insurance or Medicaid.
- g. Dentist would not take my/our insurance or Medicaid.
- h. No way to get there.
- i. Didn't know where to go.
- j. Couldn't get an appointment.
- k. The wait was too long.
- l. Other: _____

38. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? Please choose only one.

- a. Private counselor or therapist
- b. Support group (e.g., AA, Al-Anon)
- c. School counselor
- d. Don't know
- e. Doctor
- f. Minister/religious official
- g. Other: _____

Part 6. Emergency Preparedness**39. Does your household have working smoke and carbon monoxide detectors?***(Mark only one.)*

- a. ___ Yes, smoke detectors only d. ___ Yes, carbon monoxide detectors only
 b. ___ Yes, both e. ___ No
 c. ___ Don't know/ Not sure f. ___ Refused to answer

40. Does your family have a basic emergency supply kit?*(These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)*

- a. ___ Yes b. ___ No c. ___ Don't know/Not sure d. ___ Refused to answer

41. If yes, how many days do you have supplies for? _____ *(Write number of days)***42. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)**

- a. ___ Television f. ___ Neighbor
 b. ___ Radio g. ___ Text message (emergency alert system)
 c. ___ Internet h. ___ Other (describe) _____
 d. ___ Print media (ex: newspaper) i. ___ Don't know/ Not sure
 e. ___ Social networking site j. ___ Refused to answer

43. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

- a. ___ Yes b. ___ No c. ___ Don't know/ Not sure d. ___ Refused to answer

44. What would be the main reason you might not evacuate if asked to do so?*(Check only one.)*

- a. ___ Lack of transportation k. ___ Refused to answer
 b. ___ Lack of trust in public officials
 c. ___ Concern about leaving property behind
 d. ___ Concern about personal safety
 e. ___ Concern about family safety
 f. ___ Concern about leaving pets
 g. ___ Concern about traffic jams and inability to get out
 h. ___ Health problems (could not be moved)
 i. ___ Other (describe) _____
 j. ___ Don't know/ Not sure

Part 7. Demographic Questions

The next set of questions are **general** questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

45. How old are you?

- | | | | |
|------------------|------------------|------------------|----------------------|
| a. _____ 15 - 19 | e. _____ 35 - 39 | i. _____ 55 - 59 | m. _____ 75 - 79 |
| b. _____ 20 - 24 | f. _____ 40 - 44 | j. _____ 60 - 64 | n. _____ 80 - 84 |
| c. _____ 25 - 29 | g. _____ 45 - 49 | k. _____ 65 - 69 | o. _____ 85 or older |
| d. _____ 30 - 34 | h. _____ 50 - 54 | l. _____ 70 - 74 | |
- p. _____ refused to answer

46. Are you Male or Female?

- a. _____ Male b. _____ Female c. _____ Refused to answer

47. Are you of Hispanic, Latino, or Spanish origin?

- a. _____ Yes b. _____ No c. _____ Refused to answer

a) If yes, are you:

1. _____ Mexican, Mexican American, or Chicano
2. _____ Puerto Rican
3. _____ Cuban
4. _____ Other Hispanic or Latino (Please Specify) 5. _____ Refused to answer

48. What is your race?

- a. _____ White
- b. _____ Black or African American
- c. _____ American Indian or Alaska Native (*List tribe(s) including Lumbee*) _____
- d. _____ Asian Indian
- e. _____ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino
(*write in race*) _____
- f. _____ Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro:
(*write n race*) _____
- g. _____ Other race not listed here: (*write in race*)_ _____
- h. _____ Refused to answer

49. Do you speak a language other than English at home?

- a. _____ Yes b. _____ No c. _____ Refused to answer

a) If yes, what language do you speak at home? _____

50. What is your marital status? (Mark only one. No explanation needed for "other".)

- a. _____ Never Married/Single
- b. _____ Married
- c. _____ Unmarried partner
- d. _____ Other
- f. _____ Refused to answer
- g. _____ Divorced
- h. _____ Widowed
- i. _____ Separated

51. What is the highest level of school, college or vocational training that you have finished? (Mark only one.)

- a. _____ Less than 9th grade
- b. _____ 9-12th grade, no diploma
- c. _____ High school graduate (or GED/ equivalent)
- d. _____ Associate's Degree or Vocational Training
- e. _____ Some college (no degree)
- f. _____ Bachelor's degree
- g. _____ Graduate or professional degree
- h. _____ Other: _____
- i. _____ Refused to answer

52. What was your total household income last year, before taxes? (Mark only one.)

- a. _____ Less than \$10,000
- b. _____ \$10,000 to \$14,999
- c. _____ \$15,000 to \$24,999
- d. _____ \$25,000 to \$34,999
- e. _____ Refused to answer
- f. _____ \$35,000 to \$49,999
- g. _____ \$50,000 to \$74,999
- h. _____ \$75,000 to \$99,999
- i. _____ \$100,000 or more

53. 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.)

54. What is your employment status?

- a. _____ Employed full-time
- b. _____ Employed part-time
- c. _____ Retired
- d. _____ Armed forces
- e. _____ Unemployed for more than 1 year
- f. _____ Refused to answer
- g. _____ Disabled
- h. _____ Student
- i. _____ Homemaker
- j. _____ Self-employed
- k. _____ Unemployed for 1 year or less

55. Do you have access to the Internet?

- a. _____ Yes
- b. _____ No
- c. _____ Don't know/ Not sure
- d. _____ Refused to answer

56. What is your zip code? (Write only the first 5 digits.) _____

These are all the questions that we have. Thank you so much for taking the time to complete this survey!

THE END

Survey number _____