



Adams County Health Alliance

Community Needs Assessment

Community Health Opinion Survey Results

Using

CASPER

Community Assessment for Public Health Emergency Response

April, 2014

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Othello Community Hospital (OCH)
East Adams Rural Hospital (EARH)
Adams County Emergency Management (ACEM)
Adams County Integrated Health Care Services (ACIHCS)

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Blanca Garza – Othello Community Hospital
Stephani Lind – Othello Community Hospital
Nora Garza –Othello Community Hospital

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We would also like to thank the 176 survey respondents that took time out of their day to provide their valued responses to our survey.

Executive Summary:

Adams County, Washington is a county of 19,179 (2014 census estimate) in rural eastern Washington. The county is primarily agriculture with dry land wheat farming in the eastern portion and irrigated farming in the western portion. There are 5 incorporated communities in Adams County; Othello, Lind, Ritzville, Washtucna and Hatton. The county has a large Hispanic population, primarily in the western portion of the county, drawn to field work in that area. A significant portion of the adult residents of Hispanic descent are mono-lingual Spanish or other Mexican dialect.

In June 2013 Adams County partners, in response to the need to assess the health of county residents, began the process of conducting the Community Health Needs Assessment. Utilizing MAPP (Mobilizing for Action through Planning and Partnerships) as a guide, the partners formed the Adams County Health Alliance (ACHA) with a signed MOU and began the process with extensive data review. ACHA reached the step in the MAPP process of conducting a community health opinion survey in December 2013. There were different options explored to collect community health perceptions and after some research and discussion it was decided to utilize CASPER (Community Assessment of Public Health Emergency Preparedness).

“CASPER is a specific set of tools designed to provide quick, inexpensive, accurate, and reliable household-based public health information about communities affected by natural or manmade disasters. It uses a validated sampling methodology to collect information at the household level on the health status and basic needs of a community affected by disaster.” (Excerpt from “Community Assessment for Public Health Emergency Response (CASPER) toolkit: Second Edition” page 1)

This CDC system of rapid data collection has been used in public health emergencies around the country. This process has also been useful in conducting community surveys in non emergency situations and has been used by several agencies in the United States to collect community health perceptions. A review of other counties use of CASPER to elicit valid community health opinions and the manageable amount of survey responses (210 for validity), all contributed to the decision to utilize this tool.

The Adams County survey tool was based on Wake County North Carolina’s survey tool utilized for their 2013 community health opinion survey (CHOS) and is included at the end of this report. The tool was reviewed and adapted for Adams County over the course of 3 months in 2014. CDC CASPER staff, specifically Tesfaye Bayleyegn, MD, assisted our county in cluster sampling and instruction in utilizing CASPER. Cluster sampling turned out to be more difficult for a sparsely populated area like Adams County. The CDC had not done cluster sampling for as small a community prior to our request. The CASPER sample is based on a 30/7 cluster sample

(30 randomly selected census tracts/7 household units per census tract = 210). CDC was unable to get the 30/7 sample size required in Adams County because many of our census tracts randomly selected had less than the 7 needed household units for surveying. The first two samples run using 30/7 methodology did not make the 210 number. The second allowed for a maximum of only 170 surveys due to less than 7 household units in many census tracts. This left a very small window for success (the needed 168 completed surveys). After discussion with CDC staff, a new cluster sample was selected using a 34/6 cluster sample (34 randomly selected census tracts with 6 household units per census tract). This gave us a maximum possible of 196 surveys. We were still concerned with our ability to be successful in getting the needed 168 completed surveys, (which only allowed 28 refusals for survey participation). We decided to go ahead, believing in the importance of the information we would collect from the community opinion survey tool and this process for collecting information even if we did not get the needed amount of surveys to be considered successful by CASPER standards. We discussed with CDC staff the possibility of lowering the completed survey number (168) for our county since we couldn't get the 210 possible but they were firm on the 168 completed survey's for success, regardless of the maximum number possible in the cluster sample.

The survey dates were set for April 14-16, 2014. There was much thought and planning put into a media plan to prepare for and minimize the number of residents that would choose not to participate. The media plan was as follows:

“Media Plan for informing the public about the community health opinion survey:

- *Article in Othello Outlook and Ritzville Journal*
- *Website information on all our websites*
- *Flyers posted and distributed*
- *Twitter used for tweeting information*
- *Reader boards running information*
- *Other agency's facebook or twitter or other social media...*

Sample information:

Adams County community partners of Integrated Health Care Services, Othello Community Hospital, East Adams Rural Hospital and Columbia Basin Health Association have formed Adams County Health Alliance to conduct a community health needs assessment. This process includes reviewing data, developing a vision of health for Adams County, assessing the current health status of Adams County by completing data review and community opinion surveys, identifying those important issues that need to be addressed to improve the county's health and planning on how we as a community will work together to improve our county's health. As part of this process we are now planning to conduct a community health opinion survey. This survey will be conducted door to door to obtain information from community residents about their opinions on health care and health related issues in Adams County. This very important survey will be conducted from April 14 to April 16. A McDonald's gift card of \$10.00 will be given to each participant over the age of 18 at the completion of the survey. Please strongly consider participation in this survey to help us better understand the health opinions and needs of our community.”

Flyers, handouts, websites, reader boards, social media and newspaper media all used some variation of the above message to inform residents about the upcoming CASPER survey.

There was considerable planning and changes made prior to the final setting of the survey date. We were concerned about missing fieldworkers and families who work outside the home, we wanted to avoid the school spring break (in case families would leave the area during that time) to capture as many families as possible, we adjusted the hours of the survey to be sure and survey in the evening hours. Throughout these discussions the survey dates were moved back twice to accommodate the time needed for preparation and in an attempt to collect the greatest number of surveys.

176 surveys were collected of the 196 possible for a response rate of 90%. We were successful by CASPER and our own standards in the collection of community opinions.

Concerns we heard from our residents who responded to the survey:

Top four concerns:

- Low income/poverty
- Need for positive teen activities
- Drugs and Alcohol use
- Unemployment

Items listed for improvement:

- Better affordable housing
- Healthy family activities and higher paying employment
- Childcare/parenting
- Substance abuse prevention
- Exercise/fitness opportunities

The complete CASPER/CHOS results are listed at the end of this report.

The information received from the Community Health Opinion Survey (CHOS) was incorporated into the **"Adams County Health Alliance Community Health Needs Assessment Executive Summary For Adams County 2014"**. Copies are available upon request from Adams County Health Department.

Background:

Communities around the country are responding to the Affordable Care Act recommendation for hospitals to conduct a community health needs assessment. Many public health agencies

are taking the lead in this process, working with hospitals and community partners to do county or community wide needs assessment. The goal is to implement a Community Health Improvement Plan (CHIP) to address key concerns identified by available data and a community survey. Although the CASPER is targeted for prioritizing community response in an emergency it may also be used for “conducting Health Impact Assessments (HIAs) or other community level surveys during non-emergency situations” (Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Second Edition, page 3). Wake County North Carolina used CASPER for their Community Health Opinion Survey in 2013 and Adams County modeled our survey after theirs. The Wake County report describes the CASPER methodology by writing:

“This method was first developed in the 1960’s as a tool for local health departments to conduct rapid assessments of immunization coverage (Serfling and Sherman, 1965). The sampling method was adopted by the World Health Organization’s Expanded Program on Immunization and later by the Center for Disease Control and Prevention for use in response to natural disasters (Henderson and Sundaresan, 1982; Malilay, Flanders and Brogan, 1996, CDC, 2012). This efficient sampling scheme has been validated and used effectively for rapid assessment and estimation of a variety of population level public health needs (Frerichs and Sasheen, 2001; Henderson and Sundaresan, 1982)”. Their report further states that “the quality of the data is high and likely some of the best survey data collected on the health of Wake County residents...” (Wake County Community Health Needs Assessment, 2013, Challenges and Opportunities, Appendix D).

This information strengthened Adams County Health Alliance’s decision to go forward with a CASPER.

Methods and Materials:

The Adams County Health Alliance, which includes Othello Community Hospital, Columbia Basin Health Association, East Adams Rural Hospital and Adams County Integrated Health Care Services, with assistance from CDC, began the CASPER process of a CHOS in December, 2013. The Wake County, North Carolina survey tool was reviewed and questions adapted for our community. A small grant was secured to help with incentives and travel to collect surveys. CDC CASPER staff, specifically Tesfaye Baylayegn, assisted us with questions regarding the CASPER process and random selection of household units from available census tracts. Census tract data was mapped and prepared prior to the training day. Staff from the Alliance along with volunteers and other community partners agreed to participate as interviewers. Due to the large Spanish speaking population in our county, teams of two members had at least one bi-lingual interviewer for surveys conducted in the Othello area of the county. A considerable amount of time was spent in preparation of materials to conduct the surveys and in preparation of interviewers conducting the survey. Informational handouts were prepared in advance to hand out to survey respondents and leave at the door if not home so a return visit could be scheduled. There was newspaper coverage prior to the event, signage for cars, gift cards to give to survey respondents and preparation of the Spanish interview tool to align with the

English tool prior to the actual survey process. All information was put in packets for interviewers. In addition, teams had safety vests, snacks and water and dog treats to take with them. Interview teams received a four hour training from 9am to 1pm on the first day of surveying. The training followed the CASPER toolkit outline and included instruction on purpose, goals, safety, use of the tracking tools and how to identify and interview houses in each cluster. Incident Command Structure was utilized to organize and manage this process. The hours of 2pm to 7pm were chosen for interviewing to attempt to find more people at home. On day one, 20 teams consisting of 2 members were dispatched and 108 surveys were completed. On day two, 12 teams were dispatched again from 2-7pm and 66 surveys were completed. On day three, 2 surveys were completed at the request of households that could not complete the survey on one of the prior 2 days and requested staff return. A total of 176 surveys were completed for a 90% completion rate. A small grant was received to assist the community opinion survey process and McDonald's gift cards were purchased with grant funds and given to households that completed the survey. As described in the executive summary this was well advertised in advance and believed to have contributed to the success of survey completion.

Results:

A sampling of findings are highlighted below:

- Community members interviewed believe that low income/poverty, drug/alcohol abuse and unemployment/employment opportunities are the three major issues that affect the quality of life in Adams County.
- Community members interviewed believe the top three issues that need the most improvement are positive teen activities, more affordable/better housing and higher paying employment.
- Top three health behaviors people in our community need information about are: child care/parenting, exercising/fitness, and elder care.
- 61% of respondents relate their health as excellent or good.
- Although 36% of adult respondents said they did not have health insurance in the last year, 95% of respondents relate their children did have insurance coverage in the last year.
- 82% of respondents would choose getting their medical advice in Adams County.
- 80% of respondents had visited their provider for a routine check up in the last 1-2 years.
- 50% of respondents had been to their dentist in the last 1-2 years.
- 44% of respondents related they needed someone to help them understand health related information at least occasionally.

- The most frequent response for respondents who were told by their health care provider they had a health issue was 32% for high blood pressure and overweight/obese.
- 53% of respondents have not been trained in cardio pulmonary resuscitation (CPR).
- 89% said they would evacuate in an emergency if mandated.

Adams County is unique among small counties in Washington State with 56% of their population listed of Hispanic descent. The CASPER survey process followed that demographic with 57% listing their race/ethnicity as Hispanic. Our data also shows a lower than average college graduation rate and the CASPER survey had 11% respond they had college graduation or greater. Employment status indicated 24% were retired, 47% employed full or part time and 11% unemployed currently.

Based on these findings and other data sources, the Adams County Health Alliance will prioritize strategies to improve the health of community residents.

Discussion:

Utilizing telehealth for just in time training was convenient for the numbers of interviewers that needed trained and to lower costs related to travel but it had challenges in hearing and visual issues. This contributed to side conversations and lack of meeting control which was reestablished several times during the training. We followed the CASPER agenda for just in time training of field interview teams (Appendix H) and believed that all was well covered but discovered there were still questions and misunderstanding regarding completing forms. Not all the forms were readily available for all interviewers at the time of the training and that required last minute scrambling to get them together, which contributed to some confusion. There was time set aside in the training for interviewers to practice the interview asking each other the questions and that was well received and interviewers felt better prepared based on this practice. Completion of the tracking form for every house was covered in just in time training but it turned out after the event was over that general staff had not checked the forms turned in at the end of every day for completeness (Tracking form Appendix E). The interviewers name or initials on each form was overlooked on many of the forms. We were not able to collect that needed information after the fact so we were unable to weight the responses. This was an unfortunate discovery for us and impacted the quality of the CASPER results. It is a lesson learned and strict attention will be paid to this in the future.

Locating clusters was a challenge in some areas of the county. Because ICS was utilized for this event, having a command post in place at ACIHCS, with easy accessibility to contact general staff, assisted teams with directions to get to the appropriate clusters.

There was a quality safety plan in place, well covered in just in time training and there were no safety issues during this event.

Some of the cell numbers obtained prior to the event were incorrect and there are areas of the county with limited cell coverage which made it difficult to always have a contact with interview teams. Because there were 2 members on each team this was generally kept to a minimum as one team member was able to be contacted. Teams were instructed to check in at the end of the day as they were heading back to the command post.

Even though much time was spent in accurate translation of the survey tool into Spanish, there were a couple of questions that the bilingual staff thought that were not correctly translated when the survey was administered. It is not believed this impacted final survey results.

A question on the survey regarding frequency of mammograms was questioned by our health officer. Because he is a part time long distance health officer it was not thought about in the course of developing the survey to consult him regarding the medical questions, especially since the survey we chose was from a much larger county and subject to review there. In retrospect, this was a mistake and he should have been included from the beginning in survey tool review.

The skip sequences in the medical question section were confusing and were not numbered properly. It was thought that thorough review of the skip sequences had been completed (starting with question 32) but the changing and renumbering of questions through numerous revisions made the skip sequence inaccurate. Questions may have been skipped that shouldn't have been as a result.

The survey was long by report of some of the interview teams who thought it would have been better if it were shorter. It took approximately 30 minutes to complete for an English speaking respondent but longer for a Spanish speaking respondent. Review of questions prior to administration and perceived necessity of all questions led us to keep the survey as it was. Questions 10, 11 and 12 had a lot of choices for respondents and having a list of options to give them to read through helped in completing those questions.

Good information was received that corresponded well with data we know about our community. This affirmed for us that issues we see as concerns in our community and issues of concern by our hard data are backed up by survey responses.

We would like the CDC/CASPER team to consider if it is possible to find a lower survey completion number for success than the current 168 of 210. When the census tract/household unit numbers are smaller than 210 surveys it seems that the number for successful completion should also be lowered. CDC's initial response to us was that the 168 of 210 are firm numbers

but we would like them to consider a modified CASPER if possible for a more sparsely populated community, ie 80% of maximum attainable (would be 157 of 196 for our CASPER).

We believe our success in getting the number of surveys completed was related to good advertising, extensive media about the event, and the McDonalds gift card incentive.

This was a great practice for the Alliance in taking on a county wide survey and becoming familiar with a survey method that may be utilized in a public health emergency. This practice not only gave us valuable information about our communities opinions on health, it offered another opportunity for our partners in health to work together to complete a fairly large task successfully.

Recommendations:

A hotwash was done at the completion of the CASPER to address any issues and lessons learned in using CASPER for our CHOS. Those concerns were addressed in the discussion section above. Some areas for improvement in the future use of CASPER are:

- Be sure all forms are well understood prior to beginning CASPER and followed up on at the end of each day for completeness. It might be wise to assign a staff member to review tracking forms from each team before their departure.
- Have our health officer review all medical questions prior to administration of survey.
- Have a more thorough review of translated questions, possibly in a question/answer practice session with bilingual staff to assure proper translation of English to Spanish.
- Have 2 additional people review the questionnaire after completion to assure accuracy and proper numbering.
- Make sure interviewers understand the importance of completion of the tracking form and have one or two people assigned at checkout each day to review this form for completeness before interviewers are released.
- Using CASPER in our community was good practice in case of a public health emergency event where we would need to use this tool. It is a validated survey and the survey sample for success is smaller than other survey options reviewed. Although a less number of completed surveys is necessary for the CASPER to be valid it is still a major effort to conduct this type of survey in a small community. This will need to be considered in future community opinion survey efforts.

ADAMS COUNTY COMMUNITY HEALTH OPINION SURVEY – 2014

Talking with people about their opinions on healthcare and other health-related issues in Adams County.

PART 1: COMMUNITY

Table 1: Community Issues

	Frequency (n=479)	% of Responses
Which top three issues affect the <i>quality</i> of life in Adams County? (Multiple answers were given)		
1. Low income/poverty	72	15%
2. Drug/alcohol abuse	67	14%
3. Unemployment/ Employment opportunities	56	12%
<hr/>		
	Frequency (n=489)	% of Responses
Which top three issues /services <i>need the most improvement</i> in your neighborhood or community? (Multiple answers were given)		
1. Positive teen activities	73	15%
2. More affordable/ better housing	50	10%
3. Higher paying employment	42	9%
<hr/>		
	Frequency (n=499)	% of Responses
Which top three health behaviors do people in your own community need more information about? (Multiple answers were given)		
1. Child care/parenting	46	9%
2. Exercising/fitness	36	7%
3. Managing weight	29	6%

PART 2: HEALTH

Table: 2 Your health – How people in Adams County rated their health

	Frequency (n=176)	% of Responses
Excellent	33	19%
Good	74	42%
Fair	44	25%
Poor	15	8%
Don't know/not sure	10	6%

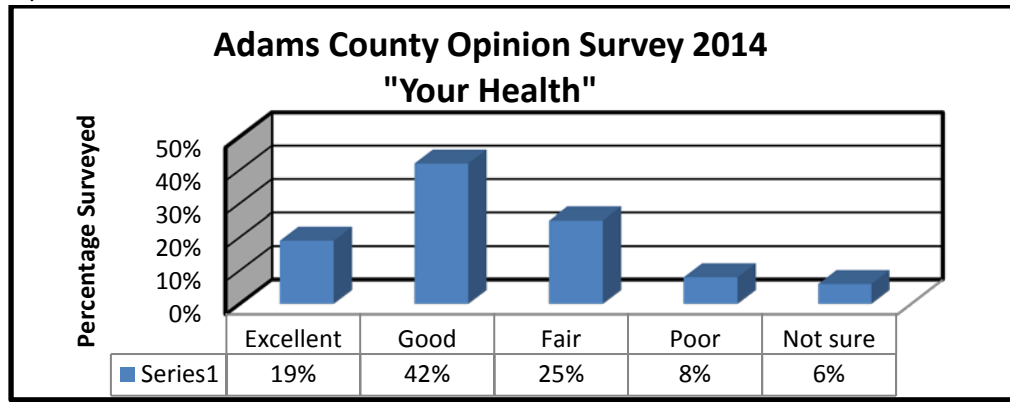


Table 3: Past 12 month was there any time you did not have health insurance:

	Frequency (n=176)	% of Responses
Yes	64	36%
No	112	64%

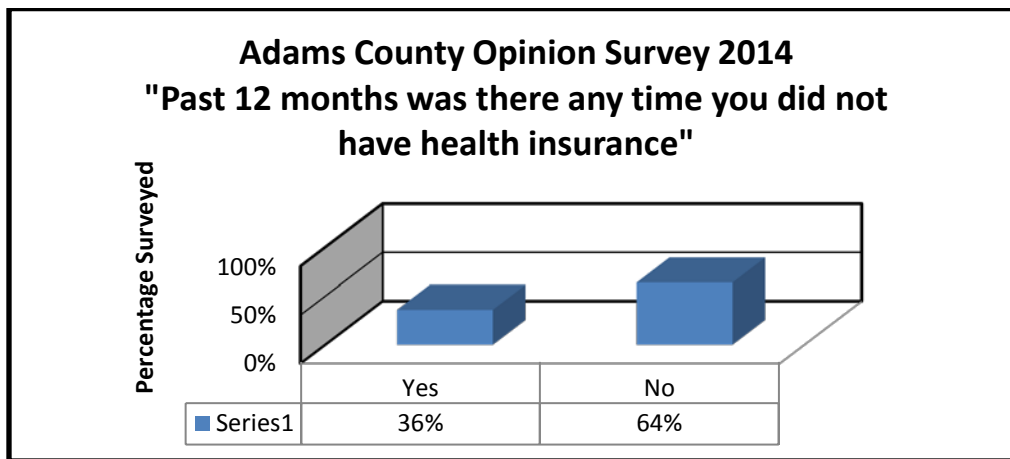


Table 4: What is your health insurance plan?

	Frequency (n=191)	% of Responses
<i>(Multiple answers were given)</i>		
Private/Employment	38	20%
Private/Purchased	24	13%
Medicare	43	23%
Medicaid (Provider One)	32	16%
No Health Plan	28	15%
Don't know/not sure	6	3%
Other	20	10%

(This includes: Secondary retirement, Aflac, Tri-Care for Life, AARP, Medicare Supp., and VA)

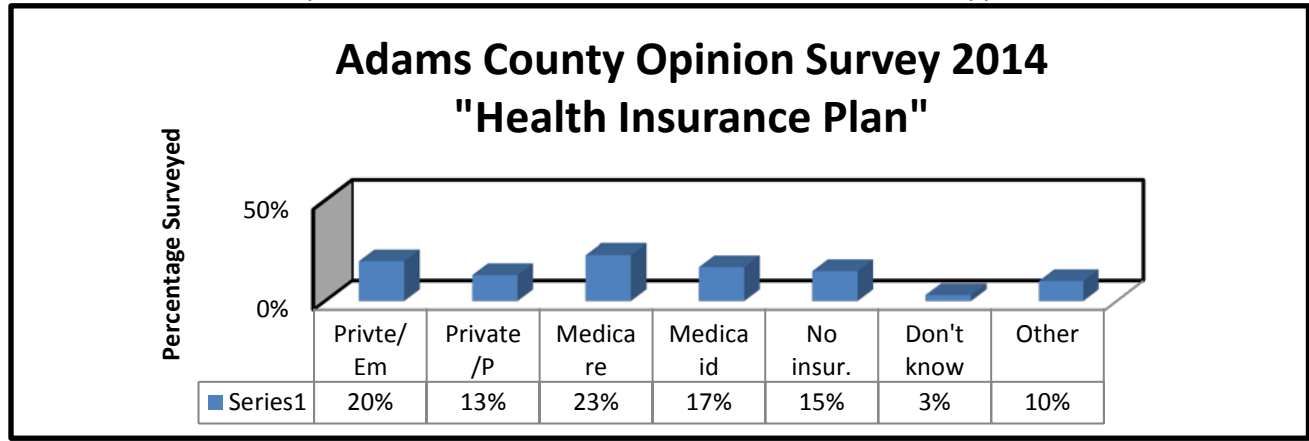


Table 5: Where do you go when you are sick?

	Frequency (n=179)	% of Responses
Doctor's Office	116	65%
Free/low cost clinic	46	26%
School Nurse	0	
Health Dept.	1	
Family/Friend	2	1%
Hospital	2	1%
Emergency Room	2	1%
Pharmacy	0	
Workplace	0	
Urgent Care	2	1%
Therapist/Counselor	0	
Other:	8	5%

(Other includes: 1-VA, 6-do not go to the doctor, 1- treats self)

Table 6: Where do you get medical advice?

	Frequency (n=176)	% of Responses
Othello	134	76%
Moses Lake	11	6%
Pasco	1	

Yakima	2	
Ritzville	12	7%
Lind	3	2%
Tri Cities	1	
Connell	4	
Spokane	4	
Did not answer/missed	8	

(5% of those surveyed seek medical care from Spokane, Yakima, Connell, or Tri-Cities. 7% did not seek medical care or did not answer the question)

Table 7: How long since you visited a doctor for a routine checkup: (does not include being sick, pregnant or chronic)

	Frequency (n=176)	% of Responses
Within the past year	99	56%
1-2 years	40	24%
3-5 years ago	13	7%
More than 5 years	13	7%
Never had a check-up	0	
Don't know/not sure	11	6%

Table 8: Have you had problems getting health care, filling a prescription, getting Mental Health care, disability or dental care?

	Frequency (n=176)	% of Responses
Yes	25	14%
No	148	86%
Not answered	3	

Table 9: If problems occurred, which problems did you have?

	Frequency (n= 68)	% of Responses
<i>(Multiple answers were given)</i>		
Didn't have insurance	14	21%
Didn't have transportation	6	8%
Didn't have separate dental insurance	9	13%
Didn't have child care	3	4%
Insurance didn't cover what I needed	9	13%
Didn't know where to go for care	2	3%
Could not afford out-of-pocket cost (deductible)	8	13%
Can afford it/did not want to pay that much	2	3%
I could not get an appt.	3	4%
I had problems with Medicare D	2	3%
Interpreter who speaks my language not available	2	3%
Insurance not accepted by my health care provider	2	3%
Other: No comments	6	9%

Table 10: How long since you visited a dentist for a routine check-up?

	Frequency (n=109)	% of Responses
Within the year	45	41%
1-2 years	25	23%
3-5 years	19	17%
More than 5 years	12	12%
Never been to a dentist for a check-up	8	7%

(This question was skipped 67 times)

Table 11: Have you used alternative medicine in the past 12 months?

	Frequency (n=176)	% of Responses
Yes	55	31%
No	121	69%

Table 12: How often do you have someone help you read/understand health related materials?

	Frequency (n=176)	% of Responses
Always	24	14%
Frequently	20	11%
Occasionally	33	19%
Never	99	56%

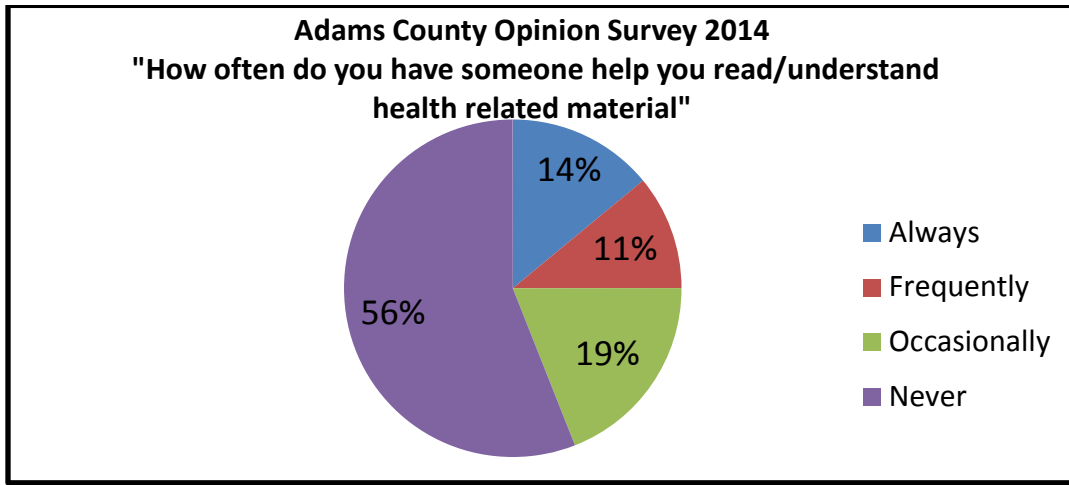


Table 13: Do you have problems learning about your medical condition because of difficulty understanding written information?

	Frequency (n=175)	% of Responses
Always	21	12%
Frequently	8	5%
Occasionally	18	10%
Never	128	73%

(This question was not answered 1 time)

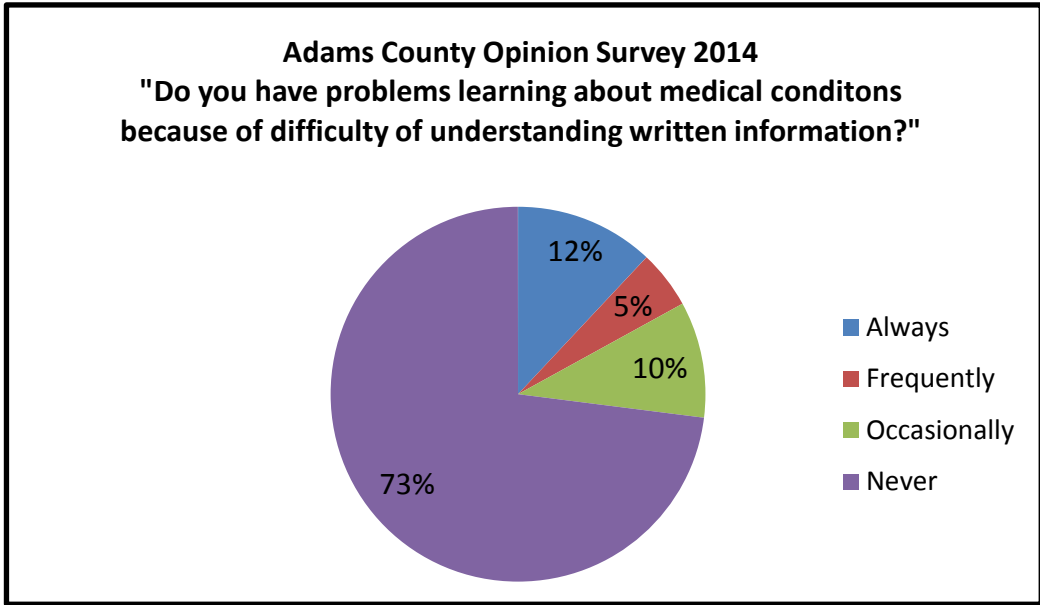


Table 14: If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to call or talk to?

	Frequency (n=176)	% of Responses
Doctor	43	24%
Family member	16	9%
Support group (AA, Al-Anon)	19	11%
Private counselor/therapist	9	5%
Minister/religious official/church	18	10%
Adams County Community Counseling	28	16%
Crisis line	13	7%
Other	10	7%
Don't know/not sure	20	11%

Table 15: Where do you engage in exercise or physical activities?

	Frequency (n=194)	% of Responses
(Multiple answers were given)		
I don't exercise	28	14%
Public rec.center, parks or trails	24	12%
Home	77	40%
Neighborhood	27	13%
Private gym/pool	8	4%
Work	16	8%
Church or faith setting	3	2%
Malls	0	
School setting	2	1%
Senior Citizen Center	3	3%
Other (not specified)	6	3%

Table 16: For those that answered “I don’t exercise”, are there reasons why you don’t exercise:

	Frequency (n=33)	% of Responses
I don’t like to exercise	6	18%
I would need child care	1	3%
It costs too much to exercise (equipment- gym)	2	6%
I’m physically unable	1	3%
I’m too tired to exercise	3	9%
There is no safe place to exercise	0	
I don’t have enough time to exercise	7	21%
I don’t need to exercise	3	9%
I don’t have access to a facility that has the things I need;(pool, track, etc)	4	12%
Other (not specified)	6	18%

(This question was not answered 143 times)

Table 17: Has a doctor, nurse or health professional EVER told you that you had the following?

	Frequency (n=176)			% of (YES) Responses*
	YES	NO	NOT SURE	
Cancer	12	163	1	7%
Asthma	13	163	1	7%
Heart Disease	16	160		9%
Congestive Heart Failure (CHF)	6	170		3%
Chronic Obstructive Pulmonary Disease (COPD)	4	172		2%
Depression	43	131	2	24%
High Blood Pressure	57	119		32%
High Cholesterol	44	129	3	25%
Overweight/Obese	57	119		32%
Osteoporosis	13	163		7%
Chronic Pain	23	153		13%
Diabetes (not during pregnancy)	25	151		14%

**These were individually asked questions and the percentages were based on the total number of “yes” responses for that particular question.*

Table 18: After which of these activities do you *routinely* wash your hands?

	Frequency (n=176)	% of responses
Before you prepare cook or eat food	162	92%
After you use the restroom, help a child use the restroom or change a diaper	167	95%
After you touch an animal or clean up animal waste	139	79%

Before playing with children	94	53%
After you cough, sneeze or blow your nose	122	69%
Before and after you care for a wound	138	78%
After being outdoors	122	69%
After you touch garbage	135	77%
Before or after you touch another person/shake hands	72	41%
After you handle items contaminated by the floor or sewage	138	78%
Before or after caring for someone who is sick	135	77%
After handling uncooked foods, raw meat, poultry or fish	149	85%

Table 19: What symptoms would prevent you from going to work?

	Frequency (n=176)		% of (Yes) Responses*
	Yes	No	
Fever	99	77	56%
Diarrhea	123	53	70%
Vomiting	129	47	73%
Flu	116	60	66%
Stomach Cramps	65	111	37%
Headache	50	126	28%
Migraine	84	92	48%
Nausea	65	111	37%
Head Cold (runny nose cough, etc)	73	103	41%
Allergy Symptoms	51	125	29%
Mildly Injured Extremity (hand, foot, etc)	75	101	43%

**These were individually asked questions and the percentages were based on the total number of "yes" responses for that particular question.*

AGE/GENDER SPECIFIC HEALTH QUESTIONS:

	Frequency	% of Responses (n=176)	
Table 20:			
Gender:			
Male	56	32%	
Female	119	68%	
Refused	1		
Age:			
65+	43	24%	
55-64	34	19%	
45-54	20	11%	
35-44	38	22%	
25-34	24	14%	
18-24	17	10%	
18-64 (combined ages)	133	76%	

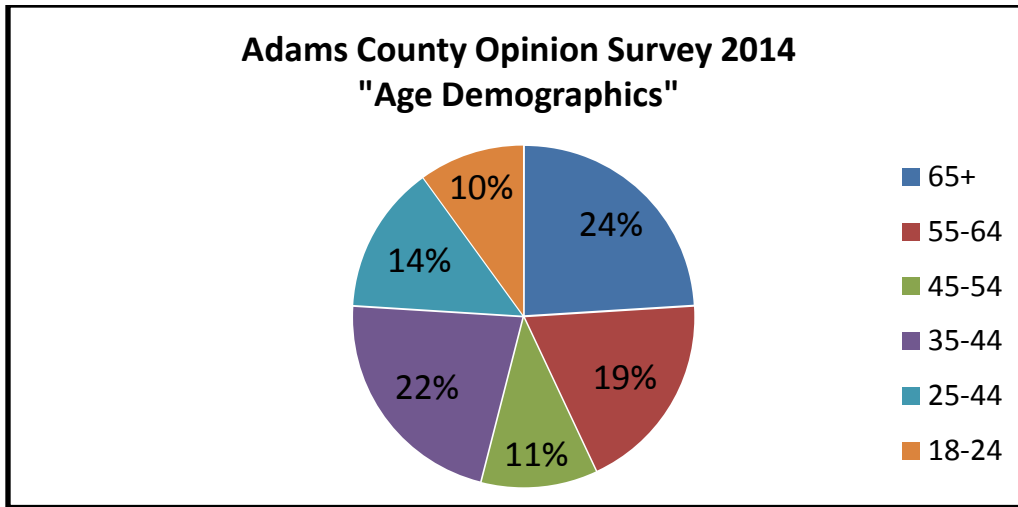


Table 21: Have you ever had a colonoscopy?(Only for people over 50)

	Frequency (n=83)	% of Responses
Yes	54	65%
No	29	35%

(This question was not answered 93 times)

Table 22: Do you have an annual prostate exam? (Only males over 40)

	Frequency (n=46)	% of Responses
Yes	22	48%
No	24	52%

(This question was not answered 130 times)

Table 23: Do you have a mammogram at least every other year? (Only females over 40)

	Frequency (n=71)	% of Responses
Yes	48	67%
No	23	33%

(This question was not answered 105 times)

Table 24: Do you have pap smear at least every other year? (Only females over 21)

	Frequency (n=108)	% of Responses
Yes	67	62%
No	41	28%

(This question was not answered 68 times)

Table 25: In the past 12 months did you provide any long-term or disability care? If yes, what was the relationship to that person?

	Frequency (n=165)	% of Responses
Elderly or disabled parent/grandparent	24	15%
Disabled child	3	2%
Grandchild	2	1%
Foster child/ren	0	
Disabled spouse/partner	5	3%
Friend/chronic disease	6	4%
None	111	67%
Other	14	8%

(This question was not answered 11 times)

Table 26: In the last 12 months did you have a difficult time finding additional care or support within Adams County for the person or people indicated above?

	Frequency (n=176)	% of Responses
Yes	15	9%
No	161	91%

Table 27: If yes, what was the main reason you, the caregiver, had a problem?

	Frequency (n=18)	% of Responses
Access to service	8	44%
Didn't know where services are available	7	40%
Work responsibilities	0	
Couldn't find a suitable long-term care facility	1	5%
Transportation	0	
Caregiver illness	0	
Can't pay for services	2	11%

(This question was not answered 158 times)

Table 28: Do you have any children age 18 or under?

	Frequency (n=176)	% of Responses
Yes	76	43%
No	100	57%

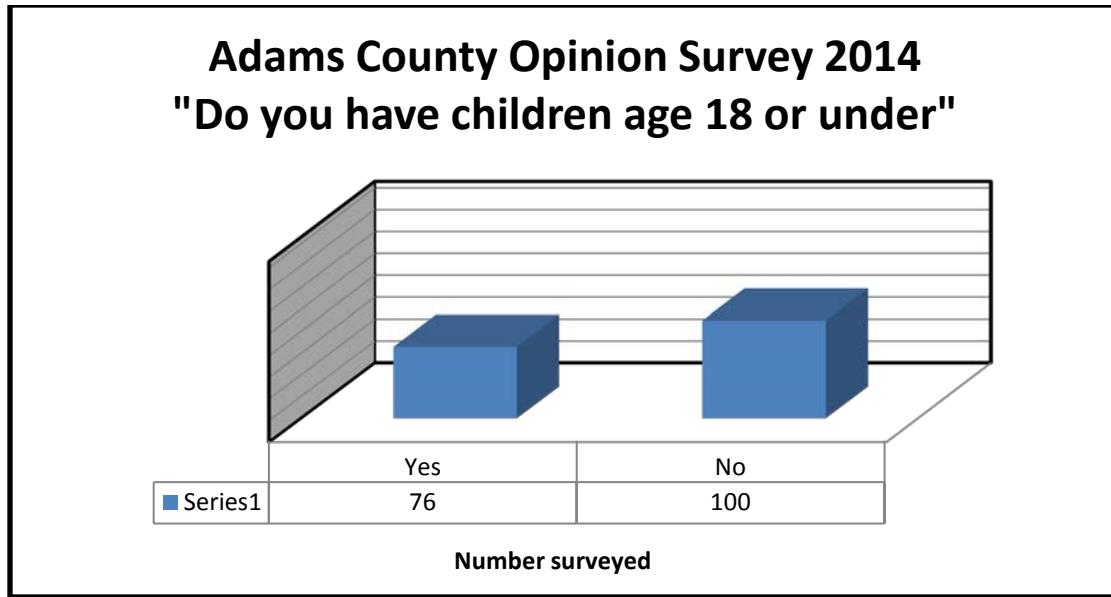


Table 29: What are the ages of your children:

	Frequency (n=130)	% of Responses
0-4	38	29%
5-9	36	28%
10-14	33	25%
15-18	23	18%

Table 30: During the past 12 months was there any time your child/ren did not have insurance or coverage?

	Frequency (n=176)	% of Responses
Yes	9	
No	167	95%

Table 31: Do you talk to your children about any of the following topics? ("Yes" answers)

	Frequency (n=566)	% of Responses
(Multiple answers were given)		
Alcohol use	51	9%
Tobacco use	43	8%
Drug use/including prescription	47	8%
Guns	46	8%
Sexual Activity	38	7%
Reckless driving & Speeding	34	6%
Truancy	37	7%
Gangs	36	6%
Criminal Activity	39	7%
Exposure to negative/ risky Internet content	46	8%
Eating disorders	3	

Bullying	40	7%
Texting while driving	35	6%
Self-Harm (cutting, burning, mutilation)	27	5%
Thoughts of suicide	26	5%
Other	10	2%
I don't think my child is engaging in any risky behavior	8	2%

Table 32: Do you think any of your children or your children's friends are engaging in any of the following risky behaviors?

	Frequency (n=144)	% of Responses
(Multiple answers were given)		
Alcohol use	9	6%
Tobacco use	8	5%
Drug use including prescription	10	7%
Guns	3	2%
Sexual Activity	6	4%
Reckless driving & speeding	6	4%
Truancy	7	5%
Gangs	5	3%
Criminal activity	4	3%
Exposure to negative/risky internet content	7	5%
Eating disorders	3	2%
Bullying	7	5%
Texting while driving	7	5%
Ingesting or inhaling harmful substances	2	1%
Self-Harm (cutting, burning, mutilation)	2	1%
Other	11	8%
I don't think my child is engaging in any risky behavior	47	33%

Part 3: EMERGENCY PREPAREDNESS

Table 33: Is anyone in your household trained in CPR?

	Frequency (n=176)	% of Responses
Yes	82	47%
No	94	53%

Table 34: In a disaster, what source would you first turn to for information?

	Frequency (n=190)	% of Responses
(Multiple answers were given)		
Television	47	25%
Radio	22	12%
Internet	15	7%

Smart phone	22	12%
Print Media	3	3%
Neighbors or word of mouth	12	6%
211	1	
911	40	21%
Other	16	8%
Don't know/not sure	12	6%

Table 35: Does anyone in your household have a disability or medical problem that would make it more difficult to deal with an emergency like a hurricane, power outage, etc?

	Frequency (n=176)	% of Responses
Yes	28	16%
No	148	84%

Table 36: In the event of a large-scale disaster, which of the following statements best represents your belief? Would you say ...

	Frequency (n=175)	% of Responses
I can handle the situation without preparation	11	9%
Preparation, planning and emergency supplies will help me	115	64%
Nothing I do will help me handle the situation	4	2%
Don't know/not sure	45	25%

(This question was not answered 1 time)

Table 37: In the first 72 hours following a disaster, whom would you rely on the most for assistance?

	Frequency (n=194)	% of Responses
(Multiple answers were given)		
Household member	32	17%
People in my neighborhood	24	12%
Fire, police, emergency personal	57	29%
Non-profit organizations, such as American Red Cross or the Salvation Army	11	6%
State and Federal Government agencies (FEMA)	16	8%
Other friends/family	44	23%
My faith community such as a congregation	10	5%

Table 38: If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate:

	Frequency (n=176)	% of Responses
Yes	157	89%
No	13	8%
Don't know/not sure	6	3%

Table 39: What would be the main reason you might not evacuate if asked to do so?

	Frequency (n=137)	% of Responses
Lack of transportation	16	12%
Lack of trust in public officials	3	2%
Concern about personal safety	3	2%
Concern about family safety	32	23%
Concern about leaving pets	5	4%
Concern about traffic jams and inability to get out	3	2%
Concern about leaving property behind	5	4%
Health problems	5	4%
Other	33	24%
Don't know/not sure	32	23%

(This question was not answered 39 times)

PART 4: DEMOGRAPHICS

Table 40: How would identify your race or ethnicity?

	Frequency (n=174)	% of Responses
White/Caucasian	67	38%
Black/African American	1	
Hispanic	100	57%
Asian/Pacific Islander	0	
Native American	0	
Multiracial	4	3%
Other/specify: (other race was not specified)	2	1%

(2 refused to answer the question)

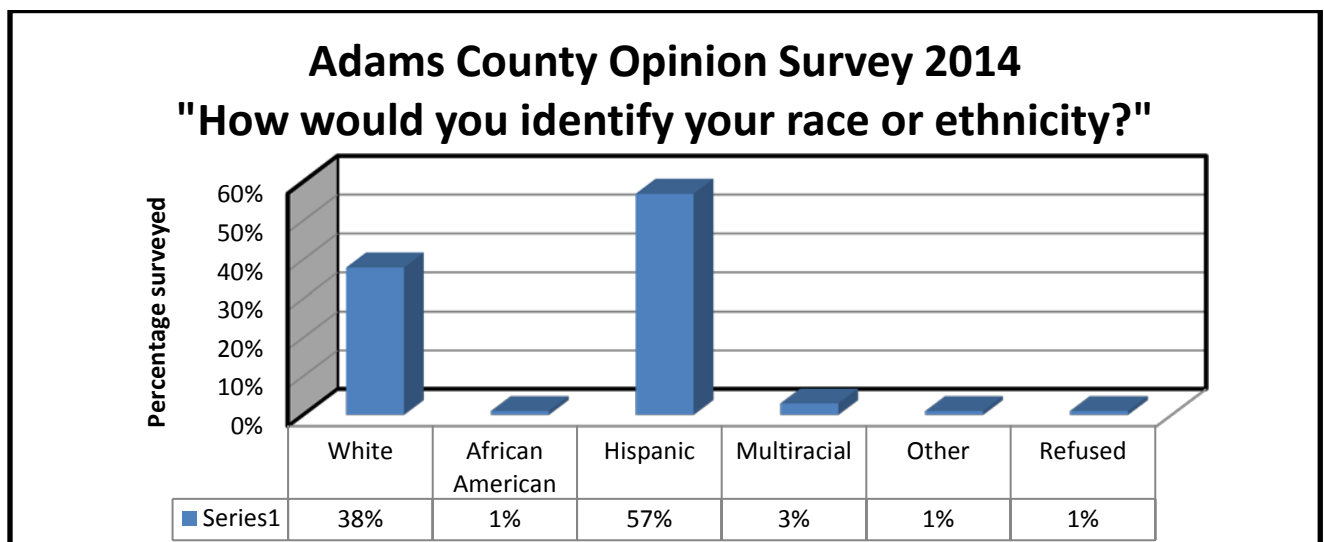


Table 41: What language do you speak at home?

	Frequency (n=206)	% of Responses
<i>(Multiple answers were given)</i>		
English	117	57%
Spanish	82	40%
Mixteco	7	3%
<i>(30 responded as being bilingual)</i>		

Table 42: What is your marital status?

	Frequency (n=171)	% of Responses
Married	97	56%
Divorced	18	11%
Widowed	17	10%
Separated	7	4%
Never married	14	8%
A member of an unmarried couple	18	11%

Table 43: What is the highest level of school, college or training that you have completed?

	Frequency (n=176)	% of Responses
Never attended school/or only attended kindergarten	8	5%
Grades 1-8(elementary)	41	23%
Grades 9-11 (some high school)	21	12%
Grades 12 or GED (high school graduate)	53	30%
College 1-3 years (some college or technical school)	34	19%
College 4 years or more (college graduate)	16	9%
Graduate School or Higher	3	2%
<i>(24% of those surveyed had attended or completed college or a technical school)</i>		

Table 44: Including yourself, how many people live in your household?

	Frequency (n=176)	% of Responses
1 per house	29	16%
2 per house	47	26%
3 per house	24	14%
4 per house	26	15%
5 per house	26	15%
6 per house	11	6%
7 per house	8	5%
8 per house	1	1%
9 per house	4	2%

Table 45: Does this number include anyone who had to move in because they did not have a place to live?

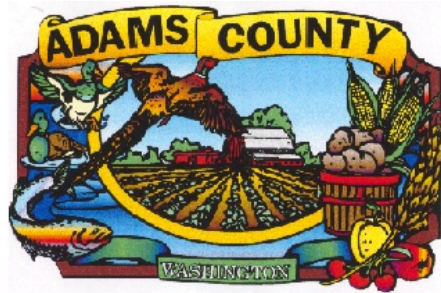
	Frequency (n=176)	% of Responses
Yes	18	10%
No	158	90%

Table 46: What is your employment status?

	Frequency (n=173)	% of Responses
Employed full- time	59	34%
Employed part-time	22	13%
Retired	42	24%
Student	1	
Homemaker	21	12%
Unemployed short term(less than 27 weeks)	7	5%
Unemployed long term(27 weeks or more)	9	5%
Disabled	12	7%
More than one job	0	

(This question was not answered 3 times)

Example of English Questionnaire:



ADAMS COUNTY HEALTH ALLIANCE

ADAMS COUNTY COMMUNITY HEALTH OPINION SURVEY – 2014

Hello, I am _____ and we are volunteers/staff working with Adams County Health Alliance which includes the health department, community counseling, hospitals, clinics and other partners. We are talking with people throughout the county about their opinions on healthcare and other health-related issues in the county (show badge; CHOS flyer). All the opinions you share with us will be completely confidential and will be reported as a group summary. The results will help to address the major health and community issues in our county.

This survey is completely voluntary. It should take no longer than 30 minutes to complete. We are only interviewing adults 18 and older.

Are you 18 years old or older? Yes _____ No _____

If yes would you like to participate? Yes _____ No _____

(If no, stop here and thank the person for his or her time)

(At this time it would be appropriate to inform the participant that there is a \$10.00 McDonalds gift card for completing this survey, one per household to be given at the completion of the survey)

Eligibility

Do you live at this address? Yes _____ No _____

(If no, ask if you can speak with someone who lives there or ask if the person lives nearby. If no one is available, stop the survey here and thank the person for his or her time).

PART 1: COMMUNITY

These initial questions are about how you see certain parts of Adams County life. Please tell us whether you “strongly disagree”, “disagree”, “don’t know (neutral)”, “agree”, or “strongly agree” with each of the next 9 statements.

STATEMENTS	Circle the number that best represents the persons opinion of each statement below: Strongly disagree Disagree Neutral Agree Strongly agree				
1. How do you feel about this statement, “I can access good healthcare in Adams County”? <i>(consider cost, quality, number of options and availability of healthcare in the county)</i>	1	2	3	4	5
2. How about this statement, “I think Adams County is a good place to raise children”? <i>(consider quality and safety of schools and child care programs, after school programs, and places to play)</i>	1	2	3	4	5
3. ... this statement, “I think Adams County is a good place to grow old” <i>(consider the county’s elder-friendly housing, transportation to medical services, recreation and services for the elderly)</i>	1	2	3	4	5
4. “I can find enough economic opportunity in Adams County” <i>(consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing)</i>	1	2	3	4	5
5. “I feel safe living in Adams County” <i>(consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks and shopping areas)</i>	1	2	3	4	5
6. “I think there’s enough help for people during times of need in Adams County” <i>(consider social support; neighbors, support</i>	1	2	3	4	5

<i>groups, faith community outreach, community organizations and emergency monetary assistance)</i>					
7. "I think the environment in Adams County is clean and safe" <i>(consider clean air, safe drinking water, free from polluted sites, safe food supply, sufficient garbage collection and disposal, access to recycling, control of animals (domestic and wild) and control of insects/rodents)</i>	1	2	3	4	5
8. "I can find enough recreational and entertainment opportunities in Adams County" <i>(consider parks, museums, restaurants, movie theaters, sports, nature trails)</i>	1	2	3	4	5
9. "I can easily access healthy affordable food"	1	2	3	4	5

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.

10. Please look at this list of community issues. ***(Give the person a sheet of community issues)*** In your opinion, what are the **TOP THREE** issues that most affect the quality of life in Adams County? If there is a community problem that you consider the most important and it is not on this list, please let me know and I will write it in. If you would like, I can read these out loud as you think about them. *(Read health problems if the prefer to have them read)*

- | | |
|--|---|
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Lack of adequate health insurance |
| <input type="checkbox"/> Unemployment/employment opportunities | <input type="checkbox"/> Lack of access to primary care physician |
| <input type="checkbox"/> Violent crime (murder, assault, etc) | <input type="checkbox"/> Dropping out of school |
| <input type="checkbox"/> Gun violence/accidents | <input type="checkbox"/> School suspension or expulsions |
| <input type="checkbox"/> Drug and alcohol abuse | <input type="checkbox"/> Access to educational opportunities |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Pollution (air, water, land) |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Animal/pest control |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Clean water |

___ Domestic violence

___ Traffic congestion

___ Homelessness

___ Affordable/safe transportation

___ Discrimination/racism

___ Other: _____

___ Access to quality education

___ None

___ School reassignment

11. **(Give the person the list of services).** In your opinion, which **THREE** of the following services need the most improvement in your neighborhood or community? If there is a service that you think needs improvement that is not on this list, please let me know and I will write it in. If you would like, I can read these out loud as you think about them. *(Read health problems aloud if they would prefer)*

___ Better/more healthy food choices

___ Elder care options

___ Access to assistance for food

___ Animal/pest control

___ Positive teen activities

___ More affordable health services

___ More affordable/better housing

___ Mental health services

___ Culturally sensitive health services

___ Better educational opportunities

___ Child care options

___ Transportation options

___ Number of health care providers

___ Road safety/maintenance

___ Healthy family activities

___ Better law enforcement

___ Services for disabled people

___ Gun safety

___ Higher paying employment response

___ Emergency preparedness and

___ Availability of employment

___ Clean water

___ Better/more recreational facilities

___ Other: _____

(parks, trails, comm. centers, etc)

___ None

___ Counseling/mental health/support groups

___ Support to help me manage my health condition

12. In your opinion which **THREE** health behaviors do people in your own community need more information about? *(Give list, if they want you to read choices then read)*

- Child care/parenting
- Exercising/fitness
- Managing weight
- Managing chronic conditions (diabetes, COPD, etc)
- Crime prevention
- Rape/sexual abuse prevention
- Elder care
- Quitting smoking/tobacco use prevention
- Stress management
- Going to a dentist for checkups/preventive care
- Anger management
- Substance abuse prevention (drugs/alcohol)
- Going to a dentist for checkups/preventive care
- Getting prenatal care during pregnancy
- Eating well/nutrition
- Using child safety seats
- Using seat belts
- Preventing sexually transmitted disease(safe sex)
- Safe driving
- Getting flu shots and other vaccines
- How to prepare for an emergency/disaster
- Caring for family members with special needs/disabilities
- Domestic violence prevention
- Gun safety training

- Preventing unwanted pregnancy
- Suicide prevention
- Driving safely
- Other: _____
- None

PART TWO: HEALTH

The next set of questions will focus on your health. Again all the opinions you share with us will be completely confidential and will be reported as a group summary.

13. In general, would you say that your health is..

- excellent
- good
- fair
- poor
- Don't know/not sure

(If the person being interviewed starts talking about family members health problems say.. "I am sorry to hear that. Maybe some of the answers you give today will help us and our community leaders address some of these types of issues. Right now we'd like to focus just on your own health")

14. During the past 12 months was there any time you did not have any health insurance coverage?

(This includes private insurance purchased through work or individually, military health benefits Tricare, VA etc, Medicare, Medicaid or any other program that assists with providing health services at a reduced cost)

- Yes
- No
- Don't know/not sure

15. If you have health insurance, what is your health insurance plan? Mark all that apply.

- Private plan (through employment)
- Private plan (purchased)
- Medicare

- Medicaid (Provider One)
- No health plan of any kind
- Don't know/not sure
- Other: _____

16. Where do you go when you are sick? *(Do not read options, mark only the one they say. If they cannot think of one, here are some possibilities. Read responses and select only one)*

- | | |
|---|--|
| <input type="checkbox"/> Doctors office | <input type="checkbox"/> Emergency room |
| <input type="checkbox"/> Free/low cost clinic | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> School nurse | <input type="checkbox"/> Workplace nurse |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Family/friend | <input type="checkbox"/> Therapist/counselor |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other: _____ |

16a. In which city or town is it located? _____ *(If not a recognizable city ask for the name of the county it is located in)*

17. About how long has it been since you visited a doctor for a routine checkup? This does not include any times you visited the doctor because you were sick, pregnant, or for chronic disease. *(Do not read the options. Mark only the one they say. If they cannot think of how long... here are the possibilities. Read responses: which one do you think best fits you?)*

- within the past year
- 1-2 years ago
- 3-5 years ago
- more than 5 years ago
- I have never had a routine checkup
- Don't know/not sure

(Note: a routine checkup is when the doctor or nurse checks you all over, checks your blood pressure, looks in your ears, listens to your breathing, taps your abdomen, checks your reflexes, and may do blood work to check your blood values, including cholesterol. This could also include routine OB/GYN checkups.)

18. In the past 12 months, did you ever have a problem getting the health care you needed? Please include any problems you had filling a prescription, or getting mental, disability or dental care? *(If no, go to question #20)* Yes No

19. Which of the following problems did you have? I have a list of problems you may have encountered. As I read the list, please tell me “yes” or “no” if this was a problem you had. I can also write in additional problems that aren’t on my list. *(Read choices and allow time for yes or no for each)*

I didn’t have health insurance I had problems with Medicare D

I didn’t have transportation Other: _____

I didn’t have separate dental insurance

I didn’t have child care

My insurance didn’t cover what I needed

I didn’t know where to go for care/difficulty navigating the system

Could not afford the out of pocket cost (whole cost/deductible/co-pay)

I can afford it but I don’t want to pay that much

I couldn’t get an appointment

Interpreter who speaks my language was not available

My insurance was not accepted by my health care provider (doctor/pharmacy/dentist/etc)

20. About how long has it been since you visited a dentist for a routine checkup? Do not include times you visited the dentist because of pain or an emergency. *(let them answer and repeat the category checked on the list)*

Within the past year More than 5 years ago

1-2 years ago I have never been to a dentist for a routine checkup

3-5 years ago

21. In the past 12 months, have you used any kind of alternative medicine? Some examples might include acupuncture, chiropractic treatments, natural products or medicinal herbs.

Yes No Don’t know/not sure

22. How often do you have someone like a family member, friend, hospital/clinic worker or care giver help you read and understand health related materials? *(read choices, select one)*
 Always Frequently Occasionally Never

23. How often do you have problems learning about your medical condition because of difficulty understanding written information? *(read choices, select one)*
 Always Frequently Occasionally Never

24. 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 call or talk to? *(Do not read the options, if they can't think of anywhere, here are some possibilities and read responses. Select one)*

<input type="checkbox"/> Doctor	<input type="checkbox"/> Adams County Community Counseling
<input type="checkbox"/> Family member	<input type="checkbox"/> Crisis line
<input type="checkbox"/> Support group (eg AA, al-anon)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Private counselor or therapist	<input type="checkbox"/> I don't know/not sure
<input type="checkbox"/> Minister/religious official/church	

25. Where do you engage in exercise or physical activities? *(check all that apply then skip to #27 unless the answer is "I don't exercise", continue to #26 if respondent does not exercise)*

<input type="checkbox"/> I don't exercise	<input type="checkbox"/> Church or faith setting
<input type="checkbox"/> Public rec. center, parks or trails	<input type="checkbox"/> Malls
<input type="checkbox"/> Home	<input type="checkbox"/> School setting
<input type="checkbox"/> Neighborhood	<input type="checkbox"/> Senior Citizen Center
<input type="checkbox"/> Private gym/pool	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Work	

26. Are there any reasons why you don't exercise? You can give as many reasons as you need. *(Let them answer and repeat the category checked in the list. Select all that apply)*

<input type="checkbox"/> I don't like to exercise	<input type="checkbox"/> There is no safe place to exercise
<input type="checkbox"/> I would need childcare and I don't have it	<input type="checkbox"/> I don't have enough time to exercise

It costs too much to exercise
(equipment, shoes, gym)

I don't need to exercise

Other: _____

I'm physically unable

I'm too tired to exercise

I don't have access to a facility that has the things I need, like a pool, track etc

27. Has a doctor, nurse or other health professional EVER told you that you had any of the following health issues? For each, tell me "yes", "no" or you're "not sure". (Read each answer and check the correct response)

Cancer yes no not sure

Asthma yes no not sure

Heart Disease yes no not sure

Congestive Heart Failure yes no not sure

Chronic Obstructive Pulmonary Disease
(COPD) yes no not sure

Depression yes no not sure

High Blood Pressure yes no not sure

High Cholesterol yes no not sure

Overweight/obese yes no not sure

Osteoporosis yes no not sure

Chronic pain yes no not sure

Diabetes not during pregnancy yes no not sure

The following questions are related to health practices:

28. After which of the following activities do you ROUTINELY wash your hands? (Let them answer and repeat the category checked in the list. Select all that apply)

Before you prepare, cook or eat food

After you use the restroom, help a child use the restroom or change a diaper

After you touch an animal or clean up animal waste

Before playing with children

After you cough, sneeze or blow your nose

Before and after you clean or care for a wound

After being outdoors

After you touch garbage

Before and after you touch another person/ shake hands

After you handle items contaminated by floor water or sewage

Before or after caring for someone who is sick

After handling uncooked foods, particularly raw meat, poultry or fish.

29. What symptoms would prevent you from going to work: (select all that apply)

Fever yes no

Diarrhea yes no

Vomiting yes no

Flu yes no

Stomach Cramps yes no

Headache yes no

Migraine yes no

Nausea yes no
Head Cold (runny nose, cough, etc.) yes no
Allergy symptoms yes no
Mildly Injured Extremity (hand, foot, etc.) yes no

AGE/GENDER SPECIFIC HEALTH QUESTIONS

The next questions are gender and age specific. In order for us to make sure we are asking you the right questions. I need to verify your age and gender. Certain age/gender categories may skip these questions altogether. As always, all of your answers will be completely confidential and will only be reported as a group summary.

30. What year were you born? _____ enter year

Note: before 1974 = over 40 years old and before 1964 = over 50 years old

31. What is your gender? (in most cases this can be answered by the interviewer without asking)

Male Female Transgender/other

(if answers transgender, say the following "some people are born with body parts that aren't consistent with the gender they identify as. We have a few sex-specific health questions and need to know: were you born with male or female body parts; use this sex in the skip patterns below)

If over 50 proceed to Q32 and disregard the following skip patterns.

If male and over 40 skip to Q33

If male and 40 or under, skip to Q36

If female and over 40, skip to Q34

If female and over 21 but 40 or under, skip to Q35

If female and 21 or under, skip to Q36

32. Have you ever had a colonoscopy (*only for people over 50*)

yes no don't know/not sure

If male, proceed to Q33

If female, skip to Q34

33. Do you have an annual prostate exam? (*only males over 40*)

yes no don't know/not sure

34. Do you have a mammogram at least every other year? (*only females over 40*)

yes no don't know/not sure

35. Do you have a pap smear at least every other year? (*Only females over 21*)

yes no don't know/not sure

Now I'm going to ask you a few questions about the people you provide care for.

36. Some people provide help to a family member or friend who has a long-term illness or disability. This may include help with things they can no longer do for themselves. During the past 12 months, did you provide any such help to a family member or friend, and if so, what was your relationship to that person?

(If response is yes, read the list and ask them to choose all that apply. If no, mark NONE and skip to # 39)

Elderly or disabled parent/grandparent

Disabled spouse or partner

Disabled child

Friend with chronic illness

Grandchild

None (skip to Q39)

Foster child(ren)

Other: _____

37. In the past 12 months, did you have a difficult time finding additional care or support within Adams County for the person or people indicated above?
 yes no don't know/not sure

38. If yes, what was the main reason you, the caregiver, had this problem? *(Let them answer and repeat the category checked in the list. Choose one)*

- | | |
|---|---|
| <input type="checkbox"/> Access to services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> I don't know where services are available | <input type="checkbox"/> Caregiver illness |
| <input type="checkbox"/> Work responsibilities | <input type="checkbox"/> Can't pay for services |
| <input type="checkbox"/> Couldn't find a suitable long-term care facility | |
| <input type="checkbox"/> Other: _____ | |

39. Do you have any children age 18 or under? *(If no, go to Q44)*
 yes no

40. What are the ages of your children? *(Record the number of children in each age category listed below)*
 0-4 5-9 10-14 15-18

41. During the past 12 months, was there any time that your child(ren) did not have health insurance or coverage?
 yes no don't know/not sure

(Note: Public/government insurance counts as insurance)

42. Do you talk to your children about any of the following topics? *(Read list and check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> alcohol use | <input type="checkbox"/> exposure to negative/risky internet content |
| <input type="checkbox"/> tobacco use | <input type="checkbox"/> eating disorders |
| <input type="checkbox"/> drug use, including prescription | <input type="checkbox"/> bullying |
| <input type="checkbox"/> guns | <input type="checkbox"/> texting while driving |
| <input type="checkbox"/> sexual activity | <input type="checkbox"/> harming themselves (cutting/mutilation) |

- reckless driving/speeding
- thoughts of suicide
- truancy (skipping school)
- Other: _____
- Gangs
- I don't think my child is engaging in any risky behaviors
- Criminal activities

43. Do you think any of your children or your children's friends are engaging in any of the following risky behaviors? *(Read list and check all that apply)*

- alcohol use
- exposure to negative/risky internet content
- tobacco use
- eating disorders
- drug use, including prescription
- bullying
- guns
- texting while driving
- sexual activity
- ingesting or inhaling harmful substances
- reckless driving/speeding
- Self harm (mutilation/cutting/burning)
- truancy (skipping school)
- Other: _____
- Gangs
- I don't think my child is engaging in any risky behaviors
- Criminal activities

PART 3: EMERGENCY PREPAREDNESS

Now I'm going to ask you questions about emergency preparedness, or preparing for a disaster or emergency.

44. Is anyone in your household trained in CPR? *(aka Cardiopulmonary Resuscitation)*
 yes no don't know/not sure

45. In a disaster, what source would you first turn to for information? *(Let them answer and repeat the category checked on the list. Choose one)*

- television 211
 radio 911
 internet Other: _____
 smart phone don't know/not sure
 print media
 neighbors or word of mouth

(Note: 211 is a community hotline that provides callers with information about and referrals to human services for every day needs and in times of crisis)

46. Does anyone in your household have a disability or medical problem that would make it more difficult to deal with an emergency like a hurricane, power outage, etc?
 yes no don't know/not sure
47. In the event of a large-scale disaster, which of the following statements best represents your belief? Would you say....*(Read choices below)*
 I can handle the situation without any preparation
 Preparation, planning and emergency supplies will help me handle the situation
 Nothing I do to prepare will help me handle the situation
 don't know/not sure
48. In the first 72 hours following a disaster, whom would you rely on the most for assistance? *(Read only if necessary. Choose one)*
 household members other friends or family
 people in my neighborhood my faith community, such as a congregation
 fire, police, emergency personnel
 Non-profit organizations, such as the American Red Cross or the Salvation Army
 State and federal government agencies, including FEMA

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

yes no don't know/not sure

50. What would be the main reason you might not evacuate if asked to do so? (*read only if necessary. Choose one*)

lack of transportation concern about leaving property behind

lack of trust in public officials health problems

concern about personal safety Other: _____

Concern about family safety don't know/not sure

concern about leaving pets

concern about traffic jams and inability to get out

PART 4: DEMOGRAPHICS

We are almost finished! We just need to know a little more about who you are. Just to remind you, all the information you give us will be completely confidential. It will only be reported as a group summary.

51. How would you identify your race or ethnicity? (*If they do not respond immediately, read the categories. If they are multiracial, check multiracial and add in what races they are. Select all that apply*)

White/Caucasian Native American

Black or African American Multiracial

Hispanic Other (specify): _____

Asian/Pacific Islander

52. What language do you speak at home? (*let them answer and repeat the category checked on the list*)

English Spanish Mixteco Other (specify): _____

53. What is your marital status? Are you... *(Read categories. Mark only one)*

- Married Never married (single)
- Divorced A member of an unmarried couple
- Widowed
- Separated

54. What is the highest level of school, college or training that you have completed? *(Read only if necessary. Mark only one)*

- Never attended school or I only attended kindergarten
- Grades 1 through 8 (elementary)
- Grades 9 through 11 (some high school)
- Grades 12 or GED (high school graduate)
- College 1 year to 3 years (some college or technical school)
- College 4 years or more (college graduate)
- Graduate school or higher

55. Including yourself, how many people live in your household? *(Include those that you claim as a dependent or that live with you at least ½ of the year)*

- Enter number

56. Does this number include anyone who had to move in because they didn't have a place to live? *(This might include a friend or relative who needed a place to stay due to financial or medical reasons, or was recently homeless. This does not include college students who may have recently moved back home)*

- yes no don't know/not sure

57. What is your employment status? *(Let them answer and repeat the category checked in the list. Check all that apply)*

- employed full time Unemployed short term (less than 27 weeks)
- employed part time Unemployed long term (27 weeks or more)

___ Retired

___ Disabled

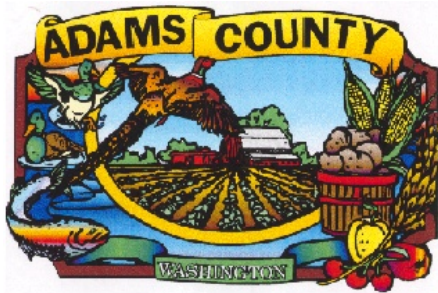
___ student

___ More than one job

___ Homemaker

That's the end! Thank you very much for completing the Community Health Opinion Survey. The results will be available on the Adams County website by July 2015. *(Hand participant gift card)*. As a token of our appreciation for participating, please accept this gift card. *(Hand participant flyer if you haven't already and point to phone number)*. If you have any questions or concerns about the survey you can call the number on this flyer or send an email.

Example of Spanish Language Questionnaire:



ALIANZA DE SALUD DEL CONDADO DE ADAMS

ADAMS COUNTY COMMUNITY HEALTH OPINION SURVEY – 2014

Hola, soy _____ y somos voluntarios / personal que trabaja con la Alianza de Salud del Condado de Adams, que incluye el departamento de salud, servicios consejeros de la comunidad, hospitales, clínicas y otros socios. Estamos hablando con la gente en todo el condado acerca de sus opiniones sobre el cuidado de la salud y otras cuestiones relacionadas con la salud en el condado (mostrar insignia; folleto CHOS). Todas las opiniones que usted comparte con nosotros serán completamente confidenciales y será reportado como un resumen del grupo. Los resultados ayudarán a hacer frente a los problemas principales de salud y de la comunidad en nuestro condado.

Esta encuesta es completamente voluntaria. Se debe tomar menos de 30 minutos para completar. Nosotros sólo estamos entrevistando adultos mayores de 18 años.

¿Tiene 18 años o más? Si _____ No _____

Si es así te gustaría participar? Si _____ No _____

(Si no, deténgase aquí y de las gracias a la persona por su tiempo)

(En este momento sería conveniente informar a los participantes de que hay una tarjeta de regalo de McDonalds 10.00 dólares por completar esta encuesta, uno por hogar que debe darse al final de la encuesta)

Elegibilidad

¿Vive usted en esta dirección? Si _____ No _____

(Si no, pregunte si usted puede hablar con alguien que vive allí o preguntar si la persona vive cerca. Si no hay nadie disponible, pare la encuesta aquí y de las gracias a la persona por su tiempo).

Parte 1: COMUNIDAD

Estas primeras preguntas se refieren a cómo usted ve ciertas partes de la vida del condado de Adams. Por favor díganos si usted está "muy en desacuerdo", "desacuerdo", "no sabe (neutral)", "de acuerdo" o "muy de acuerdo" con cada una de las próximas 9 declaraciones.

Declaraciones	Circule el número que mejor representa la opinión de las personas de cada declaración abajo:				
	Muy de desacuerdo	Desacuerdo	Neutral	De a acuerdo	Muy de desacuerdo
58. ¿Cómo te sientes acerca de esta declaración: "Yo puedo tener acceso a una atención médica buena en el condado de Adams"? (considera el costo, la calidad, el número de opciones y la disponibilidad de la atención medica en el condado)	1	2	3	4	5
59. ¿Qué te parece esta declaración: "Creo que el Condado de Adams es un buen lugar para criar a los hijos"? (tener en cuenta la calidad y la seguridad de las escuelas y programas de cuidado infantil, programas después de la escuela, y lugares para jugar)	1	2	3	4	5
60. ... Esta declaración: "Yo creo que el condado de Adams es un buen lugar para envejecer" (considerar la vivienda de ancianos en el condado, el transporte a los servicios médicos, recreación y servicios para los ancianos)	1	2	3	4	5
61. "Puedo encontrar suficientes oportunidades económicas en el Condado de Adams" (tener en cuenta el número y la calidad de los empleos, capacitación para el trabajo / oportunidades de educación superior, y la disponibilidad de viviendas económicas)	1	2	3	4	5
62. "Me siento seguro viviendo en el condado de Adams" (considerar qué tan seguro se siente en casa, en el lugar de trabajo, en las escuelas, en campos de recreos, parques y áreas de compras)	1	2	3	4	5
63. "Creo que hay suficiente ayuda para las personas en momentos de necesidad en el condado de Adams" (considerar el apoyo social; vecinos, grupos de apoyo, alcance a la comunidad la fe, organizaciones comunitarias y la asistencia monetaria de emergencia)	1	2	3	4	5
64. "Creo que el ambiente en el condado de Adams es limpio y seguro" (considere el aire limpio, agua potable, libre de los sitios contaminados, el suministro de alimentos seguros, suficientes recolección y disposición de basura, el acceso al reciclaje, control de animales (domésticos y silvestres) y el control de insectos / roedores)	1	2	3	4	5

65. "Puedo encontrar suficientes oportunidades recreativas y de entretenimiento en el condado de Adams" (considere parques, museos, restaurantes, cines, los deportes, senderos naturales)	2	2	3	4	5
66. "Puedo acceder fácilmente a los alimentos saludables y económicos"	1	2	3	4	5

La siguiente serie de preguntas le preguntará acerca de problemas de la comunidad, los problemas y los servicios que son importantes para usted. Recuerde que sus decisiones no estarán conectadas a usted de ninguna manera.

67. Por favor, mire esta lista de problemas de la comunidad. (De a la persona una hoja de problemas de la comunidad) En su opinión, ¿cuáles son los tres primeros problemas que más afectan a la calidad de vida en el condado de Adams? Si hay un problema de la comunidad que se considera el más importante y que no está en esta lista, por favor hágame saber y lo escribiré Si usted lo desea, puedo leerlos en voz alta mientras usted piense en ellos. (Lea los problemas de salud si los prefieren que los lean)

- | | |
|--|---|
| <input type="checkbox"/> Bajos ingresos / pobreza | |
| <input type="checkbox"/> La falta del seguro médico adecuado | |
| <input type="checkbox"/> Oportunidades de desempleo/empleo | <input type="checkbox"/> Falta de acceso al médico de atención primaria |
| <input type="checkbox"/> Los delitos violentos (asesinato, asalto, etc.) | <input type="checkbox"/> Abandonar los estudios |
| <input type="checkbox"/> Violencia armada/accidentes | <input type="checkbox"/> La suspensión escolar o expulsiones |
| <input type="checkbox"/> El abuso de drogas y alcohol | <input type="checkbox"/> El acceso a las oportunidades educativas |
| <input type="checkbox"/> El abuso de ancianos | <input type="checkbox"/> Contaminación (aire, agua, tierra) |
| <input type="checkbox"/> El abuso de niños | <input type="checkbox"/> Control de animales/plagas |
| <input type="checkbox"/> Violación/asalto sexual | <input type="checkbox"/> agua limpia |
| <input type="checkbox"/> La violencia domestica | <input type="checkbox"/> La congestión de tráfico |
| <input type="checkbox"/> La falta de vivienda | <input type="checkbox"/> Transporte económico/seguro |
| <input type="checkbox"/> Discriminación/racismo | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> El acceso a una educación de calidad | <input type="checkbox"/> Ninguno |
| <input type="checkbox"/> reasignación escolar | |

68. (De a la persona de la lista de servicios). En su opinión, ¿Cuáles tres de los siguientes servicios necesitan la mayor mejoría en su barrio o comunidad? Si hay un servicio que usted cree que necesita mejorar, que no está en esta lista, por favor hágamelo saber y voy a escribirlo. Si usted lo desea, puedo leerlos en voz alta mientras usted piense en ellos. (Lea en voz alta los problemas de salud si prefiere)

- | | |
|---|---|
| <input type="checkbox"/> Opciones de comidas Mejores/saludables | <input type="checkbox"/> opciones de cuidado de ancianos |
| <input type="checkbox"/> El acceso a la asistencia para la alimentación | <input type="checkbox"/> Control de animales/plagas |
| <input type="checkbox"/> Actividades positivas para los adolescentes | <input type="checkbox"/> Servicios de salud más económicos |
| <input type="checkbox"/> Viviendas más económicas/mejores | <input type="checkbox"/> Servicios de salud mental |
| <input type="checkbox"/> Servicios de salud culturalmente sensibles | <input type="checkbox"/> Mejores oportunidades de educación |
| <input type="checkbox"/> Opciones de cuidado infantil | <input type="checkbox"/> Opciones de transporte |
| <input type="checkbox"/> Numero de proveedores de atención médica | <input type="checkbox"/> Seguridad en la carretera/mantenimiento |
| <input type="checkbox"/> Actividades sanas familiares | <input type="checkbox"/> Mejor aplicación de la ley |
| <input type="checkbox"/> Servicios para personas con discapacidad | <input type="checkbox"/> Seguridad de armas |
| <input type="checkbox"/> Empleos de más pago | <input type="checkbox"/> Preparación y respuesta ante emergencias |
| <input type="checkbox"/> Disponibilidad de empleo | <input type="checkbox"/> agua limpia |
| <input type="checkbox"/> Mejores/más centros recreativos | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> (Parques, senderos, centros comunitarios, etc.) | <input type="checkbox"/> Ninguno |
| <input type="checkbox"/> Servicios de Consejería/salud mental/grupos de apoyo | |
| <input type="checkbox"/> Apoyo para ayudar a controlar mi condición de salud | |

69. En su opinión ¿Información sobre cuales tres comportamientos de salud les hace falta a la gente de su comunidad? (Dele la lista, si quieren que leas las opciones, léelo)

- Cuidado de niños/crianza
- Hacer ejercicio/estado físico
- Mantenimiento de peso
- Mantenimiento de las enfermedades crónicas (diabetes, EPOC, etc.)
- Prevención de crimen
- Prevención de violación/abuso sexual
- Cuidado de los ancianos
- Dejando de fumar/prevención del consumo de tabaco
- El manejo del estrés
- Ir a un dentista para chequeos/cuidado preventivo
- Manejo de la ira
- La prevención del abuso de sustancias (drogas y alcohol)
- Obtener atención prenatal durante el embarazo
- Comer bien/nutrición
- El uso de asientos de seguridad para niños
- El uso de cinturones de seguridad
- La prevención de las enfermedades de transmisión sexual (sexo seguro)
- Conducción segura
- Obtención de vacunas contra la gripe y otras vacunas
- Como prepararse para una emergencia/desastre

- El cuidado de los miembros de la familia con necesidades especiales/discapacidades
- Prevención de la violencia domestica
- Entrenamiento de seguridad de arma
- Prevención del embarazo no deseado
- La prevención del suicido
- Otro: _____
- Ninguno

SEGUNDA PARTE: LA SALUD

El siguiente grupo de preguntas se enfocará en su salud. Una vez más, todas las opiniones que usted comparte con nosotros serán completamente confidenciales y será reportado como un resumen de grupo.

70. En general, diría que su salud es...

- | | |
|------------------------------------|--|
| <input type="checkbox"/> excelente | <input type="checkbox"/> malo |
| <input type="checkbox"/> bueno | <input type="checkbox"/> no sé/no estoy seguro |
| <input type="checkbox"/> razonable | |

71. Durante los últimos 12 meses ¿hubo algún momento que no tenía ningún tipo de cobertura de seguro de salud? (Esto incluye los seguros privados adquiridos a través del trabajo o de forma individual, los beneficios de salud militares Tricare, VA etc., Medicare, Medicaid o cualquier otro programa que ayuda con la provisión de servicios de salud a un costo reducido)
 Sí No No sé / no estoy seguro

72. Si usted tiene seguro médico, ¿cuál es su plan de seguro de salud? Marque todas las que apliquen.

- Plan privado (a través del empleo)
- Plan privado (comprado)
- Medicare
- Medicaid (Proveedor uno)
- Ningún plan de salud (de ningún tipo)
- No sé/no estoy seguro
- Otro: _____

73. ¿Adónde va usted cuando usted está enfermo? (No lea las opciones, marque únicamente la que dicen. Si no pueden pensar en uno, aquí hay algunas posibilidades. Lea las respuestas y seleccione sólo una)

- | | |
|--|---|
| <input type="checkbox"/> Consultorio médico | <input type="checkbox"/> Cuarto de emergencia |
| <input type="checkbox"/> Clínica gratis/bajo costo | <input type="checkbox"/> Farmacia |
| <input type="checkbox"/> La enfermera escolar | <input type="checkbox"/> Enfermera del lugar de trabajo |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Atención de urgencia |
| <input type="checkbox"/> Familiar/amigo | <input type="checkbox"/> Terapeuta/Consejero |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Otro: _____ |

16ª. ¿En cuál pueblo o ciudad está localizado? _____ (Si no es una ciudad reconocible pregunte por el nombre del condado en que se encuentre)

74. ¿Acerca de cuánto tiempo ha pasado desde que fue al médico para hacerse un chequeo de rutina? Esto no incluye los tiempos que ha visitado al médico porque estaba enfermo, el embarazo, o para la enfermedad crónica. (No lea las opciones. Marcar sólo la que ellos dicen. Si no pueden pensar en cuánto tiempo... aquí están las posibilidades. Lea las respuestas:.. ¿Cuál cree usted que mejor se adapte a usted?)

- en el último año
- hace 1-2 años
- hace 3-5 años
- hace más de 5 años
- Nunca he tenido un chequeo de rutina
- No sé/no estoy seguro

(Nota: un chequeo de rutina es cuando el médico o la enfermera le comprueba todo, comprueba su presión arterial, se ve en los oídos, escucha su respiración, le da golpecitos en su abdomen, comprueba sus reflejos, y pueden hacer análisis de sangre para revisar sus valores sanguíneos, incluyendo el colesterol. Esto también podría incluir chequeos del ginecólogo de rutina.)

75. En los últimos 12 meses, ¿alguna vez tuvo problemas para obtener la atención médica que necesitaba? Por favor, incluya cualquier problema que había llenado una receta, o conseguir cuidado mental, de discapacidad o la atención dental? (Si no, pase a la pregunta # 21)

- Si
- No

76. ¿Cuál de los siguientes problemas tuvo? Tengo una lista de los problemas que puede haber encontrado. Al leer la lista, por favor dígame "sí" o "no" si se trata de un problema que tuvo. También puedo escribir de problemas adicionales que no están en mi lista. (Lea las opciones y de tiempo para sí o no para cada uno)

- No tenía seguro de salud
 - No tenía transporte
 - No tenía seguro dental independiente
 - No tuve cuidado de niños
 - Mi seguro no cubría lo que necesitaba
 - No sabía a dónde ir para recibir atención/dificultades en navegar por el sistema
 - No podía permitirse el costo de bolsillo (costo entero/deducibles/copago)
 - Puedo pagarlo, pero no quiero pagar tanto
 - No pude conseguir una cita
 - No estaba disponible un intérprete que hable mi idioma
 - Mi seguro no fue aceptado por el profesional del cuidado de la salud (medico/farmacia/dentista/etc.)
- Tuve problemas con Medicare
 Otro: _____

77. Acerca de cuánto tiempo ha pasado desde que visitó a un dentista para un chequeo de rutina? No incluya las veces que ha visitado al dentista a causa del dolor o de una emergencia. (dejar que ellos respondan y repitan la categoría marcada en la lista)

- en el último año
- hace 1-2 años
- hace 3-5 años
- hace más de 5 años
- Nunca he ido a un dentista para un chequeo de rutina

78. En los últimos 12 meses, ¿ha utilizado algún tipo de medicina alternativa? Algunos ejemplos podrían incluir la acupuntura, tratamientos quiroprácticos, productos naturales o hierbas medicinales.

Si No No sé /no estoy seguro

79. ¿Con qué frecuencia tiene usted a alguien como un familiar, amigo, trabajador del hospital / clínica o cuidador que le ayude a leer y comprender materiales relacionados con la salud? (leer opciones, seleccione uno)

Siempre Frecuentemente De vez en cuando Nunca

80. ¿Con qué frecuencia tiene problemas para aprender acerca de su estado de salud debido a la dificultad para entender la información escrita? (leer opciones, seleccione uno)

Si No No se/no estoy seguro

81. ¿Si un amigo o miembro de la familia necesitará asesoramiento para un problema de salud mental o un problema de abuso de drogas / alcohol, quien sería la primera persona que les diría que llamara o hablara? (No lea las opciones, si no pueden pensar en cualquier lugar, aquí hay algunas posibilidades y leer las respuestas. Seleccione uno)

<input type="checkbox"/> Medico	<input type="checkbox"/> Servicios de Consejería del condado de Adams
<input type="checkbox"/> Miembro de familia	<input type="checkbox"/> Línea de crisis
<input type="checkbox"/> Grupo de apoyo (por ejemplo, AA, Al-Anon)	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> Consejero o terapeuta privado	<input type="checkbox"/> No sé/No estoy seguro
<input type="checkbox"/> Ministro / oficial religioso / iglesia	

82. ¿Dónde hace el ejercicio o actividades físicas? (marque todas las que correspondan, a continuación vaya al # 27, a menos que la respuesta es "no hago ejercicio", continúe a la pregunta 26 si el encuestado no hace ejercicio)

<input type="checkbox"/> no hago ejercicio	<input type="checkbox"/> Iglesia o algún establecimiento de fe
<input type="checkbox"/> Centro recreativo público, parques, o senderos	<input type="checkbox"/> Centros comerciales
<input type="checkbox"/> En casa	<input type="checkbox"/> Escuela
<input type="checkbox"/> Vecindad	<input type="checkbox"/> Centro de ancianos
<input type="checkbox"/> Gimnasio/piscina privada	<input type="checkbox"/> Otro _____
<input type="checkbox"/> Trabajo	

83. ¿Hay alguna razón por la que usted no hace ejercicio? Usted puede dar todas razones que usted necesite. (Deja que contesten y repitan la categoría marcada en la lista. Seleccione todas las que apliquen)

<input type="checkbox"/> No me gusta hacer ejercicio	<input type="checkbox"/> No hay un lugar seguro para hacer ejercicio
<input type="checkbox"/> Necesitaría el cuidado de niños y no lo tengo	
<input type="checkbox"/> No tengo tiempo suficiente tiempo para hacer ejercicio	
<input type="checkbox"/> Cuesta mucho hacer ejercicio (equipaje, zapatos, gimnasio)	
<input type="checkbox"/> No necesito hacer ejercicio	<input type="checkbox"/> Soy incapaz físicamente
<input type="checkbox"/> Estoy demasiado cansado para hacer ejercicio	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> No tengo acceso a un centro que cuente con las cosas que necesito, como una piscina, una pista, etc.	

84. ALGUNA VEZ algún médico, enfermera u otro profesional de la salud le dijo que usted tenía alguno de los siguientes problemas de salud? Para cada pregunta, responda "sí", "no" o "no estoy seguro". (Lea cada respuesta y marque la respuesta correcta)

Cáncer	___ sí ___ no ___ no estoy seguro
Asma	___ sí ___ no ___ no estoy seguro
Enfermedad del corazón	___ sí ___ no ___ no estoy seguro
Insuficiencia Cardíaca Congestiva	___ sí ___ no ___ no estoy seguro
Enfermedad Pulmonar Obstructiva Crónica (EPOC)	___ sí ___ no ___ no estoy seguro
Depresión	___ sí ___ no ___ no estoy seguro
Presión Arterial alta	___ sí ___ no ___ no estoy seguro
Colesterol alto	___ sí ___ no ___ no estoy seguro
Sobrepeso/obesidad	___ sí ___ no ___ no estoy seguro
Osteoporosis	___ sí ___ no ___ no estoy seguro
Dolor Crónico	___ sí ___ no ___ no estoy seguro
Diabetes no durante el embarazo	___ sí ___ no ___ no estoy seguro

Las siguientes preguntas están relacionadas con las prácticas de salud:

85. ¿Después de cuál de las siguientes actividades te lavas habitualmente tus manos? (Deja que contesten y repitan la categoría marcada en la lista, seleccione todas las que apliquen):

___ Antes de preparar, cocinar, o comer alimentos
___ Después de haber ido al baño, ayudar a un niño a usar el baño o cambiar un pañal
___ Después de tocar un animal o limpiar los desechos de animales
___ Antes de jugar con los niños
___ Después de toser, estornudar o sonarse la nariz
___ Antes y después de limpiar o cuidar de una herida
___ Después de estar afuera
___ Después de tocar basura
___ Antes y después de tocar a otra persona/dar la mano
___ Después de tocar artículos contaminados por el agua del suelo o las aguas residuales
___ Antes o después de cuidar a una persona enferma
___ Después de manipular alimentos crudos, en especial carne cruda, pollo o pescado

86. ¿Qué síntomas le impediría ir a trabajar?: (seleccione todas las que apliquen)

Fiebre	___ sí ___ no
Diarrea	___ sí ___ no
Vómitos	___ sí ___ no
Gripe	___ sí ___ no
Calambres de estomago	___ sí ___ no
Dolor de cabeza	___ sí ___ no
Migraña	___ sí ___ no
Nausea	___ sí ___ no
Resfriado (secreción nasal, tos, etc.)	___ sí ___ no
Los síntomas de alergia	___ sí ___ no
Extremidad levemente herida (mano, pie, etc.)	___ sí ___ no

PREGUNTAS DE SALUD ESPECIFICAS A EDAD/GENERO

Las siguientes preguntas son específicas al género y la edad. Para que podamos asegurarnos que le estamos haciendo las preguntas correctas. Tengo que verificar su edad y sexo. Algunas categorías de edad / género pueden omitir estas preguntas en total. Como siempre, todas sus respuestas serán completamente confidenciales y sólo se usarán como un resumen del grupo.

87. ¿En qué año nació? _____ entrar año

Nota: antes de 1974 = más de 40 años de edad y antes de 1964 = más de 50 años de edad

88. ¿Cuál es su género? (en la mayoría de los casos esto se puede responder al entrevistador sin preguntar)

___ Masculino ___ Femenino ___ Transgénico / otros

(Si responde una transgénico, decir lo siguiente "algunas personas nacen con las partes del cuerpo que no son consistentes con el género que ellos se identifican. Tenemos algunas preguntas de salud específicas del sexo y necesitamos saber: Usted nació con partes de cuerpo masculino o femenino; utilizar este sexo en los patrones de salto adelante)

Si más del 50 procederá a pregunta 32 e ignore los siguientes patrones de salto.

Si es hombre y más de 40 pase a la pregunta 33

Si es hombre y 40 años o menos, pase a pregunta 36

Si es mujer y más de 40, pase a la pregunta 34

Si es mujer y mayor de 21 años, pero 40 años o menos, pase a pregunta 35

Si es mujer y 21 años o menos, pase a pregunta 36

89. ¿Alguna vez ha tenido una colonoscopia (sólo para personas mayores de 50 años)

Sí ___ No ___ No sé / no estoy seguro

Si es hombre, pase a pregunta 33

Si es mujer, pase a pregunta 34

90. ¿Se hace usted un examen anual de la próstata? (sólo varones mayores de 40 años)

Sí ___ No ___ No sé / no estoy seguro

91. ¿Se hace usted, una mamografía al menos cada dos años? (sólo las mujeres mayores de 40)

___ Sí ___ No ___ No sé / no estoy seguro

92. ¿Se hace usted una prueba de Papanicolaou al menos cada dos años? (Sólo mujeres mayores de 21)

Sí ___ No ___ No sé / no estoy seguro

Ahora voy a hacerle unas preguntas sobre las personas que usted cuida.

93. Algunas personas ofrecen ayuda a un familiar o un amigo que tiene una enfermedad o discapacidad a largo plazo. Esto puede incluir ayuda con las cosas que ya no pueden hacer por sí mismos. Durante los últimos 12 meses, ¿usted proporciona cualquier tipo de ayuda a un familiar o amigo, y si es así, cuál fue su relación con esa persona?

(Si la respuesta es sí, lea la lista y pedirles que escojan todo lo que corresponda. Si no, marque NINGUNO y vaya al # 39)

- | | |
|---|---|
| <input type="checkbox"/> Ancianos o discapacitados padres/abuelos | <input type="checkbox"/> Cónyuge o pareja discapacitados |
| <input type="checkbox"/> Hijo/a discapacitado | <input type="checkbox"/> Amigo con una enfermedad crónica |
| <input type="checkbox"/> Nieto/a | <input type="checkbox"/> Ninguno (pase a Pregunta 39) |
| <input type="checkbox"/> Hijo/a de crianza | <input type="checkbox"/> Otro: _____ |

94. En los últimos 12 meses, ¿ha tenido dificultades para encontrar un cuidado adicional o de apoyo dentro del Condado de Adams para la persona o personas que se indica más arriba?

Sí No No sé / no estoy seguro

95. Si respondió "sí", ¿cuál fue la razón principal que usted, el cuidador, ha tenido este problema?

(Deja que contestan y repiten la categoría marcada en la lista. Elija uno)

- | | |
|--|--|
| <input type="checkbox"/> El acceso a los servicios | <input type="checkbox"/> Transportación |
| <input type="checkbox"/> No sé donde están disponibles los servicios | <input type="checkbox"/> Enfermedad del cuidador |
| <input type="checkbox"/> Las responsabilidades del trabajo | <input type="checkbox"/> No puede pagar por los servicio |
| <input type="checkbox"/> No pudo encontrar un centro de cuidado de larga duración para mi adecuado | |
| <input type="checkbox"/> Otro: _____ | |

96. ¿Tiene algún niño/a de 18 años o menos? (Si no, pase a pregunta 44)

sí no

97. ¿Cuáles son las edades de sus hijos? (Anote el número de niños en cada categoría de edad se enumeran a continuación)

0-4 5-9 10-14 15-18

98. Durante los últimos 12 meses, ¿hubo algún momento en que su hijo (a) no tenía seguro de salud o cobertura?

sí no no sé/no estoy seguro

(Nota: seguro público / gobierno cuenta como el seguro)

99. ¿Habla con sus hijos acerca de cualquiera de los siguientes temas? (Lea la lista y marque las que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> El consumo de alcohol | <input type="checkbox"/> La exposición a contenidos de internet negativa/riesgoso |
| <input type="checkbox"/> El consumo de tabaco | <input type="checkbox"/> Trastornos de la alimentación |
| <input type="checkbox"/> El consumo de drogas, incluyendo la prescripción | <input type="checkbox"/> intimidación |
| <input type="checkbox"/> pistolas | <input type="checkbox"/> Enviar mensajes de texto mientras conduce |
| <input type="checkbox"/> la actividad sexual | <input type="checkbox"/> Hacerse daño (corte/mutilación) |
| <input type="checkbox"/> conducción temeraria/exceso de velocidad | <input type="checkbox"/> pensamientos de suicidio |
| <input type="checkbox"/> ausentismo escolar (faltar a la escuela) | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Pandillas | <input type="checkbox"/> No creo que mi hijo está participando en cualquier conducta de riesgo |
| <input type="checkbox"/> Las actividades criminales | |

100. ¿Crees que alguno de sus hijos o amigos de sus hijos están participando en alguna de las siguientes conductas de riesgo? (Lea la lista y marque todas las que apliquen)

- | | |
|---|--|
| <input type="checkbox"/> El consumo de alcohol | <input type="checkbox"/> La exposición a contenidos de internet negativa/riesgoso |
| <input type="checkbox"/> El consumo de tabaco | <input type="checkbox"/> Trastornos de la alimentación |
| <input type="checkbox"/> El consumo de drogas, incluyendo la prescripción | <input type="checkbox"/> Intimidación |
| <input type="checkbox"/> pistolas | <input type="checkbox"/> Enviar mensajes de texto mientras conduce |
| <input type="checkbox"/> la actividad sexual | <input type="checkbox"/> Hacerse daño (corte/mutilación) |
| <input type="checkbox"/> conducción insensata/exceso de velocidad | <input type="checkbox"/> pensamientos de suicidio |
| <input type="checkbox"/> absentismo escolar (faltar a la escuela) | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Pandillas | <input type="checkbox"/> No creo que mi hijo está participando en cualquier conducta de riesgo |
| <input type="checkbox"/> Las actividades criminales | |

PARTE 3: PREPARACIÓN PARA EMERGENCIAS

Ahora voy a hacerle preguntas acerca de la preparación para emergencias, o prepararse para un desastre o emergencia.

101. ¿Hay alguien en su hogar entrenado en RCP? (también conocido como la Resucitación Cardiopulmonar)

si no no sé/no estoy seguro

102. En un desastre, ¿A qué fuente acudiría primero en busca de información? (Deja que contesten y repitan la categoría marcada en la lista. Elija uno)

- | | |
|---|--|
| <input type="checkbox"/> televisión | <input type="checkbox"/> 211 |
| <input type="checkbox"/> radio | <input type="checkbox"/> 911 |
| <input type="checkbox"/> internet | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> celular con internet | <input type="checkbox"/> no sé/no estoy seguro |
| <input type="checkbox"/> noticias publicadas | |
| <input type="checkbox"/> Vecinos o por boca | |

(Nota: El 211 es una línea de ayuda de la comunidad que proporciona a los usuarios con información y referencias a servicios humanos para necesidades de cada día y en tiempos de crisis)

103. ¿Alguien en su hogar tiene una discapacidad o problema médico que haría más difícil tratar con una emergencia como un huracán, corte de energía, etc.?

si no no sé/no estoy seguro

104. En el caso de un desastre a gran escala, ¿cuál de las siguientes frases mejor representa su creencia? ¿Diría usted que (Lea las opciones abajo)

- Puedo manejar la situación sin ningún tipo de preparación
- Preparación, planificación y suministros de emergencia me ayudarán a manejar la situación
- Nada de lo que hago para preparar me ayudaría a manejar la situación
- No sé/no estoy seguro

105. En las primeras 72 horas después de un desastre, ¿En quién confiaría mas para la asistencia?

(Lea sólo si es necesario. Escoja uno)

- los miembros del hogar otros amigos o familiares
 la gente en mi vecindad mi comunidad de fe, como una congregación
 bomberos, policía, personal de emergencia
 Las organizaciones no lucrativas, tales como la Cruz Roja Americana o el Ejército de Salvación
 Las agencias estatales y del gobierno federal, incluyendo FEMA

106. Si las autoridades públicas anunciaran una evacuación obligatoria de su comunidad debido a un desastre a gran escala o de emergencia, ¿usted se evacuara?

sí no no sé/no estoy segura

107. ¿Cuál sería la razón principal por la que no podría evacuar si nos lo pidieran? (sólo lee si es necesario. Escoja uno)

- la falta de transporte preocupación por dejar atrás la propiedad
 falta de confianza en los oficiales públicos problemas de salud
 preocupación por la seguridad personal Otro: _____
 preocupación por la seguridad de la familia no sé/no estoy seguro
 preocupación por dejar a las mascotas
 preocupación por los atascos de tráfico y la imposibilidad de salir

PARTE 4: DEMOGRAFIA

¡Casi hemos terminado! Sólo tenemos que saber un poco más sobre quién eres. Sólo para recordar, toda la información que usted nos proporcione será totalmente confidencial. Sólo se informa como un resumen del grupo.

108. ¿Cómo identificaría su raza o grupo étnico? (Si ellos no responden inmediatamente, lee las categorías. Si ellos son multirraciales, seleccione multirracial y añadir qué razas son. Seleccione todas las que apliquen)

- De raza Blanco/Caucásico Nativo americano/indio americano
 De raza negra/afroamericano Multirracial
 Hispano Otro (especificar): _____
 Asiático/Nativo de la Polinesia

109. ¿Qué idioma se habla en su casa? (dejar que ellos respondan y repitan la categoría marcada en la lista)

inglés español Mixteco Otro (especificar): _____

110. ¿Cuál es su estado civil? Es usted... (Lee las categorías. Escoja uno)

- Casado Nunca se ha casado (soltero)
 Divorciado Un miembro de una pareja no casada
 Viudo Separado

111. ¿Cuál es el nivel más alto de la escuela, la universidad o entrenamiento que ha completado? (Lea sólo si es necesario. Marque sólo uno)
- Nunca fue a la escuela o solo recibió educación preescolar
 - Grados del 1 al 8 (de primaria)
 - Grados 9 al 11 (algunos de la secundaria)
 - Grados 12 o GED (graduado de la escuela secundaria)
 - Colegio 1 año a 3 años (alguna educación superior o escuela técnica)
 - Universidad 4 años o más (graduado de la universidad)
 - La escuela licenciada o superior
112. Incluyendo a usted, ¿ cuántas personas viven en su hogar? (Incluya los que usted reclama como dependiente o que viva con usted por lo menos la mitad del año)
- escribir el número
113. ¿Esta cantidad incluye cualquier persona que tenía que moverse debido a que no tenían un lugar para vivir? (Esto puede incluir a un amigo o pariente que necesitaba un lugar para quedarse por motivos financieros o médicos, o fue recientemente sin hogar. Esto no incluye a los estudiantes universitarios que se han mudado recientemente a casa)
- sí no no sé/no estoy seguro
114. ¿Cuál es su situación laboral? (Deja que contesten y repitan la categoría marcada en la lista. Marque todas las que apliquen)
- | | |
|---|---|
| <input type="checkbox"/> empleado a tiempo completo | <input type="checkbox"/> desempleado corto plazo (menos de 27 semanas) |
| <input type="checkbox"/> empleado a tiempo parcial | <input type="checkbox"/> desempleado de larga duración (27 semanas o más) |
| <input type="checkbox"/> jubilado/retirado | <input type="checkbox"/> Discapacitado |
| <input type="checkbox"/> estudiante | <input type="checkbox"/> Mas de un trabajo |
| <input type="checkbox"/> Ama de casa | |

¡Esto es el final! Muchas gracias por completar la Encuesta de Opinión de Salud de la Comunidad. Los resultados estarán disponibles en el sitio web del Condado de Adams antes de julio de 2015. (Darle al participante la tarjeta de regalo). Como muestra de nuestro agradecimiento por participar, por favor acepte esta tarjeta de regalo. (Darle al participante el folleto si no lo ha hecho y señale el número de teléfono). Si usted tiene alguna pregunta o inquietud acerca de la encuesta, puede llamar al número que aparece en este folleto o enviar un correo electrónico.