

Jackson County Community Health Survey

Please take a minute to complete **the short 7 question survey** and demographic information below. The purpose of this survey is to get your opinions about community issues in Jackson County. The Jackson County Community Health Action Team (JCCHAT) and partners will use the results of this survey and other information to identify the most pressing problems which can be addressed through community action. *Remember... your opinion is important!*

Thank you.

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

Check only **FIVE**:

- | | |
|--|---|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Low crime / safe neighborhoods | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Healthy food options |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Active Volunteer / Civic Organizations |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Religious or spiritual options |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Walkability in community with sidewalks/trails |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Bike lanes throughout community |
| <input type="checkbox"/> Access to technical schools, colleges, universities | <input type="checkbox"/> Other _____ |

2. In the following list, what do you think are **the FIVE most important “health problems”** in our community? (Those problems which have the greatest impact on overall community health.)

Check only **FIVE**:

- | | | |
|---|---|--|
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory / lung disease |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Homicide | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Infant Death | <input type="checkbox"/> Aging problems (i.e., arthritis, hearing/vision loss) |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Infectious Diseases (i.e., hepatitis, TB, etc.) |
| <input type="checkbox"/> Rape / sexual assault | <input type="checkbox"/> Suicide | <input type="checkbox"/> Deaths due to Overdose |
| | | <input type="checkbox"/> Other _____ |

3. In the following list, what do you think are **the FIVE most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only **FIVE**:

- | | | |
|--|---|--|
| <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Alcohol use among adults | <input type="checkbox"/> Unprotected sex |
| <input type="checkbox"/> Prescription Drug Abuse | <input type="checkbox"/> Tobacco use among youth | <input type="checkbox"/> School violence / bullying |
| <input type="checkbox"/> Unsafe roads | <input type="checkbox"/> Tobacco use among adults | <input type="checkbox"/> Access to guns / rifles |
| <input type="checkbox"/> Overweight adults | <input type="checkbox"/> Second hand smoke exposure | <input type="checkbox"/> Domestic violence of children |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Drug use among adults | <input type="checkbox"/> Domestic violence of adults |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Drug use among youth | <input type="checkbox"/> Not-using seatbelts/child seats |
| <input type="checkbox"/> Overweight children | <input type="checkbox"/> Lack of Sidewalks | <input type="checkbox"/> Lack of Mental Health Services (children) |
| <input type="checkbox"/> ATV Injuries | <input type="checkbox"/> Alcohol use among youth | <input type="checkbox"/> Lack of Mental Health Services (adults) |
| | | <input type="checkbox"/> Other _____ |

Please complete back side of survey.

4. In the following list, what do you think are **the FIVE most important “services”** in our community?

Check only **FIVE**:

- | | | |
|--|---|---|
| <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Child Day Care Providers | <input type="checkbox"/> YMCA / Recreational Facility |
| <input type="checkbox"/> Veterans Services | <input type="checkbox"/> Community Gardens | <input type="checkbox"/> Adult Caregiver Facilities |
| <input type="checkbox"/> Foster Care Homes | <input type="checkbox"/> Health Education | <input type="checkbox"/> Assisted Living Centers |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Access to Affordable Food | <input type="checkbox"/> Sidewalk / Trail Development |
| <input type="checkbox"/> Mental Health Providers | <input type="checkbox"/> Homeless Shelters / Services | <input type="checkbox"/> Access to Affordable Health Care |
| <input type="checkbox"/> Bike Lanes / Trails | <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Farmers Markets |

5. Are you currently satisfied with the opportunity to live an active, healthy, lifestyle in your community?

- Very Satisfied Satisfied Somewhat Satisfied Dissatisfied Very Dissatisfied

6. How would rate your own personal health?

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

7. Approximately how many hours per month do you volunteer your time to community service? (i.e., civic, religious, volunteer service organizations)

- none 1 - 3 hours 4 - 7 hours 8 - 10 hours Over 10 hours

Please answer questions below so we can see how different types of people feel about local issues.

Zip code where you live: _____

Sex: Male Female

Age: 17 or less 40 – 54
 18 – 24 55 – 64
 25 – 39 65 or over

Household income:
 Less than \$20,000
 \$20,000 to \$29,999
 \$30,000 to \$49,999
 Over \$50,000

Ethnic group you most identify with:

- African American / Black
 Asian / Pacific Islander
 Hispanic / Latino
 Native American
 White / Caucasian
 Other _____

How do you pay for your health care?
(check all that apply)

- Pay cash (no insurance)
 Employer Health Insurance
 Medicaid (Sooner Care)
 Medicare
 Veterans' Administration
 Indian Health Services
 Free Health Clinic
 Other _____

Education

- Less than high school
 High school diploma or GED
 College degree or higher
 Other _____

Please return completed surveys to the address below by January 18, 2013. If you would like more information about this community project, please contact us at the number below:

Dennie Christian, 401 West Tamarack, (phone) 580.482.7308, (fax) 580.477.2763

Thank you very much for your response!

Please complete front side of survey.