

# Madison County Community Health Assessment

## Madison County Community Health Assessment

Thank you for taking time to complete the 2011 Madison County Community Health Assessment Survey!

Responses from this survey will be used by the Madison County Health Department and Madison Community Health Consortium to help address the major health and community issues in Madison County, North Carolina.

The survey questions will ask your opinion about local health strengths, needs, and concerns.

The survey will take approximately 15 minutes to complete and your opinion matters!

## How does the survey work?

All the information you provide for this survey is kept confidential and you will not be asked to provide your name or any other identifying information.

Please answer every question to the best of your ability. Any special instructions are located at the beginning of a section.

If you do not live in Madison County, North Carolina we ask that you do not complete this survey.

If you have any questions, please contact us at [dstephens@madisoncountync.org](mailto:dstephens@madisoncountync.org) or call 828-649-3531, ext. 240

In order to progress through this survey, please use the following navigation links

- Click "Next" button to continue to the next page.
- Click "Previous" button to return to the previous page.
- Click "Exit the Survey Early" button if you need to exit the survey.
- Click "Done" or "Submit" button to submit your survey.

## Part I Information About You

This information tells us about you and remember, all information remains confidential.

### What is your age?

- |                               |                                   |
|-------------------------------|-----------------------------------|
| <input type="radio"/> 15 - 19 | <input type="radio"/> 55 - 59     |
| <input type="radio"/> 20 - 24 | <input type="radio"/> 60 - 64     |
| <input type="radio"/> 25 - 29 | <input type="radio"/> 65 - 69     |
| <input type="radio"/> 30 - 34 | <input type="radio"/> 70 - 74     |
| <input type="radio"/> 35 - 39 | <input type="radio"/> 75 - 79     |
| <input type="radio"/> 40 - 44 | <input type="radio"/> 80 - 84     |
| <input type="radio"/> 45 - 49 | <input type="radio"/> 85 or older |
| <input type="radio"/> 50 - 54 |                                   |

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## Are you:

- Male
- Female

## What is your race?

- White, non-Hispanic
- Black or African American
- Hispanic/Latino
- American Indian or Alaska Native
- Asian/Pacific Islander
- Other (please specify)

## What is your education?

- Less than 9th grade
- 9th - 12th grade, no diploma
- High School Graduate/GED
- Some College (no degree)
- Associate Degree or Vocational Training
- Bachelor's Degree
- Graduate or Professional Degree
- Other (please specify)

## What is your employment status? Check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Employed Full Time     | <input type="checkbox"/> Retired                     |
| <input type="checkbox"/> More than 1 job        | <input type="checkbox"/> Student                     |
| <input type="checkbox"/> Self-employed          | <input type="checkbox"/> Disabled                    |
| <input type="checkbox"/> Employed part time     | <input type="checkbox"/> Unemployed less than 1 year |
| <input type="checkbox"/> Armed Forces           | <input type="checkbox"/> Unemployed more than 1 year |
| <input type="checkbox"/> Homemaker              |  |
| <input type="checkbox"/> Other (please specify) |  |

## Where do you work?

- Inside Madison County
- Outside Madison County

## How far do you travel (miles) to work?

## Number of people living in your home:

Adults

Children under 18 years of age

## What is your annual household income?

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - 35,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or more

## How many people does this income support?

## Madison County Resident:

For how many years?

Name of Community?

## Are you covered by health insurance?

- Yes
- No

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## What type of coverage do you have?

- Medicare
- Medicaid
- Health Choice
- Private Insurance through employer/workplace
- Private Insurance purchased directly from insurance company
- Military-Tricare, CHAMPUS, or VA
- Other (please specify)

## If you DO NOT have insurance, what is the MAIN reason for not having insurance coverage?

- Cost
- Unsure if eligible
- Not interested
- Other (please specify)

## Do other members of your household have health insurance?

- Yes
- No
- N/A - I live alone

# Madison County Community Health Assessment

## What type of coverage do they have?

- Medicare
- Medicaid
- Health Choice
- Private Insurance through employer/workplace
- Private Insurance purchased directly from insurance company
- Military-Tricare, CHAMPUS, or VA
- Other (please specify)

## If they DO NOT have insurance, what is their MAIN reason for not having insurance coverage?

- Cost
- Unsure if eligible
- Not interested
- Other (please specify)

## Part II Personal Health Information

This section will tell us about your health and how you rate your health status.

### How would you rate your own personal health?

- Excellent/Very Healthy
- Very Good/Healthy
- Good/Somewhat Healthy
- Fair/Unhealthy
- Poor/Very Unhealthy
- Don't Know/Not Sure

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## When did you last visit a doctor for a ROUTINE checkup?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- 5 or more years ago
- Never

## If you are over the age of 50, have you ever had a colon cancer screening?

- Yes
- No
- N/A I am under 50

## If you are MALE and over the age of 40, do you have an annual prostate exam?

- Yes
- No
- N/A I am female

## If you are FEMALE and over the age of 40, do you have an annual mammogram?

- Yes
- No
- N/A I am either male or female under 40

## If you are FEMALE and over the age of 21, do you have a pap smear at least every other year?

- Yes
- No
- N/A I am either male or female under 21

## When did you last visit a dentist for a ROUTINE checkup?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- 5 or more years ago
- Never

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## Where do you go MOST OFTEN when you are sick?

- Doctor's Office
- Health Department
- School Based Health Clinic (Patriot Place)
- Hospital Emergency Room
- Chiropractor
- Alternative Medicine Provider (Herbalist/Accupuncture, etc)
- Other (please specify)

## In the last 12 months did you or a family member have a problem getting the health care you needed?

- Yes
- No
- N/A Didn't need health care

## Why was that? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> No health insurance                           | <input type="checkbox"/> No transportation    |
| <input type="checkbox"/> Insurance did not cover service needed        | <input type="checkbox"/> Not sure where to go |
| <input type="checkbox"/> Deductible of Co-Insurance was too high       | <input type="checkbox"/> No child care        |
| <input type="checkbox"/> Doctor would not accept insurance or Medicaid | <input type="checkbox"/> Language barrier     |
| <input type="checkbox"/> Hospital would not accept insurance           | <input type="checkbox"/> Had to wait too long |
| <input type="checkbox"/> Could not get an appointment                  |   |
| <input type="checkbox"/> Other (please specify)                        |   |

## In the past 12 months have you or a family member had a problem getting a prescription filled?

- Yes
- No
- N/A Did not need a prescription

# Madison County Community Health Assessment

## Why was that? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> No health insurance                             | <input type="checkbox"/> No transportation    |
| <input type="checkbox"/> Insurance did not cover prescriptions           | <input type="checkbox"/> Not sure where to go |
| <input type="checkbox"/> Deductible of Co-Insurance was too high         | <input type="checkbox"/> No child care        |
| <input type="checkbox"/> Pharmacy would not accept insurance or Medicaid | <input type="checkbox"/> Language barrier     |
| <input type="checkbox"/> Problems with Medicare D Coverage               | <input type="checkbox"/> Had to wait too long |
| <input type="checkbox"/> Other (please specify)                          |   |

## In the past 12 months have you or a family member had a problem getting the dental care you needed?

- Yes
- No
- N/A - Did not need dental care

## Why was that? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> No dental insurance                            | <input type="checkbox"/> No transportation    |
| <input type="checkbox"/> Insurance did not cover service needed         | <input type="checkbox"/> Not sure where to go |
| <input type="checkbox"/> Deductible of Co-Insurance was too high        | <input type="checkbox"/> No child care        |
| <input type="checkbox"/> Dentist would not accept insurance or Medicaid | <input type="checkbox"/> Language barrier     |
| <input type="checkbox"/> Could not get an appointment                   | <input type="checkbox"/> Had to wait too long |
| <input type="checkbox"/> Other (please specify)                         |   |

## In the past 12 months have you or a family member had a problem getting counseling for a mental health/substance abuse problem?

- Yes
- No
- N/A - Did not need mental health or substance abuse counseling

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## Why was that? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> No insurance                           | <input type="checkbox"/> No transportation    |
| <input type="checkbox"/> Insurance did not cover service needed | <input type="checkbox"/> Not sure where to go |
| <input type="checkbox"/> Could not afford the cost              | <input type="checkbox"/> No child care        |
| <input type="checkbox"/> Counselor would not accept insurance   | <input type="checkbox"/> Language barrier     |
| <input type="checkbox"/> Could not get an appointment           | <input type="checkbox"/> Had to wait too long |
| <input type="checkbox"/> No local service available             |   |
| <input type="checkbox"/> Other (please specify)                 |   |

## Have you ever been told by a health professional that you have any of the following?

	Yes	No	Don't Know
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Mental Health Problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (not during pregnancy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease/Angina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing Problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning/Developmental Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung Disease (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight/Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## On average, how often do you exercise?

- More than 5 times per week
- 4-5 times per week
- 2-3 times per week
- 1 time per week
- Not at all

## Each time you exercise, indicate for how long.

- 15-20 minutes
- 25-45 minutes
- 50 - 60 minutes
- More than an hour

## What kind of exercise? (Check all that apply)

- Hiking/Walking
- Jogging
- Running
- Biking
- Group Sports (tennis, basketball, etc)
- Home Equipment (treadmill, etc.)
- Swimming
- Aerobics
- Other (please specify)

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## If you don't exercise, why not? (Check all that apply)

- My job is hard physical labor
- Exercise is not important
- Don't like to exercise
- Too tired to exercise
- Not enough time to exercise
- No child care
- Costs too much
- No safe place to exercise
- Don't have access to a facility/facility too far from home
- Physically disabled
- Unaware of physical activity options in the community
- Other (please specify)

## On average, how often do you eat fast food (McDonald's, etc)?

- 1-2 times per week
- 3-5 times per week
- Daily
- Hardly ever

## How many times per week do you eat fresh fruits or vegetables?

- Daily
- 2-3 times/week
- 4-5 times/week
- Hardly ever

## Do you currently use any type of tobacco product?

- Yes, cigarettes, pipe, cigars
- Yes, smokeless tobacco
- Yes, both smoked and smokeless tobacco
- No

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## If you smoke cigarettes, pipe, or cigars please indicate how much and how often.

How Often?

How Much?

## If you use smokeless tobacco, please indicate how often and how much.

How Often?

How Much?

## Where would you go for help if you wanted to quit?

- |   |  |
|---|--|
| <input type="checkbox"/> Quit Line NC           | <input type="checkbox"/> Private counselor/therapsit |
| <input type="checkbox"/> Doctor                 | <input type="checkbox"/> Health Department           |
| <input type="checkbox"/> Church                 | <input type="checkbox"/> I don't know                |
| <input type="checkbox"/> Pharmacy               |  |
| <input type="checkbox"/> Other (please specify) |  |

## Have you or a family member been exposed to secondhand smoke in the past year at any of the following locations? Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Home                   | <input type="checkbox"/> Restaurants                          |
| <input type="checkbox"/> Workplace              | <input type="checkbox"/> Car                                  |
| <input type="checkbox"/> Hospital               | <input type="checkbox"/> I am not exposed to secondhand smoke |
| <input type="checkbox"/> School                 |   |
| <input type="checkbox"/> Other (please specify) |   |

## Do you currently drink alcohol?

- Yes
- No

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## How often do you drink alcohol?

- Seldom/Occasionally
- Every 3-7 days
- Every 1-2 days
- Daily

## How many drinks to you consume?

- Never more than one.
- Never more than two.
- Three or more.
- Other (please specify)

## Where would you go for help if you wanted to quit drinking alcohol?

- Private counselor/therapist
- Support group (AA, Al-Anon, etc)
- School counselor
- Doctor
- Minister/religious official
- Don't know
- Other (please specify)

## In the past 12 months have you or your family ever felt threatened?

	Yes	No
At home	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>
At work	<input type="radio"/>	<input type="radio"/>
In the community	<input type="radio"/>	<input type="radio"/>

## Part III Emergency Preparedness

Tell us about your state of preparedness.

# Madison County Community Health Assessment

**In a large scale disaster affecting your community, where would you likely look for information? Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> TV                                    | <input type="checkbox"/> Emergency Alert System call or text message |
| <input type="checkbox"/> Internet                              | <input type="checkbox"/> School/ConnectEd Messaging                  |
| <input type="checkbox"/> Radio                                 | <input type="checkbox"/> Neighbors                                   |
| <input type="checkbox"/> Print Media (newspaper)               | <input type="checkbox"/> Don't Know/Not Sure                         |
| <input type="checkbox"/> Social Media Site (Facebook, MySpace) |  |
| <input type="checkbox"/> Other (please specify)                |  |

**How well prepared do you feel your household is to handle an emergency that could impact you and/or your family personally for 72 hours?**

- Very Prepared
- Somewhat prepared
- Not prepared at all
- Don't Know/Not Sure

**Does your family have an emergency supply kit set aside for immediate use that could meet the needs of all members of the family (including pets) for 72 hours? (kit would include things like water, non-perishable food, blankets, etc)**

- Yes
- No

**If public authorities announced a mandatory evacuation from your neighborhood or community due to an emergency or disaster, would you evacuate?**

- Yes
- No

# Madison County Community Health Assessment

## What would be your reason(s) for not evacuating? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Lack of reliable transportation   | <input type="checkbox"/> Concern about leaving pets                         |
| <input type="checkbox"/> Lack of trust of public officials | <input type="checkbox"/> Concern about traffic jams or inability to get out |
| <input type="checkbox"/> Concern about leaving my property | <input type="checkbox"/> Health problems or special needs                   |
| <input type="checkbox"/> Concern about personal safety     | <input type="checkbox"/> Don't Know/Not Sure                                |
| <input type="checkbox"/> Concern about family safety       |   |
| <input type="checkbox"/> Other (please specify)            |   |

## Do you have a plan for how to communicate with family members in the event of an emergency and everyone is away from home?

- Yes
- No

## If you have children, have their schools or day-care facilities communicated an emergency preparedness plan with you?

- Yes
- No
- Don't Know/Not Sure
- N/A - Do not have children

## Would you or anyone in your household require any type of special assistance during a disaster whether staying at home or evacuating to another location or shelter? Check all that apply.

- Assistive device such as a wheelchair or walker
- Medical device such as oxygen or tube feeding
- Interpreter if English is not the primary language
- Communication tools such as sign language skills or Braille
- Special vehicle to access home due to seclusion/rough roads
- Not Applicable/No special needs

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**If you or anyone in your family has a special need, have you registered with The Special Needs Registry?**

- Yes
- No
- Don't Know/Not Sure
- Not applicable/No special needs

## Par IV Community Health Information

The following two questions ask about the health and community issues in Madison County. Tell us how you would rate each one.

# Madison County Community Health Assessment

**Please tell us about how the following health and safety issues might be of concern to you.**

**Great: A high concern**

**Moderate: Somewhat of a concern**

**N/A: Not a concern**

	Great	Moderate	N/A
Availability of health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Dental providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of culturally appropriate services for minority populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of affordable health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of/inadequate health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases (STDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of healthy food choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/Overweight-Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/Overweight-Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of tobacco-free environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect-Elder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect-Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect-Domestic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent crime (assault/rape/murder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Madison County Community Health Assessment

**Now tell us how the following community and environment issues might be of concern to you.**

**Great: A high concern**

**Moderate: Somewhat of a concern**

**N/A: Is not a concern**

	Great	Moderate	N/A
Availability of child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School drop out rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe/poorly maintained roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reckless driving/speeding/DWI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal Control Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Income/Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theft, ID Theft, other similar crimes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Land use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Land Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal dumping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sewage on property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contaminated streams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Part V - Health Services Information

Tell us about the access and ease of use for the health services in Madison County.

# Madison County Community Health Assessment

**In your opinion, do you or others in your community have a problem finding or using these services?**

	Yes	No	Sometimes	Don't Know
Medical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Care/Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment (alcohol or drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Department Services (Prenatal, Family Planning, WIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
911 Emergency Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy/Drug Store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation Services (after injury or illness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care (relief for caregivers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Education Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enrolling in Medicaid/Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities Assistance (electric/fuel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Citizen Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Needs Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Needs Registry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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## If you have children, are you comfortable talking to them about risky health behaviors?

- Yes
- No
- N/A I don't have children

## Do you think your child or children need more information about the following issues?

### Check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma Management                  | <input type="checkbox"/> Alcohol use                           |
| <input type="checkbox"/> Diabetes Management                | <input type="checkbox"/> Drug use/K2/Spice                     |
| <input type="checkbox"/> Dental Hygiene                     | <input type="checkbox"/> Internet safety                       |
| <input type="checkbox"/> Nutrition                          | <input type="checkbox"/> Bullying/Cyber bullying               |
| <input type="checkbox"/> Eating Disorders                   | <input type="checkbox"/> Cell Phone safety/Sexting             |
| <input type="checkbox"/> Overweight/Obesity                 | <input type="checkbox"/> Social Media Safety/Facebook          |
| <input type="checkbox"/> Ways to increase physical activity | <input type="checkbox"/> Sexual activity                       |
| <input type="checkbox"/> Reckless driving/speeding          | <input type="checkbox"/> Teen pregnancy                        |
| <input type="checkbox"/> Choking game                       | <input type="checkbox"/> Dating violence                       |
| <input type="checkbox"/> Suicide prevention                 | <input type="checkbox"/> Sexually Transmitted Disease (STD)    |
| <input type="checkbox"/> Mental Health issues               | <input type="checkbox"/> HIV                                   |
| <input type="checkbox"/> Tobacco use                        | <input type="checkbox"/> My children have adequate information |
| <input type="checkbox"/> Other (please specify)             |  |

# Madison County Community Health Assessment

## Where would you most likely look for health care information?

- |   |  |
|---|--|
| <input type="checkbox"/> TV                     | <input type="checkbox"/> Pharmacist      |
| <input type="checkbox"/> Newspaper              | <input type="checkbox"/> School          |
| <input type="checkbox"/> Radio                  | <input type="checkbox"/> Church          |
| <input type="checkbox"/> Internet               | <input type="checkbox"/> Friends/Family  |
| <input type="checkbox"/> Doctor/Nurse           | <input type="checkbox"/> Neighbors       |
| <input type="checkbox"/> Health Department      | <input type="checkbox"/> Help Lines      |
| <input type="checkbox"/> Hospital               | <input type="checkbox"/> Books/Magazines |
| <input type="checkbox"/> Other (please specify) |  |

## Health Department Services

# Madison County Community Health Assessment

## Are you aware that the Madison County Health Department provides the following?

	Yes	No
Prenatal Care	<input type="radio"/>	<input type="radio"/>
Home Visits for High Risk Prenatal Patients	<input type="radio"/>	<input type="radio"/>
Home Visits for New Mother and Newborn Infants	<input type="radio"/>	<input type="radio"/>
Well Child Checks	<input type="radio"/>	<input type="radio"/>
Family Planning	<input type="radio"/>	<input type="radio"/>
WIC	<input type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input type="radio"/>
Kindergarten/College/Sports Physicals	<input type="radio"/>	<input type="radio"/>
Patriot Place School Based Health Center	<input type="radio"/>	<input type="radio"/>
Adult Health/DOT/Work Physicals	<input type="radio"/>	<input type="radio"/>
Breast and Cervical Cancer Program	<input type="radio"/>	<input type="radio"/>
Diabetes Self Management Program	<input type="radio"/>	<input type="radio"/>
Dental Center	<input type="radio"/>	<input type="radio"/>
Prevention/Treatment Sexually Transmitted Disease	<input type="radio"/>	<input type="radio"/>
Communicable Disease Prevention	<input type="radio"/>	<input type="radio"/>
Laboratory Services	<input type="radio"/>	<input type="radio"/>
Obesity Prevention Program	<input type="radio"/>	<input type="radio"/>
Telepsychiatry	<input type="radio"/>	<input type="radio"/>
Behavioral Health Counseling	<input type="radio"/>	<input type="radio"/>
Health Promotion and Health Education	<input type="radio"/>	<input type="radio"/>
Public Health Preparedness Program	<input type="radio"/>	<input type="radio"/>
Well Inspections	<input type="radio"/>	<input type="radio"/>
On-site Septic Tank Inspections	<input type="radio"/>	<input type="radio"/>
Restaurant Inspections	<input type="radio"/>	<input type="radio"/>
Environmental Health Services	<input type="radio"/>	<input type="radio"/>
Serv-Safe Classes for Restaurant Employees	<input type="radio"/>	<input type="radio"/>

## Thank You!

We appreciate that you have completed this survey.

Your Opinion Matters!

Madison County Health Department will use this survey information to help address the health issues facing the county.