

Pike County General Health District Community Health Assessment Survey Instrument

Purpose

The Pike County General Health District is conducting a health assessment to find out about the health practices of our community. This survey is designed to assist the Health Department and to serve the needs of our community better. This survey is strictly for research purposes only and your participation, information, and answers will be kept completely anonymous.

You must be 18 years or older and a Pike County resident to complete this survey. No information that identifies you will be used, and all answers will be confidential. If you do not feel comfortable answering any of the following questions, feel free to leave the field blank. We greatly appreciate your participation and time.

1. What is your age?

- a. 18-25 b. 26-34 c. 35-45 d. 56-64 e. 65+

2. What is your gender?

- a. male b. female c. transgender d. other

3. What race or ethnicity do you consider yourself to be?

- a. White or Caucasian e. Asian
 b. Black or African American f. Hispanic or Latino
 c. Native Hawaiian or other Pacific Islander g. Other _____
 d. American Indian or Alaskan Native

4. Are you

- a. married e. never married
 c. widowed f. A member of an unmarried couple
 d. separated

5. What is the highest level of school you completed?

- a. never attended school e. some college or technical school
 b. elementary (grades 1-8) f. college graduate
 c. some high school (grades 9-11) g. completed a graduate program
 d. high school diploma or GED h. other _____

6. Are you currently:

- a. employed for wages g. student
 b. self-employed h. disabled

- c. out of work for more than one year
- d. out of work for less than one year
- e. homemaker
- f. active military / veteran

- i. unable to work
- j. other _____

7. If you are unemployed, select the reasons why:

- a. domestic/sexual abuse victim
- b. criminal background
- c. drug or alcohol abuse
- d. lack of childcare
- e. lack of permanent address
- f. lack skills / education
- g. lack of transportation
- h. language barrier
- i. layoff / downsized
- j. health issues (includes mental health)
- k. other _____
- l. N/A

8. Would you like help with these job-related skills?

- a. job search strategies
- b. job interviewing skills
- c. resume writing
- d. work clothes
- e. literacy
- f. job training skills

9. What is your housing status?

- a. own
- b. rent
- c. stay with friends/family
- d. homeless - shelter
- e. homeless - car
- f. stay in hotel / motel
- g. assisted living / nursing home
- h. group home
- i. other: _____

10. When was the last time you or someone else deliberately tested all the smoke detectors in your home?

- a. Never
- b. Less than one month ago
- c. 1-6 months ago
- d. 6 months to a year ago
- e. one year ago or more
- f. N/A - no smoke detectors in the home

11. What is your family situation?

- a. single mom
- b. single dad
- c. two parent home
- d. foster parent
- e. live alone
- f. raising grandchildren
- g. shared custody
- h. live with roommate
- i. other: _____

12. Do you need help with any of these? (Select all that apply)

- a. alcohol and drug abuse prevention
- b. caregiver support
- c. depression
- d. elderly abuse
- e. domestic abuse
- f. parenting classes
- g. obesity prevention
- h. smoking cessation classes
- i. other: _____

13. Do you receive any type of assistance? (Select all that apply)

- a. Medicaid
- b. Medicare
- c. WIC
- d. TANF
- e. SNAP
- f. other: _____

14. Which agency assists you the most with the services you use in the community?

- a. Community Action Committee
- b. Valley View Health Centers
- c. Pike County General Health District
- d. OSU Piketon Extension office
- e. Pike County Job & Family Services
- f. The Recovery Council
- g. other: _____

15. In what city or township do you live?

- a. Village of Beaver
- b. City of Waverly
- c. City of Piketon
- d. Latham
- e. Beaver Township
- f. Benton Township
- g. Camp Creek Township
- h. Jackson Township
- i. Marion Township
- j. Mifflin Township
- k. Newton Township
- l. Pebble Township
- m. Pee Pee Township
- n. Perry Township graduate
- o. Scioto Township
- p. Seal Township
- q. Sunfish Township
- r. Union Township

16. Would you say that your general health is:

- a. excellent
- b. very good
- c. good
- d. fair
- e. poor

17. What issues affect your community's health? Please select the top 4.

- a. stress
- b. literacy
- c. obesity
- d. domestic violence
- e. HIV/AIDS
- f. parenting issues
- g. sexually transmitted disease
- h. poor nutrition
- i. lung disease
- m. diabetes
- n. heart disease
- o. dental health
- p. unemployment
- q. lack of health insurance
- r. not immunized
- s. homelessness
- w. visual health
- x. mental health
- y. tobacco use
- z. second hand smoke
- aa. hepatitis
- ab. crime
- ac. other _____

- i. at-risk youth
- j. teen pregnancy
- k. cancer
- t. drug abuse
- u. alcohol abuse
- v. violence

18. Where do you go routinely for medical care?

- a. primary care provider (MD, DO, NP)
- b. specialty care physician (cardiologist)
- c. emergency room
- d. free clinic
- e. urgent care center
- f. clinics in drug stores, Walmart, or grocery store
- g. telemedicine
- h. holistic care / medicine
- i. I don't seek medical care
- j. other: _____

19. Did you visit your primary care provider within the last year?

- a. yes
- b. No
- If no, why? _____

20. Did you visit the dentist within the last year?

- a. yes
- b. No
- If no, why? _____

21. Did you visit the eye doctor within the last year?

- a. yes
- b. No
- If no, why? _____

22. When you or your family need medical/dental care, are any of the following a problem? (Select all that apply)

- a. childcare
- b. no available appointment
- c. office or clinic hours
- d. no issues
- e. inability to take time off work without losing pay
- f. specialist not located in my area for my condition
- g. no insurance/poor coverage
- h. lack of transportation
- i. other _____

23. Do you have health insurance?

- a. yes
- b. no (skip to 26)

24. If you answered yes to # 23, what type of coverage do you have?

- a. Medicare
- b. Medicaid
- c. commercial health insurance (Anthem, United Health Care)
- d. Other: _____

25. If you answered yes to # 23, do you understand your insurance benefits?

- a. Yes
- b. Somewhat
- c. No
- d. N/A

26. Where do you look for information about health? Select your top 3 sources.

- a. Friends/family
- b. Medical professional (doctor, nurse)
- c. Newspaper, magazine, television
- d. Other: _____
- e. health department
- f. social media
- g. internet
- h. church
- i. school
- j. library

27. Please select the top 3 health challenges you face:

- a. cancer
- b. diabetes
- c. overweight/obesity
- d. lung disease (COPD, asthma)
- l. mental health issues
- m. alcohol abuse
- n. drug addiction
- o. inability to exercise

- e. depression
- f. dental problems
- g. high blood pressure
- h. stroke
- i. heart disease
- j. joint or back pain
- k. vision problems

- p. lack of exercise
- q. tobacco addiction
- r. exposure to second hand smoke
- s. access to food
- t. I do not have any challenges
- u. other: _____

28. If exercise is one of the challenges you face, what are some of the reasons that prevent you from doing so?

- a. no time
- b. weather
- c. health issues
- d. cost
- e. safety
- f. lack of transportation
- g. not important
- h. distance to access
- i. no place to exercise
- j. exercise is not an issue

29. What health topics are most important to you/your family? Check the top 3.

- | | | |
|---|--|---|
| <input type="checkbox"/> a. asthma | <input type="checkbox"/> k. cholesterol | <input type="checkbox"/> u. immunization |
| <input type="checkbox"/> b. diabetes | <input type="checkbox"/> l. substance abuse | <input type="checkbox"/> v. injury prevention |
| <input type="checkbox"/> c. cancer | <input type="checkbox"/> m. violence prevention | <input type="checkbox"/> w. women's health |
| <input type="checkbox"/> d. nutrition | <input type="checkbox"/> n. behavioral health | <input type="checkbox"/> x. men's health |
| <input type="checkbox"/> e. exercise | <input type="checkbox"/> o. CPR/first aid | <input type="checkbox"/> y. pediatric health |
| <input type="checkbox"/> f. tobacco cessation | <input type="checkbox"/> p. sexually transmitted disease | <input type="checkbox"/> z. hepatitis |
| <input type="checkbox"/> g. stress management | <input type="checkbox"/> q. healthy pregnancy | <input type="checkbox"/> aa. Mental health |
| <input type="checkbox"/> h. depression | <input type="checkbox"/> r. HIV/AIDS | <input type="checkbox"/> ab. Other _____ |
| <input type="checkbox"/> i. heart disease | <input type="checkbox"/> s. oral health | |
| <input type="checkbox"/> j. blood pressure | <input type="checkbox"/> t. flu | |

30. Which of these health habits do you think contributes to maintaining your health? Check top 4.

- | | |
|---|---|
| <input type="checkbox"/> a. wearing seatbelt | <input type="checkbox"/> k. doing some form of exercise (walking, yoga) |
| <input type="checkbox"/> b. rarely eating fast or "junk" food | <input type="checkbox"/> l. eating fresh fruits & vegetables daily |
| <input type="checkbox"/> c. brushing/flossing teeth daily | <input type="checkbox"/> m. limiting alcohol or not drinking |
| <input type="checkbox"/> d. not smoking | <input type="checkbox"/> n. attending counseling / therapy |
| <input type="checkbox"/> e. avoiding second hand smoke | <input type="checkbox"/> o. routine visits to primary care provider |
| <input type="checkbox"/> f. applying sunscreen when outside | <input type="checkbox"/> p. more job opportunities |
| <input type="checkbox"/> g. sleeping at least 7 hours per night | <input type="checkbox"/> q. better health care |
| <input type="checkbox"/> h. taking vitamins/supplements daily | <input type="checkbox"/> r. neighborhood safety |
| <input type="checkbox"/> i. not using illicit drugs | <input type="checkbox"/> s. education assistance |
| <input type="checkbox"/> j. practicing faith/attending services | <input type="checkbox"/> t. Other: _____ |

31. Which statement best describes the rules about smoking inside your home or vehicle? Do not include decks, garages, or porches.

- a. Smoking is not allowed anywhere inside my home or vehicle
- b. Smoking is allowed in some places or sometimes
- c. Smoking is allowed anywhere inside my home and vehicle

32. Do you have access to preventative screenings such as blood pressure checks, cholesterol checks, cervical cancer screening (PAP), mammograms, prostate checks, hepatitis testing, and colorectal cancer screenings?

- a. yes
- b. no
- c. I do not participate in screenings

33. If so, how long ago was your last preventative screening?

- a. within last 12 months
- b. 1-3 years
- c. 3-5 years
- d. I do not participate in screenings

34. Have you ever been told one of the following by a health care professional? (Select all that apply)

- a. that you have high blood pressure
- b. that your blood cholesterol is high
- c. that you are diabetic or prediabetic
- d. that you have had a heart attack
- e. that you have had a stroke
- f. that you have cancer
- g. none of the above

35. If you have been told by a health care professional that you have high blood pressure, please check any of the following that apply.

- a. I check my blood pressure at home daily
- b. I take blood pressure medication
- c. I cannot afford my blood pressure medication
- d. I am following a diet & exercise program
- e. it was during pregnancy
- f. none of these
- g. N/A

36. If you have been told by a health care professional that you have diabetes or prediabetes, please check any of the following that apply.

- a. I check my blood sugar at home regularly
- b. I check my feet daily or see a podiatrist
- c. I have my hemoglobin A1c checked
- d. I cannot afford testing supplies
- e. I cannot afford my medication
- f. it was during pregnancy
- g. none of these
- h. N/A

37. If you have been told by a health care professional that you have had a heart attack or stroke, please check any of the following that apply.

- a. I take an aspirin or other blood thinner daily
- b. I follow a heart healthy diet/exercise regimen
- c. I follow up with a specialist regularly
- d. none of the above
- e. N/A

38. If you have been told by a health care professional that you have had cancer, what type of cancer were you diagnosed with? (Select all that apply)

- a. breast cancer
- b. cervical cancer
- c. endometrial cancer
- d. ovarian cancer
- e. head or neck cancer
- f. oral cancer
- g. pharyngeal (throat) cancer
- h. thyroid cancer
- i. colon (intestine) cancer
- j. esophageal cancer
- k. liver cancer
- l. pancreatic cancer
- m. rectal cancer
- n. stomach cancer
- o. Hodgkin's lymphoma (Hodgkin's disease)
- p. leukemia (blood cancer)
- q. Non-Hodgkin's lymphoma
- r. prostate cancer
- s. testicular cancer
- t. melanoma
- u. other skin cancer
- v. heart cancer
- w. lung cancer
- x. bladder cancer
- y. renal (kidney) cancer
- z. bone cancer
- aa. Brain cancer
- ab. neuroblastoma
- ac. Other: _____
- ad. N/A

39. If you have been diagnosed in the past with cancer. How old were you at the time?

- a. 18-25 b. 26-34 c. 35-45 d. 56-64 e. 65+ f. N/A
-

40. During the past 12 months have you considered suicide?

- a. yes b. no
-

41. During the last 12 months, how many times did you attempt to commit suicide?

- a. 0 times
 b. 1 time
 c. 2-3 times
 d. 4-5 times
 e. more than 6 times
-

42. If you felt depressed or suicidal, would you know where to go or who to talk to?

- a. yes b. no
-

43-47 Female respondents only, others skip to 48

43. Have you ever been pregnant?

- a. yes b. no (skip to 48)
-

44. Did you receive prenatal care?

- a. yes b. no If no, why not? _____
-

45. When did you start prenatal care?

- a. first trimester
 b. second trimester
 c. third trimester
 d. I did not receive prenatal care
-

46. Have you ever experienced a premature birth (birth before 37 weeks gestation)?

- a. no b. yes If yes, do you know the cause? _____
-

47. Was your baby born addicted to drugs and/or alcohol?

- a. no b. yes If yes, what was baby addicted to? _____
-

48. Do you have children under the age of 18?

- a. yes b. no (skip to 61)
-

49. Does your child /children receive regular dental exams every 6 months?

- a. yes b. no If no, why not? _____
-

50. Is your child / children up to date on their immunizations?

- a. yes no If no, why not? _____
-

51. If your child does receive immunizations, where do they typically go for them? (Select all that apply)

- a. private doctor d. child / children are not immunized

- b. hospital
- c. health department

e. other: _____

52. On average, about how many hours a day does your child / children spend watching TV, playing video games or using electronics (such as smartphones, tablets, etc.)?

- a. 0-2 hours
- b. 3-5 hours
- c. more than 5 hours

53. How often does your child / children use car safety seats or seat belts when they ride in a car?

- a. always
- b. nearly always
- c. sometimes
- d. seldom
- e. never
- f. never rides in a car

54. On average, about how many fast food meals does your child / children have each week?

- a. 1-2
- b. 3-4
- c. 5-6
- d. more than 6

55. Have any of your children been diagnosed with a mental health disorder? (Select all that apply)

- a. anxiety disorder
- b. ADHD
- c. autism
- d. mood disorder
- e. depression
- f. behavioral issues
- g. schizophrenia
- h. other: _____
- i. N/A

56. Do you believe that any of your children under the age of 18 have: (Select all that apply)

- a. used tobacco products
- b. used e-cigarettes or vaped
- c. used drugs illicitly
- d. are sexually active
- e. considered suicide
- f. none of the above

57. Which of the following health topics do you think your child needs more information about? (Select all that apply)

- a. suicide prevention
- b. drug abuse
- c. sexually transmitted diseases / infections
- d. safe / reckless driving
- e. tobacco products
- f. nutrition and exercise

58. Do you believe additional drug and alcohol prevention services should be made available to school age children in Pike County?

- a. yes
- b. no

59. Does your child sleep with you?

- a. yes
- b. no

60. If your child is an infant, what position do you place them in to sleep?

- a. on their back
- b. on their stomach
- c. on their side
- d. my child is not an infant, does not apply

61. In the past 12 months, did you receive a seasonal flu vaccine (shot, intradermal, or nasal mist)?

- a. yes
- b. no

- b. domestic abuse
- c. friendships
- d. homelessness

- f. other: _____
- g. N/A

73. Are you aware that free rapid HIV testing is available in Pike County?

- a. yes
- b. no

74. How often do you use a seat belt when you drive or ride in a vehicle?

- a. always
- b. nearly always
- c. sometimes
- d. seldom
- e. never
- f. never drive or ride in vehicle

75. Do you do any of the following activities while driving? (Select all that apply)

- a. texting on cellphone
- b. calls on cellphone
- c. apply cosmetics
- d. eat
- e. other distractions _____
- f. I do not drive

76. Do you use public transportation?

- a. yes
- b. no

77. If you don't, why not? (Select all that apply)

- a. I don't need it
- b. it takes too long
- c. does not work with my schedule
- d. not available in my area
- e. doesn't go where I need it to
- f. cost too much
- g. other: _____

78. What is the best way for the Health Department and other County agencies to get information to you regarding community health issues?

- a. television
- b. phone calls
- c. text message alerts
- d. newspaper
- e. radio
- f. internet
- g. mailings
- h. email
- i. social media

Thank you for completing this survey.

Pike County General Health District Community Health Assessment Survey Instrument

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Table 2: CHESS Data Collection

RESOURCE	RESOURCE DESCRIPTION	SOURCE OF DATA
Fitness Resources	Chillicothe and Ross County gyms, athletic complexes, parks, bike, walking and kayaking paths	Ross County Engineers Office, the Pike-Ross Educational Service District, City of Chillicothe, and Google Search
Nutrition Resources	Grocery stores (with and without fresh meat and produce), convenience marts, all stores selling alcohol, food pantries, Mid-Ohio Food Bank fresh produce drops, and all fast-food restaurants	Ross County Social Service Council, the Ross County Health District, Mid-Ohio Food Bank, United Way of Ross County, and the Good Samaritan Network of Ross County and Google Search
Social and Wellbeing Resources	Social clubs, churches, locations of stores that sell tobacco products, community centers, shelters, public transit stops	Ross County Ministerial Council, Ross County Social Service Council, the Ross County Health District, Ross and Chillicothe Transit Authority and Google Search
Healthcare Resources	Primary care, specialty care, dentistry, optometry, and mental health providers	Partners for a Healthier Ross County, the Ross County Health District, Paint Valley Alcohol, Drug, and Mental Health Board, and Google Search

DATA ANALYSIS AND RESULTS

Multiple methods were utilized for analysis of the qualitative and quantitative data collected. Each were aligned with the methodology of the relevant research element. The interviews and focus groups were analyzed with a coding scheme which revealed several primary topics. The survey elements, although different as qualitative and quantitative, each were analyzed with an evidence-based tool that was utilized to identify indicators of health culture in Ross County.

As stated in the previous section, both the interviews and the focus group analysis involved a coding methodology that provided indicators to the health culture of Ross County. The CHESS utilized an evidence-based tool of measurement to collect data. A broader, community survey was

Health Element	Resource	Total inventoried
Fitness	Parks	85
	Fitness Facilities	19
	Athletic Complexes	19
Nutrition	Food Banks	36
	Fresh Produce Drops	7
	Fast Food Restaurants	70
	Grocery (fresh food)	17
	Grocery (frozen, canned only)	31
	Convenience Stores	56
Wellbeing	Churches	104
	Clubs	25
	Community Centers	13
	Shelters	3
Healthcare	Emergency Management Services	23
	Emergency and Urgent Care Services	7
	Dental Services	40
	Primary and Specialty Care Services	39
	Mental Health Services	24
	Hearing Services	7
	Optometric Services	17
	Skilled Nursing Facilities	28
	Pharmacies	14
	Schools	29

In addition to the inventory of resources, the scan also reviewed smoke free space policy and enforcement, public availability of walking tracks at athletic facilities and public transit access. While the City of Chillicothe has installed and is enforcing a smoke free policy at public parks within the city limits, Ross County Parks admits to struggling with implementing and enforcing smoke free space policies at the county parks. Only the local health system, county and city schools have no smoking policies in place for workers, students and visitors. All other employers scanned permit smoking in designated spaces. The health system reported success in enforcing the policy with employees. However, they reported no success in enforcing the policy for visitors.

All local schools and local athletic complexes reported permitting access to the public to walking tracks and other outdoor spaces like basketball and tennis courts. All public pools in the community are pay and/or membership to access. Public transit stops are



Step Two: Choose Method(s) for Collecting Data

Three levels of information gathering should occur during the CTSA:

1. Open discussion to elicit community concerns, opinions, and comments in an unstructured way;
2. Surveys or discussions to identify perceptions of quality of life; and
3. Asset mapping to identify the capacity of individuals, civic associations, and local institutions.

The chart below suggests some methods for collecting new data. Ask community members which methodologies will elicit honest participation.

Resources
 To learn more about asset mapping, visit the Asset-Based Community Development Institute website:
www.abcdinstitute.org

Methods of Collecting Data				
APPROACH	DESCRIPTION	ADVANTAGE	DISADVANTAGE/ BARRIERS	OTHER CONSIDERATIONS
Community Meetings	• Broad, inclusive community meeting (60–100 people)— often called a “town hall” meeting. Open discussion among a large group of participants. Can be conducted multiple times in larger communities.	• Can reach a large number of people. • Helps to publicize the process as well as get community input.	• Requires a great deal of promotion to get broad community involvement. • Some individuals/groups may dominate the discussion or “pack” the meeting.	• Requires a strong facilitator. • Discussions can be incorporated into the agendas of already-existing town meetings.
Community Dialogues X	• Smaller (20–35 people) gatherings where all/many sectors of the community are represented. May be conducted with multiple groups.	• Useful for exploring complex issues in greater depth. • Useful for engaging affected sectors of the community.	• Some individuals or groups may dominate the discussion. • Group atmosphere may hinder honest opinions.	• Requires a strong facilitator.
Focus Groups X	• Small group of participants (generally 8–10) that responds to a set number of questions. Useful for providing specific direction and/or reactions to concepts from targeted groups (i.e., identified sub-populations).	• Participants react to ideas together and can build off of each other’s comments. • Quick way to hear various thoughts and statements. • Shared experience, therefore, can be enjoyable.	• Some individuals may dominate the discussion. • Group atmosphere may hinder honest opinions. • Only a small number of people can realistically participate.	• Requires a strong facilitator. • Requires at least one recorder.

Community Themes and Strengths Assessment continued

Methods of Collecting Data				
APPROACH	DESCRIPTION	ADVANTAGE	DISADVANTAGE/ BARRIERS	OTHER CONSIDERATIONS
Walking or Windshield Surveys	<ul style="list-style-type: none"> Conducted by driving or walking around the community and taking notes of aspects of the community that can be observed. Helps to identify assets (i.e., a small pond where children swim that offers a recreation site) or unrecognized issues (i.e., potholes). 	<ul style="list-style-type: none"> Requires only a small number of people to conduct the survey. Can bring new awareness of community assets or issues. 	<ul style="list-style-type: none"> Requires an open mind to identify previously unrecognized assets/issues. 	<ul style="list-style-type: none"> Fairly easy to conduct, but should not be the only mechanism used for information gathering. Good supplement to other mechanisms.
Photovoice <i>Schools</i>	<ul style="list-style-type: none"> Small group of people (8–10) walks through the community taking pictures of things that strike them. A collective presentation or book is produced with text describing issues and opportunities. The text is provided by the participants and is indicative of their voice. 	<ul style="list-style-type: none"> Particularly attractive to youth. Builds teamwork within group. Presentations engage larger group. A picture is worth a thousand words. 	<ul style="list-style-type: none"> Requires open mind to identify assets and issues. Some important assets can't be photographed. 	<ul style="list-style-type: none"> Easily done but takes strong mentoring if youth are involved. Good supplement to other mechanisms. Requires a camera and capacity to process film or view video footage.
Individual Discussions/ Interviews	<ul style="list-style-type: none"> Individual discussions—through informal conversations or formal interviews—can gather in-depth feedback from representative community members. The interviews are 1-1. Can be done with key community leaders or community members representing specific sub-populations. 	<ul style="list-style-type: none"> Builds awareness of MAPP process. Gathers in-depth input and feedback in an open setting. Easy to implement 	<ul style="list-style-type: none"> Only a small number of people can realistically participate. May put undue emphasis on interviewees' issues of interest. 	<ul style="list-style-type: none"> Fairly easy to conduct, but should not be the only mechanism used for information-gathering. Good supplement to other mechanisms.
Surveys <i>X</i>	<ul style="list-style-type: none"> Can include written, telephone, or in-person surveys. A traditional approach to gathering community input 	<ul style="list-style-type: none"> Useful for reaching large numbers of people. Focuses on investigating issues raised in other areas of the process or can gather open-ended responses. 	<ul style="list-style-type: none"> Not interactive. No in-depth feedback on issues. May not elicit thoughts on a subject of importance if not included in survey. Respondent bias—hard-to-reach populations often don't respond. 	<ul style="list-style-type: none"> Should not be the only information-gathering mechanism. Good to supplement with one or more of the interactive approaches