

East Texas Community Health Survey

1) The purpose of this survey is to learn about your community's health needs and priorities. By clicking "I agree" you agree to take this survey and that you understand the following: The survey is anonymous. All of your answers will be kept confidential. Your response is voluntary. You may choose not to take the survey. You may stop responding at any time. You may skip any question that you do not want to answer. You must be at least 18 years of age or older to take this survey.

Your response is very important to us, thank you for your participation. Please only take the survey one time.*

I Agree I Disagree

About You

2) What is your age?

17 or younger 25 to 34 45 to 54 65 to 74
 18 to 24 35 to 44 55 to 64 75 or older

3) What county do you live in?

Anderson Freestone Lamar Smith
 Bowie Gregg Marion Titus
 Camp Harrison Morris Trinity
 Cass Henderson Panola Upshur
 Cherokee Hopkins Rains Van Zandt
 Delta Houston Red River Wood
 Fannin Hunt Rusk Other _____
 Franklin

4) How many years have you lived in this county? _____

5) Are you: Male Female Other: _____

6) Are you Hispanic? Yes No

7) What race do you consider yourself to be?

Asian Black/African-American White Prefer not to answer
 Native Hawaiian or Other Pacific Islander American Indian/Alaska Native Other _____

8) What is the highest level of education you have finished?

Less than high school Graduated high school/GED Associate degree Advanced degree (Master's, Ph.D., M.D.)
 Trade/technical school Some Bachelor's Other: _____

9) Which best describes your TOTAL household income?

Less than \$20,000 \$30,000 to \$39,999 \$50,000 to \$59,999 \$70,000 or more
 \$20,000 to \$29,999 \$40,000 to \$49,999 \$60,000 to \$69,999

10) At this time do you have health insurance? Yes No

11) What kind of insurance do you have?

Private, employer-paid Private, self-paid (ex. from the Market Place) Public (ex. Medicare/Medicaid/Tricare) Other: _____

12) At this time do you have DENTAL insurance? Yes No

13) What kind of DENTAL insurance do you have?

Private, employer-paid Private, self-paid (ex. from Public (ex. Other: _____

14) Which BEST describes your work status?

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Retired | <input type="checkbox"/> Student | <input type="checkbox"/> Not currently employed |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Community volunteer | <input type="checkbox"/> Homemaker/ Stay-at-home parent or spouse | <input type="checkbox"/> Other: _____ |

15) What is your current line of work?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Accounting / Finance / Banking | <input type="checkbox"/> Administration / Clerical / Reception | <input type="checkbox"/> Health Care (Physical & Mental) | <input type="checkbox"/> Human resources management |
| <input type="checkbox"/> Planning (Meeting, Events) | <input type="checkbox"/> Arts/Leisure / Entertainment | <input type="checkbox"/> Management (Senior / Corporate) | <input type="checkbox"/> Science / Technology / Programming |
| <input type="checkbox"/> Advertisement / PR | <input type="checkbox"/> Consulting | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Research |
| <input type="checkbox"/> Architecture / Design | <input type="checkbox"/> Customer | <input type="checkbox"/> News / | <input type="checkbox"/> Restaurant / |
| <input type="checkbox"/> Buying / Purchasing | <input type="checkbox"/> Distribution | <input type="checkbox"/> Operations / Logistics | <input type="checkbox"/> Sales / Marketing |
| <input type="checkbox"/> Beauty / Fashion | <input type="checkbox"/> Education | <input type="checkbox"/> Construction | <input type="checkbox"/> Production |
| <input type="checkbox"/> Social service | | | |

16) What industry do you work in?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Aerospace / Aviation / Automotive | <input type="checkbox"/> Construction / Home Improvement | <input type="checkbox"/> Marketing / Market Research / Public Relations | <input type="checkbox"/> Pharmaceutical / Chemical |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Consulting | <input type="checkbox"/> Internet | <input type="checkbox"/> Research / Science |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Education | <input type="checkbox"/> Legal | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Engineering / Architecture | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Computers (Hardware, Desktop Software) | <input type="checkbox"/> Entertainment / Recreation | <input type="checkbox"/> Agriculture / Forestry / Fishing | <input type="checkbox"/> Business Services (Hotels, Lodging Places) |
| <input type="checkbox"/> Business / Professional Services | <input type="checkbox"/> Finance / Banking / Insurance | <input type="checkbox"/> Media / Printing / Publishing | <input type="checkbox"/> Transportation / Distribution |
| <input type="checkbox"/> Healthcare / Medical | <input type="checkbox"/> Food Service | <input type="checkbox"/> Mining | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Government / Military | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Communications | | | |

17) How many people live in your home counting you? _____

18) How many people in your home are 18 years of age or younger? _____

About Your Community

19) Is there a medical doctor's office in your county?

- Yes No Don't Know

20) About how many miles is the medical doctor's office from your home?

- Less than 5 miles 6 - 9 miles 10 - 19 miles 20 miles or more

21) Is there a dentist serving in your county?

- Yes No Don't Know

22) About how many miles is the dentist's office from your home?

- Less than 5 miles 6 - 9 miles 10 - 19 miles 20 miles or more

23) Is there a service in your county for mental health-related needs (ex. counseling or psychiatric care)?

- Yes No Don't Know

24) About how many miles is the mental health-related service from your home?

- Less than 5 miles 6 - 9 miles 10 - 19 miles 20 miles or more

25) Is there a service in your county for substance abuse-related needs (ex. counseling or alcohol or drug abuse care)?

- Yes No Don't Know

26) About how many miles is the substance abuse-related service from your home?

- Less than 5 miles 6 - 9 miles 10 - 19 miles 20 miles or more

27) Please choose from the following list. Check, what you think are, the 5 MOST IMPORTANT "Health Problems" in your area. "Health Problems" are problems that have the most impact on overall area health.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> HIV | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Teenage Pregnancy | <input type="checkbox"/> Underage Drinking |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Obesity (Adult) | <input type="checkbox"/> Cancer | <input type="checkbox"/> Rape/Sexual Assault |
| <input type="checkbox"/> Sexually Transmitted Diseases/Infections | <input type="checkbox"/> Availability of Ambulance Services | <input type="checkbox"/> Aging Problems (ex. Arthritis, Hearing/Vision loss) | <input type="checkbox"/> Poor birth outcomes (prematurity, low birth weight, |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease/Stroke | <input type="checkbox"/> Industrial/Farming Injuries | <input type="checkbox"/> Elder Abuse/Neglect |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Motor Vehicle Crash Injuries |
| <input type="checkbox"/> Obesity (children) | <input type="checkbox"/> Smoking | <input type="checkbox"/> Asthma/Allergies | <input type="checkbox"/> Domestic Abuse |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Mental | <input type="checkbox"/> School | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Childhood Lead Exposure | <input type="checkbox"/> Dementia | | |

28) Please choose from the following list. Check who you think are the 5 MOST IMPORTANT "Community Populations" whose health needs are NOT BEING MET. CHECK ONLY 5:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Young Mothers | <input type="checkbox"/> Children/Teens | <input type="checkbox"/> Low Income Groups | <input type="checkbox"/> Diverse/Ethnic Groups |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Undocumented Persons | <input type="checkbox"/> Retirees |
| <input type="checkbox"/> Persons with No Source of Transportation | <input type="checkbox"/> Persons with Mental Illness | <input type="checkbox"/> Lesbian, Gay, Bi-sexual, Trans, and Queer (LGBTQ) | <input type="checkbox"/> Persons with Disabilities |
| <input type="checkbox"/> Single Parents | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Uninsured/Underinsured | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Substance Abuse Populations | <input type="checkbox"/> Persons with Chronic Conditions | <input type="checkbox"/> Persons with Limited/Non-English Proficiency | <input type="checkbox"/> Persons with No Social or Emotional Support |
| <input type="checkbox"/> Pregnant Women | <input type="checkbox"/> Working Poor | <input type="checkbox"/> Veterans | <input type="checkbox"/> Other: _____ |

29) Please choose from the following list. Have you been told by a doctor you have: (Check ALL that apply)

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental Health Problem | <input type="checkbox"/> Dental Health Problem |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Depression | <input type="checkbox"/> Obesity | <input type="checkbox"/> None, I'm healthy. |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pre-Diabetes | <input type="checkbox"/> Kidney Disease | | |

30) At this time do you use any tobacco products? (ex. cigarettes, dip, electronic cigarettes, snus, bidis, cigars, hookah)

- Yes No

31) How often do you have an alcoholic drink?

- Never Monthly or less 2 - 4 times a month 2 - 3 times a week
 4 or more times a week

32) How many servings of alcohol do you drink on a normal day when you are drinking?

- Do not drink 3 or 4 7, 8, or 9 Other: _____
 1 or 2 5 or 6 10 or more

33) Where do you go when you need to see a doctor about a non-urgent health problem or illness?

- Regular Doctor Urgent Care Clinic Community Health Clinic Other: _____
 Emergency Room

34) Do you get annual physical exams or health check-ups?

- Yes No

35) What is the MAIN reason you do NOT get annual physical exams?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> No insurance coverage | <input type="checkbox"/> Insurance coverage does not cover annual physical | <input type="checkbox"/> No doctor | <input type="checkbox"/> Lack of access to a primary care physician |
| <input type="checkbox"/> Unable to afford co-pay | <input type="checkbox"/> No time | <input type="checkbox"/> Not needed. I'm healthy | <input type="checkbox"/> Other: _____ |

36) This service is EASILY AVAILABLE to individuals in my community who need it:

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Don't Know
Alcohol/Drug Counseling						
Emergency Alcohol & Drug Treatment						
Mental Health Counseling & Treatment						
Emergency Mental Health						
Stop Smoking Programs						
General Medical Care						
Specialized Medical Care						
Emergency Medical Care						
Ambulance Services						
Dental Care						
Eyeglasses						
Abstinence Education						
Sex Education						
Family Planning & Birth Control						
Flu Shots						
Immunizations						
Health Insurance						
Home Health						
Hospice						
Hospital Services						
Breast Cancer Screenings						
Prostate Cancer Information and Exams						
Pharmacies						
Medication cost assistance						
Prenatal Care						
Physical Therapy & Rehabilitation						
Weight Loss Support Programs						
Well-Child Checkups						
Healthy Food & Beverages						
Nutrition Counseling						
Parks						
Physical Education & Exercise Programs						
Breast Feeding Education & Support						

36) This service is EASILY AVAILABLE to individuals in my community who need it:

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Don't Know
Smoke Free Restaurants						
Recreation Services						
Safe Neighborhood(s)						
Walking Trails & Sidewalks						
Bicycle Trails						
Car Seats for Children						
Injury Prevention Programs						
Social Services						
Food Assistance						
Housing Assistance						
Transportation Assistance						
Utility Assistance						
Legal Assistance						
Language Translation/Interpretation Services						
Care for the Elderly						
Daycare for Adults						
Daycare for Children						
A list of health resources in the area (ex. clinics that accept Medicaid/Medicare or are open after hours)						

37) Please choose from the following list. Mark the 5 services that are the MOST DIFFICULT for people in your area to get:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Well-Child Checkups | <input type="checkbox"/> Sex Education | <input type="checkbox"/> Prenatal Care | <input type="checkbox"/> Ambulance Services |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Car Seats for Children | <input type="checkbox"/> Flu Shots | <input type="checkbox"/> Bicycle Trails |
| <input type="checkbox"/> Mental Health Counseling & Treatment | <input type="checkbox"/> Walking Trails & Sidewalks | <input type="checkbox"/> Alcohol/Drug Counseling & Rehabilitation | <input type="checkbox"/> Emergency Alcohol & Drug Control |
| <input type="checkbox"/> Emergency Mental Health Treatment | <input type="checkbox"/> Weight Loss Support Programs | <input type="checkbox"/> Physical Therapy & Rehabilitation | <input type="checkbox"/> Family Planning & Birth Control |
| <input type="checkbox"/> Stop Smoking Programs | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Healthy Food & Beverages | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> General Medical Care | <input type="checkbox"/> Home Health | <input type="checkbox"/> Nutrition Counseling | <input type="checkbox"/> Food Assistance |
| <input type="checkbox"/> Specialized Medical Care | <input type="checkbox"/> Hospice | <input type="checkbox"/> Parks | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Emergency Medical Care | <input type="checkbox"/> Hospital Services | <input type="checkbox"/> Physical Education & Support | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Injury Prevention Programs | <input type="checkbox"/> Mammography Exams (Breast Cancer Screening) | <input type="checkbox"/> Breast Feeding Education & Support | <input type="checkbox"/> Prostate Cancer Information and Exams |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Smoke Free Restaurants | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> Pharmacies | <input type="checkbox"/> Recreation Services | <input type="checkbox"/> Daycare for Adults |
| <input type="checkbox"/> Abstinence Education | <input type="checkbox"/> Daycare for Children | <input type="checkbox"/> Safe Neighborhood(s) | <input type="checkbox"/> Care for the Elderly |
| <input type="checkbox"/> Language Translation/Interpretation Services | <input type="checkbox"/> Medication cost assistance | <input type="checkbox"/> A list of health resources in the area (ex. clinics that accept Medicaid/Medicare or are open after hours) | |

38) Please provide any comments you may have about the services in the previous question:

39) Think about you and your community. What are the top 5 issues that PREVENT you or someone in your area from properly taking care of diabetes?

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Hard to make an appointment at doctor's office | <input type="checkbox"/> Lack of easily available information on disease | <input type="checkbox"/> Lack of information on how to make better food choices | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Doctors do not accept Medicaid or Medicare | <input type="checkbox"/> Smoking or using any tobacco related products | <input type="checkbox"/> Remembering to take or inject medication | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack of insurance | <input type="checkbox"/> Lack of information on how | <input type="checkbox"/> Lack of access to a primary | |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> Cost of medication | <input type="checkbox"/> Lack of Spanish speakers | |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of information on | <input type="checkbox"/> Monitoring blood sugar | |

40) Think about you and your community. What are the top 5 issues that PREVENT you or someone in your area from properly taking care of heart disease?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Hard to make an appointment at doctor's office | <input type="checkbox"/> Lack of information on how to make better food choices | <input type="checkbox"/> Lack of information on how to exercise | <input type="checkbox"/> Smoking or using any tobacco related products |
| <input type="checkbox"/> Doctors do not accept Medicaid or Medicare | <input type="checkbox"/> Lack of easily available information on disease | <input type="checkbox"/> Lack of information on where to exercise | <input type="checkbox"/> Lack of access to a primary care physician |
| <input type="checkbox"/> Lack of insurance | <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of Spanish speakers | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> Cost of medication | <input type="checkbox"/> Remembering to take | <input type="checkbox"/> Other : _____ |

41) What are the top 3 factors that add to the obesity problem in your area?

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Lack of walking trails | <input type="checkbox"/> Too much fast food | <input type="checkbox"/> No gym | <input type="checkbox"/> People don't exercise |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> No grocery stores | <input type="checkbox"/> No sidewalks | <input type="checkbox"/> Other: _____ |

42) What are the top 3 substances abused in your area?

- | | | | |
|---------------------------------------|---|---------------------------------|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Prescription drugs | <input type="checkbox"/> LSD | <input type="checkbox"/> Methamphetamine |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Heroin | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Other: _____ | | | |

43) Which programs are NOT offered in your area to help people with substance abuse problems?

- | | | |
|--|--|---|
| <input type="checkbox"/> Stop smoking programs | <input type="checkbox"/> Outpatient drug rehab | <input type="checkbox"/> Sober living homes |
| <input type="checkbox"/> In-patient drug rehab | <input type="checkbox"/> Alcohol abuse rehab | <input type="checkbox"/> Other: _____ |

44) Which programs are NOT offered in your area to help people with mental health problems?

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Suicide prevention programs / Hotlines | <input type="checkbox"/> Availability of mental health professionals | <input type="checkbox"/> Inpatient mental health services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medication support | <input type="checkbox"/> Counseling services | <input type="checkbox"/> Mental health safe housing | |

Thank you for taking our survey. Your response is very important to us. For more information about the Population Health Strategic Plan for East Texas, please contact us at : survey@uthct.edu or 903.877.8623.

Please return or mail back by September 15, 2016

UT Health Northeast c/o The Center
11937 US HWY 271
Tyler, TX 75708