



# HEALTHY BAKER

Taking the Pulse

of the Community



**STATEMENT OF PURPOSE AND DESIGN:** This survey is designed to gather data from individuals to create a Community Health Assessment. This survey along with feedback from interviews, focus groups, community celebrations and council meetings will contribute to the creation of a comprehensive visualization of the health of Baker County. More importantly, it provides the baseline information needed to develop Community Health Improvement Plans and Strategic Action Plans for both Baker County Health Department and Ed Fraser Memorial Hospital, now referred to as the Baker County Medical Services.

This assessment consists of a total of 22 questions to help us gain insight regarding the health of Baker County residents. We thank you in advance for your time to provide this valuable information about you, your family and your health.

Please do not write your name on this form nor identify yourself in any other way.

MARK ONLY ONE ANSWER. If more than one answer could apply, choose the most appropriate one. If more than one answer is **allowed** the instructions will specifically say "choose all that apply".

Please select one correct answer:

## 1. GENDER

<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>	Male
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## Who Pays for Your Medical Care? (SELECT All That Apply)

- I pay for private healthcare insurance
- I have military or VA benefits
- I have Medicare
- I have insurance that is paid for by my employer
- I self-pay with cash or credit
- I have Medicaid

This survey is being administered by an external nonprofit organization called ERCEGI. If you have any questions, please ask your facilitator. If you are not completing this in a facilitated environment, then please call or e-mail the contact person listed below from 9 a.m. to 4 p.m. EST:

Lori Evans via eMail: [levans@ercegi.org](mailto:levans@ercegi.org) or  
Phone: (904) 563-2664



1. **GENDER:**     Female     Male    2. **WHAT IS YOUR HOME ZIP CODE?** \_\_\_\_\_
3. **AGE GROUP:**     Less than 14     14-18     19-24     25-55     56-65     66+
4. **DO YOU HAVE CHILDREN?**     Yes     No    5. **IF YES, HOW MANY?** \_\_\_\_\_
6. **IF YES, DO THEY ATTEND BAKER COUNTY SCHOOLS?**     Yes     No
7. **I HAVE LIVED IN THIS COMMUNITY**     Less than 2 years     2-5     5-10     More than 10
8. **RACE/ETHNICITY...**     American Indian or Alaskan Native     Black/African American (non-Hispanic)     Hispanic or Latino/Latina     Multi-ethnic/Bi-racial     White/Caucasian (non-Hispanic)
9. **EDUCATION LEVEL COMPLETED...**     Enrolled in middle or high school     GED  
 Left school before receiving diploma     High school diploma     Military/vocational/technical  
 Some college/associate degree     Bachelor degree     Master's degree or higher
10. **MY EMPLOYMENT STATUS...**     Disabled     Retired     Stay-at-Home Parent  
 Employed Full-Time     Employed Part-Time     Unemployed (looking for work)  
 Seasonal Worker/Contract Labor     Other
11. **MY HOUSEHOLD INCOME...**     Do Not Know Household Income     Less than \$10,000  
 \$10,001-\$20,000     \$20,001-\$30,000     \$30,001-\$40,000     \$40,001-\$50,000  
 \$50,001-\$75,000     \$75,001-\$100,000     \$100,001-\$200,000     \$200,000 or more
12. **Who Pays for Your Medical Care? (SELECT All That Apply)**  
 I pay for private healthcare insurance     I have military or VA benefits     I have Medicare  
 I have insurance that is paid for by my employer     I self-pay with cash or credit     I have Medicaid

13. ENVIRONMENT: THOSE THINGS WHICH SURROUND YOU	YES	NO
Is your home structure maintained (sanitary nuisances-leaky roof, broken porch, etc.) and healthy (no signs of mold, overly dusty, etc.)?		
Do you recycle and/or dispose of hazardous waste appropriately?		

14. **Please mark below all of the programs and services that you have heard of being offered in Baker County (SELECT All That Apply)**
- Healthy start     Abstinence     CPR     Child Safety     Environmental Health     SWAT  
 Dental     Medical     Tobacco Cessation     School Health     Healthy Baker     DCF     WIC  
 Diabetes Self-management     Positive Youth Development     Ed Fraser Hospital  
 Baker Rural Health Clinic     Baker Prevention     Council on Aging     Baker County Medical Services

**15. Have you ever been diagnosed/feel you have a problem with (SELECT All That Apply)**

- Heart Attack or Stroke   
  Diabetes   
  Cancer   
  Asthma   
  Serious Dental problems  
 Serious Hearing/Vision problems   
  Alcohol abuse (beer, wine, or liquor)   
  Drug abuse  
 (illegal drugs or abuse of prescription drugs)   
 Mental illness (i.e. depression)  
 High Blood Pressure or High Cholesterol

**Please select 1 for each of the following questions.**

<b>16. Rate How You Feel About Health</b>	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
Overall, how do you rate the health of Baker County?					
How do you rate your own health today?					

<b>17. PHYSICAL ACTIVITY/NUTRITION</b>	Routinely	Most weeks	Some weeks	Never
Participate in physical exercise 3 or more times/week				
Eat five-nine servings of fruits and vegetables/day				
Eat fast food, convenience store, or vending machine snacks one or more times/ day				
Participate in a stress relieving activity at least once/day				

<b>18. Rate How You Feel About Healthcare</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I can get quality healthcare in Baker County.					
Baker County Healthcare providers understand/respond to our needs.					
Baker is a good place to raise children.					
Baker is a good place to grow old.					
My quality of life in Baker County is good.					

**Please answer YES or NO for the following questions.**

<b>19. ACTIVITY/EMOTIONS/SUPPORT/OUTLOOK</b>	YES	NO
Have you experienced child abuse (mental or physical) in the past year?	YES	NO
Have you experienced spouse abuse (mental or physical) in the past year?	YES	NO

Do you feel you are in control of your emotions to handle anger, disappointment, fear in a positive manner?	YES	NO
Have you felt so lonely or out of control that you thought about or even attempted suicide in the past year?	YES	NO
When you think of your life in general, are you overall satisfied?	YES	NO

20. DO YOU FEEL THAT THERE NEEDS TO BE MORE RESOURCES AVAILABLE...	YES	NO
Mental health programs and/or counseling	YES	NO
Quality community service projects	YES	NO
Community gatherings and networking for neighbors	YES	NO
Farmer's Market	YES	NO
Community/school gardens as community projects and source of vegetables, fruits, herbs, flowers	YES	NO
Clean Environment and recycling	YES	NO
Other (Please describe):		

**21. Have you experienced any of the following problems when trying to get medical care?**

- Couldn't afford  
 Could not find a doctor  
 Did not accept my insurance  
 Did not have a babysitter/childcare  
 I don't like doctors  
 I was afraid of what the doctor would find  
 I was too busy taking care of family  
 I don't understand insurance coverage  
 Needed weekend appointment  
 Needed evening appointment  
 Took too long to get appointment  
 Waiting time at appointment too long  
 Worried about privacy  
 Didn't know where to go get help I needed  
 I have not had any problems getting medical care  
 Other

**22. What Healthcare services are difficult to get in Baker County?**  
 Dental care  
 Hospital

- Alternative therapies (acupuncture, herbals, etc.)  
 Emergency care  
 Family planning  
 Laboratory services  
 Mental health  
 Physical Therapy/rehabilitation  
 Prescription/pharmacy services  
 Preventive healthcare (annual check-ups, etc.)  
 Primary care  
 Specialty care  
 Substance abuse treatment  
 Vision care  
 Xrays or mammograms  
 Other

**23. Comments (please feel free to share anything else you want us to know)**