



District 4
Northeast Oklahoma
County Health Departments

Craig • Delaware • Mayes
Nowata • Ottawa • Rogers
Wagoner • Washington

COMMUNITY HEALTH SURVEY - 2021

This community health survey will assist District 4 - County Health Departments (Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Wagoner, and Washington) understand and address the healthcare needs of adults and children throughout Northeast Oklahoma. Your answers help us learn of any existing problems and aide in determining the best programs and services for our communities. We appreciate your time and effort in improving the health of Northeast Oklahoma.

Before you continue, please read the information below to help you decide whether or not you would like to participate.

- Your participation in this survey is voluntary. You may refuse to answer any of the questions and may choose to end the survey at any time.
- There are no right or wrong answers – we want to know your experiences, opinions, and interests.
- All answers and comments you provide will be secured and not disclosed alone unless we are compelled by law. Your survey answers will be combined with all others received and only reported as an entire group for feedback.
- We do not ask for your name and you will not be linked to any answers you provide in this survey.
- There are no personal risks to you for participating in this survey.

1. What county do you live in?

- Craig
- Delaware
- Mayes
- Nowata
- Ottawa
- Rogers
- Wagoner
- Washington
- Other _____

2. In what zip code is your home located? (Enter five digit zip code; for example 74346 or 74301.)

3. What is your gender?

- Male
- Female
- Non-binary / third gender
- Prefer not to say

4. Which category below includes your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85 or older

5. Choose one or more races that you consider yourself to be:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other _____

6. Are you Spanish, Hispanic, or Latino or none of these?

- Yes
- None of these

7. What is your highest level of education?

- K-8 grade
- Some high school
- High school graduate
- Technical school
- Some college
- College graduate
- Graduate school
- Doctorate
- Other (please specify) _____

8. Which statement best describes your current employment status?

- Working (paid employee)
- Working (self-employed)
- Not working (temporary layoff)
- Not working (looking for work)
- Not working (retired)
- Not working (disabled)
- Not working (other) _____
- Prefer not to answer

9. Do you have health insurance?

- Yes
- No
- No, but I have in the past

10. What is your annual income before taxes?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

11. How would you describe your overall health?

- Excellent
- Very Good
- Fair
- Poor

12. Please select the top three health challenges you face.

- Cancer
- Diabetes
- Overweight/obesity
- Lung disease
- High blood pressure
- Stroke
- Heart disease
- Joint or back pain
- Mental health issues
- Alcohol overuse
- Drug addiction
- I do not have any health challenges
- Other (please specify) _____

13. Where do you go for routine health care?

- Physician's office
- Health department
- Emergency room
- Urgent care clinic
- Other clinic
- Indian Health Services
- I do not receive routine health care
- I would not seek health care
- Other (please specify) _____

14. Are there any issues that prevent you from accessing care? (Check all that apply)

- Cultural/religious beliefs
- Don't know how to find doctors
- Don't understand the need to see doctor
- Fear (not ready to face health problem)
- Lack of availability of doctors
- Language barriers
- No insurance - unable to pay for care
- Unable to pay co-pays/deductibles
- Transportation
- No issues
- Other (please specify) _____

15. What is MOST needed to improve the health of your family and neighbors? (Check up to three.)

- Healthier food
- Job opportunities
- Mental health services
- Recreation facilities
- Transportation
- Wellness services
- Specialty physicians
- Free or affordable health screenings
- Safe places to work/play
- Substance abuse rehabilitation services
- I don't know
- Other (please specify) _____

16. What types of health screenings and/or services are needed to keep you and your family healthy? (Check up to five.)

- Blood pressure
- Cholesterol (fats in the blood)
- Dental screenings
- Diabetes
- Disease outbreak prevention
- Drug and alcohol abuse
- Eating disorders
- Exercise/physical activity
- Falls prevention for the elderly
- Heart disease
- HIV/AIDS & STDs
- Routine well checkups
- Memory loss
- Mental health/depression
- Nutrition
- Prenatal care
- Quitting smoking
- Suicide prevention
- Vaccine/immunization
- Weight-loss help
- Other (please specify) _____

17. Where do you go for most of your health information? (Check all that apply.)

- Doctor/health care provider
- Facebook or Twitter
- Other social media
- Family or Friends
- Internet
- Library
- Newspaper/magazines
- Radio
- School or College
- Hospital
- Church Group
- TV
- Worksite
- Other (please specify) _____

18. In your opinion which one of the following listed below MOST affects the quality of life in your county? (Please only pick one.)

- Grocery Stores
- Schools
- Public Transportation
- Programs to help people find jobs
- Community Organizations
- Childcare for babies and young children
- Small Businesses
- Places of Worship
- Art or Cultural Institutions

20. How often are the following types of support available to you if you need them?

	None of the Time	A little of the time	Some of the time	Most of the time	All of the time
I have someone to confide in or talk to about myself or my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to take me to the doctor if I had to go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to help me with my daily chores if I was sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to loan me a small amount of money if I needed it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What additional health services need to be offered to meet health challenges in your community?
