

Rockbridge and Surrounding Area Community Needs Assessment

The Rockbridge Area Health Center is working to learn more about your health care needs. We ask that only one person from each household complete the survey. Thank you!

1. Has anyone in your home gone somewhere for medical care in the past two years?

If No, skip to question 3

Yes No

2. Where did the person(s) go for care?

Check all that apply

Doctor's office Emergency room
 Rockbridge Area Health Center Other: _____

3. Has anyone in your home gone somewhere for dental care in the past two years?

If No, skip to question 5

Yes No

4. Where did the person(s) go for care?

Check all that apply

Doctor's office Emergency room
 Dental program at school Rockbridge Area Health Center
 Mountain View Family Dentistry Other: _____

5. Has anyone in your home gone somewhere for help with stress, anxiety, mental health or alcohol and drug problems in the past two years?

If No, skip to question 7

Yes No

6. Where did the person(s) go for care?

Check all that apply

Rockbridge Area Community Services Doctor/Counselor's office
 Emergency room Rockbridge Area Health Center
 Other: _____

7. Why didn't you or someone living in your home go for medical, dental, mental health care or help with alcohol or drug problems?

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Location of the office/clinic is too far away |
| <input type="checkbox"/> Office/clinic hours are not convenient | <input type="checkbox"/> We don't have transportation |
| <input type="checkbox"/> We don't trust doctors/clinics | <input type="checkbox"/> We use alternative, natural, and herbal remedies |
| <input type="checkbox"/> Someone in our family takes care of us | <input type="checkbox"/> Prayer and God take care of us |
| <input type="checkbox"/> There is no one to watch my children so I can go to the doctor/clinic | |
| <input type="checkbox"/> We didn't have a need for medical, dental or mental health services | |
| <input type="checkbox"/> Other: _____ | |

8. In the past 2 years have you or someone living in your home been to the emergency room?

If No, skip to question 10

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Once | <input type="checkbox"/> 2 or 3 times |
| <input type="checkbox"/> More than 3 times | <input type="checkbox"/> Never |

9. If yes, please tell us why you or someone living in your home used the emergency room on the last visit?

Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Dental problem | <input type="checkbox"/> Mental health or stress problems |
| <input type="checkbox"/> Alcohol or drug problems | |
| <input type="checkbox"/> Ongoing health problem such as diabetes, high blood pressure, asthma | |
| <input type="checkbox"/> Other: _____ | |

10. If you or someone living in your home has insurance, what type is it?

- | | |
|---|---|
| <input type="checkbox"/> Employer provided coverage | <input type="checkbox"/> Insurance you have purchased |
| <input type="checkbox"/> Health Savings or Spending Account | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Tricare/Veterans Benefits | <input type="checkbox"/> I do not know |
| <input type="checkbox"/> We don't have insurance | <input type="checkbox"/> Other: _____ |

11. Does your insurance provide for the majority of your household's health care needs?

If Yes, skip to question 13

- Yes No

12. If no, what things do you or others in your home have trouble paying for?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Medications | <input type="checkbox"/> Tests (labs, x-rays, mammograms etc) |
| <input type="checkbox"/> Co-pays | <input type="checkbox"/> Deductible |
| <input type="checkbox"/> Other: _____ | |

13. Do you have children living in your home?

If No, skip to question 17

Yes No

14. How many children (less than 18 years) living in your home DO NOT have insurance for medical services?

1 2
 3 4
 5 6 or more
 None, they all have medical insurance

15. How many children (less than 18 years) living in your home DO NOT have insurance for dental services?

1 2
 3 4
 5 6 or more
 None, they all have dental insurance

16. How many children (less than 18 years) living in your home DO NOT have insurance for mental health services?

1 2
 3 4
 5 6 or more
 None, they all have mental health insurance

17. How many adults (18 years and older) living in your home DO NOT have insurance for medical services?

1 2
 3 4
 5 6 or more
 None, they all have medical insurance

18. How many adults (18 years and older) living in your home DO NOT have insurance for dental services?

1 2
 3 4
 5 6 or more
 None, they all have dental insurance

19. How many adults (18 years and older) living in your home DO NOT have insurance for mental health services?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- None, they all have mental health insurance

20. Has a lack of transportation kept you or members of your household from medical appointments, meetings, work or from getting things needed for daily living?

Check all that apply

- Yes, it has kept me from medical appointments or from getting medications
- Yes, it has kept me from non-medical meeting, appointments, work or getting things needed for daily living
- No
- I choose not to answer this question

21. In the past year, have you or members of your household been unable to get any of the following when it is was really needed?

Check all that apply

*Use **Other** to write in any need you were unable to get.

- Food
- Clothing
- Phone
- Medicine or any health care (medical, dental, mental health, or vision)
- I am adequately able to meet my needs
- I choose not to answer this question
- Other: _____
- Utilities
- Child Care
- Internet

22. In the past year, if you or members of your household have had to get assistance for the items in previous question, where did you get that assistance?

Check all that apply

- SNAP
- WIC
- RARA
- Food Pantry
- Project Horizon
- I did not need assistance

23. What is the current work situation for the adults in your household?

Check all that apply

- Full-time work through employer
- Full-time work self-employed
- Part time or temporary work through employer
- Part time work self employed
- Unemployed
- Unemployed but not seeking work, example: student, disabled, unpaid caregiver etc
- Retired
- I choose not to answer this question
- Other: _____

24. How many people under 18 years of age are living in your home?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- None

25. How many people 18 to 64 years of age are living in your home?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- None

26. How many people 65 years or older are living in your home?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- None

27. What locality do you live in?

- Lexington City
- Buena Vista City
- Covington City
- Staunton City
- Botetourt County
- Rockbridge County
- Allegheny County
- Augusta County
- Waynesboro City
- Other: _____

28. What is your household size?

- I live alone
- 2 people live in my home
- 3 people live in my home
- 4 people live in my home
- 5 people live in my home
- 6 people live in my home
- 7 or more people live in my home
- I choose not to answer

29. What is your total annual household income?

under \$15,000

\$20,001 to \$25,000

\$35,001 to \$45,000

\$55,001 to \$65,000

\$75,001 or over

\$15,001 to \$20,000

\$25,001 to \$35,000

\$45,001 to \$55,000

\$65,001 to \$75,000

I choose not to answer

30. Thank you for completing our survey. If you would like to be entered into a drawing to win a \$50 gift card, please provide your first name and phone number. As this is an anonymous survey your responses will not be associated with your information.