

# Community Health Survey Results Highlands County May 2012



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## WHO WE ARE

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Health Council of West Central Florida, Inc. (HCWCF) serves Hardee, Highlands, Hillsborough, Manatee and Polk counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) influence the accessibility of health care and social support systems through *comprehensive health planning*; (2) provide *education* about essential community health challenges and solutions; and (3) participate as a collaborative partner to address current and emerging health issues to develop and sustain efficient and cost effective *service delivery* systems.

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## Background

The Highlands County Health Department conducted a community health survey as part of a broader effort related to the development of a community health improvement plan. Health department staff designed the survey and methodology, recruited partners and promoted participation in the survey throughout the community. Employees, members and clients of partner agencies and the general public were recruited to participate in the survey.

### Partners included:

- Avon Park High School
- Central Florida Health Care
- Church of the Brethren
- Church Service Center
- Florida Hospital Heartland Division
- Heartland Library Cooperative-Avon Park, Lake Placid, and Sebring
- Highlands County Health Department-Avon Park, Lake Placid, and Sebring
- Highlands County Homeowners Association
- Highlands County Fair Association
- Highlands Regional Medical Center
- Manna Ministries
- North Central Heights Health Fair
- NuHope Elder Care Services
- Primera Iglesia Bautista de Avon Park
- Samaritan's Touch Care Center
- South Florida Community College
- Tomoka Heights Homeowners Association
- Tri-County Human Services
- Veterans Services Administration

The survey was available on-line as well as in hard copy and was available in both English and Spanish. The on-line survey included five quality of life questions that were not on the print version of the survey as staff felt the instrument might be too long for those completing the survey in print form. Responses were collected between February 6 and April 30, 2012.

The Health Department contracted with the Health Council of West Central Florida to analyze the data from the survey. Data was compiled by total responses, race and ethnicity, as well as by group characteristics including: respondents completing the survey in Spanish; respondents who indicated no medical provider that is seen at least once a year; respondents with no health insurance; respondents unemployed for one year or more; respondents employed part-time; respondents with no car to get to medical appointments;

respondents with insurance but high deductibles and/or co-pays; and respondents who could not afford medications.

Data were reviewed for trends and differences between various groups. In some cases there was little variation, or the number of respondents by category was too small to make a reliable illustration.

Comparisons of responses by race, ethnicity and those who completed the survey in Spanish (referred to as Spanish speakers in the report) yielded the best illustrations for comparisons and are presented for each survey question.

Quality of life questions were reported for all responses received, as the pool of respondents was limited to those who completed the survey on-line, and further breakdown by categories did not provide significant information.

Possible issues related to the survey or their interpretations are highlighted in appropriate sections. One overall issue is interpretation of responses from veterans. It is not known whether responses correspond to the civilian health care system or the VA health care system.

## I. Demographics

Highlands County has an estimated population of 102,588 persons. A total of 1,184 people responded to the survey. Not every question was answered by every person. The number of responses for each question is indicated in parenthesis.

Table 1: Gender/Race/Ethnicity of Respondents as Compared With Highlands County Total Population

Gender, Race and Ethnicity (n=1,136)	% Survey Respondents	% Highlands County Population*
Male	23.3	48.9
Female	76.7	51.1
<b>Race/Ethnicity (n=1,137)</b>		
Black/African American	9.4	9.3
White	70.4	80.7
Hispanic or Latino	16.9	17.8
Asian/Pacific islander	1.1	1.3
Native American	0.7	0.4
Haitian	0.1	n/a
Other/more than one	1.5	8.3

\*Source: ESRI Business Solutions, 2011

Females were disproportionately represented in survey respondents when compared with the County population. Racial and ethnic diversity among

survey respondents reflected the overall population. The survey did not have a response for “more than one race” as an option. Hispanic or Latino is an ethnic designation and can be of any race.

Table 2: Age of Respondents

Age Cohort (n=1,136)	% Survey Respondents
Under 18	0.3
18-25	11.3
26-39	23.3
40-54	26.6
55-64	20.1
65-74	11.8
75+	6.7

Data for general population is not available in the same age cohorts as requested in survey so comparisons cannot be made.

Table 3: Residence of Respondents by Percent

Residency (n= 1,141)	
Full Time Resident	95%
Part Time	5%
City or Town (n=1,138)	
Avon Park	26.2 %
Lake Placid	19.2 %
Lorida	1.5 %
Sebring	49.2 %
Spring Lake	2.2 %
Venus	0.3 %
Other	1.5 %

Sebring, Avon Park and Lake Placid are the three incorporated cities in Highlands County in rank of population, but the majority of the population resides in unincorporated areas. Individuals may have reported residence by nearest community or mailing address. Lorida, Spring Lake and Venus are all in unincorporated Highlands County.

**Table 4: Education Level of Respondents as Compared  
With Highlands County Total Population**

Highest Grade completed (n= 1,136)	% Respondents	% Population*
Elementary/Middle School	4.8	24.0
High School Diploma or GED	35.0	37.9
Technical or Trade School	8.1	n/a
Community College	22.6	n/a
Bachelor's Degree	16.2	9.5
Graduate Degree	13.3	4.3

\*Source: US Census Bureau, 2005-07 American Community Survey

Individuals with less than a high school education were underrepresented in the survey and individuals with bachelor's degrees and advanced degrees were over represented. The survey required most respondents to have the ability to read and write in order to complete the survey which may account for some of the under-representation. Several employers promoted the survey to their employees which may account for the overrepresentation of higher levels of education.

**Table 5: Annual Household Income of Respondents**

Annual Household Income (n=1,133)	Percent
Less than \$10,000	18.0
\$10,000-\$20,000	16.5
\$21,000-\$30,000	17.2
\$31,000-\$50,000	18.3
\$51,000-\$99,999	22.0
\$100,000 or more	8.0

Data for general population is not available in the same income cohorts as requested in survey so comparisons cannot be made.

**Table 6: Health Care Coverage**

Type of Health Insurance (n = 1,133)	% Respondents	% Population*
Health Insurance from my job	41.0	37.0
Health insurance from family member's job	2.6	n/a
Military (Tricare) or VA	3.2	13.5
Pay for my own	14.6	25.0
Medicare/Medicare Advantage	13.2	33.7
Medicaid/any kind	18.1	20.0
Other	2.7	n/a

\* Source: US Census Bureau, 2009

Note: Individuals may have more than one provider. “Pay for my own” includes supplemental Medicare policies; Medicaid includes joint Medicare/Medicaid. Persons over 65 may also have employer provided coverage.

Medicare and VA/Tricare recipients were underrepresented; however, there were inconsistencies in responses to questions regarding insurance coverage in the survey so caution should be used in making comparisons with the general population.

Some respondents did not appear to think of Medicare and Medicaid as health insurance programs. Some responded that they did not have health insurance in question #7, but then checked Medicare or Medicaid in question #20.

Some respondents said they did not have health insurance in question #7 and then checked health insurance from a family member in question #20.

Some respondents have more than one form of insurance - Medicare and Medicaid; Medicare and a supplemental; Medicare and Tricare, etc. but the survey set-up only allowed the respondent to check one box. When incorporating print surveys into Survey Monkey, an entry clerk selected what they believed to be the first payer or primary form of insurance and recorded only that one.

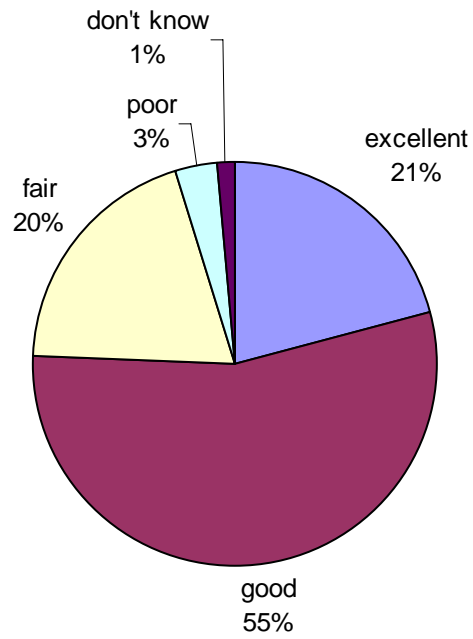
## II. Personal Health Status and Quality of Care

*Question: How do you rate your overall health?*

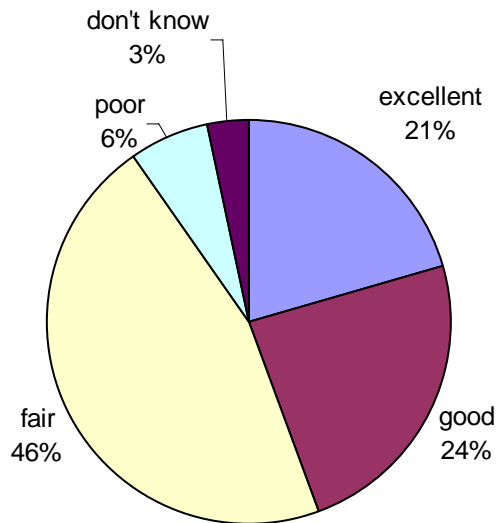
- Overall 55% of all respondents (n= 1,184) rated their health as “good”.
- Blacks (n=107) rated their health as “excellent” more than any other group.
- Whites (n= 800) most often rated their overall health as “good”.
- People who answered the survey in Spanish (n=92) rated their health most often as “fair”.
- Hispanic/Latino ethnicity (n=192) rated their overall health as good, but nearly 1/3 rated their health as “fair”.



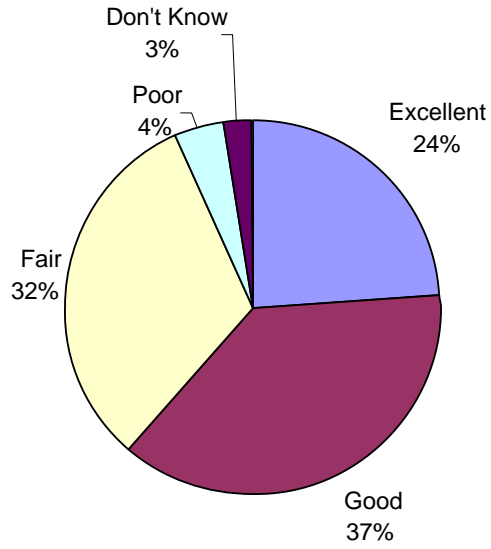
### Overall Health- All Responses



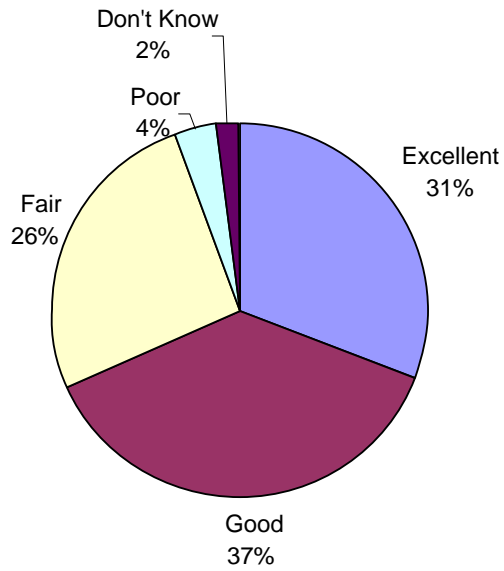
### Overall Health -Answered in Spanish



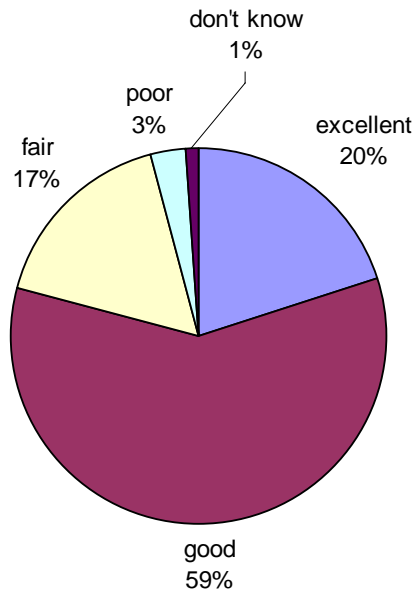
### Overall Health-Hispanic/Latino



### Overall Health- Black



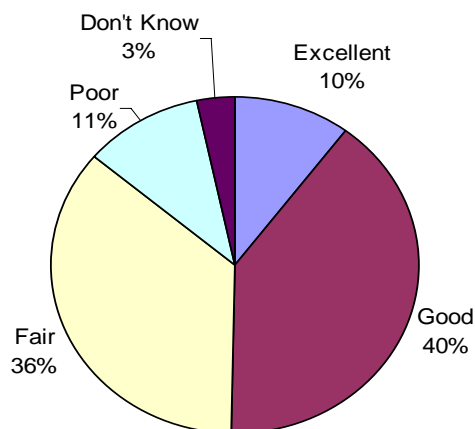
### Overall Health-White



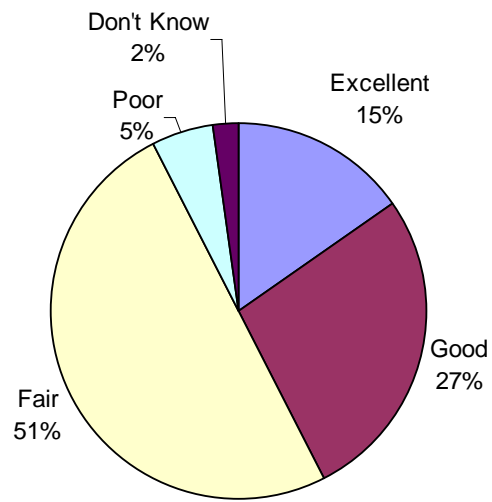
*Question: How would you rate the quality of health care services in Highlands County?*

- Ratings for quality of care were fairly consistent among all race/ethnicities but Spanish speakers perceive a lower quality of care.

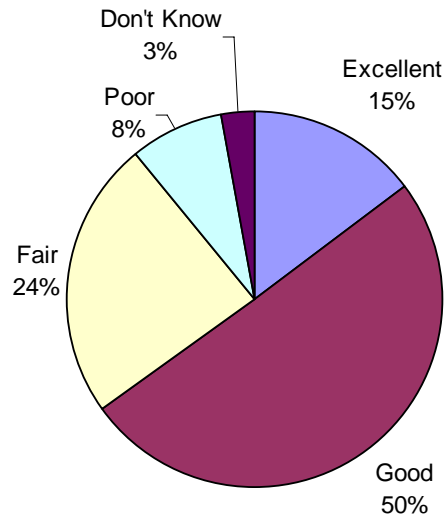
### Quality of Care- All Respondents



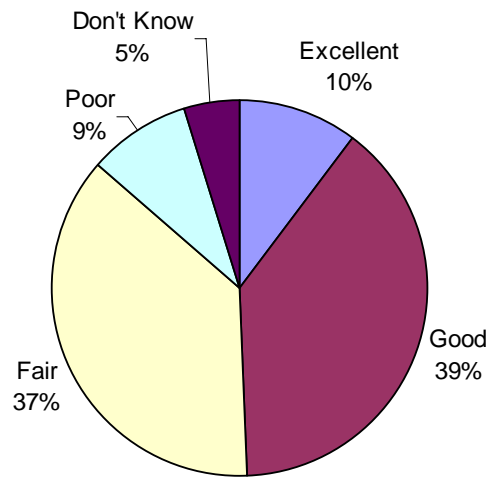
### Quality of Care-Spanish Speakers



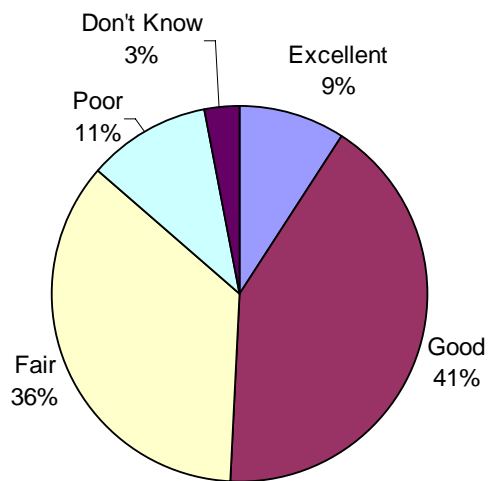
### Quality of Care-Blacks



### Quality of Care Hispanic/Latino



### Quality of Care-Whites



### III. Access to Care

*Question: Where do you go today in Highlands County if you were sick and needed medical help?*

Response	% All Respondents (n=1,181)	% Spanish Speakers (n=92)	% White (n=800)	% Black (n=107)	% Hispanic (n=192)
My doctor's office	66.0	23.9	72.8	56.1	40.1
Private clinic	2.2	1.1	2.1	1.9	2.1
Highlands County Health Department	8.3	41.3	4.4	10.3	25.5
Central Florida Health Care	4.7	17.4	2.9	9.3	10.9
Samaritan's Touch	1.9	4.3	1.5	0.9	4.2
Hospital Emergency Room	10.2	6.5	9.3	18.7	11.5
I don't have anywhere to go when I am sick	3.6	4.3	3.6	0.9	5.2
Other	3.0	1.1	3.4	1.9	0.5

- Spanish speakers are more likely to go the Highlands County Health Department and are least likely to go a hospital emergency room.

Note: Other responses included VA clinic or hospital; doctor's office in Orlando, Polk, Hillsborough, Hardee, or other Counties; seek advice of family member who is in medical field; urgent care center; it would depend on symptoms; nowhere in Highlands County; try doctor first then go to ER if can't get in.

*Question: Where would you go today in Highlands County if your children/dependents needed medical help?*

Response	% All Respondents (n=1,175)	% Spanish Speakers (n=92)	% White (n=800)	% Black (n=107)	% Hispanic (n=192)
I don't have children or dependents	32.9	14.1	38.9	25.2	16.7
Hospital Emergency Room	9.6	6.5	7.9	22.4	11.5

Response	% All Respondents (n=1,175)	% Spanish Speakers (n=92)	% White (n=800)	% Black (n=107)	% Hispanic (n=192)
My doctor's or pediatrician's office	46.1	37.0	45.9	42.1	44.3
Highlands County Health Department	4.4	26.1	2.0	4.7	15.6
Central Florida Health Care	3.3	14.1	1.8	4.7	9.4
Samaritan's Touch	0.5	1.1	0.6	0	0.5
School clinic or nurse	0	0	0	0	0
I don't know of any place where I could go	1.2	1.1	1.3	0	1.0
Other	2.0	0	1.8	0.9	1.0

- All groups indicated a doctor or pediatrician as the most frequent choice in getting care for a child or dependent.

Note: Most "other" responses could be attributed to one of the categories indicated.

Note: Some respondents may have interpreted the above two questions to mean in an emergency situation, while others interpreted them to mean in a non-emergency situation.

*Question: Do you have a medical provider whom you see at least once a year for preventive services such as health screenings and blood tests?*

Response	% All Respondents (n=1,175)	% Spanish Speakers (n=92)	% White (n=800)	% Black (n=107)	% Hispanic (n=192)
Yes, in Highlands County	69.5	58.7	71.1	73.8	60.4
Yes, outside of Highlands County	9.0	2.2	9.8	9.3	4.2
No	21.4	39.1	19.1	16.8	35.4

- Spanish speakers and Hispanic/Latinos were less likely to have a medical provider for preventive services.

*Question: In the past five years have you received medical care from any doctors who specialize in one area of health care, such as heart, lung, vision or hearing? (Check all that apply).*

Response	% All respondents (n=1,173)	% Spanish Speakers (n=92)	% White (n=800)	% Black (n=107)	% Hispanic (n=192)
Yes, in Highlands County	53.6	50.0	75.7	44.9	44.8
Yes, outside of Highlands County	17.6	4.3	20.5	13.1	8.3
No	31.2	29.3	28.8	39.3	37.0
I don't remember if I have	4.5	16.3	2.8	4.7	10.9

- Whites reported more out-of-county providers for specialty care than any other group.

*Question: When you get a prescription for medication, what do you do? (Check all that apply).*

Response	All Respondents (n=1,171)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
Prescription filled in Highlands County	79.1	55.4	80.5	85.0	70.3
Filled outside of Highlands County	13.5	1.1	16.5	1.9	3.1
Filled outside of the US	0.6	0	0.5	0.9	0.5
Buy OTC instead	4.5	9.8	3.3	2.8	8.9
Free samples	8.9	1.1	9.8	12.1	3.6
Free from drug company	1.2	3.3	1.0	1.9	2.1
Herbal	4.3	3.3	3.8	3.7	5.2



Response	All Respondents (n=1,171)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
Can't afford	5.4	27.2	3.6	1.9	16.1
Don't need any	4.0	2.2	3.8	4.7	5.2
Other	5.0	0	6.1	1.9	3.1

- A larger percent of Spanish Speakers and Hispanic/Latinos reported not being able to afford prescriptions.
- Whites and Blacks reported using free samples more than other groups.
- Spanish Speakers and Hispanic/Latinos reported more use of over-the-counter medications in place of the prescription medication.

Note: 74% of “other” responses indicated mail order pharmacy, many indicating that it was a requirement of their insurance. VA clinic was specifically listed, as was not being able to afford certain “expensive” medications.

*Question: Many people face financial challenges in accessing the health care system. Doctor and hospital visits can be expensive. Insurance premiums can be costly, and even with insurance coverage can be inadequate. Please check all of the following that apply to you.*

Response	All Respondents (n=1,163)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
Don't have insurance and cannot afford to pay out-of-pocket for my care	17.2	51.1	11.5	24.3	38.5
Don't have insurance and can't afford to pay the health insurance premiums	8.5	27.2	6.1	8.4	19.8
Have insurance, but I have a high deductible and co-pays	34.2	16.3	35.4	27.1	24.5
Have insurance but can't find providers who will accept it	7.1	6.5	7.1	5.6	7.8
Not eligible for health insurance due to health or other problem	0.9	1.1	0.9	0.9	0.5
Not eligible for health	1.1	12.0	0.1	0.9	5.7

Response	All Respondents (n=1,163)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
insurance due to my citizenship/immigration status					
No financial difficulties that prevent me from getting care	33.7	6.5	39.4	35.5	15.1
Other	7.9	0	8.6	7.5	3.6

- Spanish speakers and Hispanic/Latinos report more difficulty in affording insurance.
- Approximately 1/3 of Whites and Blacks report having insurance but having high deductibles and co-pays.
- Overall 1/3 of respondents report no financial difficulties preventing them from getting care.

Note: Other responses included 17% who indicated having Medicaid; having trouble finding provider who accepts coverage; not being able to cover dependents on their plan due to cost; 355 indicated they had insurance with reasonable deductibles and co-pays; have Medicare but no supplement; only able to afford it because employer provided it.

*Question: Lack of transportation and long driving times also can be barriers to accessing medical services. Please check all of the following that apply to you.*

Response	All Respondents (n=1,162)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
Don't have a car to get to medical appointments	4.7	15.2	3.0	9.3	10.4
Rely on friends to take me to my medical appointments	5.4	5.4	4.5	7.5	8.3
Rely on medical transport to take me to my medical appointments	2.5	4.3	1.5	10.3	3.1

Response	All Respondents (n=1,162)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
Rely on taxis to take me to my medical appointments	0.9	1.1	0.5	1.9	2.1
I don't have any way to get to medical appointment	1.0	3.3	0.3	0.9	4.2
Have transportation options but can't afford to pay for them	5.2	7.6	4.4	5.6	8.3
Have transportation options but I don't want the long commute	7.1	6.5	5.3	6.5	8.3
No problems with transportation	79.1	63.0	84.9	63.6	70.8
Other	1.0	0.0	0.9	2.8	0.0

- Most respondents reported no problem with transportation.
- Spanish speakers and Hispanic/Latinos reported not having a car at higher rates than other groups.

Note: Most “other” comments could be attributed to one of the responses indicated. One response indicated gas prices too high.

*Question: There are other reasons that someone may not access needed health care services. Please check all of the following that apply to you.*

Response	% All Respondents (n=1,159)	% Spanish Speakers (n=92)	% White (n=800)	% Black (n=107)	% Hispanic (n=192)
Don't know what services are available	7.6	45.7	4.0	0.0	25.0

Response	% All Respondents (n=1,159)	% Spanish Speakers (n=92)	% White (n=800)	% Black (n=107)	% Hispanic (n=192)
I am skeptical about effectiveness of services	13.1	3.3	14.6	8.4	6.8
Afraid my health information may not be kept confidential	6.7	0.0	7.5	7.5	2.6
I am discouraged by long waits	17.3	8.7	17.8	15.9	13.0
I have difficulty arranging child care	2.6	2.2	2.3	3.7	3.1
I don't speak English well and I may not understand what the doctor tells me	2.1	22.8	0.0	0.9	12.0
I am not a US citizen and fear problems with the legal system	1.3	12.0	0.0	2.8	6.3
I don't have any of these difficulties	65.6	27.2	70.0	65.4	50.0
Other	1.7	0.0	0.0	0.0	1.0

- Most respondents reported no additional problems accessing services.
- Lack of knowledge about available services was reported most frequently by Spanish speakers.
- Spanish speakers identified language as a barrier.

Note: The English print version of the survey for this question inadvertently omitted the response that reads “I don’t know what services are available”. It was not omitted on the Spanish print version or on-line version.

“Other” responses included need for better and more resources for mental health and substance abuse in Highlands County; waiting too long for an appointment for urgent problem; doctor’s canceling appointments and having difficulty rescheduling; inconvenient hours (no weekends or evenings); need to travel outside of county for medical care.

*Question: Highlands County is in a geographic area designated by the Federal government as a health professional shortage area. Have you found it difficult to obtain any of the following services? (Check all that apply).*

Response	All Respondents (n=1,152)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
Alternative therapy (Herbals, acupuncture)	9.3	2.2	9.6	8.4	5.2
Ambulance service	1.8	2.2	1.4	2.8	3.1
Chiropractic care	3.0	2.2	3.4	0.0	3.1
Dental	17.7	30.4	15.4	15.0	28.6
Emergency room	4.7	6.5	4.4	5.6	5.2
Endocrinology	9.2	4.3	10.9	4.7	5.2
Family planning	1.9	1.1	1.9	3.7	1.0
Health education	4.7	6.5	4.6	1.9	5.2
Hearing	3.2	2.2	3.8	0.9	2.1
Inpatient hospital care	2.0	2.2	2.0	1.9	2.6
Medical supplies	3.3	3.3	3.4	3.7	3.1
Mental health/ counseling	11.5	5.4	12.8	7.5	6.3
OB/Pregnancy	4.1	1.1	3.9	4.7	4.2
Oncology	3.0	1.1	3.8	0.9	1.6
Cardiology	3.4	1.1	3.9	4.7	1.0
Physical therapy/rehab	3.0	2.2	3.4	1.9	2.1

Response	All Respondents (n=1,152)	Spanish Speakers (n=92)	White (n=800)	Black (n=107)	Hispanic (n=192)
Prescription medications	4.5	4.3	4.6	3.7	4.2
Preventive care	5.5	3.3	5.6	3.7	3.6
Pulmonary	2.2	2.2	2.5	0.9	1.6
Substance abuse treatment	3.0	1.1	3.6	0.9	1.0
Vision	6.8	7.6	6.4	7.5	7.8
No difficulty obtaining these or other services	55.6	46.7	56.9	64.5	47.4
Other	5.6	0.0	6.5	1.9	3.6

- While the majority of respondents reported no difficulty accessing services, dental care and mental health/counseling services were reported as having some access issues.

Unmet needs were assessed for other groups including respondents who indicated no medical provider that is seen at least once a year; respondents with no health insurance; respondents unemployed for one year or more; respondents employed part-time; respondents with no car to get to medical appointments; respondents with insurance but high deductibles and/or co-pays; and respondents who could not afford medications.

Dental, vision and mental health/counseling were consistently in the top three unmet needs across all groups. Some minor variations occurred as follows:

- Among the medically insured who have high deductibles or co-pays (398), dental, mental health/counseling and alternative medicine rated as the most difficult to obtain.
- Among those who indicated they could not afford their medications (63), medications were the second most difficult service behind dental services with vision and mental health tied for third place.
- Among part-time employed individuals (118) endocrinology was ranked third behind dental and mental health.

Note: Other responses included no orthopedic, nephrologists, allergists and eye surgeons available in county for Medicaid; lack of rheumatology, dermatology, GYN, neurosurgeons, dental, hand specialists, sports medicine, cardiology, pediatric specialists of all types including mental health, midwives;

need for extended hours; dietary; need transportation; trouble getting appointments when snowbirds are in residence.

#### IV. Quality of Life Indicators

Quality of Life questions were only available to on-line respondents. Maximum number of responses in this bank of questions was 481.

*Question: Is Highlands County a good place to raise children? Please rate the County in terms of the quality of the following services.*

Service	% Excellent	% Good	% Fair	% Poor	% Don't know
School system (479)	5.4	30.0	28.8	16.5	19.0
Day Care (474)	3.4	20.5	24.1	10.5	41.6
After school care (475)	4	17.5	23.2	13.3	42.1
Recreation (480)	3.8	15.8	35.4	31.9	13.1
Environment (479)	10.6	48.9	22.5	7.3	10.6

Note: 387 of total respondents reported not having children or other dependents and between 172 and 174 of those respondents answered the quality of life questions related to Highlands County being a good place to raise children.

- None of the services had strong ratings of excellent.
- Recreation services show room for improvement with the majority rating services as fair or poor.
- Respondents in large part did not know about the quality of day care and after school programs.
- Environment was rated good to excellent by nearly 60% of respondents.

*Question: Is Highlands County a good place to grow old? Please rate the County in terms of the quality of the following services.*

Service	% Excellent	% Good	% Fair	% Poor	% Don't know
Elder friendly housing (476)	10.7	31.5	23.3	6.3	28.2
Transportation (475)	2.7	9.5	18.9	53.9	14.9
Churches (477)	35.4	43.6	11.5	0.8	8.6

Service	% Excellent	% Good	% Fair	% Poor	% Don't know
Shopping (475)	6.1	30.3	42.3	17.5	3.8
Elder day care (475)	2.5	10.1	18.3	19.4	49.7
Social support (477)	3.8	20.8	29.1	14.5	31.9
Services/activities (477)	3.8	20.5	28.7	21.8	25.2

- Transportation was rated as poor by more than half of the respondents.
- Nearly half of respondents didn't know about the quality of elder day care, and almost a third didn't know about social support services.
- Churches were the strongest service with 79% of respondents rating them as excellent or good. No other service had strong ratings for excellent.
- Shopping was rated fair to good by 72% of respondents.

*Question: Do you feel there is economic opportunity in Highlands County? Please rate the County in terms of the quality of the following services.*

Indicator	% Excellent	% Good	% Fair	% Poor	% Don't know
Locally owned business (476)	4.2	32.4	43.9	15.8	3.8
Jobs with growth (476)	1.3	10.3	32.4	53.2	2.9
Higher education (473)	6.8	27.1	36.4	53.2	2.9
Affordable housing (476)	2.9	25.2	37.8	23.3	10.7
Reasonable commute (476)	12.8	41.0	30.0	13.2	2.9

- More respondents had opinions about economic indicators than other quality of life questions, i.e. fewer "I don't know" responses.
- Jobs with growth and higher education ranked poor for more than half of respondents.
- Reasonable commuting times were rated as good or excellent by 54% of respondents.
- Housing affordability was rated most often as fair.
- Two-thirds of respondents rated locally owned business as fair or poor in Highlands County.



*Question: Do you feel your community is a safe place to live? Please rate the extent to which you feel safe in the following settings.*

Setting	% Excellent	% Good	% Fair	% Poor	% Don't know
Home (476)	32.8	50.2	14.7	0.8	1.5
Workplace (474)	34.6	51.1	11.0	0.6	2.7
Schools (474)	10.1	40.5	24.5	5.3	19.6
Playgrounds (475)	6.1	34.5	26.9	6.5	25.9
Parks (472)	9.5	45.8	26.7	6.4	11.7

- Respondents were less likely to know about playground and school security than other settings.
- Schools were rated as less safe than homes or workplaces.
- Overall, respondents feel safe in their community.

*Question: Is there a network of support in Highlands County for individuals and families during times of stress and crisis? Please rate the extent to which you believe there is a network in the following situations.*

Network	% Excellent	% Good	% Fair	% Poor	% Don't know
Medical crisis (473)	7.2	31.1	26.0	12.9	22.8
Mental health crisis (472)	2.1	12.9	24.4	32.6	28.0
Substance abuse crisis (472)	1.9	8.7	22.7	30.7	36.0
Pregnancy (470)	6.0	25.1	22.6	11.7	34.7
Financial crisis (473)	1.7	8.2	22.0	34.0	34.0
Death (472)	6.1	22.0	24.8	13.8	33.3
Children with special needs (466)	1.3	9.4	20.2	29.6	39.5

- Knowledge of support networks was low overall.
- Medical and pregnancy crises rated higher than other networks.
- Mental Health, substance abuse, children with special need, and financial crises networks were rated most commonly as poor.

## V. NOTES ON SUBPOPULATIONS

While not statistically validated, the following observations of subpopulations' responses are offered for consideration. Care should be used in drawing conclusions from the observations, but they may point to opportunity for additional qualitative analysis. Size of the subpopulation is noted for reference.

### No regular medical provider (n=252)

- More likely to use ER themselves but try to take a dependent to a doctor's office
- Less likely to have seen a specialist in last 5 years
- More likely to report inability to afford medication but also higher rates of not needing any medication
- Almost 18% reported no financial difficulties obtaining care

### Can't afford medication (n=63)

- 52.4 % rate personal health as fair
- Would use Highlands County Health Department for themselves but would go to physician for dependent
- Less likely to have a regular provider (71.4%)
- Less likely to have insurance (69.8%)
- Not know what services are available (36.5%)
- 38% report no difficulty obtaining care

### Unemployed over 1 year (n=77)

- 48% rate personal health as good
- Would still go to their doctor as would dependents
- 56% don't have a provider
- 50% don't have health insurance
- Most in 29-39 age cohort

### No insurance/can't afford care (n=205)

- 53% rate personal health as excellent or good
- Would use Highlands County Health Department for themselves but would go to physician for dependent
- 60% don't have a regular medical provider
- 40% rate quality of care as fair

### Has health Insurance with high deductibles and/or co-pays (n=398)

- Report fewer issues with access

### Part time employed (n=118)

- 68% rate personal health as good
- Go to their doctor for care
- Received specialty care in last 5 years

- Can't afford and don't have health insurance

No car (n=55)

- 33% rate personal health as fair
- Would go to doctor's office but would depend on a friend to take them
- 47% report no health insurance
- 34% rate the quality of care good

APPENDIX A  
SURVEYS

PRINT SURVEY-ENGLISH



# Highlands County Community Health Survey



The Community Health Improvement Planning Council (CHIP) of Highlands County, in conjunction with the Highlands County Health Department, is conducting a Community Health Survey. We invite you to assist us by completing the survey and sharing your opinions about healthcare services in Highlands County. Please note that this is a completely anonymous survey. Your answers will be kept strictly confidential.

The survey includes 20 multiple choice questions, which will take you approximately 15 minutes to answer. We will report the results in May. We appreciate your help in making Highlands County a healthier place to live!

**1. How do you rate your overall health? (Check one selection)**

- Excellent     Good     Fair     Poor     I don't know

**2. Where would you go today in Highlands County if you were sick and needed medical help? Please choose only one.**

- |  |  |
|--|--|
| <input type="checkbox"/> I would go to my doctor's office.               | <input type="checkbox"/> I would go to Samaritan's Touch Care Ctr.   |
| <input type="checkbox"/> I would go to a private clinic.                 | <input type="checkbox"/> I would go to a hospital emergency room.    |
| <input type="checkbox"/> I would go to the Highlands County Health Dept. | <input type="checkbox"/> I don't have anywhere to go when I am sick. |
| <input type="checkbox"/> I would go to Central Florida Health Care.      | <input type="checkbox"/> Other (please specify) _____                |

**3. Where would you go today in Highlands County if your children/dependents were sick and needed medical help? Please choose only one.**

- |  |  |
|--|--|
| <input type="checkbox"/> I don't have children or dependents.                | <input type="checkbox"/> I would go to Samaritan's Touch Care Ctr.   |
| <input type="checkbox"/> I would go to a hospital emergency room.            | <input type="checkbox"/> I would go to a school clinic or nurse.     |
| <input type="checkbox"/> I would go to my doctor's or pediatrician's office. | <input type="checkbox"/> I don't know of any place where I could go. |
| <input type="checkbox"/> I would go to the Highlands County Health Dept.     | <input type="checkbox"/> Other (please specify) _____                |
| <input type="checkbox"/> I would go to Central Florida Health Care.          |  |

**4. Do you have a medical provider whom you see at least once a year for preventative services, such as health screenings and blood tests?**

- Yes, I have a medical provider in Highlands County whom I see at least once a year.  
 Yes, I have a medical provider outside Highlands County whom I see at least once a year.  
 No, I don't have a medical provider whom I see at least once a year.

**5. In the past five years, have you received medical care from any doctors who specialize in one area of health care, such as heart, lung, vision, or hearing? Please check all that apply.**

- Yes, I have received care from one or more specialists in Highlands County in the past 5 years.  
 Yes, I have received care from one or more specialists outside Highlands County in the past 5 years.  
 No, I have not seen a specialist in the past five years.  
 I don't remember whether or not I have seen a specialist.

**6. When you get a prescription for a medication, what do you do? Please check all that apply.**

- I get the prescription filled at a pharmacy in Highlands County.  
 I get the prescription filled at a pharmacy outside Highlands County.  
 I get the prescription filled outside the U.S.  
 I buy over the counter medicine instead.  
 I get free samples from my doctor.  
 I get free medicine from drug companies.  
 I use natural and herbal supplements.  
 I can't afford prescription medications.  
 I don't need any prescription medications.  
 Other (please specify) \_\_\_\_\_

**7. Many people face financial challenges in accessing the health care system. Doctor and hospital visits can be expensive. Insurance premiums can be costly, and even with insurance, coverage can be inadequate. Please check all that apply to you.**

- I don't have health insurance and cannot afford to pay out-of-pocket for medical services.
- I don't have health insurance and cannot afford to pay the health insurance premiums.
- I have health insurance, but I have a high deductible and copays.
- I have health insurance, but I can't find providers who will accept it.
- I am not eligible for health insurance due to health or other problems.
- I am not eligible for health insurance due to my citizenship/immigration status.
- I don't have any financial difficulties that prevent me from getting health care.
- Other (please specify) \_\_\_\_\_

**8. Lack of transportation and long driving times also can be barriers to accessing medical services. Please check all of the following that apply to you.**

- I don't have a car to get to my medical appointments.
- I rely on friends to take me to my medical appointments.
- I rely on medical transport services to take me to my medical appointments.
- I rely on taxis to take me to my medical appointments.
- I don't have any way to get to my medical appointments.
- I have transportation options, but I can't afford to pay for them.
- I have transportation options, but I don't want the long commute.
- I don't have any problems with transportation.
- Other (please specify) \_\_\_\_\_

**9. There are other reasons that someone may not access needed health care services. Please check all of the following that apply to you.**

- I am skeptical about the effectiveness of services.
- I am afraid that my health information may not be kept confidential.
- I am discouraged by long waits for appointments and services.
- I have difficulty arranging child care.
- I don't speak English very well and think I may not understand what the doctor tells me.
- I am not a U.S. citizen, and I fear problems with the legal system.
- I don't have any of these difficulties.
- Other (please specify) \_\_\_\_\_

**10. Highlands County is in a geographic area designated by the Federal government as a health professional shortage area. Have you found it difficult to obtain any of the following services? Please check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Alternative therapy (herbals, acupuncture)             | <input type="checkbox"/> OB/Pregnancy Care                                    |
| <input type="checkbox"/> Ambulance services                                     | <input type="checkbox"/> Oncology services (for treatment of cancer)          |
| <input type="checkbox"/> Cardiology services (for treatment of heart disorders) | <input type="checkbox"/> Physical therapy, rehab therapy                      |
| <input type="checkbox"/> Chiropractic care (for treatment of back and spine)    | <input type="checkbox"/> Prescriptions/medications                            |
| <input type="checkbox"/> Dental care  | <input type="checkbox"/> Preventive care                                      |
| <input type="checkbox"/> Emergency room care                                    | <input type="checkbox"/> Pulmonary services (for treatment of lung disorders) |
| <input type="checkbox"/> Endocrinology services (for treatment of diabetes)     | <input type="checkbox"/> Substance abuse services                             |
| <input type="checkbox"/> Family planning/birth control services                 | <input type="checkbox"/> Vision care  |
| <input type="checkbox"/> Health education programs                              | <input type="checkbox"/> Medical supplies                                     |
| <input type="checkbox"/> Hearing services                                       | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Inpatient hospital care                                | <input type="checkbox"/> I have had no difficulty getting these services      |
| <input type="checkbox"/> Mental health services/counseling                      |   |

**11. How would you rate the quality of the health care services in Highlands County?**

- Excellent     Good     Fair     Poor     I don't know

**12. Please indicate whether you are a full-time resident or a part-time resident of Highlands County. A part-time resident resides here six months or less.**

- I am a full-time resident of Highlands County.
- I am a part-time resident of Highlands County.

Highlands County Community Health Survey (page 3)

13. What is the name of the city or town in which you live?

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Avon Park   | <input type="checkbox"/> Sebring     | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Lake Placid | <input type="checkbox"/> Spring Lake | _____   |
| <input type="checkbox"/> Lorida      | <input type="checkbox"/> Venus       |   |

14. What is your race/ethnicity? Please choose only one.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Native American           | _____   |
| <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> Haitian                   |   |

15. What is your age?

- |                                   |                                |                              |
|-----------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 40-54 | <input type="checkbox"/> 75+ |
| <input type="checkbox"/> 18-25    | <input type="checkbox"/> 55-64 |                              |
| <input type="checkbox"/> 26-39    | <input type="checkbox"/> 65-74 |                              |

16. What is your gender?

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

17. What is the highest level of education that you have completed? Please choose only one.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Elementary/middle school | <input type="checkbox"/> Technical or trade school | <input type="checkbox"/> Four year college        |
| <input type="checkbox"/> High School              | <input type="checkbox"/> Community college         | <input type="checkbox"/> Graduate/advanced degree |

18. What is your current employment status? Please choose all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Employed (full-time)            | <input type="checkbox"/> Disabled                                    |
| <input type="checkbox"/> Employed (part-time)            | <input type="checkbox"/> Student (part-time)                         |
| <input type="checkbox"/> Unemployed - Less than one year | <input type="checkbox"/> Student (full-time)                         |
| <input type="checkbox"/> Unemployed - More than one year | <input type="checkbox"/> I am not presently employed or seeking work |
| <input type="checkbox"/> Retired                         |  |

19. What is the approximate total income of all earners in your household? Please choose only one.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$21,000-\$30,000 | <input type="checkbox"/> \$51,000-\$99,000 |
| <input type="checkbox"/> \$10,000-\$20,000  | <input type="checkbox"/> \$31,000-\$50,000 | <input type="checkbox"/> \$100,000 or more |

20. What kind of healthcare coverage do you have?

- |   |  |
|---|--|
| <input type="checkbox"/> I receive health insurance from my job.            | <input type="checkbox"/> I have Medicare or Medicare Advantage |
| <input type="checkbox"/> I have health insurance from a family member's job | <input type="checkbox"/> I have Medicaid (any kind)            |
| <input type="checkbox"/> I have military insurance or VA benefits.          | <input type="checkbox"/> I do not have health insurance.       |
| <input type="checkbox"/> I pay for my own health insurance.                 | <input type="checkbox"/> Other (please specify) _____          |

***You have now completed the survey. Thank you very much for your participation!***

---

If someone has administered this survey to you, please return it to that person. Otherwise, we would very much appreciate it if you would bring it or send it to one of the following Highlands County Health Department offices. Hours of operation are Monday through Friday, 8:00 a.m. to 5:00 p.m. Thank you very much.

**Sebring Health Department**  
7205 S. George Boulevard  
Sebring, FL 33875

**Avon Park Health Department**  
400 South Lake Avenue  
Avon Park, FL 33825

**Lake Placid Health Department**  
100 North Main Avenue  
Lake Placid, FL 33852



**PRINT SURVEY- SPANISH**



# Highlands County Community Health Survey



El consejo de Planificación en la comunidad, (siglas en ingles) (CHIP) del Condado de Highlands, en conjunto con el Departamento de Salud, está llevando a cabo una Encuesta de Salud Comunitaria. Le invitamos a que nos ayude a completar la encuesta y compartir sus opiniones acerca de los servicios de salud en el Condado Highlands. Tenga en cuenta que esta es una encuesta totalmente anónima. Sus respuestas serán estrictamente confidenciales.

Esta encuesta incluye 25 preguntas de selecciona múltiples, esto le va a tomar aproximadamente 15 minutos en contestar. Los resultados de la encuesta se darán a conocer en el mes de Mayo.

Gracias por su participación, esto nos va a ayudar a hacer de el Condado de Highlands un sitio mucho mas saludable.

### 1. Como valora usted su salud en general? (Marque una selección)

- Excelente
- Bueno
- Regular
- Pobre
- No se

### 2. ¿Dónde te gustaría ir hoy en el Condado de Highlands, si se enferma y necesita ayuda médica? Por favor, elija sólo uno.

- Me gustaría ir a la oficina de mi doctor
- Me gustaría ir a una clínica privada
- Acudiría a el Departamento de Salud del Condado Highlands
- Yo iría al “Central Florida Health Care”.
- Me gustaría ir a clinica “Samaritan’s Touch Care Center”
- Me gustaría ir a la sala de emergencias de un hospital
- No tengo a donde ir cuando estoy enfermo
- Otro (favor de especificar) \_\_\_\_\_

### 3. ¿Dónde te gustaría ir hoy en el Condado de Highlands si sus hijos / dependientes estan enfermos y necesitaban atención médica? Por favor, elija sólo uno.

- Yo no tengo hijos o dependientes
- Me gustaría ir a la sala de emergencias de un hospital
- Me gustaría ir a la oficina de mi médico o pediatra
- Iria al Departamento de Salud del Condado de Highlands
- Yo iría a la “Central Florida Health Care”.
- Me gustaría ir a la clinica “Samaritan Touch Care Center”
- Yo iría a una clinica de la escuela o la enfermera
- No sé de ningún lugar donde pudiera ir.
- Otro (favor de especificar) \_\_\_\_\_

### 4. ¿Tiene usted un proveedor de servicios médicos que pueda ver al menos una vez al año para los servicios preventivos, como exámenes médicos y pruebas de sangre?

- Sí, tengo un proveedor de atención médica en el Condado de Highlands que veo por lo menos una vez al año.
- Sí, tengo un proveedor de servicios médicos fuera del Condado de Highlands que veo por lo menos una vez al año.
- No, no tengo un médico a quien veo por lo menos una vez al año.

### 5. En los últimos cinco años, ¿ha recibido atención médica de los médicos que se especializan en un área de la salud, tales como corazón, pulmón, visión o audición? Por favor, marque lo que corresponda.

- Sí, he recibido la atención de uno o más especialistas en el Condado de Highlands, en los últimos cinco años.
- Sí, he recibido la atención de uno o más especialistas fuera del Condado de Highlands, en los últimos cinco años.
- No, no he visto a un especialista en los últimos cinco años.
- No recuerdo si he visto a un especialista.

### 6. Cuando recibes una receta para un medicamento, ¿qué haces? Por favor, marque lo que corresponda.

- Tengo la receta en una farmacia en el Condado Highlands.
- Tengo la receta en una farmacia fuera del Condado de Highlands
- Tengo la receta fuera de los EE.UU.
- En lugar de comprar medicamento por receta, compro sin receta alguna otra que se me pueda ayudar
- Puedo conseguir muestras gratis de mi médico.
- Obtengo medicamentos gratuitos de las companies farmaceuticas
- Puedo usar remedios de hierbas caseros.
- No puedo pagar los medicamentos recetados
- Yo no necesito los medicamentos por receta
- Otro (favor de especificar) \_\_\_\_\_

**7. Muchas personas enfrentan dificultades financieras para tener acceso al sistema de salud. Las visitas al médico y el hospital puede ser costoso. Las primas de seguro pueden ser costosas, e incluso con seguro, la cobertura puede ser inadecuada. Por favor, marque todas las que se apliquen a usted.**

- No tengo seguro médico y no puede permitirme el lujo de pagar de mi bolsillo por los servicios médicos.
- No tengo seguro médico y no puede permitirme el lujo de pagar las primas de seguro de salud.
- Yo tengo seguro de salud, pero tienen un alto deducible y co-pagos.
- Yo tengo seguro de salud, pero no puedo encontrar proveedores que lo acepten.
- Yo no soy elegible para el seguro de salud debido a problemas de salud o de otro tipo.
- Yo no soy elegible para recibir seguro de salud debido a mi condición de ciudadanía / inmigración.
- No tengo ninguna dificultad financiera que me impiden obtener atención médica.
- Otro (favor de especificar) \_\_\_\_\_

**8. La falta de transporte y de largas distancias también pueden ser barreras para el acceso a los servicios médicos. Por favor, marque todas las que se aplique a usted.**

- No tengo un coche para ir a mis citas médicas.
- Puedo confiar en los amigos que me llevaran a mis citas médicas.
- Confío en que los servicios de transporte médico para que me llevara a mis citas médicas.
- Confío en los "taxis" para que me llevara a mis citas médicas.
- No tengo ninguna manera de llegar a mis citas médicas.
- Tengo opciones de transporte, pero no puedo permitir el lujo de pagar por ellos.
- Tengo opciones de transporte, pero no deseo hacer el largo viaje.
- Yo no tengo ningún problema con el transporte.
- Otro (favor de especificar) \_\_\_\_\_

**9. Hay otras razones que una persona no puede acceder a los servicios necesarios de salud. Por favor, marque todas las que se aplique a usted.**

- No sé qué servicios están disponibles.
- Tengo reservas sobre la eficacia de los servicios.
- Me temo que mi información de salud no puede ser confidencial.
- Estoy desanimado por las largas esperas para las citas y los servicios.
- Tengo dificultad para hacer arreglos en el cuidado de los niños.
- Yo no hablo muy bien el Inglés y creo que no puede entender lo que el médico me dice.
- Yo no soy un ciudadano de los EE.UU., y los problemas de miedo con el sistema legal.
- Yo no tengo ninguna de estas dificultades.
- Otro (favor de especificar) \_\_\_\_\_

**10. El Condado de Highlands se encuentra en un área geográfica designada por el gobierno federal como un área con escasez de profesionales de la salud. ¿Ha tenido dificultades para obtener cualquiera de los siguientes servicios? Por favor, marque lo que corresponda.**

- |  |  |
|--|--|
| <input type="checkbox"/> Terapias alternativas (hierbas, acupuntura, etc)  | <input type="checkbox"/> De salud mental/consejería  |
| <input type="checkbox"/> Los servicios de ambulancia   | <input type="checkbox"/> OB/Cuidado Prenatal   |
| <input type="checkbox"/> Los cuidados quiroprácticos (para el tratamiento de problemas de espalda y columna vertebral)             | <input type="checkbox"/> Oncología de servicios (para el tratamiento del cáncer)   |
| <input type="checkbox"/> El cuidado dental   | <input type="checkbox"/> Servicios de Cardiología (para el tratamiento de trastornos del corazón)                        |
| <input type="checkbox"/> Salas de emergencias  | <input type="checkbox"/> Terapia física, terapia de rehabilitación   |
| <input type="checkbox"/> Servicios de Endocrinología (para el tratamiento de la tiroides y otros trastornos hormonales de órganos) | <input type="checkbox"/> Recetas / medicinas   |
| <input type="checkbox"/> Planificación familiar / control de la natalidad  | <input type="checkbox"/> La atención preventiva  |
| <input type="checkbox"/> Programas de educación para la salud  | <input type="checkbox"/> Servicios pulmonar (para el tratamiento del asma, la respiración y otros trastornos pulmonares) |
| <input type="checkbox"/> Servicios para la pérdida auditiva  | <input type="checkbox"/> Abuso de sustancias controladas   |
| <input type="checkbox"/> La atención para pacientes hospitalizados   | <input type="checkbox"/> Cuidado de la visión  |
| <input type="checkbox"/> Suministros medicos   | <input type="checkbox"/> No he tenido dificultad para obtener estos u otros servicios.                                   |
| <input type="checkbox"/> Otro (favor de especificar) _____   |  |

**11. ¿Cómo calificaría la calidad de los servicios de salud en el Condado Highlands?**

- Excelente       Bueno       Regular       Pobre       No se

Highlands County Community Health Survey (page 3)

12. Por favor, indique si usted es un residente a tiempo completo o de un residente a tiempo parcial del Condado de Highlands. Un residente de tiempo parcial reside aquí seis meses o menos.

- Yo soy un residente a tiempo completo del Condado de Highlands.
- Yo soy un residente de tiempo parcial del Condado de Highlands.

13. ¿Cuál es el nombre de la ciudad o pueblo donde usted vive?

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Avon Park   | <input type="checkbox"/> Sebring     | <input type="checkbox"/> Otro (favor de especificar) |
| <input type="checkbox"/> Lake Placid | <input type="checkbox"/> Spring Lake | _____  |
| <input type="checkbox"/> Lorida      | <input type="checkbox"/> Venus       |  |

14. ¿Cuál es su raza / origen étnico? (Por favor, elija sólo uno.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Negro/Afro Americano | <input type="checkbox"/> Asiáticos o isleños del Pacífico | <input type="checkbox"/> Otro (favor de especificar) |
| <input type="checkbox"/> Blanco/Caucásico     | <input type="checkbox"/> Nativo Americano                 | _____  |
| <input type="checkbox"/> Hispanos o latinos   | <input type="checkbox"/> Haitiano                         |  |

15. ¿Cuál es tu edad?

- |   |                                |                              |
|---|--------------------------------|------------------------------|
| <input type="checkbox"/> Menores de 18 años | <input type="checkbox"/> 40-54 | <input type="checkbox"/> 75+ |
| <input type="checkbox"/> 18-25              | <input type="checkbox"/> 55-64 |                              |
| <input type="checkbox"/> 26-39              | <input type="checkbox"/> 65-74 |                              |

16. ¿Cuál es su género?

- Masculino
- Femenino

17. ¿Cuál es el nivel educativo más alto que ha completado? Por favor elija sólo uno.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Escuela Primaria / Intermedia       | <input type="checkbox"/> Técnica y/o escuela técnica       | <input type="checkbox"/> Universidad de cuatro años |
| <input type="checkbox"/> Diploma de escuela secundaria o GED | <input type="checkbox"/> Colegio Universitario (de 2 años) | <input type="checkbox"/> Estudios pos-graduados     |

18. ¿Cuál es su situación laboral actual? Por favor, elija todo lo que corresponda.

- |  |  |
|--|--|
| <input type="checkbox"/> Empleados (a tiempo completo) | <input type="checkbox"/> Discapacitado   |
| <input type="checkbox"/> Empleados (a tiempo parcial)  | <input type="checkbox"/> Estudiantes (a tiempo parcial)                              |
| <input type="checkbox"/> Desempleado/a Menos de un año | <input type="checkbox"/> Estudiantes (a tiempo complete)                             |
| <input type="checkbox"/> Desempleada/o Más de un año   | <input type="checkbox"/> Yo no estoy empleado en la actualidad o en busca de trabajo |
| <input type="checkbox"/> Jubilado                      |  |

19. ¿Cuál es el ingreso total aproximado de todos los que residen en su hogar? Por favor, elija sólo uno.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$21,000-\$30,000 | <input type="checkbox"/> \$51,000-\$99,000 |
| <input type="checkbox"/> \$10,000-\$20,000 | <input type="checkbox"/> \$31,000-\$50,000 | <input type="checkbox"/> \$100,000 or more |

20. ¿Qué tipo de cobertura de salud tiene?

- |   |   |
|---|---|
| <input type="checkbox"/> Tengo seguro médico de mi trabajo.   | <input type="checkbox"/> Tengo Medicare Advantage o Medicare. |
| <input type="checkbox"/> Tengo seguro de salud por un miembro de la familia.                              | <input type="checkbox"/> Tengo Medicaid (cualquier tipo)      |
| <input type="checkbox"/> Tengo un seguro militar de los beneficios de la Administracion de Veteranos (VA) | <input type="checkbox"/> No tengo seguro de salud.            |
| <input type="checkbox"/> Puedo pagar mi propio seguro de salud.   | <input type="checkbox"/> Otro (favor de especificar)          |

*Ya ha completado la encuesta. Muchas gracias por participar.*

Si esta encuesta se la ha entregado alguien, por favor devuélvala a la persona que se la entrego. De lo contrario, por favor entréguela en el Departamento de Salud de el Condado Highlands. Nuestro horario es de lunes a viernes de 8:00 – 5:00, Muchas gracias.

**Sebring Health Department**  
7205 S. George Boulevard  
Sebring, FL 33875

**Avon Park Health Department**  
400 South Lake Avenue  
Avon Park, FL 33825

**Lake Placid Health Department**  
100 North Main Avenue  
Lake Placid, FL 33852

ON-LINE SURVEY- ENGLISH

# Highlands County Community Health Survey

The Community Health Improvement Planning Council (CHIP) of Highlands County, in conjunction with the Highlands County Health Department, is conducting a Community Health Survey. We invite you to assist us by completing the survey and sharing your opinions about healthcare services in Highlands County. Please note that this is a completely anonymous survey. Your answers will be kept strictly confidential.

The survey includes 25 multiple choice questions, which will take you approximately 15 minutes to answer. We will report the results in May.

Thank you for your participation. We appreciate your help in making Highlands County a healthier place to live!

## \*1. How do you rate your overall health? (Check one selection)

- Excellent
- Good
- Fair
- Poor
- I don't know

## \*2. Where would you go today in Highlands County if you were sick and needed medical help? Please choose only one.

- I would go to my doctor's office
- I would go to a private clinic
- I would go to the Highlands County Health Dept
- I would go to Central Florida Health Care
- I would go to Samaritan's Touch Care Center
- I would go to a hospital emergency room
- I don't have anywhere to go when I am sick
- Other (please specify)

## Highlands County Community Health Survey

**\*3. Where would you go today in Highlands County if your children/dependents were sick and needed medical help? Please choose only one.**

- I don't have children or dependents
- I would go to a hospital emergency room
- I would go to my doctor's or pediatrician's office
- I would go to the Highlands County Health Dept
- I would go to Central Florida Health Care
- I would go to Samaritan's Touch Care Center
- I would go a school clinic or nurse
- I don't know of any place where I could go.
- Other (please specify)

**\*4. Do you have a medical provider whom you see at least once a year for preventative services, such as health screenings and blood tests?**

- Yes, I have a medical provider in Highlands County whom I see at least once a year.
- Yes, I have a medical provider outside Highlands County whom I see at least once a year.
- No, I do not have a medical provider whom I see at least once a year.

**\*5. In the past five years, have you received medical care from any doctors who specialize in one area of health care, such as heart, lung, vision, or hearing? Please check all that apply.**

- Yes, I have received care from one or more specialists in Highlands County in the past five years.
- Yes, I have received care from one or more specialists outside Highlands County in the past five years.
- No, I have not seen a specialist in the past five years.
- I don't remember whether or not I have seen a specialist.

# Highlands County Community Health Survey

**\*6. When you get a prescription for a medication, what do you do? Please check all that apply.**

- I get the prescription filled at a pharmacy in Highlands County.
- I get the prescription filled at a pharmacy outside Highlands County.
- I get the prescription filled outside the U.S.
- I buy an over the counter medicine instead.
- I get free samples from my doctor.
- I get free medicine from drug companies.
- I use herbal remedies instead.
- I can't afford prescription medications.
- I don't need any prescription medications.
- Other (please specify)

**\*7. Many people face financial challenges in accessing the health care system. Doctor and hospital visits can be expensive. Insurance premiums can be costly, and even with insurance, coverage can be inadequate. Please check all of the following that apply to you.**

- I don't have health insurance and cannot afford to pay out-of-pocket for medical services.
- I don't have health insurance and cannot afford to pay the health insurance premiums.
- I have health insurance, but I have a high deductible and co-pays.
- I have health insurance, but I can't find providers who will accept it.
- I am not eligible for health insurance due to health or other problems.
- I am not eligible for health insurance due to my citizenship/immigration status.
- I don't have any financial difficulties that prevent me from getting health care.
- Other (please specify)



# Highlands County Community Health Survey

**\*8. Lack of transportation and long driving times also can be barriers to accessing medical services. Please check all of the following that apply to you.**

- I don't have a car to get to my medical appointments.
- I rely on friends to take me to my medical appointments.
- I rely on medical transport services to take me to my medical appointments.
- I rely on taxis to take me to my medical appointments.
- I don't have any way to get to my medical appointments.
- I have transportation options, but I can't afford to pay for them.
- I have transportation options, but I don't want the long commute.
- I don't have any problems with transportation.
- Other (please specify)

**\*9. There are other reasons that someone may not access needed health care services. Please check all of the following that apply to you.**

- I don't know what services are available.
- I am skeptical about the effectiveness of services.
- I am afraid that my health information may not be kept confidential.
- I am discouraged by long waits for appointments and services.
- I have difficulty arranging child care.
- I don't speak English very well and think I may not understand what the doctor tells me.
- I am not a U.S. citizen, and fear problems with the legal system.
- I don't have any of these difficulties.
- Other (please specify)

# Highlands County Community Health Survey

**\*10. Highlands County is in a geographic area designated by the Federal government as a health professional shortage area. Have you found it difficult to obtain any of the following services? Please check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Alternative therapy (herbals, acupuncture)   | <input type="checkbox"/> Mental health/counseling  |
| <input type="checkbox"/> Ambulance services   | <input type="checkbox"/> OB/Pregnancy Care   |
| <input type="checkbox"/> Chiropractic care (for the treatment of back and spinal problems)                        | <input type="checkbox"/> Oncology services (for the treatment of cancer)                                       |
| <input type="checkbox"/> Dental care  | <input type="checkbox"/> Cardiology services (for the treatment of heart disorders )                           |
| <input type="checkbox"/> Emergency room care  | <input type="checkbox"/> Physical therapy, rehab therapy   |
| <input type="checkbox"/> Endocrinology services (for the treatment of thyroid and other hormonal organ disorders) | <input type="checkbox"/> Prescriptions/medications   |
| <input type="checkbox"/> Family planning/birth control  | <input type="checkbox"/> Preventive care   |
| <input type="checkbox"/> Health education programs  | <input type="checkbox"/> Pulmonary services (for the treatment of asthma, breathing, and other lung disorders) |
| <input type="checkbox"/> Hearing services   | <input type="checkbox"/> Substance abuse services  |
| <input type="checkbox"/> Inpatient hospital care  | <input type="checkbox"/> Vision care   |
| <input type="checkbox"/> Medical supplies   | <input type="checkbox"/> I have not had difficulty obtaining these or other services.                          |
| <input type="checkbox"/> Other (please specify)   |  |

**\*11. How would you rate the quality of the health care services in Highlands County?**

- Excellent
- Good
- Fair
- Poor
- I don't know

# Highlands County Community Health Survey

**\*12. Is Highlands County a good place to raise children? Please rate the County in terms of the quality of the following services.**

	Excellent	Good	Fair	Poor	Don't Know
School system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After school care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*13. Is Highlands County a good place to grow old? Please rate the County in terms of the quality of the following services.**

	Excellent	Good	Fair	Poor	Don't know
Elder friendly housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Churches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social support organizations and agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*14. Do you feel there is economic opportunity in Highlands County? Please rate Highlands County in terms of whether it offers the following.**

	Excellent	Good	Fair	Poor	Don't know
Locally owned and operated businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jobs with career growth and job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Higher education opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reasonable commuting times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Highlands County Community Health Survey

**\*15. Do you feel your community is a safe place to live? Please rate the extent to which you feel safe in the following settings.**

	Excellent	Good	Fair	Poor	Don't know
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*16. Is there a network of support in Highlands County for individuals and families during times of stress and crisis? Please rate the extent to which you believe there is a network in the following situations.**

	Excellent	Good	Fair	Poor	Don't know
Medical crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*17. Please indicate whether you are a full-time resident or a part-time resident of Highlands County. A part-time resident resides here six months or less.**

- I am a full-time resident of Highlands County.
- I am a part-time resident of Highlands County.

# Highlands County Community Health Survey

## \*18. What is the name of the city or town in which you live?

- Avon Park
- Lake Placid
- Lorida
- Sebring
- Spring Lake
- Venus
- Other (please specify)

## \*19. What is your race/ethnicity? Please choose only one.

- Black/African American
- White/Caucasian
- Hispanic or Latino
- Asian or Pacific Islander
- Native American
- Haitian
- Other (please specify)

## \*20. What is your age?

- Under 18
- 18-25
- 26-39
- 40-54
- 55-64
- 65-74
- 75+

# Highlands County Community Health Survey

## \*21. What is your gender?

- Male
- Female

## \*22. What is the highest level of education that you have completed? Please choose only one.

- Elementary/middle school
- High school diploma or GED
- Technical or trade school
- Community college
- Four-year college/Bachelor's degree
- Graduate/advanced degree

## \*23. What is your current employment status? (Please choose all that apply)

- Employed (full-time)
- Employed (part-time)
- Unemployed - Less than one year
- Unemployed - More than one year
- Retired
- Disabled
- Student (part-time)
- Student (full-time)
- I am not presently employed or seeking work

# Highlands County Community Health Survey

**\*24. What is the approximate total income of all earners in your household? (Please choose only one.)**

- Less than \$10,000
- \$10,000-\$20,000
- \$21,000- \$30,000
- \$31,000-\$50,000
- \$51,000-\$99,999
- \$100,000 or more

**25. What kind of healthcare coverage do you have?**

- I receive health insurance from my job.
- I have health insurance form a family member's job.
- I have military insurance of VA benefits.
- I pay for my own health insurance.
- I have Medicare or Medicare Advantage.
- I have Medicaid (any kind)
- I do not have health insurance.
- Other (please specify)

You have now completed the survey. Thank you very much for participating.

ON-LINE SURVEY- SPANISH



# Highlands County Community Health Survey (Spanish)

El consejo de Planificación en la comunidad, (siglas en ingles) (CHIP) del Condado de Highlands, en conjunto con el Departamento de Salud, está llevando a cabo una Encuesta de Salud Comunitaria. Le invitamos a que nos ayude a completar la encuesta y compartir sus opiniones acerca de los servicios de salud en el Condado Highlands. Tenga en cuenta que esta es una encuesta totalmente anónima. Sus respuestas serán estrictamente confidenciales.

Esta encuesta incluye 25 preguntas de selecciona múltiples, esto le va a tomar aproximadamente 15 minutos en contestar. Los resultados de la encuesta se darán a conocer en el mes de Mayo.

Gracias por su participación, esto nos va a ayudar a hacer de el Condado de Highlands un sitio mucho mas saludable.

## \*1. Como valora usted su salud en general? (Marque una selección)

- Excelente
- Bueno
- Regular
- Pobre
- No se

## \*2. ¿Dónde te gustaría ir hoy en el Condado de Highlands, si se enferma y necesita ayuda médica? Por favor, elija sólo uno.

- Me gustaría ir a la oficina de mi doctor
- Me gustaría ir a una clínica privada
- Acudiría a el Departamento de Salud del Condado Highlands.
- Yo iría al "Central Florida Health Care".
- Me gustaría ir a clinica "Samaritan's Touch Care Center".
- Me gustaría ir a la sala de emergencias de un hospital
- No tengo a donde ir cuando estoy enfermo
- Otro (favor de especificar)

## Highlands County Community Health Survey (Spanish)

**\*3. ¿Dónde te gustaría ir hoy en el Condado de Highlands si sus hijos / dependientes están enfermos y necesitaban atención médica? Por favor, elija sólo uno.**

- Yo no tengo hijos o dependientes
- Me gustaría ir a la sala de emergencias de un hospital
- Me gustaría ir a la oficina de mi médico o pediatra
- Iria al Departamento de Salud del Condado de Highlands
- Yo iría a la "Central Florida Health Care".
- Me gustaría ir a la clinica "Samaritan Touch Care Center".
- Yo iría a una clínica de la escuela o la enfermera
- No sé de ningún lugar donde pudiera ir.
- Otro (favor de especificar)

**\*4. ¿Tiene usted un proveedor de servicios médicos que pueda ver al menos una vez al año para los servicios preventivos, como exámenes médicos y pruebas de sangre?**

- Sí, tengo un proveedor de atención médica en el Condado de Highlands que veo por lo menos una vez al año.
- Sí, tengo un proveedor de servicios médicos fuera del Condado de Highlands que veo por lo menos una vez al año.
- No, no tengo un médico a quien veo por lo menos una vez al año.

**\*5. En los últimos cinco años, ¿ha recibido atención médica de los médicos que se especializan en un área de la salud, tales como corazón, pulmón, visión o audición? Por favor, marque lo que corresponda.**

- Sí, he recibido la atención de uno o más especialistas en el Condado de Highlands, en los últimos cinco años.
- Sí, he recibido la atención de uno o más especialistas fuera del Condado de Highlands, en los últimos cinco años.
- No, no he visto a un especialista en los últimos cinco años.
- No recuerdo si he visto a un especialista.

## Highlands County Community Health Survey (Spanish)

**\*6. Cuando recibes una receta para un medicamento, ¿qué haces? Por favor, marque lo que corresponda.**

- Tengo la receta en una farmacia en el Condado Highlands.
- Tengo la receta en una farmacia fuera del Condado de Highlands.
- Tengo la receta fuera de los EE.UU.
- En lugar de comprar medicamento por receta, compro sin receta alguna otra que se me pueda ayudar
- Puedo conseguir muestras gratis de mi médico.
- Obtengo medicamentos gratuitos de las compañías farmacéuticas
- Puedo usar remedios de hierbas caseros.
- No puedo pagar los medicamentos recetados.
- Yo no necesito los medicamentos por receta.
- Otro (favor de especificar)

**\*7. Muchas personas enfrentan dificultades financieras para tener acceso al sistema de salud. Las visitas al médico y el hospital puede ser costoso. Las primas de seguro pueden ser costosos, e incluso con seguro, la cobertura puede ser inadecuada. Por favor, marque todas las que se apliquen a usted.**

- No tengo seguro médico y no puede permitirme el lujo de pagar de mi bolsillo por los servicios médicos.
- No tengo seguro médico y no puede permitirme el lujo de pagar las primas de seguro de salud.
- Yo tengo seguro de salud, pero tienen un alto deducible y co-pagos.
- Yo tengo seguro de salud, pero no puedo encontrar proveedores que lo acepten.
- Yo no soy elegible para el seguro de salud debido a problemas de salud o de otro tipo.
- Yo no soy elegible para recibir seguro de salud debido a mi condición de ciudadanía / inmigración.
- No tengo ninguna dificultad financiera que me impiden obtener atención médica.
- Otro (favor de especificar)

## Highlands County Community Health Survey (Spanish)

**\*8. La falta de transporte y de largas distancias también pueden ser barreras para el acceso a los servicios médicos. Por favor, marque todas las que se aplique a usted.**

- No tengo un coche para ir a mis citas médicas.
- Puedo confiar en los amigos que me llevaran a mis citas médicas.
- Confío en que los servicios de transporte médico para que me llevara a mis citas médicas.
- Confío en los "taxis" para que me llevara a mis citas médicas.
- No tengo ninguna manera de llegar a mis citas médicas.
- Tengo opciones de transporte, pero no puedo permitir el lujo de pagar por ellos.
- Tengo opciones de transporte, pero no deseo hacer el largo viaje.
- Yo no tengo ningún problema con el transporte.
- Otro (favor de especificar)

**\*9. Hay otras razones que una persona no puede acceder a los servicios necesarios de salud. Por favor, marque todas las que se aplique a usted.**

- No sé qué servicios están disponibles.
- Tengo reservas sobre la eficacia de los servicios.
- Me temo que mi información de salud no puede ser confidencial.
- Estoy desanimado por las largas esperas para las citas y los servicios.
- Tengo dificultad para hacer arreglos en el cuidado de los niños.
- Yo no hablo muy bien el Inglés y creo que no puede entender lo que el médico me dice.
- Yo no soy un ciudadano de los EE.UU., y los problemas de miedo con el sistema legal.
- Yo no tengo ninguna de estas dificultades.
- Otro (favor de especificar)

## Highlands County Community Health Survey (Spanish)

**\*10. El Condado de Highlands se encuentra en un área geográfica designada por el gobierno federal como un área con escasez de profesionales de la salud. ¿Ha tenido dificultades para obtener cualquiera de los siguientes servicios? Por favor, marque lo que corresponda.**

- |  |  |
|--|--|
| <input type="checkbox"/> Terapias alternativas (hierbas, acupuntura, etc)  | <input type="checkbox"/> De salud mental/consejería  |
| <input type="checkbox"/> Los servicios de ambulancia   | <input type="checkbox"/> OB/Cuidado Pre-natal.   |
| <input type="checkbox"/> Los cuidados quiroprácticos (para el tratamiento de problemas de espalda y columna vertebral)             | <input type="checkbox"/> Oncología de servicios (para el tratamiento del cáncer)   |
| <input type="checkbox"/> El cuidado dental.  | <input type="checkbox"/> Servicios de Cardiología (para el tratamiento de trastornos del corazón)                        |
| <input type="checkbox"/> Salas de emergencias  | <input type="checkbox"/> Terapia física, terapia de rehabilitación   |
| <input type="checkbox"/> Servicios de Endocrinología (para el tratamiento de la tiroides y otros trastornos hormonales de órganos) | <input type="checkbox"/> Recetas / medicinas   |
| <input type="checkbox"/> Planificación familiar / control de la natalidad  | <input type="checkbox"/> La atención preventiva  |
| <input type="checkbox"/> Programas de educación para la salud  | <input type="checkbox"/> Servicios pulmonar (para el tratamiento del asma, la respiración y otros trastornos pulmonares) |
| <input type="checkbox"/> Servicios para la pérdida auditiva  | <input type="checkbox"/> Abuso de sustancias controladas   |
| <input type="checkbox"/> La atención para pacientes hospitalizados   | <input type="checkbox"/> Cuidado de la visión  |
| <input type="checkbox"/> Suministros médicos   | <input type="checkbox"/> No he tenido dificultad para obtener estos u otros servicios.                                   |
| <input type="checkbox"/> Otro (favor de especificar)   |  |

**\*11. ¿Cómo calificaría la calidad de los servicios de salud en el Condado Highlands?**

- Excelente
- Bueno
- Justo
- Pobre
- No sé

## Highlands County Community Health Survey (Spanish)

**\* 12. Es el Condado de Highlands un buen lugar para criar a los hijos? Favor de calificar el condado, en cuanto a la calidad de los servicios siguientes.**

	Excelente	Buena	Regular	Mala	No sabe
Del sistema escolar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
De atención diurna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Después de la escuela	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreación	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medio ambiente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 13. Es el Condado de Highlands es un buen lugar para envejecer? Favor de calificar el condado en cuanto a la calidad de los servicios siguientes.**

	Excelente	Buena	Regular	Mala	No sabe
Major ambiente de vivienda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transporte	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iglesias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compras	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El cuidado Envejecientes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizaciones y/o agencias de ayuda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios y actividades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 14. ¿Cree que hay oportunidad económica en el Condado Highlands? Por favor califique el Condado de Highlands, en términos de si ofrece los siguientes:**

	Excelente	Buena	Regular	Mala	No sabe
Empresas de propiedad local y operados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los trabajos de desarrollo profesional y/o entrenamiento laboral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oportunidades de educación superior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opciones de vivienda de alquiler moderado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiempo de transporte razonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Highlands County Community Health Survey (Spanish)

**\*15. ¿Siente que su comunidad es un lugar seguro para vivir? Favor de calificar el grado en que usted se siente seguro en la siguiente configuración.**

	Excelente	Buena	Regular	Mala	No sabe
Casa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lugar de trabajo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Escuelas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patios escolares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parques publicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*16. ¿Existe una red de apoyo en el Condado de Highlands para individuos y familias en momentos de estrés y crisis? Favor de calificar el grado en que usted cree que hay una red en las siguientes situaciones.**

	Excelente	Buena	Regular	Mala	No sabe
Crisis médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis de los abusos de sustancias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis financiera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muerte	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Niños con necesidades especiales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*17. Por favor, indique si usted es un residente a tiempo completo o de un residente a tiempo parcial del Condado de Highlands. Un residente de tiempo parcial reside aquí seis meses o menos.**

- Yo soy un residente a tiempo completo del Condado de Highlands.
- Yo soy un residente de tiempo parcial del Condado de Highlands.

## Highlands County Community Health Survey (Spanish)

### \*18. ¿Cuál es el nombre de la ciudad o pueblo donde usted vive?

- Avon Park
- Lake Placid
- Lorida
- Sebring
- Spring Lake
- Venus

Otro (favor de especificar)

### \*19. ¿Cuál es su raza / origen étnico? (Por favor, elija sólo uno.)

- Negro/Afro Americano
- Blanco/Caucásico
- Hispanos o latinos
- Asiáticos o isleños del Pacífico
- Nativo Americano
- Haitiano
- Otro (favor de especificar)

### \*20. ¿Cuál es tu edad?

- Menores de 18 años
- 18-25
- 26-39
- 40-54
- 55-64
- 65-74
- 75 +



# Highlands County Community Health Survey (Spanish)

## \*21. ¿Cuál es su género?

- Masculino
- Femenino

## \*22. ¿Cuál es el nivel educativo más alto que ha completado? Por favor elija sólo uno.

- Escuela Primaria / Intermedia
- Diploma de escuela secundaria o GED
- Técnica y/o escuela técnica
- Colegio Universitario (de 2 años)
- Universidad de cuatro años / Grado de Bachillerato
- Estudios pos-graduados

## \*23. ¿Cuál es su situación laboral actual? Por favor, elija todo lo que corresponda.

- Empleados (a tiempo completo)
- Empleados (a tiempo parcial)
- Desempleado/a - Menos de un año
- Desempleada/o - Más de un año
- Jubilado
- Discapacitado
- Estudiantes (a tiempo parcial)
- Estudiantes (a tiempo completo)
- Yo no estoy empleado en la actualidad o en busca de trabajo

## \*24. ¿Cuál es el ingreso total aproximado de todos los que residen en su hogar? Por favor, elija sólo uno.

- Menos de \$ 10,000
- \$ 10.000 - \$ 20.000
- \$ 21.000 - \$ 30.000
- \$ 31.000 - \$ 50.000
- \$ 51.000 - \$ 99.999
- \$ 100,000 o más

## Highlands County Community Health Survey (Spanish)

### \*25. ¿Qué tipo de cobertura de salud tiene?






- Tengo seguro médico de mi trabajo.
- Tengo seguro de salud por un miembro de la familia.
- Tengo un seguro militar de los beneficios de la Administración de Veteranos (VA)
- Puedo pagar mi propio seguro de salud.
- Tengo Medicare Advantage o Medicare.
- Tengo Medicaid (cualquier tipo)
- No tengo seguro de salud.
- Otro (favor de especificar)

Ya ha completado la encuesta. Muchas gracias por participar.

**APPENDIX B  
SURVEY RESPONSES**

# Highlands County Community Health Survey

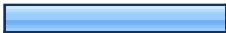

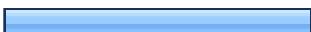





## 1. How do you rate your overall health? (Check one selection)

		Response Percent	Response Count
Excellent		20.8%	247
<b>Good</b>		<b>54.9%</b>	<b>650</b>
Fair		19.7%	233
Poor		3.4%	40
I don't know		1.3%	15
		<b>answered question</b>	<b>1,185</b>
		<b>skipped question</b>	<b>0</b>




**2. Where would you go today in Highlands County if you were sick and needed medical help? Please choose only one.**

		<b>Response Percent</b>	<b>Response Count</b>
<b>I would go to my doctor's office</b>		<b>66.1%</b>	<b>781</b>
I would go to a private clinic		2.2%	26
I would go to the Highlands County Health Dept		8.3%	98
I would go to Central Florida Health Care		4.7%	56
I would go to Samaritan's Touch Care Center		1.9%	23
I would go to a hospital emergency room		10.2%	121
I don't have anywhere to go when I am sick		3.6%	42
Other (please specify)		3.0%	35
		<b>answered question</b>	<b>1,182</b>
		<b>skipped question</b>	<b>3</b>





**3. Where would you go today in Highlands County if your children/dependents were sick and needed medical help? Please choose only one.**

		Response Percent	Response Count
I don't have children or dependents		32.9%	387
I would go to a hospital emergency room		9.6%	113
<b>I would go to my doctor's or pediatrician's office</b>		<b>46.1%</b>	<b>542</b>
I would go to the Highlands County Health Dept		4.4%	52
I would go to Central Florida Health Care		3.3%	39
I would go to Samaritan's Touch Care Center		0.5%	6
I would go a school clinic or nurse		0.0%	0
I don't know of any place where I could go.		1.2%	14
Other (please specify)		2.0%	23
		<b>answered question</b>	<b>1,176</b>
		<b>skipped question</b>	<b>9</b>











**4. Do you have a medical provider whom you see at least once a year for preventative services, such as health screenings and blood tests?**

		Response Percent	Response Count
Yes, I have a medical provider in Highlands County whom I see at least once a year.		69.6%	818
Yes, I have a medical provider outside Highlands County whom I see at least once a year.		9.0%	106
No, I do not have a medical provider whom I see at least once a year.		21.4%	252
		<b>answered question</b>	<b>1,176</b>
		<b>skipped question</b>	<b>9</b>

**5. In the past five years, have you received medical care from any doctors who specialize in one area of health care, such as heart, lung, vision, or hearing? Please check all that apply.**







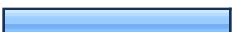

		Response Percent	Response Count
Yes, I have received care from one or more specialists in Highlands County in the past five years.		53.7%	630
Yes, I have received care from one or more specialists outside Highlands County in the past five years.		17.6%	207
No, I have not seen a specialist in the past five years.		31.2%	366
I don't remember whether or not I have seen a specialist.		4.5%	53
		<b>answered question</b>	<b>1,174</b>
		<b>skipped question</b>	<b>11</b>

**6. When you get a prescription for a medication, what do you do? Please check all that apply.**










		Response Percent	Response Count
I get the prescription filled at a pharmacy in Highlands County.		79.0%	926
I get the prescription filled at a pharmacy outside Highlands County.		13.5%	158
I get the prescription filled outside the U.S.		0.6%	7
I buy an over the counter medicine instead.		4.5%	53
I get free samples from my doctor.		8.9%	104
I get free medicine from drug companies.		1.2%	14
I use herbal remedies instead.		4.3%	50
I can't afford prescription medications.		5.4%	63
I don't need any prescription medications.		4.1%	48
Other (please specify)		5.0%	59
		<b>answered question</b>	<b>1,172</b>
		<b>skipped question</b>	<b>13</b>












**7. Many people face financial challenges in accessing the health care system. Doctor and hospital visits can be expensive. Insurance premiums can be costly, and even with insurance, coverage can be inadequate. Please check all of the following that apply to you.**

		Response Percent	Response Count
I don't have health insurance and cannot afford to pay out-of-pocket for medical services.		17.2%	200
I don't have health insurance and cannot afford to pay the health insurance premiums.		8.5%	99
<b>I have health insurance, but I have a high deductible and co-pays.</b>		<b>34.3%</b>	<b>399</b>
I have health insurance, but I can't find providers who will accept it.		7.0%	82
I am not eligible for health insurance due to health or other problems.		0.9%	11
I am not eligible for health insurance due to my citizenship/immigration status.		1.1%	13
I don't have any financial difficulties that prevent me from getting health care.		33.7%	392
Other (please specify)		7.9%	92
		<b>answered question</b>	<b>1,164</b>
		<b>skipped question</b>	<b>21</b>

**8. Lack of transportation and long driving times also can be barriers to accessing medical services. Please check all of the following that apply to you.**




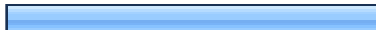

		Response Percent	Response Count
I don't have a car to get to my medical appointments.		4.7%	55
I rely on friends to take me to my medical appointments.		5.4%	63
I rely on medical transport services to take me to my medical appointments.		2.5%	29
I rely on taxis to take me to my medical appointments.		0.9%	11
I don't have any way to get to my medical appointments.		1.0%	12
I have transportation options, but I can't afford to pay for them.		5.2%	60
I have transportation options, but I don't want the long commute.		7.1%	82
<b>I don't have any problems with transportation.</b>		<b>79.7%</b>	<b>927</b>
Other (please specify)		1.0%	12
		<b>answered question</b>	<b>1,163</b>
		<b>skipped question</b>	<b>22</b>

**9. There are other reasons that someone may not access needed health care services. Please check all of the following that apply to you.**






		Response Percent	Response Count
I don't know what services are available.		7.6%	88
I am skeptical about the effectiveness of services.		13.1%	152
I am afraid that my health information may not be kept confidential.		6.7%	78
I am discouraged by long waits for appointments and services.		17.2%	200
I have difficulty arranging child care.		2.6%	30
I don't speak English very well and think I may not understand what the doctor tells me.		2.1%	24
I am not a U.S. citizen, and fear problems with the legal system.		1.3%	15
<b>I don't have any of these difficulties.</b>		<b>65.6%</b>	<b>761</b>
Other (please specify)		1.7%	20
		<b>answered question</b>	<b>1,160</b>
		<b>skipped question</b>	<b>25</b>

**10. Highlands County is in a geographic area designated by the Federal government as a health professional shortage area. Have you found it difficult to obtain any of the following services? Please check all that apply.**

		Response Percent	Response Count
Alternative therapy (herbals, acupuncture)	<input checked="" type="checkbox"/>	9.3%	107
Ambulance services	<input type="checkbox"/>	1.8%	21
Chiropractic care (for the treatment of back and spinal problems)	<input type="checkbox"/>	3.0%	35
Dental care	<input checked="" type="checkbox"/>	17.7%	204
Emergency room care	<input type="checkbox"/>	4.7%	54
Endocrinology services (for the treatment of thyroid and other hormonal organ disorders)	<input checked="" type="checkbox"/>	9.3%	107
Family planning/birth control	<input type="checkbox"/>	1.9%	22
Health education programs	<input type="checkbox"/>	4.8%	55
Hearing services	<input type="checkbox"/>	3.2%	37
Inpatient hospital care	<input type="checkbox"/>	2.0%	23
Medical supplies	<input type="checkbox"/>	3.4%	39
Mental health/counseling	<input checked="" type="checkbox"/>	11.5%	133
OB/Pregnancy Care	<input type="checkbox"/>	4.1%	47
Oncology services (for the treatment of cancer)	<input type="checkbox"/>	3.0%	35
Cardiology services (for the treatment of heart disorders )	<input type="checkbox"/>	3.4%	39
Physical therapy, rehab therapy	<input type="checkbox"/>	3.0%	35
Prescriptions/medications	<input type="checkbox"/>	4.5%	52
Preventive care	<input type="checkbox"/>	5.5%	63

Pulmonary services (for the treatment of asthma, breathing, and other lung disorders)		2.2%	25
Substance abuse services		2.9%	34
Vision care		6.8%	78
<b>I have not had difficulty obtaining these or other services.</b>		<b>55.6%</b>	<b>641</b>
Other (please specify)		5.6%	64
<b>answered question</b>			<b>1,153</b>
<b>skipped question</b>			<b>32</b>

### 11. How would you rate the quality of the health care services in Highlands County?

		Response Percent	Response Count
Excellent		10.2%	117
<b>Good</b>		<b>39.9%</b>	<b>460</b>
Fair		36.0%	415
Poor		10.6%	122
I don't know		3.3%	38
<b>answered question</b>			<b>1,152</b>
<b>skipped question</b>			<b>33</b>

**12. Is Highlands County a good place to raise children? Please rate the County in terms of the quality of the following services.**

	Excellent	Good	Fair	Poor	Don't Know	Response Count
School system	5.4% (26)	<b>30.4% (146)</b>	28.8% (138)	16.5% (79)	19.0% (91)	480
Day care	3.4% (16)	20.4% (97)	24.0% (114)	10.5% (50)	<b>41.7% (198)</b>	475
After school care	4.0% (19)	17.4% (83)	23.1% (110)	13.2% (63)	<b>42.2% (201)</b>	476
Recreation	3.7% (18)	15.8% (76)	<b>35.6% (171)</b>	31.8% (153)	13.1% (63)	481
Environment	10.6% (51)	<b>49.0% (235)</b>	22.5% (108)	7.3% (35)	10.6% (51)	480
					<b>answered question</b>	<b>482</b>
					<b>skipped question</b>	<b>703</b>

**13. Is Highlands County a good place to grow old? Please rate the County in terms of the quality of the following services.**

	Excellent	Good	Fair	Poor	Don't know	Response Count
Elder friendly housing	10.7% (51)	<b>31.4% (150)</b>	23.5% (112)	6.3% (30)	28.1% (134)	477
Transportation	2.7% (13)	9.5% (45)	18.9% (90)	<b>54.0% (257)</b>	14.9% (71)	476
Churches	35.6% (170)	<b>43.5% (208)</b>	11.5% (55)	0.8% (4)	8.6% (41)	478
Shopping	6.1% (29)	30.3% (144)	<b>42.2% (201)</b>	17.6% (84)	3.8% (18)	476
Elder day care	2.5% (12)	10.1% (48)	18.3% (87)	19.5% (93)	<b>49.6% (236)</b>	476
Social support organizations and agencies	3.8% (18)	20.7% (99)	29.3% (140)	14.4% (69)	<b>31.8% (152)</b>	478
Services and activities	3.8% (18)	20.5% (98)	<b>28.7% (137)</b>	22.0% (105)	25.1% (120)	478
					<b>answered question</b>	<b>479</b>
					<b>skipped question</b>	<b>706</b>

**14. Do you feel there is economic opportunity in Highlands County? Please rate Highlands County in terms of whether it offers the following.**

	Excellent	Good	Fair	Poor	Don't know	Response Count
Locally owned and operated businesses	4.2% (20)	32.3% (154)	<b>44.0% (210)</b>	15.7% (75)	3.8% (18)	477
Jobs with career growth and job training	1.3% (6)	10.3% (49)	32.3% (154)	<b>53.2% (254)</b>	2.9% (14)	477
Higher education opportunities	6.8% (32)	27.0% (128)	<b>36.3% (172)</b>	28.5% (135)	1.5% (7)	474
Affordable housing options	2.9% (14)	25.2% (120)	<b>37.9% (181)</b>	23.3% (111)	10.7% (51)	477
Reasonable commuting times	12.8% (61)	<b>41.1% (196)</b>	30.0% (143)	13.2% (63)	2.9% (14)	477
					<b>answered question</b>	<b>478</b>
					<b>skipped question</b>	<b>707</b>



**15. Do you feel your community is a safe place to live? Please rate the extent to which you feel safe in the following settings.**

	Excellent	Good	Fair	Poor	Don't know	Response Count
Home	32.7% (156)	<b>50.3% (240)</b>	14.7% (70)	0.8% (4)	1.5% (7)	477
Workplace	34.5% (164)	<b>51.2% (243)</b>	10.9% (52)	0.6% (3)	2.7% (13)	475
Schools	10.1% (48)	<b>40.6% (193)</b>	24.4% (116)	5.3% (25)	19.6% (93)	475
Playgrounds	6.1% (29)	<b>34.7% (165)</b>	26.9% (128)	6.5% (31)	25.8% (123)	476
Parks	9.5% (45)	<b>45.9% (217)</b>	26.6% (126)	6.3% (30)	11.6% (55)	473
					<b>answered question</b>	<b>477</b>
					<b>skipped question</b>	<b>708</b>

**16. Is there a network of support in Highlands County for individuals and families during times of stress and crisis? Please rate the extent to which you believe there is a network in the following situations.**








	Excellent	Good	Fair	Poor	Don't know	Response Count
Medical crisis	7.2% (34)	<b>31.2% (148)</b>	25.9% (123)	12.9% (61)	22.8% (108)	474
Mental health crisis	2.1% (10)	12.9% (61)	24.3% (115)	<b>32.8% (155)</b>	27.9% (132)	473
Substance abuse crisis	1.9% (9)	8.7% (41)	22.6% (107)	30.9% (146)	<b>35.9% (170)</b>	473
Pregnancy	5.9% (28)	25.3% (119)	22.5% (106)	11.7% (55)	<b>34.6% (163)</b>	471
Financial crisis	1.7% (8)	8.2% (39)	21.9% (104)	<b>34.2% (162)</b>	34.0% (161)	474
Death	6.1% (29)	22.0% (104)	24.9% (118)	13.7% (65)	<b>33.2% (157)</b>	473
Children with special needs	1.3% (6)	9.4% (44)	20.3% (95)	29.6% (138)	<b>39.4% (184)</b>	467
	<b>answered question</b>					<b>475</b>
	<b>skipped question</b>					<b>710</b>

**17. Please indicate whether you are a full-time resident or a part-time resident of Highlands County. A part-time resident resides here six months or less.**








		Response Percent	Response Count
I am a full-time resident of Highlands County.		95.0%	1,085
I am a part-time resident of Highlands County.		5.0%	57
	<b>answered question</b>		<b>1,142</b>
	<b>skipped question</b>		<b>43</b>



### 18. What is the name of the city or town in which you live?

		Response Percent	Response Count
Avon Park		26.2%	298
Lake Placid		19.1%	218
Lorida		1.5%	17
<b>Sebring</b>		<b>49.3%</b>	<b>561</b>
Spring Lake		2.2%	25
Venus		0.3%	3
Other (please specify)		1.5%	17
		<b>answered question</b>	<b>1,139</b>
		<b>skipped question</b>	<b>46</b>

### 19. What is your race/ethnicity? Please choose only one.

		Response Percent	Response Count
Black/African American		9.4%	107
<b>White/Caucasian</b>		<b>70.4%</b>	<b>801</b>
Hispanic or Latino		16.9%	192
Asian or Pacific Islander		1.1%	12
Native American		0.7%	8
Haitian		0.1%	1
Other (please specify)		1.5%	17
		<b>answered question</b>	<b>1,138</b>
		<b>skipped question</b>	<b>47</b>







## 20. What is your age?

		Response Percent	Response Count
Under 18		0.3%	3
18-25		11.3%	128
26-39		23.3%	265
<b>40-54</b>		<b>26.6%</b>	<b>303</b>
55-64		20.1%	228
65-74		11.8%	134
75+		6.7%	76
<b>answered question</b>			<b>1,137</b>
<b>skipped question</b>			<b>48</b>










## 21. What is your gender?

		Response Percent	Response Count
Male		23.3%	265
<b>Female</b>		<b>76.7%</b>	<b>872</b>
<b>answered question</b>			<b>1,137</b>
<b>skipped question</b>			<b>48</b>

**22. What is the highest level of education that you have completed? Please choose only one.**

		<b>Response Percent</b>	<b>Response Count</b>
Elementary/middle school		4.7%	54
<b>High school diploma or GED</b>		<b>35.1%</b>	<b>399</b>
Technical or trade school		8.1%	92
Community college		22.6%	257
Four-year college/Bachelor's degree		16.2%	184
Graduate/advanced degree		13.3%	151
		<b>answered question</b>	<b>1,137</b>
		<b>skipped question</b>	<b>48</b>

### 23. What is your current employment status? (Please choose all that apply)

		Response Percent	Response Count
Employed (full-time)		54.0%	614
Employed (part-time)		10.4%	118
Unemployed - Less than one year		4.1%	47
Unemployed - More than one year		6.8%	77
Retired		16.2%	184
Disabled		4.8%	55
Student (part-time)		1.9%	22
Student (full-time)		2.2%	25
I am not presently employed or seeking work		5.1%	58
		<b>answered question</b>	<b>1,137</b>
		<b>skipped question</b>	<b>48</b>

**24. What is the approximate total income of all earners in your household? (Please choose only one.)**

		Response Percent	Response Count
Less than \$10,000		18.0%	204
\$10,000-\$20,000		16.5%	187
\$21,000- \$30,000		17.2%	195
\$31,000-\$50,000		18.3%	208
<b>\$51,000-\$99,999</b>		<b>22.0%</b>	<b>249</b>
\$100,000 or more		8.0%	91
<b>answered question</b>			<b>1,134</b>
<b>skipped question</b>			<b>51</b>

## 25. What kind of healthcare coverage do you have?

		Response Percent	Response Count
I receive health insurance from my job.		41.0%	465
I have health insurance form a family member's job.		4.7%	53
I have military insurance of VA benefits.		2.6%	30
I pay for my own health insurance.		3.2%	36
I have Medicare or Medicare Advantage.		14.6%	165
I have Medicaid (any kind)		13.1%	149
I do not have health insurance.		18.1%	205
Other (please specify)		2.7%	31
		<b>answered question</b>	<b>1,134</b>
		<b>skipped question</b>	<b>51</b>