

## 2014 Healthy Community Survey

Summary Report for Responses Collected through Administration to Community Households



### BACKGROUND

#### ABOUT THE HEALTHY COMMUNITY STUDY

The Rockford Health Council (RHC) exists to build and improve community health in the region. To address this mission, RHC conducts a *Healthy Community Study*, which is designed to identify community needs and provide a foundation for planning and development to address these needs. The *Healthy Community Study* is designed to provide local health systems and community organizations with nimble, timely data to support reporting of community health needs, as well as support decision making regarding initiatives and efforts.

#### STUDY ELEMENTS

The *2014 Healthy Community Study* includes a Community Analysis, Healthy Community Survey, and Key Informant Questionnaire. This summary report focuses on the results of the *2014 Healthy Community Survey*.

The *Healthy Community Survey* is designed to provide approximately 50 forced-response items annually. Of these 50 items, one portion of the survey provides static items about General Health; these items are repeated each year to support longitudinal comparisons. The remaining items are designed to address key focus areas of the Rockford Health Council. The *2014 Healthy Community Survey* consists of two sections. Section I contains 51 items in four categories – general health (17 items); behavioral health (12 items); maternal, prenatal, and early childhood health (10 items); and chronic disease and obesity (12 items). Section II contains six (6) demographic questions.

Surveys were developed for distribution in English- and Spanish-language forms, as well as electronic and paper-pencil formats.

#### SAMPLE DESCRIPTION

The primary source of information for this analysis is the administration of the 2014 Healthy Community Survey to households within Boone and Winnebago Counties. Collection of responses through households was divided into the second and third phase of the data collection process.<sup>1</sup>

In the second phase of survey administration, electronic surveys were distributed through a third-party vendor via email. Follow-ups and reminders were controlled through the third-party vendor at a cost that was unbudgeted and cost-prohibitive, limiting the impact of this methodology on collecting responses.

---

<sup>1</sup> The first phase of data collection was administration of the survey through Rockford Public Schools District 205.

In the third phase of survey administration, a postcard was delivered to a random sample of households within Winnebago County providing access information to the survey on the Rockford Health Council website. Contact information was also provided so interested parties could request a paper-pencil version of the survey. At the same time, paper copies of the survey were distributed to a random sample of households in Boone County. This phase of the survey administration resulted in 275 completed and returned surveys.

Figures 1-6 illustrate the demographic distribution of the Community participants. These data indicate that the survey was completed primarily by female members of the household (57%). A majority of the participants completing the survey self-identified as White/Caucasian (88%). Approximately one third of the participants (35%) were from households within Rockford and the Rockford region in Winnebago County (i.e., zip codes from 61011 through 61115) and approximately another one third (37%) were from households within Belvedere in Boone County (i.e., zip code 61008). Of those in the community responding, 73% reported having no children and approximately 20% reported having 1-2 children. Thirty-eight percent (38%) reported being employed full time while 39% reported being retired and 9% reported being employed part time. Twenty-eight percent (28%) of the participants reported a household income of \$40,000 or less with 21% reporting an annual household income between \$40,001 and \$60,000 and 23% reporting an annual household income over \$100,000.

**Figure 1:** Community Participants by Gender

	Response	%
Male	104	43%
Female	136	57%

**Figure 2:** Community Participants by Race/Ethnicity

	Response	%
African American/Black	8	3%
Asian/Pacific Islander	0	0%
Hispanic/Latino	10	4%
Multiracial	1	0%
Native American	3	1%
White/Caucasian	211	88%
Other	8	3%

Figure 3: Community Participants by Zip Code

	Response	%
61101	6	2%
61102	3	1%
61103	10	4%
61104	3	1%
61107	15	6%
61108	10	4%
61109	10	4%
61111	11	5%
61114	17	7%
61115	10	4%
61008	89	37%
61011	6	2%
61012	9	4%
61016	4	2%
61024	0	0%
61038	0	0%
61063	2	1%
61065	16	7%
61072	4	2%
61073	4	2%
61080	1	0%
61088	4	2%
Other	7	3%

Figure 4: Community Participants by Number of Children

	Response	%
0	177	73%
1	23	10%
2	22	9%
3	12	5%
4	3	1%
5	0	0%
6	0	0%
Other	4	2%

**Figure 5: Community Participants by Job Status**

	Response	%
Full-time	89	38%
Part-time	22	9%
Retired	92	39%
Disabled	11	5%
Unemployed	9	4%
Student	4	2%
Homemaker	10	4%
Armed Forces	0	0%

**Figure 6: Community Participants by Before Tax Household Income**

	Response	%
Less than \$20,000	23	10%
\$20,000 - \$40,000	39	18%
\$40,001 - \$60,000	46	21%
\$60,001 - \$80,000	32	14%
\$80,001 - \$100,000	30	14%
Over \$100,000	51	23%

**RESULTS**

**Note:**

The expectation for most of the items of the 2014 Healthy Community Survey is that respondents will agree or strongly agree; however, for those items marked with an asterisk (\*), the expectation is that respondents will disagree or strongly disagree.

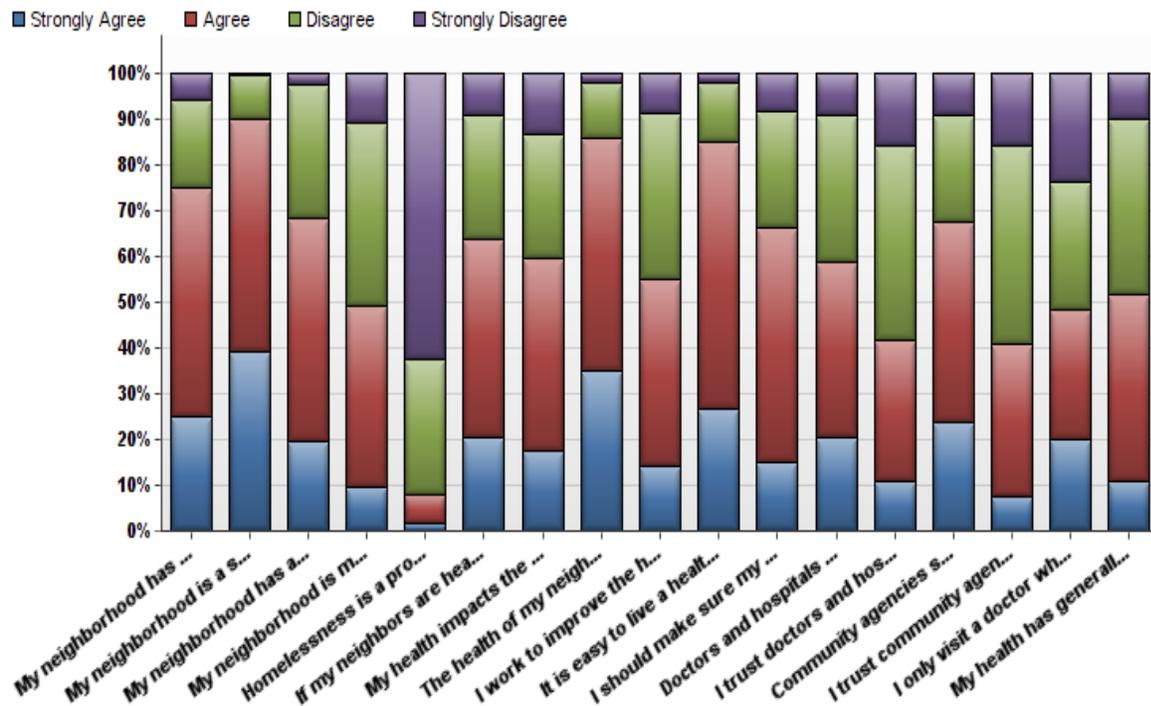
**GENERAL HEALTH**

Participants were asked to respond to 17 items related to general health. For each of these items, they were to rate the degree to which they agreed with each item. Table 1 and Figure 7 show response patterns for each of these general health items.

**Table 1:** Responses to General Health Items

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
My neighborhood has health care I can afford.	24.8%	50.0%	19.5%	5.7%	2.1
My neighborhood is a safe place to live.	39.3%	50.7%	9.6%	0.4%	1.7
My neighborhood has a strong sense of community.	19.6%	48.7%	29.2%	2.6%	2.1
My neighborhood is more stable than five years ago.	9.5%	39.5%	39.9%	11.0%	2.5
* Homelessness is a problem in my neighborhood.	1.5%	6.4%	29.4%	62.6%	3.5
If my neighbors are healthy, I am more likely to be healthy.	20.4%	43.3%	27.0%	9.3%	2.3
My health impacts the well-being of my neighborhood.	17.7%	42.1%	27.1%	13.2%	2.4
The health of my neighborhood is important to me.	35.1%	50.9%	12.1%	1.9%	1.8
I work to improve the health of my neighborhood.	14.2%	41.0%	36.0%	8.8%	2.4
It is easy to live a healthy lifestyle in my neighborhood.	26.8%	58.1%	12.8%	2.3%	1.9
I should make sure my neighborhood is healthy.	15.1%	51.4%	25.1%	8.5%	2.3
Doctors and hospitals should make sure my neighborhood is healthy.	20.2%	38.5%	32.1%	9.2%	2.3
I trust doctors and hospitals to make sure my neighborhood is healthy.	10.8%	30.8%	42.7%	15.8%	2.6
Community agencies should make sure my neighborhood is healthy.	23.8%	43.5%	23.5%	9.2%	2.2
I trust community agencies to make sure my neighborhood is healthy.	7.4%	33.3%	43.4%	15.9%	2.7
* I only visit a doctor when I am sick or injured.	20.2%	28.1%	27.8%	24.0%	2.6
My health has generally improved in the past five years.	10.9%	40.7%	38.4%	10.1%	2.5

Figure 7: Response Distribution for General Health Items



General Health data represented in Table 1 and Figure 7 indicate the following:

- Approximately 40% of respondents disagree that their neighborhood is more stable than five years ago, and 30% disagree that their neighborhood has a strong sense of community.
- Approximately 86% of respondents indicate that the health of their neighborhood is important to them; however,
  - Approximately 66% indicate that they should make sure their neighborhood is healthy;
  - 63% indicate their health impacts and is impacted by their neighborhood;
  - Approximately 55% indicate that they work to improve the health of their neighborhood.
- Respondents were more likely to strongly agree or agree that community agencies should ensure neighborhood health (68%) as compared to doctors and hospitals (59%).
- Respondents are more likely to disagree or strongly disagree (at a rate of approximately 59%) that they trust community agencies or doctors and hospitals to ensure the health of their neighborhood.
- Just over half of respondents (52%) indicate that they visit a doctor more than when they are sick or injured and that their health has generally improved in the past five years.

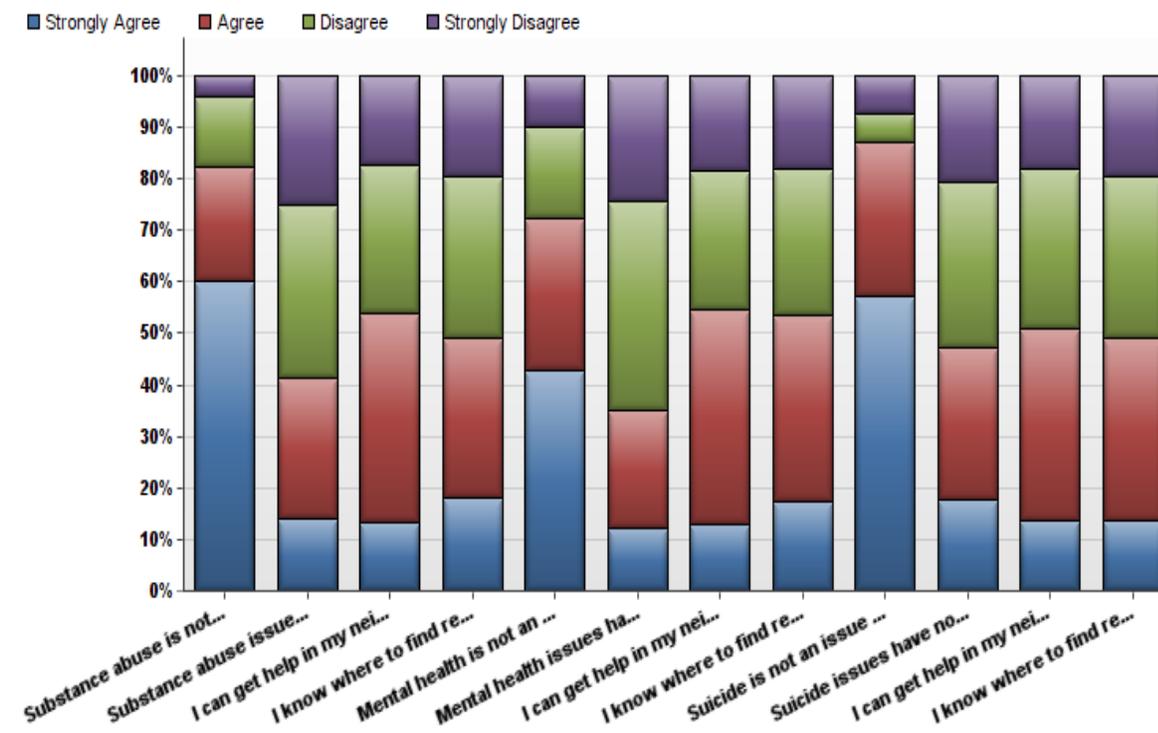
## BEHAVIORAL HEALTH

Participants were asked to respond to 12 items related to general health. For each of these items, they were to rate the degree to which they agreed with each item. Table 2 and Figure 8 show response patterns for each of these items.

Table 2: Responses to Behavioral Health Items

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
Substance abuse is not an issue in my family.	60.2%	22.1%	13.5%	4.1%	1.6
Substance abuse issues have no impact on my neighborhood.	13.9%	27.3%	33.6%	25.2%	2.7
I can get help in my neighborhood with substance abuse.	13.2%	40.6%	28.6%	17.5%	2.5
I know where to find resources in my neighborhood to help with substance abuse.	18.0%	31.0%	31.4%	19.7%	2.5
Mental health is not an issue in my family.	42.9%	29.6%	17.4%	10.1%	1.9
Mental health issues have no impact on my neighborhood.	12.3%	22.6%	40.7%	24.3%	2.8
I can get help in my neighborhood with mental health.	13.0%	41.6%	26.9%	18.5%	2.5
I know where to find resources in my neighborhood to help with mental health.	17.3%	36.2%	28.4%	18.1%	2.5
Suicide is not an issue in my family.	57.1%	29.8%	5.7%	7.3%	1.6
Suicide issues have no impact on my neighborhood.	17.6%	29.7%	32.2%	20.5%	2.6
I can get help in my neighborhood with suicide issues.	13.7%	37.2%	31.2%	17.9%	2.5
I know where to find resources in my neighborhood to help with suicide issues.	13.7%	35.3%	31.5%	19.5%	2.6

Figure 8: Response Distribution for Behavioral Health Items



Behavioral Health data represented in Table 2 and Figure 8 indicate the following:

- A majority of respondents strongly agree or agree that identified behavior health issues (i.e., substance abuse (82%), mental health (73%), and suicide (87%)) are not problematic within their families; however, a majority also indicate that these same issues (i.e., substance abuse (59%), mental health (65%), and suicide (53%)) have an impact on their neighborhood.
- Respondents more likely agreed or disagreed (rather than strongly agreed or strongly disagreed) that they could get help with and find resources to help with these issues in their neighborhood.

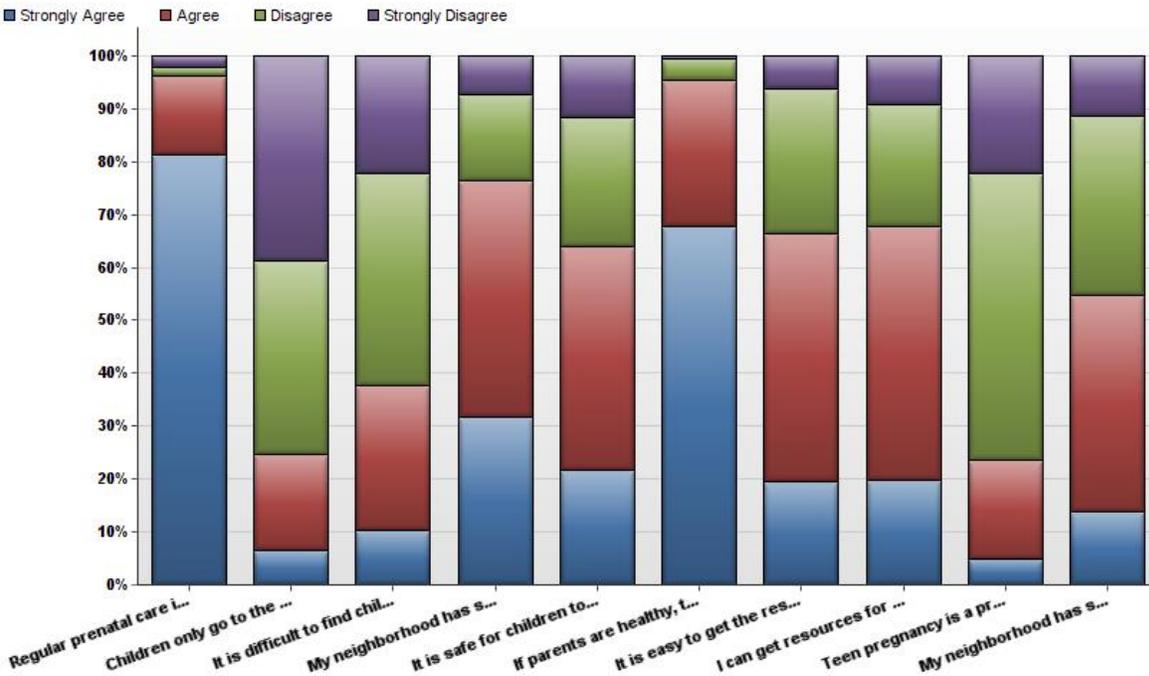
### **MATERNAL, PRENATAL, AND EARLY CHILDHOOD HEALTH**

Participants were asked to respond to 10 items related to general health. For each of these items, they were to rate the degree to which they agreed with each item. Table 3 and Figure 9 show response patterns for each of these items.

**Table 3: Responses to Maternal, Prenatal, and Early Childhood Health**

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
Regular prenatal care is necessary.	81.2%	15.0%	1.7%	2.1%	1.2
* Children only go to the doctor when they are sick or injured.	6.4%	18.3%	36.6%	38.7%	3.1
* It is difficult to find childcare in my neighborhood.	10.2%	27.4%	40.3%	22.1%	2.7
My neighborhood has space for children to play safely outside.	31.6%	44.9%	16.2%	7.3%	2.0
It is safe for children to walk to school in my neighborhood.	21.6%	42.4%	24.2%	11.7%	2.3
If parents are healthy, their children are more likely to be healthy.	67.6%	27.7%	4.2%	0.4%	1.4
It is easy to get the resources mothers and children need in my neighborhood.	19.5%	46.9%	27.4%	6.2%	2.2
I can get resources for child and infant health in my neighborhood.	19.9%	47.8%	23.0%	9.3%	2.2
* Teen pregnancy is a problem in my neighborhood.	4.9%	18.8%	54.0%	22.3%	2.9
My neighborhood has safe places that help pregnant women.	13.9%	40.7%	34.0%	11.3%	2.4

**Figure 9: Response Distribution for Maternal, Prenatal, and Early Child Health Items**



Maternal, Prenatal, and Early Childhood Health data represented in Table 3 and Figure 9 indicate the following:

- Most of community members (96%) responding to this survey agree or strongly agree that regular prenatal care is necessary and that parental health is important to their children's health (95%).
- Approximately 75% of respondents indicate that children need to regularly visit a doctor, stating that they disagree or strongly disagree that children should only go to the doctor when they are sick or injured.
- A majority of respondents indicate that their neighborhood is safe for children – 77% indicate that their neighborhood has safe spaces for children to play outside and 64% note that it is safe for children to walk to school in their neighborhood.
- Respondents were more likely to strongly agree or agree that it is not difficult to find childcare in their neighborhood (62%), that it is easy to get resources mothers and children need (66%), and that they can get resources for child and infant health (67%).
- A majority of respondents (76%) disagreed or strongly disagreed that teen pregnancy was problematic in their neighborhood.
- Respondents more likely agreed or disagreed (rather than strongly agreed or strongly disagreed) that their neighborhood had safe places for pregnant women.

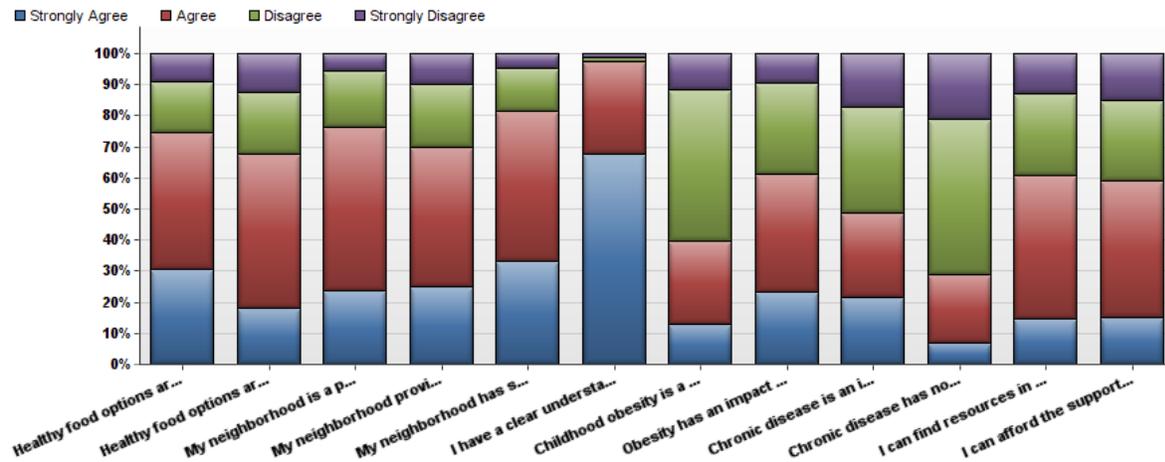
### **CHRONIC DISEASE**

Participants were asked to respond to 12 items related to chronic disease. For each of these items, they were to rate the degree to which they agreed with each item. Table 4 and Figure 10 show response patterns for each of these items.

Table 4: Responses to Chronic Disease Items

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
Healthy food options are readily available in my neighborhood.	30.8%	43.6%	16.7%	9.0%	2.0
Healthy food options are generally affordable in my neighborhood.	18.2%	49.6%	19.5%	12.7%	2.3
My neighborhood is a place with resources to help me live a healthy life.	23.9%	52.2%	18.3%	5.7%	2.1
My neighborhood provides affordable resources for me to exercise.	25.2%	44.4%	20.5%	9.8%	2.1
My neighborhood has safe places for me to exercise.	33.2%	48.3%	13.9%	4.6%	1.9
I have a clear understanding of what it means to be obese.	67.8%	29.7%	1.3%	1.3%	1.4
* Childhood obesity is a problem in my neighborhood.	13.1%	26.6%	48.5%	11.8%	2.6
* Obesity has an impact on the health of my neighborhood.	23.5%	37.8%	29.1%	9.6%	2.2
* Chronic disease is an issue in my family.	21.7%	27.0%	33.9%	17.4%	2.5
Chronic disease has no impact on my neighborhood.	7.0%	21.9%	50.0%	21.1%	2.9
I can find resources in my neighborhood to help with chronic disease issues.	14.5%	46.3%	26.4%	12.8%	2.4
I can afford the support offered in my neighborhood to help with chronic disease issues.	15.2%	43.7%	26.0%	15.2%	2.4

Figure 10: Response Distribution for Chronic Disease Items



Chronic Disease data represented in Table 4 and Figure 10 indicate the following:

- 76% of respondents indicate that their neighborhoods have resources to help them live a healthy life.
  - A majority of respondents (74%) strongly agree or agree that healthy food options are readily available in their neighborhood, but fewer respondents (68%) strongly agree or agree that these healthy food options are generally affordable.
  - Approximately 82% indicate that their neighborhoods provide safe place to exercise, but fewer respondents (70%) indicate that those resources are affordable.
- Most (98%) of the respondents indicate that they have a clear understanding of what it means to be obese, and a majority indicate that childhood obesity is not a problem in their neighborhood (60%) and that obesity has an impact on the health of their neighborhood (61%).
- 51% of respondents indicate that chronic disease is not a problem in their family, but 71% indicate that it has an impact on their neighborhood.
- Respondents more likely agreed or disagreed (rather than strongly agreed or strongly disagreed) that they could get help with and find resources to help with chronic disease issues in their neighborhood.