

2014 Healthy Community Survey

Summary Report for Responses Collected through
Rockford Public Schools District 205



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 through Rockford Public Schools, District 205.

With the help of staff in the Rockford Public School District 205 office and schools, survey packets were distributed by student backpacks to all third graders, early childhood students, and students in alternative programs. The administration window was from May 20 through May 30, 2014. Surveys were to be returned to the District office by June 5, 2014.

Of those distributed, 1,359 were completed and returned. 99.5% were completed using the paper form and 24.3% were completed using the Spanish-language form. All paper surveys were scanned.

Figures 1-6 illustrate the demographic distribution of the Rockford Public School respondents. These data indicate that the survey was completed primarily by female members of the household (85%). A majority of the participants completing the survey self-identified as White/Caucasian (36%), Asian/Pacific Islander (24%), or African American/Black (22%). Approximately one third of the participants (34%) reported being employed full time while 15% reported being in the armed services, 12% reported being employed part time, 10% reported being retired, and 10% reported being unemployed. A majority (61%) of the participants reported a household income of \$40,000 or less with 36% of these reporting an annual household income of \$20,000 or less.

Figure 1: Rockford Public School Participants by Gender

	Response	%
Male	205	15%
Female	1,182	85%

Figure 2: Rockford Public School Participants by Race/Ethnicity

	Response	%
African American/Black	309	22%
Asian/Pacific Islander	332	24%
Hispanic/Latino	85	6%
Multiracial	42	3%
Native American	32	2%
White/Caucasian	500	36%
Other	87	6%

Figure 3: Rockford Public School Participants by Zip Code

	Response	%
61101	129	10%
61102	72	5%
61103	181	14%
61104	226	17%
61107	132	10%
61108	169	13%
61109	174	13%
61111	63	5%
61114	120	9%
61115	13	1%
61008	23	2%
61011	1	0%
61012	10	1%
61016	13	1%
61024	0	0%
61038	1	0%
61063	0	0%
61065	0	0%
61072	0	0%
61073	1	0%
61080	0	0%
61088	0	0%
Other	0	0%

Figure 4: Rockford Public School Participants by Number of Children

	Response	%
0	6	0%
1	208	15%
2	392	28%
3	259	19%
4	214	15%
5	168	12%
6	49	4%
Other	91	7%

Figure 5: Rockford Public School Participants by Job Status

	Response	%
Full-time	476	34%
Part-time	168	12%
Retired	142	10%
Disabled	98	7%
Unemployed	136	10%
Student	160	12%
Homemaker	4	0%
Armed Forces	203	15%

Figure 6: Rockford Public School Participants by Before Tax Household Income

	Response	%
Less than \$20,000	371	36%
\$20,000 - \$40,000	254	25%
\$40,001 - \$60,000	126	12%
\$60,001 - \$80,000	93	9%
\$80,001 - \$100,000	117	11%
Over \$100,000	75	7%

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.

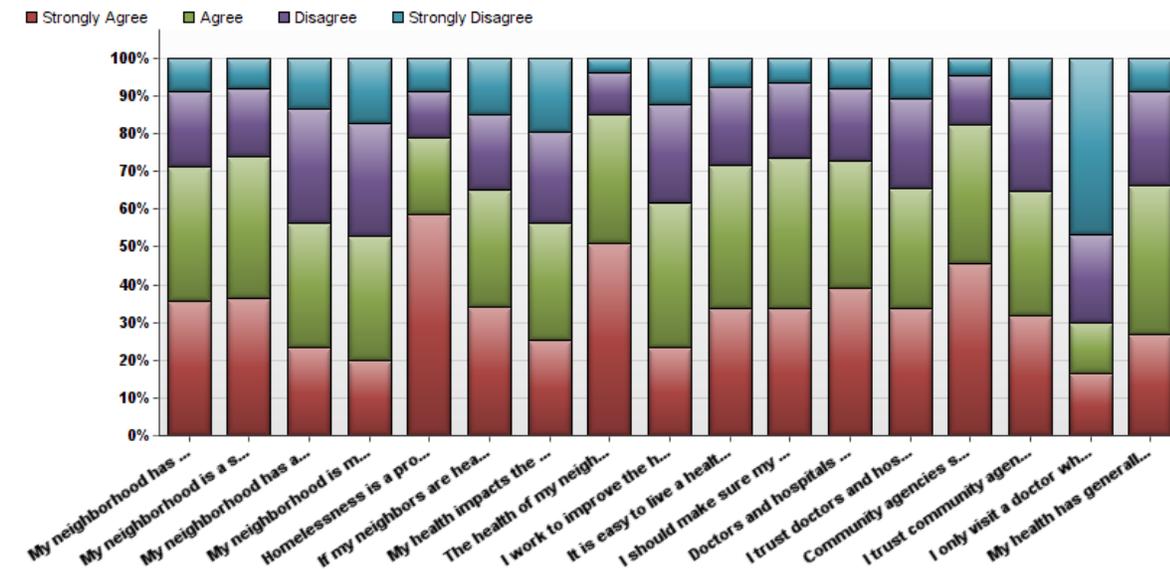
GENERAL HEALTH

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 items.

Table 1: Responses to General Health Items

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
My neighborhood has health care I can afford.	35.5%	35.7%	20.1%	8.8%	2.0
My neighborhood is a safe place to live.	36.5%	37.3%	18.3%	7.9%	2.0
My neighborhood has a strong sense of community.	23.5%	33.0%	30.3%	13.2%	2.3
My neighborhood is more stable than five years ago.	19.8%	33.1%	30.1%	17.1%	2.4
* Homelessness is a problem in my neighborhood.	58.7%	20.4%	12.1%	8.9%	1.7
If my neighbors are healthy, I am more likely to be healthy.	34.0%	31.0%	20.0%	15.0%	2.2
My health impacts the well-being of my neighborhood.	25.2%	31.3%	23.9%	19.6%	2.4
The health of my neighborhood is important to me.	51.0%	34.2%	11.1%	3.7%	1.7
I work to improve the health of my neighborhood.	23.2%	38.6%	26.0%	12.2%	2.3
It is easy to live a healthy lifestyle in my neighborhood.	33.8%	37.7%	20.9%	7.7%	2.0
I should make sure my neighborhood is healthy.	33.5%	40.1%	20.0%	6.4%	2.0
Doctors and hospitals should make sure my neighborhood is healthy.	39.1%	33.7%	19.3%	7.9%	2.0
I trust doctors and hospitals to make sure my neighborhood is healthy.	33.7%	31.7%	23.8%	10.8%	2.1
Community agencies should make sure my neighborhood is healthy.	45.6%	36.7%	13.0%	4.7%	1.8
I trust community agencies to make sure my neighborhood is healthy.	31.7%	33.0%	24.6%	10.8%	2.2
* I only visit a doctor when I am sick or injured.	16.5%	13.3%	23.6%	46.6%	3.0
My health has generally improved in the past five years.	26.8%	39.4%	25.1%	8.8%	2.2

Figure 7: Response Distribution for General Health Items



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

- Approximately 56% of respondents strongly agree or agree that their neighborhood is more stable than five years ago, and 57% similarly indicate that their neighborhood has a strong sense of community.
- Approximately 85% of respondents indicate that the health of their neighborhood is important to them; however,
 - Approximately 74% indicate that they should make sure their neighborhood is healthy;
 - Approximately 62% indicate that they work to improve the health of their neighborhood.
 - 57% indicate their health impacts and is impacted by their neighborhood;
- Respondents were more likely to strongly agree or agree that community agencies should ensure neighborhood health (82%) as compared to doctors and hospitals (73%).
- Respondents are more likely to strongly agree or agree (65%) that they trust community agencies or doctors and hospitals to ensure the health of the their neighborhood.
- A majority of respondents indicate that they visit a doctor more than when they are sick or injured (70%) and that their health has generally improved in the past five years (66%).

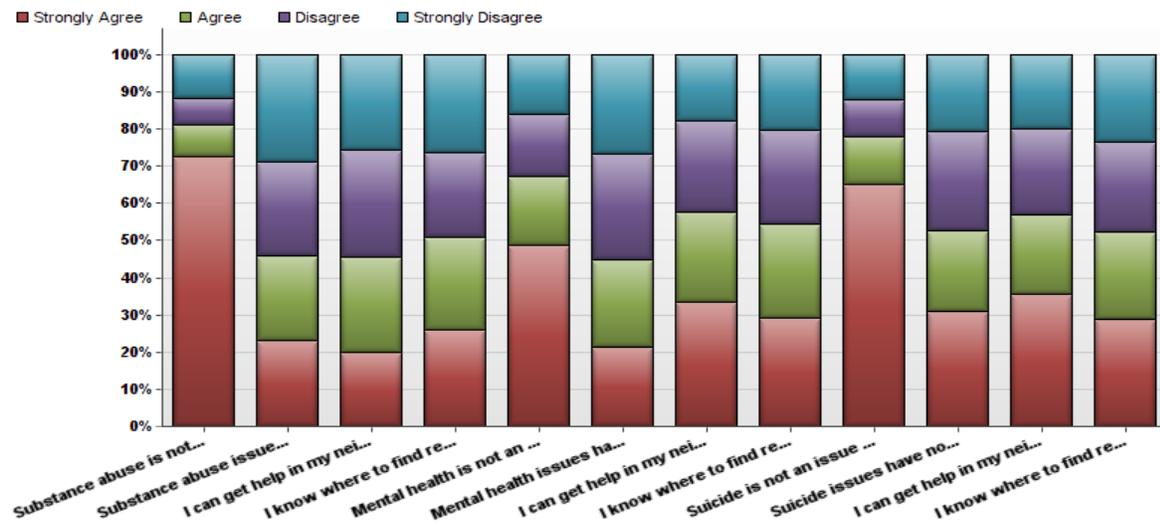
BEHAVIORAL HEALTH

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.	72.4%	8.7%	7.2%	11.7%	1.6
Substance abuse issues have no impact on my neighborhood.	23.2%	22.9%	25.0%	28.9%	2.6
I can get help in my neighborhood with substance abuse.	19.8%	25.9%	28.6%	25.8%	2.6
I know where to find resources in my neighborhood to help with substance abuse.	26.0%	25.1%	22.8%	26.2%	2.5
Mental health is not an issue in my family.	48.8%	18.3%	16.7%	16.2%	2.0
Mental health issues have no impact on my neighborhood.	21.3%	23.7%	28.2%	26.8%	2.6
I can get help in my neighborhood with mental health.	33.6%	24.0%	24.7%	17.6%	2.3
I know where to find resources in my neighborhood to help with mental health.	29.1%	25.4%	25.3%	20.2%	2.4
Suicide is not an issue in my family.	65.2%	12.7%	9.9%	12.3%	1.7
Suicide issues have no impact on my neighborhood.	30.9%	21.9%	26.4%	20.8%	2.4
I can get help in my neighborhood with suicide issues.	35.5%	21.6%	23.0%	19.9%	2.3
I know where to find resources in my neighborhood to help with suicide issues.	29.0%	23.1%	24.3%	23.5%	2.4

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 substance abuse (81%) and mental health (67%) are not problematic within their families; however, a majority also indicate that these same issues (i.e., substance abuse (54%) and mental health (55%)) have an impact on their neighborhood.
- A majority of respondents strongly agree and agree that suicide is not problematic within their families (78%) or neighborhoods (53%).
- Respondents are more likely to identify that they can get help with the behavioral health issues of mental health (58%) and suicide (57%) than they can find the resources to help with these issues. Respondents are roughly equally likely to strongly agree, agree, disagree, or strongly disagree that they can find resources in their neighborhood to help with these issues.
- Approximately 54% of respondents disagree or strongly disagree that they can get help with substance abuse in their neighborhood, and respondents are roughly equally likely to strongly agree, agree, disagree, or strongly disagree that they can find resources in their neighborhood to help with substance abuse.

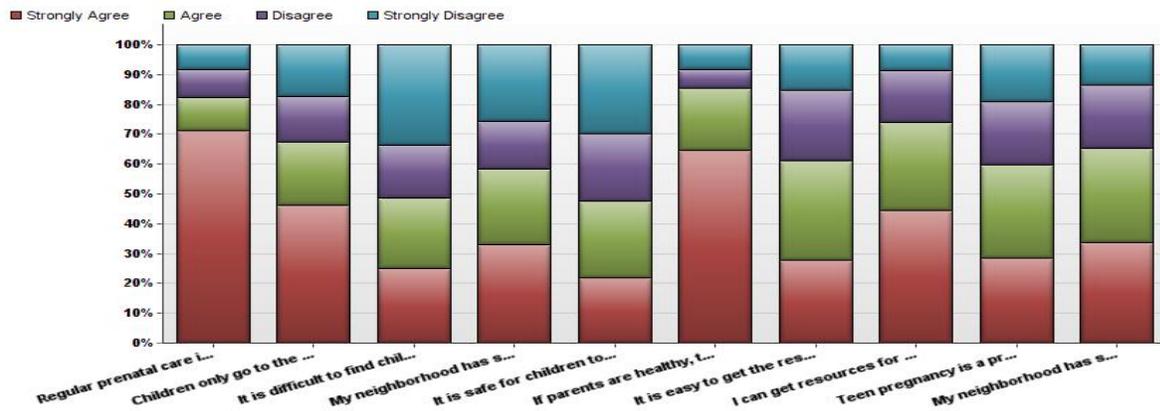
MATERNAL, PRENATAL, AND EARLY CHILDHOOD HEALTH

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.	71.3%	11.0%	9.5%	8.2%	1.6
* Children only go to the doctor when they are sick or injured.	17.5%	15.0%	21.3%	46.2%	3.0
* It is difficult to find childcare in my neighborhood.	33.7%	17.8%	23.7%	24.9%	2.4
My neighborhood has space for children to play safely outside.	32.9%	25.5%	15.8%	25.8%	2.3
It is safe for children to walk to school in my neighborhood.	21.8%	25.8%	22.6%	29.9%	2.6
If parents are healthy, their children are more likely to be healthy.	64.7%	20.6%	6.5%	8.2%	1.6
It is easy to get the resources mothers and children need in my neighborhood.	27.9%	33.3%	23.4%	15.4%	2.3
I can get resources for child and infant health in my neighborhood.	44.6%	29.3%	17.5%	8.6%	1.9
* Teen pregnancy is a problem in my neighborhood.	19.0%	21.3%	31.4%	28.3%	2.7
My neighborhood has safe places that help pregnant women.	33.8%	31.6%	21.2%	13.4%	2.1

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



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

- Most of community members (82%) 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 (86%).

- Approximately 67% 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 (58%) indicate that their neighborhood has safe spaces for children to play outside, but respondents are equally likely to strongly agree, agree, disagree, or strongly disagree 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 difficult to find childcare in their neighborhood (51%); however, a majority also indicate that it is easy to get resources mothers and children need (61%) and that they can get resources for child and infant health (74%).
- A majority of respondents (59%) disagreed or strongly disagreed that teen pregnancy was problematic in their neighborhood and strongly agreed or agreed that their neighborhood had safe places that help pregnant women (66%).

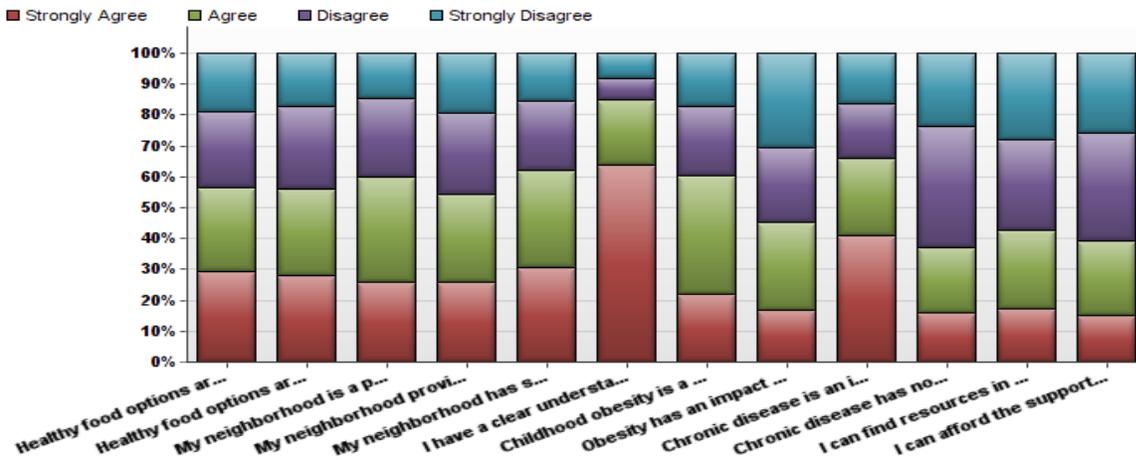
CHRONIC DISEASE

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 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.	29.4%	27.1%	24.5%	19.0%	2.3
Healthy food options are generally affordable in my neighborhood.	28.2%	27.9%	26.7%	17.2%	2.3
My neighborhood is a place with resources to help me live a healthy life.	26.0%	34.0%	25.4%	14.7%	2.3
My neighborhood provides affordable resources for me to exercise.	25.9%	28.5%	26.2%	19.4%	2.4
My neighborhood has safe places for me to exercise.	30.6%	31.6%	22.3%	15.5%	2.2
I have a clear understanding of what it means to be obese.	63.9%	21.0%	6.8%	8.4%	1.6
* Childhood obesity is a problem in my neighborhood.	17.3%	22.3%	38.2%	22.2%	2.7
* Obesity has an impact on the health of my neighborhood.	30.7%	23.9%	28.8%	16.6%	2.3
* Chronic disease is an issue in my family.	16.5%	17.7%	24.9%	40.8%	2.9
Chronic disease has no impact on my neighborhood.	16.1%	20.9%	39.6%	23.5%	2.7
I can find resources in my neighborhood to help with chronic disease issues.	17.3%	25.3%	29.3%	28.1%	2.7
I can afford the support offered in my neighborhood to help with chronic disease issues.	15.1%	24.2%	35.1%	25.7%	2.7

Figure 9: Response Distribution for Chronic Disease Items



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

- 60% of respondents indicate that their neighborhoods have resources to help them live a healthy life.
 - A majority of respondents (56%) strongly agree or agree that healthy food options are readily available in their neighborhood and that these healthy food options are generally affordable.
 - Approximately 63% indicate that their neighborhoods provide safe place to exercise, but fewer respondents (55%) indicate that those resources are affordable.
- Most (84%) 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 (55%).
- 66% of respondents indicate that chronic disease is not a problem in their family, but 64% indicate that it has an impact on their neighborhood.
- A majority of respondents disagreed or strongly disagreed that they could find (57%) or afford (61%) resources in their neighborhood to help with chronic disease issues.