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# St. Vincent Clay Strategies

## *FY08-FY12*

**SVH Goal: Make SVH a Vital Presence in the communities we serve by continuously improving our care delivery so that all patients have appropriate access and receive the highest available quality of care, in support of Ascension Health's Call to Action of *Healthcare that Leaves No One Behind.***

### **Measures of success:**

- Develop plans that address gaps in needs assessment
- Keeping Oak Park Clinic available on current schedule of ½ day a month

### **Strategies**

1.1 St. Vincent Clay will identify gaps in the most recent Community Needs Assessment survey and identify community partners to assist the hospital in addressing the gaps.

1.2 St. Vincent Clay will work to validate the Oak Park Clinic so that it meets the requirements of JCAHO and the State Board of Health, and evaluate critical factors that may impact the clinic's long term sustainability.

# Original long-range hospital objectives for charity care

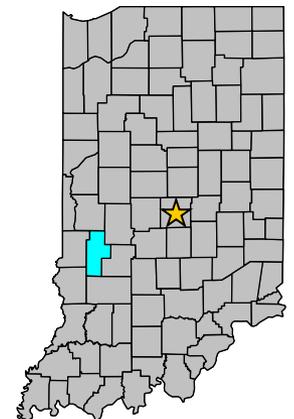
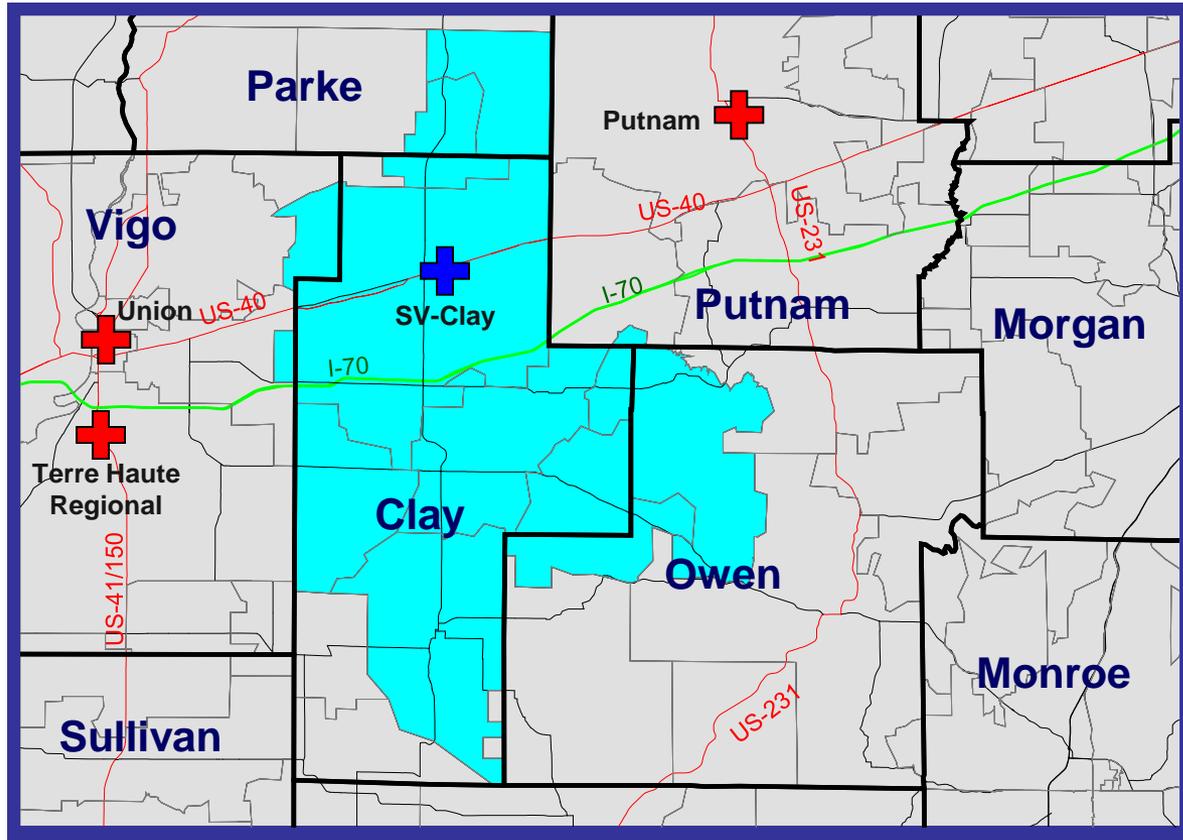
- No access to health insurance
- Health education programs
- Transportation

# Hospital Mission Statement

## **Our Mission**

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

# St. Vincent Clay Primary Service Area



# St. Vincent Clay Primary Service Area



# Allowances and Write-Offs Policy

## Page 1 of 3

### **POLICY**

In accordance with the Core Value of Integrity and Wisdom, this policy establishes the administrative level of approval required to write-off certain account balances that have been determined through routine assessment procedures to be uncollectible and therefore should be accounted for as either a Charity, Administrative write-off or Bad Debt.

Individual departmental procedures in accordance with the Patient Financial Services Department have set forth the guidelines for determining an account's eligibility to be considered for a write-off action.

### **DEPARTMENTS AFFECTED**

1. Patient Financial Services
2. Administration
3. Clinical/charge areas

### **PROCEDURE**

#### **I. Charity Allowances**

A. Once it has been determined that a guarantor lacks the resources to either pay for the costs of treatment or to have such costs paid by a bona-fide third party, a charity allowance of part or all of the account balance may be considered. Charity consideration is based on Department of Health and Human Services poverty level guidelines established annually. An explanation of the guarantor's financial circumstances should be documented on the Account Record. Appropriate administrative level approval(s) should then be obtained.

B. Approved (or rejected) charity accounts should be returned to PFS departmental management for processing. It is the responsibility of PFS departmental management to: a.) direct the execution and recording of the charity allowance transaction; and b.) notify the guarantor, by letter, indicating the Hospital's decision to forgive the debt as charity.

# Allowances and Write-Offs Policy

## Page 2 of 3

- **II. Administrative and Convenience Allowances:**

A. Management in the PFS Department may, with proper justification and documentation, direct the submission of credit adjustments which are deemed necessary for the convenience of the Hospital or as a courtesy to patients when appropriate.

B. Management in other departments of the Hospital or at Satellite locations may, with proper justification and documentation (as approved by the Management in the PFS Department) submit credit adjustments to PFS which are deemed necessary to fulfill the Mission of the Hospital as a convenience or administrative write-off when appropriate.

C. Appropriate administrative level approval(s) should then be obtained by the PFS department manager or supervisor who is responsible for such account management.

D. After administrative approval is obtained, the PFS department is responsible for completing the transaction correctly and for notifying the patient in writing, when appropriate of the special adjustment.

### **III. Bad Debt Write-offs**

A. The PFS Department is responsible for reviewing patient accounts which by virtue of their "account age" or other conditions are deemed to be presently uncollectible.

B. The PFS Department is responsible for summarizing the guarantor's financial circumstances and any other pertinent data on the Account Record or separate memo when necessary and submitting such records along with a recommendation to the appropriate level for approval.

C. The PFS Department is responsible for ensuring submission of proper transactions to record approved write-offs.

# Allowances and Write-offs Policy

## Page 3 of 3

- **IV. Bankruptcy Write-offs**

A. The accounts for those patients who have filed a verified Petition in Bankruptcy may be approved for Bad Debt write-off based on Administrative approval limits.

- **V. Small Balance Write-offs**

A. Accounts with a patient balance due of \$9.99 or less will be automatically written off .

B. Accounts with a primary insurance balance due of \$50.00 or less from a contracted payer after the primary insurance payment is posted will be written off as a contractual amount. These balances will be reconciled and recovery attempted with the respective payers on a periodic basis on a batch basis.

- **VI. Administrative Approval Limits**

These limits apply to Charity, Bad Debt and the category of Administrative Allowance write-offs. Contractual write-offs related to contracted payer adjustments do not require approval for adjustment.

Allowance/Adjustment/Writeoff Amount

\$0 - \$250 Biller/Rep

\$251 - \$10,000 Team Leader

\$10,001 - \$25,000 Manager, PFS

\$25,001 - \$50,000 Director, PFS

\$50,001 - \$99,999 Executive Director of Finance

\$100,000+ Chief Financial Officer, President and Board of Directors

# Care of the Poor & Community Benefit Policy

## Page 1 of 8

- **POLICY**

It is the policy of St. Vincent Health that each Health Ministry, guided by the Mission, Vision, Values, and Philosophy of the System, will plan for care of persons who are poor and for community benefit and will report annually on this plan.

### **PRINCIPLES**

1. The principle of the common good obliges government, church and civic communities to address the needs and advocate for those who lack resources for a reasonable quality of life. St. Vincent Health desires to strengthen its commitment to this principle through a unified system of accountability.
2. Health Ministries will collaborate in assessing the needs and resources of individuals and communities they serve and will establish substantive goals directed toward those needs in the context of their strategic and financial planning.
3. Health Ministries will account annually to appropriate constituencies for progress toward achievement of these goals.
4. Annually St. Vincent Health will produce an aggregate report.

### **DEPARTMENTS AFFECTED**

All Ministries

# Care of the Poor & Community Benefit Policy

## Page 2 of 8

### PROCEDURE

#### Subject

This procedure sets forth the requirement that each health ministry have an effective policy, and establishes a process to develop an annual Care of the Poor/Community Benefit goals and to report progress towards those goals. All activities related to the poor will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with poor and vulnerable persons, and our commitment to distributive justice and stewardship.

#### Rationale

Care of the Poor/Community Benefit planning and goals are incorporated into the existing Integrated Strategic and Financial Planning (ISFP) process. Progress towards established goals will be reported annually. This procedure provides guidelines to assist Health Ministries:

- a. Establish care of the poor/community benefit goals within the framework of the ISFP process and report progress toward those goals.
- b. Report costs for Categories I through V associated with allowable care of the poor/community benefit programs and services.

#### Charity Care Minimum Standards (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program)

1. Patients with income less than or equal to 200% of the Federal Poverty Limits ("FPL"), which may be adjusted for inflation utilizing local wage index vs. national wage index by the hospital, will be eligible for 100% charity care write off of the services that have been provided to them in accordance with Ascension Health Policy 9.
2. Patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to inflationary adjustments as described in will receive a discount on the services provided to them based on a sliding scale. The sliding scale will subject to a Means Test to be determined by each hospital and /or Health Ministry in accordance with guidelines established in Policy 9.
3. Eligibility for charity care may be determined at any point in the revenue cycle.

# Care of the Poor & Community Benefit Policy

## Page 3 of 8

### **Financial Assistance Minimum Standards** (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program)

These minimum standards are designed to ensure each health ministry designs a methodology to determine qualifying incomes and/or assets available to satisfy the patient's obligation to the hospital.

1. All patients and families are advised of the hospital's applicable policies, including the Care of the Poor /Community Benefit policy and the availability of need-based financial assistance in easily understood terms, as well as in language commonly used by patients in the community.
2. The financial assistance policy must address a patient's eligible income and assets.
3. The policy may allow the determination to be made on a case-by-case basis, but in this circumstance, a review panel must be formed to insure a patient has the right to appeal a decision.
4. Requiring a patient to apply for public financial assistance program.

### **Other Requirements and Exceptions** (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program)

1. Health Ministries require the uninsured to work with financial counselor and apply for Medicaid or other public assistance programs to qualify for charity.
2. Other program that allow for "packaging" payment programs are acceptable. For example, many Health Ministries package prenatal care and delivery charges into a "package" price for the uninsured. This is encouraged and will continue.
3. A nominal charge may be charged to patients qualifying for charity. The participation of individuals in the financial obligation of their health care is recommended by those who work with persons who are poor since it respects their dignity as well as their sense of responsibility.

# Care of the Poor & Community Benefit Policy

## Page 4 of 8

### **Planning**

1. As part of the annual ISFP process, establish substantial, measurable and meaningful Care of the Poor/Community Benefit goals. These goals should be derived from Ascension Health "Call To Action".
  - a. Healthcare that Works
  - b. Healthcare that is Safe
  - c. Healthcare that leaves no one behindEach healthcare ministry will develop three to five local strategies in response to a community needs assessment and other initiatives.
  
2. The ISFP budget for Care of the Poor/Community Benefit should include budget dollars for Categories I-IV for upcoming fiscal year.

### **Definitions**

1. Category I - Charity Care (free or reduced fee/sliding scale care for persons who qualify for financial assistance).
2. Category II - Unreimbursed cost of the care provided to patients enrolled in public programs.
3. Category III - Programs and services targeted to persons who are poor.
4. Category IV - Programs and services targeted to the general community.
5. Category V - Bad Debt costs attributable to Charity Care.

# Care of the Poor & Community Benefit Policy

## Page 5 of 8

### Guidelines

#### Guidelines for Category I

- a. Charity care dollars should be an estimate of the cost to provide services to patients who qualify for charity care.
- b. Charity care should include the cost of services provided to charity care patients in all settings (acute and non-acute settings such as ambulatory surgery centers, etc.).

#### Guidelines for Category II

- a. Medicare losses/shortfalls should not be reported. This is consistent with standards set by the Catholic Health Association community benefit network and used by other Catholic systems.
- b. Losses/shortfalls from all Medicaid sources, including Medicaid managed care products, should be included.
- c. Medicaid disproportionate share (DSH) payments should be considered Medicaid payment/income.
- d. Prior year settlements from Medicaid programs (including Medicaid DSH) should be considered as an offset to the cost of care provided and, accordingly, increase or decrease the shortfall reported.

#### Guidelines for Category III

- a. The program/service/activity/event must respond to the needs of special populations; for example, the frail elderly, poor persons with disabilities, the chronically mentally ill, persons with AIDS, or those who find it hard to meet basic needs due to on-going poverty.
- b. The program/service/activity/event should be quantifiable in terms of dollars and should not be included in Category I or II.
- c. The program/service/activity/event may be financed by donations, staff/volunteer efforts, endowments, grants, and sponsorships, etc.
- d. The program/service/activity/event should generate a low or negative margin.
- e. The program/service/activity/event would probably be discontinued or not offered if the decision were made on a purely financial basis. The decision to continue is primarily motivated by a mission commitment versus a marketing interest.
- f. The program/service/activity/event would no longer be available, or would be insufficiently available in the community, or would be the responsibility of the government if not provided by the healthcare organization.

# Care of the Poor & Community Benefit Policy

## Page 6 of 8

### Guidelines for Category IV

- a. The program/service/activity/event should be quantifiable in terms of dollars.
- b. The program/service/activity/event should generate a low or negative margin.
- c. The program/service/activity/event may be financed by donations, staff/volunteer efforts, endowments, grants, and sponsorships, etc.
- d. The program/service/activity/event provides a response to a unique or a particular health problem in the community or is directed to promoting the wellness of the population in a holistic manner.
- e. The program/service/activity/event would probably be discontinued or not offered if the decision were made on a purely financial basis. The decision to continue generally represents a mission commitment versus a business decision.

### Guidelines for Category V

Bad debt cost of services can be calculated for certain bad debt write-offs. This acknowledges that there are charity care patients that may not be identified initially as eligible for charity care. Two possible formulae for determining the cost of bad debt for services provided to charity care patients include:

- a. Cost of bad debt excluding the portion related to coinsurance and deductibles. Patients who have a coinsurance payment or deductible are assumed to have insurance.
- b. Identify the zip code average income that constitutes "poor" and count all bad debts from those zip codes, excluding the portion related to coinsurance and deductibles. It is recognized that while this methodology may count patients with the ability to pay who reside in these zip codes, the methodology also excludes patients from other zip codes that may not be able to pay.

# Care of the Poor & Community Benefit Policy

## Page 7 of 8

### **Reporting Category I and II**

#### 1. Reporting Cost for category I and II

Finance department in collaboration with each local ministry reports on categories I and II.

### **Reporting Category III and IV**

#### 1. Reporting Cost for Categories III & IV Programs and Services

The following should serve as guidelines for reporting costs for programs, services, activities or events appropriate to be included in Category III - Programs and services targeted to the poor and Category IV - Programs and services targeted to the general community. (See Exhibit A Charity Care Intranet Reporting).

a. Report cost less any reimbursement received.

b. Medical Education programs should be reported as a community benefit.

i. Medicare Graduate Medical Education (GME) payments should offset costs.

ii. Medicare Indirect Medical Education (IME) payments should not be offset against the direct cost of medical education programs.

c. Volunteering may be reported.

i. Include paid associate time for volunteering at hospital supported activities such as:

- Paid associate time to assist in health screenings performed after hours.
- Replacement cost for associates performing management approved volunteer activities.
- Paid associate time as a volunteer for organizational sponsored events.
- Board representation on management approved organizations.

2. With the Care of the Poor/ Community Benefit report, a narrative for each Care of the Poor/ Community Benefit goal must be identified in the ISFP and describe progress towards achievement for each goal, including to the extent possible baseline measures of success being established, outcomes achieved, program impact, etc.

3. Care of the Poor/ Community Benefit goals are part of the ISFP. Therefore, reporting for Goals is due consistent with the ISFP timeline.

# Care of the Poor & Community Benefit Policy

## Page 8 of 8

### **Reporting Category V**

#### 1. Reporting Cost for category V

Finance department in collaboration with each local ministry reports on category V.

Additional resources:

Ascension Health HOTLINE: 1-314-733-8138

Ascension Health e-mail address: [policy9@ascensionhealth.org](mailto:policy9@ascensionhealth.org)

# Statement of Public Notice

## EMERGENCY PATIENTS – PLEASE READ

If you have a medical emergency or are in labor, it is this hospital's obligation by law to provide services within the capabilities of this hospital's staff and facilities.

## YOU HAVE THE RIGHT TO RECEIVE:

- An appropriate medical SCREENING EXAMINATION.
- Necessary STABILIZING TREATMENT  
(including treatment for an unborn child)
- And if necessary,  
An appropriate TRANSFER facility

Even if YOU CANNOT PAY OR DO NOT HAVE MEDICAL INSURANCE OR YOU ARE NOT ENTITLED TO MEDICARE OR MEDICAID

This hospital does participate in the Medicaid Program.



*St. Vincent  
Clay Hospital*

[clay.stvincent.org](http://clay.stvincent.org)

Bookmark our new home page!

# Clay County Assessment Survey



Center for  
INSTRUCTION,  
& RESEARCH,  
TECHNOLOGY

Prepared by

Taiwo Ande  
Ruchira Kandula  
Evangelos Kontaxakis

*Center for Instruction Research, and Technology*

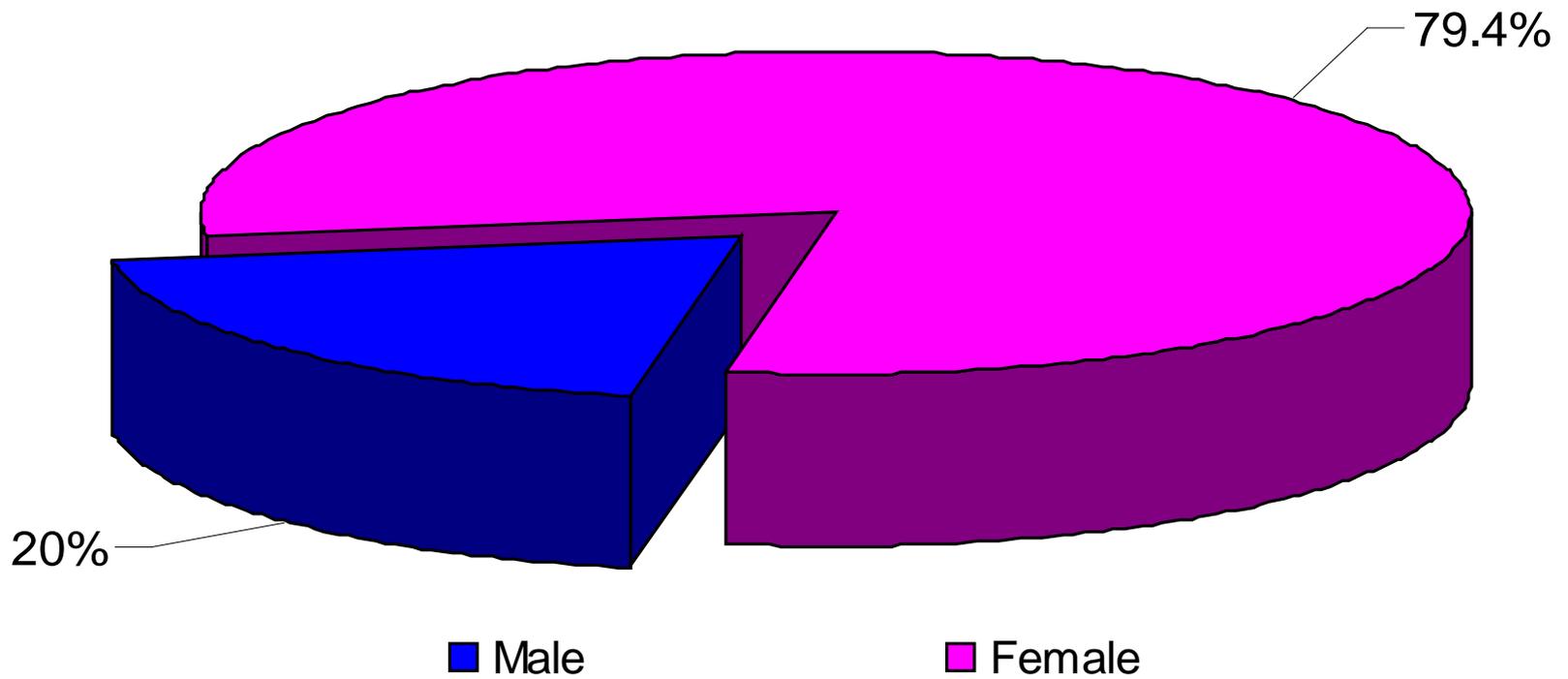
*Indiana State University Terre Haute IN 47809*

# Methodology

- 1200 questionnaires were distributed to a randomly selected individuals in all Clay county zip codes
- Respondents were given three weeks to complete survey
- 335 questionnaires were returned ( 27.9%)
- Survey was advertised in local newspaper

# Respondents Characteristics

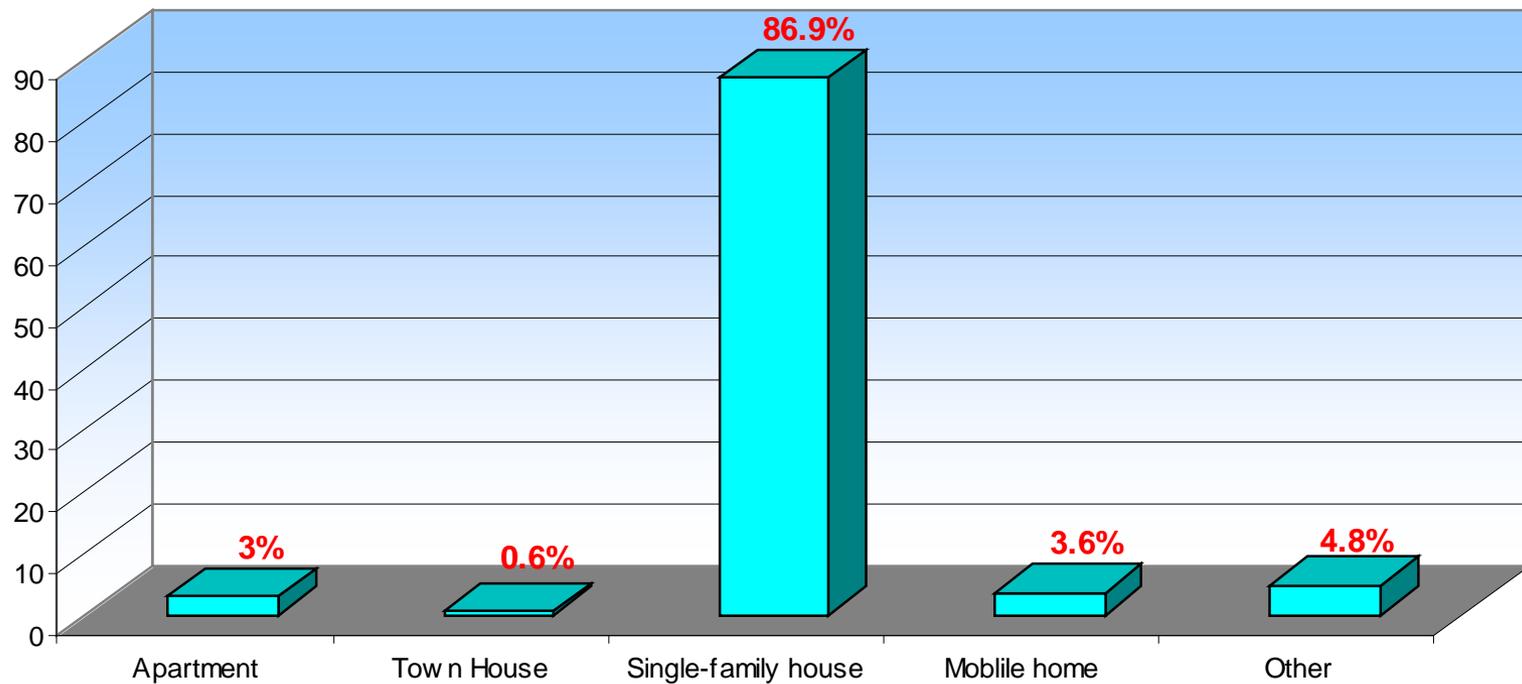
# Gender



# Home Ownership

	Frequency	Percentage
Yes	305	91.0
No	29	8.7

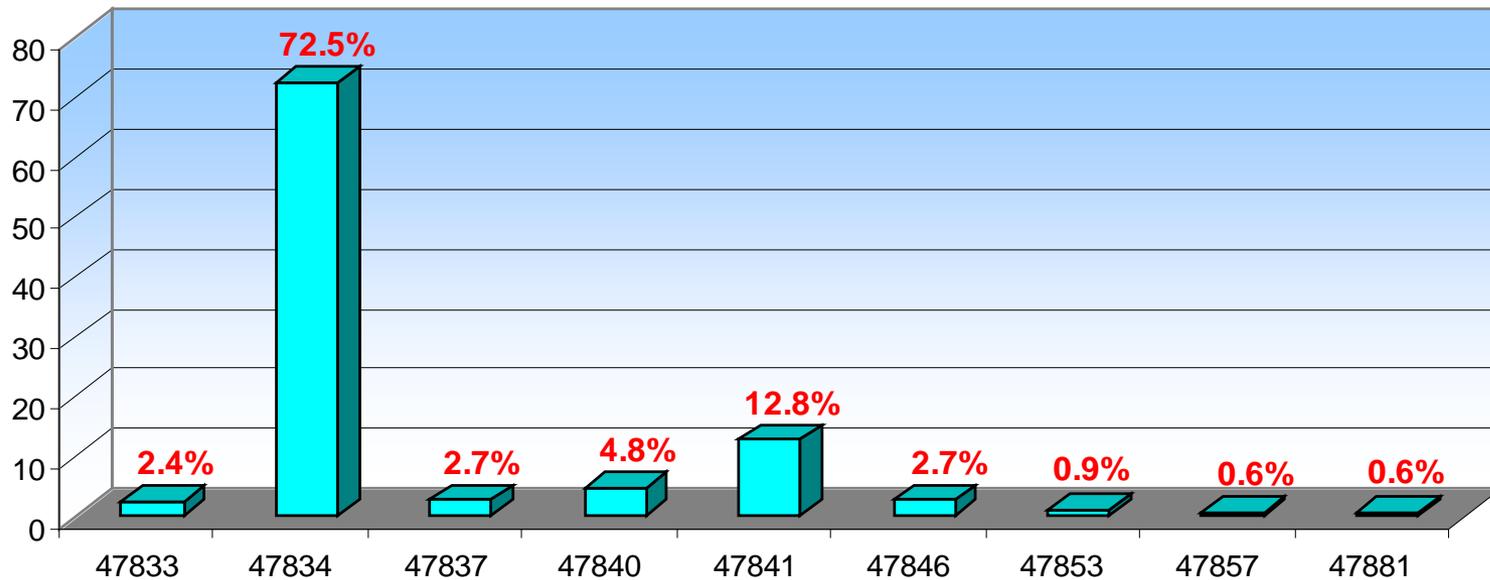
# Respondents Residence Types



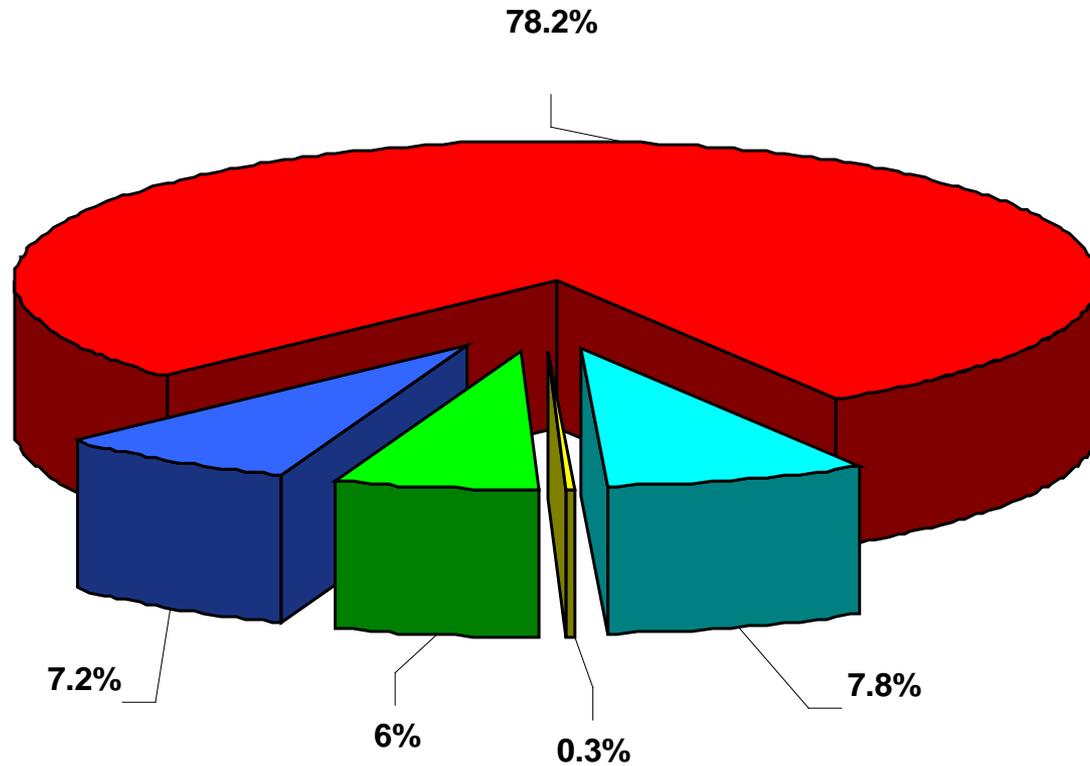
# Age Distribution

	Frequency	Percentage
18 – 24	2	0.6
25 – 34	30	9.0
35 – 44	69	20.6
45 – 54	74	22.1
55 – 64	89	26.6
65 or older	71	21.2

# Respondents by Zip Codes



# Marital Status



■ Single

■ Married

■ Divorced

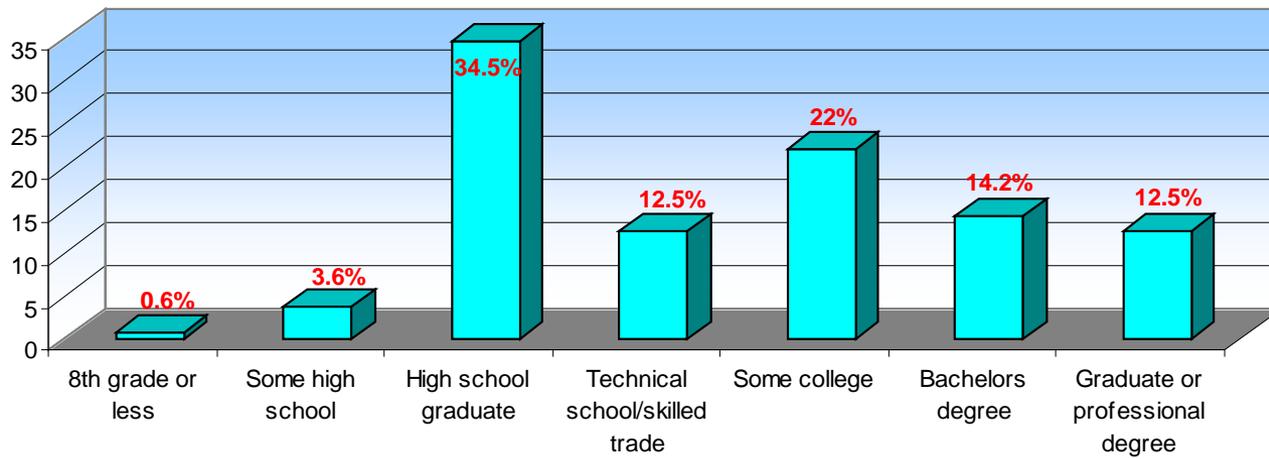
■ Separated

■ Widowed

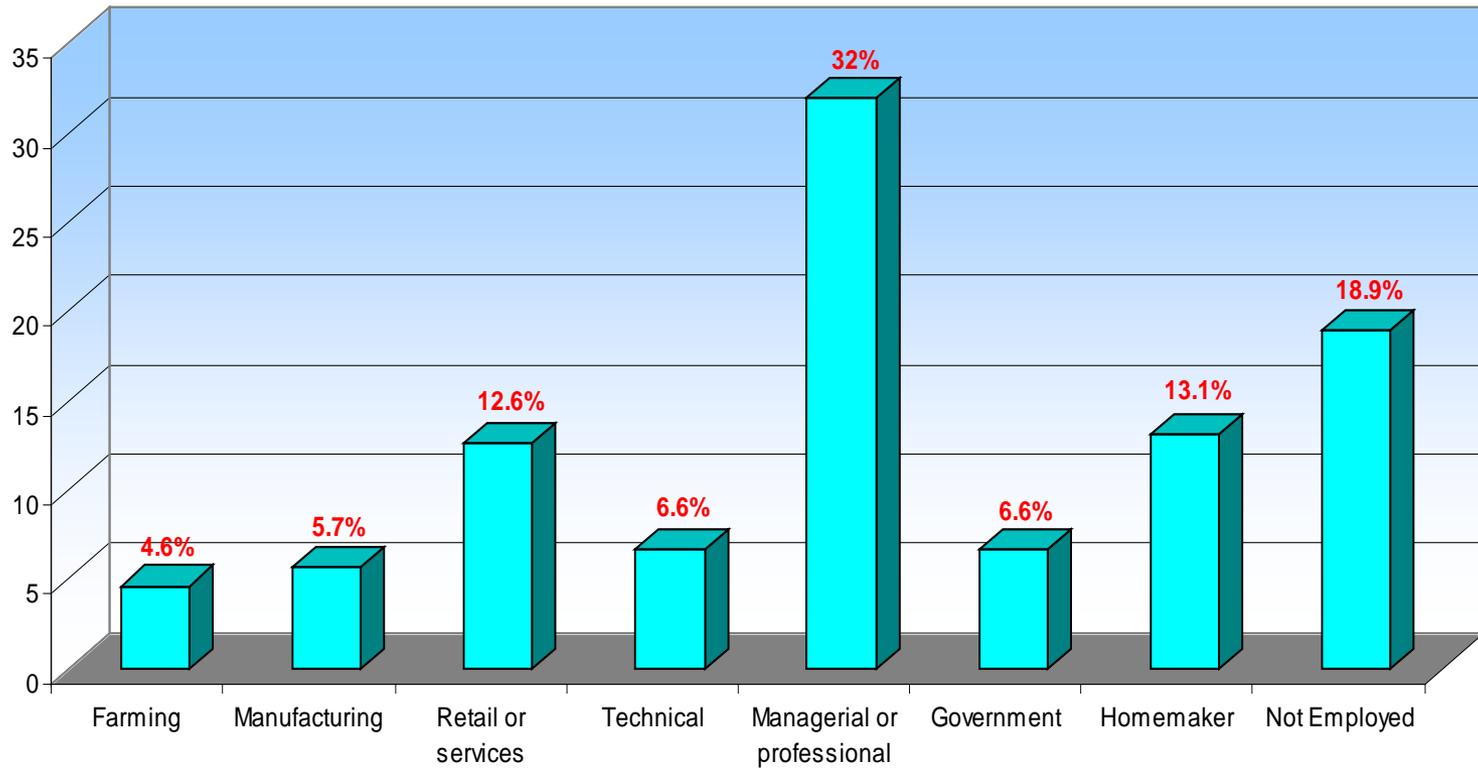
# Number of Elderly Per Household

	Frequency	Percentage
0	246	73.4
1	34	10.1
2	49	14.6
3 or more	4	1.2

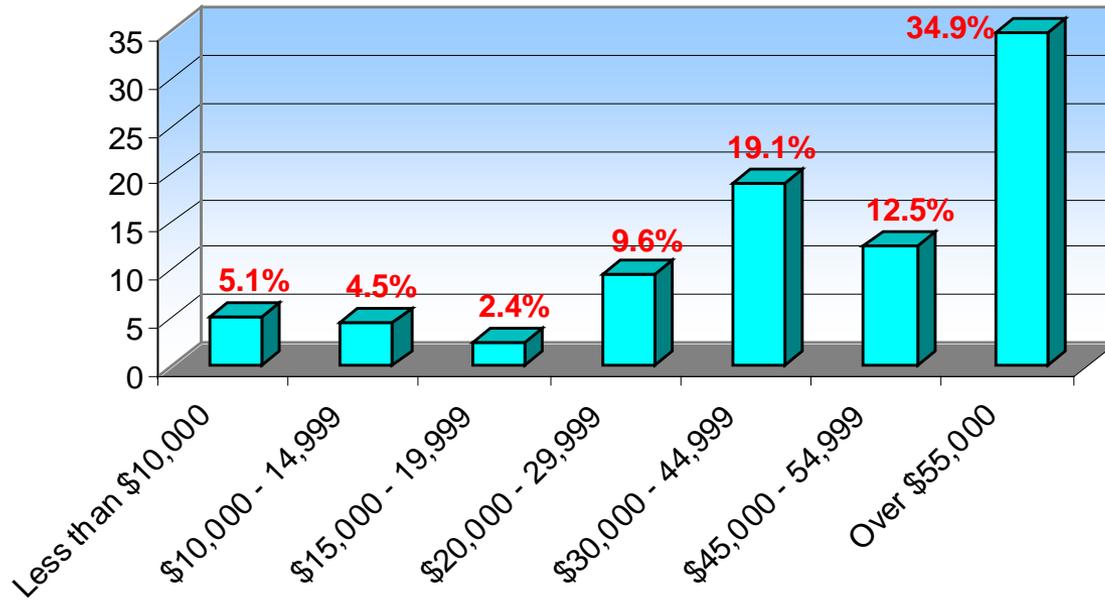
# Educational Qualifications



# Job Characteristics

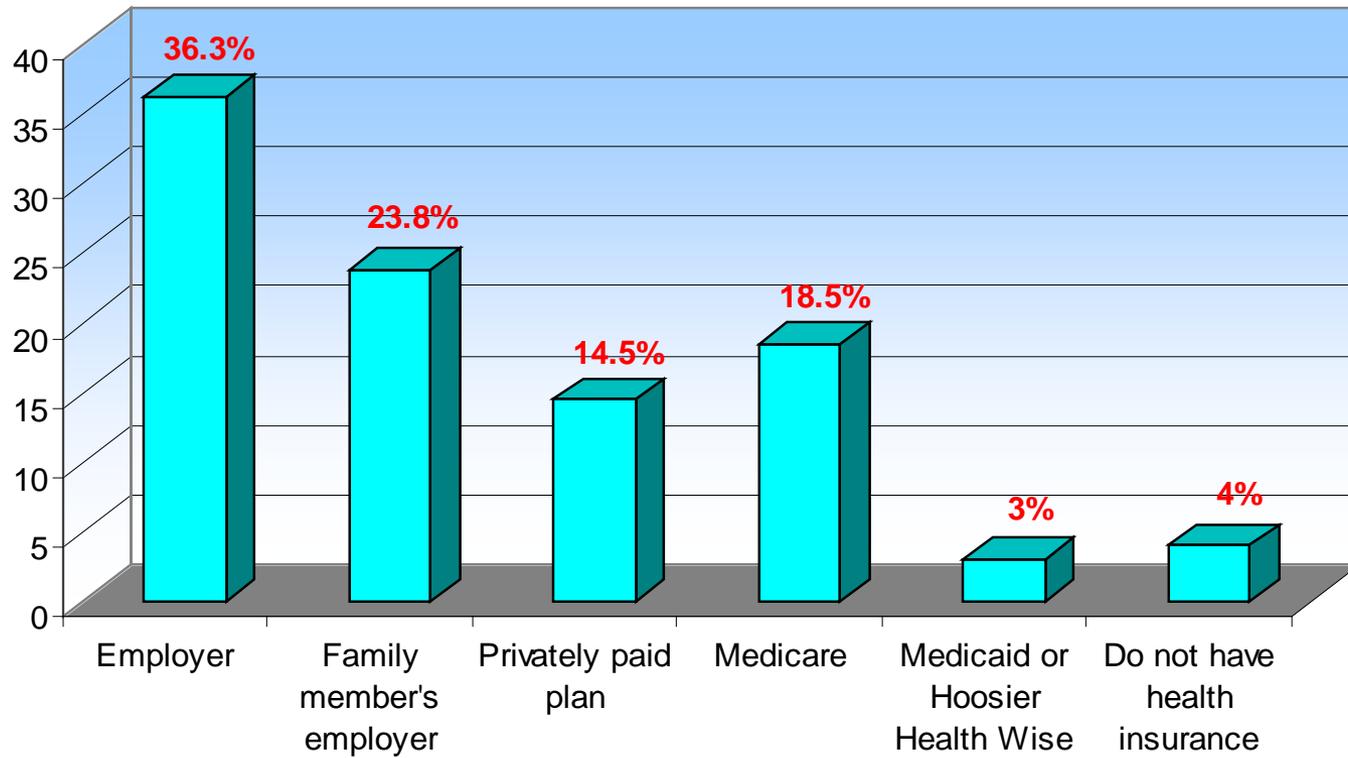


# Household Income Characteristics

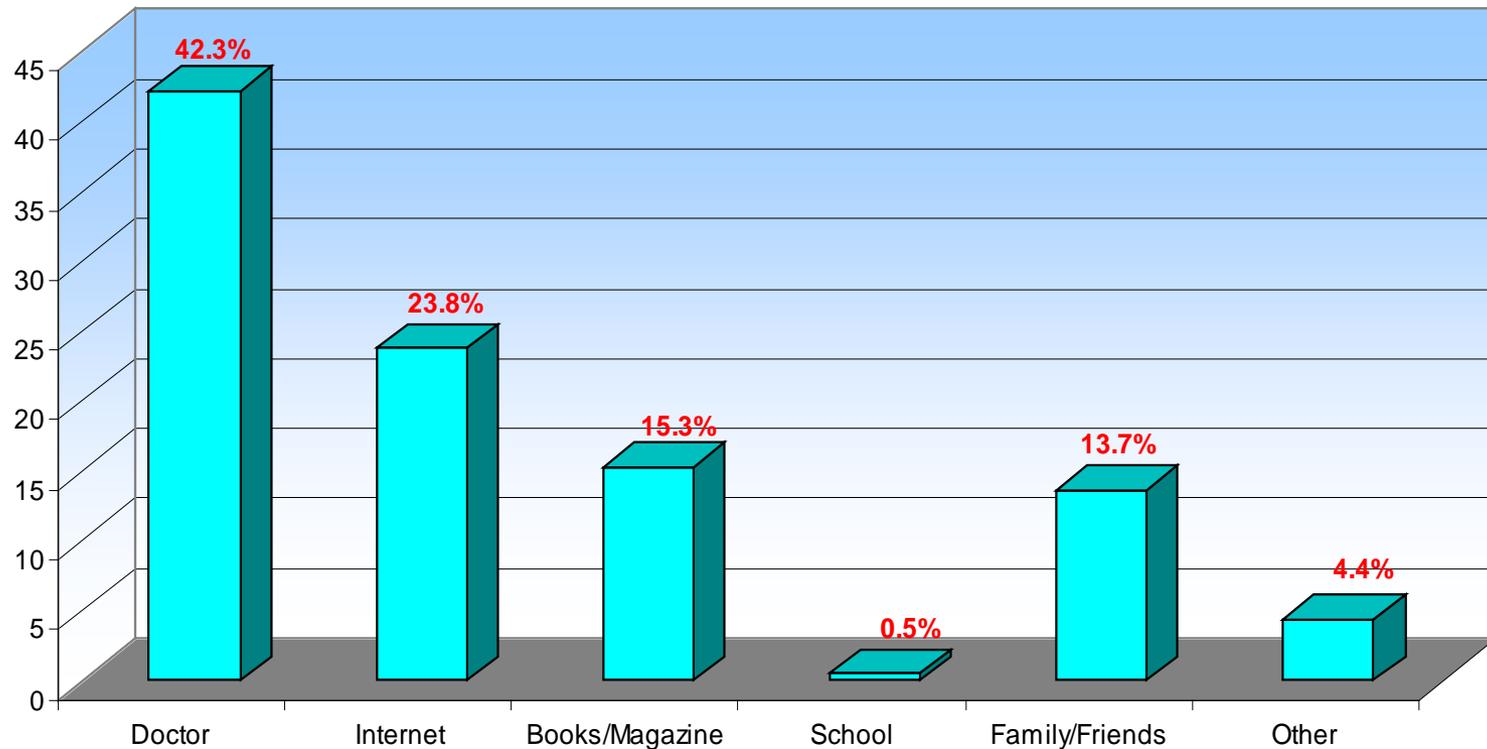


# Access to Healthcare

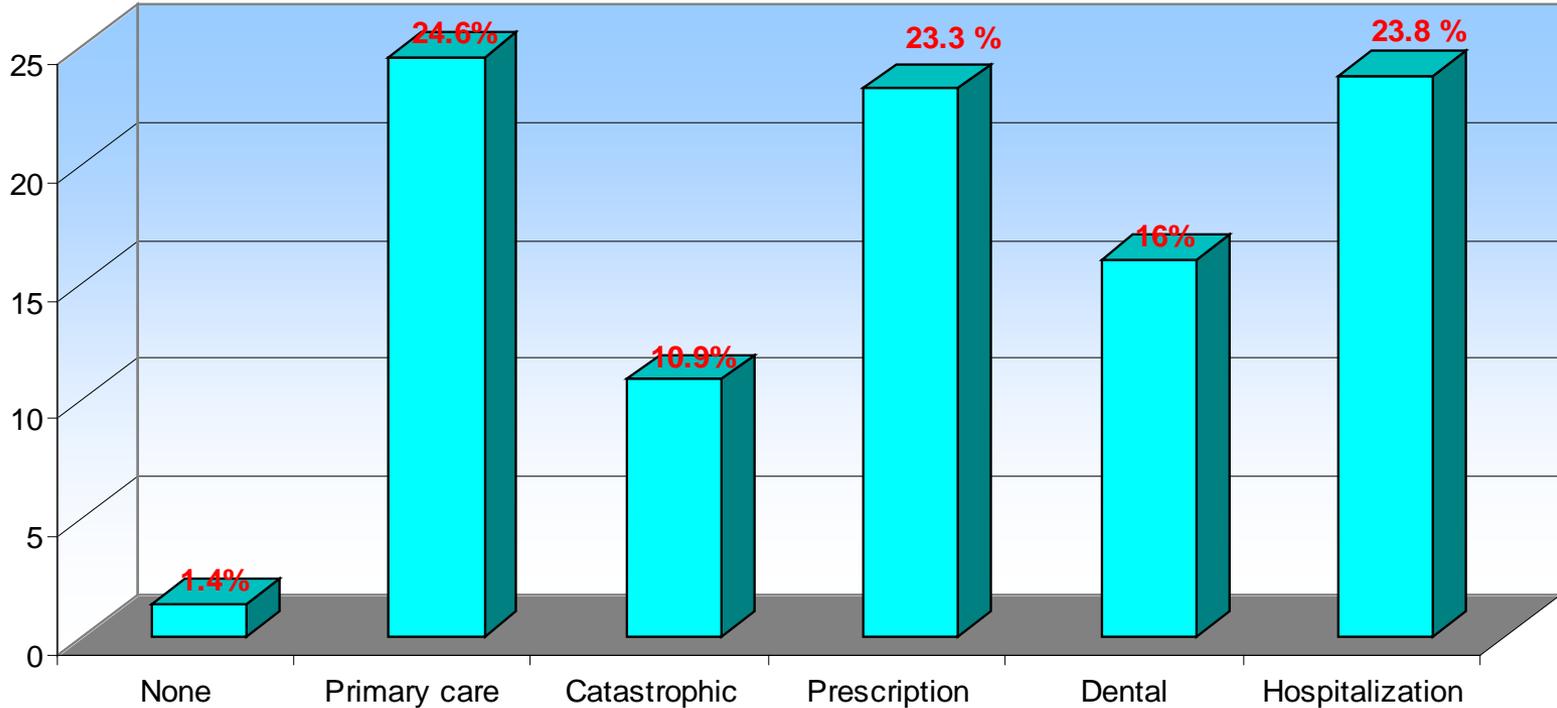
# Sources of Healthcare Coverage



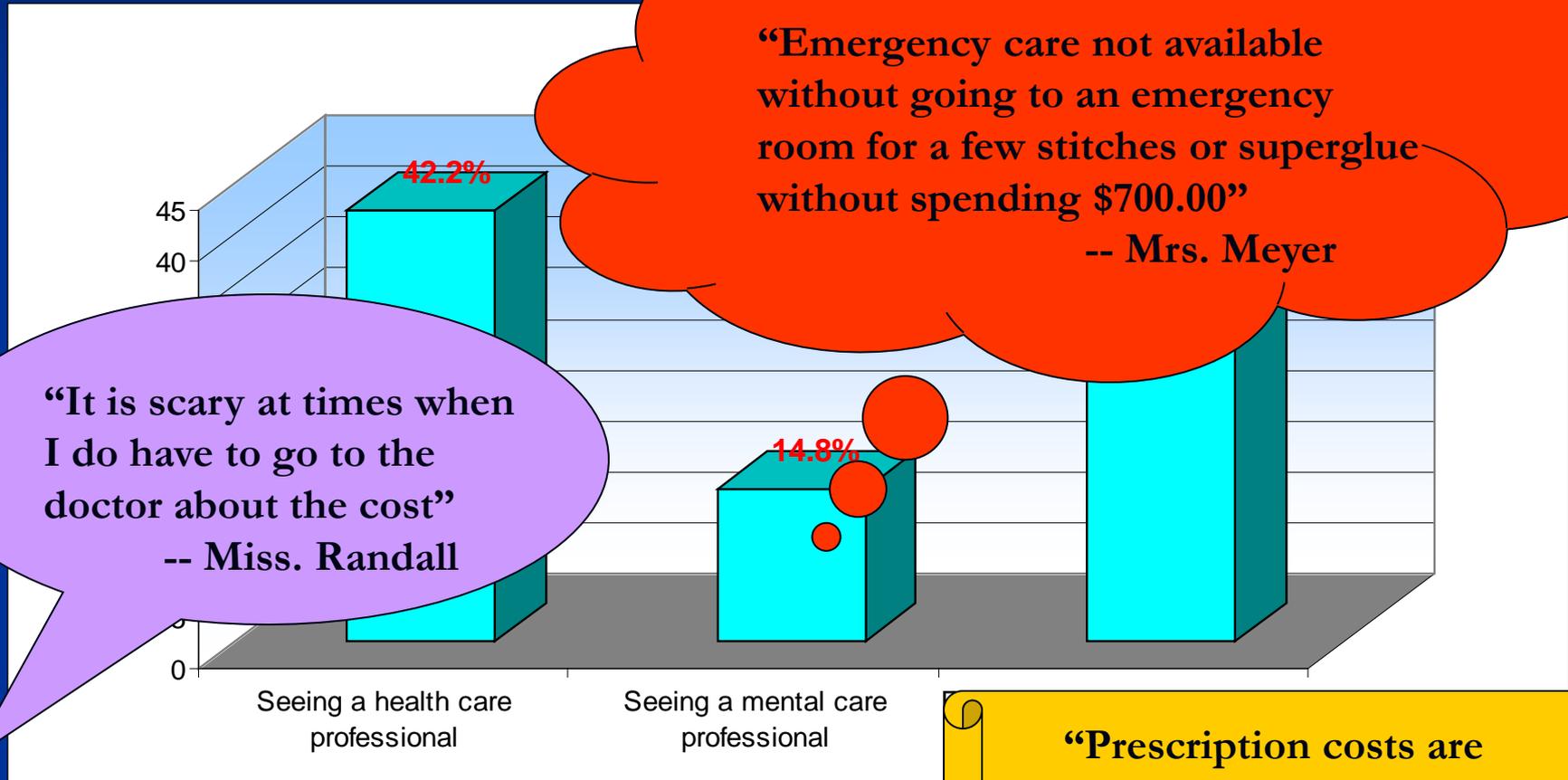
# Primary Sources of Healthcare Information



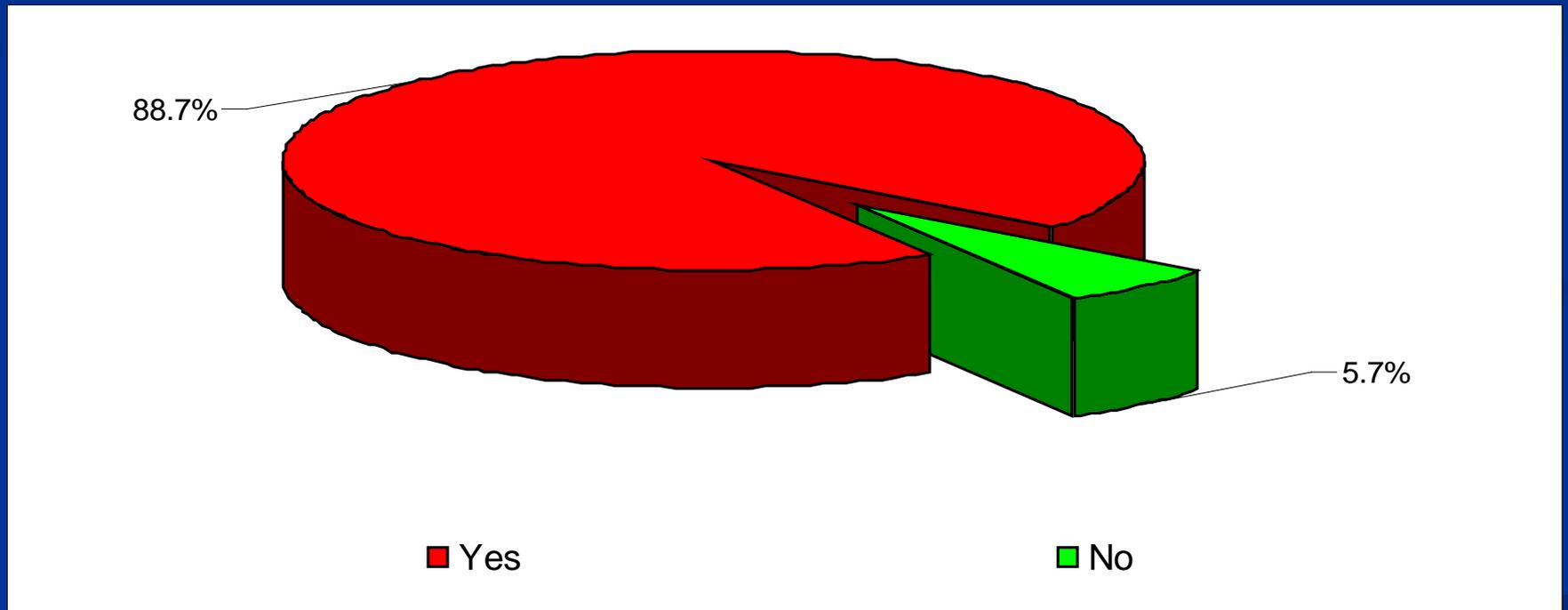
# Types of Healthcare Coverage



# Impact of Cost on Healthcare

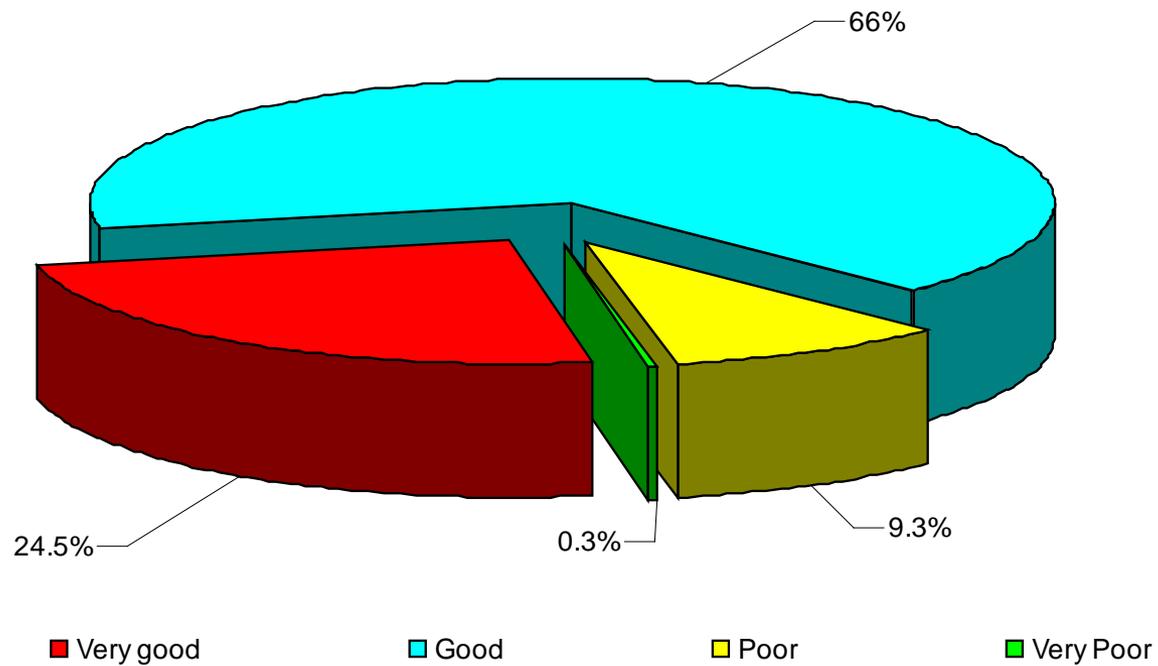


# Link with Healthcare Professional

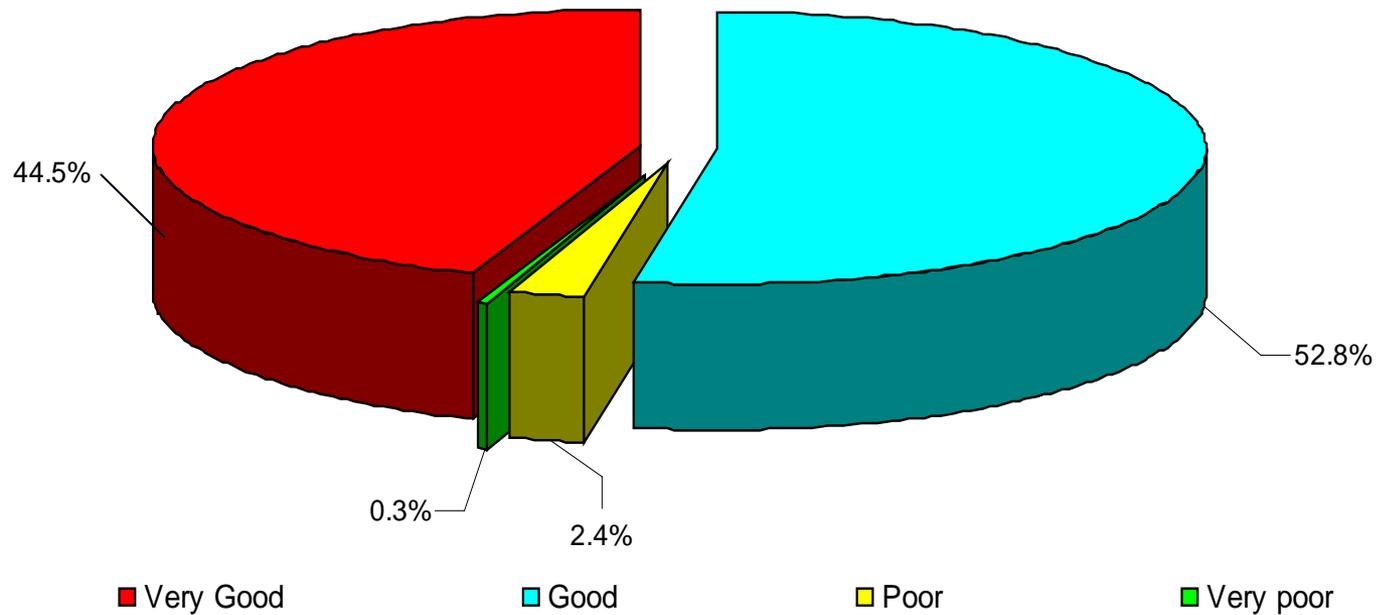


# Physical and Mental Health

# Physical Health Rating



# Mental Health Rating



# Effect of Health Problems on Daily Activities

	Frequency	Percentage
All the times	11	3.3
Sometimes	78	23.3
Rarely	119	35.5
Never	126	37.6

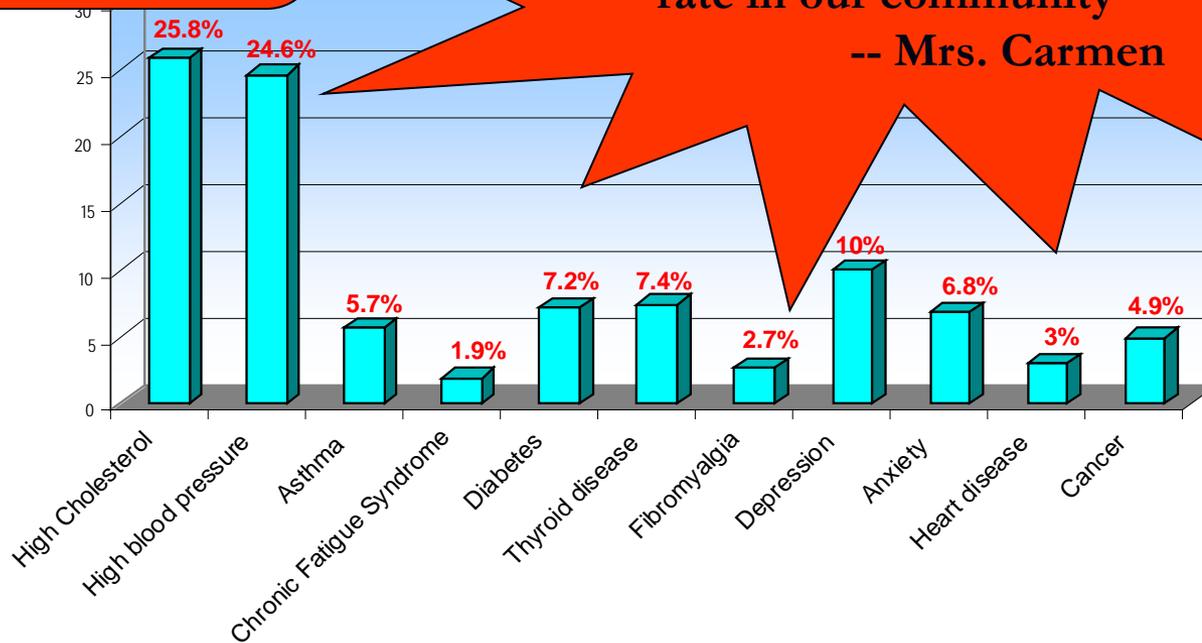
# Effects of Disabilities on Daily Activities

	Frequency	Percentage
All the times	15	4.5
Sometimes	48	14.3
Rarely	60	17.9
Never	209	62.4

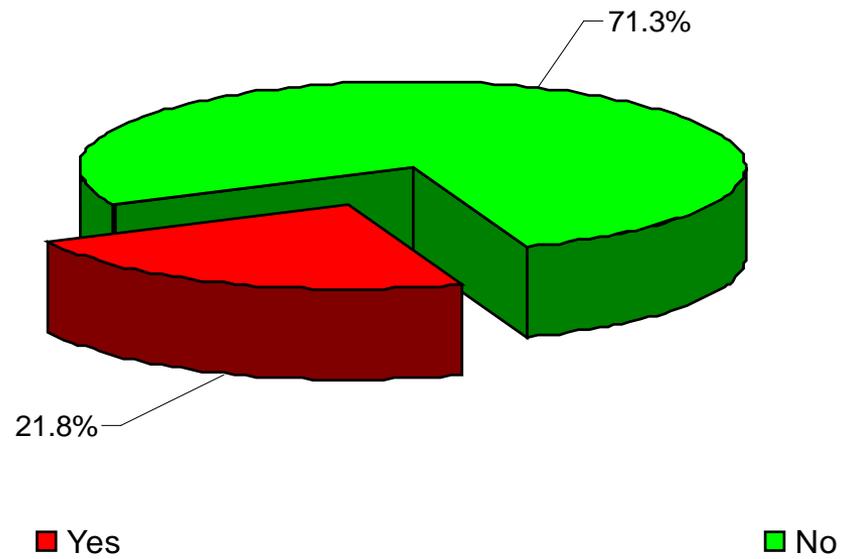
# History of Chronic Conditions

“It seems that the rate of cancer is too high compared to the population size”  
-- Mr. Dan

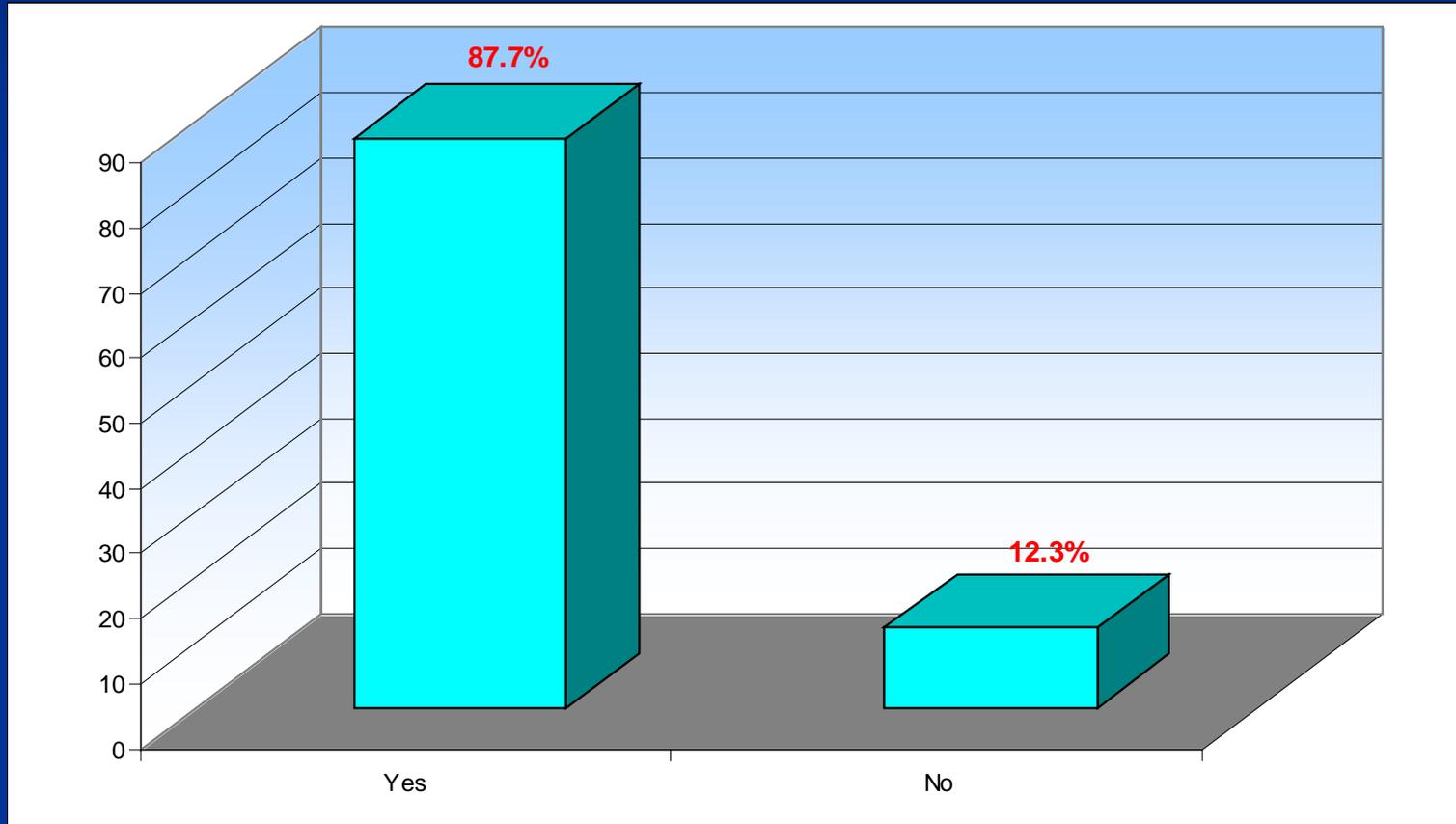
“I have a concern regarding the high Cancer rate in our community”  
-- Mrs. Carmen



# Mental Health Issues



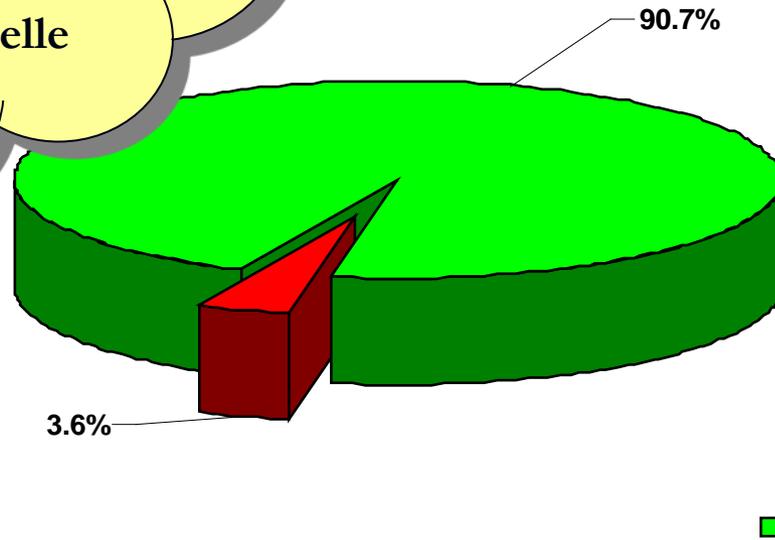
# Help for Mental Health Issues



# Addiction to Illegal Substances

“I think our drug problem has really escalated and nothing seems to improve”

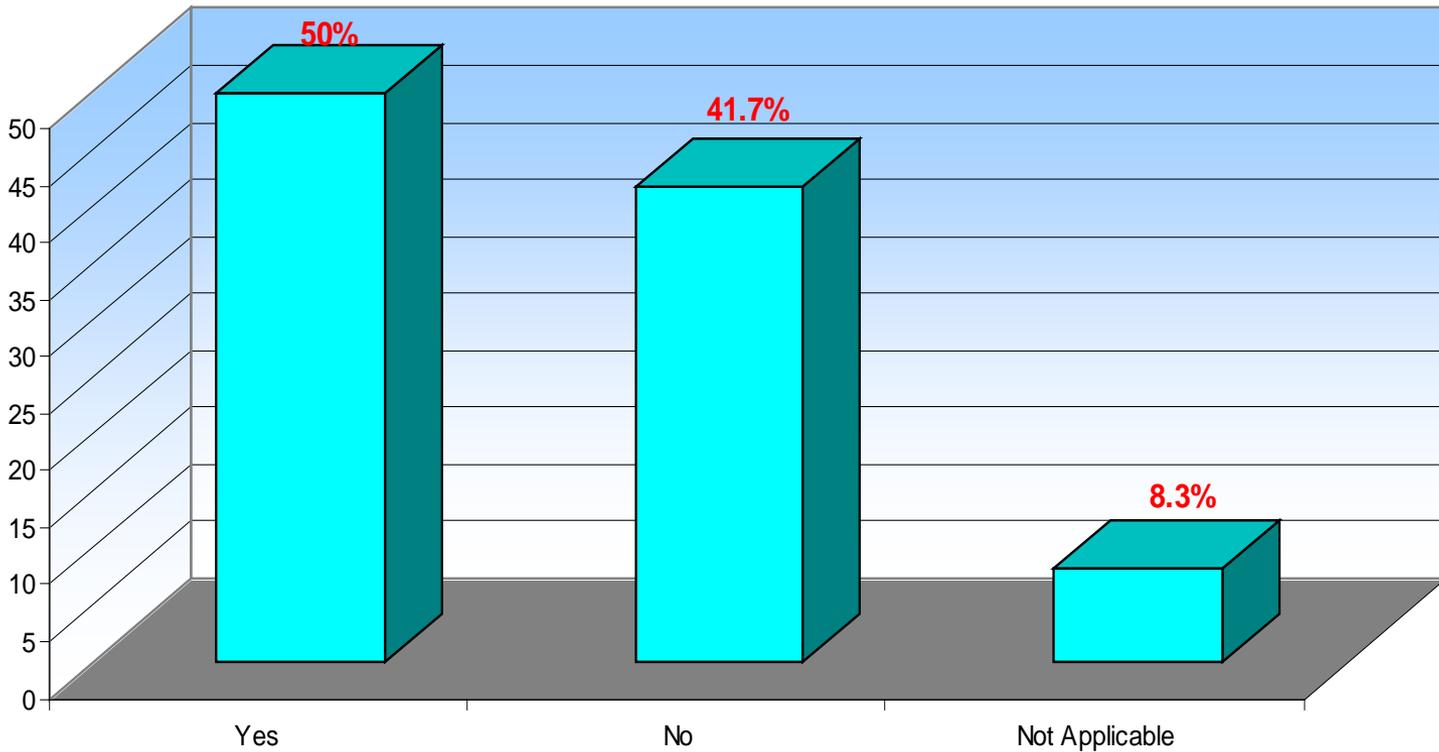
-- Ms. Michelle



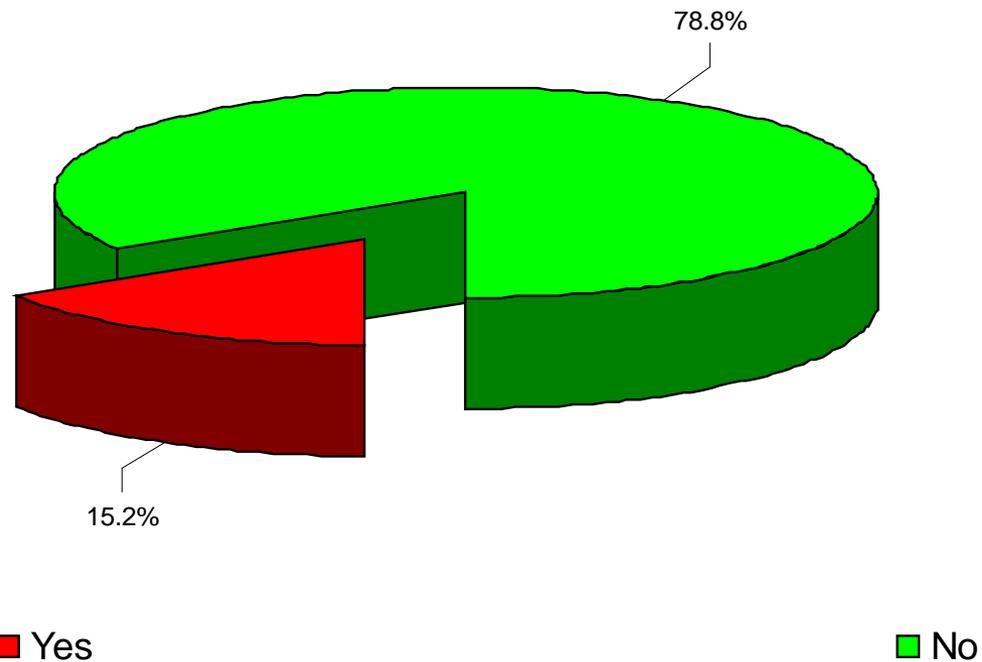
“Drug traffic moving in from larger cities”

-- Sandra

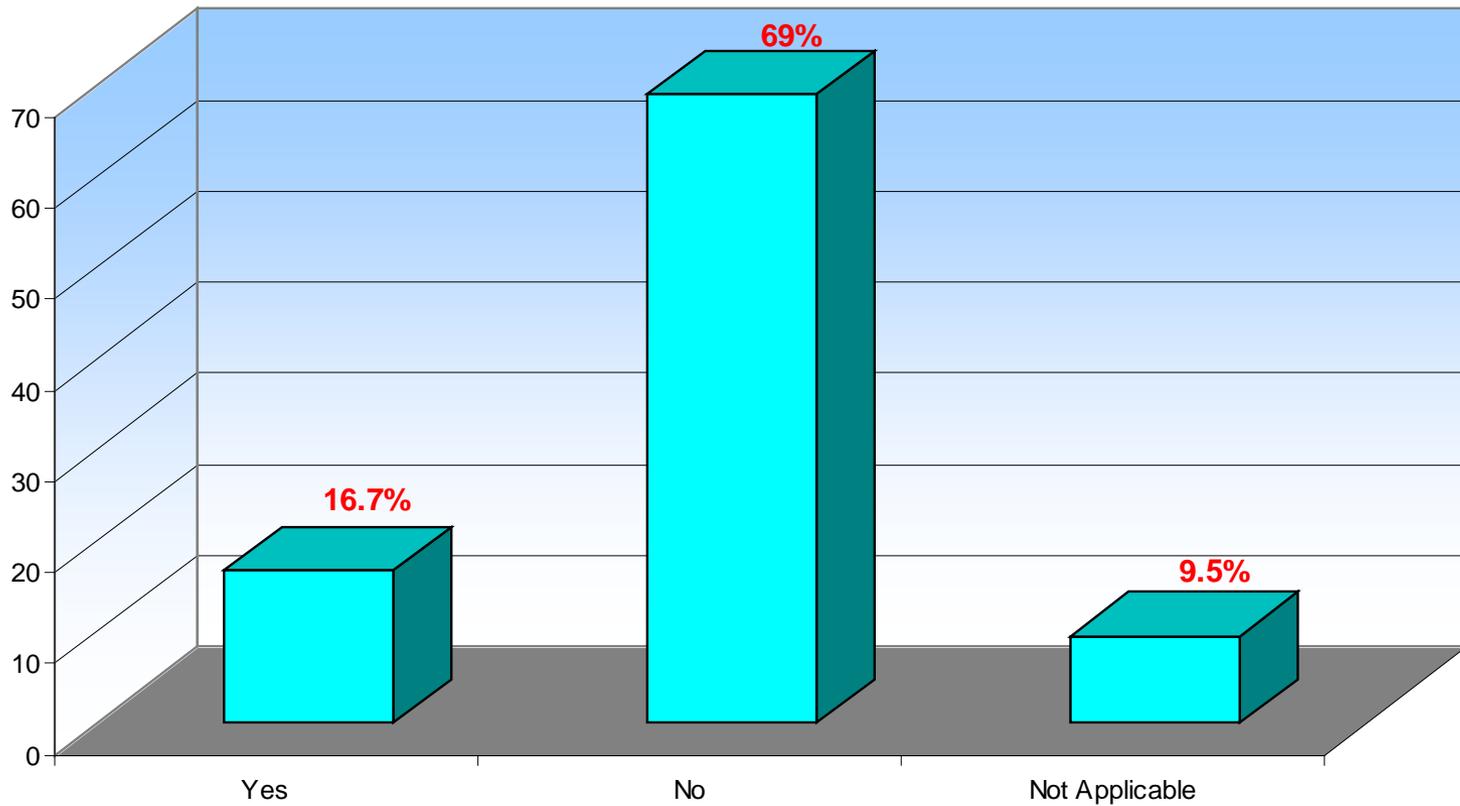
# Help for Addiction



# Violence and Abuse Issues

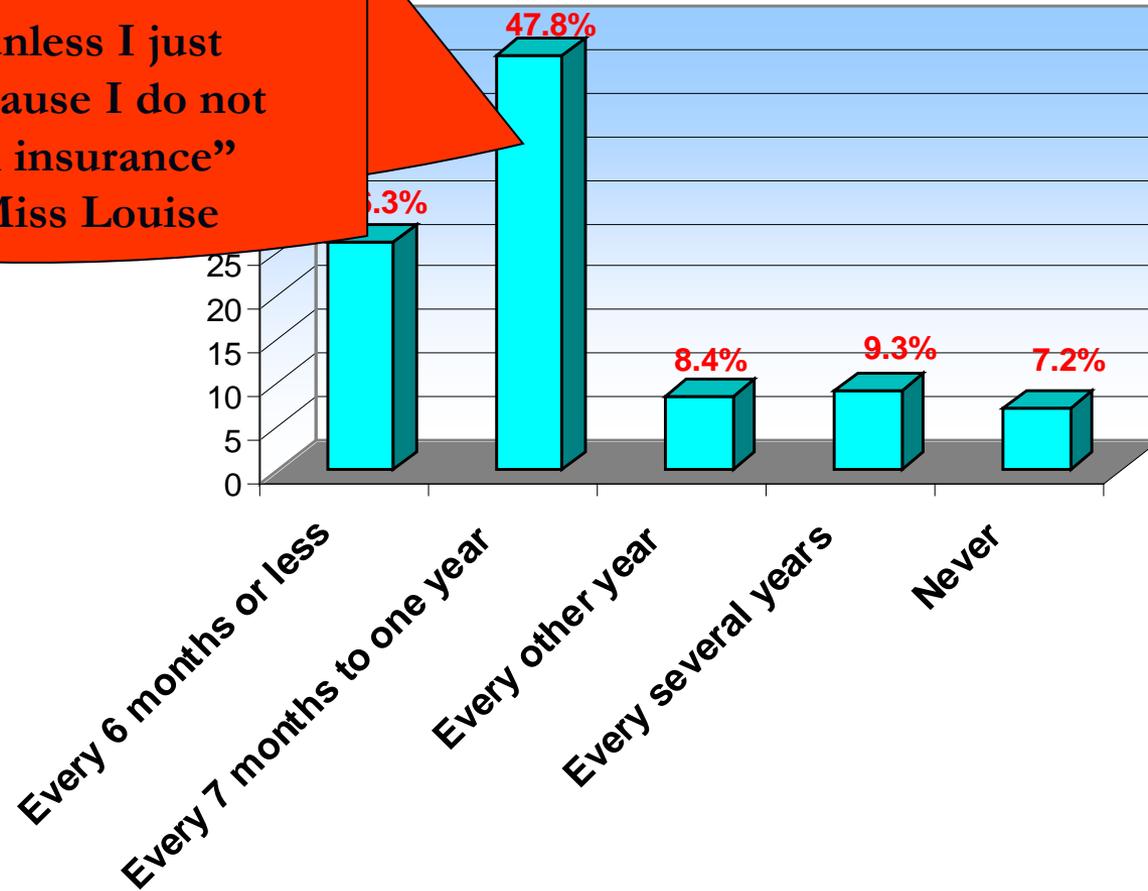


# Help for Violence and Abuse Issues

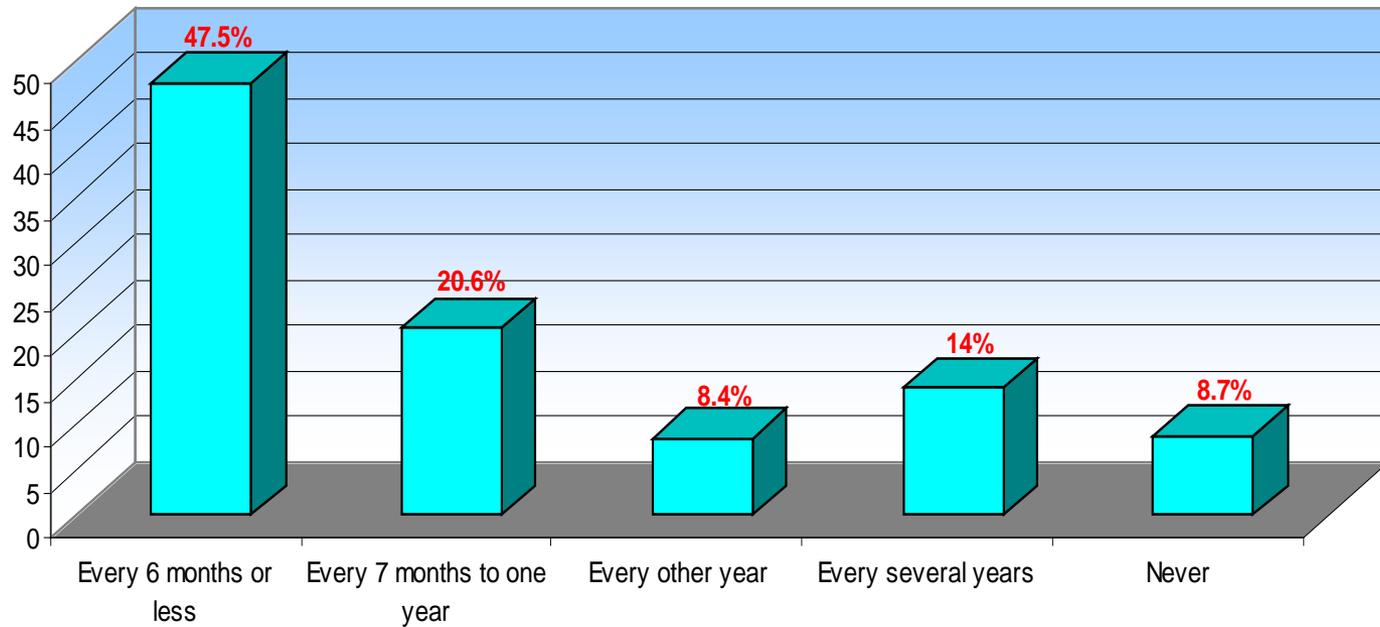


# Frequency of Doctor's Visit

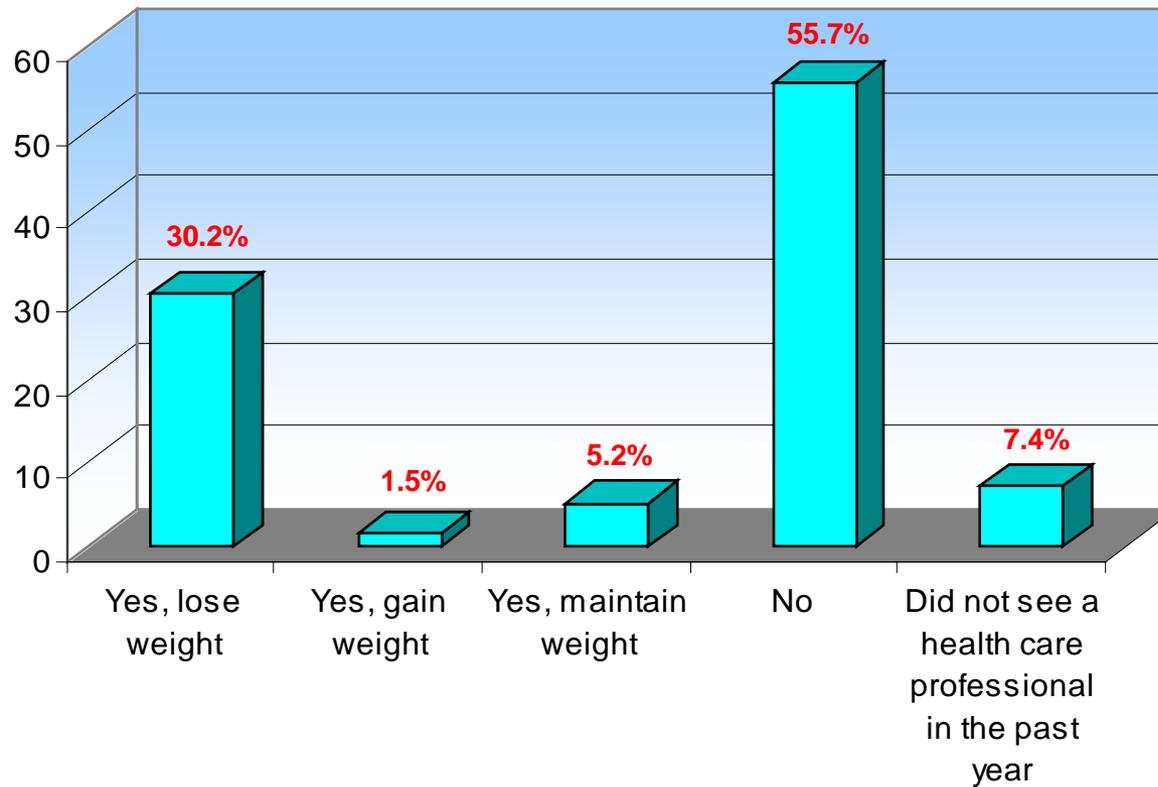
**“I do not go to the doctor or dentist unless I just have to because I do not have health insurance”  
-- Miss Louise**



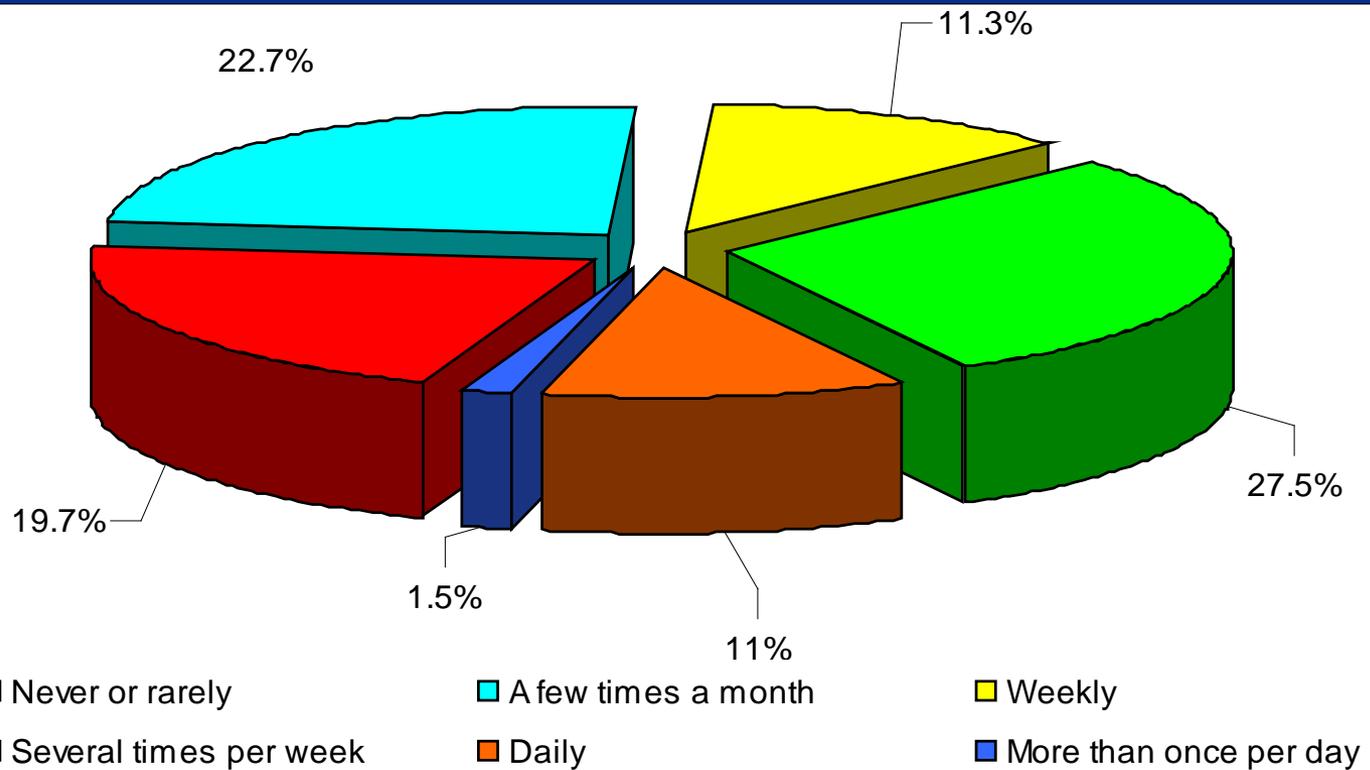
# Frequency of Dental Examination



# Doctors Advice on Weight



# Frequency of Exercises



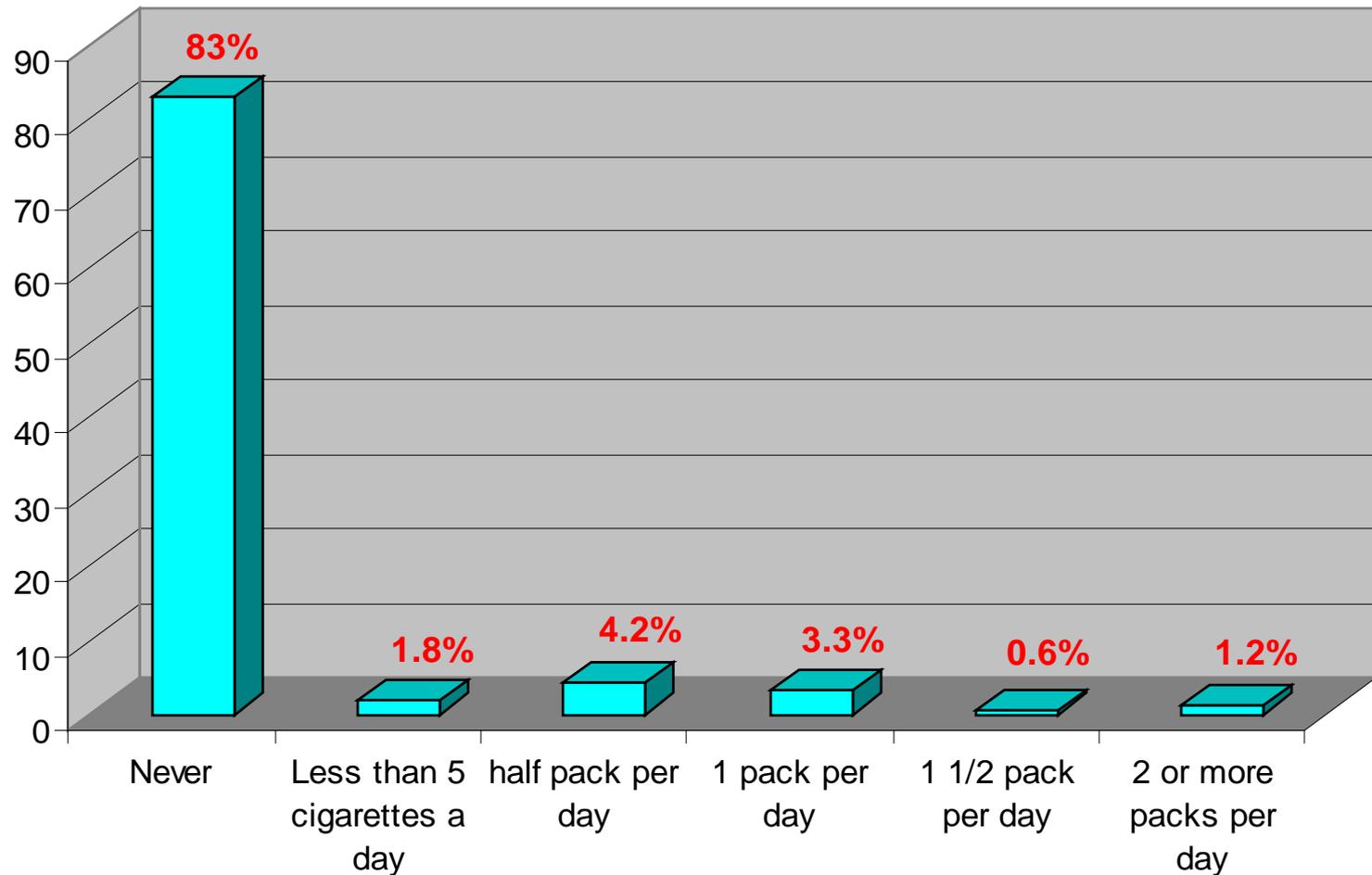
# Stress Level at School/Work

	Frequency	Percentage
No Stress	61	18.2
Somewhat Stressful	159	47.5
Very Stressful	46	13.7
Extremely Stressful	8	2.4

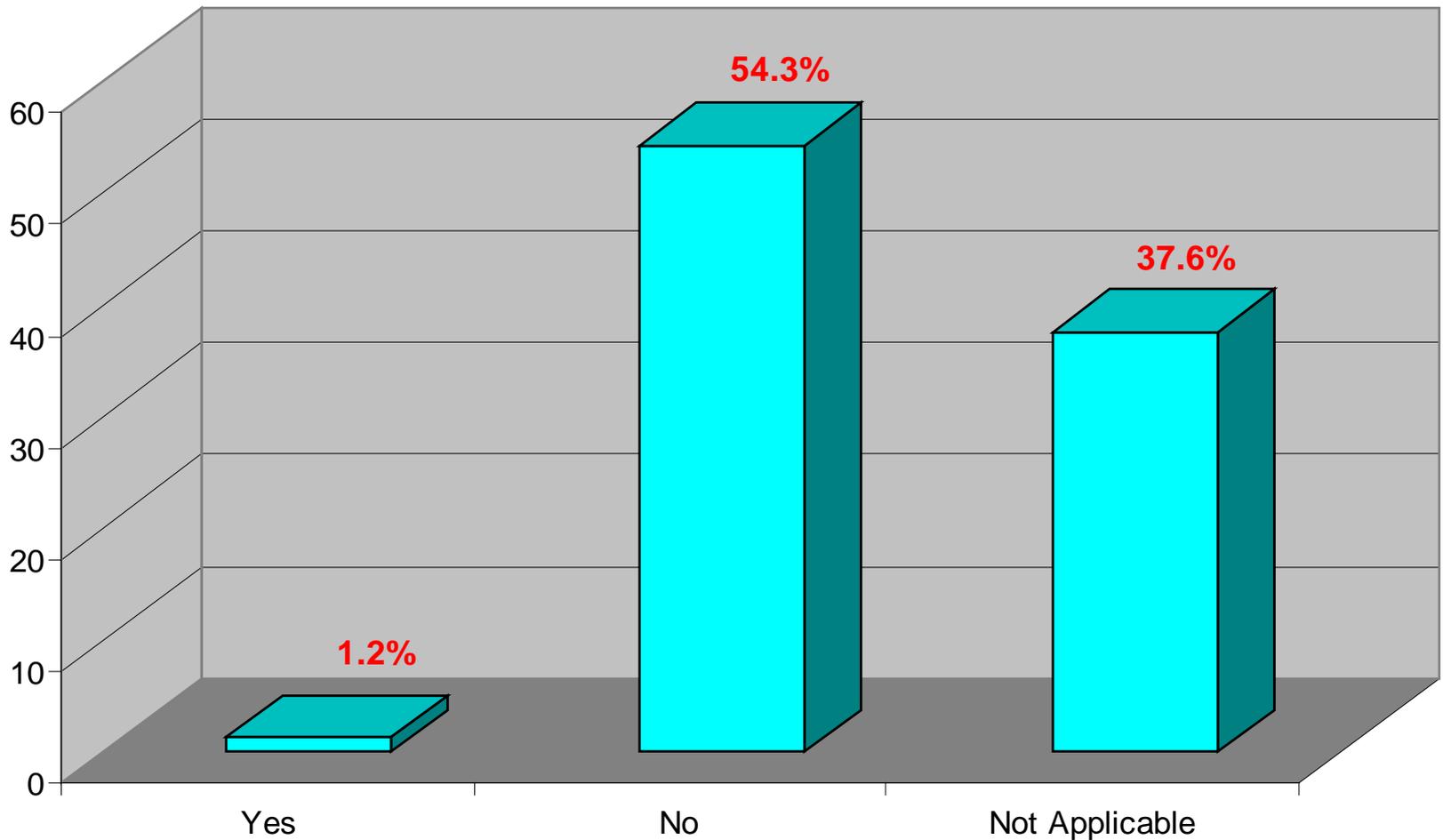
# Stress Level at Home

	Frequency	Percentage
No Stress	112	33.5
Somewhat Stressful	174	51.9
Very Stressful	25	7.5
Extremely Stressful	2	0.6

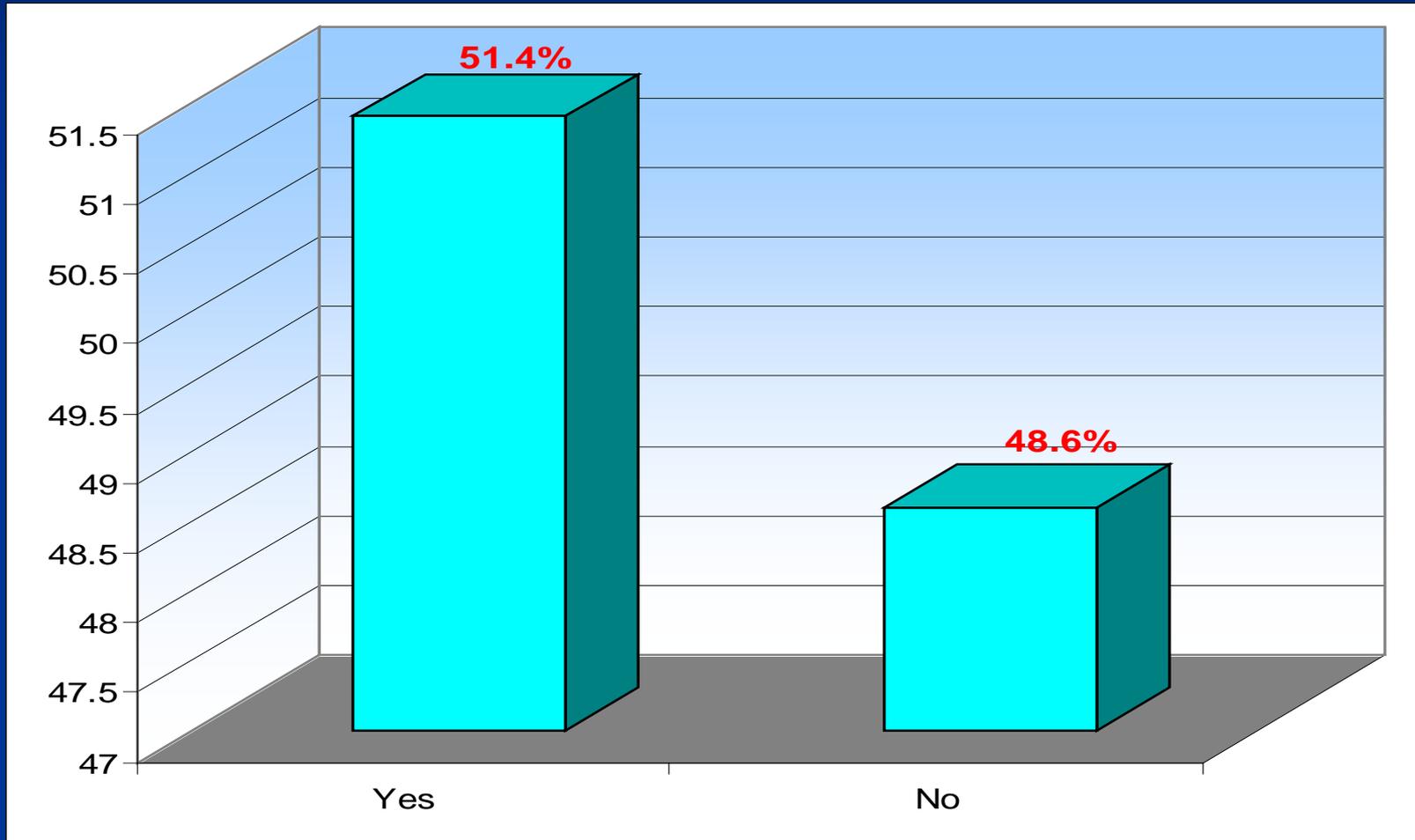
# How much do you smoke ?



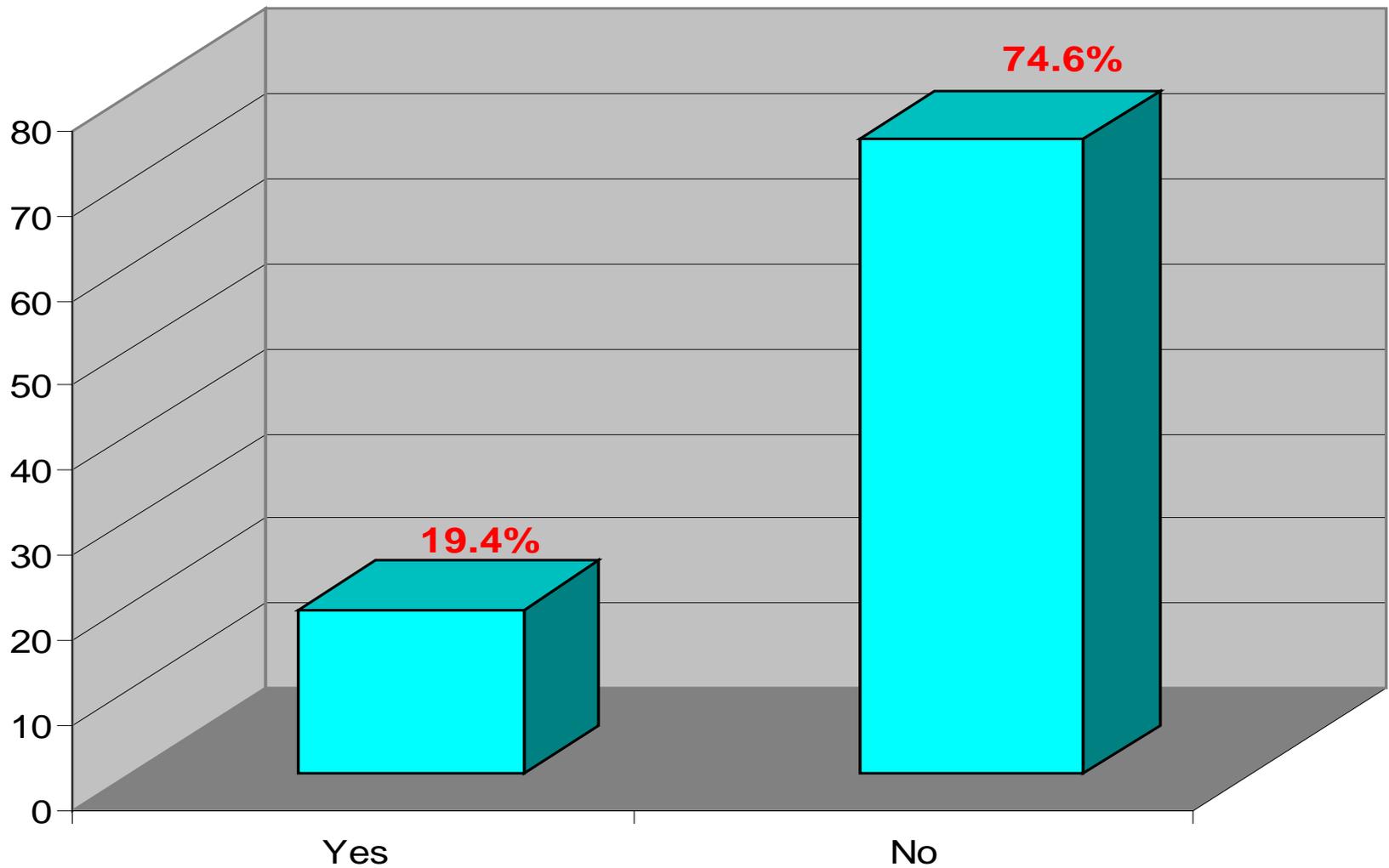
# Use of smokeless tobacco



# Tried to quit smoking last year



# Household smokers



# Community Characteristics

# Affordability of Home Prices

“Housing is affordable”  
-- Mrs. Sara

	Frequency	Percentage
Strongly Agree	21	6.3
Agree	227	67.8
Disagree	63	18.8
Strongly Disagree	12	3.6

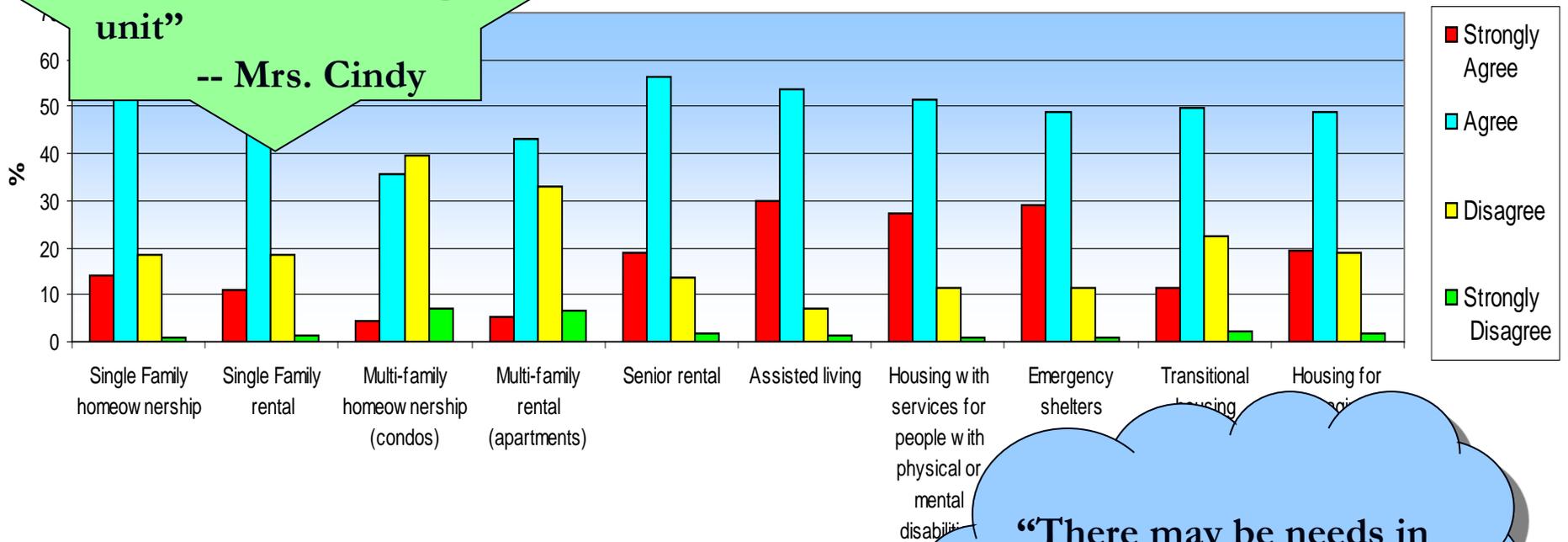
# Affordability of Rent Prices

	Frequency	Percentage
Strongly Agree	13	3.9
Agree	196	58.5
Disagree	77	23.0
Strongly Disagree	15	4.5

# Community Housing Needs

**“I do think we could use an assisted living unit”**

**-- Mrs. Cindy**



**“There may be needs in Clay County for assisted living”**

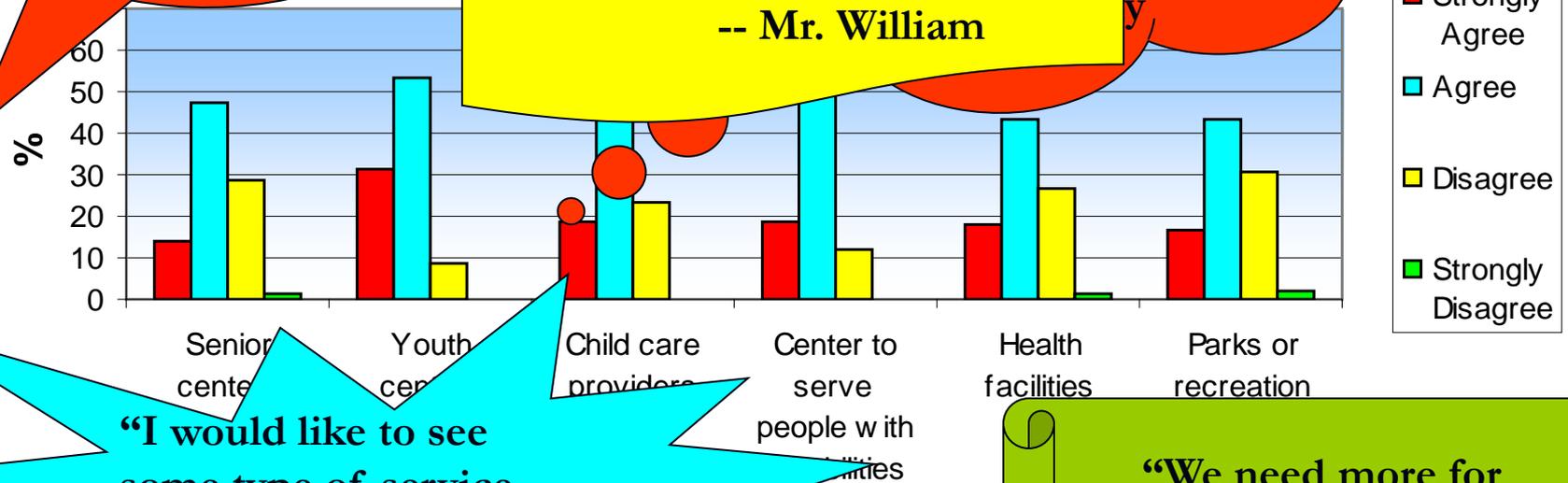
**-- Mr. Robert**

# Community Public Facility Needs

“A YMCA or a gym of some sort would be nice”  
-- Ms. Linda

“It would be greatly appreciated if walking closer to

“We need more quality recreational facilities for youth”  
-- Mr. William



“I would like to see some type of service for seniors”  
-- Mr. Dan

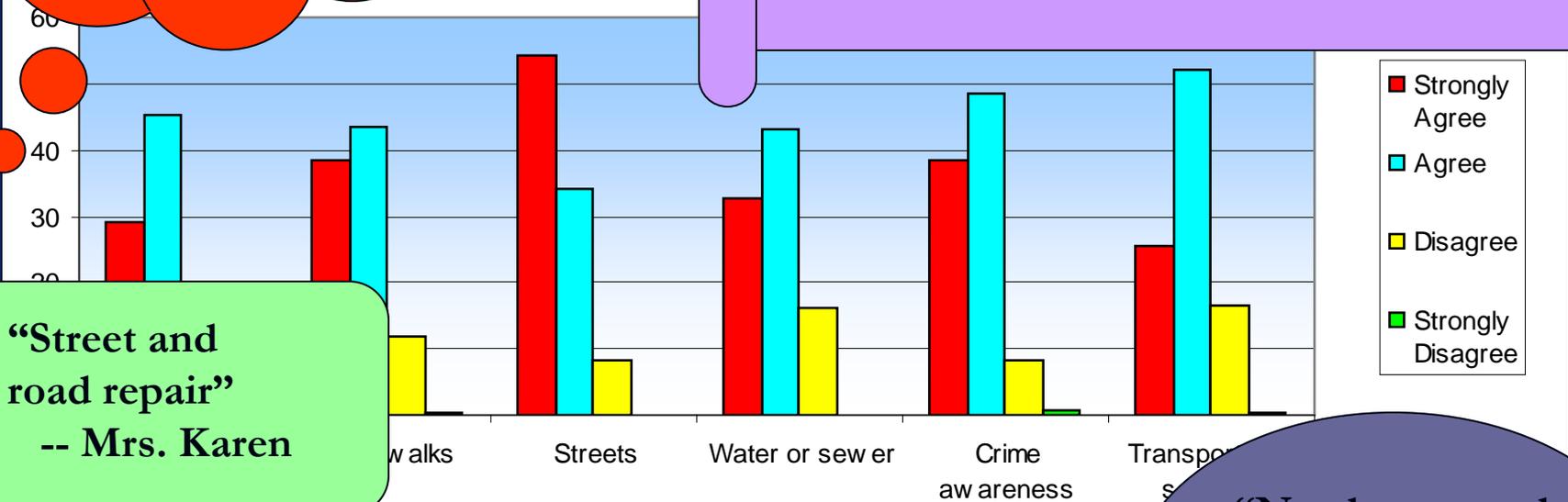
“We need more for kids, such as park development”  
-- Mr. John

# Community Infrastructure Needs

**“The sidewalks in Clay City are in horrible shape”**  
 -- Ms. Cathy

**“There needs to be transportation services for the disabled and elderly to use to get back and forth to Doctor’s appointments”**

-- Mr. Frank



**“Street and road repair”**  
 -- Mrs. Karen

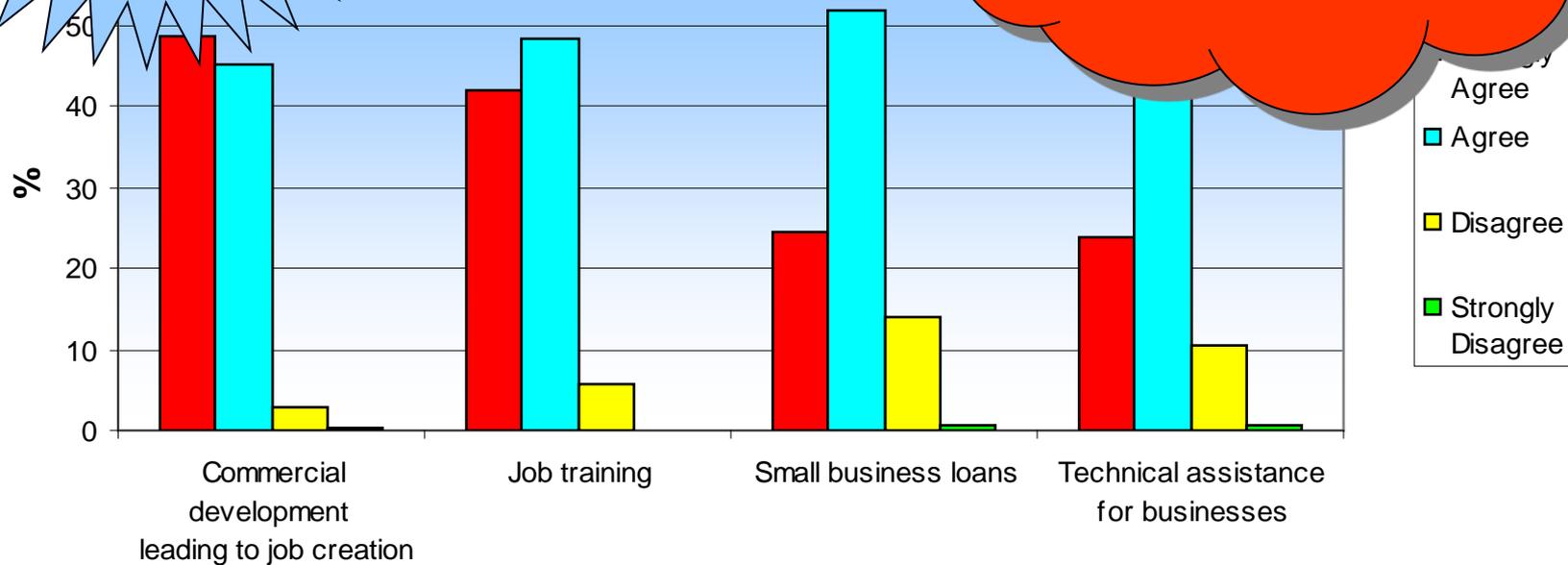
**“Need more and better quality care for alcoholism and addiction”**  
 -- Mr. Timothy

**“Clean up the down town area”**  
 -- Mr. Daniel

# Community Economic Development

“There are  
no job  
training to  
speak of”  
-- Ms. Julie

“We need more  
professional job  
opportunities for college  
graduates in the area”  
-- Mrs. Debbie



# Community Education System

“Clay and surrounding counties offer excellent educational opportunities to our youth”

-- Mrs. Rhea

	Frequency
Very Well	48
Well	192
Poorly	51
Very Poorly	10

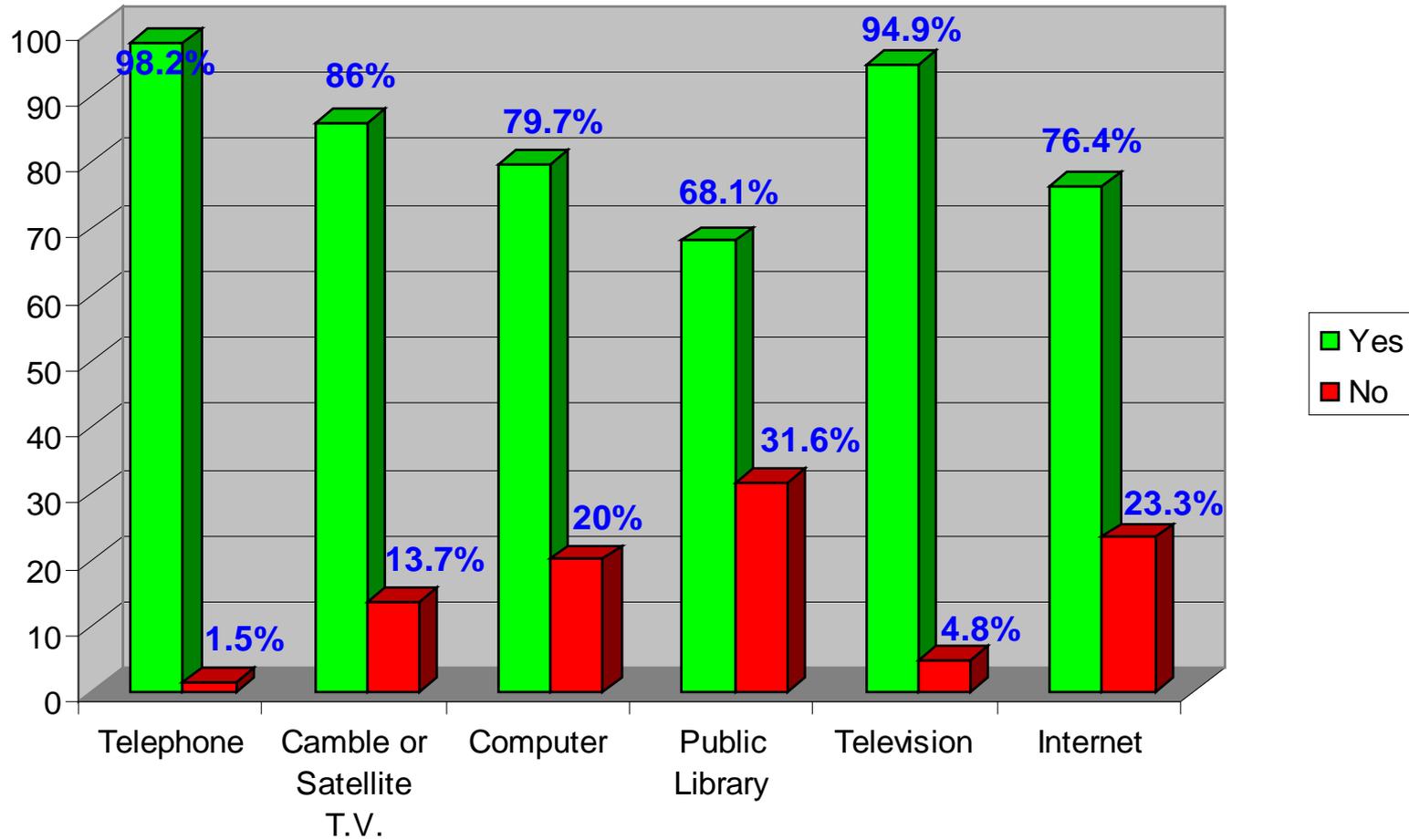
“Need to offer more Educational Classes such as Diabetes classes, nutrition & weight loss, smoke stopped, computer training classes, for juniors and adults”

-- Jeanette

“It would be nice to have more educational opportunities for the young and old”

-- Mr. Donald

# Access to Information

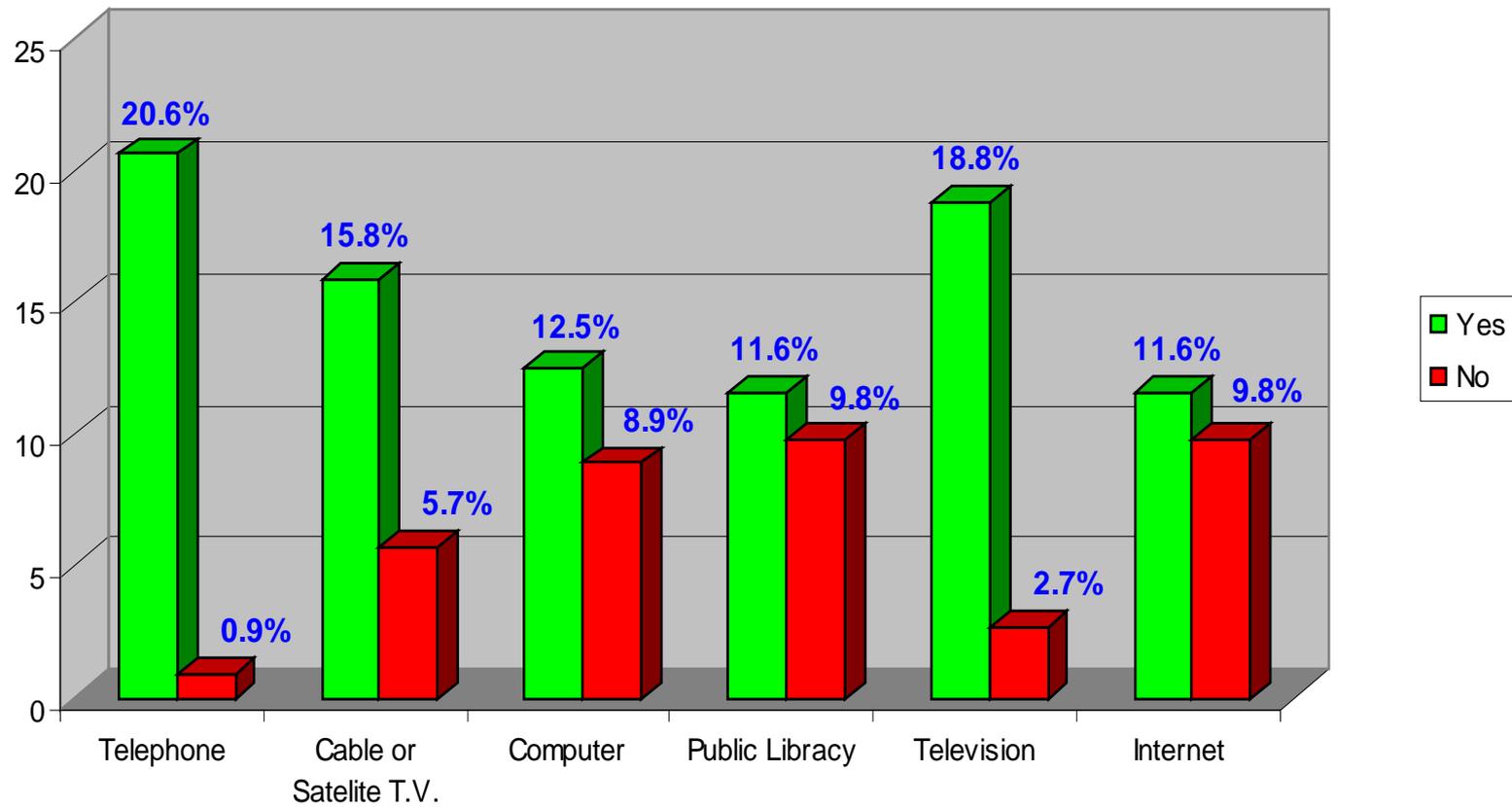


# Income Vs. Access to Information

	Income < \$30,000		Income > \$30,000	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Telephone	20.6	0.9	65.9	0.3
Cable/Satellite TV	15.8	5.7	59.7	8.0
Computer	12.5	8.9	60.3	5.9
Public Library	11.6	9.8	48.9	17.3
Television	18.8	2.7	64.7	1.5
Internet	11.6	9.8	58.5	7.8

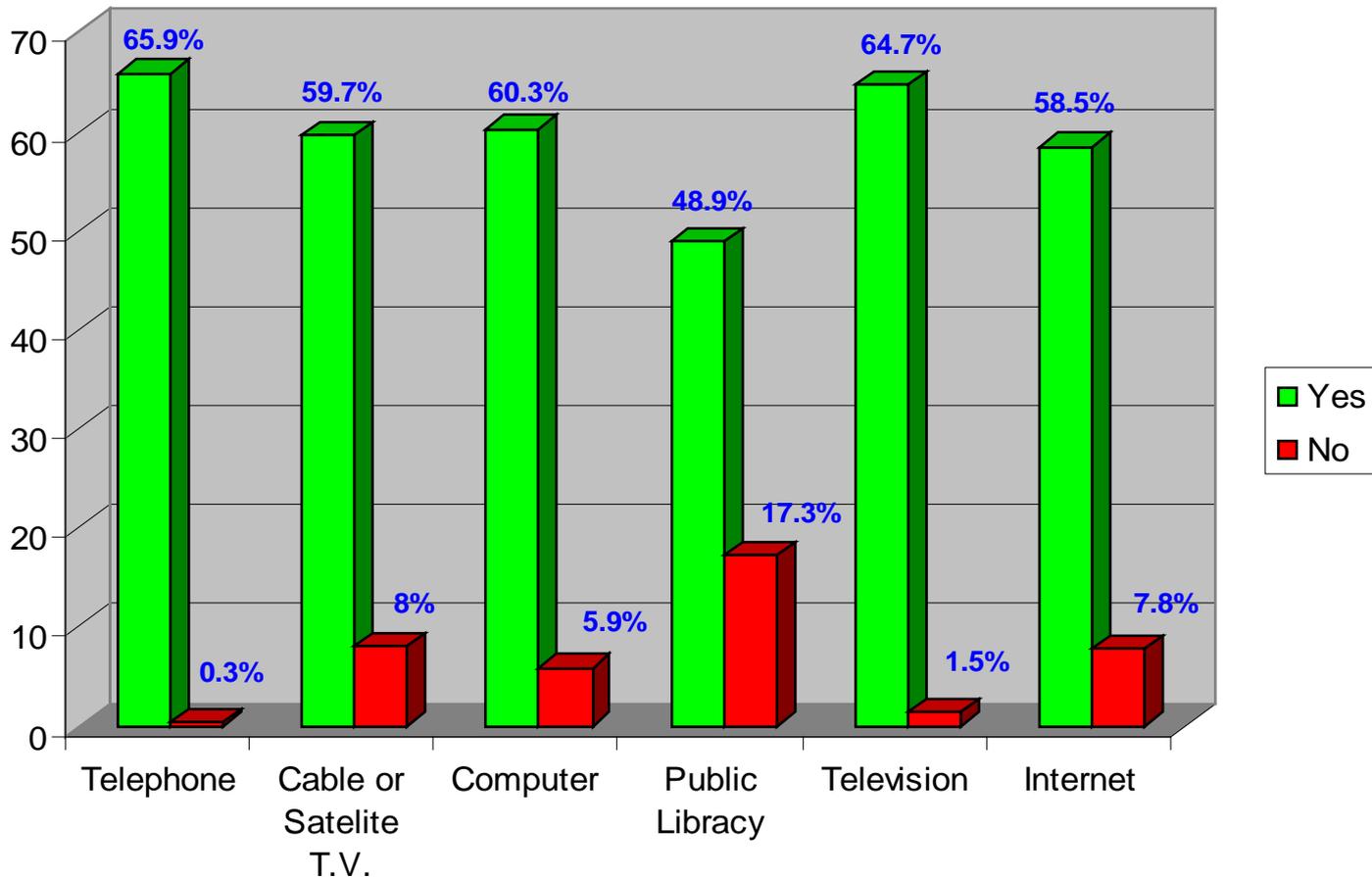
# Income Vs. Access to Information

## *[Income < \$30,000]*



# Income Vs. Access to Information

## *[Income > \$30,000]*



# Community Participation

	Income <\$30,000		Income >\$30,000	
	<u>Barrier (%)</u>	<u>Not Barrier (%)</u>	<u>Barrier (%)</u>	<u>Not Barrier (%)</u>
Cultural differences	2.3	17.9	2.0	64.1
Language difference	1.2	48.8	1.8	64.5
Literacy	0.9	19.1	1.2	65.0
Disability	5.4	15.2	4.7	61.5



# ST. VINCENT CLAY HOSPITAL COMMUNITY ASSESSMENT SURVEY

Prepared by:  
Greg Simmons

# Demographic Questions

Pg. 3 – Age

Pg. 4 – Gender

Pg. 5 – Marital Status

Pg. 6 – Jobs

Pg. 7 – Unemployment

Pg. 8 – Zip Codes

Pg. 9 – Number of seniors per household

Pg. 10 – Number of juveniles per household

Pg. 11 – Level of education

Pg. 12 – Income level

Pg. 13 - Ethnicity

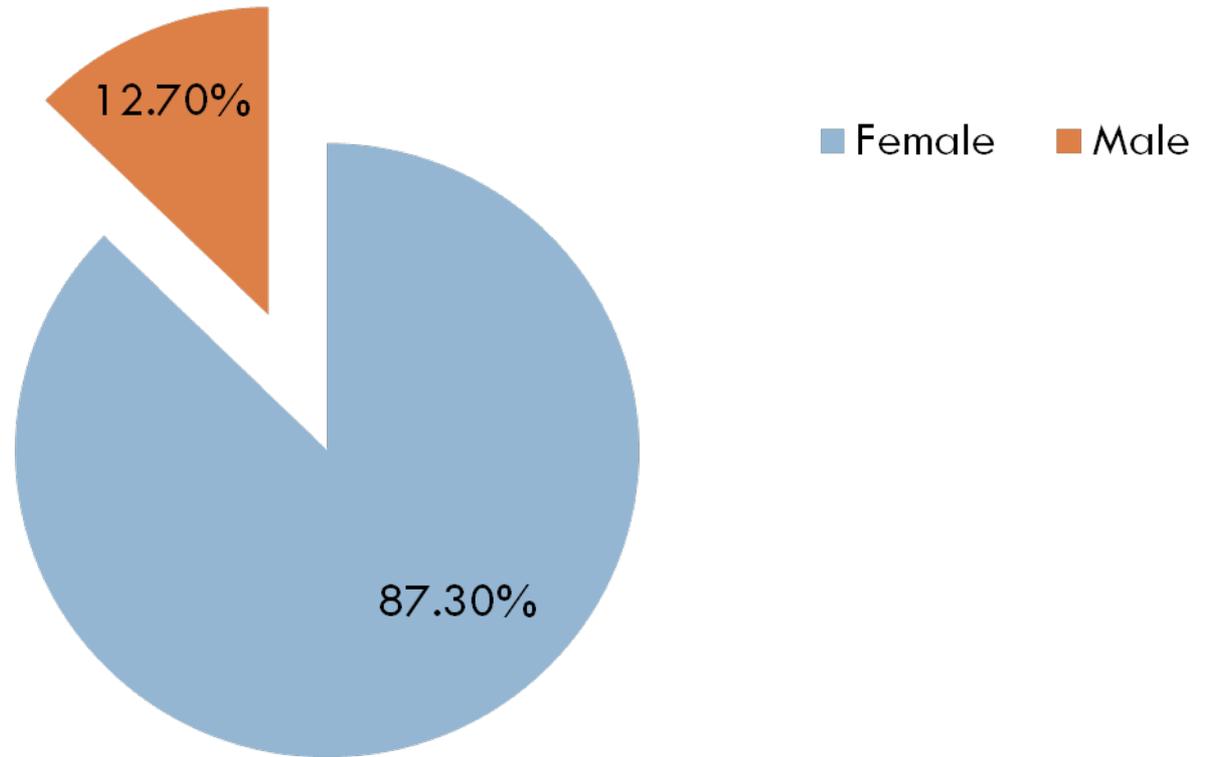
# Age

3

	Frequency	Percentage
18 - 24	1	0.3 %
25 - 34	25	8.7 %
35 - 44	35	12.2 %
45 - 54	65	22.7 %
55 - 64	84	29.4 %
65 +	76	26.2 %

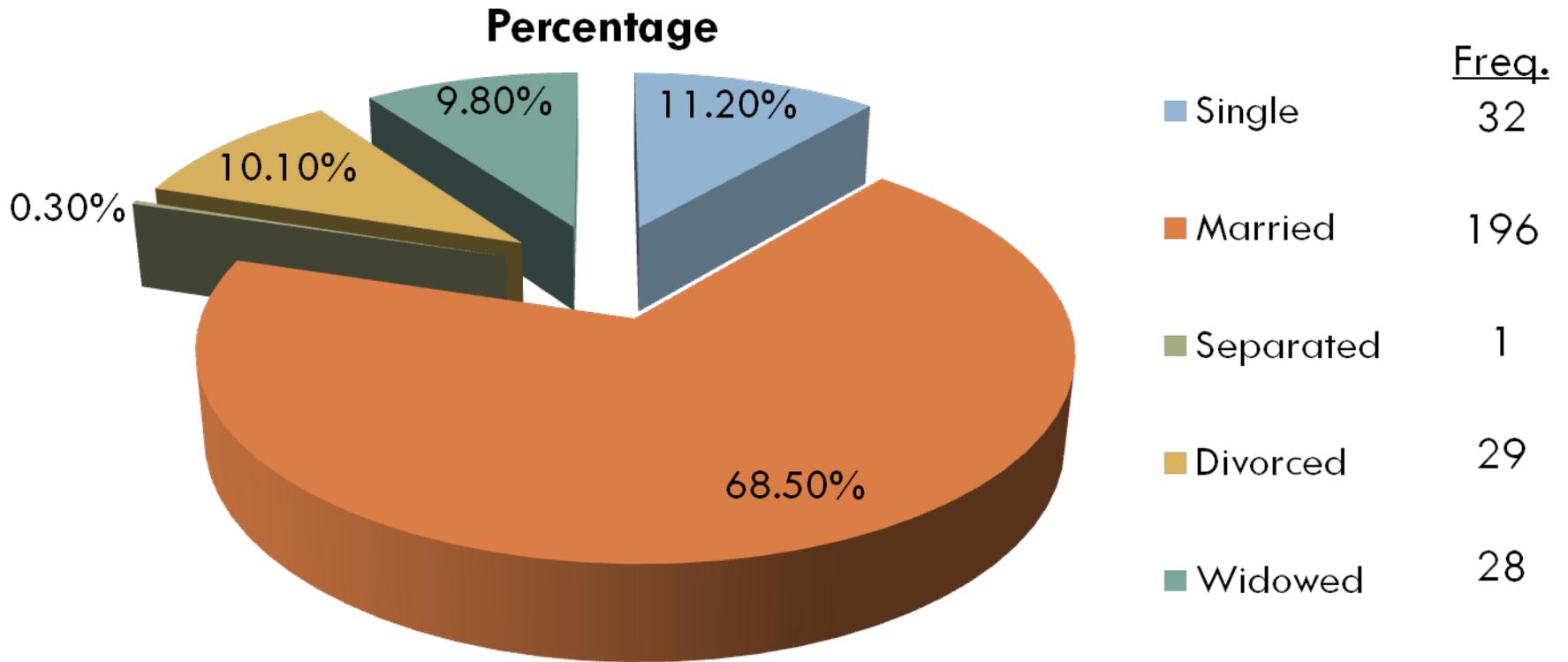
# Gender

4



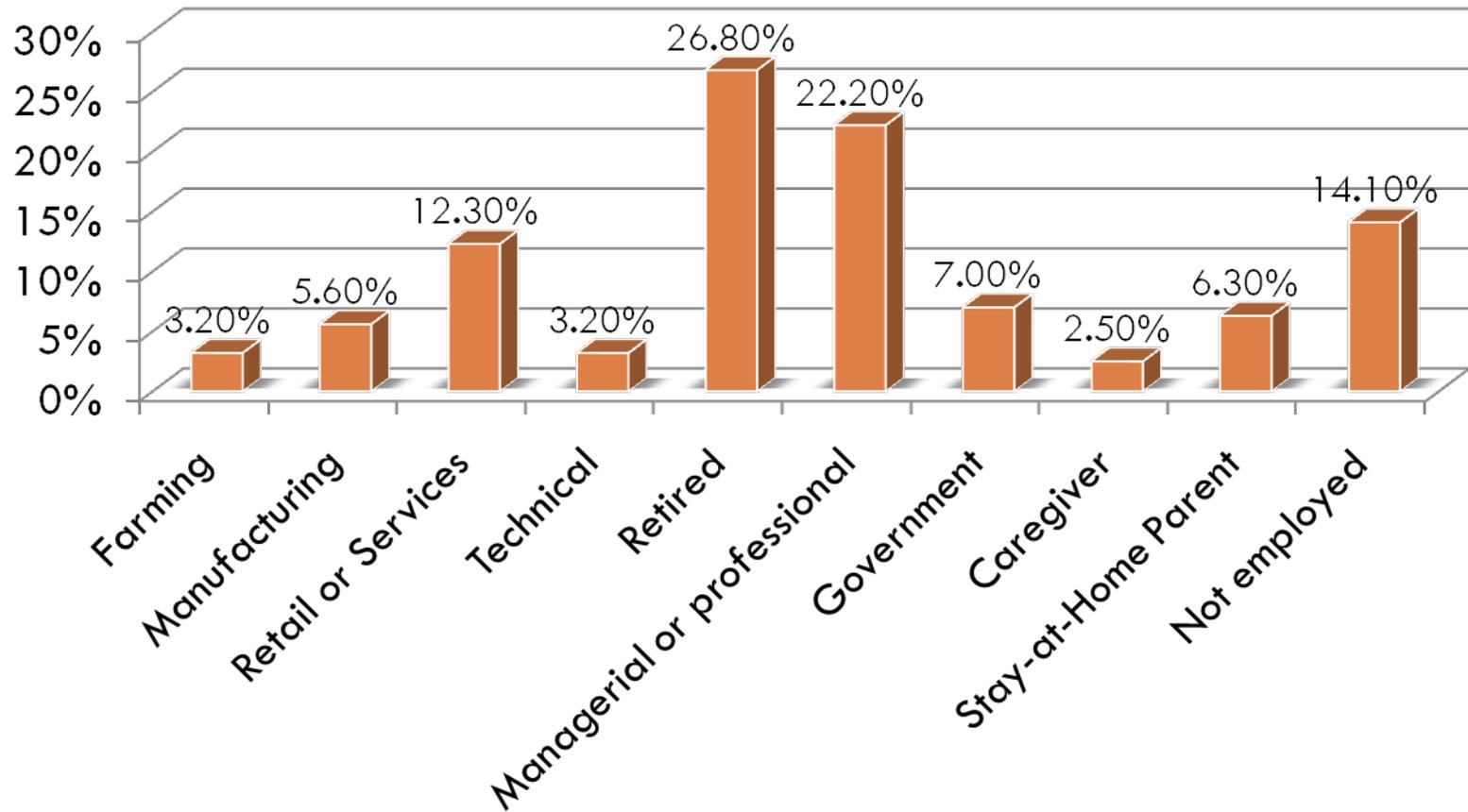
# Marital Status

5



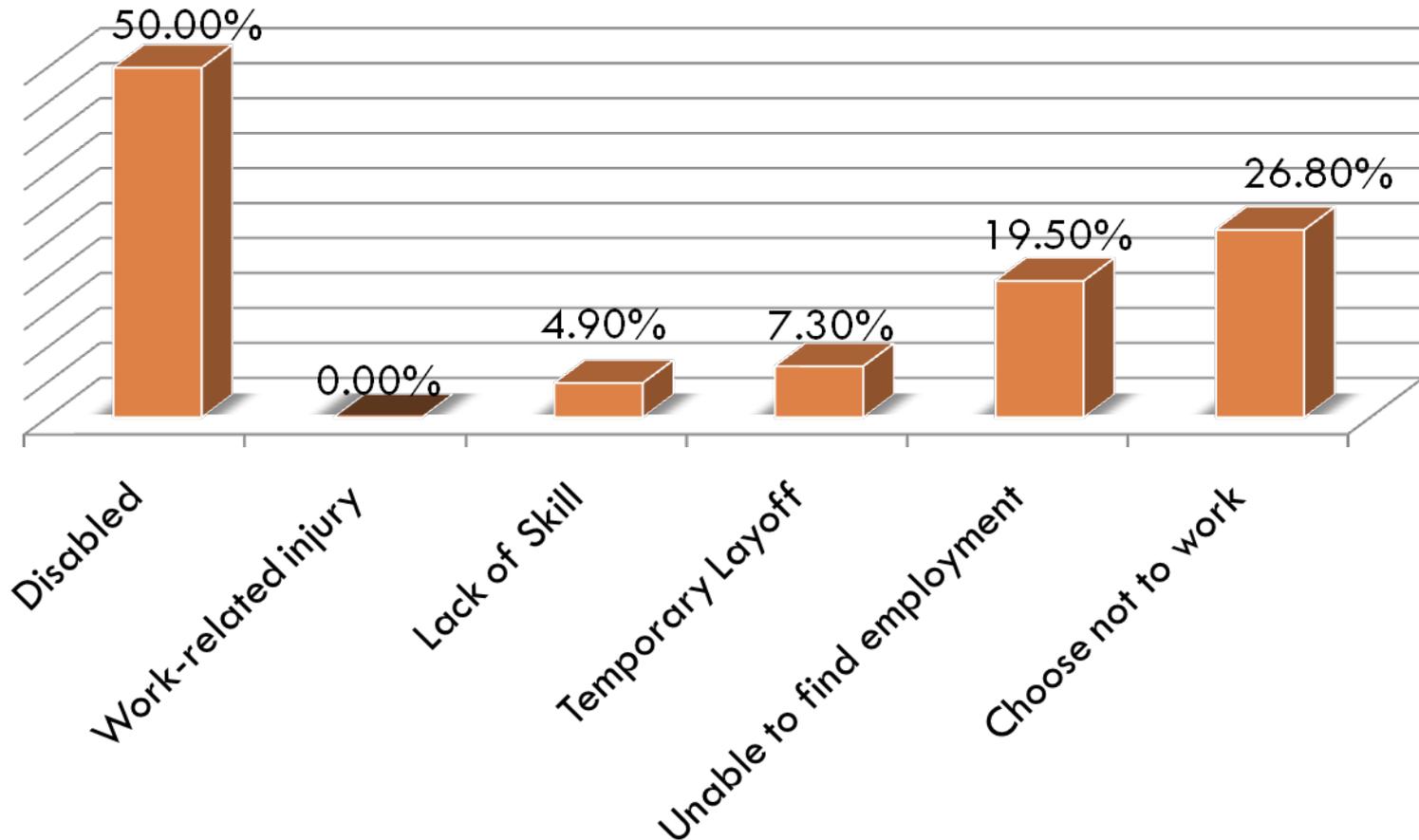
# What best describes the type of job you have?

6



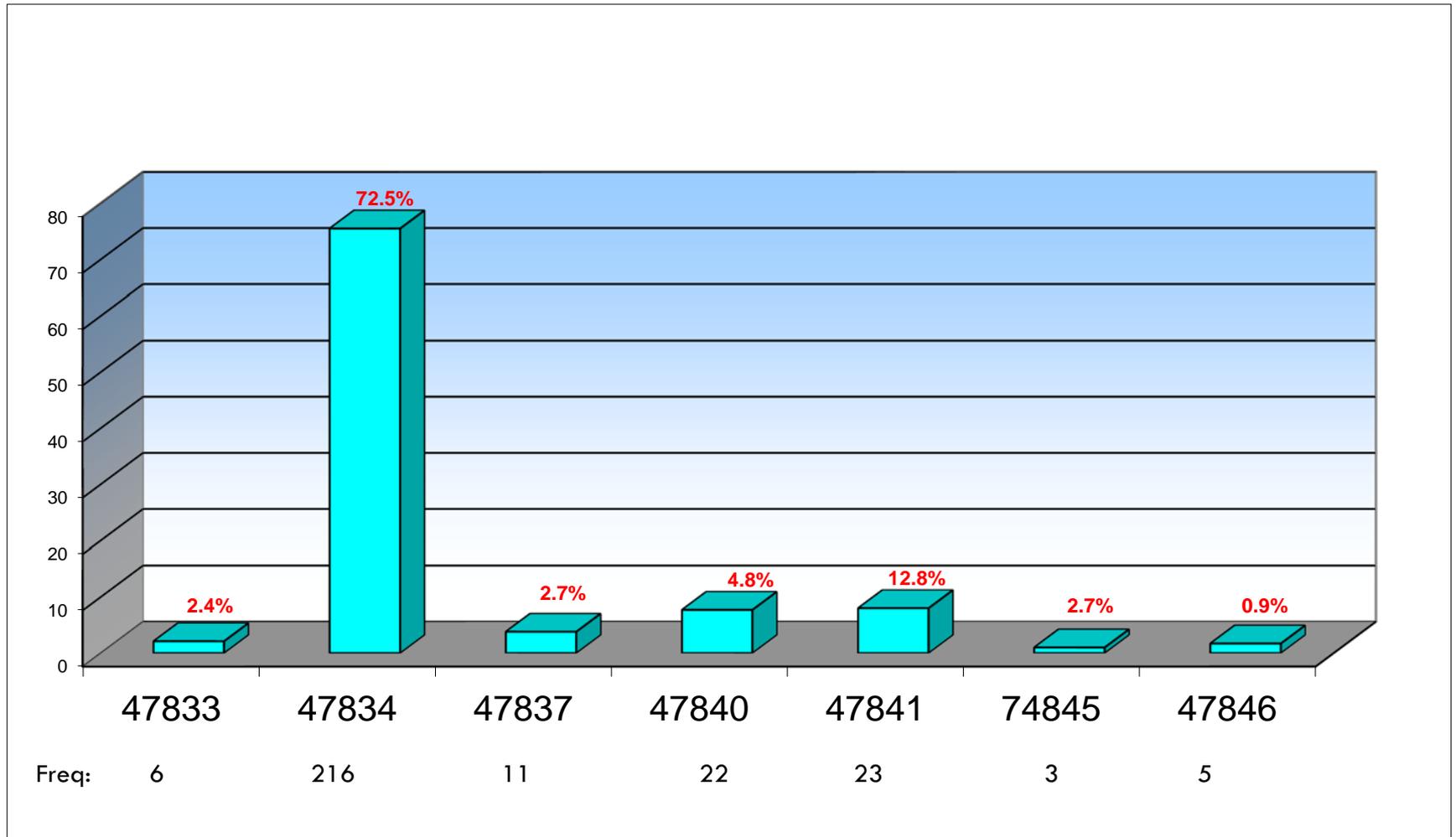
# If you are not employed, why?

7



# Zip Codes

8



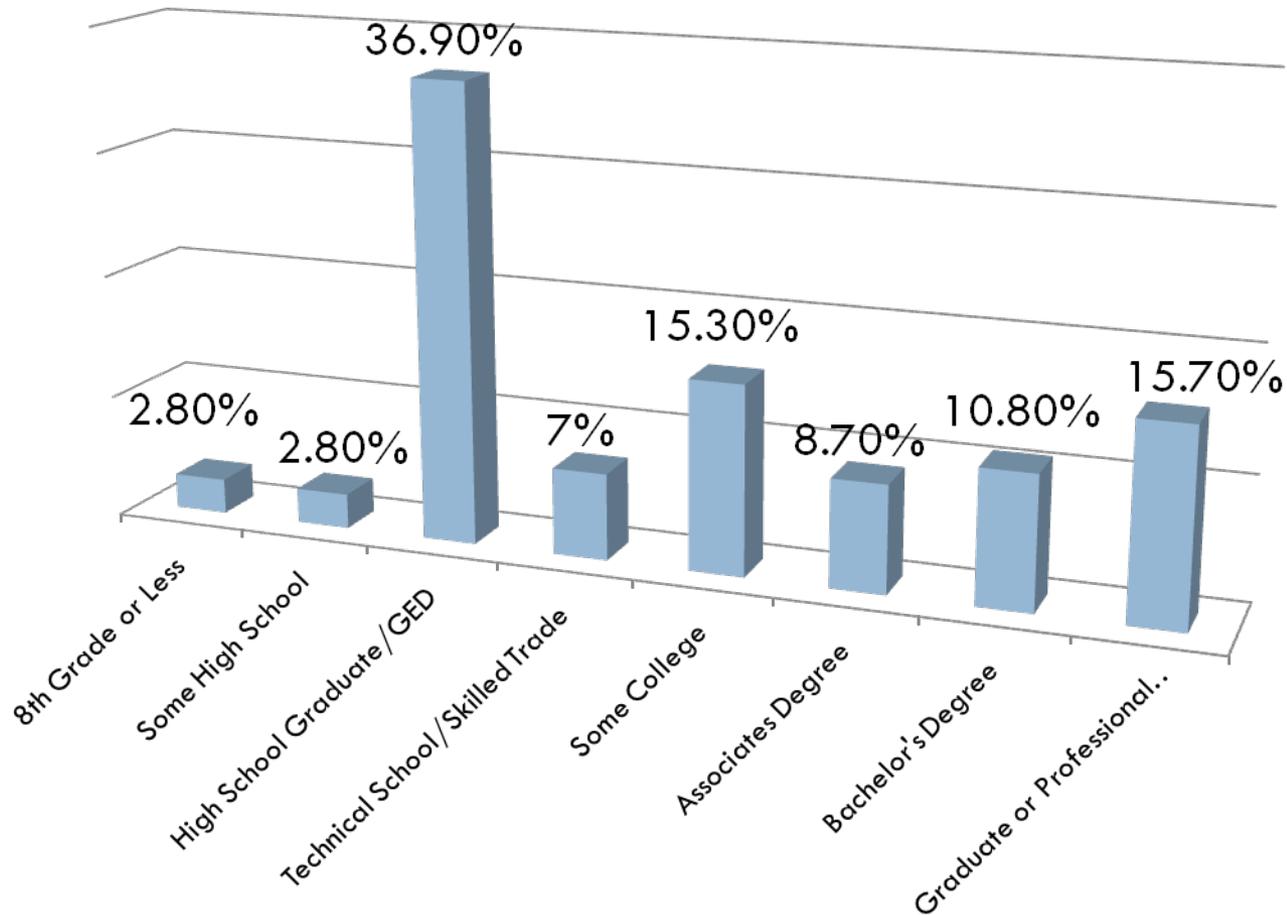
# Number of Seniors Per Household

Number	Frequency	Percentage
0	195	68.4
1	46	16.1
2	44	15.4

# Number of Juveniles Per Household

Number	Frequency	Percentage
0	189	68.0
1	35	12.6
2	37	13.3
3	12	4.3
4	5	1.8

# Level of Education



# Income Levels

	Frequency	Percentage
Less than 10,000	19	7.7 %
10,001 – 14,999	16	6.5 %
15,000 – 19,999	20	8.1 %
20,000 – 29,999	36	14.5 %
30,000 – 44,999	39	15.7 %
45,000 – 54,999	26	10.5 %
55,000 – 74,999	39	15.7 %
75,000 +	53	21.4 % <sub>12</sub>

# Ethnic Distribution

	Frequency	Percentage
Caucasian (white)	276	96.2 %
Hispanic	2	0.7 %
African American (black)	0	0
Asian American	1	0.3 %
Native American	6	2.1 %
Other	0	0

# Healthcare Questions

Pg. 15 – How would you rate your physical health?

Pg. 16 – How would you rate your mental health?

Pg. 17 – Stress at work/school

Pg. 18 – Stress at home

Pg. 19 – Specific conditions, 1

Pg. 20 – Specific conditions, 2

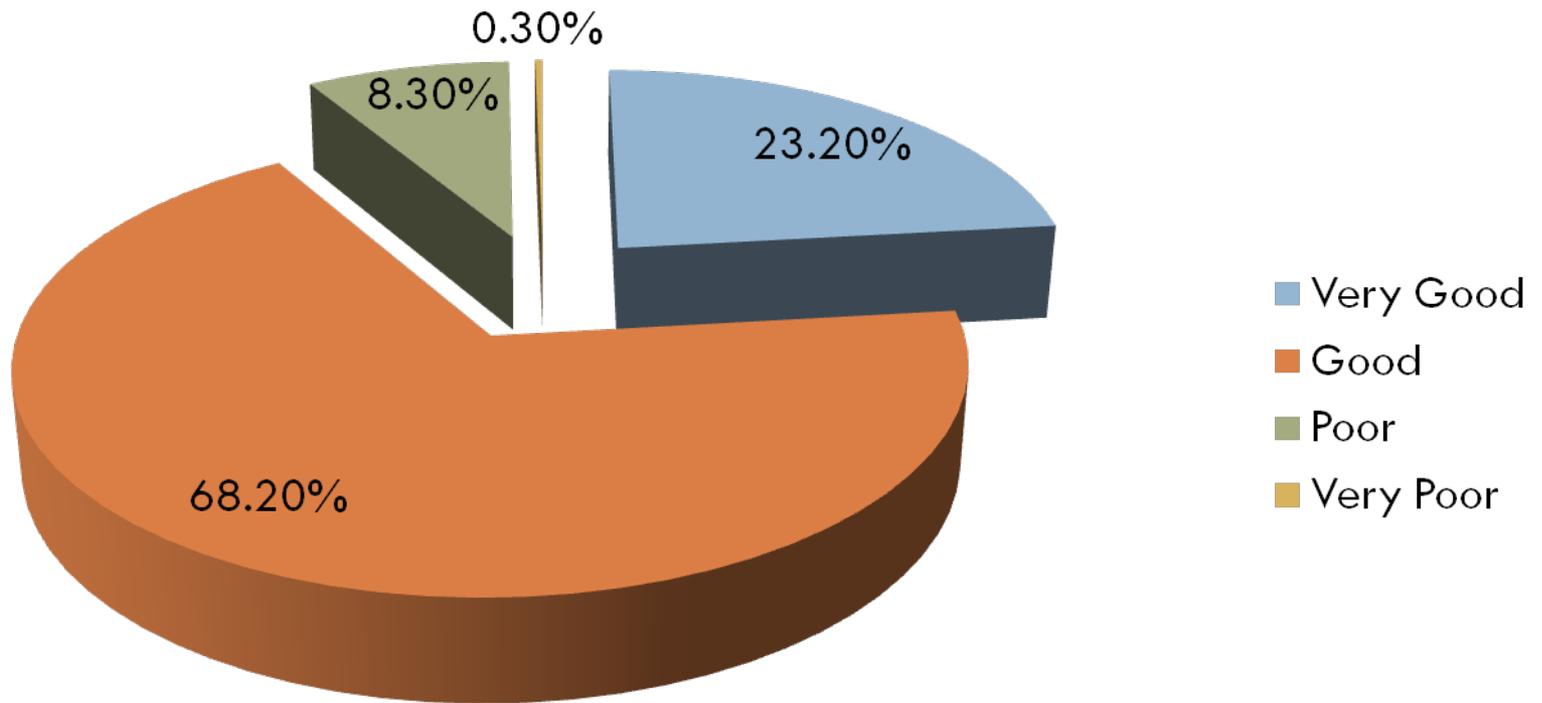
Pg. 21 – Specific conditions, 3

Pg. 22 – Frequency of doctor visits

Pg. 23 – Frequency of dental check-ups

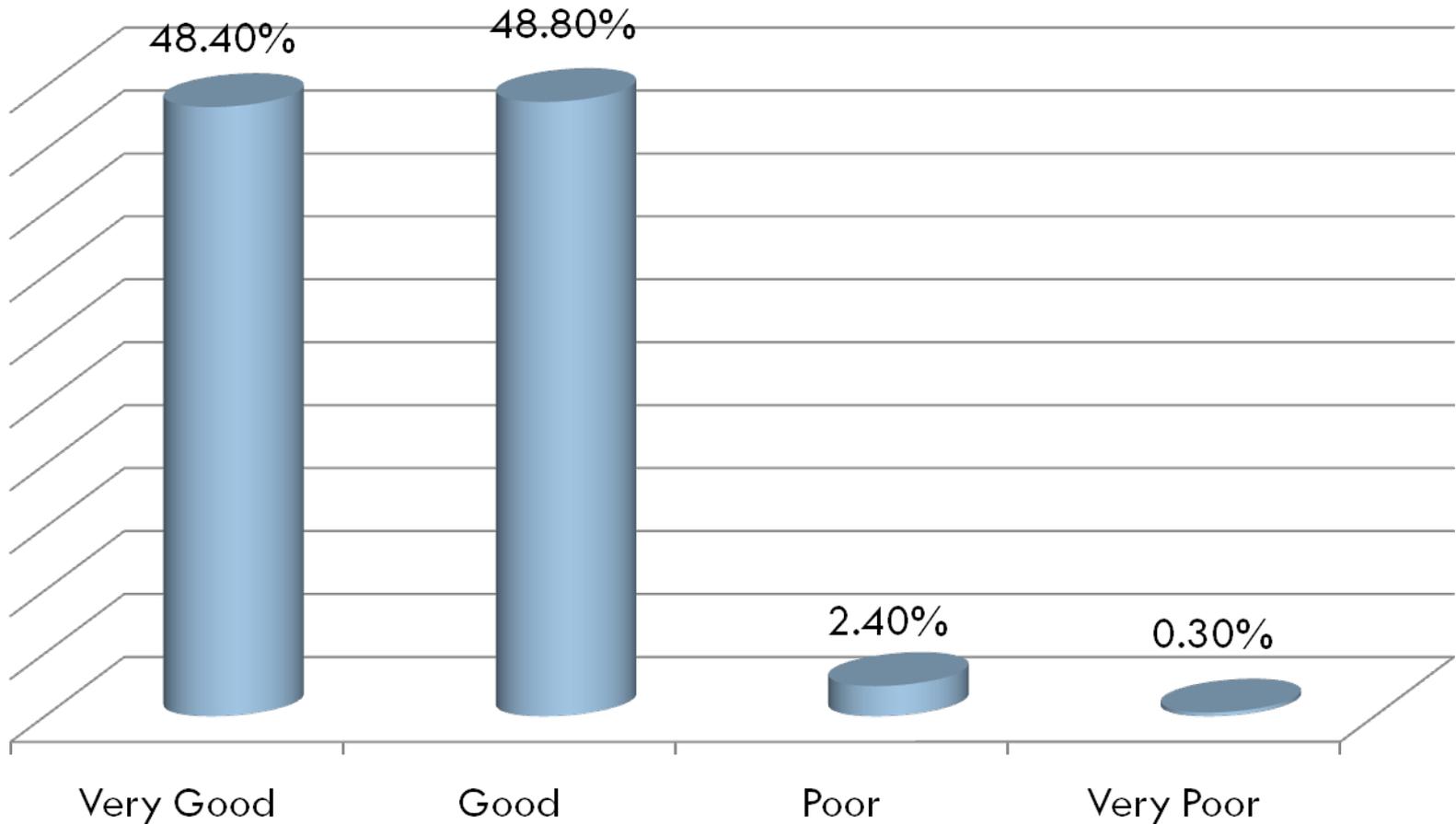
# In general, how would you rate your physical health?

15



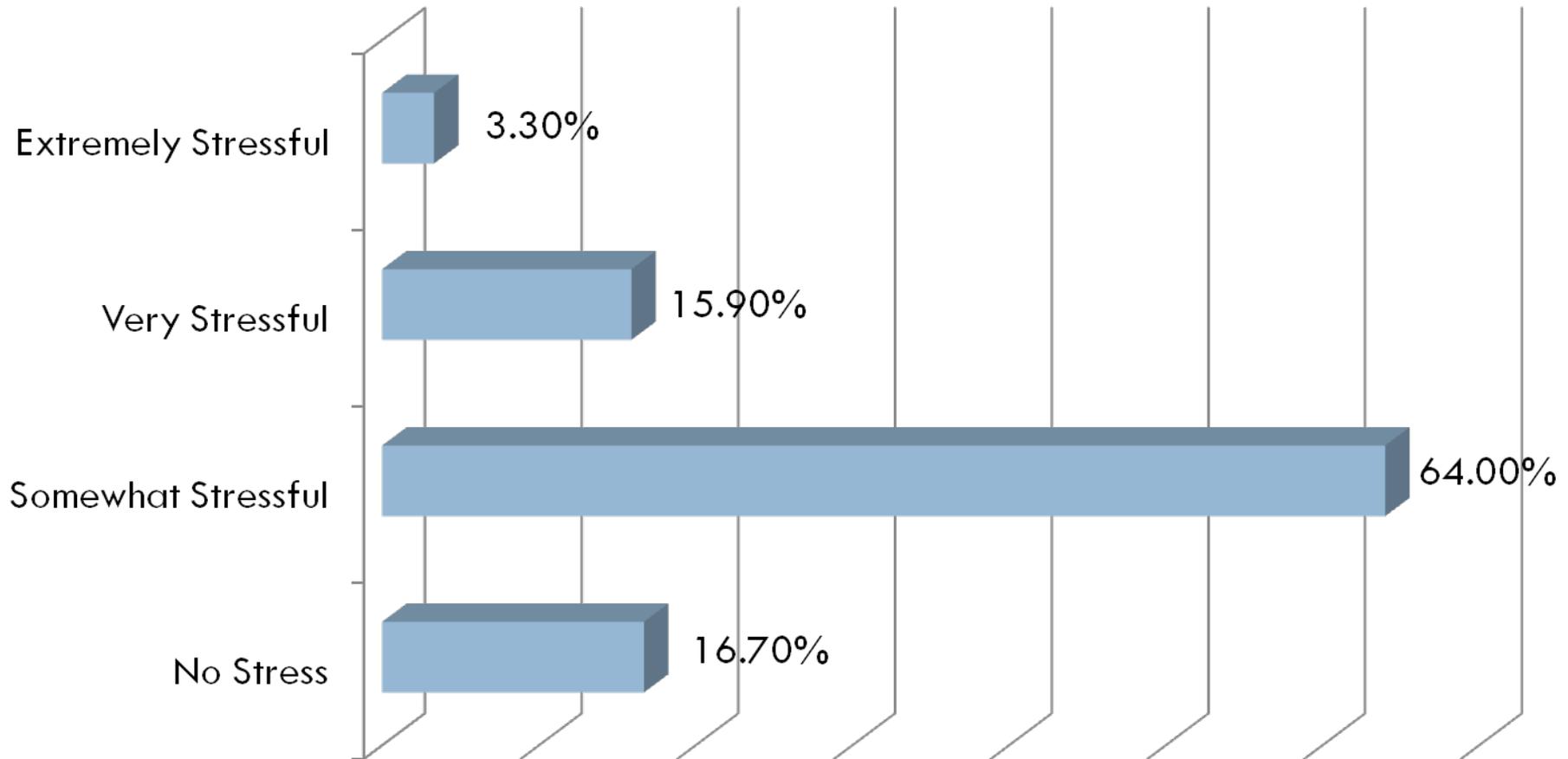
# In general, how would you rate your mental health?

16



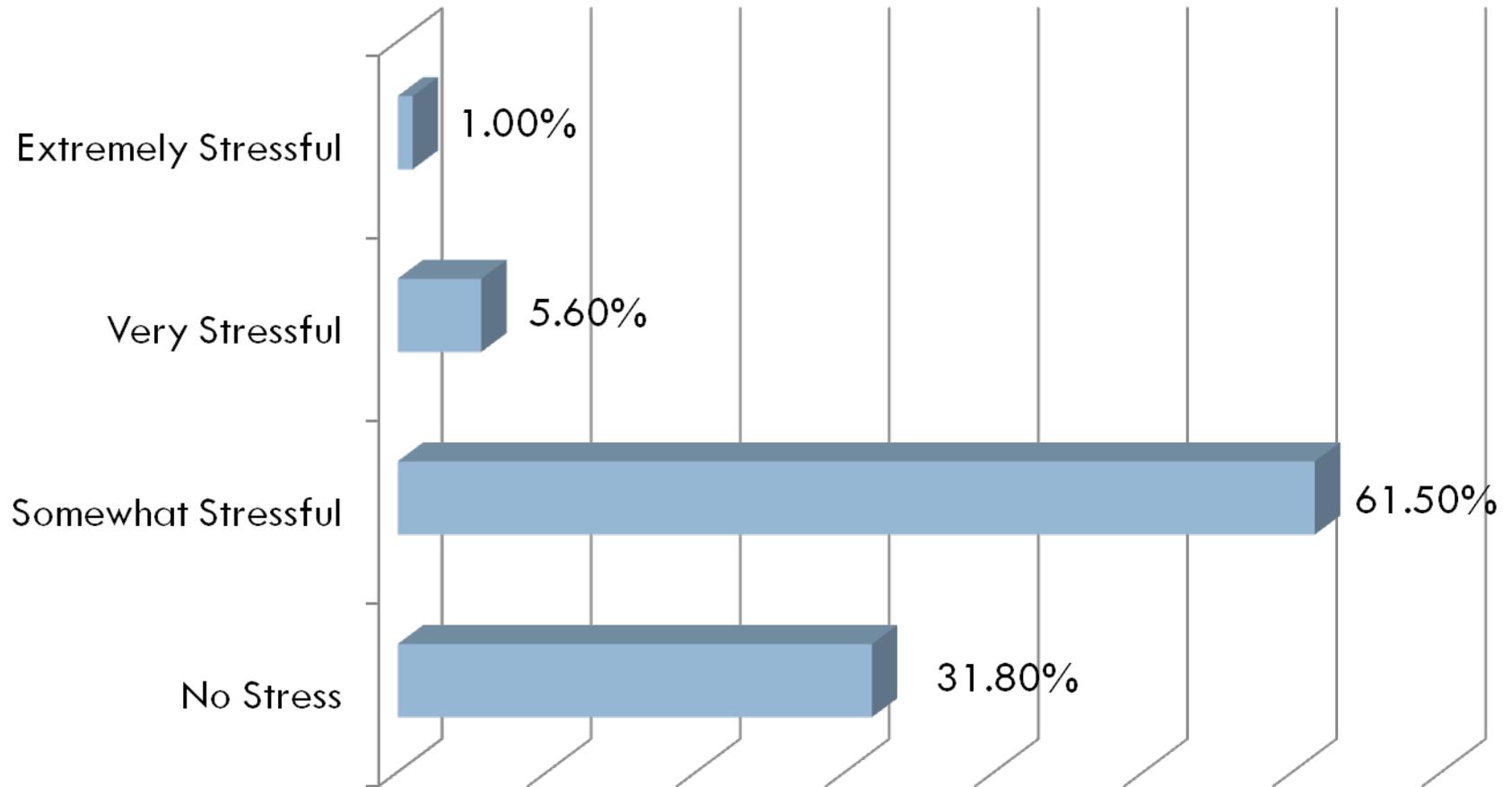
# How would you rate your stress level at work or school?

17



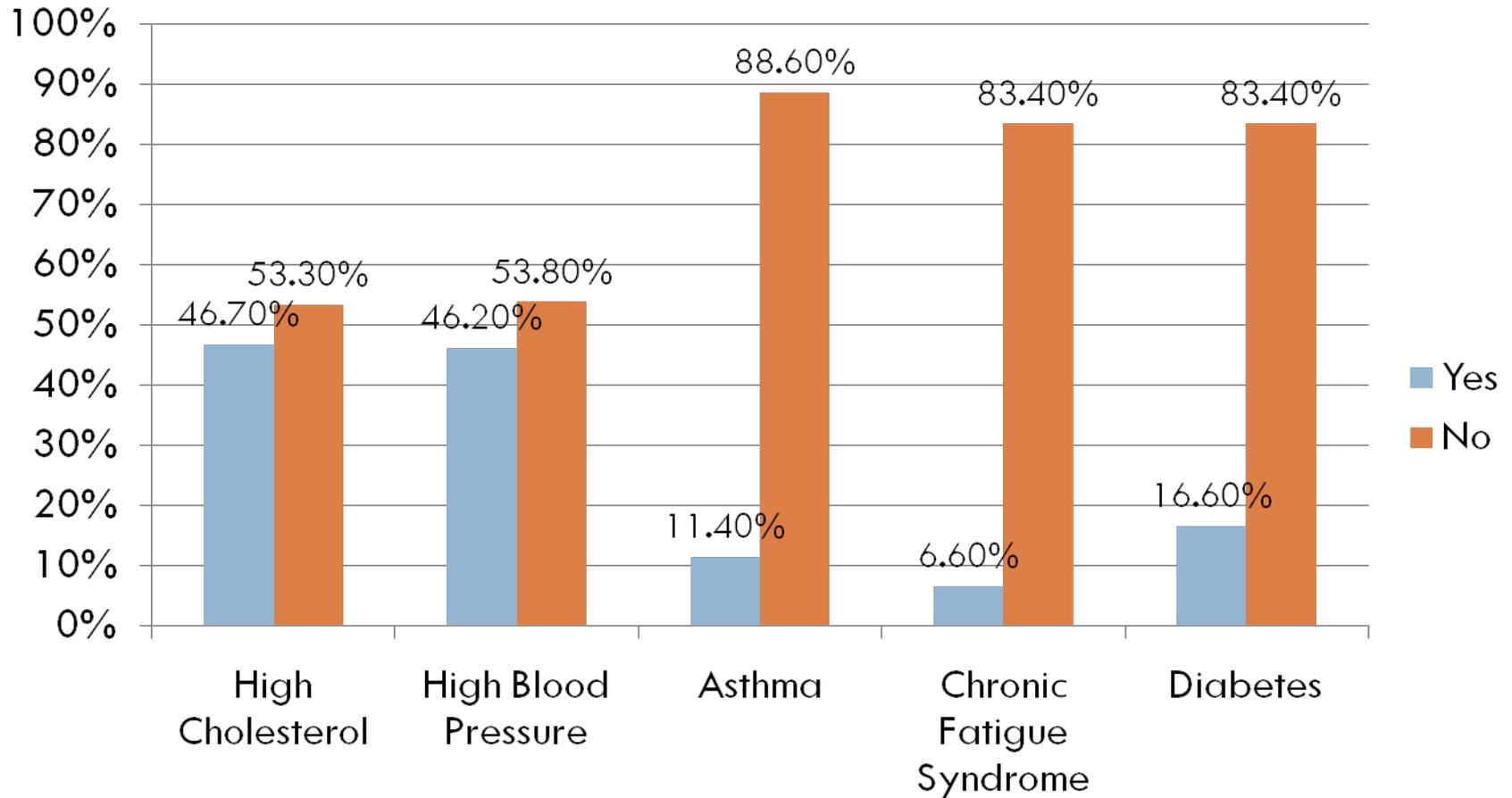
# How would you rate your stress level at home?

18



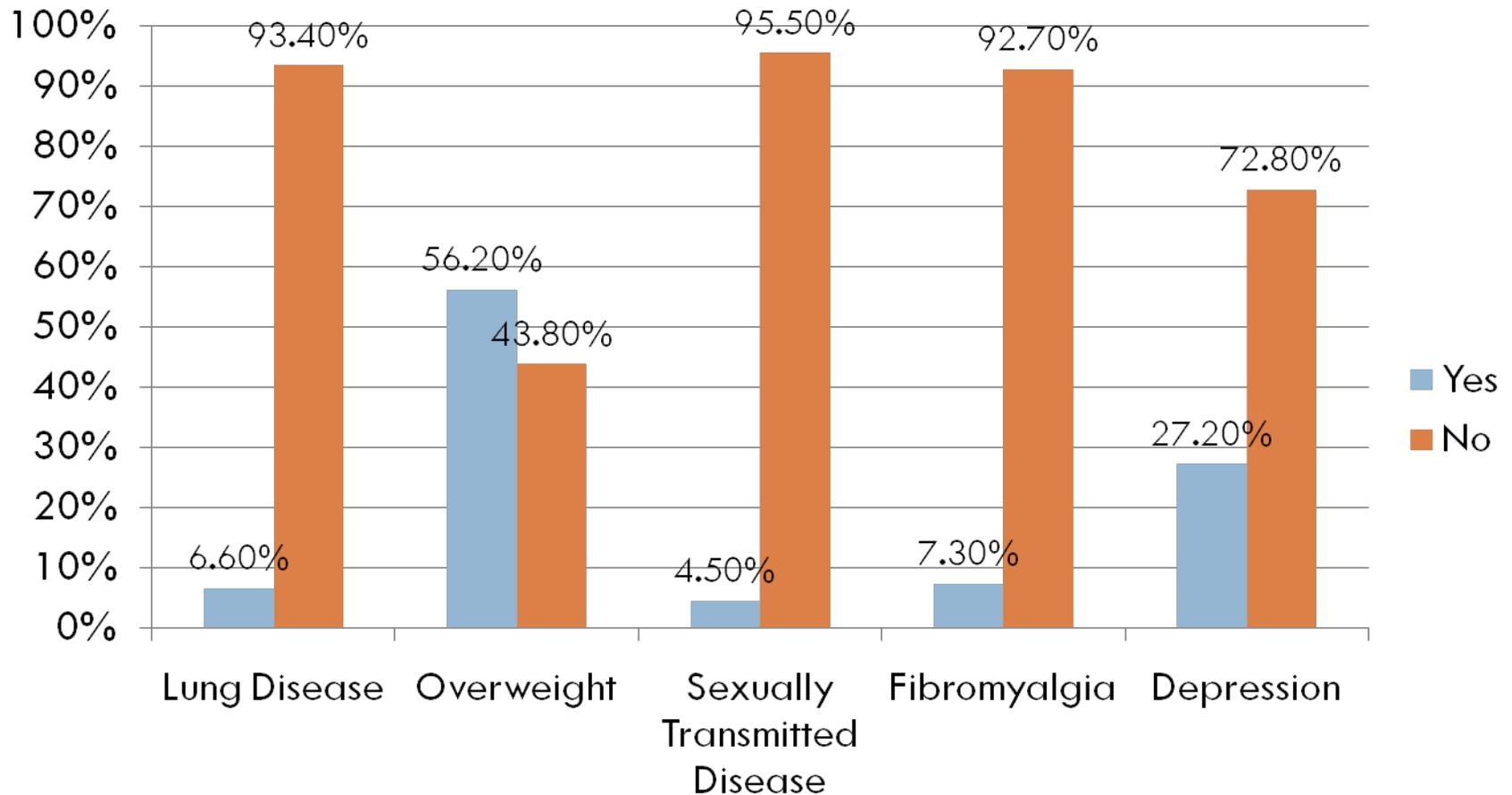
# Have you ever had any of the following conditions?

19



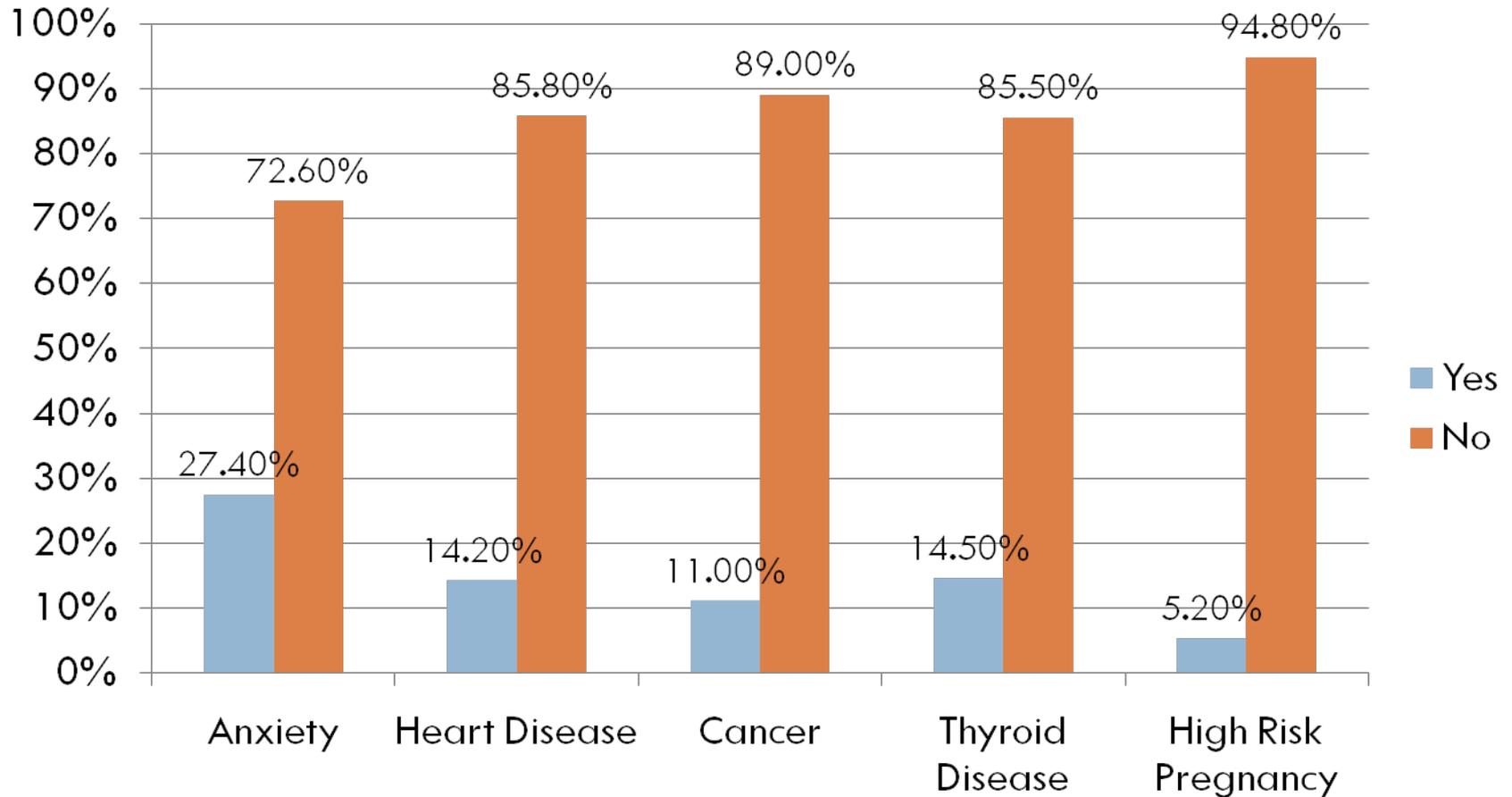
# Have you ever had any of the following conditions? (cont.)

20



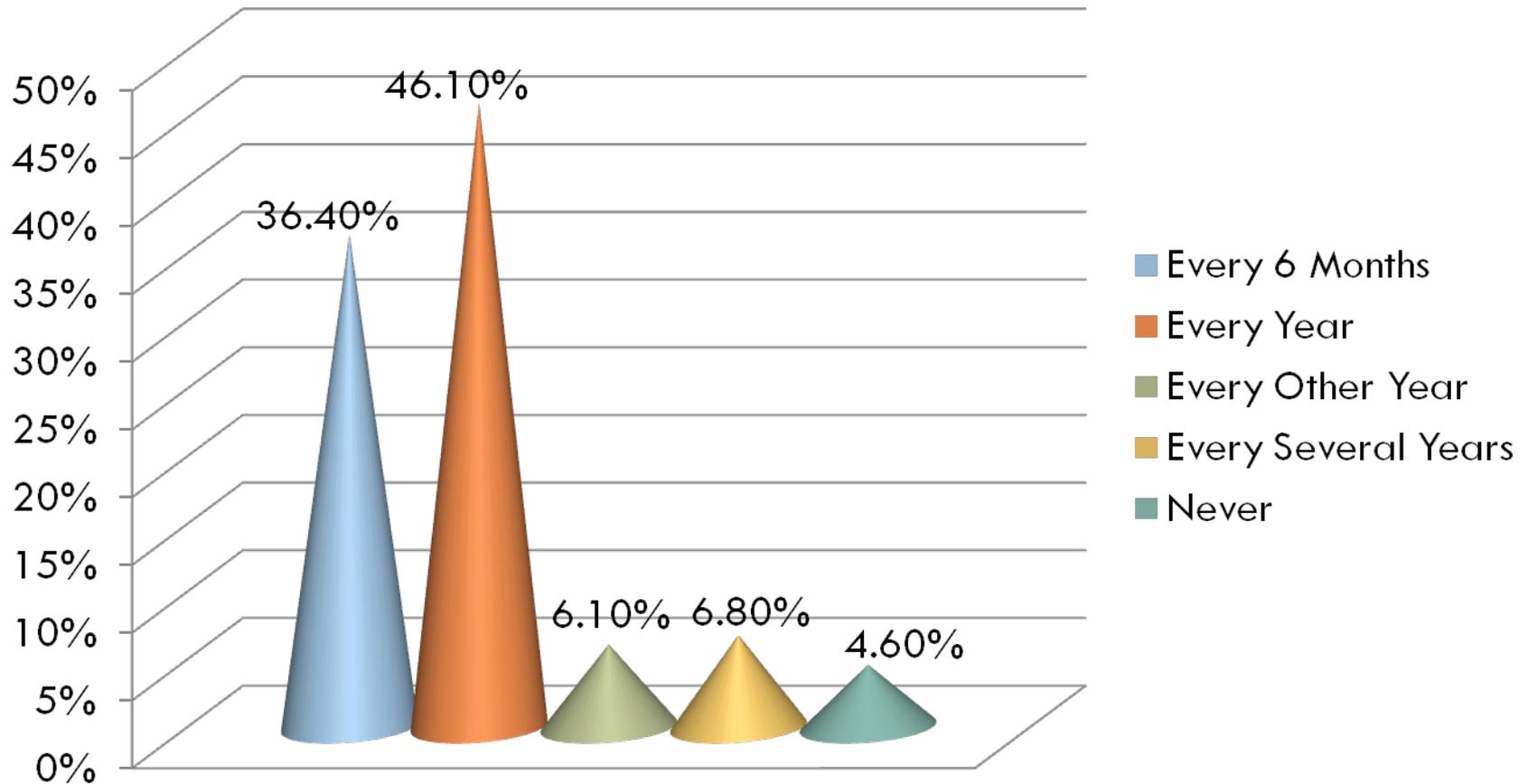
# Have you ever had any of the following conditions? (cont.)

21



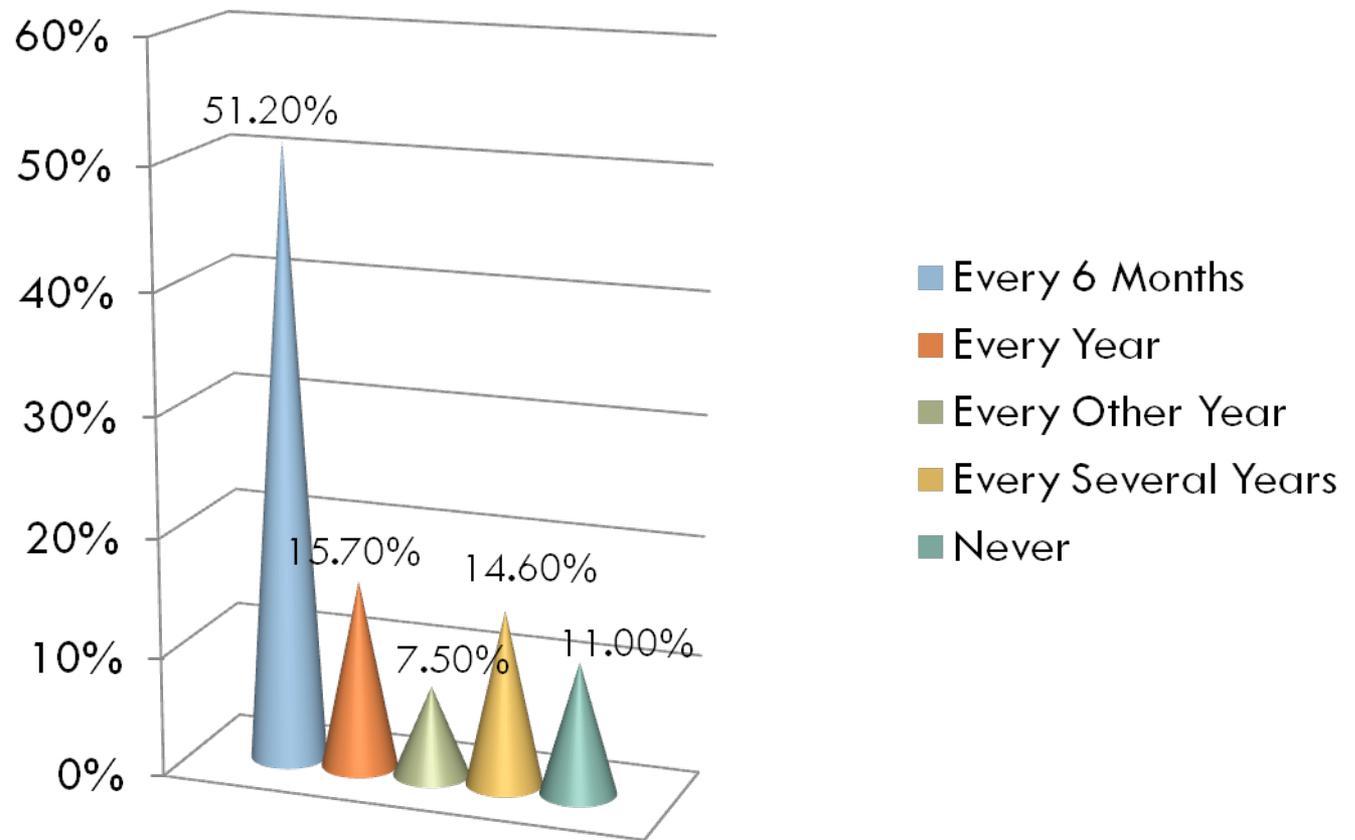
# How often do you visit a doctor or health care professional for a regular check-up?

22



# How often do you get a dental exam?

23



## Tobacco Questions

Pg. 25 – Smoking frequency

Pg. 26 – Smokeless tobacco use frequency

Pg. 27 – Tobacco use compared to last year

Pg. 28 – Did you try to quit tobacco this year?

Pg. 29 – If you tried to quit, where did you seek help?

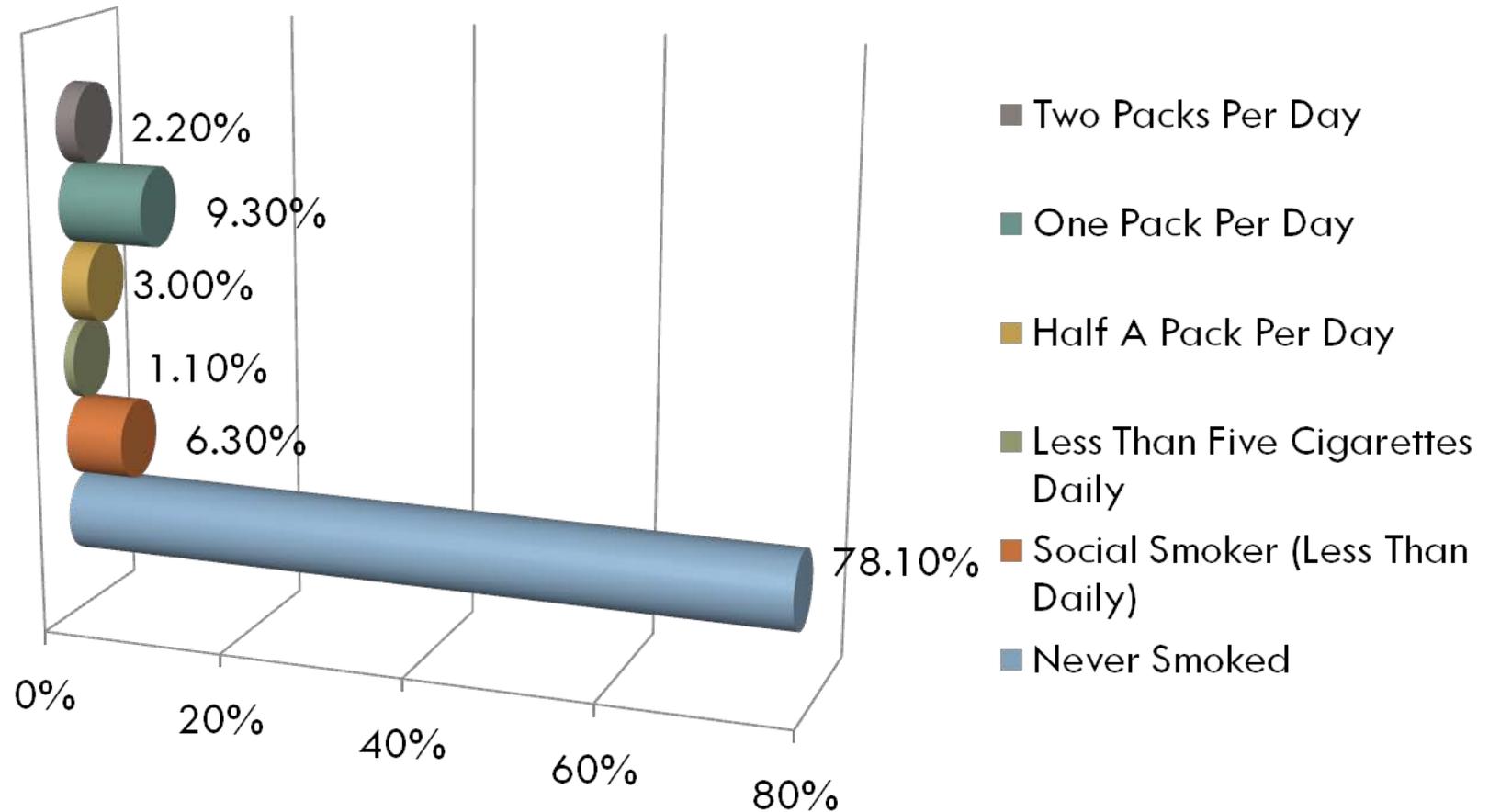
Pg. 30 – Quitting tobacco, continued.

Pg. 31 – Does anyone else in your household smoke?

Pg. 32 – Do you think secondhand smoke is harmful?

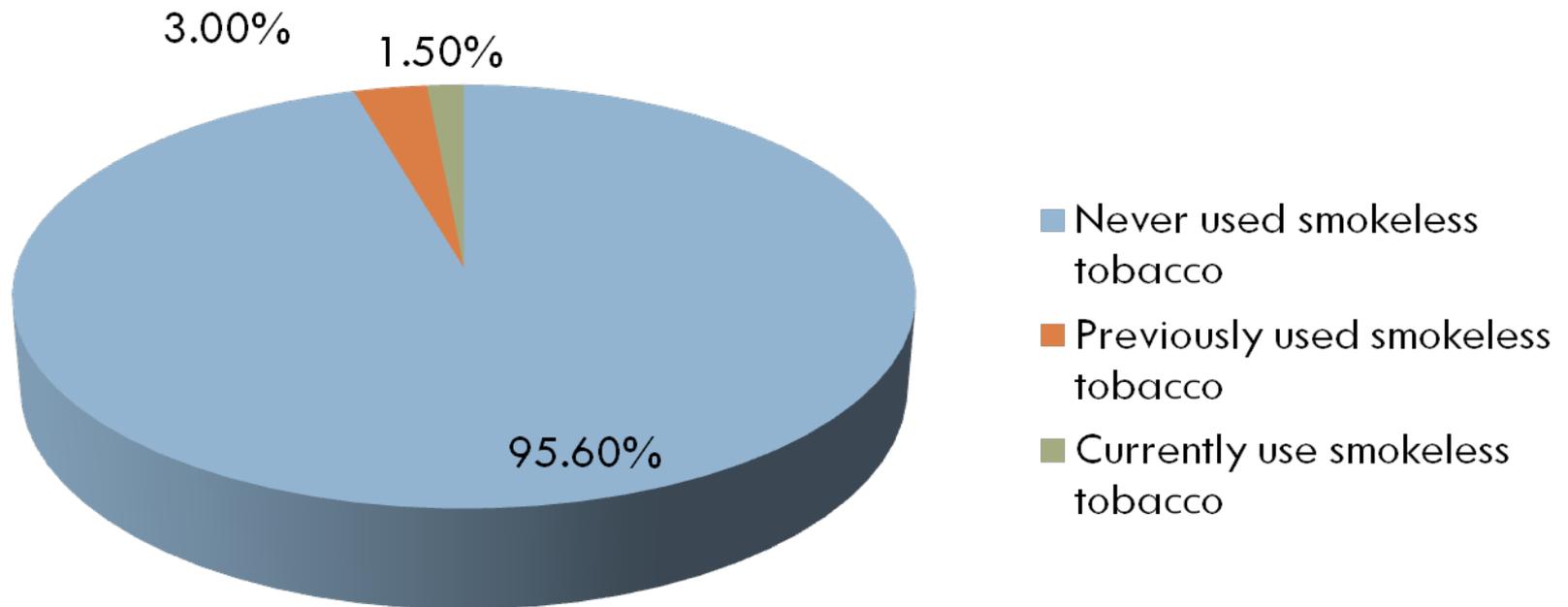
# Which best describes your smoking frequency?

25



# Which best describes your smokeless tobacco use frequency?

26



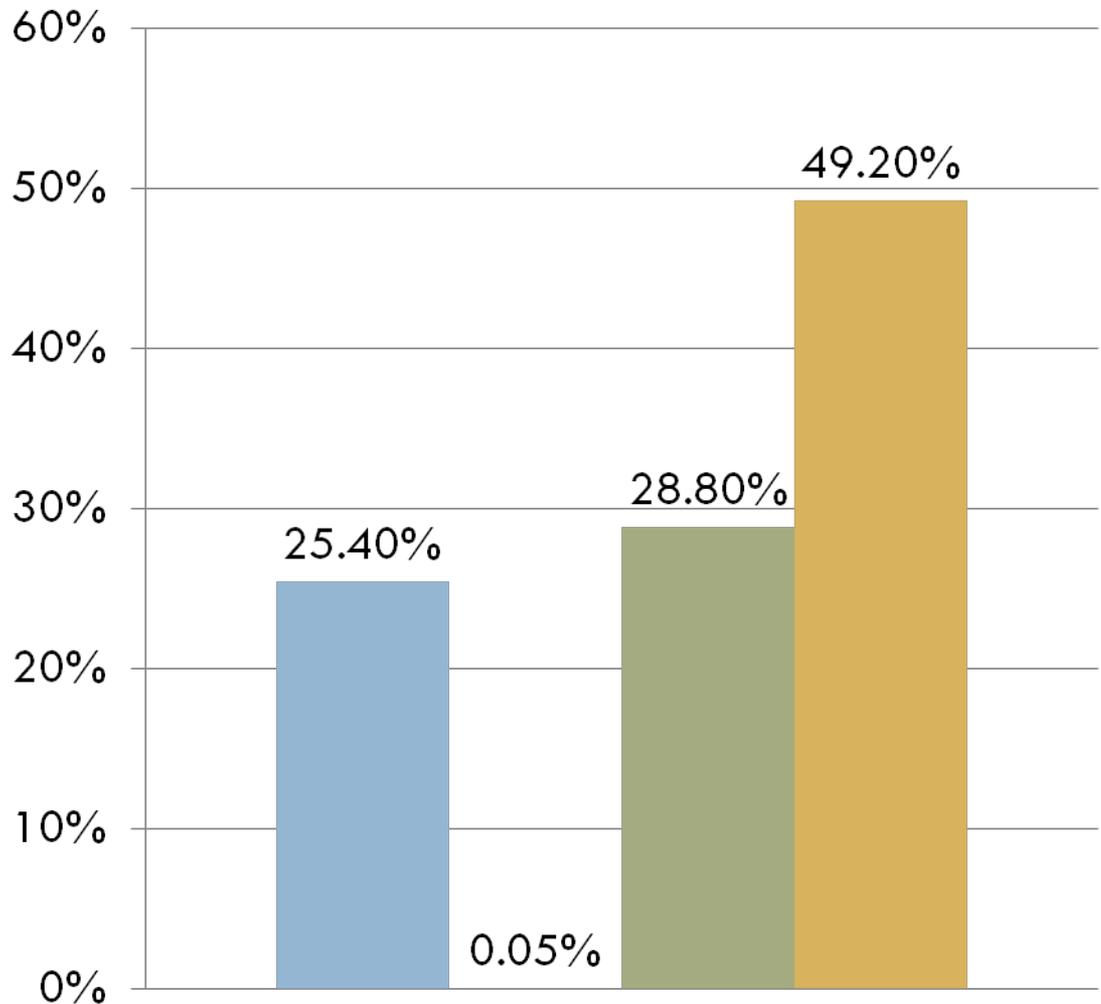
# If you currently smoke or use smokeless tobacco, do you...

27

- use less than you used a year ago?
- use more than you used a year ago?
- use about the same as you used a year ago?
- Missing

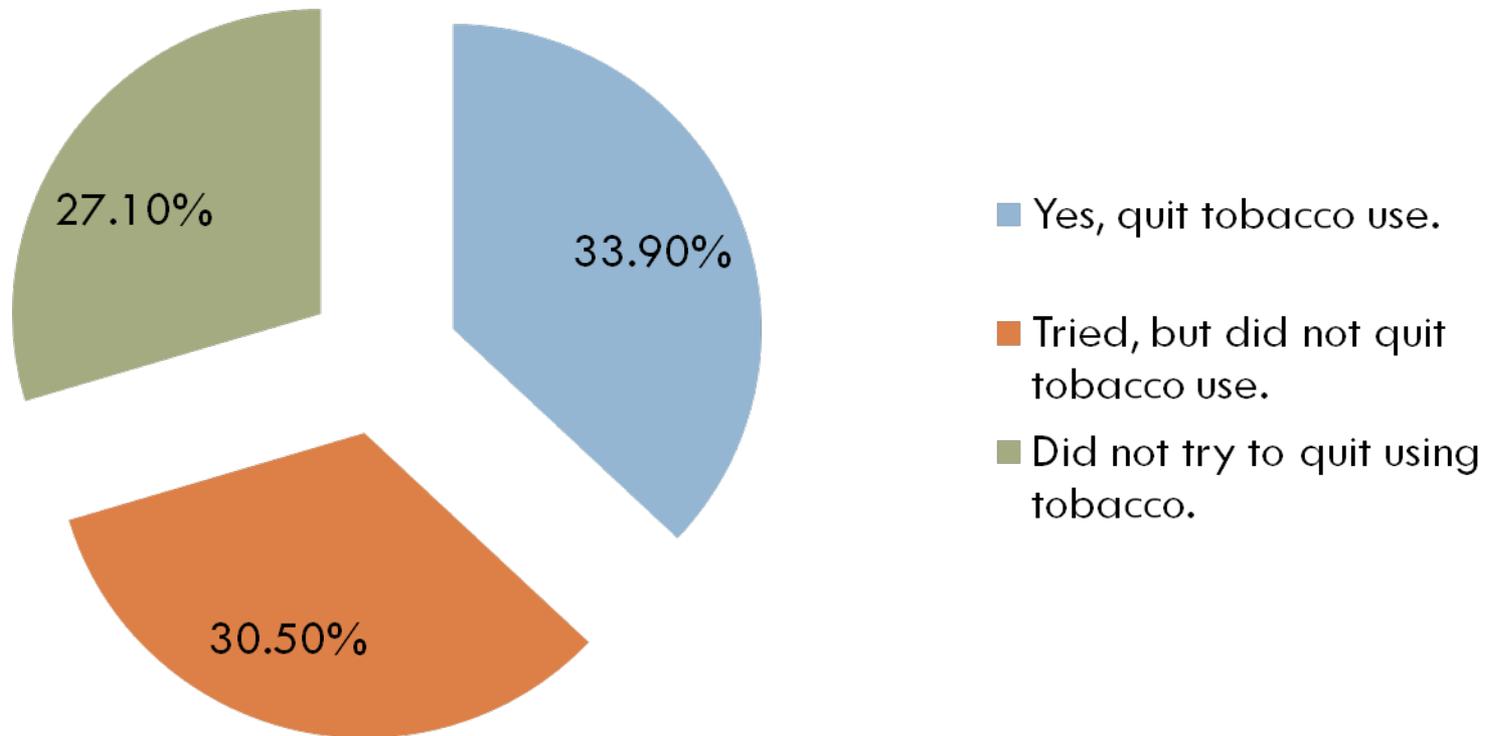
Note:

Almost half of current tobacco users did not respond.



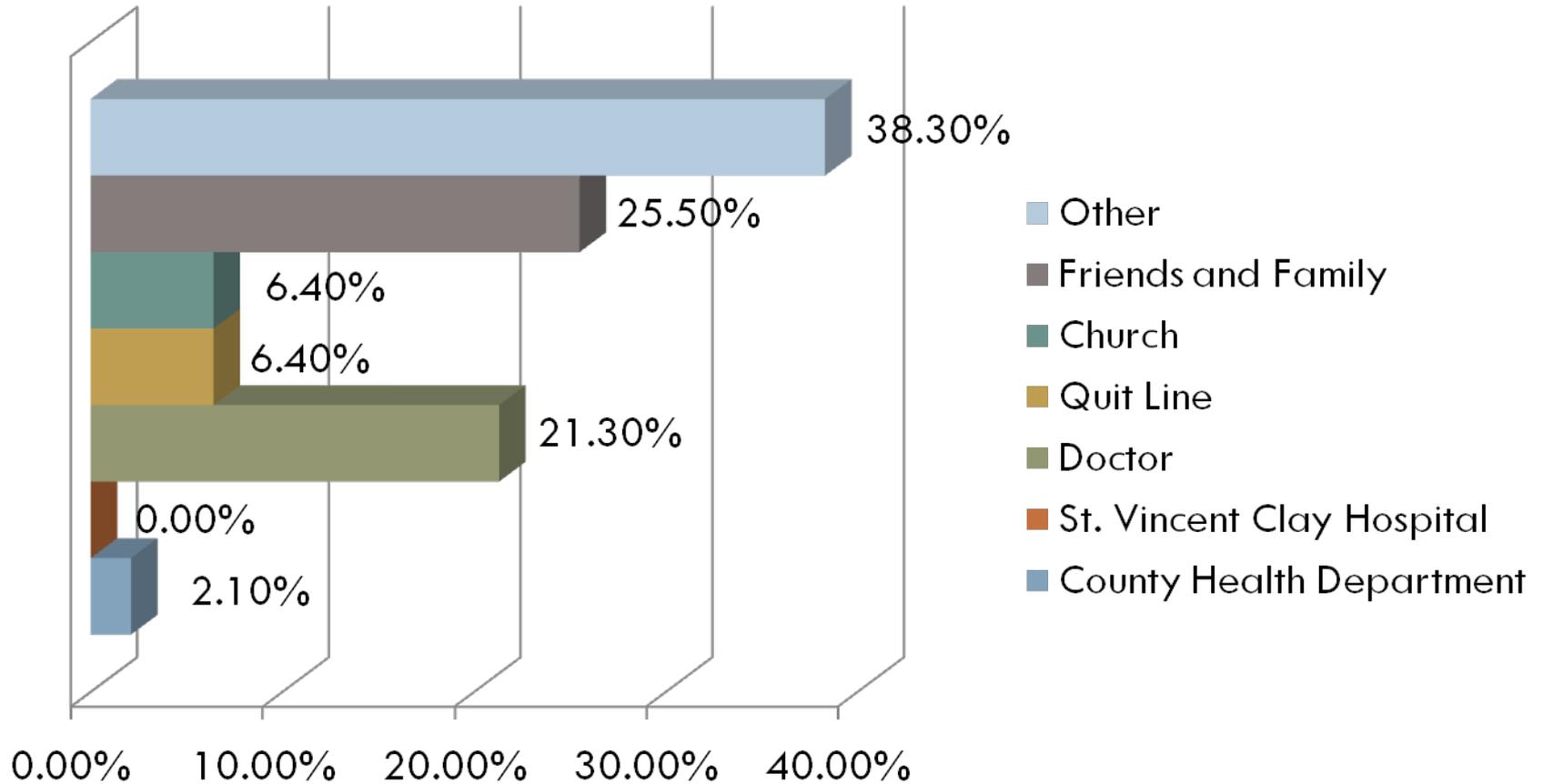
# Did you quit or try to quit using tobacco this year?

28



# If you quit or tried to quit using tobacco, at which of the following places did you seek help?

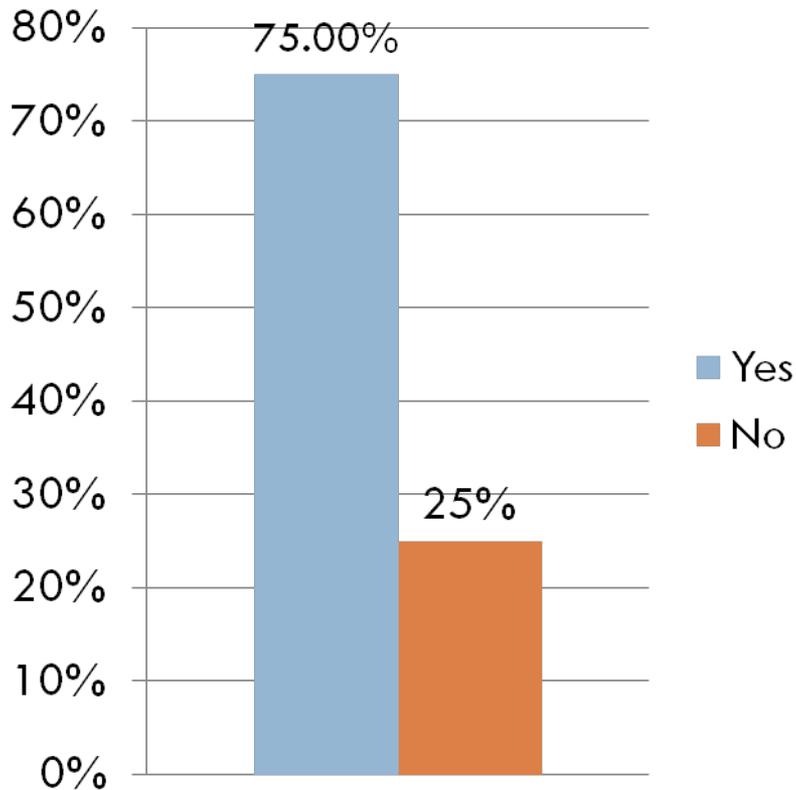
29



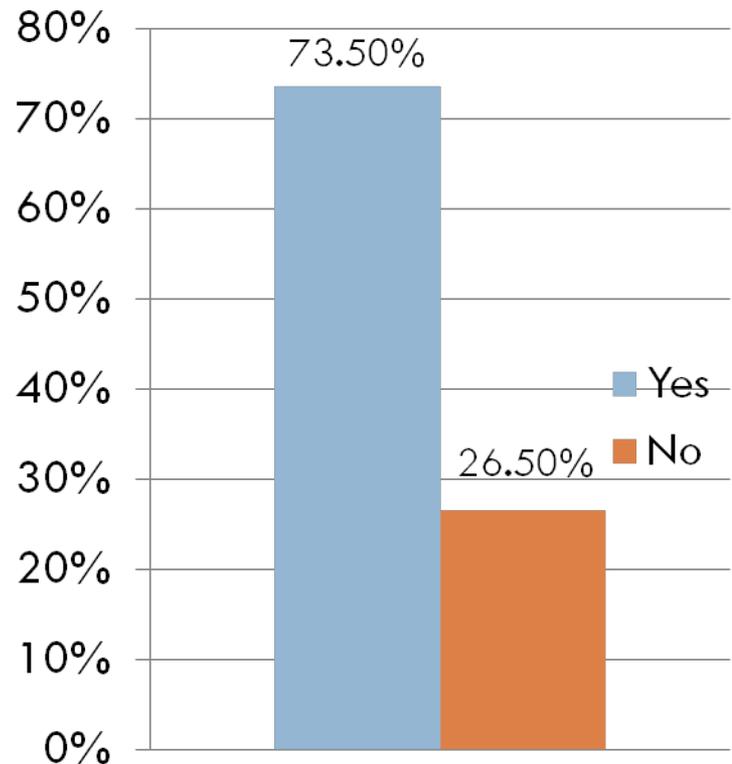
# Quitting tobacco. (cont.)

30

If you attempted to get help quitting tobacco usage, did you get the help you needed?

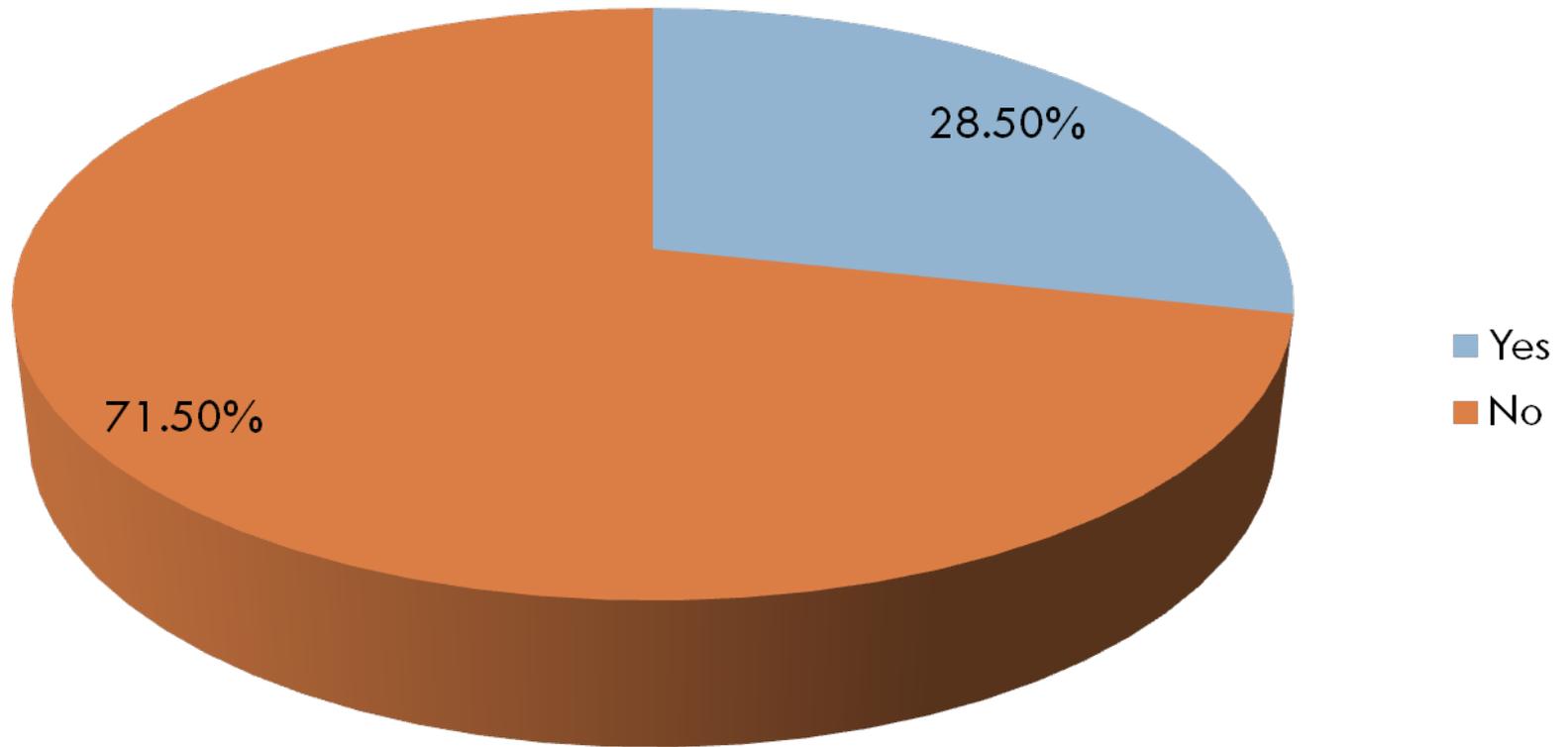


If you got the help you needed, was it successful in reducing tobacco use?



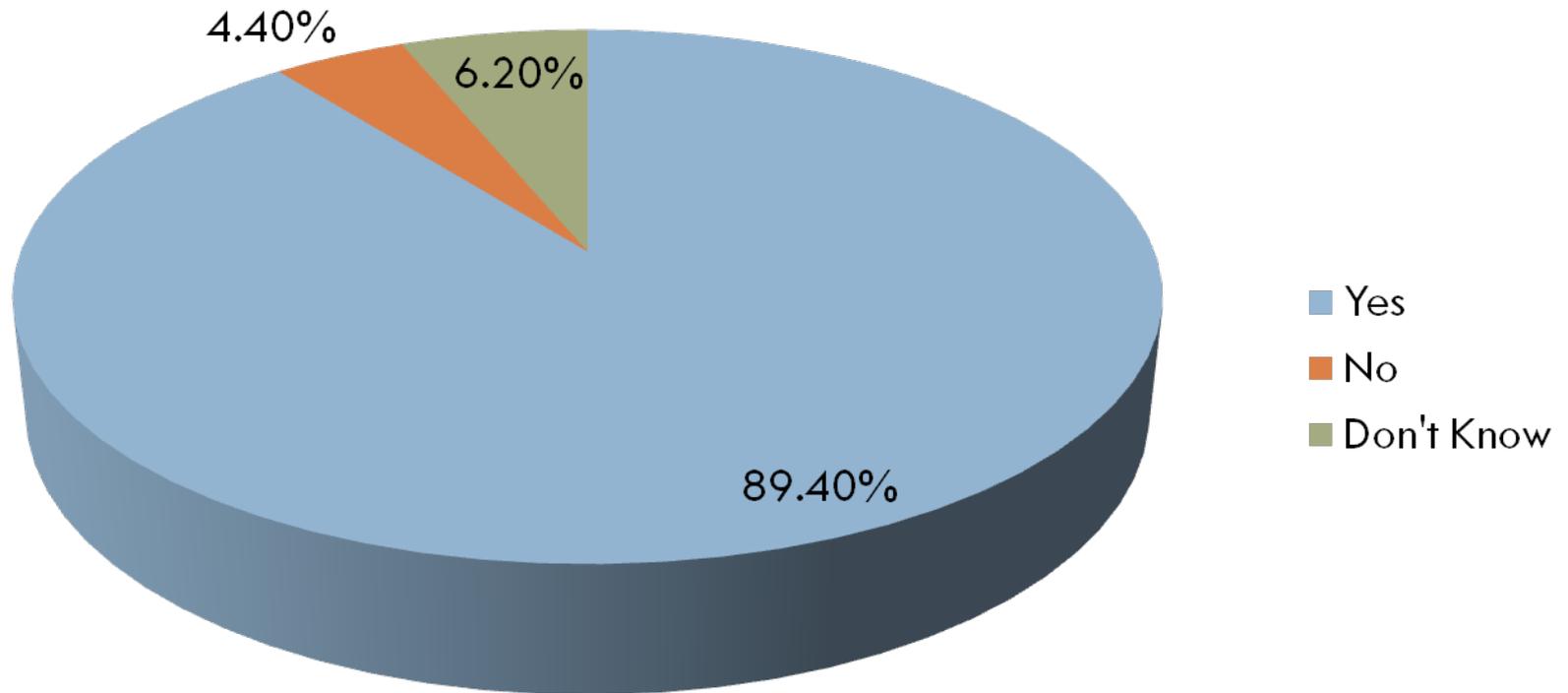
# Does anyone else in your household use tobacco?

31



# Do you think second-hand smoke is harmful?

32



## Exercise and Weight Loss Questions

Pg. 34 – In the past year has a doctor advised you about your weight?

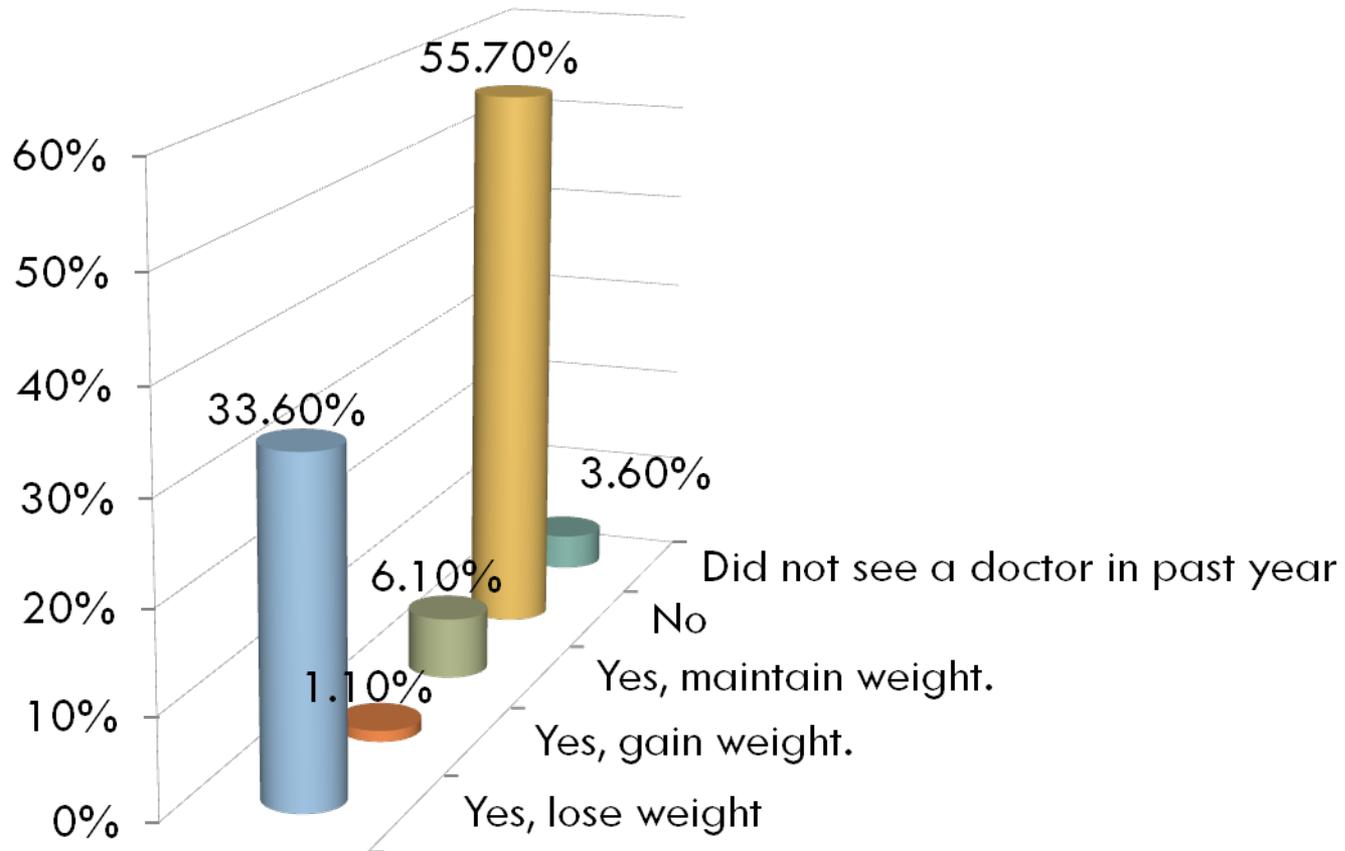
Pg. 35 – How often do you exercise?

Pg. 36 – Where do you exercise?

Pg. 37 – What kinds of exercise do you do?

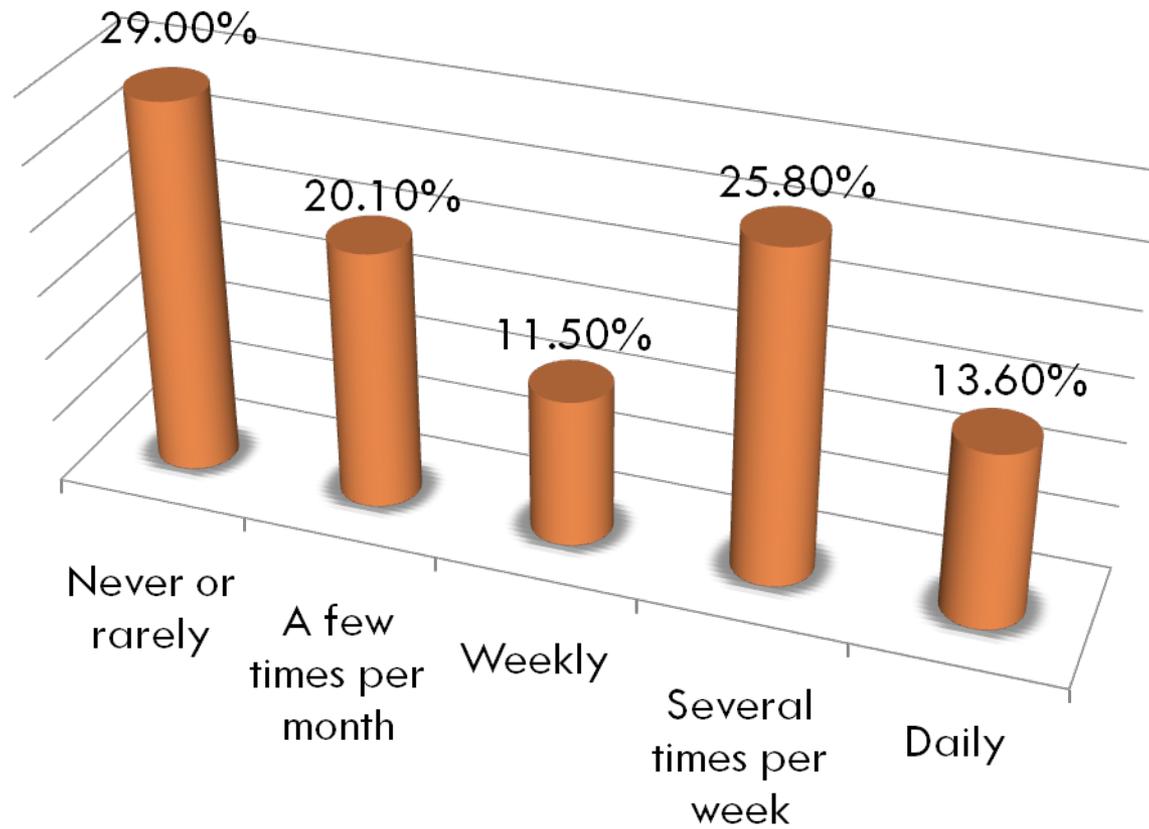
# In the past year has a doctor or other health care professional advised you about your weight?

34



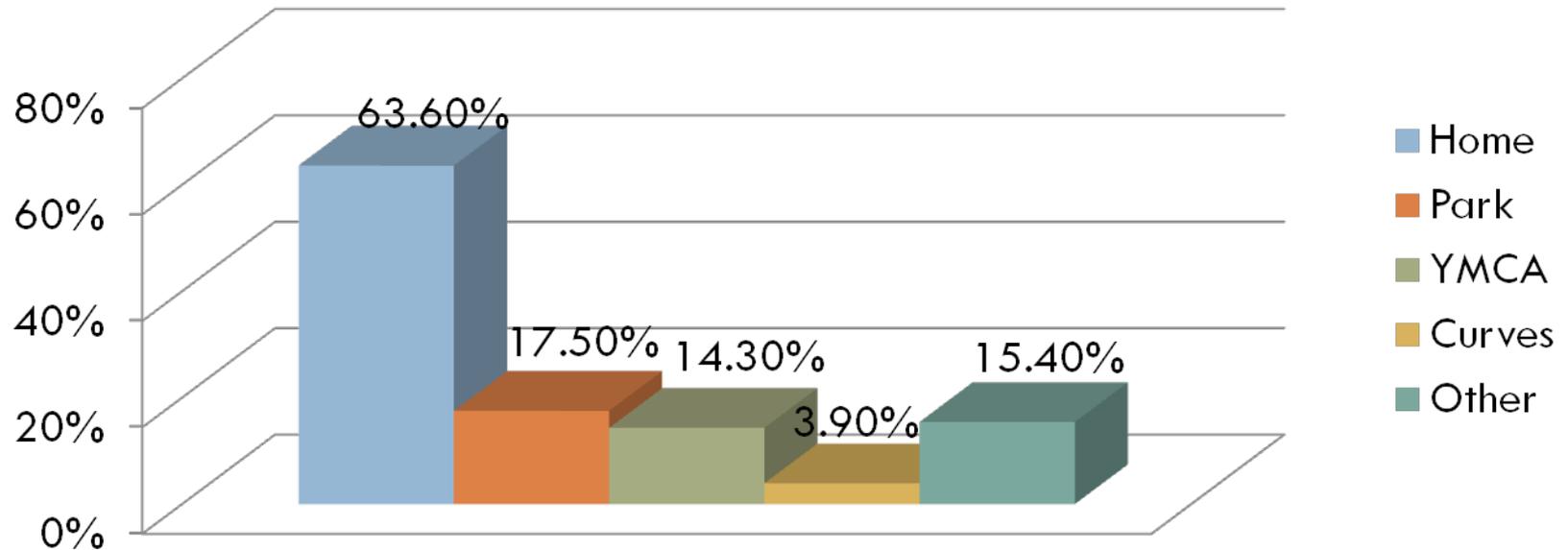
# How often do you exercise?

35



# Where do you exercise? (check all that apply)

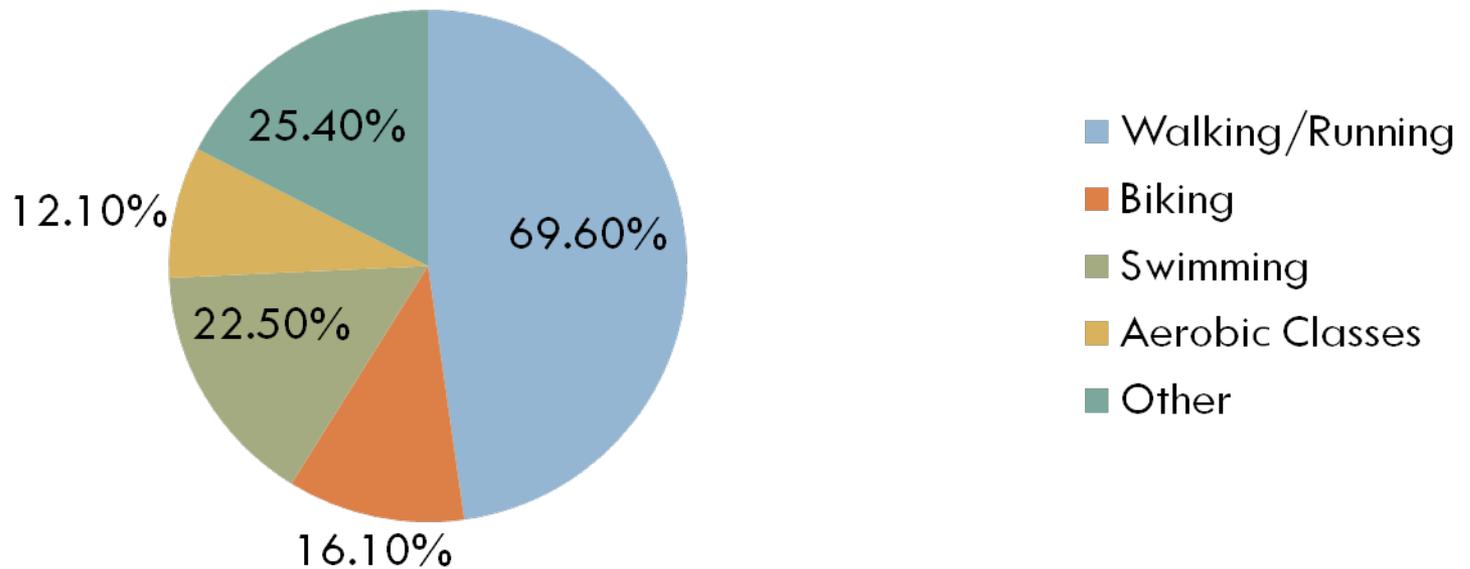
36



Note: Popular responses among the “Other” category were: At a physical job, walking around town or in shopping malls, and various school weight rooms.

# What kinds of exercise do you do? (check all that apply)

37



Note: On this question popular responses among the “Other” category were: Weightlifting, exercise machines (elliptical trainer, Pilates, treadmill), a physical job, Wii Fit, golf, Zumba.

# Access to Healthcare Questions

Pg. 39 – Have you ever sought help for the following...

Pg. 40 – Is there a prescription drug abuse problem?

Pg. 41 – Have you been without insurance in the past year?

Pg. 42 – What types of insurance do you have?

Pg. 43 – What is the source of your coverage?

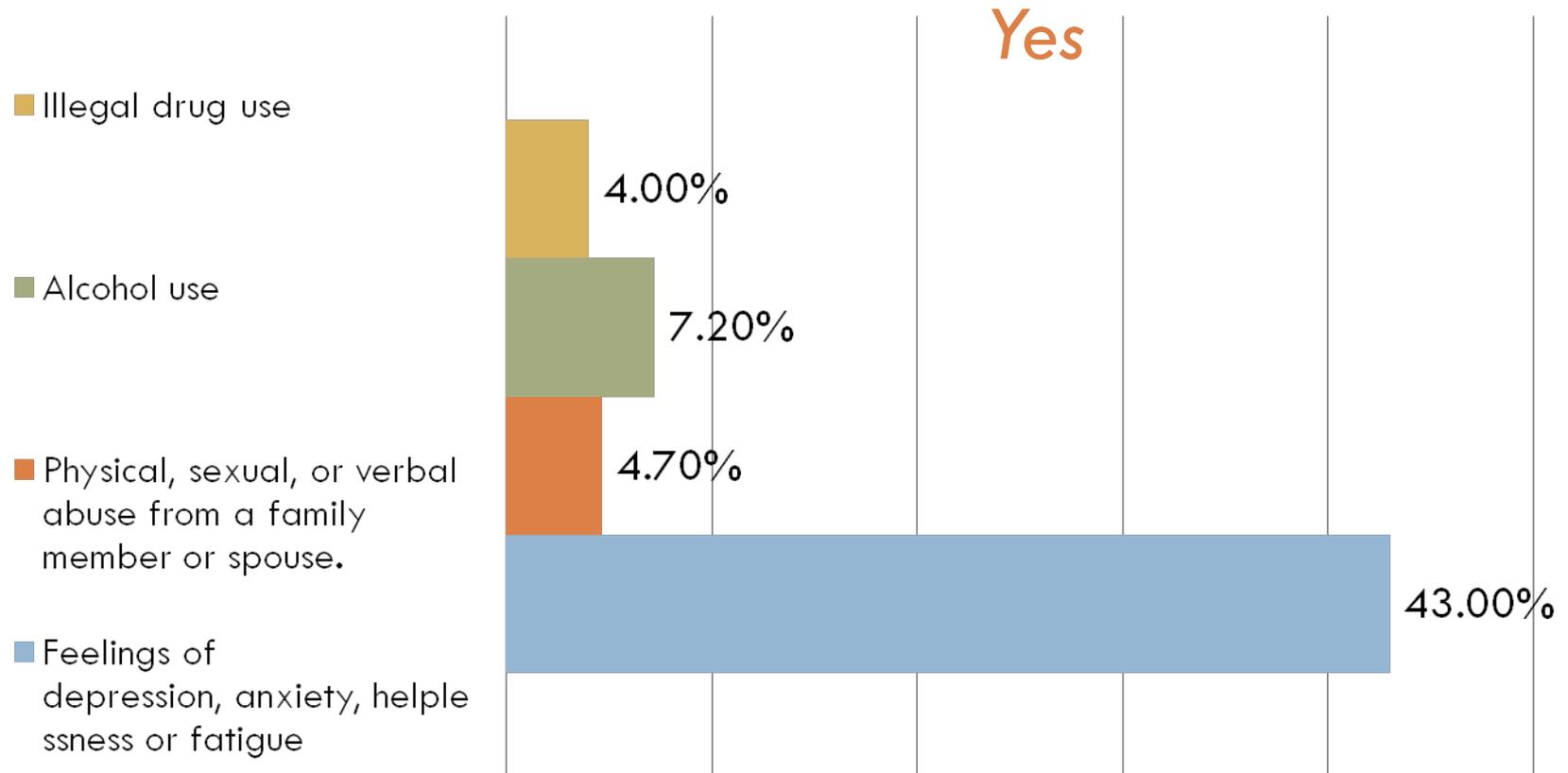
Pg. 44 – Healthcare coverage, continued.

Pg. 45 – In the past year have healthcare costs prevented you from...

Pg. 46 – Do you seek medical advice on the internet? Do you have a regular doctor?

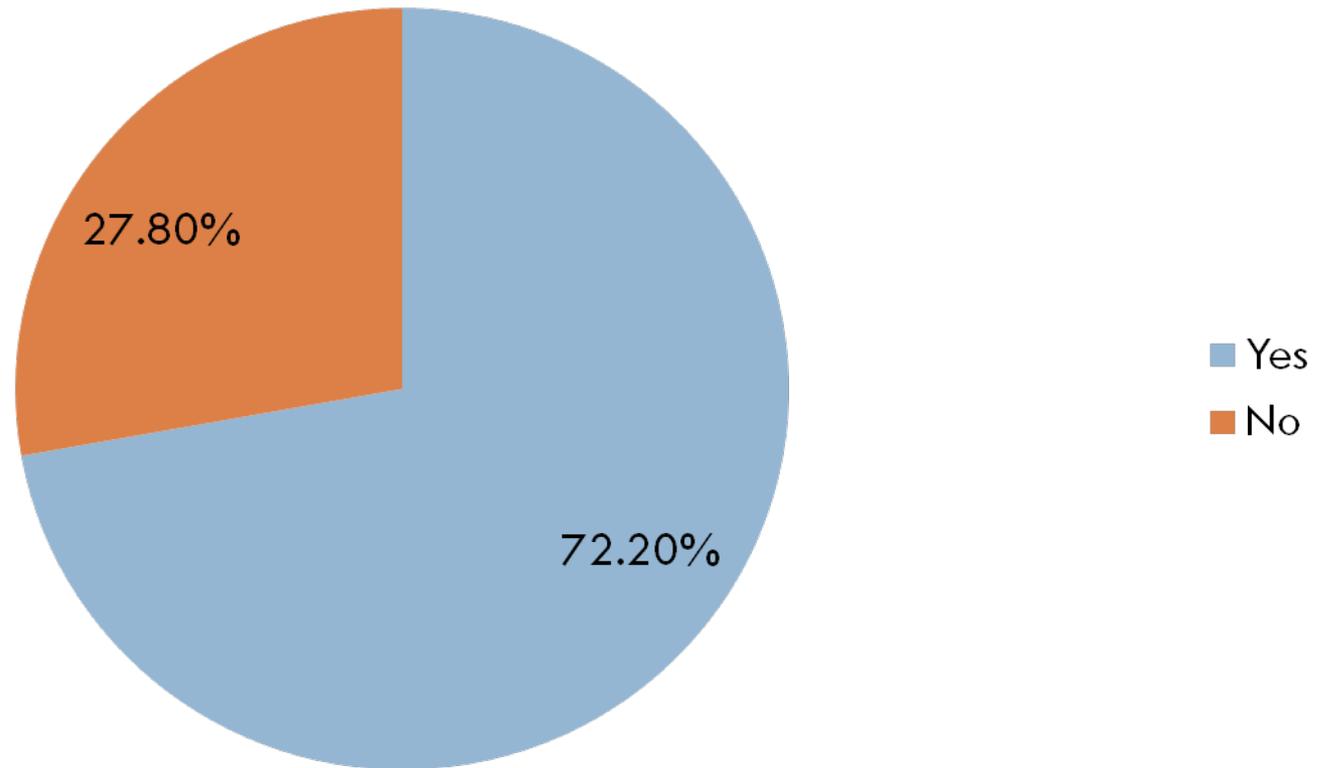
# Have you or a family member ever sought help for any of the following?

39

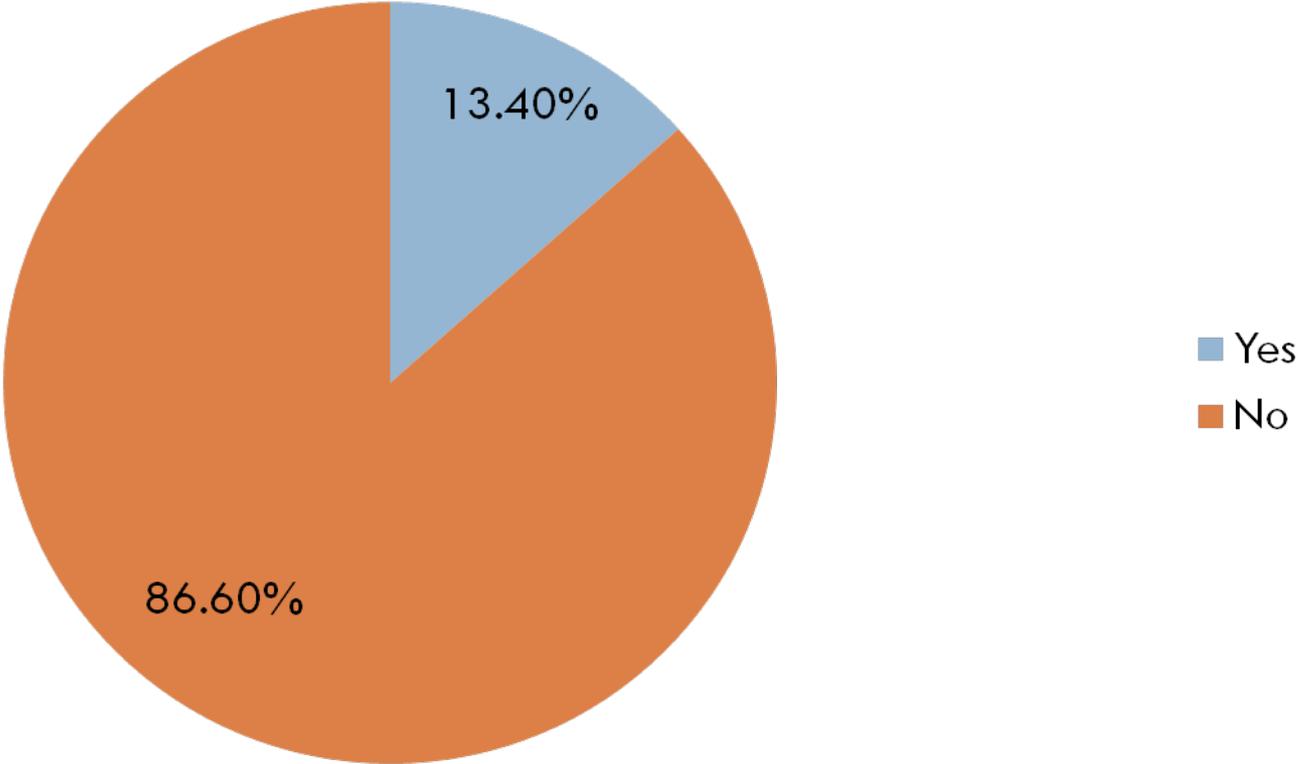


# In your opinion is there a problem with prescription drug abuse in the community?

40

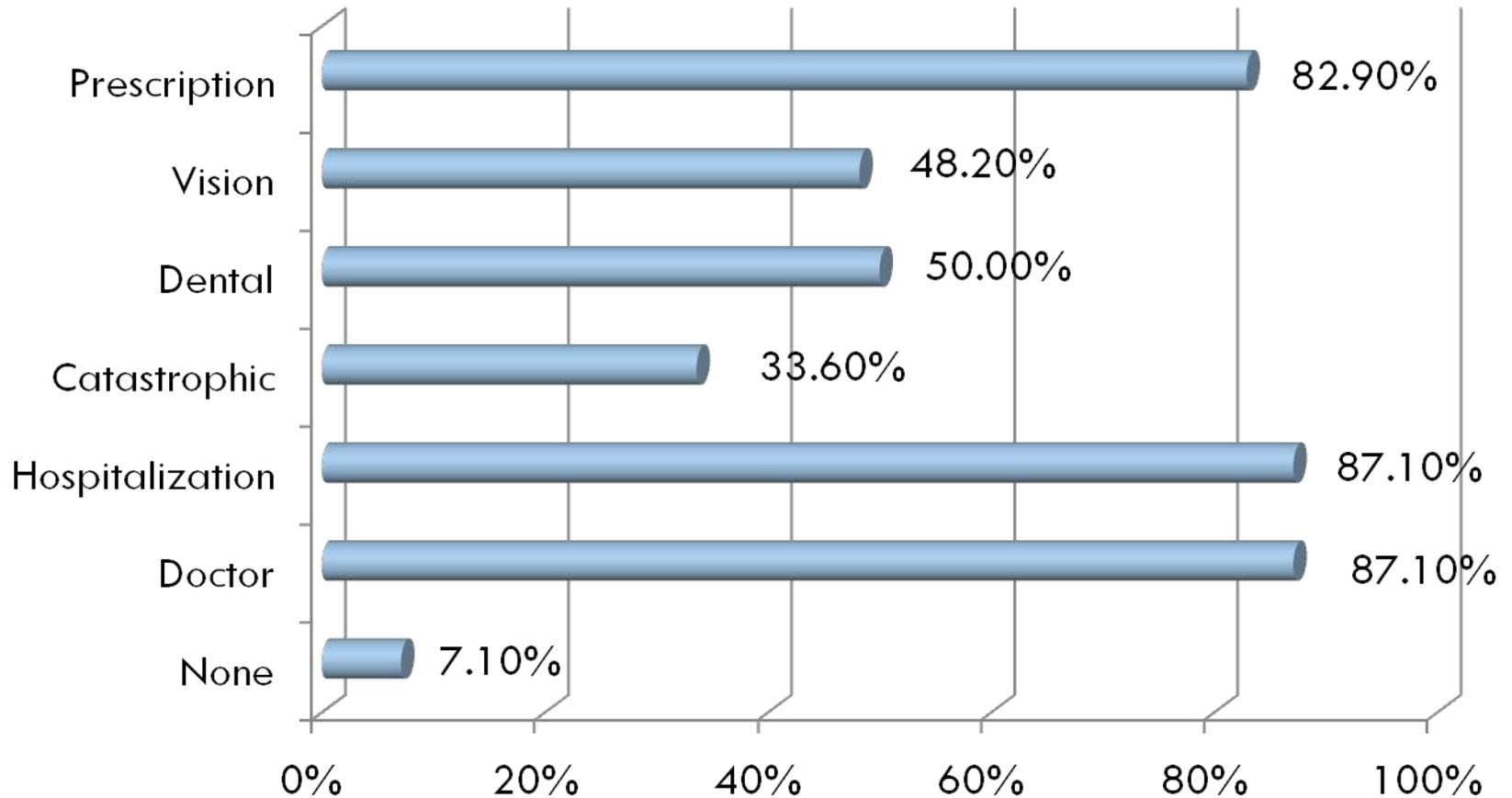


# In the past year was there any time at which you did not have health coverage?



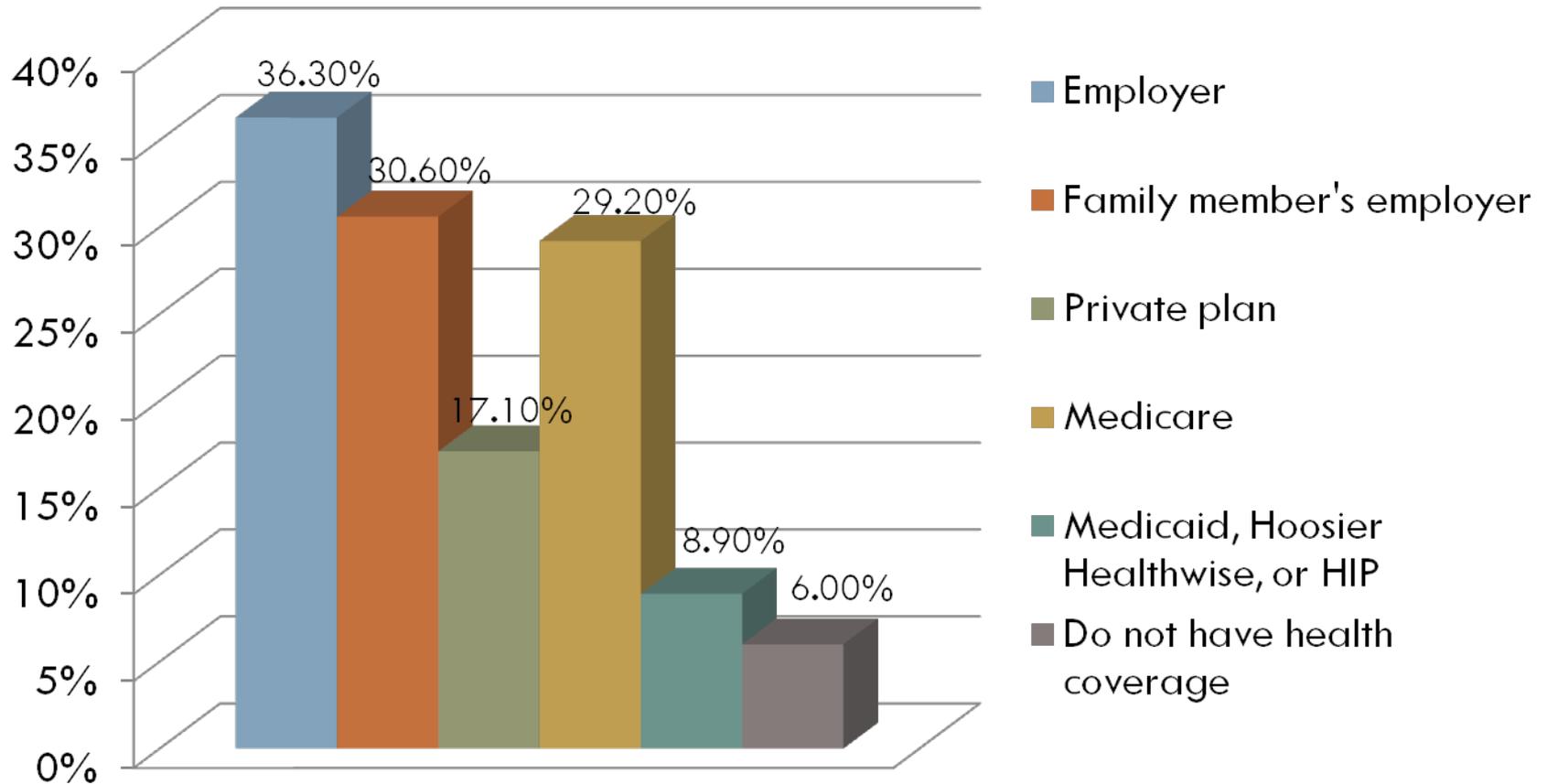
# What types of healthcare coverage do you have? (check all that apply)

42



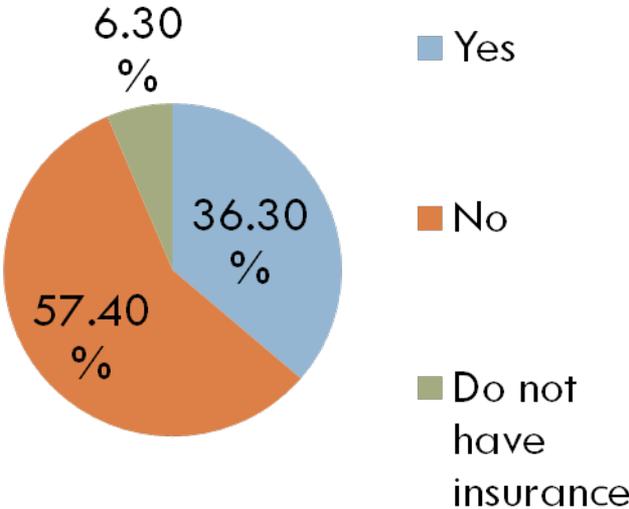
# What is the source of your healthcare coverage? (check all that apply)

43

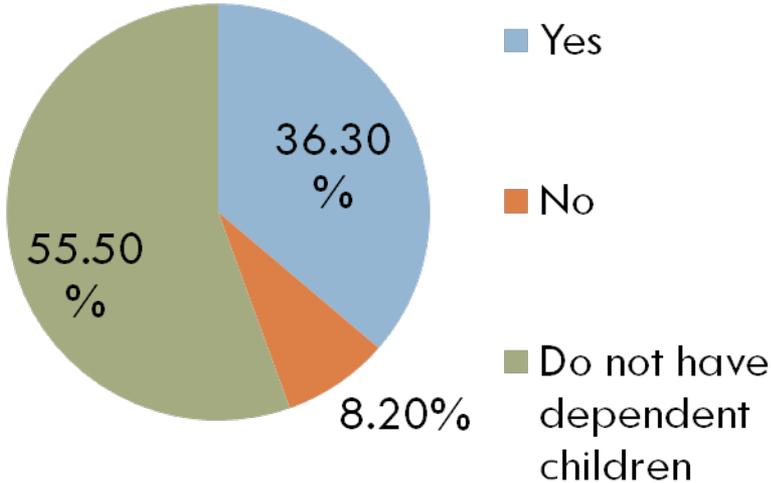


# Health coverage questions.

Is it a hardship to pay the co-pay or deductible required by your insurance?



Do your children have health insurance?

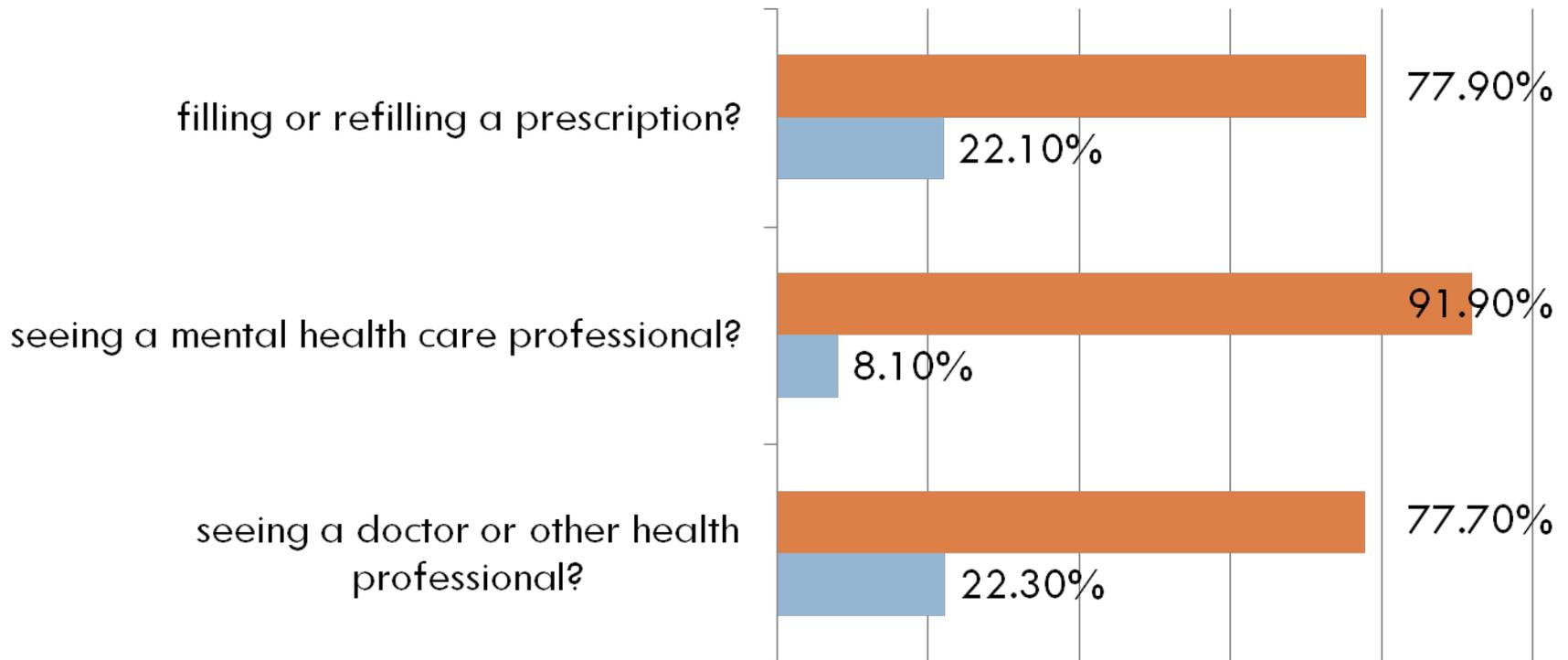


# Health coverage questions. (cont.)

45

In the past year have costs prevented you from...

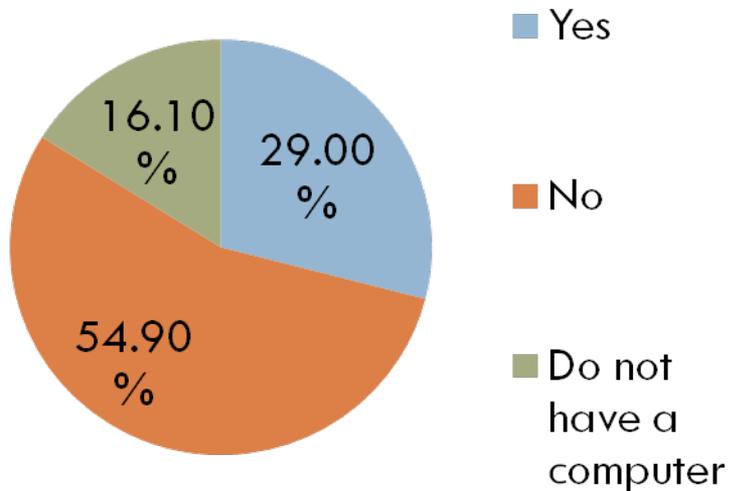
■ No ■ Yes



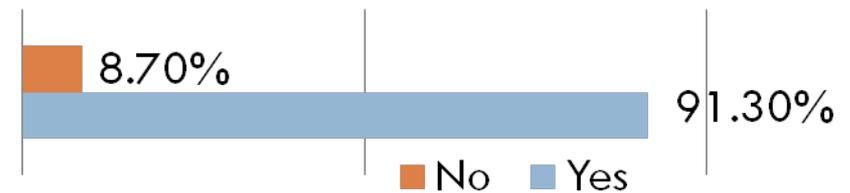
# Health coverage questions. (cont.)

46

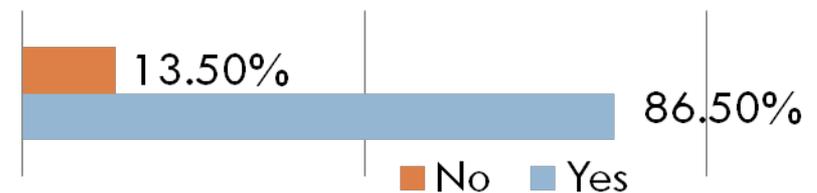
Do you seek medical advice on the internet?



Do you have a regular doctor or other health care professional?



If yes, does your doctor meet your urgent care needs within 24 hours?



# Questions about the community

Pg. 48 – What forms of media do you use.

Pg. 49 – What types of housing are needed?

Pg. 50 – Clay County needs more of what?

Pg. 51 – Clay County needs to improve its infrastructure how?

Pg. 52 – Clay County needs more of the following...

Pg. 53 – How often do the following prevent you from taking part in activities outside the home?

Pg. 54 – How often do the following prevent you from taking part in activities outside the home? (cont.)

Pg. 55 – How well does the local school system meet the needs of your family?

Pg. 56 – What are your concerns with the community?

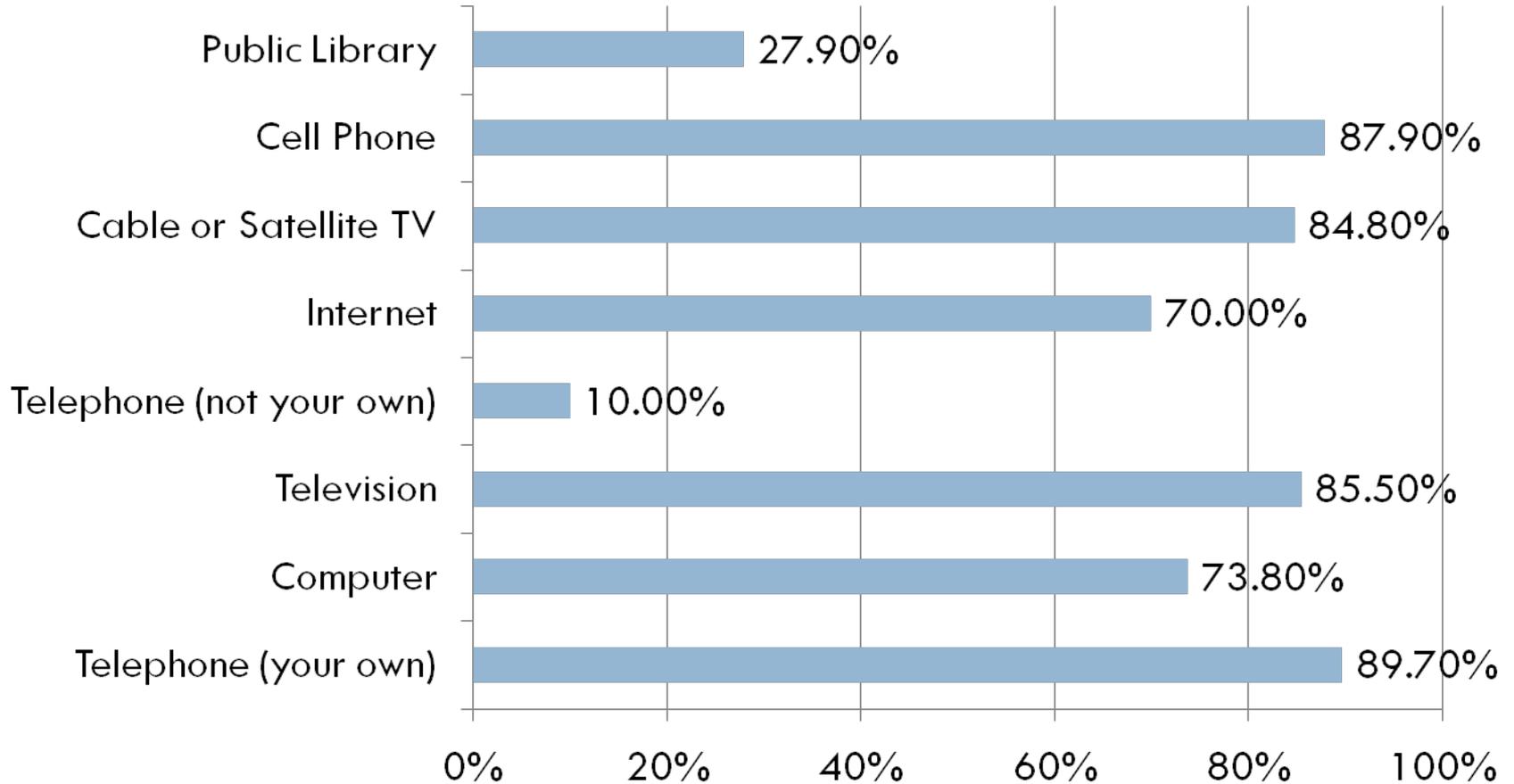
Pg. 57 – What are your concerns with the infrastructure?

Pg. 58 – Have you donated to charity in the past year?

Pg. 59 – Comments

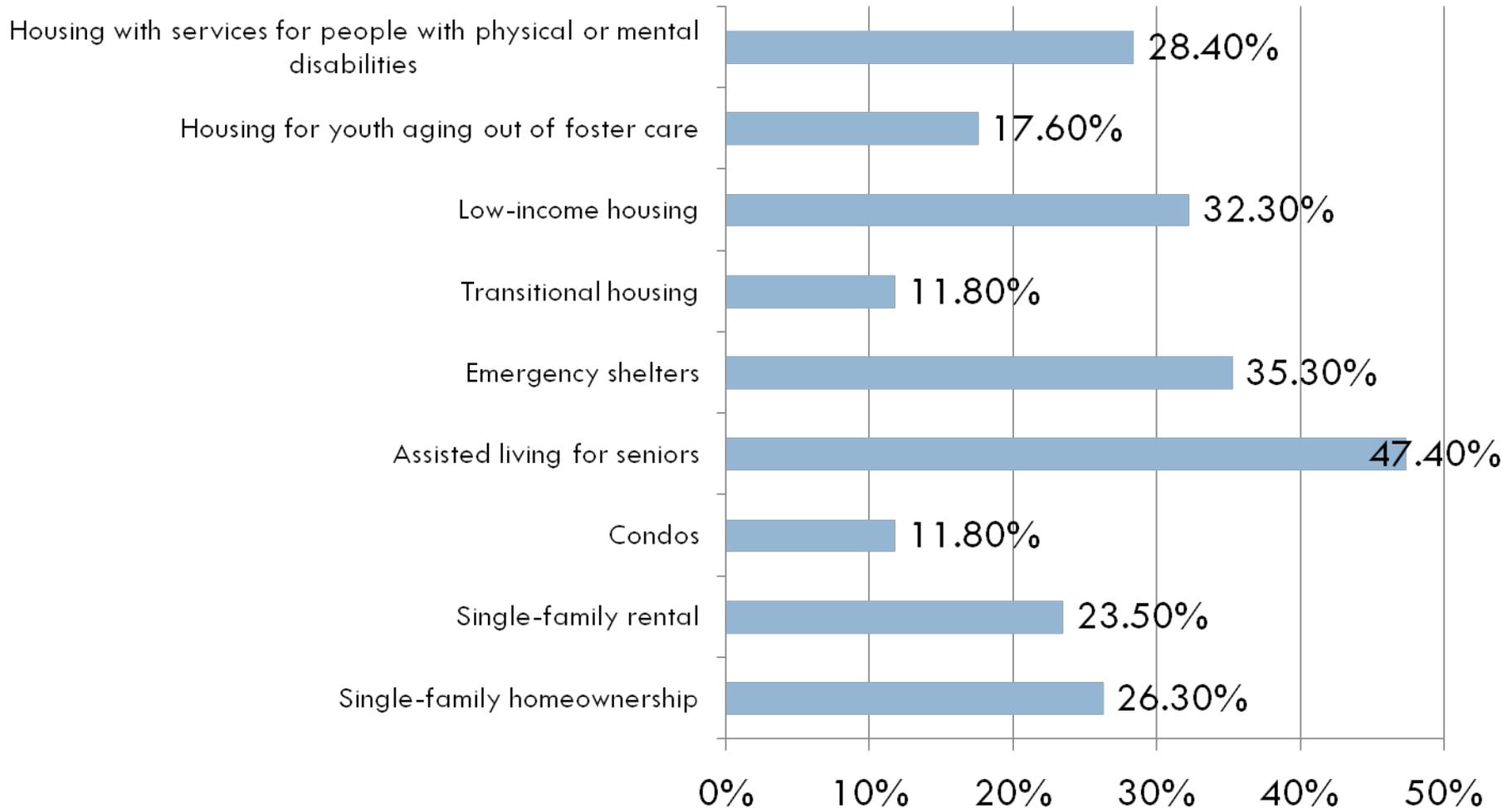
# Which of the following do you use? (check all that apply)

48



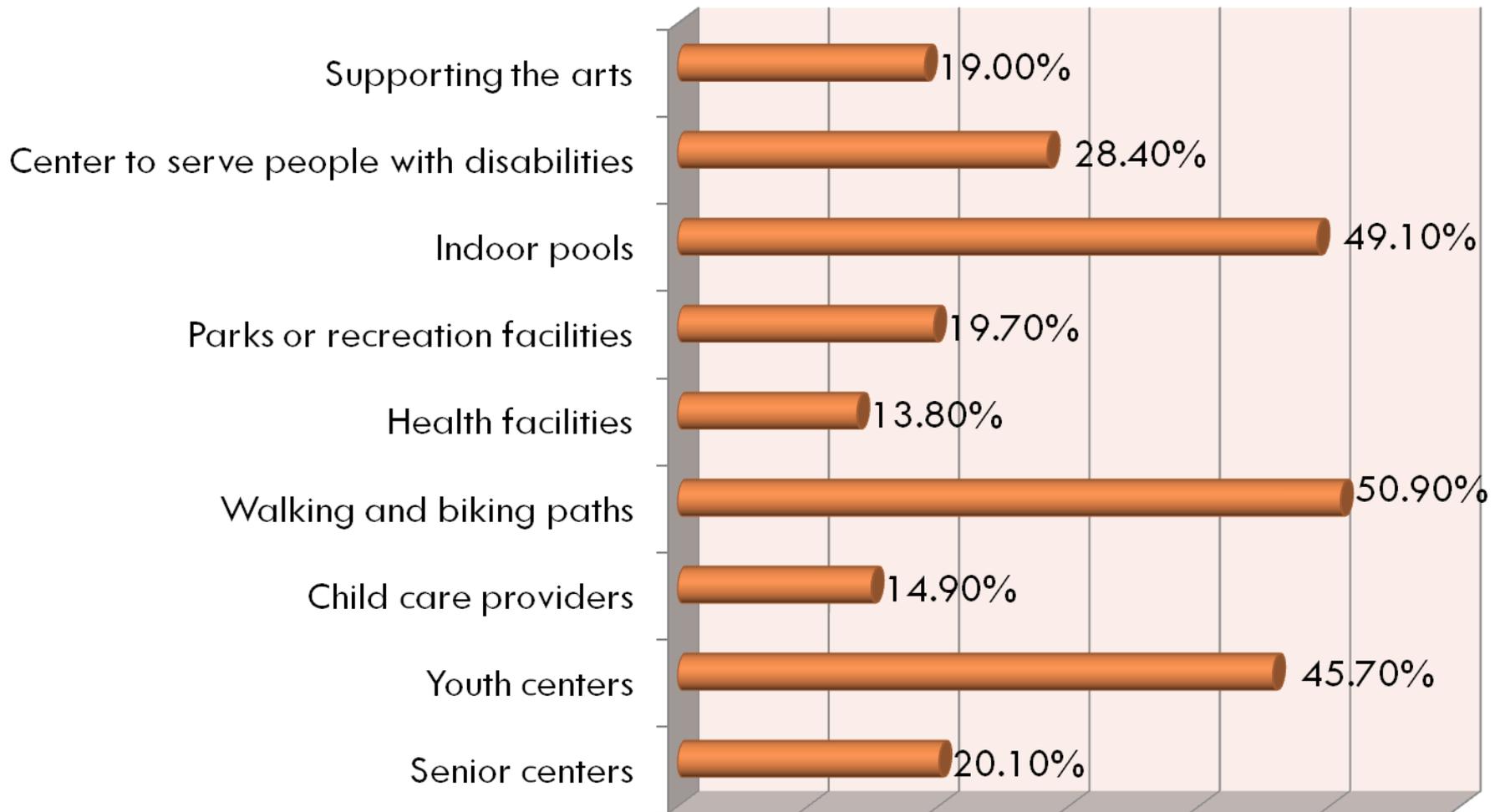
# Communities in Clay County need more of the following housing options: (check all that apply)

49

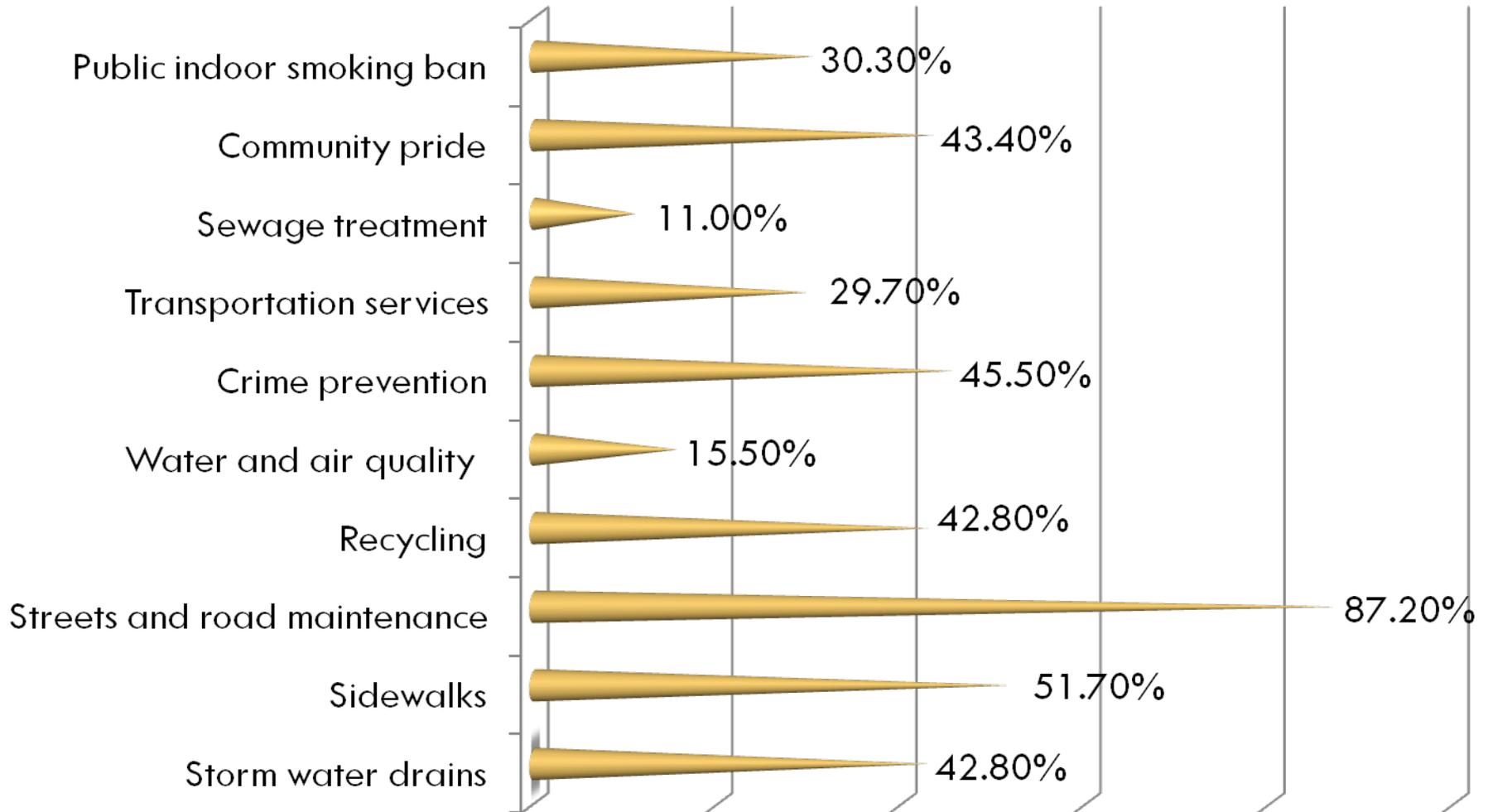


# Communities in Clay County need more of the following: (check all that apply)

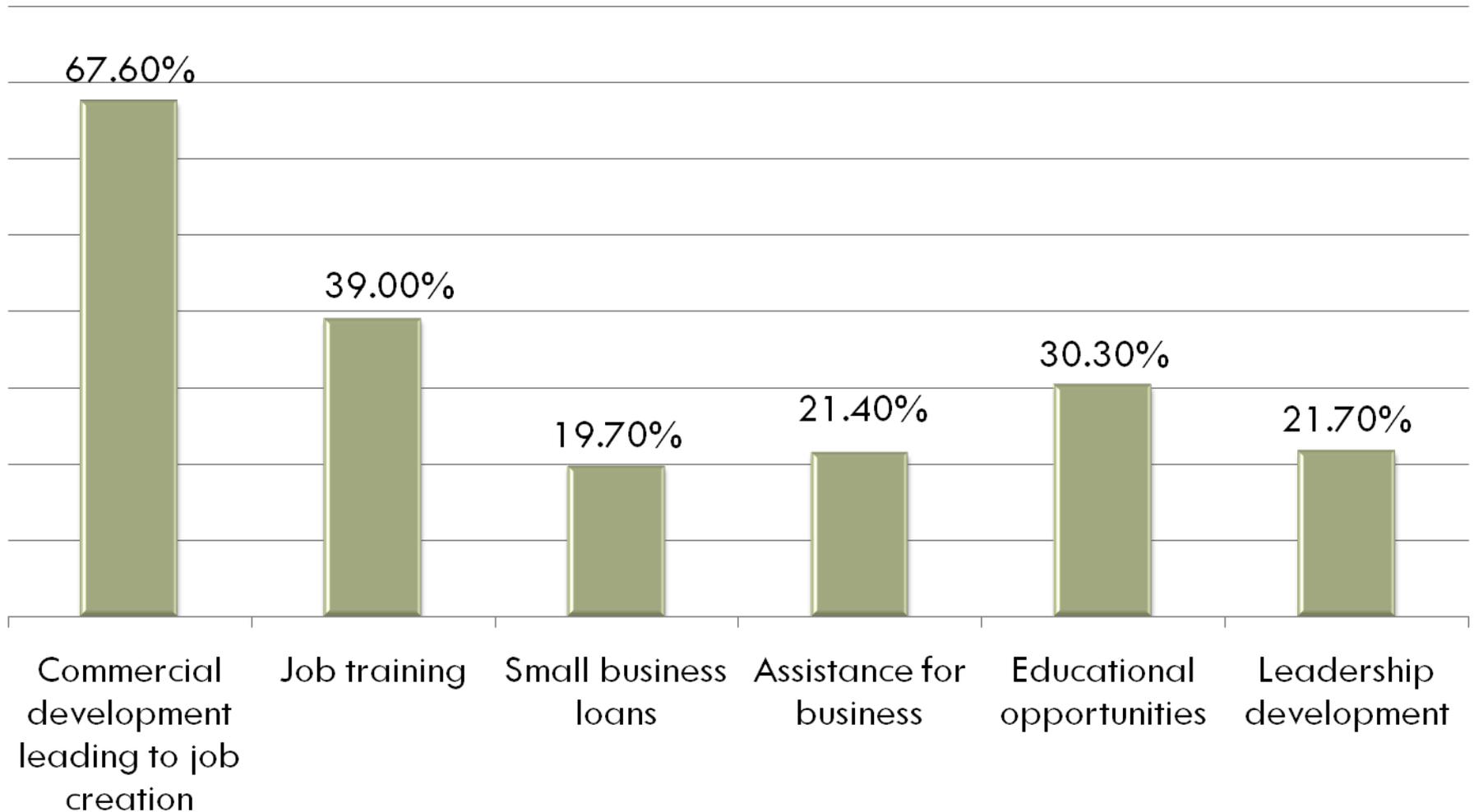
50



# In your opinion, Clay County needs to improve infrastructure in which of the following areas: (check all that apply)



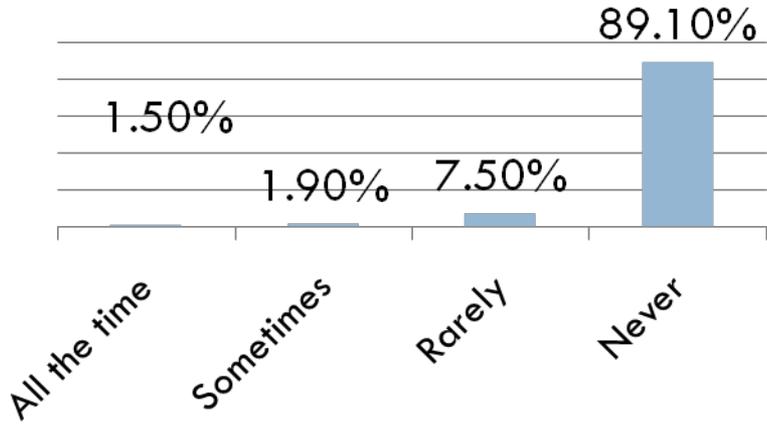
In your opinion, Clay County needs more of the following:  
(check all that apply)



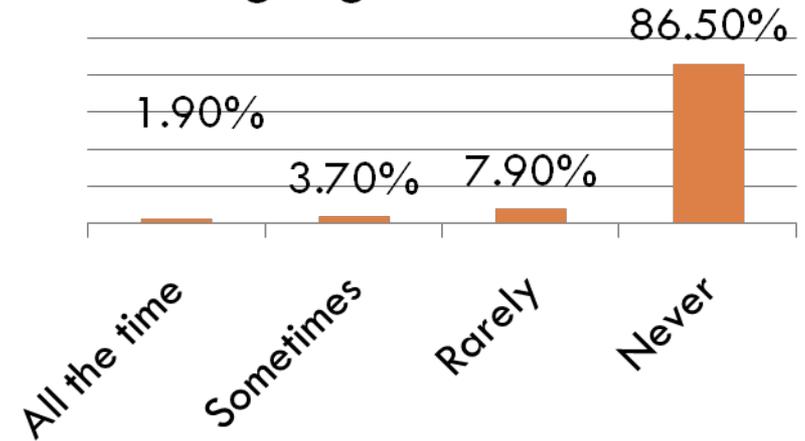
# How often do the following prevent you or a family member from fully participating in activities outside the home?

53

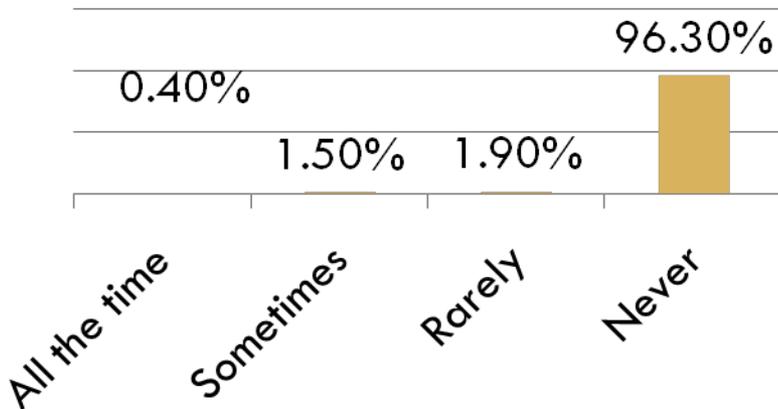
## Cultural Differences



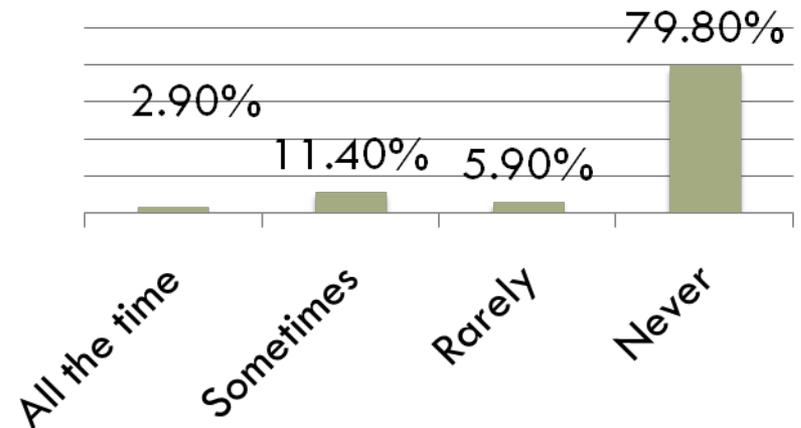
## Language Differences



## Ability to read or write



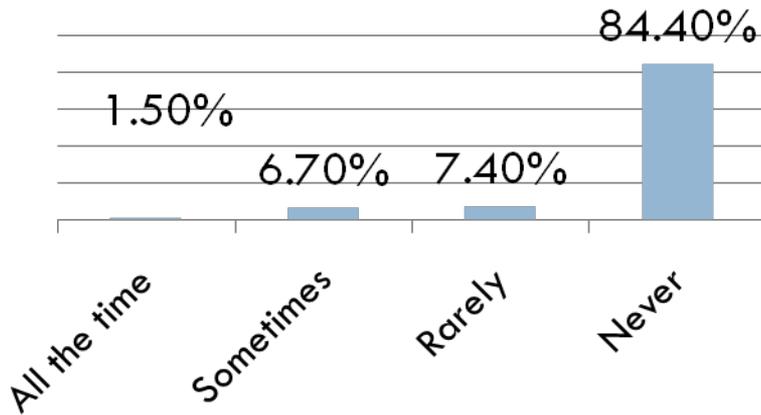
## Disability



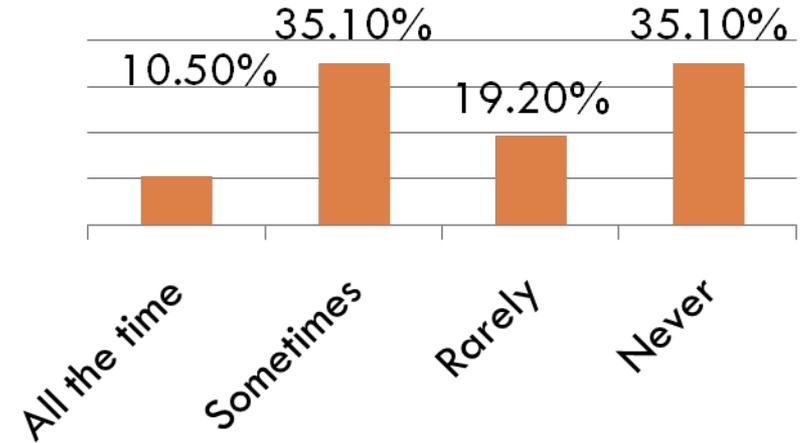
# How often do the following prevent you or a family member from fully participating in activities outside the home? (cont.)

54

## Transportation

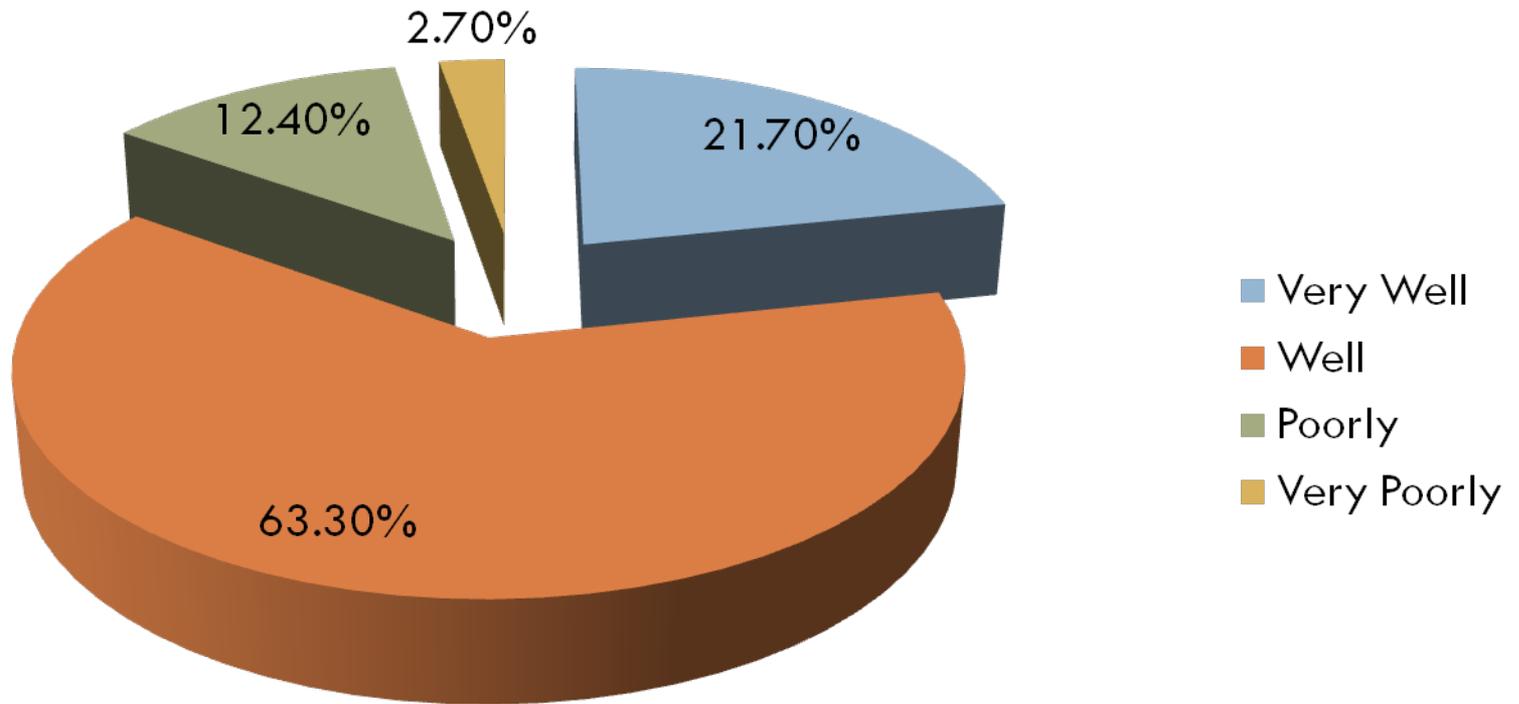


## Finances



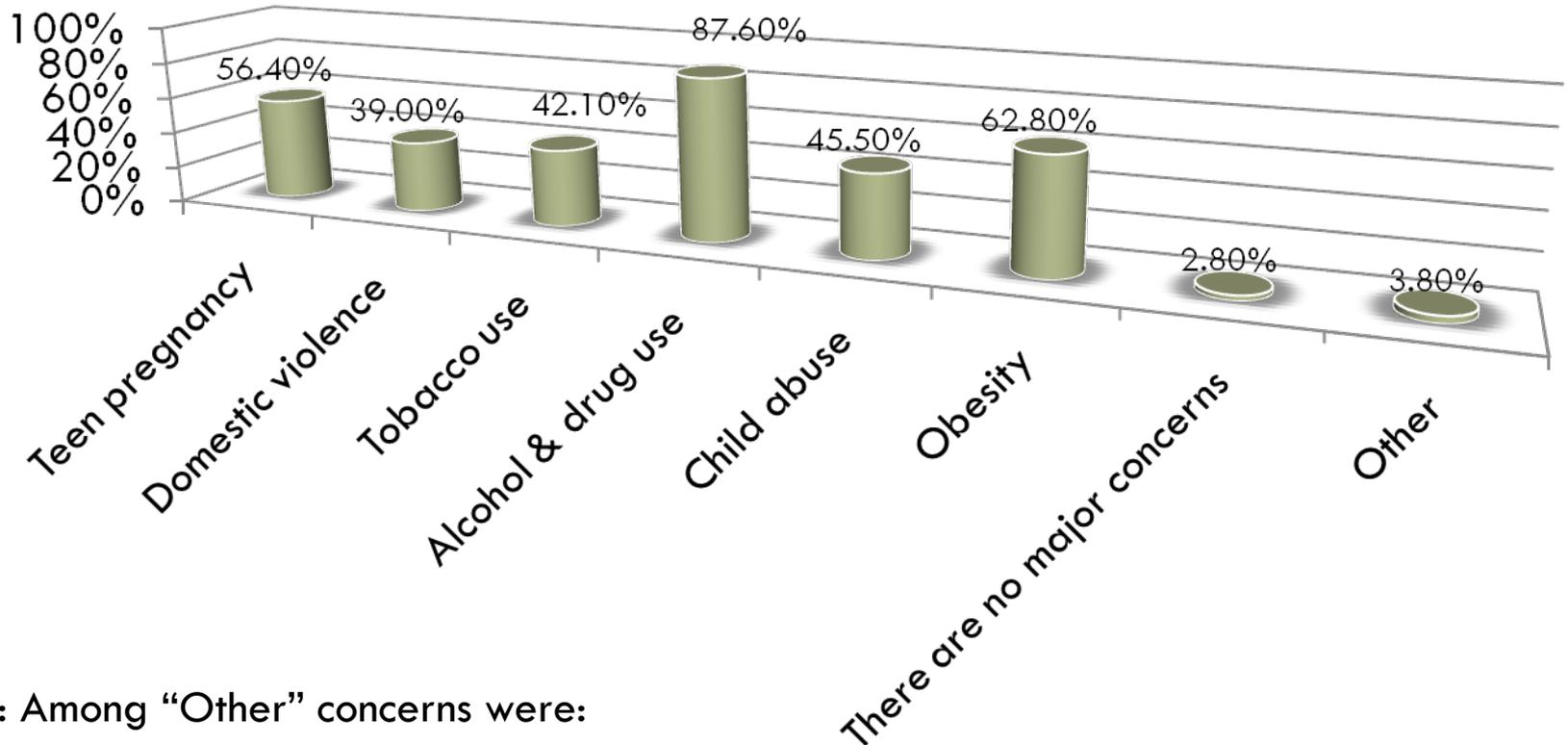
# How well does the local school system meet the needs of your family?

55



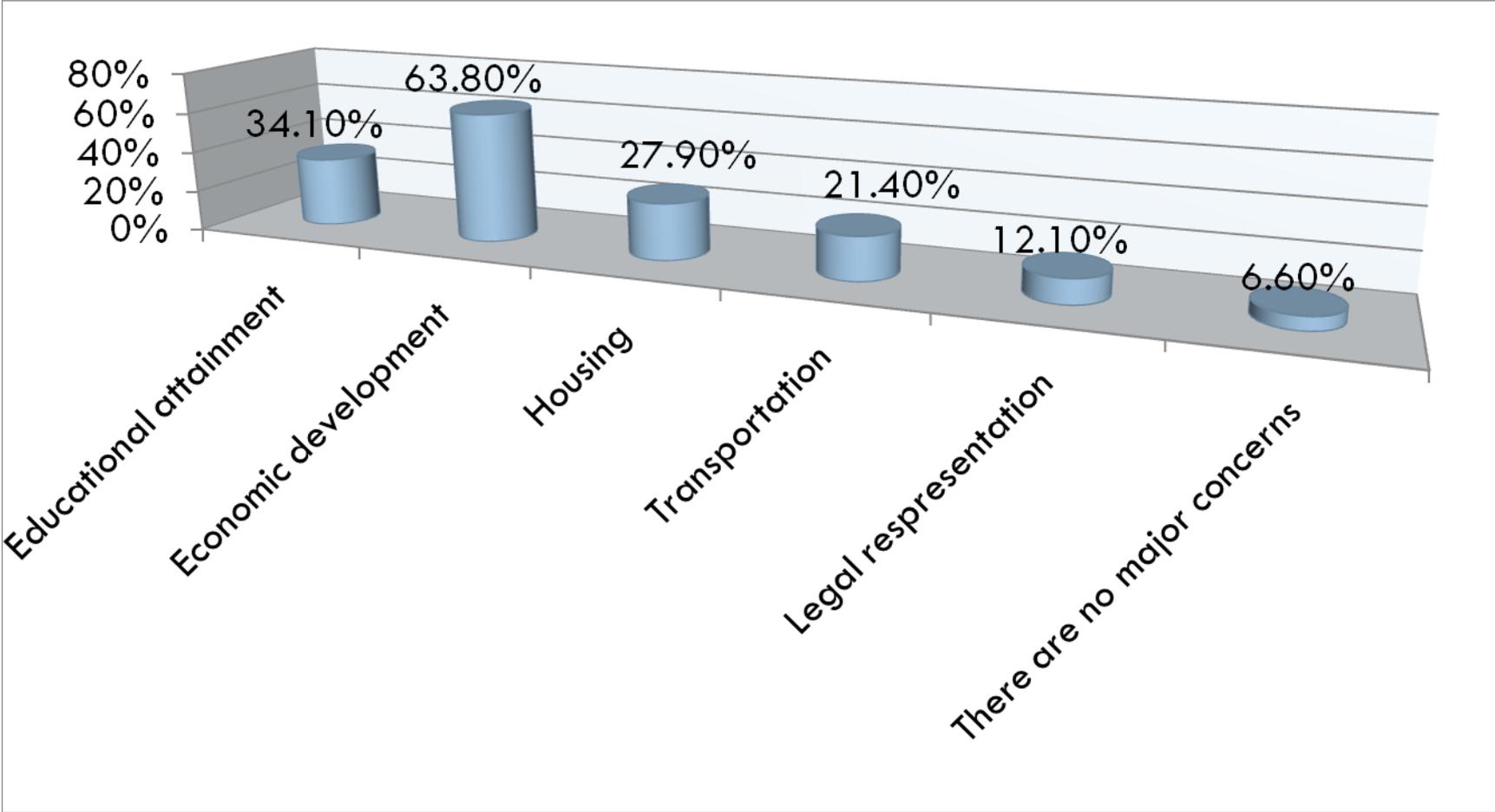
# If any, what do you think are the concerns in the community? (check all that apply)

56



Note: Among “Other” concerns were: illiteracy, meth, lack of family values, slumlords, unhealthy choices in school cafeterias and vandalism.

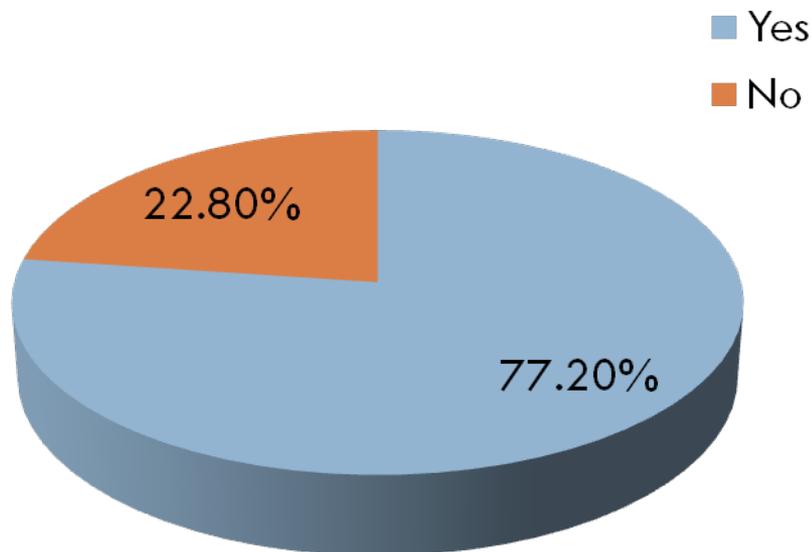
# If any, what do you think are the concerns with the community infrastructure? (check all that apply)



# Charitable Donations

58

In the past year have you or anyone in your family donated to a charitable organization in Clay County?



## Top Ten Charitable Organizations

1. Church
2. United Way
3. YMCA
4. Goodwill
5. S.O.S.
6. Food Pantry
7. Humane Society
8. Volunteer Fire Department
9. Cancer research organizations
10. House of Hope

# Selected Comments

Absolutely must do something about drains so Brazil will stop flooding. Also new water mains, new streets.

Clay County needs more activities for youth, such as bowling alley or skating rink.

Brazil needs park benches along Jackson St. so that seniors who are doctor ordered to walk can have a place to rest.

Clay County is a great place to live. The people are God-fearing, the families are close and crime is low. The income level is low but so is the cost-of-living, there aren't any snobby upper-class people with selfish ways.

Horrible drug problem and child neglect, schools suffer from a lack of child Advocacy.

Clay County needs diversity training and hate crimes need to be recognized as such.

Clay County has put too much taxpayer money into adding on to public schools. Give the money back to the people so they can better themselves and put money back into the community.

I believe for me the quality of life is good, but for many it is not.