

Welcome to the 2019 McPherson County Health Assessment Survey

The purpose of this survey is to get your opinions about health issues in McPherson County. The information will be used to identify the most important areas for health improvements that can be addressed through community actions. Participation in the survey is voluntary and all individual responses will remain confidential. Only total survey results will be shared.

This survey is being conducted in partnership with McPherson Hospital, McPherson County Health Department, Lindsborg Community Hospital, and Mercy Hospital in Moundridge. We thank you for your participation.

* 1. How do you perceive the health of your community?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Unhealthy | Unhealthy | Somewhat Healthy | Healthy | Very Healthy |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 2. I am satisfied with the quality of life in our community (think about well-being, safety, physical and mental health education, etc.)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 3. The community has enough health and wellness activities to meet my needs.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Sure |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 4. I am satisfied with the health care available in our community.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 5. I have access to the medical specialist I need.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 6. In the past year, I chose not to receive health care services due to cost.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 7. I have my own doctor I use whenever I am sick.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 8. I feel there are adequate private pay (not covered by insurance) home care services options in our county.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 9. I am satisfied with the public health services (disease prevention, immunizations, reproductive health, etc.)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 10. If I need help during times of stress, I have support in my community.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 11. There is enough access to medical care for residents with low income in our community.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 12. This community is a good place to grow old (consider senior housing, transportation to medical services, shopping, senior care and other services for the elderly living alone).

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 13. It is easy for me to get to places (grocery stores, doctors, work, etc.)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 14. There are jobs available in the community (consider locally owned and operated businesses, jobs with career growth, livable wages, etc.)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 15. I feel my community is a safe place to live and raise children (consider size, location, cost, etc.)

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

* 16. I have seen improvement in healthy activities and healthy eating options in my community in the last three years.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

* 17. I have seen improvement in the access to healthcare in my community in the last three years.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

* 18. I feel helpless in making changes to my community.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

* 19. In the following list, what do you think are the three most important "health problems" in our community?

- Aging problems (hearing/vision loss, falls, etc.)
- Alcohol abuse
- Bullying
- Cancers
- Child abuse/neglect
- Dental problems
- Diabetes
- Domestic / family violence
- Drug abuse
- Heart disease and stroke
- High blood pressure
- Infant death
- Infectious disease (hepatitis, TB, etc.)
- Lack of wound care options
- Mental health problems
- Obesity
- Rape/sexual assault
- Respiratory/lung diseases
- Smoking
- Suicide
- Teenage pregnancy
- Other (please specify)

* 20. In the following list, what do you think are the three most "risky behaviors" in our community?

- Alcohol abuse
- Dropping out of school
- Drug abuse
- Sharing / selling narcotics
- Lack of education
- Poor eating habits
- Not getting "shots" to prevent disease
- Texting/cell phone while driving
- Tobacco use/e-cigarette use
- Not using birth control
- Not using seat belts or child safety seats
- Unsafe sex

Other (please specify)

* 21. In the following list, what is the biggest barrier of access to healthcare for you?

- Available medical specialist
- Hours of operation for healthcare facilities
- Transportation to healthcare facilities
- Lack of medical resources / referral services
- Lack of coordination between multiple medical providers
- Lack of private pay home care services
- Lack of insurance
- Lack of funds for care
- Insurance roles or limitations in coverage

* 22. Where do you and/or your family get most of your health information? (Check all that apply)

- Physician office
- Hospital
- Church group
- Internet
- School
- Family/friends
- Library
- TV
- Radio
- Newspaper/magazines
- Work site
- Health Department
- Social media
- Other (please specify)

* 23. In the past three years, either I or a member of my family have used hospital-based services in McPherson County.

- Yes
- No

24. If you used a hospital-based service in McPherson County within the past three years, how satisfied were you with the care you received?

Completely Dissatisfied Somewhat Dissatisfied Neutral Somewhat Satisfied Completely Satisfied

* 25. Do you see a dentist regularly?

- Yes
- No

If not, why?

* 26. Zip Code

* 27. Gender

- Male
- Female
- Other

* 28. Your Age

- Under 18
- 18-25 years
- 26-39 years
- 40-54 years
- 55-64 years
- 65-80 years
- Over 80 years

* 29. Are you responsible for health decisions for others in your household? If so, please specify ages.

- Yes
- No

(If yes, please specify ages)

* 30. Marital Status

- Married/living together
- Divorced
- Never married
- Separated
- Widowed

Other (please specify)

* 31. Your highest education level

- Less than high school
- High school diploma/GED
- College Associate's degree
- College Bachelor's degree or higher

Other (please specify)

* 32. Current employment status

- Employed full-time
- Employed part-time
- Retired
- Unemployed, seeking work
- Unemployed, not seeking work
- Other (please specify)

* 33. Which of these groups would you say best represents your race? Please select all that apply.

- White
- Black / African American
- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Other (please specify)

* 34. Annual Household Income

- Less than \$20,000
- \$20,000 to \$39,000
- \$40,000 to \$59,000
- \$60,000 to \$79,000
- \$80,000 to \$99,000
- \$100,000 to \$149,000
- Over \$150,000

* 35. Where do you receive medical care? Check all that apply

- Local hospital
- Local health department
- Urgent care
- Emergency room
- Doctor's office

Other (please specify)

* 36. How do you pay for your health care?

- Pay cash
- Veteran Administration
- Indian Health Services
- Medicaid
- Medicare
- Health insurance (private insurance, HMO, etc.)
- Unable to pay

Other (please specify)

Thank you for your responses. Once again, all responses are kept in the strictest confidence and only total survey results will be shared publicly. If you have any questions, would like more information about the Community Health Needs Assessment, or are completing a paper survey, please refer or submit to contact below.

Cyril Russell
McPherson Hospital
1000 Hospital Drive
McPherson, Kansas 67460
cyrilr@mcpersonhospital.org
620-241-2251, extension 136