2025 Community Health Needs Assessment Survey

Thank you for taking a few minutes to provide your thoughts on the health concerns and conditions faced by members of your community. This survey is completely anonymous, so please answer freely.

The county I live in is: _____ My Zip Code is:

Community Health

I would rate the overall health of our community as:

- ○ Very healthy
- ○ Healthy
- ○ Somewhat healthy
- ○ Unhealthy
- ○ Very unhealthy

How do you feel about this statement, "There is good healthcare in my community"?

- ○ Strongly disagree
- ○ Disagree
- ○ Neutral
- ○ Agree
- ○ Strongly Agree

I think the 3 most important factors for any healthy community are:

- ☐ Acceptance of all people
- ☐ Access to affordable healthcare
- ☐ Access to childcare/after school care
- ☐ Access to safe places to be active
- ☐ Neighbors helping each other
- ☐ Smoke free workplace
- ☐ Strong faith
- ☐ Good schools
- ☐ Other (Please specify):
- ☐ Low crime rate
- ☐ Access to high quality healthcare
- ☐ Emergency services (EMS, fire, police)
- ☐ Access to affordable and healthy food
- ☐ Low rates of disease
- ☐ Clean community
- ☐ Good jobs/economy
- ☐ Good housing

I think the 3 most important health concerns in my community are:

- ☐ Alcohol Use
- ☐ Alzheimer's/Dementia
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes/complications from Diabetes
- ☐ Drug Abuse
- ☐ Heart disease/Stroke
- ☐ Other (Please specify):
- ☐ High Blood Pressure
- ☐ HIV/Aids/STDs
- ☐ Infant Death
- ☐ Mental Health
- ☐ Overweight/Obesity
- ☐ Tobacco use
- ☐ Child Car Seat Safety

What are the top 3 reasons that keep people in your community from seeking medical treatment?

- ☐ Lack of Insurance
- ☐ Health services are far away
- ☐ Transportation issues
- ☐ Language barrier
- ☐ Other (Please specify):
- ☐ Unable to pay co-pays
- ☐ Religious beliefs
- ☐ Don't see the benefit of seeing a provider

What are the top 3 health screenings or education/information services that are needed in your community?

- ☐ Cancer
- ☐ Blood Pressure
- ☐ Diabetes
- ☐ Exercise/Physical Activity
- ☐ Mental Health
- ☐ Eating Disorders
- ☐ Other (Please specify):
- ☐ Cholesterol
- ☐ Heart Disease
- ☐ Nutrition
- ☐ Falls Prevention
- ☐ Prenatal Care
- ☐ Emergency preparedness

Which 3 of the following services need the most improvement in your neighborhood or community?

- ☐ Animal Control
- ☐ Child care options
- ☐ Elder care options
- ☐ Services for disabled
- ☐ More affordable health services
- ☐ Better/more healthy food choices
- ☐ More affordable/better housing
- ☐ Road maintenance
- ☐ Number of healthcare providers
- ☐ Other (Please specify):
- ☐ Better recreational areas (parks/community centers)
- ☐ Healthy family activities
- ☐ Counseling/mental health, support
- ☐ Positive teen activities
- ☐ Transportation options
- ☐ Availability of employment
- ☐ Higher paying employment
- ☐ Culturally appropriate health services
  What kind? _____

I think the 3 main reasons that prevent people from being physically active are:

- ☐ Unsafe community
- ☐ Weather
- ☐ Lack of gym access/choices
- ☐ No community events
- ☐ Other (Please specify):
- ☐ Not enough sidewalks or bike lanes
- ☐ Lack of motivation
- ☐ Lack of time
- ☐ No parks/outdoor spaces

I think the 3 main reasons that prevent people from eating healthy foods are:

- ☐ Don't usually cook at home
- ☐ Eat fast food regularly
- ☐ No community garden
- ☐ Healthy food is too expensive
- ☐ Too tired to cook after work/school
- ☐ Lack of transportation
- ☐ Don't know how to make my culture's cuisine healthy
- ☐ No grocery stores close by
- ☐ Don't know how to eat healthy
- ☐ Stores don't accept SNAP/EBT/WIC
- ☐ Stores don't have high quality
- ☐ No farmers market
- ☐ Don't like the taste
- ☐ Other (Please specify):

How do you rate your knowledge of the health services that are available in the community?

○ Excellent ○ Good ○ Fair ○ Poor

What are the top 3 ways in which you learn about the health services available in the community?

- ☐ Billboards
- ☐ Community bulletins
- ☐ Health Department
- ☐ Friends/Family
- ☐ Other (Please specify):
- ☐ Mailings/Newsletter
- ☐ Presentations
- ☐ Radio
- ☐ Social media
- ☐ Television
- ☐ Website/Internet
- ☐ Word of mouth

Personal Health

How would you describe your overall health?

○ Poor ○ Fair ○ Average ○ Good ○ Excellent

A doctor, nurse, or other healthcare provider has told me that I have the following condition(s):

- ☐ Cancer
- ☐ Hypertension (High blood pressure)
- ☐ Prediabetes (borderline diabetes)
- ☐ Chronic Kidney Disease
- ☐ None of the above
- ☐ High Blood Cholesterol
- ☐ Overweight/Obese
- ☐ Diabetes (High blood sugar)
- ☐ Heart Disease
- ☐ Other (Please specify):

During the past 7 days, how many times, on average, did you eat fruits each day? (Please circle)

○ Less than 1 time per day ○ 1 time per day ○ 2 times per day ○ 3 or more times per day

During the past 7 days, how many times, on average, did you eat vegetables each day? (Please circle)

○ Less than 1 time per day ○ 1 time per day ○ 2 times per day ○ 3 or more times per day

During the past 7 days, how many times have you exercised or were physically active? (Please circle)

○ None ○ 1-2 times ○ 3-4 times ○ 5 or more times

Within the past 30 days, have you used any form of tobacco?

○ Yes ○ No

Within the past 30 days, have you used an electronic cigarette (e-cigarette) or vaped (e.g., Juul or mod)?

○ Yes ○ No

Do you have one person or a group of doctors that you think of as your personal health care provider?

○ Yes, only one ○ More than one ○ No

Where do you typically get routine health care services (non-emergency) from?

- ○ Emergency Room
- ○ Physician's Office
- ○ Grocery or Drug Store Clinic
- ○ Other (Please specify):
- ○ Health Department
- ○ Urgent Care
- ○ I do not receive routine health care services

About how long has it been since you last visited a doctor for a routine checkup?

- ○ Within the past year (anytime less than 12 month ago)
- ○ Within the past 5 years (2 years but less than 5 years ago)
- ○ Never
- ○ Within the past 2 years (1 year but less than 2 years ago)
- ○ 5 or more years ago

Demographic Information

What is your age? _____

Gender: ○ Male ○ Female ○ Prefer not to answer

What race/ethnic group do you most identify with? (Check only one)

- ○ White
- ○ Black or African American
- ○ American Indian or Alaska Native
- ○ Other Race
- ○ Asian
- ○ Native Hawaiian or Other Pacific Islander
- ○ Two or more races

Are you Hispanic, Latino, or Spanish origin?

○ Yes ○ No

What is your current employment status? (Check only one)

○ Employed Full-time ○ Employed Part-time ○ Unemployed ○ Retired

Including yourself, how many adults (18+) in your household are employed full-time, year-round?

○ None ○ 1 ○ 2 ○ 3 ○ 4 or more

What was your total household income last year before taxes?

- ○ Less than $25,000
- ○ $25,000-$39,000
- ○ $40,000-$59,000
- ○ $60,000-$79,000
- ○ $80,000-$99,000
- ○ $100,00 or more

Do you currently have <u>any</u> kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare/Medicaid, or Indian Health Service?

○ Yes ○ No

Are you a physician, medical professional, social services or community resource provider?

○ Yes ○ No

Thank you for participating in this Community Health Needs Assessment Survey. Your time and input are valued and will be utilized to improve the health of our community.

Allendale County Hospital