Copy of 2022 Jefferson County Kansas Community Health Needs Assessment Survey

THIS SURVEY IS COMPLETELY ANONYMOUS.

1/1 100%

F.W. Huston Medical Center, Jefferson County Health Department Home Health and Hospice, and the Jefferson County Alliance of Service Councils are conducting a Community Health Needs Assessment to determine the community and health-related issues in Jefferson County. Your participation is vital to the advancement and development of the county's health and wellness resources. Your input will help us identify the most important health needs in Jefferson County according to the people who live here so that we can focus our efforts on ways that will best serve our county. This survey is completely anonymous.

Please take a few moments to fill out this survey. **EVERY JEFFERSON COUNTY RESIDENT IS ENCOURAGED TO PARTICIPATE.** The survey can be completed online at: https://www.surveymonkey.com/r/JeffersonCountyKansasCHNA2022

Thank you for completing the survey!

1. In what zip code is your place of residence?

\bigcirc	66060
	66066
\bigcirc	66070

66054

66073

66088

66097

66429

66512

○ No

Other (please specify)

2. What is your age (ranges listed below)?

12 years or younger
13-17 years
18-24 years
25-34 years
35-44 years
45-54 years

65+ years

55-64 years

3. What is your identifying gender?

Male
Female
Transgender
Non-Binary
Other (please specify)

4. Choose one ethnic identity.

Hispanic / Latino

Not Hispanic / Latino

5. Choose one or more racial identities (regardless of ethnicity) - please select all that apply:

White

Asian

Black or African American

Native Hawaiian or other Pacific Islander

9. Of those people identified in the above question, how many
are dependents?
<u> </u>
<u>2</u>
<u></u> 3
4
<u></u> 5+
None
10. Does anyone in your household receive disability benefits?
Yes
○ No
11. In which county do you primarily work?
12. I use these services within Jefferson County more than
50% of the time - <i>please select all that apply:</i>
Dining Out Entertainment
Entertainment Medical Care
Mental/Behavioral Health Care
Dental Care
Physical Activity / Recreation Center
Purchase of Alcohol
Purchase of Tobacco - Cigarettes, Chew, E-Cigarettes (ex. Juul)
Purchase of Tobacco/Other Inhalant - Vaping

What television station(s) do you get your news from? (Please select all that apply.)

WIBW-13 (CBS)		
KCTV-5 (CBS)		
KSNT-27 (NBC)		
KSHB-41 (NBC)		
KTKA-49 (ABC)		
KMBC-9 (ABC)		
WDAF-4 (FOX)		
KTWU (PBS)		
I don't watch television	n.	
14. How do voi	u stay up to date with cu	rrent events and
•	e select all that apply.)	
ICVVO: (I ICUO	c scicci an mai appry.	
•		
Newspaper	Twitter	NPR
	Twitter YouTube	NPR Other Radio
Newspaper		
Newspaper Television	YouTube TikTok Internet News (e.g. Google	Other Radio Podcast World-of-Mouth, Family,
Newspaper Television Flyers around town	YouTube TikTok Internet News (e.g. Google News, Apple News, etc.)	Other Radio Podcast
Newspaper Television Flyers around town Facebook Instagram	YouTube TikTok Internet News (e.g. Google News, Apple News, etc.) News Apps	Other Radio Podcast World-of-Mouth, Family,
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Newspaper Television Flyers around town Facebook Instagram Other (please specify)	YouTube TikTok Internet News (e.g. Google News, Apple News, etc.) News Apps Spaper(s) do you read? (s	Other Radio Podcast World-of-Mouth, Family, Friends, Colleagues
Newspaper Television Flyers around town Facebook Instagram Other (please specify)	YouTube TikTok Internet News (e.g. Google News, Apple News, etc.) News Apps Spaper(s) do you read? (sent	Other Radio Podcast World-of-Mouth, Family, Friends, Colleagues

Topeka Capital Journal

SurveyMonkey Design:

7/25/22, 10:20 AM

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19.	Do	you	have	a	Primary	Care	Provider
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() Yes

No (skip question 20, please proceed to question 21)

20. If you have a Primary Care Provider, are they located in Jefferson County?

Yes

O No

21. Are you able to visit a health care provider (Doctor, Nurse Practitioner, Physician's Assistant) when needed in Jefferson County?

Yes (skip question 22, please proceed to question #23)

O No

22. If you answered "NO" to question #21, please select all that apply:

No appointment available

Office not open when needed

Limited hours

Cannot afford it

Cannot take time off work

No transportation

No specialist for my condition

I use healthcare outside of Jefferson County

Other (please specify)

23.	What type	of healthcare	coverage	do you	have ((select	all
tha	t apply)?						

Medicare
Medicare Advantage
Medicaid / Kancare (Aetna, United Healthcare, Sunflower)
Commercial Health Insurance (ex. BCBS, Aetna, Humana, Cigna)
VA/Tricare
Direct Primary Care
No healthcare insurance
Other (please specify)

24. What type of healthcare coverage do your dependents have? (Please select all that apply.)

Medicare
Medicaid / Kancare (Aetna, United Healthcare, Sunflower)
Commercial Health Insurance (ex. BCBS, Aetna, Humana, Cigna)
Tricare
Direct Primary Care
No healthcare insurance
Other (please specify)

25. I am concerned about the following for all citizens of Jefferson County (not specific to age): (Please select all that apply.)

_ack of safe, affordable housing
_ack of medical care needed in Jefferson County
Lack of access to affordable foods (ex. fruits, vegetables, etc.) in Jefferson County
_ack of access to safe spaces for physical activity (exercise) in Jefferson County
Lack of access to affordable immunizations in Jefferson County
_ack of prenatal and postnatal care in Jefferson County
_ack of providers to support emotional health in Jefferson County
_ack of dental providers in Jefferson County
Mental health
Suicide
Traffic injury
Other accidental injury (non-traffic)
Violence
Environmental concerns (e.g. contaminants in water)
Disaster/Emergency preparedness
Economy/Paying Bills
Health Conditions (please specify):
Other (please specify)
None of the above

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infant death
limited prenatal care
inadequate amount of healthy food available
formula shortage

lack of safe activities within the community for kids/teens outside of school

lack of access/affordable healthy food
inadequate amount of healthy food available
lack of health education/information in the community
lack of access to safe environments for exercise within the community
lack of employment opportunities
access to affordable contraception (any method)
access to long-acting reversible contraception (e.g. IUD, Nexplanon, etc.)
suicide
depression
anxiety
other mental health condition(s)
diabetes
high blood pressure
high cholesterol
other heart/cardiovascular disorder
overweight/obesity
developmental delay (please state in Other section)
lung disease/disorder (ex. COPD, asthma)
kidney disease/disorder
arthritis
sexually transmitted diseases
use of opioids (ex. hydrocodone, oxycodone, oxycontin, tramadol, fentanyl)
alcohol overuse
tobacco use (smoking cigarettes, chew, cigars, pipe)
tobacco use (e-cigarette)
tobacco/ other inhalant use (vaping)
prescription drug abuse
use of marijuana
street (illegal) drug use
cancer (please state which kind in the "other" section)
Other (please specify)

29. I am concerned about the following for **OLDER ADULTS** (65 years +) who live in Jefferson County: (Please select all that apply.)

lack of transportation
affordability of healthy foods
accessibility to healthy foods
social isolation
safety at home
safety driving
financial exploitation (e.g. family/friends, telemarketing, etc.)
diabetes
atrial fibrillation ("a fib")
heart failure
high cholesterol, triglycerides, known as Lipids
high blood pressure
other heart/cardiovascular disorder
depression
anxiety
other mental health condition
asthma
COPD
chronic kidney disease
arthritis
overweight/obesity
sexually transmitted diseases
dementia/Alzheimer's disease
Parkinson's disease

31. I have concerns about the following for **ROUTINE** immunizations (such as Measles, Mumps, Meningitis, Tetanus, Diptheria, Pertussis, Polio, etc. - **NOT**

COVID-19): (Please select all that apply.)

	vaccine misinformation
	harm from vaccines
	lack of transportation to obtain vaccines
	lack of available/accessible providers to administer vaccines
	times available for vaccines are inconvenient or difficult
	lack of insurance/cost
	community members opting out of ROUTINE vaccinations
	Other (please specify)
	None of the above
22	What are the strengths you observe within Jefferson
	What are the strengths you observe within Jefferson
	What are the strengths you observe within Jefferson unty (your community)? (Please select all that apply.)
	unty (your community)? (Please select all that apply.)
	unty (your community)? (Please select all that apply.) Resiliency
	unty (your community)? (Please select all that apply.) Resiliency Service to others
	unty (your community)? (Please select all that apply.) Resiliency Service to others Caring about one another
	Resiliency Service to others Caring about one another Hard-working individuals
	Resiliency Service to others Caring about one another Hard-working individuals Community resources available
	Resiliency Service to others Caring about one another Hard-working individuals Community resources available Community transportation available
	Resiliency Service to others Caring about one another Hard-working individuals Community resources available Community transportation available Healthcare availability
	Resiliency Service to others Caring about one another Hard-working individuals Community resources available Community transportation available Healthcare availability Faith-based communities
	Resiliency Service to others Caring about one another Hard-working individuals Community resources available Community transportation available Healthcare availability Faith-based communities Social/Civic organizations or clubs

Celebrations within the community

Other (please specify)

None of the above

33. IF YOU DO NOT WISH TO PARTICIPATE IN THIS QUESTION, PLEASE LEAVE IT BLANK AND SUBMIT YOUR SURVEY AS IS.

What impact has the COVID-19 pandemic had on you and what concerns do you have related to COVID-19? (Please select all that apply.)

interruption(s) in child(ren)'s education
loss of childcare or temporary interruption in childcare services
lack of social gatherings
strained relationships
inability to visit loved ones in long-term care for extended time
loss of wages (temporary)
loss of employment
death of a loved one from COVID-19
increased depression
increased anxiety
increased thoughts or feelings of self-harm
increased incidence of self-harm
physical illness from COVID-19 (short-term)
physical illness from COVID-19 (long-term)
increased financial stress
decreased physical activity
concern regarding personal risk of disease
concern for immunocompromised individuals
concern for family members getting COVID-19
concern for the safety of the COVID-19 vaccines

concern regarding accessing healthcare in the event I get COVID-19					
concern regarding the rate of individuals not vaccinated to personal health or health of other					
	Done				