

Community Health Survey

Levi Hospital needs your help!!! You have the opportunity to address relevant topics to tackle various needs as part of a community health needs assessment conducted by Levi Hospital. We would love to hear your thoughts on health, health care and services in Garland County. Please help by answering these questions. The survey should take 10 minutes or less and **all responses will be kept anonymous.** Thank you for taking the time to complete this survey!

Part 1: Health Personal/Family

1. In general, which of the following best describes your health? (check one)

Excellent Very Good Good Fair Poor

2. Compared to a year ago, how would you rate your overall health now?

Much better than a year ago About the same Much worse than a year ago

3. Any medical conditions? Yes No

(circle all that applies: High Blood Pressure, High Cholesterol, Heart Disease, Cancer, Diabetes, Weight Problem, Depression, Covid,)

4. Do you smoke? (tobacco, vape, juul, marijuana)

Yes No other I quit

5. Do you consume alcohol?

Yes No Occasionally

6. Do you have a regular personal/family doctor?

Yes No

7. Have you had a physical and a dental check-up in the past 12 months?

See Back Page for Choices

____ Yes; physical check-up only ____ Yes; both physical and dental check up
____ Yes; dental check-up only ____ Neither

8. Has Covid-19 impacted your household? ____ Yes ____ No

9. Are you fully vaccinated? ____ Yes ____ No

Part 2: Access to Care

(Please note that all answers will remain anonymous)

10. In general, how would you rate the overall quality of the healthcare delivered to your community? (overall quality of care)

____ Very Good ____ Good ____ Fair ____ Poor ____ Very Poor

11. Which health needs are most pressing TODAY and are in need of improvement? (check up to three services)

- | | |
|--|---|
| ____ Wellness Options | ____ Childcare options |
| ____ Elder care options | ____ Services for disabled people |
| ____ More affordable health services | ____ Better/more affordable housing |
| ____ Better/healthier food | ____ Care Transitions (movement from one healthcare setting to another or home) |
| ____ Culturally appropriate health services | ____ Counseling/mental health/Support groups |
| ____ Better/more recreational facilities services (parks, trails, community centers) | ____ Public awareness of healthcare |
| ____ Better/more affordable health insurance | ____ Healthy nutritional ED./Eating options |
| ____ Transportation options | ____ Positive teen activities |
| ____ Availability/pay of employment | ____ Job availability |
| | ____ Road safety/maintenance/walkability |
| | Other: _____ |

12. Where do you get your health information most often (check one)

See Next Page for Choices

Family/Friends Health Department Nurse Doctor
 Church Internet Pharmacist Other

13. Where do you go most often when you are sick? (check one)

Doctor's office Health Department Hospital or Emergency Room
 Urgent Care/Clinic I don't seek care

14. Do you have health insurance?

Yes No

15. What type of health coverage is your primary plan? (check one)

Private Insurance you purchased Insurance covered by employer
 Medicare Medicaid No coverage

16. How would you rate the following healthcare services? (check only one box per row)

Service	Great	Good	Fair	Poor
Emergency Rooms				
Family Practice (clinic) Services				
Hospital Services				
Mental Health Services				
Nursing Home /Assistance Living				
Outpatient Services (lab, radiology, Physical Therapy etc.)				
Health Department				
Specialist Physician Care				
Urgent Care				

Part 3: Demographics

(Please note that all answers will remain anonymous)

17. How old are you? (check category)

18-29 50-59
 30-39 60-69
 40-49 70 or older

18. Are you male or female? (check one)

Male Female Other

19. What is your race? (check all that apply)

White Other
 Black/African American
 Hispanic/Latino
 Asian

Other race not listed above (write in race: _____)

20. What is your marital status?

Single Widowed Divorced Domestic Partnership
 Married Prefer not to answer

21. What is the highest level of school, college, or vocational training you have finished? (check only one)

Did not graduate
 High school graduate
 Associates Degree/Vocational Training
 Bachelor's Degree
 Graduate or Professional Degree
 Other

22. What was your total household income last year, before taxes? (check category)

- Less than 10, 0000
- \$ 10,000 to 29,000
- \$ 30,000 to 49,000
- \$ 50,000 and over

23. What is your employment status? (check all that apply)

- Employed full-time Part-time Military Self-employed
- Retired Disabled Student Seeking Employment

24. Do you have access to the internet at home?

- Yes No

25. Do you currently own your home or where are you staying?

- Own my home Living with relatives/friends Living in shelters
- Rent/Lease Other (streets, car, hotel, tent, camper)

26. Are you a veteran? Yes No

Part 4: Community Improvement

27. Look at the following list of community issues. Check up to three issues that most affects the quality of life in Garland County?

- Low Income/Poverty Child Care Theft
- Vaccinations Mental Illness Domestic Violence
- Illegal Drugs Lack of Community Support
- Crime Abuse/Neglect Healthcare
- Preventive Health Rape/Sexual Assault
- Homelessness Tobacco Use
- Discrimination/Racism Teen Health (drinking, pregnancy, abuse etc.)
- Nutrition/Food Security Uninsured Human Trafficking
- Other: _____

28. In the past **12 months**, have you (or someone in your family) needed any of the following services? (check only **one** box per service)

Service	Needed and received	Needed and <u>did not</u> receive	Did not need
Emergency/Temporary Housing			
Help with utilities/rent/ food after a personal emergency			
Help with transportation, child, or after school care			
Help caring for an Elder/Disabled adult			
Services for the physically or developmentally handicapped			
Mental health services			
Individual/family counseling			
Help coping with domestic violence			
Debt counseling			
Help finding a job			
Help learning job skills			

29. Do you feel that law enforcement (city police and sheriff's department) is there to protect and keep you safe?

Yes No

30. Have you (or someone in your household) been the victim of a crime in the **past 2 years**? If yes, name the crime.

Yes No _____

31. In your opinion, which of the following health topics would you like to know more about? (check up to **three** topics)

See Next Page for Choices

- | | |
|---|---|
| <input type="checkbox"/> Eating well/nutrition | <input type="checkbox"/> Exercising/fitness |
| <input type="checkbox"/> Weight management | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Importance of health/dental check-ups and screenings | <input type="checkbox"/> Importance of prenatal care |
| <input type="checkbox"/> Importance of vaccines/flu shots | <input type="checkbox"/> Emergency and disaster preparedness |
| <input type="checkbox"/> Proper use of child safety seats | <input type="checkbox"/> Preventing pregnancy/STDs |
| <input type="checkbox"/> Driving safely | <input type="checkbox"/> Tobacco use prevention and quitting smoking |
| <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Caring for those with special needs/disabilities |
| <input type="checkbox"/> Childcare/parenting | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Elder care | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Substance abuse prevention (drugs and alcohol) | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Domestic violence prevention | Other: _____ |
| <input type="checkbox"/> Rape/sexual abuse prevention | |
| <input type="checkbox"/> General crime prevention | |

Part 5: Nutrition/Food Security

32. In general, I know enough about health to understand which choices are healthy

_____ Completely Agree _____ Agree _____ Neutral _____ Disagree

33. In general, I know the consequences of unhealthy habits.

_____ Completely Agree _____ Agree _____ Neutral _____ Disagree

34. On a scale from 1-5 (“1” being very unhealthy and “5” being very healthy), how healthy is your diet? (check one)

___1 ___2 ___3 ___4 ___5

35. If you rated your diet at a “3” or less, what challenges keep you from eating healthy? (check all that apply)

See Back Page for Choices

Cost
 Time to cook
 Lack of cooking skills
 Lack of access to healthy foods

Don't like fruits and/or vegetables
 Those around me don't eat healthy
 I don't want to eat healthy
 Other: _____

36. In the past two years, did you ever eat less than you felt you should because there wasn't enough food to eat?

Yes No Prefer not to say

Opinion Question

37. In 2019-2021 we focused on 4 areas to make health improvements in the community. Have you personally seen changes in these specific areas since 2019? (check only one box per row)

Specific Areas	Better	No Change	Worse	Not Sure
Poverty				
Substance Abuse/Tobacco Usage				
Mental Health				
Obesity				

Thank you for your time!