

Keokuk County Community Health Needs Survey

1) Where do you live?

Rural Town _____

2) I am:

- Male / Female
- 18-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, 90+

3) My family: live alone, with spouse/significant other, children under 18, adult children at home, parent or grandparent in home

4) Employment status: Full time, Part time, Self Employed, Unemployed, Retired

5) Living arrangement: Own home, Rent home, Rent Apartment, Live with relative, Live with Family member, Live in Group Home/ Care Facility

6) Travel: Own Car, Friend to drive me, Rely on Minibus, Walk/Bike

7) Health Behaviors:

- Have you had a screening for Blood Pressure, Blood Sugar, or any type of cancer in the past year?
 Yes/ No/ Not Sure
- Do you need information to help you prevent or manage the following:
 Cancer Diabetes High Blood Pressure Obesity
- What is your preferred method of exercise? _____
- If you don't exercise – why? no time no money no commitment laziness health interferes other _____
- Do you believe you eat a healthy diet? Yes/ No/ Not Sure
- Can you afford to prepare healthy meals? Yes/ No/ Not Sure
- Do you _____ have a garden, and/or _____ buy food at farmers market?
- In the past year, have you suffered a personal loss (job, financial, disability/injury, death of a loved one), decline in health, or prolonged stress? Yes/ No/ Not Sure
- Where do you go for emotional support during difficult times? Family/Friends, Support Group, Mental Health Provider, Manage Alone, Pastor
- Do you have a child(ren) that have learning disability or mental health diagnosis?
- Do you have a provider to assist in dealing with emotional or behavioral issues? Yes No
- If you do not visit mental health care providers is it due to No insurance Can't afford, No transportation, No time, Providers do not offer Service times that work with my schedule, Not aware service is available Not applicable
- Do you/your family use addictive substances?
 - Alcohol: Never, Rarely, Daily, Weekly, Monthly
 - Tobacco: Never, Rarely, Daily, Weekly, Monthly
 - Prescription Drugs: Never, Rarely, Daily, Weekly, Monthly
 - Illegal Drugs: Never, Rarely, Daily, Weekly, Monthly
- What changes have you thought about or made in the past year? Eating healthier more fruits/vegetables less processed food, drink more water, drink less soda/energy drinks, drink less alcohol, limit sugar intake, limit fat intake, portion control, be more active, lose weight, stop smoking, other _____
- What has been the greatest barrier to improving your health in the past year? lack of time lack of money no opportunity lack of personal commitment health problems not exercising smoking sweets soda being overweight other _____

8) Safety/Injury Prevention:

- Are you concerned about _____ abuse, _____ violence
- Are you concerned about _____ bicycle accidents, _____ falls, _____ motor vehicle accidents
- Do you feel safe from crime in your community? ___ Yes, ___ No, ___ Not Sure

9) Environmental Concerns: Are you concerned about any of the following?

- _____ Clean water, _____ Food safety, _____ Healthy Homes –Lead / Mold, _____ Illegal/Roadside Dumping, _____ Onsite waste water systems, _____ Radon, _____ Vector Control

10) Prevention of Disease:

- Are you/your children current with immunizations, flu and tetanus shots? Yes /No /Don't Know
- Who gives your children their shots? Doctor – Public Health – Not Sure

11) Preparedness/Staying Informed: (please indicate station/website)

- How do you get your information? ___ radio (station I like _____), ___ TV (station I watch _____), ___ Internet (website _____/Facebook/Twitter) ___ School Web Page
- When learning about health care issues, communicable diseases, or disasters would you use the same mode of communication? Yes /No /Not Sure
- If no, which would you use?

12) Public Health Infrastructure:

- Do you/your family have any kind of Health Insurance? ___ Private, ___ Hawk -I _____ Medicare, _____ Medicaid/T19, _____ Employer based, _____ Self Insured, _____ No Insurance _____ Can't afford, _____ Can't get Coverage
- In the past 12 months have you :___been to a doctor for routine checkup, ___been to doctor for an illness, ___been to the Emergency Room, ___Have not gone due to cost or transportation, ___Have not gone because I don't like to
- How far do you travel to see your doctor? ___ 1 – 5 miles, ___ 6 – 15 miles, ___ 16 – 40 miles, ___ 41+miles
- What keeps you from accessing local medical care? _____
- What medical services do you require that are not available locally? _____
- How many times have you/your family been to an emergency room in the past year? _____
- If you do not visit the dentist regularly is it due to: ___ No insurance, ___ Can't Afford, ___ Time, ___ No Transportation
- If you do not visit an eye doctor regularly is it due to: ___ No vision insurance, ___ Can't Afford, ___ Time, ___ No Transportation
- Do you have transportation available for your needs? ___ Yes/___ No/____ Not Sure
- If you use Home Care Services, do you use: _____ Keokuk County Public Health, _____ Mahaska Health Partnership, _____ Ottumwa Regional Home Care, _____ CDAC Provider, _____ Hire private help, _____ First Resources _____ Other _____

Where would you look/ who would you ask for information about Services available in Keokuk County?

What do you see as the two primary problem areas/unmet needs in Keokuk County (either your own or affecting others)?

