

Welcome to the Reno County Health Assessment Survey!

This survey is being conducted in partnership with the Hutchinson Regional Healthcare system, Reno County Health Department and the Community Health Improvement Council. The purpose of this survey is to get your opinions about community health and health problems in Reno County. The Community Health Improvement Council will use the results of this survey to identify the most pressing problems which can be addressed through community action. Individual responses will remain confidential; only total survey results will be shared. Thank you very much for your participation in this important community survey!

Community Overall

1. How would you rate your community as a "Healthy Community"?

- Very Unhealthy Unhealthy Somewhat Healthy Healthy Very Healthy

* 2. Please indicate your level of agreement with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of life in our community (think about well-being, safety, physical and mental health, education, recreation, and social belonging.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community has enough health and wellness activities to meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the health care available in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to the medical specialist I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last year, I chose not to receive health care services due to cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have my own doctor I see whenever I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly Disagree Disagree Neutral Agree Strongly Agree

I am satisfied with public health services (food safety, disease prevention, immunizations, etc.)

If I need help or assistance during times of stress, I have support in my community.

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

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).

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

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

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

I have enough housing choices to fit my needs in my community (consider size, location, cost, etc.)

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

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

I feel helpless in making changes to my community.

Community Health

3. In the following list, what do you think are the 3 most important "health problems" in our community?

- | | |
|--|--------------------------|
| Aging problems
(arthritis, hearing/vision
loss, falls, etc.) | <input type="checkbox"/> |
| Alcohol Abuse | <input type="checkbox"/> |
| Bullying | <input type="checkbox"/> |
| Cancers | <input type="checkbox"/> |
| Child Abuse/Neglect | <input type="checkbox"/> |
| Dental Problems | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| Domestic Violence | <input type="checkbox"/> |
| Drug Abuse | <input type="checkbox"/> |
| Heart Disease and
Stroke | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> |
| Infant Death | <input type="checkbox"/> |
| Infectious Disease
(Hepatitis, TB, etc.) | <input type="checkbox"/> |
| Mental Health Problems | <input type="checkbox"/> |
| Obesity | <input type="checkbox"/> |
| Rape/Sexual Assault | <input type="checkbox"/> |
| Respiratory/Lung
Diseases | <input type="checkbox"/> |
| Smoking | <input type="checkbox"/> |
| Suicide | <input type="checkbox"/> |
| Teenage Pregnancy | <input type="checkbox"/> |

Other (please specify)

4. In the following list, what do you think are the 3 most important "risky behaviors" in our community?

- Alcohol Abuse
- Dropping Out of School
- Drug Abuse
- Lack of Exercise
- 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)

5. 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
- Other (please specify)

About You

To help us better understand who is filling out the survey, please provide answers to demographic information in the following questions.

6. Postal Zip Code

7. Gender

- Male
- Female

8. Age

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

9. Marital Status

- Married/Living Together
- Divorced
- Never Married
- Separated
- Widowed
- Other (please specify)

10. Your highest Education Level

- Less Than High School
- High School Diploma/GED
- College Associate Degree
- College Bachelor Degree or Higher
- Other (please specify)

11. Current Employment Status

- Employed Full-time
- Employed Part-time
- Retired
- Unemployed, Seeking Work
- Unemployed, Not Seeking Work
- Other (please specify)

12. Which of these groups would you say best represents your race?

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

13. Household Income

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

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

- Local Hospital
- Local Health Department
- Urgent Care
- Emergency Room
- Doctors Office
- Other (please specify)

15. How do you pay for your health care?

- Pay Cash
- Veteran Administration
- Indian Health Services
- Medicaid
- Medicare
- Health Insurance (Private Insurance, HMO, etc.)
- Other (please specify)

Thank You

Thank you for your response. If you have any questions or would like more information about the Community Health Assessment, please contact:

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