

Welcome to the 2022 McPherson County Health Assessment Survey

This survey is being conducted in partnership with McPherson Hospital, McPherson County Health Department, Lindsborg Community Hospital, and Mercy Hospital in Moundridge. The purpose of the survey is to gather public opinions about health issues in McPherson County. The information will be used to identify the most important areas for health improvements that can be addressed through community actions. Participation in the survey is voluntary and all responses are completely anonymous. Further, only total survey results will be shared.

We thank you for your participation. Your response by May 20, 2022 at 11:59 p.m. will be greatly appreciated.

* 1. How would you rate the overall quality of healthcare delivery in your local community?

Poor	Average	Good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please tell us why you gave the rating you did?

* 3. The overall health in your local community is

Getting worse	Staying the same	Getting better
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. How satisfied are you with the quality of life in your local community?

Dissatisfied	Neutral	Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. The community has enough resources to meet my healthcare needs.

Disagree	Neutral	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 6. The community has enough resources to meet my wellness needs.

Disagree	Neutral	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. The community has enough places where I can exercise.

Disagree	Neutral	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. I can easily afford to exercise in my community.

Disagree

Neutral

Agree

* 9. I have a primary care provider.

No

Sometimes

Yes

* 10. How satisfied are you with county public health department services?

Dissatisfied

Neutral

Satisfied

* 11. I have recently (in the past year) experienced stress due to: [check all that apply]

- Physical illness
- Mental illness
- Caring for elderly parents
- Parenting
- Lack of adequate child care
- Financial difficulties
- Housing concerns
- Feeling lonely
- Not applicable

* 12. When I have experienced the stressors above, I have known where to go for help if needed.

No

Sometimes

Yes

* 13. I have recently (in the past year) had difficulty accessing medical care because: [check all that apply]

- Healthcare is expensive
- Care is not available during hours when I can go
- No providers are available who can address my healthcare needs
- I lack reliable transportation
- I am not always able to take time off work
- Care is not available close enough to where I live
- I do not always feel welcome where care is provided
- I do not have health insurance
- Not applicable

Please tell us more about your answer.

* 14. This community is a good place to grow old.

Disagree	Neutral	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 15. Is your local community a good place to raise children?

No	Somewhat	Yes	Not sure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 16. I am able to see a healthcare provider in a timely manner when I need to.

Disagree	Neutral	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 17. My healthcare provider treats me with respect.

Disagree	Neutral	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us how your provider could do better.

* 18. When I have a question, my healthcare provider is easy to reach.

Disagree	Neutral	Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. What do you feel are the root causes of poor health in our county?

* 20. What are the 3 most important health issues in our community? [Select 3]

- Aging problems (hearing/vision loss, falls, etc.)
- Bullying
- COVID-19
- Dental problems
- Domestic / family violence
- High blood pressure
- Infant death
- Infectious disease (hepatitis, TB, etc.)
- Lack of wound care options
- Rape/sexual assault
- Respiratory/lung diseases
- Smoking
- Suicide
- Teenage pregnancy
- Other (please specify)

* 21. Our prior assessments found the health issues listed below were important. Please check the issues you feel are still significant.

- Alcohol abuse
- Cancers
- Diabetes
- Drug abuse
- Heart disease and stroke
- Mental health problems
- Obesity

* 22. Which of the following worry you when you think about health in our community?

- Alcohol abuse
- Dropping out of school
- Drug abuse
- Sharing / selling narcotics
- 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

If other, please specify

* 23. Where do you get most of your information about health and wellness?

- Physician office
- Hospital
- Church group
- Internet
- School
- Family/friends
- Library
- TV
- Radio
- Newspaper/magazines
- Work site
- Health Department
- Social media
- Podcasts
- Elected Officials
- Other (please specify)

* 24. In the past three years, either I or a member of my family have used hospital-based services in McPherson County.

- Yes
- No

25. If you used a hospital-based service in McPherson County within the past three years, how satisfied were you with the care you received?

Dissatisfied	Neutral	Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 26. Do you see a dentist regularly?

- Yes
- No

If not, why?

* 27. Zip Code

- 67107
- 67428
- 67443
- 67456
- 67460
- 67464
- 67476
- 67491
- 67456

Other (please specify)

* 28. Gender

- Male
- Female
- Non-binary
- Prefer not to say

*** 29. Your Age**

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

*** 30. Marital Status**

- Married
- Divorced
- Single/Never married
- Widowed/not remarried

Other (please specify)

*** 31. Your highest education level**

- Less than high school
- High school diploma/GED
- College Associate's degree
- College Bachelor's degree or higher
- Other

If other, please specify

*** 32. Current employment status**

- Employed full-time
- Employed part-time
- Retired
- Unemployed, seeking work
- Unemployed, not seeking work
- Other (please specify)

*** 33. What is your occupation?**

* 34. Which of these groups would you say best represents your race? Please select all that apply.

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

* 35. Annual Household Income

- Less than \$20,000
- \$20,000 to \$39,000
- \$40,000 to \$59,000
- \$60,000 to \$79,000
- \$80,000 to \$99,000
- \$100,000 to \$149,000
- Over \$150,000

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

- Local hospital
- Local health department
- Urgent care
- Emergency room
- Doctor's office
- Other

If other, please specify

* 37. How do you pay for your health care?

- Cash
- Veteran Administration
- Indian Health Services
- Medicaid
- Medicare
- Health insurance (private insurance, HMO, etc.)
- Unable to pay
- Other

If other, please specify

Thank you for your responses. Once again, all responses are anonymous and only total survey results will be shared publicly. If you have any questions, would like more information about the Community Health Needs Assessment, or are completing a paper survey, please refer or submit to contact below.

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