

## Attachment B Community Health Survey Questionnaire

English ▾

### Introduction

Welcome to the 2024 Community Health Needs Assessment Survey for South Heartland Health District!

**Nota:** Por favor cambie el lenguaje de ingles a espanol en el cuadro de arriba en la esquina derecha.

*Dear Residents of Adams, Clay, Nuckolls, and Webster Counties.*

Please tell us what you think about the health issues that matter most to you and what keeps you from getting the care you need. Your responses are completely anonymous and no private identifying information is being collected.

We will use your feedback to guide and inform our community's improvement priorities in order to prevent diseases, and promote and protect our community health in the South Heartland District.

We encourage you to take this survey whether you're a permanent or temporary resident.

**Definitions for this survey are below.**

- Health District: Adams, Clay, Nuckolls & Webster Counties
- Community: The village, town, or city you live in, or the nearest one if you reside outside of town.
- County: The county where you live (Adams, Clay, Nuckolls, or Webster).
- Region: The area within a one-hour drive from your home, including your community.

**Note:** The survey takes about 15-20 minutes to complete. You can exit and re-enter the survey at any time—be sure to use the same device to pick up saved progress from where you left off.

Thank you for helping us enhance public health in our community. End date for this survey completion is May 31, 2024.

## Community Needs and Resources

Q2. In which county do you live?

- Adams
- Clay
- Nuckolls
- Webster
- Other? Please write below \_\_\_\_\_

Q3. What is the zip code of your current residence?

- Please write down below

Q4. For each of the following health issues, please indicate how important you believe the issue is to our community? Please select and rate each health issue below.

	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Environmental Health (like clean air and water and the effects of changing weather patterns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting Medical Care (including costs, insurance, and finding health services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Germs and Diseases (including the flu, measles, and food-related sickness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5. For each of the following health issues, please indicate how important you believe the issue is to our community? Please select and rate each health issue below.

	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Health in elders-seniors (including memory loss diseases and care for older adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health of Mothers and Babies (focusing on care before birth and preventing baby deaths)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-lasting Health Conditions (such as diabetes, heart issues, cancer, breathing problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Well-being (covering feelings of sadness, worry, and stress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6. For each of the following health issues, please indicate how important you believe the issue is to our community? Please select and rate each health issue below.

	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Physical inactivity and lifestyle Health (related to exercise and health problems from not being active)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and Harm (violence at home, accidents and injuries from guns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Health (including diseases you can get from sex and reproductive wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Issues (like problems with drugs including prescription painkillers, alcohol, tobacco, and marijuana)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Vaccinations and Disease Prevention (about vaccine safety and stopping diseases that vaccines can prevent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight and Nutrition Concerns (dealing with being overweight and dietary health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7. What resources or programs would you like to see developed to meet the community's health needs? Please write in the box.

### Healthcare Access and Needs

Q8. What is your health insurance coverage?

- Medicaid
- Medicare
- VA (Tricare)
- Private insurance (from a job or bought on your own)
- State Health Insurance Assistance Program (SHIP)
- Children's Health Insurance Program (CHIP)
- Not insured
- Other (please write below)

Q9. Do you have a primary medical care provider / doctor?

- Yes
- No
- Maybe
- Don't know

Q10. In the past year, where have you received healthcare services such as vaccinations, medical care, health screenings, health exams, etc.? Please check boxes with respect to location (county) of healthcare providing facilities.

	Adams	Clay	Nuckolls	Webster	Other Counties
Medical Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Inpatient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartland Health Center-Grand Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Heartland District Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worksite health fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telehealth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)					
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11. In the past 12 months, how many times have you or your family members visited a healthcare provider for any medical need?

- None
- 1-2 times
- 3-4 times
- 5 times or more

Q12. How far do you travel to access your usual medical care needs? You can select more than one option.

- Less than 5 miles
- 5-10 miles
- 11-20 miles
- More than 20 miles
- None

Q13. In the past 12 months, have you delayed or avoided medical care? (Select one)

- Yes
- No
- Maybe
- Don't know

Q14. If applicable, what were the reason(s) for delaying or avoiding medical care? (Select all that apply)

- Cost
- Lack of insurance coverage
- Long wait times
- Fear of COVID-19
- Hours of operations
- Distance / location
- Transportation issues
- Other

- Not applicable

### **Mental Wellness / Behavioral Health Care Access and Needs**

Q15. Have you or your family members ever used any professional help from a counselor or therapist about feeling sad, worried, behavioral problems etc.?

- Yes, in the last year
- Yes, but it was longer than a year ago

- No
- Not sure / don't know

Q16. Which types of mental health services have you or your family members ever used?  
(Select all that apply)

- Counseling or therapy
- Psychiatric services (medication management)
- Support groups
- Crisis services
- Online mental health resources
- None
- Other

Q17. If applicable, what stops you or your family from getting help when feeling sad, worried, behavioral problems? (You can pick more than one).

- It costs too much or we don't have insurance.
- We're worried about what people will think.
- There's nowhere to go for help.
- We have to wait a long time to get help.
- We don't know where to find help.
- It's hard to get there because of travel problems.
- We get the needed care when able or needed.
- Other? please write below \_\_\_\_\_

- Not applicable

### Dental Care Access and Needs

Q18. How often do you or your family members visit a dentist?

- More than once a year
- Once a year

- Once every 2 years
- Less often than 2 years
- Never

Q19. If applicable, what were the reason(s) for your or your family members most recent visit to a dentist? Select all that apply.

- Routine check-up
- Toothache or emergency issue
- Cosmetic procedure
- Other? Please write below

- Not applicable

Q20. If applicable, what prevents you or your family members from seeking dental care? (Select all that apply)

- Cost
- Lack of insurance coverage
- Fear of dentists
- Difficulty finding a dentist
- Long waiting times for appointments
- Transportation issues
- Hours of operations
- Distance / location
- Other

- Not applicable

## Eye/Vision Care Access and Needs



Q21. How often do you or your family members get eye exams?

- Annually
- Every 2 years
- Less often than every 2 years
- Never

Q22. If applicable, what were the reason(s) for your or your family's last eye exam? Select all that apply.

- Routine check-up
- Vision problems
- Prescription update
- Other
- Not applicable

Q23. If applicable, what prevents you or your family members from seeking eye care at all or more frequently? (Pick all that apply)

- Cost
- Lack of insurance
- No perceived need
- Too far away, no transportation
- Long wait times for appointments
- Fear of eye exams or treatments
- Previous negative experience with eye care
- Unawareness of the need for regular eye check-ups
- Trust issues with healthcare providers
- Language barriers
- Other (please specify) \_\_\_\_\_

- Not applicable

## Social Determinants of Health

Q24. How do you feel about your current financial situation?

- Very secure
- Somewhat secure
- Somewhat insecure
- Very insecure
- Prefer not to say

Q25. What is your current housing situation?

- Own my home
- Renting
- Living with family / friends sharing rent
- Dorm or student housing
- Temporary housing (e.g., shelter, motel)
- Homeless
- Other\_\_\_\_\_ Please specify

Q26. Are you currently using any benefits of food assistance program SNAP-EBT such as food stamps, governmental food cards?

- Yes
- No
- Maybe / Not sure
- Other? Please write below
- Prefer not to say

Q27. In the past 12 months, how often did you worry about running out of food?

- Never
- Rarely
- Sometimes
- Often
- Always

Q28. If applicable, what were the main barriers to completing your high school education?  
(Select all that apply)

- Financial issues
- Family responsibilities
- Lack of interest or motivation
- Health problems
- Lack of information on available programs
- Other? Please write below
- Not applicable

Q29. Do you or anyone in your family currently require any of the following family support resources? You can choose more than one option.

- Childcare services
- Elder care support
- Family counseling or mental health services
- Educational support or tutoring services
- Financial assistance or budgeting help
- Food and nutrition services
- Housing or rental assistance
- Transportation services
- Disability services
- Other (please specify)

## Environmental Health

Q30. Are you concerned about water quality in your community?

- Yes
- No
- If yes, why? Please write below \_\_\_\_\_

Q31. What is your primary source of drinking water?

- Municipal water supply
- Private well
- Bottled water
- Other \_\_\_\_\_

Q32. If applicable, have you ever tested your private well for nitrates or any other water contaminants?

- Yes, and the levels are high
- Yes, and levels are safe
- No, haven't tested yet
- Not applicable (do not have a private well)
- If other than nitrates, what did you test for \_\_\_\_\_ please write below

Q33. If applicable, has your child ever been tested for lead poisoning?

- Yes, and under safe level (<3.5 mg/dl)
- Yes, and above safe level (>3.5 mg/dl)
- No or never
- Don't know
- Not applicable

Q34. How would you rate the overall air quality in your community?

- Very good
- Good
- Fair
- Poor
- Very poor

Q35. Are you experiencing any of these environmental health issues currently where you live?  
You can select more than one option.

- Mold
- Asbestos
- Bed bugs
- Radon gas exposure
- None
- Other (Please write down) \_\_\_\_\_

Q36. Has your home / apartment ever been tested for radon?

- Yes, and Radon gas was not detected
- Yes, and Radon gas was detected and within safe levels (<4.0 pCi/L)
- Yes, and Radon gas was detected and above safe levels (>4.0 pCi/L)
- No
- Maybe
- Don't know
- Not applicable

Q37. If applicable, did you make any changes to your residence to rectify / mitigate / remedy radon gas if unsafe levels detected?

- Yes
- No
- Maybe / Not sure
- Don't know
- Not applicable

### Neighborhood and Built Environment

Q38. How would you rate the quality of your current housing?

- Very good
- Good
- Fair

- Poor
- Very poor

Q39. How safe do you feel in your community?

- Very safe
- Somewhat safe
- Neutral
- Somewhat unsafe
- Very unsafe

Q40. Do you live within 30 mins of parks and fresh produce shopping areas?

- Yes, both parks and fresh produce shopping areas.
- Yes, parks only.
- Yes, fresh produce shopping areas only.
- No, neither parks nor fresh produce shopping areas

Q41. Have you or anyone in your household been a victim of violence or crime in your neighborhood in the past year?

- Yes
- No
- May be
- Prefer not to say

Q42. How do you usually get to school, work, appointments or any other places you visit regularly? You can select more than one option.

- By my own car
- By taxi, Ryde, Bus etc.
- Bicycle / scooter
- By walking
- A friend or family member's ride.
- Other? Please write below

Q43. How difficult is it for you to find transportation when you need it?

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy
- No need / Not applicable

Q44. If applicable, does your workplace have policies that promote health and safety such as below options? (Select all that apply)

- Paid sick leave
- Health insurance benefits
- Wellness programs
- Health screenings and vaccinations
- Mental health support
- Ergonomic workstations-to reduce or prevent neck and back strain
- Flexible work arrangements
- Substance abuse policy (counselling and rehabilitation programs)
- Other \_\_\_\_\_
- None at all
- Not applicable

Q45. Have you experienced utility shut-offs (e.g., gas, water, electricity) in the past 12 months?

- Yes
- No
- Maybe / not sure
- Other \_\_\_\_\_

Q46. Do you or your household members have internet access?

- Yes, both fixed (home) and mobile internet
- Yes, fixed (home) internet only

- Yes, mobile internet only
- No internet access
- If no, please write below-what is stopping you from having internet?

Q47. Have you or someone in your household experienced discrimination or been treated unfairly in your community in the past year?

- Yes
- No
- May be
- Don't know
- Prefer not to say

Q48. If applicable, have your family's children, adolescents, young adults ever experienced bullying or cyberbullying?

- Yes
- Maybe
- No
- Don't know
- Not applicable / Don't have children
- Prefer not to say

### **Access to Health Information and Health Literacy**

Q49. How often do you understand health information you see on websites or that is given to you by healthcare providers in written or verbal form? E.g., Information about diseases, treatments, discharge instructions, insurance information, and the forms you are required to fill out?

- Always
- Often
- Sometimes
- Rarely



Never

Q50. What is your preferred way of receiving health information during emergency situations?  
You can choose more than one option.

- Online news websites or portals
- Social media platforms (e.g., Facebook, Twitter, Instagram)
- Television news broadcasts
- Radio programs
- Podcasts
- Printed newspapers or magazines
- Healthcare providers (e.g., doctors, nurses, hospital officials)
- Official government health websites (e.g., CDC, WHO)
- Local government officials (from your city/village/county)
- Local health department (South Heartland District Health Department, Clay County Health Department)
- Health-focused apps on smartphones or tablets
- Friends or family recommendations
- Academic journals or medical publications (online or print)
- Faith community (parish nurses, pastors, or others)
- Other? Please write below \_\_\_\_\_

### General Health Status and Behaviors

Q51. Overall, how would you rate your current health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q52. Have you ever been diagnosed with any of the following conditions? (Select all that apply)

- Diabetes
- Heart disease

- Hypertension (high blood pressure)
- Asthma
- Chronic obstructive pulmonary disease (COPD): Emphysema, bronchitis
- Mental health condition (e.g., depression, anxiety)
- Cancer
- Insomnia (trouble sleeping)
- Mouth problems such as dental cavities, tooth loss, tooth pain, etc.
- None of the above
- Other? Please write below

Q53. How many servings of fruits and vegetables do you eat on average per day? Note: A serving size is typically one cup of raw fruits or vegetables, or half a cup of cooked fruits / vegetables.

- None
- 1-2 servings
- 3-5 servings
- More than 5 servings

Q54. How often do you eat fast food or processed foods like chips, canned soups, or frozen pizza?

- Daily
- Several times a week
- Once a week
- Less than once a week

Q55. How many days in a week are you physically active at least 30 mins per day? Example activities like brisk walking, riding your bike fast, running, playing sports like soccer or basketball, or any activity that makes you breathe hard and sweat.

- 0 days
- 1-2 days

- 3-4 days
- 5 or more days

Q56. How often do you do activities that make your muscles stronger? (Example: lifting heavy boxes at work, doing push-ups, pull-ups, boxing etc.)

- Rarely or never
- A few times a month
- A few times a week
- Every day

Q57. If applicable, what is stopping you from doing exercise, physical activities more frequently or at all? You can select more than one option.

- Time constraints due to work and personal commitments
- Lack of motivation or interest in exercise
- Physical limitations or health concerns
- Lack of a supportive community or exercise partners
- Other? Please write below \_\_\_\_\_

- Not applicable

Q58. How many places are available for doing exercise and wellness activities within 30 minutes of your home?

- None
- 1
- 2
- 3
- 4 or more than 4
- Not sure / Don't know

Q59. Are there any places within 30 mins of your home that teach you about managing weight such as nutrition classes or fitness groups)?

- Yes
- No
- Maybe
- Don't know

Q60. If any of the opportunities below are within 30 mins of your residence, which would you like to try the most? (You can pick up to 3)

- Learning to prevent fall injuries for yourself
- Tai chi (a kind of gentle martial arts)
- Exercising spaces
- Yoga
- Learning how to relax and be in the moment (mindfulness/meditation)
- Playing games like pickleball, tennis, or basketball
- Dancing
- Boxing or learning how to defend yourself
- Working out with a coach just for you (personal training)
- Learning about healthy foods (nutrition coaching/education)
- None

Q61. In the past year, have you ever used any prescription medications such as morphine, codeine, fentanyl, etc., that weren't prescribed to you?

- Yes
- No
- If yes, Please write the drug names below\_\_\_\_\_
- Prefer not to say

Q62. If applicable, have you found any help in being able to quit the use of alcohol, drugs, cigarettes, or vaping?

- Yes
- No

- May be
- If yes, please list any programs or practices you have used? Please write your thoughts below

- Not applicable

Q63. How often did you feel lonely, isolated, depressed, hopeless, stressed or overwhelmed in the past year?

- Never
- Rarely
- Sometimes
- Often
- Always

Q64. If applicable, do you use any special techniques to help you feel less worried or stressed? For e.g., deep breaths, meditation, taking a walk, talking to a friend.

	Yes	No
Deep breathing	<input type="radio"/>	<input type="radio"/>
Meditation	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>
Talking to a friend	<input type="radio"/>	<input type="radio"/>
Other? Please write below	<input type="radio"/>	<input type="radio"/>
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Q65. Are you up to date on recommended vaccine shots for your age (e.g., flu, tetanus, HPV, pneumococcal, shingles, MMR, and chickenpox vaccines)?

- Yes, I am up to date on all recommended vaccines.
- I am missing one or two recommended vaccines.
- I am missing several recommended vaccines.
- I am not up to date on any recommended vaccines.
- Don't know / Not sure

Q66. If applicable, what are the main reasons for not staying up to date on vaccines? (Select all that apply)

- Access issues such as transportation, costs, availability
- Personal beliefs against vaccines
- Medical reasons
- Religious reasons
- Concerns about vaccine safety
- Waiting to see if it's safe
- Other? Please write your thoughts below

- Not applicable

### COVID-19 Impact on Community

Q67. Compared to your health before 2020, how would you describe your health in 2024?

- Much better
- Better
- Good
- Fair
- Poor

Q68. In what ways has the COVID-19 pandemic altered life for you compared to the pre-pandemic period (before 2020)? (Feel free to select more than one response)

- Things are mostly the same.
- I got sick more or felt worse physically.
- I feel very sad / stressed now
- Money problems got bigger.
- Family member or friend or myself lost our jobs.
- School or learning got harder.
- It is hard to get a doctor's help when we need it.
- More physically active now

- My diet improved
- I spend more time outdoors
- Increased alcohol or substance use
- Online social interactions have increased
- None of the above
- Something else changed (please write below: \_\_\_\_\_)

## Demographics

Q69. What is your age? (years)

- Under 18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65+ years

Q70. What is your gender identity?

- Male
- Female
- Non-binary/third gender ( Not male or female)
- Prefer not to say
- Prefer to self-describe: Please write below

Q71. What is your race / ethnicity? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino

- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say
- Other? Please write below \_\_\_\_\_

Q72. What is the highest level of education you have completed? (Select one)

- No schooling completed
- Some K-12, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree
- Other

Q73. What is your marital status?

- Single
- Married
- Divorced
- Widowed
- Other? Please write below

Q74. If applicable, are you currently expecting a child?

- Yes
- No
- Not applicable
- Other

Q75. How many children live in your household?



- None
- 1
- 2
- 3
- 4 or more than 4

Q76. What of the following best describes your current employment status? Select all that apply.

- Employed full-time
- Employed part-time
- Self-employed
- Unemployed, looking for work
- Unemployed, not looking for work
- Retired
- Student
- Unable to work

Q77. If applicable, what field of work best matches your employment?

Q78. What is your household income? (family income)

- Less than \$25,000**
- \$25,000 to \$49,999**
- \$50,000 to \$74,999**
- \$75,000 to \$99,999**
- \$100,000 to \$149,999**
- \$150,000 or more**
- Prefer not to say

Q79. Do you live within the city limits of your nearest municipality (village, city)?

- Yes
- No

Other \_\_\_\_\_

Q80. Are you or anyone in your household limited in activities due to physical, mental, or emotional problems?

- Yes
- No
- May be / Not sure
- Prefer not to say

Q81. If applicable, which of the following disability services do you or your family need? Select all that apply.

- Specialized medical care
- Specialized educational care
- Assistive devices such as hearing aids, wheelchairs etc.
- Other? Please write below
- Not applicable

Q82. Please add any comments, feedback, suggestions about community health concerns or health improvements!

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