15. What is your gender?

female ❑ male ❑

16. How would you identify yourself?

- ❑ White or Caucasian
- ❑ Black or African American
- ❑ Latino/Hispanic
- ❑ American Indian
- ❑ Asian American
- ❑ Other

17. How would you describe your household?

- ❑ Single
- ❑ Married
- ❑ Married with children at home
- ❑ Married with children no longer at home
- ❑ Divorced
- ❑ Retired

18. What type of health insurance coverage is your primary plan? (choose one)

- ❑ Private insurance you purchase
- ❑ Medicare
- ❑ Medicaid
- ❑ Insurance covered by employer (employer pays total cost)
- ❑ Insurance covered by employer (you and employer share cost)
- ❑ I have no insurance

19. What is your family's total income?

- ❑ under $24,999
- ❑ $25,000 to $49,999
- ❑ $50,000 to $74,999
- ❑ $75,000 to $99,999
- ❑ $100,000 to $124,999
- ❑ $125,000 to $149,999
- ❑ $150,000 to $174,999
- ❑ $175,000 to $199,999
- ❑ over $200,000

20. In what zip code is your home located (enter 5 digit zip code)?

Thank you. Please return the completed survey in the enclosed envelope.

Loring Hospital and Sac County Public Health thank you for providing us this valuable information!

2019 Community Health Needs Assessment: Sac County, Iowa

We'd like your input! Loring Hospital is conducting a Community Health Needs Assessment gathering information regarding all health care services, needs, and preferences in Sac County.

With U.S. Health Reform, comes legislation to collect public opinion regarding all services related to community health care services. In order to gather this information, a confidential survey has been developed. If you prefer you can complete this same survey online by copying this link into your browser: https://www.surveymonkey.com/r/loringhosp2019

Your response is greatly appreciated by April 30, 2019. Thank you for taking the time to fill out this survey!

PART I: YOUR HEALTH CARE PERCEPTIONS

1. In general, how would you rate the overall quality of the healthcare delivered to your community?

very good	good	fair	poor	very poor
❑	❑	❑	❑	❑

2. How satisfied are you with the following:

	very good	good	fair	poor	very poor
Ambulance Service	❑	❑	❑	❑	❑
Child Care	❑	❑	❑	❑	❑
Chiropractor	❑	❑	❑	❑	❑
Dentist	❑	❑	❑	❑	❑
Emergency Service	❑	❑	❑	❑	❑
Family Planning Services	❑	❑	❑	❑	❑
Home Health	❑	❑	❑	❑	❑
Hospice	❑	❑	❑	❑	❑
Inpatient Services	❑	❑	❑	❑	❑
Mental Health Services	❑	❑	❑	❑	❑
Nursing Home	❑	❑	❑	❑	❑
Optometrist/eye doctor	❑	❑	❑	❑	❑
Outpatient Services	❑	❑	❑	❑	❑
Pharmacy	❑	❑	❑	❑	❑
Primary Care/Clinics	❑	❑	❑	❑	❑
Public Health	❑	❑	❑	❑	❑
School Nurse	❑	❑	❑	❑	❑
Specialist Physician Care	❑	❑	❑	❑	❑
Surgery Services	❑	❑	❑	❑	❑

3. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

yes ❑ no ❑

If yes, please specify the healthcare services you received:

4. Are there healthcare services in your community that you feel need to be improved and/or changed?

5. In your opinion, how much of a problem are the following causes of disease or disability in your community?

	not a problem	somewhat a problem	major problem	don't know
Cancer	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑
Drugs/Alcohol	❑	❑	❑	❑
Heart disease	❑	❑	❑	❑
HIV/AIDS	❑	❑	❑	❑
Mental disorders	❑	❑	❑	❑
Obesity	❑	❑	❑	❑
Pneumonia/flu	❑	❑	❑	❑
Respiratory disease	❑	❑	❑	❑
Sexually transmitted disease	❑	❑	❑	❑
Stroke	❑	❑	❑	❑
Suicide	❑	❑	❑	❑
Trauma	❑	❑	❑	❑

Other (please specify)

6. How well do you feel our local health care providers are doing in addressing the health needs of the following age groups? (check one box per row)

	very good	good	fair	poor	very poor	don't know
Infants	❑	❑	❑	❑	❑	❑
Age 1-12	❑	❑	❑	❑	❑	❑
Age 13-17	❑	❑	❑	❑	❑	❑
Age 18-44	❑	❑	❑	❑	❑	❑
Age 45-64	❑	❑	❑	❑	❑	❑
Age 65-84	❑	❑	❑	❑	❑	❑
Over 85	❑	❑	❑	❑	❑	❑

7. In your opinion, what areas need additional education or attention in your community: (check all that apply)

- ❑ Abuse/violence
- ❑ Aging
- ❑ Alcohol
- ❑ Alternative medicine
- ❑ Child care
- ❑ Chronic diseases
- ❑ Family planning/birth control
- ❑ Lead exposure
- ❑ Mental illness
- ❑ Neglect
- ❑ Nutrition
- ❑ Obesity
- ❑ Pain management
- ❑ Poverty
- ❑ Preventative healthcare
- ❑ Sexually transmitted diseases
- ❑ Suicide
- ❑ Teen pregnancy
- ❑ Tobacco use
- ❑ Uninsured
- ❑ Vaccinations
- ❑ Water quality
- ❑ Wellness education

8. Does your community need additional healthcare providers?

yes ❑ no ❑

If yes, please specify what is needed:

PART II: YOUR HEALTH PRACTICES

9. In general, how would you best describe your health? (choose one)

very good ❑ good ❑ fair ❑ poor ❑ very poor ❑

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

better than a year ago ❑ same as a year ago ❑ worse than a year ago ❑

11. Does your household have a provider you use for primary care?

yes ❑ no ❑

If yes, please provide physician's name and city.

12. Have you had a physical in the past 12 months?

yes ❑ no ❑

If not, why not (be specific)

13. Do you follow these health practices:

	yes	no	n/a
If over 50, have you had a colonoscopy?	❑	❑	❑
If male over 50, do you have an annual prostate exam?	❑	❑	❑
If female over 40, do you have an annual mammogram?	❑	❑	❑
If female, do you have a pap smear every other year?	❑	❑	❑
Do you get 2.5 hours a week of physical activity?	❑	❑	❑
If over 18, do you get 7 to 9 hours of sleep every night?	❑	❑	❑
If under 18, do you get 10 to 11 hours of sleep every night?	❑	❑	❑
Do you make healthy meal choices?	❑	❑	❑
Do you smoke tobacco products?	❑	❑	❑
If you drink alchohol, do you drink in moderation?	❑	❑	❑
If you drink alchohol, do you drink excessively?	❑	❑	❑

PART III: A LITTLE INFORMATION ABOUT YOU

14. What is your age?

under 18 ❑ 19-44 ❑ 45-64 ❑ 65-74 ❑ 0ver 75 ❑