



2016 Community Health Needs Assessment
&
Community Health Strategic Plan

TABLE OF CONTENTS

EXECUTIVE SUMMARY	Page 3
I. Objectives of a Community Health Needs Assessment	Page 5
II. Definition of the Loring Hospital Community	Page 6
III. Methods Used to Conduct CHNA	Page 7
IV. CHNA Implementation Plan	Page 9
V. Conclusion	Page 14
Appendix Results of the Community Health Needs Assessment	

Executive Summary

Loring Hospital is a 25-bed critical access hospital located in Sac County, Iowa. With U.S. Health Reform, came legislation to collect public opinion regarding community health care needs and preferences, officially called a “Community Health Needs Assessment” or CHNA. A CHNA is a systematic collection and analysis of information about the health of the community. By using the findings of the assessment, communities can initiate strategies to begin improving the health of their residents.

A CHNA gives Loring Hospital an opportunity to gather valuable information to better serve the people in our communities and gauge the perceptions of our residents. Our CHNA incorporates input from community stakeholders, public health experts, and residents of the communities we serve, and identifies action and implementation plans to improve community health. Loring Hospital is involved in its community, and provides many established programs and services to support community health. The CHNA process provided an opportunity to collaborate with health experts and community stakeholders to further discuss community health priorities.

To conduct the CHNA, Loring Hospital facilitated a survey by Loring Hospital’s staff and CHNA resources available from many sources including the Iowa Hospital Association and Iowa Public Health to:

- Obtain community input
- Identify and rank community health needs
- Develop an implementation plan

Community input was obtained through a community survey to healthcare stakeholders in early 2016. A confidential survey was developed and distributed to 525 key health stakeholders in Sac County in April 2016 at www.surveymonkey. 169 surveys were returned, a 33% return rate.

Key Findings

20 questions were asked of respondents with a summary of key findings below:

Rate the overall quality of healthcare in your community:

2016	2013
• 49% very good	51.4% very good
• 43% good	46.0% good
• 6.5% combined fair, poor and very poor	5.6% combined fair, poor, and very poor

When asked what diseases or health issue are of biggest concern to our communities, the top 5 answers were: (those in bold influenced our choice for addressing needs)

<u>2016</u>	<u>2013</u>
• 60% cancer	53% cancer
• 59% drugs/alcohol	59% drugs/alcohol
• 55% obesity	49% obesity
• 40% heart disease	39% heart disease
• 39% diabetes	30% diabetes

When asked what needs additional education or attention in your community, the top 5 were: (those in bold influenced our choice for addressing needs)

<u>2016</u>	<u>2013</u>
• 61% mental illness	45.5% mental illness
• 57% obesity	68.2% obesity
• 45% alcohol	48.5% alcohol
• 42% nutrition	46.4% nutrition
• 34% poverty and abuse/violence	39.0% preventative healthcare

Other key findings:

- 17% of respondents are not satisfied with mental health services, up from 6% in 2013
- 53% of respondents think we need additional healthcare providers, up from 39% in 2013

Implementation Summary

Loring Hospital set realistic goals and determined needs we can make a difference with by choosing the following health needs:

- 1) Obesity, Nutrition, and Wellness Education
- 2) Mental Health
- 3) Physician Access

Although drug/alcohol concerns were also near the top of findings, we feel this need is being addressed by different organizations. New Opportunities, a family resource center in Sac County, received a grant and has formed a coalition to reduce underage drinking in Sac County.

Public input came from our newly formed Care Coordinator Group in Sac County, consisting of Public Health, UnityPoint Hospice, nursing homes and other care organizations in the county. They meet quarterly to discuss care coordination and other healthcare issues.

Future Assessments

With these new rulings, Loring Hospital is required to do a CHNA every three years. Public Health has been required for several years to do a CHNA every five years. There are suggestions in IRS rulings that Public Health will be required to adapt to the three year hospital schedule. Knowing this, Loring Hospital asked Sac County Public Health to work together on this survey and in the future. Along with surveying our service area, we are required to choose “needs” to address, have a plan and strategies on file to address these needs, and seek board approval of our plan. We plan to work with Sac County Public Health and the Care Coordination Group for all our future Community Health Needs Assessment surveys and strategic plans.

I. Objectives of a Community Health Needs Assessment

In fiscal year 2016, Loring Hospital conducted a Community Health Needs Assessment (CHNA) in accordance with new IRS guidelines. A CHNA incorporates input from community stakeholders and public health experts, and establishes an action plan to address the health needs of a community.

Loring Hospital has many long-standing initiatives focused on improving the health of it's community. Loring Hospital approached this CHNA process as an opportunity to evaluate and assess needs through a formalized, structured process involving key personnel and communication strategies to gather the information.

Goals of the Loring Hospital CHNA were:

- Better understand health care needs in the community
- Collaborate with community health leaders
- Develop an action plan with realistic goals based on available resources
- Improve the health of the communities we serve

The overall health of the community is a shared responsibility among many stakeholders including government agencies, health care providers, and community members themselves. Collaboration amongst all these entities is essential in gathering and achieving the desired goals.

II. Definition of the Loring Hospital Community

Loring is a 25 bed critical access hospital in Sac City, Iowa, serving a market consisting primarily of Sac, Buena Vista, Calhoun, and Pocahontas counties. The following services can be found at Loring Hospital: Cardiac Rehab, 24 hour Emergency Services, Laboratory, Nursing Services, Nutrition & Diabetic Education, Pharmacy, Pulmonary Rehab, Outpatient Services, Radiology Services, Respiratory Therapy, Occupational Therapy, Physical Therapy and Rehab, Speech Therapy, Surgical Services and an independent senior living facility. Outpatient specialty clinics include: cardiology, dermatology, general surgery, nephrology, orthopedics, oncology, podiatry, urology, and wound care.

Loring Hospital also provides support to the communities we serve by offering CPR and first aid classes; bereavement support activities; wellness screenings for companies and schools; yearly reduced cost community cholesterol screenings; Lifeline systems for our elderly population; educational classes and demonstrations for civic groups and local schools.

During fiscal year 2016, ending June 30, 2016, Loring Hospital had 391 inpatients (654 in 2013), 2091 ER visits (2118 in 2013), 558 outpatient surgeries and procedures (495 in 2013), 40,000 laboratory procedures, 7018 radiology procedures and 4858 therapy visits, totaling nearly 55,000 patient encounters, according to our own statistical information.

According to the US Census Bureau data, 10,021 people live in Sac County, making it the 75th most populated county in the state of Iowa out of 99 counties. Sac County and the surrounding counties are very rural. The largest Sac County racial/ethnic groups are White (98%). In 2015, the median household income of Sac County residents was \$48,581. Sac County households made slightly more than their neighboring counties. However, 10.8% of Sac County residents live in poverty, an increase from 2012 at 9.1%.

The median age for Sac County residents is 46. However, Loring Hospital's community has an aging population in Sac County and our surrounding area. Loring's primary service area is Sac County, in which 22.5% are age 65 or older, 9% higher than the national average of 13%. 41% of Loring Hospitals' outpatients are 65 years of age or older and 77.8% of Loring Hospital's admissions are patients 65 years of age or older, according to our own data. Nationally, 36% of hospital stays are from patients 65 or older, according to the Agency for Healthcare Research and Quality (AHRQ). Loring is well above the average. Sac County has a growing aging population and a need for health care for the growing elderly population.

Our payer sources include: 54% of our patients are Medicare, 10% Medicaid, 32% have medical insurance, 2% are private pay patients and 1% workers compensation.

Loring Hospital takes an active role in supporting the local economy through employment, local spending and strategic community partnerships. Loring Hospital is the only hospital in Sac County, employing 110 local residents. Existing healthcare facilities and resources within the community include:

Oak Terrace Estates – senior independent living
Sac County Ambulance Service
Hearing Unlimited
Burns Chiropractic Center
Total Body Works - massage
DeVries Chiropractic Offices
Lake View Family Chiropractic Clinic
Schaller Chiropractic
Wall Lake Chiropractic Center
Jenkins Chiropractic
Unity Point Clinic
Family First Dental
Sac County Public Health
Jackson Medical Supply
Blackhawk Life Care Center – nursing & rehabilitation
Fonda Nursing & Rehab Center
Park View Care Center - nursing & rehabilitation
Twilight Acres - nursing & rehabilitation
Rock-Judish Vision Clinic
Wolfe Family Vision Center
Sac City Drug & Custom Compounding
Sac County Board of Health
Westside Sonography

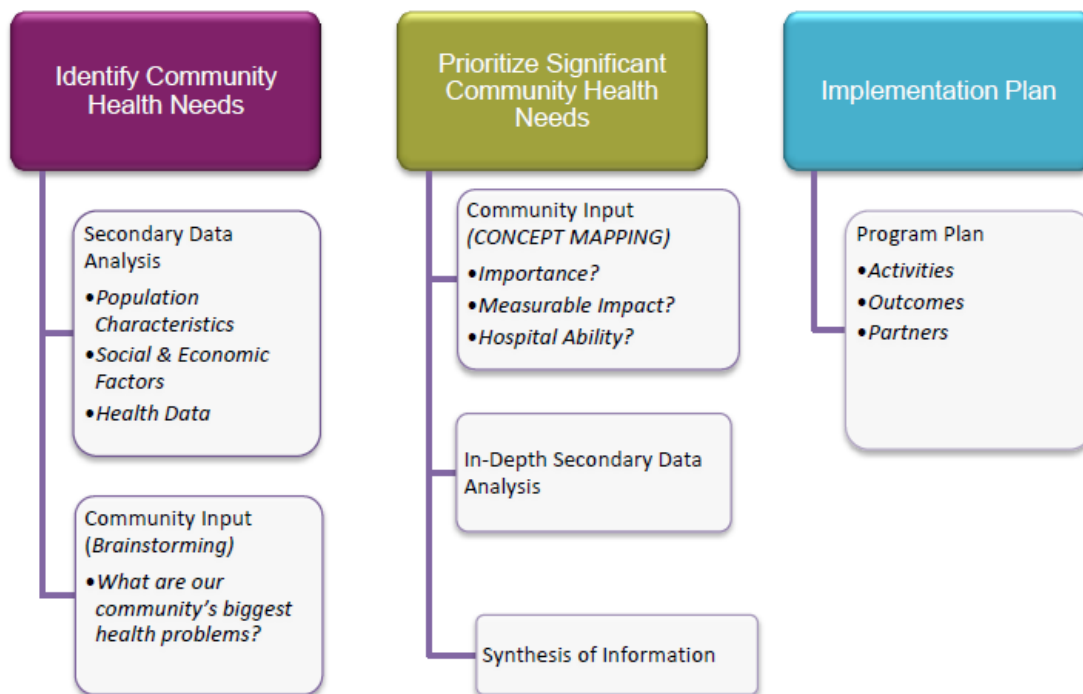
In the early 1900's, local businessman Frank Loring and his wife donated their estate and land specifically for building Loring Hospital. Several transformations of Loring Hospital have occurred over the years. In 2007 Loring took on a \$13 million remodel and construction project which transformed nearly the entire facility. With this project came state-of the-art equipment and technology, preparing Loring Hospital for many more years of providing healthcare to the communities we serve. In the past five years, other patient centered remodeling has taken place including a larger cardiac and pulmonary rehab department, a larger physical/occupational and speech rehab department, remodeling and additional garages at Oak Terrace – our senior independent living and the addition of a canopy to our front entrance.

Additional healthcare services added in the last three years include: full-time occupational and speech therapy, lymphedema and vertigo treatment, palliative care, a falls prevention program

for our seniors, dermatology and wound care outpatient clinics, and an American Diabetes Association recognized self-management program.

III. Methods Used to Conduct the Community Health Needs Assessment

The Community Health Improvement Process developed by the Institute of Medicine served as a guideline for a model to plan and implement the CHNA. Loring Hospital adapted this model in the development of our CHNA.



To further identify the health needs of the community secondary data sources used included the U.S Census, Iowa Department of Health, US Centers for Disease, and Healthy People 2010, Loring Hospital used the following work flow chart as our timeline which also includes SWOT analysis information from other entities in our community and county.

Steps	Timeframe
Step 1: Gather preliminary data from healthcare stakeholders in Sac County through survey	March 2016
Step 2: Gather input from Care Coordination Group and other stakeholders through Focus Group meeting format	April 2016
Step 3: Compile results	May-June 2016
Step 4: Identify Needs <ul style="list-style-type: none"> Identify needs that Hospital can be involved in an outcome/result and make a difference based on our resources 	July 2016
Step 5: Research supporting data to support top needs <ul style="list-style-type: none"> Use sources Loring data, Iowa Hospital Association, Iowa statics websites including Census Bureau 	August-September 2016
Step 6: Develop Action Plan	October 2016
Step 8: Implement Action Plan <ul style="list-style-type: none"> Share with Community 	Ongoing 2016 November 2016

IV. Implementation Plan

Loring Hospital has developed an implementation plan that address the significant community health needs identified through the CHNA process. The plan relies on collaboration and partnerships with many of the same organizations who participated in the assessment process. The leading organizations implementing the community health strategic plan are:

- Loring Hospital's Wellness Committee
- Community based organizations/Care Coalition Group
- Government agencies/Sac County Public Health
- Loring Hospital's Leadership Team

In the fall of 2013 and again in 2016, Loring Hospital adopted an implementation plan to address the identified significant health needs:

- Nutrition, Obesity and Wellness
- Mental Health
- Access to Physicians

Sac County – Loring Hospital	
Community Health Improvement Plan	
Objective: Addressing community-wide health needs in the categories of nutrition and obesity, wellness, mental health, and access to a physician as these were top priorities identified during the community health needs assessment process in 2013 and 2016.	

Nutrition, Obesity & Wellness

Goal	2013 Strategies	Who is Responsible	When	Progress & Key Results
To increase community awareness of local services and nutrition programs currently available by implementing a marketing campaign targeting the various county communities.	Develop a website to be the focal point of health information for the community, including all nutrition, health and wellness services available.	Loring Hospital and the Sac County Wellness Collation.	By Jan - 2014	New Loring Hospital website launched 9/2016. Website includes nutrition, obesity, wellness & diabetes resources.
	Develop informational brochures of the nutritional services available and provide to all local hospitals and clinics, as well as local businesses.	Loring Hospital and the Sac County Wellness Collation.	Jan - Mar 2014 (Several months after launch of website).	Loring dietitian created brochures for distribution throughout the county.
	Promote the use of our county wellness website through different means of advertisement such as radio, newspaper	Loring Hospital and the Sac County Wellness Collation.	Jan - Mar 2014 (Several months after launch of website).	www.loringhospital.org is included in all our advertising/promotional material. The Sac County Wellness Coalition also helps promote the website.

	and social media.			
Goal	2013 Strategies	Who is Responsible	When	
Develop a minimum of one new nutritional educational opportunity for each of the following groups: School aged children, adults and the elderly.	Utilize local dietitians, health coaches and health organizations to provide nutrition education to school aged kids by targeting schools, 4-H groups, day-care centers and kid clubs.	Loring Hospital and the Sac County Wellness Collation.	Jan-June, Aug-Dec 2014	Loring dietitian has presented at each: ISU extension safety day, high school career classes, summer meal programs, the county fair, church camp, and developed multiple nutrition focused education challenges for various schools in the county.
	Utilize local dietitians, health coaches and health organizations to provide nutritional interactive presentations to adult groups such as churches, school boards, businesses, ect.	Loring Hospital and the Sac County Wellness Collation.	By Dec 2014	Loring dietitian presented to each: Kiwanis, Auxiliary luncheon group, Lake View Nursing home staff.
	Utilize local dietitians, health coaches and health organizations to provide nutritional presentations to elderly groups at churches,	Loring Hospital and the Sac County Wellness Collation.	By Dec 2014	Loring dietitian presented on healthy eating at various nursing homes in the area.

	care facilities, coffee groups etc.			
Goal	2016 Strategies	Who Is Responsible	When	
Expand community wide education of nutrition, obesity and diabetes.	Target specific organizations and events to present educational information and screening.	Loring dietitian	Ongoing	
	Provide an ADA recognized Diabetes Self- Management Education Program	Loring dietitian	Ongoing	
	Provide a prediabetes & type 2 diabetes prevention program	Loring dietitian	By Dec 2017	
	Provide a weight management program	Loring Dietitian	By Dec 2017	

Mental Health

Goal	2013 Strategies	Who is Responsible	When	Progress & Key Results
To provide local patients with access to mental health professionals.	Utilize tele- health services to connect local patients with psychiatric professionals.	Loring Hospital	By 2015	Continue to offer the services through Telehealth
	2016 Strategies	Who Is Responsible	When	
Continue to work with our tele-health program for mental health services.	Investigate use in the ER.	Loring Outpatient Manager & staff	Ongoing	

Coordination with community stakeholders to enhance services.	Develop ongoing relations with key mental health stakeholders in the community.	Loring Hospital Social Workers	2017	
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Physician Access

Goal	2013 Strategies	Who is Responsible	When	
To hire an additional physician to meet the needs of our local communities.	Begin the recruiting process by identifying resources and personnel to be used for marketing and recruiting for the position.	Loring Hospital CEO/UnityPoint Clinic Manager	By 2016	Have hired a recruiting firm as of 5/2016 to begin recruiting process. Have identified resources and personnel for recruitment.
	Identify and interview candidates for the position.	Loring Hospital CEO/UnityPoint Clinic Manager	By 2016	
	Evaluate interviewed candidates and make an offer.	Loring Hospital CEO/UnityPoint Clinic Manager	By 2016	
	2016 Strategies	Who is Responsible	When	
Continue recruitment process	Identify and interview candidates for the position.	Loring CEO/UnityPoint Clinic Manager	2017	
	Evaluate candidates and make an offer	Loring CEO/UnityPoint Clinic Manager	2018	

Nutrition and obesity – These are important priorities in the Loring Hospital community. According to the Centers for Disease Control, 24% of Sac County residents are considered obese. Nearly 5% of the population has been diagnosed with diabetes and 24% with high blood

pressure. Of the Sac County residents, 22% are smokers and 28% report no physical exercise. Many of these factors can be attributed to lack of knowledge about nutrition, obesity and general wellness and exercise.

Mental Health – Mental health of residents of the Loring Hospital service area was identified by Sac County Public Health in their 2012 Community Needs Assessment due to the lack of mental health care providers. Census data provides the following mental health information for Sac County:

- Any mental health disorder prevalence per 1000 residents over the age of 65: **127.86**
- Any affective disorder prevalence per 1000 residents over the age of 65: **28.82**
- Major depression prevalence per 1000 residents over the age of 65: **11.46**
- Depression/dysthymia prevalence per 1000 residents over the age of 65: **17.00**
- Phobia/som/pan/anorx/obcom prevalence per 1000 residents over the age of 65: **77.97**
- Cognitive impairment prevalence per 1000 residents over the age of 65: **19.59**
- Schizophrenia/Schizophreniform prevalence per 1000 residents over the age of 65: **1.11**
- Somatization prevalence per 1000 residents over the age of 65: **0.37**
- Anxiety/somatization prevalence per 1000 residents over the age of 65: **70.21**
- Substance use/alcohol abuse prevalence per 1000 residents over the age of 65: **12.56**

Access to Physicians – Our survey inquired about perception of access to physicians. Nearly 53% responded that access to service is often times a problem. UnityPoint Clinic in Sac City has five health care providers who provide healthcare services at Loring Hospital. Loring Hospital and UnityPoint Clinic have deemed necessary to begin discussions about the further need for providers, either as an additional physician or in the future when one or more physicians retire. Loring Hospital has expanded with other specialty clinics such as dermatology and wound care. We are also in the process of recruiting a family medicine physician in partnership with UnityPoint Clinic.

VI. Loring Hospital Community Health Needs Assessment Conclusion

Loring Hospital and influential health stakeholders in Sac County have identified and prioritized health needs important to the residents of Sac County and our neighboring counties. This important information serves as a tool that will inform the development of health improvement implementation plans developed by Loring Hospital and other health care agencies and businesses serving the same service area. Working collaboratively, these efforts will improve the health and quality of life for members of Sac County and Loring Hospital's extended service area.

Data is available for all counties in the nation and used in Loring Hospital's assessment data at www.countyhealthranking.org, www.census.gov, and www.cdc.gov, along with statistics from Iowa Public Health and our own statistical information.

Appendix

Community Health Needs Assessment Results pages 1-18, extracted directly from Survey Monkey.

Loring Hospital's Community Health Needs Assessment 2016 - Sac County, Iowa

Friday, May 13, 2016

169

Total Responses

Date Created: Thursday, March 10, 2016

Complete Responses: 144

Q1: In general, how would you rate the overall quality of the healthcare delivered to your community?

Answered: 166 Skipped: 3

Answer Choices	Responses	
very good	48.80%	81
good	45.78%	76
fair	4.82%	8
poor	0.60%	1
very poor	0.00%	0
Total	166	

Q2: How satisfied are you with the following:

Answered: 156 Skipped: 13

	completely satisfied	very satisfied	somewhat satisfied	not at all satisfied	N/A - neither satisfied or dissatisfied	n/a	Total
Ambulance Service	33.97% 53	38.46% 60	13.46% 21	0.00% 0	14.10% 22	0.00% 0	156
Child Care	11.11% 17	26.80% 41	18.95% 29	8.50% 13	34.64% 53	0.00% 0	153
Chiropractor	29.49% 46	42.31% 66	8.97% 14	0.00% 0	19.23% 30	0.00% 0	156
Dentist	24.03% 37	32.47% 50	22.73% 35	3.25% 5	17.53% 27	0.00% 0	154
Emergency Service	35.48% 55	46.45% 72	9.03% 14	0.00% 0	9.03% 14	0.00% 0	155
Family Planning Services	3.95% 6	14.47% 22	14.47% 22	3.95% 6	63.16% 96	0.00% 0	152
Home Health	18.30% 28	33.33% 51	11.11% 17	3.92% 6	33.33% 51	0.00% 0	153
Hospice	19.48% 30	33.77% 52	9.74% 15	5.19% 8	31.82% 49	0.00% 0	154
Inpatient Services	38.71% 60	43.87% 68	6.45% 10	0.00% 0	10.97% 17	0.00% 0	155
Mental Health Services	7.19% 11	19.61% 30	24.84% 38	16.99% 26	31.37% 48	0.00% 0	153
Nursing Home	13.73% 21	35.95% 55	23.53% 36	7.19% 11	19.61% 30	0.00% 0	153
Optometrist/eye doctor	32.90% 51	38.06% 59	18.71% 29	1.29% 2	9.03% 14	0.00% 0	155
Outpatient Services	42.21% 65	40.26% 62	7.14% 11	0.00% 0	10.39% 16	0.00% 0	154
Pharmacy	18.42% 28	32.24% 49	28.95% 44	12.50% 19	7.89% 12	0.00% 0	152
Primary Care/Clinics	44.44% 68	41.83% 64	9.15% 14	0.65% 1	3.92% 6	0.00% 0	153
Public Health	24.84% 38	36.60% 56	14.38% 22	0.65% 1	23.53% 36	0.00% 0	153
School Nurse	21.05% 32	24.34% 37	15.13% 23	5.92% 9	33.55% 51	0.00% 0	152
Specialist Physician Care	27.92% 43	35.06% 54	17.53% 27	0.65% 1	18.83% 29	0.00% 0	154
Surgery Services	32.47% 50	34.42% 53	16.23% 25	0.65% 1	16.23% 25	0.00% 0	154

Q3: Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

Answered: 156 Skipped: 13

Answer Choices	Responses	
yes	62.18%	97
no	37.82%	59
Total	156	

Q5: In your opinion, how much of a problem are the following causes of disease or disability in your community?

Answered: 154 Skipped: 15

	not a problem	somewhat a problem	major problem	don't know	Total
Cancer	1.30% 2	30.52% 47	60.39% 93	7.79% 12	154
Diabetes	1.96% 3	46.41% 71	38.56% 59	13.07% 20	153
Drugs/alcohol	0.66% 1	38.16% 58	58.55% 89	2.63% 4	152
Heart disease	2.60% 4	42.86% 66	39.61% 61	14.94% 23	154
HIV/AIDS	40.00% 60	9.33% 14	0.00% 0	50.67% 76	150
Mental disorders	2.61% 4	48.37% 74	33.33% 51	15.69% 24	153
Obesity	0.65% 1	37.01% 57	55.19% 85	7.14% 11	154
Pneumonia/flu	9.27% 14	52.32% 79	20.53% 31	17.88% 27	151
Respiratory disease	5.92% 9	49.34% 75	22.37% 34	22.37% 34	152
Sexually transmitted disease	15.33% 23	22.00% 33	0.67% 1	62.00% 93	150
Stroke	7.19% 11	53.59% 82	10.46% 16	28.76% 44	153
Suicide	17.76% 27	35.53% 54	4.61% 7	42.11% 64	152
Trauma	14.00% 21	41.33% 62	9.33% 14	35.33% 53	150

Q6: 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)

Answered: 154 Skipped: 15

	very good	good	fair	poor	very poor	don't know	Total
Infants	19.44% 28	38.89% 56	14.58% 21	2.08% 3	0.69% 1	24.31% 35	144
Age 1-12	28.48% 43	44.37% 67	9.27% 14	1.99% 3	0.00% 0	15.89% 24	151
Age 13-17	28.57% 44	48.70% 75	7.79% 12	0.00% 0	0.00% 0	14.94% 23	154
Age 18-44	35.71% 55	44.81% 69	6.49% 10	0.00% 0	0.00% 0	12.99% 20	154
Age 45-64	37.91% 58	44.44% 68	9.15% 14	0.00% 0	0.00% 0	8.50% 13	153
Age 65-84	41.56% 64	38.31% 59	8.44% 13	0.00% 0	0.00% 0	11.69% 18	154
Over 85	38.56% 59	37.25% 57	9.15% 14	0.65% 1	0.00% 0	14.38% 22	153

Q7: In your opinion, what areas need additional education or attention in your community: (check all that apply)

Answered: 143 Skipped: 26

Answer Choices	Responses	
Abuse/violence	34.27%	49
Aging	33.57%	48
Alcohol	44.76%	64
Alternative medicine	30.77%	44
Child care	30.07%	43
Chronic diseases	32.17%	46
Family planning/birth control	24.48%	35
Lead exposure	8.39%	12
Mental illness	60.84%	87
Neglect	16.08%	23
Nutrition	41.96%	60
Obesity	57.34%	82
Pain management	33.57%	48
Poverty	34.97%	50
Preventative healthcare	32.87%	47
Sexually transmitted diseases	4.20%	6
Suicide	15.38%	22
Teen pregnancy	24.48%	35
Tobacco use	33.57%	48
Uninsured	27.97%	40
Vaccinations	11.89%	17
Water quality	8.39%	12
Wellness education	32.87%	47
Total Respondents: 143		

Q8: Does your community need additional healthcare providers?

Answered: 149 Skipped: 20

Answer Choices	Responses	
Yes	53.02%	79
No	46.98%	70
Total		149

Q9: In general, how would you best describe your health? (choose one)

Answered: 154 Skipped: 15

Answer Choices	Responses	
very good	33.77%	52
good	57.79%	89
fair	6.49%	10
poor	1.95%	3
very poor	0.00%	0
Total Respondents: 154		

Q10: Compared to a year ago, how would you rate your overall health in general now?

Answered: 154 Skipped: 15

Answer Choices	Responses	
better than a year go	16.88%	26
the same as a year ago	74.03%	114
worse than a year ago	9.09%	14
Total		154

Q11: Does your household have a provider you use for primary care?

Answered: 152 Skipped: 17

Answer Choices	Responses	
Yes	92.11%	140
No	7.89%	12
Total		152

Q12: Have you had a physical in the past 12 months?

Answered: 151 Skipped: 18

Answer Choices	Responses	
Yes	79.47%	120
No	20.53%	31
Total		151

Q13: Do you follow these health practices:

Answered: 152 Skipped: 17

	Yes	No	n/a	Total
If over 50, have you had a colonoscopy?	34.90% 52	18.79% 28	46.31% 69	149
If male over 50, do you have an annual prostate exam?	13.60% 17	4.80% 6	81.60% 102	125
If female over 40, do you have an annual mammogram?	46.15% 66	13.29% 19	40.56% 58	143
If female, do you have a pap smear every other year?	48.25% 69	25.87% 37	25.87% 37	143
Do you get 2.5 hours a week of physical activity?	78.95% 120	19.74% 30	1.32% 2	152
If over 18, do you get 7 to 9 hours of sleep every night?	60.53% 92	36.84% 56	2.63% 4	152
If under 18, do you get 10 to 11 hours of sleep every night?	0.86% 1	4.31% 5	94.83% 110	116
Do you make healthy meal choices?	74.34% 113	25.66% 39	0.00% 0	152
Do you smoke tobacco products?	13.33% 20	79.33% 119	7.33% 11	150
If you drink alcohol, do you drink in moderation?	79.61% 121	8.55% 13	11.84% 18	152
If you drink alcohol, do you drink excessively?	2.70% 4	85.81% 127	11.49% 17	148

Q14: What is your age?

Answered: 151 Skipped: 18

Answer Choices	Responses	
under 18	0.00%	0
19-44	31.13%	47
45-64	58.94%	89
65-74	9.27%	14
over 75	0.66%	1
Total	151	

Q15: What is your gender?

Answered: 149 Skipped: 20

Answer Choices	Responses	
Female	79.19%	118
Male	20.81%	31
Total		149

Q16: How would you describe your household?

Answered: 152 Skipped: 17

Answer Choices	Responses	
Single	6.58%	10
Married	15.79%	24
Married with children at home	36.18%	55
Married with children no longer at home	28.95%	44
Divorced	8.55%	13
Retired	0.66%	1
Widow/widower	3.29%	5
Total	152	

Q17: What type of health insurance coverage is your primary plan? (choose one)

Answered: 151 Skipped: 18

Answer Choices	Responses	
Private insurance you purchase	9.93%	15
Medicare	6.62%	10
Medicaid	1.32%	2
Insurance covered by employer (employer pays total cost or you share costs)	81.46%	123
I have no insurance	0.66%	1
Total	151	