Community Health Needs Assessment

Grant & Crawford Counties, Wisconsin

Completed and Published: April 1, 2013

Partners:

Hospitals
Southwest Health Center
Boscobel Area Health Care
Grant Regional Health Center
Prairie du Chien Memorial Hospital

Public Health
Crawford County Public Health Department
Grant County Public Health Department

Education
Crawford County University of Wisconsin – Extension
Grant County University of Wisconsin – Extension

Table of Contents

Purpose

The purpose of the community health assessment is to indentify and prioritize the health and wellness needs of individuals in Grant and Crawford Counties, Wisconsin.

Partners

Hospitals

Boscobel Area Health Care
Grant Regional Health Center
Prairie du Chien Memorial Hospital
Southwest Health Center

Public Health

Crawford County Public Health Department
Grant County Public Health Department

Education

Crawford County University of Wisconsin – Extension Family Living Agent
Grant County University of Wisconsin – Extension Family Living Agent

Community Description

Demographics

The following chart provides a demographic profile and comparison of the counties targeted for this community health needs assessment.

	Crawford County	Grant County	Wisconsin
Population (1)	16,714	51,210	
Population % over 65 (1)	18.7%	15.5%	13.9%
Population % under 18 (1)	22%	20.9%	23.2%
By 2035, increase of residents 65 and older (2)	33-60% change	60 – 94% change	111.5% change
Rural population density (people per square mile) (1)	29.2	45	105
% of adults over 25 with a college diploma (1)	22.8%	28.6%	35.2%
Median Household Income (1)	$41,181	$45,748	$50,401
Poverty Rate (1)	13.4%	16.3%	13.1%
Childhood Poverty Rate (1)	19.8%	19.6%	18%
Labor workforce unemployed (March 2012) (3)	8.8%	6.4%	8%
Uninsured for a least part of the year (2008 – 2010) (3)	12%	12%	11%

Data Sources:
1. U.S. Census Bureau (2011)
2. Wisconsin Department of Administration (2008)
3. Wisconsin Department of Workforce Development (2012)

Asset Analysis - Crawford County Health Resources

There is one critical access hospital in Crawford County that serves the county and 4 clinics that serve the county. There are no Federally Qualified Health Centers in Crawford County. It should be noted that residents do seek services in surrounding counties as well. Most of Crawford County is considered a Health Professional Shortage Area (HPSA) for primary, dental, and mental health services.

Asset Analysis - Grant County Health Resources

There are three critical access hospitals in Grant County that serve the county and 15 clinics that serve the county. There is one free health clinic with limited services in Boscobel but no Federally Qualified Health Center in Grant County. It should be noted that residents do seek services in surrounding counties and in Dubuque, IA as well. Most of Grant County is considered a Health Professional Shortage Area (HPSA) for primary, dental, and mental health services.

Health Data Sources Reviewed (with select findings for both counties)

Grant County Health Department conducted a Community Health Needs Assessment in 2009. The following are priorities established and recommendations created from that assessment:

Priorities
- Access to Health Care
- Access to Dental Care
- Environmental Health
- Substance Abuse

Recommendations
- Improve access to health care for Grant County residents who do not have health insurance or cannot afford it, and for residents who face other obstacles such as lack of transportation.
- Strengthen the health care sector of Grant County's economy by recruiting and retaining more providers.
- Reduce unhealthy behaviors, such as substance abuse, among Grant County residents, while increasing the number of programs and education available related to chronic disease prevention.
- Increase the ability of organizations and interested community members to advocate with state legislators for the health care needs of Grant County residents.
- Stabilize and enhance environmental health.
- Promote injury prevention

Crawford County Health Department conducted a Community Health Needs Assessment in 2007. The following are priorities established and recommendations created from that assessment:

Priorities
- Affordability & Accessibility of Health Care
- Access to Dental Care
- Tobacco & Substance Abuse
- Unintentional Injury

Recommendations

- Improve access to dental care for Medicaid persons & those who cannot afford dental care.
- Improve access to high quality health services for all residents of Crawford County.
- Reduce use and exposure to tobacco, alcohol and other substances throughout the life span.
- Reduce motor vehicle and unintentional injuries through safer environments and practices.

America's Health Rankings Wisconsin Summary:

Strengths:
- High rate of high school graduation
- Low rate of uninsured population
- High immunization coverage
- Few poor mental health days per month

Challenges:
- High prevalence of binge drinking
- Low per capita public health funding

http://www.americashealthrankings.org/yearcompare/2009/2010/WI.aspx

http://www.americashealthrankings.org/2010/action.aspx

Other data sources reviewed are listed in Appendix I.

Data Summaries- Grant and Crawford Counties and State of WI

Notable health conditions, due to rankings higher than state average OR top causes of illness or death in the county, are highlighted yellow. Health conditions that are significantly better than the State average are highlighted green. Data sources are color coded and listed below.

Morbidity

	Grant Co.	Crawford Co.	Wisconsin
Rank	2nd	44th	N/A
Breast Cancer (Female)	X		
Coronary Heart Disease	X		
Stroke	X	X	
Suicide	X		
No Care in First Trimester	X	X	
Colon Cancer		X	
Motor Vehicle Injuries		X	

Mortality

	Grant Co.	Crawford Co.	Wisconsin
Rank	27th	57th	N/A
Life Expect	78.1 y	78.5 y	76.5 y
YPLL	6,035	7,112	6,230
Malignant Neoplasm	218.45	166.61	190.95
Heart Disease	188.93	171.30	190.05
Accidents	33.46	55.56	42.82
Lower respiratory disease	70.85	67.54	43.28
Cerebral	72.82	48.46	44.00
Alzheimer's	35.42	22.89	28.35

Injury (ranked on State wide rate)

	Grant Co.	Crawford Co.	Wisconsin
Death Rate	52.52	74.78	59.93
Falls	3.94	17.26	17.03
Poisoning	7.87	5.75	12.71
Firearms	13.78	17.26	8.03
Motor vehicle	5.90	23.01	6.66
Suffocation	N/A	N/A	4.91

Environment

	Grant Co.	Crawford Co.	Wisconsin
Rank	63	55	N/A
Access to healthy foods	44%	43%	59%
Access to recreation (#)	2	6	12

Behaviors (2006-2008 data)

Binge Drinker	<mark>27.5%</mark>	24.5	23.9
Heavy Drinker	7.2%	8.7	8%
Smokers	24%	23%	22%
Overweight	<mark>40.2%</mark>	37.6%	36.6%
Obese	26.6%	26.9%	29.3%

Data Sources used for Data Summaries (color coded)
UW Population Health 2011 County Health Rankings
Community Health Status Indicators (2009)
WISH Data Query System (Wisconsin Interactive Statistics on Health) (2009) (Rates per 100,000 age adjusted)
Source: Wisconsin Burden of tobacco (2006)

Assessment Process & Methods

Ensuring adequate representation of multiple sectors within community
Summary of Community Engagement
The Community Health Assessment engaged different sectors of the community at various levels of participation. Community participants were defined as key partners, stakeholders, or general community. Below are the definitions and participation levels of each group.

- **Key Partners- Hospitals, Public Health, and UW-Extension**

This group met regularly to conduct the community health assessment. Tasks required of this group included identifying process, creating surveys, identifying target audiences for participation in the surveys, assembling and reviewing results of data, identifying communities for focus groups, and conducting focus groups.

- **Stakeholders**

Individuals with a vested interest in the community, and individuals who represent a larger demographic (ie: social workers, free clinic workers, school principals, government officials). Participants were asked to identify the sector or sectors of the population they represented, including: business, health care, faith-based, education, youth-serving, agriculture, government, aging, disabilities, low income, minority, education or other. All of the above sectors had adequate representation, with the lowest represented sector at 7.4% (minority), the highest at 50.6% (healthcare), and the average category ranging from 20-30% (education, youth, low income, government).

- **General Community**

Individuals and community members representing their own interests were reached in two ways: A general survey completed at public events (county fairs, local festivals) and focus

groups. Community members completing the written survey identified themselves by age and number of children in household. Focus groups participant were identified by gender.

Data Collection

Data was collected at multiple points throughout the process. Statewide data was reviewed by a committee consisting of two public health representatives and two hospital representatives. Data reviewed was primarily from the county health rankings. This committee reviewed the health rankings for Crawford and Grant County, and selected the highest ranked health issues in each of the following categories:

- Mortality -- diseases, conditions or behaviors that cause death (ie: heart attack, cancer)
- Morbidity -- Diseases or conditions that cause pain, distress, dysfunction, or social problems (ie: heart disease, diabetes)
- Injuries and accidents -- awareness of causes, prevention, and treatment or injuries related to accidents.
- Behavioral -- nutrition, exercise, drinking, smoking, safe driving, drug use
- Mental Health -- conditions that impact how people think, feel and act as they cope with life.
- Environment -- access to health foods, recreation, clean air, water, ext.
- Community Capacity -- ability to sustain a high quality of life, including access to employment, education, and housing.

The health issues in each of the above categories were used to develop a Stakeholder survey (Appendix II) which was completed by 186 people representing multiple sectors of the community. This group identified and prioritized issues in each of the above categories.
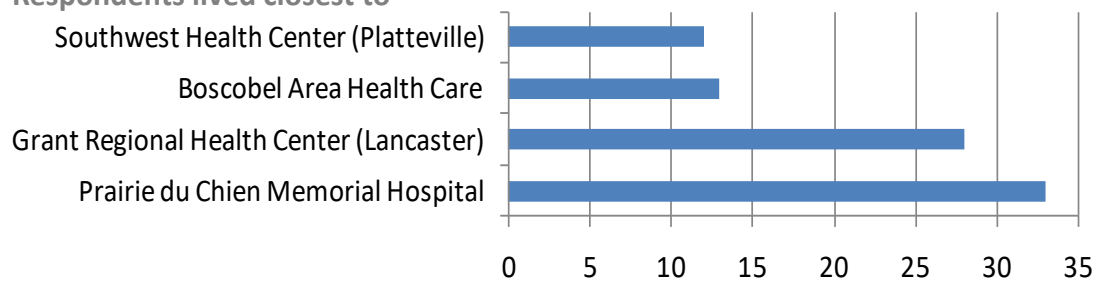
Limitations/Information Gaps

- Timeliness of data- age/diversity (some of the most recent data are from 2006-2007)
- Data sets often do not go as low as the County level
- Survey is not statistically valid
- In order to take advantage of statewide and county data, we identified primary service area vs. area where data was collected
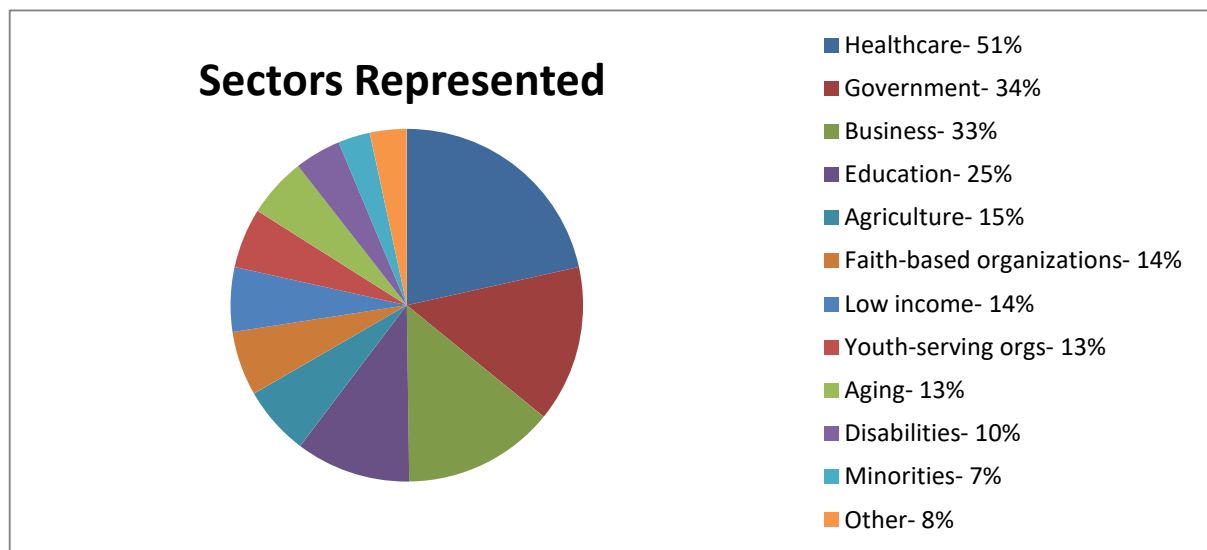
Stakeholder Survey Results

In order to supplement other sources of data gathered to assess the health needs in our two counties, the committee, with the assistance of Grant and Crawford County UW-Extension offices, developed an assessment survey through Constant Contact.

The survey was developed to gain input from Stakeholders including: medical professionals, service agencies, community leaders, schools, and other appropriate officials. It was also emailed to religious personnel, emergency preparedness agencies, and service agencies representing low-income, and disability populations.

Respondents lived closest to

Respondents represented

Sectors Represented

- Healthcare- 51%
- Government- 34%
- Business- 33%
- Education- 25%
- Agriculture- 15%
- Faith-based organizations- 14%
- Low income- 14%
- Youth-serving orgs- 13%
- Aging- 13%
- Disabilities- 10%
- Minorities- 7%
- Other- 8%

*All values are rounded to the nearest value for ease of interpretation
**Research conducted is not guaranteed to be statistically valid

Stakeholder Survey Results Summary

- 48% of respondents felt the health care needs were being *mostly* addressed. An additional 34% felt needs were met *fairly well*. Options included: Fully, mostly, fairly well, somewhat, not at all.
- Stakeholders were given seven areas of health needs to prioritize, the top three ranked as follows:
  - Mortality – diseases, conditions or behaviors that cause death (heart attack, cancer,)
  - Behaviors – nutrition, exercise, smoking, drinking, drug use, safe driving, etc.
  - Morbidity – diseases or conditions that cause pain, distress (heart disease, diabetes, etc)

It is important to note that top three ranked very close to others, including: injuries, community capacity, mental health, and environmental issues.

Respondents were given a list of the most prevalent causes of death in our region and were asked to select the three that have the biggest impact on life in our community. The top three ranked as follows:
- Heart Disease 93%
- Stroke 71%
- Breast Cancer 67%
- The top three also received highest rankings for most available/accessible treatment options and also most available/accessible prevention services.

Surveys indicated that the following conditions have the most impact on quality of life:
- Diabetes 72%
- Cancer 71%
- Heart Disease 54%
- Alzheimer's 51%

Surveys indicated that the following causes of injury have the most impact on our communities include:
- Alcohol/drug related motor vehicle accidents 94%
- Falls at home/work/farm 83%
- Farm accidents 81%

Surveys indicated that the environmental factors with the most impact on our communities include:
- Culture of eating 88%
- Limited access to healthy recreation 58%
- Limited access to dental 48%
- Limited access to healthy foods 4%

Behavioral factors with the most impact on our communities include:
- Factors leading to obesity 66%
- Smoking 60%
- Drinking/Driving 57%
- Heavy drinking 53%
- Other close rankings included: Insufficient physical activity, Poor parenting skills, Binge drinking, Misuse of prescription drugs, Other substance abuse

Mental health conditions and issues that have the most impact on the quality of life:
- Depression 93%
- Substance abuse 80%
- Memory loss/Alzheimer's 73%

- Barriers include: Lack of mental health professionals, Lack of available services, Stigma, Public awareness, Cost

Respondents' demographics:
- Ages ranged from 20 – 70+ with 59% of responses coming from ages 41-60
- Work in healthcare setting: No 47%; Yes 38 %; No response 15%
- Male 31%; Female 66%
- 75% lived in community > 10 years

General Community Survey

To gain broad public input, a survey (Appendix III) was also created and distributed to the general public. This survey measured perspectives on health care and health needs. This survey was made available by offering online access and paper copies, with 121 total responses being received. The survey was also made available at the following community events:
- Strawberry Festival, Platteville, July 2012
- Grant County Fair, Lancaster, August 2012
- Crawford County Fair, Gays Mills, August 2012
- Preview to Christmas, Prairie du Chien, December 2012

General Community Survey Results
- 50% of respondents felt the health care needs were being addressed.
- Chronic illnesses such as heart disease, cancer, stroke, and diabetes were identified as the highest area that needs resources with a 2.3 average score (the survey utilized a 1 to 5 likert scale with the lowest number considered the most needed). Followed closely by changes in lifestyle behaviors such as improvements in nutrition, exercise, smoking, drinking with a 3.2 score and also injuries – awareness of causes, prevention and treatment with a 3.3. The graph below depicts the community's perception of met and unmet health needs in our region.

Leading Health Concerns
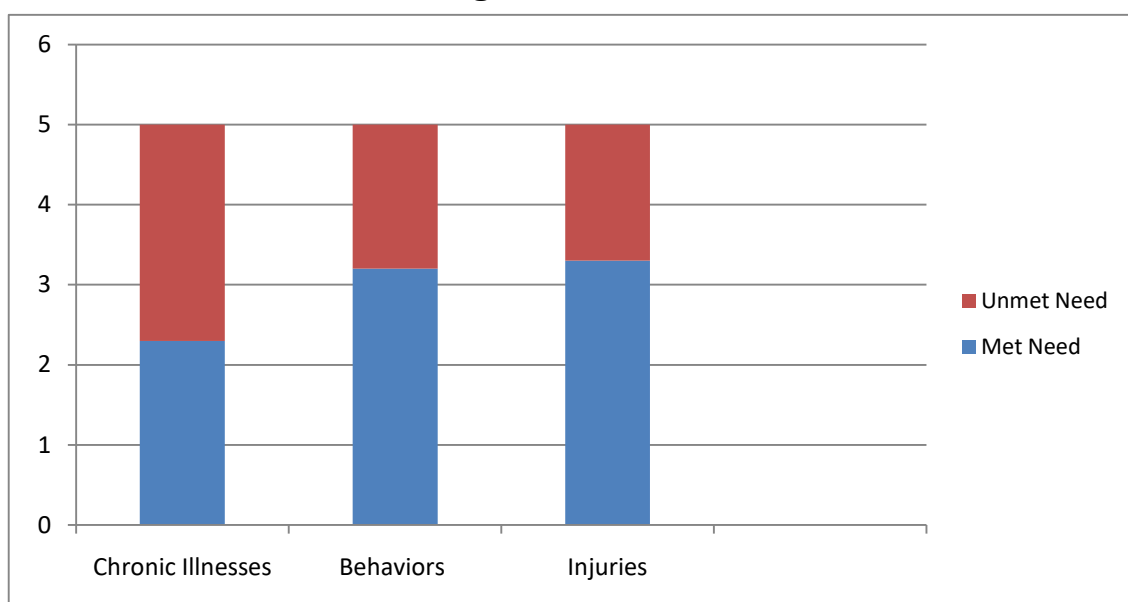
- The top three causes of death in our region that concerned survey respondents the most were:
  - Heart Disease 85%
  - Breast Cancer 72%
  - Stroke 63%
- The four environmental factors respondents indicated made the biggest impact on their quality of life:
  - Culture of unhealthy eating 66%
  - Shortage of certain health professionals/service 54%
  - Limited access to healthy foods 52%
  - Limited access to healthy recreation alternatives 52%
- Top three behavioral factors that affect quality of life in the community:
  - Drinking and driving 68%
  - Smoking 54%
  - Binge/heavy drinking 43%
- Demographics
  - Age of respondents ranged from under 20 to over 70; majority were 41 – 60 years of age.
  - Male: 16%; Female 83%
  - Households described as:
    - No minor living at home 53%
    - Children under age 9 at home 25%
    - Children age 9 – 18 at home 30%

Focus Groups

Fourteen focus groups were conducted in 9 communities to provide qualitative data on topics such as perceived access to health care, barriers to health care, and ways health organizations can reach the public with information and education. Participants were asked brief questions about their general impressions of health and healthcare services in the community in which they live and/or work.

Focus groups were conducted in the following communities:

Grant County
- Lancaster
    - 10/18/12: Participants - 6 female/1 male
    - 10/19/12: Participants - 3 female/2 male
- Cuba City
    - 10/23/12: Participants: 4 female
- Cassville
    - 10/24/12: Participants: 4 female/2 male
- Platteville
    - 10/25/12: Session One: 6 female/2 male
    - 10/25/12: Session Two: 3 female
- Potosi
    - 10/29/12: Participants: 4 female/6 male

Crawford County
- Wauzeka
    - 11/8/12: Participants: 13 female/2 male
- Fennimore
    - 11/9/12: Participants: 3 female
- Boscobel
    - 10/16/12: Session One: 3 female/6 male
    - 10/16/12: Session Two: 3 female/1 male
- Prairie du Chien
    - 10/23/12: Session One: 13 female/4 male
    - 10/23/12: Session Two: 3 female/2 male
    - 10/23/12: Session Three: 2 female/ 2 male

Barriers Mentioned Most Often:
- Lack of patient advocate to help navigate healthcare systems and insurances
- Access to health care services
- Difficulty in finding and staying with a long-term provider
- Lack of services/clinics/pharmacies in smaller communities
- Lack of health education offered or lack of awareness
- Culture of bad habits including: poor nutrition, lack of exercise
- Alcohol Abuse

What Services or Resources Are Lacking In Our Community:
- Alcohol/drug counseling & treatment
- Special needs/disability support
- Availability of specialists in smaller communities
- Dialysis
- Dental care
- Transportation to healthcare services

Other points to mention:
- Workplace wellness might be a good vehicle to bring additional awareness and health education to the decision-makers in the families.
- A focus on health education and better nutrition offered in the schools could target a group that would impact the future greatly.
- Hospitals could focus their health education at community events where there is a "captive audience". Screenings or health education would be more available to people attend the various community events.
- People tend not to worry about health problems until they have a personal need.

Data Interpretation and Conclusions

SWOT

Hospitals and the partners are affected by a wide array of community strengths, weaknesses, opportunities and threats, all of which impact their collective ability to impact community health.

Strengths:
- Strong hospitals (financial performance, quality outcomes)
- Primary care providers and primary care market share
- Profile of hospitals and providers in rural communities
- Strength in local economies
- Strong hospital and community health communicators
- Relatively high employment rate in Grant County

Weaknesses:
- Diabetes, obesity, heart disease rates
- Culture of poor eating habits
- Culture of heavy and binge drinking
- Lack of occupational health initiatives
- Limitations of data
- Limitations of available staff for outreach
- Relatively high unemployment rate in Crawford County
- High Poverty rate
- Aging populations

Opportunities:
- Prevention and early intervention
- Focus on Metabolic Syndrome, now a widely agreed upon condition in which someone has three of these five: obesity, diabetes, high cholesterol or other lipids, cardiovascular disease, hypertension.
- Reduce stigma of mental health
- Telemedicine
- Increase dental providers and resources
- Advocacy and education

Threats:
- Future declines in reimbursement
- Limited access to mental health and dental services
- Community apathy, status quo, inertia

- Aging population (especially where combined with chronic medical conditions and relatively high poverty)
- Healthcare workforce shortages

Conclusions
Prioritized Health Needs

The consortium partners involved in this Community Health Needs Assessment process share a common vision of improving health in their communities, and beyond. Each participating organization has different resources, work with a different set of specific community attributes, and each will ultimately address community health needs in somewhat different ways. Nevertheless, the partners agree on the following, identified health needs listed below:

1. Empowering People
   - Reducing/eliminating barriers to access
   - Creating opportunities for screenings/early intervention
     - Cardiovascular disease
     - Diabetes
     - Depression
     - Cancer
     - Metabolic Syndrome
   - Improving patient advocacy
   - Providing health and wellness education
   - Offering free or low-cost screening activities
   - Eliminating the stigma of mental health

2. Connecting People to Services and Resources
   - Improving patient advocacy
   - Raising awareness of existing clinical services
     - Mental health
     - Preventive services
     - Family medical care
     - First-trimester care
     - Alzheimer's care
     - Diabetes care
   - Offering important community services
     - Smoking cessation
     - Pregnancy, labor and delivery classes
     - Free or low-cost health and wellness classes
     - Senior specific programs
   - Increasing cancer screening and prevention awareness
   - Recruiting and retaining dental providers/improving access to dentistry

3. Creating a Healthy Environment and a Culture of Wellness
   - Promoting healthy eating and active living and support healthy choices
   - Promoting access to healthy foods and activities
   - Engaging in injury awareness activities
   - Supporting drug abuse and excessive alcohol use prevention efforts
   - Focusing education and change on underlying causes of Metabolic Syndrome

Next steps

Though the community health needs identified in this report (see Conclusions) are shared throughout our two counties, consortium members will prioritize them and address them differently in subsequent, personalized action plans.

Through action planning, consortium partners may choose to collaborate further and combine resources to address a specific need. However, the leadership of each health care organization will set their own priorities, determine their own level of urgency associated with each need, evaluate their own communities' strengths and weaknesses and readiness, consider their own additional potential community partners, and determine how best to bring their own existing and future resources to address these identified issues.

Action plans with goals and specific measurable objectives will be developed by each consortium partner collaborating in this Community Health Needs Assessment. And each partner will identify the available resources to be employed to respond to these community health needs.

Appendix I: Other Data Sources

Other Health Sources Reviewed (both counties)
UW-Population Health County Health Rankings
http://www.countyhealthrankings.org/wisconsin/grant

http://www.countyhealthrankings.org/wisconsin/crawford

WI Interactive Statistics on Health (WISH)
Birth Data
Injury Data
Mortality Data
http://www.dhs.wisconsin.gov/wish/

State Public Health Profiles
http://www.dhs.wisconsin.gov/localdata/pdf/08pubhlth/grant08.pdf

http://www.dhs.wisconsin.gov/localdata/pdf/08pubhlth/crawford08.pdf

Poverty and Health Insurance Coverage County Level
http://www.dhs.wisconsin.gov/publications/P0/P00406/p00406b-grant-2012.pdf
Not available for Crawford County

Community Health Status Indicators
http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=55043&PeerStrat=27&state=Wisconsin&county=Grant

http://www.communityhealth.hhs.gov/Demographics.aspx?GeogCD=55023&PeerStrat=40&state=Wisconsin&county=Crawford

Wisconsin Behavioral Risk Factor Survey
http://www.dhs.wisconsin.gov/wish/main/BRFS/BRFSHome.htm

Southwest Wisconsin Youth Survey
http://fyi.uwex.edu/swys/

SWCAP/Coulee CAP Needs Assessment
http://www.swcap.org/pdf/SOUTHWEST%20CAP%20Head%20Start%20Community%20Assessment%202010.pdf

http://www.couleecap.org/public/2010%20Couleecap%20NA_Full%20Report_.pdf

Burden of Tobacco
http://www.dhs.wisconsin.gov/tobacco/pdffiles/Burden%202006/grant.pdf

http://www.dhs.wisconsin.gov/tobacco/pdffiles/Burden%202006/crawford.pdf

Health Care Provider Shortage Areas
http://www.dhs.wisconsin.gov/health/primarycare/maps.htm

Obesity, Nutrition, and Physical Activity in Wisconsin
http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/executivesummary.pdf

HIV/AIDS Surveillance Date for Wisconsin
http://www.dhs.wisconsin.gov/aids-hiv/Stats/FirstQtrlySurv2011.pdf

Workforce Profile Data
http://dwd.wisconsin.gov/oea/county_profiles/current/grant_profile.pdf

http://dwd.wisconsin.gov/oea/county_profiles/current/crawford_profile.pdf

Environmental Health Profile
http://www.dhs.wisconsin.gov/epht/CHP/Grant_profile.pdf

http://www.dhs.wisconsin.gov/epht/CHP/Crawford_profile.pdf

Wisconsin Food Security Project
http://foodsecurity.wisc.edu/

Appendix II:
Key Stakeholder Community Health Needs Assessment

1. Which hospital do you live closest to?
o Prairie du Chien Memorial Hospital
o Boscobel Area Health Care
o Grant Regional Health Center (Lancaster)
o Southwest Health Center (Platteville)

2. Below is a list of several sectors in our local communities. Please select any/all you represent.
o Business
o Health Care
o Faith-based organizations
o Education
o Youth-serving organizations
o Agriculture
o Government
o Aging
o Disabilities
o Low Income
o Minorities
o Other _____

3. Overall to what degree do you feel the health needs of your community are being addressed?
o Fully
o Mostly
o Fairly Well
o Somewhat
o Not at all

4. For this survey, we will look at seven areas of health needs. While all are important, please rank each according to how you feel resources in your community should be allocated, with #1 being the most important, #7 the least important.
1=most important
o Mortality –diseases, conditions or behaviors that cause death (i.e. heart attack, cancer)
o Morbidity—diseases or conditions that cause pain, distress, dysfunction or social problems (i.e. heart disease, diabetes)
o Injuries—awareness of causes, prevention and treatment
o Behaviors—nutrition, exercise, drinking, smoking, drug use, safe driving, etc.

o Environmental issues—access to healthy foods, access to recreation, clean air, water, lead exposure, etc.
o Mental Health—conditions that impact how people think, feel and act as they cope with life
o Community Capacity—ability to sustain a high quality of life, including access to employment, education and housing.
o Comment _____

5. The following are the most prevalent causes of death in our region. Please check the 3 that you think have the biggest impact on life in your community.
o Breast Cancer
o Heart Disease
o Stroke
o Suicide
o Infant Mortality
o Colon Cancer
o Other _____

6. Please mark the 3 items that you think have the most available and accessible treatment options in your community.
o Breast Cancer
o Heart Disease
o Stroke
o Suicide
o First Trimester Pregnancy Care
o Colon Cancer
o Other _____

7. Please mark the 3 items that you think have the most available and accessible prevention services in your community.
o Breast Cancer
o Heart Disease
o Stroke
o Suicide
o First Trimester Pregnancy Care
o Colon Cancer
o Other _____

8. The following conditions and events-though not always fatal by themselves-do cause much pain, distress and other problems. Please choose the 3 you believe most impact the overall quality of life in your community and our region.
o Cancer
o Heart Disease
o Diabetes

o Lower Respiratory Disease (includes asthma and emphysema)
o Brain Injury (includes stroke and concussions)
o Alzheimer's
o Other _____

9. Consider your nearest or preferred hospital. What role or roles do you think it should fulfill in improving community health with regard to the above list of diseases and conditions (cancer, heart disease, diabetes, lower respiratory diseases such as asthma and emphysema, brain injury and Alzheimer's)?

10. As a key stakeholder in the community, what role could you (or your organization/business) fulfill to positively impact that same list of diseases and conditions (cancer, heart disease, diabetes, lower respiratory disease such as asthma and emphysema , brain injury, Alzheimer's)?

11. Below are common causes of injury in our region. Please mark the 5 causes that you believe have the most impact on life in your community.
o Falls in and around home, work or farm
o Accidental poisoning
o Firearms
o Alcohol/drug related motor vehicle accidents
o Deer related motor vehicle accidents
o Motor vehicle accidents related to road conditions
o Farm accidents
o Lawn mower accidents
o ATV accidents
o Suffocation
o Other
_____

12. What are 3 things that could be done in your community to prevent injuries like the ones listed above?
_____

13. What could be done in your community to improve outcomes after an injury or accident?

14. Please mark the 4 environmental factors from the list below that you think have the biggest impact on the quality of life in your community.
o Limited access to healthy foods
o Limited access to healthy recreation alternatives
o Culture of unhealthy eating

- o Poor air quality
- o Poor water quality
- o Poor housing quality (lead, radon, asbestos, etc.)
- o Poor workplace safety
- o Shortage of health professionals/service
- o Limited access to dental care
- o Other _____

15. What steps do you think health officials in your community should take to improve environmental health (including access to healthy foods, access to healthy recreation, culture of healthy eating, air, water or housing quality, workplace safety, sufficient number of health professionals/services, access to dental care)?

_____

16. As a key stakeholder in the community, what role could you (or your organization/business) fulfill to positively impact the environmental health (including access to healthy foods, access to healthy recreation, culture of healthy eating, air, water or housing quality, workplace safety, sufficient number of health professionals/services, access to dental care)?

_____

17. Below is a list of behavioral factors. Please mark the 4 behavioral factors that you think most affect the quality of life in your community.
- o Binge drinking
- o Heavy drinking
- o Drinking and Driving
- o Smoking
- o Misuse of prescription drugs
- o Other substance abuse
- o Obesity
- o Insufficient Physical Activity
- o Poor parenting skills
- o Other _____

18. What behavior-related educational program do you think should be provided in your community?

_____

19. Below is a list of mental health conditions and issues. Please mark the 4 that you think have the most impact on the quality of life in your community.
- o Depression
- o Memory loss/Alzheimer's and Dementia
- o Substance abuse
- o Anger

- Abuse (sexual, physical or emotional)
- ADHD
- Autism
- Other _____

20. Please mark the top 3 barriers to better mental health in your community.
- Lack of available services
- Lack of mental health professionals
- Transportation
- Stigma
- Public awareness
- Cost
- Other

_____

21. Please identify any specific health care or social service you think is lacking in your community and that if added would improve the health of your community.

_____

22. Please mark your age group.
- Under 20
- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- Over 70

23. Do you work in a healthcare setting?
- Yes
- No

24. Please mark your gender
- Male
- Female

25. How many years have you lived in your community?
- Less than 2 years
- 2-10 years
- More than 10 years

26. Any other comment?

Appendix III:
General Public Community Health Needs Assessment

1. Overall, to what degree do you feel the health needs of your community are being addressed?
o Fully
o Mostly
o Fairly Well
o Somewhat
o Not at all

2. **Below are six areas of health needs. While all are important, please rank each according to how you think resources in your community should be allocated, with #1 being the area that should get the most resources/effort/attention and #6 the area to get the least resources.**
o Chronic Illnesses--- such as heart disease, cancer stroke, diabetes, etc.
o Injuries--awareness of causes, prevention and treatment
o Behaviors--nutrition, exercise, drinking, smoking, drug use, safe driving, etc.
o Environmental issues--access to healthy foods, access to recreation, clean air, water, lead exposure, etc.
o Mental Health--conditions that impact how people think, feel and act as they cope with life
o Community capacity--including access to employment, education and housing

3. T**he following are the most prevalent causes of death in our region. Please check the 3 that concern you the most when considering the health of your community.**
o Breast Cancer
o Heart Disease
o Stroke
o Suicide
o Infant Mortality
o Colon Cancer
o Other _____

4. **Please mark the 4 environmental factors from the list below that you think have the biggest impact on the quality of life in your community.**
o Limited access to healthy foods
o Limited access to healthy recreation alternatives
o Culture of unhealthy eating
o Poor air quality
o Poor water quality
o Poor housing quality (lead, radon, asbestos, etc.)

o Poor workplace safety
o Shortage of health professionals/service
o Limited access to dental care
o Other _____

5. Below is a list of behavioral factors. Please mark the 3 behavioral factors that You think most affect the quality of life in your community.
o Binge/Heavy drinking
o Drinking and driving
o Smoking
o Other drug abuse
o Poor eating habits
o Not enough physical activity
o Poor parenting skills
o Other _____

6. What could be done to improve the health of your community?

_____

7. Please mark your age group.
o Under 20
o 20-30
o 31-40
o 41-50
o 51-60
o 61-70
o Over 70

8. Please mark your gender.
o Male
o Female

9. Which of these statements describe your household? You may mark more than one.
o There are no minor children living in my home
o There are children under the age of 9 in my home
o There are children ages 9 – 18 in my home

10. Any other comment?