



Cheyenne County – Community Health Needs Assessment 2020

Welcome!

Cheyenne County Hospital, Clinic and County Health Department want to hear from you about community health needs and concerns.

The focus of this effort is to:

- Learn of the good things in our community as well as the concerns.
- Understand perceptions and attitudes about the health of individuals and the overall community.
- Hear suggestions for how our local health systems can improve.
- Learn more about how local health services are used by you and the community.

Please complete this survey no later than June 15, 2020.

All responses are confidential and anonymous.

Surveys will be tabulated by Greater Northwest Kansas Community Foundation. Your responses will be combined with other answers and reported only in total. If you have any questions regarding this survey, please contact Carol Sloper at 785-734- 2406 or info@gnwkcf.org.

Your opinion matters! Thank you in advance for participating!

Please return this completed survey to:

Greater Northwest Kansas Community Foundation
Attn: CHNA
PO Box 593
Bird City, KS 67731

Or, you may drop it off at the Cheyenne County Hospital front desk, St. Francis Clinic, Bird City Clinic, or Cheyenne County Health Department.

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Section 1 – Community Assets and Concerns

Please tell us about your community by **choosing up to three (3) options** you **most agree** with in each category below.

* 1. Considering the **quality of life** in your community, the **best things** are:

- Affordable place to live
- Closeness to work and activities
- Family-friendly; good place to raise kids
- Feeling that you matter, your life makes a difference
- Informal, simple, laid-back lifestyle
- Job opportunities or economic opportunities
- Safe place to live, little/no crime
- Other (please specify)

* 2. Considering the **activities** in your community, the **best things** are:

- Activities for families and youth
- Active faith community
- Family events or social times
- Involvement in agricultural opportunities
- Local events
- Recreational and sports activities
- Other (please specify)

* 3. Considering the **community/environmental health** in your community, what **concerns** you most is:

- Attracting and retaining young individuals
- Bullying/cyberbullying
- Crime and safety, adequate law enforcement
- Decrease in population
- Having enough child daycare services (affordable)
- Having enough quality school resources
- Healthy food access
- Limited job advancement, degree options
- Limited youth activities
- Need for distance transportation options
- Not enough exercise and wellness activities
- Not enough jobs with livable wages, not enough to live on
- Physical, domestic violence, child abuse, or sexual abuse
- Other (please specify)

* 4. Considering the **availability/delivery of health services** in your community, what **concerns** you most is:

- Ability of healthcare providers to work together to coordinate patient care within the health system
- Ability to get health appointments within 48 hours
- Ability to pay for prescribed medications
- Ability to retain primary care providers (MD, PA, NP) and nurses in the community
- Adequacy of health insurance coverage (out of pocket expenses too high)
- Availability of primary care providers
- Availability of specialists
- Availability of mental health services
- Availability of substance use disorder/treatment services
- Cost of healthcare services
- Emergency services (ambulance and 911) availability 24/7
- Extended appointment hours, evenings and weekends
- Not comfortable seeking care where I know the employees at the facility
- Patient confidentiality (inappropriate sharing of personal health information)
- Quality of health care
- Wellness and disease prevention services
- Other (please specify)

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Section 1 - Community Concerns by Age Group

Please tell us about your community by choosing up to three (3) options you most agree with in each category below.

* 5. Considering the youth population in the community, what concerns you most is:

- Anxiety, stress, depression, suicide
- Binge drinking
- Community engagement, volunteerism
- Drug and alcohol use
- How to encourage them to return home; have adequate jobs for them
- Quality education
- Sex trafficking
- Youth activities, places they can congregate with supervision
- Other (please specify)

* 6. Considering the **adult population** in the community, what **concerns** you most is:

- Agricultural/farm stressors
- Alcohol use and abuse
- Availability of support services (financial, health, behavioral)
- Cancer
- Chronic diseases (health issue that is managed rather than cured)
- Depression/stress/anxiety
- Desire for social events
- Drug use and abuse
- Need for support groups
- Prescription drug abuse
- Relationship issues, parenting support
- Smoking and tobacco use
- Succession planning
- Suicide
- Wellness and disease prevention
- Other (please specify)

* 7. Considering the senior population in the community, what concerns you most is:

- Aging well
- Availability of activities for seniors
- Availability of assisted living
- Availability of long-term / skilled nursing care options
- Availability of resources to help elderly stay in their homes
- Availability of support services for those on a fixed income
- Chronic diseases
- Dementia/Alzheimer's
- Depression/anxiety/suicide
- Elder abuse
- Knowledge of resources for family and friends caring for elders
- Social isolation/lack of local support system
- Transportation for out of town medical appointments
- Other (please specify)



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Section 1 - Community Concerns Overall Opinion

* 8. What **single issue** do you feel is the **biggest challenge** facing our community?

* 9. In the 2017 CHNA, the following were identified as priority areas to change and/or improve. Please respond with your opinion on the progress in addressing these issues within Cheyenne County over the past two years:

	Worsened	No Change	Slightly Improved	Significantly Improved	I don't know
Access to Affordable Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Quality Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Education (Own Personal Health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health (Access, Diagnosis and Placement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffing: Lack of Qualified Health Care Workers Seeking Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse (Meth, Marijuana, Opioids and Prescription Drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 2 – Delivery of Health Care Services

* 10. Where do you seek general health care most frequently (primary care / routine doctor visits)?

- In Cheyenne County
- Outside of Cheyenne County

If Outside Cheyenne County, answer question 11. Otherwise skip to 12.

* 11. Why do you seek care outside of Cheyenne County?



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Section 2 - Delivery of Health Care Services

* 12. If a specialty clinic was offered by Cheyenne County Hospital through telehealth (video conference), would you utilize it? (*orthopedic, cardiac, etc.*)

- Yes
- No
- Unsure

* 13. Do you have one or more chronic illness(es)? (*Chronic illnesses are those that do not have a cure and take ongoing, routine medical care to manage such as diabetes, asthma, COPD, high blood pressure, high cholesterol, etc.*)

- Yes
- No
- Unsure

* 14. Are you aware of these services offered within Cheyenne County's health systems? *(Select all that apply)*

- Aquatic Therapy
- Cardiology
- Cardiopulmonary/Respiratory Therapy
- Certified Pediatric Acute Care Nurse Practitioner
- Food Pantry
- Home Health (Nursing, Aide or Housekeeping)
- Hospice
- Meals on Wheels
- Obstetrics
- Ophthalmology
- Outpatient surgery
- Physical Therapy
- Senior Life Solutions
- Sleep studies
- Speech Therapy
- Ultrasound
- Wound care
- I am not aware of any of these services



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Section 2 - Delivery of Health Care Services, Barriers

* 15. What **prevents** you or immediate family members from **receiving healthcare**? (*Select all that apply*)

- Concerned about what others will think
- Cultural barrier
- Don't know what services are available
- High cost / out of pocket expenses (co pays, medications, travel)
- Lack of provider/healthcare staff follow through (prescriptions, consults, referrals)
- Lack of transportation services
- Language barrier
- Limited or no insurance coverage
- Needed specialty not available locally
- Not able to get appointments at the clinic
- Not able to see same provider each time
- Not able to take time away from work for appointments
- Preventative or alternative health services not offered locally
- I do not experience any barriers in receiving health care
- Other (please specify)

* 16. Do you need or receive financial assistance with any of the living expenses listed below? *(Select all that apply)*

- Food
- Health Care Insurance
- Health Care Payments
- Infant Supplies
- Prescriptions / Pharmacy Supplies
- Rent
- Utilities
- I do not need or receive financial assistance
- Other (please specify)

* 17. Are you aware of any of these financial assistance programs offered through Cheyenne County Hospital, Clinic or County Health Department? *(Select all that apply)*

- Charity Care
- Health Navigator Service (helps link individuals with resources they need)
- Prescription Assistance Program
- Sliding Scale Fees for Health Care
- I am not aware of any financial assistance programs

* 18. What gaps exist that keep you from being healthy? *(Select all that apply)*

- Lack of knowledge
- Lack of organized exercise, wellness opportunities
- Resources (cost, time, motivation, support)
- I feel that I am physically healthy
- Other (please specify)

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Section 2 - Delivery of Health Care Services, Opportunities

* 19. What health and/or wellness programming would you like to see in Cheyenne County? *(Select all that apply)*

- Prevention classes
- Organized exercise
- Workplace wellness
- Online education
- No additional programming is needed
- Other (please specify)

* 20. Where do you turn to for trusted health, wellness information, programs, assistance? *(Select all that apply)*

- Facebook / Internet
- Healthcare Professional
- Newspaper
- TV / Media
- Word of Mouth (friend / family)
- None
- Other (please specify)

* 21. What is the **best** way to share community and health information, events going on in Cheyenne County?
(Select one)

- Email
- Facebook / Social Media
- Newspaper
- Website
- Word of Mouth
- Other (please specify)

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Section 3 - Behavior / Mental Health Care Services

Behavioral / mental health conditions include but are not limited to depression, learning disorders, ADHD, addiction, anxiety, trauma, mood disorders, stress, eating disorders, relationship problems, etc.

A Behavioral Wellness Center is a service that provides face-to-face and/or telemedicine mental emotional and behavioral support resources (such as addictions counseling, mental health care, counseling, and trauma recovery yoga).

* 22. What keeps you from improving your behavioral / mental health? *(Select all that apply)*

- Availability of help
- Availability of local services
- Availability of quality services
- Cost of services
- Fear of what others will say or think
- Lack of transportation
- I don't struggle in this area
- Other (please specify)

* 23. Select one response that best completes this sentence when you think about people with behavior / mental health conditions. **I think people with behavioral health conditions:**

- Need to work harder to overcome it
- Need our care and support
- Make choices that cause the problems
- Are sometimes faking it

* 24. Do you feel there is a need for a local behavioral wellness center?

- Yes
- No
- Unsure

If you answered yes, please answer question 25, otherwise skip to question 26.

* 25. If a behavior wellness center was available locally, would you use it?

- Yes
- No
- Unsure

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Section 3 - Demographic Information

Again, this information is confidential and anonymous. The information in this section is used to help us analyze trends based on age, gender, and other social determinants when considering answers later in the survey. This information will not be used for any purpose other than to analyze trends for health needs in Cheyenne County.

* 26. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

* 27. What is your gender?

- Female
- Male
- Transgender
- Prefer not to say
- Other (please specify)

* 28. What is your Race / Ethnicity?

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race
- Prefer not to say

* 29. What is your **home** zip code?

ZIP/Postal Code

* 30. What is your current employment status?

- Employed (including self-employed)
- Unemployed
- Retired
- Disabled
- Prefer not to say

If you are employed, please answer questions 31 and 32. Otherwise, skip to question 33.

* 31. Where do you work (zip code)?

ZIP/Postal Code

* 32. Select the answer that best reflects your employment status.

- Full-time
- Part-time
- PRN / As Needed
- Multiple Jobs

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Section 3 - Demographic Information

This information is anonymous and confidential. This data is only used for data analysis and is not reported or linked beyond the scope of this survey.

* 33. *How many people live at your address (regardless of relationship status or age)?*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8+

* 34. What is your gross income?

- <=\$12,760
- <= \$25,520
- <=\$38,280
- <=\$51,720
- <=\$65,160
- >\$65,160
- <=\$78,600
- <=\$92,040
- <=\$105,480
- <=\$118,920
- <=\$132,360
- >\$132,360
- Refuse to Answer



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Thank you for participating in this survey!

Thank you for taking the time to share your feedback regarding Cheyenne County Health Systems. If you would like more information regarding any service mentioned in this survey, please contact the hospital at 785-332-2104 or by email at sblanka@cheyennecountyhospital.com.

The results of this survey will be published by Cheyenne County Hospital by the end of 2020 and be available for download at www.cheyennecountyhospital.com.