

McVile Area Health Survey

Nelson County Health System and Nelson-Griggs District Health Unit are interested in hearing from you about community health concerns.

The focus of this effort is to:

- Learn of the good things in your community as well as concerns in the community
- Understand perceptions and attitudes about the health of the community, and hear suggestions for improvement
- Learn more about how local health services are used by you and other residents



If you prefer, you may take the survey online at <https://tinyurl.com/McVileND19> or by scanning on the QR Code at the right.

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Kylie Nissen at 701.777.5380.

Surveys will be accepted through May 27, 2019. Your opinion matters – thank you in advance!

Community Assets: Please tell us about your community by **choosing up to three options** you most agree with in each category below.

1. Considering the **PEOPLE** in your community, the best things are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Community is socially and culturally diverse or becoming more diverse | <input type="checkbox"/> People who live here are involved in their community |
| <input type="checkbox"/> Feeling connected to people who live here | <input type="checkbox"/> People are tolerant, inclusive, and open-minded |
| <input type="checkbox"/> Government is accessible | <input type="checkbox"/> Sense that you can make a difference through civic engagement |
| <input type="checkbox"/> People are friendly, helpful, supportive | <input type="checkbox"/> Other: (please specify) _____ |

2. Considering the **SERVICES AND RESOURCES** in your community, the best things are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Opportunities for advanced education |
| <input type="checkbox"/> Active faith community | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Business district (restaurants, availability of goods) | <input type="checkbox"/> Programs for youth |
| <input type="checkbox"/> Community groups and organizations | <input type="checkbox"/> Quality school systems |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: (please specify) _____ |

3. Considering the **QUALITY OF LIFE** in your community, the best things are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Closeness to work and activities | <input type="checkbox"/> Job opportunities or economic opportunities |
| <input type="checkbox"/> Family-friendly; good place to raise kids | <input type="checkbox"/> Safe place to live, little/no crime |
| <input type="checkbox"/> Informal, simple, laidback lifestyle | <input type="checkbox"/> Other: (please specify) _____ |

4. Considering the **ACTIVITIES** in your community, the best things are (choose up to THREE):

- | | |
|--|---|
| <input type="checkbox"/> Activities for families and youth | <input type="checkbox"/> Recreational and sports activities |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Year-round access to fitness opportunities |
| <input type="checkbox"/> Local events and festivals | <input type="checkbox"/> Other: (please specify) _____ |

Community Concerns: Please tell us about your community by choosing up to three options you most agree with in each category.

5. Considering the **COMMUNITY /ENVIRONMENTAL HEALTH** in your community, concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Active faith community | <input type="checkbox"/> Having enough quality school resources |
| <input type="checkbox"/> Attracting and retaining young families | <input type="checkbox"/> Not enough places for exercise and wellness activities |
| <input type="checkbox"/> Not enough jobs with livable wages, not enough to live on | <input type="checkbox"/> Not enough public transportation options, cost of public transportation |
| <input type="checkbox"/> Not enough affordable housing | <input type="checkbox"/> Racism, prejudice, hate, discrimination |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Traffic safety, including speeding, road safety, seatbelt use, and drunk/distracted driving |
| <input type="checkbox"/> Changes in population size (increasing or decreasing) | <input type="checkbox"/> Physical violence, domestic violence, sexual abuse |
| <input type="checkbox"/> Crime and safety, adequate law enforcement personnel | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Water quality (well water, lakes, streams, rivers) | <input type="checkbox"/> Bullying/cyber-bullying |
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Litter (amount of litter, adequate garbage collection) | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Having enough child daycare services | <input type="checkbox"/> Other: (please specify) _____ |

6. Considering the **AVAILABILITY/DELIVERY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Ability to get appointments for health services within 48 hours. | <input type="checkbox"/> Emergency services (ambulance & 911) available 24/7 |
| <input type="checkbox"/> Extra hours for appointments, such as evenings and weekends | <input type="checkbox"/> Ability/willingness of healthcare providers to work together to coordinate patient care within the health system. |
| <input type="checkbox"/> Availability of primary care providers (MD,DO,NP,PA) and nurses | <input type="checkbox"/> Ability/willingness of healthcare providers to work together to coordinate patient care outside the local community. |
| <input type="checkbox"/> Ability to retain primary care providers (MD,DO,NP,PA) and nurses in the community | <input type="checkbox"/> Patient confidentiality (inappropriate sharing of personal health information) |
| <input type="checkbox"/> Availability of public health professionals | <input type="checkbox"/> Not comfortable seeking care where I know the employees at the facility on a personal level |
| <input type="checkbox"/> Availability of specialists | <input type="checkbox"/> Quality of care |
| <input type="checkbox"/> Not enough health care staff in general | <input type="checkbox"/> Cost of health care services |
| <input type="checkbox"/> Availability of wellness and disease prevention services | <input type="checkbox"/> Cost of prescription drugs |
| <input type="checkbox"/> Availability of mental health services | <input type="checkbox"/> Cost of health insurance |
| <input type="checkbox"/> Availability of substance use disorder/treatment services | <input type="checkbox"/> Adequacy of health insurance (concerns about out-of-pocket costs) |
| <input type="checkbox"/> Availability of hospice | <input type="checkbox"/> Understand where and how to get health insurance |
| <input type="checkbox"/> Availability of dental care | <input type="checkbox"/> Adequacy of Indian Health Service or Tribal Health Services |
| <input type="checkbox"/> Availability of vision care | <input type="checkbox"/> Other: (please specify) _____ |

7. Considering the **YOUTH POPULATION** in your community, concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Alcohol use and abuse | <input type="checkbox"/> Diseases that can spread, such as sexually transmitted diseases or AIDS |
| <input type="checkbox"/> Drug use and abuse (including prescription drug abuse) | <input type="checkbox"/> Wellness and disease prevention, including vaccine-preventable diseases |
| <input type="checkbox"/> Smoking and tobacco use, exposure to second-hand smoke, or vaping/juuling | <input type="checkbox"/> Not getting enough exercise/physical activity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hunger, poor nutrition |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Graduating from high school |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Availability of disability services |
| <input type="checkbox"/> Not enough activities for children and youth | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Teen pregnancy | |
| <input type="checkbox"/> Sexual health | |

8. Considering the **ADULT POPULATION** in your community, concerns are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Alcohol use and abuse | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Drug use and abuse (including prescription drug abuse) | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Smoking and tobacco use, exposure to second-hand smoke | <input type="checkbox"/> Diseases that can spread, such as sexually transmitted diseases or AIDS |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Wellness and disease prevention, including vaccine-preventable diseases |
| <input type="checkbox"/> Lung disease (i.e. emphysema, COPD, asthma) | <input type="checkbox"/> Not getting enough exercise/physical activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hunger, poor nutrition |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Availability of disability services |
| <input type="checkbox"/> Dementia/Alzheimer's disease | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Other chronic diseases: _____ | |
| <input type="checkbox"/> Depression/anxiety | |

9. Considering the **SENIOR POPULATION** in your community, concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Ability to meet needs of older population | <input type="checkbox"/> Availability of transportation for seniors |
| <input type="checkbox"/> Long-term/nursing home care options | <input type="checkbox"/> Availability of home health |
| <input type="checkbox"/> Assisted living options | <input type="checkbox"/> Not getting enough exercise/physical activity |
| <input type="checkbox"/> Availability of resources to help the elderly stay in their homes | <input type="checkbox"/> Depression/anxiety |
| <input type="checkbox"/> Availability/cost of activities for seniors | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Availability of resources for family and friends caring for elders | <input type="checkbox"/> Alcohol use and abuse |
| <input type="checkbox"/> Quality of elderly care | <input type="checkbox"/> Drug use and abuse (including prescription drug abuse) |
| <input type="checkbox"/> Cost of long-term/nursing home care | <input type="checkbox"/> Availability of activities for seniors |
| | <input type="checkbox"/> Elder abuse |
| | <input type="checkbox"/> Other: (please specify) _____ |

10. Regarding various forms of **VIOLENCE** in your community, concerns are (choose up to THREE):

- | | | |
|---|---|---|
| <input type="checkbox"/> Bullying/cyber-bullying | <input type="checkbox"/> Emotional abuse (ex. Intimidation, isolation, verbal threats, withholding funds) | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Child abuse or neglect | <input type="checkbox"/> General violence against women | <input type="checkbox"/> Sexual abuse/assault |
| <input type="checkbox"/> Dating violence | <input type="checkbox"/> General violence against men | <input type="checkbox"/> Verbal threats |
| <input type="checkbox"/> Domestic/intimate partner violence | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Video game/media violence |
| | | <input type="checkbox"/> Workplace/co-worker violence |

11. What single issue do you feel is the biggest challenge facing your community?

Delivery of Healthcare

12. What **PREVENTS** community residents from receiving healthcare? (Choose ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Can't get transportation services | <input type="checkbox"/> Not able to get appointment/limited hours |
| <input type="checkbox"/> Concerns about confidentiality | <input type="checkbox"/> Not able to see same provider over time |
| <input type="checkbox"/> Distance from health facility | <input type="checkbox"/> Not accepting new patients |
| <input type="checkbox"/> Don't know about local services | <input type="checkbox"/> Not affordable |
| <input type="checkbox"/> Don't speak language or understand culture | <input type="checkbox"/> Not enough providers (MD, DO, NP, PA) |
| <input type="checkbox"/> Lack of disability access | <input type="checkbox"/> Not enough evening or weekend hours |
| <input type="checkbox"/> Lack of services through Indian Health Services | <input type="checkbox"/> Not enough specialists |
| <input type="checkbox"/> Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen) | <input type="checkbox"/> Poor quality of care |
| <input type="checkbox"/> No insurance or limited insurance | <input type="checkbox"/> Other: (please specify) _____ |

13. Where do you turn for trusted health information? (Choose ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Other healthcare professionals (nurses, chiropractors, dentists, etc.) | <input type="checkbox"/> Web searches/internet (WebMD, Mayo Clinic, Healthline, etc.) |
| <input type="checkbox"/> Primary care provider (doctor, nurse practitioner, physician assistant) | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Public health professional | <input type="checkbox"/> Other: (please specify) _____ |

14. Considering **GENERAL and ACUTE SERVICES** at Nelson County Health System, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Acne treatment | <input type="checkbox"/> Mole/wart/skin lesion removal |
| <input type="checkbox"/> Allergy, flu & pneumonia shots | <input type="checkbox"/> Nutrition counseling |
| <input type="checkbox"/> Assisted living apartments | <input type="checkbox"/> Outpatient IV therapy/port care |
| <input type="checkbox"/> Blood pressure checks | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cardiac rehab | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Emergency room | <input type="checkbox"/> Physicals: annuals, D.O.T., sports & insurance |
| <input type="checkbox"/> eEmergency connection to Avera Hospital in Sioux Falls, SD | <input type="checkbox"/> Sports medicine |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Surgical services – biopsies |
| <input type="checkbox"/> Hospital (acute care) | <input type="checkbox"/> Swing bed services |
| <input type="checkbox"/> Long-term care at the Care Center | <input type="checkbox"/> Telemedicine |
| | <input type="checkbox"/> Wound care |

15. Considering **SCREENING/THERAPY SERVICES** at Nelson County Health System, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Lower extremity circulatory assessment | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Diabetic education | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Sleep studies |
| <input type="checkbox"/> Holter monitoring | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Hospice care | <input type="checkbox"/> Respiratory care | <input type="checkbox"/> Speech therapy |

16. Considering **RADIOLOGY SERVICES** at Nelson County Health System, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> CT scan (mobile unit) | <input type="checkbox"/> EKG | <input type="checkbox"/> MRI (mobile unit) |
| <input type="checkbox"/> Digital mammography (mobile unit) | <input type="checkbox"/> General x-ray | <input type="checkbox"/> Ultrasound (mobile unit) |
| <input type="checkbox"/> Echocardiograms | <input type="checkbox"/> Nuclear medicine (mobile unit) | |
| | <input type="checkbox"/> Mammograms | |

17. Which of the following **SERVICES** provided by your local **PUBLIC HEALTH** unit have you or a family member used in the past year? (Choose ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Baby and child health (newborn visits, Cribs for Kids program) | <input type="checkbox"/> Office visits (consultation and referrals) |
| <input type="checkbox"/> Blood pressure checks | <input type="checkbox"/> School health (vision screening, health education, school immunizations) |
| <input type="checkbox"/> Breastfeeding resource and referrals | <input type="checkbox"/> Substance abuse prevention (underage drinking, adult binge drinking, prescription drugs) |
| <input type="checkbox"/> Car seat education and referral program | <input type="checkbox"/> Preschool screenings |
| <input type="checkbox"/> Emergency preparedness and response program (work with community partners) | <input type="checkbox"/> Tobacco prevention and control program (signage, policies, cessation, newsletters) |
| <input type="checkbox"/> Flu shots | <input type="checkbox"/> Tuberculosis case management |
| <input type="checkbox"/> Environmental health services (water, sewer, health hazard abatement) | <input type="checkbox"/> West Nile disease program (education and surveillance) |
| <input type="checkbox"/> Health education programs | <input type="checkbox"/> Worksite wellness |
| <input type="checkbox"/> Home visits (in-home medication setup, monitor health status) | <input type="checkbox"/> Youth education programs (Progressive Ag Safety Day) |
| <input type="checkbox"/> Immunizations (infants, youth, adults) | |
| <input type="checkbox"/> Member of Child Protection Team | |

18. Where do you find out about **LOCAL HEALTH SERVICES** available in your area? (Choose ALL that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Public health professionals | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Employer/worksite wellness | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Health care professionals | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) | |
| <input type="checkbox"/> Indian health services | <input type="checkbox"/> Tribal Health | |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Web searches | |

19. What specific healthcare services, if any, do you think should be added locally?

20. Are you aware of Nelson County Health System's Foundation, which exists to financially support Nelson County Health System?

- Yes No

21. Have you supported Nelson County Health System's Foundation in any of the following ways? (Choose ALL that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Cash or stock gift | <input type="checkbox"/> Memorial/Honorarium | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Endowment gifts | <input type="checkbox"/> Planned gifts through wills, trusts or life insurance policies | |

Demographic Information: Please tell us about yourself.

22. Do you work for the hospital, clinic, or public health unit?

- Yes No

23. Health insurance or health coverage status (choose ALL that apply):

- Indian Health Service (IHS) Medicaid Veteran's Healthcare Benefits
 Insurance through employer Medicare Other: (please specify)
 Self-purchased insurance No insurance
-

24. Age:

- Less than 18 years 35 to 44 years 65 to 74 years
 18 to 24 years 45 to 54 years 75 years and older
 25 to 34 years 55 to 64 years

25. Highest level of education:

- Less than high school Some college/technical degree Bachelor's degree
 High school diploma or GED Associate's degree Graduate or professional degree

26. Gender:

- Female Male Transgender

27. Employment status:

- Full time Homemaker Unemployed
 Part time Multiple job holder Retired

28. Your zip code: _____

29. Race/Ethnicity (choose ALL that apply):

- American Indian Hispanic/Latino Other: _____
 African American Pacific Islander Prefer not to answer
 Asian White/Caucasian

30. Annual household income before taxes:

- Less than \$15,000 \$50,000 to \$74,999 \$150,000 and over
 \$15,000 to \$24,999 \$75,000 to \$99,999 Prefer not to answer
 \$25,000 to \$49,999 \$100,000 to \$149,999

31. Overall, please share concerns and suggestions to improve the delivery of local healthcare.

Thank you for assisting us with this important survey!