**Wythe-Bland Foundation**

**Community Health Needs Assessment Survey**

Please take a minute to complete the survey below. Your responses are anonymous. The purpose of this instrument is to get your options about community health issues and quality of life in your community. In collaboration with our partners, we plan to compile this information and use it as input for the development of a community health improvement plan.

Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I: DEMOGRAPHICS** Your answers will allow us to see how different people feel about local health issues.

1. County where you live:
2. Zip code where you live:
3. Age:

\_\_\_ 18 – 24 years \_\_\_ 45 – 54 years

\_\_\_ 25 – 34 years \_\_\_ 55 – 64 years

\_\_\_ 35 – 44 years \_\_\_ 65+ years

1. Gender:

\_\_\_ Male \_\_\_ Female

1. Race/ Ethnic group you can most identify with:

\_\_\_ African American/ Black \_\_\_ Native American

\_\_\_ Asian/ Pacific Islander \_\_\_ White/ Caucasian

\_\_\_ Hispanic/ Latino \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Marital Status:

\_\_\_ Married \_\_\_ Not married/ Single

\_\_\_ Cohabitating \_\_\_ Separated/ Divorced

1. Education

\_\_\_ Less than high school \_\_\_ Some post high school

\_\_\_ High school diploma or GED \_\_\_ College degree

\_\_\_ Vocational Training \_\_\_ Graduate or Professional degree

1. Number of people in your household: \_\_\_
2. Annual Household income:

\_\_\_ Less than $15,000 \_\_\_ $35,000 - $49,999

\_\_\_ $15,000 to $24,999 \_\_\_ Over $50,000

\_\_\_ $25,000 to $34,999

1. What type of Healthcare coverage do you have?

\_\_\_ No insurance \_\_\_ Medicare

\_\_\_ Health insurance (e.g., private \_\_\_ Veterans’ Administration

 Insurance, Blue Cross, HMO) \_\_\_ Indian Health Services

\_\_\_ Medicaid \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where did you get this survey: (check one)

\_\_\_ Church \_\_\_ Personal Contact

\_\_\_ Community Meeting \_\_\_ Workplace

\_\_\_ Grocery Store / Shopping Mall \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ School

**PART II: Community Health \****Community is defined as where you currently live*

1. In the following list, what do you think are ***the three most important factors for a “Healthy Community?”*** (Choose the factors which you feel are the most important to achieving a safe healthy environment for you and your family).

Check only **three:**

 \_\_\_ Good place to raise children

 \_\_\_ Low crime / safe neighborhoods

 \_\_\_ Low level of child abuse

 \_\_\_ Good schools

 \_\_\_ Access to health care (e.g. – family doctor)

 \_\_\_ Parks and recreation

 \_\_\_ Clean environment

 \_\_\_ Affordable housing

 \_\_\_ Arts and cultural events

 \_\_\_ Access to healthy foods

1. In the following list, what do you think are ***the three most important “health related problems” in your community?*** (Those problems which have the greatest impact on overall community health).

Check only **three:**

 \_\_\_ Aging problems

 (e.g., arthritis, hearing/vision loss, etc.)

 \_\_\_ Cancers

 \_\_\_ Child abuse/neglect

 \_\_\_ Dental problems

 \_\_\_ Diabetes

 \_\_\_ Domestic Violence

 \_\_\_ Firearm-related injuries

 \_\_\_ Obesity (childhood & adult)

 \_\_\_ Heart disease and stroke

 \_\_\_ High blood pressure

 \_\_\_ Homicide

 \_\_\_ Infant Death

 \_\_\_ Infectious Diseases (e.g., hepatitis, TB, etc.)

 \_\_\_ Mental health problems

1. In the following list, what do you think are ***the three most important “risky behaviors” in your community?*** (Those behaviors which have the greatest impact on overall community health).

Check only **three:**

 \_\_\_ Alcohol abuse

 \_\_\_ Being overweight

 \_\_\_ Dropping out of school

 \_\_\_ Drug abuse

 \_\_\_ Lack of exercise

 \_\_\_ Lack of maternity care

 \_\_\_ Poor eating habits

 \_\_\_ Not getting “shots” to prevent disease

 \_\_\_ Racial differences

 \_\_\_ Tobacco use

 \_\_\_ Not using a form of birth control

 \_\_\_ Not using seat belts/child safety seats

 \_\_\_ Unsafe sex

 \_\_\_ Unsecured firearms

 \_\_\_ Accessibility to preventive care

 \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you rate the overall health of our community?

\_\_\_ Very Healthy \_\_\_Healthy \_\_\_Somewhat healthy \_\_\_Unhealthy \_\_\_Very unhealthy

1. How would you rate your own personal health?

\_\_\_ Very Healthy \_\_\_Healthy \_\_\_Somewhat healthy \_\_\_Unhealthy \_\_\_Very unhealthy

**PART III: QUALITY OF LIFE**

Directions: please read the questions and circle the number that best states your opinion.

 1: Strongly yes 2: Yes 3: Neutral 4: No 5: Strongly No

**Quality of Life Questions: Likert Scale Responses (1 to 5, with 1 being the most positive**)

1. Are you satisfied with the overall quality fo life in your community? (Consider your sense of safety, opportunity for community involvement, and overall wellbeing)

1 2 3 4 5

YES! NO!

1. Are you satisfied with the health care system in your community?

1 2 3 4 5

 YES! NO!

1. Is your community a good place to raise children?

1 2 3 4 5

 YES! NO!

1. Is your community a good place to grow old?

1 2 3 4 5

 YES! NO!

1. Is there an economic opportunity in your community?

1 2 3 4 5

 YES! NO!

1. Is your community a safe place to live?

1 2 3 4 5

 YES! NO!

1. Are there networks of support for individuals and families during times of stress and need?

1 2 3 4 5

 YES! NO!

1. Do all individuals and groups have the opportunity to contribute to and participate in your community’s quality of life?

1 2 3 4 5

 YES! NO!

**Quality of Life Questions Continued: Likert Scale Responses (1 to 5, with 1 being the most positive)**

1. Do all residents perceive that they – individually and collectively – can make your community a better place to live?

1 2 3 4 5

 YES! NO!

1. Are there a broad variety of health services in your community?

1 2 3 4 5

 YES! NO!

1. Is there a sufficient number of health and social services in your community?

1 2 3 4 5

 YES! NO!

1. Is your community working together to achieve shared goals?

1 2 3 4 5

 YES! NO!

1. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishment?

1 2 3 4 5

 YES! NO!

1. Do you believe that you have adequate access to healthcare when you need it?

1 2 3 4 5

 YES! NO!

1. Other community needs not addressed in this survey that you would like to address:

Comment:

*Thank you for participating in our survey.*

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