

2015 Community Health Needs Assessment

1. Scott and Rock Island Counties Health Needs Assessment Survey

We want to know what you think the health needs are of the community. Please take a few minutes to fill out this survey. Your response will help us in planning ways to make our community healthier.

In the next 6 questions, please select up to 3 items in EACH question that you feel are needs that should be addressed in our community in the next 3-5 years.

1. Promoting Healthy Living

- | | | |
|---|---|--|
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Asthma | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Alcohol and Other drugs | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Elderly Wellness | <input type="checkbox"/> Pregnancy and Birth |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Family Planning | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infant, Child, and Family Health | |

2. Preventing Injuries

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Suicide | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Occupational Health and Safety | <input type="checkbox"/> Drowning |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Motor Vehicle Crashes | |
| <input type="checkbox"/> Violent and Abusive Behavior | <input type="checkbox"/> Falls | |

3. Preventing Epidemics

- | | | |
|---|--|---|
| <input type="checkbox"/> Disease Investigation | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Disease Control and Surveillance | <input type="checkbox"/> Sexually Transmitted Diseases | <input type="checkbox"/> Immunizations/Vaccinations |

4. Protecting Against Environmental Hazards

- | | | |
|--|--|--|
| <input type="checkbox"/> Drinking Water Protection | <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Vector (Disease-Carrying Animals and Insects) Control |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Healthy Homes | <input type="checkbox"/> Radiological Health |
| <input type="checkbox"/> Food Waste | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Soil Erosion |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Radon | |

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5. Prepare for, Respond to, and Recover From Public Health Emergencies

- Communication Networks
- Emergency Planning
- Emergency Response
- Recovery Planning
- Risk Communication (Communication Before, During, and After a Crisis)
- Surge Capacity (The Capacity to Handle an Emergency Along With Regular Services)
- Individual Preparedness

6. Strengthen the Health Infrastructure (The Framework to Support Being Healthy)

- Access to Quality Health Services
- Community Engagement
- Evaluation
- Food Security
- Food Systems
- Food and Nutrition Assistance (SNAP, WIC)
- Health Facilities
- Equal Opportunity
- Health Insurance
- Medical Care
- Transportation
- Workforce Development
- Workforce (Such as Primary Care, Dental, Mental Health, Public Health)
- Education and Poverty Levels

7. Please describe any other health needs that were not mentioned in questions #1-6 that you feel should be addressed in the next 3-5 years in our community.

8. What do you see as barriers to prevent your community from becoming healthier?

*9. What type of health insurance coverage do you have? (This information is important so that all groups of people are represented in this survey)

- No health insurance
- Insurance through employer (through your job or the job of a family member)
- Private health insurance (includes marketplace insurance plans)
- Government program (Medicare, Medicaid, etc)

Other (please specify)

*10. Please select which county you live in.

- Rock Island County, Illinois
- Scott County, Iowa

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***1. My zip code in Rock Island County, Illinois is:**

3.

***1. My zip code in Scott County, Iowa is:**

4.

***1. My Gender is:**

- Male
- Female

***2. My age is:**

- Under 18
- 18-24
- 25-45
- 46-64
- 65-74
- 75-84
- 85 and over

***3. My race is: (select all that apply)**

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Hispanic
- Other
- I prefer not to answer

***4. My ethnicity is:**

- Hispanic
- Non-Hispanic
- I prefer not to answer

***5. My yearly income is:**

- Less than \$25,000
- \$25,000-\$50,000
- \$50,000-\$75,000
- \$75,000-\$100,000
- Over \$100,000
- I prefer not to answer

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***6. Would you be interested in participating in an in-person meeting to further discuss the needs of our community?**

- Yes
- No

5.

***1. If interested in participating in an in-person meeting to further discuss the needs of our community, please provide your name and email address.**

First and Last Name

Email address

Thank you for completing this survey. The information collected will help us to identify the health needs in our community. If you have any questions about this survey, please email health@scottcountyiowa.com.