



Greenwood Leflore Hospital

Community Health Needs Assessment Please take a minute to complete the survey below. Your responses are anonymous. The purpose of this instrument is to get your opinions about community health issues and quality of life in your community. In collaboration with our partners in Public Health District III, 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

4. Gender:

Male Female

5. Race/ Ethnic group you most identify with:

African American / Black

Native American

Asian / Pacific Islander

White / Caucasian

Hispanic / Latino

Other _____

6. Marital Status:

Married

Not married / Single

Cohabiting

Separated / Divorced

7. Education

Less than high school

Some post H.S.

High school diploma or GED

College degree

Vocational Training

Graduate or Professional degree

8. What is your current employment status?

Employed Not employed Retired

9. Number of people in your household: _____

10. Annual Household income:

Less than \$15,000

\$35,000 to \$49,999

\$15,000 to \$24,999

Over \$50,000

\$25,000 to \$34,999

11. What type of Healthcare coverage do you have?

- | | |
|--|---|
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Health insurance (e.g., private insurance, Blue Cross, HMO) | <input type="checkbox"/> Veterans' Administration |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Indian Health Services |
| | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> Personal Contact |
| <input type="checkbox"/> Community Meeting | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Grocery Store / Shopping Mall | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School | |

Part II: Community Health *Community is defined as where you currently live.

13. 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 food

14. 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: (list continues on next page)

- 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
- HIV / AIDS
- Homicide
- Infant Death
- Infectious Diseases (e.g., hepatitis, TB, etc.)

___ Mental health problems

15. 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 _____

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

___ Very healthy ___ Healthy ___ Somewhat healthy ___ Unhealthy ___ Very unhealthy

17. 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 most positive)

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

1 2 3 4 5

YES! NO!

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

1 2 3 4 5

YES! NO!

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

1 2 3 4 5

YES! NO!

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

- 1 2 3 4 5
YES! NO!
22. Is there economic opportunity in your community?
1 2 3 4 5
YES! NO!
23. Is your community a safe place to live?
1 2 3 4 5
YES! NO!
24. Are there networks of support for individuals and families during times of stress and need?
1 2 3 4 5
YES! NO!
25. 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!
26. 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!
27. Are there a broad variety of health services in your community?
1 2 3 4 5
YES! NO!
28. Is there a sufficient number of health and social services in your community?
1 2 3 4 5
YES! NO!
29. Is your community working together to achieve shared goals?
1 2 3 4 5
YES! NO!
30. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?
1 2 3 4 5
YES! NO!
31. Do you believe that you have adequate access to healthcare when you need it?
1 2 3 4 5
YES! NO!

Thank you for participating in our survey.



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