



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 high school

_____ High school diploma / GED

_____ College degree

_____ Vocational training

_____ Graduate / 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:

- ☐ 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

- Check only three:

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

17. How would you rate your own personal health?

Part III: Quality of Life

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

Quality of Life Questions	Likert Scale Responses (1 to 5, with 1 being most positive)
1. I am satisfied with my current level of physical health.	4
2. I am satisfied with my current level of mental health.	3
3. I am satisfied with my current level of social health.	2
4. I am satisfied with my current level of financial health.	1
5. I am satisfied with my current level of spiritual health.	3
6. I am satisfied with my current level of emotional health.	2
7. I am satisfied with my current level of intellectual health.	4
8. I am satisfied with my current level of environmental health.	3
9. I am satisfied with my current level of cultural health.	2
10. I am satisfied with my current level of community health.	1

- | | | | | |
|------|---|---|---|-----|
| 1 | 2 | 3 | 4 | 5 |
| YES! | | | | NO! |

- | | | | | |
|------|---|---|---|-----|
| 1 | 2 | 3 | 4 | 5 |
| YES! | | | | NO! |

- | | | | | |
|------|---|---|---|-----|
| 1 | 2 | 3 | 4 | 5 |
| YES! | | | | NO! |

- | | | | | |
|------|---|---|---|-----|
| 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 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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