

Fargo Moorhead CHNA-Stakeholder Survey

The FM Community Health Needs Assessment Collaborative invites you to participate in the 2012 Community Health Needs Assessment. The information that we gather from you will be important for the future development of an action plan to address the identified unmet needs in the community. Your participation in this work is important to the community health improvement for all of our communities.

Please take a moment to complete the survey. You may skip any questions that you do not wish to answer. Your answers will be combined with other responses and reported in aggregate form. If you have any questions about the survey, you may contact Kay Schwarzwalter at 701-231-1058 or by email at kay.schwarzwalter@ndsu.edu.

COMMUNITY ASSETS/BEST THINGS ABOUT YOUR COMMUNITY

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of agreement with each of the following statements about your community regarding PEOPLE, SERVICES AND RESOURCES, and QUALITY OF LIFE.

Considering your community, what is your level of agreement with...

1. PEOPLE

	1=Not at all	2	3	4	5=A great deal
a. People are friendly, helpful, supportive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There is a sense of community/feeling connected to people who live here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People who live here are aware of/engaged in social, civic, or political issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The community is socially and culturally diverse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There is an engaged government.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There is tolerance, inclusion, and open-mindedness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. There is a sense that you can make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. SERVICES AND RESOURCES

	1=Not at all	2	3	4	5=A great deal
a. There are quality school systems and programs for youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are quality higher education opportunities and institutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There is quality health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is effective transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There is access to healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There is access to family services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of agreement with each of the following statements about your community.

3. QUALITY OF LIFE

	1=Not at all	2	3	4	5=A great deal
a. The community is a safe place to live and has little or no crime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The community is a good place to raise kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The community has a peaceful, calm, and quiet environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The community is a healthy place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There are quality arts, cultural activities, events, and festivals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There are many recreational, exercise, and sports activities/opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What are other "best things" about your community that are not reflected in the questions above?

GENERAL CONCERNS ABOUT YOUR COMMUNITY

Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas: ECONOMIC ISSUES, TRANSPORTATION, ENVIRONMENT, CHILDREN AND YOUTH, THE AGING POPULATION, and SAFETY.

Considering your community, what is your level of concern with...

5. ECONOMIC ISSUES

	1=Not at all	2	3	4	5=A great deal
a. Availability of affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Availability of employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Wage levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cost of living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Economic disparities between higher and lower classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas.

6. TRANSPORTATION

	1=Not at all	2	3	4	5=A great deal
a. Traffic congestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Availability and/or cost of public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Road conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Driving habits (e.g., speeding, road rage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Availability of good walking or biking options (as alternatives to driving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cost of automobile ownership (e.g., gas, maintenance, insurance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. ENVIRONMENT

	1=Not at all	2	3	4	5=A great deal
a. Water quality concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Noise level concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Air quality concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Garbage and litter concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. CHILDREN AND YOUTH

	1=Not at all	2	3	4	5=A great deal
a. Availability and/or cost of services for at-risk youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Youth crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. School dropout rates/truancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Availability and/or cost of activities for children and youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Availability and/or cost of quality child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas.

9. THE AGING POPULATION

	1=Not at all	2	3	4	5=A great deal
a. Availability and/or cost of activities for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Availability and/or cost of long-term care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Availability of resources to help the elderly stay in their homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Availability of resources for family and friends caring for elders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Availability of resources for grandparents caring for grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. SAFETY

	1=Not at all	2	3	4	5=A great deal
a. Child abuse and neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Elder abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Presence and influence of drug dealers in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Property crimes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Violent crimes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What other COMMUNITY CONCERNS do you have that are not reflected in the previous questions?

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HEALTH AND WELLNESS CONCERNS ABOUT YOUR COMMUNITY

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of concern about health and wellness issues in your community within each of the following categories: ACCESS TO HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Considering your community, how concerned are you about...

12. ACCESS TO HEALTHCARE

	1=Not at all	2	3	4	5=A great deal
a. Cost of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cost of prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cost of health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Adequacy of health insurance (e.g., amount of co-pays, deductibles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Access to health insurance coverage (e.g., preexisting conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Availability and/or cost of dental and/or vision insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Availability and/or cost of dental and/or vision care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Availability of prevention programs or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Availability of doctors, nurses, and/or specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Availability of bilingual providers and/or translators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Distance to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Availability of/access to transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Providers not taking new patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Time it takes to get an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Availability of non-traditional hours (e.g., evenings, weekends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Patient confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Use of emergency room services for primary health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Availability of mental health services and providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Coordination of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of concern about health and wellness issues in your community within each of the following categories.

13. PHYSICAL AND MENTAL HEALTH

	1=Not at all	2	3	4	5=A great deal
a. Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Poor nutrition/eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inactivity and/or lack of exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Chronic disease (e.g., diabetes, heart disease, multiple sclerosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Communicable disease (e.g., sexually transmitted diseases, AIDS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Dementia/Alzheimer's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. SUBSTANCE USE AND ABUSE

	1=Not at all	2	3	4	5=A great deal
a. Alcohol use and abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drug use and abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoking and tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Exposure to second-hand smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What other HEALTH AND WELLNESS CONCERNS do you have about your community that are not reflected in the previous questions?

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DEMOGRAPHIC INFORMATION

Please tell us about yourself.

16. What is your age?

- 18 to 29 years
- 30 to 44 years
- 45 to 64 years
- 65 to 74 years
- 75 years or older
- Prefer not to answer

17. What is your highest level of education?

- Some high school
- High school diploma or GED
- Some college/no degree
- Associate's degree
- Bachelor's degree
- Graduate or Professional degree
- Prefer not to answer

18. What is your gender?

- Male
- Female
- Prefer not to answer

19. What is your approximate annual household income before taxes?

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$69,999
- \$70,000 to \$119,999
- \$120,000 or more
- Do not know/prefer not to answer

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20. Do you own or rent your home?

- Own
- Rent
- Prefer not to answer
- Other (please specify)

21. What best describes your race/ethnicity? (choose all that apply)

- White
- Black/African American
- Native American/Alaska Native
- Asian/Pacific Islander
- Hispanic
- Other (please specify)

22. Are you the parent or primary caregiver of a child/children 18 years of age or younger?

- Yes
- No
- Prefer not to answer

23. What provider do you use for your primary health care? (choose all that apply)

- Essentia Health
- Family HealthCare Center
- Independent Family Doctors
- Sanford Health
- Use emergency room/urgent care for primary care services
- Did not access health care in last 12 months (skip to Q25)
- Other (please specify)

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24. Why did you choose this provider? (choose all that apply)

- Location
- Cost
- Quality of services
- Availability of services
- Sense of being valued as a patient
- Influenced by health insurance
- Other (please specify)

25. Have you personally had a cancer screening (mammogram, Pap smear, breast exam, testicular exam, rectal exam, prostate blood test, colonoscopy, etc.) or cancer care in the past year?

- Yes (skip to Q27)
- No

26. If you haven't had a cancer screening in the past year, why not? (choose all that apply)

- Not necessary
- Fear
- Cost
- Doctor hasn't suggested
- Unable to access care
- I don't know who to see
- Unfamiliar with recommendations
- Other (please specify)

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27. Over the past 12 months, how have you paid for health care costs (for you or family members)? (choose all that apply)

- Health insurance through an employer
- Private health insurance
- Personal income (e.g., cash, check, credit)
- Medicaid
- Medicare
- Did not access health care in last 12 months
- Other (please specify)

28. Do you work/volunteer outside the home?

- Yes
- No
- Prefer not to answer

29. What is/was your area of employment? (choose all that apply)

- Health care
- Retail trade
- Educational services
- Arts/entertainment
- Agriculture
- Construction
- Government
- Manufacturing
- Not applicable
- Other (please specify)

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30. For those with employment in HEALTH CARE, what is/was your position?

(choose all that apply)

- Clerical
- Administrator
- Nurse
- Physician's Assistant/Nurse Practitioner
- CNA/Other assistant
- I work in Public Health
- Other (please specify)

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31. PLEASE PROVIDE THE FOLLOWING INFORMATION. We are compiling the name, area of expertise, affiliation, and location of respondents in order to acknowledge them for contributing to our project.

This information will appear separately in a special acknowledgements section. No personal information will be attributed to your responses, which will be reported in aggregate form only. We greatly appreciate your assistance in this matter.

Please provide us with the following information: name, title, affiliation, area of expertise, city, state

Example:

John Smith

Pastor

Calvary Lutheran Church

Health ministry, part of hospital advisory group

Fargo

North Dakota

Name:

Title:

Affiliation:

Area of expertise:

City/Town:

State:

32. Please share any additional concerns and suggestions you may have.