



## Monroe County Community Health Needs Assessment Survey 2019

The Community and Economic Development Initiative of Kentucky (CEDIK), from the University of Kentucky, in collaboration with the Monroe County Medical Center, the Monroe County Health Department, and the Environmental Public Health Tracking Network is conducting the Community Health Needs Assessment (CHNA) for Monroe County. We want to better understand your health needs and how the hospital and its partners can better meet those needs. Please take just 10-15 minutes to fill out this survey. Please do not include your name anywhere. All responses will remain anonymous.

1.	Please tell us your zip code:		Have you or someone in your household used the services of a appropriate in the past 24 months?	
2.	Are you or anyone in your household satisfied with the ability to access healthcare services in Monroe County?	0	Yes	
0	Yes	0	No	
0	No	<b>9.</b> If	Yes, where did you visit a hospital?	
3.	Do you have a family doctor?	0	Monroe County Medical Center	
0	Yes	0	TJ Samson Community Hospital	
0	No	0	The Medical Center at Bowling Green	
4.	If Yes, do you visit regularly? (Annually)	0	The Medical Center at Scottsville	
<u>√.</u>	Yes	0	Greenview Hospital	
0		0	Cumberland County Hospital	
O	No	0	Other. Please specify:	
5.	If No, do you receive routine healthcare? (Routine healthcare includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems.)		Please select the top THREE <u>health challenges</u> you or anyone n your household face:	
0	Yes	0	Cancer	
0	No	0	Diabetes	
6.	If you do not receive routine healthcare, please select all that apply as to why:	0	Mental health issues	
		0	Heart disease and stroke	
0	No appointment available	0	High blood pressure	
0	No specialist in my community	0	HIV/AIDS/STDs	
0	No transportation	0	Overweight/obesity	
0	Cannot take off from work	0	Respiratory/lung disease	
0	Cannot afford it	0	Other. Please specify:	
0	Other. Please specify:	<b>11.</b> A	<b>11.</b> Are you or anyone in your household without health insurance currently?	
7.	If you do not receive routine healthcare, where do you go most often for healthcare?			
		0	Yes	
0	Emergency room	0	No	
0	Health department			
0	Urgent care center			
0	Other. Please specify:			

12.	. How far do you or anyone in your household travel to see a specialist?	17. Have you or someone in your household used any of the specialty services below in the past 24 months?		
0	Less than 20 miles	At Monroe C Medical Co		
0	20 - 49 miles	Cardiology	0	
0	50 - 100 miles	Cardiology	O	
0	More than 100 miles	Obstetrics/Gynecology	0	
0	I do not see any specialists	Oncology (Cancer Care)	0	
13.	. When you need health services, how do you get there?	Orthopedics	$\circ$	
0	Personal car	Orthopedics		
0	Ride share	Surgery	0	
0	Ambulance	Other. Please specify:	$\circ$	
0	R-Tec			
0	Taxi			
0	Walk	<b>18.</b> If you went to a hospital other than N Center, please select all that apply a	•	
0	Other. Please specify:	O Service I needed was not availa	ıble	
14.	. Would you be willing to utilize telehealth services to reduce travel time for specialty care?	O My physician referred me		
0	Yes	O My insurance requires me to go	somewhere else	
0	No	O I prefer larger hospitals		
15.	. In the past 24 months, have you had a:	O Other. Please specify:		
0	Routine physical	19. Overall, how would you rank Monroe	e County Medical Center o	
0	Mammogram (Women)	a scale from 1 to 10, where 1 is "not good"?	very good" and 10 is "very	
0	Pap smear (Women)	1 2 3 4 5	6 7 8 9 10	
0	PSA (Men)	Monroe County		
0	Colonoscopy	Medical Center O O O O	0 0 0 0	
16.	. What other preventive health services do you use?	overall ranking		
0	Vaccination/shots			
0	Yearly lab work	20. Would you recommend Monroe Cou	nty Medical Center to	
0	Breast exam	friends and family?	•	
0	Educational programs	O Yes		
0	Family planning	O No		
0	Skin exam			
0	Support groups			

	How would you rate your <b>own personal health</b> ?		Please select the top THREE most <u>risky behaviors</u> . Choose only THREE:
0	Very healthy	0	Alcohol abuse
0	Healthy	0	Tobacco use
0	Neither healthy nor unhealthy	0	Unsafe sex
0	Unhealthy	0	Prescription drug use
0	Very unhealthy	0	
22.	How would you rate the overall health of the people in Monroe County?	0	Overweight/poor eating habits & lack of exercise  Dropping out of school
0	Very healthy	0	Drug abuse
0	Healthy	0	Other. Please specify:
0	Neither healthy nor unhealthy		Please select the top THREE most important health problems
0	Unhealthy		Choose only THREE:
0	Very unhealthy	0	Cancer
23.	Please select the top THREE most important factors for a	O	Diabetes
	healthy community. Choose only THREE:	0	Mental health issues
0	Low crime/safe neighborhood	0	High blood pressure
0	Good school systems	0	Heart disease and stroke
0	Easy access to healthcare	0	HIV/AIDS/STDs
0	Community activities and events	0	Tobacco use
0	Affordable housing	0	Overweight/obesity
0	Low disease rate	0	Dental problems
0	Diverse community	0	Alcohol/drugs
0	Good jobs/healthy economy	0	Child abuse/neglect
0	Transportation	0	Respiratory/lung disease
0	Parks and recreation	0	Aging problems
0	Access to internet/technology	0	Teenage pregnancy
0	Clean environment	0	Environmental issues
0	Other. Please specify:	0	Infectious disease
		0	Lack of family planning
<b>24</b> .	. Do you think Monroe County meets the factors above?	0	Other. Please specify:
	Yes		
$\circ$	No		

27.	In your opinion, what groups need the most help with access to healthcare? Choose only THREE.	(	Please select the top THREE most important things Monroe County can do to have a positive effect on health. Choose only THREE:
0	Low-income families		
0	Elderly	0	Health policies
0	Children/infants	0	More exercise options
0	Uninsured	0	Nutrition education/access to healthy foods
0	Immigrants/refugees	0	Mental/emotional healthcare access
0	Physically/mentally disabled	0	Diabetes education
0	Young adults	0	Quit smoking classes
0	Minority groups	0	More transportation services
0	Other. Please specify:	0	More jobs
		0	More money for community assistance programs
<b>2</b> 8.	In your opinion, what are the <u>barriers</u> to healthcare? Check all that apply.	0	Other. Please specify:
0	Doctor office hours		Please select the <u>most important</u> thing Monroe County can do to have a positive effect on the <b>opioid crisis</b> .
0	Lack of insurance	0	Open more treatment facilities
0	Transportation	0	Provide transportation to treatment
0	Health benefits	0	Provide more court-appointed treatment
0	Lack of childcare	0	
0	Failure to accept insurance	0	Provide more substance abuse prevention education/services
0	Health knowledge	0	Provide more naloxone (to treat overdoses)
0	Cost/expenses	$\circ$	Other. Please specify:
0	Other. Please specify:		Which of the following environmental issues are you most concerned about in Monroe County? Please check THREE.
29.	Please rank your top THREE barriers to healthcare from the choices above.		·
		0	Air quality indoor/outdoor (trash/wood burning, dust, pollen, cigarettes, mold, bad smells, industrial air pollutior
	ice 1	0	Radon gas
Choice 3		0	Water quality (drinking water, waste in lakes, rivers, or streams)
		0	Noise pollution
		0	Lead exposure (old buildings, furniture, chipped paint)
		0	Extreme weather (extreme heat or cold)
		0	Disease vectors (mosquitoes & ticks)
		0	Other pests (rats, mice, roaches, bed bugs)
		0	Food contaminates (spoiled or tainted during production)
		0	Built environment (lack of handicap accessible sidewalks, walking trails, bike trails)
		0	Other. Please specify:

<b>33.</b> Please rank your top THREE environmental issues from the		<b>36</b> . How would you rate your community's <u>water quality?</u>			
	choices above.	0	Poor		
Cho	pice 1	0	Fair		
Choice 2		0	Good		
Cho	pice 3	0	Very good		
34.	. What are the top THREE <u>health problems</u> that may be <u>affected</u> <u>by the environment?</u> Choose only THREE.	0	Excellent		
0			Demographic Questions		
0	Asthma/allergies  Birth defects	<b>37</b> . W	Vhat is your current employment status?		
0		0	Unemployed		
0	Charried agraith ities	0			
	Chemical sensitivities	0	Employed part-time		
0	Developmental disorders	0	Employed full-time		
0	Food borne diseases	0	Retired		
0	Immune system problems	0	Student		
0	Infectious diseases	O	Other. Please specify:		
0	Injuries/accidents	<b>38.</b> W	Vhat is your gender?		
0	Neurological disorders	0	Male		
0	Poisonings	0	Female		
0	Reproductive disorders	0	Other. Please specify:		
0	Respiratory illness	<b>39.</b> W	What is the highest level of education you have completed?		
0	Built environment (lack of handicap accessible sidewalks, walking trails, bike trails)	0	High School		
0	I have no concerns	0	College or above		
0	Other. Please specify:	0	Technical school		
35.	. How would you rate your community's air quality?	0	Other. Please specify:		
0	Poor	<b>40.</b> W	Vhat is your age?		
0	Fair	0	18-24		
0	Good	0	25-39		
0	Very good	0	40-54		
0	Excellent	0	55-64		
		0	65-69		
		0	70 or older		