Community Health Needs Assessment
FY 2021
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Defined Community

Avera Merrill Pioneer Hospital defines its community as Lyon County, Iowa. There are two points of reasoning. First, the Avera Merrill Pioneer Hospital located in Rock Rapids, Iowa is the only hospital in Lyon County. Second, 86 percent of the hospital’s patients are from Lyon County, Iowa. Avera Merrill Pioneer is dedicated to serving the whole community in Lyon County. According to the County Health Rankings and Roadmaps, the estimated population for Lyon County in 2020 is 11,811 people. Avera Merrill Pioneer Hospital did not take into account an individual’s ability to pay, whether or not they have insurance, and whether or not they qualify for the hospital’s financial aid policy when defining community.

<table>
<thead>
<tr>
<th>County</th>
<th>Percent of hospital visits per county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyon</td>
<td>86.02%</td>
</tr>
<tr>
<td>Sioux</td>
<td>2.78%</td>
</tr>
<tr>
<td>Rock</td>
<td>2.22%</td>
</tr>
<tr>
<td>Nobles</td>
<td>1.91%</td>
</tr>
<tr>
<td>Minnehaha</td>
<td>1.39%</td>
</tr>
</tbody>
</table>

Demographics
Population by Age

<table>
<thead>
<tr>
<th>County Population</th>
<th>Lyon County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>11,811</td>
</tr>
<tr>
<td>Under 5</td>
<td>7.6%</td>
</tr>
<tr>
<td>Under 18</td>
<td>28.3</td>
</tr>
<tr>
<td>65 +</td>
<td>18.1%</td>
</tr>
</tbody>
</table>


The economy in Rock Rapids, Iowa is mainly manufacturing, healthcare, social assistance, agriculture, forestry, fishing, and hunting (Data USA, 2017). The median household income in 2017 was $53,833. The projected median household income in 2022 is $60,936 (ESRI, 2017).

Population by race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>97.7%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2.6%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1%</td>
</tr>
<tr>
<td>African American</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Community Served by the Hospital

The hospital in Rock Rapids, Iowa has had many names. More recently, the hospital was under a lease agreement with Sanford; however, after the 20-year lease ended with Sanford the hospital lease was transitioned to Avera. The hospital’s new facility is now on new grounds along Highway 75 at 1100 S 10th Avenue. This facility opened up on May 1st, 2019, with the new name Avera Merrill Pioneer Hospital.

Avera Merrill Pioneer Hospital relative to geographic locations in Rock Rapids, IA

Google Maps

www.iowa.org

Towns in respect to Lyon County
The new state of the art facility includes an 11-bed critical access hospital. Along with the hospital, there is a clinic and emergency room attached. Surgery, physical therapy, occupational therapy, cardiac rehab, laboratory, radiology, and chemo therapy / infusion therapy are some of the many services provided as outpatient services.

Avera Merrill Pioneer Hospital is passionate about its mission: Avera is a health ministry rooted in the gospel. Our mission is to make a positive impact on the lives and health of persons and communities by providing quality services guided by Christian values. The Avera Merrill Pioneer Hospital is sponsored by Sisters of the Presentation and Benedictine Orders.
Purpose of the CHNA

A community health needs assessment (CHNA) helps pinpoint weaknesses and strengths within a community and helps prioritize the needs. Under the Patient Protection and Affordable Care Act (ACA), hospitals are required to complete a CHNA every three years with four and a half months to create an implementation plan. Though required by the IRS, Avera Merrill Pioneer Hospital acknowledges the importance of community health and has set a strategic strategy team in place to aid the improvement of the community’s needs.

The team decided to do two community health needs assessments closer in proximity. This year’s community health needs assessment and implementation plan will be abbreviated, focused and accelerated in nature due to COVID-19 and timing. Avera Merrill Pioneer decided it would be best to do a shorter assessment with the circumstances of COVID-19 followed by a more in-depth assessment next year to best understand the health needs of the community.

Board Approval

The Avera Merrill Pioneer Hospital Fiscal Year 2021 Community Health Needs Assessment report was presented to the Avera Merrill Pioneer Hospital Advisory Board on January 27, 2021 and the Avera McKennan Board of Directors on February 22, 2021. The Boards of Directors reviewed, approved and adopted the report at this meeting respectively.

Community Input

Avera Merrill Pioneer Hospital conducted a community survey to collect a broad view of the community. The survey was implemented through an online format to residents in Lyon County. The survey was promoted on Facebook and articles in local newspapers, with the goal of reaching a wide demographic representative of the overall county population. Paper copies of the survey were also dispersed at the Avera Medical Group Clinics in Rock Rapids, George, and Larchwood. Key informant interviews were conducted to get a closer look at problem areas identified from a previous community health needs assessment and to connect with individuals serving vulnerable/medically underserved populations. The key informant interviews were conducted over the phone with Lyon County Public Health, Public Health Mental Health services, and the Central Lyon High School Superintendent.

Avera Merrill Pioneer Hospital did not exclude minority, low-income, or medically underserved populations from the assessment. Avera Merrill Pioneer Hospital did not contract any outside assistance for conducting the community health needs assessment.

Prioritized Significant Community Health Needs

Avera Merrill Pioneer Hospital reviewed the data from surveys, key informative interviews and county statistics to identify community health needs. Avera Merrill Pioneer Hospital then prioritized Lyon County’s health needs based on cost and/or return on investment, availability of solutions, impact of the problem, availability of resources to solve the problem, urgency of solving problem, and size of the problem.
Potentially Available Resources

Lyon County has resources and services available to the residents of Lyon County. These resources include:

- Four Medical Clinics
- Two Dentist Office
- One Hospital
- Four Nursing Homes
- One Assisted Living Center
- One Optometrist Office
- Three Chiropractor Clinics
- Lyon County Public Health Office
- Three Home Healthcare agencies
- Three Hospice agencies
- Rides (Public Transportation)
- Atlas
- Dinner Date (Meals on Wheels program)
- Day Care facilities
- Mobile Crisis Unit for Mental Health
- Seasons Center for Behavioral Health Counseling

Key Informative Interview Themes

This year’s community health needs assessment presented some different challenges. With the COVID-19 pandemic, we were limited on our ability to get groups of people together to have robust conversations about health needs. As an alternative, the hospital identified key community members that interact with broad sections of Lyon County residents, and conducted interviews via phone. This process allowed safe conversations over the phone to gain an understanding of the challenges and concerns within Lyon County. The individuals interviewed included: Lyon County Public Health Director, Sioux Rivers Regional Disability Services Coordinator, and Central Lyon School’s Superintendent. Of those individuals, interviews were conducted with Melissa Stillson, Director of Public Health, Lisa Rockhill with Sioux Rivers, and Brent Jorth with Central Lyon schools.

For a list of questions asked to each individual please see Attachment 1 in Appendix A.

Melissa identified several key themes. She primarily identified obesity and a lack of physical activity. More specifically Melissa identified the limited amount of walking trails in Lyon County as well as transportation barriers for people to get to those walking trails. She also discussed education needs to help people adapt or modify their lifestyles. Melissa discussed food and nutrition and challenges regarding access to affordable nutritious foods. Melissa identified chronic disease as a challenge within Lyon County. Melissa specifically identified Cardiovascular Disease and Diabetes. A growing concern that public health is noticing is the increasing number of kids in our county with diabetes. Melissa identified an education opportunity that could include collaboration with various county, public, and private entities to help fill this void.
Lisa Rockhill’s primary focus is centered on mental health. Challenges exist due to the stereotype of mental health as well as access to qualified mental health providers. Additionally, Lisa mentioned substance abuse as a challenge within Lyon County. Lisa identified toxic stress and traumatic events as underlying issues associated with behavioral health needs and substance abuse within the county. In addition, Lisa noted that many people believe the side effects of some medications used to treat behavioral health and substance abuse disorders have very extensive side effects. Some people believe the side effects are harder to deal with than the illness or disease itself.

A key theme identified by Mr. Jorth in the schools is a growing need for mental health education and services. Currently, Central Lyon School partners with Creative Living for some school-based counseling services. This has been helpful but does not meet the full need. The mental health challenge includes both students as well as teachers and faculty. The schools are seeing more mental health illness days where staff are calling in for a day off due to levels of anxiety or stress. Some of the biggest risk behaviors identified include vaping, alcohol use, and marijuana. Although Mr. Jorth noted that this is not as big of a concern in Rock Rapids as other areas that he has experienced.

Resident Survey Results
The resident survey tool included questions regarding the respondent’s personal health and services utilized within the community. Questions within the survey also addressed if the respondent had access to all services needed within the community. The survey was posted on Facebook, handed out to patients at all three Avera Medical Group clinics in Lyon County, and was offered to community members via mail. A total of a 150 surveys were completed in the month of August by individuals that were eighteen years of age and older and residing throughout Lyon County. The survey was completed by 95 females and 33 males.

Ages of Survey Respondents:

<table>
<thead>
<tr>
<th>Age</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>7.8%</td>
</tr>
<tr>
<td>25-34</td>
<td>17.19%</td>
</tr>
<tr>
<td>35-44</td>
<td>28.9%</td>
</tr>
<tr>
<td>45-54</td>
<td>14.8%</td>
</tr>
<tr>
<td>55-64</td>
<td>11.7%</td>
</tr>
<tr>
<td>65-74</td>
<td>15.6%</td>
</tr>
<tr>
<td>75-84</td>
<td>2.3%</td>
</tr>
<tr>
<td>85+</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Ethnicity of Survey Respondents:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>96.8%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0.8%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
~21% of respondents were considered low income (<$50,000/year).

~5% were minority populations for Lyon County. 95% of Lyon County is classified as Non-Hispanic White.
Survey Findings

General Health
- 89% of survey respondents rated their health as good or better.
- 14% indicated that they have been diagnosed as being obese.
- 24% of respondents indicate that they are diagnosed with hypertension.
- 29% exercise at least three times per week.
- 80% consume five servings of fruit and vegetables each day.
- 64% have had a flu shot within the last year.
- 70% have had their blood pressure checked within the last twelve months.
- 83% have completed preventative screening in the last twelve months.
- 6% of respondents are diagnosed with diabetes.

Health Care Access
- Ninety-three percent indicate that they have healthcare benefits through private insurance, Medicare, and Medicaid.
- Fifty-nine percent have seen their provider for an annual physical exam.
- Sixty-five percent have been to the dentist for annual exam and cleaning.
- Fifty percent have had an annual eye exam.
- Eleven percent of respondents did not see a doctor in the last twelve months related to COVID-19.
- Five percent have not seen a provider in the last twelve months due to inability to afford care.

Mental Health and Substance Abuse
- Twenty-three percent have been diagnosed with a mental health condition.
- Nine percent report drinking 4 alcoholic drinks (if female) or 5 (if male) more than 10 days/month.
- Seven percent report to that they currently use tobacco.

Barriers to Accessing Health Services
- Respondents feel the county lacks Mental Health counselors to assist residents with mental health concerns and substance abuse addictions.
- Respondents feel the county lacks some health care specialists (Rheumatology, Ophthalmologist, Hospice)

2020 Lyon County Demographic Health Rankings
- 16% of Lyon county is diabetic vs 10% for Iowa
- 9.1% of Lyon county is obese vs 8.2% for Iowa
- There is 1 mental health provider for every 11,810 people in Lyon county vs 1 provider for every 640 residents in Iowa.
Implementation Strategies: 2021-2022

Based on Lyon County health rankings and data collected from survey and key informative interviews, we identified the following 3 health needs as a priority for Avera Merrill Pioneer.

Priority 1: Improving the mental health of the community

According to data obtained from key informative interviews, surveys, and review of county data from County Health Rankings and Roadmaps written by Robert Wood Johnson Foundation, mental health is an area where additional services are needed within the community. Based on the information obtained through our assessment there are many individuals within the community who are in need of mental health services and there are very limited resources currently available for mental health.
Priority 2: Obesity
According to the Center for Disease Control, Obesity is a complex health issue to address. Obesity can be caused from a combination of contributing factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion.

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and is associated with morbidity and illnesses including diabetes, heart disease, stroke, and some types of cancer.

Priority 3: Improve utilization of preventative care
According to the Center for Disease Control, chronic diseases can have a profound effect on patients and their families. Chronic diseases include heart disease, diabetes, chronic lung disease, Alzheimer’s disease, chronic kidney disease and many other disease that attribute to poor health and poor quality of life. Many of these chronic disease processes have preventative measures available. These measures include disease prevention, early detection, and disease management. Avera Merrill Pioneer will offer and promote preventative care to improve the community’s quality of life.

Priority 1: Improving the mental health of the community
Goal: Improve access to Mental Health services in Lyon County

<table>
<thead>
<tr>
<th>Actions</th>
<th>Measureable Outcome</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pursue funding to purchase telehealth equipment for Avera Medical Group Clinic to provide outreach telehealth for mental health counselling.</td>
<td>Mental Health telehealth to be added to outreach services available to the community</td>
<td>Clinic Manager, Providers, Care Coordination, Discharge Planner</td>
</tr>
<tr>
<td>All patients will be screened for depression or mental health care needs.</td>
<td>All clinic and hospital patients will be screened for depression upon admission to facility.</td>
<td>Clinic Manager, Director of Nursing, Nursing Staff</td>
</tr>
</tbody>
</table>
Priority 2: Obesity

**Goal:** Provide services and to promote Healthy Lifestyle

<table>
<thead>
<tr>
<th>Action</th>
<th>Measurable Goal</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with local grocery store to provide healthy recipes for</td>
<td>Provide health recipes to the community to promote healthy eating and promote</td>
<td>Sunshine Manager</td>
</tr>
<tr>
<td>community members to utilize.</td>
<td>weight loss.</td>
<td>Food Services Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dietician</td>
</tr>
<tr>
<td>Provide education to community members to promote healthy eating</td>
<td>Provide class for patients that are diagnosed as pre-diabetic to teach them</td>
<td>Diabetic Educator</td>
</tr>
<tr>
<td></td>
<td>appropriate nutrition, portion control, weight loss and disease management to</td>
<td>Dietician</td>
</tr>
<tr>
<td></td>
<td>prevent patients from developing diabetes.</td>
<td></td>
</tr>
<tr>
<td>Collaborate with the city of Rock Rapids to provide additional</td>
<td>Assist with the development of exercise facility in Rock Rapids and promote the</td>
<td>City of Rock Rapids</td>
</tr>
<tr>
<td>exercise opportunities to its citizens.</td>
<td>use of the facility.</td>
<td>CEO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Priority 3: Management of Chronic Health Conditions

Goal: Provide preventative care services to promote the health of the community

<table>
<thead>
<tr>
<th>Action</th>
<th>Measurable Goal</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve immunization compliance with patients that utilize our facility</td>
<td>Immunizations of patients will be assessed during clinic visit and all vaccinations will be offered to patient.</td>
<td>Providers&lt;br&gt;Clinic Nurses&lt;br&gt;Clinic Manager</td>
</tr>
<tr>
<td>Improve immunization compliance with patients that utilize our facility</td>
<td>All hospital patients will be assessed for pneumococcal immunization and influenza vaccination. Immunization will be offered to patient prior to discharge from hospital.</td>
<td>Providers&lt;br&gt;Hospital nurses&lt;br&gt;Director of Nursing&lt;br&gt;Pharmacy</td>
</tr>
<tr>
<td>Improve management of chronic health conditions.</td>
<td>Reduce 30 day all cause readmission rate. Goal for readmission rate to be less than 7%.</td>
<td>Providers&lt;br&gt;Nursing staff&lt;br&gt;Director of Nursing&lt;br&gt;Pharmacy&lt;br&gt;Clinic Director</td>
</tr>
<tr>
<td>Promote completion of preventative health screenings.</td>
<td>Increase the number of patients who complete Planet Heart, Colorectal screenings, annual Mammograms, dexascans, and low dose lung cancer screenings.</td>
<td>Care Coordination&lt;br&gt;Radiology&lt;br&gt;Nursing Staff&lt;br&gt;Clinic Director&lt;br&gt;Director of Nursing</td>
</tr>
</tbody>
</table>

Evaluation of Impact

Evaluation of 2018 Community Health Needs Assessment interventions is difficult due to the Change of ownership that occurred on May 1, 2019. The ownership changed from Sanford Health to Avera. Due to this change in ownership information was obtained utilizing different methods limiting the ability to effectively evaluate the impact the initiated interventions had on the health of the community the facility serves.

The areas of focus in the Community Health Needs Assessment Action Plan for 2019-2021 included:

1. Reductions of obesity rates within the community.
   a. Pursue funding to update fitness center to draw people to exercises and work out.
   b. Implement programs focusing on chronic diseases and decreasing obesity.
2. Improvement of community health to decrease the amount of chronic health conditions.
   a. Support activities focusing on healthy eating.
b. Utilize Healthy Planet to identify pre-conditions to implement prevention strategies.
c. Increase physical activities of community members to reduce weight and improve overall health.

Obesity

Based on review of data from County Health Rankings and Roadmaps from the Robert Wood Johnson Foundation, Lyon County has an obesity rate of 39% which is higher than the overall state of Iowa’s rate of 33% for obesity. Based on this data Lyon County continues to have a higher obesity rate than the state of Iowa.

With review of prior survey data in 2018 it was reported that 48% of the survey respondents were obese while in 2020 13.5% of survey respondents reported that they have been diagnosed as being obese. Despite Lyon County’s higher than the state average for obesity, survey results indicate that Lyon County may have a decrease in the number of individuals diagnosed with obesity. This data signifies that as a county there may have been an improvement in the obesity rate but more work needs to be done to further reduce the prevalence of obesity.

Chronic Health Conditions

Based on respondent survey results Lyon County continues to have citizens who experience chronic health issues. Although some chronic health conditions can be prevented interventions were implemented to manage chronic health conditions and improve the quality of life of these individuals. Interventions implemented included promotion of physical activity, promotion and education related to healthy eating, identification of individuals with chronic health conditions to optimize their health care regimen, and offering screening of chronic disease to improve quality of life through early treatment and management of disease process.

Patients seen within the facility are assessed for diabetes and pre-diabetes. Patients diagnosed with diabetes/pre-diabetes are offered diabetic education classes with our facilities’ diabetic educator and dietician. Patients are taught healthy eating, maintenance of blood glucose levels, maintenance of a healthy weight, and medication management of diabetes. Seventy-five percent of the patients that attend diabetic education had a reduction in their hemoglobin A1C 6 months after completion their education.

All patients are assessed for chronic health conditions upon admission to facility. Patients with chronic health conditions are referred to coordinated care upon discharge from facility to ensure that patients’ care plans continue to be met post-discharge. These patients receive post discharge phone calls and follow-up appointments seven to fourteen days after discharge to ensure continued improvement in their condition. Readmission scores to any Avera facility are currently 12.5% which is above goal of 7% which indicated that we need to continue working on optimizing care in patients with chronic health conditions.
CHNA Questions to Melissa Stillson

1. What are the most common health issues or needs?
2. What do you think are the most important modifiable risk factors related to the health issues above?
3. What are some of the things you see lacking in your community?
4. Who do you think are the underserved populations in our community?
5. What services do you think are missing?
6. What can Avera do to collaborate or address services that are missing?

CHNA Questions to Lisa Rockhill

1. What are the most common health issues or needs?
2. What do you think are the most important modifiable risk factors related to the health issues above?
3. What are some of the things you see lacking in your community?
4. What do you see for underlying issues (trauma, alcoholism, etc) to behavioral diseases/mental health?
5. What barriers are there to behavioral services/care?
6. What can Avera do to collaborate or address services that are missing?

CHNA Questions to Brent Jorth

1. What are the most common health issues or needs?
2. What do you think are the most important modifiable risk factors related to the health issues above?
3. What are some of the things you see lacking in your community?
4. What are the biggest challenges?
5. What do you see as the biggest at risk behaviors that students are partaking in?
6. What can Avera do to collaborate or address services that are missing?
Avera Merrill Pioneer Hospital is conducting a Community Health Needs Assessment. This survey is intended to gather information and perspective on community health needs in the service area and identify how the health care system can better serve you.

All responses will remain anonymous and used only to generate a collective report of findings. Please take the next few minutes to complete this survey. Thank you for your time and valuable input.

1. How would you describe your overall health?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

2. Have you ever been diagnosed with any of the following chronic health conditions? Check all that apply.
   - Angina or Coronary Heart Disease
   - Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia
   - Cancer
   - Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Chronic Bronchitis
   - Diabetes
   - High Blood Pressure
   - Mental Health Condition (depression, anxiety, etc.)
   - Obesity
   - I have not been diagnosed with a chronic health condition
   - I am not comfortable answering this question
   - Other (please specify)
3. Which of the following preventive health measures have you had in the past 12 months. Check all that apply.

- Blood pressure check
- Cardiovascular screening
- Cholesterol screening
- Dental cleaning/exam
- Eye exam
- Flu Shot
- Mammogram (if female)
- Pap smear (if female)
- Prenatal (if female)
- Prostate check (if male)
- Physical exam
- Sigmoidoscopy and colonoscopy
- Skin cancer screening
- None of these
- I am not comfortable answering this question

*Other preventative measure not listed (please specify)*
* 4. Please choose all statements below that currently apply to you.

- I exercise at least 3 times per week (other than my regular job)
- I exercise 1 or 2 times per week (other than my regular job)
- I use local resources, such as trails, parks, fitness centers for exercise/recreation.
- I eat at least 5 servings of fruits and vegetables each day.
- I eat fast food more than once per week.
- I smoke cigarettes.
- I chew tobacco.
- I consume more than 4 alcoholic drinks (if female) or 5 (if male) more than 10 days/month.
- I have access to a wellness program through my employer.
- None of the above apply to me.
- I am not comfortable answering this question.

* 5. What type of health care coverage do you have?

- Health Insurance
- Prepaid Plans (HMOs)
- Medicare
- Medicaid
- Other (please specify)
- Indian Health Service
- No Health Care Coverage
- I don't know.
- I am not comfortable answering this question.
6. Was there a time in the past 12 months when you needed to see a doctor but couldn't because of any of the following reasons:

☐ No appointment available
☐ Cannot afford it
☐ Cannot take time off from work
☐ No transportation
☐ No specialist available in my community for my condition
☐ Other (please specify)

☐ COVID-19 pandemic delayed my health care needs
☐ I was able to see a doctor when I needed to
☐ I had no need to see a doctor in the past 12 months
☐ I am not comfortable answering this question
7. How would you rate the accessibility of healthcare services in your community? (5=excellent; 4=above average; 3=average; 2=below average; 1=very poor)

Please explain your rating

8. How would you rate the quality of health care services in your community? (5=excellent; 4=above average; 3=average; 2=below average; 1=very poor)

Please explain your rating

9. What are the biggest health issues in Lyon County?

10. What are the biggest barriers to accessing health services and resources in Lyon County?
11. What is your sex?
- Female
- Male

12. What is your age?
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

13. Ethnicity (Race)
- White
- Hispanic or Latino
- Black or African American
- Native American
- Asian/Pacific Islander
- Other

* 14. Are you a caregiver? (Mark all that apply)
- No
- Yes, Child(ren)
- Yes, Parent(s)
- Other (please specify)

15. Do you utilize any of these services? (Mark all that apply.)

- Home Health
- Meals on Wheels
- Atlas
- Hospice
- Public Transportation (e.g., bus, taxi)
- Daycare
- Interpreter (in-person or electronic)
- Outpatient services (counseling, physical/occupational therapy)
- I do not use any of these services.
- Other (please specify)

16. Has COVID-19 increased your need for the services listed above (question 15)?

- Yes
- No

If yes, please explain:

17. List any services that you feel would be beneficial to meet your family’s needs.

18. Your ZIP Code

19. Number of people living your household

   Age 18 and over
   Under age 18
20. Household income

- Less than $10,000
- $10,000-$20,000
- $20,000-$30,000
- $30,000-$40,000
- $40,000-$50,000
- $50,000-$75,000
- $75,000-$100,000
- $100,000-$150,000
- $150,000-$200,000
- $200,000+