

Constant Contact Survey Results

Survey Name: Wright County Health Needs Assessment Survey 2019

Response Status: Partial & Completed

Filter: None

Mar 21, 2019 3:39:25 PM

1. In your opinion, what do you think are the THREE most important health problems in Wright County which have the greatest impact on overall community health.)

	Number of Response(s)
Cancer	109
Child Abuse/Neglect	66
Dental Problems	16
Diabetes	64
Domestic Violence	28
Firearm Related Injuries	0
Heart Disease and Stroke	85
High Blood Pressure	39
HIV/AIDS	0
Homicide	0
Infectious Disease (i.e. Hepatitis, TB, etc.)	1
Mental Health Problems	159
Motor Vehicle Crash Injuries	5
Rape/Sexual Assault	12
Respiratory/Lung Disease	16
Sexually Transmitted Disease	5
Suicide	8
Teenage Pregnancy	17
Infant Death	0
Other	23
Total	219

2. From the list below, what do you think are the THREE behaviors that have the greatest impact on people in Wright County?

	Number of Response(s)
Alcohol Abuse	116
Overeating	95
Dropping Out of School	9
Drug Abuse	133
Tobacco Use	35
Not Exercising	103

Eating Unhealthy Foods	89
Not Getting Immunizations (Shots) to Prevent Disease	11
Racism	6
Not Using Birth Control	14
Not Using Seat Belts/Child Safety Seats	4
Unsafe Sex	23
Other	11
Total	219

3. Below select which answer you feel best describes your current health status.

	Number of Response(s)
Excellent	18
Very Good	75
Good	97
Fair	24
Poor	4
No Responses	3
Total	221

4. Thinking about your mental health, which includes stress, depression, and problems with emotion during the past 30 days was your mental health not good?

	Number of Response(s)
None	66
1 - 2	65
3 - 4	41
5 - 6	19
7 - 10	15
11 or more	12
No Responses	3
Total	221

5. Within the past year, did you need any of the following health services?

	Number of Response(s)
Crisis Care	5
Hospitalization	19
Counseling/Therapy	31
N/A / None	166
Other	6
Total	218

6. During the past 30 days, for about how many days did pain make it hard for you to do your usual care, work, or recreation?

	Number of Response(s)
None	153
1 - 2	27
3 - 4	11
5 - 6	9
7 - 10	6
11 or more	12
No Responses	3
Total	221

7. Are you aware of opportunities for the disposal of unused prescription medicines?

	Number of Response(s)
Yes	169
No	49
No Responses	3
Total	221

8. Has your health provider ever told you that you have any of the following health problems?

	Number of Response(s)
Hypertension (High Blood Pressure) / High Cholesterol	76

Angina (Chest Pain from Coronary Artery Disease)	2
Heart Attack	3
Diabetes (Not Gestational/Pregnancy Related)	17
Stroke	5
Overweight	97
Skin Cancer	9
Breast Cancer	7
Cervical Cancer	3
Colorectal Cancer	0
Lung and Bronchus Cancer	0
Prostate Cancer	0
Oral Cancer (Not Skin)	0
Asthma	16
Emphysema or Chronic Bronchitis	3
Liver Disease	0
Depression - Mental Health Problems	45
Arthritis or Rheumatism	16
HIV/AIDS	0
N/A / None	62
Other	15
Total	218

9. Have you had a sunburn within the past 12 months? (Include any time your skin was red for more

	Number of Response(s)
Yes	86
No	128
Unknown	4
No Responses	3
Total	221

10. How often do you use sunscreen?

	Number of Response(s)
Never	20
Rarely	54
About 50% of the Time	84
Most Days	50
Everyday	10
No Responses	3

Total

221

11. Do you routinely check your skin for changes? (i.e. moles, rashes, etc.)

	Number of Response(s)
Yes	154
No	64
No Responses	3
Total	221

12. During the past month, other than your regular job, did you participate in any moderate activities each time, such as brisk walking or anything else that causes small increases in breathing or heart rate?

	Number of Response(s)
Yes	154
No	61
Unknown	3
No Responses	3
Total	221

13. During the past 30 days, did you have at least one drink of any alcoholic beverage?

	Number of Response(s)
Yes	147
No	71
Unknown	0
No Responses	3
Total	221

14. How many drinks do you drink in a week, including weekends? (If answer to #13 is No or Don't Know, this question is Not Applicable.)

	Number of Response(s)
1	59
2-3	32
4-5	28
6 or more	22
N/A	77
No Responses	3
Total	221

15. Are you currently trying to lose weight?

	Number of Response(s)
Yes	148
No	70
No Responses	3
Total	221

16. Which of the following best describes your smoking status?

	Number of Response(s)
Never Smoked	118
Smoke Daily	15
Smoke Occasionally	4
Do Not Smoke Now But Use To	52
Tried It a Few Times But Never Smoked Regularly	29
No Responses	3
Total	221

17. Do you wash your hands with soap after using the restroom?

	Number of Response(s)
Never	0

Rarely	3
Sometimes	15
Almost Always	57
Always	143
No Responses	3
Total	221

18. Do you wash your hands with soap before preparing meals/handling food?

	Number of Response(s)
Never	0
Rarely	5
Sometimes	30
Almost Always	80
Always	103
No Responses	3
Total	221

19. Do you wash your hands with soap before eating?

	Number of Response(s)
Never	4
Rarely	26
Sometimes	76
Almost Always	76
Always	36
No Responses	3
Total	221

20. Do you wash your hands with soap often during the day?

	Number of Response(s)
Never	0
Rarely	13

Sometimes	50
Almost Always	65
Always	90
No Responses	3
Total	221

21. When was the last time you visited a dentist or dental clinic for any reason?

	Number of Response(s)
Never	1
Past Year	162
1 - 2 Years Ago	24
3- 5 Years Ago	16
More than 5 Years Ago	14
Unknown	1
No Responses	3
Total	221

22. When was the last time you had your teeth cleaned by a dentist or dental hygienist?

	Number of Response(s)
Never	4
Past Year	159
1 - 2 Years Ago	20
3- 5 Years Ago	16
More than 5 Years Ago	15
Unknown	4
No Responses	3
Total	221

23. When was the last time you had a flu shot?

	Number of Response(s)
Never	12

Past Year	180
1 - 2 Years Ago	9
3- 5 Years Ago	7
More than 5 Years Ago	8
Unknown	2
No Responses	3
Total	221

24. When was the last time you had a colorectal cancer screening?

	Number of Response(s)
Never	130
Past Year	21
1 - 2 Years Ago	23
3- 5 Years Ago	22
More than 5 Years Ago	20
Unknown	2
No Responses	3
Total	221

25. When was the last time you had your blood pressure checked?

	Number of Response(s)
Never	0
Past Year	206
1 - 2 Years Ago	6
3- 5 Years Ago	4
More than 5 Years Ago	1
Unknown	0
No Responses	4
Total	221

26. When was the last time you had your cholesterol checked?

	Number of Response(s)
Never	21
Past Year	144
1 - 2 Years Ago	26
3- 5 Years Ago	11
More than 5 Years Ago	3
Unknown	12
No Responses	4
Total	221

27. When was the last time you had a skin cancer check?

	Number of Response(s)
Never	74
Past Year	81
1 - 2 Years Ago	24
3- 5 Years Ago	12
More than 5 Years Ago	12
Unknown	15
No Responses	3
Total	221

28. When was the last time you had a blood sugar test (diabetes)?

	Number of Response(s)
Never	34
Past Year	131
1 - 2 Years Ago	25
3- 5 Years Ago	11
More than 5 Years Ago	6
Unknown	10
No Responses	4
Total	221

29. When was the last time you had a routine checkup by a healthcare provider?

	Number of Response(s)
Never	6
Past Year	184
1 - 2 Years Ago	18
3- 5 Years Ago	5
More than 5 Years Ago	4
Unknown	1
No Responses	3
Total	221

30. When was the last time you had a mammogram (x-ray of each breast to screen for cancer)?

	Number of Response(s)
Never	71
Past Year	77
1 - 2 Years Ago	13
3- 5 Years Ago	8
More than 5 Years Ago	8
Unknown	1
No Responses	43
Total	221

31. When was the last time you had a clinical breast exam (health professional feel for breast lumps)

	Number of Response(s)
Never	14
Past Year	101
1 - 2 Years Ago	38
3- 5 Years Ago	14
More than 5 Years Ago	9
Unknown	2
No Responses	43
Total	221

32. When was the last time you had a PAP test (test for cervical cancer)?

	Number of Response(s)
Never	7
Past Year	63
1 - 2 Years Ago	63
3- 5 Years Ago	22
More than 5 Years Ago	22
Unknown	1
No Responses	43
Total	221

33. Have you had a hysterectomy (surgical removal of the uterus)?

	Number of Response(s)
Never	141
Past Year	1
1 - 2 Years Ago	4
3- 5 Years Ago	6
More than 5 Years Ago	25
Unknown	0
No Responses	44
Total	221

34. Have you had a prostate specific antigen test (PSA test for prostate cancer)?

	Number of Response(s)
Never	28
Past Year	10
1 - 2 Years Ago	4
3- 5 Years Ago	2
More than 5 Years Ago	5
Unknown	5

No Responses	167
Total	221

35. Have you had a digital rectal exam?

	Number of Response(s)
Never	27
Past Year	10
1 - 2 Years Ago	5
3- 5 Years Ago	5
More than 5 Years Ago	1
Unknown	6
No Responses	167
Total	221

36. Do you have one person you think of as your personal doctor or healthcare provider?

	Number of Response(s)
Yes, Only One	117
Yes, More than One	69
No	26
Unknown	0
No Responses	9
Total	221

37. Was there a time in the past 12 months when you needed to see a doctor but could not because

	Number of Response(s)
Yes	38
No	173
Unknown	7
No Responses	3
Total	221

38. Was there a time in the past 12 months when you needed to see a doctor but could not because available?

	Number of Response(s)
Yes	18
No	191
Unknown	9
No Responses	3
Total	221

39. Was there a time in the past 12 months when you needed to see a doctor but could not because your insurance?

	Number of Response(s)
Yes	6
No	190
Unknown	1
N/A	21
No Responses	3
Total	221

40. Was there a time in the past 12 months when you needed to see a doctor but could not because insurance?

	Number of Response(s)
Yes	9
No	203
Unknown	6
No Responses	3
Total	221

41. Was there a time in the past 12 months when you needed to see a doctor but could not because timely manner? (eg: Unable to get an appointment in time.)

	Number of Response(s)
Yes	29
No	182
Unknown	6
No Responses	4
Total	221

42. During the past 12 months was there anytime you needed your prescription medicines but did not afford them?

	Number of Response(s)
Yes	17
No	196
Unknown	5
No Responses	3
Total	221

43. If you have healthcare coverage, select those items covered or partial covered under your plan. If not applicable, select not applicable.

	Number of Response(s)
Dental Services	161
Vision Services	135
Mental Health Services	134
Drug and Alcohol Detox	55
Prescription Medicines	185
Chiropractic Care	125
Family Planning	87
Immunizations	153
Smoking Cessation	53
Eyeglasses	100
Hearing Aids	27
Crutches, Walkers, Wheelchairs or Other Assistive Devices	49
N/A	12
Total	218

44. If you do not have healthcare coverage what are the reasons. Select all that apply. If you have h not applicable.

	Number of Response(s)
Cannot Afford the Premiums	6
Lost Job or Changed Employers	2
Became Divorced or Separated	1
Spouse or Parent Died	0
Became Ineligible Because of Age or Left School	1
Employer Doesn't Offer or Stopped Offering	2
Cut Back to Part Time or Became a Temporary Employee	0
Benefits from Employer or Former Employer Ran Out	0
Insurance Company Refused Coverage	2
Lost Medicaid or Medical Assistance Eligibility	0
Choose Not To/Do Not Want Insurance	0
Do Not Know How To Get Insurance	1
N/A	191
Other	2
Total	202

45. Do you have children under 18 living in your home? (If you answered no, go to #59.)

	Number of Response(s)
Yes	89
No	114
No Responses	18
Total	221

46. Are any of your children age 4 or younger limited in the kind or amount of play activities they can mental, or emotional problem?

	Number of Response(s)
Yes	1
No	83
Unknown	0
N/A	72
No Responses	65

47. Indicate how often you buckle your child / children aged 3 or younger into a car safety seat.

	Number of Response(s)
Never	0
Rarely	0
Sometimes	0
Almost Always	4
Always	48
N/A	103
No Responses	66
Total	221

48. Indicate how often you place a child / children between 4 - 8 years of age in a booster seat.

	Number of Response(s)
Never	6
Rarely	2
Sometimes	0
Almost Always	7
Always	39
N/A	93
No Responses	74
Total	221

49. Indicate how often you place a child / children up to 12 years of age buckled only in the backseat

	Number of Response(s)
Never	3
Rarely	1
Sometimes	2
Almost Always	18
Always	31

N/A	92
No Responses	74
Total	221

50. Indicate how often you require your child / children to wear a bicycle helmet when ride a bike.

	Number of Response(s)
Never	16
Rarely	8
Sometimes	15
Almost Always	15
Always	20
N/A	76
No Responses	71
Total	221

51. In the past 12 months have you had to put off going to their healthcare provider because it was t

	Number of Response(s)
Never	82
Rarely	6
Sometimes	16
Almost Always	0
Always	0
N/A	47
No Responses	70
Total	221

52. In the past 12 months have you had to skip their medicines or treatments because it was too exp

	Number of Response(s)
Never	89
Rarely	7
Sometimes	8

Almost Always	0
Always	0
N/A	46
No Responses	71
Total	221

53. In the past 12 months have you had to put off going to their dentist because it was too expensive

	Number of Response(s)
Never	78
Rarely	5
Sometimes	10
Almost Always	2
Always	7
N/A	45
No Responses	74
Total	221

54. In the past 12 months have you had to put off going to their mental healthcare provider because

	Number of Response(s)
Never	66
Rarely	0
Sometimes	6
Almost Always	1
Always	1
N/A	73
No Responses	74
Total	221

55. In the past 12 months have you had to put off buying glasses, hearing aids, etc because it was too

	Number of Response(s)
Never	63

Rarely	8
Sometimes	9
Almost Always	5
Always	6
N/A	57
No Responses	73
Total	221

56. In the past 12 months have you had to put off buying crutches, walkers, or other assistive devices expensive?

	Number of Response(s)
Never	62
Rarely	0
Sometimes	1
Almost Always	0
Always	0
N/A	86
No Responses	72
Total	221

57. Are your children in your home up-to-date on their immunization shots?

	Number of Response(s)
Yes	90
No	1
Some	0
Unknown	0
N/A	60
No Responses	70
Total	221

58. If your children are not up-to-date on their immunizations, why? (Select all that apply. If up-to-date)

Number of Response(s)

Too Expensive	0
No Health Insurance	0
No Healthcare Provider	0
Can't Get Time Off Work	0
Didn't Know They Had to Be Immunized	0
Didn't Know When To Have Them Immunized	1
Don't Believe They Will Get Sick	0
Against My Religious Beliefs	1
Don't Think It Is Important	0
N/A	137
Other	1
Total	140

59. What is your gender?

	Number of Response(s)
Male	43
Female	160
No Responses	18
Total	221

60. What is your age?

	Number of Response(s)
20 - 24	2
25 - 34	48
35 - 44	48
45 - 54	33
55 - 64	47
65 - 74	10
75 - 84	15
85 +	0
No Responses	18
Total	221

61. What is your zip code?

203 Response(s)

62. Including yourself, how many people live in your household?

203 Response(s)

63. Do you or anyone in your household prefer to speak a language other than English?

	Number of Response(s)
Yes	10
No	193
No Responses	18
Total	221

64. Does your home receive water from a private well?

	Number of Response(s)
Yes	41
No	162
Unknown	0
No Responses	18
Total	221

65. If your home receives water from a private well, is your well routinely tested for quality?

Number of Response(s)

Yes	24
No	37
Unknown	37
No Responses	123
Total	221

66. If your home receives water from a private well, have you ever had a quality problem?

	Number of Response(s)
Yes	8
No	55
Unknown	31
No Responses	127
Total	221

67. Is your home on a septic system?

	Number of Response(s)
Yes	45
No	102
Unknown	16
No Responses	58
Total	221

68. Do you have your septic tank routinely pumped?

	Number of Response(s)
Yes	22
No	44
Unknown	39
No Responses	116
Total	221

69. Does the neighborhood in which you live have easy walking access to goods and services such transportation, libraries, schools?

	Number of Response(s)
Yes	141
No	58
Unknown	4
No Responses	18
Total	221

70. In the last 12 months have you had a lack of sufficient food for yourself or your family?

	Number of Response(s)
Yes	12
No	191
Unknown	0
No Responses	18
Total	221

71. If yes, were you able to find resources to help with your family's lack of sufficient food?

	Number of Response(s)
Yes	11
No	10
Unknown	1
N/A	179
No Responses	20
Total	221

72. Where do you get most of your information about health or healthcare? Select all that apply.

	Number of Response(s)
Health Fairs	4
Community Meetings	7
Church	5
School	19
Friends/Family	67
Pharmacies	52
Local Health Department	22
Doctors/Nurses	138
Healer/Non-Traditional Health Practitioner	7
Newspapers	30
Magazines	21
Television	27
Radio	9
Websites	81
Other	10
Total	203

73. If you selected doctors/nurses for #72, please list their name(s) below.

94 Response(s)

74. If you selected newspapers, magazines, television, radio or websites for #72, please list their name(s) below.

59 Response(s)

nty? (Those problems

Response Ratio


49.7%
30.1%
7.3%
29.2%
12.7%
0.0%
38.8%
17.8%
0.0%
0.0%
<1%
72.6%
2.2%
5.4%
7.3%
2.2%
3.6%
7.7%
0.0%
10.5%
100%

the overall health of

Response Ratio

52.9%
43.3%
4.1%
60.7%
15.9%
47.0%

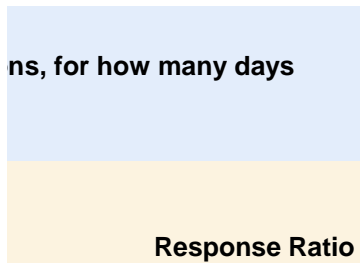
40.6%
5.0%
2.7%
6.3%
1.8%
10.5%
5.0%
100%



Response Ratio

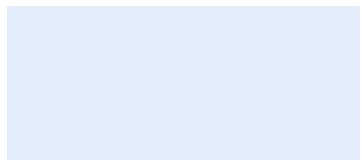
8.1%
33.9%
43.8%
10.8%
1.8%
1.3%
100%

ns, for how many days



Response Ratio

29.8%
29.4%
18.5%
8.5%
6.7%
5.4%
1.3%
100%



Response Ratio

2.2%

8.7%

14.2%

76.1%

2.7%

100%

activities, such as self

Response Ratio

69.2%

12.2%

4.9%

4.0%

2.7%

5.4%

1.3%

100%

Response Ratio

76.4%

22.1%

1.3%

100%

Response Ratio

34.8%

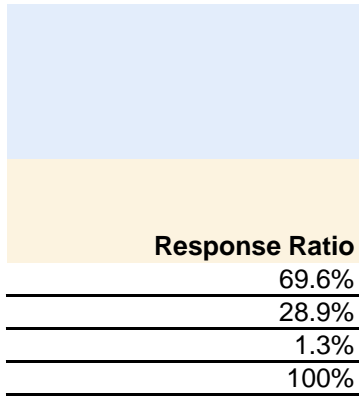
<1%
1.3%
7.7%
2.2%
44.4%
4.1%
3.2%
1.3%
0.0%
0.0%
0.0%
0.0%
7.3%
1.3%
0.0%
20.6%
7.3%
0.0%
28.4%
6.8%
100%

more than 12 hours.)

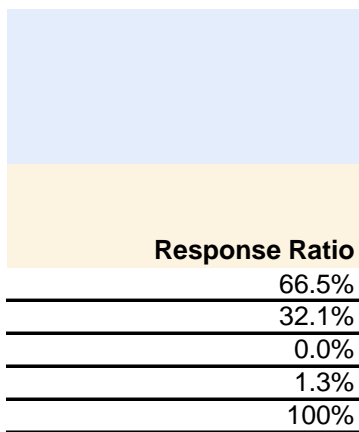
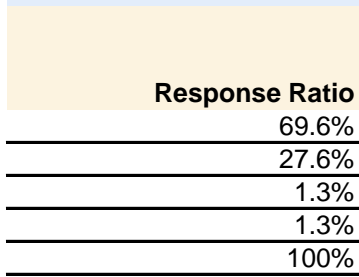
Response Ratio
38.9%
57.9%
1.8%
1.3%
100%

Response Ratio
9.0%
24.4%
38.0%
22.6%
4.5%
1.3%

100%



s for at least 30 minutes
ate?



Know, select Not

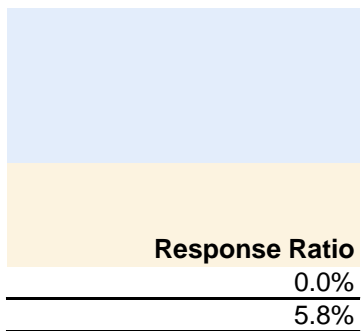
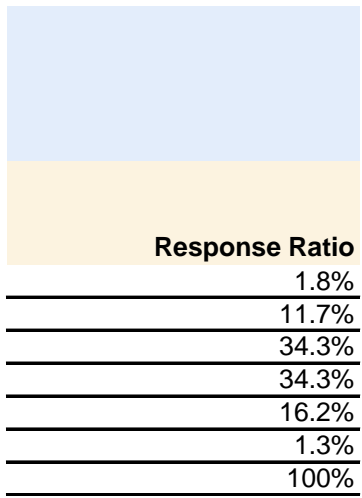
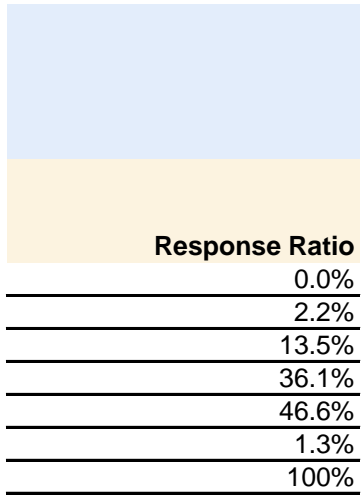
Response Ratio	
	26.6%
	14.4%
	12.6%
	9.9%
	34.8%
	1.3%
	100%

Response Ratio	
	66.9%
	31.6%
	1.3%
	100%

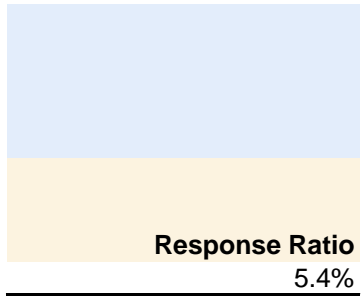
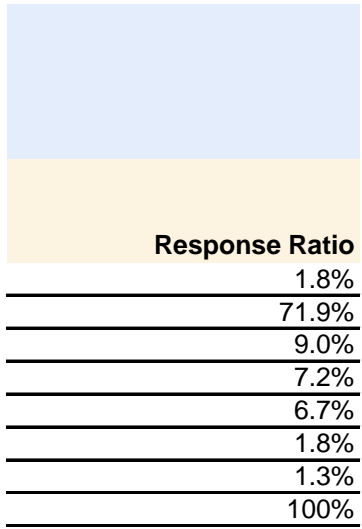
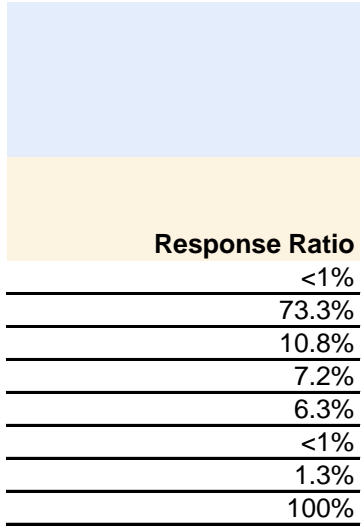
Response Ratio	
	53.3%
	6.7%
	1.8%
	23.5%
	13.1%
	1.3%
	100%

Response Ratio	
	0.0%

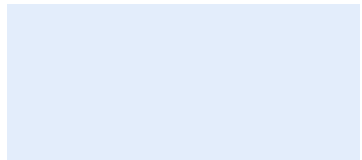
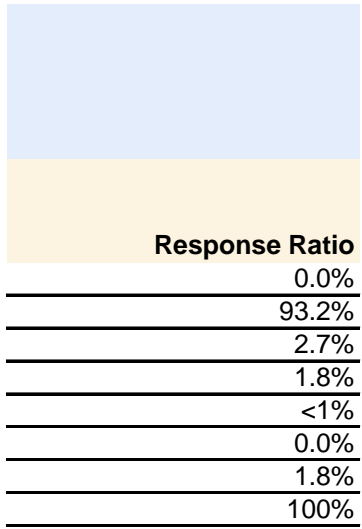
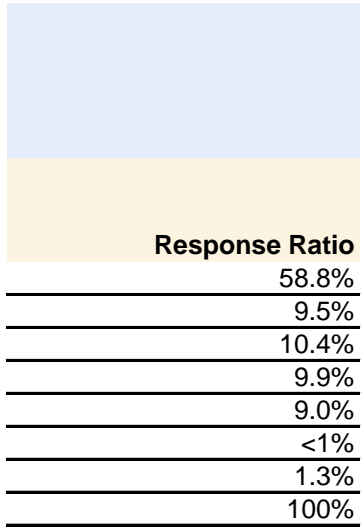
1.3%
6.7%
25.7%
64.7%
1.3%
100%



22.6%
29.4%
40.7%
1.3%
100%



81.4%
4.0%
3.1%
3.6%
<1%
1.3%
100%



Response Ratio

9.5%

65.1%

11.7%

4.9%

1.3%

5.4%

1.8%

100%

Response Ratio

33.4%

36.6%

10.8%

5.4%

5.4%

6.7%

1.3%

100%

Response Ratio

15.3%

59.2%

11.3%

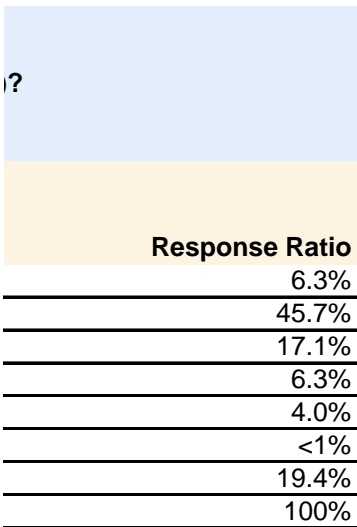
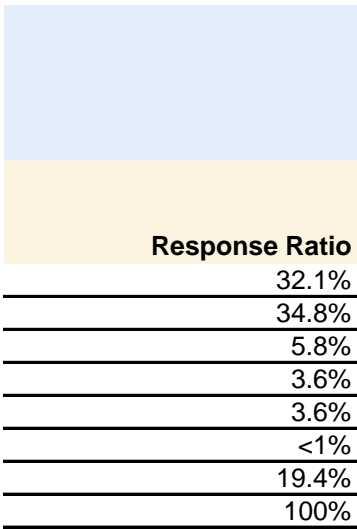
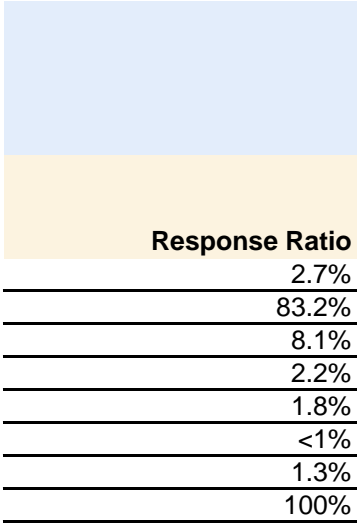
4.9%

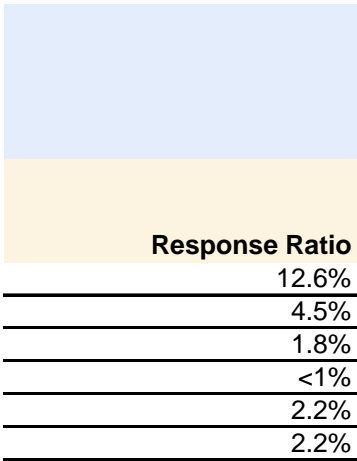
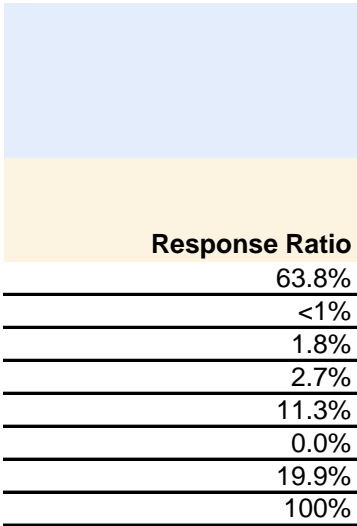
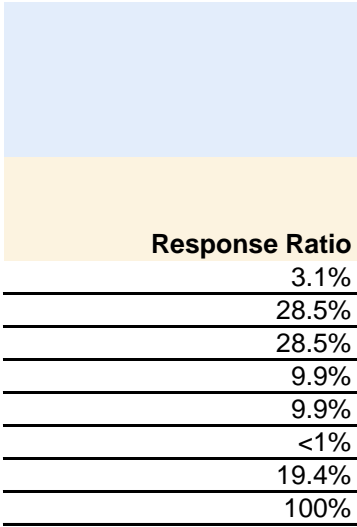
2.7%

4.5%

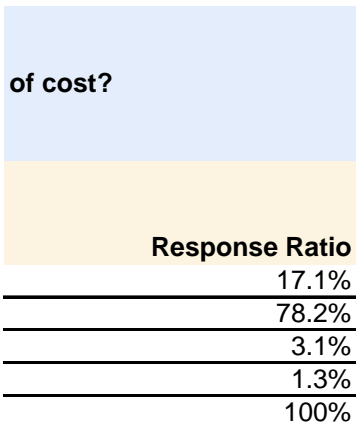
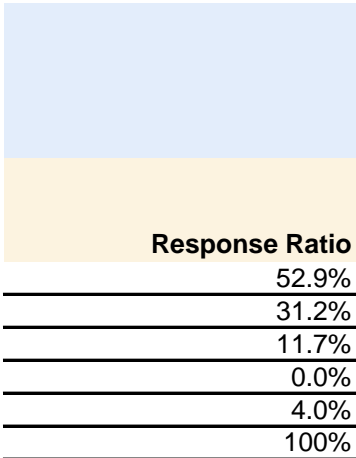
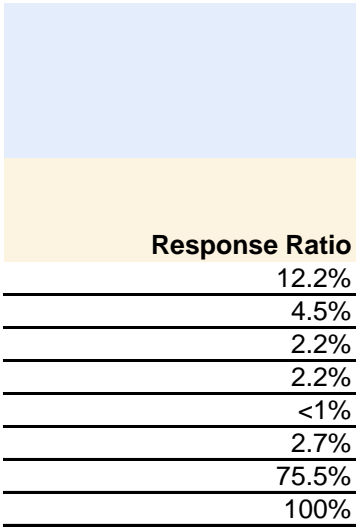
1.8%

100%





75.5%
100%



there was no provider

Response Ratio

8.1%

86.4%

4.0%

1.3%

100%

no provider would take

Response Ratio

2.7%

85.9%

<1%

9.5%

1.3%

100%

you do not have health

Response Ratio

4.0%

91.8%

2.7%

1.3%

100%

you could not be seen in a

Response Ratio

13.1%

82.3%

2.7%

1.8%

100%

ot get them because you

Response Ratio

7.6%

88.6%

2.2%

1.3%

100%

If you do not have

Response Ratio

73.8%

61.9%

61.4%

25.2%

84.8%

57.3%

39.9%

70.1%

24.3%

45.8%

12.3%

22.4%

5.5%

100%

healthcare coverage, select

Response Ratio

2.9%
<1%
<1%
0.0%
<1%
<1%
0.0%
0.0%
<1%
0.0%
0.0%
<1%
0.0%
0.0%
<1%
94.5%
<1%
100%

Response Ratio

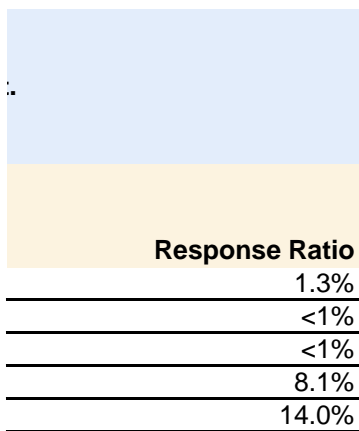
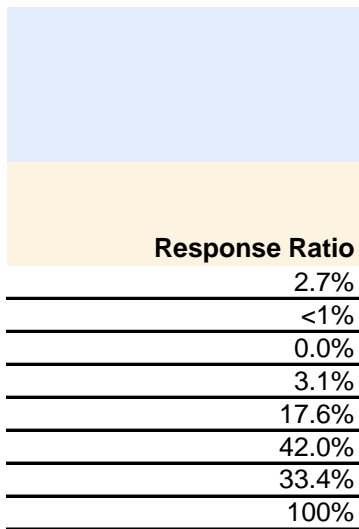
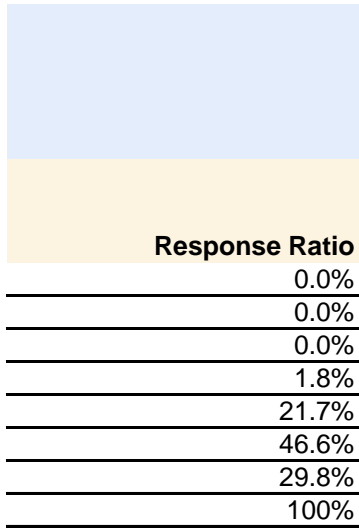
40.2%
51.5%
8.1%
100%

n do because of a physical,

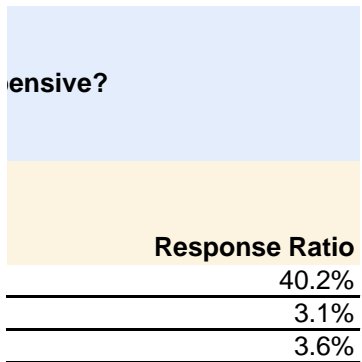
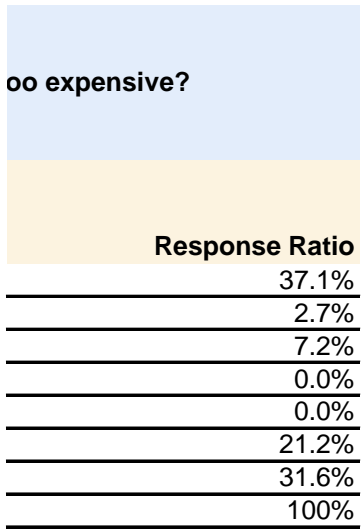
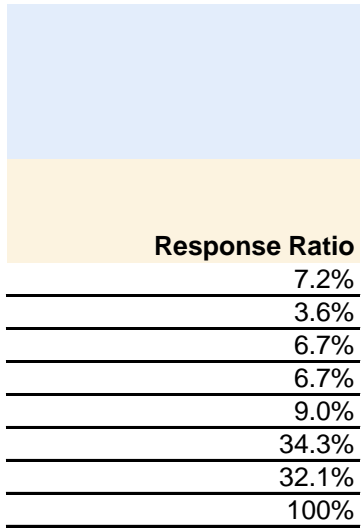
Response Ratio

<1%
37.5%
0.0%
32.5%
29.4%

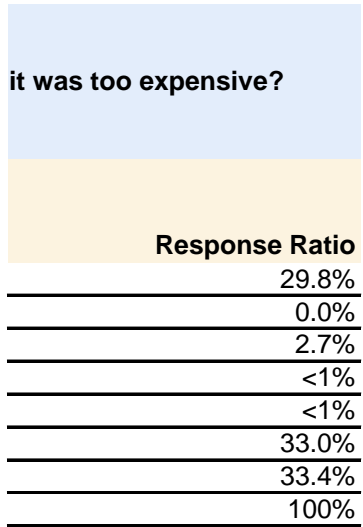
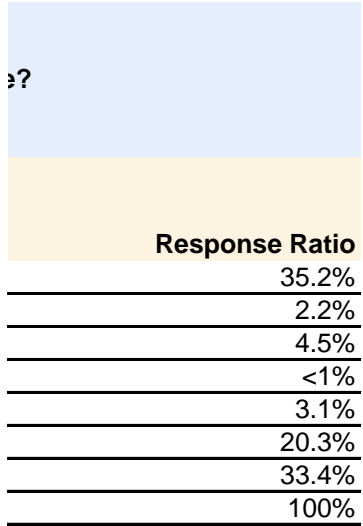
100%



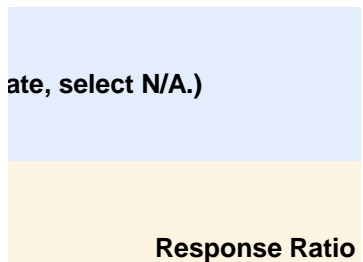
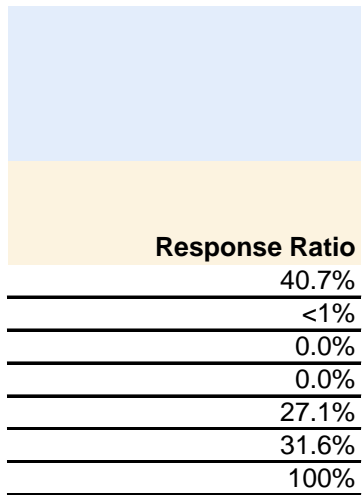
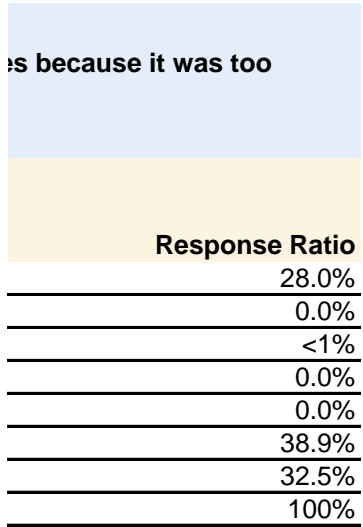
41.6%
33.4%
100%



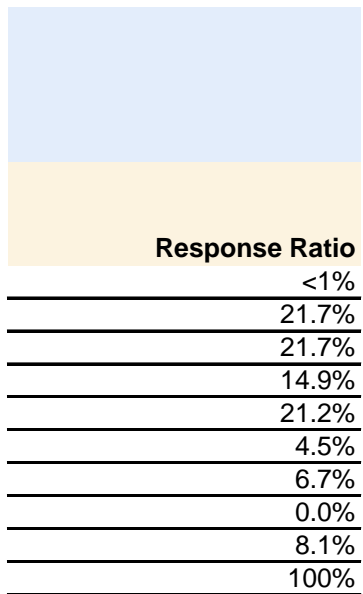
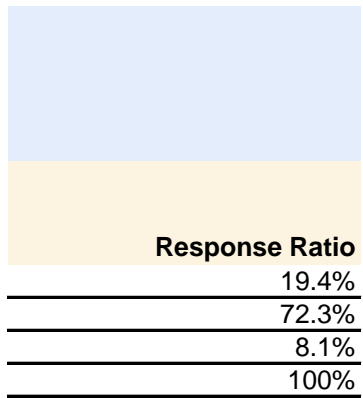
0.0%
0.0%
20.8%
32.1%
100%

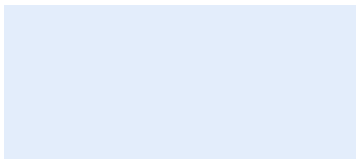
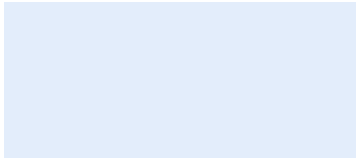
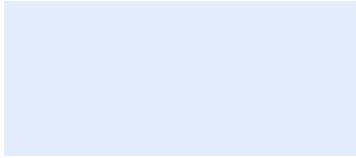


	3.6%
	4.0%
	2.2%
	2.7%
	25.7%
	33.0%
	100%



0.0%
0.0%
0.0%
0.0%
0.0%
0.0%
<1%
0.0%
<1%
0.0%
97.8%
<1%
100%





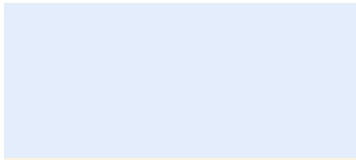
Response Ratio

4.5%

87.3%

8.1%

100%



Response Ratio

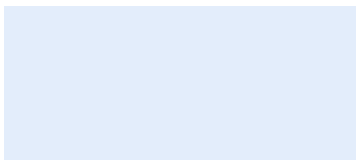
18.5%

73.3%

0.0%

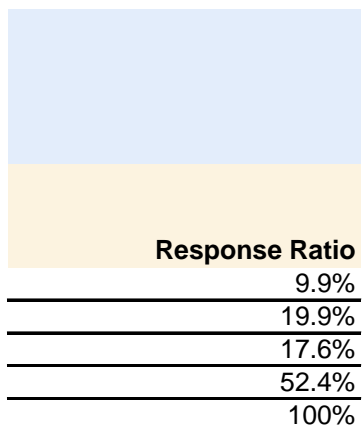
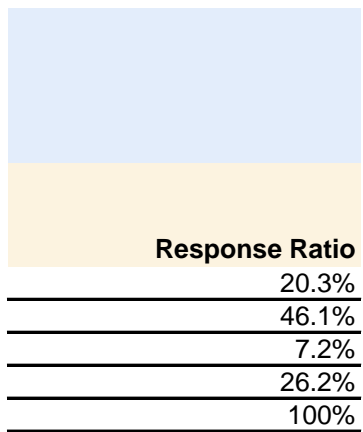
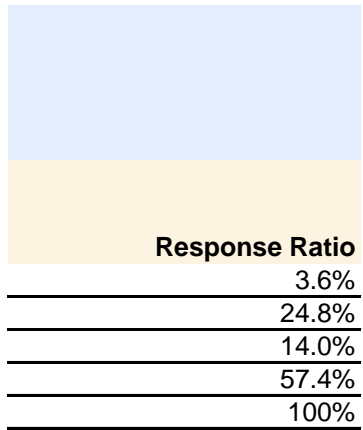
8.1%

100%



Response Ratio

10.8%
16.7%
16.7%
55.6%
100%



as grocery stores,

Response Ratio

63.8%

26.2%

1.8%

8.1%

100%

Response Ratio

5.4%

86.4%

0.0%

8.1%

100%

Response Ratio

4.9%

4.5%

<1%

80.9%

9.0%

100%

Response Ratio

1.9%

3.4%

2.4%

9.3%

33.0%

25.6%

10.8%

67.9%

3.4%

14.7%

10.3%

13.3%

4.4%

39.9%

4.9%

100%

