

# The \_\_\_\_\_ County Health Needs Assessment Survey\*

Every five years in Iowa, local boards of health lead a community-wide discussion about their community's health needs and decide what can be done about them. The following survey questions are based on six factors important for the health and well-being of everyone in your community. Please take a few minutes to complete this survey and help the board determine what is needed in your county and to set an order for action by indicating the level of importance of these service needs.

1. **Promoting Healthy Living:** includes such health services as the prevention and treatment of addictive behaviors (tobacco, alcohol, other drugs, gambling) and chronic disease (mental health, heart disease and stroke, cancer, asthma, diabetes, arthritis, etc.); elderly wellness; family planning; infant, child & family health; nutrition; oral health; physical activity; and pregnancy & birth.

How important are these services? (Check one.)

- Very Important                       Important                       Not Important

If you answered very important or important, which services should be considered a priority for attention? (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Tobacco                  | <input type="checkbox"/> Arthritis                        |
| <input type="checkbox"/> Alcohol and other Drugs  | <input type="checkbox"/> Elderly Wellness                 |
| <input type="checkbox"/> Gambling                 | <input type="checkbox"/> Family Planning                  |
| <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Infant, Child, and Family Health |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Nutrition                        |
| <input type="checkbox"/> Cancer                   | <input type="checkbox"/> Oral Health                      |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Physical Activity                |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Pregnancy and Birth              |

Other (Please specify.)

Of the services you chose, please list the 3 that you believe are the most important for your community. Then mark the column that best describes your community's situation.

Service	available and meets existing needs	available but fails to meet needs	not available

**2. Preventing Injuries:** Includes such services as brain injury prevention, disability, Emergency Medical Services, intentional injuries (violent & abusive behavior, suicide), occupational health & safety, and unintentional injuries (motor vehicle crashes, falls, poisoning, drowning, etc.).

How important are these services? (Check one.)

- Very Important
  Important
  Not Important

**If you answered very important or important, which services should be considered a priority for attention? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Brain Injury                 | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Disability                   | <input type="checkbox"/> Motor Vehicle Crashes          |
| <input type="checkbox"/> Emergency Medical Services   | <input type="checkbox"/> Falls                          |
| <input type="checkbox"/> Violent and Abusive Behavior | <input type="checkbox"/> Poisoning                      |
| <input type="checkbox"/> Suicide                      | <input type="checkbox"/> Drowning                       |

Other (Please specify.)

**Of the services you chose, please list the 3 that you believe are the most important. Then mark the column that best describes your community's situation.**

Service	available and meets existing needs	available but fails to meet needs	not available

**3. Preventing Epidemics:** Includes such services as child and adult immunizations/vaccinations and surveillance and control of infectious diseases including: HIV/AIDS, influenza, sexually transmitted diseases, tuberculosis (TB) and other reportable diseases.

How important are these services? (Check one.)

- Very Important                       Important                       Not Important

**If you answered very important or important, which services should be considered a priority for attention? (Check all that apply.)**

- Disease Investigation                       Sexually Transmitted Disease  
 Disease Control & Surveillance                       Tuberculosis (TB)  
 HIV/AIDS                       Immunizations/Vaccinations

Other (Please specify.)

**Of the services you chose, please list the 3 that you believe are the most important for your community. Then mark the column that best describes your community's situation.**

Service	available and meets existing needs	available but fails to meet needs	not available

**4. Protecting against Environmental Hazards:** Includes such concerns as drinking water protection, food safety, food waste, hazardous materials, hazardous waste, healthy homes, lead poisoning, nuisances such as noise and litter, onsite wastewater systems, radon, radiological health, soil erosion, and vector (disease-carrying animals and insects) control.

How important are these services? (Check one.)

Very Important

Important

Not Important

**If you answered very important or important, which services should be considered a priority for attention? (Check all that apply.)**

Drinking Water Protection

Lead Poisoning

Food Safety

Radon

Food Waste

Vector (disease-carrying animals and insects) Control

Hazardous Materials

Radiological Health

Hazardous Waste

Soil Erosion

Healthy Homes

Other (Please specify.)

**Of the services you chose, please list the 3 that you believe are the most important for your community. Then mark the column that best describes your community's situation.**

Service	available and meets existing needs	available but fails to meet needs	not available

**5. Prepare for, Respond to & Recover from Public Health Emergencies:** Includes such concerns as communication networks, emergency planning, emergency response, individual preparedness, recovery planning, risk communication (communication before, during, and after a crisis), and surge capacity (the capacity to continue normal duties during emergencies).

How important are these services? (Check one.)

- Very Important                       Important                       Not Important

**If you answered very important or important, which services should be considered a priority for attention? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Communication Networks | <input type="checkbox"/> Risk Communication<br>(communication before, during, and after a crisis)         |
| <input type="checkbox"/> Emergency Planning     | <input type="checkbox"/> Surge Capacity (the capacity to handle an emergency along with regular services) |
| <input type="checkbox"/> Emergency Response     | <input type="checkbox"/> Individual Preparedness  |
| <input type="checkbox"/> Recovery Planning      |   |

Other (Please specify.)

**Of the services you chose, please list the 3 that you believe are the most important for your community. Then mark the column that best describes your community's situation.**

Service	Available and meets existing needs	Available but fails to meet needs	not available

**6. Strengthen the Health Infrastructure** (the framework to support being healthy): includes topics such as access to quality health services, community engagement, evaluation, food security, food systems, food and nutrition assistance (SNAP, WIC), health facilities, health insurance, medical care, organizational capacity, planning, quality improvement, social determinants (e.g., education & poverty levels), transportation, and workforce (e.g., primary care, dental, mental health, public health).workforce development, and an equal opportunity to live a long, healthy life regardless of income, education, or ethnic background.

How important are these services? (Check one.)

- Very Important                       Important                       Not Important

**If you answered very important or important, which services should be considered a priority for attention? (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Access to quality health services         | <input type="checkbox"/> Equal Opportunity  |
| <input type="checkbox"/> Community Engagement                      | <input type="checkbox"/> Health Insurance   |
| <input type="checkbox"/> Evaluation                                | <input type="checkbox"/> Medical Care   |
| <input type="checkbox"/> Food Security                             | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Food Systems                              | <input type="checkbox"/> Workforce Development  |
| <input type="checkbox"/> Food and Nutrition Assistance (SNAP, WIC) | <input type="checkbox"/> Workforce (such as primary care, dental, mental health, public health) |
| <input type="checkbox"/> Health Facilities                         | <input type="checkbox"/> Education & Poverty Levels   |

Other (Please specify.)

**Of the services you chose, please list the 3 that you believe are the most important for your community. Then mark the column that best describes your community's situation.**

Service	available and meets existing needs	available but fails to meet needs	not available

**7. What would a healthier county look like?**

**8. What do you see as barriers to prevent your county from becoming healthier?**

**9. My zip code is:** \_\_\_\_\_

**10. My gender is:**

Male

Female

**11. My age is:**

Under 18

18-24

25-45

46-64

65-74

75-84

85 and over

**12. My yearly income is:**

Less than \$25,000

\$25,000-\$50,000

\$50,000-\$75,000

\$75,000-\$100,000

Over \$100,000

**13. What type of health insurance coverage do you have? (choose all that apply)**

No Health Insurance

Insurance through employer (through your job or the job of a family member)

Private health insurance

Government program (Medicare, Medicaid (Iowa Health and Wellness Plan.), etc.  
Other (Please specify.)

**14. My race/ethnicity is: (select all that apply)**

African American

Hispanic

American Indian or Alaska Native

Other

Asian

I prefer not to answer.

Caucasian

Thank you for completing this survey. We would appreciate receiving your responses by\_\_\_\_\_.

***Insert: Name and contact information of the county health department***

*\*This survey was created in collaboration with the Iowa Department of Public Health (IDPH), Iowa State Extension, Campus Community Partnership for Health and the University of Iowa College of Public Health, Department of Epidemiology. Special thanks go to graduate students, Jill C. Lacey and Mary E. Huddleston, for their contribution.*