Lee County Health Department

Community Health Needs Assessment & Health Improvement Plan



www.leecountyhd.org

ABSTRACT

The 2022 Community Health Needs Assessment for Lee County was developed in collaboration with local Community health partners to better understand the community's health needs and to develop a county Health Improvement Plan to address identified priority health needs with input received from exploration of day, community survey input, and with involved community partners.

Note: The original report was created and revised by Vanessa Watson, Southeast lowa Regional Health Center from the 2019 version by Jake Tanumihardjo. This report version was updated for Lee County Health Department's CHA submission to lowa HHA by Michele Ross and Emily Biddenstadt at Lee County Health Department (using the original report from Southeast lowa Regional Health Center specific to Lee County who partnered with Southeast lowa Regional Medical Center on the CHNA/CHIP in 2022).

CHNA SUMMARY

Lee County Health Department (LCHD) partnered with the Southeast Iowa Regional Medical Center (SEIRMC) and the former Blessing Health Hospital in Keokuk in 2022 to organize and conduct a Community Health Needs Assessment to determine priority health needs to address over the next 3-4 years.

Three main objectives were to:

- 1. To conduct an assessment that provided a foundation for Lee County partners and the community to build a consensus about the area's priority health needs.
- 2. For both hospitals to meet state and federal requirements for hospitals that must conduct a Community Health Needs Assessment every three years.
- 3. To develop a health improvement plan with measurable action and timelines to address identified health needs over the next 3–5 years.

Those involved in gathering health needs assessment information collected data input through a series of virtual meetings, paper and online surveys, key informant questionnaires, and a review of publicly collected health and demographic data. The survey was made available at several locations in the county. Locations were chosen based on ease of access and traffic, but were restricted by COVID-19 pandemic influences. The survey was designed to gather input in to the health needs of Lee County. The survey included multiple choice and open-ended questions that asked people what they perceived to be the greatest areas of personal and community needs. In Lee County, 634 surveys were returned and analyzed. Decreases in responses were to be expected due to a shortened survey window and reduced opportunities for disbursement.

Local professionals and key informants, including professionals in education, law enforcement, public health and social services, and other professionals representing underserved in the service area were invited to participate in a virtual town hall community meeting and complete a key informant questionnaire. Participants were asked to identify the largest health concerns in the community, and suggest ways to improve unmet health needs and identify resources addressing those needs.

The health and demographic data available for lowa and Lee County, community surveys, key informant questionnaire responses and information obtained from the virtual town hall community meeting were reviewed and compared to previous years data. Considering the clear similarities across sources of information, the following four health needs were closely examined and reviewed:

- Mental Health
- Substance Misuse
- Poverty and Equity
- Health and Wellness

These four areas will become the focus to improve the health of Lee County over the next 3-5 years.

LEE COUNTY

Lee County is located in the southeast portion of Iowa, with Missouri and Illinois at its borders. The U.S. Census Bureau defines this area as the Fort Madison-Keokuk IA-IL-MO Micropolitan Statistical Area. The county has one hospital, Southeast Iowa Regional Medical Center - Fort Madison Campus, and one federally qualified health center - Community Health Centers of Southeast Iowa (CHC-SEIA) in Keokuk. It needs to be noted that at the time of the CHNA there was a second hospital, Blessing Health Keokuk, that unfortunately closed its doors in the fall 2022. LCHD is the local public health agency that is governed by the Lee County Board of Health and provides many community/public health programs, plus home care and hospice services. The Board of Health is a five-member volunteer board appointed by five county elected supervisors.

There are two county seats – one in Keokuk and the other in Fort Madison. There are three public school districts: Central Lee School District, Fort Madison Community School District, and Keokuk Community School District. There are three parochial school districts: Holy Trinity Catholic Schools, Keokuk Catholic Schools, and Keokuk Christian Academy.

The following cities are in the county (populations from U.S. States Census Bureau, 2020 Decennial Census, 2023):

- Argyle 91
- Denmark 425
- Donnellson 885
- Fort Madison 10,270
- Houghton 141
- Keokuk 9,900
- Montrose 738
- Pilot Grove 149
- Saint Paul 109
- West Point 921
- Wever 101

Age

In 2021, the median age of Lee County residents is 43.3, compared to the state average of 38.2 (SparkMap).

Employment

Manufacturing, health care, and a state penitentiary are among the largest employers in the area. According to Lee County Economic Development Group, Inc. the major employers are: Climax Molybdenum Company, ConAgra Foods, Cryotech Deicing Technology, DuPont Corporation, Gregory Manufacturing, Iowa State Penitentiary, Paper Pak, Roquette America, Scott's Miracle Gro, Siemans Gamesa Energy, Inc., and Southeast Regional Medical Center.

The county's labor force decreased 5% from 2019 to 2022, and the current Lee County unemployment rate is 3.8% (lowa Workforce Development, May 2023).

Health Insurance

Based on SparkMap statistics, 3.7% of Lee County residents are uninsured compared to 4.67% at the state level. A December 2021 report from the lowa Department of Human Services shows there were 10,954 Medicaid recipients served in Lee County. From 2013 to 2021, those covered by Medicaid and Medicare increased, and the rate of uninsured has declined since 2013 but has slightly increased since 2019. In 2019, employer coverage (43.8%) was the largest financial class followed by Medicaid (20.6%) and Medicare (15.2%) (Data USA: Lee County, IA).

Population

The county's total population was estimated to be 33,215 in a July 1, 2021 estimate (U.S. Census Bureau). Since April 2020, estimate base, U.S. Census calculates the population of Lee County has decreased 1%.

Race and Ethnicity

U.S. Census Bureau statistics indicate most Lee County residents (93.8%) identify as white. Black/African American residents account for 3.1%, Latino/Hispanic residents 3.7%, and people who identify as two or more races at 2.1%.

Social Determinants of Health

Social determinants of health affecting Lee County residents include being one of the lowest ranked among the state's 99 counties in Health Outcomes (97) and Health Factors (95), according to the 2021 County Health Rankings and Roadmaps. Lee County also ranks among the bottom for Quality of Life (95), Health Behaviors (96), Social and Economic Factors (96) and Physical Environment (98) although it performs midrange in Clinical Care (42).

These measures are related to social, economic, behavioral and environmental factors including:

- > Adult obesity
- > Adult Smoking
- > Children in poverty
- > Injury deaths

- > Physical inactivity
- > Single-parent households
- > Teen births
- > Violent crimes

Access to Food

Data related to and explaining a variety of socioeconomic indicators are reported in the 2018 lowa State University and Outreach's Poverty and Food Needs: Lee County, lowa report. This report highlights that 16.4% of Lee County residents live in poverty and 14.1% of the county's individuals and 20.6% of children are food insecure. According to three-year average data, food assistance program participants were 171.2 per 1,000 population compared to 120.5 statewide.

Education

According to 2021 SparkMap report, there was 44.82% preschool enrollment and 18.46% of 25+ had obtained a bachelor's degree or higher compared to 29.32% at the state level. Lee County also has 89.9% total high school completion rate. Variation can be seen when the data are broken down by race and ethnicity with 90.3% non-Hispanic whites attaining high school graduation versus 83.3% of Black/African American and Hispanic/Latinos.

Income

Poverty is a significant issue in terms of overall prevalence and disparities within age, gender, and race in Lee County. The median household income for Lee County is \$52,072 compared to \$61,836 for the State of Iowa. If broken down by race, data show that Native American or Alaska Native (\$7,852), Black/African American (\$13,294), and Multiple Race (\$14,689) have the lowest per capita income in the county. By gender, women (14.53%) compared to men (10.19%) have a higher rate of poverty. In addition, 19.33% of children 18 and under in Lee County are considered to be living in poverty compared to 13.31% for the state (SparkMap, 2021).

APPROACH AND METHODS

LCHD, SEIRMC, and Blessing Health Keokuk used a collaborative approach to completing the 2022 Community Health Needs Assessment. SEIRMC initially drafted the CHNA report for both Lee and Des Moines County upon completion of the collaborative CHNA in 2022. Since then, the initial report drafted in 2022 by SEIRMC has been revised by LCHD to include only Lee County CHNA data and results. The initial goal was to complete the CHNA-HIP process as a unified team and avoid duplicating processes in Lee and Des Moines Counties.

Using a modified approach to best-practice recommendations from the Centers for Disease Control and Prevention and other sources, collaborating partners gathered information and community input for the CHNA using four main data sources:

- > Live communitywide meetings (virtual)
- > Paper and electronic surveys for professional and community members
- > Secondary data research

Data Collection

Paper and Electronic Surveys: Electronic surveys (Appendix 1) were distributed via social media, press release, organization websites, and internal communications. Paper copies were made available at:

- > Blessing Health Keokuk
- > Lee County Health Department
- > Physician offices and patient registration Southeast Iowa Regional Medical Center West Burlington and Fort Madison campuses
- > Libraries
- > Coalition meetings and community events

Surveys asked respondents to assess the community's health, rate their individual health and quality of life, and report demographic information, such as age, race and income level. In Lee County, a total of 634 surveys were returned and analyzed. Decreases in responses were to be expected due to a shortened survey window and reduced opportunities for disbursement.

Virtual Meetings: One live community meeting was planning and facilitated in Lee County through virtual meeting platforms. This virtual approach was selected to avoid the gathering of large groups during the pandemic.

This virtual meeting was conducted in October 2021 in Lee County to Identify and prioritize health priorities and develop potential plans and activities by 2022.

Collaborating partners releases a community invitation to the public to participate in this event and sent additional invitations to key stakeholders identified from different sectors in the community. Professionals representing community organizations attended the county meetings. Some of the agencies and populations represented were:

- > Community Action of Southeast Iowa
- > Iowa State University Extension and Outreach
- > Community Health Centers of Southeast Iowa
- > Southeast Iowa Regional Medical Center
- > Alcohol & Drug Dependency Services of Southeast Iowa (ADDS)
- > Southeast Iowa Regional Planning Commission
- > Family Planning of Southeast Iowa
- > United Way of the Great River Region
- > Blessing Health Keokuk
- > Lee & Van Buren Children First
- > Lee County Board of Health
- > Lee County Health Department
- > Live Healthy Lee County

The method of assessing community needs at this meeting was based on polling meeting attendees. Questions included the ranking of priorities and requesting feedback of activities and resources. Additionally, key informant questionnaires (Appendix 2) were included as part of the registration.

Lee County Top 10 Tagged Categories

Responses and tag counts aligned with key informant responses, outcomes from virtual town hall polling and past needs assessments. Commentary was used to distinguish and flush out the wording used to identify the top priorities and it was also decided to keep mental health and substance misuse as distinct categories rather than combining them like in previous years.

Category Tag	Total Times Mentioned	Ideas
health care access and affordability	152	availability, locations, more providers including specialists
physical health and activity	82	events, programs outdoor areas, gyms, low- or no-cost, community
alcohol and other drug services	73	physical locations and services, health education, get drugs out of the community and provide rehab services
mental health care and support	72	more mental health providers, locations and low- or no-cost
health education	65	reduction in tobacco and alcohol use, sex ed, healthy living including healthy eating
built environment	42	walking and biking trails, safe places to be active, parks and rec
child	38	education improvements, family supports, mental health services, childcare, healthy foods and behaviors

jobs and economy	36	more mental health and health care providers, better pay and benefits, job fairs	
community resources	32	knowledge of and access to, low cost or assistance for families	
nutrition	31	health education and access to dietitian services	

Priority Area Selection

After information from virtual meetings, surveys, and key informant questionnaires were counted, four community needs were prioritized. The top four priority needs selected by Lee County partners for 2022 included:

- 1. Mental Health
- 2. Substance Misuse
- 3. Poverty and Equity
- 4. Health/Wellness

Summary of Actions in Response to 2019 CHNA

LCHD and both local hospitals collaborated on a joint CNHA in 2019/2020 to distinguish the unmet medical and public health needs in Lee County. The top focus areas and strategies identified were:

- Promote Healthy Behaviors and Improve Health Outcomes
 - Reduce obesity rates; preventable hospital stays due to chronic disease
 - Prevent or reduce teen births and STDs among youth/young adults
 - Prevent/reduce alcohol, tobacco and other drug abuse among our youth and adults (includes prescription drug abuse)
 - o Improve the population's mental health and well-being
- Promote Elderly Wellness
 - o Improve the health, function and quality of life of older adults

HEALTH IMPROVEMENT PLAN

Community Priorities

Mental Health

Goal: Increase mental health resources and awareness of resources for community members to utilize.

Objective: Establish, maintain, and support annual local coalition/stakeholder group initiatives that are addressing behavioral health issues in the county and improving access to care.

Target Date: On-going

Baseline Measure: Number of coalitions/active initiatives in the county focused on behavioral health and improving access to care each year.

Strategy: CIT/Jail Diversion stakeholder group to continue supporting/evaluating the successful implementation of ELEVATE (mobile crisis) services in the county and educating community. Stakeholders: CIT/Jail Diversion members; Elevate

Strategy: Collaborate with Southeastern Community College on offering four Community Health Worker certificate courses yearly to improve workforce knowledge and increase awareness of community health needs and resources.

Target Date: August 2025.

Stakeholders: Lee County Health Department, Southeastern Community College, Southeast Iowa Regional Medical Center

Strategy: Schedule at least six Mobile Connection Center dates yearly to help connect rural community members to local available community resources.

Target Date: 2025

Stakeholders: Lee County Health Department, Empowering Families of Lee County, Community Health Workers

Strategy: Establish and maintain public/private partnerships to link children and families to needed resources as a results of surveillance and screenings through an established referral and care coordination network.

Stakeholders: Lee County Health Department, collaborating health care providers

Strategy: Implement periodic depression screenings to women postpartum and link families to local resources based on need.

Stakeholders: Maternal Child Adolescent Health Service providers, Family Support Service providers, Maternal Health Coalition

Substance Misuse

Goal: Increase awareness of substance misuse and dangers of opioids on our community.

Objective: Increase community awareness and access to prevention, treatment, and supportive resources through local coalition and workgroup initiatives addressing behavioral health issues in order to decrease vulnerability rankings of the county.

Target Date: on-going

Baseline Measure: Lee County ranks 1st on the 2019 Opioid Overdose Vulnerability Ranking of lowa Counties (IDPH). This assessment considers socioeconomic, crime, prescribing and mortality rates to calculate its ranking with hopes to help policy and community stakeholders to address prevention and response.

Strategy: Establish and participate in a county opioid committee that will develop plans and strategies for reducing opioid misuse in the county.

Target Date: on-going

Stakeholders: Lee County Board of Supervisors, Southeast Iowa Regional Medical Center, Lee County Health Department, law enforcement, judicial system, faith-based organizations, city representatives

Strategy: Connect people to needed services especially after an overdose or incarceration related to substance misuse.

Target Date: on-going

Stakeholders: CIT/Jail Diversion group, County Opioid Planning Committee, ADDS, EMS, Best You Coalition, Lee and Van Buren Safe Coalition

Strategy: Encourage/promote direct care workers to participate in an annual alcohol and drug training to better understand the signs and symptoms of substance misuse. This will include learning about how to handle different situations with clients and learning about ways to connect clients to local resources.

Target Date: on-going

Stakeholders: Lee County Health Department, in-home service providers, law enforcement, Best You Coalition, Lee and Van Buren Safe Coalition

Strategy: Implement SBIRT screenings in various settings to help encourage use of available resources and supportive services.

Target Date: on-going

Stakeholders: Maternal Child Adolescent Health Services, Home Visiting programs, Best You Coalition, ADDS, Lee County Health Department

Poverty and Equity

Goal: Ensure county residents will have access to community resources needed to meet their basic needs and help them overcome barriers to health.

Objective: Decrease the percentage of children living in poverty rate by 3% by providing trainings, learning opportunities, access to resources to professionals and parents.

Target Date: 2026

Baseline Measure: The percentage of children living in poverty in Lee County is at 20.94% with the State of lowa being at 13.03% (Sparkmap, 2017–2021).

Strategy: Promote workforce development and wellness initiatives among local employers for maintaining a healthy and productive workforce.

Target Date: on-going

Stakeholders: Chamber of Commerce, Southeast Iowa Regional Medical Center, Lee County Health Department, Empowering Families of Lee County, Best You Coalition

Strategy: Host at least two Parent Cafes for Lee County parents and provide two trainings (Connections Matter, Community Resilience Initiative).

Target Date: December 2024.

Stakeholders: Empowering Families of Lee County, Connections Matter

Strategy: Implement a child care strategic plan that will look at increasing the number of affordable licensed/registered day care slots, increase provider participation in the IQ4K/QRS system, and identify ways to increase compensation for early childhood professionals without drastically increasing the cost to families.

Target date: 2025

Stakeholders: Empowering Families of Lee County, LCHD's Child Care Nurse Consultant, Child Care Resource and Referral

Strategy: Provide at least one annual professional training on health equity issues to increase community awareness of workforce challenges.

Target Date: 2026

Stakeholders: Lee County Health Department, Southeast Iowa Regional Medical Center

Strategy: Assure children in Lee County have access to medical and dental homes through effective resource and referral networks.

Target Date: on-going

Stakeholders: Lee County Health Department, medical/dental providers, Community Health Centers of Southeast Iowa, Inc.

Health/Wellness

Goal: Improve the health and wellness opportunities for Lee County residents.

Objective: Increase the number of trails in Lee County while improving existing trails and trail awareness.

Target Date: 2026

Baseline Measure: There are five PORT of Fort Madison trails and four Lee County Conservation

trials.

Strategy: Review plans for increasing community trails, such as Mariana trail access to Avenue H/6th Street, 18th Street/Avenue H, Bluff Road from 21st Street to Chalk Ridge Road, Quality Inn to SEIRMC-Fort Madison Campus.

Target Date: 2026

Stakeholders: PORT of Fort Madison

Strategy: Partner with Lee County Conservation on making improvements to existing county trails while increasing awareness and promoting trail events.

Target Date: 2026

Stakeholders: Lee County Conservation, Live Healthy Lee County

Objective: Increase the number of children ages 0-5 that receive a blood lead level test by 5%.

Target Date: 2026

Baseline Measure: In 2021, 22% of children under the age of 6 received an annual blood lead test (lowa Public Health Tracking Portal).

Strategy: Work with healthcare providers that see children if they offer blood lead testing, and encourage them to complete it at the annual well child exam.

Target Date: 2025

Stakeholders: Lee County Health Department, Southeast Iowa Regional Medical Center

Strategy: Mail reminder postcards to families with children that are due for their annual well child exam to encourage them to request a blood lead level test from their provider.

Target Date: on-going

Stakeholders: Lee County Health Department

Objective: Increase awareness through programs and outreach events on health and wellness issues through the lifespan.

Target Date: 2026

Baseline Measure: Track yearly agency outreach events.

Strategy: Plan for and sponsor a Back-to-School health fair to offer immunizations, dental, and other health services outside of regular scheduled clinics

Target Date: on-going

Stakeholders: Lee County Health Department

Strategy: Work with Milestones Area Agency on Aging to offer evidenced-based programming for older adults in the county that promotes health and wellness.

Target Date: on-going

Stakeholders: Lee County Health Department, Milestones, Congregate Meal Sites

Data Resources

February 2022 Lee County Unemployment Statistics - Iowa Workforce Development

• https://www.iowaworkforcedevelopment.gov/local-area-unemployment-statistics

December 2021 MCO Counts - Iowa Department of Human Services

https://dhs.iowa.gov/sites/default/files/MCO_counts_2021-12.pdf?032820222129

SAIPE (census.gov)

https://data.census.gov/cedsci/table?g=0500000US19057&y=2020

Iowa Health Fact Book

 https://iowahealthfactbook.org/factbook/#/aspects/dataPrenatal%20and%20Infant%20Heal th/Mothers%20Under%20Age%2020/0

Health Outcomes in Iowa - County Health Ranking & Roadmaps

https://www.countyhealthrankings.org/explore-health-rankings/iowa/lee?year=2023

2018 Medicaid Enrollment - Iowa Department of Human Services

https://publications.iowa.gov/28480/4/201811_IAMM1800-R022.pdf

2018 Medicare Enrollment - Centers for Medicare & Medicaid Services (CMS)

 https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html

2018 Poverty and Food Needs - Iowa State Extension Data Profile

• PFN_2018 (iastate.edu)

Lee County Economic Development Group

https://www.leecountyedg.com/existingindustry/manufacturing-advanced-technology/

Data USA: Lee County

 https://datausa.io/profile/geo/lee-countyia#:~:text=ln%202019%2C%20the%20median%20age,County%2C%20IA%20residents%20was %2043

APPENDIX 1: LEE COUNTY CHNA SURVEY







Community Health Needs Assessment Survey

Please take a few minutes to complete this survey. The purpose of this survey is to get your viewpoint on the health needs of our county. Lee County Health Department, Blessing Health Keokuk and Southeast lowa Regional Medical Center are interested in your opinions to help identify priority health issues that can be addressed in the county health improvement plan over the next 3-5 years. Remember, your opinion can help your community! Thank you.

1. Your Healthcare						
In gonoral, he	www.mgr.ngr.von	ı best describe	your hoalth?			
	•		*		-	
☐ Very good] Good	☐ Fair	☐ Poor	☐ Very poor	
Compared to	a year ago, h	ow would you	rate your overall health now	v?		
☐ Much better than a year ago			☐ About the same		☐ Much worse than a year ago	
Do you have	a personal he	althcare provi	der you use for primary care	?		
☐ Yes ☐ No Optional: Provider name						
Have you had	l a physical in	the past 12 m	onths?			
☐ Yes	□ No	l No □ N/A				
Have you had	l your blood o	checked for dia	betes?			
□ Yes □ No □ N/A						
In the past year, did you receive a flu shot?						
☐ Yes	□ No □ N/A					
If over 50, ha	ve you had a	colonoscopy?				
□Yes	Yes □ No □ N/A					
If male over 4	10, do you ha	ve annual pros	tate exams?			
□Yes	□ No	□ N/A				

If female over	40, do you have	annual mar	nmograms?			
☐ Yes	□ No	□ N/A				
If female, do yo	ou have a pap sn	near every o	ther year?			
☐ Yes	□No	□ N/A				
Do you get 2.5	hours a week of	moderately	intense physical a	activity?		
□ Yes	□No	□ N/A				
What sort of pl	nysical activity d	o you do (m	ark all that apply)	?		
□ Run	□ Walk	☐ Bike	☐ Exercise Class	s/Videos	☐ Swimming	☐ Gardening/Yard Work
☐ Other						
How many dail	y servings of fru	it/vegetable	s do you get in a v	veek?		
□0	☐ 1-3 servings		4-6 servings	□ 7+ 9	servings	
How long is you	ur commute to v	vork?				
□ 0-15 minute	s 🗆 15-3	30 minutes	☐ 30-60 mir	nutes	☐ 60+ minutes	
Do you smoke o	cigarettes, chew	tobacco, or	use electronic cig	arettes?		
☐ Yes	□No					
Have you had a days?	t least one drin	k of any alco	holic beverage su	ch as beer	, wine, a malt beve	erage or liquor in the past 30
□ Yes	□No					
Have you used	marijuana or ca	nnabis in the	e past 30 days?			
□Yes	□No					
Have you used	prescription dru	igs not pres	cribed to you in the	e past 30 (days?	
□ Yes	□No					
Do you visit you	ur dentist annua	illy?				
☐ Yes	□No					
Do you visit you	ur eye doctor an	inually?				
□Yes	□No					

Based on your experiences in the past 12 months please answer the following:						
How easy is it for you to access local services from a doctor?						
☐ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it for you to access local services from a dentist?						
□ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it fo	or you to access	local mental hea	lth or other beh	avioral support services	?	
□ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it fo	or you to access	local services fro	om a specialty do	octor?		
□ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it for you to access local family or parent support services?						
□ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it for you to access local child care services?						
□ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it for you to access other needed local community assistance services?						
□ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How easy is it for you to access local emergency care services?						
□ Very easy	□ Easy	☐ Average	☐ Difficult	☐ Very difficult	□ N/A	
How many times in the past year have you used the hospital ER?						
□ None	☐ 1-2 times	☐ 3-5 times	☐ 6 or more tin	mes		
How would you	rate the quality	of the local com	munity services	you have received?		
☐ Very good	☐ Goo	d	☐ Fair	☐ Poor	☐ Very poor	

Please comment on any difficulties you experienced while accessing health care or other services in Lee County:

HEALTH CONCERNS in Lee		ist that you	think are the most important overall	
□ Abuse (adult/elderly) □ Abuse (child) □ Alcohol/drug use □ Built Environment (trails, bike lanes, etc) □ Cancer □ Communicable disease □ Dental Health □ Diabetes □ Elderly wellness □ Other: □ 3. Please check up to five	 □ Emergency preparedness/planning □ Environmental health (air, water, food safety, hazards) □ Heart disease & stroke □ High blood pressure □ Insufficient Sleep/Shift Work □ Lead poisoning □ Lung problems □ Mental health □ Nutrition 		☐ Obesity/overweight ☐ Physical Activity ☐ Prescription Drug Abuse ☐ Sexually transmitted diseases (STDs) ☐ Suicide ☐ Teen Births ☐ Tobacco use ☐ Unintentional injuries 〔 (accidents, falls, drowning, etc.) ☐ Veteran's Affairs (health, benefits) ☐ Violence	
health in Lee County.		·		
☐ Tobacco use ☐ Crimes/acts of violence ☐ Dropping out of school ☐ Being obese/overweight ☐ Unprotected sex ☐ Food insecurity ☐ Being unemployed ☐ Abuse/neglect ☐ Other: ☐ List three ideas you would li 1. 2. 3.	☐ Lack of transportation ☐ Living in poverty ☐ Poor eating habits ☐ Living in isolation ☐ Lack of family support ☐ Alcohol/drug use ☐ Lack of physical activity ☐ Unsafe home environmer	□ No acces □ Lack of a □ Lack of a □ Lack of a □ Not gett □ Falls or i	ring seat belts/using helmets or protective gear as to medical, dental or other health services community involvement/neighborhood support education/knowledge of available resources access to healthy foods ing immunizations/screenings to prevent disease njury hazards f Lee County residents:	
4. Personal Information				
Residential Zip Code				
Sex				
П Male П Female				

Age						
☐ Under 18 ☐ 18-4	4 🗆 45-64	□ 65-74	☐ 75 and up			
Race/Ethnicity						
☐ African American/Bla	ick American	☐ Caucasian/\	White American 🛮 🗖 La	tino/Hispanic Am	erican	
☐ American Indian/Native Alaskan ☐ Asian American/Pacific Islander ☐ Multicultural/Multiracial						
☐ Other						
Marital Status and Child	lren					
☐ Single, never married	I □ Married	/domestic part	nership 🛮 Widowed	☐ Divorced	☐ Separated	
Number of Children age	18 and under r	esiding in your	home			
Education						
☐ Less than high school	I □ High schoo	l diploma/GED	☐ Some college/vocati	onal training $\; \square \;$	College degree or higher	
Household Income						
☐ Less than \$20,000 [⊐ \$20,000 to \$3	9,999 □ \$40,	000 to \$59,999 □ \$60	,000 to \$79,999	□ \$80,000 and over	
Employment						
☐ Full time ☐ Part	time □ Self	employed	☐ Unemployed	☐ Retired	☐ Student	
Healthcare Coverage						
☐ No insurance ☐ Medicaid ☐ Other	☐ Private insu ☐ Medicare		☐ Health savings acc ☐ Veterans' Adminis		☐ Hawk-i Active Duty Military	
How did you get this s	survey?					
□ Church □ E-mail/social media □ Other	☐ Community ☐ Newspaper	meeting	☐ Grocery store ☐ Newsletter		althcare provider orkplace	
Additional Comment Bo	ox:					

Thank you for your time in completing this survey. Results of our survey and the newly developed County Health Improvement plan will be made available to the public when completed.

APPENDIX 2: KEY INFORMANT QUESTIONS

Nai	me:
Org	ganization(s) represented:
Pop	pulation(s) represented:
Job	title(s):
Edu	ucation:
Lice	enses and certifications:
Ass	sociations/affiliations:
Dat	te:
1.	Describe the purpose of your organization. What types of programs and services do you provide?
2.	What are some of the biggest challenges your organization faces in providing these programs and
	services?
3.	What are the most-significant health issues in our community? Please give reasons/details.
4.	What resources does the community have to address these issues or other factors that may impact
	the community?
5.	What resources for addressing these issues are lacking in our community?
6.	Hospitals provide four things: individuals (health care providers), services (primary care and
	specialties), locations (hospital and clinics) and objects (prescriptions, equipment, etc.). Are any of
	these things lacking in our community? If so, please explain.
7.	What causes problems for community residents when accessing health care?

- 8. What are the best health services offered by health care providers in the region?
- 9. If funds were unlimited, what would you recommend health care providers and other community organizations do to respond to these health needs?
- 10. Are there any other questions we haven't asked or you would like add to our community needs assessment?
- 11. Do you have any comments or suggestions regarding the last Community Health Needs Assessment (CHNA) or Health Implantation Plans (HIP) implemented in the county? (insert links here)