Copy of Grafton City Hospital Community Health Needs Assessment 2019

Grafton City Hospital is conducting a Community Health Needs Assessment (CHNA) Survey. By answering these questions, you will help us identify the most important health needs in your community. The information obtained from the CHNA will be used in the development of an action plan to improve the health of local community members.

* 1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 26354)

* 2. Have you or someone in your household used the services of Grafton City Hospital in the past 24 months?

- Yes
- No

* 3. If not at Grafton City Hospital, at which hospital(s) were services rendered?

- United Hospital Center
- Broaddus Hospital
- WVU Healthcare
- Johnson VA Medical Center
- Stonewall Jackson Memorial Hospital
- Monongalia General Hospital
- Fairmont General Hospital
- St. Joseph's of Buckhannon
- Not Applicable
- Other (please specify)

* 4. Why did you or someone in your household receive care at a hospital other than Grafton City Hospital?

- Services not provided at Grafton City Hospital
- Perceived quality was higher at other facility
- Another hospital was able to perform the services more quickly and efficiently
- Not Applicable
- Other (please specify)

* 5. What services do you use at Grafton City Hospital? (Select all that apply)

- [ ] Emergency room
- [ ] Tygart Valley Clinic
- [ ] Tygart Valley Rehabilitation and Fitness Center
- [ ] Sleep Lab
- [ ] Laboratory Services
- [ ] Respiratory Therapy
- [ ] Other (please specify)
- [ ] Long-Term Care
- [ ] Internal Medicine
- [ ] Cardio-Pulmonary Therapy
- [ ] Surgery
- [ ] Mammography
- [ ] Imaging-Computed Radiology (CT)
- [ ] Imaging-Ultrasound
- [ ] Imaging-Bone Density (DEXA)
- [ ] Physical therapy/Rehab
- [ ] Behavorial health
- [ ] Primary care
- [ ] Not Applicable

* 6. On a scale of 1-5 (1 - extremely dissatisfied, 5 - extremely satisfied), how satisfied were you or someone in your household with the services you received at Grafton City Hospital?

Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	Not Applicable
○	○	○	○	○	○

7. Please explain why you were satisfied or dissatisfied.

* 8. What type of specialist(s) have you or someone in your household been to in the past 24 months?

- [ ] Cardiology
- [ ] Neurology
- [ ] Gastroenterology
- [ ] Allergies
- [ ] Other (please specify)
- [ ] Dermotology
- [ ] Oncology
- [ ] Endocrinology
- [ ] Obstetrics & gynecology
- [ ] Ophthalmology
- [ ] Not Applicable

9. In what city did you consult with the specialist?

* 10. How much of a barrier are the following to receiving assistance for your needs?

	Not a barrier	A small barrier	A major barrier
Can not afford fees/cost of assistance	◯	◯	◯
Not eligible or do not qualify for assistance	◯	◯	◯
No transportation prevents me from obtaining assistance	◯	◯	◯
No childcare prevents me from obtaining assistance	◯	◯	◯
Do not know where to go for assistance	◯	◯	◯
Do not want to ask for assistance	◯	◯	◯
Assistance is not in my area	◯	◯	◯
Prior bad experience with obtaining assistance	◯	◯	◯
Have to work during business hours of assistance provider	◯	◯	◯
Health or disability prevents me from seeking assistance	◯	◯	◯

* 11. Do you have any of the following residents living in your household?

◯ Children under the age of 18

◯ Parents

◯ Grandparents

◯ Special Needs Child/Adult

◯ Not Applicable

* 12. Did you received dental care in the past 12 months?

◯ Yes

◯ No

13. If applicable, what barrier(s) prevent you from seeing a dentist?

- [ ] Cost
- [ ] Lack of insurance
- [ ] Location/proximity
- [ ] Other (please specify)
- [ ] Not accepting new patients
- [ ] Not Applicable

* 14. What is your employment status?

- Full time
- Part time
- Retired
- Disabled
- Unemployed - actively searching
- Unemployed - not actively searching

* 15. Do you and/or your family have a primary care/family doctor?

- Yes - please answer Questions 17 and 18
- No - skip to question 19

16. If yes, are you able to get an appointment with your primary care physician when needed?

- Yes
- No

17. Where is your primary care physician/family doctor located?

- Grafton City Hospital
- Pinewood
- Preston-Taylor Medical Center
- Other

18. How satisfied were you or someone in your household with the quality of care received at your primary care physician's office?

Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	N/A
○	○	○	○	○	○

19. If no, then what kind of medical provider do you use for routine care?

- [ ] Community health center/Clinic
- [ ] Urgent Care (e.g. MedExpress)
- [ ] Health department
- [ ] Specialist
- [ ] Emergency room/hospital
- [ ] Not Applicable
- [ ] Other (please specify)

* 20. Have you or someone in your household delayed health care due to lack of money and/or insurance?

- ◯ Yes
- ◯ No

* 21. Do you or anyone in your household have any of the following conditions? (Select all that apply)

- [ ] Cancer
- [ ] Diabetes
- [ ] High Blood Pressure
- [ ] Long term acute care
- [ ] Bariatrics/obesity
- [ ] Substance abuse
- [ ] Behavioral/mental health
- [ ] High cholesterol
- [ ] Heart disease
- [ ] Sleeping disorders
- [ ] Depression/anxiety disorders
- [ ] Sexually transmitted diseases
- [ ] Joint, bone or muscle pain
- [ ] Neurology disorders
- [ ] Hepatitis A
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] Alcohol Abuse
- [ ] Opioid Abuse
- [ ] Other Drug Abuse
- [ ] None of the Conditions Listed
- [ ] Not Applicable

* 22. Please check the three most important services which should be added or expanded within the Grafton City Hospital service area? (select no more than 3)

- [ ] Diabetes
- [ ] High blood pressure
- [ ] Cancer
- [ ] Long term acute care
- [ ] Bariatrics/obesity
- [ ] Behavioral/mental health
- [ ] Other (please specify)
- [ ] High cholesterol
- [ ] Heart disease
- [ ] Sleeping disorders
- [ ] Depression/anxiety disorders
- [ ] Sexually transmitted diseases
- [ ] Joint, bone or muscle pain
- [ ] Neurology disorders
- [ ] Cardiac Rehab
- [ ] Opioid Abuse
- [ ] Alcohol Abuse
- [ ] Other Drug Abuse

* 23. Please select your primary insurance carrier or provider (select only one):

- ◯ Medicare
- ◯ Private Insurance
- ◯ Medicaid
- ◯ I do not have insurance
- ◯ Other (example, HMO plan)(please specify)

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* 24. What is your age?

- ◯ Under 18
- ◯ 41-64
- ◯ 18-24
- ◯ 65 or older
- ◯ 25-40

* 25. What is your gender?

- ◯ Male
- ◯ Female

* 26. What is your marital status?

- ◯ Single
- ◯ Divorced
- ◯ Seperated
- ◯ Married
- ◯ Widowed
- ◯ Civil union

* 27. What is your race?

- ◯ American indian/Alaska native
- ◯ Multi-racial
- ◯ African American
- ◯ Asian
- ◯ Hispanic
- ◯ Caucasian
- ◯ Other (please specify)

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* 28. How many people currently live in your household?

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* 29. What is your approximate annual household income?

- ◯ $0 - $24,999
- ◯ $75,000 - $99,999
- ◯ $150,000 - $174,999
- ◯ $25,000 - $49,999
- ◯ $100,000 - $124,999
- ◯ $175,000 - $199,999
- ◯ $50,000 - $74,999
- ◯ $125,000 - $149,999
- ◯ $200,000 and up

* 30. What is the highest level of education have you completed?

- Middle school
- High school
- Associate degree/technical school
- Four year college degree
- Graduate degree

31. Do you have any other thoughts on the level and variety of care provided in the community or by Grafton City Hospital?