

Welcome to the 2019 Community Health Needs Assessment Survey!

1. When answering questions in this survey, please respond based on the COUNTY IN WHICH YOU LIVE. What is your zip code?

2. How would you rate the overall health of your community?

- 1 Very Health
- 2
- 3
- 4
- 5 Very Unhealthy

Why did you select this rating? _____

3. In your own words, what do you believe is the MOST IMPORTANT health issue facing the residents of your county? _____

4. What is your opinion about the following physical and mental health issues in your community?

Use the following definitions to rank each issue - Minor Issue: A concern, but much less important than other issues. Moderate Issue: A concern of average importance when compared to other issues. Major Issue: In the top 3 to 5 concerns needing immediate attention.

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Ability to get an appointment for basic health needs					
Ability to get an appointment with a specialist					
Vaccine preventable diseases & infections					
Sexually Transmitted Diseases (education, testing, treatment)					
Teen Birth Rates/Teen Pregnancy					
Suicide/Suicide Attempts					
Substance Abuse					
Obesity					
Heart Disease					
Diabetes					
Cancer					
Flu/Pneumonia					
Water Quality					
Air Quality					

Other (please specify) _____

5. What is your opinion about the following substance abuse issues in your community?

For these questions: Youth is a person under age 18. Adult is a person aged 18 or older. Use the following definitions to rank each issue - Minor Issue: A concern, but much less important than other issues. Moderate Issue: A concern of average importance when compared to other issues. Major Issue: In the top 3 to 5 concerns needing immediate attention.

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
YOUTH Prescription Drug Misuse and Abuse					
Underage Drinking					

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
YOUTH and Tobacco Use (vaping and e-cigarettes)					
Marijuana Use Among YOUTH					
Use of illicit drugs among YOUTH (other than marijuana or prescriptions)					
ADULT Prescription Drug Misuse and Abuse					
Adult Alcohol Use					
ADULT and Tobacco Use (vaping and e-cigarettes)					
ADULT Marijuana Use					
ADULTS Use of illicit drugs (other than marijuana or prescriptions)					

Other (please specify) _____

6. How concerned are you about these other community issues that affect health?

Use the following definitions to rank each issue - Minor Issue: A concern, but much less important than other issues. Moderate Issue: A concern of average importance when compared to other issues. Major Issue: In the top 3 to 5 concerns needing immediate attention.

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Poverty					
Low Education Levels					
Motor Vehicle Accidents					
Availability of exercise facilities and physical activity					
Domestic Violence					
Sexual Violence					
Presence of radon gas in homes					
Availability of jobs, employment					
Family support resources (daycare, safe places to play)					
Access to Healthy Affordable Food					
Non-Emergency Medical Transportation					
Affordable housing					

Other (please specify) _____

EMERGENCIES

7. Emergency Planning (fire, flood, severe storm, disease outbreak) – Do you/your family have: (Select all that apply)

- a communication plan
- an evacuation plan
- a meeting place (other than your home)
- a 72-hour emergency food kit
- a 72-hour prescription kit
- a plan for large animals/livestock

8. During an emergency, what information source(s) would you use to stay informed about response efforts, evacuation information, etc.? (Select all that apply)

- Radio
- Television
- Twitter

- Facebook
- Local newspaper
- Reverse 911
- Text messages
- Word of mouth (family, friends)
- Law enforcement websites (police, sheriff)
- San Luis Valley Health website
- Local government websites (city, county, town)
- Other: _____

9. Have you used an Ambulance Service in the last 2 years?

- Yes
- No

If yes, what Ambulance Service did you use? (Select all that apply)

- Alamosa Ambulance
- Baca/Crestone Ambulance Service
- Center Ambulance
- Conejos County Ambulance
- Costilla County Ambulance
- Del Norte Community Ambulance
- Mineral County Ambulance
- Monte Vista Ambulance
- Northern Saguache County Ambulance District
- South Fork Fire & Rescue
- Other: _____

10. How satisfied were you with the ambulance service and care you received?

- 1 Extremely Satisfied
- 2
- 3
- 4
- 5 Extremely Dissatisfied

Why did you select this rating? _____

11. What hospital did the Ambulance Service take to you? (Select all that apply)

- San Luis Valley Regional Medical Center in Alamosa
- Conejos County Hospital in La Jara
- Other: _____

12. Do you feel there is enough Emergency Medical Services (Ambulance Service) available in the San Luis Valley?

- Yes
- No

INPATIENT CARE

Inpatient care generally refers to any medical service that requires admission into a hospital. Inpatient care tends to be directed towards more serious ailments and trauma that require one or more days of overnight stay at a hospital.

13. Have you or someone in your household, had INPATIENT care in the past 2 years?

- Yes
- No

14. Which hospital(s) were INPATIENT services received? (select all that apply)

- San Luis Valley Regional Medical Center in Alamosa
- Conejos County Hospital in La Jara
- Other: _____

15. If you or someone in your household were an INPATIENT at San Luis Valley Health, how satisfied were you with the services?

- 1 Extremely Satisfied
- 2
- 3
- 4
- 5 Extremely Dissatisfied

Why did you select this rating? _____

16. If you responded that you or someone in your household received INPATIENT care at a hospital other than San Luis Valley Regional Medical Center in Alamosa or Conejos County Hospital in La Jara, why did you or your family member choose that/those hospital(s)? (select all that apply)

- Physician referral
- Quality of care
- Lack of confidence locally
- Closer, more convenient
- Availability of specialty care
- Insurance
- Other: _____

OUTPATIENT CARE

Outpatient care, sometimes called ambulatory care, is medical care or treatment that does not require an overnight stay in a hospital or medical facility. Outpatient care may be administered in a medical office or a hospital, but most commonly, it is provided in a medical office or outpatient surgery center.

17. Do you use a medical clinic for most of your routine OUTPATIENT care?

- Yes
- No

If no, why not? _____

18. If San Luis Valley Health is not your medical home choice (provider of choice) for your routine OUTPATIENT healthcare, why not? (select all that apply)

- Access is too difficult
- Poor customer service
- Billing issues
- Bad past experience
- Unfriendly atmosphere
- Long wait times
- Other: _____

19. Are you able to get an appointment at San Luis Valley Health clinics with your medical provider within 48 hours?

- Yes
- No

SAN LUIS VALLEY HEALTH SERVICES

20. What are the top three things you like best about San Luis Valley Health Services? _____

21. If there were three things San Luis Valley Health could improve on or offer, what would they be? _____

22. To what extent are you concerned about access to care - ability to get an appointment at a time that works for you?

- 1 Not Very Concerned
- 2
- 3
- 4
- 5 Very Concerned

Why did you select this rating? _____

23. To what extent is it difficult for you or someone in your household to comply with follow up care instructions – further evaluation, therapy, and medications?

- 1 Not Very Concerned
- 2
- 3
- 4
- 5 Very Concerned

Why did you select this rating? _____

24. Do you feel additional services are needed by San Luis Valley Health earlier in the morning or after hours, including Saturdays and walk-in appointments?

- Yes
- No

25. Does a sliding fee scale (discount from full fee) allow you or someone in your household to access health services?

- Yes
- No

26. Have you or someone in your household, delayed or put off health care due to lack of money and/or insurance?

- Yes
- No

27. Are you concerned about transportation to get to medical services you may need?

- 1 Not Very Concerned
- 2
- 3
- 4
- 5 Very Concerned

28. To what extent are you concerned about the availability of prescription drugs?

- 1 Not Very Concerned
- 2
- 3
- 4
- 5 Very Concerned

29. What concerns you most about health, healthcare, and healthy living in the San Luis Valley? _____

30. What is your age?

- 18 to 24 years
- 25 to 34 years

- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85 years and over

31. What is your annual household income?

- Less than \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more

32. Please describe your race and Hispanic or Latino Origin.

- White alone, not Hispanic or Latino
- Hispanic or Latino
- Black or African American alone
- American Indian/Alaska Native alone
- Asian alone
- Native Hawaiian/Other Pacific Islander alone
- Two or More Races

Thank you for taking the time to complete this survey!