



Madison County Community Health Assessment Survey

For all residents and for people who work in Madison County

Madison County Health Department is beginning its 5-Year community health assessment process. Citizen input is important to us! Please complete the following survey. Also, encourage family, friends, neighbors, and co-workers to complete the survey by visiting <https://www.surveymonkey.com/r/HealthSurvey2015>

We appreciate your help!

1. What do you feel are the most urgent health-related concerns in Madison County?

(Please list up to 5)

- 1.
- 2.
- 3.
- 4.
- 5.

2. What keeps people in Madison County from being healthy? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lack of caring and concern about being healthy | <input type="checkbox"/> Limited or no affordable healthy foods |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Not enough job opportunities |
| <input type="checkbox"/> Medical costs | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Easy access to liquor and drugs | <input type="checkbox"/> Unsafe communities |
| <input type="checkbox"/> People not making healthy choices | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Language and cultural barriers | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lack of money to have a healthy lifestyle | <input type="checkbox"/> Increased cost of living expenses |
| <input type="checkbox"/> People don't want to take personal responsibility | <input type="checkbox"/> Lack of homeless shelters |
| <input type="checkbox"/> Lack of affordable or safe physical activity places | <input type="checkbox"/> Services and programs are hard to navigate |
| <input type="checkbox"/> Don't know what services, programs, and resources are available | |
| <input type="checkbox"/> Limited or no health education for parents and the community | |
| <input type="checkbox"/> Limited or no health education for students throughout their school years | |
| <input type="checkbox"/> Lack of concern by politicians about the health of residents | |
| <input type="checkbox"/> Too much "wired society", technology, and electronic communication | |
| <input type="checkbox"/> High levels of stress and not knowing how to handle stress | |
| <input type="checkbox"/> Lack of time and fast-paced society | |
| <input type="checkbox"/> Other _____ | |

3. Please check the following issues as to why you or people you know do not get needed healthcare. (Check ALL that apply)

- Lack of or limited knowledge of services
- Location of services
- Lack of or limited transportation
- Lack of or limited coordination of care
- Office hours for appointments are not convenient
- Lack of specialists in Madison County
- Have to go to St. Louis for specialists
- Specialists who don't take the Medical Card
- Lack of access to dentists
- Lack of psychiatrists, mental health counselors, substance abuse counselors
- Long waits for appointments (especially well after the time of need)
- Decisions and priorities (e.g. pay for food or medicine or doctor bill, etc.)
- Difficult for anyone to navigate medicine, health plans, insurance companies, health system, healthcare options, etc.
- Use of Emergency Rooms for non-emergency situations (e.g. prescription refills, minor illnesses)
- Need to get more doctors/services in our area and get them to stay
- Difficult to get in to doctors who take Medicare, Medicaid, or the new Affordable Care Act insurance plans
- Tricky to navigate the new Medicaid Plans
- Too much red tape
- Lack of healthy nutrition or access to healthy foods
- Lack of treatment beds to fit the illness or disease
- Other _____

4. Please rate the following health-related issues on a scale of Most Urgent to Not a Problem.

	<u>Most Urgent</u>	<u>Urgent</u>	<u>Somewhat Urgent</u>	<u>Least Urgent</u>	<u>Not a Problem</u>
Substance use/abuse (alcohol, tobacco, other drugs)	<input type="checkbox"/>				
Mental Health/Mental Illness	<input type="checkbox"/>				
Obesity	<input type="checkbox"/>				
Heart Disease	<input type="checkbox"/>				
Dental Care	<input type="checkbox"/>				
Access to Care	<input type="checkbox"/>				
Sexual Health	<input type="checkbox"/>				
Safety (falls, violence, bullying, community)	<input type="checkbox"/>				
Cancer	<input type="checkbox"/>				

GET INVOLVED (Optional)

We have committees of people interested in the health concerns of Madison County that meet together to make a difference and impact these issues. If you would like to get involved or receive more information, please provide your contact information:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

Please tell us about you (Optional Questions – Responses will be kept confidential)

AGE: 15-24 25-44 45-64 65 and over

GENDER: Male Female

RACE (as defined by the US Census): (Check One)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Two or More Races |

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

- EDUCATION LEVEL:** Less than High School
 High School/GED
 Associate’s Degree/Trade School
 Bachelor’s Degree
 Master’s Degree or Higher

ZIP CODE: _____

Live in Madison County Work in Madison County

INSURANCE STATUS: (Check all that apply)

- I have health insurance
 I have no health insurance
 I have Medicare
 I have Medicaid
 Other _____

Please return survey by June 30, 2015 to:

IPLAN
Madison County Health Department
101 E. Edwardsville Road
Wood River, IL 62095
communityhealthplan@co.madison.il.us



Let Your Voice Be Heard!

For another way to be involved with the
MCHD Needs Assessment,
we invite you to participate in our Photovoice project.

Take photos **of things that make it difficult to be healthy
or to live a healthy lifestyle in Madison County.**

These photos can be taken in
your community, school, workplace, or home.

Send photos to: photovoice@co.madison.il.us or
upload photos to [photovoiceMCHD](#) when logged in to [Facebook](#)

For each photo, include:

- ✓ Description of why you chose this image
- ✓ How it is a challenge to health
- ✓ Zip code or general location (if possible)



Remember to complete the survey and submit photos by June 30th!

All photos received will be considered property of Madison County. The submission of the photos constitutes consent for the public use of the photos.
If you would like to withdraw consent, please contact the health department in writing.

Thank you for participating!