

MORRISON-TODD-WADENA COMMUNITY HEALTH SURVEY



Public Health
Prevent. Promote. Protect.

Si necesita ayuda para completar esta encuesta, puede comunicarse con Sergio Aguilera 320-732-2221.

October, 2021

Dear Morrison, Todd or Wadena County Resident:

This is your opportunity to help improve the health of your community!

Your household has been randomly selected to participate in the Morrison-Todd-Wadena Community Health Survey. This survey is being conducted in collaboration with the Morrison-Todd-Wadena Community Health Board, CentraCare Health Long Prairie, CHI St. Gabriel's Health, Lakewood Health System, and Tri-County Health Care. The information gathered by this survey will be used to help your local public health agencies, hospitals, and clinics better understand and address the health needs of our residents.

This survey is designed for one **adult age 18 or older to fill out**. If you have more than one adult in your household, **please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday**. Please take a few minutes to complete the enclosed survey form and return it in the postage-paid envelope provided.

Completing this survey is completely voluntary. All answers to the questions are strictly confidential and no personal information will be linked to any of the responses. The number on the back of the survey is only used to record that the survey was returned so that you will not be bothered with reminder letters.

By completing this survey, you are helping us to improve the health of people living in your community. If you have any questions about the survey please contact Katherine Mackedanz at (320) 732-4452 or katherine.mackedanz@co.todd.mn.us

Thank you for your participation!

Brad Vold
Morrison County
Public Health Director

Jackie Och
Todd County
Health & Human Service Director

Cindy Pederson
Wadena County
Public Health Director



DO NOT WRITE IN THIS BOX



MORRISON–TODD–WADENA COMMUNITY HEALTH SURVEY

SURVEY INSTRUCTIONS



Correct marks



Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

- Excellent
 Very good
 Good
 Fair
 Poor

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pre-diabetes or elevated blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. High blood cholesterol	<input type="radio"/>	<input type="radio"/>	
e. High triglycerides	<input type="radio"/>	<input type="radio"/>	
f. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	
g. Stroke or stroke-related health issues	<input type="radio"/>	<input type="radio"/>	
h. Overweight or obesity	<input type="radio"/>	<input type="radio"/>	
i. Cancer	<input type="radio"/>	<input type="radio"/>	
j. Asthma	<input type="radio"/>	<input type="radio"/>	
k. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	
l. Arthritis	<input type="radio"/>	<input type="radio"/>	
m. Mental health issues (including depression, anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>	
n. Dementia or memory loss (including Alzheimer's disease)	<input type="radio"/>	<input type="radio"/>	
o. Sexually transmitted disease (including chlamydia, gonorrhea, etc.)	<input type="radio"/>	<input type="radio"/>	
p. Risk of falling	<input type="radio"/>	<input type="radio"/>	

3. Since 2019, would you say that your access to medical health care services has:

- Improved
 Stayed the same
 Become worse
 Did not live in this area in 2019

4. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

- Yes
 No → IF NO, GO TO QUESTION 6

5. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)

- | | |
|--|---|
| <input type="radio"/> I had insurance, but the care I needed cost too much | <input type="radio"/> I could not get off work |
| <input type="radio"/> I could not get an appointment | <input type="radio"/> I did not have insurance |
| <input type="radio"/> I had transportation problems | <input type="radio"/> I could not get childcare |
| <input type="radio"/> Due to COVID restrictions | <input type="radio"/> Other reason _____ |

6. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?

- Yes No → IF NO, GO TO QUESTION 8

7. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)

- I had insurance, but the care I needed cost too much I could not get off work
 I could not get an appointment I did not have insurance
 I had transportation problems I could not get childcare
 Due to COVID restrictions Other reason _____

8. How would you rate your overall level of stress?

- High
 Medium
 Low

9. During the past 30 days, **Number of Days** for about how many days have you felt sad, blue, or depressed? →

Write the number in the boxes, then fill in the appropriate circle beneath each box. ▶

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

10. During the past 30 days, **Number of Days** for about how many days have you felt nervous, on edge, or could not stop worrying? →

Write the number in the boxes, then fill in the appropriate circle beneath each box. ▶

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

11. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about stress, anxiety, depression, excess worrying, troubling thoughts, or emotional problems, but did not or delayed talking with someone?

- Yes No → IF NO, GO TO QUESTION 13

12. Why did you not get or delay getting the care you thought you needed? (Mark ALL that apply)

- I had insurance, but the care I needed cost too much I did not know where to go
 I could not get an appointment I did not have insurance
 I had transportation problems I could not get childcare
 Due to COVID restrictions I feel the need to hide my mental health problems
 I could not get off work Other reason _____

13. Which of the following types of health insurance do you have? (Please mark yes or no for each.)

	Yes	No
a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	<input type="radio"/>	<input type="radio"/>
b. Health insurance or coverage bought directly by yourself or your family	<input type="radio"/>	<input type="radio"/>
c. Indian or Tribal Health Service	<input type="radio"/>	<input type="radio"/>
d. Medicare	<input type="radio"/>	<input type="radio"/>
e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	<input type="radio"/>	<input type="radio"/>
f. MinnesotaCare	<input type="radio"/>	<input type="radio"/>
g. CHAMPUS, TRICARE, or Veterans' benefits	<input type="radio"/>	<input type="radio"/>
h. Other health insurance or coverage (please specify): _____	<input type="radio"/>	<input type="radio"/>
i. I do not have health insurance	<input type="radio"/>	<input type="radio"/>

14. Have you received a COVID-19 vaccine?

- Yes → IF YES, GO TO QUESTION 17 No

15. What makes it difficult for you to get a COVID-19 vaccine? (Mark ALL that apply)

- I am concerned about side effects from receiving the vaccine
- I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past).
- I don't have transportation.
- It is difficult to find or make an appointment.
- I don't have time off work.
- I do not think the vaccine is safe.
- Other reason _____

16. What would motivate you to get vaccinated? (Mark ALL that apply)

- To protect my health
- To protect the health of others
- If my school required vaccination (i.e., college/university)
- If I received an incentive (i.e., gift card, money)
- If my work required vaccination
- If my health care provider recommended I be vaccinated
- In order to travel
- If others encouraged me to get vaccinated
- Other reason _____

17. A serving of vegetables—not including French fries—is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

18. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

19. A serving of fruit is one medium-sized piece of fruit, or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

20. How often did you drink the following beverages in the past week?

	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sports drinks (such as Gatorade or Powerade); these drinks usually do <u>not</u> have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How often do you or others in your household buy or get food from the following places?

	Never or less than 1 time per month	About 1 time per month	About 2 or 3 times per month	About 1 time per week	2 or more times per week
a. Supermarket or large grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Small or local grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Convenience store, gas station, or dollar store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Food shelf, food pantry or community food program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Fast food restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Farmers' market, local garden or local provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- Often
- Rarely
- Sometimes
- Never

23. On average, while you are not at work or school, how many hours per day do you use a computer, tablet, TV, or smart phone?

- Less than 1 hour per day
 1-2 hours per day
 3-4 hours per day
 More than 4 hours per day
 I don't do any of these activities

24. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- Yes
 No

25. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing and heart rate.*

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

26. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.*

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

27. How much of a problem are the following factors for you in terms of keeping you from being more physically active?

Not a problem
 A small problem
 A big problem

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| a. Lack of time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Lack of programs, leaders, or facilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The cost of fitness programs, gym membership or admission fees | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Not having sidewalks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Distance I have to travel to fitness, community center, parks or walking trails | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. No safe place to exercise | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Other reasons _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28. How often do you feel safe in your community?

- Always
 Often
 Sometimes
 Never

29. Have you experienced discrimination in the past 12 months?

- Yes
 No → IF NO, GO TO QUESTION 31

30. If you experienced discrimination in the past 12 months, in which of the following situations?

(Mark ALL that apply)

- | | Yes | No |
|---|-----------------------|-----------------------|
| a. Applying for a job? | <input type="radio"/> | <input type="radio"/> |
| b. Working at a job? | <input type="radio"/> | <input type="radio"/> |
| c. Receiving medical care? | <input type="radio"/> | <input type="radio"/> |
| d. Looking for a house or apartment? | <input type="radio"/> | <input type="radio"/> |
| e. Applying for a credit card, bank loan or mortgage? | <input type="radio"/> | <input type="radio"/> |
| f. Shopping at a store or eating at a restaurant | <input type="radio"/> | <input type="radio"/> |
| g. Applying for social services or public assistance? | <input type="radio"/> | <input type="radio"/> |
| h. Dealing with the police? | <input type="radio"/> | <input type="radio"/> |
| i. Appearing in court? | <input type="radio"/> | <input type="radio"/> |

31. Are you in a relationship where you are (or have ever been) physically hurt, threatened, or made to feel afraid?

- Yes No

32. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

- Yes No ► IF NO, GO TO QUESTION 37

33. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? →

0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

Days

34. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

(A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.)

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="radio"/> 1 drink | <input type="radio"/> 5 drinks | <input type="radio"/> 9 drinks |
| <input type="radio"/> 2 drinks | <input type="radio"/> 6 drinks | <input type="radio"/> 10 drinks or more |
| <input type="radio"/> 3 drinks | <input type="radio"/> 7 drinks | |
| <input type="radio"/> 4 drinks | <input type="radio"/> 8 drinks | |

35. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES:

4 or more drinks
on one occasion

FOR MALES:

5 or more drinks
on one occasion

0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

Times

0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

Times

36. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? →

0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

Days

37. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

- Yes No ► IF NO, GO TO QUESTION 41

38. Do you now smoke cigarettes every day, some days, or not at all?

- Every day Some days Not at all

39. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

- Yes No

40. The last time you tried to quit smoking (or when you quit for good) did you use...

	Yes	No
a. ... any nicotine replacement product, such as gum, a patch, a nasal spray, an inhaler or lozenges	<input type="radio"/>	<input type="radio"/>
b. ... a prescription medication like Zyban, Wellbutrin, or Chantix	<input type="radio"/>	<input type="radio"/>
c. ... a stop-smoking clinic or class (e.g., Freedom from Smoking)	<input type="radio"/>	<input type="radio"/>
d. ... a quit-smoking telephone help line (e.g., Quit Partner, Become an Ex)	<input type="radio"/>	<input type="radio"/>
e. ... an online counseling service or mobile app	<input type="radio"/>	<input type="radio"/>
f. ... face-to-face counseling with a health care provider	<input type="radio"/>	<input type="radio"/>
g. ... e-cigarettes or vape products	<input type="radio"/>	<input type="radio"/>
h. ... other: _____	<input type="radio"/>	<input type="radio"/>
i. ... I quit without any help from any of these	<input type="radio"/>	<input type="radio"/>

41. In general, how often do you...

	Every day	Some days	Never
a. Smoke cigars, cigarillos, or little cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoke pipes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use snuff, snus or chewing tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use e-cigarettes or vape products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use any other tobacco product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use prescription drugs that are not prescribed for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use marijuana (smoke, vape or ingest edibles: not including CBD products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Looking back before you were 18 years of age:

	Yes	No
a. Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>
b. Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
c. Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>	<input type="radio"/>
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>
e. Were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>
f. Did you often or very often feel that no one in your family loved you or thought you were important or special, or that your family members didn't feel close to or look out for each other?	<input type="radio"/>	<input type="radio"/>
g. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, had no one to take you to the doctor if you needed it, or had no one to protect you or take care of you?	<input type="radio"/>	<input type="radio"/>

43. Looking back before you were 18 years of age:

	Never	Once	More than once
a. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often did anyone at least 5 years older than you or an adult, force you to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. If you had questions about general health care, whose advice would you be likely to seek?

(Mark ALL that apply)

- Health plan or health insurance company
- Doctor or other clinic or hospital staff
- Pharmacist
- Alternative health specialist (such as chiropractor and/or homeopathic provider)
- My employer
- Family or friends
- Internet sites or social media
- Nurse line

45. Are you:
 Male Female Other/Unspecified

46. Your age group:
 18-24 years 55-64 years
 25-34 years 65-74 years
 35-44 years 75+ years
 45-54 years

47. How many adults (including yourself) and children live in your household?
Number of adults age 18 or older (including yourself):
 1 2 3 4 5 6 7 8 9 10 11 12 or more
Number of children under age 18:
 0 1 2 3 4 5 6 7 8 9 10 11 12 or more

48. How tall are you (without shoes)?

Feet	Inches
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

49. How much do you weigh (without shoes)?

Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

50. Are you Hispanic or Latino/Latina?
 Yes No

51. Which of the following best describes you?
(Mark ALL that apply)
 American Indian or Alaska Native
 Asian or Pacific Islander
 Black or African American
 African Native
 White
 Other: _____

52. Which of the following best describes your current relationship status?
 Married
 Living with a partner
 Divorced
 Separated
 Widowed
 Never married

53. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
 Yes No

54. What is the highest level of education you have completed?
 Did not complete 8th grade
 Did not complete high school
 High school graduate/GED
 Trade/Vocational school
 Some college
 Associate degree
 Bachelor's degree
 Graduate/Professional degree

55. What was your household's total income from all earners and all sources in 2020?
 Less than \$20,000
 \$20,000 - \$34,999
 \$35,000 - \$49,999
 \$50,000 - \$74,999
 \$75,000 - \$99,999
 \$100,000 - \$149,999
 \$150,000 or more

56. Do you own or rent your home?
 Own Rent Other arrangement

57. Do you have access to reliable internet?
 Yes No

Thank you for your participation!