

Pottawatomie County Community Needs Assessment

Thank you for your interest in taking the Pottawatomie County Community Needs Assessment Survey. Anyone who lives in Pottawatomie County is invited to take this survey. The purposes of this survey are:

- 1) to get your input on the quality of life in the community and
- 2) to identify the unmet needs in the community.

Some questions ask you about your personal experiences in the community and some ask for your opinions about the community in general.

This survey is completely anonymous and confidential. We do not need your name or any identifying information, so please feel free to be completely honest. We would like you to answer every question as completely and honestly as possible.

This survey will take about 30 minutes to complete and you may stop at any time without penalty. If you are using a public computer or a mobile device (i.e. phones or tablets), you need to complete the survey all at once. If you are using a personal computer, you may stop taking the survey at any point and come back to it later as long as you use the same computer. You just need to complete the survey within 2 weeks. Please take the survey only once.

The survey will close on October 11, 2019. Again, thank you!

The following is a standard consent form. The survey will start on next page.

Purpose: You are invited to take part in a survey about the quality of life in Pottawatomie County that includes questions about your experiences and opinions about your community. The information from this survey will be used to help organizations in Pottawatomie County better understand what residents think and the needs that are present in communities in this area.

Participant Selection: You are being asked to participate in this survey because you are a resident of Pottawatomie County. Anyone over the age of 18 is invited to complete this survey.

Explanation of Procedures: If you decide to proceed with the survey, it asks some questions about you (e.g., your age, your zip code, whether you've had certain experiences such as substance abuse within your household, etc.) but will mainly focus on what you think about the community you live in. A few questions may seem sensitive (i.e., how would you describe your mental health on a scale of poor to excellent) but the information will only be used to gain an idea of how many people in the community deal with common issues. The survey is broken into sections focusing on various issues that may affect your community. The survey will take approximately 30 minutes to complete. You are asked to answer as many questions as possible, but you can skip questions that make you uncomfortable, aren't applicable to you or if you don't know the answer.

Confidentiality: This survey is anonymous and does not require you to provide your name or other identifying information. All of your responses will be combined with those of others so that we can compile a report on general opinions and experiences without reporting any individual answers. The report on the combined responses will be provided to the Flint Hills Wellness Coalition to distribute for use in Pottawatomie County.

Contact: If you have any questions about this survey, you can contact me at: Dr. Tara Gregory, 316-978-3714 or tara.gregory@wichita.edu.

Participation in this survey is completely voluntary. By proceeding past this page, it indicates that you have read the information above and have voluntarily decided to participate.

Pottawatomie County Community Needs Assessment

How did you find out about this survey?

- I received a postcard with the web address
- I heard about it through an organization I'm involved with
- I heard about it through media (radio, newspaper, social media)
- Word of mouth (someone else told me about it)
- Other

Demographics

1. What is your age?
 - Under 18 years
 - 18 to 24 years
 - 25 to 34 years
 - 35 to 49 years
 - 50 to 64 years
 - 65 to 74 years
 - 75 to 84 years
 - 85 years and over
2. In what county do you currently live?
 - Riley County
 - Pottawatomie
3. Is this county your permanent residence?
 - Yes
 - No
4. What is your zip code?
 - 66407
 - 66422
 - 66426
 - 66432
 - 66520
 - 66521
 - 66535
 - 66536
 - 66547
 - 66549
 - Other (please specify) _____

In the following sections, most of the questions ask about “**the community.**” “**Community**” in this survey means the area where you live. For most people, this will be their city or town. For those who live in rural areas, this may include the town where you access services.

Some questions ask about “**needs**” in the community. When you answer questions about “**needs,**” think about things that are either lacking or should be changed to improve the quality of life in the community. These might include schools, housing, roads and bridges, access to various services, etc.

Quality of Life

5. Please rate the following statements about the *quality of life* in the community based on your experiences.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am satisfied with the quality of life in the community.					
I am satisfied with the health care system in the community.					
I am satisfied with the local schools in the community.					
I am satisfied with the local government in the community.					
The community is a good place to raise children.					
My community is a good place to retire.					
This is a safe place to live.					
There is economic opportunity in the community.					
There are networks of support for individuals during times of need in the community.					

Quality of Life (continued)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
There are networks of support for families during times of need in the community.					
There are plenty of recreational activities in the community.					
There are volunteer opportunities in the community.					
I can make the community a better place to live.					
The community is strengthened by its diversity.					
I intend to stay in the community over the next five years.					
I am satisfied with accessibility in this community for persons with disabilities.					

6. What are the **three most important factors** contributing to the quality of life in the community?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- | | |
|---|---|
| <input type="checkbox"/> Access to affordable health insurance | <input type="checkbox"/> Jobs paying a living wage |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low disease rates |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low crime |
| <input type="checkbox"/> Availability of health care | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Career enhancement | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Clean environment (including water, air, and soil) | <input type="checkbox"/> Physical access to public facilities |
| <input type="checkbox"/> Equality | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Resources for parents |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Safe neighborhoods |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Healthy economy | <input type="checkbox"/> Other (please specify) _____ |

Physical and Mental Health

Based on your personal experience, please rate the following statements about *health* in the community. "Health" for this purpose is defined as "a person's physical and mental health, being free from disease and pain, and generally being satisfied with life." This section also includes questions about physical activity/exercise, nutrition, and health-related issues.

Health Outcomes

Physical Health

7. My overall health is...
- Poor
 - Fair
 - Good
 - Very good
 - Excellent
8. During your lifetime, please check any of the following a health professional has diagnosed you with:
Check all that apply.
- Dementia
 - Alzheimer's-type Dementia
 - High Blood Pressure
 - High Cholesterol
 - Type I Diabetes
 - Type II Diabetes
 - Chronic Lung Disease (including emphysema, black lung, asthma, etc.)
 - Heart Disease
 - Cancer of any kind
9. In the last 12 months, have you received a flu shot or nasal spray?
- Yes
 - No
10. Do you consult a health professional when you are sick?
- Yes
 - No

11. When you feel sick enough to require medical attention, where do you **most often** go for healthcare... Please check only one.

- My doctor's office
- Medical clinic
- Health department
- Urgent care center
- Hospital emergency room
- Free clinic
- Other (please specify) _____

12. When you need healthcare, how easy is it for you to access in the community?

- Very difficult
- Difficult
- Not too difficult
- Very easy

13. When you need dental care, how easy is it for you to access in the community?

- Very difficult
- Difficult
- Not too difficult
- Very easy

Mental Health

14. How would you describe your overall mental health?

- Poor
- Fair
- Good
- Very Good
- Excellent

15. I consider myself to be a lonely person (i.e., having frequent discomfort due to feeling alone).

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

16. I consider myself to be a socially isolated person (i.e., lacking adequate contact with other people).

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

17. When you're not feeling mentally healthy, do you consult a mental health professional?

- Yes
- No
- N/A - My mental health is always good.

18. Where do you go most often when your mental health is not good?

- Private practice
- Community mental health center
- Hospital emergency room
- Fort Riley Mental Health Services
- Veterans Administration (VA) Hospital
- Other (please specify) _____

19. The community has adequate mental health services for people who need them.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

Health Behaviors

Physical Activity

20. How many hours a week, on average, do you engage in physical activity or exercise that is not job related?

- None
- Less than 1 hour
- 1-2 hours
- 2-3 hours
- 3 hours or more

21. Where do you go to exercise? **Select all that apply.**

- A school
- Private gym/studio
- Park
- Neighborhoods
- Home
- Public Recreation Center
- Other (please specify) _____

22. If you don't exercise, what are the reasons? **Select all that apply.**

- My job involves physical labor
- Exercise is not important to me
- I don't have enough time
- I don't have child care
- I don't have anyone with whom to exercise
- I don't like to exercise
- It costs too much to exercise
- The only place where I can exercise is unsafe
- I have physical limitations that don't allow me to exercise
- Other (please specify) _____

23. There are plenty of options for exercise in this community.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

24. There are enough accessible physical activity/recreation options in this community for persons with physical disabilities.
- Strongly Disagree
 - Disagree
 - Neither disagree or agree
 - Agree
 - Strongly Agree
25. This community values exercise.
- Strongly Disagree
 - Disagree
 - Neither disagree or agree
 - Agree
 - Strongly Agree

Nutrition

26. I eat healthy foods. (Healthy foods are defined as: nutritious foods and beverages, especially vegetables, fruits, low-fat and fat-free dairy products, and whole grains; foods low in saturated and trans fats, sodium, and added sugars).
- Strongly Disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly Agree
27. Do you eat **at least** two cups of fruit each day?
- Yes
 - No
 - N/A – I don't eat fruit.

IF you answered NO or N/A to question 28:

28. What keeps you from eating at least two cups of fruit per day? **Select all that apply OR "Not applicable; I eat at least two cups of fruit every day"**
- I'm not able to get to a grocery store.
 - It costs too much.
 - I don't have enough time to purchase and prepare them.
 - I don't know how to prepare them.
 - I don't like them.
 - I have dietary restrictions
 - Other (please specify) _____
 - Not applicable; I eat at least two cups of fruit every day.

29. Do you eat **at least** two cups of vegetables each day?

- Yes
- No
- N/A - I don't eat vegetables

IF you answered NO or N/A to question 30:

30. What keeps you from eating at least two cups of **vegetables** per day? **Select all that apply OR "Not applicable; I eat at least two cups of vegetables every day"**

- I'm not able to get to a grocery store.
- It costs too much.
- I don't have enough time to purchase and prepare them.
- I don't know how to prepare them.
- I don't like them.
- I have dietary restrictions
- Other (please specify) _____
- Not applicable; I eat at least two cups of vegetables every day.

31. The community values healthy eating.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

32. It is easy for me to access healthy food.

- Strongly Disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

33. Have you ever been concerned about having enough food to eat?

- Yes
- No

34. In the past seven days did you skip meals because you couldn't afford food?

- Yes
- No

Smoking/Tobacco

35. Do you currently use tobacco products including cigarettes, cigars, chewing tobacco, or e-cigarettes?
- Yes
 - No
36. Where would you go for help if you wanted to quit using tobacco products (including vaping)? **Select all that apply.**
- KS Quitline
 - Doctor
 - Church
 - Pharmacy
 - Private counselor/therapist
 - Health Department
 - I don't know
 - Other (please specify) _____
 - Not applicable; I don't want to quit.

Access to Insurance and Health Information

37. Do you have health insurance?
- Yes
 - No
38. How do you receive **most of your health-related information**? Please check only one response.
- Health professionals (e.g., doctor, nurse, technician, dentist, hygienist, etc.)
 - Friends and family
 - Social media (e.g., Facebook, Twitter, Instagram, etc.)
 - Traditional media (e.g., local/state newspaper, TV, magazines, etc.)
 - Other (please specify) _____

Overall Health Needs in the Community

Physical Health

39. What are the **top three physical health needs** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Affordable health services
- ___ Affordable health insurance
- ___ Increased number of health care providers
- ___ Maternal health services
- ___ Children's health services
- ___ Prevention of infant mortality
- ___ Access to healthy food options
- ___ Increased health education/prevention (e.g., healthy eating, disease prevention, etc.)
- ___ Facilities for physical activity (including parks, trails, rec centers)
- ___ Tobacco use cessation (quitting) services
- ___ Availability of transportation for health services
- ___ Affordable prescriptions
- ___ Dental care options
- ___ Health care assistance for older adults
- ___ Health care assistance for veterans/military
- ___ Availability of health care specialists
- ___ Other (please specify) _____

Mental Health

40. What are the **top three mental health needs** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- Affordable health insurance that includes mental health care
- Affordable mental health services
- Affordable prescriptions
- Availability of transportation to mental health services
- Children's mental health services
- Adolescents' mental health services
- Young adults' mental health services
- Older adults' mental health services
- High quality mental health services
- Increased mental health education/prevention
- Increased number of mental health care providers
- Substance abuse prevention/treatment
- Addressing the stigmatization of those with mental health issues
- Suicide prevention
- Other (please specify) _____

Social Issues

Social issues are a broad range of concerns that affect individuals but can also have a significant impact on the health and safety of the community. They're often described as public health issues. This section includes questions on issues such as substance abuse, domestic/sexual violence and abuse, homelessness, discrimination, etc. Please remember that your answers are anonymous and will never be reported individually. You may also choose not to answer questions that are uncomfortable. But, your responses to these questions are important in addressing community needs.

41. Do you or anyone in your household have a substance use issue (e.g., frequently drinks too much alcohol, has a problem with legal prescriptions or illegal drugs)?
- Yes
 - No

IF you answered YES to question 42:

42. If yes, do you or anyone in your household have an abuse issue with opioids (e.g., Oxycontin, Percocet, Vicodin, heroin, etc.)?
- Yes
 - No
43. Does anyone in your household currently experience domestic violence (e.g., violence between adult partners or between adults and children)?
- Yes
 - No
44. Excluding mental health issues, do you or anyone in your household have a physical disability?
- Yes
 - No
45. Excluding mental health issues, do you or anyone in your household have a developmental disability?
- Yes
 - No
46. Are you or anyone in your immediate family currently homeless (e.g., no permanent place to live on a daily basis)?
- Yes
 - No

47. Have you **personally** experienced or witnessed discrimination in the community based in any of the ways listed below? Please **check all that apply** and indicate where the discrimination you experienced or witnessed occurred.

	Discrimination based on:	In Housing	In Public Spaces (e.g., retail stores, service establishments, educational institutions, recreation facilities, etc.)	In Employment
Race				
Religion				
Ethnicity				
Sexual Orientation				
Age				
Gender				
Gender Identity				
Disability				

48. Please use the space below to provide information on any additional ways you have personally experienced or witnessed discrimination not included above, and/or provide information about other places the discrimination has occurred.

49. What are the **top three social issues** in the community that most concern you.

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- | | |
|---|--|
| <input type="checkbox"/> Adult drug use | <input type="checkbox"/> Persistent hunger |
| <input type="checkbox"/> Adult alcohol use | <input type="checkbox"/> Inattentive driving |
| <input type="checkbox"/> Adult tobacco (all products) use | <input type="checkbox"/> Manufacture or selling of drugs |
| <input type="checkbox"/> Child physical abuse | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Child sexual abuse | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Property crime |
| <input type="checkbox"/> Child neglect | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cybercrime (including identity theft, online scams, phishing, etc.) | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Discrimination (including gender, race, ethnicity, sexual orientation, etc.) | <input type="checkbox"/> Violent crime (including assault, rape, murder) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Youth drug use |
| <input type="checkbox"/> Drinking and driving | <input type="checkbox"/> Youth alcohol use |
| <input type="checkbox"/> Drug use and driving | <input type="checkbox"/> Youth tobacco (all products including vaping) use |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Youth/gang violence |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Food insecurity | |

50. What are the **top three needs related to social issues** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Child care
- ___ Services for older adults
- ___ Services for persons with disabilities
- ___ Availability of mental health services
- ___ Better enforcement of laws
- ___ Changing local laws
- ___ Options for arts and entertainment activities
- ___ Positive activities for youth
- ___ Availability of employment
- ___ Availability of support groups/peer support
- ___ Substance abuse prevention or treatment
- ___ Housing options for homeless persons
- ___ Availability of services for people with low incomes
- ___ Services for domestic/sexual violence survivors
- ___ Services to veterans/military
- ___ Other (please specify) _____

Children

This section focuses on issues that affect children (0-12 years old) and youth (13-18 years old) and their families. You DO NOT have to have children/youth to be affected by conditions in the community that

impact children and families. A few questions in this section are just for those who have children or grandchildren. Otherwise, please answer the questions whether you have children/grandchildren or not.

This section includes questions on child care, education, medical/dental care, support for parents/families, etc.

51. Are you a parent or custodial guardian of someone under 18 years of age?

- Yes
- No

52. If you have grandchildren, are you a custodial or primary caregiver for any of your grandchildren that are under the age of 18?

- Yes
- No

If you are not the parent or custodial grandparent/guardian of someone under 18 years of age please skip to question 58.

If you are the parent or custodial grandparent/guardian of someone under 18 years of age, please answer the following:

53. Please answer the following questions about your child/children. Please select only one answer per question.

	Yes	No
Are you a single parent?		
Do any of your children have a developmental disability?		
Do any of your children have a physical disability?		
Do any of your children have a chronic disease?		
Have any of your children been diagnosed with a mental illness or emotional disturbance?		
Are you satisfied with the education your children are receiving?		
Are your children home-schooled?		
Have any of your children been afraid to attend school/other activities due to bullying?		
Are you satisfied with non-school activities for children in your community?		
Have you ever quit or lost a job because you did not have the child care you needed?		

54. Do you use child care for your child/children?

- Yes
- No

If you do not use any type of child care for your child/children please skip to question 58.

55. What type of child care do you use? **Check all that apply.**

- Licensed Day Care Home
- Group Day Care Home
- Child Care Center
- Preschool
- Afterschool/Latchkey Program
- Relative or Friend
- Other (please specify) _____

56. Please answer the following questions about child care.

	Yes	No
Are you satisfied with the overall quality of the child care you currently receive?		
Are you satisfied with the child care options that are available to you?		
Do you receive any type of child care assistance?		
Is your child care affordable?		

57. How well does your community currently meet the needs of children, including adolescents in the following areas?

	Very Poor: No needs are met	Poor: Some needs are met	Fair: Many needs are met	Good : Most needs are met	Very Good: All needs are met	I Don't Know
Prenatal care (pregnancy)						
Postnatal care (birth through first year)						
Access to child care for children 0-5						
Quality of child care for children 0-5						
Parental support/training						
Support for single parents						
Quality education						
College or career preparation						
Needs of children/youth with disabilities						

How well does your community currently meet the needs of children, including adolescents in the following areas? (Continued)

	Very Poor: No needs are met	Poor: Some needs are met	Fair: Many needs are met	Good : Most needs are met	Very Good: All needs are met	I Don't Know
Dental health						
Mental health						
Physical health						
Violence/bullying prevention						
Recreational opportunities						
Volunteer opportunities						
Needs of parents/guardians whose first language isn't English						
Needs of children whose first language isn't English						
Basic needs of low-income children/youth						
Employment for youth						

58. What are the **top three needs for children (ages birth to 12)** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Parenting education
- ___ Parenting skills development
- ___ Afterschool Programs
- ___ Mentoring programs for children
- ___ Child care for children 0-5
- ___ Mental health care
- ___ Nutrition programs (e.g. WIC, free and reduced lunch, etc.)
- ___ Recreational activities
- ___ Transportation
- ___ Public education
- ___ Financial assistance to families (for nutrition, child care, housing, etc.)
- ___ Medical care
- ___ Dental care
- ___ Early childhood intervention programs (e.g., Head Start, etc.)
- ___ Services for children with physical or developmental disabilities
- ___ Bullying prevention
- ___ Other (please specify) _____

59. What are the **top three needs for youth/adolescents (ages 13-18)** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- Access to higher education
- Public education
- Employment opportunities for teens
- Workforce training for teens
- Substance abuse prevention/treatment
- Parenting education/skills development (for parents of adolescents)
- Mental health care
- Mentoring programs for adolescents
- Comprehensive sex education (including teen pregnancy prevention, STDs, etc.)
- Healthy eating
- Being able to take part in physical activities
- Cultural enrichment opportunities
- Transportation
- Appropriate internet/technology use (e.g., sexting, cyber-bullying, etc.)
- Services for adolescents with physical or developmental disabilities
- Tutoring
- Recreational activities
- Access to technology/computers
- Access to the Internet
- Financial skills training
- Opportunities to contribute to the community (e.g., volunteering, leadership development, participation in community decision-making)
- Medical care
- Dental care
- Bullying/relationship violence prevention
- Other (please specify) _____

Public Education

Public education refers to the system that is maintained at **public** expense for the **education** of the children of a community or district and commonly including primary (K-5) and secondary schools (6-12). This refers specifically to public schools, not private or religiously affiliated. Again, a person does not have to have children to be impacted by the public education system. Please answer the following questions to your best ability whether you have children/grandchildren or not.

How would you rate public K-12 education in the community in the following areas?

60. Rate the extent to which you are satisfied with your community’s public k-12 education in the following areas:

	Very Poor: Very dissatisfied	Poor: Dissatisfied	Fair: Somewhat satisfied	Good: Satisfied	Excellent: Very satisfied	N/A or Don't Know
The quality of the school your child attends.						
The overall quality of schools.						
The quality of teachers.						
The amount of parental involvement in the child’s education.						
The availability of support resources at the school (counselors, tutors, etc.).						
The availability of up-to-date technology for students to use.						
The availability of extracurricular programs, clubs, or sports.						
The amount of money a school spends per student.						
The quality of school buildings.						
The quality of curriculum.						
Availability of afterschool programs.						

61. What are the **top three needs related to public education** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- Increased expectations for student achievement
- Equality in funding among school districts
- Getting and keeping good teachers
- Increased parental involvement
- Increased student discipline
- Increased quality of instruction
- Addressing bullying
- Raising standardized test scores
- Increased quality of curriculum
- More artistic and musical activities
- Addressing overcrowding in schools
- Addressing fighting, violence, and/or gangs
- Increased amount of time students spend in school
- Availability of physical activities and sports
- Availability of quality computers and technology
- Updated textbooks
- Addressing the condition of school buildings
- More extracurricular activities
- More involvement of students in decision-making
- Other (please specify) _____

Aging

In this section, older adults are defined as 55 or older. As with other sections, a person does not have to belong to this age group in order to have an understanding of conditions related to aging in Pottawatomie County. A few questions are specifically for those who are 55 or older. Otherwise, please answer all other questions to the best of your knowledge whether you're 55 or older or not. The questions in this section focus on quality of life for people 55 or older as well as services in the community.

Please keep in mind this definition of healthy aging while filling out these questions: Healthy aging involves developing and maintaining the **functional ability** that enables **well-being** in older age, including meeting basic needs; ability to make decisions; mobility; building and maintaining relationships; and contributing to the community.

62. The community supports healthy aging.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

63. There are an adequate number of services in the community to meet the needs of older adults

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

64. What are the **top three needs for older adults in the community** that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- | | |
|---|--|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Vision care | <input type="checkbox"/> Personal care services |
| <input type="checkbox"/> Affordable prescriptions | <input type="checkbox"/> Respite services for caregivers |
| <input type="checkbox"/> Independent living in the home | <input type="checkbox"/> Access to daily meals |
| <input type="checkbox"/> Independent living in a retirement community | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> Assisted living options | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Long term care facility options | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Memory care options/dementia support | <input type="checkbox"/> Finances/Income |
| <input type="checkbox"/> Home health care options | <input type="checkbox"/> Ease of mobility in the community |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Day programs | <input type="checkbox"/> Hospice care |
| <input type="checkbox"/> Caregiver support groups | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Substance abuse |
| | <input type="checkbox"/> Other (please specify) _____ |

65. Are you a caregiver of an older adult (spouse, parent, grandparent, etc.)? **If NO, skip to question 69.**

- Yes
- No

66. If you are the caregiver of an older adult, are you receiving the supportive services you need?

- Yes
- No

67. If you are not receiving the services that could support you in your caregiver role what services do you need? Please write in your response.

68. Are you 55 years or older?

- Yes
- No

If you are not 55 years or older, please skip to question 71.

69. How important are the following in your life right now?

	Not Important	Somewhat Important	Moderately Important	Important	Very Important
Staying mentally sharp					
Spending time with family and friends					
Learning new things					
Receiving or continuing to receive Social Security benefits					
Receiving or continuing to receive Medicare benefits					
Having enough money to meet daily living expenses like groceries, gasoline, utilities, clothing, mortgage or rent, etc.					
Having adequate health insurance coverage					
Affording the cost of out-of-pocket health care expenses and prescription drugs					
Having quality long-term care for yourself or a family member					

How important are the following in your life right now? (Continued)

	Not Important	Somewhat Important	Moderately Important	Important	Very Important
Staying healthy					
Being able to stay in your own home					
Protecting yourself from consumer fraud					
Having enough money to live comfortably and do the things you want to do					
Having access to public transportation					
Enforcement of quality standards for nursing homes					
Being able to volunteer in your community					
Being able to use your cell phone with confidence					
Being able to go online to manage your finances with confidence					

Housing

This section focuses on conditions related to housing for persons in Pottawatomie County. It does not matter whether you own or rent. Please answer these questions as thoroughly as possible. The questions focus on the suitability of housing (e.g., affordability, safety) and needs related to housing.

70. Do you own your home or rent?

- Own
- Rent
- Not applicable (e.g., I live with friend or family member)

71. Which of the following best describes your current living arrangements?

- I am the only person in the household.
- I live with my spouse/partner/significant other.
- I live with other family, friends, or roommates.
- I have no place to live.

Suitability of Housing

Suitable housing refers to the condition of a) spending no more than 30% of your income on housing and b) living in a home that meets local safety (code) standards.

72. Do you spend more than 30% of your gross annual income on housing (including utilities)?

- Yes
- No

73. Do you think your current housing is safe?

- Yes
- No

74. Are you happy with your current housing?

- Yes
- No

75. If you're not happy with your current housing, please tell us why? **Check all that apply.**

- Too expensive
- Location
- Unsafe because of condition of the housing
- Too small
- Other (please specify) _____

76. If you would prefer to own your residence, but don't, what are the reasons? **Check all that apply.**

- Too expensive to buy
- Too hard to get financing
- Too much responsibility
- I'd be the only occupant
- Too costly to maintain
- Too costly to insure
- N/A – I own my own residence
- Other (please specify) _____

77. There is enough affordable housing in the community.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

78. There is enough accessible housing (for persons with disabilities) in the community.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

79. What are the **top three needs related to housing** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Education about responsible homeownership
- ___ Education about financing options for homeownership
- ___ Higher quality rentals
- ___ Senior housing
- ___ Low-income housing assistance (Section 8)
- ___ Neighborhood improvement programs
- ___ Code enforcement (e.g. overgrown lawns, broken windows, trash, etc.)
- ___ Assistance with property repair and maintenance
- ___ Variety of affordable housing options
- ___ Historic preservation
- ___ Quality housing
- ___ Safe housing
- ___ Affordable housing
- ___ Accessible housing (for persons with disabilities)
- ___ Other (please specify) _____

Transportation

This section focuses on the availability and use of transportation in Pottawatomie County. It includes questions that ask about your own transportation options and those in the community as well as overall needs.

80. Which of the following types of transportation do you use to get around your community: **Check all that apply.**

- A car, truck, or motorcycle you own or have use of
- Ride sharing (i.e., vanpool or carpool)
- Public transportation (e.g., bus, van, etc.)
- One of the ride services, Uber or Lyft
- Taxi
- Horse
- A friend or relative
- Bicycle
- Walk
- Other (please specify) _____
- N/A – I don't need transportation

81. Of the transportation types above, which one do you use most frequently? **Check ONLY one.**

- A car, truck, or motorcycle you own or have use of
- Ride sharing (i.e., vanpool or carpool)
- Public transportation (e.g., bus, van, etc.)
- One of the ride services, Uber or Lyft
- Taxi
- Horse
- A friend or relative
- Bicycle
- Walk
- Other (please specify) _____
- N/A – I don't need transportation

82. Estimate how often you have reliable transportation to get you to the places you want to go

- None of the time
- Some of the time
- Most of the time
- All of the time
- I don't need transportation

83. There are multiple transportation options in the community

- Yes
- No
- N/A – I don't need transportation

84. I have access to the transportation I need to get around the community

- Yes
- No
- N/A – I don't need transportation

85. Do transportation issues regularly prevent you from doing what you need or want to do?

- Yes
- No

86. What are the **top three needs related to transportation** in your community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

___ Widen existing roads

___ Build new roads

___ Provide maintenance and improvements to existing roadways (including intersections or interchanges, pavement of gravel roads, potholes, bridge repairs, etc.)

___ Improve traffic signals

___ Improve public transit service (including increased service hours, shorter wait times, more routes, bus shelters, benches, etc.)

___ Improve driver education

___ Develop a pedestrian friendly transportation system to make areas more walkable (improve sidewalks, crosswalks, signals, etc.)

___ Expand and improve the bike route system (bike paths, bike lanes) to increase the number of people who bike as a form of transportation

___ Increase specialized transportation services for people with disabilities and/or special needs

___ Address texting and driving

___ Increase options for overnight public parking

___ Expand local taxi services

___ Other _____

Economics and Personal Finances

This section focuses on your perceptions of your own economic and financial situation as well as within the community in general. It also includes questions about employment and taxes as well as needs related to economics and personal finance.

87. The overall local economy is doing well.

- Yes
- No

88. How satisfied are you with your current financial situation?

- Not at all satisfied
- Barely satisfied
- Somewhat satisfied
- Mostly satisfied
- Very satisfied

89. How optimistic are you about your personal financial future?

- Not at all optimistic
- Barely optimistic
- Somewhat optimistic
- Mostly optimistic
- Very optimistic

90. In a typical month, how difficult is it for you to cover your expenses?

- Very Difficult
- Difficult
- Neither difficult or easy
- Easy
- Very Easy
- N/A

91. Do you make enough money to save for the future?

- Yes
- No
- N/A – I don't work

92. In the past 12 months, have you personally experienced a large unexpected drop in income?

- Yes
- No
- N/A

93. In the past 12 months has your household experienced a large unexpected drop in income?

- Yes
- No
- N/A

94. Do you make enough money to support your own basic needs?

- Yes
- No

95. Do you make enough money to support your family's needs?

- Yes
- No
- N/A – I only support myself

96. Do you need to work more than one job in order to earn enough to meet your basic needs?

- Yes
- No

97. Has your employer put limits on the number of hours you can work due to insurance costs?

- Yes
- No
- I don't know

98. Do you feel your education is being fully used in your current job?

- Yes
- No
- N/A - I don't have a job

99. Do you feel your skills are being fully used in your current job?

- Yes
- No
- N/A - I don't have a job

100. If you are retired, to what extent do you feel your education is being utilized?

- It is not being utilized
- It is barely being utilized
- It is somewhat being utilized
- It is being utilized a lot
- It is being utilized to a great extent
- N/A – I am not retired

101. If you are retired, to what extent do you feel your skills are being utilized?

- They are not being utilized
- They are barely being utilized
- They are somewhat being utilized
- They are being utilized a lot
- They are being utilized to a great extent
- N/A – I am not retired

102. There are a variety of jobs available in my community.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

103. There are enough well-paying jobs in my community.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

104. There are opportunities in my community for increasing my job skills.

- Strongly Disagree
- Disagree
- Neither disagree or agree
- Agree
- Strongly Agree

105. Property taxes are reasonable.
- Strongly Disagree
 - Disagree
 - Neither disagree or agree
 - Agree
 - Strongly Agree
 - N/A - I don't pay property taxes

106. Sales taxes in are reasonable.
- Strongly Disagree
 - Disagree
 - Neither disagree or agree
 - Agree
 - Strongly Agree

107. What are the **top three needs related to economic/personal finance** in the community that should be addressed?

Instructions: Please rank your selections by typing 1, 2, or 3 in the box next to your choice. A 1 shows the most important, a 2 shows the second important, and a 3 shows the third important. You will only be able to rank three choices.

- ___ Workforce development training
- ___ Low-cost resources to help with personal finance management
- ___ Assistance with searching for and gaining employment
- ___ Small business development
- ___ Emergency assistance to individuals or families (e.g., for utilities, food, rent, etc.)
- ___ Availability of jobs
- ___ Access to education
- ___ Availability of low-interest loans
- ___ Availability of college or career preparation in schools
- ___ Employment opportunities for youth
- ___ Employment opportunities for older adults
- ___ Jobs that at least pay a living wage (the minimum income necessary for a worker to meet basic needs like food, housing, clothing, etc.)
- ___ Other (please specify) _____

Demographic Information

The following questions will help us understand a little more about the people who respond to this survey. This information will not be linked to your individual answers in any way. Analysis may be done to see how people with similar demographics (e.g., age, income, etc.) answer certain questions. But, all data from the group of interest will be combined for these purposes. Please answer as completely as possible.

108. Gender:

- Male
- Female
- Transgender male
- Transgender female
- Gender variant/non-conforming
- Not listed other (please specify) _____
- Prefer not to answer

109. Racial Categories (**Select all that apply**)

- White
- Asian
- African American/Black
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Multiracial
- Other (please specify) _____

110. Ethnic Category

- Hispanic or Latino
- Not Hispanic or Latino

111. What is the highest level of school, college or vocational training that you have finished?

- Less than 9th grade
- 9-12th grade, no diploma
- High school graduate (or GED/equivalent)
- Associate's degree or vocational training
- Some college (no degree)
- Bachelor's degree
- Graduate or professional degree

112. What best describes your current marital status?

- Single, never married
- Married
- Divorced
- Widowed
- Not married, but living together
- Domestic partnership or civil union

113. What was your total household income last year, before taxes?

- Less than \$10,000
- \$10,000 to \$14,999
- 15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more
- Prefer not to answer

114. How many people does this income support?

115. Have you been a member of the Armed Services/Military?

- Yes
- No

116. What is your current status?

- Active
- Retired
- Disabled or Injured
- Inactive

117. What is your employment status?

- Self-employed
- Working more than one job
- Employed full-time (one job)
- Employed part-time
- Homemaker
- Retired
- Disabled
- Unemployed for 1 year or less
- Unemployed for more than 1 year

118. How many people in your household are working?

119. What county do you currently work in?

- Riley
- Pottawatomie
- Geary
- Other (please specify) _____

120. Are you a student taking courses for credit?

- Yes
- No

121. What is your student status?

- Part-time
- Full-time

122. Which of the following best describes the school you are attending?

- Graduate school (on campus)
- Graduate school (on-line)
- Four year undergraduate college/university (on campus)
- Four year undergraduate college/university (on-line)
- Two-year community/junior college (on campus)
- Two year community/junior college (distance learning)
- Vocational, technical, or trade school (on campus)
- GED/high school equivalency program
- Other (please specify) _____

123. Do you participate in a religious/faith community?

- Yes
- No

124. Which of the best describes how you access the Internet? **Check all that apply.**

- Home Computer
- Work Computer
- Public Computer
- Mobile (cell phone, tablet, etc.)
- I don't access the Internet

125. How do you normally get your news about community events? **Check all that apply.**

- Newspaper
- Community flyers
- Social media (Facebook, Twitter, etc.)
- Newsletters
- Email/RSS
- Friends/Family
- Internet
- Radio
- TV/local cable

Other Comments

Please share any additional comments about the community here:

Thank you for your participation.