



2025 Community Health Needs Assessment Survey Jefferson County, Kansas

Please take a moment to complete the survey below. The purpose of this questionnaire is to get your opinions about community health issues and quality of life within your community in Jefferson County. In collaboration with Jefferson County Home Health and Hospice, we plan to compile this information and use it as input for the development of a community improvement plan.

Your voice matters. By sharing your thoughts, you'll help us understand what's most important to local Jefferson County residents and guide future efforts to make our community a healthier place to live.

This survey is completely anonymous.

Part I: Demographics

Your answers will help us see how different people feel about local health issues.

1. What is the zip code where you live? _____
(Note: This survey is for residents of Jefferson County, KS)
2. What is your age? (please select from ranges below)

_____ 12 years or younger	_____ 35-44 years
_____ 13-17 years	_____ 45-54 years
_____ 18-24 years	_____ 55-64 years
_____ 25-34 years	_____ 65+ years
3. What is your identifying gender?

_____ Woman	_____ Prefer not to say
_____ Man	_____ Other: _____
_____ Non-binary	
4. Race / Ethnic group you most identify with:

_____ White / Caucasian	_____ Native American
_____ Black / African American	_____ Prefer not to answer
_____ Hispanic / Latino	_____ Other: _____
_____ Asian / Pacific Islander	
5. Marital Status:

_____ Single	_____ Widowed
_____ Married	_____ Separated
_____ Divorced	_____ Other: _____
6. What is your current employment status? (Select all that apply.)

_____ Employed	_____ Unemployed
_____ Self-Employed	_____ Retired
_____ Stay-at-Home	_____ Disabled
_____ Homemaker/Caregiver	_____ Other: _____
7. Indicate your annual household take-home pay range.



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Jefferson County, Kansas

- ☐ Less than \$25,000
- ☐ \$25,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ Over \$75,000

8. How many people live in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+

9. Of those people that live within your household, how many are dependents?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+
- ☐ None

10. What type of healthcare coverage do you have? (Select all that apply.)

- ☐ Medicare
- ☐ Medicare Advantage
- ☐ Medicaid/KanCare (Aetna, United Healthcare, Sunflower)
- ☐ Commercial Health Insurance (BCBS, Aetna, Humana, Cigna, etc.)
- ☐ VA/Tricare
- ☐ Direct Primary Care
- ☐ No healthcare insurance
- ☐ Other: _____

11. Does anyone in your household receive disability benefits?

- ☐ Yes
- ☐ No



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Jefferson County, Kansas**

Part II: Community Health

12. In the following list, what do you think are **the three most important factors for a "Healthy Community?"**
(Choose the factors which you feel are the most important to achieving a safe healthy environment for you and your family.)
Please select at most 3 options.
- ☐ Good place to raise children
 - ☐ Low crime / safe neighborhoods
 - ☐ Low level of child abuse
 - ☐ Good schools
 - ☐ Access to health care (e.g., family doctor)
 - ☐ Parks and recreation
 - ☐ Clean environment
 - ☐ Affordable housing
 - ☐ Arts and cultural events
 - ☐ Access to healthy food
13. In the following list, what do you think are **the top three largest "health related problems" in your community?**
(Those problems which have the greatest impact on overall community health.)
Please select at most 3 options.
- ☐ Aging problems (e.g., arthritis, hearing/vision loss, etc.)
 - ☐ Cancers
 - ☐ Child abuse / neglect
 - ☐ Dental problems
 - ☐ Diabetes
 - ☐ Domestic Violence
 - ☐ Firearm-related injuries
 - ☐ Obesity (childhood & adult)
 - ☐ Heart disease and stroke
 - ☐ High blood pressure
 - ☐ HIV / AIDS
 - ☐ Homicide
 - ☐ Infant death
 - ☐ Infectious Diseases (e.g., hepatitis, TB, etc.)
 - ☐ Mental health problems
14. In the following list, what do you think are **the three most important "risky behaviors" in your community?**
(Those behaviors which have the greatest impact on overall community health.)



**2025 Community Health Needs Assessment Survey
Jefferson County, Kansas**

Please select at most 3 options.

- ☐ Alcohol abuse
- ☐ Being overweight
- ☐ Dropping out of school
- ☐ Drug abuse
- ☐ Lack of exercise
- ☐ Lack of maternity care
- ☐ Poor eating habits
- ☐ Not getting "shots" to prevent disease
- ☐ Racial differences
- ☐ Tobacco use
- ☐ Not using a form of birth control
- ☐ Not using seat belts / child safety seats
- ☐ Unsafe sex
- ☐ Unsecured firearms
- ☐ Accessibility to preventive care
- ☐ Other: _____

15. How would you rate the overall health of our community?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

16. How would you rate your own personal health?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy



2025 Community Health Needs Assessment Survey
Jefferson County, Kansas

Part III: Quality of Life

Directions: Please read the questions and circle the number that best reflects your opinion.

1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes

17. Are you satisfied with the overall quality of life in your community?
(Consider your sense of safety, opportunity for community involvement, and overall well-being)
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
18. Are you satisfied with the health care system in your community?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
19. Is your community a good place to raise children?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
20. Is your community a good place to grow old?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
21. Is there economic opportunity in your community?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
22. Is your community a safe place to live?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
23. Are there networks of support for individuals and families during times of stress and need?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
24. Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
25. Do all residents perceive that they - individually and collectively - can make your community a better place to live?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
26. Is there a broad variety of health services in your community?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
27. Are there a sufficient number of health and social services available in your community?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes
28. Do you believe that you have adequate access to healthcare when you need it?
1: Strongly No 2: No 3: Neutral 4: Yes 5: Strongly Yes



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Thank you for your participation in our survey!

Please return paper responses to:

F.W. Huston Medical Center
%CHNA Survey
408 Delaware St.
Winchester, KS 66097

If you prefer to fill our survey out online, please use the QR code below:

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