

Harrington

HEALTHCARE SYSTEM

Total Local Care

In which language would you prefer to take this survey?/¿En qué idioma prefiere hacer esta encuesta?

- English
- Español

NEXT / SIGUIENTE

Click the "Next" button to continue. / Haga clic en el botón "Siguiete" para continuar.

Harrington

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Login Page

If you are beginning a new survey, please click the Next button below.

If you are returning to a previously saved survey...

Enter the Return Code you received during your previous session in the box below:

Return code:

NEXT

Click the "Next" button to continue.

Harrington

HEALTHCARE SYSTEM

Total Local Care

2016 Community Health Needs Assessment

The mission of Harrington HealthCare System is to deliver optimal healthcare to the residents and communities of south central Massachusetts and northeastern Connecticut. We are committed to total local care, providing personalized, compassionate care and advanced technology close to home.

To better understand the health care needs of our service area, Harrington has engaged DataStar, Inc. to conduct a study that identifies and analyzes population health needs, resources and assets of the region. The information from this report will be used to help shape our action plan to improve healthcare for all ages over the next three years.

Before you begin, we want to assure you that your answers are private and anonymous. We will combine your answers with other answers and will not use names or other identifying information in the report we write or presentations we give.

Throughout this survey, you will note our questions ask for your opinion on health needs **"in your community."** For the purpose of this survey, we ask that you consider **"your community"** to be one of the following towns: **Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Fiskdale, Holland, Monson, North Brookfield, Oxford, N. Brookfield, N. Oxford, Palmer, Quinebaug, Conn., Southbridge, Spencer, Sturbridge, Thompson, Conn., Wales, Warren, Webster, West Brookfield or Woodstock, Conn.**

Thank you for taking the time to complete the full survey.

EXIT

Save and return later.

NEXT

Continue to the next screen.



Survey is 17% complete.

Harrington

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Instructions

- **Please note that your return code is: BWN3874** . This return code has been randomly generated and assigned to you. It does not identify you in any way and only serves to allow you to return to where you left off in the survey. While your return code will be displayed again if you choose to exit the survey, please make a note of it now, in case your session is interrupted unexpectedly for any reason. You may wish to print this page for later reference.
- **The survey should take you approximately 5-10 minutes to complete.** There is no specific time limit for completing each page. If you need to take a break, you may minimize the window, or click the "Exit" button found at the bottom of each screen. You may return to where you left off at any time before the end of the administration period using your return code. When you return, you will be able to complete the remaining questions, as well as move back to previous pages to review or change your responses.
- At the bottom of each screen are buttons to advance to the next screen, return to a previously answered section, or save your responses and exit. Your responses are always saved as you navigate between pages using these buttons. Please do not use the "Back" and "Forward" buttons at the top of your browser window to navigate the survey. Instead, always use the navigation buttons at the bottom of each screen to make sure your responses will be saved correctly.
- Use your mouse to select the response(s) of your choice. Some questions may ask you to type in your response. You may use the scroll bar on the right side of your browser to move up and down on the screen.
- When you have completed all questions, please click the "Submit Your Completed Survey" button at the bottom of the final survey page. You will receive a verification that your responses have been received. At this point, your return code will be disabled and you will not be able to go back to review or change your responses.
- We need your completed survey by **Sunday, November 27**.

PREVIOUS

Review previous responses.

EXIT

Save and return later.

NEXT

Continue to the next screen.

 Survey is 33% complete.

Harrington

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2016 Community Health Needs Assessment

* 1. What zip code do you live in?

* 2. Do you have a regular medical practitioner (doctor, nurse, physician assistant) that you see for check-ups and medical problems?

- Yes
- No

3. When was the last time you saw a regular medical practitioner, either for a regular check-up or a specific health condition?

- Within the last year
- Between 1 and 3 years ago
- More than 3 years ago
- I've never seen a medical practitioner for a check-up or a specific condition.*

* 4. Do you have a regular dental practitioner that you see for check-ups or dental problems?

- Yes
- No

5. When was the last time you saw a dental practitioner either for a regular check-up or a specific condition?

- Within the last year
- Between 1 and 3 years ago
- More than 3 years ago
- I've never seen a dental practitioner for a check-up or a specific condition.*

* 6. What kind of health insurance do you have?

- None
- Medicaid/Mass Health
- Medicare
- Private (e.g. Blue Cross/Blue Shield, Harvard Pilgrim, Fallon Health, etc.)
- Other: *(please specify)*

PREVIOUS

Review previous responses.

EXIT

Save and return later.

NEXT

Continue to the next screen.

Survey is 50% complete.

Harrington

HEALTHCARE SYSTEM

Total Local Care

2016 Community Health Needs Assessment

In this section we will ask more specific questions regarding health concerns over several different demographics.

- * 7. In general (thinking of all ages and demographics), which of the following would you identify as health concerns in your community? (Check all that apply)
- Mental illness or Depression
 - Opioid/Heroin Addiction
 - Obesity
 - Diabetes
 - Heart disease
 - Cancer
 - Teen pregnancy
 - Asthma/Respiratory Conditions
 - Family/Domestic Violence
 - Zika virus
 - Smoking
 - Other: (please specify)
8. When thinking about **WOMEN'S HEALTH, specifically MATERNAL HEALTH/PREGNANCY**, which of the following services do you find inadequate in your community?
- Prenatal screenings and testing
 - The choice to have a dedicated OB/Gyn to provide care during the woman's entire pregnancy
 - After-hours support (evening and weekends) via phone or email for questions or concerns
 - Birthing classes, breastfeeding classes and other parenting support courses
 - Access to a doula or midwife
 - Access to doctors or nurses with experience in high-risk pregnancies
 - Other: (please specify):
 - I am not familiar enough with maternal health to answer.
- * 9. Which of the following would you identify as major health concerns for the **SENIOR POPULATION** (ages 65+)? (Check all that apply)
- Obesity
 - Diabetes
 - Cancer
 - Alzheimer's/Dementia
 - Depression, Stress and Mental Illness
 - Alcohol Abuse
 - Opioid/Heroin Addiction
 - Heart Disease/Stroke
 - Smoking
 - Other: (please specify)
 - I am not familiar with the health problems for the senior population.
- * 10. Which of the following would you identify as being major health concerns for the **YOUTH AND ADOLESCENT POPULATION** (17 years and younger)? (Check all that apply).
- Depression, Stress and Mental Illness
 - Opioid/Heroin Addiction
 - Obesity
 - Teen pregnancy
 - Smoking
 - Asthma and Respiratory Conditions

- Autism, Asperger's and other related conditions
- ADHD and other related conditions
- Gang/Street Violence
- Family/Domestic Violence
- HIV and other sexually transmitted infections
- Diabetes
- Other: (please specify)
- I am not familiar with the health issues for the youth and adolescent population.

11. When considering **PEDIATRIC CARE**, which of the following do you find inadequate in your community?

- A hospital with a low rate of infection.
- Access to specialists, i.e. nutritionists, speech therapists and occupational therapy
- Access to a facility with general surgical procedures i.e. tonsils, gallbladders and broken bones
- Access to behavioral health specialists (family counseling, medication management, psychosocial therapy, etc.)
- Comprehensive, on-site imaging studies
- Other: (please specify)

PREVIOUS

Review previous responses.

EXIT

Save and return later.

NEXT

Continue to the next screen.



Survey is 67% complete.

Harrington

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2016 Community Health Needs Assessment

* 12. What is needed to improve the health of your family and your neighbors? *(Check all that apply)*

- Healthier Food
- Job Opportunities
- Mental Health Services
- Recreational Facilities/Safe Places to Walk & Play
- Smoking Cessation Programs
- Better Access to Primary Care Physicians
- Drug Rehab Services
- Alcohol Rehab Services
- Mammograms, cancer screenings and other preventive health services
- Additional comments:

* 13. What do you think keeps people in your community from seeking medical treatment? *(Check all that apply)*

- Lack of insurance
- Inability to pay co-pays
- Health services too far away
- Cultural/Religious beliefs
- Fear (not ready to face health problems)
- Transportation barriers
- Childcare problems
- No appointments available/Too long of a wait to get an appointment
- Language barriers
- Don't know how to find doctors
- Other: *(please specify)*

14. Please share any other thoughts you have in relation to improving the health needs of the community in which you live.

PREVIOUS

Review previous responses.

EXIT

Save and return later.

NEXT

Continue to the next screen.

 Survey is 83% complete.

Harrington

HEALTHCARE SYSTEM*Total Local Care*

Demographic Information

15. What is your gender?

- Male
- Female
- Prefer not to disclose*

*** 16. Please categorize your age:**

- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+

*** 17. What is your racial/ethnic identification? (Check all that apply)**

- White/Caucasian
- Black/African American
- Native American/American Indian
- Asian
- Hispanic/Latino
- Prefer not to disclose*

18. What is the highest level of education you have completed?

- Some high school
- High school graduate/GED
- Technical school
- Some college
- College graduate
- Graduate or professional degree
- Doctorate

19. What category best describes your annual household income?

- Under 10,000
- 10,000-24,999
- 25,000-34,999
- 35,000-44,999
- 45,000-54,999
- 55,000-64,999
- 65,000-74,999
- 75,000 or more

PREVIOUS

Review previous responses.

EXIT

Save and return later.

SUBMIT SURVEY

Submit your completed survey.
Important note: Once you submit, you will not be able to return to the survey to review or change any of your responses.


Survey is 99% complete.