

2025 Community Partner Survey

1. What county do you live in?

[If CEDAR, DADE, HICKORY, POLK or ST. CLAIR was selected, the survey continues as follows]

2. In the past 12 months, have there been times when you needed **medical care** but chose NOT to or could NOT seek it?

- Yes
- No
- Not sure

2a. [If YES for #2] Why did you NOT get care? (pick all that apply)

- No childcare
- Insurance barriers (for example, lack of coverage or referrals)
- Scheduling barriers (for example, work/class conflicts, wait times or telehealth not accessible)
- Access barriers (for example, hospital or specialty care too far away, not aware of options or no transportation)
- Financial barriers (for example, did not have the money or other priorities were more important)
- Provider/staff barriers (for example, have had a bad experience or worried about a diagnosis)
- Cultural barriers (for example, religious beliefs, language barriers or concern of discrimination)
- Tell us (please specify)

3. In the past 12 months, have there been times when you needed **mental health care** but chose NOT to or could NOT seek it?

- Yes
- No
- Not sure

3a. [If YES for #3] Why did you NOT get care? (pick all that apply)

- No childcare
- I turn to other sources for mental health support (for example: people at church, healers, family and/or friends)
- Identity barriers (for example, could not find a provider of desired race, ethnicity, gender, LGBTQIA+ identity or faith)
- Insurance barriers (for example, lack of coverage or referrals)

- Scheduling barriers (for example, work/class conflicts, wait times or telehealth not accessible)
- Access barriers (for example, hospital or specialty care too far away, not familiar with options or no transportation)
- Financial barriers (for example, did not have the money or other priorities were more important)
- Provider/staff barriers (for example, have had a bad experience or worried about a diagnosis)
- Cultural barriers (for example, religious beliefs, language barriers or friends/family would not approve)
- Tell us (please specify)

The next couple of questions will ask you about your ability to **access** healthcare services. We define access to healthcare as the ability to get services without barriers such as distance, cost or time.

4. If needed, I am able to access counseling services for mental health issues such as depression, anxiety, trauma or others.
 - Agree
 - Disagree
 - I have not needed these services
5. If needed, I am able to access emergency mental health services for thoughts or actions of self-harm, suicide or harm to others
 - Agree
 - Disagree
 - I have not needed these services
6. If needed, I am able to access drug, alcohol and other substance use education, prevention and early intervention services
 - Agree
 - Disagree
 - I have not needed these services
7. If needed, I am able to access drug, alcohol and other substance use treatment and rehabilitation services, including detox
 - Agree
 - Disagree
 - I have not needed these services
8. If needed, I am able to access integrated care, or where people can get medical care and counseling at the same time
 - Agree
 - Disagree
 - I have not needed these services
9. Do you have children (individuals under 18 years old) in your household?

- Yes
- No

9a. [If YES to #9] If needed, the children in my household are able to access counseling services for mental health issues such as depression, anxiety, trauma or others.

- Agree
- Disagree
- The children in my household have not needed these services

9b. [If YES to #9] If needed, the children in my household are able to access emergency mental health services for thoughts or actions of self-harm, suicide or harm to others

- Agree
- Disagree
- The children in my household have not needed these services

9c. [If YES to #9] If needed, the children in my household are able to access drug, alcohol and other substance use education, prevention and early intervention services

- Agree
- Disagree
- The children in my household have not needed these services

9d. [If YES to #9] If needed, the children in my household are able to access drug, alcohol and other substance use treatment and rehabilitation services, including detox

- Agree
- Disagree
- The children in my household have not needed these services

9e. [If YES to #9] If needed, the children in my household are able to access integrated care, or where people can get medical care and counseling at the same time

- Agree
- Disagree
- The children in my household have not needed these services

10. [If YES to #9] What is the greatest unmet health need for your children? [free text]

11. In the past 12 months, have you been physically active?

- Yes

- No
- Unsure

11a: [If NO to #11] Why were you NOT physically active? (pick all that apply)

- Familial barriers (for example, no childcare or no opportunities to be active as a family)
- Scheduling barriers (for example, no time or restricted hours of fitness locations)
- Access barriers (for example, exercise locations are too far away or no transportation)
- Financial barriers (for example, expensive membership/equipment or other priorities were more important)
- Physical barriers (for example, physical limitations, age or didn't know where to start)
- Interest barriers (for example, lack of motivation, fear of injury, previous negative experiences or feelings of self-consciousness)
- Unavailable preferences (for example, preference for group exercise or specific type of fitness)
- Safety barriers (for example, outdoor spaces are not safe)
- Cultural barriers (for example, societal norms or feeling self-conscious)
- Tell us (please specify)

12. In the past 12 months, did you regularly eat healthy meals?

- Yes
- No
- Unsure

12a. [If NO to #12] Why did you NOT regularly eat healthy meals? (pick all that apply)

- Dietary restrictions or food allergies
- Time barriers (for example, easier to eat unhealthy and/or fast foods, preparation takes too much time)
- Access barriers (for example, no grocery stores near me, no transportation or no cooking facilities)
- Financial barriers (for example, too expensive)
- Interest barriers (for example, lack of motivation or stress/emotion about food choices)
- Knowledge barriers (for example, don't know what counts as healthy food or don't know how to prepare health meals)
- Preferences (for example, do not like the taste, cultural/familial food preferences or peer or social pressure)
- Tell us (please specify)

13. In the past 12 months, have you experienced any challenges related to your housing situation?

- Yes
- No
- Unsure

13a: [If YES to #13] What specific challenges have you encountered with your housing situation? (pick all that apply)

- Unhoused/homelessness
- Availability barriers (for example, no units, no units where I need them, or not close to services)
- Financial barriers (for example, unaffordable, lack of stability or poor/no credit history)
- Physical/mobility barriers
- Knowledge barriers (for example, unaware of subsidies, community resources or support)
- Safety barriers (for example, poor quality, overcrowding, lack reliable utilities or poor security)
- Environmental barriers (for example, pollution, proximity to industrial sites, mold or pests)
- Cultural barriers (for example, family dynamics, desired housing for groups [seniors, veterans, etc.] or pets)
- Mental health impacts
- Tell us (please specify)

14. What is your biggest barrier to better health? [free text]

Demographic Questions

15. Are you willing to complete a few demographic questions?

This is optional but helps us better understand your needs. This data helps tailor services, measure impact and inform policy decisions. Responses are anonymous and help create a more supportive healthcare environment for all.

- Yes
- No

15a. [If YES to #15] What is your age?

- 00-12
- 13-17
- 18-24
- 25-34
- 35-44
- 45-54

- 55-64
- 65-74
- 75-84
- 85+

15b. [If YES to #15] What race best describes you? (check all that apply)

- Black or African American
- American Indian and Alaska Native
- Asian
- Caucasian/White
- Hispanic or Latino
- Native Hawaiian and other Pacific Islander
- Multiracial
- Other
- Prefer not to disclose

15c. [If YES to #15] What is your current gender identity?

- Male
- Female
- Transgender
- Tell us: _____
- Prefer not to disclose

15d. [If YES to #15] In the past 12 months, have you been pregnant or given birth?

15e. [If YES to #15] Which of the following best describes your employment status? (select all that apply)

- Employed, working full-time
- Retired
- Employed, working part-time
- Disabled, not able to work
- Not employed, looking for work
- Student
- Not employed, NOT looking for work

15f. [If YES to #15] How do you pay for most of your healthcare? (select all that apply)

- I pay out of pocket/I pay with personal funds
- I don't have insurance

- TRICARE
- Medicare
- Indian Health Services
- Medicaid/MO HealthNet
- Veteran's Administration
- Marketplace insurance plan
- Employer-provided health insurance
- I am still on my parents' insurance
- I am unable to pay for my healthcare
- I pay another way: _____

15g. [If YES to #15] What is your zip code? [free text]