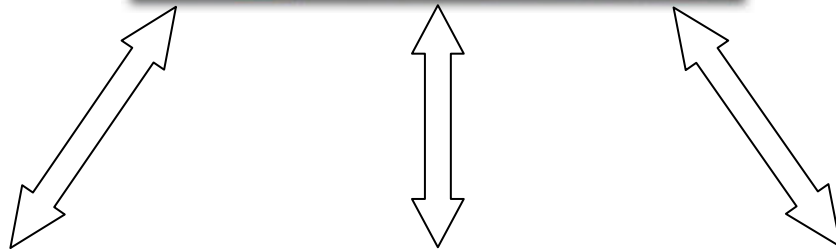


# Linn County, Missouri Telephone Survey Form and Results



Prepared by:

**National Center for Rural Health Works**  
Oklahoma Cooperative Extension Service  
Oklahoma State University

**Oklahoma Office of Rural Health**  
Center for Rural Health  
OSU Health Sciences Center, College of Osteopathic Medicine  
Oklahoma State University

National Association of Counties Project  
Funded by the federal Office of Rural Health Policy

August 2007

Linn County, Missouri  
Telephone Survey Form and Results

Prepared for:

Linn County, Missouri

through

National Association of Counties Project  
Funded by the federal Office of Rural Health Policy

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August 2007

**Linn County Medical Service Area  
Telephone Survey Form**

Survey Date: June 18-23, 2007

**NOTE TO INTERVIEWER: All questions are optional and respondent may, of course, choose not to answer. All answers provided on this form are for facilitation purposes only. If an answer does not “fit” into one of the provided answers, please take down the exact answer given. Thank you.**

**Introduction and screener:**

Hello. My name is \_\_\_\_\_ with \_\_\_\_\_. We are an independent research company and today/this evening, we are conducting a brief survey on the topic of health care for the Linn County Health Care Committee. The community is reviewing the health care situation in Linn County. It is very important that we include the opinion of you or someone in your household in this brief but important survey. To ensure confidentiality, all responses are completely anonymous.

Qualifier: May I ask, are you over the age of 18?

- Yes
- No (*Ask to speak to someone over the age of 18. TERMINATE if there is no one over the age of 18 in the household*)

**1. What is your zip code? (Read list if necessary.)**

- |   |   |
|---|---|
| <input type="checkbox"/> 63557 New Boston | <input type="checkbox"/> 64653 Linneus                    |
| <input type="checkbox"/> 64628 Brookfield | <input type="checkbox"/> 64658 Marceline                  |
| <input type="checkbox"/> 64630 Browning   | <input type="checkbox"/> 64659 Meadville                  |
| <input type="checkbox"/> 64631 Bucklin    | <input type="checkbox"/> 64674 Purdin                     |
| <input type="checkbox"/> 64651 Laclede    | <input type="checkbox"/> Other _____ ( <b>TERMINATE</b> ) |

**2a. Do you use a family doctor/nurse practitioner for most of your routine health care?**

- Yes (*Skip to Q.3a*)
- No
- (**Do not read**) Don't know/Refused (*Skip to Q.3a*)

**2b. If no, then what kind of medical provider do you use for routine care? (Record exact response. Probe for clarification. Do not read list.)**

- County Health Department
- Emergency Room/Hospital
- Physician Assistant
- Provider that accepts Medicaid
- Specialist
- Other (**Specify**) \_\_\_\_\_

3a. Which city do you go to for most of your family's routine health care needs? (**DO NOT READ LIST**)

- |   |  |
|---|--|
| <input type="checkbox"/> Brookfield ( <i>Skip to Q.4a</i> ) | <input type="checkbox"/> Macon   |
| <input type="checkbox"/> Chillicothe                        | <input type="checkbox"/> Marceline   |
| <input type="checkbox"/> Columbia                           | <input type="checkbox"/> Moberly   |
| <input type="checkbox"/> Kansas City                        | <input type="checkbox"/> Other ( <i>Specify</i> ) _____                                    |
| <input type="checkbox"/> Liberty                            | <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused ( <i>Skip to Q.4a</i> ) |

3b. Why do you or your family use a doctor for routine health care needs outside of Linn County? (**Record exact response. Probe for clarification. Do not read list.**)

- |  |   |
|--|---|
| <input type="checkbox"/> Closer/Convenient Location                              | <input type="checkbox"/> Dissatisfaction with local doctors |
| <input type="checkbox"/> Have used for Years/Personal relationship               | <input type="checkbox"/> Veterans' care                     |
| <input type="checkbox"/> Specialist  |   |
| <input type="checkbox"/> Approved provider for insurance/Health benefits program |   |
| <input type="checkbox"/> Other ( <i>Specify</i> ) _____                          |   |

4a. Have you or someone else in your household been to a doctor or nurse practitioner in Linn County in the past 24 months? (*If yes to Q.4a, ask Q.4b and Q.4c; otherwise, skip to Q.5*)

- Yes
- No (*Skip to Q.5*)
- (*Do not read*) Don't know/Refused (*Skip to Q.5*)

4b. How satisfied were you or someone in your household with the quality of care received in Linn County? Would you say that you were... (**READ LIST**)?

- Satisfied
- Dissatisfied
- (*Do not read*) Don't know/Refused (*skip to Q.5*)

4c. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

\_\_\_\_\_

5. Do you think there are enough family doctors in Linn County?

- Yes
- No
- (*Do not read*) Don't know/Refused

6. Are you able to get an appointment with your medical provider when you need one?

- Yes
- No
- (*Do not read*) Don't know/Refused

7a. Have you or someone else in your household been to a specialist in the past 24 months?

- Yes
- No (*Skip to Q.8*)
- (*Do not read*) Don't know/Refused (*Skip to Q.8*)

7b. What type of specialist have you or someone in your household been to and in which city are they located?

| Type of Specialist | City |
|--------------------|------|
|                    |      |
|                    |      |
|                    |      |
|                    |      |
|                    |      |
|                    |      |

7c. Did the specialist request further testing or laboratory work?

- Yes (*If yes, to Q.7c, ask Q.7d; otherwise, skip to Q.7f*)
- No (*Skip to Q.7f*)
- (*Do not read*) Don't know/Refused (*Skip to Q.7f*)

7d. In which city were the tests or laboratory work conducted? (*Record Response Below*)

---

7e. Are you aware that you can have your tests and/or laboratory work performed at Pershing Memorial Hospital and Marceline Community Health Center regardless of the location of your specialty physician?

- Yes
- No
- (*Do not read*) Don't know/Refused

7f. Did the specialist prescribe medication(s)?

- Yes (*If yes to Q.7f; ask Q.7g; otherwise, skip to Q.8*)
- No (*Skip to Q.8*)
- (*Do not read*) Don't know/Refused (*Skip to Q.8*)

7g. In which city was the pharmacy located that filled your prescription(s)? (*Record Response Below*)

---

8. How many people are living in your household? (*Record response below*)

\_\_\_\_\_ (*If respondent is the only person living in household, ask for "you" only in Q.9*)

9. What type of health insurance covers you and your family? (*Read list if needed. ASK FOR “YOU” AND “FAMILY” (if applicable). Can provide more than one response*)

|  | <u>You</u>               | <u>Family</u>            |
|--|--------------------------|--------------------------|
| Champus/TriCare Program                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Indian Health Services                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance through Employer/<br>Previous Employer | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicaid   | <input type="checkbox"/> | <input type="checkbox"/> |
| MC+  | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare   | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare Part D (Prescriptions)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare Advantage (Private pay)                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare Supplement (Private pay)                | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Paid Insurance Plan                         | <input type="checkbox"/> | <input type="checkbox"/> |
| VA benefits                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| *Do Not Have Health Insurance                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                                      | <input type="checkbox"/> | <input type="checkbox"/> |

10. (*If respondent does not have health insurance, ask Q10; otherwise, skip to Q.11*)

Why do you not have health insurance for yourself? (*Do not read list. Record verbatim response.*)

- Too expensive
- Pre-existing medical condition
- Other (*Specify*) \_\_\_\_\_
- (*Do not read*) Don't know/Refused

11. Have you or someone else in your household used the services of a hospital in the past 24 months?

- Yes
- No (*Skip to Q.17*)
- (*Do not read*) Don't know/Refused (*Skip to Q.17*)

12. At which hospital(s) were services received? (*Do not read list unless prompt is needed. Record verbatim responses.*)

- Boone County Hospital – Columbia
- Hedrick Medical Center - Chillicothe
- Moberly Regional Medical Center - Moberly
- Northeast Regional Medical Center - Kirksville
- Pershing Memorial Hospital - Brookfield (*skip to Q.15*)
- Regional Hospital - Columbia
- Samaritan Hospital – Macon
- University Hospital - Columbia
- Other (*Specify*) \_\_\_\_\_
- (*Do not read*) Don't know/Refused

13. *(If any hospital other than Pershing Memorial Hospital was indicated in Q.12, ask Q.13, Q.14a, Q.14b, and Q.14c; otherwise, skip to Q.15)* You mentioned that you or someone else in your household received care at a hospital other than Pershing Memorial Hospital, why did you or your family member choose this/these hospital(s)? **(RECORD VERBATIM RESPONSES. Probe for clarification.)**

14a. What hospital services were used there? **(Do not read list unless prompt is needed. Record verbatim responses)**

- |  |  |
|--|--|
| <input type="checkbox"/> Birthing Services             | <input type="checkbox"/> Outpatient Surgery                      |
| <input type="checkbox"/> Bone Density                  | <input type="checkbox"/> Physical Therapy                        |
| <input type="checkbox"/> CT Scan (CAT Scan)            | <input type="checkbox"/> Radiology                               |
| <input type="checkbox"/> Dietary Services              | <input type="checkbox"/> Respiratory Therapy                     |
| <input type="checkbox"/> Emergency Room                | <input type="checkbox"/> Sleep Study                             |
| <input type="checkbox"/> Inpatient Stay                | <input type="checkbox"/> Specialty Doctor                        |
| <input type="checkbox"/> Inpatient Surgery             | <input type="checkbox"/> Ultrasound                              |
| <input type="checkbox"/> Laboratory (Blood) Tests      | <input type="checkbox"/> X-ray                                   |
| <input type="checkbox"/> Mammogram                     | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Mental Health/Substance Abuse | <input type="checkbox"/> <b>(Do not read)</b> Don't know/Refused |
| <input type="checkbox"/> MRI                           |  |

14b. How satisfied were you or someone in your household with the services you received at this hospital? Would you say you were... (Read list)

- Satisfied
- Dissatisfied
- (Do not read)** Don't know/Refused *(Skip to Q.15)*

14c. Why do you say that? **(RECORD VERBATIM RESPONSES. Probe for clarification)**

15. *(If Pershing Memorial Hospital is mentioned in Q.12, ask Q.15, Q.16a and Q.16b; otherwise, skip to Q.17)* What hospital services were used at Pershing Memorial Hospital? **(Do not read list unless prompt is needed. Record verbatim responses.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency Room                       | <input type="checkbox"/> Nuclear Medicine                        |
| <input type="checkbox"/> Inpatient Stay/Medical Surgical Unit | <input type="checkbox"/> Surgery                                 |
| <input type="checkbox"/> Swing Bed Unit                       | <input type="checkbox"/> Ultrasound                              |
| <input type="checkbox"/> Outpatient IV Therapy                | <input type="checkbox"/> MRI                                     |
| <input type="checkbox"/> Laboratory                           | <input type="checkbox"/> Specialty Clinics                       |
| <input type="checkbox"/> Drug Screening                       | <input type="checkbox"/> Therapy (Physical/Occupational)         |
| <input type="checkbox"/> X-ray                                | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> CT                                   | <input type="checkbox"/> <b>(Do not read)</b> Don't know/Refused |
| <input type="checkbox"/> Outpatient Procedures                |  |



16a. How satisfied were you or someone in your household with the services you received at Pershing Memorial Hospital? Would you say you were... (Read list)

- Satisfied
- Dissatisfied
- (Do not read)** Don't know/Refused *(skip to Q.17)*

16b. Why do you say that? **(RECORD VERBATIM RESPONSES. Probe for clarification)**

---

17. Have you or your family used emergency room services in the past 24 months?

- Yes
- No *(Skip to Q.23)*
- (Do not read)** Don't know/Refused *(Skip to Q.23)*

18. *(If yes to Q.17 ask; otherwise skip to Q.23)* At which hospital(s) were emergency room services initially received? **(Do not read list unless prompt is needed. Record verbatim responses.)**

- Boone County Hospital - Columbia *(skip to Q.21)*
- Hedrick Medical Center - Chillicothe *(skip to Q.21)*
- Moberly Regional Medical Center – Moberly *(skip to Q.21)*
- Northeast Regional Medical Center – Kirksville *(skip to Q.21)*
- Pershing Memorial Hospital – Brookfield *(skip to Q.19)*
- Regional Hospital – Columbia *(skip to Q.21)*
- Samaritan Hospital – Macon *(skip to Q.21)*
- University Hospital – Columbia *(skip to Q.21)*
- Other *(Specify)* \_\_\_\_\_ *(skip to Q.21)*
- (Do not read)** Don't know/Refused *(skip to Q.23)*

19. *(If Pershing Memorial Hospital is mentioned in Q.18, ask Q.19, Q.20a, and Q.20b; otherwise, skip to Q.21)* What type of emergency room services have you or your family used in the past 24 months at Pershing Memorial Hospital? **(Do not read list unless prompt is needed. Record verbatim responses.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac Evaluation/Heart      | <input type="checkbox"/> Trauma Care                             |
| <input type="checkbox"/> Laboratory                    | <input type="checkbox"/> X-Ray (Radiology)                       |
| <input type="checkbox"/> Respiratory Therapy/Breathing | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Routine Illness               | <input type="checkbox"/> <b>(Do not read)</b> Don't know/Refused |

20a. How satisfied were you or someone in your household with the services you received at the emergency room in Pershing Memorial Hospital? Would you say you were... **(Read List)**

- Satisfied
- Dissatisfied
- (Do not read)** Don't know/Refused *(skip to Q.21)*

20b. Why do you say that? **(RECORD VERBATIM RESPONSES. Probe for clarification.)**

---

21. (If a hospital other than Pershing Memorial Hospital is mentioned in Q.18, ask Q.21, Q.22a, and Q.22b; otherwise, skip to Q.23) What type of emergency room services have you or your family used in the past 24 months at this hospital? (**Do not read list unless prompt is needed. Record verbatim responses.**)

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac Evaluation/Heart      | <input type="checkbox"/> Trauma Care                               |
| <input type="checkbox"/> Laboratory                    | <input type="checkbox"/> X-Ray (Radiology)                         |
| <input type="checkbox"/> Respiratory Therapy/Breathing | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Routine Illness               | <input type="checkbox"/> ( <b>Do not read</b> ) Don't know/Refused |

22a. How satisfied were you or someone in your household with the services you received at the emergency room in this hospital? Would you say you were... (**Read List**)

- Satisfied
- Dissatisfied
- (**Do not read**) Don't know/Refused (**Skip to Q.23**)

22b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

---

23. Have you or a family member used Marceline Community Health Center in the past 24 months?

- Yes
- No (**Skip to Q.25**)
- (**Do not read**) Don't know/Refused (**Skip to Q.25**)

24a. How satisfied were you or someone in your family with the services you received at Marceline Community Health Center? Would you say you were... (**Read List**)

- Satisfied
- Dissatisfied
- (**Do not read**) Don't know/Refused (**Skip to Q.25**)

24b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

---

25. Have you or someone in your household used the services of the Linn County health department in the past 24 months?

- Yes
- No (**Skip to Q.27**)
- (**Do not read**) Don't know/Refused (**Skip to Q.27**)

26a. How satisfied were you or someone in your household with the services you received at the Linn County health department?

- Satisfied
- Dissatisfied
- (**Do not read**) Don't know/Refused (**Skip to Q.27**)

26b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

---

27. Have you or someone in your household used the services of the Linn County EMS in the past 24 months?

- Yes
- No (*Skip to Q.29*)
- (**Do not read**) Don't know/Refused (*Skip to Q.29*)

28a. How satisfied were you or someone in your household with the services you received from the Linn County EMS?

- Satisfied
- Dissatisfied
- (**Do not read**) Don't know/Refused (*Skip to Q.29*)

28b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

---

29. Have you or a family member used Community Medical Associates Clinic in Brookfield in the past 24 months?

- Yes
- No (*Skip to Q.31a*)
- (**Do not read**) Don't know/Refused (*Skip to Q.31a*)

30a. How satisfied were you or someone in your family with the services you received at Community Medical Associates Clinic in Brookfield? Would you say you were... (**Read List**)

- Satisfied
- Dissatisfied
- (**Do not read**) Don't know/Refused (*Skip to Q.31a*)

30b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

---

31a. Are you able to access dental services in Linn County?

- Yes (*Skip to Q.32*)
- No (*Skip to Q.31b*)
- (**Do not read**) Don't know/Refused (*Skip to Q.32*)

31b. Why are you unable to access dental services in Linn County? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

---

32. What concerns you most about health care in your community? (*RECORD VERBATIM RESPONSES*)

---

The last few questions are for statistical purposes only and like any of the other questions, respondents may choose not to answer.

33. What is your age?

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81+
- (*Do not read*) Don't know/Refused

34. What is your ethnicity?

- Caucasian
- Asian
- Hispanic
- African American
- Native American
- Other \_\_\_\_\_
- (*Do not read*) Don't know/Refused

35. What is your annual household income?

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to \$50,000
- Over \$50,000
- (*Do not read*) Don't know/Refused

36. **INTERVIEWER: RECORD ANSWER BASED ON OBSERVATION ONLY. DO NOT ASK.**

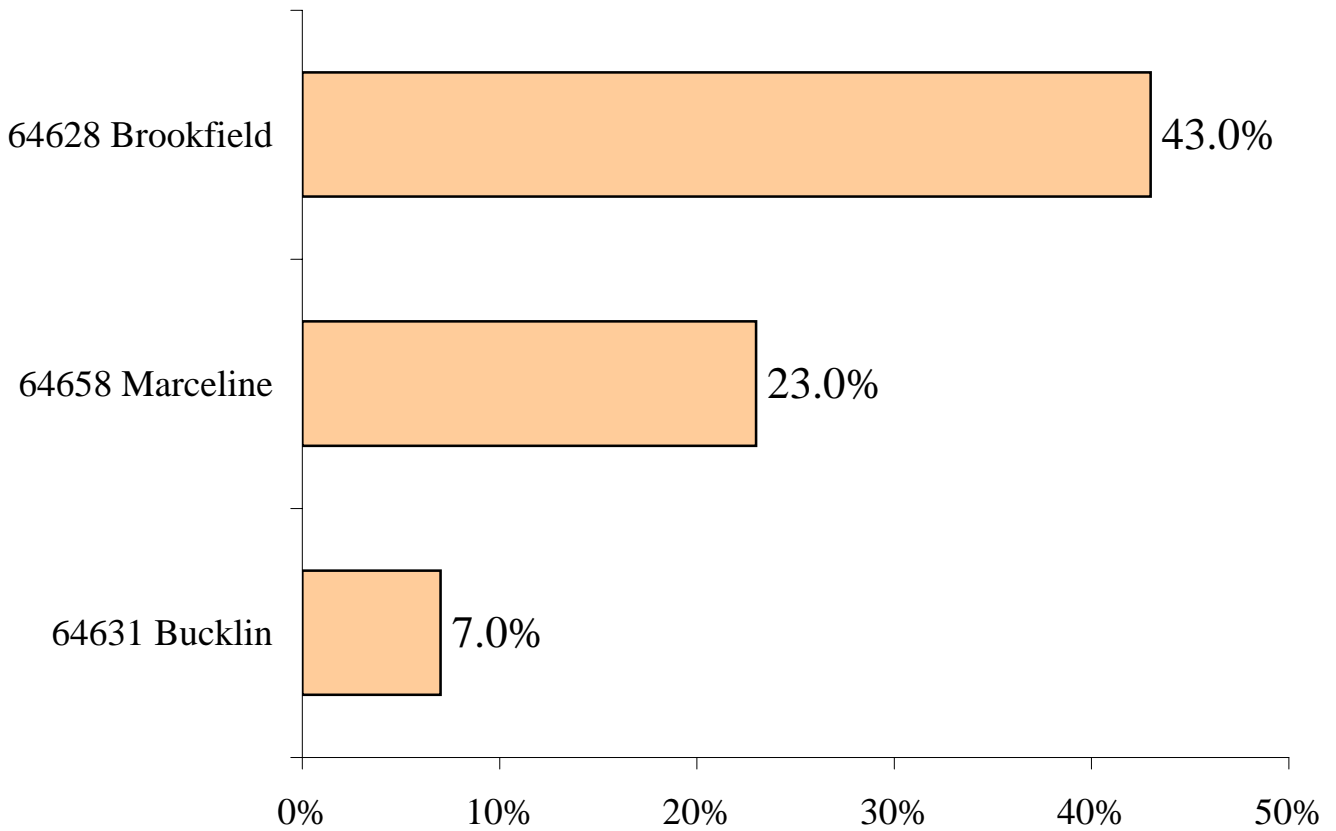
- Male
- Female
- Unknown (Can't tell)

That completes the survey. Thank you for your time!

**Linn County Medical Service Area  
Telephone Survey Results**

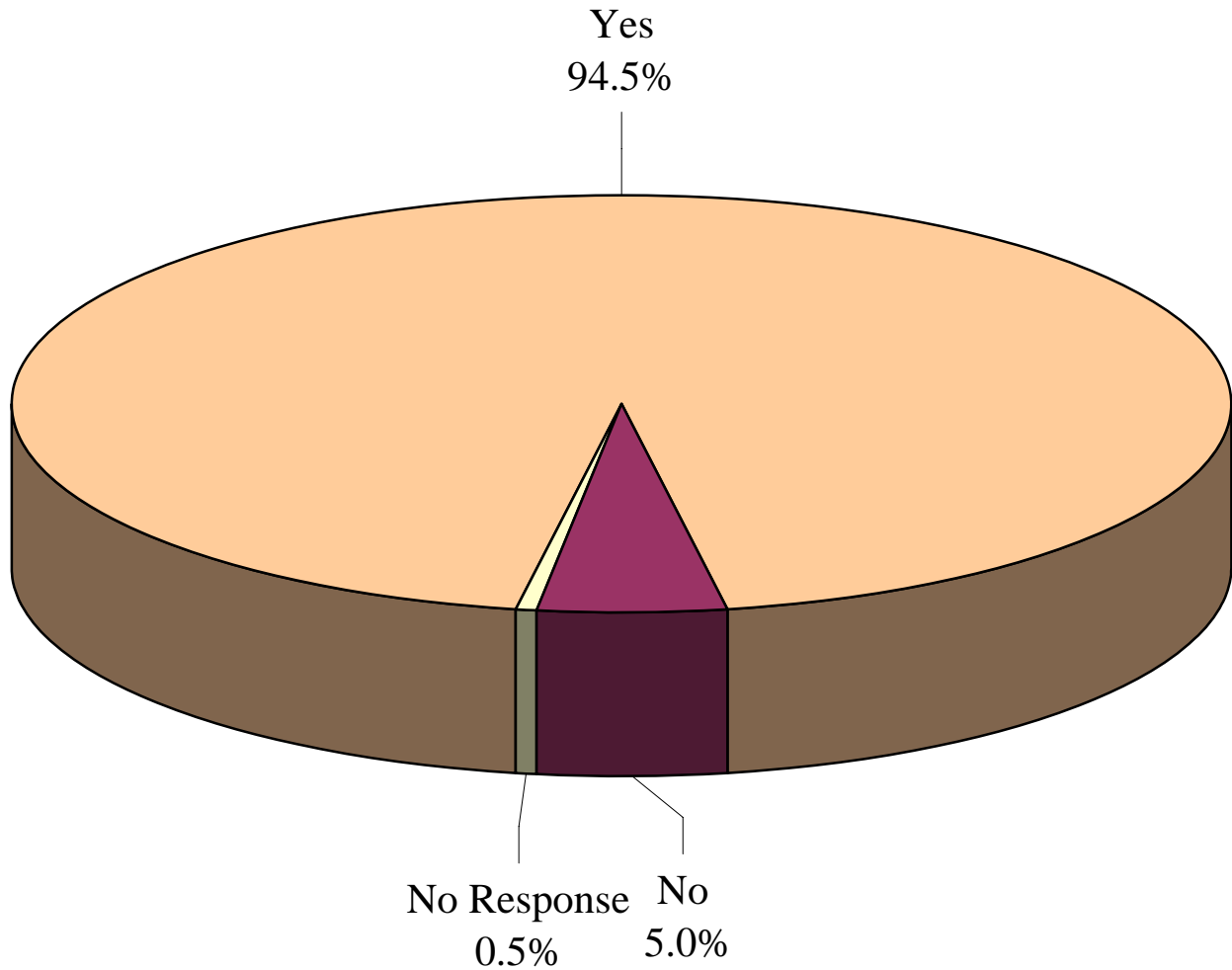
**Q1. What is your zip code?**

| Response Category | No. | Percent |
|-------------------|-----|---------|
| 64628 Brookfield  | 86  | 43.0%   |
| 64658 Marceline   | 46  | 23.0%   |
| 64631 Bucklin     | 14  | 7.0%    |
| 64659 Meadville   | 12  | 6.0%    |
| 64630 Browning    | 11  | 5.5%    |
| 64653 Linneus     | 11  | 5.5%    |
| 64651 Laclede     | 9   | 4.5%    |
| 64674 Purdin      | 6   | 3.0%    |
| 63557 New Boston  | 5   | 2.5%    |
| Total             | 200 | 100.0%  |



**Q2a. Do you use a family doctor/nurse practitioner  
for most of your routine health care?**

| Response Category | No.      | Percent     |
|-------------------|----------|-------------|
| Yes               | 189      | 94.5%       |
| No                | 10       | 5.0%        |
| No Response       | <u>1</u> | <u>0.5%</u> |
| Total             | 200      | 100.0%      |



**Q2b. If no, then what kind of medical provider do you use  
for routine care?**

| Response Category       | No.      | Percent      |
|-------------------------|----------|--------------|
| Specialist              | 4        | 40.0%        |
| Emergency room/Hospital | 1        | 10.0%        |
| Just moved              | 1        | 10.0%        |
| Veterans' clinic        | 1        | 10.0%        |
| Don't know/No response  | <u>3</u> | <u>30.0%</u> |
| Total                   | 10       | 100.0%       |

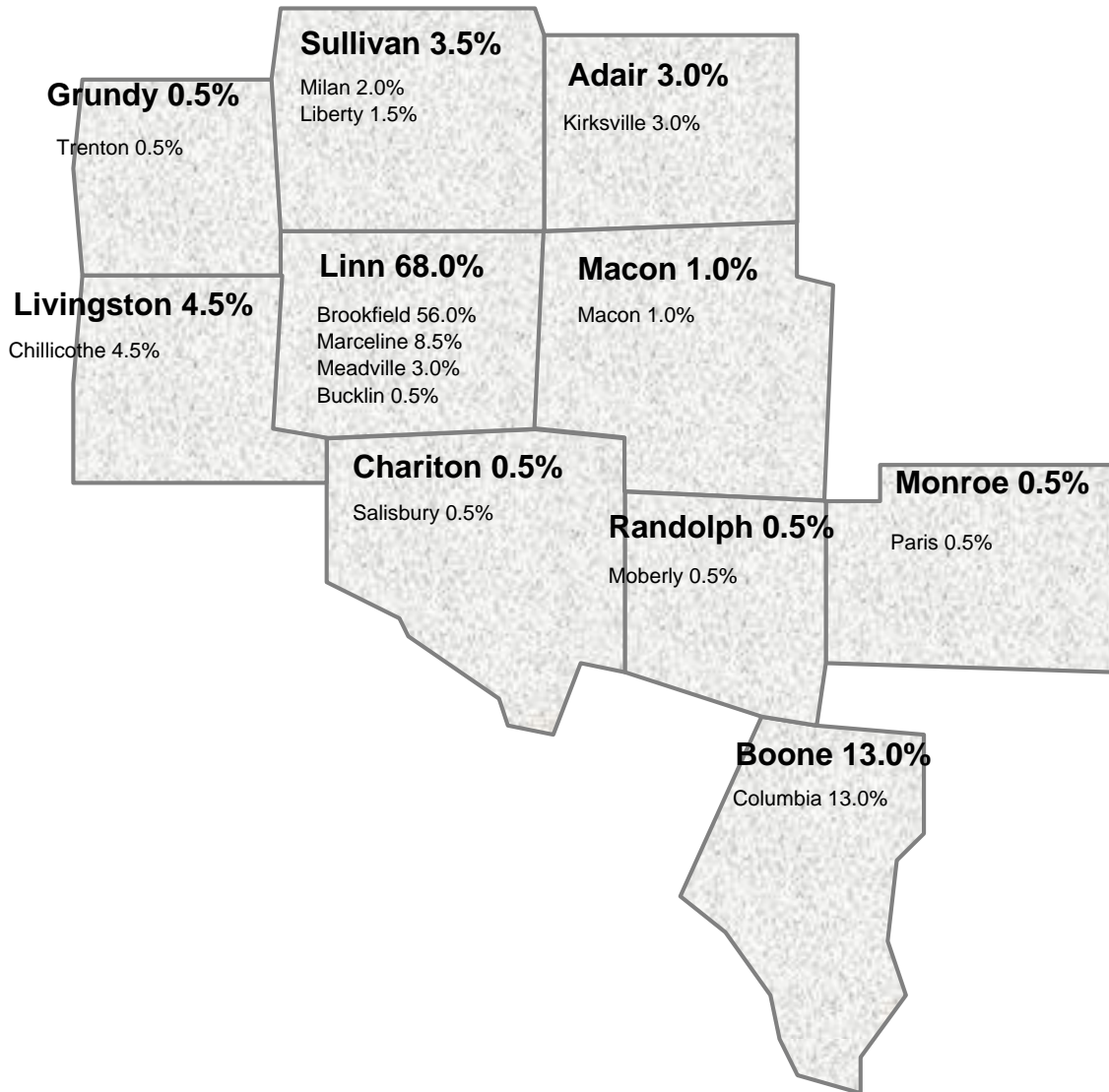


**Q3a. Which city do you go to for most of your family's routine health care needs?**

| Response By Co.                | Response by City | No. by City | No. by Co. | City %      | Co. %       |
|--------------------------------|------------------|-------------|------------|-------------|-------------|
| <b>Adjacent County Area</b>    |                  |             |            |             |             |
| Linn Co., MO                   |                  |             | 136        |             | 68.0%       |
|                                | Brookfield       | 112         |            | 56.0%       |             |
|                                | Marceline        | 17          |            | 8.5%        |             |
|                                | Meadville        | 6           |            | 3.0%        |             |
|                                | Bucklin          | 1           |            | 0.5%        |             |
| Livingston Co., MO             | Chillicothe      | 9           | 9          | 4.5%        | 4.5%        |
| Sullivan Co., MO               |                  |             | 7          |             | 3.5%        |
|                                | Milan            | 4           |            | 2.0%        |             |
|                                | Liberty          | 3           |            | 1.5%        |             |
| Adair Co., MO                  | Kirksville       | 6           | 6          | 3.0%        | 3.0%        |
| Macon Co., MO                  | Macon            | 2           | 2          | 1.0%        | 1.0%        |
| Chariton Co., MO               | Salisbury        | 1           | 1          | 0.5%        | 0.5%        |
| Grundy Co., MO                 | Trenton          | 1           | 1          | 0.5%        | 0.5%        |
| Monroe Co., MO                 | Paris            | 1           | 1          | 0.5%        | 0.5%        |
| Randolph Co., MO               | Moberly          | 1           | 1          | 0.5%        | 0.5%        |
| Boone Co., MO                  | Columbia         | 26          | 26         | 13.0%       | 13.0%       |
| <b>Out of Linn County Area</b> |                  |             |            |             |             |
| Clay Co., MO                   | Kansas City      | 6           | 6          | 3.0%        | 3.0%        |
| Fayette Co., TN                | Cookeville       | 1           | 1          | 0.5%        | 0.5%        |
| State of Iowa                  | State of Iowa    | 1           | 1          | 0.5%        | 0.5%        |
| No Response                    | No Response      | <u>2</u>    | <u>2</u>   | <u>1.0%</u> | <u>1.0%</u> |
|                                | Total            | 200         | 200        | 100.0%      | 100.0%      |

**Q3a. Which city do you go to for most of your family's routine health care needs?**

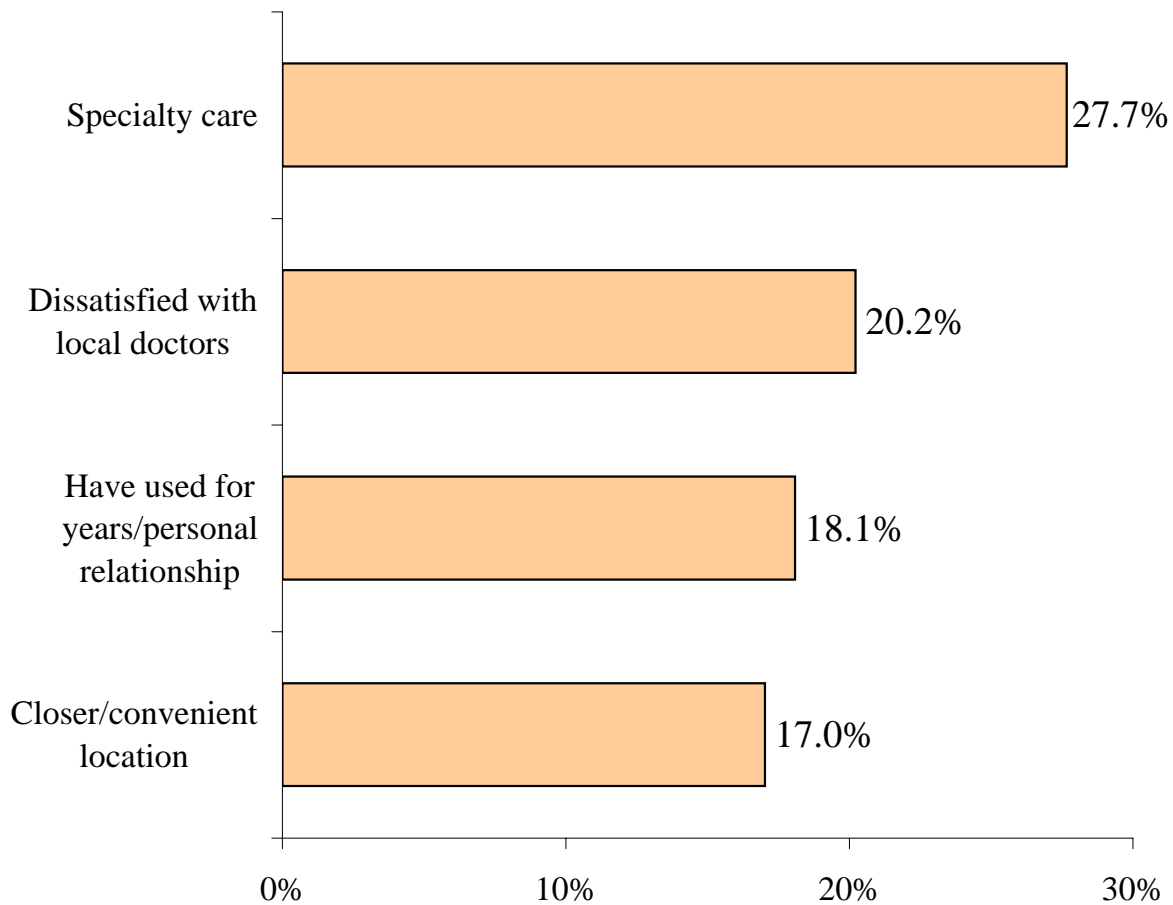
Illustration of Linn County and Surrounding Counties



**Q3b. Why do you or your family use a doctor for routine health care needs outside of Linn County?**

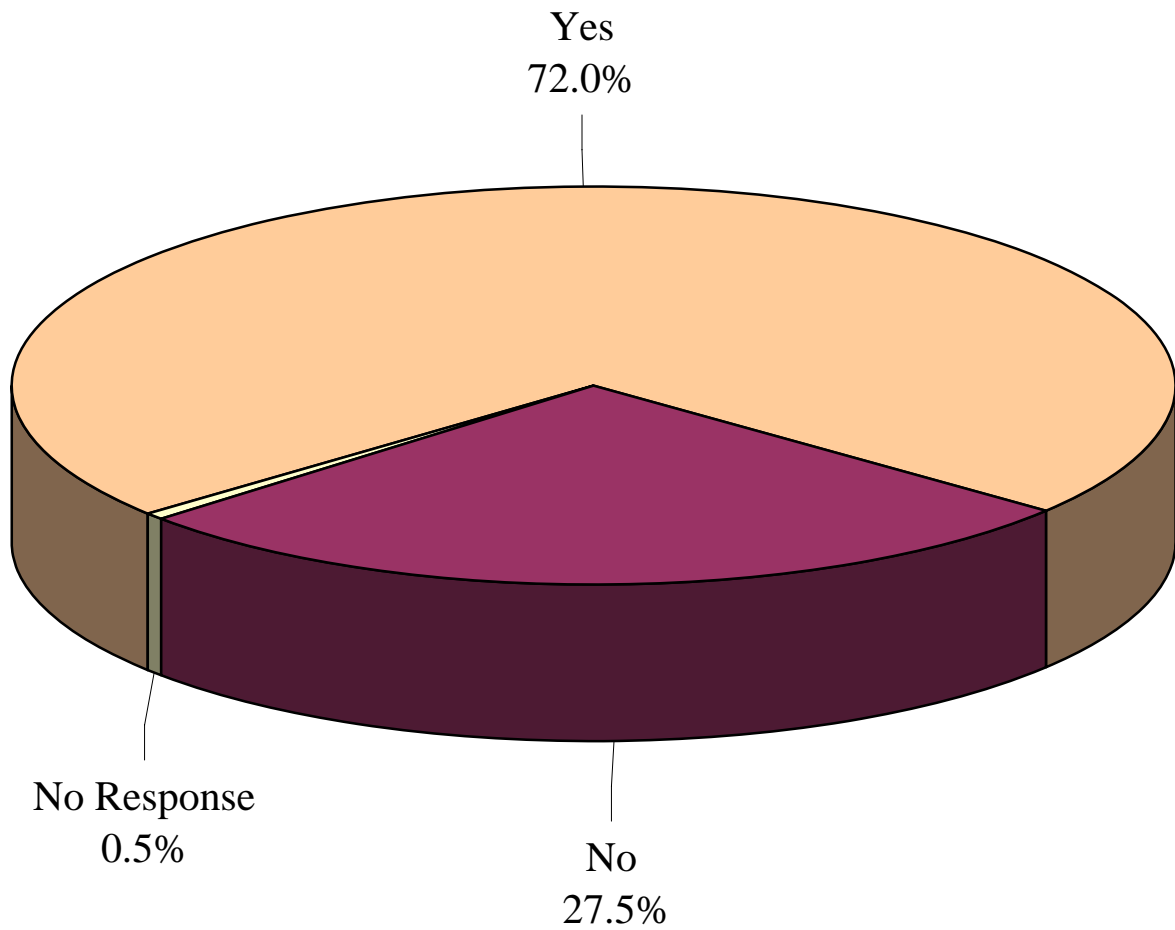
| Response Category                         | No.       | Percent       |
|---|-----------|---------------|
| Specialty care                            | 26        | 27.7%         |
| Dissatisfied with local doctors           | 19        | 20.2%         |
| Have used for years/personal relationship | 17        | 18.1%         |
| Closer/convenient location                | 16        | 17.0%         |
| Veterans' care                            | 7         | 7.4%          |
| Approved provider for insurance           | 4         | 4.3%          |
| Dissatisfied with cost of care            | 1         | 1.1%          |
| No Response                               | 4         | 4.3%          |
| <b>Total</b>                              | <b>94</b> | <b>100.0%</b> |

Some respondents answered more than once.



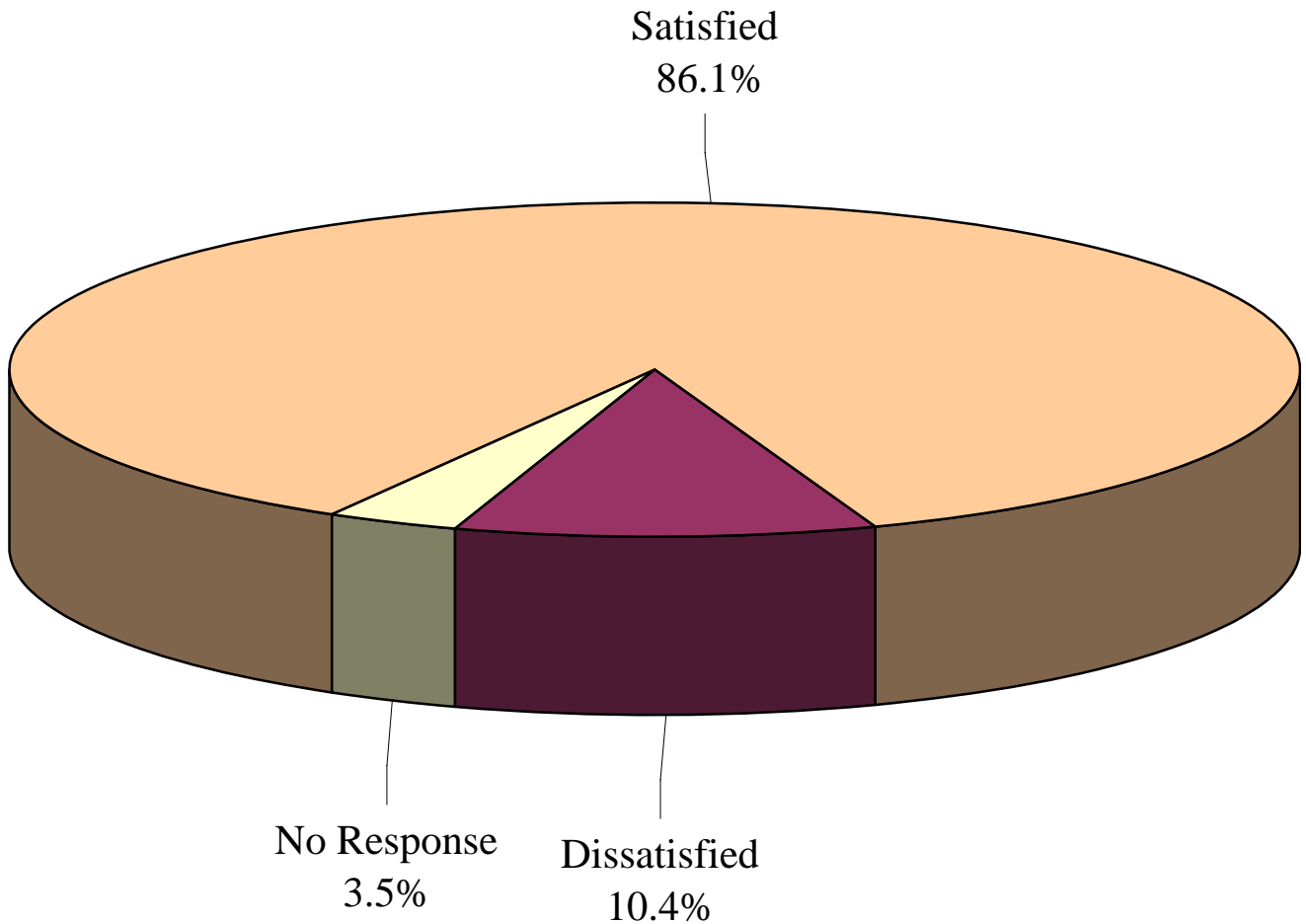
**Q4a. Have you or someone else in your household been to a doctor in Linn County in the past 24 months?**

| Response Category | No.      | Percent     |
|-------------------|----------|-------------|
| Yes               | 144      | 72.0%       |
| No                | 55       | 27.5%       |
| No Response       | <u>1</u> | <u>0.5%</u> |
| Total             | 200      | 100.0%      |



**Q4b. How satisfied were you or someone in your household  
with the quality of care received in Linn County?  
Would you say that you were...**

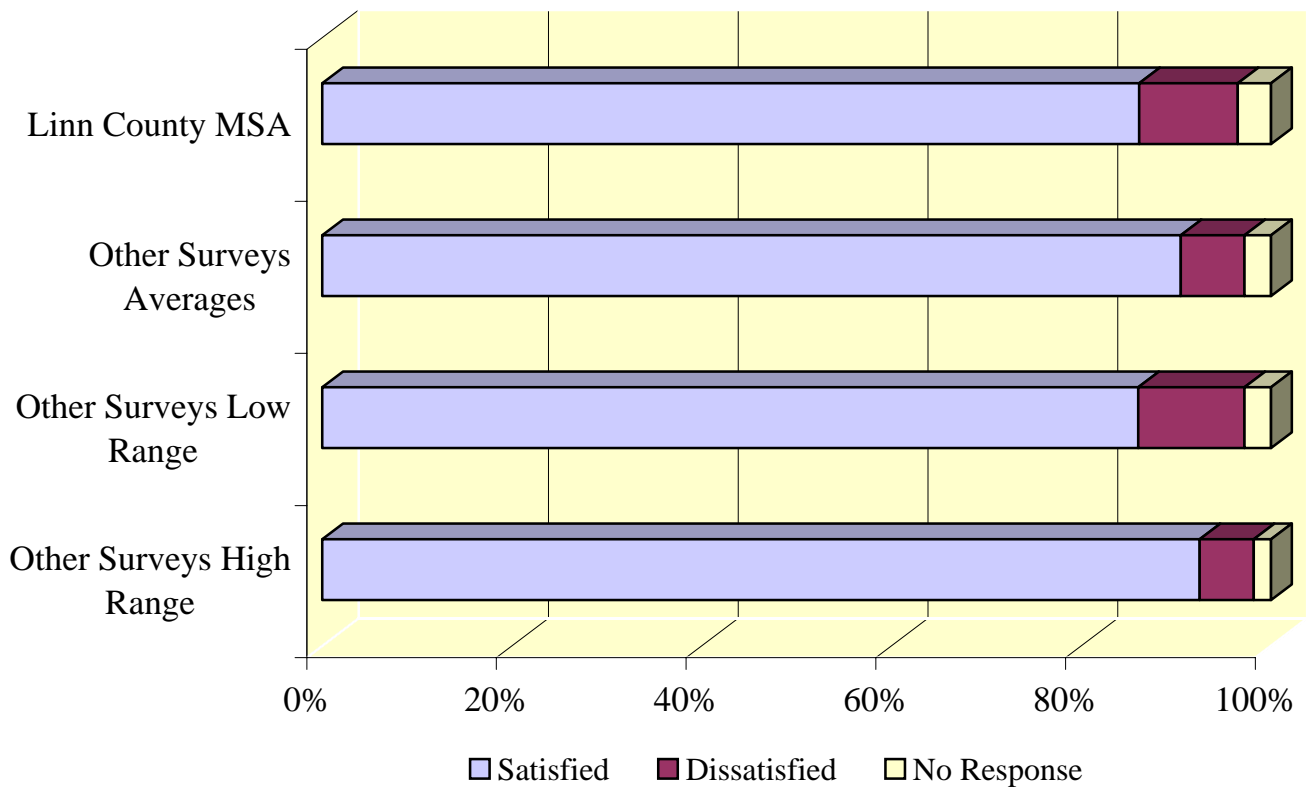
| Response Category | No. | Percent |
|-------------------|-----|---------|
| Satisfied         | 124 | 86.1%   |
| Dissatisfied      | 15  | 10.4%   |
| No Response       | 5   | 3.5%    |
| Total             | 144 | 100.0%  |



**Q4b-2. How satisfied were you or someone in your household with the quality of care you received in Linn County?**

**Compared to Other Studies**

| Survey Area              | Satisfied | Dissatisfied | No Response |
|--------------------------|-----------|--------------|-------------|
| Linn County MSA          | 86.1%     | 10.4%        | 3.5%        |
| Other Surveys Averages   | 90.5%     | 6.7%         | 2.8%        |
| Other Surveys Low Range  | 86.0%     | 11.2%        | 2.8%        |
| Other Surveys High Range | 92.5%     | 5.7%         | 1.8%        |



**Q4c-1. Why do you say that you are satisfied with the quality of care in Linn County?**

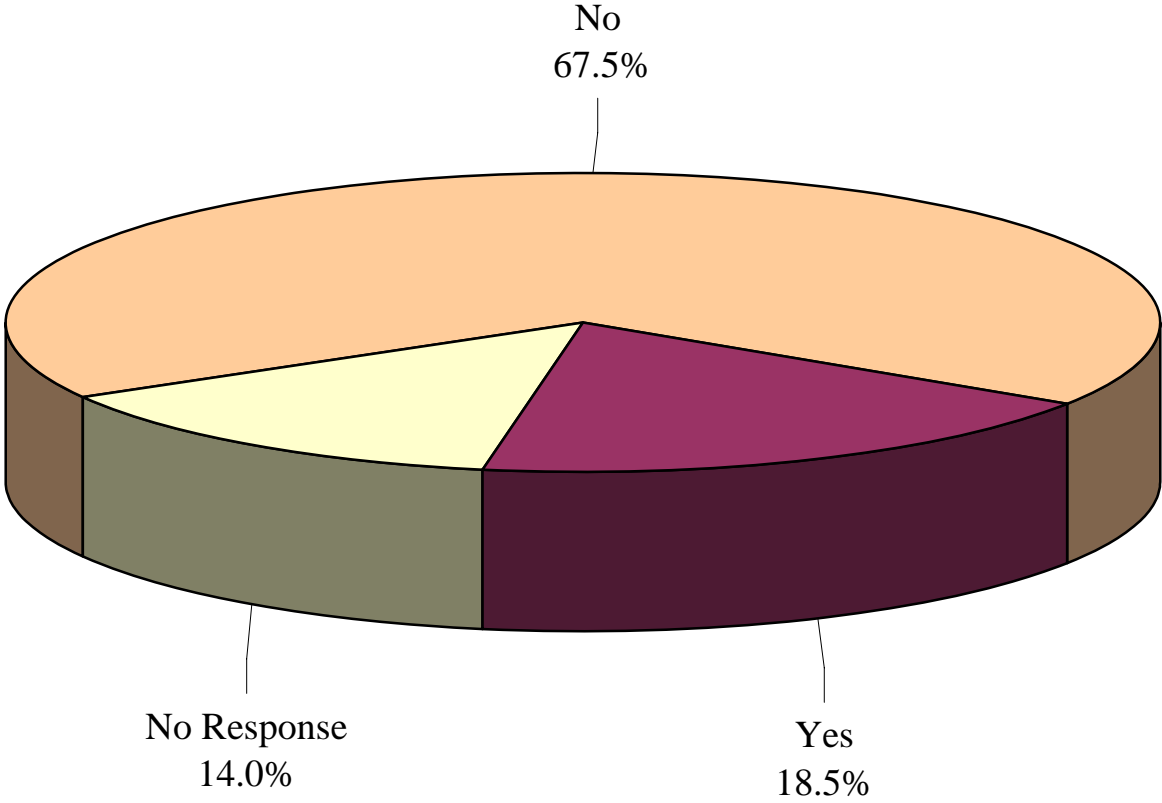
| Response Category                    | No.      | Percent     |
|--------------------------------------|----------|-------------|
| Established relationship with doctor | 22       | 17.7%       |
| Satisfied with doctors/nurses        | 22       | 17.7%       |
| Good treatment/care                  | 19       | 15.3%       |
| Resolved medical issue(s)            | 19       | 15.3%       |
| Just satisfied, no reason            | 18       | 14.5%       |
| Knowledgeable                        | 9        | 7.3%        |
| Service was good                     | 8        | 6.5%        |
| Short waiting time                   | 5        | 4.0%        |
| Easy access                          | <u>2</u> | <u>1.6%</u> |
| Total                                | 124      | 99.9%       |

**Q4c-2. Why do you say that you are dissatisfied with the quality of care in Linn County?**

| Response Category                          | No.      | Percent     |
|--|----------|-------------|
| Incompetent/Uncaring medical professionals | 10       | 66.7%       |
| Long waiting time                          | 2        | 13.3%       |
| Not meeting my needs                       | 2        | 13.3%       |
| Privacy of information concerns            | <u>1</u> | <u>6.7%</u> |
| Total                                      | 15       | 100.0%      |

**Q5. Do you think there are enough family doctors in  
Linn County?**

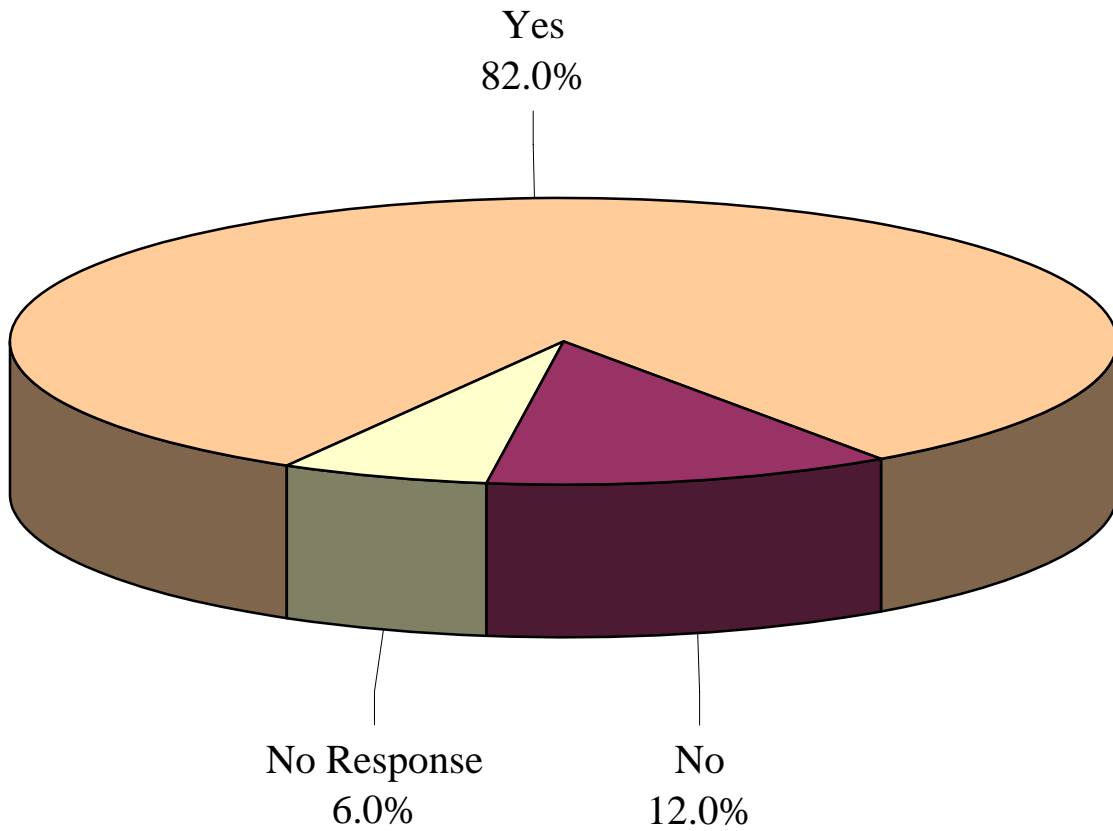
| Response Category | No.       | Percent      |
|-------------------|-----------|--------------|
| No                | 135       | 67.5%        |
| Yes               | 37        | 18.5%        |
| No Response       | <u>28</u> | <u>14.0%</u> |
| Total             | 200       | 100.0%       |





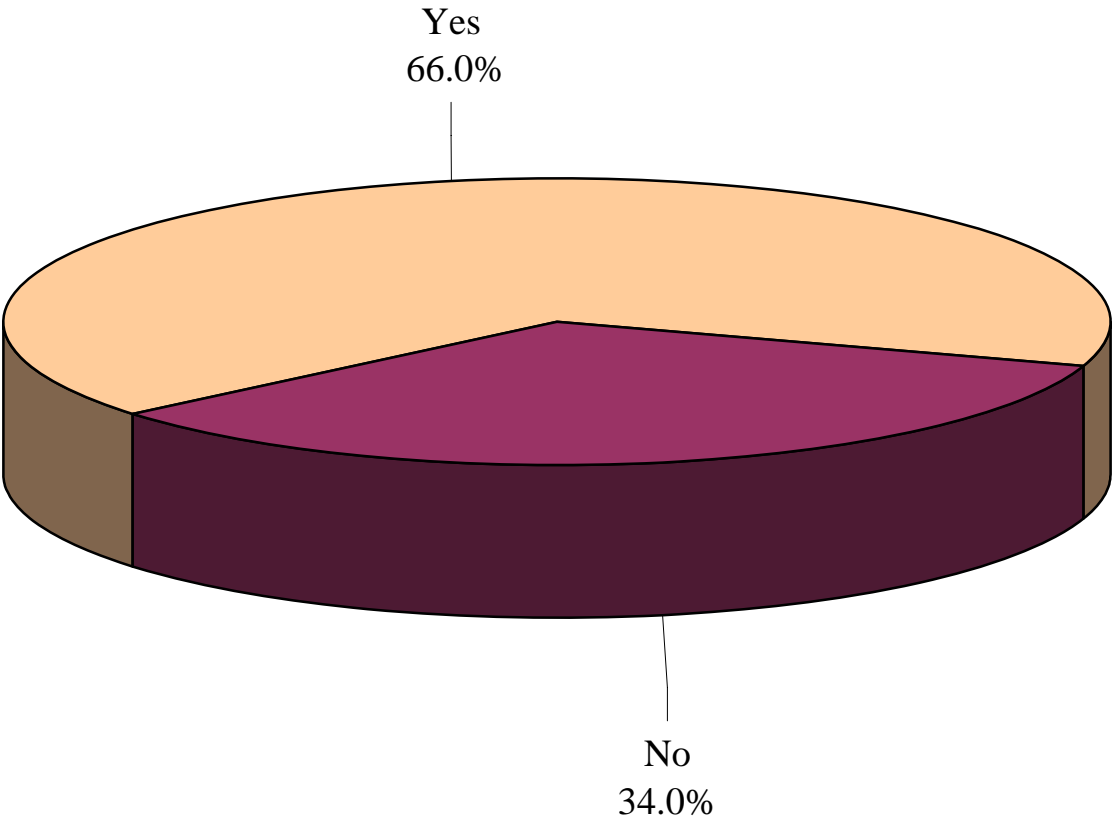
**Q6. Are you able to get an appointment with your medical provider when you need one?**

| Response Category | No.       | Percent     |
|-------------------|-----------|-------------|
| Yes               | 164       | 82.0%       |
| No                | 24        | 12.0%       |
| No Response       | <u>12</u> | <u>6.0%</u> |
| Total             | 200       | 100.0%      |



**Q7a. Have you or someone else in your household been to a specialist in the past 24 months?**

| Response Category | No. | Percent |
|-------------------|-----|---------|
| Yes               | 132 | 66.0%   |
| No                | 68  | 34.0%   |
| Total             | 200 | 100.0%  |



**Q7b-1. What type of specialist have you or someone in your household visited in the past 24 months?**

| Type of Specialist     | No.       | Percent      |
|------------------------|-----------|--------------|
| <b>Top 5 Responses</b> |           |              |
| Cardiologist           | 40        | 23.4%        |
| Orthopedist            | 18        | 13.5%        |
| OB/GYN                 | 13        | 7.6%         |
| Ophthalmologist        | 10        | 5.8%         |
| Urologist              | <u>9</u>  | <u>5.3%</u>  |
| Total of Top 5         | <u>90</u> | <u>55.6%</u> |

**Q7b-2. What type of specialist have you or someone in your household been to in the 24 months and in what city are they located?**

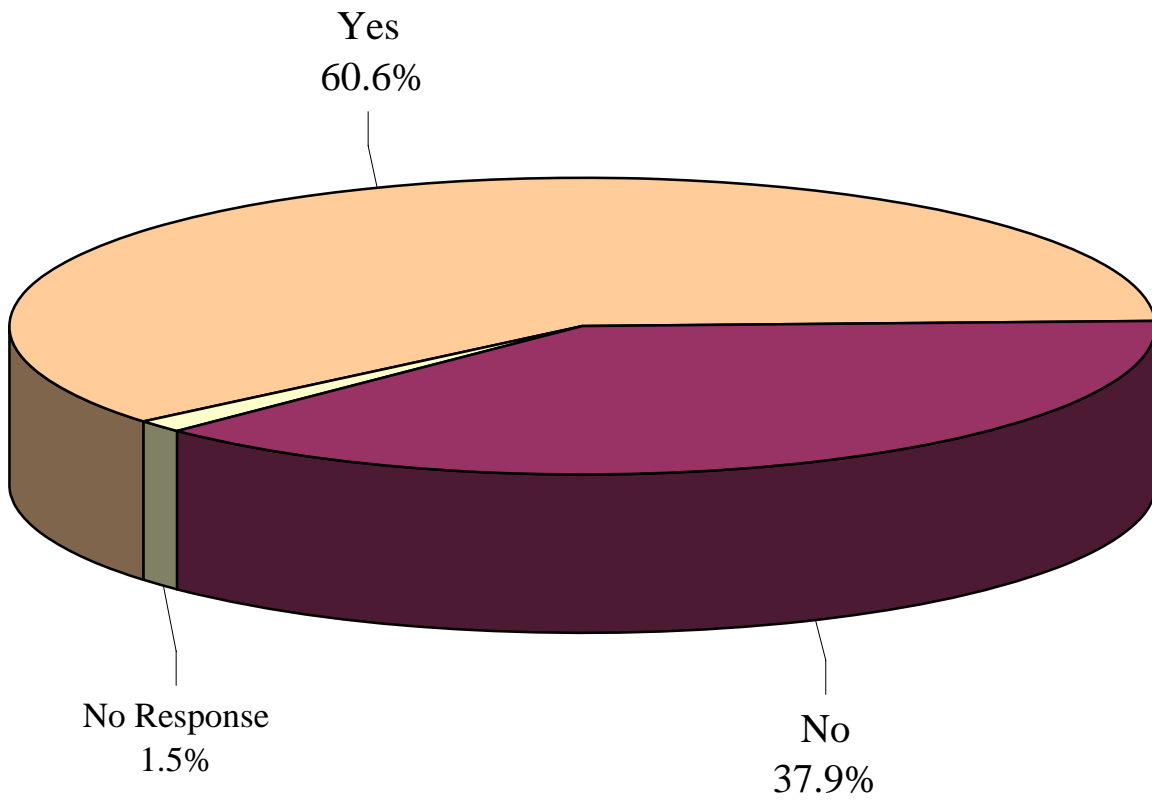
| Type of Specialist             | City   | No.        | Percent       |
|--------------------------------|--|------------|---------------|
| Cardiologist                   | Columbia (17); Kansas City (8); Marceline (5); Chillicothe (2); Kirksville (2); Liberty (2); Macon (2); Moberly (1); St. Louis (1) | 40         | 23.4%         |
| Orthopedist/orthopedic surgeon | Columbia (14); Brookfield (2); Kansas City (2); Chillicothe (1); Kirksville (1); Liberty (1); Overland Park, KS (1); St. Louis (1) | 23         | 13.5%         |
| OB/GYN                         | Columbia (10); Kansas City (1); Kirksville (1); Sedalia (1)  | 13         | 7.6%          |
| Ophthalmologist                | Columbia (5); Kansas City (2); Chillicothe (1); Kirksville (1); Rochester, MN (1)  | 10         | 5.8%          |
| Urologist                      | Columbia (5); Brookfield (1); Chillicothe (1); Kansas City (1); Kirksville (1)   | 9          | 5.3%          |
| Dermatologist                  | Columbia (3); Kirksville (2); Moberly (2)  | 7          | 4.1%          |
| Endocrinologist                | Kansas City (2); Liberty (2); Brookfield (1); Columbia (1); Kirksville (1)   | 7          | 4.1%          |
| ENT                            | Kirksville (3); Columbia (2); Kansas City (1); Moberly (1)   | 7          | 4.1%          |
| Gastroenterologist             | Columbia (4); Kansas City (2); Springfield (1)   | 7          | 4.1%          |
| Neurologist                    | Columbia (3); St. Joseph (2); Kirksville (1)   | 6          | 3.5%          |
| Oncologist                     | Columbia (5); Chillicothe (1)  | 6          | 3.5%          |
| Podiatrist                     | Kirksville (2); Macon (2); Chillicothe (1)   | 5          | 2.9%          |
| General Surgeon                | Columbia (2); Brookfield (1); Liberty (1)  | 4          | 2.3%          |
| Pain management specialist     | Chillicothe (1); Columbia (1); Kansas City (1); Liberty (1)  | 4          | 2.3%          |
| Rheumatologist                 | Kansas City (2); Columbia (1); Kirksville (1)  | 4          | 2.3%          |
| Nephrologist                   | Chillicothe (1); Columbia (1); Kansas City (1)   | 3          | 1.8%          |
| Internist                      | Columbia (1); Moberly (1)  | 2          | 1.2%          |
| Pulmonologist                  | Columbia (2)   | 2          | 1.2%          |
| One Response Each *            |  | 12         | 7.0%          |
| <b>Total</b>                   |  | <b>171</b> | <b>100.0%</b> |

Some respondents answered more than once.

\* One Response each for: Physical Therapist (Brookfield); Chiropractor (Marceline); Allergist (Kirksville); Autism Specialist (Columbia); Bariatric Specialist (Columbia); Hematologist (Columbia); Neurosurgeon (Columbia); Pediatrician (Columbia); Sleep Study Specialist (Columbia); Vascular Specialist (Columbia); Plastic Surgeon (Kansas City); Not Given (Columbia).

**Q7c. Did the specialist request further testing or laboratory work?**

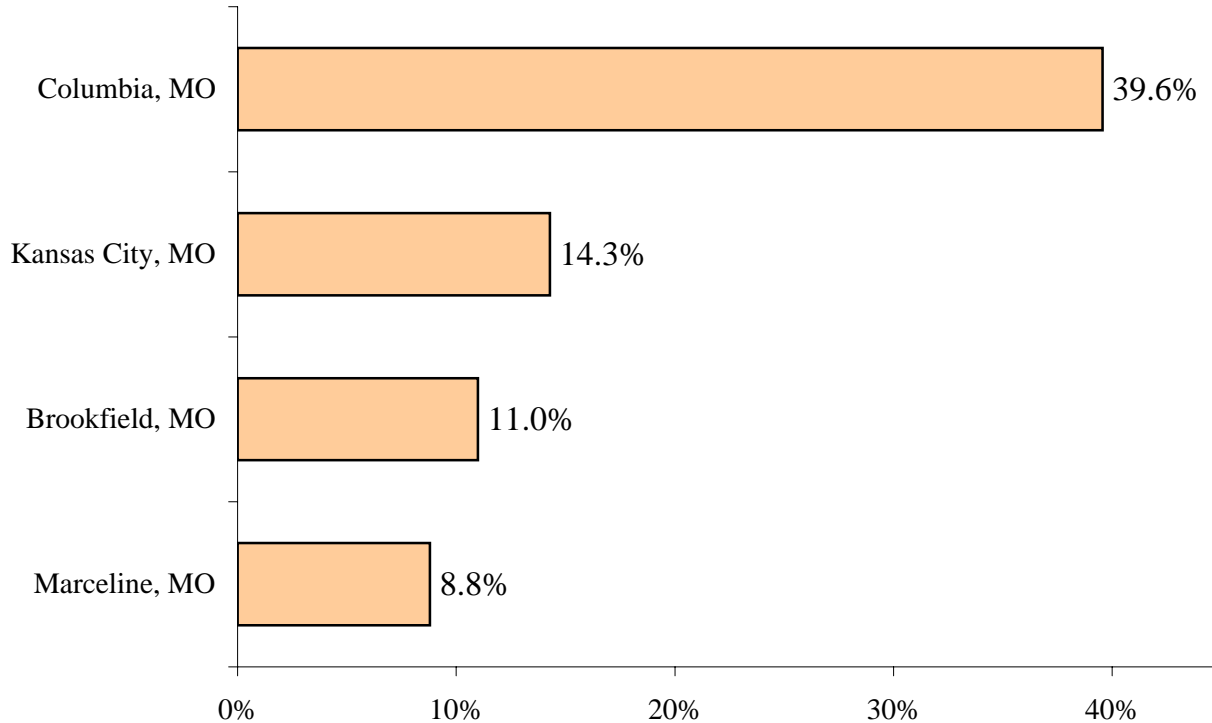
| Response Category | No.      | Percent     |
|-------------------|----------|-------------|
| Yes               | 80       | 60.6%       |
| No                | 50       | 37.9%       |
|                   | <u>2</u> | <u>1.5%</u> |
| Total             | 132      | 100.0%      |



**Q7d. In which city were the tests or laboratory work conducted?**

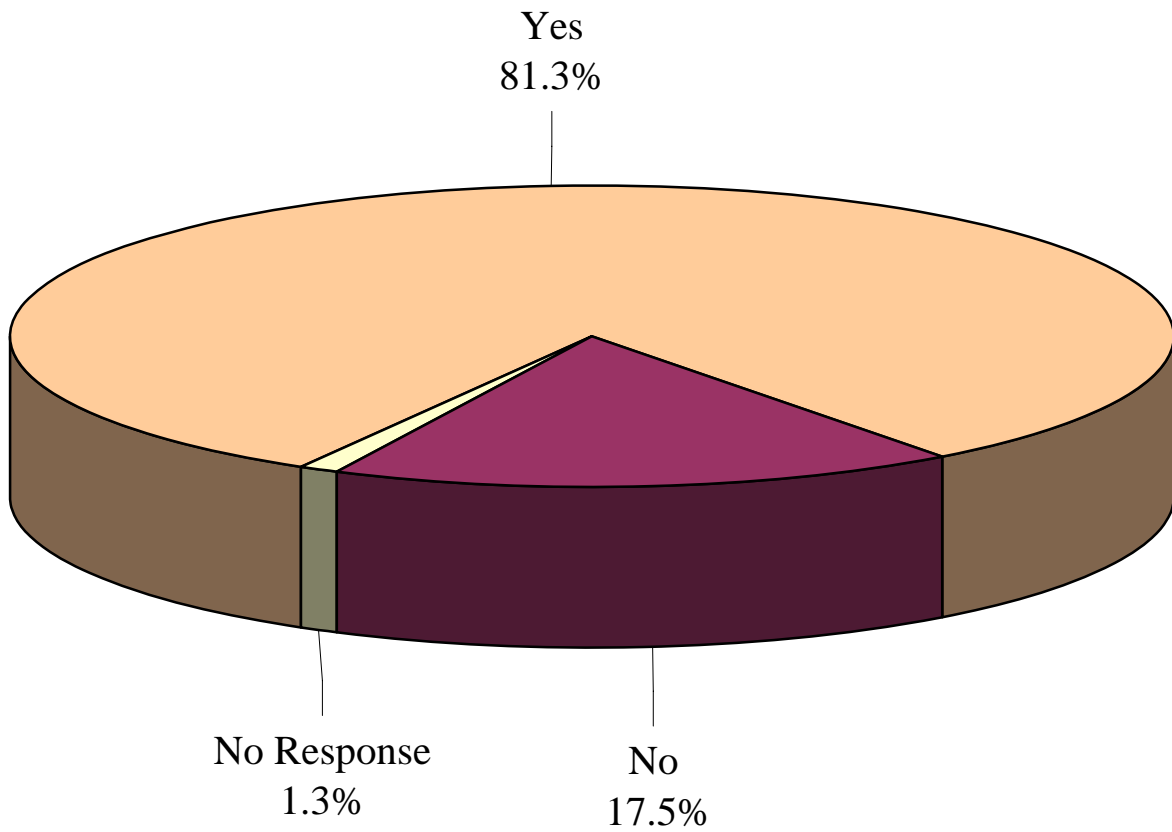
| Response Category | County         | No.       | Percent       |
|-------------------|----------------|-----------|---------------|
| Columbia, MO      | Boone Co.      | 36        | 39.6%         |
| Kansas City, MO   | Clay Co.       | 13        | 14.3%         |
| Brookfield, MO    | Linn Co.       | 10        | 11.0%         |
| Marceline, MO     | Linn Co.       | 8         | 8.8%          |
| Chillicothe, MO   | Livingston Co. | 6         | 6.6%          |
| Liberty, MO       | Sullivan Co.   | 6         | 6.6%          |
| Macon, MO         | Macon Co.      | 5         | 5.5%          |
| Kirksville, MO    | Adair Co.      | 3         | 3.3%          |
| Independence, MO  | Jackson Co.    | 1         | 1.1%          |
| St. Louis, MO     | St. Louis Co.  | 1         | 1.1%          |
| No Response       |                | <u>2</u>  | <u>2.2%</u>   |
| <b>Total</b>      |                | <b>91</b> | <b>100.0%</b> |

Some respondents answered more than once.



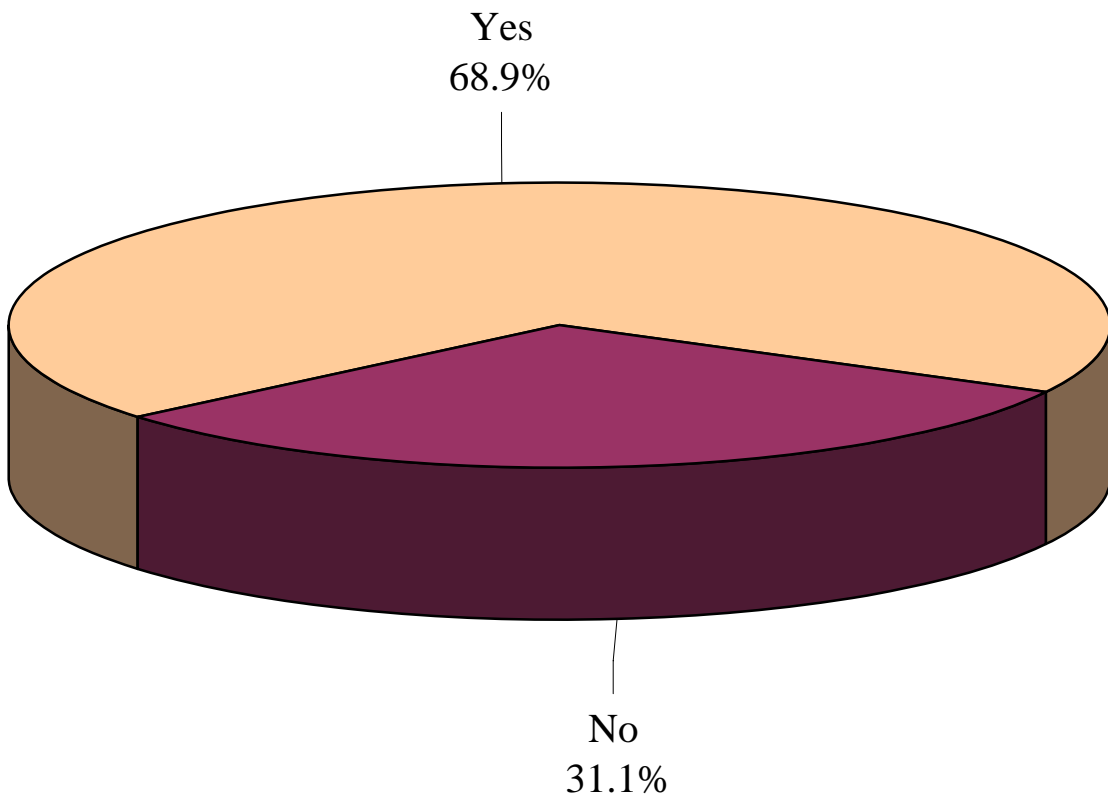
**Q7e. Are you aware that you can have your tests and/or your laboratory work performed at Pershing Memorial Hospital and Marceline Community Health Center regardless of the location of your specialty physician?**

| Response Category | No.      | Percent     |
|-------------------|----------|-------------|
| Yes               | 65       | 81.3%       |
| No                | 14       | 17.5%       |
| No Response       | <u>1</u> | <u>1.3%</u> |
| Total             | 80       | 100.1%      |



**Q7f. Did the specialist prescribe medication(s)?**

| Response Category | No. | Percent |
|-------------------|-----|---------|
| Yes               | 91  | 68.9%   |
| No                | 41  | 31.1%   |
| Total             | 132 | 100.0%  |

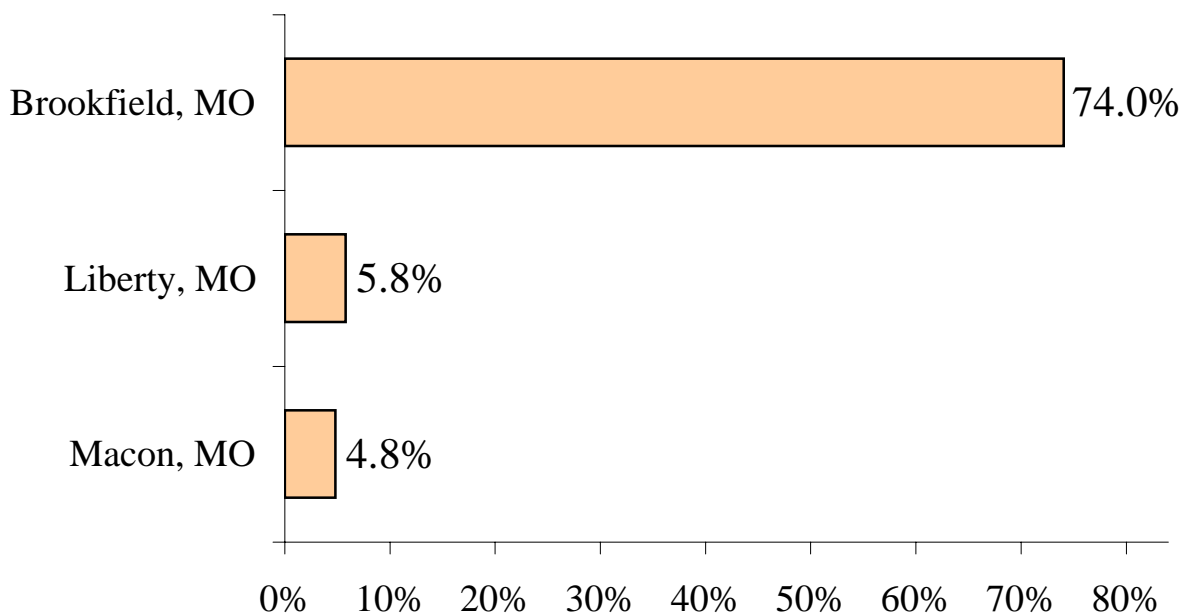




**Q7g. In which city was the pharmacy located that filled your prescriptions?**

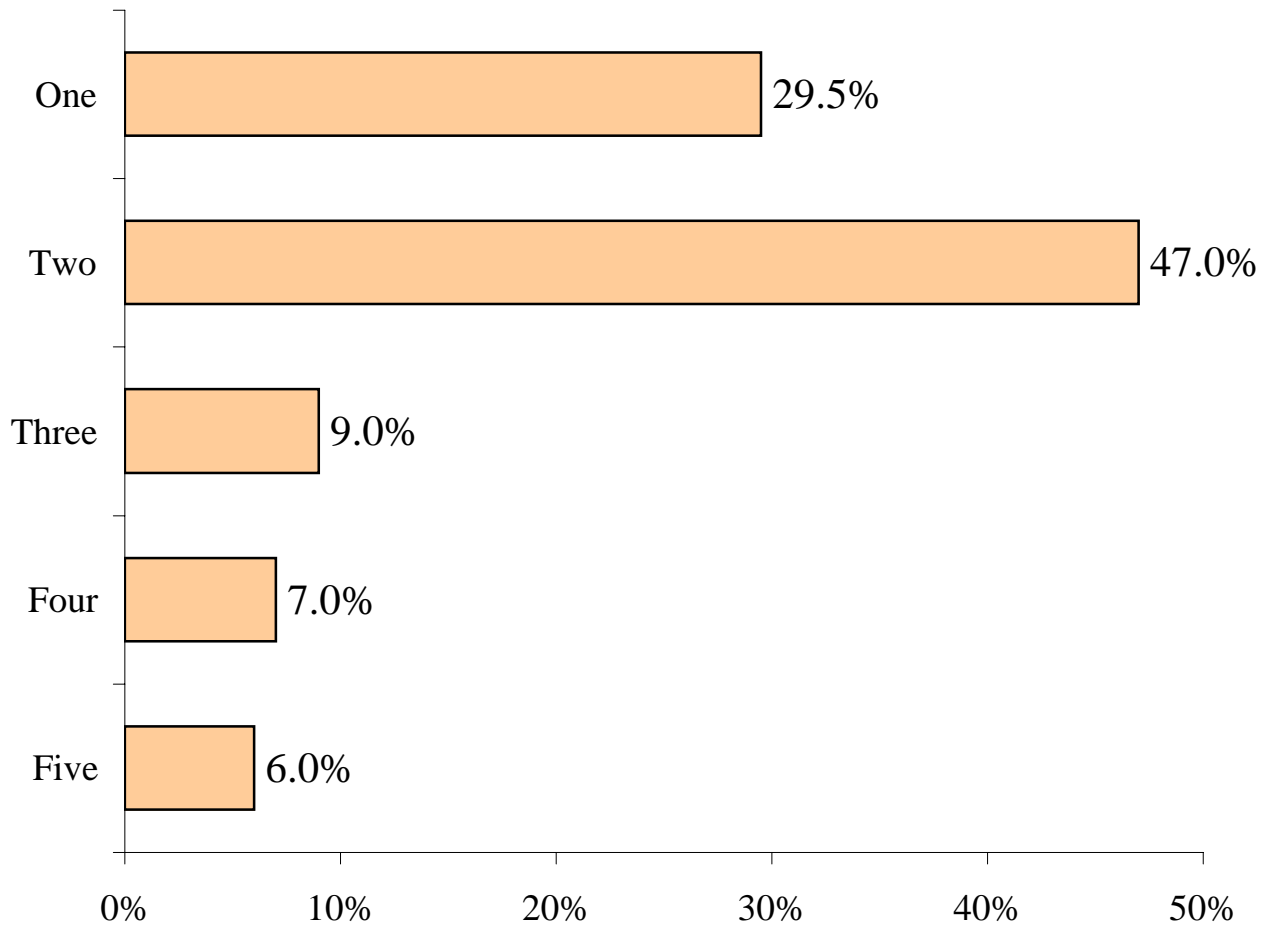
| Response Category                  | County         | No.        | Percent       |
|------------------------------------|----------------|------------|---------------|
| Brookfield, MO                     | Linn Co.       | 77         | 74.0%         |
| Liberty, MO                        | Sullivan Co.   | 6          | 5.8%          |
| Macon, MO                          | Macon Co.      | 5          | 4.8%          |
| Kirksville, MO                     | Adair Co.      | 3          | 2.9%          |
| Chillicothe, MO                    | Livingston Co. | 2          | 1.9%          |
| Columbia, MO                       | Boone Co.      | 2          | 1.9%          |
| Kansas City, MO                    | Clay Co.       | 2          | 1.9%          |
| Bucklin, MO                        | Linn Co.       | 1          | 1.0%          |
| St. Louis, MO                      |                | 1          | 1.0%          |
| Overland Park, KS                  |                | 1          | 1.0%          |
| Tampa, FL                          |                | 1          | 1.0%          |
| Mail order through San Antonio, TX |                | 1          | 1.0%          |
| No Response                        |                | 2          | 1.9%          |
| <b>Total</b>                       |                | <b>104</b> | <b>100.0%</b> |

Some respondents answered more than once.



**Q8. How many people are living in your household?**

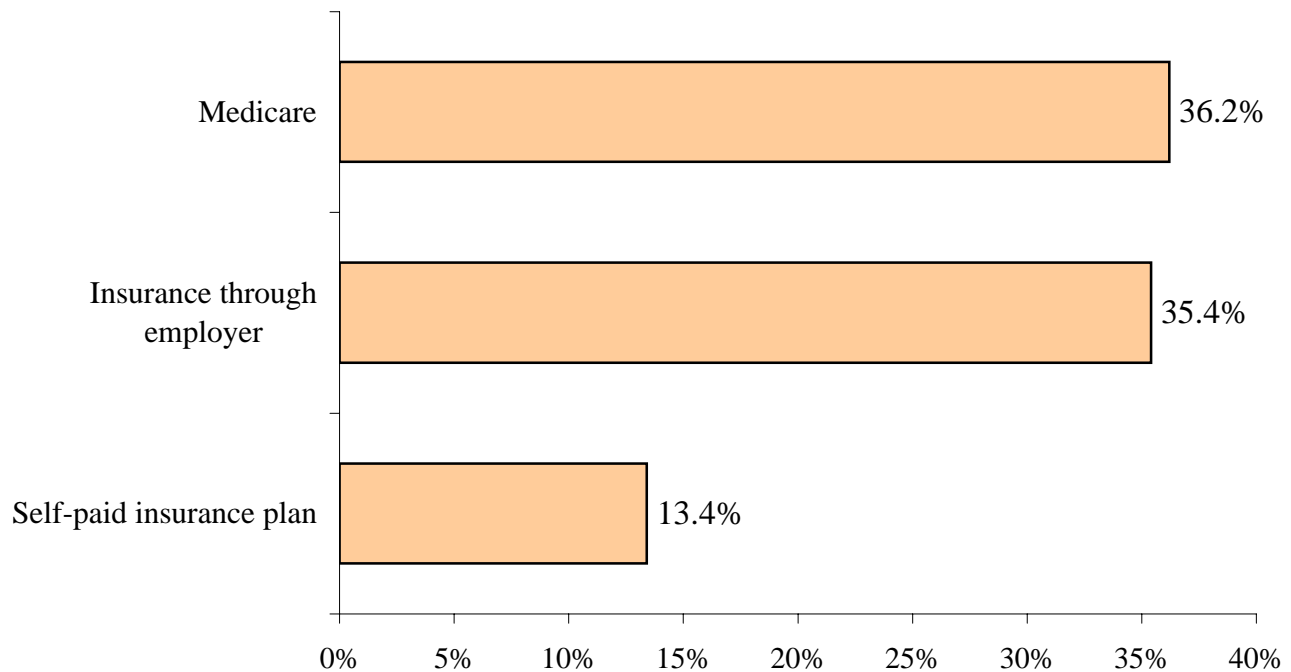
| Response Category | No.      | Percent     |
|-------------------|----------|-------------|
| One               | 59       | 29.5%       |
| Two               | 94       | 47.0%       |
| Three             | 18       | 9.0%        |
| Four              | 14       | 7.0%        |
| Five              | 12       | 6.0%        |
| Six               | 1        | 0.5%        |
| Seven             | 1        | 0.5%        |
| Thirteen          | <u>1</u> | <u>0.5%</u> |
| Total             | 200      | 100.0%      |



### Q9a. What type of health insurance plan covers you?

| Response Category          | Number by Sub Category | Number by Major Category | Percent     |
|----------------------------|------------------------|--------------------------|-------------|
| Medicare                   |                        | 92                       | 36.2%       |
| General                    | 64                     |                          |             |
| Supplemental               | 18                     |                          |             |
| Part D                     | 8                      |                          |             |
| Medicare Advantage         | <u>2</u>               |                          |             |
| Insurance through employer |                        | 90                       | 35.4%       |
| Self-paid insurance plan   |                        | 34                       | 13.4%       |
| Medicaid                   |                        | 18                       | 7.1%        |
| General                    | 13                     |                          |             |
| MC+                        | <u>5</u>               |                          |             |
| Do not have insurance      |                        | 11                       | 4.3%        |
| VA benefits                |                        | 7                        | 2.8%        |
| Champus/TriCare Program    |                        | 1                        | 0.4%        |
| Not Sure                   |                        | <u>1</u>                 | <u>0.4%</u> |
| Total                      |                        | 254                      | 100.0%      |

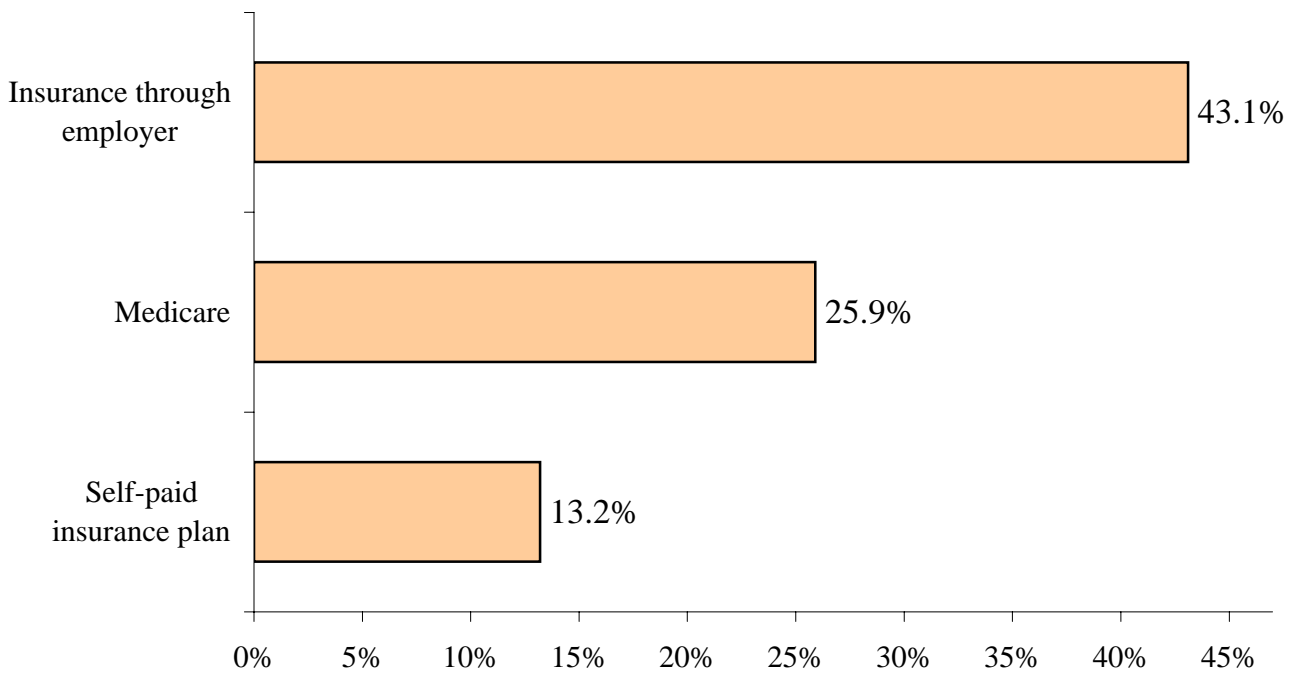
Some respondents answered more than once.



**Q9b. What type of health insurance plan covers your family?**

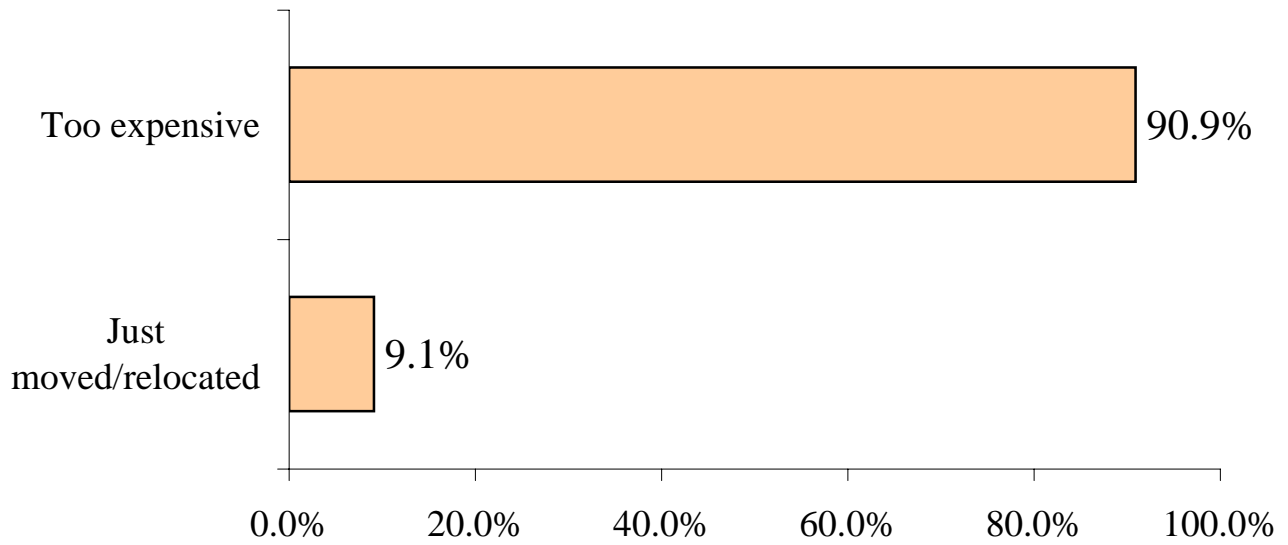
| Response Category          | Number by Sub Category | Number by Major Category | Percent     |
|----------------------------|------------------------|--------------------------|-------------|
| Insurance through employer |                        | 75                       | 43.1%       |
| Medicare                   |                        | 45                       | 25.9%       |
| General                    | 30                     |                          |             |
| Supplemental               | 13                     |                          |             |
| Part D                     | <u>2</u>               |                          |             |
| Self-paid insurance plan   |                        | 23                       | 13.2%       |
| Medicaid                   |                        | 16                       | 9.2%        |
| General                    | 13                     |                          |             |
| MC+                        | <u>3</u>               |                          |             |
| Do not have insurance      |                        | 11                       | 6.3%        |
| VA benefits                |                        | 3                        | 1.7%        |
| Not Sure                   |                        | <u>1</u>                 | <u>0.6%</u> |
| Total                      |                        | 174                      | 100.0%      |

Some respondents answered more than once.



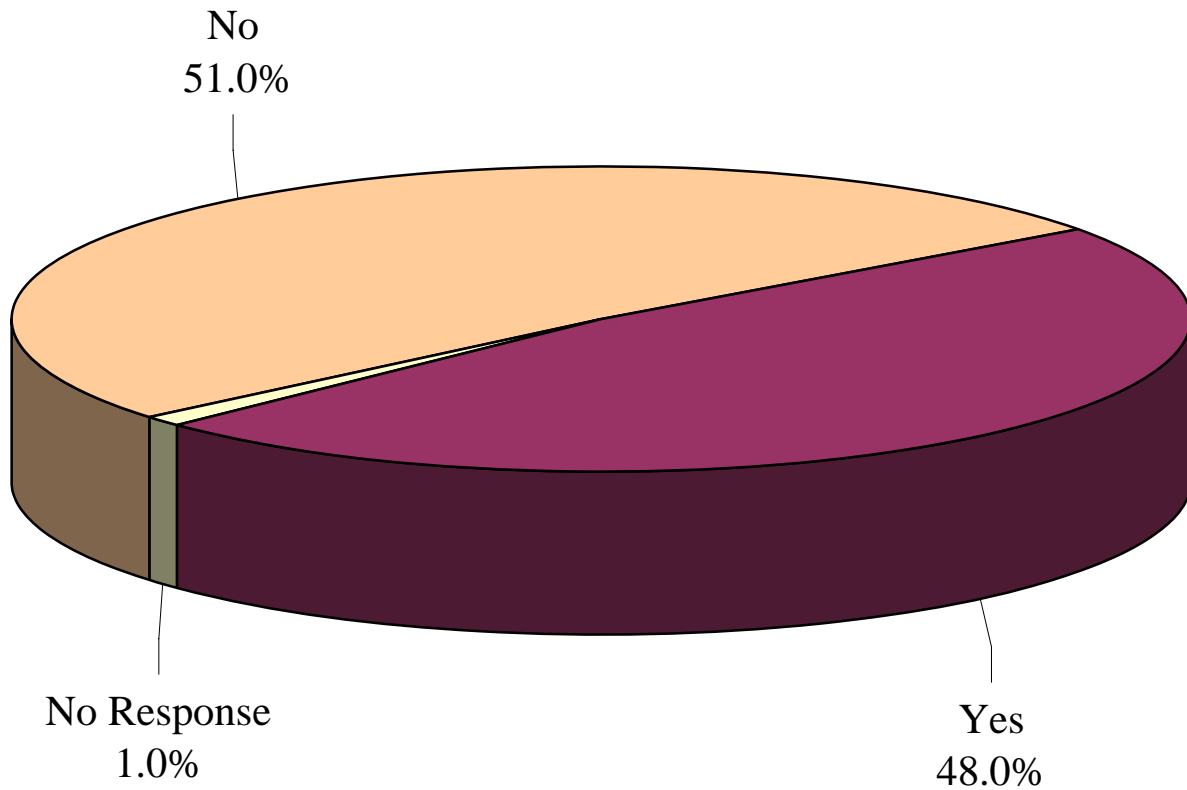
**Q10. Why do you not have health insurance for yourself?**

| Response Category    | No. | Percent |
|----------------------|-----|---------|
| Too expensive        | 10  | 90.9%   |
| Just moved/relocated | 1   | 9.1%    |
| Total                | 11  | 100.0%  |



**Q11. Have you or someone else in your household used the services of a hospital in the past 24 months?**

| Response Category | No. | Percent |
|-------------------|-----|---------|
| No                | 102 | 51.0%   |
| Yes               | 96  | 48.0%   |
| No Response       | 2   | 1.0%    |
| Total             | 200 | 100.0%  |



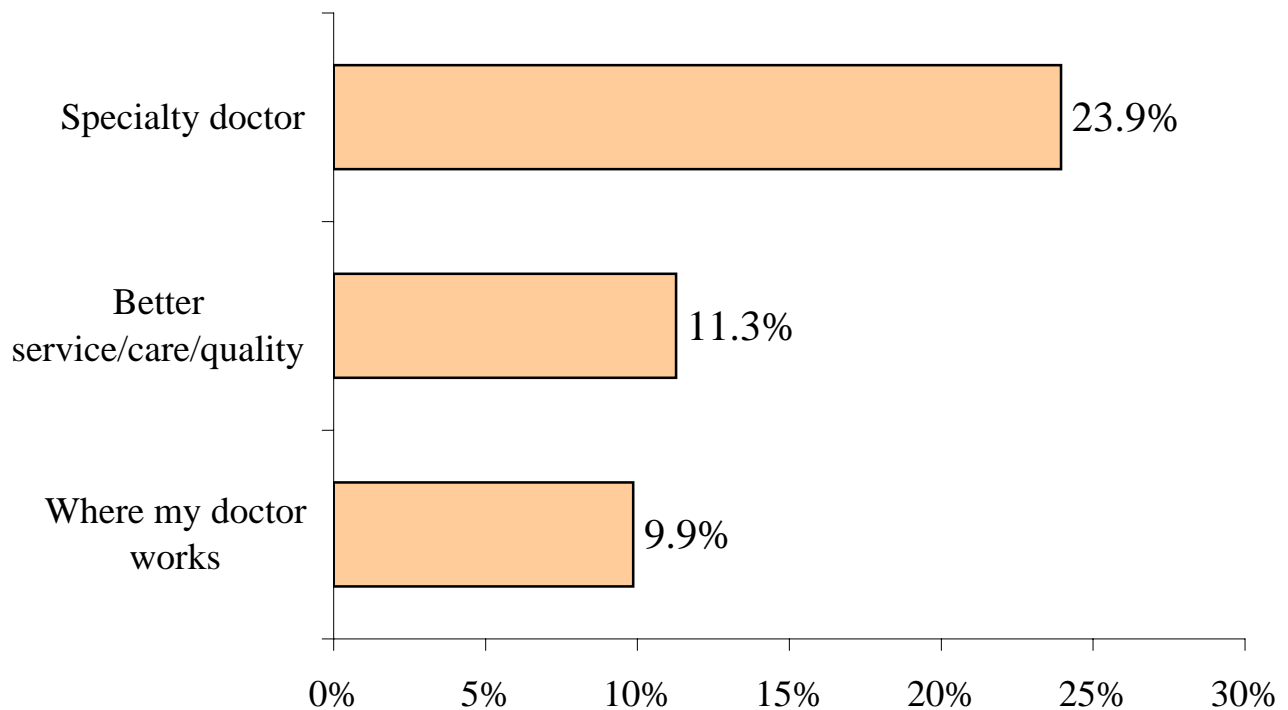
**Q12. At which hospital(s) were services received?**

| Response Category                                     | No. by Hospital | No. by City | Percent     |
|---|-----------------|-------------|-------------|
| <i>Brookfield</i> - Pershing Memorial Hospital        |                 | 49          | 40.8%       |
| <i>Columbia</i>                                       |                 | 29          | 24.2%       |
| Boone Hospital Center                                 | 13              |             |             |
| Columbia Regional Hospital                            | 10              |             |             |
| University Hospital                                   | 5               |             |             |
| Harry S. Truman Memorial Veteran Center               | <u>1</u>        |             |             |
| <i>Kansas City Metro Area</i>                         |                 | 16          | 13.3%       |
| North Kansas City Hospital                            | 4               |             |             |
| Liberty Hospital                                      | 3               |             |             |
| KU Medical Center                                     | 3               |             |             |
| Saint Joseph Medical Center                           | 2               |             |             |
| Children's Mercy Hospital                             | 1               |             |             |
| Eye Foundation  | 1               |             |             |
| Saint Luke's Hospital                                 | 1               |             |             |
| VA Hospital   | <u>1</u>        |             |             |
| <i>Macon</i> - Samaritan Hospital                     |                 | 8           | 6.7%        |
| <i>Chillicothe</i> - Headrick Mediacal Center         |                 | 6           | 5.0%        |
| <i>Kirksville</i> - Northeast Regional Medical Center |                 | 5           | 4.2%        |
| <i>Moberly</i> - Moberly Regional Medical Center      |                 | 1           | 0.8%        |
| <i>Springfield</i> - Saint John's Hospital            |                 | 1           | 0.8%        |
| <i>St. Louis</i> - Barnes Jewish Hospital             |                 | 1           | 0.8%        |
| <i>Out of State Hospitals</i>                         |                 | 2           | 1.7%        |
| Morton Plant Hospital, Clearwater, FL                 |                 |             |             |
| Primary Childrens Medical Center, Salt Lake City, UT  |                 |             |             |
| Don't know/No Response                                |                 | <u>2</u>    | <u>1.7%</u> |
| <b>Total</b>  |                 | 120         | 100.0%      |

Some respondents answered more than once.

**Q13. You mentioned that you or someone else in your household received care at a hospital other than Pershing Memorial Hospital. Why did you or your family member choose this/these hospital(s)?**

| Response Category                | No.       | Percent       |
|----------------------------------|-----------|---------------|
| Specialty doctor                 | 17        | 23.9%         |
| Better service/care/quality      | 8         | 11.3%         |
| Where my doctor works            | 7         | 9.9%          |
| Established relationship         | 3         | 4.2%          |
| Referral/recommended/transferred | 3         | 4.2%          |
| Closer/convenient                | 2         | 2.8%          |
| Don't know/No Response           | <u>31</u> | <u>43.7%</u>  |
| <b>Total</b>                     | <b>71</b> | <b>100.0%</b> |





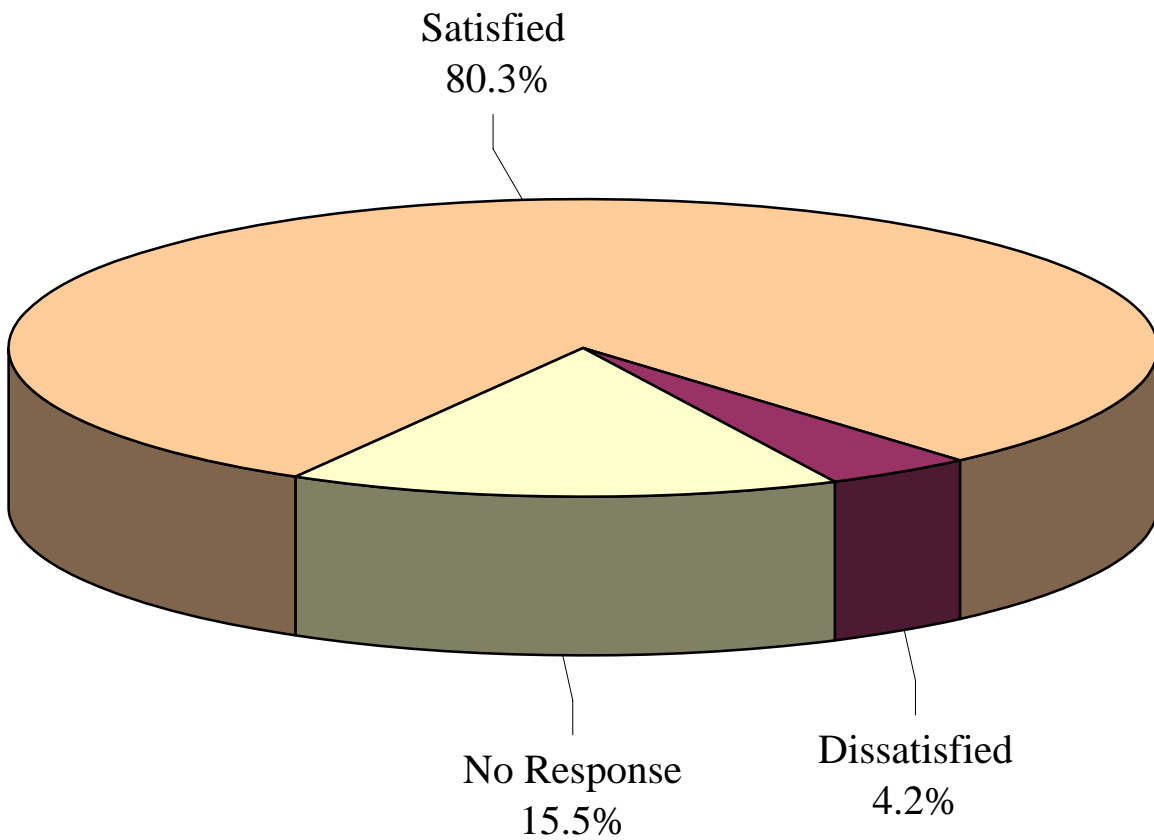
**Q14a. What hospital services were used there?**

| Response Category  | No.      | Percent     |
|--------------------|----------|-------------|
| Laboratory         | 35       | 20.2%       |
| X-ray              | 23       | 13.3%       |
| Inpatient surgery  | 21       | 12.1%       |
| Inpatient stay     | 17       | 9.8%        |
| Outpatient surgery | 16       | 9.2%        |
| Specialty doctor   | 15       | 8.7%        |
| Emergency room     | 9        | 5.2%        |
| CT scan            | 8        | 4.6%        |
| MRI                | 8        | 4.6%        |
| Physical therapy   | 6        | 3.5%        |
| Ultrasound         | 4        | 2.3%        |
| Dietary Services   | 3        | 1.7%        |
| Mammogram          | 3        | 1.7%        |
| Colonoscopy        | 1        | 0.6%        |
| Dialysis           | 1        | 0.6%        |
| EKG                | 1        | 0.6%        |
| Radiology          | 1        | 0.6%        |
| Stress test        | <u>1</u> | <u>0.6%</u> |
| Total              | 173      | 99.9%       |

Some respondents answered more than once.

**Q14b. How satisfied were you or someone in your household  
with the services you received at a hospital other  
than Pershing Memorial Hospital?  
Would you say that you were...**

| Response Category | No.       | Percent      |
|-------------------|-----------|--------------|
| Satisfied         | 57        | 80.3%        |
| Dissatisfied      | 3         | 4.2%         |
| No Response       | <u>11</u> | <u>15.5%</u> |
| Total             | 71        | 100.0%       |



**Q14c-1. Why do you say that you are satisfied with the services you received at a hospital other than Pershing Memorial Hospital?**

| Response Category             | No.      | Percent     |
|-------------------------------|----------|-------------|
| Good treatment/care           | 16       | 28.1%       |
| Good service                  | 14       | 24.6%       |
| Resolved medical issue(s)     | 8        | 14.0%       |
| Just satisfied, no reason     | 7        | 12.3%       |
| Quick response to needs       | 7        | 12.3%       |
| Satisfied with doctors/nurses | <u>5</u> | <u>8.8%</u> |
| Total                         | 57       | 100.0%      |

**Q14c-2. Why do you say that you are dissatisfied with the services you received at a hospital other than Pershing Memorial Hospital?**

| Response Category  | No.      | Percent      |
|--------------------|----------|--------------|
| Misdiagnosis       | 2        | 66.7%        |
| Poor communication | <u>1</u> | <u>33.3%</u> |
| Total              | 3        | 100.0%       |

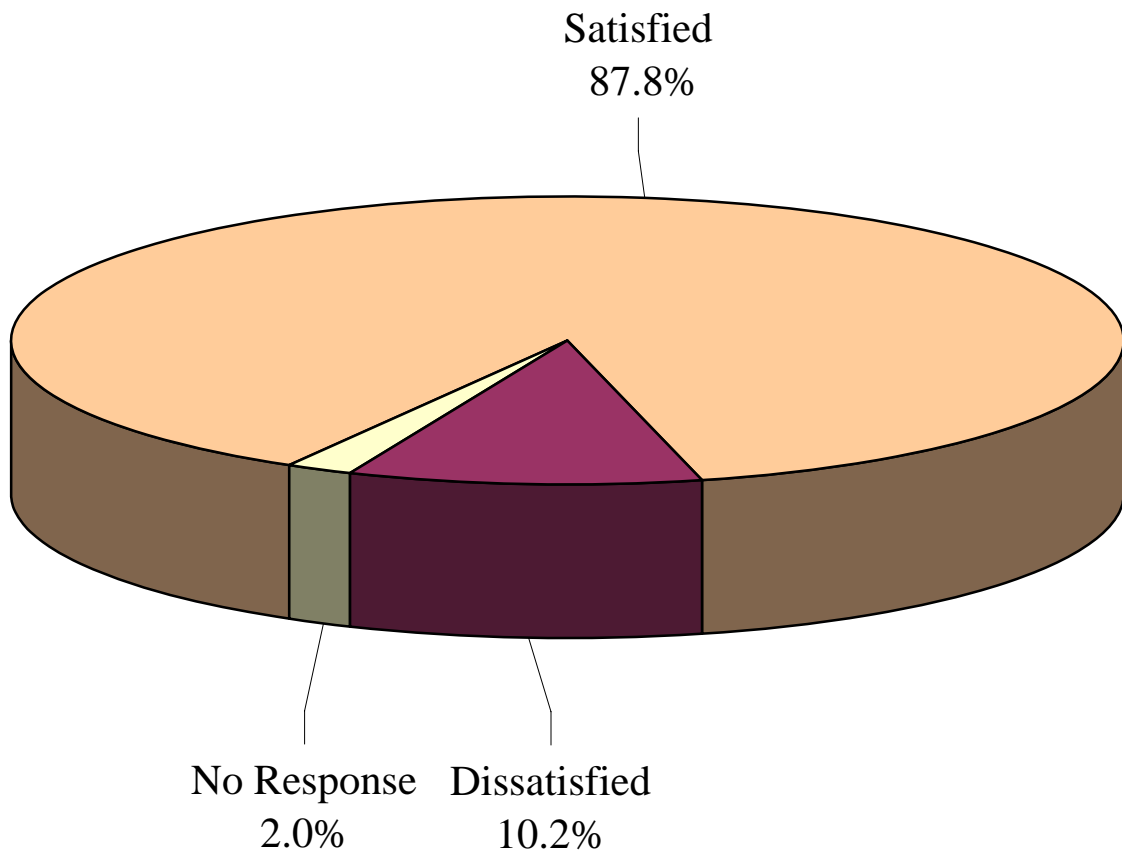
**Q15. What hospital services were used at Pershing Memorial Hospital?**

| Response Category                    | No. | Percent |
|--------------------------------------|-----|---------|
| Laboratory                           | 28  | 34.1%   |
| Emergency room                       | 19  | 23.2%   |
| X-ray                                | 15  | 18.3%   |
| MRI                                  | 5   | 6.1%    |
| Inpatient stay/Medical surgical unit | 4   | 4.9%    |
| Outpatient procedures                | 4   | 4.9%    |
| Therapy (physical/occupational)      | 3   | 3.7%    |
| Ultrasound                           | 2   | 2.4%    |
| EKG                                  | 1   | 1.2%    |
| Surgery                              | 1   | 1.2%    |
| Total                                | 82  | 100.0%  |

Some respondents answered more than once.

**Q16a. How satisfied were you or someone in your household with the services you received at Pershing Memorial Hospital? Would you say you were...**

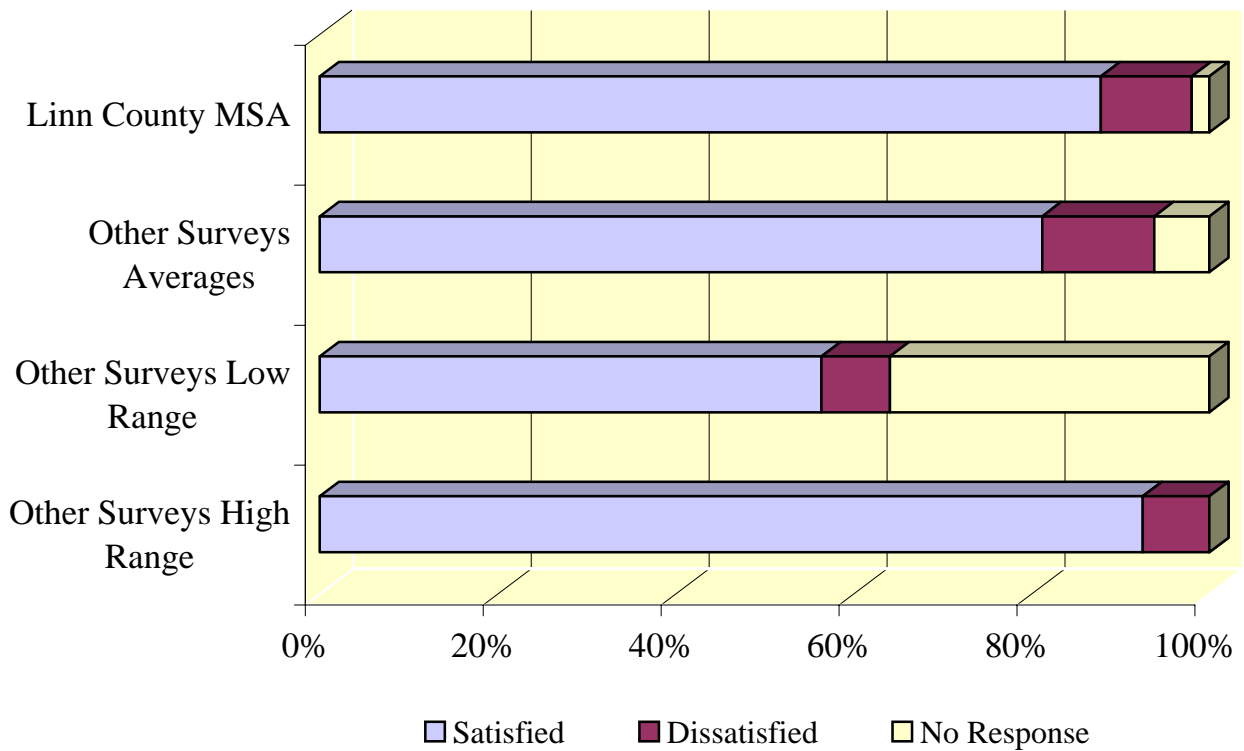
| Response Category | No. | Percent |
|-------------------|-----|---------|
| Satisfied         | 43  | 87.8%   |
| Dissatisfied      | 5   | 10.2%   |
| No Response       | 1   | 2.0%    |
| Total             | 49  | 100.0%  |



**Q16a-2. How satisfied were you or someone in your household with the hospital services you received at Pershing Memorial Hospital?**

**Compared to Other Studies**

| Survey Area              | Satisfied | Dissatisfied | No Response |
|--------------------------|-----------|--------------|-------------|
| Linn County MSA          | 87.8%     | 10.2%        | 2.0%        |
| Other Surveys Averages   | 81.2%     | 12.6%        | 6.2%        |
| Other Surveys Low Range  | 56.4%     | 7.7%         | 35.9%       |
| Other Surveys High Range | 92.5%     | 7.5%         | 0.0%        |



**Q16b-1. Why do you say that you are satisfied with the services you received at Pershing Memorial Hospital?**

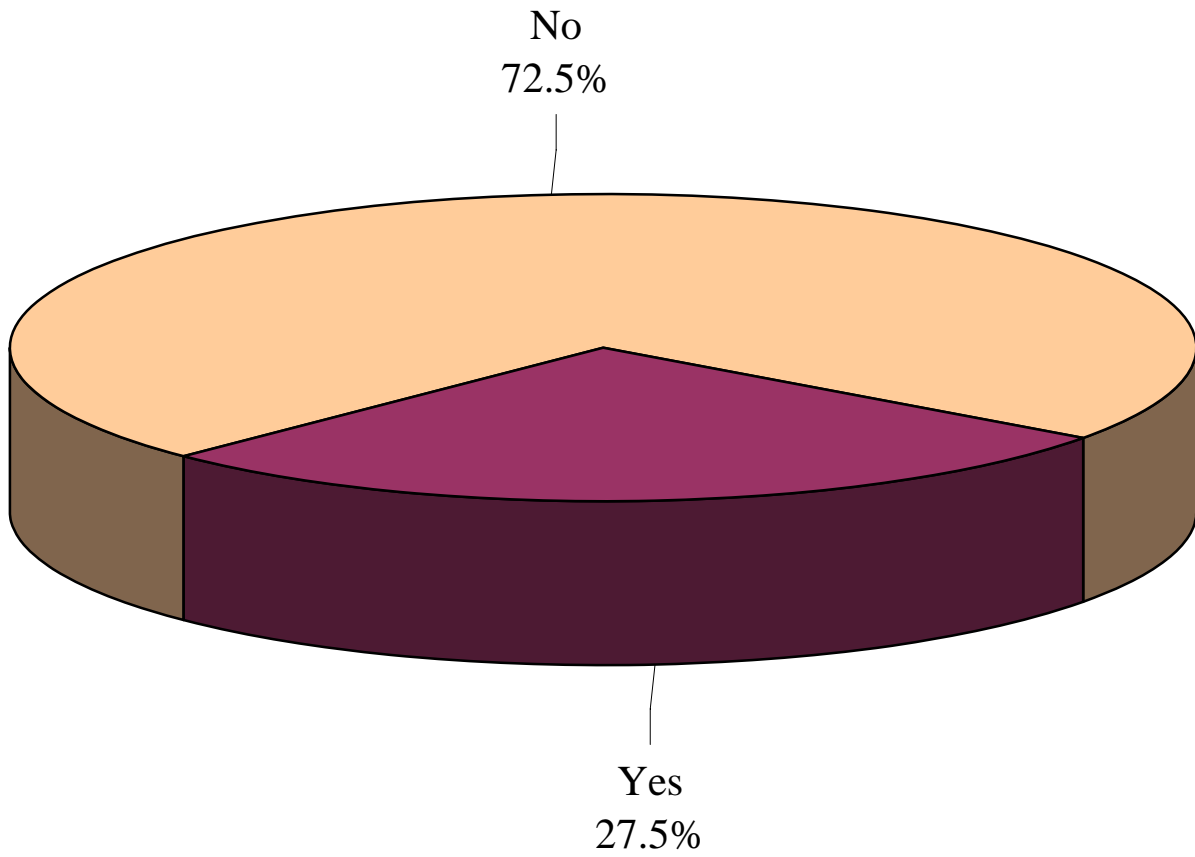
| Response                                  | No.      | Percent     |
|---|----------|-------------|
| Quick service/quick response              | 12       | 27.9%       |
| Resolved medical issue                    | 8        | 18.6%       |
| Professional, caring doctors/nurses/staff | 7        | 16.3%       |
| Good care                                 | 6        | 14.0%       |
| Satisfied, but had problems with doctors  | 6        | 14.0%       |
| Good service                              | 3        | 7.0%        |
| Made a good transfer decision             | <u>1</u> | <u>2.3%</u> |
| Total                                     | 43       | 100.0%      |

**Q16b-2. Why do you say that you are dissatisfied with the services you received at Pershing Memorial Hospital?**

| Response                            | No.      | Percent      |
|-------------------------------------|----------|--------------|
| Unprofessional doctors/nurses/staff | 2        | 40.0%        |
| Misdiagnosis                        | 1        | 20.0%        |
| Unable to diagnose                  | 1        | 20.0%        |
| Unclean facilities                  | <u>1</u> | <u>20.0%</u> |
| Total                               | 5        | 100.0%       |

**Q17. Have you or your family used emergency room services in the past 24 months?**

| Response | No.       | Percent      |
|----------|-----------|--------------|
| No       | 145       | 72.5%        |
| Yes      | <u>55</u> | <u>27.5%</u> |
| Total    | 200       | 100.0%       |





**Q18. At which hospital(s) were emergency room services received?**

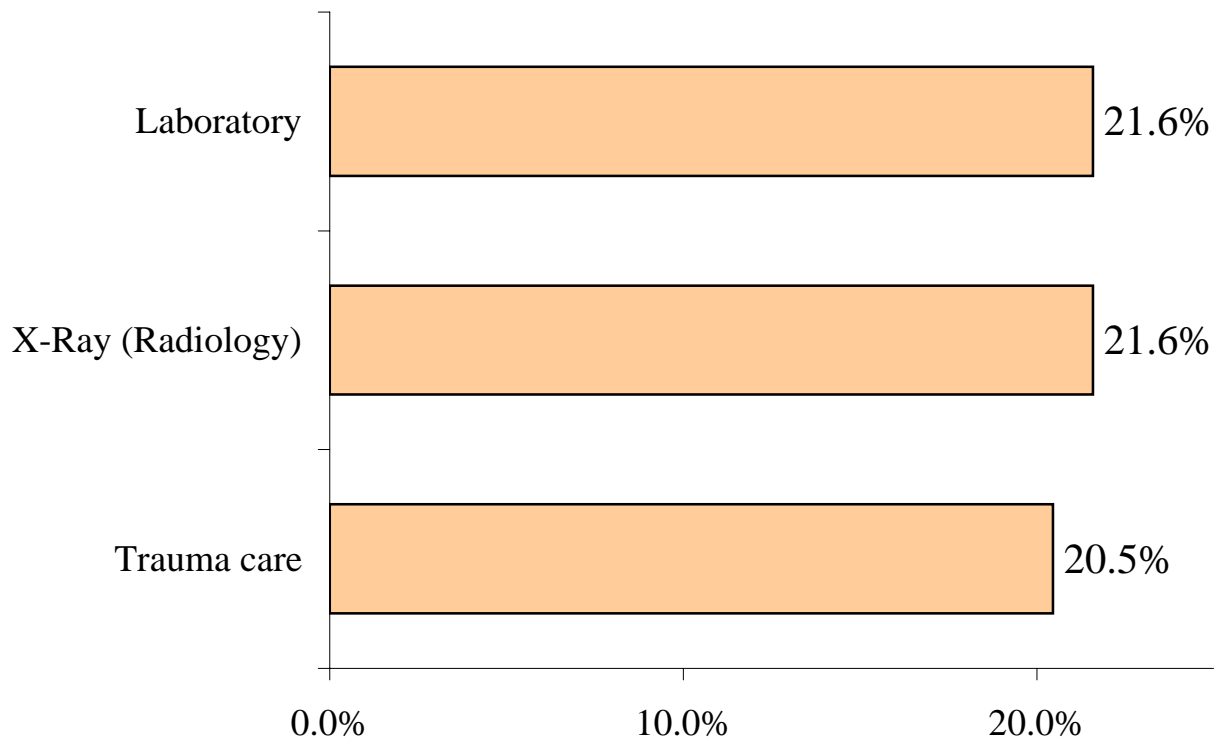
| Response Category                 | City               | No.      | Percent     |
|-----------------------------------|--------------------|----------|-------------|
| Pershing Memorial Hospital        | Brookfield         | 47       | 82.5%       |
| Hedrick Medical Center            | Chillicothe        | 2        | 3.5%        |
| Northeast Regional Medical Center | Kirksville         | 2        | 3.5%        |
| Samaritan Hospital                | Macon              | 1        | 1.8%        |
| Sullivan County Hospital          | Milan              | 1        | 1.8%        |
| Boone County Hospital             | Columbia           | 1        | 1.8%        |
| University Hospital               | Columbia           | 1        | 1.8%        |
| St. Johns Regional Health Center  | Springfield        | 1        | 1.8%        |
| Utah Primary Childrens Hospital   | Salt Lake City, UT | <u>1</u> | <u>1.8%</u> |
| Total                             |                    | 57       | 100.0%      |

Some respondents answered more than once.

**Q19. What type of emergency room services have you or your family used in the past 24 months at Pershing Memorial Hospital?**

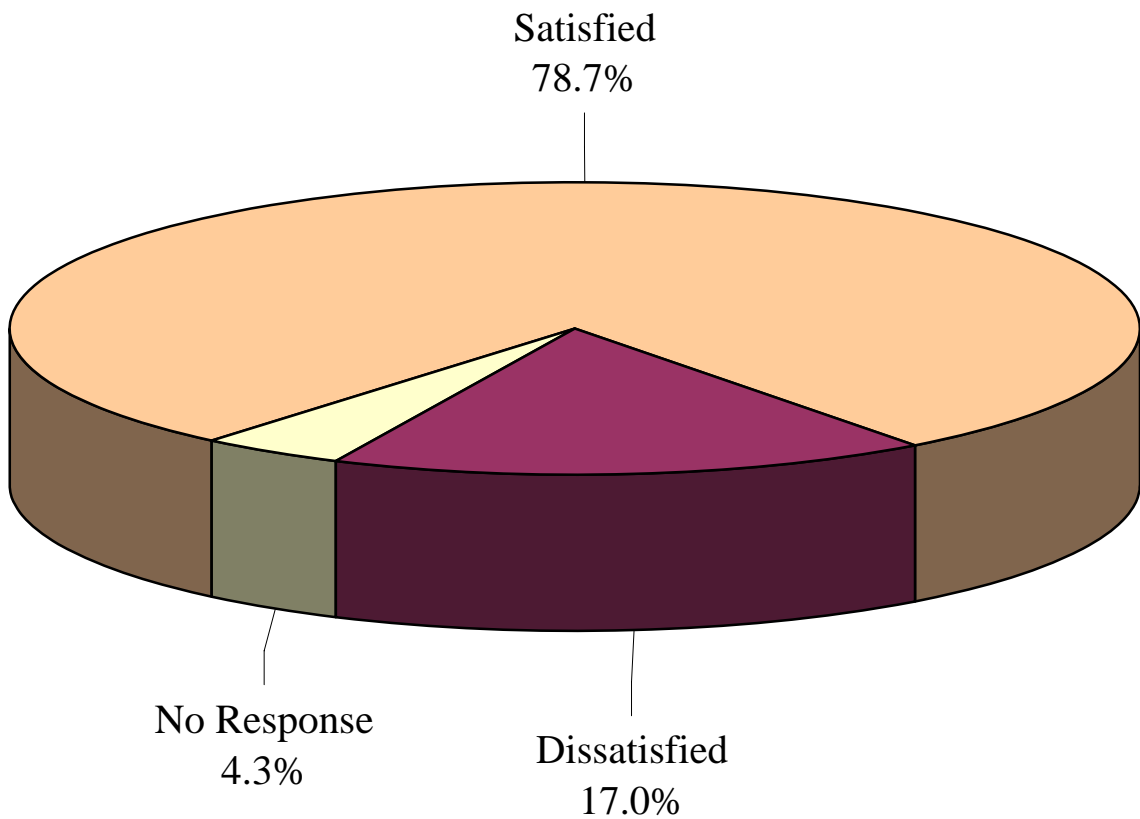
| Response Category             | No.      | Percent     |
|-------------------------------|----------|-------------|
| Laboratory                    | 19       | 21.6%       |
| X-Ray (Radiology)             | 19       | 21.6%       |
| Trauma care                   | 18       | 20.5%       |
| Routine illness               | 14       | 15.9%       |
| Cardiac evaluation            | 9        | 10.2%       |
| Respiratory therapy/Breathing | 5        | 5.7%        |
| MRI                           | 3        | 3.4%        |
| Psychological treatment       | <u>1</u> | <u>1.1%</u> |
| Total                         | 88       | 100.0%      |

Some respondents answered more than once.



**Q20a. How satisfied were you or someone in your household with the services you received at the emergency room in Pershing Memorial Hospital?  
Would you say that you were...**

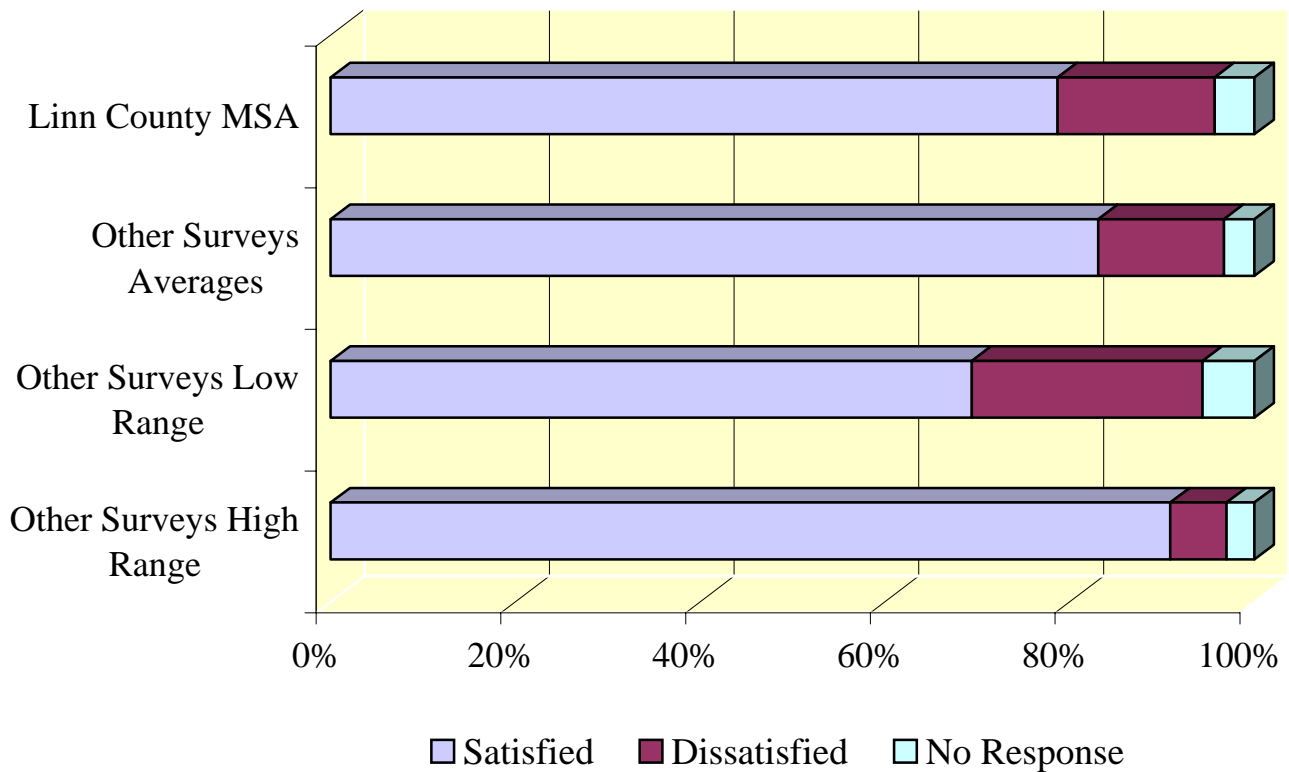
| Response               | No. | Percent |
|------------------------|-----|---------|
| Satisfied              | 37  | 78.7%   |
| Dissatisfied           | 8   | 17.0%   |
| Don't know/No response | 2   | 4.3%    |
| Total                  | 47  | 100.0%  |



**Q20a-2. How satisfied were you or someone in your household  
with the services you received at the emergency  
room in Pershing Memorial Hospital?  
Would you say that you were...**

**Compared to Other Studies**

| Survey Area              | Satisfied | Dissatisfied | No Response |
|--------------------------|-----------|--------------|-------------|
| Linn County MSA          | 78.7%     | 17.0%        | 4.3%        |
| Other Surveys Averages   | 83.1%     | 13.6%        | 3.3%        |
| Other Surveys Low Range  | 69.4%     | 25.0%        | 5.6%        |
| Other Surveys High Range | 90.9%     | 6.1%         | 3.0%        |



**Q20b-1. Why do you or someone in your household say that you were satisfied with the services you received at the emergency room in Pershing Memorial Hospital?**

| Response Category                         | No.      | Percent     |
|---|----------|-------------|
| Just satisfied, no reason                 | 11       | 29.7%       |
| Professional, caring doctors/nurses/staff | 11       | 29.7%       |
| Quick service/Quick response              | 6        | 16.2%       |
| Good care/service                         | 4        | 10.8%       |
| Resolved medical issue(s)                 | 4        | 10.8%       |
| Convenience                               | <u>1</u> | <u>2.7%</u> |
| Total                                     | 37       | 100.0%      |

**Q20b-2. Why do you or someone in your household say that you were dissatisfied with the services you received at the emergency room in Pershing Memorial Hospital?**

| Response Category                 | No.      | Percent      |
|-----------------------------------|----------|--------------|
| Poor care/service                 | 5        | 62.5%        |
| Not satisfied with doctors/nurses | <u>3</u> | <u>37.5%</u> |
| Total                             | 8        | 100.0%       |

**Q21. What type of emergency room services have you or your family used in the past 24 months at a hospital other than Pershing Memorial Hospital?**

| Response Category  | No.      | Percent     |
|--------------------|----------|-------------|
| Laboratory         | 7        | 33.3%       |
| X-ray              | 5        | 23.8%       |
| Routine illness    | 4        | 19.0%       |
| Trauma care        | 4        | 19.0%       |
| Cardiac evaluation | <u>1</u> | <u>4.8%</u> |
| Total              | 21       | 100.0%      |

Some respondents answered more than once.

**Q22a. How satisfied were you or someone in your household  
with the services you received at the emergency room in  
a hospital other than Pershing Memorial Hospital?  
Would you say you were...?**

| Response Category | No.       | Percent       |
|-------------------|-----------|---------------|
| Satisfied         | <u>10</u> | <u>100.0%</u> |
| Total             | 10        | 100.0%        |

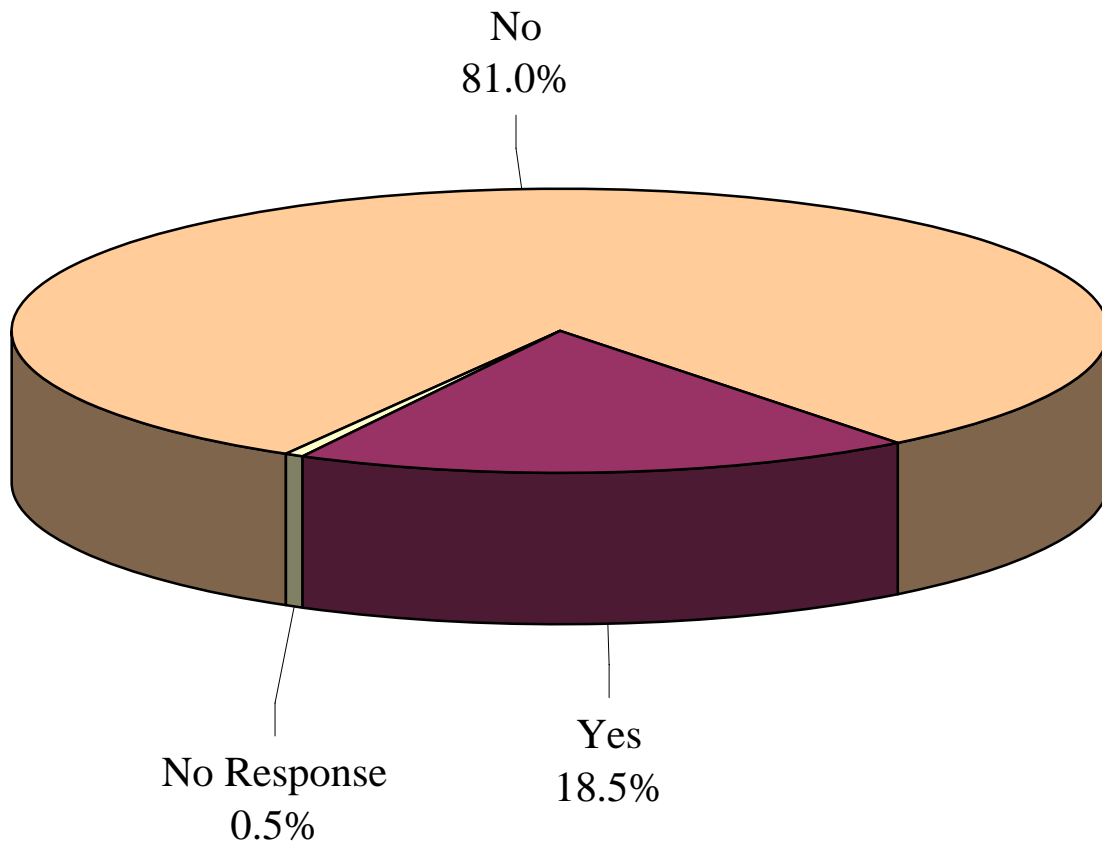
**Q22b. Why do you or someone in your household say that you were  
satisfied with the services you received at the emergency  
room at Pershing Memorial Hospital?**

| Response Category                         | No.      | Percent      |
|---|----------|--------------|
| Good care/service                         | 4        | 36.4%        |
| Resolved medical issue(s)                 | 3        | 27.3%        |
| Professional, caring doctors/nurses/staff | 2        | 18.2%        |
| Quick service/quick response              | <u>2</u> | <u>18.2%</u> |
| Total                                     | 11       | 99.9%        |

Respondents answered more than once.

**Q23. Have you or a family member used Marceline Community Health Center in the past 24 months?**

| Response               | No.      | Percent     |
|------------------------|----------|-------------|
| No                     | 162      | 81.0%       |
| Yes                    | 37       | 18.5%       |
| Don't know/No Response | <u>1</u> | <u>0.5%</u> |
| Total                  | 200      | 100.0%      |





**Q24a. How satisfied were you or someone in your family with you received at Marceline Community Health Center? Would you say you were...**

| Response               | No. | Percent |
|------------------------|-----|---------|
| Satisfied              | 35  | 94.6%   |
| Dissatisfied           | 1   | 2.7%    |
| Don't know/No response | 1   | 2.7%    |
| Total                  | 37  | 100.0%  |



**Q24b-1. Why do you or someone in your household say that you were satisfied with the services you received at Marceline Community Health Center?**

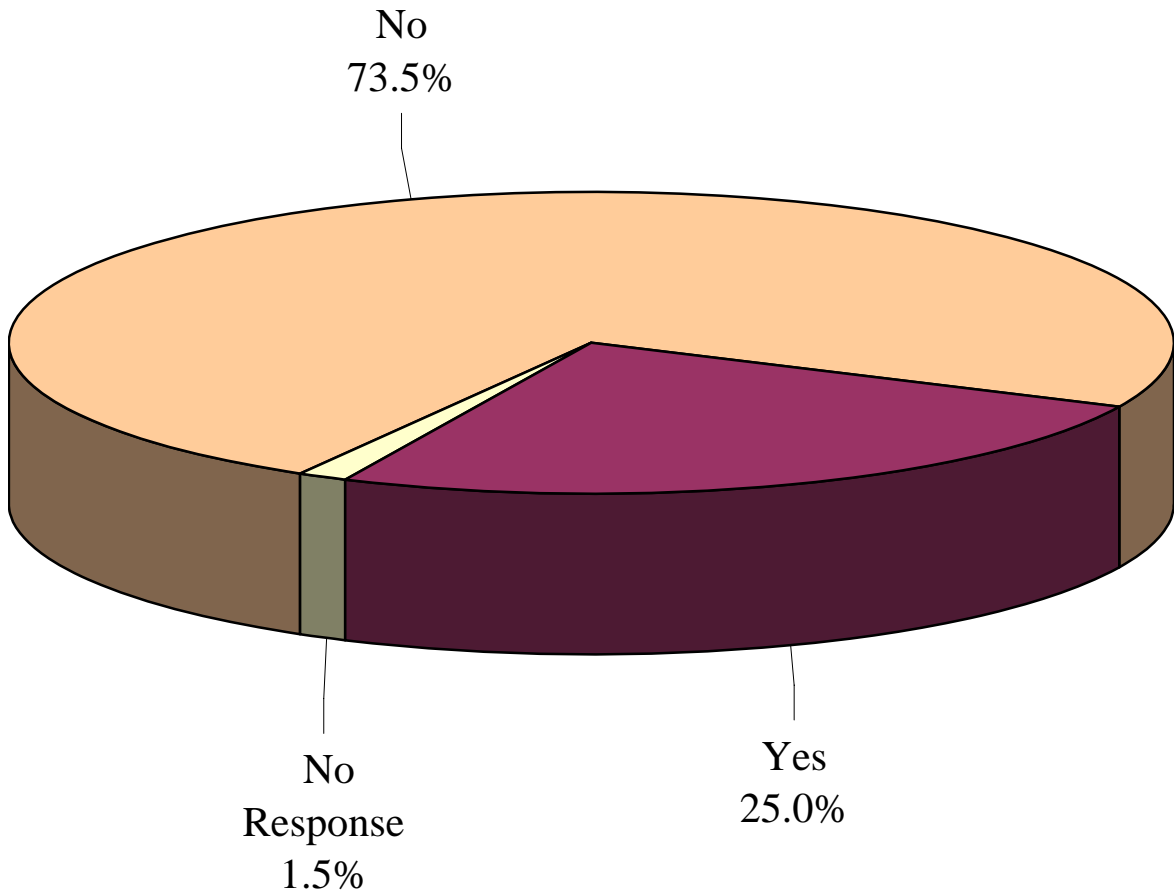
| Response Category                         | No.      | Percent     |
|---|----------|-------------|
| Professional, caring doctors/nurses/staff | 16       | 45.7%       |
| Good care/service                         | 6        | 17.1%       |
| Doctors explained well and were thorough  | 4        | 11.4%       |
| Quick service/quick response              | 4        | 11.4%       |
| Resolved medical issue(s)                 | 3        | 8.6%        |
| No reason/satisfied                       | <u>2</u> | <u>5.7%</u> |
| Total                                     | 35       | 100.0%      |

**Q24b-2. Why do you or someone in your household say that you were dissatisfied with the services you received at Marceline Community Health Center?**

| Response Category    | No.      | Percent       |
|----------------------|----------|---------------|
| Unprofessional staff | <u>1</u> | <u>100.0%</u> |
| Total                | 1        | 100.0%        |

**Q25. Have you or someone in your household used the services of the Linn County Health Department?**

| Response Category | No.      | Percent     |
|-------------------|----------|-------------|
| No                | 147      | 73.5%       |
| Yes               | 50       | 25.0%       |
| No Response       | <u>3</u> | <u>1.5%</u> |
| Total             | 200      | 100.0%      |



**Q26a. How satisfied were you or someone in your household with the services you received at the Linn County Health Department? Would you say that you were...**

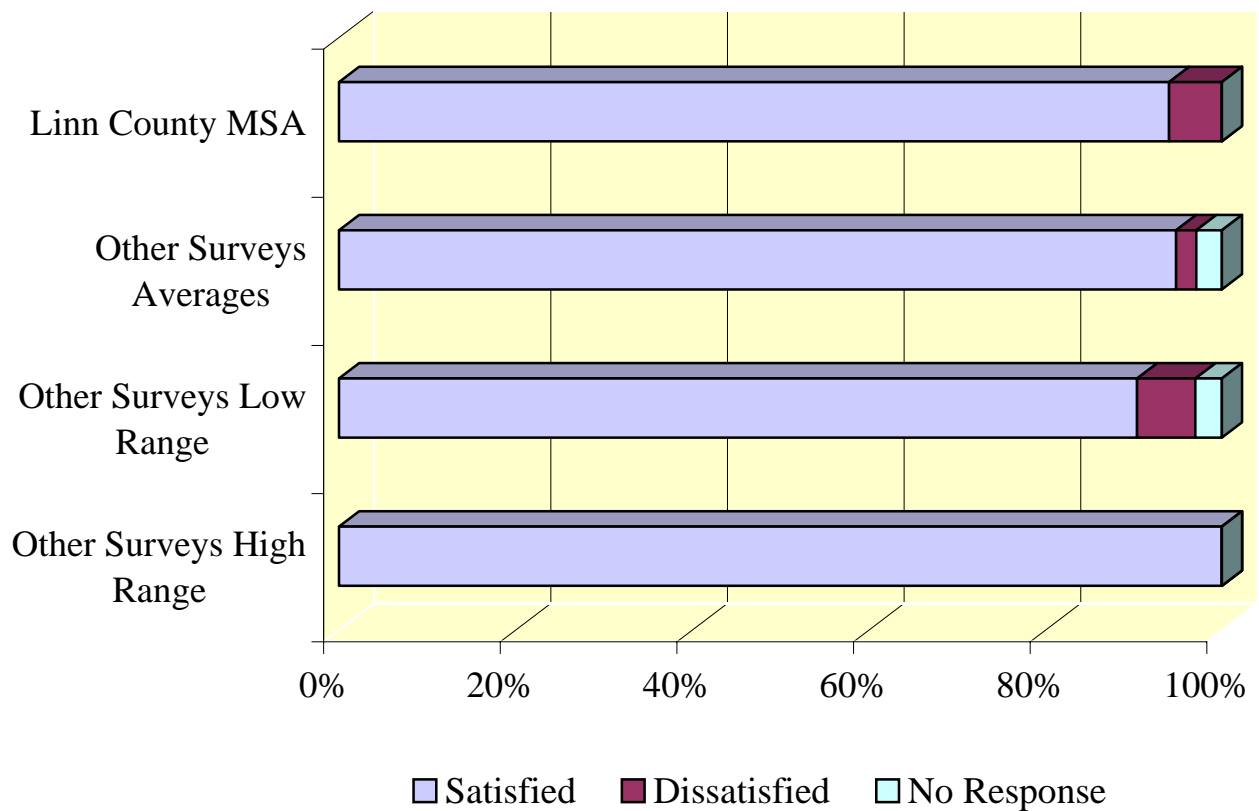
| Response Category | No.      | Percent     |
|-------------------|----------|-------------|
| Satisfied         | 47       | 94.0%       |
| Dissatisfied      | <u>3</u> | <u>6.0%</u> |
| Total             | 50       | 100.0%      |



**Q26a-2. How satisfied were you or someone in your household with the Linn County Health Department?**

**Compared to Other Studies**

| Survey Area              | Satisfied | Dissatisfied | No Response |
|--------------------------|-----------|--------------|-------------|
| Linn County MSA          | 94.0%     | 6.0%         | 0.0%        |
| Other Surveys Averages   | 94.8%     | 2.3%         | 2.9%        |
| Other Surveys Low Range  | 90.4%     | 6.6%         | 3.0%        |
| Other Surveys High Range | 100.0%    | 0.0%         | 0.0%        |



**Q26b-1. Why do you or someone in your household say that you were satisfied with the services you received at Linn County Health Department?**

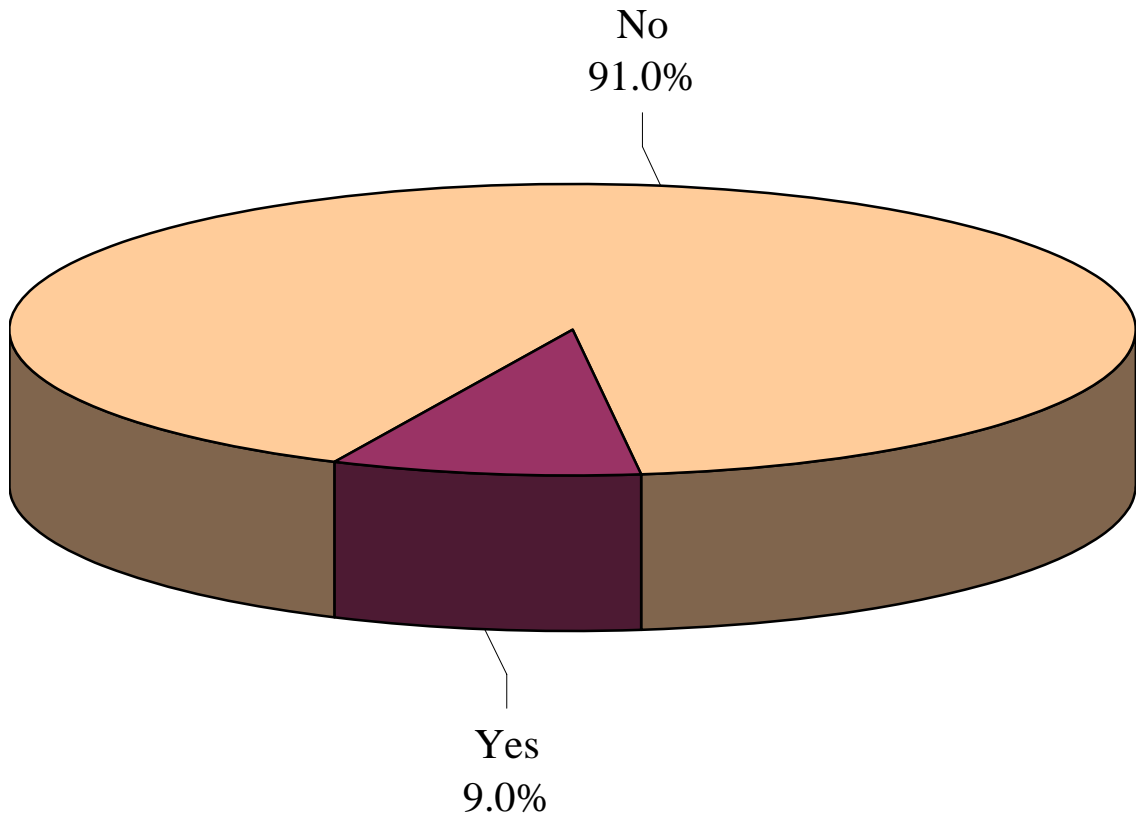
| Response Category                         | No.      | Percent     |
|---|----------|-------------|
| Good care/service                         | 15       | 31.9%       |
| Quick service/quick response              | 12       | 25.5%       |
| No reason/just satisfied                  | 8        | 17.0%       |
| Professional, caring doctors/nurses/staff | 6        | 12.8%       |
| Doctors explained well and were thorough  | 3        | 6.4%        |
| Resolved medical issue(s)                 | <u>3</u> | <u>6.4%</u> |
| Total                                     | 47       | 100.0%      |

**Q26b-2. Why do you or someone in your household say that you were dissatisfied with the services you received at Linn County health department?**

| Response Category      | No.      | Percent      |
|------------------------|----------|--------------|
| Poor service/treatment | 1        | 33.3%        |
| Unprofessional staff   | 1        | 33.3%        |
| No Response            | <u>1</u> | <u>33.3%</u> |
| Total                  | 3        | 99.9%        |

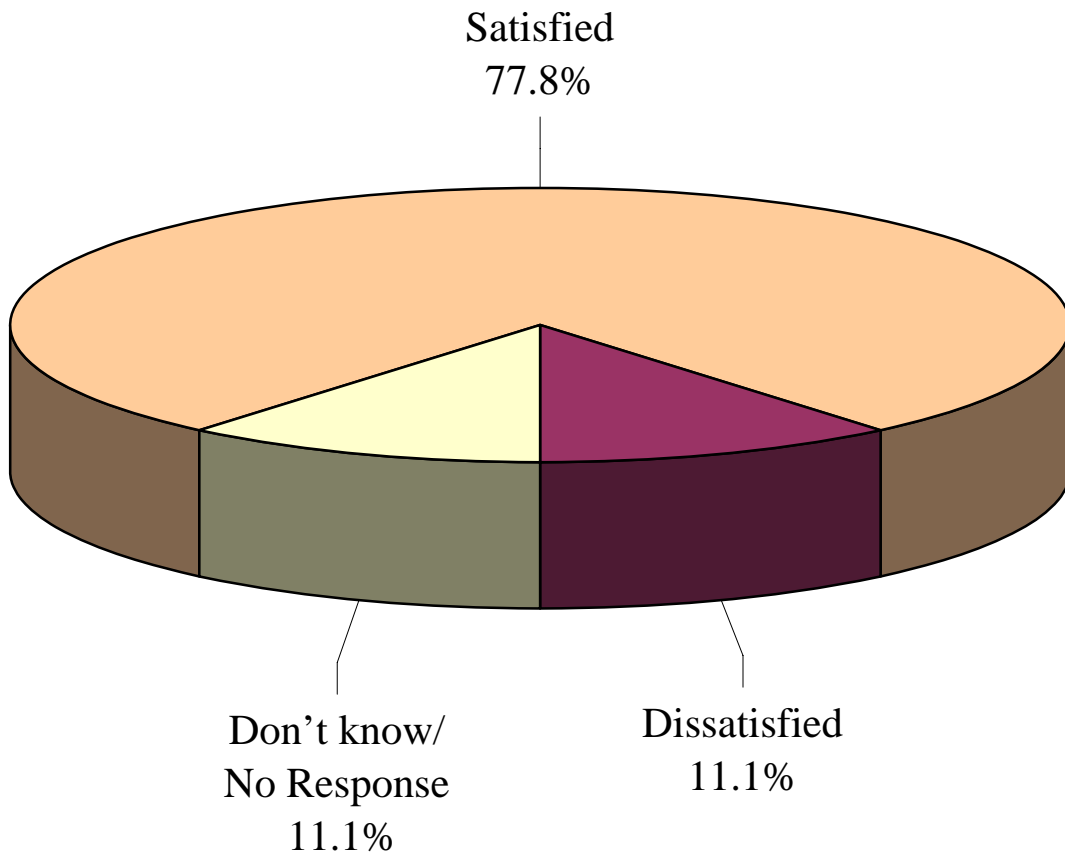
**Q27. Have you or someone in your household used the services of the Linn County EMS in the past 24 months?**

| Response Category | No. | Percent |
|-------------------|-----|---------|
| No                | 182 | 91.0%   |
| Yes               | 18  | 9.0%    |
| Total             | 200 | 100.0%  |



**Q28a. How satisfied were you or someone in your household  
with the services you received from Linn County EMS?  
Would you say that you were...**

| Response Category      | No.      | Percent      |
|------------------------|----------|--------------|
| Satisfied              | 14       | 77.8%        |
| Dissatisfied           | 2        | 11.1%        |
| Don't know/No response | <u>2</u> | <u>11.1%</u> |
| Total                  | 18       | 100.0%       |





**Q28b-1. Why do you or someone in your household say that you were satisfied with the services you received from Linn County EMS?**

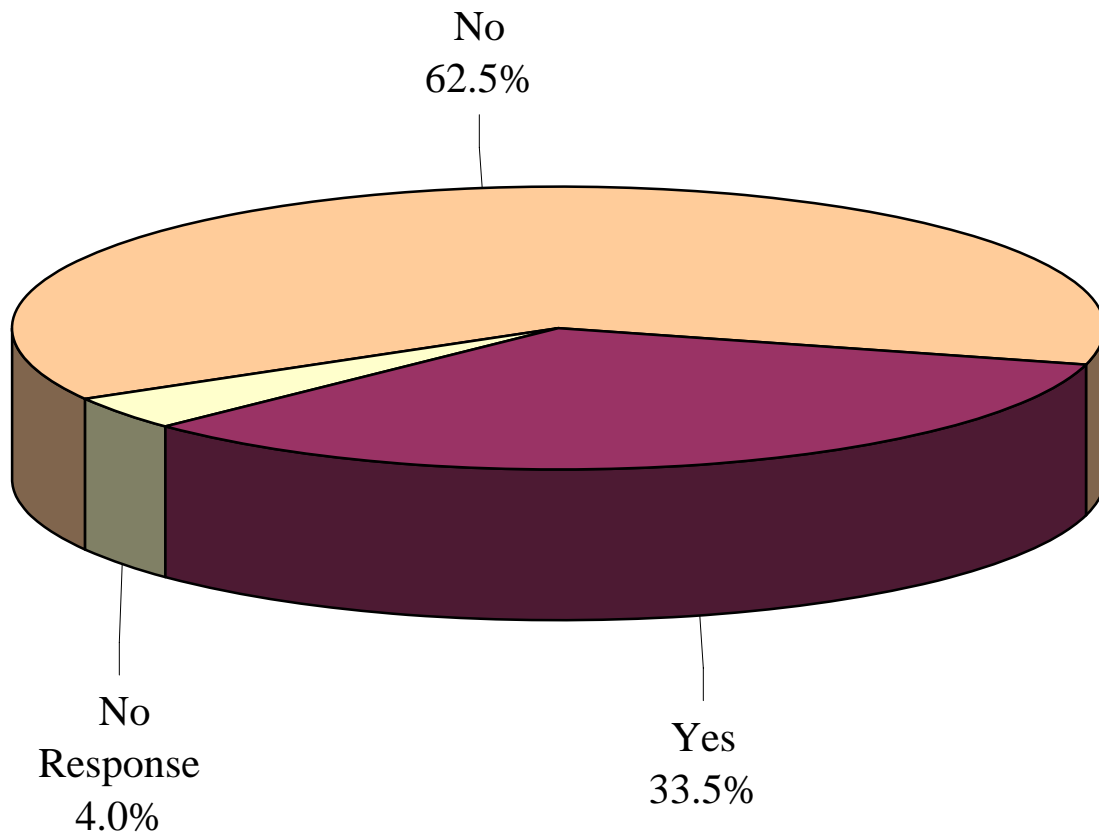
| Response Category                         | No.      | Percent      |
|---|----------|--------------|
| Quick service/quick response              | 5        | 35.7%        |
| Good care/service                         | 4        | 28.6%        |
| Professional, caring doctors/nurses/staff | 3        | 21.4%        |
| No reason/just satisfied                  | <u>2</u> | <u>14.3%</u> |
| Total                                     | 14       | 100.0%       |

**Q28b-2. Why do you or someone in your household say that you were dissatisfied with the services you received from Linn County EMS?**

| Response Category    | No.      | Percent      |
|----------------------|----------|--------------|
| High cost            | 1        | 50.0%        |
| Unprofessional staff | <u>1</u> | <u>50.0%</u> |
| Total                | 2        | 100.0%       |

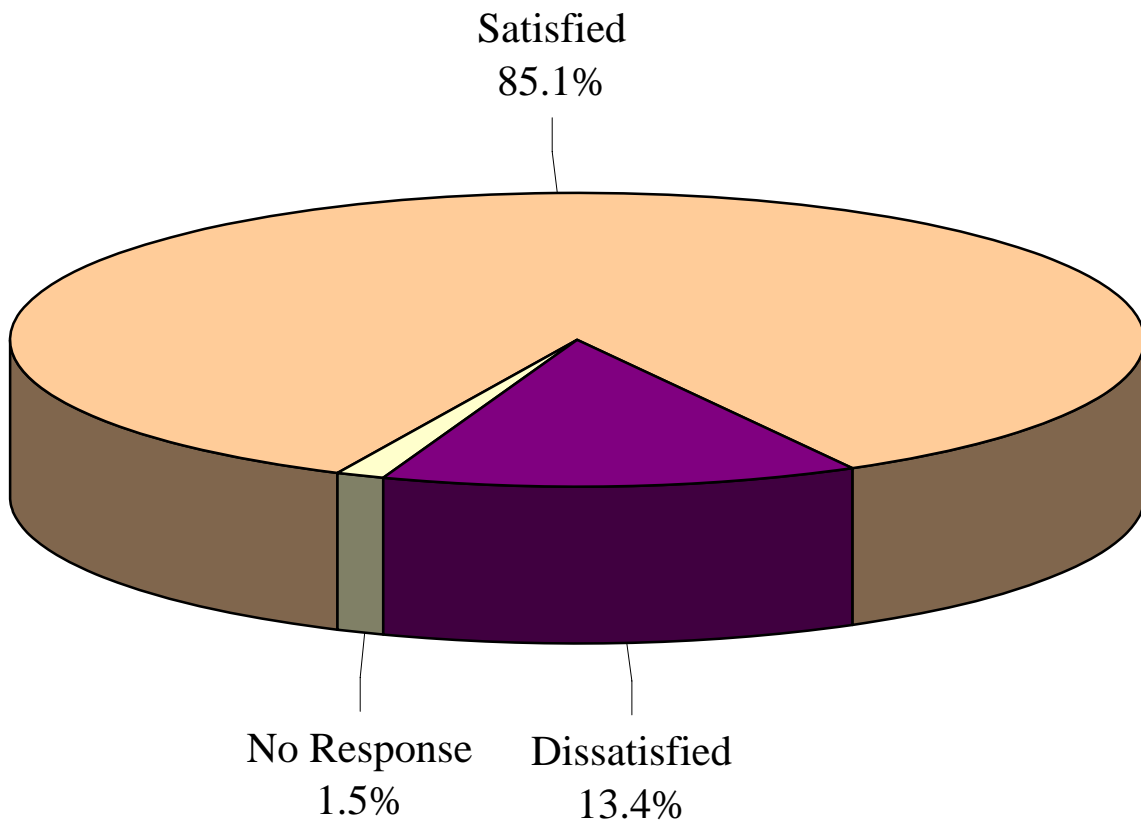
**Q29. Have you or a family member used Community Medical Associates Clinic in Brookfield in the past 24 months?**

| Response Category      | No.      | Percent     |
|------------------------|----------|-------------|
| No                     | 125      | 62.5%       |
| Yes                    | 67       | 33.5%       |
| Don't know/No Response | <u>8</u> | <u>4.0%</u> |
| Total                  | 200      | 100.0%      |



**Q30a. How satisfied were you or someone in your family with the services you received at Community Medical Associates in Brookfield? Would you say that you were...**

| Response     | No. | Percent |
|--------------|-----|---------|
| Satisfied    | 57  | 85.1%   |
| Dissatisfied | 9   | 13.4%   |
| No Response  | 1   | 1.5%    |
| Total        | 67  | 100.0%  |



**Q30b-1. Why do you or someone in your household say that you were satisfied with the services you received at Community Medical Associates in Brookfield?**

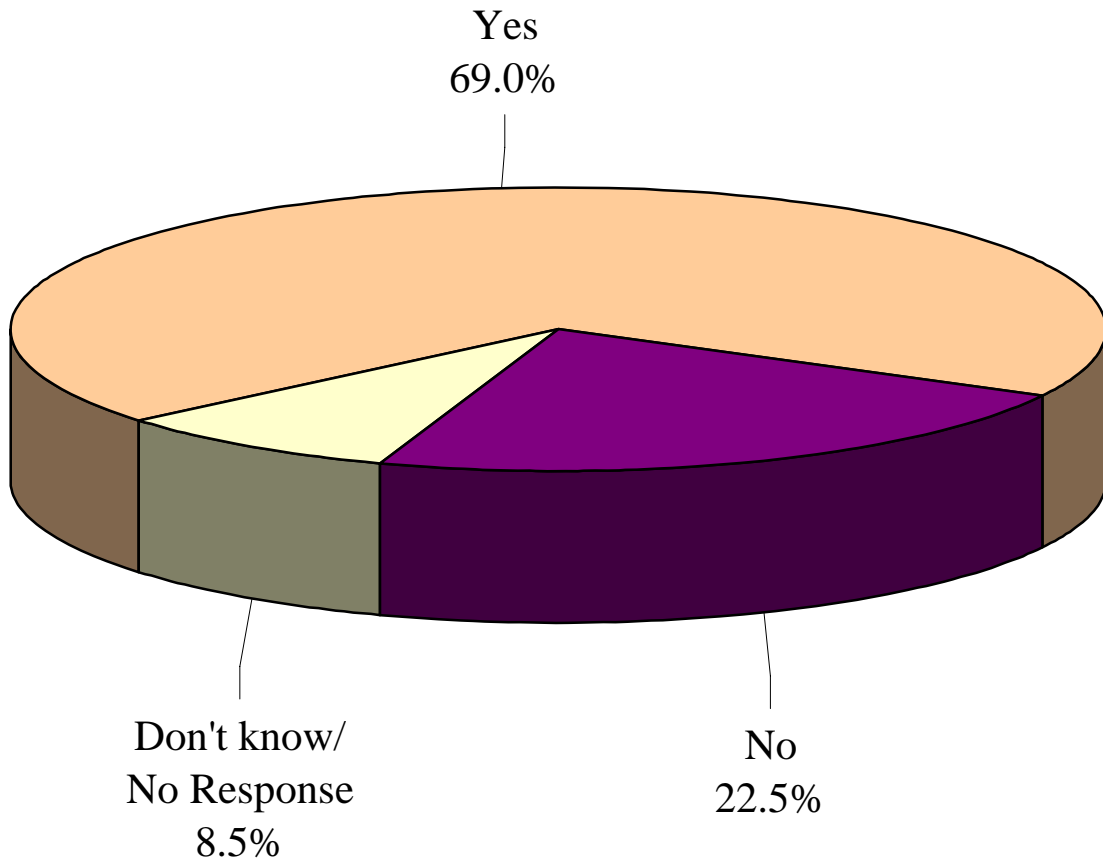
| Response Category                         | No.      | Percent     |
|---|----------|-------------|
| Good care/service                         | 15       | 26.3%       |
| Convenient location and hours             | 10       | 17.5%       |
| Quick service/quick response              | 10       | 17.5%       |
| Professional, caring doctors/nurses/staff | 8        | 14.0%       |
| No reason/just satisfied                  | 7        | 12.3%       |
| Resolved medical issue(s)                 | 4        | 7.0%        |
| Doctors were thorough                     | <u>3</u> | <u>5.3%</u> |
| Total                                     | 57       | 99.9%       |

**Q30b-2. Why do you or someone in your household say that you were dissatisfied with the services you received at Community Medical Associates in Brookfield?**

| Response Category        | No.      | Percent      |
|--------------------------|----------|--------------|
| Unprofessional staff     | 4        | 44.4%        |
| Long wait                | 4        | 44.4%        |
| Unresolved medical issue | <u>1</u> | <u>11.1%</u> |
| Total                    | 9        | 99.9%        |

**Q31a. Are you able to access dental services  
in Linn County?**

| Response               | No. | Percent |
|------------------------|-----|---------|
| Yes                    | 138 | 69.0%   |
| No                     | 45  | 22.5%   |
| Don't know/No Response | 17  | 8.5%    |
| Total                  | 200 | 100.0%  |



**Q31b. Why are you unable to access dental services in Linn County?**

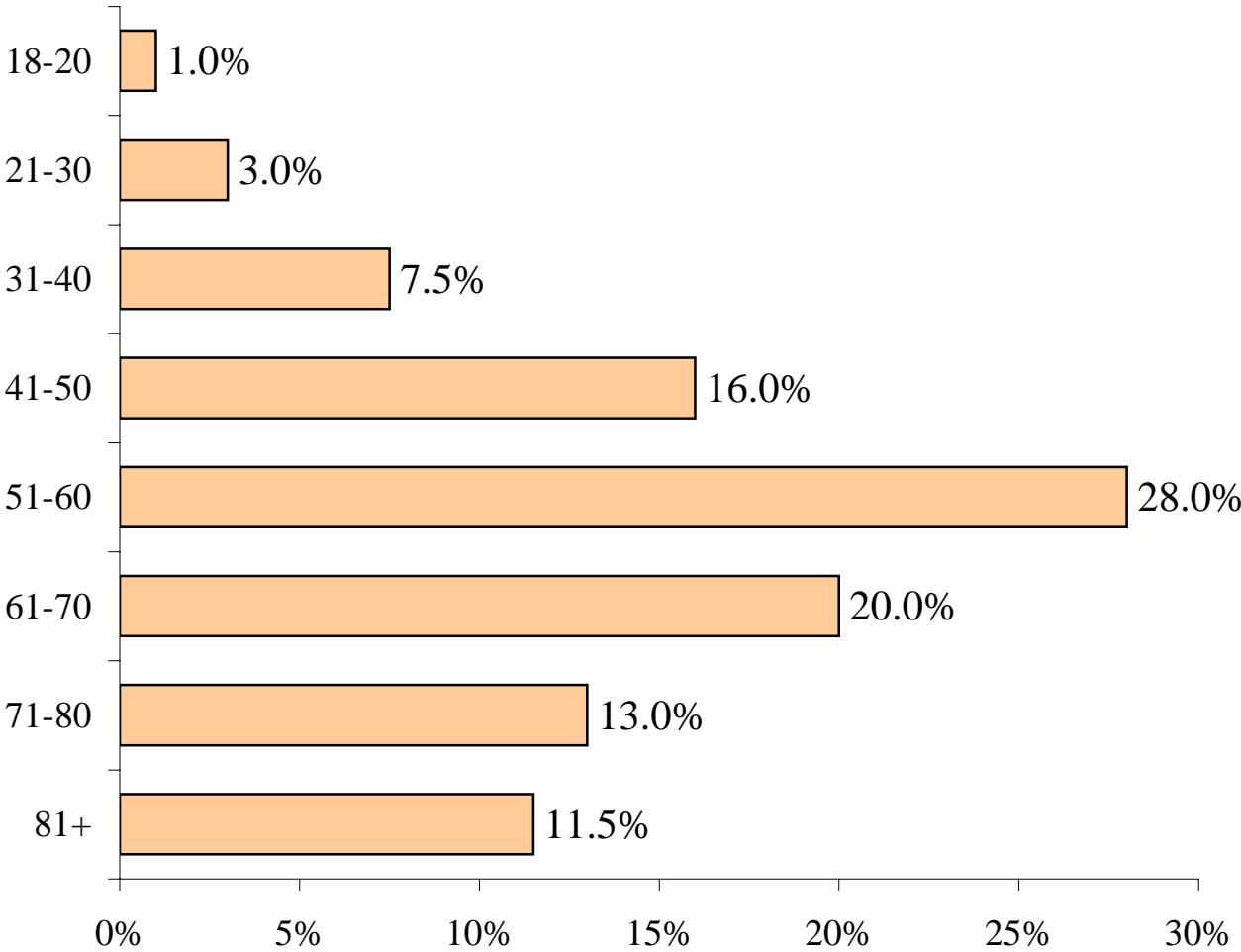
| Response Category                     | No. | Percent      |
|---------------------------------------|-----|--------------|
| Not covered by insurance              | 10  | 22.2%        |
| Already have a dentist                | 9   | 20.0%        |
| Unavailable/overbooked/unsatisfactory | 6   | 13.3%        |
| Cost                                  | 5   | 11.1%        |
| Location                              | 4   | 8.9%         |
| No need for dental services           | 4   | 8.9%         |
| Don't know/No Response                | 7   | <u>15.6%</u> |
| Total                                 | 45  | 100.0%       |

**Q32. What concerns you most about health care in your community?**

| Response Category                        | No.      | Percent     |
|--|----------|-------------|
| No concerns/complaints                   | 40       | 20.0%       |
| Physician availability/competence        | 37       | 18.5%       |
| High cost of care                        | 33       | 16.5%       |
| New doctors/younger doctors/more doctors | 30       | 15.0%       |
| Distance to health facilities            | 14       | 7.0%        |
| Availability of specialists              | 12       | 6.0%        |
| Physician apathy                         | 7        | 3.5%        |
| Ambulance response time/emergency care   | 6        | 3.0%        |
| High Medicaid/Medicare populations       | 5        | 2.5%        |
| Lack of dental services                  | 5        | 2.5%        |
| Lack of thoroughness                     | 4        | 2.0%        |
| Just dissatisfied with health care       | 3        | 1.5%        |
| Lack of geriatric services               | 2        | 1.0%        |
| Acquiring newer medical technology       | 1        | 0.5%        |
| Insurance companies dictating treatments | <u>1</u> | <u>0.5%</u> |
| Total                                    | 200      | 100.0%      |

**Q33. What is your age?**

| Response Category | No.       | Percent      |
|-------------------|-----------|--------------|
| 18-20             | 2         | 1.0%         |
| 21-30             | 6         | 3.0%         |
| 31-40             | 15        | 7.5%         |
| 41-50             | 32        | 16.0%        |
| 51-60             | 56        | 28.0%        |
| 61-70             | 40        | 20.0%        |
| 71-80             | 26        | 13.0%        |
| 81+               | <u>23</u> | <u>11.5%</u> |
| Total             | 200       | 100.0%       |



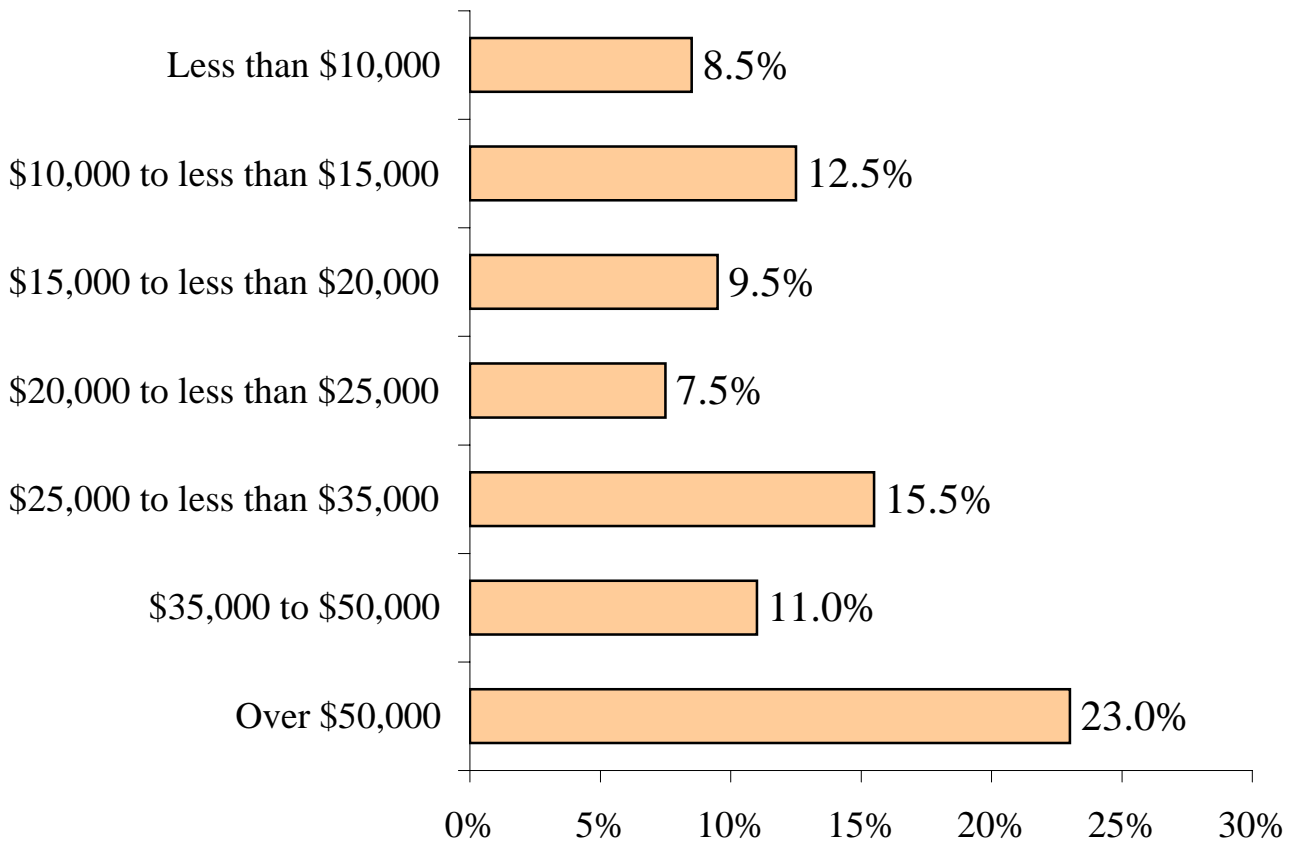


**Q34. What is your race?**

| Response Category      | No.      | Percent     |
|------------------------|----------|-------------|
| Caucasian              | 193      | 96.5%       |
| Native American        | 2        | 1.0%        |
| African American       | 2        | 1.0%        |
| Asian                  | 1        | 0.5%        |
| Don't know/No Response | <u>2</u> | <u>1.0%</u> |
| Total                  | 200      | 100.0%      |

**Q35. What is your annual household income?**

| Response Category              | No.       | Percent      |
|--------------------------------|-----------|--------------|
| Less than \$10,000             | 17        | 8.5%         |
| \$10,000 to less than \$15,000 | 25        | 12.5%        |
| \$15,000 to less than \$20,000 | 19        | 9.5%         |
| \$20,000 to less than \$25,000 | 15        | 7.5%         |
| \$25,000 to less than \$35,000 | 31        | 15.5%        |
| \$35,000 to \$50,000           | 22        | 11.0%        |
| Over \$50,000                  | 46        | 23.0%        |
| Don't know/No Response         | <u>25</u> | <u>12.5%</u> |
| Total                          | 200       | 100.0%       |



**Q36. What is your gender?**

| Response Category | No.       | Percent      |
|-------------------|-----------|--------------|
| Female            | 150       | 75.0%        |
| Male              | <u>50</u> | <u>25.0%</u> |
| Total             | 200       | 100.0%       |

