

# Lewis County Family Health Survey

Family Health is the foundation of our community. Lewis County Public Health and Social Services is currently conducting a Family Health Needs Assessment Survey to hear from Lewis County community members and those that serve our community as to what health needs are being met, going unmet, and are your priorities. Please take a moment to answer some questions and inform your county and community providers.

All information provided will be kept confidential and be incorporated into a wider community health needs assessment, to be published in 2025, by Lewis County Public Health and Social Services, and made available to the public. Summary information will be provided to the Washington State Department of Health Maternal and Child Health Block Grant, for inclusion into their statewide needs assessment, which impacts funding and priorities for the state and local health jurisdictions, such as Lewis County.

**Your voice matters! Without hearing from you, our community services lack community perspective and guidance.**

**Please identify yourself by selecting all that apply!**

## Family/Personal

- Pregnant and/or Person of Childbearing Age
- Current Parent/Guardian of Infant(s)
- Current Parent/Guardian of Child(ren), Aged 1-9 Years
- Current Parent/Guardian of Adolescent(s) and/or Young Adult(s), Aged 10-21
- Parent/Guardian of a Child or Youth with Special Healthcare Needs

## Community

- Healthcare and/or Allied Care Provider Working with Women, Infants, Children, Adolescents, and/or Young Adults
- Healthcare and/or Allied Care Provider Working with Children or Youth with Special Healthcare Needs
- Community Service Provider Working with Women, Infants, Children, Adolescents, and/or Young Adults
- Community Service Provider Working with Children or Youth with Special Healthcare Needs
- Childcare (including Pre-K) Provider
- Education (K-12) Provider
- Other

## Age

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

## Gender

- Female
- Male
- Transgender
- Something Else Fits Me Better

## What communities do you identify with (if any)?

- LGBTQ+\_ community
- Hispanic/Latinx community
- Tribal community
- BIPOC community
- Other (Please specify): \_\_\_\_\_

Zipcode: \_\_\_\_\_

*If you identified as a provider in the community and wish to share your care and/or service provided, please do! This information will help us account for the provider entities that we have made contact with across Lewis County.*

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# Pregnant & Childbearing Aged

**Are you or your partner pregnant or of childbearing age OR do you work with pregnant or people of childbearing age?**

**YES -- please answer the questions below.**

**NO -- skip to the next page.**

The topics below are some of the many that pregnant or people of childbearing age may encounter related to their healthcare needs. Your responses to the topics will help Lewis County and local providers prioritize care for our residents.

For each of the topics listed below, please select their priority for yourself and as you see it in your community.

	Priority for yourself or partner				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
<b>Access To Care/Health Promotion</b>								
Access to Preconception Care								
Access to High Risk Maternity Services								
Access to Prenatal Care								
Support for out of Hospital Births								
Access to Oral Health Services								
Access to Mental/Behavioral Health Services								
Access to Childcare								
Access to parenting classes for all parents and/or caregivers								
Other (specify)								
<b>Pregnancy Related Health</b>								
Pre-pregnancy Weight								
Early Prenatal Care								
Preterm Births								
Low Birth Weight Deliveries								
Rate of Low-Risk Cesarean								
Maternal Mortality (death)\Severe Morbidity (illness)								
Other (specify)								
<b>Post-Partum Support</b>								
Breastfeeding support								
Mental/Emotional Health Support								
Daily-Life Support (e.g. housecleaning, cooking, sleep)								
Physical Recovery Support (e.g. pelvic floor therapists, cesarean recovery)								
Other (specify)								
<b>Social/Environmental</b>								
Access to adequate employment								
Social/emotional support								
Racial/ethnic discrimination								
Social Class discrimination								
Depression/Anxiety								
Intimate Partner/Domestic Violence								
Access to information/advise on parenting								
Peer support groups								
Family Leave Policies								
Other (specify)								

What else would you like us to know? \_\_\_\_\_

# Children with Special Healthcare Needs

**Do you have a child with special healthcare needs OR do you work with children with special healthcare needs (CSHCN)?**

**YES -- please answer the questions below.**

**NO -- skip to the next page.**

The topics below are some of the many that children with special healthcare needs may encounter related to their healthcare needs. Your responses to the topics will help Lewis County and local providers prioritize care for our residents.

For each of the topics listed below, please select their priority for yourself and as you see it in your community.

	Priority for yourself				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
<b>Access To Care/Health Promotion</b>								
Access to medical support at home								
Access to transitional services to adult care								
Access to developmental screenings								
Access to hearing screening								
Access to specialized care for CSHCN								
Access to well-child visits appropriate for CHSCN								
Access to medical home								
Access to Preventive Dental Services in the Community								
Access to Other Dental Services in the Community								
Access to behavioral/mental health services appropriate for CSHCN								
Appropriate vaccinations available								
Identification of CSHCN (CHIF)								
Access to Childcare								
Access to parenting classes for all parents and/or caregivers								
<i>Other (specify)</i>								
<b>Insurance Coverage Specific for Special Needs</b>								
Adequate Insurance Coverage - Medical								
Adequate Insurance Coverage - Dental								
Adequate insurance Coverage - Behavioral and Mental Health								
<i>Other (specify)</i>								
<b>Social/Emotional</b>								
Parental emotional/behavioral health								
School readiness								
Outreach to families								
Inclusion of Family/Caregiver as advocate								
Family Leave Policies								
<i>Other (specify)</i>								
<b>Environmental Issues</b>								
Adequate physical activity								
Ability to access services/activities in community								
<i>Other (specify)</i>								

**What else would you like us to know?** \_\_\_\_\_

# Infants

**Do you have an infant OR do you work with infants?**

**YES -- please answer the questions below.**

**NO -- skip to the next page.**

The topics below are some of the many that infants and their caregivers may encounter related to their healthcare needs. Your responses to the topics will help Lewis County and local providers prioritize care for our residents.

For each of the topics listed below, please select their priority for yourself and as you see it in your community.

	Priority for yourself				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
<b>Access To Care/Health Promotion</b>								
Access to metabolic screening								
Access to hearing screening								
Access to developmental screenings								
Access to adequate post-partum care for newborn								
Availability of NICU								
Appropriate vaccination availability								
Access to Home Visiting Services								
Access Childcare								
Access to parenting classes for all parents and/or caregivers								
<i>Other (specify)</i>								
<b>Breastfeeding/Nutrition</b>								
Breastfeeding Initiation								
Breastfeeding Duration								
WIC Services								
<i>Other (specify)</i>								
<b>Social/Emotional</b>								
Parental emotional/behavioral health								
Family Leave Policies								
<i>Other (specify)</i>								
<b>Environmental</b>								
Safe Sleep Practices								
<i>Other (specify)</i>								

What else would you like us to know? \_\_\_\_\_

# Children Aged 1-9

**Do you have a child age 1-9 OR do you work with children ages 1-9?**

**YES -- please answer the questions below.**

**NO -- skip to the next page.**

The topics below are some of the many that children aged 1-9 may encounter related to their healthcare needs. Your responses to the topics will help Lewis County and local providers prioritize care for our residents.

For each of the topics listed below, please select their priority for yourself and as you see it in your community.

	Priority for yourself				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
<b><i>Access To Care/Health Promotion</i></b>								
Access to developmental screenings								
Access to well-child visits								
Access to medical home								
Access to preventive dental services								
Access to other dental services								
Access to behavioral/mental health services								
Appropriate vaccination availability								
Access to Home Visiting Services								
Access to Childcare								
Access to parenting classes for all parents and/or caregivers								
<i>Other (specify)</i>								
<b><i>Social/Emotional</i></b>								
Parental emotional/behavioral health								
School readiness								
Access to healthy food								
Family Leave Policies								
<i>Other (specify)</i>								
<b><i>Environmental Issues</i></b>								
Safety of neighborhood/living conditions								
Adequate physical activity								
Safe streets near schools/parks/recreation								
<i>Other (specify)</i>								

**What else would you like us to know?** \_\_\_\_\_

# Adolescents and Young Adults

**Do you have a child who is an adolescent/young adults OR do you work with adolescents/young adults?**

**YES -- please answer the questions below.**

**NO -- skip to the next page.**

The topics below are some of the many that adolescents and young adults age may encounter related to their healthcare needs. Your responses to the topics will help Lewis County and local providers prioritize care for our residents.

For each of the topics listed below, please select their priority for yourself and as you see it in your community.

	Priority for yourself				Priority for your community			
	High	Medium	Low	NA	High	Medium	Low	NA
<b>Access To Care/Health Promotion</b>								
Access to preventive dental services								
Access to other dental services								
Access to behavioral/mental health services								
Appropriate vaccination (HPV, Tdap)								
Comprehensive Sexual Education								
Access to family planning services								
Access to STI prevention services								
Access to School Based Health Centers								
Access to Childcare								
Access to extracurricular activities								
Access to parenting classes for all parents and/or caregivers								
<i>Other (specify)</i>								
<b>Social/Emotional Health</b>								
Bullying in person								
Bullying via cyber/internet								
Racial/ethnic discrimination								
Gender discrimination								
Sexual Identity Discrimination								
Intimate Partner Violence								
Family Leave Policies								
<i>Other (specify)</i>								
<b>Environmental Issues</b>								
Safe driving								
Adequate physical activity								
<i>Other (specify)</i>								

**What else would you like us to know?** \_\_\_\_\_

# General Health

Below are some general questions relating to health. Your responses to the topics will help Lewis County and local providers prioritize care for our residents.

**What helps you be healthy?**

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**What keeps you from being healthy?**

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**What are your biggest health concerns? (provide up to 3)**

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**Have you accessed any food skills opportunities in the past year? (e.g. cooking/nutrition/gardening/preservation/budgeting classes):**      YES      NO

If yes, what were they and were they helpful? \_\_\_\_\_

If no, why? \_\_\_\_\_

**What supports healthy eating in your family?**

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**What are barriers to healthy eating in your family?**

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**Where do you go when you have mental health concerns? (Please rank all that apply)**

- Friends/Family
- Local Organization
- Local Provider/Health Facility
- Religious Figure
- Self/Personal Coping (please describe) \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

**What's been your experience or your family's experience in accessing mental health services in Lewis County?**

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**If you have not used mental health services offered in your community, why not?**

- |  |  |
|--|--|
| <input type="checkbox"/> No Need                       | <input type="checkbox"/> No Time                           |
| <input type="checkbox"/> Don't Qualify/Make too Much   | <input type="checkbox"/> None Available for Needs          |
| <input type="checkbox"/> Unaware                       | <input type="checkbox"/> Physically and Emotionally Taxing |
| <input type="checkbox"/> Availability                  | <input type="checkbox"/> Wait list                         |
| <input type="checkbox"/> Operating Hours/Work Schedule | <input type="checkbox"/> Won't Take Medicaid               |
| <input type="checkbox"/> Cost                          | <input type="checkbox"/> None of the above                 |
| <input type="checkbox"/> Quality                       | <input type="checkbox"/> Other (Please specify): _____     |
| <input type="checkbox"/> Stigma                        |  |

**If you choose "no need" for mental health services. Please explain:**

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**What mental health services would you like to see that don't exist or that you would like to see more of in Lewis County?**

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**What else would you like us to know?** \_\_\_\_\_

**Thank you for taking the survey!**

Please return completed surveys to Lewis County Public Health & Social Services at:

Email: [sara.bumgardner@lewiscountywa.gov](mailto:sara.bumgardner@lewiscountywa.gov)

Fax: 360-740-1438

Address: 360 NW North Street Chehalis, WA 98532