



CHOOSE HEALTH

A Lakewood Health Initiative

The Choose Health project expands access to locally grown foods in ways that address food insecurity through an innovative partnership. Funded by Hunger-Free Minnesota, physicians from Lakewood Health System referred 51 families for a Community Supported Agriculture (CSA) membership. Families receive locally grown/raised commodities bi-monthly from “SPROUT MN” (a 5-county regional food hub of 40+ local growers).

The program includes an extensive in-take process of pre & post health care screenings from Lakewood, and nutrition education, cooking and preparation demonstrations, and recipes from the University of MN Extension, alongside a concentrated community referral process and ongoing support for food insecure individuals offered by Todd County Public Health. Additionally, cooking demonstrations are offered by local premier chefs from Prairie Bay restaurant with participants of the program receiving small food prep supplies for those in need.



AUGUST 5, 2014

LAKEWOOD HEALTH SYSTEM

0 | Contact: Katie Polman (katiepolman@lakewoodhealthsystem.com) or Dr. Stacey Stockdill (ensearch1@aol.com)

Choose Health Pre-Survey

(Completed by Primary Household Member)

1. How long have you been a patient at Lakewood Health System?

- Less than one year
- 1 - 2 years
- 2 - 5 years
- More than 5 years

2. Do you currently have any kind of health care coverage, including health insurance or government plans such as Medicaid, Medicare, or Indian Health Services?

- Yes
- No (If no, go to Question 4)

3. Which of the following types of health insurance do you have?

	Yes	No
a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance or coverage bought directly by yourself or your family	<input type="checkbox"/>	<input type="checkbox"/>
c. Indian or Tribal Health Service	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicare	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	<input type="checkbox"/>	<input type="checkbox"/>
f. MinnesotaCare	<input type="checkbox"/>	<input type="checkbox"/>
g. CHAMPUS, TRICARE, or Veterans' benefits	<input type="checkbox"/>	<input type="checkbox"/>
h. Other health insurance or coverage (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

4. I am: Male Female

5. What is your birth date (month/year)? ____/____

6. How many adults (including you) and children live in your household?

Number of adults age 18 or older (including you): _____

Number of children under age 18: _____

Ages of children under age 18: _____

7. Are you Hispanic or Latino/Latina?

- Yes
- No

8. Which of the following best describes you? Please check all that apply.

- American Indian or Alaska Native
- African Native
- Asian or Pacific Islander
- White
- Black or African American
- Other _____

9. Which of the following best describes your current relationship status?

- Married
- Living with a partner
- Divorced
- Separated
- Widowed
- Never married

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

- Less than high school
- High school graduate or GED
- Some college/vocational school
- Associate's degree (2-year degree)
- College graduate (4-year degree)
- Graduate level (advanced degree)

11. What was your household's total income from all earners and all sources in 2013?

- Less than \$20,000
- \$20,000 - \$34,999
- \$35,000- \$49,999
- \$50,000 - \$74,999
- \$75,000-\$99,000
- \$100,000-\$149,999
- \$150,000 or more

12. If you have been diagnosed with diabetes, on how many of the last SEVEN days did you... ? (If you do not have diabetes skip to Question 13)

	Number of days							
	0	1	2	3	4	5	6	7
Test your blood sugar the number of times recommended by your health care provider	<input type="checkbox"/>							
Follow the schedule of your meals and snacks	<input type="checkbox"/>							

13. A serving of fruit is one medium sized fruit, or a half cup chopped, cut, or canned fruit. Yesterday, how many servings of fruit did you eat? (Do NOT include fruit juice.)

- 0 servings
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

14. **Yesterday, how many 6 ounce servings of 100% fruit juice did you drink?**

- 0 servings
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

15. **A serving of vegetables is a half cup of any vegetable or one cup of salad greens. Yesterday, how many servings of vegetables did you eat?** (Do NOT include vegetable juice, french fries or other fried potatoes)

- 0 servings
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

16. **How many times a week does your family usually eat a meal from a fast food restaurant like McDonald's, Burger King, Pizza Hut, Dairy Queen, etc.? Consider breakfast, lunch, and dinner.**

_____ Meals per week

17. **How many times a week does your family eat a meal while watching television? Consider breakfast, lunch, and dinner.**

_____ Meals per week

18. **How many times a week does your family eat dinner/supper sitting around a table with family or friends?**

_____ Dinners per week

19. **I am confident in my ability to:**

	Yes	Maybe	No
Plan a healthy meal for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare a healthy meal for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop for healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean and prepare foods for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please answer the following questions:

	Often	Sometimes	Rarely	Never
I compare food prices when I shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cook most of my family's meals at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a list when I grocery shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about the nutritional value of each food items when I cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I let my children help shop for and prepare meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Last summer, how often did you purchase fruits or vegetables from a farmer's market, roadside stand, pick-your-own produce farm or Community Supported Agriculture (CSA)?

- More than once a week
- Once a week
- Once a month
- Never
- Don't know

22. Did anyone in your family receive benefits from the following programs in the past 12 months?

- WIC (Women, Infants, and Children)
- SNAP (Supplemental Nutrition Assistance Program)
- Advanced Premium Tax Credits (APTCs)
- MinnesotaCare
- Medical Assistance
- Energy Assistance Program
- School Meal Program
- Child Care Assistance
- Earned Income Tax Credit
- Working Family Credit

23. What is your biggest challenge in feeding your family? (For example; buying foods they will eat, having enough time to cook, or preparing healthy meals?)

24. In general, would you say that your health is:

- Excellent Very good Good Fair Poor

25. During an average week, whether at work, at home, or anywhere else, on how many days do you get at least 30 minutes of moderate physical activity? Moderate activities cause light sweating and a small increase in breathing or heart rate.

_____ Days per week

26. Using any number from 0-10, where 0 is the worst care and 10 is the best care possible, what number would you use to rate your overall experience with Lakewood Health System.

Worst care 0 1 2 3 4 5 6 7 8 9 10 Best care

27. Lakewood Health System staff members providing my care are courteous and friendly.

- Always Usually Sometimes Never

28. I am treated with respect and my needs are heard.

- Always Usually Sometimes Never

<p>For the number of people in your household, is your <u>Gross</u> monthly income lower than the income amounts listed? (<u>Gross income</u> is your income before taxes.)</p> <p>_____ Yes _____ No (<i>If "No" see box →</i>)</p> <table border="1"><thead><tr><th># of People</th><th>Income</th><th># of people</th><th>Income</th></tr></thead><tbody><tr><td>1</td><td>\$1,580</td><td>5</td><td>\$3,791</td></tr><tr><td>2</td><td>\$2,133</td><td>6</td><td>\$4,344</td></tr><tr><td>3</td><td>\$2,685</td><td>7</td><td>\$4,896</td></tr><tr><td>4</td><td>\$3,238</td><td>8</td><td>\$5,449</td></tr></tbody></table> <p>For each additional member, add \$553.</p> <p>If you answered "Yes," you may be able to get Food Support.</p>				# of People	Income	# of people	Income	1	\$1,580	5	\$3,791	2	\$2,133	6	\$4,344	3	\$2,685	7	\$4,896	4	\$3,238	8	\$5,449	<p>If you answered "No" to the left, is your gross monthly income lower than the income amounts listed below?</p> <p>_____ Yes _____ No</p> <table border="1"><thead><tr><th># of People</th><th>Income</th><th># of people</th><th>Income</th></tr></thead><tbody><tr><td>1</td><td>\$1,771</td><td>5</td><td>\$4,250</td></tr><tr><td>2</td><td>\$2,391</td><td>6</td><td>\$4,870</td></tr><tr><td>3</td><td>\$3,011</td><td>7</td><td>\$5,490</td></tr><tr><td>4</td><td>\$3,631</td><td>8</td><td>\$6,110</td></tr></tbody></table> <p>For each additional member, add \$620.</p> <p>Providing the information on this form is important for our program. It will be kept confidential.</p>				# of People	Income	# of people	Income	1	\$1,771	5	\$4,250	2	\$2,391	6	\$4,870	3	\$3,011	7	\$5,490	4	\$3,631	8	\$6,110
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