



ADDITIONAL
HANDOUT
MATERIAL

Constant Contact Survey Results

Survey Name: June 2019 Health Provider Input for FRHD Wellness Center
 Response Status: Partial & Completed
 Filter: None
 Jun 27, 2019 4:10:05 PM

1. Please rank your recommendations for facility use and design at the FRHD Wellness Center:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	1	2	3	4	5	6	7	8	9	10
Water Exercise Program	1	1	0	0	0	3	0	3	3	0
	9%	9%	0%	0%	0%	27%	0%	27%	27%	0%
Support Groups	2	3	0	1	2	1	0	1	0	1
	18%	27%	0%	9%	18%	9%	0%	9%	0%	9%
Walking Trails	1	1	2	2	0	1	2	0	2	0
	9%	9%	18%	18%	0%	9%	18%	0%	18%	0%
Family Friendly Activities (outdoor film events/social/holiday)	2	1	0	1	1	0	2	1	2	1
	18%	9%	0%	9%	9%	0%	18%	9%	18%	9%
Cooking/Nutrition Area	2	2	2	0	1	3	0	1	0	0
	18%	18%	18%	0%	9%	27%	0%	9%	0%	0%
Exercise Classes	2	0	5	3	0	1	0	0	0	0
	18%	0%	45%	27%	0%	9%	0%	0%	0%	0%
Educational Classes/Workshops	1	3	2	4	1	0	0	0	0	0
	9%	27%	18%	36%	9%	0%	0%	0%	0%	0%
Diverse Spirituality Area	0	0	0	0	1	0	1	1	1	7
	0%	0%	0%	0%	9%	0%	9%	9%	9%	64%
Athletic/Sports Area	0	0	0	0	0	2	3	2	3	1
	0%	0%	0%	0%	0%	18%	27%	18%	27%	9%
Organic Garden Area	0	0	0	0	5	0	3	2	0	1
	0%	0%	0%	0%	45%	0%	27%	18%	0%	9%

2. What other recommendations do you have for the use and design of the FRHD Wellness Center?

Health Clinics and Services; ACCESS, "clinics", physicals, children's health, I do believe the ability to have speakers come in BGC can partner for water exercise at our pool

3. Please rank the health conditions you find your patients require the greatest support with:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Most						
	1	2	3	4	5	6	7
Diabetes Support	2 18%	1 9%	1 9%	1 9%	2 18%	4 36%	0 0%
Arthritis/Mobility Support	0 0%	1 9%	1 9%	3 27%	2 18%	0 0%	4 36%
Weight Management Support	4 36%	2 18%	2 18%	1 9%	1 9%	1 9%	0 0%
Stress Management Support	2 18%	2 18%	1 9%	2 18%	0 0%	4 36%	0 0%
Nutrition Support	2 18%	5 45%	1 9%	1 9%	2 18%	0 0%	0 0%
Behavioral Health Support	1 9%	0 0%	3 27%	1 9%	3 27%	1 9%	2 18%
Hypertension Management Support	0 0%	0 0%	2 18%	2 18%	1 9%	1 9%	5 45%

4. What other health conditions do your patients require support with?

Specialized medicine for adults with dev disabilities; Activities for Autistic or support for caregivers.; Grief Loss concerns and Grparents

5. In your professional experience, what are the greatest barriers for your patients in developing and maintaining a healthy lifestyle?

	Number of Response(s)	Response Ratio
Availability of Evening/Weekend Services	4	36.3%
Transportation	6	54.5%
Affordable, Nutritional Options	7	63.6%
Safe Places to Exercise	6	54.5%
Other	3	27.2%
Total	11	100%

6. Would your office be available to provide educational workshop support at our FRHD Wellness Center?

	Number of Response(s)	Response Ratio
YES	7	58.3%
NO	4	33.3%
No Responses	1	8.3%
Total	12	100%

7. Would you or someone in your office be interested in joining our Wellness Advisory Board?

	Number of Response(s)	Response Ratio
YES	8	66.6%
NO	3	25.0%
No Responses	1	8.3%
Total	12	100%

8. If your office is available to provide educational workshop support at the FRHD Wellness Center, and/or a representative at your office is able to join the Wellness Advisory Board please provide us with their best contact information:

First Name	9
Last Name	9
Job Title	9
Company Name	9
Work Phone	9
Email Address	9