Ottawa County Resident Survey on Health

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Healthy Ottawa

Thank You!

For participating in this survey we would like to give you a $10 Meijer gift card. When you return the completed survey to the person who handed it to you, they will give you the gift card.

Thank you for participating in this survey. Your participation is critical to conducting an accurate community health needs assessment for your community.

This survey is confidential, so your answers will only be reported as a group. There are no questions asked that can personally identify you in any way. Once you've completed the survey please return it to the person who distributed it.

First, please answer a few questions about yourself that will help us better understand who participated in the survey. We will not use this information for any other purpose.

Gender	Age	Education
☐ Male ☐ Female ☐ Transgender male to female ☐ Transgender female to male ☐ Gender variant/ nonconforming	☐ 18 - 24 years ☐ 25 – 34 ☐ 35 – 44 ☐ 45 – 54 ☐ 55 – 64 ☐ 65 – 74 ☐ 75 or older	☐ Never attended school or only attended Kindergarten ☐ Less than a 9th grade education ☐ Grades 9 through 11 (some high school) ☐ Grade 12 or GED (high school graduate) ☐ College 1 to 3 years (some college or technical school) ☐ College 4 years or more (college graduate)

Marital Status	Adults 18 Years of Age or Older at Home (Including Yourself)	Children 0 to 5 Years of Age at Home	Children 6 to 17 Years of Age at Home
☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never married ☐ A member of an unmarried couple	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

Race/Ethnicity	Employment Status	Annual Household Income
☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino ☐ Native American ☐ Asian ☐ Other	☐ Employed for wages ☐ Self-employed ☐ Out of work less than 1 year ☐ Out of work 1 year or more ☐ Homemaker ☐ Student ☐ Retired ☐ Unable to work/disabled	☐ 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 less than $50,000 ☐ $50,000 to less than $75,000 ☐ $75,000 or more

Zip Code Where You Live	Own or Rent Home
_____	☐ Own ☐ Rent ☐ Other: _____

1. To begin, would you say your general health is…? (*Check only one*)

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

2. Do you have one person you think of as your personal doctor or health care provider? (*Check only one*)

☐ Yes, only one ☐ Yes, more than one ☐ No

3. How satisfied are you with the health care system overall? (*Check only one*)

☐ Very Dissatisfied ☐ Dissatisfied ☐ Neither Dissatisfied Nor Satisfied ☐ Satisfied ☐ Very Satisfied ☐ Don't Know

4. (ANSWER ONLY IF DISSATISFIED OR VERY DISSATISFIED ABOVE) Why do you say that? Please be as detailed as possible.

_____

_____

5. How well do you feel health care professionals communicate with each other about your health care? (*Check only one*)

☐ Extremely Well ☐ Very Well ☐ Somewhat Well ☐ Not Very Well ☐ Not At All Well ☐ Don't Know

6. Which of these describes your health insurance situation? (*Select all that apply*)

☐ Employer Provided ☐ Medicare ☐ Medicaid ☐ None/No Insurance ☐ Other (specify): _____

☐ Private Insurance ☐ Medicare Supplemental ☐ Other Government (e.g., Veteran's Health Administration, MiChild, etc.) ☐ Don't Know

7. In the past two years, was there a time when you had trouble meeting your health care needs? (*Check only one*)

☐ Yes ☐ No ☐ Don't Know

8. (ANSWER IF YES ABOVE) What are some of the reasons you had trouble meeting your health care needs? (*Select all that apply*)

☐ Too costly/ expensive
☐ Lack of health insurance
☐ Couldn't afford deductibles or co-pays
☐ Provider doesn't accept my health insurance
☐ Language/racial/cultural barriers
☐ Lack of physician specialists in the area (e.g., cardiology, urology, OBGYN)
☐ Couldn't afford prescription drugs
☐ I'm not comfortable with any doctor
☐ Lack of transportation
☐ Couldn't get an appointment
☐ Couldn't get a referral
☐ Other: _____ _____
☐ Don't Know
☐ Inconvenient office hours

9. Was there ever a time in the past 12 months when you did not take your medication as prescribed, such as skipping doses or splitting pills, in order to save on costs? (*Check only one*)

☐ Yes ☐ No ☐ Haven't been on medication in the past 12 months ☐ Don't know

10. What are some of the barriers you face personally when trying to live a healthier lifestyle? (*Select all that apply*)

☐ Don't know how to make changes
☐ Lack of affordable healthy food
☐ Lack of affordable/safe housing
☐ Lack of programs/services in my community
☐ Lack of energy/will power/ motivation
☐ My community doesn't support healthy lifestyles
☐ My family doesn't support healthy lifestyles
☐ Not enough time
☐ Not mentally/emotionally ready to make changes
☐ Too costly/can't afford
☐ Too many unhealthy food options
☐ Transportation issues
☐ None (no barriers)
☐ Other (specify): _____ _____ _____ _____

11. What health care related programs, services, or classes are lacking in your community? In other words, what programs, services, or classes do you want that are currently unavailable in your area? Please be as detailed as possible.

_____

_____

12. How many times have you been to an Emergency Room/Emergency Department in the past 12 months? (*Check only one*)

☐ None ☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 or more times

13. Substance abuse and addiction can have a negative impact on individuals or families. Which of the following, if any, have had a negative effect on you or your family? (*Select all that apply*)

☐ Alcohol
☐ Cocaine
☐ Crack cocaine
☐ Crystal meth (methamphetamine)
☐ Hallucinogens
☐ Heroin
☐ Marijuana
☐ Nicotine
☐ Opiates
☐ Prescription drugs
☐ Second hand smoke
☐ Vaping
☐ Other (specify): _____

14. How confident are you that you can successfully navigate the health care system? By navigating the health care system, we mean knowing: how to use your health plan or insurance, what your plan covers, how to read your statements, where to go for services, how to find a primary care provider, what your options are for treatment, etc.

☐ Not At All Confident ☐ Not Very Confident ☐ Somewhat Confident ☐ Very Confident ☐ Extremely Confident

15. How confident are you in filling out medical forms by yourself? For example, things like insurance forms, questionnaires, and doctor's office forms?

☐ Not At All Confident ☐ Not Very Confident ☐ Somewhat Confident ☐ Very Confident ☐ Extremely Confident

16. How often do you have problems learning about your health condition because of difficulty in understanding written information?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

17. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

☐ Never ☐ For several days ☐ For more than half the days ☐ Nearly every day ☐ Don't know

18. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

☐ Never ☐ For several days ☐ For more than half the days ☐ Nearly every day ☐ Don't know

19. Has there been a time in the past 12 months when you thought of taking your own life? (*Check only one*)

☐ Yes ☐ No

20. During the past 12 months, did you attempt to commit suicide (take your own life)? (*Check only one*)

☐ Yes, but did not require treatment ☐ Yes, and was treated ☐ No

The following questions are about the coronavirus, or COVID-19.

21. How much do you understand about the coronavirus (COVID-19)? (*Check only one*)

☐ Nothing At All ☐ A Little Bit ☐ A fair amount ☐ A great deal

22. Have you, or someone you live with, been diagnosed with the coronavirus (COVID-19)? (*Check only one*)

☐ Yes ☐ No ☐ Don't Know

23. (ANSWER IF NO IN Q22) How concerned are you that you, or someone you live with, will get the coronavirus (COVID-19)? (*Check only one*)

☐ Not At All Concerned ☐ Not Very Concerned ☐ Somewhat Concerned ☐ Very Concerned ☐ Extremely Concerned

24. (ANSWER IF NO IN Q22) How has your concern about possibly getting the coronavirus (COVID-19) changed since the pandemic first began in early March, if at all? Would you say you are…? (*Check only one*)

☐ Much less concerned about getting the coronavirus ☐ Slightly less concerned about getting the coronavirus ☐ Concern is the same as when the pandemic first began ☐ Slightly more concerned about getting the coronavirus ☐ Much more concerned about getting the coronavirus

25. How would you compare your life overall now with how your life was before the coronavirus (COVID-19) pandemic began back in early March? (*Check only one*)

☐ My life is better ☐ My life is the same/no different ☐ My life is worse

26. (ANSWER IF LIFE IS WORSE IN Q 25) In what ways has the coronavirus (COVID-19) made your life worse? (*Select all that apply*)

☐ Can't socialize with people/ family/friends like before
☐ Had an important event cancelled/ disrupted
☐ Financial difficulties (e.g., loss of job, furloughed)
☐ Lost health insurance
☐ Made me moodier, angrier
☐ Increased my stress level
☐ Increased anxiety
☐ Increased depression
☐ Worrying more about things
☐ Disrupted sleeping patterns
☐ Disrupted eating patterns
☐ Confined to home/can't go out
☐ Can't go to church
☐ Can't visit restaurants/bars/stores
☐ Forced to wear masks, gloves, etc.
☐ Other (specify): _____
_____
_____
_____

27. If a vaccine were currently available for the coronavirus (COVID-19) how likely would you be to get the vaccine? (*Check only one*)

☐ Not At All Likely ☐ Not Very Likely ☐ Somewhat Likely ☐ Very Likely ☐ Extremely Likely

28. How well prepared do you think local health professionals have been in dealing with the coronavirus (COVID-19)? (*Check only one*)

☐ Not At All Well ☐ Not Very Well ☐ Somewhat Well ☐ Very Well ☐ Extremely Well

Thank you for being an important part of this research!