

# Ottawa County Resident Survey on Health

---

Sponsored By:



*mi*Ottawa Department of  
**Public Health**



North Ottawa Community  
Health System



Greater Ottawa County  
United Way



**SPECTRUM HEALTH**  
Zeeland Community Hospital

## **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 Ottawa County.

**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	Race/Ethnicity	Education
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18 - 24 years <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 or older	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Never attended school or only attended Kindergarten <input type="checkbox"/> Less than a 9 <sup>th</sup> grade education <input type="checkbox"/> Grades 9 through 11 (some high school) <input type="checkbox"/> Grade 12 or GED (high school graduate) <input type="checkbox"/> College 1 to 3 years (some college or technical school) <input type="checkbox"/> College 4 years or more (college graduate)
Marital Status	Adults 18 Years of Age or Older at Home (Including Yourself)	Children 6 to 17 Years of Age at Home	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> A member of an unmarried couple	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> More than 6	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> More than 6	
Children 0 to 5 Years of Age at Home	Employment Status	Annual Household Income	
<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> More than 6	<input type="checkbox"/> Employed for wages <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work less than 1 year <input type="checkbox"/> Out of work 1 year or more <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work/disabled	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 to less than \$15,000 <input type="checkbox"/> \$15,000 to less than \$20,000 <input type="checkbox"/> \$20,000 to less than \$25,000 <input type="checkbox"/> \$25,000 to less than \$35,000 <input type="checkbox"/> \$35,000 to less than \$50,000 <input type="checkbox"/> \$50,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more	
Zip Code Where You Live	Own or Rent Home		
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		

1. To begin, would you say your general health is...? (**Check only one**)  
 Poor       Fair       Good       Very Good       Excellent
2. Do you and your family members have a primary care physician that you can visit for questions or concerns about your health?  
(**Check only one**)  
 Yes       No       Don't Know
3. What is the most important quality you look for in a health care provider? Please be as detailed as possible.  
\_\_\_\_\_  
\_\_\_\_\_
4. How **satisfied** were you with your last visit for health care? (**Check only one**)  
 Very Dissatisfied       Dissatisfied       Neither Dissatisfied Nor Satisfied       Satisfied       Very Satisfied       Don't Know
5. Why do you say that? Please be as detailed as possible.  
\_\_\_\_\_  
\_\_\_\_\_
6. 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
7. Why do you say that? Please be as detailed as possible.  
\_\_\_\_\_  
\_\_\_\_\_
8. How well do you feel health care providers communicate **with you** about your health care? (**Check only one**)  
 Extremely Well       Somewhat Well       Slightly Well       Not Very Well       Not At All Well       Don't Know
9. 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
10. In the past two years, was there a time when you had trouble meeting the health care needs of you and your family?  
(**Check only one**)  
 Yes       No       Don't Know
11. (**IF YES ABOVE**) What are some of the reasons you had trouble meeting the health care needs of you and your family?  
(**Select all that apply**)
- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Lack of health insurance                | <input type="checkbox"/> Provider doesn't accept my health insurance                                  | <input type="checkbox"/> Inability to afford prescription drugs | <input type="checkbox"/> Couldn't get an appointment | <input type="checkbox"/> Don't Know             |
| <input type="checkbox"/> Inconvenient office hours               | <input type="checkbox"/> Language/racial/cultural barriers  | <input type="checkbox"/> I'm not comfortable with any doctor    | <input type="checkbox"/> Couldn't get a referral     | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Inability to pay deductibles or co-pays | <input type="checkbox"/> Lack of physician specialists in the area (e.g., cardiology, urology, OBGYN) | <input type="checkbox"/> Other (specify) _____                  |  |   |

12. Have you ever skipped your medication, or stretched your supply of medication, in order to save costs? (**Check only one**)

- Yes                       No                       Don't Know

13. In the past 12 months, how many times have you, or an immediate family member, visited the Emergency Room (ER)? (**Check only one**)

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

14. 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? Please be as detailed as possible.

---

---

15. What are the primary characteristics of your community that make it **easy** to be healthy? Please be as detailed as possible.

---

---

16. On the other hand, what are the primary characteristics of your community that make it **hard** to be healthy? Please be as detailed as possible.

---

---

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Too costly/can't afford                   | <input type="checkbox"/> Lack of energy                                 | <input type="checkbox"/> Not enough time                      |
| <input type="checkbox"/> Transportation issues                     | <input type="checkbox"/> Don't have someone to join in/be partner       | <input type="checkbox"/> Lack of programs/services in my area |
| <input type="checkbox"/> Don't know how to make changes            | <input type="checkbox"/> Not mentally/emotionally ready to make changes | <input type="checkbox"/> Don't know/not sure                  |
| <input type="checkbox"/> Currently lack the will power             | <input type="checkbox"/> None – I don't need to make changes            | <input type="checkbox"/> Other (specify): _____               |
| <input type="checkbox"/> Family doesn't support healthy lifestyles | <input type="checkbox"/> None – I don't want to make changes            | _____   |

18. 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. Would you say...?

- Not At All Confident                       Not Very Confident                       Somewhat Confident                       Very Confident                       Extremely Confident

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

- Not At All Confident                       Not Very Confident                       Somewhat Confident                       Very Confident                       Extremely Confident

20. How often do you have someone help you read medical materials? For example, a family member, friend, caregiver, doctor, nurse, or other health professional? Would you say...?

- Never                       Rarely                       Sometimes                       Often                       Always

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

- Never                       Rarely                       Sometimes                       Often                       Always

**Thank you for being an important part of this research!**