

2023 Ottawa County MCH Online Parent Survey

Thank you for participating in this survey. Your feedback is important for gathering information on the experiences of parents and guardians with young children (0-5 years old) in Ottawa County. This survey is for adults with children 0-5 years of age.

The Ottawa Area Intermediate School District, together with the Healthy Ottawa collaborative, is working to learn more about child and parent health. Information you share will be used to inform a larger Community Health Needs Assessment, highlight health issues, and help tailor and develop programs in the community.

Your responses to this survey will be kept confidential and will be combined with other participants' responses to determine community needs. If you have any questions about this survey, feel free to email ecsurvey@oaisd.org. To learn more about Healthy Ottawa, feel free to visit <https://healthyottawa.org/>.

This survey takes about 10-15 minutes to complete. If you cannot complete the survey in one sitting, you can stop and later return to the survey by clicking on the original email link and you will be redirected to the same point in the survey where you left off. To start the survey, please click on the arrow below. Click on the arrow button on the right side of each page to move through the questions.

Thank you for your participation!

Q1 In which of the following ranges does your age fall? (**Select only one response**)

Less than 18	00	[THANK AND TERMINATE]
18 to 24	01	
25 to 34	02	
35 to 44	03	
45 to 54	04	
55 to 64	05	
65 to 74	06	
75 or older	07	
Don't Know	77	[THANK AND TERMINATE]
Refused	99	[THANK AND TERMINATE]

Q2 To begin, how many children less than 18 years of age live in your household?

None	00	THANK AND TERMINATE
1 child	01	
2 children	02	
3 children	03	
4 children	04	
5 children	05	
More than 5 children	06	
Refused	99	THANK AND TERMINATE

Q3 What are the ages of this child/these children? Select an age group for each child.

Child 1	0-5	6-11	12-17	DK	REF
Child 2	0-5	6-11	12-17	DK	REF
Child 3	0-5	6-11	12-17	DK	REF
Child 4	0-5	6-11	12-17	DK	REF
Child 5	0-5	6-11	12-17	DK	REF

PROGRAMMER NOTE: TERMINATE IF NO CHILDREN 0-5.

Q3 (**ASK IF Q1=More than 5 children**) What are the ages of these children? Please select an age group for each child for your five **youngest** children.

Child 1	0-5	6-11	12-17	DK	REF
Child 2	0-5	6-11	12-17	DK	REF
Child 3	0-5	6-11	12-17	DK	REF
Child 4	0-5	6-11	12-17	DK	REF
Child 5	0-5	6-11	12-17	DK	REF

PROGRAMMER NOTE: TERMINATE IF NO CHILDREN 0-5.

Q4 Do you have any children younger than 1 year old (infant) in your household?

Yes
No

Q5 Do you live in Ottawa County or any of the following zip codes: 49423, 49404, 49448, 49456?

Yes
No

Q6 From the list of services below, in the past year, please tell us whether your child(ren) did not need them, needed the services but did not receive them, received them but had trouble doing so, or received the service without any trouble. (**Select one response for each item**) [RANDOMIZE BUT KEEP OTHER AT BOTTOM]

<i>In the past year....</i>	Did Not Need	Needed, but did not receive	Received, but had trouble getting	Received easily/no trouble
Preschool for children between the ages of 3-5 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care/day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention services (e.g., Early On, language, speech, hearing, behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child welfare services (e.g., abuse/neglect prevention, alternative living arrangements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visiting services (e.g., Parents as Teachers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child counseling services/child mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care (e.g., well-child visits, immunizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 [ASK IF RECEIVED BUT HAD TROUBLE GETTING OR NEEDED BUT DIDN'T RECEIVE WAS SELECTED FOR CHILD CARE/DAY CARE IN Q6] What types of problems have you experienced when trying to receive childcare? (*Select all the apply*) [RANDOMIZE BUT KEEP OTHER AT THE BOTTOM]

There are no available childcare providers	<input type="checkbox"/>
Too costly/can't afford	<input type="checkbox"/>
My child has special needs	<input type="checkbox"/>
Work schedule conflicts	<input type="checkbox"/>
Childcare is not near my home/not conveniently located	<input type="checkbox"/>
Haven't found childcare I am comfortable with	<input type="checkbox"/>
Transportation issues/lack of transportation	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Q8 You said your child(ren) needed **INSERT ITEM FROM Q6 WHERE THEY NEEDED BUT DIDN'T RECEIVE**] services but were not able to receive them. Of these services, which **three** did your child(ren) need the most? (*If your child(ren) needed but did not receive only one or two services, please select those services below to continue*)

Q9 [ASK FOR EACH ITEM SELECTED IN Q8] What are some of the reasons you were not able to get [INSERT ITEM]? Please be as detailed as possible.

Q10 From the list of services below for yourself, or other adults in the household, **in the past year**, please tell us whether you did not need them, needed the services but did not get them, received them but had trouble doing so, or received the services without any trouble. (**Select one response for each item**) [RANDOMIZE BUT KEEP OTHER AT BOTTOM]

<i>In the past year....</i>	Did Not Need	Needed, but did not receive	Received, but had trouble getting	Received easily/no trouble
Addiction (Substances) (e.g., alcohol, tobacco, illegal drugs, prescription drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction (Behaviors) (e.g., gambling, food, video games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult mental health services (e.g., help with depression, anxiety, emotional disorders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB/GYN (prenatal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment services (e.g., help with finding a job, employment prep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language/ESL classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family resource center (e.g., resources and referrals, advocacy, empowerment, domestic violence, family literacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finances (e.g., help with bills, buying household items for the family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (e.g., access to affordable/healthy food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care (e.g., paying doctor visits, insurance, prescription drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (e.g., help paying rent, help fighting eviction, finding stable housing, finding affordable housing, homelessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage strengthening/prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned and/or crisis respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent education or support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-partum depression care/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-natal classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refugee, asylum, or immigration services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (e.g., help with buying a car, fixing a car, access to public transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding/lactation support (e.g., support group, lactation consultant, peer counselor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 You said you or other adults in the household needed **[INSERT ITEM FROM Q10 WHERE THEY NEEDED BUT DIDN'T RECEIVE]** services but were not able to receive them. Of these services, which **three** did you or other adults in the household need the most? *(If you or other adults in the household needed but did not receive only one or two services, please select those services below to continue)*

Q12 **[ASK FOR EACH ITEM SELECTED IN Q11]** What are some of the reasons you were not able to get **[INSERT ITEM]**? Please be as detailed as possible.

Q13 Following the birth or adoption of your most recent baby(ies), how often did you feel down, depressed, or hopeless?

- | | |
|------------|----|
| Always | 01 |
| Often | 02 |
| Sometimes | 03 |
| Rarely | 04 |
| Never | 05 |
| Don't Know | 77 |
| Refused | 99 |

Q14 Following the birth or adoption of your most recent baby(ies), how often did you have little interest or little pleasure in doing things you usually enjoyed?

- | | |
|------------|----|
| Always | 01 |
| Often | 02 |
| Sometimes | 03 |
| Rarely | 04 |
| Never | 05 |
| Don't Know | 77 |
| Refused | 99 |

Q15 At any time during your most recent pregnancy, after delivery, or after adoption, did a doctor, nurse, or other health care worker talk with you about baby blues or post-partum depression?

- | | |
|------------|----|
| Yes | 01 |
| No | 02 |
| Don't Know | 77 |
| Refused | 99 |

Q16 From the list of early childhood programs in Ottawa County listed below, please tell us whether you are not familiar with them, familiar with them but haven't used them, or have used/currently use them. **(Select one response for each item) [RANDOMIZE BUT KEEP OTHER AT BOTTOM]**

	Not Familiar With	Familiar With, But Haven't Used	Have Used/ Currently Use
Parents as Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play n Learn Literacy Playgroups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ottawa County Preschool Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Start Collaborative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready for School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help Me Grow Ottawa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lakeshore Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal Infant Health Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Start Readiness Program (4 year preschool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Start to Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 What would be the best way(s) for you to learn more about the early childhood programs in Ottawa County? **(Select all that apply) [RANDOMIZE BUT KEEP DK/REF AT BOTTOM]**

Doctor or health care professional	<input type="checkbox"/>
Social worker/case worker	<input type="checkbox"/>
Counselor/therapist	<input type="checkbox"/>
Teacher/educator	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>
Child care provider	<input type="checkbox"/>
Faith community	<input type="checkbox"/>
Internet/website/social media	<input type="checkbox"/>
Resource center (e.g., 211)	<input type="checkbox"/>
Help Me Grow	<input type="checkbox"/>
Library	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Q18 Are you aware of the Ages and Stages (ASQ) questionnaire?

Yes 01
 No 02
 Don't Know 77
 Refused 99

Q19 (IF Q18=YES) Have you participated in completing an Ages and Stages (ASQ) questionnaire?

Yes	01
No	02
Don't Know	77
Refused	99

Q20 (IFQ19=YES) Did you find the Ages and Stages Questionnaire (ASQ) helpful?

Yes	01
No	02
Don't Know	77
Refused	99

Q21 (ASK IF Q20=YES) What are some of the reasons the Ages and Stages (ASQ) questionnaire was helpful to you? Please be as detailed as possible.

Q22 (ASK IF Q20=NO) What are some of the reasons the Ages and Stages (ASQ) questionnaire was not helpful to you? Please be as detailed as possible.

Q23 (IF Q17=YES) Where did you complete the Ages and Stages (ASQ) questionnaire? (**Select all the apply**)

Doctor's office	01
MIHP	02
Child care program	03
Preschool (e.g., Head Start, Great Start)	04
School	05
Parents as Teachers	06
Great Start Readiness program	07
On my own/online	08
Other (Specify):	04
Don't Know	77
Refused	99

Q24 Which of the following do you currently receive, if any? (**Select all the apply**) [RANDOMIZE BUT KEEP NONE AT THE BOTTOM]

Food assistance/EBT Bridge card	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>
Earned income tax credit	<input type="checkbox"/>
WIC	<input type="checkbox"/>
Head Start/Early Head Start services	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Q25 Would you say your general health is...?

- Excellent 01
- Very Good 02
- Good 03
- Fair 04
- Poor 05
- Don't Know 77
- Refused 99

Q26 What do you feel are the most important health problems in your community today? Please be as detailed as possible.

We just have a couple of additional questions for classification purposes.

Q27 Which of the following best describes you? (**Select only one response**)

- White or Caucasian 01
- African American or Black 02
- Hispanic or Latino/a 03
- Asian or Pacific Islander 04
- Native American or Alaskan Native 05
- Other (specify): _____ 06
- Don't Know 77
- Refused 99

Q28 What is your marital status? (**Select only one response**)

Married	01
Divorced	02
Widowed	03
Separated	04
Never married	05
A member of an unmarried couple	06
Don't Know	77
Refused	99

Q29 Do you own or rent your home?

Own	01
Rent	02
Other arrangement (specify): _____	03
Refused	99

Q30 Keeping in mind that your answers are completely confidential, what is your annual household income from all sources? (**Select only one response**)

Less than \$10,000	01
\$10,000 to \$14,999	02
\$15,000 to \$19,999	03
\$20,000 to \$24,999	04
\$25,000 to \$34,999	05
\$35,000 to \$49,999	06
\$50,000 to \$74,999	07
\$75,000 to \$99,999	08
\$100,000 to \$149,999	09
\$150,000 to \$199,999	10
\$200,000 or more	11
Don't Know	77
Refused	99

Q31 What is your sex?

Male	01
Female	02
Refused	99

Q32 Do you consider yourself transgender?

Yes	01
No	02
Refused	99

Q33 Which of the following best represents how you think of yourself? (**Select only one response**) *For this question consider Gay to include gay or lesbian.*

Straight, that is not gay	01
Gay	02
Bisexual	03
Something else	04
Don't Know	77
Refused	99

CLOSING

Those are all of our questions. Thank you very much for your participation!

If the survey feels like it ended early, it's likely for one of two reasons:

1. You didn't report having any children 0-5 years of age
2. You reported you were younger than 18 years old

If you have any questions about this survey, feel free to email ecsurvey@oaisd.org.