

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 th 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 Less Than 18 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 Less Than 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			
<input type="text"/>			

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 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
7. How well do you feel health care providers communicate **with each other** about your health care? (**Check only one**)
 Extremely Well Somewhat Well Slightly Well Not Very Well Not At All Well Don't Know
8. Which of these describes your health insurance situation? (**Select all that apply**)
 Employer Provided Medicare Medicaid Self Pay None
 Private Insurance Medicare Supplemental Other Government (e.g., Veteran's Health Administration, MiChild, etc.) Don't Know
9. 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
10. (**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**)
 Lack of health insurance Lack of transportation Don't know how to find a physician/doctor Couldn't get an appointment Don't Know
 Inconvenient office hours Language/racial/cultural barriers I'm not comfortable with any doctor Couldn't get a referral
 Inability to pay deductibles or co-pays Lack of physician specialists in the area (e.g., cardiology, urology, OBGYN) 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? Please be as detailed as possible.

12. What are the **top five issues** in your community that impact health? (**Select up to five**)

- | | | |
|--|---|---|
| <input type="checkbox"/> Affordable health insurance | <input type="checkbox"/> Affordable health programs/services | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Dental health services | <input type="checkbox"/> Vision health services | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Health services for senior adults | <input type="checkbox"/> More health professionals | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Affordable fresh/natural food | <input type="checkbox"/> Abuse and violence | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Jobs/employment | <input type="checkbox"/> Information about how to cook healthy food | <input type="checkbox"/> Affordable healthy lifestyle services/programs |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Education | <input type="checkbox"/> Full service grocery stores |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Information about managing chronic health conditions | <input type="checkbox"/> Racial inequalities |
| <input type="checkbox"/> Safe neighborhoods | <input type="checkbox"/> Transportation | <input type="checkbox"/> Safe/affordable places to exercise |
| <input type="checkbox"/> Walking/bike paths and trails | | |
| <input type="checkbox"/> Other (specify): | | |

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

14. 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.

15. From the following list, please rank the top three areas that are most important to making the people in your community healthier? For example, 1 would be your most important, 2 would be your second most important, and 3 would be your third most important.

- | | | | |
|-----------------------------------|---|---------------------------|---|
| ___ Improve access to health care | ___ Improve access to mental health care | ___ Improve air quality | ___ Improving nutrition and eating habits |
| ___ Improve access to dental care | ___ Educating residents regarding health care issues and services | ___ Improve water quality | ___ Increase participation in physical activity and exercise programs |

16. What other ideas do you have to make the people in your community healthier? Please be as detailed as possible.

17. Which of the following behavioral changes do you believe you need to make to improve your health? (**Select all that apply**)

- | | | |
|---|--|---|
| <input type="checkbox"/> Eat healthier | <input type="checkbox"/> Diet | <input type="checkbox"/> Drive safer |
| <input type="checkbox"/> Consume less alcohol | <input type="checkbox"/> Exercise more/regularly | <input type="checkbox"/> Cut down/quit smoking |
| <input type="checkbox"/> Get more sleep | <input type="checkbox"/> Join a support group | <input type="checkbox"/> Receive counseling/therapy |
| <input type="checkbox"/> Engage in safer sexual practices | <input type="checkbox"/> Visit health practitioners more often | <input type="checkbox"/> Read more about how to make changes online |
| <input type="checkbox"/> Read more about how to make changes from magazines/books | <input type="checkbox"/> for regular check-ups/screenings | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Other (specify): | <input type="checkbox"/> Nothing/I would not make any changes | |

18. What are some of the barriers you face 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"/> Currently lack the will power |
| <input type="checkbox"/> Other (specify):
_____ | <input type="checkbox"/> None – I don't need to make changes | <input type="checkbox"/> Don't know/not sure |
| _____ | <input type="checkbox"/> None – I don't want to make changes | |

19. If education or instruction on how to **lead a healthier lifestyle** were available in different formats (below), please tell us **how likely** you would be to participate in these activities. (**Please select only one response for each**)

	Not At All Likely	Not Very Likely	Somewhat Likely	Very Likely	Extremely Likely	Don't Know
A. Online at various websites, such as YouTube.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Online at health-related websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Online chat opportunities for support (e.g., online forums, discussion boards, specific Q&A sites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. In-person, at locations such as the Health Department, colleges, hospitals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How well prepared are local health care professionals to deal with a communicable or infectious disease outbreak, such as Ebola? (**Check only one**)

- Not At All Well
 Not Very Well
 Slightly Well
 Somewhat Well
 Extremely Well
 Don't Know

21. In concluding, do you have anything else you would like to add about health or health care issues? Please be as detailed as possible.

Thank you for being an important part of this research!