ECHO | ACCESS TO CARE COMMUNITY SURVEY

Please share your opinions in this survey to help us better understand how you use the health care system. Your responses are anonymous and will help improve access to services in Oakland County. Thank you for your time.

1. Do you have health insurance? (If no, skip to question 7.)

☐ Yes ☐ No

2. If yes, what type of health insurance?

☐ Insurance through work/employer (self, spouse, parent, partner)
☐ Private Insurance
☐ Medicare
☐ State Insurance Exchange/Affordable Care Act/Obamacare
☐ Medicaid/Healthy Michigan Plan
☐ Other _____

3. **If yes, who is the primary account holder for your insurance?**

☐ You/self ☐ Spouse/dependent ☐ Other _____

4. If you are insured through Medicaid/Healthy Michigan, do you participate in a Health Plan? (If no, skip to question 6.)

☐ Yes ☐ No

5. If yes, please select your Health Plan from the list below.

☐ Aetna Better Health
☐ McLaren
☐ Molina
☐ United Healthcare Comm. Plan
☐ Blue Cross Complete
☐ Meridian
☐ Priority Health Choice
☐ Upper Peninsula Health Plan
☐ Harbor Health Plan
☐ HAP Midwest
☐ Total Health Care
☐ Do not know

6. If you have health insurance, how well do you understand what is covered under your insurance plan?

☐ Extremely well
☐ Very well
☐ Moderately well
☐ Slightly well
☐ Not well at all

7. If you don't have health insurance, what has stopped you from getting health insurance?

8. If you don't have health insurance, how long have you been without health insurance?

☐ Less than 6 months
☐ Less than 1 year
☐ 1 year - 5 years
☐ Greater than 5 years

9. Does your spouse or partner have health insurance? (If no, or not applicable, skip to Question 13.)

☐ Yes ☐ No ☐ Not Applicable

10. If yes, what type of health insurance does your spouse/partner have?

☐ Insurance through work/employer (self, spouse, parent, partner)
☐ Private Insurance
☐ Medicare
☐ State Insurance Exchange/Affordable Care Act/Obamacare
☐ Medicaid/Healthy Michigan Plan
☐ Other _____

11. If your spouse/partner is insured through Medicaid/Healthy Michigan, does your spouse/partner participate in a Medicaid Health Plan? (If no, skip to Question 13.)

☐ Yes ☐ No

12. If yes, please select the Medicaid Health Plan your spouse/partner participate in.

☐ Aetna Better Health ☐ Blue Cross Complete ☐ Harbor Health Plan
☐ McLaren ☐ Meridian ☐ HAP Midwest
☐ Molina ☐ Priority Health Choice ☐ Total Health Care
☐ United Healthcare Comm. Plan ☐ Upper Peninsula Health Plan ☐ Do not know

13. Do your children or dependents have health insurance? (If no, or not applicable, skip to Question 17.)

☐ Yes ☐ No ☐ N/A

14. If yes, what type of health insurance do your children or dependents have?

☐ Insurance through work/employer (self, spouse, parent, partner) ☐ State Insurance Exchange/Affordable Care Act/Obamacare
☐ Private Insurance ☐ Medicaid/Healthy Michigan Plan
☐ Medicare ☐ Other _____

15. If your children or dependents are insured through Medicaid/Healthy Michigan, do they participate in a Medicaid Health Plan?

☐ Yes ☐ No

16. Please select the Medicaid Health Plan your children or dependents participate in.

☐ Aetna Better Health ☐ Blue Cross Complete ☐ Harbor Health Plan
☐ McLaren ☐ Meridian ☐ HAP Midwest
☐ Molina ☐ Priority Health Choice ☐ Total Health Care
☐ United Healthcare Comm. Plan ☐ Upper Peninsula Health Plan ☐ Do not know

17. Do you have a family doctor or primary care physician?

☐ Yes ☐ No

18. What is your usual source of care?

☐ Doctor's Office or Private Clinic (Family Doctor/Primary Care) ☐ Emergency Department/Emergency Room
☐ Federally Qualified Health Center ☐ Free Clinic ☐ Retail Clinic (CVS, Minute Clinic, etc.)
☐ Urgent Care ☐ Other _____ ☐ None

19. Select all the healthcare services you or your family members have received in the past 12 months: (Select all that apply)

	You	Spouse/Partner	Dependents
Family Doctor	☐	☐	☐
Urgent Care	☐	☐	☐
Emergency Department/Room	☐	☐	☐
Eye Doctor	☐	☐	☐
Chiropractor	☐	☐	☐
Hospital	☐	☐	☐
Specialist Care	☐	☐	☐
Mental Health/Substance Abuse	☐	☐	☐
Obstetrics/Gynecology	☐	☐	☐
Physical Therapy	☐	☐	☐

20. Have you or any of your family members been referred to mental health/substance abuse services? (If no, skip to question 23.)

☐ Yes ☐ No

21. If yes, were you or your family able to receive the needed mental health/substance abuse services? (If yes, skip to question 23.)

☐ Yes ☐ No

22. If you didn't receive services, what barriers did you or your family member experience when trying to receive mental health/substance abuse services?

23. If you have been to the emergency department/room over the past twelve months, what was the reason(s) you chose it over another provider? (Check all that apply.)

☐ After office hours ☐ Lack of insurance ☐ Received good quality of care
☐ Closest provider ☐ No other place to go ☐ Scheduling difficulties
☐ Cost/lack of money ☐ No regular doctor ☐ Serious complaint/illness/emergency
☐ Easy to use ☐ Physician referral ☐ Other _____

24. If you have used emergency department/room services in the past twelve months, did you return to the hospital for the same issue within the following 30 days?

☐ Yes ☐ No

25. Have you or your family seen a doctor for preventive care, when you were not sick, within the past 12 months? (Such as physical, mammogram, immunization, routine check-up, etc.)

	You	Spouse/Partner	Dependents
Yes	☐	☐	☐
No	☐	☐	☐
Unsure	☐	☐	☐

26. Have you had any problems making appointments to receive medical care? (If no, skip to question 29.)

☐ Yes ☐ No

27. If yes, what problems did you experience? (Select all that apply.)

☐ Hours did not meet my schedule ☐ Transportation problems ☐ Expense/co-pay
☐ Lack of insurance ☐ Could not find a provider ☐ Did not know where to receive treatment
☐ Lacked referral ☐ Did not understand office staff ☐ Difficulty filling out paperwork
☐ Language barrier ☐ Other _____

28. If transportation is a problem, has it ever stopped you from receiving care?

☐ Yes ☐ No

29. Have you ever delayed seeing any provider over the last 12 months for any reason? (If no, skip to question 31.)

☐ Yes ☐ No

30. If you have delayed care, why?

31. Do you or your family have dental insurance?

	You	Spouse/Partner	Dependents
Yes	☐	☐	☐
No	☐	☐	☐
Unsure	☐	☐	☐

32. Have you or your family received dental treatment and/or routine cleaning over the last 12 months?

	You	Spouse/Partner	Dependents
Yes	☐	☐	☐
No	☐	☐	☐
Unsure	☐	☐	☐

33. Have you or your family delayed any dental care over the last 12 months for any reason?

	You	Spouse/Partner	Dependents
Yes	☐	☐	☐
No	☐	☐	☐
Unsure	☐	☐	☐

34. Have you or a household family member either not taken or taken less of a medication than was prescribed for you? (If no, skip to question 36.)

☐ Yes ☐ No

35. If yes, what was the reason(s)? (Select all that apply.)

☐ Cost ☐ Insurance coverage ☐ Understanding directions

☐ Didn't want to take ☐ Pharmacy location ☐ Medication had side effects

☐ Other _____

36. How do you generally get to your healthcare appointments?

☐ Drive myself ☐ Walk ☐ Get a ride from a friend/family member

☐ Public transportation (city bus) ☐ Taxi, Uber or other private paid service ☐ Other _____

37. Describe any other challenges you or your family have faced with accessing or using healthcare.

38. What would help improve access to healthcare and/or other services for you or your family?

Demographics – Please tell us a little about yourself.

39. Zip Code: _____

40. What is your age?

- ☐ 18 - 24
- ☐ 25 - 44
- ☐ 45 - 64
- ☐ 65+

41. What is your gender?

- ☐ Male
- ☐ Additional gender category/Other _____
- ☐ Female
- ☐ Prefer not to answer

42. Race

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Asian American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Two or more races
- ☐ Other _____

43. Ethnicity

- ☐ Hispanic or Latino
- ☐ Middle Eastern or Northern African
- ☐ None of the above

44. Is English your primary language spoken at home?

- ☐ Yes
- ☐ No

45. If no, please select your primary language spoken at home

- ☐ Arabic
- ☐ Chinese
- ☐ German
- ☐ Hindi
- ☐ Russian
- ☐ Spanish or Spanish Creole
- ☐ Other Asian Language
- ☐ English
- ☐ Other (please state) _____

46. Highest level of education

- ☐ Up to 8th grade
- ☐ Some college
- ☐ Bachelor's degree
- ☐ Some high school
- ☐ Trade/Technical/Vocational Training
- ☐ Professional degree/Masters/Doctorate
- ☐ High school diploma/GED
- ☐ Associates degree

47. Marital status

- ☐ Married
- ☐ Domestic partnership
- ☐ Separated
- ☐ Widowed
- ☐ Divorced
- ☐ Never married – Single

48. Which statement best describes your current living arrangement?

- ☐ I own my own home
- ☐ I rent my home
- ☐ I live with family/friends
- ☐ Subsidized housing
- ☐ I live in a shelter/homeless
- ☐ Other _____

49. Do two or more families live in your household?

- ☐ Yes
- ☐ No

50. How many individuals live in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12+

51. How many individuals in your household are under the age of 18?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10+

52. Annual Household Income Level

- ☐ Less than $20,000
- ☐ $20,000 - $45,000
- ☐ $45,000 - $64,999
- ☐ $65,000 - $84,999
- ☐ $85,000 - $99,999
- ☐ More than $100,000

53. Employment

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed looking for work
- ☐ Unemployed not looking for work
- ☐ Retired
- ☐ Student
- ☐ Disabled
- ☐ Homemaker/Caregiver
- ☐ Work 2 or more jobs

54. Have you ever served in the Armed Forces?

- ☐ Yes
- ☐ No