

## Language used to conduct the interview

- 9 English
- 17 Spanish

# Resident Survey - 2018

## Grand County Public Health

### Living in Grand County

#### Q1. How would you rate your life in Grand County?

- 0 Bad
- 1 Fair
- 13 Good
- 12 Very good

#### Q2. How is your personal health, in general?

- 0 Bad
- 1 Fair
- 19 Good
- 5 Very good

#### Q3. What best describes your resident status in Grand County?

- 2 Part-time
- 22 Full-time
- 2 Other situation

***Please describe your resident status:***

**1**

#### Q4. Do you rent or own the home that this questionnaire was sent to?

- 18 Rent
- 7 Own
- 1 Other situation

***Please describe your situation:***

**1**

### Your Health Experiences

**Q5.a Mark every item below that was true for you in the past 12 months.**

- |    |  |   |  |
|----|--|---|--|
| 9  | I exercised and ate healthy foods regularly  | 0 | I experienced depression or felt sad, empty , or disinterested, which impacted my daily life |
| 9  | I had friends or family nearby who could help me if needed                                   | 0 | I used illegal drugs or misused prescription drugs (but not opioids)                         |
| 5  | TVs and electronics often seemed to make my child(ren) detached                              | 0 | I used recreational marijuana regularly  |
| 9  | I was considered obese or overweight   | 0 | I used opioids more than prescribed or without a prescription                                |
| 2  | I needed help making parenting decisions   | 0 | I thought about committing suicide   |
| 1  | On a regular basis, I drank alcohol heavily or had more than 4 alcoholic beverages           | 1 | I was physically hurt by someone or someone tried to hurt me                                 |
| 0  | I used tobacco, including cigarettes, e-cigarettes, vaping, or chewing tobacco               | 6 | I saw a dentist for a regular check-up and cleaning  |
| 11 | I saw a doctor or health professional for preventive care or a regular check-up (a physical) | 5 | None of the above  |
| 1  | I experienced a lot of anxiety, which impacted my daily life                                 |   |  |

**Q5.b (continued) Mark every item below that was true for you in the past 12 months.**

- |    |   |    |   |
|----|---|----|---|
| 6  | I couldn't get healthy food when I wanted to  | 5  | I got a flu shot  |
| 1  | I was unable to get the child care I needed so that I could work                                      | 9  | I needed help speaking, reading, or writing in English                                    |
| 4  | I was unable to get needed dental work, such as getting a cavity filled (more than a regular checkup) | 0  | I needed a place for long-term care for seniors, such as a nursing home                   |
| 5  | I needed help finding adequate housing  | 1  | I was pregnant or was trying to become pregnant   |
| 10 | I did not have enough money to pay for needed dental work   | 0  | I began taking care of a newborn child  |
| 9  | I did not have enough money to pay for physical health care, including medication                     | 13 | I always used a car seat belt (and child car seat if applicable)                          |
| 0  | When receiving medical care, I was treated in a way that was insensitive to my culture or heritage    | 3  | I needed help figuring out where to go or who to talk to about my health                  |
| 3  | I needed transportation help to get health care services  | 0  | I needed help with family planning or birth control                                       |
| 1  | I needed a job but was unable to get one  | 0  | I drove a car under the influence of alcohol or drugs                                     |
| 1  | I did not understand information about my health issues or who to talk to about needed health care    | 1  | I couldn't get non-emergency health care I needed because it was the evening or a weekend |
| 1  | I had health insurance for the entire year  | 0  | I needed treatment for a sexually transmitted disease                                     |
|    |   | 2  | None of the above   |

**Q6. What three health and wellness issues should Grand County Public Health prioritize?**

Access to physical activities	9
Dental health	8
Violence prevention	2
Access to health services	9
Senior health	1
Obesity	6
Maternal, infant, and child health	2
Access to healthy nutrition	7
Alcohol and substance abuse	9
Health insurance	7
Immunization and infectious diseases	3
Injury prevention	0
Mental health	5
Tobacco use	1
Other priority	1

*Please describe the other health and wellness priority:*

2

**Q7. Did you need or want mental health care in the past 12 months?**

1 Yes

25 No

**Q8. Did you try to find mental health care when you needed or wanted it?**

0 Yes

1 No

**Q9. Did you receive the mental health care you needed or wanted?**

0 Yes

0 No

**Q10. Did the mental health care you received improve your wellbeing?**

0 Yes

0 No

**Q11. If you answered "No" to questions 8, 9, or 10 above, why did you answer "No"?**

1

## Health Insurance

**Q12. Are you currently covered by health insurance or a health coverage plan?**

8 Yes

18 No

**Q13. Does your health insurance meet all your needs?**

2 Yes

6 No

**Q14. Mark every reason your health insurance does NOT meet all your needs?**

0 Not accepted by doctors I want to see

2 Doesn't cover all members of my family

4 Doesn't cover alternative health services

3 Doesn't cover dental

2 Doesn't cover mental health

0 Coverage changes throughout the year

1 Doesn't cover substance abuse

5 Doesn't cover vision

0 Low total payment cap on treatments

1 Monthly cost is too expensive

0 The part I would pay for care is too costly

0 Doesn't cover me the entire year

0 *None of the above*

1 Other

***Please describe the other reason(s) your health insurance does NOT meet all your needs:***

1

## About You

Please tell us a little about you. Your answers will remain totally confidential.

**Q15. What best describes your current employment?**

13 Full-time, year-round

5 Part-time, year-round

1 Full-time, seasonal

1 Part-time, seasonal

0 Self-employed

0 Student

7 Stay-at-home

0 Unemployed

0 Retired

0 Can't work

*Please explain why you can't work*

0

**Q16. How many jobs do you currently have?** 26

**Q17. What is your gender?**

11 Male

15 Female

0

*If something other than male or female*

0 *Prefer not to say*

**Q18. In what year were you born?** 25

**Q19. Including yourself, how many adults and how many children live in your home?**

Number of adults, including yourself 25

Number of children, age 0 to 17 26

**Q20. What racial or ethnic group(s) describes you?**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic, Latino, or Spanish origin
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Other race or ethnicity

***Please describe your racial or ethnic group(s)***

**Q21. What is your total annual household income?**

- \$0 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- 100,000 to \$199,999
- \$200,000 or more

**Additional Research and Prize Entry**

I would consider being interviewed

No thanks

Name  
:

Email  
:

Phone  
e:

**Other Comments**