

Your input matters! Take the 2015 Macomb County Community Health survey and tell us your thoughts and opinions on improving health and wellness in Macomb County. In partnership with community organizations, your answers will help us to identify the most pressing health concerns and assist with future improvement efforts!

**1. What do you think are the most important factors that would improve the quality of life in Macomb County? Select up to five.**

- Access to affordable, healthy food in everyone’s community.
- Access to affordable housing for everyone
- Access to healthcare/medical screenings
- Appreciation of social and cultural diversity (events, people, activities)
- Improved local 24-hour police, fire and rescue services, emergency services
- Increased access to parks and recreation (walk-ability, bike-ability)
- Less violence/crime (safer neighborhoods)
- Living in a cleaner and healthier environment (air quality, water quality, etc)
- Lower disease rates
- More access to transportation
- More jobs and a stronger economy
- More programs and activities to support the community and promote community involvement
- More resources available to schools
- Support during times of stress and crisis
- Reduced rates of domestic violence/child abuse
- Other (please specify)

**2. Considering the following community factors, please indicate your level of agreement with each of the following statements (please select one per statement):**

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree
There are support networks for individuals and families during times of stress and need	5	4	3	2	1
There are jobs available in the community	5	4	3	2	1
Macomb County is a safe place to live	5	4	3	2	1
Macomb County is a good place to grow old	5	4	3	2	1
I have access to the resources I need to stay health	5	4	3	2	1
Overall, Macomb County has good environmental quality	5	4	3	2	1

**3. Which of these medical conditions do you feel are most important and need to be addressed in Macomb County? Please select up to three options.**

- Alzheimer’s/Dementia
- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Disease
- Kidney Disease
- Liver Disease
- Obesity
- Stroke

**4. What other health issues do you feel are most important and should be addressed in Macomb County? Please select up to three options.**

- Accidental injuries
- Alcohol Misuse
- Air quality
- Disabilities
- Drug Misuse
- Healthy Pregnancy
- Immunizations
- Infectious Disease
- Mental Health
- Nutrition/Eating Disorders
- Oral/Dental Health
- Sexually Transmitted Disease
- Suicide
- Water Quality
- Other: \_\_\_\_\_

**5. How would you rate your own personal health?**

- Very Healthy                       Healthy                       Somewhat Healthy                       Unhealthy

**6. What do you feel are barriers to getting healthcare where you live? Please select up to three options.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cost                                       | <input type="checkbox"/> Lack of doctors              | <input type="checkbox"/> I have no barriers |
| <input type="checkbox"/> Doctors do not speak my language           | <input type="checkbox"/> Location of health care      | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Fear or distrust of the health care system | <input type="checkbox"/> Lack of transportation       | _____                                       |
|   | <input type="checkbox"/> Prescription/Medication Cost | _____                                       |
|   | <input type="checkbox"/> Too much paperwork           |   |

**7. Within the past year, were you able to get needed health care?**

- Yes                       No                       Did not need

**8. If no please explain:**

\_\_\_\_\_

**9. How do you pay for healthcare? Please check all that apply.**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Cash   | <input type="checkbox"/> Medicaid/Healthy Michigan Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health insurance (private, health insurance marketplace) | <input type="checkbox"/> Medicare                       | _____                                 |
| <input type="checkbox"/> Health insurance (work sponsored)                        | <input type="checkbox"/> Veterans Administration        | _____                                 |
|   | <input type="checkbox"/> Indian Health Services         |                                       |

**10. Where do you usually go for primary health services?**

- |  |   |
|--|---|
| <input type="checkbox"/> Emergency Room/Hospital | <input type="checkbox"/> Low Cost/Free Clinic |
| <input type="checkbox"/> Urgent Care             | <input type="checkbox"/> I don't go anywhere  |
| <input type="checkbox"/> Private Doctor Office   | <input type="checkbox"/> Other _____          |

**11. Where do you receive information about health-related topics? Please select all that apply.**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Doctor/medical Provider | <input type="checkbox"/> Hospital/urgent Care     | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Internet                | <input type="checkbox"/> Friends/Family           | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> TV                      | <input type="checkbox"/> Health Insurance Company | _____                                 |
| <input type="checkbox"/> Health Department       | <input type="checkbox"/> Community Organizations  | _____                                 |

**12. Where do you live in Macomb County?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> I do not live in Macomb County | <input type="checkbox"/> Grosse Pointe Shores | <input type="checkbox"/> Richmond            |
| <input type="checkbox"/> Armada                         | <input type="checkbox"/> Harrison             | <input type="checkbox"/> Romeo               |
| <input type="checkbox"/> Bruce Township                 | <input type="checkbox"/> Lenox                | <input type="checkbox"/> Roseville           |
| <input type="checkbox"/> Center Line                    | <input type="checkbox"/> Macomb Township      | <input type="checkbox"/> Shelby Township     |
| <input type="checkbox"/> Chesterfield                   | <input type="checkbox"/> Memphis              | <input type="checkbox"/> St. Clair Shores    |
| <input type="checkbox"/> Clinton Township               | <input type="checkbox"/> Mount Clemens        | <input type="checkbox"/> Sterling Heights    |
| <input type="checkbox"/> Eastpointe                     | <input type="checkbox"/> New Baltimore        | <input type="checkbox"/> Utica               |
| <input type="checkbox"/> Fraser                         | <input type="checkbox"/> New Haven            | <input type="checkbox"/> Warren              |
|   | <input type="checkbox"/> Ray                  | <input type="checkbox"/> Washington Township |

**13. Zip code where you live: \_\_\_\_\_**

**14. Where do you work in Macomb County?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> I do not work in Macomb County | <input type="checkbox"/> Grosse Pointe Shores | <input type="checkbox"/> Richmond            |
| <input type="checkbox"/> Armada                         | <input type="checkbox"/> Harrison             | <input type="checkbox"/> Romeo               |
| <input type="checkbox"/> Bruce Township                 | <input type="checkbox"/> Lenox                | <input type="checkbox"/> Roseville           |
| <input type="checkbox"/> Center Line                    | <input type="checkbox"/> Macomb Township      | <input type="checkbox"/> Shelby Township     |
| <input type="checkbox"/> Chesterfield                   | <input type="checkbox"/> Memphis              | <input type="checkbox"/> St. Clair Shores    |
| <input type="checkbox"/> Clinton Township               | <input type="checkbox"/> Mount Clemens        | <input type="checkbox"/> Sterling Heights    |
| <input type="checkbox"/> Eastpointe                     | <input type="checkbox"/> New Baltimore        | <input type="checkbox"/> Utica               |
| <input type="checkbox"/> Fraser                         | <input type="checkbox"/> New Haven            | <input type="checkbox"/> Warren              |
|   | <input type="checkbox"/> Ray                  | <input type="checkbox"/> Washington Township |

**15. How long have you lived in Macomb County?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 6-10 years    | <input type="checkbox"/> I do not live in Macomb County |
| <input type="checkbox"/> 2-5 years         | <input type="checkbox"/> Over 10 years |   |

**16. What is your age?**

- |                                |                                |                                     |
|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 18-26 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 56-64      |
| <input type="checkbox"/> 27-35 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 65 or over |

**17. What is your gender?**

- |                               |                                 |   |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to disclose |
|-------------------------------|---------------------------------|---|

**18. Race/Ethnicity you most identify with**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American        | <input type="checkbox"/> Multiracial            |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Arab American/Chaldean | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Prefer not to disclose |

**19. Primary Language**

- |                                   |                                 |                                    |                                      |
|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> English  | <input type="checkbox"/> Polish | <input type="checkbox"/> Albanian  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> German | <input type="checkbox"/> Bengali   |                                      |
| <input type="checkbox"/> Arabic   | <input type="checkbox"/> French | <input type="checkbox"/> Ukrainian |                                      |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Hmong  |                                    |                                      |

**20. Education Level**

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Less than high school   | <input type="checkbox"/> College Degree       | <input type="checkbox"/> Other |
| <input type="checkbox"/> High school Diploma/GED | <input type="checkbox"/> Post Graduate Degree |                                |

**21. Annual household income**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000-\$49,000 | <input type="checkbox"/> \$80,000-\$129,000 |
| <input type="checkbox"/> \$10,000-\$29,000  | <input type="checkbox"/> \$50,000-\$79,000 | <input type="checkbox"/> \$130,000+         |

**22. Are you currently employed?**

- Not employed       Self Employed       Employed Part Time       Employed Full Time

**23. If not working, what is the main reason?**

- Ill or disabled       Taking care of family       Other  
 Seeking work       Need training/education      \_\_\_\_\_  
 Retired       In school

**24. How did you learn about this survey?**

- Online/Website       Email       Social Media (Facebook,  
 Church       Newsletter      Twitter)  
 Community Organization       Newspaper       Workplace  
 Community Meeting       Personal Contact       Other \_\_\_\_\_

**25. Do you have any other comments, questions, or concerns?**

---

---

---

---

---

---

---

---

---

---