

ECMC/ Kaleida Health/ SNAPCAP/ McGuire Group
Catholic Medical Partners/ Catholic Health System
Niagara-Orleans Emerging PPS

Dear WNY health care consumer:

We need your help.

Please take a few minutes to fill out this survey about health care in Western New York.

Health care providers across New York State are working to improve the quality of care and help people be healthier – while also lowering the cost of care.

We need your input to help guide the design of programs that will help us achieve these goals of higher quality care, better health and lower cost. The results of the full survey will help us make sure we are designing the right new programs the right way.

This work right now is aimed at improving care for people covered by Medicaid and Medicare. But if we're successful, these programs may be aimed at people covered by employer insurance, commercial plans or insurance purchased through the health care insurance exchange.

All of your individual answers will be kept strictly anonymous and confidential.

You may also receive a request by e-mail to complete the survey. You need only fill it out once. We apologize for any confusion.

This survey is of great importance to the more than 250 health care organizations in Western New York who will share the results to improve their programs. We hope you will think it is important, too.

If you have any questions about the survey, contact Bradshaw Hovey at the UB Regional Institute at 829-5985. A report of findings will be available at the end of 2014.

Thanks for your help.

WNY Health Survey

Tell us about yourself

1. What is the name of the organization that asked you to complete this survey?

2. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54

- 55-64
- 65-74
- 75+

3. What is your gender?

- Female
- Male

4. What is your marital status?

- Single
- Married
- Divorced

- Separated
- Widowed

5. Where do you live?

- Allegany County
- Cattaraugus County
- Chautauqua County
- Erie County

- Genesee County
- Niagara County
- Orleans County
- Wyoming County

6. What is your ZIP code? _____

7. What is your current employment status?

- Employed
- Unemployed

- Retired
- Disabled

8. If you are employed, what type of work is it?

- Construction
- Education
- Farming
- Financial
- Government

- Health care
- Human services
- Hotel/ restaurant
- Manufacturing
- Personal Services

- Retail sales
- Transportation
- Other

WNY Health Survey

9. General health and wellbeing

| | YES | NO |
|---|--------------------------|--------------------------|
| Were there 14 or more days in the past month when your physical health was not good? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there 14 or more days in the past month when your mental health was not good? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there 14 or more days in the past month when your physical or mental health kept you from your usual activities such as work, recreation or self-care? | <input type="checkbox"/> | <input type="checkbox"/> |

10. What kind of health care insurance do you have?

- Employer provided insurance
- Commercial insurance
- Insurance through the Affordable Care Act exchange
- Medicaid
- Medicare
- Both Medicare and Medicaid
- Other
- No insurance

11. Access to care

| | YES | NO |
|--|--------------------------|--------------------------|
| Have you needed to see a doctor within the past year but been unable to do so because of cost? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you visited a doctor for a routine checkup (a general physical exam, not a visit for a specific injury, illness or condition) in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you visited a dentist or a dental clinic for any reason in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had at least one permanent tooth extracted because of tooth decay or gum disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a woman, have you ever had a mammogram? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a woman, have you ever had a Pap test? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a man, have you ever had a digital rectal exam? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a man, have you ever had a PSA (prostate specific antigen) test? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been screened for colon or rectal cancer (home blood stool test, sigmoidoscopy or colonoscopy)? | <input type="checkbox"/> | <input type="checkbox"/> |

WNY Health Survey

- Have you ever been told by a health professional that you have high blood pressure?
- If you have high blood pressure, do you take medicine for high blood pressure?
- Have you ever had your blood cholesterol checked?
- Have you ever been told by a health professional that you have had a heart attack, angina or stroke?
- Have you ever been told by a doctor that you have diabetes (not including pre-diabetes or pregnancy-related diabetes)?
- Have you ever been told by a health professional that you have asthma?
- Have you ever had a pneumonia shot?
- Have you ever had a flu shot?
- Is your primary care provider located in the same county where you live?
- Have you needed to see a doctor in the past year but could not do so because you were not able to travel?
- If you answered "yes" above, was it because of lack of transportation?
- Health includes mental and emotional as well as physical wellbeing. If you are being treated for emotional problems and have physical health problems as well, do you think your physical health problems are being taken care of?
- If you are being treated for physical health problems and have emotional difficulties, too, do you think that your emotional problems are also being taken care of?

12. Health care provider.

How long have you been going to the primary care doctor you see now?

- Less than one year
- One to three years
- Three to five years
- More than five years
- I don't have a primary care doctor.

WNY Health Survey

13. Health care information.

What is your primary source of information or advice about your health and health care?

- | | |
|---|---|
| <input type="checkbox"/> Friends or family | <input type="checkbox"/> Specialist physician |
| <input type="checkbox"/> Primary care doctor | <input type="checkbox"/> TV/ radio/ magazine/ newspaper |
| <input type="checkbox"/> Emergency room staff | <input type="checkbox"/> Library |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |

14. Hospital use.

- | | YES | NO |
|--|--------------------------|--------------------------|
| Have you been admitted to a hospital in the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, which hospital? _____ | | |
| Have you visited an emergency room for care in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, at which hospital? _____ | | |

15. Health problems

- | | YES | NO |
|---|--------------------------|--------------------------|
| Have you had symptoms of pain, aching or stiffness in or around a joint during the past 30 days which began more than three months ago? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you smoked at least 100 cigarettes in your lifetime AND are now smoking every day or some days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had four or more drinks (women) or five or more alcoholic drinks (men) on more than one occasion in the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you averaged more than one alcoholic drink per day (women) or more than two alcoholic drinks per day (men) within the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you consider your body to be overweight or obese? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you participate in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you consume five or more servings of fruits and vegetables in an average day? | <input type="checkbox"/> | <input type="checkbox"/> |

More questions on the next page...

WNY Health Survey

16. If you have children:

| | YES | NO |
|---|--------------------------|--------------------------|
| Do you consider your child to be overweight or obese? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is your child receiving help for that problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a health care provider ever said your child has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is your child receiving help for that problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you concerned about your child's emotional health or wellbeing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have others who know your child expressed concern about his or emotional health or wellbeing? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes is your child receiving help for those problems | <input type="checkbox"/> | <input type="checkbox"/> |

17. What types of improvements would you like to see at your primary care provider's office?

- | | |
|--|---|
| <input type="checkbox"/> Location | <input type="checkbox"/> Shorter times to schedule appointments |
| <input type="checkbox"/> Hours of operation | <input type="checkbox"/> Better follow-up care |
| <input type="checkbox"/> Building | <input type="checkbox"/> More advice on use of medications |
| <input type="checkbox"/> Parking | <input type="checkbox"/> More advice on diet and exercise |
| <input type="checkbox"/> Waiting area | <input type="checkbox"/> More advice on preventive measures |
| <input type="checkbox"/> Responsiveness of staff | |

18. In your opinion, what is the most important *health problem* facing people in your community?

19. What do you believe is the most critical *need for health care service* in your community?