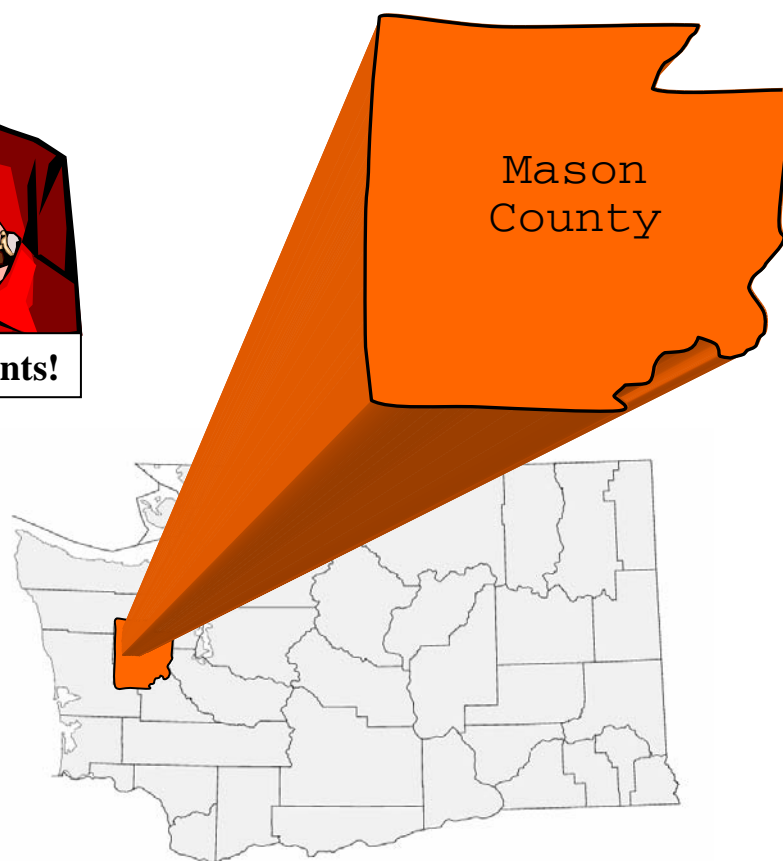


Mason County - Phone Survey Form and Results



Your Opinion Counts!



Prepared by:

Oklahoma Cooperative Extension Service
Oklahoma State University



Oklahoma Office of Rural Health
Rural Health Policy & Research Center
Oklahoma State University



National Association of Counties Project
Funded by the federal Office of Rural Health Policy

July 2005

Mason County, Washington - Phone Survey Form and Results

Prepared for:

Mason County, Washington

through

National Association of Counties Project
Funded by the federal Office of Rural Health Policy

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July 2005

**Mason County
Telephone Survey Form**

Survey Date: starts June 8, 2005

NOTE TO INTERVIEWER: All questions are optional and respondent may of course choose not to answer.

Introduction and screener:

Hello. The Mason County Commissioners have asked us to talk to Mason County residents to learn more about your opinions on Mason County’s health care system. My name is _____ with _____, which is a professional research company. The Mason County Commissioners and a group of citizens are reviewing the health care situation in this community. It is very important that they include the opinions of you or someone in your household in this brief but important survey. This survey is voluntary and I want to assure you that all your answers are strictly confidential. Please provide as much information as possible to help us improve health care in our community.

Qualifier A: May I ask, are you over the age of 18?

- Yes
- No (*Ask to speak to someone over the age of 18. TERMINATE if there is no one over the age of 18 living in the household*)

Qualifier B: Is Mason County your primary residence?

- Yes
- No *TERMINATE if not primary residence*

1. What is your zip code? (**READ LIST if necessary.**)

- | | |
|--|---|
| <input type="checkbox"/> 98524, Allyn | <input type="checkbox"/> 98560, Matlock |
| <input type="checkbox"/> 98528, Belfair | <input type="checkbox"/> 98584, Shelton |
| <input type="checkbox"/> 98546, Grapeview | <input type="checkbox"/> 98588, Tahuya |
| <input type="checkbox"/> 98548, Hoodspout | <input type="checkbox"/> 98592, Union |
| <input type="checkbox"/> 98555, Lilliwaup | |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ (TERMINATE) | |

2a. Do you use a family doctor for most of your routine health care?

- Yes (*Skip to Q.3a*)
- No
- (*Do not read*) Don’t Know / Refused (*Skip to Q.3a*)

2b. What kind of medical provider does your family use for routine care? (**RECORD EXACT RESPONSE BELOW. Probe for clarification.**)

- Emergency room/Hospital
- County Health Department
- Specialist
- Physician/Clinic (*Ask Q2c*)
- Other (*Specify*) _____

2c. (If Physician/Clinic mentioned at Q.2b, ask; otherwise, skip to Q.3a) At which clinic did you receive your routine health care?

- Squaxin Island Tribal Center
- Skokomish Tribal Center
- North Mason Medical Clinic
- Shelton Family Medicine
- Olympic Physicians
- Hoodsport Family Clinic
- Health Care Center (Buser)
- Family Care Center
- Other (Specify) _____

3a. Which city do you go to for most of your family’s routine health care needs? (DO NOT READ LIST)

- Shelton (Skip to Q.4a)
- Belfair (Skip to Q.4a)
- Hoodsport (Skip to Q.4a)
- Olympia
- Bremerton
- _____ Other (Specify)
- Tacoma
- Seattle
- Aberdeen
- Gig Harbor
- Port Orchard
- (Do not read) Don’t Know / Refused
- McCleary
- Elma

3b. Why do you or your family use a doctor for routine health care needs outside of Mason County? (RECORD VERBATIM RESPONSES. Probe for clarification.)

- Closer/Convenient Location
- Have used for Years/Personal relationship
- Specialist
- Approved provider for insurance/Health benefits program
- Other (Specify) _____

4a. Have you or someone else in your household been to medical doctor in Mason County in the past 18 months?

- Yes
- No (Skip to Q.5a)
- (Do not read) Don’t Know / Refused (Skip to Q.5a)

4b. (If seen a family doctor in the past 18 months, ask Q.4b; otherwise, skip to Q.5a)

How satisfied were you or someone in your household with the quality of care received in Mason County? Would you say that you were...

- Satisfied
- Dissatisfied
- (Do not read) Don’t Know / Refused (skip to Q.5a)

4c. Why do you say that? (RECORD VERBATIM RESPONSES. Probe for clarification.)

5a. Do you think there are enough doctors in Mason County?

- Yes
- No
- (*Do not read*) Don't Know / Refused (*skip to Q.6a*)

5b. Why do you say there are enough doctors? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

5c. Why do you say there are NOT enough doctors? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

6a. Have you or someone else in your household been to a specialist in the past 18 months?

- Yes
- No (*Skip to Q.7*)
- (*Do not read*) Don't Know / Refused (*Skip to Q.7*)

6b. What type of specialist have you or someone in your household been to and in what city does this specialist practice?

Type of Doctor (Specialist)	City
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

6c. Why did you select this/these specialist(s)? (**RECORD VERBATIM RESPONSES. Probe for clarification.**) _____

7. How many people are living in your household? _____
(*If respondent is the only person living in household, ask for "you" only in Q.8 and Q.10*)

8. What type of health insurance covers you and your family? (*Read list. Ask for “you” and “family” if applicable. Can provide more than one response*)

	<u>You</u>	<u>Family</u>
Insurance through Employer/ Previous Employer	<input type="checkbox"/>	<input type="checkbox"/>
Medical Coupons	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Medi-gap	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid or CHIP	<input type="checkbox"/>	<input type="checkbox"/>
Basic Health	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Options	<input type="checkbox"/>	<input type="checkbox"/>
Group Health	<input type="checkbox"/>	<input type="checkbox"/>
Regency Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>
Premera Blue Cross	<input type="checkbox"/>	<input type="checkbox"/>
KPS	<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare of Washington	<input type="checkbox"/>	<input type="checkbox"/>
First Choice	<input type="checkbox"/>	<input type="checkbox"/>
United	<input type="checkbox"/>	<input type="checkbox"/>
Molina	<input type="checkbox"/>	<input type="checkbox"/>
CHPW	<input type="checkbox"/>	<input type="checkbox"/>
Aetna US Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Champus/TriCare Program	<input type="checkbox"/>	<input type="checkbox"/>
VA benefits	<input type="checkbox"/>	<input type="checkbox"/>
Self-Paid Plan	<input type="checkbox"/>	<input type="checkbox"/>
Native American Benefits	<input type="checkbox"/>	<input type="checkbox"/>
*Do Not Have Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (<i>Specify</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>

**If respondent does not have health insurance, ask Q9; otherwise, skip to Q.10*

9a. Why do you not have health insurance for yourself? (**DO NOT READ LIST**)

- | | |
|---|--|
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Pre-existing medical condition |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | <input type="checkbox"/> (<i>Do not read</i>) Don't Know / Refused |

9b. Why do you not have health insurance for your family? (**DO NOT READ LIST**)

- | | |
|---|--|
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Pre-existing medical condition |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | <input type="checkbox"/> (<i>Do not read</i>) Don't Know / Refused |

10. What type of dental insurance covers you and your family? *(Read list. Ask for “you” and “family” if applicable. Can provide more than one response)*

	<u>You</u>	<u>Family</u>
Delta Dental	<input type="checkbox"/>	<input type="checkbox"/>
Fordis	<input type="checkbox"/>	<input type="checkbox"/>
United Concordia	<input type="checkbox"/>	<input type="checkbox"/>
WA Dental Service (WDS)	<input type="checkbox"/>	<input type="checkbox"/>
Columbia	<input type="checkbox"/>	<input type="checkbox"/>
O.D.S.	<input type="checkbox"/>	<input type="checkbox"/>
Metlife	<input type="checkbox"/>	<input type="checkbox"/>
Aetna	<input type="checkbox"/>	<input type="checkbox"/>
Uniform	<input type="checkbox"/>	<input type="checkbox"/>
First Choice	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental	<input type="checkbox"/>	<input type="checkbox"/>
Fordis	<input type="checkbox"/>	<input type="checkbox"/>
United Concordia	<input type="checkbox"/>	<input type="checkbox"/>
WA Dental Service (WDS)	<input type="checkbox"/>	<input type="checkbox"/>
Columbia	<input type="checkbox"/>	<input type="checkbox"/>
O.D.S.	<input type="checkbox"/>	<input type="checkbox"/>
Metlife	<input type="checkbox"/>	<input type="checkbox"/>
Aetna	<input type="checkbox"/>	<input type="checkbox"/>
Uniform	<input type="checkbox"/>	<input type="checkbox"/>
First Choice	<input type="checkbox"/>	<input type="checkbox"/>
Native American Benefits	<input type="checkbox"/>	<input type="checkbox"/>

11. Have you or someone else in your household used the services of a hospital in the past 18 months?

- Yes
- No *(Skip to Q.17a)*
- (Do not read)* Don't know / Refused *(Skip to Q.17a)*

12. At which hospital(s) were services received? *(DO NOT READ LIST unless prompt is needed)*

- | | |
|--|--|
| <input type="checkbox"/> Mason General Hospital* | <input type="checkbox"/> Children's Hospital, Seattle |
| <input type="checkbox"/> Harrison Memorial Hospital, Bremerton | <input type="checkbox"/> Virginia Mason, Seattle |
| <input type="checkbox"/> Harrison Memorial Hospital, Silverdale | <input type="checkbox"/> Harborview Hospital, Seattle |
| <input type="checkbox"/> Capital Medical Center, Olympia | <input type="checkbox"/> Mark Reed Hospital, Mcclary |
| <input type="checkbox"/> Providence St. Peter Hospital, Olympia | <input type="checkbox"/> Madigan Military Hospital, Tacoma |
| <input type="checkbox"/> Mary Bridge Children's Hospital, Tacoma | <input type="checkbox"/> <i>(Do not read)</i> Don't Know / Refused |
| <input type="checkbox"/> Other <i>(Specify)</i> _____ | |

13. (If Mason General Hospital mentioned at Q.12, ask; otherwise, skip to Q.17a) What hospital services were used at Mason General Hospital? (DO NOT READ LIST unless prompt is needed)

- Cardiology
- Cardio-Pulmonary
- Critical Care
- Dietician Services
- Electrodiagnostic/Echocardiogram
- Emergency Medical Services (ambulance)
- Emergency Room*
- General Surgery – Inpatient
- General Surgery – Outpatient
- Inpatient Stay
- Laboratory Services
- Other (Specify) _____
- Obstetrics/Gynecology
- Outpatient Procedures
- Physical/Occupational Therapy
- Radiology/CT Scan/Mammography
- Respiratory Therapy
- Specialty Care
- Laboratory (Blood) Tests
- Specialty Doctor
- Urgent Care
- Diagnostic Scopes
- (Do not read) Don't know / Refused

14a. How satisfied were you or someone in your household with the services you received at Mason General Hospital, would you say you were...

- Satisfied
- Dissatisfied (If dissatisfied, ask and 14b & 14c)
- (Do not read) Don't Know / Refused (skip to Q.15a)

14b. Why do you say that? (RECORD VERBATIM RESPONSES. Probe for clarification.)

14c. You mentioned that you were dissatisfied with the services you received at Mason General Hospital, would you go back?

- Yes
- No (if No ask Q.14d)
- (Do not read) Don't know / Refused (Skip to Q.17a)

14d. What would make you reconsider going to Mason General Hospital for hospitalization in the future? (RECORD VERBATIM RESPONSES. Probe for clarification.) _____

15. (If any hospital other than Mason General Hospital mentioned in Q.12, ask; otherwise, skip to Q.?) You mentioned that you or someone else in your household received care at a hospital other than Mason General Hospital, why did you or your family member choose this/these hospital(s)? (RECORD VERBATIM RESPONSES. Probe for clarification.)

16. What hospital services were used there? (**DO NOT READ LIST unless prompt is needed**)

- | | |
|---|--|
| <input type="checkbox"/> Birthing Services | <input type="checkbox"/> Laboratory (Blood) Tests |
| <input type="checkbox"/> Radiology (X-ray, CT, Mammogram) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Diagnostic Scopes |
| <input type="checkbox"/> Inpatient Stay | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Dietician/Nutrition Services | <input type="checkbox"/> Durable Medical Equipment (DME) |
| <input type="checkbox"/> Inpatient Surgery | <input type="checkbox"/> Cardiac Rehabilitation |
| <input type="checkbox"/> Specialty Doctor | <input type="checkbox"/> (Do not read) Don't know / Refused |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

17a. Have you or your family used the emergency room services at any hospital in the past 18 months?

- Yes
- No (*Skip to Q.20*)
- (**Do not read**) Don't know / Refused (*Skip to Q.20*)

17b. At which hospital(s) were emergency room services received? (**DO NOT READ LIST unless prompt is needed**)

- | | |
|--|--|
| <input type="checkbox"/> Mason General Hospital* | <input type="checkbox"/> Children's Hospital, Seattle |
| <input type="checkbox"/> Harrison Memorial Hospital, Bremerton | <input type="checkbox"/> Virginia Mason, Seattle |
| <input type="checkbox"/> Harrison Memorial Hospital, Silverdale | <input type="checkbox"/> Harborview Hospital, Seattle |
| <input type="checkbox"/> Capital Medical Center, Olympia | <input type="checkbox"/> Mark Reed Hospital, McCleary |
| <input type="checkbox"/> Providence St. Peter Hospital, Olympia | <input type="checkbox"/> Madigan Military Hospital, Tacoma |
| <input type="checkbox"/> Mary Bridge Children's Hospital, Tacoma | <input type="checkbox"/> (Do not read) Don't Know / Refused |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

18. What type of emergency room services have you or your family used in the past 18 months at the Mason General Hospital? (**DO NOT READ LIST unless prompt is needed**)

- | | |
|---|--|
| <input type="checkbox"/> Cardiac Evaluation/Heart | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Trauma Care | <input type="checkbox"/> Dental emergency |
| <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Obstetrics/Gynecology (OB/GYN) |
| <input type="checkbox"/> X-Ray (Radiology) | <input type="checkbox"/> Respiratory Therapy/Breathing |
| <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Routine Illness |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> (Do not read) Don't know / Refused |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

19a. How satisfied were you or someone in your household with the services you received at the emergency room in Mason General Hospital? Would you say you were...

- Satisfied
- Dissatisfied
- (**Do not read**) Don't Know / Refused (*skip to Q.20*)

19b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

20. Have you or someone else in your household used the services of the Mason County Health Department in the past 18 months?

- Yes
- No (*Skip to Q.22a*)
- (*Do not read*) Don't know / Refused (*Skip to Q.22a*)

21a. How satisfied were you or someone in your household with the services you received at the Mason County Health Department? Would you say you were...

- Satisfied
- Dissatisfied
- (*Do not read*) Don't Know / Refused (*skip to Q.22a*)

21b. Why do you say you were satisfied? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

21c. Why do you say you were dissatisfied? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

22a. Have you or anyone in your family had difficulties accessing needed care in Mason County?

- Yes
- No (*Skip to Q.23*)
- (*Do not read*) Don't know / Refused (*Skip to Q.23*)

22b. Which type of services did you have difficulties accessing?

- | | |
|--|--|
| <input type="checkbox"/> Primary care | <input type="checkbox"/> Substance/Alcohol Treatment |
| <input type="checkbox"/> Specialists | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other (<i>Specify</i>)_____ |

22c. Tell me more about the access problems. _____

23. What additional health care services do you feel are needed in Mason County? (*Do not read list unless prompt is needed and allow for top 3 choices*)

- | | |
|--|--|
| <input type="checkbox"/> Orthopedic Services | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Urology Services | <input type="checkbox"/> Inpatient Psychological Services |
| <input type="checkbox"/> Elderly Services | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Specialty Services | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> Surgery Services | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Oncology Services | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Dental Oral/Surgery | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Mental Health/Counseling Services | <input type="checkbox"/> Substance/Alcohol Treatment |
| <input type="checkbox"/> Urgent Care – Walk-In Clinic | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Kidney Dialysis | <input type="checkbox"/> (<i>Do not read</i>) Don't know/Refused |
| <input type="checkbox"/> Cardiac Rehabilitation | <input type="checkbox"/> Other (<i>Specify</i>) _____ |

24. What is the one thing you would like to change to improve health care in Mason County? (**RECORD VERBATIM RESPONSES**) _____

The last few questions are for classification purposes only...

25. What is your age?

- | | |
|--|--------------------------------|
| <input type="checkbox"/> 18-20 | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 71-80 |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> 81+ |
| <input type="checkbox"/> (<i>Do not read</i>) Don't know / Refused | |

26. What is your education level?

- | | |
|--|--|
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High school/GED | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Doctoral Degree |

27a. Do you or any of your family members work outside Mason County?

- Yes
- No (*Skip to Q.28*)
- (*Do not read*) Don't know / Refused (*Skip to Q.28*)

27b. If yes, which county(ies)?

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Thurston | <input type="checkbox"/> Lewis |
| <input type="checkbox"/> Kitsap | <input type="checkbox"/> Grays Harbor |
| <input type="checkbox"/> Pierce | <input type="checkbox"/> Other (<i>Specify</i>) _____ |
| <input type="checkbox"/> King | |

28. What is your ethnicity?

- Caucasian
- Asian
- Hispanic
- Other (*Specify*) _____
- African American
- Native American
- (*Do not read*) Don't know / Refused

29. How long have you lived in Mason County?

- less than 1 year
- 1-5 years
- 6-10 years
- longer than 10 years

30. What is the source of your income?

- Employment
- Retirement
- (*Do not read*) Don't know / Refused
- Savings
- Other (*Specify*) _____

31. What is your annual household income?

- Less than \$10,000
- \$10,000 to less than \$20,000
- \$20,000 to less than \$35,000
- \$35,000 to less than \$50,000
- (*Do not read*) Don't know / Refused
- \$50,000 to less than \$60,000
- \$60,000 to \$100,000
- Over \$100,000

32. (***INTERVIEWER: RECORD ANSWER BASED ON OBSERVATION ONLY. DO NOT ASK.***)

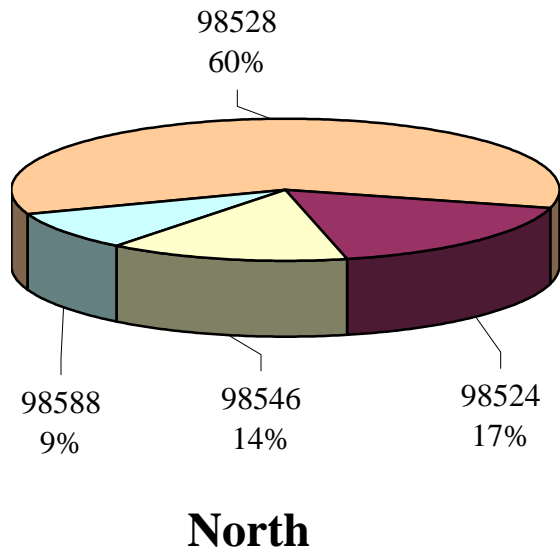
- Male
- Female
- Unknown (Can't Tell)

That completes the survey. The Mason County Commissioners thank you for your time!

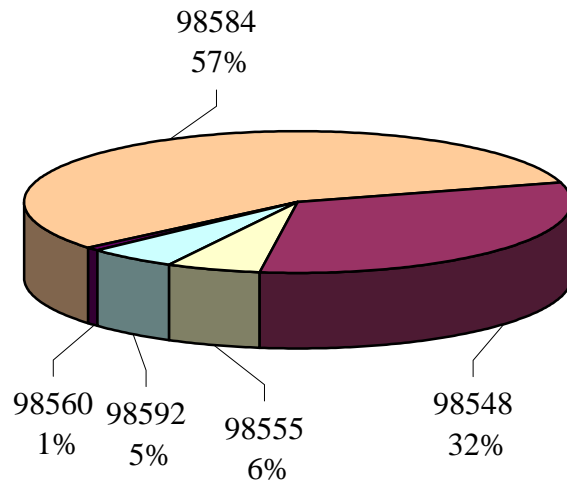
**Mason County
Telephone Survey Results**

Q1. What is your zip code?

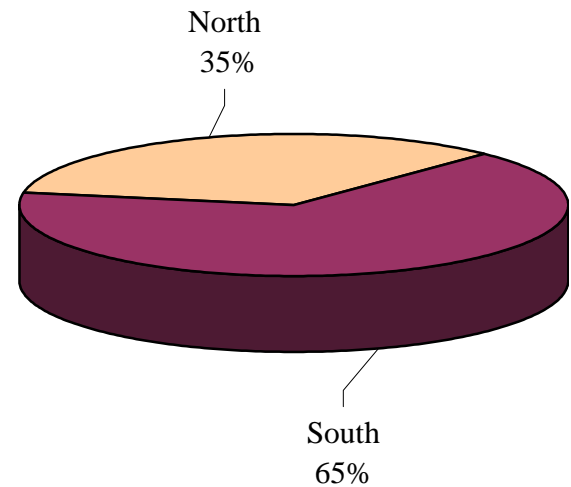
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
98584 Shelton			131	57%	131	37%
98528 Belfair	73	60%			73	21%
98548 Hoodspport			73	32%	73	21%
98524 Allyn	21	17%			21	6%
98546 Grapeview	17	14%			17	5%
98555 Lilliwaup			13	6%	13	4%
98592 Union			12	5%	12	3%
98588 Tahuya	11	9%			11	3%
98560 Matlock			2	1%	2	1%
Total	122	100%	231	100%	353	100%
Areas as % of Total		35%		65%		



North



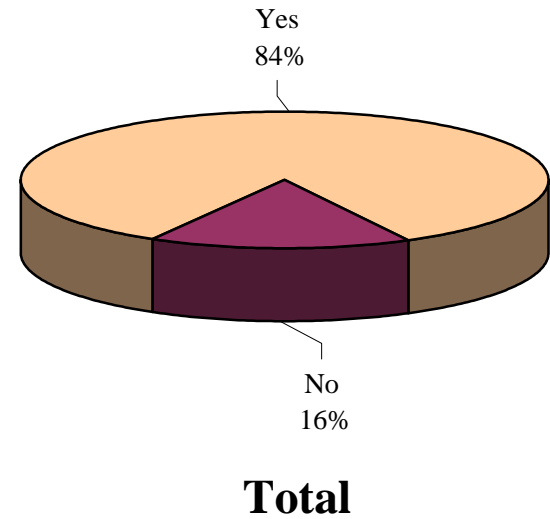
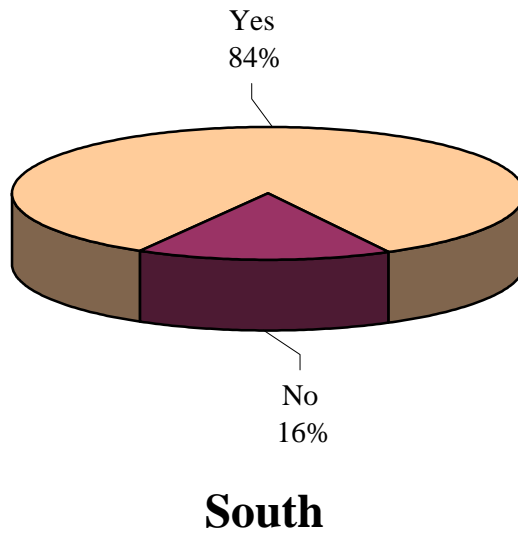
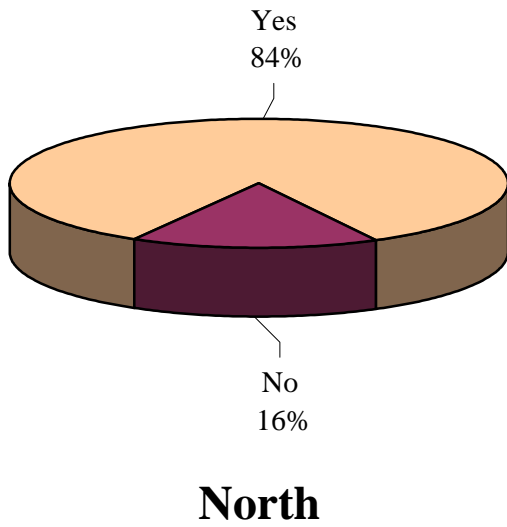
South



Total

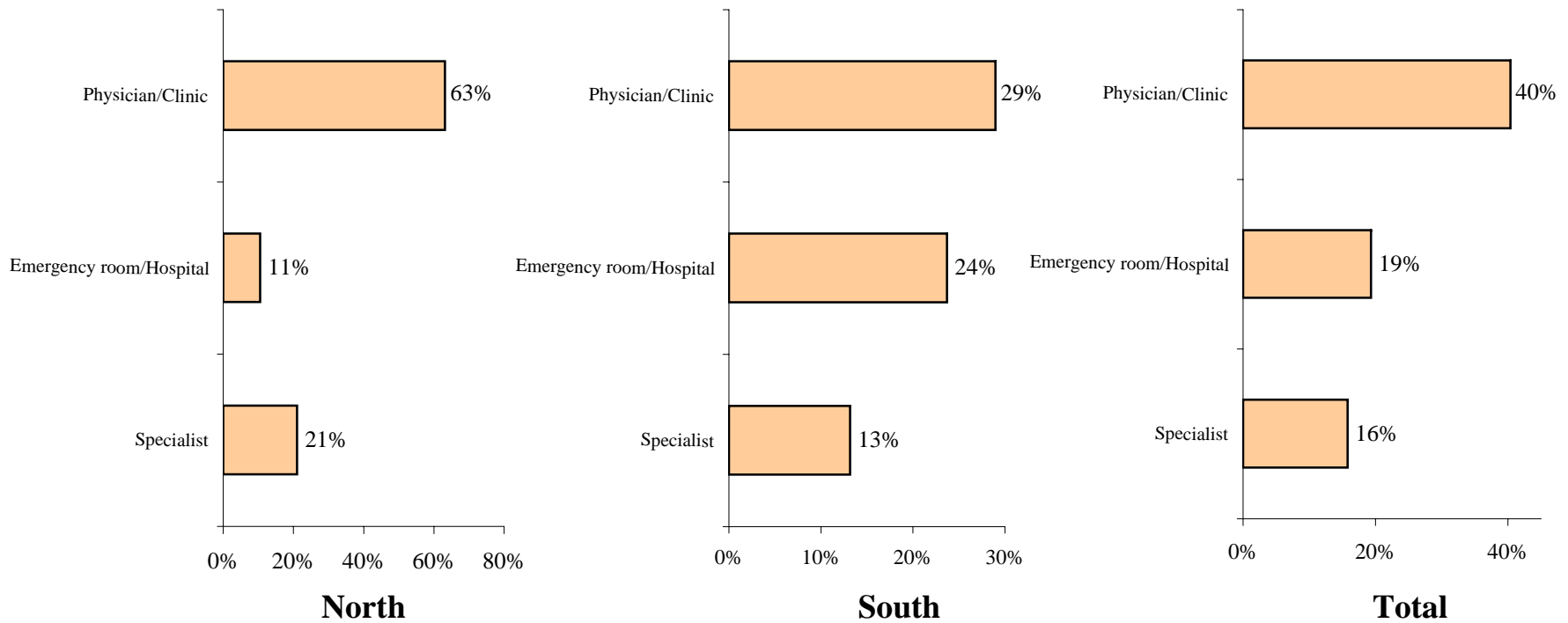
Q2a. Do you use a family doctor for most of your routine health care?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	103	84%	193	84%	296	84%
No	19	16%	38	16%	57	16%
Total	122	100%	231	100%	353	100%



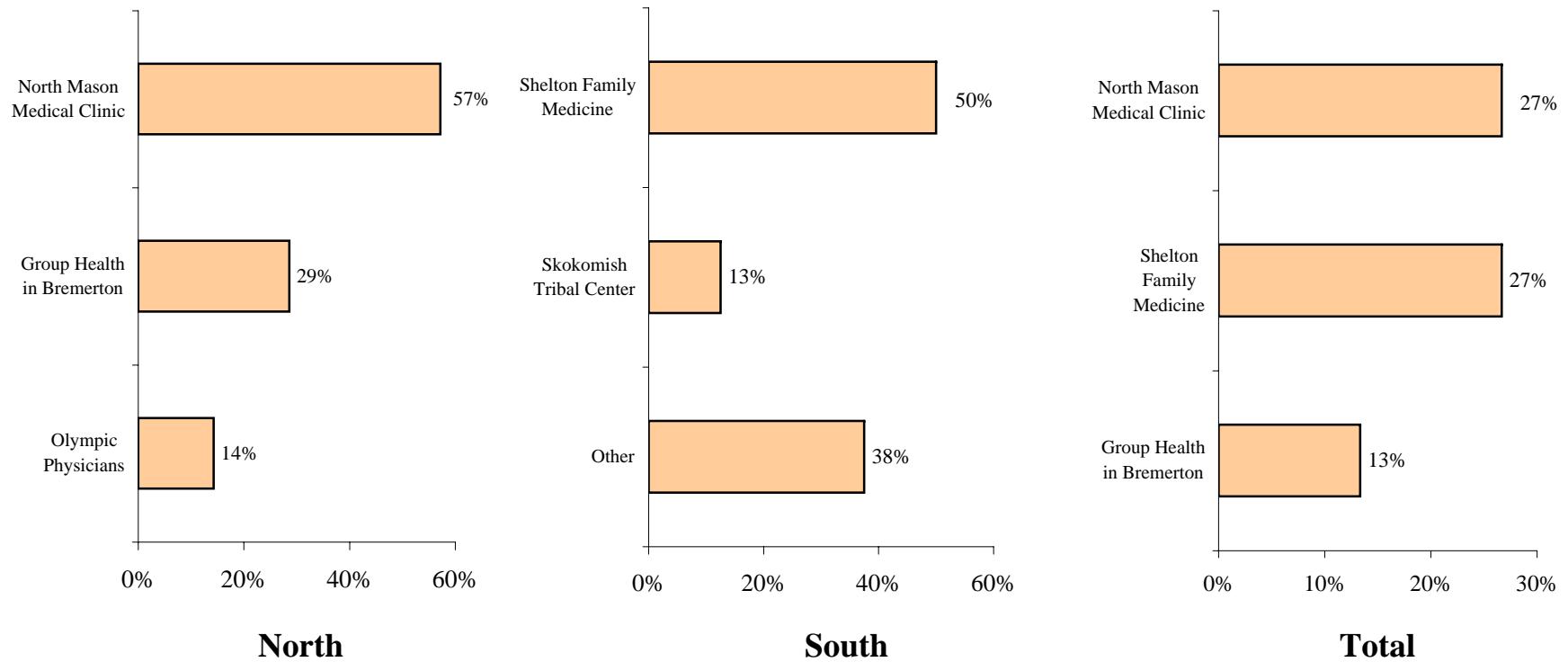
Q2b. What kind of medical provider does your family use for routine care?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Physician/Clinic	12	63%	11	29%	23	40%
Emergency room/Hospital	2	11%	9	24%	11	19%
Specialist	4	21%	5	13%	9	16%
Group Health in Olympia	<u>1</u>	<u>5%</u>	4	11%	5	9%
Nurse practitioner			5	13%	5	9%
County Health Department			2	5%	2	4%
VA Hospital			<u>2</u>	<u>5%</u>	<u>2</u>	<u>4%</u>
Total	19	100%	38	100%	57	100%



Q2c. At which clinic did you receive your routine health care?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
North Mason Medical Clinic	4	57%			4	27%
Shelton Family Medicine			4	50%	4	27%
Group Health in Bremerton	2	29%			2	13%
Skokomish Tribal Center			1	13%	1	7%
Olympic Physicians	1	14%			1	7%
Other			3	38%	3	20%
Total	7	100%	8	100%	15	100%



Q3a. Which city do you go to for most of your family's routine health care needs?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Shelton	11	9%	142	63%	153	44%
Olympia	4	3%	41	18%	45	13%
Bremerton	42	35%	2	1%	44	13%
Port Orchard	35	29%			35	10%
Hoodsport			18	8%	18	5%
Belfair	14	12%			14	4%
Silverdale	6	5%			6	2%
Tacoma	1	1%	3	1%	4	1%
Seattle	1	1%	2	1%	3	1%
Elma			2	1%	2	1%
Other*	<u>5</u>	<u>4%</u>	<u>15</u>	<u>7%</u>	<u>20</u>	<u>6%</u>
Total	119	100%	225	100%	344	100%

5 Individual responded Don't know/No response from the North

6 Individuals responded Don't know/No response from the South

*Other includes: **North:** Federal Way (1), Kitsap Co. (1), Pierce Co. (1), Redmond (1), McCleary (1). **South:** Puyallup (2), Port Angeles (1), Montesano (1), Renton (1), Issaquah (1), Thurston Co. (2), Grays Harbor Co. (1), Fort Lewis (1), Union (1), Portland, OR (1), Aberdeen (1), Kent (1), Gig Harbor (1).

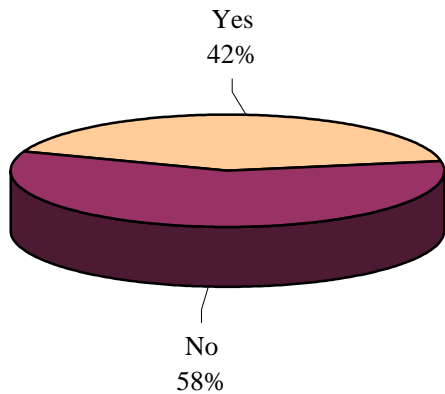
Q3b. Why do you or your family use a health care provider for routine health care needs outside of Mason County?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Have used for years/Personal relationship	27	28%	19	28%	46	28%
Insurance/Benefits/Provider	23	24%	20	29%	43	26%
Closer/Convenient location	20	21%	2	3%	22	13%
Specialist	3	3%	8	12%	11	7%
Doctor relocated	6	6%			6	4%
Better quality care elsewhere	6	6%	4	6%	10	6%
Bad experience	2	2%	1	1%	3	2%
Quality of doctors	2	2%	7	10%	9	5%
New to area	1	1%	3	4%	4	2%
No reason	4	4%	3	4%	7	4%
Cost	1	1%	<u>1</u>	<u>1%</u>	2	1%
Referred	<u>1</u>	<u>1%</u>			<u>1</u>	<u>1%</u>
Total	96	100%	68	100%	164	100%

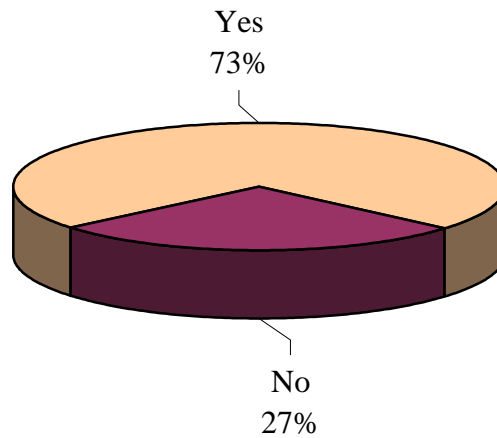
Q4a. Have you or someone else in your household been to a medical doctor in Mason County in the past 18 months?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	51	42%	167	73%	218	62%
No	71	58%	63	27%	134	38%
Total	122	100%	230	100%	352	100%

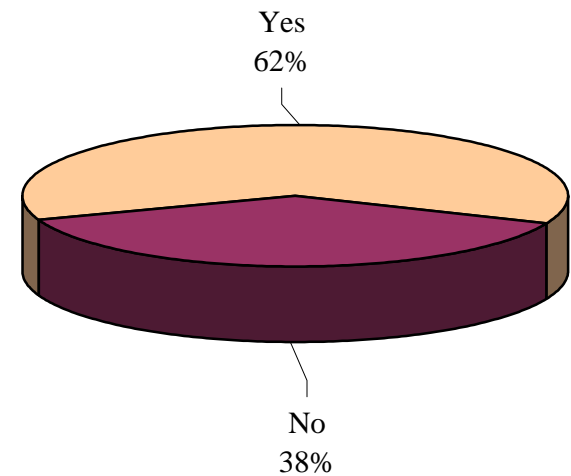
1 Individual responded Don't know/No response in the South



North



South



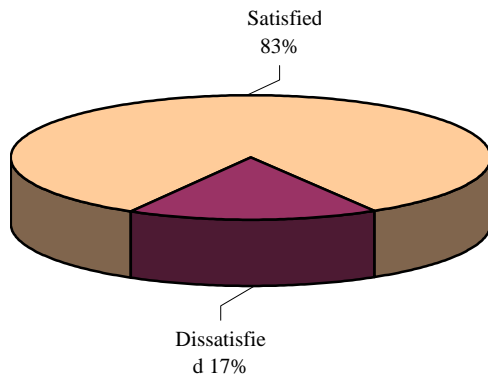
Total

**Q4b. How satisfied were you or someone in your household with the quality of care received in Mason County?
Would you say that you were...**

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Satisfied	39	83%	148	90%	187	88%
Dissatisfied	8	17%	17	10%	25	12%
Total	47	100%	165	100%	212	100%

4 Individuals responded Don't know/No response from the North

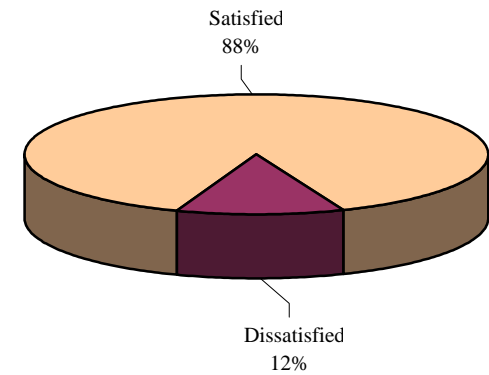
2 Individuals responded Don't know/No response from the South



North



South



Total

Q4c. Why do you say that you were satisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Just satisfied/No particular reason	12	31%	71	48%	83	44%
Liked doctors	7	18%	30	20%	37	20%
Good service	4	10%	31	21%	35	19%
Medical needs were met	3	8%	3	2%	6	3%
Same doctor for many years	3	8%	5	3%	8	4%
Routine check-up/Treatment was good	3	8%	2	1%	5	3%
Knowledgeable doctors	2	5%	3	2%	5	3%
Friendly/Caring staff	2	5%	2	1%	4	2%
No wait	2	5%			2	1%
Convenient location	<u>1</u>	<u>3%</u>	<u>1</u>	<u>1%</u>	<u>2</u>	<u>1%</u>
Total	39	100%	148	100%	187	100%

Q4d. Why do you say that you were dissatisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Unprofessional staff	1	13%	7	44%	8	33%
Just dissatisfied/No particular reason	2	25%	5	31%	7	29%
Poor care	4	50%	<u>4</u>	<u>25%</u>	8	33%
Doctor retired	<u>1</u>	<u>13%</u>			<u>1</u>	<u>4%</u>
Total	8	100%	16	100%	24	100%

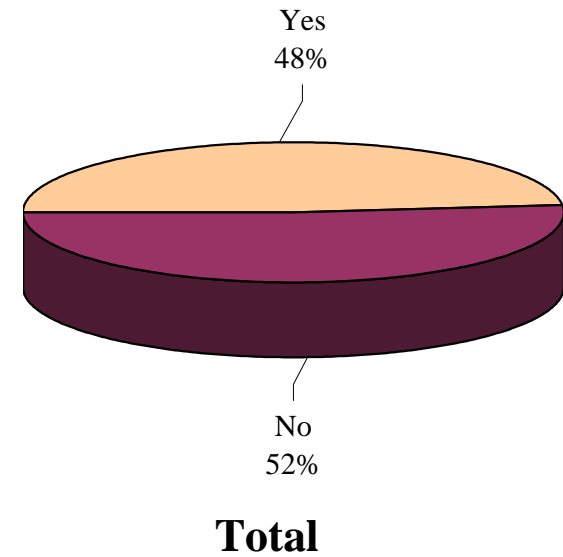
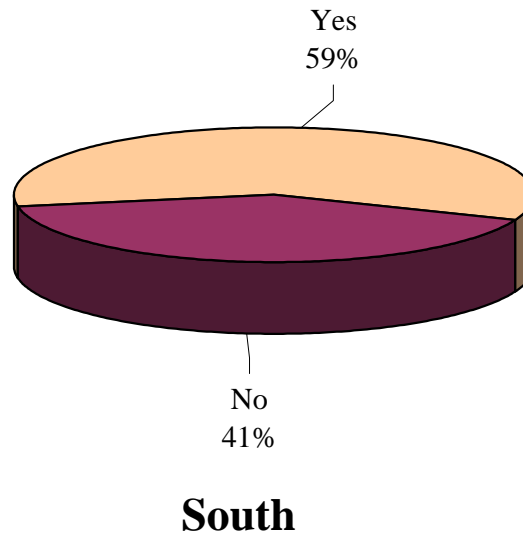
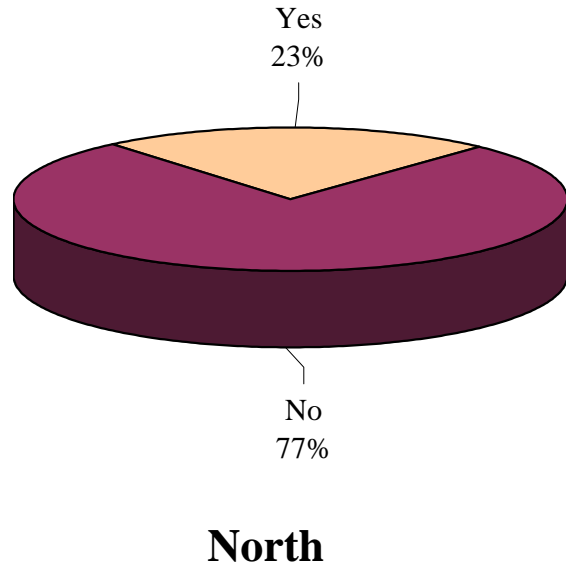
1 Individual responded Don't know/No response from the South

Q5a. Do you think there are enough doctors in Mason County?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	12	23%	73	59%	85	48%
No	40	77%	51	41%	91	52%
Total	52	100%	124	100%	176	100%

70 Individuals responded Don't know/No response from the North

107 Individuals responded Don't know/No response from the South



Q5b. Why do you say there are enough doctors?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Just enough/No particular reason	3	25%	43	59%	46	54%
No wait	2	17%	16	22%	18	21%
Enough for size of town	4	33%	8	11%	12	14%
Good care			5	7%	5	6%
No complaints	<u>3</u>	<u>25%</u>	<u>1</u>	<u>1%</u>	<u>4</u>	<u>5%</u>
Total	12	100%	73	100%	85	100%

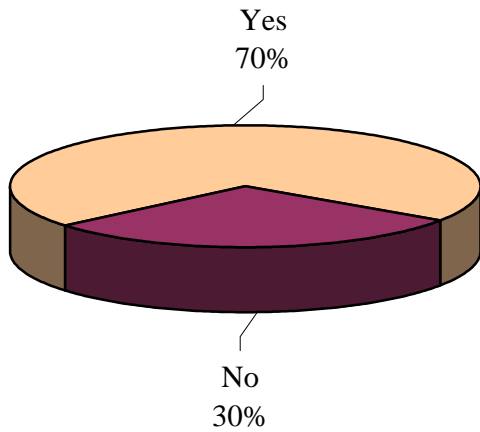
Q5c. Why do you say there are not enough doctors?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Not enough doctors	10	34%	14	37%	24	36%
No reason given	7	24%	12	32%	19	28%
Not enough specialists	3	10%	15	39%	18	27%
Hard to see doctor	7	24%	8	21%	15	22%
Shortage in North end of county	5	17%			5	7%
Poor service	1	3%	<u>3</u>	<u>8%</u>	4	6%
Distance to travel	3	10%			3	4%
Based on population	2	7%			2	3%
Doctors leave	<u>1</u>	<u>3%</u>			<u>1</u>	<u>1%</u>
Total	29	100%	38	100%	67	100%

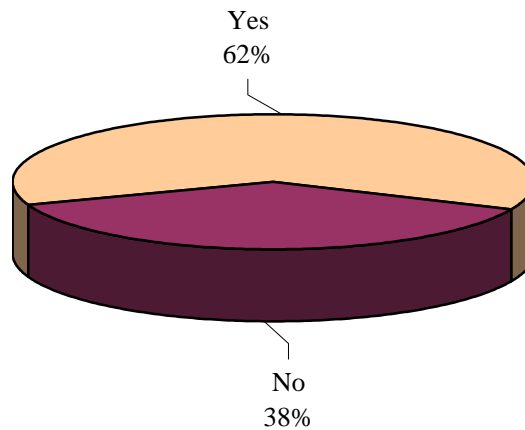
Q6a. Have you or someone else in your household been to a specialist in the past 18 months?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	86	70%	141	62%	227	65%
No	36	30%	86	38%	122	35%
Total	122	100%	227	100%	349	100%

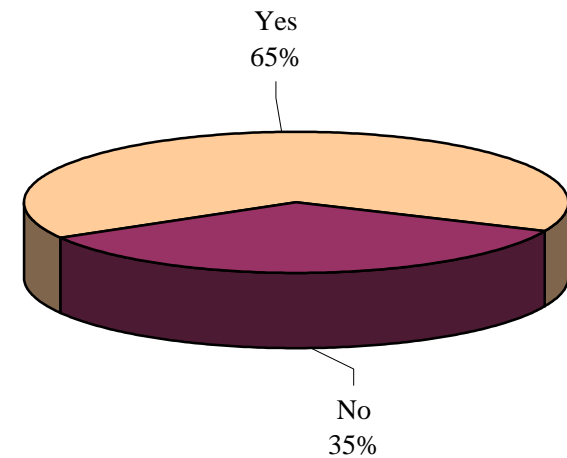
4 Individuals responded Don't know/No response from the South



North



South



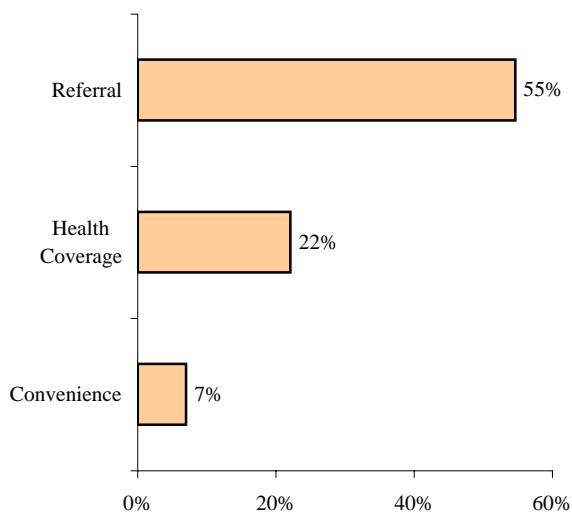
Total

Q6b. What type of specialist have you or someone in your household been to and in what city does this specialist practice?

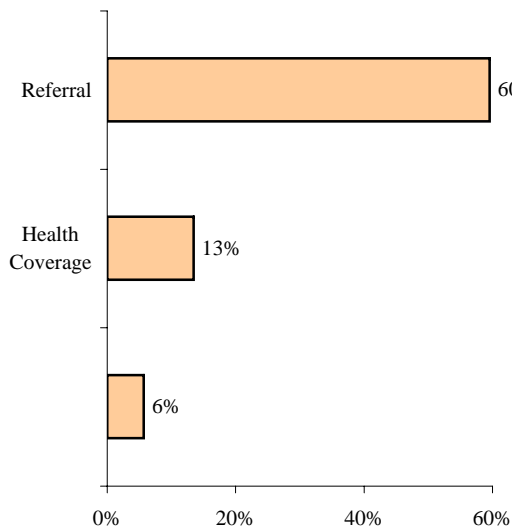
Type of Specialist	City (North)	Frequency	City (South)	Frequency
Cardiologist	Bremerton (13), Seattle (3), Shelton (2) , Silverdale (2), Olympia (1), Tucson, AZ (1)	22	Olympia (18), Shelton (6), Tacoma (4), Seattle (1), Burien (1), Mason (1), Port Angeles (1), California (1)	33
Orthopedist	Bremerton (9), Seattle (2), Shelton (1), Olympia (1), Port Orchard (1), Kitsap (1)	15	Olympia (14), Shelton (4), Palm Springs, CA (1)	19
Internal medicine	Shelton (3), Bremerton (2), Tacoma (1)	6	Olympia (6), Shelton (4), Tacoma (1), Seattle (1), King Co. (1)	13
Ophthalmologist	Olympia (2), Silverdale (1), Bremerton (1), Seattle (1)	5	Olympia (8), Shelton (4), Silverdale (1), Fort Lewis Army Base (1)	14
Oncologist	Bremerton (3), Silverdale (2), Seattle (1)	6	Olympia (6), Seattle (1), Portland (1), Shelton (1)	9
Urologist	Bremerton (2), Tacoma (2), Port Orchard (1)	5	Olympia (5), Shelton (5)	10
Pulmonologist	Bremerton (7), Olympia (1), Tacoma (1), Gig Harbor (1), Tri Cities (1)	11	Olympia (3), Tacoma (1)	4
Neurologist	Bremerton (3), Mesa (1), Tacoma (1)	5	Olympia (7), Skokomish Nation (1)	8
OB/Gyn	Seattle (1), Kitsap (1), Bremerton (1)	3	Olympia (6), Shelton (3)	9
Surgeon	Bremerton (4), Seattle (1)	5	Olympia (2), Tacoma (2), Albany (1), Shelton (1)	6
Dermatologist	Bremerton (2), Olympia (1), Port Orchard (1)	4	Olympia (6), Thurston Co. (1)	7
Ear, nose, and throat	Silverdale (2), Bremerton (1), Poulsbo (1)	4	Olympia (5)	5
Podiatrist	Shelton (1)	1	Olympia (3), Shelton (2), King Co. (1)	6
Gastroenterologist	Tacoma (1)	1	Olympia (4), Seattle (2)	6
Endocrinologist	Bremerton (1)	1	Olympia (3), Seattle (1)	4
Mental Health			Shelton (2), Olympia (1), Lakewood (1)	4
Chiropractor	Belfair (1), Olympia (1), Shelton (1)	3		
Arthritis	Seattle (1)	1	Olympia (2)	2
Allergist	Port Orchard (1), Tacoma (1)	2		
Radiologist			Olympia (1), Shelton (1)	2
Dentist	Port Orchard (1)	1	Olympia (1)	
Pediatrician	Port Orchard (1)	1		
Hematologist	Lacey (1)	1		
Total		103		161

Q6c. Why did you select this/these specialist(s)?

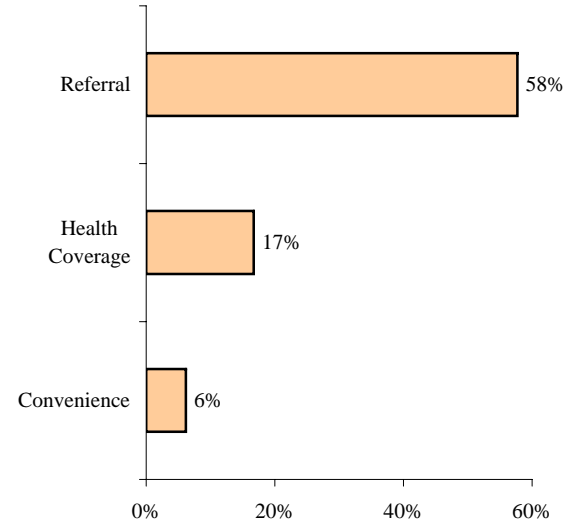
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Referral	47	55%	84	60%	131	58%
Health Coverage	19	22%	19	13%	38	17%
Convenience	6	7%	8	6%	14	6%
Specialist was good	5	6%	7	5%	12	5%
Known for a long time	4	5%	7	5%	11	5%
Not sure			11	8%	11	5%
Emergency	5	6%	3	2%	8	4%
Phone book			2	1%	2	1%
Total	86	100%	141	100%	227	100%



North



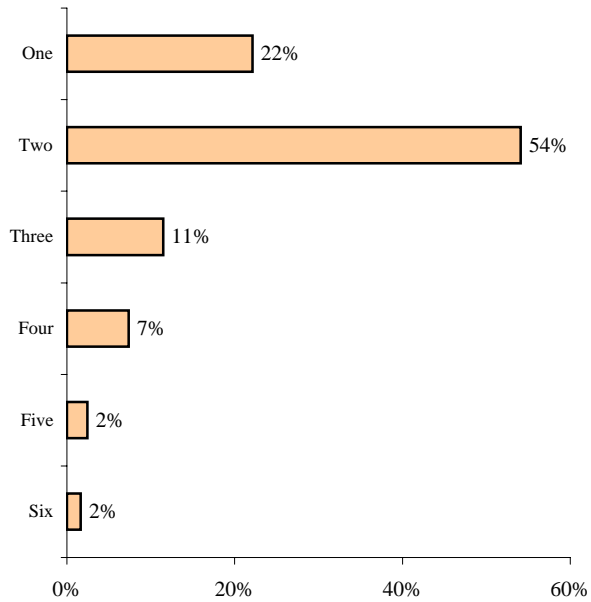
South



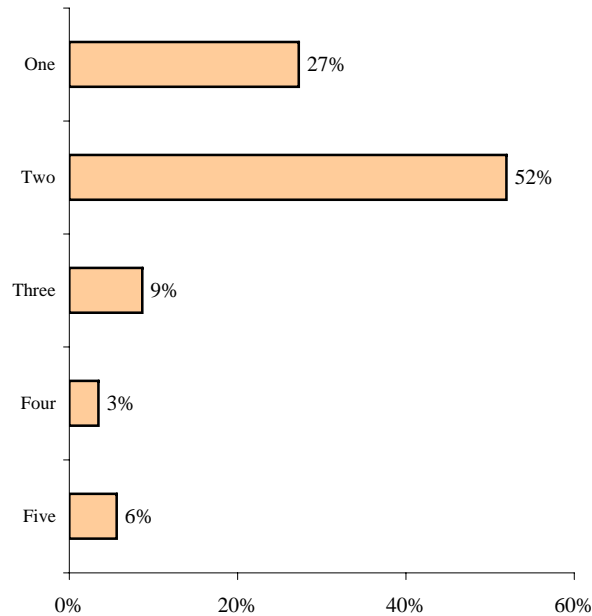
Total

Q7. How many people are living in your household?

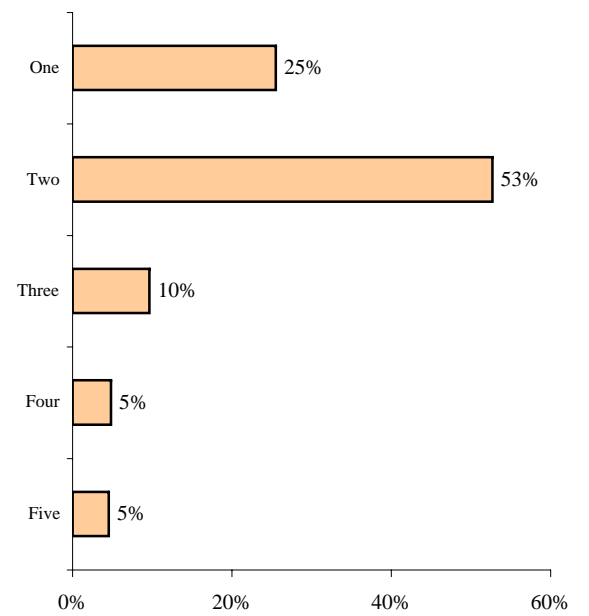
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
One	27	22%	63	27%	90	25%
Two	66	54%	120	52%	186	53%
Three	14	11%	20	9%	34	10%
Four	9	7%	8	3%	17	5%
Five	3	2%	13	6%	16	5%
Six	2	2%	4	2%	6	2%
Seven			1	0%	1	0%
Eight	<u>1</u>	<u>1%</u>	1	0%	2	1%
Nine			<u>1</u>	<u>0%</u>	<u>1</u>	<u>0%</u>
Total	122	100%	231	100%	353	100%



North



South



Total

Q8a. What type of health insurance covers you?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Insurance through employer/Previous Employer	27	22%	51	22%	78	22%
Medicare supplement	23	19%	53	23%	76	21%
Group Health	16	13%	28	12%	44	12%
Blue Cross/Blue Shield	9	7%	20	9%	29	8%
Do not have health insurance	7	6%	21	9%	28	8%
KPS	17	14%	5	2%	22	6%
Self-paid plan	3	2%	6	3%	9	3%
Medical Coupons	5	4%	3	1%	8	2%
Medicaid/CHIP			9	4%	9	3%
AARP	1	1%	7	3%	8	2%
Champus/TriCare Program	1	1%	5	2%	6	2%
Aetna US Healthcare	3	2%	2	1%	5	1%
VA benefits			4	2%	4	1%
Basic Health	2	2%	2	1%	4	1%
First Choice	1	1%	2	1%	3	1%
United	1	1%	2	1%	3	1%
Other* (one or two responses each)	<u>8</u>	<u>6%</u>	<u>10</u>	<u>4%</u>	<u>18</u>	<u>5%</u>
Total	124	100%	230	100%	354	100%

2 Individual responded Don't know/No response from the North

2 Individual responded Don't know/No response from the South

*Other includes: **North:** PacifiCare of WA (1), CHPW (1), Molina (1), Union Insurance (1), HMO (1), Tri-Care (1), Tri-West (1), Qwest Medical (1). **South:** PacifiCare of WA (1), Molina (1), CHPW (1), Native American Benefits (1), Community Health Plan (1), State Farm (1), Health Scope (1), Through County (1), Through State (1), Skohoma Ins. (1).

Q8b. What type of health insurance covers your family?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Insurance through employer/Previous	21	22%	45	25%	66	24%
Medicare supplement	15	16%	39	22%	54	19%
Group Health	12	13%	23	13%	35	13%
Blue Cross/Blue Shield	10	10%	21	12%	31	11%
Do not have health insurance	7	7%	15	8%	22	8%
KPS	9	9%	5	3%	14	5%
Champus/TriCare Program	2	2%	6	3%	8	3%
Self-paid plan	3	3%	3	2%	6	2%
Medical Coupons	2	2%	3	2%	5	2%
Medicaid/CHIP	1	1%	4	2%	5	2%
United	1	1%	3	2%	4	1%
Aetna US Healthcare	2	2%	1	1%	3	1%
AARP			3	2%	3	1%
Basic Health	1	1%	1	1%	2	1%
First Choice	1	1%	1	1%	2	1%
VA benefits			1	1%	1	0%
Other* (one or two responses each)	<u>9</u>	<u>9%</u>	<u>7</u>	<u>4%</u>	<u>16</u>	<u>6%</u>
Total	96	100%	181	100%	277	100%

2 Individual responded Don't know/No response from the North

2 Individual responded Don't know/No response from the South

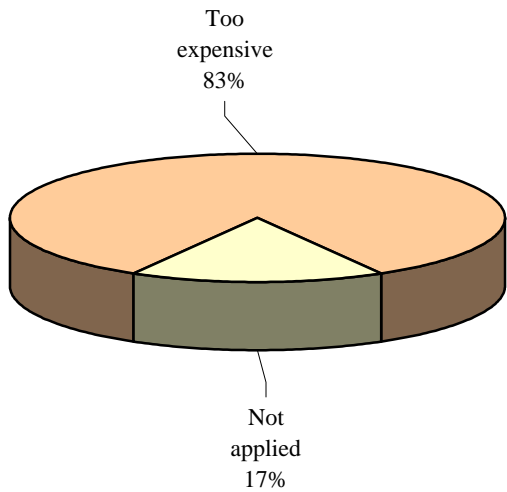
*Other includes: **North:** PacifiCare of WA (1), CHPW (1), Molina (1), Union Insurance (1), HMO (1), Tri-Care (1), Tri-West (1), Qwest Medical (1), State Uniform (1). **South:** PacifiCare of WA (1), CHPW (1), Molina (1), Community Health Plan (1), Team Masters (1), WA State (1), Skohoma Insurance (1).

Q9a. Why do you not have health insurance for yourself?

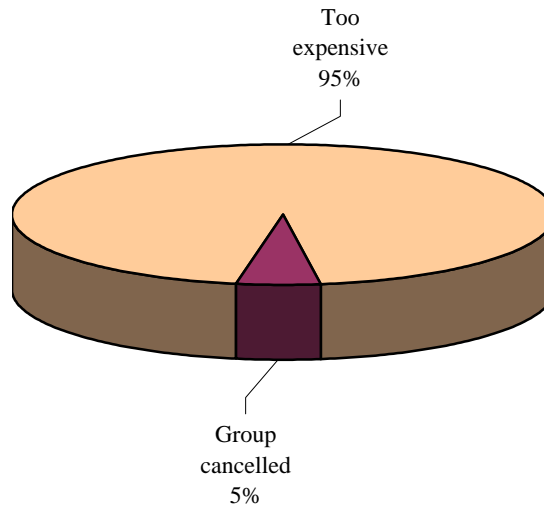
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Too expensive	5	83%	19	95%	24	92%
Group cancelled			<u>1</u>	<u>5%</u>	1	4%
Not applied	<u>1</u>	<u>17%</u>			<u>1</u>	<u>4%</u>
Total	6	100%	20	100%	26	100%

1 Individual responded Don't know/No response from the North

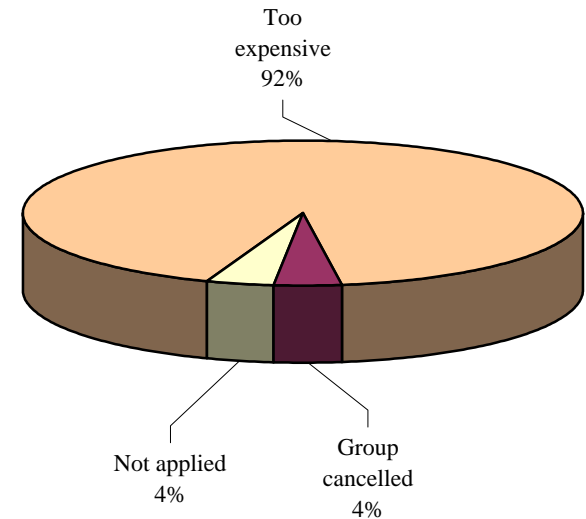
1 Individual responded Don't know/No response from the South



North



South



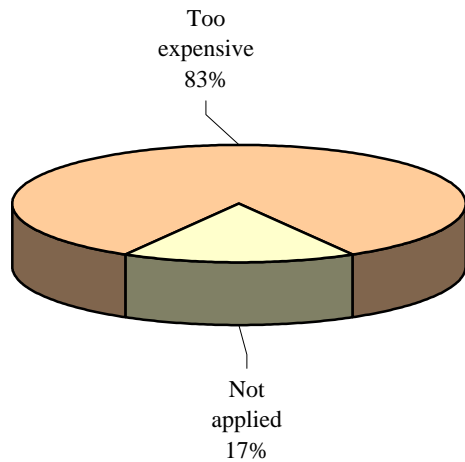
Total

Q9b. Why do you not have health insurance for your family?

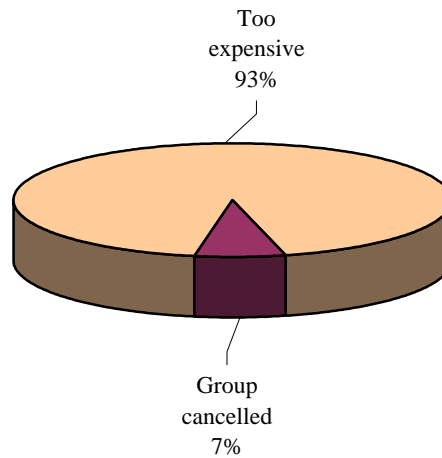
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Too expensive	5	83%	14	93%	19	90%
Group cancelled			1	7%	1	5%
Not applied	1	17%			1	5%
Total	6	100%	15	100%	21	100%

1 Individual responded Don't know/No response from the North

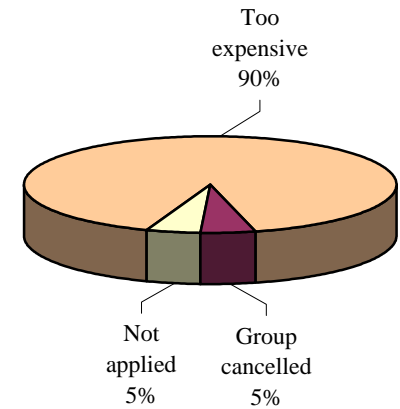
1 Individual responded Don't know/No response from the South



North



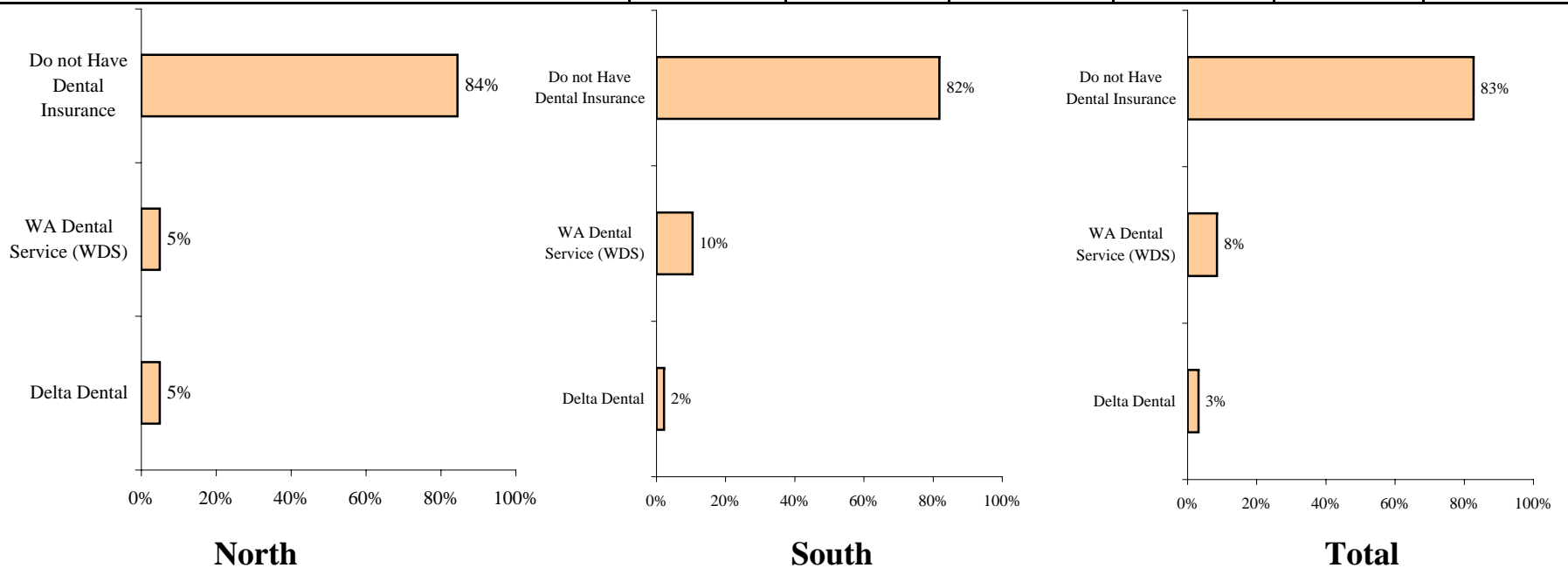
South



Total

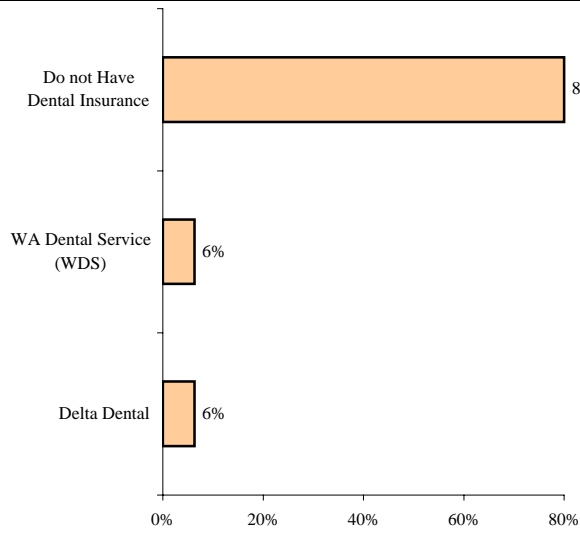
Q10a. What type of dental insurance covers you?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Do not Have Dental Insurance	103	84%	189	82%	292	83%
WA Dental Service (WDS)	6	5%	24	10%	30	8%
Delta Dental	6	5%	5	2%	11	3%
First Choice	2	2%	3	1%	5	1%
O.D.S.	2	2%	2	1%	4	1%
Native American Benefits			3	1%	3	1%
Uniform	2	2%	1	0%	3	1%
Columbia			2	1%	2	1%
United Concordia			1	0%	1	0%
Metlife			1	0%	1	0%
Aetna	1	1%			1	0%
Total	122	100%	231	100%	353	100%

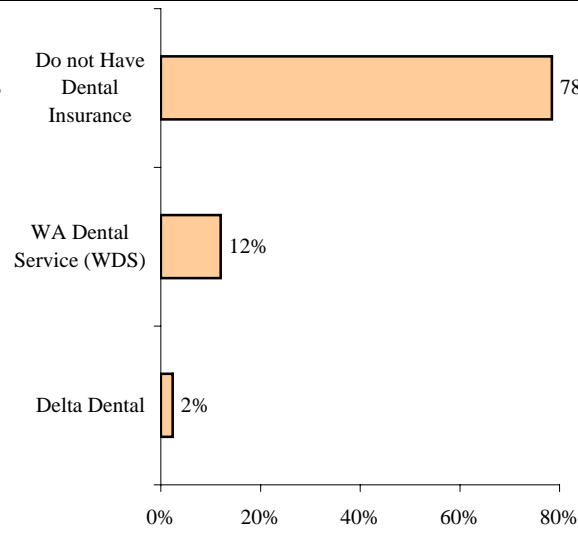


Q10b. What type of dental insurance covers your family?

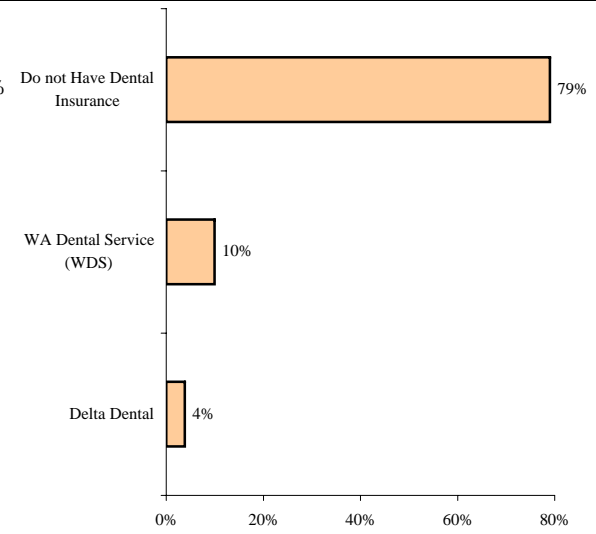
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Do not Have Dental Insurance	76	80%	131	78%	207	79%
WA Dental Service (WDS)	6	6%	20	12%	26	10%
Delta Dental	6	6%	4	2%	10	4%
First Choice	2	2%	3	2%	5	2%
O.D.S.	2	2%	2	1%	4	2%
Uniform	2	2%	1	1%	3	1%
Columbia			2	1%	2	1%
Metlife			2	1%	2	1%
United Concordia			1	1%	1	0%
Aetna	1	1%			1	0%
Native American Benefits			1	1%	1	0%
Total	95	100%	167	100%	262	100%



North



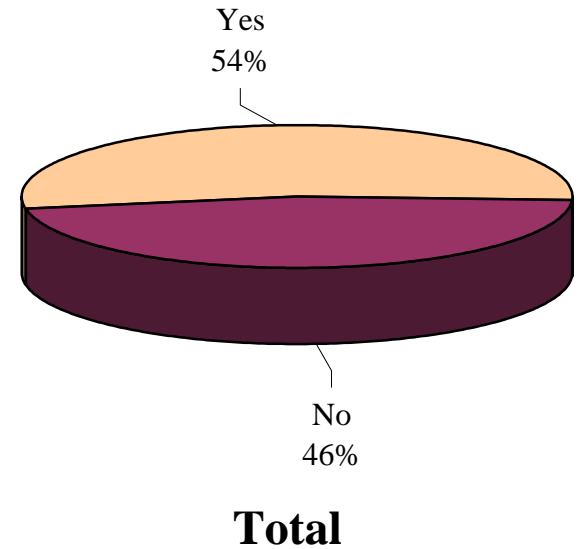
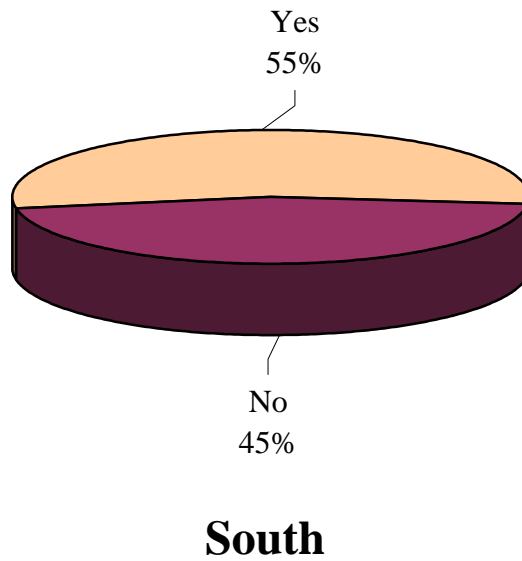
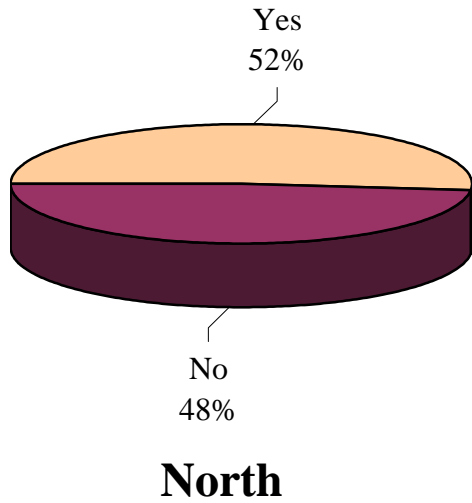
South



Total

Q11. Have you or someone else in your household used the services of a hospital in the past 18 months?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	63	52%	126	55%	189	54%
No	59	48%	105	45%	164	46%
Total	122	100%	231	100%	353	100%



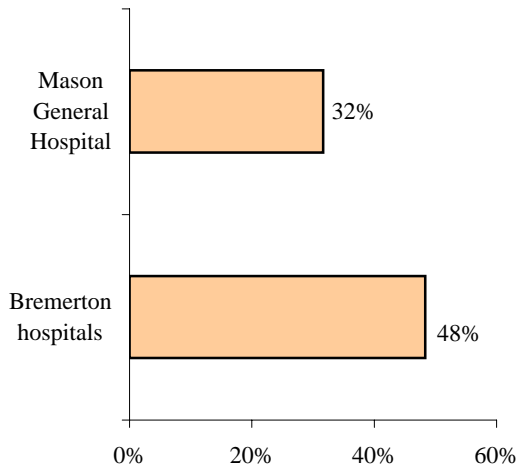
Q12. At which hospital(s) were services received?

Response	Response Sub-category	North Area		South Area		Total County Area	
		Number	Percent	Number	Percent	Number	Percent
Mason General Hospital		19	32%	82	71%	101	58%
Bremerton hospitals	North: Harrison Memorial (27), Navy Hospital (2), South: Navy Hospital (1)	29	48%	1	1%	30	17%
Olympia area hospitals	South: Providence St. Peter Hospital (17), Capital Medical Center (4)			21	18%	21	12%
Tacoma area hospitals		1	2%	6	5%	7	4%
Seattle area hospitals		3	5%	2	2%	5	3%
Harrison Memorial, Silverdale		3	5%			3	2%
Other*		5	8%	3	3%	8	5%
Total		60	100%	115	100%	175	100%

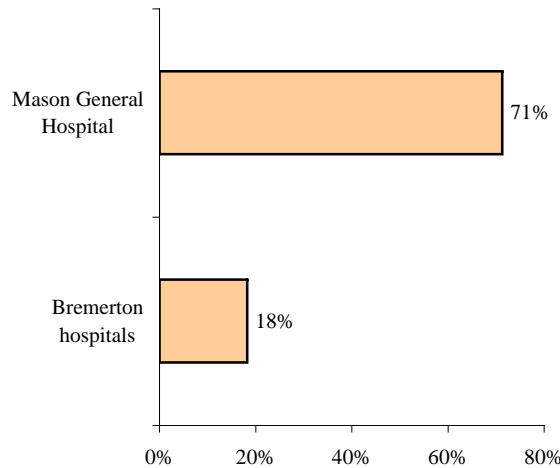
4 Individuals responded Don't know/No response from the North

11 Individuals responded Don't know/No response from the South

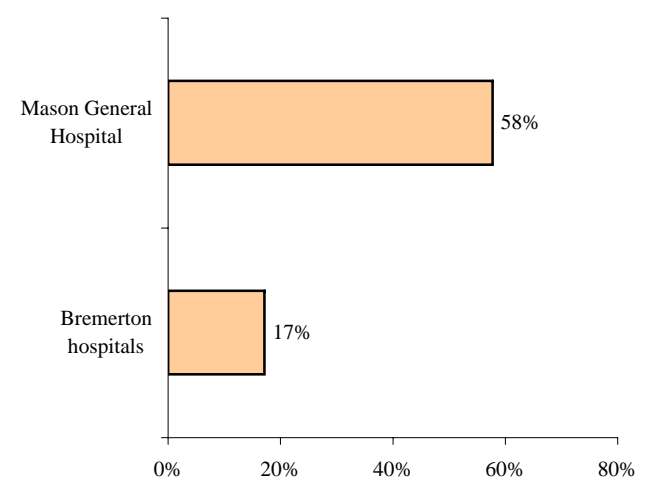
*Other includes: **North:** Harrison Memorial Hospital, Port Orchard (1), CA hospital (2), UT hospital (1). **South:** Valley Memorial Hospital, Renton (1), Columbia Memorial Hospital, Astoria (1), CA hospital (1).



North



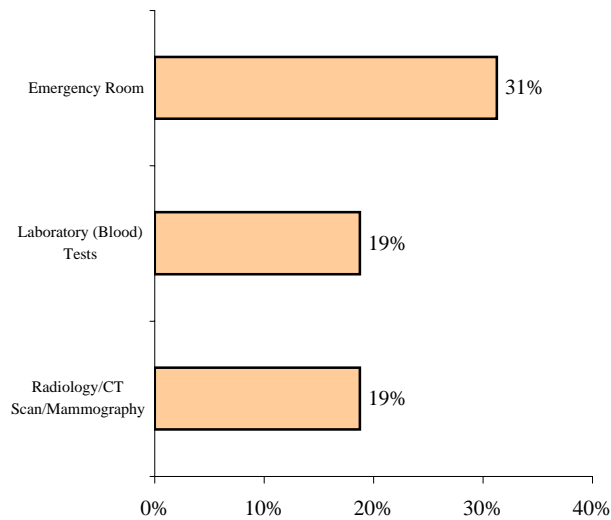
South



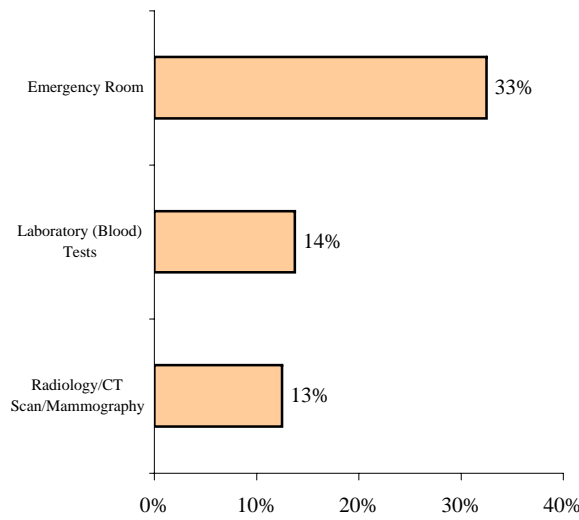
Total

Q13. What hospital services were used at Mason General Hospital?

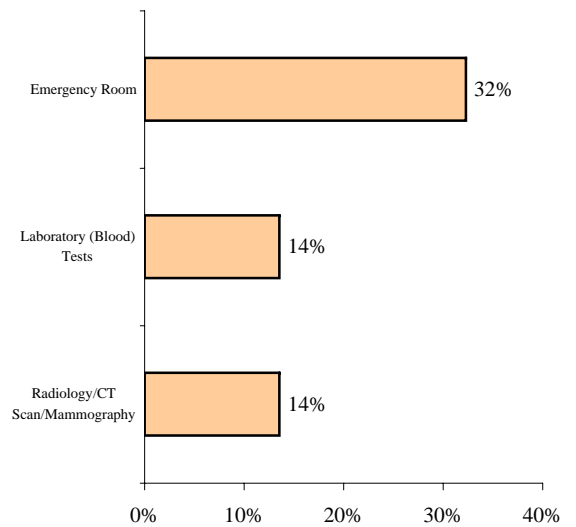
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Emergency Room	5	31%	26	33%	31	32%
Laboratory (Blood) Tests	2	13%	11	14%	13	14%
Radiology/CT Scan/Mammography	3	19%	10	13%	13	14%
Laboratory Services	3	19%	8	10%	11	11%
General Surgery - Inpatient			9	11%	9	9%
General Surgery - Outpatient			4	5%	4	4%
Cardiology	1	6%	3	4%	4	4%
Inpatient Stay	1	6%	2	3%	3	3%
Emergency Medical Services (ambulance)			2	3%	2	2%
Diagnostic Scopes			2	3%	2	2%
Specialty Care	<u>1</u>	<u>6%</u>	1	1%	2	2%
Outpatient Procedures			1	1%	1	1%
Urgent Care			<u>1</u>	<u>1%</u>	<u>1</u>	<u>1%</u>
Total	16	100%	80	100%	96	100%



North



South



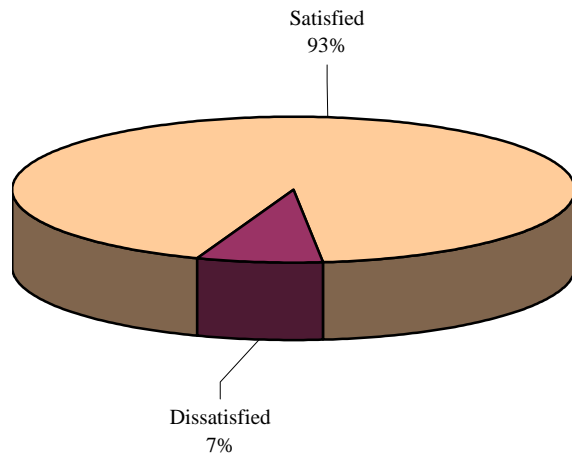
Total

Q14a. How satisfied were you or someone in your household with the services you received at Mason General Hospital? Would you say you were...

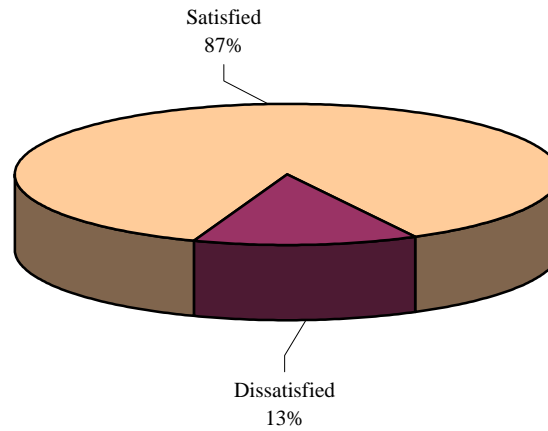
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Satisfied	13	93%	65	87%	78	88%
Dissatisfied	<u>1</u>	<u>7%</u>	<u>10</u>	<u>13%</u>	<u>11</u>	<u>12%</u>
Total	14	100%	75	100%	89	100%

3 Individuals responded Don't know/No response from the North

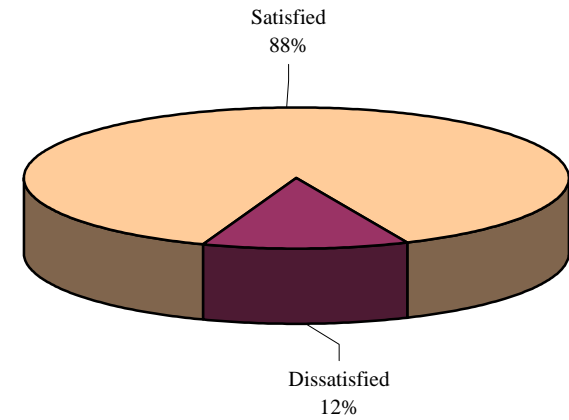
4 Individuals responded Don't know/No response from the South



North



South



Total

Q14b-1. Why do you say that you were satisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
No particular reason	2	15%	32	43%	34	39%
Prompt service	6	46%	19	25%	25	28%
Good care	<u>5</u>	<u>38%</u>	19	25%	24	27%
Fixed the problem			<u>5</u>	<u>7%</u>	<u>5</u>	<u>6%</u>
Total	13	100%	75	100%	88	100%

1 Individual responded Don't know/No response from the South

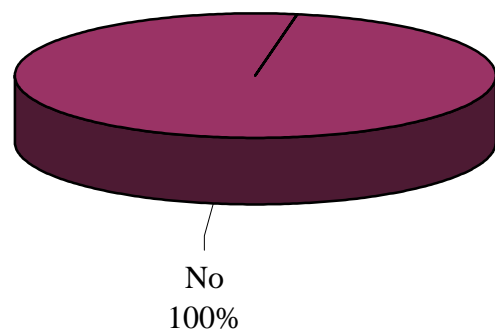
Q14b-2. Why do you say that you were dissatisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Poor service			5	50%	5	45%
Dissatisfied with doctor/nurse			3	30%	3	27%
Not very competent	<u>1</u>	<u>100%</u>	1	10%	2	18%
Price			<u>1</u>	<u>10%</u>	<u>1</u>	<u>9%</u>
Total	1	100%	10	100%	11	100%

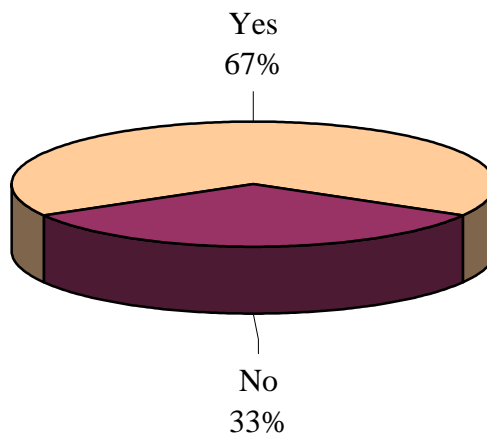
Q14c. You mentioned that you were dissatisfied with the services you received at Mason General Hospital, would you go back?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes			6	67%	6	60%
No	1	100%	3	33%	4	40%
Total	1	100%	9	100%	10	100%

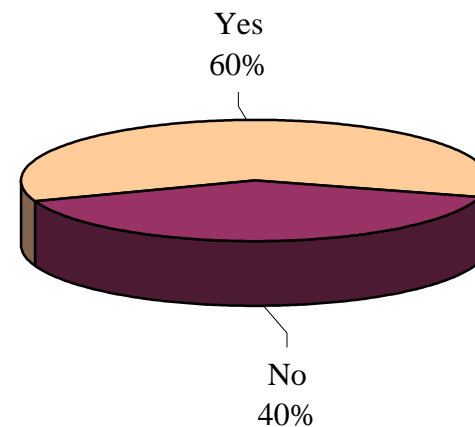
1 Individual responded Don't know/No response from the South



North



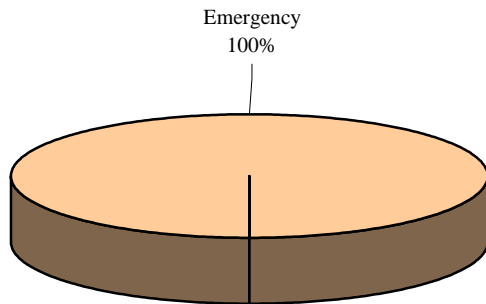
South



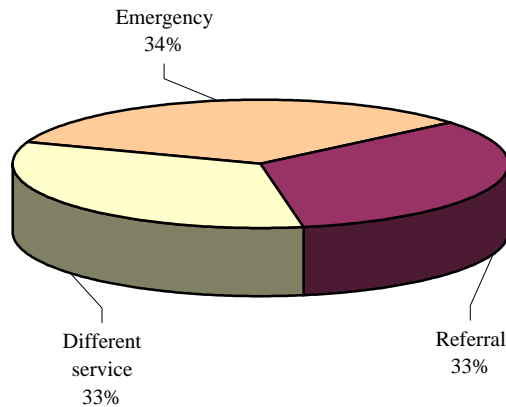
Total

Q14d. What would make you reconsider going to Mason General Hospital for hospitalization in the future?

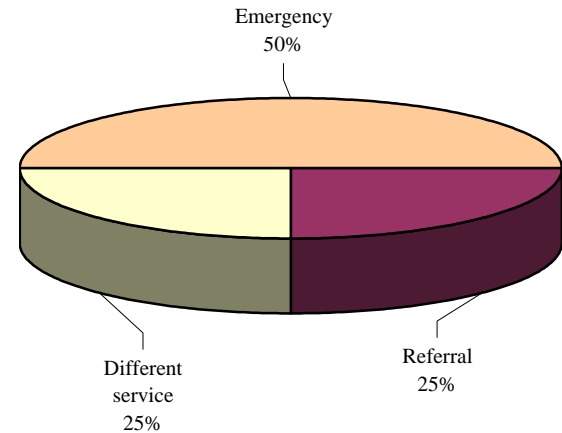
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Emergency	<u>1</u>	<u>100%</u>	1	33%	2	50%
Referral			1	33%	1	25%
Different service			<u>1</u>	<u>33%</u>	<u>1</u>	<u>25%</u>
Total	1	100%	3	100%	4	100%



North



South

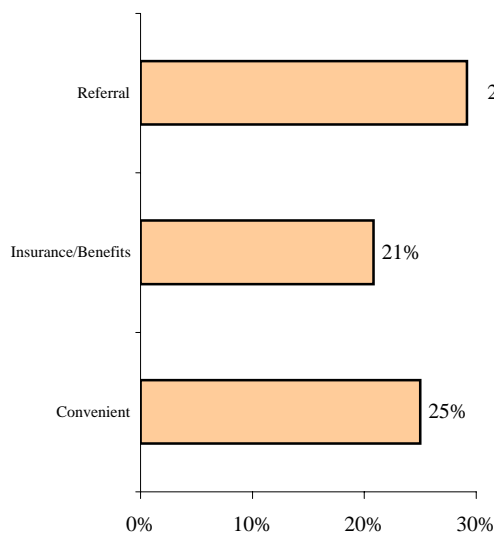


Total

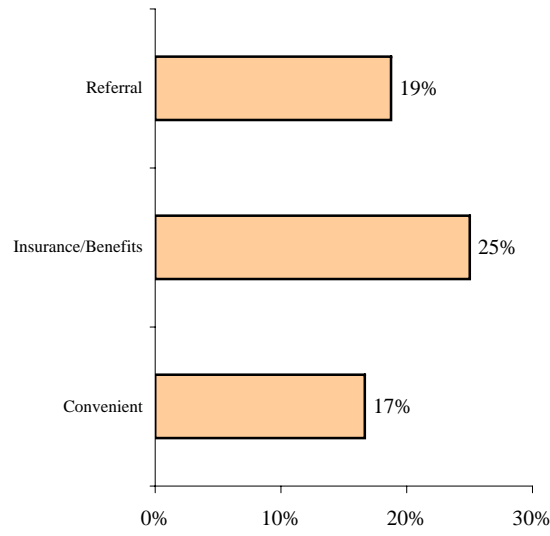
Q15. You mentioned that you are someone else in your household received care at a hospital other than Mason General Hospital, why did you or your family member choose this/these hospital(s)?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Referral	14	29%	9	19%	23	24%
Insurance/Benefits	10	21%	12	25%	22	23%
Convenient	12	25%	8	17%	20	21%
Emergency	5	10%	5	10%	10	10%
Specialist	6	13%	4	8%	10	10%
Quality care			5	10%	5	5%
Doctor is affiliated			4	8%	4	4%
Dislike Mason	<u>1</u>	<u>2%</u>			1	1%
No reason			<u>1</u>	<u>2%</u>	<u>1</u>	<u>1%</u>
Total	48	100%	48	100%	96	100%

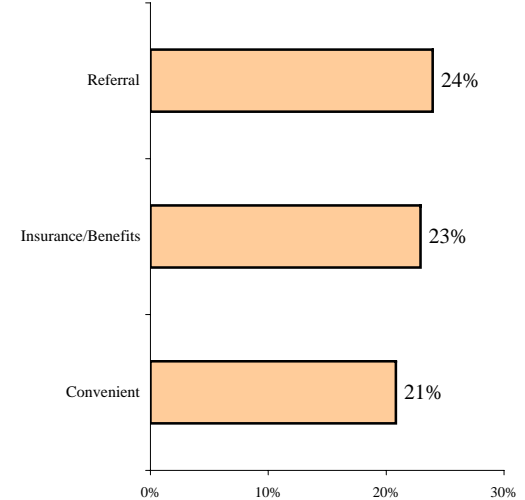
1 Individual responded Don't know/No response from the South



North



South

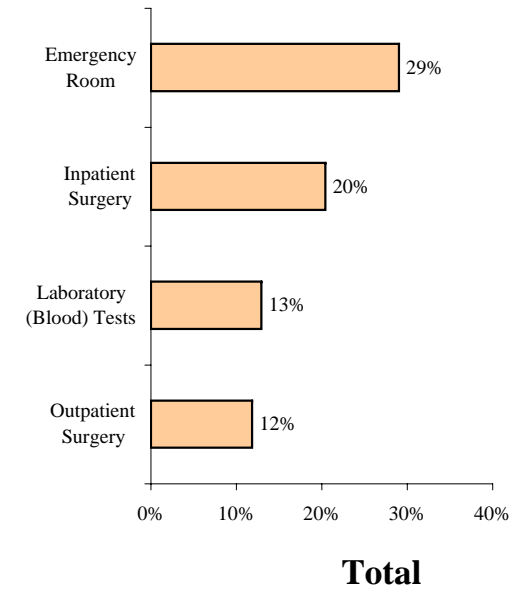
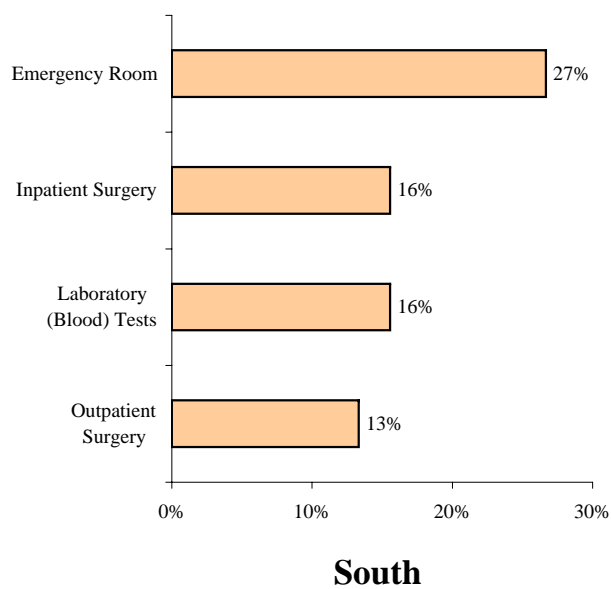
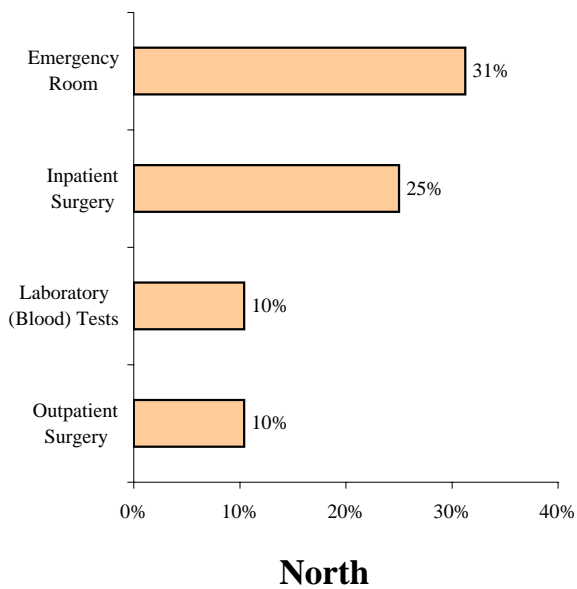


Total

Q16. What hospital services were used there?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Emergency Room	15	31%	12	27%	27	29%
Inpatient Surgery	12	25%	7	16%	19	20%
Laboratory (Blood) Tests	5	10%	7	16%	12	13%
Outpatient Surgery	5	10%	6	13%	11	12%
Radiology (X-ray,CT, Mammography)	3	6%	4	9%	7	8%
Inpatient Stay	1	2%	5	11%	6	6%
Routine Check-up/Outpatient Procedure	2	4%	2	4%	4	4%
Cardiac Rehabilitation	2	4%	1	2%	3	3%
Diagnostic Scopes			<u>1</u>	<u>2%</u>	1	1%
Respiratory Therapy	1	2%			1	1%
Dietitian/Nutrition Services	1	2%			1	1%
Chemotherapy	<u>1</u>	<u>2%</u>			<u>1</u>	<u>1%</u>
Total	48	100%	45	100%	93	100%

1 Individual responded Don't know/No response from the South

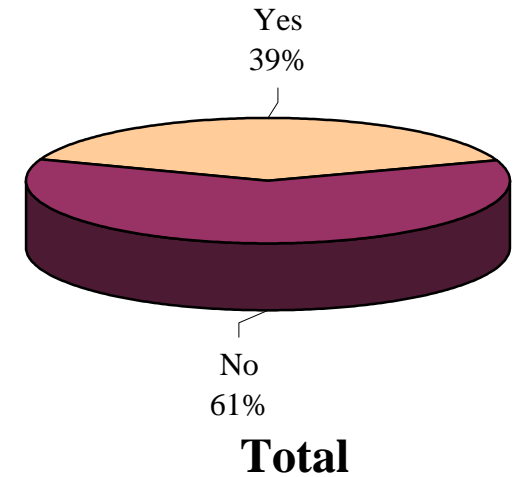
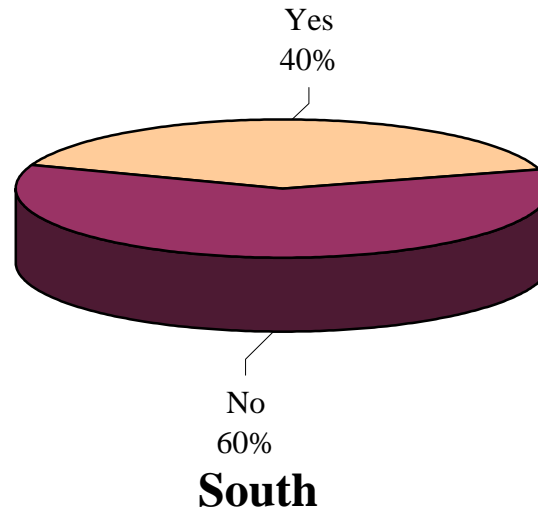
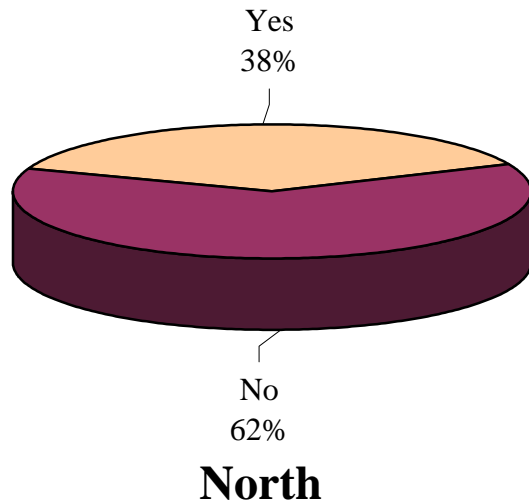


Q17a. Have you or your family used the emergency room services at any hospital in the past 18 months?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	45	38%	91	40%	136	39%
No	75	62%	136	60%	211	61%
Total	120	100%	227	100%	347	100%

2 Individual responded Don't know/No response from the North

4 Individual responded Don't know/No response from the South

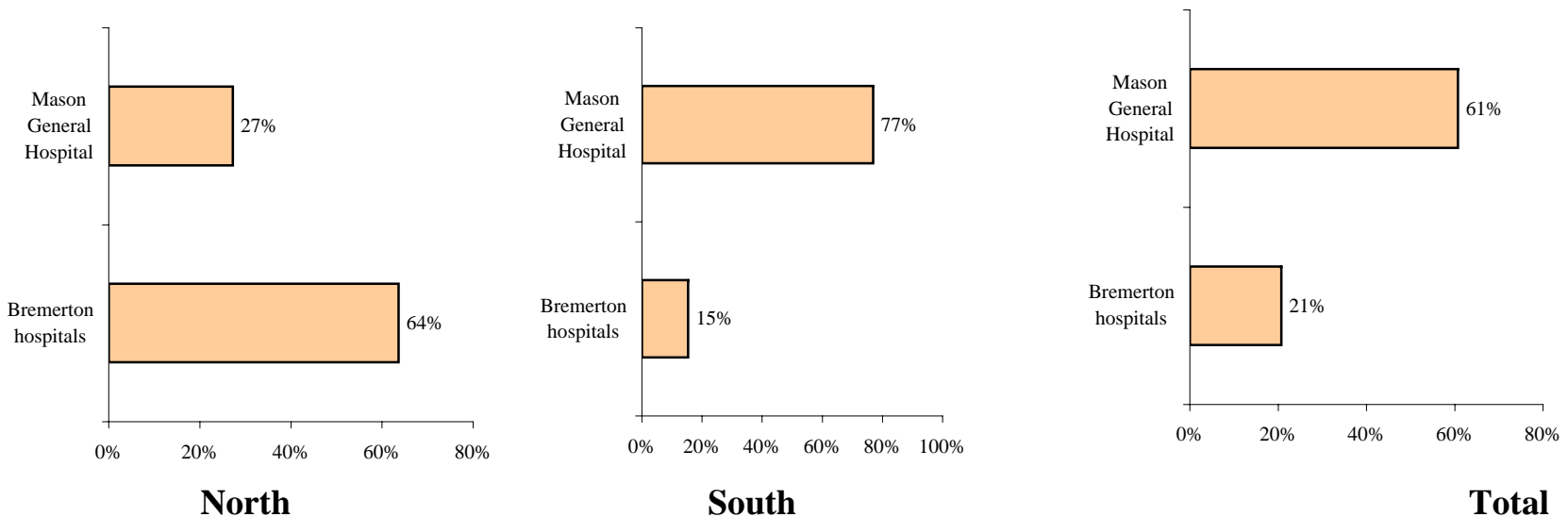


Q17b. At which hospital(s) were emergency room services received?

Response	Response Sub-category	North Area		South Area		Total County Area	
		Number	Percent	Number	Percent	Number	Percent
Mason General Hospital		12	27%	70	77%	82	61%
Bremerton hospitals	North: Harrison Memorial (25), Navy Hospital (3),	28	64%			28	21%
Olympia hospitals	South: Providence St. Peter Hospital (11), Capital Medical Center (1), unspecified (2)			14	15%	14	10%
Tacoma hospitals				3	3%	3	2%
Harrison Memorial, Silverdale Harborview Hospital, Seattle		1	2%			1	1%
Other		3	7%	3	3%	6	4%
Total		44	100%	91	100%	135	100%

1 Individuals responded Don't know/No response from the North

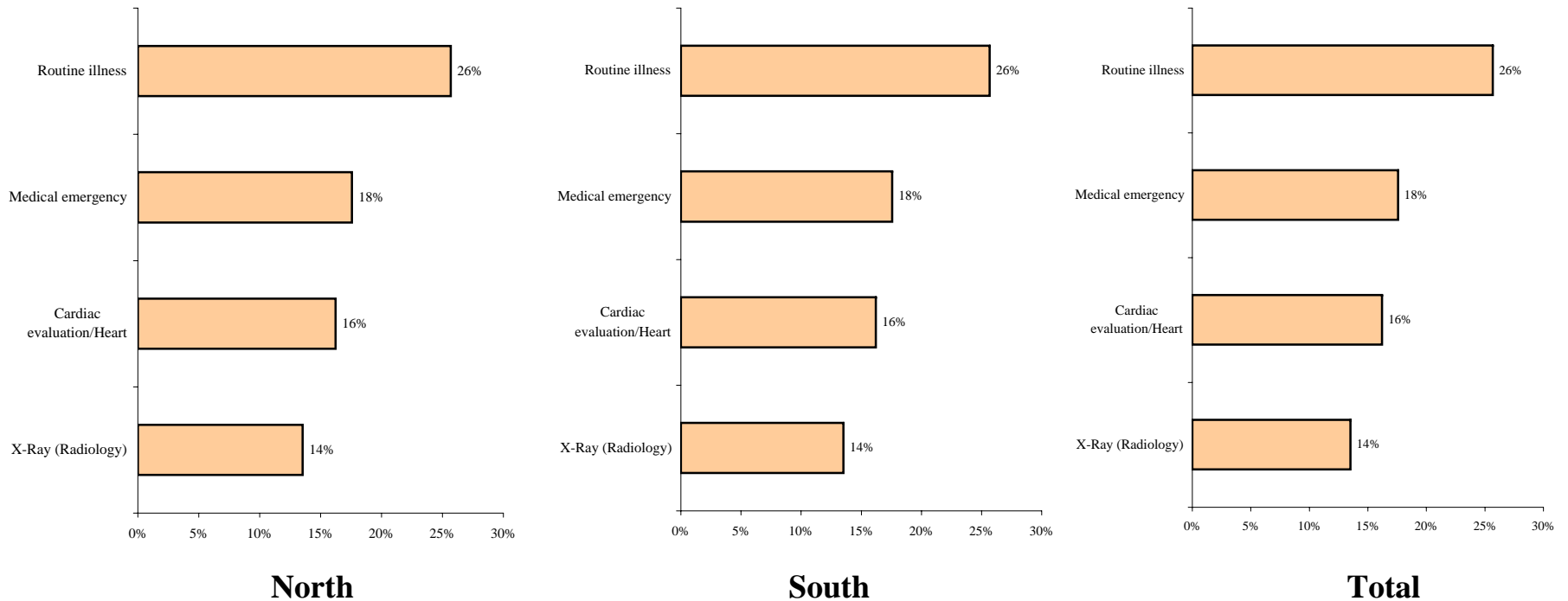
*Other includes: **North:** CA hospitals (2), Canada hospital (1). **South:** CA hospitals (2), unspecified (1).



Q18. What type of emergency room services have you or your family used in the past 18 months at the Mason General Hospital?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Routine illness	1	14%	18	27%	19	26%
Medical emergency	1	14%	12	18%	13	18%
Cardiac evaluation/Heart	3	43%	9	13%	12	16%
X-Ray (Radiology)	1	14%	9	13%	10	14%
Laboratory services			7	10%	7	9%
Trauma care			6	9%	6	8%
Respiratory therapy/Breathing	<u>1</u>	<u>14%</u>	4	6%	5	7%
OB/GYN			<u>2</u>	<u>3%</u>	<u>2</u>	<u>3%</u>
Total	7	100%	67	100%	74	100%

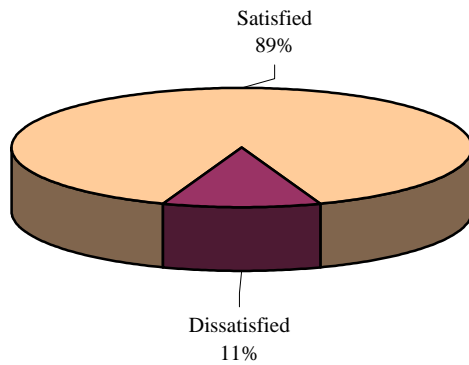
7 Individuals responded Don't know/No response from the South



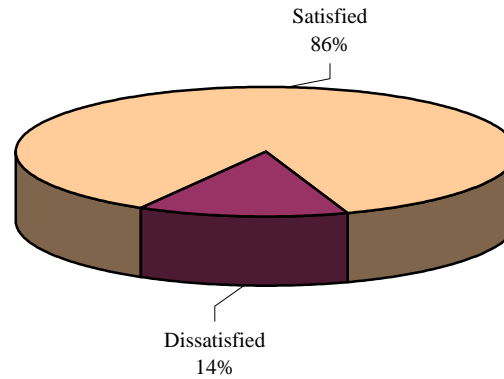
Q19a. How satisfied were you or someone in your household with the services you received at the emergency room in Mason General Hospital? Would you say you were...

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Satisfied	8	89%	57	86%	65	87%
Dissatisfied	1	11%	9	14%	10	13%
Total	9	100%	66	100%	75	100%

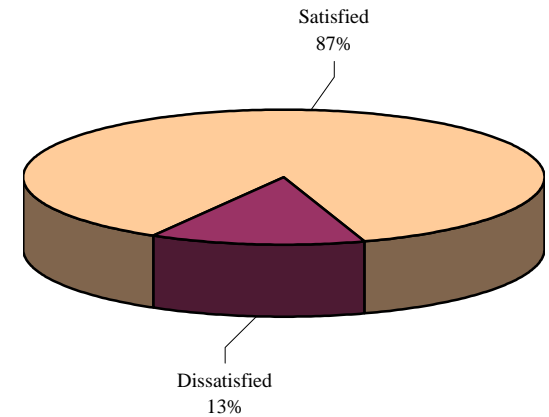
1 Individual responded Don't know/No response from the South



North



South



Total

Q19b. Why do you say that you were satisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
No particular reason	1	13%	25	45%	26	41%
Good care	4	49%	21	37%	25	39%
Quick service	<u>3</u>	<u>38%</u>	8	14%	11	17%
Quality staff			<u>2</u>	<u>4%</u>	<u>2</u>	<u>3%</u>
Total	8	100%	56	100%	64	100%

2 Individual responded Don't know/No response from the South

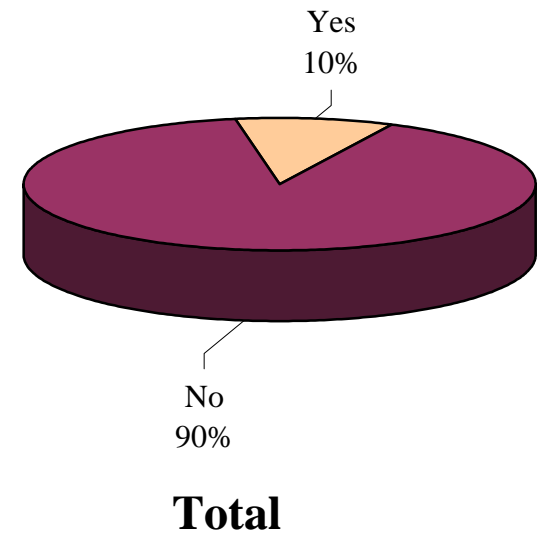
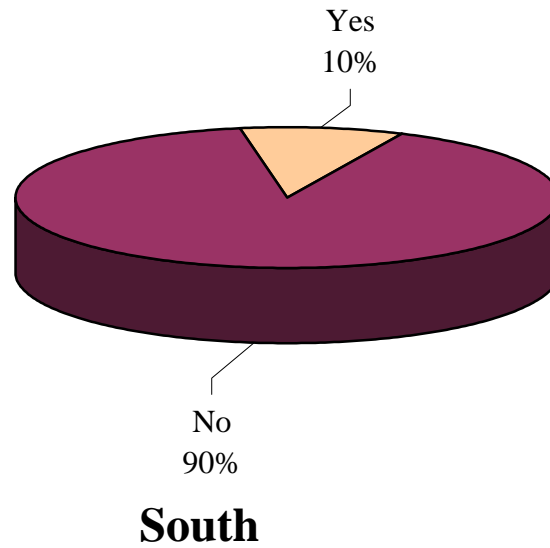
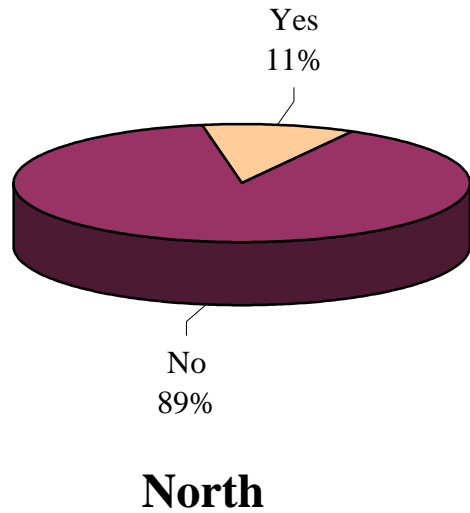
Q19c. Why do you say that you were dissatisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Long wait			4	45%	4	40%
Poor service			2	22%	2	20%
No reason	<u>1</u>	<u>100%</u>	1	11%	2	20%
Could not get pills			1	11%	1	10%
Misdiagnosed			<u>1</u>	<u>11%</u>	<u>1</u>	<u>10%</u>
Total	1	100%	9	100%	10	100%

Q20. Have you or someone else in your household used the services of the Mason County Health Department in the past 18 months?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	13	11%	22	10%	35	10%
No	108	89%	204	90%	312	90%
Total	121	100%	226	100%	347	100%

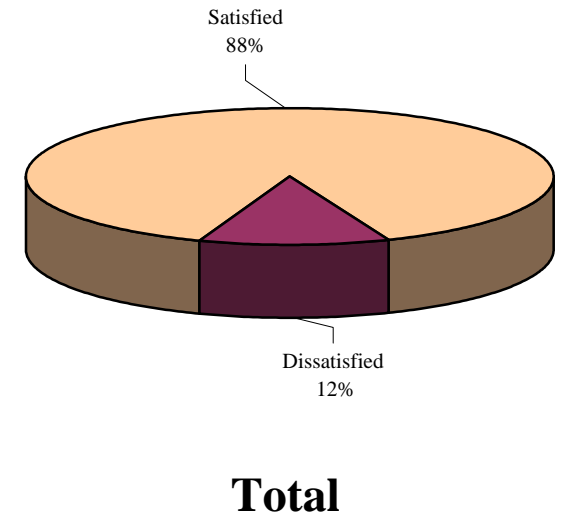
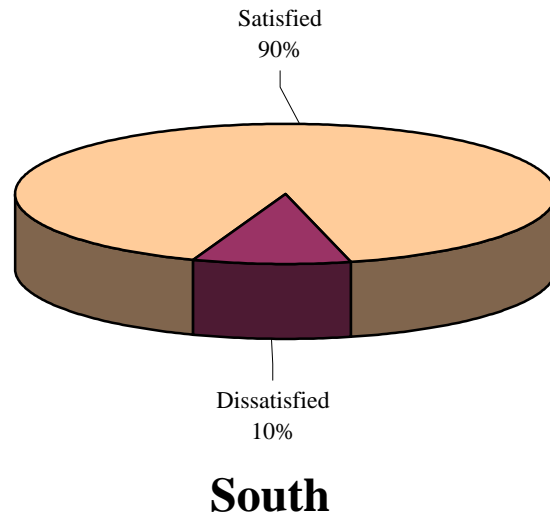
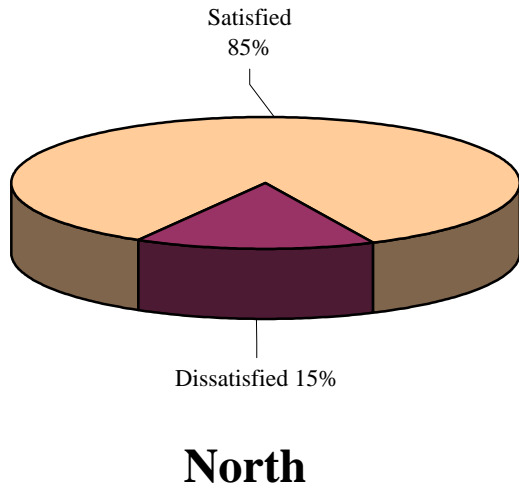
1 Individuals responded Don't know/No response from the North
 5 Individuals responded Don't know/No response from the South



Q21a. How satisfied were you or someone in your household with the services you received at the Mason County Health Department? Would you say you were...

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Satisfied	11	85%	19	90%	30	88%
Dissatisfied	<u>2</u>	<u>15%</u>	<u>2</u>	<u>10%</u>	<u>4</u>	<u>12%</u>
Total	13	100%	21	100%	34	100%

1 Individual responded Don't know/No response from the South



Q21b. Why do you say that you were satisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Good service	5	46%	12	63%	17	57%
No particular reason	4	36%	6	32%	10	33%
Helpful staff	<u>2</u>	<u>18%</u>	<u>1</u>	<u>5%</u>	<u>3</u>	<u>10%</u>
Total	11	100%	19	100%	30	100%

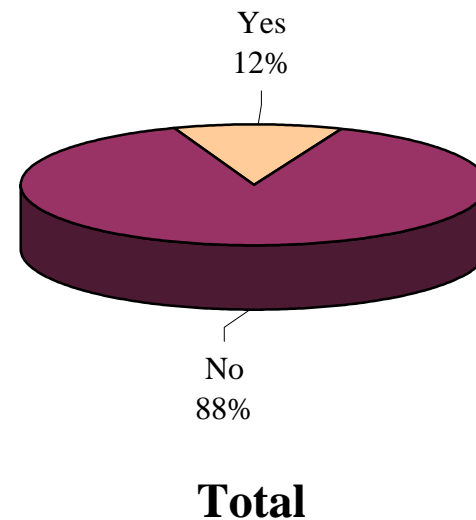
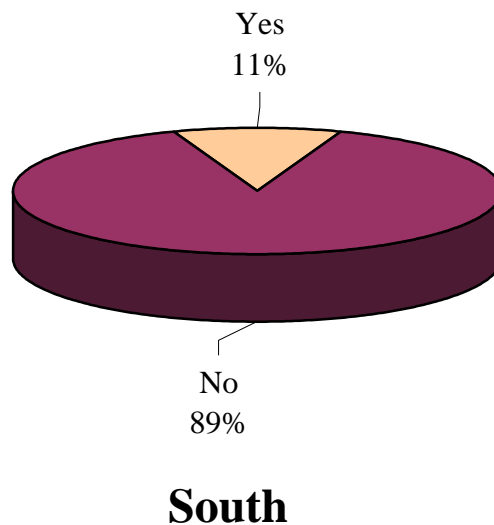
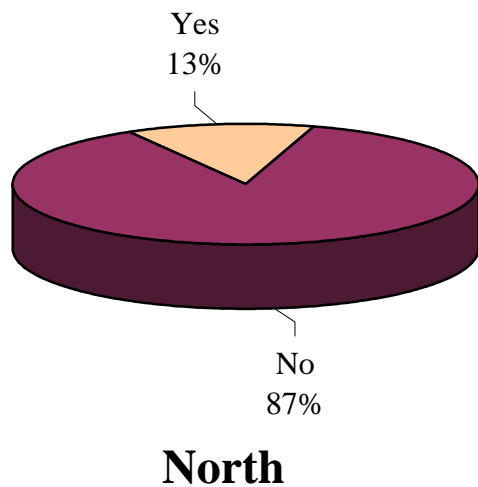
Q21c. Why do you say that you were dissatisfied?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Did not take care of the problem	1	50%	1	50%	2	50%
Short on vaccines			<u>1</u>	<u>50%</u>	1	25%
Lack of personal relations	<u>1</u>	<u>50%</u>			<u>1</u>	<u>25%</u>
Total	2	100%	2	100%	4	100%

Q22a. Have you or anyone in your family had difficulties accessing needed care in Mason County?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	15	13%	25	11%	40	12%
No	<u>100</u>	<u>87%</u>	<u>202</u>	<u>89%</u>	<u>302</u>	<u>88%</u>
Total	115	100%	227	100%	342	100%

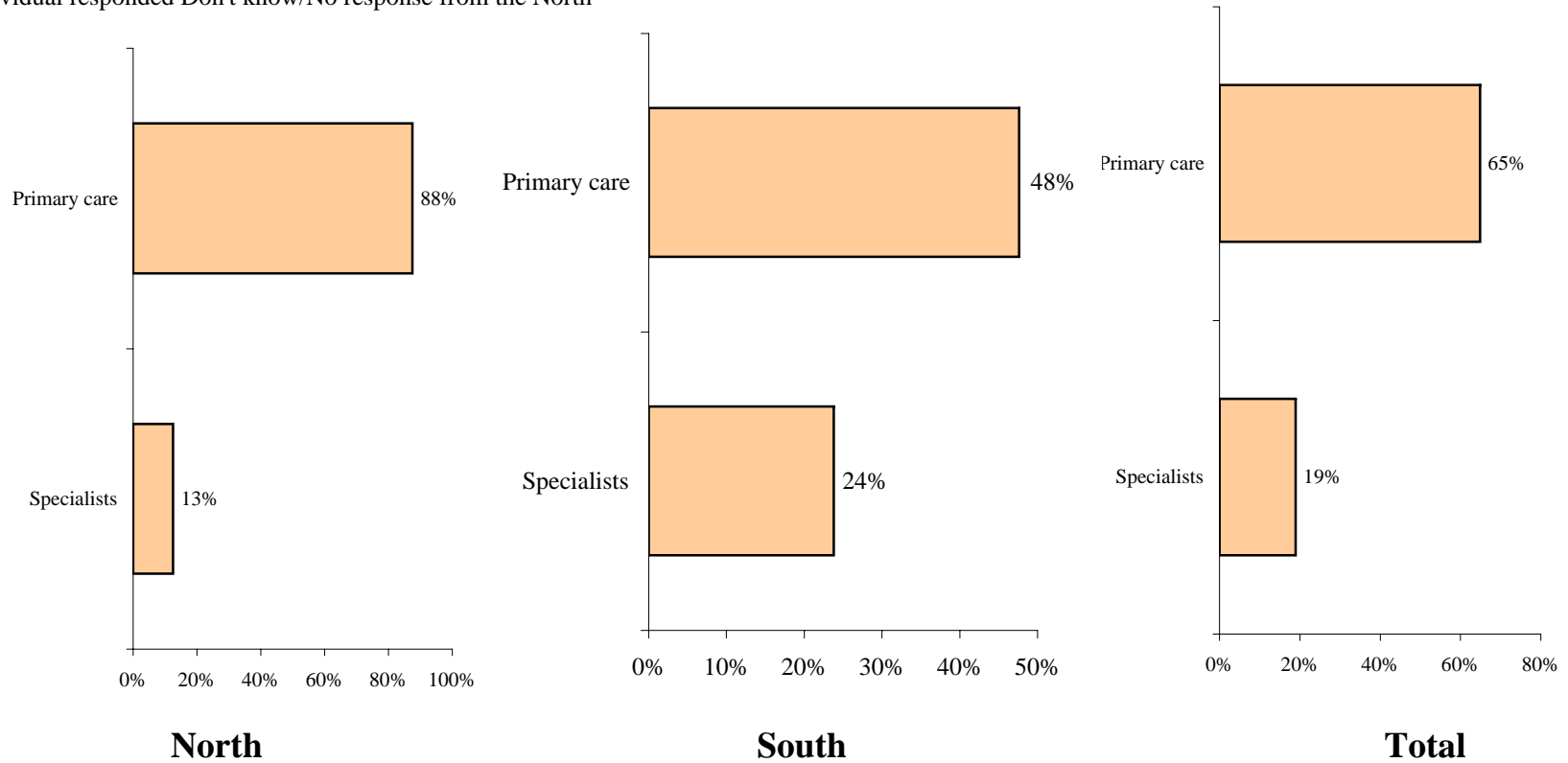
7 Individuals responded Don't know/No response from the North
 4 Individuals responded Don't know/No response from the South



Q22b. Which type of services did you have difficulties accessing?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Primary care	14	88%	10	48%	24	65%
Specialists	2	13%	5	24%	7	19%
Mental health			4	19%	4	11%
Emergency room			1	5%	1	3%
OB/GYN			1	5%	1	3%
Total	16	100%	21	100%	37	100%

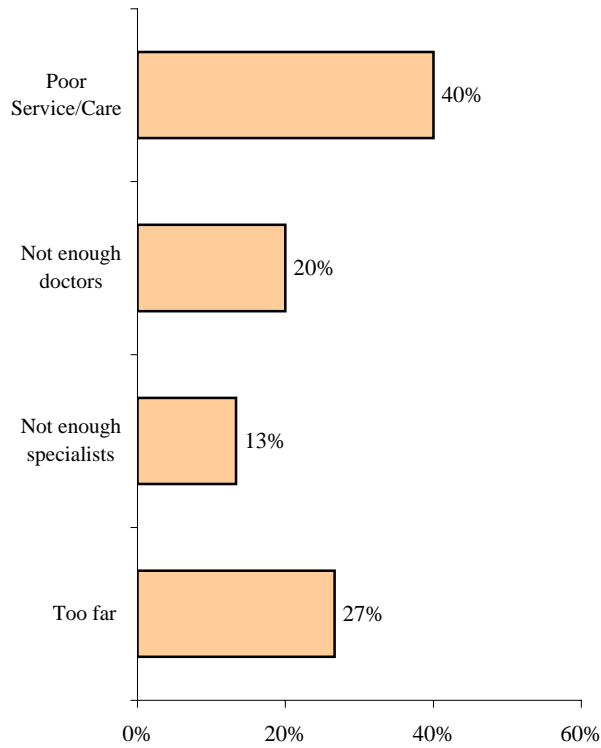
5 Individuals responded Don't know/No response from the South
 1 Individual responded Don't know/No response from the North



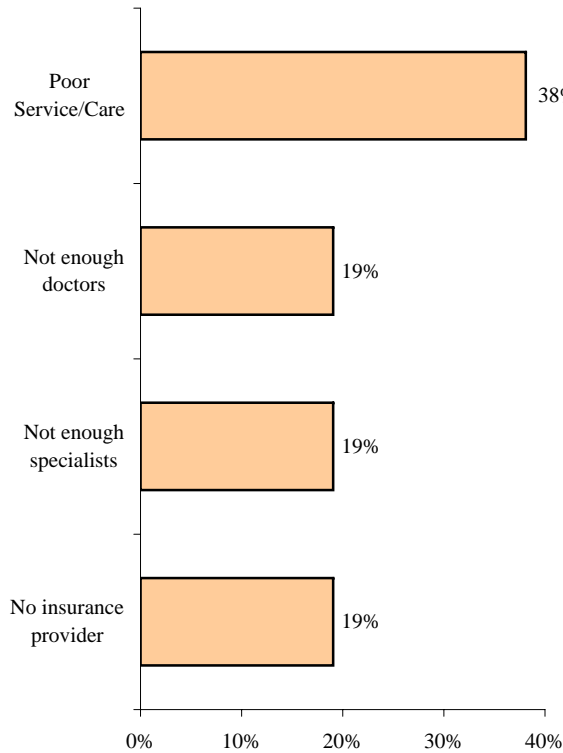
Q22c. Tell me more about the access problems.

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Poor Service/Care	6	40%	8	38%	14	39%
Not enough doctors	3	20%	4	19%	7	19%
Not enough specialists	2	13%	4	19%	6	17%
Too far	4	27%	1	5%	5	14%
No insurance provider			4	19%	4	11%
Total	15	100%	21	100%	36	100%

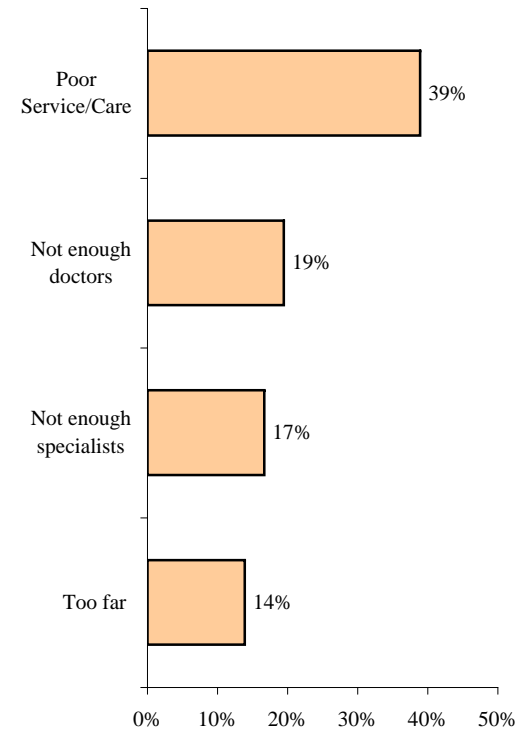
4 Individual responded Don't know/No response from the South



North



South



Total

Q23. What additional health care services do you feel are needed in Mason County?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Specialty services	8	17%	25	26%	33	24%
Urgent care/Walk-in clinic	11	24%	4	4%	15	10%
More doctors	9	20%	5	5%	14	10%
Health insurance	1	2%	12	12%	13	9%
Dental/Oral surgery	3	7%	6	6%	9	6%
Bigger/Better hospital	2	4%	6	6%	8	6%
Mental health/Counseling services	2	4%	6	6%	8	6%
Elderly services			8	8%	8	6%
Medical service in N end of county	7	15%			7	5%
Lower cost facility			7	7%	7	5%
Emergency care			4	4%	4	3%
Kidney dialysis			4	4%	4	3%
Dermatology	1	2%	3	3%	4	3%
Women's health			2	2%	2	1%
Cardiology			2	2%	2	1%
Medical transportation			2	2%	2	1%
Ophthalmology			<u>2</u>	<u>2%</u>	2	1%
Better care	1	2%			1	1%
Specialty equipment	<u>1</u>	<u>2%</u>			<u>1</u>	<u>1%</u>
Total	46	100%	98	100%	144	100%

74 Individuals responded Don't know/No response from the North

139 Individuals responded Don't know/No response from the South

Q24. What is the one thing you would like to change to improve health care in Mason County?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
No change	24	27%	62	35%	86	32%
Affordability	6	7%	38	22%	44	17%
More health care	7	8%	21	12%	28	11%
More specialists	6	7%	20	11%	26	10%
More doctors	15	17%	5	3%	20	8%
Better access	8	9%	5	3%	13	5%
Hospital closer to N. Mason	10	11%	1	1%	11	4%
Quality of staff	2	2%	7	4%	9	3%
Better care	5	6%	1	1%	6	2%
Better emergency services	2	2%	3	2%	5	2%
Transportation available	1	1%	3	2%	4	2%
Dental care	1	1%	3	2%	4	2%
Medical equipment	2	2%	1	1%	3	1%
Updated facilities			2	1%	2	1%
Billing process	<u>1</u>	<u>1%</u>	1	1%	2	1%
Faster service			1	1%	1	0%
Listing of doctors			<u>1</u>	<u>1%</u>	<u>1</u>	<u>0%</u>
Total	90	100%	175	100%	265	100%

32 Individuals responded Don't know/No response from the North

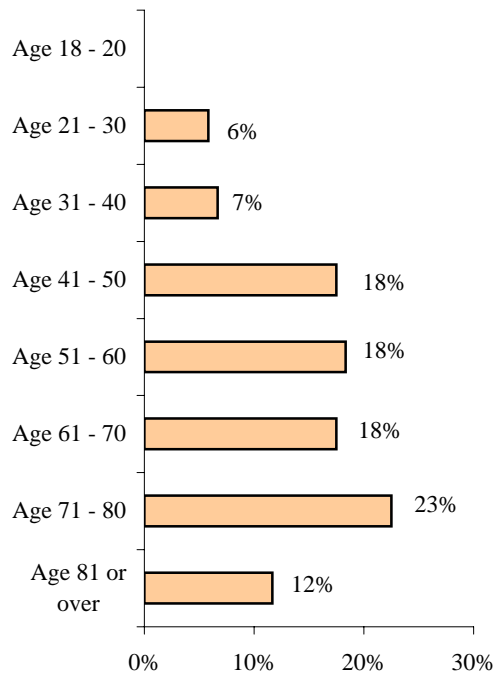
56 Individuals responded Don't know/No responses from the South

Q25. What is your age?

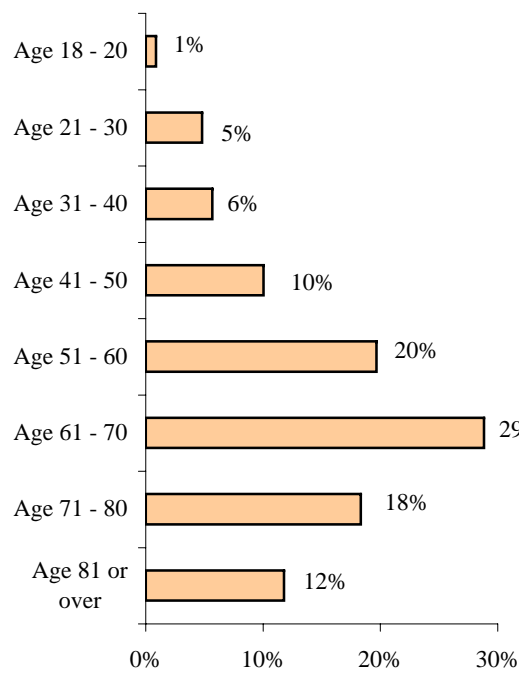
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Age 18 - 20			2	1%	2	1%
Age 21 - 30	7	6%	11	5%	18	5%
Age 31 - 40	8	7%	13	6%	21	6%
Age 41 - 50	21	18%	23	10%	44	13%
Age 51 - 60	22	18%	45	20%	67	19%
Age 61 - 70	21	18%	66	29%	87	25%
Age 71 - 80	27	23%	42	18%	69	20%
Age 81 or over	<u>14</u>	<u>12%</u>	<u>27</u>	<u>12%</u>	<u>41</u>	<u>12%</u>
Total	120	100%	229	100%	349	100%

2 Individuals responded Don't know/No response from the North

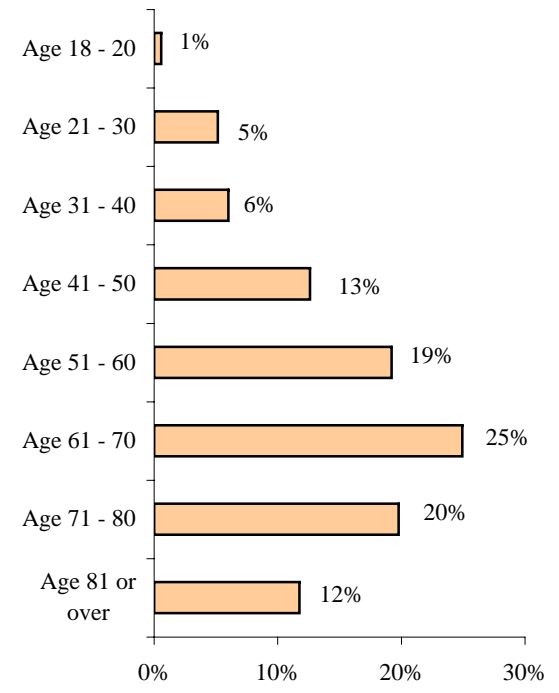
2 Individuals responded Don't know/No response from the South



North



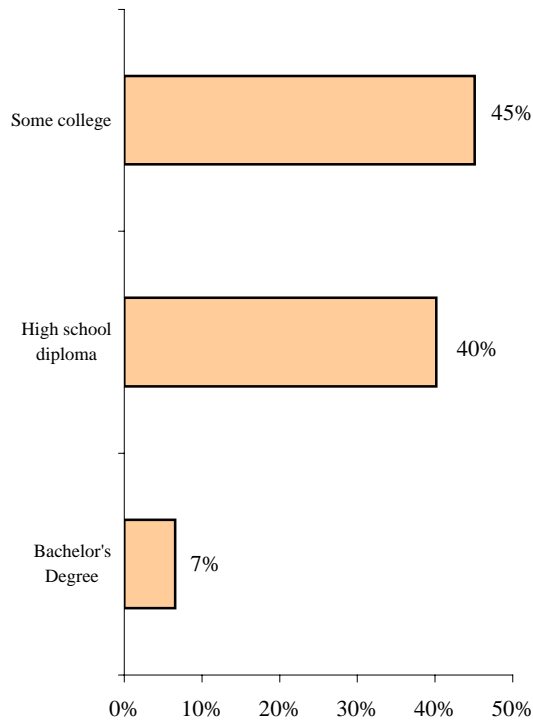
South



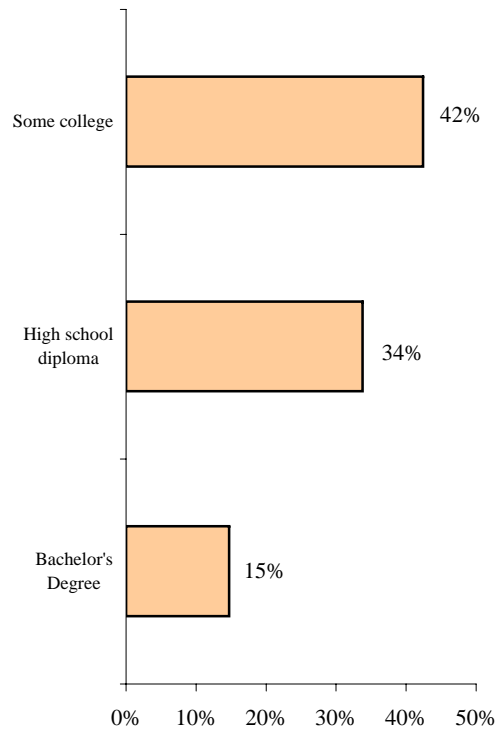
Total

Q26. What is your education level?

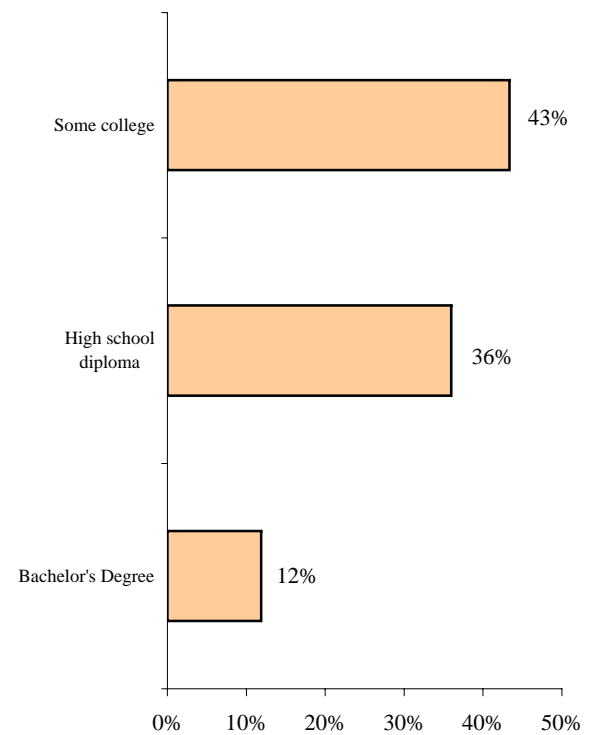
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Some college	55	45%	98	42%	153	43%
High school diploma	49	40%	78	34%	127	36%
Bachelor's Degree	8	7%	34	15%	42	12%
High school/GED	4	3%	11	5%	15	4%
Master's Degree	5	4%	8	3%	13	4%
Doctoral Degree	1	1%	2	1%	3	1%
Total	122	100%	231	100%	353	100%



North



South



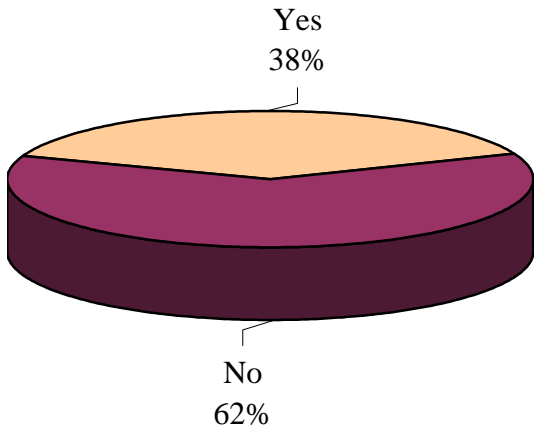
Total

Q27a. Do you or any of your family members work outside Mason County?

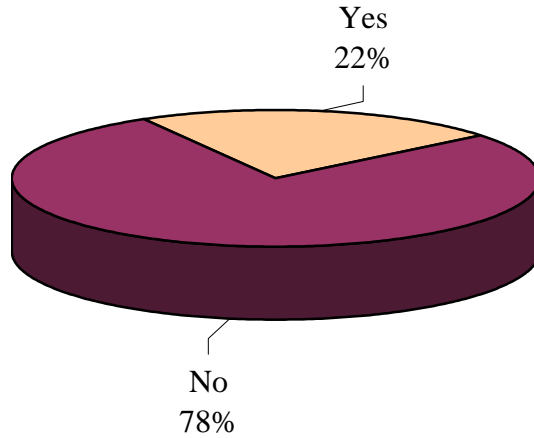
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Yes	46	38%	51	22%	97	28%
No	74	62%	177	78%	251	72%
Total	120	100%	228	100%	348	100%

2 Individuals responded Don't know/No response from the North

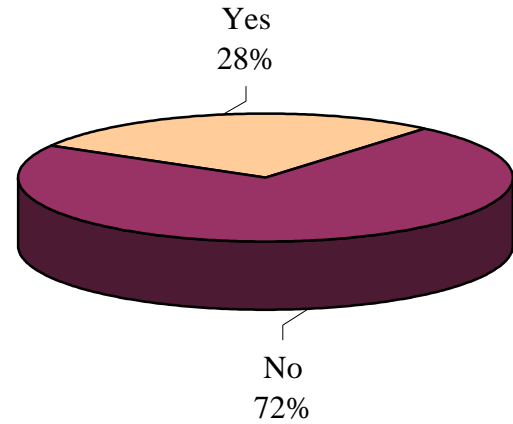
3 Individuals responded Don't know/No response from the South



North



South



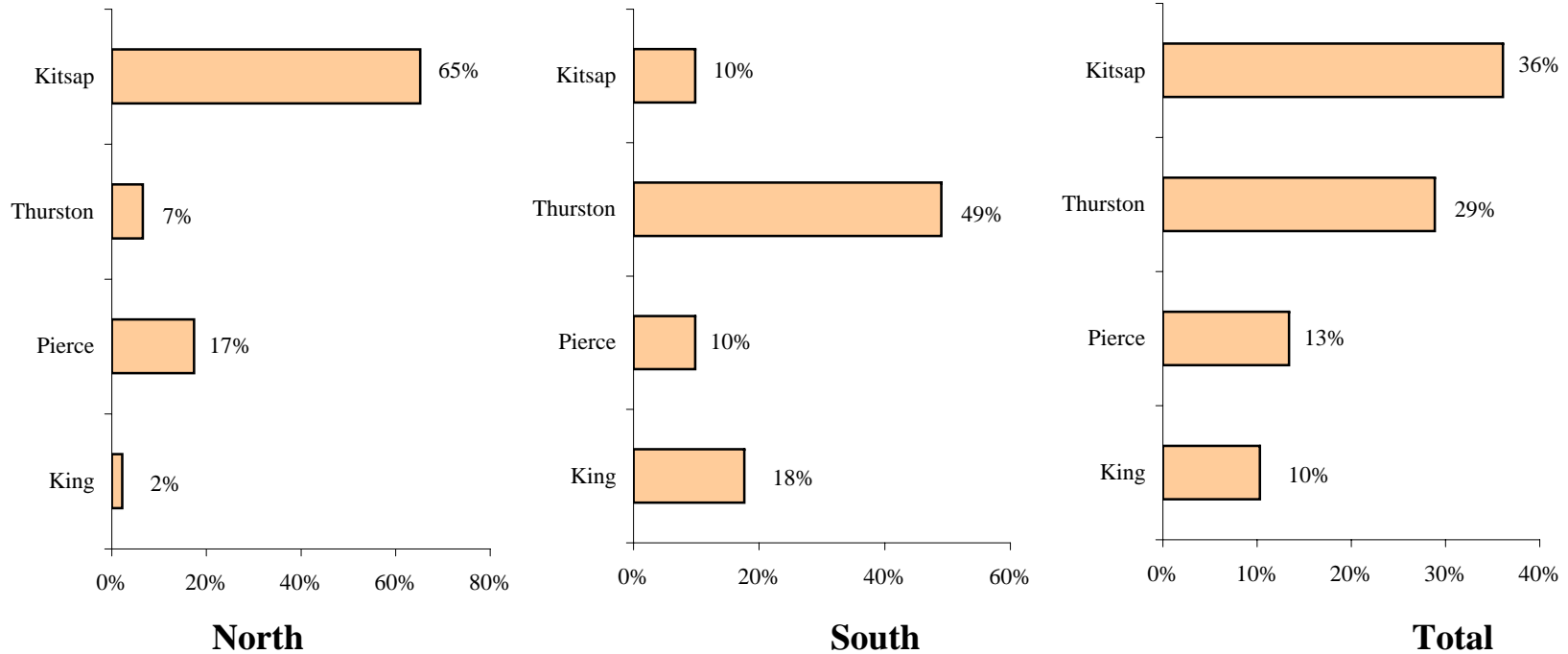
Total

Q27b. If yes, which county(ies)?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Kitsap	30	65%	5	10%	35	36%
Thurston	3	7%	25	49%	28	29%
Pierce	8	17%	5	10%	13	13%
King	1	2%	9	18%	10	10%
Grays Harbor			2	4%	2	2%
Pacific			1	2%	1	1%
Snohomish	1	2%			1	1%
Skagit	1	2%			1	1%
Other state	<u>2</u>	<u>4%</u>	<u>4</u>	<u>8%</u>	<u>6</u>	<u>6%</u>
Total	46	100%	51	100%	97	100%

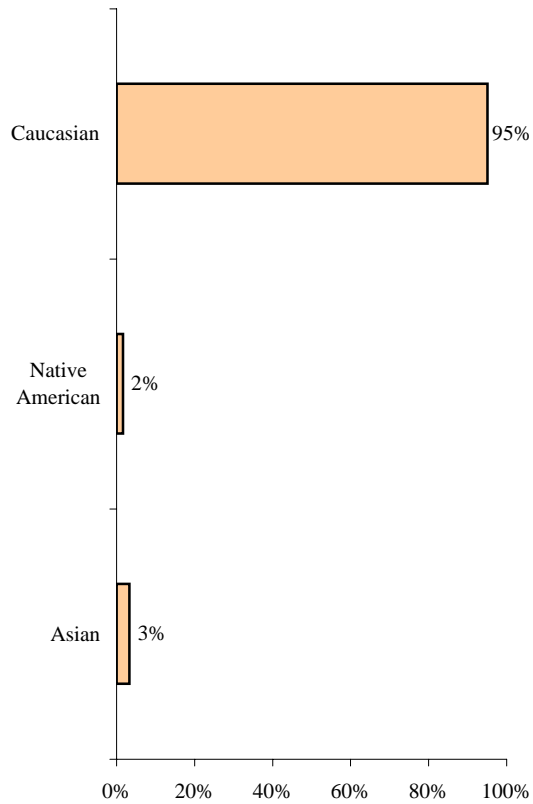
2 Individuals responded Don't know/No response from the North

4 Individuals responded Don't know/No response from the South

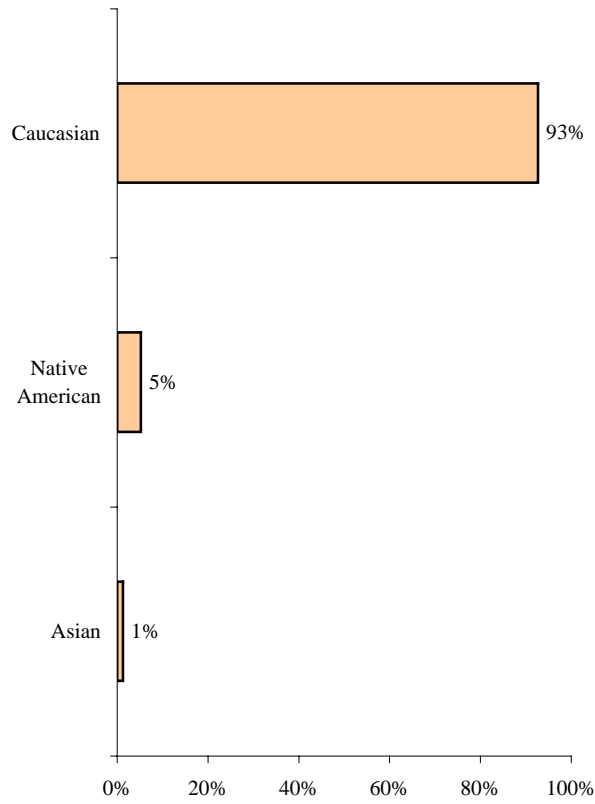


Q28. What is your ethnicity?

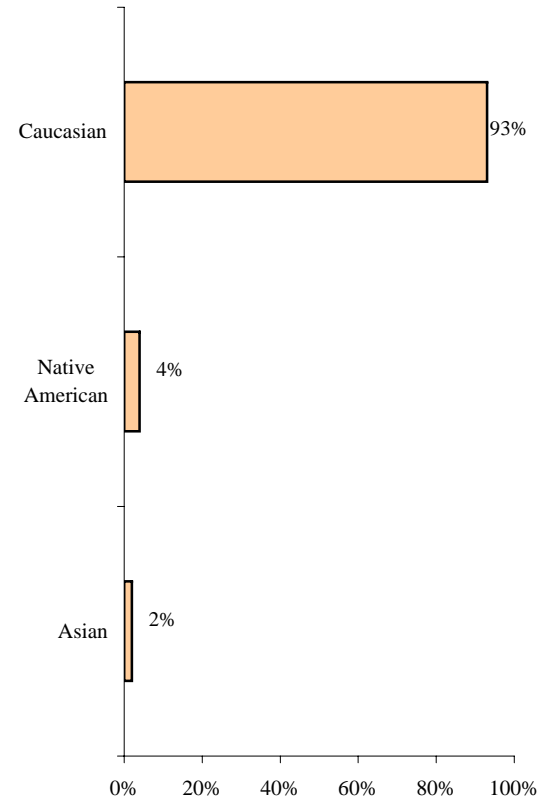
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Caucasian	116	95%	214	93%	330	93%
Native American	2	2%	12	5%	14	4%
Asian	4	3%	3	1%	7	2%
Hispanic			2	1%	2	1%
Total	122	100%	231	100%	353	100%



North



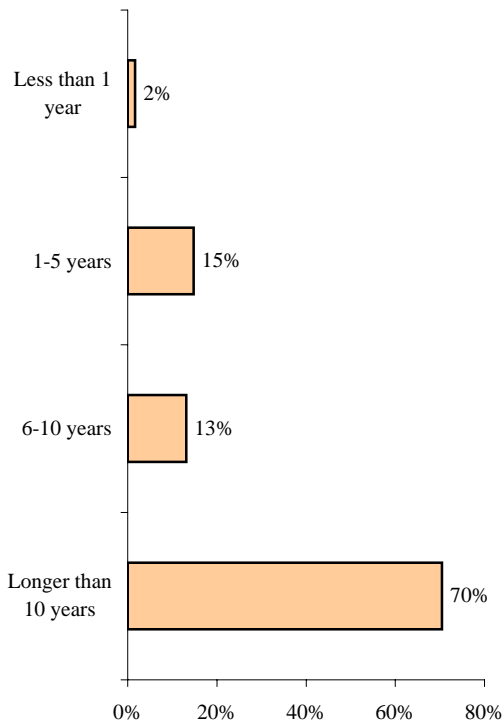
South



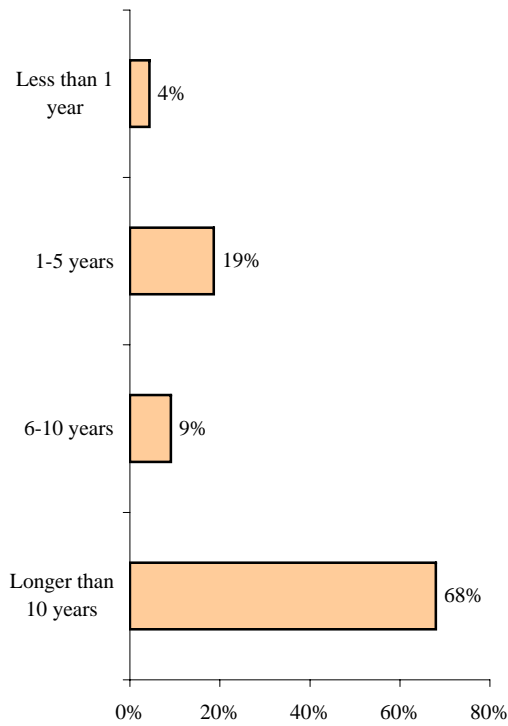
Total

Q29. How long have you lived in Mason County?

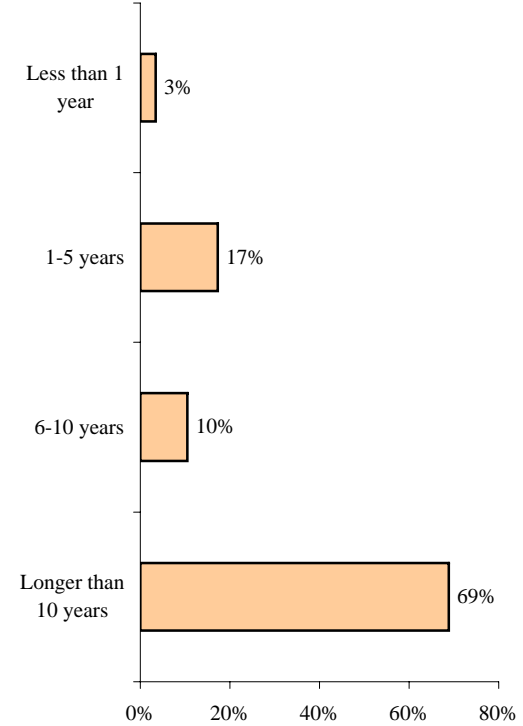
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Less than 1 year	2	2%	10	4%	12	3%
1-5 years	18	15%	43	19%	61	17%
6-10 years	16	13%	21	9%	37	10%
Longer than 10 years	<u>86</u>	<u>70%</u>	<u>157</u>	<u>68%</u>	<u>243</u>	<u>69%</u>
Total	122	100%	231	100%	353	100%



North



South



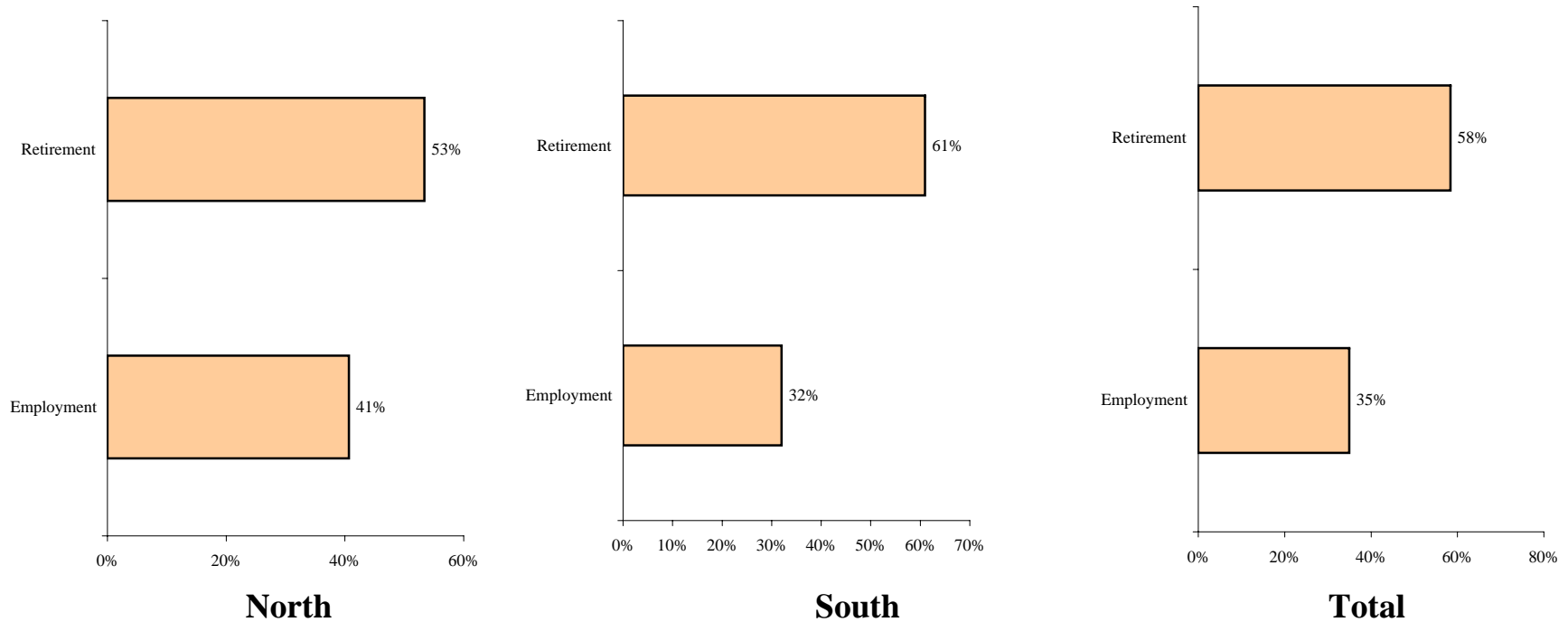
Total

Q30. What is the source of your income?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Retirement	63	53%	139	61%	202	58%
Employment	48	41%	73	32%	121	35%
Social Security	3	3%	6	3%	9	3%
Disability	3	3%	3	1%	6	2%
Self Employed			4	2%	4	1%
Savings	<u>1</u>	<u>1%</u>	2	1%	3	1%
Unemployed			<u>1</u>	<u>0%</u>	<u>1</u>	<u>0%</u>
Total	118	100%	228	100%	346	100%

3 Individuals responded Don't know/No response from the North

3 Individuals responded Don't know/No response from the South

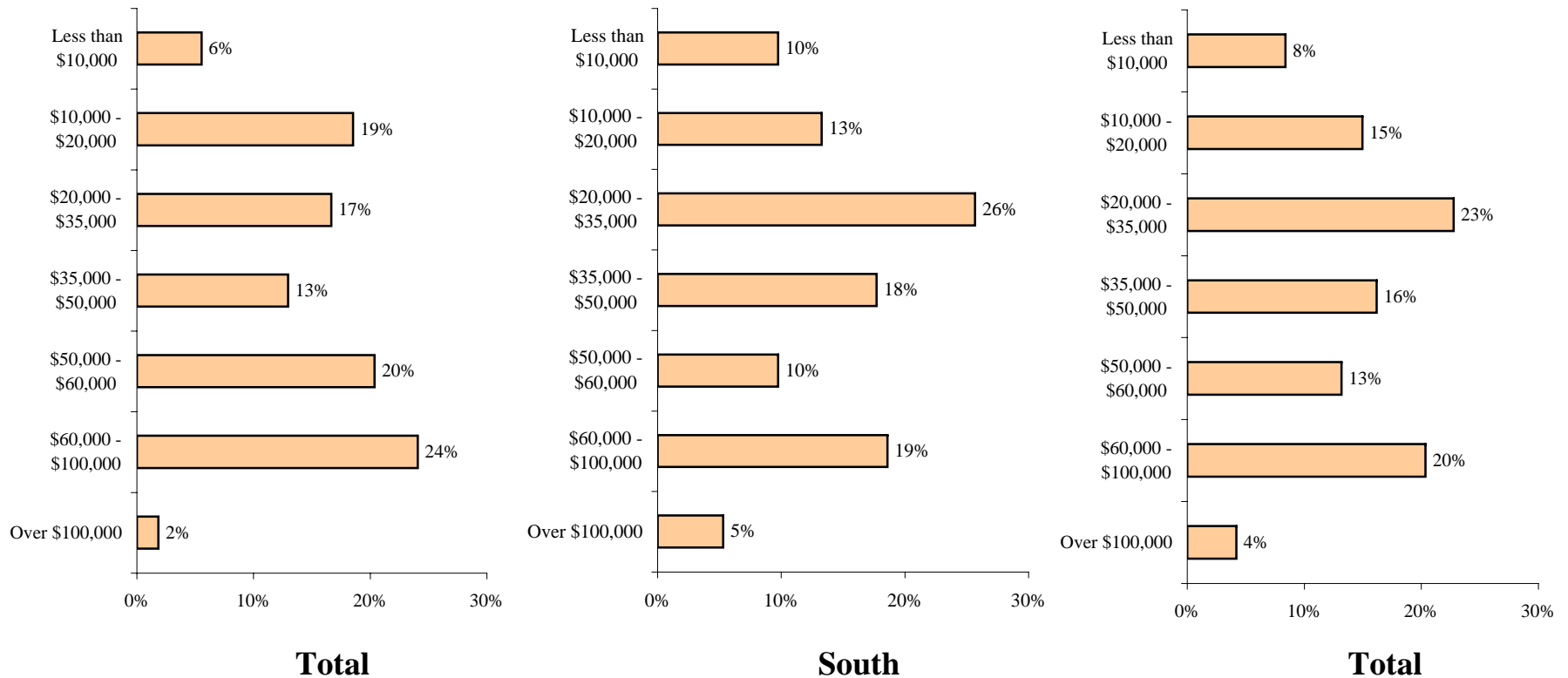


Q31. What is your annual household income?

Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Less than \$10,000	3	6%	11	10%	14	8%
\$10,000 - \$20,000	10	19%	15	13%	25	15%
\$20,000 - \$35,000	9	17%	29	26%	38	23%
\$35,000 - \$50,000	7	13%	20	18%	27	16%
\$50,000 - \$60,000	11	20%	11	10%	22	13%
\$60,000 - \$100,000	13	24%	21	19%	34	20%
Over \$100,000	1	2%	6	5%	7	4%
Total	54	100%	113	100%	167	100%

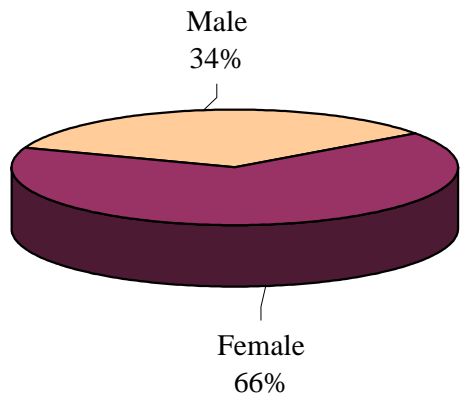
68 Individuals responded Don't know/No response from the North

118 Individuals responded Don't know/No response from the South

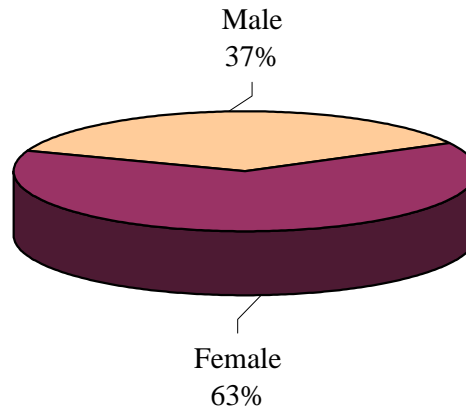


Q32. Gender of respondent.

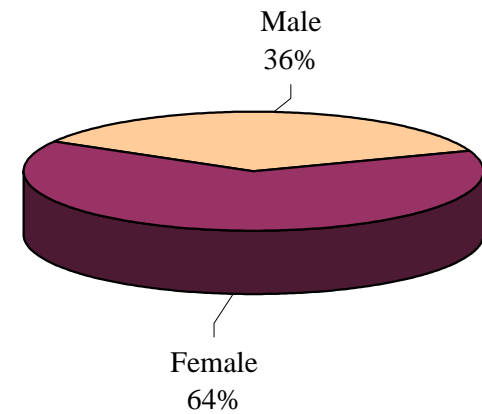
Response	North Area		South Area		Total County Area	
	Number	Percent	Number	Percent	Number	Percent
Male	42	34%	85	37%	127	36%
Female	80	66%	146	63%	226	64%
Total	122	100%	231	100%	353	100%



North



South



Total