

# Needs of Skagit County Households

## WHAT DO YOU THINK?

### **A community survey about needs for health and social services**

Skagit County Community Action Agency is a local agency that provides health and human services to county residents. Community Action is conducting research with people who live in Skagit County so that county leaders and nonprofit organizations can develop better health and human service programs. An adult (18 or older) who is part of your household should complete this survey. Your participation in this survey is voluntary. The questions take about 15 minutes and your answers are completely confidential.

Thanks for your help!

Questions? Please contact Karen Parnell, Skagit County Community Action Agency in Mount Vernon  
(360) 416-7585 ext. 151



## HOUSING

Have any of the following housing situations happened to you in the last 12 months?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Shared housing with another household to prevent being homeless      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had to choose between paying rent OR paying for other basic needs    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had to move multiple times   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was homeless   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was evicted from my home   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stayed in shelter or transitional housing (including motel vouchers) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other housing problems? (PLEASE DESCRIBE BELOW)                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Q1. Which **best** describes the place where you are living **this week**? (CHECK ONLY ONE)

- Rental housing  Don't know  
 Owner-occupied housing  
 Sharing a home with another household  
 Transitional or emergency shelter  
 Employer-provided housing  
 I am homeless ⇒ **PLEASE SKIP TO 7**

Q2. What is your **monthly** payment for housing?

Don't know

- If in OWNER housing    Mortgage payment per MONTH    \$\_\_\_\_\_ per MONTH  
 If in RENTAL housing    Rent payment per MONTH    \$\_\_\_\_\_ per MONTH

Q3. Do you receive financial help with your rent or house payment?

- Yes                       No     Don't know

Q5. Here is a list of housing problems that some people experience. Do any of these statements apply to you?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I am at risk of foreclosure on home that I own       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am at risk of eviction from home that I rent       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I cannot find affordable housing to buy              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I cannot find affordable housing to rent             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I cannot afford to make needed repairs to my home    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental illness makes it hard to find a place to rent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bad credit makes it hard to find a place to rent     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other housing problems? (please describe below)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Q6. Which of the following five statements **best** represents your opinion about the condition of your residence? (CHECK ONLY ONE)

- In good shape, needs no repairs  Don't know  
 Needs minor repairs  
 Safe, but needs major repairs  
 Such poor condition that it is unsafe  
 Needs disability access improvements, (wheelchair ramps, wider doorways, etc.)

Q7. Do you hope to buy a home someday?

- Yes
- No

Don't know

Q8. Do any of the following prevent you from buying a home?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Cannot afford the monthly payments         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cannot afford a down payment               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do not have good credit                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will not be in this area very long         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The home buying process is too complicated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other reason? (PLEASE DESCRIBE BELOW)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**CHILDCARE AND PARENTING**

\*\* Please go to Question 14 on next page if you do not have children less than 18 years old in your household

Q9. Are you a grandparent who is raising a grandchild?

- Yes     No     Don't know

Q10. Are your children covered by health insurance?

- Yes     No     Don't know

Q11. IF CHILDREN ARE LESS THAN 8 YEARS OLD AND SHORTER THAN 4' 9":

Do you have car safety seat for each child?

- Yes     No     I have no children that are shorter than 4' 9"     Don't know

Q12. IF YOU HAVE CHILDREN IN YOUR HOME UNDER 13 years old, PLEASE ANSWER THE FOLLOWING QUESTIONS; OTHERWISE PLEASE SKIP TO Q 13

When you work or attend school, how many hours do you usually use childcare per week?

\_\_\_\_\_ Hours per week

Have you had problems getting or keeping adequate childcare services in the last 12 months?

- Yes     No ⇒ PLEASE SKIP TO 13     Don't know

IF YES: What problems did you have? (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> Infant care not available/hard to find    | <input type="checkbox"/> Couldn't find care for child with special needs |
| <input type="checkbox"/> Evening care not available/hard to find   | <input type="checkbox"/> Childcare choices were not good enough          |
| <input type="checkbox"/> Weekend care not available/hard to find   | <input type="checkbox"/> Other (please describe)                         |
| <input type="checkbox"/> Part-time care not available/hard to find |  |
| <input type="checkbox"/> Couldn't find affordable care             |  |

**Q 13. Here is a list of problems some parents experience with their children. Please check those problems you have had with your child(ren)? (CHECK ALL THAT APPLY.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Skipping or dropped out of school | <input type="checkbox"/> Learning disability       |
| <input type="checkbox"/> Teen pregnancy                    | <input type="checkbox"/> Weight or eating habits   |
| <input type="checkbox"/> Alcohol use                       | <input type="checkbox"/> Worried about overweight  |
| <input type="checkbox"/> Drug use                          | <input type="checkbox"/> Worried about underweight |
| <input type="checkbox"/> Gang membership                   | <input type="checkbox"/> Have had no problems      |
| <input type="checkbox"/> Victim of gang violence           | <input type="checkbox"/> Other (please describe)   |
| <input type="checkbox"/> Trouble with law enforcement      |  |
| <input type="checkbox"/> Emotional or behavior problems    |  |
- 

**INFORMATION AND LITERACY**

**Q14. Here is a list of skills that some people are interested in improving. Please indicate if you, or other adults in your household, want help to improve any of these skills. (CHECK ALL THAT APPLY.)**  Don't know

- |  |  |
|--|--|
| <input type="checkbox"/> Reading           | <input type="checkbox"/> Get your GED (or high school equivalency) |
| <input type="checkbox"/> Writing           | <input type="checkbox"/> Learn or improve computer skills          |
| <input type="checkbox"/> Math              | <input type="checkbox"/> Financial and budgeting skills            |
| <input type="checkbox"/> Job search skills | <input type="checkbox"/> Citizenship education                     |
| <input type="checkbox"/> Learning English  | <input type="checkbox"/> Other skills you would like to learn      |
| <input type="checkbox"/> Driver's training |  |
- 

**Q15. Which of the following do you, or other family members, use in your home?**

- |   |                              |                             |                                     |
|---|------------------------------|-----------------------------|-------------------------------------|
| Internet                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Working land-line phone                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Pre-paid or "pay as you go" cell phone  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Working cell phone with annual contract | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Spanish TV 26 on Comcast TV cable       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Daily or weekly newspaper               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

**FINANCIAL AND LEGAL ASSISTANCE**

**Q16. Here is a list of money problems that people experience from time to time. Which of these problems has anyone in your home had this last 12 months? (CHECK ALL THAT APPLY)**  Don't know

- |  |   |
|--|---|
| <input type="checkbox"/> Bills turned over to collection agency  | <input type="checkbox"/> Declared personal bankruptcy |
| <input type="checkbox"/> House foreclosure                       | <input type="checkbox"/> Any other money problems?    |
| <input type="checkbox"/> Fines I can't pay                       |   |
| <input type="checkbox"/> Have built up too much credit card debt |   |
| <input type="checkbox"/> Have debt from medical/dental bills     | <input type="checkbox"/> None                         |
- 

What problems did you have in getting help with the items you checked above? (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Could not get childcare |
| <input type="checkbox"/> Did not know where to go     | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> No transportation            |  |
| <input type="checkbox"/> Could not afford             |  |
| <input type="checkbox"/> Not available in my language |  |
-

Q17. Do you have a checking account at a bank or credit union?

- Yes       No       Don't know

Q18. Have you ever claimed the Earned Income Tax Credit (EITC)?

- Yes       No       Don't know

Q19. Has anyone in your home needed legal assistance in the last 12 months?

- Yes       No       Don't know

If YES, did you get help?

- No       Yes (Please tell us where you got help in the space below)
- 

## FOOD AND NUTRITION

Q20. In the last 12 months, have you or anyone in your home...

Gone hungry because you were not able to get enough food?

- Yes       No       Don't know

Skipped or cut the size of your meals because there wasn't enough money for food?

- Yes       No       Don't know

Used any food assistance services such as food stamps, food banks, or any other program that helps with food costs?

- Yes       No       Don't know

**If you got help with food, which of the following has your household used in the last 12 months?**

(CHECK ALL THAT APPLY)       Don't know

- |   |   |
|---|---|
| <input type="checkbox"/> Did not use any          | <input type="checkbox"/> Hot meal programs                |
| <input type="checkbox"/> Food Banks               | <input type="checkbox"/> Senior Center Meals              |
| <input type="checkbox"/> Food Stamps              | <input type="checkbox"/> Meals on Wheels                  |
| <input type="checkbox"/> SeaMar vouchers          | <input type="checkbox"/> Reduced price meals at school    |
| <input type="checkbox"/> Community Action Voucher | <input type="checkbox"/> Gleaners                         |
| <input type="checkbox"/> DSHS voucher             | <input type="checkbox"/> Community Action Mobile Food Van |
| <input type="checkbox"/> WIC                      | <input type="checkbox"/> Other (please describe)          |
| <input type="checkbox"/> Churches                 |   |
| <input type="checkbox"/> Food I grow in my garden |   |
- 

Q21. If a public garden was available to you, would you use it?

- Yes       No       Don't know
-

## TRANSPORTATION

Q22. In the last 12 months, has transportation been a problem for your household?

- Yes                       No     Don't know

Q23. In the last 12 months, which of the following has your household experienced?

- |  |   |
|--|---|
| <input type="checkbox"/> No access to a car                      | <input type="checkbox"/> Unable to afford car repairs     |
| <input type="checkbox"/> No car insurance                        | <input type="checkbox"/> No car problems                  |
| <input type="checkbox"/> No drivers license or license suspended | <input type="checkbox"/> Other problem? (PLEASE DESCRIBE) |
| <input type="checkbox"/> Unable to afford gas                    |   |
- 

Q24. Do you or does anyone in your home regularly use the SKAT bus service?

- Yes                       No     Don't know

IF NO, what keeps you from using it? (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Prefer to use car                    | <input type="checkbox"/> Can't afford cost of bus fare   |
| <input type="checkbox"/> No service where I am going          | <input type="checkbox"/> A physical or mental disability |
| <input type="checkbox"/> No bus stop close to home            | <input type="checkbox"/> Other reason? (PLEASE DESCRIBE) |
| <input type="checkbox"/> Bus times or days do not work for me |  |
- 

## HEALTH AND HEALTH CARE

Q25. Would you say that in general your health is...? (CHECK ONLY ONE)

- Excellent                       Very good                       Good                       Fair                       Poor

Q26. Was there a problem for anyone in your household during the past 12 months when they needed medical, dental, mental health care, or prescription medication but did not get it?

- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Medical care       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dental care        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental health care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prescription drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Q27. If YES, for each type of care, what are the main reasons they did not get the care or medication you or your family needed? (CHECK ALL THAT APPLY)

	Medical	Dental	Mental health	Prescriptions
A. Costs too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Office wasn't open when I could get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Too many days to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. No way to get to appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Nervous or fearful of the experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Didn't know where to go for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Could not get child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Services not available in my language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other reasons (PLEASE DESCRIBE):				
<hr style="border: none; border-top: 1px solid black;"/>				

**Q28. Which of the following do you use as your PRIMARY health insurance that covers yourself? (PLEASE CHECK ONLY ONE)**

- None
  - DSHS Medical Coupon
  - Medicare
  - Commercial health insurance I pay for
  - Health insurance group plan through employer, union or association
  - Military plan
  - Other plan? (PLEASE DESCRIBE)
- 

**Q29. When you are sick or need medical care, where do you usually go? (CHECK ALL THAT APPLY)**

- A walk-in clinic
- A doctor's office
- SeaMar
- The hospital emergency room
- A Tribal health clinic
- Other place (PLEASE DESCRIBE) \_\_\_\_\_

**Q30. When you need dental care, where do you usually go? (CHECK ALL THAT APPLY)**

- Community Action Mobile Dental Unit
- A dentist's office
- SeaMar
- The hospital emergency room
- A Tribal health clinic
- University of Washington Dental Clinic
- Other place (PLEASE DESCRIBE) \_\_\_\_\_

**Q31. When you need mental health care, where do you usually go? (CHECK ALL THAT APPLY)**

- Does not apply to my household
  - Compass Health
  - Sunrise Services
  - A walk-in clinic
  - A doctor's office
  - SeaMar
  - The hospital emergency room
  - A Tribal health clinic
  - Other place? (PLEASE DESCRIBE)
-

## GENERAL DEMOGRAPHIC INFORMATION

Q32. Where do you live now (CITY AND STATE)?

CITY \_\_\_\_\_ STATE \_\_\_\_\_

Q33. Including yourself, how many persons live in your household?

\_\_\_\_\_ PERSONS (PLEASE BE SURE TO INCLUDE YOURSELF IN THIS NUMBER)

Q34. Including yourself, how many persons in your household are...?

0-5 years old \_\_\_\_ 6-17 years old \_\_\_\_ 18-59 years old \_\_\_\_ 60+ years old \_\_\_\_

Q35. How long have you lived in Skagit County? (IF LESS THAN ONE YEAR, WRITE "<1")

\_\_\_\_\_ YEARS

Q36. Your sex?

Male  Female

Q37. What is your age?

\_\_\_\_\_ YEARS OLD

Q38. Have you or anyone in your household served in the military?

Yes  No  Don't know

Q39. Does an aging parent live in your household with you?

Yes  No  Don't know

Q40. In what country were you born?

United States  Don't know  
 Other (Specify) \_\_\_\_\_

Q41. What best describes your race and ethnicity? Please select one or more of the following.

- African American or Black
- Asian
- Caucasian or White
- Hispanic or Latino
- Native American or Alaskan Native
- Native Hawaiian / Pacific Islander
- Other (Specify) \_\_\_\_\_

Q42. What language do you usually speak in your household?

- English  Don't know
- Spanish
- Mixteco, Triqui, or Zapoteco
- Russian or Ukrainian
- Other (Specify) \_\_\_\_\_



Q43. What is the highest level of education you have completed?

Don't know

- Less than high school diploma
  - High school graduate
  - GED or high school equivalency
  - Vocational or trade school
  - Some college (or still in college)
  - Two-year degree
  - Four-year degree
  - Graduate degree (MS, MA, PhD, JD, MD, etc.)
  - Other (please describe)
- 

**EMPLOYMENT AND INCOME**

This last section is about employment and income. Your answers are completely confidential.

Q44. Here is a list of common sources of household income. Which of these has been a source of income for anyone in your home during the last 12 months?

(CHECK ALL THAT APPLY)

- Wages or income from a job
  - Self-employed or family business
  - VA benefits
  - Social Security
  - SSI
  - SSD
  - Workers' compensation (L & I)
  - TANF (Welfare assistance)
  - GAU or GAX
  - Unemployment insurance
  - Child Support
  - Pension
  - Investment income
  - Other (please describe)
- 

Q45. Including yourself, how many persons in these age groups that live in your household worked for pay at any time in the last 12 months?

Persons under 16 years old \_\_\_\_\_

Persons 16 - 18 years old \_\_\_\_\_

Persons older than 18 \_\_\_\_\_

Q46. In the last 12 months, what was your estimated total MONTHLY household income from all sources?

Dollars per MONTH \$ \_\_\_\_\_  Don't know

Q47. Has getting or keeping a good job been a problem for you or anyone in your home in the last 12 months?

Yes  No  Don't know

If Yes, what are the major problems in getting or keeping a good job?  Don't know  
(CHECK ALL THAT APPLY)

- Not enough jobs available
  - Recent layoff or hours cut
  - Not the right job skills
  - Don't know how to search for a job effectively
  - No tools, clothing, or equipment for the job
  - No transportation
  - No childcare
  - Problems with credit
  - Seasonal work
  - A criminal record
  - No regular place to sleep at night
  - No telephone
  - Language barriers
  - Physical or mental disability
  - Other (please describe)
-

**Q48. Have you started a new business in the last 12 months, OR are you thinking about starting a new business this year?**

- Yes                       No ⇒ **PLEASE SKIP TO Q51**                       Don't know

**What is the nature of your business or the business you would like to start?**

---

**Q49. What are you main concerns about starting your new business? (CHECK ALL THAT APPLY)**

- Getting a business license                       Help with finding the right location  
 Money to help me start my business                       Other (*please describe*)  
 Help with tax records, set-up, etc.  
 Legal Help
- 

**Q50. What local services have you used to help you learn about starting a new business? (CHECK ALL THAT APPLY)**

- None – I didn't know where to go                       Employment Security Department  
 Friends/relatives                       Work Source  
 Small Business Resource Center at EDASC                       Other (*please describe*)  
 Bank
- 

**Q51. On a scale of 1 to 5, about how often did each of the following things happen to you during the last 12 months? Use 1 for "did not happen" and 5 for "happened frequently"**

	Did not happen					Happened frequently
	1	2	3	4	5	
Fell behind in paying rent or mortgage	1	2	3	4	5	
Pressured to pay bills by bill collectors, etc.	1	2	3	4	5	
Car, household appliances, or furniture repossessed	1	2	3	4	5	
Pawned or sold-off valuables to make ends meet	1	2	3	4	5	
Used a payday loan service	1	2	3	4	5	
Used a check cashing service	1	2	3	4	5	
Could not pay childcare bill	1	2	3	4	5	
Borrowed money from friends or family	1	2	3	4	5	
Had utilities (water, heat, or electricity) shut off	1	2	3	4	5	
Had gambling losses	1	2	3	4	5	

You answers to the next questions will help us find out which of the services listed below are the most important and hardest to get.

**Q52. On a scale of 1 to 5, how important is this service to your household now? Use 1 for “not important” and 5 for “extremely important”**

PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE

	Not Important			Extremely Important	
Housing help (help finding way to afford rent or mortgage)	1	2	3	4	5
Childcare	1	2	3	4	5
Basic Education/English (ESL)/GED	1	2	3	4	5
Legal help	1	2	3	4	5
Food (help getting enough food)	1	2	3	4	5
Help with how to buy and cook good food	1	2	3	4	5
Transportation that meets my needs	1	2	3	4	5
Affordable medical care	1	2	3	4	5
Affordable dental care	1	2	3	4	5
Living wage jobs	1	2	3	4	5
Help with heating & electric bills	1	2	3	4	5
Mental health services or family counseling	1	2	3	4	5
Domestic violence shelter and/or counseling services	1	2	3	4	5
Drug/alcohol treatment & counseling	1	2	3	4	5
Help with basic living skills (such as budgeting, etc.)	1	2	3	4	5

**Q53. On a scale of 1 to 5, how easy is it for your household to locate and receive these services?**

**Use 1 for “very hard to get” and 5 for “very easy to get”.**

**PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE**

	Very hard to get					Very easy to get	
Housing help (help finding way to afford rent or mortgage)	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Childcare	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Basic Education/English (ESL)/GED	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Legal help	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Food (help getting enough food)	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Help with how to buy and cook good food	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Transportation that meets my needs	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Affordable medical care	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Affordable dental care	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Living wage jobs	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Help with heating & electric bills	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Mental health services or family counseling	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Domestic violence shelter and/or counseling services	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Drug/alcohol treatment & counseling	1	2	3	4	5	OR	<input type="checkbox"/> Don't know
Help with basic living skills (such as budgeting, etc.)	1	2	3	4	5	OR	<input type="checkbox"/> Don't know

**Thank you for your participation. Your answers are very helpful.**

**If you have any questions, please contact Karen Parnell, Skagit County Community Action Agency  
in Mount Vernon at (360) 416-7585 Ext. 151**