

New York Health Campaign

Health Care Access & Health Care Rights Survey

(The survey is intended to guide a conversation - do not ask someone fill it out. Rather, the organizer asks the questions to person being canvassed and reacts as to their responses.)

Identifying Our Needs: The Problem

1. Do you currently have health insurance? YES NO

a. If yes what type? Thru Employer Spouse's or Parent's Policy Medicaid Medicare Health Insurance Marketplace Other _____

b. If your insurance was purchased on the Health Insurance Marketplace, what tier did you select?
 Bronze Silver Gold Platinum

c. What's the longest period of time you have gone without health insurance? _____

c. By how much did your insurance costs to change in 2017?

(circle one) -10-0 0-10% 11-20% 20-30% 31-40% 41-50% 50% or more

2. Have you ever had problems getting the health care you need? YES NO

a) If yes, what were/are the reasons? _____

3. Have you ever had to forgo needed health care because of costs? YES NO

a) If YES, what type of care? Regular Check-Up Surgery Prescription Drugs Mental Health Care
 Dental Care Vision Other: _____

b) What costs have been difficult for you (check all that apply): Premiums Deductibles Co-pays
 Co-insurance Paying bills out-of-pocket Other: _____

4. Have you, or someone in your family, ever experienced any of the following:

a) Stayed in a job only to keep your health insurance? YES NO

If yes, please describe:

b) Been discriminated against when trying to get healthcare because of your race, immigration status, gender, sexual orientation, age, or disability? YES NO

If yes, please describe: _____

c) Developed more serious health problems or delayed treatment because of concerns around cost?

YES NO If yes, please describe: _____

d) Have had problems paying medical bills? YES NO

If yes, please describe: _____

For those who work in health care:

5. Do you work in a clinical setting? YES NO

If yes, please describe: _____

6. Have you ever observed different treatment for patients based on health insurance status? YES NO

If yes, please describe: _____

7. Have you ever observed a patient delay or refuse health care because of cost? YES NO

8. Do you feel that a patient's concern with cost of health care has affected your relationship with the patient? YES NO

If yes, please describe: _____

Claiming Our Rights: The Action

5. Do you think we should make sure that everyone in New York can get the health care they need?
 YES NO

6. Do you believe that health care is a human right? YES NO

a) Do you believe our government has an obligation to protect the human right to health care?
 YES NO NOT SURE

b) Would you say that the human right to health care is protected here in New York?
 YES NO NOT SURE

7. Do you feel that you have a say in decisions about our health care system? YES NO

Responsibilities of Government: The Solution

8. What do you think of the idea of a universal health care system, which would be publicly funded from our taxes rather than paying premiums and deductibles to insurers and medical care providers? This type of coverage would allow for you to choose your doctor and hospital. It is often called a single-payer system or improved Medicare for All. LIKE IT DON'T LIKE NOT SURE

a) If you could change anything about our health care system, what would it be?

9. Any other comments you'd like to make?

About you (this will help us analyze the results of this survey)

Which New York county or city do you live in? _____

Your gender:

Female Male Transgender Other: _____

Your race or ethnicity:

White African American Asian

Latino Native/Indigenous Other: _____

Your age: _____

Are you a medical practitioner? Yes No If yes, what field? _____

Thank you for completing this survey!

Do you want to get involved?

It is not necessary to give your personal information to do the survey. You can choose to remain anonymous. However, if you would like to get involved in the Campaign for New York Health, for example by telling your story, we need some way to get in touch with you!

Name: _____

Phone: _____

Address: _____

Email: _____

YES, I would like more information about the Campaign for New York Health

YES, I would like to get involved!

This survey was collected:

Organizer _____ Location _____ Date _____

Please return survey to:

GPNY, 410 W. Beard Ave, Syracuse NY, 13205

Please enter survey results: <http://gpony.org/hcsurvey>