

This report is filtered

Only show: Response Submitted between January 1, 2016 and December 31, 2016 (inclusive)

# 2016 Report for Health Department Feedback

## Response Counts

Completion Rate:

20%



Complete



1

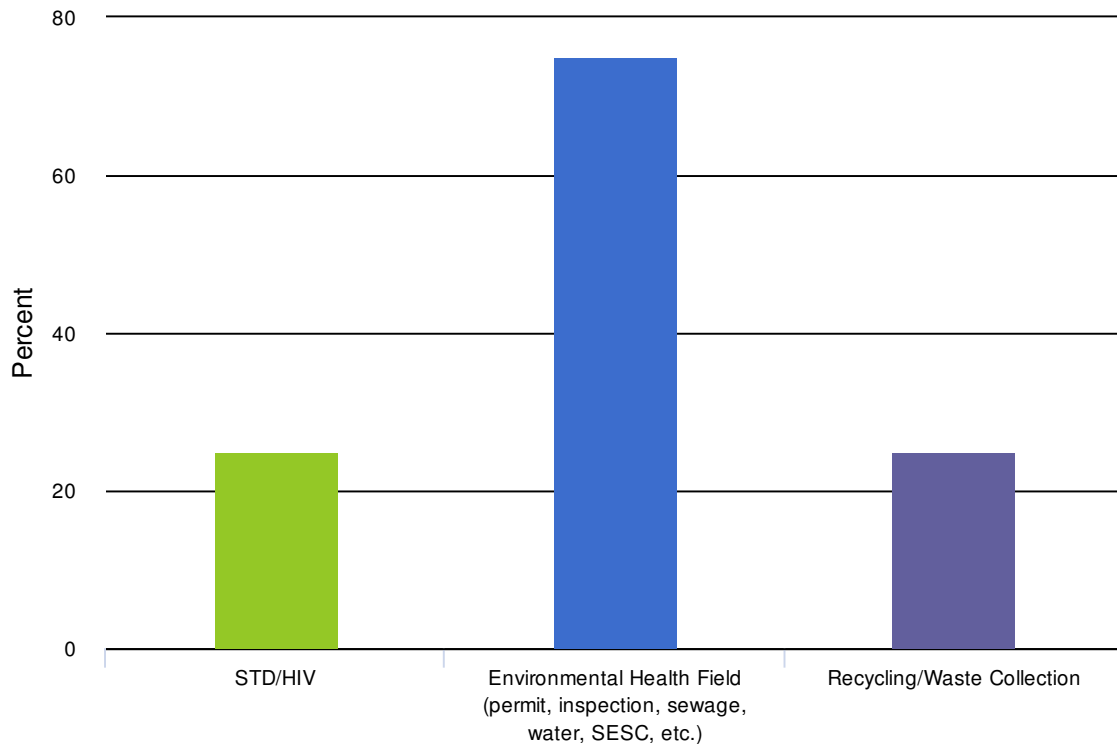
Partial



4

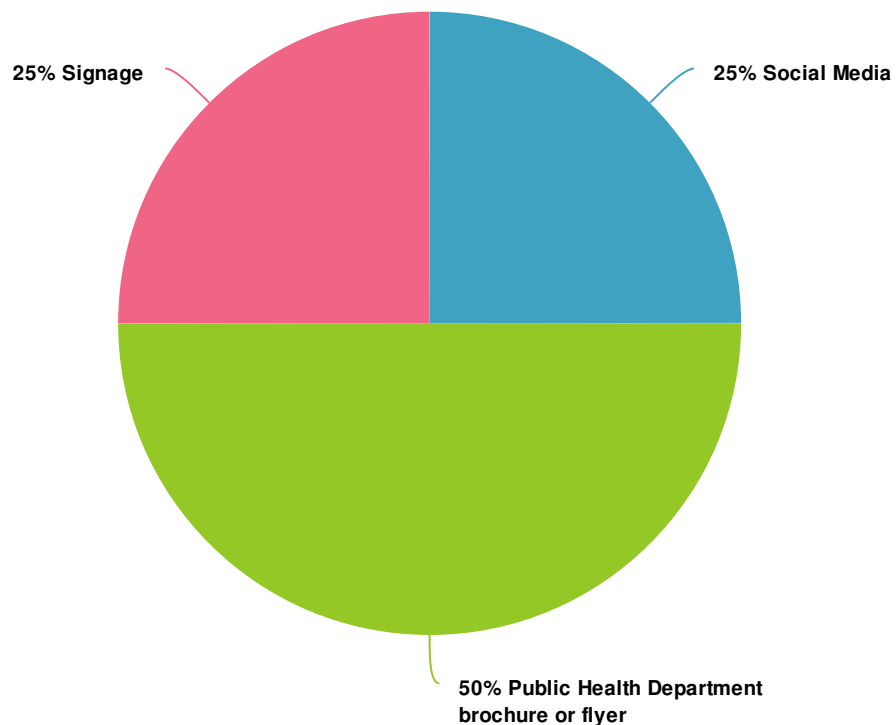
Totals: 5

1. During your most recent visit with the Allegan County Public Health Department, what program(s)/service(s) did you receive? (check all that apply)



Value	Percent	Responses
STD/HIV	25.0%	1
Environmental Health Field (permit, inspection, sewage, water, SESC, etc.)	75.0%	3
Recycling/Waste Collection	25.0%	1

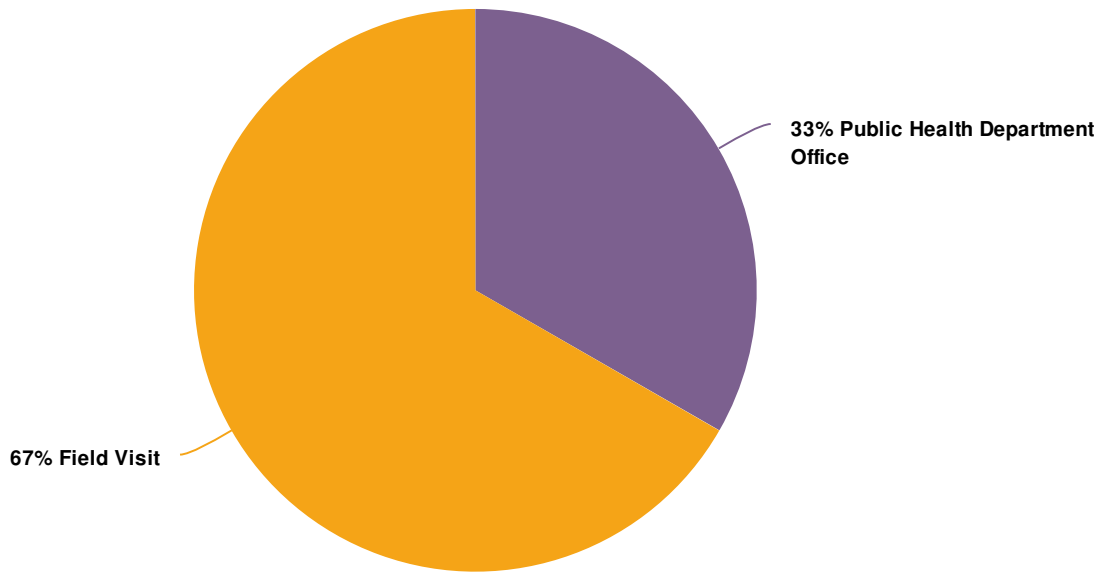
## 2. Where did you learn about our available services?



Value	Percent	Responses
Social Media	25.0%	1
Public Health Department brochure or flyer	50.0%	2
Signage	25.0%	1

Totals: 4

## 3. Where did you receive your service(s)?



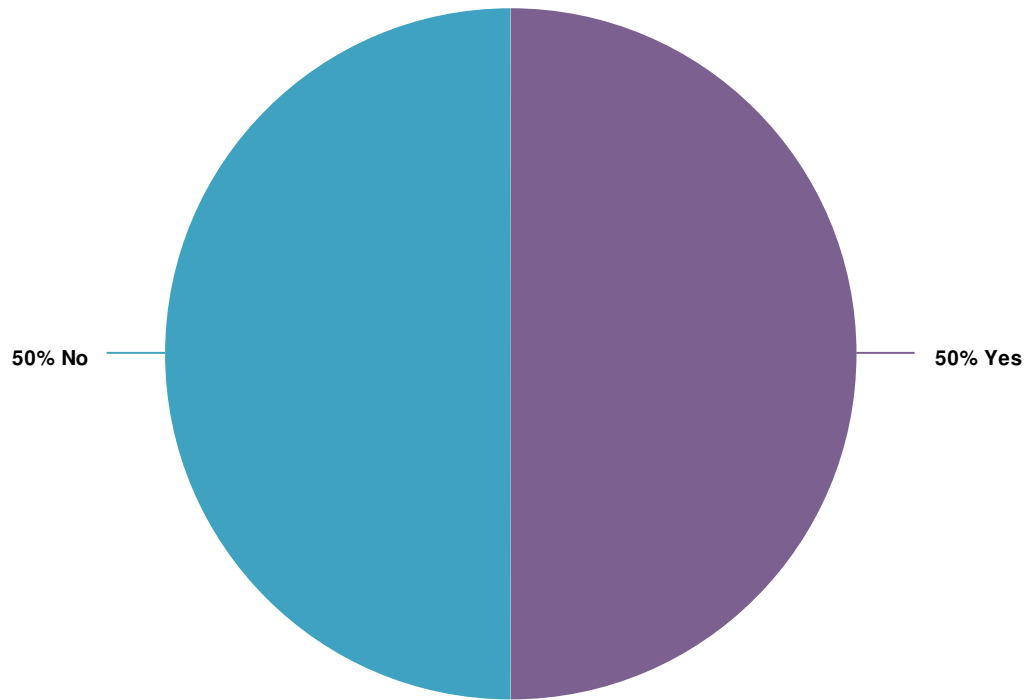
Value	Percent	Responses
Public Health Department Office	33.3%	1
Field Visit	66.7%	2
		<b>Totals: 3</b>



4. Please indicate if you agree or disagree with each of the following statements by circling the number under your response. If you disagree with any of the statements below, please help us understand how we can improve by providing a comment under "What can we do to improve?" below.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Responses
Staff were friendly.	0	2	0	0	2
Count	0.0%	100.0%	0.0%	0.0%	
Row %					
The service(s) I received were delivered promptly.	0	2	0	0	2
Count	0.0%	100.0%	0.0%	0.0%	
Row %					

	Strongly Agree	Agree	Disagree	Strongly Disagree	Responses
Staff were respectful. Count Row %	0 0.0%	2 100.0%	0 0.0%	0 0.0%	2
The process to schedule my appointment/visit was convenient and helpful. Count Row %	0 0.0%	2 100.0%	0 0.0%	0 0.0%	2
The wait time for the service(s) I received was appropriate. Count Row %	0 0.0%	1 50.0%	1 50.0%	0 0.0%	2
The services I received met my social, cultural, and/or special needs. Count Row %	0 0.0%	2 100.0%	0 0.0%	0 0.0%	2
Staff took the time to listen to my concerns. Count Row %	1 50.0%	1 50.0%	0 0.0%	0 0.0%	2
The office hours met my needs. Count Row %	0 0.0%	1 50.0%	0 0.0%	1 50.0%	2
The facility or setting was comfortable for receiving services. Count Row %	0 0.0%	2 100.0%	0 0.0%	0 0.0%	2
I would recommend Allegan County Health Department to my friends and family. Count Row %	1 50.0%	1 50.0%	0 0.0%	0 0.0%	2
Current technology within the Health Department meet our citizens' needs. Count Row %	0 0.0%	0 0.0%	0 0.0%	1 100.0%	1
Totals Total Responses					2

5. Did staff offer you information about other services and resources that may be available to you?



Value		Percent	Responses
Yes		50.0%	1
No		50.0%	1
			<b>Totals: 2</b>

6. What are we doing well? (Please be specific)

rock  
stars

7. What can we do to improve? (Please be specific)

hourstimes  
appts  
flexibility

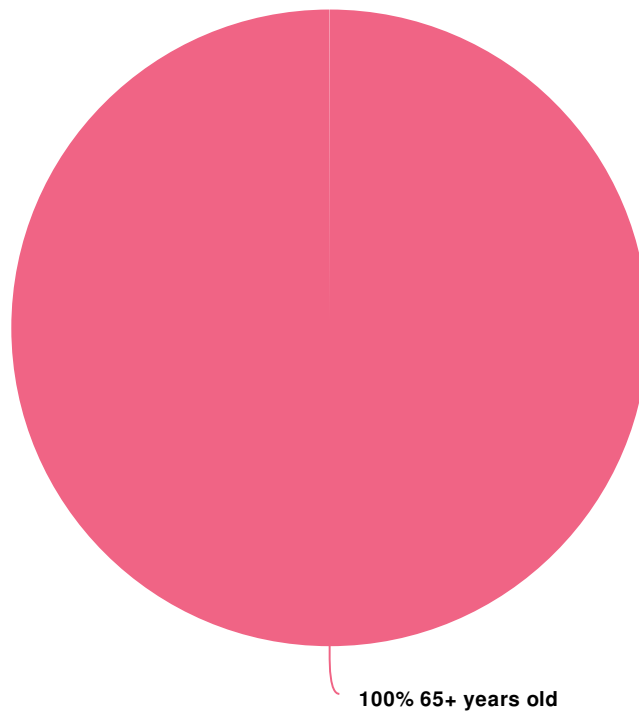
8. Additional Comments (ie. recognition of staff, service delivery, product or changes needed)


**No data:** No responses found for this question.

9. What is your gender?

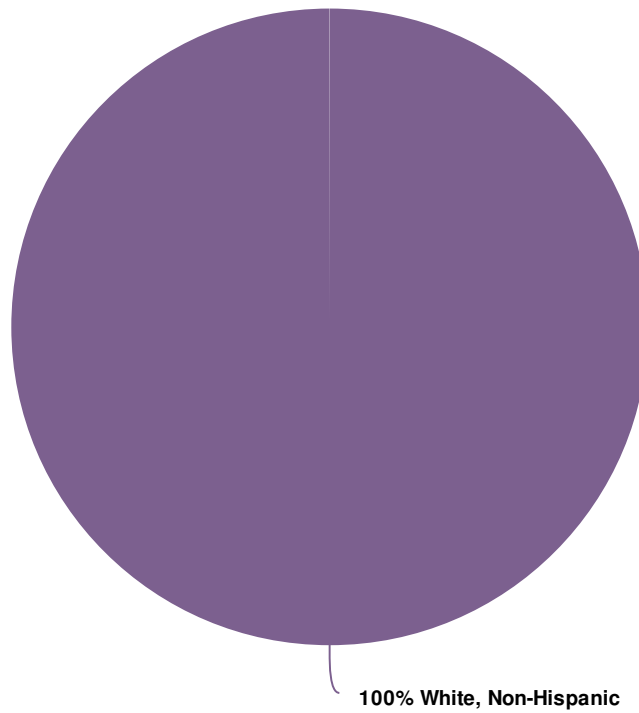
No data to display


10. What age group are you in?



Value		Percent	Responses
65+ years old		100.0%	1
			<b>Totals: 1</b>

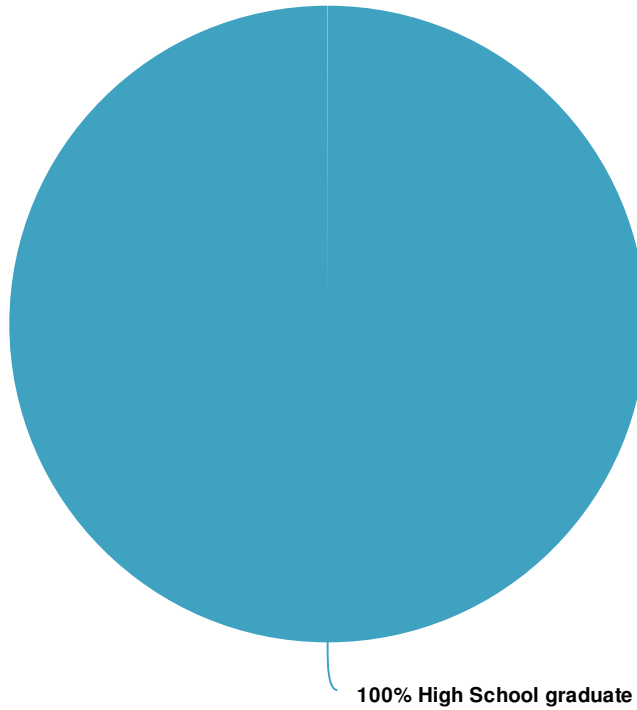
11. What race do you associate with?



Value		Percent	Responses
White, Non-Hispanic		100.0%	1
			<b>Totals: 1</b>

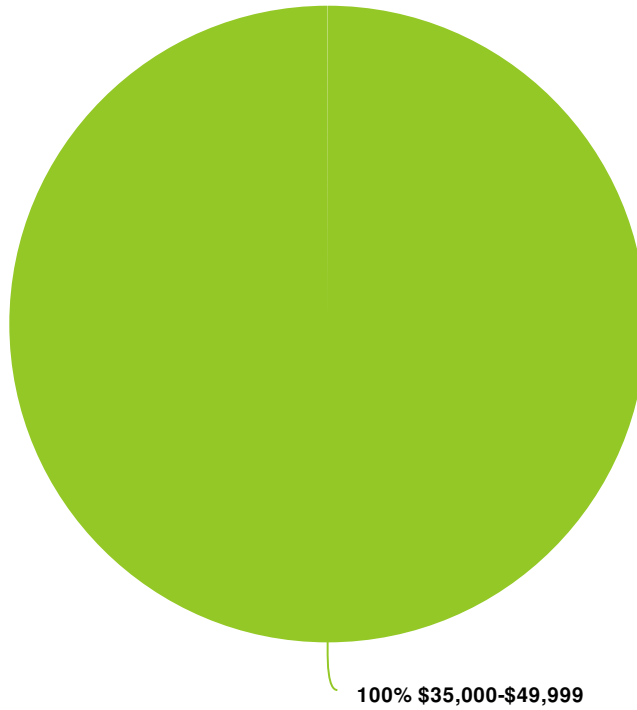
12. What is the highest level of education you completed?






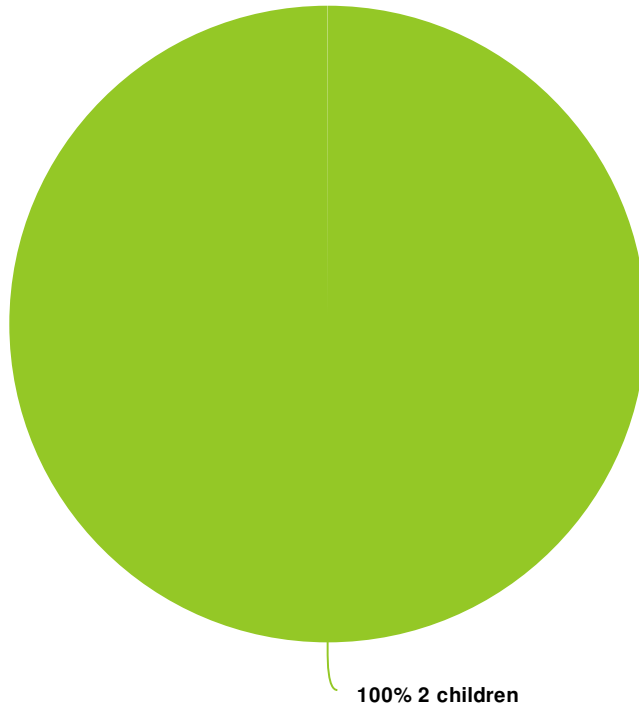
Value	Percent	Responses
High School graduate	100.0%	1
		<b>Totals: 1</b>

13. What is household income range are you in?



Value		Percent	Responses
\$35,000-\$49,999		100.0%	1
			<b>Totals: 1</b>

14. How many children under the age of 18 live in your household?



**Value**

**Percent**

**Responses**

2 children



100.0%

1

**Totals: 1**