

MiThrive Community Survey

Informed Consent

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What is important to the community? What resources and strengths does the community have that can be used to improve community health?

This survey is a chance for you to tell us what is most important to you. MiThrive is working to improve the health of communities in Northern Michigan by collecting data, identifying key issues, and bringing people together for change.

This survey will take about 10 minutes to complete. Your participation in this survey is completely voluntary. Your answers are confidential. The survey data will be managed by MiThrive staff. Your answers will not be used to identify who you are. You are free to skip any question and stop taking the survey at any time. The information you provide will not be used for a discriminatory purpose and there is minimal risk to you for taking the survey.

At the end of the survey, you can choose to be entered into a drawing for a chance to win a \$50 gift card. Five (5) winners will be chosen - must be 18 or older.

If you have any questions about this survey, please email mithrive@northernmichiganchir.org.

VALIDATION Max. answers = 3 (if answered)

ID 13

1. In the following list, what do you think are the **three most important factors for a thriving community?**

Check only three:

- | | |
|---|--|
| <input type="checkbox"/> Reliable transportation | <input type="checkbox"/> Safe and affordable housing |
| <input type="checkbox"/> Parks and green spaces | <input type="checkbox"/> Belonging & inclusion |
| <input type="checkbox"/> Meaningful and rewarding work | <input type="checkbox"/> Lifelong learning: cradle to career |
| <input type="checkbox"/> Civic engagement | <input type="checkbox"/> Disability Accessibility |
| <input type="checkbox"/> Access to quality behavioral health services | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Freedom from trauma, violence, and addiction | <input type="checkbox"/> Access to nutritious food |
| <input type="checkbox"/> Access to quality healthcare services | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Disease and illness prevention | <input type="checkbox"/> Other - Write In |

VALIDATION Max. answers = 3 (if answered)

ID 16

2. In the following list, what do you think are the **three most important issues impacting your community?**

Check only three:

- | | | |
|--|---|--|
| <input type="checkbox"/> Racism and discrimination | <input type="checkbox"/> Suicide | <input type="checkbox"/> Lack of access to healthcare services |
| <input type="checkbox"/> Infectious diseases (e.g., hepatitis, tuberculosis, etc.) | <input type="checkbox"/> Infant death | <input type="checkbox"/> Unreliable transportation |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Substance use | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Lack of quality behavioral health services |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lack of access to nutritious foods | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> Sexually transmitted infections (STIs) | <input type="checkbox"/> Lack of access to behavioral health services | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss, etc.) |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Neighborhood and built environment | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Lack of quality education | <input type="checkbox"/> Lack of safe and affordable housing |
| <input type="checkbox"/> Poor environmental health | <input type="checkbox"/> Cancer | <input type="checkbox"/> Lack of quality healthcare services |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Lack of access to education | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Economic instability | <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Other - Write In |

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Imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

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3. On which step of the ladder would you say you personally feel you stand at this time?

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0

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4. On which step of the ladder do you think you will stand about three years from now?

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0

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5. Think about your level of physical activity and ability to bike, walk, or roll from one place to another. Do any of the following issues prevent you from being more active in your community? (select all that apply)

- Not enough bike lanes
- Not enough affordable recreation facilities
- I live a great distance from places in my community
- Not enough street lights
- Not enough sidewalks
- Low accessibility
- Not enough pedestrian paths, trails, or walkways
- Not enough wayfinding signage
- Not enough affordable physical activity programs
- I feel unsafe in my community
- Not enough greenspaces
- Other - Write In
- I don't experience any of these

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A community is defined, not only by its problems, but by its assets. Assets are resources that bring value to a community such as people, groups, and organizations. We want to know what assets make your community unique and special. Below is a list of community assets. Check the box by each asset that exists in your community. On the following page you will be asked to identify the name of the person, group, or organization and if that asset is primarily focused on a particular population.

6. Check the box next to each asset you know is in your community (feel free to check as many or as few options as you want):

Social Service

- Community Center
- Housing Organizations
- Food Pantry / Kitchens
- Emergency Housing Shelters
- Halfway Houses
- Domestic Violence Shelters

Social/Grassroot Organizations

- Seniors' Group
- Special Interest Group
- Advocacy Groups/Coalitions
- Cultural Organizations
- Hunting/Sportsman Leagues
- Amateur Sports Leagues

Education

- Colleges or Universities

- Community College
- Before-/After-School Program
- Vocational/Technical Education Programs

Health Institutions

- Hospital
- Healthcare Clinic
- Health Department
- Behavioral Health Services

Public Service

- Library
- Police Department
- Fire Department
- Emergency Medical Services

Community-Based Organizations

- Religious Organizations
- United Way

- Community or Philanthropic Foundation
- Political Organizations

Infrastructure

- Parks
- Public Pools
- Vacant Private Building or Lot
- Public Lake or Coastline
- Community Gardens

- Farmers' Markets

Noteworthy Person/Group

- Local Artists/Musicians
- Community Leader
- Celebrity or Influential Figure

Other

- Other - Write In (Required)

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PIPING Piped From Question 6. (Check the box next to each asset you know is in your community (feel free to check as many or as few options as you want):)

Can you tell us the names of the organization you selected?

[question("piped value")]

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PIPING Piped From Question 6. (Check the box next to each asset you know is in your community (feel free to check as many or as few options as you want):)

7. Some of the assets you selected may be geared to a special population. Can you tell us the target population for the assets you identified?

Demographic Questions

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7. What county do you live in? *

- Alcona
- Alpena
- Antrim
- Arenac
- Benzie
- Charlevoix
- Cheboygan
- Clare
- Crawford
- Emmet
- Gladwin
- Grand Traverse
- Iosco
- Isabella
- Kalkaska
- Lake
- Leelanau
- Manistee
- Mason
- Mecosta
- Missaukee
- Montmorency
- Newaygo
- Oceana
- Ogemaw
- Osceola
- Oscoda
- Otsego
- Presque Isle
- Roscommon
- Wexford

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8. What is your zip code?

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9. How old are you?

- Under 18
- 18-24
- 25-39
- 40-64
- 65 and older

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10. What kind of health insurance do you have? (select all that apply)

- Medicaid and Healthy Michigan Plans
- Medicare
- Private/Employer-Sponsored Insurance
- Uninsured
- Unknown
- Other - Write In

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11. Which of the following best describes you? (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say
- Prefer to self-describe

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12. What is your yearly household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- Over \$100,000

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13. Including yourself, how many people live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- >7

LOGIC Show/hide trigger exists.

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14. Do you identify as having a disability?

- Yes
- No

LOGIC Hidden unless: #14 Question "Do you identify as having a disability?" is one of the following answers ("Yes")

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15. Select all that apply

- Physical Disability
- Mental Disability
- Emotional Disability
- Prefer not to say
- Prefer to self-describe

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16. How do you identify your gender? (select all that apply)

Female

Male

Non-binary

Transgender

Prefer to self-describe:

Prefer to not answer

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IMPORTANT: After you submit this survey, click the link on the thank you page to be entered into the gift card drawing.

Thank You!

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Thank you for your time and energy to complete this survey.

Click here for a chance to win a \$50 gift card. Your personal information will not be connected to your survey responses. The same link will also allow you to indicate if you are interested in additional opportunities to provide feedback or participate in opportunities to support health improvement in your community.