

2021 MiThrive Provider Survey

Informed Consent

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This survey seeks providers perspectives on how various issues impact the health and wellbeing of their patients/clients within the 31 counties of Northern Lower Michigan. 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 approximately 10 minutes to complete. Your participation in this survey is completely voluntary. Your answers are confidential. The survey data will be managed and analyzed by MiThrive staff. You will not be identifiable by your answers. You are free to skip any question and stop taking the survey at any time. There is minimal risk to you for taking the survey, including an imposition of time and questions which may be sensitive in nature. If you have any questions about this survey, please email mithrive@northernmichiganchir.org.

(untitled)

Page exit logic: Skip / Disqualify Logic

IF: #1 Question "Do you provide direct care or services for clients or patients?" is one of the following answers ("No") **THEN:** Disqualify and display:

Thank you for your interest in this survey; however, you do not meet the requirement for this survey.

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1. Do you provide direct care or services for clients or patients?*

- Yes
- No

(untitled)

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2. What health system, organization, or entity do you work for? (Please avoid using abbreviations) *

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3. What is your primary role? *

- Clinical Social Worker
- Doctor of Medicine or Osteopathy
- Pharmacist
- Physician's Assistant
- Dental Hygenist
- Public Health Educator
- Community Health Worker
- Nurse Practitioner
- Chiropractor
- Nurse
- Clinical Psychologist
- Podiatrist
- Dentist
- Optometrist
- Nurse-Midwife
- Other - Write In

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4. Please check the boxes that define your specialty or that of your practice. (Check all that apply) *

- Primary Care
- Pediatrics
- Dental
- Preventative Medicine
- Behavioral Health
- Surgery
- Obstetrics & Gynecology
- Public Health
- Other - Write In

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5. Which county(ies) do you provide direct care or services in? (Check all that apply) *

- 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

ID 9

6. Approximately what percentage of the patients you serve are on Medicaid?

*

- 0-15%
- 16-30%
- 31-50%
- >50%

VALIDATION Max. answers = 3 (if answered)

ID 10

7. Thinking about the population you serve, what do you think are the three most important factors for a thriving community?

Check only three: *

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

Other - Write In

VALIDATION Max. answers = 3 (if answered)

ID 12

8. What do you think are the three most important issues impacting patients/clients in the community(ies) you serve?

Check only three: *

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

9. From the list below which resources or services are missing in your community that would benefit your patients/clients? (Check all that apply) *

Employment Navigation

Domestic Violence Services

Mental Health

Housing

Food

Substance Abuse Services

Translation

Financial Support

Transportation

Education

Childcare

Dental Health

Primary Care

Other - Write In

I feel there are enough services and resources to refer my patients/clients to.

LOGIC Show/hide trigger exists.

ID 15

10. Are you interested in additional opportunities to provide feedback or participate in opportunities to support health improvement efforts in your community?

*

- Yes
- No

LOGIC Hidden unless: #10 Question "Are you interested in additional opportunities to provide feedback or participate in opportunities to support health improvement efforts in your community?"

" is one of the following answers ("Yes")

ID 17

IMPORTANT: In an effort to keep your survey responses confidential, click the link on the thank you page which will take you to a separate form where you can enter your contact information if you are interested in further feedback or engagement opportunities.

Thank You!

ID 5

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

If you selected yes to the last question, please provide your contact information by clicking this link.