Appendices

Appendix A: Northwest Region Participating Organizations

Sector	Participating Organization	31-County MiThrive Steering Committee	Northwest Round Table	Community Partner Assessment		Community Context Assessment		Community Status Assessment	Exploring MiThrive Data	Data Walk Event	Priority Setting Event
				Community Partner Survey	Facilitated Discussion	Asset Mapping Revisions	Photovoice Promotion	*Community survey (provider survey promotion)			
Hospital Systems	Ascension Michigan • St. Joseph Hospital • Standish Hospital		X		X	X	X	X			
	McLaren • McLaren Central Michigan • McLaren Northern Michigan	X	X		X	X	X	X		X	X
	MyMichigan Health • Alpena Medical Center • Clare Medical Center • Gladwin Medical Center • Mt. Pleasant Medical Center • West Branch Medical Center	X	X	X	X	X	X	X		X	X
	Munson Healthcare • Charlevoix Hospital • Grayling Hospital • Manistee Hospital • Munson Medical Center • Otsego Memorial Hospital • Paul Oliver Hospital	X			X	X	X	X	X		X
	Corewell Health • Big Rapids Hospital • Gerber Memorial Hospital	X	X	X	X	X	X	X	X	X	X

	• Ludington Hospital • Reed City Hospital										
Local Health Depts.	Benzie Leelanau District Health Department	X				X	X	X			
	Central Michigan District Health Department	X	X	X	X	X	X	X	X	X	
	District Health Department #2	X			X	X	X	X	X	X	
	District Health Department #4	X			X	X	X	X	X		
	District Health Department #10	X	X	X	X	X	X	X	X	X	X
	Grand Traverse County Health Department	X				X	X	X		X	
	Health Department of Northwest Michigan	X	X	X	X	X	X	X	X		X
	Benzie Wellness and Aquatic Center			X							
	Island Nation			X							
	Groundwork Center for Resilient Communities	X	X	X	X		X	X	X	X	
	TrueNorth Community Services		X	X	X		X	X	X	X	X
	Lakeshore Children's Advocacy Center			X							
	Project Unity for Life		X	X	X		X	X	X	X	
	Northwest Michigan Community Action Agency			X	X					X	
	Betsie Valley Community Center								X		
	Michigan State University Extension		X		X		X	X			
	Women's Resource Center of Northern Michigan								X		
	SEEDS Ecology and Education Centers		X	X	X		X	X	X		
	Strangers No Longer	X		X	X		X	X	X	X	
	Food Access Strategy Team								X		
	Charlevoix County Community Foundation								X		
	Office of Rural Prosperity								X		
	Grow Benzie									X	
	GT County Drug Free Coalition									X	
	Manna Food Project			X	X					X	X
	Up North Prevention									X	X
	National Alliance on Mental Health -GT									X	
	Grand Traverse Regional Community Foundation		X				X	X			
	Goodwill Northern Michigan		X				X	X			
	Networks Northwest		X				X	X			

	United Way		X		X		X	X	X	X	
	North Country CMH			X	X						
	East Jordan Family Health Center			X	X						
	McLaren Health Plan			X	X						
	Traverse Health Clinic and Coalition			X	X						
	United Healthcare Community Plan				X						
	National Kidney Foundation of Michigan			X	X				X		
	Northwest Michigan Health Services, Inc.			X							
	Northern Michigan Health Services Inc		X				X	X			
	Thunder Bay Community Health Service								X		
	Tawas Wellness								X		
	Traverse Health Clinic		X				X	X		X	
	Great Start Collaborative of Charlevoix, Emmet, & Northern Antrim Counties			X	X						
	Antrim and Kalkaska Community Collaborative			X	X						
	Cadillac Area Public Schools			X	X						
	CMU Rural Health Equity Institute								X		
	Traverse City Area Public Schools								X	X	
	Michigan State University									X	
	CharEm ISD									X	
	Area Agency on Aging of Northwest Michigan	X					X	X	X	X	
	Missaukee County Commission on Aging			X	X					X	
	Kalkaska Commission on Aging			X	X						
	Antrim Commission on Aging								X		

Appendix B: Community Status Assessment: List of Secondary Indicators

Indicator Name	Source
Access to Exercise Opportunities	County Health Rankings
Access to Parks	National Environmental Public Health Tracking Network
Adults 20+ who are Obese	Centers for Disease Control and Prevention
Adults 20+ who are Sedentary	Centers for Disease Control and Prevention
Adults 20+ with Diabetes	Centers for Disease Control and Prevention
Adults 65+ who Received Recommended Preventive Services: Females	CDC - PLACES
Adults 65+ who Received Recommended Preventive Services: Males	CDC - PLACES
Adults 65+ with a disability	American Community Survey 5-Year
Adults 65+ with a Hearing Difficulty	American Community Survey 5-Year
Adults 65+ with a Self-Care Difficulty	American Community Survey 5-Year
Adults 65+ with a Vision Difficulty	American Community Survey 5-Year
Adults 65+ with an Independent Living Difficulty	American Community Survey 5-Year
Adults 65+ with Total Tooth Loss	CDC - PLACES
Adults Ever Diagnosed with Depression	CDC - PLACES
Adults who are Obese	CDC - PLACES
Adults who are Sedentary	CDC - PLACES
Adults who Binge Drink	CDC - PLACES
Adults who Drink Excessively	County Health Rankings
Adults who Experienced a Stroke	CDC - PLACES
Adults who Experienced Coronary Heart Disease	CDC - PLACES
Adults who have had a Routine Checkup: Past Year	CDC - PLACES

Indicator Name	Source
Adults who Have Taken Medications for High Blood Pressure	CDC - PLACES
Adults who Smoke	CDC - PLACES
Adults who Visited a Dentist	CDC - PLACES
Adults with Arthritis	CDC - PLACES
Adults with Cancer	CDC - PLACES
Adults with COPD	CDC - PLACES
Adults with Current Asthma	CDC - PLACES
Adults with Diabetes	CDC - PLACES
Adults with Health Insurance	U.S. Census Bureau - Small Area Health Insurance Estimates
Adults with Kidney Disease	CDC - PLACES
Adults without Health Insurance	CDC - PLACES
Age-Adjusted Death Rate due to Alzheimer's Disease	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Breast Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Colorectal Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Diabetes	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Heart Attacks	National Environmental Public Health Tracking Network
Age-Adjusted Death Rate due to Heart Disease	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Influenza and Pneumonia	Michigan Department of Health and Human Services

Indicator Name	Source
Age-Adjusted Death Rate due to Lung Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Prostate Cancer	National Cancer Institute
Age-Adjusted Death Rate due to Suicide	Michigan Department of Health and Human Services
Age-Adjusted Death Rate due to Unintentional Injuries	Michigan Department of Health and Human Services
Age-Adjusted Hospitalization Rate due to Heart Attack	National Environmental Public Health Tracking Network
Air Pollution due to Particulate Matter	County Health Rankings
Alcohol-Impaired Driving Deaths	County Health Rankings
All Cancer Incidence Rate	National Cancer Institute
Alzheimer's Disease or Dementia: Medicare Population	Centers for Medicare & Medicaid Services
Annual Ozone Air Quality	American Lung Association
Annual Particle Pollution	American Lung Association
Asthma: Medicare Population	Centers for Medicare & Medicaid Services
Atrial Fibrillation: Medicare Population	Centers for Medicare & Medicaid Services
Average Household Size	American Community Survey 5-Year
Babies with Low Birth Weight	Michigan Department of Health and Human Services
Breast Cancer Incidence Rate	National Cancer Institute
Cancer: Medicare Population	Centers for Medicare & Medicaid Services
Cervical Cancer Screening: 21-65	CDC - PLACES
Child Abuse Rate (does not match HP2020)	Annie E. Casey Foundation
Child Care Centers	County Health Rankings
Child Food Insecurity Rate	Feeding America
Child Mortality Rate: Under 20	County Health Rankings
Children Living Below Poverty Level	American Community Survey 5-Year

Indicator Name	Source
Children with a Disability	American Community Survey 5-Year
Children with Health Insurance: Under 19	U.S. Census Bureau - Small Area Health Insurance Estimates
Chlamydia Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Cholesterol Test History: 5 Years	CDC - PLACES
Chronic Kidney Disease: Medicare Population	Centers for Medicare & Medicaid Services
Colon Cancer Screening: USPSTF Recommendation	CDC - PLACES
Colorectal Cancer Incidence Rate	National Cancer Institute
COPD: Medicare Population	Centers for Medicare & Medicaid Services
Daily Dose of UV Irradiance	National Environmental Public Health Tracking Network
Death Rate due to Drug Poisoning	Michigan Substance Use Data Repository
Death Rate due to Motor Vehicle Collisions	County Health Rankings
Death Rate due to Opioid Related Drug Poisoning	Michigan Substance Use Data Repository
Deaths due to Transport Fatal Injuries	Michigan Department of Health and Human Services
Dentist Rate	County Health Rankings
Depression: Medicare Population	Centers for Medicare & Medicaid Services
Diabetes: Medicare Population	Centers for Medicare & Medicaid Services
Employer Establishments	U.S. Census - County Business Patterns
Families Living Below 200% of Federal Poverty Level	American Community Survey 5-Year
Families Living Below Poverty Level	American Community Survey 5-Year
Female Population	U.S. Census Bureau Population and Housing Unit Estimates
Female Population 16+ in Civilian Labor Force	American Community Survey 5-Year
Flu Vaccinations: Medicare Population	Centers for Medicare & Medicaid Services

Indicator Name	Source
Food Environment Index	County Health Rankings
Food Insecure Children Ineligible for Assistance	Feeding America
Food Insecurity Rate	Feeding America
Foreign Born Persons	American Community Survey 5-Year
Gender Pay Gap	American Community Survey 5-Year
Gonorrhea Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Heart Failure: Medicare Population	Centers for Medicare & Medicaid Services
High Blood Pressure Prevalence	CDC - PLACES
High Cholesterol Prevalence: Adults 18+	CDC - PLACES
High School Graduation	Annie E. Casey Foundation
HIV Prevalence Rate: Aged 13+	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Homeowner Vacancy Rate	American Community Survey 5-Year
Homeownership	American Community Survey 5-Year
Households	American Community Survey 5-Year
Households that are Above the ALICE Threshold	United For ALICE
Households that are Asset Limited, Income Constrained, Employed (ALICE)	United For ALICE
Households that are Below the Poverty Threshold	United For ALICE
Households with an Internet Subscription	American Community Survey 5-Year
Households with Cash Public Assistance Income	American Community Survey 5-Year
Households with Children Receiving SNAP	American Community Survey 5-Year
Households with One or More Types of Computing Devices	American Community Survey 5-Year
Households without a Vehicle	American Community Survey 5-Year

Indicator Name	Source
Houses Built Prior to 1950	American Community Survey 5-Year
Housing Units	U.S. Census Bureau Population and Housing Unit Estimates
Hyperlipidemia: Medicare Population	Centers for Medicare & Medicaid Services
Hypertension: Medicare Population	Centers for Medicare & Medicaid Services
Infant Mortality Rate	Michigan Department of Health and Human Services
Insufficient Sleep	CDC - PLACES
Ischemic Heart Disease: Medicare Population	Centers for Medicare & Medicaid Services
Life Expectancy	County Health Rankings
Linguistic Isolation	American Community Survey 5-Year
Liquor Store Density	U.S. Census - County Business Patterns
Lung and Bronchus Cancer Incidence Rate	National Cancer Institute
Male Population	U.S. Census Bureau Population and Housing Unit Estimates
Mammogram: 50-74 Past 2 Years	CDC - PLACES
Mammogram: Medicare Population Past Year	Centers for Medicare & Medicaid Services
Mean Travel Time to Work	American Community Survey 5-Year
Median Household Gross Rent	American Community Survey 5-Year
Median Household Income	American Community Survey 5-Year
Median Housing Unit Value	American Community Survey 5-Year
Median Monthly Owner Costs for Households without a Mortgage	American Community Survey 5-Year
Mental Health Provider Rate	County Health Rankings
Moderate Drought or Worse	National Environmental Public Health Tracking Network

Indicator Name	Source
Mortgaged Owners Median Monthly Household Costs	American Community Survey 5-Year
Mothers who Received Early Prenatal Care	Michigan Department of Health and Human Services
Mothers who Smoked During Pregnancy	Michigan Department of Health and Human Services
Non-Physician Primary Care Provider Rate	County Health Rankings
northernmichigan: births to mothers who smoked	The Annie E. Casey Foundation: Kids Count
northernmichigan: children 0-4 receiving WIC	The Annie E. Casey Foundation: Kids Count
northernmichigan: Children approved for sub child care	The Annie E. Casey Foundation: Kids Count
northernmichigan: children language other than english	The Annie E. Casey Foundation: Kids Count
northernmichigan: children on medicaid	The Annie E. Casey Foundation: Kids Count
northernmichigan: children on michild insurance	The Annie E. Casey Foundation: Kids Count
northernmichigan: Children receiving sub child care	The Annie E. Casey Foundation: Kids Count
northernmichigan: children with health insurance	The Annie E. Casey Foundation: Kids Count
northernmichigan: children with internet	The Annie E. Casey Foundation: Kids Count
northernmichigan: fully immunized toddlers	The Annie E. Casey Foundation: Kids Count
northernmichigan: high housing cost	The Annie E. Casey Foundation: Kids Count
northernmichigan: K-12 Homelessness	The Annie E. Casey Foundation: Kids Count
northernmichigan: medicaid paid births	The Annie E. Casey Foundation: Kids Count
northernmichigan: mental health providers	The Annie E. Casey Foundation: Kids Count
northernmichigan: Michigan Substance Use Vulnerability Index	Michigan Department of Health and Human Services
Number of Extreme Heat Days	National Environmental Public Health Tracking Network
Number of Extreme Heat Events	National Environmental Public Health Tracking Network
Number of Extreme Precipitation Days	National Environmental Public Health Tracking Network

Indicator Name	Source
Opioid Hospitalizations	Michigan Substance Use Data Repository
Opioid Prescriptions Dispensed	Michigan Substance Use Data Repository
Oral Cavity and Pharynx Cancer Incidence Rate	National Cancer Institute
Osteoporosis: Medicare Population	Centers for Medicare & Medicaid Services
PBT Released	U.S. Environmental Protection Agency
People 25+ with a Bachelor's Degree or Higher	American Community Survey 5-Year
People 25+ with a High School Degree or Higher	American Community Survey 5-Year
People 65+ Living Alone	American Community Survey 5-Year
People 65+ Living Below Poverty Level	American Community Survey 5-Year
People Living Below 200% of Federal Poverty Limit	American Community Survey 5-Year
People Living Below Poverty Level	American Community Survey 5-Year
Per Capita Income	American Community Survey 5-Year
Persons in households with an Internet Subscription	American Community Survey 5-Year
Persons with a Cognitive Difficulty	American Community Survey 5-Year
Persons with a Disability	American Community Survey 5-Year
Persons with a Hearing Difficulty	American Community Survey 5-Year
Persons with a Self-Care Difficulty	American Community Survey 5-Year
Persons with a Vision Difficulty	American Community Survey 5-Year
Persons with an Ambulatory Difficulty	American Community Survey 5-Year
Persons with Disability Living in Poverty	American Community Survey 5-Year
Persons with Health Insurance	U.S. Census Bureau - Small Area Health Insurance Estimates
Persons with Private Health Insurance Only	American Community Survey 1-Year
Persons with Public Health Insurance Only	American Community Survey 1-Year

Indicator Name	Source
Pneumonia Vaccinations: Medicare Population	Centers for Medicare & Medicaid Services
Poor Mental Health Days: 14+ Days	CDC - PLACES
Poor Mental Health Days: Average # of Days	County Health Rankings
Poor Physical Health Days: 14+ Days	CDC - PLACES
Poor Physical Health Days: Average # of Days	County Health Rankings
Population 16+ in Civilian Labor Force	American Community Survey 5-Year
Population age 5+ with language other than English spoken at home	American Community Survey 5-Year
Population American Indian and Alaska Native	U.S. Census Bureau Population and Housing Unit Estimates
Population Asian	U.S. Census Bureau Population and Housing Unit Estimates
Population Black or African American	U.S. Census Bureau Population and Housing Unit Estimates
Population Hispanic or Latino	U.S. Census Bureau Population and Housing Unit Estimates
Population Native Hawaiian and Other Pacific Islander	U.S. Census Bureau Population and Housing Unit Estimates
Population Over Age 65	U.S. Census Bureau Population and Housing Unit Estimates
Population Two or More Races	U.S. Census Bureau Population and Housing Unit Estimates
Population Under Age 18	U.S. Census Bureau Population and Housing Unit Estimates
Population Under Age 5	U.S. Census Bureau Population and Housing Unit Estimates
Population White	U.S. Census Bureau Population and Housing Unit Estimates

Indicator Name	Source
Population White (Not Hispanic or Latino)	U.S. Census Bureau Population and Housing Unit Estimates
Premature Death	County Health Rankings
Preterm Births (OE)	Michigan Department of Health and Human Services
Preventable Hospital Stays: Per 100,000	Centers for Medicare & Medicaid Services
Primary Care Provider Rate	County Health Rankings
Prostate Cancer Incidence Rate	National Cancer Institute
Proximity to Highways	National Environmental Public Health Tracking Network
Recognized Carcinogens Released into Air	U.S. Environmental Protection Agency
Renters Spending 30% or More of Household Income on Rent	American Community Survey 5-Year
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	Centers for Medicare & Medicaid Services
Self-Reported General Health Assessment: Poor or Fair	CDC - PLACES
Severe Housing Problems	County Health Rankings
Single-Parent Households	American Community Survey 5-Year
Size of Labor Force	U.S. Bureau of Labor Statistics
Social Associations	County Health Rankings
Solo Drivers with a Long Commute	County Health Rankings
Stroke: Medicare Population	Centers for Medicare & Medicaid Services
Student-to-Teacher Ratio	National Center for Education Statistics
Students Eligible for the Free Lunch Program	National Center for Education Statistics
Syphilis Incidence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen Birth Rate: 15-19	Michigan Department of Health and Human Services
Teen Pregnancy Rate: 15-19	Michigan Department of Health and Human Services

Indicator Name	Source
Total Employment	U.S. Census - County Business Patterns
Total Employment Change	U.S. Census - County Business Patterns
Total Population	U.S. Census Bureau Population and Housing Unit Estimates
Unemployed Veterans	American Community Survey 5-Year
Unemployed Workers in Civilian Labor Force	U.S. Bureau of Labor Statistics
Veteran Population	American Community Survey 5-Year
Veterans Living Below Poverty Level	American Community Survey 5-Year
Veterans with a Disability	American Community Survey 5-Year
Veterans with a High School Degree or Higher	American Community Survey 5-Year
Workers Commuting by Public Transportation	American Community Survey 5-Year
Workers who Drive Alone to Work	American Community Survey 5-Year
Workers who Walk to Work	American Community Survey 5-Year
Young Children Living Below Poverty Level	American Community Survey 5-Year
Youth not in School or Working	American Community Survey 5-Year

More information on these indicators can be found on the MiThrive Data Platform:

MiThrive Data – Northern Michigan CHIR

Appendix C: Community Status Assessment: Community and Provider Survey Instrument

2024 Northern Michigan Community Health Survey

Informed Consent

This survey is a chance for you to tell us what is most important to you. MiThrive, a collaborative body that brings together cross-sector partners including local health departments and hospitals across the 31 counties of Northern Lower Michigan, is working to improve the health of communities in these counties by collecting data, identifying key issues, and bringing people together for change.

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

Instructions: This survey will take about 15 minutes to complete. Please select the best answers for each question.

Consent: 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. 31 winners will be chosen (One person per county) - must be 18 or older.

Data Transparency: Data collected will be used in the 2024 MiThrive Community Health Assessment and overall results shared on the Northern Michigan Community Health Innovation Region webpage. Any personal information will be kept confidential.

Translation & Accessibility: ***This form is available in Spanish***. Click on the globe icon on the top-right corner of this page and select 'Spanish' from the dropdown menu.
Este formulario está disponible en español. Haga clic en el icono del globo terráqueo en la esquina superior derecha de esta página y seleccione 'Spanish' en el menú desplegable.

If you require accommodations to complete this survey such as for vision, hearing, or other disabilities, please email us at mithrive@northernmichiganchir.org and we would be happy to assist.

Submission Due Date: This form will close **Sunday, October 6th at 11:59 PM**. Please submit your response prior to this time.

Questions and concerns can be emailed to **mithrive@northernmichiganchir.org**.

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1) Which 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

( ) Other - Write In: _____

2) In the following list, which five assets do you think are **the most important factors for a community to be considered "thriving"?** Please select up to **five** options.

[ ] Healthy food

[ ] Safe housing that does not cost too much

[ ] High quality medical care

[ ] Access to general medical care

[ ] Access to specialty medical care

[ ] Help for mental health and emotions

[ ] Parks and green spaces

[ ] Safe and reliable childcare

[ ] A strong sense of community among residents

[ ] Stopping people from getting sick

[ ] Helping people with long term sickness feel better

[ ] Being safe from harm and violence

[ ] Low substance use or drug use (alcohol, marijuana, tobacco, e-cigarettes, opioid, and narcotic-use)

[ ] Jobs that make people happy and proud

[ ] Jobs that pay well and a strong economy

[ ] Clear air, water, and land

[ ] Community members who are helping out and getting involved in the community

[ ] Lifelong learning

[ ] Schools with plenty of resources

[ ] Transportation that you can count on

[ ] Fun events that show different kinds of art and culture

[ ] Being accepted as part of the community

[ ] Low levels of crime

[ ] Police, fire/rescue, and emergency services

[ ] Ease of use for people with physical and/or mental disabilities

[ ] Other - Write In: _____

3) Please indicate how strongly you **agree or disagree** with each of the following statements. Please select **<u>one</u>** option per statement.

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**I don't know**
My community is a safe place to live.	( )	( )	( )	( )	( )

My community is a good place to raise children.	( )	( )	( )	( )	( )
My community is a good place to grow old.	( )	( )	( )	( )	( )
There are enough jobs in my community that pay well.	( )	( )	( )	( )	( )
People in my community have good jobs that pay enough.	( )	( )	( )	( )	( )
My community has enough access to healthy food that doesn't cost too much.	( )	( )	( )	( )	( )
There is enough housing available in my community that doesn't cost too much.	( )	( )	( )	( )	( )
There are housing and support services available for older adults in my community.	( )	( )	( )	( )	( )
My community has safe drinking water and clean air.	( )	( )	( )	( )	( )
There are enough parks and other places for fun and physical activity in my community.	( )	( )	( )	( )	( )
There is a strong sense of community among the people where I live.	( )	( )	( )	( )	( )

I feel welcomed and accepted by the other people in my community.	( )	( )	( )	( )	( )
There are no problems with discrimination or negative attitudes/behaviors/thoughts in my community based on race, gender, income, or other factors.	( )	( )	( )	( )	( )

4) In the following list, what do you think are the **three most concerning medical conditions impacting your community**? Please select up to **three** options.

[ ] Aging problems (e.g., arthritis, hearing/vision loss, etc.)

[ ] Alzheimer's disease/dementia

[ ] Cancer

[ ] COVID-19

[ ] Diabetes

[ ] Heart disease and stroke

[ ] High blood pressure

[ ] HIV/AIDS

[ ] Infant death

[ ] Infectious diseases (e.g., hepatitis, tuberculosis, etc.)

[ ] Kidney disease

[ ] Liver disease

[ ] Issues during pregnancy or giving birth

[ ] Mental and/or behavioral diseases

[ ] Pneumonia/ Flu

[ ] Respiratory/lung disease (such as asthma and COPD)

[ ] Sexually transmitted infections (STIs)

[ ] Substance use disorders (SUDs)

[ ] Injuries due to accidents

[ ] Obesity

[ ] Other - Write In: _____

5) In the following list, what are the **three most important concerns within your community** that should be addressed? Please select up to **three** options.

[ ] Aging problems (e.g., arthritis, hearing/vision loss, etc.)

[ ] Child abuse/neglect

[ ] Not enough oral/ dental healthcare services

[ ] Domestic and sexual violence

[ ] Lack of good jobs that pay enough

[ ] Homicide, or people ending the lives of other people

[ ] Discrimination or negative attitudes/behaviors/thoughts based on race, gender, income, or other factors

[ ] High quality medical care

[ ] Access to general medical care

[ ] Access to specialty medical care

[ ] Not enough substance use disorder (SUD) services

[ ] Suicide, or people ending their own lives

[ ] Teenage pregnancy

[ ] Not enough maternal care services

[ ] Pollution (bad air and water quality)

[ ] Not enough educational opportunities

[ ] Firearm-related or gun-related injuries

[ ] Not enough mental health services

[ ] Motor vehicle/traffic accidents

[ ] Lack of usable parks and green spaces

[ ] Not enough healthy foods

[ ] Not enough options for transportation

[ ] Lack of transportation that is safe and doesn't cost too much

[ ] {Lack of good mental health services}

[ ] Lack of good schools and education

[ ] Not enough available options for housing

[ ] Lack of housing that is safe and doesn't cost too much

[ ] Lack of good internet access

[ ] Not enough arts and culture

[ ] Police, fire/rescue, or emergency services

[ ] Trouble managing chronic or long-term health issues

[ ] Sense or of community

[ ] Other - Write In: _____

6) Please indicate whether you think you have **easy access (or the ability to find and receive services)** to each of the following. Please select **<u>one</u>** option per statement.

	Yes, I have easy access	**No, I do not have easy access**	**Does not apply to me**

Health information from a source I trust	( )	( )	( )
Family planning services	( )	( )	( )
Good food that doesn't cost too much	( )	( )	( )
Health services for children	( )	( )	( )
Immunizations/Vaccinations	( )	( )	( )
Mental health services	( )	( )	( )
Oral/dental health services	( )	( )	( )
Prenatal care/health care for pregnancy	( )	( )	( )
Primary care services	( )	( )	( )
Sexual health testing and treatment	( )	( )	( )
Services for those with substance-use or drug-use issues	( )	( )	( )
Housing services	( )	( )	( )
Childcare services	( )	( )	( )
Services or care for people with dementia	( )	( )	( )
Supports for the health and wellness of caregivers	( )	( )	( )

Broadband access	( )	( )	( )

7) From the list below, which resources or services are **missing in your community** that would benefit you? Please select **all** options that apply to you.

[ ] Housing

[ ] Food

[ ] Transportation

[ ] Mental Health

[ ] Financial Support

[ ] Domestic Violence Services

[ ] Education

[ ] Primary Care

[ ] Childcare

[ ] Substance-use Services

[ ] Dental Health

[ ] Internet (broadband, satellite, etc.)

[ ] Language or translation services

[ ] I feel there are enough services and resources in my community

[ ] Other - Write In: _____

8) Which of the following factors do you experience that make it **harder for you to use health care services**? Please select **all** options that apply to you.

[ ] Cost of healthcare (premiums, deductible, copay)

[ ] Difficulty getting an appointment due to your provider not having enough available timeslots

[ ] No appointment times that fit your schedule (day/night/weekends etc.)

[ ] Issues with knowing how to use technology-based scheduling or appointments

[ ] Do not have the personal equipment for online appointments or scheduling (no cellphone/computer, no internet, etc.)

[ ] Healthcare providers do not speak your native language.

[ ] Cannot understand what your healthcare provider is trying to tell you

[ ] Do not trust healthcare providers

[ ] Primary services are located too far away from your area

[ ] Specialty services are located too far away from your area

[ ] Not accepting your insurance

[ ] Pharmacies regularly do not have your prescription/medication

[ ] Costs of prescriptions or medications

[ ] Feeling like healthcare providers are not listening to your concerns

[ ] Too much paperwork before seeing a healthcare provider

[ ] Lack of transportation options

[ ] Transportation costs too much

[ ] Transportation is not reliable

[ ] Other - Write In: _____

[ ] I have no barriers

9) Think about your environment and features of your community, and your ability to run, walk, bike, or roll from one place to another. Do any of the following issues **currently prevent you from being more active** in your community? Please select **all** options that apply to you.

[ ] Sidewalks

[ ] Walkable paths, trails, or walkways

[ ] Bike lanes

[ ] Greenspaces (parks, etc.)

[ ] Direction signs (street signs, etc.)

[ ] Recreation facilities

[ ] Affordable physical activity programs

[ ] Streetlights

[ ] Low ease of use for people with disabilities

[ ] Living a great distance from places in my community

[ ] Feeling unsafe in my community

[ ] Lack of maintenance on paths/trails/roads (snow clearing, etc.)

[ ] Other - Write In: _____

[ ] I don't experience any of these

10) The following statements describe a person who meets the guidelines for chronic disease prevention. For each statement, please indicate whether you think YOU, **in a typical week**, have met the guidelines for chronic disease prevention. Please select **one** option per statement.

	Exceed Expectation	**Met Expectation**	**Did Not Met Expectation**
Eat 1.5–2 cups of fruits per day and 2-3 cups of vegetables per day	( )	( )	( )
At least 150 minutes of physical activity a week (ex. 30 minutes a day for 5 days a week)	( )	( )	( )
Sleep at least 7 hours each night	( )	( )	( )

Free from daily stress and depression	( )	( )	( )
Free from self-harm and suicidal thoughts	( )	( )	( )
Receive routine screenings every year (annual physical, etc.)	( )	( )	( )
Have good overall health	( )	( )	( )

11) Please indicate how frequently you use any of the following substances.

	Currently use this substance (within the past 12 months)	**Formerly used this substance (any-time before the last 12 months)**
Tobacco-use (commercial cigarettes or chewing tobacco, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
E-cigarette (vape, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Excessive Alcohol (eight or more drinks for women, or 15 or more drinks for men during a week)	Daily ( ) Several times a week ( )	Daily ( ) Several times a week ( )

	Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Binge Drinking Alcohol (four or more drinks for women, or five or more drinks for men during an occasion)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Marijuana-use (smoking, edibles, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Illegal substances (such as cocaine, crack, crystal meth, heroin, smack, PCP, LSD, etc.)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Opioids (narcotics, prescribed by a healthcare provider but are not using as prescribed)	Daily ( ) Several times a week ( )	Daily ( ) Several times a week ( )

	Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )
Opioids (narcotics, not prescribed by a healthcare provider)	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )	Daily ( ) Several times a week ( ) Once a week ( ) 1-3 times a month ( ) Less than once a month ( ) Never ( )

12) Thinking broadly, what **changes are happening or might happen** in your area that you believe will affect the health of your community?
These changes can include weather, technology, money, laws, diseases, community resources, and other things.

_____

_____

_____

_____

13) Do you have any other **comments or concerns** that you would like to share that are not reflected in other questions of this survey?

_____

_____

_____

_____

Demographic Questions

14) Do you represent any of the following populations? Please select **all** options that apply to you.*

[ ] Amish

[ ] Native/tribal populations

[ ] Migrant/farm worker

[ ] Senior (Over the age of 60)

[ ] Low income/ financially struggling

[ ] Homeless or unhoused

[ ] Have one or more disabilities

[ ] Have grade-school-aged children or younger

[ ] Have children that are older than grade-school age

[ ] Have a mental illness (ex. anxiety, depression, etc.)

[ ] Have a substance-use disorder (ex. alcohol, marijuana, opioid-use, etc.)

[ ] Currently serve or have served in the military

[ ] LGBTQ+ Community

[ ] Provider/ Healthcare Staff

[ ] No, I am not one of the above

[ ] Prefer not answer

15) What is the five-digit zip code of the area in which you live?*

_____

16) Which county do you spend most (over 51%) of your time in? This could include time spent for work, travel, or fun.*

( ) 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

( ) Other - Write In: _____

17) What is your age in years?*

_____

18) What kind of health insurance(s) do you have? Please select **all** options that apply to you. *

[ ] Medicaid and Healthy Michigan Plans

[ ] Medicare

[ ] Individual or family insurance purchased on the exchange or marketplace

[ ] Employer-sponsored insurance

[ ] Uninsured

[ ] Unknown

[ ] Other - Write In: _____

[ ] Prefer not to answer

19) Which of the following best describes you? Please select **all** options that apply to you.*

[ ] Asian

[ ] Asian American

[ ] African

[ ] Black or African American

[ ] Hispanic or Latino/a/x

[ ] Middle Eastern/ North African

[ ] Native American/ Indigenous/ Alaska Native

[ ] Native Hawaiian/ Pacific Islander

[ ] White/ European

[ ] Prefer not to say

[ ] Prefer to self-describe: _____

20) What is the highest level of education that you have achieved?*

( ) Did not finish high school

( ) High school graduate or GED

( ) Some college, no degree

( ) Trade school diploma or certificate

( ) 2-year (Associate's) degree

( ) 4-year (Bachelor's) degree

( ) Graduate or professional degree

( ) Prefer not to answer

21) What is your yearly total 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

( ) $100,000 to $149,999

( ) Over $150,000

( ) Prefer not to answer

22) Including yourself, how many people live in your household?

( ) 1

( ) 2

( ) 3

( ) 4

( ) 5

( ) 6

( ) 7 or more

( ) Prefer not to answer

23) Do you identify as having a disability?

( ) Yes

( ) No

( ) Prefer not to answer

24) Select all options that you would use to describe your disability:

[ ] Blind or Low Vision

[ ] Deaf or Hard of Hearing

[ ] Mental Health Disability

[ ] Intellectual or Developmental Disability

[ ] Traumatic Brain Injury

[ ] Autism Spectrum Disorder

[ ] Physical disability or Mobility Impairment

[ ] Prefer not to say

[ ] Prefer to self-describe: _____

25) How do you identify your gender?

( ) Female

( ) Male

( ) Non-binary

( ) Transgender

( ) Prefer to self-describe:: _____

( ) Prefer to not answer

26) What is your sexual orientation?

( ) Straight/ Heterosexual

( ) Gay

( ) Lesbian

( ) Bisexual

( ) Other - Write In: _____

( ) I prefer not to answer

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

Provider/Healthcare Staff Questions

27) Do you provide direct care or services for clients or patients?

( ) Yes

( ) No

( ) Prefer not to answer

28) What health system, organization, or entity do you work for? Please avoid using abbreviations in your response.

_____

29) What is your primary role as a healthcare provider? Please select only the **one** option that best fits your role.

( ) Clinical social worker

( ) Doctor of medicine or osteopathy (MD or DO)

( ) Pharmacist

( ) Physician's assistant (PA)/Nurse practitioner (NP)

( ) Dental hygienist

( ) Dietitian

( ) Community health worker

( ) Chiropractor

( ) Nurse (RN, CNA, BSN, etc.)

( ) Clinical psychologist

( ) Podiatrist

( ) Dentist

( ) Optometrist

( ) Physical therapist (PT)/Occupational therapist (OT)/Speech-language pathologist

( ) Other - Write In: _____

30) Define your specialty or that of your practice. Please select **all** options that apply to you.

[ ] Emergency care

[ ] Primary care

[ ] Pediatrics

[ ] Dental

[ ] Preventative medicine/public health

[ ] Mental health

[ ] Behavioral health

[ ] Surgery

[ ] Substance use services

[ ] Obstetrics and Gynecology

[ ] Family medicine

[ ] Internal medicine

[ ] Neurology

[ ] Psychiatry

[ ] Otolaryngology (ENT)

[ ] Urology

[ ] Anesthesiology

[ ] Radiology

[ ] Pathology

[ ] Orthopedics

[ ] Dermatology

[ ] Cardiology

[ ] Gastroenterology

[ ] Pulmonology

[ ] Endocrinology

[ ] Infectious Diseases

[ ] Oncology

[ ] Allergy/Immunology

[ ] Other - Write In: _____

31) Approximately what percentage of the patients you serve are on Medicaid?

( ) 0-15%

( ) 16-30%

( ) 31-50%

( ) More than 50%

32) What issues are you seeing in your community that are not reflected in other areas of this survey?

_____

_____

_____

_____

Thank You!

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

Click here to enter 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.

More opportunities to get involved:

If you're interested in engaging more, we invite you to participate in the MiThrive photovoice. All participants will be entered into a $50 gift card drawing.

Take and submit photos and stories to share your perspective on your community. We want to hear from you on what makes your community a great place to live—or where it could improve – through the lens of your camera.

Photovoice Submission Link

Appendix D: Community Partner Assessment: Community Partner Survey Instrument

Community Partner Assessment

Welcome

Note: Please submit only one completed survey per organization.

Thanks for taking the MiThrive Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together.

Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Public health is more than healthcare. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in MiThrive, whom they serve, what they do, and their capacities and skills to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact.

After completing the Community Partner Assessment, a representative from each organization will be asked to participate in phase two of this assessment which includes a facilitated discussion. More information will be emailed to the individual filling out/ representing the organization in the Community Partner Assessment.

The responses to this survey and discussion will be summarized in our Community Health Assessment (CH[N]A). The results from the CPA and CHA will be used for planning and implementation for the next 3 years, before being revisited in the next cycle. The information gathered in this assessment will be used to develop a Community Health Improvement Plan (CHIP) to improve health in our community.

If you have any questions or concerns, email mithrive@northernmichiganchir.org.

Currently, we have not translated this survey, but resources can be available to help translate if needed. Additionally, we have staff available to accommodate with vision, hearing, or other disabilities that may impact the completion of this survey. Email mithrive@northernmichiganchir.org with any translation or accommodations requests.

Things to know:

This survey should take 30-40 minutes.

We recommend taking this survey on a computer or laptop rather than a phone or tablet due to question formatting.

Although a PDF copy is provided, all responses need to be entered into the digital format to be counted. If you need assistance with this, please contact mithrive@northernmichiganchir.org.

Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CH[N]A report.

The Community Partner Assessment is intended to be a team effort. We suggest involving the rest of your organization to answer the assessment questions as needed.

Submit only one completed survey per organization.
Survey will close on **June 3rd 2024 at 8am**. Please submit responses on the virtual platform prior to this date.

1) Passcode*

_____

A. About Your Organization

This section asks about your organization, including type, interest in participating in MiThrive, populations served, topic or focus areas, commitment to equity, and accountability.

A-1) Your Organization

2) Contact Information*

First and Last Name: _____

Full Name of Your Organization : _____

Email Address: _____

Phone Number: _____

3) Which MiThrive counties does your organization cover? **(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

4) Which of the following best describe(s) your organization?*

( ) City, County, State Health Department

( ) Tribal Health Department

( ) Other City, County, State, Tribal Government Agency

( ) Private or Public Hospital

( ) Private or Public Clinic

( ) Emergency Response

( ) School/Education (PK-12)

( ) College/University

( ) Library

( ) Non-Profit Organization

( ) Grassroots Community Organizing Group/Organization

( ) Tenants' Association

( ) Social Service Provider

( ) Housing Provider

( ) Transportation Provider

( ) Mental Health Provider

( ) Neighborhood Association

( ) Foundation/Philanthropy

( ) For-Profit Organization/Private Business

( ) Faith-based Organization

( ) Center for Independent Living

( ) Other

5) Please elaborate on what you mean when you describe your organization as "Other":

_____

A-2) Organizational Interest in Participating in and Supporting MiThrive

6) What are your organization's top three interests in joining a community health improvement partnership? **(Select only three (3) options below)**

[ ] To deliver programs effectively and efficiently and avoid duplicated efforts

[ ] To pool resources

[ ] To increase communication among groups

[ ] To break down stereotypes

[ ] To build networks and friendships

[ ] To revitalize low energy of groups who are trying to do too much alone

[ ] To plan and launch community-wide initiatives

[ ] To develop and use political power to gain services or other benefits for the community

[ ] To improve line of communication from communities to government decision-making

[ ] To improve line of communication from government to communities

[ ] To create long-term, permanent social change

[ ] To obtain or provide services

[ ] Other - Write In: _____

7) Why is your organization interested in participating in a community health initiative? **(Check all that apply)**

[ ] Access to data

[ ] Connections to communities with lived experience

[ ] Connections to other organizations

[ ] Connections to decision-makers

[ ] Connections to potential funders

[ ] Positive publicity (e.g., our organization supports community health)

[ ] Helps achieve requirements for public health accreditation

[ ] Helps achieve requirements for IRS non-profit tax status

[ ] Helps achieve requirements for Federally Qualified Health Center (FQHC) status

[ ] Helps achieve other requirements

[ ] Improving conditions for members/constituents

[ ] Other - Write In: _____

8) What resources might your organization contribute to support MiThrive activities? ***(Check all that apply)***
*Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.*

[ ] I'm unsure

[ ] Funding to support assessment activities (e.g., data collection, analysis)

[ ] Funding to support community engagement (e.g., stipends, gift cards)

[ ] Food for community meetings

[ ] Childcare for community meetings

[ ] Policy/advocacy skills

[ ] Media connections

[ ] Social media capacities

[ ] Physical space to hold meetings

[ ] Technology to support virtual meetings

[ ] Coordination with tribal government

[ ] Staff time to support community engagement and involvement

[ ] Staff time to support interpretation and translation

[ ] Lending interpretation equipment for use during meetings

[ ] Staff time to support relationship-building between MiThrive staff and other organizations (e.g., introductions to government agencies or organizers)

[ ] Staff time to support focus group facilitation or interviews

[ ] Staff time to help analyze quantitative data

[ ] Staff time to help analyze qualitative data

[ ] Staff time to participate in MiThrive meetings and activities

[ ] Staff time to help plan MiThrive meetings and activities

[ ] Staff time to help facilitate MiThrive meetings and activities

[ ] Staff time to help implement MiThrive meetings and activities

[ ] Note-taking support during qualitative data collection

[ ] Staff time to transcribe meeting notes/recordings

[ ] Other - Write In: _____

A-3) Demographics and Characteristics of Clients/Members Served/Engaged

9) Briefly describe the client population that your organization serves.
For example, groups identifiable by rural/urban, gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

_____

_____

_____

_____

10) Please select the client populations that your organization regularly provides services for. *(Check all that apply) (Example: A local substance-use prevention coalition will provide specific services for individuals with a substance-use disorder,*

however, a university may service students with a substance-use disorder but they do not have specific services/programs for individuals with a substance-use disorder.)

	My organization provides services specifically for this community.	**My organization provides general services and individuals of this population could use those services. However, we do not provides services specifically for this community.**	**My organization does not provide services for individuals within this community.**
Racial & Ethnic Minority Community: Individuals who are African, Black/African American, Asian, Asian American, Hispanic/Latinx, Middle Eastern/North African, Native American/Indigenous/Alaska Native, Pacific Islander/Native Hawaiian	[ ]	[ ]	[ ]
Immigrant, Refugee, & Asylum-seeking Community: Individuals who have left their country of origin	[ ]	[ ]	[ ]
LGBTQ+ Community: Individuals who are transgender people, nonbinary people, and other members of the LGBTQIA+ community	[ ]	[ ]	[ ]
Individuals with Disabilities: This would include but not be limited to the following categories: Individuals that are Blind or Low Vision, Deaf or Hard of Hearing, Mental Health, Intellectual or Developmental Disability, Traumatic Brain Injury, Autism Spectrum Disorder, and Physical Disability.	[ ]	[ ]	[ ]

Individuals with Substance-use Disorders: Individuals who have a substance-use disorder.	[ ]	[ ]	[ ]
Individuals with Low Income: Individuals who fall below the ALICE Household Poverty Level or Individuals who fall below the Federal Poverty Level.	[ ]	[ ]	[ ]
Senior: Individuals over the age of 60 years old	[ ]	[ ]	[ ]
Youth: Individuals under the age of 18 years old	[ ]	[ ]	[ ]
Other: Write In- Below	[ ]	[ ]	[ ]

11) If you answered "Yes, my organization provides services specifically for this community", what racial/ethnic populations does your organization primarily work with? ***(Check all that apply)***

[ ] Asian

[ ] Asian American

[ ] African

[ ] Black/African American

[ ] Latinx/Hispanic

[ ] Middle Eastern/North African

[ ] Native American/Indigenous/Alaska Native

[ ] Pacific Islander/Native Hawaiian

[ ] White/European

[ ] Other - Write In: _____

12) If you answered "Yes, my organization provides services specifically for this community", what populations with disabilities does your organization primarily work with? ***(Check all that apply)***

[ ] Blind or Low Vision

[ ] Deaf or Hard of Hearing

[ ] Mental Health Disability

[ ] Intellectual or Developmental Disability

[ ] Traumatic Brain Injury

[ ] Autism Spectrum Disorder

[ ] Other - Write In: _____

13) Does your organization have access to interpretation and translation services?

( ) Yes

( ) No

( ) Unsure

( ) Not applicable

14) What do you do to reach/engage/work with your clientele or community? *(Check all that apply)*

[ ] We hire staff from specific racial/ethnic groups that mirror our target populations

[ ] We hire staff/interpreters who speak the language/s of our target populations

[ ] We support leadership development in our target populations

[ ] We have leadership who speak the language/s of our target populations

[ ] Our organization is physically located in neighborhood/s of our target populations

[ ] We receive many clients from our target populations

[ ] We receive many referrals from our target populations

[ ] We work closely with community organizations from our target populations

[ ] We have done extensive outreach to our target populations

[ ] Other - Write In: _____

A-4) Topic Area Focus

15) How much has your organization focused on each of these topics?

	1) A Lot	**2) A Little**	**3) Not At All**	**4) Unsure**

i. Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	( )	( )	( )	( )
ii. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	( )	( )	( )	( )
iii. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	( )	( )	( )	( )
iv. Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.	( )	( )	( )	( )
v. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion	( )	( )	( )	( )

within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.				

16) Which of the following categories does your organization actively engage with more than once in the last year? *(Check all that apply)*

[ ] Arts and culture

[ ] Businesses and for-profit organizations

[ ] Criminal legal system

[ ] Disability/independent living

[ ] Early childhood development/childcare

[ ] Education

[ ] Community economic development

[ ] Economic security

[ ] Environmental justice/climate change

[ ] Faith communities

[ ] Family well-being

[ ] Financial institutions (e.g., banks, credit unions)

[ ] Food access and affordability (e.g., food bank)

[ ] Food service/restaurants

[ ] Gender discrimination/equity

[ ] Government accountability

[ ] Healthcare access/utilization

[ ] Housing

[ ] Human services

[ ] Immigration

[ ] Jobs/labor conditions/wages and income

[ ] Land use planning/development

[ ] LGBTQIA+ discrimination/equity

[ ] Parks, recreation, and open space

[ ] Public health

[ ] Public safety/violence

[ ] Racial justice

[ ] Seniors/elder care

[ ] Transportation

[ ] Utilities

[ ] Veterans' issues

[ ] Violence

[ ] Youth development and leadership

[ ] Other - Write In: _____

17) Which of the following health topics has your organization actively worked on in the past year? ***(Check all that apply)***

[ ] Cancer

[ ] Chronic Disease (e.g., asthma, diabetes/obesity, cardiovascular disease)

[ ] Family/maternal health

[ ] Immunizations and screenings

[ ] Infectious disease

[ ] Injury and violence prevention

[ ] Economic/ Financial health

[ ] HIV/STD prevention

[ ] Healthcare access/utilization

[ ] Health equity

[ ] Health insurance/Medicare/Medicaid

[ ] Mental or behavioral health (e.g., PTSD, anxiety, trauma)

[ ] Physical activity

[ ] Public safety

[ ] Public transportation

[ ] Tobacco and substance use and prevention

[ ] Social determinants of health

[ ] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps

[ ] None of the above/Not applicable

[ ] Other - Write In: _____

A-5) Organizational Commitment to Equity

18) Please review the following statements.

	1) Agree	**2) Disagree**	**3) Unsure**
i. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization.	( )	( )	( )
ii. We have at least one person in our organization dedicated to addressing inequities externally in our community.	( )	( )	( )
iii. We have a team dedicated to advancing equity/addressing inequities in our organization.	( )	( )	( )
iv. Advancing equity/addressing inequities is included in all or most staff job requirements.	( )	( )	( )

A-6) Organizational Accountability

19) To whom is your organization accountable? *(Check all that apply)*
By "accountable", we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members.

[ ] Mayor, governor, or other elected executive official

[ ] City council, board of supervisors/commissioners, or other elected legislative officials

[ ] State government

[ ] Federal government

[ ] Tribal government

[ ] Foundation

[ ] Advisory board

[ ] Community members

[ ] Members of the organization/association

[ ] Customers/clients

[ ] Board of directors/trustees

[ ] Shareholders

[ ] Voters

[ ] Voting members

[ ] National/parent organization

[ ] Other government agencies

[ ] Other - Write In: _____

B. Capacities to Support Community Health Improvement

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support MiThrive by doing that task. Following the set of questions is space for comments or questions.

20) Please select the activities your organization regularly performs. *(Check all that apply)*

	My organization currently performs this activity	**My organization want to perform this activity in the future**	**My organization does not perform or plan to perform this activity**
Assessment: My organization conducts assessments of living and working conditions and community needs and assets.	[ ]	[ ]	[ ]

Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.	[ ]	[ ]	[ ]
Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.	[ ]	[ ]	[ ]
Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.	[ ]	[ ]	[ ]
Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.	[ ]	[ ]	[ ]
Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.	[ ]	[ ]	[ ]
Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and	[ ]	[ ]	[ ]

an effective system of care and services.			
Organizational Infrastructure & Workforce: My organization is helping build and maintain a strong organizational infrastructure for health and well-being. My organization supports workforce development and can help build and support a diverse, skilled workforce.	[ ]	[ ]	[ ]
Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.	[ ]	[ ]	[ ]
Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.	[ ]	[ ]	[ ]
Advocacy, Campaigns, and Grassroots Lobbying: My organization targets public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions. We use organized actions that address a specific purpose, policy, or change	[ ]	[ ]	[ ]
Other: Write In- Below	[ ]	[ ]	[ ]

21) Describe "Other" activities your organization performs or plans to perform.

_____

_____

_____

_____

B-1) Data Access and Systems

22) Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

( ) Yes

( ) No

( ) Unsure

23) Can you share the assessments you described above with MiThrive?

( ) Yes

( ) No

( ) Unsure

24) What data does your organization collect? ***(Check all that apply)***

[ ] Demographic information about clients or members

[ ] Access and utilization data about services provided and to whom

[ ] Evaluation, performance management, or quality improvement information about services and programs offered

[ ] Data about health status

[ ] Data about health behaviors

[ ] Data about conditions and social determinants of health (e.g., housing, education, or other conditions)

[ ] Data about systems of power, privilege, and oppression

[ ] We don't collect data

[ ] Other - Write In: _____

25) Can you share any of that data with MiThrive?

( ) Yes, already being shared

( ) Yes, can share

( ) No

( ) Unsure

B-2) Community- Engagement Practices

26) What type of community-engagement practices does your organization perform most often? **(Check all that apply)** *Note: We will explore this more deeply in the CPA partner discussion.*

[ ] Inform: Provide the community with relevant information.

[ ] Consult: Gather input from the community.

[ ] Involve: Ensure community needs and assets are integrated into process and inform planning.

[ ] Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.

[ ] Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.

[ ] Unsure

27) When you host community meetings, do you offer: *(Check all that apply)*

[ ] Stipends or gift cards for participation

[ ] Interpretation/translation to other languages including sign language

[ ] Food/snacks

[ ] Transportation vouchers if needed

[ ] Childcare if needed

[ ] Accessible materials for low literacy populations

[ ] Accessible materials for individuals with disabilities

[ ] Virtual ways to participate

[ ] Not applicable

[ ] Other - Write In: _____

B-3) Policy, Advocacy, and Communications

28) What policy/advocacy work does your organization do? ***(Check all that apply)***

[ ] Develop close relationships with elected officials

[ ] Educate decision-makers and respond to their questions

[ ] Respond to requests from decision-makers

[ ] Use relationships to access decision-makers

[ ] Write or develop policy

[ ] Advocate for policy change

[ ] Build capacity of impacted individuals/communities to advocate for policy change

[ ] Lobby for policy change

[ ] Mobilize public opinion on policies via media/communications

[ ] Contribute to political campaigns/political action committees (PACs)

[ ] Voter outreach and education

[ ] Legal advocacy

[ ] Not applicable

[ ] Unsure

[ ] Other - Write In: _____

29) Please review the following statements.

	1) Strongly Agree	**2) Agree**	**3) Disagree**	**4) Strongly Disagree**	**5) Unsure**
i. Our organization has a strong presence in local earned media (print/radio/TV).	( )	( )	( )	( )	( )
ii. Our organization has strong communications infrastructure and capacity.	( )	( )	( )	( )	( )
iii. Our organization has a clear communications strategy.	( )	( )	( )	( )	( )
iv. Our organization has good relationships with other organizations who can help share information.	( )	( )	( )	( )	( )

v. Our organization has a clear equity lens that we use for our external communications and engagement work.	( )	( )	( )	( )	( )

30) What communications work does your organization do most often? ***(Check all that apply)***

[ ] Internal newsletters to staff

[ ] External newsletters to members/the public

[ ] Ongoing and active relationships with local journalists and earned media organizations

[ ] Media contact list for press advisories/releases

[ ] Social media outreach (e.g., on Facebook, Twitter, Instagram)

[ ] Ethnicity-specific outreach in non-English language

[ ] Press releases/press conferences

[ ] Promotion of materials and resources on a website

[ ] Data dashboard

[ ] Meet to discuss narrative and messaging to the public

[ ] Other - Write In: _____

C. Additional Comments related to MiThrive Partner Assessment

31) The text-box below is a space for you/your organization to provide any additional comments or information related to the MiThrive Partner Assessment and/or ask any questions you may have related to our next steps in improving community health:

_____

_____

_____

_____

Thank You!

Thank You for Completing the CPA Survey!

Your responses will be used to develop a community health assessment and analyzed with the surveys of other MiThrive community partners to help identify our collective strengths and opportunities for improvement.

Appendix E: Community Context Assessment: Asset Map

Benzie County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service
Community Center
Grow Benzie
Housing Organizations
Habitat for Humanity
Housing North
Frankfort Housing Commission
Homestretch
Food Pantry/Kitchens
Benzie Area Christian Neighbors (BACN)
The Baby Pantry at St. Philip's Episcopal Church
Benzie Food Partners Food Pantry
Benzie Friends Resource Food Pantry
Benzie Recovery Center Meal Site
Fresh Winds Christian Community Food Pantry
Lake Ann United Methodist Church Food Pantry
Emergency Housing Shelters
Halfway Houses
Domestic Violence Shelters
Women's Resource Center
Social/Grassroot Organizations
Seniors' Group/Services
Benzie Senior Resources
The Gathering Place
Area Agency on Aging of Northwest Michigan
Special Interest Group
Joy 2 Ride Benzie County
The Crystal Lake & Watershed Association
Advocacy Groups/Coalitions
Grow Benzie
Benzie Faith in Action
Advocates for Benzie County
100 Women Who Care – Benzie County
Cultural Organizations
Oliver Art Center
Benzie Area Symphony Orchestra
Benzie Area Historical Society and Museum
Hunting/Sportsman Leagues
Benzie Sportsman's Club
Betsie River Sportsmen's Club
Amateur Sports Leagues

Education

Colleges or Universities
Community College
Northwestern Michigan College
Before-/After-School Program
SEEDS
Lake Ann Elementary Before/After Care
Vocational/Technical Education Programs
Skilled Trades Apprenticeship Readiness Training (S.T.A.R.T)
Northwest Education Services Career Tech
Adult Education: NW MI Works!

Health Institutions
Hospital
Paul Oliver Memorial Hospital
Healthcare Clinic
Frankfort Family Care
Crystal Lake Clinic
Frankfort Medical Group
Northwest Michigan Health Services
Health Department
Benzie-Leelanau Health Department
Behavioral Health Services
Centra Wellness Network
Benzie Friends Drop-in Center
Catholic Human Services
Northwest Michigan Health Services, Inc.
Embrace Wellness LLC

Public Service
Library
Benzie Shores District Library
Benzonia Public Library
Betsie Valley District Library
Darcy Library of Beulah
Almira Township Library
Police Department
Benzie County Sheriff's Department
Frankfort Police Department
Fire Department
Benzonia Township Fire Department
Thompsonville Fire & Rescue
Frankfort Fire Department
Almira Township Fire & EMS Department
Inland Township Fire Department
Homestead Township Fire Department
Emergency Medical Services
Benzie County EMS
Thompsonville Fire and Rescue
Almira Township Fire & EMS Department

Community-Based Organizations

Religious Organizations
Blaine Christian Church
First Congregational Church of Benzonia
Lake Ann United Methodist Church
United Way
United Way of Northwest Michigan
Community or Philanthropic Foundation
Munson Healthcare Foundation
Grand Traverse Regional Community Foundation
Political Organizations
Benzie County Republicans
The Democratic Party of Benzie County

Infrastructure
Parks
Homestead Township Park
Sleeping Bear National Lakeshore
Benzonia Township Memorial Park
Beulah Village Park
Lake Ann Park
Almira Township Park
Almira Township Lakefront Park
Burnett Park
Lake Ann Pathway
Inland Township Park
Elberta Waterfront Park
Penfold Park
Open Space Park
Bellows Park
Academy Park
Public Pools
Vacant Private Building or Lot
Fox Lane, Benzonia
Public Lake or Coastline
Lake Michigan
Crystal Lake
Lake Ann
Platte Lake
Lower Herring Lake
Upper Herring Lake
Betsie Lake
Long Lake
Rush Lake
Little Platte Lake
Loon Lake
Mud Lake
Otter Lake
Bass Lake
Pearl Lake
Community Gardens
Grow Benzie
Farmer's Markets
Frankfort Farmers Market

Elberta Farmer's Market
Grow Benzie

Noteworthy Person/Group
Local Artists/Musicians
Barefoot Music
Ellie Harold
Corey and Stacey Bechler

Community Leader
Art Jeannot
Josh Stoltz
Rick Schmitt
Celebrity or Influential Figure

Other

Leelanau County Assets

Asset mapping is a process that helps communities identify and describe their strengths and resources, which can then be used to address community needs and improve health. This can include community engagement, partnership building, and resource allocation. Each county asset list contains the following: social services, social and/or grassroot organizations, education, health institutions, public services, community-based organizations, infrastructure, and noteworthy people and groups.

Social Service
Community Center
Suttons Bay Friendship Center
Empire Area Community Center
Leelanau Community Cultural Center
Housing Organizations
Housing North
Northwest Michigan Community Action Agency
Habitat for Humanity
Homestretch
Food Pantry/Kitchens
Empire Area Food Pantry
Leelanau Christian Neighbors Food Pantry
Emergency Housing Shelters
Women's Resource Center
Goodwill Industries
Safe Harbor of Grand Traverse
Halfway Houses
Domestic Violence Shelters
Women's Resource Center

Social/Grassroot Organizations
Seniors' Group
Leelanau Senior Services
ShareCare of Leelanau
Special Interest Group
Leelanau County 4-H

League of Women Voters
National Alliance of Mental Illness
League of Women Voters
The Friends of the Leelanau Township Library
Parenting Communities
Advocacy Groups/Coalitions
Leelanau Christian Neighbors
Leelanau Conservation District
Leelanau Early Childhood Development Commission
Leelanau County Substance Abuse Prevention Coalition
Cultural Organizations
Parallel 45
Glen Arbor Arts Center
Northwest Michigan Arts & Culture Network
Fishtown Preservation Society
Glen Arbor Players
Eyaawing Museum & Cultural Center
Hunting/Sportsman Leagues
Cedar Rod & Gun Club
Amateur Sports Leagues
Leelanau Curling Club
Leelanau County Youth League
Leelanau Soccer Club
Run Leelanau
Bike Leelanau

Education
Colleges or Universities
Community College
Northwestern Michigan College
Before-/After-School Program
Leelanau Montessori After School Care
Northport Public Schools
Leelanau County 4-H After School Program
SEEDS
Vocational/Technical Education Programs
Northwest Education Services Career Tech

Health Institutions
Hospital
Munson Medical Center
Healthcare Clinic
Empire Family Care
Leelanau Family Practice
Crystal Lake Health Center
Thirlby Clinic
Traverse Health Clinic
Grand Traverse Band Family Health
Grand Traverse Band Dental Clinic
West Front Primary Care
Grand Traverse Children's Clinic
Health Department
Benzie-Leelanau District Health Department
Behavioral Health Services

Munson Medical Center Behavioral Health
Pine Rest
Northern Lake Community Mental Health

Public Service
Library
Glen Lake Community Library
Suttons Bay Bingham District Library
Leeland Township Public Library
Leelanau Township Library
Traverse Area District Library
Police Department
Leelanau County Sheriffs Department
Fire Department
Glen Lake Fire Department
Cedar Area Fire and Rescue Department
Suttons Bay Bingham Fire and Rescue Authority
Leland Township Fire and Rescue
Elmwood Township Fire and Rescue Department
Emergency Medical Services
Cedar Area Fire and Rescue Department
Suttons Bay Bingham Fire and Rescue Authority
Leland Township Fire and Rescue
Elmwood Township Fire and Rescue Department

Community-Based Organizations
Religious Organizations
Glen Lake Community Reformed Church
Leland Community United Methodist Church
St. Philip Neri Church
Empire United Methodist Church
Holy Rosary Catholic Church
St Rita's & St Joseph's Catholic Church
United Way
United Way of Northwest Michigan
Community or Philanthropic Foundation
Leelanau Christian Neighbors
Leelanau Township Community Foundation
Grand Traverse Regional Community Foundation
Political Organizations
League of Women Voters
Leelanau County Democrats
Republican Women of Leelanau County
Leelanau County Republican Party

Infrastructure
Parks
Sleeping Bear Dunes National Lakeshore
Leelanau State Park
Myles Kimmerly Park
Solon Township Park
Leland Village Green
Old Settlers' Park
Veronica Valley Park

Leelanau Trail
Boughey Park
Hendryx Park
Bingham Township Park
Groesser Park
Mebert Creek Natural Area
Lake Michigan Beach Park
Glen Arbor Township Park
Clay Cliffs Natural Area
Hancock Field
Bartholomew Park and Nedow's Bay
John G. Suelzer East Leland Memorial Park
Schneider's Beach
Grove Park
Provement Pond Recreation Area
Suttons Bay Marina Park
Public Pools
Vacant Private Building or Lot
Vacant building on the corner of Burdickville Rd & Tremaine Rd
Public Lake or Coastline
Empire Public Beach
Good Harbor Bay
Sleeping Bear Dunes National Lakeshore
Lake Leelanau
Little Traverse Lake
Lime Lake
Duck Lake
Cedar Lake
Grand Traverse Bay
Community Gardens
Leelanau Conservancy Wildflower Rescue Project
Leelanau County Government Center: Native Plant Landscape & Rain Garden
Leo Creek Preserve
SEEDS Educational Garden
Suttons Bay Rain Gardens
Suttons Bay District Library Children's Garden
Farmer's Markets
Empire Farmers Market
Suttons Bay Farmers Market
Glen Arbor Farmers Market
Leland Farmers Market
Northport Farmers Market

<u>Noteworthy Person/Group</u>
Local Artists/Musicians
Leelanau Pottery Company
Patrick Niemisto
Song of the Lakes
Jazz North
Community Leader
Lisa Peacock
Patricia Soutas-Little
Michelle Klein
Ty Wessell

Lois Bahle
Steve Lutke
Celebrity or Influential Figure
Michael Moore
Silvio Ciccone

Other

Appendix F: Community Context Assessment Photovoice Survey Instrument

2024 MiThrive Photovoice

Welcome

Thank you for your interest in the 2024 MiThrive Photovoice Project!

We want to hear from you on what makes your community a great place to live—or where it could improve – through the lens of your camera. You have a chance of winning a $50 gift card!

Before submitting, please be sure to review the Frequently Asked Questions document.

Photovoice Directions:

Read through each photovoice question.

Respond to at least one photovoice question with a photo (you may submit more than one photo).

Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

Take a picture of something that makes your community a good place to live in like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility, and how easy things are to use.

Take a picture of something that needs improvement in your community.

Provide a description of your photo and how it answers the photovoice question.

Data Transparency: Data collected in the MiThrive Photovoice Project will be used in the 2024 MiThrive Community Health Assessment. This will include using submitted photos and photo stories in reports, presentations, exhibits, and social media. Personal information such as your name and demographic data will be kept confidential.

Translation & Accessibility: This form is available in Spanish- click here to access. If you require accommodations to complete this survey such as for vision, hearing, or other disabilities, please email us at **mithrive@northernmichiganchir.org** and we would be happy to assist.

Submission Due Date: This form will close **Sunday, October 6th at 11:59 pm**. Please submit your response prior to this time.

Questions and concerns can be emailed to **mithrive@northernmichiganchir.org**.

Photovoice Consent

Acknowledgement of Release & Consent Questions:
For consideration received and acknowledged, I authorize and consent to the use by MiThrive, of my photo, photo description, and/or likeness as follows.

MiThrive' s Rights:
MiThrive shall have the unlimited and irrevocable right to publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display, digitize, or otherwise use or re-use my photo, photo description, and/or likeness in connection with any product or service in all marketing and promotional materials, and publicity efforts.

I understand that my photo, photo description, and/or likeness may be used as noted above in videos, websites, flyers, posters, brochures, newspapers, advertisements, or other forms of communication and promotion.

Consent of Individuals in Photos:
I confirm that any individuals depicted in the submitted photos have expressly agreed to the use of their image, image description, and/or likeness as described in this consent and release form. Additionally, I confirm that no photos including minors are being submitted.

Photo Authenticity:
I confirm that all photos submitted are my own original work have not been taken from the internet or any other sources.

Release and Waiver:
I shall have no right of approval, no other claim to compensation, and release MiThrive and its officers, employees, trustees, and agents from liability for any violation of any personal or proprietary right I or any individuals depicted in the photos may have in connection with such use.

I understand that all such recordings, in whatever medium, shall remain the property of MiThrive.

I have read and fully understand the terms of this release. I am not a minor, have the full and exclusive right and authority to grant this consent and release, and confirm that it does not conflict with any existing commitment of mine.

1) Are you 18 years or older?*

( ) Yes

( ) No

Under 18 Consent: I give permission for my child to participate in the MiThrive Photovoice Project. I understand that my child will be taking photographs that will be used by MiThrive for the 2024 MiThrive Community Health Assessment.

As the parent or guardian of the minor named below, I have read and fully understand the terms of this release. I have the full and exclusive right and authority to grant this consent and release on behalf of the minor and confirm that it does not conflict with any existing commitment.

4) Parent/ Guardian Date of Birth*

_____

Photo Submission

Question #1: Take a picture of something in your community that helps you, your family, or others live well. This can be places, jobs, services, cultural and faith-based groups, programs, nature, people, and more.

5) Do you have a photo that you would like to share for question #1?*

( ) Yes

( ) No

6) What county was your photo(s) taken 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

7) Question #1: Upload First Photo*

_____1

8) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

9) Do you want to provide another photo for this question?*

( ) Yes

( ) No

10) What county was your photo(s) taken 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

11) Question #1: Upload Second Photo*

_____1

12) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Photo Submission

Question #2: Take a picture of something that makes your community a good place to live in, like parks, grocery stores, sidewalks, walking places, schools, housing, crosswalks, safety, accessibility and how easy things are to use.

13) Do you have a photo that you would like to share for question #2?*

( ) Yes

( ) No

14) What county was your photo(s) taken 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

15) Question #2: Upload First Photo*

_____1

16) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

17) Do you want to provide another photo for this question?*

( ) Yes

( ) No

18) What county was your photo(s) taken 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

19) Question #2: Upload Second Photo*

_____1

20) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Photo Submission

Question #3: Take a picture of something that needs improvement in your community.

21) Do you have a photo that you would like to share for question #3?*

( ) Yes

( ) No

22) What county was your photo(s) taken 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

23) Question #3: Upload First Photo*

_____1

24) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

25) Do you want to provide another photo for this question?*

( ) Yes

( ) No

26) What county was your photo(s) taken 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

27) Question #3: Upload Second Photo*

_____1

28) Provide a description of your photo and how it answers the photovoice question. *

_____

_____

_____

_____

Demographics

Please fill out this demographic form to submit your photos and enter into the raffle.

29) Full Name*

_____

30) What is your age in years?*

_____

31) Which of the following best describes your race/ethnicity? (Select all that apply)*

( ) Asian

( ) Asian American

( ) African

( ) Black or African American

( ) Hispanic or Latino/a/x

( ) Middle Eastern/North African

( ) Native American/Indigenous/Alaska Native

( ) Native Hawaiian/Pacific Islander

( ) White/European

( ) Prefer not to say

( ) Prefer to self-describe: _____

32) 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

33) What is the best way to contact you if we have questions? *

( ) Phone Number

( ) Email

34) What is your phone number?*

_____

35) What is your email?*

_____

36) Do you want to be entered in a raffle for the chance to receive a $50 gift card? *

( ) Yes

( ) No

37) What is your mailing address? (street address, city, zip code) *

_____

_____

_____

_____

Thank You!

Thank you for participating in the MiThrive Photovoice. Your response is very important to us.

Appendix G: Community Context Assessment: Northwest Photovoice Album

Appendix H: Northwest Regional Issue Brief

Appendix I: Northwest Priority Setting Survey Instrument