



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.*

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 **Friday, September 20th at 11:59 PM**. Please submit your response prior to this time.

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

Survey Questions

1) Which county do you live in?

- | | |
|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Alcona | <input type="checkbox"/> Manistee |
| <input type="checkbox"/> Alpena | <input type="checkbox"/> Mason |
| <input type="checkbox"/> Antrim | <input type="checkbox"/> Mecosta |
| <input type="checkbox"/> Arenac | <input type="checkbox"/> Missaukee |
| <input type="checkbox"/> Benzie | <input type="checkbox"/> Montmorency |
| <input type="checkbox"/> Charlevoix | <input type="checkbox"/> Newaygo |
| <input type="checkbox"/> Cheboygan | <input type="checkbox"/> Oceana |
| <input type="checkbox"/> Clare | <input type="checkbox"/> Ogemaw |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Osceola |
| <input type="checkbox"/> Emmet | <input type="checkbox"/> Oscoda |
| <input type="checkbox"/> Gladwin | <input type="checkbox"/> Otsego |
| <input type="checkbox"/> Grand Traverse | <input type="checkbox"/> Presque Isle |
| <input type="checkbox"/> Iosco | <input type="checkbox"/> Roscommon |
| <input type="checkbox"/> Isabella | <input type="checkbox"/> Wexford |
| <input type="checkbox"/> Kalkaska | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Lake | <hr/> |
| <input type="checkbox"/> Leelanau | |

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.

- | | |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Healthy food | <input type="checkbox"/> Jobs that pay well and a strong economy |
| <input type="checkbox"/> Safe housing that does not cost too much | <input type="checkbox"/> Clear air, water, and land |
| <input type="checkbox"/> High quality medical care | <input type="checkbox"/> Community members who are helping out and getting involved in the community |
| <input type="checkbox"/> Access to general medical care | <input type="checkbox"/> Lifelong learning |
| <input type="checkbox"/> Access to specialty medical care | <input type="checkbox"/> Schools with plenty of resources |
| <input type="checkbox"/> Help for mental health and emotions | <input type="checkbox"/> Transportation that you can count on |
| <input type="checkbox"/> Parks and green spaces | <input type="checkbox"/> Fun events that show different kinds of art and culture |
| <input type="checkbox"/> Safe and reliable childcare | <input type="checkbox"/> Being accepted as part of the community |
| <input type="checkbox"/> A strong sense of community among residents | <input type="checkbox"/> Low levels of crime |
| <input type="checkbox"/> Stopping people from getting sick | <input type="checkbox"/> Police, fire/rescue, and emergency services |
| <input type="checkbox"/> Helping people with long term sickness feel better | <input type="checkbox"/> Ease of use for people with physical and/or mental disabilities |
| <input type="checkbox"/> Being safe from harm and violence | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Low substance use or drug use (alcohol, marijuana, tobacco, e-cigarettes, opioid, and narcotic-use) | <hr/> |
| <input type="checkbox"/> Jobs that make people happy and proud | |

3) Please indicate how strongly you agree or disagree with each of the following statements. Please select one option per statement (Continued on the next page).

	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 (Continued on the next page).

- | | |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Firearm-related or gun-related injuries |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Not enough mental health services |
| <input type="checkbox"/> Not enough oral/ dental healthcare services | <input type="checkbox"/> Motor vehicle/traffic accidents |
| <input type="checkbox"/> Domestic and sexual violence | <input type="checkbox"/> Lack of usable parks and green spaces |
| <input type="checkbox"/> Lack of good jobs that pay enough | <input type="checkbox"/> Not enough healthy foods |
| <input type="checkbox"/> Homicide, or people ending the lives of other people | <input type="checkbox"/> Not enough options for transportation |
| <input type="checkbox"/> Discrimination or negative attitudes/behaviors/thoughts based on race, gender, income, or other factors | <input type="checkbox"/> Lack of transportation that is safe and doesn't cost too much |
| <input type="checkbox"/> High quality medical care | <input type="checkbox"/> {Lack of good mental health services} |
| <input type="checkbox"/> Access to general medical care | <input type="checkbox"/> Lack of good schools and education |
| <input type="checkbox"/> Access to specialty medical care | <input type="checkbox"/> Not enough available options for housing |
| <input type="checkbox"/> Not enough substance use disorder (SUD) services | <input type="checkbox"/> Lack of housing that is safe and doesn't cost too much |
| <input type="checkbox"/> Suicide, or people ending their own lives | <input type="checkbox"/> Lack of good internet access |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Not enough arts and culture |
| <input type="checkbox"/> Not enough maternal care services | <input type="checkbox"/> Police, fire/rescue, or emergency services |
| <input type="checkbox"/> Pollution (bad air and water quality) | <input type="checkbox"/> Trouble managing chronic or long-term health issues |
| <input type="checkbox"/> Not enough educational opportunities | <input type="checkbox"/> Sense of community |
| | <input type="checkbox"/> 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 one 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.

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Substance-use Services |
| <input type="checkbox"/> Food | <input type="checkbox"/> Dental Health |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Internet (broadband, satellite, etc.) |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Language or translation services |
| <input type="checkbox"/> Financial Support | <input type="checkbox"/> I feel there are enough services and resources in my community |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Education | <hr/> |
| <input type="checkbox"/> Primary Care | |
| <input type="checkbox"/> Childcare | |

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.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cost of healthcare (premiums, deductible, copay) | <input type="checkbox"/> Specialty services are located too far away from your area |
| <input type="checkbox"/> Difficulty getting an appointment due to your provider not having enough available timeslots | <input type="checkbox"/> Not accepting your insurance |
| <input type="checkbox"/> No appointment times that fit your schedule (day/night/weekends etc.) | <input type="checkbox"/> Pharmacies regularly do not have your prescription/medication |
| <input type="checkbox"/> Issues with knowing how to use technology-based scheduling or appointments | <input type="checkbox"/> Costs of prescriptions or medications |
| <input type="checkbox"/> Do not have the personal equipment for online appointments or scheduling (no cellphone/computer, no internet, etc.) | <input type="checkbox"/> Feeling like healthcare providers are not listening to your concerns |
| <input type="checkbox"/> Healthcare providers do not speak your native language. | <input type="checkbox"/> Too much paperwork before seeing a healthcare provider |
| <input type="checkbox"/> Cannot understand what your healthcare provider is trying to tell you | <input type="checkbox"/> Lack of transportation options |
| <input type="checkbox"/> Do not trust healthcare providers | <input type="checkbox"/> Transportation costs too much |
| <input type="checkbox"/> Primary services are located too far away from your area | <input type="checkbox"/> Transportation is not reliable |
| | <input type="checkbox"/> Other - Write In: |
| | <hr/> |
| | <input type="checkbox"/> 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 (Continued on the next page).

	Currently use this substance (within the past 12 months)	Formerly used this substance (any-time before the last 12 months)
<i>Tobacco-use (commercial cigarettes or chewing tobacco, etc.)</i>	(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)
<i>E-cigarette (vape, etc.)</i>	(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)
<i>Excessive Alcohol (eight or more drinks for women, or 15 or more drinks for men during a week)</i>	(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)
<i>Binge Drinking Alcohol (four or more drinks for women, or five or more drinks for men during an occasion)</i>	(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)
<i>Marijuana-use (smoking, edibles, etc.)</i>	(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)

<i>Illegal substances (such as cocaine, crack, crystal meth, heroin, smack, PCP, LSD, etc.)</i>	(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)
<i>Opioids (narcotics, prescribed by a healthcare provider but are not using as prescribed)</i>	(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)
<i>Opioids (narcotics, not prescribed by a healthcare provider)</i>	(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.*

- | | |
|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Alcona | <input type="checkbox"/> Manistee |
| <input type="checkbox"/> Alpena | <input type="checkbox"/> Mason |
| <input type="checkbox"/> Antrim | <input type="checkbox"/> Mecosta |
| <input type="checkbox"/> Arenac | <input type="checkbox"/> Missaukee |
| <input type="checkbox"/> Benzie | <input type="checkbox"/> Montmorency |
| <input type="checkbox"/> Charlevoix | <input type="checkbox"/> Newaygo |
| <input type="checkbox"/> Cheboygan | <input type="checkbox"/> Oceana |
| <input type="checkbox"/> Clare | <input type="checkbox"/> Ogemaw |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Osceola |
| <input type="checkbox"/> Emmet | <input type="checkbox"/> Oscoda |
| <input type="checkbox"/> Gladwin | <input type="checkbox"/> Otsego |
| <input type="checkbox"/> Grand Traverse | <input type="checkbox"/> Presque Isle |
| <input type="checkbox"/> Iosco | <input type="checkbox"/> Roscommon |
| <input type="checkbox"/> Isabella | <input type="checkbox"/> Wexford |
| <input type="checkbox"/> Kalkaska | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Lake | _____ |
| <input type="checkbox"/> Leelanau | |

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. *

- | | |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Medicaid and Healthy Michigan Plans | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Individual or family insurance purchased on the exchange or marketplace | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Employer-sponsored insurance | _____ |
| | <input type="checkbox"/> Prefer not to answer |

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

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/ Indigenous/ Alaska Native |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> African | <input type="checkbox"/> White/ European |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/a/x | <input type="checkbox"/> Prefer to self-describe: |
| <input type="checkbox"/> Middle Eastern/ North African | |
-

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

- | | |
|--------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Did not finish high school | <input type="checkbox"/> 2-year (Associate's) degree |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> 4-year (Bachelor's) degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Trade school diploma or certificate | <input type="checkbox"/> Prefer not to answer |

21) What is your yearly total household income?*

- | | |
|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> Over \$150,000 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$60,000 to \$69,999 | |

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

- | | |
|----------------------------|-----------------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 or more |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 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

Provider/Healthcare Staff Questions

Please only fill out questions 27 through 32 if you identified as a Provider/Healthcare Staff on Question 14. Otherwise, please skip to page 19. Thank you!

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.

- | | |
|--------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Emergency care | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Primary care | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Preventative medicine/public health | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Behavioral health | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Substance use services | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Family medicine | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Allergy/Immunology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Otolaryngology (ENT) | _____ |

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.

Please fill out the section below to be entered for a chance to win a \$50 gift card.

Your personal information will not be connected to your survey responses.

Thank you for participating in the 2024 Northern Michigan Community Health Survey, conducted by MiThrive.

Now that you have completed the survey, you can choose to be entered into a drawing for a chance to win a \$50 gift card. 31 winners will be randomly chosen (One person per county) - must be 18 or older.

Drawing entries are not connected to the information that you submitted into the survey, and the information you submitted will remain anonymous if you decide to enter this drawing.

Drawing for the gift cards will occur after the close of the survey on September 20th, 2024. Winners will be contacted by phone and email.

Only one entry per person.

1) What is your first and last name?

2) What is your phone number?

3) What is your email address?

4) Are you interested in being contacted for more opportunities to contribute to the health of your community?

Yes

No