

**Olmsted County Public Health Services - Statewide Health Improvement Program**  
**Healthcare Professionals Survey**

[Survey Monkey will record date]

The Statewide Health Improvement Program (SHIP), which is part of the healthcare reform bill passed in 2008, focuses on decreasing obesity and tobacco use through policy, systems and environmental change. Olmsted County Public Health Services has contracted with Samuels & Associates to conduct this survey of healthcare professionals, which focuses on systems support of current referral activities, knowledge and awareness of local resources related to healthy eating, physical activity, and tobacco cessation, perceptions on the importance of these referrals, and system strategies to increase such referrals. Your responses to this survey will help design or refine current systems to facilitate active referrals of patients to appropriate resources.

The survey has been approved by the Olmsted County, Mayo Clinic, and Olmsted Medical Center Internal Review Boards (IRB). All responses will be kept confidential. At no point will you be identified as having participated in this survey, nor will your individual answers be shared with people or entities outside of Samuels & Associates (without your permission), except as part of the larger group of responses from healthcare providers throughout Olmsted county. If there are topics you don't know about or questions you wish to not answer, please feel free to skip the question.

Please know that your participation in this survey is voluntary and you may choose to end the survey at any time. To do so, click "I would like to exit this survey" in the upper right corner of the survey screen.

In order to agree to participate in this survey, you must be at least 18 years old.

Do you understand participation is voluntary, all information collected will be kept strictly confidential, and agree to participate in the SHIP survey?

[Respondent will select Yes or No. If the respondent selects No, they will be immediately taken to the final page of the survey, with thanks and contact information for Samuels & Associates.]

**Definition of terms used in this survey:**

***Healthcare Professionals:*** prescribing clinicians and other licensed or credentialed members of healthcare teams providing care or services to patients/clients with authority to make referrals.

***BMI:*** Body Mass Index, which is the ratio of weight to height, adjusted in children for age and gender.

***Community programs or resources:*** Programs in the local community (outside of hospital or clinic services) that promote or support healthy eating, physical activity or tobacco control for individuals or families.

***Referrals:*** Formal or informal recommendation to nutrition, physical activity, or tobacco cessation resources in healthcare services or the community. To constitute a referral, it should be documented in the medical record, clinical note, or care plan for follow-up/discussion at subsequent clinic/patient visit(s).

***Routine clinical visits:*** All acute and chronic care visits in the outpatient setting, including routine preventative exams.

**Home visits:** Case management, care coordination, or service eligibility assessments conducted by healthcare professionals, such as public health nurses or social workers, in a client's (patient's) home or place of residence.

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**REFERRALS AND SYSTEM SUPPORT: Questions 1-4**

1. In my role, I am authorized to make patient referrals to nutrition, physical activity, or tobacco cessation resources in healthcare organization(s) or the community.

- Yes  
 No [If no – survey ends – or goes to section “tell us about yourself” and then ends]

2. During routine clinical or home visits, how easy is it to access the following patient information?

	Easy	Fairly easy	Fairly difficult	Difficult	Can't access
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How much of a priority is it to you to make referrals to healthy behavior/lifestyle change resources?

	High priority	Somewhat of a priority	Not a priority	Don't know
Tobacco cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition, healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How frequently do you have the opportunities to address the following preventive strategies with your patients during routine clinic or home visits?

	Never or don't discuss	Less than half the time	About half the time	Most of the time	Always
Tobacco cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition, healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SYSTEMS FOR TOBACCO REFERRALS: Questions 5-7**

5. When making referrals, how much of a priority is it for you to have access to the following tobacco cessation resources information?

	High priority	Somewhat of a priority	Not a priority	Don't know
Program cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data supporting long term success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. When I do NOT refer a patient to **hospital/clinic** tobacco cessation resources, it is because of:  
(please check all that apply)

- Lack of time during patient visits to make referrals
- Insufficient reimbursement for my time to refer patients
- Lack of programs/services
- Am unaware of hospital/clinic tobacco cessation programs
- Inadequate referral networks or systems
- Patient/family resistance or disinterest
- Family or neighborhood environments undermine my recommendations
- Such programs have not proven helpful in getting people to quit

Other (please describe):

7. When I do NOT refer a patient to **community** tobacco cessation resources, it is because of: (please check all that apply)

- Internal hospital/clinic programs are adequate to meet patient's needs
- Lack of time during patient visits to make referrals
- Insufficient reimbursement for my time to refer patients
- Lack of programs/services
- Am unaware of community programs to support tobacco cessation
- Inadequate referral networks or systems to make/complete referrals
- Patient/family resistance or disinterest
- Family or neighborhood environments undermine my recommendations
- Such programs have not proven helpful in getting people to quit

Other (please describe):

**SYSTEMS FOR OBESITY PREVENTION AND WEIGHT MANAGEMENT (Nutrition/ Physical Activity) REFERRALS: Questions 8-12**

8. When making referrals, how much of a priority is it for you to have access to the following obesity prevention/weight management resources information?

	High priority	Somewhat of a priority	Not a priority	Don't know
Program cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data supporting long term success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. When I do NOT refer a patient to **hospital/clinic nutrition/healthy eating** resources, it is because of:  
(please check all that apply)

- Lack of time during patient visits to make referrals
- Insufficient reimbursement for my time to refer patients
- Lack of programs/services
- Am unaware of hospital/clinic nutrition/healthy eating programs
- Inadequate referral systems or networks
- Patient/family resistance or disinterest
- Family or neighborhood environments undermine my recommendations
- Such programs have not proven helpful in supporting weight management

Other (please describe):

10. When I do NOT refer a patient to **community nutrition/healthy eating** resources, it is because of:  
(please check all that apply)

- Internal hospital/clinic programs are adequate to meet patient's needs

- Lack of time during patient visits to make referrals
- Insufficient reimbursement for my time to refer patients
- Lack of programs/services
- Am unaware of community nutrition/healthy eating programs
- Inadequate referral systems or networks
- Patient/family resistance or disinterest
- Family or neighborhood environments undermine my recommendations
- Such programs have not proven helpful in supporting weight management

Other *(please describe)*:

11. When I do NOT refer a patient to **hospital/clinic physical activity** resources, it is because of:  
(please check all that apply)

- Lack of time during patient visits to make referrals
- Insufficient reimbursement for my time to refer patients
- Lack of programs/services
- Am unaware of hospital/clinic physical activity resources
- Inadequate referral systems or networks
- Patient/family resistance or disinterest
- Family or neighborhood environments undermine my recommendations
- Such programs have not proven helpful in supporting weight management

Other *(please describe)*:

12. When I do NOT refer a patient to **community physical activity** resources, it is because of:  
(please check all that apply)

- Internal hospital/clinic programs are adequate to meet patient's needs
- Insufficient reimbursement for my time to refer patients
- Lack of programs/services
- Am unaware of community physical activity resources
- Inadequate referral systems or networks
- Patient/family resistance or disinterest
- Family or neighborhood environments undermine my recommendations
- Such programs have not proven helpful in supporting weight management

Other *(please describe)*:

## STRATEGIES TO INCREASE REFERRALS

13. My practice of referring patient to appropriate resources would begin or increase if the following **systems support** was provided: (please check all that apply)

- Designated time during clinical visits to refer
- Reimbursement for my time to refer patients
- Clinical information systems to easily access patients' health risks/healthy behaviors

Other *(please describe)*:

14. My practice of referring patient to appropriate resources would begin or increase if the following **resources** were available to me: (please check all that apply)

- Training on available **hospital/clinic** resources, programs, or services
- Training on available **community** evidence-based/best practice programs
- Training on how to teach patients to choose evidence-based/best practice programs
- Patient information on how to choose evidence-based/best practice programs
- Resource-referral list of **hospital/clinic** evidence-based/best practice programs

Resource-referral list of **community** evidence-based/best practice programs

Other (*please describe*):

15. Do you have any comments or suggestions on ways to facilitate or improve referrals to tobacco cessation or obesity prevention/weight management resources?

Please tell us a little about yourself:

16. Facility Affiliation: Please indicate your primary facility affiliation. Aggregate data will be provided back to your facility to track changes and outcomes.

- |                                                           |                                                   |
|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Mayo Clinic                      | <input type="checkbox"/> Olmsted Medical Center   |
| <u>(then drop down to these options)</u>                  | <u>(then drop down to these options)</u>          |
| <input type="checkbox"/> Mayo Rochester (downtown) Clinic | <input type="checkbox"/> OMC Byron Clinic         |
| <input type="checkbox"/> Mayo NE Rochester Clinic         | <input type="checkbox"/> OMC Chatfield Clinic     |
| <input type="checkbox"/> Mayo NW Rochester Clinic         | <input type="checkbox"/> OMC Pine Island Clinic   |
| <input type="checkbox"/> Mayo Kasson Clinic               | <input type="checkbox"/> OMC Plainview Clinic     |
|                                                           | <input type="checkbox"/> OMC Preston Clinic       |
|                                                           | <input type="checkbox"/> OMC Rochester SE Clinic  |
|                                                           | <input type="checkbox"/> OMC Rochester NW Clinic  |
|                                                           | <input type="checkbox"/> OMC St Charles Clinic    |
|                                                           | <input type="checkbox"/> OMC Spring Valley Clinic |
|                                                           | <input type="checkbox"/> OMC Stewartville Clinic  |
|                                                           | <input type="checkbox"/> OMC Wanamingo Clinic     |

<input type="checkbox"/> Migrant Health Services (then drop down to these options)	<input type="checkbox"/> Olmsted County (then drop down to these options)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Rochester, MN	<input type="checkbox"/> Public Health Services – Home Visits	
	<input type="checkbox"/> Public Health Services – OCPHS Clinic Visits	
	<input type="checkbox"/> Social Services – Home Visits	
	<input type="checkbox"/> Other: _____	

17. What is your profession? *Please check one*

<input type="checkbox"/> Medical Doctor (MD/DO)	<input type="checkbox"/> Nurse Practitioner (NP)	<input type="checkbox"/> Physician Assistant (PA)
<input type="checkbox"/> Nurse (RN/PHN)	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other:

18. How would you describe your primary clinical practice? *Please check one*

<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Care Medicine	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Case management/care coordination	<input type="checkbox"/> Eligibility assessments	<input type="checkbox"/> Other _____

19. How many years have you worked in your current profession? *Please check one*

<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> >10 years	

20. Please list the programs/resources to which you most often refer patients:

Tobacco Cessation	Weight Management	Nutrition/Healthy Eating	Physical Activity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you for completing this survey!