CHRT at University of Michigan

SUPPORTING INDIVIDUALS WITH LONG-TERM PHYSICAL DISABILITIES

A National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) funded survey of organizations

The Center for Health and Research Transformation (CHRT) at the University of Michigan is conducting a survey to collect information about services and programs that support individuals with physical disabilities, as well as information about the organizations providing these services and programs. The survey is part of a larger research initiative through the IDEAL Rehabilitation Research and Training Center (IDEAL RRTC), which aims to promote the successful aging of adults with long-term physical impairments and disabilities. IDEAL RRTC Community Grants are supported with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90RTHF0001).

To thank you for your participation:

As part of the survey, you will be asked questions about your organization and the populations you serve. To thank you for your participation, those who complete these questions will be eligible to receive an Amazon gift card of up to $25. At the end of the survey, you will have the option to choose whether you would like to claim or to decline your gift card. Those who would like to claim their gift card will be directed to another survey that asks for an email address where the electronic gift card should be sent. The email address that you provide will not be connected to your survey responses.

About the survey:

As part of the survey, we will be asking about the services that your organization provides. Only one survey may be submitted per organization; however, feel free to complete the survey in consultation with others at your organization.

The survey has a mixture of multiple-choice questions and questions that will ask you to respond by typing in a few words. The data will be collected through the online survey platform Qualtrics.

We greatly appreciate your participation!

ABOUT YOUR ORGANIZATION

First, we'd like to know some basics about your organization.

1. What is the name of your organization?_____

2. What is your primary role at your organization?

a. Administrative
b. Clinical Staff
c. Non-Clinical Staff
d. Executive/Leadership
e. Researcher
f. Other, please specify:

_____

3. During a typical year, how many people are regularly employed or volunteer at your organization?

a. 1-10
b. 11-25
c. 26-50
d. 51-100
e. 100+

4. Is your organization equipped with high-speed internet in locations where consumers are served?

a. Yes
b. No
c. Not Sure

5. For how many years has your organization been in existence?

a. 2 years or fewer
b. 3-10 years
c. More than 10 years

6. What are the sources of funding for your organization? **Please select all that apply.**

☐ Federal allocation/mandates
☐ State allocation/mandates
☐ Medicare or Medicaid reimbursement
☐ Private insurance reimbursement
☐ Federal or State Grants
☐ Foundation or Philanthropic Grants
☐ Private donations or fundraising
☐ Other sources, please specify:

_____

7. Which of the following describe your organization? **Please check all that apply.**

- ☐ Health or healthcare agency (including hospitals, nursing homes, home health, etc.)
- ☐ Government agency (local, state, or national)
- ☐ Educational/University setting
- ☐ Social Services Organization
- ☐ Community Center or Senior Center
- ☐ Advocacy/Policy Organization
- ☐ Grass-roots Organization
- ☐ Non-profit
- ☐ Other, please specify:

  _____

If you selected "Health or healthcare agency" in question 7, what best describes your organization?

- ☐ Hospital or health system
- ☐ Community-based health
- ☐ Home health care
- ☐ Nursing home or assisted living
- ☐ Other

  _____

8. In what state is your organization primarily housed or operating out of?

_____

9. What geographic region does your organization serve? **Please check all that apply.**

- ☐ Local/Municipal
- ☐ County
- ☐ Region within a state
- ☐ State-wide
- ☐ Multiple States/ Region
- ☐ Nation-wide
- ☐ International
- ☐ Other, please specify:

  _____

POPULATIONS YOU SERVE

In the following questions, you will be asked for information regarding the intended populations you serve.

10. Please indicate which of the following are intended recipients of the services that your organization provides. **Please check all that apply**:

- ☐ Those with a physical disability
- ☐ Those with a developmental disability
- ☐ Those with cognitive impairment (e.g. Alzheimer's Disease)
- ☐ Those with sensory impairment (e.g. vision impairment, hearing impairment)
- ☐ Those with mental and behavioral health needs (e.g. anxiety and depressive disorders)
- ☐ Our services are intended for anyone with a disability
- ☐ Our services are not specifically intended for individuals with a disability, but they may be eligible to receive our services
- ☐ Other, please specify:

  _____
- ☐ None of the above

In the following questions, you will be asked specifically about your organization's experience serving individuals with <u>long-term physical disabilities</u>.

By <u>long-term physical disability</u>, we are referring to physical disabilities lasting longer than 5 years (such as multiple sclerosis, spinal cord injury, spina bifida, cerebral palsy, amputation, among others).

11. Does your organization serve individuals with long-term physical disabilities?

a. Yes
b. No (If no, please skip to Question 31 on page 11)
c. Don't know (If don't know, please skip to Question 31 on page 11)

12. Does your organization have a specific focus on serving those with any of the following conditions? **Please check all that apply**:

- ☐ Multiple sclerosis
- ☐ Spinal cord injury
- ☐ Spina bifida
- ☐ Cerebral palsy
- ☐ Amputation
- ☐ None of the above

13. Please indicate the extent to which the following represent challenges to your organization's ability to serve those with a long-term physical disability.

Lack of or insufficient…	Not a challenge	A small challenge	A moderate challenge	A significant challenge
Staffing	☐	☐	☐	☐
Amount of physical space	☐	☐	☐	☐
Accessibility of the physical space	☐	☐	☐	☐
Outreach/ Marketing	☐	☐	☐	☐
Information technology resources/ expertise	☐	☐	☐	☐
Web-presence/ Website functionality	☐	☐	☐	☐
Financial resources	☐	☐	☐	☐
Training or technical assistance	☐	☐	☐	☐
Transportation assistance	☐	☐	☐	☐
Partnerships with other service providers/ other organizations	☐	☐	☐	☐
Telehealth capability	☐	☐	☐	☐
In-home services	☐	☐	☐	☐
Support and/or resources for data collection and evaluation	☐	☐	☐	☐
Support and/or resources for data translation	☐	☐	☐	☐
Local policy changes	☐	☐	☐	☐
State or federal policy changes	☐	☐	☐	☐

14. Are there any other challenges that limit your organization's ability to serve those with a long-term physical disability?

_____

_____

_____

_____

_____

_____

15. In recent years, there has been a growing interest in what it means to age "successfully."

How would your organization define "successful aging" for those living with a long-term physical disability?

_____

_____

16. Does your organization partner or have strong relationships, formal or informal, with organizations providing services for seniors or older adults?

a. Yes, please describe:

   _____

b. No

17. Please indicate which of the following best describes the ages of those your organization serves.

- ☐ We serve individuals of all ages
- ☐ We serve specific age groups (check all that apply below):
  - ☐ Children (12 years and younger)
  - ☐ Adolescents (13-17 years)
  - ☐ Young Adults (18-24 years)
  - ☐ Adults (25-44 years)
  - ☐ Middle-Aged Adults (45-64 years)
  - ☐ Seniors/ Older Adults (65+ years)

18. Does your organization have a focus for providing services for any of the following populations? **Please check all that apply**:

- ☐ Specific disability/condition, please specify:

  _____
- ☐ Veterans
- ☐ Those living in rural areas
- ☐ Racial/ethnic Minorities
- ☐ N/A – no focus on any specific population
- ☐ Women
- ☐ Men
- ☐ Low-Income
- ☐ Immigrants or Non-native English speakers
- ☐ LGBTQ+
- ☐ Other_____

19. Is there anything else that you would like to share about the population that your organization serves?

_____

_____

SERVICES YOU PROVIDE

In the following questions, you will be asked about services that your organization provides and how you track outcomes and successes/challenges.

20. What metrics, if any, does your organization track related to the services that you provide?
Please check all that apply:

- ☐ Number of consumers served
- ☐ Consumer demographics
- ☐ Consumer satisfaction
- ☐ Initial baseline needs assessment/ screening results
- ☐ Follow-up/ outcome assessment
- ☐ Some other method of evaluation**:**

  _____
- ☐ Do not track
- ☐ Not sure

21. Does your organization screen clients for any of the following social determinants of health?
Please check all that apply:

- ☐ Food insecurity
- ☐ Transportation needs
- ☐ Utility needs
- ☐ Health literacy/illiteracy
- ☐ Housing Instability
- ☐ Family care, including child and elder care, needs
- ☐ Educational/vocational training
- ☐ Technology support or accessibility
- ☐ Social Isolation/Loneliness
- ☐ Financial need
- ☐ Mental Health/ Substance use
- ☐ Other, please specify:

  _____
- ☐ No Screening

22. Please indicate which of the following services your agency provides to meet the social determinants of health needs of your clients.

	Does your organization provide this service?				Please specify the program/service name when possible. Otherwise, please leave blank.
	Yes, we provide	We provide referrals	No	Don't know	Name of program/ service:
Legal Assistance	☐	☐	☐	☐	_____
Housing Assistance	☐	☐	☐	☐	_____
Food Assistance	☐	☐	☐	☐	_____
Financial Assistance	☐	☐	☐	☐	_____
Transportation or Mobility Services	☐	☐	☐	☐	_____
Family Care and Respite Services	☐	☐	☐	☐	_____
Health Literacy Assistance (including translation)	☐	☐	☐	☐	_____
Mental and Behavioral Health Services	☐	☐	☐	☐	_____
Substance Use Treatment/ Services	☐	☐	☐	☐	_____
Social Support/ Socialization	☐	☐	☐	☐	_____

23. Does your organization provide any of the following on behalf of your clients?

	Does your organization provide this service?			Please specify the program/service name when possible. Otherwise, please leave blank.
	Yes	No	Don't know	Name of program/ service:
Advocacy	☐	☐	☐	_____
Policy Development/ Analysis	☐	☐	☐	_____
Provider Education	☐	☐	☐	_____

24. Please indicate which of the following services your agency provides to meet the needs of your clients.

	Does your organization provide this service?				Please specify the program/service name when possible. Otherwise, please leave blank.
	Yes, we provide	We provide referrals	No	Don't know	Name of program/ service:
Physical Therapy/Occupational Therapy Services	☐	☐	☐	☐	_____
Physical Activity	☐	☐	☐	☐	_____
Primary Care	☐	☐	☐	☐	_____
Long Term or Skilled Nursing Care	☐	☐	☐	☐	_____
Senior Services	☐	☐	☐	☐	_____
Life Transitions/ Adaptation	☐	☐	☐	☐	_____
Independent Living	☐	☐	☐	☐	_____
Medication or Pain Management	☐	☐	☐	☐	_____
Nutrition Planning or Meal Delivery	☐	☐	☐	☐	_____

25. Please indicate your organization's level of familiarity with the follow programs:

	Have never heard of this program or resource	Have heard of but haven't used this program or resource	Have used but am not currently using this program or resource	Currently using this program or resource
Enhance Wellness/ Project Enhance	☐	☐	☐	☐
Tai Chi Quan: Moving for Better Balance (TJCMBB)	☐	☐	☐	☐
Free from Falls	☐	☐	☐	☐
Stay Active and Independent for Life (SAIL)	☐	☐	☐	☐

IMPACT OF THE COVID-19 PANDEMIC

We know that these are unprecedented times. In the following questions, you will be asked about how the COVID-19 pandemic has impacted your organization.

26. Please describe how funding for your organization has changed as a result of the COVID-19 Pandemic. **Please check all that apply:**

- ☐ Decreased funding amount
- ☐ New or more funders than in the past (irrespective of the amount of funding)
- ☐ Fewer funders than in the past (irrespective of the amount of funding)
- ☐ Increased funding amount
- ☐ New or more funding specifically for Covid-19 related response
- ☐ No change/funding has stayed about the same

27. Has your organization added any new services as a direct result of the COVID-19 pandemic?

a. Yes
   If yes, please describe: _____
b. No
c. Not Sure

28. Has your organization changed or cut any existing services as a direct result of the COVID-19 pandemic?

a. Yes
   If yes, please describe: _____
b. No
c. Not Sure

29. What has been the biggest challenge to your organization during the COVID-19 pandemic? Please consider challenges to both the organization itself/staff, and to clients served.

_____

_____

30. What, if any, would you consider to be organizational successes during the COVID-19 pandemic? Please consider successes for both the organization itself/staff, and to clients served.

_____

_____

ANY ADDITIONAL COMMENTS?

31. Please provide any additional comments you'd like to share in the space below:

_____

_____

_____

_____

_____

_____

TO THANK YOU FOR YOUR PARTICIPATION

Thank you for taking our survey!

To thank you for your participation, we would like to offer you a ($10 / $25) Amazon gift card. To receive your gift card, please select “Yes” below. If you would like to decline your gift card, please select "No."

If you select "Yes," you will be redirected to another survey where you will be asked to provide an email address; your electronic gift card will be sent to the email address that you provide. The email address that you provide will be kept confidential, and it will not be connected to your survey responses.

Would you like to receive a ($10 / $25) Amazon gift card for your participation?

a. Yes
b. No

(If selected that they would like to accept their gift card, they were directed to another survey where they were shown the following question.)

Thank you for taking our survey!

To thank you for your participation, we would like to offer you an Amazon gift card. If you would like to accept the gift card, please provide the email address where you would like the electronic gift card to be sent. The email address that you provide will be kept confidential.

To what email address would you like the electronic gift card to be sent?

_____