



Community Health Needs and Satisfaction Survey

The Siletz Community Health Clinic is working to create a health care delivery strategy to align the Tribes' vision and direction moving forward, and to secure additional grant funding to support these efforts. As a part of this process, the Clinic is gathering input from the community to help shape our programs, services, and areas of focus. We greatly value your input.

This survey will take about 10 minutes to complete. Anything you share on the survey will be kept confidential. This means it won't be linked to you as a person. You can skip any question you wish. Your participation is voluntary. You have a choice about whether or not to take this survey. Please only complete the survey one time.

You must be 18 years or older to take this survey. Please do not continue if you are not 18 or older.

Please see the end of the survey for an opportunity to enter to win a gift basket.

Section 1: Community Health

1. What do you think are important factors for a "Healthy Community?" Please select all the factors you think most improve the quality of life in a community.

- | | |
|---|--|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Low crime / safe neighborhoods |
| <input type="checkbox"/> Good place to grow old | <input type="checkbox"/> Access to traditional foods |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Excellent race relations | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Strong family life | <input type="checkbox"/> Access to health care (e.g., family doctor) |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Low infant deaths | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Engaged citizens | <input type="checkbox"/> High level of Tribal sovereignty |
| <input type="checkbox"/> Low level of substance use | <input type="checkbox"/> Other _____ |

2. Please select up to 3 "risky behaviors" which have the greatest overall impact on the health of our Tribal community.

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Being overweight | <input type="checkbox"/> Dropping out of school |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Racism | <input type="checkbox"/> Commercial tobacco use | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Unsafe sex | <input type="checkbox"/> Gambling | <input type="checkbox"/> Excessive use of social media |
| <input type="checkbox"/> Not using seat belts/child safety seats | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Not getting "shots" to prevent disease | | |

3. How would you rate our community as a “Healthy Community?”

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

4. How would you rate your own personal health?

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

Section 2: Your Health and Health Needs

5. On a scale of 1 – 5, with one being extremely unimportant and five being extremely important, how important is healthcare to you?

- 1 2 3 4 5

6. How many times do you usually see a doctor, nurse, or other health provider each year? (Check one)

- 0x/year 1x/year 2-4x/year 5x or more/year Unsure

7. During the course of a typical year, how many times do you access healthcare services from the below service providers:

Siletz Community Health Clinic:	<input type="checkbox"/> Zero	<input type="checkbox"/> 1 – 3	<input type="checkbox"/> 4 -6	<input type="checkbox"/> 7+
Veterans Administration (VA):	<input type="checkbox"/> Zero	<input type="checkbox"/> 1 – 3	<input type="checkbox"/> 4 -6	<input type="checkbox"/> 7+
Local Provider’s office (not at Siletz clinic)	<input type="checkbox"/> Zero	<input type="checkbox"/> 1 – 3	<input type="checkbox"/> 4 -6	<input type="checkbox"/> 7+
Urgent Care:	<input type="checkbox"/> Zero	<input type="checkbox"/> 1 – 3	<input type="checkbox"/> 4 -6	<input type="checkbox"/> 7+
Emergency Room:	<input type="checkbox"/> Zero	<input type="checkbox"/> 1 – 3	<input type="checkbox"/> 4 -6	<input type="checkbox"/> 7+
Traditional Healer:	<input type="checkbox"/> Zero	<input type="checkbox"/> 1 – 3	<input type="checkbox"/> 4 -6	<input type="checkbox"/> 7+
Other				

8. How many times do you see a dentist or dental hygienist each year? (Check one)

- 0x/year 1x/year 2-4x/year 5x or more/year Unsure

9. Would you describe yourself as having multiple health diagnoses that you are managing?

- No Yes Prefer not to answer Don’t know

10. Which of the following are health concerns for you and your household?

- Anxiety
 - Vaccinations
 - Asthma
 - Alcohol use
 - Cancer
 - Commercial Tobacco Use
 - Domestic Violence
 - Dental health
 - Dementia
 - HIV/AIDS
 - Diabetes
 - Motor vehicle crash injuries
 - Missing and Murdered Indigenous People
 - Sexually transmitted diseases
 - Aging problems (e.g., arthritis, hearing/vision loss, falls, etc.)
 - Infectious Diseases (e.g., hepatitis, TB, COVID-19 etc.)
 - Other Describe: _____
- Headaches
 - Eye health
 - Heart disease
 - Hepatitis
 - High blood pressure
 - Infant health
 - High cholesterol
 - Mobility/Disability
 - Respiratory / lung disease
 - Teenage pregnancy
 - Rape / sexual assault
- Stroke
 - Trauma
 - Violence
 - Weight
 - Child abuse / neglect
 - Mental health problems
 - Drug use
 - Suicide
 - Depression
 - None

Section 3: Access to Health Care Services

11. If you do not use services at the Clinic, what other provider do you use?

- Samaritan Pacific Hospital ER
 - Veterans Administration
 - Other Tribal Facility or Other Provider: _____
 - None
- Samaritan Lincoln Hospital ER
 - Samaritan Primary Care Dr.

12. If you do not use services at the Clinic, what keeps you from going to the Siletz Community Health Clinic to get care?

13. On a scale of 1 – 5, one being extremely unsatisfied and five being extremely satisfied, please rate your experience with the following services at each of these locations.

- | | | | | | | |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Eugene: Community Health Services | <input type="checkbox"/> Do not visit this location | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Eugene: Behavioral Health (Mental Health and A&D Counseling) Services | <input type="checkbox"/> Do not visit this location | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Portland: Community Health Services | <input type="checkbox"/> Do not visit this location | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Portland: Behavioral Health (Mental Health and A&D Counseling) Services | <input type="checkbox"/> Do not visit this location | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Salem: Community Health Services | <input type="checkbox"/> Do not visit this location | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Salem: Behavioral Health (Mental Health and A&D Counseling) Services | <input type="checkbox"/> Do not visit this location | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

14. If you were in charge of the Siletz Community Health Clinic, what is the first thing that you would change?

15. On a scale of 1 – 5, with one being extremely unsatisfied and five being extremely satisfied, please rate your experience with the following services:

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Medical (pediatrics, wound care, massage, women’s care) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Dental | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Optometry | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Behavioral Health (substance use treatment, alcohol/drug program, transitional living, CEDARR, and mental health) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Community Health (harm reduction, non-emergency medical transport, and CARE program) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

16. What is your main source of transportation to appointments? (Choose 1 answer)

- Personal vehicle Rideshare (e.g.Uber) Public transit Bike Walking Taxi
 Transportation provided by the Tribe

17. What challenges do you and members of your household have in accessing health care? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Cost of prescriptions | <input type="checkbox"/> Lack of childcare/eldercare | <input type="checkbox"/> Immigration/citizen status |
| <input type="checkbox"/> Cost of doctor visit | <input type="checkbox"/> Too much paperwork | <input type="checkbox"/> Lack of time |
| <input type="checkbox"/> Finding a doctor or clinic | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Cultural differences |
| <input type="checkbox"/> Clinic or doctor's hours | <input type="checkbox"/> Don't have insurance | <input type="checkbox"/> Discrimination/stigma |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Hard to get appointment | <input type="checkbox"/> Mobility/Disability |
| <input type="checkbox"/> Lack of trust | <input type="checkbox"/> Can't take off work | |
| <input type="checkbox"/> Distance to travel | <input type="checkbox"/> Concern about privacy/confidentiality | |
| <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: (Please describe) _____ | | |

18. In your own words, what could be done to help address some of the gaps in accessing adequate healthcare services?

19. Do you see a need for any additional physical health services not currently offered at Siletz Community Health Clinic?

- Yes
 No

If yes, what are they and at which locations would you like to see them?

20. Do you see a need for any additional mental or behavioral health services not currently offered at Siletz Community Health Clinic?

- Yes
 No

If yes, what are they and at which locations would you like to see them?

24. **How do you feel about receiving mental or behavioral health services by phone or video (virtually)?**
- I have never received mental or behavioral health services virtually and would like to try
 - I have received services mental or behavioral health virtually and would like to continue, even after COVID-19
 - I have never received mental or behavioral health services virtually and I don't want to
 - I have received mental or behavioral health services virtually and would prefer in-person, if possible

Section 6: Personal Characteristics

25. **What is your zip code?** _____

26. **How old are you?**

- 18-24
- 25-39
- 40-54
- 55-69
- 70-84
- 85 or older

27. **What is your gender?**

- Man
- Woman
- Transgender Man
- Transgender Woman
- Genderqueer, Gender Non-Conforming, Gender Fluid, Non-binary, or Two-Spirit
- Prefer not to answer

28. **What is your sexual orientation?**

- Heterosexual
- Lesbian
- Gay
- Bisexual/Pansexual
- Prefer not to answer
- My sexual orientation is not listed here (please specify): _____

29. **Which statement best describes your Native American or Tribal status? (Select all that apply)**

- I am an enrolled member of the Confederated Tribes of Siletz Indians
- I am an enrolled member of another Tribe
- I am a household member of an enrolled Tribal member (of any Tribe)
- I am non-Tribally affiliated

30. Which category best describes your race? (Check all that apply)

- American Indian or Alaska Native
- Black or African American or African
- Middle Eastern
- Pacific Islander or Native Hawaiian
- White
- Asian
- Another race or ethnicity not listed here _____

31. What is your highest level of education? (Check one)

- Elementary or middle school
- Some high school
- High School or GED
- Some college
- Vocational certificate
- Associates Degree
- Bachelor's Degree
- Master's Degree or higher
- Decline to state

32. Which languages are spoken in your home? (Check all that apply)

- English
- Spanish
- Other (Please specify) _____

33. What is your current employment status? (Check the answer that best describes your job status)

- Employed by Tribal Government and/or its enterprises
- Employed by business or organization not affiliated with Tribal Nation
- Self-employed
- Homemaker
- Retired
- On disability
- Student
- Unemployed

34. When did you last have health care insurance or coverage (Medicaid, Medicare, or insurance provided by an employer)?

- This year
- last 1-2 years
- 3-5 years
- more than 5 years ago

If you'd like to be entered into a drawing to win a gift basket, please enter your information on the next page. If you are not interested, you can just skip this section.

Please enter your name and contact information if you would like to enter the drawing for the gift basket.

Name (please print):
Email or phone: