2018 Community Health Assessment

Overview and instructions

The Tribal Health Department is conducting their 1st Community Health Assessment. The Department is seeking your input to identify major needs and concerns of the Gila River Indian Community so the Tribal Health Department and others can better serve YOU. With your help and participation, we can help improve the health and wellness of the Community and future generations to come!

For all questions on this survey, your answers are voluntary and confidential. Personal responses will not be reported in any way. The survey will take approximately 30 minutes to complete. Your answers and time are greatly appreciated and will help us to understand important factors that influence our Community.

Demographics

* 1. Are you a Gila River Indian Community enrolled Tribal member?

- ◯ Yes
- ◯ No

* 2. If no, what is your ethnicity?

- ◯ American Indian or Alaska Native Tribe
- ◯ African American
- ◯ Hispanic or Latino
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ White
- ◯ I am an enrolled GRIC tribal member

If American Indian or Alaska Native, what tribe?

* 3. Do you live within the Gila River Indian Community boundaries?

- ◯ Yes
- ◯ No

* 4. If Yes, which District?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ I do not live within the GRIC boundaries

5. What is your gender?

- ◯ Male
- ◯ Female
- ◯ Transgender
- ◯ No Answer

6. What is your age in years?

- ◯ 18 to 25 years
- ◯ 26 to 35 years
- ◯ 36 to 54 years
- ◯ 55 to 66 years
- ◯ 67 to 75 years
- ◯ 76 years or older

7. What is your current marital status?

- ◯ Living with boy/girlfriend
- ◯ Single/Divorced
- ◯ Single/Widowed
- ◯ Single/Never Married
- ◯ Married First Time
- ◯ Remarried

8. What is your combined household income?

- ◯ Less than $10,000
- ◯ $10,000 to $14,999
- ◯ $15,000 to $24,999
- ◯ $25,000 to $34,999
- ◯ $35,000 to $49,999
- ◯ $50,000 to $74,999
- ◯ $75,000 to $99,999
- ◯ $100,000 or more

9. How many people live in your home including yourself?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6 or more

10. If you have children in the household, what are the ages of the children (under 18) that are living with you? Please indicate the NUMBER of children in each age group)

Under the age of 1	
1 year to 3 years	
4 years to 5 years	
6 years to 8 years	
9 years to 12 years	
13 years to 17 years	

11. What is the highest grade you have completed?

- ◯ No schooling completed
- ◯ Grade School (1 – 8) or less
- ◯ Some High School
- ◯ High School Graduate/GED
- ◯ Some college credit, but less than 1 year
- ◯ 1 or more years of college, no degree
- ◯ Associate degree
- ◯ Bachelor's degree
- ◯ Master's degree
- ◯ Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ◯ Doctorate degree (for example: PhD, EdD)

12. What is your current employment status?

- ◯ Retired
- ◯ Student Non-Working
- ◯ Employed Part-time
- ◯ Self-Employed
- ◯ Disability/Unable to Work
- ◯ Unemployed less than 6 months
- ◯ Unemployed more than 6 months
- ◯ Homemaker
- ◯ Seeking Employment
- ◯ Student Working
- ◯ Employed Full Time

13. Number of years at your most recent job?

- ◯ Not Applicable
- ◯ Less than one year
- ◯ 1 to 3 years
- ◯ 4 to 10 years
- ◯ 11 to 15 years
- ◯ 16 or more years

Access to Care

14. Do you have any kind of healthcare coverage such as Medicare/Medicaid, Indian Health Services, or private health insurance?

- ◯ Yes
- ◯ No
- ◯ I don't know

15. Is anyone in your household ELIGIBLE to receive health services through the Gila River Health Care System (i.e. Hu Hu Kam Memorial Hospital or Komatke Health Center)?

- ◯ Yes
- ◯ No
- ◯ I don't know

16. If yes, what services do you currently use at Gila River Health Care? (Check all that apply)

- ☐ Behavioral Health
- ☐ Dental
- ☐ Dialysis
- ☐ Family Planning
- ☐ Lab
- ☐ Life Center
- ☐ Medical Imaging (e.g. x-ray, ultrasound)
- ☐ Optometry
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Podiatry
- ☐ Primary Care
- ☐ Women's Health

17. Do you have a PCP (Primary Care Provider) designated at the Gila River Health Care?

- ◯ Yes
- ◯ No

18. If Yes, which Health Care Center?

- ◯ HuHukam - Sacaton
- ◯ Komatke - Laveen

19. Do you have a PCP at another facility?

- ◯ Yes
- ◯ No

If yes, where do you receive your health services?

20. During the past 12 months, how often did you eat less than you felt you should because there was not enough money for food?

- ◯ Never
- ◯ Sometimes (at least once)
- ◯ Often

21. Was there a time in the past 12 months when YOU OR A FAMILY MEMBER needed medical care, but could not get it?

- ◯ Yes
- ◯ No

22. If yes, please check why (check all that apply)

- [ ] It cost too much
- [ ] Too far, distance
- [ ] Inconvenient office hours
- [ ] Lack of child or elder care
- [ ] Other (explain)
- [ ] Lack of transportation
- [ ] Language barrier
- [ ] No disability access
- [ ] Too long of a wait for an appointment

23. How many miles do you live from the nearest Health and Wellness Center?

- ( ) Less than 1 mile
- ( ) 2 to 5 miles
- ( ) 6 to 10 miles
- ( ) 11 to 15 miles
- ( ) 16 to 49 miles
- ( ) 50 miles or more

24. Do you have access to safe areas to exercise outdoors? (ex: walking trails, sidewalks, parks etc.)

- ( ) Yes
- ( ) No

25. Would you like to see more walking trails within the Gila River Indian Community?

- ( ) Yes
- ( ) No

If yes, what types of trails would you like to see and where?

26. Do you believe services are available in your community to meet your health care needs?

- ( ) Yes
- ( ) No

Health Behaviors - Routine Exams

27. Do you go to the doctor at least once a year for a health checkup?

- ◯ Yes
- ◯ No
- ◯ Only when I'm sick

28. Do you receive a routine vision exam once a year?

- ◯ Yes
- ◯ No

29. Do you go to the dentist every 6 months or annually for a dental exam and cleaning?

- ◯ Yes
- ◯ No

Health Behaviors - Diet and Exercise

30. How many times during the week do you exercise 20 minutes or more? (e.g., walking, gardening, riding a bike, lifting weights, running etc.)

- 3 or more times per week
- Less than 3 times per week
- Once per month or less
- None

31. How many servings of fruits/vegetables do you eat daily?

- Less than 3 servings
- 4 to 5 servings
- More than 5 servings

32. If you eat less than 3 servings of fruits / vegetables per day, why?

- Availability
- Cost
- Time to Prepare
- Dislike Fruit/Vegetables
- Other (please specify)

33. Are you interested in having locally grown farm fresh produce available in your community?

- Yes
- No

34. Do you feel you are at a healthy weight?

- ◯ Yes
- ◯ No

35. Have you ever been told by others that you are underweight or overweight?

- ◯ Yes
- ◯ No

36. If no, do you feel you are?

- ◯ Underweight
- ◯ Overweight

37. During the past 30 days, did you exercise or eat healthy to be at a healthier weight?

- ◯ Yes
- ◯ No

38. During the past 30 days, did you try to lose weight by other methods than exercise and healthy eating?

- ◯ Yes
- ◯ No

Health Behaviors - Smoking

39. Do you currently smoke cigarettes/e-cigarette even occasionally?

- ◯ Yes
- ◯ No (skip to question 45)

40. If yes, which one?

- ◯ Traditional tobacco cigarettes
- ◯ E-cigarettes

41. If your answer above was yes, how many cigarettes do you smoke a day? (20 cigarettes = 1 pack)

42. If Yes, have you ever tried to quit smoking unsuccessfully using any of these methods? (Check all that apply)

- ☐ Gum
- ☐ Patches
- ☐ Oral Medication
- ☐ Relaxation Techniques
- ☐ Other (please specify)
- ☐ Support Groups
- ☐ Lozenges
- ☐ Cold Turkey
- ☐ None of the Above

43. If you smoke now and want to quit, which methods would you try? (Check all that apply)

- [ ] Gum
- [ ] Patches Oral Medication
- [ ] Relaxation Techniques
- [ ] Support Groups
- [ ] Lozenges
- [ ] Cold Turkey
- [ ] None of the Above
- [ ] Other (please specify)

44. How many years has it been since you last smoked?

45. Which other ways do you use Tobacco? (Check all that apply)

- [ ] Traditional Use
- [ ] Smoke Cigars
- [ ] Smokeless Tobacco (Chew, Snuff, Pouches)
- [ ] Smoke non-traditional pipe
- [ ] Other (please specify)

46. Are you exposed to second-hand smoke? (Check all that apply)

- [ ] Yes –at home
- [ ] Yes – in the workplace
- [ ] Traditional Smudging
- [ ] No

Health Behaviors - Alcohol/Other Drugs

47. Do you currently drink beer, wine, wine coolers, or hard liquor (any form of alcohol)?

- ◯ Yes
- ◯ No (skip to question 52)

48. How often do you drink?

- ◯ Daily
- ◯ 4+ days per week
- ◯ 2-3 days per week
- ◯ Once a week
- ◯ Once a month
- ◯ Less than once a month

49. When you drink, how many drinks do you usually have?

50. Do you ever feel you drink too much?

- ◯ Yes
- ◯ No

51. If yes, would you be interested in learning to help control your drinking?

- ◯ Yes
- ◯ No

52. Did you ever drink alcohol in the past?

- ◯ Yes
- ◯ No

53. Have you ever used recreational drugs?

- ◯ Yes
- ◯ No (skip to question 55)

54. If Yes, please choose all that apply

- [ ] Meth
- [ ] Molly/Ecstasy
- [ ] Heroine
- [ ] Cocaine
- [ ] Marijuana

55. Do you now or have you ever used your own or someone else's prescription drugs to get high?

- ◯ Yes, currently use
- ◯ Yes, have used in the past
- ◯ No, have never used (skip to question 57)

56. If you answered Yes, how often do you use street drugs or someone else's prescription drugs to get high?

- ◯ Daily
- ◯ 4+ days per week
- ◯ 2- 3 days per week
- ◯ Once a week
- ◯ Once a month

Health Behaviors - Mental Health

57. Within the last year, have you ever experienced or felt abused (verbally, physically, emotionally, sexually, or financially) by anyone?

- Yes
- No

58. Do you know your family history of mental health disorders and diseases (e.g., bipolar, schizophrenia)?

- Yes
- No

59. Within the last year, have you ever been abusive (verbally, physically, sexually, emotionally, or financially) to anyone?

- Yes
- No

60. Have you ever received counseling?

- Yes
- No

61. Have you ever been prescribed an anti-depressant?

- Yes
- No

62. Are you aware of any mental health concerns in your family history?

- Yes
- No

63. Have you ever needed support in any of the following areas:

- ◯ Feeling Depressed (frequently sad, lonely, unhappy, crying or numb, no motivation/energy)
- ◯ Feeling Anxious (excessive worry, paranoia, nervous feeling)
- ◯ Feeling Anger, Irritability or Rage
- ◯ Seeing or hearing things that others don't see or hear
- ◯ None (skip to question 65)

64. If you marked any of the above, did you find adequate support at the Gila River Health Care Center?

- ◯ Yes
- ◯ No

65. In difficult times have you ever thought about taking your own life?

*If you are having any current or ongoing thoughts about taking your life, support and help are available. Call this local crisis line to speak to a trained professional over the phone at 1-800-259-3449-.

- ◯ Yes
- ◯ No

66. Have you ever put someone else's health before your own?

- ◯ Yes
- ◯ No

67. Has anyone ever expressed concern to you about any of the areas in the above questions?

- ◯ Yes
- ◯ No

Health Behaviors - Sexual Health

68. If you are sexually active, what method of birth control do you or your partner use to prevent pregnancy and STDs? (Check all that apply)

- [ ] Abstinence
- [ ] Birth Control Pills
- [ ] Condoms
- [ ] The Morning After Pill
- [ ] Contraceptive Cream or Jelly
- [ ] The Diaphragm
- [ ] IUD
- [ ] The Injection/Shot
- [ ] Other (please specify)
- [ ] Nuva Ring
- [ ] Withdrawal
- [ ] The Patch
- [ ] The Implant
- [ ] Tubal Ligation
- [ ] Vasectomy
- [ ] I'm not sure
- [ ] A combination

69. Was there ever a time that you were forced to have sex against your will (includes: anal, oral, and vaginal sex)?

- ◯ Yes
- ◯ No

70. Have you ever been sexually harassed (sexual comments, inappropriate touch, etc.)?

- ◯ Yes
- ◯ No
- ◯ I don't know

71. If yes, did you know where to find support regarding sexual harassment?

- ◯ Yes
- ◯ No

Health Behaviors - Safety

72. During the past 30 days, how many times did you drive any vehicle while drinking or ride with someone who had been drinking or under the influence of drugs?

- ◯ 0 times
- ◯ 1 time
- ◯ 2 or more times

73. How often do you do the following:

	Never	Rarely	Sometimes	Most of the time	Always
Wear a seatbelt when riding in a car?	◯	◯	◯	◯	◯
Text or e-mail while driving or ride with someone who text/e-mails while driving?	◯	◯	◯	◯	◯

74. How often do you wear a helmet when riding a motorcycle, bicycle or ATV?

- ◯ I don't ride
- ◯ Never
- ◯ Rarely
- ◯ Sometime
- ◯ Most of the Time
- ◯ Always

75. If an emergency happened, do you have enough food, water and supplies in your home to last for 3 days without outside help?

- ◯ Yes
- ◯ No

Culture

76. How often do you participate in Akimel O'odham and/or Pee Posh cultural activities (e.g., basket weaving, Akimel O'odham or Pee Posh language, and other ceremonies)?

- ◯ All of the Time
- ◯ A Little of the Time
- ◯ Some of the Time
- ◯ None of the Time
- ◯ Most of the Time

77. What language do you speak most often at home?

- ◯ English
- ◯ Akimel O'odham
- ◯ Pee Posh
- ◯ Other (please specify)

78. How often do you speak the Akimel O'odham and/or Pee Posh language?

- ◯ Never
- ◯ 50% - 75% of the time
- ◯ Less than 25% of the time
- ◯ 75% - 100% of the time
- ◯ 25% - 50% of the time

79. Do you consider yourself to be spiritual or religious?

- ◯ Yes
- ◯ No

80. Are you part of a spiritual or religious community?

- ◯ Yes
- ◯ No

If yes, please state:

Chronic Health Conditions

81. Have you ever been told by a doctor or health professional you had the following health conditions?

	Yes	No	Not sure
Heart Disease	○	○	○
Stroke	○	○	○
High Blood Pressure	○	○	○
Diabetes	○	○	○
Cancer	○	○	○
Liver Disease	○	○	○
Kidney Disease	○	○	○
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	○	○	○
Lactose Intolerance	○	○	○
Obesity	○	○	○
Asthma	○	○	○
Chronic Back Pain	○	○	○
Alcoholism	○	○	○
Drug Abuse	○	○	○
Allergies (e.g., Drug, Environmental, Food, Medical, Seasonal)	○	○	○

82. Do you have a family history (e.g., grandparent, parent, and siblings living or deceased) of the following health conditions?

	Yes	No	Not sure
Heart Disease	○	○	○
Stroke	○	○	○
High Blood Pressure	○	○	○
Diabetes	○	○	○
Cancer	○	○	○
Liver Disease	○	○	○
Kidney Disease	○	○	○
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	○	○	○
Lactose Intolerance	○	○	○
Obesity	○	○	○
Asthma	○	○	○
Chronic Back Pain	○	○	○
Alcoholism	○	○	○
Drug Abuse	○	○	○
Allergies (e.g., Drug, Environmental, Food, Medical, Seasonal)	○	○	○

Preventive Services

83. How long has it been since your last:
(check one for each question)?

	Never	Less than 1 year	1 or more years ago	Not applicable
Pap Smear (women only)	○	○	○	○
Mammogram (women only)	○	○	○	○
Breast Exam (women only)	○	○	○	○
Prostate Exam (men only)	○	○	○	○
Annual Physical Exam	○	○	○	○
Diabetes Screening / Check-up	○	○	○	○
High Blood Pressure Screening /Check-up	○	○	○	○
Cholesterol Screening / Check-up	○	○	○	○
Dental Exam / Cleaning	○	○	○	○
Eye Exam	○	○	○	○

Agree/Disagree Statements

Select one box that indicates how much you agree or disagree with the following statements. Please explain your answer.

84. GRIC is a good place to raise children (consider schools, childcare, after school activities).

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree

Why?

85. GRIC is a good place to grow old (consider respect for elders, elder-friendly housing, elder care, transportation options, social and nutritional support).

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree

Why?

86. There is economic opportunity in GRIC (consider jobs for individuals, opportunities for businesses, etc.).

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree

Why?

87. Akimel O'odham and Pee Posh culture and traditions are valued and respected in the GRIC.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree

Why?

88. I am satisfied with the quality of the natural environment in GRIC (land, air, water)?

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree

Why?

89. There is plenty of help for people in times of need in GRIC.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree

Why?

Other

90. Choose FIVE things you think most NEGATIVELY affect the health and well-being of the GRIC tribal members.

- [ ] Child neglect or abuse
- [ ] Elder neglect or abuse
- [ ] Domestic violence
- [ ] Rape or sexual assault
- [ ] Theft and violent crime
- [ ] Mental illness/historical trauma/lack of access to quality mental health services
- [ ] Drug and alcohol abuse/lack of access to quality drug and alcohol treatment services
- [ ] Chronic disease (diabetes, hypertension, obesity, cancer, etc.
- [ ] Gambling
- [ ] Teen pregnancy
- [ ] Smoking
- [ ] Physical inactivity
- [ ] Lack of employment opportunities
- [ ] Lack affordable or better housing
- [ ] Lack of access to low-cost, healthy food
- [ ] Poor nutrition/unhealthy eating
- [ ] Environmental concerns (land, air, water, wildfire)
- [ ] Lack of transportation
- [ ] Discrimination or racism
- [ ] Poor quality education
- [ ] Dropping out of school
- [ ] Lack of respect for Akimel O'odham and Pee Posh culture
- [ ] Lack of positive youth activities
- [ ] Not enough or poor quality childcare
- [ ] Lack of access to quality health services
- [ ] Lack of culturally appropriate healthcare
- [ ] Not enough recreational or social opportunities for adults
- [ ] Being unprepared to respond to disasters
- [ ] Other (please specify)

91. In your opinion, what are some external factors (outside of the Gila River Indian Community) that impact the Gila River Indian Community?

92. What do you consider the biggest health-related concern for the Gila River Indian Community?

93. In what ways can the Akimel O'odham and Pee Posh culture help improve the health of the Gila River Indian Community?

94. What ideas do you have to improve the health of the Gila River Indian Community?

95. Is there anything else you would like to share with us as we move forward in our efforts to improve the health and well-being of our community?