Skagway Health Needs Assessment
Survey

Date: April 22, 2021

Return by: May 31, 2021

Purpose:

The Dahl Memorial Clinic has designed this survey in order to examine and improve our services. The information collected from this survey will be used in completing the Health Resources and Services Administration (HRSA) Community Health Center Grant. This grant will help the Dahl Memorial Clinic to increase services while potentially providing financial assistance to our low-income patients. At the same time, it could assist in lowering the Municipality subsidy to the clinic. It is important that we know what the community needs and wants as far as health care in Skagway. **By completing this survey and returning it, you can help improve health care in Skagway!**

All surveys are confidential and will only be used for collecting the data needed to assess the overall health care needs of the community. To ensure that your answers and opinions remain anonymous, DO NOT place your name, signature, or any identifiable information on the survey. If your household consists of more than one adult who would be interested in completing the survey, then additional survey forms may be obtained from Skagway City Hall, the Skagway Public Library, or Dahl Memorial Clinic.

Please answer as many questions as you feel comfortable. If you do not feel comfortable answering certain questions, then please leave those questions blank. This survey will take approximately 20 minutes to complete. Thank you for your assistance and we appreciate your honesty.

Returning Survey:

You may use any of the following methods to return the completed survey:

- Place completed survey in the self-addressed stamped envelope provided and place it in the mail.

- If you have misplaced the self-addressed envelope, mail the survey to:
  Dahl Memorial Clinic
  PO BOX 537
  Skagway, AK 99840

- Submit the survey to any of the following drop locations:
  - Dahl Memorial Clinic
  - Skagway City Hall
  - Skagway Public Library

- Submit the survey to a Clinic board member:
  - Cory Thole
  - Linda Calver
  - Jeremy Simmons
  - Marla Belisle
  - Nicole Goodman
  - Lisa Hollander
  - Mindy Miller
  - Carl Mulvihill
  - Allyson Nannini
  - Sam Cornman

SKAGWAY HEALTH NEEDS ASSESSMENT SURVEY

Healthcare Needs

1. In your opinion what are the most important health issues that need to be addressed in Skagway to improve quality of life. *Check all that apply.*

☐ Asthma	☐ Hospice	☐ Sexually transmitted infections
☐ Stroke/Heart attack	☐ Home health	
☐ Heart disease	☐ Mental illness	☐ Family planning
☐ Arthritis	☐ Depression	☐ Prenatal care
☐ Diabetes	☐ Smoking	☐ Healthy eating habits
☐ Cancer	☐ Obesity	☐ Food Insecurity
☐ Work related injuries	☐ Alcohol & drug abuse	☐ Other, please specify:
☐ Other injuries	☐ Teen Pregnancy	

_____

2. Of the health problems you identified above, which do you think are the three greatest problems? *Please rank the top three with one (1) being the greatest problem in Skagway.*

1.	
2.	
3.	

Healthcare Use

Community Facilities:

3. Where do you or where would you initially seek care for each of the following healthcare needs? Please indicate your preference by writing the corresponding location number from the list below next to each service.

1 - Dahl Memorial Clinic
2 - Clinic/Facility in Whitehorse
3 - Clinic/Facility in Juneau
4 - Other (please specify)_____

_____Primary Care	_____Medical Hospitalization
_____Cancer Treatment	_____Mental or Behavioral Health Counseling
_____Delivery	_____Minor Fracture
_____Dental Care	_____Outpatient Surgery
_____Eye Care	_____Physical Therapy
_____General Physical Exam	_____Pregnancy

4. Have you used medical services outside the community? □ **YES** □ **NO**

   a. If "YES" why were medical services outside Skagway used in the past two years?

   Check all that apply.

   □ Services not supplied locally
   □ Quality of service better elsewhere
   □ More privacy at non-local facility
   □ Prefer to see Physician
   □ Services cheaper elsewhere
   □ Referred by physician/ provider
   □ Indian Health Service
   □ Other ~ please specify _____

5. Are you familiar with the qualifications of Nurse Practitioners, Physician Assistants, Medical Assistants, and other medical staff? □ **YES** □ **NO**

6. Has the Clinic adequately informed you and the community of the availability of regularly scheduled visiting providers such as family physician, pediatrician, dentist, eye doctor, physical therapist, occupational therapist, and acupuncturist? □ **YES** □ **NO**

   a. If '"No", how can Dahl Memorial Clinic improve communication with you and the community of Skagway?

   _____

Healthcare Available in the Community

7. How would you rate each of the following services/visiting providers at Dahl Memorial Clinic?

   Place an 'X' in the box which represents your feeling about each service.

Service	Excellent	Good	Fair	Poor	Don't Know
Acupuncture					
Dental					
Drug Dispensary					
Emergent Care					
Eye Care					
Front Office/Reception					
Laboratory					
Mental or Behavioral Health					
Occupational Therapy					
Billing					
Physical Therapy					
Provider Interaction (Nurse Practitioner, Physician Assistant)					
Registered Nurse/Medical Assistant					
Ultrasound					

X-Ray					

8. In the last year, how many days did you usually have to wait for an appointment at Dahl Memorial Clinic when you needed care right away?

□ Same Day □ 1 Day □ 2 to 3 Days
□ 4 to 7 Days □ More than 7 Days □ Not Applicable

9. Did Dahl Memorial Clinic give you information about what to do if you needed care during evenings, weekends, or holidays? □ **YES** □ **NO**

10. In the last year, how often were you able to get the care you needed from Dahl Memorial Clinic during evenings, weekends, or holidays?

□ Never □ Always □ No afterhours care was necessary
□ Sometimes □ Usually

11. In the last year, did you get any reminders from Dahl Memorial Clinic about tests, treatments or appointments?

□ Yes □ No □ Not Applicable

12. In the last year, if you and your Dahl Memorial Clinic provider talked about starting or stopping a prescription medicine, how much did the provider talk about the reasons you might **<u>want to</u>** take the medicine?

□ Not at all □ A lot □ I did not start or stop a prescription medicine last year
□ A little □ Some

a. How much did the provider talk about the reasons you might **<u>not want to</u>** take the medicine?

□ Not at all □ A lot □ I did not start or stop a prescription medicine last year
□ A little □ Some

b. When you talked about starting or stopping a prescription medicine, did the provider ask you what **<u>you thought</u>** was best for you?

□ Yes □ No □ Not Applicable

13. In the last year, did you see a specialist for a particular health problem?

□ **YES** □ **NO**

14. How often did your Dahl Memorial Clinic provider seem informed and up-to-date about the care you got from specialists

□ Never □ Always □ Sometimes □ Usually □ Not Applicable

15. In the last year, did anyone at Dahl Memorial Clinic talk with you about specific goals for your health?

□ Yes □ No □ I have not been to the clinic in the last year

16. In the last year, did anyone at Dahl Memorial Clinic ask you if there are things that make it hard for you to take care of your health?

□ Yes □ No □ I have not been to the clinic in the last year

17. In the last year, did anyone at Dahl Memorial Clinic ask you if there was a period of time when you felt sad, empty, or depressed?

□ YES □ NO □ I have not been to the clinic in the last year

18. In the last year, did you and anyone at Dahl Memorial Clinic talk about things in your life that worry you or cause you stress?

□ YES □ NO □ I have not been to the clinic in the last year

19. In the last year, did you and anyone at Dahl Memorial Clinic talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

□ YES □ NO □ I have not been to the clinic in the last year

20. Do the regular business hours in the table below meet your needs?

Winter Hours: If "NO", please specify times that meet your needs:

□ YES □ NO _____

Summer Hours: If "NO", please specify times that meet your needs:

□ YES □ NO _____

Dahl Memorial Clinic Regular Business Hours	
Winter Hours (Oct-April)	**Summer Hours (May-Sep)**
Monday - Friday 8am to 5pm	Monday - Friday 7am to 7pm
Saturday Closed	Saturday 10am to 6pm
Sunday Closed	Sunday Closed
Providers are available 24/7 by calling 911 or the on-call provider phone number, 983-2025	

21. Which options have you taken advantage of through Dahl Memorial Clinic's website or Athena Patient Portal?

□ Pay Bills
□ Health Information
□ Make Appointments
□ Receive Appointment Reminders
□ Staff/Clinic Information
□ View Immunization Records
□ View your Prescriptions
□ Ask your Provider a Question
□ Clinic event information
□ Other: Specify _____

Insurance Coverage

22. How does your household pay for healthcare? Please check all that apply.

- ☐ Denali Kidcare
- ☐ Indian Health Services
- ☐ Medicaid
- ☐ Medicare
- ☐ Private or Employer Insurance
- ☐ Self Pay
- ☐ Veterans
- ☐ Affordable Care Act
- ☐ Other: Specify Below

_____

_____

23. If you don't have insurance how long have you been without? _____ years _____ months

24. If you don't have insurance, did you qualify for Sliding Fee Discount Program (SFDP)?

☐ **YES** ☐ **NO**

25. If you don't have insurance, is it because you can't afford it? ☐ **YES** ☐ **NO**

26. If you have insurance are the following services covered?

Dental	☐ **YES**	☐ **NO**
Vision	☐ **YES**	☐ **NO**
Behavioral or Mental Health	☐ **YES**	☐ **NO**

Dental

27. Have you or members of your household had dental check-ups in the past 12 months?

☐ **YES** ☐ **NO**

28. Where do you or members of your household go for dental care services? (Mark all that apply.)

- ☐ Skagway with visiting dentist
- ☐ Juneau
- ☐ Whitehorse
- ☐ Other _____

29. Are you satisfied with the care you received at that facility? ☐ **YES** ☐ **NO**

30. Is it easy to get a dental appointment at the clinic with the visiting dentist when an appointment is wanted or needed? ☐ **YES** ☐ **NO**

    a. If "**NO**", please comment:_____

31. Do you encounter barriers to receiving dental healthcare services?

☐ **YES** ☐ **NO**

    a. If "**YES**" please comment:_____

Vision

32. How often do you or members of your household have your eyes examined?

□ Annually □ Never □ Other: Specify _____
□ Semi-annually □ Don't know

33. Where do you or members of your household go for vision care services? (Mark all that apply.)

□ Skagway visiting optometrist □ Juneau
□ Whitehorse □ Other: Specify _____

34. Do you encounter barriers to receiving vision healthcare services?

□ **YES** □ **NO**

a. If "**YES**" please comment:_____

35. How important is it to have vision care in the community?

□ Very Important □ Not Important
□ Somewhat Important □ No Opinion

Behavioral or Mental Health

36. Where do you or members of your household go for behavioral or mental health services? (Mark all that apply.)

□ Skagway □ Juneau
□ Whitehorse □ Other: Specify _____

37. Are you satisfied with the care received at this facility? □ **YES** □ **NO**

38. Is it easy to get a behavioral or mental health appointment at this facility when an appointment is needed/wanted? □ **YES** □ **NO**

39. Do you encounter barriers to receiving behavioral or mental healthcare services?

□ **YES** □ **NO**

a. If "Yes" please comment:_____

Health Status Indicators

40. In general, how many times per week do you participate in physical activity and exercise (including manual labor)? □ None □ 1-2 Times □ 3-5 Times □ 6-7 Times

41. Do you smoke cigarettes? □ **YES** □ **NO**

a. If "Yes," how many cigarettes do you smoke per day? _____

b. During the past 12 months have you quit smoking for one day or longer?

□ **YES** □ **NO**

42. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

□ Chewing Tobacco □ Snuff □ No/None

43. Do you use e-cigarettes? □ **YES** □ **NO**

If "**YES**"...

a. How often do you use e-cigarettes? _____

b. How long have you used e-cigarettes? _____

c. Why did you start using e-cigarettes? _____

d. Would you be interested in receiving help to stop the use of e-cigarettes?

□ **YES** □ **NO**

44. Do you have someone in your family younger than 18 who uses e-cigarettes?

□ **YES** □ **NO**

45. Do you have someone in your family 18 or older who uses e-cigarettes?

□ **YES** □ **NO**

46. During the past month, approximately how many days did you drink alcoholic beverages?

_____ Days □ I don't drink alcoholic beverages

a. On the days you drank, how many drinks did you have on average?
(A drink equals 1 can/bottle of beer, 1 glass of wine, 1 cocktail, or 1 shot of liquor)

Check one. □ One or Two □ Three □ Four □ Five or more

b. Considering all types of alcoholic beverages, how many times during the past month did you have five (5) or more drinks in one sitting?

Check one. □ One or Two □ Three □ Four □ Five or more

47. Have you ever had your blood cholesterol checked? □ **YES** □ **NO**

48. Has a healthcare provider advised you to seek care for any of the following in the past ten (10) years?

Blood Pressure	□ **YES**	□ **NO**
Cholesterol Level	□ **YES**	□ **NO**
Weight Loss	□ **YES**	□ **NO**
Food Insecurity	□ **YES**	□ **NO**

Food Insecurity: (Circle All That Apply)

49. I worry whether my food will run out before I get money to buy more.

Often True **Sometimes True** **Never True**

50. We eat the same thing for several days in a row because we only have a few different kinds of food on hand and don't have money to buy more.

Often True **Sometimes True** **Never True**

51. The food that I bought didn't last and I didn't have money to buy more.

Often True **Sometimes True** **Never True**

52. I can't afford to eat properly, because I don't have enough food.

Often True **Sometimes True** **Never True**

53. I eat less than I think I should because I don't have enough money for food.

Often True **Sometimes True** **Never True**

54. I cannot afford to feed my child(ren) the way I think I should.

Often True **Sometimes True** **Never True**

Demographics

55. Your age: □ 18-30 □ 31-45 □ 46-60 □ Over 60

56. Your Gender: □ Male □ Female

57. How long have you lived in Skagway? _____Years _____Months

58. Do you live year-round in Skagway? □ **YES** □ **NO**
    a. If "NO" please check the months you live in Skagway:

□ January □ April □ July □ October
□ February □ May □ August □ November
□ March □June □ September □ December

59. Total Annual Household Income:

□ Less than $24,999 □ $ 50,000 - $74,999 □ $100,000 and up
□ $25,000 - $49,999 □ $ 75,000 - $99,999 □ Do not know

60. How many people live in your household? _____
    a. Which of the following type of household do you live in?
□ Single Family
□ Multi-family
□ Congregate (Shared kitchen/Bathroom)
□ None of the above

61. How many people in your household are Alaska Native? _____

62. What is your primary language? _____

a. Are you able to receive healthcare in your primary language?

□ **YES** □ **NO**

63. In general, how would you rate your overall health?

□ Excellent □ Very Good □ Good □ Fair □ Poor

64. In general, how would you rate your overall mental or emotional health?

□ Excellent □ Very Good □ Good □ Fair □ Poor

65. COVID-19 VACCINE:

a. Have you received a COVID vaccine? □ **YES** □ **NO**

b. If "YES", which one? □ Moderna □ Pfizer □ Johnson & Johnson's Janssen

c. If "NO", why not?

_____

_____

Other Concerns/Comments for Dahl Memorial Clinic:

_____

_____

_____

_____

_____

_____

_____

_____

The Dahl Memorial Clinic Board of Directors and Staff appreciate your time and effort in completing this survey to help improve health care in Skagway!