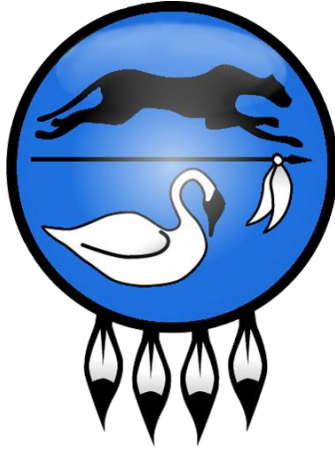


# **Eastern Shawnee Tribe of Oklahoma**

## **Community Health Assessment**



**Conducted**  
*April – August 2017*

This project is made possible by



## About the Community Health Assessment

The Eastern Shawnee Tribe of Oklahoma (ESTO) received a subaward grant in the amount of \$15,000 through the Southern Plains Tribal Health Board Oklahoma Area Tribal Epidemiology Center Sub-Award Program titled “*Eastern Shawnee Tribe of Oklahoma Community Health Assessment.*” ESTO’s project goal is to support public health efforts to reduce chronic diseases faced by Native Americans and promote healthier lifestyles within our tribal community. Troubling statistics indicate that Native Americans in Indian Country are among the highest in commercial tobacco use, poor nutrition, and physical inactivity. While we hope to reverse this trend and reduce commercial tobacco use and exposure to secondhand smoke as well as improve nutrition and physical activity, we understand that the first step is to assess the tribal community’s health.

Our proposed project will result in a Community Health Assessment developed by a Tribal Health Advisory Board and conducted by ESTO’s Community Health Representative with tribal citizens ages 5 – 99 within our service area. With this objective, we also intend to encourage physical activity by promoting the use of the ESTO Wellness Center while assessing the community’s health. The time frame for our proposed project is eight months. This timeframe is a good foundation to build a future three-year “Good Health and Wellness in Indian Country” project in efforts of developing a community action plan as well as policy, system, and environmental implementation plans. The “*Eastern Shawnee Tribe of Oklahoma Community Health Assessment*” project is a comprehensive community effort focusing on assessing and restoring the health of our tribal community.

## Tribal Health Advisory Board

Ron Wallace, *Eastern Shawnee Tribe Wellness Center Director*  
Bonita Payton, *Eastern Shawnee Tribe Community Health Representative*  
Kelly Friend, *Wyandotte Nation Director of Health Services*  
J. Tink Smith, *MBA-HC, Northeastern Tribal Health System Administrative Officer*  
Stephanie Hart, *Northeastern Tribal Health System Projects Coordinator*  
Rebecca Wright, *Eastern Shawnee Tribe Clinic Liaison for Bearskin Health Clinic*  
Jade Robertson, *Eastern Shawnee Tribe Clinic Liaison for Bearskin Health Clinic*  
Michael Lowery, *Eastern Shawnee Tribe Grants Coordinator*



## Eastern Shawnee Tribe of Oklahoma

### *Community Health Assessment*

1. In general, how would you rate your health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/Not sure

2. How many days during the past 30-days was your physical health (including physical illness or injury) not good?

Number of days \_\_\_\_\_

- ☐ Don't know/Not sure

3. How many days during the past 30-days was your mental health (stress, depression, and problems with emotions) not good?

Number of days \_\_\_\_\_

- ☐ Don't know/Not sure

4. How many days during the past 30-days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days \_\_\_\_\_

- ☐ Don't know/Not sure

5. About how long has it been since you last visited a doctor for a routine checkup?  
(A routine checkup is a general physical exam, **NOT** an exam for a specific injury, illness, or condition.)
- ☐ Within the past year (anytime less than 12 months ago)
  - ☐ Within the past 2 years (1 year but less than 2 years ago)
  - ☐ Within the past 5 years (2 years but less than 5 years ago)
  - ☐ 5 or more years ago
  - ☐ Never
  - ☐ Don't know/Not sure
6. During the past 30-days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics (**physical exercises that are done without special equipment**), golf, gardening, or walking for exercise?
- ☐ Yes (if yes, approximately how many minutes of exercise per week \_\_\_\_\_)
  - ☐ No
  - ☐ Don't know/Not sure
7. On average, how many hours of sleep do you get in a 24-hour period?  
Number of hours \_\_\_\_\_
- ☐ Don't know/Not sure
8. **Health History** - Please check the following if a doctor, nurse, or other health professional has EVER told you that you have ever had a(n):
- ☐ Heart attack (also called a myocardial infarction)
  - ☐ High Cholesterol
  - ☐ High Blood Pressure
  - ☐ Angina *or* Coronary heart disease
  - ☐ Stroke
  - ☐ Asthma (if yes, do you still have asthma? Yes or No)
  - ☐ Skin Cancer (if yes, please circle the type of cancer (basal cell carcinoma, squamous cell carcinoma)
  - ☐ Other types of cancer, please list \_\_\_\_\_
  - ☐ Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis
  - ☐ Depressive disorder, including depression, major depression, dysthymia, or minor depression
  - ☐ Kidney disease (**Do NOT include kidney stones, bladder infection, or incontinence**)
  - ☐ Diabetes (If yes, and you are a female, was this only while pregnant? Yes or No)
  - ☐ Pre-diabetes or borderline diabetes
  - ☐ Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

9. How long has it been since you last visited a dentist or a dental clinic for any reason?

**(Include visits to dental specialists, such as orthodontists.)**

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ Within the past 5 years (2 years but less than 5 years ago)
- ☐ 5 or more years ago
- ☐ Never (if never, please explain why (cost, transportation, etc.)) \_\_\_\_\_
- ☐ Don't know/Not sure

10. What is your age?

Age (years) \_\_\_\_\_

- ☐ Don't know/Not sure

11. Are you of Hispanic, Latino/a, or Spanish origin? **If no, go to question 13.**

- ☐ Yes
- ☐ No

12. If you answered YES to question 11, please choose all that apply.

- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino/a, or Spanish origin
- ☐ No other choices
- ☐ None
- ☐ Don't know/Not sure

13. What is your race? (Please choose all that apply.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other
- ☐ No other choices
- ☐ Don't know/Not sure

**If you chose MORE THAN ONE race, continue to question 14; if you chose ONE race, continue to question 15.**

14. Which of the groups below BEST describes your race?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other
- ☐ No other choices
- ☐ Don't know/Not sure

15. What is your marital status?

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never married
- ☐ Member of an unmarried couple

16. How many children less than 18 years of age live in your household?

Number of Children \_\_\_\_\_

- ☐ None

17. What is the highest grade or year of school you completed?

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some high school)
- ☐ Grade 12 or GED (High school graduate)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (College graduate)

18. What is your current employment status? **(Please choose the single best answer.)**

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work (please explain \_\_\_\_\_)

19. What is your annual household income from all sources? **(Please choose the single best answer.)**

- ☐ Less than \$10,000
- ☐ Less than \$15,000
- ☐ Less than \$20,000
- ☐ Less than \$25,000
- ☐ Less than \$35,000
- ☐ Less than \$50,000
- ☐ Less than \$75,000
- ☐ \$75,000 or more
- ☐ Don't know/Not sure

20. About how much do you weigh without shoes?

Weight (in pounds) \_\_\_\_\_

- ☐ Don't know/Not sure

21. About how tall are you without shoes?

Height (in feet and inches) \_\_\_\_\_

- ☐ Don't know/Not sure

22. Have you used the Internet in the past 30-days?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

23. Do you own or rent your home?

**(Home is defined as the place where you live most of the time/the majority of the year.)**

- ☐ Own
- ☐ Rent
- ☐ Other arrangement (**e.g. group home, staying with friend or family without paying rent.**)
- ☐ Don't know/Not sure

24. What is your gender?

- ☐ Male
- ☐ Female

25. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

26. Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

**(Include occasional use or use in certain circumstances.)**

- ☐ Yes, permanent health problem
- ☐ Yes, temporary health problem (e.g. sprained ankle, broken leg.)
- ☐ Yes, both a permanent and temporary health problem
- ☐ No
- ☐ Don't know/Not sure

27. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

28. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure



29. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- ☐ Yes
  - ☐ No
  - ☐ Don't know/Not sure
30. Have you smoked at least 100 commercial tobacco cigarettes in your life? (**5 packs = 100 cigarettes**)  
(Do **NOT** include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.)
- ☐ Yes
  - ☐ No (**If no, go to question 34.**)
  - ☐ Don't know/Not sure (**If don't know/not sure, go to question 34.**)
31. How often do you now smoke commercial tobacco cigarettes?
- ☐ Every day
  - ☐ Some days
  - ☐ Not at all (**If not at all, go to question 34.**)
  - ☐ Don't know/Not sure (**If don't know/not sure, go to question 34.**)
32. During the past 12-months, have you stopped smoking commercial tobacco for one day or longer because you were trying to quit smoking?
- ☐ Yes (if yes, list what you tried) \_\_\_\_\_
  - ☐ No (**If no, go to question 35.**)
  - ☐ Don't know/Not sure (**If don't know/not sure, go to question 35.**)
33. How long has it been since you last smoked a commercial tobacco cigarette, even one or two puffs?
- ☐ Within the past month (less than 1 month ago)
  - ☐ Within the past 3 months (1 month but less than 3 months ago)
  - ☐ Within the past 6 months (3 months but less than 6 months ago)
  - ☐ Within the past year (6 months but less than 1 year ago)
  - ☐ Within the past 5 years (1 year but less than 5 years ago)
  - ☐ Within the past 10 years (5 years but less than 10 years ago)
  - ☐ 10 years or more
  - ☐ Don't know/Not sure

34. How often do you currently use chewing tobacco, snuff, or snus?

**[Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.]**

- ☐ Every day
- ☐ Some day
- ☐ Not at all
- ☐ Don't know/Not sure

35. During the past 12-months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

**(There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called Flumist.)**

- ☐ Yes
- ☐ No **(If no, go to question 37.)**
- ☐ Don't know/Not sure **(If don't know/not sure, go to question 37.)**

36. During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

Month & year \_\_\_\_\_

- ☐ Never
- ☐ Don't know/Not sure

37. Have you ever had a pneumonia shot?

**(A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

38. During the past 30-days, how many times have you driven when you've had perhaps too much to drink?

Number of times \_\_\_\_\_

- ☐ None
- ☐ Don't know/Not sure

**(If you are a MALE, go to question 45.)**

39. Have you ever had a mammogram?

**(A mammogram is an x-ray of each breast to look for breast cancer.)**

- ☐ Yes
- ☐ No **(If no, go to question 41.)**
- ☐ Don't know/Not sure **(If don't know/not sure, go to question 41.)**

40. How long has it been since you had your last mammogram?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ Within the past 3 years (2 years but less than 3 years ago)
- ☐ Within the past 5 years (3 years but less than 5 years ago)
- ☐ 5 or more years
- ☐ Don't know/Not sure

41. Have you ever had a clinical breast exam?

**(A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

42. How long has it been since your last breast exam?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ Within the past 3 years (2 years but less than 3 years ago)
- ☐ Within the past 5 years (3 years but less than 5 years ago)
- ☐ 5 or more years ago
- ☐ Don't know/Not sure

43. Have you ever had a Pap test?

**(A Pap test is a test for cancer of the cervix.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

44. How long has it been since you had your last Pap test?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ Within the past 3 years (2 years but less than 3 years ago)
- ☐ Within the past 5 years (3 years but less than 5 years ago)
- ☐ 5 or more years ago
- ☐ Don't know/Not sure

45. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

Have you ever had this test using a home kit?

- ☐ Yes
- ☐ No (**if no, go to question 47.**)
- ☐ Don't know/Not sure

46. How long has it been since you had your last blood stool test using a home kit?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ Within the past 3 years (2 years but less than 3 years ago)
- ☐ Within the past 5 years (3 years but less than 5 years ago)
- ☐ 5 or more years ago
- ☐ Don't know/Not sure

47. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

Have you EVER had either of these exams?

- ☐ Yes
- ☐ No (**If no, go to question 49.**)
- ☐ Don't know/Not sure (**If don't know/not sure, go to question 49.**)

48. How long has it been since you had your last sigmoidoscopy of colonoscopy?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ Within the past 3 years (2 years but less than 3 years ago)
- ☐ Within the past 5 years (3 years but less than 5 years ago)
- ☐ Within the past 10 years (5 years but less than 10 years ago)
- ☐ 10 years or more ago
- ☐ Don't know/Not sure

49. How often do you use the ESTO Wellness Center?

- ☐ Every day of the week
- ☐ 3-5 days per week
- ☐ 1-2 days per week
- ☐ Never (if never, please explain why (cost, transportation, hours of operation, etc.))\_\_\_\_\_

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50. How often do you use the ESTO Fitness Trails?

- ☐ Every day of the week
  - ☐ 3-5 days per week
  - ☐ 1-2 days per week
  - ☐ Never (if never, please explain why (cost, transportation, hours of operation, etc.))\_\_\_\_\_
- 

51. Would you and/or someone in your family benefit from swimming lessons?

- ☐ Yes (if yes, please list the best day(s) and time(s))\_\_\_\_\_
- ☐ No
- ☐ Don't know/Not sure

52. Would you and/or someone in your family benefit from nutrition classes?

- ☐ Yes (if yes, please list the best day(s) and time(s))\_\_\_\_\_
- ☐ No
- ☐ Don't know/Not sure

53. Within the last 30-days, how would you rate your blood pressure?

- ☐ High blood pressure (>140 / >90)
- ☐ Pre-high blood pressure (120-140/80-90)
- ☐ Ideal blood pressure (90-120/60-80)
- ☐ Low blood pressure (<90/<60)

54. Is there an area of health currently not provided by ESTO that you would like to see?

- ☐ Yes (if yes, please list other areas of health you would like to see \_\_\_\_\_)
- ☐ No
- ☐ Don't know/Not sure

**This is the END of the survey.**