



2018 UNHS Iina Bihoo'aah COMMUNITY NEEDS ASSESSEMTN SURVEY

Start of Block: Intro and demographics

Thank you for participating in the UNHS Iina Bihoo'aah Community Survey!

**This survey asks questions about yourself, your family and your community.
It will take about 10 minutes to complete.**

Results will help UNHS better develop the new Iina Bihoo'aah Healthy Transitions program to help young people (16 - 25 years old) with mental illness in our community to maximize their potential in adult roles and responsibilities and lead full and productive lives.

- ☐ I have already participated in this survey
- ☐ I will participate in the survey
- ☐ I don't want to participate right now

Skip To: End of Survey If Thank you for participating in the UNHS Community Survey! This survey asks questions about your... = I have already participated in this survey

Skip To: self text If Thank you for participating in the UNHS Community Survey! This survey asks questions about your... = I have already participated in this survey



Please tell us about yourself

How would you describe yourself? (select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Caucasian
- ☐ African-American
- ☐ Hispanic/Latina(o)
- ☐ Pacific Islander/Native Hawaiian
- ☐ Other _____
-

Display This Question:

If How would you describe yourself? (select all that apply) = American Indian/Alaska Native

What is your tribal affiliation?

- ☐ Dine/Navajo
- ☐ Ute Mtn. Ute/White Mesa Ute
- ☐ Other _____
-





Where do you live? (please select only one)

- ☐ Aneth
- ☐ Mexican Hat/Halchita
- ☐ Montezuma Creek
- ☐ Monument Valley/Oljato
- ☐ Navajo Mountain
- ☐ Bluff/Mexican Water
- ☐ Tselakai Dezza
- ☐ White Mesa
- ☐ Other San Juan County _____
- ☐ Other Navajo Reservation _____
-

How old are you?

- ☐ Under 18
- ☐ 18 - 25
- ☐ Over 25
-

Do you smoke or use tobacco products? (ceremonial/cigarettes/e-cigs/chewing tobacco)

- ☐ Yes
- ☐ No
-

Display This Question:

If Do you smoke or use tobacco products? (ceremonial/cigarettes/e-cigs/chewing tobacco) = Yes



Please describe your tobacco use (select only one)

- ☐ Daily
 - ☐ Weekly
 - ☐ Monthly
 - ☐ Rarely
 - ☐ Other _____
-

What is your gender?

- ☐ Female
 - ☐ Male
 - ☐ Prefer to self-describe _____
 - ☐ Prefer not to say
-

What is the highest level of education you completed or participated in?

- ☐ Elementary school
 - ☐ Junior high school
 - ☐ Some high school
 - ☐ High school diploma/GED
 - ☐ Technical/trade school
 - ☐ College
 - ☐ I prefer not to answer
-



Display This Question:

If What is the highest level of education you completed or participated in? = Technical/trade school

Please say a little more about your technical/trade school experience (select all that apply)

- ☐ I graduated
 - ☐ I earned a certificate
 - ☐ I'm still attending
 - ☐ None of the above
-

Display This Question:

If What is the highest level of education you completed or participated in? = College

Please say a little more about your college experience (select all that apply)

- ☐ Completed an AS or AA degree
 - ☐ Completed a BS or BA degree
 - ☐ Completed a MS or MA degree
 - ☐ Completed a PhD
 - ☐ Completed a MD or DO degree
 - ☐ Completed a different degree _____
 - ☐ Still attending
 - ☐ None of the above
-

What difficulties have you experienced?

	I have experienced	I have not experienced	I prefer not to say
Self-harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide attempt(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction to drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms from trauma (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past week, other than your regular job, did you participate in any physical activities or exercises such as running, walking or basketball?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



How often do you use the following:

	Daily or almost daily	A few times a week	A few times a month	A few times a year	Never	I prefer not to say
The internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smart phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snapchat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pinterest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select all of the ways that you regularly get information about community events

- ☐ Facebook
- ☐ Newsletter
- ☐ We are Navajo website
- ☐ Chapter meetings
- ☐ Work force services
- ☐ School-parent meetings
- ☐ From schools in another way
- ☐ Family or friends
- ☐ Other ways (please describe) _____



End of Block: Intro and demographics

Start of Block: Family

Please tell us about your household



Including yourself, how many people live with you? (please enter a number)

Display This Question:

If Including yourself, how many people live with you? (please enter a number) Text Response Is Greater Than 1



How many people in your household are between the ages of 16 and 25? (please enter a number)

Display This Question:

If Including yourself, how many people live with you? (please enter a number) Text Response Is Greater Than 1



How many generations live in your household? (please enter a number)



Are there any veterans in your household?

- ☐ Yes
 - ☐ No
 - ☐ I'm not sure
 - ☐ I prefer not to say
-

Display This Question:

If Including yourself, how many people live with you? (please enter a number) Text Response Is Greater Than 1

What is the highest level of education completed by any member of your household, other than yourself?

- ☐ Elementary school graduate
 - ☐ Junior high school graduate
 - ☐ Some high school
 - ☐ High school diploma/GED
 - ☐ Technical/trade school
 - ☐ College
 - ☐ I prefer not to answer
-

Display This Question:

If What is the highest level of education completed by any member of your household, other than your... = Technical/trade school



Please say more about the technical/trade school experience of your family member (select all that apply)

- ☐ Graduated
- ☐ Earned a certificate
- ☐ Still attending
- ☐ None of the above

Display This Question:

If What is the highest level of education completed by any member of your household, other than your... = College

Please say more about the college experience of your family member (select all that apply)

- ☐ Completed an AS o AA degree
 - ☐ Completed an BS o BA degree
 - ☐ Completed an MS o MA degree
 - ☐ Completed an PhD
 - ☐ Completed a MD or DO degree
 - ☐ Completed a different degree (please describe)

 - ☐ Still attending
 - ☐ Prefer not to say
-



What is your total household income?

- ☐ Less than \$20,000
- ☐ \$20,000-\$34,999
- ☐ \$35,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000 or more
- ☐ I don't know
- ☐ I prefer not to say
-

Please indicate needs in your household

	Our needs are met	We get by, but could use help	We really need help in this area
Financial stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condition of house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliable transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliable child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What difficulties have been experienced by someone in your household other than yourself?

	Someone in my household has experienced	No one in my household has experienced	I prefer not to say
Self-harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide attempt(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction to drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms from trauma (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Family

Start of Block: Health

Do you have trouble concentrating, remembering or making decisions because of a physical, mental or emotional condition?

- ☐ Yes
- ☐ Occasionally
- ☐ No
- ☐ Prefer not to say



In the past year, was there a time when you needed medical, behavioral or mental health care but did not see a provider?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Display This Question:

If In the past year, was there a time when you needed medical, behavioral or mental health care but... = Yes

Please select all of the things that prevented you from getting health care, including mental health care, during the past year

- ☐ No one to watch my kids
- ☐ I couldn't get a ride
- ☐ I didn't have enough money
- ☐ I didn't think it would help
- ☐ I was afraid to make an appointment
- ☐ I didn't know how to make an appointment
- ☐ I couldn't get an appointment soon enough
- ☐ I don't like doctors or therapists
- ☐ Confidentiality issues
- ☐ I had to wait too long after I got there
- ☐ Other barriers (please describe)
-
- ☐ Related to the staff/therapist
- ☐ I prefer not to say

End of Block: Health



Start of Block: Community and goodbye



In your opinion, how good is your community at supporting youth as they transition into adulthood?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Terrible

Page Break



Please select exactly three options Which areas provide the best supports for young people as they become adults in your community? (please read the complete list and select only three)

- ☐ Good public education (K-12)
- ☐ Good opportunities for higher education
- ☐ Job skills training opportunities
- ☐ Strong economy
- ☐ Employment opportunities
- ☐ Recreation opportunities
- ☐ Good access to affordable housing
- ☐ Good access to affordable quality healthcare
- ☐ Positive religious and spiritual influences
- ☐ Access to quality behavioral health/mental health care
- ☐ Availability of public transportation
- ☐ Strong family support systems
- ☐ Positive services provided by local and state government
- ☐ Strong courts and law enforcement
- ☐ Community programs and activities specifically for young adults
- ☐ Availability of public libraries and information
- ☐ Plenty of volunteer opportunities
- ☐ Safe neighborhoods with low crime
- ☐ Appreciation of social and cultural diversity
- ☐ Access to arts and cultural events
- ☐ Living in a friendly, inclusive, community
- ☐ Availability of self-help or recovery groups

- ☐ Community leaders' commitment to issues of young adulthood
- ☐ Access to mentors and caring adults
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Don't know
- ☐ Don't know
- ☐ Don't know

Page Break _____



Please select exactly three options

In your opinion, what are the biggest challenges for young people as they transition to adulthood in your community? (please read the complete list and select only three)

- ☐ Lack of preparation through public education (K-12)
- ☐ Lack of higher education opportunities
- ☐ Lack of job skills training opportunities
- ☐ Diminished economic opportunities
- ☐ Unemployment or underemployment
- ☐ Lack of recreation opportunities
- ☐ Poor access to affordable, quality, healthcare
- ☐ Lack of affordable housing
- ☐ Mental health concerns or mental illness
- ☐ Lack of public transportation
- ☐ Alienation, isolation and lack of social bonding
- ☐ Exposure to violence and trauma
- ☐ Substance misuse or abuse
- ☐ Poverty
- ☐ Limited internet availability
- ☐ Physical illness and disability
- ☐ Racial or religious prejudice
- ☐ Unplanned parenthood
- ☐ Lack of support within families
- ☐ Poor access to law enforcement or public safety services
- ☐ Gang involvement and gang activity
- ☐ Lack of mentors and caring adults



- ☐ Unfavorable governmental policies and bureaucracy
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Don't know
- ☐ Don't know
- ☐ Don't know

Page Break

Please select all of the activities or events that you would participate in, if the event or activity were available in your community:

- ☐ Adult sports leagues
- ☐ Youth sports leagues
- ☐ Cultural events
- ☐ Performances by Native Artists
- ☐ Social gatherings
- ☐ Group exercise opportunities (dancing, hiking, yoga, etc.)
- ☐ LGBTQ/Two spirit support groups
- ☐ Other support groups _____
- ☐ Volunteer opportunities
- ☐ Other events/activities _____



Please select all of the topics that you would be interested in learning more about, if classes or opportunities were available in your community

- ☐ Mental health topics classes
 - ☐ Emergency preparedness
 - ☐ Parenting
 - ☐ Navajo/Ute language
 - ☐ Nutrition/Cooking classes
 - ☐ Art classes
 - ☐ CPR/First aid classes
 - ☐ Gardening classes
 - ☐ Computer classes
 - ☐ Legal advice
 - ☐ Other _____
-



Please select any services that you do not currently use, but would use if the services were available in your community (select all that apply)

- ☐ Substance abuse treatment
- ☐ Depression screening
- ☐ HIV & STI Testing & Counseling
- ☐ Immunization
- ☐ Mental health counseling
- ☐ Homework help or tutoring
- ☐ Medical health care (including dental and vision)
- ☐ Unemployment services
- ☐ Veteran services
- ☐ Supported education services (college prep, assistance with applications, etc.)
- ☐ CHIP/Medicaid application assistance
- ☐ Child care
- ☐ Elder care
- ☐ Other services (describe) _____

Page Break _____

Thanks for your input.

If you have anything else you would like to say to help us plan services and activities to meet the needs of youth and young adults in your community, please use the space below:



Page Break

Because you completed this survey, you are eligible to enter a drawing for a prize. Please talk to the person who gave you the survey about how to enter the drawing. Thank you for your help!

End of Block: Community and goodbye

The UNHS Iina Bihoo'aah Community Needs Assessment was made possible from the many San Juan County residents who provided feedback on needs in our community. Special acknowledgement is given to the members of the Iina Bihoo'aah program staff, the Utah Department of Human Services and UNHS Inc. for their contributions. This survey and program is funded by SAMHSA Healthy Transitions.

For more information of the UNHS Iina Bihoo'aah Community Needs Assessment Survey, please call (435)678-0274.