



Program Evaluation Plan for the Knox Clinic Dental Program

April 2024



Northeastern University
Boston, MA
For PPUA 6509: Techniques of Program Evaluation
Professor Tiana Yom

Created in Cooperation with Chief Medical Officer, Clifford Dasco

Table of Contents

Background and Context.....	3
Program Description.....	3
Logic Model.....	3
Evaluation Purpose.....	5
Evaluation Questions.....	6
Evaluation Design.....	6
Data Collection Methods.....	6
Data Analysis Plan.....	8
Plan for Dissemination.....	10
Use of Findings.....	12
References.....	14
Appendix.....	15

Background and Context:

The Knox Clinic is a non-profit operating in Rockland, Maine, providing free/low-cost medical care to those without insurance coverage. The Knox Clinic is volunteer-based and operates in a town of about 7,000 people, but it also serves the larger 40,000 people in Knox County and the surrounding border towns (The Knox Clinic). Targeting the uninsured and underinsured populations of Knox County, Maine, and its border towns, the clinic addresses a critical social problem: the lack of accessible and affordable healthcare for individuals who cannot afford private health insurance and do not qualify for government programs like Medicaid and Medicare. Since its inception in 1999 by Dr. Paul and Jeannie Klainer, the clinic has expanded its services to meet the growing healthcare needs of its community, including the introduction of a Dental Program in 2001 and mental health services in 2008 (The Knox Clinic).

The clinic's target population includes working individuals and families in Knox County and surrounding areas who are caught in the gap between qualifying for government assistance and being able to afford private insurance. Major contextual factors affecting program implementation include the absence of local dental providers accepting Medicaid, leading to a significant need for dental care services. Additionally, the clinic needs help in sustaining its operations due to financial constraints. Specifically, the dental clinic is experiencing a revenue loss of \$300,000 annually due to the high costs of providing comprehensive dental care to low-income individuals. This financial shortfall threatens the clinic's ability to maintain its wide range of services (Dasco).

Program Description:

The Knox Clinic operates in several different areas of medicine, but for this evaluation plan, the main focus will be on the dental practice. The dental practice consists of one dentist, hygienist, assistant, front desk person, and administrator. Currently, the dental program receives people without insurance or those on Medicare. Due to demand, the dental program also needs a backlog of patients (Dasco). The dental clinic serves patients seeking dental care but does not provide cosmetic procedures such as veneers. Currently, there needs to be infrastructure within the dental clinic to process payments, even if a customer does want to pay for a service. This adds to the difficulty the clinic experiences with revenue generation and enhancement (Dasco).

Logic Model:

The Knox Clinic is a volunteer-based, non-profit organization that aims to advocate for and provide comprehensive healthcare services in rural Maine, including free or low-cost medical, dental, prescription assistance, and mental health and wellness services. Targeting the uninsured and underinsured populations of Knox County, Maine, and its border towns, the clinic

addresses a critical social problem: the lack of accessible and affordable healthcare for individuals who cannot afford private health insurance and do not qualify for government programs like Medicaid and Medicare (Knox Clinic).

Due to the no-payment nature of the Knox Clinic, it relies heavily on funding from federal and state agencies. This includes grants and Medicare, Medicaid, and MaineCare payouts for medical services. Instability and underfunding of these programs create financial weaknesses within the program. These factors, coupled with the increase in underinsured individuals, unemployment, and poverty rates in rural Maine, result in more individuals being required to utilize this service (Dasco). These issues are worsened by public attitudes toward “free” medical clinics and the lack of education in low-income communities regarding the importance of preventative healthcare (Allen et al.). Additionally, environmental concerns such as natural disasters along coastal Maine, as evidenced by recent mass flooding events (State of Maine), create concerns about potential costly damages to the clinic and the community.

The Knox Clinic is a fully functional medical office with office space in Rockland, Maine (Knox Clinic). The program operates through financial resources from federal grants, private donations, and public and private insurance payouts. The office utilizes professional and volunteer staff to manage the clinic and service patients. It also partners with other local agencies and nonprofits to educate rural Mainers about the importance of preventive care (Dasco). The Knox Clinic provides a full range of medical services to its patients. This includes a dental clinic, medical care, mental health, and prescription services (Knox Clinic). In addition to these primary functions, they provide job training for medical professionals and perform community outreach services (Dasco). The Knox Clinic services create a positive impact on the community. Through their efforts, they improve public health education, increase the number of individuals and families receiving medical care, strengthen relationships with other agencies, and increase volunteerism in the community (Dasco).

Immediate Outcomes (3-6 months)

The Knox Clinic seeks to improve public health outcomes, provide financial relief for low-income residents, increase preventative care participation, and increase residents' exposure to their community, resulting in increased awareness of the services available to them.

Intermediate Outcomes (6-12 months)

Through continued efforts, the Knox Clinic seeks to mitigate healthcare-related stress within the community by providing assurance of stable healthcare, creating financial security,

reducing the risk of chronic diseases, and increasing patient referrals to assist more at-need individuals.

Long-Term Outcomes (1-3 years)

Through long-term efforts and growth, the Knox Clinic seeks to address structural and economic barriers to accessing healthcare, improve overall health and well-being for community members, promote positive intergenerational health practices, and impact community resilience and the development of local support systems. The Knox Clinic's operational plans create a logical pathway to achieving the organization's mission and goals. External factors create a weakness within the organization that must be addressed to ensure financial stability and achieve long-term outcomes. The logic model is attached in the appendix below.

Evaluation Purpose:

The Knox Clinic is seeking an overall evaluation of their non-profit medical clinic but are requesting that we focus specifically on their dental program. The evaluation will address the dental clinic's concerns with patient flow, use of space, marketing, revenue generation and revenue enhancement.

The Knox Clinic's noble mission comes with significant hurdles. Financial concerns, staffing issues, and market awareness are all current issues threatening the no-pay health clinic that has existed in rural Rockland, Maine, for over twenty years. Financial resources are the lifeblood of any organization, and the Knox Clinic understands the need to grow its financial pool to serve its patients and their community best. The clinic has no means of payment outside of direct insurance billing and relies heavily on Medicaid patients to inject cash flow into the business. This creates a significant issue on multiple fronts, including a sub-par reimbursement rate from government programs and the ability to recoup those losses through cash payments. This issue is exasperated by the dental program within the Knox Clinic (Dasco).

The dental staff has a full-time paid staff. The program loses an estimated \$300,000 annually due to the high cost of dental care, lack of dental insurance programs, and the low pay rate of government-run health insurance. The clinic has discussed adding paid services to the program to address this need. However, the clinic needs help increasing the volume of patients seen daily due to physical space limitations and understaffing. This results in extended wait times for patients to receive an appointment and the inability to maximize the number of patients seen daily (Dasco). This evaluation plan will primarily be used by clinic staff and leadership to develop ways to enhance revenue and ensure that the dental clinic runs as efficiently and effectively as possible.

Evaluation Questions:

After speaking with the Chief Medical Officer, Clifford Dasco, the questions below have been determined to be the Knox Clinic's greatest concerns with operating their dental clinic. The evaluation will help the clinic better understand how to monetize the dental program and ensure that community awareness, desires, and satisfaction are understood.

- What strategies could be implemented to monetize aspects of the dental clinic's operations without compromising the quality or accessibility of free services, and how can the effectiveness of these strategies be measured?
- How has the provision of free dental services affected the health status of the community served?
- What is the level of satisfaction among patients receiving free dental services?
- How effectively does the clinic retain patients?
- How well does the community understand the available services, both free and paid, and their perceived value?

Evaluation Design:

Data Collection Methods

To answer these questions, data will be collected through quantitative and qualitative methods, specifically clinic data, public health data, and surveys and interviews of patients, staff, and community members.

Clinic Data

To provide a full understanding of the clinic's status, key data points must be considered to understand the financial and operational health of the organization. This data must be collected from internal reporting within the clinic. The following quantitative data must be collected and analyzed:

Current and historic medical staff and patient number by department

Obtaining staffing and patient numbers by department will provide critical insight into patient-to-staff ratios, the size and capabilities of the organization, and the growth and retention of patients. Provider-to-patient ratios indicate the program's success and address potential pitfalls. A lower provider-to-patient ratio can indicate improved care, fewer wait times, and increased patient availability. While a low provider-to-patient ratio indicates improved care, it should be noted that a too low ratio may indicate poor financial health for the organization.

This data will be collected from internal record-keeping within the organization.

Scheduling wait times by patients by department

As Dr. Cliff Dasco (Dasco) noted, many patients seeking care at the clinic are scheduling appointments for current health issues instead of preventative care. This requires immediate care to ensure patients receive no-cost medical care instead of high-cost care at local emergency rooms. Evaluating scheduling wait times will indicate the clinic's ability to see patients on time. By ensuring patients are seen on time, staff can address more urgent needs, provide preventative care, lower emergency room visits, and increase new patient signups and retention.

This data will be collected from internal record-keeping within the organization.

Knox Clinic financial reports

Evaluating the current financial status of the clinic is a critical indicator in evaluating the program. To effectively provide patients with low or no-cost medical care, the clinic must have the necessary funding and financial resources. Currently, the clinic utilizes income streams through the following methods: MaineCare payments, federal and state grants, private fundraising, and dental care payments. The amount each of these income streams provides the clinic, coupled with their long-term feasibility, must be analyzed to evaluate the program's current financial health and sustainability. Special consideration will be given to pre and post-COVID-19 pandemic funding.

This data will be collected from internal record-keeping within the organization.

Knox Clinic staffing and volunteer numbers.

In addition to medical staff, the clinic utilizes paid administrative staff and unpaid volunteers to meet administrative and day-to-day needs. This aspect is a critical component of the program, and internal tracking numbers for these two groups should be studied to see if the organization has the necessary workforce to accomplish its goals.

This data will be collected from internal record-keeping within the organization.

Public Health Data

Understanding the medical needs of Knox County residents provides a critical information baseline for the evaluation of the program. Utilizing readily available public health data from the State of Maine's Department of Health and Human Services and the Maine Center for Disease Control and Prevention will ensure that the evaluation is focused on the specific needs of the program and the community. Information obtained from the State of Maine Division of Public

Health Systems 2021 Health Data Profiles (Appendix A) and 2022 Final Community Health District Reports (Appendix B) will provide the evaluation with critical insights into the current healthcare status of Knox County.

This report's key metrics include population, demographics (age, race, income, and education), major health diagnoses and concerns, substance use, and healthcare access within the community.

Surveys and Interviews

To supplement the above quantitative methods, qualitative methods must be implemented to ensure that the evaluation encompasses a holistic approach. This will be accomplished through interviews and surveys of three key groups: patients and non-patient community members (Appendix C) and staff and non-staff medical providers within the community (Appendix C). These surveys will be conducted through a paid professional surveying organization to ensure maximum accuracy and privacy of respondents.

To ensure any biases are removed from this data collection, members of each group will be randomly selected and offered the chance to complete an optional survey or interview. Due to the sensitive nature of the collected data, the surveyor will reiterate that all data collected will be held privately within the surveying group, and individual surveys will not be shared with the organization to ensure anonymity.

Each of these groups provides critical qualitative information regarding the community's views on the quality of healthcare, administrative efficiency, and overall knowledge of programs offered by the clinic. These surveys will include key data points of each group including demographics, historical healthcare experiences, financial security, and insurance coverage. Understanding how the clinic impacts demographics will allow the organization to understand better how the current program impacts marginalized populations.

It should be noted that all interviews and surveys must comply with The Health Insurance Portability and Accountability Act (HIPAA). This will be accomplished through private one-on-one interviews with willing participants. Information obtained from this initiative must be stored privately and securely.

Analysis and Interpretation:

Measures and Indicators

The evaluation will utilize a mixed-method design through qualitative and quantitative data collection. Utilizing qualitative and quantitative data gives a holistic understanding of the Knox Clinic. This will encompass the organizational health of the program, including financial sustainability, patient and staff satisfaction, quality of medical care, and ability to meet the

community's needs and program mission. Evaluating these key factors will allow the Board of Directors and stakeholders to make improvements, expand the program, obtain further funding, and maximize the program's reach to serve their community better.

As indicated above, a large amount of data must be collected across multiple stakeholder groups. This includes patients, staff, non-patient community members, public health data, and internal data from the clinic. Quantitative data will provide the evaluators with a baseline understanding of how the program operates, compared to standard industry practices, and any significant weaknesses within the organization. For example, if the patient-to-provider ratio is outside the industry standard, this will provide a clear indicator of weakness in the organization. Additionally, public health data trends will allow the evaluators to understand if the clinic has assisted in improving healthcare and healthcare access within the community and if they are adequately addressing the major needs of the community.

Utilizing this baseline quantitative information coupled with qualitative surveys and interviews will allow the evaluators to understand how the clinic impacts the end user, including patients, staff, and non-patient community members. This approach will not only provide information regarding the questions the evaluation seeks to answer, but its open-ended approach may reveal concerns the evaluators or program still need to be made aware of. Upon receiving the surveys from the surveying organization, data will be compiled accurately and appropriately to ensure it represents the findings consistent with industry standards. Special consideration will be given to recurring themes, data breakdown by demographics, and perceived levels of care. Once these findings are made, the evaluators compile the findings into a summary, key findings, average response scores, and a full appendix of all surveys and interview answers with identifying information omitted to protect anonymity.

Once these findings are finalized, the qualitative and quantitative information will be compiled and compared to answer the overall evaluation questions and if any other concerns regarding the program have arisen.

Criteria for Success

Regarding the program's effectiveness, the evaluators will analyze the feasibility of expanding the paid dental clinic without compromising the quality of care or accessibility to free services. They will also determine whether the provision of free dental services has affected the community's health status, the quality of care provided by the clinic, patient retention, and perceived quality of care by the community. Due to the large amount of data readily available for the evaluation, these findings should be relatively conclusive.

Quantitative evidence in the measures and indicators section will be analyzed to compare the Knox Clinic to industry standards or similarly sized organizations. Once the current health of the program is evaluated, further conclusions can be drawn regarding the feasibility of program expansion. If there are weaknesses within the organization that would hinder such growth, these

data points will highlight those concerns. It will also provide helpful information so that possible remedies or practices can be sought to address pitfalls within the organization to create a path to future expansion. This quantitative assessment is critical because the clinic cannot pursue future expansion if critical needs are unmet, including funding, staffing, and community needs.

If quantitative data shows that expansion is feasible, qualitative data must be considered to meet patient, staff, and community needs. By analyzing survey and interview responses, the evaluators will gain critical insight into the end-user experience, including perceived quality of care, quality of life advancements, staff satisfaction, the perceived necessity of expanding the dental practice, and community perceptions of the clinic. These open-ended qualitative responses will give the evaluators a better understanding of community buy-in, satisfaction, and the necessity of expansion.

If responses to the program are negative, it will be a clear indicator that the clinic must first enhance its current programs to improve its image and community health standards within the organization. This could require public relations strategies, hiring more staff, improving their office space, or revamping strategies regarding their interpersonal relationships with patients.

While the Knox Clinic's goal may be expanding paid dental practices, special consideration should be given to ensure that they are currently completing their original mission statement. Suppose the evaluators find that the current and long-term health of the organization in its current form is healthy. In that case, further market testing should be conducted to determine the feasibility of large-scale investment and expansion.

Plan for Dissemination

Writing and Preparation of the Evaluation Report:

The report will provide the background, program description, and logic model, clearly outlining the context and operational framework. Moreover, this report will include data collection methods and the design analysis plan. The evaluators will ensure that all procedures align with the evaluation's goals. The dissemination plan and appendices will integrate tools and resources to support the findings' application.

The dissemination plan for evaluating the Knox Clinic's dental program is carefully structured to ensure that all relevant stakeholders are engaged and that the evaluation findings are utilized effectively to enhance the clinic's operations. The report is comprehensive, accurate, and engaging, addressing both the strategic and operational nuances of the clinic's dental program.

Special consideration will be given to the various needs, expectations, and abilities of various viewers. These groups include but are not limited to: the Knox Clinic Board of Directors, stakeholders, staff, patients, and state and federal agencies.

Stakeholders and Recipients of the Evaluation Report:

The primary recipients of the report will include the clinic's Board of Directors, funding agencies, local government officials, and clinic staff. There will also be a survey for service recipients, and findings will support the report to stakeholders. Each group is interested in the clinic's success and sustainability, expecting to use the report to inform strategic decisions, funding allocations, and program improvements. For instance, the Board will look for insights into financial and operational adjustments, while clinic staff will seek guidance on improving patient care and workflow efficiencies.

Dissemination Methods:

The report will be disseminated through multiple channels to reach a diverse audience effectively:

- **Printed and Digital Copies:** Comprehensive reports will be available in print and digital formats. Printed copies will be distributed during board meetings and to funders, while digital copies will be accessible on the clinic's website and sent via email to all stakeholders.
- **Executive Summaries:** Summarized report versions will be created for broader distribution, targeting community members and non-direct stakeholders to increase transparency and community involvement.
- **Presentations:** Findings will be presented in structured sessions such as board meetings, staff meetings, and community forums. These presentations will facilitate direct dialogue, allowing stakeholders to ask questions and provide real-time feedback.
- **Social Media and Newsletters:** Key insights and infographics will be shared via the clinic's social media channels and newsletters, broadening the reach and engaging a larger audience to foster community support and awareness.

Expected Use of the Evaluation Findings:

The primary expectation is that all stakeholders actively use the findings to implement strategic improvements and refine operational practices. Specifically, the clinic's leadership is expected to use the insights to tackle financial challenges and optimize patient flow and space utilization. Funders and government officials may use the data to assess the impact of their contributions and

make informed decisions about future funding. Clinic staff are anticipated to apply the findings to improve patient care and operational efficiency.

By carefully planning who contributes to the report's writing, understanding who the recipients are, and utilizing diverse methods for dissemination, the evaluation's findings will be effectively integrated into the ongoing development and optimization of the Knox Clinic's services. This structured dissemination plan ensures that the information reaches the intended audiences and prompts action that supports the clinic's mission and enhances its impact on the community.

Use of Findings:

The findings from the Knox Clinic's dental program evaluation are set to play a critical role in shaping the clinic's strategic and operational aspects. These insights will guide the clinic's leadership and board of directors in making informed strategic decisions, such as exploring the potential for service expansions or adjustments and determining the viability of integrating paid services alongside free ones. Operational improvements will also be a significant focus, with clinic management and staff using the findings to enhance the efficiency of patient care delivery. This includes adjusting appointment scheduling practices, improving waiting room procedures, and optimizing clinic space to reduce wait times and improve the patient experience.

Furthermore, patient feedback on their care experiences will be a cornerstone in improving service quality. This feedback will not only inform specific training for dental staff, particularly in areas that need improvement, such as bedside manner or communication clarity, but also guide the clinic in considering new treatments and technologies that could enhance care quality. Financial insights from the evaluation will be critical for demonstrating the clinic's resource needs to funders and donors. This information will support grant applications and fundraising campaigns to secure the resources needed for sustaining and expanding services.

The evaluation findings will not be confined within the clinic's walls. They will be shared with community partners and local governments to strengthen collaborative efforts and enhance advocacy to improve community health outcomes. In the spirit of transparency and to build public trust, a comprehensive summary of key findings will be shared with the broader community through newsletters, local media, and the clinic's website. This not only highlights the clinic's achievements and challenges but also boosts community support and volunteer recruitment.

Lastly, the evaluation process will be reviewed to glean lessons learned and best practices for future assessments. This approach ensures continuous learning and adaptation, allowing the clinic to refine its evaluation methodologies to make future evaluations more effective and informative. By effectively utilizing these insights across various aspects of the clinic's operation, the Knox Clinic is set to enhance its capacity to serve the community more effectively, ensuring the long-term success and sustainability of the dental program.

References:

Allen, Heidi, et al. "The Role of Stigma in Access to Health Care for the Poor." *The Milbank Quarterly*, U.S. National Library of Medicine, June 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4089373/.

Dr. Clifford Dasco, Chief Medical Officer, in discussion with the authors. January 2024.

"Knox Clinic- About Us." *Knox Clinic*, 30 Nov. 2023, knoxclinic.org/.

"Maine Flood Resources and Assistance Hub: Flood." *Maine Flood Resources and Assistance Hub | Flood*, State of Maine, www.maine.gov/flood/. Accessed 25 Feb. 2024.

Appendix

Appendix A: [State of Maine Division of Public Health Systems 2021 Health Data Profiles](#)

Appendix B: [2022 Final Community Health District Reports](#)

Appendix C: Patient and Non-Patient Surveys

Appendix D: Logic Model

Patient Surveys and Interviews (30 respondents)

1) Demographic Questions

a) What is your age?

- i) 18-30
- ii) 31-40
- iii) 41-50
- iv) 51-60
- v) 61 or older
- vi) Prefer not to answer.

b) Gender (Select all that apply)

- i) Man
- ii) Woman
- iii) Nonbinary
- iv) Other
- v) Prefer not to answer.

c) Race/Ethnicity (Select all that apply)

- i) American Indian or Alaska Native
- ii) Asian/Pacific Islander
- iii) Black or African American
- iv) Hispanic
- v) Latinx
- vi) White or Caucasian
- vii) Other (Specify)
- viii) Prefer not to answer.

d) Socio-economic

- i) How would you list your current occupational situation?
 - (1) Full-time work
 - (2) Part-time work
 - (3) Unemployed

- (4) Retired
 - (5) Prefer not to answer.
 - ii) What is your current level of healthcare coverage?
 - iii) How would you list your current living situation?
 - (1) Home ownership
 - (2) Renting
 - (3) Unhoused
 - (4) Prefer not to answer.
- 2) Healthcare History
 - a) How long have you been a patient of the Knox Clinic?
 - b) How did you learn about the Knox Clinic?
 - c) What services do you use from the Knox Clinic (select all that apply)
 - i) Preventative Care
 - ii) Diagnostic Care
 - iii) Dental Care
 - iv) Prescription Drugs
 - v) Mental Healthcare
 - vi) Other
 - vii) Prefer not to answer.
 - d) Which of the above services do you use the most?
- 3) Knox Clinic Care
 - a) On a scale of 1-10, with 10 being the highest, what score would you give the quality of care at the Knox Clinic?
 - b) In your opinion, what is the most effective program (if any) the Knox Clinic offers? What is the least effective (if any)?
 - c) What is your average wait time from when you request an appointment to seeing the doctor?
 - d) What is your average wait time waiting to be seen once you show up for your appointment?
 - e) If you could change anything about the Knox Clinic, what would it be?
 - f) What is the best aspect of the Knox Clinic?
 - g) Would you be supportive or skeptical about the clinic expanding services? Why?

Non Patient Community Survey (40 Respondents)

- 1) Demographic Questions
 - a) What is your age?
 - i) 18-30
 - ii) 31-40
 - iii) 41-50
 - iv) 51-60
 - v) 61 or older

vi) Prefer not to answer.

b) Gender (Select all that apply)

- i) Man
- ii) Woman
- iii) Nonbinary
- iv) Other
- v) Prefer not to answer.

c) Race/Ethnicity (Select all that apply)

- i) American Indian or Alaska Native
- ii) Asian/Pacific Islander
- iii) Black or African American
- iv) Hispanic
- v) Latinx
- vi) White or Caucasian
- vii) Other (Specify)
- viii) Prefer not to answer.

2) Socio-economic

a) How would you list your current occupational situation?

- i) Full-time work
- ii) Part-time work
- iii) Unemployed
- iv) Retired
- v) Prefer not to answer.

b) What is your current level of healthcare coverage?

c) How would you list your current living situation?

- i) Home ownership
- ii) Renting
- iii) Unhoused
- iv) Prefer not to answer.

3) Healthcare History

a) What medical services do you currently access?

- i) Medical
- ii) Dental
- iii) Mental healthcare
- iv) Vision
- v) Specialists
- vi) Prefer not to answer

b) Where do you currently access these services?

- i) Private practice

- ii) Hospital
 - iii) Telehealth
 - iv) Free or low-cost medical provider.
- c) Do you access healthcare locally, or in another county? If so, what county?
- 4) The Knox Clinic
 - a) Have you heard of the Knox Clinic?
 - i) Yes
 - ii) No
 - iii) Unsure
 - b) If yes,
 - i) How did you learn about the Knox Clinic?
 - (1) Radio
 - (2) Friend or family member
 - (3) Online
 - (4) Newspaper
 - (5) Doctor's office
 - (6) Government agency
 - (7) Other
 - c) Do you know anyone who has or is using the Knox Clinic for healthcare?
 - i) If yes, what have they said about the clinic?
 - d) What is your perception of the quality care the Knox Clinic provides?
 - e) On a scale of 1-10, with 10 being the highest, how likely are you to utilize the Knox Clinic, which provides free or low-cost healthcare, in the future? Why?
 - f) What is your general perception of free or low-cost healthcare? Why?
 - g) Are there any medical services that you feel are missing in Knox County?

Appendix E: Staff Survey (10 Respondents)

- 1) Demographic Questions
 - a) What is your age?
 - i) 18-30
 - ii) 31-40
 - iii) 41-50
 - iv) 51-60
 - v) 61 or older
 - vi) Prefer not to answer.
 - b) Gender (Select all that apply)
 - i) Man
 - ii) Woman
 - iii) Nonbinary

- iv) Other
- v) Prefer not to answer.

- c) Race/Ethnicity (Select all that apply)
 - i) American Indian or Alaska Native
 - ii) Asian/Pacific Islander
 - iii) Black or African American
 - iv) Hispanic
 - v) Latinx
 - vi) White or Caucasian
 - vii) Other (Specify)
 - viii) Prefer not to answer.

2) Work History

- a) What is your current position at the Knox Clinic?
 - i) Doctor/ Nurse Practitioner
 - ii) Nurse
 - iii) Administrative employee
 - iv) Volunteer
 - v) Other
- b) How long (in years) have you been working/volunteering at the Knox Clinic?
- c) Have you worked at other medical practices previously?
- d) Have you worked at other no-pay or low cost healthcare practices previously?

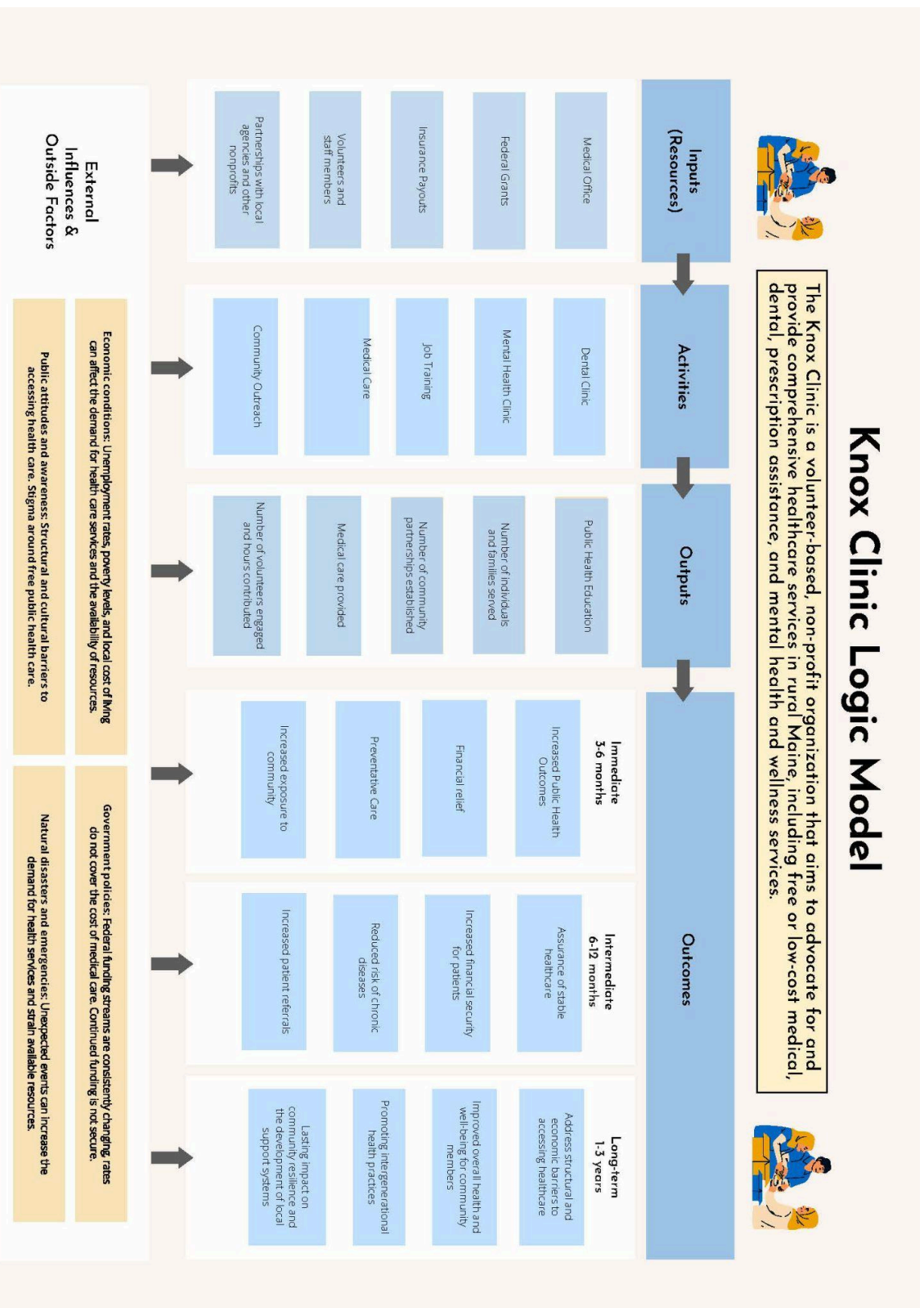
3) The Knox Clinic

- a) If applicable, how would you rate the compensation package provided to you?
 - i) Well-paid
 - ii) Average
 - iii) Underpaid
 - iv) Other
- b) On a scale of 1-10, with 10 being the highest, how likely would you be to recommend someone to work at the Knox Clinic, and why?
- c) In your opinion, what current practices at the Clinic are successful?
- d) In your opinion, what practices are not effective?
- e) What policy changes would you recommend be implemented to improve the clinic?
- f) On a scale of 1-10, with 10 being the highest, how would you rate the quality of care at the Knox Clinic?
- g) How would you describe the community's view of the Knox Clinic?
- h) Do you think the clinic is capable of expanding services? If so, which would you suggest? If not, why not?

Knox Clinic Logic Model



The Knox Clinic is a volunteer-based, non-profit organization that aims to advocate for and provide comprehensive healthcare services in rural Maine, including free or low-cost medical, dental, prescription assistance, and mental health and wellness services.



Logic Model