

Community Assessment Panel Application

Sacramento Native American Health Center, Inc. (SNAHC) strives to provide the best healthcare for our patients, and we need your help to make it happen!

The Community Assessment Panel (CAP) consists of a group of committed health home members and caregivers of health home members. The CAP reviews programs, processes, and materials with the goal of improving the SNAHC patient experience. The panel also supports individual projects that require patient feedback and SNAHC outreach events.

CAP members will be asked to share their own opinions, knowledge, and experience about various topic areas. Some important skills of panel members include:

- ✓ The ability to communicate well and appropriately;
- ✓ Comfort working within groups of different people;
- ✓ A genuine concern and commitment to improving services and programs at SNAHC;
- ✓ A solution-focused mentality;
- ✓ The ability to maintain confidentiality of other panel members, patients, and community members; and
- ✓ Able to accurately communicate and share information about SNAHC services and programs with family, friends, and the community.

Applications are rolling, with a maximum of twelve applicants able to participate at any one time. Membership is for one year, and members can participate for three consecutive years.

CAP members are required to undergo an initial TB screening test, flu shot, and background check for violent, sexual, and/or other crimes that may impact members' ability to safely and reasonably participate in CAP. SNAHC will conduct further background and health screening checks as directed by Human Resources. CAP members will also be required to attend trainings about the SNAHC code of conduct, patient privacy, compliance, communications/outreach, and/or other soft skills. These trainings will occur during regularly scheduled CAP meetings. Finally, CAP members will sign a confidentiality agreement and commitment statement.

Panel meetings will be held once per month, for one hour unless the usual meeting falls on an organizational holiday. Participants cannot miss more than two meetings without notice, or their spot on the panel can be filled by another interested person.

Compensation for participation will include a full meal during the panel meeting, and a \$15 gift card of the group's choice (Safeway, Walmart, CVS, etc.) each quarter.

If you have any questions, please contact Jeanine Gaines, Communication Manager, at Jeanine.Gaines@snahc.org or 916-341-0576 x2243.

Thank you for your interest in making SNAHC a great place to receive care!



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Application Date: _____

First and last name: _____

Primary phone: _____

Email Address: _____

Please describe your affiliation with SNAHC (check all that apply):

- Health home member
- Parent/Caregiver of a health home member
- Other (please specify): _____

How long have you been affiliated with SNAHC?

- Less than 6 months
- 6-12 months
- 1-2 years
- 2-4 years
- 4+ years

What services or programs have you experienced within SNAHC?

- Medical
- Dental
- Behavioral Health
- Community Health
- Optometry
- Classes/Groups
- Other: _____

Why do you want to be involved on the panel?

What are your skills, experience, and interests (Please check all that apply):

- Community service
- Policy development
- Event planning
- Education, teaching
- Non-profit experience
- Administration
- Health care
- Physical activity
- Curriculum
- Fundraising
- Outreach
- Traditional healing
- Community development
- Public relations
- Program evaluation

Others:

Please briefly tell us anything else that you would like to share about your experience or interests, with relation to participation on the panel:
