![SNAHC logo] **SNAHC**
Sacramento Native American Health Center
a california health center

SACRAMENTO NATIVE AMERICAN HEALTH CENTER

COMMUNITY NEEDS ASSESSMENT

APRIL 2021

Introduction

The Sacramento Native American Health Center (SNAHC) Needs Assessment was conducted between August and December 2020. Data collection occurred during the Coronavirus (COVID-19) pandemic, which makes the data interpretable within the context of global health concerns. The data primarily come from a sample of 295 current SNAHC patients (patient surveys) and 226 non-SNAHC patients (community surveys). Patient surveys were collected by secure survey link sent via text message to patients who had at least 3 appointments at SNAHC within the past year. Community surveys were sent via secure survey link and paper surveys distributed to clients of community partner organizations. Additionally, focus group data emphasizing youth patient care (n=10), community partnerships (n=4), and SNAHC marketing/communications (n=10) were collected to provide greater context to current and potential SNAHC services. Needs assessment questions were developed by SNAHC leadership in consultation with partner organizations.
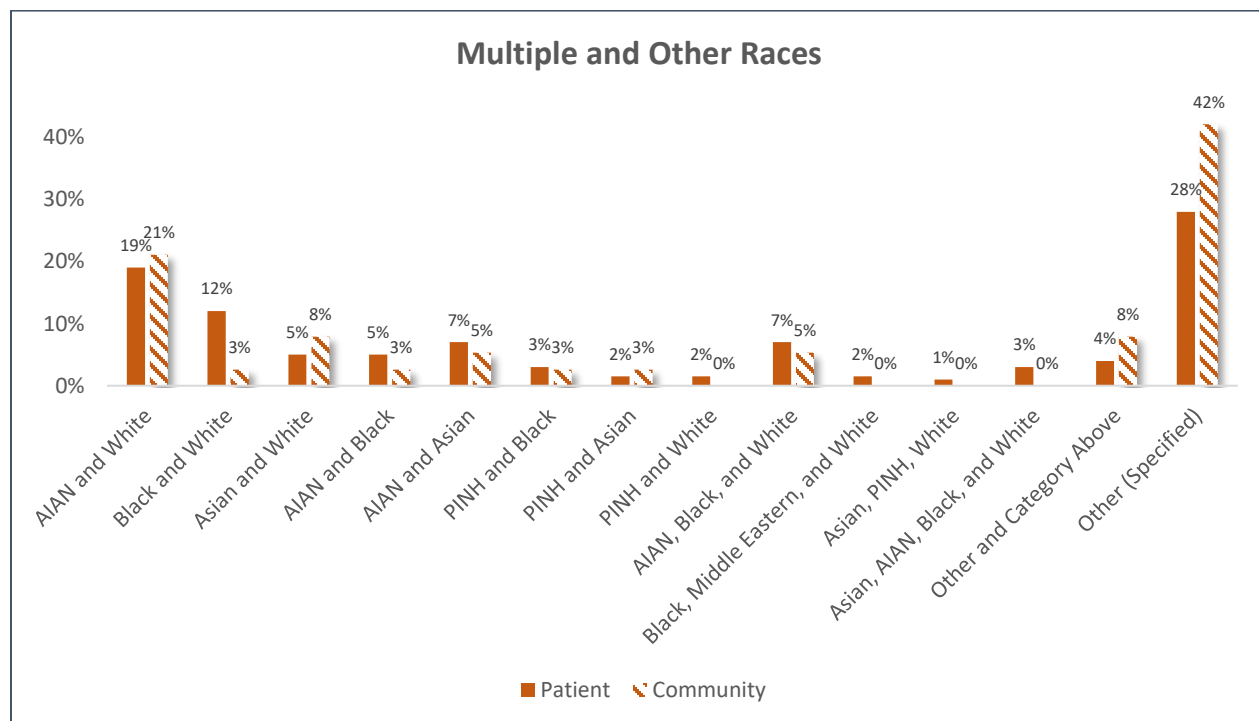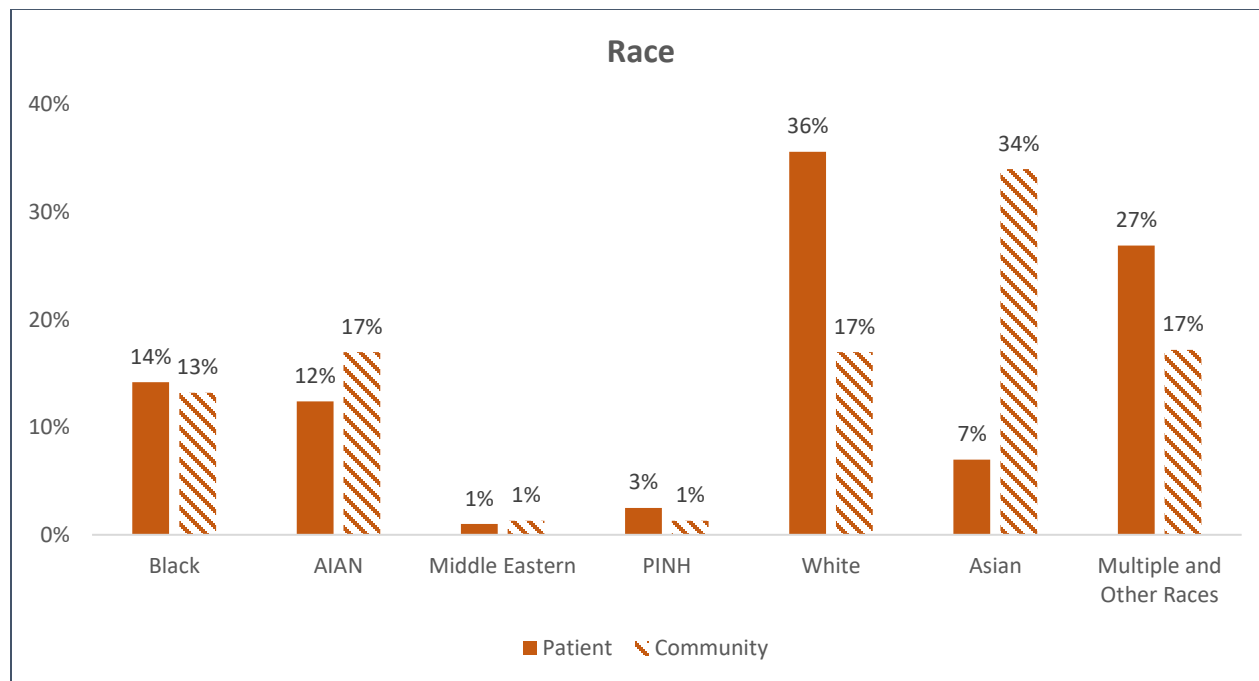
Demographic Information

Demographic information for SNAHC patients and community members is presented in the table below. SNAHC patients were significantly older and had smaller families than community members. They also more frequently reported being single/not in a relationship. SNAHC patients had significantly lower income, education, and employment levels than the community sample. Samples were comparable in percentage of people who primarily speak English at home, identify as Hispanic, and identify as American Indian or Alaska Native.

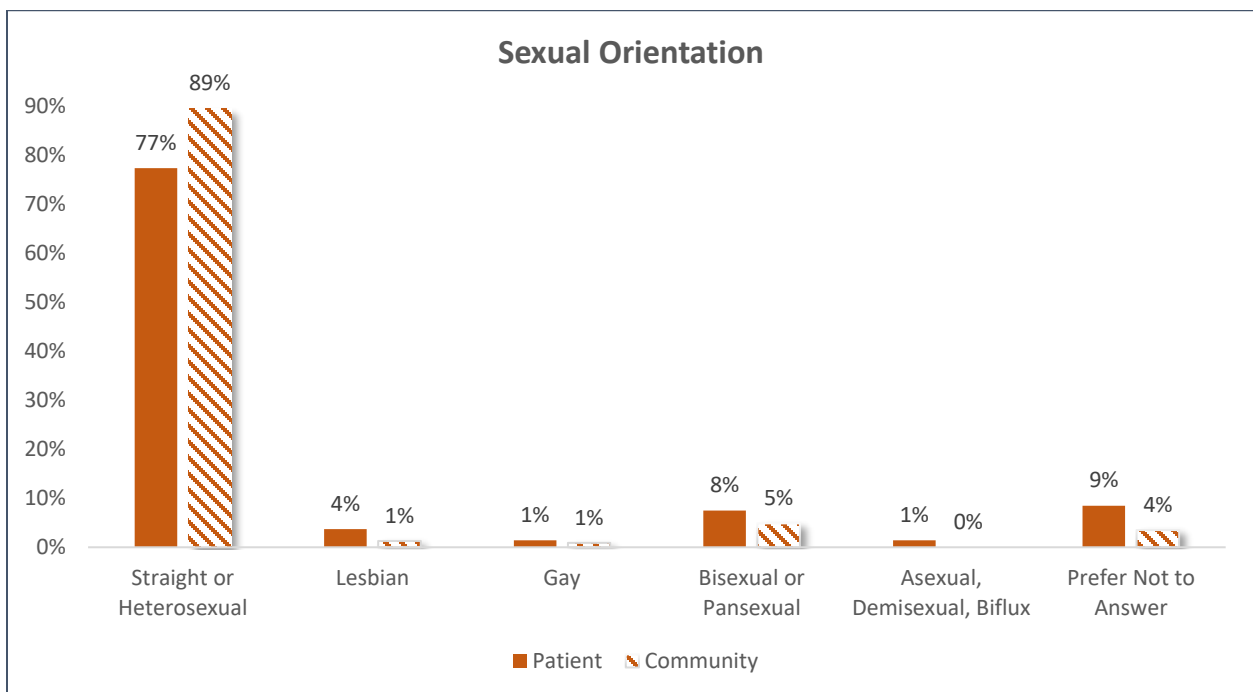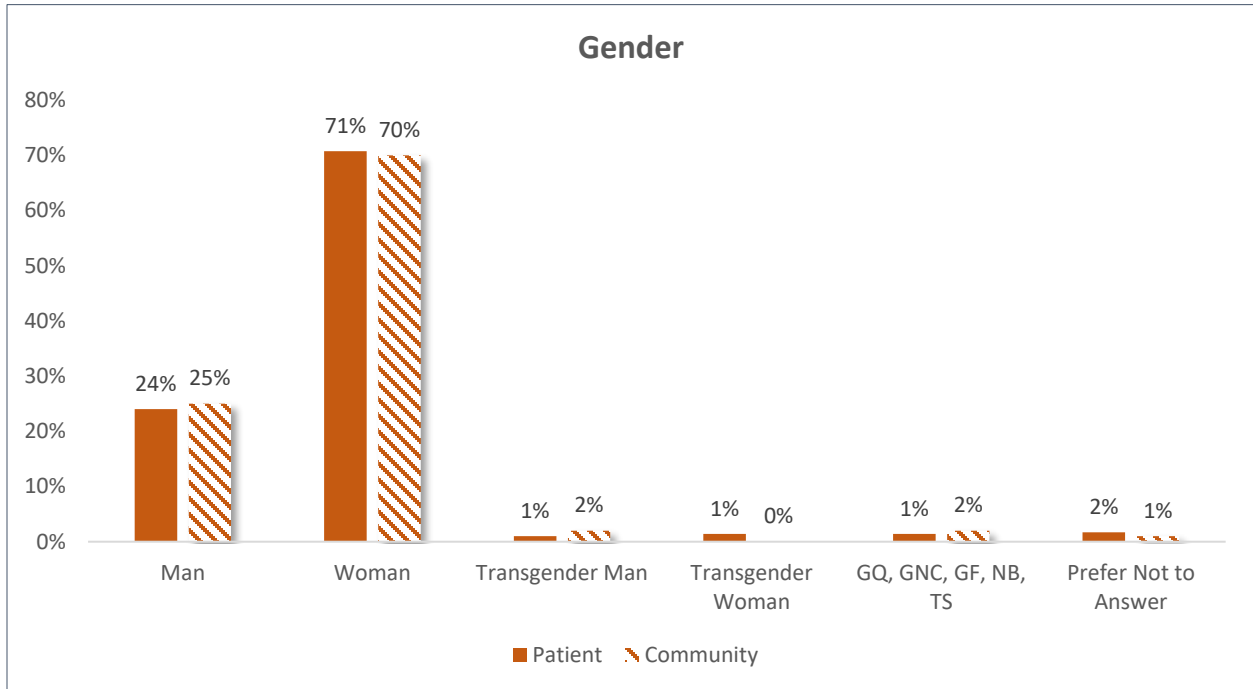| Demographic	Patient	Community
Average age*	41.1 years (range = 18-75)	36.7 years (range= 18-72)
Identify as Hispanic	32%	29%
Identify as American Indian or Alaska Native (tribally enrolled or self-identified)	34%	36%
Single/not in relationship*	58%	41%
More than high school education*	61%	75%
Employed*	26%	57%
Average income*	$16,358	$48,842
Average family size*	2.69 people (range = 0-11)	3.87 people (range = 0-11)
English primary language spoken at home	93%	90%

*significant difference in percentages between patient and community members (p<.001)

Race and Ethnicity. Race was self-reported by participants and is presented below. Multiple and other races are broken out separately in the second chart. Across patients and community samples, a total of 23 race categories were provided by survey takers. Other races not included in these charts include write-in responses of Mexican/Indigenous Mexican, Puerto Rican, Salvadorian, and Haitian. A total of 32% of patients and 29% of community members reported being of Hispanic ethnicity.

Race

Category	Patient	Community
Black	14%	13%
AIAN	12%	17%
Middle Eastern	1%	1%
PINH	3%	1%
White	36%	17%
Asian	7%	34%
Multiple and Other Races	27%	17%

Multiple and Other Races

Category	Patient	Community
AIAN and White	19%	21%
Black and White	12%	3%
Asian and White	5%	8%
AIAN and Black	5%	3%
AIAN and Asian	7%	5%
PINH and Black	3%	3%
PINH and Asian	2%	3%
PINH and White	2%	0%
AIAN, Black, and White	7%	5%
Black, Middle Eastern, and White	2%	0%
Asian, PINH, White	1%	0%
Asian, AIAN, Black, and White	3%	0%
Other and Category Above	4%	8%
Other (Specified)	28%	42%

Note: Non-abbreviated race categories on survey were: Black, African, or African American; American Indian or Alaska Native, Middle Eastern, Pacific Islander or Native Hawaiian, White, Asian, Middle Eastern, and Other (Specify)

2

Gender and Sexual Orientation. Women most commonly completed the needs assessment across both the patient and community samples. The samples for patients and community members included individuals who identified as straight/heterosexual, lesbian, gay, and bisexual or pansexual.

Gender

Patient percentages by gender: Man 24%, Woman 71%, Transgender Man 1%, Transgender Woman 1%, GQ, GNC, GF, NB, TS 1%, Prefer Not to Answer 2%.
Community percentages by gender: Man 25%, Woman 70%, Transgender Man 2%, Transgender Woman 0%, GQ, GNC, GF, NB, TS 2%, Prefer Not to Answer 1%.

Sexual Orientation

Patient percentages by sexual orientation: Straight or Heterosexual 77%, Lesbian 4%, Gay 1%, Bisexual or Pansexual 8%, Asexual, Demisexual, Biflux 1%, Prefer Not to Answer 9%.
Community percentages by sexual orientation: Straight or Heterosexual 89%, Lesbian 1%, Gay 1%, Bisexual or Pansexual 5%, Asexual, Demisexual, Biflux 0%, Prefer Not to Answer 4%.

Note: GC, GNC, GF, NB, TS = gender conforming, gender non-conforming, gender fluid, non-binary, Two-Spirit.

Job Negatively Impacted by COVID-19. About 50% of both groups reported jobs being negatively impacted by COVID-19, while 12% of patients and 16% of community members were unsure about the impacts of COVID-19 on their job.

Job Negatively Impacted by COVID-19

	No	Yes	Unsure
Patient	42%	46%	12%
Community	37%	51%	12%
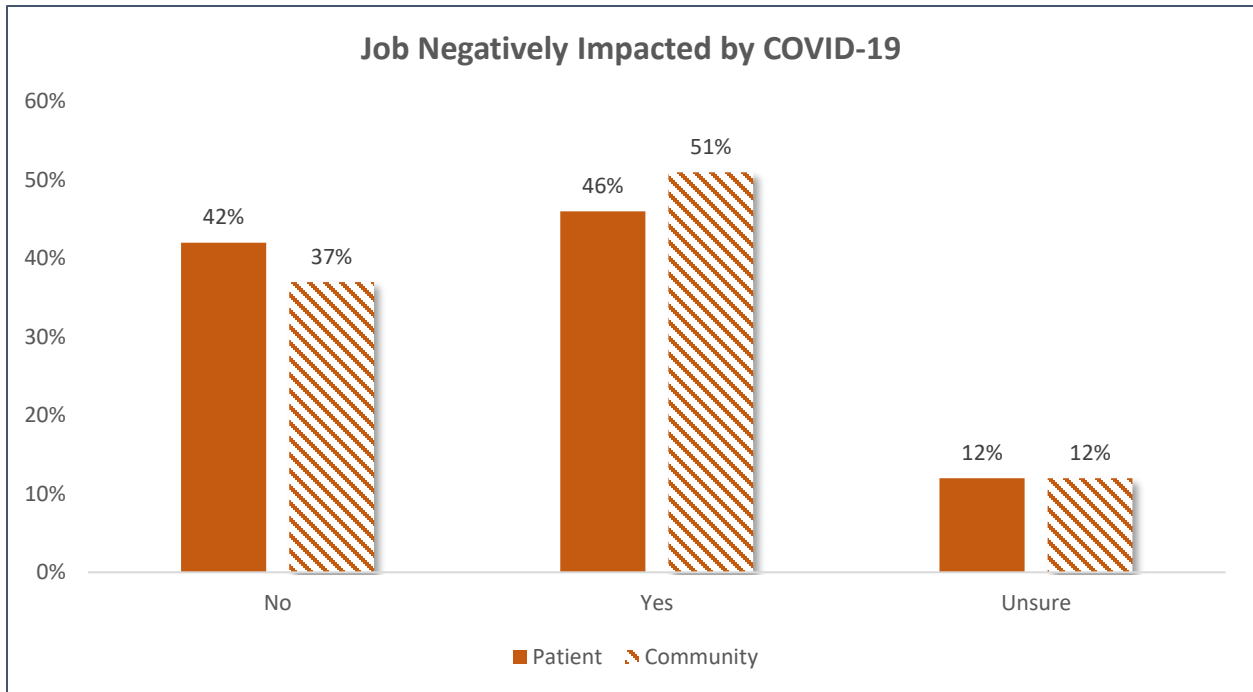
■ Patient   ⧄ Community

Health and Health Needs

Health Ratings. Both patients and community members most frequently reported "good" overall, physical, mental, dental, and social health. On average, patients and community members rated aspects of their health between "good" and "very good." However, on average SNAHC patients rated their dental health between "fair" and "good."

Rating	Patient (%)					Community (%)				
	Overall Health	*Physical Health*	*Mental Health*	*Dental Health*	*Social Health*	*Overall Health*	*Physical Health*	*Mental Health*	*Dental Health*	*Social Health*
Poor	7%	12%	10%	21%	9%	1%	1%	3%	6%	1%
Fair	20%	25%	23%	26%	20%	12%	20%	17%	18%	17%
Good	**36%**	**32%**	**34%**	**34%**	**33%**	**40%**	**41%**	**36%**	**36%**	**34%**
Very Good	22%	16%	16%	9%	21%	29%	24%	28%	28%	30%
Excellent	15%	15%	17%	10%	17%	18%	14%	16%	12%	17%

Managing Multiple Health Diagnoses. A total of 60% of patients and 35% of community members reported that they manage multiple health diagnoses.

Times See Doctor and Dentist/Hygenist Per Year. Over 80% of SNAHC patients reported seeing a doctor 2-5 times per year, while only 55% of community members reported seeing the doctor that often. About 50% of both groups saw saw the dentist 1 or fewer times per year.

Times See Doctor Per Year

Times See Dentist or Dental Hygenist Per Year
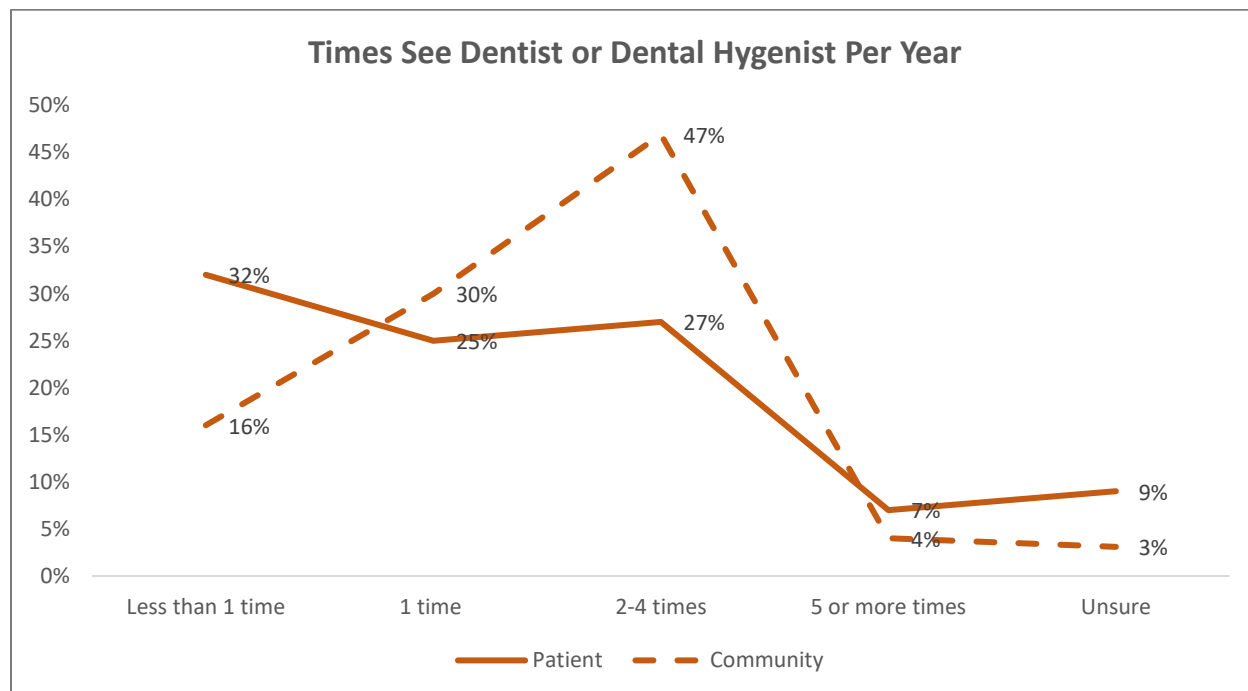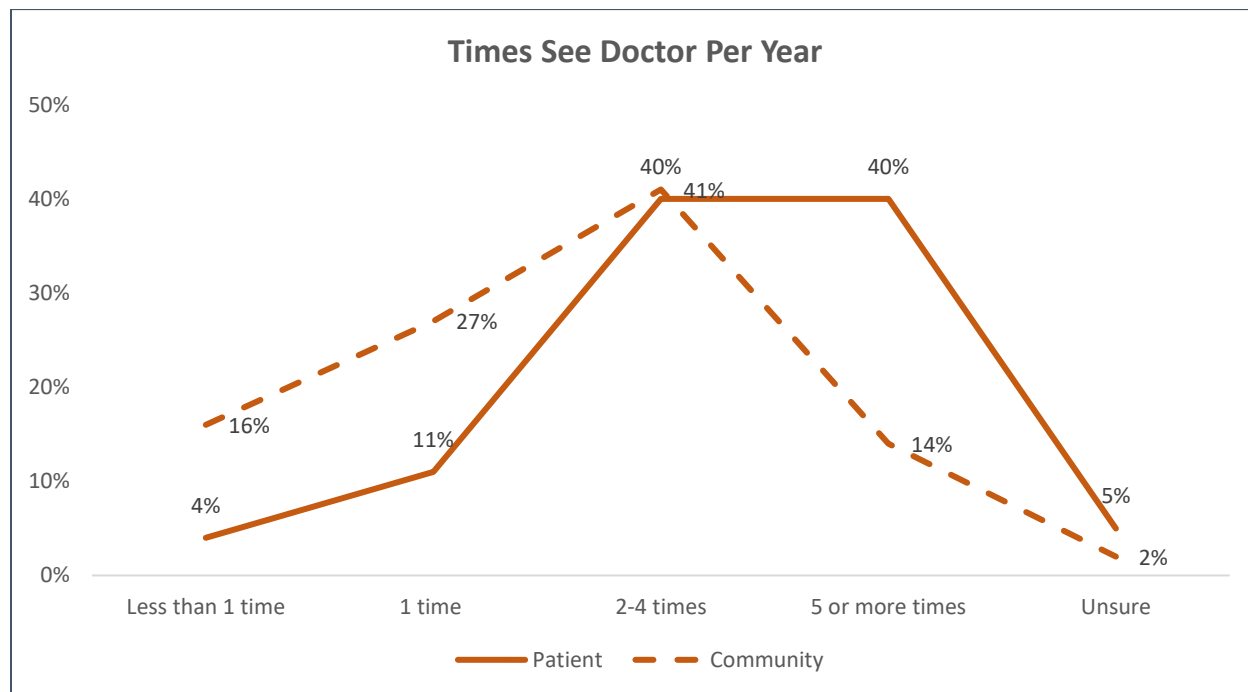
Would Use Case Manager in Health Care Navigation. Almost half of patients and community members reported they would use a case manager in health care navigation. However, about 30% of both groups reported being unsure or needing more information to make a decision about case management utilization.
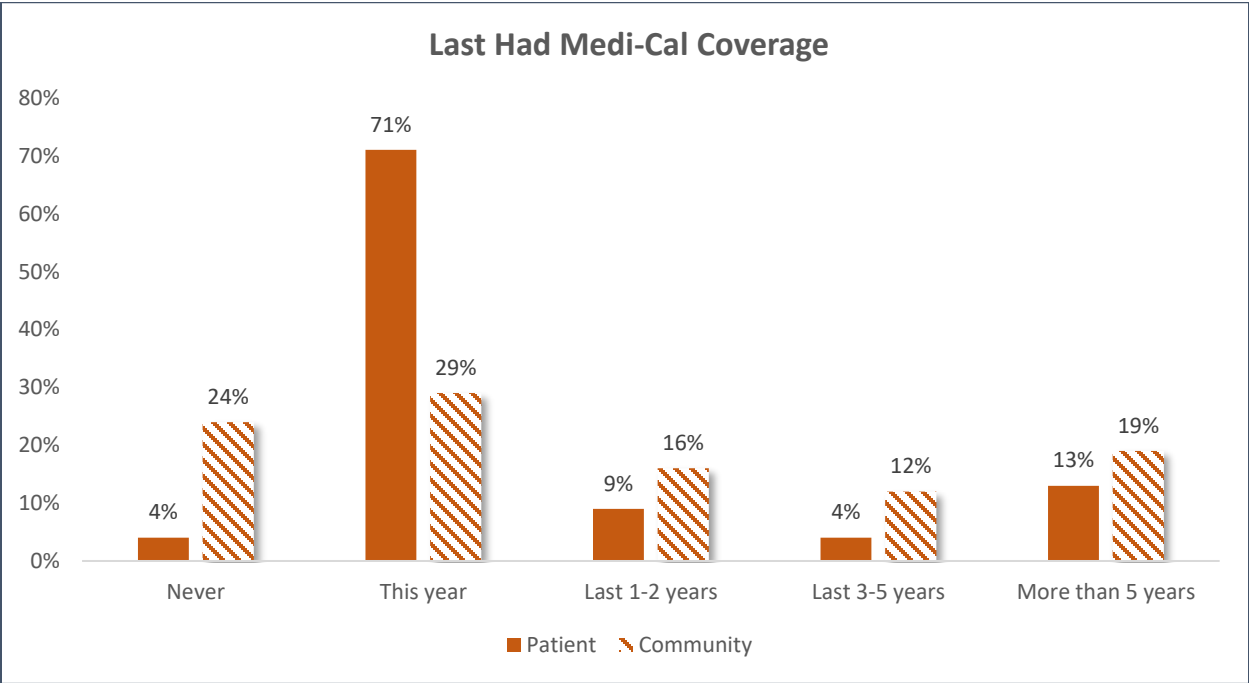
Would Use Case Manager in Health Care Navigation

Response	Patient	Community
No	21%	28%
Yes	48%	45%
Unsure	18%	22%
Need More Information	13%	5%
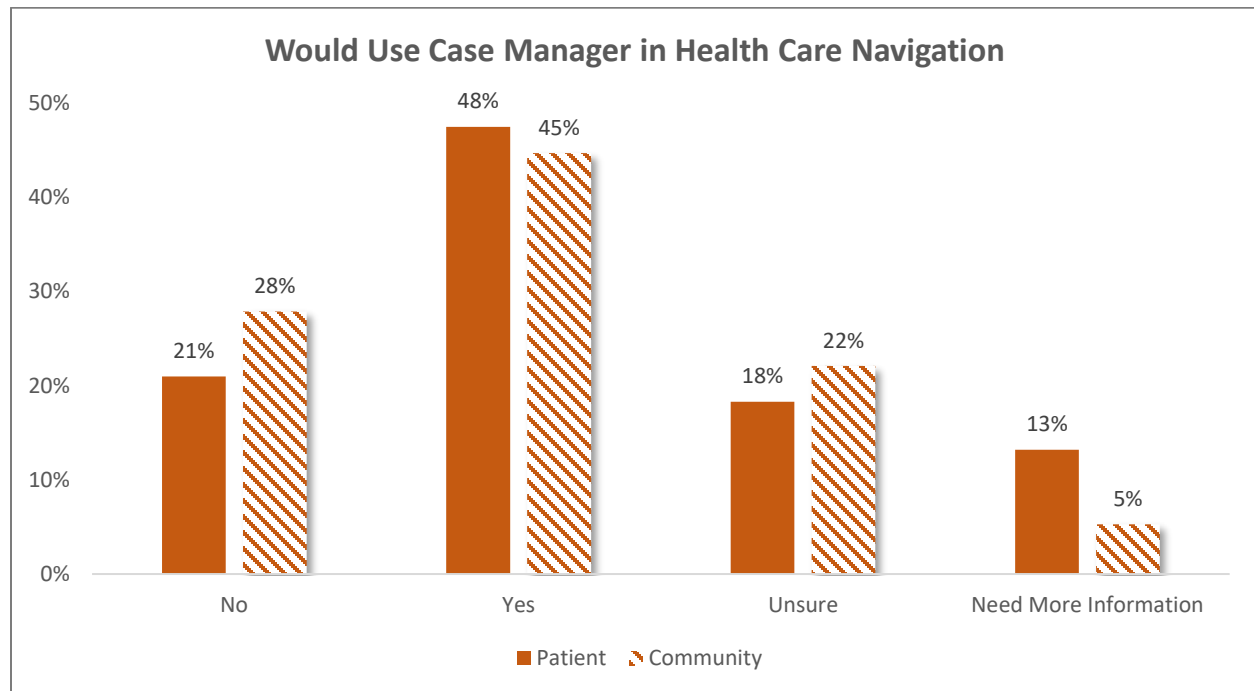
■ Patient ⬚ Community

Interest in Health Education Topics. Patients most frequently reported in being interested in health education about mental health, dental care, vision care, and nutrition. Community members most frequently reported being interested in health education about nutrition mental health, dental care, diabetes, and vision care.

Interest in Health Education Topics (Check All that Apply)	Patient (%)	Community (%)
Diabetes	30%	38%
Cancer	11%	28%
Mental health	46%	41%
High blood pressure	30%	32%
HIV/AIDS	3%	12%
Substance use/abuse	8%	15%
Family planning	7%	26%

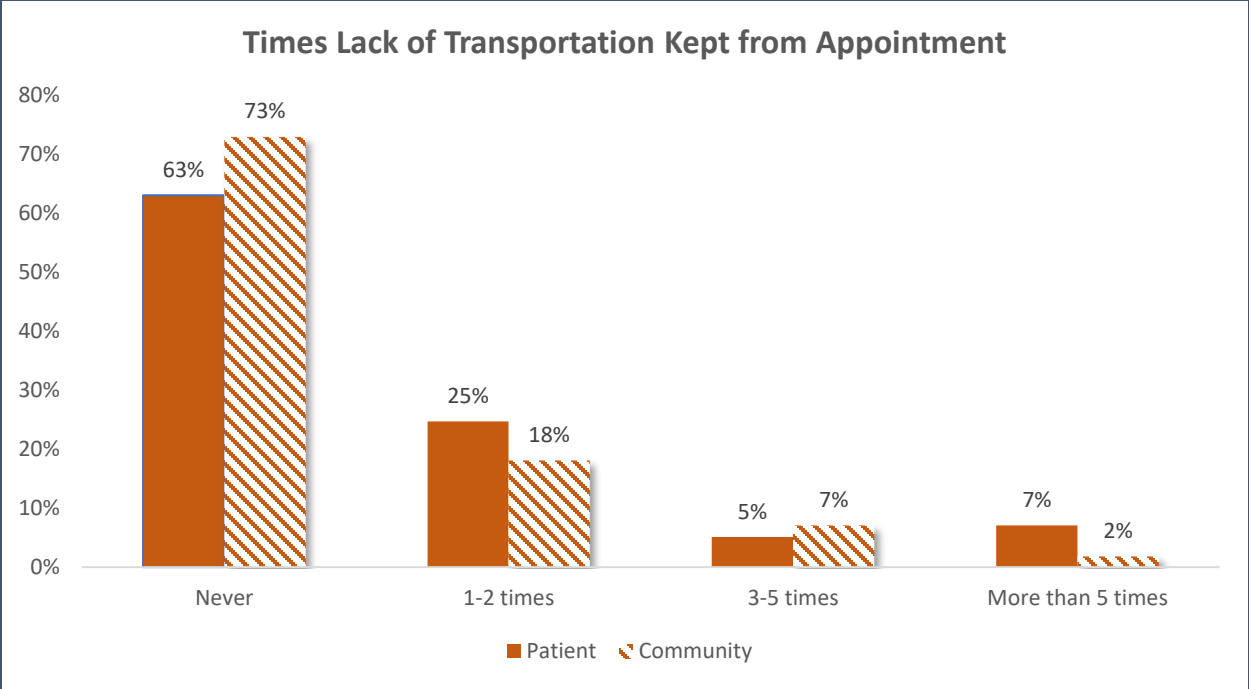|		
Vision care	35%	36%
STI testing	3%	13%
Nutrition	34%	46%
Dental care	38%	39%
Hepatitis C	3%	9%
Transgender care	3%	6%
Smoking cessation	9%	12%
Accupuncture	22%	21%
Pre-natal care	4%	15%
Asthma/respiratory illnesses	17%	23%

Access to Healthcare

Last Had Medi-Cal Coverage. Approximately 70% of patients and 30% of community members reported having Medi-Cal coverage this year. A total of 4% of patients reported never having Medi-Cal coverage compared to 25% of community members.
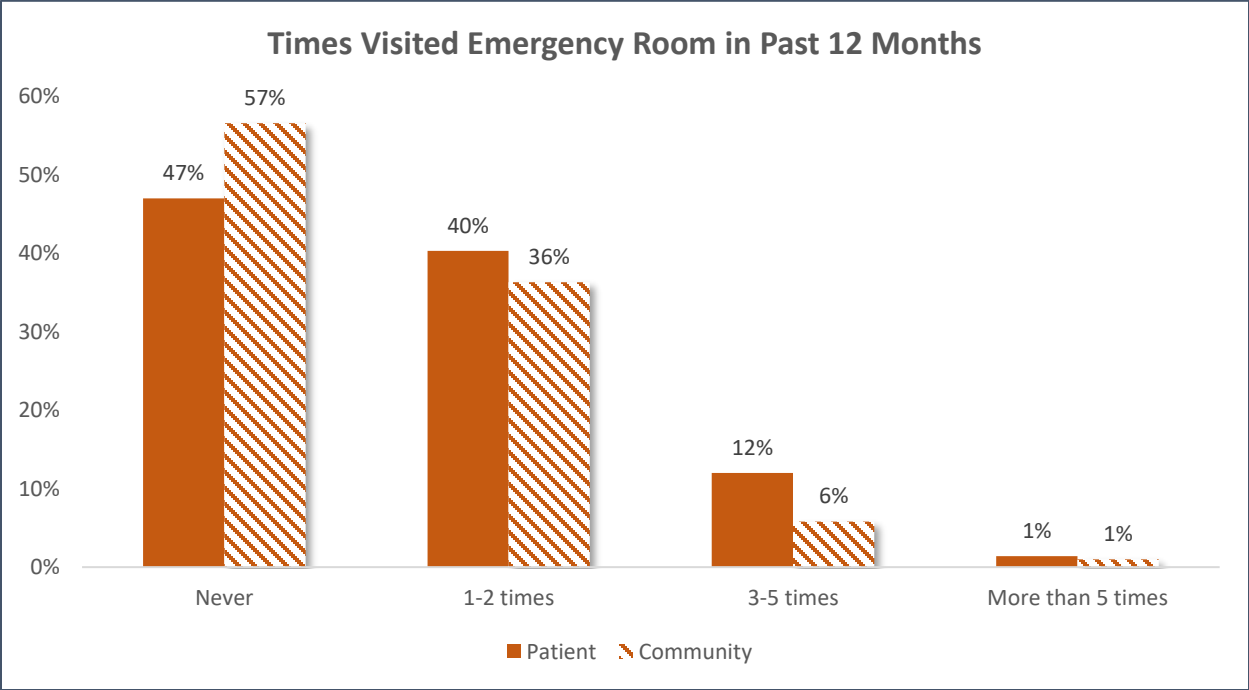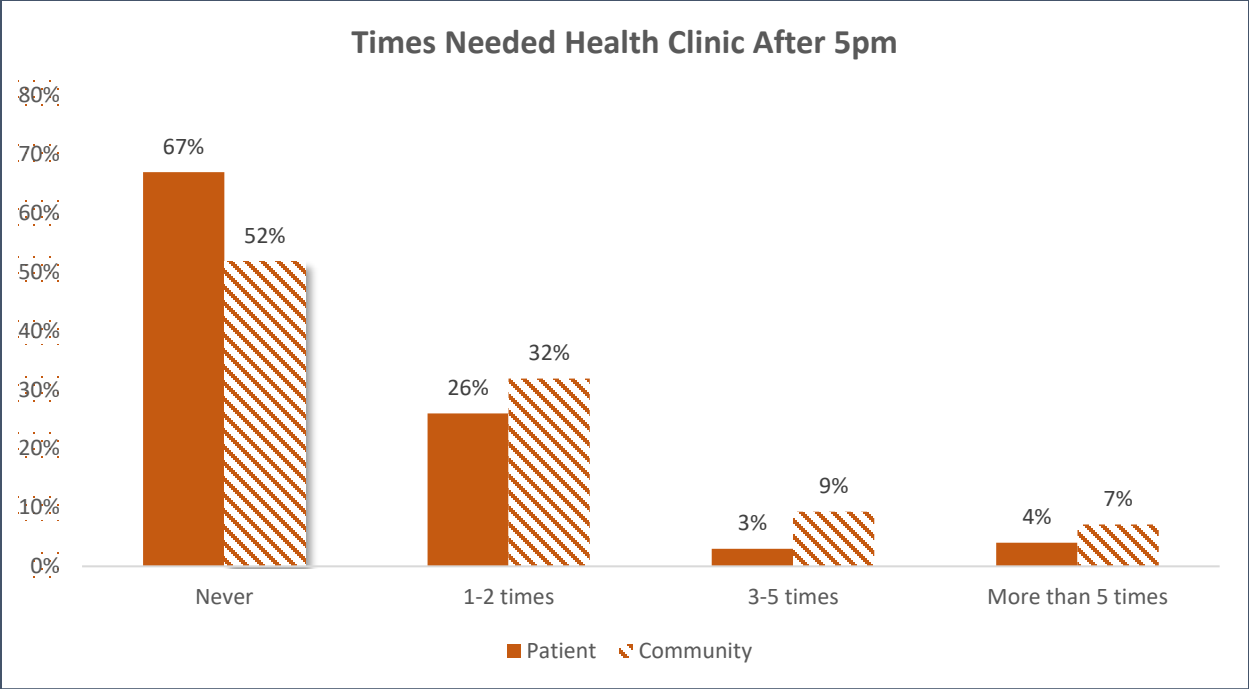

Last Had Medi-Cal Coverage

Never: Patient 4%, Community 24%
This year: Patient 71%, Community 29%
Last 1-2 years: Patient 9%, Community 16%
Last 3-5 years: Patient 4%, Community 12%
More than 5 years: Patient 13%, Community 19%
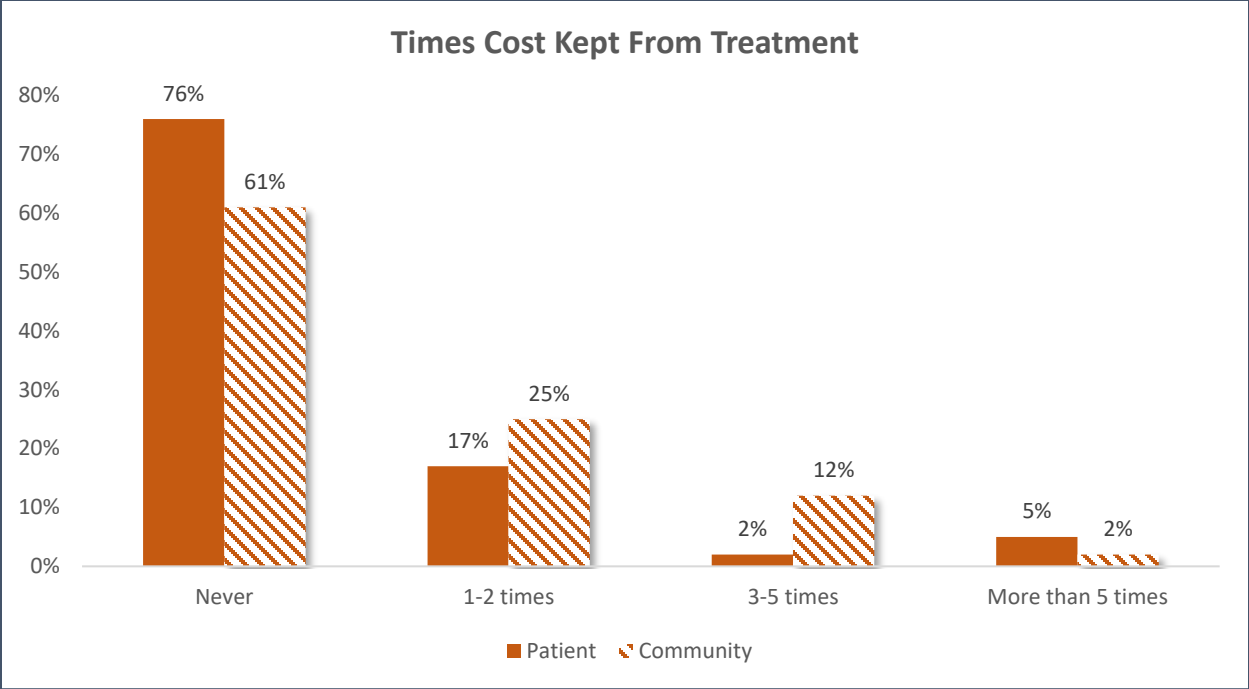
■ Patient   ⧄ Community

Transportation to Appointments. Patients and community members most frequently reported using a personal vehicle to get to appontments, followed by a combination of transportation methods. Among patients, the most frequent combination of transportation methods were: car and public transportation; and car, biking, walking. Among community members, the most frequent combination of transportation methods were: car and ride sharing; and ride sharing, public transportation, and walking. Across types of transportation methods, community members more frequently mentioned utilizing ride sharing and public transportation than patients.

Transportation to Appointments
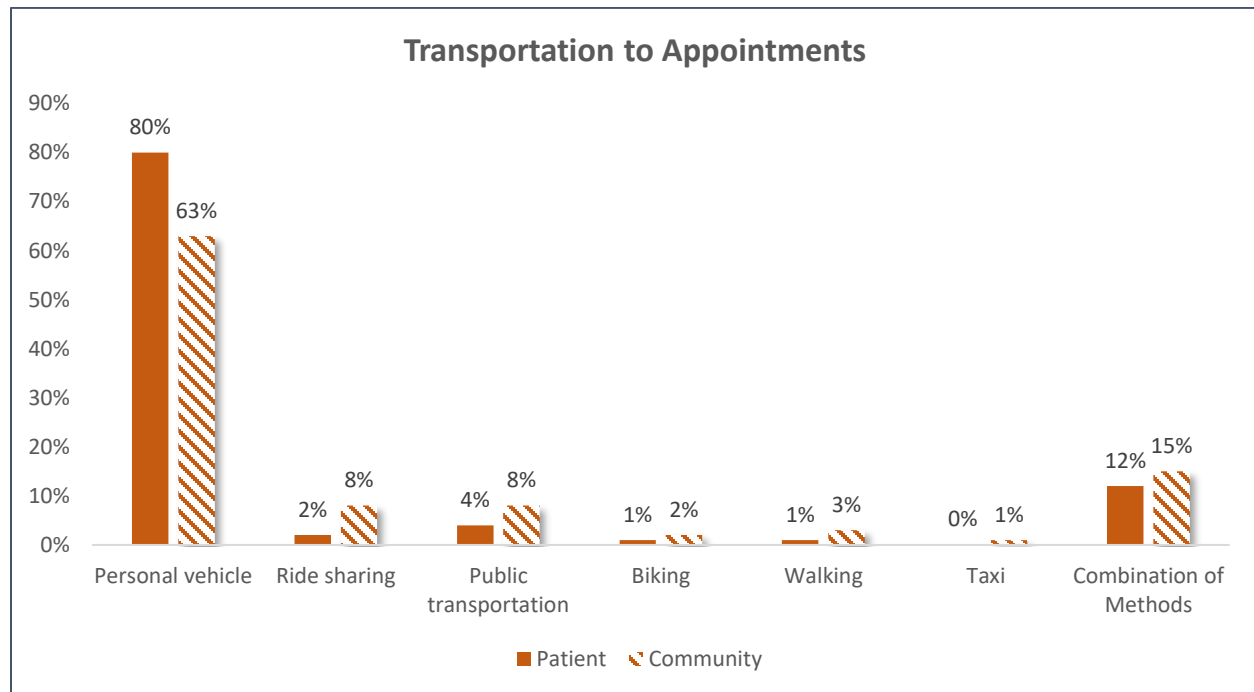
Barriers to Care. About 40% of patients and 25% of community members reported that transportation kept them from attending an appointment in the past 12 months, while over 10% of patients and 30% of community members said childcare kept them from an appointment in this timeframe. Patients less frequently reported needing a health clinic after 5pm but more frequently reported visiting the Emergency Room at least once in the past 12 months. Nearly 25% of patients and 40% of community members said costs of medical or clinical care has prevented from seeking treatment in the past 12 months.

Times Lack of Transportation Kept from Appointment

	Never	1-2 times	3-5 times	More than 5 times
Patient	63%	25%	5%	7%
Community	73%	18%	7%	2%

Times Lack of Childcare Kept from Appointment

	Never	1-2 times	3-5 times	More than 5 times
Patient	87%	10%	2%	1%
Community	69%	20%	9%	2%

Times Needed Health Clinic After 5pm

Category	Patient	Community
Never	67%	52%
1-2 times	26%	32%
3-5 times	3%	9%
More than 5 times	4%	7%

Times Visited Emergency Room in Past 12 Months

Category	Patient	Community
Never	47%	57%
1-2 times	40%	36%
3-5 times	12%	6%
More than 5 times	1%	1%

Times Cost Kept From Treatment

Barriers to Dental Care. Patients and community members most frequently reported scheduling difficulties as the reason for not accessing dental care in the past 12 months. Patients and community members cited cost as a barrier to dental care. In both groups, COVID-19 and fear/anxiety/mental health concerns were reported as additional barriers to care beyond those assesed in the survey.

Barriers to Dental Care (Check All that Apply)	Patient (%)	Community (%)
Can't find a provider	14%	16%
Scheduling difficulties	38%	32%
Care far away	3%	12%
No Medi-Cal coverage	12%	12%
Costs too much	23%	30%
Other (Specify)	COVID-19, Fear/Anxiety, Mental Health Concerns	COVID-19, Fear/Anxiety, Mental Health Concerns

Access to Supportive Services. Patients and community members most frequently reported accessing Medi-Cal, EBT, the Food Bank, and WIC, although patients reported utilizing these services more frequently than community members.

Supportive Services (Check All that Apply)	Patient (%)	Community (%)
TANF	8%	8%
Medi-Cal	76%	35%
Food bank	19%	15%
WIC	12%	16%
Child Action	3%	4%
General assistance	3%	3%
EBT	48%	20%
Housing voucher	8%	5%
Other (Specify)	Social Security	Unemployment

SNAHC Health Care Services

SNAHC Service Location Preference. When asked where they would prefer to receive SNAHC services, 95% of current patients said they preferred the Midtown SNAHC location. Among community members, the most frequent response was South Sacramento.
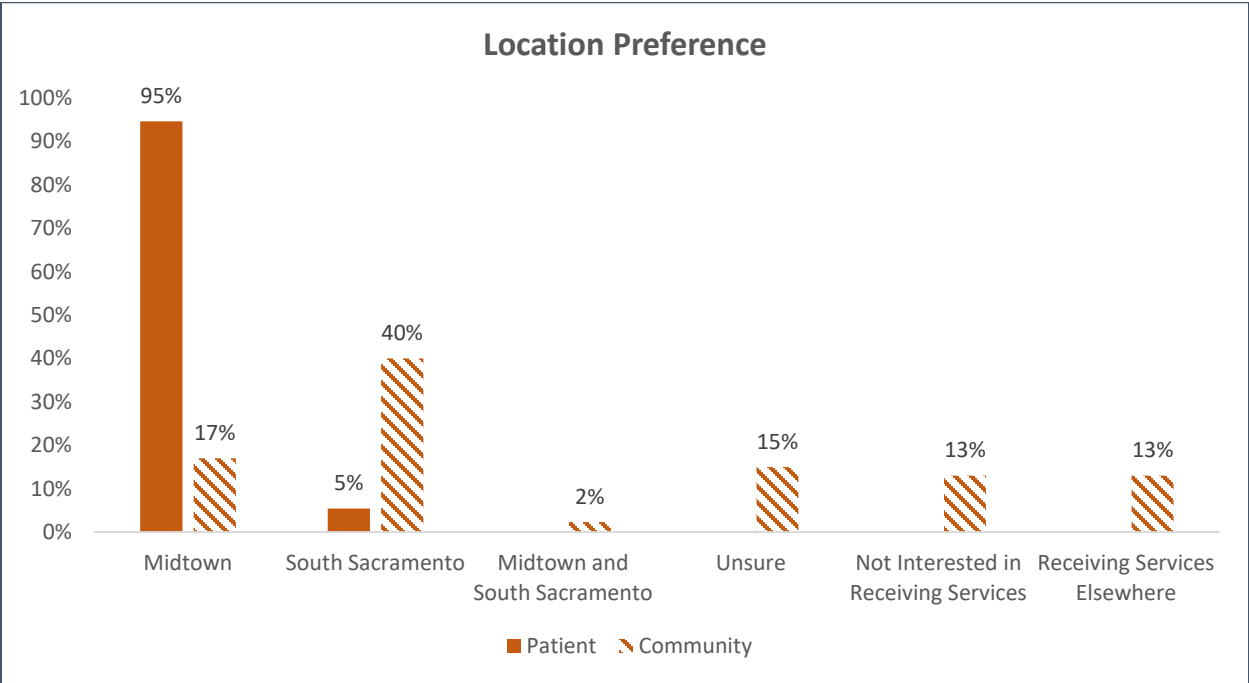
Why Choose SNAHC for Health Care (Patients Only). When asked why they choose SNAHC for their current health care, patients most frequently reported that they feel comfortable at SNAHC, can come to one place to receive services, trust the healthcare providers, and feel cared for and welcomed by staff. Least frequent reasons for choosing SNAHC were to receive help finding housing or work.

Reason (Check All that Apply)	%
I feel comfortable and welcome in the buildings	94%
I can come to one place to receive various services	92%
I trust the healthcare providers	91%
I feel cared for and respected by staff	91%
I feel welcomed by the reception staff	89%
I am familiar with SNAHC	88%
Appointments are easy to schedule	86%
My culture and cultural background are respected at SNAHC	85%
Staff well-trained and knowledgeable	84%
Services are affordable	84%
SNAHC serves my needs as a whole person	82%
The services at SNAHC at comprehensive	80%
I feel a sense of belonging and or community	78%
SNAHC offers unique services	76%
The staff reflect me and my community	75%
I come to see a particular health care provider	70%
Close to my home/school/work	69%
I am able to access the services I need virtually	64%

The quality of services is higher than elsewhere	62%
Assigned by Insurance	51%
My friends and/or family are also SNAHC health home members	45%
Can't get dental care elsewhere	23%
I can get help finding housing	18%
I can get help finding work	18%

Note: These questions were only asked of current patients, not of community members.

Would Recommend SNAHC Services to Friend or Family Member. The majority of patients and community members said they would recommend SNAHC to a friend or family member. Among patients, reasons for not recommending SNAHC included: Referrals take too long, receptionists/staff do not know Americal Sign Language, dental services are primarily for American Indian and Alaska Native patients, reception staff engage in personal conversations while patients are in waiting room. Community members said they would not recommend SNAHC because they are not a health home member and/or need to know more about SNAHC and its quality of care prior to making a recommendation to a friend or family member.

Would Recommend SNAHC to Friend or Family Member

	No	Yes	Unsure
Patient	4%	92%	4%
Community	8%	58%	35%
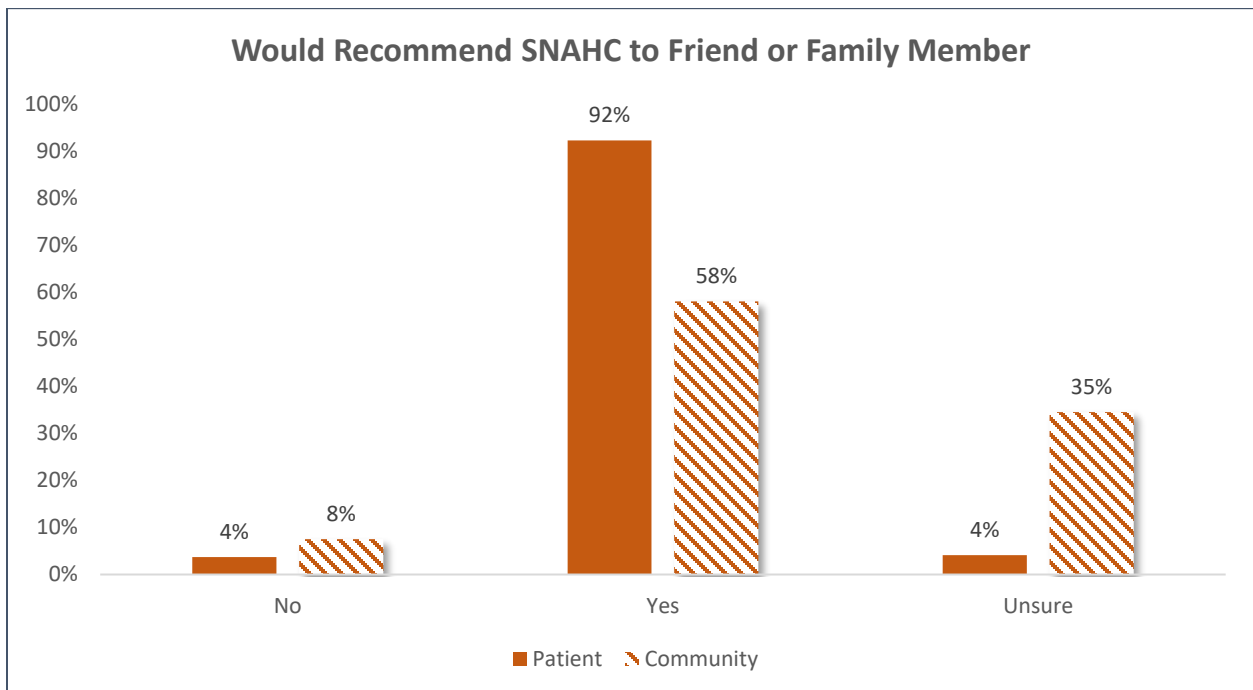
Communication

Easiest Ways to Communicate with Health Care Team. Easiest ways for patients to communicate with their SNAHC or community health care teams included in-person, by telephone, and via text and email. Patients and communty members also both specified patient portals as possible methods of communication.

Communication Method (Check All that Apply)	Patient (%)	Community (%)
In person	51%	44%
Paper mail	12%	16%
Email	31%	67%
Telephone	74%	61%
Text	41%	39%
Video call	14%	32%
Other (Specify)	Patient Portal	Patient Portal

Internet Access. A total of 89% patients and 85% of community members reported using the internet daily. Almost all (97.3%) reported using internet at home via internet service, using a smartphone as a hotspot, or some other means. For example, a small percentange reported using public networks for internet access or a combination of home internet and public networks.

Comfort and Frequency of Technology Usage. Both patients and community members most frequently reported using computers, tablets, smartphones, and text daily and being very comfortable in using these forms of technology.
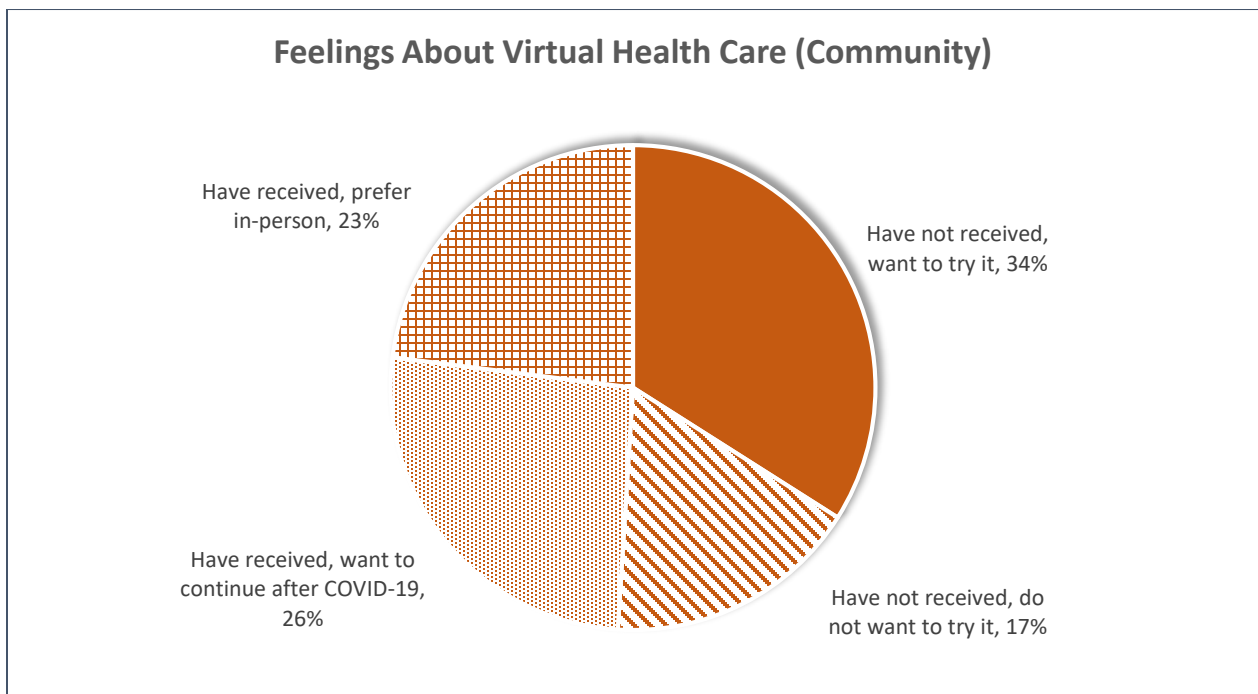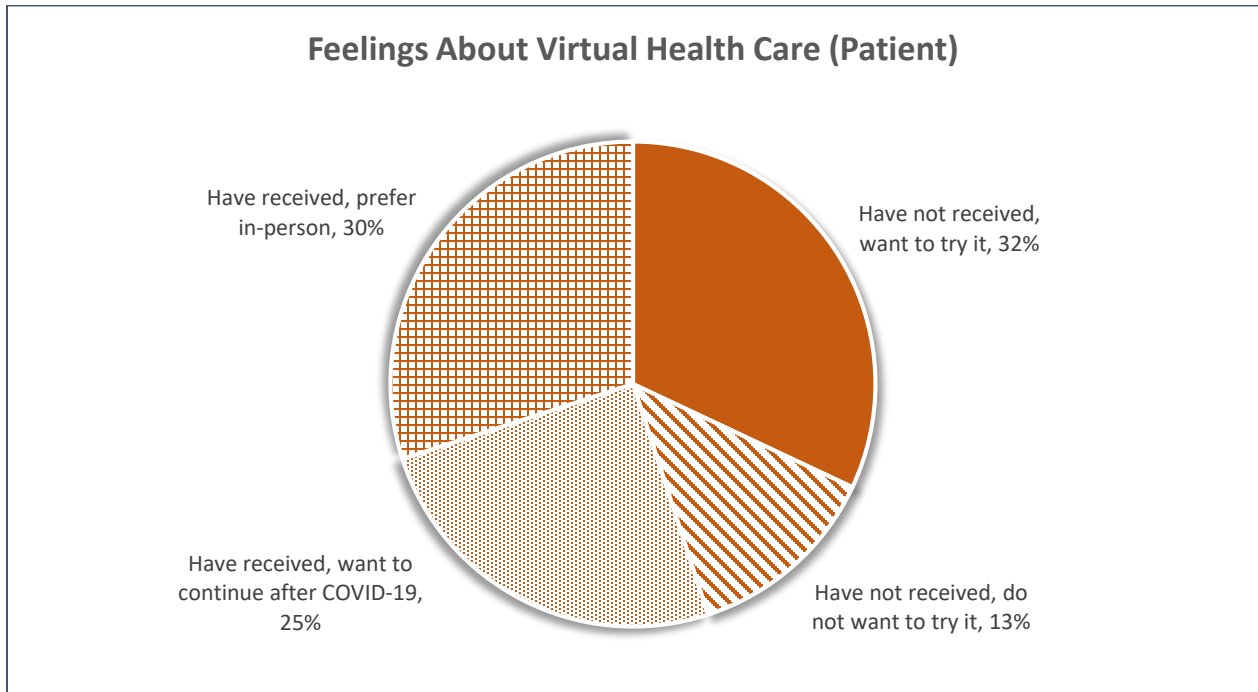
Comfort Level	Patient (%)				Community (%)			
	Computer	Tablet	Smart phone	Text	Computer	Tablet	Smart phone	Text
None, have not used	5%	10%	2%	1%	2%	5%	3%	2%
Limited comfort	26%	24%	16%	10%	21%	20%	13%	11%
Very comfortable	**69%**	**66%**	**82%**	**89%**	**77%**	**75%**	**84%**	**87%**

Frequency	Patient (%)				Community (%)			
	Computer	*Tablet*	*Smart phone*	*Text*	*Computer*	*Tablet*	*Smart phone*	*Text*
Never	14%	32%	4%	2%	3%	17%	3%	0%
Once/month	10%	12%	1%	2%	6%	9%	2%	4%
Once/week	10%	9%	5%	4%	14%	16%	10%	11%
Daily	**66%**	**47%**	**90%**	**92%**	**77%**	**58%**	**85%**	**85%**

How Get News/Information. When asked how they receive news/information, patients and community members selected a variety of modalities, including social media, television, websites/newspapers, and radio. Several people in both samples indicated that they receive information from friends/family and word of mouth.
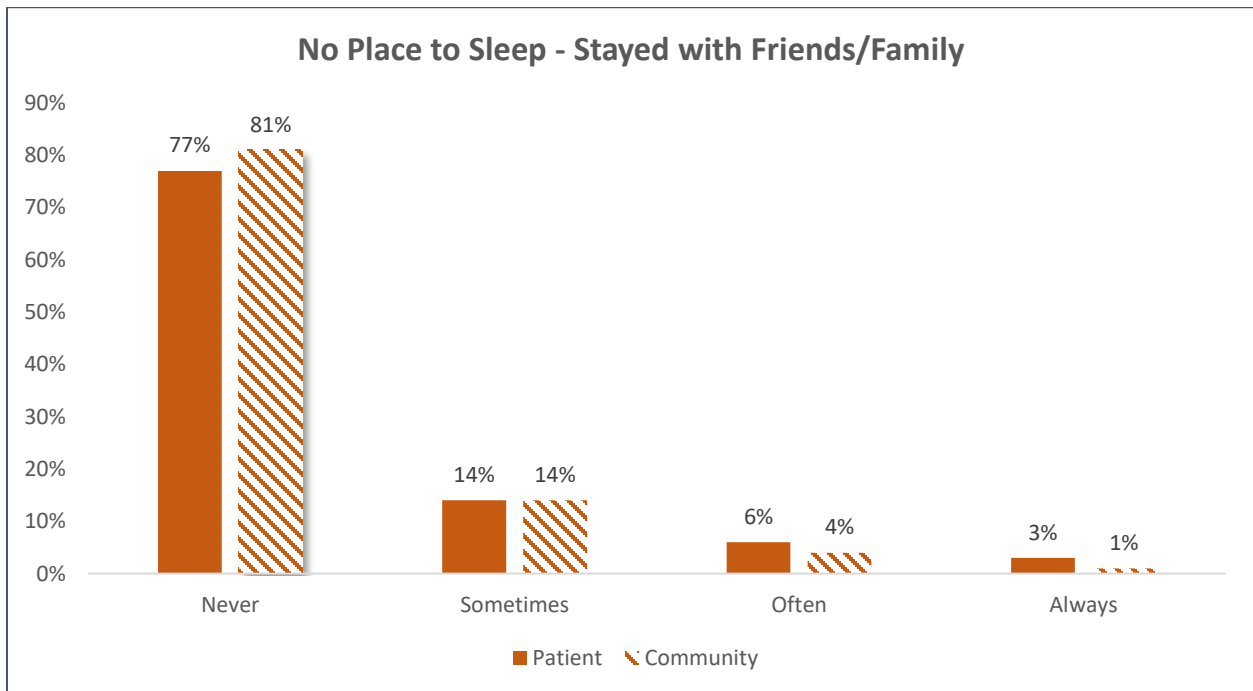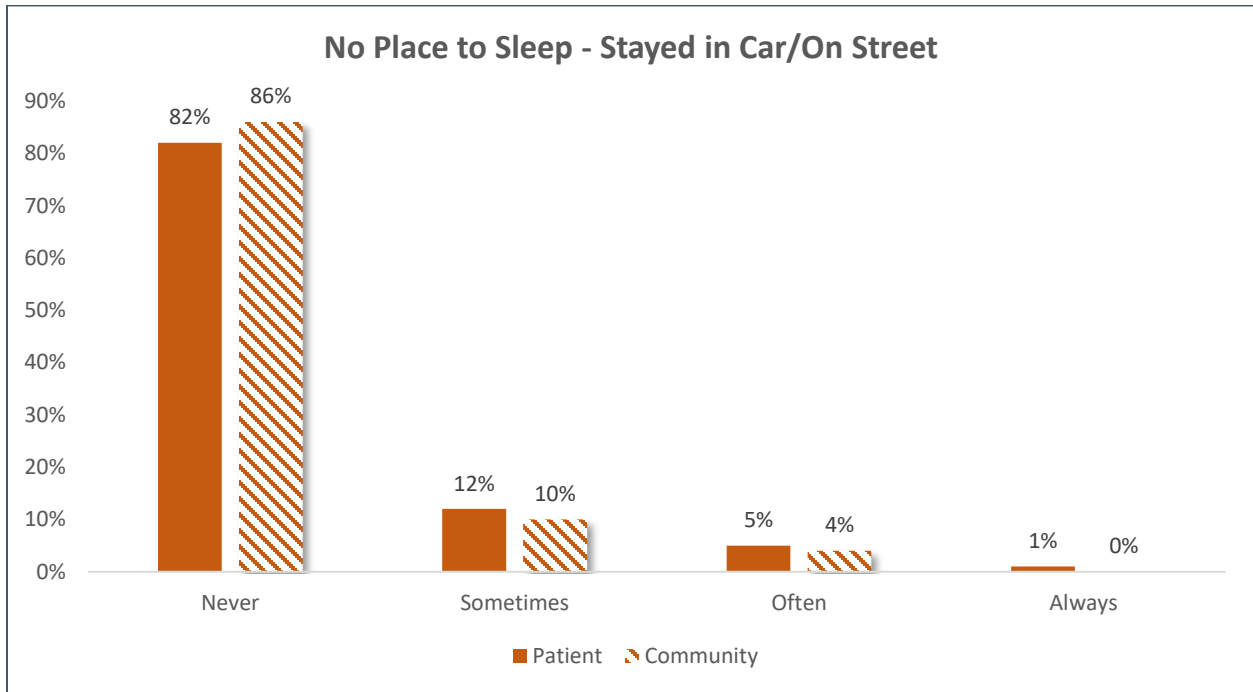
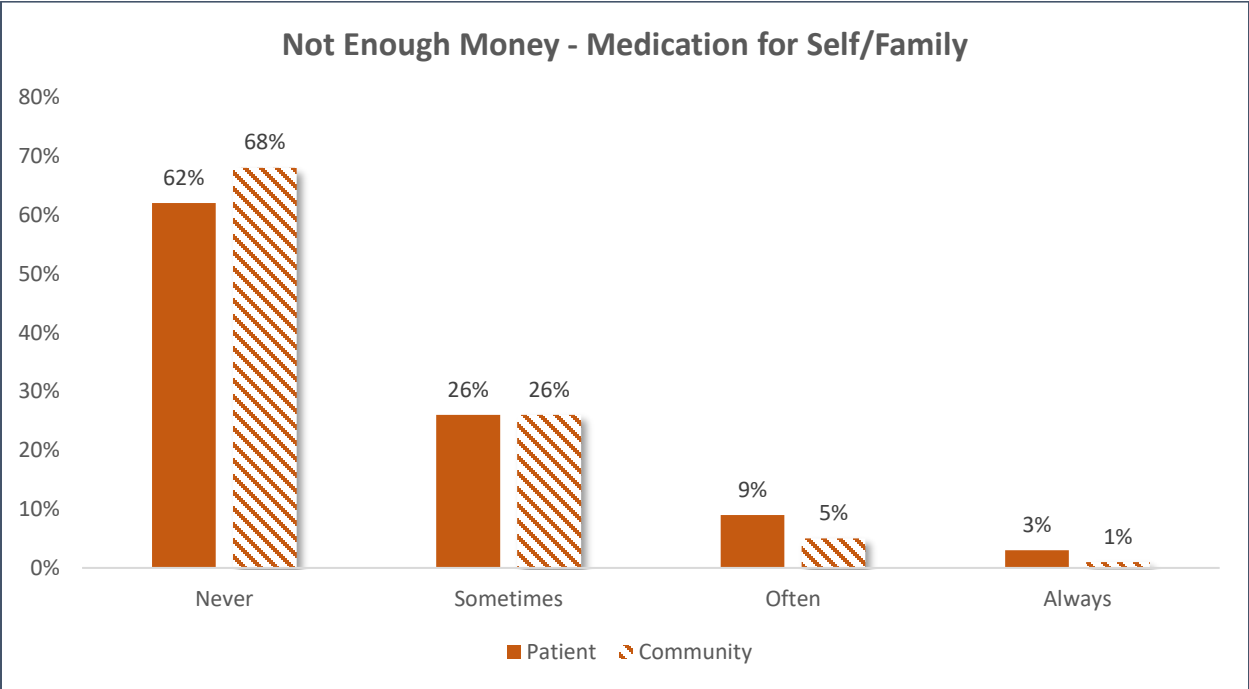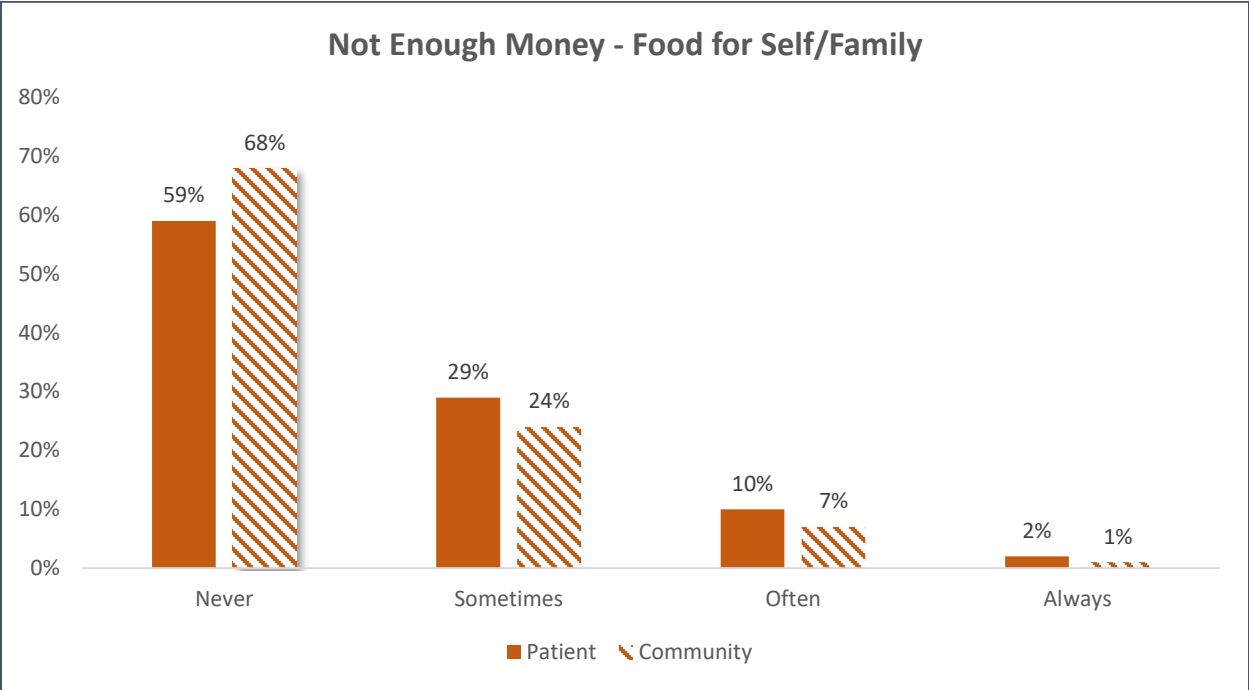| How Get News (Check All that Apply)	Patient (%)	Community (%)
Social media	73%	80%
Radio	25%	31%
Television	58%	62%
Film	4%	8%
Websites or newspaper	44%	52%
Posters in other organizations	6%	15%
Billboards	7%	16%
Digital advertisements	14%	15%
Other (Specify)	Smart Phone Friends Family Word of Mouth Research Studies Reddit	Email Tribal Newsletter Friends Family

Feelings About Virtual Health Care. Patients were asked about feelings about receiving virtual healthcare (phone or video) at SNAHC, while community members were asked about receiving virtual healthcare through any provider. About one-third of both groups said they had not yet received virtual health care but would like to try it. A total of 30% of patients and 23% of community members said they have received services virtually and prefer in-person health care.
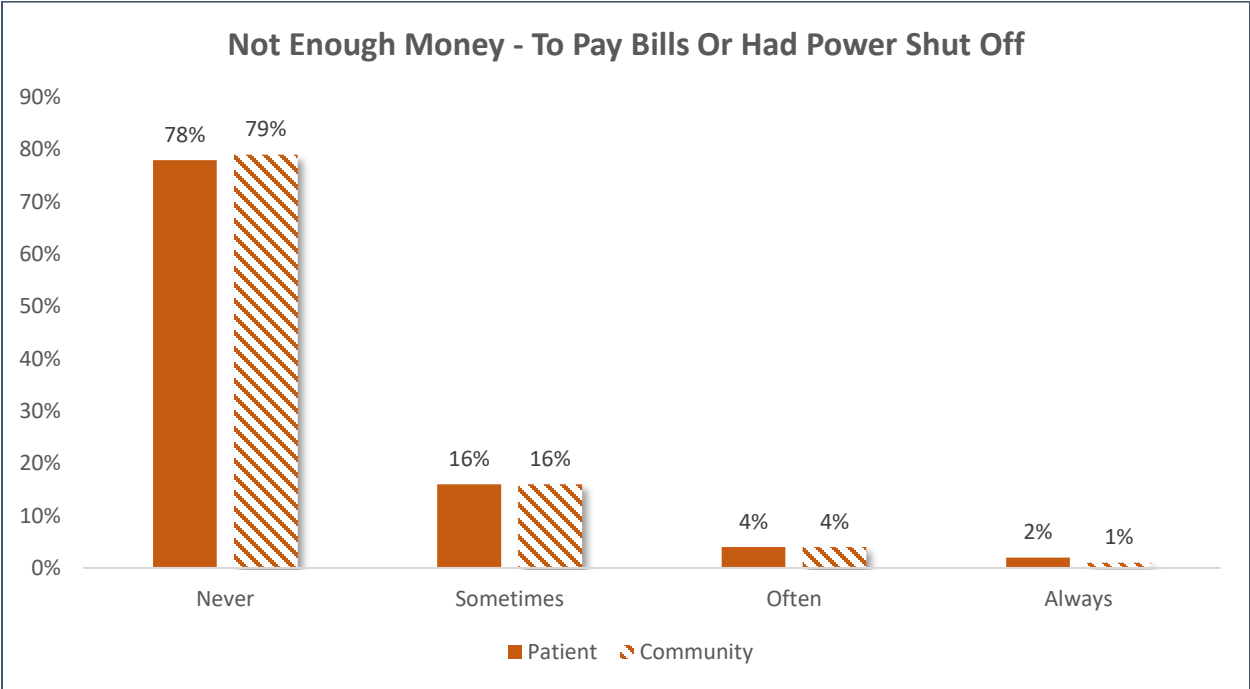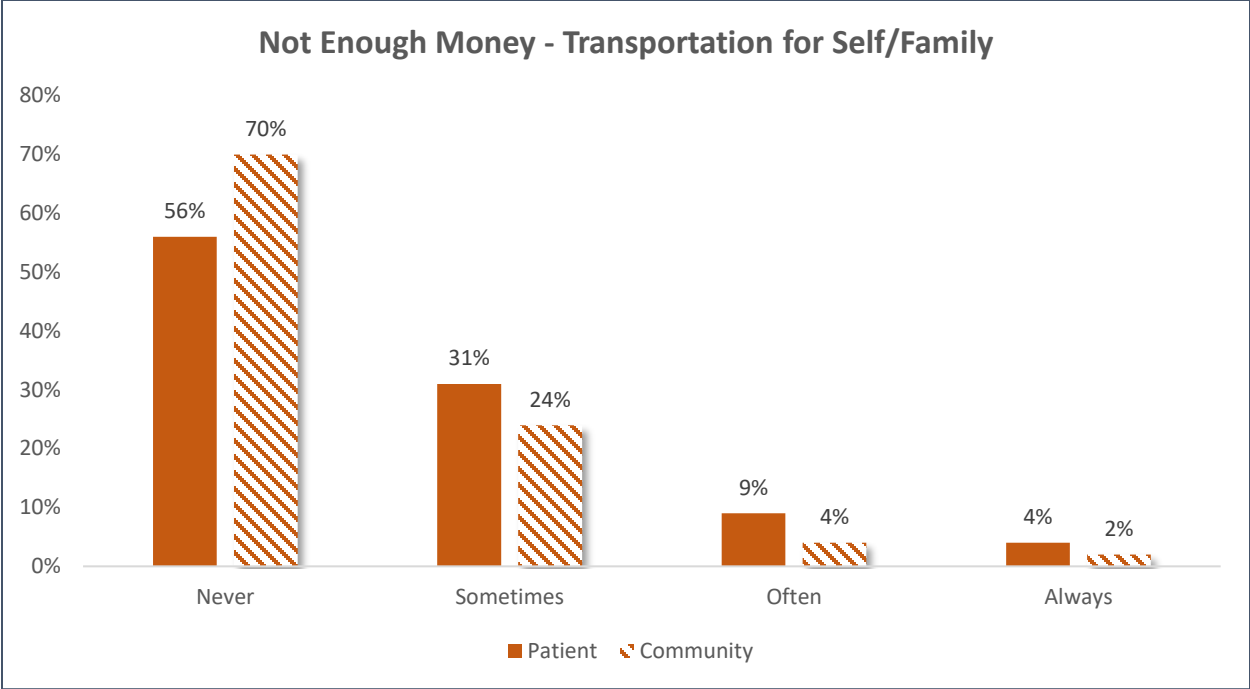
Feelings About Virtual Health Care (Patient)

Have received, prefer in-person, 30%

Have not received, want to try it, 32%

Have received, want to continue after COVID-19, 25%

Have not received, do not want to try it, 13%

Feelings About Virtual Health Care (Community)

Have received, prefer in-person, 23%

Have not received, want to try it, 34%

Have received, want to continue after COVID-19, 26%

Have not received, do not want to try it, 17%

Other Information

Personal Circumstances. Six questions surveyed patients and community members about personal circumstances over the past 12 months, including how often they did not have a place to sleep and how often they did not have enough money for household costs, including transportation.

No Place to Sleep - Stayed in Car/On Street

	Never	Sometimes	Often	Always
Patient	82%	12%	5%	1%
Community	86%	10%	4%	0%

No Place to Sleep - Stayed with Friends/Family

	Never	Sometimes	Often	Always
Patient	77%	14%	6%	3%
Community	81%	14%	4%	1%

Not Enough Money - Food for Self/Family

	Never	Sometimes	Often	Always
Patient	59%	29%	10%	2%
Community	68%	24%	7%	1%

Not Enough Money - Medication for Self/Family

	Never	Sometimes	Often	Always
Patient	62%	26%	9%	3%
Community	68%	26%	5%	1%

Not Enough Money - Transportation for Self/Family

Not Enough Money - To Pay Bills Or Had Power Shut Off

Youth Services Focus Groups

Participants in focus groups were 17 youth and caregivers of youth who received services at SNAHC within the past year. Youth and caregiver discussions were conducted separately, but themes were similar across groups and combined in this summary.

Meaning of Health and Culture. Youth and caregivers of youth receiving services at SNAHC had varied responses about the meaning of health and culture for themselves and family members.

Meaning of Health	Meaning of Culture
• No bad sicknesses • Having same provider • Feeling energized • Not [having to take] pills when older • Taking care of self • Regular check-ups • Regular exercise • Eating healthy including fruits • Good mental health and coping • Good spiritual health • Fitness of body	• Ethnicity • Self/family ideas and beliefs • Customs • Traditions • Home and family environment • Familiarity

Important Characteristics in a Provider. Focus group participants said that providers should be attentive, available, and consistent (same provider each time). Providers should also be individuals who develop relationships with patients. They should be non-judgmental and offer good health advice.

How SNAHC Supports Youth Health Care. Participants reported that SNAHC providers are kind to youth and family-oriented in scheduling appointments. Participants emphasized the value of Native providers supporting the cultural backgrounds of youth receiving services.

How SNAHC Supports Youth Health and Health Care
• Appointments are available to fit children's school/home schedules. • Providers are kind to children. • Providers are concerned with children's mental health. • Parents can schedule multiple appointments for different kids at the same time instead of having to come back another day/time. • Culture is Prevention class is welcoming to children of all races, including mixed races. • Children have access to Native mental health counselors. • Providers act as cultural mentors to Native youth. • There are groups for youth suicide prevention. • SNAHC offers different/varied services than Tribe. • Treatment (e.g., shots) does not hurt children.

Suggested Improvements for Youth Services. Suggested improvements primarily centered around provider retention and immediate access to services for Native patients.

Suggested Improvements for Youth Services
• Retain providers, particularly in behavioral health, so youth will stay engaged in care. • Let youth and parents know when providers leave SNAHC. • Offer immediate access to services (medical, dental, behavioral health) for Native youth with or without Medi-Cal. • Limit non-work-related talking by receptionists prior to patient appointments. • Have children's area and videos for children to watch during dental appointments. • Provide support for Native youth who are not from Sacramento, so they feel included. • Offer life skills classes specific to youth and teens.

Marketing Focus Groups

Participants in the marketing focus groups were 10 individuals, including Native and non-Native patients, non-patients, and community Elders.

Where Do You Get News/Information. Focus group participants reported getting news and information from the local news, social media, radio, newsletters/flyers, neighborhood centers, podcasts, and other people (e.g., word of mouth, Elders).

Memorable Local Health Advertisements. Participants said they most remembered health advertisements about COVID-19 from Kaiser Permanente and the Indian Health Service. Other memorable health advertisements were disseminated via billboards on the highway, narratives on social media, bus bench advertising, and handouts/brochures with trendy graphics..

Best Methods for Reaching People About Health Care. Across all populations that SNAHC might be seeking to reach, focus group participants suggested flyers/posters and networking through other community-based and assistance organizations. Other strategies varied by group.

Reaching Overall Community	Reaching Elders	Reaching Youth	Reaching Non-English Speakers
• Newsletters • Podcasts • Facebook, Instagram, Tik Tok, Snapchat • YouTube banner advertisements • Radio (102.5, 106.5, NPR) • Flyers/posters at schools and assistance organizations • Messaging at other clinics	• Word of mouth • Workshops/ podcasts • Incentivized messaging via contests • Outreach while helping Elders with home services (yard work) • Flyers in the mail • Facebook • Messaging in casinos	• Social media • Flyers/posters at school • Youth-focused messaging about storytelling and fun • Youth-focused messaging about concerns being private/safe at SNAHC • Incentivized messaging via contests	• Podcasts • Flyers, posters, and materials in different languages • Radio, especially 103.5 (Spanish) • La Familia Clinic • Washington Neighborhood Center • Messaging at other community-organizations

Overall Feedback About SNAHC Marketing. Overall feedback about SNAHC marketing and communications included the strength of the SNAHC newsletter and social media messaging. However, focus group participants said that it was confusing about whether or not SNAHC serves non-Native populations, and messaging could be improved to communicate this better.

Partner Organization Focus Group

Partner focus group participants were 4 individuals from community partner organizations throughout Sacramento.

Community Assets and Needs. Community assets and needs were identified by focus group participants and centered upon diversity being both a strength and areas for improved resources.

Community Assets	Community Needs
- Many experts in health care - Diversity in South Sacramento and larger Sacramento community - Community curiosity and acceptance about importance of child development and health - Desire to improve health of future generations - Perseverance - Strong sense of community within different groups (sexual, gender, racial, linguistic) - Collaborative spirit	- More primary care facilities and connections to mental health programs - Access to supports in different languages - More cultural competence among professionals working with different groups - Streamlined local referral processes - Less siloed health care and support - Reduced community racism - Greater housing and economic security for Sacramento residents and community members

Most Pressing Health Concerns of Clients. The most pressing health concerns of partner organization clients were COVID-19, trauma, mental health crises that impact physical health, obesity, poor nutrition, child abuse and neglect, dental care, and diabetes.

How Include Community in Decision-Making and Program Planning. Methods for including community in decision-making and program planning were plentiful and focused on engaging community members in organization volunteer and advisory opportunities.

Methods for Including Community in Decision-Making and Program Planning
- Community needs assessments   - Focus groups with patients/clients   - Patient advisory panels   - Patient surveys through MyChart patient portal   - Patients/clients as board members, staff, and volunteers   - Community-centered program development and implementation   - Outreach in Spanish and via platforms Spanish-speaking patients/clients use   - Promote programming and input through word of mouth

Recommendations and Action Items

Based on findings from this needs assessment, SNAHC will engage in the following activities to improve its services and community connections.

- Continue to support patients in COVID-19 given that half of patients have experienced job-related impacts from the pandemic. This includes seeking out opportunities to connect patients to technology-specific and economic assistance resources.
- Ensure that in-person communication and appointments are available during COVID-19 as many patients prefer it, even if they are tech-savvy and regularly accessing the internet.
- Continue to provide video-based appointments after COVID-19 for patients who prefer telehealth services. This will mean increasing internal capacity for video telehealth to support patient needs and quality of care.
- Improve internal scheduling system so that patients are able to attend two types of appointments during one visit; offer behavioral health and dental appointments consistently to new and existing medical patients.
- Improve community messaging about what SNAHC does and who the organization serves, especially in South Sacramento where the new facility will be located.
- Increase social media messaging about SNAHC dental services and the importance of dental care twice per year for patients under 21 years old and once per year for adults over 21 years old. Educate patients about safety protocols in place for dental care during COVID-19.
- Partner with local health systems to minimize patient visits to Emergency Departments; provide more education to patients about after-hours appointments and the benefits of primary and preventative care.
- Utilize COVID-19 vaccine clinic efforts to conduct outreach about SNAHC and health education about topics most requested by patients and community members, including nutrition, mental health, and diabetes education. When possible, leverage grant funding to support health education, particularly around nutrition.
- Ensure advertising about South Sacramento utilizes informal (flyers posters), social media, and large-scale (radio, billboards, television) communication approaches.
- Increase enrollment in Medi-Cal and understanding of share of cost for patients and community members who report cost as a barrier to care.
- Offer behavioral health services to Native youth with or without Medi-Cal.
- Increase training among front desk staff about how to minimize patient wait times by focusing conversations on patient care and other job-related topics.
- Provide patient and community education about SNAHC case management services, particularly for those who report personal circumstances like lack of housing and/or money to pay household costs.
- Provide transportation vouchers to support diversity of methods for attending patient appointments, including ride sharing and public transportation.
- Continue programs and supports for Native and mixed-race youth, including hiring providers from Native and mixed race backgrounds and inclusive group classes and services.
- Continue to offer volunteer and advisory opportunities to patients to engage patients in decision-making and program planning. Focus on hiring from the community and programs that develop skills in health equity so patients have opportunities to become staff at SNAHC in future.