



Sacramento Native American Health Center
2020 J Street, Sacramento, CA 95811
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www.snahc.org

Community Assessment Panel

The staff and Board of Directors of the Sacramento Native American Health Center, Inc. try to provide the best healthcare for our patients. We need your help to make it happen! We are looking for involved patients, community members, and partners to join our Community Assessment Panel and share your story.

The panel will consist of a group of committed health home members, patients, clients, caregivers, healthcare providers and community members. We will review programs and processes with the goal of improving the patient experience.

Members are asked to share their own opinions, knowledge, and experience about various topic areas. Some important skills of the panel members include:

- Good communication skills
- Able and comfortable working in groups with different people
- Genuine concern and commitment to improving services at SNAHC
- Solution focused
- Maintain confidentiality
- Communicate and share information with family, friends and the community

Applications are rolling but only nine people can participate at a time. Terms are for one year. Each person who agrees to participate on the Panel will sign a confidentiality statement and sign a commitment agreement. Membership is contingent on background check and health screening.

To participate, please complete the attached application and return to Kristine Gual, Chief Operating Officer, by fax at 916-498-9040 or email at kristine.gual@snahc.org. You will be contacted after review. Please contact Kristine with any questions at 916-341-0575.

Thank you for your interest!

Community Assessment Panel Application

Date: _____

Name: _____

Telephone: _____

Email Address: _____

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

- Health Home Member Patient Community Member Partner Agency
 Health Care Provider Patient Care Giver or Family Member
 Other (please specify): _____

How long have you been affiliated with SNAHC?

- < 6 months 6-12 months 1-2 years 2-4 years 4-7 years

What areas have you been most involved within the SNAHC organization?

- Medical Behavioral Health Dental Home Visitation
 Nutrition Community Events/Groups Other: _____

Why do you want to be involved on the panel (*please use another sheet, if necessary*)? _____

Skills, experience and interests (*Please check all that apply*):

- | | | |
|---|---|--|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Personnel, HR | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Policy development | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Education, teaching | <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Physical activity | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Grant writing or fundraising | <input type="checkbox"/> Outreach | <input type="checkbox"/> Traditional healing |
| <input type="checkbox"/> Community development | <input type="checkbox"/> Public relations | <input type="checkbox"/> Group training |
| <input type="checkbox"/> Lived experience relating to a health topic area | | |

Others: _____

How often would you be able to participate on the panel (*Please check all that apply*):

- Monthly Quarterly As Needed

Please tell us anything else that you would like to share about your commitment or interest to participate on the panel: _____

