SACRAMENTO NATIVE AMERICAN HEALTH CENTER

PATIENT AND COMMUNITY NEEDS ASSESSMENT SURVEY REPORT

2024

Background. Between October 2023 and January 2024, the Sacramento Native American Health Center (SNAHC) conducted a needs assessment with patients and community members to evaluate how SNAHC can continue meeting current needs of the community. Historically, needs assessments have revealed the need for added services, programming and specialties. Needs assessments are vital for understanding the priorities of patients and potential patients in the provision of Federally Qualified Health Center services, inclusive of medical, behavioral health, dental, specialty and supportive services. This report summarizes the findings from the SNAHC needs assessment **survey** and identifies the actions SNAHC will take to address these needs.

Introduction

In the interest of ensuring that SNAHC is continually meeting the needs of both patients and community members, survey data was collected to inform SNAHC's 2024 Needs Assessment. The data educates SNAHC and other stakeholders on the needs and use of health care services, both within SNAHC and externally. For both patients and community members, the data includes demographic information, an overview of their health and health needs, access to health care, traditional health needs, use of health care services and community health needs. Patients were also asked about the use of virtual health care.

Methods

Between October 2023 and January 2024, the Sacramento Native American Health Center (SNAHC) conducted the survey portion of SNAHC's 2023 Needs Assessment among patients and community members. The data comes from 318 patients and 73 community members (non-patients) who are all 18+ years old and live in Sacramento County. Patient surveys were collected through two different methods. One by secure survey link sent out through SNAHC's electronic patient management system and the other by in-person printed surveys in the patient lobbies at SNAHC J Street and SNAHC Florin Road. Community surveys were collected electronically with the help of community partner organizations using a secure survey link and paper surveys.

Demographic information

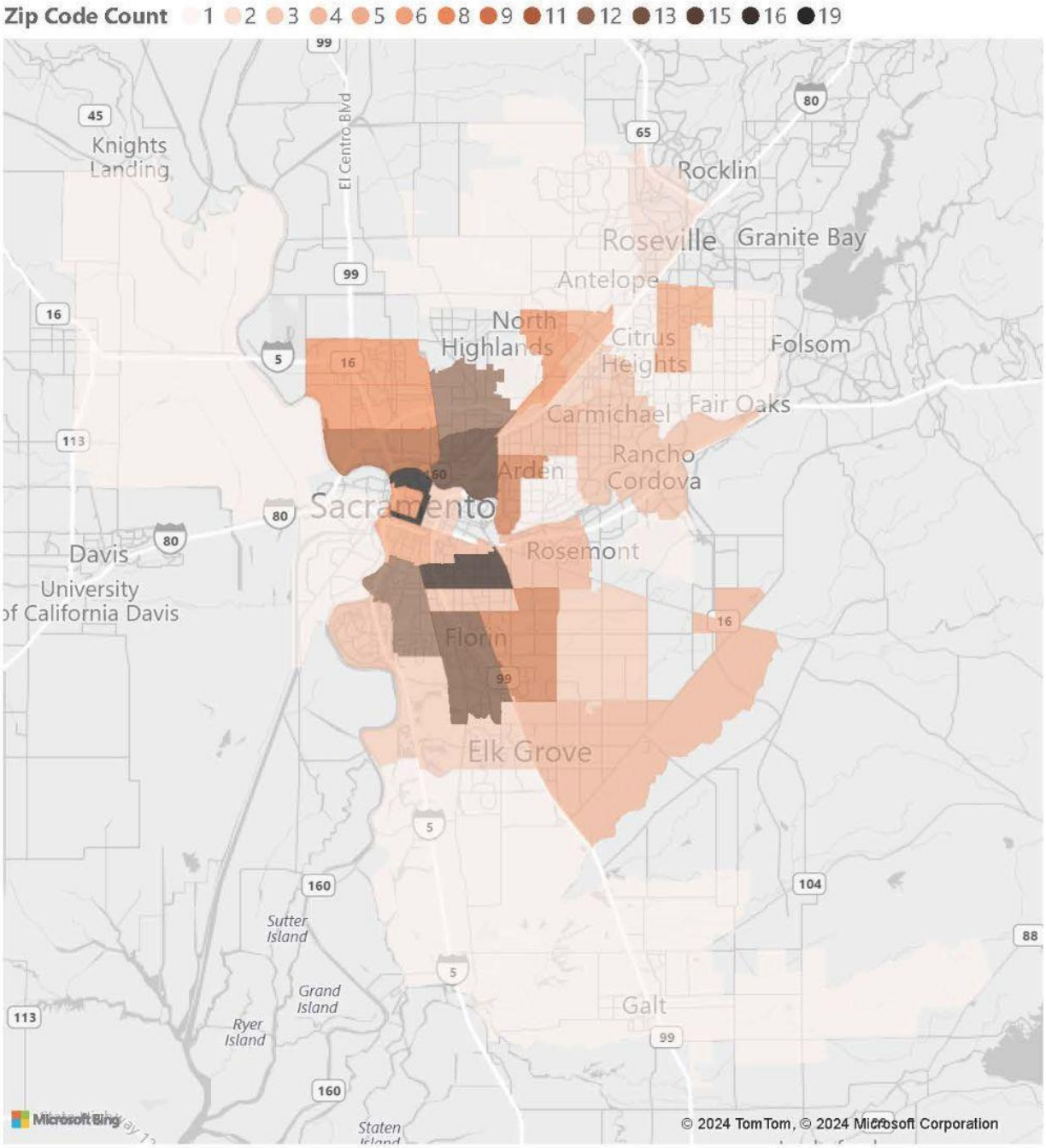
Demographic information for SNAHC patients and community members is presented across three tables and the five graphs. A higher percentage of community members identified as American Indian and Alaska Native (AI/AN) within the community sample; however nearly a third of patients who completed the survey were AI/AN, reflecting robust feedback across both samples. A larger percentage of patients identified as Hispanic than community members, but education levels across both samples were comparable. Among patients, a lower percentage reported being employed. English was the primary language spoken by all, although in the patient population, Spanish, Amharic, Dari, Farsi, Punjabi, and Urdu were reported. An additional primary language spoken by community members was Hmong.

Demographic Information	Patient	Community
Identifies as Hispanic	38.5%	16.7%

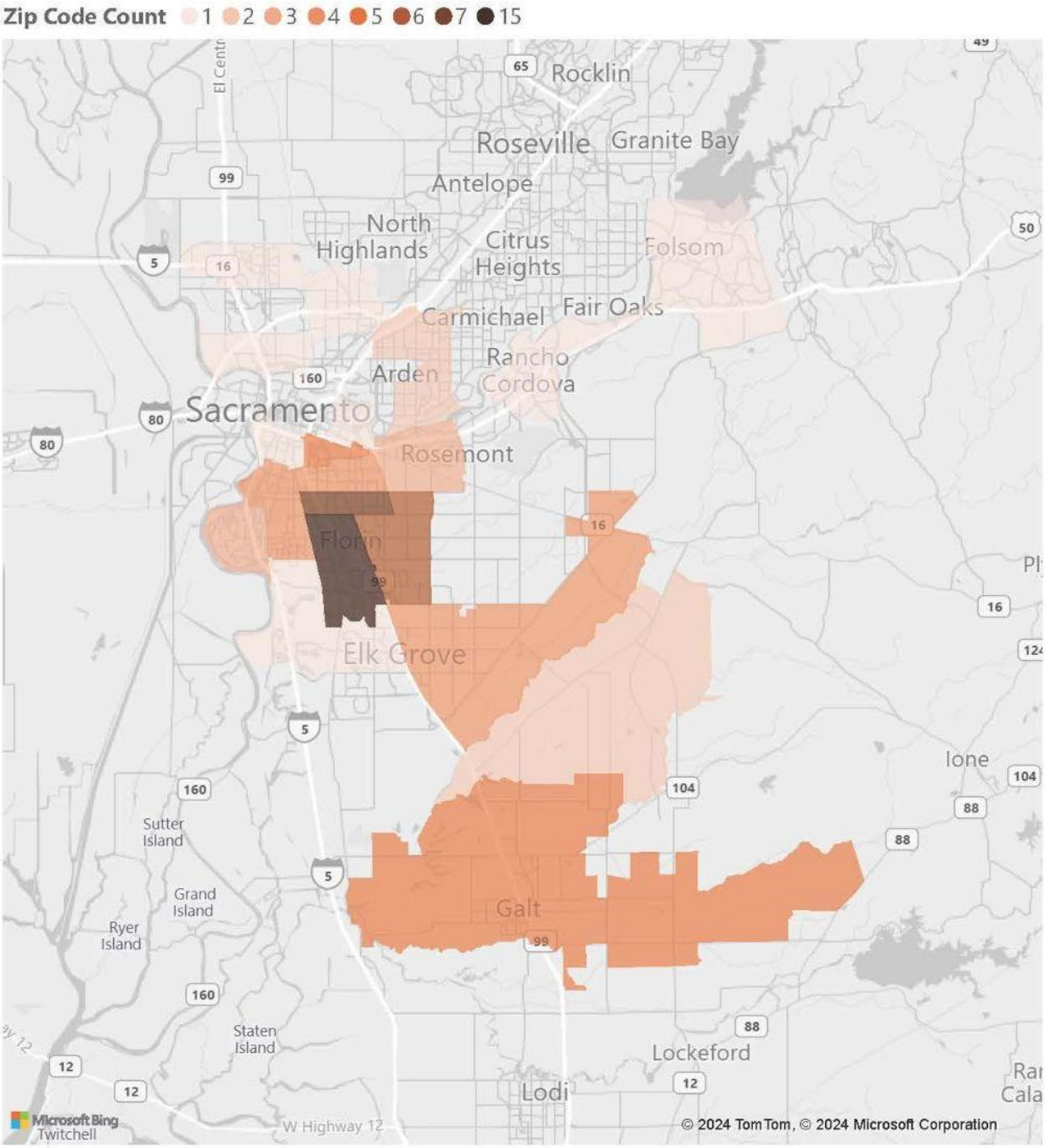
Identifies as AI/AN (tribally enrolled or self-identified)	33.6%	63.8%
Education: High school or more	86.8%	86.3%
Employed	40.2%	59.7%
English as primary language	85.8%	94.4%

Heat Map of Participants' Residency by Zip Code. The maps below showcase survey participant zip codes for patients (n=236) and community members (n=72).

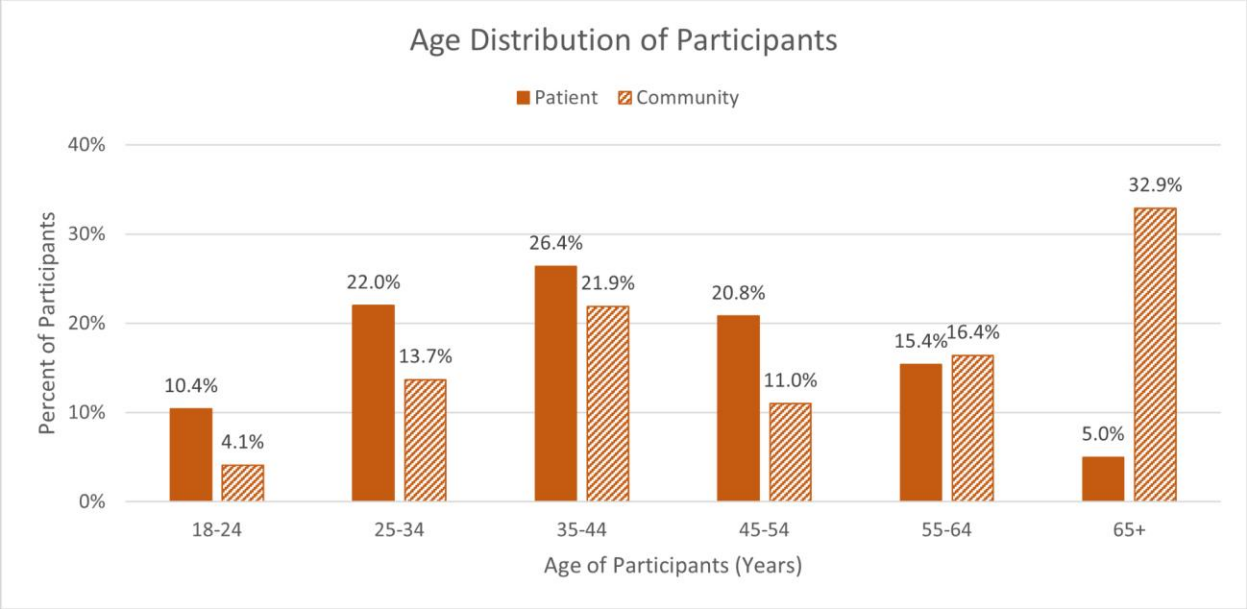
Patient Participants Distribution by Zip Code



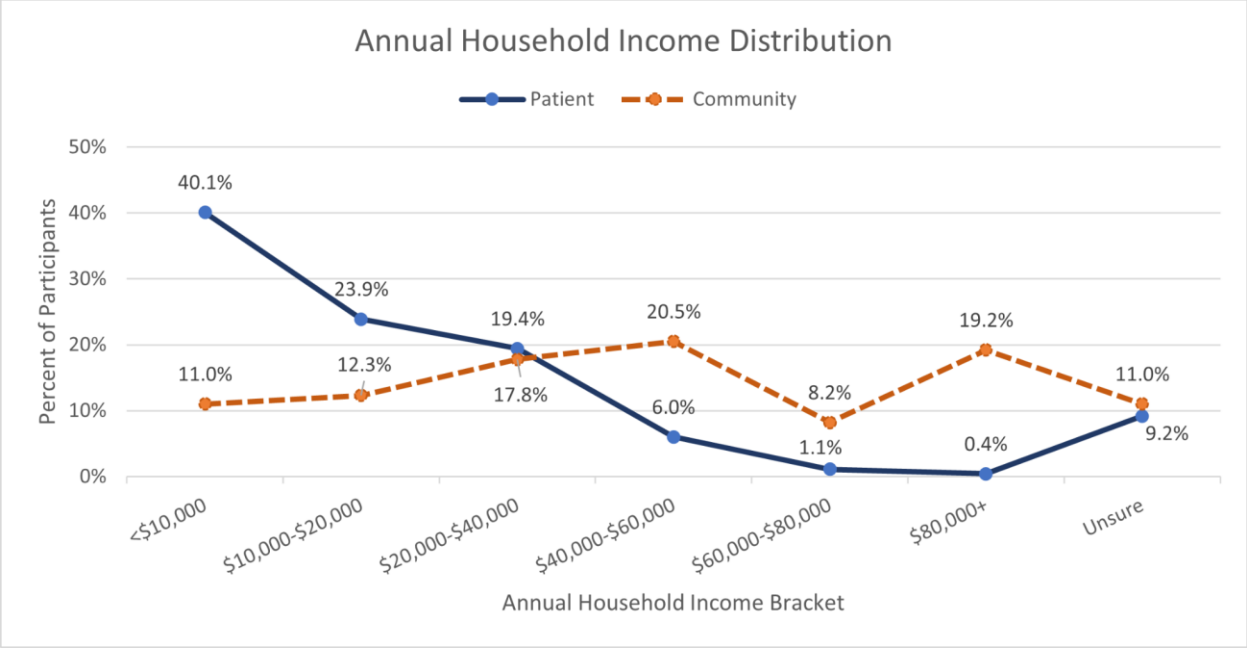
Community Participants Distribution by Zip Code



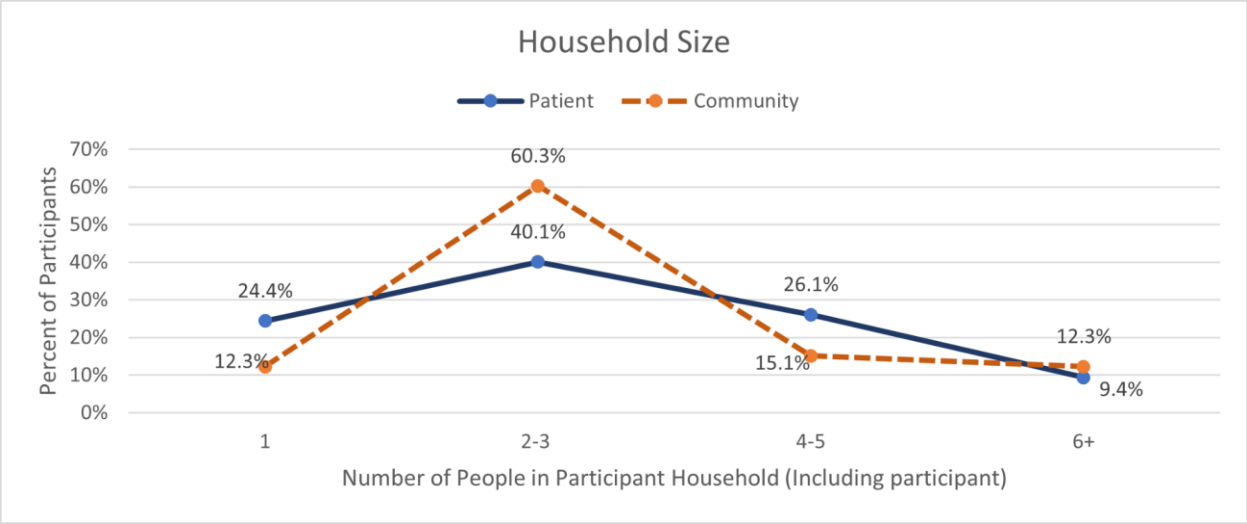
Age. A normal distribution curve between the six age brackets can be seen with patient participants, compared to community participants where individuals 35-44 and 65+ years old made up almost 55% of respondents.



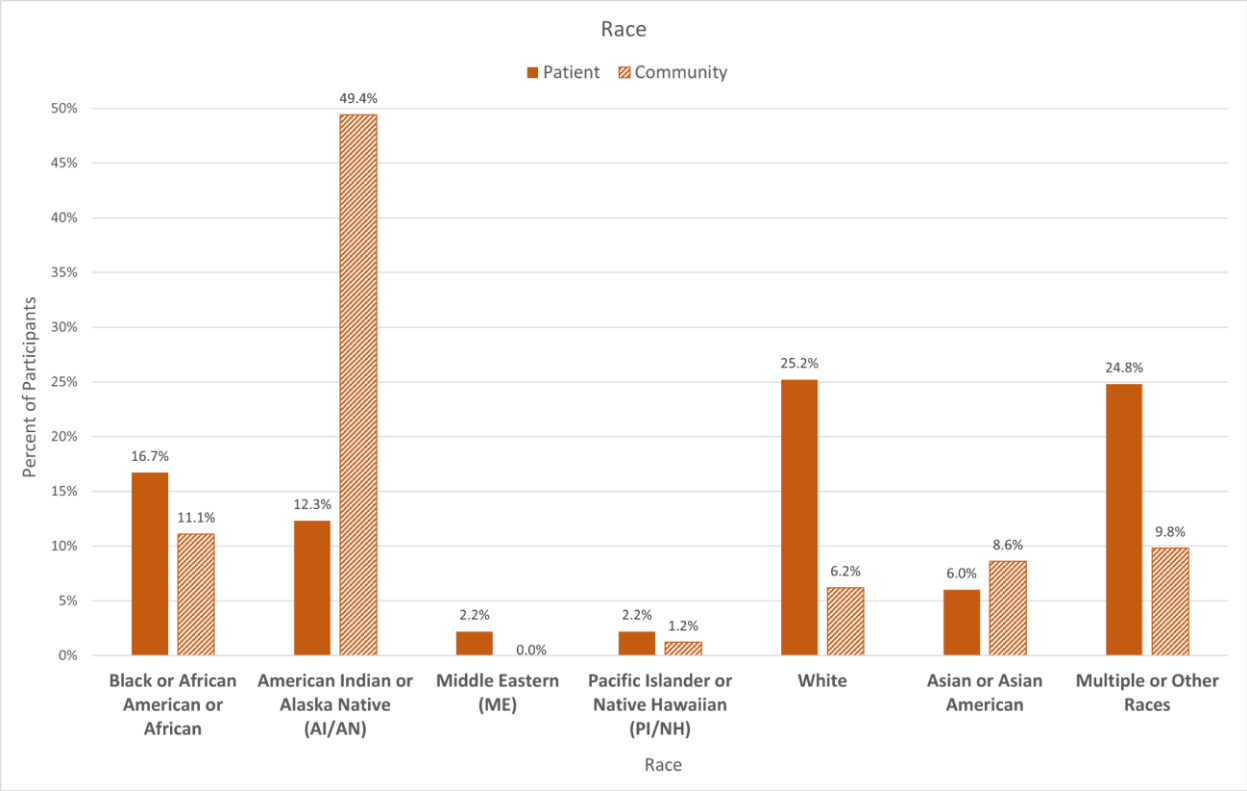
Income. Annual household income for patients represented an inverse trend: as the income bracket increased, the percentage of participants decreased. In contrast, there was consistent representation across income brackets for community members.

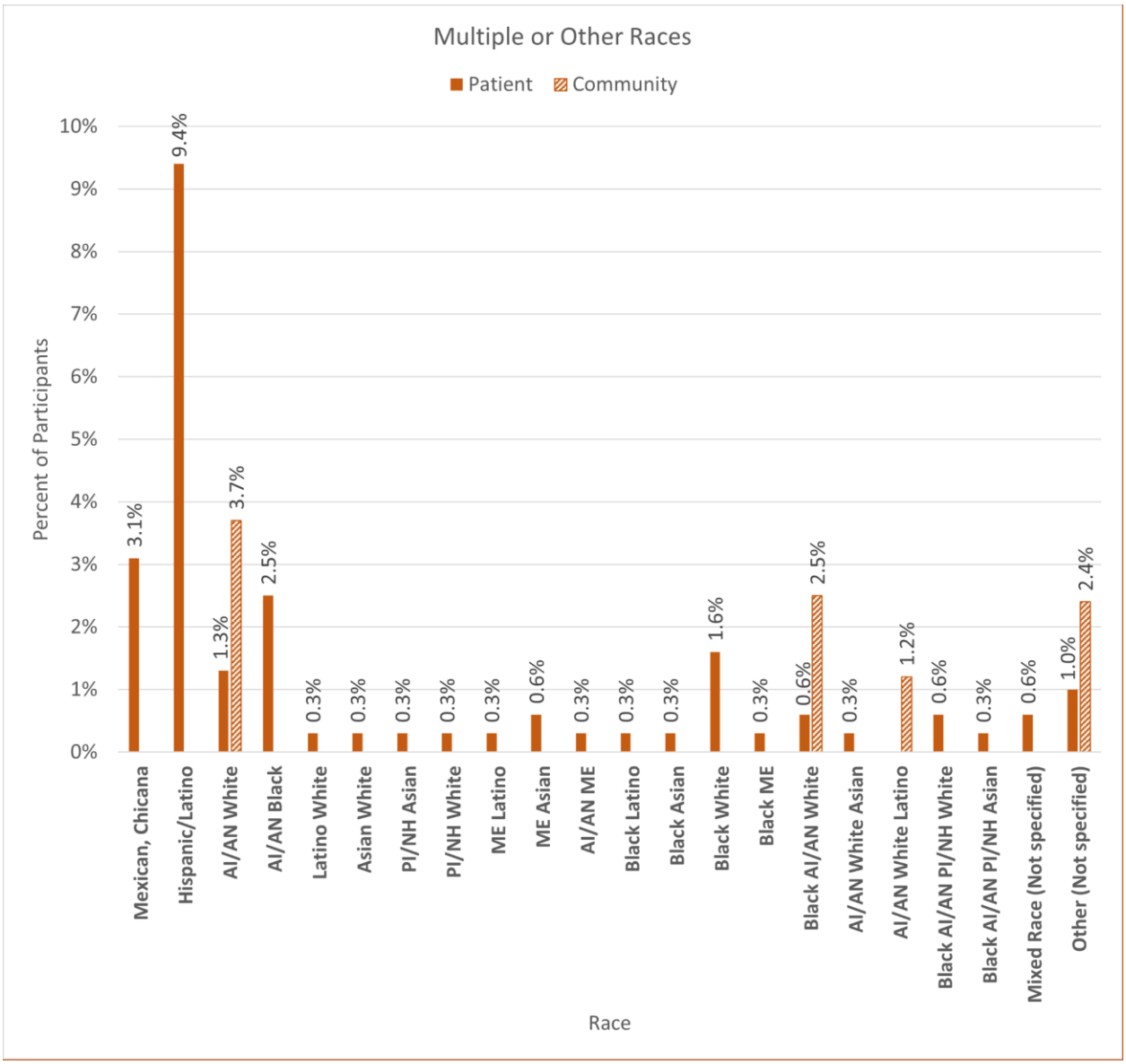


Household Size. 2-3 residents were the mode household size between patients and community participants.



Race. All respondents were instructed to select all races that apply to them. For the patient survey, patients primarily identified as Black or African American or African; AI/AN; White and other specified race(s). For community, the majority of participants were AI/AN. Representation for patient participants is largely comparable to the SNAHC patient demographic as a whole.



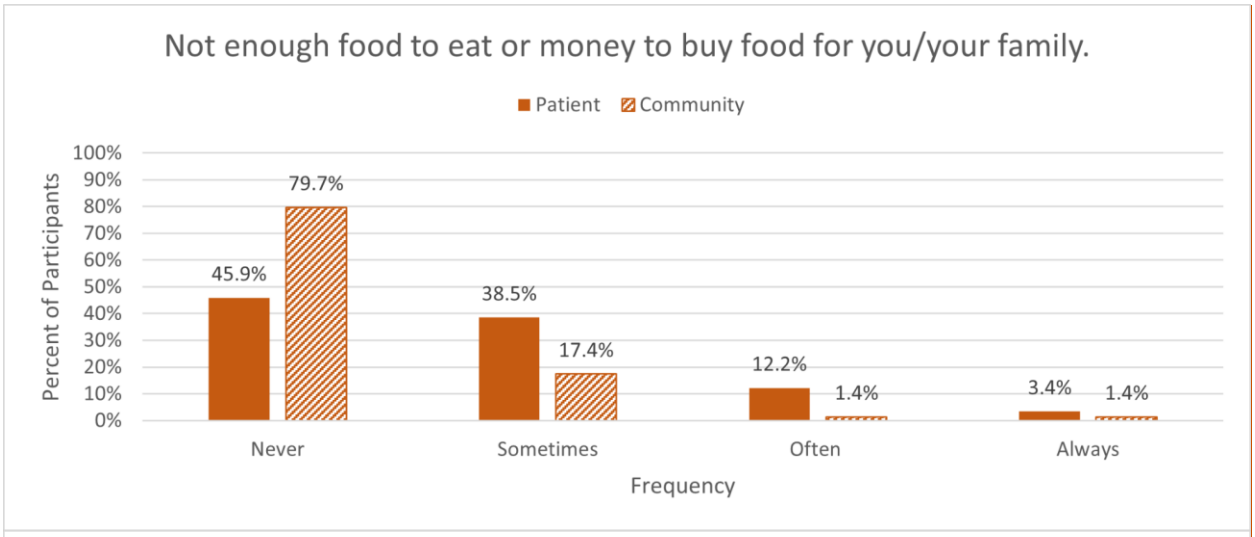

Multiple or Other Races
Patient
Community
Percent of Participants
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
3.1%
9.4%
1.3%
3.7%
2.5%
0.3%
0.3%
0.3%
0.3%
0.3%
0.6%
0.3%
0.3%
0.3%
1.6%
0.3%
0.6%
2.5%
0.3%
1.2%
0.6%
0.3%
0.6%
1.0%
2.4%
Mexican, Chicana
Hispanic/Latino
AI/AN White
AI/AN Black
Latino White
Asian White
PI/NH Asian
PI/NH White
ME Latino
ME Asian
AI/AN ME
Black Latino
Black Asian
Black White
Black ME
Black AI/AN White
AI/AN White Asian
AI/AN White Latino
Black AI/AN PI/NH White
Black AI/AN PI/NH Asian
Mixed Race (Not specified)
Other (Not specified)
Race

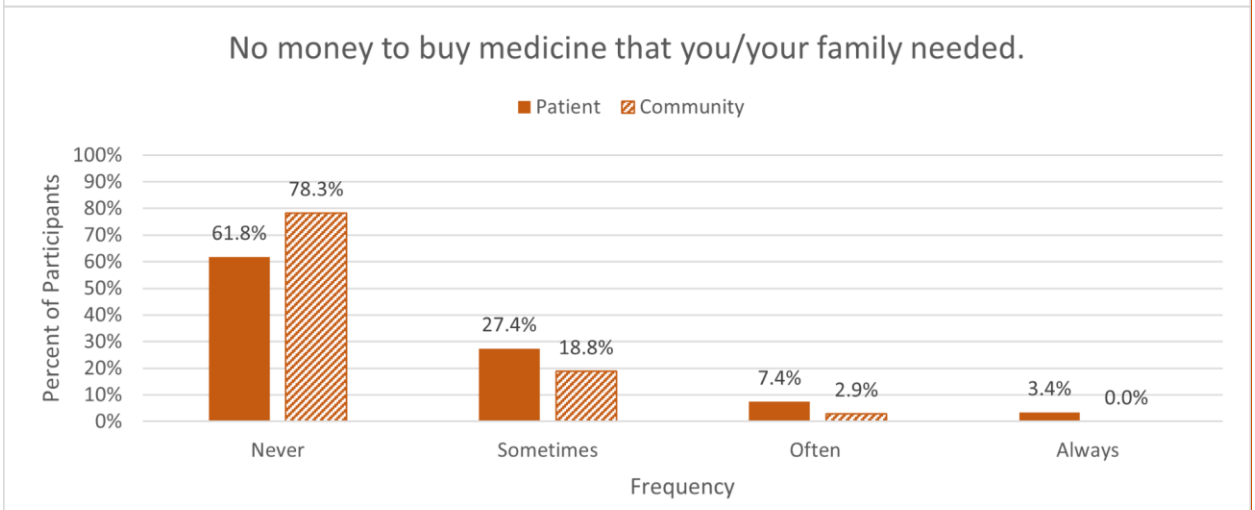
Gender and Sexual Orientation. Both patients and community primarily identified as men or women and heterosexual/straight. For both gender and sexual orientation, participants were instructed to select “all that apply” to them.

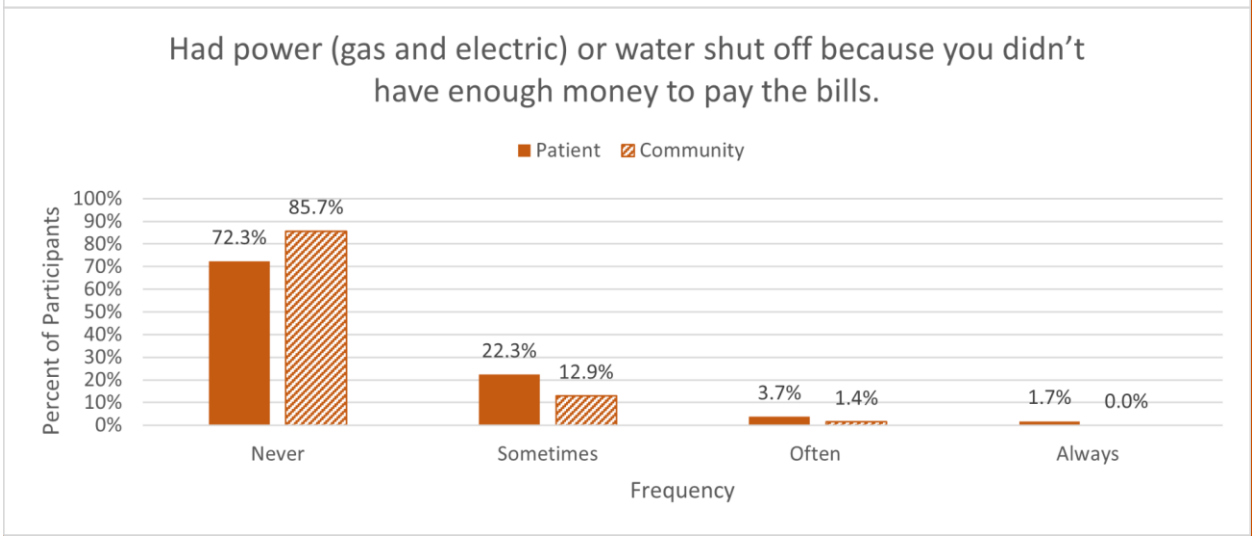
Gender	Patient	Community
Man	19.8%	28.8%
Woman	**61.3%**	**64.4%**
Transgender man	1.3%	0.0%
Transgender woman	1.3%	0.0%
Queer	0.9%	0.0%
Gender non-conforming	0.3%	1.4%
Gender fluid	0.6%	0.0%
Non-binary	0.6%	1.4%
Two-spirit	0.3%	1.4%
Prefer not to answer	0.9%	4.1%
Other	0.6%	1.4%

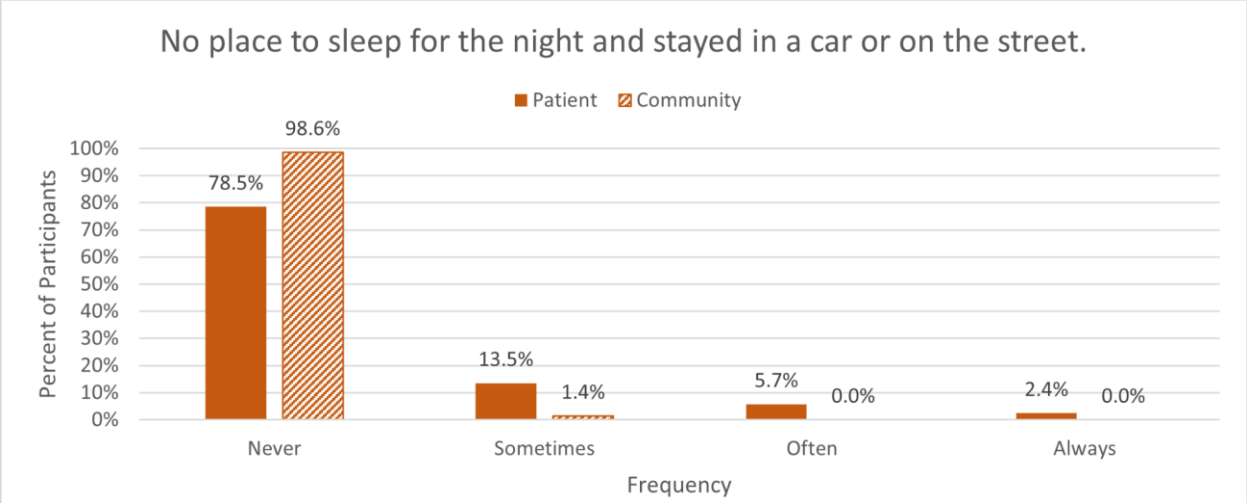
Sexual Orientation	Patient	Community
Straight or heterosexual	**67.0%**	**89.0%**
Lesbian	3.5%	2.7%
Gay	0.6%	1.4%
Bisexual	7.9%	0.0%
Pansexual	2.2%	0.0%
Queer	1.9%	0.0%
Asexual	0.3%	0.0%
Prefer not to answer	8.5%	5.5%
Other	0.9%	1.4%

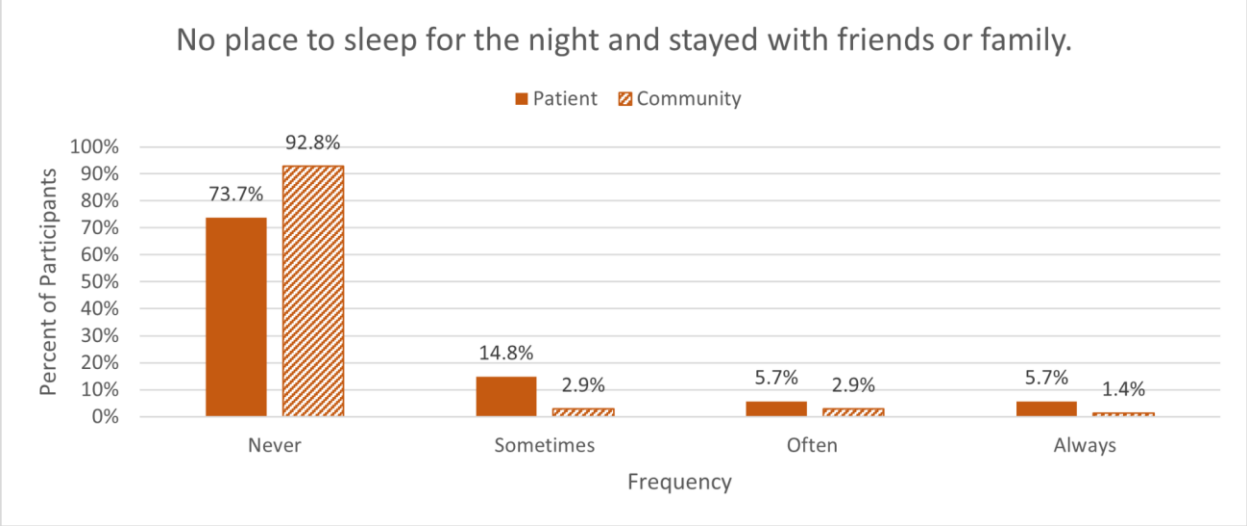
Personal Circumstances. The following 6 tables reveal participant data on personal circumstances including food and housing insecurity and their ability to access medicine and transportation that they needed. The most frequently reported circumstances for patients were not having enough food to eat or money to buy food for themselves/their family and not having enough money for transportation. Over 50% of patients responded with "not enough food or money to buy food” at least sometimes. Over 50% of patients responded with "not enough money for transportation" at least sometimes and nearly 20% reported often or always.

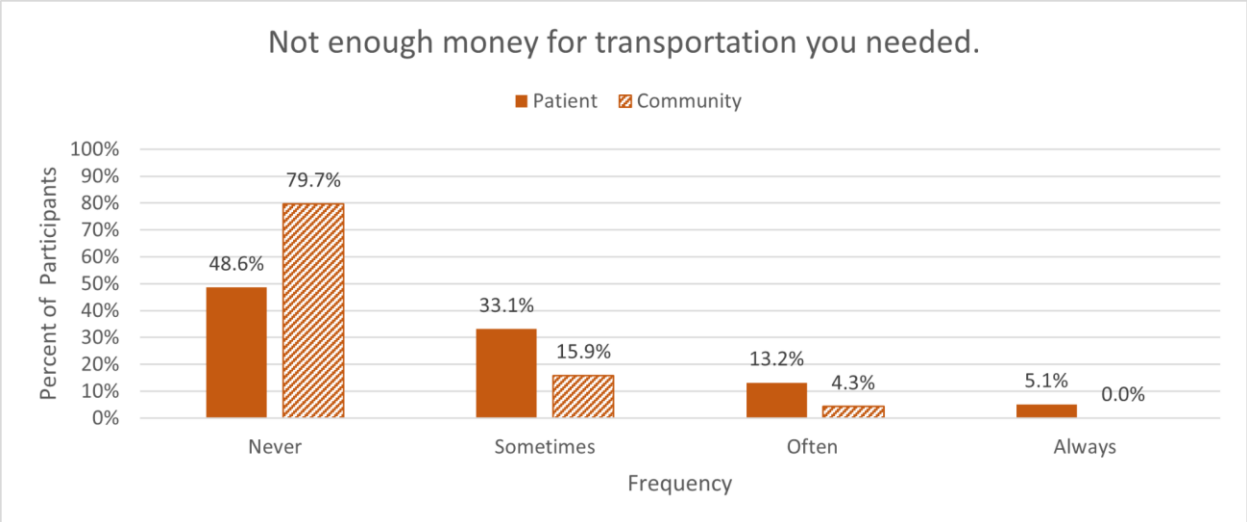

Not enough food to eat or money to buy food for you/your family.
Patient
Community
Percent of Participants
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
45.9%
79.7%
38.5%
17.4%
12.2%
1.4%
3.4%
1.4%
Never
Sometimes
Often
Always
Frequency


No money to buy medicine that you/your family needed.
Patient
Community
Percent of Participants
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
61.8%
78.3%
27.4%
18.8%
7.4%
2.9%
3.4%
0.0%
Never
Sometimes
Often
Always
Frequency


Had power (gas and electric) or water shut off because you didn't have enough money to pay the bills.
Patient
Community
Percent of Participants
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
72.3%
85.7%
22.3%
12.9%
3.7%
1.4%
1.7%
0.0%
Never
Sometimes
Often
Always
Frequency

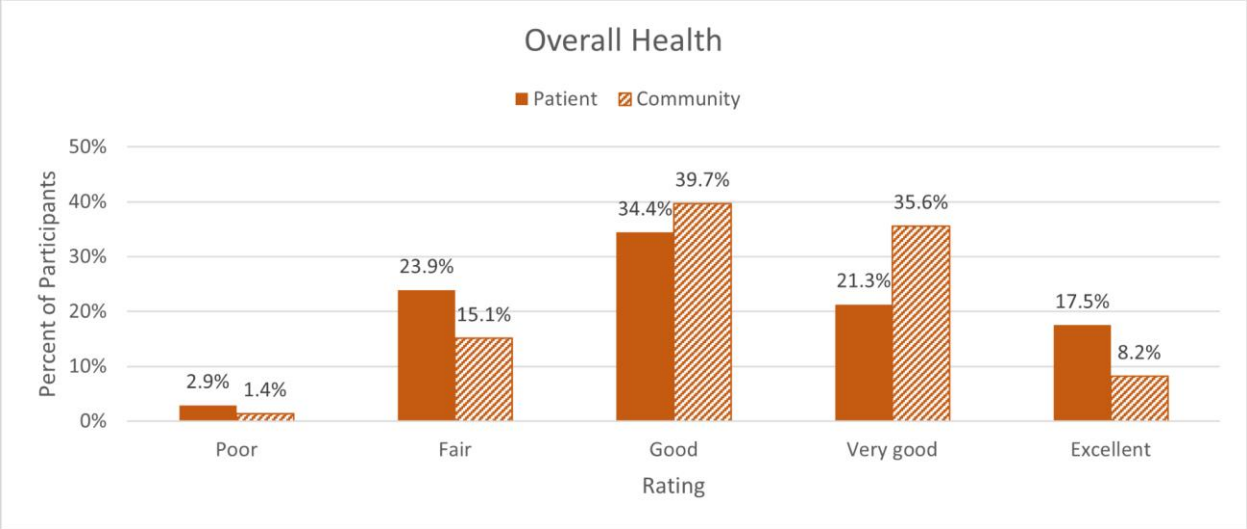

No place to sleep for the night and stayed in a car or on the street.
Patient
Community
Percent of Participants
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
78.5%
98.6%
13.5%
1.4%
5.7%
0.0%
2.4%
0.0%
Never
Sometimes
Often
Always
Frequency

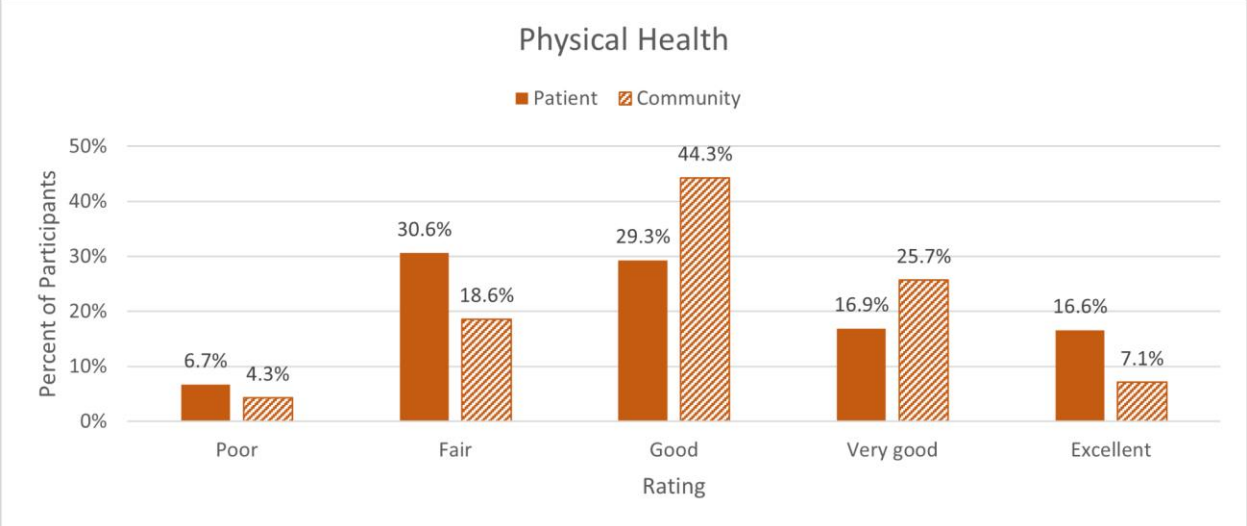

No place to sleep for the night and stayed with friends or family.
Patient
Community
Percent of Participants
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
73.7%
92.8%
14.8%
2.9%
5.7%
2.9%
5.7%
1.4%
Never
Sometimes
Often
Always
Frequency

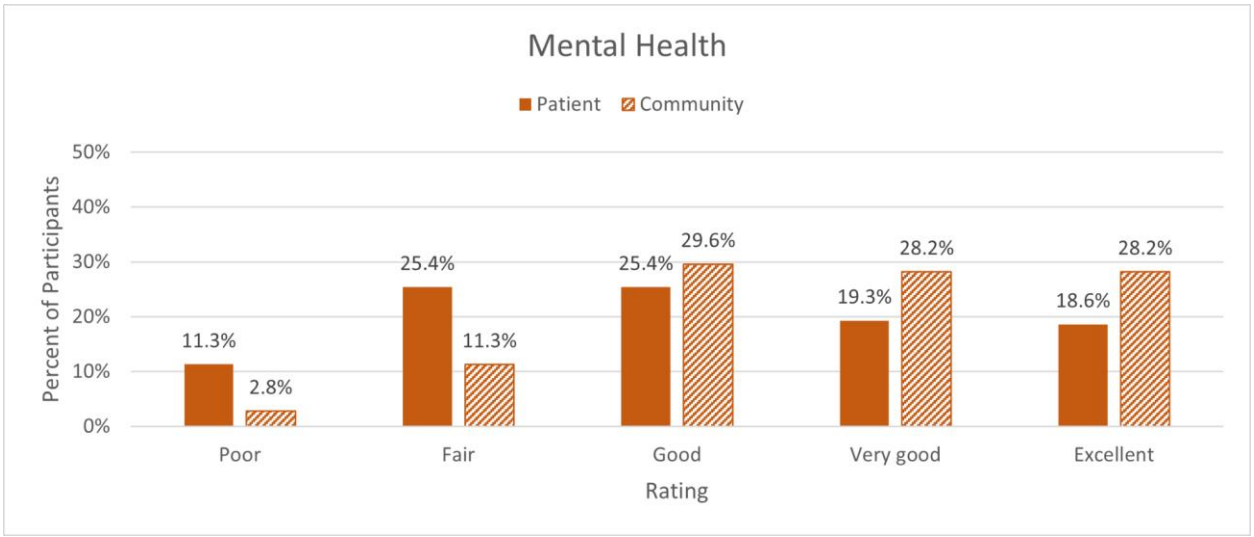

Not enough money for transportation you needed.
Patient
Community
Percent of Participants
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
48.6%
79.7%
33.1%
15.9%
13.2%
4.3%
5.1%
0.0%
Never
Sometimes
Often
Always
Frequency

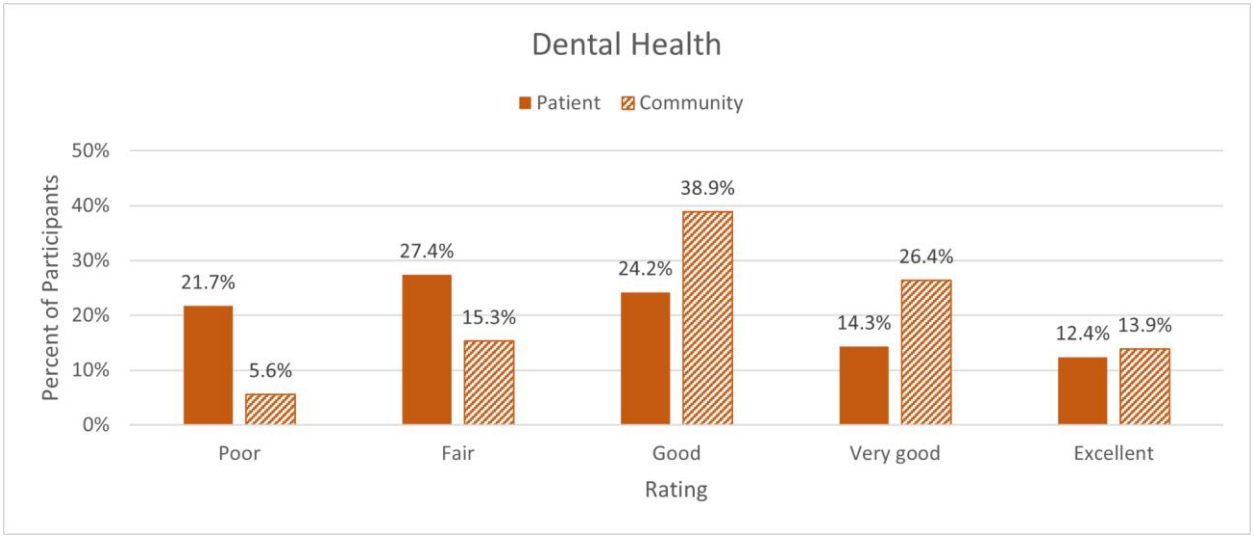
Health and Health Needs

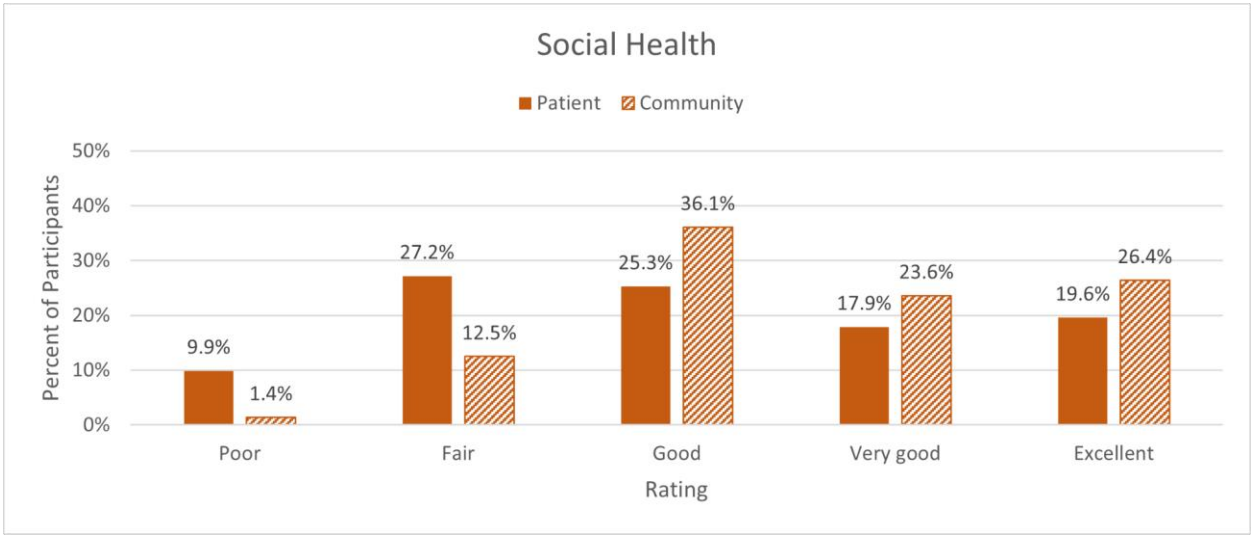
Health Ratings. For community members, the most frequent rating across overall, physical, mental, dental and social health was “good”. Notably, for mental health in particular, community ratings for “good”, “very good” and “excellent” were all very close in frequency. Health ratings by patients varied more than by community. For overall health, the most common rating was “good”, however, patients generally tended to self-report their health less positively than their community counterparts. This aligns with the finding that patients reported managing multiple health diagnoses more frequently than community members.






Mental Health
Patient
Community
Percent of Participants
50%
40%
30%
20%
10%
0%
11.3%
2.8%
25.4%
11.3%
25.4%
29.6%
19.3%
28.2%
18.6%
28.2%
Poor
Fair
Good
Very good
Excellent
Rating


Dental Health
Patient
Community
Percent of Participants
50%
40%
30%
20%
10%
0%
21.7%
5.6%
27.4%
15.3%
24.2%
38.9%
14.3%
26.4%
12.4%
13.9%
Poor
Fair
Good
Very good
Excellent
Rating

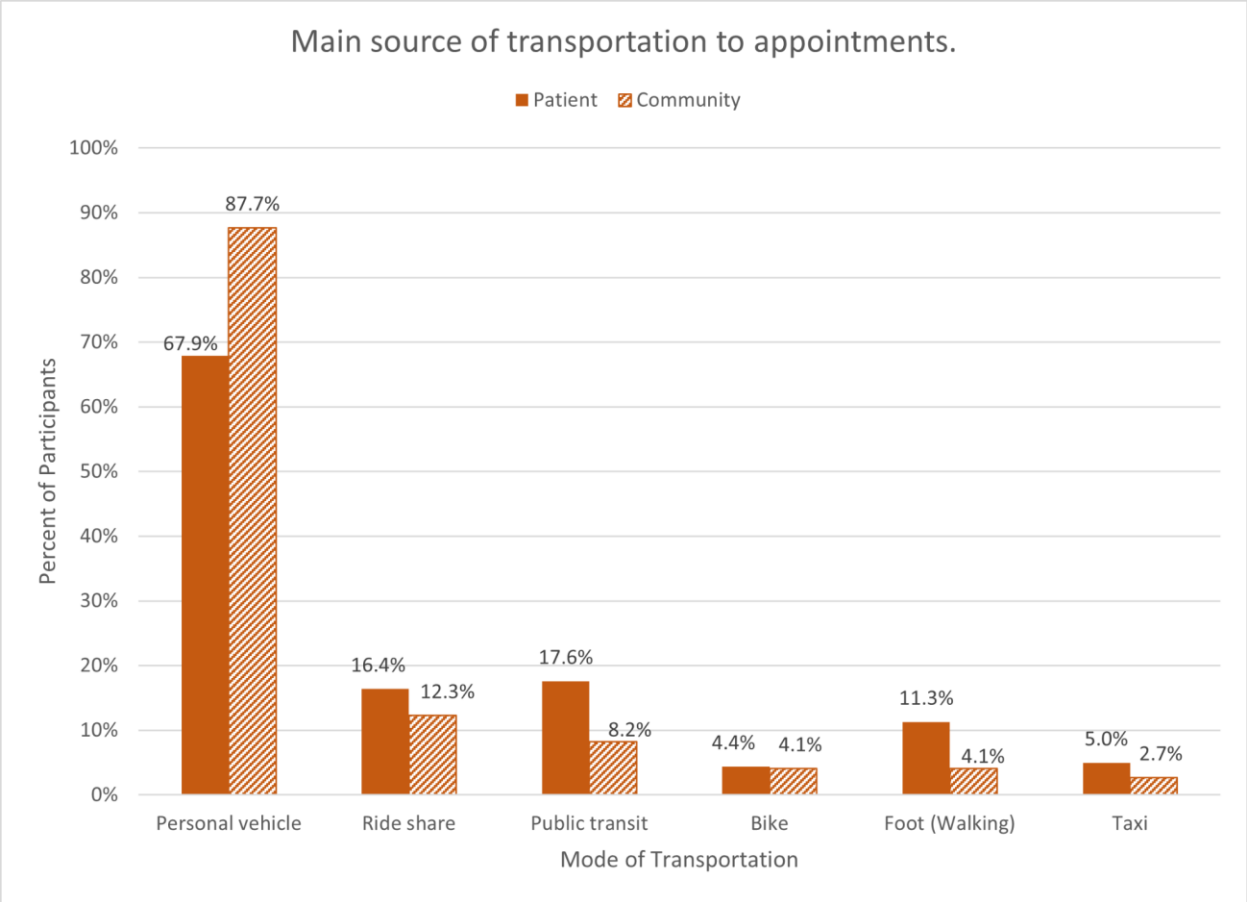

Social Health
Patient
Community
Percent of Participants
50%
40%
30%
20%
10%
0%
9.9%
1.4%
27.2%
12.5%
25.3%
36.1%
17.9%
23.6%
19.6%
26.4%
Poor
Fair
Good
Very good
Excellent
Rating

	Patient	Community
Managing Multiple Health Diagnoses	50.9%	43.8%

	Patient	Community
Would Use Case Manager in Health Care Navigation	56.0%	45.2%

Access to Health Care

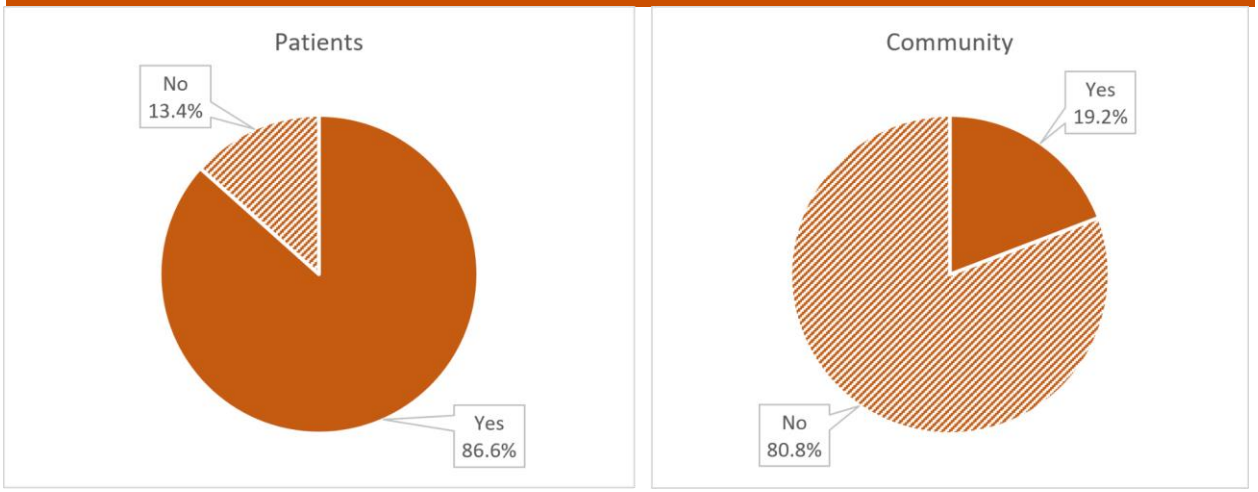
Transportation to Appointments. Participants shared their primary method(s) of transportation to health care appointments. Personal vehicle was the primary mode of transportation for both patients and community, though nearly one-sixth of patients report using rideshare or public transportation to attend appointments, and one-tenth of patients report walking to their appointment. Additionally, SNAHC internal data shows that 13.1% of our patients rely on health insurance transportation. *Note:* Because respondents were instructed to select "all that apply," percentages across methods of transportation will not equal 100%.



Barriers to Health Care.
To gain an overview on patient and community barriers to care, data was collected on cultural barriers, transportation, language differences, cost, childcare and after-hours/emergent needs as obstacles to health care.

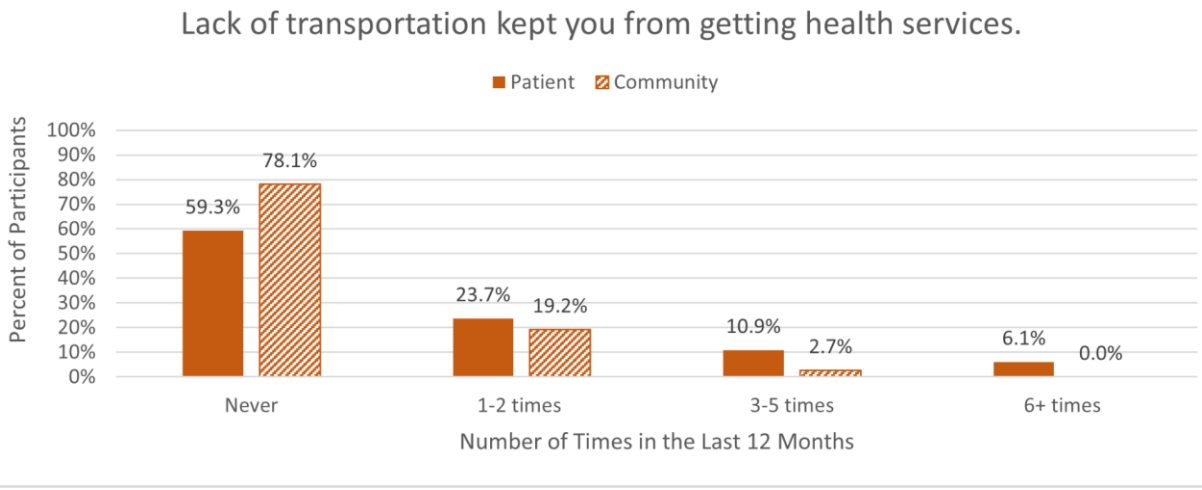
Cultural Barriers. A total of 86.6% of patient respondents said finding a culturally informed provider kept them from getting health services in the last 12 months, illustrating a desire for culturally-informed care. However, for community members, this was not identified as a barrier. Data explaining why patients choose SNAHC for care (see table on pp. 18-19) revealed that 78.5% of patients feel their culture and cultural background(s) are respected at SNAHC and 71.6% say the staff reflect them and their community.

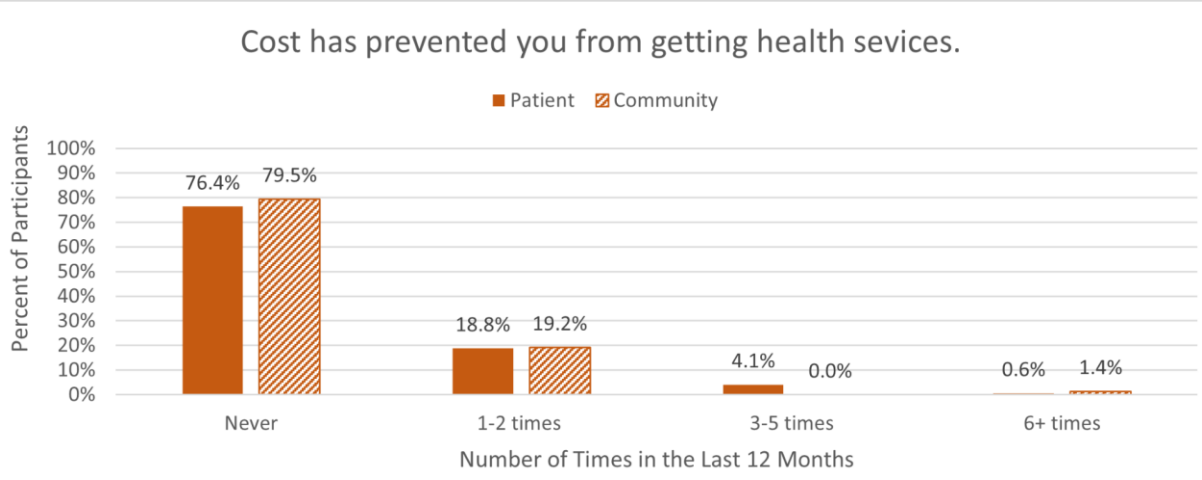
Barriers to Health Care in Past 12 Months: Finding Culturally-Informed Providers

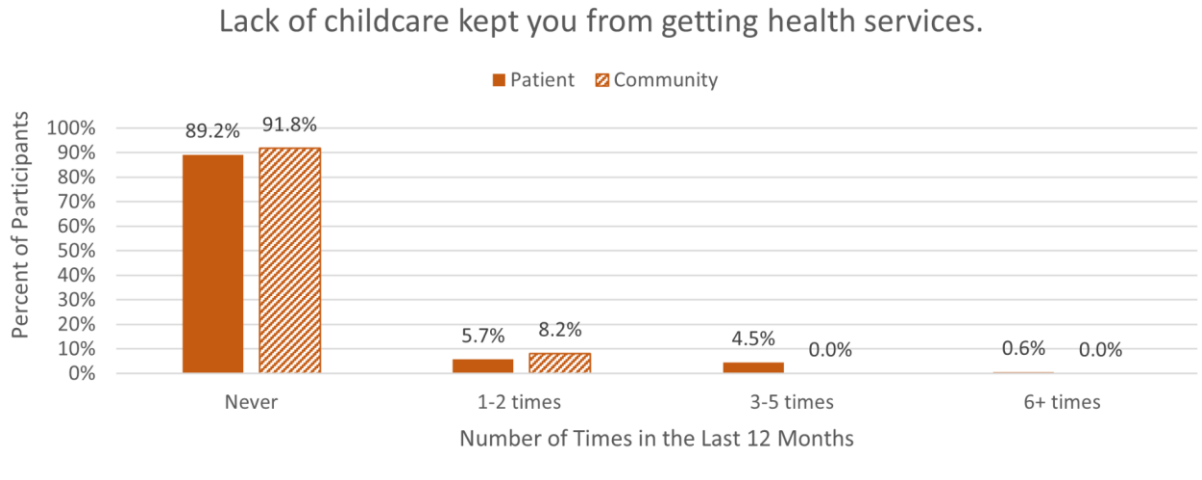


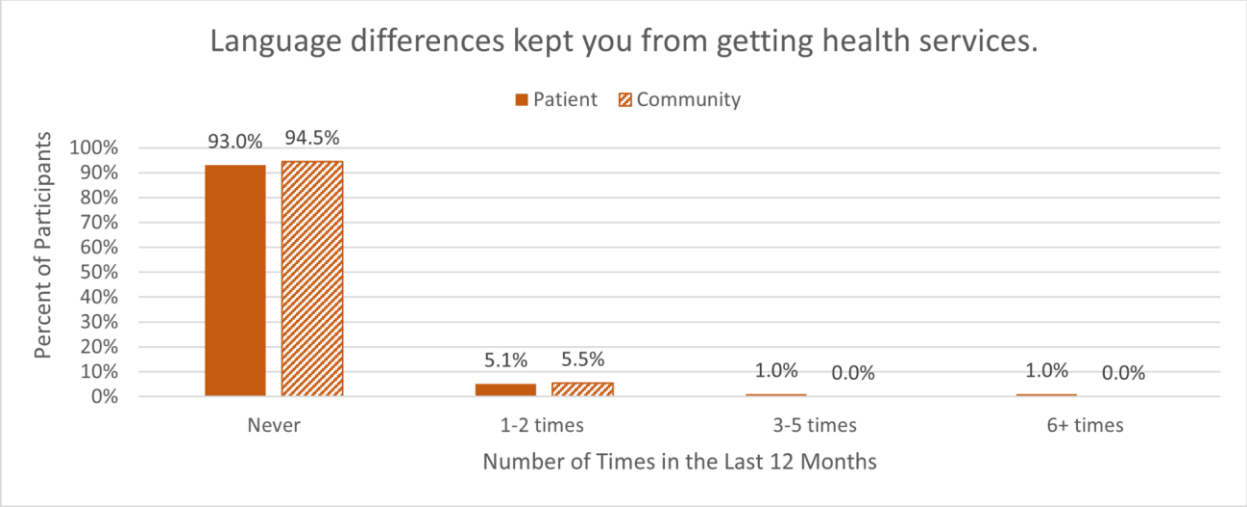
Transportation, Cost, Childcare and Language. For both patients and community, the most common response for transportation, language, cost and/or childcare as a barrier in the last 12 months was "never". For *transportation*, **40.7%** of patients and **21.9%** of community reported this as a barrier in seeking care at least once in the past 12 months. **23.6%** of patients and **20.5%** of community said *cost* kept them from getting health care at least once in the last 12 months. **10.8%** of patients and **8.2%** of community reported a *lack of childcare* being a barrier to them seeking care in the last 12 months at least once. Only **7%** of patients and **5.5%** of community reported *language differences* keeping them from health care in the last 12 months at least once, although it is unknown whether the barrier was resolved or exacerbated by the requested services. This closely aligns with SNAHC patient data showing that **8.1%** of SNAHC patients requested translation services. Between these four barriers, transportation was the biggest obstacle for patients and community in the last 12 months.

Barriers to Health Care in Past 12 Months: Transportation, Cost, Childcare, Language



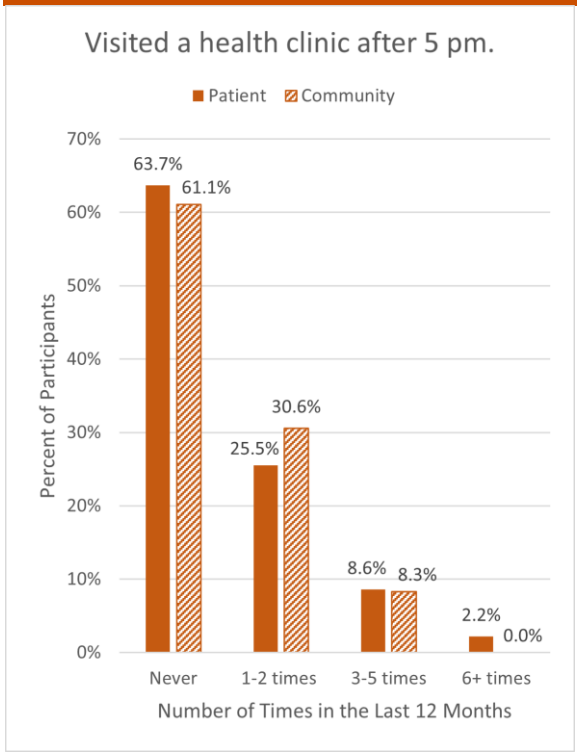


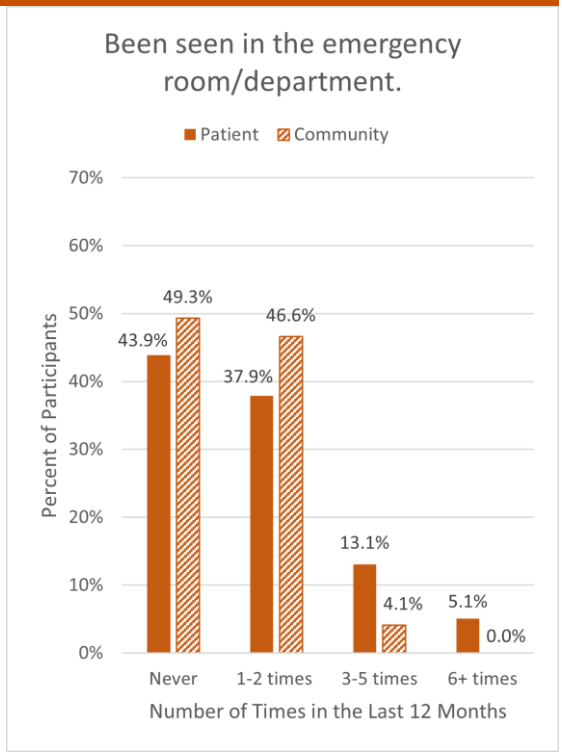




After-Hours and Emergency Care. 36.3% of patients and 38.9% of community said that they visited a health clinic after 5 pm within the last 12 months at least once. A higher percentage of patients and community members said that they've been seen in the emergency room/department in the last 12 months at least once. Of the 56.1% of patients who said they've been to the emergency room in the last 12 months, 68% said they went 1-2 times, 23% said they went 3-5 times, and 9% said they went 6 or more times. Of the 50.7% of community who said they've been to the emergency room in the last 12 months, 92% said they went 1-2 times, 8% said they went 3-5 times, and 0% said they went 6 or more times.

Received After-Hours and Emergency Care in Past 12 Months





Barriers to Dental Care. All respondents were instructed to select all that apply to identify their barriers to dental care. Both patients and community reported scheduling difficulties as the most common barrier to dental care. Patient responses for dental barriers ranged between 6.9% to 36.8%, and for community it ranged between 4.1% and 26%. For the 4.1% of community members who reported no Medi-Cal coverage, 6.8% reported having it 1-2 years ago, 4.1% reported having it 3-5 years ago. 13.7% reported having it 6 or more years ago, and 38.4% reported never having it. 37% of community members reported having it this year.

Barriers to Dental Care	Patient	Community
Can't find a provider	15.1%	4.1%
Scheduling difficulties	36.8%	26.0%
Care is too far	6.9%	6.8%
No Medi-Cal coverage	9.4%	4.1%
Cost too much	15.1%	21.9%
Something else	16.7% Mental health struggles; fear of dentist; no transportation, personal (in-home violence)	9.6% Transition from kids to adult dentist; prior negative experience with dentist; time

Traditional Health Care

Traditional Health and Medicine. Among patients, interest was most frequently reported for food sovereignty education followed by in-person cooking demonstrations and online cooking demonstrations. The most frequently requested culture-based services for community members were Gathering of Native Americans (GONA), talking circles about nutrition, and food sovereignty education. Across both samples, the majority of participants indicated they would buy herbal remedies from SNAHC if they were made available for purchase.

Culture-Based Services	Patient	Community
Food sovereignty education (gardening, canning, dehydrating)	35.5%	39.7%
Talking Circles about nutrition & traditional foods	30.2%	38.4%
Gathering of Native Americans (GONA)	24.8%	43.8%
Red Road to Recovery	12.9%	13.7%
Sweat lodge ceremonies	20.1%	21.9%
Community meals	31.1%	37.0%
In-person kitchen/cooking demonstrations	32.4%	37.0%
Online kitchen/cooking demonstrations	31.1%	30.1%

Herbal Remedies for Purchase	Patient	Community
Would buy herbal remedies from SNAHC if made available for purchase	76.3%	63.0%

Use of Health Care Services *Patients Only.*

Other Services Used in South Sacramento (Florin Patients Only). Patients who receive services at SNAHC Florin Road were asked about other services that they receive in South Sacramento. 31.1% reported accessing social services, 16% reported accessing legal services, and 17.6% reported accessing financial services. Other services patients reported accessing in the area were: Acupuncture, behavioral health, urology, cultural gatherings, housing, EBT, SacWorks, and "education/Highlands."

Why Choose SNAHC for Health Care. Trust, affordability, welcoming/caring/respectful, variety of services, comfort and familiarity with SNAHC were all reported by over 80% of patients as reasons they choose SNAHC for care. Proximity, insurance assignment, can't get dental care elsewhere, help finding work/housing, and friends/family are SNAHC members were identified as reasons for choosing SNAHC by less than 50% of respondents.

Reasons for Coming to SNAHC	
I was assigned to SNAHC by insurance company	40.3%
I fill out less paperwork at SNAHC than elsewhere	51.7%
My home/school/work is close to SNAHC	44.4%
I can come to one place to receive various services	**83.8%**
I can't get dental care other places	24.1%
My appointments are easy to schedule	79.1%
I come to see a particular health care provider	57.3%
I'm offered unique services at SNAHC	62.9%
I'm offered comprehensive services at SNAHC	63.7%
My friends and/or family are SNAHC members	49.3%
I am familiar with SNAHC	**80.8%**
I feel comfortable and welcome in the buildings	**90.4%**
The services I need and use are affordable	**81.5%**
I feel a sense of belonging and/or community	71.3%
The quality of the services I receive are higher than elsewhere	65.7%

I feel welcomed by the reception staff	**86.1%**
I trust the health care providers at SNAHC	**87.5%**
I can access the services I need virtually	58.6%
My culture & cultural background are respected at SNAHC	78.5%
The staff at SNAHC reflect me and my community	71.6%
I feel cared for and respected by SNAHC staff	**88.1%**
I can get help finding housing	27.1%
I can get help finding work	25.1%
SNAHC serves my whole needs as a person	74.9%

Services Patients Would Use If SNAHC Offered Them. Interest in the following services ranged from 9.7% to 52.8% of patients expressing that they would use the services if offered by SNAHC. Patients were also given the opportunity to write in other suggestions that were not listed. The additional write-in suggestions included: dermatology, marriage counseling, art therapy, fitness classes, optometry at SNAHC Florin Road, improved referral process, transportation financial assistance and after-hours/weekend availability.

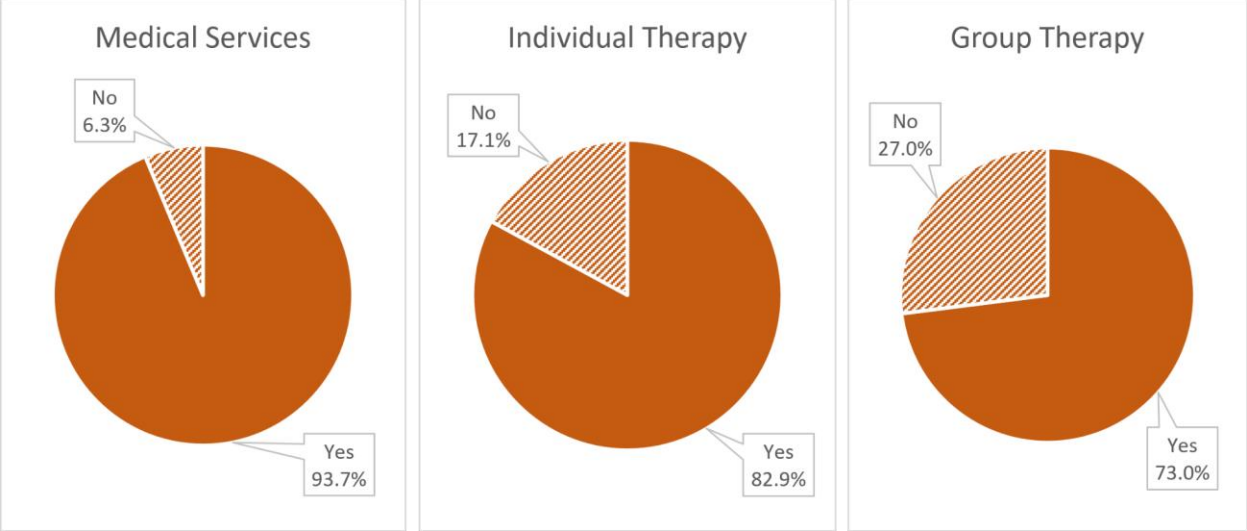
Services Patients Would Use if SNAHC Offered Them	
Massage therapy	52.8%
Physical therapy	49.4%
Healthy eating/dietitian	40.9%
Acupuncture/acupressure	40.3%
Referrals to housing support	38.7%
Cooking classes/lessons	36.5%
Referrals for financial support	30.8%
Transportation to/from appointments	30.5%
Disability advocacy	29.9%
Referrals to Meals-on-Wheels/food bank	28.0%
Contact lens fittings	26.7%
Referrals for eye surgery (LASIK, cataracts)	23.9%
Access to community garden	23.6%
Medicare education	20.8%

Vaccinations for travel	17.9%
Referrals to Women, Infants & Children (WIC)	14.8%
Pregnancy and maternity care	14.2%
LGBTQ+ & gender-affirming services	10.7%
Fall prevention for adults 65+	9.7%
Speech therapy	9.7%

Use of Virtual Health Care Services. For both medical and behavioral health services, less than half of respondents indicated that they have used virtual services. The vast majority indicated that they would attend appointments in-person if virtual medical and behavioral health services were not available.

Percentage of Patients Who Have Used Virtual Services	
Virtual medical services	35.8%
Virtual behavioral health services	17.6%

Services That Patients Would Attend In-Person if Virtual Appointments Were Not Available

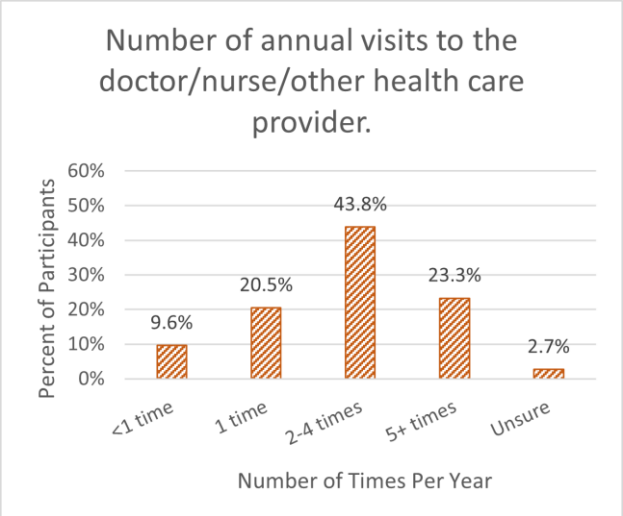


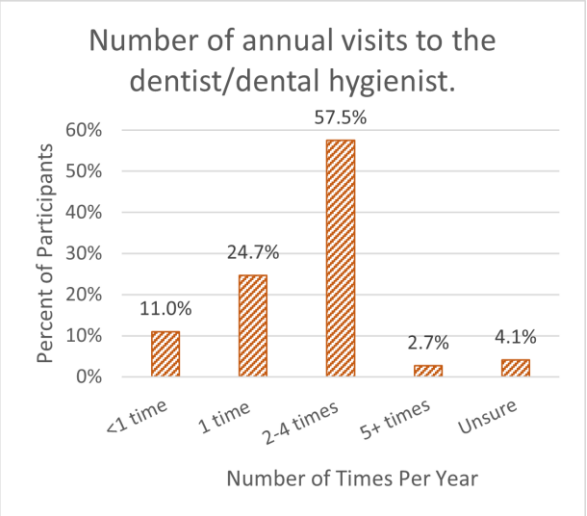
Community Health Care *Community Only.*

SNAHC Service Location. Community survey participants were asked what SNAHC service location they would prefer if they became SNAHC patients. Compared to SNAHC J Street, more participants reported that they prefer SNAHC Florin Road, which supports preliminary research conducted with community members about the need for SNAHC Florin Road.

Potential SNAHC Service Location	Community
2020 J Street (Midtown Sacramento)	21.9%
3800 Florin Road (South Sacramento)	50.7%
Unsure	28.8%

Annual Health Provider Visits. The survey asked community members how often they see any form of health care provider and dental care. The most common answer was 2-4 times per year for both medical care and dental care, which is in line with the SNAHC patient population that typically engages in care appointments at SNAHC 2-5 times annually.





Interest in Health Education Topics. The community survey asked respondents to express interest in 16 health education topics by selecting all that apply to them. The interest ranged widely from 2.7% to 42.5% of respondents across subjects. Interest in 7 of the 16 topics were above the mean interest response rate of 20.2%: Diabetes, vision care, mental health, high blood pressure, nutrition, dental, acupuncture. Other health education topics are presented in descending order in the following table.

Interest in Health Education Topics	Community Interest
Diabetes	42.5%
Vision care	42.5%

Mental health	39.7%
High blood-pressure	38.4%
Nutrition	37.0%
Dental	30.1%
Acupuncture	26.0%
Cancer	19.2%
Family planning	9.6%
Substance use/abuse	8.2%
Smoking cessation	6.8%
Prenatal care	6.8%
Hepatitis C	5.5%
HIV/AIDS	4.1%
Transgender care	4.1%
STI testing	2.7%

Recommendations

Recommendations from patient and community surveys will be used to inform existing and future services and programming, with an emphasis on increasing patients assigned to SNAHC for care. Specifically, SNAHC will engage in the following action items to address findings from the survey:

- Conduct future and ongoing future patient surveys to ensure that patient barriers to care, such as language and cultural barriers, are being addressed and mitigated by providers at SNAHC.
- Seek out grant funding for non-billable services requested by patients, such as massage, physical therapy, and diabetes education for non-patients or individuals who cannot be seen by a dietitian under Medicare.
- Promote acupuncture/pressure services already offered at SNAHC.
- Explore mechanisms (grants, licensures) to provide maternity care and LGBTQ+/gender-affirming services to patients.
- Assess patients for capacity in video-based telehealth appointments, particularly mental health services. Concurrently, to meet needs of patients with video capacity, ensure that behavioral health providers are proficient in the provision of video telehealth care.
- SNAHC will review schedules, double book as necessary, and address other barriers to scheduling dental appointments.
- Utilize Uber Health and managed care plan-based transportation assistance to address the multitude of transportation-related barriers to care identified by patients.

- Consider re-engaging Veggie Rx, Sacramento Food Bank and Women, Infants, and Children (WIC) programs to address food insecurity among patients.
- Explore community partnerships that help address employment needs, including partners who help build technical skills that can lead to job opportunities.
- Provide classes on health literacy (i.e., identifying signs of health concerns), physical movement, and social wellness that combat social isolation.
- For traditional health, SNAHC will explore the sale of herbal remedies, continue GONA programming to support community needs, and focus classes on culture-based classes, cooking demonstrations, and food sovereignty.
- Continue outreach to the community-at-large to ensure those who can be supported by SNAHC are assigned to us for whole-person health care.