

CHAP Readiness Report Sample

Health Needs Assessment Report

The [Tribal grantee] Community Health Needs Assessment under the Community Aide Program (CHAP) was conducted between November 5, 2024 and December 5, 2024. A total of 4,220 individuals completed the survey, with 1,886 residing within the reservation boundaries and 2,334 living outside.

Purpose



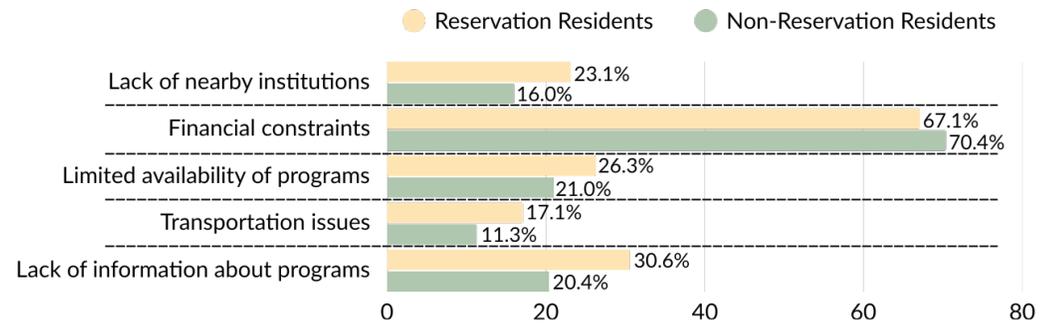
Assess community health needs and improve healthcare services



Gain valuable insight to guide development and implementation of healthcare services for [tribal] citizens

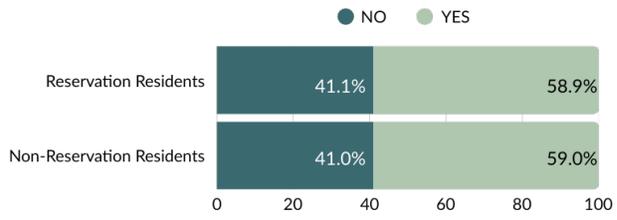
Higher Education

Most Common Barriers to Accessing Higher Education in the Community



Healthcare Services

Was there a time when you needed healthcare, such as primary care, or dentistry and were unable to get it?





Reservation Residents
53% of respondents reported that *long wait times* was a barrier to accessing healthcare services



Non-Reservation Residents
50% of respondents reported that *cost* was a barrier to accessing healthcare services

Mental Health

Most common reasons for not being able to speak to someone in the past year



Community Health Needs Assessment Report

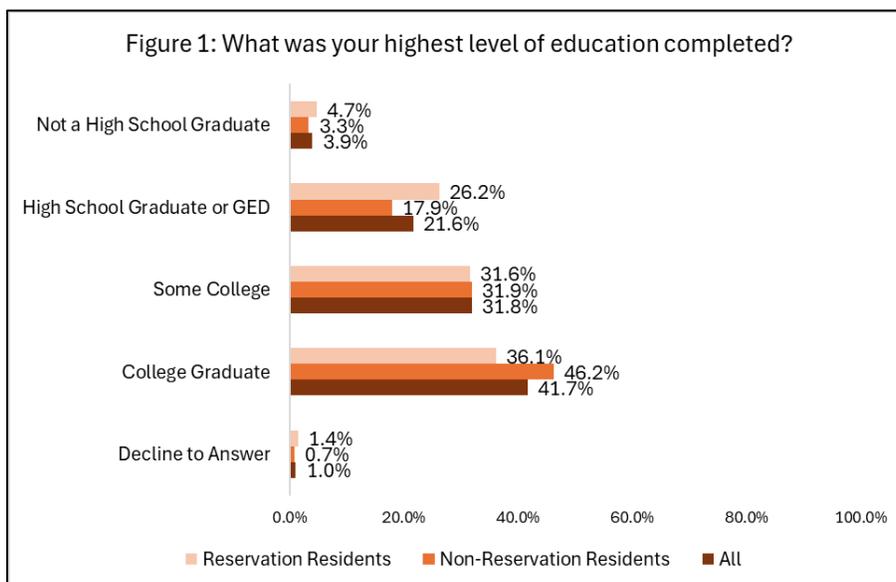
Introduction

The following report presents data from the Community Health Needs Survey under the Community Health Aide Program (CHAP). This survey aimed to gain key insights to guide the development and implementation of services to improve access to quality healthcare for [Tribal] citizens. Specifically, the survey asked questions about the accessibility and barriers of receiving higher education, healthcare services, and mental health services. A total of 4,220 individuals completed the survey: 1,886 residing within the [Tribal] Reservation boundaries and 2,334 living outside the [Tribal] Reservation boundaries. The figures and tables below categorize data by residency status: those living within the reservation, those who do not, and a combined total of all respondents.

Report

Demographics

This section displays respondents' highest level of education completed and languages spoken at home. Of those living within the reservation boundaries, the most commonly reported education levels were "some college" (32%) or "college graduate" (36%). Respondents living outside the reservation reported a higher rate of college graduation at 46%, while the percentage of those who attended "some college" was comparable at 32% (Figure 1).



English was reported as the most common language spoken at home in nearly all households, regardless of residence. However, reservation residents (8%) were more likely to speak [Native language] at home compared to those living outside the reservation (3%) (Figure 2). Additionally, when asked about other languages spoken in the household, respondents most frequently mentioned Spanish as an additional language spoken in households both within and outside reservation boundaries. Other languages noted by respondents are listed in Table 1, ordered by frequency of mention.

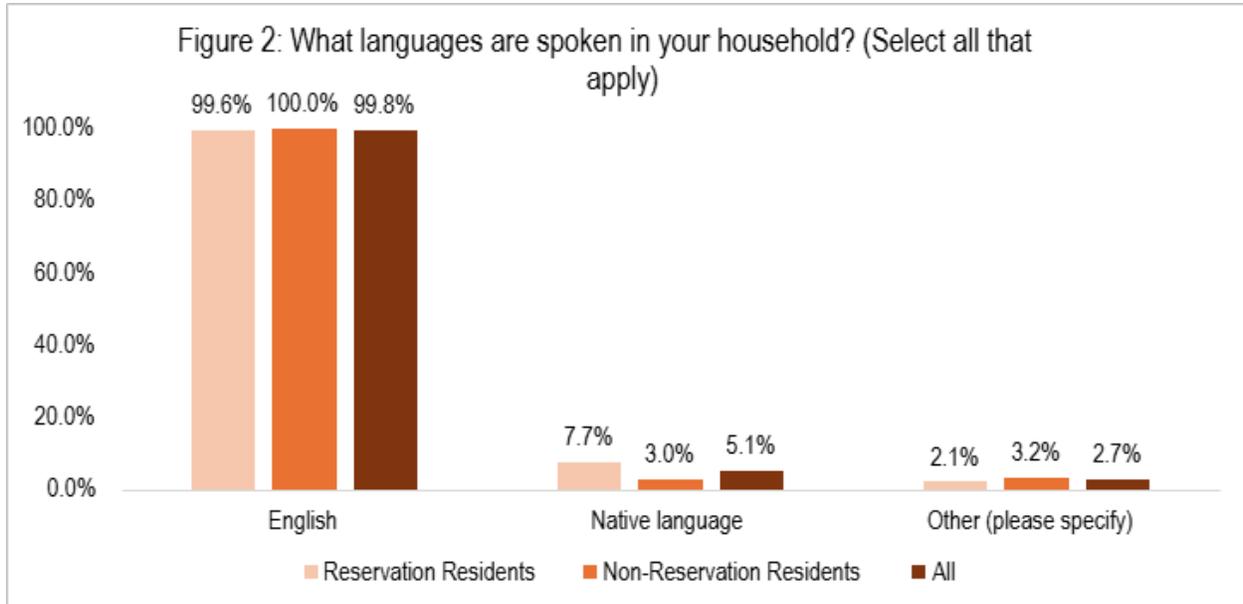
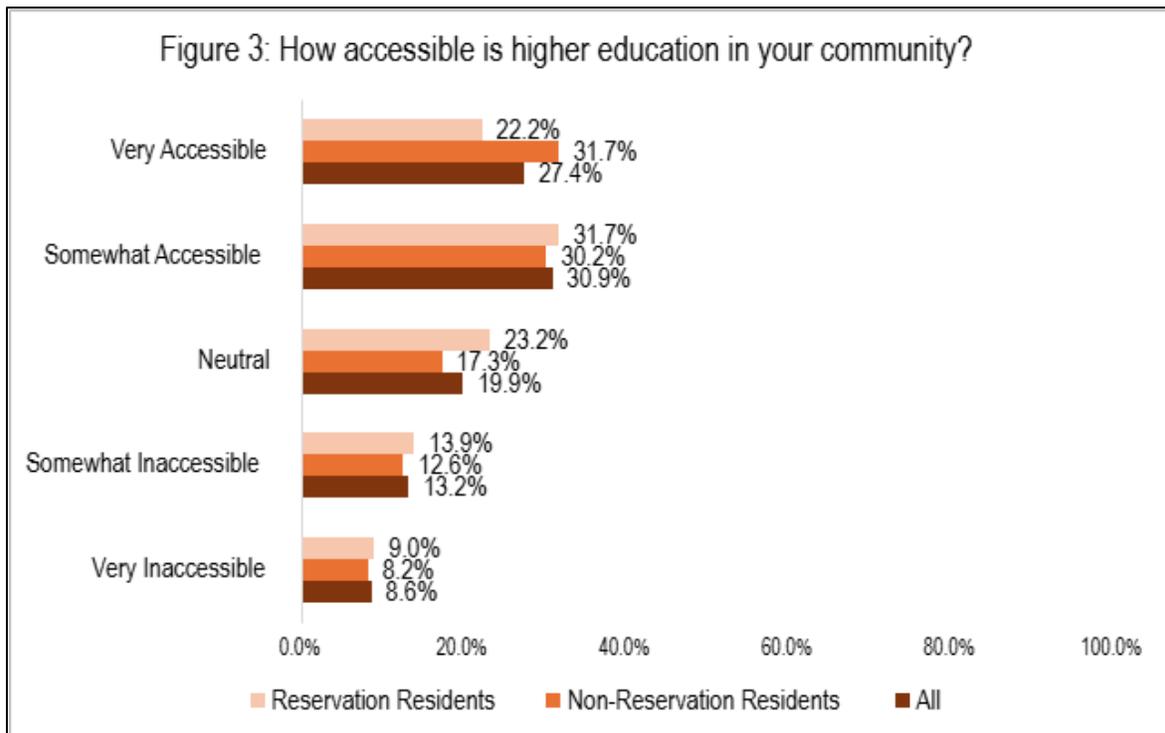


Table 1: Open-ended Responses- Languages spoken in household

Reservation Residents	Non-Reservation Residents
	<ul style="list-style-type: none"> • Spanish • American Sign Language • German • Japanese • Aboriginal American • Cupik • French • Khmer • Korean • Osage • Pawnee • Romanian • Unami (Lenape) • Vietnamese • Hebrew

Higher Education

This section presents respondents' perspectives on the accessibility and barriers to receiving higher education in their community. Among reservation residents, 54% reported that higher education was either very accessible or somewhat accessible, while non-reservation residents reported greater access in their community, with 62% reporting that higher education was either very accessible or somewhat accessible (Figure 3). Financial constraints emerged as the most common barrier to accessing higher education, regardless of residence, with 67% of reservation residents and 70% of non-reservation residents reporting it as a challenge. Additionally, reservation residents were more likely to report lack of nearby institutions, limited availability of programs, transportation issues, and lack of information about programs as barriers to accessing higher education than those living outside the boundaries (Figure 4). Respondents were also asked to identify additional barriers in accessing higher education. Across both groups, common challenges included difficulties in securing childcare and managing time. Many respondents highlighted the struggle of balancing working and family responsibilities while pursuing their education (Table 2).



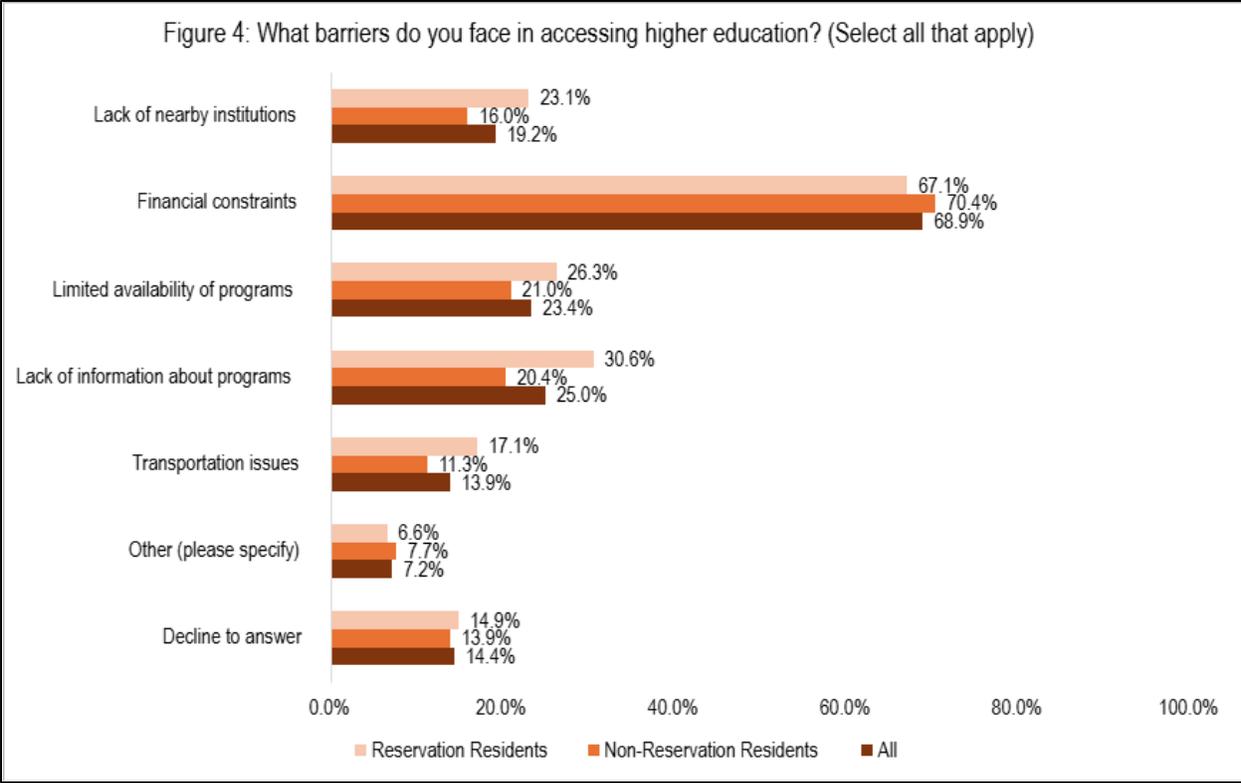


Table 2: Open-ended Responses- Barriers faced in accessing higher education

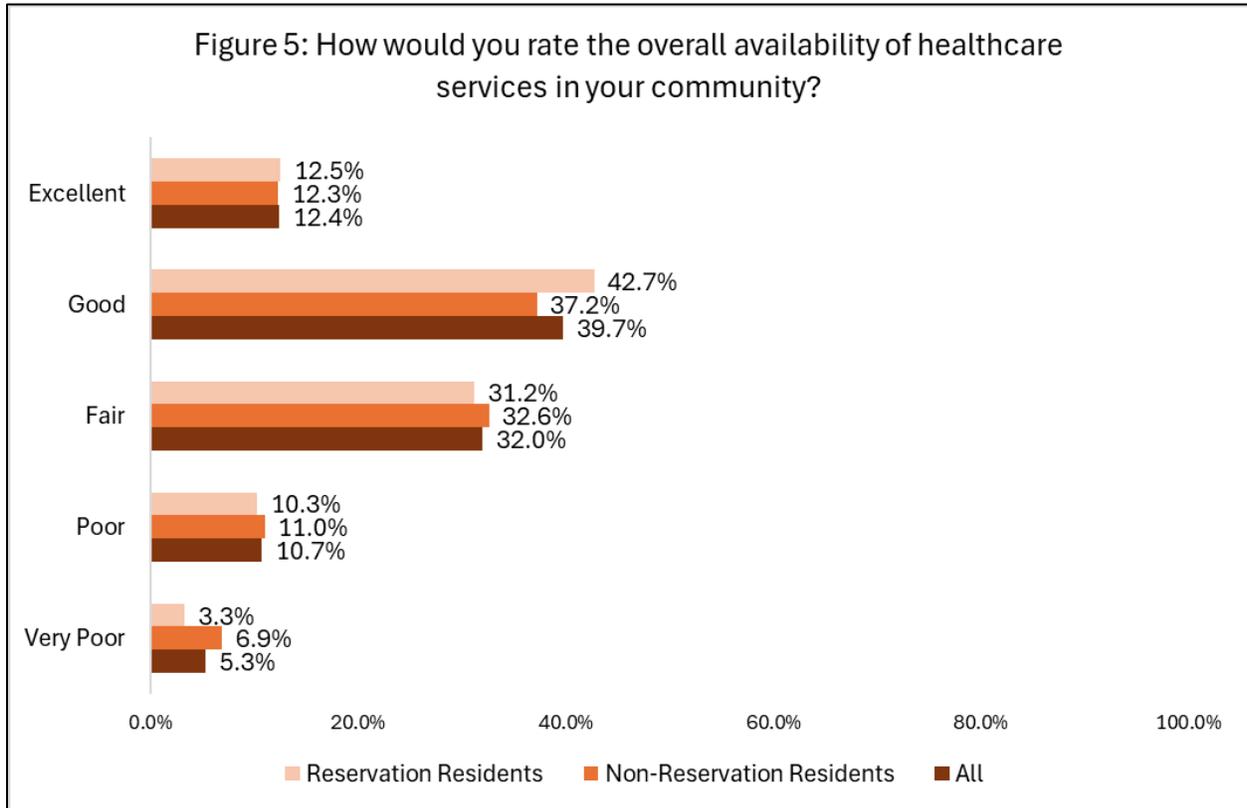
Reservation Residents	Non-Reservation Residents
<ul style="list-style-type: none"> • <i>Childcare barriers</i> • <i>Time constraints</i> 	<ul style="list-style-type: none"> • <i>Age (i.e. feeling too old to pursue higher education, retired and not looking to re-enter the workforce)</i> • <i>Childcare barriers</i> • <i>Time constraints</i>

Healthcare Services

This section presents respondents’ perspectives on healthcare service availability, the services they believe are needed in their community, and the barriers they face in accessing healthcare. Additionally, respondents identified their preferences for healthcare providers to understand cultural traditions and speak their primary language. Figure 5 shows reservation residents were slightly more likely to rate healthcare service availability as excellent or good (55%) than those living outside the reservation (50%). Figure 6 highlights the types of healthcare services respondents identified as most needed in their community. Primary care was the most commonly identified need for reservation (71%) and non-reservation (69%) residents. However, reservation residents were more likely to indicate a need for emergency care in their community, with over half selecting the need for the service. Dental care and behavioral health services were also selected by both

resident groups, with 46-55% noting the need for these services. Additionally, preventive health services, such as screenings and vaccinations, were also identified as needed by 43% of both resident groups.

Respondents were also asked to highlight the need for any additional services. Services such as optometry, audiology, physical therapy, and women’s health were indicated (Table 3). Please note, the examples provided in this table are not exhaustive and do not represent direct quotes from respondents.



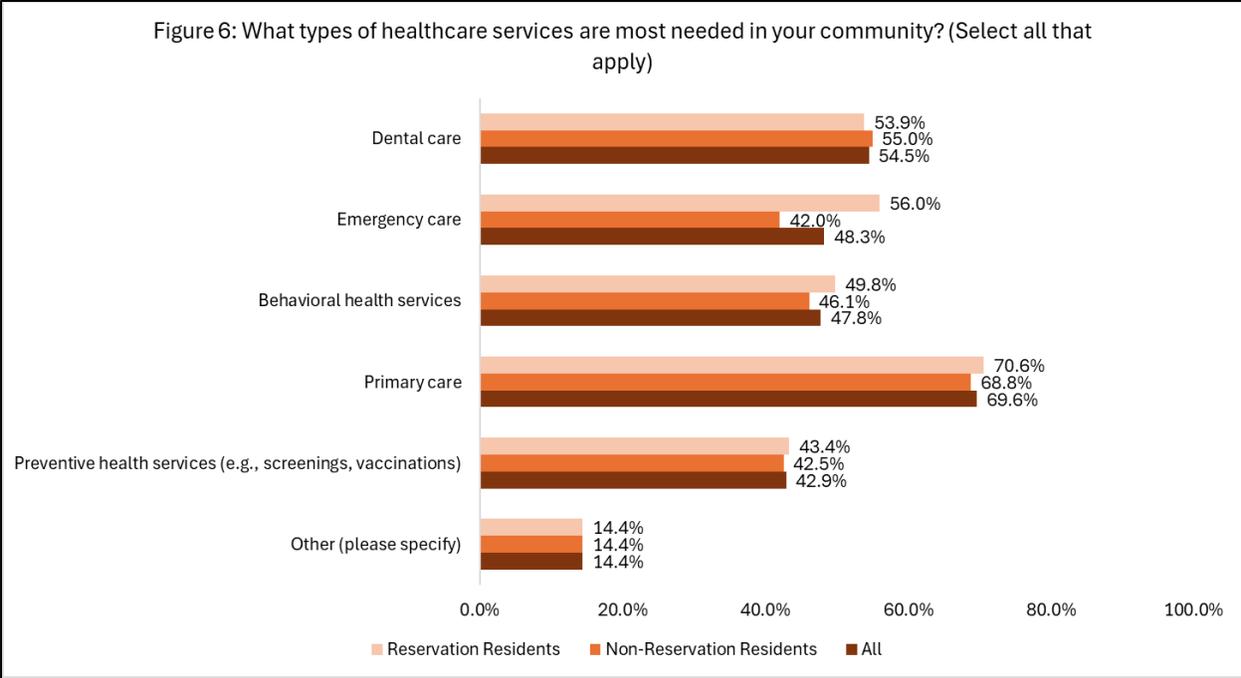


Table 3: Open-ended Responses- Healthcare services most needed in community

Reservation Residents	Non-Reservation Residents
<ul style="list-style-type: none"> • Vision • Alcohol and drug treatment • Urgent care • Cancer treatment • Diabetes services • Audiology • Mental health services • Physical therapy • Women’s health • Specialty care • Weight management 	<ul style="list-style-type: none"> • Closer resources such as weight management, physical therapy, audiology, disability services • Cancer treatment • Vision • Mental health services • Specialty care • Urgent care • Women’s health

Reservation residents were more likely to rate the accessibility of current healthcare services as very accessible or somewhat accessible (64%) compared to those living outside the reservation (58%) (Figure 7). The most common barrier to accessing healthcare services for reservation residents was long wait times (53%), which was more than those living outside the reservation (38%). Cost of care was reported as the greatest barrier to those living outside the reservation, with 50% of respondents reporting this issue, compared to only 25% of reservation residents (Figure 8). Additional barriers are outlined in Table 4, which provides example responses. Please note that Table 4 includes only the primary categories of the most frequently reported responses.

Figure 7: How accessible are current healthcare services for you and your family?

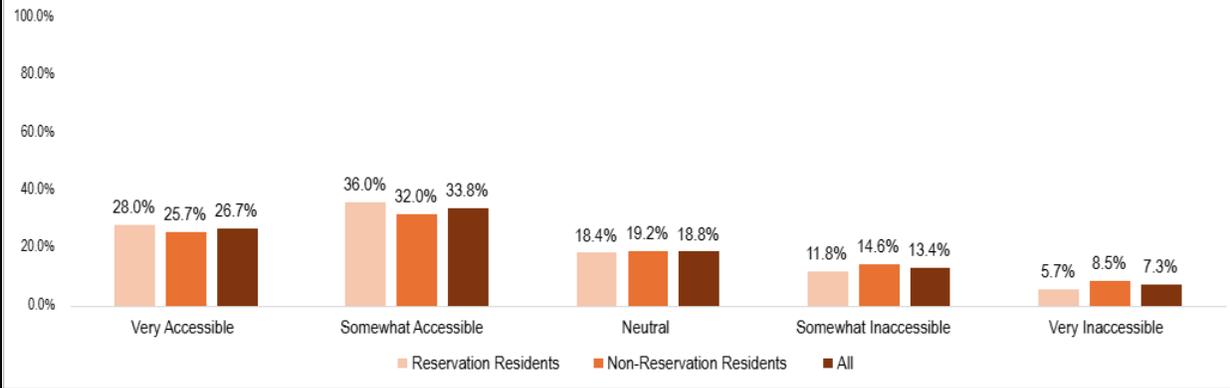


Figure 8: What are the main barriers to accessing healthcare services in your community? (Select all that apply)

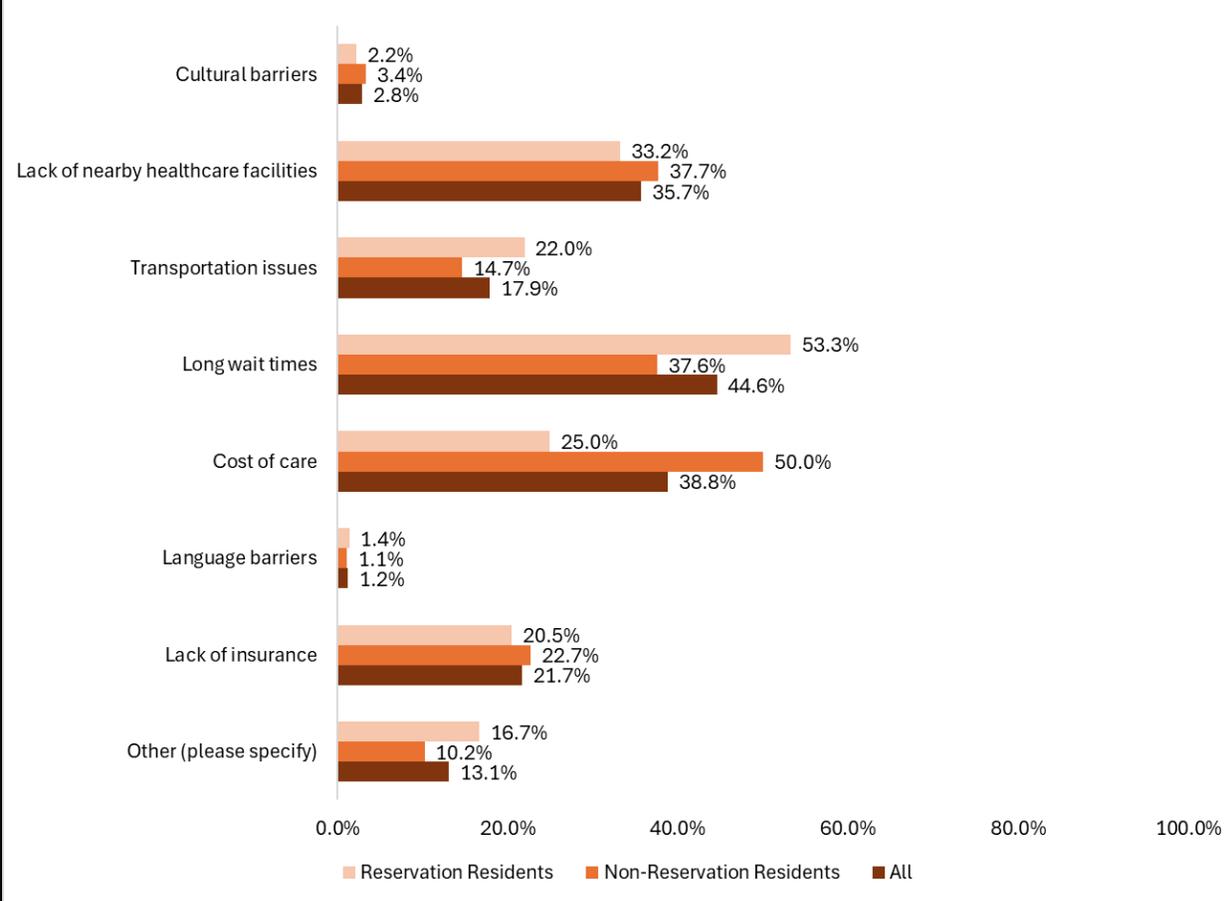
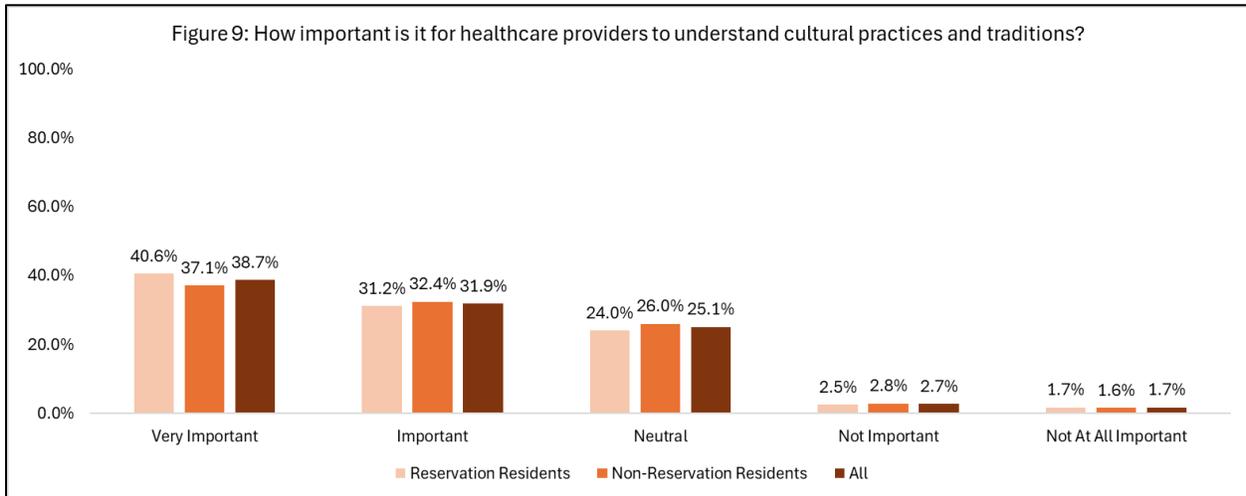
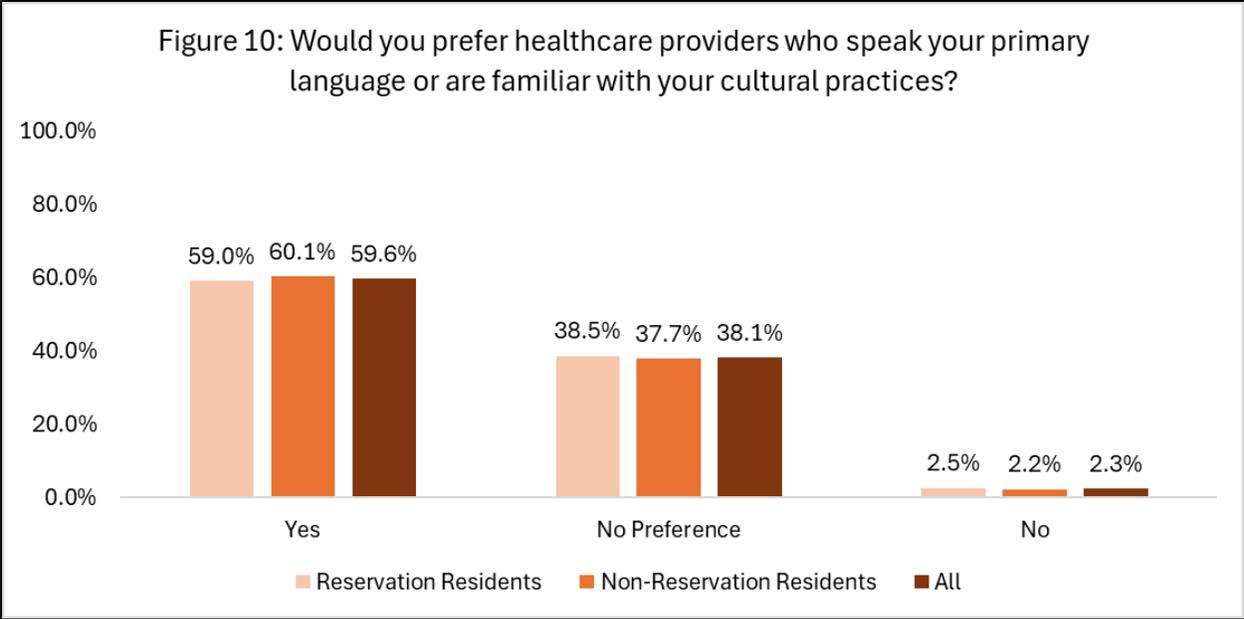


Table 4: Open-ended Responses- Barriers faced in accessing healthcare services

Reservation Residents	Non-Reservation Residents
<ul style="list-style-type: none"> • Appointment availability • Referred elsewhere • Provider communication subpar (pharmacy, physician, test results) • Provider turnover • Lack of emergency services • Travel to care • Lack of providers • Wait time for results/appointments • Lack of same-day appointments 	<ul style="list-style-type: none"> • Health insurance acceptance/affordability • Cost of gas to get to appointments • Cost of prescriptions • Distance to treatment/doctor • Lack of providers • Getting referrals • Lack of Indian healthcare in area • Quality care

Most respondents (71%) stated that it was very important or important for their healthcare providers to understand cultural practices and traditions, regardless of residence (Figure 9). Reservation residents were slightly more likely to rate this importance as very important (41%) compared to those living outside the reservation (37%). Additionally, more than half of respondents (60%) reported they prefer their healthcare providers to speak their primary language or be familiar with their cultural practices regardless of where they live (Figure 10).





Regardless of residence, 59% of respondents reported that there was a time in which they needed healthcare, such as primary care or dentistry, and were unable to get it (Figure 11). The most common reason for this was cost, reported by 37% of those living outside the reservation, compared to 18% of those living within the boundaries. For reservation residents, the inability to set up appointments and long wait times were the most common reasons at 33% and 32%, respectively (Figure 12).

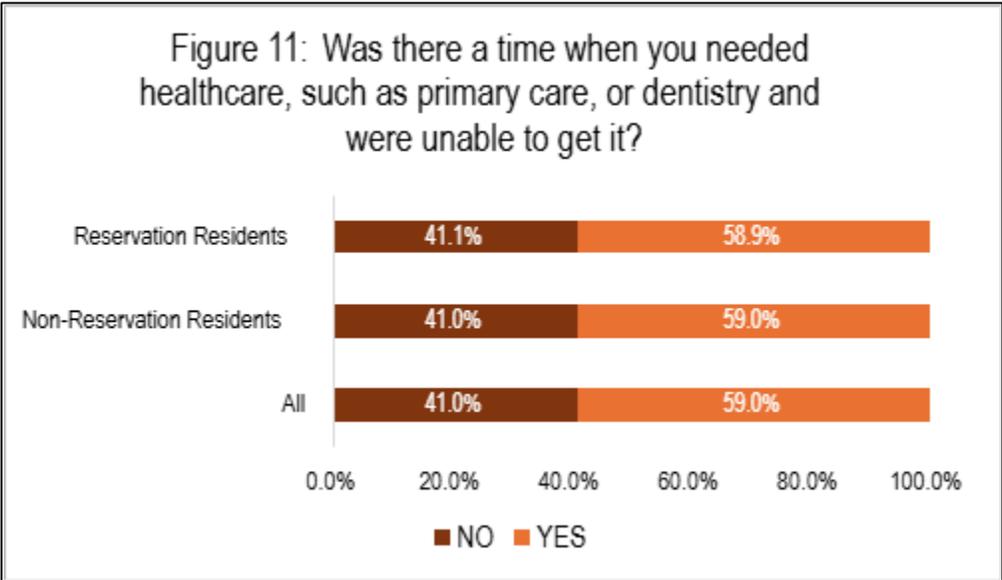
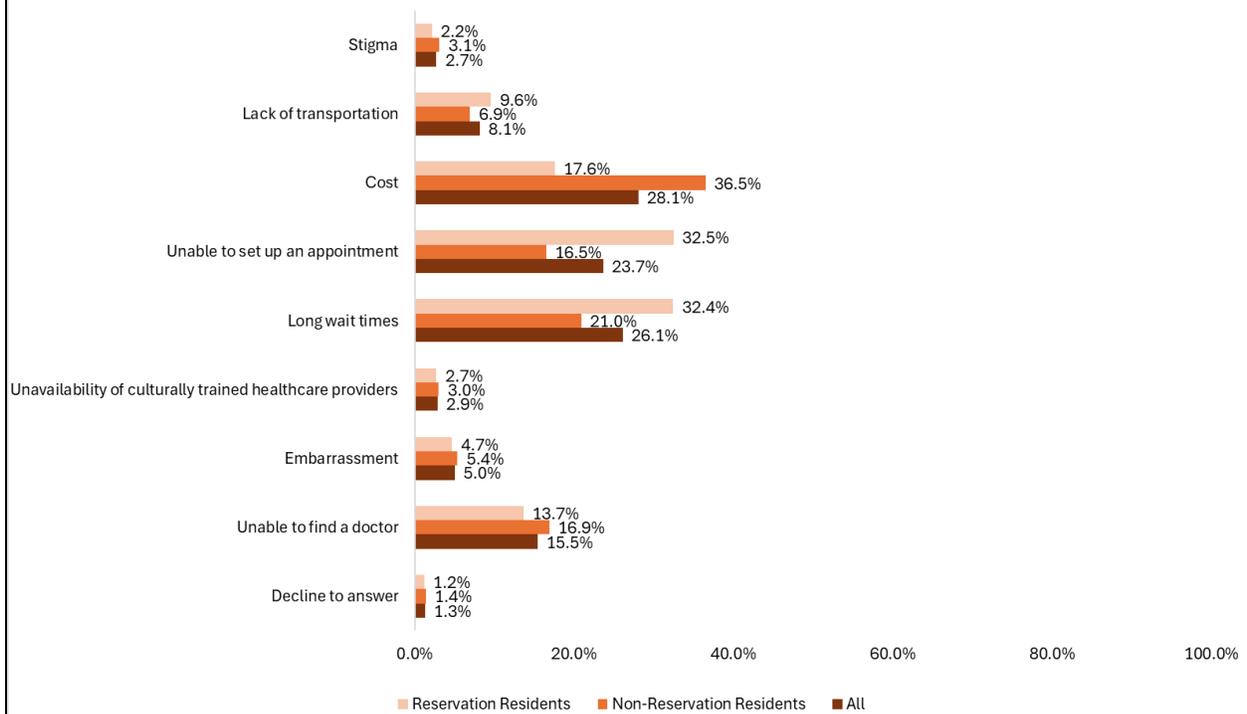


Figure 12: What were the reasons for not being able to access healthcare? (Select all that apply)



Tables 5 and 6 displays direct quotes from respondents regarding their best and worst experiences with the healthcare system in their community, respectively.

Table 5: Open-ended Responses- Best experience with healthcare system in your community

Reservation Residents	Non-Reservation Residents
<ul style="list-style-type: none"> • <i>“Having my medical conditions addressed and treated.”</i> • <i>“I had a complete knee replacement and [Tribal healthcare system] provided w/ insurance in home care for the first few weeks. I appreciate that because I was afraid of falling.”</i> • <i>“My resident doctor was very thorough and helped me find cancer and didn’t give up on me.”</i> 	<ul style="list-style-type: none"> • <i>“[Healthcare system] takes very good care of my family and if they will figure out a way if possible. They are all friendly and make my kids feel special.”</i> • <i>“Every time I visit my clinic in [city] I have amazing experiences, Love the staff from check-in to end.”</i> • <i>Physical therapy really helped my mobility. Medication affected my nerves, and this helped.”</i>

Table 6: Open-ended Responses- Worst experience with healthcare system in your community

Reservation Residents	Non-Reservation Residents
<ul style="list-style-type: none"> • “Appointments being pushed further away and going without important medication.” • “Can never get an appointment due to lack of providers or lazy workers.” • “Going to the ER and sitting on the floor for hours waiting to be seen.” 	<ul style="list-style-type: none"> • “13-hour emergency room experience. That is ridiculous.” • “Being on wrong medicine for diabetes.” • “I cannot find a behavioral health counselor who is understanding and accommodating. I have been through several counselors and my current one is only \$10 a session but she assumes that I only care about my tribe so I can get money and calls anything about the tribe ‘[Tribal] mythology.’ I have to be extremely superficial with her while still trying to receive grief counseling.”

Mental Health

This section includes two questions related to mental health: whether respondents needed to talk to someone in the past year but didn’t, and the reasons why they chose not to seek help. Non-reservation residents were slightly more likely to report not speaking to someone about managing their stress, anxiety, or emotions in the past year (43%) compared to reservation residents (40%) (Figure 13). For non-reservation residents, cost was the most common reason for not seeking help (20%), while wait time for appointments was the most common barrier for reservation residents (19%) (Figure 14).

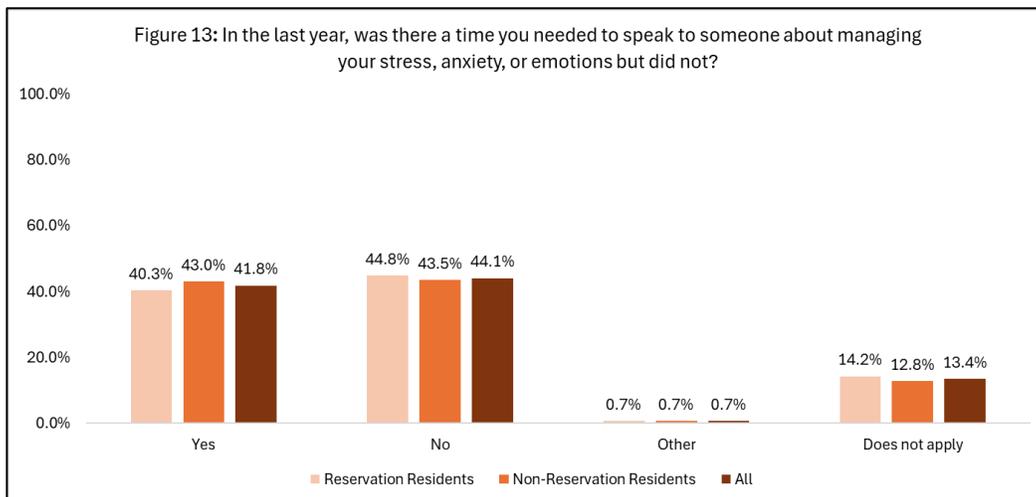
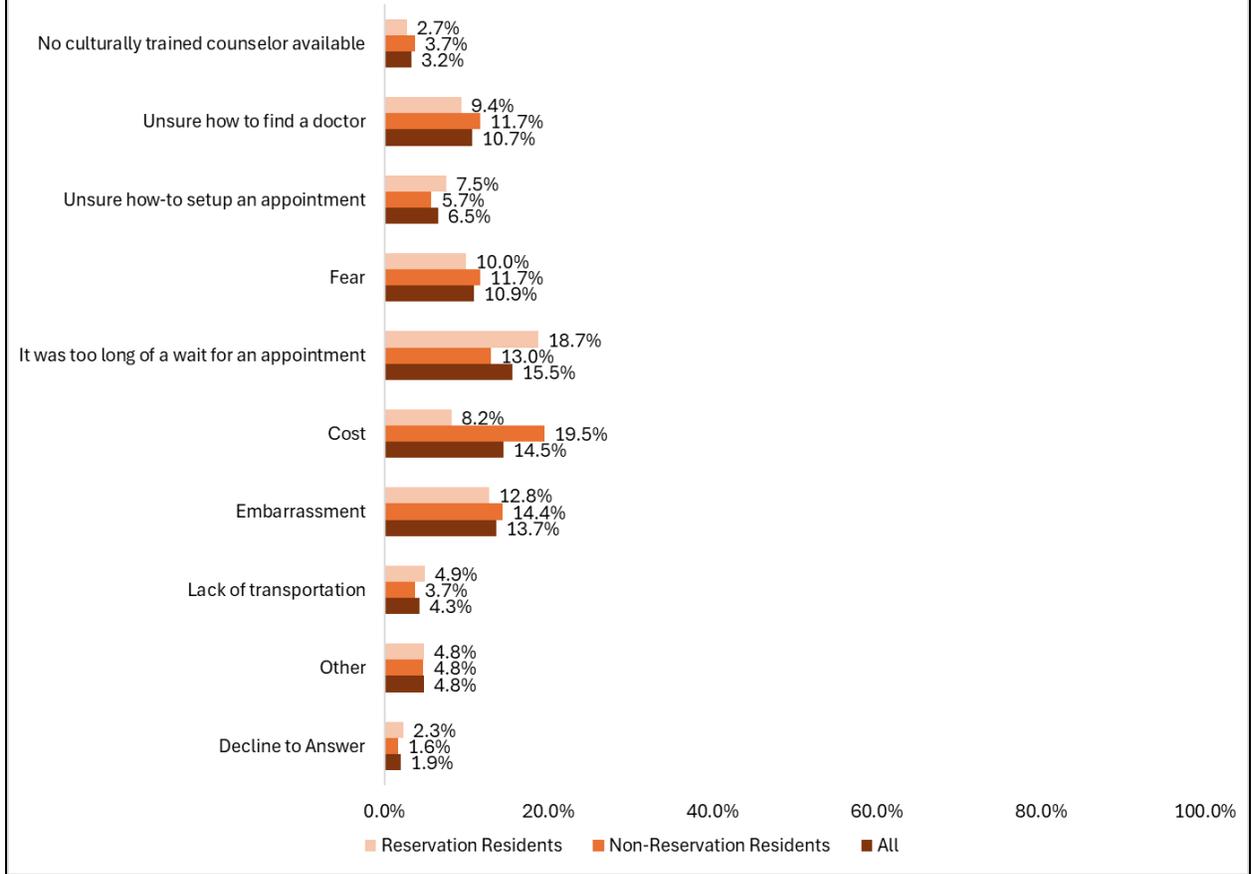


Figure 14: Reasons for not being able to speak to someone (Select all that apply)



Recommendations/Conclusion

Understanding the key challenges faced by the community is essential for developing effective solutions that improve access to higher education, healthcare, and mental health services. The following recommendations suggest ways to address these issues and make these essential services more available to everyone.

When examining barriers to higher education, financial constraints emerged as the most significant barrier. While direct financial support may not always be feasible, efforts could focus on providing resources to help individuals access financial assistance.

Nearly 70% of respondents identified primary care as the most needed service in the community, highlighting the demand for additional providers and services. When assessing barriers to healthcare access, challenges varied by group: reservation residents cited long wait times as the primary barrier, while non-reservation residents pointed to cost concerns. These same barriers were also reported as reasons for not seeking support for stress, anxiety, or emotional concerns (mental health services).

To reduce wait times, strategies such as expanding telehealth services, streamlining appointment scheduling, and increasing staffing could be implemented. To address cost concerns, initiatives like sliding-scale payment options, enhanced Medicaid/CHIP enrollment support, and partnerships with community health organizations to offer low-cost services could be explored.

In conclusion, the survey feedback provided valuable insight into the community's needs and challenges related to higher education, healthcare, and mental health services. Addressing these concerns and barriers is an important step in improving overall community well-being.