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Community Health Needs Assessment
EXECUTIVE SUMMARY
Denver Indian Health and Family Services

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Corona Insights was retained in March of 2012 to conduct a community health needs assessment on behalf of Denver Indian Health and Family Services (DIHFS). This comprehensive needs assessment is a requirement for DIHFS's Health Center Planning Grant (HRSA-11-021) , funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, to support the development of a proposal to qualify DIHFS as a Section 330 Health Care Center. This effort is intended to help guide DIHFS as they work to improve healthcare services for the American Indian and Alaska Native (AI/AN) community in the Denver metropolitan area.

SUMMARY OF SECTION 330 HEALTH CARE CENTER SERVICES

A Section 330 Health Care Center is a grant-supported federal health center that meets certain program requirements to be funded under the Health Center Program (Section 330 of the Public Health Service Act). The primary components, provided from http://bphc.hrsa.gov/about/index.html, are:

➔ Located in or serve a high need community (designated Medically Underserved Area or Population).

➔ Governed by a community board composed of a majority (51% or more) of health center patients who represent the population served.

➔ Provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.

➔ Provide services available to all with fees adjusted based on ability to pay.

➔ Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.

NEEDS ASSESSMENT COMPONENTS

A community health needs assessment is the first step in planning for a Section 330 Health Care Center. The goal for this needs assessment was to determine the current and likely future needs for services and to identify gaps in services in order to improve health care for the American Indian and Alaska Native (AI/AN) community in metro Denver and beyond.

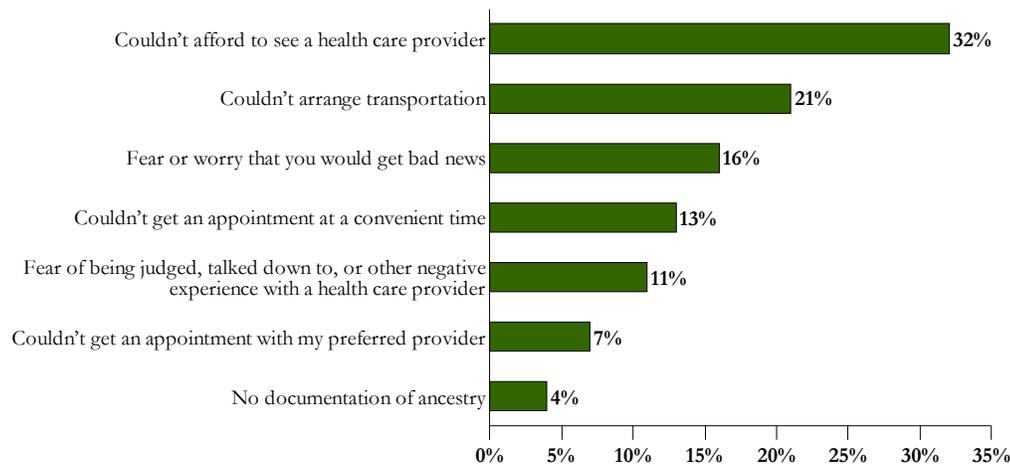There are four research components for this needs assessment:

➔ Background research, including demographic analysis and literature review

➔ Community survey focusing on those seeking services from Indian-focused organizations

➔ Interviews with community members

➔ Interviews with health care and health policy professionals

The findings from these four research components are synthesized to identify gaps, or unmet needs, for healthcare services for the AI/AN community in and around metro Denver, and outline specific recommendations for developing a service delivery model to fill the gaps. Details of the research methodology for each of these components are provided in Appendix A of the full report.

KEY FINDINGS

Detailed findings are presented in their own section within the full report.

➔ In the Denver metro area, the AI/AN population lags the general population in income, educational attainment, and employment rate, and AI/ANs seeking services from Indian organizations skew toward those at the low end of the overall AI/AN population.

➔ **Cost and transportation are the two most common barriers to receiving health care.** This was notable in the community survey results when respondents were asked what had kept them from getting health care in the past 12 months. These top two barriers were further supported during community interviews and were upheld in speaking with providers, as well.

Barrier	Percent
Couldn't afford to see a health care provider	32%
Couldn't arrange transportation	21%
Fear or worry that you would get bad news	16%
Couldn't get an appointment at a convenient time	13%
Fear of being judged, talked down to, or other negative experience with a health care provider	11%
Couldn't get an appointment with my preferred provider	7%
No documentation of ancestry	4%

➔ **There is a desire for culturally-sensitive health care provided by AI/ANs, for AI/ANs.** This was made evident by way of the community surveys conducted as a part of this study, as well as prior research conducted by the OHD which described negative experiences of AI/ANs in health care settings, such as:

- feeling talked down to
- feeling "second class"
- being made fun of for names, looks, and dress
- having their cultural values/priorities challenged by health care providers
- having providers misdiagnose problems as psychological issues because of cultural issues
- confidentiality lapses with providers
- racial stigma
- being mistaken for Hispanics

> More than 40 percent prefer to see an AI/AN doctor, and visit a clinic with AI/AN staff. More than 10 percent of respondents had avoided getting health care in the past 12 months because of a fear of a negative experience with a health care provider.
> *~Community Survey*

Community interview participants shared stories of their own experiences that brought life to the bullet points above. Participants noted that while at the very least it would be preferable to be able to speak with someone who shows them the respect and dignity they deserve as a human being, it would be even more preferable to receive healthcare from someone who can give care with an understanding of Native Americans' perceptions of life and the world around them.

➔ **Health professionals outside of DIHFS support the expansion and would like to see a stronger AI/AN health organization in Denver with more resources for patients.** In fact, both health care professionals and community members agreed that DIHFS offers the culturally-sensitive health care sought by the AI/AN community. Unfortunately, DIHFS' limited capacity and lack of resources for offering more all-encompassing services limit the amount it can contribute to the community.

> "I think people are comfortable going to DIHFS, but they don't have comprehensive services…so people would love to go there for more extensive stuff but have to go somewhere else and at that point they might not want to engage in the public healthcare system and with Medicaid and things."
> *~Provider*

➔ **There is a great need for coordination among health service providers serving the AI/AN community.** Providers interviewed as a part of this study vehemently agreed that organizations in Denver who work to support and service the Native American community need to improve communication and coordination of services. As it is, a lack of coordination is causing both gaps and overlaps in services offered, when this doesn't necessarily have to be the case. Collaboration can help maximize resources and ultimately allow organizations to most effectively serve AI/ANs.

➔ **What community members and providers say Denver-area Native Americans need meshes strongly with previously published information.** The needs identified by the OHD report for advancing health of AI/AN communities include:

Widespread information access and dissemination: create a website for AI/AN health care information and advice, collect and disseminate data about AI/AN health.

Promote emotional, spiritual, physical, and mental health for balance: encourage preventive care and holistic care (traditional and western methods)

Guaranteed access to services locally: need direct services, contract IHS service in Denver, dedicated day for AI/ANs at a major clinic, coordination between government health agencies that serve AI/ANs.
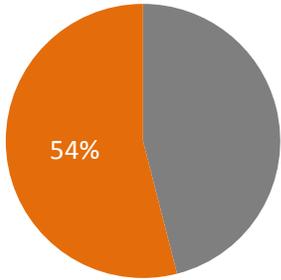
Provide services in a continuum of care: increase AI health care providers, increase services available, provide follow-up services.

Certified system for culturally safe health care: unbiased health care delivery, cultural training for doctors and nurses, culturally safe facilities

Native American cultural and prevention resource center: healing centers, mental health care facility, patient advocates

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➔ **Awareness of services currently available tends to be low, which points to a need for stronger messaging and communications.** The vast majority of community interview participants explained that they had heard about DIHFS through word-of-mouth. While this isn't bad in and of itself, it does suggest that it would be helpful to promote available services among the community in different ways, especially finding ways to reach out to people new to Denver from their reservation.

In the event that DIHFS expands its services, it will be important to communicate that to Native Americans, too. Letting the community know about improvements and changes will be extremely important so that they will know what services are available to them.

More than Half
Did Not Feel They Know About Available Health Care Services

54%

Source: Corona Insights community survey

➔ **Several findings suggest that help with navigation of services might be a good addition to the Native American community.** Both community research and provider research suggested that AI/ANs do not know how to go about obtaining health care services, even when there are options for receiving them. This might be improved with a more complete coordination of services on the part of providers, but could also potentially be boosted by training liaisons or offering information to community members about organizations that provide particular services.

2 in 5
Not Confident They Have Needed Health Care Services

Source: Corona Insights community survey; 41 percent of respondents were not confident that if they or a family member were to become ill they would be able to get the health care services they needed

➔ **It's notable that many Native Americans return to their reservations for healthcare, even for annual exams and sometimes for continuous care for chronic conditions.** Community member interview participants explained that they returned to reservations in Arizona, New Mexico, and even Michigan in order to access care. Barriers mentioned earlier were in part cause for these long trips to attain health care, but often it was largely due to the fact the reservations were the only place they knew they could receive free care, and they could do so in a system that they understand.

➔ **Health priorities for AI/ANs are plentiful, but the concerns over diabetes, mental health, and substance abuse are most top-of-mind.** Care for diabetes encompasses many needs including education in nutrition, breaking existing perceptions, podiatry specialists, and many more. Mental health issues and substance abuse also need to be addressed from multiple angles. These issues are further justification for better coordination among organizations.