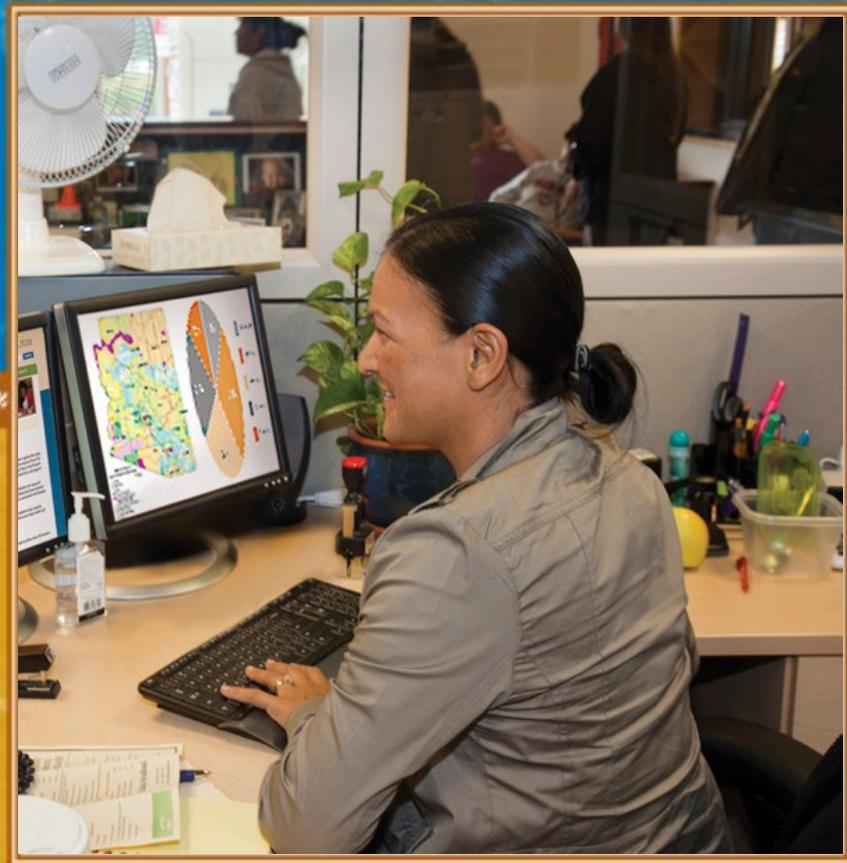


Tribal Community Health Assessment for Public Health Accreditation: A PRACTICAL GUIDE AND TOOLKIT



Acknowledgments

We thank the Tribal Leaders and staff who participated in the Tribal Public Health Accreditation Readiness, Self-Assessment and Prerequisites Trainings as well as the Tribal Public Health Accreditation Roundtable convened by the Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center in 2012-2013. Your input and feedback was critical in the development of this Tribal Community Health Assessment Toolkit.

Prepared By

Inter Tribal Council of Arizona, Inc.
Tribal Epidemiology Center
2214 N. Central Avenue
Phoenix, AZ 85004
Telephone: 602-258-4822
Fax: 602-258-4825
Website: www.itcaonline.com/TEC
Email: TECinfo@itcaonline.com



Red Star Innovations
PO Box 86645
Tucson, AZ 85745
Website: www.redstar.org/



Funded By

Support for the *"Tribal Community Health Assessment for Public Health Accreditation: A Practical Guide and Toolkit"* was provided in part through the following agencies.

National Association of County and City Health Officials (NACCHO)
Office for State, Tribal, Local, and Territorial Support at the Centers for Disease Control and Prevention
Website: www.naccho.org/

U.S. Department of Health and Human Services
Indian Health Service
Grant No. U1B9400002/12

Contributions

Publication of this document would not have been possible without the contributions of the following individuals:

Inter Tribal Council of Arizona, Inc. (ITCA) Executive Director

John R. Lewis, MA

ITCA Tribal Epidemiology Center Director

Jamie Ritchey, PhD, MPH

ITCA Tribal Epidemiology Center Staff

Esther Corbett – Transportation Project Coordinator

Raysenia James, MPH – Epidemiologist

Keisha Robinson, MPH – Epidemiologist

Erica Weis, MPH – Epidemiologist

Vanessa Dodge – Public Health Intern

Red Star Innovations

Aleena Hernandez, MPH – Principal and Founder

Suggested Citation

Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center. "Tribal Community Health Assessment for Public Health Accreditation: A Practical Guide and Toolkit." Pilot Version. June 2013.

Contents

List of Figures and Tables	6
Preface	7
Introduction	9
Chapter 1: Understanding the Community Health Assessment (CHA) Process	15
Chapter 2: Tribal CHA Toolkit Approach	27
Chapter 3: Plan for the Tribal CHA	31
Chapter 4: Implement the Tribal CHA	45
Chapter 5: Take Action	67
Appendix: Tools and Resources	75

List of Figures and Tables

FIGURES

Figure 1: Common Elements of a CHA.....	18
Figure 2: Tribal Public Health Systems.....	19
Figure 3: CHA definition.....	22
Figure 4: Considerations for Public Health Accreditation.....	24
Figure 5: Phases of the CHA.....	29
Figure 6: Potential Tribal Programs Involved in the Tribal CHA.....	37
Figure 7: Ten Essential Public Health Services.....	38

TABLES

Table 1: Reasons for Conducting a CHA.....	34
Table 2: Examples of CHA Frameworks and Guides.....	36
Table 3: Sample Task from a Tribal CHA Work Plan.....	41
Table 4: Types of Health Information included in a Tribal CHA.....	49
Table 5: Potential Data Sources.....	52
Table 6: Comparison of Public and Private Data.....	53
Table 7: Data Processing and Preparation for Analysis.....	61

Preface



June 1, 2013

To: Tribal Leaders, Tribal Health Directors, and Toolkit Users

As sovereign nations, tribes are responsible for the overall health and wellness of their communities and are increasingly involved in public health activities, regulation, and service delivery. Such efforts may include, but are not limited to, community health assessment (CHA) and improvement planning, health promotion and disease prevention, public health policy development and law enforcement, and quality improvement in service delivery. Many tribal health departments are engaging tribal and community leadership in CHAs to identify and prioritize important health issues in order to plan, adapt and respond to important health concerns in their community.

Assessment is a critical public health function and a national strategic priority for tribes, states and local health departments. Efforts to develop model standards for public health began in the late 1970s when the US Department of Health Education and Welfare released the *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*.¹ Over the decades, a number of approaches to measure public health performance were developed, such as the *Assessment Protocol for Excellence in Public Health* and the Centers for Disease Control and Prevention (CDC) *National Public Health Performance Standards Program*, in which approximately 25 tribes participated.²⁻³ These efforts, among others, launched the development of an accreditation program for local, state, tribal and territorial health departments.⁴

Founded in September 2011, the Public Health Accreditation Board (PHAB) is the accrediting body for national public health accreditation. The goal of accreditation is to improve and protect the health of every community by advancing the quality and performance of tribal, state, local and territorial public health departments. Public health accreditation was developed on the premise that, regardless of how a health department is structured or governed, everyone should reasonably expect the health department to meet certain standards.⁵ Public health accreditation provides a set of public health standards by which a tribe can systematically strengthen its self-determination and raise the level and quality of services it provides to the community.

We hope this resource provides support for tribal leaders, health professionals, and community members in the planning and implementation of CHAs.

Introduction



Introduction

PURPOSE

This *Tribal Community Health Assessment Toolkit* is designed to guide tribal health departments through a process to assess overall community health status. It provides guidance in engaging the community and stakeholders to address the requirements for CHA as identified by the PHAB. It presents a framework that consists of the seven common elements used in proven CHA approaches with guidance and practical tools. Use of this toolkit will not guarantee that a tribe's CHA will meet the requirements as outlined in PHAB's standards and measures, as only PHAB can make that determination. It will, however, guide tribal health departments through a comprehensive process aimed at assessing health status. The tribal CHA ultimately will be used to identify or re-assess health priorities that will be addressed in a tribal health improvement plan and a strategic plan for tribal health departments.

TOOLKIT CONTENT AND RESOURCES

This *Tribal Community Health Assessment Toolkit* was developed as a resource for tribal leaders, tribal health professionals, and community members who are interested in assessing and monitoring the health status of tribal communities. The contents of the toolkit can be used as a foundation for planning and conducting a CHA process. Tribes are encouraged to make community specific adaptations that supplement the basic CHA framework.

The toolkit is organized into five chapters that introduce the reader to activities and tasks related to the Tribal CHA planning and development process. The five chapters are described below:

- **Chapter 1: *Understanding Community Health Assessments*** defines what an assessment entails, and the main outcome of an assessment.
- **Chapter 2: *Tribal CHA Toolkit Approach*** provides an overview of tribal CHA steps.
- **Chapter 3: *Planning for the Tribal CHA*** provides guidance for forming a CHA Core Work Team, identifying collaborators defining the community, engaging the community, and preparing a work plan.
- **Chapter 4: *Implementation the Tribal CHA*** describes the process of conducting a CHA, including identifying health indicators, identifying data sources, preparing for data collection, and data analysis, and compiling the report.
- **Chapter 5: *Take Action*** discusses how to communicate the results and stresses the importance of utilizing the Tribal CHA as a basis for priority section and action planning.

Introduction

In addition, the toolkit provides the following resources, planning documents, worksheets and templates to guide the implementation of the Tribal CHA.

- **Tool 1:** Readiness Questionnaire for the Tribal CHA
- **Tool 2:** Sample Tribal CHA Memorandum of Agreement
- **Tool 3:** Tribal CHA Work Plan Sample and Template
- **Tool 4:** Purpose, Community, and Audience Statement
- **Tool 5:** Planning Strategies Checklist for Community Engagement and Involvement
- **Tool 6:** Common Health Focus Areas and Indicators
- **Tool 7:** Sample Prioritization Criteria Matrix
- **Tool 8:** Health Indicators and Data Sources Worksheet
- **Tool 9:** Data Source Assessment Questionnaire
- **Tool 10:** Sample Data Sharing Agreement
- **Tool 11:** Data Collection Checklist
- **Tool 12:** Data Collection Plan Template
- **Tool 13:** Sample Tribal CHA Presentation Outline
- **Tool 14:** Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Worksheet

Introduction

HOW TO USE THIS TOOLKIT

We have designed this toolkit for users with varying levels of knowledge and experience in conducting CHAs. Some users may find it useful to read only the narrative while others may complete all the recommended activities and tools. Although users may be interested in learning about a particular topic, we suggest all components of the toolkit should be reviewed. To begin, we recommend that each user read all of Chapters 1-2 which provides an overview to the CHA approach and explains how the toolkit focuses on the viewpoint of tribal health departments. Whatever the level of experience, the recommended approach to using the Toolkit is as follows:

- Read the guidance on the basic CHA approach presented in each chapter
- Consider what actions are appropriate for your Tribal CHA
- Utilize the tools and resources in the Appendix
- Modify the tools to meet the needs of the tribe, if necessary

Chapter 1

UNDERSTANDING THE COMMUNITY HEALTH ASSESSMENT PROCESS



Understanding the CHA Process

Overview

- A community health assessment (CHA) is a collaborative process that includes regular and systematic collection, analysis and dissemination of information on community health status.
- Common elements of a CHA include:
 - Develop a plan
 - Engage the community
 - Define the population
 - Identify community health indicators
 - Collect data
 - Analyze data
 - Identify health priorities
 - Report the results
- A Tribal CHA is beneficial to the tribal community, as well as its individual members, leaders, and health professionals because it can be used to assist in priority setting and health improvement planning.
- Public health departments, including tribal health departments, can voluntarily participate in a national accreditation program.
- PHAB determines and outlines the requirements of accreditation. A CHA is one of the three prerequisites of the PHAB Tribal Public Health Accreditation, and the focus of this toolkit.

COMMUNITY HEALTH ASSESSMENT (CHA) DEFINITION

There are many definitions for a CHA. Most definitions describe it as a collaborative process that includes regular and systematic collection, analysis and dissemination of information on community health status to inform priority setting and health improvement planning. It is instrumental to public health practice, because it provides a snapshot of health status that can be monitored over a period of time, identifies the factors that affect the health of a community, and the information can be used for community mobilization and addressing health issues of concern.

Potential Use and Potential Benefits

A CHA is beneficial to the tribal community because the process encourages involvement of the community and key stakeholders in the identification of health issues. A CHA can build upon what is already known about community health status and improve individuals' understanding of community health issues. The results can be used to inform critical decisions made by tribal leaders and key health professionals about health programs and policies. Specifically, a CHA can be used in:

- Health services planning
- Health program development
- Resource allocation
- Describing services available in the community
- Verifying community health concerns
- Identifying and prioritizing health issues
- Monitoring trends on significant health issues over a period of time

Understanding the CHA Process

Potential Risk to Communities and Individuals

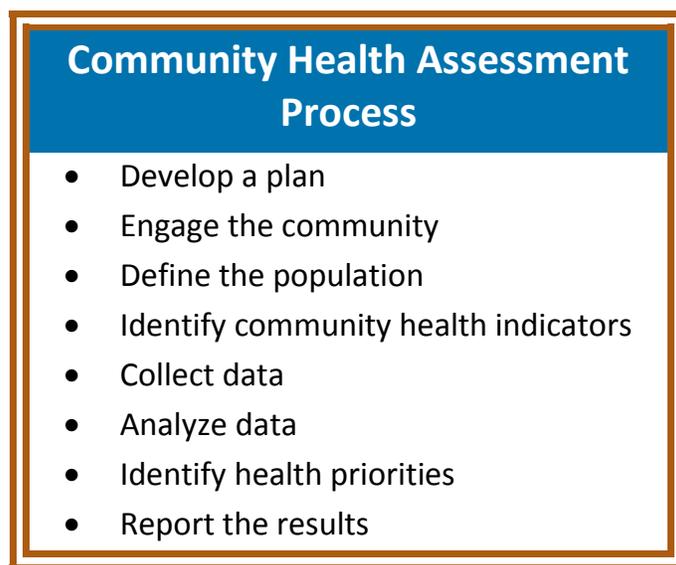
Collecting health data within a tribal community carries certain risks to both individuals and communities. Therefore, it is critical to involve tribal councils, health committees and/or the community at-large in the CHA process to ensure neither individuals nor the community is harmed. Tribes have an inherent right to protect and ensure the safety of their citizenry, and this includes the manner in which data are collected, stored, analyzed, and reported. Many tribes have formal and informal protocols for obtaining the appropriate approvals to collect data within their community. Respect for such tribal protocols and policies ensure that high ethical safeguards are maintained.

There are several approaches for conducting a CHA. All comprehensive CHAs involve a multi-step process that begin with planning and end with using the findings to address priority health issues. There are eight elements commonly followed elements in a CHA including develop a plan, engage the community, define the population, identify community health indicators, collect data, analyze data, identify health priorities, and report the results. See Figure 1.

COMMUNITY HEALTH ASSESSMENT FRAMEWORK

Before reading the step-by-step guidance, it is helpful to become familiar with the overall framework of a CHA. Although the function of each of the eight common elements is quite different, the activities may overlap or occur simultaneously. This section provides a brief overview of the common CHA elements previously identified. See Figure 1.⁶

Figure 1: Common Elements of a CHA.



Understanding the CHA Process

Develop a Plan

One of the first steps of completing a CHA is completing a planning process. Developing a plan is more than mapping out a tentative timeline of major CHA activities. While all common elements of a CHA are necessary, this step is critical because it establishes the foundation for the entire CHA process. Most CHA plans include the following aspects:

- Gather leadership support
- Define the purpose, goals, and objectives
- Identify local resources and assets
- Establish a planning team with clearly defined roles and responsibilities
- Develop initial work plans and timelines

Planning activities are discussed in greater depth in Chapter 3 of this toolkit.

Engage the Community

Collaboration and community engagement are essential elements to conducting a CHA. Community-wide participation fosters greater collaboration and coordination of services to address community needs, engages partners in both the identification of and solution to important community health concerns, and builds community capacity to improve health outcomes. Consider the Tribal Public Health System, which includes all organizations, stakeholders, and partners responsible for assuring the health of a community. Each Tribal Public Health System is different in terms of the partners, their role, and level of engagement. Refer to Figure 2 for common entities involved in a Tribal Public Health System. For tribes, the CHA should not only be collaborative, but tribally-driven. Tribal leaders, health professionals, and community members are concerned about particular health conditions, and the availability of resources and services to address them. Collaboration and community engagement are discussed in greater depth in Chapter 3 of this toolkit.

Figure 2: Tribal Public Health System



Define the Population

This step provides focus to the assessment process. Health departments often have jurisdiction over a geographic area and serve the population residing within the boundaries. Other than a shared locality, groups conducting a community needs assessment may use specific characteristics to define the population such as shared experiences, common interests, and race or ethnicity. The population definition will influence the remaining steps of the CHA including data collection, analysis, and reporting of data. Guidance for defining the CHA population is discussed in greater depth in Chapter 3 of this toolkit.

Understanding the CHA Process

Identify Community Health Indicators

In a CHA, a health indicator is a measurement that reflects health of persons in a community or a group. Because entities conduct CHA for varying reasons, there is no prescriptive list of health indicators that must be covered in a CHA. Health indicators are discussed in greater depth in Chapter 4 of this toolkit. Most CHA include health indicators related to the following topics:

- Demographic and socioeconomic characteristics
- Disease-specific health status (e.g., illness and death)
- Environmental (e.g., physical and built environment)
- Health behaviors
- Health resource availability

Collect Data

Guided by the CHA purpose and selected health indicators, individuals collecting data for CHAs first identify existing sources of available, data accessibility or ease of use, and quality data from a variety of sources. If data are not available then data are collected specifically for the CHA. Various types of data should be collected including primary, secondary, quantitative, and qualitative. These types of data and the data collection process are discussed in greater detail in Chapter 4 of this toolkit.

Analyze Data

Data analysis is the process of organizing data and applying statistical techniques to display information in a meaningful way for interpretation and making conclusions. Data analysis ranges from basic calculations of counts, averages, and percentages to advanced methods and statistical tests. Skilled professionals use computerized statistical software to manage datasets and perform data analysis. When data analysis is complete, the findings are compiled into a written report. For a CHA, this report is often called a Community Health Profile (CHP). Resources for data analysis and construction of the CHP are presented in greater detail in Chapter 4 of this toolkit.

Identify Health Priorities

Using the health issues identified in the CHA, health priorities are established. If the community had priorities before the CHA, the original priorities should be re-assessed given the new information. This activity should include input from leaders, persons involved in the CHA, and the community. Input should include opinions on which issues should be considered priority, and what will be done to improve the community's health. More information of re-assessing the priorities and using the findings are presented in greater detail in Chapters 4-5 of this toolkit.

Understanding the CHA Process

Report the Results

The CHA process does not end with the construction of the community health profile (CHP) report. The findings will not be valuable unless they are shared and made accessible to decision makers, health professionals, and community members. The presentation of the findings must be clear, accurate, and disseminated in a format that is appropriate for the target audience. Possible approaches for dissemination of reports include sharing findings at meetings, highlighting the key results in a newsletter, short report, or an oral presentation at community forums. Additional guidance for reporting the findings of a CHA are provided in greater depth in Chapter 5 of this toolkit.

FREQUENTLY ASKED QUESTION

What is the difference between a community health assessment (CHA) and a community health profile (CHP)?

The CHA is considered the process, steps, and related activities that occur in order to plan, organize, implement, and successfully complete an assessment of the Tribal community's health. This assessment will produce a great deal of health information which needs to be organized in order to view and understand the information in a meaningful way. A CHP is a document that is used to compile the information obtained from a CHA. Therefore, the CHP is an outcome of a CHA. The CHP is the tangible product that provides documentation of the CHA.

The CHP is a report that summarizes the data and statistics that provide a "snapshot" of a community's overall health status and well-being at a given point in time. This snapshot can serve as a baseline to measure change and improvements in health status over time. The CHP is an excellent tool for engaging Tribal Councils, community members, partners and collaborators, and others in making informed decisions about how to effectively and collaboratively address health priorities.

Understanding the CHA Process

HOW IS A CHA RELATED TO PUBLIC HEALTH ACCREDITATION?

A CHA is one of three prerequisites for voluntary public health accreditation through the PHAB (Website: <http://www.phaboard.org/about-phab/>). Accreditation has been identified as a key strategy for strengthening public health infrastructure. The goal of accreditation is to improve and protect the health of every community by advancing the quality and performance of tribal, state, local and territorial public health departments. Public health accreditation was developed on the premises that, regardless of how a health department is structured or governed or where they live, everyone should reasonably expect the health department to meet certain standards.⁵ Public health accreditation provides a set of public health standards by which a tribe can systematically strengthen its self-determination and raise the level and quality of services it provides to the community. Public health departments can voluntarily participate in a national accreditation program.

Figure 3: CHA definition

According to PHAB, a CHA is defined as:

“A collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering resources, and planning actions to improve the population’s health. The development of a population health assessment involves the systematic collection and analysis of data and information to provide the health department and the population it serves with a sound basis for decision-making and action.”

In addition to being a prerequisite, the CHA is one of the standards of PHAB accreditation. According to PHAB, a standard is the “*required level of achievement that a health department is expected to meet.*” The health department must demonstrate conformity to each standard by providing the required documentation of each measure. This toolkit focuses solely on the CHA, which relates to Standard 1.1 and its measures. Guidance from the PHAB is available in the PHAB Standards and Measure Document Version 1.0.

Accreditation is one method that a tribal health department can utilize to demonstrate commitment to the continued improvement of community health and public health practice. Although there is limited evidence, it is reasonable to expect that accreditation can have a positive impact on the health department, such as improvements in the delivery of services and operations.⁷

Only the tribe and/or persons authorized to make decisions about the tribal health department determines whether to conduct a CHA with intention to apply for accreditation through PHAB. Tribal health departments are highly encouraged to consider the purpose, potential benefits, eligibility, available resources, intention to maintain accreditation status, and unintended consequences of accreditation. These topics are considered below.

Understanding the CHA Process

Accreditation purpose: Accreditation uses standards and performance measures to ensure public health operations, quality improvement, workforce education and training, leadership development, and community engagement. Reasons that tribal health departments may seek accreditation are listed below.⁸

- To improve the quality of practice and performance within public health departments.
- To demonstrate the capacity of the public health department to deliver the three core functions and the ten essential services of public health.
- To identify performance opportunities for improvement, develop leadership, and strengthen relationships with community members.

Other benefits include:

- Strengthening self-determination by providing a framework for Tribes to improve public health infrastructure and build capacity.
- Identifying and acting on improvement opportunities in order to deliver high quality public health services to all community members.

Value to the tribal health department: The *PHAB Guide to National Public Health Department Accreditation* identified the following as benefits of public health accreditation:⁹

- High performance and quality improvement
- Recognition, validation, and accountability
- Improved communication and collaboration
- Potential increased access to resources

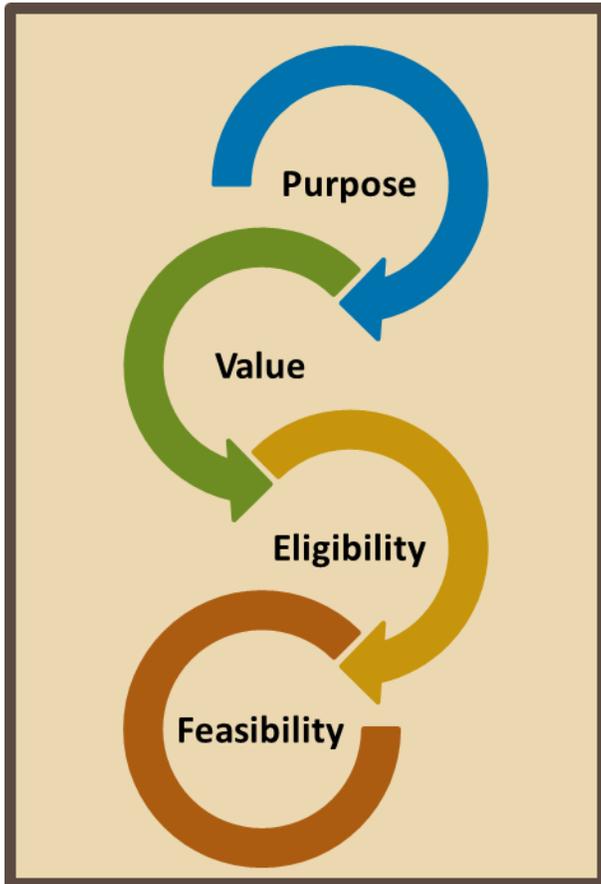
The tribe will determine whether these potential benefits are of value, or applicable to the tribal health department, tribal leaders, stakeholders, and others involved in decision making. However, it is important to note that becoming accredited does not guarantee the benefits mentioned above.

Eligibility: All health departments must meet eligibility requirements for public health accreditation. PHAB uses the following definition of eligibility for a tribal public health department.

"A tribal health department is defined, for the purposes of accreditation, as a federally recognized tribal government,¹⁰ tribal organization or inter-tribal consortium as defined in the Indian Self-Determination and Education Assistance Act, as amended, with jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the tribe's overall health, wellness and safety; prevent disease; and respond to issues and events. Federally recognized tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership or formal collaboration."

Understanding the CHA Process

Figure 4: Considerations for applying for public health accreditation



A tribal health department may function as described above. However, if its authority is not formally evidenced, documented, or supported in the Tribe's constitution, or other legal document (such as by Tribal constitution, resolution, ordinance, executive order, or other legal means), the documentation must be developed and approved, and then submitted with the accreditation application.

For more information about documentation of a tribal health department authority to conduct public health activities, reference PHAB's Standards and Measures Version 1.0, Domain 12, standard 12.1, measure 12.1.1A. A Tribal Public Health Code is a viable means for documenting authority and can also be a useful means for addressing other standards and measures related to public health law.

Feasibility: Along with the potential benefits and value, tribes should consider the resources, time and effort required to complete the entire process for seeking accreditation. There are applicant fees for PHAB accreditation. The fee for the health department is based on the size of the population served. The fees are available on

the PHAB website, and can be paid in one lump sum, in multiple year increments, or with end of the year internal or external funds. Tribal health departments should factor in the cost of not only the application fee, but the time and efforts spent on the accreditation process and the prerequisites, including the Tribal CHA. Tribal health departments may use internal or external funding sources for accreditation fees and its associated costs. The timeframe for preparing for accreditation varies by health department. The process for seeking public health department accreditation is a multi-step process described on PHAB's website (www.phaboard.org).



PHAB Documents and Supporting Materials

- PHAB Website: <http://www.phaboard.org>
- PHAB Guide to National Public Health Department Accreditation
- PHAB National Public Health Department Readiness Checklists
- PHAB Standards and Measures Version 1.0



Checklist of Recommended Activities

- Learn about PHAB and visit the website
- Obtain PHAB Resources
- Complete readiness checklists
- Become familiar with the steps of the application process, and the pre-requisites

Chapter 2

TRIBAL COMMUNITY HEALTH ASSESSMENT APPROACH



Tribal CHA Toolkit Approach

TRIBAL CHA TOOLKIT APPROACH

A CHA can be conducted even if a tribe does not seek accreditation through PHAB. This toolkit has specifically tailored publically available CHA frameworks to include topics of relevant to tribal health departments.

Enhanced topics include:

- The role of tribal governance recognizing that each tribe has its own protocols
- Greater focus on community involvement in approval and initial decision process
- Importance of community and individual protections when collecting data for a tribal CHA
- Data sources and methods that are relevant to tribes, given the issues with the limited availability of quality data
- Template memorandum of agreement and data sharing agreement

Recall that the toolkit is organized into five chapters. The remaining chapters 3-5 describe the Tribal CHA Toolkit's three phase approach: Planning Phase, Implementation Phase, and Take Action Phase. The three phases cover the following topics:

Planning Phase:

- Develop a plan
 - Determine the purpose, need, and readiness
 - Choose the best approach for the Tribal CHA
 - Tribal and support and permission
 - Community engagement and support
 - Recruit members and work teams
 - Develop a work plan
- Define the community and the audience
- Engage the community

Implementation Phase:

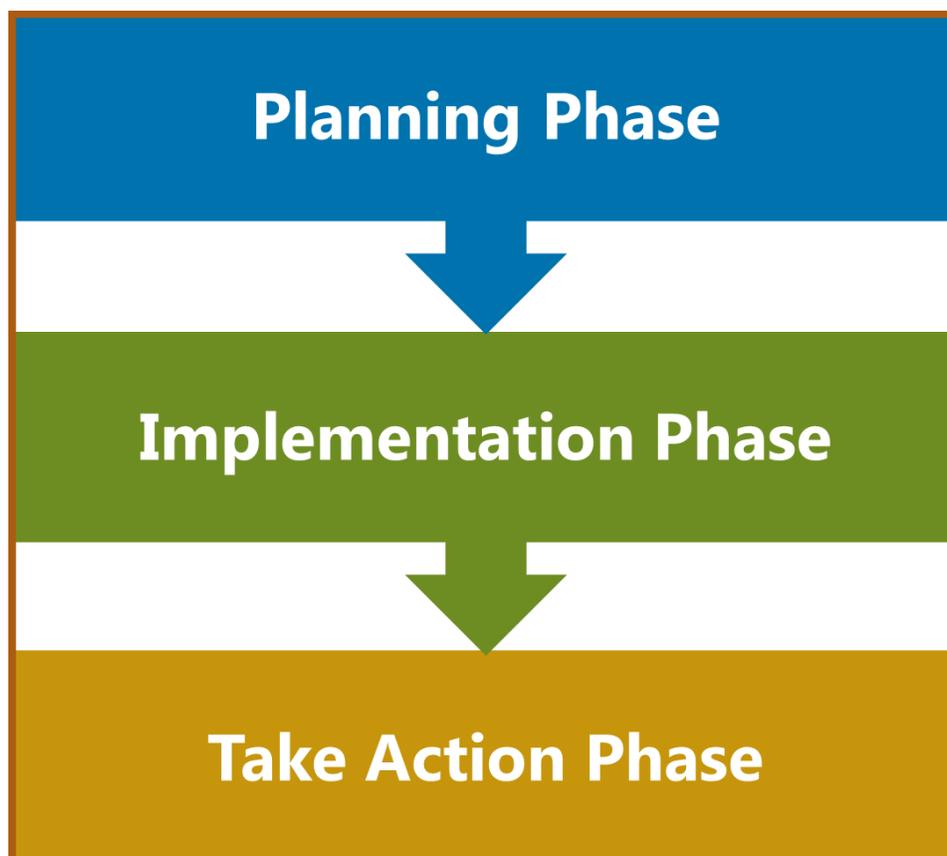
- Identify community health indicators
 - Determine health priorities
 - Select and prioritize health indicators
 - Identify and assess data sources
- Collect data
 - Enter into data sharing agreements
 - Design an approach for collecting the data
- Analyze data
- Construct the CHP

Tribal CHA Toolkit Approach

Take Action Phase:

- Communicate the results
 - Share the findings
 - Engage the community and planning committee
- Re-assess health priorities and identify opportunities for action
- Make plans for action
 - Tribal Community Health Improvement Plan
 - Tribal Health Department Strategic Plan

Figure 5: Phases of the CHA.



Chapter 3

PLAN FOR THE TRIBAL COMMUNITY HEALTH ASSESSMENT



Plan for the Tribal CHA

Overview

- The tribe determines who will be involved in conducting the Tribal CHA. Some tribes form working groups consisting of tribal leaders, staff members or community members designated to be involved in the CHA process.
- Identify a primary work group, or a CHA Core Work Team, that consists of individuals tasked to lead and implement the major tasks for the Tribal CHA.
- The Tribal CHA has the potential to benefit multiple agencies, so working with key stakeholders to identify mutual goals is valuable.
- When the CHA involves collaboration, a Memorandum of Agreement (MOA) and a work plan are useful tools.
- The CHA process will differ for each tribe and should be tailored to meet the needs of the tribe.
- The main steps to conducting a CHA include develop a plan, define the community, engage the community, identify indicators, collect data, analyze data, identify health priorities, and report results.

PLANNING PHASE

The common elements of a CHA covered in this section are:

- Develop a plan
- Engage the community
- Define the population

At times, activities from one step often overlap with activities from another step. It is important to note that certain steps can be implemented at the same time, and it is often necessary to do so for efficiency. For example, the development of a CHA plan can be accomplished while the community is being defined and engaged. However, some steps must occur prior to others. For instance, the data collection and analysis steps should not begin until the health indicators have been identified.

DETERMINE THE PURPOSE

Determine Whether to Conduct a Tribal CHA

The decision to conduct a Tribal CHA is made by the tribe. There are many factors to consider when making the decision, including leadership support, broad community interest, resources available and needed (e.g., financial, staff support, and technology), time, and availability of data. Support from tribal leadership, including tribal council, health boards, advisory committees, and/or other groups, is essential to the success of a CHA.

Table 1. Reasons for conducting a CHA.

Topic	Considerations
The tribe plans to apply for accreditation	<ul style="list-style-type: none"> A CHA is a prerequisite for public health accreditation
There are clear benefits to the tribe and the community's health	<ul style="list-style-type: none"> Support data-based decision making in health improvement planning and inform health program development, resource allocation, and evaluation Enhance what is already known or improve understanding of community health issues Encourages community involvement in health issues and engages key stakeholders
The findings will be utilized by tribal leaders and health professionals	<ul style="list-style-type: none"> Inform critical decisions Prioritize health issues Reference when submitting proposals or applications for grants Track and identify important trends on significant health issues over a period of time

Cost of a Tribal CHA: There are costs associated with conducting a CHA. Costs vary depending on the comprehensiveness of a CHA; technical expertise and experience within the tribal health department to collect, analyze, and report on data; past experience conducting assessment, and other variables. Therefore, it is difficult to estimate the costs of conducting a CHA. Nevertheless, a tribal health department should expect costs for staffing, planning meetings, community involvement and incentives, data collection and analysis, and reporting the findings. To obtain funding for conducting a Tribal CHA, the tribal health department may cost share with other tribal departments conducting a community assessment, utilize internal health department funds and resources, and seek funding and/or other technical assistance from external sources (e.g. grants, foundations, health agencies, or organizations).



TOOLKIT RESOURCE

Tool 1: Readiness Questionnaire for Tribal CHA Development

Since the process requires much time, effort and resources, assessing the tribe's readiness to conduct a CHA is recommended. Use the questions to guide discussions about the tribe's readiness to conduct a Tribal CHA. Be sure to also include additional topics that are important to the tribe. This Tool is located on page 78 in the Tools and Resources section.

Determine the Purpose

The CHA process will differ for each tribe. Such differences are due to community size, community location, tribal health operation status (e.g., Public Law 93-638 often referred to as '638', compacted, Indian Health Service "IHS"), tribal health department capacity, and key partnerships within the tribal public health system. Before starting the tribal CHA development process, it is essential to determine the purpose of the Tribal CHA. Communicating why the Tribal CHA should be developed and explaining overall expectations will provide direction for the individuals involved in the project. Developing a purpose statement with CHA Core Work Team will also help ensure the team has a shared understanding of the purpose of the CHA.

DEVELOP A PLAN

Choose the Best Approach for the Tribal CHA

Determining which approach is best suited depends largely on the purpose and objective for conducting the CHA. As mentioned in the previous section, tribal health departments conduct CHAs to inform program and services planning, prioritize resource allocation and policy development, and assess health status and evaluate improvement in health outcomes over time. This toolkit includes guidance for each common elements of the CHA process. If the tribe would like to explore additional options for conducting a CHA, there are a number of other models and approaches available to the public. Be sure to select a framework that is comprehensive, and addresses the PHAB standards for the community health assessment. There is no one framework that will guarantee that the tribe will meet the PHAB standards for the community health assessment, as PHAB determines what is considered acceptable documentation.

Table 2 lists examples of CHA frameworks. The last two models found in the table are specific to tribes. Whichever model or approach is taken, CHAs are conducted using a systematic process that includes the steps outlined in Chapter 1.

Table 2. Examples of CHA frameworks and guides.

Framework	Organization and Website
Mobilizing for Action through Planning and Partnerships (MAPP)	National Association of County and City Health Officials http://www.naccho.org/topics/infrastructure/mapp/
Community Health Assessment aNd Group Evaluation (CHANGE)	Centers for Disease Control and Prevention http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm
The Community Tool Box	University of Kansas http://ctb.ku.edu/en/tablecontents/index.aspx
ACHI Community Health Assessment Toolkit	Association for Community Health Improvement http://www.assesstoolkit.org/
Indian Community Health Profile Project Toolkit	Northwest Portland Area Indian Health Board http://www.npaihb.org/images/resources_docs/Toolkit_Final.pdf
Five Steps to Community Assessment for American Indian/Alaska Native Head Start Programs	AED Center for Early Care and Education and American Indian Technical Assistance Network http://www.plan4preschool.org/docs/single/five-steps-to-community-assessment-for-american-indian-alaska-native-head-s/

Obtain Tribal Approvals

Formal support from tribal leadership whether a tribal resolution or other approval mechanism is highly encouraged and often required. Having the appropriate approvals will also support efforts to engage other departments and programs within the tribe to participate in the CHA. Tribally-driven approaches must follow tribal protocols, and should address priority areas identified and defined by the tribal leadership.

Recruit Members and Work Teams

Once the appropriate approvals are obtained from the tribal Leadership, it will be important to identify a work group, or a CHA Core Work Team, consisting of individuals tasked to lead and implement the major tasks for the Tribal CHA. It is recommended that the CHA Core Work Team remain relatively small with 6-8 members. CHA Core Work Teams might include:

- Health department staff
- Community members
- Tribal leaders
- Key stakeholders
- Staff from other tribal departments
(See Figure 6)

Consider the Ten Essential Public Health Services: In order to determine who is best suited for the CHA Core Work Team, consider the Ten Essential Public Health Services and the various stakeholders engaged in the delivery of one or more of these services (See Figure 7). Other considerations for selecting the CHA Core Work Team may include:

- Staff with leadership roles
- Experience
- Area of expertise
- Access to data and information

Consider Subcommittees: In addition to the CHA Core Work Team, a tribe may form an additional CHA working group or subcommittees that focus on a specific element of the CHA. Figure 6 shows departments that can be included in the Tribal CHA process as CHA Core Work Team members, sub-committee members, or stakeholders. Through collaboration, these departments play an integral role by ensuring that Tribal CHA is comprehensive and includes the major health concerns addressed by all tribal programs.

Tribal Program Staff for Core CHA Work Team
Administration and Enrollment
Courts
Education
Elder Services
Health Transportation
Police Department
Social/Family Services
Wellness Center
Women, Infants, and Children (WIC)
Youth Program

Figure 6: Potential Tribal Programs Involved in the Tribal CHA

Identify Key Stakeholders and Potential Collaborators

In addition to the CHA Core Work Team, consider forming a broad based Tribal CHA Key Collaborators Team. The Tribal CHA Key Collaborators Team may include individuals who are unable to commit the time or resources needed to participate fully on the Tribal CHA Core Work Team, but are critical to the successful implementation of the Tribal CHA. The Tribal CHA Key Collaborators Team may function as an advisory body to the CHA Core Work Team. If a tribal health department is conducting a CHA for purposes of accreditation, it may be beneficial to involve representatives from tribal departments, state and federal agencies, and other local partners who bring a level of commitment and resources, whether financial and staff time, to support the broader goal of the tribal health department.

The PHAB standards and measures for a CHA require documentation of broad community participation in terms of partner participation representing various sectors outside the health department. According to *PHAB Standards and Measures Version 1.0* (Measure 1.1.2 T/L and Measure 1.1.1 T/L) documentation of the following is required:

- Regular meetings or communication with partners to consider data sources, review data, and conduct analysis
- Collaborative process to identify and collect data or information, identify health issues, assets, and resources to address health

Ten Essential Public Health Services

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal healthcare workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Reference: National Public Health Performance Standards
<http://www.cdc.gov/nphpsp/essentialservices.html>

Figure 7. Ten Essential Public Health Services.

Develop a Memorandum of Agreement (MOA)

There are a number of helpful tools that tribes can use when collaborating with external agencies. One document is a MOA, which outlines the terms of the collaboration and responsibilities of each of the entities involved. A sample MOA is located in the appendix. At minimum, the MOA should cover the following sections:

- Purpose and Description of CHP Development
- Articles of Agreement and Responsibilities
- Confidentiality and Security of Information
- Time Period
- Signatures from the tribal leader and the authority from the collaborating organization



TOOLKIT RESOURCE

Tool 2: Sample Tribal CHA MOA

The purpose of a MOA is to establish the relationship and describe the responsibilities of organizations. The MOA is intended to solidify the mutual understanding between partnering organizations. Determine components of the sample MOA, and adapt the document to describe the expectations of the involved parties. Legal consultation is recommended and often required. This Tool is located on page 79 in the Tools and Resources section.

Set Goals and Objectives

The Tribal CHA Core Work Team will refer to project goals and objectives throughout the CHA process to guide activities and make decisions. A project goal is non-specific, non-measurable, and usually cannot be attained (e.g., an ideal). A project objective is measurable and more realistic. An objective is a statement that outlines what the program will achieve- it answers the question, “*What does success look like?*” Objectives define the following:

- Who or what will change
- How many are going to change
- What/ how much change is expected
- When this change will occur

The acronym 'SMART' is used to describe how to write an objective. 'SMART' stands for:

- **Specific** - What are we going to do (and with whom)?
- **Measurable** - Is it able to be measured? How?
- **Achievable** - Can it get done in the current political climate, with the proposed timeframe, and money we have?
- **Relevant** - Will this objective lead to the desired result?
- **Time-bound** - When will it be completed?

ADDITIONAL RESOURCES

Tribal Epidemiology Centers

Tribal Epidemiology Centers (TECs) are an excellent resource for epidemiology and data services and technical assistance. There are 12 TECs serving the various regions of the country as designated by the Indian Health Service (IHS) Service Areas. TECs are funded by the IHS and CDC and were established through the reauthorization of the Indian Health Care Improvement Act (IHCA) in 1996. TECs serve tribal communities by managing public information systems, supporting the investigation of disease, managing disease prevention and control programs, and assisting with response to public health emergencies with other public health authorities. For more information on TECs, visit the website: http://www.ihs.gov/epi/index.cfm?module=epi_tec_main

The Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC)

The ITCA TEC provides services to the American Indian tribes in the Phoenix and Tucson Areas of the Indian Health Service. The ITCA TEC may be able to assist tribal health departments by providing specific health data and assisting with data management, analysis, and report construction.

Develop a Tribal CHA Work Plan

Now that the work teams, purpose, community, and audience have been defined, the next step is to develop a clear and comprehensive plan to guide tasks and activities. One helpful tool is a work plan that describes the CHA process and clearly outlines responsibilities for all individuals and organizations involved. The plan is especially useful when several programs are involved in the Tribal CHA. A work plan may include the task to be completed; the individual or group responsible for arranging or completing the task; the time frame or due date for the task; and notes or additional comments. A sample CHA work plan and a template for developing a tribal-specific work plan are located in the appendix. The sample work plan includes all the common elements of CHA implementation. Table 3 below displays a possible entry on the work plan.

Table 3. Sample task from a Tribal CHA work plan.

TASK	PERSON(S) OR GROUP RESPONSIBLE	TIME FRAME / DUE DATE	ADDITIONAL COMMENTS
Obtain permission from Tribal Leaders to plan and implement a CHA	Tribal Health Director	1 to 3 Months	Obtain approval from Tribal Health Advisory Committee



TOOLKIT RESOURCE

Tool 3: Tribal CHA Work Plan Sample and Templates

A work plan is a practical tool for organizing projects that involve many individuals and guide project related tasks. Common tasks involved in the Tribal CHA are outlined in the sample work plan in Tool 3. Use the template to develop a work plan that describes the activities that must occur for the Tribal CHA to be completed. This Tool is located on page 85 in the Tools and Resources section.

DEFINE THE COMMUNITY

Defining the community to be included in the CHA is important and will guide data collection efforts. Community can be defined in a number of ways, and depends largely on the overall purpose of the CHA. Community can be defined by geographic boundaries, such as a reservation or tribal jurisdiction. It can refer to specific regions (e.g., pueblo, district, chapter house, community), or other types of geographic boundaries. Include the approximate population size and a clear description of who are considered community members (e.g., enrolled tribal members, spouses and children of tribal members, all those living within a specific geographic boundary or all those who access services). Consider people, culture and web of relationships, as well as history, government, politics, institutions, groups, organizations, economics, and social structure.

Population served by the jurisdiction for public health accreditation: Tribal health departments seeking public health accreditation need to align the definition of the community with the “population served by the jurisdiction” as identified by the tribe in the application for accreditation. Even if a tribe does not have a land-base, a CHA community must be defined in specific terms.

DETERMINE THE AUDIENCE

It is important to consider and determine who will use the information obtained from the assessment. Once the Tribal CHA has been conducted, a tribal CHP that summarizes the data will be developed. The CHP can be a confidential document or a public document. Tribes may prefer to keep the CHP as a private document and limit the users of the report to the tribal council, designated health professionals, and staff members. Other tribes may prefer to use the CHP as a public document and provide access to all community members interested in the health of the community. Determining the audience and users of the CHP will influence the way the CHP is developed and disseminated, and should be defined during the early stages of planning the CHA. This will prevent future misunderstandings about the CHA, and how the data will be communicated.



TOOLKIT RESOURCE

Tool 4: Tribal CHA Purpose, Community, and Audience Definitions

Before conducting the Tribal CHA, it is important to agree upon the reason for conducting the assessment, who will be included, and who will have access to the findings. Use this tool to write a purpose statement, define the community, and determine the main audience for the Tribal CHA. This Tool is located on page 87 in the Tools and Resources section.

ENGAGE THE COMMUNITY

Community engagement is an essential element of the CHA process and is a requirement for public health accreditation. Tribal health departments can involve community members in a variety of ways during all phases of the CHA process. Community participation and input are valuable since the CHA results could potentially influence the health status and health service delivery in the community. The tribe can seek community buy-in and acceptance before deciding whether to conduct the Tribal CHA, during the process with information gathering, or after its development to interpret the findings. The tribe can host events, such as community forums or town hall meetings, to prioritize health concerns, identify community strengths, and explore root causes to important health concerns. Community engagement activities are an effective way to obtain information from those who do not on the work team but have an interest in the project.



TOOLKIT RESOURCE

Tool 5: Planning and Strategies Checklist for Community Engagement and Involvement Checklist

Before involving the community in the CHA, it is important to consider how the community will be reached. Use the Planning and Strategies Checklist to consider the location of the event, the funding source, and what strategy will be used to engage the community. This Tool is located on page 90 in the Tools and Resources section.



Plan for the Tribal CHA—Toolkit Resources

- **Tool 1: Readiness Questionnaire for Tribal CHA Development**
- **Tool 2: Sample Tribal CHA Memorandum of Agreement**
- **Tool 3: Tribal CHA Work Plan Sample and Template**
- **Tool 4: Purpose, Community and Audience Definitions**
- **Tool 5: Planning and Strategies Checklist for Community Engagement and Involvement**

Chapter 4

IMPLEMENT THE TRIBAL COMMUNITY HEALTH ASSESSMENT



Implement the Tribal CHA

Overview

- The tribe determines the top health focus areas and selects indicators for monitoring health status in the Tribal CHA.
- Tribal, federal, state organizations and other entities are all potential data sources for the Tribal CHA. Each source should be assessed based upon availability, accessibility, and reliability.
- Data collection refers to process of gathering information, how is it stored, managed and protected.
- Identify staff or collaborators with skills in quantitative and qualitative data analysis.
- Data must be processed and analyzed in order to be translated into meaningful information.
- Use a combination of tables, charts and figures to present the data.

IMPLEMENTATION PHASE

The common elements of a CHA covered in this section are:

- Identify health indicators
- Collect data
- Analyze data

BACKGROUND ON ASSESSING COMMUNITY

HEALTH STATUS

Measuring the Community's Health

Health status is often assessed using objective measures called *health indicators*. A health indicator is measurement of a characteristic of an individual, population or environment that can be used to describe one or more aspects of health. Health indicators are used to define a health concern at a particular point in time, indicate change in the level of health over time and identify differences in the health of communities or populations.

In epidemiology, health statistics are used to describe new cases of disease and death and people living with disease. For example, incidence is a measure of the risk of disease development in the population. An incidence rate is defined as the number of new cases of disease in a population at a specified period of time. Rates improve one's ability to make comparisons and can be used to examine how quickly a disease is spreading or being diagnosed in a community. An example of a health statistic that describes people living with the disease is prevalence. Prevalence represents the proportion of people living with a disease at any given time in the population. Prevalence data are useful for determining the extent of a disease or health condition and therefore often used for public health planning. In general, health indicators are commonly presented as numbers, proportions, or rates. The following examples are provided for the measures and health statistics mentioned above:

NUMBER, COUNT, AND FREQUENCY: The number of individuals, cases, or health events.

Examples:

1,000 Tribal members were enrolled in 2012.

1,500 people lived on the reservation or on Tribal lands 2012.

200 community members died, from all causes, in 2012.

PROPORTION, PERCENTAGE OR PREVALENCE: The number of cases or health events in relation to the whole, or per 100.

Examples:

40.0% of injuries among Tribal community members were due to motor vehicle crashes in 2012.

75.0% of observed Tribal community members wore a seatbelt or child restraint in 2012.

INCIDENCE RATE OR MORTALITY RATE: The number of new cases, health events or deaths divided by the total population at a time point or average population during a specified time period.

Examples:

- If there were 15 new kidney cancer cases in a community of 70,000 in 2012, and 100 previous had kidney cancer, then the incidence rate would be calculated as:

$$15 / (70,000 - 100) \times 100,000 = 22 \text{ cases of kidney cancer per } 100,000 \text{ population in } 2012$$

- If there were 5 infant deaths in a community with 2,000 live births in 2012, then the mortality rate would be calculated as:

$$5 / (2,000) \times 1,000 = 2.5 \text{ deaths per } 1,000 \text{ live births in } 2012$$

What Type of Information is Included in a Tribal CHA?

A Tribal CHA includes a variety of health information, data and characteristics that are of interest to the Tribal community. The data should tell a story about community health status, identify areas of health improvement, describe factors that contribute to health challenges and identify resources that can be mobilized to address them. For public health accreditation, it is required to provide documentation and evidence that comprehensive, broad-based data and information were collected from a variety of sources to create the CHA. Sources may include Tribal, federal, state and local data; data from hospitals and healthcare providers, schools, academic institutions, and other Tribal departments (education, social services, housing). A Tribal CHA may include data and information on the categories described in Table 4.

Table 4: Types of health information included in the Tribal CHA according to the Public Health Accreditation Board.

CATEGORY	EXAMPLES
Demographic Information	Population size, age, gender, languages spoken, race and ethnicity (especially if the tribal health department provides services to non-American Indians)
Socioeconomic Status (SES)	Income and education levels, family size, employment
Quality Of Life (QoL)	Satisfaction with healthcare services, availability of childcare, civic engagement, family relations, elder care
Behavioral Factors	Physical activity, commercial tobacco use, nutrition
Environment (Including the Built Environment)	Outdoor and indoor air quality, land use, radiation, hazardous materials; Built environment can include areas for physical activity, safe roads, sidewalks
Morbidity and Mortality	Rates of illness or injury, rates of death by illness or injury and distribution by age, gender or community
Social Determinants of Health	Impact of socioeconomics on health, access to care, economic and social conditions that influence individual and group differences in health

IDENTIFY HEALTH INDICATORS

The following activities are recommended for identifying and selecting indicators:

- Determine health priorities
- Identify health indicators
- Prioritize health indicators
- Identify and assess data sources

Determine Health Priorities

Each tribe has different areas of interest regarding the health status of its community members. The tribe determines the health focus areas that the Tribal CHA should address. Although the tribe may have several health areas of interest, it is important to select the focus areas that are related to the goals and objectives of the tribal health department and the Tribal CHA project. One strategy for determining health priorities is asking tribal leaders, staff, and community members the following questions:

- What are the top three health-related issues or concerns of your department or the community?
- What health conditions are appropriate for being monitored through the Tribal CHA?

Select Health Indicators

Once the tribal health focus areas are determined, develop a list of health indicators associated with these concerns. A *health indicator* is a measure that reflects one or more aspect of the health of an individual or community, such as mortality rates. Health indicators can be used to define public health concerns at a particular point in time, to monitor change over time, to define differences in the health of populations, and to assess the extent to which the objectives of a program are being reached. The health indicators used in the CHA will provide tribes an overall view of their community's state of health.

A sample table consisting of common health priorities and indicators is located in the appendix_(Tool 6). Since the health priorities will differ for each tribe, a blank worksheet is provided below the sample. This allows each tribe to develop a list of health priorities and indicators that meet the needs of the tribe. There may be additional indicators not presented in this toolkit but that are of interest to the tribe. ITCA provides technical assistance with the identification of additional health indicators to tribes in the Phoenix and Tucson IHS Areas.



TOOLKIT RESOURCE

Tool 6: Common Health Focus Areas and Indicators

Although there are common conditions that affect tribal communities, each tribe has its own unique health concerns. A comprehensive Tribal CHA covers the health focus areas and includes indicators of the select health conditions. This Tool is located on page 91 in the Tools and Resources section.

Prioritize Health Indicators

While there is no set number for how many health indicators should be used in the CHA, it is important to ensure that you have enough data to provide you with an overall snapshot of the communities' health. Data collection is both labor and time intensive so it is also important to prioritize health indicators to ensure that data collection and analysis are manageable. To prioritize health indicators, the CHA Core Work Team needs to identify a set of criteria for determining which indicators to include in the CHA. Examples of criteria include the following:

- Importance (as communicated by tribal leadership and community)
- Scope of the problem (e.g., number of people affected)
- Seriousness (e.g., leading causes of death)
- Trends (e.g., increase in prevalence among specific age groups or gender)
- Equity (e.g., health inequities and disparities)

Identify additional criteria based on each tribe's unique circumstances and existing knowledge about the tribe's health. Whichever criteria are used, it is important that there is a consensus among the group prior to data collection. A prioritization activity is located in the appendix (Tool 7).



TOOLKIT RESOURCE

Tool 7: Sample Prioritization Criteria Matrix

Conducting a Tribal CHA is labor intensive. Therefore, it is essential to select the indicators with the highest priority and to narrow the list of indicators to be collected if there are too many indicators to manage in the given time frame. This Tool is located on page 93 in the Tools and Resources section.

Identify and Assess Data Sources

Once the list of indicators is established, identify which data source, or sources, will be used for each indicator. Data often originate from notifiable disease reporting, vital statistics, special registries, surveys, administrative data, and sentinel site and healthcare providers. Major data sources include tribal, federal, state, and other organizations.

Tribal data sources are useful, but the availability of tribal data differs for each tribe. Examples of tribal data sources include: tribal enrollment office, health department, police department, wellness center, and community surveys. Other potential data sources may include the IHS Resource and Patient Management System (RPMS), state health department reports, state cancer registries, U.S. Census Bureau, Centers for Disease Control and Prevention (CDC) reports, and other public health data reports. These data sources are also valuable, but often tribal-specific data are not readily available (with exception to the IHS and the U.S. Census). See Table 5 for potential data sources for demographic and health related information for tribes.

Implement the Tribal CHA

Table 5: Potential Data Sources.¹

Health Focus Area	Tribal Data Sources	County/State Data Sources	Federal/National Data Sources²
Demographics and Socioeconomic Factors	Enrollment Social Services	Commerce or Economic Security	U.S. Census American Community Survey Bureau of Indian Affairs
Quality of Life	Community Surveys Elder Services Schools	Health Divisions or Departments Safety	Nation Health Interview Survey Centers for Disease Control and Prevention (CDC)
Environment	Environmental Services Housing Health Facilities Transportation	Environmental Health Transportation	Bureau of Indian Affairs CDC
Mortality	Administration Elder Services Health Divisions or Departments	Health Divisions or Departments Vital Records (Death records)	National Center for Health Statistics
Cancer	Health Facilities Health Divisions or Departments	Health Divisions or Departments State or Regional Cancer Registries	Surveillance, Epidemiology and End Results (SEER) Program National Program of Cancer Registries National Cancer Data Base
Diabetes	Health Facilities Diabetes Registries and Audit Tribal Special Diabetes Program for Indians Health Divisions or Departments	State Health Department	Indian Health Service (IHS) Resource and Patient Management System IHS Diabetes Registry and Audit Special Diabetes Program for Indians
Wellness Screenings, Health Risks and Behaviors	Health Promotion Programs Health Divisions or Departments Early & Head Start Maternal and Child Health Programs Tribal community surveys	Wellness and Health Promotion Programs	IHS Resource Government Performance and Results Act (GPRA) CDC
Injuries	Health Facilities Emergency Medical Services Law Enforcement Courts Social Services Prevention Programs Transportation	Health Divisions or Departments Hospitalizations Database Transportation	Fatal Accidents Reporting (FARS) Web-Based Injury Statistic Query and Reporting System (WISQARS)
Mental Health	Behavioral and Mental Health Facilities Health Department	Behavioral and Mental Health Facilities	Substance Abuse and Mental Health Services Administration CDC
Infectious Diseases	Health Facilities Health Department	Health Divisions or Department Communicable Disease Registries	CDC

¹ Data may not be available for all indicators.

² Federal and national data sources may not have tribal specific data. However, there may be comparison information available, or data that describes the extent of the health condition on a national level.

A “Health Indicators and Data Sources” worksheet is located in the Appendix (Tool 8). Use this tool to link the health focus areas to relevant health indicators and potential data sources.



TOOLKIT RESOURCE

Tool 8: Health Indicators and Data Sources Worksheet

Selecting health indicators and determining data sources activities should occur simultaneously. This Tool is located on page 95 in the Tools and Resources section of this toolkit.

Data sources are considered either public or protected (sometimes called private). Each type has advantages and limitations which are described in Table 6 below.

Table 6: Comparison of public and private data.		
	PUBLIC	PROTECTED / PRIVATE
Advantages	<ul style="list-style-type: none"> • Often easy to access and/or already analyzed • Available through published reports, the internet, or by 	<ul style="list-style-type: none"> • May have information specific to a tribe, or sub-group
Limitations	<ul style="list-style-type: none"> • May not have information specific to the tribe • May not be current or complete 	<ul style="list-style-type: none"> • Process to obtain permission to access or the development of data sharing agreements may be lengthy

In addition to identifying the advantages and limitations of the type of data, it is important to assess the availability, credibility and reliability of the potential data sources. A data source assessment questionnaire is located in the Appendix (Tool 9). As mentioned before, data sources for American Indian health are limited and the data may not be available for all indicators. Tribal data sources are valuable, but not always available. The health indicators initially selected may have to be changed based on the data that are available. Using credible and reliable data sources is important because indicators are only as good as the data on which they are based. If the data source does not fit the needs of the tribe, consider using other data sources.



TOOLKIT RESOURCE

Tool 9: Data Source Assessment Questionnaire

Every data source has limitations. Assess the data sources to select the best option for obtaining available and reliable data. This Tool is located on page 97 in the Tools and Resources section.

Collect and Analyze Data

The following activities are recommended for collecting and analyzing data.

- Enter into data sharing agreements
- Design an approach for collecting the data
 - Collect primary data and secondary data
 - Select data collection methods and tools
 - Ensure the collection of reliable and valid information
 - Identify a record-keeping process
 - Recognize data limitations
 - Develop and implement the data collection plan

Enter into Data Sharing Agreements

If utilizing private or protected information from agencies other than the tribe, then tribal leaders will need to consider entering into a data sharing agreement. Special precautions need to be taken when collecting data with protected health information from other organizations. Often, data sharing agreements must be developed between the tribe and the agency in order to ensure the protection of community and its members. A sample data sharing agreement is located in the Appendix (Tool 10). The following topics are common in data sharing agreements:

- Purpose of data request
- Tribal approval and Institutional Review Board
- Uses of the data
- Confidentiality
- Timeline of expected data use
- Transfer of data (e.g., secure email, encrypted memory, or data storage device)
- Storage of the data
- Format of the data (e.g., text file, Microsoft Excel or Access database);
- Destruction or return of data
- Restriction or permission to use data in publications or other communications
- Review and approval of draft documents prior to publication
- Acknowledgement of the data in publications (e.g., usually a note at the end of the paper)



TOOLKIT RESOURCE

Tool 10: Sample Data Sharing Agreement

A data sharing agreement is a formal written document that outlines permissible data uses, confidentiality and security measures. An agreement is often required, especially in the transfer of sensitive health information. This Tool is located on page 98 in the Tools and Resources section.

Design an Approach For Collecting Data

Data collection refers to the process of gathering information, how is it stored, managed and protected. The collection of data is an important step in the Tribal CHA. Guidelines for data collection need to be developed before the data are collected, and should include what types of data will be collected, how the data will be stored and handled, and how the data will be analyzed. Considerations for this activity are described below.

Collect Primary Data and Secondary Data

Two major types of data are primary and secondary, both of which are required if conducting a CHA for purposes of applying for accreditation through PHAB. Primary data refers to information collected by the investigator for a specific project. One advantage of primary data is that it is often the most up-to-date information available. When appropriate secondary data are not available, primary data can be collected by administering surveys, conducting interviews and focus groups, through observation and other methods. Common methods of primary data collection are described in the data collection methods and tools section below.

Secondary data refers to data that already exists for another reason. In other words, secondary data may have initially been collected, but is later re-purposed and used for a different study or assessment. Advantages of utilizing secondary data are saving time and money. Since the data were collected for other reasons, secondary data may not be available for the selected health indicator, or specifically for the tribal community.

Select Data Collection Methods and Tools

The next step is to determine the type of data that needs to be collected and the methods that will be used to gather the information. "*Quantitative*" and "*qualitative*" refer to the two major types of data and the two major categories of data collection methods. Quantitative methods are used to obtain generalizable information that answers the questions regarding who, how much, and how many. Quantitative data are typically numbers usually presented as counts, averages, percentages, prevalence, and possibly rates. Qualitative data are typically from interviews or open-ended questions on surveys. Although more time and effort may be required, qualitative data is advantageous because it may describe perceptions and opinions. Quantitative and qualitative data can be collected in several ways. Common examples of data collection methods are described below.

Surveys. A survey is a common quantitative data collection method. However, some surveys include open-ended questions for qualitative data. For a survey, information is gathered from only a portion of the community. This portion is called a sample and is systematically selected and intended to represent the entire community. A questionnaire is a common instrument used to obtain responses.

Interviews. Key tribal staff and members have a wealth of knowledge about the community, health services, assets, or resources available. Individuals who are well-informed about one or more aspects of tribal health can be considered as “key informants.” The interviewer asks a set of predetermined questions, and at times, will ask follow-up questions to obtain more information. This method generates qualitative data. Develop a protocol that outlines the interview process, especially when there is more than one person conducting the interviews. A great deal of information is shared during an interview and must be recorded by taking detailed notes or by using an audio recorder.

Focus Groups. Like interviews, a focus group is a qualitative data method. Groups of individuals are asked open-ended questions regarding their thoughts, beliefs, opinions, and attitudes to a group of individuals by a trained moderator. The participants interact with each other as they respond to the session guided by the moderator. Unlike a key informant interview, the participants are not necessarily experts on the topic. Similar to interviews, the focus group should be recorded by audiotape or note-taking, if permission is granted by the participants and the tribe.

Observations. During a planned event or activity, healthy behaviors can be observed. For example, staff can conduct a seatbelt usage checkpoint in the community to observe passengers in the vehicles that pass. Trained staff members are not the only persons with the ability to collect data through observation. One observational method of gathering information that does not require an extensive amount of training is called a windshield survey. Community members can participate in windshield surveys by following predetermined criteria to identify meaningful people, places, or objects in the community. The individual can take a picture and explain why it is related to community health.

Community Meetings or Forums. This method encourages community members to share their own thoughts, opinions, experiences, perceptions in an open meeting. Be certain to use a format that allows for the tribal community members to have a collective discussion and share ideas.

Measurements (including biological, physical, or chemical). Trained staff can obtain direct measurement. Examples include body height and weight, hemoglobin A1C (a test for diabetes control), blood samples, or air quality samples.

Record or Chart Review. Existing health records or medical charts can be examined for measurements, disease occurrence, and other health-related information. Establish criteria for determining which records are eligible for review and what information will be collected.

Ensure the collection of reliable and valid collection

Select the most appropriate methods and tools for measurement with careful consideration. Ultimately, the methods and tools need to be able to measure and collect accurate data. Two important concepts to consider are reliability and validity. Reliability relates to consistency. In order to be considered reliable, the method or tool should produce comparable results if used again on the same group. Validity refers to accuracy or the essential truthfulness of data. Accuracy is important because the data should measure or reflect what it was intended to measure, such as health events in the Tribal CHA.

Identify a record-keeping process

Data are usually recorded on paper or electronic documents. Both are appropriate ways to record data, but electronic records allows for easier access, comparison of information and generation of statistics. Like electronic records, paper records should be secured properly. If data are collected from different sources, the data must be kept separate during data collection and analysis.

Recognize data limitations

Often there are limitations to outside data because they are not collected specifically for tribal communities. Data collected specifically by and for the tribal communities can avoid these limitations. The data may not be representative of the entire community, or it may represent a geographical area larger than the tribal community may. Often, the latest available data may not be current and represents the health status from several years in the past. Especially with sensitive health topics such as substance use, information on certain indicators may not be available by the tribe or other data sources. Sometimes only estimates of the health indicator are available.

In the data collection process, use the following guiding questions:

- Is the source credible?
- Are the data complete? Are you getting all of the information or only a portion?
- Are there issues with the data or errors such as duplicates, incorrect values, missing values, or missing variables?
- Do the data make sense?
- What are the limitations to the data?
- Are there any factors or intervening variables that should cause a distrust of the data?

Having limitations are common and expected. Therefore, do not eliminate the possibility of using data or a data source only because a limitation is identified. Some, but not all, limitations can be addressed. Limitations can affect the data analysis and interpretation. Consult with data analyst staff or service organizations (such as a Tribal Epidemiology Center) to identify limitations and to determine how best to address them.

Develop and implement the data collection plan

After deciding on data collection methods, detail your approach in a data collection plan. Implement the plan by following the planned activities and approaches in the specified time frame. At minimum, the plan should address the following elements:

- Data collection methods and tools
- Sources of the data
- Data storage and protection
- Identify persons responsible for each task
- Timelines of each activity
- Known limitations

A data collection checklist and a template for data collection plan are located in the appendix (Tools 11-12).



TOOLKIT RESOURCE

Tool 11: Data Collection Checklist

The collection of data is an essential step for conducting a health assessment of the tribal community. Use the suggestions provided in the checklist to improve the data collection process and related activities. This Tool is located on page 100 in the Tools and Resources section of this toolkit.



TOOLKIT RESOURCE

Tool 12: Data Collection Plan Template

When planned, the data collection process for a Tribal CHA is more efficient. A planning document is especially useful when multiple data methods and sources are involved. Prior to obtaining data for the Tribal CHA, consider using Tool 10 as guidance for preparation of a systematic data collection planning process. This Tool is located on page 101 in the Tools and Resources Section of this toolkit.

Create a database to manage and store data

Once data have been collected and recorded, the next concern is the data entry and storage. Data must be stored and protected in a secure manner. Adequate storage of the data ensures that results can be repeated and reconstructed later, if necessary. In addition to the data, relevant notes and observations should be saved. If biological specimens were collected, proper disposal or return to the participant should be implemented.

Data can be stored as paper files, but storing data on a computer is common and necessary for conducting statistical analysis tests. Data can be entered and stored in a database or through a number of computer software applications. Some examples of data entry and storage software include Microsoft (MS) Excel, MS Access, and Epi Info. Common characteristics of electronic data storage include the following:

- Prompt access to the data
- Low cost (if there is a computer system in place)
- Archive and backup systems are available

The length of time for data storage should be established in data sharing agreements. This may already be defined by existing data tribal policies. The tribe may decide to keep data past the end of the project or indefinitely. Reasons for keeping data may include needing to evaluate the data in the future, using data for other approved and authorized projects, and adding new data to an existing database. On the other hand, keeping data indefinitely increases the risk for possible unauthorized access. When the decision has been made to end data storage, data should be thoroughly and completely destroyed.

Enter the data

Entering the data consistently and accurately is an important step in the conducting the CHA. Depending on the method, staff will need to enter types of information such as numbers, multiple choice responses, check all that apply, or text. When assigning staff to complete data entry tasks, look for staff who are comfortable with the data entry, familiar with the software and database, are able to input accurate information. Considerations for data entry include the following:

- Keep a log of all the entered data including what was entered, when, and by whom
- Develop a protocol for how to enter information that is missing, unclear, or invalid (an example of an invalid response is when a person selects more than one response when only one was requested)
- Consider coding the data prior to data entry. Data coding is a process that assigns a value, usually a number, or a label to observations. This improves the data entry process and prepares the data for analyses that require a numeric value. For example, a “yes” response can be coded as “1” in the database, and a “no” response can be coded as “0”.

Protect the data

Data protection relates to safeguarding the written and electronic data from physical damage and protecting data integrity, including damage from tampering or theft. In order to maintain the integrity of stored data, tribal CHA project data should be protected from physical damage as well as from tampering, loss, or theft. This is best done by limiting access to the data. An appropriate person of authority, such as a tribal leader or the CHA project manager, ought to decide who has authorization to access and manage the stored data. Notebooks and questionnaires should be kept together in a safe, secure location away from public access such as in a locked cabinet. It is important to inform all project members and individuals with access about data protection procedures. Electronic data can be protected by taking the following precautions:

Protect access to data -

- Use unique user identification logins and passwords that cannot be easily guessed
- Change passwords often to ensure that only current project members can access data
- Provide access to data files through a centralized process
- Limit access rights
- Ensure that outside wireless devices cannot access your system's network
- Ask the Information Technology (IT) department about other data safety procedures

Protecting the system -

- Keep updated anti-virus protection on every computer
- Maintain up-to-date versions of all software and media storage devices
- If your system is connected to the Internet, use a firewall
- If your system is connected to the Internet, use intrusion detection software to monitor access

Protecting data integrity -

- Record the original creation date and time for files on your systems
- Record changes made to the data and data files
- Regularly back up electronic files and create both hard and soft copies
- Ensure that data are properly destroyed

ANALYZE THE DATA

Data must be managed and analyzed in an appropriate fashion in order to be translated into meaningful information. There is no single method for analyzing data. If the tribe does not employ staff trained in data analysis, delegate this task to epidemiologic professionals or biostatisticians or a service center such as the Tribal Epidemiology Centers (TEC). TECs are IHS funded organizations that serve AI/AN tribes and urban communities by investigating diseases of concern, and identifying and understanding health problems and disease risks. Consultants and the data analysis support services ought to work directly with tribal programs to determine the best approach to make data the most meaningful for the CHA. Contact a regional TEC for assistance with importing, cleaning, and analyzing data from tribal or external sources. For more information on TECs, visit the IHS website: http://www.ihs.gov/epi/index.cfm?module=epi_tec_main.

Plan for Data Analysis

An analysis plan outlines the steps that the tribe will take to organize the data in a meaningful way, and should clearly align with the purpose or goals of the CHA. Plan the analysis to have a better understanding how the information gathered from the study will be used to avoid wasting time and resources on unnecessary tasks. In addition, it is important to confirm that the type of data that will be collected is suitable for analysis.

The following are common elements included in a data analysis plan:

- Purpose of the CHA and analysis
- Variables for analysis
- Software and computer applications that will be used for the analysis and generation of graphs
- Methods used to analyze the data
- Data presentation such as text, tables, charts, figures, and graphs.
- Persons responsible
- Select who will be responsible for each task related to data analysis.
- Timeline for data analysis

Process the Data and Prepare for Analysis

Before conducting analysis, the collected data must be properly managed and prepared for testing. This often includes data cleaning and coding. Data cleaning involves the identification of data that are inaccurate, incomplete, missing, or unreasonable and the steps taken to fix these errors. Table 7 describes common types of values that may be flagged, corrected, or removed prior to conducting analysis.

Table 7. Data processing and preparation for analysis.		
TYPES OF VALUES	DESCRIPTION	POSSIBLE ACTION TAKEN
MISSING VALUE	Observations that are missing in the dataset	Check records to make sure the data was not mistakenly omitted from being entered into the dataset. Record the observation as missing in the dataset, if appropriate for analysis. The dataset may not be considered complete if there are too many missing values.
OUTLIERS	Unusually large or small values that are separated from the rest of the data	The data analyst determines whether the value is an error, or if it is truly an outlier. The data analyst will review the data records to check for mistake in data entry. Outliers often are excluded from analysis, but some may provide valuable information.
INVALID OR IMPLAUSIBLE VALUES	Values that are considered unreasonable or beyond the range of what is considered possible. Example: A person was born in 2010, but the records showed 2009 for the year of death.	Review data records to check for mistakes in data recording or data entry occurred. The data analyst may eliminate invalid or implausible values from the analysis.

Recall that data coding is a process that assigns a value, usually a number, or a label to observations. When possible, a coding system ought to be developed prior to data entry, but data can be re-coded during the data cleaning process.

Conduct the Data Analysis

The data analyst will use formulas and statistical tests to obtain measures for the health indicators, often presented as a count (frequency), percentage, or a rate. When possible, examine the data by distribution. A distribution is the organization or arrangement all the different values of a variable into groups to show occurrence. Distributions are often examined according to age, gender, or other demographic characteristics. The data analyst should include comparison data, if available.

CONSTRUCT THE COMMUNITY HEALTH PROFILE (CHP)

The following activities are recommended for developing the CHP.

- Display the data by creating tables and charts
- Acknowledge and address limitations
- Construct the report
- Provide an objective interpretation of the results

Display the Data by Creating Tables and Charts

Tables are simple summary of information in specified categories. Charts and graphs are more visual than tables making it easier to see trends over time more clearly and make comparisons between groups. Common types of charts include line graphs, bar charts and pie charts. Line graphs and bar charts are good for data trends overtime and comparisons. Generally, fewer categories are better for bar graphs. Pie charts can be used when presenting percentage data or parts of a whole (100%). Again, fewer categories are better. When developing graphs, be sure to show the complete picture. In the title, define the population and label both the x- and y-axis on the plot, graph, or figure.

Acknowledge and Address Limitations

There is no perfect study or assessment. Limitations are elements of the project design, methodology, or analysis that influence the way the results can be interpreted. Even with careful planning, limitations are common. Examples of limitations include having a small sample size (e.g., a small number of units of analysis), and a lack of available, reliable, or current data. Although limitations affect the way your findings are reported, it is important to identify the limitations to provide a more complete picture of the results. Some limitations can be addressed in order to lessen or eliminate the impact made.

CONSTRUCT THE REPORT, A TRIBAL CHP

The development of the CHA is a Tribally-driven and led process and ought to be described in a report. A “community health profile” (CHP) report is a product of the CHA. The Tribal contact and representatives will determine the elements that ought to be included in the CHP and how best to present the findings in an organized format. Below is an example of a format for a CHP:

Executive Summary
Include the main points of the CHP
Section 1: Background
Tribal history
Tribal background (government, location, economy, culture, etc.)
Community resources
Additional tribal information
Map of tribal lands, or jurisdiction of the tribal health department
Section 2: Methodology
Identification of health priorities
Data collection and data sources
Methods of data analysis
Section 3: Limitations of data and analysis
Address the data limitations
Describe how the findings are affected
Section 4: Summary of Findings
Overview of the key results
Section 5: Data on the health indicators
Key findings
Tables, graphs, and charts
A listing or description of the health assets and resources
Section 6: Discussion
Health indicator findings
Description of contributing causes of health issues
Section 7: Appendix
Additional relevant information

Provide an Objective Interpretation of the Results

Once the data for the CHA have been analyzed, the next step is to make sense of the data. It answers the following questions:

- What story is the data telling?
- Did the data provide more information about the scope of health issues in the community?
- Did the data demonstrate the need for concern in the areas expected by the tribe?

No matter how well the assessment was conducted, data cannot answer or explain everything. However, an objective interpretation of the findings will provide context and explain notable findings, patterns or trends, and identify additional needed data.



Implement the Tribal CHA—Toolkit Resources

- **Tool 6: Common Health Focus Areas and Indicators**
- **Tool 7: Sample Prioritization Criteria Matrix**
- **Tool 8: Health Indicators and Data Sources Worksheet**
- **Tool 9: Data Source Assessment Questionnaire**
- **Tool 10: Sample Data Sharing Agreement**
- **Tool 11: Data Collection Checklist**
- **Tool 12: Data Collection Plan Template**

This page left intentionally blank.

Chapter 5

TAKE ACTION



Take Action

Overview

- The Tribal CHA and CHP provide a basis for setting priorities.
- The findings of the Tribal CHA and the selected health priorities are valuable information that should be considered when determining where a positive impact on the community can be made.
- To receive full benefit of the Tribal CHA, consider ongoing monitoring and plan to update the trends and health indicators on a regular basis.
- Plan for action by developing a Tribal Community Health Improvement Plan that identifies how the tribe will address health priorities identified in the Tribal CHA.
- Develop a Strategic Plan that identifies the internal objectives and strategies necessary for the tribal health department to address the Tribal Community Health Improvement Plan and other quality improvement plans.

COMMUNICATE THE RESULTS

The following activities are also recommended for communicating the results and utilizing the results of the Tribal CHA.

- Consider the audience
- Engage the community and planning committee
- Re-assess health priorities and identify opportunities for action
- Make plans for action including a Tribal Community Health Improvement Plan and a Health Department Strategic Plan

Share the Findings

If the tribe applies for accreditation through PHAB, the findings must be communicated with the tribal community and other entities. Tribal health departments are required to provide two examples of how the findings of the Tribal CHA are communicated and/or distributed to the community, partners, stakeholders, and other organizations.¹¹ Sharing and reporting results serves several purposes for any project. The ultimate goal is for the information to be used to improve the health of the community, so the findings should reach all persons involved or interested in this topic. The information can be shared through written reports and oral presentations to tribal leaders, program directors, health staff, community members, partners, and other appropriate stakeholders. All findings, including lessons learned, should be communicated in a timely and understandable manner. If the tribe decides to make the CHP a public document, be sure to incorporate a section with key findings into the report so that the major results are clear to the users. The following points are examples of communication approaches for the Tribal CHA:

- Meetings (e.g., presentations to Tribal council, tribal leaders, health committees, district, village, or chapter houses)
- Community events
- Coalitions and interest groups
- Media campaigns
- Community vigils
- Digital storytelling

Consider the Audience

When communicating the findings, be sure to consider the audience when deciding which type of data to share. For instance, Tribal council members or the health committee may request more information on the technical aspects of the project while community members may expect the information to be presented in a way that is applicable to their lives. Think about the goals for sharing the information, and the impact you want to have. Graphs and charts are good visuals, but need to be visible to every participant. Be sure to explain any comparisons that were made to other population groups and changes over time. Provide clear and concise explanations when presenting data, especially when rates or distributions are provided. A sample outline of a presentation is located in the appendix.



TOOLKIT RESOURCE

Tool 13: Sample Tribal CHA Presentation Outline

Providing a presentation is an effective method of sharing information with individuals interested in the Tribal CHA. Before communicating with Tribal leaders, community members and health staff, consider using the sample outline provided to organize the presentation. This Tool is located on page 103 in the Tools and Resources section of this toolkit.

Further Engage the Community and Planning Committee

At this point in the assessment, encourage community members to provide feedback on the results of Tribal CHA. Also, look to staff and planning team members to contribute to the interpretation of the findings. Each person has different experiences and different viewpoints. Use these different perspectives to have comprehensive and detailed interpretations of the data. This may be one of the most important sources of information to use when setting health priorities for the tribe. The process of setting health priorities is described below.

Re-Assess Health Priorities and Identify Opportunities for Action

The Tribal CHA and resulting CHP provide a basis for setting priorities, health program planning, funding applications, and allocation and coordination of community resources. Describe the evidence whether a health focus area should as be considered a priority. The tribe's health priorities may or may not change when using the Tribal CHA as a support document. Explain the reasons why the selected health conditions are considered priority. After collecting and sharing information, obtaining feedback from community members, and identifying health priorities, the next step is to act on the information to promote the health of the community and address health risks. Action is not based on data alone. The process is guided by tribal leaders and implemented by key staff and stakeholders. The findings Tribal CHA and the selected health priorities are valuable resources when determining where a positive impact on the community can be made. At this point, consider the development and implementation of public health policies, programs, or interventions.

MAKE PLANS FOR ACTION

As mentioned above, the Tribal CHA can be considered a foundation for action aimed to improve the health of the community. To make best use of the efforts devoted to the Tribal CHA, consider ongoing monitoring and plan to update the trends and health indicators on a regular basis. Develop an action plan that involves the tribal leaders, staff and the community that focuses on advocating for improvement in the community's health. If seeking accreditation, the tribe should develop and implement a Tribal Community Health Improvement Plan and a Tribal Health Department Strategic Plan. These activities are briefly described below.

Develop a Tribal Community Health Improvement Plan

Use the Tribal CHA as a foundation to develop a Community Health Improvement Plan. A Community Health Improvement Plan identifies how the tribe will address health priorities identified in the Tribal CHA. The Tribal Community Health Improvement Plan is directly linked to the Tribal CHA because it uses the baseline data identified in the CHA to measure progress over time. The Tribal Community Health Improvement Plan can be utilized as a road map for improving the health and well-being of communities, and includes benchmarks for monitoring and evaluating progress. Moreover, it is a framework for rational planning and decision-making. The Community Health Improvement Plan focuses on ways to eliminate root causes, modify behavioral risks, and improve other factors that affect health. The main components and attributes of a Tribal Community Health Improvement Plan according to the PHAB standards and measures are listed below.

A Tribal Community Health Improvement Plan -

- Outlines measurable objectives aimed at community health improvement
- Describes strategies to achieve the community health improvement objectives
- Identifies performance measures, or specific targets
- Describes the implementation process for reporting, monitoring, or evaluating progress
- Assigns individuals and organizations responsible for tasks
- Outlines the time frame for implementation of each strategy, and when each objective will be achieved
- Typically covers a three- to five-year span
- Aligns with tribal, state, and/or national priorities (such as Healthy People 2020)
- Employs continuous stakeholder engagement and community engagement
- Proposes policy changes needed to accomplish objectives

Develop a Tribal Health Department Strategic Plan

While a Tribal Community Health Improvement Plan identifies how health priority areas will be addressed, a Strategic Plan identifies the internal objectives and strategies necessary for the tribal health department to address the Tribal Community Health Improvement Plan and other quality improvement plans. Strategic planning is a process used to identify strategies that support the organization's vision and mission. The main components and attributes of a Tribal Health Department Strategic Plan are listed below.

A Tribal Health Department Strategic Plan -

- Identifies and engages stakeholders
- Includes mission, vision, and values statements
- Outlines strategic priorities
- Describes strategies to address priorities
- Outlines goals and objectives
- Includes a plan to monitor and evaluation progress

One method used to identify the external and internal factors that influence the organization or a specific objective and to evaluate **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats (SWOT) is a SWOT Analysis. As with all the planning methods suggested, it is important to obtain input from a multi-disciplinary team. The Tribal Health Department Strategic Plan should link to the Tribal Community Health Improvement Plan and the Tribal CHA.

Strategic Planning is a multistep process—completing A SWOT analysis in itself is not sufficient to develop a strategic plan. When developing a strategic plan, refer to a guide that includes developing mission, vision, and values statements, collecting information, analyzing results, defining priorities, and implementing the plan. This toolkit includes a the SWOT Analysis Worksheet as an example of a common method used in strategic planning.



TOOLKIT RESOURCE

Tool 14: SWOT Analysis Worksheet

A SWOT analysis is conducted to gather perceptions about an organization's current situation and identifies internal and external influential forces. Use this worksheet to help organize information from internal stakeholders. This Tool is located on page 104 in the Tools and Resources section of this toolkit.



Take Action—Toolkit Resources

- **Tool 13: Sample Tribal CHA Presentation Outline**
- **Tool 14: SWOT Analysis Worksheet**

Appendix

TOOLS AND RESOURCES



Appendix—Tools and Resources

List of Tools and Resources

- Tool 1:** Readiness Questionnaire for the Tribal CHA
- Tool 2:** Sample Tribal CHA Memorandum of Agreement
- Tool 3:** Tribal CHA Work Plan Sample and Template
- Tool 4:** Purpose, Community, and Audience Statement
- Tool 5:** Planning Strategies Checklist for Community Engagement and Involvement
- Tool 6:** Common Health Focus Areas and Indicators
- Tool 7:** Sample Prioritization Criteria Matrix
- Tool 8:** Health Indicators and Data Sources Worksheet
- Tool 9:** Data Source Assessment Questionnaire
- Tool 10:** Sample Data Sharing Agreement
- Tool 11:** Data Collection Checklist
- Tool 12:** Data Collection Plan Template
- Tool 13:** Sample Tribal CHA Presentation Outline
- Tool 14:** SWOT Analysis Worksheet

Tool 1: Readiness Discussion Guide for the Tribal CHA

INSTRUCTIONS: Utilize these questions as a foundation for conversations with tribal leaders, staff, and/or community members involved in making decisions about the CHA.

- Has the tribe previously conducted a CHA?
- Have tribal leaders and key decision makers determined the value and use of a CHA (e.g., to making data informed decisions in resource allocation, programs and services, and policy development)?
- Are the tribal leaders, key decision makers, and community members aware of the potentials risks and benefit?
- Have tribal leaders, staff, or community members identified particular health areas of concern? If so, what are they? How long has this been a concern?
- What resources are available to conduct a CHA (i.e., funding, staff time, volunteers)? Do you consider the amount of resources to be sufficient? If not, what resources are needed?
- Does the tribe have the infrastructure to monitor the health of the community over a period of time? If yes, describe how you anticipate the tribe will repeatedly monitor the health every few years.
- If implemented, how would the results of the CHA be utilized?
- Does the tribe intend to apply for voluntary public health accreditation?

Tool 2: Sample Tribal CHA Memorandum Of Agreement

INSTRUCTIONS: This tool provides a sample Memorandum of Agreement (MOA) between a tribal community and the Inter Tribal Council of Arizona, Inc. The template may not address all the needs of the tribal community. Tribes should seek legal counsel in the development of MOA for all prospective partners. Utilize this template to develop MOAs with partners involved in the planning and implementation of the tribal CHA.

This tool is continued on the next page.

**MEMORANDUM OF AGREEMENT
BETWEEN THE
TRIBAL COMMUNITY
AND
THE INTER TRIBAL COUNCIL OF ARIZONA, INC.
TRIBAL EPIDEMIOLOGY CENTER**

THIS MEMORANDUM OF AGREEMENT is entered into on the _____ day of _____, 2013, between *Tribal Community* and the Inter Tribal Council of Arizona, Inc. (“ITCA”).

WHEREAS, the Inter Tribal Council of Arizona, Inc. is a not-for-profit Tribal consortium originally established in 1952 to provide a united voice for Tribal governments located in the State of Arizona to address common issues and concerns, including the health, safety and welfare of ITCA Member Tribes. Currently, ITCA’s membership includes 20 of the 22 Tribes of Arizona.

WHEREAS, ITCA’s Tribal Epidemiology Center (“ITCA TEC”) is a public health authority pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191)(“HIPPA”) and applicable law.

WHEREAS, ITCA TEC partners with Indian tribes, nations, bands, and communities (collectively “tribes”) located within the Indian Health Service (“IHS”) Phoenix and Tucson Service Areas, which includes significant portions of Arizona, Nevada and Utah, to assist tribes with health care matters and disease management.

WHEREAS, the *Tribal Community* is a federally recognized Indian tribe and sovereign entity vested with responsibility and authority to protect and enhance the health, safety and welfare of its Tribal community members.

WHEREAS, ITCA TEC and the *Tribal Community* (collectively the “Parties”) wish to partner with one another to develop certain community health profiles and other health related data projects as needed to define and measure the health status of persons living within the *Tribal Community* and to identify and track trends in health outcomes that affect members of the *Tribal Community* in a manner consistent with the priorities of the *Tribal Community*.

WHEREAS, the Parties recognize the need to set forth and define the terms under which the *Tribal Community* and ITCA TEC will share and utilize demographic information, socio-economic information, medical information, health care information, other health and community related data (collectively “Tribal Health Data”) pursuant to IHS Grant No. U1B940002/15, solely for the purposes of this Agreement.

NOW, THEREFORE, in consideration of the mutual promises and representations set forth in this Agreement, ITCA and *Tribal Community* mutually agree as follows:

SOVEREIGN IMMUNITY

The *Tribal Community* shall have such immunity as provided by applicable law, and unless expressly provided herein, nothing in this Agreement shall be construed as a waiver of sovereign immunity by the *Tribal Community*, whether express or implied, or as a consent to the jurisdiction of any Federal or State Court.

PARTNERSHIP TASKS

The *Tribal Community* and ITCA TEC agree to share Tribal Health Data and to coordinate their efforts so that ITCA TEC has the necessary information to develop a written report outlining the health status of their tribal community population (“Community Health Profile”) for delivery to the leadership of the *Tribal Community* and its tribal health department and related subdivisions or departments as required by IHS Grant No. U1B940002/15 and this Agreement. ITCA TEC will assist *Tribal Community* in the identification and assessment of health datasets that will be included in the Community Health Profile.

The *Tribal Community* agrees to communicate regularly with ITCA TEC on this project and to meet with ITCA TEC staff members upon the request of the ITCA TEC point of contact (“POC”) identified in Section __, below, in order to coordinate the development of the Community Health Profile and to ensure that all data quality needs or other requirements of IHS Grant No. U1B940002/15 are met in a timely manner.

After ITCA TEC has analyzed the Tribal Health Data and other applicable information received from the *Tribal Community*, representatives of the *Tribal Community* and ITCA TEC will work together to develop a format for the Community Health Profile that best meets the needs of the *Tribal Community*. The *Tribal Community* thereafter agrees to promptly review any drafts of the Community Health Profile prepared by ITCA TEC and to provide material feedback and guidance to assist ITCA TEC so that ITCA TEC can finalize the Community Health Profile as required by this Agreement.

The Parties acknowledge and agree that the Community Health Profile or other materials prepared under this Agreement may be used, in whole or in part, by the *Tribal Community* to assess the *Tribal Community's* readiness for public health department accreditation by the Public Health Accreditation Board.

CONFIDENTIALITY

The Parties to this Agreement, including their employees and subcontractors, agree to comply with the Privacy Act of 1974, as amended at 5 U.S.C. 552a, and the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191), as well as all other requirements of law.

The Parties agree that, except as provided in subsection C(3) below, all Tribal Health Data or related information delivered to ITCA TEC under this Agreement will be delivered in an aggregated form or will otherwise be de-identified through the removal of any information which can be used to identify a person uniquely and reliably, including but not limited to name, date of birth, social security number, address, telephone number, e-mail address, mother's maiden name or other similar information ("De-Identified Information").

All Tribal Health Data delivered to ITCA TEC by the *Tribal Community* under the terms of this Agreement shall be delivered through a safe and secure means such as: an encrypted "zip file" sent from an encrypted e-mail from the Health Director or designated staff, or saved on an encrypted flash drive as mutually agreed upon by the Parties.

At the request of the ITCA TEC POC, *Tribal Community* may deliver non-aggregated information or information containing personal identifying information to ITCA TEC where such information is necessary to meet the requirements IHS Grant No. U1B940002/15 or this Agreement.

Any other provisions of this Agreement notwithstanding, the *Tribal Community* shall bear the sole responsibility to review all Tribal Health Data or other information in advance of providing such information to ITCA TEC in order to ensure the *Tribal Community's* continued compliance with any other existing obligations that it may have under contract or law to prohibit the secondary dissemination of specific protected health information beyond the *Tribal Community*.

All Tribal Health Data received by ITCA TEC, including specific and direct identifying information gathered or acquired by ITCA TEC under this Agreement, whether intentionally or inadvertently, is understood by the Parties to be sensitive and confidential information that will remain protected from unwarranted or unnecessary disclosure or dissemination as required by the Privacy Act of 1974, as amended at 5 U.S.C. 552a, the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191), as applicable, and other provisions of law.

ITCA TEC will require all staff to maintain the Tribal Health Data or other information shared under this Agreement as confidential. ITCA TEC agrees take appropriate disciplinary action against any person determined to have violated the requirements of this Agreement, and to notify the POC for the *Tribal Community* in writing within forty-eight (48) hours of learning of any violation of the confidentiality requirements of this Agreement.

The *Tribal Community* may condition the delivery of Tribal Health Data or other protected health information to ITCA TEC upon such other reasonable terms and conditions, as it may deem necessary for the protection of patient confidentiality rights and privacy requirements consistent with the duties under applicable *Tribal Community* law or policy or other legal requirement. Such additional terms and conditions shall be set forth in writing, executed by both parties and attached to this Agreement in the form of an exhibit or addendum.

The *Tribal Community* and ITCA TEC agree that, to the extent permitted by law, ITCA TEC may use information from the Indian Health Service for purposes of preparing the Community Health Profile for delivery to the *Tribal Community*, or in order to fulfill any other requirement of IHS Grant No. U1B940002/15 or this Agreement.

PRIMARY CONTACTS

The Parties have each designated the following primary contacts which are responsible for the day-to-day administration of and compliance with the terms of this Agreement:

Tribal Authority	Inter Tribal Council of Arizona
Name:	Name:
Title:	Title:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

AMENDMENTS

This Agreement may be amended from time to time as mutually agreed by the Parties, including for purposes of undertaking future health related data projects as specified by the *Tribal Community* and mutually approved by *Tribal Community* and ITCA TEC. All amendments must be in writing and signed by both Parties.

INDEMNIFICATION

To the fullest extent permitted by law, *Tribal Community* agrees to defend, indemnify, and hold harmless ITCA and its members officers, agents, and employees from all claims, losses, and causes of actions arising out of, resulting from, or in any manner connected with this Agreement, to the extent such claim, loss, cause of action, damage or injury is caused or contributed to by the negligent acts or omissions of the indemnifying party.

TERMINATION

This Agreement may be terminated with or without cause with thirty (30) days written notice delivered by registered or certified mail as required by Section __ of this Agreement. Upon the expiration or termination of this Agreement for any reason, ITCA shall promptly return or destroy all Tribal Health Data or other information in the possession of ITCA TEC, except as may be required by the record retention requirements of IHS Grant No. U1B940002/15 or applicable law. This Section F shall survive the expiration or termination of this Agreement.

NOTICES

All communications and notices to the Parties hereto shall be in writing and shall be deemed duly given if delivered by registered or certified mail to the primary contacts listed in Section ___ of this Agreement, with a copy to:

TERM

This Agreement shall remain in effect from the date of execution until termination by either of the Parties, or until the project contemplated by IHS Grant No. U1B940002/15 is completed.

TOTAL AGREEMENT

This Agreement constitutes the total agreement between the Parties. No promises, terms, or conditions that have not been expressly recited or incorporated herein shall be binding upon either of the Parties.

IN WITNESS WHEREOF, the parties have executed this Agreement as the Effective Date:

SIGNED:

Tribal Community
 By _____
 Name
 Title
 Agency
 Date _____

Inter Tribal Council Of Arizona, Inc.
 By _____
 Name
 Title
 Agency
 Date _____

Tool 3: Tribal CHA Work Plan Sample and Template

INSTRUCTIONS: This tool provides a sample work plan, and a template for developing a work plan for the Tribal CHA.

PARTIAL WORK PLAN—SAMPLE

TRIBAL COMMUNITY HEALTH ASSESSMENT (CHA) WORK PLAN				
GOAL: To better understand the health status of the community through a comprehensive tribal CHA that can be used to monitor and identify health concerns.				
TASK	PERSON RESPONSIBLE	TIME FRAME / DUE DATE	STATUS	NOTES/ COMMENTS
1 - Develop a CHA Plan				
<ul style="list-style-type: none"> Obtain permission from Tribal Leaders and/or decision-makers to plan and implement a CHA 	Tribal Health Director (THD)	Months 1 to 4	In Progress	Monthly Tribal Leaders Meeting
<ul style="list-style-type: none"> Identify the individuals and groups that will be involved with the Tribal CHA 	Tribal Leaders (TL); THD	Months 1 to 4	In Progress	N/A
<ul style="list-style-type: none"> Identify key stakeholders and potential collaborators 	TL / THD	Months 1 to 4	In Progress	N/A
<ul style="list-style-type: none"> Meet with key stakeholders and potential collaborators 	TL / THD	Months 1 to 4	In Progress	Coalition meeting
<ul style="list-style-type: none"> Develop a Memorandum of Agreement (MOA) that covers the scope of work and the responsibilities of each party involved in the Tribal CHA, if necessary 	TL / THD	Months 1 to 4	In Progress	N/A
<ul style="list-style-type: none"> Provide and obtain signatures for MOA 	TL / THD	Months 1 to 4	In Progress	N/A
<ul style="list-style-type: none"> Develop a Core Work Team for the Tribal CHA 	TL / THD	Months 1 to 4	In Progress	N/A
<ul style="list-style-type: none"> Develop a sub-committees for the Tribal CHA 	TL / THD	Months 1 to 4	In Progress	N/A
<ul style="list-style-type: none"> Determine the purpose for the Tribal CHA 	TL / THD	Months 1 to 4	In Progress	N/A
<ul style="list-style-type: none"> Determine the audience for the Tribal CHA 	TL / THD	Months 1 to 4	In Progress	N/A

TEMPLATE

Tribal Community Health Assessment Work Plan				
TASK	PERSON(S) OR GROUP RESPONSIBLE	TIME FRAME / DUE DATE	STATUS	NOTES/ COMMENTS
1 - Develop a CHA Plan				
2- Engage the Community				
3- Define the Population				
4 - Identify Community Health Indicators				
5 - Collect the Data				
6 - Analyze the Data				
7 - Compile the Report – The Tribal Community Health Profile				
8 - Report and Share the Findings				
9 - Identify Health Priorities				
10 - Plan for Next Steps				

Tool 4: Tribal CHA Purpose, Community, and Audience Statements

INSTRUCTIONS: Complete each section below by constructing summary statements for Parts A, B, and C.

PART A: PURPOSE OF THE TRIBAL CHA

For a Tribal CHA, a purpose statement summarizes the reason why the health department is conducting a CHA. This purpose statement will guide the actions for all individuals involved in the CHA process. The statement should be specific, concise, and clear.

Example: The purpose of the Tribal CHA is to provide a centralized source of data, information, and community strengths to support collaboration and coordination among tribal programs, and community partners for a healthier community.

Tribal CHA Purpose Statement: In the box below, define the purpose of conducting the Tribal CHA.

The purpose of the Tribal CHA is:

PART B: COMMUNITY DEFINITION

It is important to have a clear understanding of the community that the CHA covers. In other words, “who” is being assessed? Below are topics for consideration when defining the community.

QUESTION	CONSIDERATIONS
What demographics will be included?	<ul style="list-style-type: none"> Will the Tribal CHA cover only enrolled tribal members, or will the Tribal CHA include non-enrolled spouses or relatives of enrolled tribal members?
What geographic boundaries will be included?	<ul style="list-style-type: none"> Will the Tribal CHA include only enrolled members living on tribal lands, or all enrolled members whether living on or off tribal lands? Will the Tribal CHA include all individuals living on tribal lands, or only American Indians living on tribal lands?
Which users of the tribal health department will be included?	<ul style="list-style-type: none"> Will the Tribal CHA include all persons who use the services of the tribal health department?

Community Definition: In the box below, describe the community for the Tribal CHA.

For purposes of the Tribal CHA, the community refers to:

PART C: TRIBAL CHA AUDIENCE

A description of the audience for the Tribal CHA answers the question, “Who will receive and utilize this information?” Use the table below to identify individuals or groups that will be considered the audience of the Tribal CHA, and anticipate how the information will be used. After completing the table, write a concise statement that defines the audience.

WHAT INDIVIDUALS OR GROUPS?	AUDIENCE?	HOW WILL THE INFORMATION BE USED?
Tribal council and appointed leaders	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Health department director	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Health department staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Community members	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Tribal staff (non-health department)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Community members	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Tribal CHA Audience Statement: In the box below, list the individuals and groups that were identified as potential users of the Tribal CHA.

Tool 5: Planning and Strategies Checklist for Community Engagement and Involvement

INSTRUCTIONS: Consider the following when planning for community engagement activities.

Location and Scheduling: Where will the event be held? What time is best for the community members?

Supplies: What resources are needed? Will food be offered? Will there be incentives for the participants?

Funding: How are the costs being covered? How much is available?

Advertising and Recruitment: How will people learn of the event? What will encourage community participation?

Strategy: What method is best for the community?

- Community observations
- Community forum, town hall meetings, and listening sessions
- Focus groups
- Community resource and assets inventory
- Community perceptions and opinion survey

Tool 6: Common Health Focus Areas and Indicators

INSTRUCTIONS: This table contains many commonly utilized health indicators for CHAs. Some of the indicators may not be relevant or appropriate to the Tribal community.

CATEGORIES	EXAMPLES OF COMMON INDICATORS
Demographics and Socio-economic Characteristics	Tribal members / Tribal Community members (number and percent distributions by age and gender) High school completion (percent) Unemployed (percent) Median Household Income (dollars)
Quality Of Life	Self-rated health status (percent) Poor health days (percent)
Health Behavior Factors	Activity limitation (percent) Current commercial tobacco smoker (percent) Healthy weight status – compared to underweight, overweight, and obese (percent)
Environment (with a focus on the built environment)	Athletic or recreational facilities on Tribal lands (number) Healthy food access (number of stores / average distance travelled) Housing information
Morbidity and Mortality	<ul style="list-style-type: none"> - Asthma Adult asthma admission rate (rate per 100,000) Asthma deaths (rate per 100,000) Asthma hospitalizations (rate per 10,000) - Cardiovascular Disease Congestive heart failure admission rate (rate per 100,000) Coronary heart disease deaths (rate per 100,000) Heart disease deaths (rate per 100,000) Hypertension, adults (percent) Stroke deaths (rate per 100,000) - Cancer Cancer deaths - for breast, colorectal, and lung (rate per 100,000) Overall cancer deaths (rate per 100,000) Incident cancer – for breast, colorectal, and lung (rate per 100,000) Incident Overall cancer (rate per 100,000)

CATEGORIES	EXAMPLES OF COMMON INDICATORS
Morbidity and Mortality <i>(continued)</i>	<ul style="list-style-type: none"> - Kidney Diseases <ul style="list-style-type: none"> Chronic kidney disease (percent) Chronic kidney disease deaths (rate per 100) End-stage renal disease (rate per 1,000,000) - Diabetes <ul style="list-style-type: none"> Annual dilated eye examinations (percent, persons with diabetes) Annual foot examinations (percent, persons with diabetes) Blood pressure under control (percent, persons with diabetes) Diabetes-related deaths (rate per 100,000) Diagnosed diabetes (percent) HbA1c greater than 9 percent (or less than 7 percent) (percent, persons with diabetes) HbA1c Test, at least two times a year (percent, persons with diabetes) - Injuries <ul style="list-style-type: none"> Elder falls (rate per 100,000) Unintentional injuries (rate per 100,000) Motor vehicle crash injuries (rate per 100,000) - Mental and Behavioral Health <ul style="list-style-type: none"> Diagnosed depression and anxiety disorder (rate per 100,000) Suicide-related deaths (rate per 100,000) Visits due to substance abuse or dependence (rate per 10,000) - Sexually Transmitted Infections <ul style="list-style-type: none"> Incident cases of Chlamydia (rate per 100,000) Incident cases of Syphilis (rate per 100,000) Incident cases of HIV/AIDS (rate per 100,000) STI screening (percent) - Preventative Screenings <ul style="list-style-type: none"> Blood pressure screening (percent) Breast cancer screening (percent) Cervical cancer screening (percent) Colorectal cancer screening (percent) Mammogram (percent) Pap test (percent)
Social Determinants of Health	<ul style="list-style-type: none"> Children in poverty (percent) Families in poverty (percent)

Tool 7: Sample Prioritization Criteria Matrix

PRIORIZATION ACTIVITY

“Three Round Multi-Voting” is a simple and fair way of selecting the desired number of health indicators for the Tribal Community Health Assessment.

INSTRUCTIONS: First, assemble a group or team that includes persons that should have input on prioritizing health indicators. If not already completed, compile a comprehensive list of all potential indicators. As a group, agree upon the rules or the method that will be used for voting. If the group is large, consider limiting each person to a small number of votes for each round. If the group is small, consider allowing each person to vote an unlimited amount of times per round. The group should complete this prioritizing worksheet by carrying-over only the indicators that scored the highest to the next round. The number of indicators that should be carried-over depends on the original number of potential health indicators. Be sure to plan this number before engaging in the activity. By the end of round three, the group will have a list of health indicators prioritized by this method.

This tool is continued on the next page.

Tool 8: Health Indicators and Data Sources Worksheet

INSTRUCTIONS: A description of each health indicator is important to all persons involved in the Tribal CHA process, but especially to those involved with data collection and analysis. An example of a health indicator description is provided below, as well as potential data sources. For examples of data sources, please refer to the Potential Data Sources Table located in Chapter 5 on page 52. Utilize the blank template provided on the following page to compile descriptions on the health indicators selected for the Tribal CHA.

EXAMPLE

Potential Data Sources

HEALTH INDICATOR 1	Coronary heart disease death rate
Tribal Health Focus Area(s)	Mortality and Cardiovascular Diseases
Definition and Type of Measure	Deaths due to heart diseases among tribal members (Rate per 100,000) ICD-9 codes: 402, 410-414 and 429.2 ICD-10 code: I11, I20-I35
Time	Years 2005-2010
Demographic Categories or Distributions	<input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Age
Limitations & Special Considerations	The death records for some tribal members are not available.
Calculation	NUMERATOR = Number of deaths that meeting ICD-9 or ICD-10 criteria DENOMINATOR = Number of total tribal members from 2005-2010

Tribal Data Sources	County/State Data Sources	Federal/National Data Sources	Other
Tribal Enrollment and Records	County or State Health Departments; Death records	For comparison data, National Center of Health Statistics	---

6

Tools and Resources

HEALTH INDICATOR	
Tribal Health Focus Area(s)	
Definition and Type of Measure	
Time	
Demographic Categories and/or Distributions	<input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Other
Limitations & Special Considerations	
Calculation	

Potential Data Sources

Tribal Data Sources	State Data Sources	Federal/National Data Sources	Other

Tool 9: Data Source Assessment Questionnaire

INSTRUCTIONS: Consider the following questions when assessing potential data sources.

DATA COLLECTION

- How were the data collected? A survey, interview, patient records, or laboratory tests?
- How often were the data collected?
- Were the data collected the same way each time?
- Is there enough information to make meaningful conclusions?
- Is the same information available across time?
- Are the data anonymous? Self-reported? How will this affect data interpretation?

DATE OF THE DATA

- What are the dates of the most recent data available?
- Are past years available?
- Are there differences in how the data was collected or analyzed over time?

COMMUNITY OR POPULATION

- Do the data represent the tribal community?
- Do the data represent the entire tribal community?
- Is there more than one community included in this data set?

DATA QUALITY

- Is the data set complete?
- Are there errors in data?

OTHER CONSIDERATIONS

- What are the advantages of the data and the data source?
- What are the limitations of the data and the data source?
- Are the data already analyzed?
- Are there additional data sources to consider?

Tool 10: Sample Data Sharing Agreement

INSTRUCTIONS: This tool provides a sample Data Sharing Agreement or Memorandum of Understanding (MOU) between a tribal community and a partner organization. The template may not address all the needs of the tribal community. Tribes should seek legal counsel in the development of MOU for all prospective partners. The following points may also be including a Data Sharing Agreement or MOU.

- Purpose of data request
- How the data will be used
- Confidentiality
- Timeline of expected data use
- How the data will be transferred (e.g., secure email, encrypted memory or data storage device)
- How the data will be stored
- Format of the data (e.g., text file, Microsoft Excel or Access database);
- Timeframe and method of destruction or return of data
- Acknowledgement of data in publications

DATA SHARING MEMORANDUM OF UNDERSTANDING

The <INSERT TRIBE NAME> and the <INSERT PARTNER ORGANIZATION> agree to share information in accordance with the terms and conditions stated in this memorandum of understanding (agreement). This exchange includes, but will not be limited to morbidity and mortality information. Only aggregate data/information will be released on the health reports or tribal community health profiles that will be prepared. Personal identifying information will not be shared at any time.

<INSERT PARTNER ORGANIZATION> agrees to provide to <INSERT TRIBE NAME> the following:

- The names of the authorized staff to whom the <INSERT TRIBE NAME> can provide the information designated under Section II.
- Copies of certificates of completion on computer privacy and security training of those designated staff members.
- Final Tribal community health profiles.
- Copies of the progress reports that include periodic overall update, projects in progress, completion dates of relevant task(s), and outcomes.

<INSERT TRIBE NAME> agrees to provide to <INSERT PARTNER ORGANIZATION> the following:

- Access to paper-based and electronic health records.
- Meet with the <INSERT TRIBE NAME> staff when necessary if data issues arise.
- Training from a Tribal staff member to properly query and access data available by an agreed upon schedule.

In addition, the parties agree to:

- Comply with the Privacy Act and HIPAA law where applicable.
- Follow existing Tribal data access procedures.
- Carefully restrict use of the information gained. The information may only be used for public health purposes and for aggregated statistical tabulations and analyses. The data shall not be used to identify individuals unless appropriate legal agreements between parties are in effect.
- This memorandum of understanding will be effective when fully executed by both parties. This agreement may be terminated with or without cause at any time upon thirty (30)-day written notice to the other party, otherwise this agreement will continue to remain in effect. The agreement may be revised by written modification at any time by mutual agreement of the parties.

The parties understand and agree to the terms outlined above.

Dated this _____ day of _____, 2012

_____ <SIGNATURES>

Tool 11: Data Collection Checklist

- Refer to the list of health indicators to determine what data should be collected.
- Search for relevant and reliable data sources with available data.
- Review and obtain data from secondary or publicly available sources.
- If primary data collection needs to occur, draft possible questions.
- Test your questions and revise based upon the feedback received.
- Administer the tool (i.e. conduct the survey, perform the review).
- Enter, store, and protect the data.
- Process the data by using cleaning and coding techniques.
- Archive or destroy the data as planned.

Tool 12: Data Collection Plan Template

INSTRUCTIONS: Developing a Data Collection Plan prior to obtaining data is essential to any assessment, especially when multiple data methods and sources are involved. Below is a description of the component of the Data Collection Plan. Use the guidance when completing the template for the Data Collection Plan on the following page.

Components of the Data Collection Plan

- Identify health indicators
- Identify data sources
- Identify collection methods
- Identify who will be involved
- Set a timeframe for collection
- Determine how the data will be stored

A. Identify health indicators

Prior to developing the Data Collection Plan, complete Tool 6 (Health Indicators and Data Sources Worksheet) to determine the health indicators that will be used. Include the final list of health indicators in the Data Collection Plan.

B. Identify data sources

After selecting the health indicators, determine where the data can be found. This step may involve talking with various departments. Refer to the list of potential data sources developed in Tools 8 and 9 and solidify the data source or sources that will be utilized in the Tribal Community Health Assessment.

C. Identify collection methods

This step will involve a process to clarify who, when, where, and how.

Who? Determine who will collect the data. This may be a trained community member, community health representative, or a public health nurse. Determine who will be providing the data. This may be the elderly population, youth, young adults, or everyone within the community.

When? Determine when the data collection will occur. This may be during the school year, during the winter months, during the weekdays, or mornings.

Where? Determine where the data will be collected. This may be a community center, clinic, school, church, or residential areas.

How? Determine how the data will be collected. This may be self-completed surveys (online, paper) or interviews (in-person, telephone, email.)

D. Identify who will be involved

This step will determine team members and stakeholders. Team members may include survey designers, data collectors, and data analyst. Stakeholders may include community members, health department, and tribal council. Identification of team members is a vital component, because it allows individuals to know what duties they are responsible for and to ensure that data is being processed in appropriate manner.

Identification of stakeholders is important, because it provides them an overview of outcomes and how the collected data will affect programs and communities.

E. Set a time frame for collection

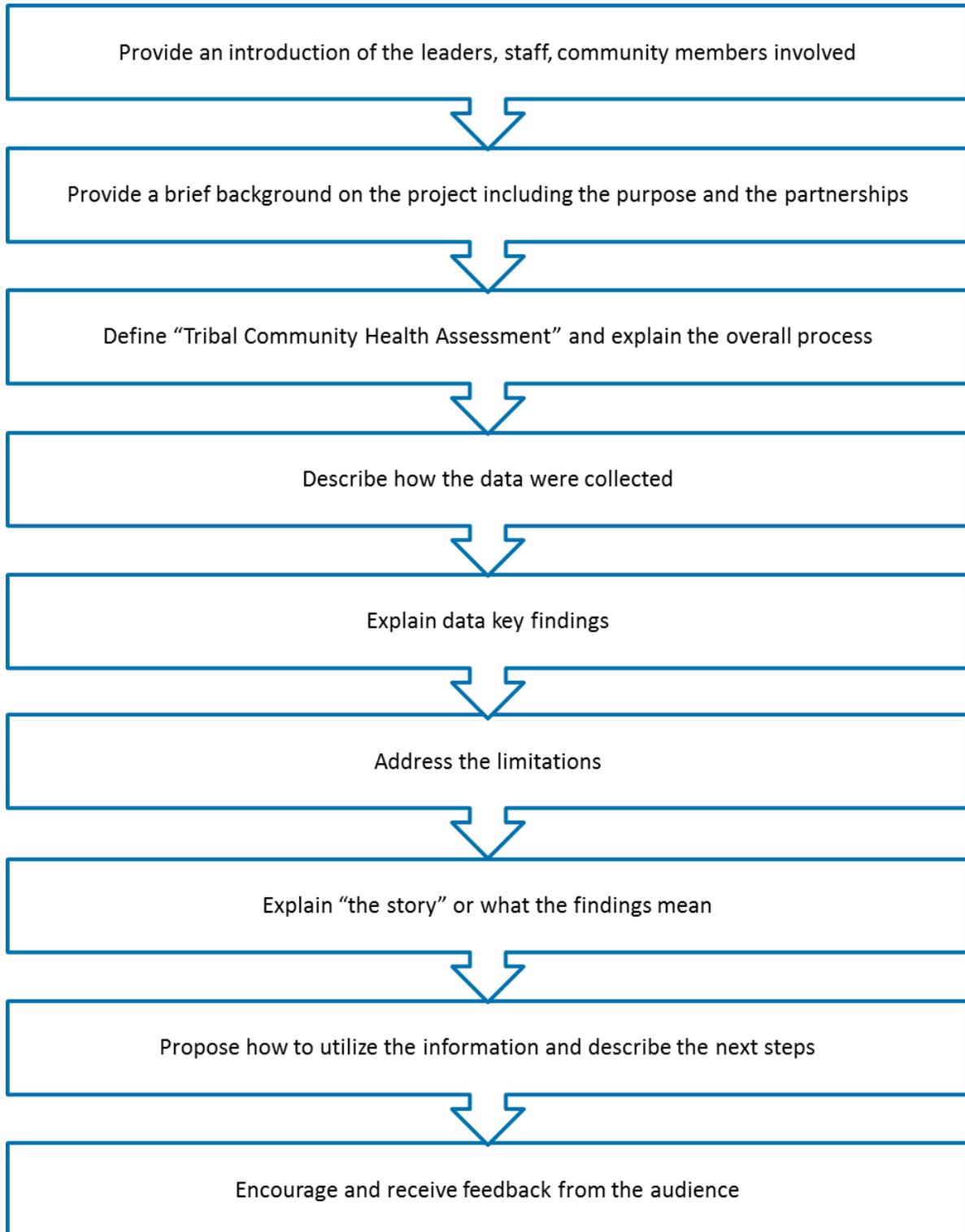
This step will keep all team members and stakeholders informed about progress. Timeframes should be realistic and achievable. Barriers should be accounted for and incorporated when determining deadlines and due dates. Barriers may include staff shortages, large survey populations, data collection training, and limited resources.

F. Determine how the data will be stored

Data storage is a key component of quality analysis and interpretations. Storage may involve designating a computer for storage, software purchase, protected servers, and determining who will have access to stored data.

Health Indicator	Data Sources	Data Collection Methods	Persons Responsible for Data Collection	Timeframe for Data Collection	Data Storage

Tool 13: Sample Tribal CHA Presentation Outline



Tool 14: SWOT Analysis Worksheet

INSTRUCTIONS: The SWOT analysis is used to identify the strengths and weaknesses within the internal environment of an organization. Additionally, it is used to identify factors from the external environment that the tribal health department faces (opportunities and threats). Using the guiding questions below and information compiled from various internal and external data sources, complete the SWOT table. Organize the responses and summarize the findings.

Questions for consideration:

Strengths

- What do you consider strengths of the Tribal Health Department?
- What does the community think of the Tribal Health Department?
- What do the clinic stakeholders consider strengths of the Tribal Health Department?
- What are the resources of the Tribal Health Department?
- What are the advantages of the Tribal Health Department?
- What does the Tribal Health Department do well?

Weaknesses

- What could be improved at the Tribal Health Department?
- What tasks or activities should be avoided?

Opportunities

- What are the prospects for the Tribal Health Department?
- What are interesting opportunities in the community and with clients?

Threats

- What challenges and obstacles does the Tribal Health Department face?
- Are there new policies or regulations that will affect the Tribal Health Department?
- Are the requirements for the Tribal Health Department personnel and services changing?

Note: Recall that a SWOT analysis in itself is not sufficient to develop a strategic plan. When developing a strategic plan, refer to a guide that includes developing mission, vision, and values statements, collecting information, analyzing results, defining priorities, and implementing the plan. This toolkit includes a the SWOT Analysis Worksheet as an example of a common method used in strategic planning.

SWOT Analysis

	STRENGTHS	WEAKNESSES
INTERNAL ENVIRONMENT		
EXTERNAL ENVIRONMENT	OPPORTUNITIES	THREATS

REFERENCES

1. US Department of Health Education and Welfare. *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. Washington, DC: US Department of Health Education and Welfare; 1979. USDHEW_PHS Publication No. 79-55071.
2. National Association of County and City Health Officials. *Assessment Protocol for Action through Planning and Partnerships*. Washington, DC: National Association of County and City Health Officials; 1998.
3. National Public Health Performance Standards Program. Centers for Disease Control and Prevention website. <http://www.cdc.gov/nphpsp/index.html>. Published 2002. Accessed July 27, 2011.
4. Bender, K, Benjamin, G., et al. Final Recommendations for a Voluntary National Accreditation Program for State and Local Health Departments: Steering Committee Report. *Journal of Public Health Management Practice*, 2007, 13(4), 342–348.
5. National Association of County and City Health Officials. Operational Definition of a Functional Local Health Department. November 2005.
6. National Association of County and City Health Officials. NACCHO Community Health Assessment and Improvement Processes Fact Sheet.
7. Robert Wood Johnson Foundation. Website: <http://www.rwjf.org/>.
8. Public Health Accreditation Board. Website: <http://www.phaboard.org/>.
9. Public Health Accreditation Board. PHAB Guide to National Public Health Department Accreditation. Website: <http://www.phaboard.org/>.
10. Public Health Accreditation Board. National Public Health Department Accreditation Readiness Checklists Version 1.0. Website: <http://www.phaboard.org/>.
11. Public Health Accreditation Board. Public Health Accreditation Board Standards and Measures Version 1.0. Website: <http://www.phaboard.org/>.
12. National Association of County and City Health Officials. Website: <http://www.naccho.org/>.

