

Appendix

TOOLS AND RESOURCES



Appendix—Tools and Resources

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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)
Quality Of Life	Self-rated health status (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 <ul style="list-style-type: none"> Adult asthma admission rate (rate per 100,000) Asthma deaths (rate per 100,000) Asthma hospitalizations (rate per 10,000) - Cardiovascular Disease <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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)

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;	For comparison data, National Center of	---

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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

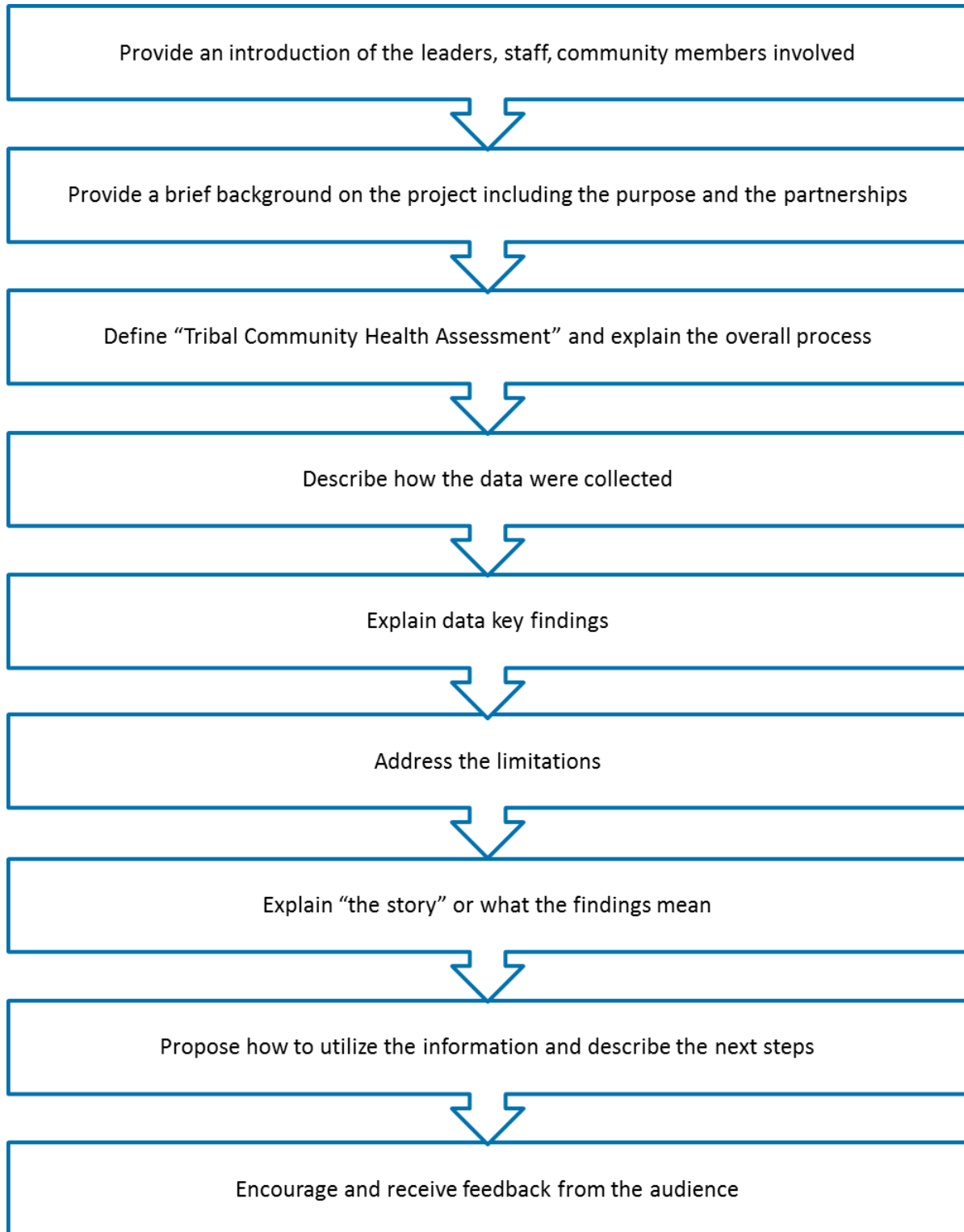
This step will keep all team members and stakeholders informed about progress. Timeframes should be realistic and achievable. Barriers should be accounted for and incorporated when determining deadlines and due dates. Barriers may include staff shortages, large survey populations, data collection training,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

