American Indian/Alaska Native Community Health Assessment Training Packet

HEALTHY KANSAS TRIBES 2020 SUMMIT
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I. Introduction

Every American Indian/Alaska Native (AI/AN) Tribal health programs have the same goal: to elevate the health status of AI/ANs to the highest possible level. This is a worthy goal, but one that raises some questions: What is the highest possible level of health? How will we know when we have achieved it? How can we track our progress toward this goal? This AI/AN Community Health Assessment (CHA) Training packet will provide each Tribe with the information they need to conduct a community health assessment to answer these questions for themselves.

A Community Health Assessment is a collaborative process that includes regular and systematic collection, analysis and dissemination of information on the community health status. It will ensure that the community's priorities include specific health status issues. Community assessments are conducted in fields as different as economics and social work, so the approach tends to differ from one case to another. In the field of public health, however, one philosophy behind CHAs is that both the product and the process of the assessment will bring about improve community health.[1] The product or the final report/profile will provide the community with an accurate snapshot upon which to base their future health planning. The process involved in conducting a CHA will foster the community capacity, accountability, and motivation needed to put future health plans into action.

The CHA can make a huge difference in the well-being of a Tribe or community. It can be helpful in identifying gaps in the community health needs and the health services provided by a Tribe or community. CHAs also can provide a set baseline of data to compare to over time in order to track progress toward improving health. More importantly, conducting a CHA can create the community interest and strategic relationships needed to make plans for improving tribal health, a reality.

HOW TO USE THIS TRAINING PACKET

NIHB has adapted this packet from multiple tribally-specific CHA resources for users with varying levels of knowledge and experience in conducting CHAs. NIHB recommends that you read this training packet. If the tools shown need to be adapted to the needs of your Tribe, then please do not hesitate to alter them. Also, throughout this packet we have listed resources and tools available that may serve useful in the CHA process.

[1] Minkler, M. & Wallerstein, N. (1997). Improving health through community organization and community building. Health behavior and health education: Theory, research and practie (K. Glanz, F.M., Lewis, & B.K. Rimer, Eds.). San Francisco, CA: Jossey-Bass Inc.

II. CHA Framework

There are many benefits to conducting a CHA, some of which will extend beyond the direct health care realm and into policy. A CHA can be used to inform a community, tribal leaders and key health professionals about health programs and policies. A CHA can be used for many different decision-making processes including:

- Community Health Improvement Planning
- Health Service/Program development
- Leveraging Resources
- Elevating services available in the community
- Identifying and Prioritizing health concerns/issues
- Monitoring health trends over a time period

In addition to the benefits, there are potential risks to communities and individuals that need to be addressed. Collecting health data within a tribal community carries a certain stigma mainly from unethical practices used in many research projects conducted in Tribes in the recent past. It is critical to make sure the community, tribal councils, and health committees are involved in the CHA process. Each Tribe has different formal or informal protocols for obtaining and collecting data within their community please follow these protocols to ensure that high ethical safeguards are maintained.

Community Health Assessment Process

Planning Phase:

- Tribal Interest/Support & Develop a Plan
- Engage the community

Implementation Phase:

- Develop indicators
- Conduct data collection
- Report indicator results

Take Action Phase:

- Use indicator results to develop health priorities
- Design action strategies
- Implement strategies
- Re-apply indicators to measure progress toward improved health

Tribal Interest/Support & Develop a Plan

One of the first steps towards completing a CHA is tribal community interest and support to improve health. This step may require discussing the CHA process with tribal leaders, tribal council or influential tribal elders. While all common elements of the CHA are necessary, this step is critical, because it establishes the foundation for the entire CHA process. After tribal interest and support is gained, developing a plan is the next step. These elements include:

- Gaining tribal leadership interest/support
- Define the purpose, goals, and objectives
- Creating a CHA Working Group
- Develop initial work plan and timeline

Engage the Community

Collaboration and partnership among the community are essential to conducting a CHA. Community participation will assist in fostering coordination of services to address community needs, engages partners in both the identification and solution of important community health issues, and build community capacity to improving health outcomes. The CHA process should not only be collaborative but tribally-driven. Tribal leaders, health professionals, community members, and other key stakeholders should all be a part of this process. Engaging the community also allows you to focus the assessment process on defining the population. Many communities define the population using specific characteristics such as shared experiences, common interests, race and or ethnicity. The population definition will influence remaining steps of the CHA including data collection, analysis and reporting of data.

Develop Indicators

In a CHA, indicators are measurements that reflect the status of a larger system. Indicators cannot tell you everything about the health of your tribal community, however if they are chosen well, they can help you make informed decisions about how to improve health in the future. The 15 recommended health indicators are related to the following topics:

- Socio-demographic
- Health Status
- Mental Health and Functional Status
- Health risk factors and positive health behaviors
- Environment

Conduct Data Collection & Analysis

Using the CHA purpose and selected community indicators, individuals collecting data for CHAs will first identify existing sources of available data, ease of use and quality data from a variety of sources identified. If data are not available then data will need to be collected for the CHA. Various types of data should be collected including primary, secondary, quantitative and qualitative data.

Data analysis is the process of organizing data and applying statistical techniques and methods to display information in a useful and easy to use format 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 the analysis is completed the results are compiled into a report.

Report the Results

The CHA does not end with the collection, analysis of the data, and creation of the Community Health Profile 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 needs to be clear, concise, accurate and disseminated in a format appropriate for the target audience.

III. Planning Phase

This phase includes two important steps; gaining Tribal interest and support & developing a plan and engaging the community in this process. It is important to realize that certain phases or steps in the CHA can be completed concurrently. For instance, while gaining tribal interest and support the plan can be developed. This will help when you engage the community regarding the plan and will alleviate any delays to this process.

Gain Tribal Interest and Support

Obtain Tribal approvals either through formal support from tribal leadership or other approval mechanism is highly encouraged and often required. These can come in the form of a tribal resolution or support from other department 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. A sample Tribal Resolution can be found in the Additional Resources.

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, time, and availability of data.

Determine the Purpose

The CHA process will differ for each tribe. In order to develop the best plan for your tribe, you need to choose the best approach for the CHA. There are a number of additional models that came be selected as the framework for your CHA, please refer to the Additional Resources section.

Tool 1: Tribal CHA Purpose

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. Please be sure to make the statement clear, concise, and specific.

Example: The purpose of the tribal CHA is to provide the community with data, information and community strengths to support collaboration and partnership among tribal services and programs for a healthier community.

In the box below, define the purpose of the tribal CHA.

The purpose of the tribal CHA is:

Create a CHA Working Group

Once approvals have been obtained, you will need to identify a working group for the CHA process, consisting of individuals tasked to lead and implement the major goals and objectives of the tribal CHA. This team should remain relatively small with 6-8 members. The membership might include:

- Health department staff
- Community Members
- Tribal Leaders
- Key Stakeholders
- Staff from other tribal departments
- Tribal program staff (Admin/enrollment, courts, education, elder services, health transportation, police department, social/family services, wellness center, WIC, youth program)

Identify Key Stakeholders and Potential Collaborators

In addition to the CHA Working group, consider forming a broad based tribal CHA key collaborators team. This team may include individuals that are unable to give their time to fully participate, but are critical to the successful implementation of the CHA. This CHA key collaborators Team may function as an advisory board to the CHA Working group. It may also be beneficial to involve representatives from state and local health agencies, other local partners, universities, etc. to support the broader goal of the tribal CHA.

Developing a Memorandum of Agreement (MOA)

There are numerous tools that can assist a Tribe in working with external partners. A MOA is one form, which outlines the specific terms of the collaboration and responsibilities of each of the entities involved. A sample MOA is located in the Additional Resource section.

Set Goals and Objectives

The CHA Working group will refer to the project goals and objectives throughout the CHA process to guide activities, timelines and make decisions. A project goal is a non-specific, non-measurable, and usually cannot be attained. A project objective is a measurable and more realistic statement that outlines what the program will achieve – it answers the question "what is success? 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 environment, with the proposed timeframe and money we have?
- Relevant – Will this objective lead to the desired result?

- Time-bound – When will it be completed?

Develop a Timeline and Work Plan

Now that the CHA Working group, purpose, goals and objectives has been developed, the next step is to develop a clear and comprehensive guide of tasks and activities. A helpful tool is a work plan that describes the CHA process and responsibilities of each individual or organization assigned. It is also important to make sure and have a defined timeline at the beginning on this process to guide the engagement of the CHA working group and all of the stakeholders. Please refer to the Additional Resources to find a sample Timeline and Work Plan.

Engage the Community

Community engagement is an essential element of the CHA process. 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

Tool 2: Checklist for Tribal Community Engagement

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

1. **Setting and Scheduling:** Where will the event take place? What time will allow the most community members to attend?
2. **Supplies:** What resources are needed to make the event successful? Will there be food offered to the community? Will there be any incentive for community members to attend?
3. **Funding:** How are the costs being covered? How much is available?
4. **Advertising and Recruitment:** How will people learn of the event? What will encourage community participation in the event?
5. **Strategy:** What method is best for the community to learn about the CHA?
    a. **Community forum, town hall meetings, or listening sessions**
    b. **Focus groups**
    c. **Community perceptions and opinion survey**

IV. Implementation Phase

Develop Indicators

In epidemiology, health statistics are used to describe new cases of disease and death (mortality), and people living with disease (morbidity). This is typically expressed in an incidence rate. An incidence rate is defined as the number of new cases of a disease in a population at a specified

period of time. Rates will allow you to make comparison and can be sued 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. Health indicators are commonly presented as numbers, proportions or rates.

If the steps outlined below seem daunting remember, that the time you invest in develop, getting feedback on, and refining you list will make a big different in the east of data collection and analysis. It will also assist in the final reporting and other products. Here are some helpful steps in developing your indicator list.

1. **Revisit your overall goal or purpose**: What is the Tribe trying to accomplish? How do you envision the profile results being used? You will already have considered these questions during the planning, but it is important to revisit to make sure, you set priorities, evaluate data and report on the profile with these goals in mind.
2. **Define the Community**: Who exactly makes up the community for which you hope to develop a health profile? Is the community for this project everyone who lives on the reservation or tribal lands? Is it the enrolled members? Defining your community at the outset will help the working group decide where to look for data and how to calculate the selected indicators. This does not keep you from choosing indicators that are for a specific age group (i.e. youth, elderly, etc.).
3. **Obtain community input**: The goal of this step is to check the indicator list with the community. The aim is to develop a good understanding of which health issues are important in the community in order to guide your working group as they narrow down the potential indicators.
    a. **Start broadly** – introduce the project, its goals, the working group members, and explain the purpose of the meeting.
    b. **Introduce the idea of indicators** – describe how a set of indicators can be used to provide a broad, quantitative overview of community health.
    c. **Ask people to brainstorm** – about what health issues are currently important for the tribe and what issues they think will be important in the next 5, 10, 20 years down the road. Write down these ideas on a visible surface (chalkboard, flipchart, etc.)
    d. **Have participants help you group the issues** – formed into a list
    e. **Reconsider the list with the community**
    f. **Prioritize the list –** use community input to vote on the issues and rank them in order of importance to the community
    g. **Wrap up meeting –** Thank all the participants, outlining what the project's next steps will be, and letting people know how they can contact the working group to receive further information about the project.
4. **Review existing models:** We recommend that you review the indicators listed to see if any correspond to the health concerns identified by tribal and community members in the preview step. You should also review existing models of indicators to make sure that you have not left out any important indicators that you feel are important for your community.

5. **Compose your own indicator list:** Based on your project goals and the input received from the community, compile your own indicator list. An important part of developing your own indicator list is identifying potential data sources. If you are able to collect information from existing sources it will save you considerable amount of time away from the time and effort it takes from building your own data source from original data.
6. **Seek technical feedback:** No matter how important the topic or how many people voted for it, an indicator is of little use unless it can be measured in an accurate and meaningful way over time. It is essential that you have your proposed list reviewed by people with expertise in statistics and epidemiology and a good knowledge of local data sources.

Suggested Indicators:

A. Socio-Demographic
- **a.** Rate of high school graduation
- **b.** Proportion of children (0-18) who live with natural parents, mother only, mother and another adult, father only, father and another adult, extended family member, or other

B. Health Status
- **a.** Prevalence of Diabetes
- **b.** Rate of hospitalization for injuries and poisonings
- **c.** Rate of years of Potential Life Lost (YPLL)
- **d.** Prevalence of caries (tooth decay) in 3-4 year old and 7-8 year old children
- **e.** Average number of healthy days for adults and seniors in the past month

C. Mental Health and Functional Status
- **a.** Average number of days in the past month (30) days when their mental health was not good
- **b.** Average number of days of poor physical or mental health that kept the individual from doing usual activities, such as self-care, work, or recreation

D. Health Risk Factors & Positive Health Behaviors
- **a.** Proportion of children ages 2-16 who have weight associated with good health (i.e. a body mass index (BMI) < 85^{th} percentile).
- **b.** Percentage of pregnancies with prenatal care beginning in the first trimester
- **c.** Rate of Pap smears within the past three years among women aged 18-65
- **d.** Prevalence of alcohol and other drug use among adolescents
- **e.** Prevalence of tobacco use among adolescents adults and/or youth
- **f.** Proportion of adults who regularly engage in physical activity of a duration and intensity sufficient to promote health (Heart rate > 120 bpm)
- **g.** Number and rate of confirmed cases of child abuse and neglect

E. Environmental
- **a.** Presence of tribal ordinance requiring auto safety restraint use and prevalence of auto safety restraint use for infants, youth, and adults

Collect and Analyze Data

At this point in the process, the CHA working group has developed their indicators that will provide a general picture of health at the tribal level. Now we will be using these indicators to develop data collection and analysis tools and processes. The following steps are recommended for collecting and analyzing data:

- Enter into data sharing agreements
- Design a process for collecting the data
    - Collect primary and secondary data
    - Select data collection methods and tools
    - Ensure the collection is useful and valid information
    - Identify a record-keeping or database process
    - Recognize data limitations
    - Develop and implement the data collection plan

Enter into Data Sharing Agreements

Many tribes when collecting health specific information from external agencies will enter into a data sharing agreement. These data sharing agreements need to be considered by the tribe as well as special precautions need to be taken when collecting data from protected health information from other organizations? Often, these agreements are made between the tribe and the agency in order to ensure the protection of the community and tribal members.

Design an Approach for collection the data

Developing a plan for data collection plan prior to collecting the data is essential to any assessment, especially considering that many data sources are involved. This process expands upon the indicator development by including the collection method, setting a timeframe for collection and determining how the data will be stored.

Identify collection methods

For each of the health indicators, you will need to work to develop a plan of collection; the next steps will aid you in this process.

- Who? Determine who will collect the data. This may be many different people in the community, community health representative or public health professional. Determine who will be providing the data. This should have been identified in the development of the indicator (i.e. all adults, youth, females, etc.)
- 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 could be community center, health clinic, IHS facility, Pow Wow, school, church, or residential areas.
- How? Determine how the data will be collected. This may be a self-completed survey, interviews, questionnaires, telephone calls, email, etc.

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.

Determine how the data will be stored

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

Below is a form that you will be able to use to complete this data collection plan.

Health Indicator	Data Sources	Data Collection Methods	Person(s) responsible for data collection	Time frame for Data Collection	Data Storage

Collect primary and secondary data

Two major types of data are primary and secondary data both will most likely be used to conduct a CHA. Primary data is data collected by an investigator for a specific project. This information is useful because it is up-to-date. There are many different methods to collect primary data and they are listed below. Secondary data refers to data that has already been collected but will be re-purposed for the CHA. This type of data saves time and money, but can provide you with data that is potentially inaccurate and invalid for your use in the CHA.

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. Use the template in this packet to help you develop the data collection plan.

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.

Use the data to construct the Community Health Profile

The following activities are recommended for developing the report.

- 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.

Here is a sample breakdown of the sections in a CHA report. We have also included a sample CHA report. Please use whatever format you wish to interpret and disseminate the results, below is an example:

- Executive Summary: Include the main points of the CHA
- Section 1: Background
    - Tribal History
    - Tribal Background (government, location, economy, culture, etc.)

    - Community resources
    - Additional tribal information
    - Map of tribal lands, jurisdiction of the tribal health department
- Section 2: Methodology
    - Identification of health indicators
    - 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 key results
- Section 5: Data on the health indicators
    - Key Findings for each indicator
    - 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 or other factors
- Appendix
    - Additional relevant information

V. Take Action Phase

Tell your Story

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. 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

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 objective

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

Additional Resources

Template CHA Tribal Resolution

RESOLUTION # _____

WHEREAS, the <name of governing body> is the duly elected body of the <Tribe> by the authority of _____; and

WHEREAS, _____ are primary goals and objectives of the <Tribe>; and

WHEREAS, the <tribal health board or other entity> operates under the authority provided by the <name of governing body> and acts on behalf of the <name of governing body> for health matters; and

WHEREAS, health status measures are often not available at the community or tribal level; and

WHEREAS, the Community Health Assessment was designed to provide a useful and useable tool with which tribes can measure their overall health status, and;

WHEREAS, the <name of Tribal Epidemiology Center or Indian organization with which the tribe will partner to conduct the project> will work closely with the <Tribe> to identify appropriate health indicators and to ensure that the project is conducted in a confidential and culturally sensitive manner; and

WHEREAS, the identified health indicators may be measured using community surveys, existing records, or other sources; and

WHEREAS, it is necessary to approve the indicators required in order to complete the Community Health Assessment,

THEREFORE BE IT RESOLVED, that the <name of governing body> has reviewed this project and gives their approval to move forward with the Community Health Assessment in collaboration with the <name of Tribal Epidemiology Center or Indian organization with which the tribe will partner to conduct the project>.

APPROVED:

_____ _____

<Governing Body Chairperson> <Other relevant persons>

<DATE>

Memorandum of Agreement (MOA) example:

The <<tribe name>> Tribe
And
<<Tribal Epidemiology Center or other agency name>>

This Memorandum of Understanding (MOU) is made and entered into between the <<tribe name>> Tribe and the <<Tribal Epidemiology Center or other agency name>>.

I. PURPOSE

The purpose of this MOU is to establish a general framework:
(A) For coordination and cooperation between the <<tribe name>> Tribe and the <<Tribal Epidemiology Center or other agency>>to work on the Indian Community Health Profile Project and related activities, and
(B) Upon which the staff of the Tribe and the <<Tribal Epidemiology Center or other agency>> can jointly plan and carry out mutually beneficial programs and activities consistent with each organization's mission and objectives.

This agreement begins on <<date>> and ends on <<date>> when it will be subject to renewal, revision and/or termination as agreed upon by the participants.

II. BACKGROUND

<<INSERT brief description of Tribe>>.

<<INSERT brief description of tribal epidemiology center or other agency>>.

III. STATEMENT OF MUTUAL BENEFITS

A. Promotes opportunities for communities in defining their current overall health status, implementing activities to improve overall health status, and measuring overall health status on a regular basis to determine the amount of improvement.
B. Ensures that the <<tribe name>> Tribe has access to a useful, usable, and valid way to assess their overall health status.
C. Promotes opportunities for community engagement in a systematic approach to eliminating health disparities.

IV. COORDINATION AND COOPERATION

A. The <<tribe name>> Tribe will:

1. Obtain Tribal Council and/or Health Advisory Committee support or permission to proceed with project, as necessary.
2. Develop a tribal implementation and evaluation plan and identify a process that supports inclusion of all stakeholders in the project.
3. Develop a project budget to include project costs, e.g., staffing, survey instrument, survey administration, etc.
4. Develop a project staffing plan. Participate in the recruitment, hiring and training of staff and volunteers, if budget permits.
5. Participate in seeking additional funds to fund the implementation of the project, if needed.

6. Select indicators and identify data sources for each indicator selected.
7. Obtain permission from Tribal Council and/or Health Advisory Committee, and data managers to access outside data sources. Provide <<Tribal Epidemiology Center or other agency>> staff with access to data sources, if needed.
8. Provide information to assist in the development of a sampling frame for a population-based survey, if needed.
9. Participate in the development and review of survey questionnaires, if needed.
10. Seek permission from schools to administer the YRBS-like survey, if needed.
11. Administer survey (if needed), analyze data, and create report.
12. Ensure that all <<Tribe name>> data are kept in a completely secure and confidential manner.
13. Conduct professional and community forums to explain results of the profile.
14. Develop plans to address health priorities identified in the profile.

B. <<Tribal Epidemiology Center or other agency>> staff will:

1. Work with Tribe in the development of an implementation and evaluation plan.
2. Participate in the development of a project budget to include project costs, e.g., staffing, survey instrument, and survey administration.
3. Participate in seeking additional funds to fund the implementation of the project, if needed.
4. Assist in the selection of indicators and assist Tribe in identifying primary and secondary data sources for each indicator. Provide support for implementing each of the indicators selected by the Tribe.
5. Examine samples of each source of existing data and assist in designing data abstraction forms.
6. Assist Tribe to develop survey questionnaires, if needed. Revise questionnaires as necessary and assist site in developing and executing sampling scheme.
7. Prepare or obtain survey interviewer training materials and program, if needed. Train interviewers, or serve as a broker to obtain services for the Tribe.
8. Assist Tribe in conducting survey, analyzing data, and preparing report.
9. Assist Tribe to calculate indicators and to conduct professional and community forums to explain profile results.

SIGNATURES

Tribal Chairperson or Health Director Date
<<Tribe Name>>

Director Date
<<Tribal Epidemiology Center or other agency>>

Sample Community Health Assessment Work Plan

Tribal Community Health Assessment (CHA) Work Plan

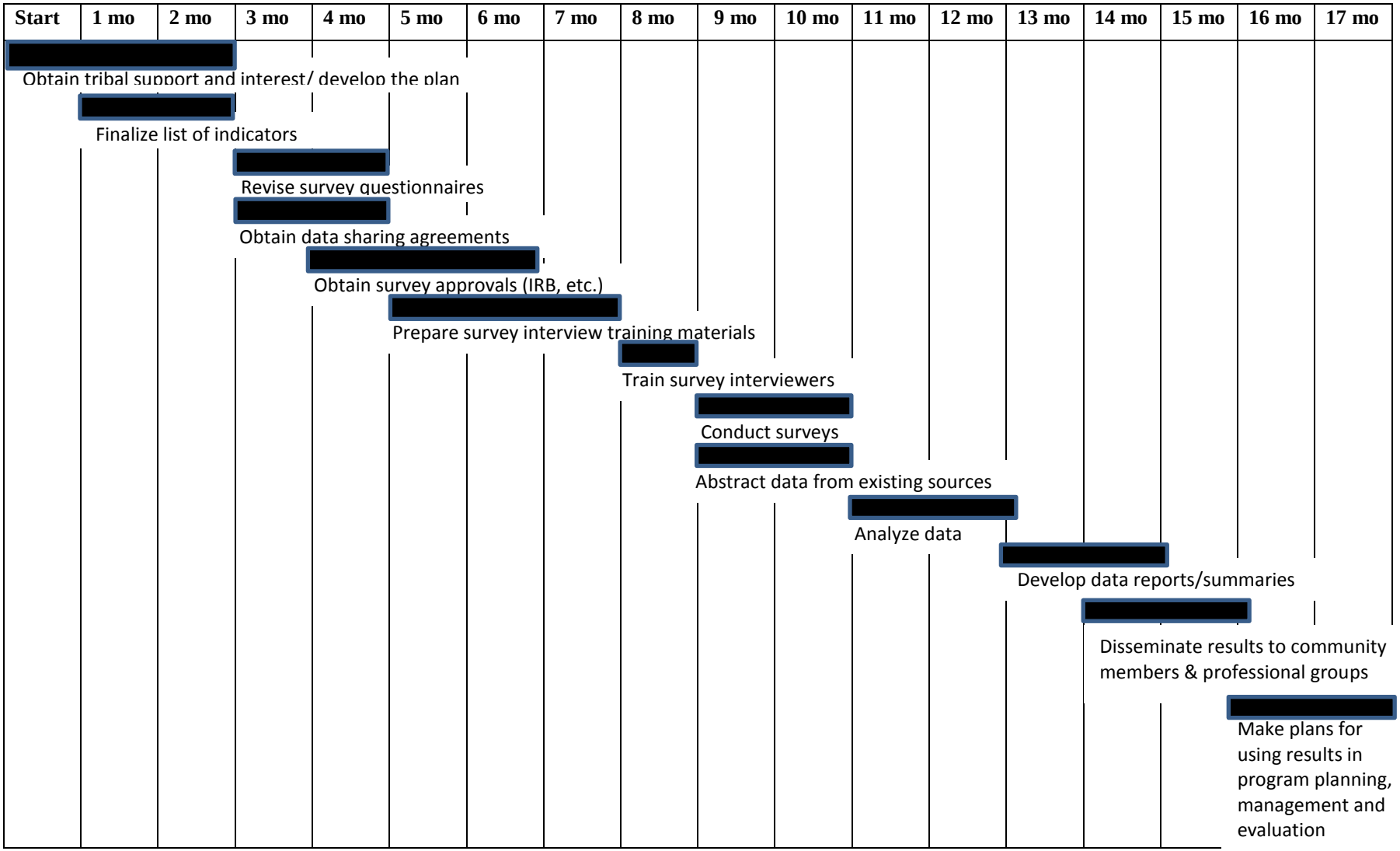
Goal: To better understand the health status of the community through a comprehensive CHA that can be used to monitor and identify health concerns.

Activity	Start Date	End Date	Person(s) Responsible	Partners	Date Complete
PLANNING PHASE					
Example: Obtain permission from Tribal leaders or decision makers to plain and implement a CHA	9/1/13	10/1/13	Tribal Health Director	Tribal elders, Influential Tribal Leaders, Community members	10/15/13
Tribal Interest/Support & Develop a Plan					
Identify the individuals and groups that will be involved with the Tribal CHA					
Identify key stakeholders and potential collaborators					
Meet with key stakeholders and potential collaborators					
Develop Memorandum of Agreement that covers the scope of work and the responsibilities of each party involved in the Tribal CHA					
Provide and obtain signatures for the MOA					
Develop a CHA Working Group					
Determine the purpose for the CHA					
Draft the timeline					
Customize the CHA Work Plan					

Engage the community					
Announce project to community and invite volunteer participation					
Set ground rules for how the working group will operate					
Choose working group coordinator					
Formalize technical assistance partnership with outside agency					
IMPLEMENTATION PHASE					
Develop Indicators					
Revisit the project goals					
Define the community or population					
Get community input					
Review existing models					
Draft a list					
Get technical feedback					
Conduct Data Collection					
Finalize data source for each indicator (original or existing)					
Abstract data from existing sources					
Review data from existing sources for quality					

Design surveys					
Design original data collection procedures					
Obtain approval for data collection					
Design Database					
Collect original data					
Conduct Analysis					
Perform final calculations for indicators					
Report Indicator Results					
Identify audience and purpose for different reports					
Create Reports					
Publicize reports					
Support use of the project results					
Set Tentative date for next round of CHA					

SAMPLE Community Health Assessment TIMELINE



Indicator Development Worksheet

This worksheet provides suggestions of data sources and calculation methods for the 15 recommended indicators. Blank lines are included at the end of the worksheet for your profile working group and its technical advisors (a tribal epidemiology center or other organization with public health expertise) to use when planning new indicators or variants of the recommended ones.

Please note: for the purposes of the examples in this worksheet, the community of interest was assumed to be tribal members living on a reservation. If you have defined community differently for your project, you will have to change some of the suggested calculations, and in some cases the data sources, to reflect the community for which you are creating a health profile.

Rate of high school graduation				
	Calculation		**Data source(s)**	**Notes**
A	*Total number of graduates, from reservation high schools in years X +4, Y + 4, and Z + 4* / *Total number of graduates from reservation middle schools in years X, Y, and Z*	X 1000	School records, tribal education office	This calculation will produce a rate* per 1,000 students. It does not count students who receive a GED, or those who take more or less than 4 years to graduate.
B	*Number of survey participants aged 18-25 who report having a high school diploma* / *Total number of survey participants aged 18-25*	X 100	Representative survey of adult tribal members living on reservation	This calculation is restricted to ages 18-25 in order to approximate the current graduation rate for the tribe.

Proportion of children (0-18) who live with (a) both natural parents, (b) mother only, (c) mother and another adult, (d) father only, € father and another adult, (f) other				
	Calculation		**Data source(s)**	**Notes**
A	*Number of survey participants who report each category of living arrangement* / *Total number of survey participants*	X 100	Representative survey of adult tribal members	It is usually not feasible to survey young children directly, so using a youth survey as the data source here will restrict the age range for which this indicator can be stated. Consider surveying adults/caretakers of younger children if it is important to the tribe to have data for that age.

Prevalence of diabetes				
	Calculation		**Data source(s)**	**Notes**
A	*All tribal members on reservation who are active users of the tribal or IHS clinic and have been diagnosed with diabetes* / *All tribal members on reservation who are active users of tribal or IHS clinic*	X 100	RPMS or tribal clinic records	Only active clinic users are included in this calculation, which may result in an overestimate of the true prevalence of diabetes in the community.

B	*Number of survey participants who report having diabetes* / *Total number of survey participants*	X 100	Representative survey of tribal members living on reservation	It is usually not feasible to survey young children about their medical diagnoses, so using a survey as the data source for this indicator will restrict the age range for which diabetes prevalence can be stated.

Rate of hospitalization for injuries or poisonings				
	Calculation		**Data source(s)**	**Notes**
A	*All tribal members on reservation who are active users of tribal or IHS clinics and who records indicate hospitalization for injury or poisoning in the past year (ICD-9-CM codes 800-999)* / *All tribal members on reservation who are active users of tribal or IHS clinic*	X 1000	RPMS or tribal clinic records; linkage with hospital discharge database	This calculation produces a rate per 1,000 people. Before using RPMS or tribal clinic records as the data source, find out whether these records are regularly updated with data from all hospitals in the area that might treat injured tribal members. If accurate data cannot be obtained, consider reporting the rate of clinic visits instead of the rate of hospitalizations
B	*Number of survey participants who report hospitalization for injury or poisoning in the past year* / *Total number of survey participants*	X 100	Representative survey of tribal members living on reservation	It is usually not feasible to survey young children about their medical diagnoses, so using a survey as the data source for this indicator will restrict the age range for which diabetes prevalence can be stated.

Rate of YPLL (Years of Potential Life Lost)				
	Calculation		**Data source(s)**	**Notes**
A	$\sum$ *(65 – age at death for each tribal member on reservation who has died within time period of interest)* / *Total number of tribal members aged 65 and under on reservation in time period of interest*	X 1000	RPMS/IHS or tribal death records; linkage with state vital statistics data	If a person dies at age 65 or older, zero (0) years of potential life are assumed to be lost. This calculation produces a rate per 1,000 people. If tribal death records are not complete or up-to-date, it may be complete to do a linkage with state death records in order to get accurate death information for tribal members.

Prevalence of caries (tooth decay) for 3-4 year olds and 7-8 year olds				
	Calculation		**Data source(s)**	**Notes**
A	*Number of 3-4 year olds dental patients ever diagnosed with caries* / *Total number of 3-4 year old dental patients* *Number of 7-8 year olds dental patients ever diagnosed with caries* / *Total number of 7-8 year old dental patients*	X 100	Tribal or IHS dental clinic records	It is a good idea to assess whether proportion of children in these age groups regularly goes to the dental clinic before doing this calculation.

B	*Number of 3-4 year olds examined who were found to have caries* / *Total number of 3-4 year old examined* *Number of 7-8 year olds examined who were found to have caries* / *Total number of 7-8 year old examined*	X 100	On-sight dental exam of a representative group of 3-4 and 7-8 year old tribal members on reservation	If IHS or tribal dental records are not complete or up-to-date and you have the necessary resources, a direct dental assessment of eligible children may be a better data source for this indicator.

Average number of healthy days in past month for adults and seniors				
	Calculation		**Data source(s)**	**Notes**
A	*Total number of days in past month when survey participants reported that both their physical and mental health were good* / *Total number of survey participants*	X 100	Representative survey of tribal members living on reservation	This data can only be collected by means of a community survey.

*****This indicator can be used for both of the Mental Health & Functional Status indicators: Average number of days in the past month when their mental health was not good or Average number of days of poor physical or mental health that kept the individual from doing usual activities, such as self-care, work, or recreation.

Proportion of children (ages 2-16) who have a weight associated with good health				
	Calculation		**Data source(s)**	**Notes**
A	*Number of active clinic users aged 2-16 with a recent Body Mass Index (BMI) measure > 17 and < 26* / *Total number of survey participants*	X 100	RPMS or tribal clinic records	Only those children who are active clinic users and have had recent height and weight measurements taken will be included in this calculation. If a significant proportion of tribal children do not fall into this category, consider a different data source.
B	*Number of survey participants whose reported height and weight result in a BMI of >17 and < 26* / *Total number of survey participants*		Representative survey of tribal youth on reservation	
C	*Number of youth whose measured height and weight result in a BMI <26* / *Total number of youth measures*	X 100	Direct assessment of a representative sample of youth (e.g. Head Start enrollees, elementary, or high school students)	

Proportion of pregnancies with prenatal care beginning in the first trimester			
	Calculation	**Data source(s)**	**Notes**

A	*Number of female tribal members on reservation who have been pregnant in the last X years and who started prenatal care in the first trimester* / *Number of female tribal members who have been pregnant in the last X years*	X 100	RPMS or tribal clinic records, MCH clinic or WIC clinic records	If using these data sources, find out whether they will include data on women who receive prenatal care from an outside organization or give birth off the reservation. If only a small number of pregnancies occur each year in your tribe, several years of data will be necessary in order to make this calculation meaningful.
B	*Number of female survey participants who report a pregnancy within the past X years for which they started prenatal care in the first trimester* / *Total number of female survey participants who report a pregnancy in the past X years*	X 100	Representative survey of tribal female members on reservation	If only a small number of pregnancies occur each year in your tribe, several years of data will be necessary in order to make this calculation meaningful.

Rate of women age 18-65 who have had a Pap smear in the past 2 years				
	Calculation		**Data source(s)**	**Notes**
A	*Number of 18-65 year old active female users of tribal or IHS clinic who have received a Pap smear in the past 24 months* / *Number of 18-65year old active female users of tribal or IHS clinic*	X 1000	RPMS or tribal clinic records, MCH clinic or WIC clinic records	This calculation produces a rate per 1,000 women. Only active clinic users are included in this calculation, which may result in an overestimate of the true prevalence of women in the tribe who have had a recent Pap smear.
B	*Number of female survey participants aged 18-65 who report a Pap smear within the past 2 years* / *Total number of female survey participants aged 18-65*	X 100	Representative survey of tribal female members on reservation	

Prevalence of alcohol and other drug use among adolescents				
	Calculation		**Data source(s)**	**Notes**
A	*Number of youth survey participants who report using alcohol or drugs at least once within the past month* / *Total number of survey participants*	X 100	Representative survey of tribal youth living on reservation	Anonymous or confidential surveys usually provide more accurate data about teenage substance use than clinical data sources. Depending on the level of substance use, you may want to adjust the frequency of drug use to 2-3 times a month.

Prevalence of tobacco use among adolescents and adults				
	Calculation		**Data source(s)**	**Notes**
A	*Number of youth survey participants who report smoking cigarettes or chewing tobacco within the past month* / *Total number of youth survey participants* *Number of adult survey participants who report smoking cigarettes or chewing tobacco within the past month*	X 100	Representative survey of tribal youth living on reservation Representative survey of adult	Anonymous or confidential surveys usually provide more accurate data about teenage substance use than clinical data sources. Depending on the level of substance use, you may want to adjust the frequency of drug use to 2-3 times a month.

	Total number of adult survey participants		tribal members on reservation	

Proportion of adults who regularly in physical activity of a duration and intensity sufficient to promote health				
	Calculation		**Data source(s)**	**Notes**
A	*Number of survey participants who report at least 30 minutes of moderate exercise 5 times a week or 20 minutes of vigorous exercise 3 times a week* / *Total number of survey participants*	X 100	Representative survey of tribal members on reservation	

Number and rate of confirmed cases of child abuse and neglect				
	Calculation		**Data source(s)**	**Notes**
A	*Number of confirmed cases of child abuse or neglect among tribal youth on reservation* / *Number of confirmed cases of abuse and neglect among tribal youth on reservation* / *Total number of tribal youth on reservation*	X 1000	Tribal or other court records; Tribal or other child protection agency records	Child abuse is typically under-reported, so this calculation may be underestimate of the true amount of abuse or neglect. The rate produced in the calculation is per 1,000 children
B	*Number of youth survey participants who report having ever experienced physical or sexual abuse at the hands of an adult* / *Total number of tribal youth survey participants*	X 100	Representative survey of tribal youth members on reservation	Anonymous or confidential surveys usually provide more accurate data about abuse and neglect than law enforcement or social service data, but underreporting is still a concern. It is usually not feasible to survey young children about their medical diagnoses, so using a survey as the data source for this indicator will restrict the age range for which diabetes prevalence can be stated.

Proportion of children (ages 2-16) who have a weight associated with good health				
	Calculation		**Data source(s)**	**Notes**
A	*Number of active clinic users aged 2-16 with a recent Body Mass Index (BMI) measure > 17 and < 26* / *Total number of survey participants*	X 100	RPMS or tribal clinic records	Only those children who are active clinic users and have had recent height and weight measurements taken will be included in this calculation. If a significant proportion of tribal children do not fall into this category, consider a different data source.
B	*Number of survey participants whose reported height and weight result in a BMI of >17 and < 26* / *Total number of survey participants*	X 100	Representative survey of tribal youth on reservation	

C	$\frac{\textit{Number of youth whose measured height and weight result in a BMI <26}}{\textit{Total number of youth measures}}$		Direct assessment of a representative sample of youth (e.g. Head Start enrollees, elementary, or high school students)	

	Calculation		**Data source(s)**	**Notes**

	Calculation		**Data source(s)**	**Notes**

Indicator Resources:

Alternate community indicator project manuals

Durch, JS, Bailey, LA, & Stoto, MA (Eds.). (1997). Improving health in the community: A role for performance monitoring. Washington DC: Institute of Medicine, National Academy Press. See: www.nap.edu/catalog/5298.html or contact the National Academy Press at 1-888-624-8373 to order.

Hancock, Labonte, & Edwards. (2000). Indicators that count! Measuring population health at the community level. Toronto, Canada: University of Toronto Centre for Health Promotion. Contact the Centre for Health Promotion at 416-978-1809 to order.

Hellman, E. (1997). Signs of progress, signs of caution: How to prepare a healthy, sustainable progress report card. Toronto, Canada: City of Toronto, Ontario Healthy Communities Coalition. See: www.healthycommunities.on.ca

Join Together, Inc. (1997). How do we know we are making a difference? A community substance abuse indicators handbook. Boston, MA. Contact Join Together, Inc. at 617-437-1500 or publications@jointogether.org to order.

Kingsley, G.T. (Ed). (1999). Building and operating neighborhood indicator systems: A guide-book. Washington, DC: The Urban Institute, National Neighborhood Indicators Partner-ship. Contact NNIP at (202) 261-5709 or pubs@ui.urban.org to order.

MAPP (Mobilizing for Action through Planning and Partnerships) – a strategic planning tool developed by the Centers for Disease Control and Prevention (CDC) and the National Association of City and County Health Officials (NACCHO). The third phase of the MAPP process—assessment—includes instructions for conducting an indicator-based community health assessment. See http://mapp.naccho.org/MAPP_Home.asp for more information.

Redefining Progress & Earth Day Network. (2002). Sustainability starts in your community: A community indicators guide. San Francisco, CA. Contact Redefining Progress at 415-781-1181 or info@rprogress.org to order.

Redefining Progress, Tyler Norris Associates, & Sustainable Seattle. (1997). The community indicators handbook: Measuring progress toward healthy and sustainable communities. Contact Redefining Progress at 415-781-1181 or info@rprogress.org to order.

UCLA Center for Healthier Children, Families, and Communities. (Forthcoming). Development of an effective community report card. See: www.healthychild.ucla.edu/programs/programs.asp?reportCard and contact UCLA at 310-794-7201 or chcfc@ucla.edu to order.

Non-indicator-based community health assessment project manuals Community Tool Box - an online collection of "how-to" tools organized by the University of Kansas. Includes sections on community assessment and other topics. See: http://ctb.lsi.ukans.edu for more information.

Minkler, M. (Ed.). (1997). Community organizing and community building for health . New Brunswick, NJ: Rutgers University Press. Call the publisher at 1-800-446-9323 to order.

PATCH (Planned Approach to Community Health) - A model for planning, conducting, and evaluating community health promotion and disease prevention programs, developed by the Centers for Disease Control and Prevention. See: www.cdc.gov/nccdphp/patch for more information.

Petersen, D.J. & Alexander, G.R. (2001). Needs assessment in public health: A practical guide for students and professionals. New York, NY: Kluwer Academic Press. Call the publisher at 1-866-269-9527 to order.

Collecting and Analyzing Data Resources:

Fowler, F.J., Jr. (2002). Survey research methods (third edition). Thousand Oaks, CA: Sage Publications. Consult a college or university library, or call the publisher at 1-800-818-7243 to order.

Gertsman, B.B. (1998). Epidemiology kept simple: An introduction to classic and modern epidemiology. New York, NY: Wiley-Liss. Consult a college or university library, or call the publisher at 1-877-762-2974 to order.

Oregon Department of Human Services. The data difference. The data users guide: Using data for better decisions. Salem, OR: Oregon Department of Human Services, Data Us-ers Task Group. Available online at: www.hr.state.or.us/pubs/dataguide.pdf

Salant, P., & Dillman, D.A. (1994). How to conduct your own survey. New York, NY: John Wiley & Sons, Inc. Consult a college or university library, or call the publisher at 1-877-762-2974 to order.

Salant, P. & Walker, A.J. (1995). Guide to rural data(revised edition). Washington, DC: Is-land Press. Consult a college or university library, or call the publisher at 1-800-828-1302 to order.

Statistics Canada/Statistique Canada. Statistics: Power from data! Available online at: http://www.statcan.ca/english/edu/power/toc/contents.htm

Trochim, W.M. The Research Methods Knowledge Base(2nd edition). Available online at: http://trochim.human.cornell.edu/kb/index.htm>(version current as of February 10, 2002).

Voss, P., Tordella, S., & Brown, D. (1987). Role of secondary data. In: Needs assessment, theory, and methods(D. Johnson et al., Eds.). Ames, IA: Iowa State Press. Consult a college or university library, or call the publisher at 1-800-862-6657 to order.

Additional Resource and Technical Assistance:
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Oklahoma City Area Inter-Tribal Health Board
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Oklahoma City, Oklahoma 73114
405-951-6005
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