

**Healthy People 2020  
Tribal Specific Objectives by Topic Area  
Tribal Data Sources**

HP 2020 OBJECTIVE	SUBOBJECTIVE AND DATA SOURCE	COMMENTS
<ul style="list-style-type: none"> <li><b>DISABILITY AND HEALTH</b></li> </ul>		
DH-2 Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers	DH-2.4 (Developmental) Increase the number of Tribes that conduct health surveillance for people with disabilities. Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.	<ul style="list-style-type: none"> <li>Not available</li> </ul>
	DH-2.5 (Developmental) Increase the number of Tribes that have at least one health promotion program aimed at improving the health and well-being of people with disabilities.	<ul style="list-style-type: none"> <li>Data available - profile</li> </ul>
	DH-2.6 (Developmental) Increase the number of Tribes that conduct health surveillance of caregivers of people with disabilities. Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.	<ul style="list-style-type: none"> <li>Not available</li> </ul>
	DH-2.7 (Developmental) Increase the number of Tribes that have at least one health promotion program aimed at improving the health and well-being of caregivers of people with disabilities. Potential data sources: Tribal, State, and District of Columbia reports; CDC, Disability and Health Branch.	<ul style="list-style-type: none"> <li>Baseline provided in Objective 2.5</li> </ul>

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<b>• EDUCATION AND COMMUNITY-BASED PROGRAMS</b>		
<b>ECBP–10:</b> Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas:	<b>ECBP–10.1</b> Injury.	<ul style="list-style-type: none"> <li>• Data on unintentional injury programs available</li> </ul>
	<b>ECBP–10.2</b> Violence.	<ul style="list-style-type: none"> <li>• Data available</li> </ul>
	<b>ECBP–10.3</b> Mental illness.	<ul style="list-style-type: none"> <li>• Data available on behavioral health programs</li> </ul>
	<b>ECBP–10.4</b> Tobacco use.	<ul style="list-style-type: none"> <li>• Data available</li> </ul>
	<b>ECBP–10.5</b> Substance abuse.	<ul style="list-style-type: none"> <li>• Data available</li> </ul>
	<b>ECBP–10.6</b> Unintended pregnancy.	<ul style="list-style-type: none"> <li>• Data available</li> </ul>
	<b>ECBP–10.7</b> Chronic disease programs.	<ul style="list-style-type: none"> <li>• Data available</li> </ul>
	<b>ECBP–10.8</b> Nutrition.	<ul style="list-style-type: none"> <li>• Possible data source IHS Diabetes Prevention Program</li> </ul>
	<b>ECBP–10.9</b> Physical activity.	<ul style="list-style-type: none"> <li>• Possible data source IHS Diabetes Prevention Program</li> </ul>
<b>• ENVIRONMENTAL HEALTH</b>		
<b>EH-22:</b> Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards.	<b>EH-22.1</b> Lead poisoning.	<ul style="list-style-type: none"> <li>• Specific data not available. More general data related to indoor air quality, radiation control, hazmat response and waste, vector control and air pollution are available.</li> <li>• Lead/asbestos inspection data available</li> </ul>
	<b>EH-22.2</b> Pesticide poisoning.	
	<b>EH-22.3</b> Mercury poisoning.	
	<b>EH-22.4</b> Arsenic poisoning.	
	<b>EH-22.5</b> Cadmium poisoning.	
	<b>EH-22.6</b> Acute chemical poisoning.	
	<b>EH-22.7</b> Carbon monoxide poisoning.	
<b>• OLDER ADULTS</b>		

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<p><b>OA-12:</b> Increase the number of States, the District of Columbia, and Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.</p>	<p>OA-12.2 (Developmental) Tribes.</p>	<ul style="list-style-type: none"> <li>Data available on the percentage of Tribes that provide services for persons 65 years of age and older.</li> </ul>
<p><b>• ORAL HEALTH</b></p>		
<p><b>OH-17:</b> Increase health agencies that have a dental public health program directed by a dental professional with public health training.</p>	<p>OH-17.2 Increase the number of Indian Health Service Areas and Tribal health programs that serve jurisdictions of 30,000 or more persons with a dental public health program directed by a dental professional with public health training.</p>	<ul style="list-style-type: none"> <li>Data available on the number of Tribes that provide oral health services.</li> <li>Data could be stratified by population</li> <li>Objective and baseline data not very representative of oral health care provided in Tribal communities.</li> <li>IHS Service Areas are large and some community members may have to travel several hours to access IHS dental programs if its not provided by the Tribe.</li> </ul>
<p><b>• PUBLIC HEALTH INFRASTRUCTURE (PHI) - WORKFORCE</b></p>		
<p><b>PHI-1:</b> Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and</p>	<p><b>PHI-1.2</b> (Developmental) Tribal agencies. Potential data source: Indian Health Service.</p>	<ul style="list-style-type: none"> <li>Data not available</li> <li>IHS would not have data on whether Tribal Health Departments have incorporated Core Competencies in job</li> </ul>

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performance evaluations.		<p>descriptions and performance evaluation.</p> <ul style="list-style-type: none"> <li>• Would there be interest in NIHB looking into this objective? Would it be of value to the Tribes?</li> </ul>
<p><b>PHI-2:</b> (Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with Core Competencies for Public Health Professionals.</p>	<p>Potential data sources: Indian Health Service, the Public Health Foundation TRAIN database, and HRSA’s Public Health Training Centers.</p>	<ul style="list-style-type: none"> <li>• Need to define Tribal public health workforce - Does it include IHS workforce providing public health services and Tribal Health Department workforce?</li> <li>• Would there be interest in NIHB looking into this objective? Would it be of value to the Tribes? Would it be too hard to respond to?</li> </ul>
<p><b>PHI-11:</b> Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services.</p>	<p><b>PHI-11.1</b> Disease prevention, control, and surveillance.  <b>PHI-11.2</b> Integrated data management.  <b>PHI-11.3</b> Reference and specialized testing.  <b>PHI-11.4</b> Environmental health and protection.  <b>PHI-11.5</b> Food safety.  <b>PHI-11.6</b> Laboratory improvement and regulation.  <b>PHI-11.7</b> Policy development.  <b>PHI-11.8</b> Emergency response.  <b>PHI-11.9</b> Public health-related research.  <b>PHI-11.10</b> Training and education.</p>	<ul style="list-style-type: none"> <li>• Need to research how comprehensive laboratory services is defined (review CLSS)</li> <li>• Data available on percentage of Tribes that provide lab services</li> <li>• No data available on the type of services provided by the laboratories</li> <li>• Do Tribal labs participate in CLSS? – No, but there is interest. There is uncertainty as to how to implement the survey with Tribes.</li> </ul>

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	<b>PHI-11.11</b> Partnerships and communication.	
<b>PHI-12:</b> (Developmental) Increase the proportion of public health laboratory systems (including State, Tribal, and local) which perform at a high level of quality in support of the 10 Essential Public Health Services.		<ul style="list-style-type: none"> <li>• Unsure</li> </ul>
<b>PHI-13:</b> Increase the proportion of Tribal, State, and local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services.	<p><b>PHI-13.2</b> (Developmental) Tribal public health agencies.</p> <p>Potential data source: Survey of Regionally Based Public Health Services/Infrastructure in Indian Country, Tribal Epidemiology Centers (Epi Centers), CDC, and IHS.</p>	<ul style="list-style-type: none"> <li>• Data available on the number of THD that reported having Epidemiologists on staff</li> <li>• Need more information on how this is defined.</li> <li>• Provide data on some of the epi services that are provided.</li> <li>• CDC will provide information on how it is defined by NACCHO and then determine how the NIHB profile might be able to address that.</li> </ul>
<b>PHI-15:</b> Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan.	<p><b>PHI-15.1</b> (Developmental) Tribal agencies.</p> <p>Potential data source: Indian Health Service.</p>	<ul style="list-style-type: none"> <li>• IHS would not have this data for THDs</li> <li>• Profile has limited data</li> </ul>
<b>PHI-16:</b> (Developmental) Increase the		<ul style="list-style-type: none"> <li>• No data</li> </ul>

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proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process.		<ul style="list-style-type: none"> <li>• IHS would not have this data for THDs</li> </ul>
<b>PHI-17:</b> (Developmental) Increase the proportion of Tribal, State, and local public health agencies that are accredited.		
<ul style="list-style-type: none"> <li>• <b>TOBACCO USE</b></li> </ul>		
<b>TU-13:</b> Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.	<b>TU-13</b> subobjectives list specific places and worksites.	<ul style="list-style-type: none"> <li>• Profile includes data on the number of Tribes that have smoke-free ordinances, but the data does not specify specific places and/or worksites</li> </ul>
<b>TU-20:</b> (Developmental) Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs.	TU-20.3 (Developmental) Tribes.	<ul style="list-style-type: none"> <li>• Data not available</li> <li>• Inter Tribal Council of Michigan may be collecting this data through CDC grant - Minority-Serving National Organization (MNO ) of the Racial and Ethnic Approaches to Community Health (REACH) project</li> </ul>