

# Tribal Accreditation Learning Community

NOVEMBER 2015

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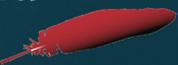
## ALTERNATIVE METHODS FOR CONDUCTING A COMMUNITY HEALTH ASSESSMENT

KARRIE JOSEPH, NATIONAL INDIAN HEALTH BOARD

## TRIBAL PRESENTATION: ONEIDA TRIBE OF INDIANS OF WISCONSIN

MICHELLE MYERS, COMMUNITY HEALTH NURSING SUPERVISOR

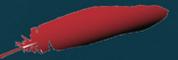
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# TALC Webinar Protocols



- ▶ Please type your name, Tribe/Organization for which you work, and email address in the chat box as a record of attendance. You can chat this to the presenter only if you would like.
- ▶ The meeting will be recorded and shared on the NIHB website
- ▶ Please keep your phones on mute
- ▶ Save your questions until the Q&A portion
  - ▶ Use the chat box or the phone line for questions
  - ▶ Feel free to ask questions of other people on the line as well

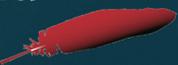




# Community Health Assessments/Tribal Health Assessments

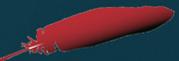


- ▶ What is a CHA/THA?
  - ▶ Body or collection of information and data that describes the health of a specified “community.”
- ▶ Why conduct a CHA/THA?
  - ▶ PHAB pre-requisite
  - ▶ Meets Standards and Measures set in PHAB Domain1
  - ▶ Good public health practice
- ▶ **Informs the CHIP**
- ▶ **This is YOUR assessment for YOUR community**



# Measure 1.1.2 T/L A Tribal/local: Community health assessment

- ▶ That includes Data and Information from various sources...
  - ▶ Non-traditional and non-narrative data collection techniques are encouraged. For example, an assessment may include photographs taken by members of the Tribe or community in an organized assessment process to identify environmental (including the built environment) health challenges.





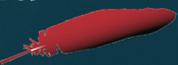
# What is included in the CHA/THA?



- ▶ **Primary Data:** Data you collect directly from your community.
- ▶ **Secondary data:** Data you obtain that was collected from other sources

# Quantitative Data

- ▶ Can provide information on
  - ▶ How much, how often, how many and to what extent?
- ▶ Collected through observation and measurement
- ▶ Examples:
  - ▶ A1c levels, blood pressure (risk factors for diabetes/related chronic disease)
  - ▶ Disease prevalence (how many people have diabetes)
  - ▶ Dialysis rates, Death rates (to what extent diabetes causes disability/death)



**Table 1: Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics\***

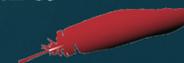
Health Outcome Metrics		Health Determinant and Correlate Metrics			
Mortality	Morbidity	Health Care (Access & Quality)	Health Behaviors	Demographics & Social Environment	Physical Environment
Mortality - Leading Causes of Death (9)	Obesity (6)	Health Insurance Coverage (6)	Tobacco Use/Smoking (8)	Age (9)	Air Quality (4)
Infant Mortality (6)	Low Birth-weight (3)	Provider Rates (PCPs, Dentists) (5)	Physical Activity (5)	Sex (6)	Water Quality (3)
Injury-related Mortality (3)	Hospital Utilization (4)	Asthma-Related Hospitalization (4)	Nutrition (4)	Race/Ethnicity (9)	Housing (5)
Motor Vehicle Mortality (3)	Cancer Rates (4)		Unsafe Sex (3)	Income (9)	
Suicide (4)	Motor Vehicle Injury (4)		Alcohol Use (4)	Poverty Level (6)	
Homicide (4)	Overall Health Status (4)		Seatbelt Use (3)	Educational Attainment (6)	
	STDs (chlamydia, gonorrhea, syphilis) (4)		Immunizations and Screenings (5)	Employment Status (6)	
	AIDS (3)			Foreign Born (3)	
	Tuberculosis (4)			Homelessness (3)	
				Language Spoken at Home (3)	
				Marital Status (3)	
				Domestic Violence and Child Abuse (3)	
				Violence and Crime (4)	
				Social Capital/Social Support (4)	

\* Numbers in parenthesis indicate the number of 10 Guidance Documents that recommended that specific outcome or determinant/correlate.

[http://wwwn.cdc.gov/CommunityHealth/PDF/Final\\_CHAforPHI\\_508.pdf](http://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf)

**This is YOUR assessment for YOUR community**

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# Indicators of Health Equity

**Measuring What Works  
to Achieve Health Equity:  
Metrics for the  
Determinants of Health**  
**EXECUTIVE SUMMARY**

Prepared for the  
Robert Wood Johnson Foundation

Original to the Foundation: June 2014  
Revised for dissemination: June 2015

Prevention  
Institute  
at the Center of Community and Being  
www.preventioninstitute.org

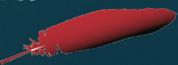
© JUNE 2015

## EXCERPT:

19. Opportunities for engagement with arts, music and culture (index)
20. Per capita dollars spent for park space per city/neighborhood (indicator)
21. Safe place to walk within 10 minutes of home (indicator)
22. Alcohol outlet density (indicator)
23. Number of comprehensive smoke-free policies in places that prohibit smoking in all indoor areas of work-sites and public places (indicator)

[file:///C:/Users/kjoseph/Downloads/Measuring%20what%20works%20to%20achieve%20health%20equity%2006.2015\\_v15\\_condensed.pdf](file:///C:/Users/kjoseph/Downloads/Measuring%20what%20works%20to%20achieve%20health%20equity%2006.2015_v15_condensed.pdf)

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# Qualitative Data



- ▶ Can provide information on
  - ▶ How, why, what?
  - ▶ Why people behave the way they do
  - ▶ Opinions, attitudes or feelings
  - ▶ Social/cultural realities
  - ▶ What's important
    - ▶ Community readiness to change or adopt new behaviors/policies

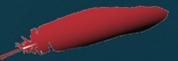


# Other reasons to use alternative methods?



- ▶ Quantitative data challenges for/in Tribal communities
- ▶ Provides opportunities for community engagement
- ▶ Hard to reach populations
- ▶ Culturally suitable for the community

# Qualitative and Alternative Methods





# Interviews



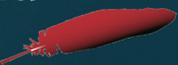
- ▶ One on one
- ▶ Unstructured – Structured
- ▶ “Key informants” or not
- ▶ Skill of interviewer
- ▶ Analysis

# Group “Interviews”

- ▶ *Focus Groups*
  - ▶ *~8-10 participants*
  - ▶ *Origins in market research*
  - ▶ *Used to get an opinion on a product, policy*
  - ▶ *Skilled facilitator*
  - ▶ *Effort to coordinate*

## **The Community Toolbox:**

<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>





# Group “Interviews”



- ▶ *Talking Circles*
  - ▶ *May be culturally acceptable*
  - ▶ *Generally has a known process*
  - ▶ *Everyone has a voice*
- ▶ *Community meetings*
  - ▶ *Who coordinates/leads the meeting?*
  - ▶ *Consider the nature and culture of the meeting*
- ▶ *Other groups/meetings*
- ▶ *Easy to reach population*

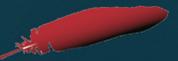


# Hard to Reach Populations



- ▶ Homebound
- ▶ Homeless/multiple homes
- ▶ Youth, esp. uninvolved
- ▶ Two-spirited
  - ▶ LGBT – lesbian, gay, bisexual, transgender
- ▶ Drug culture
- ▶ Gangs
- ▶ Incarcerated
- ▶ Victims of abuse
- ▶ Men

# Collecting Data through Art and Media



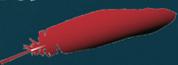
# Photo Voice

Participatory photography as a tool for social change with marginalized and vulnerable groups

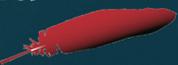


<https://photovoice.org/resources/>

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# Using Visuals





# Media Content Analysis

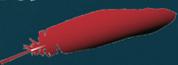
- A systematic study of the content of media
- Media shapes/reflects opinion
- How issues are depicted/framed in the media
- How much exposure a topic gets
- Usage rates or hits

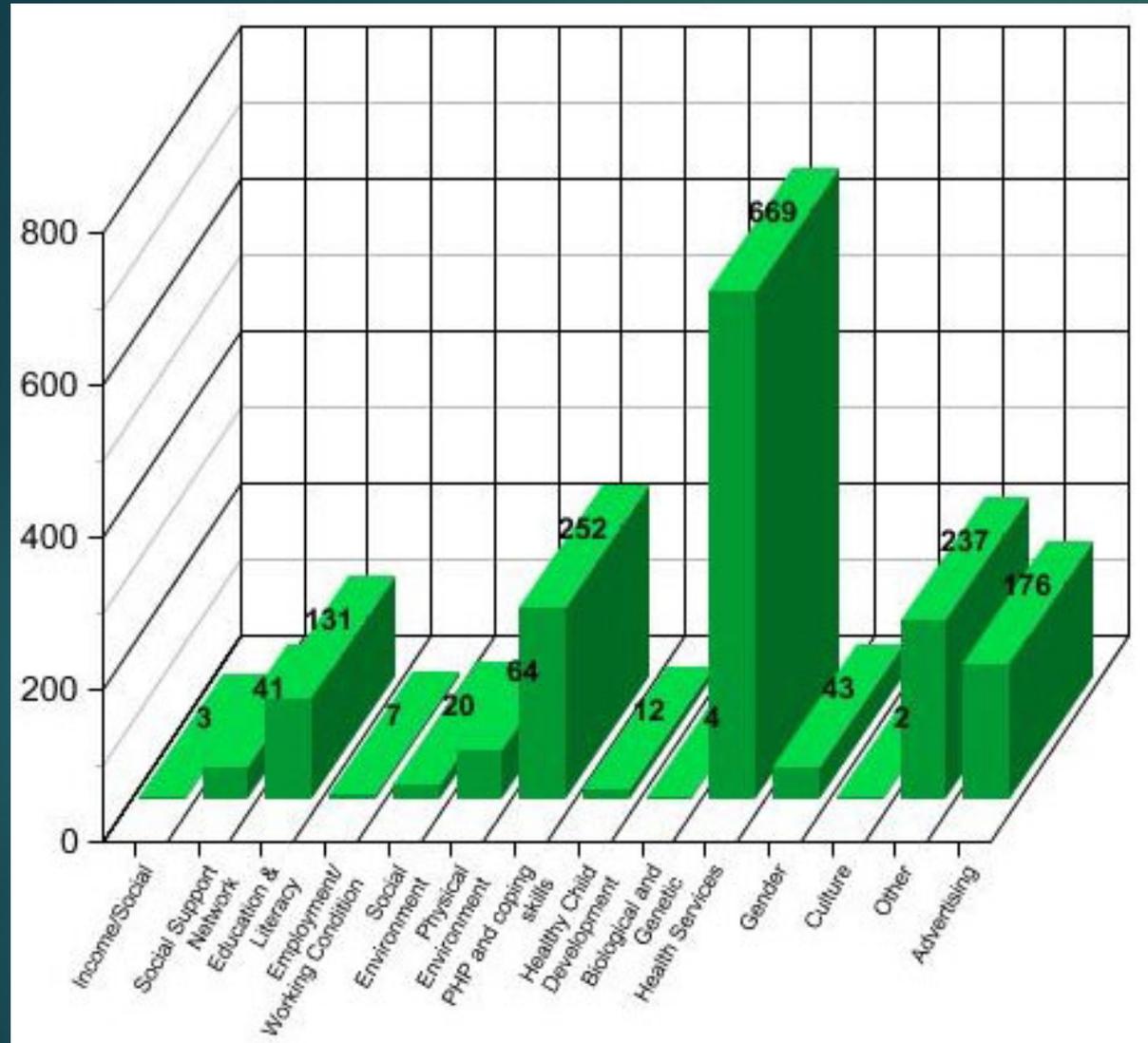


Tribal newspapers  
Tribal radio/TV  
Local/state news media



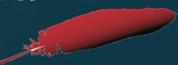
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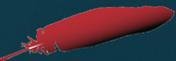
## Health Tweets: An Exploration of Health Promotion on Twitter

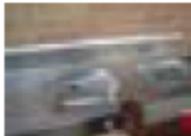
<http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No3-Sept-2012/Health-Tweets.html>



# Observation: Built Environment Assessment

- ▶ *Walkability, Bikeability*
- ▶ *Handicap Accessibility, strollers*
- ▶ *Safety*
- ▶ *Recreational sites/structures*
- ▶ *Food environment*
- ▶ *Noise*



<p><b>Play equipment</b> (describe if different than traditional play equipment – slide, swings, monkey bars)</p>	<p>Several pieces are in need of major repair and is almost or unstable, there is a lot of trash, and the ground is overgrown or barren</p>	<p>Some equipment is in need of minor repair, there is some trash, and the ground needs some improvement</p> 	<p>In good condition, variety of pieces, ground in good condition, well-kept and clean</p> 
<p><b>Benches</b> – all types of affixed seating. Count</p>	<p>Benches are in bad condition, unusable</p>	<p>Benches are missing some paint or boards, may be crooked, but otherwise usable</p> 	<p>In good condition but could have minor cosmetic flaws</p> 
<p><b>Drinking fountains</b> – Count</p>	<p>Either all are broken, or there are none</p> 	<p>At least 1 of the total fountains not in working operation</p> 	<p>Working, clean fountains with clean surrounding area</p> 

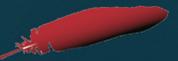
<b>Auditory annoyance</b>	Sound is not irritating, but is (hardly) noticeable	Sound(s) is (are) noticeable and interfere(s) with enjoyment of resources	Noticeable sounds which are unpleasant. Reaction is to leave area.
<b>Broken glass</b>	A few pieces of broken glass (the equivalent of 1 bottle) 	Several pieces of broken glass (the equivalent of 2 – 4 bottles) 	Many pieces of broken glass (5+ bottles) 
<b>Dog refuse</b>	1 refuse pile from dog 	2 – 4 dogs refuse piles from dogs 	5 or > refuse piles from dogs
<b>Dogs Unattended</b>	1 dog unattended 	2 – 4 dogs unattended; may be associated noise 	5 or > dogs unattended, definitely unsafe, may be associated noise
<b>Evidence of alcohol use</b>	1 bottles, cans, or bottle caps visible 	2 – 4 bottles, cans, or bottle caps visible 	5 or > bottles, cans, or bottle caps visible



# Observation: Built Environment Assessment

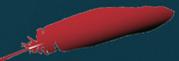
## ▶ *Tips:*

- ▶ *Engage planning or transportation department, they may already have something done*
- ▶ *Assess not only the existence of facilities but their condition*
- ▶ *Involve youth in the assessment*



# Observation: Built Environment Assessment - **TOOLS**

- ▶ CDC BE Tool: <http://www.cdc.gov/nccdphp/dch/built-environment-assessment/>
- ▶ PARA (Physical Activity Resource Assessment) [http://grants.hhp.coe.uh.edu/undo/?page\\_id=21](http://grants.hhp.coe.uh.edu/undo/?page_id=21)
- ▶ RALA (Rural Active Living Assessment)
- ▶ <http://activelivingresearch.org/analytic-audit-tool-and-checklist-audit-tool>

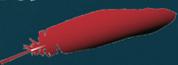




# Considerations when planning for alternative methods

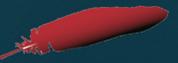


- ▶ What information do you want?
- ▶ What are your priorities?
- ▶ Level of skill needed to conduct
- ▶ Level of skill needed to interpret results
- ▶ Time and resources
- ▶ Informed consent; harm to participants?
- ▶ Confidentiality/anonymity





▶ Q & A



# Thank you!

▶ Next TALC call:

December 11, 2015

2:00pm-3:00pm Eastern Time

Agenda:

*Engaging Your Tribal Community*

*Presenters from the UNM Center for Participatory Research:*

*Dr. Lorenda Belone and Rebecca Rae*

*Tribal ASI Presentation*

*Pascua Yaqui*

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