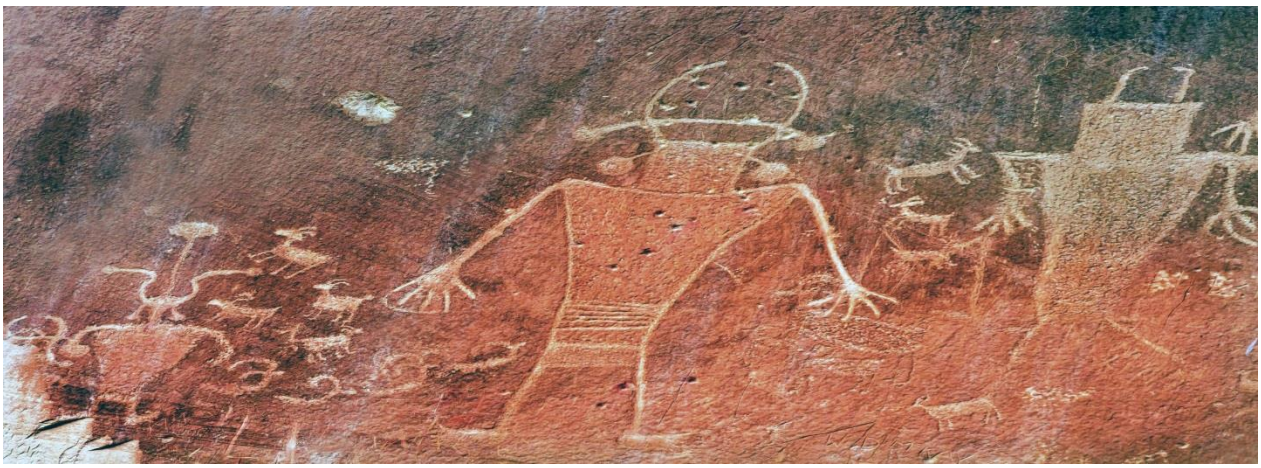


The Readiness of Utah Tribes to Conduct Community Health Assessments

A Report prepared for:

The Office of American Indian/Alaska Health Affairs
Utah Department of Health

On behalf of:
Utah Indian Health Advisory Board

By:

Cynthia O. Morgan PhD, RN
Health Consultancy LLC
31 July 2015

Support for this project was provided by a grant from the Utah Public Health Association as one of nine awards of funding provided by the American Public Health Association

With support from the Office of State, Tribal, Local and Territorial Support within the Centers for Disease Control and Prevention (CDC)

PAGE L EFT BLANK INTENSIONALLY

Table of Contents

Acronyms

CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
IOM	Institute of Medicine
NIHB	National Indian Health Board
PH	Public Health
PHAB	Public Health Advisory Board
SP	Strategic Plan
TPHCA	Tribal Public Health Capacity Assessment
TPHP	Tribal Public Health Profile
UDOH	Utah Department of Health
UPHA	Utah Public Health Association

INTRODUCTION

BACKGROUND

Because little is known about tribal public health capacity, the National Indian Health Board (NIHB), with financial support from the W.K.Kellogg Foundation, undertook a survey of public health (PH) activities and services provided by tribal health organizations. The *2010 Tribal Public Health Profile* (TPHP) (aka *Tribal Public Health Capacity Assessment* [TPHCA]) examined tribal public health capacity by comparing tribal activities and services to national standards and identifying opportunities to improve tribal health systems. Questions for the survey were based on the Core Functions of Public Health and 10 Essential Public Health Services including key areas specific to tribal public health.[1] The results of this assessment helped to assess readiness for accreditation and technical assistance needed for Tribes to be successful. The TPHP also serves as a model for states to develop their own assessment of tribal readiness for accreditation.

In 2009, with funding support from the Robert Wood Johnson Foundation, the National Opinion Research Center (NORC) at the University of Chicago, in partnership with the NIHB, conducted additional analysis of the data obtained from the NIHB's TPHCA regarding tribal health department engagement in community health assessments (CHA). In addition to analyzing the existing data, the researchers added qualitative data from two focus groups. Data related to conducting CHAs indicated that 87% of the 79 Tribes participating in the TPHCA reported that they had conducted a CHA; 36% of those CHAs had been completed within the last 3 years. [2]

THE HISTORY OF ACCREDITATION

The path to accreditation began in 1988 with the release of *The Future of Public Health* report by the Institute of Medicine (IOM), a non-profit, non-political division of the National Academies of Science. This report defined public health as "what society does collectively to assure the conditions for people to be healthy"[3]. The IOM provided evidence that the public health system of the nation was "in disarray" and identified the Three Core Functions of public health as Assessment, Policy Development, and Assurance. The Public Health Functions Project coordinated by the Core Public Health Functions Steering Committee was created to clarify issues and develop strategies to address the problems identified by the IOM in 1988. One outcome of the Project was identification of the 10 Essential Public Health Services in 1994 which serve to define and guide public health practice.

---

[1] National Indian Health Board (2010). *2010 Tribal Public Health Profile – Exploring Public Health Capacity in Indian Countryl.*

[2] NORC & NIHB (2012). *Final Report. A Profile of Tribal Health Departments,* page 2. Obtained 10 July 2015 from: http://www.norc.org/PDFs/Projects/Profile%20of%20Tribal%20Health/A%20Profile%20of%20Tribal%20Health%20Departments_Final%20Report.pdf

[3] Institute of Medicine (2002). *The Future of the Public's Health in the 21st Century.* Obtained 8 July 2015 from: http://www.hcphes.org/UserFiles/Servers/Server_72972/File/Future%20of%20Publics%20Health%202002%20Report%20Brief.pdf.

In 2003 a follow-up IOM report, *The Future of the Public's Health,* called for an examination of the benefits of accrediting governmental public health departments. In 2004 the *Futures Initiative* identified accreditation as a key strategy for strengthening public health infrastructure. Over the next three years work on the concept of accreditation developed culminating in the incorporation of the Public Health Accreditation Board (PHAB) in 2007. Standards developed by expert panels and vetted widely describe expected practice levels for each Essential Public Health Service. Levels of acceptable performance were developed as Measures. The accreditation process evaluates the level at which a health department meets the standards. During 2009-2010 10 local, 8 state, and 3 tribal public health departments participated as beta test sites for the first version of the PHAB Accreditation Standards and Measures which was released in July 2011.[4]

Throughout the Public Health Functions Project and the development of the accreditation program, stakeholders remained mindful that Tribes developed unique public health programs and recognized that some Standards and Measures might need adjustment to account for these differences. The Tribal Standards Workgroup was "created to make adaptations as needed to ensure the standards and measures, required documentation and guidance was relevant to tribal health departments." Proposed adaptations were widely reviewed by tribal leaders before their acceptance to ensure they were "contextually appropriate and culturally sensitive to Tribes and tribal health departments."[5] Where necessary, measures were adjusted to account for tribal differences.

The first ten public health departments were accredited in 2013. As of June 8, 2015, 68 local and 7 state health departments[6] have been accredited from a potential pool of 2800 local[7], 59 state and territorial (including D.C.) health departments, and 565 federally recognized tribal health programs. As yet, no tribal health programs have been accredited.

FOUR CORE ELEMENTS OF ACCREDITATION

PHAB Accreditation for all applicants including Tribes is based on peer evaluation of four elements: Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), Strategic Plan (SP), and the Domains. The CHA, CHIP, and SP must be developed before the agency's application for accreditation is submitted.

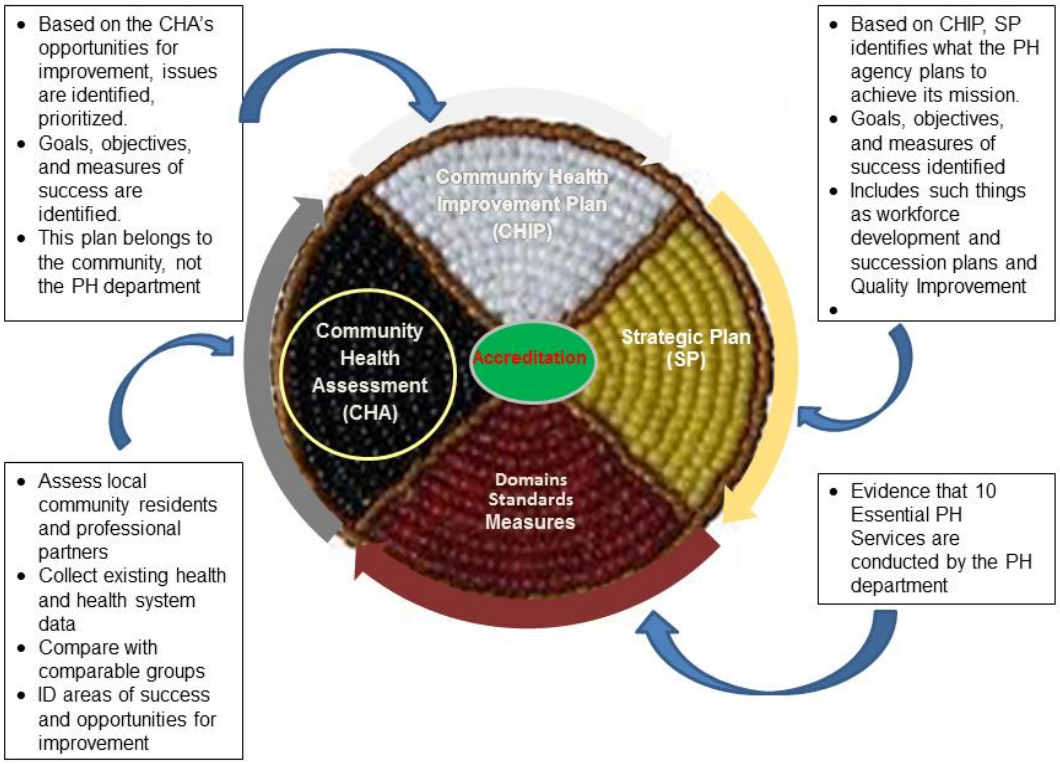
- The CHA serves as the foundation of the self-study. It helps the tribal leaders identify the community demographics, priority health issues, gaps in resources public health

[4] PHAB. Welcome to the Public Health Accreditation Board. PHAB home page. Public Health Accreditation Background. Obtained 8 July 2015 f rom: http://www.phaboard.org/about-phab/public-health-accreditation-background/.
[5] Ibid
[6] PHAB. Welcome to the Public Health Accreditation Board. PHAB home page. Accredited Health Departments. Obtained 10 July 2015 from: http://www.phaboard.org/news-room/accredited-health-departments/
[7] NACCHO. *2013 National Profile of Local Health Departments.* Obtained 10 July 2015 from: http://www.naccho.org/topics/infrastructure/profile/upload/2013-National-Profile-of-Local-Health-Departments-report.pdf

strengths and opportunities for improvement. The CHIP grows out of disparities identified through the CHA. The Tribe presents the results of the CHA to community partners who aid the Tribe in the identification of priority health problems for the tribal community.

- The CHIP is owned by the community, not the public health system. The CHIP is the tribal community's plan to improve health problems identified during the CHA. Appropriate partners who also have a stake in the identified health problems should actively participate in leadership roles on the committee.
- The Strategic Plan (SP) is owned by the tribal PH agency. It is the internal agency plan describing how it plans to achieve its mission. It consists of specific goals and objectives; what will be done (methods) to achieve these objectives, and how success in meeting the objectives (measures) will be measured. It provides the template for making decisions and setting priorities.
- Domains are based on the 10 Essential Public Health Services to be provided by public health departments plus two additional - administration and governance. Standards within each domain reflect the required level of performance that a health department is expected to achieve. Measures provide ways to evaluate if the standard has been met.

Four required elements of the PHAB Self-Study



Completion or updates of the health department's CHA, CHIP, and SP within the last five years is a prerequisite for accreditation. All three must be submitted with a letter of intent to apply for accreditation. Once these three plans have been reviewed for completion (completion only, content is evaluated in the domains), the application for accreditation can be submitted and the Tribe can begin the Domain work.

Once all documentation for the Domains has been submitted, a peer review team will be identified to assess the documentation and conduct a two day site visit. The four elements are peer reviewed by a team of 3 persons, trained in evaluation at PHAB. PHAB attempts to staff the team from health departments that are similar to the one being evaluated, e.g. large counties to large counties, etc. There is the opportunity for tribal members to be trained as site visitors.

PURPOSE, GOALS, AND OBJECTIVES OF THE PROJECT

The purpose of this Utah Public Health Accreditation Readiness Assessment was to ultimately determine, as perceived by tribal health and tribal leadership, the readiness of tribal public health programs to seek accreditation through PHAB. Readiness to conduct a Community Health Assessment, the first of four required elements of the self-study, was chosen as the marker to identify readiness. The information shared during this assessment will be the first step in the process for assessing readiness. Results of this assessment will help guide next steps to develop a program to develop accreditation readiness for interested Tribes.

The second phase of the proposed project will focus on what public health means to the Tribal Community and what programs should be developed to improve the health of the community. This relates to developing a Community Health Improvement Plan.

Through consultation with the Utah Indian Health Advisory Board, the objectives for this initial project in Utah were developed. The goals were to determine (a) if Tribes have conducted CHAs in the past, if not then identify reasons why not, (b) to gain perspective on the likelihood of Utah Tribes pursuing PHAB Accreditation, and finally, (c) what factors might increase the likelihood that Tribes will conduct a CHA.

METHODOLOGY

In 2013, a representative from the Utah Department of Health (UDOH) presented about tribal public health program accreditation to the Tribal Health Directors. The Tribal Health Directors verbalized interest in learning more about the process. Subsequently in 2014, funding was obtained through the Utah Public Health Association to determine tribal interest and readiness to begin the accreditation process.

Of the eight Tribes and one urban program in Utah, five Tribes and the urban program participated in the interview process. Of the three Tribes who did not participate, two do not

have health facilities, direct service provision, or public health programs. One Tribe provided one representative for interview; three Tribes provided two; and two Tribes provided four. The categories of positions for those interviewed are summarized in the following table.

TRIBAL PARTICIPATION	
Categories of Tribal members interviewed	**Number**
Tribal leadership (chair, administrator, health board)	2
Health Director/manager (System, program, clinic)	7
Community outreach/ prevention director	1
Health program financial director/medical billing	3
Health public information officer	1

To accomplish objectives of this project, verbal permission was obtained to use the discussion guide developed by the Inter Tribal Council of Arizona, based on the research conducted by NORC, as the basis of the Utah discussion guide. The Arizona Guide was modified by the Utah Indian Health Advisory Board with consultation from the UDOH Office of American Indian/Alaska Native Health Affairs. The interview consisted of a number of questions designed to elicit responses to meet the project objectives.

In all but one meeting, the UDOH's American Indian/Alaskan Native Health Liaison/Health Policy Consultant (Liaison) and a PH graduate student intern were present. The interviews were conducted by the UDOH Liaison. The Liaison took notes during the interview and completed the narrative following the interview. The intern took observational notes and noted impressions and insights.

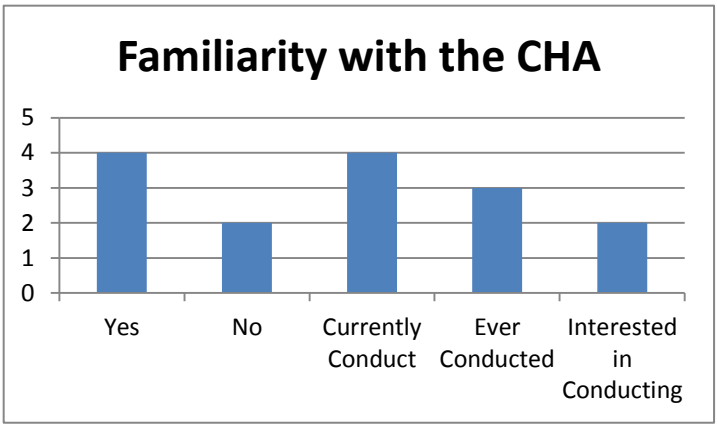
The narratives of the interviews were given to a contractor experienced in qualitative analysis. Content was coded using QDA Miner Light. Codes were grouped to answer the questions: (a) have Tribes conducted CHAs and if not why not, (b) what factors might increase the likelihood that Tribes will conduct a CHA Accreditation, and finally, (c) do Tribes understand PH and practice the 10 Essential Public Health Functions to meet the standards of accreditation and what is the likelihood of pursuing PH Accreditation.

Interview notes were searched for content related to:

- Familiarity with Community Health Assessment
- Benefits and Risks/Limitations to conducting a CHA
- Knowledge of Public Health
- Knowledge of Public Health accreditation and willingness to participate
- Status of resources to carry out the accreditation process

FINDINGS AND DISCUSSION

The following analysis answers the question, have Tribes have conducted CHAs and if not why not.



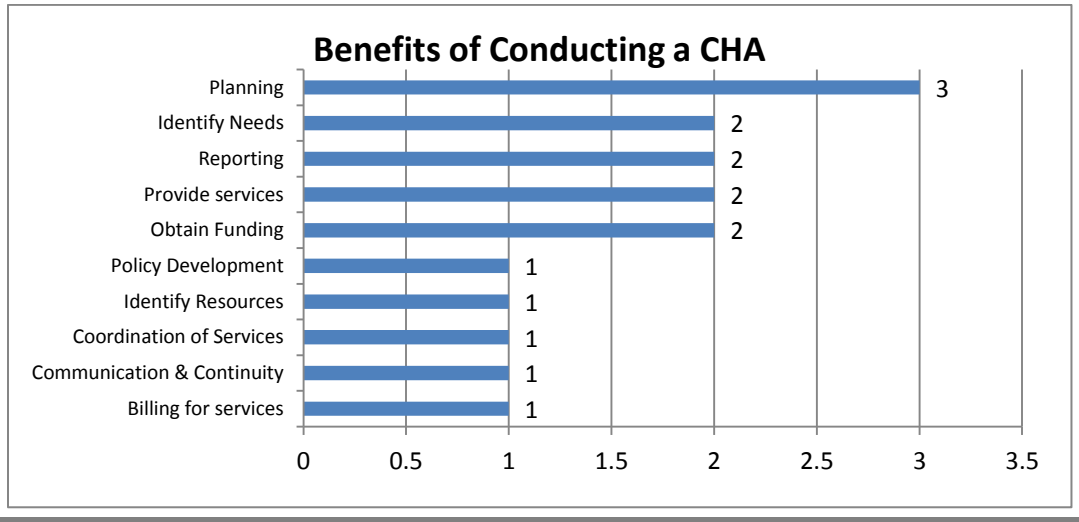
FAMILIARITY WITH THE CHA

The questions asked attempted to elicit answers whether or not Tribes know about, have ever conducted, are currently conducting, or have an interest in conducting a CHA. Four of the six Tribes have had experience with CHAs. Of the two who had no experience, both would be interested inducting one. The Tribes see both Benefits and Risks or Limitations to conducting CHAs.

BENEFITS AND RISKS/LIMITATIONS TO CONDUCTING A CHA

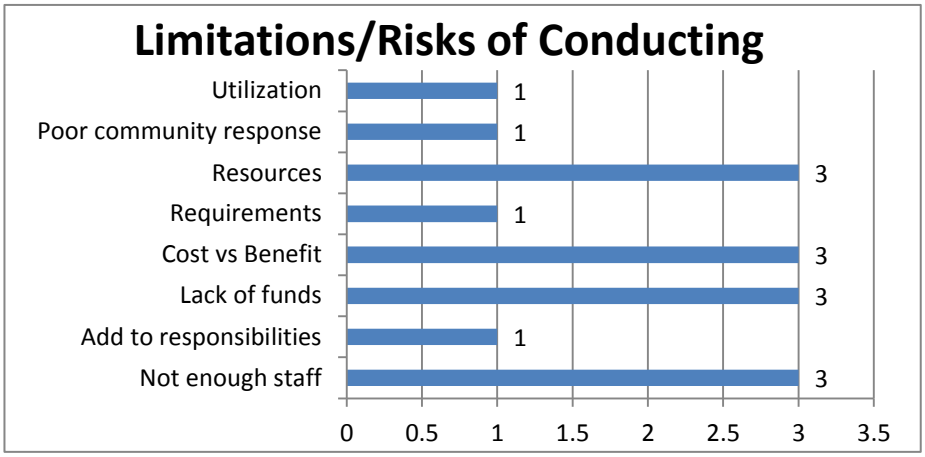
Benefits

The benefits to completing a CHA identified by and provided below. Three Tribes see the strongest benefit as information for planning. One interviewee stated that through the CHA, the health program decision makers will be able to actually have community needs supported by data rather than developing programs because it appears to be a need. Following, with mention by two participants are improving reports, identifying community needs, obtaining funding, and improving service provision. Receiving one mention each by Tribes are: Policy development, identify additional resources, coordination of services with other providers, and communication and continuity. The lengthy list of CHA benefits is consistent with the level of previous experience with CHAs. However, the long list of Limitations/Risks balance reduces the power of the benefits begging the question for the Tribes is the Benefits worth the Costs?



Limitations/Risks of Conducting a CHA

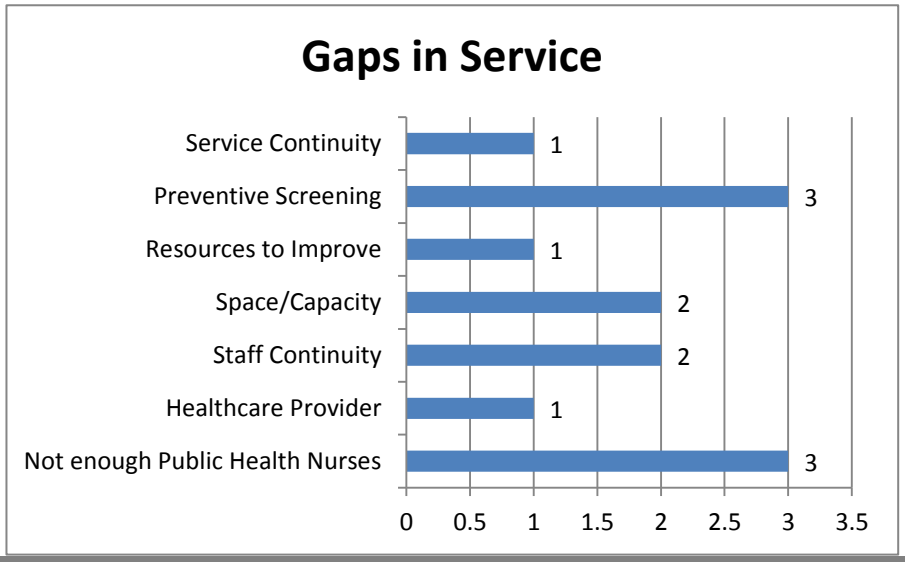
Risks/Limitations were also identified by the participants. The four limitations/risks identified by 3 of the 6 respondents are "not enough staff," "lack of funds," "not enough resources," and "cost versus benefits". The participants were not asked to clarify "resources". Resource is a generic term that can refer to any number of things. Costs vs Benefits was a particularly important consideration related to PHAB Accreditation. "Not enough staff" means additional work would be assigned to for already overworked staff.



Utilization refers to whether or not the findings will be used for anything productive. The participant who provided this risk/limitation is concerned that too often people come in and do research without the Tribe ever hearing about it. Another was concerned about not sampling the major groups in the community which would impact its representation of the community. Requirements refer to the "rules" related to conducting the assessment. This participant was referring to knowledge about the PHAB CHA requirements.

Gaps in Service

Participants spoke quite a bit about existing service concerns in their communities. For some, gaps include lack of preventive screening either because services that had been provided by outside sources don't come anymore, funding for staff has not been dependable enough to maintain programs at a consistent level. Space and clinic capacity are issues for some Tribes. Capacity is influences by both staffing and physical location. The more remote Tribes have difficulty in contracting these services. On one reservation, crisis counselling is available for mental health



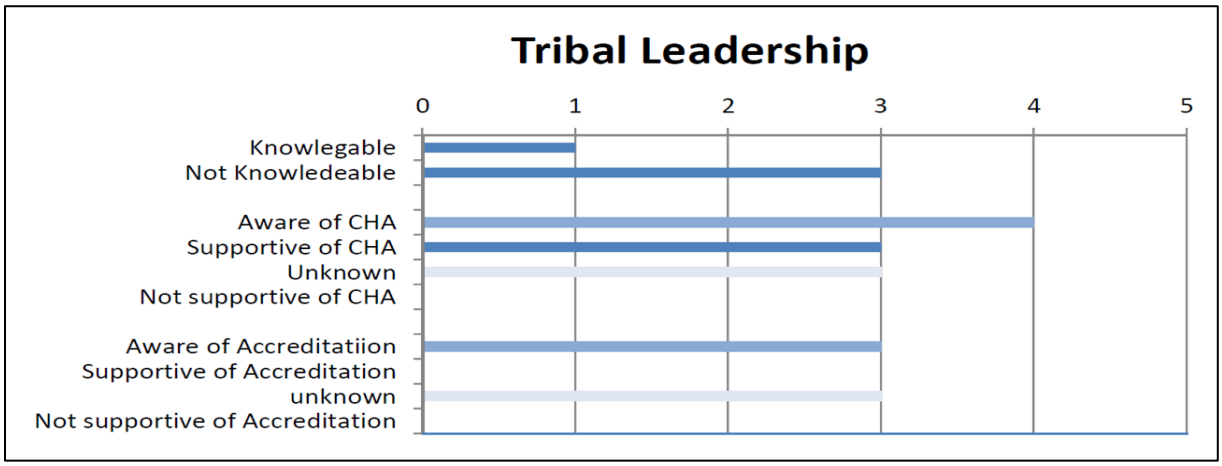
problems, but there is no continuation counselling. Continuity of services is a huge issue. Some Tribes no longer provide Vaccine for Children vaccines because there is no one to give the shots.

Health Problems

Health problems associated with chronic disease are the major health issues among Tribal members nationally and this is no different in Utah. Only three of the six Tribal representatives spoke of health problems. As would be expected, obesity, hypertension, diabetes, heart disease, and mental health including suicide and alcoholism were mentioned.

Leadership Support

Tribal leadership support is very important to the success of conducting a CHA or moving toward application for accreditation. The process is a lengthy and time consuming. In addition activities of leadership related to PH practice are examined in the accreditation process through an additional Domain. Support or lack of support is dependent on an understanding of PH and the Accreditation Process.

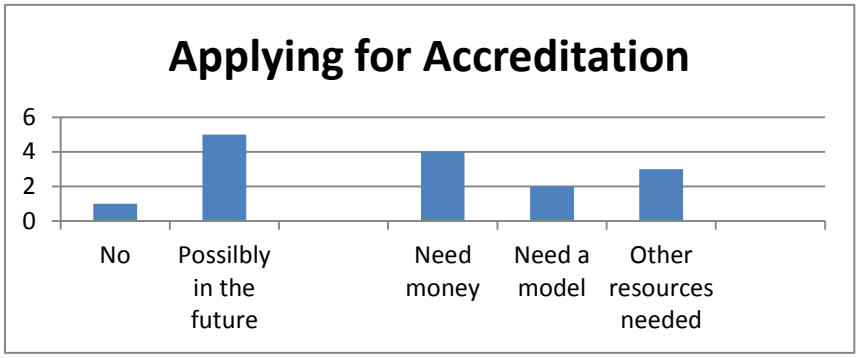


Tribal participants in this project were asked about Tribal leaderships' knowledge about PH and Accreditation. The responses are summarized below. Of the four respondents who talked about leadership knowledge, three reported that leadership had little or no knowledge about PH or Accreditation and would need some training. All four reported that leadership was aware of the CHA. Three reported that they thought leadership would be supportive of the process. Three reported that leadership was aware of Accreditation, but none knew leadership position on it. No one reported that leaders were unsupportive.

Will Utah Tribes Apply for Public Health Accreditation?

Cautious Optimism

It can be said with great certainty that Utah Tribes are extremely cautious with their position on Accreditation. Five of the six Tribes that responded did not say absolutely "no" to applying for Accreditation, but indicated that application would not be in the near future. The Urban Indian Outreach Center may be the closest to saying "yes". This is not surprising since the Center has managed the behavioral health accreditation process and was granted accreditation.



On the opposite end of the continuum one Tribe stated than they would not be interested in accreditation at this time. There is no hint in that statement whether or not they might be interested in the future. The remaining four Tribes are not ready, have major obstacles to overcome, think it is a good idea, and might consider it in the future. Impediments to application mentioned by the Tribes included money and other "resources". On the other hand, the outlook for participation in a Community Health Assessment appears more positive possibly because the application of findings to programs is more apparent.

Poor Understanding of Public Health Practice

Confusion with Healthcare

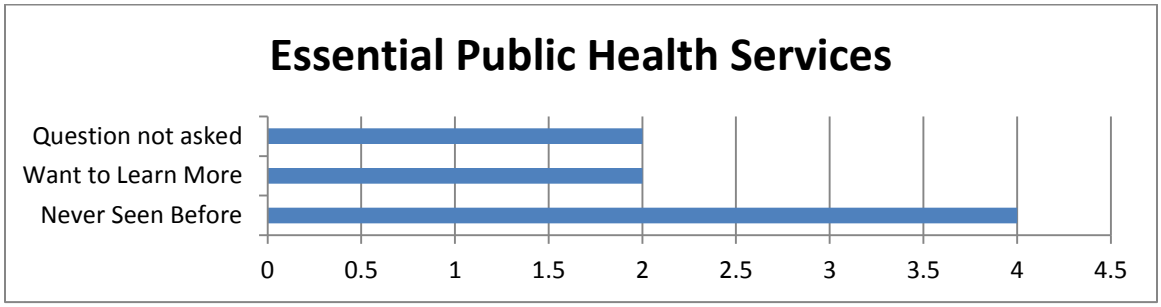
Defining PH to someone is difficult at best. Confusion between Public Health, Community Health, and Healthcare is problematic when it comes to providing examples for accreditation standards in the domains. The Public Health Accreditation Board does not recognize clinic services for diseases, home visiting for most reasons (except Tuberculosis therapy), pregnancy, family planning, immunization or WIC as public health services. In every interview except one, clinic services for illness, and home visits for disease follow-up were included as PH practice.

The best way to define public health is through the Core Functions of Public Health and 10 Essential Services.

Core Functions of Public Health

The Core Functions of Public Health, Assessment, Assurance, and Policy Development are met through the 10 Essential Public Health Services. The Interviewers shared the Core Functions and

Essential Services with participants during the interviews. Four of the six participants were not familiar.



with these concepts. At least two want to learn more.

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this project was to determine the readiness of Tribes to engage in Community Health Assessments as the first step towards seeking Public Health Accreditation. To determine readiness, three questions were posed:

- have Tribes have conducted CHAs and if not why not,
- what factors might increase the likelihood that Tribes will conduct a CHA Accreditation, and finally,
- do Tribes understand PH and practice the 10 Essential Public Health Functions to meet the standards of accreditation and what is the likelihood of pursuing PH Accreditation.

The concept of CHA is not new to most participants. Four of the six Tribes participating have had some experience with conducting a CHA. Benefits and Impediments/Risks for completing a CHA were identified. The Impediments and Risks are those factors that can reduce the likelihood that a CHA will be conducted. These factors are funding, staff, utilization, and ability to engage the community. The question posed by the Tribes is do the benefits outweigh the costs. This will be an important answer to gain leadership support. The Tribes will need assistance in identifying resources.

Participants verbalized the need for models, templates, education, and mentoring in the process. An education and mentoring program will need to be developed and implemented not only for completion of the CHA according to PHAB requirements but for the other plans and the Domains. Without this support, neither the CHAs as stand-along projects nor Accreditation will be completed.

Do Tribes understand PH and practice the 10 Essential Public Health Functions to meet the standards of accreditation and what is the likelihood of pursuing PH Accreditation? No, there is little understanding. Without a good grounding in the foundations of PH, there is little chance that Accreditation will occur. Moving into the future, education and training webinars, on-line classes, social media activities and other forms of information sharing must be developed not only around the Essential Functions of Public Health and the CHA but also Community Health

Improvement Plans, Strategic Planning, Workforce Development Planning, and Domains. Ideally, having a member from each tribe completing the PHAB site visitor class would assist their Tribes with moving through the process as well as helping to develop a cadre of Indian site visitors to evaluate other Tribes for Accreditation.

APPENDIX A

INTERVIEW TOOL

1 Are you familiar with a Community Health Assessment (CHA)?

2 Do you know if the Tribe/Urban Indian Organization has previously conducted a CHA? Tell me what you know about what has been done before.

Have tribal leaders and key decision makers determined the value and use of a CHA (e.g., to making data informed decisions in resource allocation, programs, and services, and policy development)?

3 Tell me what Public Health means to you? To Tribal leadership? To the community?

4 Are you aware of potential benefits/risks of conducting a CHA focusing on Public Health? Tell me what you see as the benefits/risks. Is Tribal leadership or key decision makers aware? Is the Community aware? What do you view as the benefits/risks from their perspective?

5 As the health leadership for your tribe/UIO, can you tell me if you have identified particular health areas that are a concern? Can you tell me what those areas are? How long have they been a concern?

6 Tell me what you may know about Public Health Accreditation? Do you think the Tribe/UIO would be interested in applying for accreditation?

Does your tribe/UIO currently have resources to conduct a CHA to prepare for accreditation? Do you think those resources are enough? If not, what additional resources do you think you would need that would help you? Who would you want to help you?

7 Is the tribe/UIO currently monitoring the health/health status of your community? How is that currently being done? Are you able to monitor that status over time? Are there limitations to the current infrastructure to monitor health status? Tell me more about those limitations?

8 Are you aware of the 'Ten Essential Public Health Services'? (No) Would you like to know? (Yes) Where do you see any current limitations for the Tribe/UIO?

9 If the Tribe/UIO was to conduct a CHA, how do you see the outcome/results being used by the tribe/UIO?

10 Is there anything else you would like to share with us at this time?