

Tribal Accreditation Learning Community

To join by phone:

1-877-668-4493

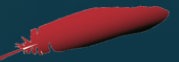
Access code: 730 702 082

MARCH 18, 2019

TOPIC:

CHA/CHIP REPORT WRITING WORKSHOP

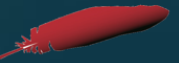
National Indian
Health Board



TALC Webinar Protocols

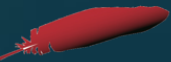


- ▶ The meeting will be recorded.
- ▶ Please keep your phones on mute to minimize background noise.
- ▶ Use the chat box anytime or the phone line for questions during the Q&A
- ▶ Feel free to ask questions of other people on the line as well
- ▶ A post webinar evaluation survey will pop up when you leave the meeting, please fill that out



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?
 - ▶ Baseline data to inform programs and policies
 - ▶ Meets Standards and Measures set in PHAB Domains 1, 4
 - ▶ Good public health practice
- ▶ **Informs the CHIP**
- ▶ **This is YOUR assessment for YOUR community**



What is included in the CHA/THA?

▶ Data

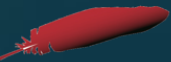
- ▶ **Primary Data:** Data you collect directly from your community.
- ▶ **Secondary data:** Data you obtain that was collected from other sources
- ▶ **Quantitative data**
- ▶ **Qualitative data**

▶ Description of health issues

▶ Discussion of factors affecting health issues

▶ Demographics

▶ Assets and resources list



| |
|--|
| Executive Summary |
| Include the main points of the CHP |
| Section 1: Background |
| Tribal history |
| Tribal background (government, location, economy, culture, etc.) |
| Community resources |
| Additional tribal information |
| Map of tribal lands, or jurisdiction of the tribal health department |
| Section 2: Methodology |
| Identification of health priorities |
| 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 the key results |
| Section 5: Data on the health indicators |
| Key findings |
| 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 |
| Section 7: Appendix |
| Additional relevant information |

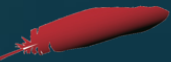
-Inter-Tribal Council of Arizona

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How to Format your Data

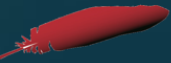
- ▶ Present Data in Graphic Format
- ▶ Provide objective interpretation of data (what does this mean for the community?)
- ▶ Provide any limitations (lack of Tribally specific data, biases, low survey response, etc.)



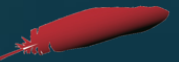
CHIP


- ▶ 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 objectives

Inter Tribal Council of Arizona
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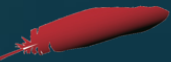


CHA/CHIP Check In: Where are you in the process?

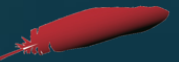




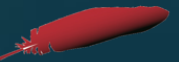
How did you write/will you write
your report? (contractor, internally,
epi center, etc.)



Challenges faced in CHA/CHIP process

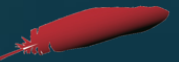


Success/Lessons Learned/Best Practices in CHA/CHIP process



Innovative ways to share data and information

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REQUIRED DOCUMENTATION

GUIDANCE

NUMBER OF EXAMPLES

DATED WITHIN

1. A Tribal or local community health assessment that includes:

- a. Data and information from various sources contributed to the community health assessment and how the data were obtained

1. The health department must document the identification and description of the Tribe's or community's health and areas for health improvement, the factors that contribute to the health challenges, and the existing community resources that can be mobilized to address them. The health assessment must include all of the following:

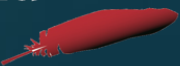
- a. Evidence that comprehensive, broad-based data and information from a variety of sources were used to create health assessment.

Qualitative data as well as quantitative data must be utilized. Qualitative data may address, for example, the community's perception of health, factors that contribute to higher health risks and poorer health outcomes, or attitudes about health promotion and health improvement. Data collection methods include, for example, surveys, asset mapping, focus groups, town forums, and community listening sessions.

1 community health assessment

5 years

Documentation must include the month and year.



REQUIRED DOCUMENTATION**GUIDANCE****NUMBER OF
EXAMPLES****DATED
WITHIN****b. Demographics of the
population**

Quantitative data may, for example, include vital statistics; graduation rates; morbidity and mortality numbers and rates; and rates of behavioral risks, such as tobacco use.

The assessment must also include both primary data and secondary data.

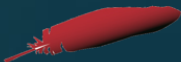
Examples of sources of secondary data include: federal, Tribal, state, and local data; hospitals and health care providers; local schools; academic institutions; other departments of government (for example, recreation, public safety, etc.); community not-for-profits.

Data sources also include, for example, the County Health Rankings, Community Health Needs Assessment Toolkit, CDC Community Health Status Indicators, County Health Rankings, CDC Disability and Health Data System, US Census American Factfinder, Dartmouth Atlas of Health Care, National Health Indicators Warehouse, CDC Wonder, and Tribal Epidemiology Centers.

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.

Examples of primary data include local surveys (for example, surveys of high school students and/or parents), focus groups (for example, to discuss community health issues), or other data that the health department collects to better understand contributing factors or elements of secondary data sets.

- b. A description of the demographics of the population of the jurisdiction served by the Tribal/local health department, for example, gender, race, age, socioeconomic factors, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, immigration status, sexual orientation, etc.



| REQUIRED DOCUMENTATION | GUIDANCE | NUMBER OF EXAMPLES | DATED WITHIN |
|--|--|-----------------------|-----------------|
| c. Description of health issues and specific descriptions of population groups with particular health issues and inequities. | c. A description of the health issues of the population and their distribution, based on the analysis of data listed in a) above. The description must address the existence and extent of health disparities between and among specific populations in the community or areas in the community: populations with an inequitable share of poorer health outcomes must be identified. | | |
| d. Description of factors that contribute to specific populations' health challenges. | d. A discussion of the contributing causes of the health challenges, for example, behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., zoning, taxation, education, transportation, insurance status, etc.), injury, maternal and child health issues, infectious and chronic disease, resource distribution (e.g., grocery stores), and the unique characteristics of the community that impact on health status. Multiple determinants of health, especially social determinants, must be included. Health disparities and high health-risk populations must be addressed. Community factors that contribute to higher health risks and poorer health outcomes of specific populations must be considered. | | |
| e. Description of existing Tribal or community or assets or resources to address health issues | e. A listing or description of the assets and resources that can be mobilized and employed to address health issues. These must include other sectors. For example, a local park or recreation center can encourage physical activity. Similarly, local farmers' markets can be vehicles to promote healthful eating, and a school district can partner with the health department to provide health education. | | |

Summarizing Data Verbally

- Using words like “more” or “most”
 - i.e. Most respondents liked chocolate...
- Use fractions
 - i.e. More than half of high school students....
- Use descriptive words
 - i.e. Only a small number of respondents said...



Choosing Charts and Graphs

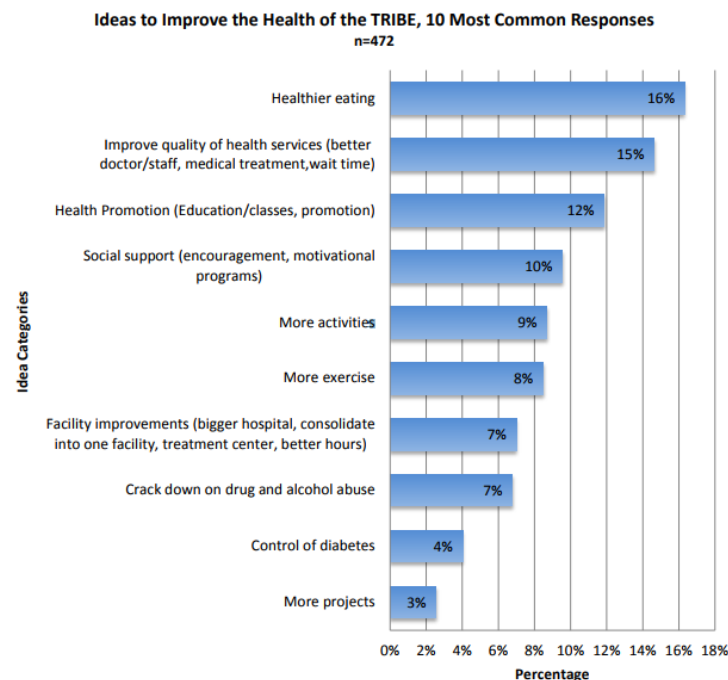
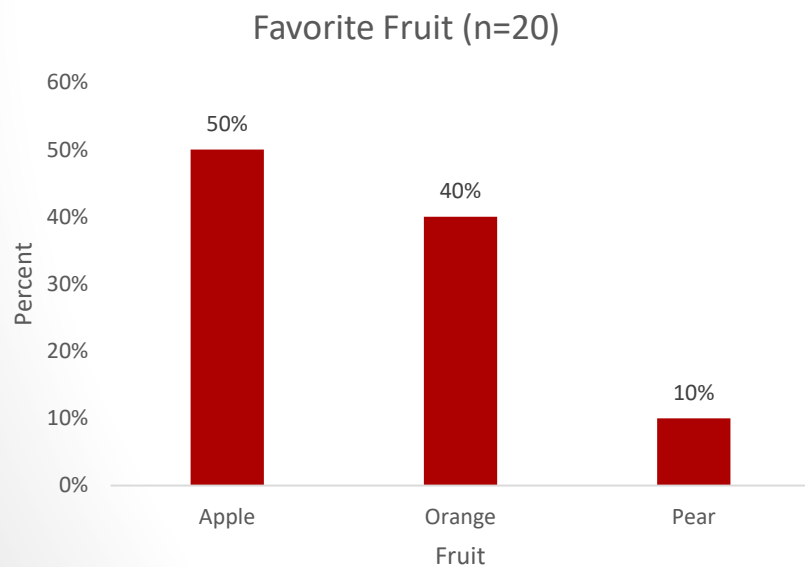
- Why use charts and graphs?
 - Lend visual interest to written material
 - Draw eye more than blocks of text
 - Emphasize most important points
 - Summarize information
 - Help readers understand complex information
 - Replace lengthy explanations

CDC TRAIN Creating Easier to Understand Lists, Charts, and Graphs



Choosing Charts and Graphs

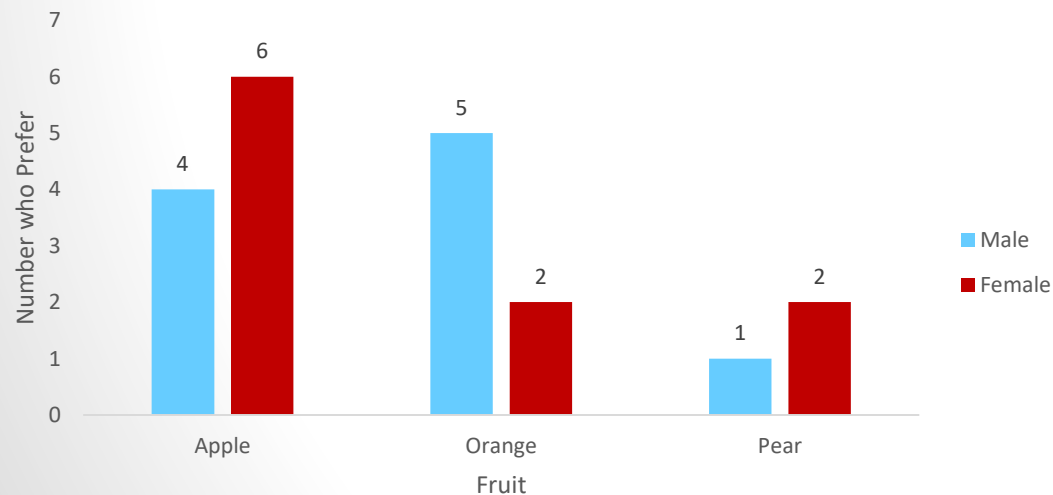
- Column/ Bar Graph- Used to compare different values, changes over time, or compare how groups differ.
- Column-keep under 7 categories, bar can be higher



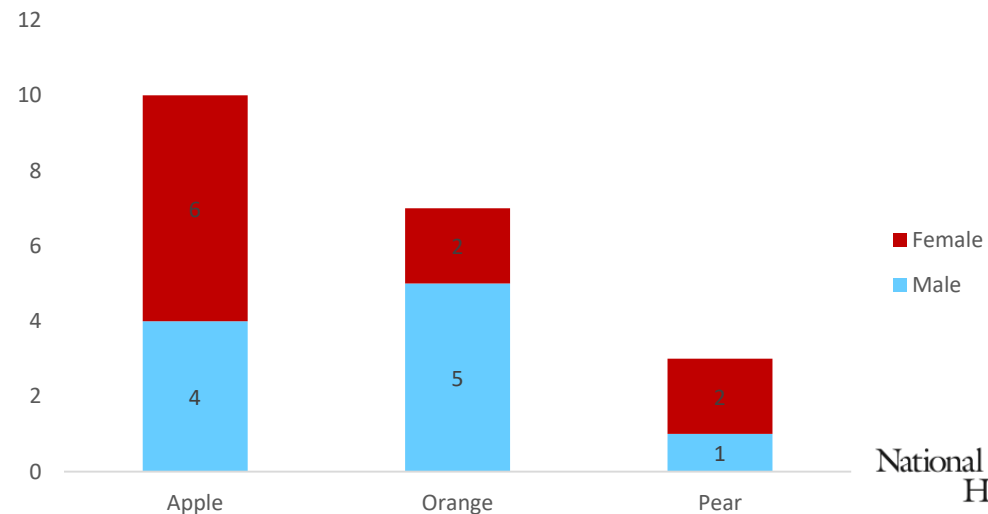
Choosing Charts and Graphs

- Comparing Groups with Column/Bar Graphs
 - Clustered Column- Compares groups side by side to highlight differences.
 - Great for showing health disparities
 - Stacked Column- Shows the composition of a group. Emphasis on overall value. May be harder to photocopy in black and white.

Favorite Fruit by Sex (n=20)

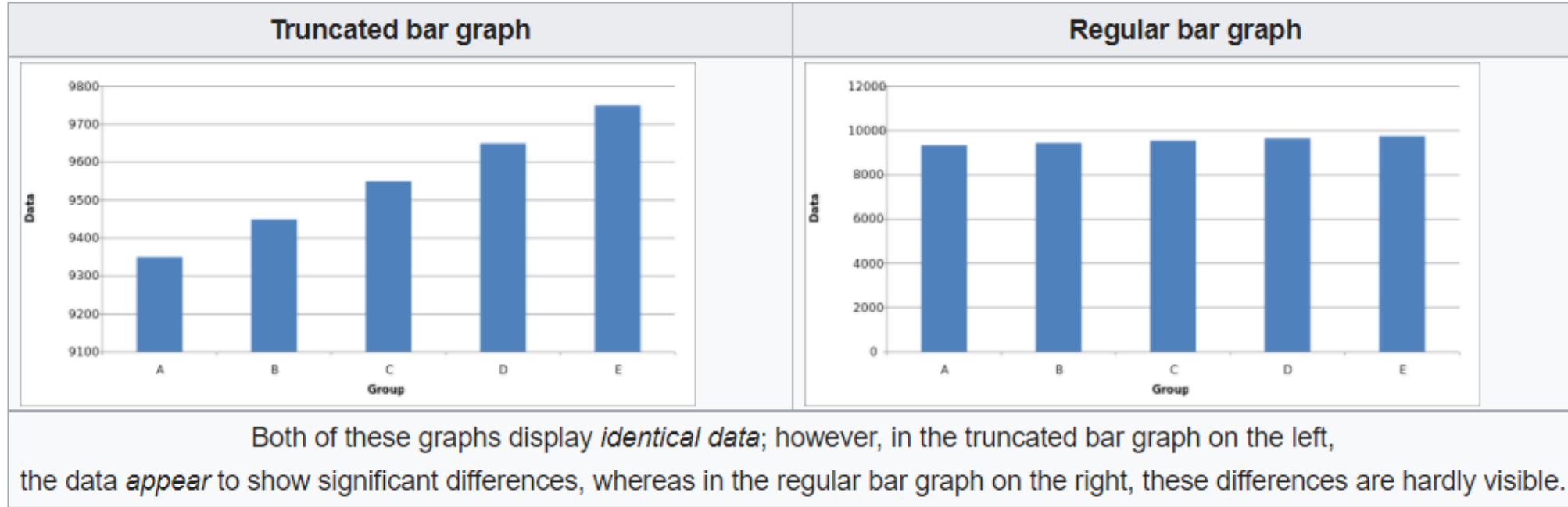


Favorite Fruit by Sex (n=20)



Choosing Charts and Graphs

Truncated bar graph



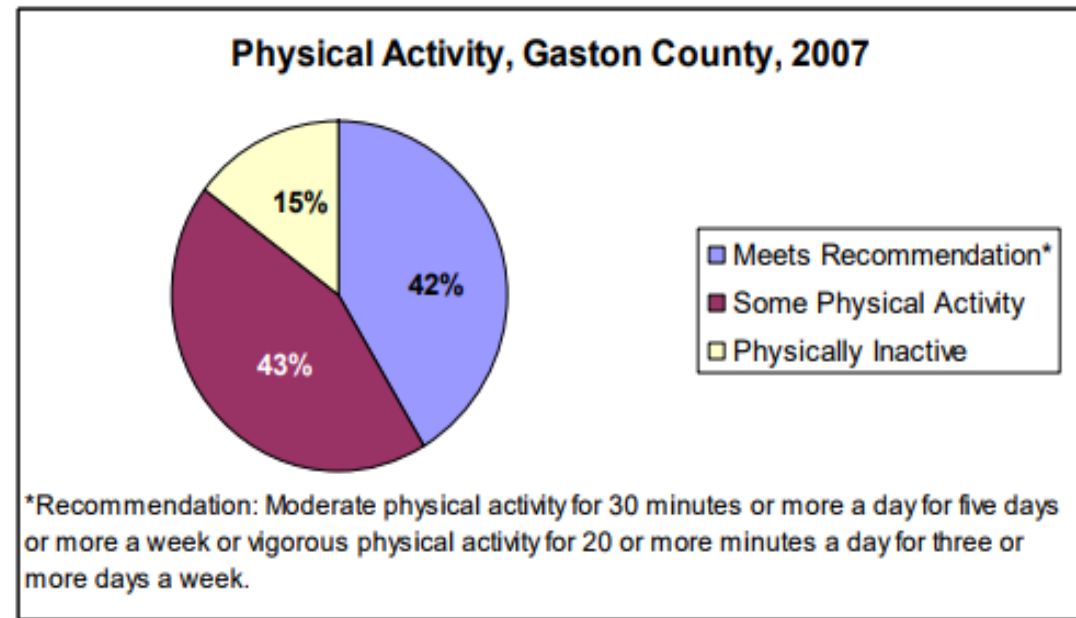
https://en.wikipedia.org/wiki/Misleading_graph



Choosing Charts and Graphs

- Pie Graph- Best used to compare parts of a whole. Often used as an alternative to a column graph.
 - Benefits: Easier for audience with low health literacy
 - Limitations:
 - Harder to photocopy in black and white
 - Difficult to interpret similarly sized slices
 - Harder to visualize data in side by side pie charts.

Figure 40

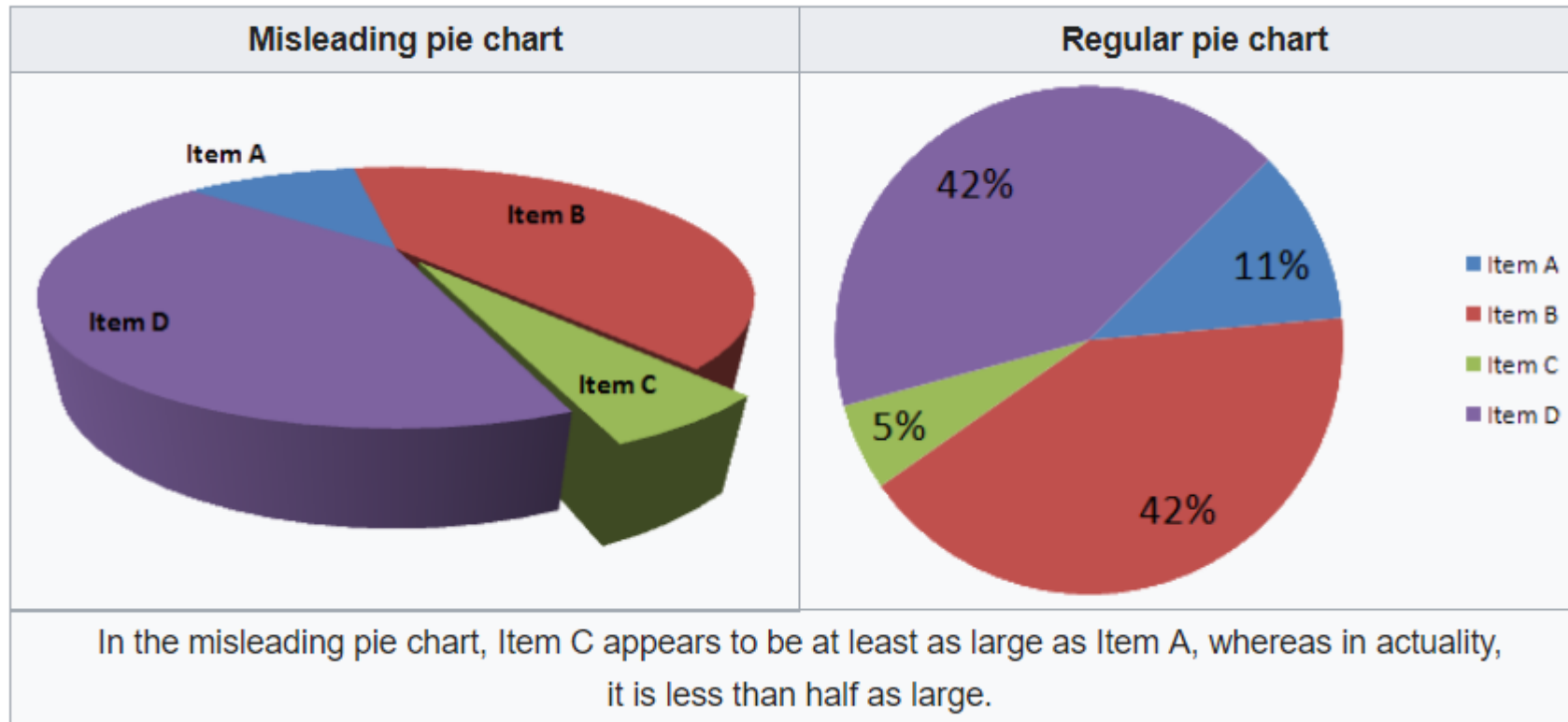


Gaston County CHA, 2007



Choosing Charts and Graphs

Comparison of pie charts

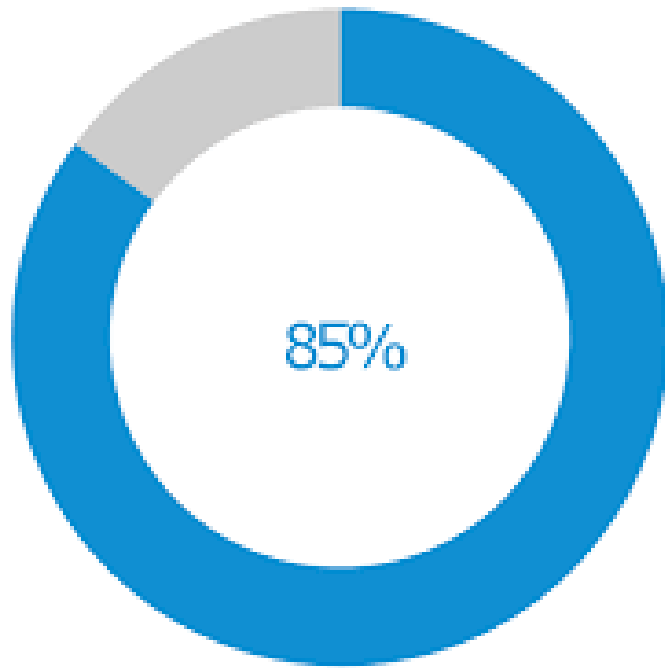


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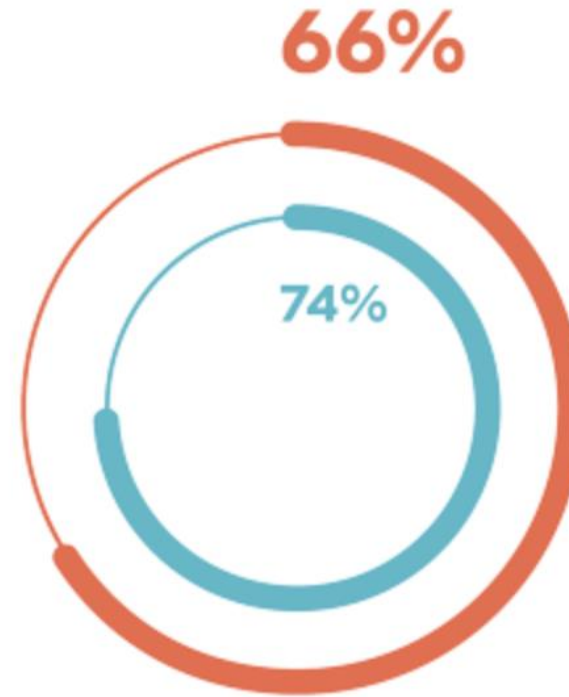


Choosing Charts and Graphs

- Donut Charts- basically a pie chart, but you can use multi-levels of data and put text in the center.



Category



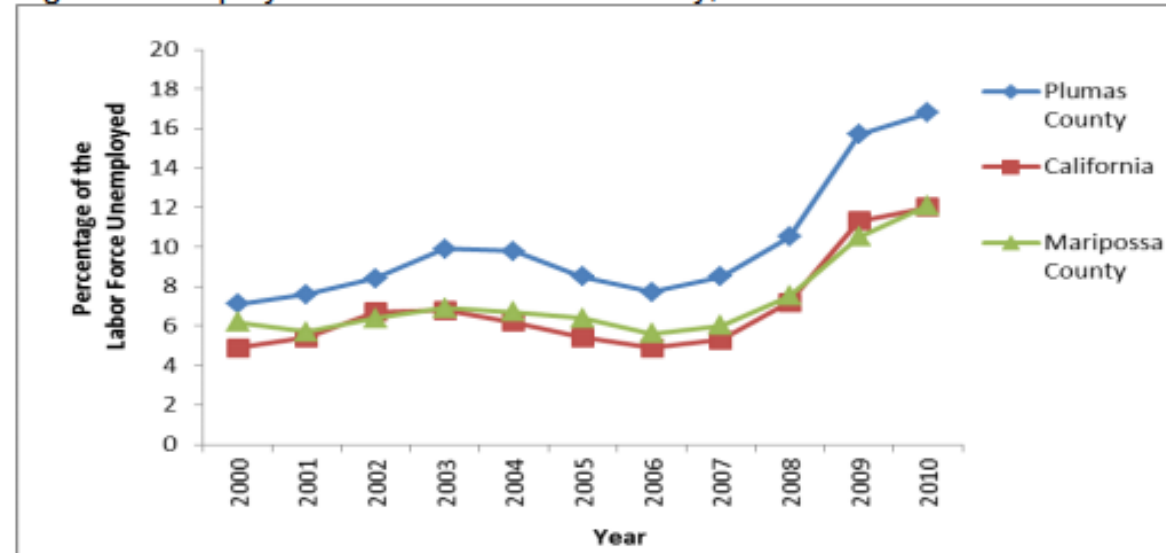
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Choosing Charts and Graph

- Line Graphs- Relationship between 2 variables. Generally used to show changes over time

Figure: Unemployment Rate of Plumas County, other similar counties and California

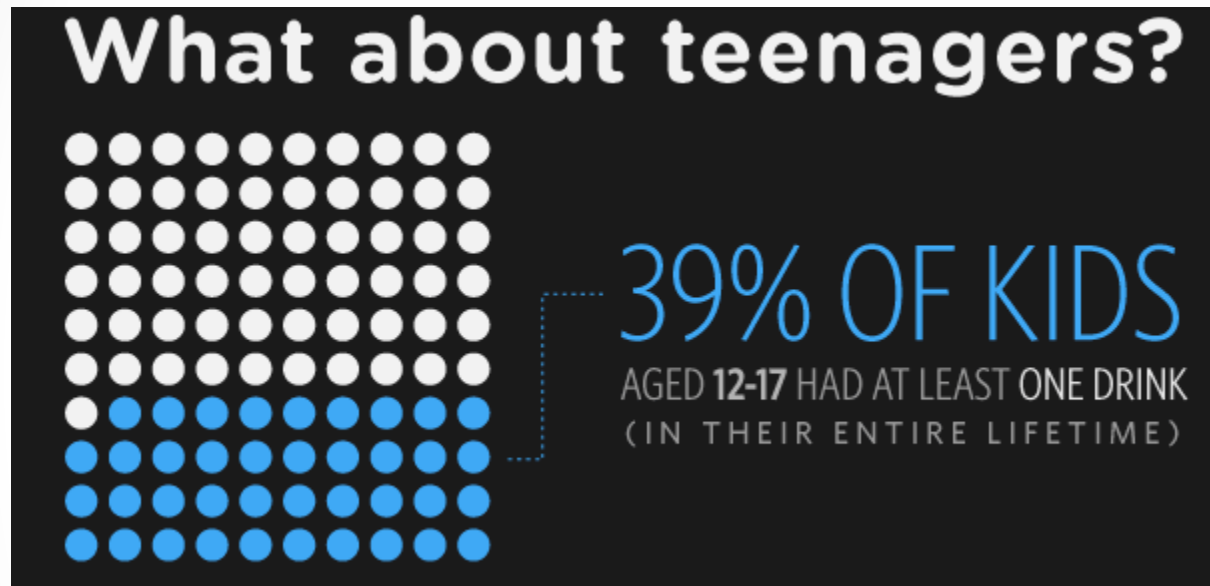


Source: State of California Employment Development Department

<http://www.countyofplumas.com/DocumentCenter/View/9455>



Other Graph Ideas



<https://visual.ly/community/infographic/other/visualizing-alcohol-use>

For less formal reports:

Keep it simple and visually enticing.

Translate complex data into simple messages that tell a story.



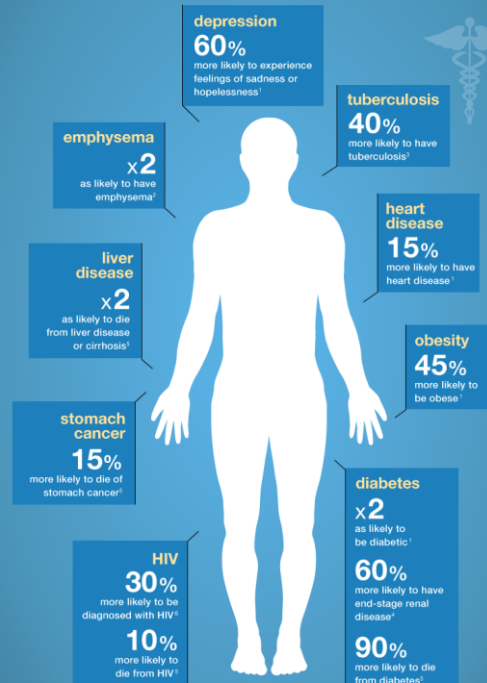
Other Graph Ideas



American Indian & Alaska Native Health Disparities Compared to Non-Hispanic Whites

Racial and ethnic health disparities are undermining our communities and our health system. American Indians and Alaska Natives are more likely to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them. These are some of the more common health disparities that affect American Indians and Alaska Natives in the United States compared to non-Hispanic whites.

AMERICAN INDIAN & ALASKA NATIVE HEALTH DISPARITIES: ADULTS



AMERICAN INDIAN & ALASKA NATIVE HEALTH DISPARITIES: CHILDREN

Compared to non-Hispanic white children, American Indian and Alaska Native children are more likely to suffer from the following:



How do we reduce racial and ethnic health disparities? We must work together to improve our health care system to make it high-quality, comprehensive, affordable, and accessible for everyone.

EVERY 17 SECONDS

someone in the US is diagnosed with diabetes.



NEARLY 1 OUT OF 6 AMERICAN INDIANS/ALASKA NATIVES HAS DIABETES.



COMMON MYTHS



Diabetes doesn't run in my family, so I'm safe.



Diabetes is caused by eating too much sugar.



People with diabetes need to follow a special diet.

THE FACTS



Family history is only one of several risk factors for type 2 diabetes.



Type 2 is caused by genetics and lifestyle factors. Being overweight increases your risk for developing type 2, and a diet high in calories from any source contributes to weight gain. Research has shown that sugary drinks are linked to type 2 diabetes.



People with diabetes benefit from the same healthy diet that is good for everyone else: plenty of whole grains and fruits and vegetables, with a limited amount of fat and refined sugar.

People diagnosed with diabetes, aged 20 years or older.

LEARN MORE ABOUT LIVING WITH TYPE 2 DIABETES AT DIABETES.ORG/TYPE2PROGRAM
1-800-DIABETES (342-2383)



Impactful Charts

Remove
to improve
(the **data-ink** ratio)



Choosing Charts and Graphs

Table 35. Percentage of AI/AN adults who reported eating 5 or more fruits and vegetables daily

| | AI/AN Total | AI/AN Men | AI/AN Women |
|------|-----------------|-----------------|-----------------|
| | % (sample size) | % (sample size) | % (sample size) |
| 2002 | 14.1% (952) | 11.9% (422) | 15.9% (530) |
| 2010 | 15.9% (946) | 13.9% (405) | 17.6% (541) |
| 2011 | 9.3% (899) | 8.2% (405) | 10.2% (494) |
| 2012 | 11.8% (912) | 11.6% (411) | 12.1% (501) |

The Community Food Survey (CFS) explored barriers to healthy eating. In Table 36, of the 149 respondents, EBCI members reported the following barriers to eating 5 or more fruits and vegetables daily.



Qualitative Data

- List the themes addressed in responses
- Table or matrix (frequency, bar graphs, or pie charts, scatter plot, etc.)
- Use an image
- Using qualitative data in anecdotes



Qualitative Data Graph Idea



<http://dhss.alaska.gov/dph/Pages/default.aspx>



Connecting Data to the Community:

Tell a Story

- Show strengths and needs
- Connect with future plans
- Invite interaction
- Story should reinforce data



Connecting Data to the Community: Tell a Story

- Convert statistics to numbers
 - i.e. 25 % of people vs 1 out of every 4 people
- Compare to other jurisdictions- identify inequities.



Make it yours!

- There is no one right way to present data.
- You know your audience best!
- Follow some general guidelines, but don't be afraid of innovation.
- Explore what you like. Look at examples, and borrow ideas.



Resources

- [CDC Reporting Evaluation Findings to Different Audiences](#)
- [Resources for Prioritizing Health Problems](#)
 - [NACCHO Prioritizing Health Problems](#)
- [Creating Easier to Understand Lists, Charts, and Graphs](#)
- [Data Visualization: Choosing the Right Chart Type](#)
- [NACCHO High Quality CHA and CHIPs](#)
- [NIHB Examples of Tribal CHA and CHIPs](#)



Upcoming Trainings/Events



2019 Public Health Improvement Training
New Orleans, LA

June 12, 2019 - June 13, 2019



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Thank you!

Next TALC:

APRIL 15, 2019

3PM ET, 2PM CT, 1PM MT, 12PM PT

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