

June 18, 2012

Erinn Monteiro, Project Specialist National Association of County and City Health Officials 1100 17th Street, NW 7th Floor Washington DC, 20036

RE:

Inter Tribal Council of Arizona, Inc. - Final Report for the NACCHO funded -

Tribal Accreditation Support Project, Contract # 2011-121508

Dear Ms. Monteiro:

Enclosed for your review is the Final Report for the Tribal Accreditation Support Project, Contract #2011-121508. The Final Report summaries the Inter Tribal Council of Arizona, Inc. Accreditation Support Project activities during the performance period of November 15, 2011 to May 31, 2012.

If you have any questions please contact Karen Primmer, Finance Manager, the Cost Tracking Form to follow this report, or Patrick McMullen, Community Development Director for programmatic concerns. Both individuals can be reached at (602) 258-4822, email Karen.Primmer@itcaonline.com, and Patrick.McMullen@itcaonline.com.

Sincerely,

Patrick McMullen, PhD

Community Development Director

Attachment:

Final Report Contract # 2011-121508

Tribal Accreditation Support Project

Ak-Chin Indian Community

Cocopah Tribe

Colorado River

Indian Tribes

Fort McDowell Yavapai Nation

Fort Mojave Tribe

Gila River Indian Community

Havasupai Tribe

Hopi Tribe

Hualapai Tribe

Kaibab-Paiute Tribe

Pascua Yaqui Tribe

Pueblo of Zuni

Quechan Tribe

Salt River Pima-Maricopa Indian Community

San Carlos Apache Tribe

Tohono O'odham Nation

Tonto Apache Tribe

White Mountain Apache Tribe

Yavapai-Apache Nation

Yavapai-Prescott Indian Tribe

Inter Tribal Council of Arizona, Inc. (ITCA)

Tribal Accreditation Support Project: December 2011 through May 2012

Funded by National Association of County and City Health Officials

FINAL REPORT

PART 1: PROJECT SUMMARY CHART

Activity	Related Deliverable(s)	Outcomes
Objective 1: ITCA will increase awareness prerequisites and readiness ch	•	ntion, the application process, including zona, Utah and Nevada.
 Conduct brief survey to assess readiness and interest in public health accreditation among 43 Tribes in Arizona, Utah, and Nevada 	1. Summary results from baseline survey	Summarized status on knowledge of and about the PHAB accreditation process.
Provide a 1-day Public Health Accreditation Information Training.	2. Written syllabus/agenda for Public Health Accreditation Information Training	Over 70% of Tribal Health Directors stated in the training evaluation that they were now <u>very</u> interested in learning about the accreditation.
Provide a 1-day Tribal Public Health Accreditation Readiness and Self Assessment Training.	3. Written syllabus/agenda for Tribal Public Health Accreditation Readiness and Self- Assessment Training	Tribal Health Directors acknowledged the challenges in accreditation readiness, and were hoping that more technical and support from ITCA/Redstar would be available. Health Assessments will be very challenging to coordinate for some Tribes.
Evaluate trainings to measure increased interest in accreditation, readiness for accreditation, and to identify topics for future trainings and technical assistance.	4. Evaluation results from trainings (compared with baseline data) demonstrating change in awareness and knowledge about accreditation, the prerequisites, and the PHAB Standards &	 Over 90% of the training participants would continue the ITCA/Redstar accreditation training. 100% of the training participants found the PHAB domains and standards informative and useful.
Objective 2:	Measures	

Objective 2:

ITCA will increase opportunities for Tribal Public Health Systems in Arizona to communicate and coordinate about public health accreditation.

Convene a Tribal roundtable on public health accreditation with Tribal, State, Local, and Indian Health Service Stakeholders in Arizona	5. Written agenda and summary of roundtable discussion with Arizona public health stakeholders	 Role of IHS in the accreditation efforts was a common question. Data is a priority for Phoenix Area IHS – data will be used to determine how to improve services. IHS and CDC need to work with Tribes and set aside additional funding to support tribal readiness for accreditation. 	
Objective 3: ITCA will develop a Tribal-specific accreditation readiness tool for conducting a community health assessment (CHA).			
Conduct a literature review of CHA models and frameworks. Based on best practices in the field and on the PHAB requirements, and with input from Tribal Health Departments, develop/adapt a Tribal CHA framework.	6. Summary of literature review on CHA models and frameworks 7. Final Tribal CHA framework	 Literature review of 6 CHA models (2 Tribal and 4 non-Tribal) Common themes were identified and recommendations made based on findings A Tribal CHA Framework was developed. Plans are being made to pilot the framework with 6 Tribes. 	
The framework will be shared with the ITCA TEC Working Group includes public health professionals, representing Tribes, IHS, State of Arizona government, and universities	- See #7 above	Training on the CHA Framework was provided to 9 Tribes	
A 2-day-long training on the implementation of the CHA framework will be provided to interested Tribes in May 2012	8. Written syllabus/agenda for 2- day training on Tribal CHA framework 9. Evaluation results for training	 90% of participants stated they would use the training resources when conducting the CHA. 90% of participants stated overview of CHAs was informative and useful. 100% of participants stated they would be able to utilize the self-assessment tool after the training. 	
FINAL REPORT			
Final report documenting the development of deliverables, improvements gained, and lessons learned throughout the project	 Participate in NACCHO evaluation efforts Completed cost tracking form 	Completed by Redstar Submitted by ITCA Finance Manager	
	Final Report	Completed	

PART 2: NARRATIVE REPORT

Guidance: Use the following template to develop a narrative report describing your major project activities, reflections, and next steps. This report will be used to tell your story and will be posted online and otherwise shared publicly.

Please provide a concise response in each text box below (300 word limit for each) that is responsive to the prompts listed above it. Appendices may be used and can include charts, resources, or other important information. If you choose to include appendices, please label and reference them appropriately within your response, and understand these will also be shared publicly.

1. Project Overview

- Characterize the communities) served by your health department (location, population served, jurisdiction type, etc).
- Describe activities in which you engaged during the project period (i.e., what did you do between November 2011 and May 2012 under the auspices of this grant?).
- Summarize the steps you took to complete your activities (i.e., how did you implement them?).
- Describe significant accomplishments, deliverables and/or results.

ITCA is a private, non-profit organization governed by the highest elected officials of 20 of 21 Tribes is Arizona. ITCA houses a Tribal Epidemiology Centers (TEC) which is dedicated to improving public health capacity, engaging in community-based research, developing disease prevention strategies, and establishing community disease surveillance systems among 43 Tribes in Arizona, Utah and Nevada.

The project goal project was to promote and increase the readiness of Tribal health departments to apply for national public health accreditation. This was achieved through the following activities: 1) A baseline assessment of Public Health Accreditation Readiness and Technical Assistance Needs Assessment among Tribal Health Directors; 2) An Accreditation Readiness Workshop Series on the accreditation process and benefits, self-assessment and the 3 prerequisites; 3) Conducted a Tribal Roundtable on Public Health Accreditation with Tribal, State, Local and Indian Health Service stakeholders in Arizona; and 4) Developed a Tribal-specific accreditation readiness tool for conducting a community health assessment.

ITCA conducted a web-based baseline assessment of public health accreditation readiness with a response rate of about 33 percent. 31 percent did not have the eligibility documentation; 36 percent had conducted a CHA within last 5 years; 36 percent had conducted a CHIP within last 5 years; 86 percent used CHA results to develop the CHIP and 36 percent had conducted a strategic plan within the last 3 years.

Accreditation readiness trainings were well attended with representatives from 8 Tribes at the first training, 6 Tribes at the second, and 10 Tribes attended third. Evaluation results demonstrate an increased interest in accreditation and confidence in their ability to take the necessary steps to prepare for accreditation.

The Accreditation Roundtable was a great first step towards increased dialogue among Tribes, State and Indian Health Service representatives in Arizona. And a draft of a tribal specific accreditation readiness tool was created and prepared to be pilot tested with Tribal communities in the near future.

2. Reflections: Successes, Challenges, and Lessons Learned

- Describe strategies for successful implementation of your activities.
- Address barriers/challenges you faced and how they were addressed/overcome.
- When considering the design and implementation of this project, and your successes and challenges, what lessons did you learn that might help other agencies implement similar work in this field?
- Was there something NACCHO or CDC could have done to better assist you in your work?
 What was the affect on the project?

The approach used to design and implement the Accreditation Readiness Workshop Series was based on work that Red Star Innovations, ITCA's project partner, had conducted with Tribes in Wisconsin. Successful implementation strategies include trainings that were culturally and contextually relevant to Tribes; inviting Tribes were to bring a team of management staff to the trainings for hands-on planning activities that would give participants the opportunity to learn and apply the concepts, while discussing and sharing the similarities and differences; providing the trainings monthly; scheduling the trainings in advance; and providing some travel support. The Accreditation Roundtable was held in conjunction with one of the trainings and all Tribes stayed the additional day to participate.

The roundtable was well attended and was a great first forum to begin the conversation for statewide coordination and communication around accreditation. Strategies were identified for future engagement of IHS. The state representatives expressed an interest in working with the Tribes on accreditation efforts, but it's uncertain whether Tribes will be engaged in their accreditation activities as planned with funds through the National Public Health Improvement Initiative. This may be a future challenge.

The greatest challenge we faced was increasing the response to the baseline survey. Even with follow up phone calls, we had a hard time getting Tribal Health Directors to respond. We concluded that the Tribes that were interested in accreditation were the ones who responded. We may have greater success engaging other Tribes as awareness about accreditation increases. Given the short term of the project, there was little time for additional outreach to these Tribes.

We don't believe there was anything that NACCHO or CDC could have done better to assist us in our work.

3. Impact and Next Steps

- Describe improvements or outcomes made as a result of work undertaken under this effort.
- What impact do you think the project has had to date?
- How has this work advanced your preparation for accreditation or quality improvement efforts?
- What are your plans for the next 12 months? 24 months?

The Accreditation Workshop Series was one of the most well attended trainings held by the ITCA Epi Centers. At the last training there were 10 Tribes and 1 Tribe brought its Health Board. This illustrates that the trainings addressed a need and that there is great interest among the

Tribes in learning more about public health accreditation and how it can improve performance and services. Some of the most significant impacts were increasing awareness about accreditation, providing tools on how to plan and prepare for accreditation, and providing guidance on how to conduct the 3 prerequisites. The Tribal community health assessment framework will be extremely helpful in guiding Tribes using relevant terminology and providing strategies for the process that are unique to the Tribal setting. The Accreditation Roundtable was a great first step in initiating dialogue on the topic; however, follow up will be critical.

A total of 91% of the First Training participants' interest in learning more about public health accreditation had increased as a result of the training, and a little over 80% of the participants' knowledge of what is required for accreditation was increased.

ITCA has partnered with Red Star Innovations on a CDC accreditation readiness grant to continue this important work. If funded, it will build on the foundation established by this grant and allow ITCA to pilot the CHA framework with 6 Tribes. The proposal also included opportunities for Tribe-to-Tribe networking and information sharing on accreditation nationally, which will be beneficial to Tribes preparing for accreditation and learning from those that are further along in the process. If the proposal is not funded, ITCA will continue to seek out funding opportunities to support Tribal readiness for accreditation.