

Public Health in Indian Country Capacity Scan



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Purpose

Thank you for agreeing to participate in the National Indian Health Board (NIHB) Tribal Public Health in Indian Country Capacity Scan. The information you share with the NIHB will be used to develop a report that will support and guide essential tribal public health service work in the areas of public health practice, technical support, and assessment of issues related to improving Indian health. This scan expands and builds upon a similar capacity assessment titled “*2010 Tribal Public Health Profile: Exploring Public Health Capacity in Indian Country*”. It will provide a more recent, comprehensive picture of the capacity of public health in Indian Country. **Participation of each tribal health department in this capacity scan is critical to put forth a comprehensive picture of public health in Indian Country.**

There are a total of 129 questions about the types of public health activities occurring within the community you serve. You may enter and exit the assessment as often as necessary to complete the questionnaire accurately. The estimated time to complete the assessment is 60 minutes.

At the end of the questionnaire, there is an opportunity to provide feedback to NIHB. Your feedback is encouraged as it will improve future assessments and scans of this nature. Given the diversity and uniqueness across tribal settings, some of the questions may not be worded in a manner that reflects the work that is occurring at your site. If this is the case, please feel free to use the text box at the end of the questionnaire to provide relevant information related to the tribal community you serve.

All responses will be kept secure, and results will be reported only in aggregate form. Data from this scan will be analyzed and published in a national-level report and made available on NIHB’s website. NIHB will report the findings of this scan from a national perspective; however, your tribal health entity will have access to your own data, which will allow you to compare your results to a national aggregate, and perhaps regionally, if you choose to share your data in your area.

PLEASE COMPLETE AND SUBMIT ALL OF YOUR RESPONSES BY [DATE].

This questionnaire falls under the work of a cooperative agreement between the Centers for Disease Control and Prevention and the National Indian Health Board. Through this agreement, the intent of this questionnaire is to inform tribal leaders and communities, and federal agencies on the overall scope of public health in Indian Country.

Your participation in this assessment is voluntary and you can stop the interview at any time. All information will be shared and reported in aggregate form.

If you have any questions, would like assistance, or would like to complete the scan over the phone, please contact Stephen Valliere at svalliere@nihb.org or 202-507-4082.

Participants and other stakeholders may access the results at www.nihb.org, once data collection and analysis are completed.

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Respondent Contact Information (Work Contact)

Please provide your professional contact information.

Name _____

Title _____

Name of tribal health organization or intertribal health consortium for which you work _____

Which tribes does Tribal Organization/Entity serve?

Work email _____

Confirm work email _____

Office or work phone _____

Work street address _____

City _____

State _____

Website URL (if none enter N/A) _____

What type of organization/entity are you filling this out on behalf of? (select one)

Federally recognized tribe

Tribal health consortium

Other (please specify) _____

Demographic/Background Information

Providing information on your Tribal Organization/Entity will aid NIHB's efforts to accurately describe who receives public health services from tribal entities.

1. Who receives **public health** services provided by [Tribal Organization/Entity](#) (check all that apply)

- Enrolled members of any federally recognized tribe(s) within Tribal Organization/Entity's service area
 - Non-enrolled members of a federally recognized tribe(s) (such as eligible dependents or descendants who receive benefits)
 - Members of a state-recognized tribe
 - Non-Indians (non-Indians living in a specified geographic area, veterans, spouses, tribal employees, etc.)
 - Other _____
-

2. How many individuals does [Tribal Organization/Entity](#) provide public health services to in a calendar year? Public health services may include providing immunizations and disease screenings, or providing outreach and education materials to the community-at-large, such as at a health fair.

3. Is Tribal Organization/Entity a **direct service tribe**?

- Yes
- No
- Don't know / Unsure

4. What is the maximum distance (in miles) an individual within your service area would have to travel to access the nearest non-tribal (city, county, or state) public health department?

- 0 to 25 miles
- 25 to 50 miles
- 50 to 75 miles
- 75 miles to 100 miles
- Greater than 100 miles

5. How many states overlap the [Tribal Organization/Entity's](#) service area?

- 1 state
- 2 states
- 3 states

6. How many non-tribal (city, county, and/or state) public health departments are located within your organization's service area?

- 1 non-tribal health department
- 2 - 5 non-tribal health departments
- 6 - 10 non-tribal health departments
- More than 10 non-tribal health departments
- Don't know / Unsure

Public Health Activities

Providing this information will aid NIHB's efforts to assess the tribal public health system's strengths and gaps, and to prioritize areas for public health program development.

The following set of questions asks about both **immunization and screening** services offered in the Tribal Organization/Entity's service area.

7. Have child **immunization** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
 - No (2)
 - Unsure (3)
-

Skip To: Q8 If Have child immunization services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q9 If Have child immunization services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

8. Who provided the child **immunization** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\${Q1/ChoiceTextEntryValue/10}$ (2)
- Entity/Department other than $\${Q1/ChoiceTextEntryValue/10}$ located within the tribe (3)
- Tribal organization** (4)
- Tribal epidemiology center** (5)

- Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

9. Have adult **immunization** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
 - No (2)
 - Unsure (3)
-

Skip To: Q10 If Have adult immunization services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes
Skip To: Q11 If Have adult immunization services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

10. Who provided the adult **immunization** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
- Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)

- Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

11. Have alcohol and other drug **screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
- No (2)
- Unsure (3)

Skip To: Q12 If Have alcohol and other drug screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q13 If Have alcohol and other drug screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

12. Who provided the alcohol or other drug **screening** services or activities in the Tribal Organization/Entity's service area in the past year?
(Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

13. Have asthma **screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q14 If Have asthma screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q15 If Have asthma screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

14. Who provided the asthma **screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

15. Have body mass index (BMI) **screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q16 If Have body mass index (BMI) screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q17 If Have body mass index (BMI) screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

16. Who provided the body mass index (BMI) **screening** services or activities in the Tribal Organization/Entity's service area in the past year?
(Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

17. Have **cancer screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q18 If Have cancer screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q19 If Have cancer screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

18. Who provided the **cancer screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

19. Have **cardiovascular disease screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q20 If Have cardiovascular disease screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q21 If Have cardiovascular disease screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

20. Who provided the **cardiovascular disease screening** services or activities in the Tribal Organization/Entity's service area in the past year?
(Choose all that apply.)

- #{Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than #{Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

21. Have commercial tobacco use **screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
- No (2)
- Unsure (3)

Skip To: Q22 If Have commercial tobacco use screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q23 If Have commercial tobacco use screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

22. Who provided the commercial tobacco use **screening** services or activities in the Tribal Organization/Entity's service area in the past year?
(Choose all that apply.)

- `#{Q1/ChoiceTextEntryValue/10}` (2)
 - Entity/Department other than `#{Q1/ChoiceTextEntryValue/10}` located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

23. Have type II diabetes **screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

*Skip To: Q24 If Have type II diabetes screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? =
Yes*

*Skip To: Q25 If Have for type II diabetes screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? =
No*

24. Who provided the type II diabetes **screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

25. Have **homelessness screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q26 If Have homelessness screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q27 If Have homelessness screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

26. Who provided the **homelessness screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

27. Have **hunger screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q28 If Have hunger screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q29 If Have hunger screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

28. Who provided the **hunger screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- #{Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than #{Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

29. Have **mental health screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q30 If Have mental health screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q31 If Have mental health screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

30. Who provided the **mental health screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

31. Have **sexually transmitted infections (STIs) screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q32 If Have sexually transmitted infections (STIs) screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q33 If Have sexually transmitted infections (STIs) screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

32. Who provided the **sexually transmitted infections (STIs) screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- \${Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than \${Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

33. Have **suicide screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q34 If Have suicide screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q35 If Have suicide screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

34. Who provided the **suicide screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- #{Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than #{Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

35. Have **trauma screening** services or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q36 If Have trauma screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q37 If Have trauma screening services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

36. Who provided the **trauma screening** services or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- #{Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than #{Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

The following questions ask about **prevention and/or education** activities offered in the Tribal Organization/Entity's service area.

37. Have alcohol and other drugs **prevention and/or education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q38 If Have alcohol and other drugs prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q39 If Have alcohol and other drugs prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

38. Who provided the alcohol and other drugs **prevention and/or education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

39. Have cancer **prevention and/or education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q40 If Have cancer prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q41 If Have cancer prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

40. Who provided the cancer **prevention and/or education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

41. Have cardiovascular disease **prevention and/or education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q42 If Have cardiovascular disease prevention and/or education activities for cardiovascular disease occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q43 If Have cardiovascular disease prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

42. Who provided the cardiovascular disease **prevention and/or education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

43. Have commercial tobacco use **prevention and/or education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q44 If Have commercial tobacco use prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q45 If Have commercial tobacco use prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

44. Who provided the commercial tobacco use **prevention and/or education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

45. Have diabetes **prevention and/or education** activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
- No (2)
- Unsure (3)

Skip To: Q46 If Have diabetes prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q47 If Have diabetes prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

46. Who provided the diabetes **prevention and/or education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- `#{Q1/ChoiceTextEntryValue/10}` (2)
 - Entity/Department other than `#{Q1/ChoiceTextEntryValue/10}` located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

47. Have injury **prevention and/or education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q48 If Have injury prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q49 If Have injury prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

48. Who provided the injury **prevention and/or education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-
-

49. Have suicide **prevention and/or education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q50 If Have suicide prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q51 If Have suicide prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

50. Who provided the suicide **prevention and/or education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the Tribe (3)
 - Tribal Organization** (4)
 - Tribal Epidemiology Center** (5)
 - Urban Indian Health Program** (6)
 - Indian Health Service** (7)
 - Local Health Department** (8)
 - State Health Department** (9)
 - Private and/or Non Profit Health Service Organization** (10)
 - Other (11)
-

51. Have emergency preparedness **education** activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
- No (2)
- Unsure (3)

Skip To: Q52 If Have emergency preparedness prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q53 If Have emergency preparedness prevention and/or education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

52. Who provided the emergency preparedness **education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
- Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
- Tribal organization** (4)
- Tribal epidemiology center** (5)
- Urban Indian health program** (6)
- Indian Health Service** (7)
- Local health department** (8)
- State health department** (9)
- Private and/or non-profit health service organization** (10)
- Other (11)

53. Have mental health **education** activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
- No (2)
- Unsure (3)

Skip To: Q54 If Have mental health education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q55 If Have mental health education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

54. Who provided the mental health **education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

55. Have occupational/worker safety **education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q56 If Have occupational/worker safety education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q57 If Have occupational/worker safety education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

56. Who provided the occupational/worker safety **education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- \${Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than \${Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

57. Have reproductive health **education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q58 If Have reproductive health education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q59 If Have reproductive health education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

58. Who provided the reproductive health **education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- `#{Q1/ChoiceTextEntryValue/10}` (2)
- Entity/Department other than `#{Q1/ChoiceTextEntryValue/10}` located within the tribe (3)
- Tribal organization** (4)
- Tribal epidemiology center** (5)
- Urban Indian health program** (6)
- Indian Health Service** (7)
- Local health department** (8)
- State health department** (9)
- Private and/or non-profit health service organization** (10)
- Other (11)

59. Have trauma **education** activities occurred in the Tribal Organization/Entity's service area in the past year?

- Yes (1)
- No (2)

Unsure (3)

Skip To: Q60 If Have trauma education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q61 If Have trauma education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

60. Who provided the trauma **education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the Tribe (3)
 - Tribal Organization** (4)
 - Tribal Epidemiology Center** (5)
 - Urban Indian Health Program** (6)
 - Indian Health Service** (7)
 - Local Health Department** (8)
 - State Health Department** (9)
 - Private and/or Non Profit Health Service Organization** (10)
 - Other (11)
-

61. Have weight-related health **education** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q62 If Have weight-related health education activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q63 If Have weight-related health education activities occurred in the Tribal Organization/Entity's service area in the past year? = No

62. Who provided the weight-related health **education** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- \${Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than \${Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

The following questions ask about **data collection, epidemiology, and/or surveillance** activities offered in the Tribal Organization/Entity's service area.

63. Have behavioral risk factors **data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q64 If Have behavioral risk factors data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q65 If Have behavioral risk factors data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = No

64. Who provided the behavioral risk factors **data collection**, epidemiology, and/or surveillance activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

65. Have injury **data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q66 If Have injury data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q67 If Have injury data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = No

66. Who provided the injury **data collection**, epidemiology, and/or surveillance activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

67. Have **environmental illness data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q68 If Have environmental health data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q69 If Have environmental health data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = No

68. Who provided the **environmental illness data collection**, epidemiology, and/or surveillance activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

69. Have foodborne illness **data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q70 If Have foodborne illness data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q71 If Have foodborne illness data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = No

70. Who provided the foodborne illness **data collection**, epidemiology, and/or surveillance activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

71. Have **data collection**, epidemiology, and/or surveillance activities for other communicable or **infectious diseases** occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q72 If Have data collection, epidemiology, and/or surveillance for other communicable or infectious diseases occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q73 If Have data collection, epidemiology, and/or surveillance for other communicable or infectious diseases occurred in the Tribal Organization/Entity's service area in the past year? = No

72. Who provided the **data collection**, epidemiology, and/or surveillance activities for other communicable or **infectious diseases** in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

73. Have **chronic disease data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q74 If Have chronic disease data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q75 If Have chronic disease data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = No

74. Who provided the **chronic disease data collection**, epidemiology, and/or surveillance activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- \${Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than \${Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

75. Have **syndromic surveillance data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q76 If Have syndromic surveillance data collection, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q77 If Have syndromic surveillance data collection, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year? = No

76. Who provided the **syndromic surveillance data collection**, epidemiology, and/or surveillance activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

77. Have **other morbidity data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q78 If Have other morbidity data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q79 If Have other morbidity data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = No

78. Who provided the **other morbidity data collection**, epidemiology, and/or surveillance activities, in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

79. Have vital statistics **data collection**, epidemiology, and/or surveillance activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q80 If Have vital statistics data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q81 If Have vital statistics data collection, epidemiology, and/or surveillance occurred in the Tribal Organization/Entity's service area in the past year? = No

80. Who provided the vital statistics **data collection**, epidemiology, and/or surveillance activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

The following questions ask about **environmental health regulation, inspection, or licensing activities** offered in the Tribal Organization/Entity's service area.

81. Have **facilities regulation, inspection, or licensing** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

*Skip To: Q82 If Have facilities regulation, inspection, or licensing activities occurred in the Tribal Organization/Entity's service area in the past year?
= Yes*

*Skip To: Q83 If Have facilities regulation, inspection, or licensing activities occurred in the Tribal Organization/Entity's service area in the past year?
= No*

82. Who provided the **facilities regulation, inspection, or licensing** activities in the Tribal Organization/Entity's service area in the past year?
(Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

83. Have medical marijuana **regulation, inspection, or licensing** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q84 If Have medical marijuana regulation, inspection, or licensing activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q85 If Have medical marijuana regulation, inspection, or licensing activities occurred in the Tribal Organization/Entity's service area in the past year? = No

84. Who provided the medical marijuana **regulation, inspection, or licensing** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

85. Have occupational/worker safety and health **regulation, inspection, or licensing** activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q86 If Have occupational/worker safety and health regulation, inspection, or licensing activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q87 If Have occupational/worker safety and health regulation, inspection, or licensing activities occurred in the Tribal Organization/Entity's service area in the past year? = No

86. Who provided the occupational/worker safety and health **regulation, inspection, or licensing** activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

The following questions ask about specific and particular **environmental health services** or activities offered in the Tribal Organization/Entity's service area.

87. Have **environmental health services** or activities on climate issues, climate change, or environmental impact occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q88 If Have environmental health services or activities on climate issues, climate change, or environmental impact occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q89 If Have environmental health services or activities on climate issues, climate change, or environmental impact occurred in the Tribal Organization/Entity's service area in the past year? = No

88. Who provided the **environmental health services** or activities on climate issues, climate change, or environmental impact in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

89. Have food safety training/education **services** or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q90 If Have training or education services or activities for food safety occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q91 If Have training or education services or activities for food safety occurred in the Tribal Organization/Entity's service area in the past year? = No

90. Who provided the food safety training/education **services** or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

91. Have groundwater protection **services** or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q92 If Have groundwater protection services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q93 If Have groundwater protection services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

92. Who provided the groundwater protection **services** or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

93. Have hazardous waste disposal **services** or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q94 If Have hazardous waste disposal services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q95 If Have hazardous waste disposal services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

94. Who provided the hazardous waste disposal **services** or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

95. Have air quality monitoring **services** or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q96 If Have air quality monitoring services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q97 If Have air quality monitoring services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

96. Who provided the air quality monitoring **services** or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

97. Have public water supply safety **services** or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q98 If Have public water supply safety services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q99 If Have public water supply safety services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

98. Who provided the public water supply safety **services** or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- \${Q1/ChoiceTextEntryValue/10} (2)
 - Entity/Department other than \${Q1/ChoiceTextEntryValue/10} located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

99. Have sewer/septic pollution **services** or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q100 If Have sewer/septic pollution services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q101 If Have sewer/septic pollution services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

100. Who provided the sewer/septic pollution **services** or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- `#{Q1/ChoiceTextEntryValue/10}` (2)
 - Entity/Department other than `#{Q1/ChoiceTextEntryValue/10}` located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

101. Have vector control **services** or activities occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q102 If Have vector control services or activities occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q103 If Have vector control services or activities occurred in the Tribal Organization/Entity's service area in the past year? = No

102. Who provided the vector control **services** or activities in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- $\{Q1/ChoiceTextEntryValue/10\}$ (2)
 - Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (3)
 - Tribal organization** (4)
 - Tribal epidemiology center** (5)
 - Urban Indian health program** (6)
 - Indian Health Service** (7)
 - Local health department** (8)
 - State health department** (9)
 - Private and/or non-profit health service organization** (10)
 - Other (11)
-

103. Have any **environmental health regulation, inspection, or licensing activities** *other than those listed above* occurred in the Tribal Organization/Entity's service area in the past year?

Yes (1)

No (2)

Unsure (3)

Skip To: Q104 If Have any environmental health regulation, inspection, or licensing services or activities other than those listed above occurred in the Tribal Organization/Entity's service area in the past year? = Yes

Skip To: Q105 If Have any environmental health regulation, inspection, or licensing services or activities other than those listed above occurred in the Tribal Organization/Entity's service area in the past year? = No

104. Who provided the **environmental health regulation, inspection, or licensing activities** in the Tribal Organization/Entity's service area in the past year? (Choose all that apply.)

- Entity/Department other than $\{Q1/ChoiceTextEntryValue/10\}$ located within the tribe (2)
- Tribal organization** (4)
- Tribal epidemiology center** (5)
- Urban Indian health program** (6)
- Indian Health Service** (7)
- Local health department** (8)
- State health department** (9)
- Private and/or non-profit health service organization** (10)
- Other (11)

The following questions ask about **assessment, performance improvement, and accreditation** activities offered in the Tribal Organization/Entity's service area.

105. Has [Tribal Organization/Entity](#) developed a **community health assessment**? By “health assessment” we mean the systematic collection and analysis of data and information for use in educating and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve the population’s health.

- Yes, within the last 5 years
- Yes, but more than 5 years ago
- Yes, currently in development
- No, but plan to in the next year
- No

106. Has [Tribal Organization/Entity](#) developed or participated in developing a **community health improvement plan** for your community? A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.

- Yes, within the last 5 years
- Yes, but more than 5 years ago
- Yes, currently in development
- No, but plan to in the next year
- No

107. Do you have a **community health improvement plan** that was developed using the results of a **community health assessment**?

Yes

No (if checked, skip to question 109)

108. Do you plan to update your **community health improvement plan** within the next 3 years?

Yes

No

109. Has [Tribal Organization/Entity](#) developed an **organizational strategic plan**?

Yes, within the last 5 years

Yes, but more than 5 years ago

Yes, currently in development

No, but plan to in the next year

No

110. Does your Tribal Organization/Entity use the core competencies for public health professionals developed by the Council on Linkages in any of the following ways? (Select all that apply.)

- Assessing staff training needs
- Conducting staff performance evaluations
- Developing staff training plans
- Writing position descriptions
- Other _____
- No

111. Which of the following statements best characterizes your Tribal Organization/Entity's current **quality improvement** activities? (Select only one.)

- We have implemented a formal quality improvement program entity-wide.
- We are implementing formal quality improvement activities in specific programmatic or functional areas of the entity, but not on an entity-wide basis.
- Our quality improvement activities are informal or ad-hoc in nature.
- We are not currently involved in quality improvement activities.

112. What is the status of Tribal Organization/Entity's implementation of its **quality improvement plan**?

- Not yet implemented

- Implemented in the past year
- Implemented more than 1 year ago; a written evaluation on progress toward quality improvement plan goals, objectives, or targets has **not** yet been completed
- Implemented more than 1 year ago, with one or more completed written evaluations on progress toward quality improvement plan goals, objectives, or targets

113. Has Tribal Organization/Entity established a **performance management system**?

- Yes, within the last 5 years
- Yes, but more than 5 years ago
- Yes, currently in development
- No, but plan to in the next year
- No

114. Which of the following best describes Tribal Organization/Entity with respect to engagement in the Public Health Accreditation Board's (PHAB's) national **public health accreditation** program?

- Tribal Organization/Entity has achieved accreditation.
- Tribal Organization/Entity is in the process of formally applying (i.e., has registered in **e-PHAB** and is submitting an application, uploading documentation, preparing for a site visit, etc.).

- Tribal Organization/Entity plans to apply but has not yet submitted an application.
- Tribal Organization/Entity has not decided whether to apply for accreditation.
- Tribal Organization/Entity is not familiar with accreditation.
- PHAB accreditation is not applicable.

The next set of questions deals with the Tribal Organization/Entity's communication strategies and registries.

115. How did Tribal Organization/Entity communicate **public health information** to your tribal community in the past year? (Check all that apply.)

- Social media (Facebook, Twitter)
 - Website
 - Text alerts
 - Tribal newsletter
 - Email
 - Radio
 - Direct mailing
 - Posters
 - Billboards
 - In-person interaction
 - Other _____
-

116. Indicate if Tribal Organization/Entity's has any of the following registries

	Yes	No	Don't Know	N/A
Immunization registry	0	0	0	0
Public health registry (including cancer registry)	0	0	0	0
Clinical data registry	0	0	0	0

Public Health Workforce

Providing this information will aid efforts to understand public health workforce needs in Indian Country.

117. Please indicate the **current number of public health staff** members (for example, staff providing public health services such as prevention, rather than staff providing clinical services and treating illness after onset). Please **include temporary and contract workers**. Please also provide this information expressed as the number of **full-time equivalent (FTE)** public health staff members in [Tribal Organization/Entity](#). A full-time equivalent works 40 hours a week in public health and should be counted as 1.0 FTE. An employee who works 20 hours a week on public health activities should be counted as one 0.5 FTE. So, you could have 5 staff members (people) who make up 4.5 FTEs (4 people are 1.0 FTEs and one person is a 0.5 FTE)

Number of staff members: _____

Number of **full-time equivalents (FTEs)**: _____

(a) Occupational Classifications	(b) Descriptions and Examples of Occupational Classifications	(c) Total Number of FTE Positions Funded	(d) Number of Funded FTE Positions Filled	(e) Number of Funded FTE Positions <u>Vacant</u>	(f) How Many Additional Funded FTEs Are Needed	118. In the below table, please indicate Tribal Organization/Entity's current number of positions funded in each occupational classification listed. Employees who provide or support public health services in each of these classifications should be listed in <u>full-time equivalent (FTE)</u> units. An employee who works 40 hours a week on public health activities should be counted as 1.0 FTE. An employee who works 10 hours a week on public health should be counted as .25 FTE. NOTE: Column (total FTE positions funded (c) should equal the sum of <i>funded FTE positions filled</i> (d) and <i>funded FTE positions vacant</i> , i.e., (c) = (d) + (e) Definitions:
Agency Leadership / Upper management	Oversees the operations of the overall agency or a major subdivision of public health services. Includes all top agency executives regardless of education or licensing (e.g., health commissioner, health officer, public health administrator, deputy director, bureau chief, division director).		0	0	0	
Business and Financial Operations Staff	Performs specialized work in areas of business, finance, accounting, human resources, information technology, and legal issues (e.g., financial analyst, human resources specialist, grant and contracts manager, legal personnel, computer system analyst, network and database administrator).		0	0	0	
Community Health Aides (CHAs)	Assist health professionals in communicating with members of the community seeking medical care and consultation. Medically-guided.		0	0	0	

119. What are Tribal Organization/Entity's current **public health workforce development needs**? For example, training or professional development needs.

1. _____

2. _____

3. _____

4. _____

5. _____

Public Health Needs and Priorities

Public Health Needs

Providing this information will inform NIHB's understanding of the public health needs and priorities in Indian Country.

120. From the list below, please rank [Tribal Organization/Entity](#)'s top 5 **public health** issues (Number 1 being most critical).

- Accidents or unintentional injuries
- Cancer
- Diabetes
- Heart disease
- Infectious disease (not including Influenza)
- Influenza and pneumonia
- Kidney disease
- Liver disease
- Respiratory disease
- Stroke
- Substance misuse
- Suicide
- Other (please specify)

121. From the list below, please rank [Tribal Organization/Entity](#)'s priorities as they relate to non-programmatic and infrastructure-building capacities and activities (Number 1 being most important and 11 least important).

- Data and assessment
- Enforcement
- Evaluation
- Health education and health promotion
- Partnership development
- Planning
- Policy development
- Quality improvement and performance management
- Research
- Surveillance and investigation
- Workforce development

122. What additional resources do you need to improve public health within the tribal communities you serve?

123. What can the **Centers for Disease Control and Prevention** do to assist tribal organizations and entities in advancing tribal public health?

124. What can **other federal agencies** do to assist tribal organizations and entities in advancing tribal public health?

125. What can **the state (or states)** do to assist tribal organizations and entities in advancing tribal public health?

Public Health Authority

Providing this information will aid NIHB's efforts in understanding how tribal public health is governed.

126. In terms of governance, what entity provides oversight and direction for Tribal Organization/Entity? (Choose all that apply.)

- Board of health/health board
 - Board of directors
 - Tribal chief executive officer (CEO)
 - Tribal governance organization (such as consortium)
 - We do not have a governing entity.
 - Other (please specify) _____
-

127. Are any of the following present within your tribal service area, as enacted by the tribe?

	Yes	No	Don't Know	N/A
Public health regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health codes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxes for public health (such as a junk food tax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health levy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fees related to public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies, goals, and priorities for public health in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

128. Please use this space to provide any additional comments or information you wish to share.

129. We are interested in your suggestions about how NIHB can support public health capacity and invite you to share your perspectives with us here.

Final Assessment Submission

This is the end of the assessment. Thank you.

Glossary

Cancer screening: Screening tests can help find cancer at an early stage, before symptoms appear. Screening tests include physical exam and history, laboratory test, imaging procedures, and genetic tests. This includes all forms of cancer such as breast, cervical, colorectal, etc.

Cardiovascular disease screening: Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina), or stroke. Examples of ways to screen for cardiovascular disease are blood pressure and cholesterol screenings.

Chronic disease: A chronic disease is one lasting 3 months or more, (definition of the U.S. National Center for Health Statistics) and generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Examples include diabetes and heart disease.

Community health assessment: Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

Community health improvement plan: A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every 3 to 5 years.

Direct service tribe: A tribe that receives their healthcare through the Indian Health Service.

Environmental illness: Illnesses and diseases that can be directly attributed to the environmental, such as skin cancer from excessive exposure to sunlight.

Environmental health regulation, inspection, or licensing activities: Examples include but are not limited to the following: beaches and public swimming areas, biomedical waste, indoor air quality, lead inspection, marine and aquatic life, outdoor air quality monitoring, private drinking water, public drinking water, septic tank systems, solid waste disposal sites, solid waste haulers, swimming pools (public).

e-PHAB: e-PHAB is the information system developed by the Public Health Accreditation Board to support national public health department accreditation.

Facilities regulation, inspection, or licensing activities: Examples include but are not limited to the following: assisted living or group homes, campgrounds & RVs, childcare facilities, emergency medical services, food processing, food service establishments (including cafes, restaurants, mobile food services), healthcare clinics, hospice, hospitals, hotels and motels, long-term care facilities, nursing homes, recreational facilities, and schools.

Federal agencies: Examples of Federal Agencies that provide public health services include the USDA, HUD, CDC, IHS, EPA, etc.

Federally recognized tribes: Indian tribes are self-governing entities that are acknowledged as such by the United States. The primary method of obtaining federal recognition is by meeting the established federal requirement process outlined by the U.S. Department of the Interior. Currently, there are 573 federally recognized tribes.

Full-time equivalent (FTE): An FTE is the hours worked by one employee on a full-time basis. The concept is used to convert the hours worked by several part-time employees into the hours worked by full-time employees.

1.0 FTE = 40 hours a week or full-time

0.60 FTE = 24 hours a week or 3 full days, 8 hours a day

0.20 FTE = 8 hours a week or 1 full day, 8 hours a day

Homelessness screening: Refers to procedures in which a standardized instrument or protocol is used to identify individuals who may be at risk for or are homeless.

Hunger screening: Refers to procedures such as standardized surveys or protocols used to identify individuals who do not have consistent access to enough **food** for an active, healthy life.

Indian Health Service (IHS): The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

Infectious Disease: Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites. Examples include influenza, viral hepatitis and tuberculosis.

Local health department: A local health department is a governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations, or established by local ordinance or through formal local cooperative agreement or mutual aid. The entity may be a locally governed health department, a local entity of a centralized state health department, or a city, city-county, county, district, or regional health department.

Mental health screening: Refers to procedures in which a standardized survey or protocol is used to identify individuals who may be at risk for, or have undiagnosed mental health conditions, such as depression and anxiety.

Organizational strategic plan: A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

Other morbidity: Other morbidity can include you did not include in your responses to the data collection questions. Examples could include disabilities, birth defects or mental illnesses.

Performance management system: A performance management system is a single, comprehensive approach of using objectives and measurement to evaluate performance of programs, policies, and processes, and achievement of outcome targets for the tribal health department.

Private and/or non-profit health service organization: An entity not operated by the tribe. Examples include the following: non-tribal hospital, national organization.

Public health: Public health focuses on the population/community rather than the individual. Emphasis is on disease prevention and health promotion.

Public health accreditation: Accreditation for public health departments is defined as—

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure public health department performance against those standards;
3. The periodic issuance of recognition for public health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition.

Public Health Accreditation Board (PHAB): The Public Health Accreditation Board is the national accrediting organization for public health departments. A non-profit organization, PHAB is dedicated to advancing the continuous quality improvement of tribal, state, local, and territorial public health departments.

Public health workforce development needs: An adequate supply of well-trained, public health workers (e.g., health educators, sanitarians) is necessary to improve health outcomes. (i.e., healthier people). An assessment of needs is plan for training, skill development and performance of public health workers.

Quality improvement plan: Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.

Sexually transmitted infection (STIs) screening: Refers to procedures in which standardized protocols are used to identify individuals who may be at risk for or have undiagnosed sexually transmitted infections, such as HIV/AIDs or syphilis

State health department: A state health department is a governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state constitution, statutes or regulations, or is established by executive order. State health departments may be part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions.

Suicide screening: Refers to procedures in which a standardized instrument or protocol is used to identify individuals who may be at risk for, or have undiagnosed suicide.

Syndromic surveillance: The continuous, systematic collection, analysis, and interpretation of health-related data. Syndromic surveillance has been used for early detection of outbreaks; to follow the size, spread, and tempo of outbreaks; to monitor disease trends; and to provide reassurance that an outbreak has not occurred.

Trauma screening: Refers to procedures in which standardized instruments or protocols are used to identify individuals who may be at risk for trauma, or have undiagnosed trauma. Examples of trauma include elder abuse, domestic violence, and sexual abuse.

Tribal epidemiology center: Tribal epidemiology centers are Indian Health Service, division-funded organizations that serve American Indian and Alaska Native tribal and urban communities by managing public health information systems, investigating diseases of concern, managing disease prevention and control programs, responding to public health emergencies, and coordinating these activities with other public health authorities.

Tribal health consortiums: Consortiums of tribal regional health organizations that are designed to meet the unique needs of American Indians and Alaska Natives living in their areas. They aim to provide better care and service for AI/ANs in partnership than any single organization could. Tribal health consortiums may include, but are not limited to, tribal governments and programs, regional health consortiums, area Indian health boards, tribal epidemiology centers, tribal non-profit organizations, tribal health associations, and additional tribal or local entities.

Tribal organization: the recognized governing body of any Indian Tribe, or any legally established organization of Indians which is controlled, sanctioned, or chartered by such a governing body or which is democratically elected by adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: provided, that, in any case where a contract is let or a grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant. Examples include: Area Indian Health Board, consortia of tribes, does not include tribal epidemiology centers.

Understaffed: Additional staff are needed for this role; there are no resources for it.

Urban Indian Health Program: Urban Indian health centers are designated as federally qualified health centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. The facilities are owned or leased by Urban Indian organizations and receive grant and contract funding through Title V of the Indian Health Care Improvement Act.

Vacant: Have money for the position; position currently unstaffed.