Guidance for submission of tribal CHANGE Tool assessment data

May 9, 2011

This document provides guidance for how tribal TPEP programs are to provide CHANGE Tool assessment data to the Northwest Portland Area Indian Health Board (NPAIHB). Please contact your Liaison with any questions.

Background

The purpose of the *Healthy Communities Building Capacity Best Practice Objective[[1]](#footnote-1)* (HC-BC BPO)is to support tribal health authorities with planning a population-based approach to reduce the burden of chronic diseases most closely linked to commercial tobacco use, physical inactivity, and poor nutrition. Such chronic diseases include: arthritis, asthma, cancer, diabetes, heart disease, obesity and stroke. Commercial tobacco use is the single most preventable cause of death and disease in Oregon. Poor nutrition and physical inactivity together are the second leading cause of preventable death and disease in Oregon. The HC-BC BPO is a strategy within the Tribal Tobacco Prevention and Education Program (TPEP) Grant, Program Element 16.

In FY 2011, the Health Promotion and Chronic Disease Prevention (HPCDP) Section provided one-time funding to all interested federally-recognized tribes in Oregon to support community-based partnerships, assessment and planning for priority policy, system and environmental changes to support tobacco prevention and chronic disease prevention, early detection and self-management in tribal communities.

Program requirement C of the FY 2011 one-time funding is to

**Complete a Community Needs Assessment:** In collaboration with community partners, use the CHANGE Tool provided through the Healthy Communities Institute to conduct a robust community needs assessment.

Item ii for deliverable C:

 **Data from tribal community assessments will be shared with the NPAIHB, who are contracted to provide an aggregate report to HPCDP.** NPAIHB will return individual tribal data to tribes by NPAIHB under existing data sharing agreements/norms.

Process

Email your complete CHANGE Tool data to Kerri Lopez at the NPAIHB. Kerri’s email address is klopez@npaihb.org. Please let your Liaison know in a separate email that you’ve submitted your CHANGE data to the NPAIHB.

Staff at the NPAIHB will review the submissions, and complete the following table for each tribe, which will be returned to your HPCDP Liaison for grant tracking purposes. This table does not represent the aggregate report; it is only for grant tracking.

|  |
| --- |
| Tribe: |
| Submission Date: |
| Tool Sector | Submitted(If not, why?) | # settings assessed | # complete | # incomplete |
| Community At Large |  |  |  |  |
| Community Institution/Organization |  |  |  |  |
| School |  |  |  |  |
| Work Site |  |  |  |  |
| Health Care |  |  |  |  |

Next Steps

Each tribe is in a different stage of completion of its CHANGE data collection. As the NPAIHB receives data, they will aggregate the data into a report for HPCDP and tribes.

Tribes should submit CHANGE tool data as soon as it is complete. All tribes who receive FY 2011 one-time funding should strive to submit their CHANGE data to NPAIHB by the end of the first quarter FY 2012 grant year (September 30, 2011). The NPAIHB will develop the aggregate report in October 2011.

By submitting data for inclusion in the aggregate report, tribes will help HPCDP include tribal community priorities in any strategic planning and grant opportunities that HPCDP may seek for future tribal Healthy Communities and TPEP efforts.

1. The Healthy Communities Capacity Building Best Practice Objective is the first BPO in the 2010-2011 Tribal TPEP RFA. [↑](#footnote-ref-1)