

Good afternoon, NNPHI partners and past Open Forum attendees:

Please see the message below and the attached documents for information regarding a funding opportunity for Tribal Health Departments. To find out more about this opportunity, visit <https://tribalhealth.mphi.org/> or contact Project Coordinator, Shannon Laing, at 517-324-7344 or [slaing@mphi.org](mailto:slaing@mphi.org).

### **Seeking Tribal Community Partner for Public Health System Research Project**

With funding from the Robert Wood Johnson Foundation's Public Health Services and Systems Research program, the Michigan Public Health Institute is partnering with the Inter-tribal Council of Michigan and a Tribal Advisory Group to study how one tribal public health system has organized to deliver the Ten Essential Services in Public Health. Factors such as organizational relationships, workforce, and strategies used by system partners will be explored.

The research partnership is seeking a Tribal Health Department to participate as a case study site. The case study site must have the jurisdictional authority to provide public health (community and/or population-based) services. The selected Tribal Health Department will be a full research partner, participating in the design and activities of the study, and ensuring that the results are beneficial to the tribal community. The selected site will be provided funding to support the costs of participating. This is a valuable opportunity to build the evidence base for how tribal communities are organizing their public health systems to effectively protect and promote health of tribal members. The results can be used by tribal agencies as they work to envision and strengthen their public health systems and move toward national accreditation.

An open Question & Answer Session will be held via conference call on February 18, 2014 from 2:00 PM EST to 3:00 PM EST. To find out more about this opportunity, visit <https://tribalhealth.mphi.org/> to get the conference call information and download the Call for Community Research Partner document, or contact Project Coordinator, Shannon Laing, at 517-324-7344 or [slaing@mphi.org](mailto:slaing@mphi.org).

#### **Whitney Magendie, MPH**

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## APPENDIX B

Type your tribe or agency name here

### PHSSR TRIBAL PUBLIC HEALTH STUDY CAPACITY ASSESSMENT QUESTIONNAIRE

*Please answer the questions to the best of your ability. Please try to answer every question. If you are unable to answer a question, please mark the option for "Don't Know," "Unknown," or "Not applicable." It is ok to answer the questions with your best estimate (an informed guess or approximation).*

1. Describe your interest in participating in this study (200 words or less).

[Click here to enter text.](#)

2. Which of the following best describes your THD\*?

*\*A Tribal Health Department (THD) is defined as the governmental department or division responsible for serving the jurisdiction and members of a federally recognized Tribe. This includes Tribal governments, Tribal organizations or inter-Tribal consortia, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have the jurisdictional authority to provide public health (community and/or population-based) services to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events.*

- Tribal consortium  
 Tribal IRA (Indian Reorganization Act)  
 Tribe  
 None of the above

Comment (optional):

[Click here to enter text.](#)

3. Which of the following describes your THD as it relates to IHS funding? (\*See below for definitions)

- Direct Service Tribe  
 Contract one or more IHS service under P.L.  
 Compact all IHS services under P.L. 93-638  
 638 Contract IHS services through another tribe  
 Compact IHS services through another tribe  
 Don't know/Unsure

Comment (optional):

[Click here to enter text.](#)

*\*Please refer to the following definitions:*

- **Direct Service Tribe** – A tribe that receives their health care through the Indian Health Service is considered a direct service tribe.
- **Contract Services** – Under Public Law 93-638, a tribe can contract with Indian Health Service to take over the management of specific programs.
- **Compact Services** – Under Public Law 93-638, a tribe may seek eligibility to compact health services provided by the Indian Health Service. A compact is more like a block grant than a contract, giving a tribe greater management and administrative authority to administer health services.

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4. What is the total population your THD serves? (total population within your jurisdiction/ service area, regardless of whether they access services)

Your best estimate (enter number): [Click here to enter text.](#)

5. When is your next tribal election (for Chairperson/Principle Chief, Tribal Board or Council) scheduled to occur?

[Click here to enter text.](#)

6. *Public health accreditation standards define a Tribal Health Department as an agency with the authority to provide public health services to the community, as evidenced by the Tribe's constitution, Tribal Council resolution, executive order, or other legal means.*

By which of the following has the Tribal Council granted authority to the Tribal Health Department to provide health services to the community (**mark all that apply**):

- Constitution
- Tribal Resolution
- Public health and safety code or ordinance
- Executive Order
- Other legal means (please specify): [Click here to enter text.](#)
- The Tribal Health Department does not have a code, policy or other legal document granting authority to provide health services to the community
- Don't know/Unsure

Comment (optional): [Click here to enter text.](#)

7. Has a community health assessment\* been completed within your community?

- Yes, within the last three years
- Yes, more than three but less than five years ago
- Yes, five or more years ago
- No, but plan to in the next year
- No
- Don't know/Unsure

*\*Community health assessment can be defined as regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, epidemiologic and other studies of health problems, and an analysis of community strengths and resources. Community health assessments can be conducted using such models such as MAPP, APEX, the National Public Health Performance Standards Program (NPHPSP), or other models.*

8. Has your THD participated in developing a health improvement plan\* for your community?

- Yes, within the last three years
- Yes, more than three but less than five years ago
- Yes, five or more years ago
- No, but plan to in the next year
- No

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Don't know/Unsure

*\* A **community health improvement plan** can be defined as a long-term, systematic effort to address health problems. This plan is used by health and other government education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.*

9. Has your THD participated in developing a comprehensive, agency-wide strategic plan?

- Yes, within the last three years
- Yes, more than three but less than five years ago
- Yes, five or more years ago
- No, but plan to in the next year
- No
- Don't know/Unsure

10. Data are often shared among multiple agencies through data sharing agreements. Indicate which of the following organizations have a data sharing agreement with your THD (*select all that apply*):

- Local Tribe(s)
- Indian Health Service
- Area Health Board, including inter-tribal councils
- Tribal Epidemiology Centers
- Federal agency other than IHS (please specify): [Click here to enter text.](#)
- Local/County Health Department
- State Health Department
- Private or non-governmental health care facility
- Universities or colleges
- Other (please specify): [Click here to enter text.](#)
- We do not have a data sharing agreement with another organization
- Don't know/Unsure

Comment (optional): [Click here to enter text.](#)

11. Do you have staff dedicated to data management? (such as collecting, analyzing, and monitoring data)?

- Yes, part-time
- Yes, full-time
- No, we do not have staff dedicated to data management
- Don't know/Unsure

Comment (optional): [Click here to enter text.](#)

12. For each public health activity in the following charts, check all activities that are currently conducted for your community and by which entity. *If the activity is provided by more than one entity, then select all entities that provide that service to your service population. If an entity provides technical assistance or other support to help you provide the services, please place a check in the appropriate column.*

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	Tribe or Tribal Association/Consortium	IHS	Area Indian Health Board/ Inter Tribal Council	Epidemiology Center	Urban Health Center	State Health Dept.	Local City/ County Health Dept.	Other federal agency	Done by Someone Else	Not Available in Service Area	Unknown
Communicable/ Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle/ behavior risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentinel Event surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence (including domestic violence, relationship violence, bullying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally based prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment (optional): [Click here to enter text.](#)

**13. Other Health Services**

	Tribe or Tribal Association/Consortium	IHS	Area Indian Health Board/ Inter Tribal Council	Epidemiology Center	Urban Health Center	State Health Dept.	Local City/ County Health Dept.	Other federal agency	Done by Someone Else	Not Available in Service Area	Unknown
Comprehensive primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care (e.g., disabled, elder care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment (optional): [Click here to enter text.](#)

14. Which of the following organizational partners do you collaborate with to improve the health status of your community (select one option for each organizational partner)?

	Yes	No	Does not apply
Neighboring Tribe(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Health Board/ Inter Tribal Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bureau of Indian Affairs (BIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Epidemiology Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal College/ University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other College/ University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local County/City Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment (optional): [Click here to enter text.](#)

15. Is there a Health Committee, Health Board, or other advisory health group that provides oversight, advises, and/or approves major decisions and/or makes recommendations to your THD?

- Yes
- No
- Don't know/Unsure

Comment (optional): [Click here to enter text.](#)

16. Which of the following describes the membership of your Health Committee, Health Board, or other advisory health group? (Check all that apply)

- Elected tribal council members
- Elected regional tribal council members representing districts or communities of the tribe
- Appointed community members
- Volunteer community members
- Department directors
- Program managers
- IHS representatives
- Outside consultants, contractors, or partner service providers
- None of the above
- Other

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Don't know/Unsure

Comment (optional): [Click here to enter text.](#)

17. Does your THD currently have a health and safety code or public health code?

Yes

No

Don't know/Unsure

18. If the response to question 17 is No, is your THD currently working to develop or adopt a health and safety code or public health code?

Yes

No

Don't know/Unsure

19. Indicate which of the following categories of health workers are currently employed by your tribe. (*Check all that apply*)

Health program managers, administrators, health service directors

Nurse (including public health nurse, school nurse, community health nurse, RN, LPN)

Midlevel provider (nurse practitioner, physician assistant)

Physician

Community health representatives

Environmental health specialists

Epidemiologist/statistician

Health educator

Nutritionist/dietitian

Dentist

Traditional healer

Alternative medicine

Information systems specialist

Behavioral health professional (counselor, social worker, case manager, intake specialist)

Emergency preparedness

Administrative or clerical personnel

20. Which of the following statements describe your THD's experience with health research?  
(Check all that apply)

We are currently participating in health research

We have participated in health research in the past

We plan to participate in health research in the future

We have never participated in health research

We have no plans to participate in health research in the future

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Don't know/Unsure

21. If you are currently participating in health research, have participated in health research in the past, or plan to participate in health research in the future, does your THD have a policy or ordinance that outlines protocols for reviewing and participating in health research?

- Yes
- No
- Don't know/Unsure

If yes, please describe (optional): [Click here to enter text.](#)

22. Do you have a formal research review committee or board (such as an Institutional Review Board)?

- Yes
- No
- Don't know/Unsure

23. If yes to #22, what is the approximate length of time it takes for your research review committee or board to approve health research? (best approximation)

[Click here to enter text.](#)

24. If yes to #22, please provide a brief description of your research review and approval process (200 words or less):

*Some examples include a formal IRB that follows federal guidelines; a Health Board/Committee that reviews and approves research and then recommends to Tribal Council or Governing Board; or all research reviewed approved by Tribal Council only.*

[Click here to enter text.](#)

25. Please rate your level of agreement with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Our THD intends to apply for accreditation by the Public Health Accreditation Board (PHAB) in the next five years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our THD intends to apply for PHAB accreditation in the next year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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26. What areas of technical assistance and/or training do you think would be of greatest benefit to your THD?

*Areas to consider include, but are not limited to, data use and interpretation, community assessment, quality improvement, promising public health practices, community based participatory research, media literacy and public promotion, and advocacy at local, state, and federal level.*

Click here to enter text.

27. What work are you doing to improve population health services at your THD that is unique and successful and can be shared with other THDs?

*Consider unique partnerships, agreements, services, policies, or other areas that have had significant impact in the work that you are doing to serve your community.*

Click here to enter text.

## Appendix A: Sample Cover Letter Template

**\*\*THIS IS A SAMPLE LETTER TEMPLATE THAT YOU MAY WISH TO EDIT AND ADAPT FOR YOUR APPLICATION\*\***

[TRIBE OR AGENCY LETTERHEAD]

[DATE]

Julia Heany, Ph.D.  
Principle Investigator  
Michigan Public Health Institute  
Center for Healthy Communities  
2432 Woodlake Drive  
Okemos, MI 48864

Dear Dr. Heany:

On behalf of [Tribe or organization name] I am writing to express our commitment to participate in the Michigan Public Health Institute's (MPHI) Public Health Services and Systems Research Study, titled "Investigating Characteristics of Tribal Public Health System Organization and Performance," funded by the Robert Wood Johnson Foundation.

If selected, we will work with MPHI to develop a budget, subcontract agreement, and data use agreement that is mutually acceptable to the Tribe and MPHI. These documents will outline the specific activities, timeline, and deliverables for our participation in the study over the next two years. Our tribal health agency and governing body are committed to participating in activities to successfully carry out this research in our community. Examples of the types of activities we expect to complete include hosting the study team, assisting with data collection and exchanging of data, reviewing materials, coordinating data collection events and recruitment of participants, and ensuring that the proper approvals are received and complied with in regards to the protection of human research subjects and federal privacy laws. We are also committed to participating in the Tribal Advisory Group. It is our understanding that this group is responsible for overseeing and guiding the study team and procedures to ensure they are culturally-sensitive and uphold the values of a community-based participatory research study.

We are pleased to partner on this exciting opportunity and look forward to notification by MPHI of the case study selection decision. The main point of contact for this project will be [NAME], and can be contacted at [email address] or [phone number].

Sincerely,

[Authorizing Individual's Name]  
[Title]  
[Tribe or Agency Name]  
[Address]  
[Phone number]



# Call for Community Research Partner: Investigating Characteristics of Tribal Public Health System Organization and Performance



## Introduction

Public Health Services and Systems Research (PHSSR) examines the organization, financing, delivery, and quality of public health services within communities and the impact of those services on the health of the public. The Michigan Public Health Institute (MPHI) received a 24-month (*Short-Term Study*) grant from the Robert Wood Johnson Foundation (RWJF) PHSSR program to perform an in-depth examination of one tribal public health system's capacity to deliver the Ten Essential Services in Public Health. MPHI is partnering with the Inter-tribal Council of Michigan (ITCM) and a Tribal Advisory Group to carry out this PHSSR study. Through this Call, MPHI, ITCM, and the study's Tribal Advisory Group are seeking a Tribal Health Department to partner with as the site for this study. The intent of this Call is to identify a partner Tribal Health Department whose experience will inform the broader tribal public health community and that will benefit from participating in this study.

## Background on the Study

The Public Health Accreditation Board (PHAB) has established a common set of tribal standards for assessing the performance of tribal public health agencies in delivering the ten essential public health services. However, tribal health is very different than other forms of governmental public health. While there is community wisdom and practice-based evidence of tribal public health, there exists a need for research documenting how tribal communities have organized to effectively deliver public health services. Additionally, each tribal community is unique in its history, culture, language, and structure. This context has a profound impact on the way tribal public health systems function, units operate, and tribal members receive services and experience health outcomes.

This study aims to build the evidence base around public health capacity in Indian Country. A rigorous case study design will be used to pursue the following research goals:

- 1) Explore the interorganizational relationships and interactions within a tribal public health system;
- 2) Examine the conditions and strategies employed through interorganizational relationships to deliver the ten essential services of public health in tribal communities; and
- 3) Assess the key organizational, financial, and workforce characteristics of a tribal public health delivery system that effectively address health disparities faced by tribal communities.

## Benefits of Participating

The overall goal of the study is to improve the performance and impact of tribal public health systems. This study will generate practical information that can be used by tribal public health agencies as they work to envision and strengthen their public health systems and move toward accreditation.

As a result of participating in the study, the selected tribal agency will:

- Receive in-depth feedback and documentation on how their public health system functions;
- Generate findings that may be used for identifying health priorities, improving programs, strengthening the public health system, and preparing for accreditation;
- Learn more about the national accreditation process and related topics, such as quality improvement;
- Receive information and technical assistance that could help organize the tribal public health agency to complete a self-assessment to prepare for the accreditation process;
- Build capacity to systematically collect information about its agency and community; and

- Receive a report and other documentation that could inform a community health assessment, health improvement plan, strategic plan, or quality improvement plan.

This study is designed to maximize benefits to tribal public health practitioners and the participating community. Results of the study (along with tools, methods, and procedures) will be shared with a wide variety of stakeholders through a practitioner’s toolkit for tribal agencies, a policy brief for tribal leaders and decision-makers, professional conferences, and published articles. All products will be developed with and approved by the participating tribal community to ensure that the information is accurate and the interests of the community are protected. The Tribal Advisory Group and selected tribe will guide and share responsibility for sharing findings and lessons learned throughout Indian Country. Sharing results and lessons learned is a key goal of this research and therefore, tribal leadership buy-in for data collection and dissemination activities will be extremely important for a successful research partnership.

### **Study Design and Methods**

This research study is using a tribal-specific community-based participatory approach. To ensure the study is useful, meaningful, and culturally relevant, the research team is receiving guidance from a Tribal Advisory Group consisting of people working in and for tribal public health and conducting research with Native American communities. Advisory members come from national, regional, and local tribal agencies. This group includes tribal public health professionals and decision makers who have been engaged in public health practice in Indian Country at all levels and are rooted in tribal communities and practices. The study will be linked with other national efforts to improve public health in Indian Country through sharing information, successes, and lessons learned.

The research is designed as a rigorous case study. The case study will involve detailed examination of a single tribal health system. The broad research questions to be answered through this study include:

- How are tribal public health systems conceptualized and organized by tribes, and why?
- Who are the key actors and decision-makers within a tribal public health system, and why?
- In what ways are tribal public health system partners monitoring system performance and tracking health outcomes?
- How does the infrastructure within a tribal public health system influence selection/use of public health approaches, especially those addressing health disparities?
- What influence do interorganizational relationships and interactions within a tribal public health system have on its ability to impact health disparities?

The study will use both site-specific, quantitative secondary data, and detailed, descriptive, qualitative data. A significant amount of primary qualitative data will be collected through interviews and focus groups. We estimate approximately, 15-25 tribal public health agency staff members will be interviewed and 50-75 key informants throughout the community will be interviewed. In addition, six to eight focus groups will be conducted, with eight to ten community members per group. These conversations will generate rich, descriptive information about how the tribal health system protects and promotes community health.

### **Eligibility for Participation**

In order to feasibly complete the research study within the project period, the tribal community (case study site) will need to identify one agency to serve as the subcontractor. Ideally, the subcontracting agency will be the Tribal Health Department. For the purposes of this study, a Tribal Health Department (THD) is defined as:

*The **governmental department or division responsible for serving the jurisdiction and members of a federally recognized Tribe. This includes Tribal governments, Tribal organizations or inter-Tribal consortia, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments **must have the jurisdictional authority to provide public health*****

***(community and/or population-based) services to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events.***

Different types of organizational arrangements are open for consideration. We welcome interested agencies with questions about eligibility to contact us to discuss the possibility of participating. We aim to be inclusive in our process of selecting a case study site. Our main goal is to ensure that the site selected can facilitate the completion of research activities (i.e. contract executed, data use agreement signed, data collection activities conducted, etc.) within the timeline and while honoring all proper tribal approval procedures.

### **Financial Compensation for Participation**

A total of **\$16,000** will be subcontracted to the selected Tribal Health Department to cover the full project period. The compensation will be used by the contracted agency to support research activities within the selected community; funds cannot be used to provide direct services or to support the cost of programs. The funds will be paid in two lump sums of \$8,000 per budget period. The first budget period will be approximately 6 months long (contract start date approximately March 2014 to September 2014), and the second budget period will be 12 months long (September 2014 to September 2015). A subcontract agreement describing the scope of work and terms for use of funds will be signed by MPHI and the Tribal Health Department. A Contract Budget and Fact Chart template will be provided to the selected tribal agency to provide detail of the breakdown of costs. The budget and subcontract must comply with Robert Wood Johnson Foundation's Financial Guidelines and Reporting Requirements. We anticipate the majority of the funding will go to cover time for a staff person within the Tribal Health Department to serve as the study coordinator and to cover the cost of hosting data collection activities and incentives for research study participants.

### **Timeline**

The full project period is **March 1, 2014 to September 14, 2015.**

The project period will be separated into two budget periods, with signed agreement for each period:

Budget year 1: March 1, 2014 to September 14, 2014

Budget year 2: September 15, 2014 to September 14, 2015.

### **Scope of Work**

The selected case study site will participate in and/or complete the following tasks and activities:

- Provide a detailed budget.
- Sign a subcontract agreement with MPHI and submit invoices according to the agreed upon schedule.
- Sign a Data Use Agreement (DUA) with MPHI; the DUA will describe the mutually agreeable rights and expectations of the tribal authority (ies) and MPHI for the exchange, use, dissemination, and protection of confidential and sensitive data. The DUA will also ensure that all parties are in compliance with Institutional Review Board regulations for the Protection of Human Subjects and if applicable, HIPAA Privacy laws regarding the use of privacy sensitive information.
- Host two site visits from the Study Team (estimated to occur in spring 2014 and fall 2014). Site visits will include meetings between key health department officials and staff, the tribal governing body, and any other gatherings, meetings, or activities desired by the Tribe to introduce and orient the study team to the community. The Tribe will prepare an agenda in cooperation with the study team prior to each site visit.
- Coordinate all logistics for focus groups and key informant interviews with community members and partners, including recruitment of participants, location, registration, promotion, refreshments, fulfilling culturally-appropriate practices for community gatherings, and tracking and paying reimbursements/incentives for participants (i.e. gift card, gas card, check, cash).
- Provide adequate, dedicated staff time to ensure the timely coordination and completion of key study activities within the tribal health agency including:
  - Regular communication with the project coordinator or study team;
  - Participation in the Tribal Advisory Group;
  - Involvement in the development of study materials, data collection tools, and study procedures;

- Completion of any required tribal Institutional Review Board application procedures or approval processes with tribal governance;
- Informing and involving tribal leadership in the study activities as required or appropriate;
- Participation in data collection activities;
- Review of preliminary results and interpretation of findings; and
- Involvement in the creation of dissemination and communication products.

In addition, it is the hope of the study team that staff of the tribal agency will participate in research capacity building activities, such as data collection and presenting results of the study through appropriate activities and outlets at the local tribal and national level.

### **Selection Process**

Applications will be reviewed by the Study Team and Tribal Advisory Group. The selection process will not include scoring of applications according to a predetermined rubric. Rather, selection of a site for this case study research must ensure that the site has characteristics that make it possible to explore and answer the research questions within the project timeline. The Study Team and Tribal Advisory Group will discuss the potential strengths and challenges of each applicant in completing the research study. Using a consensus approach, the Study Team and Tribal Advisory Group together will ultimately select the case study site based upon factors such as governance, jurisdictional area, public health capacity outside of the clinical setting, and accreditation capacity or stage of readiness. We do not have criteria for selection based on any specific factor, rather emphasis will be placed on choosing a study site that will afford the opportunity to explore and answer the research questions within the project timeline.

### **Questions**

We welcome questions and discussion about the research study and this opportunity with interested applicants. We are holding an informal question and answer conference call/webinar on Tuesday, February 18, 2014 at 2:00 – 3:00 PM Eastern Time Zone.

Following is call-in information for joining the call:

Topic: PHSSR Tribal Health Study Q&A

Date: Tuesday, February 18, 2014

Time: 2:00 pm, Eastern Standard Time (New York, GMT-05:00)

Meeting Number: 806 634 214

Meeting Password: phssr

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 To join the online meeting (Now from mobile devices!)  
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1. Go to

<https://mphi.webex.com/mphi/j.php?ED=248153877&UID=1720090787&PW=NOGU2ZGQwNDI2&RT=MiMxMQ%3D%3D>

2. If requested, enter your name and email address.

3. If a password is required, enter the meeting password: phssr

4. Click "Join".

5. Follow the instructions that appear on your screen.  
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To join the audio conference only  
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To receive a call back, provide your phone number when you join the meeting, or call the number below and enter the access code.

Call-in toll-free number (US/Canada): 1-877-668-4493

Call-in toll number (US/Canada): 1-650-479-3208

Toll-free dialing restrictions: [http://www.webex.com/pdf/tollfree\\_restrictions.pdf](http://www.webex.com/pdf/tollfree_restrictions.pdf)

Access code:806 634 214

For clarification or assistance on this application, or for more information about this study, please contact Shannon Laing, MPHI Program Coordinator, at 517.324.7344 or [slaing@mphi.org](mailto:slaing@mphi.org).

### **Application and Submission**

This application has two main components. Both components must be fully completed and returned for the application to be considered complete and eligible. The two components include:

- 1) ***A signed letter from an authorized individual or governing group***- The letter should be on official letterhead for your Tribe or tribal agency and signed by the director, governance of the agency (health director, health board, tribal board/council, chairperson), or other authorized signatory for the Tribe. The letter should include contact information for the person who will serve as the main point of communication/contact for this project. Please see the example Letter of Support template (Appendix A) provided for your convenience.
- 2) ***Capacity Assessment Questionnaire***: Please answer all the questions on the questionnaire (Appendix B) to the best of your ability. If you are unable to respond to a question or if it does not apply to the Tribe, please mark the option, "Don't Know" or "Not applicable." Please do not leave any questions blank. If you are unsure of the correct answer, make your best guess about the answer based upon what you know.

**Submit the signed letter and complete capacity assessment questionnaire as attachments (.doc or .pdf format) on a single email message to Shannon Laing at [slaing@mphi.org](mailto:slaing@mphi.org) by 5:00 PM EST on **February 28, 2014**. In the email subject line please type, "APPLICATION FOR PHSSR TRIBAL STUDY."**