

Tribal BRFSS Toolkit

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Tribal Behavioral Risk Factor Surveillance System



KEEP IT SACRED

NATIONAL NATIVE NETWORK

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Acknowledgments:

This toolkit is not exhaustive in nature, but meant to provide several examples as to ways that a Tribal BRFSS can be adapted to use for a Tribal community. In order to include varying examples and templates, various partners were identified and contributed to this toolkit. This toolkit would not have been a reality without the following agencies and representatives:

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National Native Network

www.keepitsacred.org

Inter-Tribal Council of Michigan

www.itcmt.org

California Rural Indian Health Board

www.crihb.org

SouthEast Alaska Regional Health Consortium

www.searhc.org

CDC's Office on Smoking and Health

www.cdc.gov/tobacco/about

CDC's Division of Cancer Prevention and Control

www.cdc.gov/cancer/ncccp

Overview

Modifying risk behaviors contributing to chronic disease, premature death, and impaired quality of life is an important challenge for American Indian/Alaska Native communities and Tribes. The Behavioral Risk Factor Surveillance System (BRFSS) is a widely used telephone survey of adults, aged 18 and older, developed by the Centers for Disease Control and Prevention and is designed to provide information on health behaviors, risk factors, and utilization of preventative services. The BRFSS is conducted in all 50 states.

Need for Regional Data

The American Indian/Alaska Native (AI/AN) population is under-represented in many state BRFSS reports. AI/ANs typically make up less than 1% of the nation's population and because of this, federal and state health survey sampling methods are often inadequate in reaching the AI/AN population. The limited data, due to the small sample sizes, results in insufficient information for certain subpopulations and demographic categories. When the number of AI/AN respondents is not large enough for reporting, the AI/AN specific data often is combined within the "other" race category or with several years of AI/AN data. These limited survey practices prevent those who serve the AI/AN people (i.e. public health practitioners, researchers, and health care providers) from receiving the necessary data to measure health risk behaviors, study health disparities, and improve health promotion and disease prevention programs.

For example, waiting for several years to get stable estimates on health risk factors can delay chronic disease prevention planning. Therefore, many Tribes consider conducting their own regional BRFSS in order to gather tribal specific data that is not available through their state BRFSS. A tribal specific BRFSS typically contains all or many of the same questions used by the state and national BRFSS survey, which is very useful for comparisons and measuring disparities.

Benefits of a Tribal-Specific BRFSS and Tribally-Owned Data

- » Tribally owned AI/AN specific data may be used in a variety of valuable ways such as to:
 - Recognize the prevalence of health risk behaviors and know where to target interventions (i.e. improve health surveillance and services)
 - Estimate the impact of prevention interventions
 - Provide information for Tribal leaders to support primary prevention programming
 - Allow for comparisons with other populations to identify health disparities
 - Utilize AI/AN specific data for funding and grant writing rationales
- » Culturally appropriate survey methods used in a tribal BRFSS tend to result in higher response rates.
 - Larger sample sizes may provide sufficient information for subpopulations and demographic categories and therefore more complete pictures of the region.

Timeline

BRFSS projects require time to plan, prepare, and implement. In addition, coordination among partners is essential in order to efficiently utilize resources such as in-kind staff time, funding, and the expertise of experienced partners. In order to effectively prepare for a tribal specific BRFSS, the following timeline may be considered:

Month One: *Planning*

In order to plan for a Tribal BRFSS survey, the following activities should take place:

- » Gather the necessary information needed in order to gain survey approval from tribal leadership. This may include a benefits of BRFSS fact sheet and Power Point presentations which describe the benefits of a tribal BRFSS and which includes samples of other tribal BRFSS.
- » Identify potential partners including (but not limited to) the following:
 - A leadership champion who will assist in gaining support to approve the survey. Tribal Leader approval is essential in order to gain permission to use tribal member telephone numbers in order to conduct the survey.
 - An expert trained survey organization, such as the Social Research Department from a local University, to conduct the telephone survey and to gather the raw data.
 - An analysis expert or epidemiologist person to convert the raw data into health reports, such as a Tribal Epi-Center or a Public Health Institute.
 - An experienced tribal project manager who will oversee the BRFSS process within the tribe.
 - A knowledgeable and culturally trained staff person who will promote the survey to the community and who will answer questions and concerns throughout the survey timeline.
 - A communications or similarly trained staff person who will create the Executive Summary report or other outreach or dissemination products i.e. brochures, reports, summaries.
 - A funder (singular or multiple), as funding may be provided through existing health promotion grants as long as the survey is included in the work plan and approved by the funder. Some tribal agencies may have funds in their general budget which may be allocated to the BRFSS as part of a health needs assessment.
 - A co-funder, possibly through other agencies who are also interested in gathering similar data.
 - Determine if any other resources are needed. Be sure to consider support staff time and supplies such as computer, telephone, and mailing supplies for community letters.

Month Two: *Preparation*

- » A successful tribal BRFSS must start with approval from tribal council or tribal leadership. It is important to describe the benefits of participation in the BRFSS in order to gain approval and permission to use tribal member telephone numbers, which are necessary to conduct the phone survey. An example of a BRFSS fact sheet is included on page 12 in the appendices portion of the toolkit.

- » Once permissions are granted, assigned tribal BRFSS staff will create community outreach letters in order to notify the community about the upcoming telephone survey. Outreach information may extend to tribal newsletters, tribal websites, and flyers posted at community events. It is very important to include a contact name and number in all community outreach materials in the event that there are questions or concerns. Sample outreach letters will describe the benefits of participation, inform about the possibility of a phone call from a surveying agency, notify of the survey date timeline, and assure potential participants of confidentiality measures. A sample community outreach letter is included on page 27, as well as a template for a letter to potential participants is on page 28 later in the toolkit.
- » Tribal BRFSS Project Manager and assigned staff will decide upon a Dissemination Plan. The plan will outline the expected products which will be created in order to share and display the BRFSS data. Suggested products would include an Executive Summary to share with Tribal Leadership, Power Point presentations to share with health staff, community reports, and infographics to inform community members.
- » Tribal BRFSS Project Manager will want to create data sharing and confidentiality agreements, as necessary. These agreements may be in place between the participating tribe and the funder(s) and also the surveying agency or anyone who may come into contact with the tribal phone numbers or resulting survey data. A sample data sharing policy is included in the appendices portion of the toolkit on page 22.
- » The tribal agency should meet with the analysis expert or epidemiologist in order to:
 - Draft a letter of agreement or sub-contractual agreement for the BRFSS analysis, if necessary. The agreement will include deliverables, confidentiality assurances, and expected timeline for the analysis to take place along with the agreed upon cost.
 - Determine the time frame for the analysis phase, after the BRFSS data has been collected by the surveying agency. The time-frame for this analysis will depend on the quality of the data and the number of surveys collected, it may take several months.
- » The tribal agency should meet with the surveying agency in order to:
 - Draft a letter of agreement or sub-contractual agreement for the BRFSS. The agreement will include deliverables, confidentiality assurances, and expected timeline for the survey to take place along with the agreed upon cost. The surveying agency will provide an estimate of cost depending on number of expected completed surveys. A sub-contract agreement template is included in this toolkit on page 17.
 - Determine the timeline for the survey to take place. The average timeframe for surveyors to complete approximately 500 surveys is 3 months. It averages about 3 hours of interviewer time to complete one survey. The surveying agency can give you a better idea of the timeline based off of their staff capacity and the number of anticipated completed surveys.
 - Decide on the actual survey questionnaire. It is very helpful to use the same questions as the State and National BRFSS for quality comparisons and in order to determine health

disparities. It is possible to add in additional questions specific to the tribe's needs at an additional cost. An example Opening Script is included on page 26.

- Decide upon specific initial screening question which will be used to determine if participant is AI/AN. Does Tribal enrollment, self-identification, or other criteria exist? This decision will be used by the surveyors in creating the initial screening script.
 - Require that the surveyors participate in a cultural competency training including awareness of specific language patterns. The training should be provided by the tribal agency, before the survey calls take place. The training will help to ensure culturally appropriate communication takes place between the interviewers and the respondents. For example - surveyors should start very slowly at the beginning of the call and give pauses to ensure clear communication. A sample training presentation is included on page 24.
- » While this outreach is taking place at the tribal level, the selected surveying agency will begin to conduct a series of quality assurance tasks on the list of phone numbers in order to ensure adequate response rates. These tasks will likely include removing duplicate phone numbers, out-of-state phone number, work phone numbers, and in-correct phone numbers.
- » It may be helpful to contact the state health department in order to acquire their BRFSS questionnaire and to be notified when their current data becomes available. This can be used for comparison purposes at the analysis phase. They may also be helpful partners in your BRFSS project.
- » Determine if any other resources are needed. Be sure to consider staff time and supplies such as computer, telephone, and mailing supplies for community

Month Three–Six: *Implementation*

- » Notify all frontline staff of the BRFSS survey in case they are contacted with questions.
- » Media:
- About 2 weeks prior to the survey, conduct community outreach. Post flyers throughout the community, place ads in local newspapers, utilize social media platforms.
 - If possible, work with a local radio station to air public service announcements about the upcoming BRFSS survey.
 - If cost effective, send letters to all potential participants explaining the BRFSS process, benefits, and confidentiality assurances.
- » Survey Process
- Surveyors should clarify during the survey introduction that the Tribe/Tribal agency is sponsoring the survey, and not the survey agency which is making the calls
 - Surveyors should keep the opening explanation about the survey simple and clear
 - Surveyors should try to keep the survey questions down to a minimum, if possible, under 20 minutes.

- Tribe should schedule regular updates and discussions with the surveyors.

» Phone Calls

It is important to know that the surveyor may have to call an individual phone number 10 or 11 times before they are able to secure a respondent. Past tribal BRFSS have noted that evening hours seemed to be more productive but respondents did not like being called during the dinner hour. The inclusion of cell phone numbers can improve response rates but will potentially change the demographic you are reaching. These factors should be discussed with the surveying agency in the preparation phase.

Month Seven–Ten: *Data Analysis*

- » This phase requires statistical support in order to convert the raw data into usable information. An analysis expert such as an epidemiologist is highly recommended in order to translate and organize the data. The time-frame for this phase depends on the quality of the data and the number of surveys collected. It may take several months. This should be discussed with the analysis expert such as an epidemiologist, in the preparation phase; they will provide an estimate of the approximate time-frame. A sample BRFSS Data presentation can be found on page 29.

Month Eleven: *Dissemination*

- » The dissemination plan, created during the preparation phase, will guide how the analyzed BRFSS data will be reported and shared, such as through an Executive Summary, Power Point Presentations, or Community Reports or Infographics.
- » Shared BRFSS results will benefit the following:
- Tribal leadership may use BRFSS results to guide future decisions related to tribal health dollars and budgets.
 - Tribal leadership may use BRFSS results as a community health needs assessment to inform the community health improvement plan. Repeated BRFSS may be used as a surveillance measure, which supports Public Health Accreditation requirements.
 - Tribal Health Directors will rely upon the support of Tribal leadership to approve policy, environmental, and systems changes in the health care setting and beyond.
 - Tribal grant writers will greatly appreciate BRFSS results as they apply for tribal specific funding which requires data showing health disparities and health risk behavior rates.
 - Tribal community members should have the opportunity to see the BRFSS results. In addition, the results may be used to create infographics and other educational or promotional documents which encourage community members to participate in health events and programs.

Tribal Organizations Share

Conducting a Tribal specific BRFSS may be challenging but with proper planning and strong partnerships along with support from tribal leadership and funder(s), a successful tribal BRFSS can take place with numerous valuable benefits. Several tribal agencies have taken part in a tribal BRFSS and three agencies have agreed to share lessons learned and considerations based on their unique capacities and geographic differences.

Inter-Tribal Council of Michigan

Overview: About 1.9% of Michigan's Population is AI/AN. The State of Michigan does not typically oversample this population when conducting its annual BRFSS as it is considerably more expensive.

Funding: The Inter-Tribal Council of Michigan (ITC of MI) agreed to conduct a Tribal Specific BRFSS with funding provided by the Centers for Disease Control and Prevention's (CDC) 'Steps to a Healthier U.S.' program. This funding provided the ITC of MI the means to conduct a Tribal Specific BRFSS with 8 Michigan Tribes in years 2004-2007.

Method Highlights: The ITC of MI started this delicate process by first seeking formal Tribal Council approval to conduct the BRFSS through the release of their Tribal Enrollment lists. Site visits to each tribe were conducted which entailed detailed presentations and discussions with Tribal Councils. The ITC of MI created data sharing and confidentiality agreements for the project before permissions were granted.

ITC of MI used these permissions to access tribal enrollment rosters (telephone numbers only) for the sampling process.

ITC of MI provided the phone numbers without identifiers to contractors at Michigan State University.

ITC of MI trained interviewers from Michigan State University on AI/AN culture and language patterns.

ITC of MI created community specific news articles and direct mailings which notified community of the upcoming survey and of the value of the survey to their community.

Michigan State University conducted the survey over three months and then sent the raw data to contractors at the Michigan Public Health Institute for analysis and translation.

Results: ITC of MI's 2007 Tribal Specific BRFSS achieved a Council of American Survey Research Organizations (CASRO) response rate of 47.1% and exceeded the target number of completed surveys. Six tribes gave enrollment lists, while two tribes provided convenience samples.

ITC of MI's 2007 Tribal Specific BRFSS had 592 AI/AN respondents as compared to the States' Combined BRFSS which had only 191 AI/AN respondents for three years combined (2007-2009).

Dissemination: As part of the agreement with the tribes, survey results were disseminated to the communities through presentations and reports to Tribal Councils and boards of health. When sample size permitted, tribe-specific analyses were conducted and provided to each Tribe.

This successful endeavor resulted in the first Michigan Tribal Specific BRFSS ever conducted and was attributed to the open ongoing dialogue, along with flexibility and cultural respect between all partners.

California Rural Indian Health Board

Overview: California has more American Indian and Alaska Native (AIAN) residents than any other state, with a 2010 Census population of 723,225 AIAN alone or in combination with another race. The California Rural Indian Health Board, Inc. (CRIHB) is a non-profit organization that advocates for the health care needs for AIAN in California. CRIHB houses the California Tribal Epidemiology Center (CTEC), a statewide program which supports CRIHB's work by carrying out disease surveillance and public health research. In 2012-13, CTEC conducted a tribally adapted version of the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) study called the California Tribal Behavioral Risk Factor Community Survey (CTBRFCS).

Funding: National Institutes of Health funding to the Indian Health Service Tribal Epidemiology Center Consortium which includes CTEC.

Method Highlights: CTEC used CDC BRFSS core questions and other culturally relevant survey items to collect data for the CTBRFCS. CTEC recruited participants from 13 urban and rural cultural and community events across California, including Pow Wows, Big Times, and health fairs. To decide at which events to recruit participants, CTEC divided California into three geographic regions (northern, central, southern) and then divided each region into four based on Contract Health Service Delivery Area. CTEC gathered CTBRFCS data at least one cultural event in each of the 12 resulting regions. Any self-identified adult AIAN living in California was eligible to consent to and complete the CTBRFCS. CTEC staff were available to answer questions before, during, and after participants took the self-administered paper survey.

Results: A total of 973 self-identified AIAN adults living in California completed the CTBRFCS during the 2012-13 data collection period, making the CTBRFCS one of the largest self-reported health surveys conducted with AIAN in California. By comparison, the 2013 California CDC BRFSS study gathered surveys from 11,214 adult respondents, but only 114 were AIAN alone or in combination with another race. Approximately 30% of CTBRFCS respondents (30.1%) reported visiting a traditional healer, wise person, or had a ceremony performed for their health and wellness in the past year. Nearly half of respondents (44.1%) reported using tobacco for ceremonial, prayer, or traditional reasons. CTBRFCS respondents appeared to be similar to the 2013 California CDC BRFSS sample in terms of reported frequency of routine medical check-ups and rates of heart disease, stroke, and depressive disorders. CTBRFCS respondents seemed to less frequently report consuming alcoholic beverages in the past month than 2013 California CDC BRFSS respondents. In contrast, CTBRFCS respondents appeared to rate themselves lower in overall general health and report higher rates of diabetes, weight-related indicators of poor health (i.e., high self-reported Body Mass Index (BMI)), and commercial tobacco usage than 2013 California CDC BRFSS respondents. To improve the generalizability of future CTBRFCS findings, CTEC will use in-person interview techniques to gather data from AIAN adults at Tribal and Urban Indian Health Organizations (THPs/ UIHOs) and community centers in addition to cultural events.

Dissemination: The CTEC Advisory Council, CRIHB leadership, and the CRIHB Board of Directors determined how CTBRFCS findings would be disseminated. Specifically, preliminary CTBRFCS findings were presented at regional conferences and various California THPs/UIHOs. The CTBRFCS Summary Report was posted online and shared with California tribal leaders and THP/UIHO Program Directors. CTEC staff used CTBRFCS data in 29 Community Health Profiles produced for THPs and UIHOs.

Templates and Samples

Below is a list of templates and examples that can be used in whole or part, depending on the community or agency need. The areas highlighted with green font in the following pages are areas where pertinent information should be entered.

- » [Page 11: BRFSS Fact Sheet *Example*](#)
- » [Page 12: Request for Proposals: Potential Surveying Companies *Template*](#)
- » [Page 16: Subcontract *Template*](#)
- » [Page 21: Data Sharing Policy *Template*](#)
- » [Page 22: Data Agreement with State BRFSS Data Sets *Example*](#)
- » [Page 23: Cultural Presentations to Surveying Company *Example*](#)
- » [Page 25: BRFSS Opening Script *Template*](#)
- » [Page 26: Community Outreach Letter/Newsletter Article *Template*](#)
- » [Page 27: Letter to Potential BRFSS Participant *Template*](#)
- » [Page 28: BRFSS Data Presentation *Example*](#)

BRFSS Fact Sheet *Example*

Below is an example and template of a fact sheet to circulate to community and Tribal leaders. This would be useful for a presentation to the Tribal Health Committee, then could be used for additional presentations to Tribal Council or at community meetings to help inform leaders and community members alike as to the point and impact of the BRFSS.

Native American Behavior Risk Factor Survey Fact Sheet

What is a Tribal Behavioral Risk Factor Survey?

The Behavioral Risk Factor Survey (BRFSS) is a telephone survey, and would be sponsored by **Enter Tribe Name or Tribal Agency Name** to find out more about health and health behaviors among adults living in our tribal community. A BRFSS is conducted annually in each state, drawing a random sample of all adults in that state, which results in very few Native American respondents. Given the few numbers, the information cannot be considered for understanding the health of Native Americans in our State.

Why would a separate BRFSS among Native Americans in our Tribe be useful?

A separate BRFSS would allow for representative Native American data at the tribe-level. Our Tribe has a priority to improve the availability of health related data for racial and ethnic minorities and Tribal populations.

Who would take the lead on the project?

The survey would be a collaborative effort between the Tribal agency and the **Enter Research Agency Name**. **Enter Tribe Name** would help with survey endorsement (e.g. promotion, community education) within the tribal communities. **Enter Research Agency Name** would collect and analyze the tribe-specific data utilizing sampling strategies which meet the tribes' request.

What topics would be on the survey and how long would it take?

The survey asks about information related to health status (e.g. obesity, health care access), risk behaviors (e.g. smoking and alcohol use, physical activity), health care screenings (e.g. cancer screenings, routine checkup), and chronic conditions (e.g. diabetes, cancer, depression). Statewide comparisons would be available for any of the same questions that would be included in this tribal survey and the statewide BRFSS. There is flexibility to add questions that are of interest to tribes. It would take about 25-30 minutes to answer all questions. The survey is administered by telephone.

Who will own the data?

Tribe-specific data would be property of the tribe. The State is only interested in aggregate, state-level data, results for the American Indian population of the State as a whole. **Enter Research Agency Name** could help with analyzing tribe-specific data for tribes that are interested. Data suppression rules (not publishing results that have 6 or fewer respondents) would be followed to ensure confidentiality and anonymity of all participants.

Request for Proposals: Potential Surveying Companies *Template*

REQUEST FOR PROPOSAL

RFP: Enter RFP Number

Issue Date: Select Issue Date

Proposal Due Date: Select Proposal Due Date

Issued by:

Enter Tribe Name or Tribal Agency Name

Enter Tribe's Address

Enter Tribe's Address

Send Proposals to:

Enter Tribe Name or Tribal Agency Name

Enter Tribal Agency Address

Enter Tribal Agency Address

Enter email address for proposals

Name of Project/Project Title: Enter Name of Project

Background Information

Include historical background and supplemental information to give potential surveying companies a sense of the community and tribal structure

Proposal Objective

The intent of this RFP is to solicit competitive proposals for a contractor to conduct a Behavioral Risk Factor Surveillance Survey (BRFSS), data analysis, and reports for Enter Tribe Name or Tribal Agency Name in State/Region.

Scope of Services

Contractor will conduct Enter Name of Project BRFSS phone survey using BRFSS standards and protocols. The Contractor also agrees to meet the Centers for Disease Control (CDC) requirements for conducting this survey as specified in the CDC BRFSS website (<http://www.cdc.gov/brfss/>), including use of a Computer-Assisted Telephone Interview (CATI) system for collecting survey data. CATI software will be supplied by the Contractor at no additional charge to Enter Tribe Name.

The contractor will complete a minimum of Enter Desired Amount of Responses interviews with Tribal community members age 18 and older. The data collection phase includes questionnaire programming, data collection, quota management, quality assurance, ASCII data file, frequency of results, and final disposition of sample. The length of the survey is approximately Enter approximate amount minutes in length. Once the initial

target is obtained, the project officer will evaluate the process with staff to determine whether to continue surveying beyond the **Enter Desired Amount of Responses** initial surveys. Factors that will be considered in making this determination will include interviewers' feedback about the ease or difficulty in completing the surveys, response rates, amount of time taken to complete the initial 600 surveys, projected timeline for additional survey completion, and availability of staff time and resources to continue with this project.

The contractor will procure the survey sample, using the CDC's specifications for the BRFSS, to contact potential survey participants from our target population (**Enter Tribe Name** beneficiaries). Since the data will not be uploaded to the CDC website, **Enter Tribe Name** will pay for the sample acquisition as part of the project initiation fee. The contractor will be required to obtain the most updated list of phone numbers of the community members from the Tribal Government.

The analysis and report phase will include a summary of methodology, key findings, weighted crosstabs or tables, final report, and when applicable comparisons with BRFSS statewide results.

The report will have three parts: part one key findings, part two "standalone" results from the 2016 data and part three will include a comparison of the most recent State BRFSS if applicable.

The deliverables from the Contractor to **Enter Tribe Name** will include data files in both excel and banner tables. All data collected and generated by the Contractor for this project is owned by and the sole property of **Enter Tribe Name**.

The timeline includes conducting the surveys starting in **Enter Month Enter Year** with the final reports due **Enter Month Enter Year**.

Insurance Requirements

The Contractor shall, at its own expense, maintain and carry: Professional Liability Insurance.

References

A minimum of three references with contracts similar in size and scope to this contract shall be included. Each reference should include a contact person, phone number, company name and address.

Contract

The selected contractor will be required to enter into an agreement with **Enter Tribe Name**. The agreement will be for approximately four to eight months. The contract amount and/or duration may be supplemented, if needed, with additional option months and with the agreement of both parties.

Proposal Format and Requirements

1. Project Approach and Understanding: background, purpose, methodology, sample planning and procedures, quality controls, timeline/summary of work plan
2. Cost Estimate: Deliverables, Total Costs to include costs in the following categories: labor, supplies, travel, other

3. Experience: contractor profile, philosophy, meeting timelines, experience, capability, examples of research and references; preference will be given to contractors who demonstrate experience working with Alaska Native & American Indian people specifically Native Elders
4. Key Contact: Provide name, title and contact information for key contact(s).
5. Selected proposals will be invited to participate in an interview which could include a short presentation of the proposal

Terms and Conditions

1. **Enter Tribe Name** reserves the right to reject any and all proposals, and to waive minor irregularities in any proposal or quote.
2. **Enter Tribe Name** reserves the right to request clarification of information submitted, and to request additional information from any proposer.
3. The contract resulting from acceptance of a proposal by **Enter Tribe Name** shall be in a form supplied by **Enter Tribe Name**, and shall reflect the specifications in this RFP. A copy of **Enter Tribe Name's** contract is available for review. **Enter Tribe Name** reserves the right to reject any proposed agreement that does not conform to the specification contained in this RFP, and which is not approved by the Contracting Officer.
4. **Enter Tribe Name** shall not be responsible for any costs incurred by the contractor in preparing, submitting or presenting its response to the RFP.
5. It is the sole responsibility of the **PROPOSER** to assure that they have received the entire Request for Proposal.
6. Prior to the final selection, proposers may be required to submit additional information which **Enter Tribe Name** may deem necessary to further evaluate the proposer's qualifications.
7. **Enter Tribe Name** reserves the right to negotiate with the selected proposer the exact terms and conditions of the contract.
8. **Enter Tribe Name** is under no obligation to award this project to the lowest fee proposal. Evaluation criteria included in this document shall be used in evaluating proposals.

INSTRUCTIONS TO PROPOSERS

The deadline for submission of qualifications is **Select Issue Date**.

Mail-in submittals must be post-marked no later than **Select Proposal Due Date**.

For questions about this RFP, add name of contact on all correspondence.

Deliver three (3) copies of the proposal and one (1) electronic PDF file no later than **Select Proposal Delivery Due Date**:

Enter Key Staff Member's Name Enter Key Staff's Job Title

<Contact information>

Basis for Award of Contract

Proposal Elements Required from Vendors with Weighted Evaluation Factor (100 points). Preference will be given to certified American Indian or Alaska Native Entities that are within 5% of the lowest bid.

Element	Comments	Scoring Guideline*	Score
Qualifications for performing the scope of work, quality control assurance (30)			
Ability to meet specified service requirements (25)			
Cost (25)			
References (20)			
Subtotal			
Preference for Certified Alaska Native or American Indian Entity 5%			
TOTAL			

Anticipated Selection Schedule

The following table presents the planned timeline for major activities associated with this RFP distribution, proposal submission, and proposal evaluation process. Enter Tribe Name reserves the right to change the timetable, including the associated dates and times.

Activity	Date
Distribution of RFP to selected service providers	Select Date - Select Date
Due date for quote	Select Date
Evaluation of proposals	Select Date - Select Date
Anticipated Proposal selection date	Select Date
Finalize questions/Begin survey	Enter Month Enter Year
Compare data/provide final report	Enter Month Enter Year

Expected Contract Period: Select Contract Start Date - Select Contract End Date

Sub-Contract *Template*

Research Agency Letterhead

Research Agency Address

LETTER OF AGREEMENT

This Letter of Agreement (“Agreement”) is made this **Enter date** day of **Enter Month**, **Enter Year** (“Effective Date”) between the **Enter Tribe Name or Tribal Agency Name** with an address of **Enter Tribe’s Address** and the **Enter Research Agency Name** with an address of **Enter Research Agency’s Address** and relates to **Enter Research Agency Department Name** conducting a telephone survey of up to **Enter Number of Adults to be Surveyed** adults from lists of tribal members supplied by the **Enter Tribe Name or Tribal Agency Name**.

Terms and Conditions

A. Definitions

As used in this Agreement, the following terms shall have the following meanings:

1. “Contract Period” is **Enter start date** through **Enter end date**, although the goal is that the field period for the telephone survey will conclude by **Enter final completion date**.
2. “Project” shall mean the description of the project as described in Section B under the direction of **Enter Key Staff Member’s Name**, the representative of **Enter Tribe Name or Tribal Agency Name** and who is identified herein as the Principal Investigator (PI).

B. **Enter Research Agency Name**- **Enter Research Agency Department Name**

Enter Research Agency Department Name shall perform the following work within the Contract Period:

1. Work with **Enter Tribe Name or Tribal Agency Name** to modify the BRFs computer assisted telephone interviewing system (CATI) application to be used for the telephone survey, for us as the **Enter Tribe Name or Tribal Agency Name** Community Survey interview. Modifications will include adding/removing questions selected by **Enter Tribe Name or Tribal Agency Name**, and modifying the introductory script to more explicitly mention that Research Agency **Enter Research Agency Name** is calling on behalf of the **Enter Tribe Name or Tribal Agency Name** to produce data to help the tribal communities monitor and promote health among residents. Provide the PI with a copy of the programmed instrument to review and verify.
2. Obtain approval of the study protocol from the Committee for Research Involving Human Subjects (**Enter Research Agency Name**’s Institutional Review Board) prior to beginning data collection. The average turn-around time for this committee’s review and approval is **Enter Approximate Approval Time**.
3. Pretest the modified BRFs interview instrument among **Enter Research Agency Name or Acronym** staff and provide feedback regarding length and problematic questions to the PI.
4. Develop study-specific interviewer training materials and conduct the training of the interviewers and supervisors that is tribal specific and culturally sensitive.
5. Complete up to **Enter Desired Amount of Responses** modified BRFs telephone interviews with eligible tribal community residents to obtain data on their health practices and health risk behaviors.

6. Output a preliminary copy of the data set quarterly and provide a codebook to the PI to review.
7. Output the text and “other: specify” responses to all such questions at the end of the first quarter of data collection so that coding categories can be devised.
8. When coding categories have been developed, complete coding and data entry for all cases.
9. Edit the data file using the 2004 Edit-Fix program which is used for the state BRFSS, before submission to **Enter Funding Source Name** and **Enter Tribe Name or Tribal Agency Name**
10. Assist **Enter Tribe Name or Tribal Agency Name** with provision of additional information (i.e., Census data) to **Enter Funding Source Name** needed to weight the data.
11. Deliver final datasets (sent via email), codebooks with question wording, responses, and response frequencies, and Statistical Packages for the Social Sciences (SPSS) portable files for the survey within two weeks (10 business days) of completing data collection to **Enter Tribe Name or Tribal Agency Name** Principal Investigator **Enter Key Staff Member’s Name** and **Enter Funding Source Name**.
12. Provide a methodological report (including information regarding response rates, interview length, field dates, sample details, etc.) of the **Enter Tribe Name or Tribal Agency Name** Community Survey.
13. Retain all pertinent financial and accounting records, and all CATI files, data files, and all study deliverables and documentation for five years from completion of contract work.

C. TRIBE OR TRIBAL AGENCY

Enter Tribe Name or Tribal Agency Name shall perform the following tasks within the time frames specified below:

1. Provide consultation with **Enter Research Agency Name or Acronym** staff regarding study specifications, procedures, modifications to the interview and introduction to be implemented, study-specific training, schedule and implementation.
2. Obtain membership lists with current telephone numbers of community members and make it available to **Enter Research Agency Name or Acronym** in EXCEL format at least eight (8) weeks before the end of the Contract Period.
3. Review and revise as necessary drafts of the programmed interview instrument to ensure it fully reflects substantive desires and fits within the budgeted interview length limitations, providing comments for revisions within five (5) business days of receiving copy.
4. Review responses to any open-ended questions and “other: (specify)” responses that may be in the **Enter Tribe Name or Tribal Agency Name** Community-specific interview scripts for which coding may be desired and provide the formulation of coding categories and relevant instructions to address project concerns at least two (2) weeks prior to the end of the Contract Period.

D. Reports and Conferences

1. **Enter Research Agency Name** shall provide information on the numbers of completed interviews to the PI at least every two (2) weeks via email, **Enter Research Agency Name** shall deliver to the PI and **Enter Funding Source Name** a copy of the final study data sets in SPSS portable format

- and frequencies codebooks files within two (2) weeks (10 business days) of the conclusion of the field period, or any early termination of this Agreement.
2. During the term of this Agreement, representatives of **Enter Research Agency Name or Acronym** will meet with **Enter Tribe Name or Tribal Agency Name** representatives at times and places mutually agreed upon to discuss the progress and results, as well as ongoing plans, or changes therein to the Project. The principal contact person for this Project is **Enter Research Agency Key Staff Member's Name** for **Enter Research Agency Name or Acronym** and the PI for **Enter Tribe Name or Tribal Agency Name** is **Enter Tribal Agency Key Staff Member's Name**.

E. Grant of Rights

1. **Enter Tribe Name or Tribal Agency Name** grants **Enter Research Agency Name** the right to submit a brief description of this project (limited to the funding source, survey design and overall participation rate) to *Survey Research*, a newsletter circulated among primarily academic and public policy-related survey research organizations, as a part of **Enter Research Agency Name or Acronym** listing of projects recently conducted.
2. Except as specifically permitted in the Agreement, **Enter Research Agency Name** shall not publish or disclose to any person any data or summary of the results of analysis of data from this **Enter Tribe Name or Tribal Agency Name** survey.

F. Confidentiality and Indemnity

1. **Enter Research Agency Name** shall treat as confidential and shall not disclose all information provided by **Enter Tribe Name or Tribal Agency Name** Community Survey under this Agreement, including, but not limited to that provided under Section C.2, and all information collected on or from individual households under this Agreement. All interviewers, supervisory staff, and project managers at **Enter Research Agency Name** shall pledge in writing to comply with the above obligation. Data will be stored electronically in secured files with access permitted only by authorized **Enter Research Agency Name** staff. Personal identifiers will be dissociated from the data files at the conclusion of the data collection period. Data files processed and delivered to **Enter Tribe Name or Tribal Agency Name** will be stripped of any personal identifiers that might potentially link the data to any specific household. Data files will be transmitted electronically to **Enter Tribe Name or Tribal Agency Name** in encrypted, password-protected form. Data gathered under this agreement will be made publicly available by **Enter Tribe Name or Tribal Agency Name** or its representatives only in aggregate form so that no individual household can be identified.
2. **Enter Research Agency Name or Acronym** shall indemnify and hold **Enter Tribe Name or Tribal Agency Name**, its directors, officers, employees, agents and representatives harmless from and against any and all damages, expenses, liabilities, costs and fees, including attorney fees, arising from any action or claim brought by any third person as a result of the acts or omissions of **Enter Research Agency Name or Acronym** in the performance of this Agreement, including, without limitation, a breach of its obligation of confidentiality as set forth in Section F.1.

G. Costs, Billings, and Other Support

1. **Enter Research Agency Name** shall perform the work described in Section B.1 for a total cost not to exceed the sum of **Enter Contract Payment Amount**. **Enter Tribe Name or Tribal Agency**

Name shall not be obligated to pay Enter Research Agency Name or Acronym any amount in excess of this limitation for performance of the work hereunder. Enter Research Agency Name shall complete the work on a “Fixed Cost,” including Enter Research Agency Name or Acronym’s usual fees for hardware, software, network and administration.

2. Enter Research Agency Name or Acronym will invoice the full amount immediately. Enter Tribe Name or Tribal Agency Name shall make payment to Enter Research Agency Name or Acronym within thirty (30) days of receipt of an invoice. All invoices shall contain Account Number Enter Account Number, and shall be sent to Enter Tribal Agency Key Staff Member’s Name at Enter Tribe Name or Tribal Agency Name, at the following address Enter Tribe’s Address.
3. The money paid by Enter Tribe Name or Tribal Agency Name to Enter Research Agency Name or Acronym shall be expended for the Project in a manner to be determined by Enter Research Agency Name or Acronym for salaries, wages, travel, equipment, supplies, overhead, etc., as may be reasonably necessary to carry out said Project. Enter Research Agency Name or Acronym shall provide Enter Tribe Name or Tribal Agency Name an accounting of funds spent during or at the conclusion of the Project.
4. Enter Research Agency Name or Acronym shall retain title to any equipment and supplies purchased with funds provided by Enter Tribe Name or Tribal Agency Name under this Agreement.
5. Upon termination of this Agreement, Enter Tribe Name or Tribal Agency Name shall pay Enter Research Agency Name or Acronym for all costs incurred up to the date of termination, subject to the total cost limit stated in Section G.1.

H. Control of Data

1. The final data sets will remain the property of and under the control of Enter Tribe Name or Tribal Agency Name.
2. Upon notification from the PI or Enter Funding Source Name that there are no outstanding questions or issues regarding the data sets, Enter Research Agency Name or Acronym will remove all files directly related to this data collection and shall not retain archival copies of study materials as is customary. Enter Research Agency Name or Acronym accepts no responsibility for the inability to recover any missing information sought by Enter Tribe Name or Tribal Agency Name or Enter Funding Source Name after the destruction of Enter Research Agency Name or Acronym’s copies of the study files.
3. Enter Tribe Name or Tribal Agency Name acknowledges that the number of interviews completed under this Agreement is limited by the number of individual households represented on the tribal membership lists supplied by Enter Tribe Name or Tribal Agency Name to Enter Research Agency Name or Acronym, the accuracy of phone contact information supplied on the lists, and the level of cooperation of the individuals in the households represented on the lists. Enter Research Agency Name or Acronym shall use its best efforts to conduct telephone surveys of Enter Number of Adults to be Surveyed adults from the lists supplied, but shall not be responsible for a failure to do so as a result of the foregoing.

I. Term and Termination

1. This Agreement shall become operative on the Effective Date and shall continue in effect for the full duration of the Contract Period unless sooner terminated in accordance with the provisions

of this Agreement. Notwithstanding the foregoing, either party may terminate this Agreement, without liability, upon at least thirty (30) days prior written notice to the other party. In addition, if PI becomes unable or unwilling to continue the Project, and a mutually acceptable substitute is not available, **Enter Research Agency Name or Acronym** or **Enter Tribe Name or Tribal Agency Name** shall have the option to immediately terminate this Agreement without liability.

2. In the event that either **Enter Tribe Name or Tribal Agency Name** or **Enter Research Agency Name or Acronym** commit a material breach of this Agreement, and fail to remedy such breach within ten (10) days after receipt of written notice thereof, the non-breaching party may, at its option and in addition to any other remedies which it may have at law or in equity, terminate this Agreement by sending notice of termination in writing to the breaching party, and such termination shall be effective as of the date of the receipt of such notice.
3. Upon the giving, or receiving, of any notice of termination as authorized above, both parties shall make all reasonable efforts to end expenditures under this Agreement during the notice period. If **Enter Tribe Name or Tribal Agency Name** has provided Project funds in excess of **Enter Research Agency Name or Acronym's** expenditures, **Enter Research Agency Name or Acronym** shall return such excess to **Enter Tribe Name or Tribal Agency Name**.

J. Miscellaneous

1. All notices permitted or required under this Agreement shall be sent via first class mail, postage prepaid and addressed as follows:

If to Enter Research Agency Name or Acronym Name: Enter Research Agency's Address Enter Research Agency's Address	If to Enter Tribe Name or Tribal Agency Name: Enter Tribe's Address Enter Tribe's Address
---	---
2. This Agreement shall only be amended in a writing signed by an authorized representative of **Enter Tribe Name or Tribal Agency Name** and **Enter Research Agency Name or Acronym**; shall not be assigned or delegated by either **Enter Tribe Name or Tribal Agency Name** or **Enter Research Agency Name or Acronym** without the written consent of the other party; and shall be governed and construed in accordance with the laws of the State of **Enter State Name**.

The parties have made this agreement operative as of the Effective Date set forth above.

Enter Key Staff's Job Title, Enter Tribe Name or Tribal Agency Name	Date
Enter Key Staff's Job Title, Enter Tribe Name or Tribal Agency Name	Date
Enter Key Staff's Job Title, Enter Research Agency Name or Acronym	Date

Data Sharing Policy *Template*

The **Enter Tribe Name or Tribal Agency Name** occasionally collects various data on Native Americans upon the request of the individual tribes or on behalf of a funder. Funders may request this data for overall program evaluation and to assess trends, while tribes may request this data to better understand the prevalence of certain behaviors, evaluate and advance programs, and utilize data for funding rationales. Ensuring proper access to these data to the project partners, stakeholders and the public in general is important for carrying out the project activities efficiently as well as keeping the vital commitment to protecting confidential tribal information. Therefore a clear data sharing policy for facilitating access to data and their responsible use was felt necessary. This document provides policy guidelines for sharing different types of data acquired or generated by the project and the responsibilities of the custodians and users of data.

1. **Enter Tribe Name or Tribal Agency Name** may only collect **Enter Tribe Name** Native American data with the explicit permission from the participating tribe. All collected confidential information/data is subject to the Federal Privacy Act.
2. **Enter Tribe Name or Tribal Agency Name** may use aggregate (combined) tribal data that was collected by the **Enter Tribe Name or Tribal Agency Name** as long as it meets each of the following conditions:
 - The data must be combined (aggregate form) so that no one individual tribe may be identified.
 - Any written product (article, grant, press release, newsletter), may not list the names of the participating tribes, nor may it list any identifying information of any tribal participant without the express written permission from that tribe.
 - Reports required by the funder may report on the collected data in aggregate form. These reports may list the names of the participating tribes but will not ever list any identifying information of any individual tribal participant.
 - The purpose of the data usage must be for the benefit of **Enter Tribe Name or Tribal Agency Name** or tribes in the nation.
 - If necessary, a data sharing agreement may be created based on the needs and outcomes of the requested project.
3. Any outside agency that make requests to use the aggregate (combined) data that was collected by the Research Agency must do so in writing and include a statement of how the data is to be used, a list of users, and a description of how confidentiality will be maintained. The requests must be submitted to the **Enter Tribe Name or Tribal Agency Name Enter Key Staff's Job Title**. If necessary, a data sharing agreement may be created based on the needs and outcomes of the requested project
4. Any outside agency, including the funder, may not use any individual tribe's data that was collected by the Tribal Agency, without written permission from that tribe. The request must include a statement of how the data is to be used, a list of users, and a description of how confidentiality will be maintained. All requests must be approved by the individual tribal Health Director or designated tribal leader. If necessary, a data sharing agreement may be created based on the needs of the requested project.
5. Any data records obtained for Tribal Agency projects by Tribal Agency or by contractors assigned to data analysis are the property of Tribal Agency and are to be protected from uses other than those for which they were collected and be accessible only to those assigned to the project. Individual survey participant names will always be separated from datasets and will never be disclosed. At the completion of the project contractors assigned to the project will remove all files directly related to the data collection and shall not retain archival copies unless requested by Tribal Agency.

Data Agreement with State BRFSS Datasets *Example:*

Below is a scanned copy of the agreement between the State of Alaska and the SouthEast Alaska Regional Health Consortium to obtain datasets for the Alaska BRFSS.

When seeking data from a state BRFSS, contact the Health Department within the state to get appropriate contact information and processes for requesting BRFSS data. Each state has different protocol, which may vary from writing a letter of request to completing standardized forms (as shown below).

<p align="center">Alaska Behavioral Risk Factor Surveillance System (BRFSS) DATA REQUEST AND RELEASE</p> <p>FORM Program or Project Name: Southeast Alaska BRFSS</p> <p>Contact Person: Name: Nancy Eagan</p> <p>Additional Authorized Users: Name: Anthony Salisbury Name: Rachel Austen Name: Edy Rodewald Name: Martha Pearson Name:</p> <p>Data Requested: Please specify years and geographic variables: We would like to have a data file containing the 2013 AK state BRFSS datasets.</p> <p>I do <input type="checkbox"/> / do not <input checked="" type="checkbox"/> want to receive comparable data sets for future years as they become available.</p> <p>Proposed Use of Data and Methods of Analysis: [Include justification for geographic variables other than BRFSS regions and Alaska Public Health Regions (labor market areas)]</p> <p>In order to better understand the needs of the communities it serves, Southeast Alaska Regional Health Consortium (SEARHC) hired Pacific Market Research to conduct a BRFSS survey of Southeast Alaska using methodologies outlined for the national BRFSS.</p> <p>As in previous years, SEARHC would like to obtain the state's data in order to compare it with the Southeast Alaska survey results.</p> <p>[Attach additional sheets as necessary] Please turn page over</p> <p>Alaska BRFSS Data Request and Release Version 201404</p>
--

<p>The undersigned investigator agrees to the following with respect to BRFSS datasets:</p> <ol style="list-style-type: none">1. I will not use, and will not permit others to use, the data in these datasets in any way other than for statistical reporting and analysis;2. I will not release these datasets or any data contained therein, in whole or in part, to any other person without the written approval of the Alaska Division of Public Health;3. I will acknowledge the Alaska Department of Health and Social Services, Division of Public Health and the Centers for Disease Control and Prevention as the original source; and4. I will secure these data according to procedures and security requirements of the Health Insurance Portability and Accountability Act (HIPAA) in the following ways: a) access to data will be limited to the individual(s) identified in this data release form and b) transmitted using secure methods (e.g. YouSendIt).5. In publications, presentations and communications in which I refer to these data I will include a disclaimer that expressly credits any analyses, interpretations or conclusions reached to the author(s), and not to the Alaska Division of Public Health or the Centers for Disease Control and Prevention, unless prior authorization is obtained.6. I understand that the State of Alaska is not liable for any harm or injury that may be suffered as a consequence of any inaccurate information obtained through this request.7. I will send any product for general dissemination that includes these data to the BRFSS Coordinator or Chronic Disease Epidemiologist prior to publication. I will also allow the BRFSS Coordinator, Chronic Disease Epidemiologist, or CDPHP staff member designated by the BRFSS Coordinator fifteen working days to comment on the findings within the publication.	
E-signature: Investigator	Date: 1/1/
Street address: 3245 Hospital Drive	Phone: 907-364-4454
City, State, Zip Juneau, AK 99801	Fax:
Email:	
Approved:	
Alaska BRFSS Coordinator	(Date)
<p>Please return completed form to:</p> <p>Rebecca W. Topol, SM Research Analyst IV Health Survey Laboratory Manager & BRFSS Coordinator Section of Chronic Disease Prevention and Health Promotion Alaska Division of Public Health PO Box 110614 Juneau, AK 99811-0614 Phone: 907.465.8540 Fax: 907.465.2770 Rebecca.wells@alaska.gov</p>	
Alaska BRFSS Data Request and Release Version 201404	

Cultural Presentation to Surveying Company *Example*

In the following pages, handouts from an *example* cultural dialogue training can be noted and utilized. If, however, information is used from this example, please credit the individuals listed at the end of the presentation slides. Additionally, this video playlist will help give some additional insight into Native American history, and also give further insight into cultural speech patterns may be presented when speaking with community members: https://www.youtube.com/playlist?list=PLn50TioutsuYaKSNFS67m03fP_TzXfdr1

Example Tribe BRFSS & Cultural Dialogue

Communicating Effectively

All cultural groups have unique patterns of speech

The English language has many dialects

Communication distortion

Values in communication

Long Pause

All cultural groups have unique patterns of speech

... there may be a long pause between the moment at which you end your question and the moment when the participant responds

- ✓ *The long pause will be very noticeable*
- ✓ *Take a slow count of 5 to help pace yourself*

Reservation Dialect English

The English language has many dialects

ex: Boston English, Texas, New York

American Indians/Alaska Natives

- ✓ Many under the age of 55 speak Standard English and/or Reservation Dialect English
- ✓ Some AI/AN elders speak only Reservation Dialect English

Slow Speaking

All cultural groups have different paces of speech

- ✓ Some AI/AN speak at a pace much slower than that to which you are accustomed
- ✓ They may respond with a long pause between phrases
- ✓ Be patient and take your time in listening to slow-speaking people

Communication and Behaviors

In other cultures, interjecting affirmatives is encouraged (ex: "Walking on Words")

- ✓ Walking on words (speaking at the same time) is disrespectful
- ✓ The long pause may lead to a misunderstanding
- ✓ Thinking your question was not heard, you may repeat it just as participant responds: **walking on words**
- ✓ The participant may stop speaking because either they are offended or they may have offended you

Trust Issues

Model respect

Stay open, genuine & honest

Value questions

Avoid judgment

Eliminate negative communication

Respectful Communication

Remember every AI/AN is different with different life experiences:

- urban vs. rural
- reservation vs. non-reservation
- traditional vs. non-traditional
- beware of stereotypical (“Hollywood”) views of AI/AN

Tips

Do ensure confidentiality

Do show respect to the caller

Do demonstrate patience

Don't assume all American Indians have the same beliefs

Don't pressure the caller to answer quickly

Don't be surprised if the caller is not forthcoming about themselves

A Final Word

American Indians, like people of other origins, have vast experiences which affect the individual to various degrees and levels.

Author Acknowledgement

Sections of this presentation were written by:

Delight E. Satter, M.P.H. and Andrea Veiga-Ermert, UCLA Center for Health Policy Research

With guidance from:

Linda Burhansstipanov, M.S.P.H., Dr.P.H., C.H.E.S., and Terrie Restivo, Native American Cancer Institute

As part of the California Health Interview Survey Project.

Questions?

Miigwetch!
(Thank you!)

BRFSS Opening Script *Template*

Below are examples of opening and additional scripts to give an orientation to both tribes and research agencies as to what would be informative yet succinct in

CONFIRMING PHONE NUMBER AND ESTABLISHING HOUSEHOLD STATUS

Hello, I'm _____ and I am calling on behalf of the **Enter Tribe Name**. I am calling from the **Enter Research Agency Name**. We are gathering information about the health and health practices of Native Americans to help improve health programs. Your telephone number was identified as having at least one Registered **Enter Tribe Name** adult member. To make sure that I have reached the right household, is there someone in the household who is part of **Enter Tribe Name**?

INTRODUCTION OF STUDY TO ADULT INFORMANT

We're doing a study of the health practices of Native American residents related to heart disease, diabetes, cancer, and other important health issues. We would like an adult in your household who is a registered member of the **Enter Tribe Name** to participate in a voluntary, one-time telephone interview. To determine who this should be, I need to know the number of men and women who live in your household who are registered members of the [fill tribe] tribe.

READ IF THE INFORMANT WAS NOT THE RESPONDENT

Hello, I'm _____ and I am calling on behalf of the **Enter Tribe Name**. I am calling from **Enter Research Agency Name**. We are gathering information about the health and health practice of Native Americans to help improve health programs. Your telephone number was identified as having at least one registered **Enter Tribe Name** adult member. This study is about the health practices of Native American residents related to heart disease, diabetes, cancer, and other important health issues. And you are the adult in your household chosen randomly to be interviewed?

Community Outreach Letter/Newsletter Article *Template*

The [Enter Tribe Name or Tribal Agency Name](#) along with the [Enter Research Agency Name](#) are conducting a personalized phone survey. This survey is called the Behavioral Risk Factor Surveillance Survey (BRFSS) and it will take place from [Click here to select Start Date](#) through [Click here to select End Date](#). You may be randomly selected to participate.

The objective of the survey is to collect accurate, tribal-specific data on preventive health and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases within the [Enter Tribe Name](#)'s adult population. The survey is also part of an ongoing effort to assure tribal members throughout your State have fair representation in health status data collection.

We realize that phone surveys may be inconvenient but if you are contacted, we ask that you do not hang up and that you stay on the line and complete the phone survey on behalf of yourself and your fellow tribal members. The survey is completely anonymous and no one will ever be able to identify you from your responses. Your name or address will never be known.

The information from the surveys will provide many valuable benefits to the [Enter Tribe Name](#). The data will be useful when applying for grants, starting new health programs and activities, and in determining how tribal health care systems are working. We greatly appreciate your valued time and assistance in this project.

For more information, please contact [Enter Key Staff Member's Name](#), [Enter Key Staff's Job Title](#) at [Enter Key Staff's Agency Name](#) at [Enter email address for Key Staff Member](#) or [Enter Phone Number for Key Staff Member](#).

Letter to Potential BRFSS Participant *Template*

Select Date

Hello,

This letter is to give you information about a survey that is taking place among **Enter Tribe Name**. **Enter Research Agency Name** is in the process of conducting a personalized survey called the Behavioral Risk Factor Surveillance System (BRFSS) among the **Enter Tribal Community** as part of the **Enter Program Name**. This survey is being conducted through **Enter Research Agency Name** and their **Enter Research Agency Department Name**. In the past, Native Americans have been underrepresented in such surveys; this survey will give a more accurate and fair representation.

This BRFSS for our tribal community is possible through sponsorship by **Enter Funding Source Name**. It's a randomized telephone survey that estimates health characteristics among the adult population, 18 years or older. The objective of the BRFSS is to collect information about preventive health practices and risk behaviors that are linked to chronic diseases and injuries in the adult population. For example, one question over the phone may sound like this: "Have you ever been told by a doctor that you have diabetes?"

We will work with your Tribe/Tribal Agency to create a list of all adults who may participate in the survey through a phone survey. We will not ask for names or addresses; we will destroy all phone numbers after the survey and all information from the caller is confidential. The **Enter Tribe Name or Tribal Agency Name** will also work with and train the Research Agency interviewers to be culturally appropriate and sensitive over the phone.

The benefits of your participation will be valuable! The data from the BRFSS will be very useful in applying for grants, requesting funds, starting new health programs, and to determine the effectiveness of existing programs. The BRFSS information will give your Tribal community a better idea of the community smoking rates, diabetes rates, exercise and nutrition habits, and many other health risk behaviors. The full BRFSS report will be presented to each participating agency upon its completion.

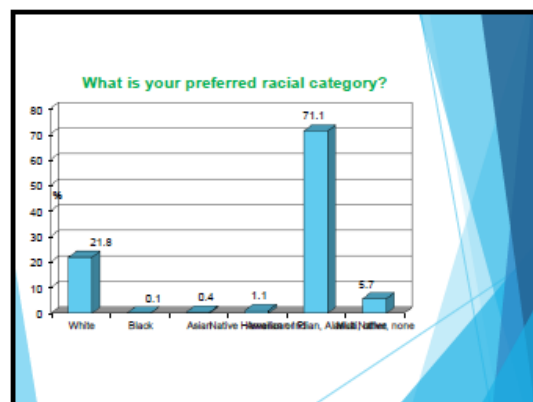
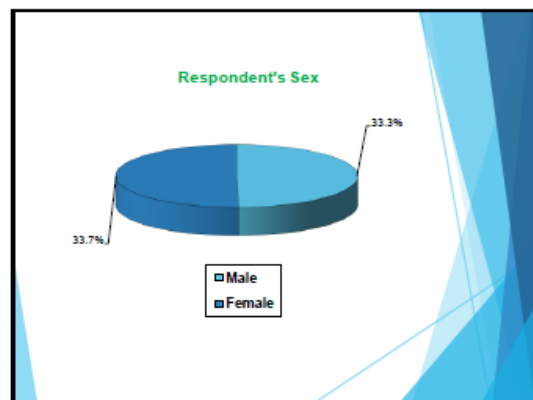
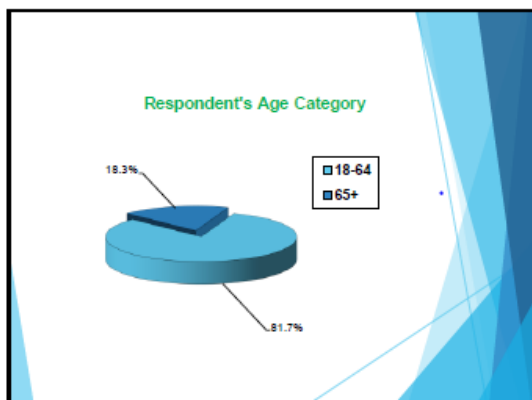
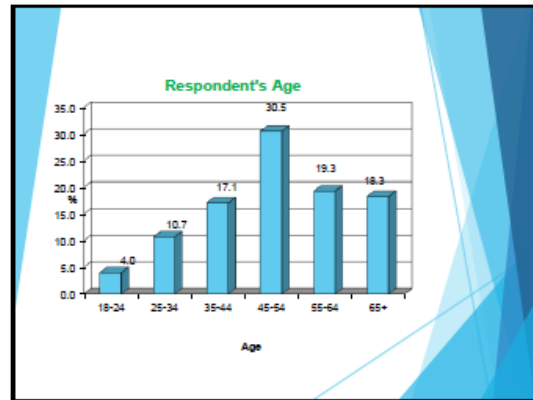
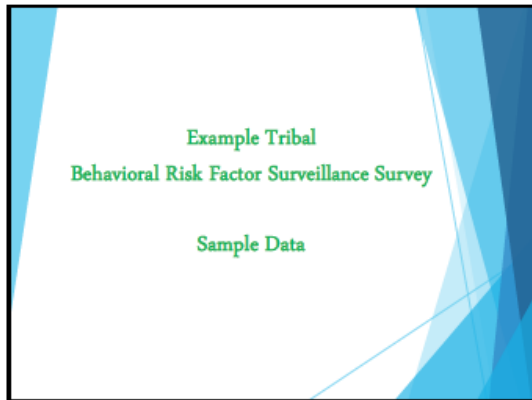
For more information, please contact **Enter Key Staff Member's Name**, **Enter Key Staff's Job Title** at **Enter Key Staff's Agency Name**.

Thank you for your contribution to this exciting project!

Enter Key Staff Member's Name

BRFSS Data Presentation Example

Below is an image with parts of an *example* presentation breaking down the numbers after the completion of surveillance and compiling data. Be sure to take into account the wide caliber of audience members that this data presentation might reach, and be sure to package and present the information so that it is easily understood by individuals who are not involved with statistics or public health data breakdown (even incidentally).





WHAT IS THE NATIONAL NATIVE NETWORK?

The National Native Network is a network of Tribes, tribal organizations, and tribal-serving programs across the U.S. working to decrease the burden of cancer and commercial tobacco health disparities in American Indian and Alaska Native (AI/AN) communities. The Network is funded by the U.S. Centers for Disease Control and Prevention and administered by the Inter-Tribal Council of Michigan, with the following partner agencies: California Rural Indian Health Board, Great Plains Tribal Chairmen's Health Board, and SouthEast Alaska Regional Health Consortium.

WHAT WE DO

The National Native Network seeks to serve all 567 federally recognized Tribes, 68 state recognized Tribes, urban AI/AN communities, and tribal-serving agencies with training, resources, and technical support for AI/AN cancer and commercial tobacco use prevention and control efforts.

PROVIDE CULTURALLY RELEVANT, EVIDENCE BASED TRAINING, TOOLS, AND TECHNICAL ASSISTANCE

We conduct free training and technical assistance informed by science and cultural relevance, including webinars, in-person trainings, and presentations. We offer an online repository of culturally appropriate and evidence based cancer and tobacco resources, including tribal success stories and tribal data toolkits.



DEVELOP AND STRENGTHEN PARTNERSHIPS TO REMOVE BARRIERS

We facilitate partnerships among tribal, federal, state, and local agencies in an ongoing effort to build synergy among existing programs. We collaborate to promoting effective, culturally appropriate, and evidence-based strategies, identify/ fill gaps, and remove barriers to cancer care in Indian Country.

SUPPORT AND IMPLEMENT TRIBAL PUBLIC HEALTH POLICIES

We support public health policy development, implementation, and evaluation among partners, Tribes, and tribal, national, state, and local organizations through trainings, online tools, technical assistance, and direct support. The online Commercial Tobacco Smoke Free Tribal Policy Toolkit includes example tribal policies from across the U.S. and resources for planning, implementing, and evaluating tribal policies.

LEVERAGE MEDIA TO INCREASE AWARENESS AND DELIVER CULTURALLY APPROPRIATE HEALTH MESSAGES

Our website reaches over 4,400 users, from all CDC regions of the U.S. and 86 other countries. Our social media accounts reach over 3,135 individuals and tribal programs across all CDC regions of the U.S. We create and disseminate bi-monthly newsletters, fact sheets, white papers, success stories, and other publications to a list serve of over 800 tribal and public health professionals across the U.S. Partner agencies maintain unique websites, social media, and electronic outreach, promoting regional awareness of AI/AN health disparities and resources available.

WHY THIS WORK IS IMPORTANT

AI/AN populations face inequities in cancer incidence and mortality. Culturally competent strategies for health systems interventions and evidence-based resources, increased program evaluation and documentation of proven and promising practices, and increased collaboration among tribal, national, state, and local agencies are needed to address these disparities.

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KeepItSacred.org

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