

## California Tribal Epidemiology Center

CTEC Evaluation Summary Report











April 2014



## CTEC Evaluation Summary Report

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## **TABLE OF CONTENTS**

Summary	1
Background and Purpose	1
Methods	2
Results	2
Familiarity and Confidence in CTEC	4
Value of CTEC Services and Resources to Participants' Organization	5
Future Need of CTEC Resources and Services	7
Preferred Method to Receive Information	8
Discussion	9
References	10
Appendix	11
Evaluation Survey Tool	11



## **SUMMARY**

The California Tribal Epidemiology Center (CTEC) was established in 2005 to improve the health of American Indian and Alaska Natives (AIAN) in California by assisting in the collection and interpretation of health information. The CTEC evaluation will allows us to learn how we can improve the resources and services we provide to AIAN communities. The survey was distributed to Indian Health Program (IHP) directors, health program staff, health board members, tribal council members, and community members. The goal was to gather information from each IHP in California.

The survey contained various questions related to the understanding of CTEC, the value of CTEC resources and services, and about future needs. There were a total of 49 surveys collected from October 2013 to February 2014 with participants from 85% (n=34) of IHPs and Health Program Directors from 78% (n=31) of IHPs.

Many of the participants understand the mission and purpose of CTEC and are familiar with our resources and services. Additionally, participant's trust CTEC and felt that our resources and services are valuable to them and their health programs. Participants reported that there is continued need for our resources and services, especially a high need for funding awards for small projects and trainings and data information in fact sheets and reports. Some participants requested further education on CTEC to help them better understand how we can better serve them. The findings from this survey will be used to guide our future work, including but not limited to grant development, strategic directions, internal capacity building and technical assistance.

CTEC would like to thank all who took the time to complete the evaluation survey. This information assists us in continuing to provide effective resources and services that address the needs of American Indians and Alaska Natives residing in California.

## BACKGROUND AND PURPOSE

CTEC is one of 12 tribal epidemiology centers throughout the country with the goal to improve the health of AlANs by providing timely and accurate health information. We serve the entire state of California which has 109 federally recognized tribes and the largest population of AlANs in the country with a population of 723,225.1,2 In addition, there are 32 tribal health programs and 8 urban Indian health programs in California that serve over 140,000 patients.<sup>3</sup> An evaluation of CTEC is necessary to ensure that our resources and services are meeting the current and future needs of IHPs and tribal communities throughout California.

To identify areas of improvement for the resources and services that we provide to AIAN communities, CTEC sought input from health program directors, health program staff, health board members, tribal council members, and community members. Input was gathered through a survey that inquired about the participant's trust in CTEC, the usefulness and awareness of services provided, and about the organization's future needs from CTEC. Our main survey participants were health program directors in California as they are our partners and the most frequent users of CTEC resources and services. The findings from this survey are used to guide our future work, including strategic directions, internal capacity building, grant development and technical assistance. Additionally, CTEC will share the aggregate results with IHP Executive Directors, Indian Health Services, the CTEC Advisory Council and the California Rural Indian Health Board's Board of Directors.



### **METHODS**

The evaluation was adapted from the Urban Indian Health Institute's needs assessment survey with feedback from CRIHB staff. CTEC gathered the survey in three different ways: paper copies were distributed at the October 2013 CRIHB Board of Directors Meeting, an online survey (SurveyMonkey Inc., Palo Alto, California, USA) link was emailed to the health program directors, and health program directors were given the option of conducting the survey over the phone. Health program directors were considered a "nonparticipant" after failing to respond to follow up phone calls (3) and emails (7).

Participants were asked to rate their agreement with various statements to gauge for their familiarity, trust and opinion about the effectiveness of CTEC. The rating scale included "Strongly Agree", "Agree", "Neutral", "Disagree", and "Strongly Disagree". In the data analysis, the "Strongly Agree" and "Agree" ratings were combined and the "Disagree" and "Strongly Disagree" ratings were combined while the "Neutral" rating was left alone. Participants were also asked to rank how valuable specific CTEC services are to their organization using the rating scale "Extremely Valuable", "Somewhat Valuable", "Somewhat Valuable", and "Not Aware of this Service". In this case, the "Extremely Valuable" and "Somewhat Valuable" were combined and the "Somewhat Not Valuable" and "Not At All Valuable" were combined while the "Not Aware of this Service" was left alone. Additionally participants were asked to rate their organization's future needs for specific CTEC services using the rating scale "High Need", "Moderate Need", "Low Need", and "No Need". A free response option was provided after each of the questions to ensure that participants were able to provide additional information. Participant characteristics, such as: associated Indian Health Program or clinic and their community status (health board member, tribal council member, Indian Health Clinic or program staff, community member, other) were also collected to ensure we could determine if we received surveys from all IHPs.

The paper and telephone surveys were data entered into SurveyMonkey along with online survey participants. For each question, SurveyMonkey calculated percentage responses in each answer category and non-responses were excluded from analysis. The results are displayed for all participants and separately for health program directors because directors are the most frequent users of CTEC resources and services.

## **RESULTS**

There were a total of 49 surveys collected from October 2013 to February 2014. Of the surveys, 28 were collected online through SurveyMonkey, 20 paper copies from the October CRIHB Board Meeting, and one telephone survey. Manual data entry was performed for the 20 paper copies and the one telephone survey. A total of 46 surveys were considered complete with all the questions answered while three were incomplete with participants skipping a nonfree response question completely or skipping a rating within a non-free response question. Of the participants, 63% were Health Program Directors which were our main focus (figure 1). The Health Program Directors are from 78% of (31 of 40) Health Programs in California (figure 2).

Figure 1. Participant Characteristics

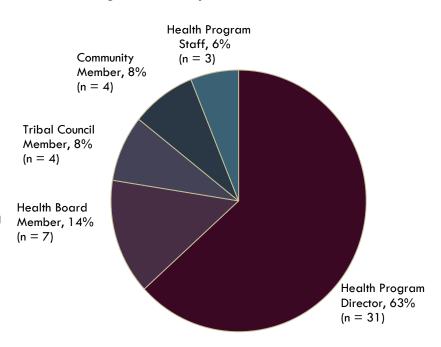
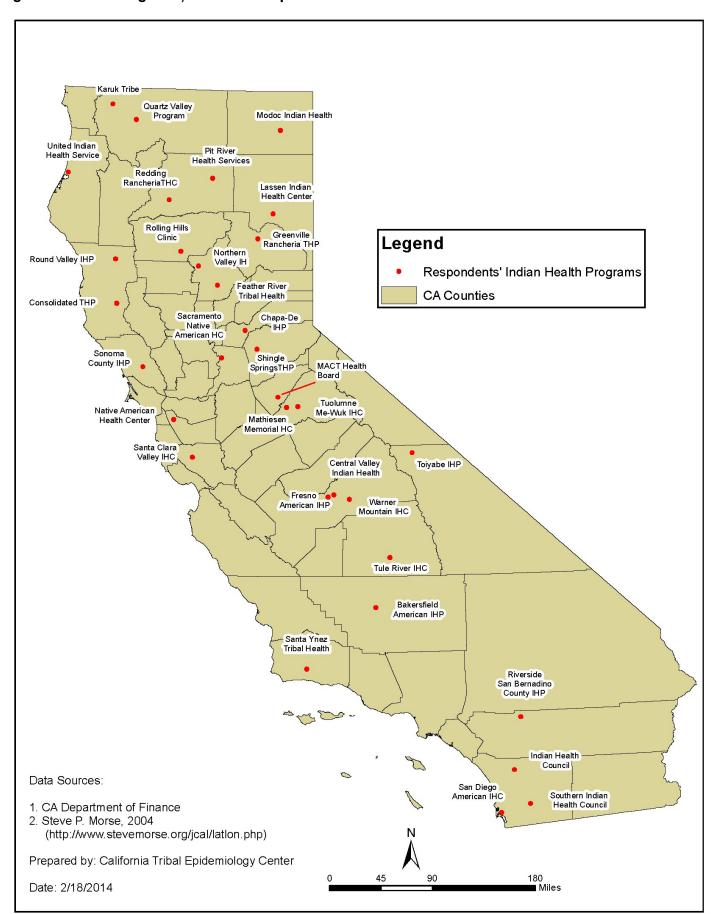




Figure 2: Health Programs/Clinics Participated



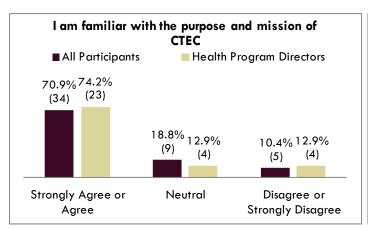


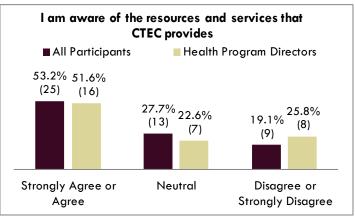
#### **Familiarity and Confidence in CTEC**

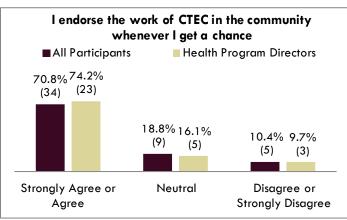
The majority of participants, including health program directors strongly agreed or agreed that they are familiar with the purpose and mission of CTEC (70.9%), aware of the resources and services that CTEC provides (53.2%), endorse the work of CTEC in the community whenever they get a chance (70.8%), think that CTEC provides quality information (75.0%) and consider CTEC a trusted source (Figure 3). The only rating that did not receive a majority "Strongly Agree" or "Agree" was CTEC's ability to respond effectively to technical assistance needs in which 43.8% of all participants and 48.4% of health program directors gave it a neutral rating.

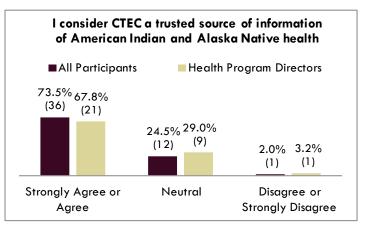
There were 11 open-ended responses to the question "is there anything else you would like to add about your trust in CTEC?" Of those 11 responses, 2 commented on needing more education on CTEC to improve trust while the rest of the responses expressed additional praise for our work.

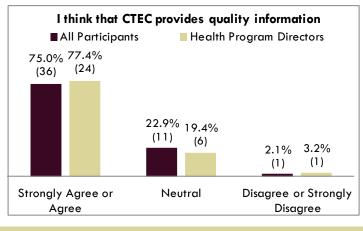
Figure 3: Familiarity and Confidence in CTEC (All Participants vs. Health Program Directors)

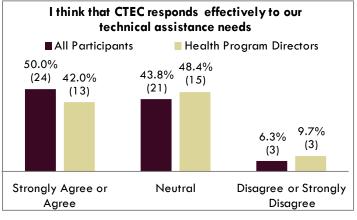
















#### Value of CTEC Services and Resources to IHPs:

The majority of participants felt that most of our resources and services were either "extremely valuable" or "somewhat valuable". In comparison, a large percentage of our health program directors were unaware of our resources and services such as technical assistance (54.8%) and in-person trainings (45.2%). The "data or information in our fact sheets" was the highest rated "somewhat or extremely valuable" resource for all of the participants (74.5%) and for health program directors (67.8%). The results for all participants and health program directors are shown in Figure 4 and Figure 5.

There were 19 participants who answered the open-ended question; "Is there anything else you would like to add regarding the value of CTEC services?" Nine participants (18%) mentioned not being aware of CTEC and would be interested in learning more.

Figure 4: Value of CTEC resources and services to IHPs (all participants)

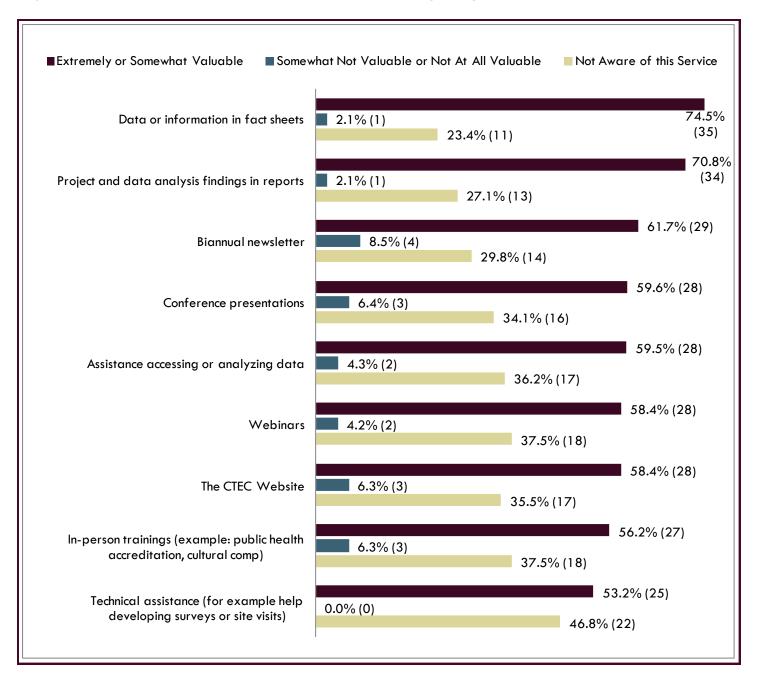
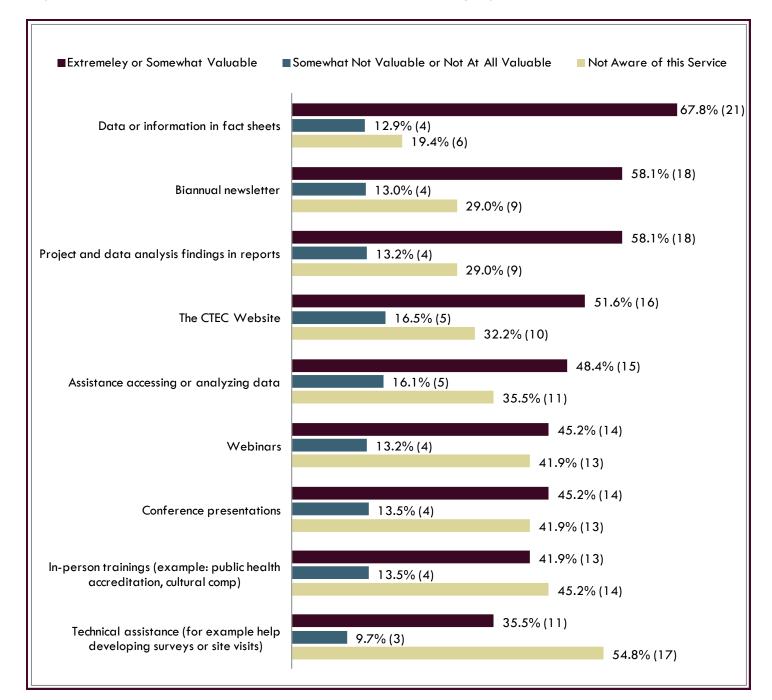




Figure 5: Value of CTEC resources and services to IHPs (health program directors)





#### Future Need of CTEC Resources and Services

The majority of all participants (63.8%) including health program directors (60.0%) gave the most "high need" ratings for "funding awards for small projects and trainings". The service that received the highest rating of either "low need" or "no need" among all of the participants is "assistance analyzing clinical data" while health program directors gave those ratings to "assistance evaluating your program services". Figure 6 shows the results for all of the participants and Figure 7 shows the results for the health program directors only. The responses vary slightly between health program directors and all participants, although it is consistent that data and data analysis are also a high need.

Figure 6: Future Need of CTEC Services and Resources (All Participants)

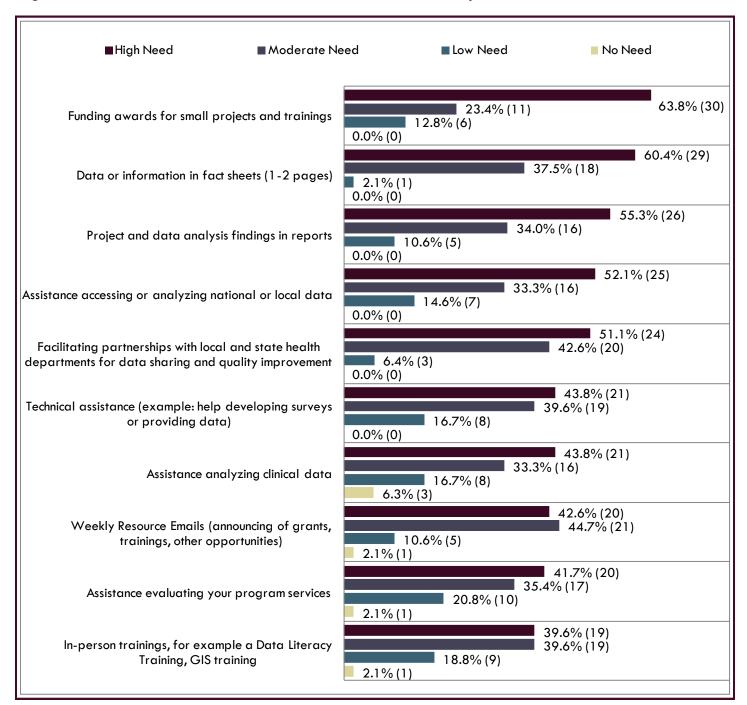
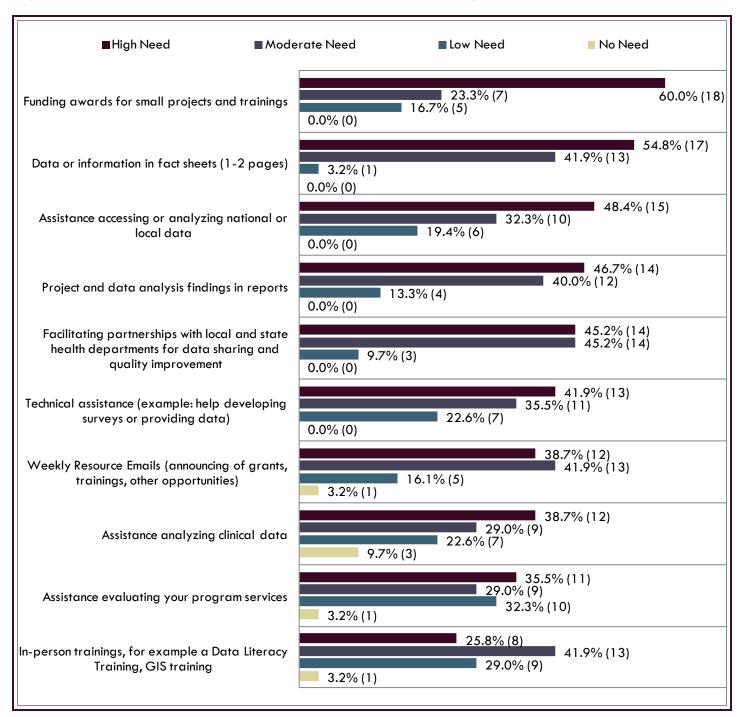




Figure 7: Future Need of CTEC Services and Resources (Health Program Directors)



Qualitative responses to "Is there anything else you would like to add regarding your organizations future needs for CTEC services?" were completed by four participants. All of the participants asked for more data services such as data analysis, cancer research data specific to their county, and our Tribal Behavioral Risk Factor Surveillance System survey data.





#### **Preferred Method to Receive Information**

The majority of all participants (61.7%) including health program directors (67.7%) stated a preference to receive information through personal email. There were two responses for the "another way of communicating" answer choice in which one participant preferred not to receive any information through the telephone and the other person stated it depended on the relevance of the data. The results comparing all participants to health program directors are shown in Figure 8.

■ Health Program Directors ■ All Participants 67.7% 61.7% (21) 61.3% (29)(19)54.8% 51.1% (17)(24)42.6% (20)34.0% 29.0% (16) 27.7% 25.8% 25.5% (9) (13) 22.6% (8)(12)(7)4.3% 6.5% 2.1% (1) 0.0% **Email List** Hard Copy Webinar Personal Email In-person Download I would prefer Another way Presentation Presentation from the CTEC Serve not to receive of Website information communicating

Figure 8: Preferred Method to Receive Information

One final qualitative question was asked for additional feedback on how CTEC could best meet the needs of their organization, which generated responses from 6 participants. Participants sought more information on CTEC (4), more relevant research (1), and more attention to their specific health program (1).

## **DISCUSSION**

CTEC received mostly positive input from community members and health program directors. Most of the participants trust and are aware of the purpose and mission of CTEC. The results suggest that CTEC has been providing valuable resources and services and should continue its efforts in providing information in fact sheets, publishing data analysis in reports, and producing the bi-annual newsletters as those were rated as the top three most valuable resources to health program directors.

There were various areas of improvement identified. The results strongly suggest that CTEC should improve our outreach efforts to health program directors, as many of them were unaware of the resources and services that we provide. Since a majority of the participants were unaware of some of our technical assistance services, it could explain the "neutral" rating for CTEC's ability to respond effectively to technical assistance needs. Future outreach strategies should include sending information to the health program directors through personal emails, email listserve, and webinar presentations as those were their top three preferred methods. Furthermore, the results suggest that there is a continued need for CTEC services in the

from CTEC

(please specify):



future. CTEC will prioritize finding funding awards for small projects and trainings as that was the rated as the highest need among all participants.

#### Recommendations:

The need for more education on CTEC resources and services to help build awareness and trust of CTEC was identified. To address this, CTEC will be doing the following:

- Routinely updating the website with current information on our projects and have our factsheets and reports available for download.
- Making more presentations at community meetings, conferences, and health programs to ensure that people are aware of our resources and services.
- Continue sending information such as our factsheets, reports, health briefs, and newsletters to personal emails and through our email listserv as those were identified as the preferred way to receive information.
- Updating our brochure to include a description of our resources and services.
- Include a description of the relevance of information being sent to the health program.

CTEC will address the need of funding awards for small projects and trainings by:

- Continue emailing relevant funding announcements such as mini-grants to health program directors.
- Expand partnering with health programs on grants which in turn could potentially help health programs fund staff.

### REFERENCES

- 1. California Tribal Communities: Judicial Council of California / Administrative Office of the Courts, 2014
- 2. U.S. Census Bureau, 2010 Census
- 3. California Area Indian Health Service About Us. Rockville, MD Indian Health Service



# **APPENDIX**

**Evaluation Survey Tool** 

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#### California Tribal Epidemiology Center (CTEC) Needs Assessment

The California Tribal Epidemiology Center (CTEC) is conducting a survey to learn how we can improve the resources and services we provide. Findings from this survey will be used to guide CTEC's future work, including grant development, strategic directions, internal capacity building and technical assistance. The survey consists of eight questions and should take about 10 minutes to complete. Thank you for your time.

١.	How would you best describe yourself (chose one):  Health Board Member
	Health Program Director
	☐Health Program Staff
	Tribal Council Member
	Community Member
	Other:
2.	What is the name of the health program/clinic you are associated with:

3. Please rate your agreement with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am familiar with the purpose and mission of CTEC					
I am aware of the resources and services that CTEC provides					
I endorse the work of CTEC in the community whenever I get a chance					
I think that CTEC responds effectively to our technical assistance needs					
I think that CTEC provides quality information					







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Next are questions about CTEC, the services we provide and how we communicate with your organization.

4. Following are services CTEC provides. For each of the services please tell me how valuable that service has been to your organization.

	Extremely Valuable	Somewhat Valuable	Somewhat Not Valuable	Not At All Valuable	Not Aware of this Service
Technical assistance (for example help developing surveys or site visits)					
Assistance accessing or analyzing data					
Biannual newsletter					
Data or information in fact sheets					
Project and data analysis findings in reports					
In-person trainings (example: public health accreditation, cultural comp)					
Webinars					
The CTEC Website					
Conference presentations		П			

Is there anything else you would like to add regarding the value of CTEC services?

5.	Please rate your agreement with the following statement: I consider CTEC a trusted source
of	information of American Indian and Alaska Native health.

Strongly Agree	□Agree	□Neutral	Disagree	Strongly Disagree
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Is there anything else you would like to add about your trust in CTEC?







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6. Next we would like to know about your organization's future needs for CTEC services.
For each of the services please tell us your organization's future need for that service.

	High Need	Moderate Need	Low Need	No Need
Facilitating partnerships with local and state health departments for data sharing and quality improvement				
Data or information in fact sheets (1-2 pages)				
Project and data analysis findings in reports				
In-person trainings, for example a Data Literacy Training, GIS training				
Weekly Resource Emails (announcing of grants, trainings, other opportunities)				
Assistance accessing or analyzing national or local data				
Technical assistance (example: help developing surveys or providing data)				
Assistance analyzing clinical data		П		
Assistance evaluating your program services				
Funding awards for small projects and trainings				

Is there anything else you would like to add regarding your organizations future needs for CTEC services?

7. How do you prefer to receive information (reports, newsletter, etc) from CTEC?
☐ Hard Copy
Webinar Presentation
Personal Email
☐ In-person Presentation
Download from the CTEC Website
Email List Serve
Another way of communicating (please specify):
☐ I would prefer not to receive information from CTEC



Page 3 of 4







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8. Do you have any other feedback on how CTEC can best meet the needs of your organization?

Thank you for taking the time to complete the survey. Your experience and feedback is critical for guiding the future work of CTEC.



If you have any questions, please feel free to contact the CTEC Epidemiologist, Aley Joseph at (916) 929-9761 or by e-mail aley.joseph@crihb.org.

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