**DATA SHARING AGREEMENT**

**between**

**(NAME OF TRIBE)**

**and**

**THE NORTHWEST TRIBAL EPIDEMIOLOGY CENTER (EpiCenter),**

**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)**

**I. ENTITIES RECEIVING AND PROVIDING DATA**

ENTITY RECEIVING DATA: NPAIHB

OFFICE: Northwest Tribal Epidemiology Center

CONTACT PERSON: Victoria Warren-Mears

TITLE: Director, NW Tribal EpiCenter

ADDRESS: 2121 SW Broadway Dr. suite 300

Portland, Oregon 97201

PHONE NUMBER: (503) 228-4185

EMAIL: vwarrenmears@npaihb.org

FAX NUMBER: (503) 228-8182

ENTITY PROVIDING DATA:

OFFICE:

CONTACT PERSON:

TITLE:

ADDRESS:

PHONE NUMBER:

EMAIL:

FAX NUMBER:

**II. PURPOSE, AUTHORITY AND TERM OF AGREEMENT**

1. PURPOSE

To facilitate the health of Indian tribes and individual American Indians and Alaska Natives in the Northwest, the Northwest Tribal Epidemiology Center (The EpiCenter) of the Northwest Portland Area Indian Health Board (NPAIHB) and {NAME OF TRIBE} are entering into an agreement which will allow the exchange of data and clarification of data access and utilization.

1. LEGAL AUTHORITY
2. The NPAIHB is an Indian Organization as defined by federal law in the Indian Self-determination and Education Assistance Act, 25 U.S.C. §450b(1). NPAIHB has established The EpiCenter, whose mission is, in part, to provide timely and accurate health status information to northwest tribes.
3. The {NAME OF TRIBE} is an Indian tribe as defined by the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 450 et seq.
4. PERIOD OF PERFORMANCE

This agreement shall be effective when signed by both parties and shall continue until terminated pursuant to the termination clause contained herein, or a period of 5 years, whichever is earlier. Modifications to this agreement may be made at any time at the request of {NAME OF TRIBE}.

**III. DESCRIPTION OF DATA/DATA WORKPLAN**

1. JUSTIFICATION FOR EPICENTER ACCESS TO SPECIFIC DATA OPTIONS

Access to the following data sources is requested for the purpose of tracking population-level statistics, for example, disease rates, screening rates and level of care provided.

1. **IHS Epi Data Mart** – The Indian Health Service (IHS) Epidemiology Data Mart is a subset of the central data warehouse database known as the IHS National Data Warehouse. These were established by the IHS to gather, store, and report health information from various sources throughout the Indian Health system. The EpiCenter will use this data for public health surveillance and health status assessment and reporting on behalf of NW tribes. This data will be de-identified and only available at the Area level (i.e., no tribal affiliation information will be available). The EpiCenter will only have access to data pertaining to the Portland IHS Area (Idaho, Oregon, and Washington tribes).
2. **Patient Registration** – Patient registration data will be used to conduct record linkages with various public health data systems. Record linkages are important for identifying inaccurate and missing race data for AI/AN, and result in much more accurate disease and mortality estimates at the state level. This activity grants the EpiCenter, and by extension, northwest tribes, access to data sources that are not routinely available to tribes, such as cancer, trauma, and hospitalization registries that are administered by the states. These activities directly benefit both state partners and tribes by: (1) improving the accuracy of race data in state surveillance data systems, and (2) providing more accurate and complete health status data for northwest tribal communities. Direct identifiers are accessed only during the linkage, and never exchanged with the state or any other party. Furthermore, linkages will only be completed after review and approval of the Portland Area IHS Institutional Review Board (IRB) and relevant state IRBs. Data with direct identifiers will be handled according to more stringent security measures than de-identified data, as outlined in Section V of the Agreement**.**
3. **Encounter and Claims Data** – Patient encounter and claims level data may be used for a variety of purposes, for example, surveillance of reportable conditions, reports of top diagnoses, immunization and screening coverage, and providing general technical assistance. Whenever the EpiCenter wishes to access encounter and claims level data from {NAME OF TRIBE}, the EpiCenter shall provide a written request to the Point of Contact listed in Section VII, below. This request will contain, at a minimum, the proposed use of the data, list of data elements required, and intended audience. Appendix I contains examples of possible encounter level data options and packages available in the RPMS system**.**
4. **Portland Area-Level Reports** – Some reports are collected by IHS at the Area level, such as those from GPRA, the diabetes audit, suicide reporting, immunizations, women’s health, and Contract Health Services. Data contained in these reports is aggregated by tribe/site as well as at the Area and national levels. These reports contain measures that are standardized nationally and allow for comparison of local results to larger aggregate results. Reports from previous years contain historical information that may no longer be available locally. The EpiCenter will use this data for general health status assessment and tracking of clinical measures within the Portland Area.
5. DATA PROVIDED UNDER THIS AGREEMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Data Options** | **Yes** | **No** | **Signature** |
| 1. | IHS Epidemiology Data Mart access (Area-level aggregated and de-identified data) |  |  |  |
| 2. | Patient registration list from RPMS and/or other patient management system (full name, date of birth, sex, race social security number, address, tribe, Indian blood quantum, classification/beneficiary code, primary facility and facility HRN, current community, date of last update, date of death, Medicaid ID number, Medicare ID number) |  |  |  |
| 3. | Encounter and claims level data |  |  |  |
| 4. | Portland Area-level reports |  |  |  |

**IV**. **ACCESS TO DATA**

1. METHOD OF ACCESS AND TRANSFER

Depending on the specific data types authorized under this Agreement, data will be obtained by the EpiCenter in one or more of the following manners:

* Remote (web-based) password-authenticated access to Epidemiology Data Mart (option #1)
* Remote password-authenticated access to local RPMS server (options #2-3)
* For sites/programs not using RPMS, an alternative method of data exchange will be arranged with {NAME OF TRIBE}; for example, on-site face-to-face exchange to a designated staff member (options #2-3)
* Existing reports either from {NAME OF TRIBE} or from the Portland Area IHS Office (PAO) in accordance with PAO policies and procedures (option #4)

1. PERSONS HAVING ACCESS TO DATA

Data access shall be restricted to the minimum number of individuals necessary to achieve the purposes set forth in this Agreement, to be assigned by the Director of the EpiCenter. All persons who will have access to data must complete a data privacy training provided by NPAIHB. Prior to the transfer of any data, staff members and researchers who will have access to the data shall sign the Use and Disclosure of Client Information. Signed copies shall be provided to {NAME OF TRIBE} by request.

1. FREQUENCY OF DATA EXCHANGE

Data will be exchanged as needed to meet reporting requirements as well as on an ongoing basis between the EpiCenter and {NAME OF TRIBE} staff for the entire length of the project.

**V. SECURITY OF DATA**

Data access shall be restricted to a minimum number of individuals, and individual access shall be authorized by the Director of the EpiCenter. The EpiCenter shall establish an internal system to monitor the access of data by individual staff under this Agreement. All reasonable precautions shall be taken to secure the data from individuals who do not specifically have authorized access.

All reasonable efforts will be made to de-identify data, but we will retain a link to chart numbers in analytic data sets in order to resolve errors. Some data sets will by necessity contain direct identifiers (e.g., registration data listed in Section III, option #2 above), and these shall be stored as encrypted files with a separate level of access, as assigned by the EpiCenter Director.

All other data (options #1, 3-4 in Section III above) shall be kept on a password-protected file server located in a secure environment at NPAIHB. Data obtained under this agreement will be kept in a separate directory on the server which is also password-protected and will be accessible only by individual staff-members specifically authorized access as provided in this Agreement. The EpiCenter follows all other IHS security protocols.

**VI. CONFIDENTIALITY**

1. REGULATIONS COVERING CONFIDENTIALITY OF DATA

The use and disclosure of information obtained under this contract shall be subject to privacy and security regulations, including those in 42 CFR Part 476, HIPAA, and the HITECH Act. The EpiCenter shall maintain the confidentiality of any information which may, in any manner, identify individual patients.

1. NON-DISCLOSURE OF DATA

The EpiCenter staff shall not disclose, in whole or in part, the data described in this Agreement to any individual or agency not specifically authorized by this Agreement, except in aggregate without personal identifiers. Aggregate data also shall not be released where the cell size is less than 5, or where there is a reasonable possibility of an individual being identified by the release of the data.

Data shall be provided on a timely basis, subject to staffing. The EpiCenterwill document uses and users of the data and will report this information upon request to {NAME OF TRIBE}.

**VII. PAYMENT**

No compensation will be required by either party.

**VIII. PROPERTY RIGHTS**

1. APPROVAL PROCESS FOR SPECIFIC DATA ACCESS AND USE

Data access and analyses undertaken by the EpiCenter shall be subject to approval by the specified Points of Contact (POCs) listed in the table below, depending on the level aggregation, tribal identification, and intended audience for the report. Prior to granting permission, the POC is expected to follow all usual and customary practices for approval according to {NAME OF TRIBE}. Possible POCs include Clinic Director, Tribal Health Director, and Tribal Council (with attention to a specific individual and role). Alternately, for some analyses no additional permission may be deemed necessary. Appendix II presents an example table with POCs listed for the various types of data.

| **Approval requirements for EpiCenter-initiated data analyses** | | | |
| --- | --- | --- | --- |
| **Intended audience** | **Type of data** | **Permission to access data POC** | **Permission to release report POC** |
| Clinic management | Local clinical outcomes and/or activities, survey results, etc. | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
| Clinic staff | Same as previous | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
| Tribal Council | Same as previous | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
| General community | Same as previous | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
| Local press | Same as previous; intended for instances when local programs are seeking publicity | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
| Granting agency | Local outcomes – tribes named | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
|  | Local outcomes – tribes not named | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
|  | Aggregate outcomes over several tribes—tribes named but not tied to specific outcomes | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
|  | Aggregate outcomes over several tribes—tribes not named | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
| Conference or scientific publication | Local outcomes – tribes named | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
|  | Local outcomes – tribes not named | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
|  | Aggregate outcomes over several tribes—tribes named but not tied to specific outcomes | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
|  | Aggregate outcomes over several tribes—tribes not named | Title:  Name:  Contact info: | Title:  Name:  Contact info: |
| Any other audiences/data not covered in this table | | Title:  Name:  Contact info: | Title:  Name:  Contact info: |

1. DATA USE AND OWNERSHIP

Whenever tribe-specific data are reported with tribal approval, {NAME OF TRIBE} shall be cited as the source of the data in all tables, reports, presentations, and scientific papers, and the EpiCenter shall be cited as the source of interpretations, calculations, and/or manipulations of the data. The EpiCenter may use, reuse and analyze, for teaching and research purposes, the data and findings as reviewed by and approved by {NAME OF TRIBE}.

The EpiCenter agrees to provide copies of any research papers or reports prepared as a result of access to {NAME OF TRIBE} data under this Agreement, and to allow {NAME OF TRIBE} to reprint or distribute same without charge, to the extent permitted under copyright protection laws and any applicable agreements as to copyright or related intellectual property rights.

**IX. SEVERABILITY**

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirement of applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.

**X. TERMINATION**

Either party may terminate this Agreement upon 30 days prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

No data may be used by the EpiCenter after the termination of this Agreement.

**XI. WAIVER OF DEFAULT**

Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of a breach of any provision of the Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Agreement unless stated to be such in writing, signed by the EpiCenter Director and Executive Director of {NAME OF TRIBE}, and attached to the original Agreement.

**XII**. **RIGHT OF INSPECTION**

The EpiCenter shall provide the right of access to its facilities at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Agreement on behalf of {NAME OF TRIBE}.

**XII.** **ALL WRITINGS CONTAINED HEREIN**

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

**IN WITNESS WHEREOF, the parties have executed this Agreement.**

# {NAME OF TRIBE} Northwest Tribal Epidemiology Center

Northwest Portland Area Indian Health Board

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# DESIGNEE Victoria Warren-Mears, Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Appendix I.** Examples of Encounter and Claims level data available in RPMS

1. **Patient Care Component (PCC)** – The PCC contains the Qman, Fileman, PGEN and VGEN applications. These are the primary applications for querying RPMS data to obtain information about patients and visits. Examples of the types of data that can be queried within PCC are shown below.

Types of data that can be queried within PCC

|  |  |  |  |
| --- | --- | --- | --- |
| **PCC Terms** | **Visit Types** | **Service Categories** | **Demographic Attributes\*** |
| Community | IHS | Ambulatory | Age |
| Facility/  Location | Contract | Hospitalization | Sex |
| Clinic | Tribal | In-Hospital | Tribe |
| Visit Type | Other | Chart Review | Blood Quantum |
| Service  Category | 638 | Telecommunications | Community |
| Provider  Discipline/  Class | VA | Not Found (PHN Home Visit) | Classification |
| Admitting/  Discharge Service | State | Day Surgery | Service Unit of Residence |
|  | Urban | Observation | Date of Birth |
|  | Compact | Event (Historical) | Date of Death |
|  |  | Nursing Home | Cause of Death |
|  |  |  | Eligibility |
|  |  |  | Third Party Enrollment |

\*Partial listing of demographic attributes

1. **CRS/GPRA** – An application that allows RPMS data to be aggregated for accountability. The CRS/GPRA software is specifically designed to determine the percent of eligible patients who have received screening exams, standards of care or have achieved recommended treatment goals for hypertension, diabetes and many other conditions. The list of CRS/GPRA measures tracked in the Portland Area is included in the table below.

|  |  |
| --- | --- |
| **IHS FY 2009, 2010, 2011 PERFORMANCE (GPRA) MEASURES Tribal and IHS Direct Programs Performance Measure** | **FY 2011 Target** |
| **Diabetes Measures** | |
| **1. Diabetes: Poor Glycemic Control**: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome] | Achieve target rate of 19.4%  (Audit target 20%) |
| **2. Diabetes: Ideal Glycemic Control**: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome] | Achieve target rate of 30.2%  (Audit target 36%) |
| **3. Diabetes: Blood Pressure Control**: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome] | Achieve target rate of 35.9%  (Audit target 39%) |
| **4. Diabetes: LDL Assessment**: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome] | Achieve target rate of 63.3%  (Audit target 76%) |
| **5. Diabetes: Nephropathy Assessment**: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome] | Achieve target rate of 51.9%  (Audit target 35%) |
| **6. Diabetes: Retinopathy**: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome] | Achieve target rate of 50.1% |
| **Cancer Screening Measures** | |
| **7. Cancer Screening: Pap Screening Rates**: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome] | Achieve target rate of 55.7% |
| **8. Cancer Screening: Mammogram Rates**: Proportion of eligible women who have had mammography screening within the previous two years. [outcome] | Achieve target rate of 46.9% |
| **9. Cancer Screening: Colorectal Cancer Screening Rates**: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome] | Achieve target rate of 36.7% |
| **Dental Measures** | |
| **12. Topical Fluorides**: Number of AI/AN patients receiving one or more topical fluoride. [outcome] | Achieve target count of 135,604 patients receiving topical fluoride |
| **13. Dental Access**: Percent of patients who receive dental services. [outcome] | Achieve target rate of 23.0% |
| **14. Dental Sealants**: Number of sealants placed per year in AI/AN patients. [outcome] | Achieve target count of 257,261 |
| **10. YRTC Improvement/Accreditation**: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [outcome] | Achieve a 100% accreditation rate |
| **20. Accreditation**: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). [outcome] | Maintain 100% accreditation rate |
| **21. Patient Safety**: Development and deployment of patient safety measurement system.[efficiency]  ***In FY 2010 changed to: Percent of patient falls in an IHS-funded facility in persons age 65 and older as a result of taking high risk medication.*** | TBD |
| **42. Scholarships**: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation. [outcome] | Increase the rate to 78% (3% over the FY 2010 target rate of 75%) |
| **IHS FY 2009, 2010, 2011 PERFORMANCE (GPRA) MEASURES Tribal and IHS Direct Programs Performance Measure** | **FY 2011 Target** |
| **Public Health Nursing Measure** | |
| **23. Public Health Nursing**: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups. [outcome] | Achieve target of 418,759. |
| **Immunization Measures** | |
| **24. Childhood Immunizations**: Combined (4:3:1:3:3) immunization rates for AI/AN patients aged 19-35 months. [outcome] ***Changes to Combined (4:3:1:3:3:1) series as of FY 2010 and to Combined (4:3:1:3:3:1:4) series as of FY 2011.*** | Achieve target rate of 74.6%. |
| **25. Adult Immunizations: Influenza:** Influenza vaccination rates among adult patients age 65 years and older. [outcome] | Achieve target rate of 58.5% |
| **26. Adult Immunizations: Pneumovax:** Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome] | Achieve target rate of 79.3% |
| **Injury Prevention Measures** | |
| **28. Unintentional Injury Rates**: Unintentional injury mortality rate in AI/AN population (three-year rates centered on mid-year). [outcome] | N/A (Long-term measure) |
| **Suicide Prevention Measure** | |
| **29. Suicide Surveillance**: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals. [outcome] | Increase the number of suicidal behavior report forms completed and submitted to 1,784 |
| **Prevention Measures** | |
| **11. Alcohol Screening (FAS Prevention)**: Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.  [outcome] | Achieve target rate of 51.7% |
| **16. Domestic (Intimate Partner) Violence Screening**: Proportion of women who are screened for domestic violence at health care facilities. [outcome] | Achieve target rate of 52.8% |
| **18. Depression Screening**: Proportion of adults ages 18 and over who are screened for depression. [outcome] | Achieve target rate of 51.9% |
| **30. CVD Prevention**: Comprehensive Assessment: Proportion of active IHD patients who have a comprehensive assessment for all CVD-related risk factors. [outcome] | Achieve target rate of 33.0% |
| **31. Childhood Weight Control**: Proportion of children ages 2-5 years with a BMI at the 95th percentile or higher. [outcome] | Long-term measure, no target for FY 2011. |
| **32. Tobacco Cessation Intervention**: Proportion of tobacco-using patients that receive tobacco cessation intervention. [outcome] | Achieve target rate of 23.7% |
| **HIV/AIDS Measure** | |
| **33. HIV Screening**: Proportion of pregnant women screened for HIV. [outcome] | Achieve target rate of 73.6% |
| **Capital Programming/Infrastructure Measures** | |
| **35. Sanitation Improvement**: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. [outcome] | Provide sanitation facilities to 18,500 homes |
| **36. Health Care Facility Construction**: Number of health care facilities construction projects completed. [efficiency] | 1 project |

1. **Women’s Health Package** – Women’sHealth is the primary application for systematically collecting data regarding the health status of women. This system creates a register of women who are tracked over time to ensure that they receive recommended screenings and adequate follow-up for those screening examinations. Among the procedures tracked by this application are: PAP smear, colposcopy, mammogram, loop electrosurgical excision procedure (LEEP), cone biopsy, endocervical curettage (ECC), and others. Management Reports is the portion of the software used to print epidemiological reports, such as the number of women who received a mammogram for the selected time period, or the number of patients having abnormal PAP results during a selected time period. Under Management Reports, it is possible to produce lists of patients who are past their due dates for follow-up procedures. It is also possible to store program statistics by date for later comparison of program trends and progress.
2. **Immunization Package** – The immunization package can produce reports of immunization coverage for children, adults and health care providers. Data for immunization reports is queried from clinical data entered in RPMS. The listing of immunization reports is given in table below.

**Reports Available in the RPMS Immunization Package**

|  |  |
| --- | --- |
| Adolescent Report | reports on the number and percent of adolescents who have received recommended doses of meningococcal, tetanus, diphtheria and acellular pertussis (TDaP), varicella, hepatitis A and B, and human papilloma virus (HPV) vaccines. |
| Adult Report | reports on the number and percent of adults over age 50 who have received the recommended doses of TDaP or TD, varicella, influenza and pneumococcal vaccines. |
| Influenza Report | reports on the number and percent of all patients 10 months and older who receive appropriate influenza immunization during a given influenza season. This report includes a breakout of adults aged 18-49 with known high-risk conditions that are a priority for immunization. |
| 3-27 Month Report | reports on the number and percent of children aged 3-27 months old who are appropriately immunized with each of the vaccines recommended by ACIP alone or in combination. |
| Two-Yr-Old Rates Report | reports on the number and percent of children 19-35 months of age who are appropriately immunized with each of the vaccines recommended by ACIP alone or in combination. |
| Vaccine Accountability Report | This is primarily a report to keep track of vaccine inventory, including wastage and tracking lot numbers that could be identified in the event of a vaccine recall. |

1. **Diabetes Management System (DMS)** – The DMS application tracks the full array of diabetes clinical information including recommended screening examinations, standards of care and recommended treatment goals. The DMS includes detailed information for using Qman and other PCC applications with the diabetes register of patients. The system is designed to help manage the information collected on patients with diabetes utilizing an audit of patients in the register.

**Appendix II.** Example Tribal Approval Requirements table (to be used to assist with section VII).

| **Approval requirements for EpiCenter-initiated data analyses -- EXAMPLE** | | | |
| --- | --- | --- | --- |
| **Intended audience** | **Type of data** | **Permission to access data POC** | **Permission to release report POC** |
| Clinic management | Local clinical outcomes and/or activities, survey results, etc. | None | None |
| Clinic staff | Same as previous | None | Clinic director |
| Tribal Council | Same as previous | Clinic director | Tribal Health Director |
| General Council | Same as previous | Tribal Health Director | Tribal Health Director |
| Local press | Same as previous; intended for instances when local programs are seeking publicity | Tribal Health Director | Tribal Health Director |
| Granting agency | Local outcomes – tribes named | Tribal Health Director | Tribal Council, attn: [specific person and role] |
|  | Local outcomes – tribes not named | Tribal Health Director | Tribal Health Director |
|  | Aggregate outcomes over several tribes—tribes named but not tied to specific outcomes | Tribal Health Director | Tribal Health Director |
|  | Aggregate outcomes over several tribes—tribes not named |  |  |
| Conference or scientific publication | Local outcomes – tribes named | Tribal Health Director | Tribal Council, attn: [specific person and role] |
|  | Local outcomes – tribes not named | Tribal Health Director | Tribal Health Director |
|  | Aggregate outcomes over several tribes—tribes named but not tied to specific outcomes | Tribal Health Director | Tribal Health Director |
|  | Aggregate outcomes over several tribes—tribes not named | Tribal Health Director | Tribal Health Director |
| Any other audiences/data not covered in this table | | Tribal Health Director | Tribal Health Director |