Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 1 Standard 4 Measure 3**

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Tribal Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Date:</td>
<td>9/24/2015</td>
</tr>
<tr>
<td>Version of Standards and Measures Used:</td>
<td>1.5</td>
</tr>
<tr>
<td>Related PHAB Standard and Measure Number</td>
<td>Domain: 1  Standard: 4  Measure: 3  Required Documentation: S.1.2</td>
</tr>
<tr>
<td>Short description of how this document meets the Standard and Measure’s requirements:</td>
<td>The second example demonstrated provision of data analysis guidance for the Tribal Epidemiology Center that coordinates data requests for Tribes in Utah and Arizona.</td>
</tr>
<tr>
<td>Submitting Agency:</td>
<td>Utah Department of Health</td>
</tr>
<tr>
<td>Staff Contact Name:</td>
<td>Nikki Campbell</td>
</tr>
<tr>
<td>Staff Contact Position:</td>
<td>Health Educator</td>
</tr>
<tr>
<td>Staff Contact Email:</td>
<td><a href="mailto:ncampbell@utah.gov">ncampbell@utah.gov</a></td>
</tr>
<tr>
<td>Staff Contact Phone:</td>
<td>(801) 538-6486</td>
</tr>
<tr>
<td>Can we attribute the document to your agency?</td>
<td>☒ Yes, you can include our agency name when posting</td>
</tr>
<tr>
<td>Can we include staff name and contact information with the documentation?</td>
<td>☑ Yes, you can include staff contact information</td>
</tr>
</tbody>
</table>

Thank you for submitting your health agency’s documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.
The following are PHAB’s policies for all submitted documentation:

a. No draft documents will be accepted for review by PHAB.
b. All documentation must be in effect and in use at the time that they are submitted to PHAB.
c. Documents must be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation, either with documentation submission or at the site visit. In order for documentation to be considered by site visitors it must be in an electronic format and included in the health department’s record of documentation in the e-PHAB system.
d. A PDF version of all documentation is preferred. If a document is not a PDF, it should be in a commonly used program such as Word, Excel, or PowerPoint. Documents created using health department specific software, special graphics, or other program not commonly used, will not be accepted.
e. In many cases, a measure is demonstrated only once, at a central point in the health department. Examples of these types of documentation requirements include department-wide policies (such as human resource policies), procedures, and plans. In these cases the requirement is for a specific, central document, rather than for examples.
f. Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or the guidance.
g. Health departments are encouraged to provide narrative that describes how the submitted document relates to and meets the requirement. Text boxes will be provided by e-PHAB for health departments to include descriptions and explanations.
h. Health departments must comply with e-PHAB electronic submission requirements and processes.

---

Tribal Assistance

This documentation includes an email exchange between the Utah Department of Health Office of Vital Records and Statistics and the Tribal Epidemiology Center that coordinates data requests for Tribes in Utah and Arizona. The request was for death certificate data and the emails were clarifying what was needed.

Additionally there is a Memorandum of Understanding that outlines data sharing between the Utah Department of Health and the Tribal Epidemiology Center and a request for data based on that for Hospital inpatient discharge records and emergency encounter data.
From: Mylitta Barrett [mailto:mbarrett@utah.gov]
Sent: Thursday, September 24, 2015 11:01 AM
To: Maureen Brophy
Subject: Re: PRIORITY Fwd: ITCA-TEC data request

I sent Dr Ritchey data last week so I think we are good.

Mylitta Barrett
Business Analyst Supervisor
Office of Vital Records and Statistics
Utah Department of Health
801-538-9339

On Thu, Sep 24, 2015 at 11:59 AM, Maureen Brophy <Maureen.Brophy@itcaonline.com> wrote:

Hi Mylitta,

I wanted to touch base and make sure my email last week answered any questions you had about our data request. Please let me know if there is anything you need from me.

Thank you,
Maureen Brophy, MPH
Epidemiologist

Inter Tribal Council of Arizona, Inc.
(602) 258-4822
Maureen.Brophy@itcaonline.com
Hello Mylitta,

My name is Maureen, and I am the epidemiologist that will be working with the data that you are preparing for ITCA. Firstly, thank you very much for doing this for us. We really appreciate the collaboration and effort you are putting in. I was forwarded your questions- below are the answers. Please don’t hesitate to let me know if you have any further questions.

1. Do you want residents in the zip code group who do not have a race code for native american?

Some tribes are asking for a more comprehensive look at their communities, which includes non-Native American people as well. This is happening on a case by case basis by tribe (some tribes only want Native, some want the whole community)- so if we can get data for the whole community, I think that would be better.

2. Do you want individuals with the race code of native american who do not live in that zip code area?

Yes please. Some of the tribes (especially in Utah and Nevada where I am less familiar with the area) have been helping me improve the zip code method that we developed to define their communities.

3. For age in the death record it says to put the year of death. I don't see how that helps without a birth year.

If you are giving us age/age group, then we won’t need a birth and death date to calculate age at death. However, I will be doing the analysis for multiple years, so having a record year is still important.

I hope this helps! Please let me know if you need anything else from me.

Thanks!

Maureen Brophy, MPH
Epidemiologist
Inter Tribal Council of Arizona, Inc.
Can you please work with Mylitta.

Thanks Jamie

Sent from my iPhone

Begin forwarded message:

From: Melissa Zito <mzito@utah.gov>
Date: September 16, 2015 at 4:39:03 PM MST
To: Jamie Ritchey <Jamie.Ritchey@itcaonline.com>
Cc: Wu Xu <wxu@utah.gov>, Mylitta Barrett <mbarrett@utah.gov>
Subject: PRIORITY Fwd: ITCA-TEC data request

Dr. Ritchey,

I have an e-mail from the data steward who is working on the Vital Records request. She has some questions about the request.

Best regards,
Melissa

--
Melissa Zito, MS, RN
AI/AN Health Liaison/Health Policy Consultant
Office of AI/AN Health Affairs
Utah Department of Health
PO Box 142002
Salt Lake City, UT 84114-2002
(801) 273-6644  office
I am working on the data request and have a couple of questions.

1. Do you want residents in the zip code group who do not have a race code for native american?

2. Do you want individuals with the race code of native american who do not live in that zip code area?

3. For age in the death record it says to put the year of death. I don't see how that helps without a birth year.

Thanks,

Mylitta Barrett
Business Analyst Supervisor
Office of Vital Records and Statistics
Utah Department of Health
801-538-9339
MEMORANDUM OF UNDERSTANDING
FOR THE SHARING OF TRIBAL HEALTH DATA AND VITAL STATISTICS
BETWEEN
UTAH DEPARTMENT OF HEALTH
AND
THE INTER TRIBAL COUNCIL OF ARIZONA, INC.

WHEREAS, the Utah Department of Health (UDOH) is a division of the State of Utah established to promote and protect public health and welfare through the operation of health related programs within the State.

WHEREAS, the Inter Tribal Council of Arizona, Inc. (ITCA) is a non-profit Tribal consortium established to address common issues of Tribal concern, including the health, safety and welfare of ITCA's Member Tribes and those Tribes located within Phoenix and Tucson Services Areas of the Indian Health Service (IHS) in accordance with certain grants and contracts with the IHS and other federal departments and agencies.

WHEREAS, ITCA's Tribal Epidemiology Center (ITCA TEC) is a department of the ITCA and a public health authority pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191) (HIPAA) and applicable law established to address health disparities among American Indian populations through research and community education.

WHEREAS, ITCA, through ITCA TEC, partners with Indian Tribes within the Phoenix and Tucson Service Areas of the IHS, including with five Tribes in Utah, to develop community health profiles and other health related data projects as needed to define and measure the health status of persons living within Tribal communities in Utah and to identify and track trends in health outcomes for such Tribal communities in partnership with participating Indian Tribes.

WHEREAS, UDOH and ITCA recognize the need to set forth and define the terms under which UDOH will disclose data files or epidemiologic reports to ITCA TEC containing Health Data, Identifiable Health Data, and Vital Statistics as defined under Utah law (collectively "Data") for American Indians living in Utah to facilitate the development of community health profiles and assessments, technical assistance and training and other general public health surveillance activities performed by ITCA TEC.

NOW, THEREFORE, in consideration of the mutual promises and representations set forth in this Memorandum of Understanding (MOU), ITCA and UDOH mutually agree as follows:

1. **DEFINITIONS.** Capitalized terms used herein shall have the meanings set forth in this Section 1.

   1.1. "Authorized Persons" means ITCA TEC employees or the who have a need to
know or otherwise access Data to perform their duties and to enable ITCA to perform its mission in conformance with the MOU and who are bound, in writing, by confidentiality obligations sufficient to protect Data in accordance with the terms and conditions of this MOU and applicable law.

1.2. "Health Data" shall have the same meaning as the terms "health data" in Utah Code Ann. § 26-3-1(2) and § 26-33a-102(8), and also include the "Vital Statistics" data defined in § 26-2-2(21) and the Communicable Disease data defined as outlined in § 26-6. Health data is limited to information about American Indians, American Indians with Hispanic ethnicity, or American Indians with another identified race/multi-race.

1.3. "Identifiable Health Data" means any item, collection, or grouping of health data about an individual identified as an American Indian, an American Indian with Hispanic ethnicity, or an American Indian with another identified race/multi-race, that has a tribal-residence zip-code, which contains PII or that otherwise makes the individual supplying it or described in it identifiable.

1.4. "Personally Identifying Information" or "PII" means that information disclosed to ITCA TEC by or at the direction of UDOH which (i) contains direct or indirect personal identifiers, including, without limitation, names, signatures, addresses, telephone numbers, e-mail addresses and other unique identifiers); or (ii) can be used to authenticate an individual (including, without limitation, employee identification numbers, government-issued identification numbers, social security numbers, passwords or PINs, financial account numbers, credit report information, biometric or health data, answers to security questions and other personal identifiers).

1.5. "Security Breach" means: (i) any act or omission that materially compromises either the security, confidentiality or integrity of Data disclosed to ITCA TEC pursuant to this MOU or the physical, technical, administrative or organizational safeguards put in place by ITCA or ITCA TEC or any Authorized Persons that relate to the protection of the security, confidentiality or integrity of the Data; or (ii) receipt of a complaint in relation to the privacy practices of ITCA or ITCA TEC or any Authorized Persons or a breach or alleged breach of this MOU relating to such privacy practices.

2. PURPOSE AND SCOPE OF AGREEMENT

2.1. Purpose and Scope
Subject to the limitations found in subsection 2.2, below, UDOH agrees to share Data, including PII, upon the written request of ITCA TEC as outlined in the attached Data Request Table (Attachment 1, hereto) for the purposes of developing aggregated, de-identified Tribal specific community health profiles or for other health related public health surveillance projects to be conducted by ITCA TEC for ITCA participating Tribes or their Tribal health departments in Utah for
whom the data has been compiled. ITCA TEC may share Tribe-specific data, as determined by ITCA, with Tribal health department personnel under the terms and conditions outlined in this MOU and pursuant to applicable law.

2.2. Limitation on the Data to be Disclosed by UDOH
ITCA TEC agrees that any data disclosed by UDOH to ITCA TEC may only be used for public health purposes, including disease surveillance, epidemiology, community public health profiles and assessments, or for purposes listed in subsection 4.1. Any uses by ITCA TEC for non-public health purposes, such as tribal administration, membership registration, and law enforcement are prohibited.

UDOH shall not disclose to ITCA TEC (except upon specific request) data files containing any of the following PII: (i) signatures, telephone numbers, e-mail addresses; (ii) employee identification numbers, passwords or PINs, credit report information, answers to security questions and other similar personal identifiers; (iii) individual's government-issued identification number (such as driver's license number or State-issued identified number, full Social Security Numbers); and (iv) financial account number, credit card number, debit card number, credit report information, with or without any required security code, access code, personal identification number or password, that would permit access to an individual's financial account or accounts.

2.3. Selection Criteria
UDOH agrees to make existing data dictionaries available to ITCA TEC upon request to determine the specific data sets and variables needed for purposes outlined in this MOU. UDOH agrees to share these data sets and variables as outlined in Attachment 2. The method of transmission and format of the data files and epidemiologic reports will be agreed upon by both Parties. The method of transmission and format of the data will be agreed upon by both Parties.

2.4. Limitations on the Sharing of Data Files and Methods with UDOH
Upon request and subject to the requirements and limitations found within subsection 4.1 of this MOU, ITCA TEC agrees to share with UDOH "report template Table of Contents", technical notes, and other data methods statements for those projects using UDOH data. Where an ITCA TEC project using UDOH data specifically identifies a Tribal community, UDOH agrees that Tribal specific data sets, surveillance reports or presentations will not be shared with UDOH under this MOU, unless the Tribe and ITCA TEC have agreed that the Tribal specific document are to be released publicly. UDOH shall work directly with individual Tribes to gain access to data or any other information that is deemed confidential by the Tribe, and nothing in this MOU shall be construed to require ITCA TEC to release Tribal specific information without Tribal approval.

3. SECURITY OF CONFIDENTIAL INFORMATION

3.1. ITCA TEC shall monitor the use of all Data disclosed by UDOH under this MOU and
shall carefully restrict the use and disclosure of such Data appropriate to its level of confidentiality as provided by this MOU and applicable law.

3.2. Survival of Duty to Protect Confidential Information
It is understood and agreed by the Parties that the obligations set forth in this Section 3, shall survive the termination of this MOU, except as expressly provided for herein.

3.3. Minimum Safeguards for Personally Identifiable Information (PII)
ITCA shall carefully restrict use and access to any PII disclosed under this MOU solely to Authorized Persons and shall ensure that ITCA TEC implements the following minimum safeguards to prevent a Security Incident in a manner consistent with the requirements of this MOU or applicable law. ITCA TEC's safeguards shall, at the minimum, require that ITCA TEC and its Authorized Persons:

3.3.1. Prohibit PII supplied under the terms of this MOU from being released or disclosed to anyone not working with ITCA TEC on data collection and analysis as an Authorized Person.

3.3.2. Ensure that any Authorized Persons, including any agent, or subcontractor of ITCA TEC, to whom ITCA TEC shares Identifiable Health Data or PII under this MOU, agrees to the same restrictions and conditions that apply through this MOU to ITCA TEC with respect to such information.

3.3.3. Secure all paper documents and printouts containing Identifiable Health Data or PII in a locked vault, file cabinet or other method reasonably necessary to protect the confidential information.

3.3.4. Store all electronic Identifiable Health Data and PII disclosed only on secured servers or encrypted devices within ITCA TEC, which shall be securely deleted upon the conclusion of this MOU consistent with the requirements of this MOU and applicable law. All facilities, data centers, servers, computing equipment and other equipment with information storage capabilities must be secured.

3.3.5. Upon request, provide UDOH with a description of the security measures that are in place to maintain the confidentiality of the Data being received under this MOU.

3.3.6. Provide UDOH, upon request, with evidence that all Authorized Persons who have access to the Data disclosed under this MOU have participated in any required training and attested to maintain the privacy and security of the health data.

3.3.7. Provide UDOH, upon request, with a copy of ITCA's procedure for the notification of UDOH of any Security Breach, which shall include a requirement that any user of the Data disclosed under this MOU shall
immediately notify a designated individual at ITCA TEC of any known or reasonably suspected Security Breach.

3.3.8. Maintain a log of all encrypted devices and identification numbers of those devices that are authorized to transmit, receive or store the Data disclosed under this MOU, until the data is destroyed. The UDOH may request a copy of the log at any time during the term of the MOU or until the data is destroyed.

3.3.9. Make clear to all Authorized Persons and other ITCA TEC employees with a need to know that ITCA TEC is prohibited from storing Identifiable Health Data or PII on non-encrypted flash drives, CDs, external drives, smart phones or other non-networked hard drives.

3.3.10. Take all reasonable steps to ensure that Authorized Persons who have access to the Data disclosed under this MOU shall maintain the same in strict confidence after the termination of this MOU; provided that the ITCA’s obligations hereunder shall not apply to information that:

3.3.10.1. Was already known to the receiving Party prior to the time of first disclosure, as demonstrated by contemporaneous, written documentation; or

3.3.10.2. Is received without any obligation of confidentiality from a third Party having a legal right to disclose the same; or

3.3.10.3. Is independently developed by the receiving Party by individuals without access to such information, as demonstrated by contemporaneous, written documentation.

3.3.11. Notify DOH upon receipt of any court orders, subpoenas, summonses, or any other legal process served upon ITCA that requests or requires ITCA to disclose any Data provided under this MOU. State law may prohibit disclosure of specific Data.

3.4. **Security Breach**
In the event of a Security Breach, ITCA agrees to promptly notify UDOH. ITCA and UDOH agree to collaborate with each other on the investigation, mitigation, remediation and, if necessary, notification of citizens or other action as may be required by law.

3.5. **Inadvertent Disclosure**
In the event that ITCA TEC is inadvertently provided with data files containing any of the information listed in subsection 2.2, ITCA will notify UDOH of the disclosure
and delete or destroy such data files upon UDOH’s request.

4. **DATA USE AND OWNERSHIP**

4.1. ITCA TEC will use the Data disclosed under this MOU exclusively as follows:

4.1.1. for community health profiles and/or other health surveillance projects and activities; or

4.1.2. in ITCA TEC’s sole discretion and subject to a memorandum of understanding to be entered into between ITCA TEC and the applicable Tribe, for sharing Tribe-specific data sets with qualified personnel at Tribal health departments in Utah. The data that ITCA shares with Tribal health department personnel shall not contain identifiable health data, PII, dates of birth, or any geographical identifier smaller than the State.

4.2. Where Data disclosed to ITCA TEC under this MOU is used to generate external papers, reports, presentations, or publications for dissemination outside of ITCA and the Tribe, UDOH shall be provided with an opportunity to review the external document at least thirty (30) days prior to its release, unless the Parties agree to a lessor time. If ITCA TEC has not received a written response from UDOH at the conclusion of the thirty (30) day period or such lessor period of time as previously agreed to by the Parties, UDOH’s review shall be deemed complete at the conclusion of the thirty (30) day period, and ITCA TEC shall be entitled to disseminate the paper, report, presentation or publication in conformance with applicable law. Nothing in this MOU shall require ITCA TEC to disclose Tribally specific community health profiles or the data files or excel files used to create such community health profiles on behalf of a Tribal community.

4.3. UDOH shall be cited as the source of the data in all tables, reports, presentations, and scientific papers, and ITCA or its corresponding authors shall be cited as the source of interpretations, calculations, and/or manipulations of the data. ITCA TEC owns any analysis, findings, and publications that are derived from the data provided by UDOH.

4.4. ITCA shall maintain a log of datasets that ITCA (a) received from UDOH; and (b) shares with Tribal partners. Where datasets are shared with Tribal partners, the log shall include: the Tribe with whom data is shared, data type (i.e., inpatient or emergency department records, or both), the discharge date range of the records, and a brief statement of the anticipated use of the data. ITCA shall provide UDOH a copy of log activity upon request by UDOH.

5. **TERM OF THE AGREEMENT**

The Term of this MOU shall commence upon signature of both Parties and shall continue for a period of five (5) years, which Term shall automatically renew for subsequent periods of the same length as the initial Term, unless terminated as outlined below or a revision is proposed by either Party.
6. **TERMINATION**

6.1. Except as specifically provided in this MOU, this MOU remains in effect until it is otherwise terminated under the following terms and conditions:

6.1.1. Termination without Cause

Either Party may terminate this MOU at any time with thirty (30) calendar days written notice to the other Party, specifying the termination date. Such notice shall be given by personal delivery or by certified mail, return receipt requested to the persons listed in Section 17 of this MOU.

6.1.2. Cancellation for Conflict of Interest

UDOH may cancel this MOU in conformance with applicable Utah law if any person significantly involved in initiating, negotiating, securing, drafting or creating the MOU on behalf of UDOH is, or becomes at any time while the MOU or an extension of the MOU are in effect, an employee of or a consultant to any other Party to this MOU with respect to the subject matter of the MOU. The cancellation shall be effective upon receipt of the written notice of cancellation, unless the notice specifies a later time.

7. **NON-DISCRIMINATION**

The Parties shall ensure that all persons, regardless of race, color, religion, sex, age, ethnicity, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable State and Federal employment laws, rules, and regulations, including the Americans with Disabilities Act. The Parties shall take affirmative action to ensure that applicants for employment and employees are not discriminated against due to race, creed, color, religion, sex, national origin or disability.

8. **RECORDS**

ITCA TEC shall retain all Data and other records relating to the MOU for a period of time defined for each data set release after the completion of a project or upon completion or termination of the MOU. Both Parties can negotiate for a longer period of time if such longer period is necessary to comply with Utah law. Upon request, ITCA TEC shall provide UDOH proof of the destruction of data containing Identifiable Health Data or PII.

9. **AMENDMENT OR MODIFICATIONS**

No amendment or modifications to this MOU, including any amendment or modification of this Section, shall be effective unless the same is in writing signed by the Parties.

10. **UTAH LAW**
The law of Utah applies to this MOU.

11. RELATIONSHIP OF PARTIES

ITCA warrants that it is acting as an independent entity under this MOU. Neither Party to this MOU shall be deemed to be the employee or agent of the other Party to the MOU.

12. SEVERABILITY

The Provisions of this MOU are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the MOU.

13. NO PAROLE EVIDENCE

This MOU is intended by the Parties to be a final and complete expression of their agreement. No course of prior dealings between the Parties and no usage of the trade shall supplement or explain any terms used in this document.

14. NO WAIVER

Either Party's failure to insist on strict performance of any term or condition of the MOU shall not be deemed a waiver of that term or condition even if the Party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

15. HEADINGS

Headings are for organizational purposes only and shall not be interpreted as having legal significance or meaning.

16. ADVERTISING AND PROMOTION OF CONTRACT

ITCA shall not advertise, publish, or re-release any information for commercial benefit concerning this MOU without the prior written approval of UDOH or, upon notice by UDOH, such other State department or agency as may be required by applicable Utah law.

17. NOTICES, CORRESPONDENCE AND REPORTS

17.1. All notices required by this MOU shall be sent to:

UTAH DEPARTMENT OF HEALTH
Deputy Director for Public Health
288 North 1460 West
P.O. Box 141000
Salt Lake City, Utah 84114
MEMORANDUM OF UNDERSTANDING
MOU No.

Phone: (801) 538-6111
Fax: 

With a copy to:

Director
Center for Health Data and Informatics
Utah Department of Health
P.O. Box 141019
Salt Lake City, UT 84114-1019
Phone: (801) 538-7072
Email: chdata@utah.gov

17.2. Notices, correspondence, and reports from UDOH to ITCA TEC shall be sent to:

Executive Director
INTER TRIBAL COUNCIL OF ARIZONA, INC., Suite 100
2214 North Central Ave. Phoenix, AZ 85004
Phone: 602-258-4822
Fax: 602-258-4825

With a copy to:

Director
Tribal Epidemiology Center Director
INTER TRIBAL COUNCIL OF ARIZONA, INC., Suite 100
2214 North Central Ave. Phoenix, AZ 85004
Phone: 602-307-1995
Fax: 602-258-4825

18. SIGNATURES/APPROVALS

18.1. IN WITNESS WHEREOF, the Parties have causes this Memorandum of Understanding to be signed and entered into by their authorized representatives, as follows:

INTER TRIBAL COUNCIL OF ARIZONA, INC.

Maria Dadgar, Executive Director
Date: 3/13/15

UTAH DEPARTMENT OF HEALTH

Robert T. Rolfs, Deputy Director
Date: 5-12-15
ADDITIONAL DATA REQUESTS
FROM
THE INTER TRIBAL COUNCIL OF ARIZONA, INC. TRIBAL EPIDEMIOLOGY CENTER
August 8, 2015

This document is an additional data request based on the Memorandum of Understanding (MOU) for the Sharing of Tribal Health Data and Vital Statistics between Utah Department of Health (UDOH) and the Inter Tribal Council of Arizona, Inc. (ITCA), dated August 26, 2015.

According to the MOU 2.1, UDOH agrees to share data upon the written request of ITCA TEC as outline in Attachment 1. This document serves as a written request for a new data request for additional data. The ITCA Tribal Epidemiology Center requests (TEC) the UDOH to share following additional data files:

- 2009-2011 Hospital inpatient discharge records
- 2009-2011 Emergency encounter data.

The detailed data requests and data file technical specifications are the same as defined in the MOU Attachment 2. Inter Tribal Council of Arizona Data Request for Community Health Assessment, 2015. The 2009-2011 additional data sets shall have the same data elements and file layout.

The ITCA TEC will apply for all privacy and security protection requirements specified in the MOU to the additional data files received from the UDOH.

Data Requester:

Name: Jamie Kitchen
Position: Tribal Epidemiology Center Director
Date: 10/19/15

INTER TRIBAL COUNCIL OF ARIZONA, INC., Suite 100
2214 North Central Ave. Phoenix, AZ 85004
Phone: 602-307-1995
Fax: 602-258-4825