



Community Health Assessment Toolkit





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Introduction

The American Indian Cancer Foundation (AICAF) is a Native-led 501(c)(3) nonprofit organization dedicated to eliminating cancer burdens of Indigenous people by improving access to prevention, early detection, treatment, and survivor support. Addressing factors such as tobacco cessation, food security, and physical activity plays a crucial role in reducing cancer risk and promoting the overall health and wellness of our communities.

Oklahoma encompasses the lands of 39 federally recognized Tribal Nations and is home to over 332,000 American Indian/Alaska Native (AI/AN) individuals, according to the American Redistricting Project (2024). Within these Tribal nations, there are significant health challenges, where the need for culturally tailored prevention and health resources is critical. (Oklahoma Census Bureau, n.d.)

As part of the Racial and Ethnic Approaches to Community Health (REACH) initiative funded by the Centers for Disease Control and Prevention (CDC), the American Indian Cancer Foundation and the Indigenous Cancer Solutions Oklahoma Coalition (ICS-OK) are working together to enhance the overall health and wellness of Tribal communities. One key component of this effort is the development of a customizable community health assessment (CHA) toolkit.

This CHA toolkit is designed to support Tribal Nations by offering a flexible and culturally relevant framework for assessing health and wellness priorities in their communities. It was designed for Tribal partners to adapt and use in ways that reflect their unique community priorities, helping identify both existing strengths and areas where support is needed. This tool is meant to be adapted to meet the specific needs of your community.



The key focus areas of this CHA include:

- Food Insecurity, Food Sovereignty and Food Security
- Built Environment and Physical Activity
- Commercial Tobacco
- Sacred/Ceremonial Tobacco

The Purpose

A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information can help develop a health improvement plan by justifying how and where resources should be allocated to best meet community needs. (Centers for Disease Control and Prevention [CDC], 2024).

This toolkit was created to reflect Indigenous values, perspectives, and priorities. It can be used in full or in part, depending on your specific community needs. It is here to be of assistance to help reduce the burden of developing questions or methods and serves as a guide for collecting community feedback.


What is a Community Health Assessment (CHA)?

A Community Health Assessment is a process or way to collect information and data from your community to understand community preferences, strengths, identify gaps, and health trends. This can be helpful in guiding decision-making and future planning efforts.

Why is a CHA important?

For generations, Indigenous communities have faced systemic barriers to health, including limited access to nutritious foods, traditional food systems, safe environments for physical activity, and culturally relevant healthcare. Colonization and historical policies have disrupted food sovereignty, traditional practices, and access to land, all of which impact overall health outcomes today.

Despite these challenges, we continue to demonstrate resilience by reclaiming traditional food systems, revitalizing cultural practices, and advocating for policies that support health and wellness.



CHAs are a powerful tool that can be used to ensure that community-driven solutions are prioritized, resources are allocated where they are most needed, and health equity is advanced in a way that aligns with Indigenous values and self-determination. By utilizing this tool, communities can identify strengths and gaps, advocate for meaningful change, and build a foundation for sustainable health initiatives that reflect cultural traditions and support future generations.

Benefits of a CHA:

- Improved organization, community coordination and collaboration.
- Increased knowledge about public health and the interconnectedness of activities.
- Strengthened partnerships within tribal, state, and local public health systems.
- Identified strengths and weaknesses to address in quality improvement efforts.
- Baselines on performance to use in preparing for accreditation.
- Benchmarks for public health practice improvements.

(CDC, 2024)

Using This Toolkit

This toolkit is divided into five focus areas; Demographic Information, Food Insecurity, Indigenous Food Sovereignty, Built Environment and Physical Activity, Commercial and Traditional Tobacco and a section for additional questions.

Each of these sections includes:

- A brief introduction
- Key terms
- Sample questions for assessment

This tool can be adapted to match your communities' priorities. Questions can be identified via surveys, talking circles, interviews, or focus groups. Results from the CHA can inform program development, grant applications, policy advocacy, and community planning.




Tips for Facilitating a CHA:

- Build relationships and trust before beginning this process
- Use your native language or terms when possible
- Incorporate storytelling and traditions into this process
- Ensure elders, youth and other key voices are heard and invited
- Always seek community consent when collecting and using data
- Be sure to share back the data that was collected with your community and share with them what your intended plans are.

Glossary of Key Terms

- **Two-Spirit** –Used by some indigenous people to describe a person who embodies both masculine and feminine spirits. In most tribes, they were considered neither men nor women; they occupied a distinct, alternative gender status (Indian Health Service, n.d.).
- **Non-binary** - One term people use to describe genders that don't fall into one of these two categories, male or female (Advocates for Trans Equality, n.d.).
- **Food Insecurity** – Food insecurity is defined by the U.S. Department of Agriculture (USDA) as a household-level economic and social condition of limited or uncertain access to adequate food.
- **Food Security** – Food security defined by the USDA, refers to household means access by all members at all times to enough food for an active, healthy life.
 - Food security includes at a minimum:
 - The ready availability of nutritionally adequate and safe foods.
 - Assured ability to acquire acceptable foods in socially acceptable ways (that is, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).
- **Indigenous foodways** – Indigenous foodways as defined by the Sustainability Directory (2025) encompasses traditional knowledge, practices, and traditional food systems of indigenous people. Indigenous Foodways encompasses the traditional practices surrounding the acquisition, preparation, and consumption of foods native to a specific region. This term represents a deep tie to culture and land.
- **Food Sovereignty** – The U.S. Food Sovereignty Alliance described food sovereignty as the right of peoples to healthy and culturally appropriate food produced through



ecologically sound and sustainable methods, and their right to define their own food and agriculture systems. It puts the aspirations and needs of those who produce, distribute and consume food at the heart of food systems and policies rather than the demands of markets and corporations.

- **Built Environment** – The CDC says Built Environment is all the human-made physical spaces where people live, work, and play. This includes buildings, roads, open spaces, and infrastructure. It encompasses everything from homes and schools to transportation systems and recreational areas
- **Physical Activity** –The CDC defines Physical Activity as any bodily movement produced by skeletal muscles that results in energy expenditure. This encompasses activities done during leisure time, transportation, or as part of one's work or domestic activities. Essentially, any movement that gets your body moving counts as physical activity.
- **Commercial Tobacco** – The CDC refers to commercial tobacco as mass-produced, manufactured tobacco products sold for profit, and often containing added chemicals. These products include cigarettes, smokeless tobacco, cigars, hookahs, and pipe tobacco.
- **Traditional or Sacred Tobacco** – The American Indian Cancer Foundation states that Traditional Tobacco is used for prayer, for spiritual guidance, discipline, and protection. Often, traditional tobacco is offered to the Creator to express gratitude for land, Indigenous foods, water and ways of life. This gift should be respected and used in the proper way for health and to promote the generational well-being of all people across Turtle Island. Traditional tobacco plants and customs vary across Tribal nations.

Next Steps

- Customize the toolkit to align with local community/organizational goals.
- Gather input through a mix of methods that work best for your target population. (e.g., surveys, community events).
- Analyze and review the data. Ensure that you share findings with community members and leadership if appropriate.
- Use findings to:
 - Guide Program Development
 - Share results with tribal leaders, tribal health council, etc.
 - Funding Applications
 - Have a better overall understanding of community health needs



Sample Questions:

Please note: This toolkit was developed to honor Indigenous knowledge, promote health equity, and support tribal self-determination. We invite you to use and adapt it in ways that uplift the strengths and needs of your community.

Section 1: Demographic Information


It is key to collect demographic data during your CHA. This information will aid in identifying key and/or vulnerable populations. This information can give you a more in-depth perspective on what is happening in communities of different ages, races, and education.

1. What is your age?

- ☐ Under 18
- ☐ 18–24
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65 and over

2. What is your gender identity?

- ☐ Female
- ☐ Male
- ☐ Two-Spirit
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other (please specify):



3. What Tribe(s) or Nation(s) are you a citizen of or affiliated with?

4. What ZIP code do you currently live in?

5. Which of the following best describes your current living situation?

☐ Rent a home or apartment

☐ Own a home

☐ Stay with friends or family

☐ Unhoused or in transitional housing

☐ Other (please specify): _____

6. How many people, including yourself, live in your household?

7. What is your current employment status?

☐ Employed full-time

☐ Employed part-time

☐ Unemployed and looking for work

☐ Unemployed and not looking for work

☐ Student

☐ Retired

☐ Disability Services

☐ Other (please specify): _____

8. What is your total household income before taxes?

☐ Less than \$10,000

☐ \$10,000–\$24,999

☐ \$25,000–\$49,999

☐ \$50,000–\$74,999

☐ \$75,000–\$99,999

☐ \$100,000 or more

☐ Prefer not to say

Section 2: Food Insecurity

Food insecurity can have a direct impact on the overall health of an individual, family, and community. It is key to ensure you collect food insecurity data through the CHA. These questions can provide more context to possible underlying health conditions.

1. Does your family always have enough food?

☐ Yes ☐ No

If no, why not? (Select all that apply):

- ☐ We can't afford enough food
- ☐ We don't have access to the foods we want
- ☐ We don't have time to buy enough food
- ☐ Other: _____


2. Does your family have access to healthy food?

(e.g., locally grown fruits/vegetables, wild game, gathered seaweed, seafood, etc.)

☐ Yes ☐ No

If no, why not? (Select all that apply):

- ☐ We can't afford healthy food
- ☐ We don't have access to land where healthy food can be harvested
- ☐ We don't know how to identify healthy food
- ☐ We don't prefer healthy foods
- ☐ We don't know how to cook with healthy food
- ☐ We don't have time to obtain healthy food
- ☐ Lack of access to healthy food in stores
- ☐ Other: _____

- 
3. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food or enough food?

☐ Yes ☐ No ☐ I don't know

4. "The food that my family bought just didn't last and we didn't have money to get more."

In the last 12 months, this was:

☐ Often true
☐ Sometimes true
☐ Never true
☐ I don't know

5. "My family and I couldn't afford to eat healthy meals."

In the last 12 months, this was:

☐ Often true
☐ Sometimes true
☐ Never true
☐ I don't know

6. Does your family participate in any of the following food assistance programs? (Select all that apply)

☐ SNAP (Food Stamps, EBT)
☐ Women, Infants and Children Program (WIC)
☐ Commodities Program (FDPIR)
☐ School lunch/breakfast program
☐ Meals on Wheels
☐ The Emergency Food Assistance Program (TEFAP)

☐ Not applicable

☐ Other: _____

7. If you selected any of the programs in the above question, what were the reasons you used food assistance in the past month? (Select all that apply)

☐ Unusual expenses this month

☐ Ran out of food stamps

☐ Recent job loss

☐ Continued unemployment

☐ Traditional sources of food not available

☐ Continued financial difficulties

☐ Not applicable

☐ Other: _____

8. What barriers, if any, prevent you from using food assistance programs? (Select all that apply)

☐ Our family does not meet the income eligibility

☐ The application process is too complicated

☐ Social reasons – I am embarrassed to use this service

☐ Do not have the required documentation

☐ I am not aware of the food assistance programs that are available in my community

☐ Other: _____

9. A. How often are locally produced foods available in your community?

- ☐ Always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

B. If so, what are these foods?

10. On average, how many minutes from your home do you have to drive to access fresh fruits and vegetables?

- ☐ Less than 10 minutes
- ☐ 10–19 minutes
- ☐ 20–29 minutes
- ☐ 30+ minutes

11. In a typical day, how many servings of fruits and vegetables do you eat?

- ☐ 0–1 ☐ 2–3 ☐ 4–5 ☐ 6+

12. What type of vegetables do you eat most often?

- ☐ Canned ☐ Dried ☐ Fresh ☐ Frozen

13. What type of fruit do you eat most often?

- ☐ Canned ☐ Dried ☐ Fresh ☐ Frozen

14. How much do you spend on groceries each time you shop?

- ☐ \$0–\$50 ☐ \$50–\$100 ☐ \$100–\$150 ☐ \$150–\$200 ☐ More than \$200

15. On average, how often do you go grocery shopping?

- ☐ 1 time every 3 weeks
- ☐ 1 time every 2 weeks
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3 or more times per week

16. In the last 12 months, did you or your family experience any of the following?
(Select all that apply)

- ☐ Couldn't afford to eat balanced meals. A balanced meal can look like 3-4 meals a day with an appropriate mix of carbohydrates, fruits, vegetables, and proteins.
- ☐ The food you bought didn't last and there wasn't money to buy more
- ☐ Opted to eat fast food or unhealthy food because there wasn't enough money for healthy food
- ☐ Cut the size of your meals or skipped meals because there wasn't enough food
- ☐ None of the above

17. How do you get to grocery stores most often?

- ☐ Walk
- ☐ Drive my own vehicle
- ☐ Public Transportation
- ☐ Ride with friends or family

18. How long do you have to travel to shop at your preferred grocery store?

☐ Less than 10 minutes

☐ 10–19 minutes

☐ 20–29 minutes

☐ 30+ minutes

19. Have you ever experienced issues using public transportation to get to the grocery store?

☐ Yes

☐ No

☐ I don't use public transportation

20. Is there a food bank or food pantry within a reasonable distance (under 10 miles) from your home?

☐ Yes

☐ No

☐ I don't know

21. What are you most concerned about when purchasing food? (Select one)

☐ Convenience

☐ Taste/preference

☐ Cost

☐ Freshness

☐ Nutritional value

22. How would you rate the nutritional quality of your diet?

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor



Section 3: Indigenous Food Sovereignty

It's essential that Indigenous communities have both the opportunity and access to healthy, traditional foods. This section is designed to gather feedback on factors like affordability, accessibility, and other related issues.

1. How often are traditional Indigenous foods available in your community?

- ☐ Always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never


2. I can afford traditional Indigenous foods for myself or my home

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

3. On average, how many minutes from your home do you have to travel to access traditional Indigenous foods?

- ☐ 0–9 minutes
- ☐ 10–19 minutes
- ☐ 20–29 minutes
- ☐ 30+ minutes

4. How familiar do you consider yourself to be with traditional Indigenous foods?

- 
- ☐ Very familiar
 - ☐ Familiar
 - ☐ Not so familiar
 - ☐ Not at all familiar

5. How often does your family consume traditional Indigenous foods?

- ☐ Always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

6. Is there someone in your community teaching or sharing about culture and traditional Indigenous foods?

- ☐ Yes
- ☐ No
- ☐ I don't know

7. What is the biggest challenge that prevents you from buying local or traditional Indigenous foods?

- ☐ Convenience (limited availability, conflict with store hours, etc.)
- ☐ Cost
- ☐ Quality
- ☐ N/A

8. How did you learn to prepare traditional Indigenous foods?

- ☐ I do not know how
- ☐ From a relative
- ☐ Internet/self-taught
- ☐ Community or tribal program
- ☐ Other: _____



9. What do you consider traditional Indigenous foods? Please list.

10. If you could tell your community leadership anything about the importance of traditional Indigenous foods and healthy foods within your tribal community, what would you tell them?

11. What does the term Indigenous food sovereignty mean to you?

12. What are some traditional Indigenous foods that you would like to gain better access to?

13. In what ways can we preserve traditional Indigenous foodways in our community?

Section 4: Built Environment and Physical Activity

This section explores community members' physical activity habits and gathers their views on the built environment in their area, including features like buildings, parks, sidewalks, and other infrastructure. It also includes questions about traditional games, sports, and culturally significant physical activity.

1. Do you have access to facilities that support traditional activities (e.g. stickball, foraging, etc.) and movements?

☐ Yes ☐ No ☐ I don't know

If no, what would be needed to improve access?

2. Do you have access to facilities that support modern physical activity or movement?

☐ Yes ☐ No ☐ I don't know

If no, what would be needed to improve access?

3. Are there traditional physical structures used for both physical and spiritual practices in your tribe (e.g., sweat lodges, tipi circles, stickball fields or ceremonial lodges)?

☐ Yes ☐ No ☐ I don't know

If yes, please describe:

4. How do you typically get around your community or to work?
(Check all that apply)

☐ Walk ☐ Bike ☐ Car ☐ Public Transportation

☐ Other: _____

5. In a typical day, how much time do you spend sitting?

☐ 0–1 hour ☐ 1–3 hours ☐ 3–5 hours ☐ 5+ hours

6. On average, how much time do you spend moving (e.g., walking, working, being active) each day?

☐ 0–30 mins ☐ 30 mins–1 hour ☐ 1–2 hours ☐ 2+ hours

7. Do you have any specific concerns or challenges (besides lack of time) that keep you from being more physically active?

☐ Yes ☐ No

If yes, please describe:

8. Do you participate in traditional physical activities or sports?

☐ Yes ☐ No



9. Are these traditional physical activities or sports taught to youth in your community?

☐ Yes ☐ No

10. Do you feel these traditional physical activities or sports are accessible to all age groups—from children to elders?

☐ Yes ☐ No ☐ I don't know

11. Do you participate in any traditional competitions or tournaments (e.g., stickball, archery, wrestling)?

☐ Yes ☐ No

12. Do any traditional games or physical activities play a role in your tribe's cultural identity or storytelling?


☐ Yes ☐ No ☐ I don't know

If yes, how?

13. Are there challenges that you face that prevent your participation in traditional physical activities?

☐ Yes ☐ No ☐ I don't know

If yes, please describe (e.g., lack of interest, facilities, knowledge, physical ability):



14. How can our schools, community centers, or other organizations incorporate traditional physical activities into their programs?

15. How far do you need to travel to access designated areas for outdoor physical activities (e.g., hiking, running, team sports)?

☐ 0–9 minutes ☐ 10–19 minutes ☐ 20–29 minutes ☐ 30+ minutes

16. Are there enough community centers or multipurpose facilities where physical activity can take place year-round?

☐ Yes ☐ No ☐ I don't know

17. What conditions are your community's physical activity spaces in (e.g., basketball courts, playgrounds, sports fields)?

☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ I don't know

18. Does your community have physical spaces specifically designed to support traditional cultural activities (e.g., dance circles, powwow grounds, Longhouses, stomp grounds, gathering spaces)?

☐ Yes ☐ No ☐ I don't know

If yes, please describe:

Section 5: Commercial and Traditional Tobacco

This section aims to understand community perspectives and behaviors related to both traditional and commercial tobacco. It explores the cultural significance, ceremonial use, and respectful stewardship of traditional tobacco, while also examining the use of commercial tobacco in all its forms—including cigarettes, e-cigarettes, chewing tobacco, cigars, and other smokeless products. This includes assessing patterns of use, exposure to secondhand and thirdhand smoke or aerosol, and access to culturally relevant cessation resources. The goal of this section is to support and protect traditional tobacco practices while informing strategies to reduce the harms associated with commercial tobacco across all products.

1. Have you ever used commercial tobacco?
(e.g., snuff, e-cigarettes, cigarettes, etc.)

☐ Yes ☐ No

2. What is your current commercial tobacco status?

☐ I use daily
☐ I use occasionally
☐ I quit smoking
☐ I have never smoked or used commercial tobacco

3. How long has it been since your last commercial tobacco product use

☐ N/A
☐ Within the last week
☐ Within the last month
☐ 1–6 months ago
☐ 6–12 months ago
☐ Over a year ago

4. Have you ever attempted to quit using your commercial tobacco product?

☐ Yes ☐ No ☐ N/A

5. If yes, did you use any traditional methods to assist in quitting commercial tobacco products?

☐ Yes ☐ No

Please describe (optional):

6. Did you use any cessation classes or counseling to help you quit your commercial tobacco product use?

☐ Yes ☐ No ☐ N/A

7. Do you support commercial tobacco ban (e.g., Smoking ban) in indoor areas or public settings?

☐ Yes ☐ No ☐ N/A

Please explain why or why not:

8. How old were you the first time you used a commercial tobacco product?
(Exclude sacred or traditional use)

☐ 8 or younger

☐ 9–12 years old

☐ 13–15 years old

☐ 16–18 years old

- ☐ 19–24 years old
- ☐ 25 or older
- ☐ I have never used commercial tobacco

9. Do you currently use smokeless tobacco? (eg. Chewing tobacco, snuff, etc.)

- ☐ Yes ☐ No ☐ N/A

10. If you answered yes to the above, how often do you use it?

- ☐ Daily
- ☐ A few times a week
- ☐ A few times a month
- ☐ Rarely

11. Do you currently smoke cigarettes?

- ☐ Yes ☐ No ☐ N/A

12. If you answered yes to the above, how often do you smoke?

- ☐ Daily
- ☐ A few times a week
- ☐ A few times a month
- ☐ Rarely

13. Does anyone in your household or family currently smoke or use chewing tobacco?

- ☐ Yes ☐ No

14. Have you ever used an e-cigarette or vape?

☐ Yes ☐ No

If yes, is your vape flavored?

☐ Yes ☐ No

If yes, what flavor(s) do you use?

15. Have you ever seen a traditional or Native healer in relation to commercial tobacco use and/or side effects?

☐ Yes ☐ No ☐ N/A

16. If not, would you be interested in seeing a traditional or Native healer in relation to commercial tobacco use and/or any side effects?

☐ Yes ☐ No ☐ N/A

17. Do you agree that ceremonial prayer or traditional methods could assist you in quitting smoking?

☐ Yes ☐ No

18. Do you believe it is possible for our community to keep tobacco sacred?

☐ Yes ☐ No

Additional Questions:

This section provides space for tribes to include any custom questions that reflect their unique priorities, concerns, or areas of interest. It allows each community to gather information that may not be covered elsewhere in the assessment but is important for local planning, programming, or decision-making. This ensures the CHA remains flexible, community-driven, and responsive to each Tribal community's specific needs.



Making Sense of Your CHA Results

After your Community Health Assessment has been completed, the next step is to analyze your data. This section offers guidance on how to understand your findings and use them to support and benefit your community.

1. Purpose

Understanding the purpose of your data will help you determine the most useful ways to analyze and share the results. Are you trying to:

- Develop or improve a community program?
- Advocate for policy change?
- Identify barriers to physical activity or food access?
- Understand how your community uses culture and tradition to support wellness?
- Support a grant application?

Upon answering these questions, you will be able to decide which data is most important for your purposes and who your audience will be.

2. Understand your data types

Your assessment will likely contain two types of data: quantitative and qualitative.

- **Quantitative:** numerical data, usually collected through multiple-choice questions, rating scales, or checkboxes. Helps identify patterns, track change over time, or compare across groups.
- **Qualitative:** descriptive data, often collected through open-ended questions, interviews, and focus groups. Used to tell a more complete story, provides important context, and centers community voices.

Utilizing both types of data will help you gain a fuller picture of what is happening in your community. It includes statistics, while also capturing personal experiences.

3. Organize your data

Organize your responses by topic. For example, group all data related to physical activity or traditional tobacco all in one place.

- Surveys most often include both quantitative (numerical) and qualitative (descriptive) data. Spreadsheets can help track responses, sort by question, and utilize filters to analyze patterns.
- Interviews and focus groups capture qualitative data. Responses can be organized in a spreadsheet or document by grouping similar ideas into themes, which helps identify shared messages across participants.

Keep demographic data connected to each individual response but organize it in a way that makes it easy to filter or compare responses across different groups. For example, you may want to look at how food access differs by ZIP code or how physical activity levels vary by age group.

4. Look for key themes

Keep track of common themes you notice throughout the data. Ask yourself:

- What challenges are repeatedly mentioned?
- What strengths are being highlighted?
- Is there anything surprising or contradictory in the responses?

5. Create simple visuals


Using tools like Excel, Canva, or Google Sheets, you can create pie charts or bar graphs for survey questions, tables to compare data across multiple groups, and pull quotes for qualitative highlights. Visuals are important to share data in a clear and accessible way.

6. Share results with your community

It is important to disseminate the results within the community so that members understand the impact of their contributions. When community members see that their participation has made a difference, they are more likely to participate again in the future. Closing the loop builds trust and ensures the process remains community-led.

How to Share:

- Visual summaries (e.g., infographics, one-pagers, slide decks, posters) highlight key findings and recommend the next steps.
- Presentations at community meetings, health fairs, coalition gatherings, or Tribal Council sessions.

- 
- Short videos or storytelling-based approaches that include quotes or themes shared by community members.
 - Social media posts, community newsletters, and radio segments for broader visibility.
 - Printed materials can be placed in clinics, tribal offices, elder centers, schools, and other community spaces.

Who Should Be Involved in Sharing:

- Community leaders and champions (e.g., elders, youth advocates, health workers) help interpret and validate the findings.
- Local staff or coalition members who helped gather data and can speak to the process.
- Tribal councils or boards who may use the findings to guide decision-making.

Where to Share:

- In-person gatherings such as community forums, pow wows, health education events, or cultural gatherings.
- Social media channels like websites, Facebook pages, text alert systems, or local newspapers.
- Within programs and services (e.g., youth programs, clinics, wellness programs) where the findings can inform improvements or future initiatives.

Always ensure results are presented in a way that are respectful, easy to understand, and highlights the positive impact of community knowledge and lived experience. Whenever possible, invite community feedback on how they would like to receive information and involve them in choosing what to prioritize moving forward.

7. Use your data to guide next steps

Keep your community's purpose and goals in mind as you decide what next steps to take. For example, data can help you further programming, support grant applications, inform leadership and policy decisions, or uplift traditional practices and wellness strategies. Let the data highlight both existing strengths and challenges to guide positive change led by community voices.

8. Honor Indigenous knowledge

Data doesn't need to fit neatly into charts for it to be valuable. Stories, teachings, and lived experiences often carry deeper meaning than numbers alone. Ground your analysis in Indigenous knowledge by bringing in the community's cultural understanding and teachings. Let those perspectives shape how the data is interpreted, so it reflects the community's own worldview and priorities.



Sources & Acknowledgements

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