



SOUTH DAKOTA DEPARTMENT OF HEALTH

Assessing Impact:

An Evaluation of the American Indian Health Databook, Data Dashboard, and the Tribal Infections Dashboard

Last Update: June 2026

CONTENTS

- CONTENTS 2
- Objective/Question:..... 3
- Goals: 3
- Relevant Background: 3
 - Evaluation methods: 4
 - Data:..... 4
 - Qualtrics Survey Results..... 4
 - Focus Group Results..... 6
- Conclusion 6
- Appendix 7
 - Evaluation Survey Tool(s) based on Objectives 7
 - Qualtrics Survey Questions 7
 - Round Table Discussion Questions 8
 - Aggregated data from the survey 9
 - Demographics 9
 - Aggregated survey question data 9
 - Raw data from the round table discussion 10
- References 10

OBJECTIVE/QUESTION

To what extent and in what capacity do Tribal Communities use the American Indian Health Data Book, as compared to the American Indian Health Data Dashboard and Tribal Infections Dashboard?

GOALS

1. Determine the frequency of use of the American Indian Health Data Book, as compared to the American Indian Health Data Dashboard [quantitative]
2. Determine the conditions under which the American Indian Health Data Book is a preferred resource for Tribes to use, as compared to the American Indian Health Data Dashboard [qualitative/qualitative]
 - a. Where has each of the resources been used? (ex. General awareness, grants, etc.)
3. Determine improvements to the Data Book and Dashboards to increase use of both resources by Tribal Health Leaders.

RELEVANT BACKGROUND

A. American Indian Health Data Book

The American Indian Health Data Book was first published in 2024 with the intent to identify challenges, inform policies, and guide resources to where they are needed most. The Data Book also aims to support efforts to promote health, strengthen partnerships with Tribal communities, and advance strategies that honor the unique needs and sovereignty of South Dakota's nine Native Nations. The Book contains data on selected health concerns common across South Dakota, such as social vulnerability, early syphilis, congenital syphilis, cervical cancer, lung cancer, smoking, infant mortality, pregnancy-associated deaths, suicide, alcohol-related deaths, overdose deaths, and age of death. Data are presented as cases by Race for that year, as well as displaying longitudinal annual data for these cases by race. By providing the Tribes with a comprehensive overview of health trends, this allows community Health Leaders to monitor trends longitudinally to assess patterns and discern areas for improvement in access to care, service delivery, patient outreach, and education. The Data Book can also be accessed as an Executive Summary document. To date, the efficacy and usability of the data book have not been evaluated.

B. American Indian Health Data Dashboard

The American Indian Health Dashboard was first published in October 2025 and replicates the updated data released in the executive summary of the American Indian Health Data Book. The data on the dashboards are updated annually and present data per disease, race, and rate. County maps on this online dashboard allow the user to interact and engage with maps. When interacting with the dashboard, the user has the option to choose the specific time range for which they would like to view data. For example, a user may choose to review data representing 12 months in 2025 or for a specific month in a year. All data is an aggregate of all Tribal regions and cannot be disaggregated by specific Tribe, per disease state. A link to the *Last Update: June 2026*

Dashboard can be found on the South Dakota Department of Health website, at the same domain where the American Indian Health Data Book and Executive Summary are housed: [American Indian Data & Reports | South Dakota Department of Health](#). There is no written record of this dashboard being evaluated.

C. Tribal Infections Dashboard

The Tribal Infections Dashboard was published in September 2024 and differs from the American Indian Health Dashboard and Data Book in terms of access to data and update frequency. The dashboard includes individual, Tribe-specific records, in addition to aggregated data, on diseases and conditions found within Tribal land. Tribes are granted specific access to data that is relevant to that specific Tribe; there is no ability for any user to conduct a cross-comparison of Tribal data or view aggregate data. This data is updated monthly and presents additional data that cannot be found on the American Indian Data Dashboard and/or Data Book, such as measles, for example. This dashboard also represents data in ways not reiterated in the other resources; for each Tribe, infectious disease cases are displayed by monthly case count, data disaggregated by age range, and visualized case count per selected time range, on an interactive map. There is no written record of this dashboard being evaluated.

EVALUATION METHODS

Two surveys were created as part of this project to capture more robust data from Tribal communities; each was piloted with members of the Division of Disease Prevention & Control (DPC) at SD-DOH.

Surveys were shared with Tribal communities in a two-part series during Tribe-specific monthly calls. The first survey was created using the Qualtrics platform and was shared in February 2026; it included 11 multiple-choice questions regarding access and use of the AI Dashboard, Data Book and Infectious Disease Dashboard. (See Appendix Ai). The survey was introduced by the Tribal Epidemiologist during each Tribe-specific meeting; links were shared in Zoom chats as well as in the meeting notes sent out after adjournment. Respondents were given one month to complete the survey, coinciding with the subsequent month's Tribe-specific meeting, during which the Tribal Epidemiologist led the group in brief roundtable discussions. Five specific questions were asked that were developed to elaborate on the answers to the multiple-choice survey. The goal of the roundtable discussion was to provide space for respondents to provide additional feedback on all tools being evaluated and elaborate on answers within the survey. (Discussion questions can be found in Appendix A2). Notes were transcribed during this dialogue and are included in the raw data showcased in Appendix B.

DATA

Qualtrics Survey Results

There was a total of 8 survey respondents, representing 5 Tribes: Crow Creek, Flandreau, Rosebud, Sisseton Wahpeton, and Standing Rock. Interview Data represents the following 2 Tribes: Sisseton Wahpeton and Rosebud.

The proportion of those who responded was as follows:

- 1 clinic staff

Last Update: June 2026

- 1 Public Health Nurse
- 1 Health Coordinator
- 1 Project Manager
- 1 Program Manager
- 1 Disease Intervention Specialist
- 1 Tribal Health Director

The figures below represent data most pertinent to the evaluation objectives.

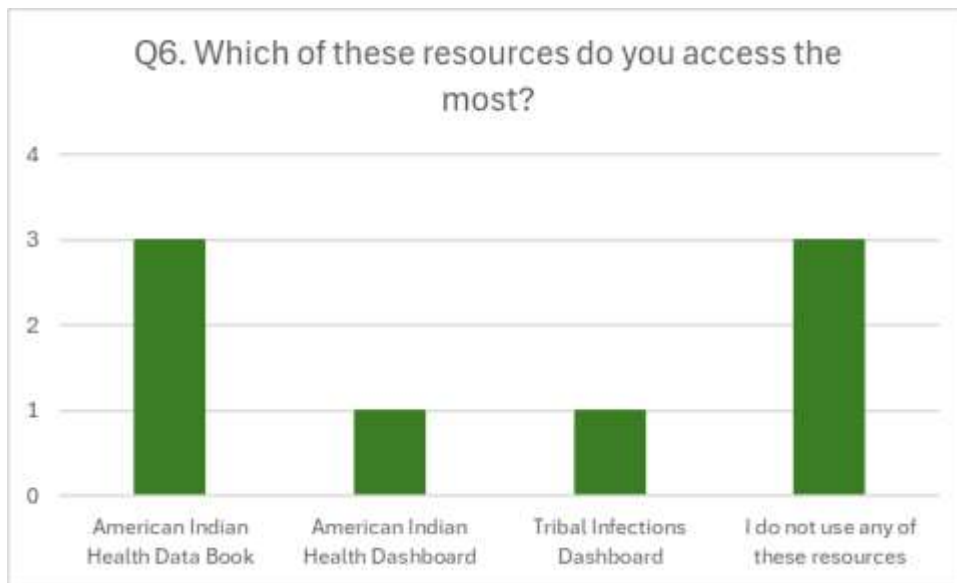


Figure 1. (n=8). The data shows that of those who use the data provided by the state, the majority are using the American Indian Health Data Book.

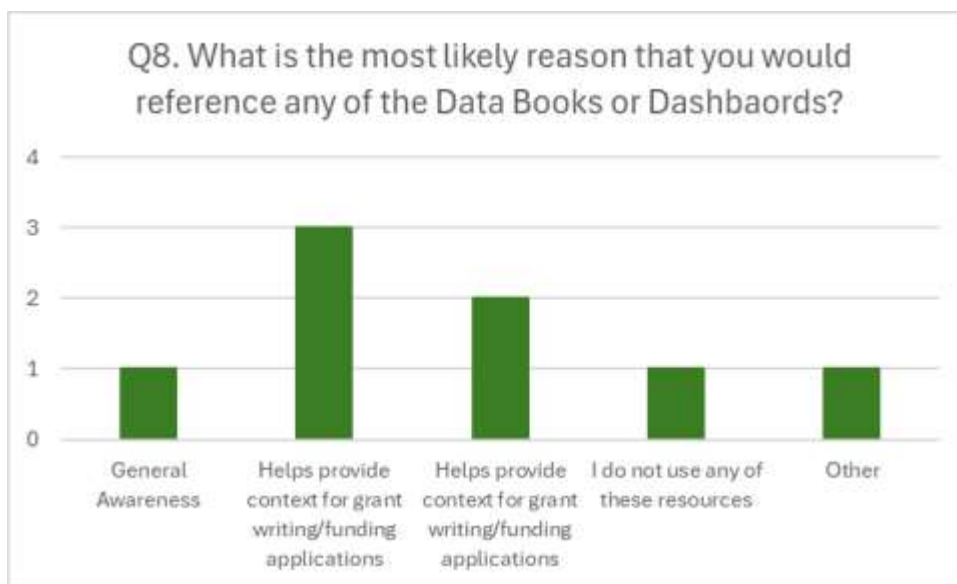


Figure 2. (n=8). The text response for “other” was “[I use this] when developing my infection control risk assessment and plan.

Other answers to questions were too sparse to create visuals. Notably, a majority of respondents stated they were referencing the American Indian Data Book and Dashboard either annually or as needed. The Tribal Infections Dashboard was referenced either monthly or as needed. Overall, there is also a majority preference for accessing the online versions of the Data Book, as opposed to referencing a print copy.

Focus Group Results

Of the 9 federally recognized Tribes in South Dakota, data was collected only from the Rosebud and Sisseton Wahpeton tribes due to lack of attendance and/or rescheduling of other Tribal virtual calls. Some of the comments regarding the use of the DOH-provided resources include the following:

- Use of the Tribal Infections Dashboard to inform funding applications
- “It doesn’t come to mind to [reference] the dashboards unless we are reminded”
- Would appreciate re-orientation to the resources more frequently
- Data from the dashboard was used to inform [a Tribe’s] health plan
- Nothing else needs to be added in terms of data

CONCLUSION

Based on the 38% of respondents not knowing one or more of the resources existed, two conclusions can be drawn. Either (1) the survey did not reach a prime target audience (Tribal Health Directors) or (2) there needs to be constant re-education and reminders of these materials. As per population demographics, only one Tribal Health Director completed the survey. In the future, it is proposed that the Tribal Epidemiologist re-orient Tribal Leaders and Tribal health professionals about each of these resources, quarterly on the virtual Tribal Health calls. In addition, it would be appropriate to share future iterations of the survey with pre-selected Tribal Health Directors to gather data from those individuals who are more likely to use these resources. Data collected within the focus groups echoed the need for reminders of these DOH resources.

As per the Indigenous Evaluation Framework proposed by La France & Nichols (2009), evaluation of these resources should be consistent to ensure that resources being created are meeting the specific needs of the Tribal Communities of South Dakota. It is recommended that every year the survey in Appendix Ai is shared among the Tribal Leaders Health Boards to ensure that resources remain relevant to use by the Tribal Leaders Health Boards. In addition, as conditions within the Tribes change and other reportable conditions emerge (such as was the case during the COVID-19 pandemic), it may be in the interest of the Tribes to include temporary sections in the Databook and dashboards that include relevant data. Minimizing the number of dashboards offered to the Tribes increases the likelihood of these resources being accessed and utilized.

Last Update: June 2026

APPENDIX

EVALUATION SURVEY TOOL(S) BASED ON OBJECTIVES

Qualtrics Survey Questions

1. Which Tribal region do you represent?
 - a. Cheyenne River
 - b. Crow Creek
 - c. Flandreau
 - d. Pine Ridge
 - e. Rosebud
 - f. Sisseton Wahpeton
 - g. Standing Rock
 - h. Yankton
2. What is the closest to your job title?
 - a. Tribal Health Director
 - b. Public health Nurse
 - c. Disease Intervention Specialist
 - d. QI Specialist
 - e. Clinic Staff
 - f. Other
3. How often do you reference the American Indian Health Data Book?
 - a. Weekly
 - b. Monthly
 - c. Yearly
 - d. On an as-needed basis
 - e. I do not use this material
 - f. I did not know this material existed
4. How often do you reference the American Indian Health Dashboard?
 - a. Weekly
 - b. Monthly
 - c. Yearly

Last Update: June 2026

- d. On an as-needed basis
 - e. I do not use this material
 - f. I did not know this material existed
5. How often do you reference the Tribal Infections Dashboard?
- a. Weekly
 - b. Monthly
 - c. Yearly
 - d. On an as-needed basis
 - e. I do not use this material
 - f. I did not know this material existed
6. Which of the three resources do you access more?
- a. Physical copy of American Indian Health Data Book
 - b. Online copy of American Indian Health Data Book
 - c. Physical copy of the American Indian Health Data Book Executive Summary*
 - d. Online copy of the American Indian Health Data Book Executive Summary
 - e. American Indian Health Dashboard
 - f. Tribal Infections Dashboard
 - g. I do not use any of these resources
7. What is the most likely reason that you would refer to any of the Dashboard or Data Books available from DOH?
- a. General awareness
 - b. Helps provide context for grant writing/ funding proposals
 - c. To share knowledge with providers
 - d. To help guide community outreach for specific diseases
 - e. Other:
 - f. I don't use any of these resources

Round Table Discussion Questions

1. Why is there a preference for one resource over another?
- a. Ease of access
 - b. More frequently updated data
 - c. Data is more relevant to me

Last Update: June 2026

- d. Ease of reading
- 2. What would make any of these resources more enticing to use? What are the challenges in accessing any of the resources?
- 3. Would it be helpful to orient Tribes to these resources/refer to them more often on the Tribal meeting calls, as is appropriate?

AGGREGATED DATA FROM THE SURVEY

Demographics

Tribal Region	Respondent Roles
Crow Creek x1	Clinic Staff
Flandreau x1	Refused to answer
Rosebud x1	Project Manager
Standing Rock x1	Public Health Nurse
Sisseton Wahpeton x4	Program Manager Health Coordinator Tribal Health Director Disease Intervention Specialist

Aggregated survey question data

Survey Question	% respondents
Q3/Q4/Q5. How often do you use either the Data Book, Data Dashboard, or Tribal Infections Dashboard?	(1x) Monthly (3x) Refused to respond (3x) I do not use this resource (3x) Yearly (5x) On an as-needed basis (9x) I did not know that this resource existed
Q6. Which of these resources do you access the most?	(1x) Tribal Infections Dashboard (1x) American Indian Health Dashboard (3x) American Indian Health Data Book (3x) I do not use any of these resources
Q8. What is the most likely reason that you would reference any of the Data Books or Dashboards made available by DOH?	(1x) Other (1x) General Awareness (1x) I do not use any of these resources (2x) To help guide community outreach for specific diseases (3x) To help provide context for grant writing/funding applications

Survey Question	% respondents
Q10. Which version of the American Indian Health Data Book do you access most frequently?	(3x) Online version

Table 2. This table shows aggregated data from the raw survey data tables produced by Qualtrics.

RAW DATA FROM THE ROUND TABLE DISCUSSION

Cheyenne River	-
Crow Creek	-
Flandreau	-
Flandreau	-
Lower Brule	-
Rosebud	Dr. Toby uses the tribal infections dashboard frequently for funding applications and will share the data book at community events
Sisseton Wahpeton	Mentioned that the dashboard is used when they are reminded upon its release (checking just doesn't come to mind) Would appreciate the re-orientation to the resources more frequently (no challenges except forgetting they exist) The Databook is used for funding applications and was recently integrated into their new health plan. Single sheets from the data book are integrated into the health plan document
Standing Rock	Nothing needs to be added
Yankton	-

Table 3. This table shows the raw data collected from the round table discussions attempted at each of the Tribal monthly virtual calls in March 2026.

REFERENCES

LaFrance, J., & Nichols, R. (2010). *Reframing evaluation: Defining an Indigenous evaluation framework*. **The Canadian Journal of Program Evaluation**, 23(2), 13–31.
https://blogs.nwic.edu/briansblog/files/2012/09/DefiningIndigenousEvaluationFramework_LaFrance-NicholsNov2010.pdf