

**Supporting Statement for Indian Health Service  
Director's 3-Initiative Best Practice, Promising Practice, and Local Effort Form**

**Background**

The Indian Health Service (IHS) goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission the Director's Three Initiatives were launched comprised of Health Promotion and Disease Prevention (HP/DP), Behavioral Health (BH) and Chronic Care (CC). The Director's Three Initiatives are linked together in their aim to reduce health disparities and improve health and wellness among the AI/AN populations through a coordinated and systematic approach to enhance: health promotion, and chronic disease and mental health prevention methods at the local, regional, and national levels.

In order to provide the product/service to IHS, Tribal, and Urban (I/T/U) programs, the Director's Three Initiatives are working together to develop a centralized program database of Best/Promising Practices and Local Efforts (BPPPLE), resources, and policies. The purpose of this collection is to develop a database of BPPPLE, resources, and policies to be published on the IHS.gov website which will be a resource for program evaluation and for modeling examples of HP/DP, BH and CC projects occurring in AI/AN communities.

**A. JUSTIFICATION:**

1. Need and Legal Basis

This is a request that the Office of Management and Budget (OMB) approve, under the Paperwork Reduction Act, an IHS information collection initiative to promote submission of "Best and Promising Practices and Local Efforts" among the I/T/U. This collection of data is authorized by the U.S. Public Health Service Act (42 U.S.C.241). A copy of this legislation can be found in Appendix A.

All information submitted is on a voluntary basis; no legal requirement for collection of this information.

The information collected will enable the Director's Three Initiative programs to:

- a) Identify evidence based approaches to prevention programs among the I/T/U when no system is currently in place, and
- b) Allow the program managers to review Best and Promising Practices and Local Efforts occurring among the I/T/U when considering program planning for their community.

2. Information Users

In an effort to provide comprehensive health services to AI/AN people, the Director's Three Initiatives within the IHS will be conducting a program and best and promising practice inventory in order to assess services I/T/U programs provide in health promotion, disease prevention, and behavioral health. The purpose of the inventory is to gather as much program information in order to:

- a) Achieve the mission of the IHS,
- b) Encourage I/T/U programs to implement best and promising practices to support evidence based approaches to promotion and preventive efforts,
- c) Provide product/services to I/T/U,
- d) Assist AI/AN communities with getting the information and health services they need, and
- e) Be a resource of external and internal collaboration and communication.

### 3. Improved Information Technology

Automated information technology will be used to collect and process information for this form. The I/T/U will submit information to an IHS database using the electronic form (Form A). Submissions will then be posted to the IHS best and promising practice and local effort website for review by the I/T/U.

### 4. Duplication of Similar Information

Other Public Health Service agencies have contacted IHS to determine how we identify evidenced based approaches among AI/AN populations. IHS has determined, through researching evidenced based websites and discussion that no system exists for collection and reporting of Best and Promising Practices and Local Efforts among the I/T/U. Additionally, all IHS 3-initiative program areas (i.e., HP/DP, BH, and CC) are working together to use a common approach to collecting and reporting this information.

### 5. Small Businesses

This information collection will not solicit information from small businesses or other small entities and is therefore deemed to have no impact on small business. However, the electronic submission form will be developed to ask the minimal pertinent information from those who voluntarily agree to participate. For example, the electronic form will only ask if evaluation materials exist, if it indicates that the project/program submitted was evaluated; those evaluating the project/program would skip this question.

### 6. Less Frequent Collection

No frequent collection will be involved. IHS will solicit participation from the I/T/U on a voluntary basis. There are no legal obstacles to reduce the burden.

### 7. Special Circumstances

The data will be collected in a manner consistent with the guidelines in 5 CFR Part 1320.5; this project fully complies with the regulation.

8. Federal Register Notice/Outside Consultations

A 60-day Federal Register Notice was published in the *Federal Register* on January 28, 2009, vol. 74, No. 17: pp. 4963 (see attachment B). A comment was received on Friday, February 20, 2009 requesting information on a) the methodology and assumptions used to determine the estimates for IHS (both public burden and health services need), and b) the agency's processes in information collection. The Division of Behavioral Health responded on Monday, February 23, 2009. There have been no further public comments.

Outside Consultations were not acquired.

9. Payment/Gift to Respondents

No payment or gift will be provided to respondents.

10. Confidentiality

All information collected will be related to programs/projects and business contact (e.g., name, phone number, address); **no** personally identifying information will be collected.

11. Sensitive Questions

No questions of a sensitive nature will be collected

12. Burden Estimates (Total Hour & Wages)

All cost estimates will be cost associated to voluntary participation (i.e., in-kind) of the I/T/U.

A. Estimate Annualized Burden Hours

We expect that IHS Service Unit, Tribal and Urban Indian center Administrators will complete the attached form (Form A, see attachment A). We estimate that 8-9 forms will be completed in each of the 12 service areas, 1 form per respondent, for a total of 100 completed forms annually. We expect that the form will take less than 20 minutes to complete for a total of 33.3 total hours annually.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
IHS Service Unit,	Form	100	1	20/60	33.3

Tribal, and Urban Indian Center Administrators	A				
<b>Total</b>		100	1	20/60	33.3

B. Annualize hourly burden to respondents:

There is no cost to respondents other than their time to agree to complete and submit the electronic form. We estimate that, on average, a person at the GS-12 (level5) pay-grade will be completing these forms. Therefore, the total cost will be 33.3 hours (100 forms/ 20 minutes) multiply by \$32.42 per hour or \$1,079.59. We used the 2009 GS hourly pay grade to estimate this pay rate cost ([http://www.opm.gov/oca/09tables/pdf/g\\_s\\_h.pdf](http://www.opm.gov/oca/09tables/pdf/g_s_h.pdf)).

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
IHS Service Unit, Tribal, and Urban Indian Center Administrators	33.3	\$ 32.42	\$ 1,079.59
Total			\$1,079.59

13. Capital Costs (Maintenance)

There are no capital, operating and/or maintenance costs to respondents or record keepers to report for this collection.

14. Cost to the Federal Government

The staff (Area coordinators/consultants and Subject matter experts) time to review the online submissions is approximately 5 minutes. There are about 24 staff personnel that will review the form. Using an average salary of \$77,000 per year (GS-12. level 10), the breakdown of 5 minutes of time comes to \$36.99 per hour, \$0.62 per minute. There may be about 300 applications per year of this form that will be reviewed. This cost on an annualized basis is \$930.00 per year. We used the GS hourly and annual pay grade to estimate this pay rate (<http://www.opm.gov/oca/09tables/pdf/salhr.pdf>, <http://www.opm.gov/oca/09tables/pdf/saltbl.pdf>).

<u>Item</u>	<u>Time per Evaluation (minutes)</u>	<u>Cost</u>
Review/evaluate 300 responses (\$0.62/minute)	5	\$ 930.00

Total annual cost to the government = \$ 930.00 per year

15. Program or Burden Changes

This is a new information collection.

16. Publication and Tabulation Dates

Once content is approved, submissions will be published on the IHS.gov website. Review will consist of spell and grammar checking, and if appropriate, review of evaluation methods and materials. No complex analyses will be performed as part of this information collection.

17. Expiration Date

The OMB information will be displayed on the data collection instrument accordingly. The expiration date will be 3 years from the date of OMB approval.

18. Certification Statement

There are no exceptions to the certification.

LIST OF ATTACHMENTS

**Indian Health Service  
Director's 3-Initiative  
Best and Promising Practice Local Effort Electronic Submission Form (Form A)**