

Indian Health Service

Mashpee Wampanoag Health Service Unit Community Health Assessment

Supporting Statement A and B

Justification

OMB Control No. 0917- XXXX

**ABSTRACT**

The Mashpee Wampanoag Health Service Unit is the only federally operated Indian Health Facility in Massachusetts. The overall mission of the Indian Health Service (IHS) is to raise the physical, mental, social and spiritual health of American Indians and Alaska natives (AI/AN) to the highest level. Our service unit has been in operation since 2010. The only published health information for review on our Service population was the 2002 survey conducted by the Department of Public Health. **The Service Unit is planning an assessment to determine if the health status has improved in the community, and if services offered are meeting the needs of the community.**

A. JUSTIFICATION

This is a request for new request information collection for a 3-year collection of information collection activity. This ICR is authorized by Section 301 of the Public Health Service Act (42 U.S.C. § 241). A 60-day FRN was published and is further discussed in Section A.8. This collection is necessary to assess the health status has improved in the community.

1. A.1 Circumstances Making the Collection of Information Necessary:

The Indian Health Service (IHS) is requesting collection of a community assessment, titled "Mashpee Community Health Assessment." Our Service Unit would like to complete a Community Health Assessment because we want to see if our programs are meeting the needs of the community. In 2002, the Department of Health (DPH) Assessment was conducted by the State of Massachusetts. In 2011, the IHS implemented primary care in into the Wampanoag Community. In addition to Primary Care, the service unit has Dental Services, Behavioral Health, Medicated

Assisted Treatment (MAT), Tele-Behavioral Health, Pharmacy program, Nutritional Services, and Community Nurse programming. Since the Primary Care Program was implemented, we have not evaluated any programs or services. Although we have access to the amount of patient visits, the no show rate, missed and broken appointments, we want to update and further research social determinants of health and behaviors of our community that may be affecting access to care and limiting use of programs offered by the Service Unit. The IHS wants to see how the Service unit has impacted the healthcare of the Wampanoag Community and evaluate programming to further identify program gaps and needs.

The community health assessment will provide further knowledge into access to care, services, adherence to programs, identify challenges and potentially identify emerging issues and trends. It will help identify the gaps and let us see if our programs are effectively meeting the needs of the community. Lastly, the Mashpee Wampanoag Health Service Unit-IHS makes the Community Health Assessment request for survey after an invitation by Tribe was extended to sit on the Tribal coordinating committee and listening sessions to address concerns and needs of the Tribe. This request came from sitting in on those sessions.

2. **Purpose and Use of Information Collection:**

The information collection will be used to evaluate the IHS agency's subdivision named the "Mashpee Wampanoag Health Service Unit" for our delivery of health programs, and community needs. We know from the published 2006 Department of Public Health report, the last collection of data was in 2002. The report stated, "There is no systematic surveillance of health of American Indians by states or the US, it further stated they had no external data with which to compare finding and therefore, DPH did not know how the health status of American Indians in Massachusetts ranked among the states.

The outcome of this survey will drive decision making by evaluating current service program areas, and assessing potential risky behaviors and protective factors within the population to determine if health status has changed since 2002. After we evaluate the information, we can determine adjustments to programs to accommodate any significant gaps and plan programming around the needs.

Ultimately, we want to identify if the landscape of our community has changed since 2002. For example, the community did not have an indication of opioid prevalence at the time; however, recent events show that there are indications of risky behaviors. It

is important to not rely on existing data that is over a decade old. We want to gather current data to make informed decisions to work on solutions to benefit the Wampanoag Nation, as it is important for the health of the community. We can identify what Health Care Initiative we need to have, as well as perceived needs and how the existing programs or planned services can benefit outcomes.

The survey form discussed is attached as Attachment A and will be used to collect data from Mashpee Community Tribal members who are registered with the Service Unit and that live in the Contract Health Delivery Areas of Plymouth, Norfolk, Bristol, Barnstable, and Suffolk. These areas are all located within Massachusetts.

### *IHS Survey and Population*

We have an active user population of approximately 800 Mashpee Wampanoag Tribal members. As a Direct Service Unit, we can provide services to any federally recognized Tribal member that come to our site. We have over 60 active patients from outside Tribes such as Choctaw, Cherokee and Pawnee Nations to name a few. We have had over 22,000 outpatient visits since we opened and there has been no assessment outside of assessing user population numbers and GPRA aggregate to see are we making progress. We want to see the full picture of the health care continuum. We have an integrated system and our goal is to identify if our programming is comprehensive enough to effectively meet the community needs.

The IHS survey was developed after reviewing The Mashpee Tribes 2002 survey developed and completed by the Department of Public Health (DPH). This survey named the "Health Status of American Indians/Native Americans in Massachusetts" was published and prepared by the Massachusetts Department of Public Health, Center for Health Information, Statistics, Research and Evaluation. The survey being used for this collection is based off the 2002 survey.

3. **Use of Improved Information Technology and Burden Reduction:**

This data collection we will use Survey Monkey for 100% of the patients.

4. **Efforts to Identify Duplication and Use of Similar Information:**

No similar information is currently collected from this population.

5. **Impact on Small Businesses or Other Small Entities:**

There is no impact to small businesses or other entities.

6. **Consequences of Collecting the Information Less Frequently:**

This will be a one-time survey to gather comparative information to see how the health status of respondents has changed since 2002.

7. **Special Circumstances Relating to the Guidelines of 5 CFR 1320.5:**

The collection of information will be consistent with 5CFR 1320.5.

8. **Comments in Response to the Federal Register Notice/Outside Consultation Agency:**

The 60 Day Federal Register (FR) to solicit public comments on the information collection prior to submission to OMB, as required by 44 U.S.C. § 3506(c) (2) (A) is subject to this request to proceed with the assessment and the process of this request. The 60 day FR notice (82 FR 11361) was published on February 22, 2017, and no public comments received. The 30 day FR notice (82 FR 23260) was published on May 22, 2017, and no public comments were received.

9. **Explanation of Any Payment/Gift to Respondents:**

No payment will be provided to respondents for providing the requested information.

10. **Assurance of Confidentiality Provided to Respondents:**

The information collected through use of electronic version of the survey and storage of this information, will comply with the Privacy Act of 1974. Data gathered on this application form constitutes a system of records as defined under the Privacy Act of 1974. The Act (5 U.S.C. 552a) regulates the collection, maintenance, use, and dissemination of records about individuals that are retrieved by personal identifier and collected, used or disseminated by agencies and departments of the executive branches, including the Indian Health Service, a Federal Agency. The applicable SORN: SORN 09-17-0001 Medical, Health, and Billing Records Systems will be used for this collection.

11. **Justification for Sensitive Questions:**

The state of Massachusetts DPH published a health status and demographic profile that included data from the Mashpee Wampanoag Community that was surveyed in 2002. Information outlined in the proposed survey document will utilize questions from the 2002 DPH survey.

As a healthcare organization, questions regarding a respondent’s health status, behavior and social practices as well as environmental concerns will help the organization assess healthcare needs of the community. In order to determine what health and prevention programs gaps are present, data on specific health items and social practices is needed. We will be able to assess the community’s needs and plan our programs accordingly to improve the health and well-being of the community.

**12. Estimates of Annualized Burden Hours (Total Hours and Wages):**

**12a. Estimate of Total Annual Cost Burden to Respondents (Hours):**

Annual Burden Hours

\*For ease of understanding, burden hours per response are also provided in minutes.

<b>Data Collection Instrument(s)</b>	<b>Minimum Number of respondents</b>	<b>Responses per respondents</b>	<b>Total annual response</b>	<b>Burden hour per response*</b>	<b>Annual burden hours</b>
Community Health Survey	324	1	324	25/60	135
Total	324	1	324	25/60	135

**12b. Estimate of Total Annual Cost Burden to Respondents (Wages):**

There is no direct cost to respondents other than their time to voluntarily complete the survey. The estimated cost in time to respondents, as a group, is \$1,412.10 [135 burden hours x \$10.46 per burden hour (2016 GS-3 base pay rate) = \$1,412.10].

**13. Estimate of Other Total Annual Burden to Respondents or Record-keepers/Capitol Costs:**

There are no other costs to the respondents associated with this information Collection.

**14. Total Cost to the Federal Government:**

The cost to the Federal Government related to the Community Health Assessment would be no more than \$98,081.00 per approved contract.

15. **Explanation for Program Changes or Adjustments:**

No planned program changes.

16. **Plans for Tabulations and Publication and Project Time Schedule:**

Yes, the tabulation, statistical analysis and publication of information collected will be shared with the Mashpee Wampanoag Tribe through summarization of results. No PII will be shared and we are mitigating that by using pads and survey monkey. Each survey will be conducted voluntarily and anonymously. Any further distribution can be discussed with the IHS Privacy Officer before sharing it with the Tribe.

17. **Reason(s) Display of OMB Expiration Date is Appropriate:**

OMB information will be displayed on information collection forms accordingly.

18. **Exceptions to Certification for Paperwork Reduction Act Submissions:**

None.