

**Request for Approval under the “Generic Clearance for the Collection of
Qualitative Feedback on Agency Service Delivery”
(OMB Control Number: 0917-0036)**

TITLE OF INFORMATION COLLECTION: Indian Health Service Impact Evaluation of
Community Health Representative (CHR) Program Web-based Survey

PURPOSE:

Kauffman & Associates, Inc. (KAI) is working on behalf of IHS to conduct a mixed methods evaluation of the IHS Community Health Representative (CHR) program. The evaluation includes a survey of CHRs who provide services within IHS service areas. The study will examine the CHR perceptions of their experience and satisfaction of the potential impacts on AI/AN health.

DESCRIPTION OF RESPONDENTS:

The respondents will be CHRs actively providing services, 18 years or older.

TYPE OF COLLECTION: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>web-surveys</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Dr. Aislinn Rioux

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Annual Burden Hrs.
Individuals	325	20 minutes	108.33
Totals			

FEDERAL COST: The estimated annual cost to the Federal government is __\$1,613.3_____.

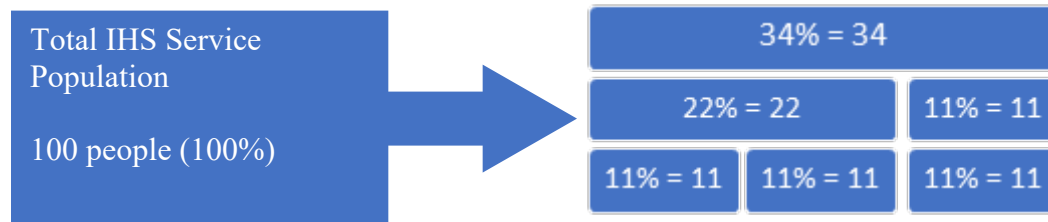
If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents:

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[] Yes [X] No

If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The sample of CHR's will be drawn from nine out of twelve IHS areas and each draw will account for a percentage of the sample which will be based on how many people are served within those respective IHS areas (see figure below).



Three of the IHS areas will not be included in this study as follows: Alaska – CHR programs in Alaska are implemented independently from those in the lower 48 states; Tucson – Contact information was not provided by IHS for this area and provided contractor with directive to not include in the sample; and Headquarters – CHR's do not provide services in this area.

Contact information for CHR area representatives and some CHR program directors have been accessed through IHS. These contacts will serve as the access point to CHR's who will participate in the survey. A link to the survey will be emailed to CHR area representatives and program directors with a request to disseminate the link to the CHR's in their areas and programs.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Will interviewers or facilitators be used? Yes No

Please ensure that all instruments, instructions, and scripts are submitted with the request.

Instructions for Completing Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request (e.g., Comment card for soliciting feedback on xxxx).

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include a statement to that effect in your explanation. Please include how the information will be used to improve services or the program.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved. Provide the name of the individual who is the lead contact and responsible for the collection.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies/Programs should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective. If you request PII, please ensure that you state the reason why it is being collected (i.e., in order to respond to inquiries from the participants).

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or Tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

No. of Respondents: Provide an estimate of the number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group).

Burden: Provide the annual burden hours: Multiply the number of responses and the participation time and divide by 60 (minutes).

FEDERAL COST: Provide an estimate of the annual cost (and description) to the Federal Government. Please provide a brief break down of the costs, including wages for staff utilizing OPM pay scale table. See https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/GS_h.pdf

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents: Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.

IHS CHR Evaluation Survey

Introduction

1. Are you currently a Community Health Representative (CHR)? Yes No
Yes – (continue with survey)
No – How long ago were you a CHR? _____ (skip to demographic questions, end survey)

2. How many years have you worked as a CHR? _____

3. In the past month, what has been your main job as a CHR? (For example: transporting patients to their health appointments, reminding patients about their health appointments, conducting administrative duties in the IHS facility or the tribal health offices) _____

4. While serving as a CHR, which trainings or learning opportunities have you completed to improve your skills as a CHR?
 - i. Please describe any required trainings that you have completed for your role as a CHR. _____

 - ii. Please describe any other trainings or learning opportunities that you participated in to improve your skills as a CHR. _____

 - iii. Please describe any learning opportunities that were not offered to you and if offered, you feel would have helped you improve your skills as a CHR. _____

5. What skills do you currently have as a CHR? Select all that apply.

Health Services

- Recognizing and treating disease
- Providing First Aid or CPR
- Increasing client knowledge of health
- Scheduling health services for patients
- Helping clients access services

One-on-One Interactions

- Protecting confidentiality of clients
- Advocating for client needs
- Working with youth
- Working with elders
- Visiting patients at home

Administrative Tasks

- Managing data on patient health service use
- Keeping notes on patient conditions or services provided
- Reporting data about patient services provided
- Using electronic health records

6. Which Indian Health Service (IHS) Area do you provide services for? Select one. *(Will use map for this question with a drop-down list of the options below)*

Portland, Billings, Great Plains, Bemidji, California, Phoenix, Navajo, Tucson, Albuquerque, Oklahoma, Nashville

7. As of today, how many CHRs (including you) work in the tribal organization or community for which you provide services for?

1-3 4-6 7-9 10-12 13-15 16 or more

8. Please think of your roles as a CHR over the last week. On average, how many patients/clients did you spend 15 minutes or more providing services? Services can include making home visits, providing transportation, providing treatment, reviewing case notes, making phone calls to check in, etc. (If you are unsure, it may be helpful to review your calendar, schedule, or electronic health record system to come up with your answer.)

Overall Program Impact

9. We'd like to know how you feel about being a **CHR**. For each statement, select the number on a scale from 1 to 5 that best fits how you feel. Please select only one number for each statement.

Statement	No Impact				High Impact
The level of impact my work as a CHR has on American Indian/Alaskan Native health is:	1	2	3	4	5
Explain your answer –					
Statement	Not Accessible				Completely Accessible
My role as a CHR allows healthcare for the people in my community to be:	1	2	3	4	5
Explain your answer -					
Statement	No Challenges				Many Challenges
The CHR program in my community has:	1	2	3	4	5
Explain your answer –					

Statement	No Difference				A Large Difference
As a CHR, my role in the health of my community makes:	1	2	3	4	5
Explain your answer –					
Statement	Not Impacted by My Role				Highly Impacted by My Role
Medical teams in other programs and facilities I work with are:	1	2	3	4	5
Explain your answer –					
Statement	No Problems				Many Problems
As a CHR, when I provide services to my community, I face:	1	2	3	4	5
Explain your answer –					
Statement	Not at All				All of the Time
The CHR services I provide benefit the youth in my community:	1	2	3	4	5
Explain your answer –					
Statement	Not at All				All of the Time
The CHR services I provide benefit the elders in my community:	1	2	3	4	5
Explain your answer –					
Statement	None of the Time				All of the Time
As a CHR I work with other programs in my community:	1	2	3	4	5
Explain your answer –					
Statement	No Impact				High Impact

The level of impact the CHR program has on other programs in my community is:	1	2	3	4	5
Explain your answer -					

10. What are the top three challenges that limit the positive impact of your CHR program?

- CHRs need more skills or experience.
- CHRs have a difficult workload.
- CHRs need more resources, such as computers, medical equipment, or cellphone minutes.
- Administrators of the CHR program do not accept or understand what CHRs do for patients.
- Other health care workers do not accept or understand what CHRs do for patients.
- CHRs do not receive consistent training (or training is not available).
- The CHR program in your community does not work with CHR programs in other communities.
- CHR services are not reimbursed and are not billable.
- CHRs receive low wages.
- There is high turnover among CHRs.
- The CHR program needs more qualified applicants.
- The native community does not know about the services that CHRs offer.
- Other (please specify): _____

CHR Impact

11. What services do you provide to your patients/clients? Will use slider scale of 0 to 100.

	25%	50%	75%	100%
Provide access to medical services or programs (e.g., doctor's appointments, medical procedures)				
Provide access to non-medical services or programs (e.g., Meals on Wheels, housing, clothing, senior services, home maintenance)				
Help clients become more involved in the community				
Help clients become more self-sufficient (e.g., cook for themselves, bathe themselves, leave the house)				
Update case paperwork or keep notes on patients				

Listen to patients or support them in seeking treatment (e.g., emotional support, suggestions for feeling better)				
Listen to or support patients' family members (e.g., emotional support, provide a break to a caretaker)				
Check in with patients after a hospital stay, illness, or clinic visit				
Measure height/weight, perform lab tests, or take vital signs				
Identify risks of harm to patients (e.g., poor diet, risks of falling, sharp objects, abusive family)				
Attend community events or programs with patients				
Help patients understand the terms used by their medical providers and feel empowered to ask questions				
Provide or coordinate transportation for clients				
Other (specify): _____				

12. Where have you provided services over the past year? Mark all that apply.

General Category	Examples
Community health center	Community health clinic, a clinic at your agency or organization's location, or Indian health facility
Service provider's office	Doctor's office, specialist's office, hospital, or private clinic
Center for recreation or community events	Community center, teen center, veteran's center, senior citizen center, pow wow or other type of community events
Home setting	Patient/client's home, my home, shelter or safe place for domestic violence, migrant camp, public housing unit
Work or educational setting	Patient/client's worksite, school, or tribal college/university
Government site	Jail, court, or social service office

13. Typically, after a patients/client is provided medical care (for example: seen at a doctor's office, goes through a surgery, or visits the emergency room), is the CHR the next person they see? Yes No

a. If yes, how often does this happen?

Always Usually Sometimes Rarely Never

14. How often do you reach out on behalf of your patients/clients for things like social services, contact tribal service offices, etc.?

Always Usually Sometimes Rarely Never

15. What types of health issues have your current or past patients/clients had? Select all that apply.

- Alzheimer's disease/Dementia
- Arthritis
- Asthma
- Breastfeeding
- Cancer (specify type):
 - All
 - Breast
 - Cervical
 - Colorectal
 - Leukemia/
Lymphoma
 - Lung
 - Mouth/Throat
 - Ovarian/
Uterine
 - Prostate
 - Skin
 - Stomach
- Cardiovascular disease
- Child health
- Children with special health care needs
- Diabetes
- Family planning
- Gay/Lesbian/Bisexual/Transgendered issues
- Heart disease
- High blood pressure
- HIV/AIDS
- Immunizations
- Infant Health
- Injuries
- Lead poisoning
- Low birth weight prevention/follow-up
- Men's health
- Mental health
- Nutrition
- Obesity
- Osteoporosis
- Physical activity
- Pregnancy/Prenatal care/postpartum care
- Premature birth/ prevention/follow-up
- Sexual behavior
- Stroke
- Substance Abuse
- Tobacco control
- Tuberculosis
- Violence Define: domestic/child/
- Women's health
- Emergency response
- Dental /Oral Health
- Preventive Services
- Other issues (specify):

16. Among your current or past patient/client panel, have you had to provide services that respond to the opioid crisis? Yes No

If you answered yes to (Among your current or past patient/client panel, have you had to provide services that respond to the opioid crisis?), how often have you provided these services within the past year?

Always Usually Sometimes Rarely Never

17. Among your current or past patient/client panel, have you had to provide services that respond to mental health issues? Yes No

If you answered yes to (Among your current or past patient/client panel, have you had to provide services that respond to mental health issues?), how often have you provided these services within the past year?

Always Usually Sometimes Rarely Never

18. Activities of daily living are basic activities a person must perform during a normal day to remain independent. These daily activities can include getting in and out of bed, dressing, bathing, eating, walking, and using the bathroom. Do you provide Activities of Daily Living (ADL) services for your patients/clients? Yes No

19. Do you see a need for services provided to patients/clients beyond those listed on assignment sheets? Yes No

Impact Exploration

20. Would you say you build relationships with your patients/clients? Yes No

21. Once you have established a relationship with your patient/client,

a. do you notice a change in their behavior concerning their health? Yes No
i. If yes, please explain the observed changes in behavior.

b. do your patients/clients share more information? Yes No

c. Do you feel your patients/clients are more receptive to services? Yes No

22. Do you feel you understand tribal culture? Yes No

23. Do you feel you are more effective in providing services as a CHR because you understand tribal culture? Yes No

a. If yes, please provide an example.

Demographics (We would like to understand the CHR workforce)

24. To which gender do you most identify?

Female

Male

Prefer to self-identify _____

Prefer not to answer

25. What is your current age? _____

26. What is the highest level of education you have completed?

- High School Diploma/GED
- Associate Degree
- Some college
- Bachelor's Degree
- Master's Degree
- Professional Degree
- Doctoral Degree
- Other_____

27. What race/ethnicity do you identify with? Please select one.

- American Indian
 - Tribal Affiliation _____
- Hawaiian/Pacific Islander
- Asian
- Hispanic or Latino (a)
- Black or African American
- White
- Other_____

Consent Form for the Indian Health Service Impact Evaluation Survey Community Health Representative Program

Purpose of Study

The Indian Health Service (IHS) “is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level.”

Community Health Representatives (CHRs) are a critical part of the Indian Health Service (IHS) public health system. They link available health programs to American Indian and Alaska Native (AI/AN) patients and communities particularly in very rural areas. The CHR is a unique concept for providing health care, health promotion, and disease prevention services.

Kauffman & Associates, Inc. (KAI) is working on behalf of IHS to conduct a mixed methods evaluation of the IHS community health representative (CHR) program. The survey was designed to support the impact evaluation of CHRs who provide services within IHS service Areas. Questions in this survey are an attempt to capture quantitative data related to the CHR program including aggregate demographic data, CHR program and CHR role impact.

Participation and Confidentiality

As part of the study, CHRs are asked to complete a self-administered online survey about their opinions of the impact the CHR program has had on the health of American Indians. Your participation is entirely voluntary. You have the right to not answer any question that is asked and to decline to participate further at any point in the survey. In addition, your relationship with IHS will not be affected by your decision to participate or not to participate. To protect anonymity of respondents, data from all survey participants will be aggregated.

If you agree to participate in this project, you will take part in a 15-20-minute online survey. Your confidential responses will be recorded into a database on a computer to be used for reference by KAI staff. The data you offer will provide information to IHS about the impact of the CHR program.

If you have any questions regarding this project or your participation, please contact Dr. Aislinn Rioux, Lead Evaluator, at (509) 789-0625 or aislinn.rioux@kauffmaninc.com.

Risks and Benefits

There are no known risks from taking part in this project. Two benefits to your participation in the project include: (1) informing IHS about your thoughts on the CHR program; and (2) helping IHS create improved health care services for American Indian communities by understanding program strengths and gaps.

Participant Costs and Compensation

There is no cost to participate in this interview with the exception of time.



Consent to Participate in Project

I have read and reviewed the above information about this project. I hereby consent and voluntarily agree to participate in an online survey about the CHR program conducted by Kauffman & Associates, Inc., on behalf of IHS. By agreeing to participate, I am not waiving any legal claims, rights, or remedies.

First Introductory Email

Dear [NAME],

My name is [NAME] and I am writing to inform you about an upcoming opportunity to share your thoughts and opinions about the community health representative (CHR) program through an online survey. The survey is part of a project that Kauffman & Associates, Inc., (KAI) is conducting on behalf of the Indian Health Service (IHS) to learn more about the CHR program. You will receive the survey by email in one week.

Your experience as a CHR is highly valuable and we would appreciate the opportunity to include your thoughts and opinions.

If you have any questions, please do not hesitate to reach out to Dr. Aislinn Rioux, Lead Evaluator, at 509-789-0625.

Thank you for your consideration and time today. We look forward to your participation!

Sincerely,
[NAME]

Initial outreach email

Dear [NAME],

My name is [NAME] and I am writing to request your participation in a short, online survey. This survey is part of a project that Kauffman & Associates, Inc. (KAI) is conducting on behalf of the Indian Health Service (IHS) to learn more the Community Health Representative (CHR) program.

Given your experience as a CHR, KAI would greatly appreciate the opportunity to include you in this effort. If you are interested in participating, please follow the link below to access the survey. An informed consent will be provided for you to review and acknowledge receipt and agreement of your voluntary participation. Once you have completed this step, the survey will automatically follow which will take approximately 15 – 20 minutes to complete. The survey will be open for 30 days with a scheduled close date of [DATE].

[\(Link to Survey\)](#)

If you have any questions, please do not hesitate to reach out to Dr. Aislinn Rioux, Lead Evaluator, at 509-789-0625.

Thank you for your consideration and time today. We look forward to your participation!

Sincerely,
[NAME]

Follow-up email

Dear [NAME],

My name is [NAME]

and I am following up about an email sent last week requesting your participation in an online survey. The survey is part of a project that Kauffman & Associates, Inc. (KAI) is conducting on behalf of the Indian Health Service (IHS) to learn more about the CHR program. Your experience as a CHR is highly valuable and we would appreciate the opportunity to include your thoughts and opinions.

Please follow the link below to access the survey. An informed consent will be provided for you to review and acknowledge receipt and agreement of your voluntary participation. Once you have completed this step, the survey will automatically follow which will take approximately 15 – 20 minutes to complete. The survey will be open for 15 more days with a scheduled close date of XXX.

[\(Link to Survey\)](#)

If you have any questions, please do not hesitate to reach out to Dr. Aislinn Rioux, Lead Evaluator, at 509-789-0625.

Thank you for your consideration and time today; we look forward to your participation!

Sincerely,

[NAME]

Final outreach email

Dear [NAME],

My name is [NAME] and I am reaching out one more time to invite you to participate in an online survey to share your thoughts and opinions about the Community Health Representative (CHR) program. The survey is part of a project that Kauffman & Associates, Inc. (KAI) is conducting on behalf of the Indian Health Service (IHS) to learn more about the CHR program. Your experience as a CHR is highly valuable and we would not want you to miss the opportunity to participate.

Please follow the link below to access the survey. An informed consent will be provided for you to review and acknowledge receipt and agreement of your voluntary participation. Once you have completed this step, the survey will automatically follow which will take approximately 15 – 20 minutes to complete. The survey will be open for 5 more days with a scheduled close date of [NAME].

[\(Link to Survey\)](#)

If you have any questions, please do not hesitate to reach out to Dr. Aislinn Rioux, Lead Evaluator, at 509-789-0625.

Thank you for your consideration and time today; we look forward to your participation!

Sincerely,

Follow-up Phone Script

Good [Morning/Afternoon].

My name is [NAME] and I'm calling from Kauffman & Associates, Inc (KAI), a native-owned company, on behalf of the Indian Health Service (IHS) about the Community Health Representatives (CHR) survey. The survey was sent to CHRs and CHR program directors on [DATE]. The survey is part of a project that KAI is conducting on behalf of IHS to learn more about the CHR program.

We have not yet received your response and want to make sure that you have the opportunity to participate. Would you like me to resend the survey to you by email?

If "Yes":

- Great, can you provide your email address?

If "No"

- Would you like me to send you the survey by fax?

If "Yes"

- Great, can you provide your fax number?

If "No"

- *Proceed to next line.*

Thank you for taking the time to talk with me. If you have any questions, please feel free to contact me at [insert phone number].

Have a great day. Good-bye.