

Supporting Statement for Indian Health Service
Sharing What Workings – Best Practice, Promising Practice,
and Local Effort Form
(OMB Form No. 0917-0034)

Background

This is a request for approval of an extension without change for a previously approved collection (OMB Form No. 0917-0034). 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 and to provide the product/service to IHS, Tribal, and Urban (I/T/U) programs, the Office of Clinical and Preventive Services (OCPS) program divisions (i.e., Behavioral Health, Health Promotion/Disease Prevention, Nursing, and Dental) have developed a centralized program database consisting of best practices, promising practices, local efforts, resources, and policies. The database was previously referred to as OSCAR, but the name is being changed to BPPPLE to reflect the revised name of the form. The purpose of this collection is to further the development of a database of BPPPLE, resources, and policies which are available to the public on the IHS.gov website. This database will be a resource for program evaluation and for modeling examples of various health care projects occurring in AI/AN communities.

The initial form that was submitted and approved by OMB in 2009 was titled the “Director’s 3-Initiative Best Practice, Promising Practice, and Local Effort Form.” While the name of the form

has changed to “Sharing What Works – Best Practice, Promising Practice, and Local Effort Form,” the content of the form itself will remain the same.

A. JUSTIFICATION:

1. Circumstances making the collection of information necessary:

This is a request that the Office of Management and Budget (OMB) approve an extension without changes of a previously approved collection (OMB Form No. 0917-0034), which promotes the submissions of best and promising practices and local efforts among the I/T/Us.

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, and there are no legal requirements for collection of this information.

The information collected will enable Indian Health systems/programs to:

- a. Identify evidence based approaches to prevention programs among the I/T/Us 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/Us when considering program planning for their community.

2. Information Users

In an effort to provide comprehensive health services to AI/AN people, the IHS will be conducting a best and promising practice inventory in order to assess I/T/U program services in the areas of health promotion, disease prevention, and behavioral health. The purpose of the inventory is to gather 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 in promotion and preventive efforts,
- c) Provide products/services to I/T/Us,
- d) Assist AI/AN communities with accessing needed information and health services, and
- e) Act as a resource of external and internal collaboration and communication.

3. Improved Information Technology

This form is available through electronic technology on the IHS.gov Website, at:

<http://www.ihs.gov/OSCAR/index.cfm?module=formpg1>. This form is fillable and fileable; the I/T/Us may use the electronic form (OMB Form 0917-0034) to submit information electronically to the IHS database referred to as BPPPLE. Automated information technology is used to collect and process information from this form. Submissions are reviewed by IHS staff, then posted to the IHS best and promising practice and local effort website for review by the I/T/Us,

and the public in general. The public may search the BPPLE database by using the feature on the left menu bar.

4. Duplication of Similar Information

The information collected is not duplicated by any other Federal entity and no similar information is available to fulfill the required uses for this collection. The information collected is the minimum needed for the intended purpose. IHS has determined, through researching evidenced based websites and discussion that no system exists for the collection and reporting of best and promising practices and local efforts among the I/T/Us. Additionally, OCPS program areas are working together to use a common approach for 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, to minimize burden, the electronic submission form requests the minimal pertinent information from those who voluntarily agree to participate.

6. Less Frequent Collection

No frequent collection will be involved. IHS solicits participation from the I/T/Us on a

voluntary basis. If the collection is not conducted or is conducted less frequently, the Agency would be unable to collect and share information regarding best and promising practices, and local efforts with I/T/Us. As a result, I/T/Us would be unable to access and build upon established evidence based practices which are working in Indian Country. There are no technical or legal obstacles to reduce the burden.

7. Special Circumstances

The data will be collected in a manner consistent with 5 C.F.R. Part 1320.5.

8. Federal Register Notice/Outside Consultations

A 60-day Federal Register Notice was published in the *Federal Register* on August 30, 2012, Vol. 77, No. 169; pp. 52748 (see attachment B). There were no 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 program Administrators will complete the attached form (OMB Form No. 0917-0034). 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, Tribal, and Urban	OMB Form	100	1	20/60	33.3

Indian Center Administrators	No. 0917-0034)				
Total		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 pay-grade will be completing these forms. Therefore, the total cost will be 33.3 hours (100 forms x 20 minutes /60 minutes) x \$28.88 per hour = \$961.70. IHS used the 2012 Office of Management Personnel’s (OMP) 2012 General Schedule (GS) Locality Pay Tables GS-12 hourly pay to estimate this pay rate cost, found at Website:

<http://www.opm.gov/oca/12tables/indexGS.asp>

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
IHS Service Unit, Tribal, and Urban Indian Center Administrators	33.3	\$ 28.88	\$ 961.70
Total			\$961.70

13. Capital Costs (Maintenance)

There are no capitals, 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 (\$2.40 for 5 minutes - based on \$28.88 per hour/ 60 = \$.48 per minute) per submission. Annually, there are approximately 24 staff personnel that will review approximately 300 forms for 5 minutes at \$2.40 (24 staff x 300 forms x \$2.40 per 5 minutes) each = \$17,280 per year. IHS used the GS 12 hourly and annual pay grade to estimate this pay rate.

<u>Item</u>	<u>Time per Evaluation (minutes)</u>	<u>Cost</u>
24 staff to review/evaluate x 300 responses	5 (\$2.40)	\$ 17,280

Total annual cost to the government = \$ 17,280 per year

15. Program or Burden Changes

This is a request for approval of an extension without change for a previously approved collection (OMB Form No 0917-0034). While the name of the form has changed to “Sharing What Works – Best Practice, Promising Practice, and Local Efforts Form,” the content of the form itself will remain the same. There are no program or burden changes.

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. IHS is not seeking approval to not show the expiration date.

18. Certification Statement

There are no exceptions to the certification.

LIST OF ATTACHMENTS

- 1. Attachment A. U.S. Public Health Service Act (42 U.S.C. § 241)**
- 2. Attachment B. 60 Day Federal Register Notice.**