

# **IHS Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated to the Public**

## **I. AGENCY MISSION**

The Indian Health Service (IHS) is responsible for providing federal health services to American Indians and Alaska Natives. The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. In pursuing our mission, IHS's strategic goals include: 1) to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native (AI/AN) people; 2) to promote excellence and quality through innovation of the Indian health system into an optimally performing organization; and 3) to strengthen IHS program management and operations. The IHS provides a wide range of clinical, public health, community, and facilities infrastructure services to approximately 2.6 million American Indians and Alaska Natives who are primarily members of 573 federally recognized tribes in 37 states. Comprehensive primary health care and disease prevention services are provided through a network of over 605 hospitals, clinics, and health stations on or near Indian reservations. These facilities are predominately primary care settings and are managed by IHS, tribal, and urban (I/T/U) Indian health programs.

## **II. SCOPE AND APPLICABILITY OF GUIDELINES FOR IHS**

IHS will ensure that disseminated information meets the standards of quality set forth in the OMB, HHS and IHS guidelines. It is IHS's goal to ensure and maximize the quality, objectivity, utility, and integrity of information that it disseminates to the public. We strive to provide information that is accurate, reliable, clear, complete, unbiased, and useful. We are committed to integrating the principle of information quality into every phase of information development, including creation, collection, maintenance, and dissemination.

The guidelines apply only to the dissemination of substantive information that the IHS initiates or sponsors. The IHS information to which these guidelines would apply are programmatic statistics and IHS program and policy information.

The pre-dissemination review described in the guidelines only applies to information disseminated on or after October 1, 2002. The administrative mechanism for correction applies to information that the agency disseminates on or after October 1, 2002, regardless of when the agency first disseminated the information.

### **A. Information that is subject to the Information Quality Guidelines includes:**

- Statistical clinical information
- Actuarial information
- Epidemiological information
- Studies and summaries prepared for public dissemination to inform the public about the impact of IHS programs

- Studies and summaries prepared for use in formulating broad program policy

**B. Information that is not subject to the Information Quality Guidelines includes:**

- Personal information received as a result of agency adjudicative decisions
- Information pertaining to basic agency operations
- Program publications, such as pamphlets and notices, that describe Area and regional programs
- Clinical program information
- Information on how to apply for third party program benefits
- Procedural and policy manuals
- Management information that is produced primarily for internal use
- Press releases that support the announcement or give public notice of information that IHS has disseminated elsewhere.

#### IV. TYPES OF DISSEMINATION METHODS

IHS disseminates information in print and electronic form (including posting on the IHS website at [www.ihs.gov](http://www.ihs.gov)).

#### V. AGENCY QUALITY ASSURANCE POLICIES, STANDARDS AND PROCEDURES FOR ENSURING THE QUALITY OF INFORMATION DISSEMINATION TO THE PUBLIC

The quality assurance process begins at the inception of the information development process. Further, IHS reviews the quality (including the objectivity, utility, and integrity) of information before it is disseminated and treats information quality as integral to every step of the development of information, including its creation, collection, maintenance and dissemination. In addition, IHS demonstrates in its Paperwork Reduction Act clearance submission that information will be collected, maintained, and used in a way that is consistent with OMB, HHS and IHS information quality guidelines.

**A. Administrative and program data:**

Information is provided by tribal governments in the form of program data, reporting requirements, performance reports and progress reports. This information is often compiled and aggregated by IHS and is subject to a series of internal quality reviews prior to any dissemination to the public. Tribal governments may conduct internal reviews in order to provide data that are accurate, consistent, and complete.

**B. Reports, publications, and other products:**

IHS publications are required to be consistent with government-wide and HHS public affairs policies. IHS has guidelines which closely follow the regulations described in the HHS Public

Affairs Management Manual and Government Printing and Binding Regulations to assist program staff in obtaining appropriate review and clearance of information products.

### **C. Statistical data disseminated to the public:**

For IHS demographic and statistical information, IHS uses widely accepted standards for descriptive and analytical statistics to ensure data quality. The IHS statistical program conducts a standard review to ensure data quality, completeness, and reliability. The review includes the reliability of data sources and soundness of statistical methods and presentation.

Information released by IHS is developed from reliable data sources utilizing accepted methods for data collection. The information is based on thoroughly reviewed analyses and models. The guidelines below describe procedures that IHS employs to assure the quality of its information products, including their utility, objectivity, integrity, transparency, and reproducibility.

### **D. Utility:**

Utility involves the usefulness of the information to its intended users. Utility is achieved by staying informed of information needs and developing new data, models, and information products where appropriate. Based on internal analyses of information requirements, convening and attending conferences, working with advisory committees, and sponsoring outreach activities, IHS keeps abreast of information needs with respect to the analysis of IHS programs. To the extent possible, we base our analysis on IHS administrative data and surveys by other federal agencies or established survey organizations. When major needs for data related to IHS populations are identified, IHS conducts special-purpose surveys to address these needs or works with its sister agencies in the Department of Health and Human Services to assist in obtaining the needed data.

IHS's ongoing publication series and other information products are reviewed to ensure that they remain relevant and address current information needs. Based on internal product reviews, consultation with users, and in response to changing needs and emphases, content of ongoing information products is changed, new products are introduced and others discontinued. IHS prepares special Clinical Trends reports and topical studies that address emerging information needs stemming from data coming from the agency clinical services. It also addresses proposed changes in the law and related policy debates. IHS also identifies requirements for simulation models to support the preparation of analytic reports and policy studies and modifies its current models or develops new models accordingly. Where appropriate, contact information is available on each publication (and in some cases on each table of a publication) to allow feedback and questions by users.

## **E. Objectivity:**

Objectivity involves a focus on ensuring that information is accurate, reliable and unbiased and that information products are presented in an accurate, clear, complete and unbiased manner. Objectivity is achieved by using reliable data sources and sound analytical techniques, and preparing information products that use proven methods by qualified people that are carefully reviewed.

Much of the information disseminated by IHS is based on patient data files. These files contain information used to manage IHS programs, including data to determine benefits, and plan for improving the health of the AI/AN people. IHS conducts ongoing reviews of data and information in IHS data systems to ensure its accuracy. IHS administrative data are also covered under the Unified Financial Management System and conform to the high standards of financial accountability. This financial management system is mandated by the Office of Management and Budget and is designed to provide complete, reliable, consistent, timely and useful management information to enable agencies to carry out their fiduciary responsibilities.

IHS-sponsored surveys are conducted using methodologies that are consistent with generally accepted professional standards for all aspects of survey development, including sample frame development, statistical design of the survey sample, questionnaire design and testing, data collection, sampling and coverage errors, non-response analysis, imputation of missing data, weights and variance estimates. IHS surveys follow guidelines and policies set forth in the Paperwork Reduction Act and other regulations related to the conduct of government surveys. IHS also prepares information products using data produced or maintained by other federal agencies and established survey organizations. All such external survey and administrative data used by IHS are produced using generally accepted methodologies.

Where samples from administrative data files are employed for analysis, sound statistical methods are employed to develop samples. Staff producing statistical publications are knowledgeable about the content, structure and limitations of the administrative data files and maintain working relations with staff who create, update and maintain these files.

## **F. Use sound analytic techniques:**

Analytical reports are prepared using a variety of analytical techniques from simple tabulations and descriptive summary statistics to multivariate statistical methods and econometric models. Analytical techniques are reviewed for their appropriateness to the data and the analysis being conducted and are clearly identified in reports.

IHS utilizes several simulation models to make estimates of the effects of demographic and economic trends and legislative and policy options on Indian Health programs and beneficiary

populations now and in the future. Some simulation models have been or are being developed within IHS. Others are being developed under contracts. All contracts to develop simulation models provide for detailed documentation that describes the goals and objectives of the model, the data sources being used and the methodologies and assumptions employed. Contract reports are being made available on the Internet. Documentation is available for some simulation models that have been developed within IHS and will be prepared for others.

All simulation models are extensively tested and reviewed within IHS to verify that the computer programs that were developed to implement the model conform to the stated objectives. Where appropriate, historical simulations are developed to evaluate the success of a model in producing reasonable projections. Simulation models are based on IHS's and its contractor's best judgments of current and future behavioral relationships and methods of projecting key program outcomes. These models are periodically updated to reflect input from internal and external reviews and research findings on behavioral relationships. These updates are also documented.

#### **G. Preparation of statistical data products:**

Estimates in statistical data products are prepared from representative samples of IHS data files and from reliable external data sources. Procedures for collection of data from administrative files and linking external data files to administrative data files are prepared using accepted statistical methods. Output is reviewed by knowledgeable staff within the originating component and across components as appropriate. Estimates are compared to prior year estimates and estimates from other sources to ensure consistency, reasonableness and reliability. All data sources used in producing statistical data products are identified, either for the publication as a whole or for individual tables. Documentation includes specification of variables used, definitions of variables when appropriate, sampling errors and disclosure avoidance rules or techniques.

#### **H. Preparation of analytical reports and policy studies:**

Information contained in analytical reports and policy studies is based on estimates derived from reliable administrative data files and external data sources. Analysts apply sound statistical and analytical techniques and are knowledgeable about the data sources and models being used. All data sources are identified. When analyses are based on simulation model projections, the assumptions used to produce the projections are also identified as well as the rationale for the assumptions used and the impact of using alternative assumptions. All analytic reports and policy studies are reviewed by technically qualified staff to ensure that analysis is valid, complete, unbiased, objective and relevant. Analytic reports and policy studies that are considered to be more technically complex are also reviewed by subject matter experts outside of the originating component to provide additional perspective and expertise.

## **I. Editorial review for accuracy and clarity of information in publications:**

All information products are edited and proofread before release to ensure clarity and coherence of the final report. Text is edited to ensure that the report is easy to read and grammatically correct thoughts and arguments flow logically, and information, is worded concisely and lucidly. Tables and charts are edited to ensure that they clearly and accurately illustrate and support points made in the text, and include concise but descriptive, titles. Tables and charts clearly indicate the unit of measure and the universe being examined and all internal labels (column heads, row stubs, and panel headings) should accurately describe the information they contain. All changes made to a manuscript during the editing process are checked by a proofreader and reviewed and approved by the author.

If an error is detected before an initial mailing, IHS includes an errata notice with the mailing. If the mailing has been sent out, IHS issues an errata sheet with all subsequent publications, and as appropriate, sends the errata sheet to all those who received the initial notice. Errata notices are put on the first page of the Web version to inform both new and repeat site visitors about the mistake, and the corrected version of the document is posted on the Web.

## **J. Integrity:**

Integrity refers to the security of information from unauthorized access or revision to ensure that the information is not compromised through corruption or falsification. To ensure the integrity of its administrative information, IHS has in place rigorous controls that have been identified as representing sound security practices. IHS is highly protective of the confidentiality of information it holds through its policies and practices. IHS has in place programs and policies for securing IHS resources as required by the Government Information Security Reform Act (P.L. 106-398, Title X, Subtitle G). These security procedures address all major components of information security and apply to all IHS operating components.

IHS is subject to statutory requirements, Presidential Directives, and federal Agency policies designed to protect the sensitive information it gathers and maintains on individuals. Some of these requirements are contained in the following documents:

- Privacy Act of 1974
- Computer Security Act of 1987
- Office of Management and Budget (OMB) Circulars A-123 A-127 and A-130
- Government Information Security Reform Act
- Federal Managers' Financial Integrity Act (FMFIA) of 1982
- Section 6103 of the Internal Revenue Code
- Section 1106 of the Social Security Act
- IRS Tax Information Security Guidelines *for* Federal, State and Local Agencies
- E-Government Act of 2002

- Federal Information Security Management Act of 2002 (FISMA)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- National Institute of Standards and Technology (NIST) Special Regulations
- Homeland Security Presidential Directive/HSPD-12
- Homeland Security Presidential Directive/HSPD-7
- OMB Circular A-123, Management Accountability and Control
- HHS Security and Privacy Policies
- IHS Security Policies

## VI. AGENCY ADMINISTRATIVE COMPLAINT PROCEDURES

### A. Responsibility of the Complainant

To seek a correction of information disseminated by the IHS, individuals shall follow the procedures described below.

1. A complaint or request for review and correction of information shall be in written hard copy or electronic form;
2. it shall be sent to the agency by mail or electronic-mail (e-mail); and
3. it shall state that an information quality request for correction is being submitted

The complaint should contain

4. a description of the specific material that needs to be corrected including where the material is located, i.e., the publication title, date, and publication number, if any, or the website and web page address (url), or the speech title, presenter, date and place of delivery; and
5. the specific reasons for believing the information does not comply with OMB, HHS, or IHS guidelines and is in error and supporting documentation, if any;
6. the specific recommendations for correcting the information;
7. a description of how the person submitting the complaint is affected by the information error; and
8. the name, mailing address, telephone number, e-mail address, and organizational affiliation, if any, of the individual making the complaint.

Complainants should be aware that they bear the "burden of proof" with respect to the necessity for correction as well as with respect to the type of correction they seek.

Complaints by mail should be directed to:

Indian Health Service  
 Data Quality Management  
 5600 Fishers Lane, OPHS 9E10D  
 Rockville, MD 20857

Alternatively, complaints may be e-mailed to [IHSDataQualityManagement@ihs.gov](mailto:IHSDataQualityManagement@ihs.gov)

## **B. Responsibility of the Agency**

Based on a review of the information provided, IHS will determine whether a correction is warranted and if, so what action to take. The agency will respond to the requestor by letter or e-mail. The IHS response will explain the findings of the review and the actions that the agency will take, if any. The response will consider the nature and timeliness of the information involved and such factors as the significance of the correction on the use of the information and the magnitude of the correction. The response will describe how the complainant may request reconsideration. The agency will respond to all requests for correction within 60 calendar days of receipt. If the request requires more than 60 calendar days to resolve, the agency will inform the complainant that more time is required and indicate the reason why and an estimated decision date.

## **C. Appeals**

If the individual submitting the complaint does not agree with the IHS's decision (including the corrective action, if any), the complainant may send a written hard copy or electronic request for reconsideration within 30 days of receipt of the agency's decision. The appeal should state the reasons why the agency response is insufficient or inadequate. Complainants should attach a copy of their original request and the agency response to it, clearly mark the appeal with the words, "Information Quality Appeal," and send the appeal to the specific agency appeals address.

The agency program official who resolved the original complaint will not have responsibility for the appeal. The agency will respond to all requests for appeals within 60 calendar days of receipt. If the request requires more than 60 calendar days to resolve, the agency will inform the complainant that more time is required and indicate the reason why and an estimated decision date.

## **VII. INFLUENTIAL SCIENTIFIC, FINANCIAL AND STATISTICAL INFORMATION**

If an agency is responsible for disseminating "influential" information, guidelines for dissemination should include a high degree of transparency about data and methods to facilitate its reproducibility by qualified third parties. Information is considered influential if it will have a substantial impact on important public policies or important private sector decisions. Since much of IHS's actuarial, statistical and analytical information products potentially have an impact on important public policies, IHS's information that is subject to section 515 should be highly transparent and capable of being reproduced by qualified persons.



IHS's guidelines call for identification and documentation of data sets used in producing estimates and projections and clear descriptions of methods used to produce estimates and to develop model projections to make its results as transparent as possible. Many estimates and projections included in IHS information products are not directly reproducible by the public because the underlying data sets used to produce them are confidential. However, some statistical publications that are based on publicly available data and whose programs are made available on request are fully reproducible by the public. Some estimates and projections may not be easily reproduced by third parties due to the complexity and detail of the methods and data. In these cases greater emphasis is placed on periodic review by outside panels of technical experts.

IHS also achieves transparency through wide dissemination of its information. Most reports and other data products are available both as printed and electronic documents. They are announced on the IHS web site and most electronic versions can be accessed and downloaded directly from the IHS web site. All documents posted on our Web site since year 2000 are section 508 compliant making information available to an audience that includes persons who have a visual impairment and read online using assistive technology.