I-Catalyst Program

2016 ICR

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- The Office of Technology and Innovation (OTI) in the Office of Associate Director for Science at the Centers for Diseases Control and Prevention, encourages, fosters, and develops innovative science, technologies, processes and policies that support the CDC/ATSDR. Collections submitted under this Generic mechanism will be conducted by CDC I-Catalyst project teams that aim to gather information

“customer discovery” process aimed at helping teams with a new solution to identify their customers. This is done by taking a team’s main assumptions about who their customer is, the exact problem they are solving for the customer, and how the customer wants to receive or use the solution from the team—and turning those assumptions into hypotheses which the teams will then test (mainly through interviews with potential customers). Only conversations with potential customers (stakeholders) can provide the facts from which hypotheses are proven or disproven about whether a solution (product, process, etc.) creates value for the intended beneficiaries. It is expected that participants will leave the program with the ability to evaluate and translate their insights into solutions that have high levels of efficacy and user acceptability. The information collection is necessary to guide CDC project teams to create usable solutions that are customer centric and meaningful to users, whether it’s adhering to recommendations, policies, protocol or interventions.

This request seeks approval for a new CDC generic clearance that will encompass collections specifically conducted by CDC I-Catalyst project teams. These collections aim to solicit information from specific stakeholder groups that will collect qualitative outcomes intended to be utilized internally to facilitate and improve CDC activities and technologies. The ultimate goal of the I-Catalyst program is to give CDC staff skills to successfully transfer knowledge into solutions that benefit society and broaden the agency’s impact. The results of the program will help CDC teams make the case for support to advance important improvements and solutions that customer’s value, which is critical for ensuring that the CDC continues to deliver on its public health mission. The efforts of CDC activities is authorized under Section 301 of the Public Health Service Act 42 U.S.C.241 (Att. 1).

2. Purpose and Use of Information Collection

The purpose of the I-Catalyst program is to teach CDC teams a process of discovering the issues and problems faced by their customers before considerable time and money is spent on a solution that won’t be used. For

example, a CDC team wants to build a smartphone application that allows patients and doctors to get immediate access to CDC's asthma prevention guidance. They feel strongly that this solution will lead to increased use of their asthma guidance. But the team doesn't really know why doctors and patients aren't using their guidance and are assuming that if they build the application they will get better uptake. CDC I-Catalyst teaches teams a process for understanding what their customers need and want and using that information to inform the development of solutions. The information collected will be used for internal CDC decision making purposes and to provide suggestions for improving development of public health solutions. Information gathered will be used by teams to make more informed decisions about their proposed solution. The customer interviews will help teams determine if their proposed solution will be beneficial to the customer or not. If the information collected indicates that the customer's problem would be relieved by the proposed solution, then the CDC teams would have some evidence with which to pursue leadership support and resources for further development. If the results of the information collection do not support the need for the proposed solution, then internal discussions and decisions will need to be made to either change directions or stop activity altogether. The information collected is not designed to drive important budgetary and/or public policy decisions.

All information collections submitted under this generic mechanism must include an abbreviated supporting statement part A that also contains the following information/materials:

- Confirmation that the proposed collection is being sponsored under the CDC I-Catalyst program and is conducted by a CDC I-Catalyst project team

- Problem statement being investigated by the CDC I-Catalyst project team

- Identification of the target respondent groups (e.g., stakeholders or types of customers being surveyed)

- Specific instruments being employed to conduct the collection (e.g., focus group guide, interview language, survey questions)

- Brief statement describing the analytical methods employed to evaluate the outcomes and potential applications of the outcomes. If any statistical methods are employed to sample or analyze outcomes, please include an abbreviated Supporting Statement part B in the submission.

- Confirmation that no incentives will be provided to respondents.

3. Use of Improved Information Technology and Burden Reduction

The unstructured interviews will be conducted in person, on-site (see sample guide Att. 3). Using unstructured and formative interview protocols allows the interviewer to follow the respondent's lead during in-person conversations. This wouldn't be possible if a list of fixed questions were used. This also is not possible if automated, technological-based collection techniques, such as a web-based survey, are used. On-site, in-person interviews allow interviewers to establish rapport with respondents and produce visual cues for interpreting responses that may require further probing or clarification. Such interviews also allow the interviewers to directly observe the context and environment of the customer. For example, the effects of a new technology/product on an existing process or system, the interactions between customer segments, and the interface between instructors and students during training activities cannot be captured over automated collection techniques. However, there are instances where teams can use improved information technology such as Skype or video conferencing for interviews to reduce the burden and provide flexibility in responder's schedule.

4. Efforts to Identify Duplication and Use of Similar Information

A maximum of five CDC staff comprise each I-Catalyst project team. Each participating I-Catalyst project team presents with a unique problem for which they have a proposed solution. For example, a CDC team has decided that they are going to build individual air sensors for integration with biometric devices so that people can track community-level air quality. They feel confident that the popularity of personal biometric devices means that people will find value in this additional functionality. However, they have no data or information from device users that they would find value in an enhanced device. Other than proprietary business databases, there is no existing database that can provide the level of detail about the customer experiences, wants, and needs necessary to support the proposed solution. This program will help CDC teams generate information about their customers to help them make the case for key innovation investments to advance important solutions and innovations.

5. Impact on Small Businesses or Other Small Entities

The data collection in this request will minimize burden on small businesses or other entities. The impact on small business will be the time required for respondents to be interviewed. The information gathered from participants through the customer discovery process can be used to support opportunities, programs, and services for small businesses and other entities. Every effort will be made to minimize the burden imposed by this collection.

6. Consequences of Collecting the Information Less Frequently

At this stage in the discovery process, respondents will participate in an unstructured interview once or twice, which should last between 10 minutes – 30 minutes. If these data are not collected through this process of customer discovery, then it will be difficult to identify what customers/stakeholders most value and need and what their top barriers and issues are, and to source solutions that will have high levels of efficacy and user acceptability.

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

This request fully complies with the regulation 5 CFR 1320.5. There are no special circumstances.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. CDC published a 60 day Federal Register Notice: Vol. 81, No. 114, June 14, 2016, pp. 38707- 38709 in accordance with the Paperwork Reduction Act of 1995 (Att. 2). One non-substantive comment was received (Att. 2a) and replied with a standard CDC response (Att. 2b).
B. There were no consultations with parties external to CDC.

9. Explanation of Any Payment or Gift to Respondents

There is no exchange of payment or gifts to respondents for the unstructured voluntary interviews.

10. Assurance of Confidentiality Provided to Respondents

Activities for this request do not involve the collection of Individually Identifiable Information. While teams may ask about certain demographic information of their stakeholder/respondents to assess various factors (i.e. the length of employment at job to assess extent of experience, network of contacts or resources), no information received during the unstructured interviews are tied directly to the respondents. Respondents will not be promised confidentiality but interviewers will advise them that opinions and impressions they provide during the interviews will be used only to describe the general trends and directions of what respondents' value and need, and what their top barriers and concerns are. CDC staff will protect the identity of the respondents by not attributing observations or comments to specific individuals nor reference their names, titles, or organizational affiliations in any written documents or reports. CDC will treat data/information in a secure manner and will not

disclose, unless otherwise compelled by law. CDC will keep the information that respondents provide private and secure to the extent permitted by law.

The CDC teams will protect the identity of the respondents in the following ways:

- Except for interview sessions: respondents do not participate in interviews with other respondents. Teams do not repeat something said in one interview to another respondent in another interview.
- Teams do not discuss either the information obtained or their opinions of it with people outside of the I-Catalyst program.
- In order to honor their assurances to each respondent, the CDC teams do not attribute observations or comments to specific individuals nor reference their names, titles, or organizational affiliations in the written report.
- All workstations used for the implementation analysis will be part of the local area network (LAN) at the CDC. Data stored on network drives is protected using the security mechanisms available through the network operating system used on their primary network servers. These networks are protected from unauthorized external access through the networks' firewalls. These firewalls reside between the networks and the communications lines over which their Internet traffic flows.
- Access to all network features such as software, files, printers, Internet, E-mail and other peripherals is controlled by user ID and password.

11. Justification for Sensitive Questions

There are no sensitive data items to be asked of individual respondents. CDC Human Research Protection Office determined that data /IC is not research involving human subjects and IRB is not required - OADS Project Determination approval (Att. 5).

12. Estimates of Annualized Burden Hours and Costs

Each genIC will be a different problem for which a CDC team is designing a solution. CDC anticipates 30 unique teams and their respective problems over the next three years. The details of each team's project and problem will be included with the request for approval for each genIC and reference the approval request form. Each team will interview their customers/stakeholders for an average of 30 minutes and maximum of 2 responses per respondent. Each project team will interview approximately 50 respondents. Approximately 1500 respondents will be interviewed. Of these respondents, approximately 40% of individuals will be internal CDC/ATSDR staff and 60% will be external partners, stakeholders, or customers (Administrators, PI/Scientists & Healthcare staff). Annualized burden will be 500 hours and $29,160 total cost to respondents.

Estimated Annualized Burden Hours

Table A: Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
External + Internal stakeholder/customers	Interview Guide	500	2	30/60	500
Total					500

Table B: Estimated Annualized Burden Costs

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)	Hourly Wage Rate*	Total Respondent Costs
External + Internal stakeholder/ customers	Interview Guide	500	2	30/60	500	$58.32	$ 29,160.00
							$ 29,160.00

*Average of hourly wage of External + Internal stakeholder/customers (Administrators, PI/Scientists & Healthcare staff) from http://www.bls.gov/home.htm

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no projected cost burdens for reporting.

14. Annualized Cost to the Government

a. The cost to the program is associated with the contractors responsible for providing the I-Catalyst curriculum. Contractor fees are estimated to be $75,000 per year; CDC cost is: 50% ASPPH Fellow's time at $23,000 and 25% time of an FTE GS-15 at $25,000. These figures were estimated as the sum of the anticipated direct labor; fringe and burden on direct labor; other direct costs including computers, telephone, reproduction, shipping, mail, travel and per diem; general and administrative costs, and contractor fee.

Program Staff Oversight & Contractor	**Annual Cost**
Contractor fee	$75,000
CDC Cost: ASPPH Fellow (50% of Time)	$23,000
CDC Cost: Support Staff Director (25% of Time)	$25,000
Total	**$123,000**

15. Explanation for Program Changes or Adjustments

This information collection request is a new submission.

16. Plans for Tabulation and Publication and Project Time Schedule

The proposed interviews will be conducted annually. There is no planned publication from this information collection. Interim reports will be developed, which will incorporate data collected from these sources in 2017 and 2018, with final program reports in 2018. Outcomes from the collections submitted under this generic mechanism are intended to be used internally and are not generalizable to broader populations.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.