I-Catalyst Program - IIU Design Sprint

GenIC Submission under OMB #0920-1158

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GenIC Package & Attachments

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- The Centers for Disease Control and Prevention (CDC)'s Informatics Innovation Unit (IU) advances the field of public health informatics through applied research and innovation. IIU studies, prototypes, and tests new and innovative technology-based tools and resources to maximize their effect on public health. IIU's resources are available to both CDC and its partners in the public health community. However, many of IIUs deliverables end up not being used or implemented despite the time and effort spent developing the desired technology solution. IIU wishes to understand if its CDC clients will undergo a design sprint process to rapidly create usable technology solutions to ensure they are needed.

- Teams will use convenience sampling methods to select subjects who are readily available and within close proximity.

- Populations and customers to be interviewed include CDC staff, grantees, and the intended technology

and policies that support the CDC/ATSDR. Federal scientific agencies, like the CDC, rely on research and scientific findings to help them develop solutions to public health problems which ultimately are disseminated to customers and stakeholders for adoption and use. However, anecdotal and empirical data show that many well-meaning, robust solutions are never used or adopted by the intended customer. This has resulted in a path littered with failed and unused government sponsored outputs. The CDC I-Catalyst program guides participants through a "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 GenIC approval for subproject I-Catalyst – IIU Design Sprint. IIU studies, prototypes, and tests new and innovative technology-based tools and resources to maximize their effect on public health. IIU's resources are available to both CDC and its partners in the public health community. However, many of IIUs deliverables end up not being used or implemented despite the time and effort spent developing the desired technology solution. IIU wishes to understand if its CDC clients will go through a design sprint process to rapidly create usable technology solutions to ensure they are needed. The efforts of CDC activities is authorized under Section 301 of the Public Health Service Act 42 U.S.C.241.

2. Purpose and Use of Information Collection

The Centers for Disease Control and Prevention (CDC)'s Informatics Innovation Unit (IU) advances the field of public health informatics through applied research and innovation. IIU studies, prototypes, and tests new and innovative technology-based tools and resources to maximize their effect on public health. IIU's resources are available to both CDC and its partners in the public health community. However, many of IIUs deliverables end up not being used or implemented despite the time and effort spent developing the desired technology solution. IIU wishes to understand if its CDC clients will participate in a design sprint process to increase the likelihood of building a useful and needed technology solution.

The project hopes to seek input from clients and end users on a design sprint process through I-Catalyst and determine how it can best be used to support the development of technology solutions. The information collected will be used for internal CDC decision making purposes and to provide suggestions for improving data hub services in support of development of public health solutions. The customer interviews will be conducted with CDC staff at CDC (epidemiologists, statisticians, health scientists) and external partners such as CDC grantees and technology end users in the general public. IIU works with CDC staff and programs to develop innovative public health technology solutions including: mobile applications, web applications, prototypes, wireframes, and low/high fidelity mock ups. Some of the technology solutions are developed for internal CDC users and others are developed for external users or audiences. As part of their work with CDC staff/programs, IIU asks the CDC client to identify the intended end users (internal or external). If the CDC program identifies an external audience or customer, IIU may ask for descriptions or examples of these users. For example, state and local public health department staff may be an external customer for which a CDC program is trying to improve their surveillance website or mobile application. If the technology solution is intended for an external customer, IIU will identify these respondents with the assistance of the CDC program.

3. Use of Improved Information Technology and Burden Reduction

The interviews will be conducted in person, on-site or by virtual video conferencing like Skype for Business or Adobe Connect (Att. 1 – Interview guide) with CDC staff, grantees, and technology end users in the general public. As part of their work with CDC staff/programs, IIU asks the CDC client to identify the intended end users (internal or external). If the CDC program identifies an external audience or customer, IIU may ask for descriptions or examples of these users. For example, state and local public health department staff may be an external customer for which a CDC program is trying to improve their surveillance website or mobile application. If the technology solution is intended for an external customer, IIU will identify these respondents with the assistance of the CDC program. Using 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. 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

This is a unique I-Catalyst project and a new proposed solution. 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 for IIU to understand its clients and end users.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this project.

6. Consequences of Collecting the Information Less Frequently

Data is collected once at this stage in the discovery process, respondents will participate in an interview once lasting no more than 30 minutes.

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

Not Applicable

9. Explanation of Any Payment or Gift to Respondents

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

10. Assurance of Confidentiality Provided to Respondents

Activities for this request do not involve the collection of Individually Identifiable Information.

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

The project team will interview 250 respondents for this ICR. The project will interview CDC staff at CDC (epidemiologists, statisticians, health scientists) and external partners such as CDC grantees and technology end users in the general public. for an average of 30 minutes and maximum of 1 responses per respondent. Annualized burden will be 125 hours and an estimated annualized burden cost of $4,840.

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.)
CDC staff (epidemiologists, statisticians, Health Scientist), grantees, and technology end users	Interview Guide	250	1	30/60	125
Total					**125**

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
CDC staff (epidemiologists, statisticians, Health Scientist), grantees, and technology end users	Interview Guide	250	1	30/60	250	Average 38.72	$4840
							$ 4840.00

*Average of hourly wage 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 project cost is associated with the CDC project team members responsible for conducting the interviews. These figures were estimated as the sum of the anticipated direct labor; fringe and burden on direct labor.

Project Staff Oversight **Annual Cost**

CDC Cost: Health Scientist (5% of Time)	$5,000.00
CDC Cost: PH Advisor (2% of Time)	$3,600.00
Total	**$8,600.00**

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 within 3-6 months after approval of GenIC. 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.

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.