### TITLE OF INFORMATION COLLECTION: NCEZID RAPID DIGITIZED MAPPING

**PURPOSE:** Federal scientific agencies, like the CDC, rely on research and findings through public health surveillance, epidemiologic assessments, and evaluations to help them develop solutions to public health problems which ultimately are disseminated to end-users 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 end-user. One reason for this is that very often federal agencies make assumptions about what our end-users want and need. Through a "customer discovery" process, the International Border Team (IBT), Division of Global Migration and Quarantine, will explore who their end-user is, the exact problem they are trying to solve for the end-user, and how the end-user wants to receive or use the solution from the team —which the team will then further explore mainly through interviews with likely end-users. The information collection is necessary to create usable solutions that are end-user centric and meaningful to users.

Therefore, to succeed in building host-country capacity to process this GIS-related data in a variety of limited infrastructure environments, IBT seeks to first talk with our ministry of health partners to better understand the end-user, the problem, and the appropriate solutions. Ultimately, the team aims to develop an innovative, low-resource approach to facilitate the conversion of field-based, GIS-related data annotated on paper maps into a database that partners can visualize using freely available mapping software.

The goal of this project, which is nested within the I-Catalyst training program, is to solicit qualitative information from specific stakeholder groups that will be utilized internally by IBT to facilitate and advance IBT's efforts toward improving the capacity of partner countries to more efficiently gather and visualize community-level information on population movement patterns.

#### **DESCRIPTION OF RESPONDENTS:**

Interviewees may include International Health Regulations National Focal Points (IHR NFP), public health surveillance officers at the national, district, and local levels, emergency management officials, health education specialists, medical staff, and immigration and security officers. IBT will also select colleagues within CDC who are involved in international activities related to diseases that often cross international borders, such as tuberculosis and anthrax.

#### TYPE OF COLLECTION: (Check one)

- [] Customer Comment Card/Complaint Form
- [] Usability Testing (e.g., Website or Software
- [] Focus Group

[] Customer Satisfaction Survey
[] Small Discussion Group
[x] Other: <u>one-on-one interviews</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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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.

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

# Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [] Yes [X] No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes **[X] No**
- 3. If Applicable, has a System or Records Notice been published? [] Yes [] No [X] N/A

## Gifts or Payments:

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

## **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.)
	1		<del>1</del>		
National, State and	Interview	50	1	30/60	25
local level stakeholders	Guide				
for public health					
surveillance,					
preparedness, and					
response					
Total					25