I-Catalyst Program - CSELS Behavioral Health Data for Response Efforts: Interviews with State, Tribal and Local Government Authorities

GenIC Submission under OMB #0920-1158

Juliana K. Cyril, MPH, PhD
Director, Office of Technology and Innovation
Office of the Associate Director for Science
Centers for Disease Control and Prevention
Ph: 404-639-4639
Fax: 404-639-4903

Team Lead – Scott Brown, CDC/OPHSS/CSELS/DHIS

Submission Date:
10-25-2017

Contents

GenIC Package & Attachments

1. I-Catalyst Request Template
2. Supporting Statement A
3. Att. 1: I-Cat Interview Protocol Guide and Questions

- In times of emergency response, it is critical for CDC to quickly provide behavioral recommendations that are culturally acceptable, effective and actionable for at-risk populations. CDC's Division of Health Informatics and Surveillance (DHIS) project team hopes to understand and explore the feasibility of using rapid audience/user input tools or templates, based on free and widely available tools (e.g., Epi-Info) to understand behavioral drivers of people in communities at risk during an outbreak response.

- The CDC project team will conduct 30-minute, semi-structured interviews with respondents handling emergency response activities. Teams will use convenience sampling methods to select subjects who are readily available and within close proximity.

- Populations and customers to be interviewed include State, Tribal and Local health authorities and staff engaged in emergency response activities in affected areas.

- The collected information will be used for internal decision-making purposes and to provide suggestions for improving development of methods and tools to rapidly collect, analyze and use

A. Justification

1. Circumstances Making the Collection of Information Necessary

Most emergency and outbreak response efforts do not routinely gather behavioral insights early in the response. This can lead to mismatches between interventions that are implemented and intended to help reduce risks/threats among a population and the actual needs of the population affected by the risks/threats. Outbreak and emergency response efforts can benefit from behavioral insights gathered early and throughout a response effort. For example, during the Ebola response, burial practices recommended to protect people from infection did not consider important behavioral factors – cultural and social norms around loss. Gathering audience insights about recommended behaviors early in the response could have facilitated recommendations that were both effective in preventing disease spread and culturally appropriate – reducing resistance from the target population.

Unfortunately, these data are rarely gathered in response due to perceptions of a lack of time and resources. Further, developing protocols, drafting and testing survey/interview instruments, and writing computer programs take time and skills that are not readily available in local and state health departments.

This request seeks OMB approval to collect information facilitating the development of methods and tools to rapidly collect, analyze and use behavioral and cultural data. During infectious outbreaks and emergency response, timely behavioral and cultural data on affected populations would be applied in the development of more effective messaging and interventions. The effort of is authorized under Section 301 of the Public Health Service Act 42 U.S.C.241.

2. Purpose and Use of Information Collection

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, protocols or interventions. 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 this I-Catalyst team, NCEZID’s Office of the Director, and OPHPR, Division of Emergency Operations to facilitate and advance CDC’s efforts toward improving the quality of infectious disease emergency response activities and capacity of emergency response partners.

The collected information will be used for internal decision-making purposes and to provide suggestions for improving development of methods and tools to rapidly collect, analyze and use behavioral and cultural data for the benefit of populations affected by infectious disease outbreaks.

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). 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 epi surveillance data, there are no existing database or tools that can provide the level of detail about the response team experiences, actions, and needs necessary to support innovations on interventions that's inclusive on both epidemiological and behavioral evidence during response efforts.

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 a semi-structured 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.
Prior to the semi-structured interview, the interviewer describes the purpose of the project and obtains the respondent's verbal consent. Project teams will use convenience sampling methods to select subjects from partner STLTS authorities dealing with response and emergency planning activities.

11. Justification for Sensitive Questions

There are no sensitive data items to be asked of individual respondents. The CDC Human Research Protection Office determined that data /IC is not research involving human subjects and IRB is not required.

12. Estimates of Annualized Burden Hours and Costs

The project team will interview up to 50 respondents, consisting of . lead epidemiologists and/or public information officers at State, Tribal and Local health authorities in affected areas. The average burden per interview is 30 minutes and each respondent will participate in only one interview. The total annualized burden is 25 hours and the estimated annualized burden cost is $900.00.

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.)
State, Tribal and Local health authorities and staff engaged in emergency response activities in affected areas	Interview Guide	50	1	30/60	25
Total					**25**

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
State, Tribal and Local health authorities and staff engaged in emergency response activities in affected areas	Interview Guide	50	1	30/60	25	Average 36.00	$900.00
							$ 900.00

*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: (2)PH Advisor/Communicator (2% of Time)	$2,840.00
Total	**$7,840.00**

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 2-3 months after approval of GenIC. 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.