

## **I-Catalyst Program - NCEZID Travelers Health with Travelers**

GenIC Submission under OMB #0920-1158

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## GenIC Package & Attachments

1. Supporting Statement A
2. Att. 1: I-Cat Interview Protocol Guide and Questions
3. Template Request for Approval GenIC Clearance

- The team at Division of Global Migration and Quarantine is seeking feedback from stakeholders to help identify new solutions to Travelers Health content delivery challenges. DGMQ hope to gain insights into best practices for delivering timely, accurate information to travelers.
- The CDC project team will conduct 30-minute, semi-structured interviews with target population about international travel planning and preparation. Teams will use convenience sampling methods to select subjects who are readily available and within close proximity.
- Populations and customers to be interviewed include Travelers (individuals – international travelers).
- Resulting data will be used for internal CDC Division of Global Migration and Quarantine discussion and decision-making. The data collection is not designed to obtain generalizable knowledge, but to inform Travel Health team's efforts at reaching a larger proportion of international travelers with important health and safety recommendations by exploring how we may reach travelers through the travel planning apps and websites travelers are already using.

## A. Justification

### 1. Circumstances Making the Collection of Information Necessary

All CDC Travelers' Health (TH) content published to our website is in the public domain, and as such, any individual or third party is able to access, copy or republish this content. In fact, some commercial travel health information and international health and safety update providers are already engaging in this activity. This can be seen as a way to amplify CDC's messaging, as external information providers may have a larger audience than the CDC website, and may be able to reach audience members who would otherwise be unaware of CDC information. However, currently CDC has no way of ensuring that third party users are providing the most accurate and up-to-date information to their audience, because each provider is responsible for copying and then maintaining CDC Travel Health content. CDC also cannot know if the currently available content provided on our website is attractive to individuals and third party users as a resource to meet their travel health information needs. Further, CDC has no way of tracking the ultimate reach of messaging when and if provided to customers by a third party. The NCEZID traveler's team would like to clarify these knowledge gaps, as well as appeal to a wider variety of individual travelers and third party content providers; this may include travelers themselves; travel writers and bloggers; any individuals involved in developing and promoting travel-related website or apps; travel agents; and other groups in the international travel industry.

CDC has an interest in supporting third party users, as they can expand the reach of Travel Health content; they often credit CDC as the source of this information; and their users may consider CDC a trustworthy information source. The added reach of these third party users is even more important during disease outbreaks, when recommendations are subject to change frequently and the number of locations affected can grow rapidly, as was the case with the Ebola and Zika outbreaks. The Travelers Health team hopes to increase the utility of our current information and extend the reach of our health messaging by offering more tailored solutions for individuals seeking travel health information and external content providers that allow them to easily repackage and utilize CDC travel health information.

It is currently unclear what the ideal solution would be to best fit the needs of individual travelers and the third party content provider audience we are hoping to engage. The project team desire feedback from these

stakeholders about how best to optimize CDC content for themselves or their customers, and mechanisms by which they would prefer to receive and engage with CDC content. The team hopes to gain insights into best practices for delivering timely, accurate information to third party users that can easily be distributed to the traveler and clinician audiences.

This request seeks OMB approval for a GenIC to conduct semi-structures interviews. The project team at DGMQ/NCEZID hopes to capture information about how the respondent prioritizes, seeks, and uses travel health information; how the respondent's engages with CDC content; and what opportunities and challenges the respondent's faces in accessing travel health information or providing travel health information to travelers. 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 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.

The goal of this project, which is nested within the I-Catalyst training program, is to solicit qualitative information from specific stakeholder groups to help identify new solutions to Travelers Health content delivery challenges. This is done by identifying key assumptions and gaps in knowledge about the type of content solutions that stakeholders are currently using as a means of informing what types of solutions are needed. One goal of this project is to question the specific assumptions our team has identified to see if they are correct, which will ultimately serve to inform the solution(s) pursued as a result of the stakeholder discovery process.

Travelers Health team desire feedback from these stakeholders about how best to optimize CDC travel health contents, and mechanisms by which they would prefer to receive and engage with CDC content. These stakeholders may include: travelers themselves; travel writers and bloggers; any individuals involved in developing and promoting travel-related website or apps; travel agents; and other groups in the international travel industry. We seek to discover from them what their current practices are for content generation and delivery, and what their priorities and challenges are for maximizing the value of their products to their customers. We seek to discover from them what their current practices are for content generation and delivery, and what their priorities and challenges are for accessing and utilizing travel health information. The Travel Health team also hopes to find out from these stakeholders how they are currently consuming and using Travel Health content during the travel planning process, and if so, to understand ways that the project team can reach more people traveling internationally and make our content more useful by publishing it in new or different ways.

This information will be utilized internally by Travel Health team to inform our efforts at understanding the role that travel health information currently plays within the travel planning process of travelers, as well as the ecosystem of travel media sources (e.g. print media, websites, and apps). This understanding is important for helping Travel Health team achieve a larger objective of growing the number of international travelers who

receive actionable travel health information before, during, and after their trips. The information collected will be used for internal CDC decision making and planning purposes as well as to provide suggestions for improving travelers' health services in support of development of public health solutions. The customer interviews will be conducted with individuals – specifically those who travel or planning to travel internationally. Based on the information gathered, CDC can work effectively with the industry to easily get evidence-based recommendations to travelers and decrease avoidable travel-associated illnesses and infectious disease threats to the U.S. The data collection is not designed to obtain generalizable knowledge, but to inform Travel Health team's efforts at reaching a larger proportion of international travelers with important health and safety recommendations by exploring how we may reach travelers through the travel planning apps and websites travelers are already using.

### **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. There is no existing database that can capture information about how the respondent prioritizes, seeks, and uses travel health information provided by CDC and what opportunities and challenges the respondent's faces in accessing or providing travel health information.

### **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**

Activities for this request do not involve the collection of Individually Identifiable Information. CDC Human Research Protection Office determined that data IC is not research involving human subjects and IRB is not required - OADS Project Determination approval.

## 12. Estimates of Annualized Burden Hours and Costs

The project team will interview 50 respondents for this ICR. The project will interview respondents for an average of 30 minutes and maximum of 1 responses per respondent. Annualized burden will be 25 hours and an estimated annualized burden cost of \$596.50.

### 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.)
Individuals - International Travelers	Interview Guide	50	1	30/60	25
<b>Total</b>					<b>25</b>

**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
Individuals - International Travelers	Interview Guide	50	1	30/60	25	Average 23.86	\$596.50
							<b>\$ 596.50</b>

\*Average of hourly wage from <http://www.bls.gov/home.htm> "All Occupations" 2016

## 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

- 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 Communication Specialists (2% of Time)	\$1,420.00
<b>Total</b>	<b>\$6,420.00</b>

## 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. 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.