# Ideation Catalyst (I-Catalyst) Program and Customer Engagement Information Collection

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REVISION

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- The Office of Technology and Innovation (OTI) in the Office of Science at the Centers for Diseases Control and Prevention (CDC), encourages, fosters, and develops innovative science, technologies, processes and policies that support the CDC/ATSDR. OTI's Innovation Lab (I-Lab) promotes the testing and implementation of innovative ideas to advance public health across the agency through the I-Catalyst program and other activities. The Ideation Catalyst (I-Catalyst) and Customer Engagement generic clearance supports the collection of information from specific stakeholder groups for the purpose of facilitating implementation and effectiveness of CDC technologies, programs, and communications.

produce recommendations but evaluate that those recommendations are not adhered to because it may add extra work load burden on the user and they do not see the value rather than extra work. One reason for this is that very often federal agencies make assumptions about what our customers want and need.

The OTI's Innovation Lab (I-Lab) offers a variety of programs and services to promote the development of innovative, timely, and customer-focused public health solutions, including the Ideation Catalyst (I-Catalyst) program. The I-Catalyst program, available to all CDC/ATSDR staff, specifically address the issue of customer engagement in the planning and development of potential public health solutions. The program combines in-class and virtual lectures with out-of-class learning and interactions with various stakeholders. The I-Catalyst program guides CDC/ATSDR participants through a "customer discovery" process aimed at helping teams with a new solution to identify their customers. Staff in the OTI will also provide guidance and consultation services to CDC programs through this process to incorporate customer discovery methodologies into their projects. 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. CDC developed the I-Catalyst generic clearance to facilitate the collection of information from customers needed to guide CDC project teams in creating usable solutions that are customer-centric and meaningful to users. An overview of the I-Catalyst process is provided in Attachment 4, I-Cat Sample Customer Discovery Slides + Processes.

In this Revision request, CDC seeks approval for minor changes to the I-Catalyst generic clearance. The number of burden hours will decrease based on participation in the I-Catalyst program during the period 2017-2019. However, through related technical assistance and consultation services provided by OTI's I-Lab to CDC/ATSDR programs, CDC has identified additional opportunities for information collection compatible with I-Catalyst goals

and methods. During the next 3-year period CDC anticipates utilization of the I-Catalyst generic clearance by previous participants in the I-Catalyst program as well as other CDC programs implementing customer discovery projects. The title of the clearance is being updated to reflect its use by additional CDC/ATSDR project teams approved by OTI. The I-Catalyst clearance will continue to be used for information collections necessary to explore the needs and preferences of specific stakeholder groups, and to facilitate and improve the acceptance and usability of CDC products, programs, and technologies. All projects submitted to OMB for approval under the I-Catalyst generic clearance will be consistent with CDC/OTI goals for promoting scientific innovation, customer engagement, and entrepreneurship in public health.

This information collection 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 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 customers value, which is critical for ensuring that the CDC continues to deliver on its public health mission.

The purpose of the I-Catalyst program is to teach CDC teams a process of discovering the issues and problems faced by their customers/stakeholders 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 (e.g., the Smartphone application above). 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 strategic investments in proposed solutions. 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 conducted by a CDC project team with technical assistance by OTI and I-Catalyst program staff

- Confirmation that the proposed collection is being conducted by a CDC program for the purpose of customer discovery

- Problem statement being investigated by the CDC 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

In general, the unstructured interviews will be conducted in-person, on-site. Using unstructured and formative interview protocols allows the interviewer to follow the respondent's lead during in-person conversations. 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 scheduling respondent participation.

### 4. Efforts to Identify Duplication and Use of Similar Information

Each participating customer discovery CDC 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. There are no existing federal or public database that can provide the level of detail about the customer experiences, wants, and needs necessary to support the proposed solution. The information to be collected is unique to each public health problem and stakeholder group.

### 5. Impact on Small Businesses or Other Small Entities

The proposed information collection does not impose systematic or ongoing burden on small businesses. The information gathered from participants through the customer discovery process can be used to support opportunities, programs, and services for a target audience. In some cases small businesses may be a target audience or stakeholder gorup. 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 a survey or unstructured interview, which should last from 20 to 60 minutes (averaging 30 minutes per response). 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 on October 25, 2019 [Vol. 84, No. 207, pages 57435-57437] (Att. 2). CDC received one comment which was not specific to I-Catalyst goals or methods (Att. 2a). No changes were made to the proposed collection.
B. There were no consultations with parties external to CDC.

## 9. Explanation of Any Payment or Gift to Respondents

No payments or gifts will be provided to respondents.

## 10. Assurance of Confidentiality Provided to Respondents

Activities for this request do not involve the collection of Individually Identifiable Information. The Privacy Act does not apply (see Attachment 6). 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 project team or OTI consultants.
- 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's Human Research Protection Office determined that data/information collected are not research involving human subjects and IRB approval is not required – see the OS Project Determination (Att. 5).

## 12. Estimates of Annualized Burden Hours and Costs

Each generic Information Collection Request (genIC) will be a different problem for which a CDC team is designing a solution. The annualized burden request for this generic clearance is based on the following estimates: an average of 10-20 projects per year and an average of 25-50 respondents per project (total of 500 respondents per year). The burden per response will vary from 20-60 minutes with an average of 30 minutes per

response. The details of each team's project and problem will be included with the request for approval for each genIC. Sample request materials are included as Attachment 3. The total estimated annualized burden will be 250 hours.

**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 partner, stakeholder, or customer | Interview Guide, Questionnaire, or Survey | 500 | 1 | 0.5 | 250 |
| Total | | | | | 250 |

The estimated hourly wage of $58.32 is an average of the hourly wages for the BLS categories of administrators, scientists, and healthcare workers. The total estimated annualized burden cost is $14,580.

**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.) | Avg. Hourly Wage Rate* | Total Burden Costs |
|---|---|---|---|---|---|---|
| External partner, stakeholder, or customer | Interview Guide, Questionnaire, or Survey | 500 | 1 | 0.5 | $58.32 | $ 14,580.00 |
| | | | | | | **$ 14,580.00** |

*Average of hourly wage of External partner, stakeholder, or customer (Administrators, 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% ORISE 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: ORISE 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

In this Revision request, CDC seeks approval for minor changes to the I-Catalyst generic clearance.
(1) The number of respondents and burden hours will decrease, based on participation in the I-Catalyst process during the period 2017-2019. The total estimated annualized burden hours will decrease from 500 hours to 250 hours. Project-specific estimates will be included with each submission under the I-Catalyst generic clearance.
(2) CDC/ATSDR programs may request OTI approval to use the I-Catalyst generic if (a) program representatives completed relevant OTI training in 2017-2019, (b) program representatives participate in relevant OTI training or mentored technical assistance in 2020-2022, or (c) OTI determines that project goals and methodology are consistent with the I-Catalyst process. These changes will allow OTI to facilitate OMB approval for a broader pool of qualified customer discovery projects including previous participants in the I-Catalyst process.
(3) The title of the clearance is being updated to reflect its use by additional CDC/ATSDR project teams approved by OTI.

## 16. Plans for Tabulation and Publication and Project Time Schedule

The proposed surveys or 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 2020 and 2021, with final program reports in 2022. 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.