

I-Catalyst Program - DSNS Communication Tool for Situational Awareness

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. I-Catalyst Request Template

- By analyzing critical information about many kinds of hazards that can affect public health, CDC and its partners turn information into tools that leaders and responders can use to help people stay safer and healthier. This information gathering, sharing and analysis is referred to as situational awareness, a process of capturing clues and cues in the emergency environment, making sense of the information, and predicting what will happen next. Maintaining situational awareness is a critical tool for effective decision-making during public health emergencies.
- The CDC project team will conduct 30-minute, semi-structured interviews with State, Tribal, Local, and Territorial partners involved in 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 staff from State, Local, or Tribal Governments who engage in and perform emergency response work.
- Resulting data will be used for internal CDC discussion, planning and decision-making purposes. The information collection will help identify the need for a solution (tool) that would help CDC and State

A. Justification

1. Circumstances Making the Collection of Information Necessary

Preparing for public health emergencies requires coordinated efforts that involve every level of government, the public and private sector, non-governmental organizations, and individuals. The Division of the Strategic National Stockpile (DSNS) and the Division of Emergency Operations (DEO) have spent many years building partnerships and bridging gaps to improve the nation's ability to respond. DSNS and DEO staff strategically collaborates and communicates with partners to support optimal distribution of critical medicines and supplies (medical countermeasures) during public health emergencies coordinate CDC's preparedness, assessment, response, recovery, and evaluation before and during public health emergencies.

CDC's partnerships with private industry and other federal, state and local agencies ensure every step of public health response is coordinated. The exchange of relevant and timely data and information between CDC and its state and local partners is critical to emergency response activities and decisions. By analyzing critical information about many kinds of hazards that can affect public health, CDC and its partners turn this information into tools that leaders and responders can use to help people stay safer and healthier. This information gathering and analysis is referred to as situational awareness, a process of capturing clues and cues in the emergency environment, making sense of the information, and predicting what will happen next. Maintaining situational awareness is a critical tool for effective decision-making during public health emergencies.

Currently, the CDC Division of Strategic National Stockpile (DSNS) does not have a way to exchange real time data or information or maintain situational awareness with partners located in State, Tribal, Local, and Territorial (STLT) areas. Current modes and means of communication are via phone & email during response operations; these singular ways of information exchange are limited to those directly involved in or included on the call or email. The ability to identify a solution that would enable the exchange and sharing of real time information both horizontally across partners and vertically up and down the emergency response command chain is desired.

This request seeks OMB approval for a GenIC for I-Catalyst subproject DSNS Communication Tool for Situational Awareness. The ultimate goal of this I-Catalyst Project is to explore a solution (tool) that would help CDC and State, Tribal, Local, and Territorial partners share and exchange information that can be used to make science-based decisions and actionable recommendations during a public health emergency response. 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.

CDC plays an important role in preparedness, assessment, response, recovery, and evaluation before and during public health emergencies. To fulfill these roles effectively, CDC needs improved capabilities and capacity to share and exchange data and information with its State, Tribal, Local, and Territorial (STLT) partners. The purpose of the information collection is to explore the need for new information-sharing solutions to improve comprehension, reduce risk, and produce effective action to prevent, protect, mitigate, and respond to all-hazard emergencies.

Populations and customers to be interviewed include staff from State, Local, or Tribal Governments who engage in and perform emergency response work. The information collection resulting from these semi-structured interviews will be used for internal CDC discussion and decision-making in addressing communication gaps during emergency response activities.

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 situational awareness data, there are no existing database or tools that can provide the level of detail about communication gaps, actions, and needs necessary to support innovations on interventions for improved communications tool for CDC and all partners.

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 and organizations dealing with response and emergency planning activities.

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.

12. Estimates of Annualized Burden Hours and Costs

Project team will interview 50 respondents for this ICR. The project will interview Public Health Emergency response managers and team leads (Incident Managers, epidemiologic Intelligence Officers; behavioral and social scientists) at CDC and potentially external partners such as lead epidemiologists and/or public information officers at State, Tribal and Local health authorities and partner organizations in affected areas, 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 \$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.)
Staff from State, Local, or Tribal Governments who engage in and perform emergency response work.	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
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Staff from State, Local, or Tribal Governments who engage in and perform emergency response work.	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.