

Assessment of the Tuberculosis Laboratory Aggregate Report

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe for this information aligns with that of the O2C2. Information will be collected from 58 (50 states, 7 cities, and Puerto Rico) state, local, and territorial Tuberculosis (TB) Public Health Laboratories (PHL), funded under the Centers for Disease Control and Prevention (CDC) Division of Tuberculosis Elimination (DTBE) Tuberculosis Elimination and Laboratory Strengthening Cooperative Agreement. A listing of these laboratories can be found in **Attachment A—Public Health Laboratories**. Participants from the selected states and territories will consist of TB PHL Supervisors, or their designee, acting in their official capacities.

Participants were selected based upon the fact that they are the primary recipients of federal funding for TB elimination in the US, are recipients of the CDC Division of Tuberculosis Elimination’s Tuberculosis Laboratory Aggregate Report and, therefore are the most knowledgeable about the information being collected in this assessment. Due to the limited size of the potential respondent universe, CDC will invite all 58 grantees to participate in this assessment. Therefore, no sampling will be conducted. If any of the supervisors invited to participate are unable or unwilling to complete the assessment within the designated survey period, they will be allowed to designate a staff member to respond in their stead.

We anticipate a response rate of 80% or higher for this information collection. Should any of the 58 TB PHL supervisors not respond to the email, they will receive a reminder email (**see Attachment E—Reminder Email**) urging them to complete the assessment.

2. Procedures for the Collection of Information

Data will be collected through a one-time web-based assessment and respondents will be recruited through a notification email (see **Attachment D—Notification Email**) sent by CDC to the 58 TB PHL supervisors. The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- That they may select an appropriate designee to complete the assessment on their behalf should they not be available to do so
- The expected time to complete the assessment
- Contact information for the assessment team

The email will also state instructions for participating and a link to the “Tuberculosis Laboratory Aggregate Report Assessment” which will be used as the information collection instrument. The information collection instrument will be distributed using Formstack® software.

Respondents will be asked to complete their response to the instrument within a 3-week period to allow ample time for completion. Following the notification email, PHL TB supervisors or their designees who do not respond within 2 weeks will receive a reminder email (**see Attachment E—Reminder Email**) urging them to complete the assessment. Those who do not respond to the reminder email within 1 week, or the end of the 3-week information collection period, will be considered non-responders.

Once the 3-week information collection period has closed, results from the web-based instrument will be downloaded and exported to an Excel spreadsheet and saved to a secure database, maintained by CDC, for initial analysis and cleaning. Quantitative data analysis and descriptive statistics will be achieved through input into SPSS according to variables aligned with response choices. Qualitative analysis of open-ended responses will be achieved by coding responses into categories that can be analyzed quantitatively. Upon completion of data analysis, CDC will utilize the de-identified data to compile a report summarizing the results and for presentation to appropriate DTBE staff. A final aggregate report will be prepared for distribution to cooperative agreement grantees.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, every effort will be made to maximize the rate of response. The data collection tool was designed with minimal questions to achieve assessment objectives and contains skip logic based on responses to previous questions, thereby minimizing response burden.

Following the notification email (see **Attachment D—Notification Email**), PHL TB supervisors will have 3 weeks to complete the assessment. Those who do not respond within 2 weeks will receive a reminder email (**see Attachment E—Reminder Email**) urging them to complete the assessment. Those who do not respond to the reminder email within 1 week, or the end of the 3-week survey period, will be considered non-responders.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instrument by 9 randomly selected PHL TB supervisors. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 10 minutes (range: 10 – 15 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 15 minutes) is used.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

D. Attachment D- Notification Email

E. Attachment E- Reminder Email