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Tuberculosis (TB) Training and Education Needs Assessment of the U.S.-affiliated Pacific Islands and Hawaii

Overview

The Centers for Disease Control and Prevention's Division of Tuberculosis Elimination (DTBE) is conducting a training and education needs assessment of the U.S.-affiliated Pacific Islands and Hawaii. Results from the needs assessment will be used to develop a plan to address TB training and education needs in the region.

A summary of the needs assessment findings will be shared with DTBE, as well as the TB program staff of Hawaii and the U.S.-affiliated Pacific Island jurisdictions. Findings may also be presented at TB conferences.

Participation and Confidentiality

Please complete this questionnaire based on your own TB training and education needs. The assessment will take approximately 15 minutes to complete.

Participation in the needs assessment is voluntary. Please keep in mind that your answers will remain secure. We will only share data in aggregate form.

The online needs assessment will be open until **(DATE)**.

Additional Information

If you have any questions about the TB training and education needs assessment, please contact Sarah Segerlind (htz7@cdc.gov) or Derrick Felix (dnf2@cdc.gov).

- 1. Do you agree to participate in this needs assessment?**
 - Yes
 - No

- 2. Please select the jurisdiction in which you now work.**
 - American Samoa
 - Commonwealth of the Northern Mariana Islands
 - Chuuk State, Federated States of Micronesia
 - Kosrae State, Federated States of Micronesia
 - Pohnpei State, Federated States of Micronesia
 - Yap State, Federated States of Micronesia
 - Guam
 - Hawaii

- Ebeye, Republic of the Marshall Islands
- Majuro, Republic of the Marshall Islands
- Republic of Palau

3. Which of the following most closely describes your professional training? (Select only one.)

- Epidemiologist
- Health educator
- Laboratorian
- Nurse
- Outreach worker
- Physician
- Other, please specify_____

4. Which of the following most closely describes your job role/responsibilities? (Select only one.)

- Epidemiologist
- Health educator
- Laboratorian
- Nurse
- Outreach worker
- Physician
- Program manager
- Other, please specify_____

5. Which of the following most closely describes your primary work setting? (Select only one.)

- Community health center
- Health department
- Hospital
- Laboratory
- Private clinic
- Other, please specify_____

6. What percentage of your time is spent working on TB-related activities?

- 10% or less
- 11 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

7. How many years have you worked in TB?

- Less than 1 year
- 1 - 5 years
- 6 - 10 years
- More than 10 years

8. Are you involved with clinically diagnosing persons with latent TB infection and TB disease?

- Yes
- No

9. Please indicate how much training you need regarding the following TB diagnostic topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.

	No training needed	Little training needed	Some training needed	Much training needed	N/A
Tuberculin skin test (TST)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interferon-gamma release assays (IGRAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BCG vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB radiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acid-fast bacilli (AFB) smear microscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nucleic acid amplification (NAA) tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Xpert MTB/RIF assay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug susceptibility testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Molecular detection of drug resistance (MDDR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you treat or clinically manage patients who have latent TB infection or TB disease?

- Yes
- No

11. Please indicate how much training you need regarding the following TB treatment topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.

	No training needed	Little training needed	Some training needed	Much training needed	N/A
Treating latent TB infection (LTBI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating TB disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating multidrug-resistant (MDR) TB disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating TB disease in children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating TB disease in pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating extrapulmonary TB disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating TB contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating MDR TB contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adverse reactions to TB treatment drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please indicate how much training you need regarding the following TB treatment topics (continued). If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.

	No training needed	Little training needed	Some training needed	Much training needed	N/A
Directly observed therapy (DOT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug-drug interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB and diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TB and HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB and immunosuppressive therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB and kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB and liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Do you perform programmatic activities as part of your TB-related job duties?

- Yes
- No

14. Please indicate how much training you need regarding the following TB topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.

	No training needed	Little training needed	Some training needed	Much training needed	N/A
Conducting contact investigations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact investigations in congregate settings (for example, school, workplace, jail, hospital, and shelters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interviewing for contact investigations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outbreak detection and response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB genotyping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case review (i.e., a monthly “real-time” systematic review of the management and treatment of persons with suspected or confirmed TB disease and their contacts. Many of the patients are currently receiving treatment.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cohort review (i.e., a quarterly “retrospective” systematic review of the management, treatment, and outcomes of persons with suspected or confirmed TB disease and their contacts. Many of the patients have completed treatment.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening high-risk populations (i.e., targeted testing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively using incentives and enablers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please indicate how much training you need regarding the following TB topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.

	No training needed	Little training needed	Some training needed	Much training needed	N/A
Data collection and data management (for example, how to collect and manage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TB screening results)					
TB surveillance/epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report of a Verified Case of TB (RVCT) form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National TB Indicators Project (NTIP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National TB Surveillance System (NTSS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB Genotyping Information Management System (TB GIMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing Annual Performance Reports and Work Plans for the CDC Cooperative Agreement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing budgets for the CDC Cooperative Agreement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please indicate how much training you need regarding the following TB topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.

	No training needed	Little training needed	Some training needed	Much training needed	N/A
Legal issues related to TB (for example, court orders)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB and air travel restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interjurisdictional referrals (i.e., for TB patients or contacts who move to the U.S. mainland or within the USAPI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International transfer notifications (i.e., for TB patients or contacts who move to other countries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnership building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training other health care workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please indicate how much training you need regarding the following TB infection control topics. If you do not perform the activity, or you do not need to know the information as part of your work duties, please select N/A.

	No training needed	Little training needed	Some training needed	Much training needed	N/A
TB transmission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB infection control measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB testing programs (for example, health care worker screening programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Two-step testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TB risk assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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18. Considering your TB-related work responsibilities, which TB topics are most needed to enhance your knowledge and skills?

19. Have you attended any in-person TB trainings in the past 12 months?

- Yes
- No

20. Please indicate how many in-person TB trainings you have attended in the past 12 months.

- 1 - 3
- 4 - 6
- More than 6

21. Identify any barriers you have to attending in-person TB trainings. (Select all that apply.)

- Limited or no travel funds available
- Travel restrictions not related to funding
- Trainings are too long
- Not enough staff coverage
- Trainings are too far away
- Cannot take time away from work responsibilities to attend trainings
- In-person trainings are not available
- None/No barriers
- Other, please specify_____

22. Have you participated in any live TB webinars or web conferences in the past 12 months?

- Yes
- No

23. Please indicate how many live TB webinars or web conferences you have participated in the past 12 months.

- 1 - 3
- 4 - 6
- More than 6

24. Identify any barriers you have to participating in live TB webinars or web conferences. (Select all that apply.)

- Lack of internet access or internet connection problems
- Not able to download software needed to access webinars or web conferences
- Webinars or web conferences are too long
- Not enough staff coverage
- Cannot take time away from work responsibilities to participate
- TB webinars or web conferences are not available
- Difference in time zone
- Too many distractions in the workplace

- None/No barriers
- Other, please specify_____

25. Have you viewed any recorded TB webinars in the past 12 months?

- Yes
- No

26. Please indicate how many recorded TB webinars you have viewed in the past 12 months.

- 1 - 3
- 4 - 6
- More than 6

27. Identify any barriers you have to viewing recorded TB webinars. (Select all that apply.)

- Lack of internet access or internet connection problems
- Not able to download software needed to view webinars
- Webinars are too long
- Not enough staff coverage
- Cannot take time away from work responsibilities to view webinars
- Recorded webinars are not available
- Too many distractions in the workplace
- None/No barriers
- Other, please specify_____

28. Have you taken any online TB courses in the past 12 months?

- Yes
- No

29. Please indicate how many online TB courses you have taken in the past 12 months.

- 1 - 3
- 4 - 6
- More than 6

30. Identify any barriers you have to taking online TB courses. (Select all that apply.)

- Lack of internet access or internet connection problems
- Online courses are too long
- Not enough staff coverage
- Cannot take time away from work responsibilities to take online courses
- Online courses are not available
- Too many distractions in the workplace
- None/No barriers
- Other, please specify_____

31. Which of the following are your most preferred formats for TB trainings? (Select all that apply.)

- Conference (in person)
- Classroom training (in person)
- Mentorship
- One-on-one trainings
- Train-the-trainer
- Virtual conference
- Live webinar

- Recorded webinar
- Online course
- Other, please specify_____

32. Which of the following are your most preferred formats for TB educational materials? (Select all that apply.)

- DVD
- Fact sheets and brochures
- Interactive online courses
- Mobile apps
- Online video
- Pocket cards
- Self-study materials (for example, manuals or books)
- USB flash drive
- Other, please specify

33. Please provide any additional comments you have regarding your TB training and education needs.