

# **2024 TB Training and Education Needs Assessment – The U.S.-affiliated Pacific Islands – Online Survey**

STLT Generic Information Collection Request

OMB No. 0920-0879, exp. 8/31/2026

## **Supporting Statement – Section A**

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- **Purpose of the data collection:** The primary intent of this project is to assess the TB training and education needs, priorities, and existing resources of TB programs in the U.S.-affiliated Pacific Islands (i.e., American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of Palau, and the Republic of the Marshall Islands) through a needs assessment survey.
- **Intended use of the resulting data:** The needs assessment survey will gather information on TB training and education needs. Results will be reported through a regional summary of the entire needs assessment, which will also include jurisdiction-specific summaries. The results will be used to inform TB training and education activities in the region, with the goal of supporting the public health workforce in the USAPI.
- **Methods to be used to collect data:** CDC Division of Tuberculosis Elimination staff will collect data through an online survey. The survey will be administered using SurveyMonkey and distributed to respondents via email.
- **Respondent Universe:** Respondents will be TB program staff, health care workers involved in TB control activities, and other TB control partners in the U.S.-affiliated Pacific Islands (USAPI). In the U.S.-Affiliated Pacific Islands (USAPI), health departments conduct essential public health services work for tuberculosis (TB) prevention and control in partnership with laboratories, hospitals, community health centers, airport quarantine stations, and non-governmental organizations. The health department may require collaboration from these entities to fulfill their TB prevention and control work; therefore, these entities will be considered delegates for the purposes of this submission. This is necessary to get the complete picture of training and education needs for essential TB prevention and control services conducted in the USAPI region.
- **How data will be analyzed:** Data will be analyzed by CDC DTBE staff utilizing SPSS data analysis software. Descriptive statistics will be calculated (e.g., proportions, means) to examine the characteristics of respondents and responses to survey questions. Crosstabulations of responses to questions and respondent characteristics will be calculated. Tests of association (e.g., chi-square, Fisher's exact test) may be used to further examine relationships.

## Section A – Justification

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

#### Background

This information collection is being conducted using OMB No. 0920-0879 “Information Collections to Advance State, Tribal, Local and Territorial Governmental Agency System Performance, Capacity, and Program Delivery” nicknamed the “STLT Generic.” The respondent

universe for this information collection aligns with that of the STLT Generic. Data will be collected from a total of 78 respondents across the U.S. API region including essential public health service workers in American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of Palau, and the Republic of the Marshall Island. Respondents acting in their official capacities include health department staff and delegates in roles that may include nurses, epidemiologists, medical assistants, clinical laboratorians, physicians, community health workers, social and human service assistants.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Assess and monitor population health status, factors that influence health, and community needs and assets
- 2. Investigate, diagnose, and address health problems and hazards affecting the population
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- 4. Strengthen, support, and mobilize communities and partnerships to improve health
- 5. Create, champion, and implement policies, plans, and laws that impact health
- 6. Utilize legal and regulatory actions designed to improve and protect the public's health
- 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- 8. Build and support a diverse and skilled public health workforce**
- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement**
- 10. Build and maintain a strong organizational infrastructure for public health

The U.S.-Affiliated Pacific Islands (USAPI) consist of three territories (Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa) and three Freely Associated States (the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia). The 1986 U.S. Compact of Free Association mandates the United States to provide certain services and provisions to these jurisdictions, including economic and technical assistance by the CDC for tuberculosis (TB) control programs.<sup>2</sup> CDC's Division of TB Elimination (DTBE) does this through surveillance of USAPI TB cases in the National Tuberculosis Surveillance System,

field services support from a dedicated Project Officer, and education, training, and medical consultation by the CDC-funded TB Centers of Excellence.

DTBE conducts education and training needs assessments with the TB programs of the USAPI to best serve these jurisdictions in their TB prevention and control work. The most recent assessment was conducted in 2017 (“Tuberculosis (TB) Training and Education Needs Assessment of the U.S.-affiliated Pacific Islands and Hawaii”, OMB No. 0920-1050, Expiration Date: 6/30/2019). Given the impact of the COVID-19 pandemic on public health staffing,<sup>3</sup> DTBE seeks to better understand the current landscape of TB education and training needs of the USAPI TB program staff and their partners in essential TB work.

Although U.S. TB rates steadily declined over the past several decades, national case counts and incidence rates rose in 2021, 2022, and 2023 to a level not seen since 2013,<sup>4</sup> The increase in TB rates reflects disparities by race and ethnicity. Among U.S.-born (including those born in the USAPI) persons of Native Hawaiian or other Pacific Islander (NH/PI) race, TB rates rose 20% from 2022 to 2023, substantially more than the national TB rate which rose 8% in the same time frame.<sup>4</sup> An analysis of 2010-2019 TB surveillance data disaggregated into U.S. birthplace being in the USAPI and the rest of the U.S. revealed that NH/PI persons born in the USAPI experienced higher TB rates than NH/PI persons born in the rest of the United States.<sup>5</sup> It is critical for CDC to provide effective support USAPI TB programs to reduce TB rates in this region.

DTBE seeks to better understand the current needs of USAPI TB programs and their partners in essential TB work to inform future education and training efforts. Information will be collected from USAPI TB program staff and partners from laboratories, hospitals, community health centers, airport quarantine stations, and non-governmental organizations. The health department may require collaboration from these entities to fulfill their TB prevention and control work, therefore, these entities will be considered delegates for the purposes of this submission. This is necessary to get the complete picture of training and education needs for essential TB prevention and control services conducted in the USAPI region. Results will be used by CDC DTBE staff and will be provided to jurisdictions in jurisdiction-specific summaries for TB program use.

## **Overview of the Information Collection System**

Data will be collected from 78 respondents via the online platform SurveyMonkey (**see Attachment A - USAPI Needs Assessment Survey**). The instrument will be used to gather information from public health service workers at health jurisdictions; laboratories; hospitals; community health centers; airport quarantine stations; and non-governmental organizations regarding tuberculosis (TB) training and education needs, priorities, and existing resources of TB programs in the U.S.-affiliated Pacific Islands (i.e., American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of Palau, and the Republic of the Marshall Islands).

The information collection instrument was pilot tested by 4 public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the information collection instrument.

### **Items of Information to be Collected**

The data collection instrument consists of 31 main questions of various types, including dichotomous (yes/no), interval (rating scales), multiple response, open-ended. The instrument will collect data on the following:

- TB education and training needs on the following topics:
  - TB diagnostic strategies
  - TB diagnosis
  - TB treatment
  - Clinical management of TB patients with co-morbidities
  - TB program activities in a public health setting
  - Case management and contact investigation activities
  - TB infection control
- Preferred types of TB trainings and formats

## **2. Purpose and Use of the Information Collection**

The purpose of this information collection is to assess the TB training and education needs, priorities, and existing resources of TB programs in the U.S.-affiliated Pacific Islands (i.e., American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of Palau, and the Republic of the Marshall Islands). The needs

assessment survey will gather information on individual TB training and education needs. This project seeks to answer the questions:

- What TB training and education resources exist in the U.S.-affiliated Pacific Islands (USAPI)?
- What are the TB training and education needs in the USAPI?
- What are the preferred formats for providing TB training and education in the USAPI?
- What are the barriers and incentives to participating in TB education and training events?

The results of this assessment will be used to inform future training and education activities in the USAPI and ensure that the activities are appropriate for the jurisdictional audiences, with the goal of building capacity of the USAPI TB public health workforce. For example, the findings can be used to help inform content for the Pacific Islands Tuberculosis Controllers Association Conference, Pacific Islands TB Nurses Network meetings, and regional TB trainings coordinated by the CDC-funded TB Centers of Excellence for Training, Education, and Medical Consultation. Findings will be disseminated through reports, including jurisdiction-specific summaries, and presentations for CDC, USAPI partners, and the public health community. Jurisdictions can also use their jurisdiction-specific summaries to inform their own local trainings.

### **3. Use of Improved Information Technology and Burden Reduction**

Data will be collected via Survey Monkey. This method was chosen to reduce the overall burden on respondents by ensuring that the platform was virtual and that the survey could be taken at a time of the respondent's convenience. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 31 questions).

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

The last TB training and education needs assessment of the U.S.-affiliated Pacific Islands was conducted in 2017 ("Tuberculosis (TB) Training and Education Needs Assessment of the U.S.-affiliated Pacific Islands and Hawaii", OMB No. 0920-1050, Expiration Date: 6/30/2019). No other formal needs assessment on TB education and training needs of the USAPI from CDC has been conducted in the Division since this time. Conducting an updated and more recent needs assessment will help ensure that future education and training activities are appropriate for the

intended audiences and address the current state of TB prevention and control work in the region.

Prior to this survey, CDC conducted individual interviews with TB program leads in the USAPI to inform development of questions for the survey to ensure the information collected is necessary.

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

No small businesses will be involved in this information collection.

## **6. Consequences of Collecting the Information Less Frequently**

This request is for a one-time data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Provide training for UASPI TB programs that reflects the current capacity and context of the region. In the past 7 years, the USAPI region may have experienced shifts in TB public health staff and need refresher training and resources geared towards TB education.
- Provide educational materials for UASPI TB programs that reflects the current needs of the region. In the wake of the COVID-19 pandemic, TB education and training resources may need to be updated to reflect the changing TB health landscape in the region.
- Use up to date information to assess gaps and make informed decisions about future priorities for education and training. This data collection enables CDC's DTBE team to gather more concrete insights on the unique and evolving needs of the USAPI region and have an opportunity to collect data specifically focused on TB education and training.

## **7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

## **8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

This data collection is being conducted using the Generic Information Collection mechanism of the PHIC STLT Generic Information Collection Service (STLT Generic) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on January 23, 2023, Vol. 88, No. 14, pp. 3991-3992. One non-substantive comment was received; no changes were made



to the generic clearance. Additional public comment periods are not required for project-specific data collection requests submitted under this generic clearance.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

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

CDC will not provide payments or gifts to respondents.

**10. Protection of the Privacy and Confidentiality of Information Provided by Respondents**

The Privacy Act does not apply to this data collection. STLT governmental staff and / or delegates will be speaking from their official roles. Data will be kept private to the extent allowed by law.

**11. Institutional Review Board (IRB) and Justification for Sensitive Questions**

No information will be collected that are of personal or sensitive nature. This data collection is not research involving human subjects.

**12. Estimates of Annualized Burden Hours and Costs**

The estimate for burden hours is based on a pilot test of the data collection instrument by 4 public health professionals. 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 15 minutes (range: 10-25). For the purposes of estimating burden hours, the upper limit of this range (i.e., 25 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Registered Nurses, Epidemiologists, Medical Assistants, Health Education Specialists, Community Health Workers, Clinical Laboratorians, Physicians, Social and Human Services Assistants

[http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of \$45.52 for Registered Nurses, \$43.48 for Epidemiologists, \$20.84 for Medical Assistants, \$33.55 for Health Education Specialists, \$25.30 for Community Health Workers, \$30.22 for Clinical Laboratorians, \$128.85 for Physicians, and \$21.27 for Social and Human Services Assistants is estimated for all 78 respondents. Table A-12 shows estimated burden and cost information.

There will be a total of 78 respondents and 78 responses.

**Table A-12:** Estimated Annualized Burden Hours and Costs to Respondents

Data collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in minutes)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
USAPI Needs Assessment Survey	Registered Nurses (Territorial health department staff)	10	1	25 / 60	4	\$45.42	\$181.68
USAPI Needs Assessment Survey	Epidemiologists (Territorial health department staff)	10	1	25/60	4	\$43.48	\$173.92
USAPI Needs Assessment Survey	Medical Assistants (Territorial health department staff)	10	1	25/60	4	\$20.84	\$83.36
USAPI Needs Assessment Survey	Health Education Specialists (Territorial health department staff)	10	1	25/60	4	\$33.55	\$134.20
USAPI Needs Assessment Survey	Community Health Workers (Delegate)	9	1	25 / 60	4	\$25.30	\$101.20
USAPI Needs Assessment Survey	Clinical Laboratorians (Delegate)	11	1	25/60	5	\$30.22	\$151.10

nt Survey							
USAPI Needs Assessme nt Survey	Physicians (Delegate)	10	1	25/60	4	\$128.85	\$515.40
USAPI Needs Assessme nt Survey	Social and Human Services Assistants (Delegate)	8	1	25/60	3	\$21.27	\$63.81
	<b>TOTALS</b>	<b>78</b>	<b>1</b>		<b>32</b>		<b>\$1,404.67</b>

### 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each data collection.

### 14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff to develop the data collection instrument, collect data, and perform data analysis. The total estimated cost to the federal government is \$2,307.80. Table A-14 describes how this cost estimate was calculated.

**Table A-14:** Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
<b>Behavioral Scientist – GS 12</b> Develop, pilot, disseminate, and analyze survey. Share key findings with larger CDC audience and USAPI partners	10	\$44.18 /hour	\$441.80
<b>Behavioral Scientist - GS 13</b> Develop, pilot, disseminate and analyze survey. Share key findings with larger	10	\$55.85/ hour	\$558.50

CDC audience and USAPI partners			
<b>Lead Health Education Specialist - GS 14</b> Develop, pilot, disseminate and analyze survey. Share key findings with larger CDC audience and USAPI partners	10	\$ 61.88/ hour	\$618.80
<b>Supervisory Health Education Specialist- GS 15</b> Develop, pilot, disseminate and analyze survey. Share key findings with larger CDC audience and USAPI partners	5	\$85.20/ hour	\$426.00
<b>Public Health Advisor - GS 13</b> Develop, pilot, disseminate and analyze survey. Share key findings with larger CDC audience and USAPI partners	5	\$52.54/ hour	\$262.70
<b>Estimated Total Cost of Information Collection</b>			<b>\$2,307.80</b>

**15. Explanation for Program Changes or Adjustments**

This is a new data collection.

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

CDC DTBE staff will collect data through an online survey. The survey will be administered using SurveyMonkey and distributed to respondents via email. The survey will not ask respondents to specify their name or contact information. Data collected from the surveys will be accessible through a SurveyMonkey account that is only accessed by CDC DTBE staff. Data will be exported and saved in a shared drive folder that can only be accessed by CDC DTBE staff. Data collected during the survey will be shared only in aggregate form and individual responses will be anonymized to safeguard respondent’s privacy.

Descriptive statistics will be calculated for all characteristics of respondents and responses to survey questions. Descriptive statistics will include counts and percentages for categorical variables and means and standard deviations for continuous variables. Crosstabulations of responses to questions and respondent characteristics will be calculated (e.g., performed

format for training for different job types). Tests of association such as Pearson’s chi-square test, Fisher’s exact test, or t-tests, may be used to further examine relationships.

Project Time Schedule

- ✓ Design instrument ..... (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan ..... (COMPLETE)
- ✓ Pilot test instrument ..... (COMPLETE)
- ✓ Prepare OMB package ..... (COMPLETE)
- ✓ Submit OMB package ..... (COMPLETE)
- OMB approval ..... (TBD)
- Conduct data collection ..... (Open 6 weeks)
- Code data, conduct quality control, and analyze data.....(4 weeks/ 1 month)
- Prepare summary report(s) ..... (4 weeks/1 month)
- Disseminate results/reports ..... (4 weeks/1 month)

**17. Reason(s) Display of OMB Expiration Date is Inappropriate**

We are requesting no exemption.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

**LIST OF ATTACHMENTS – Section A**

Note: Attachments are included as separate files as instructed.

- A. Attachment A – USAPI Needs Assessment Survey
- B. Attachment B – USAPI Needs Assessment Survey Invitation Email
- C. Attachment C – Online survey
- D. Attachment D – Reminder Email to Complete Survey

**REFERENCE LIST**

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5. Deutsch-Feldman M, Springer YP, Felix D, Tsang CA, Brostrom R, & Haddad M. Tuberculosis Among Native Hawaiian and Other Pacific Islander Persons: United States and U.S.-Affiliated Pacific Islands, 2010–2019. *Health Equity* 2022;6(1):476–484. <https://doi.org/10.1089/heq.2022.0065>