Targeted Testing and Treatment of Tuberculosis Infection Among High-Risk Population Groups

LESSONS LEARNED (2022-23)

Acknowledgement: This work made possible by TB Mini-grant provided by AAPCHO (May 2022 - April 2023.)

Colorado Alliance for Health Equity and Practice (CAHEP) 5250 Leetsdale Dr. #110, Denver CO 80246.







Partnerships

- Association of Asian Pacific Community Health Organizations (AAPCHO)
- The Colorado Alliance for Health Equity and Practice (CAHEP)
- Colorado Division of Disease Control and Public Health Response (DCPHR)
- Denver Metro Tuberculosis Clinic (DMTBC)
- About 20 Asian and other racial-ethnic minorities and immigrant groups



CAHEP Family Medicine Clinic

- **Mission:** CAHEP and Family Medicine Clinic for Health Equity (FMC-CAHEP) seeks to improve the health of Colorado's immigrant communities through *culturally* and *linguistically* appropriate prevention, health education, wellness activities, early detection, and self-management of disease.
- Total patient count is 4,350
- An estimated 62% of all our patients are of Asian-American origin, or about 2600 patients
- Over 82% of our patients are racial and ethnic minorities
- We see approximately 50 patients per day, including patients for vaccinations based services
- 12% of the total patients are uninsured (~520 patients) and numerous are undocumented. This number expected to grow due to Medicaid post-pandemic changes
- Currently, the overall distribution of all our patients is: Medicaid 64%, Medicare 8%, private insurance 16% and rest 12% uninsured

Project Implementation

- Training developed, including algorithm and treatment guide
- Pre-and post-test developed
- Pre-test provided
- Live training (virtual) provided to all clinicians and patient navigators
 - Recorded training to cover change in staffing
- Post-test provided
- Patient navigator tool to collect qualitative data
- Regularly scheduled calls/meetings with key staff to stay on track

Lessons Learned

COVID19 in 2021-22 & Vaccine for Children in 2023

- Vaccination clinics in community sites and at Schools
- Short-staffed
- Providers taking the time to do the pre-test, training, and post-tests
- Patient related barriers:
 - Clinic seeing more patients who are uninsured
 - Patients afraid to risk exposure with in-person appointments
 - Cost of testing for those without insurance. Some immigrants opted out of getting Medicaid due to Public Charge. Now Medicaid is dropping off due to conclusion of Pandemic Emergency.
 - Free testing through DMTBC, but patients not willing to travel for testing to an unfamiliar facility with very large footprint. Also use of patient navigator at our site is preferred by patient.

Lessons Learned

HEALTH DISPARITIES DUE TO TRUST & CULTURAL BARRIERS

- Provider has to work with Patient Navigator to ensure patient participation
- Fear of testing positive due to profound impact on job, family life and social relationships
- Sometimes the patient may not be completely honest about exposure from visitor or self-travel to high risk countries, e.g. south/east Asian, Africa, Western Europe etc.
- Latent TB infection often ignored and not considered a priority, more so during COVID19
- Lack of awareness of the risks and treatment options based on practices at their Country of Origin creates anxiety
- Literacy level varies for each ethnicity and so education material has to serve varies backgrounds.
- QFT supplies have been limited in 2022 due to supply-chain issues and so clinic-only tests done when supplies available; now the supply issues have been resolved

Testing & Screening Outcomes

- In addition to community sites, we have added school sites and school districts where we have provided essential vaccines to middle-school children
- Since October 2022 we have conducted over 80 tests for Asian, African-American and Hispanic persons
- 12 persons have tested positive
- Have made presentations to the patient for completion of certificate and completing drug treatments where required

Community Outreach Events





Case Studies

- Korean Male, age 58, tested positive based on aQFT test. Person was uninsured, referred to Denver Metro TB clinic. An X-ray was taken and treatment started.
- African American Male age 48, came positive with a QFT test. The chest X-ray was normal. Treatment: Rifampin 300mg started at our clinic. Person was insured.
- Chinese 69 year old female also had a normal chest-Xray but tested positive QFT. Treatment started with Rifampin 300mg, as well. Patient was insured.

Successes & Future Plan(s)



- Expanded partnership between CAHEP, CDPHE, DMTBC, and AAPCHO
- Increased awareness of TB on the community level Asians and non-Asian Minorities
- Lessons learned on process improvement :
 - a) COVID19 public health emergency completing (May 2023)
 - b) Outreach at various community site has started
 - c) Need to refresh trainings for Providers and Clinic staff
 - d) Include Patient Navigators when necessary