

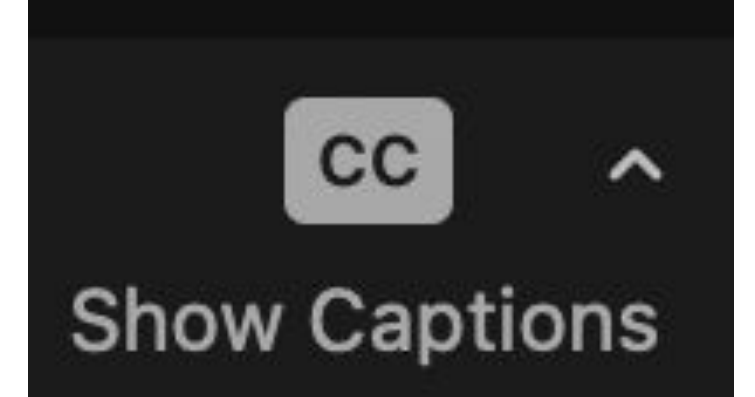
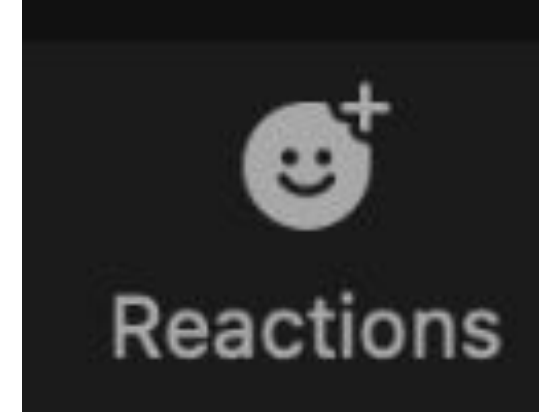
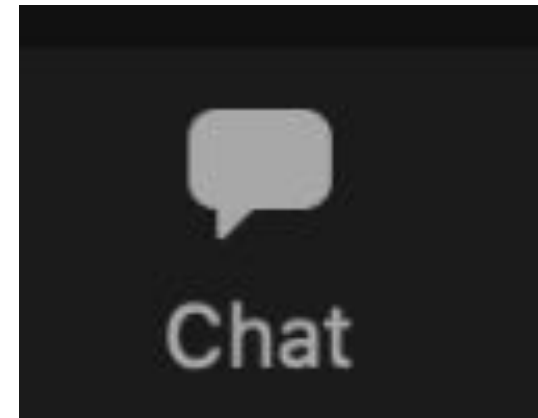
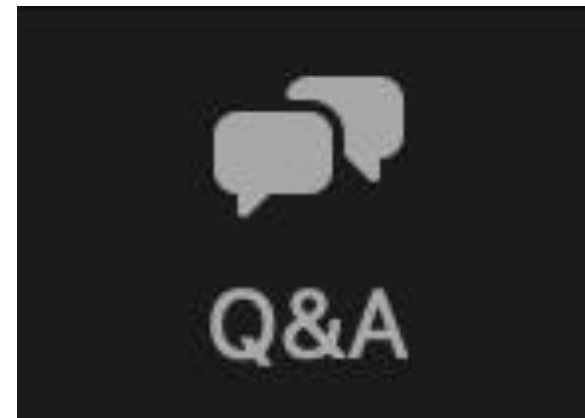


# Information Session: TB Elimination Alliance & 2023-2024 TEA Mini-Grant Program Opportunity

Chibo Shinagawa, MS  
Senior Program Manager of Infectious Diseases, AAPCHO

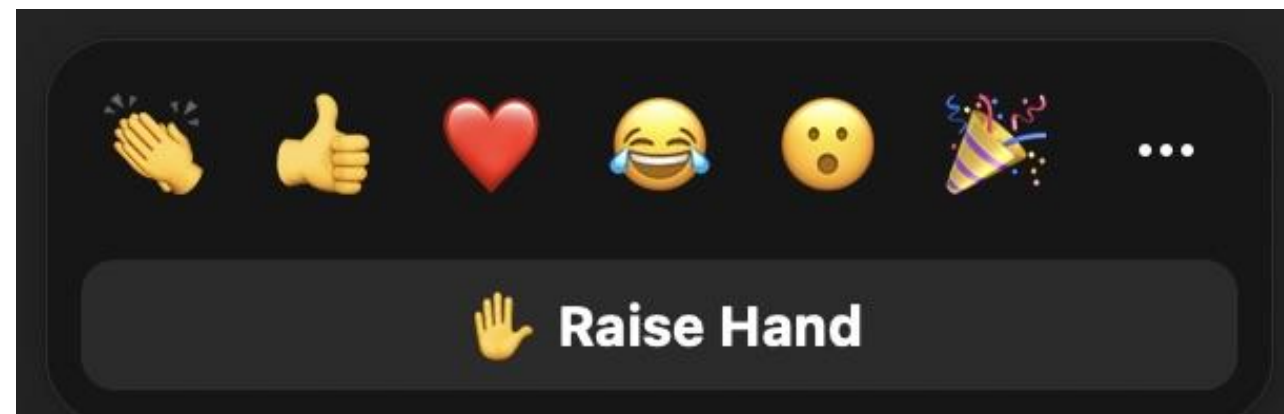
Mukta Deia  
Program Coordinator of Infectious Diseases, AAPCHO

# Tech and Accessibility



Windows:  
**Ctrl+T**

Mac: ⌘+K



Windows:  
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Mac:  
**Option+Y**



# Moderators



Mukta Deia, Program Coordinator of Infectious Diseases, AAPCHO (she/her/hers)



Chibo Shinagawa, Senior Program Manager of Infectious Diseases, AAPCHO (she/her/hers)



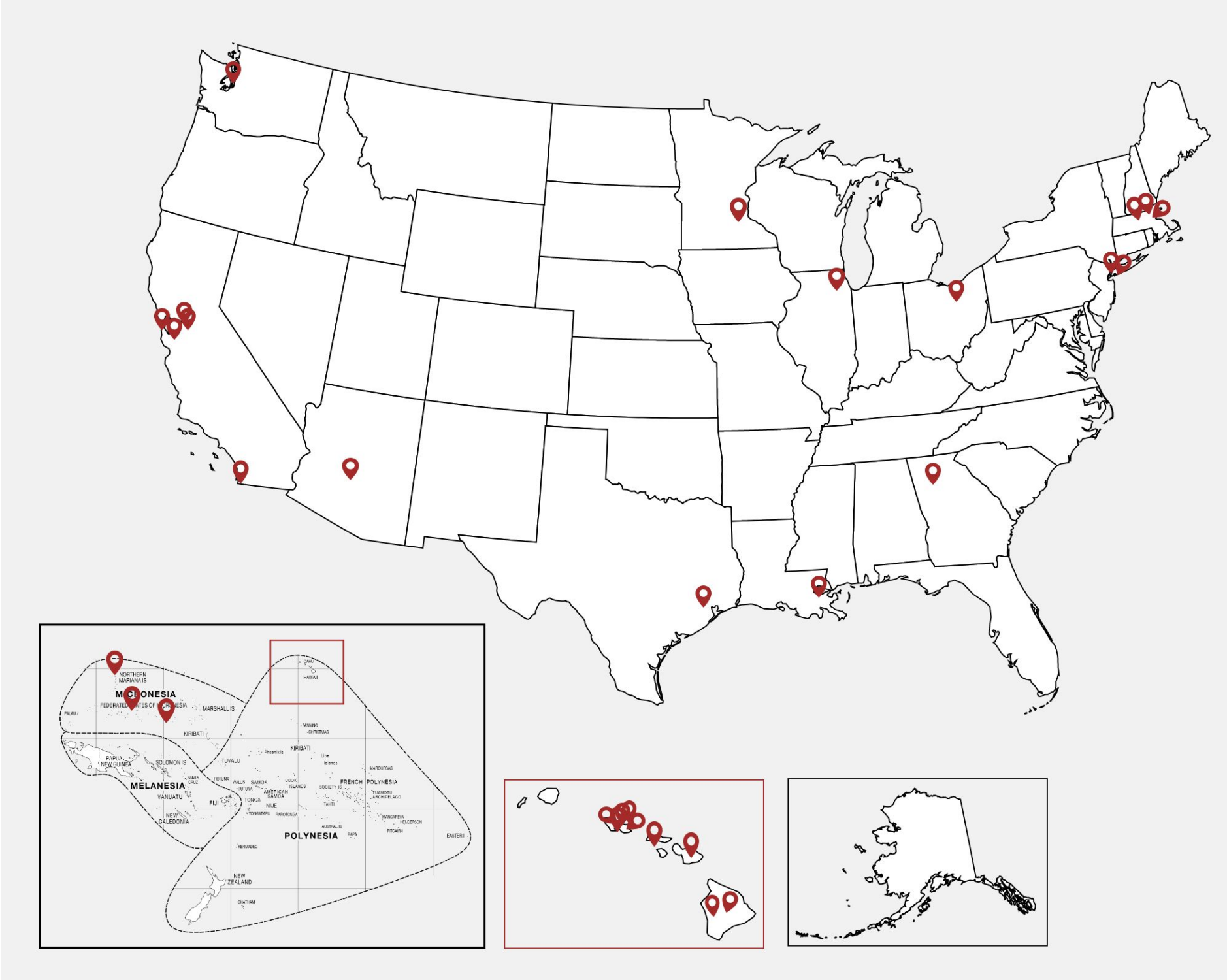
# About AAPCHO

The Association of Asian Pacific Community Health Organizations (AAPCHO) was formed to create a national voice to advocate for the unique and diverse health needs of AA and NHPI communities and the community health providers that serve their needs.



# Mission & Impact

**AAPCHO** is dedicated to promoting **advocacy**, **collaboration**, and **leadership** that improves the health status and access of AAs and NH/PIs within the United States, the U.S. territories, and the Freely Associated States.



# TB ELIMINATION ALLIANCE



## U.S. TB CASES AND RATES BY RACE/ETHNICITY, 2021\*

2020: 7,173 Cases

2021: 7,860 Cases

2022: 8,300 Cases

*U.S. TB incidence increased during 2022, compared with that during 2020 and 2021, but remained lower than incidence during the prepandemic years; after a substantial 20.2% decline in 2020 and partial rebound (9.8% increase) in 2021 (1), incidence appears to be returning to prepandemic levels among U.S.-born and non-U.S.-born populations.*

RACE/ETHNICITY	RATE PER 100,000 PEOPLE	PERCENTAGE OF REPORTED TB CASES
American Indian/Alaska Native	3.5	1.1%
Asian	14.4	36.1%
Black/African American	3.4	18.0%
Hispanic/Latino	3.9	30.9%
Native Hawaiian/Other Pacific Islander	19.0	1.5%
White	0.4	11.3%
Multiple races	1.0	1.0%

Source: [Tuberculosis — United States, 2021 | MMWR \(cdc.gov\)](#)  
[Tuberculosis — United States, 2022 | MMWR \(cdc.gov\)](#)

# Our Mission

The TB Elimination Alliance is a national partnership of community leaders dedicated to eliminating TB and LTBI inequities among Asian American and Native Hawaiian/Pacific Islander populations through education, raising awareness, and innovation.

# Our Vision

Healthy communities free of tuberculosis.





# Local Partners

Arkansas Coalition of Marshallese (AR)	Asian American Health Coalition - HOPE Clinic (TX)	Asian Services in Action (OH)	California Department of Public Health - TB Free California (CA)	Center for Pan Asian Community Services Inc. (GA)
Community Clinic NWA (AR)	EMU: Center for Health Disparities Innovation and Studies (MI)	Florida Asian Services (FL)	Hepatitis B Initiative of Washington, DC (DC)	Hep Free Hawaii (HI)
Loma Linda University, School of Nursing (CA)	Ministry of Health and Human Services (RMI)	NJ Hepatitis B Coalition (NJ)	North East Medical Services (CA)	SF Hep B Free - Bay Area (CA)

- Local/State Coalition
- Community Health Center
- Community Based Organization
- Academic Institution
- State/City/County Health Agency

# About the TB Elimination Alliance



Share resources and best practices among providers



Develop partnerships to scale existing initiatives



Conduct outreach to underserved AA and NH/PI communities with the highest TB burden



Increase awareness and understanding of culturally and linguistically appropriate LTBI/TB testing and treatment strategies

# Strategic Plan Pillars

Collaboration and  
Partnerships

Community  
Engagement

Access to Testing  
& Treatment

Provider  
Education

Research & Data



# Mini-Grant Request for Proposals (RFP) Overview

# Eligibility

From or working directly with organization in the U.S. and U.S. Territories that serve A/AA and NH/PI communities

Community-based organizations and community health centers will receive higher priority

Meet project site requirements

# Eligibility

Expansion to non-U.S. born Latino American, and U.S. born African American communities.

Applicants should incorporate CDC's Think. Test. Treat TB campaign materials into your activities.

Applicants must submit a project narrative, budget, and work plan that will be evaluated by a grants committee.

# Application Timeline and Process

Activity	Date
Application Submission Period	May 18, 2023 - June 16, 2023
<b>Application Deadline</b>	<b>June 16, 2023 by 5:00 PM local time</b>
Award Status Notification	June 2023 - July 2023
Award Contract Process	July 2023
Grant Period	August 01, 2023 - March 31, 2024

# Purpose

Enhance LTBI and/or TB community engagement and education, provider education and quality improvement

Population of focus is A/AA and NH/PI communities and

Support activities at the local level to advance the Centers for Disease Control and Prevention's (CDC) LTBI and TB campaign



# Communications Campaign: Think. Test. Treat TB

- **Raise awareness about latent TB infection, risk, and the link between latent TB infection and TB disease by encouraging patients and healthcare providers to:**
  - Think about the risk factors and talk about TB
  - Test for TB infection
  - Treat latent TB infection to prevent the development of TB disease

[www.cdc.gov/thinktesttreattb](http://www.cdc.gov/thinktesttreattb)

**THINK  
TEST  
TREAT** **TB**



**THINK TEST TREAT TB** | **Protect your family. Test for tuberculosis.**

Tuberculosis (TB) is one of the world's leading infectious disease killers.

Without treatment, 1 in 10 people with latent TB infection will get sick in the future.

TB germs can live in your body for years without symptoms. This is called latent TB infection or inactive TB.

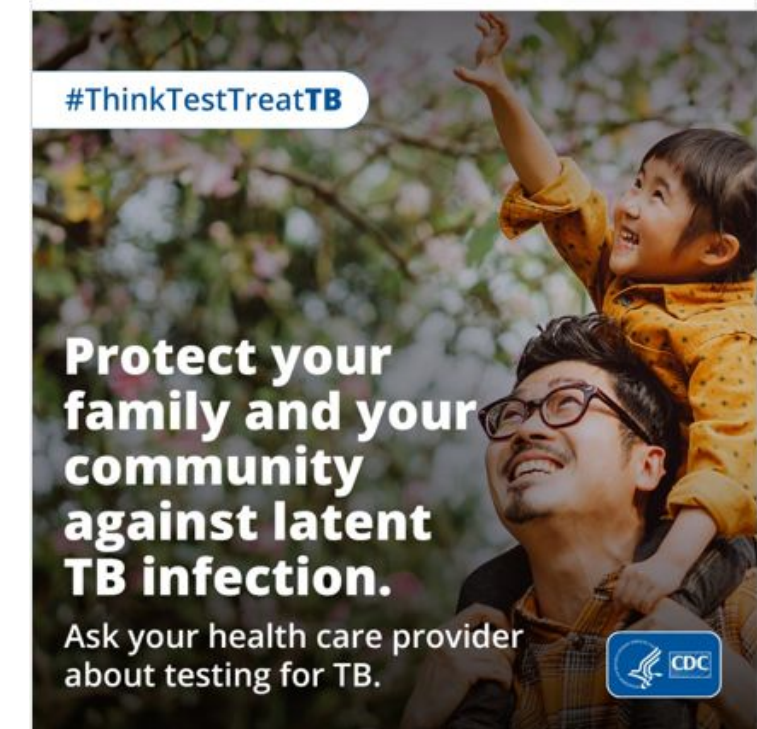
Inactive TB can become active anytime and make you sick.



Protect yourself and your family. Ask your doctor about getting tested for TB.

# Think. Test. Treat TB Campaign at a Glance

- **Priority Populations:**
  - People born in the Philippines and Vietnam
  - Healthcare providers
- **Markets:**
  - Seattle, WA and Los Angeles, CA
  - All materials available on CDC website (in multiple languages) for use nationwide
- **Channels and Partners:**
  - Web, social media, television, and print
  - Shopping centers, supermarkets, and clinics
  - Community-based organizations
  - Professional medical associations



**THINK TEST TREAT TB**

### Inactive Tuberculosis (TB) Testing & Treatment

Up to 13 million people in the United States may have inactive TB (also called latent TB infection). Without treatment, 1 in 10 people with inactive TB will get sick with active TB disease, and can spread TB to others through the air. **You can help prevent the spread of TB.**

**1 Think** Am I at risk for TB infection?  
Talk to your healthcare provider about getting tested if you:

- were born in or frequently travel to countries where TB is common, including those in Asia, Africa, and Latin America
- live or used to live in large group settings where TB is more common, such as homeless shelters, prisons, or jails
- recently spent time with someone who has active TB disease
- have a weaker immune system because of certain medications or health conditions such as diabetes, cancer, and HIV
- work in places with high risk for TB transmission, such as hospitals, homeless shelters, correctional facilities, and nursing homes

**Even people who received the TB vaccine, also called the bacille Calmette-Guérin (BCG) vaccine, should be tested since the vaccine weakens over time.**

**2 Test** What TB test do I need?  
There are two types of tests for TB infection: the TB blood test and the TB skin test. TB blood tests are the preferred method of TB testing for people who have received the TB vaccine (BCG). Healthcare providers and patients should discuss which test is best.

**3 Treat** What are my treatment options?  
Treating inactive TB is the best way to protect you from developing active TB disease. When possible, CDC recommends using short and convenient 3- or 4-month rifamycin-based treatments for inactive TB.

To learn more about TB and how you can protect yourself and others, visit [www.cdc.gov/thinktesttreattb](http://www.cdc.gov/thinktesttreattb)

**THINK TEST TREAT TB**

13M people in the U.S. have latent TB infection and many don't know it.

**Prevent TB in your community.**

# Priority Areas

- Raise awareness about the link between LTBI and TB disease, address misperceptions, decrease stigma, and encourage and facilitate testing and treatment for LTBI and TB
- Increase awareness of the recommended shorter treatment regimen for LTBI
- Encourage providers to test and treat LTBI among at-risk populations
- And create a culturally and linguistically appropriate LTBI and TB education, training and community engagement resources and activities that resonate with high priority AA and NHPI communities
- Develop and implement a comprehensive outreach and education campaign focused on reducing the rates of TB disease among non-U.S born Latino American and U.S born African American communities

# Request for Funding Proposal

Address one or more of the five TB Community Engagement Network priority areas

Develop related activities to support community engagement and education, provider education and/or quality improvement

# Example Activities

Community Engagement and Education	Provider Education	Quality Improvement
<ul style="list-style-type: none"><li>• Conducting culturally and linguistically appropriate public education/outreach on LTBI/TB risk, testing and treatment (e.g. traditional and non-traditional outreach methods)</li><li>• Developing local partnerships to increase visibility and dissemination of messages regarding stigma related to LTBI/TB in the community</li></ul>	<ul style="list-style-type: none"><li>• Training clinical and/or non-clinical staff on testing and treating of LTBI and the shorter courses of LTBI treatment</li><li>• Addressing misconception of TB blood test versus TB skin test</li><li>• Raising awareness of local populations at increased risk for LTBI/TB</li></ul>	<ul style="list-style-type: none"><li>• For community health centers: Developing or modifying Electronic Health Record system templates to identify high risk patients that require LTBI/TB screening</li><li>• For community health centers and/or community-based organizations; Standardizing data collection for LTBI/TB testing and treatment</li><li>• For community-based organizations: Developing databases, policies, and procedures for outreach</li></ul>

# 2021 Mini-Grant Recipients Example – California

## Asian Pacific Health Foundation (San Diego)

- Direct Outreach through Train-the-Trainers Strategy (D.O.T.S.)
- Create LTBI/TB videos and handouts in English and Vietnamese
- Offer online seminar on LTBI/TB for health professionals

## The Regents of the University of California, San Francisco (San Francisco)

- Generate monthly LTBI Care Cascade Reports
- Lead dissemination meetings to share data from EMR to AA/NHPI community partners

## San Diego County Medical Society Foundation, dba Champions for Health (San Diego)

- Conduct TB risk assessments
- Distribute and provide TB prevention education materials
- Conduct demonstration project on TB testing, follow up with results, offer exam and treatment, and coordinate treatment transition

## Vietnamese American Cancer Foundation (Fountain Valley)

- Conduct educational radio shows
- Offer educational workshops
- Organize free TB screening events and individualized testing service

# Project Narrative

## Section 1

- Capacity

## Section 2

- Project Goals, SMART Objectives, and Project Activities
- Timeline of Activities

## Section 3

- Project Evaluation

## Section 4

- Budget Narrative and Budget Justification
- Budget Proposal

# Project Site Requirements

- Designate a lead point of contact to provide ongoing communication with AAPCHO, including quarterly briefing calls (schedule will be determined at a mutually convenient, regular date) with all grantees.
- Participate in the Mini-Grants training webinar.
  - Training Webinar will cover: TB Elimination Alliance, Program Grantees and Expectations, and Important Dates
- Participate in a spotlight/feature on the TB Elimination Alliance website.
- Participate in monthly TB Elimination Alliance calls (if applicable) and training webinars.
- Participate in the 2024 World TB Day activities and TEA Summit in-person in Washington, D.C.
- Establish and maintain a [system for tracking activities](#), reach, and project outcomes and submit regular progress reports to TEA and AAPCHO throughout the grant period at both the midpoint and end of the grant period.
- Provide a “lessons learned” presentation on a TB Elimination Alliance members call. Monthly calls take place the fourth Wednesday of every month at 11am PT / 2pm ET.
- Ensure availability and willingness to attend in-person conferences, summits, and other national advocacy campaigns hosted or sponsored by TEA, if invited or if such events are scheduled during the grant period.
- Engage local/state TB program officials on activities for awareness and support as needed.



# How to Submit Your RFP

## Attachments to include

- Budget Proposal (please use the provided [Budget Template](#))
- 1-page detailed Timeline of Project Activities
- Letter(s) of Support (required for “Community Engagement and Education” proposals, optional for “Provider Education and “Quality Improvement” proposals)

## Submit

- **Apply at:** <https://bit.ly/2023-24TEAMGRFP>

## Deadline

- **Friday, June 16, 2023, by 5:00 pm local time**

# Application Timeline and Process

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# Resources

1. **Centers for Disease Control and Prevention (CDC)**  
[Division of TB Elimination](#)
  - a. Check out the CDC's [Think.Test.Treat campaign](#) aiming to raise LTBI awareness and guide conversations between providers and patients
  - b. [Core Curriculum on Tuberculosis: What the Clinician Should Know](#)
2. **TB Centers of Excellences (COEs)**
  - a. Provides LTBI/TB Training, Education, and Medical consultation for all 50 states and U.S. territories
3. **TB Elimination Alliance (TEA) Resource Page**
  - a. Resources on LTBI/TB screening, testing, and treatment, enabling services, and provider education available
4. **Check out local Public Health Departments' and TB Control Programs' websites**





# Thank you!

Become a partner today! Visit us at <http://tbeliminationalliance.org/>

Contact us at [tea@aapcho.org](mailto:tea@aapcho.org)



# Questions?

# Questions

How many grants are available, and how competitive is the application/selection process?

Could funds be used to incentivize individuals to complete LTBI treatment or purchase medications for underinsured or uninsured?

Can funding be distributed as a stipend to participants to encourage testing? If a community-based outreach program will be hosting our educators and assisting with recruitment, can they be compensated?

As a county health department, we serve all demographics residing within our county. However, per 2020 US Census data only a modest number of residents fall under the target populations to be addressed for this grant. For perspective, We have a population of ~140,000 residents of which 85% are Caucasian/White. Therefore I question our eligibility.

Metro public health departments eligible?

Is there a different criteria for activities from the 2022 TEA mini-grant?

Can the mini-grant funds be used to fund (or partially fund) salaries of staff working on the grant projects?

Can a state-level program coordinate the application for community healthcare partners? That is, can a state-level program draft a mini-grant proposal that "contracts/subawards" to several community healthcare partners?

Is there a template of the application? How long can the narrative be?

We are a public health district and do not have 501c3 status, would we still be eligible to apply?

Is the grant program open to TB programs that are part of state departments of health?

Is this a grant I can apply for being a clinic within the local health department who receives some funding from DPH for TB clinic?

FQHC with large Latinx population, but does not significantly serve Asian or Native American or PI population - are we considered competitive for this grant?

How will funds be distributed? What items or ideas for incentives are eligible?