

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

LESSONS LEARNED

*Acknowledgement: This work made possible by TB Minigrant
provided by AAPCHO*

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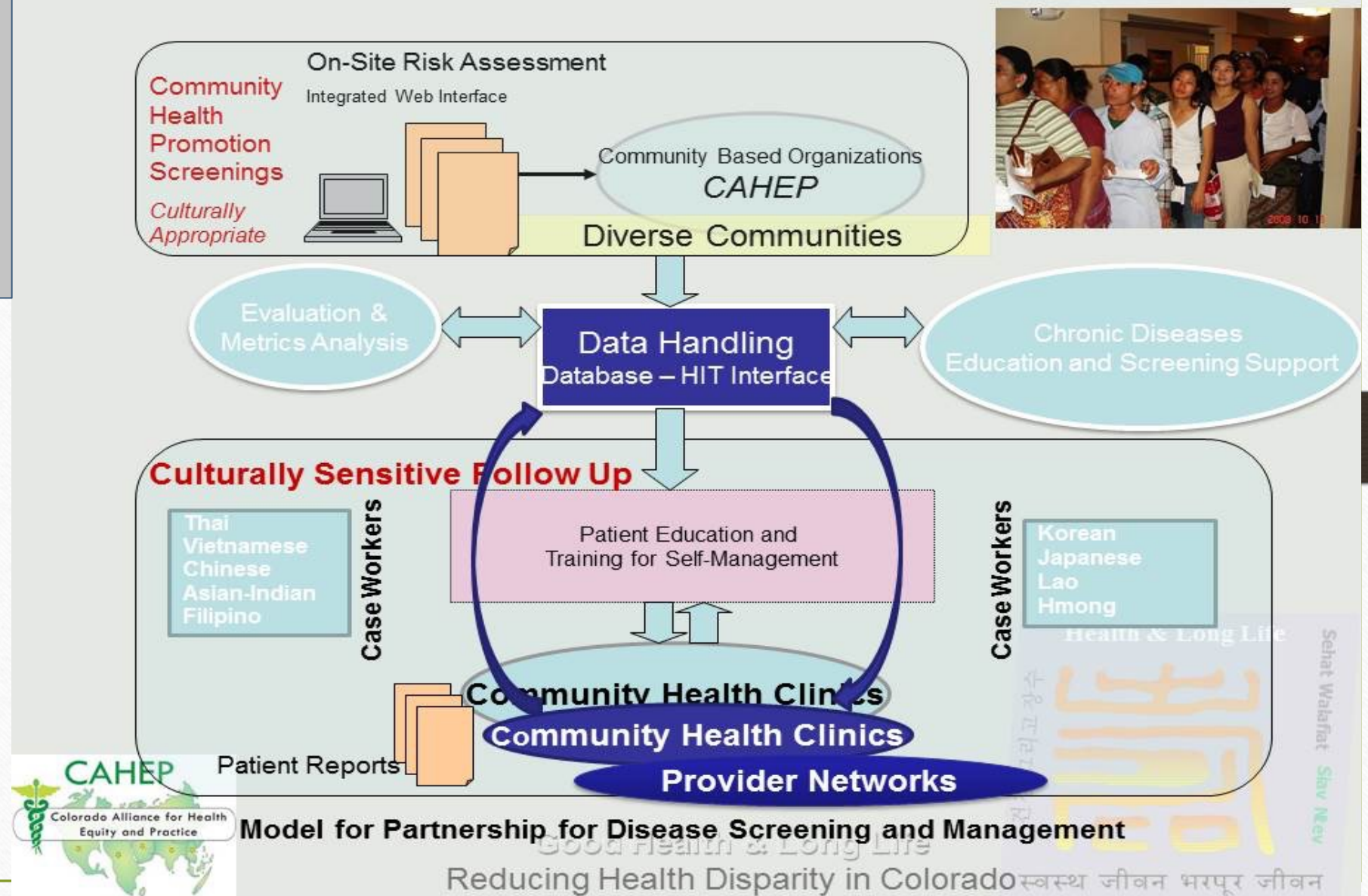
CAHEP - Family Medicine Clinic

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 2023, 4,300 (medical & dental)
- An estimated 62% of all our patients are of Asian-American origin
- Over 82% of our patients are racial and ethnic minorities – BIPOC (black Indigenous & Colored)
- We see approximately 50 patients per day, all facilities
- 10% of the total patients are uninsured 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 67%, Medicare 8%, private insurance 15% and 10% uninsured.

**CAHEP-FMC
Service Model
involving direct
community
engagement and
partnerships**



Current view of services at our CAHEP & Safety Net Clinic



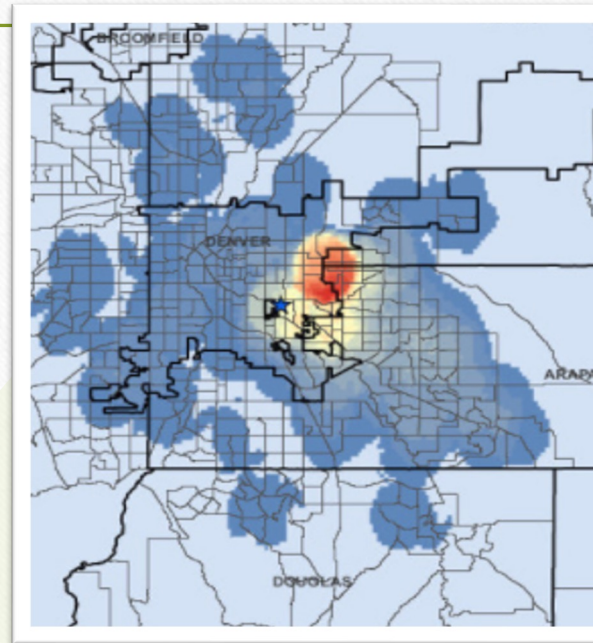
Over 10% patients require Annual Breast Cancer & Cervical Cancer Screening utilizing bilingual patient navigation.

47.7% of foreign-born Patients in CAHEP-FMC: Uninsured

All of Us - Precision medicine research for health equity in medicine supporting people of color. Sponsor: NIH & Asian Health Coalition.

31.7% of patients with diabetes: hemoglobin A1C higher than 9% as new patients, now under control.

Over 50% of Elderly Patients: Reluctant to visit PCP due to COVID-19 served using telehealth program. Sponsor: Co. Health Foundation.



Tuberculosis screenings, education, provider training, QFT testing and follow up treatment for positive cases. (Outreach to 9500, 195 tested 30 positive.).

Vaccinations in Aurora and Denver elementary/middle schools support essential childhood vaccines through VFC program. Colorado is one of the lowest rates of childhood vaccinations in the US.

Over 20 racial-ethnic minorities served through various programs.

10% of Patients in CAHEP-FMC Uninsured and expected to reach 20% due to end of Medicaid COVID pandemic coverage.

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

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

- Vaccination clinics
- Short-staffed (quarantine or illness)
- Providers taking the time to do the pre-test, training, and post-tests
- Patient related barriers:
 - Clinic seeing more patients virtually
 - 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.
 - 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 due to supply-chain issues and so clinic-only tests done when supplies available.

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 additional COVID-19 cases emerging
 - b) Outreach at various community site started
 - c) Need to refresh trainings for Providers and Clinic staff
 - d) Include Patient Navigators when necessary