TB Elimination Alliance
2021 & 2022 Strategic Plan

Vision Statement

Healthy communities free of TB.

Mission Statement

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

Strategic Pillars

- **Collaboration & Partnerships**: Develop partnerships to scale existing initiatives. Work closely with state and local TB control programs, as well as community-based organizations and community health centers, to implement various activities focused on eliminating TB for affected AA, NH, and PI communities. Build an expansive network of community-based organizations and community health centers, as well as local and state health department partners, to reduce the health disparities associated with TB/LTBI.
- **Community Engagement**: Conduct outreach to underserved AA, NH, and PI communities with the highest TB burden.
- **Access to Testing & Treatment**: Increase awareness and understanding of culturally and linguistically appropriate LTBI/TB testing and treatment strategies.
- **Provider Education**: Share resources and best practices among providers.
- **Research & Data**: Identify and share resources on systems and strategies to improve or implement policies and procedures to test and treat high risk LTBI/TB populations.

Collaboration & Partnerships
Years 1 & 2
1. Convene an AA, NH, and PI TB Network to disseminate best practices, accomplishments, and lessons learned. 2. Collaborate with CDC and other CDC partners to inform development and implementation of social media campaigns to assist with distributing LTBI materials through social media campaigns. 3. Develop and maintain a network website with information about the network members, upcoming projects, etc., or be reallocated in other areas. 4. Conduct Request for Proposal process to identify potential mini-grant partners. 5. Convene an annual summit.

Community Engagement	
Year 1	**Year 2**
1. **By December 2021, collect communication materials about LTBI/TB testing and implement creative education sessions (e.g., video, webinar, radio) for communities with limited literacy skills.** 2. **By December 2021, establish a panel of community liaisons to advise the TEA Steering Committee.** 3. By December 2021, address the stigma of LTBI/TB.	1. **By July 2022, publish the impact of TEA through storytelling.** 2. **By July 2022, convene providers (clinicians) to create a set of recommended LTBI/TB services for the community.** 3. By July 2022, create a storytelling campaign where people with LTBI/TB can share their stories. 4. By July 2022, develop a unified provider (clinicians) message for new migrants about the science of LTBI/TB sponsored by the TEA.

| | 5. By July 2022, develop a community monitoring system for LTBI/TB services.

6. By July 2022, develop baseline data to measure the impact of community engagement. |

Access to Testing & Treatment	
Year 1	**Year 2**
1. **By December 2021, implement virtual education events for clinical and non-clinical providers and community leaders (e.g., addressing stigma).** 2. **By December 2021, create a list of common barriers to LTBI/TB testing and treatment, linkage to care strategies, and incentives for providers and communities.** 3. By December 2021, identify TB champions to engage clinics, hospitals, and communities; and one diabetes focused organization to observe comorbidities. 4. By December 2021, develop EHR system models to capture LTBI/TB testing and treatment rates. 5. By December 2021, fund mini-grants for care coordination projects with community health workers.	1. **By July 2022, host in-person clinical and non-clinical provider education events.** 2. **By July 2022, increase training for community leaders and health workers to educate the community about LTBI/TB.** 3. By July 2022, strengthen and expand relationships with community health centers, community-based organizations, and state and local TB programs. 4. By July 2022, increase access to EHR and other technology solutions to capture LTBI/TB testing and treatment rates. 5. By July 2022, host in-person community education events to improve access and eliminate barriers.

Provider Education	
Year 1	**Year 2**
1. **By December 2021, create a set of LTBI/TB screening protocols as routine questions for Primary Care Providers and Community-Based Service Providers (non-clinical) to ensure screening as priority.** 2. **By December 2021, establish an "ECHO" type training model (e.g., case studies for provider discussion and consultation).** 3. By December 2021, establish a COVID-19 and TB outreach education program for providers. 4. By December 2021, increase provider education for new providers. 5. By December 2021, provide a provider education event on the LTBI care cascade and EHR data collection initiatives.	1. **By July 2022, provide incentives for providers to screen for LTBI/TB (i.e., pay for performance and quality measures).** 2. By July 2022, establish a panel of community providers to identify top needs and resources for Primary Care Providers. 3. By July 2022, establish ECHO cohort for FQHC providers. 4. By July 2022, develop a reimbursement policy for community health workers and training/certification programs (i.e. Medicaid).

Research & Data	
Year 1	**Year 2**
1. **By December 2021, create a process to develop a set of research questions to reflect the interest of communities.** 2. **By December 2021, identify partners at the local and national level to collect LTBI/TB data, and document best practices to help community partners document data.**	1. **By July 2022, examine data for the number of people tested and treated for LTBI/TB.** 2. **By July 2022, publish preliminary data/results of people tested and treated for LTBI/TB.** 3. By July 2022, improve access for researchers, clinical and non-clinical providers to accurate solid LTBI/TB data. 4. By July 2022, scale up Storytelling as a metric of equity and engagement. 5. By July 2022, develop a "storytelling" measure as a qualitative data source in LTBI/TB impact reports.