



# Impact Report: 2019-2024

## About the TB Elimination Alliance

Tuberculosis, or TB, is a bacterial infection that can spread through the air. It is one of the leading causes of death worldwide, killing 1.3 million people each year (TB Alliance). In 2023, there were approximately 9,600 reported TB cases, marking an increase compared to the previous year (CDC). TB adversely affects groups that have historically experienced greater obstacles to health, with Asian, Asian American (A/AA) and Native Hawaiian/Pacific Islander (NH/PI) populations disproportionately impacted by TB at a greater rate compared to other racial and ethnic groups.

In 2018, the TB rate among Native Hawaiians and Other Pacific Islanders (NHOPI) was 20 cases per 100,000 population, which is 40 times higher than the rate in non-Hispanic whites (CDC). The need for large scale LTBI and TB-related screening, testing, and treatment of at-risk populations has never been greater. Eliminating TB requires addressing disparities and prioritizing the detection and treatment of TB in vulnerable and disproportionately affected populations.

The TB Elimination Alliance (TEA) was formed as a community initiative to work closely with state and local TB control programs, focusing on outreach to A/AA and NH/PI communities with the highest TB burden. TEA builds upon health care provider capacity and supports at-risk communities of TB. The initiative brings together community-based organizations across the United States to increase knowledge, testing, and treatment of TB and latent TB infection (LTBI) among high-risk communities.

This impact report summarizes the TEA impact from 2019 to 2024 and is an executive summary of the [Final Evaluation](#) from Great Impacts Consulting. We hope these insights will guide you on a journey of learning about TEA's impact these past five years and our goals moving forward as we focus on TEA's strategic planning and efforts to eliminate TB and LTBI inequities among A/AA and NH/PI populations for the greater TB community.

### Steering Committee Partners



### Strategic Pillars

**Collaboration & Partnership | Community Engagement | Provider Education | Research & Data | Access to Testing & Treatment**

TEA is guided by five strategic pillars focused on achieving its mission to eliminate TB and LTBI inequities among Asian American and Native Hawaiian/Pacific Islander (AANHPI) populations through education, raising awareness, and innovation.

### Reach

**17**

states and territories funded by the TEA Mini-Grant

### Projects

**TEA Mini-Grant Program**

Mini-grants are awarded to organizations that align with TEA's priority areas and priority populations

### Details

### Outcome

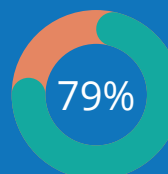
The Mini-Grant Program has supported 50 capacity building projects in the US and the affiliated Pacific islands across 36 individual community-based organizations

**1,130**

total Summit attendees over the past 4 years

**TEA and Hep B United (HBU) Annual Summits**

Annual conference centered around TB and Hep B elimination and education



2023 TB Summit participants stated having a "high" level of change in their awareness of the challenges in addressing TB in AANHPI communities

**\*13,462**

community members reached through community education

**TB Learning Collaboratives and Webinars**

Educational webinars aimed at increasing knowledge and sharing of resources on TB and LTBI and scaling up existing initiatives

TEA has designed and implemented 34 webinars, videos, and presentations and 21 community initiatives

\*Unable to confirm whether all community members are unique and unduplicated

Twitter

Facebook

tea@aapcho.org

tbeliminationalliance.org

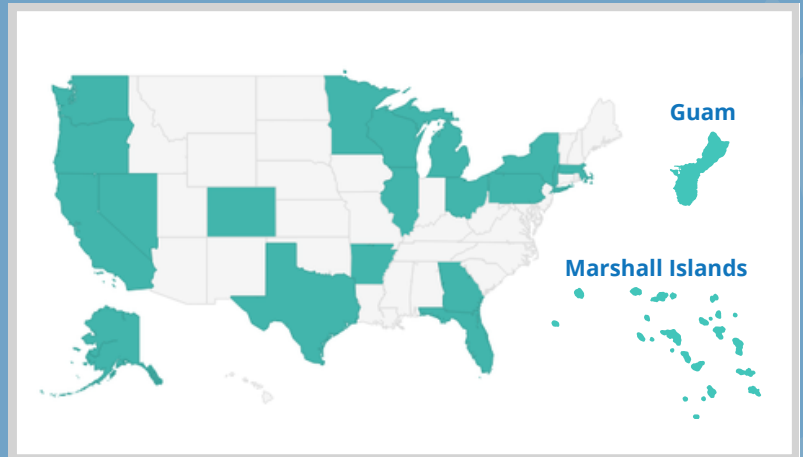
# TEA IMPACT REPORT

## TEA Mini-Grant Program

TEA's Mini-Grant program's goal is to enhance LTBI and/or TB community engagement and education, provider education, and quality improvement. The population of focus is on A/AA, NH/PI, non-U.S. born Latino American, and U.S. born African American communities supporting activities at the local level to advance the [CDC's LTBI and TB campaign](#).

In order to qualify, applicants must be from or working directly with organizations that serve TEA's population of focus and proposals must align with TEA's Priority Areas.

## Grantee Recipients' Locations by State and Territory



## Mini-Grant Funding

Since TEA's inception in 2019, they have distributed over

**\$800,000 in funding**



TEA's Mini-Grant program has been a catalyst for new and innovative TB education and awareness efforts across the United States.

- As of 2024, 53% of TEA partner members had missions that were AANHPI focused and 40% had an advocacy focus.
- 40% of the TEA's 2024 partner membership are clinics serving local populations.

*"The TEA mini grant has gotten medical providers and community partners excited about working even more closely together on a targeted plan that will integrate outreach and education efforts through each step of the cascade of care."* - **Adama Dyoniziak, Executive Director (Champions for Health)**

*"TGF's TB program has increased TB education and screening by 22% on the island, and directed patients to a sustainable clinical pathway for treatment and surveillance."* - **Ashley Calvo-Rodriguez, Lead Trainer (Todu Guam Foundation)**

## Mini-Grant Program Summary

Year	Applications Received	Mini-Grant Awardees	Completed Projects
2020 - 2021	10	10	10
2021 - 2022	15	15	15
2022 - 2023	54	14	14
2023 - 2024	58	11	11



Todu Guam Foundation's Mobile Care Clinic brings no-cost medical services to the hard-to-reach areas of the island.

## 2023-2024 Mini-Grantee Recipients



# TEA IMPACT REPORT

## TEA Annual Summits and Learning Initiatives

The **TEA Annual Summit** culminates in a yearly convening to disseminate best practices in TB elimination. Health center staff, community leaders, and other TB leaders are invited to listen in and participate in conversations focused on the exceptional innovations from diverse communities and their collaborative efforts toward achieving health equity. Through TEA's partnership with **Hep B United** in co-hosting their 2021 and 2022 Summits, they were able to double their number of Summit attendees for that year.

Through its network, TEA has also worked directly with 15 AANHPI-serving organizations and agencies across the United States and affiliated Pacific Islands to provide them with education and training and technical assistance to better serve AANHPI and disadvantaged communities experiencing the highest TB disparities.



TEA 2023 Annual Summit Theme  
"Building Healthy Communities Free of TB"

TEA Annual Summit Summary

Year	Registrants	Attendees
2020	121	237
2021	237	237
2022	449	449
2023	285	159

## TEA Community Engagement & Education Activities



Since 2021, AAPCHO and TEA have organized annual online Learning Collaboratives and webinars for interdisciplinary healthcare providers and administrators from health centers, community-based organizations (CBOs), and public health departments to explore quality improvement strategies for standardized LTBI testing and treatment data collection.

The Learning Collaboratives and webinar goals and themes change each year based on community needs at the time.

In 2023, TEA's Learning Collaborative saw 313 attendees, which is five times that of the previous year's Learning Collaborative total attendees of 59.

### "Quality Improvement Strategies for LTBI Prevention and Care in A/AA and NH/PI-Serving Health Centers: National Clinical Quality Measure Development" Learning Collaborative



Thursday, April 6  
Thursday, April 13  
Thursday, April 20  
Thursday, April 27

9-10:30am HT  
12-1:30pm PT  
3-4:30pm ET



For more information about the TB Learning Collaborative, please email [tea@aacpho.org](mailto:tea@aacpho.org).



April 2023 - TB Learning Collaborative | Partners: [CITC](#), [CDPH TB-Free-CA](#)



The high-reported participant satisfaction in TEA's annual summits and learning webinars clearly demonstrates TEA's capabilities in effectively increasing the awareness of TB stigma, testing, and treatment to the TB providers and community members.

# TEA IMPACT REPORT

## TEA Key Takeaways and Considerations

### Partner Membership

Over the past four years, TEA's partner membership has ranged from 15 partners to 20 partners within a given year. In 2024, TEA had 17 members representing 15 organizations. Of these, eight (8) had missions that were AANHPI-focused, six (6) were clinics or offered direct health services, two (2) were coalitions of public-private networks, six (6) had an advocacy focus, and nine (9) implemented programs.

### Mini-Grant Program

Of the 50 funded projects, the majority of Mini-Grant projects were implemented in California (16 projects across all years), followed by Arkansas, Colorado, and Georgia, with each state implementing 3 projects since 2020.

A recent analysis of 11 projects from the TEA 2024 Mini-Grant cohort showed that the reach of education to community members was approximately 6,386 community members (note: we cannot confirm whether all community members are unique and not duplicated). We also assessed that at least 10 providers, clinicians and/or Community Health Workers (CHW) received training on how to deliver culturally relevant health education and outreach, and TB/LTBI testing practices.

### TEA Summits

When 2023 Summit attendees were asked what will change as a result of participation in the Summit, top responses included:

- Increase screening, particularly for at-risk populations
- Improve education for external and internal providers
- Increase cultural awareness and culturally responsive practices
- Implement best practices in client and community engagement

### Provider Education

TEA's efforts to increase access to testing and treatment has helped TEA better understand the barriers and challenges facing LTBI/TB affected communities and the providers who serve these communities. The common barriers to TB testing and treatment, linkage to care strategies, and incentives for providers and communities are/were: COVID-19, TB stigma, Diagnostics, Participant Retention, and Funding.

### Communications and Marketing

TEA has partnered with dozens of organizations to leverage social media networks towards building awareness and educate communities TB/LTBI. More specifically, through social media, TEA has:

- Championed organizations addressing TB in AANHPI communities, including mini-grantees;
- Showcased effective practices in addressing and eliminating TB;
- Advocated for global commitment, collaboration and funding to advance the development of new tools for preventing, diagnosing, and treating TB and;
- Shed a light on the impact of LTBI and TB on AANHPI communities and the health systems and providers that serve these populations.

### Storytelling and Research

One of TEA's main drivers for community engagement and education is storytelling. In the past, TEA utilized a variety of publications to disseminate Member and other stories from the field. These include: TB Learning Collaborative, TB Needs Assessment, Impact Report, and Blog Series.

One TEA member and mini-grant recipient noted the importance of storytelling as part of their implementation model, stating that storytelling is a proven way to adapt community education approaches for the AANHPI community.

Utilizing population-level rates of TB to benchmark TEA's progress towards meeting its goal to eliminate LTBI/TB will help demonstrate TEA's long-term impact. This data could be coupled with program-level indicators, such as number of community members and providers educated, and organizational-level measures, such as the reach of TEA's Partner member network and Steering Committee, to tell the story of TEA's impact.



# TEA IMPACT REPORT

## Looking Forward Towards The Future of TEA *Recommendations and Next Steps*

**UTILIZE** population-level rates of TB to benchmark TEA's progress towards meeting its goal to eliminate LTBI/TB will help demonstrate TEA's long-term impact. This data could be coupled with program-level indicators, such as number of community members and providers educated, and organizational-level measures, such as the reach of TEA's Member network and Steering Committee, to tell the story of TEA's impact.

**EMPHASIZE** that Community Health Workers (CHWs) use culturally appropriate LTBI/TB education in affected communities and play an important role in the effort to increase LTBI/TB testing and decrease stigma. A deeper understanding of how CHWs impact community education and trust, and towards what ends, can help TEA determine whether greater investment into provider education for CHW-like roles could yield greater impacts.

**BROADEN & CONDUCT** a network analysis. Recruit subject matter experts and community members with lived experiences. These steps will enhance TEA's network and expand its reach, ensuring broader community engagement and expertise.

**EXAMINE & TRACK** TEA website data, such as total and unique users, and page views (particularly when related to specific content). This will help the TEA track and examine its reach and content engagement over time.

**LEVERAGE PARTNERSHIPS** with organizations who share similar missions and constituents in order to buttress the type and number of Summit attendees who attend initiatives and convenings.

**SUSTAINABLE FUNDING:** Evaluation findings have demonstrated a need for sustained support for Mini-Grant recipients. While the Mini-Grant Program has been incredibly helpful for seeding pilot initiatives to address and eliminate TB, finding sustainable funding remains difficult for many mini-grantees. TEA should consider how to more deliberately and effectively support mini-grantees in securing sustained funding for their pilot initiatives.

**CONTINUE TO EVOLVE:** As the state of TB in the United States continues to shift with shifts in populations, TEA will need to consider how to evolve alongside the changing field. For example, interviews with key informants surfaced the need to shift efforts to include non-AAPNHI populations in the fight to eliminate TB. TEA is well-positioned to embrace new populations in their work as long as it remains true to what TEA has been shown to be successful at, which includes: Acting as a local-national connector and convener, providing best-practices and expertise in the implementation of localized and/or culturally relevant education and health services, and leveraging resources to seed and pilot innovative and relevant practices in TB elimination.

**SYSTEMS-LEVEL CHANGE:** While TEA has shown to be incredibly effective at capacity building and supporting local TB elimination efforts, it has inadvertently found itself working in the federal policy and advocacy space. Though not a part of its strategic plan, TEA should consider: 1) a more direct and specific approach to advocacy and policy-implementation in order to deepen and scale its future impact and 2) leveraging TEA partners who can motivate each other to advance a broader policy agenda. By strengthening and prioritizing advocacy, TEA could also ensure more funding for TB elimination work in the future – both for itself and its partners.



## Acknowledgements

This project, through AAPCHO, is funded through the collaboration of our partners at APIAHF, Stop TB USA, Hep B Foundation, Hep B United and in partnership with TEA.

We would like to acknowledge the valuable contributions from the project team including Jeffrey Caballero, Chari Cohen, Mukta Deia, Maria Gutierrez, Tiffany Hirokawa, Frank Hood, Joe Lee, Evelyn Moua, Jen Lee, Chibo Shinagawa, Jamila Shipp, Riana Tadeo, Amee Patrawalla and Ed Zuroweste.

Finally, we are grateful for the valuable participation of TEA's Members, partners, mini-grantees, and the CDC DTBE. Your valuable contributions are greatly appreciated in improving awareness of LTBI/TB in our communities.