

TB Community Engagement Network Mini-Grant


COMPLETE

#22


Please review the detailed 2020 Request for Funding instructions before submitting your application. Instructions can be found at tb-cen.aapcho.org. If you have any questions or need additional information, contact Evelyn Moua, Program Manager of Tuberculosis Elimination, at emoua@aapcho.org.

Deadline: Wednesday, September 9, 2020 by 5pm local time

CREATED

 PUBLIC
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IP ADDRESS

 209.184.91.113

* Date

2020-09-11

* Name of Organization

Fort Bend County Health & Human Services

* Address

4520 Reading Rd.
4520 Reading Rd. Ste. A-100
Rosenberg
Texas
77471
United States

* Point of Contact

Alma Rangel

* Position Title

Clinical Health Services TB Program Manager

* Phone Number

2812383547

* Email

alma.rangel@fortbendcountytexas.gov

* Fax

8324711818

* Section 1: Capacity

In 2019, 1161 cases of tuberculosis (TB) were reported in Texas. According to the Texas Department of State Health Services (DSHS), of the total number of reported TB cases in 2019, 53% were among Hispanics, 16% were among African Americans, 10% were among Whites, and 20% were among Asians. While TB can affect anyone, it is more likely to affect at-risk populations such as those persons born in a foreign country where TB is prevalent, persons living with diabetes or HIV/AIDS, persons who abuse alcohol and other drugs, persons who live in congregate settings (including prisons and other detention centers), people who experience homelessness, and health care workers. With proper treatment, fortunately, TB is curable.

Fort Bend County Clinical Health Services Department (FBC CHS) in collaboration with the Texas Department of State Health Services (DSHS) TB/HIV/STD section provides Tuberculosis screening and treatment for an average of 150 patients in the Fort Bend County (FBC) jurisdiction annually. Fort Bend County is culturally diverse community and comprises of all ethnic groups including Asian American (AA) populations. Our main goal is to eliminate TB in Texas as well as in the United States.

The FBC Tuberculosis (TB) Program is supported by State and Federal funds. We have extensive knowledge and experience with testing and treating the Fort Bend County AA community with Latent Tuberculosis Infection (LTBI) and Tuberculosis (TB) disease. Additionally, our department is adequately staffed and has full capacity to address the LTBI/TB disease health disparities among the AA communities. Our program staff include: one TB Program Manager, four Nurse Case Managers & two Healthcare Providers – one Family Nurse Practitioner and a contracted Physician. Patients in our TB program are enrolled in our program either through referrals from hospitals or other Healthcare Providers, contact investigations or voluntary TB screening through our clinics. Patients who screen positive for either LTBI or TB disease are seen by our providers at the initial visit and through the treatment process until the end of treatment. High risk patients for LTBI/TB disease are screened with an Interferon Gamma Release Assay (IGRA) test, and a Chest X-Ray if the IGRA test is positive. If it is determined that the patients have LTBI, they are then referred to our program for treatment. A case manager is usually assigned to a patient to ensure timely follow ups and monitoring of side effects during TB treatment. Our TB Program has the capacity to provide LTBI/TB disease treatment to the patients at no cost, including follow-up lab tests during treatment.

As the county's primary TB program, we are seeking an opportunity to strengthen our current TB control efforts by increasing our activities in the identification and treatment of latent TB infection (LTBI) in high-risk populations particularly the Asian American (AA) community in our jurisdiction. With this funding, our TB program will have the ability to create much needed partnerships with FBC community churches and Healthcare Providers that support our AA community.

Through outreach and onsite educational sessions/events, the FBC TB program will disseminate much needed information to address LTBI and TB disease in this target group. Additionally, this project will enable us to screen individuals and/or families affected by LTBI/TB disease, treat and reduce the disease burden in the FBC AA community.

If awarded grant funding, the FBC TB program will have the opportunity to participate in much needed targeted testing in the AA community. By increasing awareness of LTBI and TB disease through community engagement & education in AA population in Fort Bend, we will get closer to eliminating TB in Texas.

* Section 2: Project Goals, Objectives and Project Activities

GOAL: Increase awareness of LTBI and TB disease through community engagement & education in AA population in the FBC jurisdiction.

Objective 1: Increase awareness about LTBI and TB Disease in the AA community in the Fort Bend County Jurisdiction.

Activities:

- I. By the first quarter, hire a part-time project coordinator (Medical Assistant or Licensed Vocational Nurse) fluent in either Cantonese, Mandarin, Vietnamese, Tagalog or Hindi to assist with duties such as interpreting TB education handouts and providing education to this population.
- II. Each quarter, the project coordinator along with FBC TB program staff will partner with one community church serving Asian American families in the FBC jurisdiction.
- III. Through community engagement, FBC TB program will collaborate with church leadership to organize one onsite outreach event per quarter for LTBI and TB disease education. These onsite outreach events will accommodate COVID19 precautions to include pre-screening and social distancing. Education in these outreach events will be catered to the needs of the AA community church members and will include children & adults.
- IV. In the outreach events, the project coordinator along with FBC TB program staff will address the misconceptions about BCG vaccination, the differences between LTBI and TB disease and discuss treatment options for LTBI and TB disease. Services available under the FBC TB program will also be promoted during these events, and participants will be encouraged to follow up with us.

Objective 2: Encourage and facilitate testing and treatment for LTBI and TB disease in the AA community in the Fort Bend County Jurisdiction.

Activities:

- I. Each quarter, the FBC TB program staff will organize one mobile clinic event whereby Tuberculosis screening and testing will be conducted for the AA community in Fort Bend. Screening will include social and medical history, target symptom screening and IGRA blood testing referral (using a vendor laboratory) or TB Skin Testing (TST) when appropriate. By the end of each quarter, we plan to test at least 17 participants. We anticipate that 70 IGRAs will be completed by the end of this project.
- II. Participants who screen positive for either LTBI or TB Disease, will be directed to complete a Chest X-Ray for further evaluation. We expect that at least 20% of population tested will be referred for further evaluation & anticipate that 14 Chest X-Rays will be completed by the end of this project.
- III. Also, participants screening positive for LTBI or TB disease will be linked to care under the FBC TB Program to follow up with treatment options and evaluation by one of our providers. We are proponents for the shorter LTBI treatment options such as:
 - 3HP - once weekly dose regimen of Isoniazid & Rifapentine for 12 weeks;
 - 4R - four months daily dose regimen of Rifampin;
 - 3IR - three months daily dose regimen of Isoniazid and Rifampin.

Objective 3: Educate & encourage providers around the FBC jurisdiction to test and treat LTBI in the Asian American populations.

Activities:

- I. Each quarter, the FBC TB program staff and Project Coordinator will schedule & complete an in-service/training sessions with 2 providers that service the Asian American community in our jurisdiction.
- II. The training sessions will comprise of:
 - a. TB Screening through TB Skin Testing (TST) and Interferon Gamma Release Assays (IGRAs) blood test, the differences between TST and IGRAs, as well as proper methods of administering and reading TSTs.
 - b. Tuberculosis treatment options particularly for LTBI and TB disease. Persons with LTBI may be non-infections however, linking them to treatment promptly eliminates the risk for LTBI advancing to TB disease. Utilizing the CDC guidelines for the treatment of LTBI, Healthcare Providers will be informed of treatment options such as
 - 3HP - once weekly dose regimen of Isoniazid & Rifapentine for 12 weeks;
 - 4R - four months daily dose regimen of Rifampin;
 - 3IR - three months daily dose regimen of Isoniazid and Rifampin.
- III. Each training session will be one hour long and will be presented using a remote & secure platforms such as WebEx at a date and time agreed upon by the Healthcare Provider or facility staff and the FBC TB program.
- IV. Alternatively, taking into account of COVID19 limitations, the FBC TB program staff will complete onsite provider training sessions with small groups (no more than 5 attendees). LTBI and TB disease literature that is linguistically appropriate for the community will be distributed as needed.
- V. The Project Coordinator will assist in interpreting fact sheets/flyers/posters when appropriate. The Centers for Disease Control and Prevention (CDC) has a diverse database of educational materials on LTBI and TB disease.

* Section 3: Project Evaluation

FBC Clinical Health department TB Program leads will be responsible for implementing evaluation model.

OUTCOME EVALUATION

Objective 1: Increase awareness about LTBI and TB Disease in the AA community in FBC.

WHO: TB Program Staff & Project Coordinator.

WHAT:

- i. Number of outreach activities completed each quarter.
- ii. Number of partnerships with community churches serving AA communities will be reported quarterly along with scheduled outreach events.
- iii. Number of participants in the outreach educational sessions-recorded attendance.
- iv. Educational materials printed and distributed for each outreach event.
- v. Participants eligible for LTBI/TB disease screening.

WHEN: Ongoing process to be evaluated quarterly at time mark: December 2020, March 2021, June 2021 and September 2021.

WHERE: During outreach events & at the FBC TB clinics.

HOW: Excel/SharePoint database & Electronic Medical Record.

Objective 2: Encourage and facilitate testing and treatment for LTBI and TB disease in the AA community in FBC

WHO: TB Program Staff & Project Coordinator.

WHAT:

- i. Participants eligible for LTBI/TB disease screening.
- ii. Participants referred to vendor laboratory for IGRA blood testing will be evaluated quarterly.
- iii. Number of IGRA blood testing completed or TSTs. This assessment will be completed quarterly.
- iv. Quarterly evaluation of IGRAs performed by vendor laboratory particularly participants with positive IGRAs sent for evaluation by Chest X-Ray.
- v. Chest X-Rays completed for those with positive IGRAs.
- vi. Of those with positive IGRAs, participants linked to care for LTBI or TB disease under the FBC TB program in collaboration with the Texas Department State Health Services (DSHS) TB/HIV/STD program.
- vii. Participants started on LTBI/TB disease treatment regimen.
- viii. Those started on treatment-participants challenged by adverse effects to treatment.
- ix. Quarterly evaluation: Those started on treatment, participants that complete treatment; those not completing treatment and their barriers.
- x. Counts for those lost to follow up.

WHEN: Ongoing process to be evaluated quarterly at time mark: December 2020, March 2021, June 2021 and September 2021.

WHERE: Case Management Meetings.

HOW: Quarterly Case Management Meetings, Chart Reviews through Electronic Medical Record.

Objective 3: Educate & encourage providers around FBC to test and treat LTBI in the AA populations.

WHO: TB Program Staff & Project Coordinator.

WHAT:

- i. Partnerships with community Healthcare Providers serving AA communities will be reported quarterly with scheduled training educational sessions.
- ii. The format & number of training sessions completed each quarter.
- iii. Attendance for training sessions- attendance sheet.
- iv. Educational materials printed and distributed to Providers.
- v. With the assistance of the Project Coordinator-evaluate flyers interpreted for publication & distribution, along with the language type.

WHEN: Process to be evaluated quarterly at time mark: December 2020, March 2021, June 2021 and September 2021.

WHERE: Educational events & at the FBC TB clinics.

HOW: Excel/SharePoint.

PROCESS EVALUATION

Will be conducted quarterly to access the project. Quarterly conference calls with TB program manager & the Director of Operations will be scheduled to access the workflow and progress of project activities and address alternatives streamline project process.

Our evaluation process will be comprehensive with specific data collected to analyze the effectiveness and impact of our project. All findings will be shared with the TB Community Engagement Network (TB CEN).

* Section 4: Budget Narrative and Budget Justification

TOTAL BUDGET = \$11,075.24
 +\$3500 personnel
 +2150.24 non-personnel
 +5635 other costs/services
 \$11,285.24

A. PERSONNEL

Salaries and Wages: \$3500 Total

Project Coordinator (either Licensed Vocational Nurse or Medical Assistance) will be hired from a Staffing Agency contracted with the Fort Bend County.

The project coordinator with complete up to 100 hours for the grant period at \$35/hr, with minimum of 25 hours per quarter.

\$3500 = (\$35 per hour x 25 hours x 4 Quarters x 1 Project Coordinator)

B. NON-PERSONNEL: \$2150.24

Travel: \$500.25 total

Project Coordinator & Fort Bend County TB nurses will travel to target sites to complete community outreach sessions/events

\$500.25 = (870 miles X 0.575/mile)

Equipment: \$899.99 total

The Project Coordinator will utilize the Microsoft Surface Pro (12.3" Touch Screen – Intel Core i5 – 8 GB Memory – 128 GB SSD) tablet to prepare training materials, educational presentations for community outreach events. This device will also be useful in registering participants into our Electronic Medical Records system for appointments and follow-up evaluation.

\$899.99 = (1 Microsoft Surface Pro tablet x \$899.99 per tablet)

Materials & Supplies: \$750 total

Office supplies

\$500 (copier paper, pens, and pencils)

Publication Costs

(500) Fact sheets for distribution at Community Outreach Events

\$250 = (500 copies x \$0.50 each)

C. OTHER

Services: \$ 5635 total

i. Quantiferon TB Gold

Participants for TB Screening in Community outreach events will be provided a requisition for Quantiferon TB Gold blood testing through a contracted vendor - Clinical Pathology Labs. The Project Coordinator in collaboration with FBC TB nurses will follow up and update participants with results.

\$4900 = (70 Quantiferon TB Gold tests x \$ 70 for each test)

ii. Chest X-Ray – Fort Bend Imaging

Fort Bend County contracted vendor located in Sugarland to provide radiology services for participants requiring further evaluation.

\$315 = (7 Chest X-Rays x \$45 each)

iii. Chest X-Ray – Oak Bend Medical Center

Fort Bend County contracted vendor located in Rosenberg to provide radiology services for participants requiring further evaluation.

\$420 = (7 Chest X-Rays x \$60 each)

* How much funding are you applying for?

\$ 11,285.24

* Budget Proposal

20202021tbcommunityengagementnetworkrfpbudget_final_version.pdf

* Timeline of Project Activities

20202021_tb_community_engagement_network_rfp_timeline.pdf

Letter of Support

20202021_tb_community_engagement_network_rfp_letter_of_support.pdf

Letter of Support

Letter of Support

TIMELINE FOR COMPLETION OF MILESTONES/TASKS/ACTIVITIES

1. The FBC Clinical Health Department will hire a Project Coordinator preferably a Medical Assistant or Licensed Vocational Nurse fluent in Cantonese, Mandarin, Vietnamese, Tagalog or Hindi. Under the direction of TB Community Engagement Network (TB CEN), he/she will complete the required Mini-Grants webinar training(s) as stated by grant project requirements from October 2020 to September 2021.
2. The Project Coordinator will seek collaboration with community churches serving the AA population in the FBC jurisdiction. He/She will also partner with Healthcare providers in Fort Bend that service this target population. This process is expected to take place between October 2020 and September 2021.
3. In addition, the Project Coordinator alongside the FBC TB program staff will complete community outreach events and Healthcare Provider training sessions. These activities will be completed between October 2020 and September 2021.
4. Data collection & entry will be on a continuous basis. Collected data will be cleaned, analyzed and shared according to the direction of the assigned TB CEN contract manager and HIPAA (Health Insurance Portability and Accountability Act).
5. The Project Coordinator and the FBC TB Program Manager will follow project guidelines under the leadership of the TB CEN project coordinator and assigned contract manager. He/She will report monthly & quarterly project progress and any timeline or expenditure changes/challenges throughout the project between October 2020 and September 2021. A project evaluation report at the 6-month and 12-month mark will be sent to the Association of Asian Pacific Community Health Organization (AAPCHO) as directed.
6. The Project Coordinator and the FBC TB Program Manager will participate in the TB CEN website spotlight/feature. A “Lessons Learned” presentation will shared on the TB CEN call at the end of the project timeline – September 2021.

FORT BEND COUNTY ASIAN AMERICAN TB AWARENESS PROJECT

2020-2021 TB Community Engagement Network RFP - Budget Template						
Category	Description	Estimated Expenses	Unit Qty.	Unit Type	Notes	
A	Personnel					
	Project Coordinator (either Licensed Vocational Nurse or Medical Assistance) will be hired from a Staffing Agency contracted with the Fort Bend County.	\$3,500.00	1.00		The project coordinator with complete up to 100 hours for the grant period at \$35/hr, with minimum of 25 hours per quarter. \$3500 = (\$35 per hour x 25 hours x 4 Quarters x 1 Project Coordinator)	
	Subtotal	\$3,500.00				
B	Fringe Benefits					
	Subtotal	\$0.00				
C	Travel					
	Project Coordinator & Fort Bend County TB nurses will travel to target sites to complete community outreach sessions/events	\$500.25			\$500.25 = (870 miles X 0.575/mile)	
	Subtotal	\$500.25				
D	Equipment					
	The Project Coordinator will utilize the Microsoft Surface Pro (12.3” Touch Screen – Intel Core i5 – 8 GB Memory – 128 GB SSD) tablet to prepare training materials, educational presentations for community outreach events. This device will also be useful in registering participants into our Electronic Medical Records system for appointments and follow-up evaluation.	\$899.99	1.00		\$899.99 = (1 Microsoft Surface Pro tablet x \$899.99 per tablet)	
	Microsoft Surface Pro					
	Subtotal	\$899.99				
E	Supplies					
	Educational Resources					
	Office Supplies (copier paper, pens pensils)	\$500.00			Office supplies: \$500 (copier paper, pens, and pencils)	
	(500) Fact sheets for distribution at Community Outreach Events	\$250.00			(500) Fact sheets for distribution at Outreach Events \$250 = (500 copies x \$0.50 each)	

FORT BEND COUNTY ASIAN AMERICAN TB AWARENESS PROJECT

		Subtotal	\$750.00
F	Other		
	QFT - Gold	Participants for TB Screening in Community outreach events will be provided a requisition for Quantiferon TB Gold blood testing through a contracted vendor - Clinical Pathology Labs. The Project Coordinator in collaboration with FBC TB nurses will follow up and update participants with results. Fort Bend County contracted vendor located in Sugarland to provide radiology services for participants requiring further evaluation.	\$4900 = (70 Quantiferon TB Gold tests x \$ 70 for each test) \$4,900.00
	Chest Xray - FortBend Imaging	Fort Bend County contracted vendor located in Rosenberg to provide radiology services for participants requiring further evaluation.	\$315 = (7 Chest X-Rays x \$45 each) \$315.00
	Chest Xray - OakBend Medical	Fort Bend County contracted vendor located in Rosenberg to provide radiology services for participants requiring further evaluation.	\$420 = (7 Chest X-Rays x \$60 each) \$420.00
		Subtotal	\$5,635.00
G	Total Direct Costs	Subtotal	\$11,285.24
H	Indirect Costs	Subtotal	
			\$11,285.24 TOTAL

September 9, 2020

Fort Bend County Health & Human Services
Attn: Clinical Health Services – Tuberculosis Program
4520 Reading Rd – Suite A-100
Rosenberg, TX 77471

Dear Dr. Minter,

In an effort to eliminate tuberculosis in Fort Bend County, Access Health supports the Fort Bend County Health & Human Services (FBCHHS) application for the mini-grant offered by the Asian American Health Coalition DBA HOPE Clinic in your TB Community Engagement Network (TB CEN).

FBCHHS operates a federal and state funded comprehensive tuberculosis management and prevention program through the Clinical Health Services Tuberculosis Program. The program has experience with testing and treating Fort Bend County residents from very diverse backgrounds, including a large proportion of Asian Americans, with latent TB infection. Having the opportunity to do targeted testing within the Asian American community will allow them to complement their program by providing education on the importance of latent TB infection treatment to prevent TB disease. By conducting culturally appropriate outreach activities in Asian American and Pacific Islander communities, they aim to move closer to the goal of eliminating TB within our region.

AccessHealth, a Federally Qualified Health Center, is a private, not-for-profit organization focusing on providing primary health care services for the low-income population of Fort Bend and Waller counties, but opens its doors to all who wish to receive care without regard to income or circumstance. AccessHealth is the only full-time provider of comprehensive, sliding fee scale health care services to people of all life cycles in its targeted service delivery area. AccessHealth has a long standing partnership with FBCHHS on multiple initiatives such as the 1115 Waiver initiative for expanded hours, care coordination and substance use referrals. We also work together hand in hand for improving community health and addressing social needs; most recently for the Fort Bend COVID response.

With increased awareness of early prevention and treatment of TB infection can save lives. Access Health strongly supports Fort Bend County's efforts to increase community and health worker understanding of TB infection and strengthen TB services for those in need.

Sincerely,



Michael R. Dotson
Chief Executive Officer