

## **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 from India/of Indian descent in our jurisdiction. With this funding, our TB program will have the ability to create much needed partnerships with FBC community religious organizations and Healthcare Providers that support our AA community from India/of Indian descent.

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 from India/of Indian descent.

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**

**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 (Licensed Vocational Nurse or Medical Assistant) fluent Hindi and/or other dialects spoken in India to assist with duties such as interpreting TB education handouts and providing education to this population.

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- II. Each quarter, the project coordinator along with FBC TB program staff will partner with one community religious organization serving Asian American families from India/of Indian descent in the FBC jurisdiction.
- III. Through community engagement, FBC TB program will collaborate with religious organization leadership to organize two 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 members of the identified religious organization from India/Indian descent and will include children & adults.
- IV. Alternatively, during these challenging times particularly with COVID19, FBC TB program staff, the project coordinator & in collaboration with religious organization leadership, will host one virtual outreach event (30 to 60 minutes) per quarter through a secure platform – WebEx Meetings.
- V. In collaboration with the FBC Communications department, each outreach event will be advertised in social media platforms such as Next Door and Facebook.
- VI. 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. Accounting for COVID19 and social distancing requirements, each mobile clinic event will require participants to register for an appointment prior to the day of the event.
- II. 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.
- III. 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.
- IV. 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.
- v. Additionally, each quarter, the project coordinator will outreach (telephone) three community healthcare providers (Civil Surgeons,

Federally Qualified Health Center (FQHC) & Urgent Care providers in our jurisdiction such as Access Health, Legacy, Legacy Community Health, Next Level & HEB Urgent Care ) serving the FBC Indian community. The coordinator will provide education on FBC TB Program Services & the state of Texas TB reporting requirements, as well as share our TB Program referral form. This referral form will assist our TB program staff to assess the number of participants referred for testing and treatment by each provider who received the training.

**Objective 3: Educate & encourage providers around the FBC jurisdiction to test and treat LTBI in the Asian American populations from India/of Indian descent**

Activities:

- I. Each quarter, the FBC TB program staff and Project Coordinator will schedule & complete an in-service/training sessions for healthcare providers that service the Indian community in our jurisdiction. These providers include Civil Surgeons, Federally Qualified Health Center (FQHC) & Urgent Care providers in our jurisdiction such as Access Health, Legacy, Legacy Community Health, Next Level & HEB Urgent Care.
- 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 platform – WebEx Meetings at a date and time agreed upon by the healthcare provider(s) 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. In addition, the project coordinator will utilize and disseminate the TB program referral form to providers that received our in-service training. This referral form will assist our TB program staff to assess the number of participants referred for testing and treatment by each provider who received the training.
- VI. 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: PROGRAM EVALUATION**

To safeguard the effectiveness of this grant project evaluation plan, the FBC Clinical Health department TB Program leads will be responsible for implementing evaluation model. Both process and outcome evaluations will occur.

#### OUTCOME EVALUATION

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

PROJECT TEAM: Division Manager, TB Healthcare Provider, TB Program manager, Clinic Supervisor, Case Managers & Project Coordinator.

#### OUTCOMES MEASURED:

- i. Number of outreach activities completed each quarter.

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- ii. Number of partnerships with community religious organizations serving AA communities will be reported quarterly along with scheduled outreach events.
- iii. Number of participants in the outreach educational sessions through recorded attendance.
- iv. A Pre & Post-test/questionnaire will be provided to outreach participants to evaluate increase in awareness & knowledge related to LTBI and TB disease. The questionnaires will be made available in a hybrid format including via telephone, email and if possible onsite.
- v. Number educational materials printed and distributed for each outreach event.
- vi. Number of 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: All outcomes measured listed above will be recorded into our database for tracking.

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

PROJECT TEAM: Division Manager, TB Healthcare Provider, TB Program manager, Clinic Supervisor, Case Managers & Project Coordinator.

#### OUTCOMES MEASURED:

- i. Number of participants eligible for LTBI/TB disease screening.
- ii. Number of participants referred to vendor laboratory for IGRA blood testing will be evaluated quarterly.
- iii. Total number of IGRA blood testing completed. This assessment will be completed quarterly. (If applicable, total TSTs completed.)
- iv. Quarterly evaluation of IGRAs performed by vendor laboratory particularly the number of participants with positive IGRAs sent for further evaluation by Chest X-Ray.

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- v. Number of Chest X-Rays completed for those with positive IGRAs.
- vi. Of those with positive IGRAs - Number of 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. Of those started on treatment, number of participants challenged by adverse effects to medication treatment.
- ix. Quarterly evaluation: Of those started on treatment, number of participants that complete prescribed treatment; those not completing treatment and barriers to incomplete treatment.
- x. Counts for those lost to follow up.
- xi. Number of TB program referral forms received from community providers following outreach efforts.

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

WHERE: At the FBC TB Program Case Management Meetings.

HOW: All outcomes measured listed above will be recorded into our database for tracking.

**Objective 3: Educate & encourage providers around the FBC jurisdiction to test and treat LTBI in the Asian American populations from India/of Indian descent**

PROJECT TEAM: Division Manager, TB Healthcare Provider, TB Program manager, Clinic Supervisor, Case Managers & Project Coordinator.

OUTCOME MEASURED:

- i. Partnerships with community Healthcare Providers serving AA communities will be reported quarterly along with scheduled training educational sessions.
- ii. The format & number of training sessions completed each quarter.

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- iii. Number of attendees in the training sessions will be recorded through an attendance sheet.
- iv. A Pre & Post-test/questionnaire will be provided to healthcare providers to evaluate increase in awareness & knowledge related to LTBI and TB disease testing and treatment. The questionnaires will be made available in a hybrid format including via email & telephone. Additionally, the Project Coordinator will track the number of phone calls, reports and referrals receiving from providers that attended our training sessions.
- v. Number of TB program referral forms received from community providers following outreach efforts.
- vi. Number educational materials printed and distributed to the target healthcare providers.
- vii. With the assistance of the Project Coordinator, we will also evaluate the number of flyers interpreted for publication & distribution, along with the language type.

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

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

HOW: All outcomes measured listed above will be recorded into our database for tracking.

### PROCESS EVALUATION

Process evaluation will be conducted quarterly to assess the project progress. Quarterly conference calls with the TB program manager & Division Manager will be scheduled to assess the workflow and progress of project activities and address alternatives streamline project process.

In 2019, the FBC TB program completed two hundred and seventy seven IGRAs & received thirty six LTBI referrals from community providers. With this project in place, we expect to increase the number of referrals by twenty percent from Civil Surgeons, Federally Qualified Health Center (FQHC) & Urgent Care providers in our jurisdiction. Such referrals will assist in reducing health disparities in the Fort Bend Indian Community as providers will safely refer eligible participants to our program for TB follow up care.

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Overall, our evaluation process will be comprehensive with specific data collected to analyze the effectiveness and impact of our AA TB Awareness Project. All evaluations and findings will be shared with the TB Community Engagement Network (TB CEN) project manager in a timely manner.

**SECTION 4: BUDGET NARRATIVE & BUDGET JUSTIFICATION**

**TOTAL BUDGET = \$10,000**

**+\$3500.00 personnel**

**+865.00 non-personnel**

**+5635.00 other costs/services**

**\$10,000**

**A. PERSONNEL**

***Salaries and Wages: \$3500.00 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 will 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: \$865.00 Total**

***Travel: \$345.00 total***

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

\$345 = (600 miles X 0.575/mile)

***Materials & Supplies: \$520.00 total***

Office supplies

\$270 (copier paper, pens, and pencils)

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Publication Costs

(500) Fact sheets for distribution at Community Outreach Events

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

**C. OTHER**

**Services: \$ 5635.00 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)

## **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 Hindi and/or other languages spoken in India. 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 November 2020 to October 2021.
2. The Project Coordinator will seek collaboration with community religious organization serving residents from India or of Indian descent 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 November 2020 and October 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 November 2020 and October 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 November 2020 and October 2021. A project evaluation report at the 6-month and 12-month mark will be sent to 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 – October 2021.

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2020-2021 TB Community Engagement Network RFP - Budget Template						
Category	Description	Estimated Expenses	Unit Qty.	Unit Type	Notes	
<b>A</b>	<b>Personnel</b>					
	Project Coordinator (either Licensed Vocational Nurse or Medical Assistant) 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)	
	<b>Subtotal</b>	<b>\$3,500.00</b>				
<b>B</b>	<b>Fringe Benefits</b>					
	<b>Subtotal</b>	<b>\$0.00</b>				
<b>C</b>	<b>Travel</b>					
	Project Coordinator & Fort Bend County TB nurses will travel to target sites to complete community outreach sessions/events	\$345.00			\$345= (600 miles X 0.575/mile)	
	<b>Subtotal</b>	<b>\$345.00</b>				
<b>D</b>	<b>Equipment</b>					
	<b>Subtotal</b>	<b>\$0.00</b>				
<b>E</b>	<b>Supplies</b>					
	Educational Resources					
	Office Supplies (copier paper, pens pencils)	\$270.00			Office supplies: \$270 (copier paper, pens, and pencils)	
	(500) Fact sheets for distribution at Community Outreach Events	\$250.00			(500) Fact sheets for distribution at Community Outreach Events \$250 = (500 copies x \$0.50 each)	
	<b>Subtotal</b>	<b>\$520.00</b>				
<b>F</b>	<b>Other</b>					

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	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.	\$4,900.00	\$4900 = (70 Quantiferon TB Gold tests x \$ 70 for each test)
	Fort Bend County contracted vendor located in Sugarland to provide radiology services for participants requiring further evaluation.	\$315.00	\$315 = (7 Chest X-Rays x \$45 each)
	Fort Bend County contracted vendor located in Rosenberg to provide radiology services for participants requiring further evaluation.	\$420.00	\$420 = (7 Chest X-Rays x \$60 each)
	<b>Subtotal</b>	<b>\$5,635.00</b>	
<b>G</b>	<b>Total Direct Costs</b>	<b>Subtotal</b>	<b>\$10,000.00</b>
<b>H</b>	<b>Indirect Costs</b>	<b>Subtotal</b>	
		<b>\$10,000.00</b>	<b>TOTAL</b>