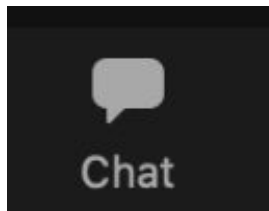
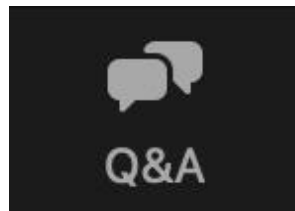




## **Addressing LTBI/TB Screening, Testing, and Treatment Needs Among A/AA and NH/PI-serving CHCs**

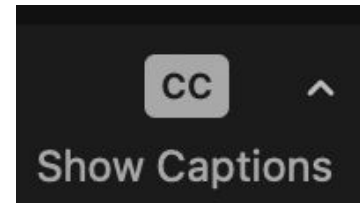
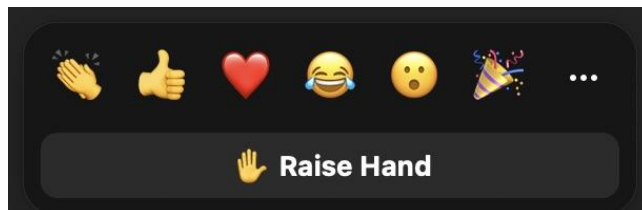
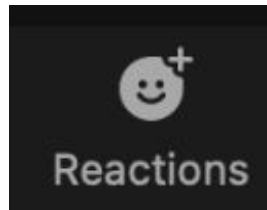
November 10, 2022  
10 AM HT/ 1 PM PT / 4 PM ET

# Tech and Accessibility



Windows:  
**Ctrl+T**

Mac: **⌘+K**

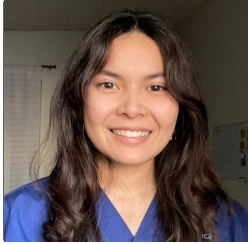


Windows:  
**Alt+Y**

Mac:  
**Option+Y**



# Moderators



Tiffany Hirokawa, Program Coordinator, AAPCHO  
(she/her/hers)



Chibo Shinagawa, Program Manager of Infectious  
Diseases, AAPCHO (she/her/hers)



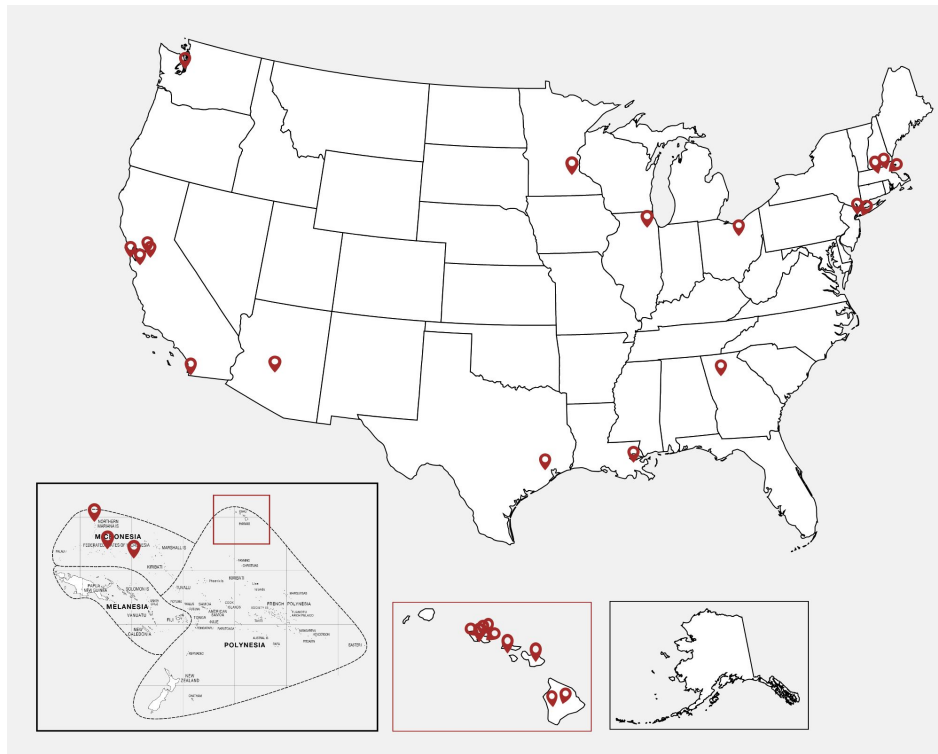
# About AAPCHO

The Association of Asian Pacific Community Health Organizations (AAPCHO) was formed to create a national voice to advocate for the unique and diverse health needs of AA and NHPI communities and the community health providers that serve their needs.



# Mission & Impact

**AAPCHO** is dedicated to promoting **advocacy**, **collaboration**, and **leadership** that improves the health status and access of AAs and NH/PIs within the United States, the U.S. territories, and the Freely Associated States.





# Overview of the TB Elimination Alliance

# About the TB Elimination Alliance



Share resources and best practices among providers



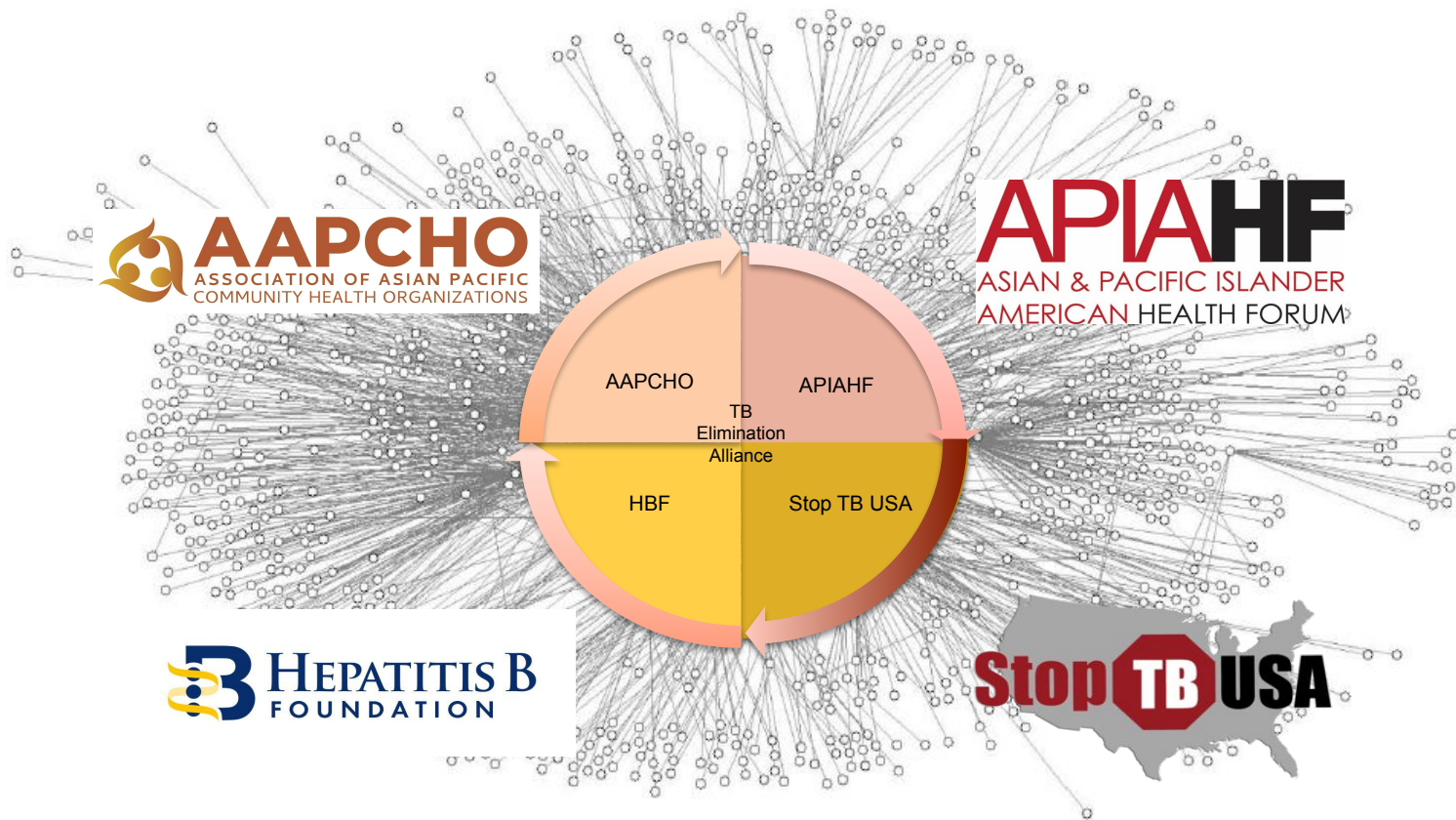
Develop partnerships to scale existing initiatives



Conduct outreach to underserved AA and NH/PI communities with the highest TB burden



Increase awareness and understanding of culturally and linguistically appropriate LTBI/TB testing and treatment strategies





# Acknowledgments & Disclaimer



This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000.00 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the presenters and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

# Learning Objectives

1. To share the findings and recommendations from the 2022 needs assessment which seeks to gain a deeper understanding of the needs of Asian-, Asian American- (A/AA), Native Hawaiian-, and Pacific Islander (NH/PI)-serving CHCs' and their current protocols for TB-related screening, testing, and treatment.
2. To learn about the TB Elimination Alliance initiative and training opportunities for community health centers and community-based organizations



## Addressing Tuberculosis and Latent Tuberculosis Infection Screening, Testing, and Treatment Needs Among Community Health Centers Serving Asian Americans, Native Hawaiians, and Pacific Islanders



**SEPTEMBER 2022**

Tiffany Hirokawa

Evelyn Moua

Justin Santos

Chibo Shinagawa, MS

# Agenda

Project Background

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Introduction and LTBI/TB Statistics

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Methods, Results, and Limitations

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Recommendations and Training Opportunities

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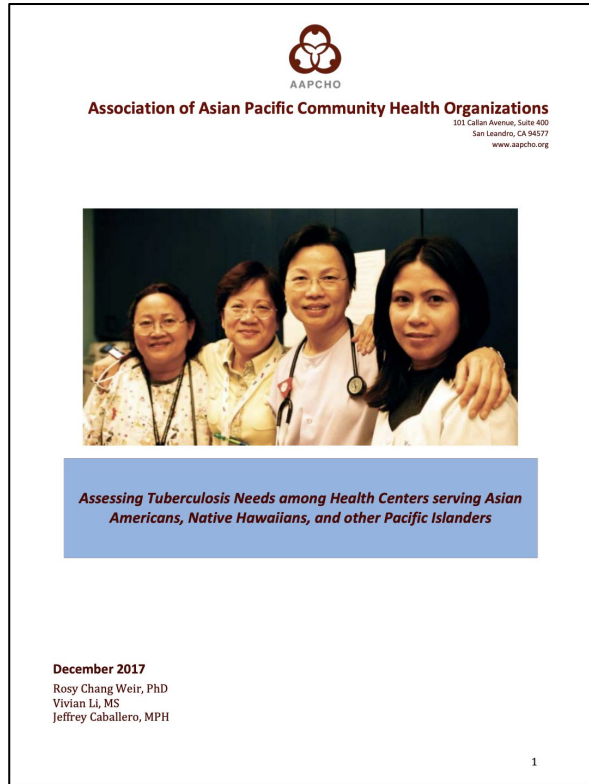
Questions & Answers

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Closing

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# 2017 Project Report



# 2022 Project Aims

**As a continuation of the 2017 project, the aims of this project were:**

1. To identify A/AA and NH/PI-serving CHCs' needs, current protocols, and best practices for LTBI/TB-related screening, testing, and treatment.
2. To develop community-recommended interventions to address the social and cultural barriers to LTBI/TB testing, treatment, and education among high-risk populations.

Check out the 2017 report, here: <https://bit.ly/AAPCHO-2017-TB-Report>  
Check out the 2022 report, here: <https://bit.ly/AAPCHO-2022-LTBITB-NA>

# Introduction

## Addressing Tuberculosis and Latent Tuberculosis Infection Screening, Testing, and Treatment Needs Among Community Health Centers Serving Asian Americans, Native Hawaiians, and Pacific Islanders

a 2022 needs assessment conducted to determine the needs of Asian-, Asian American- (A/AA), Native Hawaiian-, and Pacific Islander (NH/PI)- serving community health centers (CHCs) and understand current protocols for tuberculosis-related screening, testing, and treatment



### Did You Know...



**13 million** individuals are living with asymptomatic latent TB infection (LTBI)

**7,860** reported tuberculosis (TB) cases



**AA and NH/PI are disproportionately impacted** by TB accounting for nearly **36% AND 2%** of all U.S. TB cases respectively



### The Survey

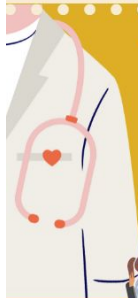
**20** qualitative and quantitative surveys

**4** interviews conducted



**46** survey responses

**20** considered established CHCs



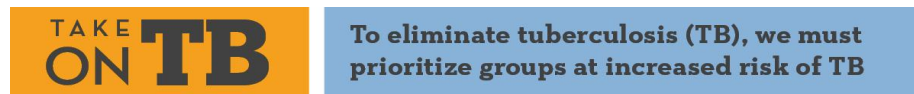
**7** notable challenges/barriers to screening, testing, and treatment emerged

**7** outlined recommendations for CHCs to support LTBI/TB screening, testing and treatment



# TB in the Asian and NH/PI Community

- In 2021, TB disease was reported in **2,738** Asians in the United States, accounting for nearly **36%** of all U.S. TB cases. Overall, the national incidence rate in 2021 for NH/PIs was **2.37 per 100,000** persons
- With **7,860** reported tuberculosis (TB) cases and an estimated **13 million** individuals living with asymptomatic latent TB infection (LTBI), LTBI/TB disease continues to impact those living in the United States and its territories



Compared with White persons, TB case rates (per 100,000 persons) are:



[www.cdc.gov/tb](http://www.cdc.gov/tb)



**7,174 TB CASES**  
reported in the United States in 2020\*

\*Supplemental analyses are ongoing to examine the causes of the decline in reported TB cases, probably related to the COVID-19 pandemic.

[www.cdc.gov/tb](http://www.cdc.gov/tb)



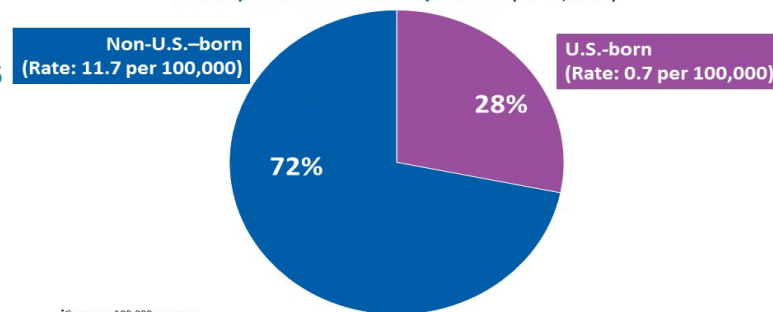
# TB in the Asian and NH/PI Community

- In 2021, **71%** of TB cases occurred among non-U.S.-born persons, the same proportion as and 2019. Among non-U.S.-born persons reported as having TB disease, **48%** identified as Asian and **1%** as NH/PI
- The 5 most common countries of birth among non-U.S.-born Asian persons with TB disease in **2020**
  - Philippines (12.5%)
  - India (10.4%)
  - Vietnam (8.2%)
  - China (5.1%)

Note: 2020 CDC Statistics

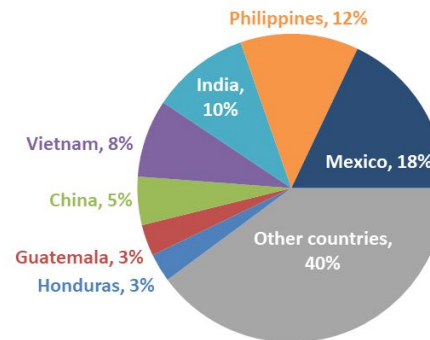
Adapted from the CDC Division of TB Elimination

TB Incidence Rates\* and Percentages by Origin of Birth, United States, 2020 (N=7,145)



\*Cases per 100,000 persons

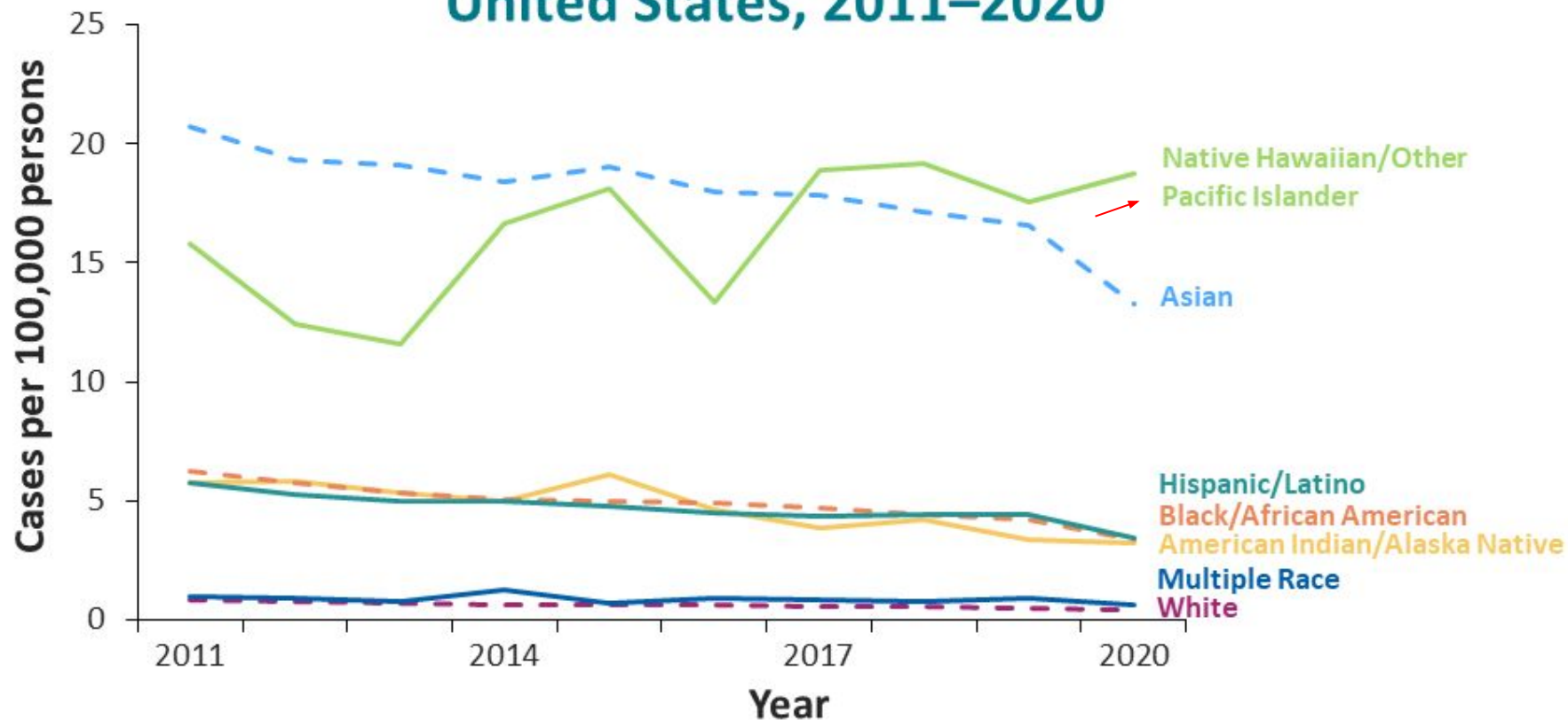
Top Countries of Birth Among Non-U.S.-born Persons with TB, United States, 2020 (N=5,127)



Note: Images denote 2020 CDC Statistics



## TB Incidence Rates by Race/Ethnicity,\* United States, 2011–2020



\*All races are non-Hispanic; multiple race indicates two or more races reported for a person but does not include persons of Hispanic or Latino origin.



# Context

## **The four key domains were covered towards:**

1. Identifying comprehensible LTBI/TB screening, testing, and treatment resources included;
2. Actionable guidelines on patients' treatment management;
3. Culturally-sensitive in-language patient educational materials; and
4. Recommended communal interventions addressing patients' social barriers to LTBI/TB testing, treatment, and education.

The qualitative and quantitative interview results suggested the need for comprehensive and population specific TB testing and treatment for high-risk populations and the lack of understanding of LTBI/TB presentation and testing on behalf of health center staff and patients.

# Methods

## 1. Survey Development

- a. The survey outlined in the 2017 report's 'Next Steps' was modified for this project
- b. Modifications included: Separation of LTBI and TB, establishing a separate screening section, the removal of an independent "Challenges and Barriers" section, and the addition of six free response questions covering challenges and best practices for screening, testing, and treatment

## 2. Survey Dissemination and Collection

- a. Broad dissemination of the survey resulted in a response from over a thousand of non-clinical and clinical CHC staff, public health departments, community-based organizations, and government-based organizations and in total twenty CHCs responded.
- b. Survey responses were collected using the online survey tool - "SurveyMonkey"
- c. The survey was distributed internally among local TEA partners, AAPCHO members, CTEAC Research Network meetings, Primary Care Associations, OMH bulletin, and TEA social media accounts

# Methods

## **1. Interview Protocol and Questions**

- a. The interview questions consisted of the following domains: defining health center capacity and problems; patient population-specific challenges to LTBI/TB practices, protocols, and education; TB infection testing policies and practices; and barriers and facilitators
- b. A total of 4 follow-up interviews were conducted and recorded

## **2. Data Analysis**

- a. Data was separated into qualitative and quantitative responses, and coded by recurring theme (e.g., needs and recommendations)

# Methods (cont.)

## Common Questions/Areas of clarification

1. **Why does the data not disclose the identities and demographics of the participating health centers?**
  - a. Time constraints of the project scope and participant guaranteed confidentiality
    - i. These interviews were aggregated information and did not reveal identity.
2. **Why did you choose a mixed methods approach as opposed to all quantitative and all qualitative surveys?**
  - a. Time consideration - consider that not all sites would be open to an interview or would rather complete the survey on their own time given busy clinician and health center schedules
  - b. To accommodate a variety number of responses for a more generalized and nationally reflective pool of health center responses
    - i. Mixed methods approaches are used to obtain a deeper understanding of individual perspective -- number just can not tell the entire story

# Limitations

1. **Small sample size:** Factors that may account for this response includes demanding time input (survey length (30 minutes) and subsequent 30-minute follow-up interviews), limited clinician schedules and shifted focuses from LTBI/TB to COVID-19 at the health center level.
  - a. *Recommendation:* Separate LTBI and TB surveys, separate screening, testing, and treatment surveys
2. **Selection Bias:** Direct outreach to the original 9 CHC respondents from the 2017 project and internal distribution of the survey may contribute for selection bias. Frequent conversation surrounding LTBI/TB and connection to TEA may reflect more TB knowledge than the general CHC population.
  - a. *Recommendation:* A larger and randomized sample may account for this bias

# Limitations

**3. Social Desirability Bias:** Respondents may communicate better practices than what actually exists at the health center site. Variability in responses among health

center staff due to the lack of non-standardized LTBI/TB protocols.

- a. *Recommendation:* Take into account multiple CHC staff viewpoints per response

**4. Qualitative and Quantitative Data Discrepancies:** Qualitative results described shifted focus to other medical issues (COVID-19), disparities in LTBI/TB knowledge from patients and staff, TB stigma, social determinants, patient willingness and the ability to be screened, tested, and treated for LTBI/TB, but the qualitative results did not indicate these same challenges

# Results



# Interview and Open Ended Survey Question Themes and Insights

## **Seven Key Challenges/Barriers**

1. Financial/funding issues
2. Shifted focus to other medical issues (i.e., COVID-19)
3. Disparities in LTBI/TB knowledge and education by both community health center staff and patients
4. TB Stigma (i.e., fear of being an outcast, fear of medical intervention)
5. Social determinants (i.e., transportation, access to pharmacy, insurance)
6. Limited or nonexistent in-house LTBI/TB program structure or guidelines
7. Patient Willingness and Ability to be Screened, Tested, and Treated for LTBI/TB



# Interview and Open Ended Survey Question Themes and Insights

## **Seven Community-Generated Promising Practices**

1. Establishment of a comprehensive set LTBI/TB program structure and/or guidelines
2. Understanding and utilizing electronic health record (EHR) systems
3. Having the ability to screen, test, interpret tests, and provide treatment
4. Bridging pharmacy access and onsite service
5. Developing strong, cooperative relationships with external partners (i.e., local health dept, TB programs, etc.)
6. Integrating recurring LTBI/TB education opportunities/training for all staff
7. Hiring staff from the community that can speak the languages and relate to patients culturally

# Survey Themes and Insights



## Defining LTBI/TB Problems and Patient Population Demographics

**Table 1b. Latent TB Infection (LTBI) and Tuberculosis (TB) Self-Reported Problem at CHCs (N = 20 CHCs)**

Question 5:

	Score					
	1	2	3	4	5	Mean
<b>How big of a problem is <u>LTBI</u> in your patient population?</b> (1 being not a problem, 5 being a major problem)	1	2	8	6	3	3.4

Question 6:

	Score					
	1	2	3	4	5	Mean
<b>How big of a problem is <u>TB</u> in your health center's patient population?</b> (1 being not a problem, 5 being a major problem)	2	10	4	2	2	2.6

**Note:** Respondents were provided with the following statement to answer questions 5 and 6. "Problem" indicates any challenges in your health center's capacity to meet your patient population's current LTBI and TB needs.

**Table 1c. Self-Reported Community Health Center Demographics (N = 20 CHCs)**

Question 8:

	<30%	30% to 60%	60%	Don't Know	No Available/ Not Collected
<b>Approximate percentage of general patient population born outside of the United States</b>	2	7	5	1	5

Question 9:

Racial Groups Represented in Patient Population	Number of CHCs
American Indian or Alaska Native	4
Asian	16
Black or African American	12
Hispanic/Latino	10
Native Hawaiian/Pacific Islander	8
White	11
Mixed Race	9

# LTBI/TB Screening and Testing Practices

**Table 2a: Tuberculosis (TB) and Latent TB (LTBI) Screening Practices  
(N=20 CHCs)**

Question 11:

When CHCs screen for LTBI/TB	Number of CHCs
A change in immunocompromised status	9
For all new patient visits	9
For patients with a history of TB exposure	12
For TB-focused visits for medical clearance for school/work	16
Other: For individuals living/working in high risk congregate settings	2
Other: At yearly well child visits >1 years old	1
Other: Patients born outside of the US or who have spent significant time outside of the US in countries with high burden of TB	2
Other: At-risk population based on CDC guidelines	1
Other: Part of standard care to screen all patients with diabetes	1
Other: Patients exposed to or showing signs/symptoms of TB	3

Question 12:

	Yes	No
Does your health center use a screening questionnaire before applying a diagnostic TB test?	14	6

# LTBI/TB Testing Practices

**Table 3a: Tuberculosis (TB) and Latent TB (LTBI) Testing Practices (N=20 CHCs)**


Question 18:

	<b>Yes, we have a health center wide protocol</b>	<b>No, the decision is made by the individual clinician</b>
Do you have a health center protocol that describes who should receive a TB test?	13	7

Question 20:

<b>Latent TB Infection (LTBI) testing method (&gt; 2 years old)</b>	<b>Number of CHCs</b>
TST only	7
TST with IGRA if positive	7
IGRA only	10
None of these tests are offered	1

Question 23 & 24:



<b>N = 19</b>	<b>Yes</b>			<b>No for both</b>	<b>Not Sure</b>
	<b>LTBI only</b>	<b>TB only</b>	<b>Both LTBI and TB</b>		
Is LTBI/TB testing provided to underinsured/uninsured patients without cost?	1	1	11	3	3
Do underinsured/uninsured patients use a sliding scale for LTBI/TB testing?	2	1	11	2	3

# LTBI/TB Treatment Practices

**Table 4a: Tuberculosis (TB) and Latent TB (LTBI) Treatment Practices  
(N=20 CHCs)**

Question 28:

	Yes			No for both	Not Sure
	LTBI only	TB only	Both LTBI and TB		
Does your health center provide treatment for LTBI/TB?	8	0	7	5	0

Question 33:

Are patients referred out for TB disease treatment? If so, what organization(s) are patients referred to?	Number of CHCs
The local health centers in the area	5
The local hospital	8
The local public health department's TB clinic	14
We don't refer patients out to treatment because we treat all patients in-house	3
Other: Infectious Disease Department	2
Other: Regional safety net hospital	1

Question 39 & 40:

	Yes			No for both	Not Sure
	LTBI only	TB only	Both LTBI and TB		
Is LTBI/TB treatment provided to underinsured/uninsured patients without cost?	3	0	6	5	6
Do underinsured/uninsured patients use a sliding scale for LTBI/TB treatment?	5	0	6	3	6

**Table 1a. Community Health Center Characteristics (N= 20 CHCs)**

	Number or % of CHCs*																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Average
Total Patients	31808	51937	48562	15970	4094	11989	7358	2165	41706	11681	23355	65621	8299	2430	44628	2305	7703	2742	4300	2260	19546
Age																					
% Younger than 18	29.70%	31.41%	22.61%	23.07%	16.61%	27.21%	35.85%	18.66%	37.41%	13.61%	32.98%	21.22%	2.10%	84.36%	49.62%	25.55%	38.93%	5.25%	31.56%	48.32%	29.80%
% Ages 18-64	62.37%	58.32%	67.55%	66.92%	74.74%	64.28%	54.65%	66.70%	58.41%	80.80%	62.50%	55.86%	85.19%	15.64%	44.08%	59.65%	57.12%	87.93%	57.33%	43.45%	61.17%
% 65 or older	7.93%	10.27%	9.84%	10.01%	8.65%	8.51%	9.50%	14.64%	4.19%	5.59%	4.52%	22.92%	12.71%	0.00%	6.30%	14.79%	3.95%	6.82%	11.12%	8.23%	9.02%
Race/Ethnicites																					
Asian American (AA)	26.68%	92.59%	0.25%	0.41%	47.00%	71.06%	0.60%	84.39%	1.33%	1.13%	24.22%	93.24%	4.50%	7.99%	3.72%	36.93%	NA	0.65%	0.33%	0.31%	24.87%
Native Hawaiian (NH)	0.01%	0.01%	0.03%	0.04%	0.03%	0.00%	0.08%	0.00%	0.83%	0.13%	0.05%	0.17%	0.24%	0.18%	0.04%	2.74%	NA	0.28%	0.00%	0.00%	0.24%
Pacific Islander (PI)	1.42%	0.09%	0.37%	0.27%	NA	0.41%	0.02%	0.00%	11.76%	0.18%	0.02%	0.40%	0.72%	0.30%	0.32%	13.04%	NA	0.05%	0.06%	99.47%	6.45%
AA & NHPI	28.10%	92.69%	0.65%	0.73%	47.03%	71.48%	0.69%	84.39%	13.93%	1.43%	24.30%	93.82%	5.46%	8.47%	4.09%	52.71%	NA	0.97%	0.38%	99.78%	31.56%
Black/African American	17.01%	2.47%	91.37%	50.76%	14.61%	10.82%	1.90%	10.12%	3.05%	11.09%	27.79%	1.06%	54.64%	76.92%	2.49%	0.78%	NA	47.50%	0.30%	NA	21.23%
American Indian/Alaska Native	0.08%	0.14%	0.71%	0.72%	7.25%	0.49%	0.91%	0.00%	1.28%	0.19%	0.17%	0.12%	1.39%	0.96%	0.26%	0.50%	NA	0.23%	85.66%	NA	5.05%
More than One Race	5.29%	0.62%	0.65%	0.82%	4.73%	2.94%	4.70%	0.28%	3.16%	1.03%	1.70%	NA	5.64%	1.74%	0.59%	25.52%	NA	0.74%	1.74%	0.09%	3.10%
Non-White	69.55%	96.53%	93.54%	63.31%	93.91%	88.07%	9.49%	95.08%	63.98%	93.92%	84.78%	95.45%	70.73%	92.67%	90.18%	80.86%	NA	90.34%	88.65%	99.87%	78.05%
% Limited English Proficiency	40.62%	79.82%	3.59%	12.62%	70.91%	30.91%	0.26%	88.50%	49.78%	68.02%	48.74%	80.20%	13.31%	22.72%	53.89%	6.33%	100.00%	20.82%	0.35%	99.51%	44.55%
Federal Poverty Level (FPL)																					
Less than 200% FPL	91.74%	89.79%	91.32%	99.10%	99.87%	99.09%	74.90%	96.21%	92.51%	95.36%	91.67%	92.36%	99.80%	87.11%	95.45%	66.23%	100.00%	99.18%	76.34%	NA	86.90%
Insurance Status																					
% Uninsured	4.67%	10.16%	36.14%	25.19%	61.16%	32.96%	29.93%	7.71%	38.24%	54.14%	25.20%	9.69%	34.96%	2.35%	8.04%	11.24%	100.00%	16.89%	21.63%	69.91%	30.01%
% On Medicaid	66.52%	53.14%	31.62%	36.16%	12.19%	48.18%	53.13%	78.15%	39.08%	12.41%	32.02%	57.99%	53.27%	92.18%	76.39%	17.48%	0.00%	70.20%	46.67%	NA	43.84%
% On Medicare	7.52%	8.46%	11.11%	14.55%	3.00%	4.28%	5.01%	5.96%	3.43%	3.76%	2.90%	17.95%	7.65%	0.04%	7.59%	7.55%	0.00%	NA	6.14%	NA	5.85%
Special Populations																					
Agricultural Workers/Dependents	0.05%	0.21%	0.23%	3.06%	0.00%	0.20%	0.14%	0.00%	0.00%	0.70%	0.00%	0.00%	4.70%	0.00%	15.34%	0.00%	0.00%	0.04%	0.00%	0.00%	1.23%
Homeless Patients	1.02%	0.06%	13.13%	0.37%	0.00%	0.08%	11.24%	0.00%	0.75%	1.63%	0.10%	0.16%	100.00%	100.00%	6.72%	0.43%	0.00%	16.78%	0.58%	0.00%	12.65%
School-Based Health Center Patients	1.83%	0.00%	9.54%	4.66%	0.00%	0.00%	21.16%	1.71%	11.96%	0.00%	0.00%	0.00%	0.00%	14.20%	0.00%	NA	0.00%	0.00%	0.00%	0.00%	3.25%
Veterans	0.51%	0.09%	0.68%	0.39%	0.29%	0.11%	1.96%	0.05%	0.44%	0.09%	0.53%	0.12%	2.46%	0.00%	0.05%	3.38%	0.00%	0.11%	2.26%	0.00%	0.68%
Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site	NA	0.00%	100.00%	0.00%	0.00%	0.00%	4.92%	0.00%	54.34%	0.00%	0.00%	44.52%	0.00%	0.00%	0.00%	0.00%	0.00%	18.67%	0.00%	0.00%	11.12%
Immunocompromising Conditions																					
% HIV	1.13%	0.02%	0.16%	0.25%	0.07%	0.04%	0.00%	0.23%	0.04%	0.05%	0.12%	0.03%	1.99%	0.04%	0.63%	0.09%	0.00%	1.24%	0.05%	NA	0.31%
% Diabetes	9.33%	6.16%	10.22%	12.11%	6.91%	10.52%	1.83%	14.69%	8.85%	19.27%	6.83%	10.29%	11.94%	0.62%	8.82%	5.08%	8.56%	13.86%	4.26%	12.17%	9.12%
% COVID-19	6.58%	0.91%	0.94%	0.46%	0.24%	5.62%	0.38%	4.34%	2.63%	2.51%	1.17%	0.83%	0.36%	1.73%	7.02%	0.43%	0.00%	NA	0.40%	NA	1.83%
% Tuberculosis	0.02%	0.11%	0.08%	0.00%	NA	0.02%	0.00%	0.00%	0.02%	0.00%	0.02%	0.08%	0.06%	0.04%	0.02%	0.00%	0.51%	0.07%	0.14%	0.04%	0.06%

Note: "Other\*" denotes responses that were not prompted by the survey.

## In conclusion, we provide the following recommendations:

1. Create detailed and actionable LTBI/TB program structure/ guidelines and adapt existing and new recommendations for population-curated testing and treatment.
2. Initiate or expand the integration of routine clinic-wide LTBI/TB training and educational opportunities for both clinical and non-clinical CHC staff.
3. Establish and integrate detailed LTBI/TB guidelines into EHRs that can build the capacity of EHRs to support targeted testing and monitor and track patients through treatment completion.
4. Ensure CHCs have access to culturally responsive, in- language patient educational materials in multiple formatted options including print materials, graphics/ videos, and oral discussion points to assist CHC staff in better communicating to patients the need for testing and treatment.



## In conclusion, we provide the following recommendations:

5. Assess patients' social and cultural barriers in accessing screening, testing, and treatment through appropriate interventions and CHC-enabling services.
6. Strengthen collaborations and communication among CHCs, hospitals, state/local health departments, and other community partners.
7. Maintain and adapt COVID-19 practices and protocols for center-wide infectious disease management.



**Questions**

# Thank You!

For questions about TEA,  
please contact  
[tea@aapcho.org](mailto:tea@aapcho.org)

Visit [tbeliminationalliance.org](http://tbeliminationalliance.org)  
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# Post-Webinar Survey

Please take 2-3 minutes to provide your feedback on today's webinar. Your feedback is greatly appreciated!

<https://bit.ly/22TBPost-Webinar>



# Tools and Resources



1. **Centers for Disease Control and Prevention (CDC)**  
[Division of TB Elimination](#)
  - a. Check out the CDC's [Think.Test.Treat campaign](#) aiming to raise LTBI awareness and guide conversations between providers and patients
  - b. [Core Curriculum on Tuberculosis: What the Clinician Should Know](#)
2. **TB Centers of Excellences (COEs)**
  - a. Provides LTBI/TB Training, Education, and Medical consultation for all 50 states and U.S. territories
3. **TB Elimination Alliance (TEA) Resource Page**
  - a. Resources on LTBI/TB screening, testing, and treatment, enabling services, and provider education available
4. **Check out local Public Health Departments' and TB Control Programs' websites**



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# CHERN Training Resources Page

## CHERN Training Resources

### COVID-19 and Other Infectious Diseases Health Equity Response Network (CHERN) Training Resources



AAPCHO and the Pacific Islander Center of Primary Care Excellence (PI-CoPCE) are providing COVID-19 & Other Infectious Diseases Health Equity Response Network (CHERN) training resources that are small in file size for access for a wide range of internet capabilities.

*All resources are valid as of the date of presentation.*

Visit the [Training Resource page](#) to access all training recordings, audio, transcripts, and slide PDFs.

## Download Instructions

### October 31, 2022

Medium COVID, Treatments, Boosters, Evusheld, and Healthcare Workforce Shortages FAQ with Dr. Chia Wang

Lower Resolution Video Downloads: [576p](#) (56.8 MB) [720p](#) (89.0 MB)

[Presentation Transcript PDF](#) (139 KB)

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### October 19, 2022

CHERN Learning Series Session 4: Health Center Preparations for Clinical Care after the End of the Public Health Emergency

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See below for individual presentation resources

#### **Erin Prendergast: National Level Context**

- Lower Resolution Video Download: [576p](#) (54.3 MB) [720p](#) (82.3 MB)
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#### **Emmanuel Kintu: Community Health Center Context**

- Lower Resolution Video Download: [576p](#) (112.9 MB) [720p](#) (182.6 MB)
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