

SOUTHERN CALIFORNIA REGIONAL COMMUNITY OF PRACTICE TO END TB

Tuesday, November 18, 2025
12:00PM - 1:30PM PDT

Bridging Communities and Care: Role of CHWs in the Management of LTBI in Refugees

12:00 – 12:05	Welcome and introductions	Melissa Zhang TB Control Program Analyst Los Angeles County Department of Public Health	Parveen Kaur, MD Clinical Lead Southern CA CoP to End TB
12:05 – 12:15	An Overview on Community Health Workers	Parveen Kaur, MD Clinical Lead Southern CA CoP to End TB	
12:15 – 12:45	Engaging New Arrivers for Latent Tuberculosis Infection Care: The Role of Community Health Workers	Emily Wen, MPH Program Manager Refugee Health Assessment Program Los Angeles County Department of Public Health	Julie Higashi, MD PhD Director TB Control Program Los Angeles County Department of Public Health
12:45 – 1:00	Provider Survey	Matthew Murrill, MD PhD Assistant Professor UCSF School of Medicine	
1:00 – 1:30	EOY Survey Discussion session and meeting closure	Melissa Zhang TB Control Program Analyst Los Angeles County Department of Public Health	Parveen Kaur, MD Clinical Lead Southern CA CoP to End TB

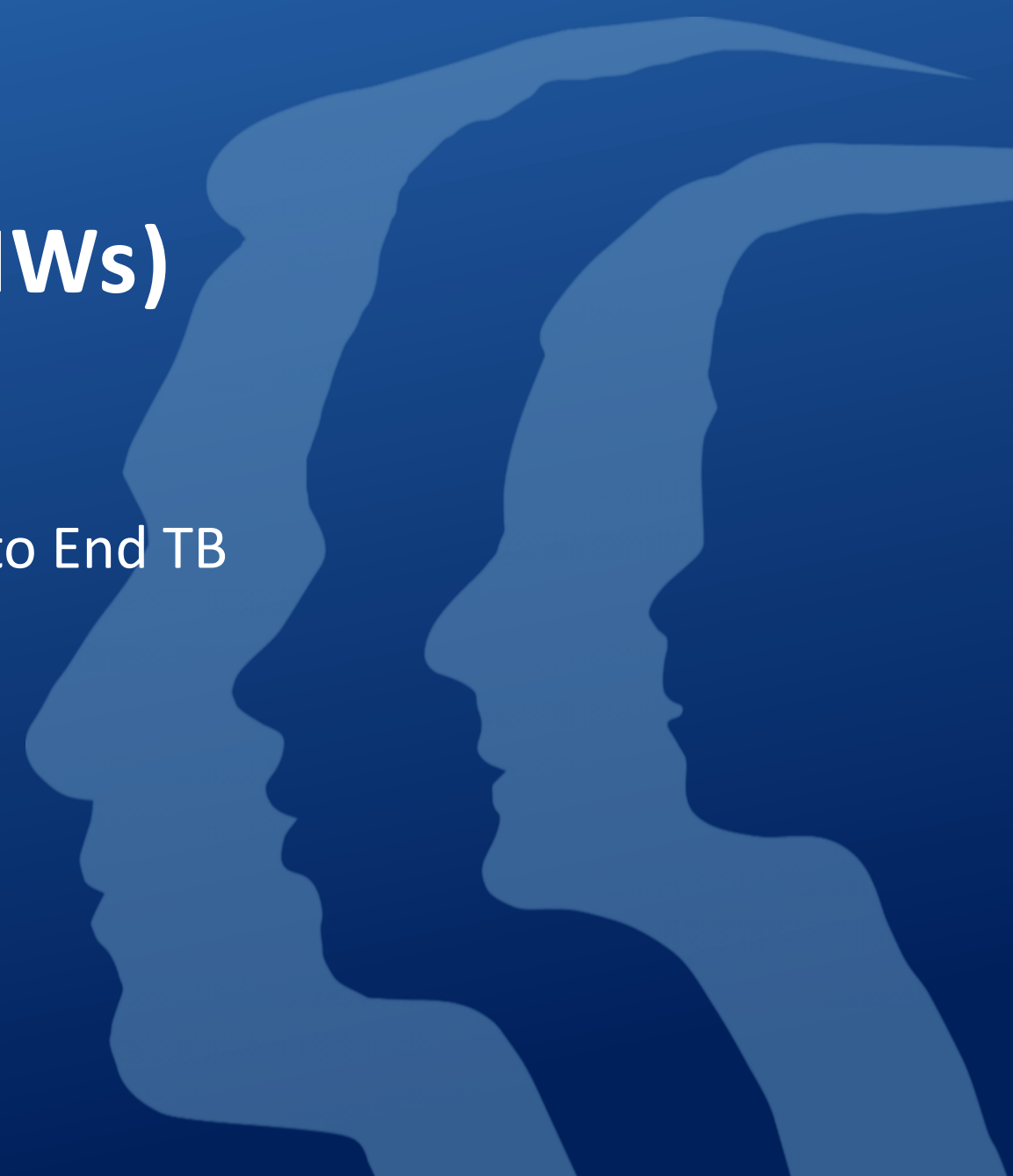
Community Health Workers (CHWs)

Parveen Kaur, MD

Southern California Regional Community of Practice to End TB

LA County TB Control Program

18 November 2025

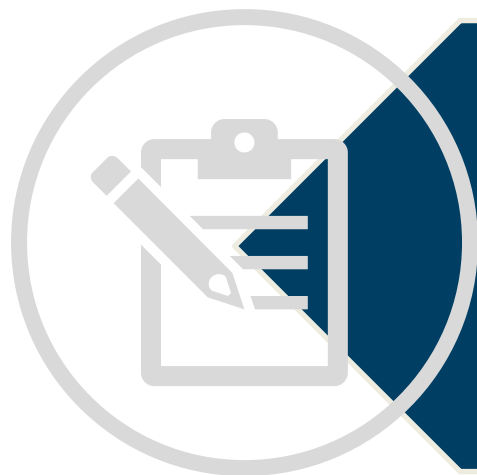


Who is a Community Health Worker?

- A **community health worker (CHW)** is a trained frontline public health worker who is trusted by the community they serve.
- Their role is to bridge the gap between healthcare systems and community members, especially in resource-limited settings.
 - While they are not typically licensed clinicians, their contributions are essential to clinical medicine in several ways — particularly in prevention, early detection, referral, and follow-up of patients.

Characteristics and Purpose

- Often share the same culture, language, and life experiences as the community they serve.
- Work in clinics, community centers, non-profits, public health departments, or in the field.



CHWs improve access to care, reduce health disparities, build trust, and help communities achieve better health outcomes.

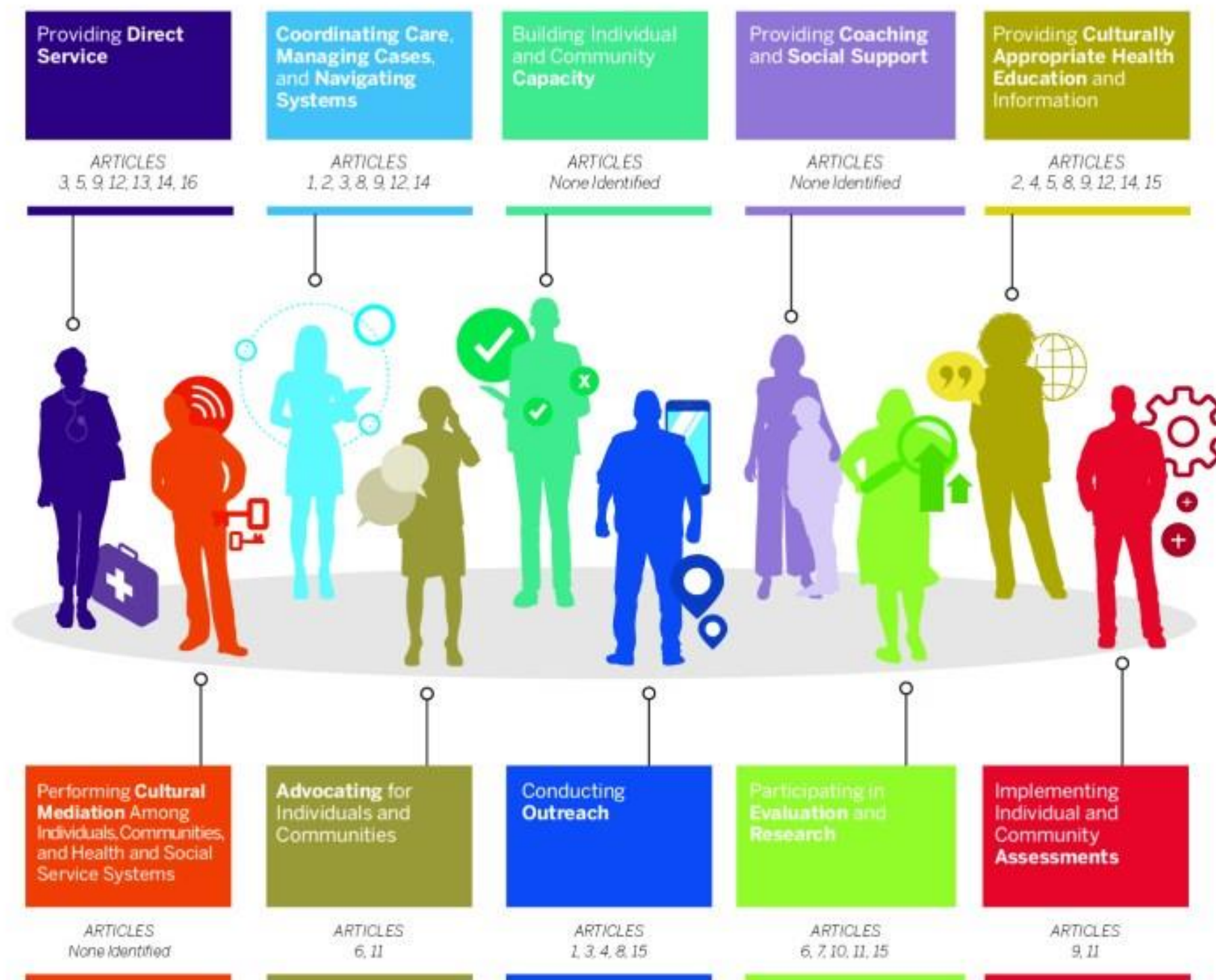
Key Functions

- **Health education:** Teaching individuals and groups about disease prevention, healthy behaviors, maternal and child health, nutrition, etc.
- **Care coordination:** Helping people navigate the healthcare system—finding clinics, scheduling appointments, understanding medical instructions.
- **Outreach:** Identifying community needs, conducting home visits, and connecting people to social services (food assistance, housing support, insurance).
- **Advocacy:** Representing the community's needs to health systems or policymakers.
- **Basic health services:** Depending on training and local laws, they may perform basic screenings (blood pressure, glucose), first aid, or follow-up care.

CHW: Roles in clinical medicine



The Many Roles of Community Health Workers



STUDIES: 1. Barret et al. 2022; 2. Berkley-Patton et al. 2022; 3. Bigelow et al. 2021; 4. DeGarmo et al. 2022; 5. Ko et al. 2022; 6. Kruse et al. 2022; 7. Lee et al. 2022; 8. Martinez et al. 2022; 9. Pirraglia et al. 2021; 10. Rivera-Núñez et al. 2022; 11. Stadrick et al. 2022; 12-15. Thourmi et al. 2022; 16. Whanger et al. 2022.

*These roles are adapted from 10 core community health worker roles described by The National Community Health Worker Core Consensus (C3) Project. To read more about each role type refer to the C3 Project Resource Page at <https://www.c3project.org/resources>

1. Health Promotion and Disease Prevention

- **Education and counseling:** CHWs educate individuals and families about nutrition, hygiene, reproductive health, vaccination, and chronic disease prevention.
- **Behavior change support:** They promote healthy lifestyles and adherence to preventive practices (e.g., mosquito net use, breastfeeding, handwashing).
- **Community mobilization:** They organize campaigns for immunization, screening, and sanitation improvement.

2. Early Detection and Screening

- **Basic assessments:** CHWs can perform simple screenings for hypertension, malnutrition, tuberculosis, malaria, HIV, or diabetes using standardized tools.
- **Symptom recognition:** They identify early warning signs of illness and encourage prompt medical evaluation.
- **Data collection:** They record and report community health trends, supporting disease surveillance and early outbreak detection.

3. Linkage to Clinical Care

- **Referrals:** CHWs guide patients to appropriate health facilities and help them navigate the health system.
- **Follow-up care:** After hospital or clinic visits, they ensure that patients adhere to treatment and follow-up appointments.
- **Coordination:** They communicate between the community and clinicians, sharing information that improves continuity of care.

4. Support in Treatment and Rehabilitation

- **Medication adherence:** They monitor and encourage patients to complete treatments (e.g., for TB, HIV, hypertension).
- **Basic care delivery:** In some programs, trained CHWs administer oral rehydration solutions, distribute medications, or assist with chronic disease management under supervision.
- **Home-based care:** They assist in caring for chronically ill, elderly, or disabled patients at home.

5. Health System Strengthening

- **Data reporting:** CHWs contribute to health records and surveillance systems.
- **Advocacy:** They identify barriers to care and advocate for resources and policy changes.
- **Cultural mediation:** They build trust between health providers and community members, addressing cultural or language barriers.

Examples in Practice



Sub-Saharan Africa: CHWs provide malaria testing and distribute bed nets.



India: Accredited Social Health Activists (ASHAs) promote maternal and child health and assist in family planning.



U.S. and Latin America: Promotores de salud support chronic disease management and preventive screening in underserved communities.

CHWs and Tuberculosis

- Estimates predict large-scale shortfalls of healthcare workers in low- and middle-income settings by 2030 and strategies are needed to optimize the health workforce to achieve universal availability and accessibility to healthcare
- Stop TB Partnership's TB REACH initiative has supported interventions using CHWs to deliver TB care in over 30 countries
- In 2018, the World Health Organization (WHO) published guidelines on best practices for CHW engagement and identified remaining knowledge gaps.

Key roles of CHWs in Tuberculosis care

- **Case detection:** CHWs identify individuals with TB symptoms through community outreach and home visits and refer them for testing.
- **Treatment support:** They help patients adhere to treatment plans by providing counseling, delivering medications, and monitoring their health, which increases cure rates.
- **Health education:** They combat stigma and provide information on TB prevention and treatment to individuals and families.
- **Linkage to care:** CHWs connect people with the health system for diagnosis and treatment and sometimes accompany them to facilities.
- **Advocacy:** They advocate for improved services and support patients in navigating the healthcare and social service systems.
- **Monitoring and surveillance:** They help monitor disease outbreaks and collect health data in their communities.

Best practices for CHW engagement

- **Training:** Provide comprehensive, effective, and relevant training that uses participatory methods like hands-on exercises, simulations, and case studies as per [BioMed Central](#) and [this YouTube video](#).
- **Supervision:** Offer continuous and strong support through regular supervision.
- **Compensation:** Ensure fair compensation for their work.
- **Integration:** Integrate CHWs into the existing healthcare system to maximize their impact

Desired Qualities of CHWs

- Strong interpersonal / communication skills
- Empathy, persistence, creativity, and a genuine desire to serve their community
- Knowledge in resource navigation, public health topics, and community organizing
- Advocacy skills — they often help drive community-level change.

Summary

Community Health Workers extend the reach of clinical medicine into communities

- Improving access, linkage to care and navigation
- Promoting adherence
- Prevention
- Improving health outcomes

especially where formal health resources are limited.

References

- Community health workers augment the cascade of TB detection to care in urban slums of two metro cities in India
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8285758/#:~:text=CHWs%20visited%20the%20slums%20once,to%20engage%20with%20TB%20patients.>
- Opportunities for Community Health Workers to Contribute to Global Efforts to End Tuberculosis
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7028491/>
- What makes community health worker models for tuberculosis active case finding work? A cross-sectional study of TB REACH projects to identify success factors for increasing case notifications
<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00708->

Thank you.



Engaging New Arrivers for Latent Tuberculosis Infection Care:

The Role of Community Health Workers

November 18, 2025

Emily Wen, Refugee Health Assessment Program

Dr. Julie Higashi, Tuberculosis Control Program

Background

- Emergent evacuation of Afghan allies in August 2021 following the U.S. withdrawal of military forces in Afghanistan



OPERATION ALLIES WELCOME

DHS.gov/AlliesWelcome

OVERVIEW

On August 29, 2021, President Biden directed the Department of Homeland Security (DHS) to lead and coordinate ongoing efforts across the federal government to support vulnerable Afghans, including those who worked alongside us in Afghanistan for the past two decades, as they safely resettle in the United States. At the President's direction, the Secretary of Homeland Security is working with representatives from across the government to coordinate our response and ensure unity of effort.

To lead the effort in support of Operation Allies Welcome, DHS established a Unified Coordination Group (UCG). The UCG reports directly to the Secretary of Homeland Security and coordinates the implementation of a broad range of services, including initial processing, COVID-19 testing, isolation of COVID-positive individuals, vaccinations, additional medical services, and screening and support for individuals who are neither U.S. citizens nor lawful permanent residents. This support includes initial processing at pre-designated U.S. military bases prior to being connected with non-governmental organizations for resettlement into communities. The work of the UCG is undertaken in close collaboration with partners in state and local government, non-governmental organizations, and the private sector.

OPERATIONAL PHASES

Screening and Vetting Prior to Arrival in the United States

The U.S. government is working around the clock to conduct the security screening and vetting of vulnerable Afghans before they are permitted entry into the United States, consistent with the dual goals of protecting national security and providing protection for our Afghan allies. As with any population entering the United States, DHS, in coordination with interagency vetting partners, takes multiple steps to ensure that those seeking entry do not pose a national security or public safety risk.

DHS deployed approximately 400 personnel from U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement, the Transportation Security Administration, United States Coast Guard, and United States Secret Service to Bahrain, Germany, Kuwait, Italy, Qatar, Spain, and the United Arab Emirates to conduct processing, screening, and vetting in coordination with the Departments of Defense (DOD) and State (DOS) and other federal agencies, and to conduct interviews as needed, with the goal of bringing to the United States Afghan nationals who worked for the United States, as well as other vulnerable Afghans.

The rigorous screening and vetting process, which is multi-layered and ongoing, involves biometric and biographic screenings conducted by intelligence, law enforcement, and counterterrorism professionals from DHS and DOD, as well as the Federal Bureau of Investigation (FBI), National Counterterrorism Center (NCTC), and additional intelligence community partners. This process includes reviewing fingerprints, photos, and other biometric and biographic data for every single Afghan before they are cleared to travel to the United States. As with other arrivals at U.S. ports of entry, Afghan nationals undergo a primary inspection when they arrive at a U.S. airport, and a secondary inspection is conducted as the circumstances require.



DHS.GOV/ALLIESWELCOME



Operation Allies Welcome

August 2021:

Emergent evacuation of Afghan allies following the U.S. withdrawal of military forces in Afghanistan

After March 2022

Transitioned to overseas medical examinations (in line with panel physician guidance)

August 2021-March 2022:

Evacuees temporarily housed at military bases and screened for TB, but not provided LTBI treatment

LA County Refugee Health Assessment Program (RHAP)

- More comprehensive than exam offered at Military Bases:
 - Infectious Disease screening
 - Chronic Disease & Screening for other Conditions
 - Mental Health Assessment – Tool is specific to refugees
 - Referrals and Health Navigation

Grant Objectives emphasized :

Timely completion of full assessment especially immunizations, referrals, TB evaluation & LTBI treatment.

New Arrival Mindset

- *We made it here, got health clearance that included tuberculosis, but are now worried about getting permanent housing and a job.*
- *Most shared profound grief and stress over loss & uncertainty.*
- *Vast majority denied symptoms and need for mental health services.*

Refugee Health Promotion Project (RHPP)

Afghan Health Promotion

- **Recruited contractors from newly arrived cohort**
 - Faster process but no benefits
- **Clinic identified candidates from patient group**
 - Level of understanding & adherence to instructions
 - Capacity to help others in the community
- **Advantages:** Type of support specific to client need, medical degrees but CHW attitude
- **Disadvantages:** Little experience in U.S., learning curve

Community Health Worker/Health Navigator



Orientation of Community Health Workers

- **TB 101 with TB Control Program**
 - LTBI vs Active, Medication regimens
- **EMR provider and nursing notes**
 - Abbreviations, patient instructions, how to document
- **U.S. health care system**
 - County clinics, Managed Care, Primary Care
- **LA County Tuberculosis Clinics**
 - Front office staff, protocols
- **HIPAA and handling cultural situations**
- **Non-TB referrals, ie. Mental Health**

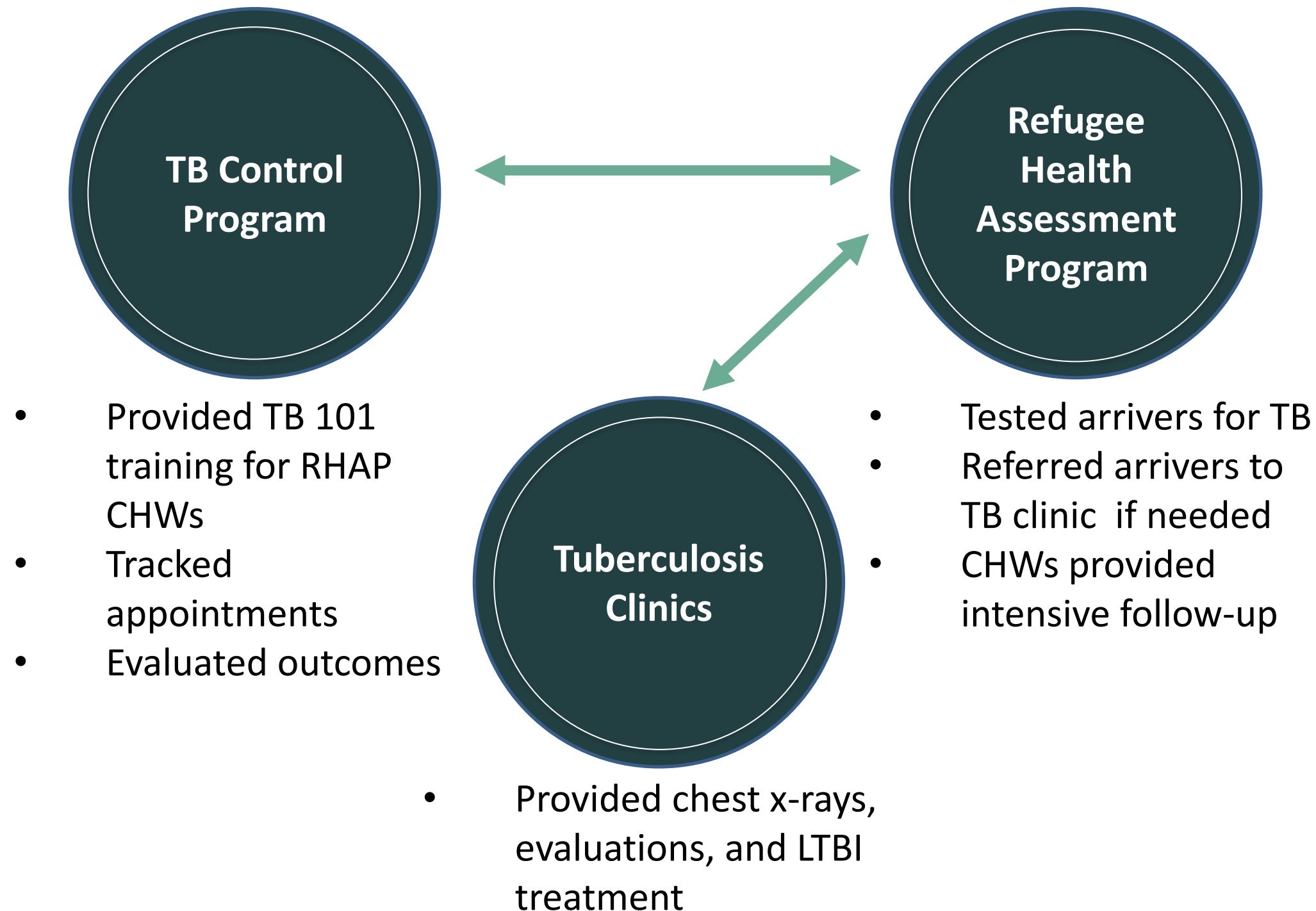
Community Health Worker Strategies

- Build on familiarity and trust development
- Listen to all concerns, not just health
- Assist with all referrals, not just TB
- Reinforce what was recommended by clinic
- CHW → LTBI; Clinic → Active TB
 - Taking medications when feeling well ?
- Enhance Clinic follow-up protocol
- Call Clinic **WITH** Client – Encourage communication
- Real-time Tracking Log of each appointment; Use EMR
- Transportation resources

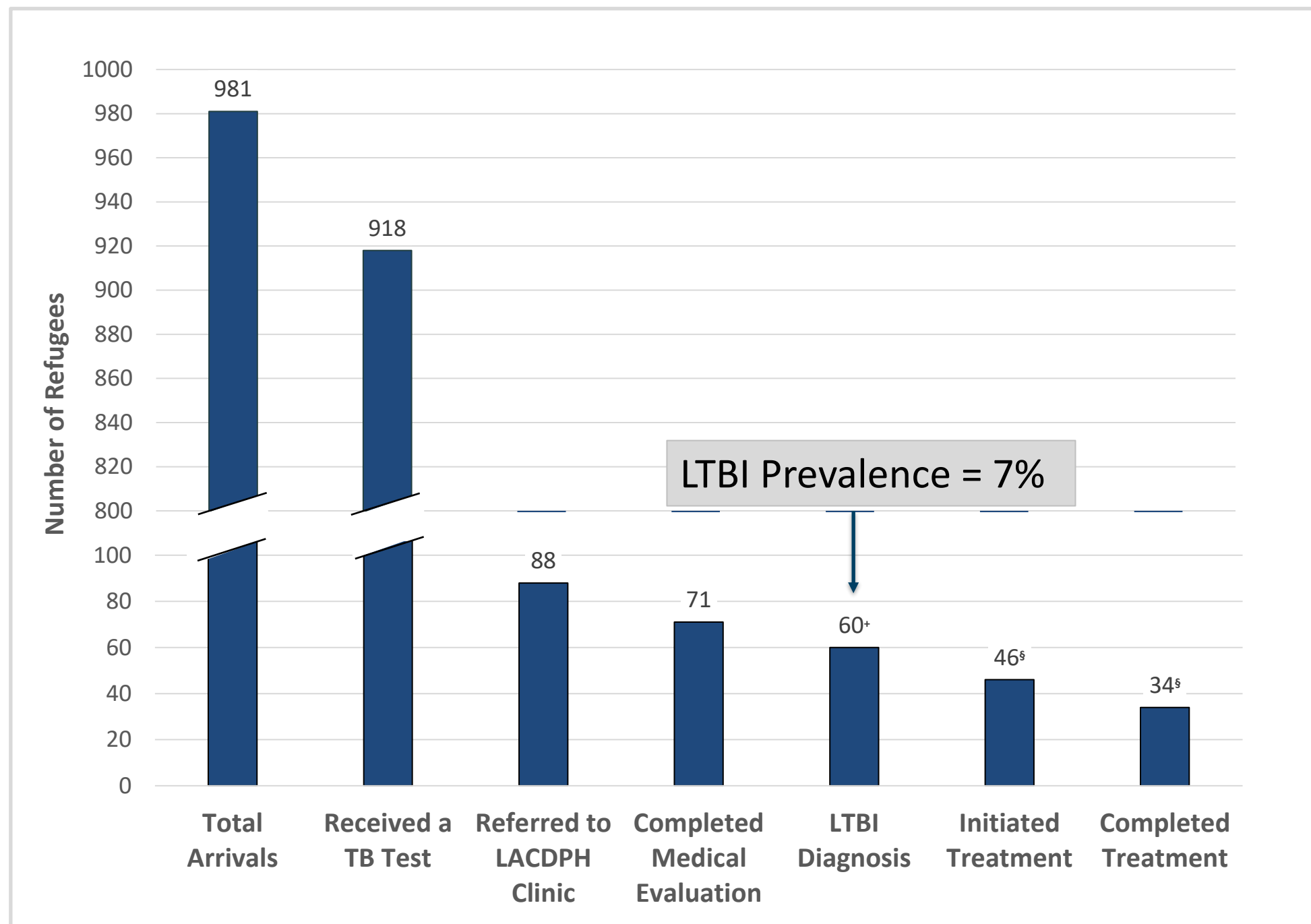
Community Health Worker Challenges

- Cultural influences counter benefits of prevention
- Influence of community members and providers
- Employment and other priorities
- Side effects
- Lost / Moved

Coordination of TB Services for Refugees from Afghanistan

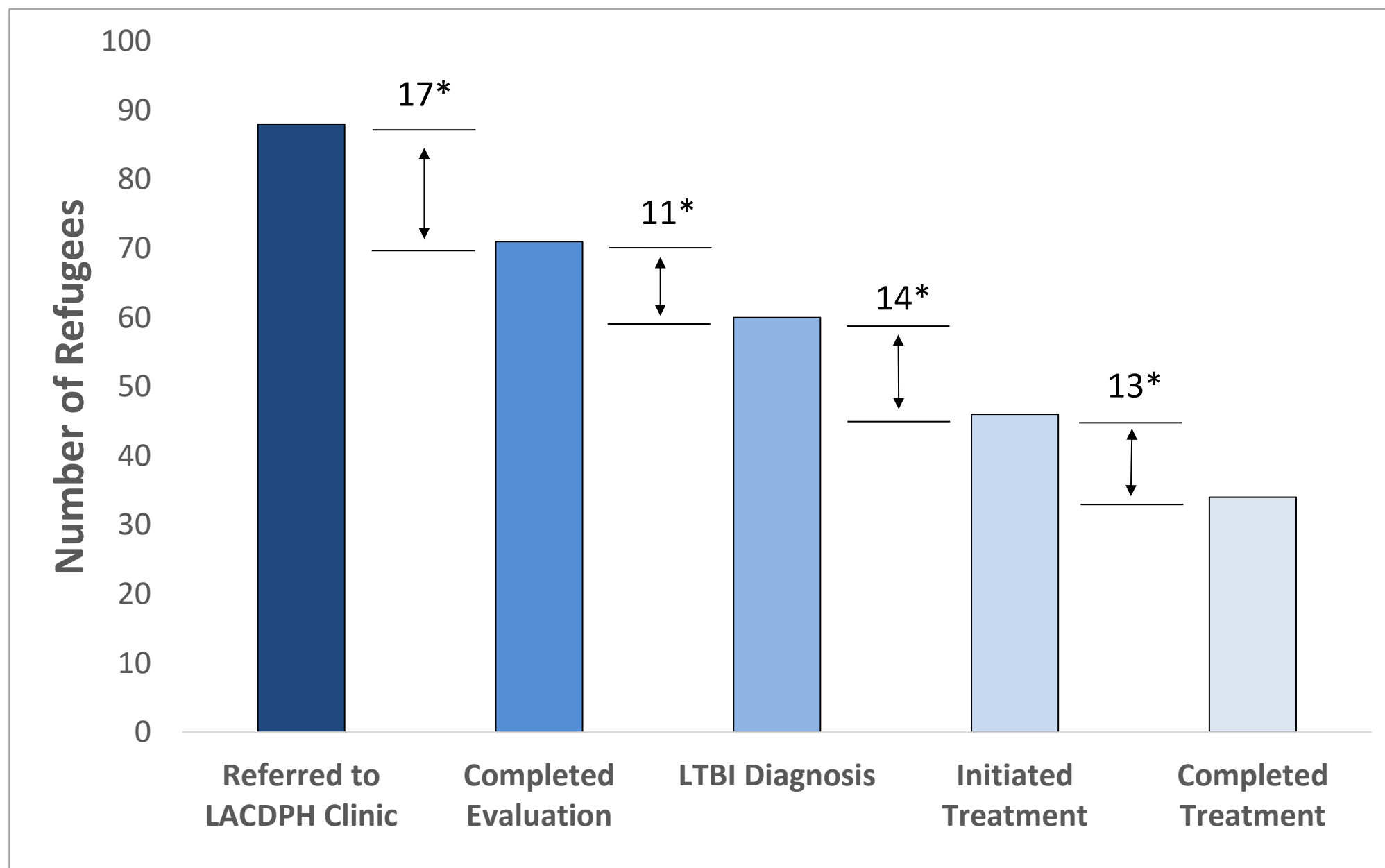


Cascade of Care for Refugees from Afghanistan



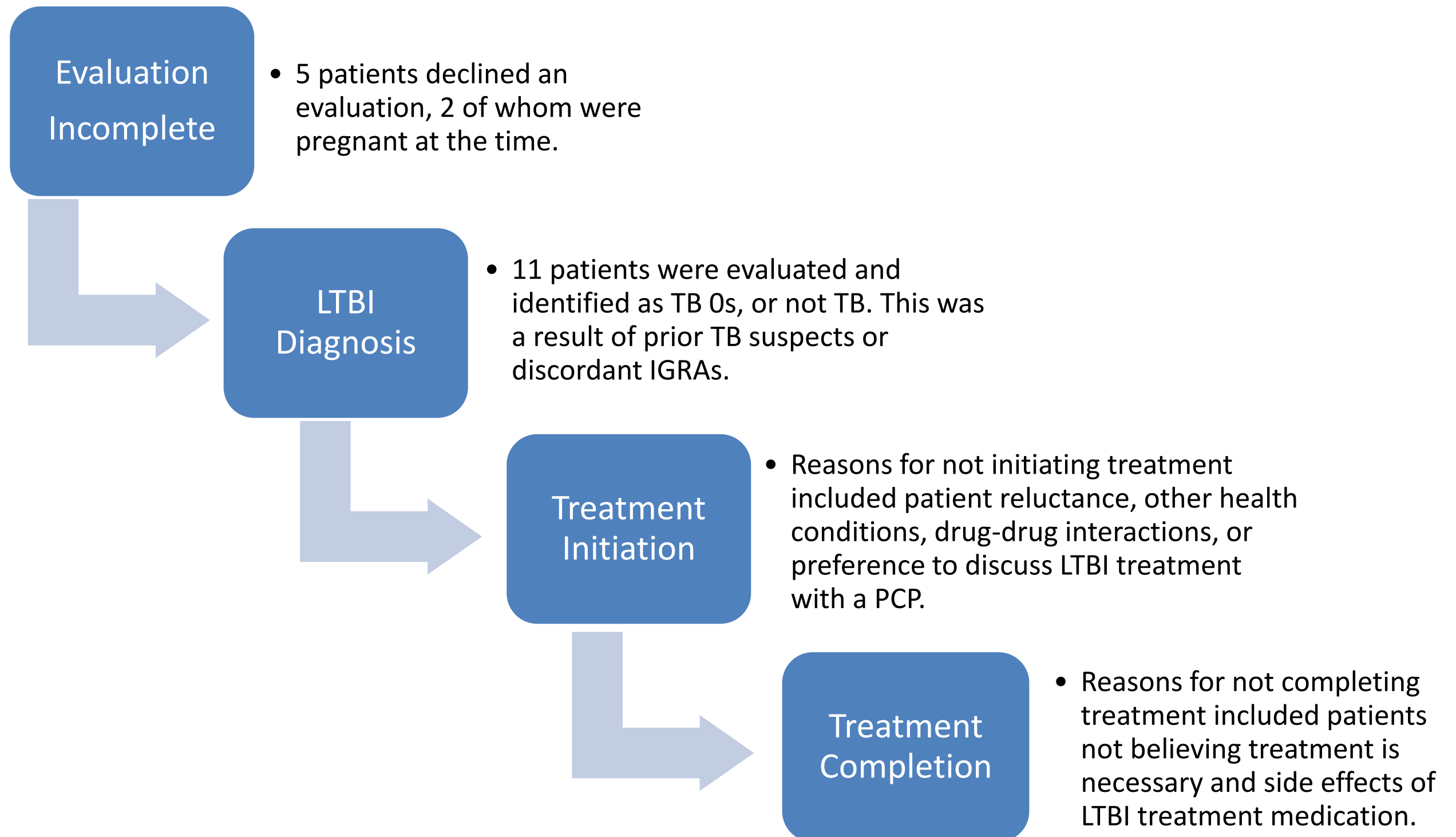
⁺LTBI diagnosis includes arrivals with an ATS TB classification of 2 or 4. [§]TB 0s were excluded from treatment initiation and treatment completion counts. Arrivers who moved out of LAC were included in the cascade. Of note, 12 people moved after being referred, 1 person moved after evaluation, and 3 people moved after treatment initiation.

Gaps in the Cascade of Care for Refugees from Afghanistan



*Arrivers who moved out of LAC were included in the cascade. Of note, 12 people moved after being referred, 1 person moved after evaluation, and 3 people moved after treatment initiation.

Gaps in the Cascade of Care: Clinical Chart Review Findings



RHAP Performance Measures vs Outcomes for Refugees from Afghanistan

	RHAP Performance Objective	Outcome
% Evaluated	95%	95%
% Treatment Initiation	80%	78% [§]
% Treatment Completion	70%	80% ^{§+}

Individuals who moved out of LAC were excluded from the evaluation of outcomes.

Data as of 3/31/23.

[§]TB 4s and TB 0s were excluded from the treatment initiation and treatment completion outcomes.

⁺4 individuals on LTBI treatment as of 3/31/23..

Uniting for Ukraine (U4) Collaboration



**Tuberculosis Control Program
and
Refugee Health Promotion
Project Ukrainian Health
Promotion**

**KEY DIFFERENCE WITH
AFGHAN RESETTLEMENT:**

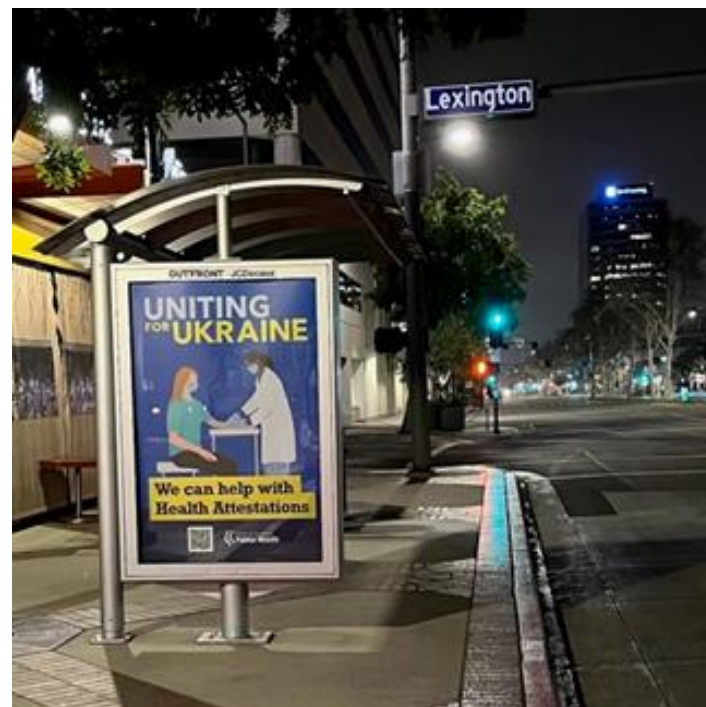
**No notification to LAC
Private sponsorship
USCIS TB Attestation
OUTREACH needed**

Outreach Strategies

Strategy	Unit	Cost/FTE	Comment
Postcards/Flyers	2500/900	500/200	Printing Costs
Municipal Transit Authority Campaign	24 Billboards 50 Bus Shelters 29 Bus Tails	151,000	Combined U4U and Latinx/Hispanic Population Outreach
Health Education Assistant / Navigator	40 hours/week	5000/month	Critical for social media posting
Social Media - Targeted	Posts	In House Artwork	Telegram/Facebook
Community Outreach and IGRA testing events	1-2 events per month	1-4 PHN/CDC PHAP 1-2 Community Worker 1 Health Educator	Testing event doubles number of staff; capacity 24 individuals tested in 3 hours
Incentives/Enablers	\$20 grocery/target Hygeine kits	1 per in face encounter	Testing Treatment

U4U MTA Campaign Outreach Sightings

- U4U advertisements were posted on bus shelters and billboards around neighborhoods where Ukrainians live from March – April 2023 (**can still see some around!**)



NEED HELP WITH YOUR HEALTH ATTESTATION?

CALL THE REFUGEE HEALTH CENTER (818) 291-8901



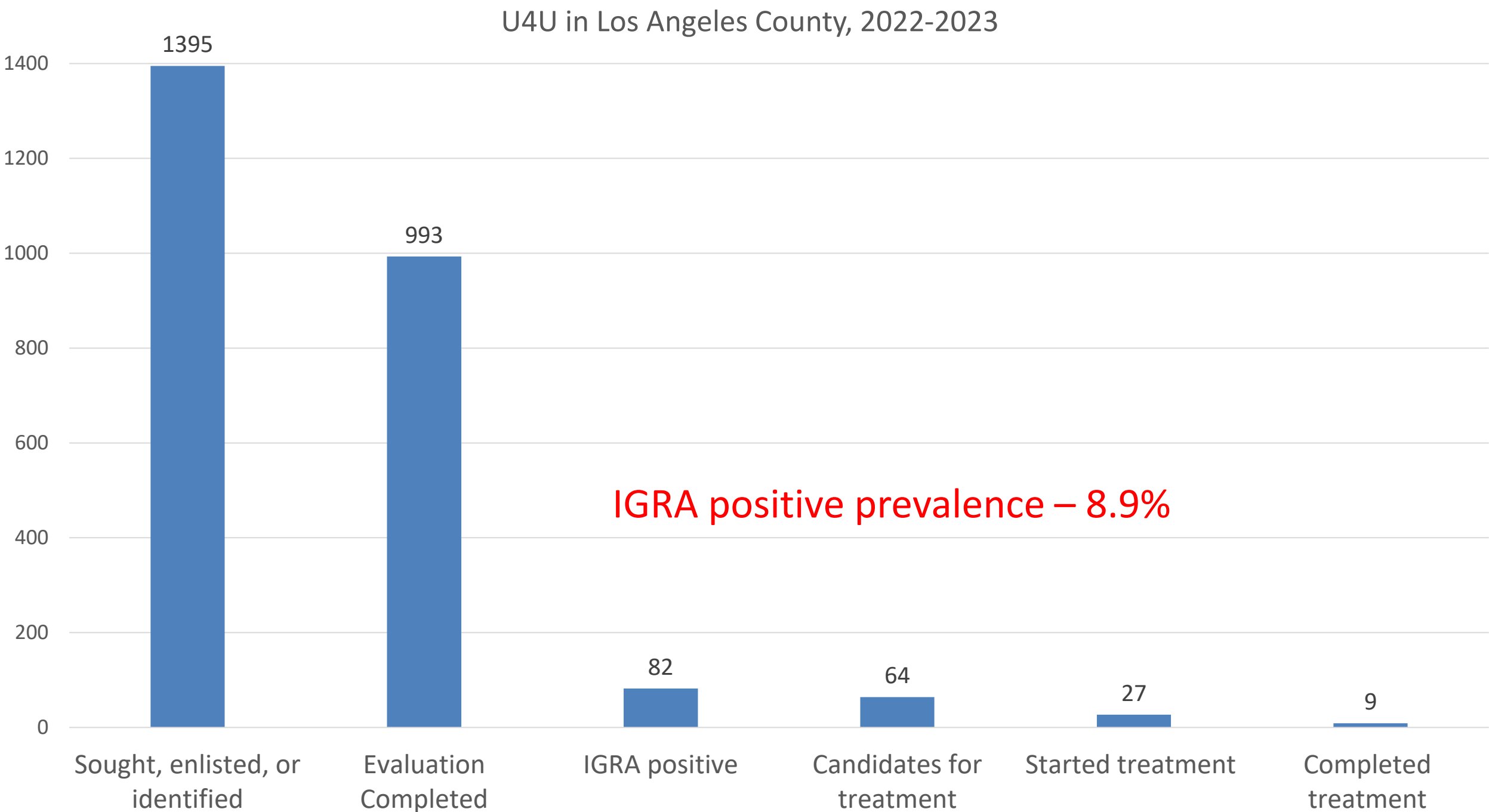
Scan QR Code to learn more or
visit: [www.ph.lacounty.gov/tb/
think-test-treat-tb.htm](http://www.ph.lacounty.gov/tb/think-test-treat-tb.htm)



#UNITINGFORUKRAINE



Estimated Ukrainian arrivals in LA County to date by sponsors – 10,000



RHAP Performance Measures vs Outcomes for Ukrainian Arrivers

	RHAP Performance Objective	Outcome
% Evaluated	95%	71%
% Treatment Initiation	80%	42%
% Treatment Completion	70%	33%

Successes and Challenges

- Targeted posts offering free IGRA testing via Telegram or Facebook was effective
- Larger scale awareness campaign did not generate many telephone calls but may have impacted aggregate TB testing
- Ukrainian Health Education Assistant / Navigator able to get those with Positive IGRA evaluated
- Challenge was acceptance of LTBI treatment

Summary and Conclusions



Culturally competent Community Health Workers supported clinic management outside scheduled appointments to bridge gap and build trust.



Frequent and prompt outreach after missed appointments focused on individual needs and types of support.



Costs of creating a campaign can be modest. Work with partners to gain access to quality graphics, print materials to hand out with QR code or phone number, post on community social media sites.

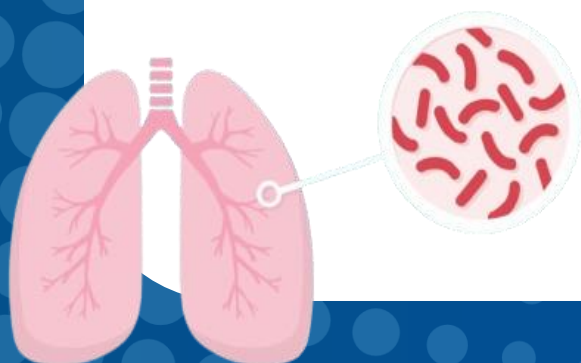


Areas of improvement include interventions for those who did not complete evaluation, initiate treatment, or complete treatment, such as establishing communication with patient PCPs and offering consultative support

- LA County Dept. of Public Health Clinic Services
 - Gema Morales-Meyer, DNP, RN, MPH, CNS, and Leo Moore, MD
 - Refugee Health Assessment Program
 - Emily Wen, MPH
 - Khalid Ahmad Ibrahimi
 - Raihana Hakimi
 - Nataliya Ageyenko
 - DPH Chest Clinics at Pacoima Health Center, MLK Health Center, Hollywood Wilshire Health Center, Monrovia Health Center
- UCLA Ronald Reagan Medical Center
 - Jetrina Maque, MD
- LA County Dept. of Public Health Tuberculosis Control Program
 - Julie Higashi, MD, PhD
 - Edward Lan, MPH
 - Natividad Bustos, RN, PHN
 - April King-Todd, RN, BSN, MPH
 - Miguel Gonzalez and Gonzalvo Vazquez, Community Workers
 - Kimberly Lynn Otello and Ashley Randle, Health Education

Provider Survey

Dr. Matthew Murrill
Assistant Professor, UCSF

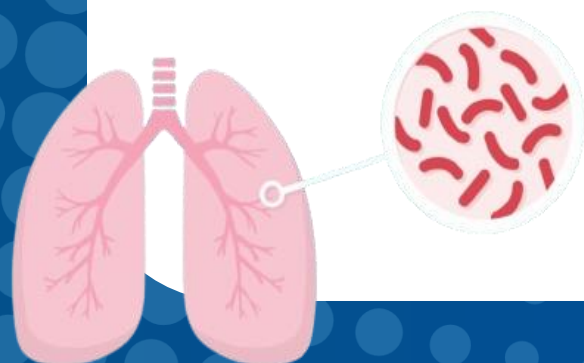


End of Year Feedback Survey

Please share feedback on the Southern California Regional Community of Practice to End TB to help us improve for next year!

Access survey via QR code or at this link:

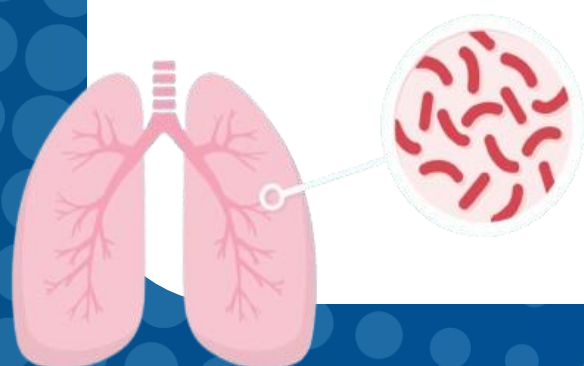
<https://forms.microsoft.com/g/V7KZ8X4hjz>

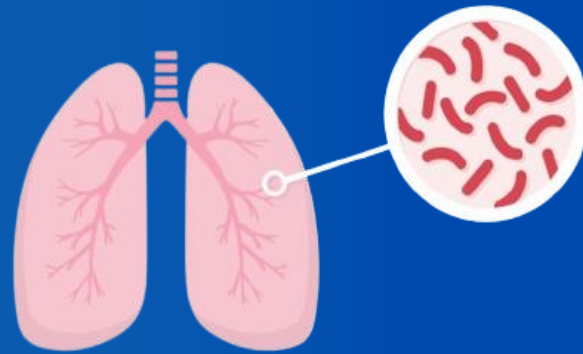


Discussion

1. Has your practice worked with CHWs or Health Navigators in TB or LTBI care? If so, what roles have they played, and what impact have you observed?
2. Where along the LTBI care cascade do you think CHWs could make the biggest difference in your setting?
3. What funding mechanisms, billing pathways, or partnerships has your clinic used (or explored) to support and sustain CHW roles?
4. What is one successful CHW-driven strategy your clinic has used—or seen others use—to reach harder-to-engage patients?
5. In addition to utilizing CHWs, what tools, templates, or approaches has your clinic developed to aid in your LTBI care cascade that could help others in this group?

Risk		LTBI Diagnosis			Treatment	
STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7
Assess patient risk for TB infection	Test for TB infection, IGRA preferred	Document positive tests for TB infection	Evaluate patient for TB disease, including chest x-ray	Complete chest x-ray and document normal result	Prescribe LTBI treatment	Retain patient in care and document treatment completion





SOUTHERN CALIFORNIA REGIONAL COMMUNITY OF PRACTICE TO END TB

Thank you!