

# Local Program Interventions Addressing TB among Persons Experiencing Homelessness

Form Approved  
OMB no.0920-0879  
Expiration Date 03/31/2014

## ATTACHMENT C: Health Department Homeless TB Data Collection Instrument (screen shot)

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### Local Program Interventions Addressing TB among Persons Experiencing Homelessness

Welcome! Thank you for taking time to answer questions to better help the Division of TB Elimination understand current local control program interventions in addressing TB among persons experiencing homelessness. Answers to these questions will help guide TB control programs in sharing best practices in reducing risk of both latent and active TB among persons that are unstably housed and often at risk as a result of residing in congregate settings.

If you have any questions, please feel free to email Sapna Bamrah Morris, Medical Officer in the Division of TB Elimination at feu3@cdc.gov.

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Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Rd, NE, MS D-75, Atlanta, GA 30333; ATTN: PRA (0920-0879).

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### Local Program Interventions Addressing TB among Persons Experiencing Homelessness

#### Basic demographic and TB information

1. Jurisdiction (city or county name)

2. Population size of your jurisdiction (check the appropriate box)

Less than 50,000 people  
 Between 50,000 and 100,000 people  
 Between 100,000 and 500,000 people  
 More than 500,000 people

3. Please share the number of TB cases reported by your jurisdiction in 2012.

Prev Next

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### Local Program Interventions Addressing TB among Persons Experiencing Homelessness

#### TB program characteristics

**4. Please indicate how the TB program is organized within the health department: (choose the appropriate answer)**

Stand alone  
 Integrated with other communicable diseases  
 Integrated with other program (specify in the other text box)  
 Other (please specify)

**5. How many staff are solely dedicated to your TB Control Program?**

**6. Please indicate how many staff members work in your TB control program, how much of their time is dedicated to working in the TB control program and if communicating with homeless service providers is part of their work responsibilities: (please indicate how many staff in each category)**

	Number	Dedicated time to TB (%)	Designated to communicate with homeless service providers (Y/N)
Medical Doctors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensed Practical Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Assistants or Technicians	<input type="text"/>	<input type="text"/>	<input type="text"/>
DIS/DOT workers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical/Public Health Investigators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Epidemiologists	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative staff members	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

**7. Please share your job title.**

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### Local Program Interventions Addressing TB among Persons Experiencing Homelessness

#### TB among homeless perception and policies

**8. Do you perceive TB among persons experiencing homelessness is a problem in your jurisdiction?**

Yes  
 No

Comments

**9. How is the housing status of a TB patient assessed (for documentation on the RVCT)? (Choose all that apply)**

Interview  
 Chart review  
 Homeless registry (HMIS)  
 Other (please specify)

**10. Does your TB program have written guidance on addressing TB among the homeless? (For example, written policy or plan to address TB among persons experiencing homelessness, as described in CDC guidelines published by the Division of TB Elimination and the Advisory Council for the Elimination of TB in 1992).**

Yes  
 No  
 Other (please specify)

Prev Next

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### Local Program Interventions Addressing TB among Persons Experiencing Homelessness

**11. Written Policies**

	Yes	No
Do you have a written policy on TB case finding and treatment completion among homeless persons?	<input type="radio"/>	<input type="radio"/>
Do you have a written policy on LTBI screening and treatment for homeless persons if HIV infection or other medical condition existed that increases TB?	<input type="radio"/>	<input type="radio"/>
Do you have a written policy on examining and potentially re-treating inadequately treated TB disease and infection among homeless persons?	<input type="radio"/>	<input type="radio"/>
Do you have a written policy on conducting contact investigations for cases reported as homeless, including shelter screenings?	<input type="radio"/>	<input type="radio"/>

**12. Please provide any additional details about use of written policies to address TB among homeless persons.**

**13. If there is no written policy from within your jurisdiction, do you employ guidance from other jurisdictions?**

Yes  
 No

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### Local Program Interventions Addressing TB among Persons Experiencing Homelessness

**TB OUTBREAKS**

**14. Please indicate whether you have had any TB outbreaks involving any cases among homeless persons during the time period listed in the first column (mark zero if there have been no outbreaks involving homeless persons)**

	Number of outbreaks among homeless persons	Shelter involved in the outbreak(s)?
2011-2013	<input type="text"/>	<input type="text"/>
2008-2010	<input type="text"/>	<input type="text"/>
2005-2008	<input type="text"/>	<input type="text"/>

Comments

Prev Next

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## Local Program Interventions Addressing TB among Persons Experiencing Homelessness

IV. Working with health care for the homeless providers and shelters

15. Please indicate the approximate frequency of meetings with homeless service providers (for example, monthly meetings with shelter directors or health care for the homeless providers):

	More than 1 time each month	Monthly	Quarterly	2 times each year	Annually	Never
Health Care for the Homeless clinic staff / representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter directors / staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless advocacy agency staff (e.g., Coalition for the Homeless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify in text box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

16. Please check if you have MOUs (memorandum of understanding) with other agencies to provide any aspect of TB screening or care (for example, a health care for the homeless clinic to conduct TB screening, or a local community health center or hospital to complete chest x rays):

	No memorandum of understanding	TB screening	Chest radiography	Treatment of latent infection	Treatment of active TB disease
Health Care for the Homeless Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use treatment facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless advocacy agency staff (for example, Coalition for the Homeless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Center or local hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify in text box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

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## Local Program Interventions Addressing TB among Persons Experiencing Homelessness

### TB SCREENING

17. Do you perform tuberculosis screening for individuals who are currently experiencing homelessness?

Yes

No

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## Local Program Interventions Addressing TB among Persons Experiencing Homelessness

**18. If yes, please indicate screening location(s); choose all that apply.**

- Public health (TB) clinic
- Community Health Centers
- Health Care for the Homeless clinics
- Homeless shelters
- Mobile clinic
- Street outreach
- Health fairs
- Other (please specify)

**19. If yes, what TB screening tests are used to screen homeless individuals? (choose all that apply)**

- Tuberculosis symptom screen
- Tuberculin skin test
- IGRA
- Chest radiograph
- Sputum examination (AFB smear as a screening tool)
- Other (please specify)

**20. Do you perform HIV screening for individuals who are currently experiencing homelessness?**

Yes  
 No

Other (please specify)

Prev Next

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## Local Program Interventions Addressing TB among Persons Experiencing Homelessness

### TB Program Interventions

**20. Contact Investigations**

	Never (0%)	Sometimes (25%)	About half the time (50%)	Most of the time (75%)	Always (100%)
How often are contact investigations conducted for contagious TB patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are contact investigations conducted for contagious TB patients identified as homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

**21. In the last year, has a contact investigation around a homeless TB patient been deemed not feasible? (For example, a patient lists a fake address or provides general locations and no named-based contacts.)**

Yes  
 No

Other (please specify)

**22. If yes (question 21), please explain the reasons.**

**23. In the last year, about how often was a location based contact investigation conducted after diagnosis of a contagious homeless TB patient?**

Never (0%)      Sometimes (25%)      About half the time (50%)      Most of the time (75%)      Always (100%)

                      

**24. If never, please describe reasons why.**

**25. In the last year, how many homeless TB patients named at least 1 contact during the investigation?**

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## Local Program Interventions Addressing TB among Persons Experiencing Homelessness

### Housing for TB Patients

28. How often are homeless TB patients provided housing after diagnosis in your jurisdiction?

Never (0%)  
 Sometimes (25%)  
 About half the time (50%)  
 Most of the time (75%)  
 Always (100%)  
 Other (please specify)

29. Please list the top 5 types of facilities/organizations that provide housing for homeless TB patients in your jurisdiction (examples: hotel, motel, nonprofit organization like American Lung Association, local hospital)

30. For what period of time are homeless TB patients housed after diagnosis?

While infectious (for example, smear or culture positive)  
 During intensive phase (for example, 2 months)  
 Based on patient need  
 Until treatment is completed (for example, 6 or 9 months)  
 Until the patient is otherwise housed  
 Other (please specify)

Prev Next

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## Local Program Interventions Addressing TB among Persons Experiencing Homelessness

### Treatment of Latent TB Infection and Use of Incentives

31. Do you ever provide treatment for LATENT TB infection to your homeless patients?

Yes  
 No  
Other (please specify)

32. If yes, what regimens are used to treat latent TB infection among the homeless? (choose all that apply)

9 months INH  
 6 months INH  
 12 weeks INH/Rifapentine  
 Biweekly INH for 9 months  
 4 months Rifampin  
Other (please specify)

33. If yes, please indicate if the treatment is directly observed for any of these (choose all that apply).

Recent contacts  
 Pediatric patients  
 Patients on 12 weeks isoniazid (INH)/Rifapentine  
 Patients on biweekly INH for 9 months  
 Patients on 4 months Rifampin

34. Are any incentives (monetary or in-kind) used with homeless patients during treatment for ACTIVE TB disease?

Yes  
 No  
 Other (please specify)