Providing Culturally Competent Care to the Foreign-born Population
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Delphina Sánchez, MA has the following disclosures to make:

• No conflict of interests

• No relevant financial relationships with any commercial companies pertaining to this educational activity
Objectives

At the end of this presentation, participants will be able to
• Recognize the foreign-born population as a high risk group for TB.
• Discuss the barriers and special considerations in dealing with this group.

Foreign-born Population as a High Risk Group
Persons at Risk for Developing TB Disease

Persons at high risk for developing TB disease fall into 2 categories
• Those who have been recently infected
• Those with clinical conditions that increase their risk of progressing from TB infection to TB disease

Recent Infection as a Risk Factor (1)

Persons more likely to have been recently infected include
• Close contacts to person with infectious TB
• Skin test converters (within past 2 years)
• Recent immigrants from TB-endemic regions of the world (within 5 years of arrival to the U.S)
Recent Infection as a Risk Factor (2)

- Children $\leq 5$ years with a positive TST
- Residents and employees of high-risk congregate settings (e.g., correctional facilities, homeless shelters, health care facilities)

Increased Risk for Progression to TB Disease (1)

Persons more likely to progress from TB infection to TB disease include

- HIV-infected persons
- Those with a history of prior, untreated TB or fibrotic lesions on chest radiograph
Increased Risk for Progression to TB Disease (2)

- Underweight or malnourished persons
- Injection drug users/alcohol abuse
- Those receiving TNF-α antagonists for treatment of rheumatoid arthritis/Crohn’s disease/psoriasis
- Persons with certain medical conditions

Percentage of TB Cases Among Foreign-born Persons, United States*

2004

2014

*Updated as of June 5, 2015.

In 2014, approx. 66% of TB cases in the U.S. occurred in foreign-born individuals.
### Countries with High Prevalence of TB

**AFRICA**

**ASIA**

**LATIN AMERICA**

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### TB Prevalence in the Heartland Region

Table 35. Tuberculosis Cases and Percentages in Foreign-born Persons \(^1\) by Top 7 Countries of Birth: Reporting Areas, 2014

<table>
<thead>
<tr>
<th>Reporting Area</th>
<th>Cases</th>
<th>Vietnam</th>
<th>India</th>
<th>China</th>
<th>Haiti</th>
<th>Guatemala</th>
<th>All Others (^3)</th>
<th>Unknown/missing</th>
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</thead>
<tbody>
<tr>
<td>United States</td>
<td>6,215</td>
<td>501</td>
<td>479</td>
<td>421</td>
<td>180</td>
<td>165</td>
<td>2,433</td>
<td>11 (0.2)</td>
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<td>Arizona</td>
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<td>3</td>
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<td>2</td>
<td>10</td>
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<td>39</td>
<td>0 (0.0)</td>
</tr>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Kansas</td>
<td>28</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Louisiana</td>
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<td>9</td>
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<td>2</td>
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</tr>
<tr>
<td>Missouri</td>
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<td>6</td>
<td>3</td>
<td>2</td>
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<td>15</td>
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</tr>
<tr>
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<td>2</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>New Mexico</td>
<td>25</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Oklahoma</td>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Texas</td>
<td>764</td>
<td>66</td>
<td>41</td>
<td>15</td>
<td>35</td>
<td>0</td>
<td>232</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

\(^1\) Includes persons born in Jamaica, the Federated States of Micronesia, Guam, the Republic of the Marshall Islands, Midway Island, the Commonwealth of the Northern Mariana Islands, Puerto Rico, the Republic of Palau, the U.S. Virgin Islands, and the U.S. minor outlying and Pacific Islands.

\(^3\) Includes 134 countries.

CDC. Reported Tuberculosis in the United States, 2014
Epidemiology

Local epidemiologic profiles are the most useful resource to identify countries of highest risk. Health care providers should base testing and treatment decisions on local immigration patterns and epidemiology.

- Local surveillance should be conducted to develop a clear understanding of the epidemiology of TB at the jurisdictional level.
- Identify populations most at risk
  - Incidence of disease in a certain risk group
  - Prevalence of LTBI
Foreign-born Persons at Risk for TB

- Immigrants
- Refugees
- Migrant workers
- Students

Opportunities for TB Screening

- Visas
  - College students
  - Workers
  - Refugees
- Primary care
  - Community clinics
CDC Supports New USPSTF Latent TB Infection Recommendation

Today, the U.S. Preventive Services Task Force (USPSTF) issued a recommendation that supports CDC guidance to test for latent tuberculosis infection in populations that are at increased risk.

Characteristics (1)

• Drug resistance
  – Percentage increase of primary MDR TB cases reported among foreign-born (25% in 1993 to 83% in 2011)
  – Drug resistance higher in foreign-born vs U.S. born
  – 2011: 7 countries accounted for 61% of total cases of foreign-born
Characteristics (2)

• Bacille Calmette-Guérin (BCG)
  – A live, attenuated (weakened) vaccine derived from a strain of *Mycobacterium bovis*.
  – Many highly TB-prevalent countries vaccinate infants with BCG as part of TB control effort.
  – Recent BCG vaccination may cause a subsequent false positive reaction to the TST.

• IGRA
  – Test of choice for LTBI diagnosis.

Barriers and Special Considerations
Social Barriers

- Language / limited English proficiency
- Low health literacy
- Fear of job loss
- Immigration status - fear of deportation
- Anti-immigrant sentiments
- Lack of awareness of entitlement to health services

Special Considerations

- TB treatment requires time and resources
- Education for providers & patients
- Cultural competence
Resources

• Providers and patients
• Local Public Health, families, community leaders and others
• Qualified interpreters
• Transportation

• Stable housing and good nutrition
• Time - treatment is long
• DOT is standard of care for TB
• Monthly monitoring for TB infection

Education

TB Education is critical to controlling and preventing TB

• TB is complex
• Treatment is time and resource intensive
• Preparation / acceptance to treatment regimen
• Positive attitude toward treatment
• Language and cultural challenges
What is Culture?

Culture has been defined in a number of ways, but most simply, as the learned and shared behavior of a community of interacting human beings.

Cultural Barriers

- Religious beliefs
- Understanding of TB (or illness in general)
  - May not recognize common signs and symptoms of TB
  - Misperception of the origins or causes of the disease
- Suspicion of modern medicine
- Use of alternative medicine / healers
- Stigma
  - Affects the patient’s attitudes and adherence to treatment
Impact of Cultural Barriers (1)

- Description and communication of symptoms
  - Inability to communicate in language of provider
- Perceived causes of illness, understanding of infection, transmission, and contacts
- Understanding of disease process, treatment expectations, and decisions

Impact of Cultural Barriers (2)

- Interaction with health care system and health care professionals
- Attitudes towards helpers, authorities, revealing contacts
- How a person identifies and describes their contacts
The Importance of Cultural Competency

- Health care workers need to be aware of, and sensitive to, cultural diversity, *life situations*, and other factors that shape a person’s identity.
- The first step is an open, non-judgmental attitude and demeanor.

Overcome Social and Cultural Barriers

- Awareness & Understanding
- Collaboration & Cooperation
- Achieving goals together
- Stepping outside our comfort zone
Exercise

THE CLIENT’S PERSPECTIVE

Mexico: TB Transmission

A young man from Mexico entered the U.S. last year and has been living with 10 other friends while working at a local chicken processing plant.

He has been coughing and losing weight for the past 6 months.

He has heard that TB is transmitted by sharing eating utensils and household goods with TB patients.

He might experience anxiety, distress, fear, or mistrust related to his diagnosis because.....
Resources


https://sntc.medicine.ufl.edu/Products.aspx
http://sntc.medicine.ufl.edu/products.aspx


https://findtbresources.cdc.gov/
More Resources


- Center for Immigration Studies http://cis.org


References


- Delivering Culturally Competent Patient Education and Care to Tuberculosis Program Clients, October 2015, Austin, Texas, Joan M Mangan, PhD MST, Centers for Disease Control and Prevention, Division of Tuberculosis Elimination,


Thank You!