



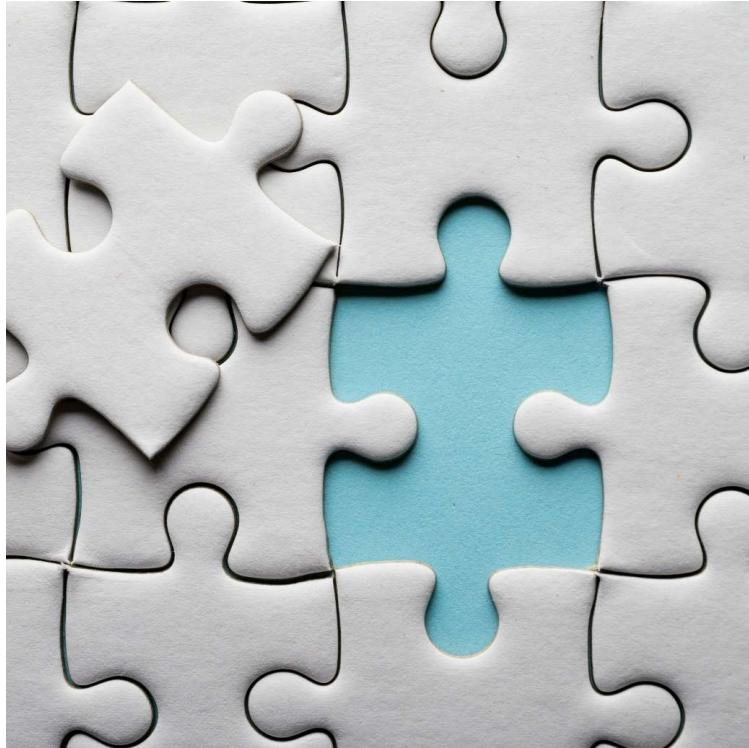
EQUITY RESPONSES TO TUBERCULOSIS

July 11th, 2023 | Washington Tuberculosis Nursing Workshop

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Upon completion of this session, participants will be able to:

- Describe how the social and historical context of patients is a tool to provide patient-centered and equitable care
- Identify common challenges with providing culturally appropriate tuberculosis care
- reflect on the role of healthcare providers generally in health equity work



What is Health Equity?



Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Health inequities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment.

Achieving health equity requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities.
- Change the systems and policies that have resulted in the generational injustices that give rise to health inequities

Overview - TB and Health Equity



Populations experiencing health inequities and TB:

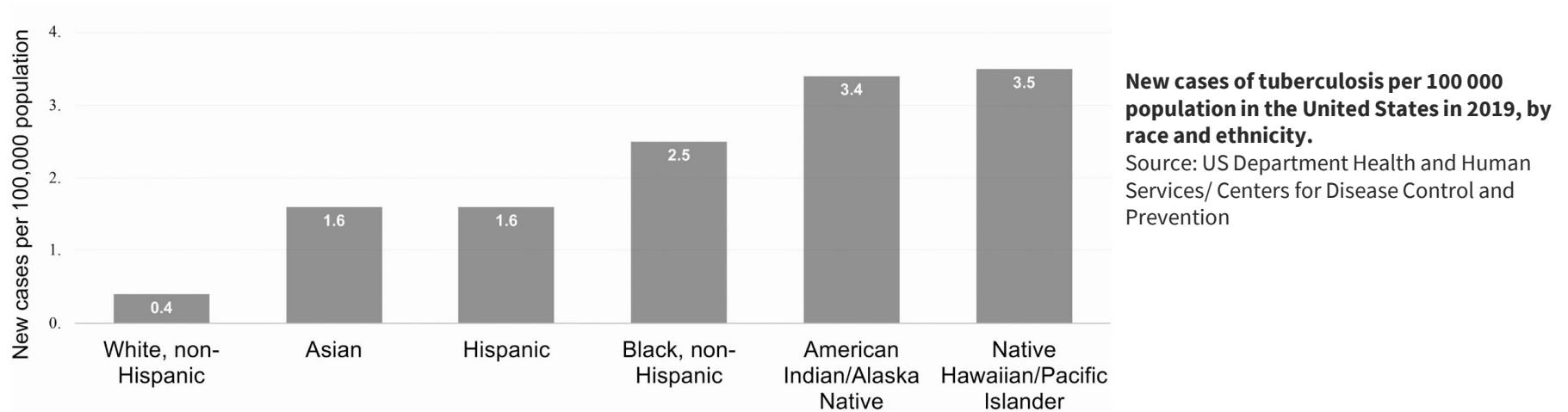
- People with low-income living in rural and urban environments
- Immigrants, particularly those who recently immigrated
- Black, Indigenous, and communities of color, particularly those experiencing economic marginalization
- People incarcerated, and people unhoused
- Others?

From CDC, In 2021:

- 88.1% of the TB cases reported in the United States occurred among racial and ethnic minority groups.
- The percentage of TB cases occurring in non-U.S.-born persons was 71.4% of the national case total in 2021.

Structural Racism and TB

Structural racism is the cumulative effect of discriminatory historical, economic, political, and interpersonal systems, patterns, and practices that result in persistent poor health, social, economic, and other conditions for racial minorities



Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet* 2017; 389:1453–63.

Emmanuella N Asabor, Sten H Vermund, Confronting Structural Racism in the Prevention and Control of Tuberculosis in the United States, *Clinical Infectious Diseases*, Volume 73, Issue 9, 1 November 2021, Pages e3531–e3535, <https://doi.org/10.1093/cid/ciaa1763>



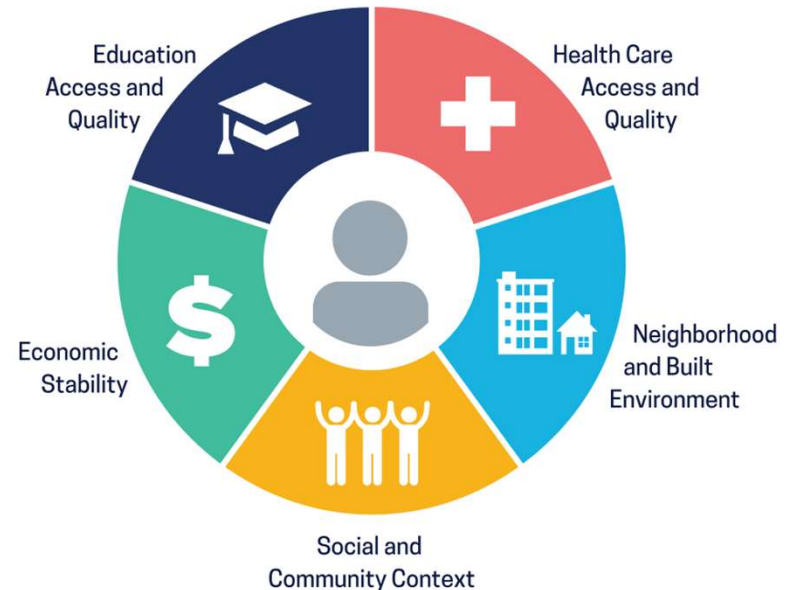
WHAT

NOW?

Every patient has a relationship to the social determinants of health and **cannot be separated** from their environment

Every social determinant of health is **created by** unfair and unjust systems based on race, gender, ability, class, nationality, sexual orientation, religion, and indigenous heritage.

Healthy People 2030 Social Determinants of Health



PRACTICAL TIP: Because of the inequities within the healthcare system, be curious to know their entire social and environmental context to better understand the limitations they have and identify opportunities for support. Ask about what challenges they face in making appointments, completing treatment, taking medications, etc.

TB Stigma & Other Challenges

TB diagnosis is scary: misunderstood disease course, fear of social isolation

- Although not new to the world, Tuberculosis remains one of the world's deadliest infectious diseases, second only to COVID-19. It is also curable and preventable.

Latent TB infection: If there are no symptoms, then what are you treating?

- Global treatment differences: Some countries only track and treat active infections; explain the different TB approaches instead of allowing them to fill in the blanks (e.g. their ethnicity/nationality)

Side effects of treatment: I feel fine, why take meds that will make me feel unwell?

- Side effects even mild, must not be minimized. Explain treating it now can prevent TB disease later

PRACTICAL TIPS:

- Treat the diagnosis of tuberculosis with the same sensitivity and confidentiality you would reserve for sexually transmitted diseases and HIV.
- Educate your patient about the curable nature of tuberculosis and emphasize the good health that will result from treating the disease.
- Take time to discuss the social ramifications of the disease. If the patient is not infectious, reassure him or her that full social participation should continue before the diagnosis
- Use anti-stigma language, such as the "[Stop the Stigma: Eliminating Stigmatizing Language](#)" Guide from Heartland National TB Center

Stop the Stigma: Eliminating Stigmatizing Language

HNTC Survey Results

Language suggested by participants

Use this.....	Not that.....
TB Infection	Latent TB
Lack of housing; Under-housed; People experiencing homelessness	Homeless/Homelessness
Immigrant	Alien
Undocumented	Illegal; Illegal alien
Person with TB disease	TB case
Treatment failed	Treatment failure
Missed doses/Non-adherent	Delinquent
Contact Analysis; Contact Elicitation; Contact Identification	Investigation; Investigate
Exposed to TB	TB contact
Tuberculosis	Consumption; White Plague

Non-hurtful Replacement Language

Key Terms suggested by the Stop TB Partnership

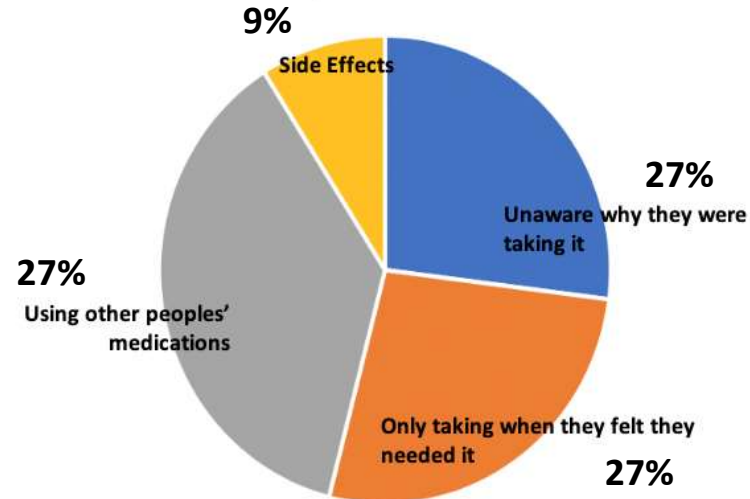
Use this.....	Not that.....
Adherence / Non-adherence	Compliance / Non-compliance
Person lost to follow up	Defaulter
TB Prevention and Care	TB Control
Person to be evaluated for TB	TB Suspect
HIV-Positive	HIV-infected

TB Stigma & Other Challenges – Continued

Social isolation can sometimes be the most difficult, especially for cultures centered around the family unit.

Strong medications - In one study that surveyed Cambodian TB patients, what was simply “noncompliance” had a deeper story.

Reasons For Noncompliance in anti-TB Medications



PRACTICAL TIP: Upfront communication with appropriate interpretation as needed on isolation times and the importance of medication. Remember, appropriate interpretation takes longer!

Case Study & Discussion

Case Study:

A person born in a TB endemic country is missing follow up medical appointments after being released from the hospital with a diagnosis of pulmonary TB and on treatment.

Additionally, every time you come over to the family's house, you meet a new person and are told that this person doesn't live at the house and therefore should not be considered a contact to tuberculosis.

Questions:

1. What are barriers to attending medical appointments that this person could be experiencing? What are ways you could ask to sort it out?
2. What are barriers that might exist to identifying contacts to TB in this household? What are assumptions that you might have around identifying household contacts and how can you rephrase questions to better communicate exposure?

Case Study & Discussion

Case Study:

A US-born person, unhoused and experiencing housing instability, with a history of incarceration and past military service. The person is an elder, does not want to have medication directly observed, and is reluctant to tell you where they sleep at night (i.e. possible couch surfing). The person has been missing doses and not taking medication for diabetes but goes to all of their primary care appointments

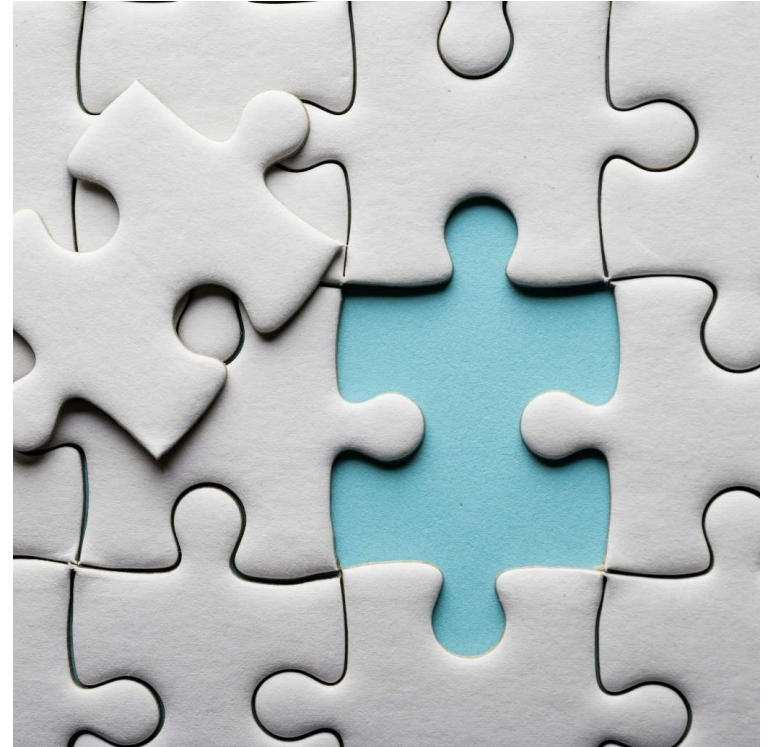
Questions:

1. What are possible barriers this person could be experiencing in missing doses and taking medication? What are ways you could ask to sort it out?

Some Final Reflections

To provide equitable and culturally appropriate communication and patient care:

- “Target the practices, values, educational level, and changing dynamics of the various subgroups in the community if full medication understanding and adherence is sought.
- Consider each patient’s interaction with their social and environmental context. This will assist in active listening and a deeper understanding of the feelings expressed by the patient.
- Do what you can with what you have! We each have pieces to the puzzle yet we are working with a shared goal of ensuring people have what they need when they need it to be healthy



[NEW SLIDE] Group Activity

Activity: With attendees around you, form a group of 4-5 people. Discuss the following scenario and questions. Identify a notetaker and reporter for your group (15min).

Scenario:

A 38 year-old Latin American male was recently diagnosed with active TB while incarcerated. He was started on standard four drug therapy.

He was released from jail, and his care was transferred to the local health department where an assessment revealed a social history of previous alcohol and cocaine use, bipolar disorder, and homelessness.

Questions:

- 1) What health inequities would this patient experience from achieving optimal health?
- 2) How would you provide this patient with patient-centered and equitable care?
- 3) What role does a healthcare provider have in promoting health equity for this patient's treatment and overall well-being?

Q&A

What questions generally do you have on health equity and Tuberculosis?

What challenges or situations with patients do you face that we have not mentioned today?

Thank you!

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