Toward Equity: Tools for Collaborative TB Case Management and Contact Investigation

LEARNER PACKET

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Training Overview

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AGENDA

All times are listed in Pacific Standard Time

12:30-12:35 PM	**Welcome and Introductions** Presenter: Stephanie Spencer, MA, Program Liaison, Tuberculosis Control Branch, California Department of Public Health Presenter: Kay Wallis, MPH, Special Projects Manager, Curry International Tuberculosis Center, University of California, San Francisco
12:35-1:15 PM	**"The Tools" Discussion**
1:15-1:20 PM	Break
1:20-2:00 PM	**"Applying the Tools" Discussion +** Small Group Exercise
2:00-2:05 PM	Break
2:05-2:45 PM	**"Putting it All Together" Discussion, Wrap Up and Closing**

LEARNING OBJECTIVES

By the end of this training, participants will be able to:

- describe 2 potential benefits of using a collaborative approach to care
- define structural vulnerabilities and how they impact people's health
- describe cultural humility and cultural safety
- list 2 examples of stigmatizing language in TB care and alternate non-stigmatizing terms
- explain why racism is a structural vulnerability that impacts health outcomes
- define implicit bias
- explain the importance of trauma-informed care
- list 3 questions to learn about the structural vulnerabilities within a patient's life
- name 2 ways the Western biomedical model contrasts with the ethnomedical model
- name 2 questions to ask a patient to learn more about their understanding of TB
- describe how to create a collaborative care plan
- name 2 examples of structural vulnerabilities within public health programs that hinder collaborative care with patients

TB NURSE CASE MANAGEMENT CORE COMPETENCIES

TB Nurse Case Management Core Competencies:
This module supports the TB case manager's development of the following core competencies:

DOMAIN 4: Cultural humility - *Essential knowledge & clinical skills:*

- Acquire knowledge about the practices and beliefs of the individual and the individual's culture
- Be open to each individual's uniqueness
- Assess language preferences and literacy levels
    - Provide education in a variety of formats in the preferred language and dialect
    - Use a language service or in-person interpreters in the language preferred by the patient and the patient's family
- Understand what the experience of illness means to each patient and its impact on the patient-provider relationship
- Understand that many cultures have health practices different from Western medicine
- Obtain knowledge about cultural traditions, beliefs, and religious holidays to develop a DOT schedule that is acceptable to the patient or family
- Acknowledge the individual's immigration history and its effect on the patient/provider relationship, including possible barriers to treatment

MANUEL: Case Management and Personal History

Manuel is 24. Over the last 3 months he has had weight loss, felt unusually tired, and had occasional night sweats. Two days ago, he developed chest pain and shortness of breath. Yesterday, he went to the ED and was diagnosed with smear (+), pulmonary TB, started on RIPE, and sent home with 5 days of meds. Manuel's diagnosis was reported to the local health department yesterday morning.

The case manager called Manuel late in the afternoon yesterday to set up a home visit and educate Manuel about TB and the importance of isolating at home. Manuel speaks English without any accent and is very polite. He answers questions but doesn't volunteer information. The case manager learns that:

- Manuel's symptoms started in August, but he didn't seek care until October
- Manuel isn't married and doesn't mention anyone else in his household
- Manuel has health insurance but doesn't have a regular doctor or place of healthcare.

The case manager tells Manuel to isolate at home and that he will come to Manuel's home at 11:00 a.m. the next day to meet him, give him some more information about TB treatment, and to start directly observed therapy. After speaking with Manuel, the case manager also sets up an appointment with a TB clinician for later in the week.

This morning, when the nurse went to the address Manuel gave, he finds that Manuel doesn't live there. He calls Manuel, but no answer. The nurse checks Manuel's hospital medical record and finds an employer address and phone number. He calls the workplace and reaches Manuel there by phone. He explains again that Manuel can't be at work while he's in isolation. Manuel agrees to leave work and meet the case manager in the health department isolation room.

When they meet, the nurse notices Manuel has a tattoo on his forearm: the word "Mikey" with wings around it. The case manager tells Manuel that he tried to meet with him at home and he needs his current address so that they can provide daily DOT throughout his treatment.

Biography

Manuel is the son of Filipino-Mexican farmworkers. His family is trilingual—Tagalog (Pilipino), Spanish, and English. Manuel was born in the U.S. and graduated from high school here. He works as a supervisor for a large apple grower and was able to work during the pandemic since his work is mostly outside. (Mikey was Manuel's older brother who died in a farm accident 2 years ago.) Manuel reads English better than Spanish and doesn't read Tagalog. Manuel knows that his grandmother in the Philippines died of TB, but doesn't think there is any TB in the U.S.

Manuel lives with his partner Elena, her son, her grandparents and Manuel and Elena's 20-month-old daughter. Elena and her 7-year-old son are asylum seekers from Guatemala. Elena's grandparents are naturalized American citizens from Guatemala.

ELENA: Personal and TB History

Elena is 26. She had three months of cough, fatigue, and weight loss. She treated her symptoms with over-the-counter remedies and herbal teas that her grandmother made, until she developed hemoptysis and went to the emergency room. There she was diagnosed with smear (+), pulmonary TB.

Biography

Elena came to the U.S. from Guatemala in late 2016 with her baby son, fleeing domestic violence. She graduated from high school in Guatemala.

Elena requested asylum at the border and was released to Oregon because she could live there with her grandparents while her asylum case proceeded. Her asylum application qualifies her for a provisional U.S. work permit while waiting for final asylum decision.

Elena lives with her son, now 7 years old, her partner Manuel, her grandparents, and Manuel and Elena's 20-month-old daughter. They moved in with Elena's family in late 2020 to form a pandemic safe bubble and to save money. Elena's grandparents are naturalized American citizens from Guatemala.

Elena has worked fulltime as a cashier in a restaurant and as a part-time bookkeeper for Latinx business owners. Elena speaks some English but speaks mostly Spanish at home since the pandemic.

Elena is uninsured and ineligible for Medicaid because she doesn't have a green card. She had Emergency Medicaid during her pregnancy.

TB PATIENT STRUCTURAL VULNERABILITY ASSESSMENT

*The **Structural Vulnerability Assessment** identifies why patients have specific needs, worries, and strengths. Finding answers to these questions increases empathy and builds the trust needed to develop a collaborative care plan for completing treatment and identifying contacts.*

Some questions can be asked in the first patient meeting, and others may be appropriate after developing some rapport and trust. Raising sensitive questions can be difficult, but finding the answers can help build trust. Demonstrating your understanding of patients' contexts fosters cultural safety and trust to share information.

Intake Interview Questions to ask Patient *Purpose: Determine support needs and identify contacts*	**Structural Vulnerability Assessment** *Purpose: Patient context, trust, rapport*
Residence *Identify contacts*	***Why does patient live in this housing?***
• Where do you live? • Where else do you stay/sleep?	*Crowded / immigrant / farmworker / public housing*
• How long have you lived/stayed there? • How many people share your bedroom, living space, bathroom, kitchen?	*Is housing affordable, safe, stable, crowded, subsidized?*
• How well do you know the people you live with? • How did you find this housing? • What safety concerns do you have for where you live?	*Any stigma from TB? Any threat of losing housing if TB dx is known?* *Any threat of violence?*
Social Network *Identify contacts and exposure sites.*	***Who is in patient's social network? Why does patient live with/near/far from family?***
• Who are the family and friends you have seen since you've been sick?	
• Who do you socialize with? • What do you do for fun? • Who do you ask when you need help? Do they live close or far away?	*Assess for social/emotional support, mental health needs*
• Who or what situations make you feel unsafe? • What type of danger do you worry about?	*Assess for experience and vulnerability to trauma*
Food Access *Assess for income, if food support needed during isolation and/or treatment*	***Can patient access culturally congruent foods? Does patient need and qualify for food benefits? If no, why not?***
• Where do you get your food and meals?	
• How do you cook?	*Assess for food security and control over own meals*
• What do you eat on most days?	
• What did you eat yesterday?	
• What are your favorite foods?	*Build rapport, culturally appropirate meals*

Intake Interview Questions to ask Patient *Purpose: Determine support needs and identify contacts*	**Structural Vulnerability Assessment** *Purpose: Patient context, trust, rapport*
Financial Security and Interdependence *Identify contacts and possible exposure sites. Identify need for support during isolation.*	***Why does patient do a specific job? Does patient have benefits? If not, why not? What are patient's financial obligations?***
• Where do you work? What type of work do you do?	*Access to types of work, underemployment*
• How will you pay your bills while you stay in isolation?	
• What kinds of financial or other support do you get? • Who helps you financially?	*Family or community resources*
• What other ways do you make money?	*Informal work to supplement income because of underemployment*
• Who else depends on you for income or support?	*Remittances to home country?*
• What physical hardships do you have in this work?	*Causes of comorbidities, possible trauma*
• What debts are you paying off? What events or needs are you planning and saving money for?	*Cultural context, building rapport, sources of stress*
Healthcare Resources *Support needed for TB care, address comorbidities*	***Qualify for and have health insurance? If no, why not? Need help applying for insurance?***
• Do you need support to get medical care for this illness?	*Help accessing care? Experience navigating U.S. medical system*
• Who is your regular doctor? • Where do you go for medical care?	*Experience with Western medicine* *Complementary medicine providers?*
• How do you get and pay for medicines? • How do you pay for medical care?	*High copays, or high deductibles? Ever used insurance benefits? Why?*
• What concerns you about this illness?	*Cultural understanding of illness.* *Identify stigma, fear of dying?*
• What other health concerns do you have (HIV, DM, Renal, other)?	*Identify other providers, caregivers*
• What do you do to stay healthy?	*Cultural health practices*
• Who usually interprets for you?	*Specific language, trained interpreter needs*
Risk Environments *Not usually included in TB interviews*	***Identify possible sources of trauma, ongoing threats, workplace hazards.***
• What physical risks affect you in your daily life?	*Sources of comorbidities or specific symptoms?* *Does patient have access to safer work?*
• What toxins or chemicals do you experience in your work or day-to-day environment?	• *Sources of comorbidities or specific symptoms*
• What violence, criminal or drug activity have you witnessed or experienced?	*Possible trauma, reluctance to name contacts.*
• How do you travel to work or other activities?	*Identify lack of access to transportation*
• When and where have you personally experienced any threats or violence?	*Possible trauma*

Legal Status *Often not discussed openly during TB interviews.*	***Identify benefits for which patient qualifies. Possible trauma during migration. Why hesitant to reveal contacts or is distrustful***
• Who has helped you if you were victim of a crime? • How do you keep yourself safe day to day?	*Informal network of support, rather than legal system. Why not seek legal actions?*
• What have you experienced from police or immigration officials?	*Discrimination, criminal justice system involvement*
• Do you worry police, immigration officials may find you? What are you afraid would happen if they did?	*Fear of deportation for self or family* *Opportunity to create cultural safety*
• What types of services/benefits are you receiving? • What services do you need?	*How does legal status affect eligibility for benefits?*
• How can we help you access/sign up for services?	*Support applying for benefits or finding other sources of support.* *Does your state or county offer benefits regardless of immigration status?*
Education / Literacy / Learning Style *Identify support for reading, interpretation, low literacy, learning disability*	***Interpretation needs; format of patient education needed. Understand access to education, identify underemployment.***
• What is you preferred language for speaking? • What is your preferred language for reading? • I'd like to know about what school was like for you.	*Identify ethnicity, specific language needs* *Identify lack of access to education in home country or region of U.S.* *Identify underemployment in U.S. compared to education in home country*
• Who could work with you to fill out these forms? • Who could go with you to apply for benefits?	
Discrimination / Bias *Not usually included in TB interviews*	***Does patient experience prejudice or bias? Do providers/staff have unexamined bias?***
***Ask Patient*: Have you experienced discrimination?**	
• Have you experienced discrimination based on your skin color, your accent, or where you are from?	*Identify effects of structural racism, implicit bias, stigmatizing language in healthcare or other settings* *Does bias limit their healthcare or daily life?* *Possible source of stress or trauma*
• Have you experienced discrimination based on your gender or sexual orientation?	
• Have you experienced other discrimination?	
***Personal reflection*: Could some healthcare or service providers find it difficult to work with this patient?** *Identify lack of cultural humility, biases, lack of structural awareness.*	
• How could the interaction style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments?	
• How could aspects of this patient's appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some providers to think this patient does not deserve/want care?	
• Might some service providers assume this patient deserves his/her plight in life because of his/her lifestyle, aspect of appearance, immigration status, criminal justice system involvement?	

CULTURAL CONTEXT AND PATIENT STRENGTHS

Cultural context of health and illness: Questions to elicit the patient's perspective*

Apply these elements to develop a collaborative treatment plan or contact investigation plan

Patient's health explanatory model

- What do you think has caused your problem?
- What do you call it?
- Why do you think it started when it did?
- How long do you think it will last?
- How does it affect your life?
- How severe is it?
- What worries you the most?
- What treatment do you think would work?

Patient's health-seeking agenda

- How can I be most helpful to you?
- What is most important for you?

Patient's health-seeking behavior

- Have you seen anyone else about this problem besides a physician?
- Have you used nonmedical remedies or treatments for your problem?
- Who advises you about your health?
- Who makes decisions about your health treatment?
- Is there anything else that could be done either by you or by others (e.g., family, priest, etc.)?

Use patient cultural information to negotiate a treatment plan

- With patient
- Discuss at case conferences and contact investigation conferences
- Share cultural aspects of case management to build cross-cultural skills among case managers, disease investigators and DOT staff
- Consider sharing cultural understandings with providers to build cultural understanding

*Adapted from Kleinman, A., Eisenberg, L., and Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88, pp. 21–258.

Patient strengths

- What personal strengths does this person have for coping with their illness?
- What strengths will help them complete TB treatment?
- What family relationships and support does this person have?
- What experiences can they draw upon to deal with isolation?
- What community relationships and resources can they draw upon?

LEVELS OF INTERVENTION

Listed below are potential structural challenges and interventions at each of the levels. Note that many items could potentially fall under multiple headings.

Level	Challenges	Strategies
Individual	• Implicit bias • Discrimination: Racism, sexism, heteronormativity, ageism • Moral judgments of patient behavior • Negative/blaming language • Concern for medical education debt and choice of career path • Ignorance of structural problems and solutions, services	• Education • Find way to hold oneself accountable • Use neutral language • Ask more questions of your patients • Talk less, listen more • Cultivate structural humility
Interpersonal	• Language barriers (including complex • medical jargon/terminology) • Power imbalance between patient and provider • Training and/or clinical team • hierarchies • The “hidden” curriculum • Time constraints • Student needs (learning, performance) balanced with patient needs • Exploitation of patients (both historical and immediate) • Preference for biomedical interpretation over patient interpretation	• Use existing support service (interpreters, etc.) and use real language • Recognize the hierarchies, practice humility, resist where you can, use your status for good where appropriate/possible (med students). • Understand that medical professionals have a culture as well • Structural vulnerability checklist (as a tool to avoid assumptions, address patient needs)
Clinic/Institutional	• Poor interpretation services • Inaccessible for families (hours of operation, location, etc.) • Disorganized, chaotic care (different providers) • Not adapted to patient/community needs • Providers feeling overstretched, time pressures • Underfunding	• Restructure clinic within constraints to best meet patient needs, advocate to change the restraints • Community engagement – ask what they need • Case management • Integration of behavioral services with mental health services

Level	Challenges	Strategies
Community	• Lack of community representation • Exploitation of communities • Community policing practices leading to violence and trauma • Poor access to clean water • Poor access to affordable utilities • Poor access to healthy food • High levels of toxicity, environmental racism, classism	• Create opportunities for community voices, leadership • Work to educate police about the health costs of policing/incarceration • Partner with CBOs working on structural issues outside of clinical settings • Affordable and safe ride-share opportunities for lower income communities • Community food gardens • Community organizing for safe water, lower neighborhood toxicity • Home/phone visits • Group visits • Use your white coat/title as symbolic capital
Policy	• Immigration and housing policies • SSI benefits that require mental health diagnosis • Prison industrial complex and criminalization of drug use • Medicare value measurements that contribute to pressures • Access to/Cost of pharmaceuticals • Lack of diversity/inclusion in health professional education instructors • Lack of formal curriculum on structural determinants of health in health profession schools	• Refuse to report undocumented migrants • Contact media, seek out speaking opportunities • Write media articles, editorials, and position statements demonstrating the relationship between policies and poor health • Challenge claims (e.g., based on genetics) that naturalize inequality • Research the historical effects of policies • Make pharmaceutical access inequity (e.g., Shkreli) transparent through blog posts, social media, and formal media • Activism - Be a medic or wear your white coat (with permission from organizers) at rallies, marches, etc. • #whitecoats4blacklives and other student movements to change admissions policies, national policies about policing and incarceration • Medical education reform

Level	Challenges	Strategies
Research	• Emphasis on quantitative research that takes for granted social categories • Demand for particular kinds of evidence • Lack of funding for social science research relative to basic science • Publishing bias: research preferentially published from elite universities	• Engage patients in defining important research questions and aims • Situate research in a structural context • Use the accepted forms of evidence to point to structural causes for health disparities • Research the historical effects of policies • Advocate for better funding for qualitative research

Source: Structural Vulnerability Working Group

RESOURCES FOR COLLABORATIVE TB CARE

Curry International Tuberculosis Center/UCSF – *Bridges to Build* archived webinar series
https://www.currytbcenter.ucsf.edu/trainings/webinar-archive

California Department of Public Health, TB Control Branch – Community resources in many languages
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB_Community_Resources.aspx

Heartland National Tuberculosis Center – ***Stop the Stigma*** https://www.heartlandntbc.org/tb-stigma/

Southeastern National Tuberculosis Center – *Country Guides* (Brazil, Cambodia, China, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, India, Indonesia, Mexico, Myanmar (Burma), Peru, Philippines, Somalia, South Korea, Vietnam)
https://sntc.medicine.ufl.edu/home/index#/products

Rutgers Global Tuberculosis Institute – *TB & Cultural Competency Newsletters*
https://globaltb.njms.rutgers.edu/educationalmaterials/productlist_cultural.php

CDC – TB Education and Training Resources https://findtbresources.cdc.gov/

National Library of Medicine, National Institutes of Health
https://medlineplus.gov/languages/tuberculosis.html

Structural Vulnerability Working Group https://structcomp.org/

The Cross-Cultural Health Care Program https://xculture.org/

EthnoMed https://ethnomed.org/

National Center for Cultural Competence (NCCC) https://nccc.georgetown.edu/

National Prevention Information Network (NPIN) Educational Materials Database
https://npin.cdc.gov/

Think Cultural Health https://thinkculturalhealth.hhs.gov/

National Museum of African American History and Culture: Being Antiracist
https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist

***NY Times*, POV (video) Implicit Bias: Peanut Butter, Jelly, and Racism**
https://www.youtube.com/watch?v=1JVN2qWSJF4

The Immigrant Learning Center: Understanding Immigrant Trauma
https://www.ilctr.org/understanding-immigrant-trauma/

Indian Health Care: Trauma Informed Care https://www.ihs.gov/mentalhealth/tic/

Trauma Informed: The Trauma Toolkit, 2nd ed.
https://trauma-informed.ca/wp-content/uploads/2023/04/trauma-informed_toolkit_v07-1.pdf

Trauma-Informed Care Implementation Resource Center
https://www.traumainformedcare.chcs.org/

USHSS, The Administration for Children and Families: Resources Specific to Immigrant or Refugee Populations https://www.acf.hhs.gov/trauma-toolkit/immigrant-or-refugee-populations

(Web addresses verified 10/18/23)