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 <i>Purpose: Patient context, trust, rapport</i> |
|--|---|
| 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 |

Tool adapted from the *Structural Vulnerability Assessment Tool*, <u>Structural Vulnerability Working Group</u>, by the Curry International Tuberculosis Center for the online training session, *Toward Equity: Tools for collaborative TB case management and contact investigation* (2023, 2024)

| Intake Interview Questions to ask Patient Purpose: Determine support needs and identify contacts | Structural Vulnerability Assessment <i>Purpose: Patient context, trust, rapport</i> |
|--|--|
| 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 |
| <u>Healthcare Resources</u> 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? |
| What toxins or chemicals do you experience in your work or day-to-day environment? | Does patient have access to safer work? |
| 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 |

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| 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 your preferred language for speaking? What is your preferred language for reading? I'd like to know 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? Have you experienced discrimination based on your gender or sexual orientation? | 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 other discrimination? | |
| Personal reflection: Could some healthcare or service pro Identify lack of cultural humility, biases, lack of structural of | • |
| 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?

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