Toward equity:
Tools for collaborative TB case management and CI

11/13/24

We will begin shortly!

Please CHAT: From which city/state are you joining us today?

Today’s facilitators

Stephanie Spencer, MA

Program Liaison
TB Control Branch
CA Department of Public Health

Kay Wallis, MPH

Special Projects Manager
Curry International TB Center/UCSF

Objectives

By the end of the session, you'll 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

Housekeeping

- Nothing to disclose

Ground rules

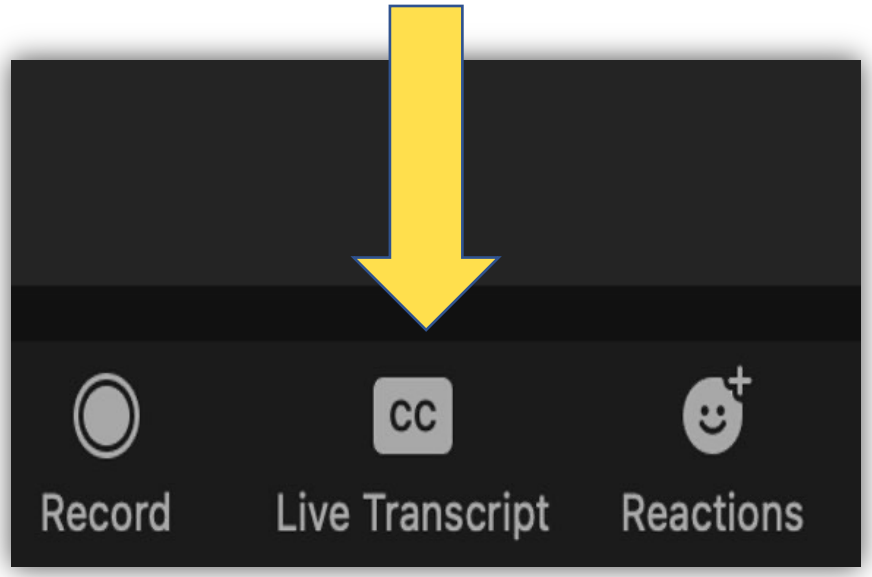
(cultural safety includes learners)

- Participate to the fullest of your ability. Cameras on, please.
- Listen actively and respect others when they are talking with a goal to gain a deeper understanding.
- Speak from your own experience with "I" statements and don't invalidate anyone else's experience.
- We may respectfully challenge others' ideas, but no personal attacks.

http://www.edchange.org/multicultural/activities/groundrules.html

Zoom Live Transcript is Enabled

Click on “CC – Live Transcript” on the Zoom toolbar.



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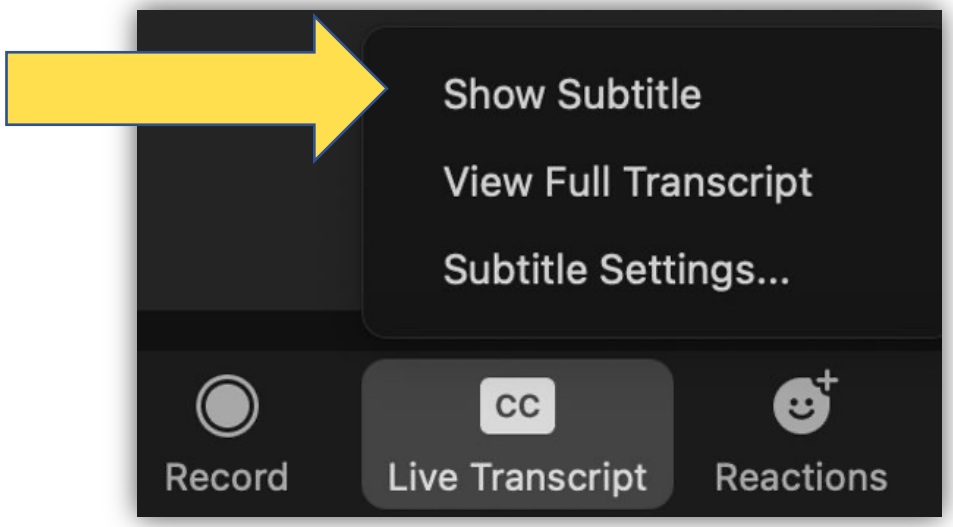


Agenda

Welcome and introduction (5 min)

Part 1: The tools (40 min)

[5-min break]

Part 2: Applying the tools (40 min)

[5-min break]

Part 3: Putting it all together (40 min)

Acknowledgments

- Structural Competency Working Group
- Trauma-Informed Care Implementation Resource Center
- COVID-19 Virtual Training Academy
- UCSF Diversity and Inclusion Certificate Program
- Curry International TB Center leadership team
- CA Dept Public Health TB Control Branch
- Health department staff who have taught us so much

Welcome to PART 1: Tools for collaborative care

Why are we here today?

To share tools ands strategies to help you succeed in:

- Treatment adherence for completion
- Eliciting/evaluating/treating contacts

Moving our orientation from “care provision” to “**care collaboration**”

When care is not collaborative…

Manuel, age 24. Last 3 months: weight loss, unusually tired, night sweats.

Diagnosed in ED with smear (+), pulmonary TB, started on RIPE, and sent home with 5 days of meds; case reported to health department.

CM called Manuel to set up home visit; CM learns:

- Symptoms started in August, but Manuel didn't seek care until October
- Manuel is unmarried and doesn't mention anyone else in his household
- Manuel has health insurance, but no regular doctor or place of healthcare.

CM tells Manuel to isolate at home; CM will visit the next morning.
CM discovers Manuel doesn't live at address he gave. CM calls Manuel at work and explains again that Manuel can't be at work while in isolation. Manuel agrees to leave work and meet CM at the health department.

CM asks Manuel for current home address so they can provide daily DOT throughout his treatment.

When care is **not** collaborative…

In CHAT:

- What did you notice?

Think about:

- Why might Manuel be acting this way?
- What assumptions could the case manager be making?
- What other background information could have been helpful?

When care is collaborative…

- Improved use of health services
- Better compatibility between western and traditional health practices
- Improved adherence
- Reduced delays in seeking care
- Better gathering of information from the patient
- Treatment plans that will be followed by the patient and supported by the family
- Improved patient satisfaction by supporting patients' dignity and identity
- Improved staff efficacy and morale
- Increased empathy

What kinds of tools and strategies?

Structural assessment and Cultural humility

Tool #1
Structural assessment

*"**Structural violence** is one way of describing **social arrangements that put individuals and populations in harm's way**...The arrangements are **structural** because they are **embedded in the political and economic organization of our social world**; they are violent because they cause injury to people."*

Paul Farmer

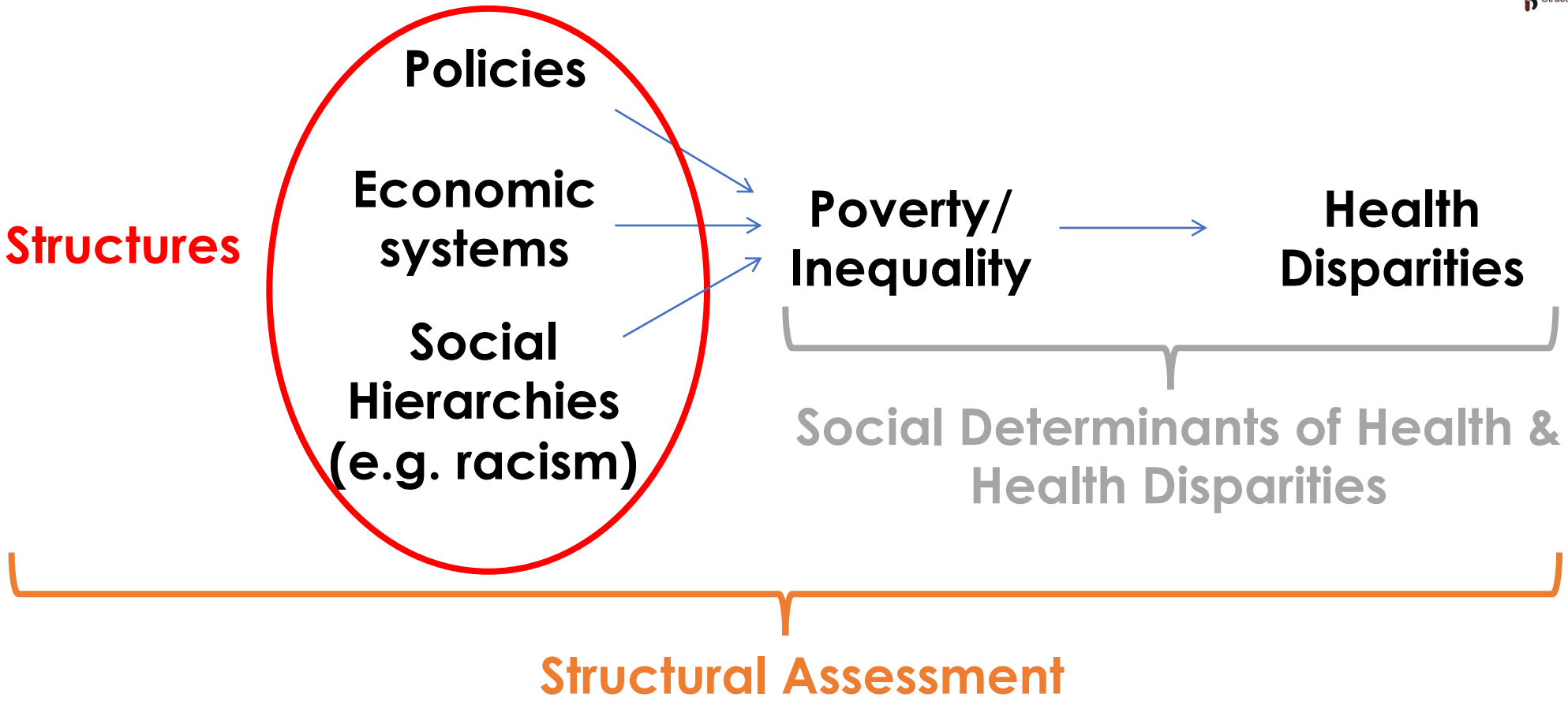
What do you mean by “structural factors”?

I recognize that health and illness are strongly impacted by **“social structures”** (broad social, political, and economic structures):

- Poverty
- Immigration status
- Racism
- Education
- Language
- Access to health care


Health Care and Quality
Neighborhood and Built Environment
Social and Community Context
Education Access and Quality
Economic Stability

Slide by J. Neff



Structural causes of the social determinants of health

What does structural assessment involve?

Awareness that:

- Interpersonal **privilege and power hierarchies** permeate healthcare
- **Structures** influence patient health
- **Structures** influence the clinical encounter
- **Structures** influence clinic policies & processes
- **Structures** influence availability of clinical care
- **Structures** influence access to insurance & care
- **Structures** influence the need for insurance

Structural assessment
will help you **identify structural factors** that impact your patient

What are structural influences on Manuel?

Age 24, the son of Filipino-Mexican farmworkers who moved to Oregon before Manuel started school. Trilingual family—Tagalog (Pilipino), Spanish, and English.

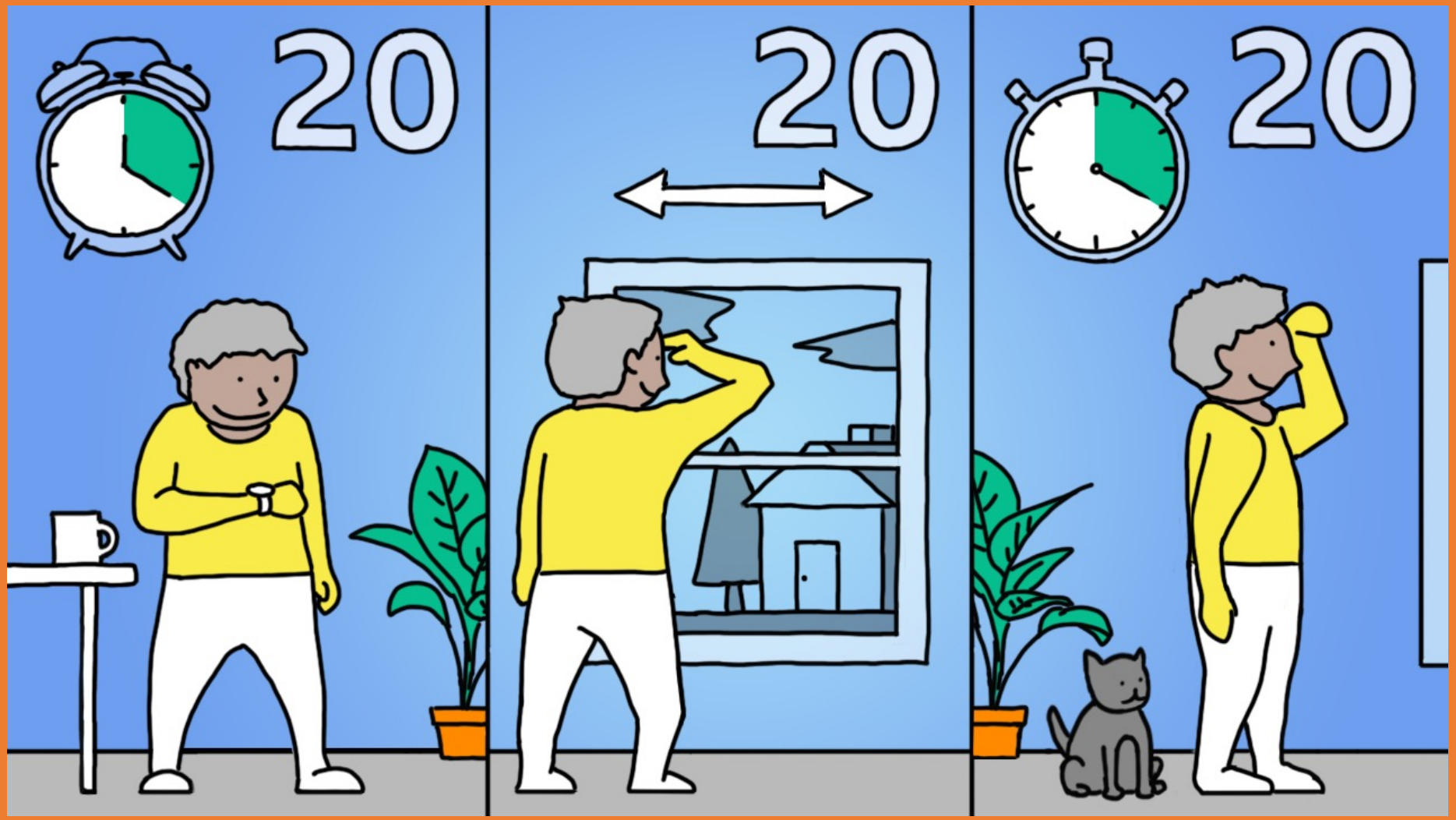
Born in U.S. and graduated from high school here. Works as supervisor for large apple grower; worked during pandemic since work is mostly outside.

Manuel's older brother Mikey died in a farm accident 2 years ago.

Manuel is trilingual; reads English better than Spanish; doesn't read much Tagalog.

Lives with his partner Elena, her 7-year-old son, her grandparents, and Manuel and Elena's 20-month-old daughter, in the grandparents' home.

Manuel's grandmother in the Philippines died of TB, but he doesn't think there is any TB in the U.S.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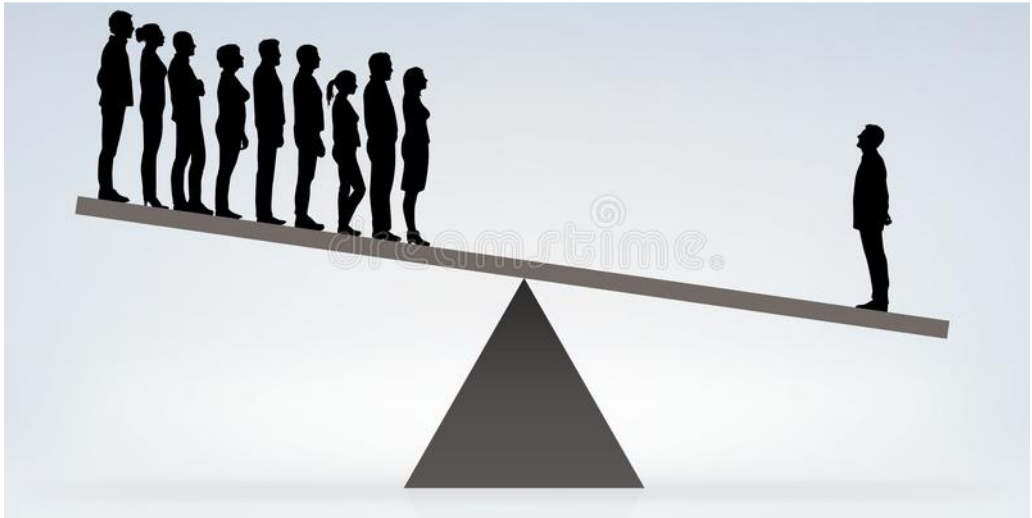
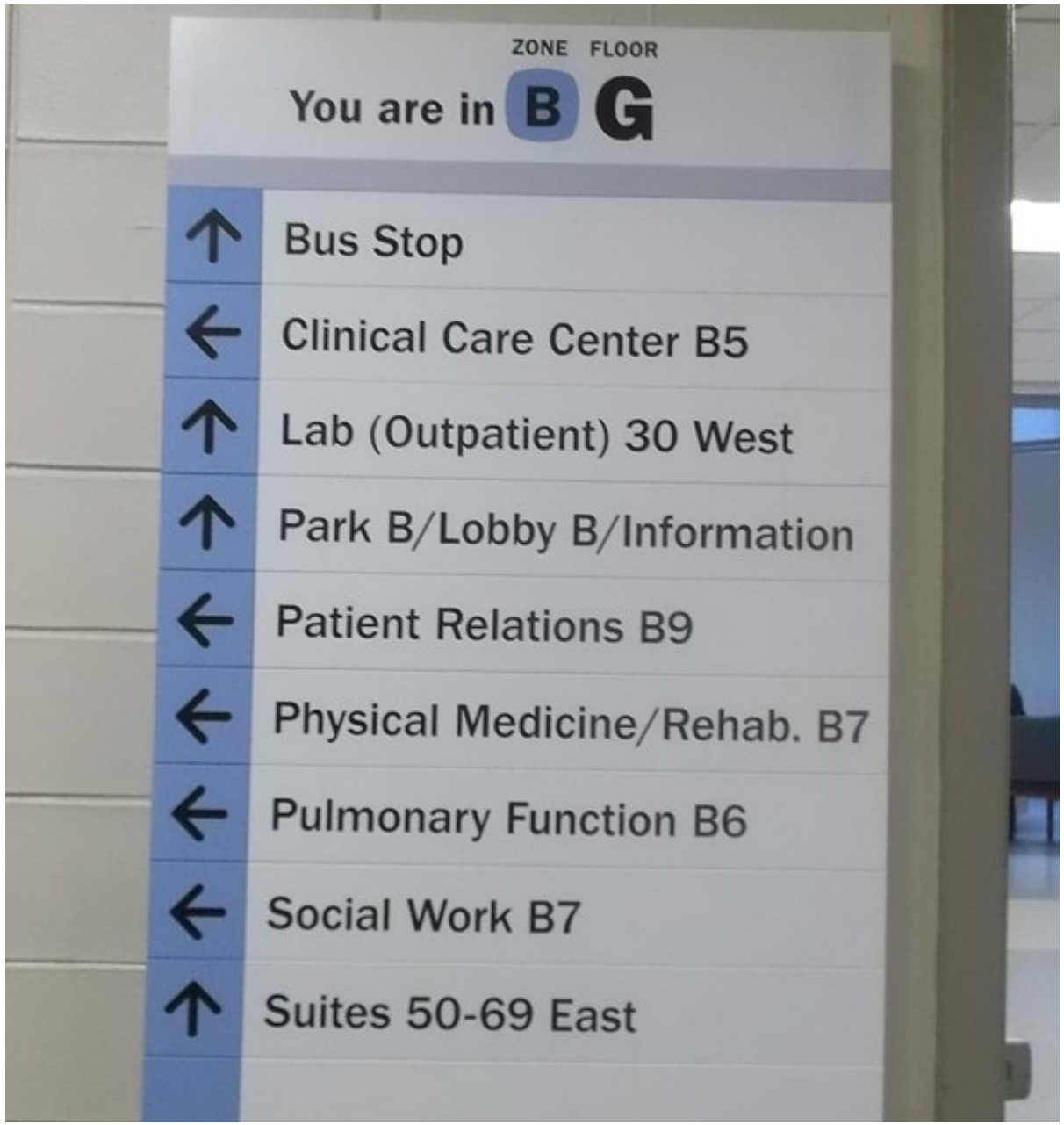
How do structural influences show up?

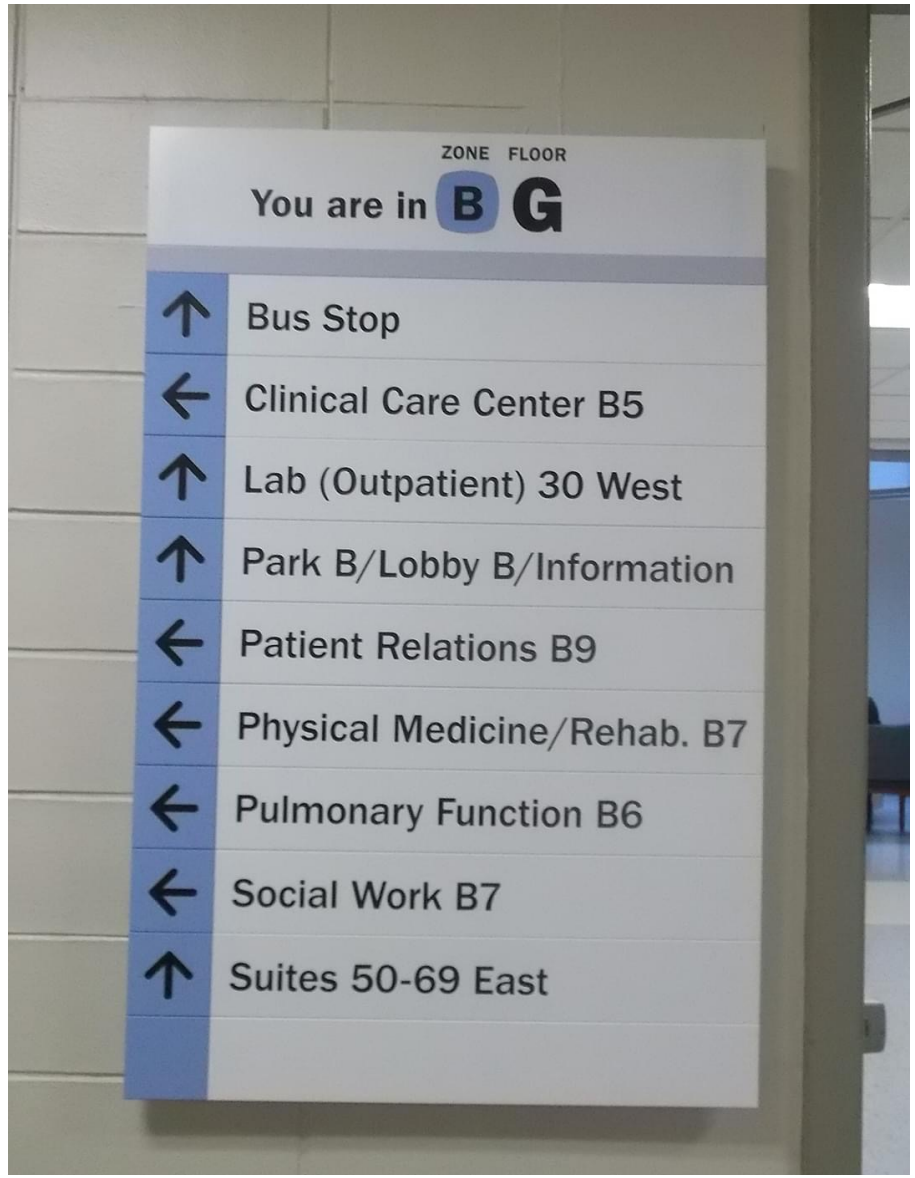
Power & privilege

Power imbalances exist between patients and providers.

Members of **dominant groups** have inherent **privileges** (social power) that others do not have.




ZONE FLOOR
You are in B G
Bus Stop
Clinical Care Center B5
Lab (Outpatient) 30 West
Park B/Lobby B/Information
Patient Relations B9
Physical Medicine/Rehab. B7
Pulmonary Function B6
Social Work B7
Suites 50-69 East



https://martinosigns.com/directional-signs/

Waiting Area
Sala de espera
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https://martinosigns.com/directional-signs/

How do structural influences show up?

Racism

https://www.purdue.edu/hhs/public-health/diversity/racism-is-a-public-health-crisis.php

- **Racism** is a type of **structural influence** deeply embedded in U.S. history and current society.
- **Racism** is a fundamental **power imbalance.**
- **Racism** impacts **access** to health care, **quality** of health care, and **trust** in medicine/public health.
- **Racism** also causes toxic stress and trauma

How do structural influences show up?

Implicit bias

- Assumptions about people and groups, often unconscious
- Pervasive, but can be recognized and mitigated
- Implicit bias **“naturalizes” inequity**

Implicit bias (video)
Implicit Bias: Peanut Butter, Jelly and Racism

https://www.mnrealtor.com/blogs/mnr-news1/2021/04/27/how-implicit-bias-affects-real-estate

How do structural influences show up?

Trauma: Causes & symptoms

- Anyone can have trauma, from single or repeat experiences, if person lacks support or resources to lessen the toxic stress
- Can result from unremitting stress if nothing lessens it (i.e., racism, discrimination due to bias)
- Violence in home country or during immigration
- Symptoms can look like:
  - "Disproportionate" reaction to stress
  - Hyper-vigilance or "over-sensitivity," PTSD
  - Disengagement, apathy, feeling powerless

What is ***trauma-informed care***? [video]
https://www.youtube.com/watch?v=fWken5DsJcw

Take a breath! Naming structural influences

We are focusing here on understanding the *most pervasive influences* on all of us, *not on* personal beliefs or actions

- **Racism is deeply embedded** in politics, economics, and social relationships. *It doesn't all go away when individual attitudes and behaviors change.*

- **Implicit bias "naturalizes" inequity**. *We absorb some attitudes without consciously choosing them, so we don't see inequities at first.*

- **Trauma** can also be caused by significant unremitting stress it (i.e., war, racism, discrimination, pandemic).

Racism, power imbalance, Implicit bias, and Trauma are **systemic**, but they can be **mitigated**…

Tool #2
Cultural humility

What is culture?

Culture is the primary shaper of human behavior.

DNA sequences:
Humans are 99.5% similar.

Culture is **learned.**

Patients, staff, and **institutions** all have cultures.

What do you mean by "cultural humility"?

- I am **sensitive** about the **impact** that culture can have on a situation
- I am **knowledgeable (or learning)** about culture and its impact
- I am **skillful** at managing that impact
- I realize that cultural humility is a **lifelong** process of **self-reflection**
- I don't consider my cultural values as **preferable** to my patient's cultural values

Cultural humility → cultural safety

When patients feel **safe** and **accepted** in terms of their cultural identities and behaviors

How **respected and assisted** do patients feel?

Are patients' **cultural values and needs** taken into account during our encounters?

Awareness of possible **trauma and responsiveness to it** also creates safety

Manuel

- Cultural background for Manuel?
- What would cultural safety look like for him?
- Possible trauma experienced by Manuel?

Words matter

Common terms can be hurtful or stigmatizing…

Illegal alien	Person who is undocumented
HIV infected	Person with HIV
Compliant	Adherent
TB suspect	Person to be evaluated for TB
Addict, alcoholic, junkie	Person with substance use disorder; person who injects drugs (PWID)

One man’s experience with stigmatizing language…

Abe “Tye” Thomas, II

[video]

Review of Part 1

Collaborative care improves TB case management and CI

Structural assessment and **cultural humility** are 2 important tools for collaborative care

Collaborative care recognizes **power imbalances** between patients and providers.

More review of Part 1

Racism is a form of structural violence that interferes with TB care collaboration

Implicit bias can lead us to take inequities for granted

Trauma can be mitigated through collaborative care

Still more review of Part 1

Culture is learned and the **primary** shaper of most human behavior

Cultural humility helps to create **cultural safety** and **mitigate trauma**

Stigmatizing language is a barrier to collaborative care

Next up in Part 2

More on how to assess patients' structural and cultural contexts, and their understanding of TB…

- Breathe
- Stand up
- Stretch
- Hydrate

Welcome to PART 2 Applying the tools

CHAT

During Part 1, what was the most **impactful idea or concept** to you?

Collaborative care

Structural awareness and cultural humility

Meet Elena

- **Elena,** age 26, is a high school graduate who came to the U.S. from Guatemala in late 2016 with her baby son, fleeing domestic violence.
- Elena requested asylum at the border and was released to Oregon because she could live there with her grandparents while her asylum case proceeded.
- Elena has worked as fulltime cashier in a restaurant and also as a part-time bookkeeper for two Latinx business owners.
- Elena speaks some English but speaks mostly Spanish at home.
- Elena is uninsured and ineligible for Medicaid because she doesn’t have a green card.

TB PATIENT STRUCTURAL VULNERABILITY ASSESSMENT

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.

Intake Interview Questions to ask Patient *Purpose: Determine support needs and identify contacts*	**Structural Vulnerability Assessment** *Purpose: Understand Patient Context*
Residence	***Why does patient live here?***
• 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 about where you live?	*Any stigma from TB? Any threat of losing housing if TB dx is known?* *Threat of violence*
Social Network	***Who is in patient's social network? Why does patient live with/near/far from family?***
• Who are your family and friends that 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	***Can patient access culturally congruent foods? Does patient need and qualify for food benefits?***
Where do you get your food and meals?	*Assess for income, if food support needed during isolation and/or treatment*
How do you cook?	*Assess for food security and control over own meals*
What do you eat on most days?	

Structural vulnerability assessment tool for TB patients

Areas of potential structural vulnerability…

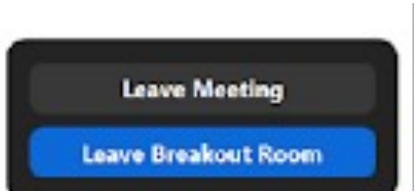
Residence	***Why does patient live here?***
Social Network	***Who is in patient's social network? Why does patient live with/near/far from family?***
Food Access	***Can patient access culturally congruent foods? Does patient need and qualify for food benefits? Why or why not?***
Financial Security/Independence	***What is patient's access to employment? Does patient have benefits? Financial obligations?***
Healthcare Resources	***Qualify for and have health insurance? Why or why not? Needs help accessing care?***

More areas of potential structural vulnerability…

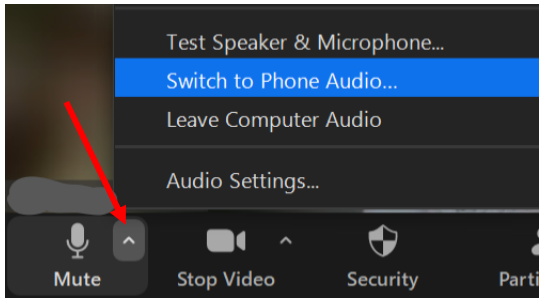
Risk Environments	***Identify possible sources of trauma and ongoing threats.***
Legal Status	***Identify benefits for which patient qualifies. Possible trauma during migration. Why hesitant to reveal contacts or is distrustful?***
Education/Literacy/Learning Style	***Interpretation needs; format of patient education needed.***
Discrimination/Bias	***Why rapport and trust may be difficult to establish. Why might patient experience discrimination or bias?***

When you are in your virtual breakout room…

Turn on your camera during small groups



If you need help: Come back to the main room – hover over the bottom right corner of your screen to see a “Leave Breakout Room” button



If you do not have a microphone, switch to phone audio or use the Chat to ask questions and contribute

SMALL GROUP EXERCISE

- Let’s practice using the tool to learn about structural influences on Elena and Manuel
- You will be moved to a small group for 15 minutes with a facilitator.
- In the groups: Cameras on; unmute your audio
- Refer to the patient scenarios and assessment tool sent to you before the course
- Discuss the patient and how parts of the tool apply to him or her; take notes for an activity in Part 3

Elena

Elena, 26, lives in Central Oregon, immigrated from Guatemala in 2016, fleeing domestic violence with her baby son. Graduated from high school in Guatemala.

Requested asylum at border; lives in Oregon with her grandparents while awaiting asylum decision. Asylum application qualifies her for a provisional U.S. work permit.

Had baby girl with new partner, Manuel, in 2021.

No health insurance; ineligible for Medicaid in Oregon (no green card or U.S. citizenship).

Has worked as cashier in Mexican restaurant and doing part-time bookkeeping work for Latinx business.

Speaks some English, speaking mostly Spanish at home.

Please identify structural influences in Elena's life by focusing on these sections in the assessment tool:

- **Healthcare resources**
- **Legal status**
- **Discrimination**

Manuel

Manuel, Elena's partner, is the son of Filipino and Mexican immigrant farmworkers.

Born in U.S. and graduated from high school here.

Polite and well-spoken and looks younger than 24. Has tattoo on his bicep with the word "Mikey" with wings around it.

Works as supervisor for large apple grower.

Trilingual English, Spanish, Tagalog/Filipino; reads English better than Spanish, doesn't read Tagalog/Filipino.

Elena and Manuel have a 20-month-old daughter.

Please identify structural influences in Manuel's life by focusing on these sections in the assessment tool:

- **Risk environments**
- **Legal status**
- **Education/literacy**

SMALL GROUP EXERCISE: DEBRIEF

Time to stretch!

Assessing a person's **understanding/experience** of TB

Biomedicine and **ethnomedical** systems: Both reflect cultural values and biases

Biomedicine	Ethnomedicine
Western science-based evidence	Observational evidence-based system
Nurse, physician, laboratorian, radiologist	Herbalist, shaman, massage, curandero/a
Physical exam, physical symptom history	Physical, social, spiritual context
Clinic/office/hospital care	Home-based care
Timed appointments, lab tests, imagining	Patient/family interviews, ceremonies
Bacteria/virus, social, environmental stress	Body, social, spiritual imbalances
Expect active patient, patient decides care	Family or elder decision making

Questions to elicit patient's perspective

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?

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

More from the patient's perspective…

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.)?

Elena's health history

Elena had 3 months of cough, fatigue, and weight loss. She treated her symptoms with over-the-counter remedies and herbal teas made by her grandmother, until she developed hemoptysis and went to the emergency room. There she was diagnosed with smear-positive, pulmonary TB

Use what you've learned to collaborate on a treatment or contact investigation plan

Review of Part 2

Structural vulnerabilities **assessment tool**

Biomedical and **ethnomedical** systems have different values and biases

Ask questions to elicit **patient's perspective on TB**

Next up in Part 3

Putting it all together:

Layering structural awareness and cultural humility in developing a collaborative treatment or contact investigation plan; identifying structural influences on your TB programs

- Breathe
- Stand up
- Stretch
- Hydrate

Welcome to PART 3 Putting it all together

Structural awareness and cultural humility

Collaborative care for patients and contacts

Use structural awareness and cultural humility to collaborate on a treatment plan or contact investigation strategy

Elena, 26

- Immigrated from Guatemala, 2016.
- Domestic violence survivor; seeking asylum.
- Mother of 2 young children.
- Dx with TB after 3 mos of cough, fatigue, weight loss. Self-treated with OTCs and grandmother's herbal teas; developed hemoptysis; started on TB treatment.
- Ineligible for Medicaid.
- Lives in multigenerational household.
- Guatemala HS graduate. Partially employed.
- Some English.

Manuel, 24

- U.S. born, son of Mexican-Filipino immigrant farmworkers; lost brother to farm accident.
- Symptoms for 3 mos before seeking care; dx of smear (+), pulmonary TB
- Works as supervisor for large apple grower.
- U.S. HS graduate. Trilingual; reads English better than Spanish.
- Lives with Elena, their toddler daughter, Elena's son, and her grandparents.
- Grandmother died of TB, but Manuel's symptoms don't match family stories of grandmother's illness, so he believes there is little/no TB in U.S.

Exercise:
1st steps to developing a collaborative care plan

Using your notes from the small groups, take 5 minutes to develop a collaborative plan with Elena or Manuel for TB treatment or contact evaluation

- Draw on structural vulnerability assessment
- Draw on cultural humility tools: Implicit bias awareness, ethnomedicine and patient understanding of TB, power/privilege of patient and provider
- Apply these elements to develop the first steps of a collaborative treatment plan or contact investigation plan
  - What strengths does the patient/family contribute?
  - What resources does your TB program contribute?
  - Can you mitigate any structural vulnerabilities?
- Write down your ideas for a collaborative plan that you can build on with your own patients.

DISCUSSION

Share elements of your plan in the CHAT; respond to comments you see

Structural vulnerabilities within TB programs and public health

Within our work settings, we do our best to create collaborations with patients, but we face limitations…

Why are public health programs chronically underfunded/understaffed?

Toward Equity: Tools for collaborative TB case management and CI (October 2023)

CURRY INTERNATIONAL TUBERCULOSIS CENTER

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
Community	• Lack of community representation • Exploitation of communities • Community policing practices leading to	• Create opportunities for community voices, leadership • Work to educate police about the

In your materials…

Levels of Intervention

Solutions to structural influences?

- Recognize the hierarchies
- Practice humility and keep learning
- Use your professional status for good where appropriate/possible
  - Medical professionals have a culture as well
- Restructure clinic/program within constraints to best meet patient needs,
  - Advocate to change the constraints
- Community engagement
  - Ask what they need
  - Partner with CBOs working on structural issues outside of clinical settings
- Challenge claims (based on genetics or culture) that naturalize inequality

Solutions to structural influences?

What opportunities occur to you to influence or change the structures that you work within?

There are no simple or right answers—be creative!

You have power as professionals

Review

Structural awareness and **cultural humility** are important tools for person-centered and effective TB care

Structural awareness shifts "care provision" to "**collaboration**"

Racism is a form of structural violence that blocks TB care

Implicit bias can lead us to take inequities for granted

More review

Trauma can result from unremitting stress with no remedy

Structural vulnerabilities are **systemic**, but can be **mitigated…**

Culture is learned (not genetic) and shapes most human behavior

Cultural humility helps to create **cultural safety**

Still more review

Avoid words that **stigmatize**

Assess structural vulnerabilities to increase empathy and build trust

U.S. **biomedical** healthcare may contrast with **ethnomedical** systems

Ask questions to elicit **patient's perspective** on TB

Last bit of review

Collaborative plans address patients' structural vulnerabilities and cultural perspectives

Structural vulnerabilities also impact our **TB programs and public health agencies**

LAST CHAT

What specific opportunity (or action) will you take from this session back to your patients and/or program?

Next steps…

THANK YOU
for your time
and attention!