



Cultural Competency and Tuberculosis Control

# COUNTRY SPECIFIC GUIDES

FOR HEALTH PROFESSIONALS WORKING WITH FOREIGN-BORN CLIENTS



# INTRODUCTION

Over the last two decades the proportion of tuberculosis (TB) cases among foreign-born persons has steadily increased in the United States (US). Currently, more than 50% of reported TB cases are among the foreign-born.<sup>1</sup> The majority of these cases are among persons originally from China, India, Mexico, the Philippines and Vietnam. However, it is important to note that in the past few years, foreign-born persons diagnosed with TB have immigrated to the US from more than 150 countries.<sup>2, 3</sup>

Immigration is a major force sustaining the incidence of TB in the US.<sup>2</sup> A greater proportion of persons arriving in the US are from countries in which TB is endemic. More disconcerting are data that indicate multi-drug resistant forms of TB are increasing within the birth-countries of these immigrants.<sup>4, 5</sup>

Recent epidemiological studies reveal approximately 24% of foreign-born cases are diagnosed with TB disease within 1 year of their arrival in the US, an additional 26% are diagnosed within 1 to 5 years of immigrating.<sup>6</sup> Researchers hypothesize that these data reflect the activation of latent TB infection (LTBI). The progression from LTBI to active TB disease is likely due to numerous stresses, such as poor working conditions, low income, poor nutrition, and crowded living conditions many immigrants encounter following their arrival in the US.<sup>7</sup>

Other factors that contribute to the increase in TB among the foreign-born include cultural and language barriers that affect health-seeking behavior and access to medical services. These barriers often result in delays in diagnosis, difficulties in understanding diagnostic testing procedures and treatment regimens, and treatment default.<sup>8</sup>

Thus, an understanding and respect for clients' cultural characteristics and values need to be reflected in the care and services provided. Studies have found that when clients feel their cultural values are understood and respected, they disclose more medical information,<sup>9</sup> terminate treatment less frequently,<sup>10</sup> and tend to be more responsive to and satisfied with the services provided.<sup>11</sup> Moreover, clients rate healthcare professionals who have undergone cultural competence training more highly with regards to their expertise, trustworthiness, and empathy.<sup>10, 12-14</sup>

As a healthcare professional striving to interact with clients in a culturally competent manner, the challenge you and your colleagues face is to gain insights regarding your clients' values, health practices, and attitudes and beliefs related to TB and HIV/AIDS. These factors are important as they often influence what a client may or may not do, and can impact clinical and social outcomes.<sup>11</sup> Moreover, these insights can help you and your colleagues prepare to answer questions or concerns that may arise during encounters with foreign-born clients, and guide the manner in which you and your colleagues may approach, interact, educate and provide support to tuberculosis patients, their family or caregivers, and their contacts.

# CULTURALLY COMPETENT CARE – MEETING THE CHALLENGE

To help you meet this challenge, the Southeastern National Tuberculosis Center in collaboration with the Lung Health Center at the University of Alabama at Birmingham developed this TB-specific cultural competency guide.

This guide is comprised of individual country-specific guides (or summaries) for the birth countries most commonly reported by foreign-born cases treated in the United States.

In addition to helping you gain a greater awareness and understanding of the attitudes, beliefs and practices related to TB and HIV/AIDS within your clients' birth countries; these guides will also assist you to become better acquainted with a range of topics including – nicknames for TB, the cultural courtesies or etiquette to observe, as well as verbal and non-verbal communication patterns, the languages spoken, and religions practiced within these countries.

This information will enable you to employ a more culturally relativistic approach to client interviews, TB contact investigations, diagnostic procedures, and patient education and counseling.

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## **THE COUNTRY GUIDES ARE ORGANIZED BY CONTINENT AND COLOR AND DIVIDED INTO SEVEN SECTIONS:**

1. Country Background
2. Epidemiology
3. Common Misperceptions, Beliefs, Attitudes, and Stigmatizing Practices Related to TB
4. Common Misperceptions, Beliefs, Attitudes, and Stigmatizing Practices Related to HIV/AIDS
5. General Practices and Cultural Courtesies
6. Translated Educational Materials Available Through the World Wide Web
7. References

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## **TO DRAFT EACH COUNTRY GUIDE, INFORMATION HAS BEEN ABSTRACTED FROM:**

- Existing databases compiled by the Central Intelligence Agency, the United States State Department, the United States Department of Homeland Security, Citizenship and Immigration Canada, the World Health Organization, the Centers for Disease Control and Prevention.
- Peer-reviewed journal articles.
- Ethnographic studies conducted by the Centers for Disease Control and Prevention.

- TB and HIV related reports for individual countries, published by the World Health Organization, the Pan American Health Organization, United States Agency for International Development, the United Nations Development Program, National Tuberculosis Programs and Ministries of Health, and State Tuberculosis Programs within the United States.

Information has also been collected and reviewed through personal communications with staff working with: non-governmental organizations (NGOs), the United Nations Development Program, the World Health Organization, National Tuberculosis Programs (NTP) who oversee TB control activities within individual countries, healthcare professionals within countries, and staff of state tuberculosis programs within the United States.

## LIMITATIONS

**THE COUNTRY GUIDES ARE INTENDED TO BE A STARTING POINT ONLY TO HELP YOU ESTABLISH AND MAINTAIN A RAPPORT WITH YOUR FOREIGN-BORN CLIENTS. THEREFORE, THERE ARE A NUMBER OF LIMITATIONS TO KEEP IN MIND:**

- Country populations are diverse with respect to characteristics such as: education, socio-economic status, and language. The guides generally do not stratify information based on demographic differences of citizens within a country.
- In a number of guides, findings from published studies are provided. Please note that many of the studies that have been conducted and reported in the literature tend to focus on disadvantaged communities.
- The misperceptions, beliefs, and practices listed in a country guide may be restricted to a particular region or among special populations. Thus, the information provided within a country guide may or may not pertain to a particular client.
- Some country guides are more detailed than others. For those countries with a history of political instability, war, or weak TB program infrastructures, there is a lack of literature from which to draw upon and create a more complete country guide.
- The information provided in each country guide is not intended to be used by all healthcare professionals. Based on a persons' day-to-day responsibilities, some sections of the country guides may be more helpful than others.
- Staff may find some country guides more helpful compared to others, based upon existing cultural awareness, knowledge, and experience working with clients from a particular country.

Epidemiological data change over time, as do beliefs, attitudes, and health practices. Therefore, the Southeastern National Tuberculosis Center will conduct periodic reviews and updates to each country guide.

We welcome your comments, suggestions, and insights that may be used to improve a particular country guide or this guide overall.

Thank you.

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## AUTHORS

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