

For Health Service Providers



Introduction

The “Tackling TB Stigma” initiative was undertaken to address the lack of awareness and high levels of stigma attached to TB for immigrants and refugees, and to increase access to quality resources, support and care for newcomers¹ who are living with or who are at risk of acquiring a communicable disease like TB. The project used a cross-sectoral approach. We engaged physicians and nurses in primary care and public health, settlement service providers, newcomers from India, China and the Philippines, and people who have LTBI and/or are receiving TB treatment. The project also took a co-design approach, recognizing that service users are “lived experience experts” and in the best position to identify

¹ The term newcomer is the term used here to capture the broad range of people not born Canada, including but not limited to those who come to Canada via the following programs and/or categories: family, skilled worker, business, refugee, humanitarian, temporary foreign workers, international students.

the issues and develop solutions that are relevant in the context of their lives. The fact sheet highlights the project findings and recommendations and can provide guidance to health service providers across Canada.

Project Findings

- The newcomer experience in relation to TB is influenced by family, the community as well as formal systems that extend beyond healthcare – employment, settlement, legal and education. Newcomers tend to prioritize other social determinants such as employment and housing over healthcare and specific health issues like TB;
- Lack of knowledge is an underlying influence of TB-related stigma in newcomer communities including a lack of understanding about the disease which gives rise to fear and myths/misconceptions. Stigma and discrimination related to additional factors such as race, class, immigration status and/or gender intersect with stigma related to TB;
- Connecting newcomers to primary

care as soon as possible after arrival can support comprehensive care including misconceptions about TB as well as full access to acute and specialist care. Newcomers who are connected to primary care that has ready access to interdisciplinary resources and language interpretation services can receive comprehensive high-quality healthcare which addresses TB (and other communicable and chronic illnesses) as part of their overall health and well-being;

- Primary care providers rarely see cases of TB in their everyday practice. As such, providers with limited exposure to TB may perpetuate TB misconceptions and, as a result, contribute to TB stigma;
- In Ontario, the TB system is decentralized and TB management is complex which has an impact on newcomers. Primary care providers may not be aware of all the intricacies of TB care, specifically as they apply to newcomers who lack health insurance or have limited health insurance. As a result, many providers refer their TB and LTBI cases and questions to specialized TB clinics, rather than managing latent TB care in the community setting;
- The Immigration Medical Exam (IME) and TB Medical Surveillance (TBMS) processes can be confusing and



An Access Alliance “Health with Dignity” Project. For a copy of the full report go to accessalliance.ca/tacklingTBstigma

frustrating for primary care providers and their clients, highlighting a process and pathway disconnect that exists between primary care and Immigration, Refugees and Citizenship Canada (IRCC);

→ The full range of TB care, support and appropriate resources should be available in the community and team based/resourced primary care through coordinated service pathways, allowing primary care to work in collaboration with other key sectors and partners to deliver the right care and support – IRCC and settlement service agencies, Public Health and TB specialists. Coordinated care pathways are critical for supporting newcomers and to connect them with primary care to ensure newcomers have access to the full range of services and supports they need to address complex and intersecting needs and issues;

→ TB care and resources need to be client centered, culturally appropriate, and accessible in terms of language, cost, location and safety in order for the care and support to be effective, address misconceptions and stop the spread of stigma related to TB.

Health Service Provision Specific Recommendations

For Primary Care

1. Provide education and training for all staff that work in newcomer-serving and primary care organizations to improve their awareness of TB related discrimination and stigma and their knowledge of TB and the unique needs of newcomers who are living with or at risk of living with TB. Minimally, all service providers should have an understanding of active and

Quick Reference Tool: Assessment and Treatment of Latent Tuberculosis Infection

This tool, although useful for any primary care provider who manages TB, is particularly beneficial to those who may not have as much familiarity with TB. toronto.ca/wp-content/uploads/2017/10/8e93-tph-TB-LTBI-4pager-TPH-Guideline-2013.pdf

latent TB and be knowledgeable about local referral resources.

2. All primary care settings that serve newcomer clients should implement measures to deliver TB services and supports in locations and times that are accessible for clients. This includes:

- Making interpretation and translation available for free
- Providing flexible service hours and appointment and non-appointment based services
- Ensuring that longer appointment times are available for clients with complex needs, and
- Creating physical spaces and environments that foster inclusion through use of pictures that feature diverse populations, LGBTQ-friendly stickers, toys for children etc.

3. All primary care settings that serve newcomer clients should implement measures to deliver client centered and culturally competent TB care and services that intentionally combat TB-related discrimination and stigma. This includes:

- Acknowledging the client's knowledge, beliefs, attitudes, values and traditions and their interpretation of illness and wellness
- Validating the client's experience with poverty and discrimination and the impact of these on their ability to access and utilize health resources
- Promoting client autonomy and counseling clients regarding their rights to access treatment
- Safeguarding client confidentiality
- Including TB literacy to promote self-management
- Providing family education and counseling

For Public Health

Create and implement an evidence-based LTBI clinical pathway for use in community based inter-disciplinary primary care settings to improve clinical decision-making at the point of care, the quality of patient care and clinical efficiency. An LTBI treatment algorithm could be added to supplement the Quick Reference Guide, published by the Lung Association and Toronto Public Health.

Moving Towards the Future

The Tackling TB Stigma project found that a system-wide response with interventions in education, training, practice, and policy are needed to address the complex manifestation of TB stigma and improve newcomer health and wellbeing. Doing so will move us closer to a vision in which immigrants and refugees have access to a coordinated continuum of community based resources and interdisciplinary health care that is evidence based, culturally competent and grounded in equity.