TB/HIV Border Health and Immigrant Issues

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The Many Faces of TB
Objectives

At the end of this workshop, participants will be able to:

- Explain the role of Promotores/outreach workers in helping shape community knowledge and opinions while sharing health resources in Latino communities to achieve positive patient outcomes.
- Review how telenovelas can be used to train Promotores about complicated health issues like HIV and TB, helping to optimize patient care.
- Share how TB experiences and content can be added to an HIV and Promotores training curriculum to promote TB prevention and treatment.
Telenovelas Provide Platform for Public Health Messages

BY JASON KANE  January 25, 2012 at 5:56 PM EDT
Why are Telenovelas an Effective Educational Tool?

Research has shown:

1. According to Nielsen data, telenovelas averaged 5.7 million viewers a week from Sept. 19 to Dec. 25, 2011; 3.1 million of those viewers were age 18-49.

2. Many Latinos view telenovelas as a credible source of information.

3. The content of telenovelas intimately engage viewers to story plot and characters.

4. When the health message is framed as a story-format, viewers show a better recall of the content.

Past Success

In August 2001, the soap opera “The Bold and the Beautiful” introduced a subplot of HIV prevention of a young Hispanic man who was tested for HIV and learned that he was positive. He told his doctors he used condoms with his sexual partners. He also disclosed his status to his past sexual partners and encouraged them to get tested.

After two episodes, the soap opera displayed the National STD and AIDS Hotline. The number of calls to the hotline during the broadcast rose significantly.

Promotores  
(Community Health Organizers)

- Promotores deliver a culturally competent and effective health service to the underserved Latino population across the US and Mexico border by:
  1. Identifying and connecting people in their communities.
  2. Being the link between medical care providers and their communities.
  3. Having a high degree of acculturation, ethnic identity, community affiliation, and community participation and mobilization.

- Since the 1970s, Promotores have provided health-related services in Latin America, and are widely regarded as an important channel of reaching underserved communities.

- Therefore, Promotores can mitigate the impact of stigma and other social issues in their communities; and most importantly, we can involve them in the prevention and continuity of care in their communities.

U.S. Border Characteristics

- 3 of the 10 poorest counties in the U.S.
- 21 counties designated as economically distressed areas
- Unemployment rate 250-300% higher than U.S. average
- 432,000 people live in 1,200 colonias in TX & NM; unincorporated, semi-rural communities, often with unsafe water supplies and substandard housing
U.S. Border Characteristics

• Higher incidence of infectious diseases compared with U.S. average
• If made a state, border region would rank:
  ➔ Last in access to health care
  ➔ 2nd in death rates due to hepatitis
  ➔ 3rd in deaths related to diabetes
  ➔ Last in per capita income
  ➔ 1st in number of school children living in poverty
  ➔ 1st in number of uninsured children
Immigration

- 43 points of entry on U.S. border
- Nearly 195M passenger vehicle crossings & 49M pedestrian crossings/year at 25 ports of entry
- Numbers do not include undocumented crossings
- Not all people who enter from the U.S.-Mexico border are Mexican, numbers include people from further south

11 University of Oklahoma Center for Applied Research, 2005. *HIV AIDS Along the US Mexico Border*

- Despite a decrease of TB cases, over 70% of TB incidences are concentrated among immigrants living in San Diego, CA.
- The TB-HIV co-infection in San Diego is double the national rate.
- In 2007, Hispanics accounted for 29% of the population in San Diego. That same year, Hispanics in San Diego also accounted for 31% of the HIV cases, 52% of TB cases, and 82% of the TB and HIV co-infection cases.

Risk Factors for Different Stages of TB Pathogenesis and Epidemiology Model: An Interdisciplinary Approach

- **Exposure**
  - Being male
  - Age of source of infection
  - Community TB prevalence
  - High population density
  - Crowding
  - Urban residence
  - Poor ventilation at home
  - Indoor pollution

- **Infection**
  - Being male
  - Increased age
  - Race/ethnic group
  - Contact with source case
  - Poverty
  - Malnutrition
  - Lack of BCG
  - HIV
  - Urban residence

- **Disease**
  - Being male
  - Increased age
  - Race/ethnic group
  - Poverty
  - Malnutrition
  - Lack of BCG
  - Smoking, alcohol/drug abuse
  - HIV
  - Diabetes, cancer, silicosis
  - Other immune-suppressive conditions
  - Migration
  - Urban residence

- **Access to TB care and clinical outcome**
  - Being female
  - Geographic barriers
  - Economic barriers
  - Cultural barriers
  - Weak health care system
  - Stigma
  - Lack of social protection
  - MDR-TB
  - HIV
  - Malnutrition
  - Other immune-suppressive conditions

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