

Executive Summary

Tuberculosis (TB) is a global health problem which has caused significant morbidity and mortality world-wide. The World Health Organization (WHO) estimates that 9.2 million new cases and 1.7 million deaths from TB occurred in 2006 – the vast majority of these in developing nations. Africa, South-East Asia and the Western Pacific region accounted for 83% of total case notifications (World Health Organization [WHO] 2008b). Furthermore, in 2008, WHO reported the highest rates of multi-drug resistant TB (MDR-TB) ever recorded and that extremely drug-resistant TB (XDR-TB) had been identified in 45 countries. In addition, these results do not include most of Africa, the region with the highest incidence in the world, because only six countries in Africa were able to provide data on MDR and XDR-TB (WHO 2008a). The WHO and the Stop TB Partnership have called upon all nations to increase advocacy for disadvantaged persons and community involvement in fight against TB (WHO 2008a, WHO 2008c). While western nations do not share the same TB burden as developing countries, they are also not immune from this global health crisis. TB travels with immigrants and migrant workers from high TB-burden countries as they leave their homelands in a search for a better life. As migration increases and the world becomes ‘smaller’, it is incumbent upon developed nations, such as the United States (US), to provide quality, culturally-sensitive health care to migrants, refugees and immigrants who may carry the burden of TB.

In the US the number of reported cases continues to fall – in 2007 there were 13, 299 cases, a decrease of 3.3% from 2006, and the incidence rate is 4.4% – but these numbers do not tell the whole story. The TB case rate in the US is very different depending on where a person was born. In 2007, the TB case rate for US-born persons was 2.1 per 100,000 and 20.7 for persons born outside the US (Centers for Disease Control [CDC] 2008c). Almost 60% of the cases nationally are in foreign-born persons. When viewed at a state level in a high-immigration state like Washington State (WA State), these numbers are even more dramatic. In WA State, in 2007, 75% of all TB cases were born outside the US and the incidence rate was 22.6 for foreign-born versus 1.5 for US-born persons (Washington State Department of Health [WADOH] 2008, WADOH 2007). Additionally, it is estimated that there is a

reservoir of over 200,000 to 300,000 latent tuberculosis infection (LTBI) cases in WA State (Public Health Seattle & King County 2008).

Most of the TB cases and LTBI in WA State occur in its most populous county, King County. As immigration increases, along with the higher incidences of TB in the foreign-born, including MDR-TB, it is important for the local public health departments to have effective, culturally-competent TB educational materials and outreach. Utilizing a systematic literature review methodology, this paper investigated the knowledge, attitudes and beliefs (KAB) regarding TB in foreign-born persons of the four cultures with the highest TB incident rates in King County, WA – Ethiopian, Filipino, Mexican, and Vietnamese – with recommendations for use by local public health departments in developing TB educational and outreach materials. Based on inclusion and exclusion criteria, the systematic literature review methodology, also called qualitative synthesis, employed a high-recall search strategy of relevant literature (qualitative and quantitative studies on KAB) to ensure that saturation, or no new citations, was achieved. A systematic process was then used to screen and analyze studies included in the review. The goal was to combine the results of many studies to gain a new understanding about the topic (Paterson & Thorne 2003).

This review resulted in the identification of gaps in knowledge about the cause and transmission of TB in the four cultures studied and the identification of six themes regarding TB that are shared across the cultures. The respondents in the studies reviewed tend to view TB through the lens of their health cultures rather than just the biomedical concepts of disease, but the most current TB brochures used by local public health departments focus primarily on the *disease* of TB. The six shared themes can be used to develop a basic TB educational brochure that addresses some of the common KAB regarding TB prevalent in these cultures. The culture-specific information identified in this paper can be used by medical providers to assist them in providing culture-specific services wherever they are serving their clients, in the US or countries of origin.