TB Infection Educational Materials for Refugees and Immigrants
Picture-based Messages for People with Limited English Proficiency and Limited Literacy

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Background
Controlling tuberculosis (TB) disease is a global priority for public health organizations. TB disease can be deadly and is easily spread from person to person. But controlling the precursor to TB disease, called latent TB infection, is also extremely important. If left untreated, TB infection can progress to TB disease.

Refugees and immigrants are most vulnerable to TB — with rates that are almost 10 times higher than people born in the United States, according to the Centers for Disease Control and Prevention (CDC).

To improve TB infection testing and treatment among refugees and immigrants, we developed a series of targeted, culturally relevant, easy-to-understand, and customizable TB educational materials.

Audience
Refugees and immigrants with limited English proficiency (LEP) and limited literacy skills

Challenges
Addressing TB infection presents several challenges:

• People with TB infection often don’t feel sick — so they may resist treatment
• Treatment for TB infection can be complex and last up to 9 months
• In many communities, there is a stigma that comes along with having TB

Methods
We applied a user-centered design (UCD) approach. UCD is a method for developing materials that involve end-users as co-creators in every step of the design process. We conducted:

• A review of focus group findings from sessions held by the Massachusetts Department of Public Health (MDPH) with refugees and immigrants with LEP and limited literacy skills
• An environmental scan of existing TB educational materials and best practices for communicating health information to people with LEP and limited literacy skills
• Icon testing with refugees and immigrants who have LEP and limited literacy skills (n=48) that ensured that icons and pictures are recognizable and easy to understand

• In-depth interviews to explore beliefs about TB infection and evaluate whether draft materials provide information that can be understood and used by 2 target audiences: refugees and immigrants with LEP and limited literacy skills (n=48), and health and social service providers who work with this population (n=3)

Developing Icons and Pictures
Refugees and immigrants with LEP and limited literacy deserve clear messages about TB testing and treatment — but can’t necessarily understand the text-heavy educational materials that already exist.

To fill this gap, we developed icons and pictures to convey key messages about TB infection.

Facilitating Patient-Provider Communication
Health care and social service providers play a big role in helping refugee and immigrant patients understand TB infection and take steps to treat it — and they need materials to support this effort.

Providers can use each of the 4 print materials we developed to guide conversations with patients about: what TB infection is, why treatment for TB infection is important, what a treatment regimen entails, and how to sustain treatment.

Addressing Language Needs and Cultural Relevance
We drafted simple, plain language messages to accompany each icon and picture — and translated all messages into 17 languages. Because refugees and immigrants with LEP reported a desire to learn English, we created bilingual materials for each language.

We also addressed the relationship between TB infection treatment and keeping family healthy — a priority for refugees and immigrants, in particular.

Giving Patients Tailored Information
Patients who decide to get treatment for TB infection have to follow a specific treatment regimen and medical care process. They also benefit from adherence strategies that fit their lives.

We developed 2 materials that can be customized for each patient’s unique needs:

• A TB infection treatment guide with tailored information on when to take TB medicine, how many pills to take, and how long the regimen will last
• An information sheet with tailored strategies for remembering to take TB medicine

Refugees and recent immigrants may have culturally-specific concerns about TB infection that inform their approach to testing and treatment. In response, we developed a tip sheet for providers, reminding them to discuss these issues with patients.

If you don’t feel normal…
1. Stop taking your TB medicine.
2. Call or go to your doctor right away.

How to contact your doctor:

How many?

With food?

How to take your TB medicine

• A patient can take the medicine at any time of the day, as long as they take it at the same time each day
• The TB medicine can be taken with food

Take your TB medicine every time

How long?

When?

Date
Day
Month
2021
Su M Tu W Th F Sa
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

You will likely finish your TB medicine in                 months.

Use a calendar to check off the days you have taken your medicine.

Get support

Refugees and recent immigrants may have culturally-specific concerns about TB infection that inform their approach to testing and treatment. In response, we developed a tip sheet for providers, reminding them to discuss these issues with patients.

By taking your TB medicine, you can prevent TB disease and keep your family healthy!