



MCN virtual training

Creating Effective COVID-19
Contact Tracing Initiatives for
Agricultural Workers,
Their Families and Other
Vulnerable Populations

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February 24, 2021

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Conflict of Interest Disclosure

We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers and/or other corporations whose products or services are related to pertinent therapeutic areas.

OBJECTIVES

At the conclusion of this activity, participants will be able to:

- Discuss parallels and differences between past contact tracing initiatives and the current reality of COVID-19.
- Describe effective strategies to reduce fear and engage vulnerable populations in contact investigation efforts.
- Explore newly developed resources developed to combat fear and misinformation about contact tracing and vaccines in the agricultural worker community

The background of the slide features a large, semi-transparent watermark of the Rutgers University seal. The seal is circular and contains the text "RUTGERS UNIVERSITY" around the perimeter and "1773" at the bottom. The seal is centered and occupies most of the slide's background.

RUTGERS

Global Tuberculosis
Institute

NEW JERSEY MEDICAL SCHOOL

Migrant Clinicians Network Conference

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February 24, 2021

Topics

- TB-Related Stigma
- TB Community Engagement
- Training to Develop TB contact tracing

Stigma Defined

- Stigma has been defined as the means by which an individual is devalued or discredited based on an “undesirable attribute” which may be a particular culture, lifestyle or disease
- Stigma manifests itself by labeling, marginalizing, ostracizing, stereotyping and perhaps excluding the individual due to their “undesirable traits”

Why TB Stigma?

- Stigma occurs because of community and institutional myths, misconceptions and misinformation about the disease
 - People simply are content to live in fear about what they don't really understand about TB but what they think they *believe* about TB

Common Causes of TB –Related Stigma

- One of the most common causes of TB stigma may be the perceived risk of exposure and transmission
- Another common yet erroneous belief is that TB is the result of poor hygiene which unfairly places blame on the individual with disease
- TB is also stigmatized because of its association with HIV, poverty, low social class, malnutrition or alcohol and or drug abuse

- Ultimately, for a TB patient stigma can result in shame, guilt, mental trauma, discrimination, isolation, loneliness and more importantly diagnostic delays and eventual treatment non-adherence

Types of Stigma

- **Public stigma**
 - Describes negative attitudes, beliefs and behaviors held by the general public directed towards the TB patient
- **Anticipated or perceived stigma**
 - Refers to the TB patient who *worries* they will be devalued after their diagnosis. For the patient this is the fear that the stigma against them will be so obvious that it may effect treatment
 - Whether or not stigma actually occurs anticipated stigma may interfere with seeking medical care and treatment adherence
- **Internalized or self-stigma**
 - Embraces the idea that TB patients may actually *endorse* the negativity directed at them from the general public and as a result may behave according to these negative messages

Community Engagement-1

- Addressing TB-related stigma can be challenging because of its historical and cultural roots
- However, the overall perception of TB stigma and other issues related to TB can be addressed through community engagement and the implementation of training for contact tracers

Community Engagement-2

- There has been a national and global movement in the TB community of the need for awareness or consciousness raising to address specific issues related to TB and to bring them to the forefront of the general public
- TB community engagement is regarded by some as critical to improving the reach and sustainability of TB intervention and to help save lives
 - Two examples of TB Community Engagement

Community Engagement-3

- The WHO's *End TB Strategy* includes the engagement of communities and civil society organizations (CSOs) as one of its core components and principles and references ENGAGE-TB.
- The ENGAGE-TB approach facilitates the engagement of non-government organizations (NGOs) and other CSOs in community-based TB activities

Community Engagement-4

- The ENGAGE-TB approach seeks to shift the global perspective of TB from a medical illness to a more comprehensive and socioeconomic and community focus
- It emphasizes the value of collaboration and partnership between NGOs and CSOs and the National TB Program (NTP)
- ENGAGE-TB emphasizes close alignment of systems especially in TB monitoring and reporting to ensure that national data adequately capture the contribution of community-based TB activities

Community Engagement-5

- The CDC TB Community Engagement Network supports communities at risk for TB and builds capacity among health care providers and others who serve and support these populations
- The Network brings together community-based organizations across the United States to increase knowledge, testing and treatment of TB disease and latent TB infection (LTBI) among communities at increased risk
- The goals of the Network
 - conduct outreach to communities most affected by TB
 - Increase awareness and understanding of LTBI testing and treatment
 - Share resources and best practices among providers

Community Engagement-6

- Examples of Community-Based TB Activities
 - Assisting in early case-finding by encouraging people who present with TB-related symptoms to actively seek medical care for diagnostic services
 - Providing treatment support for initiation and completion of therapy for both TB disease and LTBI
 - Preventing TB transmission by providing TB education through local media
 - Offering education programs and projects by incorporating messages of TB prevention and care into school curricula and classroom learning that aid in de-stigmatizing TB
 - Assisting contact investigations by engaging community members to assist in contact tracing when appropriate
 - Reducing TB-related stigma and discrimination

Community Engagement-7

- Bringing people together who have been diagnosed with TB to share their experiences and to describe common struggles may offer the opportunity to both identify and share with the general public common issues that surround this disease

Community Engagement-8

- Project Hope, USAID Quality Health Care Project and TB Action Group are just a few of the many patient advocacy groups that lend support to TB patients
- The common issues they share are
 - Improving communication between the TB patient and care giver
 - Encouraging families to become actively engaged in the care of family members with TB
 - Addressing stigma, feelings of loneliness and isolation common among TB patients through peer support or former patients resulting in the increase of the number of patients completing treatment

Community Engagement-9

- While the Global TB Institute occasionally honors special requests for speaking to community groups it is our standard of practice to offer education sessions to speak directly with community members who are associated with exposure sites regardless of whether they have been identified as high or low risk contacts or the worried well

Community Engagement-10

- Through education sessions, which are a vital component of these congregate setting contact investigations, information is provided to all associated with an exposure site
- These sessions are designed to help dispel the myths and misconceptions about TB and in its place offer the facts and realities of the disease
- Education sessions have proven to allay fears, reduce anxiety and increase TB knowledge while at the same time addressing the unfair and unjustified stigma associated with TB

Training-1

- Since the onset of the public health crisis caused by COVID-19 there has been much discussion and reference to the TB model and its role in addressing the pandemic
- What is the TB model?
 - Identify the source case
 - Isolate the source case
 - Contact trace around the source case

Training-2

- Focusing on the contact tracing model the four TB Centers of Excellence (located in New Jersey, Florida, Texas and California) and funded by the Centers for Disease Control and Prevention (CDC) provided assistance in the development of the CDC four day *Effective TB Interviewing Course* that has been standardized and is available to all TB programs in the US

Training-3

- The in-person course is designed as an interactive skill-building training to improve the abilities of both new and experienced staff who are responsible for conducting TB contact investigation interviews and the subsequent tracing of contacts

Training-4

- To summarize from this course there are 10 steps that are included in the systematic approach to contact tracing

Training-5

- Review existing medical information about the case
- Determine the degree of infectiousness and estimate the infectious period
- Interview the TB case
- Develop a plan of action for the investigation
- Revise infectious period if necessary
- Prioritize contacts
- Conduct field visits
- Conduct contact clinical assessments
- Determine whether to expand or conclude the investigation
- Evaluate contact tracing activities

Strategies for Conducting TB Interviews

- There are numerous strategies for conducting effective TB case interviews
- Two are worth noting as they relate to the potential of TB-related stigma and misinformation
 - Begin with an assessment of the case's knowledge, feelings and beliefs about TB
 - Recognize and address the case's fears and concerns about TB

Closing Comments-1

- While identifying contacts is the primary objective of the TB case interview educating the case and their contacts is critical in clarifying misconceptions they may have about TB
- Education is the first step in addressing any evidence of TB-related stigma and or misinformation
- The TB case interview is an opportunity to educate the patient about transmission and treatment
- A TB case who understands their diagnosis and how TB is and is not transmitted is more likely to be invested in the contact investigation process as well as their treatment

Closing Comments-2

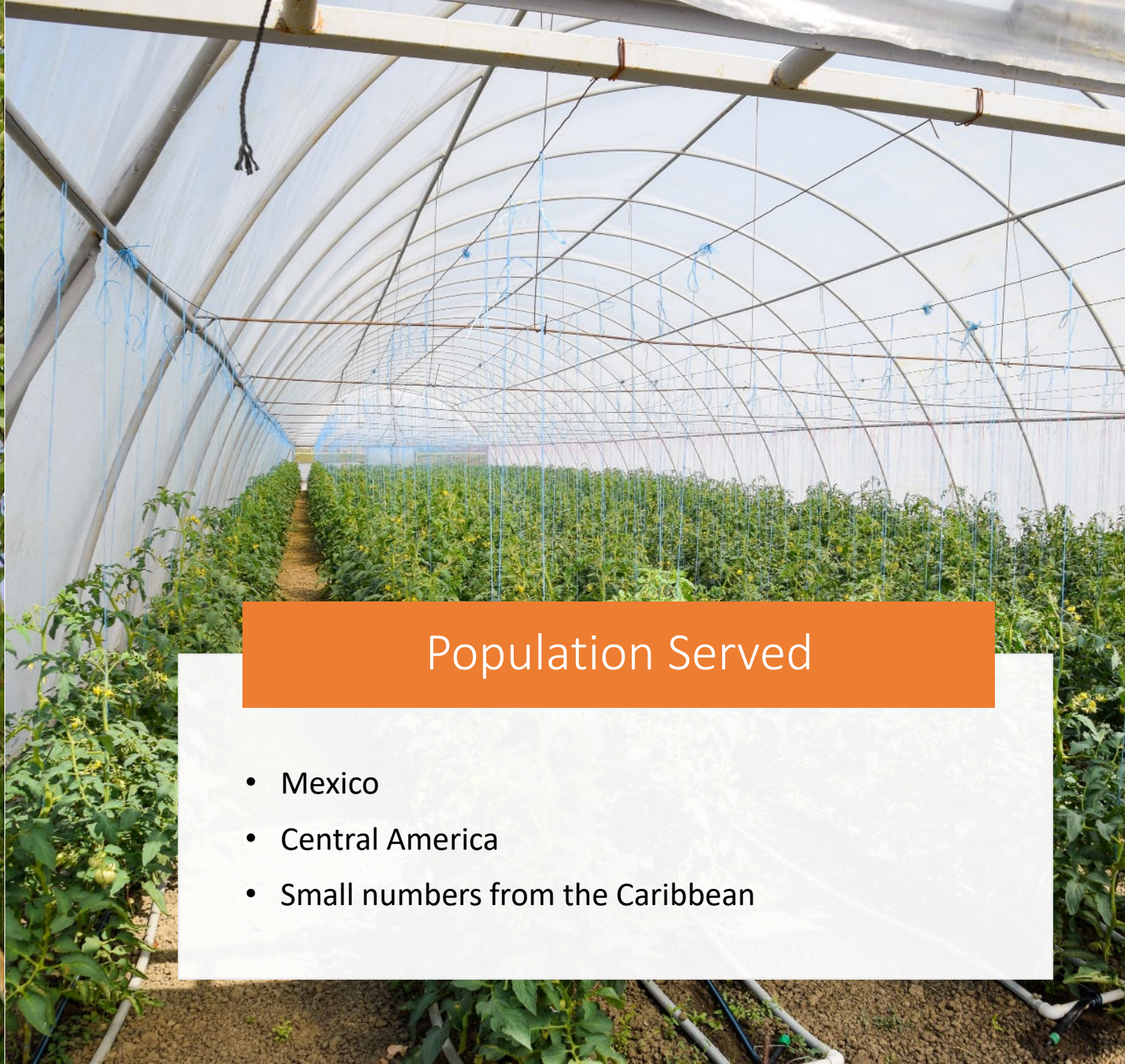
- One of the most important skills in conducting a TB case interview is the ability to begin building trust and rapport
- It is important that the TB interviewer builds a trusting relationship with the case or contact by using effective communication skills, maintaining patient confidentiality and demonstrating respect and empathy

Thank you

Contact Tracing among Agricultural Workers in the COVID-19 Era

Lessons from Pennsylvania

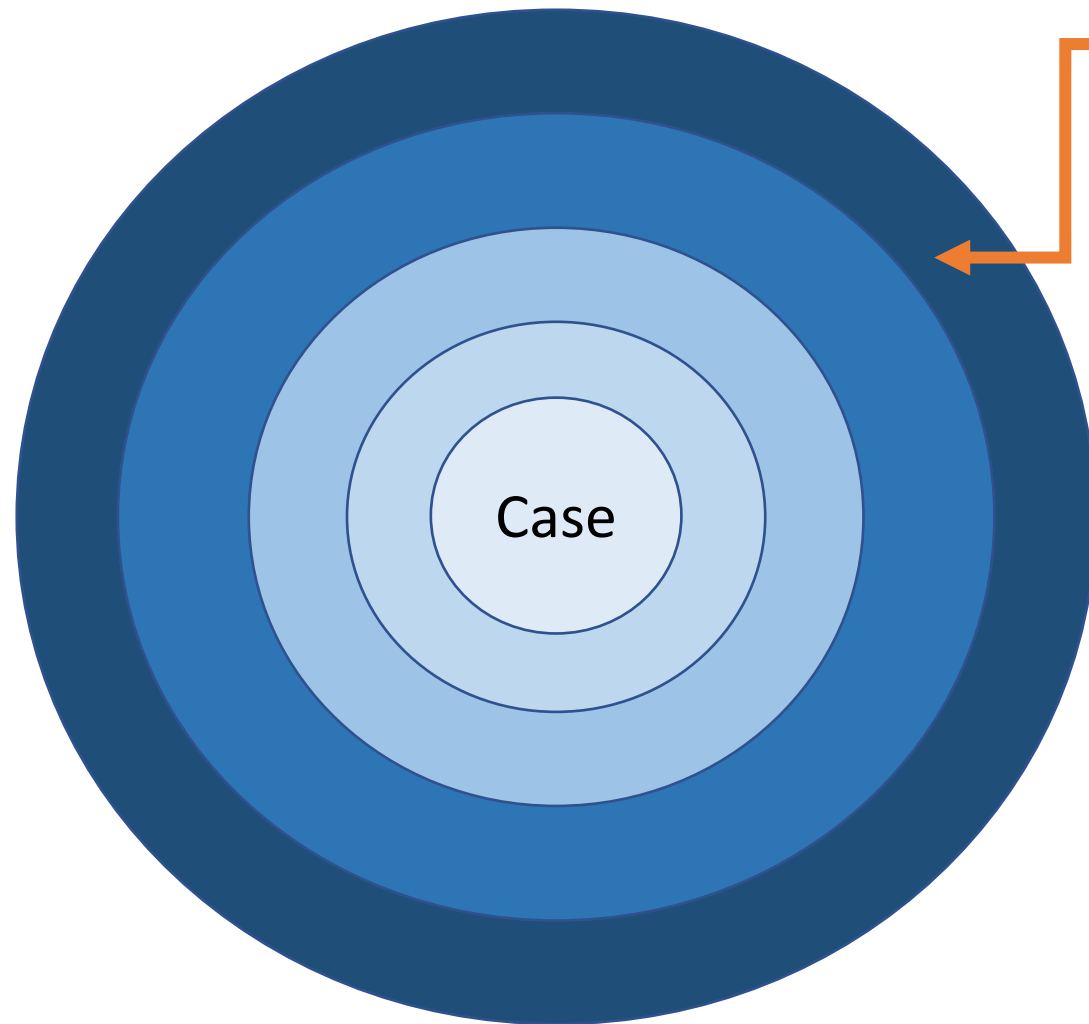




Population Served

- Mexico
- Central America
- Small numbers from the Caribbean

Contact Tracing



Cohort that has a level of disease that is considered acceptable

With COVID we use the same principles however cannot take the time to work up each concentric circle because of the overwhelming numbers of cases and the time it takes to do testing.



What worked well?

- Calling
- Texting
- Contacting a person, they know first so that you can name that HR person or crew chief even farm owner helps to build trust.



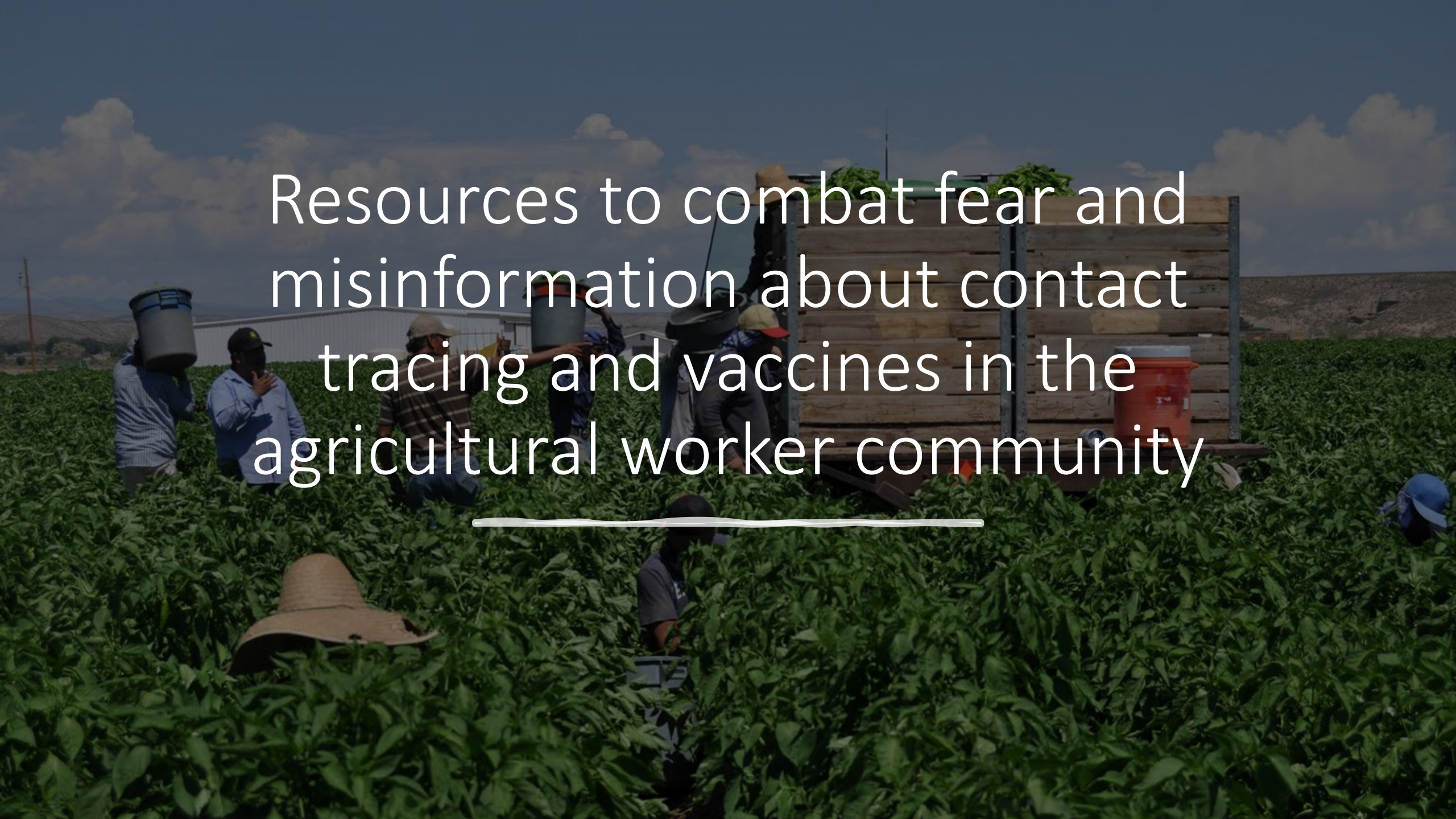
Challenges

Like many others in the US --
Distrust of the government



—

Migrant farmworkers (Latin American) will likely need less convincing than rural Americans when it comes time to vaccinate.

A photograph of agricultural workers in a field. In the background, a wooden structure, possibly a truck bed or a large crate, is visible. Several workers are present, some carrying large grey buckets on their heads. The field is filled with green plants. The sky is blue with some clouds. The text is overlaid in white, sans-serif font, centered in the upper half of the image.

Resources to combat fear and
misinformation about contact
tracing and vaccines in the
agricultural worker community

Partnership with NRC-RIM



NRC-RIM

National Resource Center for
Refugees, Immigrants, and Migrants

MIGRANT CLINICIANS NETWORK

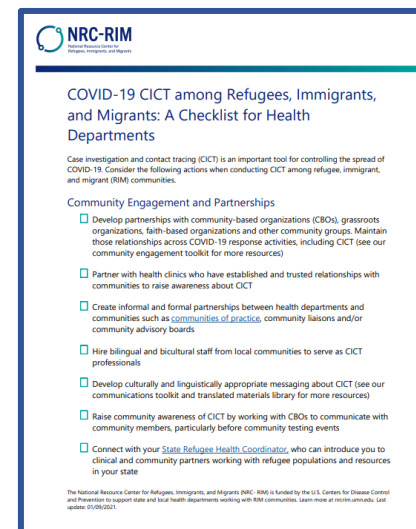


NRC-RIM Resources

Primary components of COVID-19 contact tracing



[“What is Contact Tracing?” Videos Featuring Community Members in Multiple Languages](#) (NRC-RIM)



[COVID-19 CICT among Refugees, Immigrants, and Migrants: A Checklist for Health Departments](#) (NRC-RIM)

Contact Tracing Resources

Outreach in RIM Communities



[COVID-19 Case Investigation and Contact Tracing among Refugee, Immigrant, and Migrant \(RIM\) Populations: Important Considerations for Health Departments \(CDC\)](#)

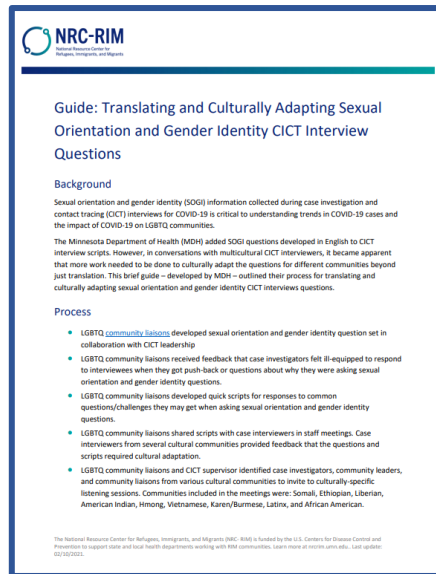


[Outreach to RIM Communities ahead of CICT Efforts](#)

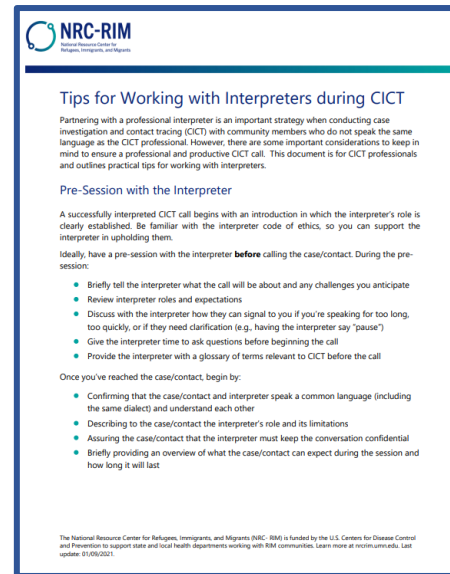


[WhatsApp to Reach and Engage RIM Communities](#)

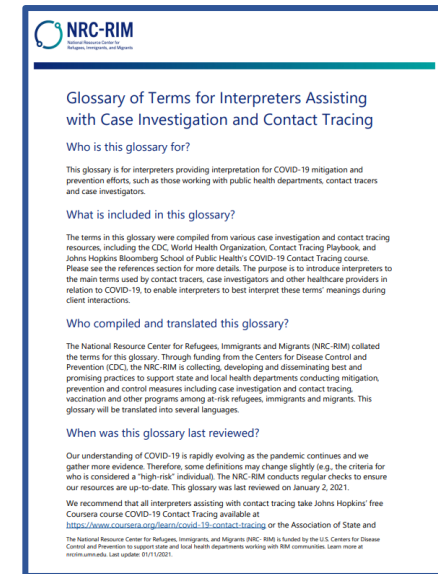
Addressing Barriers in Contact Tracing RIM Communities



[Guide: Translating and Culturally Adapting Sexual Orientation and Gender Identity CICT Interview Questions](#)



[Tips for Working with Interpreters during CICT](#)



[Glossary of Terms for Interpreters Assisting with Case Investigation and Contact Tracing](#)

Social Support Services RIM Communities

 **NRC-RIM**
National Resource Center for
Refugees, Immigrants, and Migrants

Social Support Services for RIM Communities: A Checklist for Health Departments

The social determinants of health, namely conditions in the places where people live, learn, work, and play, affect a wide range of health risks and outcomes. Integrating social support services into a health department's COVID-19 response for refugee, immigrant, and migrant (RIM) communities contributes to better health outcomes and more successful prevention and mitigation efforts. In addition, it strengthens community collaboration and improves care coordination that may be sustained beyond the COVID-19 pandemic, helping reduce health disparities in RIM populations overall. Collaborating and partnering with local social support and community-based organizations (CBOs) enhances a health department's ability to provide culturally and linguistically accessible information, effectively respond to RIM community members' questions and concerns, and support RIM communities to follow public health isolation and quarantine guidance.

Consider the following actions for health departments when organizing social service support among RIM communities.


Social Service Engagement and Partnerships

- Learn about existing social support and wraparound services in your area; services may include temporary housing and emergency rent assistance, food assistance including grocery delivery, childcare support, employment services including unemployment benefit application and job protection services, immigration and legal services, as well as healthcare and medication access services
- Work with CBOs and resettlement agencies to connect individuals to these social services through partners or during events like COVID-19 community testing or at quarantine and isolation sites
- Understand how to refer people to critical free or low-cost social support services, including health services
- Acknowledge barriers related to fear or mistrust of social support services provided by, or facilitated through, the government and ensure appropriate confidentiality in communications with RIM community members

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 01/09/2021.

Social Support Services for RIM Communities: A Checklist for Health Departments

Support for Contact Tracers Psychological First Aid (PFA)

 **NRC-RIM**
National Resource Center for
Refugees, Immigrants, and Migrants

PFA is...	PFA is NOT...
Something that anyone can do with training	Something that only professionals can do
Supportive and practical	Counseling or therapy
Useful in assessing the immediate concerns and needs of the impacted individual	Probing people's thoughts or feelings
Listening to people so they feel heard and understood	Telling people what to do
Giving people enough time and compassionate support to feel calmer so they can better receive information and make decisions that are best for them	A series of steps or techniques that get to a pre-determined outcome
Helping people connect to information, services, and supports	Having all the answers to questions or being able to provide all the things someone needs

Why PFA?
The SARS-CoV-2 pandemic (hereafter referred to as the 'pandemic') is having numerous negative impacts on people, families, and communities. Because of the pandemic and related social distancing measures, more people are isolated and their normal social support systems and interactions have been interrupted or are smaller. Many people have also seen their economic conditions worsen and are taking on additional responsibilities at home due to school closures. In addition, evolving public information and instruction and concurrent disinformation efforts have left some people uncertain as to what to believe or distrusting of accurate information.

"I think the worst for me is when I call and the person I am calling about is really sick or even passed away. I feel terrible and I don't always know what to do or say."

Within this context, Contact Tracers & Case Investigators may be the first person to tell someone that that have been infected with the SARS-CoV-2 virus, or in some cases, reach someone whose family or friend recently died from the virus. They may be asking people to do things like stay home from work, prompting people's worry about how they will follow guidelines and pay for basic and critical needs like food and housing. Contact Tracers and Case Investigators may be talking to people about quarantining

The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.uminn.edu.
Last update: 02/02/2021.

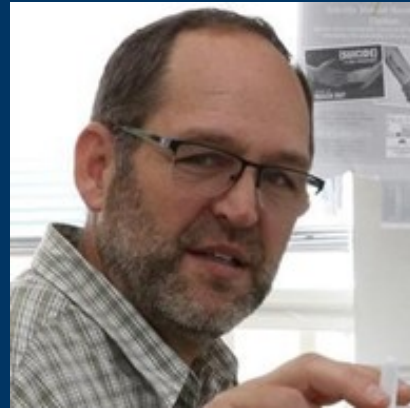
Guide: Psychological First Aid for SARS-Cov-2 Contact Tracers and Case Investigators

Thank you!



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