

**Community Work:**  
**The Tuberculosis (TB) Outbreak in Kansas (2024/2025)**  
**Dayson Marar | 2025-2026**

# Accreditation Statement



## Accreditation Statement

In support of improving patient care, Mayo Clinic College of Medicine and Science is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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This activity was planned by and for the healthcare team, and learners will receive 14.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

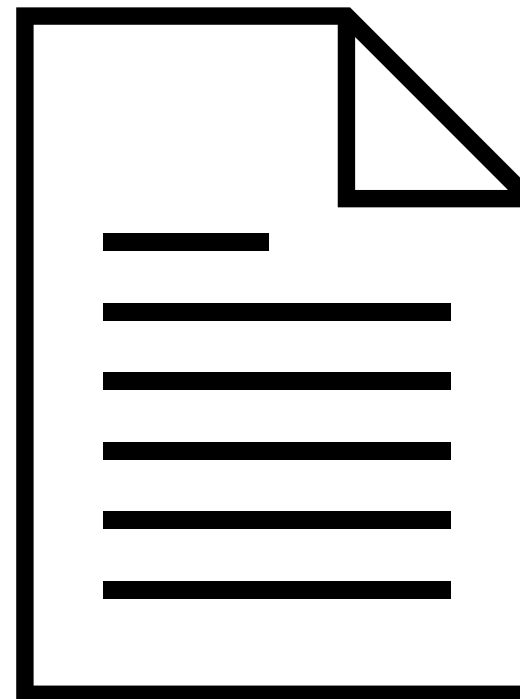
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## Available Credit

- 14.00 ANCC
- 14.00 Attendance
- 14.00 IPCE

# Disclosures

No relevant financial disclosures

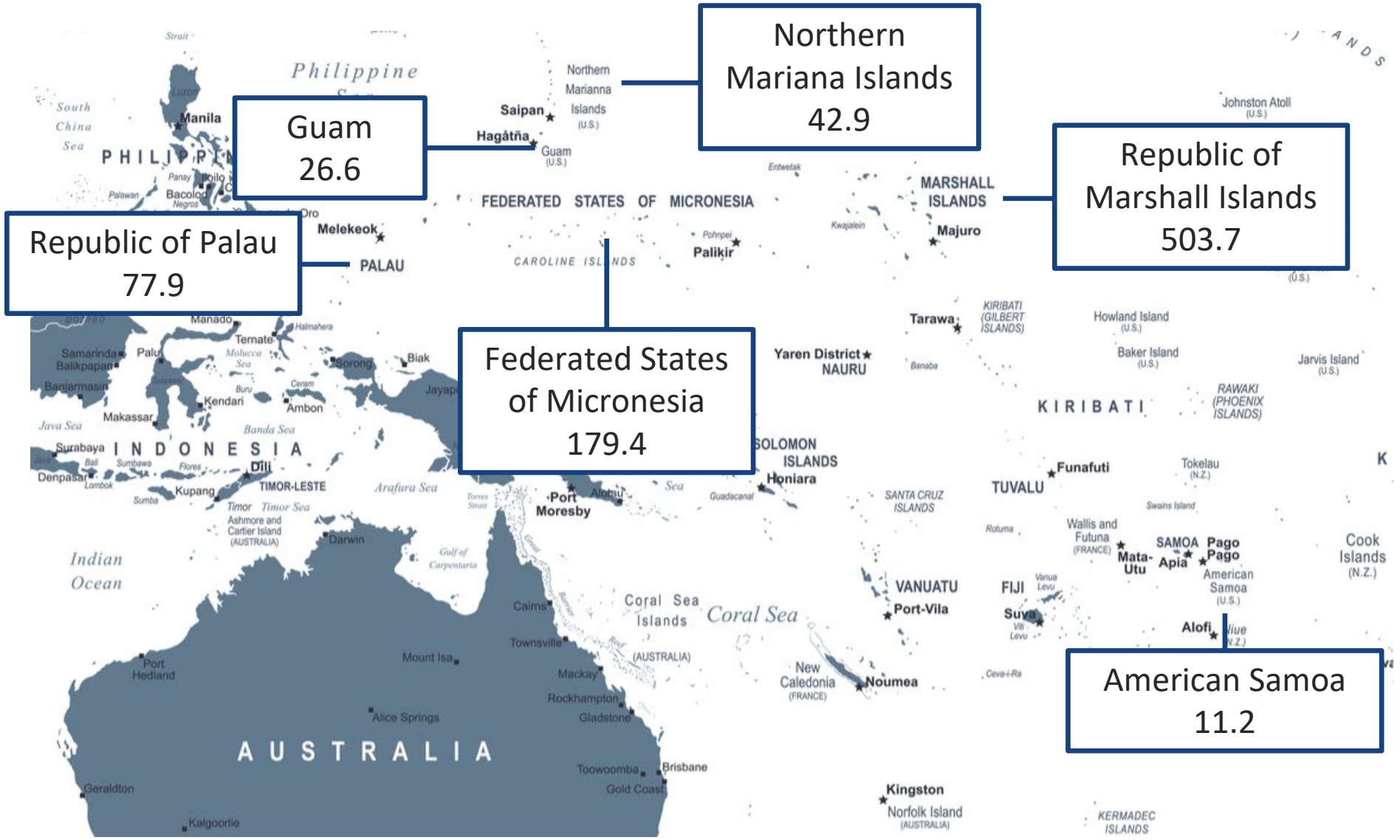


# Agenda

- Importance of community partnered.
- Community Background.
- Challenges
- Solutions
- Q & A



# TB Incidence Rates\* by U.S.-Affiliated Pacific Islands, 2023



\*Cases per 100,000 persons

## Micronesian Community Values

### Family

- Extended families
- Multi-generational households

### Believe

- Christian beliefs
- Large support system within community
- Black Magic is still practice

### Culture

- Chiefs, or community leaders, have the most influence and decision-making over the community



## Healthcare Access

### Transportation

- No transportation

### Low health literacy or TB education

- Underestimates the severity of their possible or current condition
- Lack of trust in healthcare providers or system

### External conflicts

- Unable to acquire daycare
- Inability to take time off work

### Financial

- No health insurance or inadequate coverage

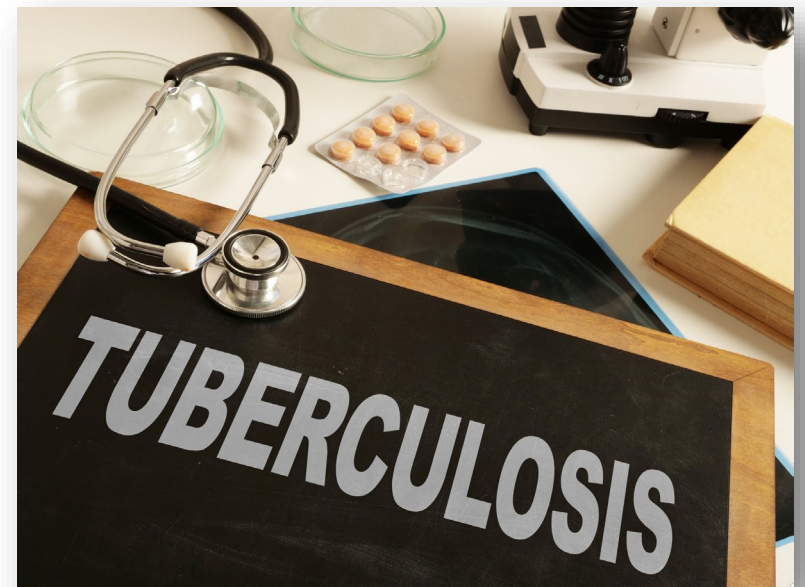


## Tuberculosis (TB) Stigma

Tuberculosis (TB) stigma refers to the fear and negative social judgment surrounding the disease. TB stigma is often fueled by misconceptions, causing a significant barrier to effective TB diagnosis and care.

## Tuberculosis (TB) Stigma Can Cause:

- Discrimination
- Social Isolation
- Shame
- Delay or avoidance of treatment



## Cultural and Language Solutions

- Hire CHWs who speak the language and understand the culture
- Involve the national government, identify the community leaders and get them involved
- CDC, State public health, local public health and local churches.



## Solutions to Combat TB Stigma

- Educational awareness
- Testimonies of TB survivors
- Utilize community leaders



## Healthcare Access

- Assistance with setting up Vibrant Health appointments
- Work with local agencies and governments to build relationships and establish networks of healthcare services and providers to connect patients and improve their overall health



# Questions





# Thank you!

## **Dayson Marar**

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# Cultural Considerations in Tuberculosis (TB) Care

Wisconsin TB Program

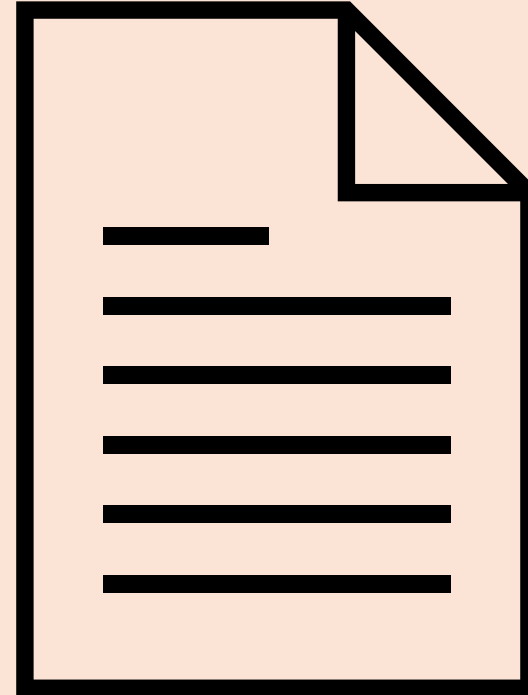
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April 15, 2026

Division of Public  
Health

# Disclosures

No relevant financial disclosures



# Recipe for Success

## Patients who complete treatment often have:

- Strong support system
- Clear understanding of diagnosis
- Understanding of required evaluation and treatment for immigration



# Clinician Identified Gaps

## Patient understanding:

- Many know about TB due to family history
- But: Confusion between **Latent TB infection (LTBI)** and **active TB** is common
- Results in **fear** and **missed follow-up**



# Understand View of Healing

- What causes TB?
- Do they have natural medicines, healers?
- Where do they seek care? (Hmong providers, U4U providers, Thai medicines in Asian markets, family)
- Who supports and encourages them through treatment?



# Working With Community Leaders

## Formal example

- Wisconsin Hmong Association, faith-based leadership

## Informal example

- Hmong providers, familial hierarchy



# Language Barriers

Language and cultural barriers are a significant obstacle for educating refugee and immigrant patients about TB/LTBI services.

# Language Needs

Most requested: **Spanish, Somali, Arabic, Hmong, Rohingya, Nepali**



Strong need for **low-literacy, visual, and video** materials



Be aware of resources in various languages and literacy levels

# Working with Interpreters

- May be helpful to check interpreter communication strategies for TB and LTBI education.
- Consider when in-person interpreter services may be more beneficial.



# Promote Cultural Navigators

Culturally responsive patient navigators, also known as community health workers (CHWs), are essential for **building trust** with newcomers. CHWs help **improve care coordination**, so that patients can follow through with their appointments and treatment.



# Promote Cultural Navigators

Effective engagement of CHWs requires strategic integration at the frontlines, such as:



**Advocating** for the role.



Hiring from within the **target community**.



Maintaining **long-term support systems**.



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# Questions?

## Thank you!

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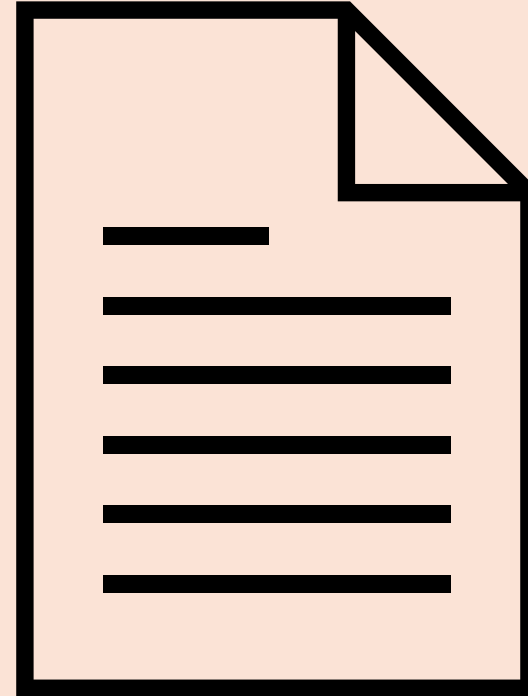
# South Dakota Department of Health

## Cultural Considerations in TB Care

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**TB Program Manager**

# Disclosures

No relevant financial disclosures



# Cultural Considerations in TB Care

On Sept. 1, 2025, South Dakota received a report of a TB case in a Liberian female patient who presented with the following:

- Highly infectious (+4 AFB) for more than 1 year
- Was pregnant and symptomatic the entire pregnancy so concern for congenital TB
- Infant born prior to TB diagnosis so OB staff were exposed throughout her pregnancy exams and during delivery
- Threatened to leave the hospital AMA with infant
- Initially threatened to refuse treatment
- 3 young children living in home
- Worked at the largest employer in South Dakota
- Regularly attended a Liberian Church



# Cultural Considerations in TB Care cont.

- TB case denied attending church but husband confirmed in separate interview. TB case eventually agreed but denied attendance since prior to Jan 2025.
- DIS searched church Facebook and saw pics of TB case being honored on Mother's Day May 2025 at church.
- DIS confronted TB case about Facebook pics and wall plaque in home from the church honoring family from June 2025.
- TB case eventually said she attended the church while infectious but would not provide names of persons exposed and continued to refuse to discuss with DIS.
- Regional DIS Manager (female) called the church pastor to discuss CI but was told the congregation "was smart" and "they would do the right thing on their own" so DOH does not need to come into the church.



# Cultural Considerations in TB Care cont.

- State Epi (male) called the pastor to reinforce the importance of contacts being tested. The pastor agreed to allow him and the Nurse Manager to come to the church for an in-service and he agreed to support testing.
- State Epi and Nurse Manager provided a TB presentation to the congregation after a Sunday church service. The pastor told the congregation it was important for them to listen and was supportive of the testing. There were many good questions and DOH staff were well received.
- DOH staff left feeling really good . . . **BUT** . . . not a single church member called DOH or presented for testing.
- Repeat calls were made to the pastor but he said “there is nothing he can do” and “the congregation are individuals”.



# Cultural Considerations in TB Care cont.

- DOH worked with Mayo Clinic staff to develop Liberian culturally specific educational materials including a poster and short video which were provided to the pastor.
- Months passed with no process so we were referred to a CDC staff person with a Liberian foundation who identified a local Liberian community leader in the same city.
- DOH communicated with this Liberian community leader who knew the church pastor and agreed to reach out in support of DOH testing efforts. The Liberian educational materials were provided to him for his communication efforts.
- As of April 2025, no church members have been tested but we continue to work with the Liberian community leader.



# Cultural Considerations in TB Care cont.

## HOW CAN I STAY SAFE FROM TB?



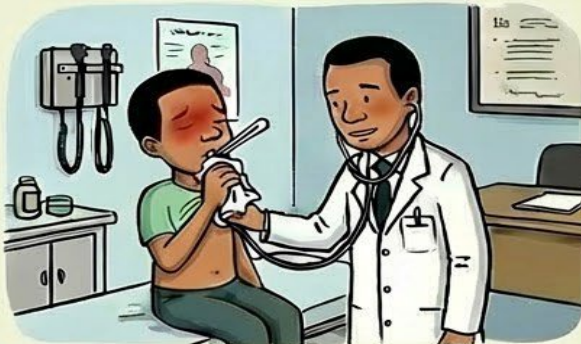
**WASH YOUR HANDS OFTEN.**



**COVER YOUR MOUTH WHEN YOU COUGH OR SNEEZE.**



**OPEN WINDOWS TO LET IN FRESH AIR.**



**GO TO THE DOCTOR IF YOU FEEL SICK.**



**TAKE ALL YOUR MEDICINE IF YOUR DOCTOR PRESCRIBES IT FOR YOU.**



**DON'T SHARE CUPS, STRAWS, OR TOOTHBRUSHES.**



# Cultural Considerations in TB Care cont.

## Recommended strategies:

- Continue to engage in communication even when you experience denial, avoidance, rejection and other obstacles
- Gently confront inconsistencies identified in investigations
- Be persistent (but not annoying); repeat communication is necessary
- Use gender appropriate staff to relay information
- Develop culturally specific educational materials
- Find an appropriate community leader to help gain trust from the community (it may not be the first person you find)
- Not all difficulties you encounter “cultural”. Try to identify the true nature of a problem so you find the correct solution.

