

BRIDGING CULTURE AND TB CARE:

STRENGTHENING PUBLIC HEALTH PARTNERSHIPS WITH THE HMONG COMMUNITY

Mai Nhia Vang, RN

WI Virtual TB Summit 2026

April 21st, 2026

DISCLOSURE

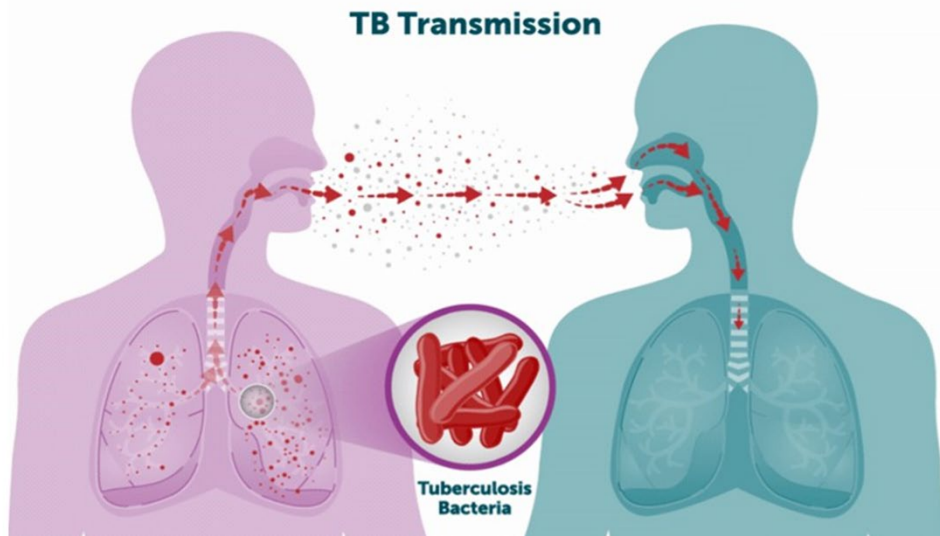
- NO CONFLICTS OF INTEREST
- CONTENTS REFLECTS PROFESSIONAL EXPERIENCE IN PUBLIC HEALTH TB CARE
- PATIENT INFORMATION DE-IDENTIFIED
- FOR EDUCATIONAL PURPOSES ONLY
- PERSPECTIVES SHARED ARE NOT REPRESENTATIVE OF ALL HMONG INDIVIDUALS

WISCONSIN
TB SUMMIT

LEARNING OBJECTIVES

- Describe key values and beliefs within the Hmong community that influence TB care
- Identify common barriers to TB prevention, testing, and treatment
- Apply culturally responsive strategies to improve engagement and treatment adherence
- Recognize the role of community partnerships in strengthening TB outcomes
- Use practical communication approaches when working with Hmong clients
- Case study

BRIEF OVERVIEW: TUBERCULOSIS (TB)



Centers for Disease Control and Prevention

- Caused by *Mycobacterium tuberculosis*
- Spread through the air when a person with active TB coughs or speaks
- Two conditions: Latent TB infection (LTBI) and Active TB Disease
- Treatment is effective but requires long-term adherence

TB RISK IN HMONG COMMUNITIES

Many Hmong individuals come from regions where TB is more common

Higher chance of having latent TB infection (LTBI)

TB can develop later through reactivation, even years after exposure

In the U.S., TB is more common in non-U.S.-born populations

WHY CULTURAL CONTEXT MATTERS IN TB CARE

- Why Culture + TB Care = Better Outcomes
 - Cultural beliefs influence how illness is understood
 - Cultural misunderstandings can lead to delayed diagnosis
 - Trust impacts treatment adherence
 - Strong partnerships improve screening, follow-up, and outcomes



OVERVIEW OF THE HMONG COMMUNITY

- Hmong people originated in China and later migrated to Southeast Asian countries including Laos, Vietnam, and Thailand
- Many settled in the highlands of Laos, living as independent farmers



Hmong migration map China, Laos, Thailand

Minnesota Historical Society

OVERVIEW OF THE HMONG COMMUNITY

- The Secret War:
 - Many resettled in the U.S. after the Vietnam war
- Large communities in Wisconsin, Minnesota, California, and North Carolina



Learnuake.com Hmong around the world

KEY CULTURAL VALUES



- Strong family and clan decision-making
- Respect for elders and community leaders
- Collective decision making rather than individual
- Emphasis on harmony and respect

TRADITIONAL HEALTH BELIEFS

- Health may be viewed as balance between physical and spiritual factors
- Traditional healing practices may be used alongside Western medicine
 - **Examples:**
 - Herbal remedies (teas, steam treatments, plant-based therapies for cough/fever)
 - Spiritual healing
 - Prayer sessions



Magenta plant (used for respiratory and digestive health)



Shaman (txiv neeb) altar

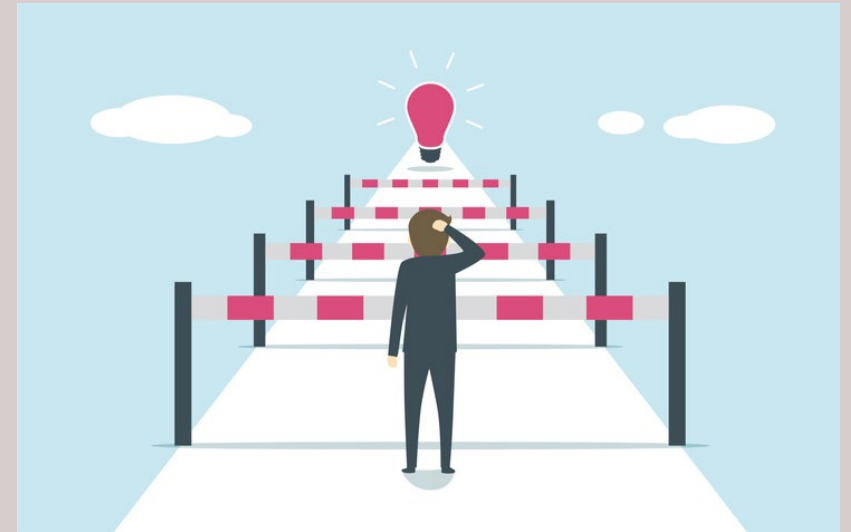
Which factor(s) do you think most impacts TB treatment adherence in the Hmong community?

A	Medication side effects
B	Cultural beliefs about illness
C	Stigma and privacy concerns
D	All the above



COMMON BARRIERS TO TB CARE

- Language barriers
 - TB in Hmong means kab mob ntsws
- Health literacy differences
 - May not be familiar with concept of latent TB
- Transportation and work schedules
 - Inflexible jobs or limited transportation
- Cost of health services
 - Delay seeking care → delay in diagnosis and more advanced disease





STIGMA AND TB



TB may be associated with shame and fear in some communities



Clients may worry about others finding out



Privacy and trust are extremely important

CULTURALLY RESPONSIVE STRATEGIES



Use

Use trained interpreters

Provide

Provide culturally appropriate education

Build

Build trust before discussing treatment (if possible)

Allow

Allow time for questions and family involvement

PRACTICAL COMMUNICATION TIPS

- Use trained interpreters
 - When possible, prioritize in-person interpreters
- Use visual aids to support understanding
- Use simple, clear language (avoid medical jargon)
- Confirm understanding (teach-back method)
- Be mindful of cultural preferences and communication styles

XAV TXOG TB

Kev xa cov neeg muaj mob tsis paub zoo ntev dua 2-3 lub lim tiam.
Kho Mob rau ntawm ib tug kws kho mob kiag tam sim.
Cov neeg muaj tus kab mob TB (Mob Ntsws) yuav tsum tsis txhob nyob nrog lwm cov neeg.

mn
DEPARTMENT
OF HEALTH
www.health.state.mn.us/tb

hmong - 8/2019

BUILDING TRUST

- Listen first
 - Stories
- Avoid assumptions
- Show respect for cultural beliefs
- Acknowledge traditional practices when appropriate



Hmong story cloth

IMPORTANCE OF FAMILY INVOLVEMENT



Vecteezy clipart

- Family plays important role in health decisions
- Clients may want to discuss treatment with family members
- Family support can help treatment adherence
- When appropriate, invite family to be part of education and discussions

CULTURAL CONSIDERATIONS: FOOD AND COMFORT



Boiled chicken with herbs and white rice

- Supporting Hmong clients during illness:
 - Food is tied to healing and comfort
 - TB and its treatment can cause loss of appetite
 - Hospital food may feel unfamiliar or unappetizing to some clients
 - If hospitalized, consider allowing family to bring traditional Hmong foods when appropriate
 - Familiar foods may help improve appetite, comfort, and recovery

What is one way to support comfort and build trust with Hmong clients during TB care?



A	Encourage only hospital-provided meals
B	Allow family to bring traditional foods when appropriate
C	Avoid discussing food preferences
D	Focus only on medication adherence

ROLES OF COMMUNITY PARTNERSHIPS

- Partnering with cultural organizations
- Working with community health workers
 - Hmong New Year
- Outreach and education events
 - Collaborate with the client's primary care provider
 - Many older Hmong clients may have multiple chronic conditions requiring coordinated care



Celebration of New Year



CASE STUDY: LL → 69 Y.O. HMONG MALE

- Born in Laos, immigrated to U.S. in late 1970s
- Retired; Lives in California with stepchildren; visiting Wisconsin with wife and considering relocation
- Hospitalized at SSM Health for leg pain/swelling → later diagnosed with pulmonary TB
- Sx: productive cough, weight loss, fevers/chills
- Sx onset for cough: months before diagnosis



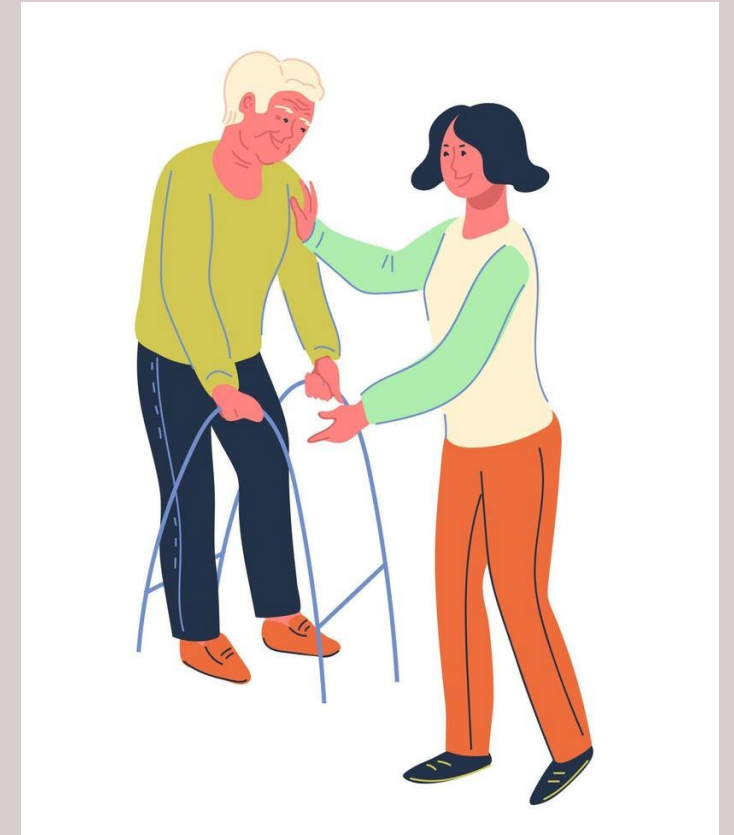
CASE STUDY: LL → 69 Y.O. HMONG MALE

- Hx: Pos QFT (3 months of treatment for LTBI?),
 - gout, hypertension, heart failure with preserved ejection fraction, ascending aortic aneurysm, right lower extremity DVT, bilateral PEs on Eliquis, urinary retention
- Imaging: Cavitory lung lesion
 - Positive Sputum AFB smears
 - Positive TB PCR test
 - 2024
- TB regimen adjusted due to INH resistance → Levofloxacin, Ethambutol, Rifampin, and Pyrazinamide



CASE STUDY: LL→SOCIAL & CARE CHALLENGES

- Complex medical history
 - Multiple comorbidities
 - Prior history of leaving AMA → related to perceived lack of communication/understanding of care plan
- Communication barriers
 - Limited English proficiency
 - Poor historian
 - difficulty gathering accurate history



CASE STUDY: LL → SOCIAL & CARE CHALLENGES

- Limited support system
 - Estranged from most children
 - Minimal local support while visiting
- Housing instability during isolation
 - Unable to stay with family
- Care coordination challenges
 - Considering relocation across states
 - Added complexity for follow-up, treatment continuity, and public health coordination



CASE STUDY: LL → INTERVENTION & SUPPORT

- Connected to TB services in WI and CA
- Coordinated with community organizations
 - Hmong Institute
 - Services included: culturally competent direct service, advocacy, cultural training and technical assistance, consultation
 - Aging and Disability Resource Centers (ADRC)
 - Provide WI residents with info related to aging or living with a disability; help connect people with resources

THE H*NG INSTITUTE*


Aging and Disability Resource Center
of Central Wisconsin

CASE STUDY: LL → INTERVENTION & SUPPORT

- Used Hmong interpreter
- Assisted with:
 - Housing/hotel
 - Food
 - Transportation
 - TB MA, hospital financial assistance programs
 - ID barriers
- Reconnected with family members



Union cab

CASE STUDY: LL → CONTACT INVESTIGATION AND TRUST

- Hesitant to share contacts
- Likely influenced by stigma surrounding TB
- Sx onset identified:
 - around July 2023 (11 months prior to diagnosis)
- Estimated infectious period:
 - April 2023-July 2024 (until 3 negative sputum smears)
- Delayed care due to financial barriers and thinking it was mild
- Concept of infectiousness and contact investigation was challenging to understand

CASE STUDY: LL → CONTACT INVESTIGATION AND TRUST

- Required multiple re-interviews and in-person visits
- Trust was build through time, presence, and active listening
- Conversations often focused on his life story, not just TB
- As trust grew, more accurate details emerged
 - Example:
 - Initially reported driving alone from California
 - Later shared he traveled with one family member

EXAMPLES OF HMONG TRANSLATED SHEETS PROVIDED

KAB MOB NTSWS (TB)

TUBERCULOSIS DISEASE (TB)



Kab Mob Ntsws los sis "TB," yog ib hom kab mob uas txhwm sim los ntawm cov kab mob uas hu ua kab mob ntsws Mycobacterium. Tis yog txhwm tus muaj cov kab mob TB yuav ua rau lawv lub nrog cev muaj mob. Muaj ob yam tsos mob txhwm sim los ntawm tus kab mob npev tawv lias TB: [kev ntuam qhuav kis kab mob ntsws \(LTBI\)](#) thiab kab mob TB. LTBI bhais tias koj muaj kab mob TB hauv koj lub nrog cev uas uas koj tsis tau hnov mob. Kab mob ntsws los sis kab mob TB txhwm sim thaum cov kab TB muaj nyob hauv koj lub nrog cev vim tias koj li roj ntshav tiv lub cev tsis tuaj yeem yuav nres tau qhov nws yuav loj hlob tuaj.

Kev muaj tus kab mob TB txhais tias koj yuav muaj ntau tus yam ntxwv mob thiab ntau tus tsos mob ntwm kev mob nkeeg. Feem ntau lawm, tus kab mob TB nws yuav nkag mus rau hauv lub ntsws, tiam sis nws los kuj tuaj yeem nkag tau mus rau hauv cov qov ntshav daj, pob ntsha, pob qij txha thiab lwm qhov chaw hauv lub nrog cev. Yog tias tus kab mob TB nyob hauv koj lub nrog cev los sis lub qas, tej zaum koj yuav kis tus kab mob no tau rau koj tsev neeg, cov phooj ywg, thiab cov tib neeg uas koj tau nyob nrog tas li. Yog tias koj muaj tus kab mob TB nyob rau ib qho ntawm koj lub nrog cev xws li pas cov qov ntshav daj, pob txha, los sis pob qij txha, feem ntau koj yuav tsis tuaj yeem kis tus kab mob TB mus tau.



Kuv kis tau tus kab mob TB tau li cas?

- ▶ Cov kab mob TB tau sib kis los ntawm kev uas pas ib leeg mus dhuav ib leeg. Tus neeg muaj kab mob TB tuaj yeem kis kab mob rau lwm tus tau yog tus nws hnoos, luag, seev suab, los sis txham. Yog tias koj ntu tus cov pa ua muaj cov kab mob TB, tej zaum koj yuav kis tau LTBI. Sij hawm dhuav mus, qee leej ua muaj LTBI yuav tism dhuav uas tus kab mob TB.
- ▶ Koj yuav kis tsis tau TB los ntawm kev tuav tes, kev zaum saum lub qhov viv, los sis kev sib koom khoom noj thiab khoom haus.



Cov tsos mob thiab cov yam ntxwv mob ntawm tus kab mob TB yog dab tsis?

Yog tias koj muaj tus kab mob TB, koj yuav muaj qee tus yam ntxwv los sis tag nrho cov tsos mob li hauv qab no:

- ▶ Hnoos ntev dua li peb vij
- ▶ Ua daus no thiab ua npaws
- ▶ Qhov hnyav poob qis yam tsis paub piav qhia
- ▶ Mloog tau tias tsis muaj zog los sis nkees
- ▶ Mob hauv siab
- ▶ Tawm hws yav hmo ntuj
- ▶ Hnoos tau ntshav



Puas muaj kev ntuam sim dab tsis rau tus kab mob TB?

- ▶ Kev ntuam sim tawv ngaj (kev ntuam sim Mantoux) los sis kev ntuam sim ntshav yuav qhia tau yog tias koj muaj tus kab mob TB nyob hauv koj lub nrog cev.
- ▶ Thaj x-ray saib ntawm hauv siab qhia pom tau tias tus kab mob TB ntawd puas tau ua mob rau koj lub ntsws.
- ▶ Kev ntuam xyuas hnoos qeev (hnoos qeev) qhia tau yog tias kab mob TB nyob rau hauv cov hnoos qeev.
- ▶ Koj tus kws kho mob yuav ua lwm yam kev ntuam xyuas txhwm rau saib tus kab mob TB nyob rau lwm qhov chaw hauv koj lub nrog cev.

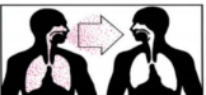

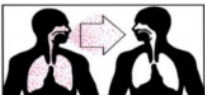


Kuv yuav paub tau li cas hais tias kuv muaj tus kab mob TB hauv kuv lub ntsws?

- ▶ Kev ntuam sim daim tawv ngaj saib kab mob ntsws los sis kev ntuam sim ntshav saib tus kab mob TB
- ▶ TB thaj x-ray saib ntawm hauv siab
- ▶ Cov tsos mob thiab cov yam ntxwv mob ntawm tus kab mob TB



Active Tuberculosis Kaabmob Ntsws Ua Ub Ua Nua Kabmob Ntsws Ua Ub Ua No

English/Aekiv	Green Mong/Moobleeg	White Hmong/Hmoobdawb
Tuberculosis (TB) is a disease caused by germs called Mycobacterium tuberculosis bacteria. It most often affect the lungs, but may also affect the bones, skin, kidneys, lymph nodes and other body parts. If not treated properly, TB disease can be fatal.	Kaabmob ntsws (TB) yog ib yaam mob kws muaj kaabmob hu ua Mycobacterium tuberculosis bacteria. Feem ntau yog lug raug rau lub ntsws, tabis kuj lug raug rau cov pobtxha, daim tawv ngaj, ob lub raum, cov qov thiab lem qhov chaw ntawm lub cev. Yog tias kho, tus kabmob ntsws TB yuav ua rau yug tuag taus.	Kabmob ntsws (TB) yog ib yam mob uas muaj kabmob hu ua Mycobacterium tuberculosis bacteria. Feem ntau yog los raug rau lub ntsws, tamis kuj los raug rau cov pobtxha, daim tawv ngaj, ob lub raum, cov qov thiab lem qhov chaw ntawm lub cev. Yog tias kho, tus kabmob ntsws TB yuav ua rau yug tuag taus.
How TB Spread Anyone can become infected with TB following exposure. The TB is spread through the air from one person to another. The TB germs are put into the air when someone with TB disease of the lungs coughs, sneezes, speaks or sing. People nearby may breathe in these germs and become infected. You cannot get TB from shaking someone's hands, sharing food or drink, touching bed linens or toilet seats, sharing toothbrushes, or kissing.	Kaabmob TB Kis Lecaag Txhua tug luabneeg yeej muaj feem tau kaabmob ntsws TB tom qaab kws nyob ze lug kws muaj mob. Kaabmob ntsws TB kis tau lug ntawm tej paa kws ua lug ntawm. Ib tug luabneeg. Cov kaabmob ntsws TB muaj nyob rau tej kab cua thaus lug luabneeg muaj tug kaabmob TB nyob rau huv nwg lub ntsws nqu, txham, has lug, losyog hu nkauj. Cov luabneeg nyob ze yuav nquug tau tej huab cua muaj tug kaabmob ntsws yuav ua rau puas muaj mob tau. Koj yuav kis tau tug kaabmob ntsws TB lug ntawm kev tuav lwm tug bhaib tag, koom noj zaub mov losyog haus daj, kov tej ntau xuv losyog lub roj, nyob huv tsevdig, lossa koom tug bhuam nav, losyog sib mi.	Kabmob TB Kis Licas Txhua tus neeg yeej muaj feem tau kabmob ntsws TB tom qab uas nyobze tus uas muaj mob. Kabmob ntsws TB kis tau los ntawm tej pa uas ua los ntawm ib tus neeg. Cov kabmob ntsws TB muaj nyob rau tej huab cua thaus tus neeg muaj tus kabmob TB nyob rau hauv nws lub ntsws hnoos, txham, hais lus, losyog hu nkauj. Cov neeg nyob ze yuav nquug tau tej huab cua muaj tus kabmob no ces yuav ua rau lawv muaj mob tau. Koj yuav kis tias tau tus kabmob ntsws TB los ntawm kev tuav lwm tug bhaib tag, koom noj zaub mov losyog haus daj, kov tej ntau xuv losyog lub roj zaum hauv tsevdig, lossa koom tus bhuam hnav, losyog sib mi.
 Not everyone infected with TB germs becomes sick. As a result, two TB-related conditions exist: TB Infection and TB Disease.	 Tsi yog tas bhuav tug kws raug tug kaabmob ntsws TB yuav muaj mob. Vim li ntawd, ob hom kabmob ntsws TB bhaj txhwm sim: tus kabmob ntsws TB infection hab tug kaabmob ntsws TB Disease.	 Tsis yog tias bhuav tus uas raug tus kabmob ntsws TB yuav muaj mob. Vim li ntawd, ob hom kabmob ntsws TB bhaj txhwm sim: tus kabmob ntsws TB infection thiab tus kabmob ntsws Disease.
TB Infection: Infection with TB means the person has TB germs in their body without making them sick. These germs are "asleep" and usually the person's immune system is able to fight these germs to stop them from growing. People with latent TB infection do not feel sick. People with latent TB infection cannot spread TB germs to others. However, if the TB germs become active in the body and starts to grow, then the person will go from having latent TB infection to being sick with TB disease.	Tug kaabmob ntsws TB infection: Thaum muaj tug kaabmob ntsws TB infection bhais tau tas tug luabneeg muaj cov kaab nyob rau huv nwg lub cev tabis tau ua rau nwg muaj mob. Cov kaab nyob "tsaug zog lawm" hab feem ntau tug luabneeg cov cuabjyej nrogeev taumtam kuas cov kaab xob luj tuaj. Cov luabneeg kws muaj tug kaabmob ntsws TB infection nuav yeej li noy mob li. Cov luabneeg nuav kis li tau cov kaab nyob rau lwm tug. Tabis, yog tas thaus cov kaab nyob saav lawm hab pib luj tuaj lawm, tug luabneeg tug kaabmob ntsws TB infection yuav dhuav moog ua tug kaabmob ntsws TB disease kws yuav ua mob.	Tus kabmob ntsws TB infection: Thaum muaj tus kabmob ntsws TB infection bhais tau tas tus neeg muaj cov kab nyob rau hauv nws lub cev. Tamis tias ua rau nws muaj mob. Cov kab no "tsaug zog lawm" thiab feem ntau tus neeg cov cuabjyej nrogeev taumtam koom cov kab bhob loj tuaj. Cov neeg uas muaj tus kabmob ntsws TB infection no yeej tsej hnov mob li. Cov neeg no kis tias tau cov kab no rau lwm tug. Tamis, yog tas thaus cov kab no sawv lawm thiab pib loj tuaj lawm, tus neeg tus kabmob ntsws TB infection yuav dhuav mus ua tug kabmob ntsws TB disease uas yuav ua mob.

Rev. 04/2015-TB-Active-TB-Disease-Hmong.doc

Page 1



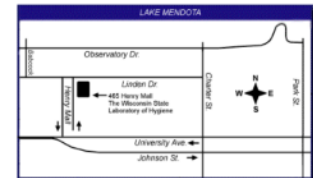
Muab Hnoos Qeev Hauv Tsev: Qhia Ib Qhov Zuj Zus

1. Muab lub khob ntim hnoos qeev, ib tug mem los sis mem qhuav thiab ib khob dej tso ze rau ntawm koj lub bxaj ua ntej koj mus pw.
2. Thaum sawv ntxov koj tism los, sawv zaum rau ntawm npoo txaj ces muab dej npuav kom puv nkaus rau hauv qhov nkauj. Muab dej yaug koj lub qhov nkauj thiab nti rau hauv lub khob los sis nqos cov dej.
3. Qhib lub hau khob hnoos qeev thiab khoov uas muab koj ob ntxhais tes txheem ntawm koj lub hauv caug.
4. Rua koj qhov nkauj nqus pa kom loj thiab siv zog ntsoos tso pa tawm. "nqus qa" ob peb zaug kom tau cov hnoos qeev (hnoos qeev nplaum) hauv cov ntsws tawm los.
5. Nqus pa kom loj thiab siv zog hnoos kom tau cov hnoos qeev (hnoos qeev nplaum) hauv koj cov ntsws los rau ntawm qhov nkauj ces nti cov hnoos qeev rau hauv lub khob. Txhob nti qov ncaug rau hauv lub khob. Yeej meem ua li kom koj nti tau cov hnoos qeev 5-10 mi tso. Cov nab npawb thiab txoj kab muaj rau ntawm lub khob hnoos qeev.
6. Muab lub hau kaw rau lub khob; sau hnub thiab lub sij hawm rau daim ntawv lo, muab lub khob tso rau hauv lub hnab roj himab zaum ncauj ces muab tso rau hauv lub bxias.

Nqa hnoos qeev mus rau qhov chaw kuaj.

Koj tus kws kho mob yuav tsum qhia koj seb yuav cov hnoos qeev mus rau qhov chaw kuaj li cas.

1. Yog tus nas maum hauv tsev noj qab haus huv yuav tuaj nqa cov hnoos qeev, muab nws tso rau hauv lub bxias kom txog thaum nws tuaj nqa mus.
2. Yog koj yuav nqa nws mus rau qhov chaw kuaj the Wisconsin State Lab of Hygiene, nws nyob rau ntawm 465 Henry Mall hauv UW-Madison campus. Koj hu rau 1-888-494-4324 kom paub cov sij hawm qhib, chaw nres tshab thiab cov hnoos qeev mus tso rau qhov twg.
3. Kev npaj lwm yam: _____



CASE STUDY: LL → OUTCOME

- LL decided to return to CA vs relocate to WI
 - Already had established pcp in CA
 - Health insurance
- Successfully completed TB treatment (9 months) while managing his other chronic medical conditions



Which approach has the biggest impact on improving TB outcomes in culturally diverse communities?

A	Focusing only on medication adherence
B	Addressing medical needs without social support
C	Combining medical care with culturally responsive and community-based support
D	Limiting involvement to clinical settings



KEY TAKEAWAYS

- Culture influences TB care and treatment decisions
- Barriers include language, stigma, and health literacy
- Trust and respectful communication improve engagement
- Community partnerships strengthen TB outcomes

REFERENCES

1. Centers for Disease Control and Prevention (CDC). Tuberculosis (TB): About TB. Updated January 17, 2025. Accessed April 16, 2026. <https://www.cdc.gov/tb/about/index.html>
2. Wisconsin Department of Health Services. Tuberculosis (TB). Publication No. P-42099. 2020. Accessed April 16, 2026. <https://www.dhs.wisconsin.gov/library/collection/p-42099>
3. Minnesota Department of Health. Cov Lus Qhia rau Kev Sau Cov Hnoos Qeev rau TB (Sputum Collection Instructions in Hmong). Accessed April 16, 2026.
4. Chippewa Valley Museum. Hmong in Eau Claire: Religion & Traditional Ceremonies. Accessed April 16, 2026. <https://cvmuseum.com/explore/religion-and-ceremonies/>
5. Minnesota Historical Society. Hmong Timeline. Accessed April 16, 2026. <https://mnhs.org/hmong/hmong-timeline>
6. Hmong American Friendship Association. A Manual for Working with Hmong Clients: Guidance for Organizations and Professionals.
7. Lor M, Li A, Brown R, Swedlund MP, Hawkins JG, Nolander ET, Chewing B. Improving pain communication between limited English-speaking Hmong patients, medical interpreters, and health care providers in primary care: A pilot study. Res Nurs Health. 2024;47(3):289-301. doi:10.1002/nur.22363
8. Public Health Madison & Dane County. Active Tuberculosis Fact Sheet- Hmong. Accessed April 16, 2026. <https://cityofmadisonwi.sharepoint.com>
9. Lor M, Xiong P, Park L, Schwel R, Jacobs E. Western or Traditional Healers? Understanding Decision Making in the Hmong Population: A pilot study. West J Nurse Res. 2016.

**QUESTIONS
& ANSWERS**

