

## POSITION PAPER • WORKGROUP 5

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### TUBERCULOSIS TRAINING AND EDUCATION FOR

#### *Providers Serving Foreign-Born Patients • International Medical Graduates*

## I. INTRODUCTION

This paper explains the necessity of specifically targeting providers serving foreign-born patients and international medical graduates (IMGs) for tuberculosis (TB) training and education. Foreign-born persons have a higher risk of contracting TB than U.S.-born persons. Although many issues related to TB are similar for all foreign-born populations, regardless of their country of origin, these groups are highly diverse in language, culture, socioeconomic circumstances, and traditions and attitudes regarding health care; thus, cultural competency is an important concern for providers who work with them. IMGs are included in this workgroup's purview because similar cultural considerations apply when addressing their training needs; because many of them practice in immigrant communities; and because TB control practices might be different in the countries where they received their medical education.

The goals of the workgroup were to examine the current scope of effort in TB training and education for IMGs and providers serving foreign-born patients, and to develop strategies that could lead to a more comprehensive and coordinated approach to these efforts. In this paper, the workgroup:

- Profiles the target audiences, identifying the job categories in the provider population that would be appropriate recipients of TB training and education
- Defines issues and problems relevant to TB training and education for the target audiences
- Identifies programs, models, and organizations that have been successful in reaching these audiences, and resources available for this purpose
- Catalogues the target audiences' training needs, as well as the barriers that impede efforts to meet those needs
- Presents strategic objectives, related to the goals of the Strategic Plan, that are designed to address the issues raised

The original version of this paper was prepared for the *National Strategic Plan for Tuberculosis Training and Education* and was published in that document in January 1999. For the current version of the Strategic Plan, the paper has been substantially revised and updated.

## II. TARGET AUDIENCES

### **Providers Serving Foreign-Born Patients**

Because foreign-born persons are at higher risk for TB than U.S. born individuals, healthcare providers who serve foreign-born persons are an important target group whether they are IMGs or U.S. trained. The following groups are examples of “providers serving foreign-born patients”:

***Providers who serve foreign-born populations within the U.S.*** constitute a sizable group. Though foreign-born persons are seen throughout the U.S. healthcare system, there are providers who serve foreign-born individuals in large numbers. These providers may do so by virtue of interest, training, location, personal or cultural background, or affiliation with a health center that serves many foreign-born persons. The term “provider” refers here primarily to physicians, although non-physician providers, such as physician assistants, nurse practitioners, nurses, and other healthcare workers, are also recognized as significant sources of health care.

***Providers of health care for refugees*** often work at refugee health centers and social service agencies. In many communities, this group overlaps with the first, because primary care providers in general settings are expected to interact with the refugees. For refugees unaccustomed to the U.S. healthcare system, emergency medical departments and urgent care centers are a major source of health care.

***Providers at migrant health clinics*** are the most frequently used healthcare option for migrant farm workers. Many key providers for migrant workers are organized through the Migrant Health Network. This group may overlap with the first, as many community health centers that focus on particular foreign populations also may treat migrants who belong to that group.

***Social service organizations that focus on foreign-born populations and/or migrants*** exist in many local communities. Examples include English as a Second Language programs, as well as groups specific to particular nationalities or ethnicities. These community-based organizations represent a potential resource for TB control programs and should be considered during the development of TB training and education materials and strategies.

**Civil surgeons** are physicians who have been approved by the U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services (CIS) to conduct screenings of infectious diseases, including TB, for immigrants who wish to apply for adjustment of their immigration status. There are approximately 3,000 civil surgeons in the U.S.

### **International Medical Graduates**

IMGs are physicians who have graduated from medical schools outside of the U.S. and Canada. Of the physicians included in the 1996 American Medical Association's Physician Masterfile, 23 percent were IMGs.<sup>1</sup> In addition, it was anticipated that approximately 5,000 IMGs would enter the physician pool each year from 1998 to 2020.<sup>2</sup> Of particular concern when it comes to the targeting of TB training and education are those IMGs who practice in high-incidence areas, often with foreign-born patients of their own ethnic group.

## **III. DEFINING THE ISSUE**

### **Providers Serving Foreign-born Patients**

More than 30 million non-U.S. born individuals resided in the United States in 2000, according to U.S. Census data.<sup>3</sup> It is likely that many, if not most, U.S. healthcare providers have provided care for one or more foreign-born individuals. Providers serving foreign-born patients need to be targeted for TB training because of the specific challenges related to diagnosing and treating foreign-born patients, and also because most TB in the U.S. occurs in foreign-born individuals.

In 2002, 51 percent of all TB cases reported in the U.S. occurred in foreign-born persons. Though U.S. TB case rates have steadily declined since 1992, the decline has been much more pronounced for U.S.-born individuals. The rate of TB among foreign-born persons in the U.S. is approximately eight times greater than that for U.S.-born persons. Nor is the issue of foreign-born TB limited to a few jurisdictions. In 1992, foreign-born individuals accounted for more than 50 percent of all TB cases in four states. By 2002, this number had risen to 22 states.

Most TB in foreign-born persons results from reactivation of remotely acquired infection, though TB transmission also occurs in the U.S. For all immigrant groups, TB risk appears highest in the first years after arrival in the U.S. In some groups, the risk decreases rapidly over time, whereas in others it remains high for up to 20 years. The risk of disease among the foreign-born also appears to depend on the person's current age and age at the time of immigration; younger persons and those who immigrated at younger ages are at lower risk of subsequent TB.

The number of foreign-born persons in the U.S. with latent TB infection (LTBI) is unknown. However, it is estimated that more than 7 million foreign-born persons in the U.S. may be at risk of reactivation of remotely acquired infection.<sup>4</sup> The level of LTBI is especially high among refugees. For example, domestic screening data from one state (Minnesota) indicates that approximately half of all refugees are infected with TB upon their arrival in the U.S.<sup>5</sup>

In addition to recognizing the increased risk of TB for foreign-born patients, providers need to be aware of certain clinical issues that are different for foreign-born and U.S.-born individuals. For example, drug-resistant TB is more common among foreign-born persons than among those born in the U.S. Moreover, providers should be sensitive to the different cultures and languages of their patients. The interaction between providers and patients can be complicated by difficulties in understanding each other or differences in philosophies of health care.

Migrant workers pose special challenges for TB control. The CDC defines a migrant worker as “any individual whose principal employment is in agriculture on a seasonal basis, and who establishes for the purpose of such employment a temporary place of abode.” Because of the mobility of migrant workers and their families within the U.S. and between countries, both interstate and international coordination are necessary.

Civil surgeons annually provide examinations for thousands of foreign-born individuals who are seeking to adjust their visa status. These examinations follow U.S. Public Health Service guidelines and are required of all persons wishing to acquire permanent residency status in the U.S. Part of the screening is for TB infection and disease, yet civil surgeons are not required to have specific initial or ongoing training in TB control or treatment principles. It is imperative that training and educational materials be made available for this important group of providers.

It is important to reach healthcare providers of the foreign-born with TB education and training because, properly equipped with knowledge of TB, they can screen and treat LTBI more effectively and diagnose cases of active TB at an earlier stage, thereby decreasing the risk of further transmission in the community.

### **International Medical Graduates**

IMGs are selected as a target group for two reasons. First, their training in TB treatment and control may differ from current U.S. recommendations and practices. Approximately 80 percent of the world’s population currently receives BCG vaccination at or shortly after birth for the prevention of TB. For most countries, BCG vaccination comprises an important part of the national TB control

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strategy. Tuberculin skin testing, with treatment of LTBI when indicated, is not used except in limited settings.<sup>6</sup> In contrast, the U.S. TB control strategy relies on tuberculin skin testing and treatment of LTBI as integral parts of TB control. BCG vaccination is not recommended except under special circumstances.<sup>7</sup> IMGs practicing in the U.S. might not be familiar with current U.S. recommendations and practices, such as the importance of selected tuberculin skin testing and treatment even in populations previously vaccinated with BCG.

Second, targeting IMGs for TB training and education may be one important way to reach healthcare providers who care for substantial numbers of foreign-born individuals at risk for TB. When in need of health care, foreign-born persons frequently seek out IMGs who share their language, cultural, and ethnic backgrounds.

#### **IV. SUCCESSES AND RESOURCES**

The organizations, programs, and projects described below are examples of successful approaches and resources for providing TB training and education to the target audiences:

■ ***Tuberculosis Education and Training Resource Website***  
*Centers for Disease Control and Prevention (CDC)*

Maintained by CDC, the *Tuberculosis Education and Training Resource Website* is an online searchable database of TB education and training materials and resources currently available for providers, patients, and the general public. It is an excellent place to begin when searching for TB training and education resources. The website evolved from the CDC's print document, the *Tuberculosis Education and Training Resource Guide*, and incorporates the resource inventory compiled for the first Strategic Plan. Listings include resources that apply to particular audiences, including IMGs and providers to foreign-born populations. The website address is:  
<http://www.findtbresources.org>

All agencies involved in TB control are encouraged to make regular use of this website, both to list new products they have produced and to ascertain what materials are already available. This participation will make the website an even more effective means of conserving funds, coordinating efforts, and sharing resources. For more information, refer to Attachment C.

■ ***Center for Immigrant Health***  
*New York University School of Medicine*

The Center for Immigrant Health (CIH) was established in 1989 as the New York Task Force on Immigrant Health and became the Center for Immigrant Health in 2000. CIH is a partnership of

community members, practitioners, researchers, social scientists, policy makers, and advocates. CIH facilitates the delivery of epidemiologically informed and culturally and linguistically sensitive health services. Several CIH initiatives address TB:

- ***Tuberculosis Education Screening and Prevention Program.*** This eight-year project addresses the gaps in TB control through education, early screening and diagnosis, prophylaxis, treatment, and follow-up, in immigrant communities with high infection rates. The outreach is conducted in coordination with several ethnic community-based organizations (CBOs) to specifically target high-risk immigrants. Specific programs target newcomer adolescents in school-based interventions.
- ***Community Tuberculosis Prevention Program.*** This program involves outreach, education, screening, and intensive case management. The CIH trains and supervises bilingual and bicultural outreach workers, who identify and screen persons who have had no prior contact with the healthcare system. Case management and other support services are provided in the clients' native languages.
- ***Social Marketing Campaign.*** This campaign provides targeted TB education to providers serving the foreign born in their offices and through community-based educational meetings.

■ **EthnoMed Website, Tuberculosis Home Page**

*Harborview Medical Center, University of Washington, Seattle, WA*

The objective of EthnoMed is to make information about culture, language, health, illness, and community resources directly accessible to healthcare providers who see patients from different refugee groups. Ethnic community profiles have been developed with, and reviewed by, members of Seattle's ethnic organizations. EthnoMed's Tuberculosis Home Page contains specific information about how different cultures perceive TB, as well as suggestions on how to provide more effective TB care to persons from different cultures. "Pearls of Wisdom" for clinicians are offered on such topics as "Compliance with INH Prophylaxis for Tuberculosis." In addition, a variety of translated patient education materials can be downloaded and printed from the website. The EthnoMed Tuberculosis Home Page can be accessed at:

[http://ethnomed.org/ethnomed/clin\\_topics/tb/](http://ethnomed.org/ethnomed/clin_topics/tb/)

■ **Association of Asian Pacific Community Health Organizations (AAPCHO)**

*Oakland, CA*

The mission of AAPCHO is to promote advocacy, collaboration, and leadership that improves the health status and healthcare access of Asian Americans, Native Hawaiians, and Pacific Islanders within the U.S., its territories, and freely associated states, primarily through its member community health clinics. The organization's vision is to establish a standard of excellence for community-

based health care that is equitable, affordable, accessible, and culturally and linguistically appropriate to the people it serves. Free publications include the *Cross-Cultural Tuberculosis Guide* and *A Functional Manual for Providing Linguistically Competent Health Care Services as Developed by a Community Health Center*, designed to help providers ensure that persons with limited English proficiency (LEP) have access to healthcare services. AAPCHO sponsors a listserv to give primary healthcare providers, general healthcare providers, health administrators, and medical directors a forum in which to discuss issues related to primary care service delivery to Asian Americans and Pacific Islanders.

■ **Center for Cross Cultural Health**

*Minneapolis, MN*

The mission of the Center for Cross Cultural Health is to integrate the role of culture in improving health. The Center's vision is to ensure that diverse populations receive culturally competent and sensitive health and human services. To achieve this goal, the Center is actively involved in the education and training of health and human service providers and organizations in Minnesota and beyond. The Center is also a research and information resource. Through information sharing, training, organizational assessments, and research, the Center works to develop culturally competent individuals, organizations, systems, and societies. Examples of training modules include cross-cultural communication, working with interpreters, and cross-cultural mental health. The Center also offers individualized training upon request. Available publications include *Six Steps Toward Cultural Competence*, a practical guide to help health care providers and others become more culturally competent, and detailed community profiles of selected cultural groups designed to help providers learn more about specific cultures.

■ **CureTB**

*San Diego County, CA, Health and Human Services Agency*

This program aims to improve continuity of care for persons with TB and their contacts who travel between the U.S. and Mexico. In addition to providing direct guidance to patients, CureTB accepts patient referrals from providers in both countries and acts as an information link between them. Services are available to all patients and providers throughout the two countries. For information, see the CureTB website: <http://www.curetb.org>

■ **TB Net**

*Migrant Clinicians Network*

A program of the Migrant Clinicians Network, TB Net is a bi-national TB patient-tracking and referral project. TB Net helps migrant TB patients complete treatment in three ways. The program supplies TB clinics with wallet-sized portable treatment records that patients can easily carry

wherever they go. TB Net maintains a central repository of the enrolled patients' medical records and a toll-free line that can be used to request up-to-date information. Patients can also call TB Net on the toll-free line for help in locating treatment facilities at their next destination. These three systems work together to coordinate the continuous treatment of migrant TB patients. The program operates free of charge to both clinic and patient. For information, see the TB Net website: <http://www.migrantclinician.org/programs/TBNet/tb.html>

■ **State Health Department Tuberculosis and Refugee Health Websites**

An increasing number of state health departments have established websites that include a variety of types of information about TB and educational opportunities. Two examples are the websites for Florida (<http://www.doh.state.fl.us>) and Massachusetts (<http://www.state.ma.us/dph>).

■ ***Tuberculosis Training for the International Medical Graduate***

*Charles P. Felton National Tuberculosis Center at Harlem Hospital, New York, NY*

Designed for residency program directors, health administrators, and TB control programs, this 26-page document offers advice on providing educational programs that help IMGs update their knowledge and skills in accordance with current TB control guidelines. Topics include needs assessments, planning educational programs, and training program components. Sample needs assessment and evaluation questionnaires are provided in addition to a list of other sources of TB educational materials appropriate for IMGs. The document can be downloaded from the Center's website at: <http://www.harlemtbcenter.org>

■ **Dade County Department of Health**

*Dade County, FL*

For little cost, Dade County Department of Health partners with a local university TB training program that recruits foreign physicians. Trainees spend two to three months with the TB program.

## V. NEEDS AND BARRIERS

### **Providers Serving Foreign-Born Patients**

The training and educational materials developed specifically for providers serving foreign-born patients need to address the following factors:

***Clinical challenges of treating foreign-born patients.*** These challenges include evaluation of patients vaccinated with BCG, diagnosis of extrapulmonary TB disease, and the use of appropriate

treatment regimens for populations with drug-resistant TB. Primary care providers routinely handle a large variety of health issues and have limited time to devote to maintaining current knowledge specific to TB. Therefore, strategies should be created that give providers access to up-to-date TB information when needed.

***Cultural issues.*** Providers need the skills to work in congruence with the different cultures and potentially different health beliefs of their foreign-born patients. For instance, there might be cultural barriers that discourage foreign-born individuals from seeking TB screening for asymptomatic conditions or from complying with treatment for latent TB infection. TB carries a strong social stigma in many cultures, and this can interfere with an individual's willingness to seek medical care or adhere to treatment regimens. Providers should have access to information that enables them to anticipate the effects of social stigma on the TB patient's health behaviors.

***Language issues.*** Providers who cannot speak the languages of their foreign-born patients must be able to work effectively through an interpreter. In these cases, and in cases where English is not the patient's first language, subtleties in language might not be adequately communicated, which can hamper effective treatment. Some health departments lack multilingual or multicultural outreach workers. Also, many providers are not aware of, or do not have access to, translated patient health education materials, especially for numerous Asian and Pacific Islander, Eastern European, and African languages. Therefore, strategies need to be developed to give providers easy access to resources that supply translated patient education materials about TB.

***Collaborations with community-based organizations.*** CBOs can be an important resource for contacting and providing TB services to foreign-born persons. However, CBOs are likely to require educational support and oversight.

***Other issues.*** Providers should also be aware of other issues that may be relevant for some foreign-born patients, such as fear of deportation if diagnosed with TB, financial difficulties that impede access to health care or adherence to treatment, and unfamiliarity with the U.S. healthcare system.

### **International Medical Graduates**

Based on the findings of this workgroup, there seems to be a paucity of educational materials specifically targeting IMGs. Where materials do exist, it appears that IMGs do not have access to them or are unaware of them. When developing training and educational materials for IMGs, the following factors need to be taken into consideration:

**Cultural issues.** Training and educational materials need to be produced in a culturally competent manner. The focus should be as much on changing values and attitudes as on changing knowledge, especially with regard to controversial issues such as the BCG vaccination.

The identity of the messenger is a key factor. IMGs are more likely to accept information that is delivered by individuals who are trusted and well respected in their communities. A train-the-trainer format is a possible training strategy. Materials need to address not only clinical matters, but also issues of patient–provider interaction.

**Language issues.** Lectures and written materials should be created with the awareness that English is not the native language of many IMGs; consequently, nuances in the language may greatly impact their understanding of TB concepts.

### **Addressing the Needs and Barriers**

The following strategies are possible ways to enhance TB training and education for IMGs and providers serving foreign-born patients:

- Include information on current TB treatment and control recommendations in national licensing examinations, medical residencies, continuing medical education (CME) courses, and their related study materials
- Develop lists of regional and local TB experts willing to speak at educational forums such as medical grand rounds, medical society meetings, continuing medical education courses, and nursing meetings. Individuals responsible for planning educational programs should be made aware of TB resources in their communities and areas
- Include summaries of TB treatment and control recommendations on electronic-based medical information systems available at many hospitals. If possible, links to websites with additional information should be included
- Conduct outreach to IMGs’ professional organizations to reach IMGs who are no longer in their residency period. In addition to being a training opportunity, collaboration with IMGs’ professional organizations will strengthen the linkages between the public health system and these organizations
- Collaborate with state and local health department programs, as well as community-based organizations that provide other medical and social services to foreign-born persons. These collaborations should include the development of culturally and linguistically appropriate patient education materials where needed.

## VI. STRATEGIC OBJECTIVES

The strategic objectives below are suggested as specific steps that can be taken toward the accomplishment of the five broad goals that have been defined for the *National Strategic Plan for TB Training and Education*. Considering the overarching aims of the Strategic Plan and the current state of TB training and education efforts for international medical graduates and providers serving foreign-born patients, this workgroup has selected the following objectives as reasonable and feasible priorities for the next five years. They provide a means of beginning to address the issues identified in Section V, Needs and Barriers.

By intention, the strategic objectives do not specify who will do what. Instead, they describe a desired outcome and identify the types of organizations that would need to be engaged if the strategic objective is to be achieved. The workgroup charges the Implementation Committee of the Strategic Plan to secure commitment and action from the necessary agencies during the coming five years.

### **Strategic Objective 1**

***Desired Outcome:*** Increased TB education, including curricula that emphasize the importance of addressing TB in foreign-born populations, for medical residents, medical students, nursing students, and other students planning healthcare careers

#### ***Strategies:***

National TB agencies should work with national agencies that represent medical residency programs in internal medicine, family practice, and pediatrics, and fellowship programs in infectious disease and pulmonology, to produce and promote adoption of TB curricula appropriate for each discipline into the standard curricula.

National TB should similarly work with national agencies that represent medical, nursing, and allied health schools to develop curricula for schools. In all efforts, special attention should be paid to clinical details that are over-represented in foreign-born populations.

### **Strategic Objective 2**

***Desired Outcome:*** Regular and ongoing inclusion of TB topics, including topics that emphasize the importance of addressing TB in foreign-born populations, in exam questions for board certifications, and for the United States Medical Licensing Exam (USMLE) and its supporting study materials

***Strategies:***

National agencies responsible for board certification examinations for internal medicine, infectious disease, family practice, pediatrics, and pulmonology should regularly include TB-related questions in both their testing and study materials.

The national board responsible for the USMLE (which must be taken by all physicians, including IMGs) should regularly include TB-related questions in both its testing and study materials.

In all efforts, special attention should be paid to clinical details that are over-represented in foreign-born populations.

**Strategic Objective 3**

***Desired Outcome:*** Development, adoption, and promotion of TB core competency recommendations for clinicians involved in migrant health care, and ongoing delivery of TB training and education to this audience

***Strategies:***

National TB agencies should work with national organizations that represent or influence clinicians involved in migrant health care to develop, adopt, and promote recommendations for the achievement of core competencies.

National TB training and education agencies should develop training courses, activities, and materials keyed to the consensus core competency recommendations.

National migrant health agencies should regularly include TB training and educational opportunities at conferences and meetings.

**Strategic Objective 4**

***Desired Outcome:*** Development of a database that provides up-to-date information on clinical issues related to TB in foreign-born populations and that can be accessed through various technological devices

***Strategy:***

National producers of TB training and education should partner with a database vendor currently used by hospitals to provide house staff with instant access to up-to-date clinical information through web-linked computers or handheld devices.

### **Strategic Objective 5**

***Desired Outcome:*** Increased availability of cultural competency materials that specifically address TB as a disease with unique social consequences for many foreign-born persons, as well as increased interim use of general cultural competency resources among providers who serve foreign-born populations

***Strategies:***

National producers of TB training and education materials should produce, maintain, and make available regularly updated, culturally appropriate materials that address TB issues related to foreign-born populations, specifically the social marginalization and isolation that can result from community knowledge of a TB diagnosis among certain ethnic or national groups.

In the interim, national TB training and education organizations should collaborate with state and local TB programs to promote access to, and use of, existing general cultural competency materials until TB-specific alternatives become widely available.

National TB training and education organizations, as well as state and local TB programs, should use the CDC *TB Education and Training Resource Website* to list and access materials and training courses on cultural competency.

### **Strategic Objective 6**

***Desired Outcome:*** Development, adoption, and promotion of TB core competency recommendations for CBO staff working with foreign-born populations, and ongoing delivery of TB training and education to this audience, so that CBO staff can act as outreach workers among their client population

***Strategies:***

National TB organizations should develop, adopt, and promote recommendations on TB core competencies for CBO staff. Special attention should be paid to clinical details that are over-represented in foreign-born populations.

National producers of TB training and education materials should develop and maintain appropriate materials for this audience.

State and local TB programs should collaborate with local CBOs associated with at-risk populations to deliver training regularly to CBO staff.

### **Strategic Objective 7**

***Desired Outcome:*** Development, adoption, and promotion of TB core competency recommendations for providers of domestic health assessments for newly arrived refugees, and ongoing delivery of TB training and education to this audience

***Strategies:***

National TB agencies should work with national organizations that represent or influence clinicians who provide refugee health screening to develop, adopt, and promote recommendations for TB core competencies to be achieved through TB training and education. Special attention should be paid to clinical details that are over-represented in foreign-born populations.

State and local TB control programs should work with the Association of Refugee Health Coordinators and their state health department's refugee health program to provide core competency training to clinicians who provide refugee health screening.

### **Strategic Objective 8**

***Desired Outcome:*** Development, adoption, and promotion of TB core competency recommendations for civil surgeons who provide medical screening exams to persons applying for visa status adjustments or U.S. citizenship, and ongoing delivery of TB training and education to this audience

***Strategies:***

National TB agencies should work with national organizations that represent or influence civil surgeons to develop, adopt, and promote recommendations for TB core competencies, and to ensure that TB screening protocols are included. Special attention should be paid to clinical details that are over-represented in foreign-born populations.

National TB organizations should ensure that TB screening protocols consistent with national guidelines are included in protocols and educational materials supplied to civil surgeons.

## **VII. CLOSING STATEMENT**

Because foreign-born persons are at high risk for TB infection and disease, it is crucial for the healthcare providers who serve them to be knowledgeable and skilled with regard to TB. In addition to having clinical competencies, providers need to know how to work with their patients in culturally and linguistically appropriate ways.

Ongoing TB training and education is especially important for IMGs, for providers who work in localities with sizable foreign-born populations, for those who serve migrant workers, and for those who provide medical assessments for immigrants entering the U.S. It should be recognized, however, that foreign-born persons live in communities throughout the U.S. and that any provider can encounter such individuals. Therefore, education for persons entering healthcare professions should routinely include TB information, with an emphasis on information that addresses clinical and cultural issues of TB in foreign-born populations.

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