

Preparing for Latent TB Infection Testing Scale-up: Towards Identifying Providers to High-risk Populations among Non-U.S.-born Persons

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Background

- The scale up of latent TB infection (LTBI) testing and treatment among non-U.S.-born persons is a key strategy for TB elimination.
- Scale-up will require identifying providers that serve non-U.S.-born persons so that we can support LTBI testing by these providers.
- Provider-specific patient data is unavailable by country of birth, but population-based data on healthcare access and utilization patterns could help identify providers.

Objective

To describe healthcare access and utilization patterns among Californians by country of birth to inform scale up of LTBI testing.

Methods

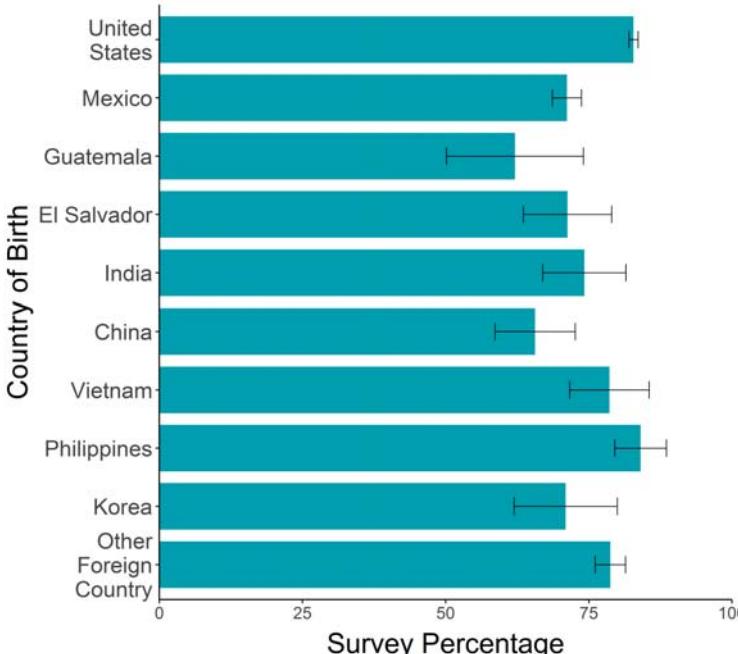
Study population: persons 18 years old or older residing in California 2013-2015.

Data Source: California Health Interview survey (CHIS) for survey years 2013-2015 (n=61,274). CHIS is an annual population-based telephone survey of California residents, that employs a dual-frame (landline and cellphone) random digit dialing methodology.

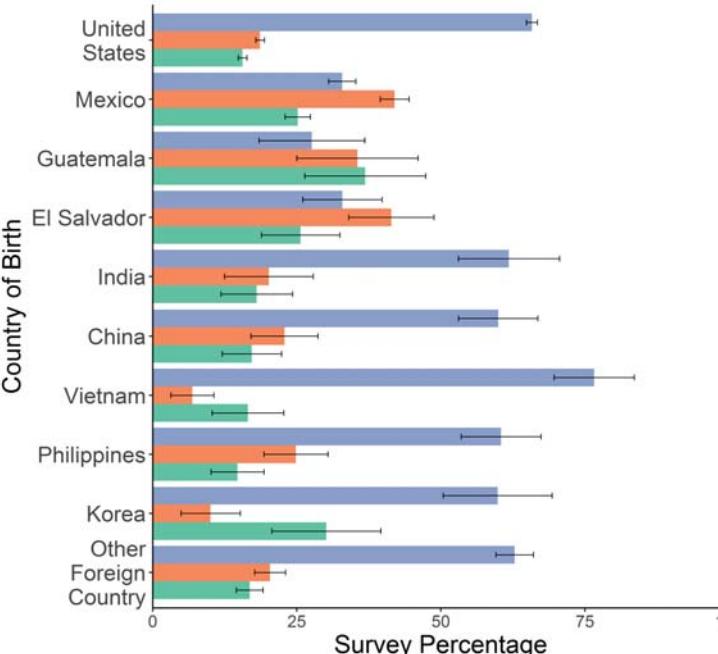
Analysis: We calculated survey proportions and 95% confidence intervals (CI) stratified by country of birth, focusing on those countries with the highest number of TB cases in California.

Results

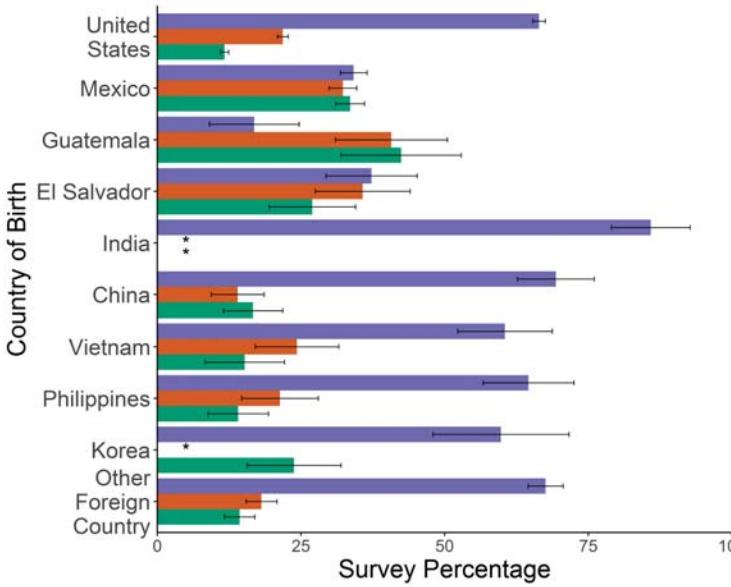
Doctor visit in last 12 months by Country of Birth, CHIS 2013-2015



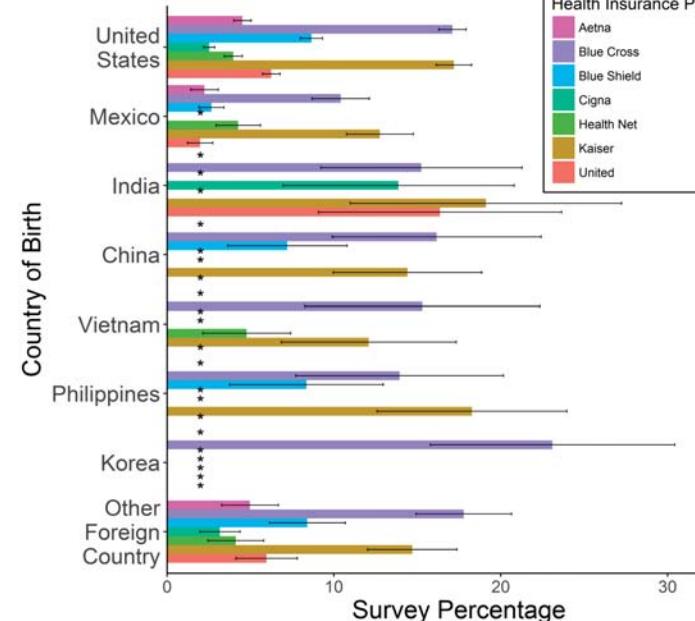
Usual Source of Care by Country of Birth, CHIS 2013-2015



Health Insurance Type by Country of Birth for persons 18-64 years old, CHIS 2013-2015



Health Insurance Plan by Country of Birth, CHIS 2013-2014



Conclusion

- Most people visited their doctor in the last 12 months, ranging from 62% to 84% across selected countries of birth although proportions vary by age (data not shown);
- Persons born in Mexico, El Salvador and Guatemala were more likely to use community clinics and to have public insurance (e.g. Medi-Cal) or be uninsured than persons born in Asia;
- Kaiser Permanente and Blue Cross health insurance plans were the most well-subscribed across all countries of birth, except among persons born in India.

Limitations

- Respondents assumed to be representative of target population.
- Within country of birth strata, persons with LTBI assumed to have similar health care access and utilization patterns as those without LTBI.
- Socio-economic status (SES) is a key factor in health care utilization, but there is limited information on risk of LTBI by SES in the U.S.

Next Steps

- Use these results to target LTBI scale-up efforts.
- Seek data from alternate sources including insurance companies and commercially-produced data.
- Explore association between TB disease and SES in lieu of LTBI/SES association

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