Socio-Cultural Barriers among TB patients and the Role of Case Management

Baltimore City Department of Health
Joyce Wanjiku, MSN, RN
Siobain Fisher, MPH/TM, BSN, RN
Learning Objectives

- Discuss 2 case studies involving socio-cultural barriers to care and case management
- Identify strategies for overcoming socio-cultural barriers
- Identify Social Determinants of Health within the TB population
- Discuss local interventions to address socio-cultural barriers
Social Barriers

- Lack of TB knowledge
- Language/Literacy barriers
- Lack of trust
- Lack of communication
- Stigma and discrimination
- Social disorder
- Cultural influences/beliefs

- Lack of access to healthcare services
- Low socioeconomic status
- Lack of social support
Baltimore City Demographics
2018 & 2019 Cases

- 2018
  - 43% Cases US-Born
    - 50% Homeless Cluster (G10429)
  - 57% Cases Non-US-Born
    - 50% Central America
    - 25% Asia
    - 13% Middle east
    - 13% Africa
    - 83% Non-English Speakers

- 2019
  - 42% US-Born
    - 20% Homeless Cluster (G10249)
  - 58% Non US-Born
    - 43% Central America
    - 28% Africa
    - 28% Asia
    - 58% Non-English Speakers
2 y/o child diagnosed with TB Meningitis in 2018. Immigrated to the U.S. 3 months prior to being diagnosed

**Case Presentation Example 1**

Social Barriers Identified

<table>
<thead>
<tr>
<th>Lack of trust</th>
<th>Knowledge deficiency</th>
<th>Language barrier</th>
<th>Stigma</th>
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Strategies in Overcoming Socio-Cultural Barriers

Case 1

Language Barrier/Communication techniques

• Use of language line or in-person interpreter

Lack of Trust

• Developed interpersonal relationship with the patient, family members, and primary pediatrician
• Provided adequate education
• Communicated with the hospital and other care providers in the transition of care
Strategies in Overcoming Socio-Cultural Barriers - Case 1

Knowledge Deficiency

- Identified learning needs and effective learning techniques
- Provided adequate education

Stigma

- Educated other family members about the disease process and infectiousness
- Maintained patient’s privacy
Case Presentation Example 2

49 y/o Cambodian male diagnosed with pulmonary TB by ID; treated for 2 months before being reported to LHD

SOCIO-CULTURAL BARRIERS IDENTIFIED

- Lack of trust
- Language barrier
- Knowledge deficiency/low perception of disease severity
- Lack of access to health care and financial concerns
- Social stigma
Strategies in Overcoming Social Barriers; Example 2

Lack of trust
Educated patient on the importance of DOT
Provided assurances/compassion that treatment/medication is free for entire family.

Knowledge deficiency/ low perception of disease severity
Provided adequate education/severity of disease process
Identified learning needs and effective teaching techniques; introduced cues to action
Strategies in Overcoming Social Barriers

Example 2

Language barrier

• Use of language line or in-person interpreter

Lack of access to health care and financial concerns

• Provided assurance that services are provided free of charge
• Provided with diabetes medication prescription and education on lifestyle changes
HEALTHY PEOPLE 2020 APPROACH TO SOCIAL DETERMINANTS OF HEALTH

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture
Interventions within LHD’s that can decrease social determinants of health

- TB medications/DOT/Video DOT for ALL patients
- Incentives for transportation and food
- Referrals to community partners such as FQHC’s, community clinics, shelters, food banks that can assist in primary care, family planning, mental health, domestic violence, drug/alcohol rehab, clothing
- Assistance with housing, rent, electricity and water bills
- Social referrals to churches and social groups that may assist with social isolation, fear and stigma
- Case management/compassion to facilitate acceptance, trust, and education and understanding of the disease
- Collaboration between LHD’s, hospitals, jails, community clinics
References


