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

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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

| Lack of trust | Knowledge deficiency | Language barrier | Stigma |

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 INDENTIFIED

- 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

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