



Vivir a todo Pulmón: A Needs Assessment to Reduce Tuberculosis Transmission and Increase Compliance with Recommended Tuberculosis Treatment in Foreign-born Spanish-speaking Communities.

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1. Background

In the United States, racial and socio-economic disparities are associated with TB. In 2004, a CDC report stated that the U.S. Hispanic population is up to 7.5 times more prone to be infected with TB when compared to Whites (Lord and Calabria, 2005). Notably, in 2000, 46% of all TB cases in the United States, were among immigrants (Zuroweste, 2002). Of these immigrants, 25% are Mexicans, the largest subgroup of occurrences of TB cases among the foreign-born (Tickner, 2004). More importantly, it is noted that also in 2000, migrant farm workers in the U.S. were assumed to be six times more likely to develop TB when compared to the overall U.S. population of employed adults (Zuroweste, 2002). Additionally, in 2000, Central Americans comprised almost 5% of all the foreign-born cases (Wells, 1999).



2. Objectives

This assessment focused on the Spanish-speaking immigrants living in the Southeastern United States; their perceptions, cultural beliefs and knowledge of TB. The findings will serve as the foundation for the development and implementation of a Comprehensive Education Plan. This plan will support clinicians' efforts to test, treat and diminish the incidence of TB in the Spanish-speaking immigrant community, as well as increasing community awareness of the existence of TB in the United States.



3. Methods

Project Partners: SNTC (Southeastern National Tuberculosis Center), RWHP (Rural Women's Health Project) Advisory Board, MCN (Migrant Clinicians Network) and four lead site partners. The input from the project partners was critical for both approaches (review of the community education session plan and the survey development).

Six key locations, three each in Kentucky and Florida, were selected for the assessment. A two-pronged approach to information gathering was utilized through:

1. Community Education Sessions (community members and lay health workers).
2. The administration and analysis of the 30-question survey (mostly open-ended).

Community Education Sessions (CES)

Six sites were selected for Community Education Sessions in the communities of Lexington and Paris, Kentucky and Bradenton, Pierson and Belle Glade, Florida. There was an average of 12 participants at each session.

Surveys

1. Survey questions were developed in Spanish.
2. Surveys were pre-tested with site partners and altered as necessary.
3. Surveys were implemented by lay-health workers (trained for this project by the RWHP).
4. Surveys, when completed by each lay-health worker, were signed, dated and returned to the RWHP.
5. Surveys, as received, were recorded and dated for input.
6. Data was then dated, coded and input by an MD/MPH into Excel and SPSS.



4. Goals

The goals of the assessment included the identification of:

- * Community knowledge of TB
- * Cultural beliefs related to TB
- * Key aspects of TB relevant to the community (self-identified risk, prevalence, fear, U.S Immigration and Customs Enforcement, etc.)
- * Issues that effect community health information delivery and medical attention (socio/economic and internal barriers, accessing of services, cost, communication with clinician, etc.)
- * Factors that must be in place to initiate or sustain change (issues of stigma, perception of medical care, testing and treatment protocol, etc.)

5. Findings

Demographics

306 people surveyed
51% were married
59% female, 41% male
83% from Mexico and 10% from Central America
67% do not speak English
78% have no health insurance
53% have been in the US for less than 6 years
26% work in agriculture



Survey Highlights

33% had never heard of TB
73% received the BCG vaccine
97% did not know the mode of TB transmission
84% had never heard of latent or inactive TB
27% knew that a PPD, x-ray or other exam was necessary to confirm TB
74% would go to a doctor if they suspected they had TB
49% believe that TB is a problem in their community
26% listed economic barriers for not seeking medical services
34% articulated socio-linguistic barriers to seeking services (fear, deportation, lack of legal documentation, limited language skills, lack of knowledge of resources)



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Community Education Session Highlights

Of those participants who had heard of TB, most believe that:

1. There is only one type of TB (Pulmonary).
2. Once vaccinated via BCG, they are protected and can't become infected with TB.
3. When treated for latent TB, "the disease was removed from their lungs" and "it makes it so you can't get TB again."
4. TB germs are in the saliva.
5. One can get TB from the BCG vaccination.



Additional Comments about Medical Services

1. One needs to provide their own translator to assure translation service.
2. Undocumented participants fear that health records are shared with immigration authorities.
3. The community doesn't know how to access medical services.
4. There is a lack of clarity in the doctor's explanation of diagnosis and treatment.
5. Most choose not to disclose home remedy use for fear of being chastised or belittled by medical personnel.

6. Conclusions

Spanish-Speaking immigrants are at an elevated risk for contracting TB. The findings show that inaccurate information about TB is a primary obstacle. The communities' access to and confidence in medical services continues to be an area requiring additional improvement in order to diminish treatment non-compliance and the further transmission of the disease. Additionally, stigma and issues of fear related to TB, which are broadened by the difficulties of immigration, require a vigorous campaign to normalize the perceptions of the illness and to re-introduce TB into mainstream discussion, supporting clinical education.



7. Recommendations

To implement the Comprehensive Education Plan.

1. Patient education material to support clinician education
2. Community Awareness Campaign to diminish stigma and increase community knowledge
3. Training of lay-health educators to bridge the community to services
4. Message partnering to increase community investment in TB
5. Clinician education on Latin American treatment protocols and cultural information

Acknowledgements

Project Lead Partners: Rosa Martin, North Central Kentucky AHEC/HETC; Luz Corcuera, Healthy Start Coalition of Manatee County, FL; Ana Bolaños, *Alianza de Mujeres Activas*, Pierson, FL.

Appreciation is extended to: Michael Lauzardo, MD and Karen Simpson, MPH, Southeastern National Tuberculosis Center, Gainesville, FL; Bluegrass Farmworker Health Center, Lexington, KY; Lexington Public Library, KY; *Radio Vida*, KY; Glades Health Initiative, Belle Glade, West Palm Beach County, FL; Project *Claridad*, Crescent City and Belle Glade, FL; and Fabiola del Castillo, MA-Anthropology.