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Vivir a Todo Pulmon: Increasing Tuberculosis Awareness and Treatment Adherence in Spanish-speaking Communities

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“Spanish-speaking immigrants are at an elevated risk for contracting TB... findings show that inaccurate information about TB is the primary obstacle.”

The incidence of tuberculosis among foreign-born in the U.S. has been on the rise since 1993.¹ Although the disease had previously been under control, there has been a documented increase of TB in immigrant populations. It is also noted that in 2000, migrant farm workers in the U.S. were assumed to be six times more likely to develop tuberculosis when compared to the overall U.S. population of employed adults.² Most significantly, since 2003 there have been more cases of TB reported among Hispanics than any other racial/ethnic population.³

In the United States, racial and socio-economic disparities are associated with tuberculosis, and it has been a difficult issue to address with the immigrant communities. Further complicating the challenges of the target community's need for services and information is the reality of tuberculosis-related stigma among both the Hispanic population in the U.S. and their service providers. As stated in an article by M. Hadley and D. Maher,

“The benefits of getting well are unlikely to outweigh the costs of social and family rejection and the loss of employment and accommodation at the early stages of the disease.” (Hadley and Maher, 2000).

Similarly, Tao Kwan-Gett, M.D. adds

“This stigmatization has obvious consequences for health care providers. In addition to complicating adherence

to diagnostic and therapeutic plans, it makes household contact tracing a sensitive issue. In a close-knit community, where two or three families may live under one roof, people are as reluctant to share information about their diagnosis of TB as they would be about HIV” (Kwan, 1998).

To address this health issue, the Southeastern National Tuberculosis Center and the Rural Women's Health Project partnered to develop *Vivir a Todo Pulmón*. The project employed a two-pronged approach that combined Community Education Sessions (CES) and lay-health worker facilitated surveys to gather information on the perceptions, cultural beliefs and knowledge of TB in the Hispanic immigrant community. The assessment findings have since served as the foundation for the development and implementation of a comprehensive education plan for Spanish-speaking immigrants living in the southeastern United States. This plan supports clinicians' efforts to screen, 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.

Findings from the 306 open-ended *Vivir a Todo Pulmón* surveys found that Spanish-speaking immigrants are at an elevated risk for contracting TB. The findings show that inaccurate information about TB is the 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 further transmission of the disease. Additionally, tuberculosis-related stigma and fear – factors multiplied by the difficulties of immigration – require a vigorous campaign to support clinical education on tuberculosis and immigrant culture, and to normalize the perceptions of the illness and re-introduce TB into mainstream discussion.

1 McCombs, S.B. “Tuberculosis Mortality in the United States, 1993–2001.” Presentation. CDC Division of Tuberculosis Elimination Seminar. Atlanta, GA. December 2003.

2 “Prevention and Control of Tuberculosis in Migrant Farm Workers Recommendations of the Advisory Council for the Elimination of Tuberculosis.” *MMWR Weekly*. 6 June 1992. 41(RR10). 3 April 2007. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/00032772.htm>>

3 “Trends in Tuberculosis Incidence – United States, 2006.” *MMWR Weekly*. 23 March 2007. 56(11): 245-250. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5611a2.htm>>

The *Vivir a Todo Pulmón* project has developed a series of tuberculosis education materials that are now available for health centers, state agencies and grassroots organizations serving Spanish-speaking immigrant communities. These clinician education tools and community materials (available in Winter, 2007) are the result of two years of community work carried out by the Rural Women's Health Project.

To meet the objectives of the project the RWHP partnered with community-based organizations⁴ committed to utilizing trained community liaisons (lay-health workers), each with an established outreach program capable of serving the target population's follow-up needs. The project had six sites in total, divided evenly between Kentucky and Florida.

Three hundred and six people were surveyed (59% female, 41% male; 83% were from Mexico; 67% spoke no English; 78% were uninsured, and; 26% worked in agriculture). Thirty-three percent of the respondents had never heard of TB, yet 49% believed that TB is a problem in their community, while 97% did not know the correct mode of TB transmission. Although 73% mentioned receiving the Bacille Calmette-Guérin (BCG) vaccine, they were not knowledgeable of its purpose, and many believed that since they had been vaccinated, they were no longer susceptible to contracting TB. Eight-four percent had never heard of latent or inactive TB.

When asked about barriers to seeking medical services, 26% listed economic

reasons as their main obstacle, while 34% articulated socio-linguistic barriers (fear, deportation, lack of legal documentation, limited language skills, lack of knowledge of resources). When asked about how they would know if they had TB, the respondents replied that a Purified Protein Derivative Standard (PPD), x-ray or other exam was necessary to confirm TB (27%) and that they would go to a doctor if they suspected they had TB (74%).

The outcome of *Vivir a Todo Pulmón* is a multi-year program to develop a comprehensive education plan that will include the development of patient education materials to support clinician education, materials to launch community awareness campaigns (to diminish stigma and increase community knowledge) and a training DVD to support clinician education. All these materials are developed by the RWHP and will be available for free from the Southeastern National Tuberculosis Center, which offers many of the materials for download from their website at <http://sntc.medicine.ufl.edu>. Working together, we can take steps to reduce the incidence of tuberculosis in the Spanish-speaking immigrant communities. For more information, contact the Rural Women's Health Project (RWHP) at (352) 372-1095 or <http://www.rwhp.org>. ■

References

- Hadley, M. and Maher, D. 2000. "Community Involvement in Tuberculosis Control: Lessons from other Health Care Programmes." *International Journal of Tuberculosis and Lung Disease*. 4(5): 401-408.
- Kwan-Gett, Tao, MD. July/August 1998. "Pearls of Cross-Cultural Care: the Stigma of Tuberculosis in Refugee and Immigrant Communities." Harborview Medical Center. <<http://www.ehtnomed.org>>
- U.S. National Institute of Health. 2002. "Tuberculosis is Second-largest Cause of Death." Disease Control Priorities Project. <<http://www.dcp2.org>>

4 Florida: Healthy Start of Manatee County (Bradenton) and Alianza de Mujeres Activas (Pierson/Seville). Kentucky: North Central Kentucky AHEC (Lexington area).



NCFH

National Center for Farmworker Health, Inc.

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