



Effectively Delivering Tuberculosis-Related Health Care and Emergency Services to Undocumented Immigrants in Queens, NY

Alexander Amankwah, Angela Osiezagha, Anne Nsonwu, Imran Ali, Jessica Stelmaszek, Sherrie-Ann Young, Sweta Thakur
 HEALTH POLICY AND MANAGEMENT CAPSTONE

BACKGROUND

- Tuberculosis is a prevalent disease especially for the undocumented immigrants in Queens New York
- In 2014, TB rates among foreign-born persons in the U.S. was 13.4 times higher than among U.S.-born persons (CDC, 2015)
- On March 20, 2015 the Health Department released a statement:
 - New York City still has the highest number of TB cases of any city in the nation
 - It has more than twice the 2014 national rate of three per 100,000
 - According to data collected in 2014, Queens continued to have the highest burden of TB in 2014 with 36% of the city's cases, at a rate of 9.2 per 100,000 (NYC DOH, 2015)
- Although the number of new TB cases in NYC has continued to decline, the public health threat remains very present

PURPOSE & LEARNING OBJECTIVES

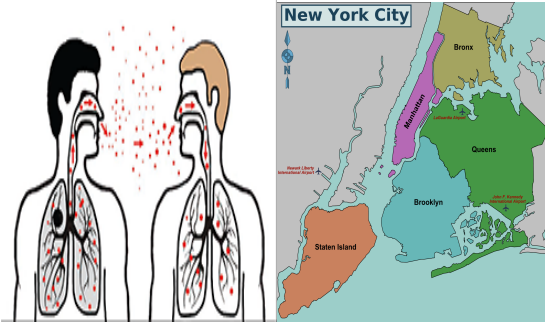
The purpose of our research is to show that effective public health campaigns targeting undocumented immigrants in Queens, NY will allow this population feel comfortable and eager to seek health care which will in turn reduce the prevalence of TB cases in this community.

Learning Objectives based on Healthy People 2020:

- Access to Health Services (AHS)-5.1; (AHS)-6.2
- Global Health (GH)-2
- Education and community based programs (ECBP)-11
- Immunization and infectious disease (IID)-29; (IID)-30; and (IID)-31

METHODOLOGY

- Detailed literature review conducted online which included databases such as PubMed, EBSCO host, CDC and other relevant databases
- Included articles focused on Tuberculosis infection among immigrants, specifically within the undocumented population in the US
- Articles included were all within the last 10 years as part of our inclusion criteria
- Stakeholders that offer relevant services in Queens NY were identified and contacted in real time
- Developed a theoretical framework for the TB project
- Hypothesis: Effective public health campaign targeting undocumented immigrants in Queens NY will allow this population to feel comfortable and eager to seek health care which will in turn reduce the prevalence of TB cases in undocumented immigrants in this community

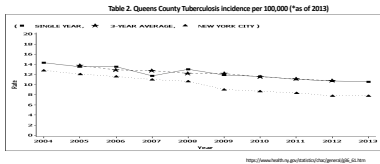


RESULTS

Based on an extensive literature review and communicating with community stakeholders, we identified multiple barriers that directly relate to delay in undocumented immigrants seeking TB treatment in the borough of Queens. They include:

- Lack of awareness with regard to low-cost, free screening and treatment services
- Perception of disease by the immigrants
- Absence of symptoms such as with latent TB
- Lack of access to health care, illiteracy
- Fear of being deported due to immigration status, Mistrust on health care systems
- Cultural and language barriers
- Fear of social discrimination
- Challenges with diagnosing TB in immigrants
- Long treatment schedule with multiple visits
- Missing work to attend clinic appointments

Campaign to raise TB awareness and allow immigrants feel comfortable to seek health care.



SWOT ANALYSIS

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> Strong cause for concern about TB disease Existing awareness and treatment options for TB Collaboration with local FQHCs and health department Diverse population 	<ul style="list-style-type: none"> Lost to follow up No formal mechanism for tracking all undocumented immigrants Cultural barriers/beliefs Cost of implementing strategies
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> Provide incentives to patients that seek/ return for treatment Institute a mobile health van at key locations (rotate monthly) Conduct health fairs to reach target population Identify centers with sliding fee options/ culturally diverse staff 	<ul style="list-style-type: none"> Expensive to implement strategies Resistance from stakeholders/ unable to reach stakeholders/ Immigration policies Lack of trust in health care system

RECOMMENDATIONS

- Ensure that all residents in Queens have access to affordable health by providing mobile health clinics and community clinics (DHHS, 2014)
- Strengthen TB related campaigns in Queens Borough to raise awareness about the disease
- Train health care providers & public health officials to be culturally and provide translation services if necessary
- Develop strategies for treating latent TB patients to prevent infection in the long run
- Refrain from asking patients about their immigration status when collecting patient info for TB cases (unless required for billing/insurance)
- Educate residents of Queens about the TB disease to decrease widespread misconception about TB transmission and decrease social stigma associated with TB patients
- Develop educational and community-based campaign programs in Queens borough to prevent the spread of TB in the communities (DHHS, 2014)
- Advertise TB awareness campaign programs: local radio stations, flyers and pamphlets at local grocery stores, supermarkets, barbershops and hair saloons

IMPLEMENTATION

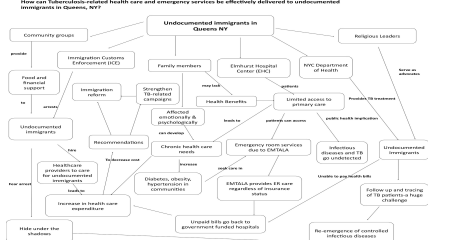
- County and state government involvement
- Support from community health centers
- Active participation by stakeholders
- Create campaign awareness
- Budget
- Incentives

Public Health Emergency Preparedness Consideration

- TB is recognized as a major cause of mortality in long-term complex emergencies (WHO, 2016)
- More effective control programs need to be established
 - Detect at least 70% of estimated new smear-positive cases
 - Successfully treat at least 85% of all detected smear-positive cases
- Emergency response considerations
 - Funding availability
 - Logistics
 - Uninterrupted supply of medicines
 - Staff
 - Quarantine vs. Isolation
- Operations
 - Mass Dispensing: Traditional POD vs. Drive-Thru POD
 - Mobile health clinics
 - PPE -N95 (pre-fit tested) –for workers and public



Concept Map



Logic Model

Resources/inputs	Activities	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> Stakeholders (New York City, Department of Health and Mental Hygiene, Queens Health/HQHC, Federally qualified community health centers, community physicians, religious organizations, community leaders, schools, community based organizations (medic, ICE, immigrants) Resources (Funding, Volunteers/ staff, Physical Information technology) 	<ul style="list-style-type: none"> collaborate with stakeholders Staff training to conduct risk assessment of TB Trainees: service case referrals & reporting to health department Improve access to health centers for TB screening, diagnosis & T/T Free/ sliding fees Contact tracing Treatment adherence support Campaigns to raise TB awareness & available T/T options 	<ul style="list-style-type: none"> Targeted funding Culturally competent & trained staff Language barriers Early TB case-finding More TB pts. screened & T/T started referrals & reporting to health dept. Community based TB programs Increased TB awareness & available T/T options Stigma & discrimination 	<ul style="list-style-type: none"> Better care coordination Community wide access & coverage Doctor's visit & seek TB screening Fear & Incr. trust in healthcare system TB related mortality & morbidity in target poppn. Healthier habits 	<ul style="list-style-type: none"> Good partnership with all stakeholder healthier community funding with good health outcomes Work productivity socio-economic status

REFERENCES

- Centers for Disease Control and Prevention (CDC). (2015). National TB Program Objectives and Performance Targets for 2020. Retrieved from <http://www.cdc.gov/tb/program/objectives/indicators/default.htm>
- Department of Health and Human Services (DHHS) (2014). HealthyPeople.gov: Access to Health Services. Retrieved April 5, 2016 from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>
- Department of Health and Human Services (DHHS) (2014). HealthyPeople.gov: Educational and Community-Based Programs. Retrieved April 5, 2016 from <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs>
- NYC Department of Health (NYC DOH) (2015). Health Department Reports Historic Low in New York City Tuberculosis Cases. Retrieved April 5, 2016 from <http://www.nyc.gov/html/doh/html/pr2015/pr12-15.shtml>
- World Health Organization (WHO). (2007). Tuberculosis in complex emergencies. Retrieved from <http://www.who.int/bulletin/volumes/85/8/06-037630/g/>