WHY DID MRS. X DIE?
MULTI-LEVEL INFLUENCES ON HEALTH AND HEALTHCARE AMONG A REFUGEE WOMAN FOLLOWING RESETTLEMENT IN TARRANT COUNTY

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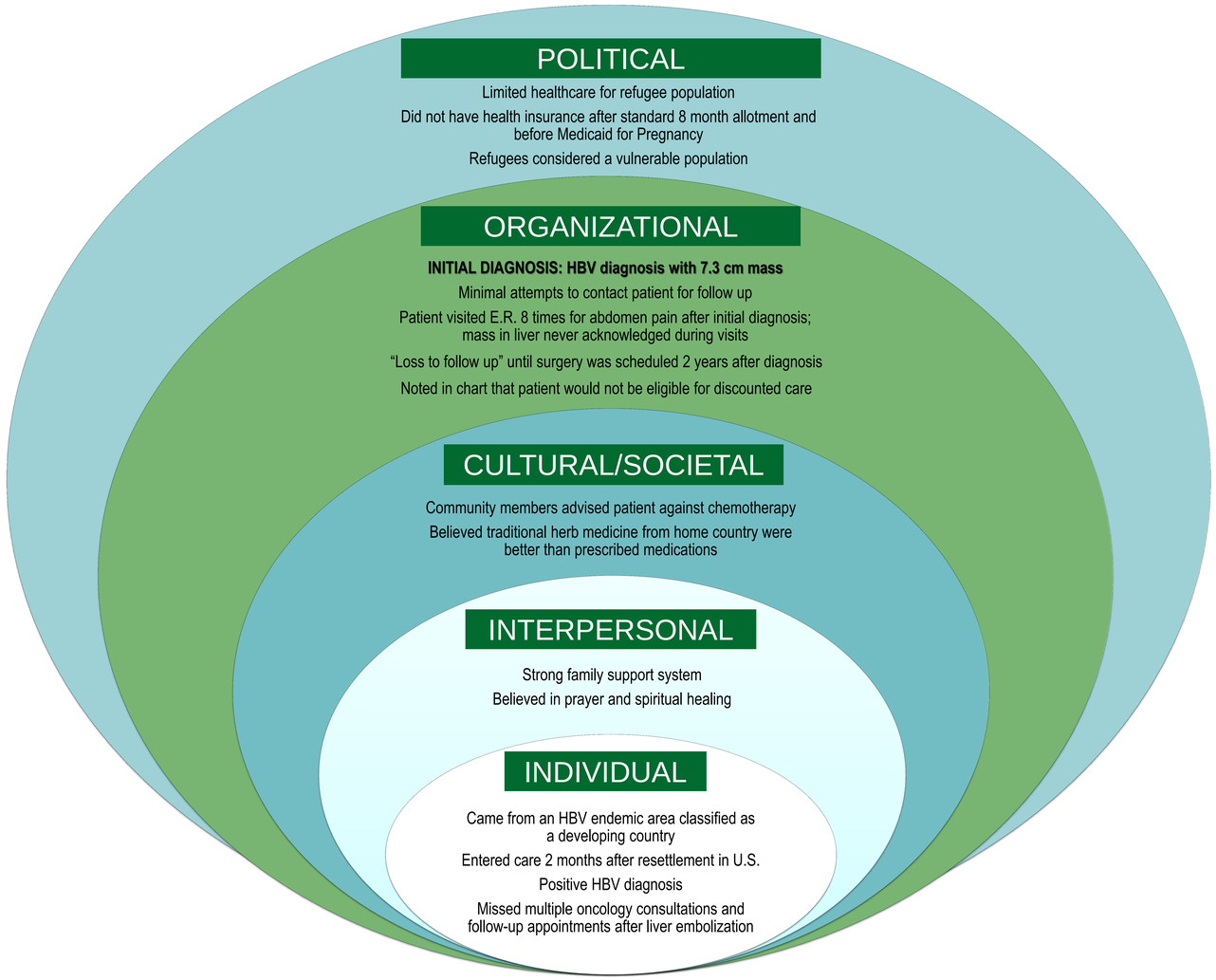
OBJECTIVE

The present study examined the case of a refugee woman who died from liver cancer less than four years after resettlement in Tarrant County. A case study was conducted to illustrate how multi-level influences prevented Mrs. X from receiving adequate and timely care. Information was reviewed from the patient's medical records, case files from UNTHSC's Building Bridges Initiative program (funded by the Cancer Prevention Research Institute of Texas), and medical case management files.

INTRODUCTION

Hepatitis B virus infection (HBV) is a significant global health problem. Two billion people around the world have contracted the disease, and almost four million cases are a part of the refugee population (Scott et al., 2015). Although screening is mandatory before and after resettlement in the U.S., HBV can still go untreated due to delayed entry into the healthcare system (Museru et al., 2010). Often, there are several challenges working against the refugee population when it comes to healthcare that result in increasing rates of HBV-related morbidity and mortality.

RESULTS



DISCUSSION

Records revealed a possible lack of understanding of the severity of the illness and/or the patient's inability to advocate for herself. Documentation also supported that there were minimal attempts to reach out to the patient for oncology visits and follow-up appointments after initial diagnosis. When the mass in Mrs. X's liver was finally re-evaluated, it had grown from 7.3 cm to 13 cm.

Four months before her death, Mrs. X enrolled in the Building Bridges Initiative and was provided medical case management. Mrs. X attended Hepatitis B educational sessions which brought her back into care; she soon agreed to chemotherapy for comfort and started palliative care.

The patient died less than two months after entering hospice. Mrs. X left behind a husband, older children, and a 2 year old child.

CONCLUSIONS

Had the Building Bridges Initiative (BBI) or a similar advocacy and navigation service been in place and accessed at the time of initial diagnosis, the outcome might have been different for Mrs. X.

Services like BBI conduct free educational sessions on health conditions, provide health screenings, correct misconceptions, and connect the refugee community to medical case management.

Medical case management and personnel to advocate on behalf of refugees may be essential to improve coordination of care between the patient and health care provider, as well as help refugee patients navigate the health care system.

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