

Traumatic Brain Injury in Culturally Diverse Populations: Navigating Healthcare Intervention for Adults

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EXECUTIVE SUMMARY

This chapter highlights traumatic brain injury (TBI) and various health disparities within this population, particularly gaps related to patients from culturally diverse backgrounds. A review of three main health disparities is included, related to increased risk for sustaining a TBI, intervention barriers related to TBI, and long-term outcome after TBI. This chapter also evaluates how culture influences aspects of TBI intervention by exploring cultural considerations apparent in diverse populations. The chapter concludes with an examination of a case study based on an actual patient who sustained a TBI and details how his Native American culture impacted his healthcare choices and how his healthcare providers adapted intervention strategies given cultural influences unique to his clinical presentation.

INTRODUCTION

Traumatic brain injury (TBI) can have a negative impact on cognitive, behavioral, and/or emotional function. These changes may make it difficult for some individuals with TBI to maintain and develop social relationships, return to pre-injury employment, or fully re-integrate back into their communities (Olver, Ponsford, & Curran, 1996). As the United States becomes increasingly diverse, healthcare providers, including speech-language pathologists (SLPs) and audiologists are more frequently working with culturally and linguistically diverse (CLD) individuals as part of their typical caseload. This is evident across various populations, including the neurologically impaired one. Existing intervention models have

not generally been adapted to adequately meet the needs of patients from culturally diverse backgrounds (Uomoto & Wong, 2000).

There is a growing body of evidence related to how clinicians interact with patients from CLD backgrounds. Within this literature, there are some studies that focus on how clinicians can interpret the behaviors of patients from CLD backgrounds, and consequently adjust their interactions throughout the assessment and rehabilitation periods. Applying a more culturally appropriate clinical model may help the patient engage more thoroughly in the intervention process, which may in turn improve treatment outcomes. Ultimately, this may contribute to minimizing the health disparity gaps associated with TBI in CLD populations. Clinical experiences can drive future studies by identifying problematic issues not adequately addressed in the literature to date. Much of this section reviews the health disparities related to TBI in CLD populations. This section concludes with the presentation of a case study that is based on an actual patient's experience with acute TBI and how the patient, his family, and his medical team including the SLP, worked to learn and adapt their behaviors accordingly to facilitate intervention based on his cultural preferences.

HEALTH DISPARITIES RELATED TO TBI IN CLD POPULATIONS

There is evidence to suggest that health disparity gaps are prevalent in the TBI population (Lequerica & Krch, 2014; Niemeirer & Arango-Lasprilla, 2007). These disparities demonstrate that people from CLD backgrounds are at a greater risk for sustaining a TBI (Heffernan et al., 2011). Moreover, people from CLD backgrounds often face barriers that impact sufficient and appropriate intervention after TBI leaving them at an increased risk of poorer long-term outcome (Gao, Kumar, Wisniewski, & Fabio, 2018; Meagher, Beadles, Doorey, & Charles, 2015). These health disparities are multi-faceted, with a variety of driving issues, likely related to “mistrust of healthcare professionals, racism, environment barriers impacting accessibility, quantity and quality of education, lack of bilingual professionals, as well as the lack of culturally relevant assessment and intervention tools” (Lequerica & Krch, 2014, p. 645). The following section explores these three specific health disparities noted in patients experiencing TBI within CLD populations.

Increased Risk for Sustaining a TBI

Gender, socioeconomic status, and ethnic origin are all significant risk factors in the occurrence of TBI. Men are up to three times more likely than women to sustain a TBI (Chase, Ratcliff, Vernich, Al-Sukhni, Yasseen, & Colantonio, 2012). Furthermore, younger men are more likely to sustain a TBI (Stein, 2001). Lower socioeconomic status has been associated with increased risk for brain injury (Ivins et al., 2003). Some have postulated that individuals with lower socioeconomic status are more vulnerable to a spectrum of adverse mental and physical health outcomes which may make them more susceptible to TBI (Nguyen, Evans, & Zonderman, 2007; Smith, 2004). Others have noted that minorities are more likely than Caucasians to be residents of inner cities, earn lower wages, work longer hours per week, and have a prior history of a TBI (Jarder, Weiss, Cohen & Pepe, 2000). In the United States, African Americans have higher rates of brain injury than other groups (Langlois, Rutland-Brown, & Thomas, 2004). Some have noted that African Americans and Caucasians have a similar incidence of TBI, but African Americans are more likely to die from their TBI (Kraus & McArthur, 1996). Interestingly, Kisser

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