# Identifying Potential Barriers to Treatment Completion

Debbie Davila, MSN, RN February 1, 2024

Introduction to TB Nurse Case Management Online January 8, 2024 – February 9, 2024 San Antonio, Texas / Online Course **Debbie Davila, MSN, RN** has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity



# Identifying Barriers to Treatment Completion

Introduction to TB Nurse Case Management Online Debbie Davila MSN, RN

## **Statement of Interests**

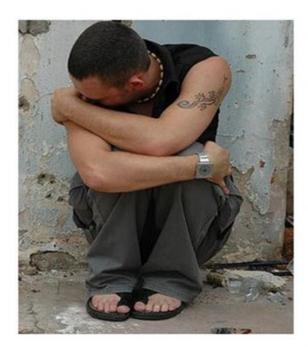
• The presenter, *Debbie Davila*, does not have any conflicts of interest to disclose.



#### **Potential Barriers**

**Barrier:** a circumstance or obstacle that keeps people or things apart or prevents communication or progress.

- Cultural
- Socioeconomic
- Substance Abuse
- Mental Health/Illness
- Homelessness
- Educational
- Health Disparities



#### **Cultural Barriers**

Culturally sensitive health care has been described as care that reflects "the ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic, or cultural heritage".

(DHHS, <u>OMH, 2001</u>, p. 131)

"Culture influences beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services".

https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect

### **Cultural Barriers**

- Western Medicine frowned upon or feared in certain cultures
- Some cultural beliefs dictate that illness is deserved
- Stigma: The stigma attached to tuberculosis is far-reaching and crosses cultural borders
  - See Heartland's #StopTheStigma campaign at
  - <u>TB Stigma Heartland National TB Center (heartlandntbc.org)</u>
- Language

"A sign or a mark that designates the bearer as *spoiled* and therefore as valued less than *normal* people."-Goffman E. (1963)

#### **Socioeconomic Barriers**

- Time=Money: EVERYONE'S Time is valuable
- Employment: time off for treatment
- **Transportation**: people without a vehicle or available public transit may not be able to commit fully to treatment
- Location: rural / poverty-stricken / long-distance from Unit



### **Substance Abuse**

- Increased use of alcohol and drug use.
- Increased missed doses and appointments.
- Incentives and Enablers
- Legal action



### **Substance Abuse**

- **Competing priority**: results in increased missed doses, increased risk for development of resistance
- Fear of increased judgement
- Increased prevalence of Adverse Medication Effects: hepatotoxicity prevalence is increased in persons with regular abuse of alcohol and/or other illicit substances
- Fear of Legal repercussions: may be in and out of correctional facilities, may fear "getting caught" by coming into a state/government building

### **TB is a Unique and Painful Experience**

- Research has shown that people affected by TB are more likely to develop mental and psychological problems than people not affected by the disease
- Patients believe that TB is always an interruption in life
  - Physically, psychologically, economically and socially
- After the initial shock from diagnosis the is a period of denial followed by Resignation and depression

#### Relationships Between Mental Disorders and TB are Complex

#### Mental disorders are associated with

- High risk of TB acquisition and transmission
- Poor adherence to anti-TB treatment
- Diagnosis of TB increases the risk of
  - Mental illness



TB research and treatment;2013;Article ID 489865

## **Mental Health**

- People with various degrees of mental health issues are greatly underserved in the United States
- Resources may not be available for people living with mental illness
  - May not have money for medications to treat mental illness
  - May not have health insurance to be able to afford to seek treatment for diagnosis
  - Patient may not wish to treat mental health diagnosis

#### Homelessness

- No address: DOT can be very difficult
  - communication and consistency are key to success
- Limited Transportation: public transport, no car, no money for bus or gas
- Need for treatment overshadowed by the stress of trying to survive



## **Education/Literacy Level**

- Reading level
- Educational level
- Know your audience
  - What do they need?
  - What will help them understand the education that you're providing to them?
- Provide a wide range of educational material and illustrative information

#### Incentives

#### • Incentives: motivate patients

#### <u>Makes treatment worthwhile to the patient</u>

- Tailored to individual's needs
- Meaningful to patient
- Immediate gratification

#### • Examples:

- Gift cards for DOT
- Clothing
- Food

## **Enablers**

- Interventions to assist the patient in completing therapy
- •Slightly different than incentives: Enables people to seek treatment while still maintaining their lifestyle
- •Examples:
  - Bus passes
  - Utility bill/rent payment
  - Childcare
  - Healthcare referrals

### **Case Management Strategies**

- Identify barriers to treatment and competing priorities
- Develop an individualized care plan with strategies to address barriers
- •Make necessary referrals for substance abuse and counseling as needed
- Communication is key to adherence

## **Special Thanks**

- Ana Salas BSN, RN, City of San Antonio Metro Health
- Cynthia Robles RN
- Catalina Navarro BSN, RN Heartland National TB Center
- Lauren Fields, Heartland National TB Center
- Stepheni Appleby, RN, TBCM Arkansas Department of Health

## References

Association between Tobacco Smoking and Active Tuberculosis in Taiwan Hsien-Ho et al AJRCCM 2009, 180; 475

Hatzenbuehler, M., Phelan, J., Link, B., Stigma as a Fundamental Cause of Public Health Inequalities, American Journal of Public Health, May 2013, Vol 103, No.5

Office of Minority Health . *National standards for culturally and linguistically appropriate services in health care.* US Department of Health and Human Services; Washington, DC: 2001.

Tucker CM, Marsiske M, Rice KG, Nielson JJ, Herman K. Patient-centered culturally sensitive health care: model testing and refinement. Health Psychol. 2011 May;30(3):342-50. doi: 10.1037/a0022967. PMID: 21553978; PMCID: PMC3092156.