



Identifying Barriers to Treatment Completion

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Introduction to TB Nurse Case Management Online
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Anna Salas, BSN, 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

Information from CDC and Heartland Presented by:

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Statement of Interests

- The presenter *Anna Salas BSN RN*, does not have any conflicts of interest to list.

Potential Barriers

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

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

Cultural

- **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
 - [TB Stigma – Heartland National TB Center \(heartlandntbc.org\)](https://heartlandntbc.org)
- **Some populations view treatment of LTBI as unnecessary or unimportant**
- **Language**

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

- **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

Mental Health

- People with various degrees of mental health issues are greatly underserved in the United States
- Diagnoses such as schizophrenia may alter the patient's perception of your intentions
- 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 and that is OKAY

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
- **Can be at increased risk for developing TB disease from weakened immune system**: unmanaged comorbidities (HIV, Diabetes), exposure to stressors, and in some, substance abuse
- **Need for treatment overshadowed by the stress of trying to survive**

Educational

- **Reading level**
- **Educational level**
- **Know your audience**: what do they need to hear to understand your counseling?
- Provide a wide range of educational material, translation services, and illustrative information
- Some people have been taught about TB in a different way and are resistant to new conflicting information

Health Disparities

- **Disparities are evident in regards to Tuberculosis**

- In 2021, TB disease was reported in 1,420 non-Hispanic Black or African American persons in the United States, accounting for 18.0% of all people reported with TB disease nationally.
- The rate of TB disease among Black or African American persons is 3.4 cases per 100,000 persons.
 - The TB case rate is 8 times higher for non-Hispanic Black or African American persons than for non-Hispanic White persons.
 - Statistics overwhelmingly indicate health disparities in people of color nationwide.
 - We have to do our part to recognize these disparities and remedy them.
 - The percentage of TB cases occurring in non-U.S.-born persons was 71.4% of the national case total in 2021.

Communication is Key

- As a TB controller it is now your responsibility to ensure that persons living with TB infection and disease understand their diagnosis.
- Provide open, non-judgmental, lines of communication with patients
 - You are not there to alter their lifestyle but to figure out how to help them within that lifestyle.
- Be consistent.
 - Show up when you say you will
 - Provide services you say you'll provide
- The CDC provides personal stories that are helpful in convincing the client to seek treatment.
- [TB Personal Stories | TB | CDC](#)

Incentives

- **Incentives**: motivate patients
- **Makes treatment worthwhile to the patient**
 - 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

Closing

“Love them where they are”

- You cannot force a patient to be in a place YOU think they should be in regards to Tuberculosis and perception of treatment. Meet them where they are.
- Your work is important and directly impacts the lives of others. It is appreciated and well worth the effort.

Questions, Problems, Tales of Woe?

- Contact information:
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Sources

- Centers for Disease Control
- Heartland