



# Adherence to Treatment Completion

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# **Mary Menix, MSN, APRN-FNP, CIC**

Has the following disclosures to make:

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





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# Adherence to Treatment Completion

Heartland National TB Center Nurse Case Management

Mary Menix, MSN, APRN-FNP, CIC  
Texas Department of State Health Services  
Public Health Region 7

# Statement of Interests

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The presenter,  
Mary Menix, APRN-FNP,  
does not have any conflicts of  
interest to list.



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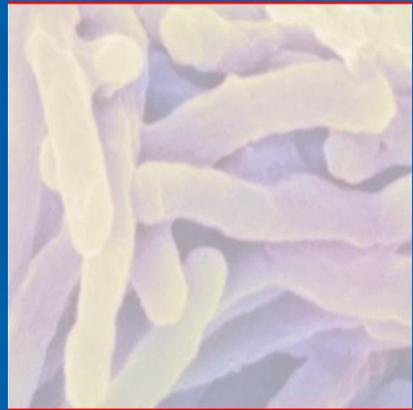
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# TB PROVIDER CHARGE

As a provider of public health, specifically, a tuberculosis care team, you have a responsibility to ensure that persons exposed to TB, living with TB infection and active disease understand and are offered their diagnosis and treatment options. Providers should identify barriers to TB elimination efforts confronting the individual family and population (NTCA, 2024)

Within the State of Texas, all jurisdictions report obstacles to completion of therapy. Data is outstanding due to incomplete reporting, but the following presentation will highlight some commonalities in identified barriers to completion of therapy (Heartland National TB Center, 2025)

According to the NTIP report, Texas completion rates range from 67-85% in the years 2020-2024. 2024 percentages are provisional at this time.(2026)



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# Identification of Potential Barriers

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



# POTENTIAL BARRIERS

- Cultural
- Socioeconomic
- Substance Abuse
- Mental Illness
- Housing
- Education
- Medical Comorbidities



# CULTURAL

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- Western Medicine vs Alternative medicine
- Some cultural beliefs dictate that illness is deserved
- Stigma
  - Contact investigation- no one likes a “snitch” and privacy concerns
- Treatment of LTBI as unnecessary or unimportant
- Language
- Age related
- Public health skepticism



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# SOCIOECONOMIC

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- Time- EVERYONE'S Time is valuable day/night
- Financial
- Employment: time off for DOT and assessments
- Transportation: private vehicle or public transit
- Geographic Location: rural settings are long distances from care
- Housing status: unstable, disruptions, homelessness, caregivers for dependent children
- Insurance



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# Substance Abuse/Mental Health

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## Substance Abuse

- 1. Competing priority:** increased missed doses/development of resistance
- 2. Increased Adverse Medication Effects:** hepatotoxicity prevalence in persons with regular abuse of alcohol and/or other illicit substances
- 3. Fear of Judgement and Legal Repercussions:** Exposure of abuse. Higher incidence legal concerns. Location of clinic.

## Mental Health

- 1. Access to care:** various degrees of mental health issues are greatly underserved in the United States.
- 2. Diagnosis:** schizophrenia may alter the patient's perception of your intentions
- 3. Right to Refuse:** may not wish to treat mental health diagnosis and/or tuberculosis and that is OKAY.\*



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# HOUSING

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- **Homelessness:**
  - without an address, DOT can be very difficult
  - communication and consistency are key to success
  - need to survive is more important than treatment
- **Was their “home site” relocated by law enforcement**
- **House hopping**
- **Immigrant status – ICE detention**



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# EDUCATION

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- **Literacy Level:** just because they speak a different language does not mean they are illiterate; just because they graduated high school does NOT mean they can read
- **Window Prophylaxis**
- **Learning Style**
  - Written, verbal, visual, kinesthetic, **illustrations**
  - Cultural



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# Medical Comorbidities

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- **Liver Disease**
- **Diabetes**
- **Kidney Disease**
- **HIV**
- **Mental Illness**
- **Visual disabilities**
- **End of Life**



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# Interventions to Offset Identified Barriers



# BARRIER INTERVENTIONS

- Cultural Sensitivity-self awareness
- Social Services for Socioeconomic concerns to include housing
- Link to care for Substance abuse/mental health/medical comorbidities
- Meet them where they are emotionally, socially, they are a person
- Provide education in different formats
- **Prioritize Education:** You cannot give a starving person a steak to eat in one setting, their body will not process it correctly. One bite at a time.
- **Provider Education**
- **Program updates**
- **Be HONEST, KIND, COMPASSIONATE and DEPENDABLE**



# BARRIER INTERVENTIONS

- **INCENTIVES**

- “REWARDS” given as motivators to perpetuate a behavior
- Tend to be less specific with/without parameters such as gift cards, meal passes given once so many DOT visits completed, etc.
- Funding is difficult to secure

- **ENABLERS**

- Assistive tools given specific to a barrier to promote completion of treatment
  - Transportation
  - Utility/housing assistance
  - Childcare
  - Nutritional supplements
  - Loaner phones



# BARRIER INTERVENTIONS

- Educate yourself and staff
- Link clients to support groups

We are TB, and *Somos TB*

Tuberculosis Personal Stories | Tuberculosis (TB) | CDC

TB Stigma – Heartland National TB Center ([heartlandntbc.org](http://heartlandntbc.org))



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# REVIEW



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# BARRIERS AND INTERVENTIONS

Despite the presence of cultural, socioeconomic, substance abuse, mental health, housing, education and medical comorbidity barriers, the successful adequate treatment of Tuberculosis is crucial to the elimination of the disease.(NTCA, 2024)

Specific attention to interventions to overcome these identified barriers is supported through Tuberculosis programs at the local, state, national and worldwide levels through the use of awareness, education, creative toolboxes, incentives and/or enablers.



# Adherence to Treatment Completion Questions??

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