



TB Health Disparities in PHR11: The Nurse's Role in Achieving Equitable Care

Emilie Prot DO MPH FACPM

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Emilie Prot DO MPH FACPM

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





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TB Health Disparities in PHR11: The Nurse's Role in Achieving Equitable Care

Emilie Prot DO MPH FACPM

RMD PHR11

9/15/2026

Learning Objectives

1. Describe how social determinants of health influence TB risk, diagnosis, treatment adherence and outcome among patients in PHR11
2. Identify populations within South Texas and PHR11 that experience a disproportionate burden of TB disease
3. Recognize common medical, social and cultural barriers that interfere with TB treatment completion
4. Use culturally sensitive and stigma-free communication when caring for patients with TB
5. Case reviews



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Let's start with definitions

A **health disparity** is the occurrence of diseases at greater levels among certain population groups more than among others. Differences in rates of diseases, like TB, may occur by race or ethnicity, health conditions, and geographic location.

Social determinants of health are non-medical factors that influence overall health outcomes. These include the environments in which people are born, grow, live, work, and age, as well as the broader social, economic, and political systems that shape these conditions. Factors such as poverty, limited access to healthcare, inadequate education, stigma, and systemic racism contribute to health disparities. For instance, the stigma surrounding tuberculosis (TB) can discourage individuals from seeking medical attention or continuing with necessary follow-up care when ill.

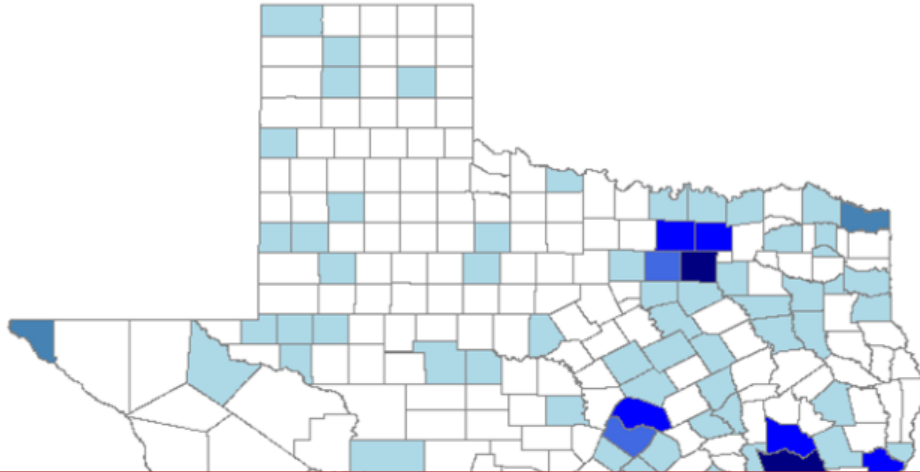


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Where in Texas is TB found?

Tuberculosis Case Counts by County, Texas 2025



Top 10 Texas counties with the most TB cases - 2025

1. Harris: 302
2. Dallas: 156
3. Tarrant: 87
4. Bexar: 75
5. Hidalgo: 64
6. Travis: 58
7. Walker: 50

TB disproportionately impacts people living along the Texas-Mexico border.

In 2025, border counties accounted for 15.0 percent of TB cases in Texas, although only 9.5 percent of the Texas population lived in a border county.



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Social Determinants of Health and TB

How SDOH impact TB
Outcomes: Social and economic conditions influence exposure, diagnosis, treatment adherence, and outcomes.

What barriers could prevent this patient from successfully completing treatment?

Key Social Determinants:

- Housing instability and overcrowding
- Transportation barriers
- Food insecurity
- Unemployment or underemployment
- Limited healthcare access
- Limited health literacy
- Language barriers
- Immigration-related concerns
- Social stigma



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Who is most affected?

Important populations in South Texas:

- 67% Foreign born (higher TB incidence)
- Migrant or seasonal workers
- Individuals experiencing homelessness
- 14% Residents of congregate setting
- 22% Patients with Diabetes
- Older adults
- Immunocompromised individuals
- 17.1% Drug users (non IV, and IV)
- Children below the age of 5



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PHR11: Regional Considerations

PHR11 nurses frequently encounter:

- Border health issues
- Mobile populations
- Bilingual households
- Cross-jurisdictional care challenges

Understanding who is a greatest risk allows nurses to prioritize screening, education, and support.



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Why Patients Struggle to Complete TB Treatment: Common Barriers



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Structural

- Lack of transportation
- Work schedules
- Childcare responsibilities
- Housing instability

Cultural

- Language differences
- Traditional health beliefs
- Mistrust in institutions

Psychological

- Fear of stigma
- Depression and/or anxiety
- Social isolation

Financial

- Lost wages
- Job insecurity
- Lack of insurance

Nursing Assessment for Health Disparities

Access

- How will you get to clinic appointments?
- Do you have reliable transportation

- Are you concerned about lost income?

Communication

- What language do you prefer for medical information?

Support

- Who helps you when you are sick?
- Is anyone assisting with medications?

Work and Finances

- Will treatment affect your job?

Home visit observations:

- Housing conditions
- Food availability
- Family support
- Safety Concerns



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What nurses can do:

- **Improve access:** VDOT, flexible scheduling, home visits, transportation assistance
- **Improve communication:** interpreter services, teach back method, plain language education
- **Connect Resources:** Food assistance programs, housing services, community health partners, behavioral health services
- **Strengthen adherence:** frequent follow ups, reminder systems, positive reinforcement



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Building Trust Improves Outcomes

Avoid Stigmatizing Language



TB Care or
TB Care and Prevention



TB
Control



Possible TB Disease or
Suspected TB Disease



Suspect



Person lost
To follow-up



Defaulter



Non-adherent



Non-Compliant



Patients with TB Disease



TB Cases

I made the pledge to join
Heartland National TB Center
in an effort to stop the use of
stigmatizing language.

#StopTheStigma #TB
#SpeakFromTheHeart #TB
#LanguageMatters #TB
#CommitToChange #TB

Heartland National TB Center's (HNTC) commitment to join forces with patient advocates from the Global TB Community, the International Union Against TB and Lung Disease, and the National Society of TB Clinicians to eliminate stigmatizing language



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Adaptation and Validation of a TB Stigma Scale for Adolescents in Lima, Peru

S. S. Chiang, C. Zeng, B. Roman-Sinche, E. Altamirano, C. B. Beckhorn, K. Leon-Ostos, R. Espinoza-Meza, L. Lecca, M. F. Franke

STUDY BACKGROUND

TB-related stigma contributes to poor clinical outcomes and reduced wellbeing for affected individuals. Adolescents may be particularly susceptible to TB-related stigma due to their heightened sensitivity to peer acceptance, yet few studies have evaluated TB-related stigma in this group. Without a validated scale, it remains challenging to measure TB-related stigma in adolescents.

STUDY CONCLUSIONS

This adolescent TB stigma scale may serve as a practical tool to measure TB-related stigma and evaluate the impact of stigma-reduction interventions in adolescents.



25.7% of adolescents often or always felt scared to tell people that they have TB



55.9% of adolescents often or always were careful about who they tell that they have TB



56.8% of adolescents often or always felt guilty that they got TB because they didn't eat well.

14.9% of adolescents often or always felt guilty of having TB because they were a burden to the family.

16% of adolescents 15 years or older undergoing TB treatment had suicidal ideation.

26.5% of adolescents 15 years and younger undergoing TB treatment had suicidal ideation.



Source: *The International Journal of Tuberculosis and Lung Disease*, Volume 27, Number 10, 1 October 2023, pp. 754-760(7)

Case Study #1: Diabetes and TB

Mr. R, 58 yo Hispanic male

Newly diagnosed pulmonary TB, DMII, Spanish speaking, lives in rural area, missed two clinic appointments

Discussion questions:

1. What health disparities are present?
2. What barriers may affect treatment completion?
3. What nursing interventions could improve outcomes?



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Case study #2: Undocumented person

Ms. G, 32 year old Hispanic female

Diagnosed with pulmonary and pleural TB, Seasonal worker, single mother of 2, Concerned about losing income.

Discussion questions:

1. What social determinants affect this patient?
2. What adherence challenges do you anticipate?
3. What resources can the healthcare team provide?



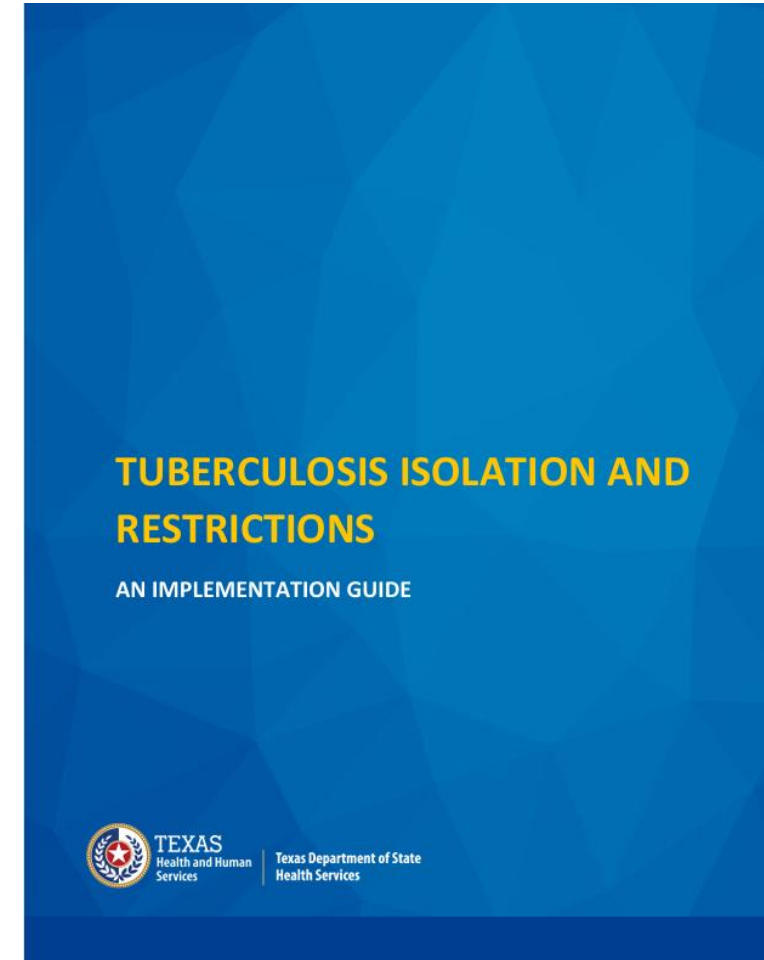
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TB Isolation & Restrictions: Protecting Patients While Promoting Equity

Why this matters?

TB isolation is an important infection control measure, but prolonged restrictions can create unintended hardships that affect treatment success and patient wellbeing. Current updated Texas guidance emphasizes balancing community safety with the patient's social, emotional and economic needs.



Key updates on TB Isolation & Restriction

- Effective TB treatment rapidly reduces infectiousness, often within days of starting an effective regimen.
- Eligible patients may be considered for release from isolation after **5 to 14 DOT doses of effective therapy**, depending on their clinical situation and transmission risk.
- Isolation and restriction levels should be reassessed regularly and individualized to the patient's circumstances.



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Isolation and the Nurse's Role

Isolation may contribute to:

- lost wages or employment concerns
- food insecurity
- transportation challenges
- social isolation and stigma
- mental health impacts
- housing instability for vulnerable patients

The Nurse's Role

- ✓ Educate patients and families on isolation expectations
- ✓ Monitor adherence and tolerance to treatment
- ✓ Assess barriers related to work, housing, food and transportation
- ✓ Connect patients with community resources and support services
- ✓ Advocate for the least restrictive measures consistent with public safety



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Closing Takeaways

1. TB is both a medical disease and social disease
2. Health disparities directly affect treatment success and transmission
3. Nurses are often the first to identify barriers to care
4. Addressing social needs improves treatment completion
5. Health equity is critical component of TB elimination



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Closing

*Every successful TB treatment story begins with
understanding the person behind the diagnosis*

Sources

1. [TB Data and Statistics | Texas DSHS](#)
2. [Tuberculosis Isolation and Restrictions](#)



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