

## Educational Messages for TB Clients: How Might We Improve?

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### Throughout the Globe Socio-Cultural Attitudes & Beliefs Surrounding TB

- Associated with patients':
  - Anxiety & Distress
  - Delays in seeking appropriate medical care
  - Engaging in ineffective self-care practices
  - Mistrust of healthcare settings
- Can lead to patients':
  - Denial or rejection of a diagnosis
  - Reluctance to undergo diagnostic testing and/or treatment
  - Unwillingness to cooperate with infection control activities.



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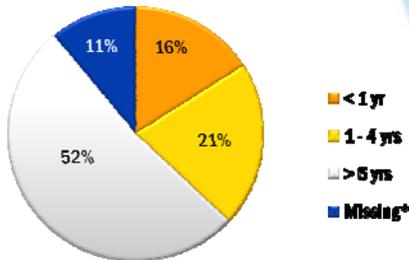
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### Foreign-born Persons Time of Residence in U.S.A. Prior to Tuberculosis Diagnosis, 2008



\* Foreign-born TB patients for whom information on length of residence in the U.S. prior to diagnosis is unknown or missing.

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## Adjusting to Life in a New Country.... Diagnosed with a Highly Stigmatized Disease...

- Clients are likely to:
  - Conduct themselves according to the social norms of their birth country.
  - **Process** what they being told and asked to do **in the context of their culture.**
    - Culture & Acculturation Influences a Client's
      - Understanding & interpretation of experiences
      - Health/medical decision-making
    - Acculturation in the Age of Technology = Less pressure to assimilate



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## The Challenge to TB Program Staff

Build skills to educate & counsel clients in a culturally competent manner in order to:

- Help clients gain an accurate understanding of their diagnosis & treatment.
  - Accommodate cultural attitudes & beliefs related to health & disease.
  - Diminish dissonance that may arise when information appears contradictory or logically inconsistent with long-held attitudes, beliefs, & practices.
    - Respected family members, community leaders, medical personnel
- Persuade clients to adhere with medical recommendations & cooperate with TB control activities.



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## CROSS-CULTURAL INTERACTIONS Resources

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## Kleinman Questions

- **Illness from the client's point of view:**
    - What the patient knows or does not know / Identify misperceptions
    - Identify what patients **value** and **problems** caused
1. **What do you think has caused the problem?**
    - **MEDICAL HISTORY:** Have you had this problem in the past? / What kind of treatment did you take in the past?
  2. **Why do you think it started when it did?**
  3. **What do you think the sickness does?**
  4. **What kind of treatment do you think you need?**
  5. **What are the most important results you hope you receive from this treatment?**
  6. **What are the chief problems this sickness has caused for you?**
  7. **What do you fear most about this sickness?**

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## SNTC Complete & Quick Reference Country Guides

Assist HCPs

- Become aware of
- Prep for and/or initiate educational conversations

Factors/beliefs that may influence a TB patient's behavior when ill.

The values, practices, and problem-solving strategies used by people from different cultures.



Download @ no cost from website  
<http://sntc.medicine.ufl.edu/Products.aspx>

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## INCORPORATING THESE RESOURCES

Into the Clinical Encounter

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## From "Know That" to "Know How"

When Healthcare Professionals & Patients Do Not Share Similar Ideas About Health & Illness

### 1. Contemplate/become familiar with:

- Potential reasons underlying reluctance or rejection of testing / diagnosis/ treatment
  - Misperceptions of testing, disease etiology, transmission, treatment
- Consequences patients anticipate
  - Root cause(s) for:
    - Anxiety
    - Distress
    - Mistrust




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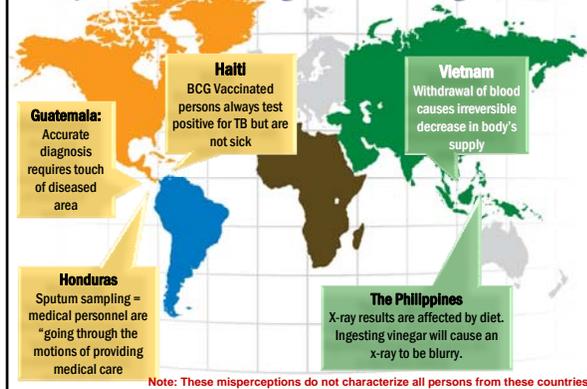
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## Misperceptions: Diagnostic Testing




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## Common Misperceptions: Etiology of Tuberculosis

Common Misperceptions: Etiology of Tuberculosis			
<b>Mexico, India, Vietnam, Philippines</b> <ul style="list-style-type: none"> <li>● Smoking</li> <li>● Drinking alcohol</li> <li>● Not eating nutritious foods / malnutrition</li> <li>● Physical exertion or hard work</li> <li>● Disruptions in the body's hot / cold balance (causes vary)</li> </ul>	<b>India, Vietnam, Philippines</b> <ul style="list-style-type: none"> <li>■ Excessive Stress / Worry / Anxiety</li> <li>■ Genetic inheritance / passed through generations of families</li> <li>■ Poor sanitation or hygiene / dirty housing</li> </ul>	<b>Mexico, Philippines</b> <ul style="list-style-type: none"> <li>■ A cough (due to a cold or bronchitis) that was not treated and developed into a serious disease</li> </ul>	
<p><i>Note:</i> While TB is associated with malnutrition, poverty/overcrowded living conditions, individuals view these factors as the direct cause (or etiological agent) of TB disease.</p>			
Mexico	India	Vietnam	The Philippines
<ul style="list-style-type: none"> <li>● Inhaling ashes, dust or smoke</li> <li>● Bewitchment</li> </ul>	<ul style="list-style-type: none"> <li>● Sexual promiscuity</li> <li>● Fate or karma</li> <li>● God's curse</li> <li>● An evil soul or evil spirit</li> </ul>	<ul style="list-style-type: none"> <li>● Polluted / dusty environments</li> <li>● Supernatural causes</li> <li>● Contaminated water</li> <li>● Lack of sleep/fatigue</li> <li>● God's Decision</li> </ul>	<ul style="list-style-type: none"> <li>● Frequent pregnancies</li> </ul>
<p><i>Note: These misperceptions do not characterize all persons from these countries</i></p>			

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**Common Misperceptions:  
Transmission of Tuberculosis**

Mexico, India, Vietnam, Philippines

- Sharing items with a TB patient.

**Examples:** Eating utensils, blankets, bed sheets, towels or drinking from the same bottle or glass.

Mexico	India	Vietnam	The Philippines
<ul style="list-style-type: none"> <li>Shaking hands with a TB patient.</li> <li>Sexual relations with an infected person.</li> </ul>	<ul style="list-style-type: none"> <li>Social contact</li> <li>Heredity</li> </ul>	<ul style="list-style-type: none"> <li>Spitting</li> <li>From mother to child during pregnancy</li> <li>Bad genes</li> </ul>	<ul style="list-style-type: none"> <li>Touching a person with TB</li> <li>Sexual Intercourse</li> <li>Blood Transfusion</li> <li>Drinking Water</li> <li>Children cannot have TB, the illness only affects adults.</li> </ul>

Note: These misperceptions do not characterize all persons from these countries

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**“Best Practices” for Health Education**

**CLIENT**  
Understanding  
Acceptance  
Use of Info

**Economic**  
Without the complete treatment needed to be cured, you will become sick again and again - how will you work?

**Family-driven**  
Complete treatment for them.

**Psychological**  
You have some control, do not let this disease ruin your life.

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**From “Know That” to “Know How”**  
When Healthcare Professionals & Patients Do Not Share Similar Ideas About Health & Illness

2. Prepare yourself to respond

A. Culturally sensitive messages

B. Shape your message to resonate & address:

- Anxiety / Distress / Mistrust
- Logical non-adherence
- Modify pts. explanatory model of illness
  - Enable pts to save “face”
  - Move beyond the interpersonal interaction to an intercultural interaction

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## A. Culturally Sensitive Educational Messages

- Characteristics:
  - Captures people's attention with the **appropriate appeal**.
  - Acknowledge culture as a "predominant force" that influences people's values and behavior.
  - Reflects & respects the beliefs, attitudes and values of clients.

Challenging but not impossible!

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## A. Culturally Sensitive Educational Messages

### Choosing the Type of Appeal

- To capture clients attention you can:
  - Scare them
  - Make them feel good / better
  - Tug at their hearts
  - Give them straight facts.
- What works best?
  - Depends on clients' preferences
  - What you are asking clients to do
  - How you use the appeal when asking a client to do something
    - Positive vs. Threat Appeals

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## Threat (or Fear) Appeals

- Effective with 2 groups
  1. "Copers" (people who are not anxious by nature) & "Sensation Seekers" (certain youth)
  2. When exposure to the message is voluntary (picking up a brochure at a store rather than HD staff approaching a person in the course of a contact investigation)
- To be effective, a threat appeal should include:
  - A compelling threat of physical or social harm
  - Evidence that the audience is personally vulnerable to the threat
  - Solutions that are both easy to perform (audience members believe they have the ability to take the action) and effective (taking action will eliminate the threat)
- In general, the effectiveness of threat appeals is widely debated

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## Positive Emotional Appeals

- Illustrate the benefits clients will gain when they follow recommendations made.

### Research indicates:

- Messages that present a major benefit but do not address any drawbacks tend to be most appropriate when an audience is already in favor of recommended actions.
- Messages that present a major benefit and directly address any major drawbacks work best when people are not favorably pre-disposed towards recommended actions.

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## How might you provide a positive emotional appeal in response to the perception...

Treatment is complete once symptoms subside



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## Example: Positive Emotional Appeal

- In the past patients have told me that they stopped taking their TB medicine once they felt better. It is important to know, to be cured of TB - medication must be taken for 6 months or more
- Once the symptoms go away many people do not want to stay on meds:
  - They feel better
  - Some people will have side effects from the medication - a queasy stomach or a tingling feeling in hands or feet.
  - Takes time away from day to get meds
- However, to remove all the TB germs from your body - so you are cured and can care for your family because you do become sick again. Your treatment will take 6 months or more to complete. We will need to do tests in the laboratory to determine how long treatment will last. You will come to the health dept. every Mon, Tues, Wed, Th, Fri for # weeks, then\_\_\_\_\_.

Acknowledge Behaviors, The Benefit & Action

The Drawback

Quantify Risk.. Remain Credible

Personalize Benefit, Repeat & Specify Action

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## B. Responding with Messages that Resonate

Move beyond the interpersonal interaction to an intercultural interaction

### • Characteristics

- Acknowledge the misperception and provide information in order to

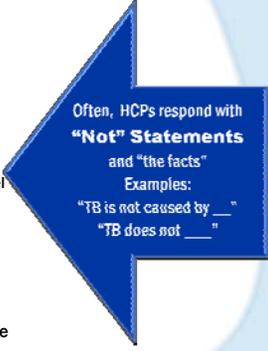
- Reduce Anxiety / Distress / Mistrust

- Modify patients' explanatory model of illness

- With an approach that enables clients to save "face"

- **Note:** for some patients a "not statement is not enough!"

- Reduce "Logical" non-adherence



Often, HCPs respond with  
**"Not" Statements**  
and "the facts"  
Examples:  
"TB is not caused by \_\_\_"  
"TB does not \_\_\_"

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## Grab Attention ... Go Beyond "TB is not \_\_\_"

- It is understandable that you don't want others to know about your illness because some people say \_\_\_\_\_...

- I have helped many people with TB, some have told they thought TB \_\_\_\_\_...

- ... Is this something you ...

- Heard in the past?
- Were told before?

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## B. Messages that Resonate

- Addressing causes for anxiety / distress

### • Examples:

#### • Stigma

- I understand you may be afraid not just because of the disease itself, but also because of the way some people may react to hearing this .....

#### • Etiology/Transmission

- It is understandable that you don't want others to know about your illness, because many people do not know exactly how TB is spread from one person to another ....

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## B. Messages that Resonate

- Examples allowing a person to “save face” & modify the explanatory model of illness:
  - Over the years many clients have told me they thought that only people with immoral behavior have TB. I can say I have cared for many people who have lead good, moral lives.
  - Let's talk .... in my country, people think that TB is caused by being poor and not eating well. this is not totally true.

\_\_\_\_\_.  
(complete the statement to modify an explanatory model that TB is caused by poor nutrition)

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## Is your message too short?

- “Some diseases are transmitted by hand (touching) but TB is not. TB is only airborne”
- What might you add to ensure understanding?

## Is your message potentially dismissive?

- “Karma or fate has nothing to do with TB. No one for sure can ever say where they caught TB.”

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## Is your message too simple?

- Many have used traditional medicines to try to cure TB, but it is difficult.
- Many have used traditional medicines to try to cure TB, very few people are successful. The main reason, is many traditional medicines do not break up the TB germs. The best cure for TB is to use the medicines we have here.
  - Quantify the success or failure .... Approx. 45% of people are satisfied with terms like “very few” “many” etc. rather than percentages.
  - Take this a step further ... provide a positive appeal
  - What other benefits might you add?
    - No costs
    - Good supply – no need to stop and start ...which can happen when people try to get medicine from home....

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**“Do you have any questions” is quick & easy... but be mindful.**

**The patient may or may not discuss concerns, fears, or perceptions**

Due to:

- General embarrassment
  - Gender differences
  - Age differences
- Respect afforded a healthcare professional
- Fear of appearing foolish
- Overwhelming feelings of shame or panic in the wake of the diagnosis
- Lack of awareness that current understanding is not accurate



**In a recent survey ...  
27% of Asian-American  
patients had questions for  
HCP they did not ask**

**Taking this into account can help improve the educational messages you provide your clients**

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**Where do we go from here?**

- Messages examined / formulated today can serve as an educational resource for training new staff.
- While we have some very good examples of “cross cultural patient education messages” ...
  - Additional examples & further guidance – may enhance staff capacity to persuade clients to attend to, accept and take action.
  - Further research – from the patient’s perspective is needed to explore best practices /messages to dispel the misperceptions surrounding TB.

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**Thank You**

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