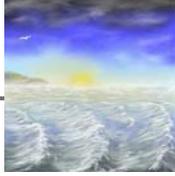


TB Client Education: Oceans of Opportunity for ORW



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VDH, TB Control



Learning Objectives

- Know where to find resources for TB education
- Increase knowledge about effective TB training/education
- Gain knowledge about addressing cultural concerns in TB education
- Enhance education skills through activities

Where Do You Look?





Key Resources

- CDC
- Find TB Resources
- Regional Training Medical Consultation Centers
- VDH TB Control



CDC Resources

- <http://www.cdc.gov/tb>
- Find guidelines, fact sheets, publications and order forms
- Categories include control and elimination, diagnosis, HIV/AIDS, MDR TB, testing and treatment



CDC Self-Study Modules - TB

- Self-Study Module 9: Patient Adherence to Tuberculosis Treatment
 - Table of Contents
 - [Background](#)
 - [Objectives](#)
 - [New Terms](#)
 - Reading Material
 - [Patient Adherence to TB Treatment](#)
 - [Case Management](#)
 - [Educating the Patient](#)
 - [Working with an Interpreter](#)
 - [Using DOT to Improve Adherence](#)
 - [Using Incentives and Enablers to Improve Adherence](#)
 - [Improving Adherence with Children and Adolescents](#)
 - [Problem Solving](#)
 - [Legal Remedies](#)

<http://www.cdc.gov/tb/education/ssmodules/module9/ss9contents.htm>



Find TB Resources

- <http://www.findtbresources.org> 
- Search for TB education and training materials
- Get information about TB organizations
- Find out about upcoming events
- Sign up for TB-related Electronic Mailing List and digests
- Locate TB images and TB-related web links
- Find out about the TB Education & Training Network (TB ETN)



RTMCCs

- <http://sntc.medicine.ufl.edu>
- Southeastern National Tuberculosis Center
- **SNTC Products**
 - products developed by SNTC to support you with TB training and education.
 - Most of these products can be downloaded, some must be ordered
 - ALL are FREE!
- <http://sntc.medicine.ufl.edu/RTMCCProducts.aspx>
- Regional Training and Medical Consultation Centers
- Includes products from all 4 RTMCCs



Various Training Formats and Technology Available

- Newsletters, booklets, flyers
- Posters, brochures
- Web-based
- DVDs/CDs
- MP3 audio





VDH TB Control Website

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/>

Tuberculosis Control and Prevention

- The mission of the TB Program is to control, prevent, and eventually eliminate tuberculosis from the Commonwealth of Virginia.
- The Program aims to detect every case of TB in Virginia, assure that every case is adequately and completely treated, and prevent transmission of TB in communities.



VDH TB Control Website: New Format Coming Soon!

Facts About TB
(Basic information)

TB Epidemiology and
Surveillance

Resources for
Healthcare Professionals
And Community Partners

Resources for Local Health
Departments in VA
(forms, client service plan)

Client Education and
Important Links

Staff – Contact Us



Effective TB Client Education

- What do you ask?
- How do you ask?
- How do you know it's effective?



Client Education

- a. Difference between TB disease/infection
- b. Signs/symptoms
- c. TB is treatable and preventable
- d. Importance of completion of treatment
- e. Diagnostic procedures, testing and follow up



Client education, con't

- f. Current medical treatment plan
- g. Need for regular monitoring and follow up; encourage patient participation
- h. Roles: patient, health department, private provider
- i. Risk of treatment relapse
- j. Signs/symptoms of possible relapse



Open-ended Questions

- What are some questions you would ask a client who:
 - Doesn't seem to know much about TB?
 - You think has some other medical issues besides TB?
 - Tells you he/she does not need DOT
 - You suspect has more contacts than he or she is willing to share?



Open-ended Questions: Examples

- What do you know about TB?
- What do you think causes TB?
- How serious do you think your illness is?
- Why do you think you got sick?
- What do you fear about your illness?
- How do your friends and family feel about your TB?



Open-ended Questions: Examples - 2

- How do you feel about taking your TB medicines?
- What are some problems you have taking medicine?
- Who are the people that you have close contact with every day?
- Where can we find these people to offer them a free test for TB?



Key Messages

- What are some of the most important messages that you share with clients?
 1. We will make it easier for you to take your medications by providing DOT
 2. TB can be cured if you follow the treatment plan
 3. It is important for you to take your medicine for at least 6 months

Cultural Aspects

- Does culture play a role in TB education?



SNTC Complete & Quick Reference Country Guides

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

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



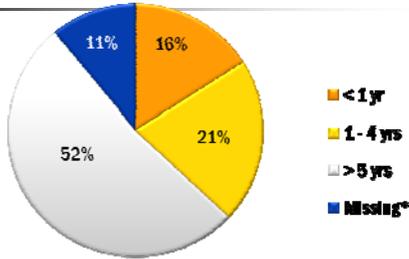
Download @ no cost from website
<http://sntc.medicine.ufl.edu/Products.aspx>

Cultural Attitudes & Beliefs Surrounding TB

- Associated with clients':
 - Anxiety & Distress
 - Delays in seeking medical care
 - Engaging in ineffective self-care practices
 - Mistrust of healthcare settings
- Can lead to clients':
 - Denial or rejection of a diagnosis
 - Reluctance to undergo diagnostic testing and/or treatment
 - Unwillingness to cooperate with treatment, contact investigation, etc.



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.

Examples:

- Recent survey found that 27% of Asian-Americans had questions for their health care provider that they did not ask



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.
- Can you think of an example?



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

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

Challenge to TB Program Staff

- Help clients gain an accurate understanding of their diagnosis & treatment.
 - Accommodate cultural attitudes & beliefs related to health & disease.
 - Address issues that may arise when information appears contradictory or inconsistent with long-held attitudes, beliefs, & practices.
- Persuade clients to adhere with medical recommendations & cooperate with TB control activities.
- Build skills to education and counsel clients in a culturally competent manner



**Questions: Address Illness
from Client's Point of View**

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. What do you think the sickness does?
3. What kind of treatment do you think you need?
4. What are the main problems this sickness has caused for you?
5. What do you fear most about this sickness?

From "Know That" to "Know How"

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

1. Become familiar with:

- Potential reasons underlying reluctance or rejection of testing / diagnosis/ treatment

- Consequences patients anticipate
 - Root cause(s) for:
 - Anxiety
 - Distress
 - Mistrust



From "Know That" to "Know How" - 2

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

2. Prepare yourself to respond

- A. Offer culturally sensitive messages
- B. Shape your message to resonate & address anxiety, distress and mistrust



A. Culturally Sensitive Educational Messages

■ Characteristics:

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

Challenging but not impossible!

A. Choosing the Type of Appeal for Culturally Sensitive Messages

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

Example: 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.

Example: Positive Emotional Appeal

How might you provide a positive emotional appeal in response to a client's perception that treatment is complete once symptoms lessen?



Example: Positive Emotional Appeal

- Clients have told me that they stopped taking their TB medicine once they felt better. It is important to know that for you to be cured of TB – medication must be taken for 6 months +
- Once the symptoms go away many people do not want to stay on meds because:
 - They feel better
 - Some will have side effects from the meds
 - It takes time away from day to get meds
- To remove all the TB germs from your body, so you are cured and can care for your family and NOT get sick again, your treatment will take 6 months or more.
- We will help you take all your meds with DOT.

Acknowledge Behaviors, The Benefit & Action

The Drawback

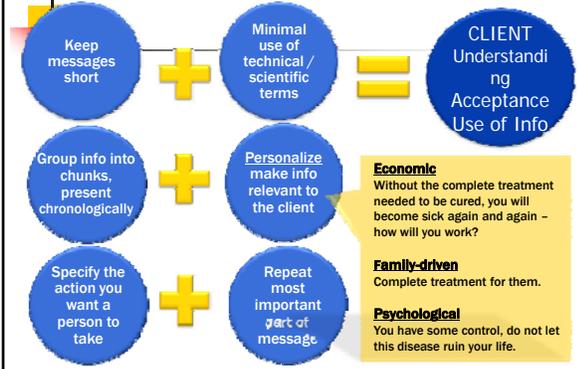
Quantify Risk, Remain Credible

Personalize Benefit, Repeat & Specify Action

B. Messages that Work Best: Addressing Causes for Anxiety

- 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
 - **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
 - **Save Face:** Let's talk in my country, people think that TB is caused by being poor and not eating well, this is not totally true

"Best Practices" for Health Education





Learning

"That is what learning is.
You suddenly understand something
you have understood all your life
but in a whole new way."

- Doris Lessing



Special Thanks To:

Joan M. Mangan, PhD, MST
University of Florida
Department of Medicine, Division of Mycobacteriology
Southeastern National Tuberculosis Center
