



Videography-Based TB & HIV Patient / Family / Community Education

Four Corners TB/HIV Conference, 2016

John W. Wilson, MD
Associate Professor of Medicine
Mayo Clinic
Division of Infectious Diseases
Rochester, MN

Problems with TB Education

- Global Background

- > 95% of global TB-related deaths occur in low- and middle-income countries where education and public health information are often less accessible¹
 - Many patients diagnosed with active TB or LTBI have minimal or no understanding what TB is, how it is acquired, transmitted or treated



1. World Health Organization. Tuberculosis, Key Facts. 2014.

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 - Many patients diagnosed with active TB or LTBI have minimal or no understanding what TB is, how it is acquired, transmitted or treated
- Patients' general health beliefs are affected by their own experiences and fundamental understanding of health issues - often referred to as "*health literacy*"
 - When health literacy rates are low, patients become more prone towards non-adherence with medical evaluations and treatment recommendations²

1. World Health Organization. Tuberculosis, Key Facts. 2014.

2. Martin LR, et al. Ther Clin Risk Manag. 2005 Sep;1(3):189-99.

Problems with TB Education - Global Background

- For many pts & family members who have some awareness of TB:
 - There often remains an abundance of **confusion, social misperceptions** and **negative social stigma**^{1,2}
 - Pt / family TB misinformation is often by circulated within local community and further creating:
 - A distrust of modernized health care
 - Compromised medication tolerability and
 - Reduced treatment compliance^{3,4}



1. BMC Public Health. [Research Support, Non-U.S. Gov't]. 2014;14:467.
2. Pulm Med. 2012;2012:352850.
3. Trop Med Int Health. 1997 Aug;2(8):809-21.
4. Public Health Rep.1992 Nov-Dec;107(6):626-36.

Problems with TB Education - Global Background

- Family / community misinformation of TB often lead to patient social isolation or ostracism
 - Pose barriers towards efficient public health contact investigations¹



1. Trop Med Int Health. 1997 Aug;2(8):809-21.

Problems with TB Education – Domestic / US Background

- Face-to-face discussions with patients and family members are vital towards achieving an adequate fundamental understanding of TB



- However, many patients commonly continue to have unresolved questions and confusion.

Why do Patients Remain Confused after meeting with their health provider(s)?

- Patients may feel uncomfortable asking questions
 - Ashamed about asking perceived “dumb questions”
 - May feel intimidated with their doctor
- Patients may not fully understand what their provider is saying – *via language, cultural differences*
 - Barriers between effective patient-health provider communication commonly are encountered both within resource rich and poor countries
- Health providers may not have adequate time for more detailed discussions with their patients
 - Busy hospital or outpatient clinic
 - More problematic among many TB clinics within low- and middle-income countries, where the incidence of TB is generally much higher compared to the U.S.



External Education: Optimal approach for Patients, Families, Communities??

- Inform patients of the facts
 - not ‘freak them out’



- Tuberculosis is a very serious disease; BUT
 - *It's very treatable*
 - *It's very curable*
- Treatment can be challenging – many medications over a prolonged period of time
 - But very important to follow your health providers recommendation and *complete treatment*

Patient Education – What’s the Best Approach?

- lots of reading material available

English

Minnesota Department of Health
Treatment for Latent TB Infection

Your tests show that you have latent tuberculosis (LTBI). A small number of TB germs are not hurt but they are still "asleep" but they are still "sleep" as long as your body is healthy. When you have LTBI you are not contagious.

The TB germs are not hurt but they are still "asleep" but they are still "sleep" as long as your body is healthy. When you have LTBI you are not contagious.

Questions and Answers About Tuberculosis

MAYO CLINIC

A tuberculosis (TB) skin test. This information is for patients who have had a positive skin test.

Tuberculosis
Tuberculosis is an infectious disease that can affect many parts of the body, most commonly the lungs.

PATIENT EDUCATION

TB Get the Facts About Tuberculosis Disease

Requires:

- Motivated patients/family members to actually read informational brochures
- Informational brochures in appropriate language
- Patients need to know how to read

TB

You may wash and dry it with a bandage. A heath hours but before 72 hours tuberculin.

What is latent TB infection?
There are two phases of TB infection: latent and active. Latent TB infection means you have TB germs in your body but they are not active. You do not have symptoms and you cannot spread TB to other people. Latent TB infection can become active TB infection if you do not get treatment. Active TB infection means you have TB germs in your body and they are active. You have symptoms and you can spread TB to other people. Active TB infection can be treated with medicine.

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Tuberculosis
P.O. Box 6450
St. Paul, MN 55164
1-877-676-6767
www.health.state.mn.us/tb

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Are there alternative strategies to optimize patient & family health education?

- *and in a culturally appropriate fashion?*

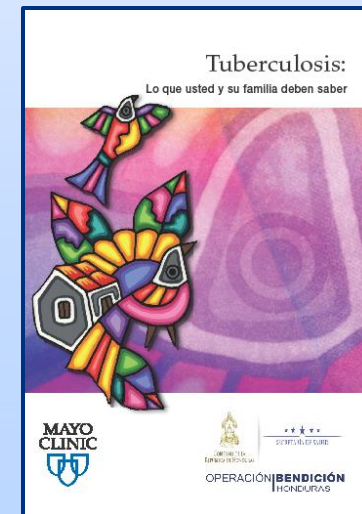
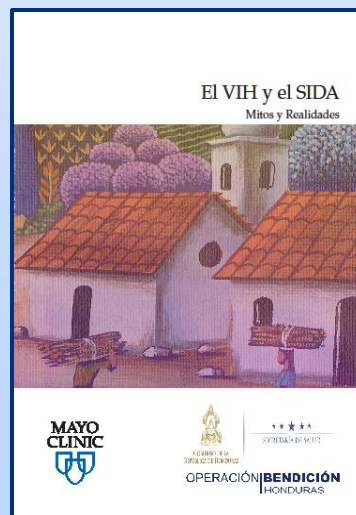
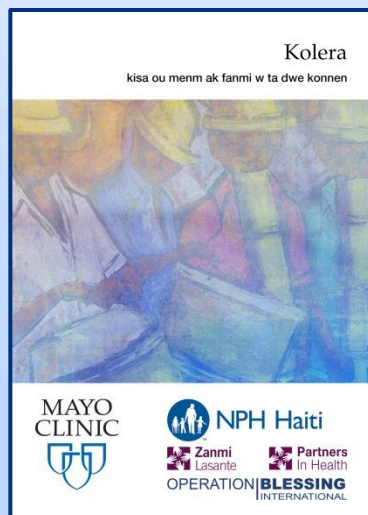
- Most people like to watch movies



- Expanding upon this idea – with health educational videos

Health Education: examples – Mayo Clinic

- Videography health education project (patients/family/community)
 - Tuberculosis – El Salvador, Honduras
 - HIV infection – El Salvador, Honduras
 - Cholera prevention – Haiti



Video Educational Principles - I

- Resource, culturally diverse groups

- Requires solid **“partnership”** with local medical and community leadership
 - *Mutual trust and respect of project goals*
 - *Full transparency of project intentions*



- Mayo Clinic (or other US Med. Cntr) cannot do this alone

Video Educational Principles - II

- Resource, culturally diverse groups

- **Vital roles** of Local Medical/Community colleagues:
 - Ensure educational *content is appropriate*:
 - C/w local practice and/or regionally published guidelines
 - Appropriate for educational levels/medical literacy of viewing patients/public
 - Ensure use of *local language* (e.g. dialect) and word choice is appropriate
 - *Co-Directorial* roles
 - What is filmed (& what is NOT filmed)
 - Video messaging



Video Educational Principles - III

- Resource, culturally diverse groups

- Filming *on-location*
 - Including local landmarks (e.g. scenery, monuments, buildings, etc)
- All people in the video are from the *local community(ies)*
 - Local health providers
 - Local / former patients (consenting)
 - Ideally with family members
- An emphasis on *Patient Testimonials*
 - Provides an opportunity for patients to:
 - “Tell their story”
 - Be heard



Selection of Video Education Topics

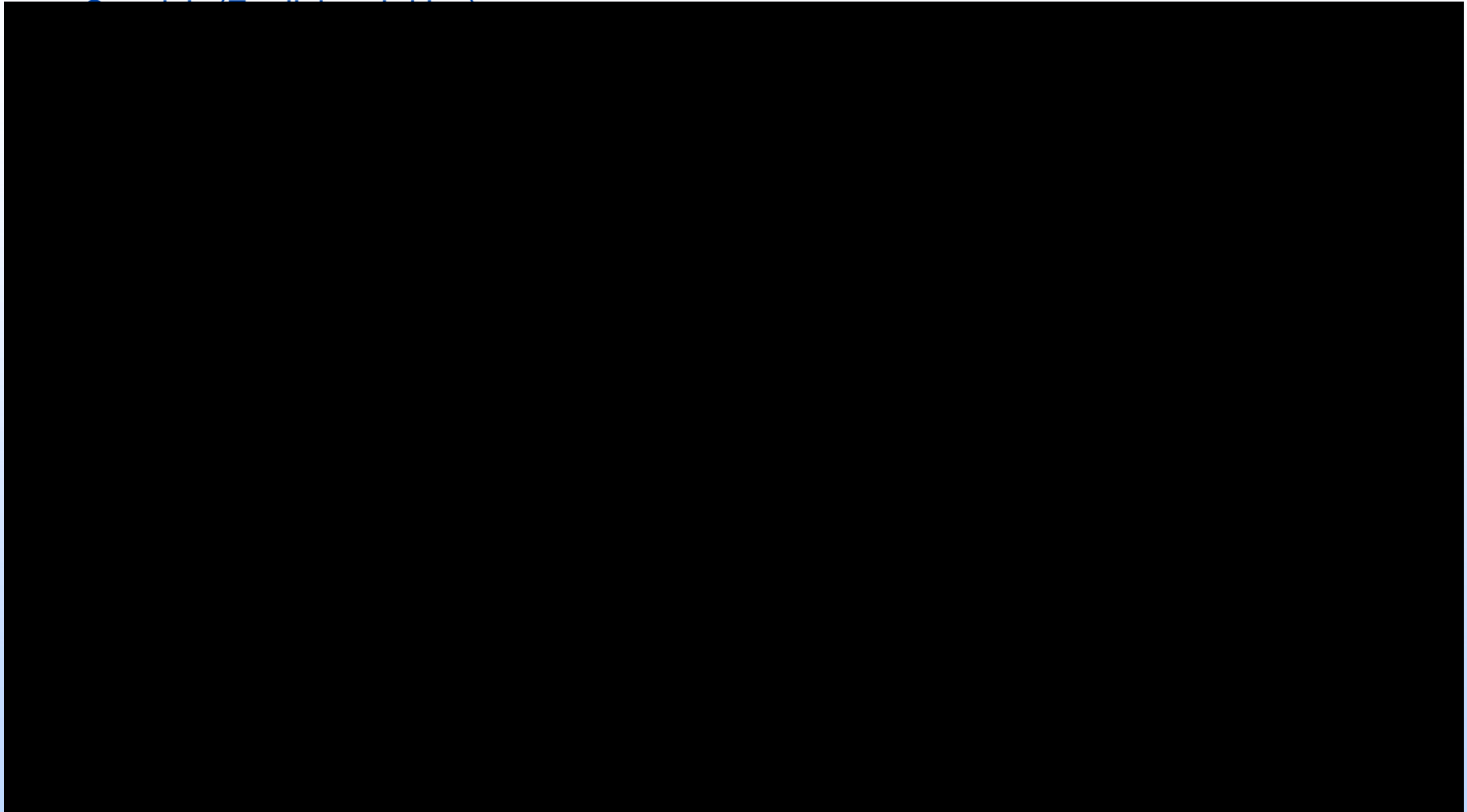
- Tuberculosis



- Significant medical problem – both domestically and internationally
- Common misperceptions & misunderstandings about TB
- Negative community / public stigma about TB
- Opportunity to educate patients/family/community:
 - TB is very treatable and curable
 - Importance of following providers recommendations
 - Need to complete all the treatment

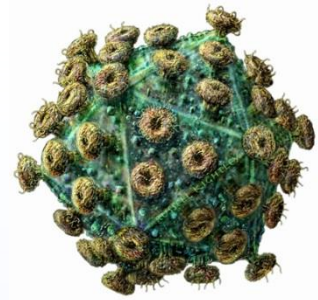
El Salvador Tuberculosis Education Video

El Salvador 2012



Selection of Video Education Topics

- HIV



- Significant medical problem – both domestically and internationally
- Common misperceptions & misunderstandings about HIV
- Negative community / public stigma about HIV
- Opportunity to educate patients/family/community:
 - TB is very *treatable and controllable* – to maintain a healthy life
 - Importance of following providers recommendations
 - Need to take you medications *every day*

El Salvador HIV Education Video

El Salvador 2014

Spanish (English subtitles)



Selection of Video Education Topics

- Cholera



- Significant medical problem – Post earthquake Haiti; post-Hurricane Matthew Haiti
- Common misperceptions & misunderstandings about cholera
- Common public fear and negative stigma about cholera
- Opportunity to educate patients/family/community:
 - Cholera is preventable through simple steps
 - Cholera is very treatable and curable
 - Clean water is very important for your health

Cholera Education Video

Haiti – 2015



El Salvador: Patient / Family / Community TB Education by Videography

Pilot Project: San Salvador central region



In partnership with:

- ES Ministry of Health
- ES Division of TB Mgmt
- Local TB clinics



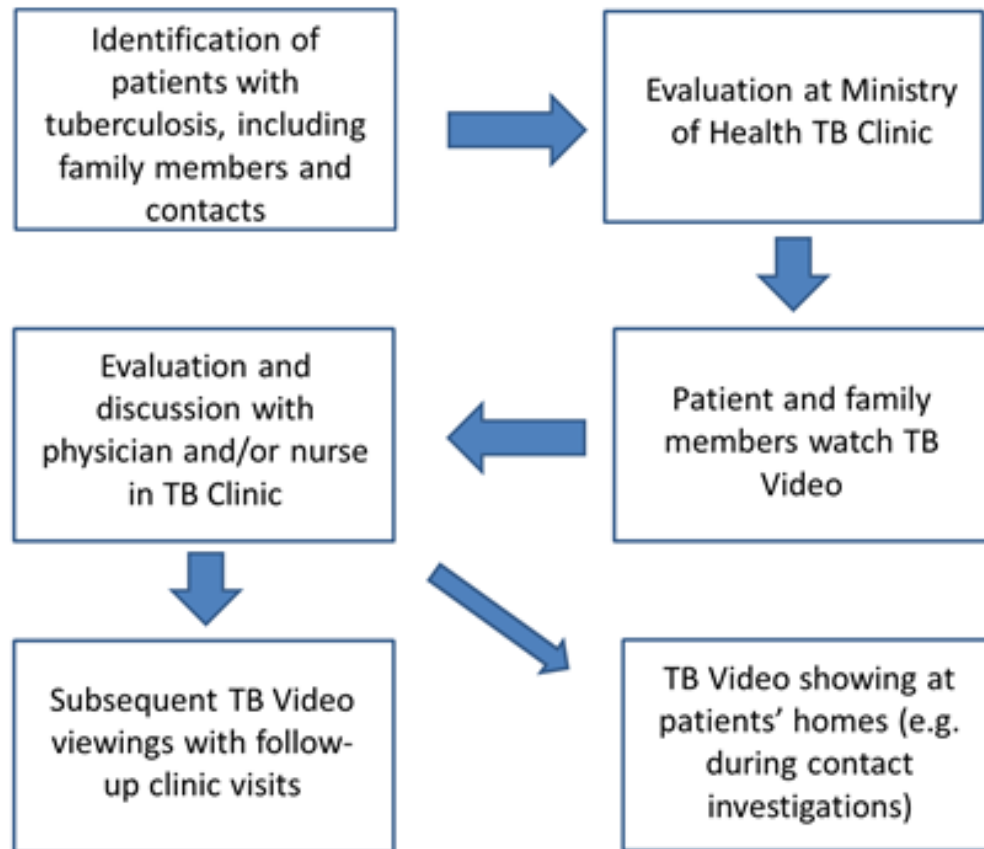
Patient/Family Videography-based health education (TB, HIV)



Video content - covering basic points:

- *What TB is (Gen information)*
- *How TB is spread and not spread*
- *How TB is diagnosed & treated*
- *TB is treatable, curable and preventable*

Flow Process for Patient TB Video Viewing - El Salvador



3-tiered assessment of the TB educational video impact

Tier 1: Patient impact and observed changes

- “Improved **patient knowledge** of TB”:
 - Better understanding of what TB is, how TB affects people and how TB is treated
 - Better patient acceptance of TB diagnosis
 - More patient interest in TB
- “Improved TB **treatment adherence**”
 - Typically linked to a greater understanding of TB and rationale for treatment
- “Better patient understanding for producing sputum samples (why sputum collection is important in diagnosis and treatment monitoring)”



3-tiered assessment of the TB educational video impact

Tier 2: Family members, neighbor, community

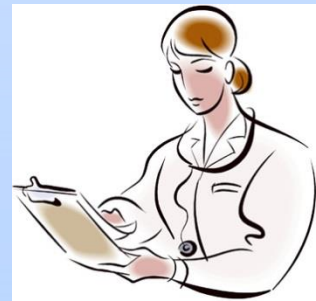
- “Reduced fear and negative stigma of TB”
 - Including the procurement of greater community TB interest
- “Improved family support of TB patients”
 - Also including an improved family knowledge of TB
- “Facilitated contact investigations and helped to identify secondary active cases/contacts”



3-tiered assessment of the TB educational video impact

Tier 3: MOH TB health provider observations

- “Improved contact investigations by public health nurses”
- “Improved delivery of respiratory samples for AFB testing”
- “More time-efficient health provider evaluations and discussions with patients”
 - Less time spent on repeated explanations



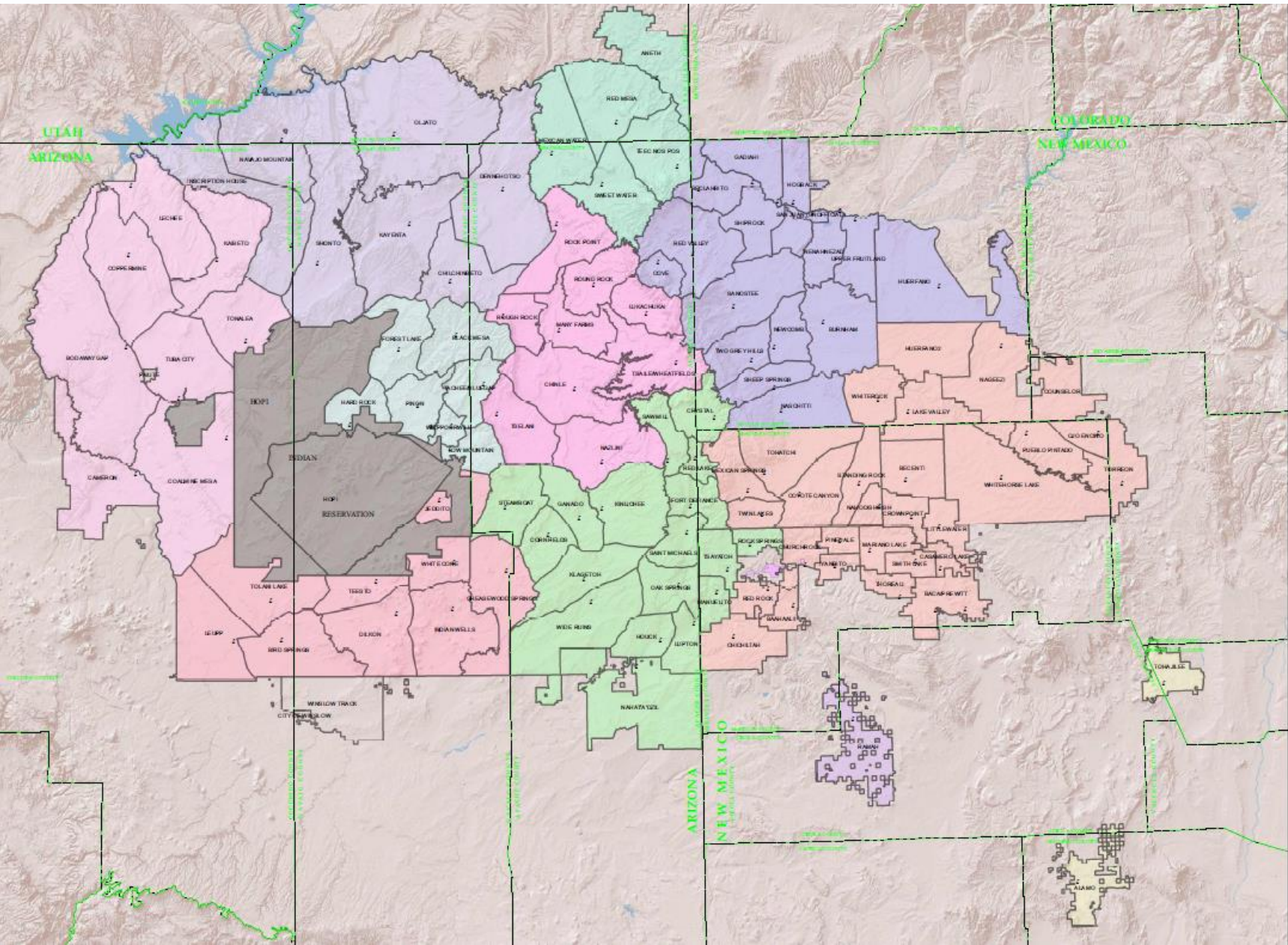
Using what we have learned in El Salvador,
Honduras and Haiti:

➔ **Navajo Nation Tuberculosis Educational Video**

- Short 6-minute information video
- Filmed on location – Navajo Nation (Arizona, New Mexico, 2016)
 - Window Rock
 - Ft. Defiance
 - Tuba City
- Language: Navajo
- Film involves Navajo / local health providers & Navajo former TB patients



Navajo Nation (AZ, NM, UT)



Navajo Nation Judicial District Boundaries

Map Legend

- Chapter House Locations
- County Boundaries
- Navajo Community Boundaries
- City Limits
- Hopi

Judicial District

- ALAMO/TOMBSTONE JUDICIAL
- ANETH JUDICIAL
- CHINLE JUDICIAL
- CROWNPOINT JUDICIAL
- DINEEN JUDICIAL
- DOLAN JUDICIAL
- KAIBITO JUDICIAL
- NAVAJO JUDICIAL
- SHIPROCK JUDICIAL
- TUBA CITY JUDICIAL
- WINDOW ROCK JUDICIAL



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Navajo TB Educational Content

- The “What”



1. TB – General information
 - What TB is, how it's spread
 - Signs and symptoms of TB
2. Diagnosis and Treatment of TB
 - Role of Health Dept., DOT, etc
3. Addressing misconceptions/misunderstandings of TB
 - Emphasizing that TB is very treatable & curable
4. Patient Testimonials (those who have been treated for TB)

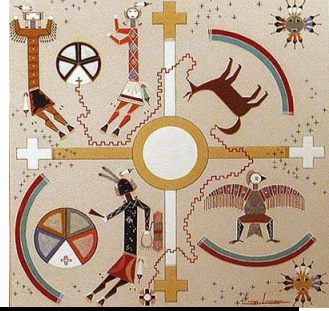
Recognizing our Navajo neighbors - The “How”



- *Building partnerships & trust*
- *Recognition and full respect* for a people, a culture, a rich tradition
- Integrating ‘westernized medicine’ with local healers, cultural beliefs, etc.
- Production and ownership of the video and educational program – *is with Navajo Nation*
 - Navajo TB health colleagues integral with:
 - Video script information content
 - Filming, locations, persons on film
 - Implementation of educational video to Navajo patients/families/communities

Navajo Nation Tuberculosis Education Video Arizona/New Mexico, 2016

Navajo (English subtitles) & English





Questions & Discussion