

The TB Challenge

“Partnering to Eliminate TB in African Americans”

A Newsletter from the Division of Tuberculosis Elimination, Field Services and Evaluation Branch

Fall 2005

Spreading the Word About TB: GA Launches HALT Campaign

Michael Fraser, Public Health Advisor, Field Services and Evaluation Branch



Nikki Johnson
Program Consultant

Michael Fraser (MF): Nikki, the State of Georgia TB Control Division has a social marketing campaign that everyone is buzzing about. Can you tell our readers about this and what your role has been?

Nikki Johnson (NJ): Yes. I am serving as the Program Coordinator for the CDC-funded project, Intensification Efforts to Eliminate TB in African-American Communities (CETBA). CETBA consists of members representing public housing, faith-based organizations, public and private hospitals, the American Lung Association (ALA) of Georgia, and others who impact and have influence in the African-American community. Our HALT campaign was launched on March 24th of this year, which is World TB Day. Our launching of the campaign was quite successful at a shopping mall within one of our targeted communities where there is a high incidence of TB disease. The campaign was designed to raise awareness in Atlanta's Fulton County community about TB.

MF: Who are the state's partners, and what has been their role in developing and launching this social marketing campaign? Also, what are some other strategies you are using?

NJ: Our primary partner is the Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination (DTBE). CDC has fully funded the project since 2002; there is a real commitment to reducing TB rates in African-American communities. Another key partner is the Atlanta Fulton County Department of Health and Wellness (FCDHW). Fulton County is located in metropolitan Atlanta and has a high incidence of TB in the African-American

community. The Fulton County TB program has played a key role in guiding CETBA's work. From various patient focus groups and other formative work, the campaign's slogan and logo were designed, tested, and rolled out. The street teams and peer educators, who have been instrumental in delivering the campaign message to the streets of Atlanta, were all selected by FCDHW. This intervention is quite impressive in that they are meeting the people where they are to educate them about TB and to dispel any misconceptions about TB. In addition, we have also had a great deal of press around the project and the campaign. For example, a number of television and radio interviews have taken place with our TB program manager, Beverly DeVoe-Payton. Again, all of this has been done to promote the state's efforts to raise TB awareness, clear up any misconceptions, and encourage patient compliance with treatment for disease and latent TB infection.

MF: How often does CETBA meet, and what is currently on the agenda?

NJ: We meet monthly to discuss issues relative to TB and to discuss ways to improve our work in the community. CETBA discusses ideas and develops concepts for clear, clever, and, more importantly, culturally appropriate strategies to reduce rates of TB in Fulton's African-American communities (where the project is funded).

MF: Yes, on World TB Day, I heard the live broadcast. Folks were excited about the community involvement when you launched the campaign.

NJ: The campaign is for the community. We have chosen zip codes that represent African-American neighborhoods in Fulton County where there is a high incidence of TB; our goal is to reduce and ultimately eliminate TB from these communities. On World TB Day, we rolled out the red carpet in the community. We had a local television anchorwoman (Channel 46) on hand and an all-time Atlanta favorite radio personality, Sign Man, broadcasting from the West End Mall. The audience really did enjoy themselves; it was all for the community.

MF: I know that there are some preliminary reports from a formal evaluation, and we will hear about those later, but in your opinion, has the social marketing campaign been successful?

NJ: Absolutely. Also, the state has contracted with a vendor to conduct a formal

evaluation and to report findings from their work to us. We would be happy to share this with you after the work has been completed.

MF: Thank you, Nikki. Who decided what venues would be used in the targeted communities? I have noticed that the messages are displayed on billboards, park benches, and bus shelters.

NJ: Activities targeting park benches and the bus shelters (where people wait for public transportation) were all a part of the strategies developed by CETBA; there was a full logic model exercise, with our desired outcome, completed as a team.



A Venue for the HALT Campaign

MF: And the community's response seems to be overwhelming. I know that you have anecdotal data, but when the final report is completed, what do you plan to do with the findings?

NJ: We really want to build on what we are already doing here. We will enhance the efforts and target other locations in the state. I think that the message itself is already out there and has been well received. If we are indeed right, I really don't see our message, “Hear, Act, Learn, Treat TB” changing. If anything, it may be expanded within the state—targeting other African-American communities where there is a high incidence of TB.

MF: Can your materials, such as posters, flyers, and pamphlets, be shared with others serving African-American communities?

NJ: Definitely. We have information about the campaign on our web page, which can be accessed at <http://health.state.ga.us/programs/tb/halt.tb.asp>. Also, some of the campaign media can be downloaded from this site. Beverly DeVoe-Payton, who is the state's TB program manager, is also available to discuss our work. She can be reached at (404) 657-2597.

MF: Thank you, Nikki. I am quite sure that our readers will have an interest in your work.

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In the Name of TB: A Faith-Based Approach to Raising Awareness in an African-American Community

Michael Fraser, Public Health Advisor, Field Services and Evaluation Branch



Pastor Darrell Elligan
True Light Baptist Church

Michael Fraser (MF): Pastor Elligan, how long have you been the pastor of the True Light Baptist Church in Atlanta?

Pastor Darrell Elligan (DE): I have been the pastor for approximately twelve years. I have also served as the president of the Concerned Black Clergy of Metropolitan Atlanta for the past two years.

MF: That's great. What is the mission of the Concerned Black Clergy as it relates to tuberculosis (TB)?

DE: Our mission is centered on being proactive. In our work with the homeless community, we try to make an immediate impact about TB. We seek to be a venue for workshops and the dissemination of information regarding health disparities. Also, we work to bring about collaboration among churches so that the proper information can be received and the community can be informed.

MF: What about other health issues that impact African Americans?

DE: Absolutely. We work with all health issues because there is a major disparity among African Americans; addressing health disparities is at the top of the list. We are also working to raise awareness about other diseases, such as cardiovascular disease.

MF: You are exactly right. In your opinion, is there a commitment in the faith community to reducing health disparities, particularly TB health disparities?

DE: I think there will be a commitment as we bring out the knowledge and information regarding the disparity. We will make the layers of the faith-based community aware that TB is certainly a problem. There are other issues on the agenda as well, but I think there is a commitment to addressing anything that impacts our community in terms of health disparities. I can truly say that the commitment is there to prevent disease and to resolve any misconception in the community.

MF: Pastor Elligan, it looks like the Concerned Black Clergy isn't leaving anything to chance.

DE: No, no.

MF: It seems that you have a mission and are focused.

DE: Yes. I think that many times we are responding to crises. What we are seeking to do is, across the board, be more proactive in the prevention of major health disparities, such as HIV, cardiovascular disease, diabetes, and other diseases that impact the African-American community.

MF: I know that you are a member of the state of Georgia Controlling and Eliminating TB in the African-American Community (CETBA) Advisory Council. What is your role on the council, and how have you been able to make an impact on TB in the African-American community?

DE: Well, I hope that I have made a difference. My primary responsibility is to create a relationship with churches in order to disseminate information about TB specifically. Some of the black churches here may not be as conscious of TB, so what I have sought to do is open doors into some Atlanta churches so that CETBA may get

doors into some Atlanta churches so that CETBA may get buy-in and full cooperation and involvement from the leadership in these churches. Also, CETBA has worked with the coordinator for health ministry in these various churches. This is critical in order for the information to reach members of these congregations. My role with CETBA has been to open doors to Atlanta's faith-based community so that information is ultimately disseminated to the members of these congregations.

MF: You have answered my next question. Have you been able to advance CETBA's mission to other non-church, faith-based organizations? If so, how successful have the efforts been?

DE: You are absolutely right. We are an inter-faith organization. We have so many of our sister organizations that are not necessarily churches, but are still faith based. So our whole approach to serving our community is holistic and that is what impacts our body, soul, and spirit. Some of our sister organizations, such as The People's Agenda, have come on board and opened their doors to the National Association for the Advancement of Colored People (NAACP) and the Southern Christian Leadership Conference (SCLC) and other non-church, faith-based organizations in an effort to raise awareness in the African-American community about TB.

MF: Since you are the pastor of True Light Baptist Church, which is located in an African-American community where there is a high incidence of TB, what are you doing in this community to raise awareness about TB?

DE: We are doing quite a bit. We have a holistic approach to managing health disparities. We have a health ministry where we seek to train the trainer. We have individuals who are trained in taking blood pressure and other things of that nature. On some Sundays, health providers are conducting various health screenings. In addition, every first Sunday of the month, we allow someone from the health care profession to come into our morning worship service to share information about a specific health topic, which has included TB.

MF: That is wonderful.

DE: It actually happens during the worship service. We also distribute a monthly newsletter to our congregation that includes health information; this is also a way to get health messages out to our community. With the train-the-trainer concept, we work to get our young people involved; we hope by their involvement with the church, they may develop an interest in working in the health care field someday. True Light Baptist Church also has an exercise program; in addition, we also conduct health-related fairs and workshops. We also plan for other events that will reach and serve our community.

MF: That is an excellent way to reach the community — having them involved.

DE: The key component to getting your church involved relies a great deal on the leadership in the church. If the leadership does not buy in, then it is quite difficult to get the congregations' cooperation and participation. I believe that one does not have to experience a health issue personally to realize how drastically it impacts on our community. I sought to be out front—leading the way and not just responding. It was very necessary for me to be proactive, not reactive.

MF: Pastor Elligan, in your discussions with other clergy in the Atlanta area, what have been other barriers that have negatively impacted reaching African-American communities?

DE: I think the primary thing is just communication and information shared between the clergy and the community. The clergy becomes involved in terms of commu-

nity work, while the community is involved in terms of understanding the role of the church in the community. I think the most powerful institution in our community is the church. In saying that, I believe the primary concern is to understand that team work will ultimately lead us to accomplish our goal of serving the community and meeting the needs of our communities. This has not always occurred through collaborations. The greatest need involves using the team approach, communication, and the whole concept of effective partnerships. We have to realize that the need of the individual in our community is better served when we work together; this, and only this, can move the barriers. I would like to add that we are doing better and are much farther ahead now than we have been before. We still have quite a bit of work to do.

MF: The work involves everyone.

DE: Yes, a minister primarily deals with the spiritual life of a person and many who are trained in psychology deal with the behavioral characteristics of an individual or group. I think that the clergy have to be mature and secure enough to admit that we do not have all of the answers. We need to work with others who have the expertise we lack and partner with those whom God has placed.

MF: Would you like to add anything before we close, Pastor Elligan?

DE: Yes, I believe that the church should take on a holistic approach when working with individuals and communities, since I totally believe that people can have a better life if they are physically, mentally, and spiritually healthy. I believe that spirituality is the basis of our health; it just starts here.

An Invitation to Comment

We would like to extend an invitation for readers to comment on "The TB Challenge" newsletter. We want to continuously improve our service to you each year, so please contact Michael Fraser, DTBE, at (404) 639-8963, or e-mail him at msf4@cdc.gov to provide your comments to the items below. We want to make sure that our newsletter is meeting your expectations.

Name (Optional)

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How do you receive The TB Challenge? Direct mail, colleague shared, Internet/Intranet?

Have the articles been of interest and/or appealing to you?

What suggestion(s) would you make for improving the newsletter?

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Finally, would you like to submit an article that you believe would be of interest to our readership?

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If you have story ideas or articles to share, or would like to provide comments, please e-mail Gail Burns-Grant at gab2@cdc.gov or call (404) 639-8126.

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