

The TB Challenge

"Partnering to Eliminate TB in African Americans"

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

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TB Programs Cannot Do It Alone: Collaborate!

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Joe Kinney and Margaret Patterson, SC TB Control Program meet with Dr. Ana López-DeFede (middle), USC

South Carolina consistently ranks among the top 10 in TB incidence rates. According to the 2000 census, South Carolina has a population of approximately 4 million people, of whom 30% are African American.

In 2002, the Centers for Disease Control and Prevention's Division of Tuberculosis Elimination awarded a 3-year grant to the state of South Carolina TB control program for a demonstration project, "Intensification of TB Prevention, Control, and Elimination Activities in African-American Communities in the Southeastern United States." The state's TB control program contracted with Drs. Ana López-DeFede and Muriel Harris at the University of South Carolina (USC) Institute for Families in Society to develop, implement, and conduct overall evaluation for this project.

A review of 2001 TB surveillance data and other historical data revealed that TB has a disproportionate impact in poor and rural African-American communities in the state of South Carolina. For the project, state program officials chose two health districts in the northeast corridor of the state (Pee Dee and Waccamaw) where TB has been persistent but funding limited, both of which add to the challenges of eliminating the disease in the state. Currently, the corridor has 15% of the state's overall population, yet it reports 34% of the TB cases. In addition, of the TB cases in this nine-county area, over 70% are among African-American males.

In a report by Drs. López-DeFede and Harris (2003), *Understanding the Social and Cultural Determinants of Tuberculosis: African Americans and Tuberculosis in South Carolina*, the authors noted a strong association among poverty, rural residence, lower educational attainment, unemployment, and access to health care, and examined the role of these factors in tuberculosis cases. Race was found to be an important factor in this examination of socioeconomic factors related to TB. Disparities between African Americans with tuberculosis and other racial groups in the northeast corridor place this group at a higher risk for poor health outcomes and adherence to TB treatment.

The CDC demonstration project provided for the establishment and implementation of communication strategies with African-American men as the primary target audience. Following are several project activities that were implemented and found to be key to working with the community.

Getting the Message Out:

In an effort to raise awareness and begin to change attitudes about TB, an education campaign was designed and implemented in collaboration with the community. The campaign relied heavily on partnerships for message distribution. Billboards in the targeted health districts were the first step for the dissemination of TB messages. While the project team felt the campaign was successful, they did encounter a few challenges with the billboards. For example, it was difficult for them to find pictures that depict both African-American males as well as African-American families (intergenerational) for tailoring TB health messages. They found a few persons who had not noticed the billboards and/or did not understand the TB message. The eight communities targeted for the campaign in the Pee Dee and Waccamaw health districts had been selected based on recommendations from the GIS mapping provided to the SC TB control program by the University of South Carolina (USC) Institute for Families in Society.

Posters:

After descriptions of signs and symptoms of TB were added to the billboard, over 200 posters with the same design were placed in the two health districts in bars, pool halls, barber shops, beauty salons, restaurants, liquor stores, and other facilities, organizations, and agencies that cater to and provide services to the African-American community.

Train-the-trainer project:

Participants from the business community were trained through a TB lesson plan that was developed by Sherry Poole, health education consultant for the demonstration project. The lesson plan, which consists of four parts or modules, was presented to these stakeholders so that they could educate others from their community. Some of the stakeholders included persons from various community action agencies, homeless organizations, The Fatherhood Initiative, the state's HIV agencies, and corrections agencies; some of these persons also serve on the state's African-American TB Advisory Board, which was formed during the first phase of this project.

Faith-Based Organizations:

Since a disproportionate number of South Carolina's TB cases are reported among African-American males, the project team initially questioned the value of using faith-based organizations as part of the TB awareness campaign because focus groups indicated that very few of the TB patients participated in faith-based organization activities. However, the African-American TB program staff in South Carolina was aware that faith-based organizations are vital to the communities in which they are located and should be engaged as partners in the movement to improve health access and decrease health disparities.

South Carolina TB control officials and staff established relationships with churches in the nine county areas represented by the two health districts. Project staff attended prayer breakfasts, where they made TB presentations; also, they felt a turning point was reached when the project was welcomed into the "Community Faith-Based Neighborhoods Coalition (CFBNC)" in Myrtle Beach, South Carolina. This coalition, which consists of seven churches, conducted outreach efforts geared towards addressing the counties' multineedy residents such as adults on pardon and parole, homeless persons, and unemployed residents. The leader of CFBNC, Mr. Benny Swann, is a member of the Mount Olive African Methodist Episcopal Church which is located in an area within the northeast corridor with a high incidence of TB.

CFBNC was very instrumental in sponsoring a TB awareness campaign for the community, which included health fairs and other activities geared to all age groups in the neighborhood. The state's TB control program also exhibited and partnered with CFBNC on a teen workshop (Teens in Touch) and other activities such as a car show, which was targeted to the African-American male.

However, the state's project team and CFBNC were aware that health fairs and car shows were not enough to effectively combat the problems in the community. The SC TB control program secured several weeks of 30-minute time slots on a local television station that covers the northeast corridor. In addition, a local black radio station granted air time for four campaigns on TB awareness. CFBNC's objective, through these radio campaigns, was to reach the general public as well as the state's political leaders to gain support for TB prevention and control efforts in

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Maximizing Radio to Set the Tone: An Effective and Efficient Mechanism for Public Health Messages
Gail Burns-Grant, Public Health Advisor, DTBE/FSEB



Philip Baptiste, Project Manager

Philip Baptiste, M.Ed., is currently a project manager with the CDC/DTBE Information Technology and Statistics Branch (ITSB). Philip began his public health career with CDC in 1989 and was assigned to various health departments as a public health advisor in Sexually Transmitted Disease programs in Georgia, North Carolina, and Missouri before his assignment to CDC headquarters in 1997.

Gail Burns-Grant (GBG): Philip, in addition to what you currently do in ITSB, we hear that you are a radio talk show host. Can you tell us a little about this?

Philip Baptiste (PB): Of course. I am a volunteer air shifter on a community-based radio station in Atlanta. I produce, engineer, and host a segment that features jazz music, commentary, and interviews with a variety of artists.

GBG: How long have you been hosting this show?

PB: I've been hosting the show for just over 3 years.

GBG: Are African Americans a segment of your listeners?

PB: Yes, and I receive their direct feedback when they call in to the show.

GBG: What is the average age of your listeners?

PB: I'd say the average age range of my listening audience is between 40 and 55 years of age; however, my station captures all ages based on the programming schedule.

GBG: What has been the overall response from listeners regarding health messages designed to reach the African-American listener?

PB: It has, in my opinion, been very positive. For a while I teamed up with a physician to do a weekly program called Health Matters where we discussed a variety of health challenges facing the African-American community, such as cardiovascular disease, HIV/AIDS, and hypertension. While we did not have a TB expert on the show, we did touch on this disease. You can't talk about HIV without discussing TB and vice versa. I would say that we had a decent response, but if we had the luxury of time and resources, I do believe we could have improved our message to the community.

GBG: In your opinion, is radio underutilized in disseminating health messages, advocating behavior change, stimulating dialogue, and raising consciousness in the African-American community?

PB: Yes, I do think that. While all radio stations are supported by their listening audience, most mainstream radio stations are profit driven. On the other hand, community radio is essentially a non-profit enterprise, with programming designed by the community to improve social conditions and the quality of life for the community it serves.

GBG: That's wonderful that the listeners can actively set the agenda.

PB: Absolutely. We provide access to the media for folks we serve who might be denied access to the mainstream media outlets otherwise.

GBG: Offering an alternative, so to speak.

PB: That's right.

GBG: I guess this alternative to mainstream media—one that does not rely on profit to exist—often has more flexibility in tailoring messages for a specific segment of the population like African Americans, whereas mainstream media messages are dictated. Philip, what is your thinking on this?

PB: If African Americans are able to actively participate in the management of the broadcast medium and have a say in the scheduling and content of the programs, then we will have a segment focus. However, in these days of highly commercialized broadcasting, if the broadcast medium is actually owned and managed by another entity, then their primary responsibility is to the advertiser and not necessarily the community. In this instance, the broadcast medium might not be as effective in raising the consciousness of the African-American community.

GBG: Money can certainly set the tone. Philip, I'm delighted to learn that you are not only the host, but the producer of your radio show. On another note, in the state of South Carolina, where CDC funds a demonstration project to intensify efforts to reduce TB rates in African-American communities, it was learned during focus groups with men that one reason they do not access public health clinics is because when they do visit a health department for care, they do not feel there is a focus on their health. These men stated that most public health services, billboards, pamphlets, and other materials cater to women (seeking maternal and child health service). In addition, they discussed the stigma associated with visiting a public health clinic; it is perceived that the only reason for their visiting the clinic is for STD testing and treatment. Philip, my question is, when these issues come to our attention, can radio be an effective tool to begin the dialogue and discussions in the community? Can radio help to bring about change in health attitudes and beliefs, and address the stigma and dispel myths about diseases such as TB?

PB: Most definitely. For example, if there is an issue in the community, radio should have a role in working with the population it serves. Radio producers can create programs which place an emphasis on specific health issues and concerns from this and other projects.

GBG: So you would encourage a partnership between public health and the media to get health information out to the community, particularly those who listen to the radio and may not read a pamphlet or newspaper, or tune in to watch a news broadcast?

PB: Yes. The partnership is not traditional, but is essential. Let me say that radio is accessible and inexpensive. All you have to do is buy one, turn it on, find the station you desire to listen to, and there you have it. You don't have to pay monthly subscriber fees, or technical connections, or special hookups: it's just there. If public health is to be effective in getting the word out to the community—informing the community and assisting in facilitating change—people need to know the messenger. If it is a health initiative, there has to be a certain level of understanding, trust, and knowledge about the subject from the source providing that information over the airways.

GBG: I think that is important for our readers to know. Philip, give us your call letters and the day and time that your show airs, so that folks who live in or are visiting the Metro Atlanta area can tune into your show.

PB: If you're in Atlanta, tune in to WRFG 89.3 on the FM dial every Monday night from 9:00 to 11:00 p.m.

GBG: Thank you, and we'll be sure to tune in.

TB Programs Should Collaborate (Cont.)

South Carolina. CFBNC worked closely with the state's TB control program to inform local elected leaders about TB concerns in their communities. Also, members of the coalition traveled to Washington, DC, to talk with the South Carolina delegation and to meet with Jennifer Sullivan, Director of Outreach, White House Office on Faith-Based and Community Initiatives. The message resonated quite clearly: "Our church and community leaders are alarmed and concerned about the employment and health disparities that exist in many of the counties through South Carolina."

Health Care Coalition:

The SC TB control program developed a collaboration with the South Carolina Primary Health Care Association (SCPHCA), Little River Medical Center, Health Care Partners of South Carolina, Inc., the USC's Institute for Families in Society, and district and local health department staff.

The coalition established the following objectives:

- Contract with the SCPHCA
- Provide primary care physicians for TB patients
- Coordinate TB program services with the SCPHCA

The contract with the SCPHCA was granted and the following has been accomplished:

- One SC TB control program staff member provides TB education to all the staff for the health care centers (Little River and Health Care Partners)
- The SC TB control Medical Consultant provides TB education to all the clinical staff at Little River and Health Care Partners
- Little River and Health Care Partners each hired an outreach nurse to coordinate TB program activities with health care entities, the homeless shelters, and the state's TB control program.

Marion County Collaborative Action Network (MCCAN):

The MCCAN is a collaboration of 30 organizations and agencies in Marion County. Some of the network members worked with the state on the CDC demonstration project. These members included two county councilmen, the Chief Executive Officer of a local hospital, members of a community action agency, leaders from faith-based organizations, the son of a former TB patient, and a current TB patient. The network learned through educating the community that there was a need to address male TB patients' confidentiality and stigma issues in order to ensure their accessing of public health services.

Strategies through the MCCAN partnership included-

- Writing and submitting a grant proposal to the National Institutes of Health to secure funds for community participation in health disparities intervention research
- Setting aside the third Saturday of each month to provide health and social services information in various communities throughout Marion County
- Working with the Marion County National Association for the Advancement of Colored People (NAACP) as they prepared the agenda for their annual banquet theme (Health Care Access in the African-American Community) last year.

Conclusion:

To raise consciousness about TB, partnerships and coalitions must first be established and maintained within the community. And finally, intensifying efforts to reduce TB in African-American communities should be incorporated as a core activity in TB control programs nationally.