



Stop TB in the African-American Community — A National Summit

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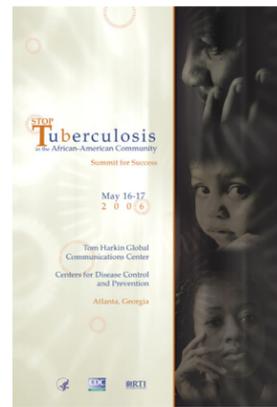
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1. Background

- Some groups lag well behind others in approaching the *Healthy People 2010* Objective to decrease the TB case rate to 1 per 100,000
 - 4.9 per 100,000 in 2004 for U.S.
 - 1.1 per 100,000 for U.S.-born whites
 - 9.2 per 100,000 for U.S.-born African-Americans
 - Rates in U.S.-born African-Americans are 8.4 times higher than among U.S.-born whites
 - Among U.S.-born, African-Americans comprise the majority of TB cases — 45%
- To achieve national goals, TB in the African-American community must be stopped
 - CDC has concluded that a heightened response will be necessary to address the disparate burden of TB
 - Research can help understand what kind of response will be effective
 - Task 11 of the Tuberculosis Epidemiologic Studies Consortium (TBESC) is a CDC-funded research effort dedicated to
 - Understanding the disparity in TB in the African-American community and
 - Formulating, implementing, and evaluating interventions to address the disparity

Rationale

- The Institute of Medicine Report, *Ending Neglect. The Elimination of Tuberculosis in the United States*, recognized
 - Social mobilization is "a vital prerequisite to accelerating the decline of tuberculosis in the United States"
 - Social mobilization is necessary to build and sustain political will to develop and fund effective TB control programs
- We hypothesized:
 - Social mobilization focused specifically on the TB disparity in the African-American community may help hasten the decline of TB in this group
 - Conducting a national summit of traditional and non-traditional partners may catalyze social mobilization by
 - Re-invigorating political will
 - Broadening commitment and participation of partners beyond TB control programs
 - Building on an Advisory Council for the Elimination of Tuberculosis (ACET)-organized May 2003 consultation on this topic
 - Stimulating formulation of implementable and sustainable strategies among partners
 - Stimulating actions that may contribute to TB control for African-Americans
 - Sought to model
 - Collaboration and partnership
 - Participatory organizing
 - Raising awareness about the issue
 - Summit designed to lead to actionable, measurable, and meaningful activities for each participant



2. Methods

- The process of organizing the summit:
 - May be considered part of the results of the social mobilization because most of the organizers or their home organization had not worked specifically on the issue of stopping TB in the African-American community

3. Results

Process

- Vetted the idea of the meeting within CDC and African-American TB control leadership who had organized and participated in the ACET 2003 consultation
- Convened a national planning group with representatives from multiple levels of diverse organizations with an interest in the topic
 - Formulation of the overall mission and thrust of the summit
 - Crafting the Agenda
 - Compilation of the list of invitees
 - Contact with the invitees to encourage participation
 - Review and editing of summit documents
 - Raising funds to supplement the budget from CDC
 - Participating in leadership roles at the summit – speaking, facilitating, moderating
- Invited participants represented a broad-based coalition of partners including African-American civic, professional, and social organizations, community, public health and nongovernmental organizations, academic centers, TB control programs, state and federal employees, and other partners

National Summit Planning Group

- Summit Co-Chairs**
 - Rachel A. Royce, RTI International
 - Charles Wallace, Texas Department of State Health Services

- CDC Project Officer**
 - Nickolas DeLuca, Division of Tuberculosis Elimination, CDC

- Summit Coordinator**
 - Juani Muñoz Sanchez, RTI International

Organizing Committee

- Stephanie Bailey, Metro Public Health, Nashville, TN
- Beverly DeVoe-Payton, TB Program, Division of Public Health, Georgia Department of Human Resources
- Gail Burns Grant, Division of Tuberculosis Elimination, CDC
- Shannon Jones, Austin/Travis County Health and Human Services, Public Health Division, TX
- Joseph Kinney, South Carolina Department of Health and Environmental Control, Tuberculosis Control
- L. Masae Kawamura, Advisory Council for the Elimination of Tuberculosis
- Lauretta Pinckney, Office of Health Disparities, National Center for HIV, STD and Tuberculosis Prevention, CDC
- Carol Pozsik, National Tuberculosis Controllers Association
- John Seggerson, National Coalition to Eliminate Tuberculosis
- Brooke Steele, Office of Health Disparities, National Center for HIV, STD and Tuberculosis Prevention, CDC
- Theresa Watkins-Bryant, Health Resources and Services Administration/ Bureau of Primary Health Care
- Cornelia White, Division of Tuberculosis Elimination, CDC

Goals of the Summit

- At the conclusion of the summit participants will:
 - Understand why tuberculosis is important to the African-American community and ways that public health can prevent and treat tuberculosis
 - Learn about new research findings about stopping tuberculosis in African-Americans
 - Formulate a real-world strategy for speeding tuberculosis elimination tailored to each partner group
 - Commit to an action plan for each group
 - Agree on measuring success in implementing the plans over the next year



Summit Participants

- Invited over 200 individuals from a myriad of organizations
- 147 confirmed attendance
- 100 actually attended including planners and staff from CDC and RTI International
- Lacked full participation from faith-based organizations, academic institutions, media, and fraternities/sororities



Pre-Summit Assessment

- Level of awareness of TB varied dramatically among respondents between very low and very high
- Almost all responded that they or their organization had not conducted any TB awareness or TB educational activities for the African-American community in the past 3 years

Four-Step Strategy of the Summit to Catalyze Action

Step 1. Welcome and Keynote Speeches from Leaders in Public Health

- Included an overview of the problem and a call to action
- Demonstrated governmental commitment to the problem
- Speakers
 - Dr. Louis Sullivan, President Emeritus, Morehouse School of Medicine and former U.S. Secretary of Health and Human Services
 - Dr. Garth N. Graham, Deputy Assistant Secretary for Minority Health of the Office of Minority Health, Department of Health and Human Services.
 - Ms. Yvonne Lewis of the Office of Minority Health and Health Disparities, CDC
 - Dr. Kevin Fenton, Director of the National Center for HIV, STD, and TB Prevention, CDC
 - Dr. Kenneth Castro, Director of the Division of TB Elimination, CDC



Step 2. State-of-the-art Research

- Described issues and interventions to stop TB in the African-American community
- Research projects represented
 - Field Services an Evaluation Branch (FSEB)-funded TB Intensification Projects in Fulton County, Georgia, South Carolina, and Chicago
 - TBESC Task 11 formative research

Step 3. Patient Panel

- Learned about TB directly from patients

Step 4. Breakout Sessions

- Convened small homogeneous groups based on organizational type to work with organizational peers
- Devised action plans directed toward own group's organizations rather than recommending actions directed towards other groups
- Action plans
 - Not consensus documents but lists of choices
 - Restricted to action items that at least one member of the breakout group may implement in the upcoming year

Examples of Action Items Proposed in Breakout Groups

State and Minority Health Consultants

- Representatives from state Offices of Minority Health that are sponsored by states and the U.S. Department of Health and Human Services Office of Minority Health (OMH)
 - OMH partner with Division of TB Elimination, CDC to offer a nationwide satellite conference on TB awareness.
 - Invite a minimum of 5 grassroots members to participate in the development of a strategic plan

TB Prevention Programs

- Representatives from local and state TB control programs and CDC-funded TB public health advisors to these programs

- Regional Training and Medical Consultation Centers will develop materials for health care providers treating African-Americans and place on website. Create a webpage targeting this audience
- Participants will work with state TB Controllers to establish leadership from the grassroots

Academic Centers

- Representatives from historically black medical schools

- Prepare awareness e-mail and post it to the historically black colleges' listserv
- Approach the head of the steering committee to add TB to the National Center for Primary Health Care's Health Disparities List for African-Americans



CDC

- Representatives from across the institute

- Engage National Center for Health Marketing
- Maintain up-to-date website for Advisory Committee for Elimination of Tuberculosis (ACET)
- Develop culturally competent materials and linguistically appropriate services
- Get celebrity spokesperson to increase awareness
- Update CDC surveillance on TB in African-Americans

Local and National Advocacy Organizations

- Representatives from organizations such as NAACP, Rainbow PUSH Coalition, Addiction Research and Treatment Corp/Urban Resource Institute

- Develop a consortium/coalition that will develop a plan to include federal, private and public support for health disparities, including TB
- Immediate commitment to take information given at this meeting and integrate into the individual organizational programming



Professional Organizations

- Representatives from organizations such as American Medical Association, National Medical Association, National Black Nurses

- Develop a consortium/virtual network (Identify call lists; develop an out-bound call center; develop a specific marketing campaign)
- Hold workshop at the National Association of Black Social Workers annual national meeting
- Present a position paper at the annual meeting of the National Black Nurses
- Give a presentation at the Atlanta area Concerned Black Clergy meeting and at church
- Testing at health fairs and mobile testing units

Planned Follow-up Activities

- Maintain communication
 - Establish listserv and website for use by groups
 - Hold conference calls for groups to report implementation and lessons learned
- Evaluate implementation of plans
 - Survey meeting participants to assess immediate and longer-term impact of summit on activities
 - Assess costs of conducting summit

4. Conclusions

- Immediate impact
 - Organizing the summit re-kindled dialogue and interest across institutions about TB disparity in the African-American community
 - Summit itself yielded specific goals and action items which participants committed to trying to achieve in the next year
 - Identified new partners who understand the culture and dynamics of the African-American community and who have entrée into the community structure
 - Presented an opportunity for state and local TB controllers to link to African-American community resources
- Longer-term impact
 - Summit participants will maintain communication throughout the next year and measure progress towards implementing the action items
 - Monitoring and evaluation of the activities will determine the extent to which social mobilization ensued

5. Future Directions

- The summit may provide a model for social mobilization that may be worth tailoring and replicating at a state and local level
- Although modern medicine can prevent and cure tuberculosis, only the concerted efforts of the community in partnership with public health and health care will ensure that tuberculosis is eliminated from the African-American community. It is hoped that these partnerships, fostered by the summit, will be a key component to mobilizing support for TB elimination

Summit Support

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