

SCRAP - TB

An Aboriginal Community Capacity Building Process

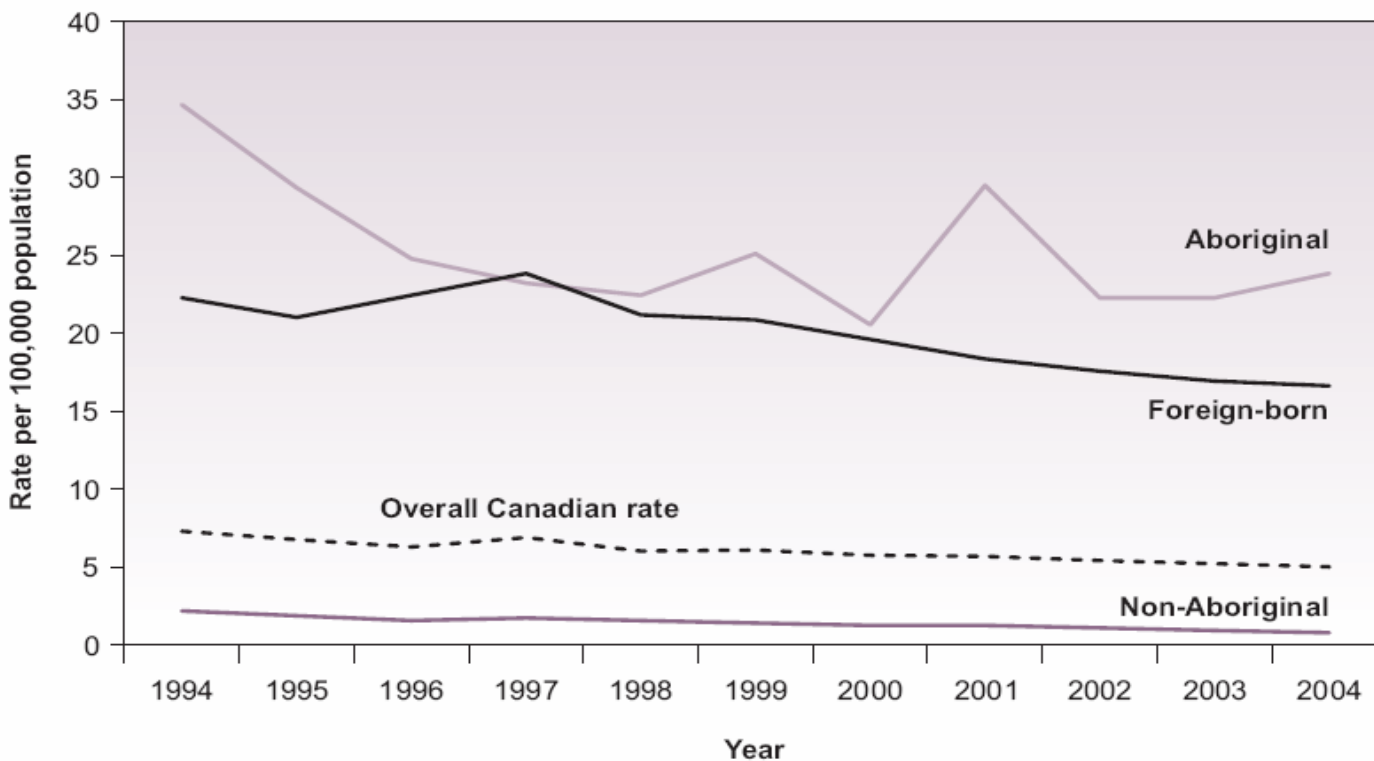
Presented by: Shawna Buchholz, RN, BScN, MPH©
IUATLD North American Conference
February 26, 2009 Vancouver, British Columbia

Learning Objectives

- What does TB look like for Aboriginal Peoples?
- What is S.C.R.A.P. TB?
- 6 Step Process
- 3 Aboriginal communities in progress
 - Successes
 - Challenges

Tuberculosis in the Aboriginal Population of Canada

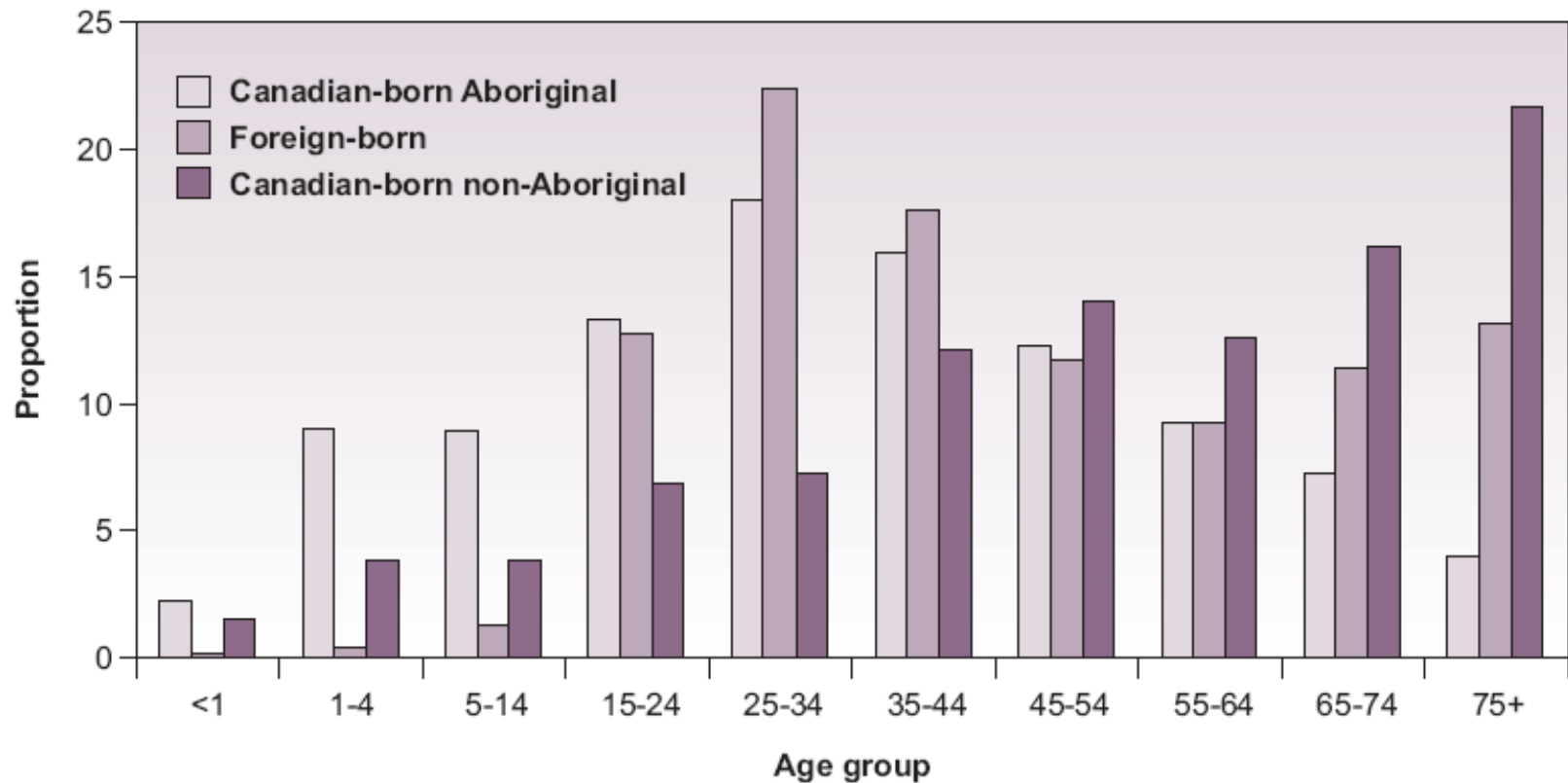
TB incidence rate by origin - Canada: 1994**-2004



*Burden of disease is 25x that of Canadian-Born Non-Aboriginal population

Cases Among Aboriginal Population are Younger*

Proportion of TB cases by age group and origin - Canada: 2000-2004



*35% < 25 years of age

Challenges to TB Control in Aboriginal Communities

- Historical high rates of TB disease (700/100,000)
- Large pools of latent TB infection
- Social issues such as sub-standard housing, overcrowding, homelessness
- HIV, higher rates of chronic conditions, ie. Diabetes, renal insufficiency
- Inadequate public health/primary health care access
- Substance abuse, mental health...
- Determinants of health factors

Formation of SCRAP-TB

- Response to burden of TB across Canada in Aboriginal populations
- National Working Committee formed in 2002
- Development of resource toolkit
- 6 SCRAP-TB pilot projects across Canada
- Recommendations

SCRAP-TB is a process and a set of tools designed to support and enhance community TB programs.

- **Enhance community TB programs through:**
 - Participation of community members
 - Strengthening partnerships
 - Building a broad understanding of TB
 - Enhancing the ability to understand TB risks and strengths locally
 - Collaboration in the planning, implementation and evaluation of TB program activities
- **SCRAP-TB is meant to compliment regionally recommended TB resources.**

6 Step Process

■ The SCRAP-TB process

- Step 1: Form a SCRAP-TB working group
- Step 2: Build a shared understanding of TB
- Step 3: Assess community TB risks
- Step 4: Create a community TB action plan
- Step 5: Implement the community TB action plan
- Step 6: Evaluate

■ SCRAP-TB tools

- SCRAP-TB Guide for *community coordinators* and *working group participants*

SCRAP-TB Communities

- **Heiltsuk Nation** = *1065+
- **Okanagan Indian Band** = *1700+
- **Lake Babine Nation** = *2000+

- Various geographical and seasonal challenges for Lake Babine and Heiltsuk Nation
- All have history of TB in community
- Many recall TB sanatoria experiences

* **Population:** Source: Website

http://www.aboriginalcanada.gc.ca/abdt/apps/connectivitysurvey.nsf/vAllCProfile_en/1654.html

BC First Nation's



Participant TB Champions



Lake Babine Nation



TB Coordinators Training

Where are they in the process?

- Formation of local SCRAP-TB working committee in community - 2
- Partnerships – other local providers
- Education and experiences with TB – in progress
- Planning for TB action plan – in progress
- Reporting/Evaluation – quarterly reports

One success at a time...

- Building awareness and education of TB for community members, leadership, other professionals and health care providers.
- Interactive and creative ideas for promotion and prevention of TB
- Empowering community members to be educators
- Grade school education sessions on TB
- Health fairs, home party TB presentations

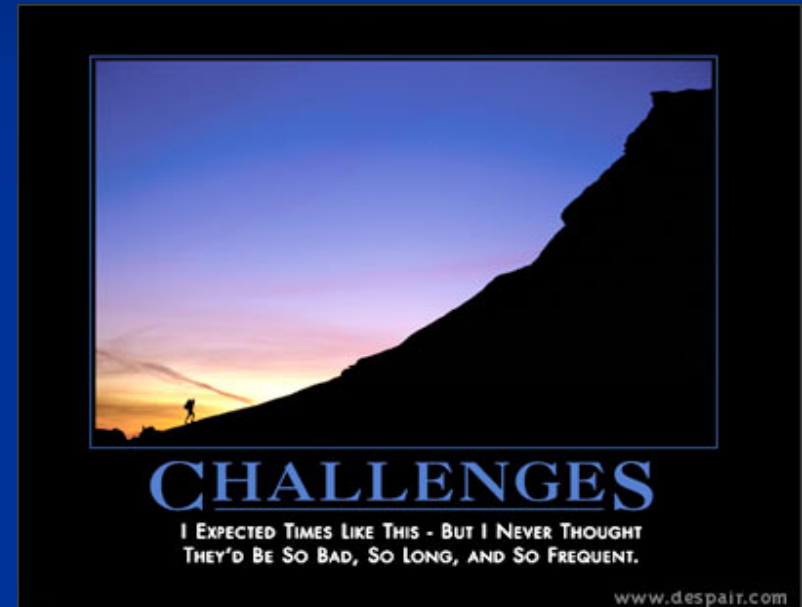


...and more success!

- Utilizing oral history of TB for stories and teaching/learning opportunities
- Changes to nursing care & care plans
- Identification of LTBI in community - #
- Client charts now flagged with TB alert for screening and symptom enquiry
- Complementing and linking with other programs for TB education and prevention

Yes, there are challenges!

- Decreased interest in TB – forgotten health issue
- Competing resources
- Time constraints for nurses
- Education, cases and control of TB is often seen as the nurse's job
- Fear, shame, embarrassment of TB
- Social challenges in community



Summary

- There is still on-going transmission of TB disease in Aboriginal communities; unacceptable rates.
- Support and partnership is required amongst public health, Aboriginal community and leadership to help build capacity; such as SCRAP-TB
- Issues of housing, access to basic health care services and other determinant of health factors still need to be addressed

THANK YOU!

