

Stop TB in the African-American Community

11th Annual Conference of the International Union Against
Tuberculosis and Lung Disease North America Region

February 23rd, 2007

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Division of Tuberculosis Elimination
Centers for Disease Control and Prevention

Stop TB in the African-American Community

Today's presentation will provide

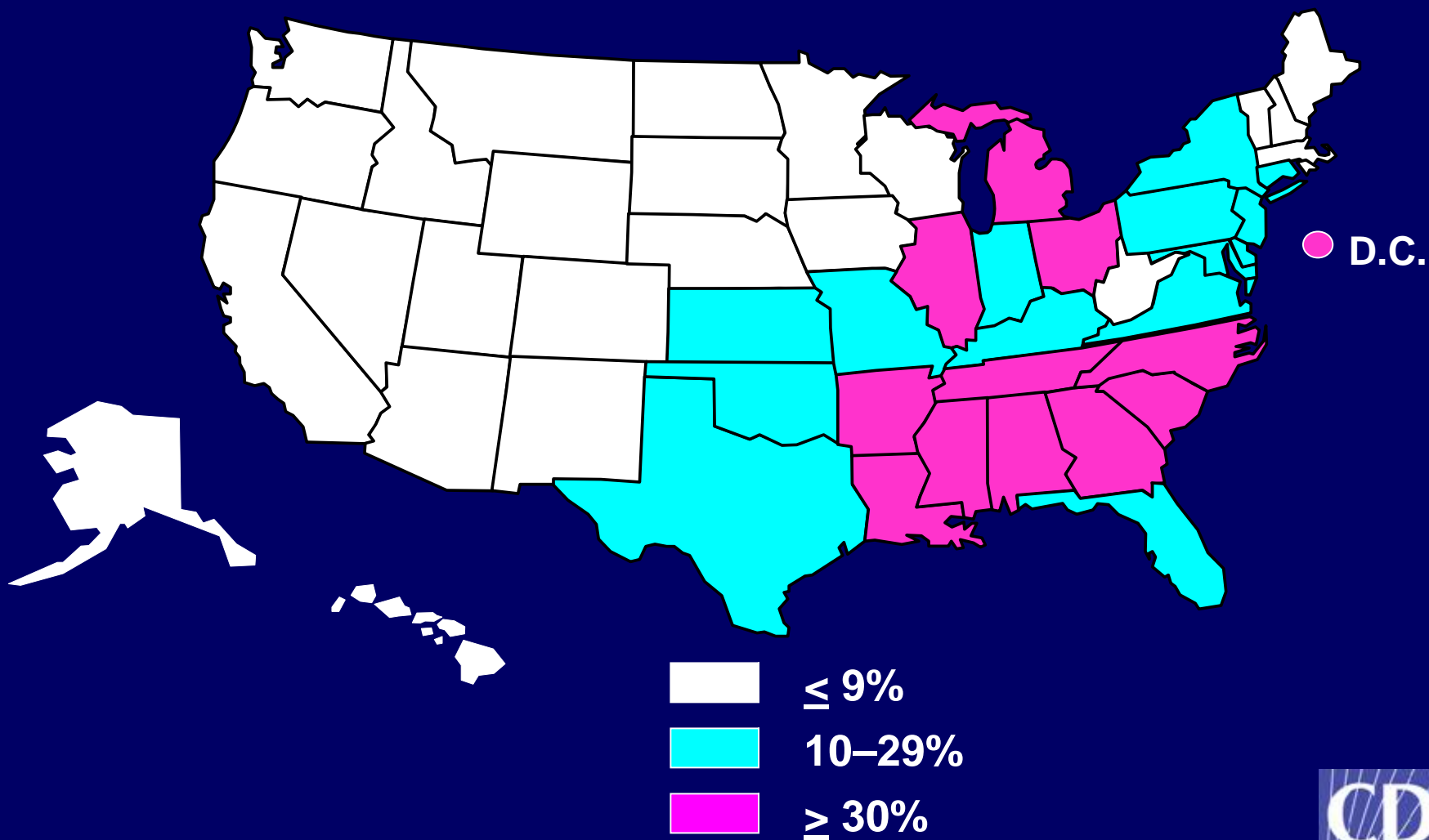
- Epidemiology of TB in the African-American community
- CDC activities to address this health disparity
 - CDC-funded TB intensification projects
 - CDC research projects (TBESC-Task Order 11)
 - Stop TB in the African-American Community Summit (May 2006)
 - Post summit activities
 - Other CDC efforts (listservs, educational materials, websites)
- Future activities

Background Epidemiology

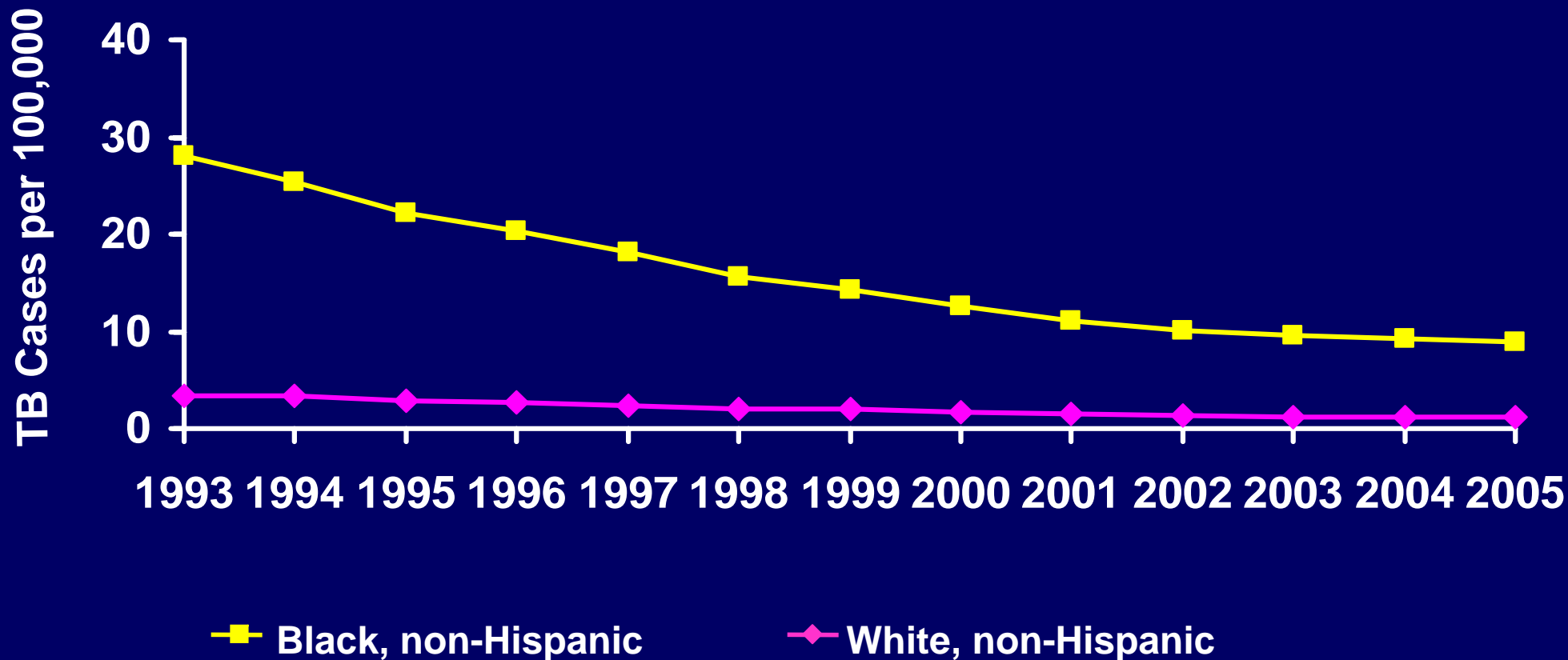
Background

- While overall rates continue to decline in the U.S., TB continues to disproportionately affect racial and ethnic minorities
- In 2005
 - 82% of all reported TB cases occurred in racial and ethnic minorities
 - 45% of TB cases reported in U.S.-born persons were among African Americans
 - The TB case rate for U.S.-born blacks (8.9/100,000) is more than 8 times higher than the rate in whites (1.1/100,000)

Proportional Representation of TB Cases in U.S. Born Blacks, 2005



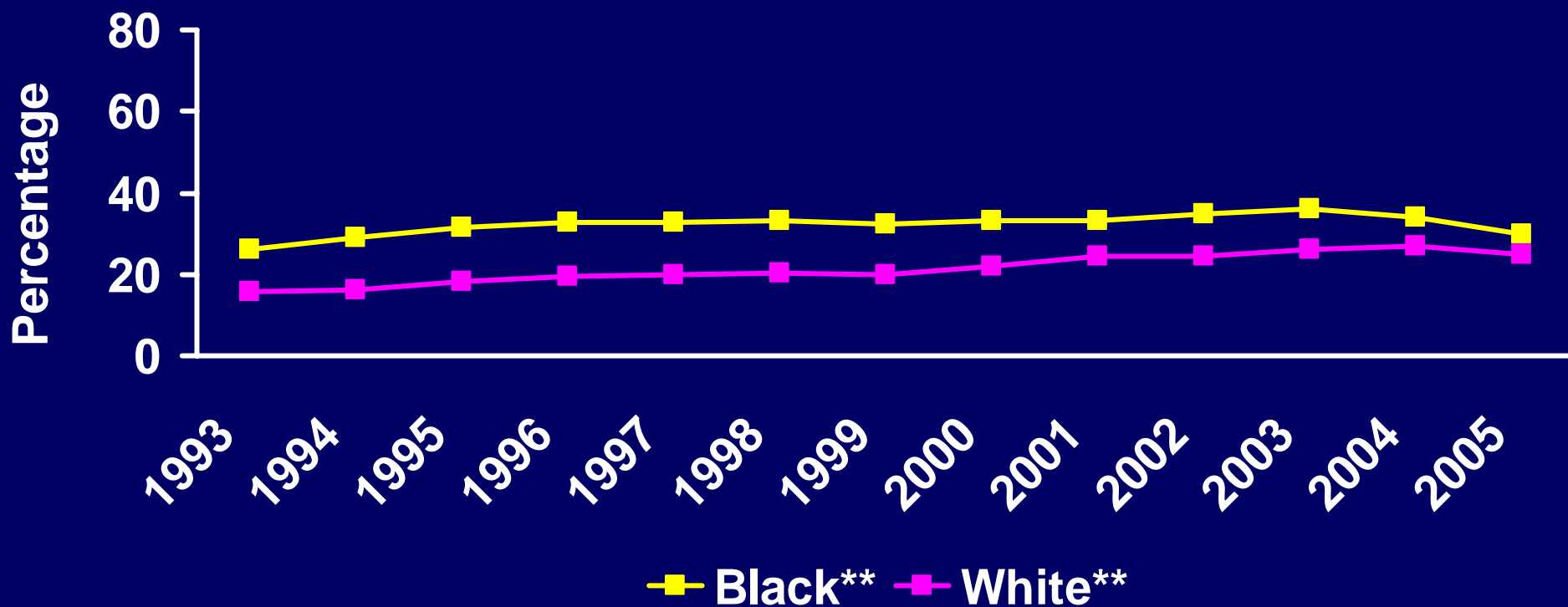
TB Rates in U.S. Born, by Race/Ethnicity, United States, 1993–2005



*Updated as of March 29, 2006



Percentage of U.S.-born TB Cases with History of Substance Abuse,* 1993–2005

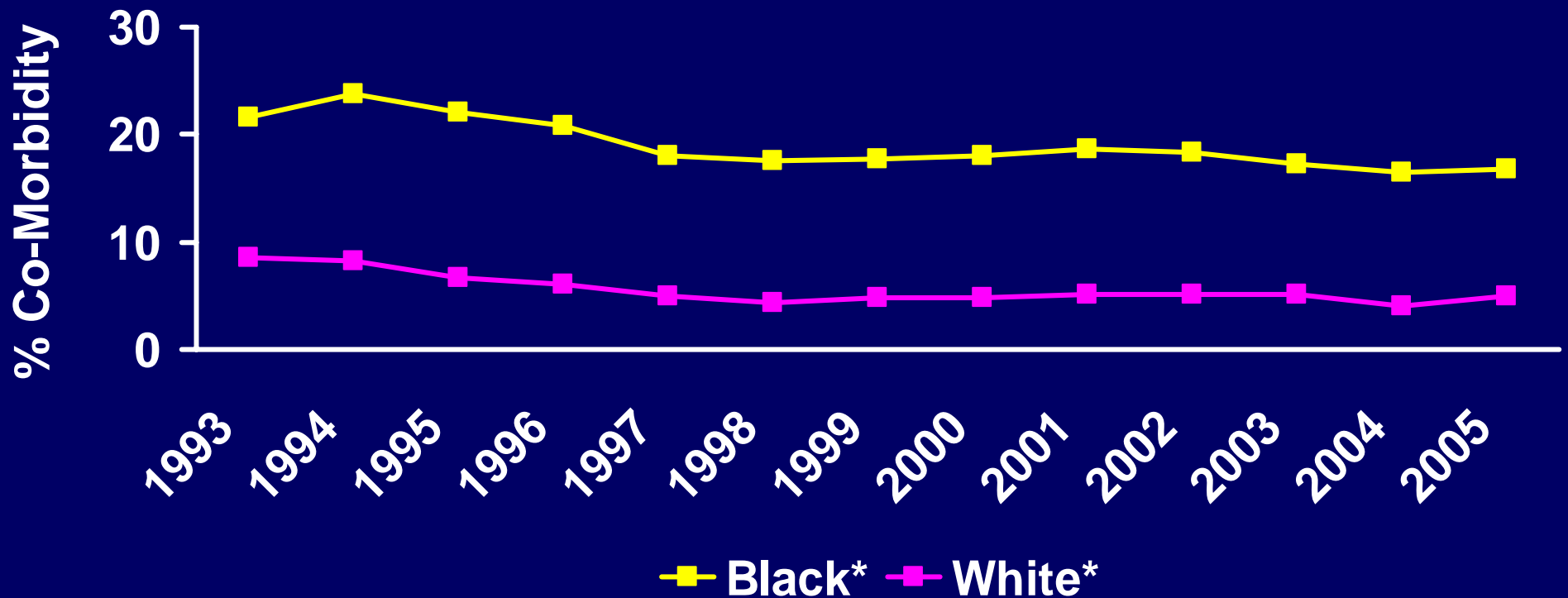


*Injecting drug, non-injecting drug, or excess alcohol use in year prior to TB diagnosis

**U.S. -born non-Hispanic



Percentage of U.S. Born TB Cases with of HIV/TB Co-Morbidity, 1993–2005

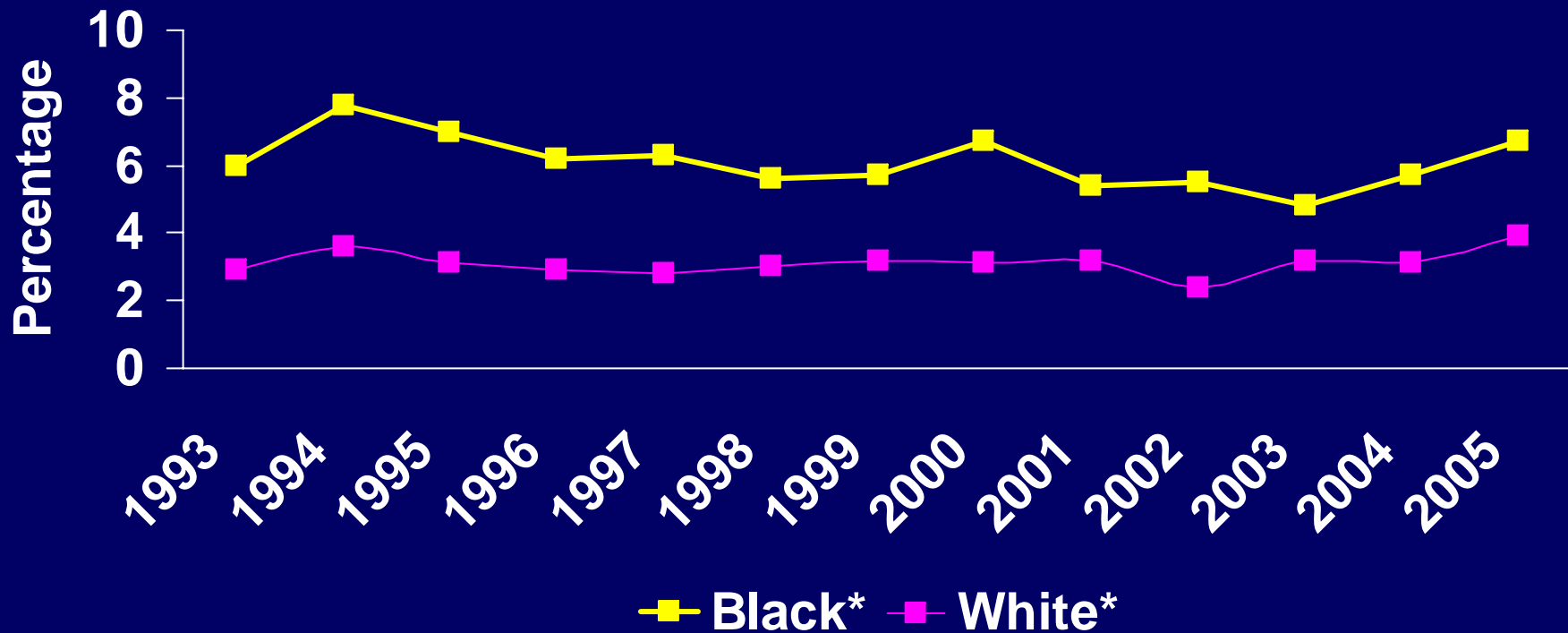


*U.S.-born non-Hispanic

Note: The information on HIV status for TB cases is incomplete.



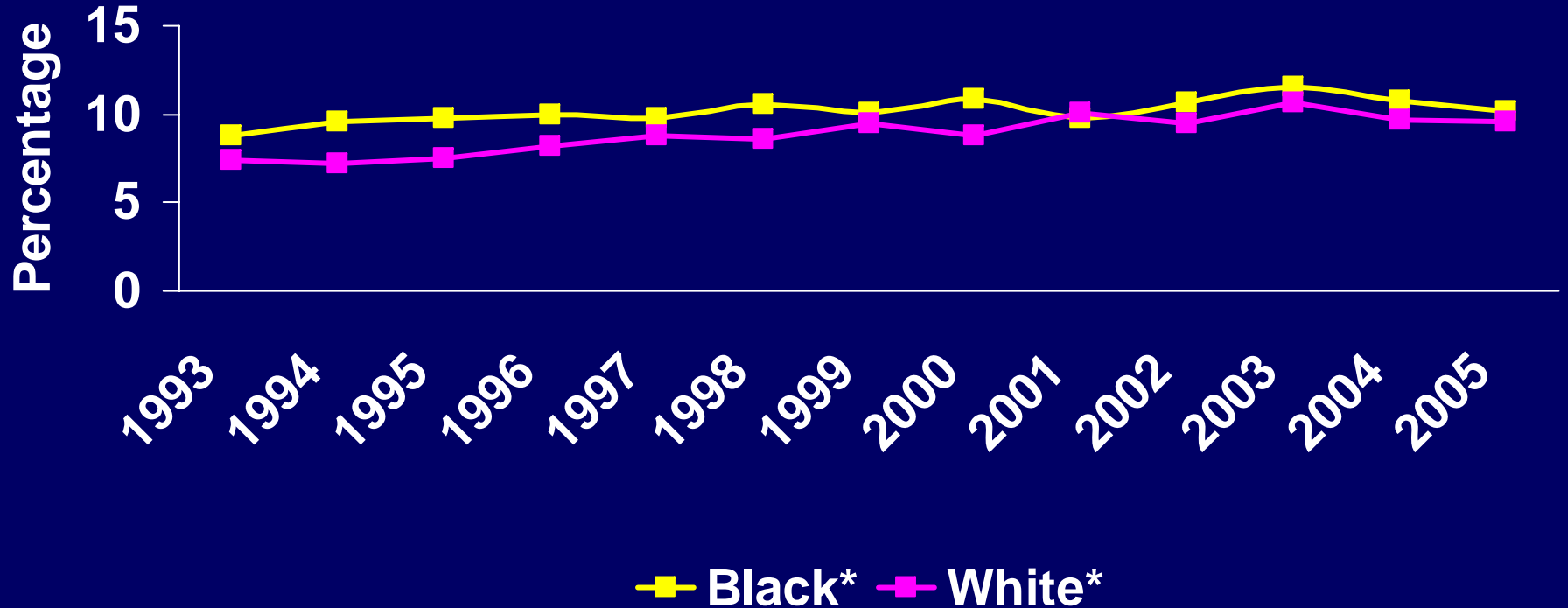
Percent of U.S. Born TB Cases Diagnosed in a Correctional Facility, 1993-2005



* U.S.-born non-Hispanic



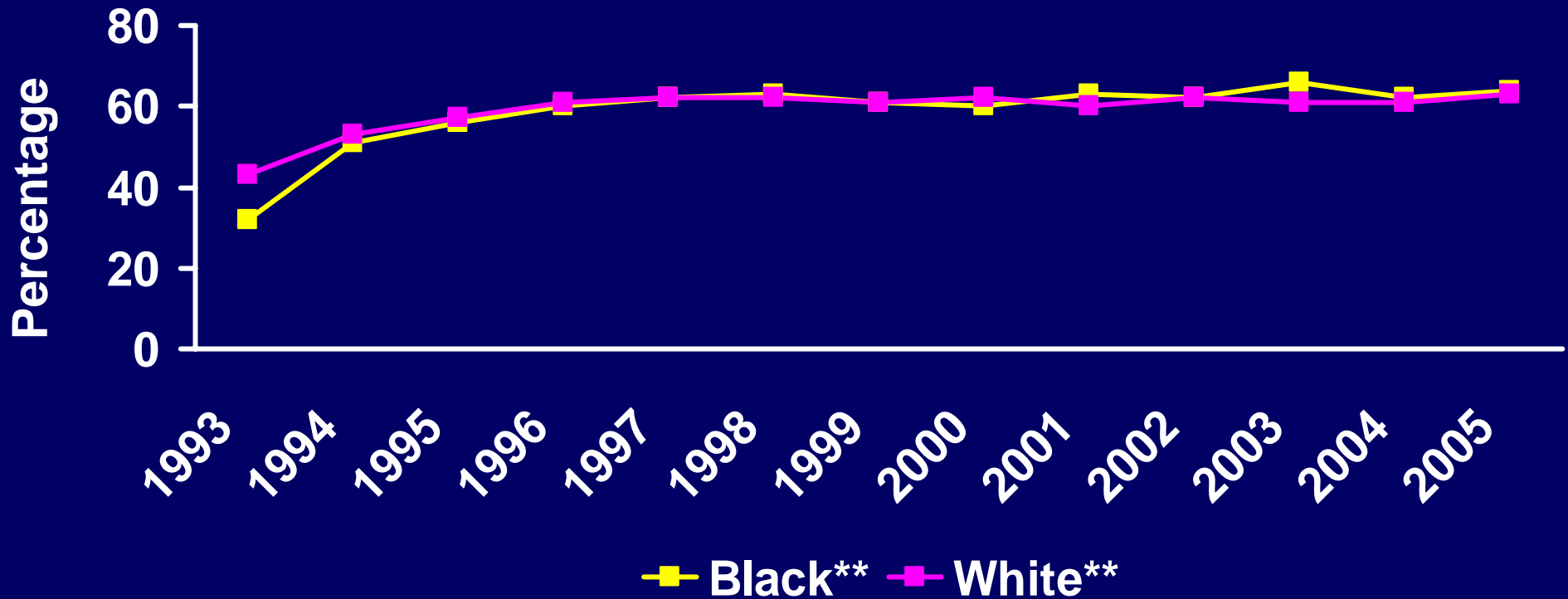
Percentage of U.S. Born TB Cases who were Homeless in the Year Prior to Diagnosis, 1993-2005



* U.S.-born non-Hispanic



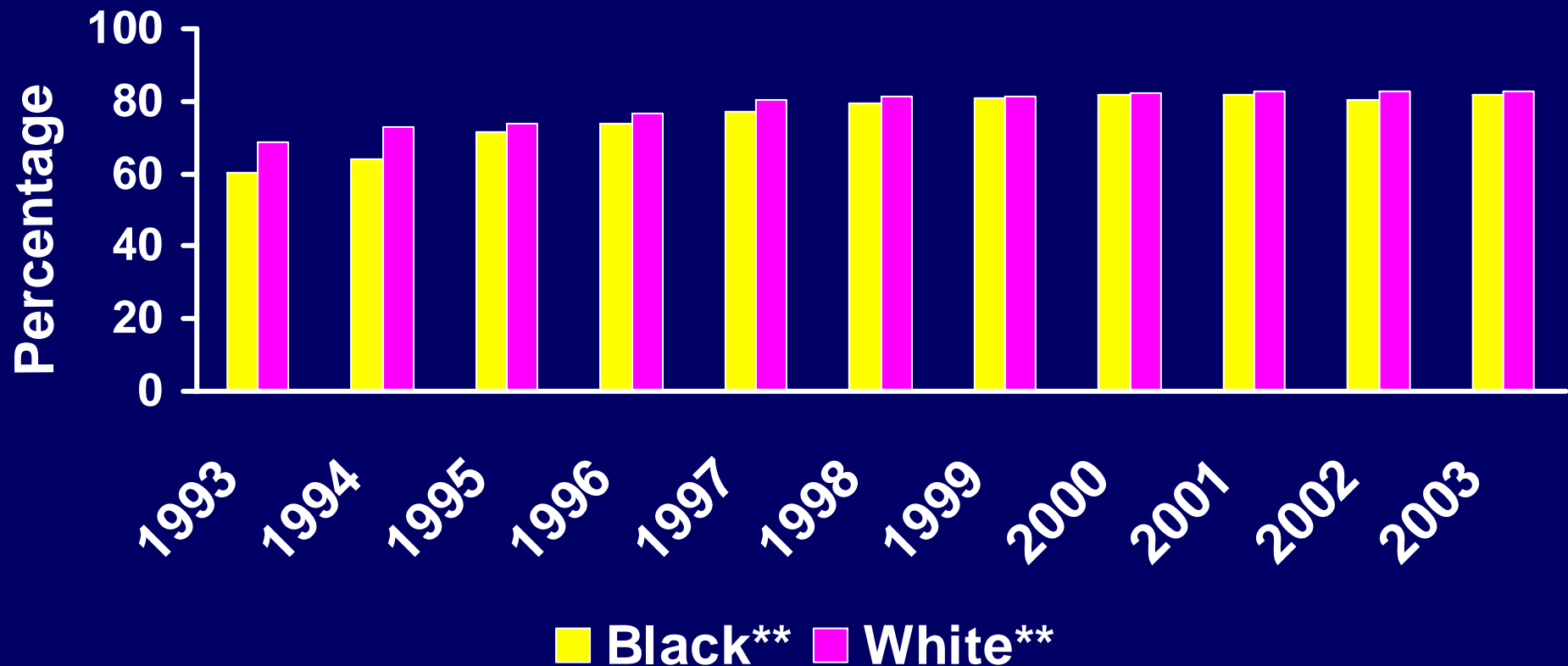
Percent of U.S. Born TB Cases in Unemployed Persons (2 Years Prior to Diagnosis), 1993-2005*



*U.S. -born non-Hispanic



Completion of TB Therapy \leq 1 year United States,* 1993–2003



*Timely completion within 12 months

**U.S.-born non-Hispanic



CDC Activities to Address TB in the African-American Community

Advisory Council for the Elimination of TB (ACET)

Prioritized TB in African Americans

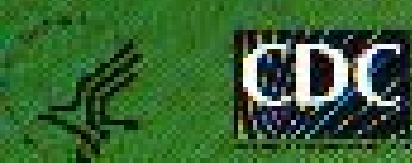
- In 2002, ACET called for presentations to highlight the historically high case rates among African Americans in the Southeast
- Established a workgroup on the topic
- Called for increased research and resources
- In May 2003, CDC and ACET convened a national meeting to raise awareness of this TB disparity

The TB Challenge

"Partnering to Eliminate TB in African Americans"

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

Summer 2005



IN THIS ISSUE:

Georgia's Experience

1

Understanding Culture

1

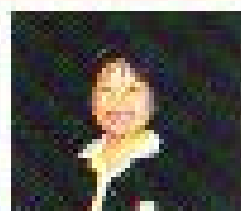
Program Evaluation

2

Controlling and Eliminating Tuberculosis in African-American Communities (CETBA): Fulton County, Georgia's Experience



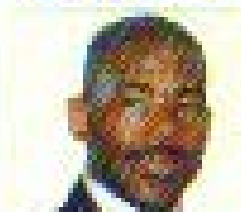
Terri Lewis
Director of TB in Georgia



Dr. Rose H. Hensley
Director of TB in Atlanta



Kara Sturdivant
Director of TB in Atlanta



Ken Johnson
Director of TB in Atlanta

Background Information

The project "Control and Elimination of Tuberculosis (CET) Community Activities in African American Communities" in the Southeastern U.S. is directed toward identifying gaps, developing opportunities for TB prevention, and reducing disparities in TB. Georgia's TB

community-based organizations, academic institutions, health care providers, hospitals, faith communities, and other organizations working to advance the health and welfare of African Americans in Fulton County. The work entails community activities to support the goal.

Development of Advisory Board

In May 2001, Georgia's initiative established a CEBTA advisory board consisting of elected county health, social services, and community-based professionals. Community stakeholders met monthly. This group includes representatives from the Fulton County Department of Health and Welfare, Tuberculosis Program (both medical and administrative), Georgia Department of Human Resources' Division of Public Health/Prevention Services (oral tuberculosis program), the American Lung Association, to

NGO, state TBPA, state TBPA, state TBPA, state TBPA, and TBPA. A two-phased membership was formed for the City of Atlanta, Union of Plowers. Each of the upstate with high rates reported TB cases has a Neighborhood Planning Unit (NPU) that meets monthly. The practitioners are informative and allow them to understand the state and information and issues they may remain the same.

Three Needs Assessments Completed

TB Knowledge and Awareness in the African American Community and Knowledge of Former TB Patients

DRB conducted with 1000 of 20-60-year-old adult community groups, local groups and individual interviews with African American women and men between 20 and 60 years of age. Members of the target population were identified and interviewed in the community.

CDC-Sponsored Demonstration Projects: Tuberculosis Intensification Projects to Address TB in African Americans

- CDC issued supplemental funding for demonstration projects to identify innovative strategies to improve TB testing, diagnosis, and treatment in high-risk black communities
 - South Carolina, Georgia, and Chicago, IL

TB Intensification Project Components

- Description of the problem
 - Epidemiology
 - Knowledge, attitudes, and beliefs
- Intervention
- Evaluation

TB Intensification Project

Findings from Qualitative Assessments

- African-American community not aware of TB problem, low priority
- Low knowledge of TB among patients
- Historical stigma and misconceptions associated with TB in the community
- Mistrust of healthcare providers

Recommendations to Address Barriers and Needs (1)

- **Increase comprehensive, accessible medical care to address TB clients' other concerns (medical, social)**
- **Provide healthcare workers who are of similar racial background, e.g., “look like us”**
- **Increase cultural competency of health care providers**
- **Improve education of health care providers on outreach, engagement and maintaining ongoing client contact**
- **Tailor services for male clients at point of entry—current services appeal to women**

Recommendations to Address Barriers and Needs (2)

- Tailor and disseminate educational messages for the African American community that incorporate cultural beliefs and preferences, lifestyle behaviors, and risk factors
- Address stigma associated with TB
- Provide TB education at all levels of the community

Sample Interventions from the TB Intensification Project (1)

- Recruited African-American health care workers to provide TB services and education
- Hired peer educators to coach and motivate high-risk clients
- Recruited an African-American social worker to bridge referral gaps

Sample Interventions from the TB Intensification Project (2)

- Established community coalition task force to improve partnerships with the business community, faith-based organizations, shelters, etc.
- Launched social marketing campaigns: print, billboards, TV, and black radio to get the messages out to the community



Georgia Campaign-- HALT TB

HEAR ACT LEARN TREAT TUBERCULOSIS Tuberculosis (TB) Facts

HEAR What is TB?

"TB" is short for a disease called Tuberculosis. TB disease primarily affects the lungs but can attack any part of the body (e.g., the kidneys, the brain, or the spine). People who have TB disease need to be seen by a medical professional. If they don't get help, they can die. However, TB can be treated and cured.

ACT How To Get Tested For TB?

A TB skin test is the only way to find out if a person has been infected with TB. Skin tests are available at health department or a local doctor's office for a nominal fee.

LEARN How is TB Spread?

TB is spread through the air when a person with TB disease of the lungs or throat coughs, sneezes, sings or speaks. The people nearby can then breathe the TB germs into their lungs.

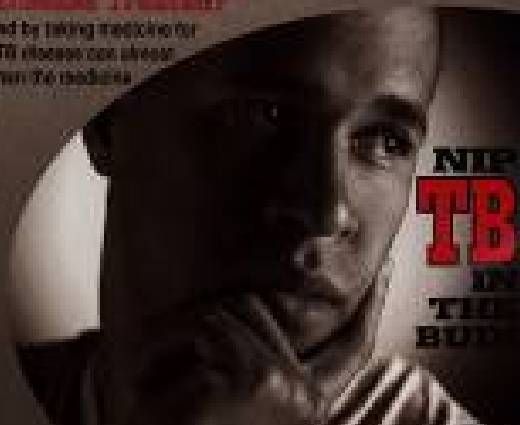
TREAT How is TB Disease Treated?

TB disease is treated by taking medicine for at least 6 months. TB disease can always be cured when the medicine is taken properly.



Georgia
Department of Health

Division of Public Health Tuberculosis Program
1 Peachtree Street, N.W., Suite 12402
Atlanta, Georgia 30303-1112



What Are The Symptoms of TB Disease?

Symptoms of TB depend on where in the body the TB germs are growing. TB disease in the lungs may cause:



- A bad cough that lasts longer than 2 weeks
- Chills
- Coughing up blood or phlegm ("sputum")
- Fever
- No appetite
- Pain in the chest
- Sweating at night
- Weakness or fatigue
- Weight loss

A person should get tested for TB if:

The person spends time with someone known or suspected to have TB disease

The person has HIV infection or another condition that puts them at high risk for TB disease

The person thinks they might have TB disease

The person injects drugs

The person lives in an area where TB disease is more common (homeless shelter, prison, jail or nursing home)

The person lived or spent time in countries where TB disease is very common (most countries in Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)



For more information call: 404-730-1450

**TB MAY ONLY BE
A BREATH AWAY**

Find out if you are at risk.



Care Line
1-800-868-0404

South Carolina Campaign



**TB MAY ONLY BE
A BREATH AWAY**

Find out if you are at risk.

How can you tell if it might be TB?

You might have:

- ☒ A cough that lasts for more than two weeks
- ☒ Fever or chills
- ☒ No appetite
- ☒ Weight loss
- ☒ Feeling tired for no reason
- ☒ Sweating at night
- ☒ Chest pain when you cough
- ☒ Coughing up blood (late symptom)

Have You Been Exposed to TB?

*For more information on how you can get TB,
please call DHEC's CareLine at 1-800-868-0404.*



www.scdhec.gov

Promoting and protecting the health of the public and the environment.

10-000001-001

Chicago Campaign



Addressing TB Among African Americans in the Southeast: Identifying and Overcoming Barriers to Treatment Adherence for LTBI and TB Disease

- Funded in 2003, through the CDC Tuberculosis and Epidemiologic Research Consortium (TBESC)
- Collaborative project between RTI International and CDC (Task Order 11)



Research Objectives

- Determine TB knowledge, attitudes, beliefs, and practices held by African Americans with or at risk for TB, and providers who this population
- Develop interventions needed to address the identified barriers to eliminate disparities in TB case rates among African Americans

Preliminary Findings of Formative Research

- Lack of knowledge about TB was widespread
- Misconceptions about TB transmission and prognosis
- Fear and stigma of TB is widespread
- Individuals wanted more face-to-face communication with providers
- TB is low priority for individuals at risk for TB

Preliminary Intervention Ideas

- TB Disparity Toolkit
 - A tool for identifying TB disparities in local communities
 - A guide for creating and forging partnerships
 - TB Fact Sheets
 - Educational materials for patients and providers
 - PowerPoint presentation to reach out to local partners
 - TB Awareness Video



Other CDC Activities to Address TB in the African-American Community



Tuberculosis In Minorities



TB Elimination: Now Is The Time

Disparities in tuberculosis (TB) persist among racial and ethnic minority populations. In 2004, the majority of reported TB cases in the United States occurred in racial and ethnic minorities.

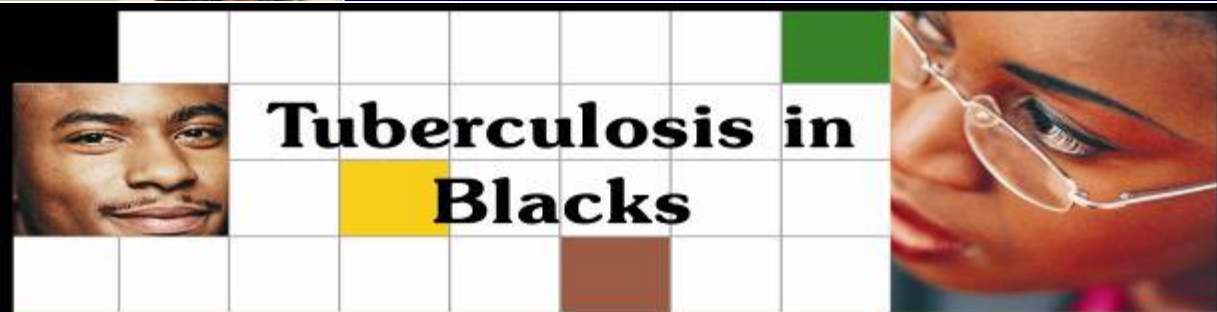
Several factors likely contribute to the burden of TB in racial and ethnic minorities:

- ▶ Among people from countries where TB is common, migration may result from an infection acquired in the home country.
- ▶ Among racial and ethnic minorities, unequal access to health care, risk factors, particularly HIV infection, can increase the chance of developing the disease.

Reported TB Cases by Race/Ethnicity, United States, 2004



*All race are non-Hispanic. Persons reporting two or more races account for less than 1% of all cases and are not shown.



Tuberculosis in Blacks

TB Elimination: Now Is the Time!

Black, non-Hispanic persons continue to have a disproportionate share of tuberculosis (TB) in the United States.

- ▶ In 2004, TB was reported in 4,066 black, non-Hispanic persons—28% of all persons reported with TB nationally.
- ▶ In 2004, the rate of TB in black, non-Hispanic persons was 11.3 cases per 100,000 population, which is more than 8 times higher than the rate of TB in white, non-Hispanic persons (1.3 cases per 100,000 population).

The proportion of TB in black, non-Hispanic persons is even greater if only U.S.-born persons reported with TB are examined.

- ▶ U.S.-born persons represented 46% of all TB cases reported in the United States in 2004.
- ▶ Among U.S.-born persons reported with TB in 2004, 45% were black, non-Hispanic individuals.

Although rates of TB in both blacks and whites have declined substantially over the past decade, the disparity remains. We must better target our efforts to prevent and control TB in this minority population.



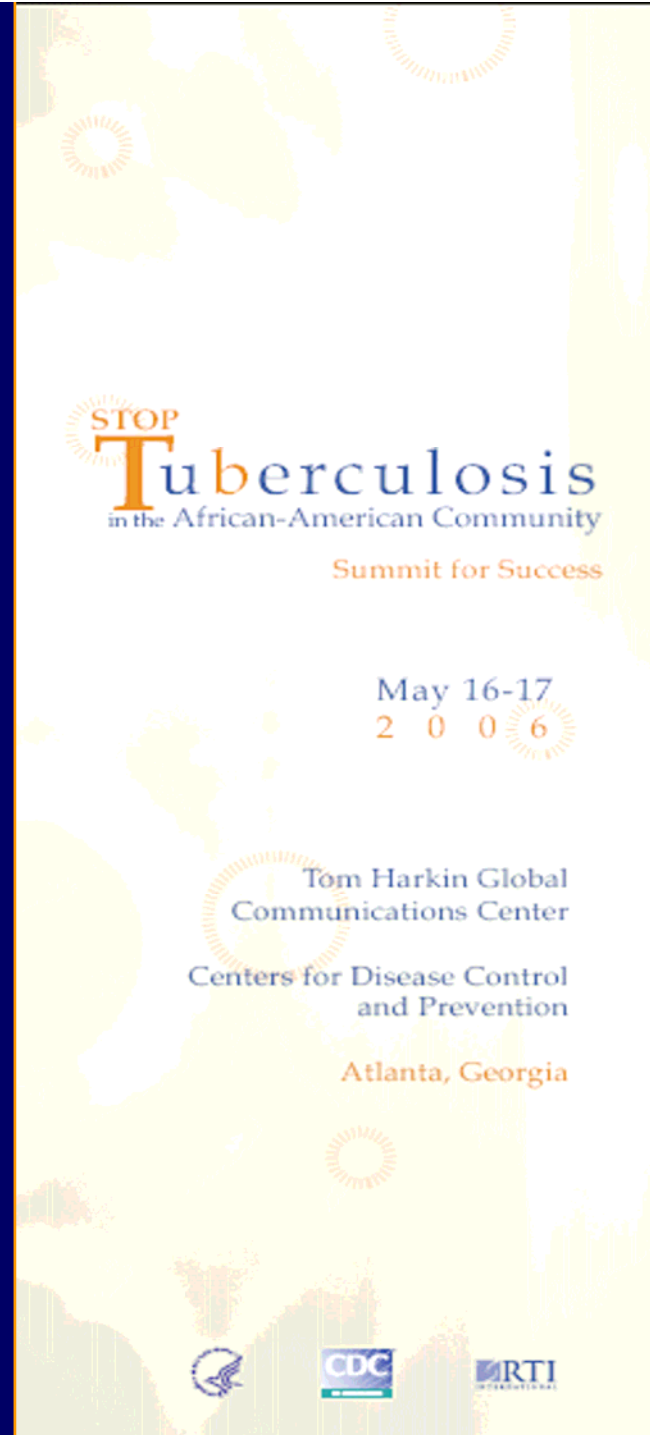
2005 Cooperative Agreement Performance Goal Related to TB in African Americans

- Decrease the case rate in jurisdictions reporting more than 50 cases of TB in U.S.-born blacks
- Report progress in the annual interim and final progress report

Stop TB in the African-American Community Summit

Summit Goals

- Raise awareness of the problem
- Build upon accomplishments from the 2003 meeting
- Create links and build networks to lead to ongoing strategies to address the problem




STOP
Tuberculosis
in the African-American Community

Summit for Success

May 16-17
2006

Tom Harkin Global
Communications Center
Centers for Disease Control
and Prevention

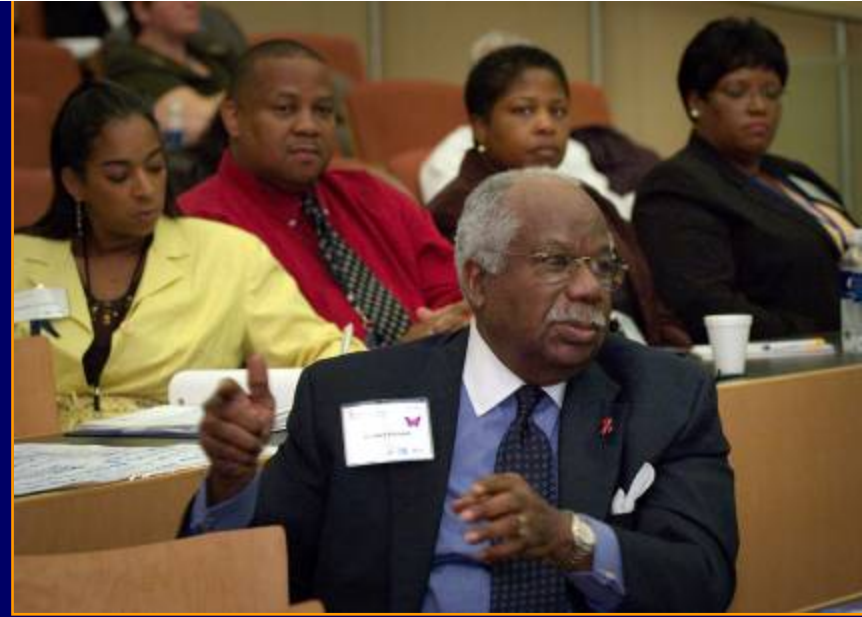
Atlanta, Georgia



Summit Participants

Over 100 individuals from a myriad of organizations, including:

- CDC
- TB prevention programs
- Professional organizations
- Academic institutions
- Local and national advocacy organizations (civic, faith-based, community-based; fraternities; other)
- HHS State and Regional Minority Health Consultants



Summit Activities



Welcomes and Keynotes from Public Health Leaders

- Dr. Louis Sullivan, President Emeritus, Morehouse School of Medicine and former U.S. Secretary of Health and Human Services (HHS)
- Dr. Garth N. Graham, Deputy Assistant Secretary for Minority Health of the Office of Minority Health, HHS
- Yvonne Lewis, Office of Minority Health and Health Disparities, CDC
- Dr. Kevin Fenton, Director, NCHSTP, CDC
- Dr. Kenneth Castro, Director, DTBE, CDC

Summit Breakout Sessions

- Convened groups based on organizational type to facilitate working with peers
- Groups devised actions based upon group discussion
 - Lists of options
 - Restricted to items that could be implemented in the upcoming year



Summit Evaluation

- Evaluate outcomes of the summit and implementation of action plans
- Convened follow-up conference calls with summit participants
- Collected data on action items achieved

Action Items from Professional Organizations



- Partner with CDC to obtain materials to exhibit at national conventions and meetings
- 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 presentations at the Concerned Black Clergy of Atlanta meeting and at churches
- Include TB testing at health fairs and mobile health units

Stop TB in the African-American Community Listserv Subscription Information

To subscribe:

http://www.cdcnpin.org/scripts/listserv/tb_aa.asp



Future Activities to Address TB in the African American Community

- CDC research priority
 - National Study of Determinants of Early Diagnosis, Prevention, and Treatment of TB in the African-American Community
- Southeastern National TB Center (Regional Training and Medical Consultation Center)
 - Educational materials

Summary

- **TB is a significant health disparity for the African-American community that must be addressed**
- **CDC is undertaking several activities to address this disparity, but more is needed**
- **Additional commitment, political will, and resources to address this TB disparity are needed**
- **Recognition of this health disparity is needed at the local level**

Acknowledgements

- Dr. Rachel Royce (RTI)
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- Tammeka Swinson (RTI)
- Brenda Stone-Wiggins (RTI)
- Dr. Cynthia Woodsong (RTI)
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- Dr. Cornelia White (CDC)
- Elvin Magee (CDC)
- Dr. Wanda Walton (CDC)
- Patients and staff from the study sites
- NCHSTP Office of Health Disparities

