

Living Life To Its Fullest: U.S.-born African Americans and Tuberculosis

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1. Background

The number of Tuberculosis (TB) cases among African Americans is disproportionate within the United States. Tuberculosis occurrences are eight times greater in Black, Non-Hispanic individuals compared to White, Non-Hispanic individuals (MMWR, 2006). In the Southern region of the United States, African Americans have a Tuberculosis rate five times higher than that of Whites (NewsRX, 2004). This disparity could be associated with the increase in HIV/AIDS transmission and various socioeconomic issues such as poverty, access to health care, drug use, education, housing conflicts, and high rates of incarceration of African Americans.



Gainesville, Florida was selected for this pre-assessment as it demographically exemplifies the urban/rural mix, with a broad range of denominations and access to renowned medical facilities.

Partners: Southeastern National Tuberculosis Center (SNTC), Rural Women's Health Project (RWHP), Anointing of The Holy Spirit Ministries and Mt. Moriah Baptist Church.

2. Objectives

The objectives of this pre-assessment were to explore the African-American community's interpretation of risk, knowledge, access to healthcare, perceptions of health and the effective formats for health education in order to:

1. Implement and develop unique, culturally and linguistically appropriate health education materials and interventions
2. Influence the development of a broader assessment in multiple sites
3. Support clinicians' efforts to test, treat and diminish the incidence of TB in the African American community

3. Methods

A two-pronged approach to information gathering was utilized:

A. Community Exchange Sessions (CES) in two church sites: Mt. Moriah Baptist Church and Anointing of The Holy Spirit Ministries. CES were used to foster dialogue with the church members. The churches were used as an environment to explore educational formats and style preferences (brochures, *fotonovelas* and posters).

B. Recorded telephone and/or face-to-face interviews with African American gatekeepers in the community. A 14 question, open-ended survey was used to gather responses. The 11 participants included both males and females, ages 27-68.

4. Goals

The goals of the pre-assessment included the identification of:

1. African American's perception of health, TB knowledge and stigma
2. Keys to the reception of trusted health information (venues and formats)
3. Effectiveness of health education formats and messages targeting African Americans
4. Barriers in communication between the healthcare providers and the African American patient



5. Findings

- 55% of the participants felt that the African American community needed more information about the signs/symptoms, treatment and modes of transmission of tuberculosis
- 88% of those interviewed suggested that word of mouth and face-to-face education is most effective when communicating health topics, such as tuberculosis, to the African American Community
- 66% of participants felt that their health care provider couldn't relate to them on a cultural level
- 66% of those interviewed stated that the print literature currently used to educate the African American community on health issues is not appealing and is difficult to comprehend
- 33% of participants verbalized that the printed health education material should use images that reflect the African American community
- 66% of participants stated that they could get health care information they trusted from healthcare professionals or health fairs

7. Conclusion

This pre-assessment identified the target community's preferences for the venues, formats and delivery of health education. Most participants had limited knowledge (prevention, transmission & treatment) of tuberculosis and did not feel they were at risk. By providing opportunities for open discussions at key gathering places (churches) for African Americans, trusted health information was received, myths dispelled and seeds of knowledge planted. Community members were empowered.



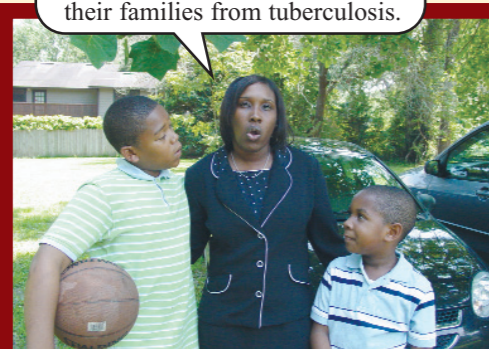
8. Recommendations

1. Lessen the perceived stigma of TB, especially as interpreted by those over 35 years old, by initiating a public awareness campaign that will help to raise consciousness about tuberculosis; modes of transmission, risks, prevalence within the community and the importance of prevention and early detection
2. Patient education materials should support clinicians' one-on-one education
3. A Community awareness campaign, utilizing culturally appropriate materials, would serve to diminish stigma and increase the community's knowledge about TB
4. Train church members and other gatekeepers as community educators while linking them to Tuberculosis services
5. Embrace Grandmothers, as "Guides to Adherence" (for those receiving tuberculosis treatment)
6. Message partnering with radio, churches, African American organizations, to increase community investment in TB
7. Provide clinician education on African American treatment protocols and cultural information
8. Encourage health care providers to improve rapport with the African American Community through community involvement and improved medical follow-up systems, to establish "good faith." Additionally, providers need to obtain knowledge of historical events that affected the community's perception of and access to healthcare

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6. Highlights:

Members are concerned about how to protect themselves and their families from tuberculosis.



Information has to come from smiling, familiar faces of people they know in the community...who have people skills, who talk to them in a respectable manner and show care and compassion.



That's how you start to rebuild trust with health professionals.

...the Church is the best way to reach the African American community.



We get tired of seeing materials that don't represent what we really look like and reading stuff that we can't relate to!



That's why we like the *fotonovelas*...they look like real African American people.