

**Addressing the Tuberculosis Crisis among African
Americans in the City of Poohville: A Partnership between
the Department of Health and the Tigger Society**

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Abstract

In 2003, the incidence of TB fell to an all-time low in the city of Poohville. Despite this decline, racial and ethnic disparities continue to persist, particularly among African Americans. A plethora of factors have precipitated this disparity in TB infections in the African-American community, including socioeconomic, cultural, and biomedical factors. To address the TB problem in African-American communities in Poohville, the Department of Public Health established a task force in partnership with the Tigger Society, a community based organization in the Tigger neighborhood, which was particularly hard hit by TB. The task force was charged with developing a TB prevention program. The partnership drew on the Department of Health's expertise in treating TB and using assurance methods, with the Tigger Society's strengths of cultural competency and community relationships. The case study addresses the three core public health functions: assurance, assessment, and policy development.

This case study is based on raw data and rates from References 1, 2, below. Beyond the data, all other references to situations are not based in reality, but represent a synthesis of several different communities.

INTRODUCTION

Poohville

Poohville, one of the epicenters of the Midwest, is an extremely segregated city with a history of community activism.

The Tigger Society

In face of the alarming physical, social and economic decay of their community, the residents of the Tigger neighborhood began to organize for change. In 2000, a group of religious and block club leaders brought together a coalition of over 100 neighborhood associations, religious institutions and civic organizations to fight against the forces of disintegration. Contrary to what many believed, Tigger had a number of organizational resources. As one of the group's leaders, Reverend Christopher Robin points out, "The idea that black communities were disorganized was really a fallacy. They were not disorganized; they were unorganized."

The Tigger Society mobilized Tigger's residents to pressure merchants, landlords, city bureaucrats and others who were responsible for the neighborhood's blighted conditions to respond to their demands for change. These small victories were important because they proved that low-income people could gain power through collective action.

The Poohville Department of Public Health

In 2002, the Poohville Department of Public Health (PDPH), under a grant from the Centers for Disease Control and Prevention (CDC), began to review its data on tuberculosis (TB) in the city. While TB rates in general were going down, the emergence of new drug resistant strains made TB a continuing concern. The PDPH produced a report on the incidence rates of TB in various populations in Poohville, which clearly showed a major disparity between African Americans and other populations.

The Poohville Prevention and Early Treatment of TB Project

The Poohville Times covered the release of the report, and presented the high level of racial disparities in TB, including the particularly high prevalence of TB in the Tigger neighborhood and two neighboring communities. The reporter covering the story interviewed Reverend Robin, who expressed outrage that the PDPH wasn't addressing the disparities. "Why are we spreading resources across the entire city, when the highest risks and most significant impact are clearly in the Tigger community?" asked Reverend Robin.

The Mayor of Poohville, who was extremely sensitive to bad publicity, called the Director of the PDPH, Dr. Alice Kanga, and asked the same question. Dr. Kanga

directed her staff to meet with the Tigger Society and develop interventions to address the problem.

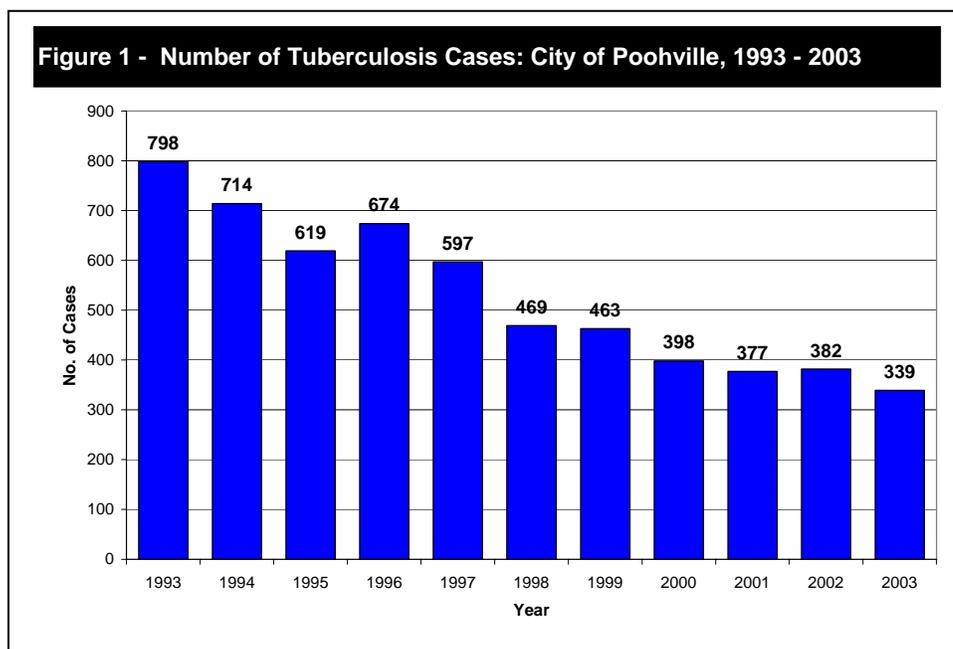
Case Body

Recognizing the importance of community involvement and understanding the cultural and community factors involved in successful disease prevention and reduction efforts, Dr. Kanga asked the Tigger Society to organize a community meeting. The purpose of the meeting was to review the findings of the report and begin to discuss how to address the racial disparities in TB rates. In addition to Reverend Robin and other staff from the Tigger Society, a number of other community representatives attended the meeting. The attendees included Pastor John Eeyore, a Tigger Society Board member, and several congregants of the Tigger First AME Church, and Jack Rabbit, the director of the local community health clinic. Marcy Piglet from the Poohville Defender (a paper historically dedicated to covering issues in Poohville's African-American community) covered the meeting for her paper.

Dr. Kanga presented the following data from the report:

In 2003, the incidence of TB fell to an all-time low in the city of Poohville (Figure 1). The Board of Health reported a total of 339 cases (11 per 100,000 populations) of active tuberculosis, representing an 11.3% decrease in the number of TB cases and an 11.4% decline in the overall TB case rate from 2002. (Figure 1)

Despite this decline in the incidence of TB in the city of Poohville, racial and ethnic disparities continue to persist. From 1993 through 2003, non-Hispanic whites experienced the greatest decline (80%) in TB cases followed by 63% for African Americans, and 39% for Hispanics (Figure 2). However, in 2003, the highest proportion of Poohville TB cases continued to be in the African American racial group, accounting for 53% of the total cases; a case rate of 17.2 per 100,000. This is more than six times the rate for non-Hispanic whites (2.5 per 100,000) and double the rate for Hispanics (9.4 per 100,000). (Table 1)



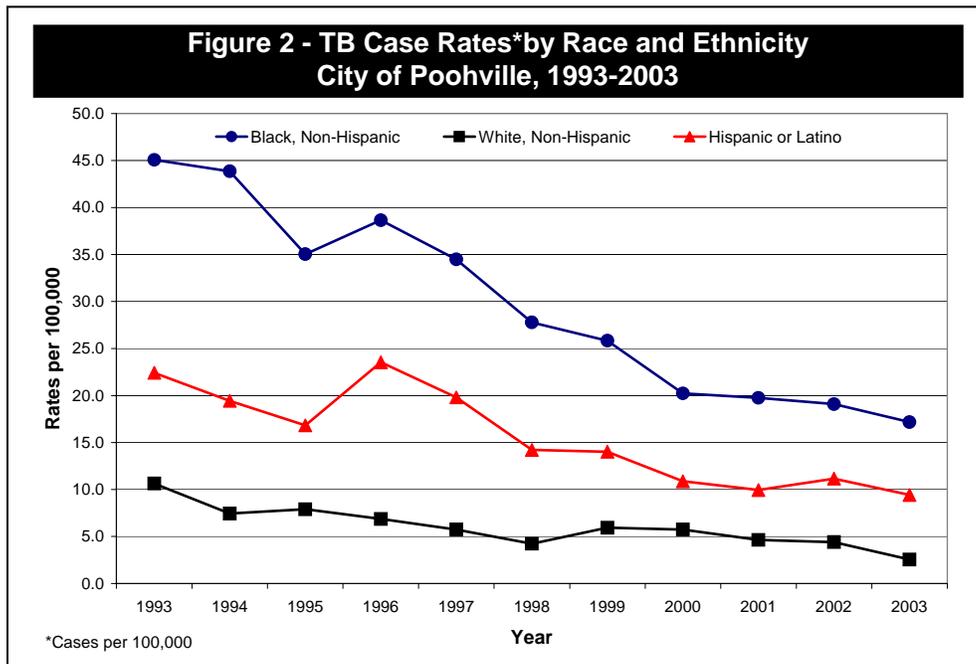


Table 1 - TB Cases and Case Rates* by Race and Ethnicity Group, City of Poohville, 2003

Race and Ethnicity	No. of Cases	%	Rate per 10 ⁵
Non-Hispanic White	23	6.8%	2.5
Non-Hispanic Black or African American	181	53.4%	17.2
Hispanic or Latino (All Races)	71	20.9%	9.4
Non-Hispanic American Indian or Alaska Native	4	1.2%	94.1
Non-Hispanic Asian	57	16.8%	45.5
Non-Hispanic Native Hawaiian or Pacific Islander	1	0.3%	102.9
Non-Hispanic Multiple Race	1	0.3%	1.2
Unknown Race	1	0.3%	N/A
Total	339	100.0%	11.7

After presenting the data, Dr. Kanga asked the group how the PDPH ought to proceed. After vigorous discussion, the group consensus was to appoint a task force to investigate the underlying reasons for the disparities in the community, and develop a prevention and TB reduction plan. Dr. Kanga assured the group that the PDPH would move forward with the idea. Two months elapsed, and Marcy Piglet called Reverend Robin and Dr. Kanga to learn what had transpired, and the progress of Task Force. Unfortunately, the task force had not been appointed yet. Ms Piglet published an article that summarized the TB data from the report and described the PDPH inaction. After

reading the article, Reverend Robin scheduled a meeting with Dr. Kanga on behalf of the Tigger Society. Reverend Robin wanted to identify potential Task Force participants and move the project forward. In response, Dr. Kanga made the policy decision to shift TB prevention funds to the Tigger neighborhood in order to focus the intervention efforts of the department on the area of greatest need.

Additional members of the Task Force were recruited from varied segments of the resident population of the Tigger neighborhood and the two adjacent communities. Dr. Kanga set a priority for a “cultural” majority on the Task Force. She achieved that when the majority of the Task Force members were African American. Although there was a strong interest in having the usual community representatives on the Task Force, the Task Force leadership recognized that health and social service professionals from the Tigger neighborhood would have more time to devote to the project. Their agency management encouraged them to participate. Also, as a result of the strong faith community participation in the Tigger Society, many church volunteers also were recruited.

The Reverend Dr. Robin chaired the first meeting of the Task Force. The group discussed how to obtain information about the underlying issues and how to implement any intervention. The result was that the group decided and recommended that information should come from field staff and the community at large. The group decided that holding focus groups was the best way of gathering assessment data from the three target neighborhoods/communities.

To gather information from staff, focus groups were held with Public Health Nurses and Communicable Disease Investigators. The staff focus groups felt that a lack of information regarding TB was an important factor. They expressed a need for more prevention messages and general information letting the public know that TB is still with us and that it is not eradicated. Some staff felt that African Americans didn't go to the doctor or seek professional health care until they were too sick to care for themselves, leading to delayed diagnosis and subsequent extended exposure of family and friends to the infectious disease. Some staff members also felt that patients tended to stop complying with their treatment regimen when they began to feel better, thus giving rise to multi-drug resistance TB. Many respondents felt that there was a great disparity in the way doctors treated African American patients as opposed to white patients. Talking down to patients and treating them as less than a person served to make African American clients reluctant to participate or cooperate with the health care system. The professionals also expressed concern about the stigma associated with TB.

The community focus groups involved a wide variety of participants, ranging in age from 18 to 86 years; 40% were male and 60% were female. Both individuals with and without health insurance were included. All participants were African American. Using a 17-question open-ended semi-structured interview format, the focus group leaders were able to elicit qualitative information concerning the communities' health care decision making. Based on these responses, the focus group determined that African

Americans delayed seeking health care for historical, traditional, and contemporary reasons, which further exacerbates the TB problem. Historically, African Americans were perceived to be guinea pigs for physician experimentation. Traditionally, African Americans used home remedies to treat disease conditions rather than using more expensive drugs with more side effects. Finally, discussions revealed a number of contemporary horror stories concerning physician insensitivity to African Americans in Poohville.

The Task Force convened to review the results of the focus groups. Acknowledging the fact that the underlying factors resulting in higher TB rates among African Americans than Whites had a historical origin, the Task Force determined that a short-term program would not address the problem. Thus, the challenge was to develop interventions with measurable processes that were sustainable and that would result in the desired outcomes of reduced TB incidence rates and early treatment for TB in the African-American communities. Consequently, using the information garnered from the focus groups, the Task Force created a three-pronged intervention of community awareness, system change, and patient education. The Task Force developed this type of intervention because it would make a difference and made sense to the community.

From the assessment data, the Task Force concluded that the best organization to implement the interventions was the Tigger Society because of its history of commitment to the community. Citing the newspaper articles published in the Tigger Defender and several delays by PDPH in funding, the Task Force passed a resolution requesting that the PDPH appoint the Tigger Society as the lead agency to implement the interventions. Several members of the Task Force met with their local alderman to ask for his assistance in pressuring the PDPH to comply with this resolution. The PDPH noted its strengths in implementing assurance programs, compared to the Tigger Society's strengths in community access, trust, and community knowledge. Thus, PDPH took the lead to address the system intervention and awarded the Tigger Society a contract to produce the patient education and community awareness campaign. PDPH assured the quality of the program through its monitoring of the Tigger Society's progress and continued participation in the Task Force.

Interventions

The PDPH used the focus group reports to identify system areas that needed restructuring. These included physician availability in local clinics, flexible patient access to clinics, and staff cultural sensitivity training. Dr. Kanga reorganized the staff and the program to address these concerns. She hired three doctors and a supervising physician to work at the Tigger clinic. This addition to the staff allowed the clinic to stay open during some evenings and weekends. Training also provided the physicians with information about the appropriateness of assigning Directly Observed Therapy (DOT) in more limited circumstances.

To educate patients about the disease and treatment regimens of TB, the Tigger Society produced culturally sensitive materials for dissemination in neighborhood clinics. To support the recommendation of limiting DOT, the Tigger Society

incorporated detailed information in their patient education materials concerning self-medication.

The Tigger Society's Community Awareness Campaign addressed the dearth of TB knowledge or awareness in the community. Ten slogans were developed and tested in three health fair settings within the Tigger community. The most popular message, and now the preferred message, was "getting the 411 before it becomes a 911." The Tigger Society gathered preliminary information concerning the cost of displaying/advertising the messages in newspapers, and on radio and television stations. The message prototype involved providing a telephone number where residence could get more in-depth information.

Marcy Piglet, from the Poohville Defender, had been responsible for covering the TB problems in Poohville. Her first article was quite critical of the inaction of PDPH. In contrast, her most recent article praised the collaborative efforts of the PDPH, the Tigger Society, and other constituents for the formation of the Task Force. The article stated, "The Task Force had finally realized the importance of sustaining ongoing interaction, which moved them on from inaction after two months." One local expert on collaboration stated, "When durable interactions are frequent, the consequences of today's actions on tomorrow's dealings are that much more pronounced." (Kouzes, Pozner p258). The Mayor of Poohville was pleased with the program and announced that the goal of the TB program was to "inform, educate, and empower those communities at greatest risk to assist in the elimination of this disease."

Closing

The following summarized the interventions that had taken place to address the issue of TB disparities in Poohville.

1. Various stakeholders in the community were brought together at one table.
2. A Task Force was organized to investigate the reasons for disparities and develop prevention and reduction plan.
3. Assessment was accomplished through Focus Groups.
4. A 17-question survey was used to elicit qualitative information concerning health care decisions made by the community.
5. A Task Force reviewed results of the survey, which indicated the reasons African Americans were delaying seeking health care (due to historical, traditional, and contemporary reasons).
6. Interventions were made based on review of Focus Groups (three-pronged intervention addressing community awareness, system change, and patient education).
7. The Tigger Society implemented the intervention and the PDPH was responsible for quality assurance.
8. Interventions consisted of collaborating with Tigger Society, PDPH, and the community. Specific interventions included:
 - a. PDPH strengths and sharing of resources

- i. Restructuring physician availability by hiring four additional physicians.
 - ii. Flexible patient access - evening and weekend clinics made available.
 - iii. Staff development - staff training provided (i.e. regarding medically and culturally appropriate treatment).
- b. Tigger Society's strengths in community in implementing educational arm of intervention
 - i. Bringing culturally sensitive material to the neighborhood through slogans, health fairs, newspapers, radio, and TV.

This case study illustrates the three core public health functions: assurance, assessment, and policy development in the context of partners collaborating in a coalition. Collaboration is defined as “exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose.” (Himmelman, pg.3) At times, the external force or impetus for action may come from the community or a community-based organization, as was in this case. It was Reverend Robin who met with PDPH to move the project forward from inaction, and to identify potential Task Force participants. However, utilizing the strengths of each partner (PDPH's expertise in treating TB, and assurance methods, and Tigger Society's strengths of cultural competency and community relationships) is integral to achieving the desired outcome of decreased disease transmission and assures access to treatment services.

Study Guide for Addressing the Tuberculosis Crisis among African Americans in the City of Poohville: A Partnership between the Department of Health and the Tigger Society

1. What could have been done in advance of the 2002 Report on TB in Poohville to anticipate the political implications the adverse publicity generated?
2. Who else might have been invited to the Community Meeting to discuss the report?
 - a. If PDPH staff had been present, would the promised task force have come into being sooner?
 - b. What time frame would have been appropriate for constituting the Task Force, and should others have been on the Task Force? (And if so, who?)
3. How did the respective roles and activities of the Tigger Society and PDPH engage and enhance the other to garner results?
4. Was the addition of four physicians to the TB Program the best use of resources to address the identified problems? If not, what resources could have been utilized?
5. Regarding the community education, how is this intervention addressing the need identified in the assessment?
6. What criteria should be developed to determine if the new program is successful?

REFERENCES

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