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Executive Summary

Tuberculosis (TB) continues to affect an estimated one-third of the world’s population. In 2011, 10,528 TB cases (a rate of 3.4 cases per 100,000 persons) were reported in the United States. In 2010, Pennsylvania reported 238 TB cases. In 2012, 1,461 new cases of HIV were diagnosed in Pennsylvania, an almost 6% increase from 2011. In addition, worldwide, non-communicable diseases (NCDs), such as diabetes, currently represent 43% of the burden of disease and are expected to be responsible for 60% of the disease burden and 73% of all deaths by 2020. The association between TB and HIV as well as TB and Diabetes and their synergistic role in impacting morbidity and mortality has been recognized as a public health threat both globally and domestically.

Immigrants, especially migrant workers, experience some of the highest rates of TB in the United States. In 2013, the Center for Human Services (CHS) undertook a targeted health education initiative to reduce TB disease among recently arrived Cuban immigrants around the city of Lancaster, Pennsylvania. As an innovative practice, CHS sought volunteers from this community with previous health training (clinicians, nurses, and allied health professionals) to become Community TB Outreach Volunteers in an effort to support their communities with information about TB risk, services available, and treatment opportunities.

With funding support from PNC Charitable Trust, CHS developed Spanish-language TB awareness messages targeted towards the Cuban and wider Hispanic immigrant community in Lancaster County. The Community TB Outreach Volunteers were trained to deliver messages to the Hispanic community targeting TB risk factors such as smoking and co-morbidities (i.e., diabetes and HIV), TB signs and symptoms, and where and how to access TB diagnostic services and treatment services.

The volunteers, who themselves have health backgrounds, demonstrated considerable dedication and interest in working further with their communities to support health promotion projects.

Volunteer outreach teams delivered TB awareness sessions to the Hispanic community in Lancaster County via migrant worksites, churches, markets, and during community events. In total, the volunteers interacted with more than 1400 people in their community, and by working closely with employers, teachers, ministers, and other community leaders, were able to build a network of people able to carry forward the health messages.

A key unanticipated impact of the project was the strength of the volunteer network created. The volunteers, who themselves have health backgrounds, demonstrated considerable dedication and interest in working further with their communities to support health promotion projects. Due to their reach and respect within their community, they were able to make significant impact with relatively little investment. The project furthermore provided an opportunity to develop this group of health personnel able to serve the Hispanic community.

Effective prevention and control strategies for TB among the Hispanic community in Lancaster County do exist. Health professionals and volunteers have a significant role to play in raising public awareness about these health problems.
Background

Public Health Problems
Globally and Locally: Tuberculosis, HIV and NCDs

Tuberculosis (TB) continues to infect an estimated one-third of the world’s population. In 2011, nearly 9 million people around the world became sick with TB with 1.4 million TB-related deaths. A total of 10,528 TB cases (a rate of 3.4 cases per 100,000 persons) were reported in the United States in 2011, while in 2010, Pennsylvania reported 238 cases. Human Immunodeficiency virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) is recognized as one of the most, if not the most, significant global public health challenge of our time. The HIV/AIDS epidemic is now well established in the US, with the CDC estimating approximately 50,000 new infections each year. The Commonwealth of Pennsylvania had 101.55 cases of HIV (non-AIDS) per 100,000 population, and 168.96 cases of AIDS per 100,000 population in 2007, ranking in the top 20 states for both HIV (non AIDS) or AIDS case rates in the US. TB and HIV correlate with economic development, carry a social stigma that inhibits treatment-seeking behavior, and exacerbate existing inequities for vulnerable populations such as immigrants.

Non-Communicable Diseases (NCDs) currently represent 43% of the burden of disease worldwide and are expected to be responsible for 60% of the disease burden and 73% of all deaths by 2020. NCDs, such as heart disease, stroke, cancer, and diabetes, are among the most prevalent, costly, and preventable health problems. The global burden of diabetes mellitus (DM) is expected to rise from 180 million cases to a predicted 366 million by 2030. In the United States the prevalence of diabetes continues to increase. In 2008, sample survey estimates for the Commonwealth of Pennsylvania showed that approximately 872,000, or 9% of adults 18 and older, had ever been diagnosed with diabetes. Diabetes is an important risk factor in the development of TB disease and vice versa; and the presence of either co-morbidity can complicate treatment and case management. Similarly, TB and HIV are closely linked; TB is the leading cause of death in HIV+ persons worldwide.

Effective prevention and control strategies for these public health problems do exist. However, health professionals and volunteers have a significant role to play in raising public awareness. They can help people reduce their risk of TB, and other co-morbidities like HIV and Diabetes by providing support, education and encouragement.

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TB in Pennsylvania

- 2011- 260 verified cases of TB representing a 9% increase compared to 2010
- TB incidence for 2011 was 2.05 per 100,000 persons
- TB cases reported among foreign-born individuals increased from 57.1% of all reported cases in 2010 to 62% in 2011
Introduction and Objectives

The community-based health education initiative is one of the Center for Human Services’ (CHS) strategies to bring quality health care to people’s communities. We recognize that individuals and households are the driving forces in promoting and adopting healthy behaviors.

The CHS office in Pennsylvania has been providing a wide range of support to immigrants from different countries, including a group of immigrant health professionals from Cuba, most of them between 25 and 35 years of age. Many immigrated to the United States with the hope of qualifying their medical degrees and working as licensed professionals in their field. These individuals, like other immigrants, are facing many challenges and working hard to achieve their goals. As they are trained health professionals, they are willing to participate in any effort to support the health of their communities. By investing in them as volunteers for delivering health education and awareness to their communities, CHS aims to establish a sustainable community resource to further health promotion and prevention activities. These health volunteers are able to serve as a link between the community and the health care system. They work alongside the Pennsylvania CHS office, community health and development services, and the Department of Health (DOH).

With support from PNC, CHS has designed a program for Community Health Volunteers (CHVs) with the purpose of educating selected immigrant communities in Pennsylvania on the important topics of TB, and its association with other co-morbidities like Diabetes and HIV.

This report will summarize the activities conducted during the past three months in all areas of the project’s operations.

Goal
Increased community engagement in prevention and treatment of TB

Objective
Educate community about TB risk in relation with other co-morbidities such as Diabetes and HIV.

Process of Implementation

With funding support from PNC Charitable Trust, CHS developed awareness messages on TB, and other co-morbidities like HIV and diabetes targeted to the Cuban and wider Hispanic community in Lancaster County. In addition to the awareness messages, CHS designed a comprehensive training program that included facilitator and participant guides. The program was designed to train/orient community health volunteers on prevention and awareness.
With support from PNC, CHS has designed a program for Community Health Volunteers (CHVs) with the purpose of educating selected immigrant communities in Pennsylvania on the important topics of TB, and its association with other co-morbidities like Diabetes and HIV.

Of TB. In July 2013, a cadre of 20 community outreach workers was formed from Lancaster, PA, emphasizing the capture and utilization of the skills of volunteers with previous health worker experience. The volunteers were trained to deliver messages to the Hispanic community targeting TB risk and factors such as smoking and co-morbidities (i.e. diabetes and HIV), and the availability of accessible TB diagnosis and treatment services for native Spanish speakers.

The volunteers were a unique group. Not only were they bilingual/bicultural, but they also had backgrounds as health professionals. They ranged in age from 23-50, and among the group were twelve medical doctors, three dentists, two registered nurses, two physical therapists and one science teacher. Due to their lack of English language skills, their current Pennsylvania-based occupations include machine operators, a GED instructor, an assistance nurse, dental assistant, teacher’s assistant, pharmacy assistant, restaurant worker, housekeeper, truck driver, and production worker, while several were unemployed. Most were also pursuing additional language and technical qualifications. With support from PNC, CHS has designed a program for Community Health Volunteers (CHVs) with the purpose of educating selected immigrant communities in Pennsylvania on the important topics of TB, and its association with other co-morbidities like Diabetes and HIV.

Results

Through the Community Outreach Project, a total of 1,402 community members were reached through 181 presentations with TB related health awareness messages. Of those, 70% were women and 30% were men with the ages ranging from six to eighty.

To describe the breadth and depth of the presentations that were given, locations of outreach sessions were captured in a Google map (page 11 or click here). The map is populated with numbered tabs that indicate the location of the presentations and the number of attendees at that location. In some instances, when there are several numbers listed, this indicates that there were several presentations. The presentations ranged in duration from 15-20 minutes, included a short film and the distribution of handout materials as well as a question and answer period. The presentation sites included schools, churches, businesses, nursing homes, community centers, community events and public spaces.

For six months, during the implementation of the project, CHS held monthly monitoring meetings with the volunteers to discuss successful outreach methods and the current needs of the volunteers. At the end of the project, CHS provided the volunteers with certificates of appreciation in recognition of their effort and dedication to the Community Outreach Project.

Challenges and Limitations

As this was the first project of this sort developed by CHS in Lancaster, considerable up front time was spent in identifying and training the volunteers and establishing appropriate messages and presentation forums. Sessions started in earnest in early fall and the bulk of the presentations were conducted in mid-November and December of 2013. This was not an optimal time to gather participants due to holiday
Lessons Learned

As mentioned, CHS was very pleasantly surprised by the strength and dedication of the volunteer cadre established. As the volunteers have already been developed and trained and are eager to continue serving as a community resource, opportunities should be sought to make further use of their skills. Several recommendations made by all parties involved were:

- Conduct awareness presentations during the spring and have them coincide with World TB Day on March 24, 2014, as well as future holidays and community events
- Include increased outreach to local school populations to target youth with TB and other health messages
- Encourage community media outlets to highlight the successes of the program

The greatest lesson learned was the Lancaster Hispanic community’s immeasurable need for the TB orientation settings and the great potential to save lives and change lifestyles for the better.

WHO Health

- When possible, have onsite TB testing in conjunction with presentations or provide a schedule of clinic testing days and times
- Continue to informally present this information to our clients in other projects

The greatest lesson learned was the Lancaster Hispanic community’s immeasurable need for the TB orientation settings and the great potential to save lives and change lifestyles for the better. Hopefully, through education and awareness, these diseases can be one day eliminated. Without question, all parties involved were most grateful for the chance to participate and hope for the opportunity to continue their work through a second phase of the project.

Project Highlights and Success Stories

The following vignettes are an illustration of the successes experienced through the Community Outreach Project.

- “We as volunteers have had the opportunity to interact with our Latino Community in Lancaster, PA. I think that is very important to give health education as prevention before it’s too late. Maria opened the door of her home to the volunteers to talk about different topic like Diabetes, TB, and High Blood Pressure. One month before, she was in the hospital with very high blood pressure and very high sugar levels.”
• “As a diabetic, I had to watch the amount of carbohydrates I ate. For lunch and dinner I eat mostly salads and I make sure I get six serving of fruits and vegetables each day. I would like to say thank to the volunteer for explaining to me very clearly what is the better way to eat when I have this condition and for their help in our community.”

• “I enjoyed my job as a health volunteer in Lancaster City. Our community has a lack of information about health. In the Lancaster area we can say that at the end of our presentations they ask questions such as:
  – How I can determine if the person standing by me that is coughing has a cold, flu or TB?
  – I don’t like to go to the gym. How important is exercise?
  – What do I need to eat if I am diabetic and still enjoy the Hispanic food?

• “They can have all the answers if they use the internet but our community over 55 doesn’t have computers or doesn’t have internet access or don’t know how to use a computer. I think that is very important to work as a volunteer with our Latino community.”

• “My first presentation about TB was in October. I began to answer the questions that others were asking. I talked about how to stop smoking (Lancaster General Health Hospital has a very good program), sedentary life, good habits of alimentation (eat salads and stop cooking with grease, substitute sodas with water, etc.). That day I met Julio, an overweight Cuban of 55 years old. He had been smoking for 20 years. When I asked him about his habits of alimentation, he told me ‘I am a healthy man’. Julio was listening but really he was not enjoying the conversation. Two months later, I found Julio in another presentation and he told me:
  ‘Two months ago, you said, “If you don’t care about your body, who will do it?” When I arrived home, I thought, if I want to see my grandchildren grow, I need to make a big change in my life. I am going to the gym and I am preparing better food. I stopped smoking too.’
  
  • “This time Julio decided to pay more attention to my presentation and at the end he asked a lot of questions.”

• “In my work I saw a co-worker very worried and I stared to talk with her. She told me that her husband has been spending all night drinking water and in the morning he felt so tired and fatigued. Two months ago he began to lose weight. I decided to explain her about diabetes’ symptoms and the importance of them needing to visit the doctor as soon as possible. They went to my next presentation about diabetes. One week later, she told me that her husband was diagnosed with diabetes. They thanked our TB Group for our work with the community and the difference it had made for them.”
• “I was involved with a very important project with the community. First we received training from the Center of Human Services. It was about TB, HIV, and NCD. The presenter divided the training in 4 modules:
  – Module #1: The work of Community Health Volunteers
  – Module #2: Tuberculosis (TB).
  – Module #3: TB and HIV
  – Module #4: TB and Non-Communicable Diseases
In my opinion the first module was very important because we needed to understand the concepts of volunteering and teamwork, also the communication skills volunteers need to communicate effectively. We discussed the causes and effects of conflicts, how to prevent conflict and how to accept people and solve problems quickly. Also, with the training, we received a lot of material with good and helpful information to share the community.

• “I really enjoyed in these three months sharing with other volunteers about their experiences, and sometimes listening to their good ideas. The information was very well received with the groups that we spoke to and I know we have made a difference. This was a very good opportunity to grow myself and to help others in the Spanish Community. Thanks for all your support.”

Everyone received a computer or a tablet with very interesting links about different topics on TB, HIV, and a complete training guide with a lot information too. In this guide I used the diagram about Obesity Model, Pennsylvania TB, Cases by Race, and I also used different materials from the internet such as “Asesinos Microscopico” from National Geography, Tuberculosis Multidrogo-Resistente-Video Educational. I decided to use it because the people better understand all the information, and I feel that they are more interested in it.”

Google map illustrates communities covered by Community Outreach Project.
See this link: http://www.mapquest.com/?version=1.0&hk=8-bxkgD97D#fd5bada6e07a735f7b493685
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4. “WHO | WHO NCD Surveillance Strategy.”
5. “WHO | Diabetes.”