

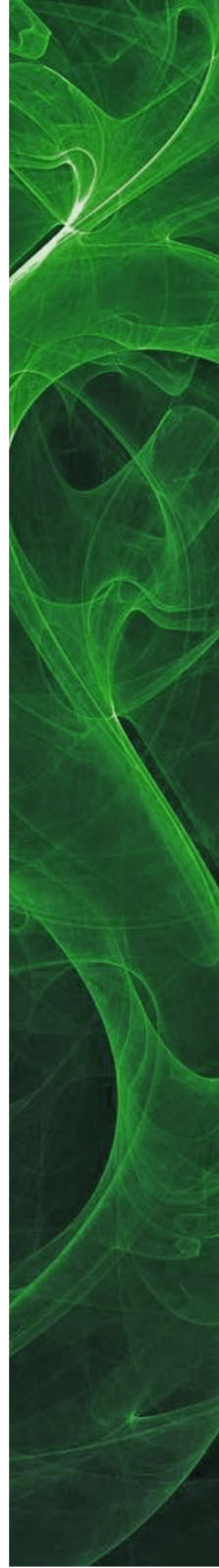


Report on Redbridge TB Awareness Pilot Project

**October 2013 –
March 2014**

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Executive Summary

Background

Public Health Redbridge commissioned RedbridgeCVS to implement a TB Awareness pilot project from 1 October 2013 to 31 March 2014, to be overseen by the multi-agency Redbridge TB Partnership.

The aim of the TB awareness pilot project was to engage with at risk communities in Redbridge:

- To dispel myths around TB
- To make people aware of when, where and how to get treatment
- To emphasise the importance of completing treatment
- To make people aware of how to help prevent TB

Project implementation

A TB Awareness Project Coordinator was appointed and 11 local people residents were recruited, trained and are employed as casual workers for the Health Buddy role. This meant we were able to deliver TB awareness sessions Monday to Sunday; morning, afternoon or evening; in Hindi, Urdu, Punjabi, Gujarati, Bengali, Tamil, French and Arabic, as well as in English. The sessions were backed up by leaflets in English and community languages.

Approach

We decided that, although we would focus on targeting at risk communities, we would steer clear of 'finger-pointing' so as not to create an atmosphere of blame. With this in mind, the resources used by the Health Buddies kept to the key messages without pinpointing particular communities. Both the Health Buddies and the groups to be visited were drawn either from communities at risk or had strong links with communities at risk.

Project reach

During the pilot, 78 TB awareness sessions were delivered to 2,313 people in Redbridge: 360 White, 267 Black or Black Other, 9 Mixed, and 1,677 Asian or Asian British. 78% were from at risk communities. We made 9 referrals to the GP/TB Chest Clinic.

Understanding of TB in Redbridge communities

We found that group sessions provided the better option for 'quantity' of recipients by enabling us to change misconceptions of large numbers of people in a short time frame. Information stands provided a better option for 'quality' of contact, allowing for more in-depth one to one discussions.

Most people knew at least one TB symptom, although 'coughing for more than three weeks' and 'coughing blood' were the most widely cited.

'Spitting' was by far the greatest misconception around how TB is transmitted, receiving double the mentions of the second most mentioned misconception – 'family lines'.

Respondents generally felt that you had to be registered with a GP to be eligible for TB treatment. Most people thought that the treatment would

need to be provided by consultants, and 72% of people who thought you had to pay for TB treatment expected it to cost them over £500.

Communication and promotion

In addition to the 2,313 people reached directly, many more people received information about TB symptoms, prevention and treatment through a live community radio discussion, YouTube, twitter, websites, local media, fliers and voluntary sector newsletters and network meetings.

Findings and action taken

The post pilot evaluations found that people who had attended a TB awareness session generally understood that any person can get TB and be treated for TB, the main signs of TB, that treatment is free for all and to go to the GP for help. However, while acknowledging that TB is transmitted through airborne bacteria, many respondents had now combined this with their previous beliefs that TB is transmitted through spitting and through sharing food or utensils.

To combat these more entrenched views we are now developing a 'community conversation' aspect to our general discussions during TB awareness sessions. This will focus on what happens in communities if someone is being treated for TB – how their family is viewed by the community, and how the family interacts with the person being treated for TB.

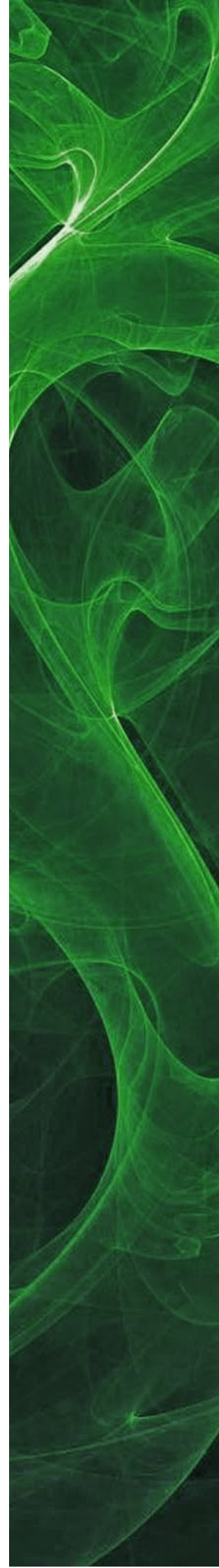
Quite a few people told us about GPs not taking their concerns seriously. People who were later diagnosed with TB talked about the number of times they saw their GP before being diagnosed, delaying treatment, prolonging suffering and potentially increasing numbers of people infected. People also asked why there are no TB leaflets in GPs' surgeries.

In response to this, Redbridge Clinical Commissioning Group is planning to offer online TB training to all Redbridge GPs to help them pick up early signs of TB and to raise awareness of during GPs' Protected Learning Time events. In addition, Public Health Redbridge is distributing leaflets about TB to all GP practices, pharmacists and dentists in Redbridge.

Recognition

Thanks to a nomination by Public Health Redbridge, the TB awareness project received national recognition for Excellence in Health and Wellbeing at a Department of Health event held at the House of Lords on 3 April. The Department of Health has also included a case study of the Redbridge Local TB Partnership in Living Well Longer 2014, published in April.

SEEPAC (Supporting Education and Empowerment of Public, Patients and Carers) and South London CVS also asked for case studies of the Redbridge approach as an example of patient and public participation, for the NHS Health Education North Central and East London (HENCEL) directory and the South London Commissioning Support Unit, respectively.





Future plans

Over the next 3 years, the TB awareness project and the wider Local TB Partnership aim to:

- Involve more people who have been treated for TB within the project, both as Health Buddies and to share their experience at Local TB Partnership meetings
- Extend the reach into schools through an online TB awareness quiz which is being developed, and by promoting TB Alert's Key Stage 3 resource pack
- Reach more men aged 20-39 men e.g. at the barbers or gym
- Continue to support TB prevention, early diagnosis and treatment through joint working and representation in other TB policy forums both within and outside Redbridge

Context

The tuberculosis (TB) rate for Redbridge is 55 per 100,000 population compared to 41 per 100,000 in London (Census data released in 2012). Although by no means the highest among London boroughs, this is an unacceptable level. Public Health England's 2013/14 priorities include a requirement for early action to reverse current trends and reduce the rates of TB infections.

There is a lot of stigma and misconception around TB, with many people not aware that TB can affect anyone, from any community, any culture, any age and any background; and that TB is curable and treatment is free.

Background

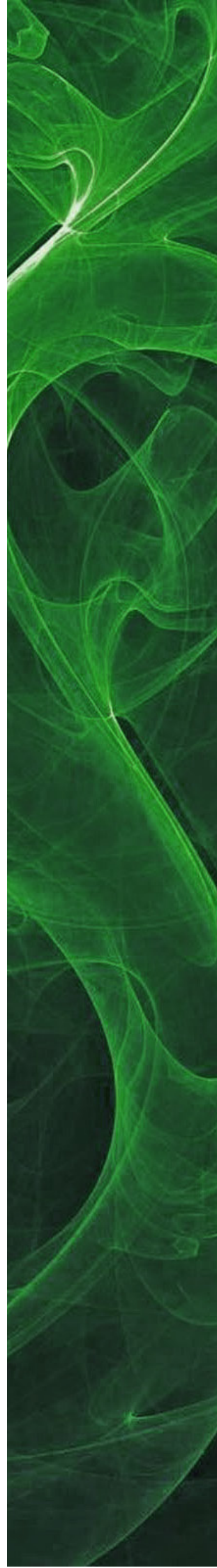
Redbridge CVS organised a workshop in autumn 2012 together with TB Alert (a national charity), inviting a broad range of relevant organisations including Public Health, the Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) TB Chest Clinic, TB patients, and voluntary organisations representing high risk groups. Based on the discussions and suggestions made at the workshop, Redbridge TB Partnership was set up from February 2013 with commitment and funding from Public Health Redbridge.

The Redbridge TB Partnership is collaboration between London Borough of Redbridge (Public Health and Housing), the Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) TB Chest Clinic, Redbridge Clinical Commissioning Group, TB Alert, TB patients, Public Health England, RedbridgeCVS, Positive East (HIV), the Welcome Centre (homeless) and Redbridge Drug & Alcohol Service. The Partnership is hosted and managed by RedbridgeCVS, with the Deputy Director of Public Health Redbridge as Chair and RedbridgeCVS's Health Partnerships Manager as Vice-Chair.

In February 2013 under the auspices of the Redbridge TB Partnership, TB Alert ran TB training for over 20 Redbridge faith and community leaders, and later that year Public Health Redbridge commissioned RedbridgeCVS to implement a 6 month TB Awareness project in the borough, to be overseen by the Local TB Partnership.

Vision

Our vision is that TB will be normalised in the minds of the community – there will be no stigma, people will know the symptoms, and will feel confident, willing and able to access treatment quickly.



The Pilot Project

The aim of the TB awareness pilot project was to engage with at risk communities in Redbridge:

- To dispel myths around TB
- To make people aware of when, where and how to get treatment
- To emphasise the importance of completing treatment
- To make people aware of how to help prevent TB

The pilot was founded on the concept of involving local residents – called Health Buddies – in raising awareness about TB, and meetings were held with TB Alert and the TB Chest Clinic team to inform the Health Buddy role and training requirements.

A TB Awareness Project Coordinator was in post working full-time from 1st October 2013, signalling the start of the 6 month pilot. Databases of 75 potential groups for TB awareness sessions and 50 potential Health Buddies were developed, some of whom had attended the TB training ran by RedbridgeCVS and TB Alert in February. The Health Buddy role was advertised to around 600 local contacts/groups, and 11 multi-lingual residents were recruited and employed by RedbridgeCVS as casual workers.

TB Alert had developed a variety of leaflets, posters and a DVD which are available in community languages. This meant that the TB Awareness Project was able to use these ready-made resources. TB Alert also carried out the initial TB training of Health Buddies, with input from the TB Chest Clinic team.

Since the aim of the project was to dispel misconceptions and stigma surrounding TB, as well as raising awareness of symptoms and access to treatment, simply handing out leaflets would not be a viable option. Bespoke Health Buddy resources were created to support project delivery including:



- 'key messages'
- 'potential barriers and answers' around seeking help and continuing treatment
- a signposting card to support people identifying with TB symptoms to access treatment from their GP or the TB Chest Clinic
- a TB awareness quiz to test community knowledge
- 'Health Buddies' branded bags



Between 29 November 2013 and 28 March 2014 Health Buddies delivered 78 TB awareness sessions to 2,313 people in community groups, places of faith, libraries, care homes, a schools conference, the youth council, local events, the college and other Redbridge centres.

TB awareness sessions were largely arranged by the TB Awareness Project Coordinator contacting groups; Health Buddies also started to arrange sessions with some of their contacts towards the end of the pilot. The service was promoted through local media, the RedbridgeCVS and Redbridge council websites, by email and by flier.

The TB Awareness Project Coordinator held monthly meetings with the Health Buddies (these were sometimes attended by members of the TB Chest Clinic to help share the learning), as well as on an ad hoc basis. There was also regular contact by telephone and email.

Approach

We decided that, although we would focus on targeting at risk communities, we would steer clear of 'finger-pointing' so as not to create an atmosphere of blame. With this in mind, the resources used by the Health Buddies kept to the key messages without pinpointing particular communities. At the same time, both the Health Buddies and the groups to be visited were drawn either from communities at risk or had strong links with communities at risk. In addition to using leaflets in English and community languages, TB awareness sessions were delivered in English, Hindi, Urdu, Punjabi, Gujarati, Bengali, Tamil, French and Arabic – often using 2-3 languages in a session to meet participants' needs. TB awareness sessions were also available Monday to Sunday; morning, afternoon or evening.

Methodology

Because of the identified need to change perceptions and dispel myths about TB, a quiz format was used for TB awareness sessions. These were completed either



individually or as a group, to test participants' understanding of TB before and after a short talk delivered by Health Buddies. Participants were also encouraged to ask questions and discuss what was most important to them.

Most TB awareness sessions took place within a group's venue hire time for their usual activities. When a session was being booked, the group was asked how much time they could set aside for the TB awareness session, the expected number of people, the preferred language(s), whether there was a specific gender requirement, and whether they were able to accommodate a group session or information stand (one to one).

Group sessions

provided the better option for 'quantity' of recipients by enabling us to change misconceptions of large numbers of people in a short time frame. We could also test whether participants (particularly in smaller groups) had understood the correct information about TB.



Information stands

provided a 'safer' space for people who had concerns about their own or others' health to share this with a Health Buddy, allowing for more in-depth one to one discussions. Because people were more likely to talk about identifying with TB symptoms during these one to one discussions, information stands provided a better option for 'quality' of contact, particularly when compared to large groups.

For large group sessions or where participants were particularly frail ethnicity, gender and age breakdown needed to be estimated. This was also the case for some of the people contacted via information stands sessions who did not have the time to complete the post-session paperwork.



Project Reach

During the pilot, 78 TB awareness sessions were held, reaching 2,313 people of whom 78% were from at risk communities.

68 people declared a disability, however some communities do not necessarily identify with disability, particularly where it relates to 'old age'.

We used a quiz format to test community knowledge about TB before and after a short talk and general discussion. End of session evaluations using the quiz format showed that participants now had the correct information about TB.

In addition to the 2,313 people reached directly through the TB awareness sessions, many more



people received information about TB symptoms, prevention and treatment through a live community radio discussion, YouTube, twitter, websites, local media, fliers and voluntary sector newsletters and network meetings.

Overall breakdown of TB awareness session participants

Ethnic origin					
White		Black		Mixed	
White British	309	Black Caribbean	47	White & Black Caribbean	3
Irish	8	Black African	213	White & Black African	1
White Other	43	Other Black	7	White & Asian	2
Total white	360	Total black or other black	267	Other Mixed	3
				Total mixed	9
Asian or Asian British		Gender		Age	
Indian	984	Female	1642	Under 16	38
Pakistani	384	Male	671	16 – 25	201
Bangladeshi	157	Total	2313	26 - 35	277
Other Asian	152			36 – 45	351
Total Asian	1677			46 - 55	447
				56+	999
		Declared Disability	68	Total	2313

Table 1 above shows that the majority of people reached were Asian or Asian British. Redbridge has a large Asian community, particularly from South Asia, which is considered to be an at-risk community.

We found that women were more likely to attend regular group activities and local events. This is reflected in the chart above.

The majority of people who attend regular group activities are aged 46+, and we were not able to gain access to schools during the pilot. This is demonstrated by the chart above.

Below paragraphs show results of the pre-session quiz 'Test your knowledge' done with participants before every TB Awareness session delivered by Health Buddies.

Awareness of TB symptoms

Most people knew at least one TB symptom, although 'coughing for more than three weeks' and 'coughing blood' were the most widely cited.

The chart on the right shows that most people knew a few symptoms but not generally all of them.

Awareness of TB symptoms

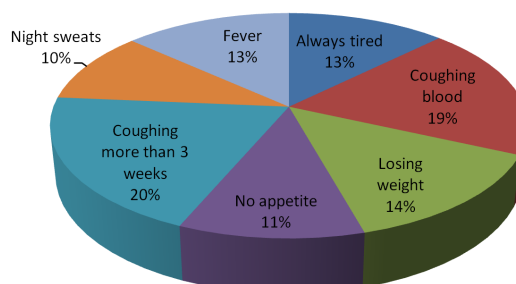


Chart 1: Awareness of TB symptoms

Misconceptions about TB

- Some people felt that 'only poor', 'only elderly', 'only uneducated' or 'only low class' people could get TB.
- By far the greatest misconceptions were that TB is transmitted through spitting, family lines or through sharing food or utensils with someone suffering with TB.
- Many people thought you needed to be registered with a GP for free TB treatment or that treatment was only available through consultants.
- A few older people thought there was no cure.
- 72% of people who thought you had to pay for TB treatment expected it to cost them over £500.

**Misconceptions
Who can get TB**

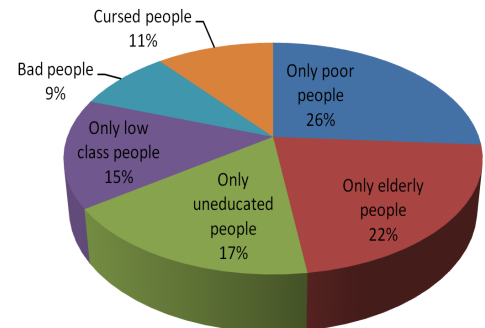


Chart 2: Who can get TB?

Above is a breakdown of the misconceptions we found:

The chart shows that 'only poor', 'only elderly', and 'only uneducated', respectively, were the most misconceptions around who can get TB.

How do people get TB?

As the above chart shows, 'spitting' was by far the greatest misconception around how TB is transmitted, receiving double the mentions of the second most mentioned misconception – 'family lines'.

**Misconceptions
How do people get TB**

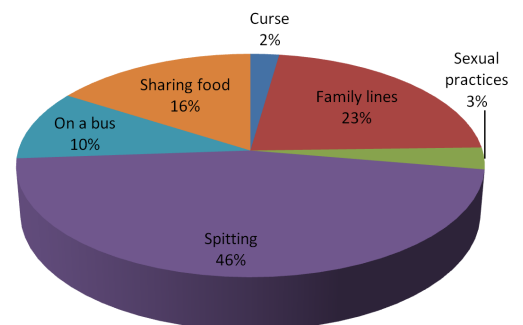


Chart 3: How do people get TB?

Who can get treatment?

Most people thought only those registered with a GP can get TB treatment, as demonstrated by the chart below.

Where can you get treatment?

Even though respondents expected that people registered with a GP would be eligible for TB treatment (see Chart 4), most people thought that the treatment would need to be provided by consultants, as evidenced by Chart 5, below.

**Misconceptions
Only these people can get TB
treatment**

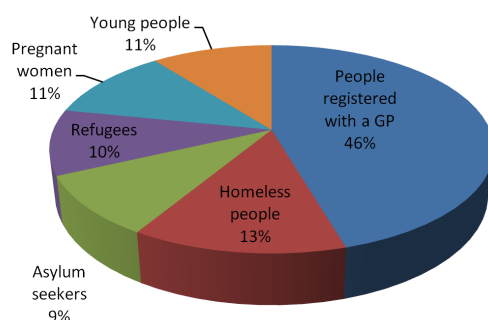


Chart 4: Who can get TB treatment?

**Misconceptions
Where to get help**

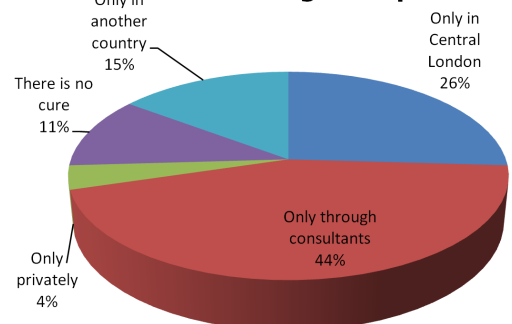


Chart 5: Where to get help for TB

Referrals

Health Buddies are lay people and do not give any medical information. People wanting this kind of information or who identified with TB symptoms were referred to their GP or the local TB Chest Clinic. The following people were signposted directly to their GP or the specialist TB team:

Direct referrals to GP/TB Chest Clinic

2 men with a persistent cough

1 elderly woman who had been losing weight and had had a persistent cough

2 women who identified family/friends as having signs of TB

1 man who was a smoker and was concerned about how he had been feeling

2 children who had been coughing for 6 months. Their mother had taken them to the GP many times already

1 child who had been coughing for a year and losing weight. There had already been TB in the family, but the parents had not associated this with their child's symptoms

Aside from the referrals described, a number of TB awareness session participants expressed concerns about their GP not considering TB as a possible reason for their health issues. Health Buddies came across a TB patient who had been to his GP several times to no avail and it was only while on holiday in Sri Lanka that TB was diagnosed. It had taken another person 3 years of visiting their GP before TB was diagnosed.

This delay in diagnosis has a knock-on effect of delaying treatment which in turn increases the person's suffering and potentially results in increased numbers of people being infected. There is therefore a need for greater awareness of potential TB symptoms and at risk communities or circumstances among GPs.

However, young medical students who participated in TB awareness sessions tended to be well informed about most aspects and welcomed the TB awareness project.



Community questions/requests

Issues raised or questions asked by participants during TB awareness sessions were discussed at Redbridge TB Partnership meetings and below table shows actions taken by different partners represented on the Partnership.

What people told us	Actions taken
Quite a few people told us about GPs not taking their concerns seriously. In addition, people who were later diagnosed with TB talked about the number of times they saw their GP before being diagnosed, delaying treatment, prolonging suffering and potentially increasing numbers of people infected.	In response to this, Redbridge Clinical Commissioning Group is planning to offer online TB training to all Redbridge GPs to help them pick up early signs of TB. TB awareness will also feature in GPs' Protected Learning Time events.
Why aren't there any TB leaflets in GPs' surgeries?	Public Health Redbridge is distributing leaflets about TB to all GP practices, pharmacists and dentists in Redbridge.
Why aren't babies given BCGs before they leave hospital?	All babies will now be given BCGs before they leave hospital. BCG is a vaccine which helps protect against TB for up to 15 years.
TB information needed in Hindi and French	Public Health Redbridge will help with funding for 'Your Questions Answered' to be translated into Hindi and for the leaflets to be printed along with a French version.
Use sub-titles or sign language in TB Alert's DVD	This was passed on to TB Alert.

Young people tended to ask general questions such as:

- Why is there no TV advertising about TB?
- Why is there no publicity about TB on public transport?

Older people tended to ask deeper questions such as:

- Can you become immune to TB?
- Could you catch TB from an infected person on a long-haul flight?

Challenges

Health Buddy recruitment

We considered various options for the Health Buddy role including volunteering, however following legal advice and due to the requirements of the role, it was not appropriate for this to be a volunteer role. Instead, Health Buddies are employed by RedbridgeCVS as casual workers.

To maximise opportunities for our different communities to be represented, we had to hold each part of the recruitment process several times. This meant holding several rounds of interviews, TB training and inductions, as well as doubling up on the monthly Health Buddy meetings. Although many of the participants in the February 2013 TB training had shown interest in joining as Health Buddies, only two were able to take this up due to other commitments such as becoming employed in the meantime, family care issues, moving out of the borough, and not wanting the restrictions of a contracted Health Buddy role.

We are still seeking to employ a Health Buddy from the Somali community.

Health Buddies are generally people who have other commitments. This means that their individual flexibilities do not necessarily match groups' availability for TB awareness sessions, and there is no one day or time that all the Health Buddies are available to meet with the TB Awareness Coordinator.

Project coordination

The first 2 months were used to develop databases of potential Health Buddies and groups to target for TB awareness sessions, create bespoke resources for the Health Buddies, order TB Alert resources, prepare the job description and carry out recruitment, induction and training – leaving just 4 months to meet the pilot targets.

There is a huge amount of progress chasing via phone calls and emails in relation to both the Health Buddies and local groups, as well as ongoing support needs for the Health Buddies whether new in post or more experienced. In addition, groups sometimes cancelled sessions, often at the last minute when it was too late to turn back the Health Buddy.

Information stand sessions, despite their unique advantages, take up a lot of Health Buddy time – 2 to 6 hours, compared to 30-45 minutes per group session, and may reach fewer people – yet each occasion counts as one TB awareness session.


Take up of TB awareness sessions

There has been resistance from some community groups to hold TB awareness sessions. Reasons include not wanting to be seen to be targeting particular groups despite reassurances, feeling competent about raising awareness amongst their own groups, and not feeling that TB awareness fits in with their priorities. Schools, in particular, find it difficult to fit sessions into their busy schedules, so TB awareness sessions were also delivered to the Youth Council, Schools Conference, Redbridge College and the Redbridge Children & Young People's Network.

Participation in TB awareness sessions

Although largely positive, Health Buddies can receive a mixed response to TB awareness sessions, such as people not participating fully. Health Buddies can receive a mixed response to TB awareness sessions. Some people do not participate fully in group sessions. Some may start playing cards, or not complete





the paperwork. A few people refuse to participate in information stand sessions, appearing as if coming close could result in them catching TB. Some people do not want to know as they believe others are at risk and not them; some people blame 'immigrants'.

In addition, people are not always willing to complete the post session evaluation or they may simply adjust their pre-session answers. Also, when we use group counting for sessions where participants are less able to complete individual evaluations, some participants choose to answer in unison rather than raise their hands. This means that for large groups in particular accurate counts are not always possible, and ethnicity, gender and age breakdown may have to be estimated unless the group caters to a specific community and/or people aged over 55.

GPs as participants

In one instance GPs were among the community audience and insisted that everyone present already had the correct information about TB and therefore this was a waste of time. Fortunately the session continued and the evaluation forms showed that many people did not know the correct information prior to the session.

GPs and a consultant, who have been TB awareness session participants alongside other members of the community, generally insist that spitting spreads TB, which is not the case.

Feedback on referrals

It has not been possible to capture the number of people who went to their GP to the TB Chest Clinic as a result of the TB awareness pilot. We are now liaising with the TB Chest Clinic about actively asking callers how they heard about the local TB team.

Media

It has also been important to work with local media to dispel myths – there has been some sensationalised national coverage of immigrants bringing in TB, badgers and a rare incidence of a cat transmitting TB to humans; as well as journalists putting their own spin on press releases/interviews.

Achievements

Conference

A paper on Redbridge TB Partnership was presented by TB Alert and Public Health Redbridge as one of the best practice models at the International conference organised by International Union of TB and Lung Disease in November, 2013.

Visits

Visitors from other London boroughs and countries have come to Redbridge to learn from this experience. The Partnership received a visit organised by TB Alert from Gerard de Vires, Programme Director, and Niesje Jansen, Senior Nurse Consultant, of KNCV Tuberculosis Foundation, a Netherlands based TB group. The purpose of the meeting was to gain insight around the different approaches to TB including the arrangements of care for undocumented migrants.

National recognition

Thanks to a nomination by Public Health Redbridge, the TB awareness project received national recognition for Excellence in Health and Wellbeing at a Department of Health event held at the House of Lords on 3 April.

The Department of Health has also included a case study of the Redbridge Local TB Partnership in Living Well Longer 2014, published in April.

Case studies

We were asked for case studies of the TB awareness project by:

- SEEPAC (Supporting Education and Empowerment of Public, Patients and Carers) – collaboration between Social Action for Health, Barts and the London School of Medicine and Dentistry, and University College London. We will also be listed in the NHS Health Education North Central and East London (HENCEL) directory: <https://ncel.hee.nhs.uk/> HENCEL has responsibility for ensuring high quality education and training is provided to health professionals including the next generation of doctors and nurses across the area.
- South London CVS for the South London Commissioning Support Unit, as an example of patient and public participation.



Radio

On 17 December, two members of the TB Chest Clinic joined the TB Awareness Project Coordinator and a Health Buddy, for a live, on air TB awareness discussion at Nusound Radio. Nusound is listened to by communities across East London, including Redbridge. During the session some listeners sent in questions by text. The TB awareness discussion was recorded and placed on YouTube, potentially reaching an even wider audience such as young people.



World TB Day

A health awareness event was held on 24 March, to mark World TB Day. 110 local people from a wide range of ages and ethnicities attended the event which included blood pressure, body mass index and diabetes health checks; information and advice on TB and other health issues in English and community languages, screenings of TB Alert's DVD, armchair exercise, a panel discussion and a vegetarian lunch. We are particularly grateful to Pharmaram Pharmacy and Redbridge Drug & Alcohol Service who between them carried out health checks for 85 people, 17 of whom were referred to their GPs because of high blood pressure readings or blood sugar levels.

Gladys Xavier – Public Health Redbridge, Susan Cook – TB Chest Clinic and Cathy Turland – Healthwatch Redbridge were panellists. Members of the TB Chest Clinic, Diabetes UK representatives and a Health Promotion Specialist in Bowel Screening from Homerton University Hospital NHS Foundation Trust also gave their support on the day.

8 Health Buddies delivered TB awareness sessions to all attendees either on a one to one or (mainly small) group basis. These 8 Health Buddies had also publicised the event in the 2 weeks





leading up to it, distributing fliers in the town centre, local shops and restaurants, Ilford Lane, Cranbrook Road, schools and faith centres. This was backed up by emails to a wide range of community groups, Redbridge College contacts and local media.

Community development

The Health Buddies have grown in confidence, and strengthened or developed new skills. This has enabled some to gain other paid work or volunteer roles. The Health Buddy role has also created an opportunity for further potential work around Public Health or NHS messages, as a result of:

- Learning about health
- Public speaking
- Taking on new responsibilities
- Teamwork
- Time management
- Using initiative
- Developing new links in the community

Extended contract

The TB Awareness Project has now been funded until 31 March 2017 by Public Health Redbridge.

What worked

Foundation

Before the pilot started, a workshop was held to establish buy-in and commitment from key agencies and local voluntary and community groups, and we talked with TB patients so we could learn from their experience. TB training was then given to Redbridge faith and community leaders, which helped open up channels of communication and offset potential resistance to the project.

Partnership

Effective, ongoing partnership working across key agencies local and national has been crucial to the project's success. During the pilot the Local TB Partnership (see Background) met bi-monthly to oversee the delivery of the TB awareness



project and ensure that relevant agencies were fully engaged in tackling TB in their respective forums. This was achieved through discussing local experiences or issues about TB and feeding these into local and national TB policy forums and vice versa.

Diversity

Because our Health Buddies were drawn from local communities, they understand cultural sensitivities and could speak different languages. This meant that we could deliver TB awareness session in English, Hindi, Urdu, Punjabi, Gujarati, Bengali, Tamil, French and Arabic; often using two or more languages in a session. Having access to ready-made literature and a DVD in community languages developed by national charity TB Alert also helped to back up the Health Buddies' message.

An unusual session was one where the audience hailed from the Democratic Republic of the Congo/ The Republic of Congo. Although French is an official language in both countries, many people in the group were not confident in either French or English. We were able to deliver the TB awareness session in French, which was then translated by a member of the group into Lingala, a more commonly spoken language.

Flexibility

Employing the Health Buddies as casual workers enabled us to maximise the project's flexibility. Most TB awareness sessions took place within a group's venue hire time for their usual activities, and we were able to deliver one to one or group TB awareness sessions Monday to Sunday; morning, afternoon or evening, in line with the group's availability.

When a session is booked, we ask the group how long they are able to give, the expected number of people, the preferred language(s), whether there is a specific gender requirement, and whether they can accommodate a group session or information stand (one to one).

Knowledge of community and voluntary sector

Strong links with voluntary and community groups meant we were able to use communication channels such as groups' newsletters, meetings, events, ongoing community activities and existing contacts to support TB awareness.





No blame

Targeting at risk communities without 'finger-pointing' so as not to create an atmosphere of blame - the resources used by the Health Buddies stick to key messages without pinpointing particular communities, while the Health Buddies and the groups they visit are either drawn from communities at risk or have strong links with these communities.

Signposting

Getting agreement from the specialist TB team that members of the community could contact them (in addition to their GP) was beneficial in several ways – the specialist TB team has access to interpretation; not everyone is registered with a GP; and for people who felt that their health concerns had not been taken on board by their GP.

Post Pilot Evaluation

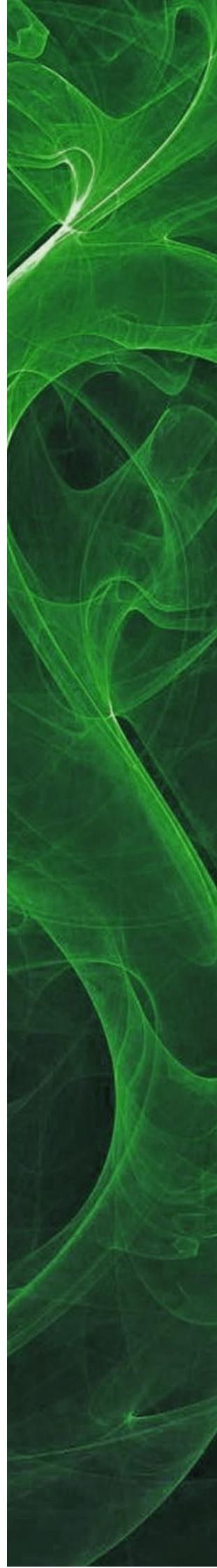
Following the pilot, an evaluation was carried out with groups that had previously had a TB awareness session. Although a range of groups were contacted it was only possible to arrange follow-up sessions with 6 groups, as many groups have an extended break during April, and organise trips for their beneficiaries during May.

In addition, 65% of the participants, on average, in the groups we re-visited had not attended the original TB awareness session. This is because beneficiaries are not always able to attend each time, particularly where there session was carried out at an event or place of faith, where beneficiaries are frail or because people have other commitments. As such we were ethically obliged to re-deliver the TB awareness sessions to provide previous non-attendees with the correct information about TB, and to reinforce the learning of previous participants.

The post pilot evaluations found that people who had attended a TB awareness session generally understood that any person can get TB and be treated for TB, the main signs of TB, that treatment is free for all and to go to the GP for help. However, while acknowledging that TB is transmitted through airborne bacteria, many respondents had now combined this with their previous beliefs that TB is transmitted through spitting and through sharing food or utensils.

To combat these more entrenched views we are now developing a 'community conversation' aspect to our general discussions during TB awareness sessions. This will focus on what happens in communities if someone is being treated for TB – how their family is viewed by the community, and how the family interacts with the person being treated for TB.

We are also discussing with TB Alert about how best to evaluate TB awareness in the community during the course of the new 3 year contract.





Future Plan

Over the next 3 years, the TB awareness project aims to:

- Continuing to raise awareness of TB among at-risk communities in Redbridge
- Involve more people who have been treated for TB within the project, both as Health Buddies and to share their experience at Local TB Partnership meetings
- Extend the reach into schools through an online TB awareness quiz which is being developed, and by promoting TB Alert's Key Stage 3 resource pack
- Reach more men aged 20-39 men e.g. at the barbers or gym, or by targeting new fathers
- Continue to seek Health Buddies from diverse communities
- Explore alternative avenues for raising TB awareness such as role play or using disability-appropriate tools

We anticipate increased self referrals as a result of raised awareness about TB, with more people presenting at their GP or the local TB team with potential symptoms. This may well lead, at least initially, to a higher rate of diagnosed TB cases in the borough.

Through the TB Awareness Project, relationships have been developed with some new communities, places of faith and local groups, which can now provide avenues for other kinds of support or different health messages e.g. post-natal, healthy eating. There is significant potential to train Health Buddies in a range of public health issues.

People from neighbouring boroughs who have found out about our TB awareness project have asked if the sessions could be done in their areas. This may be something to consider for the future (perhaps Public Health Redbridge could negotiate a fee), especially as there is a free flow of people across borough boundaries.

Over the next 3 years the Redbridge Local TB Partnership will:

- Continue to support TB prevention, early diagnosis and treatment through joint working between its member organisations
- Wherever possible, provide Redbridge community representation in other TB policy forums both within and outside Redbridge
- Encourage local and regional policy makers and commissioners to reflect local information and issues in their policy and commissioning decisions
- Continue to inform the work of TB Alert
- Establish a support group for TB patients
- Enhance the role of the Health Buddies to encourage wider public health awareness

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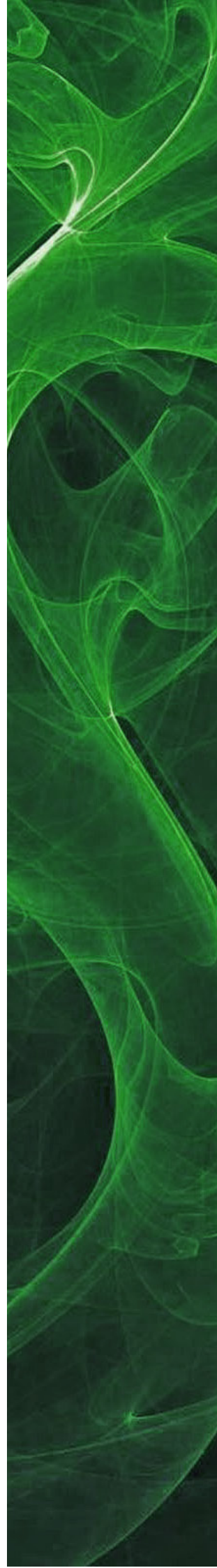
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We are always happy to hear from local groups wanting a TB awareness session, or someone who is interested in becoming a Health Buddy.

You can find out about the TB Awareness Project on our website:

www.redbridgecvs.net/tb





Acknowledgements

Thank you to our Redbridge TB Partnership partners, our Health Buddies and all the community groups and local organisations that enabled us to deliver TB awareness sessions.

In particular we appreciate the support given to us Public Health Redbridge, TB Alert and the Barking Havering and Redbridge University Hospitals NHS Trust TB Chest Clinic.

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