

# Chapter 11: Health Promotion and Health Education

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## Summary

### Health promotion

- TB is a disease with powerful personal, cultural and socioeconomic aspects. The Whare Tapa Whā framework developed by Mason Durie<sup>2</sup> provides a wide perspective which can be used to inform the development of effective health promotion programmes. Health promotion programmes relating to TB could focus on socioeconomic factors such as housing and poverty, the training of culturally appropriate health staff, or ways to assess and reduce the stigma of TB.
- There are many other possibilities – few have been explored to date in New Zealand. Affected community groups need to be fully involved in order to develop effective TB health promotion programmes with sustainable results.

### Health education

- A concerted effort to provide health education, using interesting resources targeted carefully to the audience, is also a valuable way to improve knowledge and decrease the fear and misunderstanding that surrounds TB.
- Messages can be delivered in a variety of formats, including leaflets, comic books, videos, radio and television, newspapers, speakers and theatre groups.
- This chapter lists New Zealand and international health education resources. There is a growing number of reputable web sites with health information resources, including resources in other languages (with English translations).

## **Introduction**

The successful control of TB cannot be achieved by medical interventions alone. TB has political, socioeconomic, cultural, social, psychological as well as physical aspects. In New Zealand many patients with TB have poor access to mainstream services because of socioeconomic deprivation or English as a second language. Additionally, the diagnosis of TB carries enormous stigma in many cultures, and the information given by health care providers may conflict with the patient's knowledge.

A person with TB has emotional and social needs as well as the need for effective treatment. A health promotion framework enables TB control programmes to address these factors in a systematic way.

## 11.1 Health promotion

### 11.1.1 What is health promotion?

Health promotion is concerned with promoting health by seeking to influence lifestyle, health services and, above all, environment. Environment encompasses not only the physical environment but also the cultural and socioeconomic circumstances that substantially determine health status.

A number of definitions of health promotion have been developed. Most emphasise the need for a broad definition of health, participation from the community, and empowerment of individuals. The most well known, the *Ottawa Charter for Health Promotion* (1986) sets out a framework for action that includes healthy public policy, intersectoral collaboration and community participation.

Health education has an important part to play as part of a broader health promotion strategy. One writer has distilled the relationship between health education and health promotion into the formula:

$$\text{Health promotion} = \text{health education} \times \text{healthy public policy.}^1$$

### 11.1.2 Whare Tapa Whā: a framework for health promotion

The Whare Tapa Whā model is a holistic construct of health, which accords with Māori thinking on health. This model compares the essential elements of health to the four walls of a house, all of which are necessary for strength and symmetry.<sup>2</sup> These elements are:

- taha wairua – the spiritual domain, including cultural and environmental relationships
- taha hinengaro – emotional, behavioural and psychological health
- taha tinana – physical health
- taha whānau – the social, historical and economic domains of health.

Whare Tapa Whā reflects the Māori world view, but is universal in its application.<sup>3</sup> Other cultures also have concepts of health that differ sharply from the biomedical Western model. In Auckland a refugee community health liaison worker has recommended that TB services look at a more holistic approach to health, which includes physical, social, traumatic, psychiatric and cultural perspectives.<sup>4</sup>

As well as describing a unified model of health, Whare Tapa Whā can be used to design a response to a complex disease.<sup>3</sup> Health promotion programmes related to TB must recognise the holistic concept of health, and the wider social, political and environmental domains represented by this model.

### 11.1.3 Socioeconomic factors

TB is clearly linked to socioeconomic deprivation. In New Zealand this association was supported by a study in the Wellington region between 1992 and 1999,<sup>5</sup> which found that the most deprived areas of the Wellington region had the highest notification rates, after controlling for age and ethnicity. There were significant associations with disease rates for all four socioeconomic measures examined: index of deprivation, household crowding, unemployment, and median household income. Deprivation was more strongly associated with TB for Māori and Pacific peoples than for European and ‘Other’ groups. This indicates that different approaches may be needed for different ethnic groups for the prevention and control of TB.

### 11.1.4 Cultural factors

The perspective of patients may differ considerably from that of the health provider with respect to the meaning of their illness and the effect of the treatment on their lives. This perspective is determined by the beliefs about TB held by their family, their community and their culture.<sup>6</sup> The cultural context of TB is beyond the scope of these guidelines, but as a practical guide providers need to be aware of the following.

- Explanations of disease causation may be different in different cultures.<sup>7</sup>
- Social constructs of disease affect the way people experience and describe their symptoms.<sup>7,8</sup>
- Traditional therapeutic practices may be at variance with prescribed treatment regimens.<sup>9</sup>
- The stigma of TB is very strong in some cultures.<sup>10</sup> Social rejection and social stigma are powerful forces. One study concluded that ‘the predominant cognitive/affective reactions towards TB were personal threat, social rejection and social stigma’.<sup>11</sup>
- Religious and cultural activities may take precedence over taking medications and attending a clinic (J Wilson, personal communication). A particular problem in this regard is that Muslim patients sometimes believe that they are prohibited from taking medication during Ramadan. This is a misconception and the assistance of a religious leader from the appropriate community should be sought.
- People from developing countries may be surprised at the recommendation for taking medication for latent TB infection when they are not unwell, as only sick people are treated for TB in their country of origin.<sup>12</sup>

It is important to avoid simplistic or stereotyped views of culture. Health providers cannot realistically hope to gain an accurate understanding of the cultural constructs of TB for all their patients, but need to recognise that differing perspectives exist and that these may result in miscommunication. It should be noted that cultural misunderstandings, although important, are often overemphasised as a cause of non-adherence and unsuccessful TB programmes, when pragmatic and logistic factors may be to blame for lack of success in a TB control programme.<sup>7,13,14</sup>

### **11.1.5 Workforce factors**

There is currently a marked cultural mismatch between providers and patients in TB control in New Zealand. Relatively few doctors and public health nurses are Māori, Pacific, Asian or African – the groups disproportionately affected by TB. A number of TB programmes have found that using culturally appropriate outreach workers enhances compliance and improves case finding.<sup>12</sup> Ethnic directly observed therapy (DOT) and social workers have been used successfully in the Auckland public health unit.

Apart from facilitating cross-cultural understanding, there are other potential benefits from cross-cultural programmes using outreach workers. These include improving access for the community to mainstream facilities, keeping the emphasis on a holistic perspective to health, and empowering individuals and communities to develop their own resources and solutions to problems.

### **11.1.6 How can health promotion improve TB control in New Zealand?**

Well-planned health promotion strategies can minimise the burden of TB. The target group needs to be defined and may include family or whānau, small community groups, ethnic or cultural groups, certain age groups, schools, church groups, or wider groups in the population. Similarly, the objectives and intended outcomes of a health promotion programme should be clearly defined and evaluation built in from the beginning.

In the broadest definition of health promotion, intersectoral public policy to improve housing or reduce socioeconomic disadvantage in New Zealand may lead to a decline in TB rates. This approach is complex, but may provide the greatest results over the long term in reducing TB burden.

Community-based programmes that consider the cultural constructs around TB (eg, stigma, interpretation of symptoms and mistrust of the mainstream system) may lead to a change in perception and a greater knowledge of TB. This in turn may lead to a reduction in stigma, which will improve the quality of life for people with TB and decrease diagnostic delay.

Participation and partnership are essential to community-based health promotion programmes. The goals of the programme should be identified by the target group and may include the need for information, as well as broader concerns such as access to health services or housing. The programme needs to occur in a setting that is familiar to the community group.

*The choice of the messenger is critical.* Enlist the support of respected community members. For Pacific peoples, church leaders should be involved in planning and delivery of health promotion programmes. There may also be a need for peer educators using a ‘train-the-trainer’ model.

Developing outreach teams with cross-cultural workers will improve communication and understanding between health providers and communities. Empowering individuals and communities affected by TB to develop their own resources is more likely to promote sustained change in knowledge and behaviour, thereby improving adherence.



## **11.2 Health education**

### **11.2.1 Scope of health education**

A concerted effort to provide health education, using interesting resources targeted carefully at the audience, is also a valuable way to improve knowledge and decrease the fear and misunderstanding that surrounds this disease.

The intended audience should be defined. This may include individuals affected by TB, their family and whānau, community groups and professional groups (including health professionals). Health education messages then need to be delivered in a way that is understood by and credible to the people being addressed. Messages can be delivered in a variety of formats, including leaflets, comic books, videos, radio and television, newspapers, speakers and theatre groups.

If English is not the person's first language, translated materials and interpreters may be required (see Chapter 4: 'Adherence to Treatment' regarding the use of interpreters).

Messages about TB depend on the audience, but in general it is important to emphasise:

- TB is usually entirely curable
- TB can infect anyone
- the method of transmission
- the difference between latent TB infection and TB disease
- symptoms
- if not treated properly drug resistance can occur
- TB treatment is free.

### **11.2.2 Delivering TB health education to patients and their families**

Usually two groups are involved in caring for people with TB:

- the hospital team / specialist who makes the diagnosis and prescribes treatment
- public health staff.

Ideally, both will be involved in providing TB education.

Education should begin when TB is first suspected. There may be a number of people providing information in the hospital setting and it is essential that the messages are simple and consistent. Efforts must be made to ensure that the patient has the 'right' information by asking them what they know about the various aspects of TB. Besides checking the understanding of the patient and their family, this will also help to identify whether team members have communicated clearly and accurately.

It is important that health staff who are inexperienced with TB recognise the limits of their knowledge. Having to correct misinformation puts the credibility of the team at risk. Where team members are in doubt as to how to answer particular questions, they should be honest and say they will find out.

The public health nurse who is the primary case worker has a key role in health education. This person will become the most familiar caregiver and needs to be seen as a trusted and accurate source of information. The public health nurse needs to spend a considerable amount of time with the patient soon after the diagnosis, providing information, answering questions and exploring the patient's issues. (For more information on how to communicate TB information to patients, see Chapter 4: 'Adherence to Treatment').

TB health education should be given by people who are trained and experienced with TB, or who have acquired a very good understanding of this complex disease. TB clinicians and medical officers of health can help put those not trained in touch with people who are experienced in teaching about TB.

### 11.2.3 Resources

A wide range of health education resources on TB are available, both internationally and within New Zealand (see Table 11.1). Other than two Auckland resources, there is little translated material available locally. A careful internet search, particularly of recognised US web sites, may uncover the right resource for your client. Overall there is little translated material for Pacific peoples.

#### ***New Zealand resources***

Table 11.1 summarises the health education resources available in New Zealand.

**Table 11.1:** TB health education resources in New Zealand

<b><i>Title and topic</i></b>	<b><i>Format</i></b>	<b><i>Comments</i></b>	<b><i>Contact *</i></b>
<i>Tuberculosis (TB)</i>	Colour pamphlet	Basic information on TB disease; English only	Ministry of Health
Tuberculosis	12-page A5 booklet with pictures	Useful resource available in Arabic, Amharic, Cook Island Māori, English, Fanti, Jan-ti, Khmer, Persian, Samoan, Somali, Tongan, Vietnamese	Auckland Healthcare
<i>Do You Have Any of the Following? Side effects of medication for LTBI**</i>	A4-sized checklist with cartoon pictures	Useful resource available in Arabic, Amharic, Chinese, Cook Island Maori, English, Oromo, Persian, Samoan, Somali, Tongan, Vietnamese	Auckland Healthcare
<i>Tuberculosis: A germ is spread by ...</i> Explaining TB infection	11-pages of illustrated charts	Could cause confusion between LTBI and disease; found to be useful in Auckland; has been translated into Somali	Auckland Healthcare
<i>Tuberculosis: Causes, signs, symptoms, testing, treatment</i>	11-page flipchart	English and Māori; can also be used on Powerpoint	Northland Health
<i>BCG: Assessing the risk of TB for babies</i> Guide for LMCs	A4-sized checklist		Auckland Healthcare

<i>Vaccination against TB</i> Instruction for parents on care of the BCG site	Card with diagram on how to cover a weeping BCG site	Basic information on what to expect at BCG site	Ministry of Health
TB infection LTBI	Pamphlet	Explains the difference between TB disease and LTBI, the need for treatment, and possible side effects	Wellington Regional Public Health
Information sheets on LTBI	From <i>Protocol for Treatment of LTBI</i>	Appendix contains information sheets on TB infection, isoniazid, rifampicin, rifinah, pyrazinamide, cartoon of side-effects (in translation, see above), letter for client on completion of treatment	Auckland Healthcare
<i>Remember to Take Your Medications</i>	Fridge magnet with picture	Simple reminder	Wellington Regional Public Health

\* Contacts for obtaining resources:

- Auckland Healthcare: 09 262 1855 (Jill Miller)
- Northland Health: 09 430 4100 (Co-ordinator, Resource Development Unit, Community Health, Northland Health Ltd)
- Wellington Regional Public Health: 04 570 9002 (Health Information Assistant)
- Ministry of Health: 04 496 2000 (Advisor, Print Co-ordinator, Communications).

\*\* LTBI: Latent TB Infection.

## **International resources**

### **Booklets**

*Fighting TB.* A 28-page comic book with a garish graphic style containing basic information on TB disease. Useful for some teenagers, less so for adults. To obtain copies write to TB Program, World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland; or request a colour photocopy from Auckland Healthcare or Wellington Regional Public Health.

### **Videos**

*You can beat TB.* 12-minute video. Useful for people with TB disease and LTBI. It looks at the experiences of several Hispanic and black people and covers LTBI and TB disease, DOT, drug resistance and side-effects.

*TB and HIV: The connection.* 12-minute video. This is useful for people with HIV. It uses case studies to inform about HIV and LTBI, HIV and TB disease, DOT and drug resistance. It covers isoniazid for treatment of LTBI, but does not cover shorter courses of treatment for LTBI.

Both videos are produced by the Bureau of TB Control, New York City Department of Health.

*Think TB: A program for physicians.* This is an expert panel discussion on aspects of TB management. USDHSS Public Health Service and Centers for Disease Control.

*TB and me.* 15-minute video by Queen's University, Kingston, Ontario. Acted vignettes cover transmission, treatment and DOT. This is targeted at young adults but is suitable for older adults. <http://www.its.queensu.ca/qtv/graphictb.html>

### **Resources on the internet**

#### **General**

<http://www.cpmc.columbia.edu/tbcpp>

New York Department of Health resource. Four leaflets with excellent illustrations and clear language: *What You Need to Know about Tuberculosis*, *Treatment to Prevent Tuberculosis*, *The Tuberculin Skin Test* and *TB: Getting Cured*.

<http://www.cdc.gov/nchstp/tb/>

Centers for Disease Prevention and Control. This site links to *Questions and Answers about TB*, a 16-page booklet about TB transmission, skin test and treatment, including DOT and the side-effects of medications. Also under frequently asked questions is a one-page leaflet, *TB: Get the facts* (available in other languages via EthnoMed website).

<http://www.umdj.edu/ntbcweb/index.html>

A TB "Frequently Asked Questions" pamphlet.

<http://www.tb.net.np/> <<http://www.tb.net.np/>>

The web site of the Global TB Network. This contains a long list of TB organisations in the US and internationally.

<http://www.tb.int.gtb>

WHO web site, which includes factsheets on TB for the public as well as a large amount on WHO global TB programmes and strategies.

#### **Web sites with TB resources in other languages**

<http://ethnomed.org/>

This Seattle-based site has information on cultural beliefs, medical issues and other issues pertinent to health care of recent immigrants to Seattle. The TB resource page contains the following TB patient resources:

- *Pills to Prevent TB for You and Your Family*: a leaflet available in Cambodian, Chinese, Korean, Tagalog, Vietnamese, Oromiffa, Somali and Spanish. Translations include English alongside the target language.
- *Tuberculosis: Get the facts*: a Centers for Disease Control pamphlet in English, Somali, Spanish and Vietnamese.
- *Medication for the Treatment of TB*: in Amharic, Cambodian, Somali, Tigrinya and Vietnamese.
- *The TB Skin Test*: in Somali, Spanish and Vietnamese.

<http://www.aapcho.org/>

The Association of Asian Pacific Health Organisations web site. Basic TB information is provided in Vietnamese, Chinese, Korean and Tagalog.

[http://www.info.gov.hk/tb\\_chest/](http://www.info.gov.hk/tb_chest/) <[http://www.info.gov.hk/tb\\_chest/](http://www.info.gov.hk/tb_chest/)

This bilingual web site was developed by the Hong Kong Government (Department of Health and Hospital Authority). It contains useful information, which Chinese-speaking clients (with the appropriate Chinese software) can easily access.

<http://www.nationaltbcenter.edu/>

The web site of Francis J. Curry National TB Center in California. It includes a resource inventory sorted by language, with US fax addresses for ordering resources.

<http://www.health.nsw.gov.au/public-health/cdscu/facts/tuberculosis.htm>

A two-page leaflet with basic information on TB infection and TB disease; available in Arabic, English, Chinese, Farsi, Filipino, Indonesian, Korean, Spanish, Timorese, Vietnamese. The final paragraph is specific to NSW health services.

#### *New Zealand web sites*

<http://www.ethnicaffairs.govt.nz/oeawebsite.nsf/Files/ethnicLet'sTalk>

A 40-page online booklet with guidelines on why trained interpreters should be used, how to get an interpreter, the importance of interview briefing and debriefing with the interpreter, how to contract and pay the interpreter, etc. This is essential reading for health professionals using interpreters.

<http://moh.govt.nz/>

TB-related information available via this site:

- *Refugee Health: A handbook for health professionals*: an excellent guide with information for health workers on communicating with refugee clients, and advice on health care issues, including TB. Copies can be ordered via the Ministry of Health (Folio Communications, ph: 04 499 5989).
- *NZ Public Health Reports*: includes New Zealand surveillance information on TB and some articles on national TB issues.

### **11.3 Future developments**

There is great scope for effective health promotion programmes related to TB prevention and control in New Zealand. Nationally standardised translations of health education resources into common Pacific, Asian and African languages are needed.

There is also a need for local anthropological research on the social construction of TB and perceptions of the TB health care service among non-European ethnic groups affected by TB in New Zealand.

Workforce development in TB control needs to aim for more ethnic diversity in health care providers, to more closely reflect the ethnic and cultural groups affected by the disease in New Zealand. Medical officers of health in the main centres of TB care in New Zealand should monitor:

- whether the ethnic/cultural mix of TB health care providers (hospital and public health) becomes more diverse with time
- which ethnic/cultural groups are and are not well served by ethnically appropriate healthcare workers, the sizes of the groups and the number of TB cases they provide.

Measures of quality and effectiveness of TB health promotion and education are currently lacking in New Zealand. Simple, practical tools are needed that will enable data collection and analysis, and these then need to be incorporated effectively into the routine health care of TB patients and their families.

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