**Independent Evaluation of the Redbridge TB Awareness Project**

In 2015, the University of East London’s Institute for Health & Human Development carried out an independent evaluation of the Redbridge TB Awareness Project, commissioned by Public Health Redbridge. Below is the summary of key aspects:

## Context

With TB rates above the UK and London average in Redbridge, in April 2014, Public Health Redbridge commissioned RedbridgeCVS to implement a 3 year TB Awareness Project, to be overseen by the multi-agency Redbridge TB Partnership. This followed a successful pilot, from October 2013 to March 2014.

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

* To dispel myths around TB
* To raise awareness of the symptoms of 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 TB Awareness Project recruited people from local communities, employed them as casual workers, then trained and supported these TB Health Buddies to run group and one-to-one TB awareness sessions in the community. Supporting materials were also developed. Sessions were organised mostly by the TB Awareness Project Coordinator through local community groups and at local events.

## Aims of the Evaluation

The aims of the evaluation are:

1. To assess whether misconceptions are still present among people who have participated in the TB Awareness sessions
2. To evaluate the effectiveness of the method of TB Awareness delivery
3. To find out if participants shared their new knowledge about TB with their family, friends and community
4. To identify the impact on TB Health Buddies’ personal and skills development, as added value of a community-based model
5. To determine if the Redbridge TB Partnership and TB Awareness Project provide an effective and relevant concept for national health awareness replication

## Evaluation Methodology

A mixed methods approach was used for the evaluation. It consisted of the following methods:

a) Documentary analysis and evidence review;

b) Qualitative interviews with Redbridge residents who had participated in TB awareness sessions (reflecting a cross section of the target population). Focus Groups were carried out with three local community organisations, involving 24 residents in total, who had attended TB awareness sessions;

c) One-to-one interviews with six TB Health Buddies, a project manager and a commissioner;

d) Questionnaire survey (participant quiz).

## Findings and conclusions

### Misconceptions about TB / Sharing Knowledge

We found evidence within the qualitative evaluation and statistical analysis that:

* the awareness of TB within the targeted communities had been raised;
* TB had been demystified and that, as a result, stigma around TB had been reduced;
* people had been sign-posted to treatment and where to get it;
* treatment was free had been communicated;
* community members were more open to speak about TB;
* community members knew better how to identify and deal with TB;
* community members had received the positive message to eat and exercise healthily and control stress as a way of keeping healthy.

The statistical analysis of the quiz questionnaire (Test your knowledge of TB), completed by Focus Group participants, showed encouraging signs of knowledge retention and the change in misconceptions, with the highest proportion of correct answers for questions related to who can get TB (79%), the cost of treatment (67%), the signs of TB (58%), and who can access treatment (58%). It also gives some indication of areas where information needs to be strengthened, for instance, around the transmission of TB (spitting, family lines), that treatment is also available from the local TB clinic, and that you don’t need to be registered with a GP to get treatment.

However, there was evidence that some misconceptions are still deeply ingrained. It was difficult to know if the newly learnt knowledge will stick over time or would revert to old superstitions. Given the turnover of population in London Boroughs added to the superstitions in many communities ingrained over time, it may be necessary to consider continuous refreshing and reinforcing of the messages.

### The effectiveness of the method of TB Awareness delivery:

The overall evidence from the literature review, including national level recommendations, is supportive of the approach taken by the Redbridge TB Awareness project - both in terms of the use of lay community champions and multi-sectoral partnership working to tackle the spread of TB.

All contractual targets set were met by RedbridgeCVS through the TB Awareness Project, including the number of health buddies trained, the number of awareness sessions organised and the number of TB Partnership meetings held. A high proportion of those attending sessions were from high risk communities and this is most likely owes to the project’s approach of community targeting as well as the recruitment of TB Health Buddies from these communities. Ethnic (and to an extent age) breakdown of attendees at TB awareness sessions showed good penetration within the ethnic groups (South Asian and Black) with higher rates of TB. However, only just over a quarter of people reached were men.

All of the TB Health Buddies interviewed spoke positively about their experience as Health Buddies; the ease of the recruitment process; the usefulness of the training; the confidence they gained; the excellence of their monthly training sessions where they shared experiences and learnt from each other; the pleasure in meeting new people and working as a team.

The community participants were equally positive. They felt that the TB Awareness sessions had been “*professionally*” and “*clearly*” delivered. For them, it had been interesting; they had learnt a lot, and it had been easy to attend because sessions had been scheduled in a place where and at a time when they would normally attend other activities.

Working with the Third Sector (RedbridgeCVS) who implemented the TB awareness Project, ensured a direct way into communities to raise their awareness about TB. Through established networks, the TB Awareness Project was able to recruit a diversity of Health Buddies that reflected, to a good extent, with some exceptions, the diversity of the target communities. The TB Health Buddies were employed as casual workers rather than recruited as volunteers. This allowed the advantage of using committed casual workers flexibly to plan and deliver the TB Awareness sessions in a way that was convenient to the target communities (anywhere, anytime).

Pivotal to the success of the TB Awareness Project was the system of joined-up working and multi-directional communications that sat on a structure like a virtuous circle. This included the TB Partnership which brought together all relevant agencies and agents, including TB patients and the TB Awareness Project, to share intelligence. All aspects of TB work, except case work, are now discussed in the TB Partnership meetings including commissioning and service design, and this helps to move everyone in a similar direction. NHS England and Public Health England are also represented on the TB Partnership which allows intelligence to flow back and forth from Redbridge to other parts of the country. The TB Health Buddies are able to present directly to the TB Partnership, and partners are able to train and advise the TB Awareness Project. Intelligence and actions can also fan out to various spokes of this network e.g. through the Clinical Commissioning Group to GP Practices, and often seemingly small actions that grew awareness of TB could be taken.

Overall, the evidence is that the method used was very effective. It met its targets and was praised highly by both participants and by the community deliverers. It reached the parts that other models couldn’t by linking into existing community networks, and through the flexibility of the casual workers and the diversity of the TB Health Buddies was able to expand those networks. The flow of intelligence and channels of communication allowed evidence-based decisions to be made quickly and effectively that could touch all parts of the system.

### The impact on TB Health Buddies’ personal and skills development

One unexpected outcome was the level of benefit that the TB Health Buddies feel from being involved in the TB Awareness Project. For the TB Health Buddies the experience was universally positive; all found the experience rewarding and most found it transforming. They all spoke glowingly about the experience of working as a Health Buddy, the difference it made to them personally and the practical skills and personal benefits and outcomes they felt they had gained. All TB Health Buddies interviewed spoke about the positive effect on their personal pride, outlook and feelings of self-worth, how they had gained new skills and more confidence, how some had become more active in community taking on, for instance, new volunteering roles, had gained greater knowledge about TB and health in general, had variously gone on to further training or employment or had been able to make clearer career choices through their experiences.

### An effective and relevant concept for national health awareness replication

It was evident from the evaluation that both the Redbridge TB Partnership and TB Awareness Project are not hard to replicate both as a model for the prevention of other illnesses, and as a model that could be adopted in other boroughs. However, key to any replication are a number of factors:

* Using the third sector as a gateway to communities. Organisations like RedbridgeCVS have built up relationships with communities and community organisations over a long time. They understand each other. The third sector has suffered from intermittent and short term funding. If this is to be replicable, commissioning organisations should think about providing stable funding and long-term commitment.
* Anything like the TB Partnership and/or the TB Awareness Project needs at least one champion in a senior position.
* As important, is the skill, attitude and commitment of the TB Awareness Project Coordinator. It would not be enough to second someone looking for another role to this job. It takes someone with a nurturing nature, strong networking skills, and boundless energy and belief in community members as assets to be respected and developed.
* The care in the detailed planning must be understood.

With all these factors in place, there seems no reason why both the TB Awareness Project and the Redbridge TB Partnership could not and should not be replicated.