DEVELOPING, PRESENTING, AND EVALUATING A TB TRAINING PROGRAM: AN OVERVIEW

Training and education for healthcare services are fundamentally important strategies for the control and eventual elimination of tuberculosis (TB). Worldwide, the TB epidemic is a major health crisis and, while the incidence of TB is lower in the U.S. than in many countries, this nation faces many challenges related to the disease. Yet many healthcare policy-makers, medical workers, and social service providers know little about TB.

When TB is not well understood by healthcare professionals, the chances increase that patients will be misdiagnosed or will fail to receive adequate or appropriate treatment. This in turn increases the risk that TB can spread in a community. Effective TB training and education, therefore, is a vital tool for protecting the health of individuals and the public.

Despite many new approaches to education (distance learning, self-study programs, and other innovative technologies), a training course that brings participants together to learn from experts in the field and from each other remains one of the most effective ways for people to gain information and enhance their skills.

This TB Control Toolbox has been developed to assist TB control programs in developing and presenting effective TB training sessions. It provides clear, concise information on planning a training course and coordinating the myriad tasks, small and large, which must be accomplished to produce it. The Toolbox is designed to meet the needs of experienced programs that are seeking to improve the organization of their TB training efforts as well as programs that are considering TB training for the first time.

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The Toolbox can also help those who are applying for funds to present a concise budget and a training plan to potential funders.

WHY IS TB TRAINING IMPORTANT?
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Once a leading cause of death in the U.S., TB began to diminish as a public health threat in the decades following World War II. TB rates and cases declined due to improvements in living conditions and the development of effective anti-tuberculosis drugs. Many healthcare providers, policy makers, and the public perceived TB in the U.S. to be under control. Much of the public health infrastructure that dealt with the disease was dismantled and resources that had been allocated for TB prevention and control were redirected to other needs.

But in the mid-1980s, due in part to the rise of HIV/AIDS, TB came back with a vengeance. The number of cases surged by 20 percent from 1985 to 1992. In response, the federal government and local jurisdictions mobilized to bring TB back under control. Additional public health workers were hired and trained, TB clinics and laboratories were improved, and capabilities were strengthened for TB surveillance, treatment, patient follow-up, contact investigation, and screening and treatment of latent infection (LTBI). This increase in interest and resources had positive results: after peaking in 1992, TB rates began to decline.

Despite these gains, TB remains a serious public health concern for a number of reasons:

- TB is endemic in many countries; worldwide it is the leading cause of death due to a single infectious agent—despite being a treatable and preventable condition. Though the picture is far brighter in the U.S., the constant movement of people around the world ensures that TB does not respect borders

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- An increasing proportion of TB cases in this country is occurring among individuals who are foreign-born or who are disadvantaged because of poverty, substance abuse problems, HIV infection, incarceration, or homelessness. Persons in these populations frequently have trouble gaining access to healthcare services or completing a required course of therapy—problems that can compound the difficulty of managing TB cases

- Multidrug-resistant strains of *Mycobacterium tuberculosis* have emerged, greatly complicating effective treatment and control

- Healthcare infrastructure underwent significant changes during the 1990s, as private-sector managed care organizations (MCOs) grew in size, stature, and influence. Traditionally and legally, state and local health departments are responsible for TB treatment and control but MCOs are increasingly being called upon to provide care and services to persons who have or are at risk for TB. This circumstance calls for strong alliances and a sharing of expertise between private-sector and public-sector organizations

- As a result of the successful eradication efforts of the 1990s, TB funding has leveled off. Unfortunately, many healthcare providers and policy-makers no longer view TB control as critical or urgent

Without vigilance and sustained effort, it is likely that the progress made in the 1990s could be reversed and that rates of TB cases and deaths could climb again. Accurate and up-to-date knowledge about TB is one of the most powerful tools we have in the struggle to combat this disease and its spread.

In 1989, the CDC/Department of Health and Human Services' Advisory Committee (now Council) for Elimination of Tuberculosis (ACET) published *A Strategic Plan for the Elimination of Tuberculosis for the U.S..* This document charged all TB control programs with the mission to eliminate the disease in the U.S. by the year 2010 and set

out strategies for accomplishing that aim. One of the primary strategies for meeting this goal is educating healthcare providers about TB.

WHO NEEDS TB TRAINING?
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In order for TB control efforts to be successful, people who work in a variety of professional capacities need to be involved with and knowledgeable about TB. These include persons whose work brings them in contact with individuals who have or are at risk for TB infection or disease as well as those who, through their decision-making roles, are in a position to influence TB control or care. Topics for training sessions can range from the clinical and epidemiological side of TB control to the sociological and public health standpoints. Persons who may be part of likely target audiences for TB training include:

- Healthcare providers (in both the public and private sectors) who are involved in direct services to patients, including physicians (primary care and specialists), nurse practitioners, physician assistants, nurses, respiratory therapists, emergency room personnel, and laboratory workers

- Managers, administrators, and medical directors who have an indirect influence on patient care services, including decision-makers at private and public hospitals, public health agencies, large multi-specialty group practices, managed care organizations, and insurance plans

- Public health workers in nonclinical positions, such as case managers, disease control investigators, outreach workers, health educators, surveillance specialists, TB case registry staff, and military staff

- Social services workers or clergy who work with populations at high risk for TB infection and disease, such as immigrants or refugees, migrant workers,

homeless individuals, persons with HIV, persons with substance abuse problems, or inmates of correctional facilities

- Government and community decision-makers who have the ability to influence funding and policy for health issues, including TB control

WHAT ARE THE HALLMARKS OF
AN EFFECTIVE TB TRAINING PROGRAM?
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It addresses the needs of its audience. The audiences for TB training are diverse in many ways—in terms of their educational and cultural backgrounds, the type of agency or organization that employs them, and the professional role they play in TB treatment and control. An effective TB training program is tailored to the educational needs of its participants, their existing level of knowledge, and the ways in which they will apply the information and skills after the training has been completed. Curricula and training materials should be targeted very specifically to the concerns and roles of the particular audience, taking into account:

- The roles and responsibilities of the audience members

- Their education level

- The type of setting in which they work

- The type of jurisdiction or community in which they work (i.e., whether it is an urban, suburban, or rural area; whether it has a high or low incidence of TB)

- The population with whom they work—the general public, medically indigent or underserved communities, high risk groups, etc.

It is culturally appropriate. The content, presentation format, and materials should be consistent with the culture, values, and language of the participants and the populations with whom they work.

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It is part of a regular and consistent program. TB training should not be a one-time effort but must be a continuing endeavor. Turnover in personnel means that most organizations have ongoing training needs. Moreover, effective training for any individual involves regular follow-up, reinforcement, updating of information, and enhancement of skills and resources.

It is carefully planned and well presented. Producing a good training event requires both big picture and small picture thinking. On the one hand, it requires you to clearly define your goals and desired results, develop systems for achieving them, and maintain a clear focus on these ends. On the other hand, it demands that you pay close attention to many small details. When glitches occur or the logistics of the event have not been well planned, participants can become distracted and dissatisfied. But when the training is well organized and executed, the participants are free to concentrate on their learning and the event will meet the course objectives.

WHAT TRAINING RESOURCES ARE AVAILABLE?

Many excellent TB training resources are available, including Model Center programs and curricula (like this); publications such as manuals, handbooks, reports, journals, newsletters, booklets, brochures, and handouts; and distance learning products and activities including audiotapes, videotapes, compact disks and DVDs, health-based websites, and online courses. These have been developed by a variety of organizations and are designed to address the interests and needs of a wide range of audiences. For more, see the **Resources for Further Information** section for helpful referral information located in the **Background Materials** section of this toolbox.