DEVELOPING & MAINTAINING A SUCCESSFUL TB COALITION AND Why You Should Care
HISTORIC LESSONS
LEARNED IN
SANTA CLARA COUNTY

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Breathe California
Of The Bay Area
297 TB cases;
- 18.2 cases/100,000, ↑ 72% 1987-1996
  - 5th highest county rate in CA, state rate 12.2, 12.2% ↓
- Approximately 3 suspects/confirmed case
- Several hundred Class B immigrants/year

87.2% of TB cases in foreign born persons
- Vietnam
- Philippines
- Mexico
SANTA CLARA COUNTY
TB STATUS 1996

County TB Program
Program model - reactive

- 3 communicable disease investigators
  - Intake and referral
  - Reporting

- Generalist PHNs – limited TB/CD training
  - Case management
  - Contact investigation

- Limited QI

- No outreach or education programs
Dedicated Tuberculosis clinic – not in PH

- TB cases, suspects, contacts, class B immigrants, high risk reactors
- In house CXR (and radiologists)
- MDs for cases and suspects
- RN reactor clinic
Breathe California of The Bay Area, (Previously, The American Lung Association) was an agency created to respond to Tuberculosis over 100 years ago.

Breathe California of The Bay has been active on tuberculosis issues as far back as the 1980’s.

Throughout the 1990s we were one of very few local units within the state working on TB.
Breathe California began reaching out to Public Health to collaborate on TB issues early in the 1990s.

In 1996 Breathe CA initiated a partnership around TB issues with the CEO of Asian American for Community Involvement (AACI).

I reached out to Karen Smith when she became TB Controller in 1997.

- We developed a partnership and immediately joined forces on planning community efforts.
Leadership Of Breathe California

- Provided key leadership as Executive Director of Breathe California.

- Our State-Wide organization, with long history & deep roots in the community, lent legitimacy to new coalition building efforts within the community.
As an influential and well known community leader, was able to advocate for TB control funding at all levels

Facilitated critical community connections & brought key partners to the table
Continued Leadership Of Breathe California

- Breathe California has had a long term commitment to support TB education & prevention in the community.

- Breathe CA Continues TB Prevention efforts with little or no funding today:
  - Convene the TB Coalition
  - Hold World TB Day Events
  - Bring TB education to approximately 200 community events annually
  - Support the Speaker’s Bureau by providing TB 101 presentations to local ESL class throughout the year.
Why Community Partnership Was Prioritized

Recognized partnering with community groups as crucial for a number of reasons including:

- Community Based Organizations (CBOs) knew the community & where/how to reach at risk groups
- Community partners could provide connections to other key partners
- Community partners could advocate where Public Employees could not
Secured funding - $500,000 general fund
- Non-profit partners & County raised awareness
- Responded to request from BOS for data on TB
  - Focus on children at risk from adults with active TB

Increased infrastructure
- 2 additional CDIs
- 2 DOT staff, 1 PHN DOT coordinator
- 1 health education specialist
  - Funding to develop a coalition

Medical anthropologist consultant study of beliefs/knowledge re: TB and usual media sources in Foreign Born populations
Be a good Partner

- County program made securing funding for partners a priority whenever possible

- Community Partners (particularly Margo Sidener) advocated for TB Control at the local level with our own Board of Supervisors and at the State level
Outcomes!

- Clinical
- Community Education

Opportunities

“Coming together is a beginning; keeping together is progress; working together is success.”

Henry Ford
There are important things you want/need a Coalition can do that you can’t do
- Develop agreed upon guidelines & policies
- Speak with one voice, but with latitude far exceeding that of governmental agencies
- Advocate and even... Lobby!

Provide the benefit of multiple voices, experiences, perspectives, & expertise
Coalition Activities Resulted in Measurable Clinical Outcomes

Increase in #s of & venues for Clinician education/trainings resulted in:

↑ Case identification + complete, timely reporting by private providers

↑ Use of appropriate TB TX by private providers

↑ Referral of active TB cases for Rx at TB clinic (Demonstrated by improved completion of TX within 12 mos)

↑ Contact investigation & TST placement/reading proficiency at facilities + OC Med depts. in private sector (As a result of Provider Work Group TST Train the Trainer program)

Decrease

↓ Erroneous reports of cluster conversions at facilities (TST Training)

↓ Delays in reporting from private providers (Provider Ed/Training)

↓ Reduction in poor TB TX outcomes (Provider Ed &Training)
Coalition Provider’s Work Group helped to develop & maintained critical relationships with Private Providers treating TB and/or serving high risk populations.
Provider TST Competency (Coalition Providers Work Group)

65 Skilled Nursing Facilities (SNF) in SCC in 2000:

- Average of 6 significant cluster conversions erroneously reported annually
- Poor competency/level of knowledge observed by CD RN at visits to each facility annually for investigation or regulatory consultation

Increasing TST competency at SCC facilities identified as a priority objective in 2000 Strategic Plan

- Providers Work Group members designed a “train the trainer” curriculum for SCC facilities & piloted January 2001
Outcome: Provider TST Competency

- 152 Nurses trained in 20 months: average 55.5% ↑ in knowledge, 99% participant satisfaction
  - Erroneously reported cluster conversions ↓ from 6 annually to “0” by 2003.

- Nurses from 49 of 65 SNFs, 4 medical groups & 7 acute care facilities attended workshops
  - ↑ positive communication with local facilities & effective use of Public Health staff as resources

- Broad ↑ in local medical community knowledge & record keeping noted at facilities whose staff attended workshops
  - Developed partnership with local college to include TST training in certification process for Medical Assistants
Coalition Activities Resulted in Community Education Outcomes

Measurable increase in community awareness of TB risk, transmission, treatment & resources contributed to TB case finding, TX of latent infection, & reduction of transmission:

- Via significant increase in media coverage (Annual World TB Day events, Coalition members on community TV & ethnic based radio programs)
- Funding for TB Program & Coalition activities (grants development)
- Community presence reaching high-risk populations by utilizing coalition member contacts & access (Presentations, trainings & events in sectors including schools/faith based/business/medical community)
- Dramatically further increase in community educational presence via Coalition Speaker’s Bureau
- Producing/publishing annual report on TB status in SCC as well summary of coalition outcomes
Identified as a key objective of the Strategic Plan, in July 2002 a work group was formed to develop a TB Speakers Bureau to conduct TB educational presentations in the community & to “staff” community events.

Members: Breathe CA, San Jose State University (SJSU) Medical Services, PH, Santa Clara Valley Health & Hospital System (SCVHHS)
1st two cohorts 12/2003 & 3/2004 completed 2 half-day training's & 2 field presentations, graduated 5 volunteers per group

Volunteers were sent into the field immediately to fulfill a back log of presentation requests

Built in QA systems monitored volunteers work
BUILDING A COALITION: HOW TO
Coalition Development

- Educate/Share Data
- Strategic recruitment for leadership & membership
- Elicit other partner needs (Needs Assessment)
- Prioritize$ for dedicated coalition staff
- Branding: Lends legitimacy to the group & provides a sense of belonging to something concrete
- Establish Coalition Structure for clarity & continuity
Celebrate/Reflect success back to the entire group: **People want to be part of something that succeeds**

Convene members frequently enough to maintain cohesion & make sure their time is well spent

**Without dedicated staff support, the structure will not survive**

Respect & officially appreciate the time & commitment of members

Keep members current on data, trends, & emerging issues
Feed people, seriously, it matters!
Tuberculosis Prevention Partnership of Santa Clara County
Questions

Great Things Start with Good Health