



Tuberculosis Advisory Committee Member Roles



General Roles and Responsibilities

In representing your sector on the Minnesota Department of Health (MDH) Tuberculosis Advisory Committee (TBAC) you are expected to do the following:

- represent the perspective of your sector on the committee;
- attend meetings regularly;
- share pertinent updates discussed at TBAC meetings as indicated with appropriate colleagues of your sector;
- share the annual TBAC schedule of events and summary of previous year's activities with your sector colleagues;
- bring pertinent updates to TBAC meetings from your sector as indicated; and
- notify the appropriate colleagues of your sector of any decision or action that will or does require a response from your sector. For instance, if TBAC discusses provider training opportunities coming up, TBAC members should disseminate information about these trainings to the providers they interact with.

In order to carry out this role and communicate/discuss TBAC-related matters with your sector, you may want to:

- insert brief TB updates (provided by MDH) into electronic or hardcopy newsletters of your sector,
- use ongoing meetings with your sector colleagues to share TB information (For example, the voluntary agency representative could email appropriate Volag directors with TB news. Then voluntary agencies may provide pertinent TB updates during regular staff meetings.),
- convene ad hoc meetings with identified sector colleagues to discuss identified issues/decisions,
- send an email with pertinent information to sector colleagues and/or
- distribute appropriate handouts from TBAC meetings to sector colleagues.

Particular Expertise/Perspective to be Brought to TBAC From Sectors

Local Public Health: County perspective of assuring appropriate TB screening, referral/treatment, and follow-up.

- Rural Minnesota counties: Address issues faced by counties with fewer resources for TB treatment and follow-up.
- Hennepin, Olmsted, and Ramsey counties: provide the unique perspective of a public health agency that provides both clinical TB care and public health TB services.

Clinicians:

- Private practice: Address issues related to providing clinical care to TB patients while collaborating with the health department regarding public health issues.
- Neighborhood Health Care Network: Represent particular TB-related issues from a community clinic perspective.
- Civil Surgeon: Address screening and referral issues for TB at time of adjustment of immigration status exam.

Local Epidemiology Network of Minnesota (LENM): Address TB-related issues at LENM meetings.

Department of Human Services: Address public program administration issues relating to TB services.

Schools (SNOM): Address issues of screening and follow-up in school systems.

Council of Health Plans: Assist with system issues and linkage to provider networks and clinics; able to connect appropriate staff to problem solve.

Infection Control (hospitals): Provide the perspective of hospital infection control departments, including issues related to both internal TB surveillance and coordination with health departments to facilitate disease reporting and hospital discharge planning.

Voluntary Agencies: Assure appropriate TB screening for new arrivals they work with.

Occupational Health: Implement TB screening for at risk employees and assure follow-up.

Community-based Organizations: Provide input regarding TB outreach and education, and disseminate TB-related information to affected communities as appropriate.

Center for Cross-Cultural Health: Assist with provider education regarding cultural competency in caring for TB patients.

Advocacy Organizations: Assist with policy level advocacy for TB issues.

Department of Corrections: Implement TB screening and follow up as indicated.

American Lung Association: Assist with community education.