



Tuberculosis Program



Grandma Ole at the Firland TB Sanatorium in the 1940s.



Buea,
Cameroon
circa
1990s



Dr. Claudia Lacson

Born and raised in Bogata, Columbia

Died from TB meningitis in Atlanta, GA in 2004.

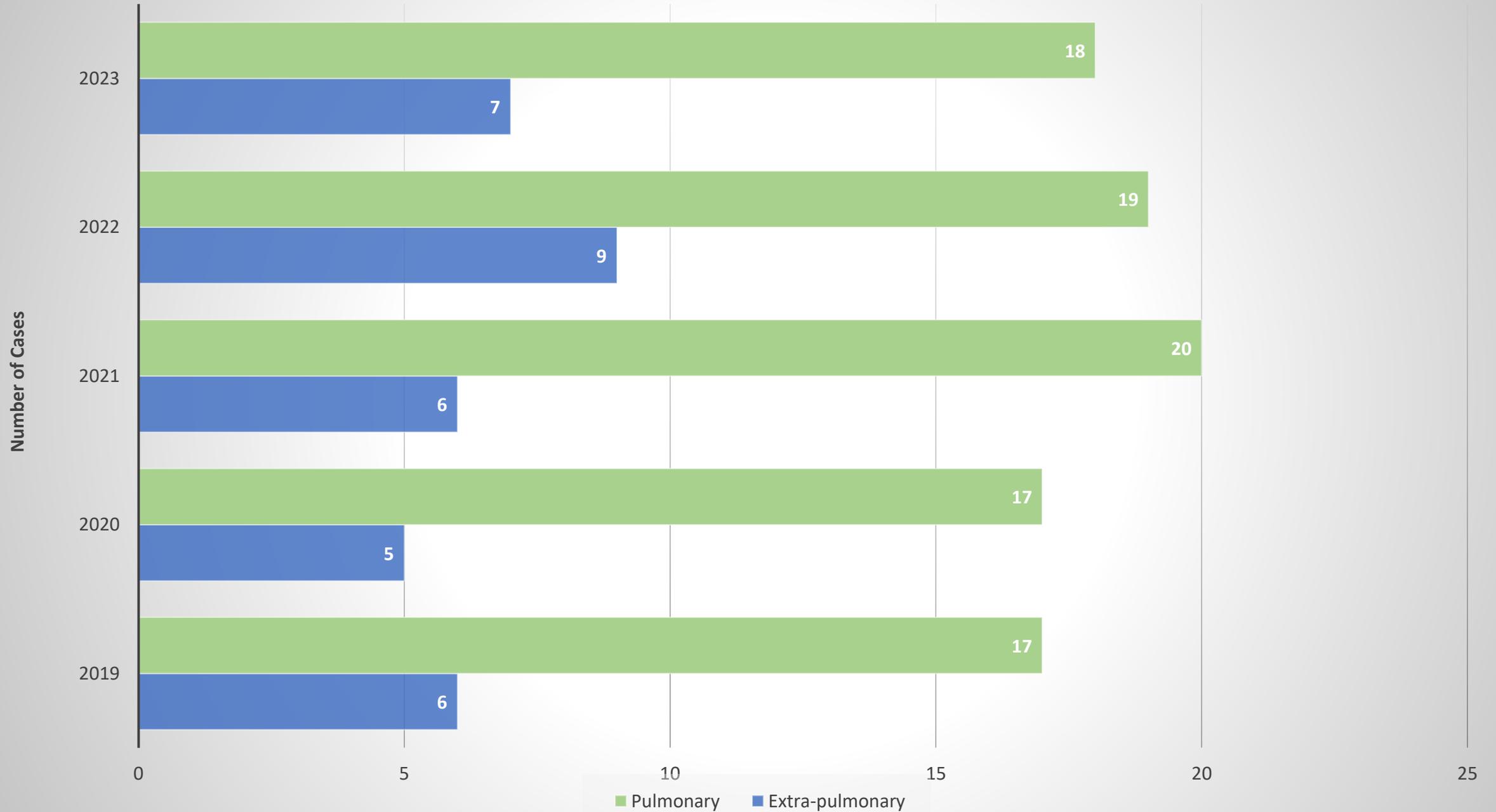
Photo credit: Lacson Family



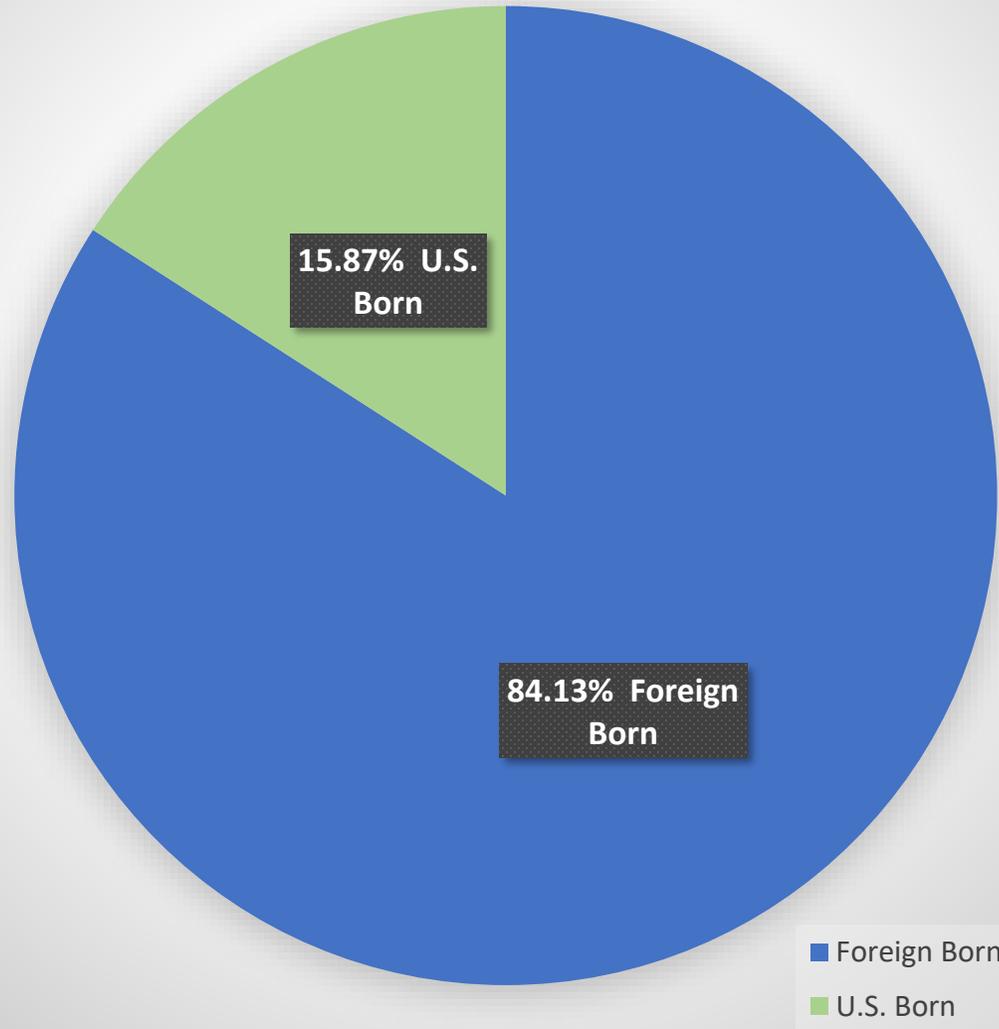
After 20 years of experience...

1. TB is a bacterial disease that can infect any part of the body, but it is preventable and treatable.
2. A stigma around TB is tightly woven into communities and families in most cultures in the world, making treatment support a challenge.
3. TB is of great significance in Snohomish County, our country, and our world.

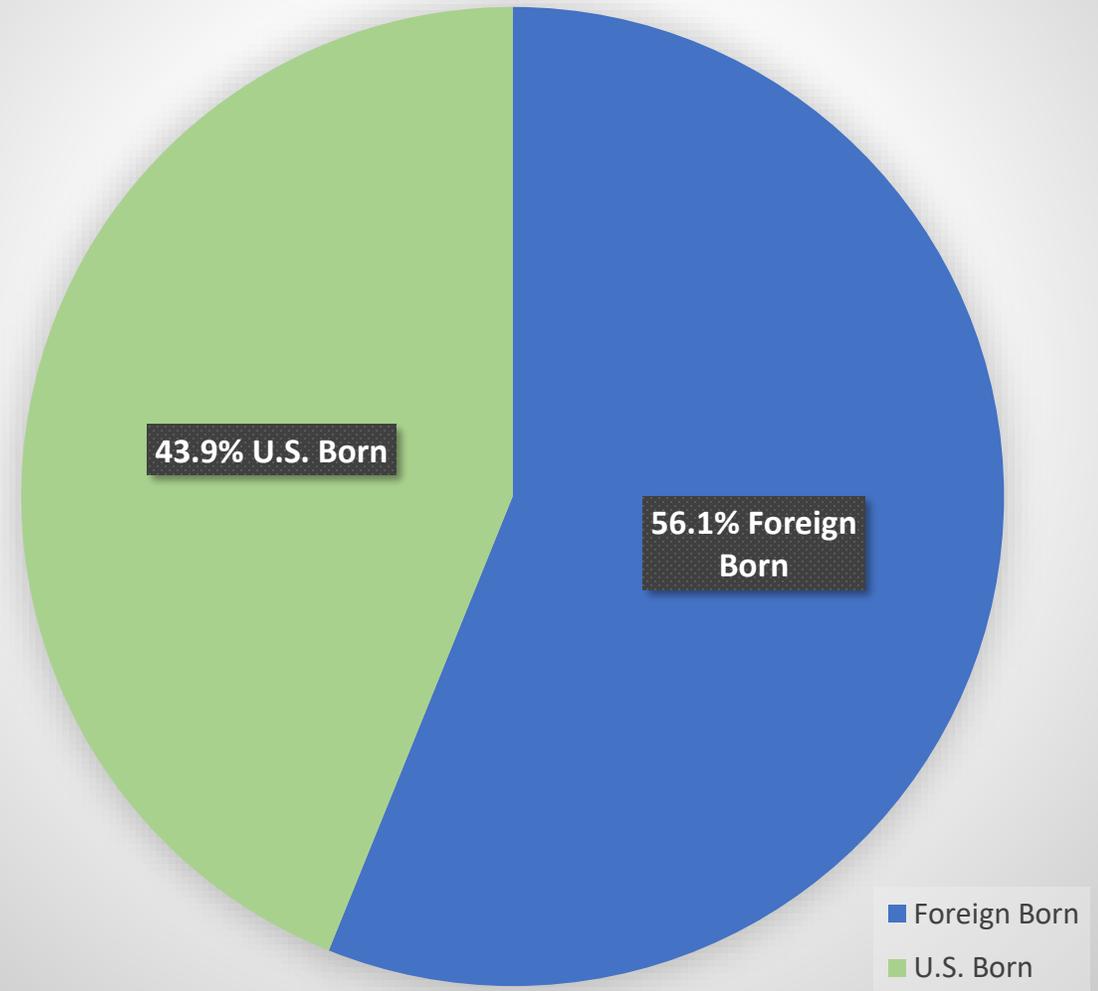
Snohomish County Active TB Cases by Year



Percent of U.S./Foreign Born Active TB Cases 2019-2023



Percent of TB Contacts that are U.S./Foreign Born 2019-2023



Program Goal

To provide low/no barrier trauma informed and culturally competent care to persons infected with tuberculosis (TB) and their contacts to prevent the spread of TB in Snohomish County.

Program Objectives

- Provide treatment and support for community members with:
 - Active TB
 - Latent TB related to contact with a person with active TB infection
- Provide support and monitoring of community members with:
 - Extrapulmonary TB
 - People treated for Pulmonary TB that need ongoing surveillance post-treatment
- Provide contact investigation for the close contacts of a person with active pulmonary TB
- Provide surge support for the Refugee Health Program

How we care for our clients





Lucy McNeely, Lead Public Health Nurse

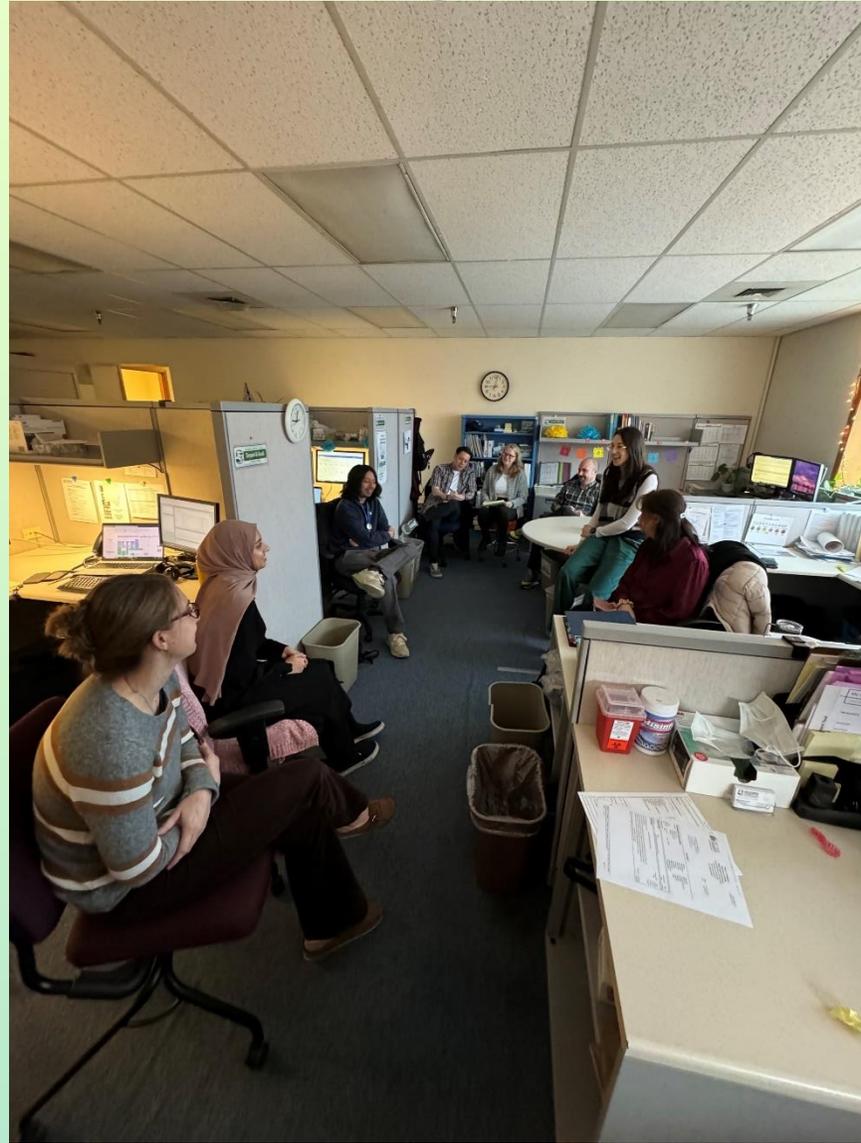
She/Her
FTE 1.0



Dr. James Lewis, Health Officer

He/Him
FTE 1.0

Receives referrals from our community partners of persons who may have TB.
Consults with community partners for clarification and follows up with Dr. Lewis for orders/directives.
Ensures our medication inventory is ready for our client.
Coordinates weekly meeting to review client care.





Alba Suarez, Public Health Nurse
She/Her
FTE 1.0



James Allard, Public Health Nurse
He/Him
FTE 1.0



Kirsten Hauke, Public Health Nurse
She/Her
FTE 1.0

Provide case management to this client for the duration of their treatment which can be for 4-9 months or longer.
Manage more than just active TB clients: extra pulmonary; those on surveillance; contacts of their active clients.



Ruben Santiago Juarez, Disease Intervention Specialist

He/Him

FTE 1.0

Works with over 120 contacts every year.

Locate and encourage close contacts to complete a medical questionnaire and get tested for TB.

Conduct TB screening for community members.



Many clients start out with 7-11 pills a day. Once their treatment is progressing, they may decrease their intake to 3 pills a day.



Mike DelaRosa, Outreach Worker

He/Him

FTE 1.0



Xeyneb Al-Azadi, Outreach Worker

She/Her

FTE 1.0

Observe and document clients taking their medication either in person or through a video platform.

Remind clients to be aware of side effects of the medication.

Provide healthy nutrition products as the medication can be harsh without regular, healthy foods.



I believe this image represents my work as an outreach worker because all of our clients come from different perspectives, life stages, and viewpoints for us to learn from.

Being a TB outreach worker is more than just giving a client their medication and checking if they took it every day. It is an amazing, mind-opening learning experience where we get to build relationships.

Building strong rapport with our clients allows us to connect our clients with a variety of resources ranging from health clinics, housing assistance, to transportation and so much more.

*We meet our clients where and when they need us. We show them we are always here to support and care for them. **Xeyneb Al-Azadi***



Ashley Davidson, Program Specialist

She/Her

FTE 1.0

The initial face and voice of our program as she interacts with the community.

Ensures the integrity of our databases and file systems.

Works closely with our community partners and SCHED finance department to ensure financial soundness.



Teresa Rugg, Supervisor

She/Her

FTE 1.0

Brings the team together to individually and collectively find their voice to create an environment that allows us to care for all of our clients with our whole selves with equity, respect, expertise, and dignity.

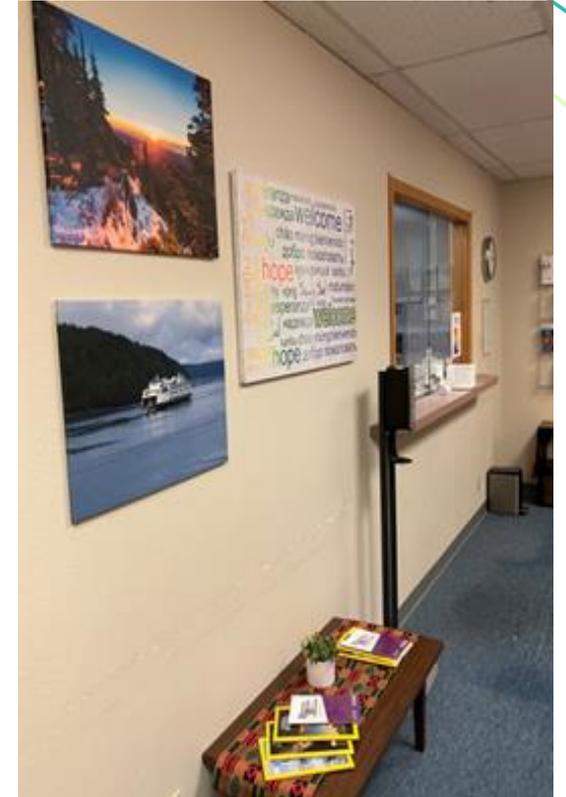
Our accomplishments

Continually learn and integrate new systems:

- Electronic medical system — Patagonia
- Interpreter services — Globo
- Clinical laboratory services — Quest Diagnostics
- Microsoft Teams functionality
- County platforms

Adapting non-stigmatizing language to our work

Created a more welcoming reception and clinical space for our clients through an IDEO grant



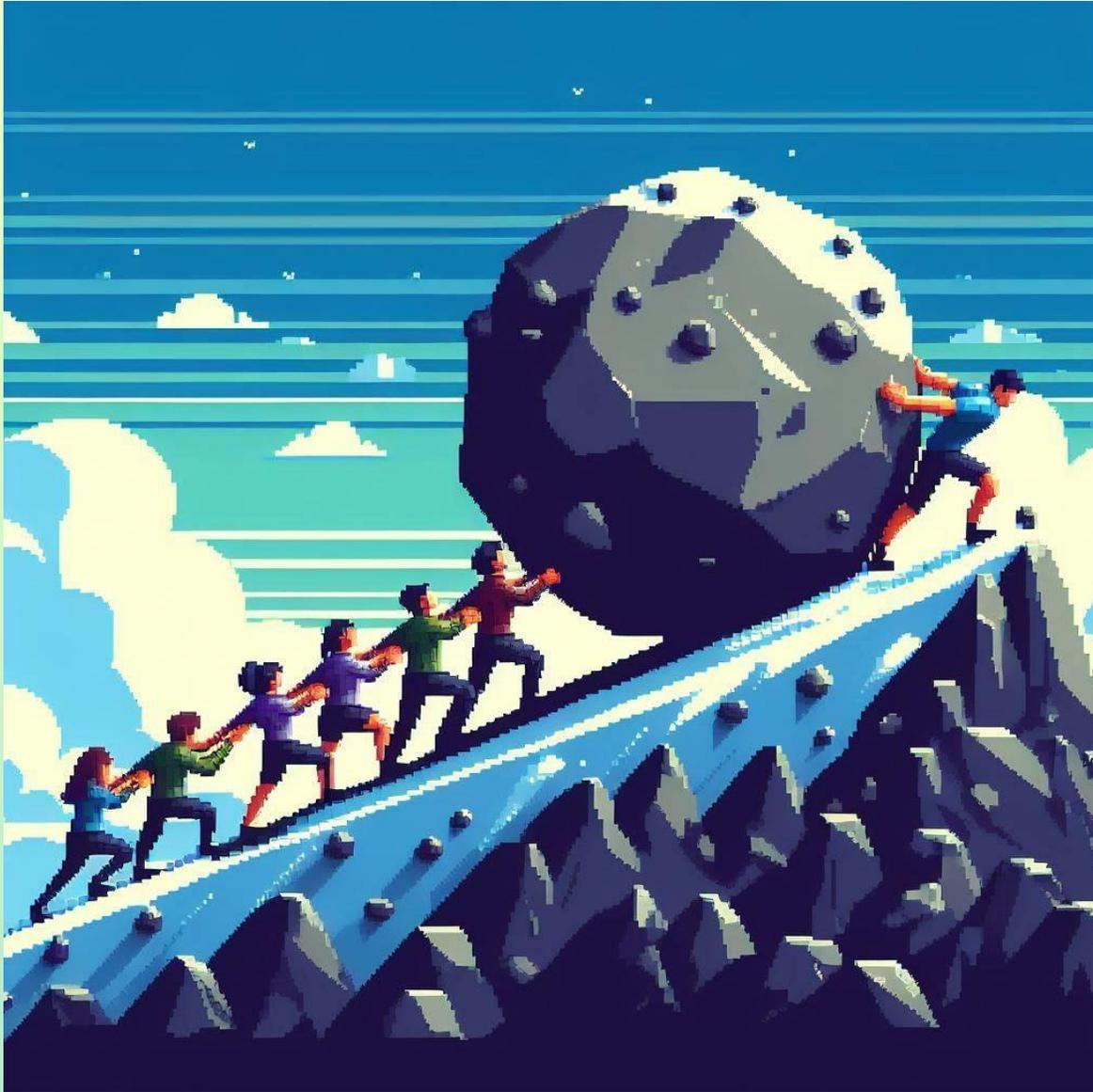
Next Steps

Recognize World TB Day, March 24

Fully-staffed team allows us to be the Dream Team!

Projects on the horizon

- LTBI project in our community
- Increasing our communication with local providers/partners
- Increasing our collaboration within SCHD
- Updating our health education materials
- Improving our language skills by taking courses in a second language



This image represents that it takes a team effort to reach the end of TB treatment.

The person at the top of the hill is the patient and they're pulling the boulder because it's essentially their burden and the team behind the boulder is us.

Although each experience with TB is individual, they don't have to go through it alone.

Mike DelaRosa



Questions?

PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY