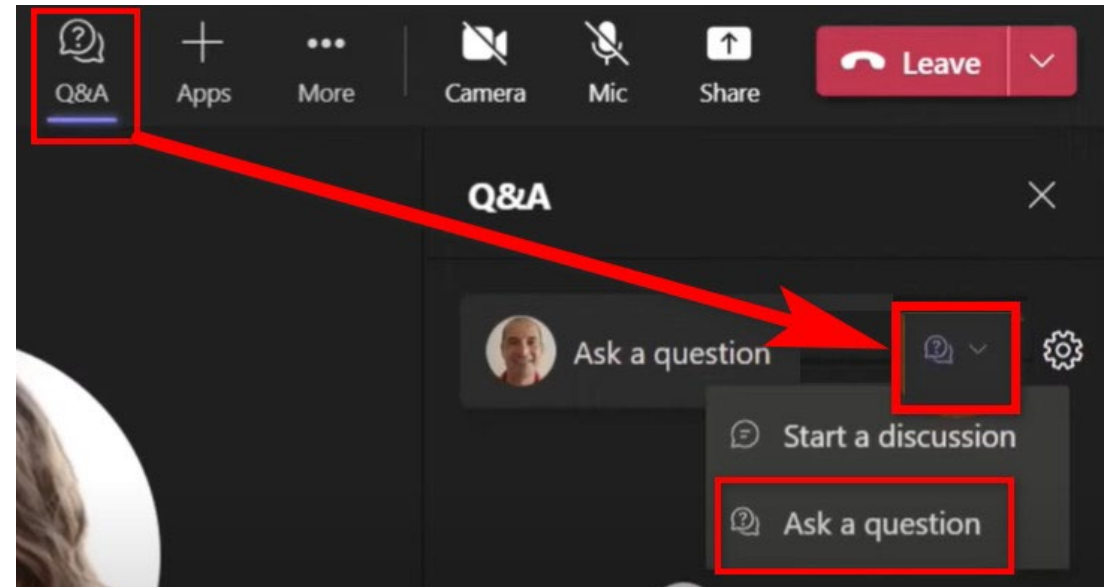




Unlocking New Resources: HRD Collaborative Systems Change Program *“Tuberculosis Prevention and Control”*

Reminder

- **Participants are muted.**
- **To ask a question or provide a comment, click on the Q&A bubble to open the Q&A, and provide your question or comment.**
- **This session will be recorded.**



Agenda

12:00 – 12:10 P.M. Welcome

12:10 – 12:15 P.M. Collaborative Systems Change

12:15 – 12:30 P.M. New Resources

12:30 – 12:40 P.M. Subject Matter Experts

12:40 – 1:00 P.M. Q&A

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. In Minnesota, we are standing on the ancestral lands of the Dakota people. We want to acknowledge the history of this land, including the Dakota, the Ojibwe, the Ho-Chunk, and the other nations of people who also called this place home. Native peoples were removed unjustly, and we in this space are the beneficiaries of that removal. At MDH, as we understand that land is related to health, we want to be a good steward of the land we are on. This acknowledgement is just one piece of that. We understand the systemic racism, historic trauma, and genocide that has impacted Indigenous communities and peoples in our state.

We recognize that a land acknowledgement is a first step. We support this action with resources and shared decision-making to meet Tribal public health priorities and needs. With our Indigenous neighbors and coworkers, we can advance health equity and work to ensure all communities across the state are thriving and all people have what they need to be healthy.

We encourage state employees and the public to research the history of the lands we are on and if you are able, find Native-led events to attend, organizations to support, and causes to champion.

Tribal-State Relations Acknowledgement Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In our work, we demonstrate our commitment to Tribal-State relations in the following ways:

MDH has an office of American Indian Health that focuses on the needs of our Tribal Partners.

MDDH is promoting its employees to take the Tribal State Relations Training.

Learning Objectives

- Increase participants' understanding of the new resources.
- Provide subject matter experts' insights to deepen knowledge around the resource topic.
- Support participants in strengthening their understanding of Tuberculosis Prevention and Control (TB) in Assisted Living and Home Care.
- Offer an interactive Q&A at the end of the session.



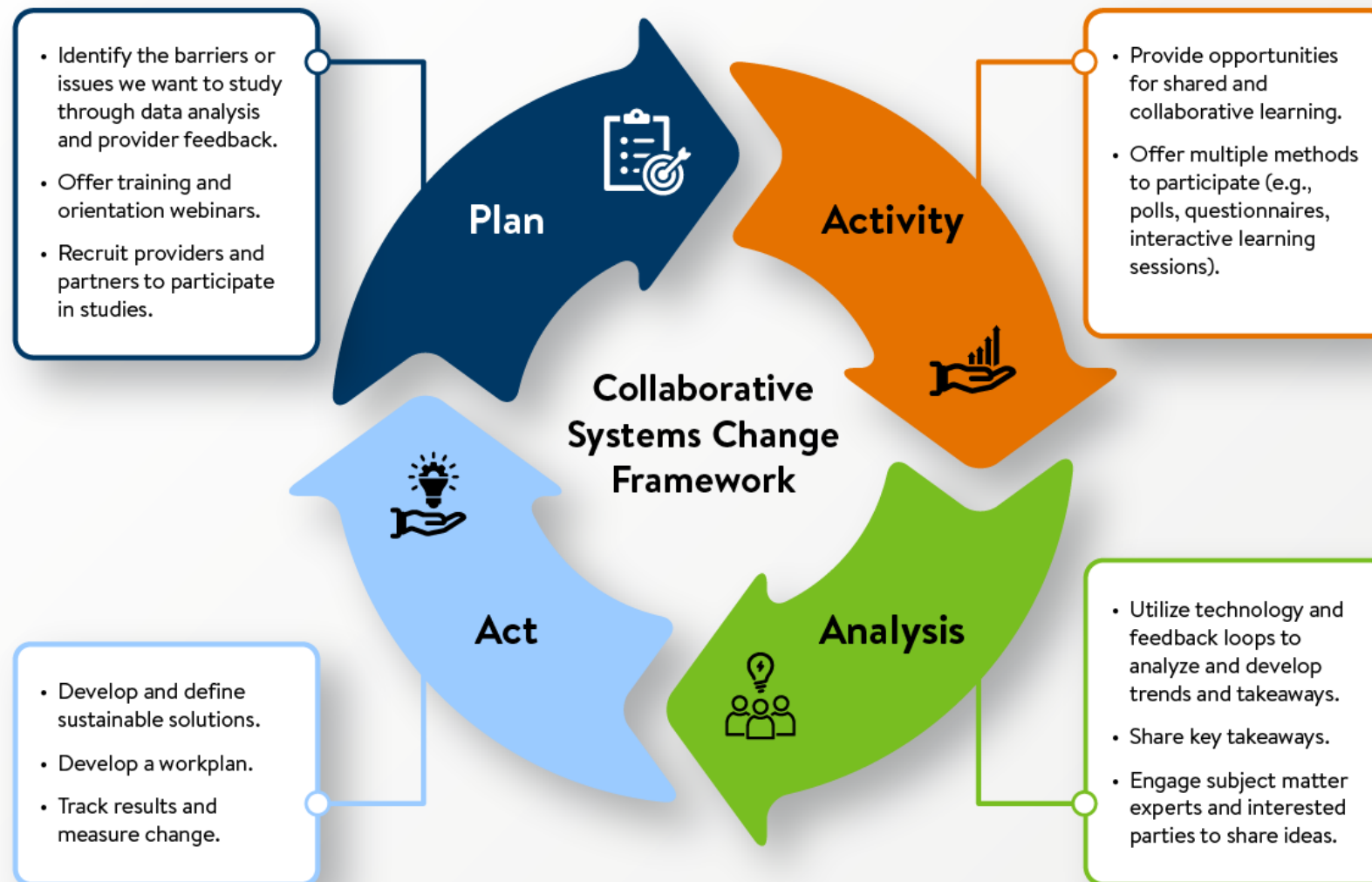
Collaborative Systems Change

What is Collaborative Systems Change?

- Create space for collaborative learning.
- “Take off the regulator hat”.
- Listen without judgment or blame.
- Be open to all voices/roles/position.
- Reveal how systems influences decisions.
- Understand complexities.
- Seek ideas for improvements.
- Move towards health/racial justice.
- Improve compliance and prevent violations.



Framework



Thank you!

- Lakewood Health Systems
- Presbyterian Homes
- The Phoenix Residence, Inc.
- Better Living Home Care
- Leading Age Minnesota
- Care Providers Minnesota
- Lores Consulting
- Minnesota Home Care Association
- Elder Voice Advocates

- Minnesota Office of Ombudsman for Long Term Care (OOLTC)
- Office of Ombudsman for Mental Health and Development Disabilities (OMHDD)
- Board of Executive for Long Term Services and Support (BELTSS)
- Infectious Disease Epidemiology, Prevention and Control (IDEPC)
- Minnesota Board of Nursing
- HRD Staff
- HRD Senior Leadership Team



Tuberculosis Prevention and Control

2022-2023 Takeaways: TB Prevention and Control

- **Conducted five systemic mappings:** Tuberculosis Prevention & Control.
- **Confusion about which statutory requirements,** federal regulations, or TB manuals to follow.
 - Lack of clarity surrounding the use of prior negative or non-active TB tests for new staff.
 - Variations in the types and efficiency of procedures.
 - Complexities around who can read a TB skin test – scope of practice.
 - Variations in how TB testing costs are managed.
 - Smaller providers lack access to organizational memberships/mentorship.

TB Storyboard

Your Tuberculosis (TB) Test Results Why are your test results important to keep?



Why do we screen new employees for TB?

Tuberculosis (TB) screening is required for facility licensing including home care. The employees of healthcare settings are screened for TB before they work with residents or clients. The goals of screening are to 1) rapidly identify and refer for treatment those with active TB (sick/may infect others) and 2) diagnose and prioritize for treatment those with latent TB infection (not sick/cannot infect others).

What does the screening include?

Your TB risk history: prior diagnosis of TB or latent TB infection (LTBI), presence of an immune-suppressing condition that could affect interpretation of test results, prior receipt of Bacille Calmette-Guérin (BCG) vaccine (which can cause a false positive skin test), residing for greater than two months in a TB endemic country, or having close contact with someone who has had infectious TB disease since your last test.

Signs and Symptoms of active TB: persistent cough for three weeks or more, chest pain or shortness of breath, unexplained weight loss, night sweats, hemoptysis, fatigue, poor appetite, fever or chills. Other symptoms may be present depending on site of disease.

A TB test: a single IGRA (interferon gamma release assay) blood test or a two-step TST (Mantoux tuberculin skin test). If you ever had an adverse reaction to a TST or are concerned that past BCG vaccine will interfere with a TST, you should receive an IGRA.

What happens if my test is positive?

Employers cover the costs of required work screenings (TB test, chest x-ray). Anyone with a positive TB test will need to receive a chest x-ray (CXR). If the CXR is negative, you may begin resident or client cares. Employers are not responsible for further costs. If you are symptomatic or have an abnormal chest x-ray, you will need to follow up with a provider to rule out active TB. Remember, if you are diagnosed with latent TB infection, treatment can reduce the risk of future progression to active TB.

What if I tested positive in the past?

Keep your test results! If you have documentation of a past positive test, you do not need to be retested. If you also have a negative chest x-ray report that is dated either 90 days prior to the date of your positive test or dated anytime after the date of your positive test, you will not need a new chest x-ray. All employees with a baseline positive TB test will receive an annual symptom screen unless you provide verification of TB or LTBI treatment completion.



09/04/2025

Your Tuberculosis (TB) Test Results Why are your test results important to keep?



What if I just had a test completed?

Keep your results and let your employer know you have them!

The Minnesota Department of Health and their partners in care are working to increase portability of TB testing results to reduce unnecessary and duplicate testing of Health Care Workers, but it will take all of us to meet this goal.

Any time you are screened and receive a TB test or chest x-ray report by an employer (or for a school program), it is your responsibility to keep record of those test results. If you do not receive the test results, ask for them. They are your health care information and, even if you did not pay for the test, you should be given record of the results.

Keep your test results somewhere safe and have it available to any new employers when you start a new position where it is required. Negative TB test results are valid for a limited period of time so always keep the most recent result. Positive TB test results do not expire, so keep those and all corresponding chest x-rays.

What if I lose my test results?

Contact your previous employer to obtain records of your last TB results. If you request the employer to send the results directly to a new employer, they may require you to sign a consent form before they will release those results. If a clinic did the testing, you may also request a copy of your medical record from that clinic.

Resources

More information about TB is available on the Minnesota Department of Health website:
www.health.mn.gov/tb

Minnesota Department of Health
Health Regulation Division
Planning and Partnership
625 Robert Street North
PO Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us

**Thank You
Health
Care
Workers!**



TB Storyboard Continue

TB Storyboard are in four languages:

- [English](#)
- [Hmong](#)
- [Spanish](#)
- [Somali](#)



Tuberculosis (TB) Test Results Frequently Asked Questions

Frequently Asked Questions are in four languages:

- [English](#)
- [Hmong](#)
- [Spanish](#)
- [Somali](#)

Tuberculosis (TB) Test Results Frequently Asked Questions

Definitions

T B

Tuberculosis, also known as Mycobacterium tuberculosis complex

I G R A

Interferon-gamma release assay (aka, the TB blood test, “QFT”, “TB Gold”, “T-SPOT”)

L T B I

Latent TB infection

C X R

Chest x-ray

T S T

Tuberculin skin test (aka, a “Mantoux test”, “PPD”)



Welcome Sarah Gordon

New hire documentation requirements

- At hire: 1. TB symptom screen, 2. TB risk history assessment, 3. TB test (IGRA or two-step TST).
 - If TB test positive, chest x-ray (CXR).
 - If symptom screen positive, medical evaluation/CXR.
- Prior documentation of TB tests accepted
 - Prior positive test = any date
 - Prior positive needs negative CXR report dated < 90 day prior to positive test or dated anytime after date of positive test.
 - Prior negative test < 90 days prior to hire
 - If there's a documented negative TST dated < 12 months, do a single TST at hire for new two-step.



Portability issues



- Logistics
 - 90 day window for prior negative tests.
- Education
 - Training employees to keep copies of results.
 - Sharing results with employees
 - Providers sharing with providers (ROI)



Questions & Answers

TB Webinar – Post-Presentation Survey

Thank You!

**Use the QR Code to access a
quick survey for today's session.**

Your honest feedback is
appreciated!



Thank You!

If you have any questions, please contact Catherine Lloyd at
Catherine.Lloyd@state.mn.us

If you have any questions, specifically to outreach or today's webinar,
please contact Liachia Thao at
Liachia.Thao@state.mn.us