



National
Tuberculosis
Controllers
Association

2009 Annual Report

National TB Controllers
Association
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NTCA Mission

The mission of the Association is to advance the elimination of tuberculosis (TB) in the U.S. through the collective, concerted action of the officials of state, local, and territorial government who are empowered by their jurisdiction with the responsibility for carrying out programs to prevent and control TB.

NTCA Objectives

- 1.** Develop and provide a collective voice for TB Controllers to advance and advocate TB control and elimination activities in the United States.
- 2.** Counsel agencies, organizations, committees, and task forces on issues and actions affecting TB control and elimination at state, local, and territorial levels.
- 3.** Work with organizations to advance TB control and elimination at state, local, and territorial levels.
- 4.** Support agencies and organizations in efforts beneficial to the advancement of TB control and elimination at state, local, and territorial levels.
- 5.** Advocate for positions, policies, laws, and means to advance TB control and elimination at state, local, and territorial levels.

Letter from the Executive Director, Carol Pozsik

Dear NTCA Members and Other Colleagues,

This has truly been a year of ups and downs in our TB programs across the country. We have never before seen national, state and local budget shortfalls happen to the extent that has been seen in 2009. TB programs that were once models and thriving, have fallen back to levels of years ago. Progress that we have been so proud of has disappeared. We have had hard times in TB before but not like this. We have heard TB program managers say that administrators have asked “Do you **have** to do directly observed therapy? (By asking that question it really hurts us, because DOT has been a prime reason that our cases have fallen off to the lowest levels in many years.) TB workers have been transferred to other programs, and worst of all some have been told that thousands of dollars of state money has disappeared from their budgets to pay for shortfalls in other programs. Program managers have seen their experienced TB staff take early retirements or have left to get out of public health altogether.

We see these things happen and keep a stiff upper lip while we watch other newer Federally funded programs have more money than they can spend. The days of their “building infrastructure” must surely be over sometime soon and we continue to hope that we can somehow get some of those funds. We say “Thank heavens for our Cooperative Agreement funds, but they are always in danger of cuts too. We say what has happened to all the money?

Enough gloom and doom, what I also see and hear about from my viewpoint at NTCA are people working in TB programs who continue to have hope and press on to do their jobs in spite of all types of insults to their programs; sometimes to their dignity. I am always impressed at how our TB staff continue to work very hard to make sure that patients get treated safely; their contacts are found; DOT happens, and patients see their hard working caregivers and others press on to do their jobs.. When our patients, even the toughest ones to manage, say thanks and are glad to see us, it all is made worthwhile. We are one of the few programs where we actually see someone who was once very ill get well, because of what we have personally or indirectly done.

When I am asked who and what is NTCA? I am very proud to say that we are all TB workers and we represent the people who work in TB Control programs across the U.S. and its Territories. The reports in this document will serve to show the efforts that have been made by our Board members and our various committees. Our CDC members and colleagues, both in the field and at headquarters and our partners work with us and on our behalf to make things possible for us to do our jobs. Thanks to everyone of you who make TB prevention and control happen every day.

Carol Pozsik, RN MPH Executive Director, National TB Controllers Association

Letter from the President, Phil Griffin

Dear Colleagues,

Serving as President of this great organization for a second has been a wonderful experience of growth for me personally and professionally. When I accepted the challenge, I pledged to continue the momentum of previous years as we grow the organization and our influence and respect among partners. I believe that goal has been met. I also wanted to help position the association to continue to move forward with renewed energy and promise that also feel satisfied is happening.

As you will see throughout this report, 2009 was a very successful year and a very engaged year for NTCA. There have been many times that we as the board wondered where we would get the energy and time to continue projects and respond to the needs of the community we were elected to do, but because of the passion of the board and the membership, that energy was always found. I believe you will be pleased to read of these accomplishments and find in them the very purpose of this organization. You will see that membership is down and as we have analyzed this, we believe a great deal of is a direct correlation to the down economy. I want to personally encourage each and every TB Controller and Program Manager to consider rejoining or joining for the first the only organization in the country that is solely committed to meeting the needs of our roles in TB elimination. I also want to encourage all others related to the TB community to consider supporting the NTCA through your membership.

As we move forward, we have positioned ourselves to strengthen our advocacy efforts for the continued improvement of TB Prevention and Control efforts and increased our visibility. We are moving to garner more resources through a home in an additional HHS agency where we can seek Federal funds to provide for the care and treatment of Tb patients at a time when State resources have dwindled and the cost have increased. We need to be able to show Washington by the numbers of members that we are speaking for the needs of the nation.

The success of NTCA would not be possible without the dedication and hard work of many people. I want to thank the Board of Directors for their commitment and diligence throughout 2009 at times where we faced difficult decisions, short review time lines and increased requests for workgroup assignments. Carol Pozsik has served us well as the Executive Director in her tireless passion for TB Prevention and Control both in the US and in the Affiliated Pacific Islands. Jennifer Kannouse joined our staff as a part time Special Projects Coordinator in 2009 and has been remarkable in her contributions. As always the partnership with CDC is one that we could not survive without and for the respect and commitment offered from DTBE, I will be forever grateful.

I want to close on a personal note thanking all of you for the overwhelming support and encouragement I felt in December when I received my kidney transplant. I was so blessed with all the cards, emails, calls and words of encouragement received. You truly played a huge part in my successful recovery.

Phil Griffin, NTCA President 2008 - 2010

2009 – 2010 Officers and Executive Committee

Officers

Phil Griffin, Kansas

President

Jim Cobb, Florida

Past President

Kim Field, Washington

President-Elect

Denise Ingram, Montana

Secretary

Kristen Rounds, South Dakota

Treasurer

Executive Committee

Member	Home State	Incidence	Liaison States
Christie Chesler	Utah	Low	WY, MT, ID, NM, UT
Sue Etkind	Massachusetts	Medium	CT, KS, MN, RI, MA
Peter Davidson	Michigan	Medium	KY,OK, NV, WA,MI
Mary Goggin	Colorado	Medium	MS, PA, NC, AR, CO
Pat Infield	Nebraska	Low	SD, ND, WI, MO,OH,NE
Alan Lynch	Iowa	Low	VT, NH, WV. ME, IA
Shea Rabley	South Carolina	At large	IN, IL, DE, OR, SC
Charles Wallace	Texas	High	NJ, DC,AZ, LA, TX
Jon Warkentin	Tennessee	High	VA, AL, GA, FL, TN
James Watt	California	High	NY, AL, HI, MD, CA

Section Presidents

Kathy Kolaski, Georgia

National TB Nurse Coalition

Michael Leonard, Georgia

National TB Clinicians Society

Staff

Carol Pozsik,

Executive Director

Shannon Terregone,

Executive Assistant

Jennifer Kanouse,

Special Projects

2009 Annual Business Meeting Minutes

Atlanta, Georgia, June 15, 2009

President's Welcome & Call to Order – Phil Griffin

Phil Griffin called the 2009 NTCA Annual Meeting to order and welcomed members and guests. Phil announced the distribution of the 1st NTCA Annual Report, which includes summaries of the many activities NTCA members have been involved in over the year. Phil also announced that the Board is happy to report that NTCA received an increase in funding from CDC from \$142,500 to \$230,000. Some of the funding is being used to hire Jennifer Kanouse ¼ time to work on a variety of special projects, including the website, coordinating workgroups, assisting with the annual meeting, and other projects requested by CDC, Carol, and/or the Board. Phil thanked Carol Pozsik, Shannon Terregone, and Jennifer for their hard work and continued dedication to the organization. Phil also thanked Board members with terms ending this month, including Kathy Moser and Deb Sodt. He also thanked out-going NTNC president Kathy Hursen and out-going NSTC President, Ron Karpick. Both Kathy and Ron will continue to serve on the board in past-president positions for an additional year. Phil announced the current board members including new members as a result of the recent elections:

Officer Spotlight

Secretary

Denise Ingman, BS

Montana Department of Public Health

Executive Board

Past-president -- Jim Cobb

President –

Phil Griffin

President-elect – Kim Field

Secretary –

Denise Ingman

Treasurer –

Kristin Rounds

NSTC Section – Michael Leonard

NTNC Section-- Kathy Kolaski

High-Incidence

Charles Wallace, Texas

James Watt, California

Jon Warkentin, Tennessee

Medium-Incidence

Sue Etkind, Massachusetts

Peter Davidson, Michigan

Iram Bakhtawar, Arkansas

Low-Incidence

Cristie Chesler – Utah

Allan Lynch – Iowa

Pat Infield – Nebraska

At-Large Member

Shea Rabley

Update from June 2009 Board Retreat

The Board is in the very early stages of developing a strategic plan. There are four strategic areas the board wants to develop objectives for, including 1) Workforce Development, which would focus on recruitment and advanced training; 2) Advocacy and Outreach, which would focus on advancing TB program visibility and status; 3) Communication, which would focus on how to communicate messages to key audiences and facilitate communication between members; and 4) Infrastructure, which would evaluate and assess the mission and objectives of NTCA. The Board is also applying for affiliate membership with ASTHO and is trying to reach out to STD/HIV sister organizations.

Secretary's Report – Denise Ingman

Minutes of the 2008 NTCA Annual Business Meeting were distributed for comment and discussion. There being no discussion, it was moved and seconded to accept the minutes as written.

Treasurer's Report – Kristin Rounds

A report from the treasurer was distributed. The most notable item is the increase in Cooperative Agreement funding. The annual audit was completed and resulted in a clean report, which is available upon request. There were no questions or discussion and it was moved and seconded to accept the report as written.

Board Member Spotlight

Allan Lynch

Tuberculosis Program Manager

Iowa Department of Public Health

8+ years of Service in TB Control

- **Quote:**

“NTCA has become a player to be reckoned with. It has more than a do nothing board – it's recommendations are taken seriously at the federal level. That is chiefly due to you Phil Griffin, NTCA President.”

National TB Nurse Coalition Report – Kathy Hursen

The nurse's group has changed their election cycle to coincide with NTCA's. The new board members are as follows: Kathy Kolaski, President; Kathy Hursen, Past-President; Dawn Farrell, President-Elect; and Tammy McKenna, Secretary. Kathy reported that the NTNC Annual Meeting held earlier today was well attended and productive.

National Society of TB Clinicians Report – Ron Karpick

The section had its business meeting today. New board members are Michael Leonard, President; Ron Karpick, Past-President; Charlie Crane, President-Elect; and Jenny Flood, Secretary. Ron recognized Jon Warkentin for organizing the results of a survey conducted to determine the direction and goals of the NSTC Section.

Executive Director's Report – Carol Pozsik

Board Meetings – Carol facilitates a monthly conference call with the NTCA Board of Directors. Carol encouraged members with concerns or items of discussion for the board to contact her and she will add your items to the agenda. There is also a designated time for discussion with CDC on every conference call. In addition to the board meetings, Carol is there to work with members and other partners and encouraged members to call her any time.

Advocacy – The advocacy group has very frequent meetings, often weekly. NTCA has partnered with Stop TB, RESULTS, ATS, and others to advocate for increased awareness and funding for TB control. Carol recognized Nuala Moore of ATS who has helped tremendously this year. Carol also thanked all the other members on the Advocacy Committee for their tireless commitment to the TB cause.

Committees – Carol emphasized that the committees and workgroups are not just for board members! We want all members to participate and welcome new ideas and interests. Please let Carol know if you would like to assist in any area of the organization and please call her anytime for assistance or discussion.

Committee Reports

Annual Conference Planning Committee – Phil Talboy

Phil thanked the committee that worked for about a year to plan the conference agenda for 2009. The committee met once a week by conference call to complete their work.

They used comments from the evaluations from last year and suggestions from committee members to plan the 2009 agenda. There were 459 persons pre-registered for the meeting this year! Dr. Frieden is the guest plenary speaker and everyone in the TB world is happy to have him back! Phil thanked NTCA members for their dedication to TB. Phil feels that in the last couple years the recognition of TB in Congress has at least tripled and our advocacy efforts are making a difference. Phil encouraged everyone to visit the historical TB display set up by Dan Ruggiero in the exhibit area. Charles DeGraw commented that he would like to see the annual conference held in Washington, D.C. again to facilitate advocacy. Phil said NTCA has already signed a contract to have the meeting in Atlanta in 2010, but he will bring it up with the committee for future years and try to do a cost comparison also. Phil did say that five NTCA members are going to the RESULTS conference in Washington, D.C. next week.

By-Laws – Phil Griffin

Phil explained that the proposed changes in the NTCA By-Laws are needed to allow electronic balloting for elections. This will save resources both in terms of staff time and expenditures. The proposed by-law changes passed unanimously.

TB-EDN – Deb Sodt

Deb and Mike Arbise represent NTCA on this committee. DTBE recently sponsored an EDN Summit, which was coordinated by Tom Stuebner of the Francis J. Curry RTMCC. Discussion centered on communication and the current problems of extensive delays and other issues related to accuracy. There is currently a 16,000-patient backlog and the State Department is anticipating 80,000 new immigrants and refugees for the year. There is a proposal to deal with the backlog and new notifications are moving ahead, but very slowly. Main outcomes of the summit included hiring a project manager for the EDN system, increasing the staff, and bringing the state refugee coordinators into the workgroup.

Model TB Law Workgroup – Mike Holcombe

As background, Mike said the development of the model law did not result in an acceptable document for TB control. Mike and Phil Griffin recently met with the CDC group that had drafted the model law. Although many changes had been made, there were still many, many problems and NTCA voted NOT to endorse. Currently CDC is proposing the development of a model with “drop-down” menus that states can use to customize their own laws or policies. Phil Griffin commented that this project is more than just writing a model law – it includes an inventory of TB laws in 25 states and NYC. In addition, exercises were conducted in Florida and Kansas with key findings to be published.

Other Business

Travel – Phil Griffin

Travel restrictions at the state and big city level have had a detrimental effect on this meeting and other business that TB controllers are involved in. While there is no perfect solution to the problem, the PGO letter resulted in a large and positive impact for travel to this conference. CDC will continue to work with PGO to develop policies related to states accepting grant funds budgeted for travel and then trying to restrict travel and use funds for other purposes.

This concluded the NTCA Annual Meeting.

Respectfully submitted, Denise Ingman, Secretary

2009 Treasurer’s Report

NTCA Finance Highlights

- ✚ The NTCA cooperative agreement with CDC remained level at \$230,000.00.
- ✚ The Finance Committee met in December 2009 to draft the 2010 NTCA budget.
- ✚ NTCA participated in a comprehensive financial audit in January 2010. The audit was conducted by Fulton & Kozak, CPA and the auditors issued a clean audit report.

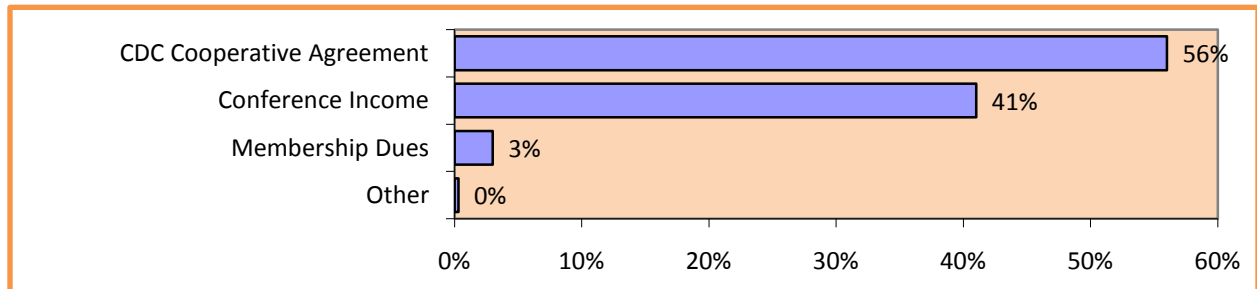
2009 Budget Summary

A summary of the 2009 NTCA budget revenue and expenditures is outlined below:

2009 Total Revenue:	\$412,834.60
2009 Total Expenditures:	\$364,861.41
2009 Net Balance	\$ 47,973.19

2009 NTCA Funding Sources

The following funding sources represent the revenue for the NTCA:



2010 Projected Budget

A summary of the projected 2010 NTCA budget revenue and expenditures is outlined below:

2010 Projected Revenue:	\$410,200.00
2010 Projected Expenditures:	\$397,340.00
2010 Projected Net Balance	\$ 12,860.00

Summary

In 2007, NTCA had more expenditures than revenue and the Association was required to dip into financial reserves to balance the budget. During 2008 and 2009, this deficit spending was reversed with a net revenue of \$7,000.00 in 2008 and \$47,973.19 in 2009. The projected 2010 NTCA budget will continue this trend with a projected net revenue of \$12,860.00.

Kristin Rounds, Treasurer, NTCA

Officer Spotlight Treasurer

Kristin Rounds, BA
Tuberculosis Control Program Coordinator
South Dakota Department of Health
18 years of Service in TB Control

- Quote:

“My greatest achievement with respect to the NTCA is the personal relationships I have developed with fellow TB controllers from around the US. It is so helpful to share ideas and learn from others. The friendships I have developed are truly cherished.”

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2009 Membership Information

2009 NTCA Membership Report

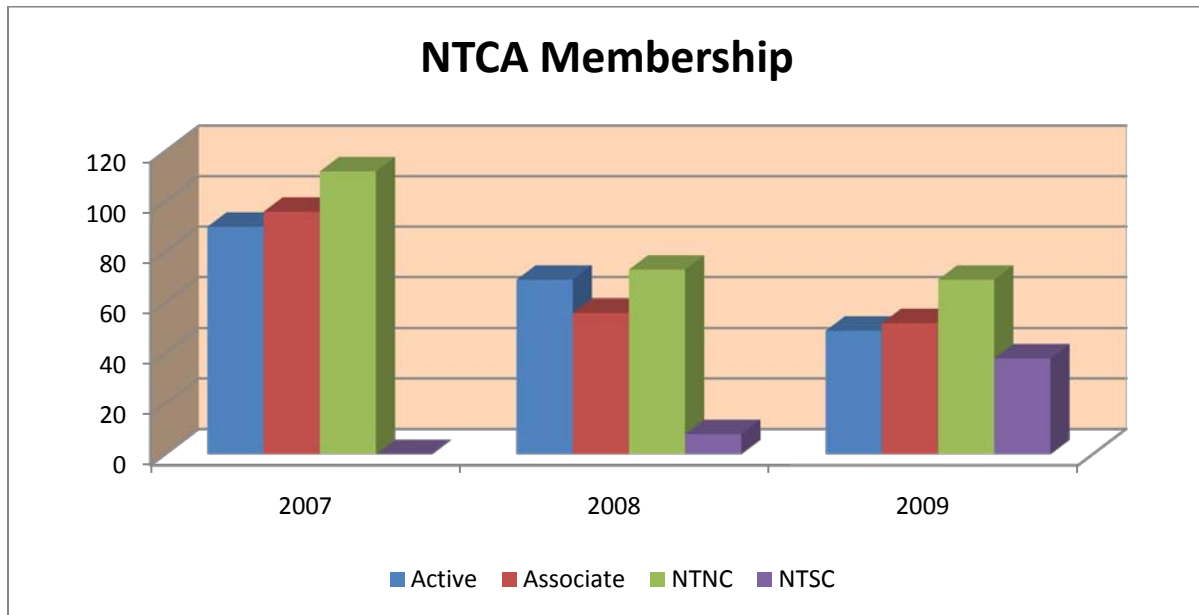
Active Members (TB Controllers and Assistant TB Controllers)	49
Associates	52
NTNC (Nurses)	69
NSTC (Clinicians)	<u>38</u>
	208 total members

2008 NTCA Membership Report (for comparison)

Active Members (TB Controllers and Assistant TB Controllers)	69
Associates	56
NTNC (Nurses)	73
NSTC (Clinicians)	<u>8</u>
	206 total members

2007 NTCA Membership Report (for comparison)

Active Members (TB Controllers and Assistant TB Controllers)	90
Associates	96
NTNC (Nurses)	<u>112</u>
	298 total members



Active members are TB Controllers and Program Managers. NTNC members are nursing section members and NTSC are clinician members. All others are Associate members.

Board Spotlight

Pat Infield, RN, BSN

TB Program Manager

Nebraska Department of Health and Human Services

34 years of Service in TB Control

- **Quote:**

“My opinion of the greatest achievement for NTCA for 2009, is the annual meeting that brings together all the professionals working in TB and provides the opportunity to share our knowledge and experiences as we work toward TB elimination. Having lab personnel from every state attend and the growth of the clinician section were major additions to the meeting and demonstrates how NTCA is increasing its partnerships with other national groups and organizations.”

Membership Committee

A Membership Committee was organized during this year and has worked primarily to create a new Membership Application that is now online and in use on the NTCA Website. The new Application was designed to collect more information about a member's employment including location, type of membership, special interests, specialties and NTNC and NSTC Section information. A long time goal was accomplished in December 2009 to allow payment of Annual dues by Credit Card. It was the hope of the Committee that new members and renewals would make dues payment easier and would thereby increase membership.

The new Section for TB Clinicians the NSTC has also spurred an increase in membership. There is still a need to determine the actual number of TB clinicians in the U.S. working in State and local health departments. The NTCA Board members have begun to appeal to their assigned Constituent states and big cities to send in the

contact information for the clinicians in their jurisdictions. The NSTC will develop informational literature to be sent to these clinicians about the new Section.

We have lost members and gained new ones to replace them, thus our total numbers for 2008 and 2009 have remained about the same. Member losses were due to retirements, no longer working in TB, and reduction in public health workforce.

We encourage those of you who have not join NTCA to please join us. We hope that the activities outlined in the 2009 Annual report will show that the hard work we do behind the scenes on behalf of all TB workers will encourage membership in NTCA. We need your help, not only in dollars, but in your input on critical topics pertinent to TB elimination in the U.S.

Carol Pozsik, Chairperson

National TB Nurse Coalition

NTNC had an active 2009, meeting 10 times during the year. NTNC has 8 active committees – Annual Meeting Planning, By-Laws (as needed), Corrections, Membership, Nursing Informatics (being redeveloped), TB Nurses Manual, Workforce Development and ANA Recognition)

The Executive Board members from January to June 2009:

Past President – Joann Arnold
President – Kathy Hursen
President Elect – Kathy Kolaski
Secretary – Linda Brown

The Executive Board from June 2009 to June 2010:

Past President – Kathy Hursen
President – Kathy Kolaski
President Elect – Dawn Farrell
Secretary – Tammy McKenna

NTNC Committee Chairs and activities:

- Annual Meeting Planning committee presented the Annual NTNC education/business session June 15, 2009 with the theme of “Nurses Are Leaving the Village” and included sessions on the national nurse shortage, lessons learned from dismantling TB nurse case management, creative ways to maintain the TB nurse case management team and Nurse Survey results. The committee continues to be active in planning the educational and business components of the NTNC 2010 meeting in conjunction with the NTCA planning committee
- By-Laws (Karen Farrell) were amended June 2009 by membership quorum to facilitate electronic voting and will be placed on the NTCA/NTNC web site
- Corrections is an active joint committee with NTCA (Ellen Murray) and has completed the Corrections Liaison Core Competency, conducts monthly telephone conference calls to discuss challenging cases, presented at the Americans Corrections Association National Conference on Correctional Healthcare and written an article for publication in Public Health Behind Bars (Ellen Murray, author)
- Membership (Ann Poole) is requesting additional committee members
- Nursing Informatics committee (Judy Gibson/Kim Field/Janice Boutotte) has recommended a name change, a review of objectives and integration into the broader concept of nursing practice due to completion of task in development of performance measurement tools (TB Patient-Centered Care Model, Goal Matrix Tool with scoring forms and TB Case Management for Nurses: Self Study Modules)

Section President Spotlight

Kathy Kolaski, R.N., B.S.N., M.S.N., CNS
Public Health State Office Nurse Consultant
Georgia Department of Community Health, Division of Public Health, TB Program

30 Years of Service in TB Control

Quote:

“The past year's NTCA/NTNC activities have underscored for me the NTCA objectives, particularly the call to develop and provide a collective voice for TB Controllers to advance and advocate TB control and elimination activities in the United States. The opportunity to serve as the president of NTNC and on the NTCA Executive Board has been an honor and a privilege and has provided a wonderful opportunity to collaborate with others concerned about the control and elimination of TB nationally in shaping a future that will make a difference.”

- Research is in hiatus; NTNC membership has been asked to notify a member of the NTNC Executive Board of pertinent research to be posted to the NTNC web site
- Staffing Standards has completed the task of developing tools to assist with TB staffing (the Workload Demand Assessment Tools) which are in the process of publication
- TB Nurses Manual committee (Jan Young/Gayle Schack) has developed and is adhering to a timeline for completion of the manual by June 2010, has identified writers and editors and is reviewing and revising chapters
- Workforce Development is a joint NTNC/NTCA committee (Ellen Murray) tasked with overseeing the development of core TB competencies (Corrections Liaisons Core Competencies, PHN Consultant Core Competencies and Outreach Worker Core Competencies have been completed; Nurse Case Management Core Competencies are still under development)
- ANA Recognition (Ellen Murray and co-chair) is a newly formed committee to determine the feasibility of national certification for TB Nurses

A few activities of NTNC during 2009, in addition to committee activities, include

- A statistician's analysis conducted on the data obtained from the 2008 TB Nurses Survey (conducted to determine current challenges facing nurses providing TB care in the U.S.) to assist with drafting an article for publication in a scientific or professional journal
- Coordination of web site development with NTCA
- NTNC membership increase during the June Annual Meeting to 67
- Posting of newly approved NTNC By-Laws to NTNC web site pending
- Creation of new committee to explore ANA recognition of TB as a Nursing Specialty
- Exploring the feasibility of developing a committee of retired TB Nurses to assist with patient advocacy and mentoring practicing TB Nurses
- A nursing representative from CDC joins the NTNC Executive Board during the meetings/conference calls to facilitate communication

National Society of TB Clinicians

President: Michael Leonard
 President-Elect: Charlie Crane
 Secretary: Jenny Flood
 Honorary Past President: Ron Karpick

2009 was focused on recruitment and further development of the National Society of TB Clinicians. Planning for the third annual meeting of the society was successful and will be held in Atlanta in June of 2010.

Section President Spotlight

Michael Leonard, MD

2009 National TB Conference

Previously known as the National TB Controllers Workshop, 2009 marked the name of the conference being changed to National TB Conference. This name change was an effort to be clearer in purpose of the conference and the audience for the conference. The intent was to reflect a desire to be more inclusive of all working toward to TB elimination, not just TB Controllers.

Board Member Spotlight

Mary Goggin, RN, MPH
Colorado Department of Public Health and Environment
3.5 Years of Service in TB Control

Quote:

“I just joined the board recently so would find it hard to comment on 2009 achievements. I do feel honored to be selected to represent medium incidence states from 2010-2011. Look forward to the challenges and solutions ahead for TB control and prevention.”

There were approximately 400 attendees, including public health laboratory representatives from nearly all states. For the first year, a one day preconference meeting was held for the laboratorians led in partnership between CDC and APHL. Future conferences are being planned to more fully co-locate TB Laboratory and TB Program activities.

The workshop planning committee was chaired by Phil Talboy and Phil Griffin and was staffed by Sherry Brown and Carol Pozsik. The CEU package was prepared and managed by Regina Best. Several TB Controllers, CDC DTBE staff and TB Nurses served on the planning committee.

Program Collaboration and Service Integration (PCSI)

This workgroup began in January 2009. The workgroup is made up of members from each of the following national organizations; NASTAD, NCSD, UCHAPS, and NTCA. Gustavo Aquino, Associate Director for Program Integration (ADPI) serves as the chair of the current workgroup.

The workgroup held five conference calls between January and December of 2009 and a face to face meeting on April 24, 2009 at NASTAD’s headquarters in Washington, D.C. Jim Cobb, Kim Field, and Carol Pozsik attended the face to face meeting representing NTCA. Program collaboration and service integration (PCSI) is a mechanism of organizing and blending interrelated health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services.

The goal of PCSI’s ongoing effort is to foster collaboration between national partner organizations while focusing on integrating program services at the client level. The end products of such activities will save money, streamline our public health efforts, and maximize the sharing of best practices across programs.

A primary outcome objective for the meeting held in Washington, D.C. in 2009 was to develop a joint agenda among the national organizations primarily, and CDC secondarily, for PCSI work through 2010. Several themes emerged during the group discussion and within the breakout groups. Participants agreed that there is a need to conduct case studies, describe model programs, and communicate the important lessons learned from case studies/model programs. Participants also identified the need to develop common language about PCSI, common definitions for terms (e.g., “screening” and “routine testing”), common messages for decision makers, and common prevention messages across two or more disease areas as critical components of communication efforts moving forward.

There was a discussion about the need for additional resources (funding and staff) to coordinate program integration activities, and there was general agreement it is important to identify and support a person whose main responsibility is to coordinate and push these efforts. We cannot expect the activities to succeed if they are done on a “volunteer” basis. Gustavo Aquino acknowledged that this would help, and encouraged organizations to find a way to get this work done by pooling resources.

Officer Spotlight Past President

**Jim Cobb, Chief
Bureau of TB & Refugee Health
Florida Department of Health
9 years of Service in TB Control**

- **Quote:**

“As a TB Controller, I have to single out the members of the Advocacy Committee for the hard work and efforts in getting our voices heard on capital hill concerning the importance of increasing domestic TB control funding. With the guidance and leadership from Nuala Moore, this committee worked endlessly to raise the awareness to those house and senate members who impact decisions on funding TB Control efforts across the nation.”

Two very valuable products were introduced by PCSI during 2009. They are:

- 1. PCSI Evaluation Plan and PCSI Logic Model**

CDC has two goals related to PCSI evaluation: 1) to obtain a picture of the amount and types of PCSI activities currently occurring among funded entities in the United States, and 2) to monitor internal CDC progress on commitments and activities, and the effect of these activities in the field.

2. PCSI White Paper

This white paper outlines NCHHSTP’s strategic vision for program collaboration and service integration, building on and refining concepts outlined in a 2007 green paper. This earlier paper presented a framework for service integration and introduced the concept of PCSI “levels of integration” as a way to conceptualize, implement, and deliver holistic, evidence-based prevention services and risk reduction messages to appropriate populations in clinical settings.

For more information on PCSI including the white paper, visit the NCHHSTP PCSI website at <http://www.cdc.gov/nchhstp/programintegration/Default.htm>

Jim Cobb

Board Member Spotlight

Sue Etkind, R.N., MS

Director, Division of TB Prevention and Control

**Massachusetts Department of Public Health
26 Years of Service in TB Control**

- **Quote:**

“I have been honored to be a part of the NTCA Board this past year. The organization has grown exponentially since I first became a member and officer many years ago. This is truly a representative organization - if an issue is raised by a TB controller, it is on the agenda for the next NTCA Board conference call and action steps follow. We have established linkages with partners in all aspects of TB control and the organization does not fail to call on them when needed. I look forward to continuing to work with the Board and my fellow TB Controllers in the upcoming year.”

Advocacy Committee

There are currently 20 members on the NTCA Advocacy Committee. These members represent 15 different organizations. They are as follows: Stop TB USA, American Thoracic Society, American Lung Assn SE Region, American Lung Assn Washington State, RESULTS International, RESULTS Educational Fund, TB Control Program workers, TB Controller Retirees, ASTHO, NACCHO, Infectious Disease Society of America, Association of Public Health Laboratories, NTCA members, Treatment Action Group, California TB Controllers Assn., Respiratory Health Association of Metropolitan Chicago. Carol Pozsik serves as Moderator on the many conference calls that have been held throughout the year. Nuala Moore, Legislative Director, American Thoracic Society provides leadership and direction

to the Committee by advising Committee members of pending legislation and issues. Notice of Legislative Alerts to TB Control Programs and other interested organizations throughout the U.S. are issued by the Executive Director of Stop TB USA. Other Committee members whose organizations have Legislative or Advocacy Committees take the Action alerts back to their committees. Many TB Control program staff is prohibited from contacting Members of Congress, so they do not act on the legislative alerts themselves. The Alerts however are distributed so that the information is available to individuals and organizations that can provide action. TB control workers can however provide education to Members of Congress by

responding to their requests for information about the status of TB in their States, the US and the world.

Even though the results of the many efforts of the Advocacy Committee and its partners did not produce the increases in federal funding to the U.S. TB programs through CDC, all was not lost. These efforts have made Members of Congress aware of the TB problem in the U.S. and we have many more supporters in Congress that have been had before. We consider this to be a great success even though new dollars did not come through for our programs this year. Maybe next year!

Anyone may join the Advocacy Committee by contacting Carol Pozsik at NTCA.

Corrections Joint Committee

Chair/Co-Chair

- Ellen Murray
- (NTCA - Vacant currently)

Meetings

- Nine (9) telephone conferences and one (1) face-to-face meeting
- # of participants on calls ranged from 4 to 12

- Committee members include: Diana Schneider and Jennifer Jones (DIHS), Mark Lobato, MD (CDC), Sandra Morris and Rachel Wise (TX), Debra Spike and Beth Bassham (FL), Joni Clafin (OK DOC), Diana Fortune (MO), Dorothy Murphy (IL), Josephine Ford (MA), Carol Greene and Marti Brentnall McQueen (CA), Kathy Kolaski (GA), Lauris Harley (VI), Farah Parvez (CDC), Sue Brun and Phil Griffin (KS)

Goal and objectives

- To expand the awareness of the challenges of tuberculosis in correctional facilities through collaborative efforts
- To develop corrections liaisons for resources and recommendations in all aspects of corrections

Officer Spotlight President

**Phil Griffin, BBA, CPM
Director, TB Prevention
and Control
Kansas Department of
Health and
Environment
8 Years of Service in TB
Control**

- Quote:
“NTCA has continued to take on a more substantial role on the landscape of Public Health Nationally. I believe that the focus of the Board of Directors to be more committed to communication and engagement of the membership has not only positioned the association to be better at representing the views of the nation’s TB workforce, but has also opened the door for new leaders to step up to board responsibilities.”

Outcomes

- Continue development of TB Program PH Corrections Liaison Core Competencies

Challenges/Successes

- Developed and completed Plenary and Breakout sessions at 2008 NTCA Meeting in June, 2008 to discuss challenging cases of TB in Correctional Facilities and introduce best practices
- Continue to identify best practices and ongoing challenges and discuss at each meeting
- Developing expertise for corrections liaisons for assistance in local and state health departments as corrections committee continues to grow
- Discussed potential ideas/topics for needed research in corrections, including identification of TB cases, screening techniques, infection control techniques that vary from facility to facility, case management, and discharge planning

Impact on the TB community in general/Specifics on how these impact the goal of TB elimination

- Development of corrections liaison core competencies will assist public health to enhance communication, collaboration, training and education when working with corrections staff
- The core competencies will give guidance to aid public health when working through challenges that exist within the corrections community
- Corrections expertise within each region will enable communities to identify resources for ongoing training and education, and a place to turn for assistance with contact investigations, outbreaks, TB Plans, etc.

Objectives for 2009

- Continue to meet via phone conference on 3rd Wednesday of each month
- Meet annually face-to-face at NTCA Meeting to discuss ongoing challenges within correctional settings
- Discuss how different public health liaisons evaluate the effectiveness of the TB programs in their correctional facilities
- Continue to discuss challenges faced in contact investigations and identification of challenges when working with corrections

Workforce Development Committee

Chair/Co-Chair

- Ellen Murray
- Phil Griffin

Meetings

- One telephone meeting was held in 2009
 - Subcommittee meetings of competency workgroups were ongoing
 - Physician Core Competencies will be addressed to New TB Physicians workgroup for consideration in completing

Board Member Spotlight

Shea S. Rabley, RN, MN
Division Director, TB Control
South Carolina Department of Health
and Environmental Control
16 years in the TB Control Program

- Quote:
“The work of the NTCA with the Model Law Committee provided avenues for discussion and ultimate drafting of the Model Law Menu for use by states in process of reviewing and revising antiquated TB laws.”

- Committee members include: Ann Raftery (Curry Center), John Bernardo (MA), Judy Gibson (CDC), Debbie Onofere (Heartland), Eileen Napolitano, Lillian Pirog and DJ McCabe (Global TB Institute), Kim Field (WA), Jane Moore (VA), Kathy Kolaski (GA), Lynelle Phillips (MO)

Goal and objectives

- To help stabilize and develop the human infrastructure in TB programs by supporting the Public Health Workforce Development Initiative
- To identify and support integrated learning systems and use initiatives to assure competencies; conduct evaluation and research; and justify financial support

Outcomes

- Ongoing work on competencies listed:
 - Corrections Core Competencies for PH Corrections Liaisons
 - PHN Consultant Core Competencies
 - Outreach Worker Core Competencies (still in draft)
- Completed the TB Workload Assessment

Tools paper and submitted to the Journal of Public Health Management and Practice
Challenges/Successes

- Challenges
 - Identify workforce issues that others would like oversight from committee
 - Continue to meet only as needed for review of ongoing workgroups
- Successes
 - Team began work on Nurse Case Management Core Competencies

Impact on the TB community in general/Specifics on how these impact the goal of TB elimination

- Through the monitoring of workforce composition in TB programs, workforce tools will aid in identifying functions, supporting competency documents, and developing curriculum for TB programs throughout the U.S.

Objectives for 2010

- Meet as needed to discuss workforce issues and maintain discussions on needs and initiatives identified
- Discuss with NTCA a mechanism for feedback and review of completed competencies and other tools
 - Protocol developed for requested placement of competencies on NTCA website and ability to give feedback

Cohort Review Task Force

Cohort/Case Review: NTCA Survey by
Zoomerang: Submitted by Kim Field

Background:

- 1) Request from Dr. Kashef Ijasz and Kai Young for NTCA to conduct a national survey of TB Controllers regarding practices related to Cohort and/or Case Review. (January 2009)
- 2) Kim Field requested approval of NTCA Board President and members, and CEO.
- 3) Kim Field and Sheanne Allen of WA State TB Program requested consultation of Bill Bower, New York City and New Jersey Medical School Global TB Institute, to review draft survey. Jenifer Kanouse, NTCA employee, to assist with Zoomerang process. (February 2009)

Goals:

- 4) Goal of Survey:
 - To Provide CDC DTBE Evaluation Branch background history and practice of National TB Controllers related to ongoing cohort review and/or TB case review efforts.

Survey data to be utilize by CDC DTBE Evaluation Branch to develop guidelines for 2010 Cooperative Agreement related to proposed National and Regional Cohort and/or TB Case review.

Process/Outcome:

- 5) Between February and March there were numerous email communications and meetings of staff to draft and review draft of survey. The survey reviewers included: Dr.Ijasz, Kai Young, Bill Bower, Jennifer Kanouse, NTCA Executive Board.
- 5) The final survey was sent out by NTCA on March 27, 2009. The extended deadline was April 10, 2009. There were a total of 64 national responses.
- 6) Responses were very complete and included:
 - Challenges to TB case management include “more co-morbidities, i.e., HIV/AIDS, substance abuse and diabetes” and “increase in social, language and cultural related barriers”.

Officer Spotlight

President Elect

Kim Field RN, MSN

Section Manager,

Washington State Department of Health

17 years of Service in TB Control

- **Quote:**

“The greatest 2009 accomplishment for me was the” initiative that our President Phil Griffin and board members made to sit with NASTAD Director and staff to discuss a strategy for TB Advocacy related to funding for patient care and TB medications. This demonstrated NTCA leadership and collaboration at a national level with a very successful advocacy group.”

- 41% (19) of responders indicated that the model used is “case reviews: TB program officials call case review meeting to discuss all relevant aspects of current cases each quarter”
- 80% (16) of responders indicated that they would be interested in conducting cohort/case reviews.
- Implementation by responders was indicated as early as 1994 and as current January 2008.

Impact:

7) The NTCA National Cohort/TB Case Review survey responses will be utilized by the CDC DTBE Evaluation team to develop recommendations and guidelines for incorporation of same practices in the 2010 Federal Cooperative Agreement for Tuberculosis Prevention and Control.

Expert Group to Evaluate Molecular Drug Susceptibility Testing

In June 2008 ACET passed a resolution recommending that... *“CDC fund and expedite implementation of currently available rapid drug-resistance assays in selected qualified reference labs to quickly identify drug-resistant TB, reduce transmission, and prevent further acquired drug resistance...”*

In response to the ACET resolution, CDC convened an expert panel to evaluate the current status of rapid drug resistance testing available and make recommendations for developing a nationwide system of rapid drug-susceptibility testing to all TB control programs in the U.S. The panel included clinicians, TB controllers, laboratorians, and representatives from the RTMCCs, ACET, NTCA, APHL, and CDC. The panel had weekly teleconferences from November 2008 to February 2009.

Specific tasks the panel was charged with included developing recommendations for patient test eligibility, specimen submission, laboratory

Board Spotlight

James P. Watt, MD, MPH
Chief, Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health
4 Years of Service in TB Control

o Quote:

“I think that the greatest achievement of NTCA is that it provides a venue for state TB controllers to share information and provide collective input to CDC on tuberculosis control policy that affects states. I know that this is not a new “achievement”, but this ongoing function is very important and unique. When each state individually comments on important issues like the way in which federal TB control funds are allocated, those comments may have limited influence and be seen as parochial. However, when state TB controllers come together and speak with a unified voice, we are better able to influence national policy.”

organization and testing, and recommendations for funding the program. The panel developed a written report that was provided to Dr. Ken Castro.

A Summary of final recommendations of the panel is below:

- CDC should establish regional labs to provide molecular drug-resistance testing
- Molecular drug-resistance testing should be available for one AFB smear-positive or NAA-positive respiratory specimen or one *M. tuberculosis* culture from each TB patient or TB suspect
- If resources do not permit universal testing, TB patients or suspects at high-risk of having MDR-TB and those deemed high priority by TB programs should receive testing
- CDC should immediately establish an interim service to provide molecular drug resistance testing for TB suspects and patients as high-risk of having MDR-TB
- CDC is encouraged to explore using supplements to existing cooperative agreements to provide sufficient new funds to existing, proficient molecular drug-resistance testing labs to allow them to expand their capacities to meet this need
- New funds will be needed for the molecular drug-resistance testing program; funds in the current TB Cooperative Agreements should not be redirected for this purpose
- CDC, state programs, and partners should aggressively work toward establishing the protocols and procedures for a) identifying patients to be tested; b) submitting specimens to the labs; c) reporting results, and d) reflex testing to determine the susceptibility of RIF-resistant samples to first-line and second-line drugs
- Requests for, and reports of , molecular testing will be routed through the state (or large city or county if applicable) TB control program

Denise Ingman, panel member

TB Awareness Walk

The Third TB Awareness Walk took place on Saturday, March 21, 2009, in Atlanta's Grant Park. It was a chilly morning, but all the sunshine eventually made it a pleasant event. Many activities were available this year for the participants, including a steel band and a rock duo providing entertainment, face painting for adults and kids, and a clown who provided balloons in various shapes and sizes for the kids. In addition, we had three speakers: Dr. Richard Besser, the former acting Director of CDC; Dr. Terry Chorba, Associate Director for Science from our center, NCHHSTP; and Ken Patterson from RESULTS International. This event is not a fundraiser, but it is an awareness raising effort. Therefore, there is no registration fee, and free t-shirts are provided each year. In fact, the t-shirts account for most of the expenses of the walk which are covered by donations from many businesses and individuals. The names and logos of the donors/sponsors were displayed on the back of the t-shirts.

As with many events, partnerships are one of the essential ingredients to success. This idea builds upon the U.S. theme for World TB Day, “Partnerships for TB Elimination.” The partnerships for the walk included the National Tuberculosis Controllers Association (NTCA), the lead organization for this event; CDC; the American Lung Association of the Southeast Region; the Georgia Division of Public Health; the Fulton County Health Department; the DeKalb County Board of Health; RESULTS International; the Watsonian Society (a CDC employee organization); Emory University; and Morehouse College. The planning committee consisted of representatives from many of these organizations and was chaired once again by Vic Tomlinson, a program consultant in CDC’s Field Services and Evaluation Branch, Division of TB Elimination.

We tried to reach out to the Atlanta community and beyond in a number of ways. Our marketing efforts included word of mouth, e-mails, our website, www.tbwalk.org, Craig’s List, Facebook, Twitter, flyers and business cards, write-ups in community bulletins, the CDC parents’ network, and CDC announcements.

So, what were the results? We had 1,170 online registrations this year, at least 200 more than the previous year. The number of individuals who actually showed up reached 738 this year, which again is almost 200 more than the previous year’s estimate of 550 attendees. Fox 5 News provided media coverage.

An after-action review was conducted on April 15, 2009, to obtain feedback on the walk. We discussed what went well, what did not, and any improvements that are needed for next year. We hope to have an even better turn-out in 2010!

Submitted by Vic Tomlinson
On behalf of the TB Awareness Walk Planning
Committee

Flagship Project Workgroup to Improve Treatment Adherence for LTBI

Phil Griffin asked Denise Ingman, Montana Tuberculosis Program Manager, and Kim Field, WA State TB program manager, as NTCA Board members to serve as representatives on a CDC DTBE workgroup Flagship Project.

The chair of this project is Sha Juan Colbert PhD, MPH, Communications, Education, and Behavioral Studies Branch CDC DTBE. The CDC DBTE workgroup members are: Eugene McCray; Kevin Cain; John Jereb;

Board Member Spotlight

Cristie Chesler, BA
TB Controller
Utah Department of Health
10 years of Service in TB Control

• **Quote:**
“Some of the greatest achievements of NTCA, during 2009, included sponsoring the 2009 National TB Control Conference, input on repairing the EDN reporting system, and promoting the implementation of a national Cohort Review Process.”

Jose Becerra, Bonnie Plikaytis; Bruce Health; Christine Ho; Thomsas Navin; Denise Garrett; Heather Duncan; Mary Reichler; Sean Toney; Edwin Rodriguez.

This workgroup focus is to develop a proposal for patient-centered care to enhance treatment adherence of individual with LTBI. The overarching project goals is to establish an evidence-base for patient centered care approaches to LTBI treatment adherence.

The workgroup met by conference calls initially in July 2009 and final draft of proposal by October 2009.

The workgroup formulated a project with three phases:

Preventing Future Tuberculosis Cases (summary of draft document)

Phase 1:

Identify project sites through a competitive selection process, whereas funds will be delivered via a supplement to existing cooperative agreements. Potential sites will need to perform LTBI care that meets the standards as outlined in the request for proposals.

DTBE will work with project sites to ensure the development of an optimal public health infrastructure that is able to systematically conduct the following steps: 1) Identify groups at risk for TB, 2) Diagnose these persons, 3) Offer treatment, 4) Follow-up with patients for up to two years following step 1. DTBE will work to develop a uniform data collection tool that project sites will use to follow patients for up to two years.

Phase 2A:

DTBE will work to develop a comprehensive adherence risk assessment that will be able to reliably predict persons who are more likely to not adhere to LTBI medication regimens. Two complimentary research designs will be used to assess the predictive value of the adherence risk assessment.

Phase 2B:

Through an intervention, this project will explore the gains and adherence rates of persons with documented substance use disorders who are randomized into one of three groups.

This design is expected to show the incremental values of adding extra support and activities to enhanced intervention among a very vulnerable population.

Phase 3:

Accessing the infrastructure that has been adopted at project sites, DBTE will initiate demonstration projects to model the use of the adherence risk assessment.

The main concerns for Denise and Kim is the same for national TB programs and that is the lack of resources and infrastructure to perform risk assessment and screening of at risk populations for LTBI.

Board Spotlight
Jon Warkentin, MD, MPH
Tennessee Department of Health

Board Spotlight

Charles E. Wallace, Ph.D., M.P.H.

Texas Tuberculosis Services

Branch - Manager

Texas Department of State

Health Services

20 years of Services in TB Control

- Quote:
“NTCA has been an effective advocate for tuberculosis programs across the country. The partnerships and collaborations developed in 2009 has strengthened NTCA’s capacity, voice and work in other areas of health care delivery such as HIV prevention, laboratory sciences and tuberculosis research.”

Flagship Project Workgroup to Develop a Network for Rapid Susceptibility Testing

Phil Griffin and Mike Arbise represented the NTCA on a CDC workgroup charged with examining options and making recommendations to DTBE Senior Management for rapid susceptibility testing of TB Patients in order to improve outcomes, reduce delays in appropriate medication regimes, early identification of drug resistance and decrease in potential exposures to drug resistant patients. A recommendation was developed to model after the National Genotype Network creating two resource laboratories that would be available to service all states and also work to build capacity of the laboratories along the border in Mexico.

Criteria for submission of specimens would be based on the guidance provided by the recommendations of the Molecular Susceptibility Expert Panel as previously discussed in this report.

The workgroup was comprised of representatives from a variety of DTBE branches including the laboratory. The primary concerns emphasized by the NTCA representatives was to assure access to all programs in the US and the available funds be used primarily for Domestic Issues as these were domestic dollars and that international issues need to be dealt with using the increased federal funds for international work.

Closing Statement

The National TB Controllers Association is a very important partner to each state and big city, to the CDC and to the TB Community as a whole. We continue to grow in our ability and position of authority through the great work of many volunteers and a very dedicated staff. There is a place in this organization for anyone interested in and working in TB today. Much was accomplished in 2009, but there is even more to be done in the years to come.

If you are not a member of NTCA, we encourage you to consider that opportunity. You are encouraged to talk with board members and staff about what we can offer you. We are also always looking for ways to increase our value to members, so if you have a good reason why you have not joined and it is something we can address, please let us know what that is.

Members are always needed to work on task forces and workgroups as well as stepping up to serve as board members and officers. Please consider these opportunities and let us know what you would like to do in taking your next steps in association participation.

Finally, please know that we at NTCA value the work of all those who have committed their lives and their careers to Tb Control and Prevention. It is not always the disease that gets a lot of attention and it certainly does not have the public appeal that other diseases have for professionals, so we value the contributions of those who do accept the call to this work even more. Remember to always THINK TB.