

2010 Cooperative Agreement Formula Work Group

Background

- In 1992 federal funding for TB prevention and control activities via the cooperative agreement mechanism increased substantially in response to a dramatic rise in TB cases.
- Funding levels at this time were based on the resurgence of TB and emergence of multi-drug resistant TB in the late 1980's and 1990's, with the greatest amount of additional funding going to those big cities hardest hit by the epidemic.
- Epidemiology of TB in the United States evolved over the past 15 years; however funding amounts have remained relatively static.
- Since 2001 TB Cooperative Agreement awards have decreased by 14 percent due to the effects of inflation. Additionally, Congressional rescissions, CDC's needs to support infrastructure, and reductions made by DTBE to cover the costs of increases in salaries and cost of doing business at CDC have further contributed toward the decrease in TB cooperative agreement awards.
- The announcement for the FY2005 cooperative agreement provided the Division of Tuberculosis Elimination (DTBE) with an opportunity to examine how federal funds were distributed. DTBE and its partners developed a model to redistribute funds that would more closely reflect the epidemiology of TB in awardee areas.
- Specifically, NCHHSTP/DTBE redistributed 20% of funds annually through FY2007 based on five-year averages of selected factors, with an increase to 35% scheduled for FY2008.
- This 35% redistribution was weighted based on the specific occurrence of TB cases in various sub-populations, and relied on a five-year average (based on data reported to CDC for 2001-2005) of:
 - Incident cases 40%
 - US-born minorities 15%
 - Foreign-born 15%
 - Class A/B1/B2 10%*
 - HIV co-infection 5%
 - MDR TB 5%
 - Substance abuse 5%
 - Homeless 5%

** Based on the most up-to-date available data on A/B1/B2 from DGMQ for 2004-2005, the data are available by states and not by cities. To calculate the numbers for these cities for 2004-2005, a three-year average percentage of the total reported A/B1/B2 for the states in which these 9 cities are situated was used based on DGMQs 2001-2003 A/B1/B2 data.*

Purpose: The purpose of the NTCA 2010 TB Cooperative Agreement workgroup will be to review the existing formula and recommend whether there are any modifications or revisions required for FY2010 TB Cooperative Agreement funding allocations.

Objective: The workgroup will have the following objective:

- To review the current TB Cooperative Agreement funding redistribution formula along with variables and weights applied to the variables and recommend if there are:
 - a. Any additions or deletions to the variables needed along with justifications
 - b. Any revisions needed for weights applied to these variables along with justifications
 - c. Any drastic changes required to the entire formula

Note: The variables should be measurable based on data already reported to CDC-DTBE via the surveillance systems