



National
Tuberculosis
Controllers
Association

2010 Annual Report

National TB Controllers
Association
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www.tbcontrollers.org

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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, Partners and Other Colleagues

As we reflect on 2010 in this Annual Report, we look at our solid foundation in these challenging times. As the States and the Nation flounder because of the recession, we see that tenacity, perseverance and commitment from each TB worker assures that treatment of our TB patients and protection of the public's health continues. Each person's efforts have required commitment, long hours and hard work to accomplish successful results.

As we look ahead we know that our resources may continue to dwindle. The mantra that we have "to do more with less" and other discouraging messages seem never ending. While efforts continue to be made to maintain vital services, the knowledge that our TB workforce, our co-workers and friends, will do all that they possibly can to keep the level of care and standards high in our programs.

NTCA continues to support all your efforts through advocacy by surveys and Board Liaison groups keeping abreast of what is going on in the field. We educate our legislators and work with various committees. Partners from other organizations such as the American Thoracic Society (ATS), RESULTS International and Stop TB USA are helping TB keep a higher profile. Nuala Moore, our legislative liaison with the ATS once told us that even though we may not get the CDC funding that is asked for, we have made ourselves heard year after year as we educate our Members of Congress. They know now that TB is alive and is not gone. The money may not be there but they all have heard about TB and will continue to hear about it from us.

Thanks for all your efforts this year. I know that everyone will keep up the good work.

Carol Pozsik, RN MPH
Executive Director, NTCA

Letter from the President, Kim Field

Dear NTCA Members and All that Serve TB patients:

In 2009, the year as President Elect, I was afforded the time to work with and to be mentored by an outstanding leader and president, Phil Griffin. Thank you for preparing me for the role of 2010 NTCA President.

I want you all to know that the work as NTCA President provides many opportunities to make a difference for us all. NTCA has continued each year to develop a stronger collaboration with CDC DTBE staff. NTCA successfully sent out electronic surveys (e.g. Capacity; GIMS; MDR TB Drugs) which were completed by at least 50% of you each time! The information from the surveys provides a barometer for CDC DTBE to adjust the priorities of work based on national needs.

There were many new experiences for me this year as part of my duties as President. I was encouraged to attend the International Union against TB and Lung Disease held in Berlin, Germany. There were over 3,000 international participants who in reality spoke with one language "TB". I was very much moved by Dr. Tom Frieden, CDC Director, who presented a lecture to honor Sir John Crofton. He thoughtfully developed this tribute to Sir John Crofton around his collection of 100+ letters between the two of them. I was impressed how Dr. Frieden maintained a relationship with Sir John as a mentor for many years. Sir John Crofton was a leader who contributed to the past, current and future of our work in Public Health.

My attendance and contribution as invited speaker to the Pacific Island TB Controllers Association meeting in Hawaii this year provided me an ability to appreciate the work of this region. I was so impressed when Health Care Workers from Guam who reported the success of food voucher incentives for contacts to complete LTBI treatment and that the territorial governments were buying second line TB drugs in bulk. The timeliness of their surveillance data and even the initiation of Cohort Review convinced me of the dedication of the Pacific region to improving completion of TB therapy and preventing transmission of TB disease.

Finally I wish you all to know that it is an honor and a gift to be elected to represent NTCA and its membership of dedicated leaders in public health practice.

I believe we are seeing another cycle of reduced resources in TB prevention and control which I feel needs an increase in advocacy for the vulnerable people's at risk for Tuberculosis.

Kim Field,
NTCA President 2010-2011

2010-2011 Officers and Executive Committee

Officers

President

Kim Field Washington

Past President

Phil Griffin Kansas

President-Elect

Chalres Wallace Texas

Secretary

Denise Ingman Montana

Treasurer

Pat Infield Nebraska

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
Lorna Will	Wisconsin	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
Diana Nilsen	New York	High	VA, AL, GA, FL, TN
Jennifer Flood	California	High	NY, AL, HI, MD, CA

Section Presidents

Dawn Ferrell Texas

National TB Nurse Coalition

Charles Crane California

National TB Clinicians Society

Staff

Carol Pozsik,

Executive Director

Eva T. Forest

Executive Assistant

Jennifer Kanouse,

Special Projects

NTCA Executive Committee Constituent Relations Assignments – 2010 - 2011

Low Incidence	Medium Incidence	High Incidence	At-Large
<p>Christie Chesler, Utah (12) (801) 538-9465 cchesler@utah.gov Wyoming Montana Idaho New Mexico Utah</p>	<p>Peter Davidson, Michigan (13) (517) 335-8165 DavidsonP@michigan.gov Kentucky Oklahoma Nevada Washington Michigan</p>	<p>Diana Nilsen, New York (11) (212) 442-9737 dnilsen@health.nyc.gov New York New Jersey Washington, D.C. Maryland Virginia</p>	<p>Lorna Will, Wisconsin (11) (608) 261-6319 lorna.will@wi.gov Wisconsin Delaware Oregon Illinois Indiana</p>
<p>Lorna Will, Wisconsin (13) (608) 261-6319 lorna.will@wi.gov South Dakota North Dakota Missouri Ohio Nebraska</p>	<p>Sue Etkind, Massachusetts (12) (617) 983-6970 Sue.etkind@state.ma.us Connecticut Massachusetts Minnesota Kansas Rhode Island</p>	<p>Jennifer Flood, California (12) (510) 620-3000 Jennifer.Flood@cdph.ca.gov Alaska Hawaii California Arizona Texas</p>	<p>Kim Field, President (360) 236-3447 Kim.field@doh.wa.gov</p> <p>Charles Wallace, President Elect (512) 458-7111 (ext 2291) charles.Wallace@dshs.state.tx.us</p> <p>Phil Griffin, Past President (785) 296-8893 pgriffin@kdheks.gov</p> <p>Pat Infield, Treasurer (402) 471-2937 pat.infield@hhss.ne.gov</p> <p>Denise Ingman, Secretary (406) 444-0275 dingman@mt.gov</p> <p>Dawn Farrell, NTNC (210) 534-8857 xt 23 dawn.farrell@dshs.state.tx.us</p> <p>Charles Crane, NSTC (925)-313-6746 charlie.crane@hsd.ccounty.us</p>
<p>Alan Lynch (11) (515) 281-7504 alynch@idph.state.ia.us Iowa Vermont New Hampshire West Virginia Maine</p>	<p>Mary Goggin, Colorado (11) (303) 692-2656 mary.goggin@state.co.us Colorado Mississippi Pennsylvania North Carolina Arkansas</p>	<p>Shea Rabley (13) (803) 898-0562 rableyss@dhec.sc.gov South Carolina Alabama Georgia Florida Tennessee Louisiana</p>	<p>Kim Field, President (360) 236-3447 Kim.field@doh.wa.gov</p> <p>Charles Wallace, President Elect (512) 458-7111 (ext 2291) charles.Wallace@dshs.state.tx.us</p> <p>Phil Griffin, Past President (785) 296-8893 pgriffin@kdheks.gov</p> <p>Pat Infield, Treasurer (402) 471-2937 pat.infield@hhss.ne.gov</p> <p>Denise Ingman, Secretary (406) 444-0275 dingman@mt.gov</p> <p>Dawn Farrell, NTNC (210) 534-8857 xt 23 dawn.farrell@dshs.state.tx.us</p> <p>Charles Crane, NSTC (925)-313-6746 charlie.crane@hsd.ccounty.us</p>

Secretary's Report – Denise Ingman

**NTCA 2010 Annual Business Meeting
Atlanta, Georgia
June 21, 2010**

President's Welcome & Call to Order – Phil Griffin

Phil Griffin called the 2010 NTCA Annual Meeting to order and welcomed members and guests. As out-going president, Phil said he was honored to serve as President the last two years and feels that NTCA has accomplished many goals. We have strengthened or built new partnerships and have achieved "name recognition". The 2nd NTCA Annual Report was distributed, which includes summaries of the many activities NTCA members have been involved in over the year. Some of the highlights include NTCA's partnership in the CDC program collaboration and integration activities, participating in two new CDC flagship projects, the CDC-led molecular beacons expert working group, working closer with TBESC to have useable outcomes, providing extensive input into the TB model law project which greatly impacted the outcome, participation in new Technical Instructions and the EDN system, building an alliance with NASTAD, and conducting a survey regarding the decline in cases in 2009. The NTCA has established several new awards to be given to persons making notable contributions in tuberculosis control. Phil thanked Mike Holcombe for his continued efforts to establish these national awards. The NTCA board will also be focusing on several new initiatives, including funding for a national TB care system. Phil thanked the NTCA office staff and board members for their work over the past year and presented each with an engraved NTCA keychain.

Secretary's Report – Denise Ingman

Minutes of the 2009 NTCA Annual Business Meeting are located within the 2009 NTCA Annual Report. There being no questions or discussion, it was moved and seconded to accept the report as written.

Treasurer's Report – Kristin Rounds

The 2009 treasurer's report is located in the 2009 NTCA Annual Report. NTCA received level funding in 2009, which is derived from three sources: the CDC grant, annual conference registrations, and member dues. The annual audit was completed and had an excellent outcome, and is available upon request. There were no questions or discussion and it was moved and seconded to accept the report as written.

National TB Nurse Coalition Report – Kathy Kolaski

A formal annual report will be available on the NTCA website. The section had its annual meeting today that was very well attended. The new board members are as follows: Dawn Farrell, President; Kathy Kolaski, Past-President; Karen Farrell, President-Elect; and Larry Niler, Secretary. Kathy reported that the NTNC Annual Meeting held earlier today was well attended and productive.

National Society of TB Clinicians Report – Mike Leonard

The section had its third annual meeting today that was well attended. The group is working on website development, developing a roster of TB physicians, and is still working on developing and defining themselves as a group. Board members are Charlie Crane, President; Mike Leonard, Past-President; Jenny Flood, President-Elect; and James Sunstrum, Secretary.

Officer Spotlight Denise Inman Secretary, Montana

NTCA has made many vital contributions to TB programs and public health in this nation. This small group of TB professionals is responsible for policies and decisions that affect all of us in TB. It is truly an honor to be associated with an organization with so many dedicated TB supporters and experts at the federal, state, and local levels.

Executive Director's Report – Carol Pozsik
Board Meetings – Carol facilitates a monthly conference call with the NTCA Board of Directors with CDC participating in a portion of the call. The NTCA office and board members work closely with CDC and are included in many decisions, policies, etc. Carol encouraged members with concerns or items of discussion for the board to contact her and she will add your items to the agenda. In addition to the board meetings, many workgroups and committees also use the NTCA conference call system on a regular basis. Carol and the other staff members are there to serve the needs of the TB community and she encouraged everyone to

contact the office anytime.

Advocacy – The advocacy committee 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 been our advocacy leader during the past year and other persons who have been long-term, active advocates for TB programs, including John Seggerson, Randall Reves, Charles DeGraw, Jon Warkentin and David DeBiasi. Carol also thanked all the other members on the Advocacy Committee for their tireless commitment to the TB cause. In addition to funding advocacy, the committee worked with Stop TB to develop a TB Elimination Plan, which is now on the NTCA website, and has joined in the effort to save A.G. Holley Hospital.

Committees/Participation – 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, and always welcome new members, including our federal partners. Carol recognized the growing participation from the Pacific Islands and thanked them for coming so far to attend the conference.

Committee Reports

Annual Conference Planning Committee – Phil Talboy

Phil thanked the committee that worked for nearly a year to plan the conference agenda for 2010. The committee met frequently by conference call to complete their work. They used comments from the evaluations from last year and suggestions from committee members to plan the 2010 meeting. This year with APHL also having their annual meeting at the same time, there were a

record number (545 as of June 21) of registrants. Phil thanked the committee members and those staffing the registration table all week. Phil noted that an evaluation was completed regarding the recommendation of moving the annual meeting/conference outside of Atlanta. As noted in the Annual Report, moving the meeting is cost prohibitive at the current time. In particular, meeting costs would be the greatest in Washington, D.C. and would severely limit CDC attendance.

Advocacy Committee – Carol Pozsik

See above, under Executive Director Report

Nominating Committee – Deb Sodt, Chair

Deb thanked the other committee members, including Denise Ingman (MT), James Watt(CA), Jane Moore (VA), and Carol Pozsik (NTCA). This was the first year using electronic voting, which was done through an on-line survey developed by NTCA staff. Voting opened on April 29 and closed on May 24, after a reminder email on May 11. Thirty-two ballots were cast with the following results:

President-elect – Charles Wallace (TX)

Treasurer – Pat Infield (NE)

High-Incidence – Shea Rabley (SC) [Diana Nilsen (NYC) will fill the final year of Charles Wallace’s 3-yr term as a high-incidence representative.]

Medium-Incidence – Peter Davidson (MI)

Low-Incidence – Rachel Birk (ND)

At-Large – Lorna Will

Other Business

Meeting Planning Assistance – Linda LaChance, Helms-Biscoe

Linda’s group has worked with NTCA for several years providing meeting planning assistance. Her group has been in business for fifteen years and is in all the states. They work somewhat like a realtor – providing options for meeting facilities, but the group makes the decisions. The service is free and only requires that at least 10 people attend and that it takes places in a hotel. They are available to states and regions for planning regional meetings too.

Comments/Questions

Charles DeGraw said that he still feels it is important to hold the annual conference in Washington, D.C. to facilitate advocacy. He commented that “it takes money to make money”.

**Board Member Spotlight
Allan Lynch, BA**

“I take pride on serving on a Board with such dedicated individuals. Collectively, they have formed a very strong voice for what is really needed in the fight against TB”.

Lee Reichman commented that the demise of ALA as a TB advocate is a great disappointment to him and that local ALA members/groups need to talk to their national contingencies to begin advocating for TB again.

David DeBiasi commented that he has tried to be a voice for TB from “inside” ALA. If matching funds can be found, there is still some funding that could be made available for TB.

Charles Wallace thanked Phil Griffin for his two years of exemplary work as NTCA president!

2011 Annual Conference/Meeting

Phil Griffin announced that the next Annual Meeting will be on June 14, 2011. The format of the meeting is being adjusted to continue to include the public health laboratorians. In addition, the hotel location in Atlanta will change to accommodate a larger group. This concluded the 2010 NTCA Annual Meeting.

2010 Board Retreat – Kim Field

NTCA 2010-2011 Objectives:

- **Patient Care Committee:** Phil Griffin (lead) with committee: Jon W., Peter, Charles W., Jim Cobb, James W. (timeline 1 year)

Board Member Spotlight

Shea Rabley, RN, MN

South Carolina

“As a new TB Controller, I have had the opportunity to meet other TB Controllers and use their knowledge and expertise to assist my decision making process surrounding issues relating to TB activities in the state office as well as in the county health departments. I have also been able to expand my knowledge of the management side of the TB program through consultation with them. Participating on the Board has also provided a mechanism to stay abreast of national and international issues relating to TB.”

Phase I: NTCA Committee Lead and committee members will develop an executive summary along with partner NACCHO to meet with HHS regarding need of resources for TB medications. The executive summary will include patient profiles and data regarding cost with 100 cases X \$2,500 per month (\$3 million) and 15 contacts x \$25.00 per month per case (\$444,000).

Phase II: NTCA Committee Lead and committee members will survey National TB controllers per electronic zoomerang to develop an inventory and document what is available currently in the United States for patient care and medication delivery. The survey will be used to identify gaps in patient care and to draft model policy.

- **Develop TB Advocacy and address the Call to Action by RESULTS and Stop TB USA:** Mary Goggin (lead); committee Nula Moore, Kim Field, Carol Pozsik
NTCA Committee lead will work with RESULTS regarding educational advocacy

**Officer
Spotlight
Pat Infield RN
Treasurer,
Nebraska**

As a TB Controller in a rural, low incident state, there are few here that share my passion or enthusiasm for TB. That is why being on the board of NTCA is so important to me – it has given me a chance to interact with others who share the same kind of passion and concern. Working together we have a voice and impact on how TB is controlled in the US. In these days of budget constraints it is all the more important to have a collective voice and NTCA provides that for us. When it comes to sharing time, talent and even resources, there are no better people than those found in NTCA and I am honored and privileged to work with them.

project to develop a timeline; commitment to project; resources for travel and per diem; and include the following states to develop patient profile for education and training (Colorado, Georgia, Texas, San Francisco, Washington State, South Carolina , Navajo Nation). Ultimate goal to produce a webinar for NTCA members.

- **Continue to acknowledge the work of TB Professionals Nationally through Annual Recognition Awards:** Peter Davidson (lead) committee member Shea Rabley.

Develop an electronic nominations process through NTCA website that will be open to nominations and close by May 1 of the year. Develop the criteria for each award given (e.g. Nurse, Clinician, Lab Representative, Research, Advocacy, CDC etc). Election of awardees to be completed by NTCA Officers; NTNC; NSTC members.

- **Develop State Fact Sheets for use as Advocacy by NTCA partners:** Mary Goggin (lead) and NTCA staff for template development. Timeline for completion January 10, 2011.

Develop individual state fact sheets (that will include congressional district maps) with following content for consideration: epi data; challenges; community interventions; disparities; successes; number of TB cases (MDR, XDR, Pan sensitive); include cost figures from Suzanne Marks (CDC DTBE) and patient profiles>

- **Health Care Reform as an objective for NTCA Cooperative Agreement:** Kim Field (lead) working with Carol Pozsik, Phil Griffin, Sue Etkind , Dr. Jessie Wing (CDC DTBE lead)

Goal is to plan for optimal TB control at the national and state levels under the changing health care environment in the 2010 Patient Protection & Affordable Care Act (PPACA).

Objective: To learn about the PPACA, state and federal perspectives and plan for TB control under PPACA and to begin strategic planning at the federal and state levels.

Continuing the following standing committees:

EDN: Mike Arbise and Ann O Fallen

TB Pen: Peter Davidson

Conference Planning: Carol Pozsik and NTCA officers

Nominating: appointed by President : Jane Moore, Denise Ingman

Website development: NTCA staff and collaboration by Charlie Crane (NSTC) and Dawn Farrell

Advocacy: Carol Pozsik and NTCA members

Finance: Carol Pozsik, Officers, Accountant

Membership: Mary Goggin, Dawn Farrell

By Laws: Phil Griffin

Treasurer's Report – Pat Infeld

NTCA Finance Highlights

- ✦ The NTCA cooperative agreement with CDC remained level at \$230,000.00.
- ✦ The Finance Committee approved the 2010 budget in January 2010.
- ✦ NTCA participated in a comprehensive financial audit January 26, 2011 for the year ending September 30, 2010. The audit was conducted by Certified Public Accounting Firm of Fulton & Kozak, Morrow Georgia. The auditors issued a clean audit report.

2010 Budget Summary

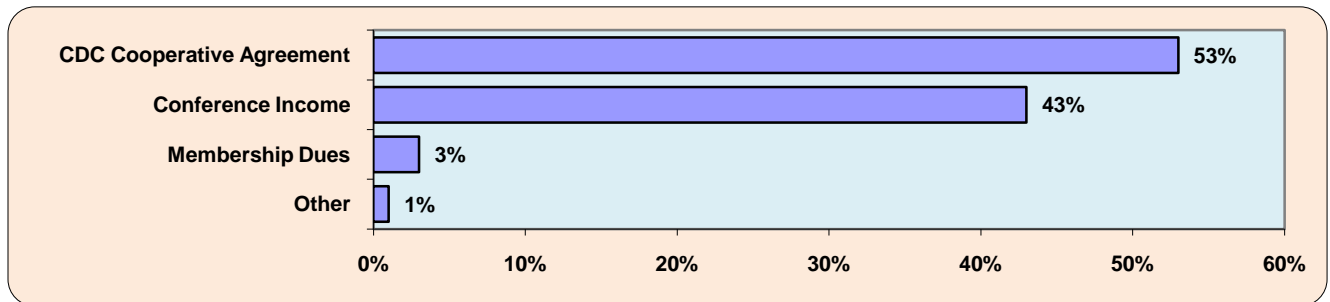
A summary of the 2010 NTCA budget revenue and expenditures is outlined below:

2010 Total Revenue:	\$435,443
2010 Total Expenditures:	\$365,959
2010 Net Balance	\$ 69,484

2010 NTCA Funding Sources

The following funding sources represent the revenue for the NTCA:

CDC Cooperative Agreement	\$230,000	53%
Annual National TB Conference	\$189,991	43%
Membership Dues	\$ 11,855	3%
Other Income	\$ 3,597	1%



2011 Projected Budget

A summary of the projected 2011 NTCA budget revenue and expenditures is outlined below:

2011 Projected Revenue:	\$420,200.00
2011 Projected Expenditures:	\$411,850
2011 Projected Net Balance	\$ 8,150

Summary

In 2007, NTCA had more expenditures than revenue and 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 and \$69,484 in 2010. The projected 2011 NTCA budget will have a smaller projected net balance of \$8,150.

Officer Spotlight
Phil Griffin, BBA
Past President, Kansas

Serving on the board of NTCA and as an officer has been one of the highlights of my career. These opportunities have opened doors for collaboration and great learning that I would not have had otherwise. I have developed not only professional collegial support and understanding but long lasting friendships with many passionate people who work tirelessly toward a common goal of TB Elimination.

Bylaws Committee Report - Phil Griffin

There were no new By Laws or changes made to the By Laws in 2010. There was however work begun in 2011 on two revisions that had been brought before the Board of Directors and referred to the By Laws Committee. These two items have been researched and developed for proposal of change before the membership at the 2011 business meeting of the Association.

The first proposed change developed deals with article IV, section 1 (b) of the current By Laws dealing with the

process of nominations for the Board of Directors and officers of the National TB Controllers Association. This change, if approved will move the timeline of the nominating process starting and concluding early in the year. Moving the timeline for the election process will allow for those elected to serve on the board to be notified three months before the annual meeting and better enable them to attend the annual board retreat held in conjunction with the annual meeting.

The second proposed change developed deals with article I, section 2 (a) of the current By Laws dealing with when membership dues are expected to be paid. This request came based on the reality that many pay their dues at the time of the annual meeting but are not then eligible to vote the following year at the time of the elections because dues are currently based on a calendar year cycle and are not prorated. This change allows for dues to be paid at anytime during the year and then renewed at the same time the following year. The NTCA office will be responsible for maintaining due dates and sending invoices sixty days prior to expiration of membership. Memberships will have to be current at the time of voting or receiving of any membership designated privileges.

Both proposed changes have been approved by the Board of Directors and will be voted on by the membership at the 2011 annual business meeting.

Board Member Spotlight

Mary Goggin, RN, MPH
Colorado

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.

2010 NTCA Awards Report - Phil Griffin

Following the suggestion of the membership in previous years, 2010 marked the presentation of the first annual National TB Controllers Association Awards. Early in the year, the board of

Board Member Spotlight

Cristie Chessler, BA

Utah

Quote:

“I believe that the NTCA plays a vital role in the prevention and control of tuberculosis in the United States. As a participant in the Centers for Disease Control and Prevention's Task Order Six, Regional Capacity Building Project and a representative from a low incidence state, I have a unique perspective to share. Continued participation on the executive board offers an opportunity for me to be a part of a network of like-minded individuals whose goal is to provide constituent support, advocacy, and a commitment to raising awareness of tuberculosis issues, both locally and nationally. I have been honored to participate in such an esteemed organization.”

directors drafted a procedure and selected categories for which awards would be established. There was a call nationwide for nominations that led to many excellent responses. It was determined in policy that the award for outstanding nursing would be selected from the nominees by the officers of the National TB Nurse Coalition, the award for outstanding physician from the nominees by the officers of the National Society of TB Clinicians and all other awards would be selected from the nominees by the officers of the National TB Controllers. These selection committees were determined based on the fact they were elected by the body of their respective memberships to represent the organizations. There was a final award designated that would be at the sole discretion of the NTCA President.

To add to the distinction of the awards, it was decided that many of the awards would be named in honor of specific giants in the field of TB work as a further means of recognizing their contributions as experts as well. The awards were and will continue to be presented publically each year at the National TB Conference. The conference in 2010 was made filled with added excitement and surprises as not only the recipients were awarded their recognition, but many of the award namesakes were also honored as the name of the award was revealed.

2010 NTCA Award Recipients

President's Award is awarded at the discretion of the association's president to acknowledge special accomplishments of an individual or organization who has contributed to the NTCA or the TB Community in general. Awarded to Deb Sodt, Minneapolis, MN

Carol Pozsik Award is bestowed on a tuberculosis nurse for outstanding nursing services. Awarded to Laurie Hickstein, Clark County, NV

William Stead Award is bestowed on a tuberculosis physician for outstanding patient care services. Awarded to Barbara Seaworth, San Antonio, TX

Ed Desmond Award is bestowed on a tuberculosis laboratorian for outstanding tuberculosis laboratory services. Awarded to Grace Lin, Sacramento, CA

Robert Koch Award is bestowed on a tuberculosis researcher for outstanding tuberculosis research contributions. Awarded to Wendy Cronin, Baltimore, MD

Dixie Snyder Award is bestowed on a CDC employee who has rendered outstanding support through partnership to the state or local level tuberculosis community in the interest of tuberculosis control and prevention program improvement. Awarded to Angela Starks, Atlanta

National TB Nurse Coalition Report – Dawn Farrell

NTNC had an active 2010, meeting 11 times during the year. NTNC currently has 8 active committees; Annual Meeting Planning, By-Laws(as needed) Corrections, Membership, Nursing Informatics/Research(still under development), TB Nurses Manual, Workforce Development and ANA Recognition.

The Executive Board members from January to June 2010:

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

The Executive Board from June 2010-June 2011

Past President-Kathy Kolaski
President-Dawn Farrell
President Elect-Karen Farrell
Secretary-Larry Niler

- Annual Meeting Planning committee presented the Annual NTNC education/business session on June 21, 2010 with the theme of “Innovative Ways to Attract and Retain

Section President Spotlight

Dawn L. Farrell, BSN, RN PHN
NTNC President

- **II began my career as a Public Health Nurse in 1994. First as a Public Health Field Nurse and Clinic site supervisor for Texas Dept of Health, a staff nurse in a TB hospital, a TB Nurse Consultant for Heartland National TB Center, and as a nurse educator/training coordinator for the Texas center for Infectious Disease, a TB Hospital. Over the course of my Public Health Nursing experience I have had the opportunity to serve my community and individuals in my community at many different levels. The past two years' NTCA/NTNC experience has given me a unique opportunity to understand and advocate for TB Control and Elimination on the national level. It has also given me the privilege to collaborate with others and to be a voice for TB Nurses. It has been an honor to serve as President of the NTNC and a member of the NTCA Executive Board.**

Public Health Workforce”. This included a discussion of the historical perspective of the NTNCC/NTNC and the activities the NTNC has taken to attract and retain TB/Public Health Nurses. One of the most successful of these is the TB Nurse Manual, which has been updated and revised and is ready for publication in 2011. We also discussed the latest communication technology and how this affects the way TB nurses are able to perform their jobs. We looked at how partnerships at the state/local, regional and national levels enhance the Public Health Nursing. We closed the session with a discussion on “Where Do We Go From Here”.

The 2010-2011 Meeting Planning committee(Karen Farrell-Chair) continues to be active in the planning the educational and business components of the NTNC 2011 meeting in conjunction with the NTCA planning committee

- By-Law Committee currently does not have a chair, but any discussion regarding by-law

changes was conducted by the Executive Board of NTNC. One change that was discussed with the NTCA Executive Board is changing the annual dues renewal from every January to a membership renewal due 12 months after dues were paid.

- Nominating Committee (Kathy Kolaski-Chair) successfully set a slate of officer candidates; one candidate for president elect and three candidates for secretary, with one late with drawl.

- Membership Committee (Virginia Dowell- Chair) started the year with Co-chairs who with drew mid-year. A new committee chair was recruited and a membership drive was promoted to coincide with “World TB Day”. The four RTMCC’s were contacted for assistance with the membership

drive. They assisted by adding the NTNC web page link to each RTMCC web page and sending the NTNC Flier and membership drive letter to the list of nurses that have attended RTMCC trainings. This collaboration was greatly appreciated. The membership committee has also started a “Facebook” page for TB Nurses. The page membership is by invitation only and is in the early trial stage of development.

- Corrections Committee (Ellen Murray-Chair) continues to be an active joint committee with the NTCA. They are still looking for a co-chair from the NTCA. The Public Health Corrections Liaison Core Competencies have been on the NTCA website for one year and we would like to receive some feedback. The committee has met less frequently, only a few times this year, but still busy. The launch of our Corrections Survey to our TB

Board Member Spotlight

Sue Etkind, R.N., MS
Massachusetts

“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.”

Controller occurred on April 27, 2011 and will remain open to two weeks. Preliminary data may be available at NTCA meeting in June 2011.

- Workforce Development is a joint NTNC/NTCA committee (Ellen Murray and Phil Griffin, Co-Chairs) 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, however currently in the final phases.
- ANA Recognition (Ellen Murray and Gail Denkins, Co-Chairs) Formed in 2009, this committee is working toward having a national certification for TB Nurses. Although work is slow, it is promising. Once nursing competencies have been tested and feedback obtained, we will be able to move forward with the paperwork required for submission to ANA.
- Nursing Informatics/Research (Judy Gibson Chair) The research committee is on hiatus and was combined with Nursing Informatics was not active this year.
- TB Nurse Manual Committee (Jan Young and Gayle Schack, Co-Chairs) The TB Nurse Manual revision has been completed and reviewed by the editorial board and is ready for printing. Carol Pozsik is currently reviewing bids for printing and has contacted VersaPharm for a possible underwriting of some of the printing costs. We are hopeful to have a publication date by the NTNC meeting in June. The manual will also be available in PDF form on the NTNC website.

A few additional activities of NTNC during 2010 include:

- Completion of the NTNC Nurse Award Criteria
- Exploring the use of social networks (Facebook) as a tool for mentoring and
- communicating with Nurses new to TB
- The addition of the history of the NTNC on the NTNC web site NTNC president participated in the “Stop TB USA” meeting in Newark NJ and the Affordable Care ACT (ACA) one day session in Atlanta

National Society of TB Clinicians Report – Charles Crane

NSTC is an affiliate of NTCA. Our mission is to work in partnership with TB control officials and other entities in the public and private sector to provide the clinician’s perspective on issues vital to the success of TB elimination.

Our major activity is to put together an Annual Meetings for clinicians, in conjunction with the National TB Conference and the National Conference on the Laboratory Aspects of TB. We held our last meeting, *Critical Clinical Issues: What the Clinician Needs to Know to Manage TB in the 21st Century*, on June 21, 2010 at the Crowne Plaza Ravinia, Atlanta, GA. Our keynote speaker was Peter Small, MD, of the Gates Foundation, who spoke to a special joint opening session of NSTC and the National Conference on the Laboratory Aspects of TB. Peter’s presentation, *Better Diagnostics for TB*, provided a comprehensive overview of the rapid diagnostic tests currently in use, which have revolutionized TB care, and insights into new technologies that hold promise for implementation in the coming decades.

The keynote speaker at our next (Fourth) Annual Meeting, to be held June 14, 2011 at the Omni Hotel in Atlanta, will be Tim Sterling, MD, from Johns Hopkins University. He will present preliminary results from a CDC funded randomized controlled trial of INH and rifapentine, given once weekly by directly observed therapy for 3 months, vs INH alone, given daily for 9 months for the treatment of LTBI. This new short-course regimen promises to provide a significant advance in the treatment of LTBI.

Section President Spotlight

Charles M. Crane, MD, MPH President, NSTC

I am enthusiastic about NSTC because, as the person responsible for the oversight of TB care in Contra Costa County, CA, I have come to appreciate the vital role of the clinician in TB control. NSTC is critically positioned to advance this goal due to our ability to provide medical education, given by national experts, to clinicians nationally. We also promote the attendance of clinicians at the remainder of the National TB Conference, where they can get the latest information on, and provide their input into, issues and activities vital to TB control nationally.

We have updated the NTCA website with a number of materials of interest to TB clinicians, including important new guidelines, journal articles, a listing of educational opportunities, and other resources.

We are developing a database of TB clinicians nationally in order to promote NSTC membership and attendance at our meetings.

NSTC Officers for 2010-11:

President-Elect (resigning): Jennifer Flood, MD, MPH, TB Controller, CA Department of Public Health, Richmond, CA

President: Charles M. Crane, MD, MPH, Medical Director, TB Program, Contra Costa Health Services, Martinez, CA

Past-President: Ronald Karpick, MD, Medical Consultant, Fairfax County Health Department, Falls Church, VA

Secretary: James Sunstrum, MD, Medical Director, Wayne County TB Clinic, Westland, MI

2010 Membership Report

2010 NTCA Membership Report

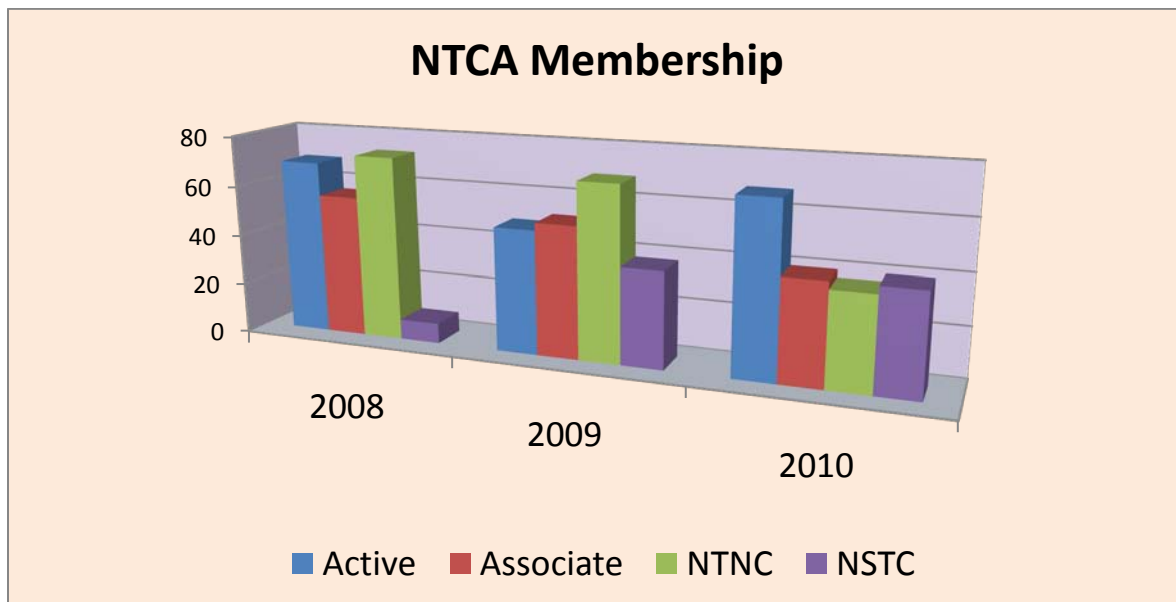
Active Members (TB Controllers and Assistant TB Controllers)	68
Associates	40
NTNC (Nurses)	37
NSTC (Clinicians)	<u>40</u>
	214 total members

2009 NTCA Membership Report (for comparison)

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



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

NTCA and CDC: Affordable Care Act Consultation – Kim Field

October 7, 2010

Meeting was held in Atlanta with NTCA Members; CDC DTBE staff; George Washington University staff and Federal Agency Partners

I. U.S. Preventive Services Task Force- What is it, what it does and why should you care?

Presenter- Dr. Stuart M. Berman, MD, ScM, Senior Advisor to the Director to the Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC -Senior Officer and Special Advisor to Dr. Benson

The task force is a panel of 16 experts from different areas specifically involved for evaluation of focus on primary care asymptomatic chronic illnesses. A major component of the task force is to be the decision makers for the ACA.

They devised four major components (1) Pre-screening (2) counseling (3) testing (4) and preventive medicine. Section 2713- A and B get coverage, how much benefits and moderate to high (A and B) evidence

Overall, prevention is front and center of Care Act.

II. Health Care Reform in Massachusetts - Boon or Bust for TB Control - Sue Etkind, RN, MS, Director, Division of Tuberculosis Prevention and Control Massachusetts Department of Public Health.

Massachusetts is ahead of the curve and has been on the ground running for about four years. For non US born, language barriers can pose a problem. In Massachusetts Healthcare access is a major component. One major key element is having available affordable health care insurance. It can be subsidized, partially subsidized or no need to subsidized at all. The enrollment campaign advertising was everywhere. It was very intensive marketing. Some hospitals are nearly bankrupt or closing .. Although insurance access is available, healthcare access or the ability to obtain medical care is sometimes challenging.

III. Overview of the Affordable Care Act- Carole Johnson, MA George Washington University Health Policy Department and Discussion George Washington University Health Policy Department.

- Grandfather Plans - To remain grandfathered; plans can not significantly cut or reduce benefits; raise co-insurance charges or significantly raise co-pays. They will not cover pre-existing and 46 million uninsured American most minority young males which predominantly are the TB populates. Since standards had to abide state mandates for insuring. Medicare never had a wellness model or preventive needs. Part of the plan should be to educate policy makers in core capacities that are cost savings and getting for investments.

Prevention and Control Capacity Assessment - A survey by the National TB Controller Association - Kimberly Field, RN, MSN - Tuberculosis Services, Washington State Department of Health.

- **Challenges to tuberculosis (TB) control and prevention exist as public funding resources are limited.**
- **Uncertainties surround future federal support for TB and the potential impact of upcoming implementation of the Health Care Reform act.**
- **Purpose of the Assessment:**
 - **To gather epidemiologic, structural, operational, and procedural information on public health capacity for TB prevention and control**
 - **To provide a timely assessment of current perspectives of TB controllers on the potential impact of the 2010 Patient Protection & Affordable Care Act (PPACA)**
 - **To support advocacy for TB prevention and control in Health Care Reform act discussions**

- 48 (79%) total participants completed the online survey: 44 states and 4 “big city” jurisdictions
- Participants were primarily TB controllers (84%), but also included Public Health Advisors (5%), Program Managers (5%), Branch Chief of Infectious Diseases (2%), Nurse Consultant (2%), and Clinician (2%).

Public Health and the PPACA --- A State Health Officer's View - Jose Montero, MD, Director - New Hampshire Department of Health and Human Services.

Some of the challenges of public health is that we do know our value. What are we bringing to the table as public health providers? When are we going to provide statistics? If you are not an educated system used, how is that going to affect you and PPACA. In the National Prevention Health Promotion and Public Health Council, all members do not represent actual practitioners. Big challengers for The Prevention and Public Health Fund.

PPACA. Title IV, sec 4002, is connecting the public regarding its importance.

ASTHO has the opportunity to impact decisions regarding public health for

PPACA. How will this play out the next year? Public health providers need to be

in the know to compete fiscally. Need to be aware of what is going on with the

**Officer Spotlight
Charles Wallace,
MPH, DPH
Texas**

Serving on the board is an opportunity to collaborate and build partnerships with others working with tuberculosis. Serving on the board opens lines of communication and gives one a voice to help open doors and problem solve.

percentage of pay regarding the reconciliation act of 2010. It is the Federal government mission to improve the immunizations of all citizens? As a TB health provider, we are not used to dealing with insurance eligibility, must be prepared. Are the current models that are being used the correct models. There are new measures that are needed specifically for cost. Mindsets of public health officials need to be changed. What will happen to more complex care of nursing home patients via this new agenda? By January 1, 2018, the will no longer be grandfathered plans. How are health plans changing? How do we use surveillance?

Although CDC DTBE and NTCA were committed to continuing the discussion with HRSA and other Federal Partners, there has been no significant work since October 2010.

Corrections Joint Committee -Ellen Murray

Corrections is an active joint committee with NTCA (Ellen Murray, Chair). We are still looking for a co-chair from NTCA. The Public Health Corrections Liaison Core Competencies have been on the NTCA website for one year, and we would like to see feedback. The committee has met less frequently, only a few times this year, but still busy. The launch of our Corrections Survey to our TB Controllers has been completed and analysis is underway. Preliminary data may be available at NTCA.

Workforce Development - Ellen Murray

Workforce Development is a joint NTNC/NTCA committee (Ellen Murray and Phil Griffin, co-chairs) 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; however, currently in the final phases).

MDR TB Drug Shortage Survey - Jennifer Flood

Background:

National shortage of second line TB drugs moved Dr. Jennifer Flood, California TB Controller, to develop a national survey for NTCA members. The results of the survey were then presented at the November Federal Advisory Committee for TB (ACET) and an ACET workgroup was formed to work with CDC DTBE on this issue.

Respondent demographics

- 33 of 61 (54%) individuals responded to the survey
 - The majority of respondents (88%) represented state level TB programs. Two-thirds were from jurisdictions that reported 100 or more TB cases per year. 28% report ten or more MDR TB cases per year, and 50% report 1–9 cases per year.

- The following jurisdictions were represented:

Alabama	Arizona	Arkansas
California	Colorado	Connecticut
Delaware	Hawaii	Houston
Indiana	Iowa	Kansas
Kentucky	Louisiana	Maryland
Massachusetts	Minnesota	Mississippi
Missouri	New Hampshire	New York City
Oregon	Rhode Island	San Diego
San Francisco	South Dakota	South Carolina
Texas	Vermont	Virginia
Washington	West Virginia	Wisconsin

MDR TB medication supply and purchasing

- Nearly two-thirds (64%) of the programs supply MDR TB drugs to their patients with MDR TB
- 86% of programs pay HRSA 340B Drug Pricing Program prices

Challenges in obtaining MDR TB medications

- 21 of 33 (64%) of the respondents stated that they have faced challenges obtaining MDR TB drugs during the past 5 years.
 - MDR TB drugs included any of the following: Capreomycin, Amikacin, Kanamycin, Moxifloxacin, Levofloxacin, PAS, Cycloserine, Ethionamide, Linezolid, Clofazamine.
- Causes of difficulties obtaining MDR TB medications:
 - 95% cited a nationwide shortage as the source of the delay
 - 71% had problems with shipping delays
 - 62% indicated that drugs were too expensive for their program
 - 38% stated that the drugs were too expensive for insured patients
 - 48% indicated that the drugs were too expensive for uninsured patients
 - 53% said they experienced delays caused by the IND/IRB process
 - 37% experienced problems associated with payor bureaucracy
 - 3 of 11 (27%) cited other challenges
- Difficulties in obtaining MDR TB medications resulted in several adverse results for patients:
 - Delay in starting treatment (58%)
 - Treatment lapse or interruption (32%)
 - Use of inadequate regimen (26%)
 - Other (53%).

Additional comments

- Some programs noted that a substantial amount of staff time was used in procuring MDR TB drugs
- “A few patients have been sent back to their country of origin because of the cost of the MDR TB medications”
- “MDR TB medication procurement requires increased communication and coordination between state and local health departments, private physicians, and the patient. It is labor intensive to keep all parties informed on the availability of medication. It is also labor intensive to change the patients’ medications and re-educate the patient on the new medication”.

RESULTS Media Training - Lisa Marchal, Results International

TB ADVOCATES

LuVette Baldwin- American Lung Assoc Georgia
 Alexandra Camcho- New York City Dept of Health
 Thomas Dobbs-Health Officer- Mississippi Dept Health
 Hilda Flores- El Paso Texas- impacted by TB
 Angelica Forero- University of Texas at El Paso
 Joe Kinney- Retired Social Worker- South Carolina
 Anthony Marchese- Ft Meyers, Florida—impacted by TB
 Jigna Rao- Lawrenceville, New Jersey- impacted by TB
 Donna Wegener- Southeastern National TB Center –Florida
 Sarah Yazzie- TB Control- Navajo Nation- New Mexico
 Shu-Hua Wang- TB Control- Ohio Dept of Health
 Jon Warkentin- TB Control- Tennessee Department of Health

The recent media training held in Washington, DC, by RESULTS/RESULTS Educational Fund, was intended to bring together US-based TB storytellers and partner them with the RESULTS policy campaign goal of managing and even eradicating the scourge of TB worldwide. The twelve participants, all either professional TB practitioners or former TB patients, were offered a “crash course” in print and live media best practices and tips. They were also able to gain an overview of the global TB pandemic and RESULTS’ policy approaches. The hope is that these trainees will continue to partner with RESULTS advocates, going out into communities nationwide and telling the domestic story of TB. By helping neighbors, the media, and members of Congress vividly see the interconnectivity between the global pandemic, TB in the US, and the local activist, our trainees will effectively assisting RESULTS in our common goal of halting this disease. We look forward to future trainings, and we remain grateful to these new coalition partners.

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.

Kim Field
President , Washington

NTCA members and efforts contribute to Social Mobilization every day:
“To sustain adequate political will, social mobilization becomes a critical component in any effort to eliminate TB. The purpose of such mobilization is to help build and sustain adequate political and financial support by key leaders and policy makers as well as to engage the active participation and cooperation of health care providers, members of high-risk groups, and patients themselves in a combined assault on the disease” IOM Report 2000.