



## World TB Day 2013 Talking Points NTCA Survey Highlights—Preliminary Results

To describe capacity changes of TB programs across the nation since 2009, the National TB Controllers Association (NTCA) conducted a survey of state and local public health TB program staff between December 2012 and January 2013.

- A total of 277 survey responses were collected
- Respondents included: 50 states, 23 regions (within 4 states), 187 counties (within 12 states), and 17 cities (within 10 states)

### **RESULTS**

#### **Has funding decreased for tuberculosis (TB) programs nationally? What is the impact of resource changes on TB services across the nation?**

- **60% of states reported decreased budgets since 2009.**
  - Among federally funded cities, 100% had decreased budgets.
- **60% of states had decreased staffing since 2009.**
  - Among federally funded cities, 100% had decreased staffing.
  - Among all respondents, ~50% had decreased staffing.
- **Nearly 75% (34 of 46) of states reported an increase in the proportion of complex cases since 2009 (i.e., homelessness, HIV, drug resistance, substance abuse, refugee status, non-English speaking).**
  - Among federally funded cities, 70% (5 of 7) experienced an increase in case complexity.
- **63% (17 of 27) of states with decreased budgets experienced an increase in TB cases at any time since 2009.**

#### **What are the consequences of decreased resources, decreased staffing, and increased complexity of cases?**

- Fewer staff trained in TB are available in health departments.
- Basic public health functions to ensure timely and effective TB diagnosis and treatment are compromised.
  - 25% of all respondents reported decreased capacity to conduct contact investigations. Decreased capacity to perform contact investigations leads to untracked and untreated contacts and unchecked transmission.
- 15% of states reported a decrease in ability to provide DOT to pulmonary TB patients while ~33% had a decreased ability to provide DOT to high-risk patients with latent TB infection.



- Respondents also reported a decreased ability to provide oversight to private providers in the community who do not have TB-specific expertise. 30 different responses described sub-optimal care by private providers leading to one or more of the following outcomes:
  - delays in diagnosis, misdiagnosis, ongoing TB transmission, ineffective treatment, outbreaks, and death

### **SUMMARY**

Although TB cases have declined nationally, progress is not uniform; many TB programs have experienced TB case increases. Most TB programs reported a decrease in TB control resources. Decreased funding for state and local TB programs has resulted in reduced staffing. Additionally, TB cases are becoming more complex which means that more staff time, services, and resources are required. More TB patients have comorbidities such as HIV or diabetes, drug resistant, mental illness or substance abuse problems. Others are homeless, migrant, undocumented, or lack English language proficiency.

### **Why does this matter?**

As TB is a communicable disease, public health programs are mandated with the legal authority to oversee the evaluation and treatment of patients with TB, and treatment of the people infected with TB in order to prevent the further spread of the disease. This mandate includes overseeing those individuals with TB who are treated by private, community providers. With declining resources and TB public health expertise, the ability of our TB programs to adequately identify, treat and cure individuals with TB is compromised. Continued decreases in funding and staffing resources with TB public health expertise will continue to erode the existing public health infrastructure and may result in increased cases of TB.

### **What's this all about?**

It's about protecting you and your community from TB by making sure there is adequate public health staffing and funding to control and prevent TB in our nation.

You can find out more about NTCA at [www.tbcontrollers.org](http://www.tbcontrollers.org)