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Tuberculosis Control Project

Reference: Mary McCormick, President

Fund for the City of New York, 212-925-6675

72% drop in Tuberculosis (TB) incidence in New York City over a fifteen year period

The focus was on controlling the emerging problem of tuberculosis in New York City, which if left unchecked, could potentially become a major epidemic. TB is a disease of poverty and therefore the key city agencies in this project were the Department of Health, the Health and Hospitals Corporation, the Department of Corrections, and the Human Resources Administration.

The Change Challenge:

Many city agencies needed to do real planning simultaneously while there was still time. In effect, we needed to shorten the time between planning and implementation – and do so quickly.

Fast-track Implementation:

Through a leadership team’s guidance and microcosm team’s plan, we designed and facilitated a 400 person “roll the sleeves up” working session. Immediate outcomes from this session included:

- 400 key people came together with a clear understanding of the threat posed by this epidemic and the steps needed to respond to it.
- New networks and working relationships were created across agencies to guard against patients slipping through the cracks in the system.
- Design and implementation of an integrated technology and information system used to track TB patients.
- Employee health and safety matters addressed to ensure that employees do not contract TB.

Over time, the incidence of TB in New York City dropped 15% in the first year after this intervention, and an additional 7.5% in the second year, with steady declines continuing to date.

Real Time Strategic Change Highlight:

RTSC created the rapid alignment this organization required. And even more important, it gave people the skills to take rapid action.

- Development of a joint budget for TB control submitted to the City’s Office of Management and Budget encouraging further collaboration in the future.
- People within agencies created new working relationships and felt more responsible for TB control.
- Shared respect between and among all key players in this process and the realization that each person’s success was totally dependent on the actions of others.

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