



Challenges of Public Health Departments

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2026 World TB Day Webcast • March 24, 2026 • Webcast



Tommy Camden, MS, RS

Has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this activity



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Challenges of Public Health Departments:

San Antonio Metropolitan Health District

Tommy Camden, MS, RS

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Program Challenge #1: TB Budgets

- Balancing the budgets in 2025 -2026 has been a juggling act
 - State and Federal TB budgets – flat funding for years
 - Elimination of 1 Full Time Equivalent (FTE) position from FY 27 Federal budget
 - General Fund budget – supplemental TB funding by the City of San Antonio – funds several positions, rent, supplies, computers, etc.
 - Other – Public Health Infrastructure Grant – covers many of the supplies that no longer can be funded under the State and Federal TB contracts



Program Challenge #2: Data Management

- Interoperability is a persistent issue
 - Repetitive charting/data entry with our local Electronic Medical Record (EMR) and data entry into the National Electronic Disease Surveillance System (NEDSS) combined with the continued use of paper charts is challenging for staff.
 - Ensuring full interoperability between various clinical and local public health systems remains a persistent issue



Program Success Story – Evening TB Clinic

Calendar Year 2025 (January 1, 2025 to December 31, 2025)

- Wednesday Evening TB Clinic – 5pm – 8pm
- 253 T-Spots collected
- 87 nursing assessments conducted
- 171 home visits performed
- 248 other blood draws (CMP, HIV, etc.)
- Contact investigations enhanced, customer satisfaction improved, scheduling flexibility for staff



Questions?

Address questions to:
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Challenges of Public Health Departments:

Houston Health Department

Mark Tisdell, MBA, BSN, RN

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Program Challenge #1:

Resource Constraints and Prioritization of TB Control Activities

- Declining resources require prioritization of **core TB control activities**
- Reduced capacity for some routine services:
 - B2 immigrant/refugee follow-up (>5 yrs, no co-morbidities)
 - Positive TB reactor follow-up (>5 yrs, no co-morbidities)
 - Comprehensive case interviews
 - Expanded targeted testing
- Staff must focus on **highest-risk cases and highest-impact interventions**
- **Key Impact:** Limited staffing requires strategic allocation of resources to maintain effective TB prevention and control.



Program Challenge #2:

Providing TB Training and Education to Medical and Community Partners

- Greater Houston healthcare network includes:
 - ~140 hospitals (21 in the Texas Medical Center)
 - 70+ Federally Qualified Health Centers (FQHCs)
 - Numerous private providers
- **Challenge:** Limited staff and resources to provide consistent TB education and outreach across a large provider network.
- **Impact on TB Program:**
 - Training for clinicians, health departments, and community partners
 - Collaboration across healthcare, academic, and public agencies
 - Ensuring timely TB diagnosis, reporting, and treatment
- **Potential Solution:**
 - **Virtual Lunch-and-Learn sessions** with partner organizations in a scalable training format for hospitals, FQHCs, and providers across the region



Program Success Story

Persistence and Collaboration in TB Control

- In **2018**, a patient experiencing homelessness was diagnosed with TB but refused treatment and was eventually **lost to follow-up**.
- In **2024**, the patient returned to the **VA hospital** with worsening illness.
- The TB Program partnered with the hospital to initiate **court-ordered management** to ensure treatment and protect the community.
- The patient was transferred to the **Texas Center for Infectious Disease (TCID)** in San Antonio.
- Through collaboration with **TCID, the courts, and healthcare partners**, the patient remained in treatment despite multiple challenges.
- **Outcome:** The patient successfully **completed TB treatment six years after the initial diagnosis**.
- **Key Takeaway:** This case highlights how **persistence, legal tools, and strong partnerships** can ensure both **patient care and public health protection**.



Partner Recognition


We would like to recognize the organizations whose partnership and support are essential to the success of our TB program:

- **Greater Houston Area TB Providers**
- **Heartland National TB Center**
- **Texas Center for Infectious Disease**
- **Texas Department of State Health Services** – Central Office, Region 6/5S, and Region 4/5
- **Harris County District Attorney's Office**
- **Key Message:** Strong partnerships across healthcare, public health, and the legal system are critical to ensuring effective TB control and protecting the health of our community.



Questions?

Address questions to:
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Challenges of Public Health Departments:

Dallas County Health and Human Services

Laura Gomez, RN, BSN

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Program
Challenge #1

Completion of
contact
investigations
in select
populations

Identifying contacts and completing
evaluations

Starting and completing LTBI therapy in
appropriate persons

Issues Encountered

- Use of aliases
- Unique languages- unable to find translation (one case)
- Unwillingness to share information
- Hostility- anger at repeated attempts to promote treatment (e.g., cursing at staff)
- Lack of trust in government entities

Potential Solutions

- Collaboration with employers who may have a better rapport with the client
- Utilizing community groups such as churches that are seen as trustworthy
- Remember cultural literacy
- Give clients some space and try again later

Program Challenge #2

Managing LTBI as a reportable condition

Are we really getting quality data?

- Large number of referrals excluding Electronic Disease Notification (EDN) or refugee patients
- Data entry can be time consuming
- Duplicate entry into multiple databases

Manual Report Processing

- Outside reports are received via fax or email
- Information must be reviewed to determine if it is a referral or only reporting
- Is all pertinent information included?

Potential solutions:

- Leverage digital technology to manage referral processing
- Strategize better processes for data entry
- Provider education on full reporting criteria

Program Success Story

Large Outbreak in Unhoused and Shelter Population

- Identified in 2013
- ~189 active TB cases between 2009-2016 with the majority in Dallas County
- Continued collaboration today among DSHS, Dallas County, Parkland Hospital and Dallas County shelters

Interventions

- Task force established
- Point person identified for each shelter
- Hiring of new staff including a nurse assigned specifically to this population
- Mandatory testing for new shelter residents
- Shelter Infection Control Plan developed and distributed
- Networking with community groups working with the homeless
- Maintaining an ongoing relationship with shelter staff, annual education

Success

Cases in the unhoused/shelter population have decreased significantly

- 2009-2016 average of 27/year
- 2017-2025 average of 10/year



Questions?

Address questions to:
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Challenges of Public Health Departments:

City of El Paso Department of Public Health

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PROGRAM MANAGER | PUBLIC HEALTH NURSE PRACTITIONER

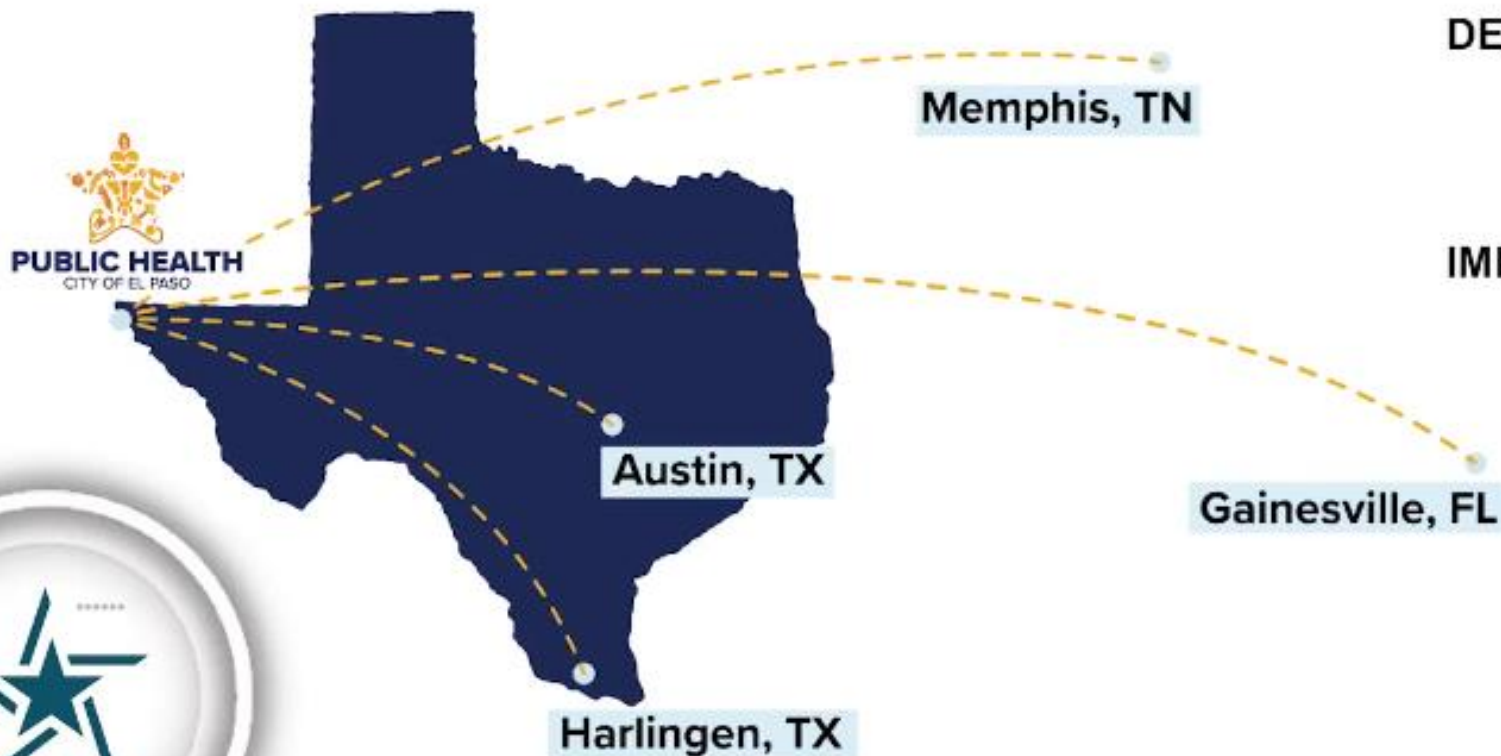
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Program Challenge #1: Geographic Isolation

TB specimens are transported to **South Texas Laboratory (Harlingen)**, **Quest Diagnostics (Memphis, TN)**, **DSHS Laboratory (Austin)**, and **University of Florida (Gainesville, FL)**

- **Geographical distance** increases risk to specimen integrity and turnaround time



DELAYS CAUSED BY:

- Extreme weather
- Transportation disruptions

IMPACT:

- Delayed diagnosis and treatment initiation
- Compromised public health response

Program Challenge #2: Continuity of Care

EL PASO IS A MAJOR TRAVEL & BORDER HUB

FUNDING CONSTRAINTS & RESOURCE UTILIZATION

Disruption in continuity of care for TB patients

- Return to their home country
- Continue traveling
- Resume care in another state or destination after initial treatment
- Immigration Policies



IMPACT:

- TB Patients may not complete full circle of care at same LHD.
- 60–70% of allocated funds for each new TB patient is mostly exhausted with initial evaluation, diagnosis, and care coordination
- Reimbursement for care provided to each TB patient is not properly allocated to our LHD with current formula
- Increased complexity in continuity of care and case management



Program Success Story: Strong Partnerships across Jurisdictions

The City of El Paso TB Program is the leader in education, collaboration, and TB prevention across a complex tristate (Texas, New Mexico, Chihuahua) binational area.

Partnership with the **Heartland National TB Center** enables TB trainings across our geographical area

- Supports **standardized, evidence-based treatment**
- Aligns providers across US-Mexico border
- Strengthens coordinated, comprehensive patient care



Strong **local (LHD)**, **state (Texas DSHS, New Mexico Department of Health)** and **federal (CDC)** partnerships enable adequate TB care by:

- Promptly identifying individuals needing TB care
- Ensuring timely linkage to services
- Robust surveillance
- Case management
- Continuity of care



Questions?

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PUBLIC HEALTH
CITY OF EL PASO



Challenges of Public Health Departments:

Texas Department of State Health Services, PHR11

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Program Challenge #1:

- Difficulty providing radiology and laboratory services
 - HHSC requires DSHS contract for radiology and laboratory tests. A contract must be developed to obtain these services.
 - Not all companies want to contract with us—it is not cost effective for radiology services to contract with us in rural areas
- In PHR11, we have two mobile X-ray contracts that provide good coverage in rural areas



Program Challenge #2:

- Providing DOT/VDOT in unsafe/very distant or rural communities
 - Staff can travel up to 2 hours each way to see patients
 - Difficulty to hire staff in remote areas
 - Cell signal not always reliable in rural border areas (e.g. Starr County, only certain carriers work due to stronger cell tower in Mexico)
- In PHR11, we utilize buddy system for safety when indicated



Program Success Story

- Staff were able to successfully treat two patients with confirmed TB disease and preventively treat 5 patients diagnosed with LTBI who were also addicted to crack cocaine.
- We have partnered with our binational TB program to have pediatric patients who are hospitalized in the US complete treatment in Mexico.
- We have been able to help patients establish a medical home and provide diabetes treatment while on treatment.



Questions?

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