



Client Situation: In the first quarter of 1991, with 3 percent of the country's population, New York City accounted for a remarkable 61 percent of cases of multidrug-resistant tuberculosis in the United States. The City of New York was confronted with a potential tuberculosis (TB) epidemic involving a new strain of TB resistant to conventional treatment. The Center for Disease Control had identified a danger that if not interrupted, the disease might spread to the rest of the nation. Involving several agencies, controlling tuberculosis was emerging as a problem in one of the largest cities in the United States.

Successful control depends upon the coordinated response of hundreds of people. Lack of coordination among government agencies frequently had caused people to be “lost” by the system as they moved between shelters, hospitals, mental health facilities, jails and prisons increasing the likelihood of the spread of tuberculosis. In order to avoid a major epidemic, simultaneous planning and quick implementation was needed while there was still time.

Intervention: The planned Whole-Scale event included approximately 400 stakeholders ranging from the Health Commissioner to front line workers in each of the four agencies-The New York City Public Health Department, which had developed the blueprint for controlling TB in the city, the Human Resources Department, the Health and Hospitals Corporation, and the Department of Corrections; each of these agencies came into direct contact with TB patients. Coordination was needed among these agencies to find and track TB patients to ensure that they were getting appropriate medication. Correction officers, nurses, shelter directors, epidemiologists, primary care physicians, admissions clerks, budget analysts, building engineers, union officers, and lawyers—all the individuals who make decisions on a daily basis that affect the success of the TB control blueprint—worked together for three days to better understand a broader viewpoint than their own and based upon that understanding, make decisions to improve their individual and collective efforts.

The purpose of the event was to mobilize a coordinated city-wide effort to implement the TB control blueprint so that we can control the TB epidemic by working together to:

- Build a common picture of the current state of TB in the city
- Understand how our current system works and does not work

- Identify creative solutions needed to implement the blueprint
- Commit to a collaborative effort to implement the solutions

Work plans were created at the event that were executed over the ensuing months; the successful execution of these plans was instrumental in curtailing the spread of TB in the city.

Impact: Just two years later, the city announced a substantial decrease in new cases — a reduction of 15 percent, from 3811 in 1992 to 3235 in 1993. This decline continued through 1994 (to 2995 cases), with the decrease reported over the two-year period exceeding 21 percent; the trend appears to be continuing in 1995. The decrease in 1993 was the first substantial decline in New York City in 15 years, accounting for 42 percent of the decrease in the number of cases of tuberculosis in the nation that year. The substantial decrease depended on the coordinated response of hundreds of people and a number of service agencies. Using the Whole-Scale® approach, the outbreak was controlled and the lessons learned from the experience were applied to other city-wide public health issues.