STI PREVENTION AND CONTROL:
Opportunities and Barriers at the State Level

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE
Committee on Prevention and Control of STIs in the United States: Meeting 2 – September 9, 2019

Elizabeth Ruebush, Director, STD, HIV, and Viral Hepatitis
Association of State and Territorial Health Officials (ASTHO)

DISCLOSURE

This presentation includes data from routine ASTHO scans and the following surveys:

- *ASTHO Profile of State and Territorial Health* – with funding support from the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention.
- *Public Health Workforce Interests and Needs (PH WINS) Survey* – funding support from the de Beaumont Foundation; the survey was fielded in cooperation with ASTHO, the National Association of County & City Health Officials, and the Big Cities Health Coalition.

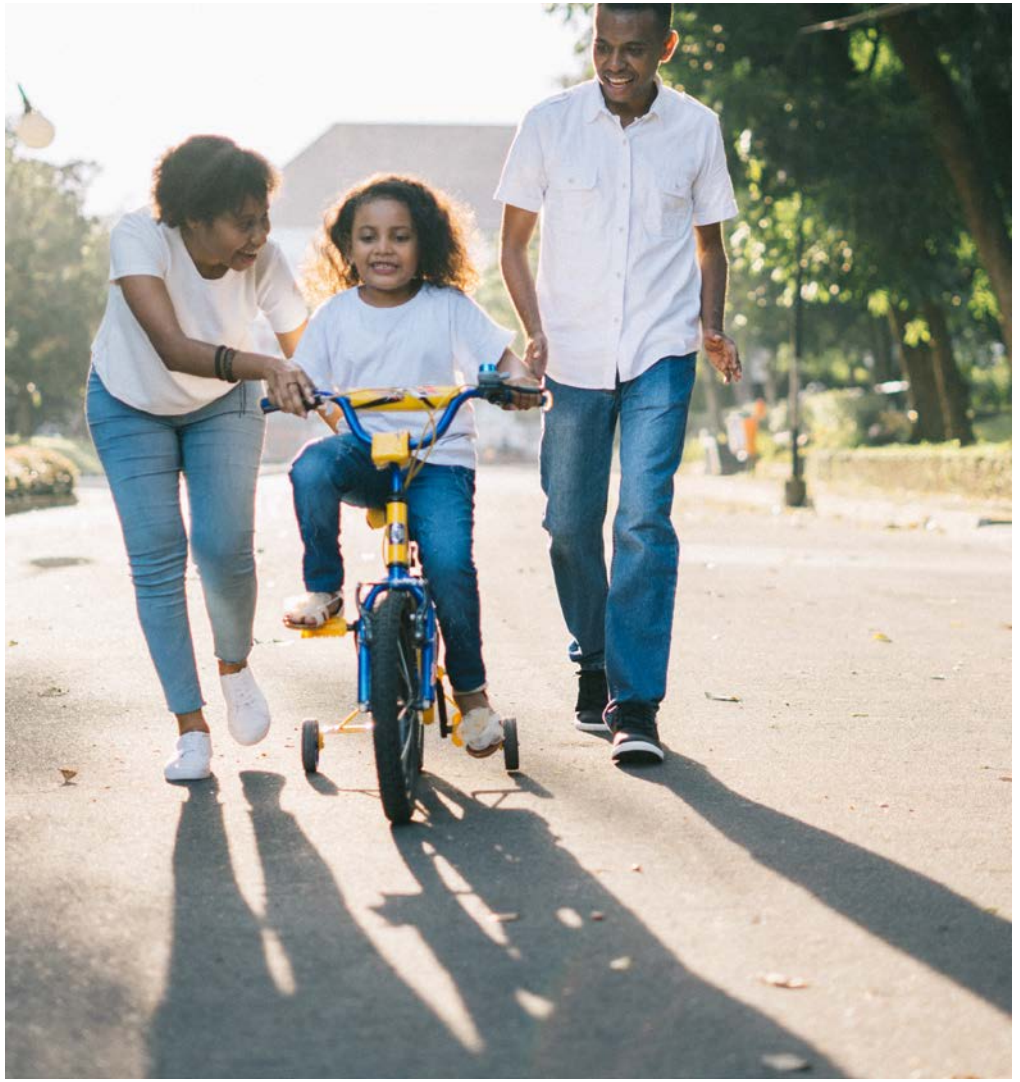
No potential conflicts of interest to report.

VISION

State and territorial health agencies advancing health equity and optimal health for all.

MISSION

To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.



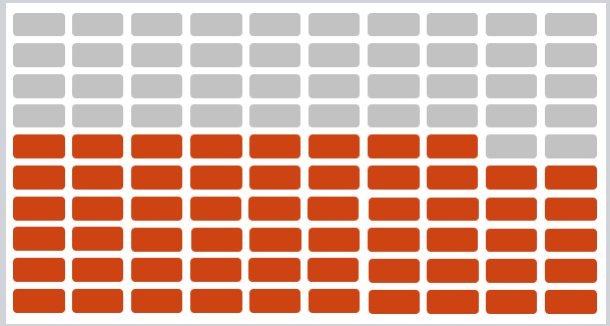
ROADMAP


•**Who We Are:** Agency structure, governance, and priorities
What We Do: STI programs and services
How We Do It: Infrastructure, workforce, and partnerships
The Outlook: Challenges and opportunities

STATE PUBLIC HEALTH: **WHO WE ARE**

In 2016[1] **58%**

of state public health agencies



were freestanding/ independent agencies.

FREESTANDING & UMBRELLA AGENCIES

AGENCY STRUCTURE

STATE PUBLIC HEALTH: **WHO WE ARE**

STATE HEALTH OFFICIAL OVERSIGHT AUTHORITY[2]

5 state health officials have statutory oversight of **Medicaid**.

1 state health official has oversite over **Human Services**.

8 state health officials have oversight over **Substance Abuse**.

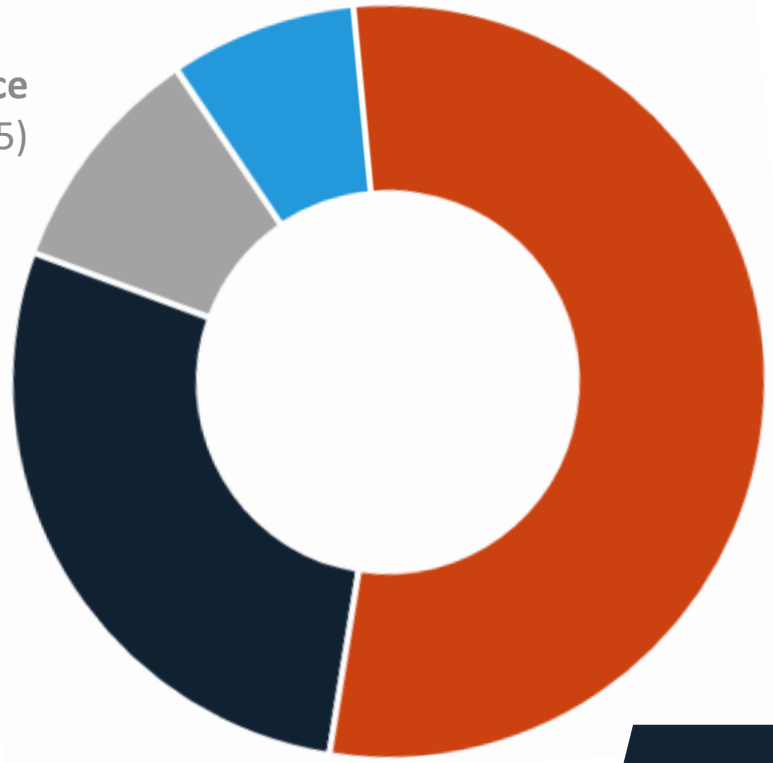
5 state health officials have oversight over **Mental Health**.

AGENCY STRUCTURE

STATE PUBLIC HEALTH: **WHO WE ARE**

Shared or largely shared governance structure (N=4)

Mixed governance structure (N=5)



Centralized or largely centralized[1] (N=14)

States report many more state-run local health departments than decentralized/largely decentralized states do.

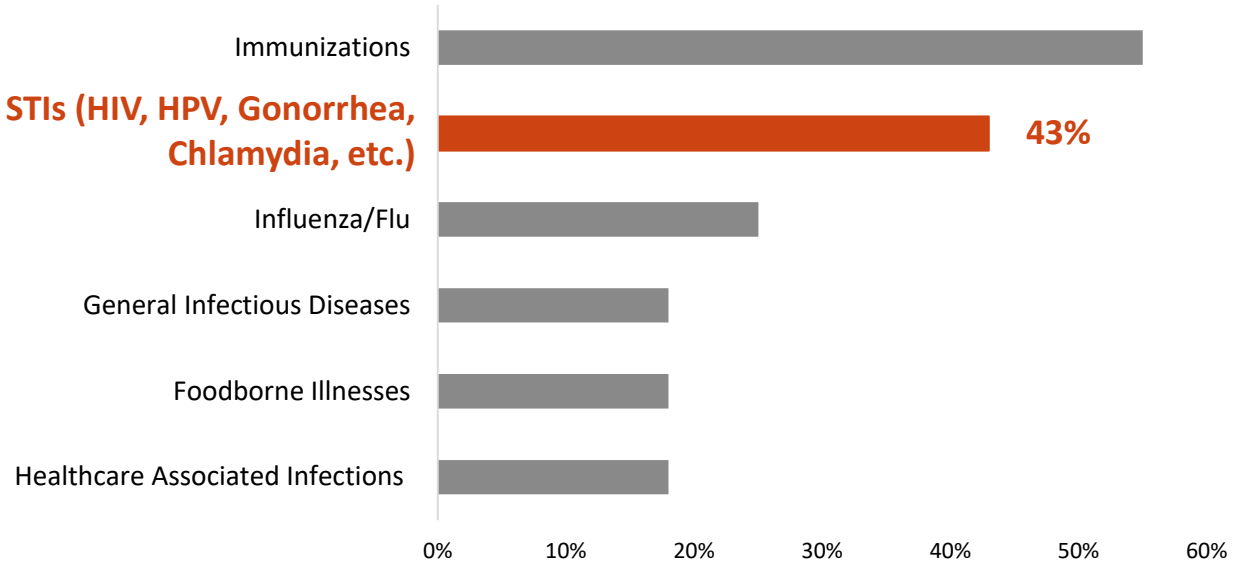
Decentralized or largely decentralized (N=27)

States report more independent local health departments than centralized/largely centralized states do.

GOVERNANCE STRUCTURE

STATE PUBLIC HEALTH: **WHO WE ARE**

Prevalence of Infectious Disease Priorities in State Health Improvement Plans (n=44)



Prevalence of infectious/communicable disease priority types in SHIPs

STATE HEALTH **IMPROVEMENT PLANS**

(SHIPS) identify specific public health priorities and issues that the state will focus on, strategies that will be implemented, and measurable goals and objectives.

43% of SHIPS identified STIs as a priority[3]

AGENCY PRIORITIES

STATE PUBLIC HEALTH: **WHO WE ARE**

HOWEVER,

HEALTH AGENCY STAFF REPORT **CHALLENGES** IN ADVANCING STI PRIORITIES:

- **Insufficient funding** and resources to meet increasing burden.
- **Perceived lack of urgency** amongst key partners, the public.
- **Complex public health challenges**, competing priorities.

AGENCY PRIORITIES

STATE PUBLIC HEALTH: **WHO WE ARE**

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AGENCY PRIORITIES

STATE PUBLIC HEALTH: **WHAT WE DO**

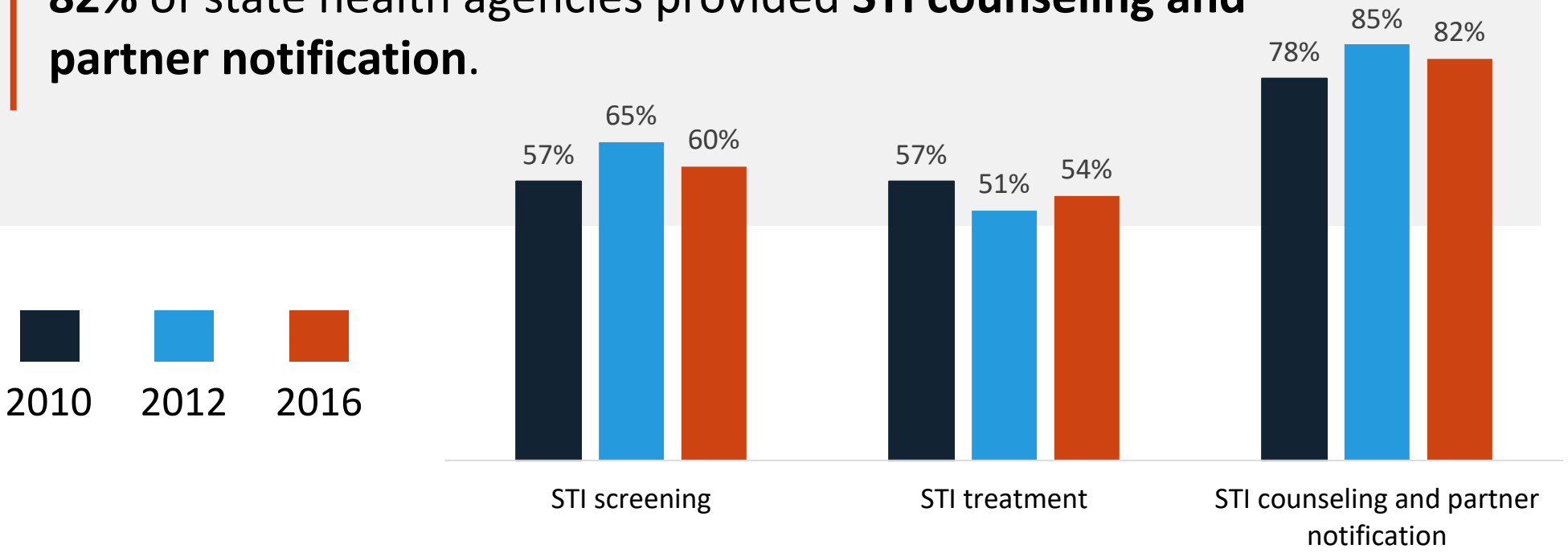
CORE STI PROGRAM ACTIVITIES

STATE PUBLIC HEALTH: **WHAT WE DO**

PROVIDING ESSENTIAL SERVICES

IN 2016[1]

60% of state health agencies **provided STI screenings**.
54% of state health agencies **provided treatment** for STIs.
82% of state health agencies provided **STI counseling and partner notification**.

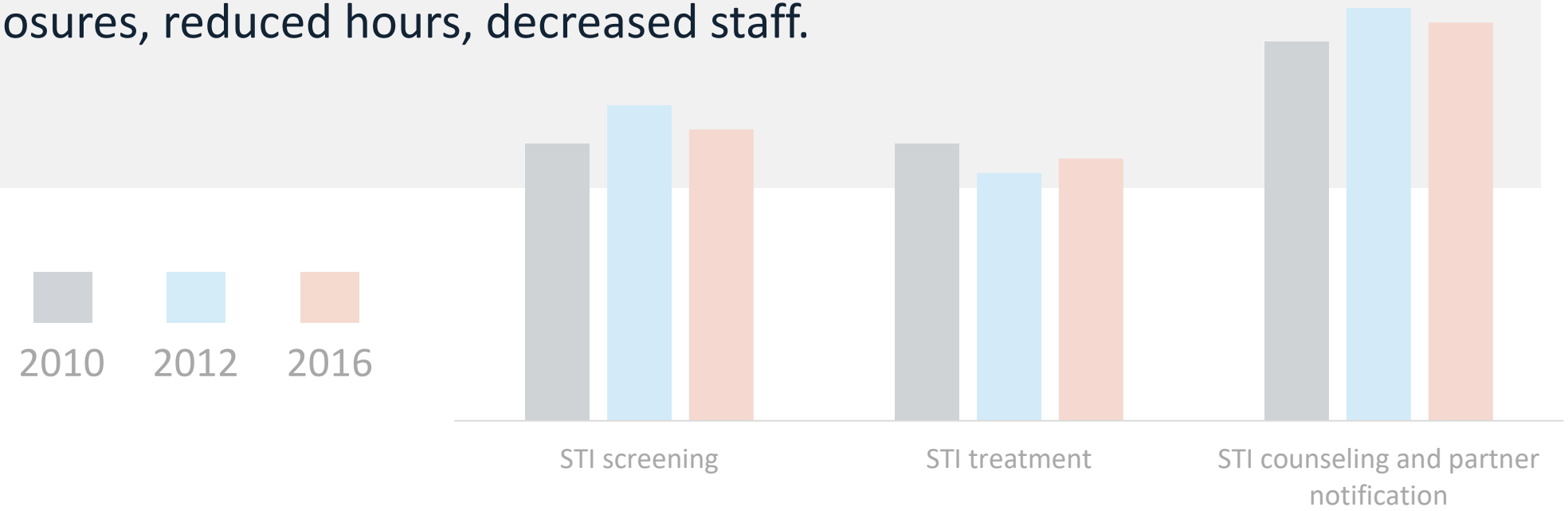


STATE PUBLIC HEALTH: **WHAT WE DO**

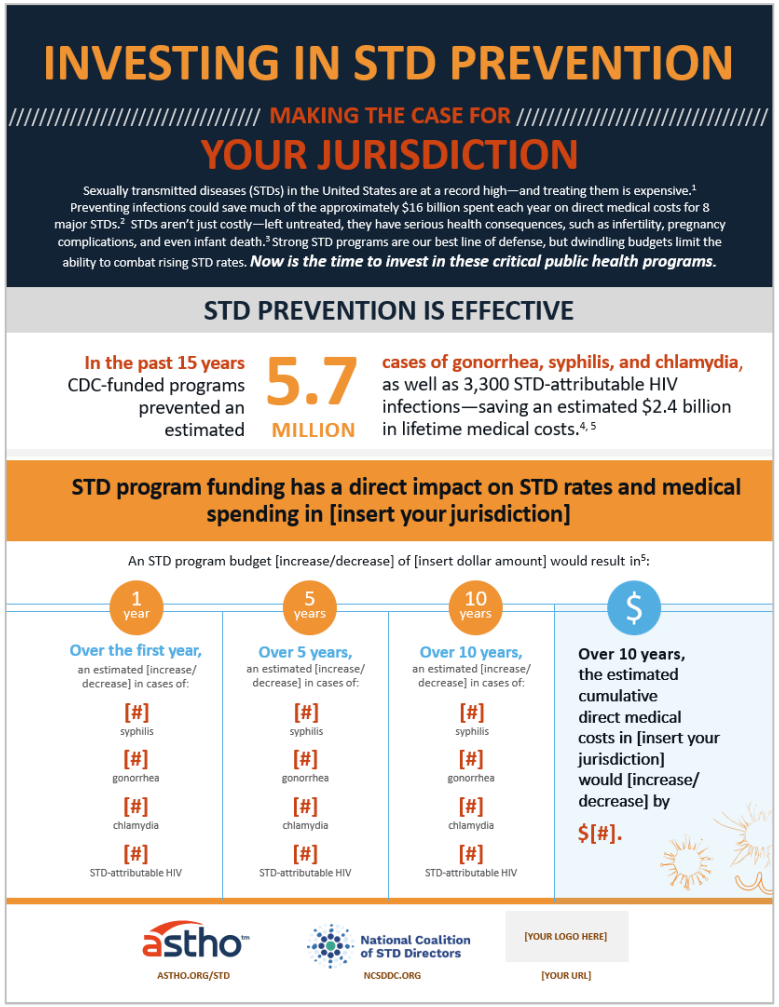
PROVIDING ESSENTIAL SERVICES

IN CONTEXT:

- Reported data does not reflect the level of the service/activity provision.
- Health agencies have experienced clinic closures, reduced hours, decreased staff.



STATE PUBLIC HEALTH: HOW WE DO IT



INVESTING IN STD PREVENTION

MAKING THE CASE FOR

YOUR JURISDICTION

Sexually transmitted diseases (STDs) in the United States are at a record high—and treating them is expensive.[1] Preventing infections could save much of the approximately $16 billion spent each year on direct medical costs for 8 major STDs.[2] STDs aren't just costly—left untreated, they have serious health consequences, such as infertility, pregnancy complications, and even infant death.[3] Strong STD programs are our best line of defense, but dwindling budgets limit the ability to combat rising STD rates. ***Now is the time to invest in these critical public health programs.***

STD PREVENTION IS EFFECTIVE

In the past 15 years CDC-funded programs prevented an estimated **5.7 MILLION** **cases of gonorrhea, syphilis, and chlamydia,** as well as 3,300 STD-attributable HIV infections—saving an estimated $2.4 billion in lifetime medical costs.[4,5]

STD program funding has a direct impact on STD rates and medical spending in [insert your jurisdiction]

An STD program budget [increase/decrease] of [insert dollar amount] would result in[5]:

1 year	5 years	10 years	$
Over the first year, an estimated [increase/decrease] in cases of:	**Over 5 years,** an estimated [increase/decrease] in cases of:	**Over 10 years,** an estimated [increase/decrease] in cases of:	**Over 10 years,** the estimated cumulative direct medical costs in [insert your jurisdiction] would [increase/decrease] by $[#].
[#] syphilis	[#] syphilis	[#] syphilis	
[#] gonorrhea	[#] gonorrhea	[#] gonorrhea	
[#] chlamydia	[#] chlamydia	[#] chlamydia	
[#] STD-attributable HIV	[#] STD-attributable HIV	[#] STD-attributable HIV	

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State heath agencies' ability to detect and respond to STIs depends on a strong **PUBLIC HEALTH INFRASTRUCTURE**

Impact of inadequate public health investments on:

- Disease burden.
- Health outcomes.
- Medical spending.
- Public health workforce and service delivery.

STI PREVENTION INFRASTRUCTURE

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STATE PUBLIC HEALTH: HOW WE DO IT

STATE HEALTH AGENCY STAFF

A MOTIVATED AND ENGAGED WORKFORCE

Staff agreed or strongly agreed with the statements[4]:

- **"The work I do is important"** (93%, 95% CI: 93%-94%).
- **"I am determined to give my best effort at work every day"** (94%, 95% CI: 93%-94%).

DISEASE INTERVENTION SPECIALISTS (DIS) are critical in linking people to care and interrupting transmission of infection.

STATE HEALTH AGENCY WORKFORCE

STATE PUBLIC HEALTH: HOW WE DO IT

IMPLICATIONS FOR STI PREVENTION PROGRAMS

- Eroding prevention & response capacity.
- Loss of expertise.
- Increased demands on a shrinking workforce.
- **Needs**:
  - ✓ Succession planning.
  - ✓ Recruitment, employment, and training and mentorship of STI program staff.
  - ✓ DIS: certification, refresher trainings, modernized operating guidelines, sustainable reimbursement models.

WORKFORCE: THE NEEDS

STATE PUBLIC HEALTH: HOW WE DO IT

CRITICAL PARTNERSHIPS

STATE PUBLIC HEALTH: HOW WE DO IT

CRITICAL PARTNERSHIPS

INTRA-AGENCY COORDINATION

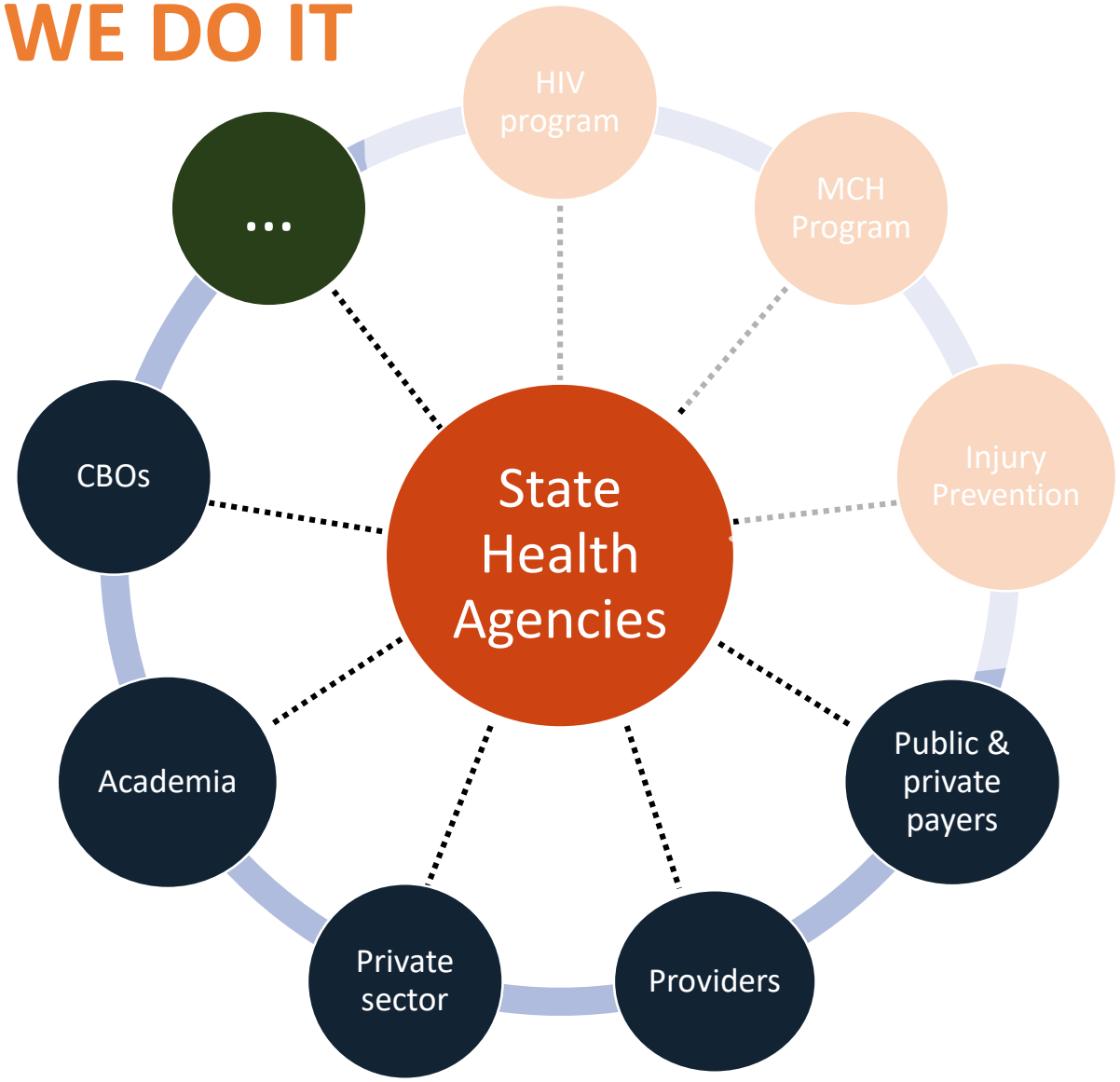
- **HIV/STI program integration** to address overlapping populations, risk factors.
- Maximizing congenital syphilis prevention through **Maternal & Child Health** and STI partnerships.
- Addressing convergence of syphilis and drug use through partnerships with **Injury Prevention**.

STATE PUBLIC HEALTH: HOW WE DO IT

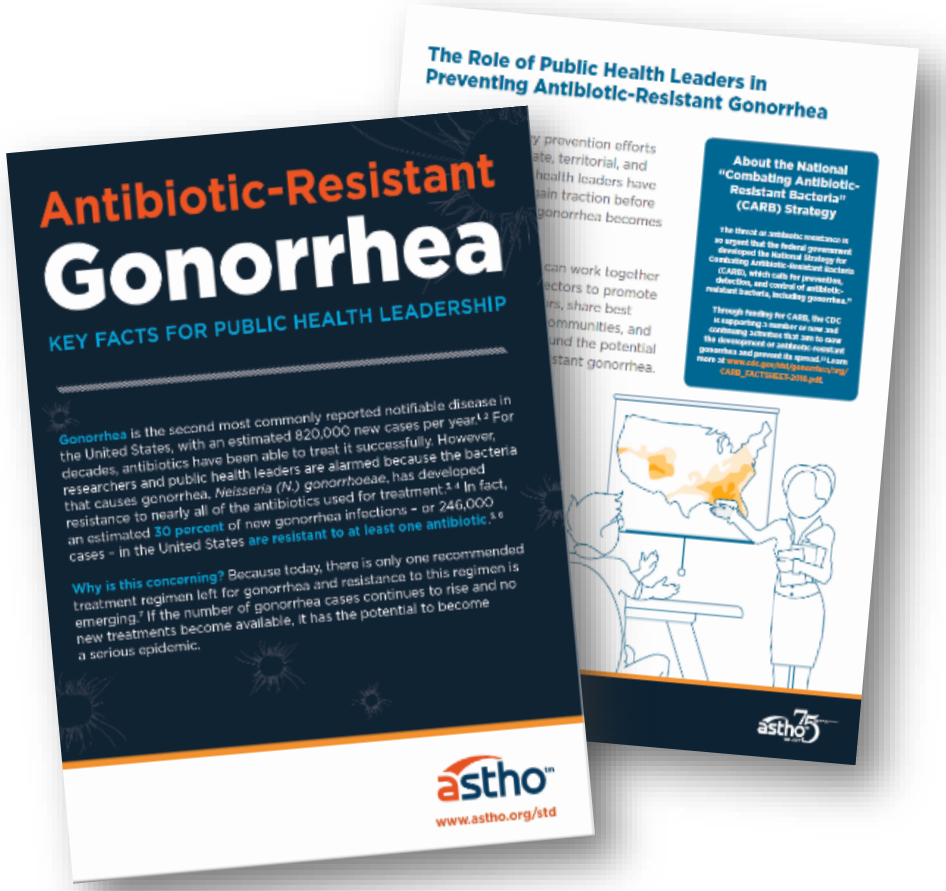
CRITICAL PARTNERSHIPS

CROSS-SECTOR COLLABORATION

- **Provider & pharmacist** outreach for appropriate screening, EPT implementation.
- **Medicaid** engagement to ensure consistent coverage of recommended services.
- Collaborations with **substance use disorder prevention and treatment programs** to integrate STI screening and treatment services.



STATE PUBLIC HEALTH: THE OUTLOOK



PRESS ROOM

Health Officials Respond to Alarming Increases in Congenital Syphilis

ARLINGTON, VA (Sept. 25, 2018)—Newborn syphilis cases have more than

Coming Together to Address America's STD Crisis

April 26, 2018 | 3:33 p.m. | David C. Harvey, Executive Director, National Coalition of STD Directors (NCSD)

Women, Syphilis, and Drug Use: A Renewed Convergence

April 24, 2019 | 11:57 a.m. | Hazel D. Dean, ScD, DrPH (Hon), FACE

(RE)EMERGING THREATS, SYNDEMICS

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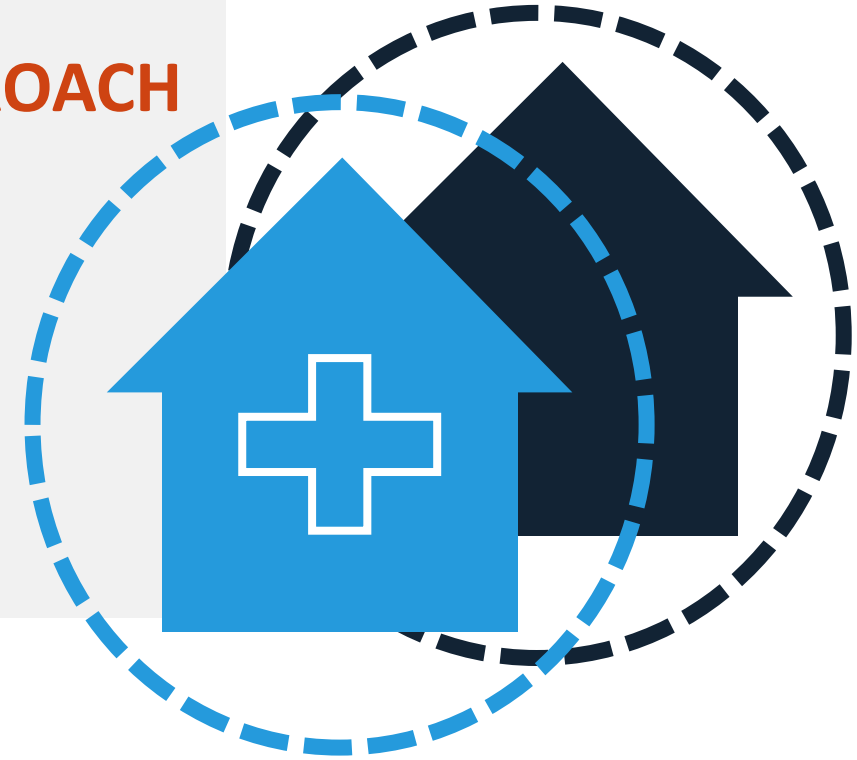
STATE PUBLIC HEALTH: THE OUTLOOK

THE CASE FOR A COMPREHENSIVE APPROACH TO HIV & STIs:

- Biology
- Epidemiology
- Infrastructure



Ryan White-funded Facilities:
STI testing, prevention services, etc.

STI Clinics:
HIV testing, counseling, linkage to PrEP or treatment services.

LEVERAGING HIV ELIMINATION EFFORTS

STATE PUBLIC HEALTH: THE OUTLOOK

Promising developments and new opportunities:

- Need for a national campaign to **increase awareness** and **decrease stigma**.
- STI Federal Action Plan: **opportunities for a *national* strategy.**

NATIONAL COORDINATION

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THANK YOU!

CONTACT:

Elizabeth Ruebush | astho

ERUEBUSH@ASTHO.ORG | ASTHO.ORG/STD

REFERENCES

1. Association of State and Territorial Health Officials. ASTHO Profile of State and Territorial Public Health, Volume Four. Arlington, VA: Association of State and Territorial Health Officials. 2017. Available at www.astho.org/profile.

2. Association of State and Territorial Health Officials. Public Health Department Structures Overview. Unpublished scan; available upon request from ASTHO.

3. Association of State and Territorial Health Officials. State Health Improvement Plan Analysis—May 2018. Unpublished memo, available upon request from ASTHO.

4. Bogaert K, Castrucci BC, Gould E, *et al.* "The Public Health Workforce Interests and Needs Survey (PH WINS 2017)." *Public Health Management & Practice*. 2019. 25:S16-S25. Available at https://journals.lww.com/jphmp/Fulltext/2019/03001/The_Public_Health_Workforce_Interests_and_Needs.6.aspx.