The STD Epidemic in America: The Frontline Struggle

Board on Population Health & Public Health Practice
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Chair, National Academy of Pubic Administration Expert Panel

NATIONAL ACADEMY OF PUBLIC ADMINISTRATION

No Financial Conflicts

Study Purpose and Scope

National Coalition of STD Directors (NCSD) engaged NAPA to undertake a two-part study of the STD epidemic in the United States

National Academy of Public Administration

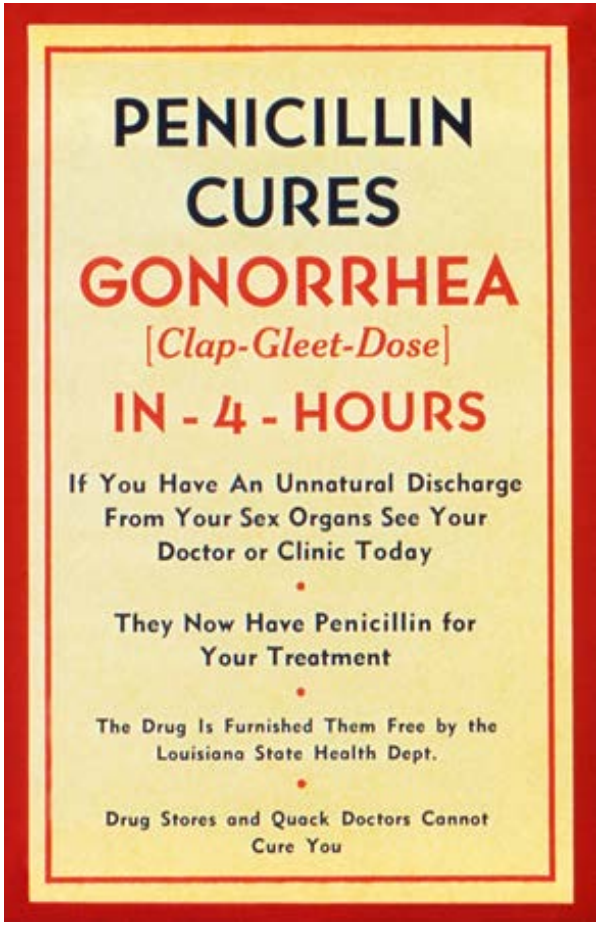
NAPA Study Team & Panel

Panel

- Georges C. Benjamin, MD, Chair
- Kenneth Kaiser, MD
- Gregg Payne, MD
- Shoshanna Sofaer, DrPH, MPH
- William Gimson, MBA

Study Team

- Brenna Isman, MBA
- Cynthia Heckmann, MPA
- Kate Connor, MPP
- Richard Pezzella
- Elise Johnson



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Phase I - Focus

- Explored the “state of the state”—of the STD epidemic, examined and identified federal programs and funding supporting STD prevention and control, intersecting factors complicating efforts to tackle STDs, and promising practices to address the epidemic
- To provide evidence to inform a national STD strategy / action plan

Phase I Findings

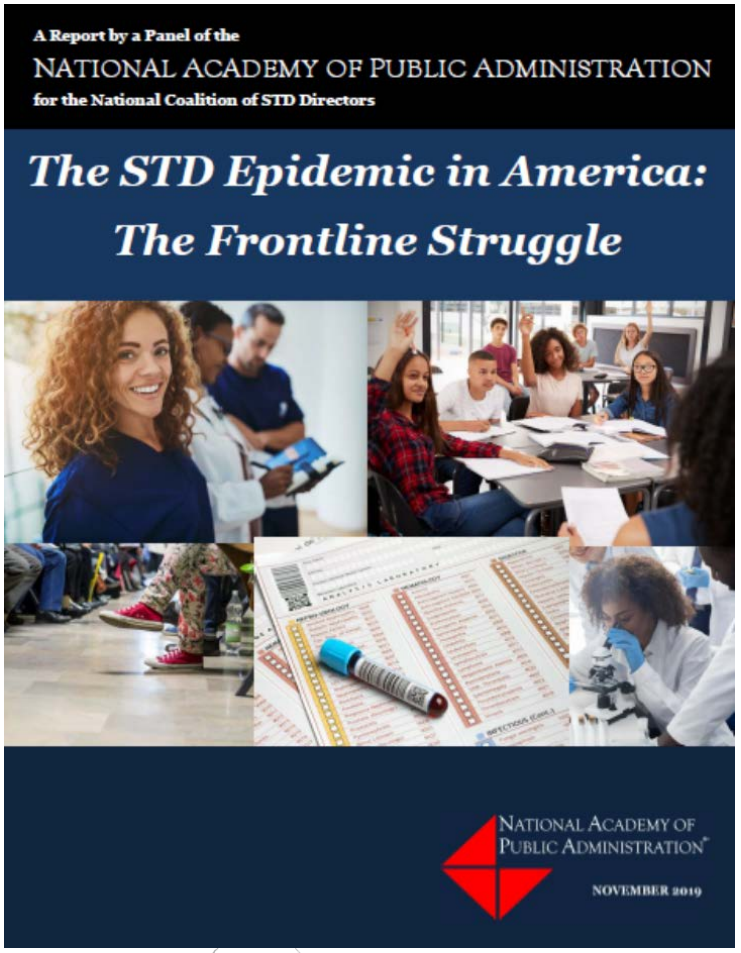
- The current U.S. public health care system creates significant challenges for STD prevention, treatment and control including:
  - Fragmentation of public health services across government entities;
  - Insufficient funding and funding constraints at all levels of government;
  - Limitations in data collection and analysis, along with interoperability to electronic reporting systems;
  - Changes in the insurance marketplace; and
  - Lack of public awareness and stigma
- "The Impact of Sexually Transmitted Diseases in the United States: Still Hidden, Getting Worse, Can Be Controlled," was issued in December 2018

Phase I: Actions for Consideration

1. Designate a national STD champion to coordinate federal, state, and local efforts and to lead the development and implementation of a national STD strategy
2. Change the STD narrative and reframe STDs as a component of general health and wellness
3. Unify the field—the three reportable bacterial STDs (gonorrhea, chlamydia, and syphilis) must be included in efforts to address HIV and HPV, and other similar diseases
4. Better data and more evaluation to learn about what works—and what does not—are essential to foster development and implementation of best practices
5. Education and awareness are needed to fight the stigma and enhance prevention
6. Expanded funding and resources are necessary given the scale of the STD epidemic

Phase II Focus

Document the challenges experienced by state and local public health entities with STD prevention and control



Phase II Scope

- Steps needed to further develop an action-oriented and achievable national strategic plan to reduce STD transmission rates and improve public health.
  - Assessing frontline STD prevention and control programs and ascertaining the burden placed upon state and local authorities as a consequence of the intensifying STD epidemic;
  - Tracing funding streams facilitating those programs and authorities;
  - Identifying and examining intergovernmental obstacles to program execution including administrative burden, conflicting policies, and funding constraints; and
  - Developing a set of Actions for Consideration to inform the federal STD action plan under development by the Assistant Secretary for Health and to bolster efforts to reduce STD rates

Phase II: Case Studies and Snapshots

- Consulted with NCSD, NACCHO, ASTHO & The Big Cities Health Coalition – Identified six jurisdictions for case studies
  - Louisiana, Massachusetts, Missouri, North Carolina, Utah & Vermont
- Identified five additional jurisdictions for snapshots that further highlighted frontline challenges and notable practices.
  - Arizona, Rhode Island, Tennessee, Washington & Philadelphia
- Criteria for selection included: STD cases and prevalence rates (high, mid, low) governance structures, status of Medicaid expansion, and geographic and demographic composition

Phase II: Findings in Brief

- Phase I findings, issues, and challenges were affirmed
  - The health care system is highly fragmented with multiple entities, partners, stakeholders involved.
  - The varying points of access to care and payment structures, myriad administrative arrangements and funding vehicles, various legal restrictions, and insufficient levels of resources across most jurisdictions pose key obstacles to containing STDS

Phase II: Findings in Brief

- The STD infrastructure is under-funded and under-resourced
  - Funding is principally through federal cooperative agreements and grants, with limited funding for specific initiatives in some states and some localities supplementing funding through local tax revenues/fees
  - Siloing of federal funding and program restrictions on how the funds may be used present a barrier to the utilization of already scarce resources
  - More staffing resources are needed, particularly in the areas of disease intervention specialists for performing disease investigation, contact tracing, linkage to care, and partner notification services and informatics staff to analyze surveillance data and assess trends

Phase II: Findings in Brief

- STD programs are structured and administered vary widely
- Program integration of STD, HIV, and other diseases (hepatitis, TB) is common
  - Reasons for integration range from the need for efficiency and to address these intersecting diseases more holistically
- Public awareness of STDs and comprehensive, scientifically accurate and practical school-based sexual health education are lacking. Stigma continues to thwart efforts to contain STDs

Actions for Consideration

1. Reform federal funding to enhance program agility across STD programs to enable jurisdictions to shift resources and more rapidly respond to outbreaks. Reforms include desiloing federal funding and providing additional funding
2. Expand access to care with a focus on delivering community-sensitive and patient-centered care. This includes re-establishing STD categorical clinics, moving toward “one-stop shop clinics,” expanding EPT, and addressing barriers—including confidentiality issues—to access to care

Actions for Consideration

3. Enable more rapid data release and results of research through the release of provisional data / results and by standardizing data collection and reporting nationwide
4. Implement science-based, health-centric education and awareness campaigns to reduce stigma and encourage healthy behaviors. Sexual health education and awareness is necessary for not only the public, but health care providers and policy-makers alike

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About NAPA

The National Academy of Public Administration is a non-profit, independent organization established in 1967 chartered by Congress in 1984 to provide expert advice on complex public management challenges.

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