

Fighting Rising STDs

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NASEM Committee Meeting
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Objectives

- Charge, Studies
- Federal Funding Survey
- Core Recommendations - NASEM

Mission



NCSD Mission

Vision: A nation without sexually transmitted diseases

Mission: To advance effective STD prevention programs and services in every community across the country. NCSD does this as the voice of our membership. We provide leadership, build capacity, convene partners, and advocate

Values: Integrity, Transparency, Collaboration, Health Equity, Innovation

Charge, Studies



NASEM Charge

- The ***epidemiological dimensions*** of STDs and ***factors*** that contribute to the epidemic and transmission dynamics
- To the extent possible, the ***economic burden*** associated with STDs
- ***Public health strategies and programs*** to prevent and control STDs (STD diagnostics, STD vaccines, STD monitoring and surveillance, treatment)
- ***Barriers in the healthcare system and insurance coverage*** associated with the prevention and treatment of STDs

NAPA Study, Phase I

- Stakeholders understand factors contributing to rising STD rates
- Resources and authority are needed to address the factors
- Designate a national STD champion/national STD strategy
- Break down the social stigma around STDs and sexual health
- Improve evaluation/foster best practices
- Increase public education and awareness
- Expand funding and resources, innovate

NAPA Study Phase II

- Reform federal funding to enhance program flexibility
- Expand access to care
- Enable rapid data release
- Support evidence-based education and awareness campaigns

Federal Funding Survey



Reduced U.S. Federal STD Funding Would Force Cutbacks to Core Public Health: A Survey of State and Local STD Directors - 2018

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METHODS: National Survey

- Survey link sent to all STD programs funded by CDC Division of STD Prevention
- Up to 3 individual follow up emails sent
- Integrated STD/HIV programs asked to provide best guess for STD-specific proportions of funding
- Budget responses were excluded if the total budget differed from itemized budgets by 10%
- Programs were stratified by quartile for analysis

RESULTS

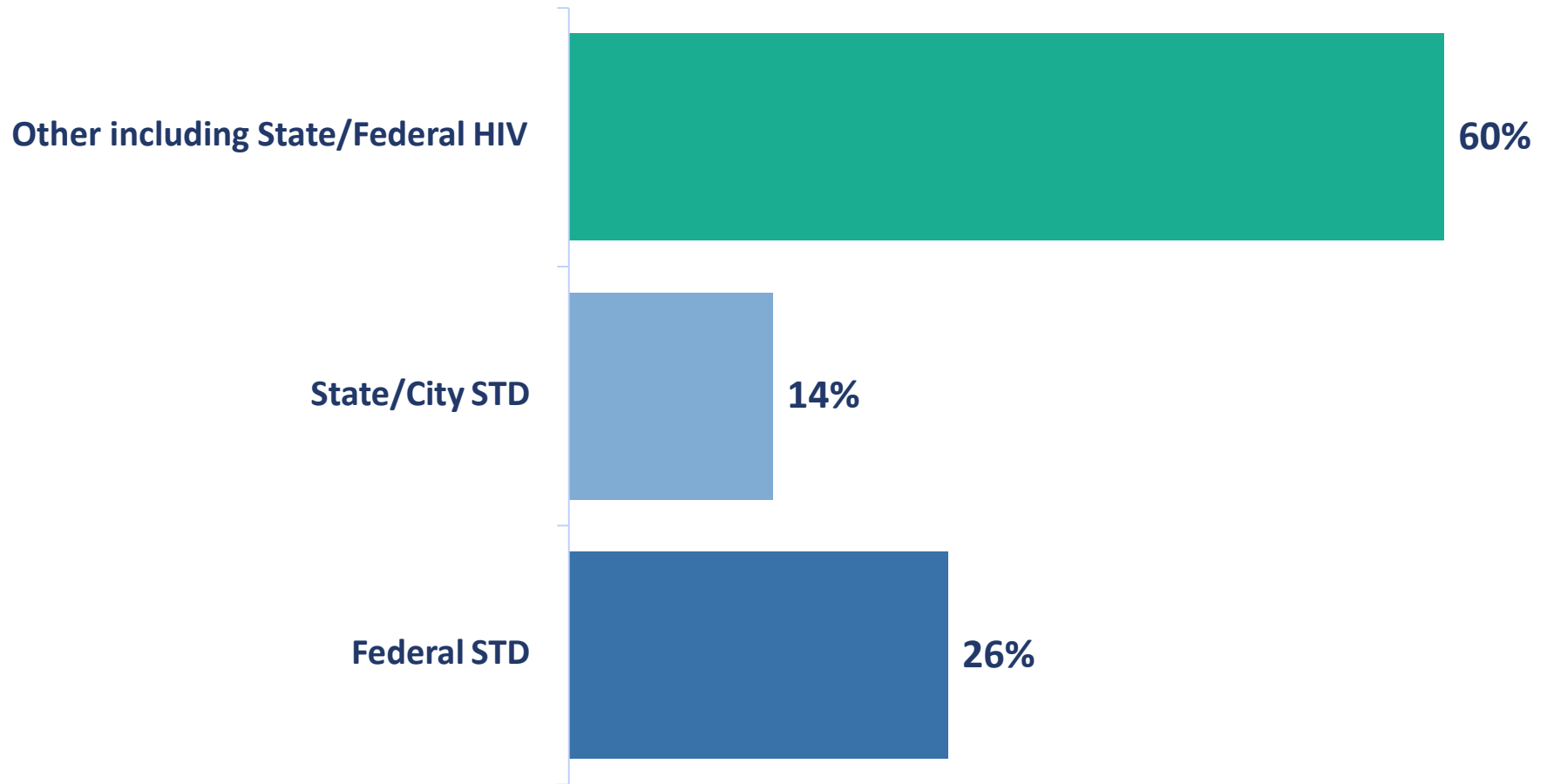
Response Rate:

40/50 States = 80%

5/6 Directly Funded Cities = 83%

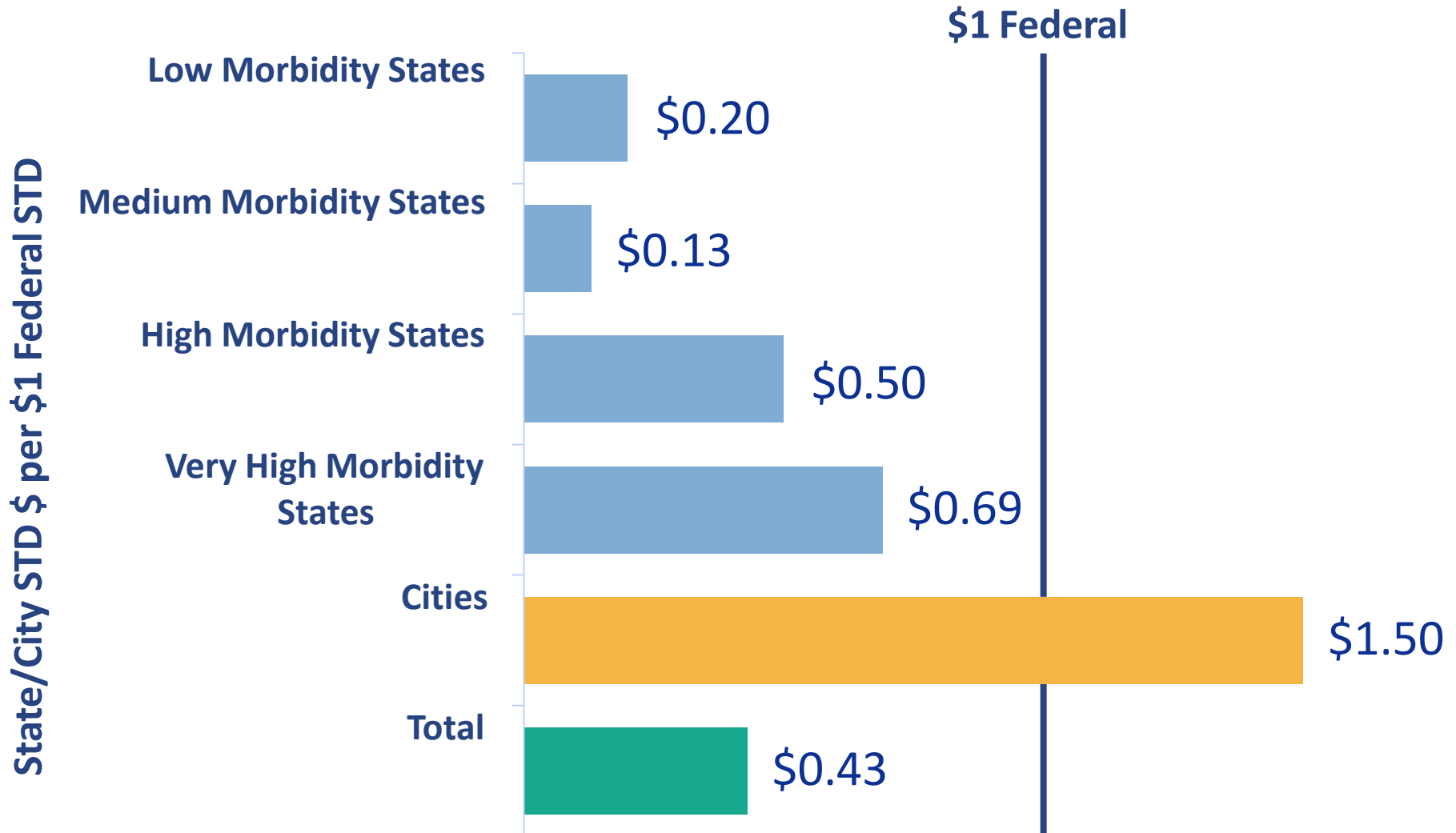
Nonresponse project areas: Arizona, District of Columbia, Georgia, Maine, Nebraska, New Mexico, North Carolina, South Carolina, South Dakota, Virginia, West Virginia

Percent of Total STD Program Budgets from Different Funding Sources

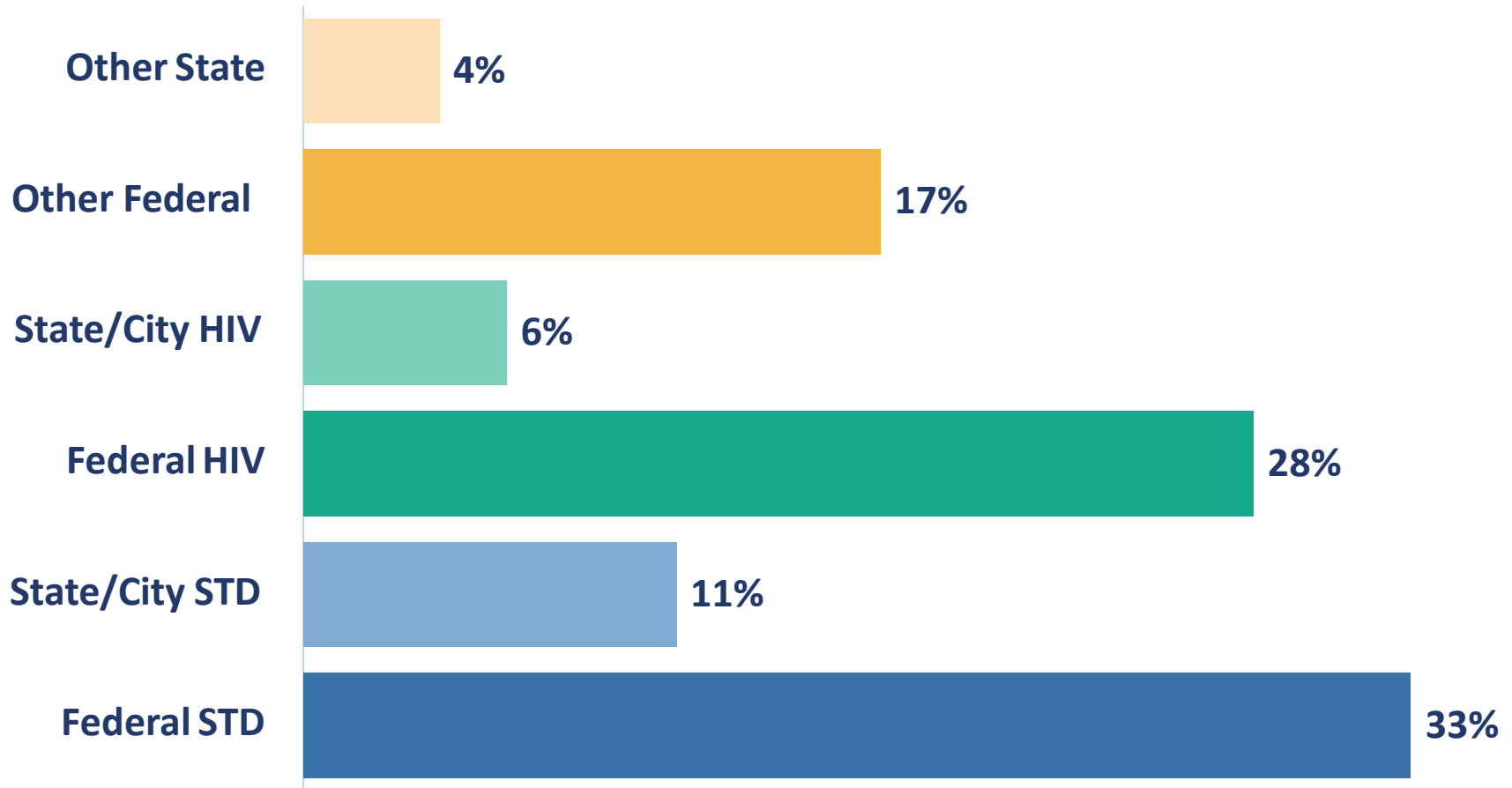


All respondents excluding Chicago, Colorado, Los Angeles, and Missouri. Federal STD funding = Funding from the CDC Division of STD Prevention (STD/AIDS) Federal HIV Funding = Funding from the CDC Division of HIV/AIDS Prevention

Share of STD Funding: For every \$1 of Federal STD Contribution, States/Cities contribute \$0.43



Percent of DIS Salaries by Funding Source

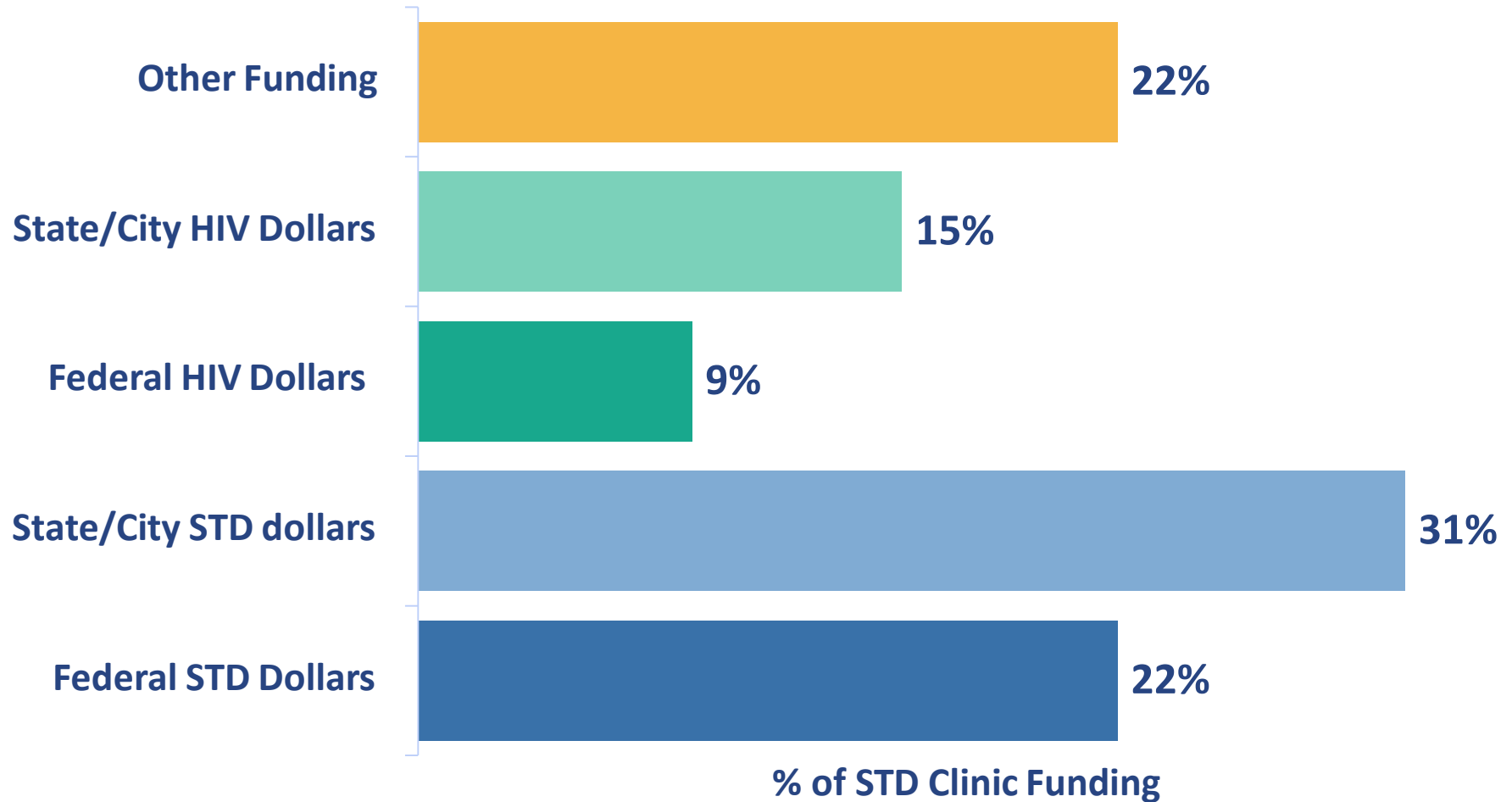


Disease Intervention Specialist (DIS) Staffing Among Survey Respondents

	Total
Total # Federal/State funded DIS	1,108
Average # of DIS	25
Median # of DIS	14
Range	0-160

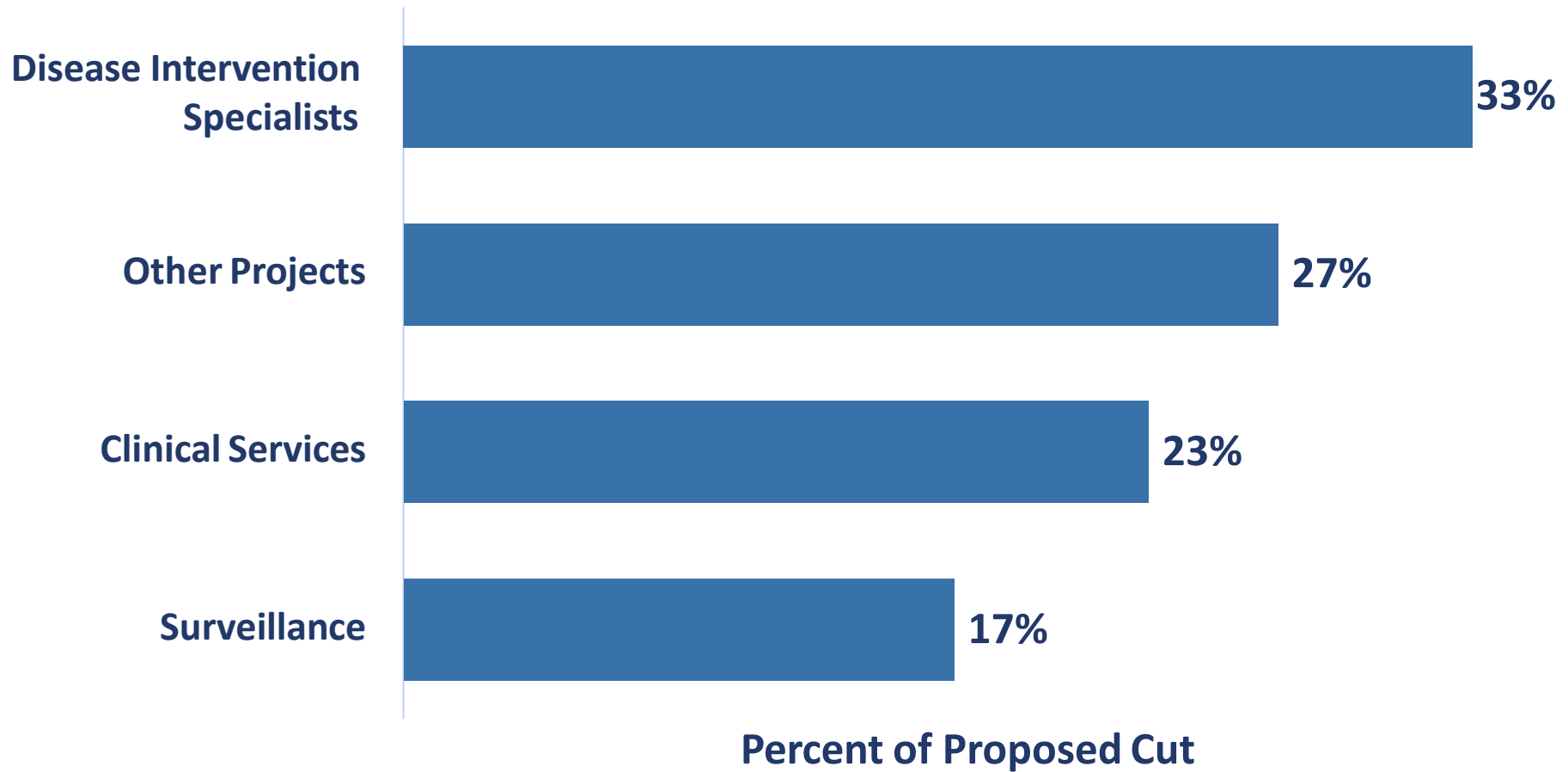
Disease Intervention Specialists conduct STD/HIV contract tracing, linking patients and their partners to treatment and services.

STD Clinic Funding (n=539 clinics)



State/City-funded STD Clinics were reported by 64% of respondents.

What proportion of the President's proposed 17% federal cut in FY '17 would be applied to the following areas:



Summary of Key Findings

- For every \$1 of Federal STD investment, states invest \$0.43 in STD funding.
- DIS and innovative projects would be most significantly cut with reductions in federal STD funding.
- 20-40% of DIS are funded with Federal STD dollars.
- 64% of states/cities have state-funded STD clinics, with 539 clinics reported.

Limitations

- It was difficult for some STD programs to separate HIV and STD funding, likely overestimating the HIV contributions.
- Response rate was not 100%, and data may not be generalizable to non-respondents.
- Responses to total budget and individual budget items did not always align.
 - We controlled for this by excluding any responses with a 10% difference between the total budget and the total of the individual budget items.

Conclusions

- STD programs have experienced a 40% decrease in spending power with federal funds.
- STD Programs have had to leverage diverse public funding streams to ensure core activities.
- Further cuts threaten to erode a fragile public health system, and reduce core STD programs like contact tracing and clinical services.

All at a time when the US is experiencing the highest STD morbidity ever recorded.

Core Recommendations - NASEM



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- Call for massive increase in federal and local resources
- Create permanent federal interagency coordinating body
- Allow flexibility in funding streams
- Increase public and private provider education
- Conduct public awareness, anti-stigma campaigns



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