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June 15, 2007

HHS Strategic Plan  
U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation  
Office of Planning and Policy Support  
Attn: Strategic Plan Comments  
200 Independence Avenue, SW, Room 408B  
Washington, DC 20201

RE: Draft U.S. Department of Health and Human Services Strategic  
Plan Fiscal Years 2007-2012

On behalf of the National Alliance of State and Territorial AIDS Directors (NASTAD), an organization representing the public health officials that administer state HIV/AIDS and adult viral hepatitis prevention and care programs nationwide, I am writing to provide comment on the draft *Department of Health and Human Services (HHS) Strategic Plan, Fiscal Years 2007-2012*.

We appreciate the breadth of goals and objectives that is necessary for such a document to provide "direction for HHS efforts to improve the health and well-being of the Nation." NASTAD compliments HHS for including specific mentions of the HIV/AIDS epidemic in the draft document. However, we are concerned that the inclusion of goals and objectives related to HIV/AIDS do not provide sufficient direction for HHS in turning the tide on new HIV infections and increasing access to care and treatment. In addition, we are alarmed that the draft *Strategic Plan* fails to recognize the serious impact of other sexually transmitted diseases (STDs) and viral hepatitis on our nation and urge you to correct this oversight. The devastating impact of STDs and chronic viral hepatitis, both in human and economic terms, warrants a specific mention and responding action.

Listed below are our comments specific to the goals and objectives included in the Draft *Strategic Plan*.

## ***Strategic Goal 1: Health Care***

### ***Strategic Objective 1.2 – Increase health care service availability and accessibility***

#### Ryan White Program

The Ryan White Program is extremely effective at providing comprehensive care and support services to underinsured and uninsured Americans living with HIV. While provision of quality primary care is the core of the program, it is important not to lose sight of the vital supportive services such as transportation and outreach services that are critical to keep people in care. We ask that you include a mention of the importance of such services. Additionally, as a cornerstone of the Ryan White Program, we ask that you include a specific mention of the Part B AIDS Drug Assistance Program. This program has consistently been under funded, yet continues to serve hundreds of thousands of individuals in need of lifesaving medications.

NASTAD agrees that Performance Indicator 1.2.4 examining the rates at which the Ryan White Program serves racial and ethnic minorities is worthy of inclusion. For example, almost 60 percent of those served by the AIDS Drug Assistance Program in June 2006 were people of color and over 80 percent were at or below 200 percent of the federal poverty level, with 55 percent at or below 100 percent. However, we believe that other public sources of health care should be included as well in order to provide a more comprehensive indicator of health care access for persons living with HIV in our nation. As you are aware Medicaid and Medicare are the largest public payors of health care for people living with HIV/AIDS. Community Health Centers also provide care to a high number of individuals living with HIV. It is important to assess how all public health service providers are doing in achieving access to quality HIV care.

#### Health Centers

While there are no dedicated funding streams for medical management and treatment of chronic hepatitis B and C, low-income patients can and do seek services at Community Health Centers. It is important that HRSA's Bureau of Primary Care provide clinics with the training and resources to increase hepatitis awareness and prevention in the communities served, to provide counseling and testing to those at risk for the virus, and to provide appropriate medical management and treatment to those found to be infected. Clinicians must receive treatment guidelines and current information regarding hepatitis.

## ***Strategic Goal 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness***

### ***Strategic Objective 2.1: Prevent the spread of infectious diseases***

#### HIV/AIDS

The introduction to this objective mentions HIV/AIDS and other sexually transmitted diseases, but the section on HIV/AIDS fails to address the integration of STD, hepatitis

and HIV/AIDS prevention services. The CDC recently went through a reorganization to emphasize the need to integrate these important public health issues by putting them all under the same Center – the National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention. It is critical that the draft *Strategic Plan* reflect these efforts as well. The document highlights the role of the Office of Public Health Services (OPHS) in implementing and evaluating the Department’s HIV/AIDS activities. However, the Office of HIV/AIDS Policy has remained without a Director for several years. Additionally, the section fails to mention the important role played by SAMHSA and NIH in addressing the HIV/AIDS epidemic. Again, this illustrates the siloed approach to addressing disease. Leadership and meaningful coordination across the agencies are essential.

### STDs

The United States has the highest rates of sexually transmitted diseases in the industrialized world. CDC estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24. Persons with a pre-existing STD have a three to five fold increased risk of acquiring HIV/AIDS. In one year, our nation spends over \$14 billion to treat the symptoms and consequences of STDs. Untreated STDs contribute to infant mortality, infertility, and cervical cancer. We urge HHS to include a performance indicator specific to the prevention of STDs.

STD prevention programs at CDC have been flat-funded since FY2003. A focus on core STD services including surveillance, treatment, partner referral, health education and disease intervention is critical to preventing and controlling sexually transmitted diseases. CDC’s Division of STD Prevention has prioritized four disease prevention goals - Prevention of STD-related infertility, STD-related adverse pregnancy outcomes, STD-related cancers and STD-related HIV transmission. HHS should focus their efforts on the following areas: Core STD services; infertility prevention; syphilis elimination; integration of STD screening and treatment to enhance HIV and hepatitis prevention; responding to viral STDs, i.e., herpes, HPV, and hepatitis B; prevention among adolescents; and enhanced partner services including expedited partner therapy.

### Hepatitis

As you know, hepatitis A, B and C together account for six million infected persons and over 15,000 deaths per year. Hepatitis C is the most common chronic, blood-borne viral illness in the United States, having already infected an estimated four to five million Americans. By way of comparison, consider that the number of Americans infected with the hepatitis C virus is over three times that of the number living with HIV/AIDS.

Hepatitis A and B are fully preventable through vaccination yet still account for over 5,000 deaths per year. While great strides have been made in the vaccination of children, more

attention is needed in protecting at-risk adults from the deadly liver disease through cost-effective vaccinations.

Chronic viral hepatitis is the leading cause of chronic liver disease, now among the top 10 killers of Americans over the age of 25 years. Chronic hepatitis C is also the leading indication for adult liver transplantation, and has recently claimed the ominous distinction as one of the leading killers of Americans living with HIV/AIDS. The hepatitis C virus is a known cancer-causing agent. As the virus has been allowed to persist in the population, liver cancer rates have skyrocketed. Liver cancer rates in the U.S. doubled between 1975 and 1998, and are expected to double again within the next 10 to 20 years, largely as a result of unchecked chronic viral hepatitis. Overall, the death rate for hepatitis C-related deaths in the U.S. is expected to triple by 2019.

The fiscal consequences of the unaddressed viral hepatitis crisis are equally dire. Hepatitis B infections result in an estimated \$658 million in medical costs and lost wages annually. Without intervention, the hepatitis C epidemic is expected to result in 3.1 million years of life lost over the next decade. The projected direct and indirect costs of the current hepatitis C epidemic, if left unchecked, will be over \$85 billion for the years 2010 through 2019.

We ask that under this strategic objective, chronic hepatitis B and C be specifically mentioned, including strategies to address the impact of these diseases. A Performance Indicator akin to 2.1.2 (Increase the proportion of people with HIV diagnosed before progression to AIDS) is needed. Most infections are silent in that there are no symptoms until damage to the liver has taken place. Many infected individuals are unaware of having chronic hepatitis B or C until they develop signs or symptoms of cirrhosis or liver cancer. Without knowledge of status, an individual cannot make life changes to stem the progression of the disease such as cessation of drinking alcohol, a good diet, and regular exercise. Increasing the proportion of persons knowing the hepatitis B or C status should be included.

We commend the Department's efforts in vaccinating children for hepatitis A and B through the 317 and Vaccine For Children programs. We laud Performance Indicator 2.1.1 d "Achieve or sustain immunization coverage of at least 90% in children 19 to 35 months of age for: 3 doses of hepatitis B vaccine." We also urge you to include hepatitis A vaccination in this indicator. In May of 2006, the CDC's Advisory Committee on Immunization Practices issued recommendations in the MMWR for the routine vaccination of children under one year of age in the United States.

The greatest remaining challenge for hepatitis A and B prevention is the vaccination of high-risk adults. Healthy People 2010 calls for a reduction of hepatitis cases among high-risk adults by at least 75 percent. To reach this goal, adults with risk factors must be identified and vaccinated. Unfortunately, many opportunities to vaccinate high-risk

adults are missed. CDC has recommended that the most effective approach to vaccinating high-risk adults is to integrate vaccination into service programs for persons with risk factors for infection (e.g., STD clinics, HIV counseling and testing sites, correctional facilities and drug treatment clinics). Additional federal funding for states and public health clinics is essential to support these immunization efforts.

High-risk adults account for more than 75 percent of all new cases of hepatitis B infection each year, and the cost of not vaccinating adults is high. Annually, hepatitis B infections result in an estimated \$658 million in medical costs and lost wages, with costs associated with hepatitis A infections totaling \$489 million. By targeting high-risk adults for vaccination, the gap between children and adults who have not benefited from routine childhood immunization programs could be bridged.

Departmental emphasis and dedicated funds are needed to assist states in closing the gap between adolescents and children, who are all now required to be vaccinated against hepatitis A and B, and high risk adults who remain unvaccinated. The vaccines to prevent hepatitis A and B infection are inexpensive and highly effective, and vaccinating high risk adults would be both short term and cost-effective.

#### Infectious Disease Surveillance

HIV/AIDS epidemiology, surveillance and seroprevalence activities provide data that are critical to targeting the delivery of HIV prevention, care and treatment services. States conduct a variety of surveillance activities to track the HIV/AIDS epidemic including core, incidence, behavioral, and enhanced perinatal surveillance as well as Morbidity Monitoring. Unfortunately, core surveillance has suffered due to flat funding and lack of emphasis by CDC.

While we acknowledge the Department's investment in HIV surveillance, it is critical that HHS prioritize and support the reporting of chronic hepatitis B and C cases in this country.

#### Global Health

NASTAD concurs with HHS's focus and leadership on international health. NASTAD is funded by CDC's Global AIDS Program to increase the capacity of resource-constrained countries to plan, implement and manage HIV prevention and care activities. Relying on the extensive experience of NASTAD members in organizational assessment, training, policy and program development, prevention, care, integration of STD and HIV, community planning, voluntary counseling and testing, decentralization, scaling up, capacity-building, fiscal management, stigma/ denial issues, and evaluation, NASTAD's Global program responds to identified needs and priorities of country Ministries of Health, National AIDS Control Programs, and CDC through peer-based technical assistance, delegation visits, and workshops/trainings.

### ***Strategic Goal 3: Human Services***

#### ***Strategic Objective 3.2: Protect the safety and foster the well-being of children and youth***

##### Abstinence Education

We are disappointed with the strong emphasis on abstinence education programs on page 78. Many recent reports have shed light on the abstinence-only education programs administered by the Administration for Children and Families. There continues to be no scientific evidence to indicate abstinence-only programs have any efficacy in delaying the sexual debut of youth. Moreover, comprehensive sexuality education programs have been found effective in delaying the onset of sexual intercourse, reducing the number of sexual partners, and increasing contraception and condom use. NASTAD strongly supports the funding of abstinence-based comprehensive sexuality education. Funding for youth-targeted HIV prevention education continues to be an important component of state and local health department HIV/AIDS prevention activities. We ask that the final *Strategic Plan* provide balanced information on the need for comprehensive sexuality education that is medically accurate.

### ***Strategic Goal 4: Scientific Research and Development***

#### ***Strategic Objective 4.3 Conduct and oversee applied research to improve health and well being***

In December 2004, NIH released the *Action Plan for Liver Disease Research* outlining major research goals for various aspects of liver disease. Included in the plan are approximately 17 hepatitis-specific goals including gaining a better understanding of the hepatitis B and C disease process, finding better, less toxic treatments, and vaccine research to prevent transmission and/or mitigate disease progression. The development of a hepatitis C vaccine is fundamental to public health protection. The National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK) formally adopted the goal of a 90 percent treatment effectiveness rate for hepatitis C within ten years. We urge that the *Action Plan for Liver Disease Research* be fully implemented.

Again, we thank you for soliciting input on this document. We appreciate your attention to the comments above. If you have any questions related to our comments, please contact me at (202) 434-8090 or by email at [jscofield@nastad.org](mailto:jscofield@nastad.org).

Sincerely,

A handwritten signature in black ink that reads "Julie M. Scofield". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Julie M. Scofield  
Executive Director