

June 3, 2019

Tammy R. Beckham
Director, Office of HIV/AIDS and Infectious Disease Policy
U.S. Department of Health and Human Services
330 C Street SW
Room L001
Washington, DC 20024

RE: STD RFI

Dear Dr. Beckham:

On behalf of the National Alliance of State and Territorial AIDS Directors (NASTAD), a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. and around the world, I am submitting the following comments on the development of a STD Federal Action Plan. NASTAD applauds the federal government for recognizing the growing STD epidemics and the need for a concerted approach to addressing these epidemics. We have the tools to reduce new STD infections in the United States but realizing that ambitious goal will take commitment and investment from all levels of government. It will also require meaningful partnership with communities most impacted by STDs, as well as local providers to ensure that resources are deployed to the places that need them most.

Health departments are at the center of the STD epidemic, as on-the-ground implementers of STD programs and systems that are now required to interact closely and seamlessly with other programs and transform our health systems. Addressing the STD epidemic requires us to accelerate focused, effective programs that are within our scope, and be unafraid to solve complex challenges that extend beyond the boundaries of public health.

The success of the STD Federal Action Plan not only rests on the creation and achievement of full, thoughtful goals, but also in our ability to firmly elevate and enable strong stigma-free, whole health policies that are interconnected to the STD Federal Action Plan. We call on federal, state, and local stakeholders to examine and take creative approaches to address the social determinants of health that place individuals at risk to STDs and limit access to treatment. While this list is extensive, we know that reducing stigma through the

Officers

Chair

Johanne Morne, New York

Chair-Elect

Marlene McNeese, Houston

Vice-Chair

John Saper, Arizona

Secretary-Treasurer

Michael Kharfen, District of Columbia

Immediate Past-Chair

Jacquelyn Clymore, North Carolina
(ex officio)

Board Members

Sharon Jordan, Alabama

Susan Jones, Alaska

Dave Kern, Chicago

Martin Luta, Delaware

Laura Reeves, Florida

William Lyons, Georgia

Peter Whitar, Hawaii

Randy Mayer, Iowa

Dawn Fukuda, Massachusetts

Kendra Johnson, Mississippi

Andrew Gans, New Mexico

Demetre Daskalakis, New York City

Thomas Bertrand, Rhode Island

Tracey Packer, San Francisco

Ali Mansaray, South Carolina

Shelley Lucas, Texas

Hadiyah Charles, U.S. Virgin Islands

Beth Crutsinger-Perry, Washington

Acting Executive Director

Terrance Moore (ex officio)

modernization of laws and public health codes is a start, as well as shoring up our health care infrastructure.

NASTAD believes that reducing new infections is a critical part of ending the STD epidemic. Health departments are funded for STD prevention activities. The implementation of high-impact prevention has correlated with many successes in preventing new HIV infections. From 2008 to 2014, new HIV infections decreased by 18%. However, further progress in preventing new HIV infections has stalled. A concerted large-scale prevention effort will be critical to seeing similar successes in reducing new STD infections.

To meet the goals of the STD Federal Action Plan, STD prevention efforts must focus on communities that are most impacted by STDs. It is impossible to end the STD epidemic, without addressing the health disparities amongst gay, bisexual, and other men who have sex with men (GBM), especially young Latinx and Black GBM, black women and men, people who inject drugs, youth, and trans people. We must scale up prevention programs that meaningfully reach these populations and ensure that key populations have access to expert, culturally appropriate care. While we focus on these populations, we also must ensure that geographic areas and populations with a lesser burden are not left behind. It will be important to meaningfully engage jurisdictions with low and moderate STD prevalence and to ensure that innovation is encouraged and supported through existing funding mechanisms.

Scaling up our response to the STD epidemics will require an investment in all aspects of the healthcare workforce. This must include concerted investment in STD surveillance, prevention, and treatment in both health departments and clinical and non-clinical provider settings. We believe that workforce investments should primarily be driven at the local level with a strong focus on supporting peers and other community health workers as critical but underused members of the workforce. It is important that we include people vulnerable to STDs as key opinion leaders in workforce scale-up efforts. Ensuring that our workforce is truly able to reach those most impacted by STDs is critical to combating stigma, particularly for LGBT communities and communities of color.

The nation will not see an end to the STD epidemics, unless all epidemics are ended in all populations and all geographic areas. To do so, it is critical that the federal government, expand services and increases engagement in care to GBM, ensuring cultural competence from providers through training, and funding of organization and health departments with existing expertise and outreach strategies. Specific public health awareness campaigns STDs and treatment should be targeted to GBM, especially Latinx and Black young GBM.

To effectively reduce health inequities, the goals of the STD Federal Action Plan must address stigma. Culturally-competent care is critical for people living with or at risk of STDs. Stigma and epidemics of STDs, notably HIV, have long been intertwined in the United States. Stigma plays a complex role in the health outcomes of people living with or at risk of STDs. To reduce stigma, workforce solutions should include a focus on culturally-competent care for Black and Latinx GBM, women, people who use drugs, trans people, sex workers, and other populations at risk for STDs.

In addition, the federal government must address STD criminalization and other stigmatizing policies. On the federal level, across the government, policies that stigmatize people living with or at risk for STDs must be examined and addressed. The Departments of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Justice, Labor, State, Transportation, Treasury, and Veterans Affairs should provide a report on potentially stigmatizing policies for people living with or at risk of STDs, with an accompanying action plan for change. The STD Federal Action Plan must encourage states and local jurisdictions to modernize stigmatizing laws and public codes.

NASTAD encourages HHS implement sexual orientation and gender identity (SOGI) data collection throughout the federal government. Over nine million individuals who identify as lesbian, gay, bisexual, and transgender (LGBT) live in the United States. Stigma, discrimination, and misunderstanding at the individual, community, and institutional levels, coupled with a public health system that is often not equipped to serve LGBT individuals, pave the way for an increasing disease burden that is challenging to address. Data that better captures the needs and experiences of this population can help address persistent health disparities. Appropriate data collection has long been fundamental to ensure patients receive quality and culturally appropriate care. Effective SOGI data collection is needed to assess, track, and improve health disparities in LGBT populations. Both the Institute of Medicine and the Joint Commission on Accreditation of Healthcare Organizations support asking SOGI data in clinical settings and including such data in Electronic Health Records (EHRs). Providers who are knowledgeable about their patients' SOGI are better equipped to deliver appropriate, quality healthcare.

In addition to the STD-related inequities, the STD Federal Action Plan must address other health inequities, such as HIV, hepatitis, and drug user health. Strategies and programs associated with the STD Federal Action Plan must allow for innovative approaches that are able to address these syndemics. We cannot end the HIV epidemic without also prioritizing our nation's response to the growing STD epidemics. Because programs and systems addressing HIV and STDs are so closely tied already, we urge federal partners to allow grantees the flexibility to address rising STDs. To that end, the Division of HIV Prevention must be included in this effort at the federal level. Given the rising rates of new STD infections among young people, particularly young gay men of color, we also urge greater coordination with the Division of Adolescent and School Health.

To address the STD epidemics, the entire federal government must work together. It is critical that federal agencies, including the Departments of Defense, Education, Housing and Urban Development, Justice, Labor, and Veterans Affairs, coordinate efforts to achieve the proposed goals. Each agency should set goals and a specific framework for achievement, with regular updates to the public. Within the Department of Health and Human Services, CMS, Indian Health Services, SAMHSA, must work with CDC and HRSA to ensure these goals are met.

NASTAD supports the improvement of data collection to minimize local burden and improve comparability of the data. Health departments face a significant amount of reporting requirements across federal programs and funding streams. One way to alleviate this is to ensure that data is being reported in the same manner across HHS. NASTAD applauds HHS's implementation of seven common indicators to monitor HHS funded HIV services and the

streamlining of data collection and reporting requirements. NASTAD encourages HHS to ensure that these HIV efforts are replicated, to continue to assess reporting burden for health departments and to maximize opportunities to reduce burden for STD programs. Existing funding streams and grants should be used wherever possible to create an efficient mechanism to disperse new resources.

Thank you for the opportunity to comment on the STD RFI and for your commitment to the addressing the STD epidemic. NASTAD and its members remain committed to the successful, seamless implementation of the STD Federal Action Plan, and look forward to our continued partnership. Please do not hesitate to contact me with any questions or if we can be of any assistance.

Sincerely,

A handwritten signature in black ink that reads "Terrance E. Moore". The signature is written in a cursive style with a large initial "T".

Terrance Moore
Acting Executive Director
NASTAD