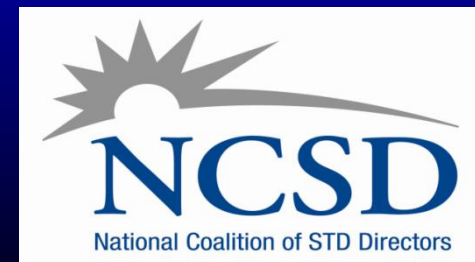


Health Care Reform, Health Disparities & Advocacy

William Smith
Executive Director
National Coalition of STD Directors

Region IV and Region VI IPP Meeting
May 5-6, 2011
Atlanta, GA



National Coalition of STD Directors (NCSD)

- **Full Members include STD lead (sometimes integrated programs with HIV) in every state, territorial, and 8 large city health departments**
- **Associate Members – hundreds of sexual health professionals across the country**
- **What we do – Member Services; Policy and Communications; Training, Technical Assistance, and Health Equity Promotion**

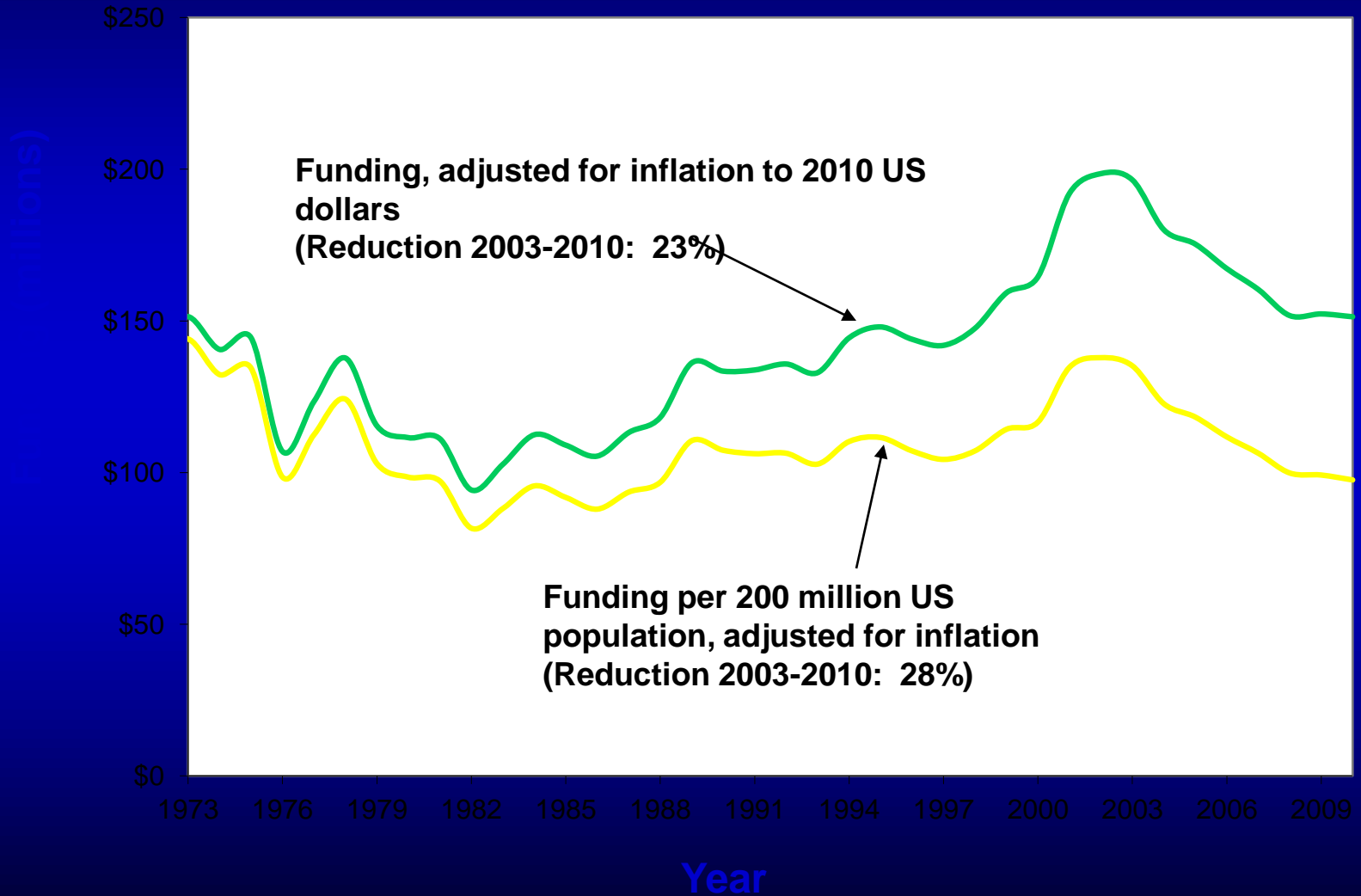
STD Funding

- **CDC Division of STD Prevention funds every state, territory and 8 large cities to carryout prevention and “control” activities**
- **Funds cannot be used for clinical services – nearly all jurisdictions have historically relied on state resources to fund “STD Clinics”**

**Breakdown of this financing model
at all levels**

Division of STD Prevention Appropriations, 1973-2010 (millions, \$US)

From Gail Bolan, Congressional Briefing 4/28/11



Results: Funding

- **Majority (69%) of STD Programs experienced funding cuts in 2008-2009**
 - 50% had cuts in state and local support
 - 56% had cuts in federal funding

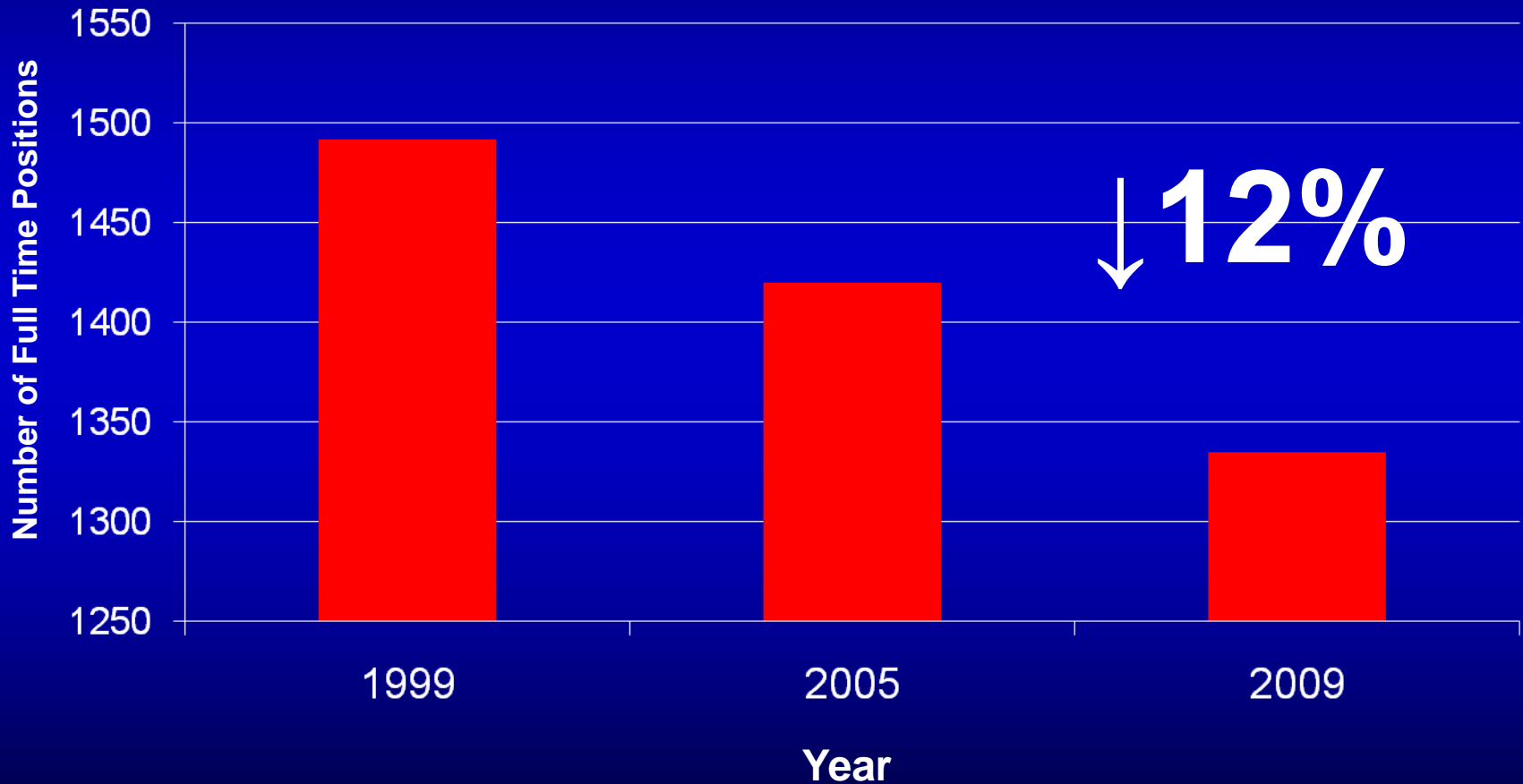
Program Capacity

- In 2008-2009, state and local governments enacted:

Salary freezes and/or reductions	45/65	69%
Furlough and/or shutdown days	32/65	50%
Layoffs	17/65	28%

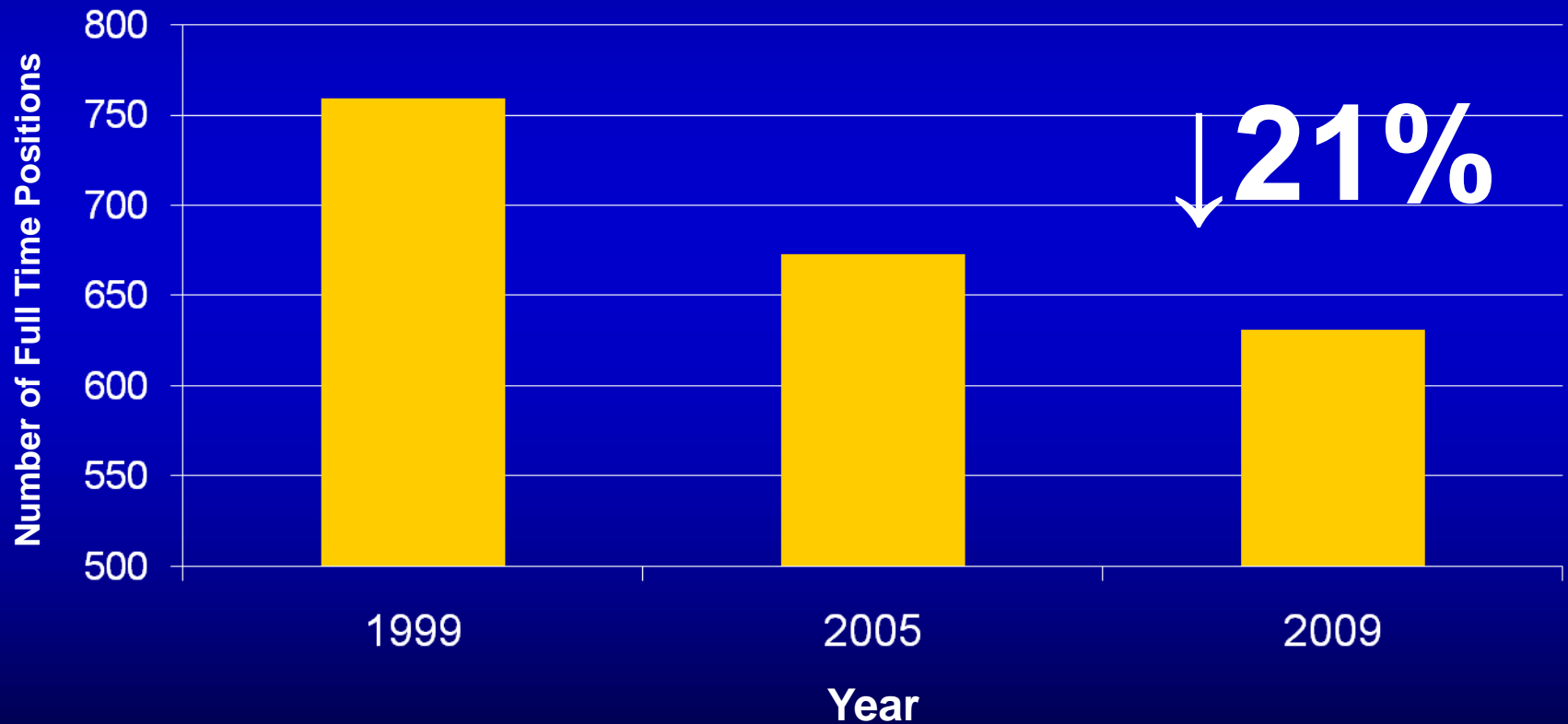
STD Program Workforce in State and Local Health Departments – United States, 1999-2009

(n=45)



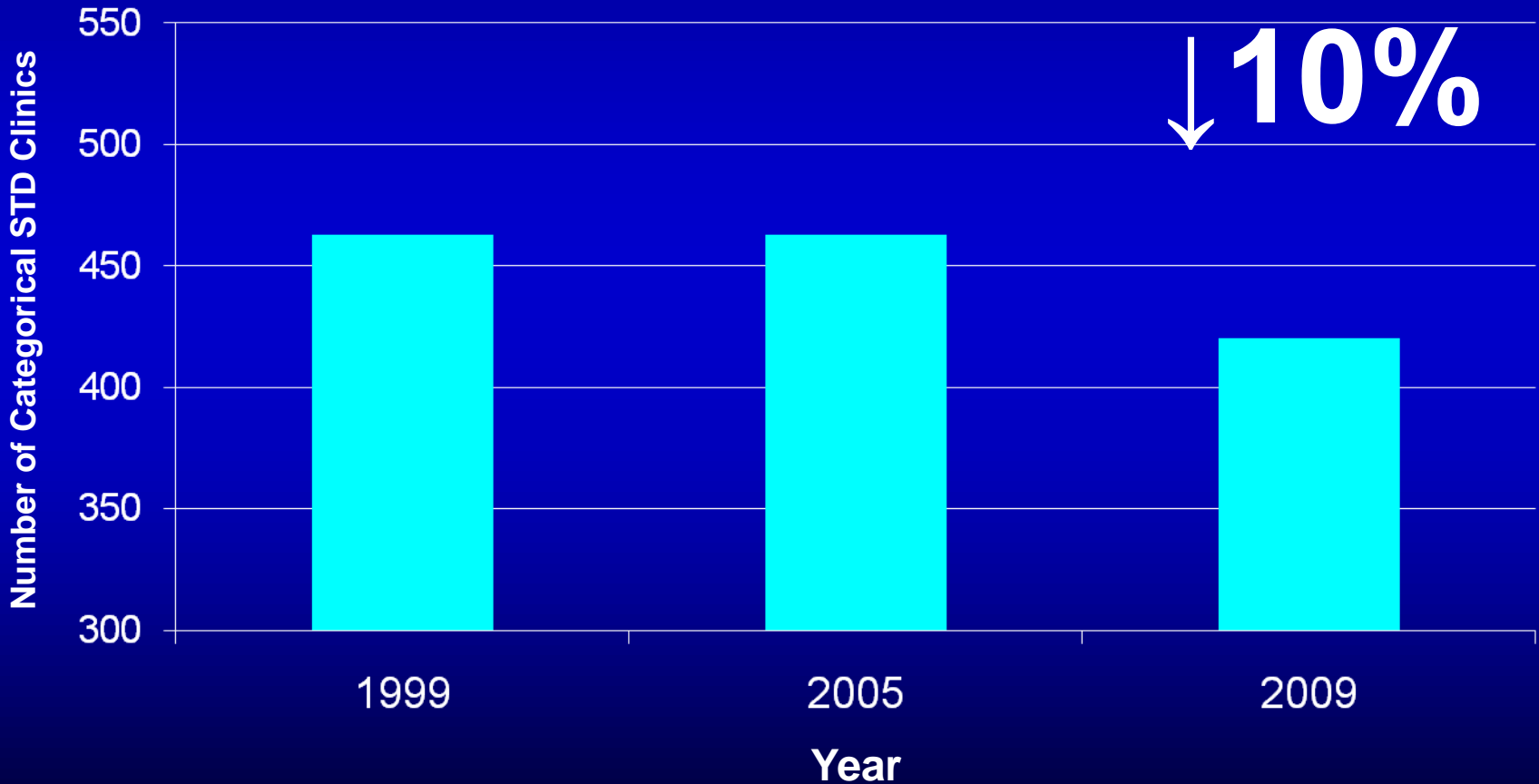
STD Program Disease Intervention Specialists in State and Local Health Departments – United States, 1999-2009

(n=43)



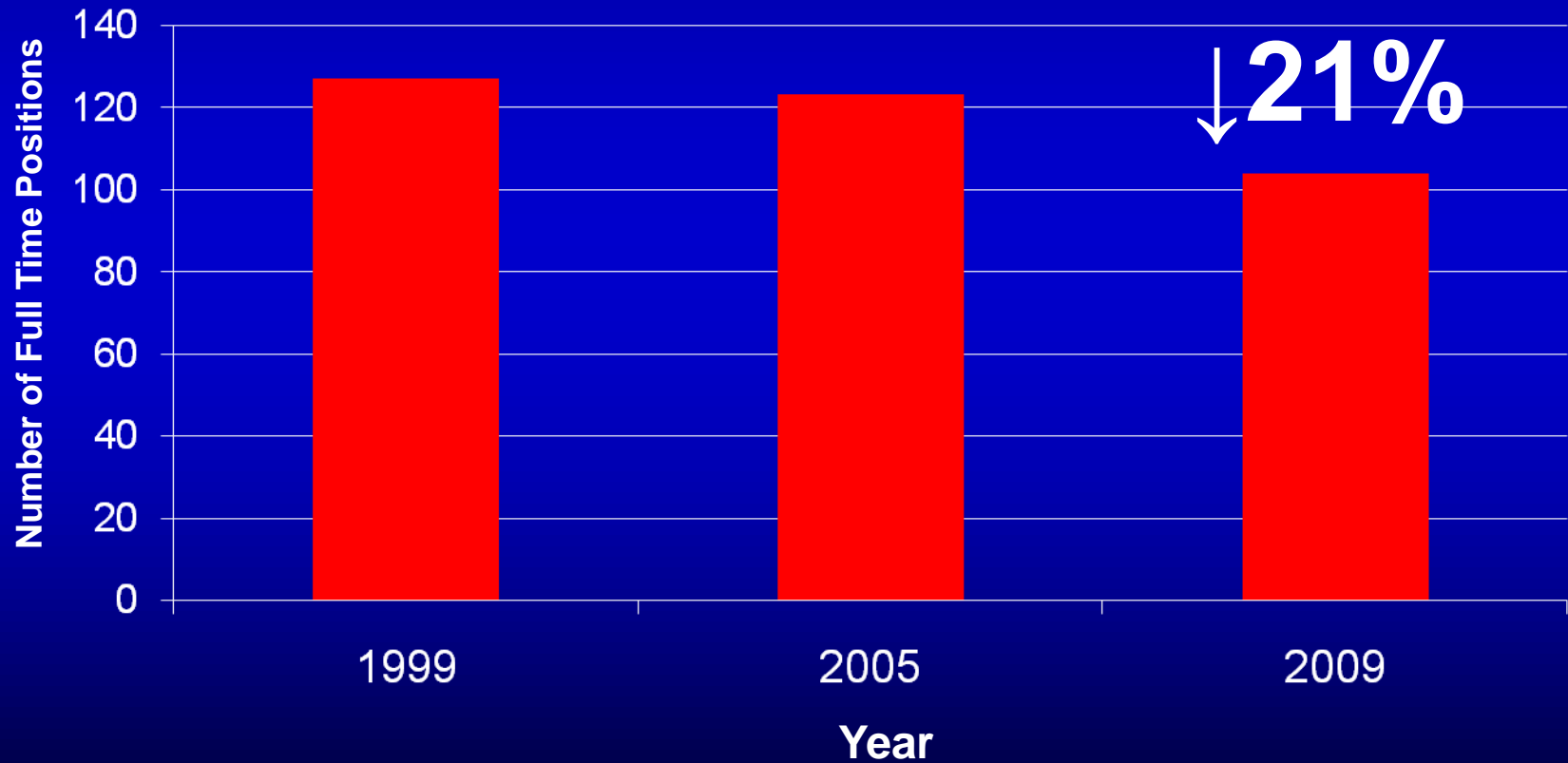
Categorical STD Clinics of State and Local Health Departments – United States, 1999-2009

(n=47)



STD Clinicians in Categorical STD Clinics of State and Local Health Departments – United States, 1999-2009

(n=26)



Service Changes in State and Local Health Department STD Programs – United States, 2009

Reduced disease intervention	26/65	40%
Reduced STD laboratory services	24/65	37%
Reduced STD clinical care services	21/65	32%
Reduced STD screening tests	20/65	31%
Reduced hepatitis vaccinations	4/65	6%
Reduced HIV testing	3/65	5%
Reduced HPV vaccinations	2/65	3%

Populations at Greatest Risk for STDs

□ Youth

- **Nearly 50% of STDs estimated to occur in 15-24 year olds**

□ Men who have sex with men (MSM)

Account for 62% of syphilis cases in 2009

High rates of HIV co-infection

Racial/ethnic minorities

STDs among highest of all racial/ethnic health disparities

- **African-Americans: 71% of gonorrhea, 48% chlamydia, 52% syphilis**
- **Over last 5 years syphilis cases increased more than 150%
among young African American men**

From Gail Bolan, Congressional Briefing 4/28/11

Impacts of Healthcare Reform

- Maniacal obsession with STD/Sexual Health-related “covered services” and USPSTF grades and the role of research
- BILLING Capacity!
- Getting others to do the work – network of entirely new providers – will they or won’t they?
 - Will patients/clients go?
 - Is there or will there be any such thing as confidential services anymore?

Affordable Care Act: Promising But Sexual Health IS Different

- ACA holds out great hope for increased screening and treatment of STDs, including HIV, but the “safety net” must persist
 - Role of public health – Surveillance
 - These are infectious diseases – multi-drug resistant GC, drug resistant CT
 - The Dutch Model and lessons from MA
 - Big country – one size will not fit all (rural issues) – let the needs drive the response
 - Role of non-profit health providers
- Who does prevention?
 - “Intensive Behavioral Counseling”
 - Training new array of providers

And What About IPP?

- **Few in Congress even know what this is BUT they write the check**
FY2010 Fiasco (testing/infrastructure)
- **Opportunities – what does the next phase look like?**
 - » From the clinical side (3% positivity matters)
 - » From the politics side

 - » We have to create and sell a new narrative

The Way Forward: The Silos Have to Go

SEXUAL HEALTH

- Sexual health is an integrated care-delivery and prevention concept that recognizes sexual expression as normative and encompasses preventive and treatment services throughout the life span. However, the United States lacks an integrated approach to sexual health. Public health programs such as sexually transmitted disease (STD)/human immunodeficiency virus (HIV) prevention and family planning are categorically funded and organizationally fragmented, and federal reproductive health programs in the past decade emphasized abstinence. As a result, sexual health indicators are poor. Incidence of HIV has not decreased since the 1990s, and rates of STDs, unintended pregnancy, teen pregnancy, and abortion are higher than in many developed countries. “Sexual health” does not appear once in the more than 1000 pages of the new health care legislation.
 - Zenilman et al, JAMA, 2010; 304(9) 1005-1006.

CDC Leadership in Sexual Health

“Green Paper”

Sexual Health Working Group

An “official definition” to build from

- **Politics and the 2001 Surgeon General Satcher’s *CALL TO ACTION TO PROMOTE SEXUAL HEALTH AND RESPONSIBLE SEXUAL BEHAVIOR***

Program Collaboration and Service Integration (PCSI)

- *Program collaboration and service integration (PCSI) is a mechanism of organizing and blending interrelated health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services.*

<http://www.cdc.gov/nchhstp/programintegration/About.htm>

Program Collaboration and Service Integration (PCSI)

- PCSI language will be included in all CDC Sexual Health FOA's going forward (DHAP, DSTDP, etc.)
- Concrete products to guide service delivery
 - HIV/STD Partner Services
 - <http://www.cdc.gov/nchhstp/partners/Partner-Services.html>
 - Security and Confidentiality Guidelines (in Process)





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**BECOME AN ASSOCIATE
MEMBER!!!**

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