



Bridging Science, Policy and Public Health

NCSD Washington Partners— Highlighting the Value of Partnerships

Julie M. Scofield, Executive Director
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Presentation summary

- NASTAD overview
- Unifying our voices
- Understanding partnerships between STD, HIV/AIDS and viral hepatitis programs
- Strategies for collaborative engagement of decision-makers
- Moving partnerships forward
- Policy update

National Alliance of State and Territorial AIDS Directors (NASTAD)

- Represents the nation's chief health agency HIV/AIDS and viral hepatitis staff in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the U.S. Pacific Islands
 - Provides technical assistance and other support to health department HIV/AIDS and viral hepatitis programs
 - Provides national leadership on HIV/AIDS and viral hepatitis policy and programs
 - Educates about and advocates for necessary federal funding

Unifying our voices: *Communicating why we matter*

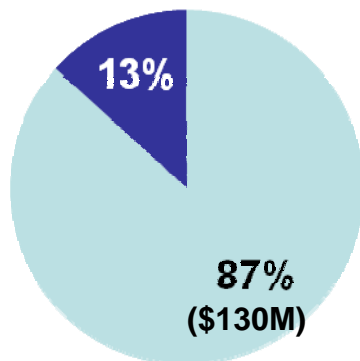
- Health departments are entrusted through U.S. law as the “central authorities of the nation’s public health system” and as such, bear the primary public sector responsibility for health
 - Responsible for protecting and guaranteeing the health of constituents within jurisdictions’ borders
 - Responsible for implementing a comprehensive HIV/AIDS, viral hepatitis and STD response in every jurisdiction in the U.S.

***The Future of Public Health.*” Institute of Medicine, January 1, 1988

Unifying our voices: *Communicating why we matter*

Health departments are responsible for most of CDC's domestic HIV/AIDS and STD prevention budgets and additional funding from jurisdictional governments

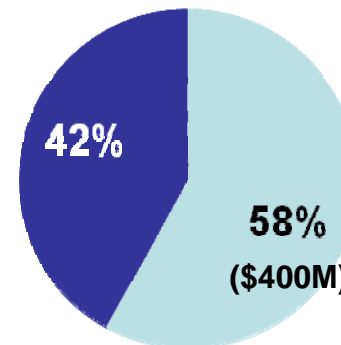
**FY2007 CDC STD
Funding**



- Funding to Health Department STD Programs
- Other Funding

+ >\$54M in
FY2007 State
GR funding

**FY2007 CDC HIV/AIDS
Funding**



- Funding to Health Department HIV/AIDS Programs
- Other Funding

+ >\$200M in
FY2007
State/Local
funding

*NCHHSTP FY2008 Annual Report, Statehealthfacts.org, NASTAD NHPI, ASHA *State Investment in STD Prevention*

Slide 5

MSOffice4 HD HIV and STD funding from SFF.org; CDC funding from NCHHSTP Annual Report
HD HIV = \$400M (prevention, surveillance and ETI)
Total CDC HIV = \$690M

HD STD = \$130M
Total CDC STD = \$150M

, 10/23/2009

Making the case for partnerships: *Acknowledging our commonalities*

- Synergistic epidemics
- Located within the same governmental bureaucracies
- Emergent technologies and methodologies
- Same ultimate goal:
 - **REDUCING INCIDENCE SOON AND PROVIDING CARE AND TREATMENT NOW.**

Making the case for partnerships: *Acknowledging our shared concerns*

- Politicization of disease prevention
- Restrictive policies
- Surveillance and data collection
- Unacceptable prevalence
- Ever increasing responsibilities and requirements
- Lack of coordination
- Training
- **Workforce**
- **Erosion of federal, state and local funding**

Making the case for partnerships: *Acknowledging our shared concerns*

- 45% of state HIV/AIDS programs experienced a decrease in state funding in FY2009 totaling \$167 million
 - 74% of HIV prevention programs were reduced as a result of these decreases
- 64% of states anticipate a decrease in state funding in FY2010.
- 153 open FTEs within state HIV/AIDS programs; 66 positions have been eliminated.
- California's HIV prevention FY2009-2010 budget was cut by more than \$30 million.



NASTAD State Budget Cuts Survey (September 2009)

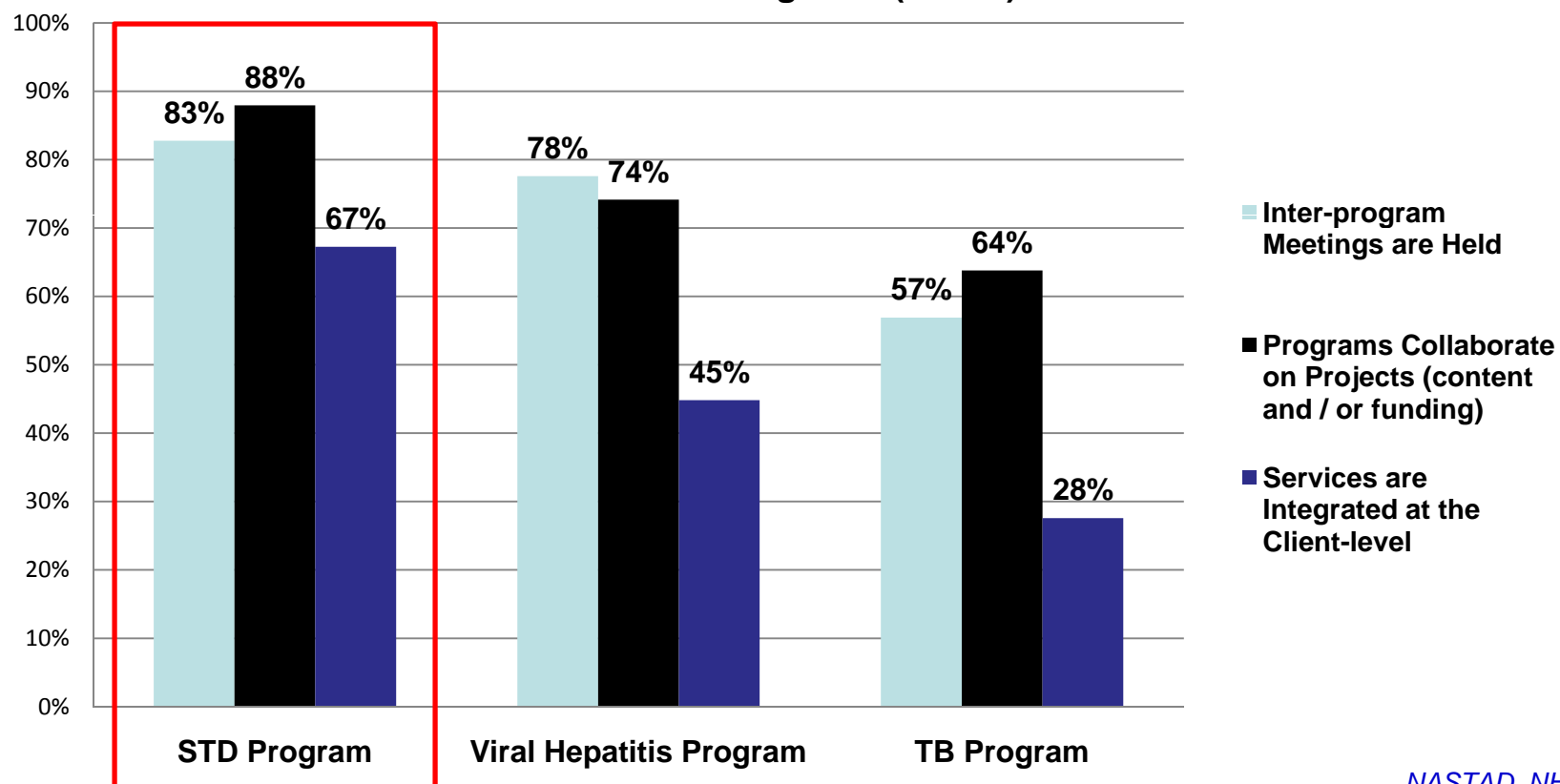
*FY 2009 budget data represents responses from 42 jurisdictions that completed either the February or August 2009 survey.

Moving partnerships forward: *Leveraging existing resources*

- Don't reinvent the wheel—share organizational priorities and partner where it makes sense
 - Policy and advocacy?
 - Racial and ethnic health disparities?
 - Gay men and other MSM?
 - Viral hepatitis?
 - Corrections?
- Use existing mechanisms to promote one another's work
- Capitalize on existing relationships/structures

Moving partnerships forward: *Leveraging existing resources*

Program Collaboration and Service Integration between HIV Prevention and Other Programs (n = 57)



NASTAD NHPI

Moving partnerships forward: *Acknowledging the challenges*

- Capacity: Human and fiscal resources are already spread thin
- Cost: Partnerships are not immediately cost- or time-saving
- Commitment: Thriving partnerships take bidirectional dedication
- Clarity: Partnerships only work when partnering makes sense

Moving partnerships forward: *Welcoming the benefits*

- Successful partnerships...
 - Promote refocusing on core public health
 - Enhance collective power and influence
 - Enhance collective policy development and advocacy
 - Enhance cross-discipline integration
 - Increase capacity to maximize resources
 - Increase capacity for strategic communication

Moving partnerships forward: *Appreciating the successes*

- Recent and ongoing partnerships between NASTAD and NCSD:
 - Joint Board Meetings (2008 and 2009)
 - Joint “summit” with NTCA (2008)
 - NASTAD TA Meeting: *Using the Internet to Reach Gay Men* (2009)
 - National Stakeholders Collaborative (ongoing)
 - Collaborative policy work (ongoing)
 - Co-led sessions at national conferences (ongoing)

Strategies for engaging decision-makers: *Identifying future opportunities*

- Developing a shared policy agenda
- Conducting joint advocacy and carrying shared messages on the Hill and with CDC, governors and state legislatures
- Engaging in collaborative scenario planning around key issues
 - Health Reform?
 - State budget cuts?
- Developing collaborative statements and convening joint meetings with CDC leadership
- Maximizing opportunities for interaction

Policy Update:

Working with the new Administration

- National HIV/AIDS Strategy
 - Led by White House AIDS Coordinator Jeff Crowley
- FY2010 Budget
 - Increases proposed for HIV prevention and Ryan White
- Ryan White Reauthorization
 - Slow to get in the game, strong support in the end
- Health Reform
 - Still waiting for strong signal of support for public health investment fund provisions

A closing thought

Hope is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out.

-Valclav Havel