



Bridging Science, Policy and Public Health

“Navigating Change”

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“Navigating Change”

- **NASTAD Update**
- **Current Challenges**
 - **Public Health**
 - **HIV/STD Challenges**
- **Elections 2006**

NASTAD Update

- **NASTAD** is a non-profit national association of state health department HIV/AIDS program directors who administer HIV/AIDS prevention, care and treatment programs funded by state and federal governments.
- **NASTAD** is governed by a 20 member, elected Executive Committee charged with making policy and program recommendations to the full membership.
- **NASTAD's** Washington, DC headquarters has a professional staff of twenty-five.

NASTAD's Mission and Vision

- **NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV infection and on providing care and support to all who live with HIV/AIDS.**
- **The vision of NASTAD is a world free of HIV/AIDS.**

NASTAD's Programs

- **Domestic**
 - **Care and Treatment**
 - **ADAP TA and Monitoring**
 - **Communities of Color**
 - **Prevention and Surveillance**
 - **Viral Hepatitis**
- **Global**
- **Government Relations**

Assert the Role of State Public Health in Addressing the HIV/AIDS and Viral Hepatitis Epidemics

Address Racial/Ethnic Disparities in the HIV/AIDS and Viral Hepatitis Epidemics

Influence Direction of HIV/AIDS and Viral Hepatitis Policy

Prioritize HIV/AIDS and Viral Hepatitis with Policymakers

Advocate for Increased HIV/AIDS, Viral Hepatitis, and Other Health-Related Funding; Promote Equitable Resource Allocation

Promote the Role of State HIV/AIDS, Viral Hepatitis, and Other Appropriate Health-Related Programs

Increase Policy and Legislative Activities Related to Racial and Ethnic Disparities

Monitor and Participate in Global HIV/AIDS Policy

Prioritize Alliances With Organizations to Yield Effective Partnerships

Strengthen State-Based HIV/AIDS and Viral Hepatitis Program Effectiveness

Build Evaluation Capacity for State Programs That Reflects Accountability

Position State Public Health to Effectively Address Racial and Ethnic Disparities

Position State Public Health to Effectively Address the Needs of MSM & Substance Users

Strengthen Cross-Program Collaboration and Integration Activities (including Mental Health, STDs, Substance Abuse and Other Multiple Occurring Issues)

Assist States in Implementing the Reauthorized CARE Act

Enhance and Promote Peer- based TA in Key Program Areas

Enhance Member Leadership and Effectiveness

Offer Member Services Programs that Develop Leadership Skills and Expertise

Build and Ensure Cultural Competency Related to Racial/Ethnic and MSM Communities & Substance Users

Maximize Domestic and Global Peer-Based TA to Yield Bi-Directional Benefit

Increase Leadership Opportunities for Minority Health Department Staff

Strengthen Health Department Capacity in Policy and Advocacy Activities

Enhance Health Department Collaborative Activities with Community Alliances

Strengthen NASTAD's Organizational Effectiveness

Strengthen Staff Leadership, Management and Supervisory Expertise

Increase Leadership Opportunities for Minority Staff

Enhance Development Capability and Diversify Funding, Coordinated Across Programs

Ensure Management Continuous Quality Improvement (CQI)

Enhance Communications, Public Relations and Marketing Efforts

NASTAD's 2006 Policy Priorities

- **FY2007 appropriations & FY2008 budget**
- **Reauthorization of the Ryan White CARE Act**
- **Prevention**
 - **Develop “Blueprint for Prevention”**
 - **Fix PEMS**
- **Communities of Color**
 - **Black MSM**
- **Medicare Part D**

NASTAD's 2006 Program Priorities

- **Implementation of NASTAD's Strategic Map**
 - Assert the role of state public health in addressing the HIV/AIDS and viral hepatitis epidemics
 - Address racial/ethnic disparities in the HIV/AIDS and viral hepatitis epidemics
- **Continuation of ADAP Crisis Task Force negotiations and increase ADAP TA**
- **Enhance member services and support**
- **Strengthen domestic programs given staff turnover and program needs**

The Fiscal Environment

- **The Deficit**

- 109th Congress increased the budget deficit more than \$500 billion (Iraq, Afghanistan, Katrina, “war on terror”, tax cuts)
- Worst 6-year deterioration in nation’s fiscal situation in last 50 years

- **The Economy**

- Warning signs of recession by mid-2007

- **The States**

- Budgets in best shape since 2001 – 21 states on shaky ground, 10 projecting deficits in FY07 and beyond

Public Health Challenges

- The U.S. Public Health System is in a state of crisis.
 - Between 1977-1994, 29 previously unknown human pathogens emerged.
 - Public-health expenditures declining as a proportion of overall health spending.
 - Bioterrorism funding not enough to stop the decline in public health funding.
 - 32 states cut their public health budgets in last four years.

Public Health Challenges

- There is an impending crisis in the public health workforce.
 - Current vacancy rates of up to 20 percent in some states.
 - Retirement rates may reach 45 percent over the next five years.
 - High turnover rates in some places.
 - Chronic shortages in professional areas such as public health nursing, epidemiology, laboratory science and environment health.

HIV/STD Challenges

- **Funding**
 - Likely to see omnibus FY07 funding bill with across the board cuts (STD programs face cut)
- **Coordination, collaboration, integration, linkages...**
 - Routine testing in clinical settings – FY07 collision course with appropriations & Coburn/Kennedy
 - PCRS - revised guidelines under development
 - PEMS - compatibility with STD MIS
 - Viral hepatitis - part of NCHHSTP, little funding

HIV/STD Challenges

- **Working with CDC**
 - CDC reorganization, goals management, new “customers”
 - New initiatives without new \$\$\$
 - More requirements with less \$\$\$
- **Ideology vs. Science**
 - Conference agendas
 - ABC without much “C”
 - More faith-based programming

Elections 2006



“Public health leaders can’t stay out of politics.”
William H. Foege, MD, MPH

Elections 2006

- **The White House**
 - Two more years
- **The Congress**
 - 33 Senate races (15 R's of 55, 18 D's of 45); Dems may pick up 2 or 3
 - House (232 R's, 201 D's, 1 Ind, 1 vacancy); Dems need 15 to take control
- **The Governors**
 - 36 statehouses up for grabs

Elections 2006

- **The White House**
 - 2008 campaign begins November 8, 2006
 - Bush legacy?
- **The Congress**
 - If D's win – funding outlook improves, Bush policies will be questioned, likely stalemate on major policy initiatives
 - If no change – funding outlook grim, more conservative policy agenda may emerge
- **The Governors**
 - Significant change in state health officials likely, impact felt throughout health departments

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