



December 17, 2013

Dear Colleagues,

This year has been especially fulfilling for me as Director of CDC's Division of STD Prevention (DSTDP). The Division has formed new partnerships to meet our mission, published several funding opportunity announcements, and continues to foster collaboration. So, before you head out for holiday vacation, I want to update you on many of those efforts.

Enhancing the Affordable Care Act through Partnerships

The passage and implementation of the Affordable Care Act (ACA) are making a significant impact on the healthcare environment, and STD control and prevention is not exempt from these changes. This new environment focuses greater emphasis on preventive care and testing that is covered by insurers. DSTDP as well as state and local STD prevention programs need to evolve from a focus of being service providers, to one of prevention, assessment, assurance, and policy development roles.

DSTDP and its partners have begun to reimagine the role of public health as it relates to the changing system and the needs of patients. Because of the demand for expertise in navigating the emerging health care system under the ACA, DSTDP is increasing external engagement through new partnerships and is refocusing existing partnerships.

Traditional DSTDP partners, such as state, city, and territorial health departments and the national organizations that represent them, such as the Association of State and Territorial Health Officers (ASTHO), the National Association of County and City Health Officials (NACCHO), and National Coalition of STD Directors (NCSD) remain key partners now and in the future. Additionally, relationships with organizations such as the National Chlamydia Coalition (NCC) and the National Coalition for Sexual Health are vital to ensuring appropriate public health outreach. DSTDP is also working with various academic institutions and new partners, such as state insurance commissioners, through America's Health Insurance Plans (AHIP); community health centers and federally-qualified health centers, through the National Association of Community Health Centers (NACHC); and health educators and communication specialists through the National Public Health Information Coalition. These new partnerships reflect the importance of collaboration between public health and the health care sector to ensure everyone receives quality STD care, regardless of the venue they seek services. Key themes of these relationships are

- Collaboration,
- Enhanced evaluation,
- Quality improvement,
- Ensuring safety net services, and
- Cost modeling.

Below are a few examples of new projects CDC is funding through strategic partnerships.

The Division is working with AHIP to identify opportunities for and barriers to confidentiality of service provision in health insurance explanation of benefits statements, specifically as they relate to adolescents and young adults on parental health plans, and STD-related services for adolescents.

The NCC is working closely with the National Committee for Quality Assurance (NCQA) on ways to improve health plan performance on the HEDIS screening measure targeting chlamydia screening among sexually active women ages 24 and younger. NCC representatives recently joined the NCQA at bicoastal conferences to discuss ways in which quality assurance managers working in health plans can urge plan members to improve screening rates. In the coming year, the NCC will provide technical assistance to DSTDP partners on how to collaborate with health plans within their local areas to improve performance on the HEDIS measure of chlamydia screening.

A cooperative agreement with ASTHO is working to raise awareness of STD issues and strengthen relationships between state health officials and state and national-level STD leaders.

The Health Partners Institute for Education and Research is working with Division staff to define the changing safety net by using modeling to estimate the need for safety net STD prevention services after implementation of the ACA. Additionally, this group is investigating the cost of implementing expedited partner treatment as opposed to alternative programs.

DSTDP is also working with NACCHO to develop a national certification program for Disease Intervention Specialists (DIS). Certification in this program will establish a defined set of competencies and a standardized skill set for DIS, increasing the recognition of DIS as a clearly-defined segment of the public health workforce. Certification standards will also help validate the knowledge, skills, and ability of staff, achieve consistency in service delivery, and increase workforce stability.

To foster relationships between health departments and federally-qualified health centers, DSTDP has funded the NACHC. DSTDP is also working with NACHC to develop clinical decision support tools that would be embedded within EMR to increase screening rates of chlamydia and/or gonorrhea.

In order to have a better understanding of state STD control laws, the Division has partnered with Temple University to compile and develop research files of laws relevant to STDs. This will help facilitate the evaluation of these laws (or specific components of these laws) and their impact in the prevention and control of STDs.

Funding Opportunity Announcements

Many of you were involved in writing and submitting applications for the funding opportunity announcement (FOA), *Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies* (STD AAPPS). STD AAPPS renews the focus on core public health functions and offers flexibility to state and local STD programs to direct resources to areas of greatest need based on local epidemiology and the local healthcare environment.

I want to thank all of those who applied to STD AAPPS for putting great thought into your proposals. I'd also like to thank all of those here at CDC who took the time to provide an in-depth review of the applications. STD AAPPS grantees will be announced and awarded at the beginning of 2014, and I look forward to making greater changes to STD prevention together. To facilitate these changes, DSTDP has expanded its longstanding partnership with NCSL to establish the National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Programs (NNECS), a technical assistance

network to aid health departments in implementing STD AAPPS. High-priority strategies for NNECS include

- Increasing access to peer-to-peer and other capacity-building and technical assistance between grantees;
- Increasing access to timely and relevant leadership and management training and technical assistance collaboration with national organizations;
- Increasing collaboration with other national organizations to further DSTDP priorities; and
- Providing training and technical assistance to STD programs on approaches to assess and monitor policies and inform stakeholders on STD prevention.

Substantial changes in the health care delivery system require STD programs to adopt new strategies to maximize opportunities created by the expansion of private insurance coverage of many STD screening services without cost sharing. These changes are predicted to increase the number of insured individuals accessing clinical preventive services, and to shift some vulnerable and at-risk populations (traditionally part of STD safety net services) to an expanded network of primary care providers and patient-centered medical homes.

These changes, combined with the extraordinary upsurge in the use of new technologies within the health care realm present significant challenges to governmental STD programs.

The fast pace of these changes also requires new approaches from governmental STD programs, such as connecting programs through peer-to-peer technical assistance and innovative training modalities; and increased collaboration and cooperation with other units and agencies within the health department. NCSD will address this through the NNECS program by

- Developing strategic partnerships with other public health and infectious disease programs and primary care providers;
- Increasing access to information and improving multidirectional communication;
- Improving leadership, management, and other relevant skills of STD program staff by increasing access to high-quality training; and
- Facilitating technical assistance and supporting other special and demonstration projects.

In addition to STD AAPPS, DSTDP published an FOA for the STD Surveillance Network, and CDC's Division of Adolescent and School Health published a new FOA to prevent STDs/HIV in school settings. I encourage STD AAPPS awardees to work with these funded groups.

STD Surveillance Network

The Division awarded \$2.95 million to eleven state, county, or city health departments for Cycle III of the STD Surveillance Network (SSuN). Ten awards totaling \$2.3 million were made for Part A activities, which are the core components of SSuN, and four awards totaling \$650,000 were made for Part B activities.

This cycle of SSuN expands the Part A sentinel facility component to include family planning/reproductive health clinics, in addition to categorical STD clinics to better characterize chlamydia screening in these settings. Enhanced surveillance of gonorrhea cases in funded sites will continue with renewed focus on obtaining treatment information, anatomic site of infection, and care-seeking patterns on a representative sample of reported cases. Part A awardees include Baltimore, California, Florida,

Massachusetts, New York City, Minnesota, Multnomah County Oregon, Philadelphia, San Francisco, Washington State.

Part B activities are conceived as projects of inherent national significance (PINS) utilizing electronic health records, electronic laboratory records, or large administrative data sources such as Medicaid, to enhance and improve STD surveillance and outcome monitoring. Part B awardees include: California, Massachusetts, Utah, and Washington State.

Division of Adolescent and School Health

This summer, CDC's Division of Adolescent and School Health (DASH) began awarding funds for *Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance*. This FOA combines two previously separate FOAs: one for funding national nongovernmental organizations to build the capacity of education-agency HIV/STD prevention programs, and one for state, local, and territorial agencies. The initiatives aim to build the capacity of districts and schools to effectively reduce HIV infection and other STDs among adolescents; reduce disparities in HIV infection and other STDs in adolescent sub-populations; and conduct school-based surveillance through Youth Risk Behavior Survey and School Health Profiles implementation. Program activities are expected to reinforce efforts to reduce teen pregnancy rates, due to the shared risk factors for, and intervention activities to address HIV infection, other STDs, and teen pregnancy. For a list of agencies and funded categories, please see the DASH website at www.cdc.gov/healthyouth/partners/funded/table.htm

National Center for Immunization and Respiratory Diseases

Colleagues in the National Center for Immunization and Respiratory Diseases also published an FOA to decrease the impact of STDs on youth. Their FOA, *Prevention and Public Health Funds 2013: Increasing Human Papillomavirus (HPV) Vaccination Coverage Rates among Adolescents* was awarded to the Arizona, Chicago, District of Columbia, Georgia, Massachusetts, Minnesota, New York City, New York State, Ohio, Philadelphia, and Utah Health Departments. The purpose of the program is to increase HPV vaccination coverage among adolescents by

- Developing a jurisdiction-wide joint initiative with immunization stakeholders;
- Implementing a comprehensive communication campaign targeted to the public;
- Implementing Immunization Information System (IIS)-based reminder/recall for adolescents aged 11–18 years either through a centralized approach or by providing support to immunization providers;
- Using assessment and feedback to evaluate and improve the performance of immunization providers in administering the three-dose HPV vaccine series consistent with current ACIP recommendations; and
- Implementing strategies targeted to immunization providers to
 - Increase knowledge regarding HPV-related diseases (including cancers);
 - Increase knowledge regarding HPV vaccination safety and effectiveness;
 - Improve skills needed to deliver strong, effective HPV vaccination recommendations;
 - Decrease missed opportunities for timely HPV vaccination and series completion; and
 - Increase administration of HPV vaccine doses consistent with current ACIP recommendations.

2014 STD Prevention Conference

The 2014 STD Prevention Conference will be held in collaboration with the 15th IUSTI World Congress and 2nd Latin American IUSTI-ALACITS Congress. This will be the first time the conference will have an international focus. The Conference attracts more than 1,500 domestic and international STD and HIV prevention program managers, researchers, public health authorities, clinicians and advocates. Presentations, symposia, and debates will promote an interdisciplinary dialogue on best practices to enhance the quality of STD/HIV prevention and care. Registration will open next month, please check www.cdc.gov/stdconference/ for more information.

2013 proved to be a successful year for building and forming partnerships, and we look forward to implementing the lessons learned and making an even greater impact in the coming years.

Best Regards,

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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention

www.cdc.gov/std