



National Association of County & City Health Officials

The National Connection for Local Public Health

August 27, 2021

Leandro Mena, MD, MPH, FIDSA
Director, Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention,
Department of Health and Human Services
1600 Clifton Road
Atlanta, GA 30329
MS-US12-2; Room #2089

Dear Dr. Mena,

NACCHO greatly values the partnership that we have with the Division of STD Prevention (DSTDP) in support of STD prevention and treatment efforts at the local level. It is with respect for this long-standing relationship that we draw your attention to concerns we have about the current level of engagement of local health departments (LHDs) in new STD funding opportunities.

Specifically, we refer to funding being made available to all states and the six directly funded city health departments via the existing STD Prevention and Control for Health Departments mechanism (PCHD) to scale up disease investigation activities and the disease intervention specialist (DIS) workforce. While in many states, the work of disease investigation is conducted largely or even solely at the LHD level, CDC guidance provided to states for use of these funds neither requires engagement of LHDs in planning for use of funds nor assures any allocation of these funds to support existing LHD DIS programs. Without significant involvement of the LHDs, there may be gaps in needed services and duplication of effort across jurisdictions.

For example, a NACCHO staff member discussed the DIS funding with a state STD director recently in a state where all DIS have to this point been located within the LHDs. The STD director shared their ideas around adding state-level DIS, but they had not considered consulting with the LHDs. In this circumstance, a more coordinated approach could be to determine which of the LHDs need additional funding for their existing disease investigation efforts and then to add any state-level DIS to fill gaps in services to complement and not duplicate services and to build on the existing governmental public health DIS structure.

As state plans are submitted to CDC, NACCHO requests that they be reviewed for evidence of engagement with LHDs and request future evidence of engagement if it is not shown. As projects are implemented, we request that technical officers work with states to encourage and support ongoing engagement with local health departments.

Additionally, in future funding opportunities we hope that DSTDP can provide guidance to ensure that there is coordination and communication between the state and local health departments in the design of how new dollars will be used, that applicants demonstrate that they are not duplicating or overriding existing



LHD activities, and that a portion of current and future resources are directed to LHDs as appropriate.¹ Finally, we encourage DSTDP to explain how they will monitor implementation of such guidance by states.

These funds provide great promise for bolstering our nation's public health workforce. NACCHO has discussed these concerns with our STI technical officer, Melissa Habel, and we appreciate her responsiveness and the internal work that DSTDP is already undertaking to address them. We look forward to additional conversation on this topic and appreciate the opportunity to highlight these concerns.

Sincerely,



Lori Tremmel Freeman
Chief Executive Officer

CC: Raul Romaguera

¹ This is in line with other CDC workforce-related funds from the American Rescue Plan, which include an expectation that at least 40% of funds are made available to LHDs to bolster their workforce. More available here: <https://www.cdc.gov/cpr/readiness/funding-ph.htm>

