

# NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

October 1, 2020

The Honorable Alex Azar  
Secretary  
Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20500

Submitted via email to [STDPlan@hhs.gov](mailto:STDPlan@hhs.gov)

Dear Secretary Azar:

The National Association of County and City Health Departments (NACCHO) appreciates the opportunity to provide comments on the Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025) (STI National Plan). NACCHO represents the nation’s nearly 3,000 local health departments that protect the public every day, including preventing and responding to outbreaks of sexually transmitted infections (STI).

The United States has rapidly increasing rates of syphilis, gonorrhea, and chlamydia, which has resulted in a public health crisis that can affect anyone—in utero to the elderly. The three reportable STIs — chlamydia, gonorrhea, and syphilis — have reached crisis levels in the United States. The STI National Strategic Plan lays out meaningful goals, objectives, and strategies in hopes to prevent and control STIs in the United States. The creation of this plan was a massive undertaking that elevates this crisis nationwide and demonstrates its importance to everyone. NACCHO shares the vision of the STI National Plan for the United States to be a place where STIs are prevented and where every person has high-quality STI prevention, care, and treatment, while living free from stigma and discrimination. NACCHO and local health departments commend the plan and its objectives -- the prevention of new STIs, reduction of adverse effects of STIs, development of innovations in the field, and elimination of health disparities and health inequities.

Overall, the implementation plan to be developed in response to the STI National Plan is critical to its success. NACCHO and local health departments have experience with combating the spread of STIs that is essential to development of an implementation plan. In particular, NACCHO calls out aspects of the STI National Plan outlined below where local health departments can and do play a leadership role.

Local health departments are on the frontlines of the response to STI increases and publicly-funded STI programs are an essential component of our nation’s response to this crisis. Local health departments play a critical role in the STI workforce as they provide STI prevention/treatment services as well as work with local healthcare providers and community partners to connect people with treatment. Local health departments have longstanding experience in methods of contact tracing for STIs and are knowledgeable about how to communicate with people who may have been exposed to STIs in a respectful and scientifically based manner. Sixty-five percent of local health departments report that they conduct STI testing and sixty-two percent report that they conduct HIV testing.<sup>1</sup> However, budget



cuts in STI programs have resulted in reduction in staffing, clinic hours, and STI prevention efforts. According to a nationally representative survey conducted in 2013, nearly two-thirds of local health department STI programs had experienced budget cuts in the previous year, resulting in reductions in staffing, clinic hours, and STI prevention efforts.<sup>2</sup> NACCHO research conducted in 2017 found that 38% of local health departments reporting staff reductions saw decreases in their disease investigation specialist (DIS) workforce, the backbone of STI prevention efforts in local health departments.<sup>3</sup> A focus on the development of the STI workforce, including DIS, must be part of the successful implementation of the STI National Strategic Plan to support public health efforts and promote sexual health and safe sexual practices in the general public.

In addition to supporting the local STI workforce, testing for STIs and prevention efforts should be integrated in all healthcare services, regardless of setting. NACCHO and local health departments share the STI National Strategic Plan goal to expand culturally competent and linguistically appropriate STI prevention, care, and treatment services in communities disproportionately impacted by STIs. Local health departments work to increase access to and uptake of STI testing and treatment by conducting provider education, including through public health detailing, to promote the integration of STI screening into primary care as well as specialized healthcare, including obstetrics, which is particularly important considering increases in congenital syphilis. This may include educating healthcare providers about best practices for diagnosing and treating STIs or sharing STI clinical guidelines.<sup>4</sup> Additionally, all individuals in the US should have access to healthcare services that they can afford.

The recognition in the STI National Strategic Plan of the need for integration of prevention and collaboration across the syndemics of HIV, Hepatitis C, and opioids is essential. The systematic causes of these syndemics are the same and related and all have a higher burden on communities that are marginalized by structural conditions including lack of access to health care, poverty, unemployment, and homelessness<sup>3</sup>. It is impossible to solve one without addressing the others. It is important across the syndemics to create multilevel interventions that will address the structural factors that affect the communities that are most vulnerable. Broad structural interventions will allow for public health and healthcare systems to understand the existence of co-morbidities and implement integrated approaches to care. Collaboration will allow for better prediction of epidemiological trends and identification of vulnerable populations<sup>3</sup>.

Finally, NACCHO looks forward to working with federal, state, and local partners to develop the implementation plan for the STI National Strategic Plan. There are 20 million new STI cases every year and we cannot allow for more infections to go undiagnosed.<sup>5</sup> NACCHO and local health departments are key partners in this work, and we look forward to doing it together.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with the first name "Lori" being the most prominent.

Lori Tremmel Freeman, MBA  
CEO

## References

1. Perlman, D. C., & Jordan, A. E. (2018). The Syndemic of Opioid Misuse, Overdose, HCV, and HIV: Structural-Level Causes and Interventions. *Current HIV/AIDS Reports*, 15(2), 96-112. doi:10.1007/s11904-018-0390-3
2. Leichter, J. S., Heyer, K., Peterman, T. A., Habel, M. A., Brookmeyer, K. A., Pang, S. S. A., et al. (2017). U.S. public sexually transmitted disease clinical services in an era of declining public health funding: 2013-14. *Sexually Transmitted Diseases*, 44(8), 505-509.
3. NACCHO. Impact of Budget Cuts on Local Health Department HIV, STI, and Viral Hepatitis Programs. Retrieved September 29, 2020 from [https://www.naccho.org/uploads/blog/nacchoessentials/one-pager\\_Sentinel-Network-Query\\_April-2018.pdf](https://www.naccho.org/uploads/blog/nacchoessentials/one-pager_Sentinel-Network-Query_April-2018.pdf).
4. Jennings, J., Burstein, G., Muse, A., & Nagendra, G. (2018, April 6). STD Awareness Month 2018: Integrating Routine Chlamydia Screening into Primary Care Practices [Blog post]. Retrieved from [essentialelements.naccho.org/archives/9890](http://essentialelements.naccho.org/archives/9890) on September 28, 2020.
5. Sexually Transmitted Diseases. (n.d.). Retrieved September 28, 2020, from <https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>