Achieving Integrated, Coordinated Efforts to Address the STI Epidemic

Insights from Local, State, Tribal, National, and Other Key Partners and Lessons Learned from the National Infertility Prevention Project

NACCHO
National Association of County & City Health Officials

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Acknowledgements

This practice paper was developed by gathering insights from local, state, tribal, national, and other key partners across the US. Cardea is grateful to the Centers for Disease Control and Prevention (CDC) Division of STD Prevention, National Association of County and City Health Officials (NACCHO), and all those who contributed to this practice paper.

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Executive Summary

With the launch of the STI National Strategic Plan (STI Plan), the CDC Division of STD Prevention (Division) aims to reverse the dramatic rise in STIs in the United States by creating a roadmap for public health, government, community-based organizations, and other partners to develop, enhance, and expand STI prevention and care programs at the local, state, tribal, and national levels.

As the Division implements the STI Plan, it conducted an assessment to reflect on lessons learned through the National Infertility Prevention Project (IPP). This practice paper outlines strategies aligning with the five goals and associated objectives in the STI Plan.

Key Learnings and Considerations in Alignment with the STI National Strategic Plan

Goal 1: Prevent New STIs

- Advance sexual health education across the lifespan
- Deepen clinical capacity across health care professionals and disciplines
- Expand access to STI testing and treatment

Goal 2: Improve the Health of People by Reducing Adverse Outcomes of STIs

- Promote health equity
- Respect Tribal sovereignty
- Develop a shared vision and goals

Goal 3: Accelerate Progress in STI Research, Technology, and Innovation

- Leverage lessons and innovative practices learned from COVID-related infrastructure
- Promote efficacy of primary prevention hubs to routinize care
- Develop partnerships that advance innovation

Goal 4: Reduce STI-Related Health Disparities and Health Inequities

- Increase consultation opportunities to provide insight on syndemic-related priorities
- Deepen practices around measuring health inequities

Goal 5: Achieve Integrated, Coordinated Efforts That Address the STI Epidemic

- Envision a more holistic delivery model to address syndemic issues
- Continue to strengthen collaboration across the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP) and between the Division and other federal partners
- Support policy advancement at the local, state, and Tribal levels
- Promote data sharing and other agreements to support cooperation, coordination, and collaboration between jurisdictions

Process/Methodology

The process for developing this practice paper included engaging key partners across the country through key informant interviews and group discussions at national conferences and meetings. Data from key informant interviews and group discussions were synthesized and developed into key learnings and considerations.

Recommendations for an Infrastructure to Support High-Quality STI Prevention, Care, and Treatment

Participants highlighted the importance of building relationships and connecting with key partners across jurisdictions and sectors. Convening key partners at the local, state, tribal, and national levels to thoughtfully and strategically vision the US as 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, will be among the keys to success. Recommendations included:

- Identifying key partners across jurisdictions and sectors
- Holding regular meetings, organized by a neutral convener
- Leveraging meetings to support advancement of the STI Plan

Recommendations for Federal and Other Collaboration to Support Local, State, Tribal, National and Other Key Partners

Participants highlighted key considerations to support local, state, tribal, national, and other key partners in advancing high-quality STI prevention, care, and treatment in their jurisdictions and/or with their constituents and communities. Considerations included:

- Continuing to strengthen collaboration across the NCHHSTP
- Continuing to strengthen collaboration between the Division and other federal partners

Notice of Funding Opportunity (NOFO) Considerations

Participants highlighted key considerations for shifting the NOFO to support prioritization of community engagement, innovation, and STIs within the context of social determinants of equity and a syndemic approach. Considerations included:

- Promoting and supporting community engagement and partnerships
- Prioritizing data analysis and utilization for real-time decision-making vs. completion and timeliness of reporting
- Expanding the scope beyond chlamydia, gonorrhea, and syphilis

Introduction

Purpose of the Practice Paper

With the launch of the STI National Strategic Plan (STI Plan), the CDC Division of STD Prevention aims to reverse the dramatic rise in STIs in the United States by creating a roadmap for public health, government, community-based organizations, and other partners to develop, enhance, and expand STI prevention and care programs at the local, state, tribal, and national levels[1].

As the Division moves forward with implementation of the STI Plan, it embarked on an assessment to reflect on lessons learned through the National Infertility Prevention Project (IPP). The IPP began as a demonstration project in 1988 in US Department of Health and Human Services (HHS) Region X and continued through 2011. Publications from this work can be found in the appendix of this paper. Based on this assessment, the Division will vision new strategies to collaborate with key partners at the local, state, tribal, and national levels, including STI, family planning, and public health laboratory programs and affected communities, to address the syndemic of STIs, HIV, viral hepatitis, high-risk substance use, and the social determinants of equity.

Connection to the STI National Strategic Plan

This practice paper supports the vision of the STI National Strategic Plan[1].

The United States will be a place where sexually transmitted infections are prevented and where every person has high-quality STI prevention, care, and treatment while living free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

This practice paper outlines strategies that align with the five goals and associated objectives in the STI Plan.

The STI Plan is designed to achieve five broad goals:

Goal 1:
Prevent New STIs

Goal 2:
Improve the Health of People by Reducing Adverse Outcomes of STIs

Goal 3:
Accelerate Progress in STI Research, Technology, and Innovation

Goal 4:
Reduce STI-Related Health Disparities and Health Inequities

Goal 5:
Achieve Integrated, Coordinated Efforts That Address the STI Epidemic

Process/Methodology

The process for developing this practice paper included engaging key partners across the country through key informant interviews and group discussions at national conferences and meetings. Data from key informant interviews and group discussions were synthesized and developed into key learnings and considerations.

Key Informant Interviews

With support from the Division and NACCHO, Cardea identified partners to invite for key informant interviews. During interviews, participants suggested additional individuals to invite.

Cardea invited 65 individuals to participate in key informant interviews. Of those 65 individuals, 54 (83.1%) agreed to participate across 46 conversations, which took place from February – June 2023. Participants represented local, state, tribal, and national perspectives and had a range of clinical, epidemiologic/surveillance, research, and policy and programmatic experience. Half of participants (n=27) were involved in or had some level of experience with IPP. Interviews lasted approximately 30 – 60 minutes.

Interviews focused on the current landscape of STI prevention and control, as well as what a new, holistic sexual health approach could look like. Specific areas of focus included: 1) perspectives on the current sexual health landscape and intractable issues in STI prevention and control; 2) approaches to address inequities in the distribution of STIs; 3) vision for a holistic sexual health approach including how to create spaces that are affirming, culturally and linguistically responsive, and sex positive; 4) strategies to support community engagement and community-driven approaches to enhance sexual health services; 5) key partnerships to develop, implement, evaluate, and scale approaches to sexual health; and 6) top priorities in developing a new holistic system to address sexual health.

Group Discussions at Related Conferences

From May – July 2023, Cardea attended four conferences that focused on or included sexual health topics: 1) STD Engage, including the American Indian and Alaska Native (AI/AN) Pre-Conference, in May 2023 in New Orleans, Louisiana; 2) NACCHO Tribal Sexual Health Convening in June 2023 in Tulsa, Oklahoma; 3) NACCHO 360 in July 2023 in Denver, Colorado; and 4) STI/HIV World Congress in July 2023 in Chicago, Illinois.

At the AI/AN Pre-Conference and NACCHO 360, Cardea facilitated discussions centering four questions from the key informant interviews:

1. When you think about inequities in the distribution of STIs, how might we change our approach?
2. When you are developing, implementing, evaluating, and/or scaling approaches to sexual health, including STI prevention and control, who do you naturally reach out to and why? Who is not engaged right now, who should be?
3. What are ways to support community engagement and community-driven approaches to enhance sexual health services, including STI prevention and control?
4. If you were developing a new, holistic system to address sexual health, including STI prevention and control, what would your top three priorities be?

Participants recorded individual and group responses and posted these responses at stations, located throughout the room. Participants also had time to review each other's responses and share additional reflections. There were approximately 150–170 participants at the AI/AN Pre-Conference and 20–25 participants at the NACCHO 360 session. Cardea transcribed all notes for review along with key informant interview learnings.

At all conferences, Cardea participated in sexual health-related sessions and had informal conversations with colleagues in STI prevention and control. Cardea took notes during these sessions and integrated insights from informal conversations to deepen key learnings and considerations.

Analysis

Cardea analyzed qualitative data collected from conversations through conventional content analysis, using the interview guide to develop preliminary themes and refining based on emergent themes. The project team held initial biweekly meetings to discuss emergent findings from interviews and group discussions and monthly meetings once all conversations were completed to develop recommendations from interview and group discussion findings. The team also held a two-day in-person meeting in July 2023 after the HIV World Congress Conference in Denver, Colorado. The purpose of the meeting was to to ensure documentation of and consensus surrounding key interview and discussion themes and collaborate on the structure of the practice paper.

Key Learnings and Considerations in Alignment with the STI National Strategic Plan

As the Division moves forward with implementation of the STI Plan, visioning new strategies to address the syndemic of STIs, HIV, viral hepatitis, high-risk substance use, and the social determinants of equity is critical. While not prompted to specifically address the STI Plan, participants highlighted key considerations that align with the goals and associated objectives in the STI Plan.

Goal 1: Prevent New STIs

- **Advance sexual health education across the lifespan**
- **Deepen clinical capacity across health care professionals and disciplines**
- **Expand access to STI testing and treatment**

Advance sexual health education across the lifespan

Work with the Division of Adolescent and School Health (DASH) to advance the DASH approach to school-based HIV and STI prevention, including delivering quality health education as defined in the National Sex Education Standards[2], increasing access to needed health services, and establishing safe and supportive environments. Access to sexual health education for children, adolescents, and young adults; parents/caregivers; educators; and providers and mechanisms for sharing resources related to confidential access to sexual health services supports STI prevention and control. Enhancing widespread awareness of and access to information about STIs, including via prominent websites (e.g., creation of an sti.gov) will increase STI-related knowledge across the lifespan.

> *"People are always going to have sex, and the thought that STIs are going to go away isn't reasonable….But, what is reasonable is understanding people will contract STIs, and the goal is to keep these numbers low."*
>
> — Federal Agency and Local Health Department Perspectives

> *"STDs have not enjoyed the same marshalling of resources, we have not had the same champions, that we've had on the HIV side. The more recent example is COVID... I think the clear message is where there's a political will there is a financial way...We have hiv.gov. We need std.gov."*
>
> — Local Health Department Perspective

> *"In an absolutely perfect world, partner with schools. But, not just partner with them, pay somebody to partner with them…. somebody to visit the school...to provide education...to be a partner with the school nurse."*
>
> — Federal Agency Perspective

Deepen clinical capacity across health care professionals and disciplines

Promote expansion of sexual health capacity, including taking an affirming sexual history, in the education of all health professionals (e.g., physicians, advance practice clinicians, nurses, medical assistants). Expanding dissemination of culturally and linguistically relevant training and other resources and ensuring the STI Treatment Guidelines are clear, concise, and practical for health care professionals supports deepening of clinical capacity. Deepening clinical capacity includes creating/maintaining positive learning and work environments, reducing administrative burden, and providing support for overall health and well-being to minimize burnout.

> *"[We need] education to providers massively and quickly….I literally have clinics and emergency rooms with excellent providers, brilliant providers, and they can look at syphilis and not know it's there because 'til now, they have only seen images of it in books."*
>
> — State Health Department Perspective

> *"At the provider level, there's still kind of always a lack of good sexual history taking competencies, and I think there are efforts to have this be more integrated early on in training at the medical school level, but I don't know how much it's reinforced."*
>
> — Local Health Department Perspective

> *"We need to be really concerned about the health of the health care provider sector because I think they're under a tremendous amount of strain. There's a lot of burnout and there's a lot of turnover and we're not backfilling critical positions at a pace that we need."*
>
> — Local Health Department Perspective

Expand access to STI testing and treatment

Offer STI testing and treatment in a wide range of settings identified by priority communities (e.g., at home, behavioral health programs, community events, correctional facilities, emergency departments, food banks, housing programs, maternal/parent and child health sites such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and increase awareness about STI testing and treatment through a variety of modalities (e.g., dating applications) to minimize barriers to testing and support timely access to treatment. Ensuring support and linkage to care for those who choose at-home testing is critical. Recognize that reducing barriers to STI screening is critical to promote equity in STI prevention and control including prioritizing women in outreach efforts.

> ***"When you think about things like walk-in sexual health services, they are not widely available everywhere in the United States to all communities. They are available in some places to some people, so we should be thinking, how do we create that infrastructure."***
>
> — Academic Institution/Local Health Department Perspective

> ***"Part of IPP was keeping women in the forefront of discussion, and I think they've really fallen off the priority list... and I understand that HIV PrEP is a big thing, but unfortunately, one thing that HIV PrEP has allowed people to do is to slip back into the medical model. But the medical model, where we're only treating a condition and not a person, I think, is a dangerous one to slip back into along with the de-prioritization of women."***
>
> — Federal Agency Perspective

Goal 2: Improve the Health of People by Reducing Adverse Outcomes of STIs

- **Promote health equity**
- **Respect Tribal sovereignty**
- **Develop a shared vision and goals**

Promote health equity

Support expansion of the disease intervention specialists (DIS) workforce and connections between DIS and related professionals, including community health workers/CHWs (e.g., promotores de salud, coaches, lay health advisors, peer mentors, peer navigators), Community Health Aides/Practitioners and Community Health Representatives*, and peer support workers as trusted community members to strengthen access and supports for communities and populations inequitably impacted by STIs. Providing policy and programmatic guidance for communities on how to effectively integrate DIS and related professionals contributes to overcoming potential barriers (e.g., funding, scope of practice). Developing the capacity of DIS and related professionals in areas such as cultural and linguistic responsiveness and trauma informed approaches strengthens their ability to address the needs of Black, Indigenous, and Other People of Color (BIPOC); women; people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit (LGBTQ2S+); people with disabilities; people with mental health and substance use disorders; people who are unhoused/unstably housed; and others inequitably impacted by STIs.†

> ***"A large number of our 300% increase in congenital syphilis cases over the last five years come from….women who are concerned that, if they show up in a system because they use substances, their babies are going to be taken away or their housing may be unstable....[It would help] if there are other systems across the national level to help us form those relationships with [the service agencies] they do end up [at]."***
>
> — State Health Department Perspective

* As defined by the Indian Health Service, Community Health Aides are multidisciplinary mid-level behavioral, community, and dental health professionals working alongside licensed providers to offer patients increased access to quality care in rural Alaska area; Community Health Representatives are defined as well-trained and medically-guided community-based health workers, providing outreach to meet specific tribal healthcare needs.

† We acknowledge that not all communities identify with BIPOC or LGBTQ2S+ as meaningful identifiers of lived experience. We encourage holistic interpretations of these terms used throughout this paper, serving as a point of reference, and include all individuals and groups for whom alternative terms are more meaningful identifiers of lived experience.

> *"As the sexual health needs and demands of the population have gone up, there hasn't been matched service delivery and that is really a critical missed opportunity that has affected populations that were already vulnerable and that includes adolescents, pregnant women, those who were using drugs, those with unstable housing and those who are in and out of corrections,... even men who otherwise don't seek care for other reasons are simply left out."*
>
> — Local Health Department Perspective

Respect Tribal sovereignty

Align with Tribal sovereignty‡ and the Indigenous HIV/AIDS Syndemic Strategy[3], build true government-to-government partnerships with IHS, Tribal, and Urban Indian (I/T/U) systems. Requirements that federal and state public health entities build relationships and work with tribes at government-to-government levels to develop public health plans, programs, and processes that impact AI/AN people and share data about AI/AN communities with Tribal and Urban Indian Health programs promotes health equity and respects the autonomy of I/T/U systems to respond to the needs of AI/AN people.

> *"[American Indian and Alaska Native] rates of STDs are so high and they have been so high for so long. I think it's time for a little bit more radical thought around how we are addressing STIs and sexual health. We're obviously doing something wrong. Or maybe a better way to look at it is there's so much more we could be doing. But we've never systematically taken the step to change what we're doing to formalize sexual health education, [or] make STD tests easy to get...[expand] the idea that providers don't need to be doing tests, actually doing work on the social determinants of health, which can mean just paying someone to be able to be there."*
>
> — Tribal Perspective

> *"There are structures in place that keep the state and the Tribes separate in a lot of these overlapping issues and priorities, such as STIs and sexual health. When they're kept separate, and there is no relationship or space for Tribal representation and state representation to come together with dual respect and autonomy. That is the worst outcome."*
>
> — Tribal Perspective

‡ As defined by the National Congress of American Indians, AI/AN people "are members of the original Indigenous peoples of North America. Tribal nations have been recognized as sovereign since their first interaction with European settlers. The United States continues to recognize this unique political status and relationship….The essence of tribal sovereignty is the ability to govern and to protect and enhance the health, safety, and welfare of tribal citizens within tribal territory. Tribal governments maintain the power to determine their own governance structures and enforce laws through police departments and the tribal courts."

Develop a shared vision and goals

Focus on creating a shared vision and goals, as well as unifying messaging, to increase coherence around how to address STIs. STIs encompass many conditions, and approaches to prevention, screening, testing, treatment, and/or management may differ. Developing goals that are specific, measurable, achievable, relevant, time-bound, inclusive, and equitable (SMARTIE) is critical to ensure consensus related to goals. Developing SMARTIE goals is also critical to measure progress towards goals and to ensure that messaging is tailored to diverse cultural and community contexts.

> ***"We need to have priorities and goals. High priorities to me are eliminating cervical cancer…controlling HIV...You'll notice that I have not put chlamydia and gonorrhea in my first list….how much major morbidity that's actually causing is not so clear, and I'm also not sure it's compelling. But, I do think women dying at a young age of cervical cancer, which [is]...almost entirely preventable....And, I think that HIV is a potentially fatal infection. We really have some excellent interventions to prevent that....I think the opportunity for hepatitis c, which is not mostly an STI, is so big, and it's so underfunded....Our opportunity should be about unifying people around health."***
>
> — Academic Institution/Local Health Department Perspective

> ***"Half of the problem is that if we don't have uniform, consistent, simple messaging for the public about STI prevention that everyone in public health agrees with, there's no way that the general public is going to understand it either…what are we actually trying to prevent?...What are we doing with all our interventions and efforts? For HIV it's clear...we want to get to zero diagnoses for HIV. What is our realistic goal for chlamydia?"***
>
> — State Health Department Perspective

Goal 3: Accelerate Progress in STI Research, Technology, and Innovation

- **Leverage lessons and innovative practices learned from COVID-related infrastructure**
- **Promote efficacy of primary prevention hubs to routinize care**
- **Develop partnerships that advance innovation**

Leverage lessons and innovative practices learned from COVID-related infrastructure

Analyze and build on opportunities to leverage innovative practices implemented during the COVID-19 pandemic and advances made during the COVID-19 pandemic for STI prevention and control, including streamlined case surveillance, mobile clinics for testing, COVID-19 test vending machines, self-collection and point-of-care testing, low-barrier services, telehealth, task-shifting at clinical sites, streamlined data tracking, home visiting models, and expanded public health emergency designations that facilitate data-sharing with AI/AN communities, improving the ability for AI/AN communities to respond to public health crises. Maintain and build on partnerships that were developed in response to the pandemic between public health, pharmaceutical companies, academic researchers, and laboratories and with communities disproportionately impacted by COVID-19.

> ***"Take advantage of the infrastructure that's was built for COVID... [get] services and support in the community where the patients are and acknowledge that that's what it takes to get to the bottom of this."***
>
> — State Health Department

Promote efficacy of primary prevention hubs to routinize care

Expand access to STI prevention and testing via innovative and promising approaches, including on-site laboratories connected to primary prevention hub, co-located hubs within larger retail pharmacies, telehealth, and supporting technologies. Consider opportunities for STI prevention and testing beyond clinic walls (e.g., condom vending machines, at-home test kits with linkage to care). Support the expansion of primary prevention hubs as additional access points to care and provision of expedited partner therapy. Hubs with on-site laboratories may provide quicker testing and access to care, and those co-located within larger retail spaces support feelings of anonymity by those seeking testing and treatment.

Continue to allow the use of telemedicine and telehealth to meet patient' needs. Explore ways to implement online ordering of at-home test kits to expand testing efforts. At-home testing is often preferred for anonymity and privacy, and yet, can be connected to linkage to care efforts.

> *"We presume that, if we simply pull up in a mobile van…everybody's going to want to flock to get STI screening, but that's not necessarily the case....Meeting patients where they are is not always…bringing and delivering STI services….We need to ask them to approach a system that is accessible at the time point which is the most meaningful for them."*
>
> — Local Health Department Perspective

Develop partnerships that advance innovation

Expand partnerships (e.g., schools and other academic institutions, community-based organizations/CBOs, health systems, pharmaceutical companies, insurance companies) that advance innovation and support reducing barriers to STI-related care. Consider opportunities to partner with medical schools and other institutions that train health care professionals to deepen clinical capacity for sexual health. Academic institutions and local, state, and tribal health departments benefit from collaborative efforts increase the knowledge base of the field. Providing direct funding to CBOs and community and migrant health centers, particularly those that may not specifically identify as sexual health clinics or provide services defined as sexual health, could advance innovation. Continuing to build pathways with private health systems and private providers to expand testing and treatment efforts, partnerships with the National Institutes of Health to fund alternative treatment studies focused on the treatment of syphilis in pregnancy, and relationships with the Center for Medicare & Medicaid Services and private insurance companies to strengthen reimbursement for STI prevention, care, and treatment could also advance innovation.

> *"If there's no infrastructure in place to allow a trusting environment for folks to receive care, they're going underground."*
>
> — National Organization Perspective

> *"How many NIH grant announcements are there for HIV? There's a lot. But, there's very few grant announcements for STIs, so it feels like CDC is kind of out there alone… trying to address STIs.... and that matters because then you don't have the interest of the academic community....It affects the whole way that people are either motivated or encouraged or inspired to go into the field of STIs."*
>
> — State Health Department Perspective

Goal 4: Reduce STI-Related Health Disparities and Health Inequities

- **Increase consultation opportunities to provide insight on syndemic-related priorities**
- **Deepen practices around measuring health inequities**

Increase consultation opportunities to provide insight on syndemic-related priorities

Include leaders from academic institutions, community and migrant health centers, correctional facilities, CBOs (e.g., behavioral health programs, faith–based organizations, food banks, housing programs), health systems, insurers, maternal/parent and child health programs (e.g., WIC), and other settings identified by priority communities, alongside local, state, tribal, national, and other key partners. Ensuring that communities inequitably impacted by STIs are included as full partners in decision-making processes is critical to culturally and linguistically responsive, trauma-informed policies, programs, and approaches that truly address the needs of BIPOC; women; people who identify as LGBTQ2S+; people with disabilities; people with mental health and substance use disorders; people who are unhoused/unstably housed; and others inequitably impacted by STIs.

> ***"Having a seat at the table was really important for integration into Tribal health because most of the time that does not trickle down from states to Tribal health systems or clinics....It's a frustrating thing where states are the only ones that get STD block grants, and they are supposed to partner with Tribes, especially considering in most states American Indian and Alaska Native people have the highest rates of all STDs.....It really doesn't happen but…in a few states when you know that one person at the state level has background knowledge of or is interested in building relationships [with Tribes]."***
>
> — Tribal Perspective

Deepen practices around measuring health inequities

Streamline data requirements and approaches for measuring health inequities and barriers to care to reduce the burden of data collection in resource-limited settings. Include stories (i.e., qualitative data) along with numbers (i.e., quantitative data) to provide holistic assessments, recognize community ways of knowing, and reduce stigma. Collect data in ways that are culturally and linguistically responsive and reduce misclassification and share data back with those who provide it to ensure communities have access to and can use their own data to respond to community needs. Prioritize tracking morbidity and outcome data to assess disease burden vs. relying on positivity data. Acknowledge how stigma, including stigmatizing policies and practices related to gender, race/ethnicity, sexual orientation and gender identity, reproductive health, and behavioral health, prevents people who are experiencing inequities from accessing care.

> ***"The vast majority of gonorrhea and chlamydia cases are asymptomatic, particularly among MSM. So if you were to look at areas with high numbers of cases, it's not necessarily a reflection of disease burden alone, but of access to care, which is the actual opposite of what you think is the problem....We need to fund where the true disease burden is."***
>
> — Federal Agency Perspective

> ***"The intercurrent drug use has really challenged our efforts to bring pregnant patients in for prenatal care which included syphilis testing and treatment if indicated. Some pregnant patients are concerned that their urine will be sent for a urine drug screen and their infant will be taken away, or similarly they are concerned with a blood draw...Drug use has really negatively impacted the health care seeking behavior of pregnant populations at highest risk."***
>
> — Local Health Department Perspective

> ***"I think some of it has to do with identifying and better defining the morbidity of sexually transmitted infections in women...not so much focus just on positivity."***
>
> — Academic Institution/Local Health Department Perspective

Goal 5: Achieve Integrated, Coordinated Efforts That Address the STI Epidemic

- **Envision a more holistic delivery model to address syndemic issues**
- **Continue to strengthen collaboration across the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP) and between the Division and other federal partners**
- **Support policy advancement at the local, state, and tribal levels**
- **Promote data sharing and other agreements to support cooperation, coordination, and collaboration between jurisdictions**

Envision a more holistic delivery model to address syndemic issues

Increase access to wraparound services and collaboration with existing service providers to support sexual health. Continue expanding the current service system to include community and migrant health centers, CBOs, behavioral health providers, urgent care, and emergency departments to provide a more holistic approach to health. Model the importance of collaboration by strengthening partnerships with the Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and other relevant federal entities. Opportunities for a more holistic delivery model include expanding the DIS workforce and related professionals, including CHWs (e.g., promotores de salud, coaches, lay health advisors, peer mentors, peer navigators), Community Health Aides/Practitioners and Community Health Representatives, and peer support workers as trusted community members. Strengthen access and supports for communities and populations inequitably impacted by STIs. Promote the role of pharmacists as a critical part of a holistic health system.

> *"[Whole person care means] your major needs [are] met when you walk in the door to any health care provider. You should be getting any vaccines that you've missed. You should be getting screened for anything as you need. You should have your contraceptive needs addressed. You should be screened for mental health… It should be one-stop shopping because people don't have time to deal with like four doors."*
>
> — Federal Agency Perspective

> *"I don't think people are imagining… community health workers…standing in the role of STD DIS. But, in places where the DIS cannot be....is there a niche that CHWs can fill and provide value?"*
>
> — Federal Agency Perspective

> *"We learned partly through IPP that you really just can't screen and screen and treat a disease away…it doesn't go away just because we increase screening for it… actually focusing on a larger model, I think, is something that really could benefit from that regional structure where people from all different areas get together."*
>
> — Federal Agency Perspective

> *"If you look at any health disparity, for the most part, it almost always disproportionately impacts different racial and ethnic groups. So, when we sit here and talk about addressing disparities in STIs.... it's a much, much larger issue than talking about STI disparities alone. It's a health care access and society disparity issue. My general sense is that we need to focus on some of the bigger issues like health care access before we even start talking about STIs... We need to talk about language and housing barriers, mental health, substance use... about the broader[issues] in terms of health that impact everything, including STIs….It's going to be less helpful long-term and also less sustainable just to have specific STI-focused outcomes."*
>
> — State Health Department Perspective

Continue to strengthen collaboration across NCHHSTP and between the Division and other federal partners

While not prompted to specifically address recommendations for federal collaboration, participants highlighted key considerations to support local, state, tribal, national, and other key partners in advancing high-quality STI prevention, care, and treatment in their jurisdictions and/or with their constituents and communities.

Note: Please see the "Recommendations for Federal and Other Collaboration to Support Local, State, Tribal, National and Other Key Partners" section for more detail.

Support policy advancement at the local, state, and tribal levels

Promote policy advancement and alignment at the federal level that supports similar work at the local state, and tribal levels. As part of continued collaboration, consider federal guidance/policies that support local, state, and tribal partners in decriminalizing housing instability, mental health, substance use, and related issues.

Note: Please see the "Recommendations for Federal and Other Collaboration to Support Local, State, Tribal, National and Other Key Partners" section for more detail.

> *"The elephant in the room for syphilis is the cost of benzathine penicillin. The irony is that drug, which is about 50 cents in the rest of the world, is over $400 a dose (2 injections required per treatment = 230 x 2) in the US, and this is a real travesty…a human rights problem, a public health inequity issue."*
>
> — Local Health Department Perspective

Promote data sharing and other agreements to support cooperation, coordination, and collaboration, between jurisdictions

Provide resources and support the development of data-sharing agreements to enhance jurisdictions' work on STI prevention, care, and treatment and share this information within and across jurisdictions (e.g., with providers, communities).

> ***"This is in the action plan that came out a couple of years ago...[we need to be] able to merge or match different registries to understand the extent to which a population is affected by a disease like gonorrhea and also affected by various other conditions for which they seek services. You know you can get facility level data, as well as on what those encounters look like, to really characterize the syndemic in a better way.... quantification really matters to see where the most overlap is happening....[we] should broaden it for capturing all things that affect people in their daily lives that go beyond an STI... I think that's really important, and it's a hard one to handle, because we all have various data sharing issues, whether it's technology-based or privacy issues… or siloed programs. Silos are a big part of it. We get over that a little bit by…forging collaborations on our own. But having…a broader, more national effort to do that versus doing it at the jurisdiction level on our own. I think that would help."***
>
> — Local Health Department Perspective

Recommendations for an Infrastructure to Support High-Quality STI Prevention, Care, and Treatment

As the Division moves forward with implementation of the STI Plan, visioning new strategies to address the syndemic of STIs, HIV, viral hepatitis, high-risk substance use, and the social determinants of equity is critical. Participants highlighted the importance of building relationships and connecting with key partners across jurisdictions and sectors. Convening key partners at the local, state, tribal, and national levels to thoughtfully and strategically vision the US as 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, will be among the keys to success.

Identify key partners across jurisdictions and sectors

In addition to those who participated in IPP — primarily state STI, family planning, and public health laboratory programs — consider representation from local and I/T/U Indian health programs, academic institutions, community and migrant health centers, correctional facilities, CBOs (e.g., behavioral health programs, faith-based organizations, food banks, housing programs), health care systems, insurers, maternal/parent and child health programs (e.g., WIC), and other settings, based on data and perspectives from priority communities at the local, state, and regional levels.

Hold regular meetings, organized by a neutral convener

While there are national conferences and meetings that include discussions about STI prevention, care, and treatment, holding quarterly/regular meetings, organized by a neutral convener, will provide opportunity for deeper, thoughtful, and strategic visioning and action planning. These meetings could be organized based on geographic location (e.g., regions, city/state pairs, lower morbidity states), local/state/tribal landscape (e.g., demographics, urban/suburban/rural, prevalence of STIs), and interests/priorities within and across jurisdictions, designed to leverage existing advisory groups, committees, work groups, and other related bodies. These meetings could be launched during the National STD Prevention Conference and provide an opportunity for initial strategic planning activities.

> *"I think one of the best things... that came out of [IPP]... was the opportunity to meet with and share challenges and strategies with our regional colleagues all working on the same goals...It was extraordinary... [IPP] also required collaboration with our partners at the state lab and state family planning, which we already had in place but [IPP] kind of codified it..it was just such an important vehicle for communication and collaboration and information on all levels."*
>
> — State Health Department Perspective

> *"It would be great to have more collaborative discussions across states... more of an engaged collaboration around a topic where there are efforts to work through a difficult case or situation together with other teams to come up with new ideas."*
>
> — State Health Department Perspective

Leverage meetings to support advancement of the STI Plan

Regular meetings, organized by a neutral convener, offer opportunities to discuss the goals and associated objectives in the STI Plan; align and strengthen efforts across local, state, tribal, national, and other key partners; and assess progress toward goals and associated objectives. Convening partners across jurisdictions and sectors will promote opportunities to develop memoranda of understanding, data sharing agreements, and core measures, alongside opportunities to build relationships, network, learn from colleagues and peers, and explore models and opportunities in STI prevention, care, and treatment.

> *"[IPP] was a place where people could come together to find common ground. Regions are very different. IPP was a place where those differences could be addressed and celebrated. There wasn't a need for everyone to be doing the exact same thing….It was a rare place where you could get together and talk about policy and implementation and systems, and it was all okay."*
>
> — Federal Agency Perspective

Recommendations for Federal and Other Collaboration to Support Local, State, Tribal, National and Other Key Partners

While not prompted to specifically address recommendations for federal collaboration, participants highlighted key considerations to support local, state, tribal, national, and other key partners in advancing high-quality STI prevention, care, and treatment in their jurisdictions and/or with their constituents and communities.

Continue to strengthen collaboration across the NCHHSTP

Under the leadership of Jonathan Mermin, MD, MPH, Director of NCHHSTP, and a Rear Admiral in the U.S. Public Health Service, NCHHSTP is advancing its vision of a future free of HIV, viral hepatitis, STIs, and tuberculosis and its mission to prevent infections, morbidity, mortality, health inequities, and stigma associated with HIV, viral hepatitis, STIs, and tuberculosis in the United States.

Participants noted the importance of continued collaboration across NCHHSTP's five divisions to build on both Division-specific and Center-wide expertise to coordinate response efforts. They indicated that NCHHSTP and Division leadership on coordinated response efforts supports them with alignment within and across their jurisdictions and/or constituents and communities. In addition, they indicated that NCHHSTP and Division leadership is critical to supporting data sharing and integration, particularly epidemiological surveillance and outbreak response efforts. They also noted that coordination of programmatic, administrative, and reporting requirements across NCHHSTP's five divisions supports their continued work to integrate programs, particularly across HIV, viral hepatitis, and STIs.

> ***"We're going to have to think...about what our goals are….We need to be more specific…like screen every single sexually active person of reproductive age at least once….The screening and treatment guidelines end up being kind of like the screening and treatment bible, if you will, so that's where we can put it."***
>
> — Federal Agency Perspective

Continue to strengthen collaboration between the Division and other federal partners

The Division works closely with leadership in the Office of the Secretary and in Operating Divisions across HHS, including CMS, add OASH Regional Offices, IHS, and SAMHSA. As with continued collaboration across NCHHSTP's five divisions, participants indicated that continued collaboration between the Division and other federal partners supports them with alignment within and across their jurisdictions and/or constituents and communities. In addition, they shared that Division leadership is critical to supporting data sharing and integration across federal and federally funded programs.

> ***"The gut of change goes to structural interventions. Right now, there are no national laws for syphilis screening in pregnancy. This is something that could be changed and influenced at the Federal level. This is the only way to change things other than local political will."***
>
> — Federal Agency and Local Health Department Perspective

Notice of Funding Opportunity Considerations

As with previous sections, participants were not prompted to specifically address considerations for the future Notice of Funding Opportunity (NOFO). However, they highlighted key considerations for shifting the NOFO to support prioritization of community engagement, innovation, and STIs within the context of social determinants of equity and a syndemic approach to support them and/or their partners at the local, state, and tribal levels in advancing high-quality STI prevention, care, and treatment.

Promote and support community engagement and partnerships

Participants stated that community engagement and partnerships are critical to reducing STI-related health disparities and health inequities. Several participants highlighted the success of community engagement and partnerships within and across jurisdictions and sectors during the COVID-19 pandemic, noting that similar types of community engagement and partnerships would be helpful in addressing emerging issues like syphilis and congenital syphilis.

> ***"We should be centering social determinants of health in STI testing and treatment initiatives and in providing access to wrap-around services for people who can't prioritize sexual health because they're trying to figure out where to sleep tonight. We should help people address some of those needs, not by using STI money to pay rent because we don't have enough resources for that, but by actively linking people to existing services to help meet basic needs and give them a greater chance at leading a sexually healthy life."***
>
> — State Health Department Perspective

> ***"It's not okay to engage communities only in a crisis. It would be nice to have more sustained funding for community engagement work, so that we are not waiting to build relationships until a crisis is happening. This is imperative if we want to have a significant impact on lowering our currently high STI rates."***
>
> — State Health Department Perspective

Prioritize data analysis and utilization for real-time decision-making vs. completion and timeliness of reporting

Participants indicated that state and local health department staff do not have the infrastructure or staffing to conduct robust surveillance. They noted that focusing on gonorrhea, syphilis, and HIV in alignment with recommendations for priority populations, and prioritizing data analysis and use for program improvement and real-time decision-making vs. focusing on completion and timeliness of reporting is key to addressing capacity issues. In addition, they noted that surveillance should be focused on collecting morbidity and client-level data. They commented that community-based organizations need support and technical assistance with data management and collaboration in using data to support program activities.

> ***"We might consider data a little differently to start with. Now, some federal programs are getting line-listed data, which is awesome. I think we're in a different place as a country data-wise...it would have been interesting to understand how people were engaging with the system. Like, were people getting tested a lot?"***
>
> — Federal Agency Perspective

Expand the scope beyond chlamydia, gonorrhea, and syphilis

Participants reported that expanding the scope beyond chlamydia, gonorrhea, and syphilis is critical to better meet community needs. They stressed the importance of sharing clear guidance on priorities and a roadmap for achieving goals, with some noting that there is a lack of clarity about goals for specific STIs (e.g., congenital syphilis, other STIs that are not included in current priorities).

> ***"They have to be careful in the NOFO about additional requirements without additional funds....The beauty of PCHD [Strengthening STD Prevention and Control for Health Departments NOFO] to me was that it gave us the flexibility that we hadn't had....You could tell that it was written with state autonomy in mind."***
>
> — State Health Department Perspective

> ***"If CDC looked at jurisdictions and saw the syndemic approach happening, they would understand this better… [CDC] needs to be more integrated and coordinated and create funding opportunities that are [integrated and coordinated] too."***
>
> — State Health Department Perspective

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Appendix: IPP Infrastructure

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