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November 11, 2009

SENT VIA EMAIL

Kevin A. Fenton, MD, MPH, FFPH  
National Center for HIV, Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333

Dear Dr. Fenton:

The National Alliance of State and Territorial AIDS Directors (NASTAD) appreciates the opportunity to provide comments on the Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) *Strategic Plan 2009-2015, Draft: October 27, 2009*. NASTAD commends NCHHSTP for its ongoing efforts to provide a framework for the activities to improve health and reduce disparities across the divisions in the Center.

As you are well aware, NASTAD and health departments have been strong supporters of NCHHSTP's overarching programmatic imperatives 1) program collaboration and service integration (PCSI) 2) reducing health disparities and 3) maximizing global synergies. These tenets have corollaries within NASTAD's strategic map and programmatic portfolios and are championed by health departments in their role as the central authorities for protecting the health of their constituents.

NASTAD was pleased that transparency was named as one NCHHSTP's six core values and, to that end, are encouraged that this will result in increased clarity regarding funding mechanisms and decisions, NCHHSTP's public/private partnerships, progress towards meeting objectives in the strategic plan and communicating results from NCHHSTP programs and studies. We recognize that NCHHSTP (and CDC) are the reserve of a plethora of information and suggest that an easily navigated website would significantly promote the transparency core value. Additionally, we recommend that NCHHSTP demonstrate its

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leadership by clearly identifying the links between its priorities, health reform, the National HIV/AIDS Strategy and Healthy People 2010/2020.

NASTAD recognizes and applauds NCHHSTP's efforts to promote PCSI. We also appreciate NCHHSTP's demonstrated commitment to PCSI through the incorporation of permissive language in funding opportunity announcements (FOAs) and guidance to encourage, but not mandate, collaboration and integration (objective 1A). While limited flexibility in FOAs has allowed for minor enhancements in collaboration and integration, it is imperative that the divisions within NCHHSTP provide consistent support for this flexibility with grantees, specifically around the use of cooperative agreement funding to support important PCSI activities identified by jurisdictions. Additionally, providing dedicated funding, even small awards to support pilot projects or to provide incentives, will go far in identifying innovations in existing systems and programs. We urge NCHHSTP to consider these recommendations as it finalizes its strategic plan.

Having a comprehensive picture of the scope of an epidemic is essential to understanding how best to intervene. To this end, we are pleased to see the inclusion of an objective focused on surveillance issues (objective 1B), but, given the lack of a robust surveillance system for viral hepatitis and inadequate funding to support surveillance of HIV/AIDS, STD and TB, we are concerned that the strategies and indicators named will fall short of resolving pressing surveillance-related issues. We encourage NCHHSTP to address this as it operationalizes its strategic plan.

NASTAD supports NCHHSTP's efforts to eliminate health disparities by promoting health equity. We encourage NCHHSTP to include greater specificity regarding the populations bearing the greatest burdens of HIV/AIDS, viral hepatitis, STDs and TB in its strategic plan and corresponding work plans. Clearly, there is both cross-over and unique issues among these populations, and, therefore, it is important to see this described to assure results in meaningful and synergistic programmatic activities.

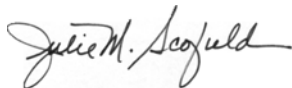
We strongly support the inclusion of partnerships as one of NCHHSTP's five goals. NASTAD truly values its partnership with NCHHSTP and its divisions and is committed to an ongoing exchange of information and ideas through regular interactive communication. However, we would like to see a more explicit outline of NCHHSTP's intentions for engaging external partners in order to maximize the mutual benefits of bi-directional communication. We applaud NCHHSTP's focus on strengthening inter-agency and cross-federal agency partnerships and agree that this approach is valuable to NCHHSTP, the grantees funded by NCHHSTP and other federal agencies. We were disappointed, however, not to see fuller language regarding commitment to develop the capacities of the partners that comprise the bulk of the prevention portfolio: state and local health departments. Health departments are referenced directly only a few times and were not explicitly addressed in the partnership document. Health departments' ability to connect program to outcome, to

create multi-sectoral approaches to health, to address social and environmental determinants, and to add biomedical interventions must be directly examined by NCHHSTP and deserves greater preference within the CDC's plan. Furthermore, we were concerned that this section did not include indicators and anticipate that these will be included in the final draft of the plan.

NASTAD commends NCHHSTP's efforts to address workforce development and capacity building activities. We recommend that NCHHSTP consider extending the reach of the activities identified in its strategic plan to address challenges facing the broader public health workforce. The effects of years of inadequate funding followed by devastating state and local budget cuts have resulted in a workforce crisis for state and local health departments. Between the elimination of positions, the inability to hire for federal positions and mandatory furloughs, many health departments struggle to recruit and retain highly qualified staff and to manage the demands of increasing requirements. We believe the strategic plan should include objectives that respond to these issues. Further, we believe there are important lessons that can be learned from the President's Emergency Plan Emergency Plan for AIDS Relief (PEPFAR), as exemplified in Objective 3D in the Global Health Protection and System Strengthening section of the strategic plan, that can translate into meaningful public health workforce development in the U.S. We encourage NCHHSTP to explore this opportunity and develop objectives to advance it.

In closing, we want to express sincere thanks and appreciation to you for your leadership of NCHHSTP. NASTAD and our members are available to meet with you to discuss Center priorities and strategic planning. We are happy to convene conference calls and/or meetings with our members should you wish for additional comment or feedback on this document. We look forward to a continued and productive partnership.

Sincerely,



Julie M. Scofield  
Executive Director