STIcking Points

Reflections on STD Engage 2018

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Last week I attended the *STD Engage 2018* conference in Orlando, Fl. The annual conference of the National Coalition of STD Directors is increasingly popular (close to 700 attendants this year) and has also become the most diverse conference in the STD field. This diversity reflects the STD workforce in the U.S. and also creates a very special energy in the room. As a non-profit organization, NCSD has the freedom to include speakers that might be considered too controversial to be included in other conferences, such as the CDC-sponsored National STD Conference. Thus, advocates for family planning and GLBTQ health held center stage at *STD Engage* to enthusiastic acclaim from an audience that is increasingly embracing the concept of *sexual health* over *sexual disease* yet is imperative in the public health response to the rising STD rates in this country.

There were two other things that stood out for me at the Engage 2018 conference, both reflective of new directions NCSD is taking. First, the increasing level of interest by industry partners; both diagnostics and pharmaceutical companies. Coming from academia and public health practice, the relationship with the industry is not necessarily an easy one. However, to the extent that we rely on the evolution of diagnostics, especially point of care tests, and new pharmaceuticals in the era of drug resistance, our relationship with the industry is increasingly important. It is encouraging that NCSD has started an initiative to further develop this relationship in a recently-formed working group comprised of NCSD members and industry partners.

Second, NCSD is recognizing the importance that STD clinics play in the overall public health STD response. It has recently started a new STD clinic initiative that aims to better understand the STD clinical infrastructure, link STD clinic directors and providers into communities of practice, develop practice standards, and improve the overall provision of STD care services. Importantly, NCSD will use the initiative to bolster its advocacy at local, state, and federal levels that should result in creating additional funding streams specifically supporting STD clinics.

So, with all that good stuff, what's the sticking point?

NCSD is an association of "STD directors." However, its (full) membership is even more restrictive than the name suggests. NCSD was founded in 1997 as a non-profit organization to advocate and lobby for STD programs that were directly funded by the CDC STD Division, something that CDC itself is forbidden to do. Thus, the core NCSD membership is comprised of the directors of these programs, most at the state level, but including a handful of large local jurisdictions as well. Others can join the organization as associate members, but they can't serve on the NCSD board or hold office. So, for example, when I became director of the STD

control program in Denver 15 years ago (I retired in 2009), I could not join NCSD as a full member since Denver is not a directly-funded program (the state of Colorado is). Now, to be sure, over the years as an associate member of the organization I have felt fully embraced and valued by the organization and I think I have been able to contribute to NCSD's mission, even though I am not an "STD Director" in NCSD's parlance. That said, I know there a number of my colleagues at local health departments and STD clinics as well as in academia who feel that NCSD is not for them, and they are also reluctant to join the organization and attend its meetings lest they might be seen as running interference with their state programs.

This conundrum is not easily solved as it is rooted in a historical two-tiered, siloed approach to STD control in the U.S. On the one hand, we have a "program" silo, comprising surveillance, epidemiology and disease intervention (partner services) components, funded by CDC; on the other hand, there is a "clinical" silo, providing STD diagnostic and treatment services, funded by local health jurisdictions. Where STD "program" has NCSD as its advocate, no such advocacy exists for the publicly-funded STD clinics. As a result, STD clinics are threatened in their existence, in part by the misbegotten idea that health insurance provided under the Affordable Care Act would have primary care providers be the main clinical resource for STD control.

This is an unfortunate misconception. We are in the middle of multiple STD epidemics and it is my conviction that public health must fully "own" the response to these epidemics both programmatic and clinical, and not defer its clinical responsibility to primary care and other providers whose primary mission is not STD control.

Bringing together the programmatic and clinical tiers will do a lot to integrate the STD workforce in a unified approach to stem the tide of rising STDs in this country. In my view, NCSD is already playing an important role in this process, but as it is creating a bigger tent, it will have to review its founding principles.

Disclosure: Since March 2018, I have been a paid consultant on NCSD's STD Clinic Initiative

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