Despite progress against HIV, STIs, and hepatitis, new threats have emerged

The opioid epidemic is fueling rising rates of injection drug use, contributing to the spread of HIV and hepatitis. The Centers for Disease Control and Prevention has identified 220 counties at risk for an outbreak of HIV or hepatitis C among people who inject drugs. Between 2010 and 2015, acute hepatitis C infections nearly tripled. Rates of syphilis, gonorrhea, and chlamydia have reached 20-year highs, and congenital syphilis increased 87% between 2012 and 2016.

Local health departments play a critical role in the prevention and treatment of HIV, STIs, and hepatitis

We have the tools to end the HIV epidemic, eliminate hepatitis B and C, and effectively prevent and treat sexually transmitted infections (STIs), but we must ensure that local public health has the funding to achieve these goals. For nearly a decade, local health departments (LHDs) have faced stagnant and declining budgets and in 2017, one-third reported anticipating cuts in the next year. This impedes LHDs’ capacity to promote and protect the health of communities, especially as these new challenges arise.

Methodology

To assess the impact of budget cuts on local HIV, STI, and hepatitis programs, NACCHO queried a convenience sample consisting of its HIV, STI, and Viral Hepatitis Sentinel Network members in October 2017. Of the 114 members, 71 responded to the assessment for a response rate of 62%. Sentinel Network members, comprised of LHD staff working in HIV, STI, and viral hepatitis programs, are recruited through NACCHO’s communications channels and direct outreach to LHDs in geographic areas underrepresented in the Sentinel Network. Although not nationally representative, members work in LHDs of varied sizes, geographic locations, and settings.

Most LHDs report stagnant or declining funding levels for HIV, STI, and viral hepatitis activities and services

43% of LHDs experiencing budget cuts reduced HIV, STI, or hepatitis staffing levels

"The rural area already has limited workforce and the potential budget cuts will increase the unemployment rates and decrease the access to care of the community."

Activities or Services Reduced Due to Budget Cuts

<table>
<thead>
<tr>
<th>Disease surveillance</th>
<th>STI partner services</th>
<th>HIV testing</th>
<th>Hepatitis B vaccination</th>
<th>HIVSTI counseling</th>
<th>STI treatment</th>
<th>PreP education and referral</th>
<th>HIV partner services</th>
<th>Condom distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>15%</td>
<td>10%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Over Past Year, Due to Budget Cuts

43% of LHDs reported cuts in HIV, STI, hepatitis services or activities

3/4 of LHDs reporting cuts reduced HIV, STI, hepatitis services or activities

Of LHDs reporting budget cuts (overall or to HIV, STI, and/or hepatitis programs):

- 14% reduced disease surveillance efforts, impacting their ability to track disease rates and effectively prioritize and target programming
- 11% reduced STI partner services, a strategy that reduces STI morbidity and prevents transmission of new cases
- 11% reduced HIV testing, which is critical to ensuring people know their status and access care. HIV testing is also paramount to prevention. 1/3 of new infections are attributed to undiagnosed HIV infections.
- 11% reduced Hepatitis B vaccination, an essential strategy on the road to hepatitis elimination.

"[If funding cuts continued] we would see a loss in our staffing capabilities, which would impact our ability to do disease investigation, treatment, and disease management."

Conclusions

LHDs are the first line of defense in protecting the health and safety of their communities. After years of shrinking budgets, overstretched LHDs have been forced to reduce or eliminate essential and lifesaving health services and activities, and further cuts will undermine their ability to protect the public’s health. At this pivotal moment, our nation needs strong and appropriately funded LHDs to confront new and persistent health challenges and to realize our abilities to end the HIV epidemic, eliminate hepatitis B and C, and successfully prevent and control STIs.

References