NASTAD: Impacting Policy through Planning

Michelle Batchelor, Health Equity
New York African American Symposium
February 9, 2012

BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

Presentation Overview

- NASTAD Overview
- Historical Perspective
- NASTAD Today
- Planning to Succeed

The Origins of NASTAD

- In 1991 NYS AIDS Institute convened a meeting of eight high impact state AIDS Directors and laid the foundation for the creation of NASTAD.
- NASTAD was established during the first annual meeting, March 31-April 2, 1992.
- In 1993 Julie Scofield left the Washington, DC office of New York Governor Mario M. Cuomo to become NASTAD's first executive director.

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

A Shared Vision and Mission

Mission

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis

Vision

NASTAD's vision is a world free of HIV/AIDS and viral hepatitis

BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

NASTAD:
Structure and Governance

- Governed by 20 member elected Executive Committee (EC) authorized to make policy on behalf of NASTAD
- EC conference calls every two weeks, in person meetings 2-3 times a year
- Large EC helps ensure representation (geographic & disease burden)
- Operate by consensus and guided by Principles for Public Policy Decision Making
- Executive Director charged with day-to-day operations of NASTAD in communication with NASTAD Chair and EC

NASTAD Programs

- Domestic
  - Health Care Access
  - Prevention and Surveillance
  - Health Equity
  - Viral Hepatitis
- Global Technical Assistance
- Policy and Legislative Affairs

The National Alliance of State and Territorial AIDS Directors (NASTAD) Strategic Map—2010-2013 (Approved 03.02.10)

Strengthen the Role and Promote the Success of State and Territorial Public Health Programs

To Reduce Health Disparities in Racial and Ethnic Minority Communities and Among Gay and Bisexual Men and Other Disproportionately Impacted Populations

To Develop and Inspire Strategies that Incorporate Social Determinants of Health

To Improve Systems of Surveillance, Prevention and Care and Treatment

To Encourage and Mainstream Beneficial Integration and Coordination of Policies and Practices

To Successfully Integrate New Technologies in Public Health Practice

To Bolster the Public Health Workforce by Strengthening Leadership and Effectiveness

To Minimize the Challenges and Maximize the Benefits of Emerging Issues

WITH SOUND POLICY AND ADVOCACY	WITH QUALITY CAPACITY BUILDING AND TECHNICAL ASSISTANCE	WITH STRONG PARTNERSHIPS	WITH EFFECTIVE COMMUNICATIONS	WITH ORGANIZATIONAL EFFECTIVENESS

To Reduce HIV/AIDS and Viral Hepatitis Incidence, Ensure Quality Care and Treatment and Improve Health Outcomes

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

NASTAD:
Impact National Policy

- We work with:
  - Executive Branch agencies to influence policies that impact state programs
  - Congress to influence Executive Branch agencies, provide funding, develop sound legislation
  - Coalitions to influence both Congress and the Executive Branch
- We communicate positions through:
  - Meetings, letters, position statements, issue briefs, reports, assessments of state policies and programs, etc.
- NASTAD members visit Members of Congress and meet with the leadership at federal government agencies on a periodic basis.

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

NASTAD: *Priorities*

- National HIV/AIDS Strategy
- FY2012-13 Budget
- AIDS Drug Assistance Program (ADAP) Funding
- Ryan White
- Health Reform Implementation
- HIV Prevention and Surveillance
- Health Equity
- Viral Hepatitis

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

Responding to a Changing Epidemic

- Communities of color
- Workforce development
- Viral hepatitis
- Injecting and non-injecting drug users
- Life-span issues

Planning for Success: Advocacy

Advocacy is…

a set of targeted actions directed at decision makers in support of a specific policy issue.

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

6 Steps to Effective ADVOCACY

Step 1: Identify the *PROBLEM* and Set the *OBJECTIVE*

Step 2: Getting the *FACTS*

Step 3: Building *SUPPORT* through Coalition

Step 4: Making a *PLAN*

Step 5: Communicating your *MESSAGE*

Step 6: *MEASURING* Success

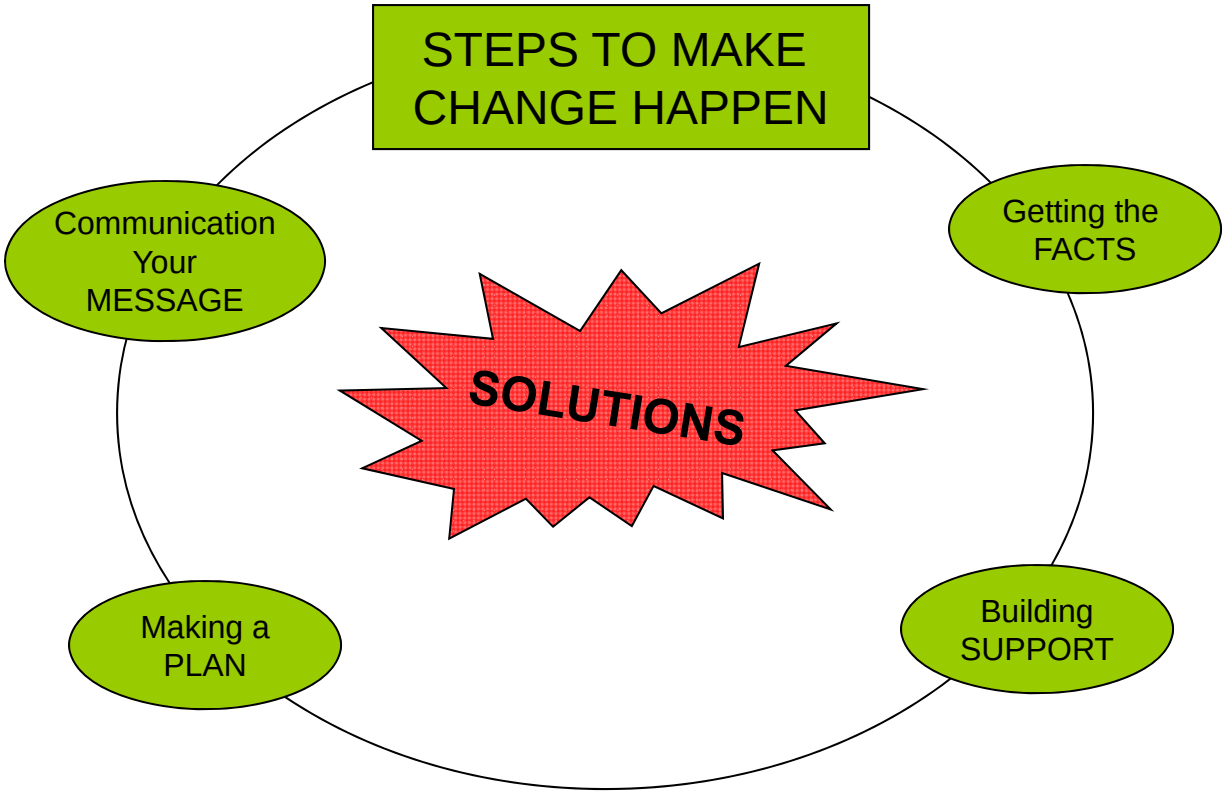
BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

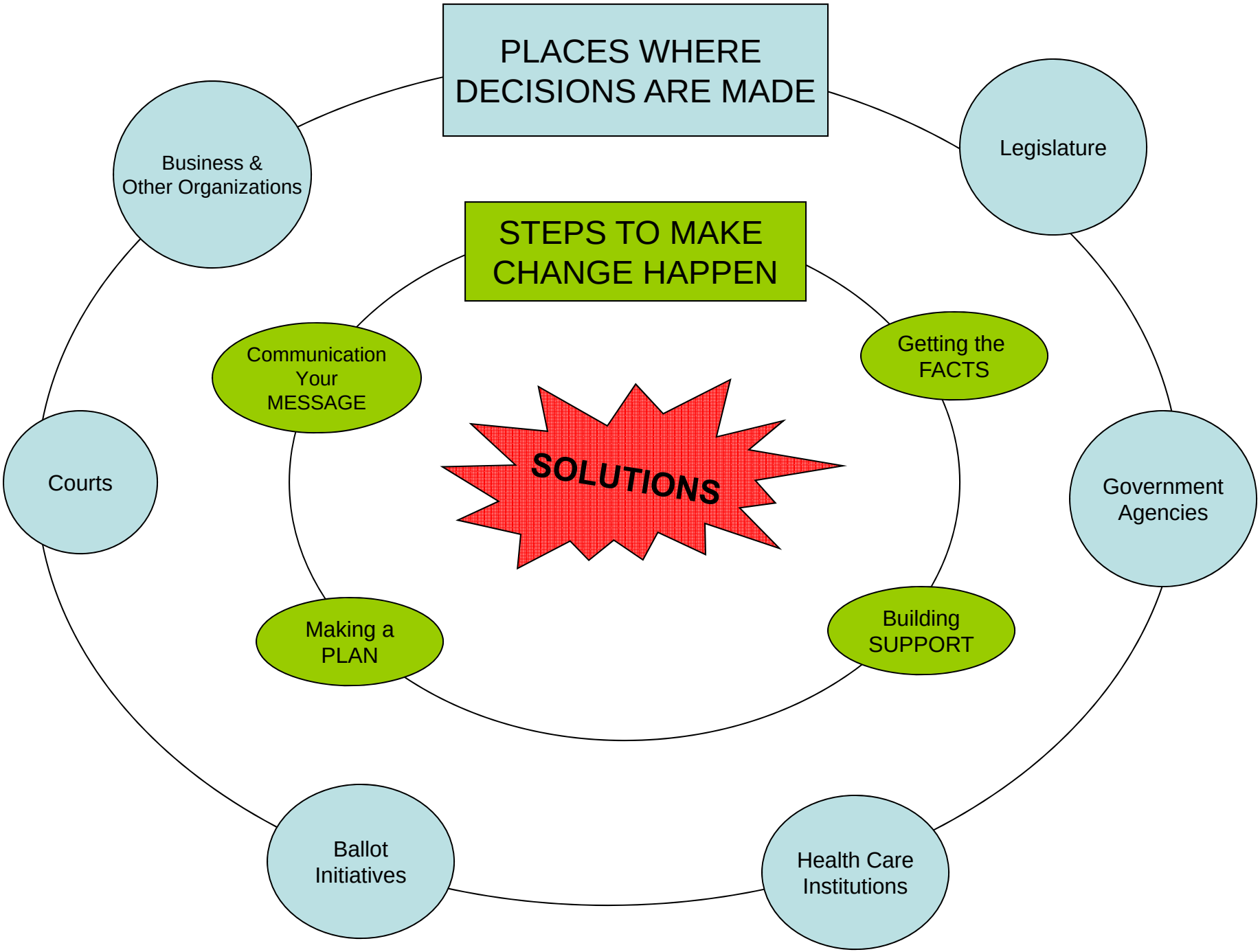
NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

Changing Your Community

Ask yourself . . .

- What has worked?
- What hasn't worked?
- What was your greatest challenge?
- What was your greatest success?


STEPS TO MAKE CHANGE HAPPEN
Communication Your MESSAGE
Getting the FACTS
SOLUTIONS
Making a PLAN
Building SUPPORT


PLACES WHERE DECISIONS ARE MADE
Business & Other Organizations
Legislature
STEPS TO MAKE CHANGE HAPPEN
Communication Your MESSAGE
Getting the FACTS
SOLUTIONS
Courts
Government Agencies
Making a PLAN
Building SUPPORT
Ballot Initiatives
Health Care Institutions

Black Women's Regional Forum

- Provide participating teams the opportunity to examine and prioritize the barriers to providing programs and services targeting black women in their jurisdiction
- Support participating teams with the development of a year long action plan
- Provide technical assistance to jurisdictions on issues impacting the implementation of their action plans

Confronting the Crisis and Planning for Action

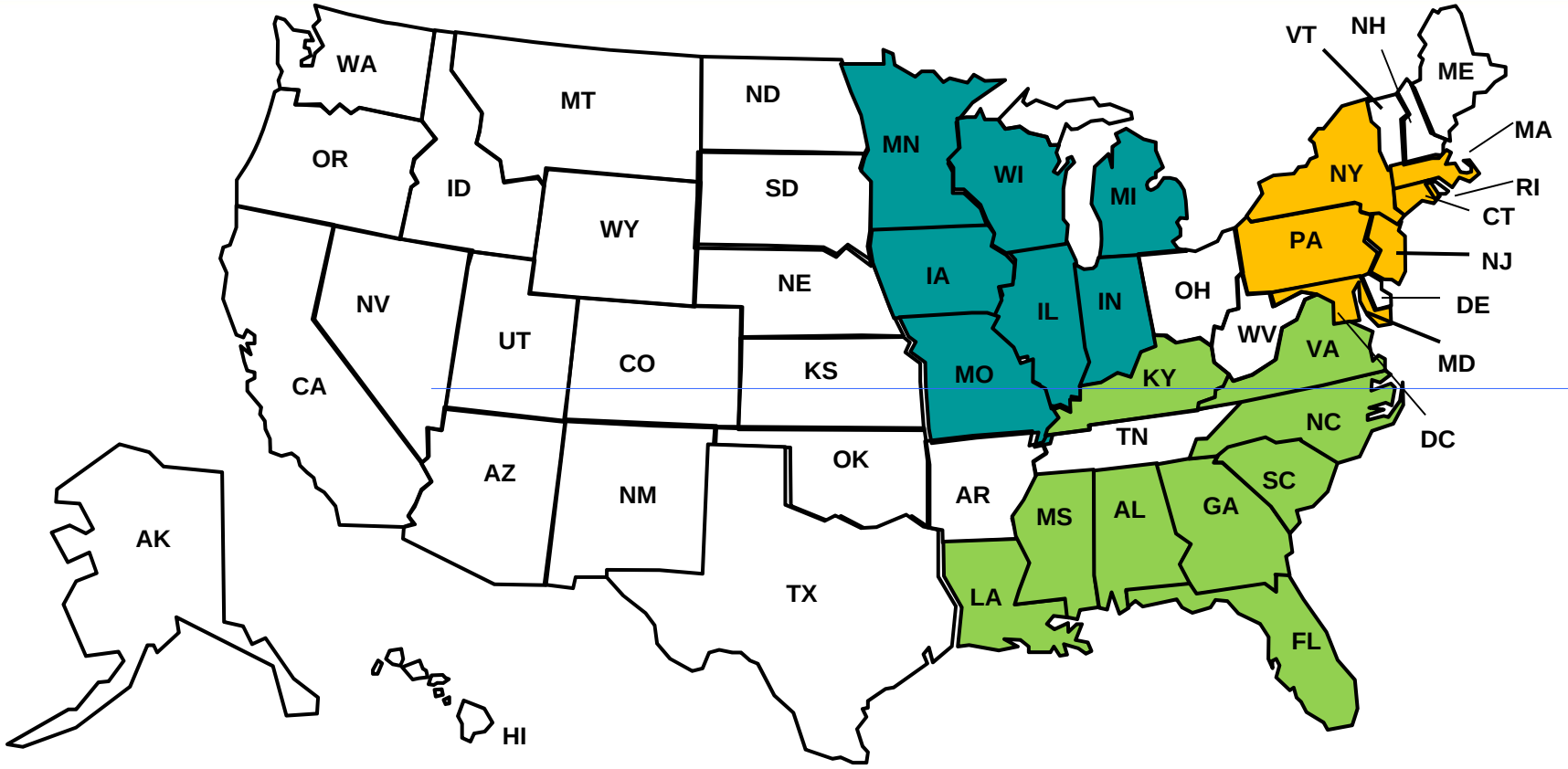
Goal

- The goal is to strengthen the ability of state health departments and their partners to effectively implement HIV/AIDS programs targeting Black women.

BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

Black Women's Regional Forum:
Participating Jurisdictions



BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

Contributing Risk Factors for Black Women

- Poverty
- Unequal access to health care
- Lower educational attainment
- Employment discrimination
- Language barriers
- Incarceration
- Social networks
- Stigma
- Relationship inequality

Considerations and Strategies from Positive Black Women

- Women specific services
- Housing
- Transportation
- Prevention messages
- Interventions
- Advocacy
- Community collaboration
- Including HIV positive Black women

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

BLACK WOMEN
Issue Brief No.2

March 2010

Black* Women and HIV/AIDS: Findings from Southeast Regional Consumer and Provider Focus Group Interviews

INTRODUCTION

In 2008 the U.S. Centers for Disease Control and Prevention (CDC) reported that women accounted for 26 percent of annual HIV/AIDS diagnosis.[1] Black women represent a disproportionate number – 65 percent – of the total number of women currently living with HIV/AIDS[2] (Figure 1).[3] Additionally, one in 30 black women is estimated to be diagnosed with HIV in their lifetime.[4] When NASTAD published *African American Women Issue Brief No. 1* in May 2008, "African American women were 20 times more likely to acquire HIV than white women" and "HIV was the third leading cause of death for African American women between 25 and 34 years of age."[5]

In response to this alarming data, in 2007 the National Alliance of State and Territorial AIDS Directors (NASTAD) developed an initiative focusing on health department capacity and programming to deliver effective and culturally appropriate HIV prevention activities for black women. NASTAD invited over 24 city and state health departments to participate in regional forums, alongside community partners and consumers of HIV/AIDS services, to strengthen partnerships and collaborate more effectively to implement prevention, care and treatment programs specifically targeting this population. Intensive technical assistance was offered to all city and state teams following the forums, resulting in increased engagement and activities specifically focused on and targeting black women in over 18 jurisdictions.

Despite a redoubling of efforts, there is still a need to do more to prevent the spread of HIV/AIDS among black women in the U.S. Regionally, the Northeast and the South bear the disproportionate burden of new AIDS cases among black women.[1] "Six of the ten states with the highest case rates among women are in the South, with the District of Columbia topping the list at 100.0 per 100,000, or 12 times the national rate for women."[6]

Figure 1: Estimated Numbers of Women Living with HIV/AIDS at the end of 2007, by race/ethnicity-34 states with confidential name-based HIV infection reporting[10]

*Other includes Asian/Pacific Islander, Native American/Alaskan Native women.

In consideration of the significant incidence and prevalence of HIV among black women, *African American Women Issue Brief No. 1* highlights research, resources and interventions focused on the indicators of risk that increase the vulnerability for HIV infection among black women. NASTAD has since sought to document the efforts and activities directed toward black women in the Midwest, Northeast and Southeast. To facilitate this effort, jurisdictional-level focus groups were conducted to obtain

* Please note: The use of the term "black" is utilized by NASTAD in an effort to comprehensively recognize the historical and contextual impact of HIV/AIDS on African Americans, as well as all people of African descent, including those born in Africa and the Caribbean.

BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

There is no such thing as a single-issue struggle, because we do not live single-issue lives.

Audre Lorde

BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

THANK YOU!

Michelle Batchelor
Senior Manager, Health Equity
mbatchelor@NASTAD.org
202-434-7128

BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH