April 28, 2023

Written Comments Re: April 18 Meeting of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment – Via email to nchhstppolicy@cdc.gov

I write on behalf of the Big Cities Health Coalition (BCHC) to provide comment to the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment regarding select matters on the docket for consideration at the meeting on April 18, 2023. BCHC is comprised of health officials leading 35 of the nation's largest metropolitan health departments, which together serve more than 61 million – or about one in five – Americans. We seek to advance a shared, equitable actionable vision to transform urban health, where all government agencies, healthcare providers and systems, and community-based organizations work together to promote and produce health, safety, and equity.

Big city health departments are on the front lines of responding to the most challenging public health issues across the U.S., and the HIV epidemic is a notable example of this. While most BCHC jurisdictions receive dollars for care and treatment through Ryan White Part A, only eight receive HIV prevention dollars from CDC. BCHC is thankful for the Ending the Epidemic dollars that went to 52 large jurisdictions (including 29 of our 35 member jurisdictions). As CDC considers next steps on that and other 'routine' HIV funding support, we look forward to engaging in discussion. We appreciate the efforts of CDC, HRSA, and other HHS agencies in thinking through how best to strike a balance among the immediate and longer-term resource needs in governmental public health departments and the communities they serve, including the importance of getting dollars local.

An illustrative case of the importance of direct funding to local health departments (LHDs) is happening in Tennessee, where the state's elected leadership has declined $8–10 million in federal HIV dollars. State policymakers plan to replace some of the federal dollars with state funds. Still, in doing so, the state will have the authority to restrict spending to those activities and populations it chooses, rather than abiding by data-informed federal guidelines about those populations most at risk. For example, it has been reported that the state intends to prioritize victims of human trafficking, first responders, and transmission between mothers and babies. While notable for their effort, these are neither the populations most at risk in Tennessee nor those that we know are more like to acquire HIV.[i] Funding and policy that shifts away from best practices and data-informed activities will have a negative impact statewide, but it will be especially detrimental in communities like Shelby County (Memphis and its surrounding areas) where HIV/AIDS prevalence has trended higher than the U.S. average since 2010. In 2021, prevalence was 73.3% higher than the US average in Shelby County.[ii]

Tennessee may be the first state to do this, but it certainly may not be the last, which can set a dangerous precedent and jeopardize a host of gains we have achieved with HIV and other preventable illnesses. As CDC thinks about scaling up support and resources equitably, we offer the following recommendations.:

- **CDC should consider alternative funding mechanisms, particularly in cases where the data show a clear public health need that should not be obscured by politics.** In response to the concerns outlined by LHDs and their community partners in Tennessee and warnings about negative impact from the loss of federal HIV prevention and care funding, CDC responded by granting funds to a trusted intermediary, the United Way of Greater Nashville, which has been the lead implementation agency for HIV/AIDS strategies throughout Tennessee since 2016. CDC should maximize its discretion and existing flexibility around grantee eligibility to strengthen the ability to allocate funding based on population size, burden of disease or condition, risk, and reach. Big city health departments are often the first to detect outbreaks, epidemics, and other public health emergencies – and are best equipped to design and implement multi-level interventions in partnership with their community partners to advance public health and equity. The nation's largest local public health jurisdictions and community partners must have the resources to prevent illness and injury, reduce death, improve life expectancy, and promote health.

- **As new funding opportunities come online, CDC should determine how jurisdictions should be resourced and to whom dollars should flow.** The agency should also routinely consider if there are more efficient ways to resource existing funding mechanisms to streamline dollars flowing to local communities. For example, CDC recently released a new five-year opportunity, OD2A-Local, through which up to 40 awards will be made directly to local jurisdictions, prioritizing those with high drug overdose burden while also ensuring geographic diversity. This is due at least in part to a growing understanding of the importance of funding local prevention directly, as well as due to some challenges related to overdose burden and geographic definitions in a previous funding opportunity.

- **Where local jurisdictions are not funded directly, CDC should require a full accounting of how much funding states send to communities and the time that it takes for this process to occur.** This information should be publicly available and in a format that shows members of Congress investments (or lack thereof) in their communities.

In the last few years, we have made much progress in rebuilding the public health infrastructure. Future efforts should learn from this work and ensure that funding not only reaches a wider number of big city health departments, but also that the dollars are predictable and ongoing. We look forward to additional opportunities to engage with you on ideas and next steps. Please do not hesitate to contact me at juliano@bigcitieshealth.org or 202-557-6507 to discuss this further. Thank you for your time and attention to this matter.

Sincerely,

Chrissie Juliano, MPP
Executive Director

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[i] See Tennessee Department of Health HIV Surveillance Reports
[ii] See Big Cities Health Inventory