

**CELEBRATING**

**30**

**YEARS OF**



**NASTAD**

**2021 ANNUAL REPORT**

# CELEBRATING



NASTAD was founded in 1992 and in observance of its 30th anniversary, the organization prioritized commemoration of this milestone. NASTAD Member from Washington State, Elizabeth Crutsinger-Perry, stepped into the role as board chair and committed to continuing the [30 Years of Leading Change Chair's Challenge](#). This challenge highlighted the importance of looking back and celebrating NASTAD's achievements over 30 years, while also focusing on looking ahead at what still needs to be done to end HIV/AIDS, hepatitis,

and intersecting epidemics. The challenge also emphasized the importance of work to advance health equity, racial equity, and stigma elimination.

Throughout the year, NASTAD staff, members, and partners were interviewed to discuss their experience at NASTAD, what the organization means to them, and what they hope to see happen within the organization in the future. These interviews were organized into a blog series and shared throughout the year.

## 30 YEARS OF LEADING CHANGE BLOG INTERVIEW SERIES

[MLP is an Opportunity to Dig Deeper into What You May See on the Surface of a Person](#)

[NASTAD Chair's Challenge Update: 30 Years of Leading Change](#)

[A Decade at NASTAD: Isaiah Webster's Experience as a NASTAD Staff Member](#)

[27 Years at NASTAD: Peter Whiticar's Experience as a NASTAD Board Member](#)

[2021 World AIDS Day: An Interview with Dr. Stephen Lee](#)



# 30 YEARS OF NASTAD 1990s

1991

**New York State (NYS) AIDS Institute** convenes meeting of eight high impact states  
“Toward a Unified Voice: The HIV/AIDS Federal Agenda,” May 2–3, 1991

**Steering committee** of AIDS directors convened to lay foundation for  
creation of national alliance of AIDS directors



1992

**The National Alliance of State and Territorial AIDS Directors is established**  
at first annual meeting March 31–April 2

**Dr. Ann Marie Kimball**, Washington,  
is elected NASTAD’s first chair



1993

**Julie Scofield** leaves Washington office of New York  
Governor Mario M. Cuomo to become NASTAD’s first  
executive director in February



**First NASTAD News** issued in March

NASTAD founding member and Director of NYS AIDS Institute,  
**Dr. Nicholas A. Rango addresses NASTAD’s second annual meeting**, April

**John Auerbach**, Massachusetts,  
becomes NASTAD chair



**NASTAD awarded first Centers for Disease Control and Prevention (CDC) funding**  
through subcontract with Association of State and Territorial Health Officials  
(ASTHO) for two assessments

**Dr. Nicholas A. Rango**, NASTAD founding member and director  
of the NYS AIDS Institute dies of AIDS on November 10



# 30 YEARS OF NASTAD 1990s

1994

US Department of Health and Human Services (HHS) Secretary Donna Shalala addresses NASTAD's third annual meeting April 24-27

Bob McAlister, Oregon,  
becomes NASTAD chair

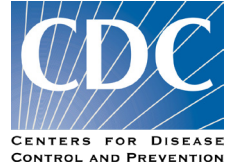


NASTAD awarded CDC funding through ASTHO subcontract for community planning Technical Assistance (TA)

Monthly *Community Planning Bulletin* first issued in April

Twice weekly conference calls of HIV prevention work group and CDC on community planning throughout year

CDC funding through ASTHO for school health



1995

NASTAD received competitive award from CDC for HIV prevention social marketing project

HHS Assistant Secretary for Health, Dr. Phil Lee and CDC Director of HIV Prevention, Dr. Jim Curran address NASTAD's fourth annual meeting April 23-26

Wayne Sauseda, California,  
becomes NASTAD chair



1996

5th NASTAD Annual Meeting

Doug Morgan, New Jersey,  
becomes NASTAD chair



# 30 YEARS OF NASTAD 1990s

## 2000s

1997

6th NASTAD Annual Meeting

Randy Pope, Michigan,  
becomes NASTAD chair



1998

7th NASTAD Annual Meeting

Casey Blass, Texas becomes  
NASTAD chair



1999

8th NASTAD Annual Meeting

Wendy Craytor, Alaska becomes  
NASTAD chair



2000

9th NASTAD Annual Meeting

Jim Welch, Delaware,  
becomes NASTAD chair



NASTAD receives funding for **Global AIDS TA Program**

NASTAD receives CDC funding for **viral hepatitis program**

NASTAD hires **Natasha Sakolsky** to direct Global Program



# 30 YEARS OF NASTAD 2000s

2001

## 10th NASTAD Annual Meeting

**Mark Loveless**, Oregon, becomes NASTAD chair

**Call to Action** issued in response to data on HIV risk among young men who have sex with men (MSM), particularly among racial and ethnic (R/E) minorities

**African American Monograph** released

In June, **Laurie Schowalter** joins the staff to manage the viral hepatitis program and **Murray Penner** joins the staff in time to write our new Health Resources and Services Administration (HRSA) cooperative agreement (COAg) application.

**Second NASTAD staff retreat** in Lost River, West Virginia.



2002

**Peter Whitar**, Hawaii, becomes Chair



**2001-2002: AIDS Drug Assistance Program (ADAP) Crisis Task Force** formed to negotiate with makers of antiretrovirals (ARVs)

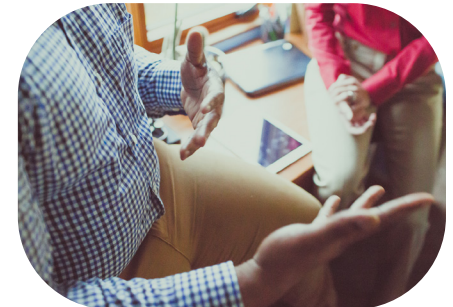
2003

**Loretta Davis**, Michigan, becomes Chair







**First strategic planning** conducted, updated in '06/'09

**Latino monograph** released





# 30 YEARS OF NASTAD 2000s

- 2004**
  - Beth Scalco**, Louisiana, becomes Chair 
  - Joint statement with National Coalition of STD Directors (NCSDD)** on crisis among gay men
  - First **Native American** report released
- 2005**
  - Michael Montgomery**, California, becomes chair 
  - African American Call to Action** released
- 2006**
  - Kevin Cranston**, Massachusetts, becomes Chair 
  - First Office of Minority Health (OMH) funding** to work with 3 states on health disparities
  - First national ADAP TA meeting**
  - Initiated **Black MSM** issue brief series
- 2007**
  - Andre Rawls**, Illinois, becomes Chair 
  - Supplemental funding** to address prevention among MSM
  - Why We Can't Wait: The Tipping Point Among African Americans and HIV/AIDS***

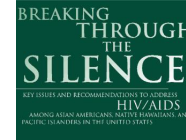


# 30 YEARS OF NASTAD 2000s

2007

***Viral Hepatitis Policymaking and Programs Primer***

***Breaking Through the Silence: Key Issues Among Asian Americans, Native Hawaiians, and Pacific Islander***



First **secured funding** from Johnson & Johnson Foundation for Leadership Development

2008

**Tom Liberty**, Florida, becomes Chair



National ***HIV Prevention Blueprint and Policy Agenda*** issued; issued Blueprint in Spanish

***iAdelante!*** *Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities*



Awarded new **HRSA ADAP TA CoAg**

2009

**Heather Hauck**, Maryland, becomes chair



**With Kaiser Family Foundation (KFF) funding**, HIV Prevention Inventory produced and released



# 30 YEARS OF NASTAD 2010s

2010

**Ann Robbins**, Texas,  
becomes chair



NASTAD and NCSD issue **Statement of Urgency on Crisis Among Gay Men**

NASTAD **Strategic Map 2010-2013** Approved

Tracks ADAP crisis weekly through **ADAP Watch**

**Jamaal Clue (NASTAD's first Rango Fellow)** hired specifically  
to work on gay men's issues

2011

**Amna Osman**, Michigan, becomes Board Chair

NASTAD plays key role in **building support for struggling ADAPs**

Statement supporting **drug user health** released

First **Minority Leadership Program cohort** is convened

Developed a directory of **resources for gay men**

2012

**Randy Mayer**, Iowa,  
takes over as Board Chair



NASTAD participates in the **International AIDS Conference** in Washington, DC

NASTAD, in partnership with NCSD, issued a statement on the impact of HIV  
and STDs among gay men: **"Getting to Zero: Scaling Up Health Department  
Strategies for Gay Men/MSM"**

# 30 YEARS OF NASTAD 2010s

2013

**Dawn Fukuda**, Massachusetts, becomes chair



NASTAD publishes policy statement “**Getting to Zero: Scaling Up Health Department Strategies for Gay Men/MSM**” and **CONCEPTS: A Health Department Response to the HIV, STD and Viral Hepatitis Epidemics Among Gay Men/MSM in the United States.**

NASTAD publishes a policy statement, “**National HIV/AIDS Strategy Imperative: Fighting Stigma and Discrimination by Repealing HIV Specific Criminal Statutes**”

NASTAD provided its members with **regular updates on Affordable Care Act (ACA) progress**

2014

**Magalie Lerman** hired as first Beth Weinstein Drug User Health Fellow

**Maria Courogen**, Washington, becomes Board Chair



**Addressing Stigma** toolkit published in partnership with NCSD

**Center for Engaging Black MSM Across the Care Continuum** Launched

NASTAD receives **CoAg funding** from CDC Division of HIV Prevention (DHAP) Capacity Building Branch for **capacity building assistance (CBA) for health departments**

NASTAD published several resources on the **evolving role of PrEP**

NASTAD expanded activities for **capacity building assistance for health departments**

# 30 YEARS OF NASTAD 2010s

2015

**Andrew Gans**, New Mexico, becomes Chair



**Murray Penner** takes on role as Executive Director

**NASTAD Black Lives Matter Credo**: “Achieving Equitable Health for Black Lives” video created



The **Health Systems Integration team** is created

First **“Hepatitis on the Hill”** event convened

2016

**NASTAD celebrates 25th anniversary**

**DeAnn Gruber**, Louisiana, becomes Chair, issues Ready to End the HIV and Viral Hepatitis Epidemics challenge



NASTAD unveils **updated logo and website**

**Core Competencies Index** published



NASTAD joins the **U=U consensus statement**

2017

**Shanell McGoy**, Tennessee, becomes Chair, issues the *Unite to End the Epidemics*



**Seven local jurisdictions** (Baltimore, Chicago, Los Angeles County, Houston, New York City, Philadelphia, and San Francisco) **join NASTAD’s membership**

The **Minority Leadership Program** is relaunched



# 30 YEARS OF NASTAD 2010s

2018

NASTAD receives CoAg from HRSA's HIV/AIDS Bureau's (HAB) Special Projects of National Significance (SPNS) for **Evidence Informed Approaches for Improving Health Outcomes for people living with HIV (PLWH)**

**Jacquelyn Clymore**, North Carolina, becomes Chair, issues *Achieving Health Equity to End the Epidemics* challenge



NASTAD hosts a **stigma summit** and develops a **stigma toolkit**

NASTAD launches new **Health Equity team**

NASTAD receives CoAg funding from CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) for the **Viral Hepatitis Technical Assistance Center**

**Terrance Moore** takes on role of Acting Executive Director

2019

**Johanne Morne**, New York, becomes Chair, issues *The Time is NOW: End the Epidemics* challenge



NASTAD and membership engages in **Ending the HIV Epidemic (EHE) 2030 federal initiative**

**HepTAC** resource center is launched

**HepTAC**

NASTAD closes **Global Program**

NASTAD launches new **Drug User Health team**

NASTAD receives CoAg funding for **CDC EHE TA and Partnerships provider**

NASTAD receives CoAg funding for **CDC Harm Reduction Technical Assistance Center**

Ending  
the  
HIV  
Epidemic

# 30 YEARS OF NASTAD 2020s

2020

**Marlene McNeese**, Houston, becomes Chair, issues *Leading with Policy* challenge



**Dr. Stephen Lee** is hired as NASTAD's Executive Director



NASTAD receives CoAg funding for **HRSA HAB EHE Systems Coordination Provider (SCP)**

**COVID-19 pandemic** forces NASTAD to adapt to a work from home environment, support health departments who are engaged in COVID-19 activities

NASTAD launches the **Harm Reduction TA Center**



2021

**Beth Crutsinger-Perry** (Washington) takes over the NASTAD Chair position early, continues Marlene McNeese's *30 Years of Leading Change* challenge



NASTAD launches the **Center for Innovation and Engagement**



NASTAD receives funding from CDC for **Expanding Syringe Services Program (SSP) Capacity to Respond to COVID-19**

NASTAD receives CoAg from HRSA SPNS for **Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set**

NASTAD receives CoAg funding from CDC Department of Viral Hepatitis (DVH) for **National Viral Hepatitis Education, Awareness, and Capacity Building for Communities and Providers**

# STRATEGIC PLAN

In 2021, NASTAD refreshed its strategic plan and released updated mission and vision statements; values; guiding principles; and strategic priorities. This update came at a time when NASTAD was reflecting on the accomplishments of the last 30 years and planning on how the organization would like to move forward in the future. Throughout the year, NASTAD developed resources, programs, and an organizational budget to align with the strategic priorities of the organization and uphold its values and principles.

## MISSION

To advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health and leveraging community partnerships.

## VISION

A world committed to ending HIV/AIDS, viral hepatitis, and intersecting epidemics.

## VALUES

We believe every person has equal value and dignity.

We believe access to quality health care is a basic human right.

We have an obligation to dismantle systems that perpetuate social and racial injustice.

## GUIDING PRINCIPLES

**Equity:** We advance the rights and dignity of all people by dismantling oppressive systems and centering those most impacted by the syndemic.

**Harm Reduction:** We ensure people are free to make their own choices and we empower them to live safe, healthy lives.

**Personal Growth & Development:** We invest in opportunities for entry into and advancement within NASTAD and the public health workforce.

**Community:** We continually engage with public health and community leaders to learn, connect, empower, and ultimately improve lives.

**Evidence-informed Innovation:** We use data-driven and community-informed strategies to provide technical assistance, capacity building, and advocacy.

**Accountability & Transparency:** We hold ourselves accountable to people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics; and we provide comprehensive, timely, and accurate information to our staff, members, and external partners.



# STRATEGIC PRIORITIES

## A

### **HEALTH SYSTEMS:**

Strengthen the public health systems for HIV and hepatitis prevention, surveillance, and care.

## B

### **HEALTH EQUITY:**

Advance health and racial equity, and stigma elimination, focusing on disparately impacted communities.

## C

### **SYNDEMIC APPROACHES:**

Implement integrated approaches to HIV, hepatitis, STIs, harm reduction, and the social determinants of health.

## D

### **ORGANIZATIONAL EXCELLENCE:**

Strengthen organizational excellence within NASTAD and its member jurisdictions.

Strengthen  
public health  
systems for HIV  
and hepatitis  
prevention,  
surveillance,  
and care.

## National Training and Technical Assistance, EHE Systems Coordination Provider (SCP), HRSA-20-089

### EHE Mentorship and Peer Support

NASTAD's EHE mentoring program is a six-month intensive strategy to assist newly hired EHE Managers and Coordinators at health departments in EHE jurisdictions. The program focuses on developing leaders, identifying emerging talent, and streamlining processes to improve system operations and ensure data-driven service outcomes. Jurisdictions were solicited to participate in the EHE mentoring program through an application process. Priority was given to jurisdictions who expressed high need for mentorship. This program intended to support participants by:

- Understanding the various components, requirements, and flexibilities of EHE and Ryan White HIV/AIDS Program (RWHAP) funding streams.
- Identifying opportunities for coordination and partnership within the health department and with community stakeholders to advance EHE goals.
- Developing a personalized learning plan to streamline onboarding and maximizing TA, systems coordination, and program guidance available to health departments.

### NASTAD/NACCHO EHE RWHAP Part A Data Innovation Consultation

NASTAD held the EHE RWHAP Part A Data Innovation Consultation on Thursday, December 2, 2021. This consultation was co-convened with National Association of County and City Health Officials (NACCHO) and brought together a small group of RWHAP Part A recipients as well as state and local HIV surveillance programs to discuss how entities can better collaborate on data innovation activities. It set the context for new ways that RWHAP Part A recipients are using and sharing data to implement their EHE work plans and legal and ethical considerations for pursuing new data sharing activities, including enhanced use of HIV surveillance data. RWHAP Part A recipients and health department surveillance programs shared how they approach data sharing relationships and innovative ways RWHAP Part A recipients can use data to enhance their work to end the HIV epidemic.

Technical Assistance Providers-in (TAP-in) representatives attended the consultation and promoted their upcoming data-related activities. SCP and TAP-in TA providers will continue to work together to collaborate on joint TA efforts.

## EHE Housing Learning Collaborative

NASTAD's Housing Learning Collaborative commenced in October 2021 and ran through February 2022. The learning collaborative was specifically for health department staff in HIV prevention and care programs and their Department of Housing counterparts. The collaborative supported health departments in developing partnerships between HIV and housing programs and combined an analysis of policies, funding streams, and peer models. Some of the financing mechanisms that we will analyze include: RWHAP funding, HRSA and CDC EHE funds, Housing Opportunities for Persons with AIDS (HOPWA), other Department of Housing and Urban Development (HUD) funding, Medicaid, and American Rescue Plan Act (ARPA).

## TelePrEP Learning Collaborative

The TelePrEP Learning Collaborative was a virtual learning community for select Phase One EHE jurisdictions interested in implementing a telePrEP program, and aimed to provide ongoing TA from peers and subject matter experts to increase the uptake of telePrEP programs. In 2021, NASTAD selected 14 jurisdictions to participate in the second cohort of the collaborative which took place over the course of six months.

Throughout the telePrEP learning collaborative, NASTAD created 13 online learning modules to guide health departments through the process of launching an effective telePrEP program. Additionally, NASTAD created 53 resources that cover a variety of topics as well as jurisdiction-specific fact sheets to assist them in their journeys towards launching telePrEP programs. To date, some of the outcomes include jurisdictions fully launching telePrEP programs, developing a statewide workplan to support a telePrEP program, developing a telePrEP capability and utilization assessment to distribute to providers, and strengthening existing telePrEP program operations and procedures.



## EHE Medicaid Hub

NASTAD supported health departments in maximizing wrap-around services for Medicaid beneficiaries. ASTHO (sub-recipient) developed a crosswalk of RWHAP Part B and Medicaid services in Alabama to assess opportunities for HIV programs to expand wraparound services while avoiding duplicate services. These activities are stepping stones to expand targeted care coordination and wrap-around services for key populations. Through these projects, ASTHO and NASTAD are expanding coordination and collaboration with Medicaid programs.



## Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set: Systems Coordination Provider (SCP), HRSA-21-083

NASTAD was selected as the SCP for the HRSA, HIV/AIDS Bureau, SPNS, Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set (HRSA-21-083). The four-year initiative aims to increase state capacity to improve the collection and reporting of high-quality HIV viral suppression (VS) data as part of the annual state Medicaid Adult Core Set reporting.

The purpose of the project is to 1) Build the capacity of participating states to report VS data to Medicaid and provide pass-through funds for state-specific infrastructure and capacity in ten states; 2) Evaluate the project; and 3) Disseminate and replicate innovative, sustainable strategies.

Advance health equity, racial equity, and stigma elimination, focusing on disparately impacted communities.

## Anti-Racism

In response to a national push to operationalize anti-racism in public health, NASTAD formed an internal Anti-Racism Workgroup and an Anti-Racism Public Health Subcommittee of the Board of Directors to reimagine NASTAD's internal operations, programmatic work, and Board and membership composition and practices through an anti-racist and equitable lens..

Goals and Priorities:

- Implement an anti-racism training for NASTAD staff and Board
- Team-level commitments to racial justice and equity and how it is operationalized in our work
- Flatten NASTAD's organizational structure
- Increase NASTAD's Black, Indigenous, and other People of Color (BIPOC) and LGBTQIA+ contractors and consultants
- Adopt trauma-informed supervision practices
- Make governance recommendations to the NASTAD Board of Directors

## Collaboratives and Programs

### Minority Leadership Program (MLP)

The 2020-2021 cohort consisted of 16 health department staff members eager to make connections and develop transformational leadership skills. The program was hosted virtually, however, staff were still able to build trust with each other and provide a safe, supportive space. The program participants shared that the program allowed them to self-reflect on their strengths and lean into their overall potential.

### Racial Equity Collaborative for Drug User Health (The Collaborative)

The Collaborative is a program developed by NASTAD and intends to create a supportive space for cross-career stage and cross-sector BIPOC navigating the landscape of governmental, nonprofit, research, and philanthropic fields that support the health of people who use drugs. The 2021-2022 cohort was the first cohort of the program and consisted of 15 participants.



Implement  
integrated  
approaches to  
address HIV,  
hepatitis, STIs,  
harm reduction,  
and the social  
determinants of  
health.

## Center for Innovation and Engagement

The Center for Innovation and Engagement (CIE) is a HRSA SPNS initiative led by NASTAD and is geared towards equipping HIV providers with evidence-informed approaches to better engage and retain PLWH in care. The CIE serves as a culmination of the collaboration between NASTAD, Northwestern University, Howard Brown Health Center, and Impact Marketing + Communications to identify some of the most effective evidence-based and evidence-informed interventions available and transform them into actionable tools, innovative frameworks, and adaptable resources. The website showcases a myriad of innovative intervention how-to-guides that are “ready to replicate,” the process for selecting innovative approaches, and much more. As of October 2021, the CIE website and resources were available in Spanish. Translating these resources into Spanish was one step closer towards ensuring that these ready-to-replicate interventions were available to providers working hard to end health inequities in Latinx communities.

## 2021 EHE Implementation TA Meeting

The three-day EHE Implementation TA Meeting allowed health departments and community leaders the opportunity to receive TA from national TA providers on EHE plan implementation. The theme of this virtual meeting was “Equity, Innovation, and Synergy: Building Connections to End the HIV Epidemic.” NASTAD conducted the TA meeting in partnership with CDC DHAP, HRSA HAB, and national and regional partner organizations.





## Expanding Syringe Services Programs (SSPs) Capacity to Respond to COVID-19

Developing resources, projects, and programs that prioritized the COVID-19 pandemic was an essential tool in strengthening public health systems for HIV and hepatitis, prevention, surveillance, and care. 2021 marked the second year of the pandemic, therefore a need for innovative programming and policies that address COVID-19 were imperative in order to fight HIV/AIDS, viral hepatitis, and intersecting epidemics.

NASTAD and AIDS United were awarded funding to support SSPs and expand their overall capacity to provide COVID-19 services. The one-year demonstration project was part of the COVID-19 response under ARPA in partnership with the CDC's National Center for HIV, Hepatitis, STD, and TB Prevention and the National Center for Injury Prevention and Control. This project aimed to strengthen the capacity of SSPs to serve as access points for COVID-19 services and expanded vaccination services for people who use drugs.

Additional COVID-19 Resources:

- [Expanding Access to Health Care for People Living with HIV and Viral Hepatitis During the COVID-19 Public Health Emergency](#)
- [COVID-19 Vaccine: Guidance for Syringe Services Programs, Health Departments, and People Who Use Drugs](#)
- [COVID-19's Impact on PrEP/PEP and Sexual Health Services](#)
- [Sex and COVID-19](#)



# Strengthen organizational excellence within NASTAD and health departments.

## New Website

NASTAD launched a new version of the website that consisted of an updated visual style, along with some changes that made it easier for users to navigate the website. Some of these changes included:

- Adding an issues tab to allow us to gather blogs, resources, and webinars around a broad set of topics to help you more quickly find what you are looking for.
- Adding an “initiatives” landing page to collect NASTAD projects, such as the Minority Leadership Program and the Hepatitis Technical Assistance Center, in one place.
- Updating the blog into a newsroom that separates news posts, blogs, press releases, and newsletters to make content easier to find and read.





# FINANCIAL REPORT

## FY 2020-2021

REVENUE	AUDIT FINAL
Grants and Contributions	\$11,146,396
Membership Dues	\$1,206,916
Registration Fees	\$94,720
Other	\$1,746
<b>Total Revenue</b>	<b>\$12,449,778</b>

EXPENSES	
Program Services	\$9,607,209
General and Admin	\$1,497,659
Fundraising	\$103,681
<b>Total Expenses</b>	<b>\$11,208,549</b>

