

Bold Investment Reaps Rewards: DIS Supplemental Funding Boosts Workforce Capacity for STI Public Health Programs Nationwide

STD Prevention **SUCCESS STORIES**



Disease Intervention Specialists (DIS) – Community Disease Detectives.

DIS are highly trained public health professionals who conduct outreach in communities to find people diagnosed with reportable diseases, like STIs and HIV. They work to find new cases of a disease—and to prevent new ones from happening. With origins in STI intervention, investigation, and case management, DIS are versatile health care pros. Over time, their skillsets have expanded to include response for a wide range of public health emergencies and outbreaks, from anthrax to COVID-19 to Zika, and also emergency response support after natural disasters such as hurricanes.

Around the country, jurisdictions have revitalized sexually transmitted infection (STI) health care, particularly with the community care and outreach that [*disease intervention specialists \(DIS\)*](#) provide. This enhanced work is thanks to a one-time, three-year infusion of financial support from the [*Disease Intervention Specialists Workforce Development Funding \(DISWDF\)*](#)—part of the American Rescue Plan Act (ARPA) of 2021. ARPA was created to address the COVID-19 public health emergency. It helped deliver funding to jurisdictions for hiring and training of new DIS to address COVID-19 and other infectious diseases, including STIs. An investment of \$200 million per year from FY21 through FY23 was made available to 50 states and seven cities and territories through [*PS19-1901: Strengthening STD Prevention and Control for Health Departments \(STD PCHD\)*](#).

DIS are an essential link in the chain of STI outreach. They connect people directly to treatment and prevention in a variety of ways including on-site services at public health departments, virtual interviews, and face-to-face communication, particularly when providing prevention counseling and contact tracing in surrounding communities. They are often the first line of defense in efforts to stop infectious disease outbreaks. When minimal information exists for contacts of people diagnosed with infections, it is usually resourceful, skilled DIS who connect the dots and provide linkage to care for those sometimes loosely connected networks of people.

\$600 million
awarded for
supplemental
DIS workforce
funding

59
jurisdictions
awarded
funding for
STI programs/
projects

**More than
1,000 people**
hired (including
660 DIS)



Centers for Disease
Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

In the last few years, the continued rise of STIs has placed strains on the resources and human capital of public health departments—many whose DIS workforce numbers were already strained, and who faced even more constraints when DIS working in STI prevention programs were diverted to support the COVID-19 public health response in many states/jurisdictions. The welcome commitment of new one-time funds opened the door to a wide range of opportunities, allowing these programs to raise the bar on the level of STI health care they provide to their communities.

“The significant increase in incidence of STIs over the past eight years threatens the health and wellness of millions of Americans. With these additional financial resources, the Centers for Disease Control and Prevention (CDC) took a bold, but necessary, step to strengthen the DIS workforce so that the U.S. can respond to infectious diseases, and support 21st century disease control and prevention by expanding, training, and sustaining a response-ready DIS workforce,” said Dr. Laura Hinkle Bachmann, Acting Director of CDC’s Division of STD Prevention.

HIRING ADDITIONAL DIS STAFF AND SECURING MORE TRAINING

One of the most impactful benefits to emerge from the DISWDF supplemental funding was the hiring and training of additional DIS staff throughout jurisdictions. Programs used these staffing increases to be more proactive when addressing some of the most pressing issues communities face in everyday STI prevention and treatment.



Between state and county DIS, **Iowa** doubled capacity thanks to the new funding. Three DIS hired in Polk County, the most populous county in the state, have helped lower syphilis incidence by more than 18%. And a newly created STI Epidemiologist position helped enhance and refine syphilis outbreak detection, especially in two counties with high Native American populations, and helped foster a partnership with the Great Plains Tribal Epidemiology Center.



Delaware used the new funding from the DISWDF to build and support a highly responsive DIS team—a dedicated team whose work was officially recognized with a state award for making measurable positive impacts in the community: improving processing times for STI cases and successfully supporting statewide DIS case management.



In **Virginia**, the new funding helped expand staff to include over 31 new DIS positions, six of which are crucial new positions in rural health districts with no previous DIS staff.



California used their DISWDF boost in funds to create new DIS positions at both the local and state level, including new state management positions focused on ensuring adequate, state-wide disease investigation and intervention.



In **New York State**, the new financial flexibility helped establish an embedded DIS model that represents a new and unique level of collaboration and commitment between local health departments and the New York State Department of Health. **“We’re optimistic about what we’ll be able to accomplish with this new method of DIS service delivery,”** said Megan Johnson, Director, Bureau of HIV/STI Field Services, AIDS Institute, New York State Department of Health. **“It’s been a great collaboration with our local health departments, with some growing pains (both internally as we worked through this process and externally with the health departments) but that’s to be expected with anything new – it’s the discomfort of putting ourselves out there that makes innovative programming propel us forward.”**



In **Vermont**, eight new DIS staff hires have helped ensure interviews for all reported HIV and STI cases are now conducted within 48 hours—and new staff coverage was key in the state’s robust response to mpox testing and subsequent lab specimen processing. Another

impactful result of increased funding in Vermont: an innovative new project that cross-trained all DIS to assess for risk factors of HIV and mpox during case interviews for reportable STIs. **“The cross-training of DIS staff hired with the new funding really helped us get a handle on the spread of mpox while conducting ongoing general STI treatment and prevention,”** said Daniel Daltry, an epidemiologist in the Infectious Disease Program of Vermont’s Department of Health. **“We educated all people at risk for mpox and referred them to mpox vaccination, which contributed to vaccination rates in this population of 56% having at least one dose of vaccine and almost half of those people receiving both doses.”**



In **Wisconsin**, additional funding for a Case Coordinator and other DIS positions resulted in care follow-up for patients who might otherwise have slipped through the cracks of STI treatment. In one instance, the Case Coordinator and new DIS were able to find a patient and link them to care and treatment after they were previously dismissed and overlooked by three different health systems—intervention that potentially stopped a patient with syphilis from developing complications of vision and hearing loss and other adverse health outcomes.

EXPANDING DATA PROCESSING CAPABILITIES/INCREASING SURVEILLANCE CAPABILITIES

The continuing rise in STIs over the last few years has signaled a need for more advanced technological tools to help drive infection rates back down. With the new DISWDF funding, most jurisdictions were able to look beyond maintaining status quo operations and invest in innovative processes that would make DIS more effective. Improved data and surveillance capabilities mean that staff can more efficiently identify and address potential outbreaks, directly enhancing their ability to make an impact on the ground.



In **Alaska**, increased data processing capabilities helped the newly expanded DIS team develop

enhanced health communication products and electronic case tracking tools, including a new direct secure messaging protocol with a local tribal entity. And expanded capacity for local support has increased provider access to medications, ensuring replenished supplies for prompt treatment.



Massachusetts focused on improving internal tracking and response systems, which has helped with surveillance and field response efforts, particularly for priority infections such as congenital syphilis. Strengthened partnerships with local pediatrics practices have helped these health care providers increase their knowledge of management of syphilis-exposed infants and led to decreased turnaround time for delivery of follow-up labs to health departments—all ultimately leading to faster diagnosis and treatment.



With the hiring of almost 30 new DIS and supervisors, **New Jersey** expanded STI health care services throughout the state in a number of ways, including expanded gonorrhea surveillance to three counties, dedicated teams for hepatitis C and hepatitis B case investigations, new HIV testing capabilities in local STI clinics, enhanced congenital syphilis surveillance, and increased capacity for HIV partner services. Overall, the new funding has allowed for more thorough case investigations and more manageable caseloads statewide.

EXPANDING TESTING/SCREENING CAPABILITIES



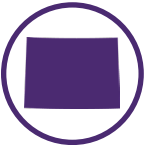
Boosting the DIS workforce in many jurisdictions led to expanded and more effective programs.

Georgia, which has one of the highest rates of congenital syphilis (CS) rates in the country, was able to hire a CS Specialist to focus solely on CS case reviews and follow-ups. DIS staff can now give more attention to training, testing, and direct community outreach.



Los Angeles County, California, which added 35 positions, began actively modernizing disease investigation activities for HIV, other STIs, and other communicable

diseases such as COVID 19, mpox, and tuberculosis. This included updating electronic equipment and data tracking systems, identifying and following up on positive tests more quickly, using a rapid entry to care approach, and clearing case backlogs.



Colorado saw growth in capacity thanks to the supplemental DISWDF funding that directly benefits outbreak response and ongoing STI prevention and treatment throughout

the state. New positions focused on syphilis case management have helped raise the rate for syphilis screening of pregnant people to 58%, allowing the case team to initiate and reassign cases to DIS with increased urgency and focus.



Montana used the new funding opportunity to support travel costs throughout a geographically large, rural state to areas experiencing syphilis outbreaks—providing needed

technical assistance and support. On a recent trip, the Project Director provided outreach to an area with high rates of syphilis and congenital syphilis by meeting with officials, assisting in a screening event, and learning more about the challenges experienced with case investigation and intervention.

MAKING STRIDES IN EQUITY AND DIVERSITY

The supplemental funding also helped jurisdictions emphasize and reinforce commitments to equity and diversity in a variety of impactful ways, including:

- Alaska – delivering health equity training for staff and essential in-person networking and information exchange at conferences;
- California – increasing efforts to hire a more diverse and inclusive workforce;

- Colorado – expanding testing in local county jails, schools, mobile test sites, shelters, and community outreach events, as well as enhancing syringe access programs;
- Georgia – expanding active recruitment of diverse DIS workforce in underserved health districts;
- Idaho – expanding DIS work in correctional facilities;
- Iowa – increasing the number of bilingual (Spanish and English) DIS;
- Louisiana – hiring a DIS workforce that reflects impacted populations;
- Montana – investing in a new state-wide collaborative learning environment covering topics such as public health law, STIs, and tuberculosis that helps highlight and discuss cultural impacts, particularly within tribal communities;
- Rhode Island – reinforcing continuity of care of inmates being released from the Adult Corrections Institute who require ongoing hepatitis C treatment;
- Vermont – ensuring diversity in DIS staff reflect community make-up throughout the state; and
- Wisconsin – training and deploying DIS who reflect the communities they serve.

“Using the Project ECHO “all teach, all learn” approach has been instrumental in providing workforce development to DIS and public health nurses in our 59 jurisdictions



across Montana. This strategy, with the new infusion of funds, has allowed us to meet people where they are and create a diverse learning community without the need to travel to attend training,” said Kristi Aklestad, the HIV/STD Section Supervisor in Montana’s Communicable Disease Control and Prevention Bureau. “Participants are encouraged to share their experiences, provide feedback to assist others, and learn from each other in addition to subject matter experts. In this open learning environment, the opportunities for collaboration across cultures continue to grow.”

CREATING AND REINFORCING PARTNERSHIPS

At the heart of many of the latest successful endeavors for most jurisdictions, thanks to the new DISWDF funding opportunity, has been the creation and expansion of partnerships. Additional DIS staff have made closer work with community and other partners possible.



Idaho’s newly expanded STI workforce, which includes state level and PhD positions, proved integral in helping address recent mpox and syphilis outbreaks and other STI

health care outreach—a direct result of working with community partner sites such as federally qualified health centers and other community-based organizations. Expanded DIS workforce coverage also helped pave the way for the creation of education and training partnerships with state universities. Having adequate DIS coverage over such a large geographic area is challenging, but bringing on nine new DIS has helped build and stabilize capacity statewide—ensuring outreach to areas with previously limited access to resources and health care.



Wisconsin was able to create and build on partnerships with the Northern Wisconsin Native American Tribes by recruiting from, training, and placing two DIS directly back into the tribal community—equipping trusted tribal members with the tools and resources needed to perform disease intervention in a

region with rising syphilis cases. “This new partnership expansion has been instrumental in supporting tribal health,” said Valerie Hugo, Tribal DIS, Lac Courte Oreilles. “I appreciate having the opportunity to help all Wisconsin tribal people/communities get the testing and treatments they need to stay healthy. The new funds helped make it possible, and I get such positive feedback about it when talking with fellow Native persons.”



In **Rhode Island**, a new partnership has emerged that provides a reliable foundation for enhanced, impactful partner services. The Rhode Island Department of Health (RIDOH) collaborated with Brown University School of Public Health to conduct a community assessment to improve partner services using surveys and focus groups of sexually active men who have sex with other men (MSM), a priority population for STI prevention and treatment outreach. The assessment has helped determine how current approaches can be improved to increase engagement in partner services and how technology and other novel approaches can be integrated into current systems. “**The social scientists at Brown University are helping us explore ways to re-think how we conduct partner services to reach MSM and achieve health equity,**” said Thomas Bertrand, Chief of the RIDOH Center for HIV, Hepatitis, STD, and TB Epidemiology. “**Rather than label MSM as a “hard to reach” group, we are identifying ways to ensure that our services meet their needs.**”



Colorado was able to increase state and local capacity to respond to outbreaks while simultaneously enhancing partnerships. A newly hired Outbreak Response Coordinator and a Substance Use Health Coordinator have both proved instrumental in responding to an ongoing hepatitis C outbreak investigation at a state correctional facility, enabling the hepatitis surveillance team to respond quicker. And for the first time, the public health department is engaging with Colorado tribal leadership to offer support in addressing HIV and STI concerns within two tribal communities. Once completed, a new community needs assessment will offer



guidance in creating HIV/STI prevention and care strategies that directly impact local tribal community members in both clinical and outreach capacities. **“The new funding allowed us to hire staff instrumental in putting our approach to addressing co-occurring health conditions throughout the state into action,”** said Lacy

Mulleavey, Drug User Health Coordinator of the Office of STI, HIV, and Viral Hepatitis (VH) in the Colorado Department of Public Health and Environment.

“Colorado, like many other states nationwide, has seen a concerning increase in STI/HIV/VH and is currently working on various prevention and control strategies that meet our Office commitment to make services for these co-occurring infections accessible statewide. With the supplemental funds, we were able to increase focus on crucial client contact

tracing, partner notification, testing, treatment referrals, and linkage to care services as a core function of disease prevention and response by funding positions that enhance and expand critical programs, partnerships, and other activities.”

INVESTING IN THE FUTURE

Public health threats like infectious disease outbreaks and natural disasters continue to emerge, and the best defense relies in great part on the research, investigation, and outreach that dedicated public health professionals such as DIS provide. Supporting their increasing, ongoing efforts to keep our communities healthy and safe will require a sustained commitment to supplying and replenishing the resources they need to carry out their essential work. The multitude of accomplishments and gains achieved in STI treatment and prevention throughout CDC jurisdictions in the last several years with support from the DISWDF shows the promise of what could be accomplished in the future if such focused commitment and resources were to continue.



Learn MORE at [cdc.gov/std](https://www.cdc.gov/std)

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