

Adhoc Workgroup on Sustaining the Capacity of US-Mexico Border Community Health Centers to Provide HIV Care and Services

The original Border SPNS application guidance contained language indicating that Bureau of Primary Care (BPHC) dollars used to support the initiative would likely be continued if the participating CHCs were successful in implementing their proposed models of care (or words to that effect - I will research the exact language).

At our January grantee meeting we learned that because of changing federal priorities, these dollars might not be available to the CHCs after SPNS. The CHCs participating in the border initiative have spent significant effort developing and evaluating their border HIV program demonstrations. These should be considered foundations around which future CHC capacity to provide HIV care to underserved border populations can be developed.

In view of this possibility, we engaged in a discussion about what we could do to advocate for continued BPHC support of border CHCs after SPNS.

The following list is a crude first attempt to identify possible ideas/strategies that might be of assistance in developing our arguments for continued BPHC support of the border CHCs.

- President Bush's Health Centers Initiative to help more Americans gain access to quality health care. Expansion of community health centers is a centerpiece of Bush administration plans for expanding access to care and might be a means to argue for maintenance of the dollars. Someone noted that there was preferential language for border CHCs. Perhaps the CHCs could seek "maintenance funding" under this initiative. New proposals are due by the end of April.
- We could approach BPHC formally about this issue and see what – if anything – could be done to retain the current level (\$600,000) of support for the CHCs.
- The projects have one of the best (if not the best) data sets on HIV along the border.
- In developing and implementing our interventions, we have also learned a great deal about the challenges faced by CHCs trying to deliver HIV care, i.e. tremendous burdens faced by physicians, workforce issues, etc.
- We could proceed with development of a policy paper/brief to educate important stakeholders about the demonstrations and the lessons learned (politicians, Border Task Forces, etc) and to seek their support for continued BPHC funding.
 - The brief would describe the projects, the populations, and current activities
 - Describe successes, barriers, and lessons
- There is always Title Ryan White Title III (hopefully) although it seems that in low sero-prevalence areas like the border efforts should be made to integrate care within existing health delivery systems if possible.

It seems a tremendous waste to allow the HIV care capacity developed to date within the border CHCs to erode because we did not make an effort to keep what has been developed sustained through resources that appear to be currently present within the BPHC. What is \$600,000 in a \$1.3 billion annual program? It seems a good public health investment.