



## **ASTHO's Perspective on HRSA Transition Priorities**

### **Recognizing Governmental Public Health as a Key Constituent**

#### **What is the Issue?**

There is a need to strengthen the relationship between governmental public health and HRSA

#### **What Specifically Can HRSA Do To Resolve This Issue?**

Increase governmental public health participation in HRSA committees, deliberations, and activities (there are many activities where HRSA staff never engage our members). Governmental Public Health and HRSA can both gain from increased collaboration. Emphasize with HRSA leadership that state and local health department are key constituents.

### **Workforce**

#### **What is the Issue?**

Governmental public health workforce is graying; Retirement rates are projected at 56% in some public health agencies by 2012

#### **What Specifically Can HRSA Do To Resolve This Issue?**

Provide at least \$10 million in funding for the Public Health Loan Repayment program in Section 3381 of the Public Health Service Act (42 U.S.C. 254q-1) (See Public Health Workforce Fact Sheet)

Establish a public health workforce scholarship program to encourage public health professionals to enter governmental public health

### **Maternal and Child Health**

#### **Block Grant**

#### **What is the Issue?**

There is a need for increased MCH block grant funding. The 2007 reduction (from \$731 million to \$666 million) in the block grant threatens the progress states have made in improving the health of mothers, children and families, and will require cutbacks in needed services and systems at the state and local level. Improvements in reducing infant mortality have stalled; racial and ethnic disparities persist; maternal mortality rates have not improved.

#### **What Specifically Can HRSA Do To Resolve This Issue?**

Increase funding for MCH block grant.

#### **Newborn Screening**

#### **What is the Issue?**

Currently, HRSA's emphasis is on actually screening. There is no adequate system for long-term follow up.

#### **What Specifically Can HRSA Do To Resolve This Issue?**

HRSA can support states in developing systems for communicating with, tracking, and providing services to children who have been identified as having a health issue.



### **Ryan White Part B (State-Territories Funding)**

#### **What is the Issue?**

Funding has not kept up with the cost of treatment as there are now more drugs available now than program inception. However, funding for services has not been as badly hurt as funding for HIV/AIDS prevention where they have seen very significant cuts (\$30 million).

#### **What Specifically Can HRSA Do to Resolve This Issues?**

HRSA can increase funding to the states to help cover the costs of HIV/AIDS prevention.

### **Ensuring Access to Vaccines for Underinsured Children**

#### **What is the Issue?**

A child's eligibility to receive VFC vaccine should not be based on where they are getting vaccinated (whether in a FQHC, RHC or public health clinic). A limited number of health departments have arrangements with federally qualified health centers (FQHC) and rural health clinics (RHC) in their states that allow them to immunize underinsured children with VFC vaccine.

#### **What Specifically Can HRSA Do To Resolve This Issue?**

Support Public Health Agencies' rights to immunize underinsured children with VFC vaccines. Sen. Kennedy and Reps. Waxman and Roybal-Allard introduced legislation in the 110th congress to expand VFC eligibility requirements and enable underinsured children to receive VFC vaccine at public clinics. The legislation is supported by the 6 vaccine manufacturers, the National Association of Community Health Centers, and many other national organizations.

### **Relationship between Primary Care Offices (PCOs) and Primary Care Associations (PCAs)**

#### **What is the Issue?**

The PCOs and PCAs are now under the jurisdiction of two separate bureaus, the Bureau of Health Professions and Bureau of Primary Health Care (BPHC), respectively.

#### **What Specifically Can HRSA Do To Resolve This Issue?**

Re-link Primary Care Offices and Primary Care Associations to assure greater coordination an strategic alliance.

### **Integrated Public Health and Clinical Health Information Systems**

#### **What is the Issue?**

FQHCs and health departments are developing separate health information systems while serving overlapping populations.

#### **What Specifically Can HRSA Do To Resolve This Issue?**

Lead in the integration of personal health records and public health information systems to assure coordination in care and service to the populations.