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Public Health  
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*Protect, Prevent, Live Well*

To: Claude Earl Fox  
From: Georges Benjamin, Executive Director, American Public Health Association  
Date: November 26, 2008  
Subject: APHA priorities for HRSA transition

On behalf of the American Public Health Association (APHA), I would like to thank you for your efforts to improve the Health Resources and Services Administration (HRSA) which provides a health safety net for medically underserved individuals and families across the country. We are strong partners in supporting HRSA's historic commitment to enhancing the health resources, workforce and infrastructure that lay the foundation for health care delivery across the country. However, much more is needed for the agency to reach its ultimate goal of achieving 100 percent access to health care and eliminating health disparities. As you work to assist in the transition of HRSA into the new Obama-Biden administration, we urge you to:

**Strengthen leadership.** The coming year poses many new challenges in providing needed health services to the nation's most vulnerable citizens and responding to new public health crises. A stronger leadership at HRSA is necessary to address a growing demand for its programs, fight for additional resources and adapt to a changing health system. HRSA's leadership must also strengthen its many linkages and partnerships with other federal agencies and national, state and local organizations and work together to improve data sharing and coordination.

**Expand the primary care and public health workforce.** The programs under the Bureau of Health Professions are an essential component of America's health safety net, bringing health care providers to underserved communities and filling the gaps in the health professions supply not met by traditional market forces. The programs under Title VII and VIII of the Public Health Service Act work in concert with the Health Centers Program and the National Health Service Corps to strengthen the health safety net by enhancing the supply, distribution and diversity of the health professions workforce. They are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of underserved populations and increase minority representation in the health professions workforce. Through loans, scholarships, and grants to academic institutions and non-profit organizations, these programs provide support for the training of primary care physicians, nurses, dentists, physician assistants, advanced practice nurses, public health personnel, psychologists, pharmacists, healthcare educators, and other allied health providers. These programs address and reduce provider shortages in rural, medically underserved, and federally designated health professions shortage areas. We urge HRSA to support increased funding for the Health Professions Programs in order to fortify the pipeline of new providers that Health Centers and other safety-net health facilities need to meet the long-term needs of underserved communities. We also urge HRSA to prioritize expanding programs that recruitment underrepresented minorities and students of disadvantaged backgrounds into the health professions, which will reduce health disparities.

**Increase our commitment to HIV/AIDS prevention and care.** The HIV/AIDS Bureau, which administers the Ryan White HIV/AIDS Program provides the largest single source of federal discretionary funding for HIV/AIDS health care for more than half a million low-income, uninsured and underinsured Americans. However, funding for the program has been insufficient to meet a growing demand of people seeking care and stagnant funding is diminishing the availability of services to persons living with



HIV/AIDS. State, local and public health clinics' HIV/AIDS programs stretch already thin budgets to treat existing clients while trying to provide care and treatment to those newly diagnosed as HIV-positive. We urge HRSA to assist the incoming administration to develop a national HIV/AIDS strategy with clear and achievable goals from which budget and funding decisions can be based. This strategy should include efforts to expand the reach and scope of the Ryan White HIV/AIDS Program to more people living with HIV/AIDS, particularly populations and communities that have been disproportionately impacted by the HIV/AIDS epidemic.

In addition, we recommend an expansion of the AIDS Drug Assistance Programs (ADAP) that provides life-sustaining treatment to 159,000 people living with HIV/AIDS. ADAP grows by 386 new clients per month. Without significant resource increases, States are expected to have to institute additional cost-containment measures such as waiting lists, reduced formularies, increased cost-sharing for ADAP clients, and lowered eligibility requirements for enrollment.

**Continue to expand community health centers.** The Health Centers Program, administered by the Bureau of Primary Care, supports over 1,000 grantees that provide primary healthcare services to an estimated 17.1 million medically underserved and low-income patients. HRSA primary care centers include community health centers, migrant health centers, health care for the homeless programs, public housing primary care programs, and school-based health centers. Health centers provide access to high-quality, family-oriented, culturally and linguistically competent primary care and preventive services, including mental and behavioral health, vision, and dental services. Forty percent of health center patients are uninsured, 64 percent are from racial and ethnic minority groups, and over 92 percent live below 200 percent of the Federal poverty level. While recent growth in the health centers program has been substantial, a significant need remains in underserved communities across the country. We strongly encourage HRSA to continue its support of existing health centers and efforts to expand the reach and scope of the Health Centers Program into new communities.

**Ensure HRSA's role in health reform.** With health system reform a top priority for the incoming administration and many members of Congress, we urge you to consider HRSA's role in ensuring that the vulnerable populations HRSA serves transition smoothly into a new health system. HRSA programs must develop strategies to make certain that current beneficiaries receive uninterrupted, quality care. This could involve helping beneficiaries enroll in insurance programs, find primary care and specialty physicians, and learn how to effectively communicate in and navigate a new health system. By supporting, planning for and adapting to change, we can build on the successes of the past and tailor our strategy to fill the new gaps that emerge as a result of health system reform.

Please know that APHA staff stands ready to assist you in any way possible to achieve these and other important goals. Feel free to contact me or my staff:

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