

## **MINORITY REPORT:**

The above formula and weighting represents a compromise. While most members of CLHO-HIV supported a weighting of 55-30-15 for the respective elements of the formula, others argued to apply a weighting of 50-30-20 to acknowledge the importance of high risk testing as a vehicle for preventing new positives through targeted prevention and risk reduction education.

It should be noted, however, that while CLHO-HIV's deliberation and compromise culminated in the majority opinion described above, the minority expressed concern about the negative impact of all of the proposed funding scenarios on the capacity of some counties to continue to do prevention work, most notably counties in Southern Oregon. In brief, the funding scenarios considered by CLHO-HIV would severely limit Southern Oregon's capacity to respond to CDC's overarching mandate to prevent new infections.

The proposed funding scenario would result in a 47% decrease to Josephine County, a 52% decrease to Douglas County, a 100% decrease to Curry County, and a 95% increase to Coos County. Overall, these three counties will expect a total decrease of 41.4%. Moreover, cuts to Jackson County (26% decrease) and Lane County (14% decrease) will further reduce the capacity of the Southern Oregon region to find new positives and prevent new infections.

A funding reduction of this magnitude will result in a huge deficit in funding available to the HIV Resource Center (HRC). Located in Douglas County, the HRC is the only ASO remaining in rural Southern Oregon. The HRC conducts the vast majority of high-risk testing in Douglas, Josephine, Coos, and Curry Counties, and is a major source of incidence and prevalence data for a geographic area encompassing over 9,900 square miles and two population centers along the I-5 corridor (Roseburg and Grants Pass). The lower incidence of HIV in this area, in fact, may be directly attributable to the excellent prevention work being done by the HRC.

Over a quarter million people live in this four county area of Southern Oregon – many of whom are members of high-risk populations. More than 150 people (estimated to be 25% higher by CDC) are reported

to be infected with HIV/AIDS. The proposed funding formula has the potential to undo advances made in reducing the incidence of HIV and will result in the inability of some counties to meet the stated goals of HIV Prevention in Oregon, i.e., to avert new infections, find new positives, increase the knowledge of serostatus, raise awareness, build and maintain capacity.

The minority would support a decision by the CLHO Executive Committee to carry the current funding formula forward for FY 2006/2007 and to request the assistance of the CLHO Formula Committee in assessing HIV Prevention funding formula options and opportunities.