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Track 5: Our Challenges

Title: “Merge, grow, or —we’re here to stay!”: Women-focused CBOs and ASOs Continuing to Thrive Post-Healthcare Reform

OBJECTIVES: The enactment of the Patient Protection and Affordable Care Act (ACA) has many benefits for people living with HIV: it expands health insurance coverage to more individuals, makes insurance coverage more affordable through subsidies, and protects those living with chronic conditions by prohibiting refusals of insurance coverage based on a pre-existing condition. However, while beneficial, this healthcare reform can dramatically change the operational landscape for community based organizations (CBOs) and AIDS service organizations (ASOs). Of particular concern, the grant funding that has enabled these organizations to provide support services to people living with HIV may change, as more individuals qualify for and are enrolled in health insurance plans. The saying “merge, grow, or go” encompasses the changing reality for many woman-focused CBOs and ASOs. This workshop will feature a panel discussion focused on the experiences of The Women’s Collective and other CBOs and ASOs navigating this transition as a way to open up a dialogue regarding best practices for woman-focused CBOs and ASOs.

METHODS: A panel discussion will share the experience of women-focused CBOs and ASOs navigating the transition to the new healthcare landscape. Those organizations that will be invited to participate will have already successfully undertaken this process, or are currently going through the process. Experiences shared on the panel will include TWC, where an environmental scan was conducted, including a SWOT analysis and an organizational analysis. The data collection and analysis was used to inform strategic planning, led by TWC’s Board of Directors. Staff and clients were also provided the results of the analysis.

RESULTS: TWC’s environmental scan was used to produce suggestions for change and strategic sustainability options. These options were wide-ranging, including expansions to our services, client base, and internal systems. These suggestions will guide our strategic planning as we move forward, in an effort to continue to grow.

In addition to this environmental scan, TWC produced a brief which shares specific recommendations, action steps, and areas for advocacy women-focused CBOs may adopt in the new healthcare landscape. Specific action steps proposed include expanding into new services, such as applying for navigator grants to support clients who are enrolling in healthcare through the exchange. Other suggestions include leveraging the support services CBOs and ASOs already do well. For example, documenting an organization’s “value-added” can facilitate partnerships between CBOs/ASOs and medical providers. Services provided by CBOs and ASOs that support retention in care, for instance, can be a valuable partnership for medical services providers, if they reduce healthcare costs or improve healthcare outcomes.

CONCLUSIONS: While operations or funding may change for CBOs and ASOs in light of healthcare reform, it does not mean that these organizations must “go”. CBOs and ASOs provide crucial support services that can enable women living with HIV to access and remain in care. Through strategic planning and expanding the scope of work for CBOs and ASOs, these organizations can continue to grow and provide the women-centered care and support services we know to be effective.