PARTICIPATION OF MINORITY PROVIDERS IN SERVICES FUNDED BY THE RYAN WHITE CARE ACT: *KEY FINDINGS*

Positive Outcomes, Inc.

117 Jordan Taylor Lane ✵ Harwood MD 20776

(443) 203-0305 (T) ✵ (443) 203-2306 (F)

www.positiveoutcomes.net

julia.hidalgo@positiveoutcomes.net

Positive Outcomes INC.

Summary of Methods Used

- CARE Act grantees were asked to voluntarily submit list of contractors and FFS providers
- The lists were unduplicated
- Due to time constraints in Wave 1, Title III contractors were not identified
- Instruments developed in collaboration with HAB staff
- Funding sources and organizational data were validated to the fullest extent possible
- Two waives of voluntary fax consultations were undertaken with CARE Act providers: FY 1999-2000 and FY 2000-2001
- Response rates: Wave 1 (n=2,691, RR=51%) and Wave 2 (n=3,242, RR=58%)

Positive Outcomes INC.

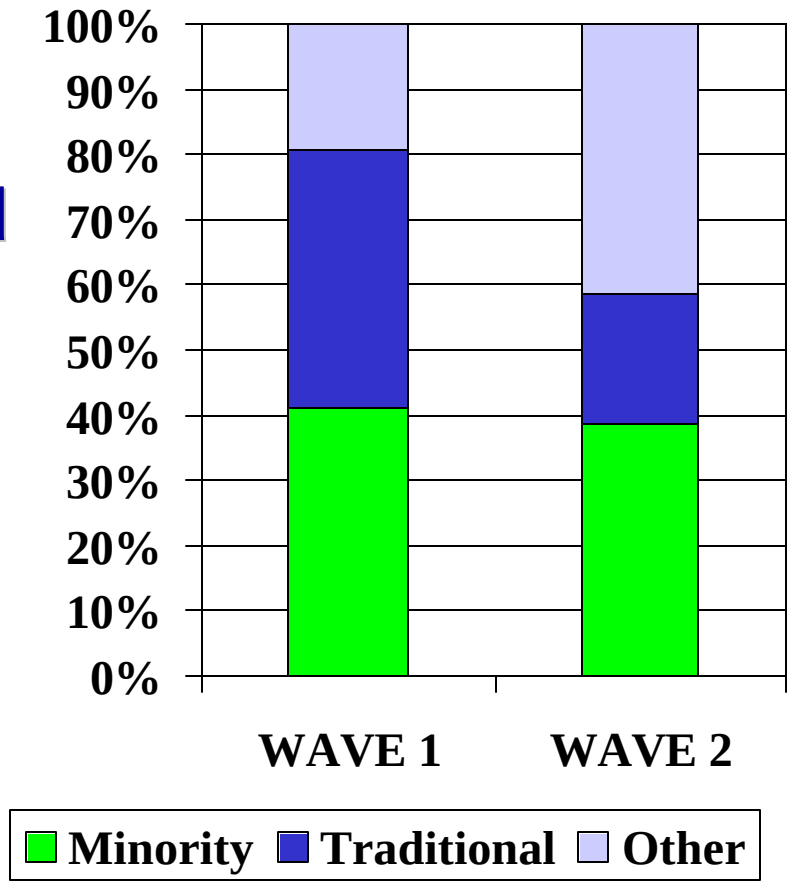
MINORITY PROVIDERS: A Working Definition

- Agencies in which racial/ethnic minority members make up ≥ 51% of the board members of public or not-for-profit organizations
- Racial/ethnic minority individuals make up ≥ 51% of direct service staff
- Individual providers (e.g., office-based clinicians) who are members of racial/ethnic minority group members

Positive Outcomes INC.

Three Comparison Groups Were Studied

- Minority providers
- "Traditional providers" that report that they have historically served minority patients or clients but do not meet the minority provider criteria
- "Other providers" that do not meet the minority or traditional provider criteria

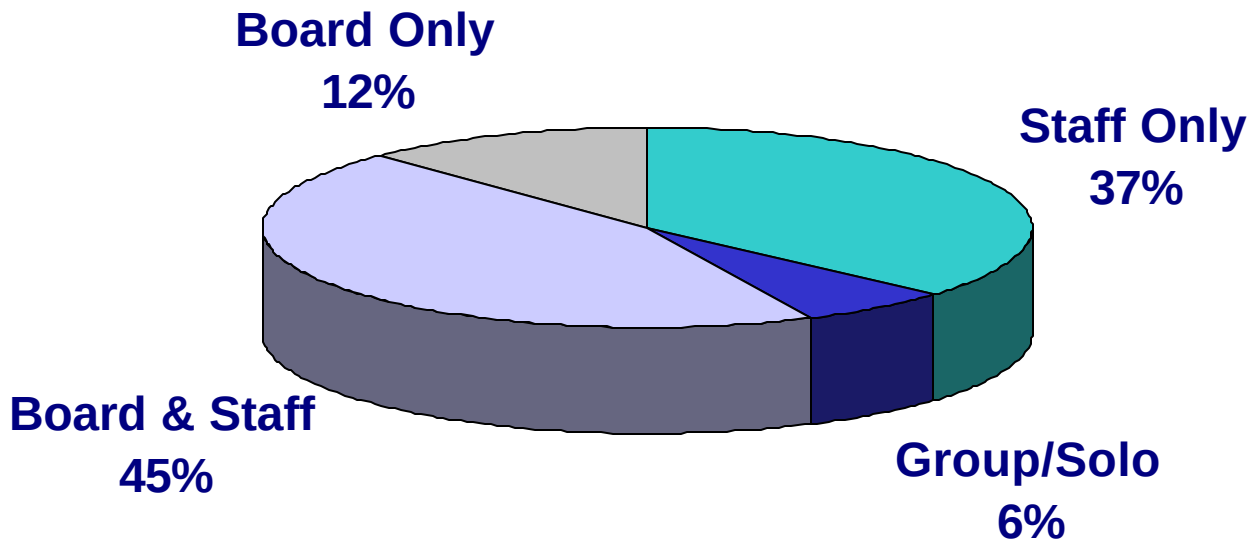


Positive Outcomes INC.

SUMMARY OF FINDINGS FROM THE WAVE 2 CONSULTATION

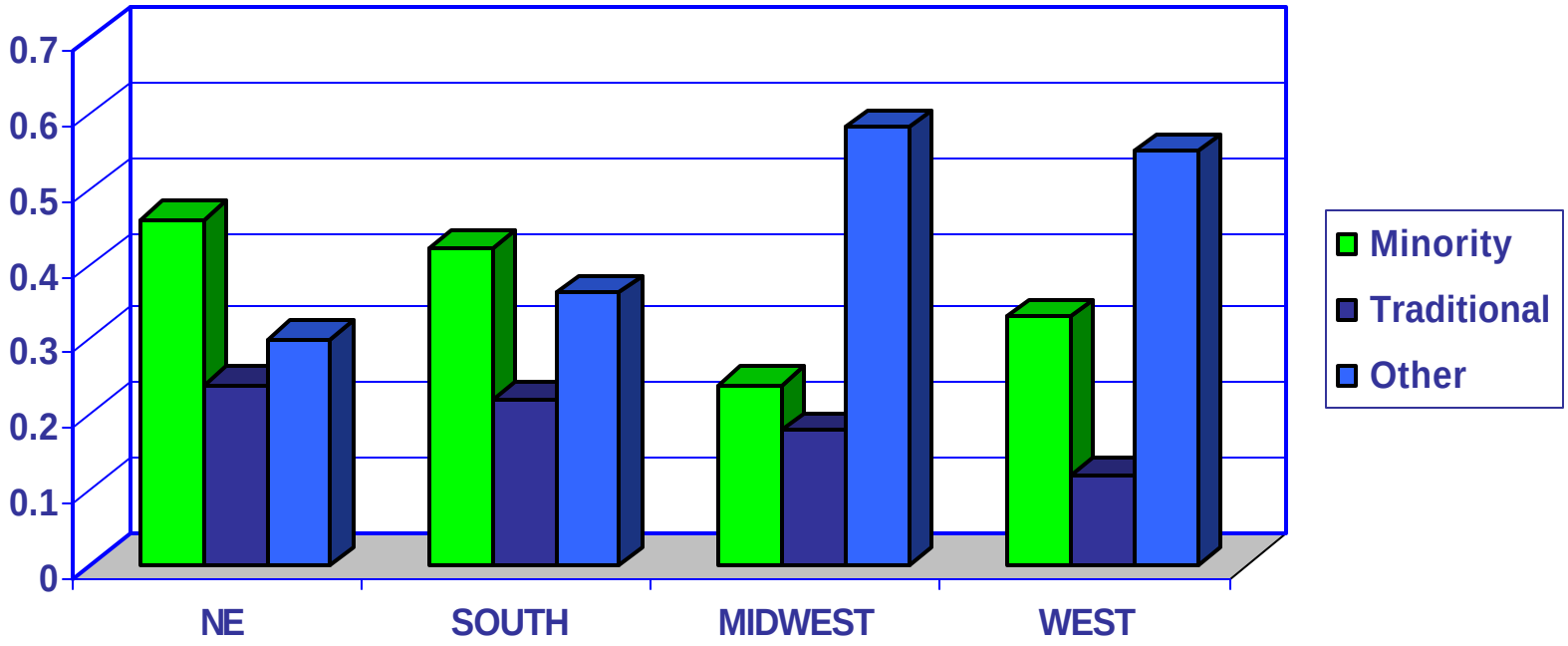
Positive Outcomes INC.

How Providers Meet The Minority Provider Definition



Positive Outcomes INC.

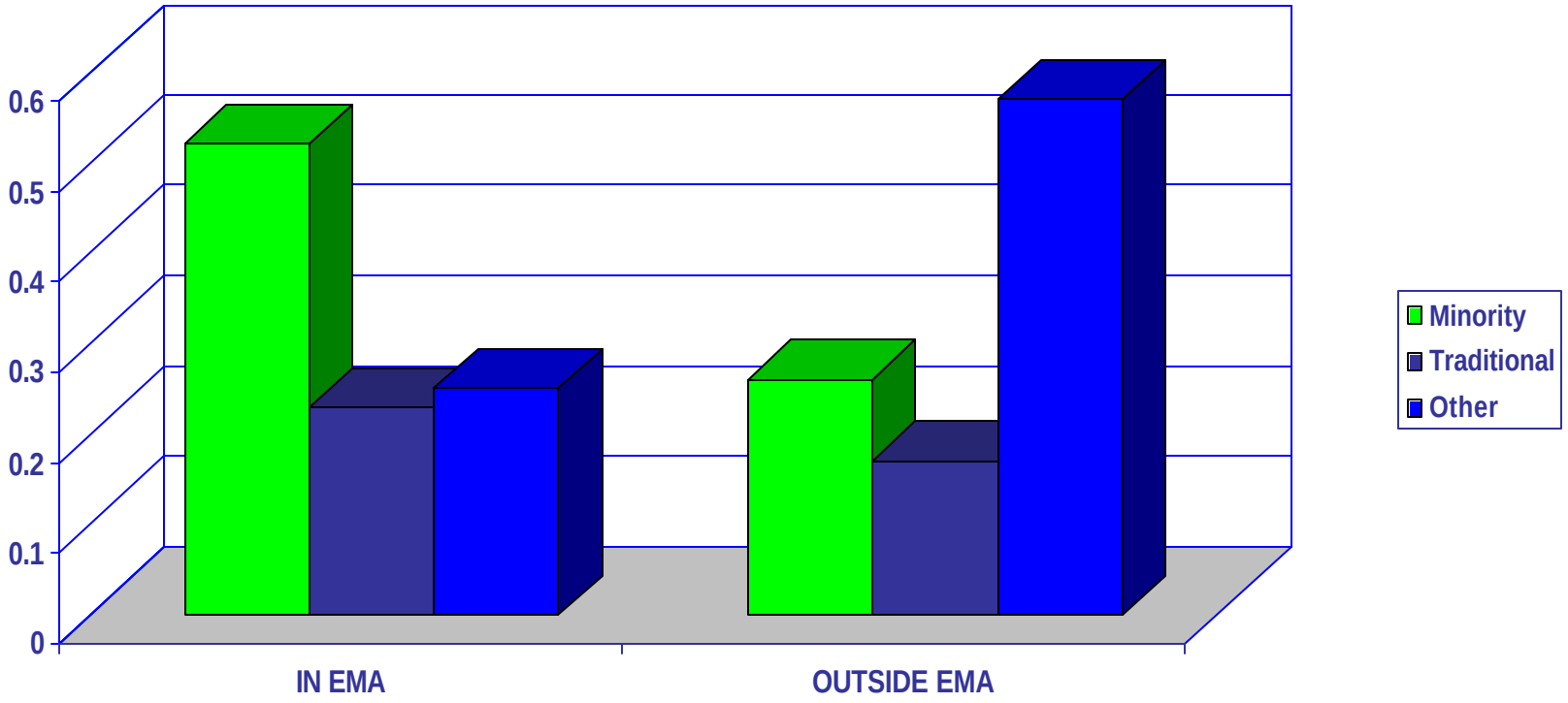
Significant geographic differences were identified in the proportion of CARE Act providers that meet the minority provider criteria



Southern agencies are 2.3 times more likely than Midwestern agencies to be minority providers

Positive Outcomes INC.

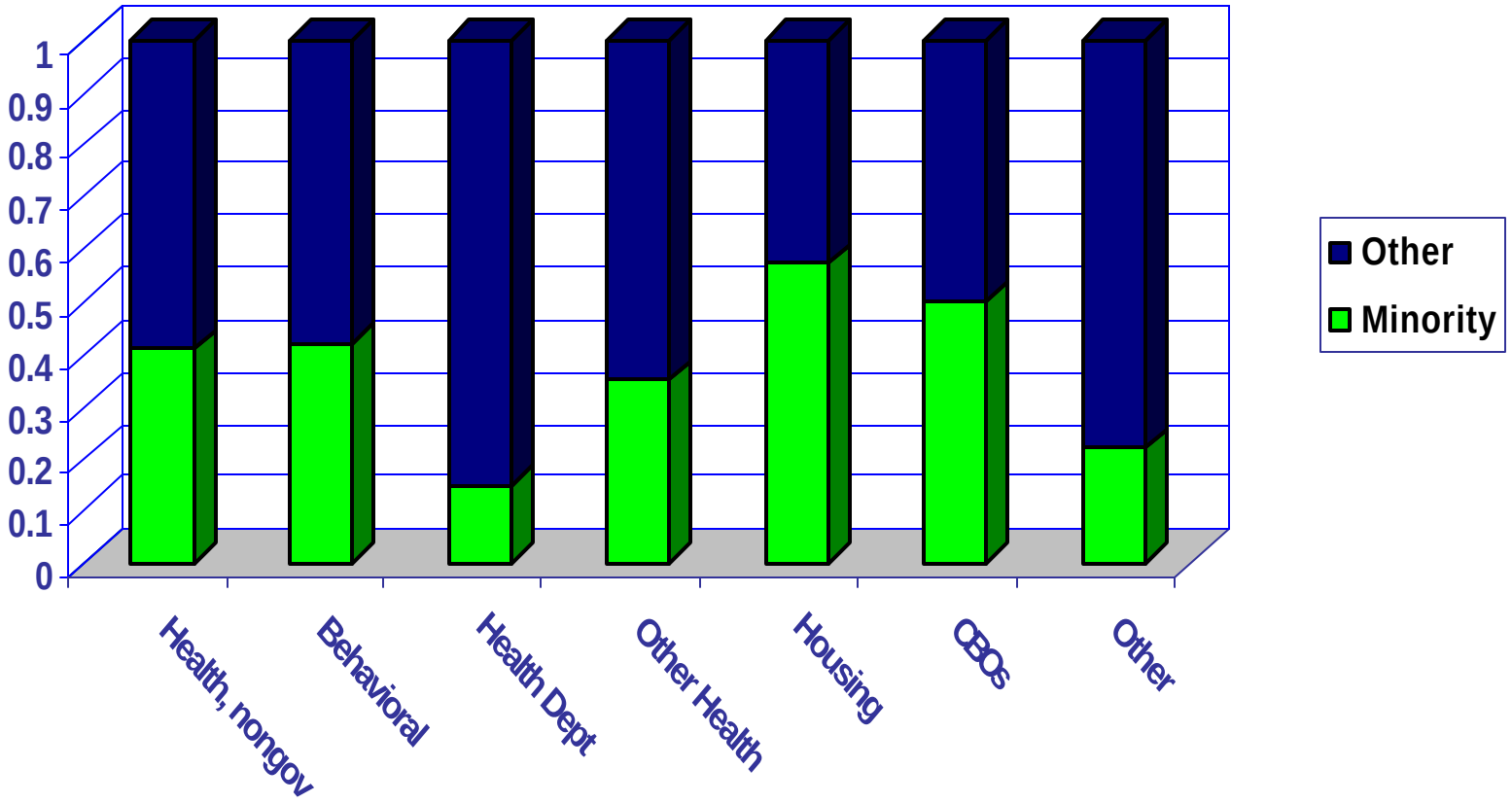
Minority providers tend to be more likely to be located in a Title I EMA than elsewhere



About three-quarters of minority providers are located in EMAs

Positive Outcomes INC.

Minority providers operate in a variety of organizational settings



Positive Outcomes INC.

Organizational setting is associated with the likelihood of being a minority provider

- Non-government health agencies including hospitals, hospital-based clinics, CHCs, or office-based solo or group practices are 4.2 times more likely than health departments to be a minority provider.
- CBOs are 5.9 times more likely than health departments to be a minority provider.
- Non-government health agencies in EMAs are 3.6 times more likely than health departments to be a minority provider.
- CBOs in EMAs are 5.0 times more likely than health departments to be a minority provider.

Positive Outcomes INC.

The minority provider criteria that agencies meet are associated with their organizational setting

- About one-half of minority CBOs, behavioral health agencies, non-governmental health agencies, and housing programs meet the minority provider criteria based on their boards *and* staff.
- About three-quarters of minority HIV providers located in health departments meet the criteria based on their staffing alone.

Positive Outcomes INC.

CARE Act providers offer a wide array of services that are supported by the CARE Act and other payers

- Minority providers make up 40% of agencies providing clinical services, 45% of case management agencies, and 30% of psychosocial agencies.
- Minority providers are more likely than their counterparts to provide core HIV services: case management, child day care, drug treatment, health education and risk reduction, treatment adherence counseling, HIV counseling and testing, outreach, HIV prevention, support groups, and transportation.
- Minority providers also are more likely than their counterparts to provide other support services including: referrals to clinical trials, developmental assessment, housing assistance, vocational services, advocacy, translation services, and complementary services.

The services provided by an agency are linked to being a minority provider

- Case management agencies are 1.5 times more likely to be minority providers than psychosocial support agencies.
- Psychosocial support agencies are 0.6 times less likely to be minority providers than clinical and case management agencies.
- Case management agencies in EMAs are 1.9 times more likely to be a minority provider than psychosocial support agencies.
- Psychosocial support agencies in EMAs are 0.5 times less likely to be minority providers than clinical and case management agencies.

Positive Outcomes INC.

HIV agencies commonly manage multiple CARE Act funding streams

- 40% of agencies in EMA report receiving funds from two or more titles of the CARE Act, compared to 12% of agencies outside of EMAs.
- In EMAs, 60% of agencies report that Title I is their only source of CARE Act funds. Outside of EMAs, 67% of agencies report that Title II is their only source.
- Minority providers outside of EMAs are more likely to receive funds from more than one title of the CARE Act; they are more likely than their counterparts to receive Titles III or IV funds.

The types of services provided are related to revenue sources

- Agencies receiving Title II are 0.4 times less likely to be a minority provider than agencies receiving Title I funds.
- Agencies receiving private fee-for-service insurance are 0.4 times less likely to be a minority provider than agencies receiving Title I.
- Agencies receiving CDC counseling and testing funds are 0.6 times less likely than agencies receiving Title I to be a minority provider. Agencies receiving other state or local funding are 0.6 times less likely than agencies receiving Title I to be a minority provider.

CARE Act providers tend to report that funding and staffing are inadequate

- 63% report that they do not have enough funding to meet the *current* needs of their clients.
- 47% report that they do not have enough direct service staff to meet their clients' needs.
- Minority providers are more likely than non-minority providers to respond that their program does not have enough:
  - Direct service staff (55% versus 41%)
  - Non-direct service staff (53% versus 38%)
  - Physical capacity (51% versus 38%)
  - Non-personnel resources (50% versus 35%)
  - Funding for their HIV program (70% versus 58%).

Positive Outcomes INC.

The most frequently identified unmet needs do not vary significantly between minority and non-minority providers

- Among agencies needing direct service staff, case managers, nurses, and doctors are the most commonly needed.
- Clerical, support, and data entry personnel are the most commonly needed non-direct service staff.
- Office space, storage space, and interview/counseling space are the most common unmet physical capacity requirements.
- Computers, printers, and software are the most commonly needed non-personnel resources.
- Funding for direct services, operations, and more staff are the most common funding needs.

Positive Outcomes INC.

Participation in HIV planning activities is somewhat associated with being a minority provider

- Participation rates of minority providers vary by type of planning body
  - Minority providers are more likely than their counterparts to participate in state HIV/AIDS prevention planning groups, HIV housing planning groups, and HIV/AIDS public hearings.
  - Minority providers are less likely to participate in Title II consortia than their counterparts.
  - In EMAs, minority provider status is not associated with participation in Planning Councils.
  - Outside EMAs, minority providers are less likely to participate in consortia than other providers.

Minority and non-minority providers tend to rate their staff skills as high in several technical areas

- No significant differences in most technical areas were found between the self-rating of minority providers and their counterparts.
- Both groups tend to rate their skills as great or good.
- However, minority providers are more likely than non-minority providers to indicate a need for TA for all the skills and abilities listed except developing linkages with other HIV organizations in their community and finding out the health care and support service needs of people living with HIV who are not being served.

OTHER BRIEFING PAPERS

PLANNED

- Technical assistance and training needs of CARE Act providers
- Housing

POSSIBILITIES

- Relationship between minority provider status and service populations and volume of services provided by minority and non-minority providers
- Regional and EMA-specific analyses
- Title-specific analyses
- Service-specific analyses

Positive Outcomes INC.