Participation of Minority Providers In Clinical & Support Services Funded By The Ryan White CARE Act

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PROJECT GOALS

- **Improve HAB's understanding of services offered by minority providers & their organizational structures**
- **Identify effective policies & practices used by HAB and their grantees to include minority providers in planning activities, resource allocation decision making, & services funding**
- **Gain a better understanding of barriers experienced by minority providers in their efforts to gain CARE Act funds & recommend strategies to reduce those barriers**
- **Ascertain best practices used by grantees to reduce barriers to funding of minority providers & recommend how those best practices might be adopted**

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 groups**

OBJECTIVES

- Develop a taxonomy describing approaches used by CARE Act grantees to define minority providers for resource allocation & procurement purposes
- Describe policies of Titles I and II grantees regarding representation of minority providers on PCs, consortia, etc.; the roles they play in those bodies; & methods used to gain their active participation
- Characterize efforts of Titles I and II grantees to specifically fund minority clinical & social service providers, including targeted procurement procedures
- Describe measures taken by HAB to award Titles III or IV funds to minority providers

OBJECTIVES (CONTINUED)

- Characterize the organizational structures of minority providers receiving CARE Act funds & the services funded
- Determine the relationship between the rates of HIV-infected racial/ethnic minority group members in service populations & participation rates of minority providers in CARE Act networks
- Characterize barriers experienced by minority providers in obtaining CARE Act funds & develop recommendations to HAB to reduce those barriers
- Identify best practices used by HAB and CARE Act grantees to reduce funding barriers & develop recommendations to HAB regarding adoption of new & enhanced policies & procedures

PROJECT DESIGN

GRANTEE APPLICATIONS

SITE

VISITS

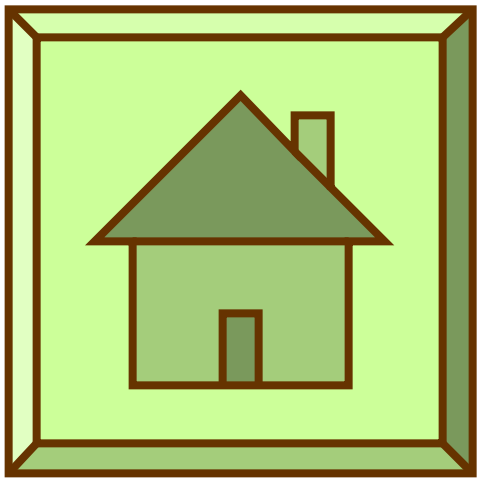
HIV/AIDS BUREAU STAFF CONSULTATIONS

GRANTEE/ CONTRACTOR CONSULTATIONS

CONSULTATIONS WITH HIV/AIDS BUREAU STAFF

- ☑ Conducted a structured focus group with HAB policy makers
- ☑ What measures are being taken by HAB to assure & enhance participation of minority providers in the HIV care system & the CARE Act?

SENTINEL SITE CONSULTATIONS



- ☑ Conducted telephone consultations in four site visits: DC, Memphis, Miami, Oakland
- ☑ Used a key informant approach to identify minority providers in those sites for consultations
- ☑ Identified minority providers engaged in HIV direct services
- ☑ Conducted structured consultations

GRANTEE & CONTRACTOR CONSULTATIONS

GRANTEES & CONTRACTOR CONSULTATIONS

- ☑ **Title I & II contractors & Title III, IV, and SPNS grantees & their contractors are participating in an informal, voluntary consultation process**
- ☑ **How many minority providers are funded to deliver care? Organizational structure? Types of services provided? Funding sources? Types of planning & resource allocation activities they participate in? Ease of obtaining CARE Act funds? Barriers? Facilitators?**

GRANTEE & CONTRACTOR CONSULTATIONS

(CONTINUED)

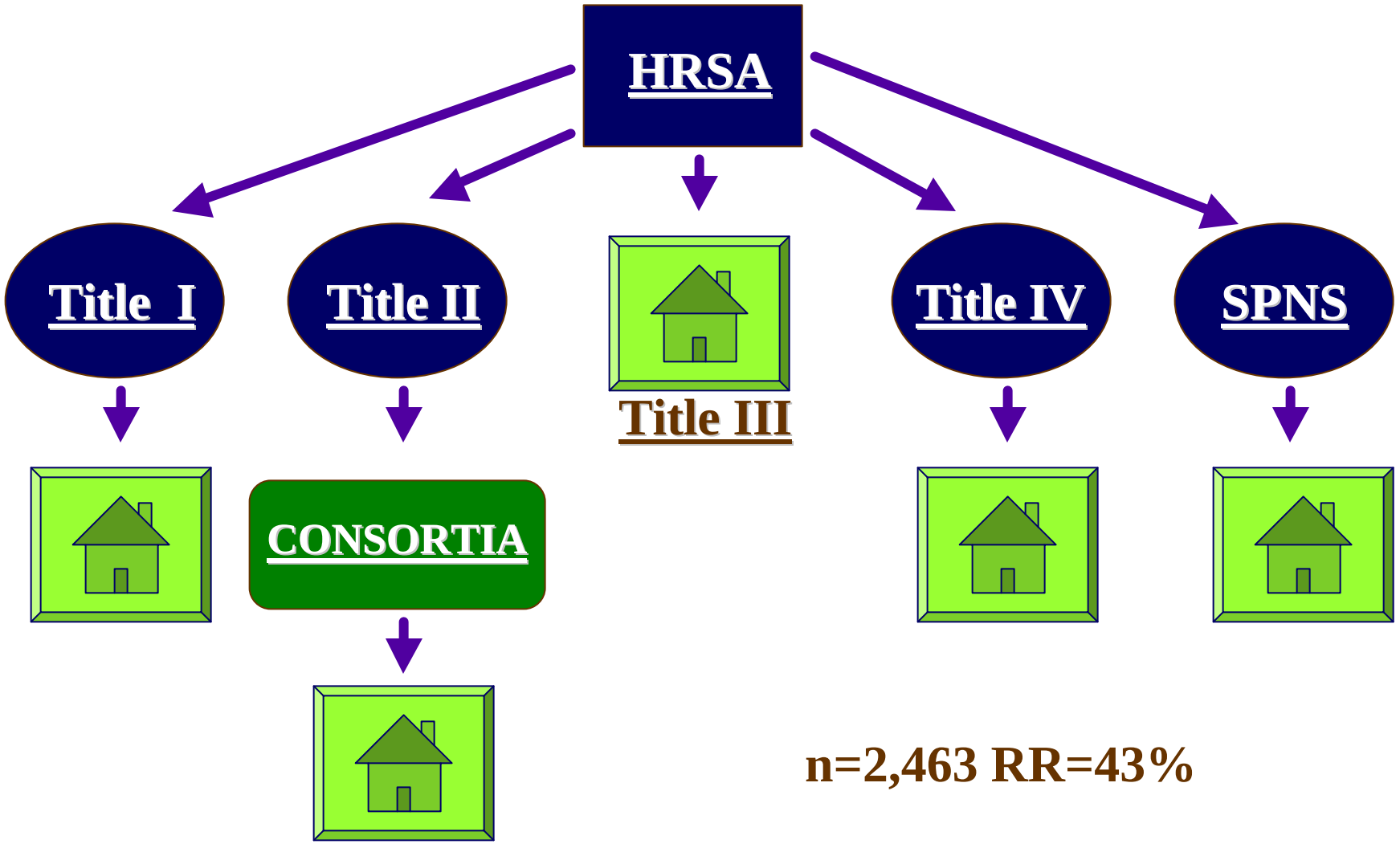
GRANTEES & CONTRACTOR CONSULTATIONS

- ☑ **A written consultation process was conducted among clinicians & other participants at the HIV clinical update conference in June 1999 in Tucson Arizona**
- ☑ **A focus group of minority providers also was convened during the conference**

GRANTEE APPLICATIONS & OTHER DOCUMENTS

- ☑ Grantee supplemental applications, & competitive & non-competing renewal applications, RFAs, & Planning Council bylaws
- ☑ What are their policies re: minority provider representation on PCs, consortia, & related bodies?
- ☑ What are their procurement policies & practices re: funding minority providers?
- ☑ What is the role of minority providers in planning, resource allocation, & service delivery?

AGENCY IDENTIFICATION PROCESS



n=2,463 RR=43%

KEY FINDINGS: REPRESENTATION IN PLANNING

- **Being "at the table" is an important way for minority providers to assure that the interests of their clients and agencies are well served.**
- **Title I bylaws are silent on representation of minority providers, although they may be represented through other means.**
- **While several Planning Councils and States addressed the role of minority providers via committees, most had not.**
- **HAB does not have timely, routinely collected data about the representation of minority providers in planning and resource allocation activities.**

KEY FINDINGS:
FACILITATORS TO REPRESENTATION IN PLANNING

- **Minority providers tend to be more likely to participate in Planning Councils than in consortia, while non-minority providers tend to be more likely to participate in consortia.**
- **Despite these differences, important facilitators of participation include the perception of the usefulness of the planning group and accessibility of their meetings.**

KEY FINDINGS:
BARRIERS TO REPRESENTATION IN PLANNING

- **Over one-half of agencies identify at least one barrier to participation in planning. Minority providers are no more likely to identify barriers than their counterparts.**
- **Agencies are concerned that the planning process is inaccessible due to timing and location of the meetings, no prior notice about meetings, travel time, or other barriers.**
- **They are concerned about the time consuming nature of planning, lack of staff available to participate, lack of measurable impact, and financial burden of participation.**
- **Agencies receiving cost-based reimbursement are concerned that they were not paid for planning time.**
- **Conflict of interest and lack of representation of various types of clients are also identified as concerns.**

KEY FINDINGS:
FUNDING OF MINORITY PROVIDERS

- **Few States routinely monitor funding of minority providers.**
- **Allocation of CARE Act funds to support minority providers is impeded by State and local procurement.**
- **While some EMAs and States have found ways to gain flexibility in procurement, most operate within their existing inflexible procurement systems.**
- **Few EMAs and States have minority provider set asides.**
- **Several EMAs use RFA scoring mechanisms that may benefit minority providers (e.g., cultural/linguistic competence.**
- **Only 1 EMA has targeted minority provider funding.**
- **Some EMAs and States are prohibited from targeting public funding to agencies based on race or ethnicity.**

KEY FINDINGS:
FUNDING OF MINORITY PROVIDERS BY HAB

- **HAB recognizes the importance of supporting capacity among minority providers. Lack of funds have hampered their efforts. The CBC-DHHS Initiative has allowed HAB to expand capacity through Title III and the AETCs.**
- **Insufficient funds have been allocated to HAB for monitoring CBC funds or to provide ongoing TA.**
- **HAB has been hampered in funding minority providers through Titles I and II. State and local statutes, policies, and politics have resulted in low levels of CARE Act funding in communities with HIV epidemics in minority populations.**
- **HAB requires more flexibility to directly fund agencies.**

KEY FINDINGS:
PARTICIPATION OF MINORITY PROVIDERS IN CARE ACT FUNDING

- **About one-third of agencies receiving CARE Act funds meet the project's criteria for minority providers.**
- **Almost one-half of agencies have minority staff but non-minority boards. Over one-third of minority providers had both minority boards and staff. About one-tenth of agencies had minority boards but non-minority staff.**
- **Minority providers are more likely to provide case management, drug treatment, and social support than non-minority providers.**

KEY FINDINGS: PARTICIPATION OF MINORITY PROVIDERS IN CARE ACT FUNDING

- **Among clinical agencies, being a minority provider is associated with Title I funding, while being a non-minority provider is associated with Title II funding. These differences are probably regionally driven.**
- **There was no association between minority provider status and receipt of Title III or IV funds, although recent Title III awards may impact this finding.**
- **There was also no difference among minority providers and their counterparts in receipt of State, local, Medicaid, or Medicare funding.**
- **A similar patterns was found between minority case management and social support agencies and their counterparts.**

KEY FINDINGS:
BARRIERS TO FUNDING OF MINORITY PROVIDERS

- **Minority providers are more likely than non-minority providers to report that CARE Act funds are very difficult or somewhat difficult to obtain.**
- **Despite differences in perceptions about ease of funding, agencies agreed about factors leading to funding. The single most import factor was having experienced staff to write grant applications.**
- **Numerous barriers to funding were identified. They report increased demand for care in the face of flat or diminished funding. The procurement, grants management, and reporting systems are burdensome. Administrative caps hamper their ability to meet their increasing administrative burdens.**

RECOMMENDATIONS

- **HAB should articulate their activities regarding minority providers. Criteria to select minority providers should be sufficiently broad to reflect the ways these agencies are organized and staffed.**
- **HAB should monitor minority provider funding and participation in planning.**
- **CARE Act programs should streamline planning, resource allocation, grant making, and contracting systems.**
- **HAB's ability to directly fund agencies should be increased.**
- **CBC funds should be expanded to include resources for Hispanics and other minority providers.**
- **HAB staffing should be increased to monitor CBC funds and provide TA.**

RECOMMENDATIONS

- **The training for minority providers should be enhanced.**
- **Coordination should be improved between HAB programs charged with programmatic, policy, TA, and training focusing on minority providers.**
- **Coordination should be improved between federal agencies, national organizations, and the pharmaceutical industry in planning and conducting training programs.**
- **HAB clinical training should be conducted in a more organized fashion. Trainers should be experienced in a variety of settings and populations. The multicultural nature of HIV care should be considered to ensure relevance of clinical training programs.**
- **HAB should facilitate inclusion of CARE Act clinical sites in HIV clinical trial programs.**