IDENTIFICATION AND PROFILING OF HIV HOUSING AGENCIES

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PROJECT GOALS

- Maintain mechanisms to assure ongoing identification and profiling of direct service agencies receiving CARE Act funds.
- Maintain timely information about agencies funded by the CARE Act to enable HAB to address a variety of policy, programmatic, and evaluation questions;
- Enhance HAB's ability to identify geographic gaps in HIV service capacity and assess the link between rates of HIV disease and distribution of services in US health care markets;
- Assess the impact of initiatives focused on expanding minority provider participation in CARE Act programs and gain a better understanding of the organizational structure, capacity, and characteristics of minority providers receiving CARE Act funds; and
- Assess the TA needs of HIV service agencies supported by CARE Act funds and factors associated with those needs, including the unique TA needs of minority providers.



PROJECT OBJECTIVES

- Expand CAAD to include additional data elements, including those specifically related to minority providers.
- Produce timely studies of CARE Act providers.
- Support two CAAD maintenance and update cycles.
- Maintain mechanisms to enable CARE Act direct service agencies to routinely update their information maintained in the CAAD in such a way as to assure confidentiality, data security, minimal reporting burden, and reduced cost.
- Develop sampling frames of CARE Act direct service agencies for use in consultations, assessments, and evaluations to be conducted by HAB and their grantees and contractors.
- Make available to HAB non-confidential data maintained in the CAAD.
- Evaluate the impact of AIM/CBC funds on expanding the pool of minority providers participating in HIV care supported by the CARE Act.



PROJECT OBJECTIVES

- Identify barriers and facilitators to funding minority HIV care providers, identify best practices in expanding their participation, and assist HAB to develop policy and TA recommendations that will result in the expansion of services to minority communities.
- Assess the TA needs of minority and other agencies supported by the CARE Act and assist HAB to plan TA that will expand the HIV service capacity of minority providers, assure their fiscal solvency, and address other organizational needs.
- Analyze the geographic capacity of CARE Act agencies, assess the link between rates of HIV disease, economic factors, and other geographic characteristics and the distribution of HIV service providers in US health care markets.
- Assist HAB to develop methods and materials to assess geographic capacity and make recommendations to HAB regarding development of TA to assist State and local agencies to undertake assessment of geographic capacity.



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

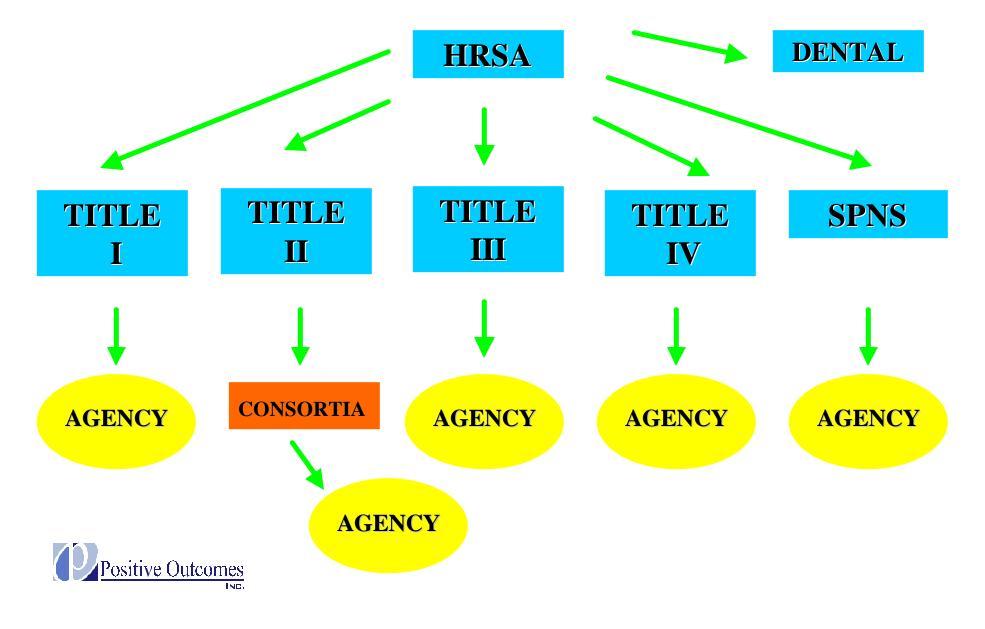


STATUS OF HOUSING DATA COLLECTION BY POI

- Housing agencies receiving CARE Act funds are included in CAAD
 - These agencies have been asked to complete a consultation form
- Agencies receiving HOPWA funds have also been identified by POI and cross-referenced with CAAD
 - HOPWA grantee and contractors that do not receive CARE Act funds have not been asked to complete a consultation form



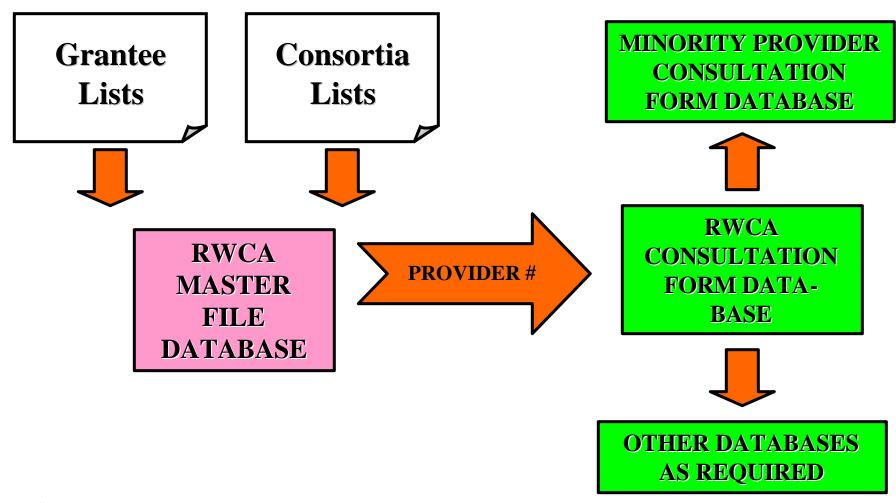
CARE ACT GRANTEE & PROVIDER FAX CONSULTATION: AGENCY IDENTIFICATION PROCESS





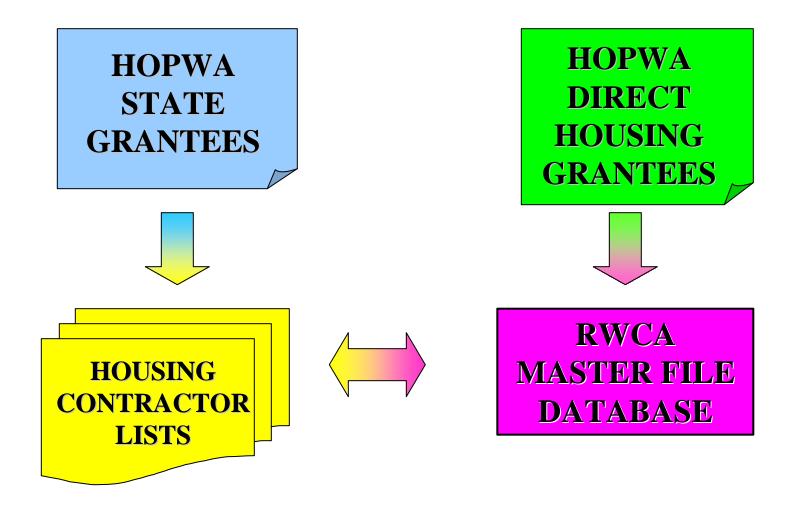


CARE ACT AGENCY DATABASE (CAAD) <u>RELATIONAL DATABASE</u>



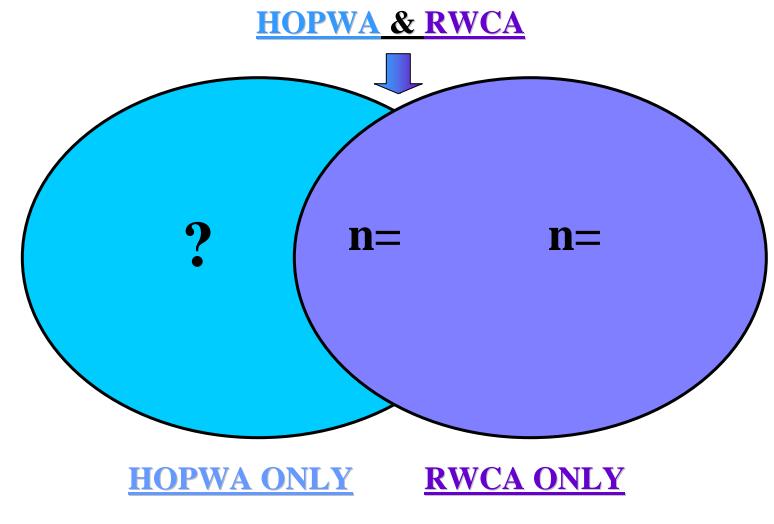


CROSS-REFERENCE PROCESS TO IDENTIFY AGENCIES FUNDED BY HOPWA AND THE CARE ACT





<u>CROSS-OVER IN FUNDING OF DIRECT SERVICE</u> <u>AGENCIES BY THE CARE ACT AND HOPWA</u>





CROSS-REFERENCE PROCESS TO IDENTIFY AGENCY TYPE

