Voices From The Field

TECHNICAL ASSISTANCE (TA) NEEDS OF RYAN WHITE CARE ACT PROVIDERS: Report 1, 2002

INTRODUCTION

This report summarizes the results of a consultation conducted with agencies funded by the Ryan White CARE Act in FY 2000-2001. CARE Act providers were asked to assess their ability to undertake technical and management activities and identify their technical assistance (TA) and training requirements. Consulting agencies were asked to: (1) rate their HIV program's skills in several areas, (2) identify the types of training and TA they have received in the past, and (3) report their interest in obtaining TA or training in the following areas:

- Using computer hardware/software,
- Managing and reporting data,
- Providing support services that lead to improved health outcomes,
- Providing HIV care that meets Public Health Service (PHS) guidelines and established HIV clinical practices,
- Developing a quality assurance (QA) program,
- Developing clinical outcome measures,
- Evaluating how well their agency provides care and services,
- Developing linkages with other HIV organizations in their community,
- Finding out the health care and support service needs of people living with HIV/AIDS in your community not receiving care,
- Organization management,
- Knowing when and how to grow, expand, or develop your organization,
- Financial management, and
- Getting more funding.

METHODS

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) supported the study in which data presented in this brief were collected. Grantee lists were obtained from HAB to identify agencies throughout the US funded by the CARE Act. Grantees of Titles I, II, III, or IV or SPNS funds in FY 2000-2001 provided lists of their contractors or agencies receiving funds through fee-for-service or other mechanisms. State Title II grantees using consortia to distribute funds provided consortia contact information. Consortia were then asked to provide list of agencies receiving Title II funds via their consortia. All grantees provided contractor and/or consortia lists. The agency lists were unduplicated to obtain a list of CARE Act grantees. A total of 3,240 agencies were identified. They were contacted via facsimile and asked to complete a three-page consultation form. Agencies without facsimiles were sent the form via the mail. The agency response rate is 58%. Check out the POI website for more information about this project and other reports: **www.positiveoutcomes.net**

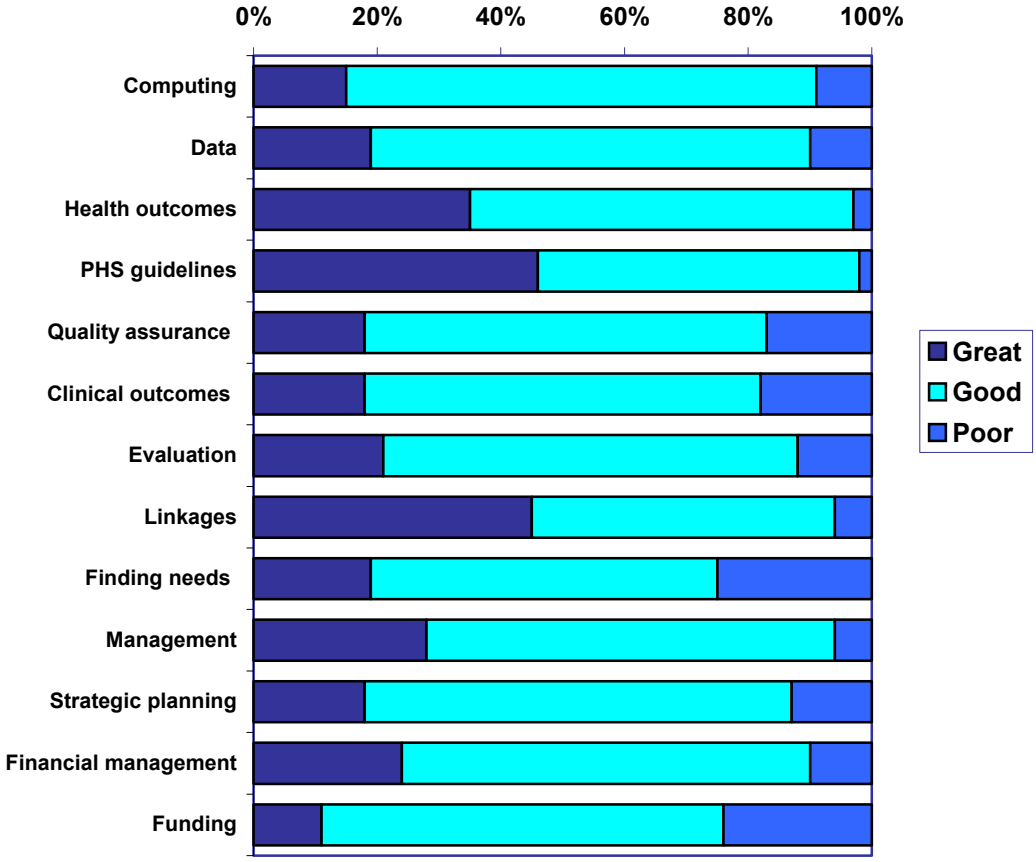
SKILLS AND ABILITIES IN TECHNICAL AND MANAGEMENT ACTIVITIES VARY AMONG CARE ACT PROVIDERS

The majority of consulting agencies rated their HIV program's skills and abilities. Most item response rates ranged from 80% to 90%. A lower response rate was obtained for the clinical outcomes item (65%) and the PHS guideline item (64%), which probably reflects the inclusion of a large number of non-clinical providers among the responding agencies. Among clinical providers, 91% responded to the PHS guidelines item and 85% to the clinical outcomes item.

Most agencies rated their skills as good in the areas assessed. A large number of responding agencies rated their program's skills as great; specifically, for providing HIV care that meets PHS guidelines, developing linkages with other HIV organizations, and providing support services that lead to improved health outcomes. Figure 1 shows the ratings for all responding agencies for each skill.

Among responding clinical providers, 57% rated their skills and abilities regarding PHS guidelines as great, 42% as good, and 1% as poor. In contrast, 20% of responding clinical providers report their ability to develop clinical outcomes as being great, 66% as good, and 14% as poor.

FIGURE 1. PERCENTAGE OF CONSULTING AGENCIES RATING THEIR HIV PROGRAM'S SKILLS AND ABILITIES AS GREAT, GOOD, OR POOR



PARTICIPATION IN TRAINING AND TA ATTENDANCE VARIES SIGNIFICANTLY

Consulting agencies were asked to report whether a member of their program staff participated in any of the following activities in the past 12 months:

- Targeted Provider Education Demonstration (TPED) training,
- AIDS Education and Training Center (AETC) training,
- AETC clinical consultation,
- TA arranged by their grantee or HRSA project officer, or
- Other TA not arranged by their grantee or HRSA project officer.

The most commonly attended training by consulting agencies was sponsored by an AETC, with 37% of responding agencies attending an AETC-sponsored training in the last twelve months. One quarter of consulting agencies (25%) participated in TA arranged by their CARE Act grantee or HRSA project officer. In addition, 19% of consulting agencies participated in other TA that was not arranged by their CARE Act grantee or HRSA project officer, and 5% participated in AETC-sponsored clinical consultations. Only 6% of consulting agencies participated in TPED training. There are only 9 TPED Programs serving a limited number of states and regions throughout the country. Therefore, participation in this training was not analyzed in detail in this report.

Regional location is associated with participation in training and TA activities. Agencies located in an EMA are significantly more likely ($p < 0.05$) than agencies in communities outside an EMA to have attended TA arranged with their CARE Act grantee or HRSA project officer (29% versus 22%), or other TA (25% versus 15%).

Northeastern agencies were significantly more likely ($p < 0.05$) than agencies located in other geographic locations to attend AETC training and other TA not arranged by their CARE Act grantee or HRSA project officer. Agencies in the West were significantly more likely ($p < 0.05$) to attend TA arranged by their CARE Act grantee or HRSA project officer.

TABLE 1: PERCENTAGE OF AGENCIES PARTICIPATING IN TRAINING AND TA IN THE LAST 12 MONTHS BY RECEIPT OF CENSUS REGION

Type of Training/TA	Northeast	South	West	Midwest
AIDS Education and Training Center (AETC)	45%*	40%	28%	29%
TA arranged by grantee or HRSA	22%	25%	33%*	20%
Other TA not arranged by grantee or HRSA	23%*	17%	21%	16%
AETC Clinical Consultation	6%	6%	5%	3%

*Significant chi-square at $p < 0.05$ or less

Agencies were asked to self-identify the racial/ethnic minority status of their agency. Minority providers were significantly more likely ($p < 0.05$) to participate in AETC training and other TA compared to traditional and other providers. Almost one-half of all minority providers (44%) participated in AETC training compared to 39% traditional providers and 30% other providers. For other TA not arranged by their CARE Act grantee or HRSA project officer, 25% of minority providers participated compared to 19% traditional and only 14% of other providers.

DEFINITION OF MINORITY, TRADITIONAL, AND OTHER PROVIDERS

Minority provider: agency where over 50% of board and/or staff are racial or ethnic minorities

Traditional provider: agency where over 50% of clients are racial or ethnic minorities

Other provider: agency where less than 50% of board, staff, or clients are racial or ethnic minorities

For the purpose of this report, agencies were divided into three hierarchical groups: clinical providers, case management providers, or other providers. Agencies or individual clinicians providing primary or specialty care were assigned to the clinical provider group, regardless of the other services they may provide. Case management agencies that do not provide primary or specialty care were assigned to case management group. Direct service agencies that do not provide primary care, specialty care, or case management were assigned to the "other provider" group.

Case management agencies were significantly more likely than clinical or other providers ($p < 0.05$) to attend TA arranged by CARE Act grantee or HRSA project officer or other TA. Over one-quarter of case management agencies (29%) participated in TA arranged by CARE Act grantee or

HRSA project officer compared to 27% clinical providers and 19% other providers. For other TA not arranged by CARE Act grantee or HRSA project officer, 26% of case management agencies attended compared to only 16% for clinical and other providers.

Clinical providers were significantly more likely than case management and other providers ($p < 0.05$) to attend AETC training or participate in AETC clinical consultations. Over one-half (52%) of clinical providers participated in AETC training compared to 38% case management agencies and 18% other providers. For AETC clinical consultations, 11% of clinical providers attended compared to only 3% case management and 2% other providers.

TABLE 2: PERCENTAGE OF AGENCIES PARTICIPATING IN TRAINING AND TA IN THE LAST 12 MONTHS BY PROVIDER TYPE AND TYPE OF SERVICES OFFERED

Type of Provider	AETC Training	AETC Clinical Consultation	TA with grantee or HRSA	Other TA not with grantee or HRSA
Minority	44%*	6%	27%	25%*
Traditional	39%	6%	25%	19%
Other	30%	4%	23%	14%
Clinical	52%*	11%*	26%	16%
Case Management	38%	3%	29%*	26%*
Other	18%	2%	19%	16%
Prevention	46%*	7%*	27%*	22%*
No Prevention	21%	2%	21%	15%

*Significant chi-square at $p < 0.05$ or less

Prevention services were defined as including counseling and testing, health education, risk reduction, and primary prevention, or secondary prevention. The TA needs of agencies providing different types of prevention services to clients were analyzed. Of the 919 agencies that report a need for TA, almost three-quarters (73%) provide some type of prevention services for HIV clients. Agencies providing prevention services were significantly more likely than other agencies to participate ($p < 0.05$) in all types of training and TA.

CBOs were significantly more likely ($p < 0.05$) than other agencies to attend TA arranged by CARE Act grantee or HRSA project officer or other TA. Over one-quarter of CBOs (28%) participated in TA arranged by a CARE Act grantee or HRSA project officer compared to 23% of other agencies. Over one-quarter of CBOs (28%) participated in other TA compared to 16% of other agencies. Only 2% of CBOs participated in AETC sponsored clinical consultations, significantly less ($p < 0.05$) than the participation of other agencies.

Agencies receiving Title I funds were significantly more likely ($p < 0.05$) than other agencies to attend TA arranged by CARE Act grantee or HRSA project officer or other TA.

TABLE 3: PERCENTAGE OF AGENCIES PARTICIPATING IN TRAINING AND TA IN THE LAST 12 MONTHS BY RECEIPT OF TITLE I FUNDS		
Type of Training/TA	**Receive Title I**	**Do Not Receive Title I**
AIDS Education and Training Center (AETC)	40%	35%
TA arranged by grantee or HRSA	29%*	22%
Other TA not arranged by grantee or HRSA	25%*	15%
AETC Clinical Consultation	5%	6%
*Significant chi-square at $p < 0.05$ or less		

GENERAL TA NEEDS VARY AMONG CARE ACT PROVIDERS

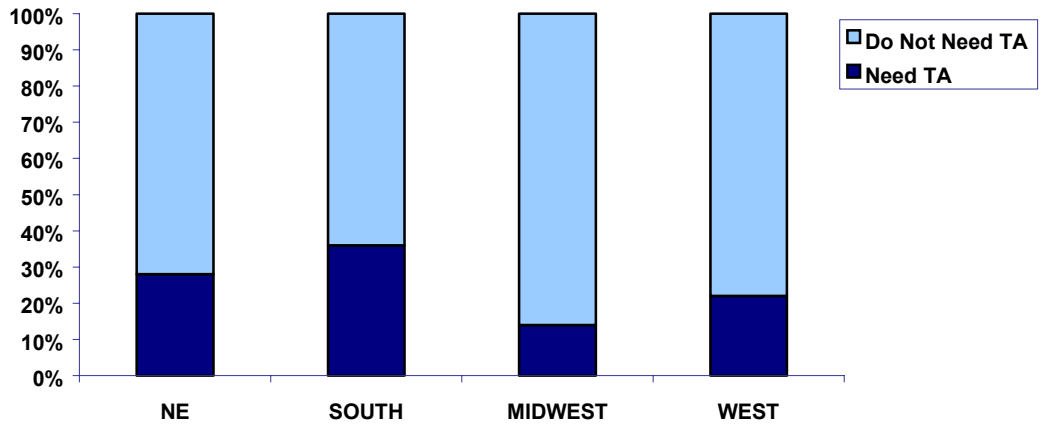
Almost one-half (49%) of responding agencies report that their agency had a current need for some type of TA. The need for TA in getting more funding was the most common, with 28% of agencies responding that they would like to receive TA. Agencies also report the need for TA in developing a QA program (22%), using computer hardware and software (19%), evaluating how well their agency provides care and services to clients/patients (19%), and knowing when and how to grow, expand, or develop their organization (19%).

TABLE 4: RESPONSE RATE FOR NEEDING TA FOR EACH SKILL AND ABILITY		
Skills and Abilities	**# Needing TA**	**Response Rate***
Funding	520	28%
Quality assurance	415	22%
Computing	351	19%
Evaluation	366	19%
Strategic planning	354	19%
Clinical outcomes	325	17%
Finding needs	311	17%
Data	263	14%
Financial management	265	14%
Management	179	10%
Health outcomes	137	7%
Linkages	102	5%
PHS guidelines	71	4%
*Total number of consulting agencies=1884		

GEOGRAPHIC LOCATION MAKES A DIFFERENCE IN THE NEED FOR TA

Agencies located in a Title I EMA are significantly ($p < 0.05$) more likely (53%) than agencies located outside an EMA (45%) to report that their agency needs TA. The topics which agencies within EMAs are significantly more likely than other agencies to need TA include: using computer hardware and software (21% versus 17%), managing and reporting data (16% versus 12%), developing clinical outcome measures (20% versus 15%), and knowing when and how to grow, expand, or develop their organization (21% versus 17%). There are geographic differences in the need for TA. Of the 919 agencies that report the need for TA, over one-third (36%) of agencies are located in the South and 28% are in the Northeast. In comparison, less than one-quarter (22%) of the agencies needing TA are located in the West and only 13% are located in the Midwest.

FIGURE 2. PERCENTAGE OF AGENCIES NEEDING TECHNICAL ASSISTANCE (TA) BY CENSUS REGION



Agencies located in the South are significantly more likely ($p < 0.05$) than agencies in other regions to report needing TA for organization management, providing support services that lead to improved outcomes, and developing linkages with other HIV organizations in their community. Agencies in the Western Census region are significantly more likely ($p < 0.05$) to need TA for evaluating how well their agency provides care and services and developing a QA program. Agencies in the Midwest are significantly less likely ($p < 0.05$) to need TA for getting more funding.

TABLE 5: SPECIFIC TA NEEDS BY CENSUS REGION

Type of TA/Training	Northeast	South	Midwest	West
Funding	29%	29%	21%*	29%
Computing	22%	19%	16%	16%
Evaluation	20%	19%	15%	24%*
Strategic planning	20%	20%	16%	17%
Quality assurance	19%	21%	21%	29%*
Clinical outcomes	17%	15%	17%	21%
Finding needs	16%	17%	14%	17%
Data	14%	15%	11%	15%
Financial management	14%	16%	10%	13%
Management	7%	12%*	8%	9%
Health outcomes	5%	9%*	7%	6%
Linkages	5%	7%*	5%	3%
PHS guidelines	4%	3%	4%	4%

*Significant chi-square at $p < 0.05$ or less

TA NEEDS VARY BY PROVIDER TYPE

Minority providers' need for TA is significantly greater ($p < 0.05$) than that of traditional and other providers. More than one-half (55%) of minority providers report the need for TA, compared to 47% of traditional providers and 44% of other providers. Minority providers report a significant ($p < 0.05$) need for TA in all areas assessed except for finding out the health and support service needs of PLWH/A in their community not in care and developing linkages with other HIV organizations in their community.

Over forty percent (41%) of case management agencies report a need for TA compared to 34% of clinical providers and 25% of other agencies ($p < 0.05$). Case management agencies are significantly more likely than clinical or other providers ($p < 0.05$) to need TA in all areas except for providing HIV care that meets PHS guidelines and developing linkages with other HIV organizations.

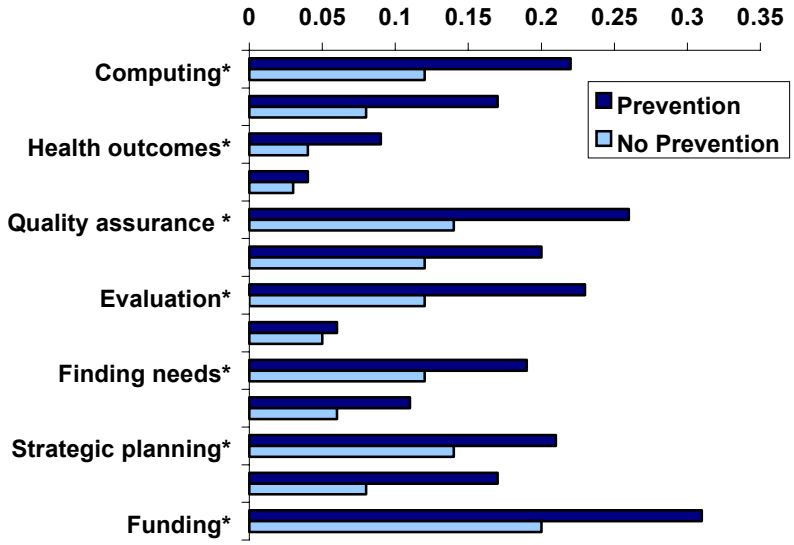
Agencies providing prevention services are significantly more likely ($p < 0.05$) than other agencies to need TA in all areas except for providing HIV care that meets PHS guidelines, finding out the health care and support service needs of PLWH/A in their community not receiving services, and developing linkages with other HIV organizations. Significant differences are identified by an asterisk (*) in Figure 3.

TABLE 6: SPECIFIC TA NEEDS BY PROVIDER TYPE

	Minority Status			Service Setting		
Type of TA	Minority	Traditional	Other	Clinical	Case Management	Other
Funding	34%*	23%	24%	23%	38%*	22%
Quality assurance	26%*	18%	20%	21%	29%*	16%
Evaluation	23%*	19%	17%	19%	27%*	12%
Computing	22%*	19%	15%	16%	26%*	13%
Strategic planning	25%*	15%	15%	14%	26%*	16%
Clinical outcomes	21%*	15%	15%	18%	22%*	10%
Finding needs	16%	15%	18%	14%	22%*	12%
Financial management	19%*	13%	10%	13%	19%*	10%
Data	18%*	12%	11%	15%	17%*	9%
Management	15%*	5%	7%	8%	14%*	7%
Health outcomes	10%*	7%	5%	6%	11%*	5%
PHS guidelines	5%*	4%	2%	3%	5%	3%
Linkages	6%	3%	6%	5%	5%	6%

*Significant chi-square at $p < 0.05$ or less

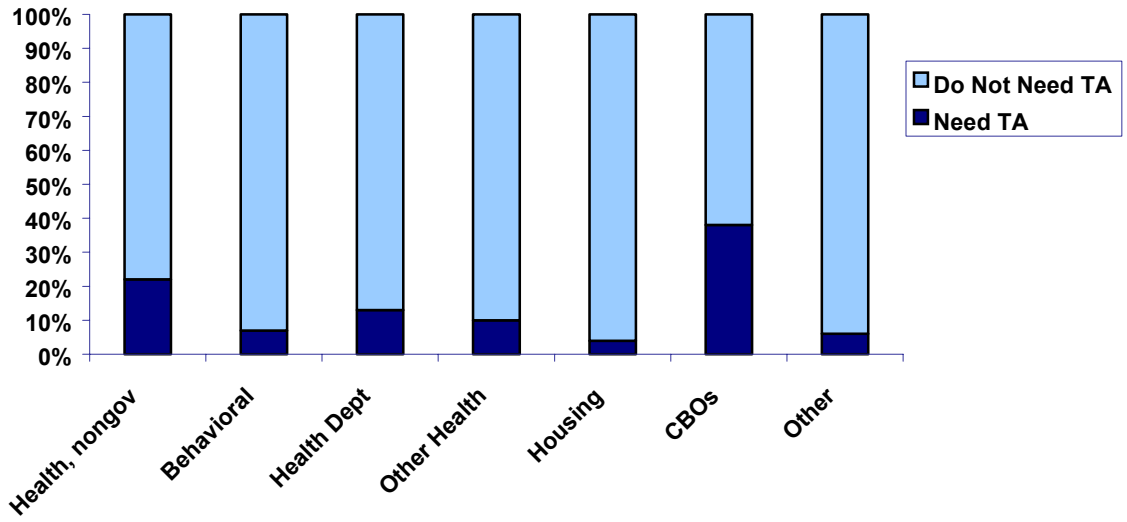
FIGURE 3. PERCENTAGE OF AGENCIES NEEDING TECHNICAL ASSISTANCE (TA) BY PREVENTION SERVICES OFFERED



SEVERAL ORGANIZATIONAL CHARACTERISTICS ARE ASSOCIATED WITH THE NEED FOR TA

Among organizational settings, CBOs and housing agencies report the greatest need for TA. Almost two-thirds of CBOs (61%) and 55% of housing agencies report a need for TA. Of the 919 agencies that report the need for TA, 38% are CBOs, 22% are non-government health agencies such as hospitals, hospital based clinics, solo or group private practices, or publicly funded community health centers, 13% are health departments, 10% are other health agencies, 7% are behavioral health providers, 4% are housing agencies, and 6% are other types of agencies ($p < 0.05$).

FIGURE 4. PERCENTAGE OF AGENCIES NEEDING TECHNICAL ASSISTANCE (TA) BY AGENCY TYPE



CBOs report a significant ($p < 0.05$) need for TA compared to other types of agencies for using computer hardware and software (26% versus 15%), managing and reporting data (18% versus 12%), providing support services that lead to improved health outcomes (11% versus 6%), developing a QA program (30% versus 18%), evaluating how well their agency provides care and services (27% versus 16%), finding out the health care and support service needs of PLWH/A in their community not receiving services (22% versus 14%), organization management (17% versus 6%), knowing when and how to grow, expand, or develop their agency (30% versus 14%), financial management (22% versus 11%), and getting more funding (40% versus 22%).

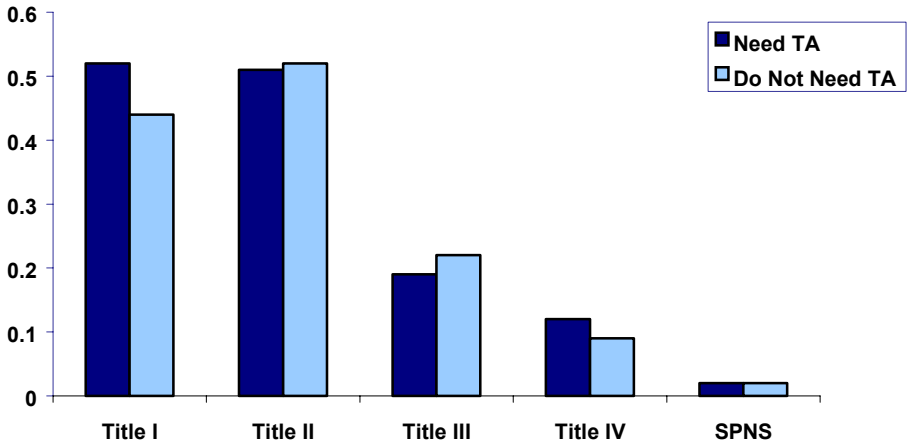
Behavioral health agencies reported a significantly greater need ($p<0.05$) than other agencies for TA for developing clinical outcome measures (24% versus 17%).

Health departments are significantly less likely ($p<0.05$) than other types of agencies to need TA for knowing when and how to grow, expand, or develop their organization (13% versus 20%) and for financial management (10% versus 15%).

TA NEEDS VARY AMONG AGENCIES BY THEIR SOURCES OF FUNDING

There are significant differences in the need for TA based on the source of Ryan White CARE Act funds that agencies receive. Agencies receiving Title I funds are significantly more likely ($p < 0.05$) to report the need for TA than agencies receiving other Title II, III, IV, or SPNS funds.

FIGURE 5. PERCENTAGE OF AGENCIES NEEDING TECHNICAL ASSISTANCE (TA) BY SOURCE OF RWCA FUNDS



Title I recipients report a significantly ($p < 0.05$) greater need than agencies receiving other title funds for TA for using computer hardware and software (21% versus 17%), managing and reporting data and information (16% versus 12%), developing clinical outcome measures (20% versus 15%), and knowing when and how to grow, expand, or develop their organization (21% versus 17%).

Agencies receiving Title II funds are significantly ($p < 0.05$) more likely than agencies receiving other title funds to need TA for finding out the health care and support service needs of PLWH/A in their community not receiving services (19% versus 14%).

Title III agencies are significantly less likely ($p < 0.05$) to need TA for developing a QA program (17% versus 23%), knowing when and how to grow, expand, or develop their organization (14% versus 20%), and for getting more funding (21% versus 29%).

Title IV agencies are significantly less likely to need TA for finding out the health care and support service needs of PLWH/A in their community not receiving services (12% versus 17%).

PARTICIPATION IN TRAINING OR TA AND NEED FOR TA

Participation in the various types of training and TA did not diminish the need for TA. Over one-half (55%) of the agencies that participated in AETC training report the need for some type of TA. These agencies were significantly more likely ($p < 0.05$) than agencies that did not participate in AETC training to need TA for using computer hardware and software (25% versus 15%), managing and reporting data (18% versus 11%), providing support services that lead to improved health outcomes (9% versus 6%), developing clinical outcome measures (21% versus 15%), finding out the health care and support service needs of PLWH/A in their community not receiving services (20% versus 14%), organization management (11% versus 8%), knowing when and how to expand their organization (21% versus 17%), financial management (18% versus 12%), and getting more funding (31% versus 25%).

Approximately 60% of agencies that participated in TA arranged by their CARE Act grantee or HRSA project officer report the continued need for TA. These agencies are significantly more likely ($p < 0.05$) than agencies that did not participate in TA arranged by their grantee or project officer to need TA for developing a QA program (29% versus 20%), evaluating how well their agency provides care and services to clients (23% versus 18%), finding out the health care and support service needs of PLWH/A in their community not receiving services (22% versus 15%), knowing when and how to expand their organization (22% versus 18%), and getting more funding (33% versus 26%).

For the 58% of agencies that participated in TPED training, they are significantly more likely ($p < 0.05$) than agencies that did not participate in TPED to need TA for getting more funding (36% versus 27%).

The 61% of agencies receiving other TA not arranged by their CARE Act grantee or HRSA project officer are more likely to need TA than agencies that did not participate in other TA. The significant needs of these agencies include TA for using computer hardware and software (27% versus 17%), managing and reporting data (19% versus 13%), providing support services that lead to improved health outcomes (10% versus 7%), developing a QA program (29% versus 20%), developing clinical outcome measures (23% versus 16%), evaluating how well their agency provides care and services to clients (26% versus 18%), finding out the health care and support service needs of PLWH/A in their community not receiving services (21% versus 15%), organization management (15% versus 8%), knowing when and how to grow, expand, or develop their organization (27% versus 17%), financial management (20% versus 13%), and getting more funding (37% versus 25%).

CHARACTERISTICS OF AGENCIES THAT DID NOT PARTICIPATE IN TRAINING/TA

Over one-third (37%) of responding agencies indicated that they did not participate in any training or TA in the last 12 months. These 704 agencies are located throughout the four census regions, with a significant number ($p < 0.05$) located in the Midwest. Almost one-half (46%) of all agencies located in the Midwest did not participate in trainings or TA compared to 30% of agencies in the Northeast, 39% in the South, and 38% in the West.

Lack of participation in trainings and TA is significantly associated ($p <0.05$) with agency type. Almost one-half (44%) of behavioral health agencies, 43% of housing agencies, and over one-half (56%) of other agencies such as legal services, transportation, and university programs did not participate in trainings and TA compared to 36% of non-government health agencies, 32% health departments, 34% other health agencies, and 35% of CBOs.

Receipt of Title II funds is significantly associated ($p < 0.05$) with not participating in training and TA. Over one-half (55%) of agencies that did not attend trainings and TA receive Title II funds compared to 45% of agencies receiving other sources of funds.

Being a non-minority, non-traditional provider is significantly associated with not participating in training and TA. Almost one-half (46%) of these providers did not attend any training or TA compared to 28% of minority providers and 38% of traditional providers.

Agencies that provide non-clinical, non-case management services are significantly more likely ($p < 0.05$) to not participate in trainings and TA. Over one-half (54%) of these agencies did not attend training and TA compared to 28% clinical providers and 33% of case management agencies.

DISSEMINATION OF TA INFORMATION

As identified above, agencies funded by the CARE Act agencies are in need of TA and training. Some TA and training might be provided on a reoccurring basis using the Internet and email. To assess the feasibility of using the Internet for training and TA, consulting agencies were asked about their Internet and email access.

The majority of agencies report that all or some of their staff have Internet access and email. Over three-quarters (85%) of responding agencies report that all or some of their staff have email addresses and 89% of agencies have all or some staff with Internet access. Of the 919 agencies that report that they needed some type of TA or training, 89% responded that all or some of their staff have email addresses and 92% responded that all or some of their staff have access to the Internet.

Several agency characteristics are associated with Internet resources:

- Agencies located within an EMA were more likely to report a need for TA than agencies in communities located outside an EMA. For these agencies, 92% responded that all or some of their staff have email and 94% responded that all or some staff members have Internet access.

- A total of 331 Southern agencies report a need for some type of TA. Most (87%) of these agencies report that all or some staff have email addresses and 90% indicate that all or some staff members have access to the Internet. Similarly, for the 258 Northeast agencies that report a need for TA, 90% have email addresses and 93% have Internet access.

- For minority providers indicating a need for some type of TA, 89% have email addresses and 91% have Internet access.

- Case management agencies are more likely than clinical providers and agencies offering other services to report a need for TA. Among case management agencies, 92% report that some or all of their staff have email addresses and 95% report that some or all staff members have access to the Internet.

- Agencies providing prevention services appear to have very good access to email and Internet. Approximately 90% of these agencies report that some or all staff members have email addresses and 93% have Internet access.

- CBOs and housing agencies report the greatest need for TA among CARE Act providers. For the 353 CBOs needing TA, 89% of the agencies report that all or some of their staff have email addresses and 91% report that they had access to the Internet. For the 32 housing agencies needing TA, 94% report that all or some of their staff have email addresses and 97% report that all or some staff members have Internet access.

- Agencies receiving Title I CARE Act funds are more likely to have email and Internet access than agencies receiving other CARE Act funds. For those agencies receiving Title I funds, 90% responded that all or some of their staff have email addresses and 93% report that all or some of their staff have Internet access. For agencies receiving other CARE Act funds, 81% report that all or some of their staff have email and 85% have all or some staff with access to the Internet.

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