

## MINORITY AIDS INITIATIVE (MAI)

**Proposed MAI-funded Service:** The Inland Empire HIV Planning Council (IEHPC) voted to continue to use MAI funding for Health Education/Risk Reduction (HERR) for African American and Hispanic persons living with HIV/AIDS (PLWHA), with an emphasis on the Riverside/San Bernardino, CA TGA's Chronic Care Model cornerstone component; *self-management*. This decision was made in response to data sets presented at the TGA's *Priority Setting & Resource Allocations (PSRA) Summit* held in July of 2009 that included data specifically highlighting the disproportionate impact of HIV on African American and Hispanic PLWHA and the unique barriers that these populations face in the TGA.

### Linking to Part A Continuum of Care and Support in Accessing Treatment / Remaining in Care

Studies show that individuals remain in care and experience better health outcomes if they are fully informed about and take an active role in their health care. The focus of the HERR program in the TGA is to augment African American and Hispanic PLWHA's ability to more effectively navigate the health care system and manage their own health care by developing their self-management skills. This will be accomplished through education/training that assists clients in developing skills such as health assessment, goal-setting, action planning, problem-solving, and follow-through. Some agencies will integrate self-management skills-building into their current service provision while others will deliver stand-alone self-management training programs. A self-management assessment tool has been adapted by the RWP to assess client progress.

The MAI HERR program also includes a component for informing clients about community resources (both Part A and non-Part-A funded) and providing them with advice regarding how to access these resources. The four, currently-MAI-funded agencies, themselves, provide a wide continuum of Part A-funded services including, but not limited to, Outpatient/Ambulatory Medical Care, Medical Case Management, Mental Health Services, Substance Abuse Services, Food Services, and Medical Transportation Services. As a result, MAI clients are immediately connected to HIV services as needs are identified.

In addition to direct service delivery, it is important that agencies have the capacity to provide culturally and linguistically appropriate services to facilitate access to and retention in care for African American and Hispanic PLWHA. Provider competency will be measured by their compliance with the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which have been adopted and adapted for the TGA. The 8 core standards include staff development, agency infrastructure, and communication. Monitoring of agency capacity and improvement will be measured via a validated, organizational cultural competency tool that has been developed with considerable input from minority community groups as well as biannual client satisfaction surveys. The expected increase in cultural capacity, coupled with the enhancement in client self-management skills, will increase both access to care and retention in care for African American and Hispanic PLWHA.

The TGA's management information system, the *AIDS Regional Information and Evaluation System (ARIES)*, has been upgraded to facilitate TGA-wide assessment of the potentially funded MAI HERR program. Agencies can input self-management assessment scores directly into ARIES in real-time and track individual client progress over time. The monitoring of client progress can be performed at the agency level as well as at the RWP office level. If deficiencies in meeting targets are identified, the RWP office will meet with service providers to discuss challenges and identify a course of action for improvement in a timely manner.