
Minority AIDS Initiative In New England: Special capacity building in focus

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BACKGROUND



National picture of MAI

Began in 1999 as a way to:

“Lessen the burden of HIV and AIDS in African American, Latino, American Indian, Alaskan Native, Asian Pacific Islander communities and other populations of color”

HRSA MAI funds go to all Ryan White Parts

Follow The Money: Tracking Federal AIDS Appropriations To Address Disparities In HIV and AIDS Treatment in the US .

Joint Center for Political and Economic Studies . April 2010



Primary Target Audience (from HRSA guidance)

- **AETC grantees are expected to maintain a priority focus on clinical support and training needs of direct medical care providers - physicians, nurses, physician assistants, advance practice nurses, pharmacists, and oral health professionals. The clinical management of HIV/AIDS, particularly the use of HAART, is expected to be the central focus of training efforts**
- **Clinical providers of color are the priority population and primary focus of MAI funding**



AETC MAI focus

The AETC focus for the MAI is to increase the capacity for minority and minority serving clinicians to treat HIV/AIDS and to document outcome measures relative to specific MAI training activities. This supplements the overall programmatic intent to target clinical training in areas of increased need, limited care capacity and continuing health disparities.



AETC MAI focus

...continuation of Special Minority AIDS Initiative Capacity Building Projects begun in fiscal year 2005 that are consistent with the congressional intent of the Minority AIDS Initiative “to expand or support new initiatives...targeting African American, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders in highly impacted communities.”



The primary targets for training through the AETC program are practicing clinical providers. AETC training should be marketed and designed to meet the assessed training needs and educational level of the clinical care providers listed below:

- physicians (including psychiatrists and other medical sub-specialists)
- nurses
- physician assistants
- advanced practice nurses
- pharmacists
- oral health professionals



As a secondary target, AETCs may also market and design training for other allied health and paraprofessionals who assist HIV positive persons to adhere to treatment recommendations, learn about and practice secondary prevention, and receive appropriate social support to access other health service interventions and referrals.



Training for allied health and paraprofessionals should be designed to complement training provided to clinical care providers; to expand HIV care services in a clinical service site, such as a health clinic or pharmacy; or in a clinical service area targeted by other HRSA capacity building resources. Training designed and marketed to this group should represent no more than 20% of the total number of trainings offered by regional AETCs, or no more than 20% of the total regional AETC's training budget



MAI-NEHEC regional guidance and criteria

**please note there has always
been programs serving
communities of color under
AETC core funding, that can
continue as MAI is for “select”,
targeted programming*



Criteria for planning and classifying programs as MAI

- ❑ Greater than 50% of the participants are HIV providers of color
- ❑ Participants serve greater than 50% people of color as their HIV+ clients
- ❑ Topic of program is specific to serving communities of color (and GLBT)
- ❑ For northern tier states % can be lower if HIV ethnic racial disparity exists in clinic population...



MAI guidance excerpts

- MAI classified programs meet at least 2 criteria items (**meeting 3 is preferred**)
- MAI programs are planned and posted in advance (**Goal 100% MAI programs on NEAETC MAI page**)
- MAI program materials include grant language citation and MAI-NEHEC logo
- MAI programs clearly meet an action step under workplan goals/objectives



Discussion of MAI Workplan

For 2011-2012, and for future renewals, all MAI activities and funding will specifically, “effectively” address action steps in MAI regional workplan



2011-2012 MAI Goal #1

To increase the number of community based MAI clinicians that routinely perform HIV risk assessments, screening/testing and diagnosis in high risk populations.

(Primary target audience - physicians-including psychiatrists and other medical sub-specialists, nurses, physician assistants, advanced practice nurses, pharmacists, and oral health professionals. Clinical providers of color are priority target population for MAI)



2011-2012 MAI Goal #2

To engage and retain clinical providers of color and providers representing disenfranchised/underserved populations in training and educational programs, to build capacity to better serve the needs of communities of color that are most impacted by the HIV/AIDS epidemic.

(Primary target audience - physicians-including psychiatrists and other medical sub-specialists, nurses, physician assistants, advanced practice nurses, pharmacists, and oral health professionals)



2011-2012 MAI Goal #3

To increase the number of MAI targeted clinicians who are trained in the clinical management of HIV disease.

(Primary target audience - physicians, nurses, physician assistants, and advanced practice nurses, secondary – other health care team members)



2011-2012 MAI Goal #4

To increase in the number of community based MAI targeted clinicians who receive longitudinal training experiences.

(Primary target audience - physicians-including psychiatrists and other medical sub-specialists, nurses, physician assistants, advanced practice nurses, pharmacists, and oral health professionals)



2011-2012 MAI Goal #5

To increase number of community based MAI targeted HIV healthcare providers who are providing expert quality HIV services in minority communities highly impacted by HIV/AIDS.

(Primary target audience - medical case managers, community health workers, social workers, oral health professionals, mental health, substance abuse and prison health providers)



Data and Web postings

**Brief reference to Piya's
2010-2011 data slides and
goal to post 100% of MAI
programs on MAI page at least
30 days in advance of all MAI
programs for 2011-2012*



MAI-NEHEC Selected highlights from 2010-2011

- ❑ Created LSA program based at MA LPS with 8 MAI sites... (dental, MSM, HIV peers, cultural competency, clinical preceptorships...)
- ❑ MAI Multicultural HIV/AIDS Provider and Adolescent Summits in May
- ❑ FTCC collaborations
- ❑ 2 webinars, new initiative on peers...



Name of Program: MAI-NEHEC REGIONAL PROGRAM	
<i>Number of Trainees from</i>	
JULY 1, 2010 – JUN 30, 2011	
Local Performance Site	Actual Number of Trainees
Total MAI Trainees	3458



<p>Name of Program: MAI-NEHEC REGIONAL PROGRAM</p>	
<p><i>Number of Trainings from</i></p> <p>JULY 1, 2010 – JUN 30, 2011</p>	
<p>Local Performance Site</p>	<p>Actual Number of Trainings</p>
<p>Total MAI Trainings</p>	<p>606</p>



Name of Program: MAI-NEHEC REGIONAL PROGRAM

Number of Trainings from
JULY 1, 2010 – JUN 30, 2011

	No. of Hours for Trainings for AETC	Training Level					
		I	II	III	IV	V	Total
		195.25	44.00	813.75	155.75	671.00	1879.75
Local Performance Site	No. of Trainings	Training Level					
		I	II	III	IV	V	Total
Total MAI Trainings by level		117	31	264	168	202	782



* The number of trainings is duplicated for multi-level trainings

2010-2011 AI/AN Goal

To expand the scope and impact of existing training and education models integrating HIV into AI/AN-Native American local and regional training and collaboration opportunities for Tribal Health Organizations, Native American providers and Native American serving providers.

- *Regional collaborative training programs targeting multiple tribal health programs, councils and providers*
- *Onsite training, T/A and CBA at tribal sites across the region...*



American Indian/ Alaskan Native AI/AN highlights

- AI/AN –Native American Wellness series (2) Indian Island, ME and Sturbridge, MA. Topics AI/AN epi, historical trauma, health disparities, treatment/care, hepatitis, substance abuse, diabetes... (March and April 2011)
- CT on site training programs on HIV wellness and co morbidities (April and June 2011)
- T/A, resource information dissemination



MAI-NEHEC Selected highlights from 2010-2011

- Over 10 years of monthly/regular MAI Coordinators regional meetings to create regional synergy and collaborative partnerships...
- Created LSA program based at MA LPS with 8 MAI sites... (dental, MSM, HIV peers, cultural competency, clinical preceptorships...)
- MAI Multicultural HIV/AIDS Provider and Adolescent Summits in May
- Federal Training Center Collaborations (regional FTCC partnerships)
- Distance learning, new initiative on integrating HIV+ peers onto clinical teams...



Other highlights from MAI Regional Project Director

- HIV and Health Disparities – state, regional and national representation
- HIV and Public Health – local, state and national initiative involvement and action
- Collaborative Partnerships-over 25 agencies at MAI reg. office & 30 more across LPSs
- MAI National voice – AETC MAI Coordinators Nat. Network, MAI regional presence with provider assoc.s ...



2011-2012 MAI QI

- Focus on better tracking of all MAI HIV clinical preceptorships/longitudinal training
- Continue to build MAI on-site clinical training series at locations within areas with high seroprevalence rates for people of color
- Better define, document and evaluate technical and capacity building assistance
- Interactive MAI and Adolescent Summits that includes time for collaborative program planning and updates (*serve as convener*)



Final Thoughts

- ❑ MAI will take on a more critical importance in the US with emergence of “National Plans (must be more efficient-effective)
- ❑ National HIV/AIDS Strategy - MAI addresses **GOAL 1: REDUCING NEW HIV INFECTIONS, GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING OUTCOMES** and **GOAL 3: REDUCING HIV-RELATED HEALTH DISPARITIES AND INEQUITIES**
- ❑ National Stakeholder Strategy & Action Plan to Eliminate Health Disparities (Unveiled April 8, 2011)
- ❑ National Prevention Strategy & Council (Section of PP ACA)
- ❑ Health People 2020



Discussion >>>>Q & A

Need for your guidance and advice!

- **Thoughts on ideas to attain MAI goals?**
- **Do you see gaps, needs not addressed?**
- **What do you envision for MAI -NEHEC's FUTURE?**
- **Announcements – Walk the Halls of Congress – November 2-3, DC**

