Why GAO Did This Study

According to CDC data, racial and ethnic minorities in the United States—particularly Blacks/African-Americans and Hispanics/Latinos—have been disproportionately affected by HIV/AIDS, representing 72 percent of all AIDS diagnoses in 2011. In addition to core funding programs through CDC and HRSA that are intended to provide services to all qualifying individuals, MAI seeks to improve HIV-related health outcomes and reduce health disparities for minority communities through the provision of grant funds. MAI grants are distributed to a variety of entities.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 required GAO to examine the services provided, population served, and administrative challenges faced by MAI grantees. Additionally, according to HRSA officials, administrative challenges discouraged some grantees from applying for MAI grants. HRSA requires unnecessarily duplicative application and reporting requirements of MAI grantholders.

What GAO Found

Minority AIDS Initiative (MAI) grantees reported providing services similar to the medical services, support services, and HIV testing and prevention services provided with core HIV/AIDS funding, which is provided by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) to grantees. In addition, MAI grantees faced administrative challenges managing HIV/AIDS funding that was fragmented across several grants. Various agencies within the Department of Health and Human Services (HHS) awarded MAI grants to grantees. The agencies included CDC, HRSA, the Substance Abuse and Mental Health Services Administration, and seven other offices within HHS. MAI grants are distributed to a variety of entities, many of which have a variety of resources that can be used to provide HIV/AIDS services.

To enhance HIV/AIDS services to minority populations, HHS should consolidate MAI funding into core HIV/AIDS funding and seek legislation as necessary to achieve a consolidated approach. The MAI grantees in GAO’s sample reported providing mostly support services with their MAI grants, similar to the types of support services grantees provided with core HIV/AIDS funding from CDC and HRSA. These support services included community outreach and education, and staff or provider training. Twenty percent of the grantees also reported providing medical services to their clients. According to the limited data HHS agencies and offices maintain on the demographics of the population served with MAI grants, the majority of recipients of MAI services were from racial and ethnic minority groups, as is also the case with recipients of services provided with core HIV/AIDS funds.

What GAO Recommends

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