

QUICK TAKE

THE MINORITY AIDS INITIATIVE (MAI) IS AN ESSENTIAL TOOL FOR FIGHTING HIV

CONGRESS ENACTED THE MINORITY AIDS INITIATIVE (MAI) IN 1998 in response to the consistent and disproportionate impact HIV has had on racial and ethnic minorities. It stemmed from a recognition that communities of color were under-resourced and had insufficient capacity to mount

effective prevention and care responses. This followed data published by the Centers for Disease Control and Prevention (CDC) in 1998 showing that Black people accounted for 50% of U.S. HIV diagnoses, and Latinx people made up 20% of diagnoses. These disparities have grown: in 2019, Black and Latinx people made up just 32% of the U.S. population, yet accounted for 70% of new HIV diagnoses.

THE MAI SERVES A CRITICAL NEED

The MAI was not established merely to provide more HIV prevention and care services to communities of color; it was meant to address the inadequate capacity to provide trusted, culturally relevant services by and to heavily impacted communities, the absence of which contributed to high rates of HIV and poor health outcomes. Additionally, disparities stemmed from ongoing racism and systemic discrimination in accessing health care and other services. Thus, the MAI was created to help overcome distrust by bolstering the capacity of minority-led community-based

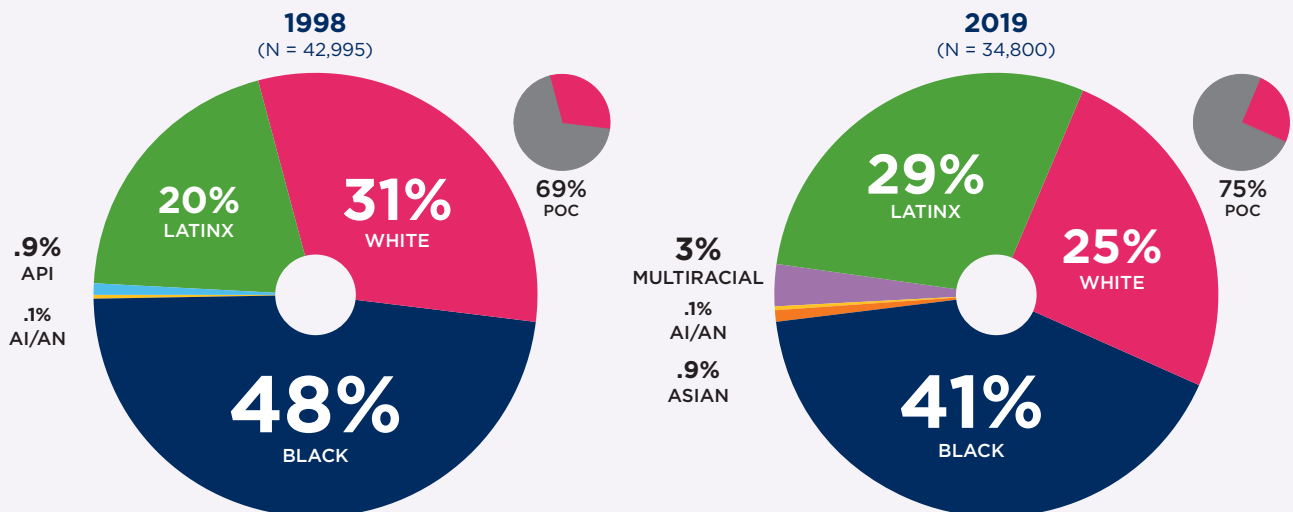
organizations (CBOs) and elevating these organizations and leaders to provide an increased amount of culturally relevant and highly effective HIV prevention, care, and educational services in communities of color.

MAI GOALS AND STRUCTURE

To strengthen minority-led CBOs' ability to provide culturally relevant services, the MAI aimed to: (1) increase funding for direct services, financial management, administration, program development, and evaluation; (2) expand the pool of HIV prevention, care, and treatment providers and HIV researchers; and (3) enhance minority providers' ability to compete for broader HIV/AIDS funding.

A large portion of MAI funds are allocated by formula to CDC and SAMHSA, and HRSA's funding is set by statute. A small portion of these agency funds is directed to the HHS Office of the Secretary to administer the Minority HIV/AIDS Fund (MHAF). In FY 2023, the MHAF was funded at \$60 million. A major challenge with the MAI program is that, except for the

HIV DIAGNOSES CONTINUE TO BE CONCENTRATED AMONG RACIAL/ETHNIC MINORITIES



Source: HIV Surveillance Report, 12(2) CTRS. FOR DISEASE CONTROL AND PREVENTION 1, 31 (2000) and HIV Surveillance Report, 26(1) CTRS. FOR DISEASE CONTROL AND PREVENTION (2021). AI/AN: American Indian/Alaska Native; API: Asian and Pacific Islander; NH: Native Hawaiian and other Pacific Islander (2019 data is not available for this group); POC: people of color

MHAF, little information is available about how much money is being utilized by each agency and if funds are being used to achieve the program's original intent. Indeed, the most recent funding data that are publicly available are for FY 2011.

THE MAI IS NEEDED TO OVERCOME STRUCTURAL INEQUITIES

We cannot end HIV without strong community-based organizations (CBOs) in the communities where HIV is prevalent, yet structural inequities are a major barrier to sustaining thriving organizations in many communities. These include policies, institutional practices, and other factors that produce and maintain inequities, such as financial threats, organizational incapacities, leadership and governance shortfalls, and biases and stigma.

Many minority-led CBOs have emerged, but not many have survived. This disappearance highlights the structural problems that MAI was meant to address.

RECOMMENDATIONS TO OVERCOME STRUCTURAL INEQUITIES

- Highlight the historic and contemporary roles and impacts of indigenous and minority-led organizations
- Make federal funding opportunities more flexible to maximize the capacity and ability of CBOs to respond to change by allowing for a more diverse use of funds and to provide appropriate administrative supports
- Support a community of CBO leaders of color where information exchange and social support can occur
- Fight to end HIV stigma and all forms of discrimination

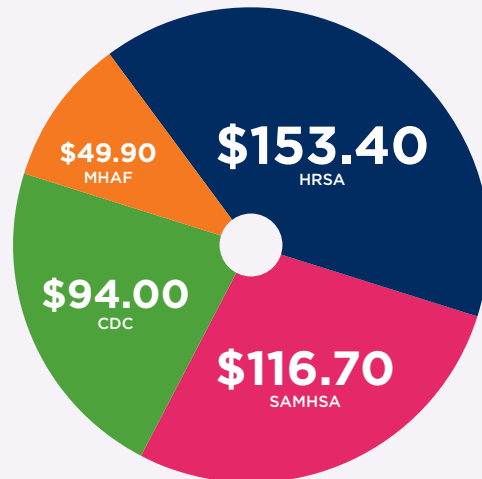
Source: Alyssa G. Robillard et al., *Structural Inequities, HIV Community-Based Organizations, and the End of the HIV Epidemic*, 112 AJPH (Mar. 2022).

BARRIERS THE MAI IS CURRENTLY FACING

Despite significant progress in preventing HIV, improving outcomes, and the presence of a few shining star organizations, the network of minority-led CBOs across the country is weak and remains under-resourced. Under federal law and Supreme Court precedents, it is unclear to what extent federal funds can be explicitly distributed based on racial classifications. In *Adarand Constructors v. Peña*, the Court said all racial classifications must pass strict scrutiny. This means they must (1) serve a compelling government interest, and (2) be narrowly tailored to serve that interest. It also said that race alone is not a sufficient condition for a presumption of disadvantage or the awarding of favored treatment. This has caused federal agency leaders across Administrations to move away from explicitly funding minority-led CBOs. Yet even if funds have been directed to more intently focus on serving minority communities, given

MINORITY AIDS INITIATIVE (MAI) FUNDING ALLOCATIONS

IN MILLIONS OF DOLLARS / FY 2011



Source: MINORITY AIDS INITIATIVE: *Consolidation of Fragmented HIV/AIDS Funding Could Reduce Administrative Challenges*, U.S. Gov't ACCOUNTABILITY OFFICE 1, 9 tbl. 1 (Nov. 2013).

the structural barriers to sustaining minority-led CBOs, MAI's effectiveness may have been undermined by these policy decisions. Persistent racial disparities and the goals of the National HIV/AIDS Strategy and the Ending the HIV Epidemic (EHE) Initiative have led many stakeholders to assert that funding minority-led CBOs fulfills a compelling government interest to enhance HIV resources, services, and supports for under-served racial and ethnic minority communities in a manner that is consistent with the law, combats racism and structural barriers, and saves lives.

The MAI is as important today as it was at its inception and is consistent with President Biden's generational commitment and comprehensive approach to advancing equity. As we assess how to meet national goals to end the HIV epidemic in 2023, we need to affirm our commitment to the MAI, increase its funding, improve its transparency, and ensure that it achieves its strategic purpose of increasing the capacity to provide trusted, culturally relevant HIV and other health services in the communities most heavily impacted by HIV.

TO LEARN MORE

The **Kaiser Family Foundation** wrote a comprehensive policy brief in 2004 regarding the MAI; it is available at bit.ly/3hIFF3Y.

In 2011, the **U.S. Government Accountability Office** assessed the MAI and its impact on grantees; the report is available at bit.ly/3O8clug.