

**KRONKOSKY CHARITABLE FOUNDATION  
ROUNDTABLE DISCUSSIONS**

**TOPIC:** HIV/AIDS  
**DATE:** June 23, 1999

**PREPARED BY:** Stephen Shin

**PARTICIPANTS**

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**Invited Representatives**

Olga Morales Aguirre	Executive Director	The Mujeres Project
Carole Bova-Rice	Executive Director	Providence Home
Michele Dawson	Executive Director	BEAT AIDS
David Ewell	Executive Director	San Antonio AIDS Foundation
Jerry Permenter	Executive Director	Alamo Area Resource Center
Jesus Sanchez	Chief Executive Officer	Hope Action Care

**Foundation Staff and Trustees**

Palmer Moe	Executive Director
Mark Carmona	Grants Manager
Stephen Shin	Student Intern

**Overview of Agencies**

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**The Mujeres Project**

Founded in 1990 as a Hispanic women's group, the Mujeres Project has expanded its scope and focus to become a health clinic and care provider for the poor. Included in this group are those infected by HIV or AIDS. The Mujeres Project serves both men and women, of which a majority are Hispanic. Around 8% of their client based are African, Asian and Native American.

- Provides housing facilities for up to 48 people (under Host Family Association). The housing is particularly for families.
- Offers financial assistance for utility bills and rent.
- Mandatory counseling for patients, including domestic violence and spousal abuse. Those families with which domestic violence is a major problem do not receive financial assistance until the problem is resolved.
- Staff curandera (healer) provides cultural and "spiritual" healing for families. Modeled after Hispanic and Native American culture.
- Holds an education and intervention program aimed at behavior modification.

- Conducts research within the community it serves to identify key issues and problems. The Mujeres Project recently concluded a study aimed at determining the cause of low breast-cancer screening among Latino women.
- Particular fields of interest remain in women's health and HIV/AIDS care.
- Providers numerous services that are not funded.
- Funding
  - Ryan White Title I, Texas Medical Foundation, Texas Medical Health, Ms. Foundation, Levi-Strauss Foundation and other foundations outside Texas.
  - Funding from the Ryan White Title I has decreased from \$86,000 to \$10,000 in the past year.

### **Providence Home**

Providence Home provides care for children infected with or affected by the HIV/AIDS epidemic.

- Licensed as a medical facility, Providence Home provides 24 hour nursing care. The nurses also act as house parents for many of the children. Due to its current financial situation, this service strains the budget.
- Provides family outreach programs, daycare, learning facilities, housing and basic essentials like clothing and food.
- The daycare facility's maximum capacity is around 48 infants. Currently, only 28 infants are enrolled.
- Residential facilities are temporarily closed down as Providence Home applies for a foster home license. The new cottage holds six, and the old unit, which is closed due to foundation damage, also can house six children.
- Attempting to start case management work again after a one-year cessation due to the absence of a social worker.
- Funding
  - United Way, Ryan White Title I, grants, individual giving and fund raising.

### **BEAT AIDS**

BEAT AIDS is a care provider primarily concerned with the Black Effort with AIDS. Founded in 1987, BEAT AIDS provide a host of services geared toward alleviating the debilitating effects of the disease within their target community.

- Offers education and prevention programs. Targets African Americans, especially women, who are often undereducated and deeply impacted by the lifestyle of their male partners.
- Provides services for those who are HIV positive because of a lack of adequate care for those who have HIV but are not yet at the stage of AIDS.
- Provides mental health, nutritional, sexual education, substance abuse counseling and transportation services. In addition, BEAT AIDS offers emergency financial assistance.
- Runs a health insurance program that ensures that a patient's health insurance policy continues.

- Holds support group meetings in recognition of the fact that HIV patients need support in their lives.
- Used to offer respite and hospice care so patients would not die alone. Substance abuse counseling used to be on-site but has been discontinued due to high-cost. Currently offers counseling through reference or by bringing in counselors from other organizations.
- Funding
  - Not as diverse as they would like it. Ninety percent comes from the government (federal, state, county and city). The rest is provided through foundation, individual giving and fund raising.

### **San Antonio AIDS Foundation**

Founded in 1986, the San Antonio AIDS Foundation is the oldest HIV/AIDS care provider in the San Antonio area. Originally created as a hospice provider, it has expanded its realm to include a variety of services.

- Licensed as a special medical facility by the Texas Department of Health.
- Offers skilled nursing care 24 hours a day. Currently has a staff of 32.
- Provides hot meals three times a day, seven days a week, HIV testing and AIDS education to school levels K through 12. The education program is currently an abstinence based program, though they are attempting to change the focus of the program.
- Case management has been brought back to supplement other social services offered.
- Funding
  - Ryan White Title I and Title II, United Way, Kronkosky Charitable Foundation, State Housing Commission, HOFA, Levi-Strauss Foundation, VA Hospital and University Health System.

### **Alamo Area Resource Center**

Created in 1990 by a small group of volunteers, the Alamo Area Resource Center (AARC) provides care and support to those infected with and affected by HIV/AIDS.

- Offers nutritional services and Food Bank to needy families. AARC estimates that it serves around 150 families per week. Delivers on site meals for those who have transportation problems.
- Provides mental health and various medical health care services. Also offers transportation services, coordination of medical services and educational programs.
- In recent years, AARC has expanded their range of services due to diversified funding sources.
- Currently implementing a program for housing the homeless AIDS patients in San Antonio. The program will offer 20 transitional housing units for a one-year period. AARC was selected to head the project funded by the Levi-Strauss Foundation.
- AARC has seen its number of case loads quadruple since its beginning, and with the increase in clients, AARC has continues to see many different needs for services.

- Approximately 51% of all clients are Hispanic, 37% Anglo and 18% African American.
- Funding
  - Ryan White Title I and Title II, Texas Department of Health, A-John Foundation and Levi-Straus Foundation.

### **Hope Action Care**

As the second oldest care and support provider for the HIV/AIDS infected community of San Antonio (started one year after the San Antonio AIDS Foundation), Hope Action Care (HAC) originally started as an education program but has expanded to full service for the HIV population in the area.

- Still maintains five outreach educators who service around 35,000 people per year in Bexar county.
- Offers case management, substance abuse counseling, rental assistance, emergency services and temporary housing facilities (25 beds) for homeless HIV patients, the only transitional housing facility for the HIV homeless in South Texas.
- HAC has a registered client list of around 1,300, of which 856 are active. The temporary housing facility serves around 100 clients per year.
- Currently constructing affordable housing units (4-unit housing).
- Also serves over 500 non-infected homeless and low-income clients who receive USDA food and rental/utilities assistance.
- Funding
  - Ryan White Title I and Title II, Center for Disease Control, Texas Department of Health, Texas Department of Housing and Communal Affairs, and the Minority Center.

## **Issues**

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### **HIV/AIDS Incidence in San Antonio**

The fight against HIV/AIDS is made all the more difficult by the unverifiable nature of the incidence rate. Estimates either undershoot or overshoot the actual situation of the population.

- According to the San Antonio Metropolitan Health District Bexar County AIDS Surveillance Report, from 1981 to March 31, 1999, there have been a reported 3,581 cases of AIDS. Of those, 1,915 died (a 53% death rate). Adults accounted for 3,530 cases, adolescents had 25 cases and pediatrics had 26 cases.
- The number of those afflicted with HIV are unknown. Previously, care providers did not have to report those with HIV. This has changed recently. Estimates place the number of HIV infected at three times the AIDS number (approximately 10,743).
- Some estimate that with the tremendous population of San Antonio, the HIV/AIDS rate will increase continuously for the next five years.
- The homeless population is unaccounted for. Similar to the disputed number of homeless (the 95-96 needs assessment places that number at about 17,000),

the actual incidence rate in the population are unknown. Estimates range anywhere from two to ten percent.

- The incidence rate among children has declined within past years. However, the number of affected children has increased. There are a large number of young single mothers who are infected with HIV or AIDS, and the high cost and time consuming nature of treatment leaves their children with inadequate care.
- The HIV/AIDS treatment rates had declined within recent years to an all-time low for most providers. However, this does not provide a clear indication of the problem. With the introduction of protease inhibitors, which had shown initial promise, the number of patients requiring services declined. Yet, the ever-mutating nature of the virus, protease inhibitors have begun to lose their effectiveness as the virus has adapted to it. Thus, the number of people requiring treatment has risen dramatically in recent times.

### **Needs Assessment**

The last needs assessment, conducted by the county, occurred in 1995-1996. With the ever-changing nature of the affliction, it is recognized that a new needs assessment needs to be conducted soon.

- The new needs assessment needs to ask what is needed in certain areas and why. The city must be reduced into smaller geographical areas and focus on the areas that need the most help.
- In order for the needs assessment to be effective, better tracking of patients needs to occur, especially in the case of HIV positive patients. Without an accurate count, there is no lucid indication of the depth of the problem, and thus it becomes impossible to determine how much funding is needed to curb the problem.

### **Ethnic/Immigration Problems**

The large number of immigrants in the San Antonio area, coupled with the ethnically diverse population, presents difficult dilemmas than a more homogenous population would present.

- Many ethnic populations would prefer to receive treatment from those within their culture or ethnicity because it provides them with more comfort.
- In the African American and Hispanic communities, women are typically the care provider and not the receiver. Often times, women only attend to their needs after the needs of their families have been met. In the case of HIV/AIDS, this is particularly unsafe.
- There have been reports that some legal immigrants have been advised not to receive community-based assistance (even in the case of HIV/AIDS), because it would endanger their chances of becoming naturalized.

## **Drugs/Treatment**

After the initial optimism that protease inhibitors engendered, doctors are currently at a loss for what to do.

- Over-reliance on protease inhibitors has led to a severe problem now that the virus had mutated and adapted to the drug. The numbers requiring treatment has skyrocketed, and those who thought the problem was over are scrambling for solutions. Last year, doctors were optimistic, but statistics show that between the second and third year of protease inhibitor treatment, health conditions decline rapidly.
- For children, the case is even worse. Only two combinations of drugs are approved for use on children by the Federal Food and Drug Administration (FDA). If neither of those treatments work, then the child is essentially doomed. The situation for poor or underprivileged children is even worse. Timing in the application of these treatments are of particular importance with children. In clinics or hospitals, this can be monitored, but in a poor home environment, this cannot be guaranteed.

## **Needs and Gaps in Service**

Even with 16 care providers in the San Antonio area, there are still some areas of need.

- HOSPICE and Respite care programs need to be started up again,
- Programs that help ensure that a person's health insurance coverage continues because of the increased length of life.
- Treatment for the incarcerated community.
- Temporary Housing for the Homeless HIV - HAC is the only facility in South Texas that offers such service. Even with 25 beds, they must limit the number served at one time to 10 because of limited funding.
- Transitional Housing - AARC is currently leasing 20 units for one year which will fill up in two weeks. There is a need for more.
- Rural Communities - People with HIV/AIDS in rural areas may not receive adequate treatment. Those who are poor do not go to the Food Bank because of a fear of violated privacy -- they do not want to reveal their disability in such small communities. Often times they try to travel to San Antonio for the services, a costly and time-consuming endeavor.
  - Transportation - very poor in the rural areas. Agencies in San Antonio often have to send vans out there because of the lack of public transportation
  - There is very little education/intervention programs performed in rural areas. The lack of education is reflected by the prejudice perpetuated by myths and ignorance about the nature of HIV/AIDS.
  - Though the Texas Department of Health (TDH) in theory is concerned about rural communities, little has been done in practice as shown through its funding disbursements and records. TDH refuses to invest money and education into the area. Their statistics show that there is not a problem in the area, but they are recorded by where the service is received and not by where the patient resides. Because many in the rural areas come to San Antonio for service, the numbers are deflated.

- Transportation - Although it is not as severe as in the rural areas, the public transportation system of San Antonio is unreliable and impractical for many.

### **Funding**

Many of the problems that non-profit agencies encounter concern the lack of adequate funding for the area. As with most cases, there is a limited amount of money which creates extreme competition, but in San Antonio, the picture is a little more complex than this.

- A majority of the funding comes from the Federal government the Ryan White Program. Named after a 15-year-old boy who died from AIDS he contracted from a tainted blood transfusion, the program is divided into two sections.
  - Title I - planning body determines the categories funded and allocates money likewise. County judges then decide which agencies receive which monies depending on the plan provided by the planning council. By Congressional legislative mandate, a portion of the money must be used for medical care.
  - Title II - Money is given to the state, and the state determines which agencies receive the money. The money is tracked to the end. By Congressional legislative mandate, a portion of the money must be used for vital services like insurance.
- Congress sets the budget and determines the direction of the entitlement program. In recent years, funding has been moving in a different direction with most of the money flowing through Title I instead of Title II.
  - Eighty percent of funding has been allotted towards medical care.
  - Twenty percent goes towards service providers.
  - Women, infant and children were only allotted 2% of the budget directly.
- Two planning councils attempt to distribute the money equitably to the various areas of need. The planning council for the Title II program, given their increased flexibility over Title I, is supposed to allocate funding according to community needs.
- The actual decision making process for funding has been accused of being overly political, a process that is not based on service provided or reliability, but rather on archaic prejudices (like homophobia) and relentless favor-for-favor networking. Members of the roundtable have been asked about the number of minorities and homosexuals on their staff.
- The planning council for Title I is very political (described as a "good ol' boy network). It is heavily manned by members from the Metropolitan Health District, the University Health Science Center and Bexar county. The council has passed mandates and allocated funds with little understanding of the complexity of the issue in San Antonio.
- Many feel that those who do not share the same views as or speak out against the council are punished through diminished funding entitlements.
- Because of the political nature of the council, there is little consistency in funding from year to year.

- With the limited pool of money, non-profit agencies find themselves having to compete with each other for funds. There is a duplication of services that undermine some of the agencies.
- To add to their predicament, the agencies must also compete with tax-funded entities like the University Health Science System, the MHD and the county. Bexar is the only county where community non-profits must compete with tax-funded entities for public funding. Neither Dallas or Harris (Houston) counties has such a policy.
- Agencies feel this works to their disadvantage especially when the planning council is run by members from tax-funded entities. Changes of deadline, revision of application, etc. work against non-profit agencies.
- Comparatively, the city of San Antonio, one of the ten largest cities in America) does not have any money in the budget allotted for HIV/AIDS services. By comparison, the city of New York has 200 million dollars set aside for the problem. Bexar county also does not have any either.
- Many feel that the money that goes into the county/planning council is not being used effectively. The 1998-year was particularly bad. Three agencies received the money as administrative agencies with the purpose of subcontracting out. The structure turned non-profits into subcontractors, a role that they were not comfortable with. Some estimate that around 75 % of the funding did not go toward services and is unaccounted for.
- Non-profits feel that corporations must step up on funding.

### **Coalition**

A coalition has formed in response to the unfair practices of the planning council in effort to discover alternative sources of funding and attempt to enfranchise the individual non-profits with a collective power. Granted around \$67,000 by the Levi-Strauss Foundation, the coalition has three main purposes:

1. Fundraising
2. Community building and maintaining communication
3. Building awareness throughout communities.

### **Suggestions**

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- Non-profit agencies need to create a better-managed coalition with a clear management structure. Agencies that duplicate services may have to switch focus to gaps in service or close their door. If the coalition can become more efficient, then corporations would be more willing to fund the HIV/AIDS effort in San Antonio, thereby offsetting the effective of inept planning councils. However, with 16 providers, corporations have neither the time, the staff nor the money to know who to fund, so they don't. Corporations want to know if their money is being used in a cost-effective manner. Without a clear and united organizational picture, this assessment is not viable. Thus, non-profits must combine their effort to make it more attractive for corporations to contribute to their cause.
- Solicit program support and not agency support.
- Supply history of funding that shows which agencies received funds.