

Continuity of care for HIV-infected Mexican migrants

Experiences from a training curriculum

U.S.-Mexico Border AETC Steering Team (UMBAST)

Welcome!

Mona Bernstein, MPH
Director
Pacific AIDS Education & Training Center



U.S.-Mexico Border AETC Steering Team Participants

- Texas/Oklahoma AETC
 - Valley AIDS Council: Harlingen
 - La Fe CARE Center: El Paso
- Pacific AETC
 - UC San Diego AETC
 - UCLA AETC
 - Arizona AETC
- Mountain-Plains AETC
 - New Mexico AETC
- AETC National Resource Center
- AETC National Evaluation Center



2018 RYAN WHITE HIV GRANTEE MEETING AND 17TH ANNUAL CLINICAL CONFERENCE

Who are you?

I work in an agency

100%

1. Located on the US/Mexico border
2. Serving migrants/immigrants
3. Both 1 and 2
4. Neither 1 nor 2

Why are you here?

I want to learn and share ...

- 100%
1. Experiences working on the border
 2. Experiences working with migrants
 3. Both
 4. Other

At the end of this workshop, participants will be able to:

- Discuss challenges & barriers faced by U.S. clinicians when supporting continuity of care for migrant populations
- Identify continuity-of-care resources for HIV-infected migrants in their home countries of Mexico, El Salvador, Guatemala, Nicaragua, Costa Rica, and Panama
- Explore how findings from the curriculum can improve communication among clinicians to better maintain HIV care for diverse HIV-infected migrant & immigrant populations

Agenda

- Engagement in Care: Focus on the Border & Migrants
- Mexican Migrants, HIV, & Health Disparities
- Training HIV Providers with Patients Returning to Mexico
- *AETCBorderHealth.org*
- Evaluation and Dissemination
- Your experiences
- Conclusions and evaluation

Engagement in HIV Care: Focus on the Border & Migrants

Lucy Bradley-Springer, PhD, RN, ACRN, FAAN
Associate Professor
University of Colorado Denver, School of Medicine
Principal Investigator
Mountain-Plains AIDS Education and Training Center



National HIV/AIDS Strategy

The White House Office of National AIDS Policy (July 2010)

Primary goals:

1. Reduce new HIV infections
2. Increase access to care and improve health outcomes for people living with HIV
3. Reduce HIV-related health disparities



National HIV/AIDS Strategy



Goal:

- To increase access to care & improve health outcomes for people living with HIV

Action steps:

1. Facilitate linkages to care
2. Promote collaboration among providers
3. Maintain people living with HIV in care

HRSA Continuum of Engagement

Not in care



Fully engaged

Unaware of
HIV status

Aware of
HIV status

Receiving
other medical
care but not
HIV care

Entered HIV
medical care
but dropped
out

In & out of
HIV care or
infrequent
user

Fully
engaged
in HIV
medical
care

Source: Cheever. *Clin Infect Dis* 2007;44:1500-1502



Have you ever worked with an HIV-infected immigrant client who returned to his/her home country?

100%

1. Yes

2. No

In my *opinion*, the #1 reason Mexican migrants do not receive HIV care is:

100% 1. They don't get tested

2. They don't enter care after testing

3. They fall out of care

4. Combination of factors

5. Other

Case #1

- An 18-year-old Mexican migrant MSM has a positive rapid HIV test at an outreach event in a rural community sponsored by an outside CBO
- He is informed of his preliminary positive result, receives post-test counseling, and has blood drawn for a confirmatory ELISA / WB
- An appointment is scheduled with the local HIV clinic with an appointment date in 4 weeks
- Confirmatory ELISA / WB (+)

Who bears the most responsibility for facilitating linkage to HIV care?

- 100%
1. Outreach organization
 2. HIV Clinic
 3. The patient/the client
 4. Other

Case #1, continued

- 2 weeks later the appointment date arrives & the patient is a “no show”
- Bilingual clinic staff call to reschedule but are told by the person who answers the phone that he is not available. She thinks he may be returning home, or going to another state to look for work.

Who would be responsible for following up with this person in your agency?

- 100%
1. Case manager
 2. Front office manager
 3. Nobody
 4. Nurse
 5. Other/ unsure

Overview of Mexican Migrants, HIV, and Health Disparities

Dan Culica, MD, PhD

Director

Texas/Oklahoma AIDS Education & Training Center
Parkland Health & Hospital System

Sources:

Addressing the Health Care Needs in the U.S.-Mexico Border Region – National Rural Health Association Policy Brief – January 2010 <http://www.nrharural.org>;
United States Mexico Border Health Commission, 2010
http://www.borderhealth.org/border_region.php.



The HRSA definition of BORDER is how many miles above the U.S.-Mexico border?

- 100% 1. 10 miles
- 0% 2. 15 miles
- 0% 3. 32 miles
- 0% 4. 61 miles
- 0% 5. 100 miles

U.S. communities on the border are characterized by relatively _____ compared with the rest of the country.

- 100% 1. Higher incidence of infectious disease
2. Higher unemployment
 3. Lower educational attainment
 4. Lower per capita income
 5. All of the above

The U.S.-Mexico Border Region

- Length: ~ 2,000 miles from the Gulf of Mexico (Texas) in the east to the Pacific Ocean (California) in the west.
- Mostly RURAL (except San Diego, El Paso, and Brownsville)
- Almost 25 American Indian tribes (nations) in the border region, creating a trinational region (e.g., Arizona, Mexico, Tohono O'Odham Tribal Nation)

The Border Population

- 13 million (expected to double by 2025)
- 2 of the 10 fastest-growing U.S. metropolitan areas (Laredo and McAllen, TX)
- 73% of U.S. border counties are Medically Underserved Areas (MUAs)
- 63% of U.S. border counties are Health Professional Shortage Areas (HPSAs) for primary medical care [HRSA-BPHC]

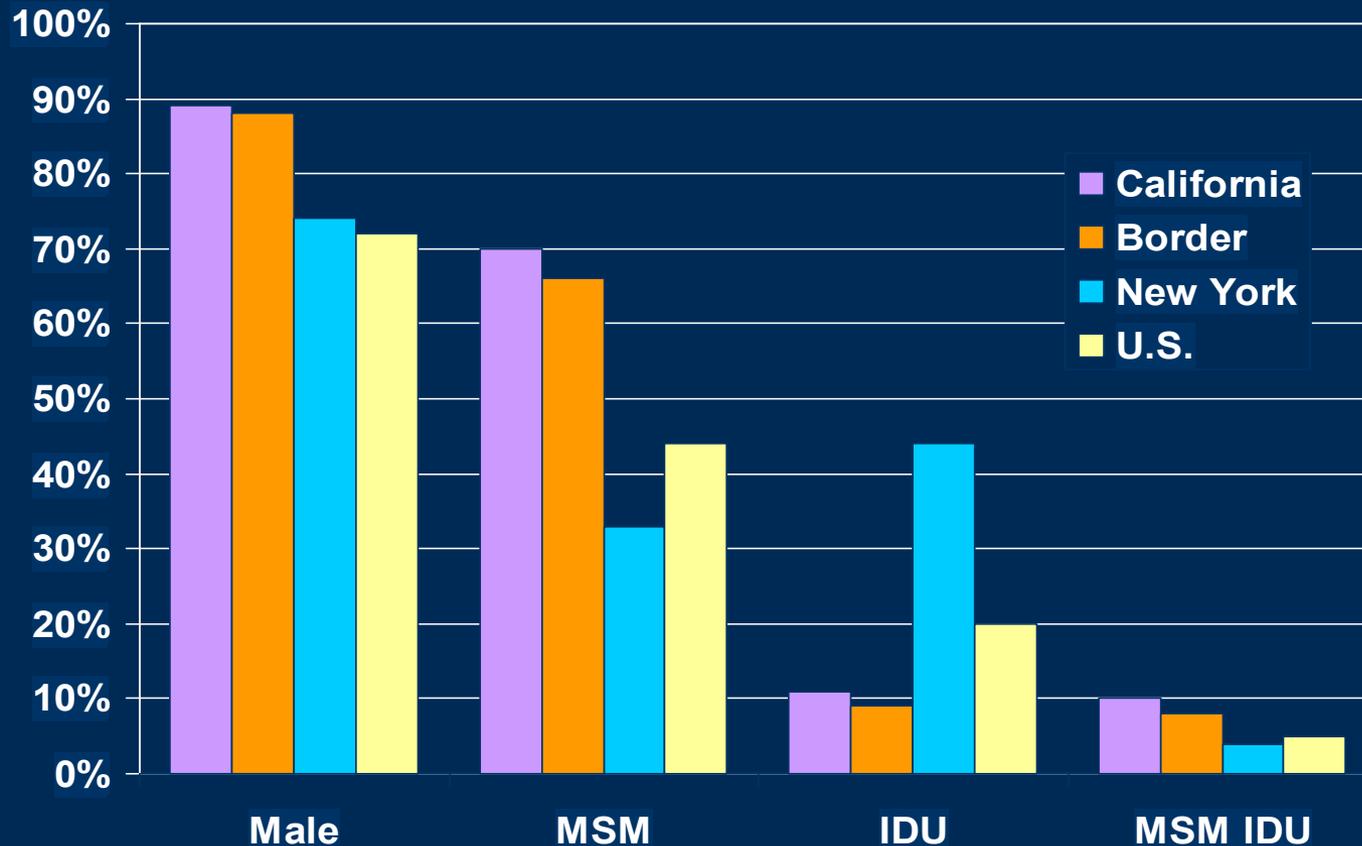
Barriers & Disparities

- Most border counties have no public health department
- Completely dependent on the resources of their state health department for basic public health services:
 - Immunizations
 - Disease surveillance
 - Laboratory services

Barriers & Disparities (con't)

- Hepatitis A in Santa Cruz County, AZ is 9x the overall state rate AZDHS, Bureau of Epidemiology and Disease Control Services, 2000.
- TB in Luna County, NM is 2x the overall state rates NMDOH, Office of New Mexico Vital Records and Health Statistics, 2000.
- San Diego County, CA is one of the 13 highest TB incidence areas in the nation CDC

Border Epidemic = “West Coast”



NASTAD – 2005
CDC - 2008

HIV Border Epidemiologic Profile

- 23 U.S. border counties
 - 878 newly diagnosed
 - HIV = 554
 - AIDS = 324
- 36 Mexican border municipalities
 - 2,102 newly diagnosed
 - HIV = 1,018
 - AIDS = 1,084

NASTAD - 2005

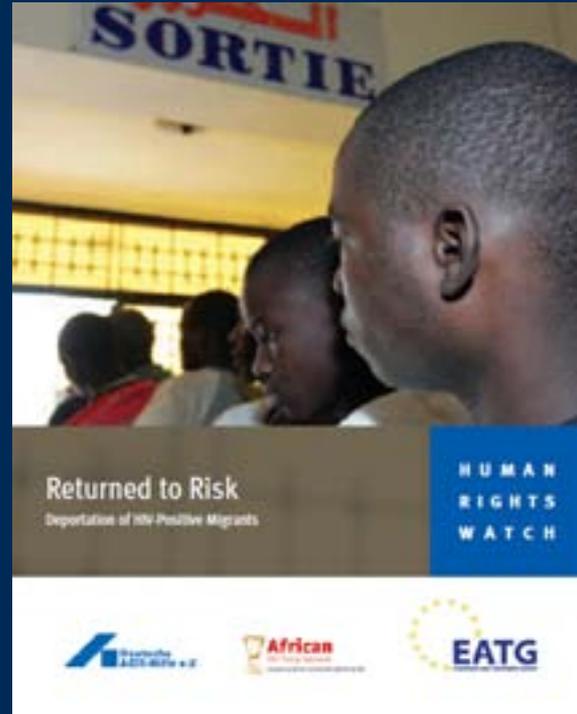
HIV+ Immigrants & Detention

- Many HIV+ immigrants are held in detention centers though the exact # is unknown
- Human Rights Watch reports that ICE estimates of over 200 HIV+ detainees in ICE facilities is a gross underestimate (most facilities are not included in the estimate)
- These facilities include a variety of federal, state and local institutions

Returned to Risk: Deportation of HIV-Positive Migrants

Human Rights Watch 2009

Initiatives to provide cross-border treatment between the United States and Mexico could serve as an example. Programs such as the U.S.-Mexico Border AIDS Steering Team...serve as a model for how treatment can be coordinated for deportees across borders and should be expanded where feasible.



Training HIV Providers with Patients Returning to Mexico

Tom Donohoe, MBA

Director

UCLA/Pacific AIDS Education and Training Center



UMBST

US-MEXICO BORDER AETC

(AIDS EDUCATION & TRAINING CENTERS) STEERING TEAM



Crossing the Border: Continuity of Care for HIV-Infected Patients Returning to Mexico

a program of the
U.S.-Mexico Border AETC Steering Team



Which of these U.S. metropolitan areas has the highest PERCENTAGE of Spanish-speaking households?

100% 1. Miami, FL

2. Los Angeles, CA

3. Santa Ana, CA

4. San Diego, CA

5. El Paso, TX

Overview

- The epidemiology of HIV infection in Mexico & on the U.S. border
- The U.S. HIV/health care systems
- Mexican HIV/health care systems
- Referral resources: *Seguro Popular* and *CAPASITS*

Mexico's Adult HIV Prevalence in Regional Context

- Mexico 0.3%
- United States 0.6%
- El Salvador 0.7%
- Guatemala 1.1%
- Honduras 1.8%
- Belize 2.4%



From: Update on HIV/AIDS in Mexico, June, 2007, Dr. Jorge Saavedra, General Director, National HIV/AIDS Program (Centro Nacional para Prevención y Control del VIH/SIDA CENSIDA).

<http://www.salud.gob.mx/conasida>

Source cited in original slide: UNAIDS. 2004 Report on the global AIDS epidemic, Geneva, 2004

Stigma and Discrimination

- *“I will not live in the same house with a person...
...of a different race” = 40%
...of a different religion” = 44%
...with HIV/AIDS” = 57%
...who is homosexual” = 66%*



From: Update on HIV/AIDS in Mexico, June, 2007, Dr. Jorge Saavedra, General Director, National HIV/AIDS Program (Centro Nacional para Prevención y Control del VIH/SIDA CENSIDA). <http://www.salud.gob.mx/conasida>
Source cited in original slide: “Encuesta Nacional de Cultura Política y Prácticas ciudadanas 2001”. Revista Cambio, 17 de Agosto del 2002. (National Survey of Culture, Politics and Citizen Practices, 2001, Change Magazine, August 17, 2002).

U.S. Health Care

- Guaranteed only for military, prison, and special programs for poor or elderly
- Most obtain coverage through an employer, but employers are not required to provide coverage
- Employees often must share plan costs
- >30 million without coverage often use ER or pay-for-service clinics



U.S. HIV Health Care Funding

- Private insurance
- Public insurance
- Ryan White HIV/AIDS Treatment Modernization Act of 2006
- Clinical trials
- Compassionate release

Mexico: Health as a Constitutional Right

- Mexican Constitution establishes the right of health care for all Mexican citizens
- Secretary of Health, appointed by the President, oversees Secretaria de Salud
- Secretaria de Salud charged with health surveillance, reporting, prevention, and management
- Constitution protects migrant populations, indigenous populations, children, youth, women, and agricultural laborers



Mexican Health Care Sources

- Most public employees: **ISSSTE**
(Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado)
- Insured private sector employees: **IMSS**
(Instituto Mexicano del Seguro Social)
- Uninsured/Migrant: **SSA**
(Secretaria de Salud)
 - Insured under **Seguro Popular**

Seguro Popular ... & Other Referral Resources

- TB Treatment...YES
- Family Planning Services...YES
- STI Treatment (CAPASITS)
- HIV Treatment (CAPASITS)
- Hepatitis C Treatment...NO



CAPASITS Locations



From: National Center for Prevention and Control of HIV/AIDS, Operative Investigation Administration, Mexico Secretariat of Health,
(Centro Nacional para la Prevención y el Control del VIH/SIDA Dirección de Investigación Operativa, Secretaría de Salud). <http://www.salud.gob.mx>

CAPASITS



Ciudad Victoria



Nayarit



La Paz



Mexicali



Veracruz



Zacatecas



From: National Center for Prevention and Control of HIV/AIDS, Operative Investigation Administration, Mexico
Secretariat of Health,
(Centro Nacional para la Prevención y el Control del VIH/SIDA Dirección de Investigación Operativa, Secretaría de
Salud). <http://www.salud.gob.mx>

UMBAST Online:

AETCBorderHealth.org

Nicolé Mandel
AETC National Resource Center
UCSF Center for HIV Information (CHI)



An HIV-infected patient in your clinic says she must return to Mexico and asks for referral resources. Where do you start your search?

- 100% 1. Internally, we have that information at our site.
2. I would search online.
3. I would call _____.
4. I would tell them that I can't help them.
5. I'm not sure where I would start.

Web Dissemination

- Web and phone-based training-of-trainers April 2009
 - 100+ participants
 - Curriculum PPT file accessed 250 times since
- Factsheets for providers of patients returning to Mexico and Central America created 2008/2009
 - 3,361 downloads
- Mexico ARV factsheet created 2006
 - 8,171 downloads



Home > Training Materials > Curricula > Resource Detail

Training Materials ▶

Training Principles ▶

Interactive Methods ▶

Program Management ▶

Technology Topics ▶

Crossing the Border: Continuity of Care for HIV-Infected Patients Returning to Mexico

Date: 07/2008

Source: U.S./Mexico Border AETC Steering Team (UMBAST); Pacific AETC; Mountain Plains AETC; Texas/Oklahoma AETC and AETC National Resource Center

Give Feedback

[Crossing the Border: Continuity of Care for HIV-Infected Patients Returning to Mexico PPT \[1.2 MB\]](#)

[Pre-Test Word \[50 MB\]](#)

[Post-Test Word \[52 MB\]](#)

[Post-Test Answer Key Word \[50 MB\]](#)



Crossing the Border: Continuity of Care for HIV-Infected Patients Returning to Mexico

a program of the
U.S.-Mexico Border AETC Steering Team



Description:

53 slide set with talking points. Outlines the health care system in Mexico, the Mexican response to the AIDS





- [Guidelines](#)
- [Clinical Manual](#)
- [Clinician Support Tools](#)
- [Reference Material](#)
- [News & Events](#)

[Home](#) > [Reference Material](#) > [Fact Sheets](#) > Resource Detail

Information for Providers Assisting HIV Patients Returning to Mexico and Central America

Source: U.S./Mexico Border AETC Steering Team (UMBAST); Pacific AETC; Mountain Plains AETC; Texas/Oklahoma AETC and AETC National Resource Center
Date: 04/2009

Description:

These fact sheets were developed to assist providers who have patients leaving the United States for Mexico and Central American countries. The goal of the information is to improve continuity of care for migrant patients with HIV. Fact sheets are now available in both English and Spanish (each file has both languages). Please give us feedback!

Información para Proveedores que Asisten a Pacientes que Regresan a México y los Países de Centro América:

Las hojas informativas se desarrollaron para asistir a los proveedores que tienen pacientes que salen de Estados Unidos y regresan a México y sus países en Centro América. La meta de la información es de mejorar la continuidad del cuidado de salud para los inmigrantes que tiene el VIH. Las hojas informativas ya están disponibles en inglés y español (cada archivo tiene ambos idiomas). ¡Por favor dénos sus sugerencias!

- [Costa Rica](#) [PDF 92 KB]
- [El Salvador](#) [PDF 95 KB]
- [Guatemala](#) [PDF 94 KB]
- [Honduras](#) [PDF 93 KB]
- [Mexico / México](#) [Online]
[Mexico / México](#) [PDF 100 KB]
- [Nicaragua](#) [PDF 92 KB]
- [Panama / Panamá](#) [PDF 95 KB]





Recommendations for Providers Assisting HIV Patients Returning to Mexico

What's Available in Mexico

Nearly all HIV medications available in the United States are now available to Mexican citizens in Mexico through a range of public and private programs. Access to HIV medications in Mexico has expanded greatly in recent years.

HIV Treatment in Mexico

Each state has an HIV/AIDS director responsible for coordinating treatment and prevention programs. You or your patient can contact this person to determine the availability of HIV diagnostic tests and HIV medications in the state to which your patient is returning. Patients are treated either in general hospitals or in CAPASITS (HIV specialty clinics – "Centro Ambulatorio de Prevención y Atención en SIDA e ITS"). The CAPASITS network was introduced in Mexico in 2005 and is still expanding. As of 2008, it comprised nearly 60 centers around the country. See below for a link to CAPASITS locations.

What Patients Will Need

Patients must enroll for care and provide certain documents to be eligible to receive medications. To speed the process and avoid out-of-pocket costs for laboratory tests, encourage your patients to bring the following:

Necessary

- ☑ **Positive HIV antibody test result** (confirmed with Western Blot)
- ☑ **Patient's CURP number** ("Clave Unica de Registro de Población," Mexican federal I.D. number. Patients can look this up online at: http://www.gobernacion.gob.mx/CurpPS_HTML/?sp/CurpTDP.html)

Recommended

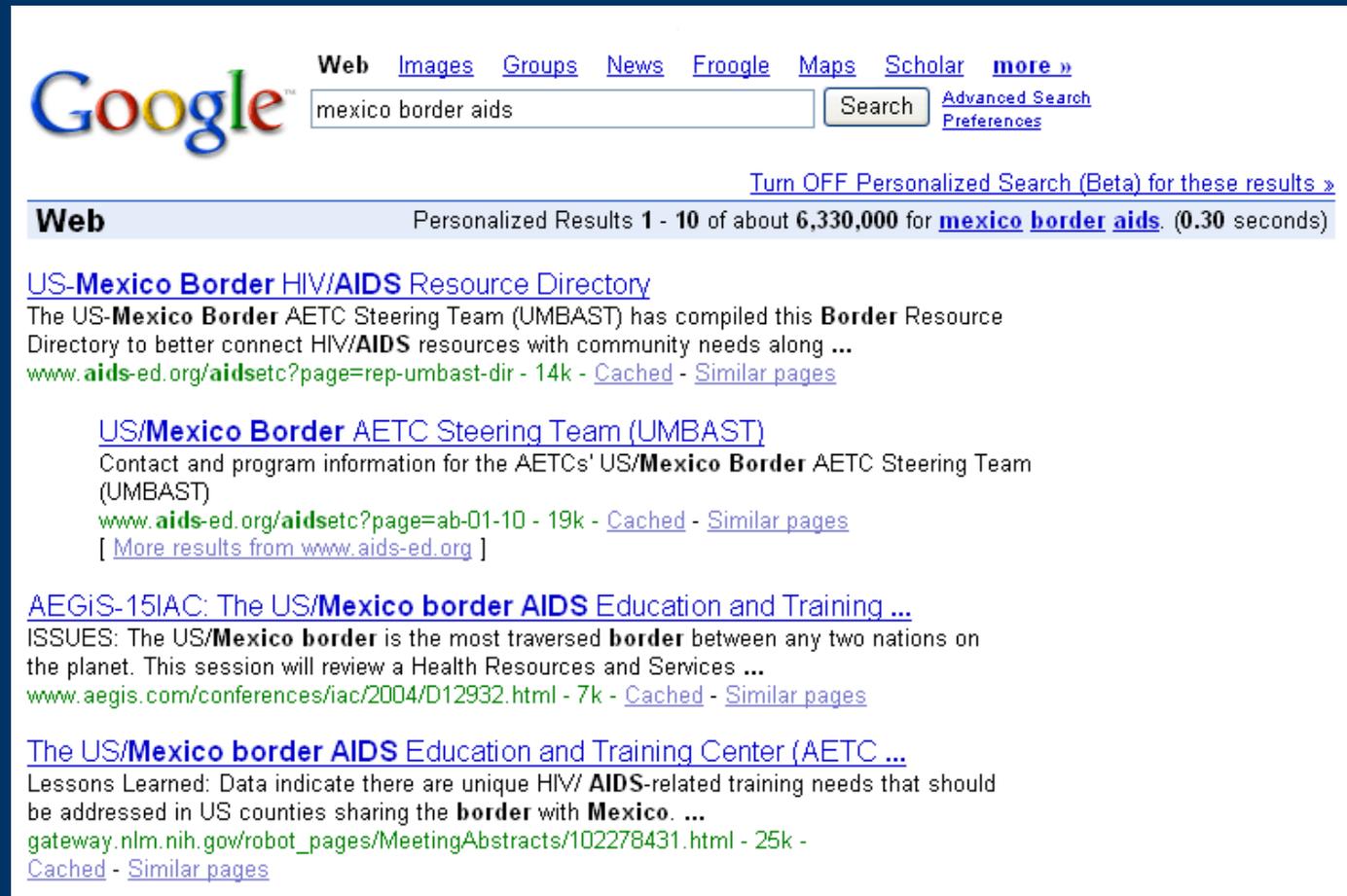
- ☑ If available, 3 month supply of their current HIV medications
- ☑ A recent CD4+ T cell count (not free in all Mexican states)
- ☑ A recent viral load test result (not free in all Mexican states)
- ☑ A copy of the patient's chart including complete antiretroviral treatment history

Connecting to Care in Mexico

- A national toll-free hotline is operated by the Mexican federal agency in charge of HIV treatment and prevention, CENSIDA. Encourage your patient to call when they are in Mexico to find the closest care provider.
 - **Phone:** 01 800 712 0886 or 01 800 712 0889.
 - **Online:** <http://www.salud.gob.mx/censida/> (Spanish).
- The list of CAPASITS (outpatient multiservice care centers) is available online at: <http://www.censida.salud.gob.mx/interior/transparencia/capasits.htm> (Spanish)



Search “Mexico border AIDS”



The screenshot shows a Google search interface. At the top left is the Google logo. To its right are navigation links: [Web](#), [Images](#), [Groups](#), [News](#), [Froogle](#), [Maps](#), [Scholar](#), and [more »](#). Below these is a search input field containing the text "mexico border aids" and a "Search" button. To the right of the button are links for [Advanced Search](#) and [Preferences](#). Below the search bar is a link: [Turn OFF Personalized Search \(Beta\) for these results »](#). The search results are displayed under the heading "Web" and indicate "Personalized Results 1 - 10 of about 6,330,000 for [mexico border aids](#). (0.30 seconds)".

US-Mexico Border HIV/AIDS Resource Directory
The US-Mexico Border AETC Steering Team (UMBAST) has compiled this **Border** Resource Directory to better connect HIV/AIDS resources with community needs along ...
www.aids-ed.org/aidsetc?page=rep-umbast-dir - 14k - [Cached](#) - [Similar pages](#)

US/Mexico Border AETC Steering Team (UMBAST)
Contact and program information for the AETCs' US/Mexico Border AETC Steering Team (UMBAST)
www.aids-ed.org/aidsetc?page=ab-01-10 - 19k - [Cached](#) - [Similar pages](#)
[[More results from www.aids-ed.org](#)]

AEGIS-15IAC: The US/Mexico border AIDS Education and Training ...
ISSUES: The US/Mexico border is the most traversed **border** between any two nations on the planet. This session will review a Health Resources and Services ...
www.aegis.com/conferences/iac/2004/D12932.html - 7k - [Cached](#) - [Similar pages](#)

The US/Mexico border AIDS Education and Training Center (AETC ...
Lessons Learned: Data indicate there are unique HIV/ AIDS-related training needs that should be addressed in US counties sharing the **border** with **Mexico**. ...
gateway.nlm.nih.gov/robot_pages/MeetingAbstracts/102278431.html - 25k - [Cached](#) - [Similar pages](#)



Evaluation and Dissemination

Janet Myers, PhD
AETC National Evaluation Center

Tracy Tessmann, MA
Texas/Oklahoma AIDS Education & Training Center

Data Collection

- Participant Information Form (PIF)
- Participant Evaluation Form (PEF)
- Pre- & Post-tests (sometimes using ARS)
- IRB issues
- NEC online follow-up behavioral survey

Recent Trainings Summary

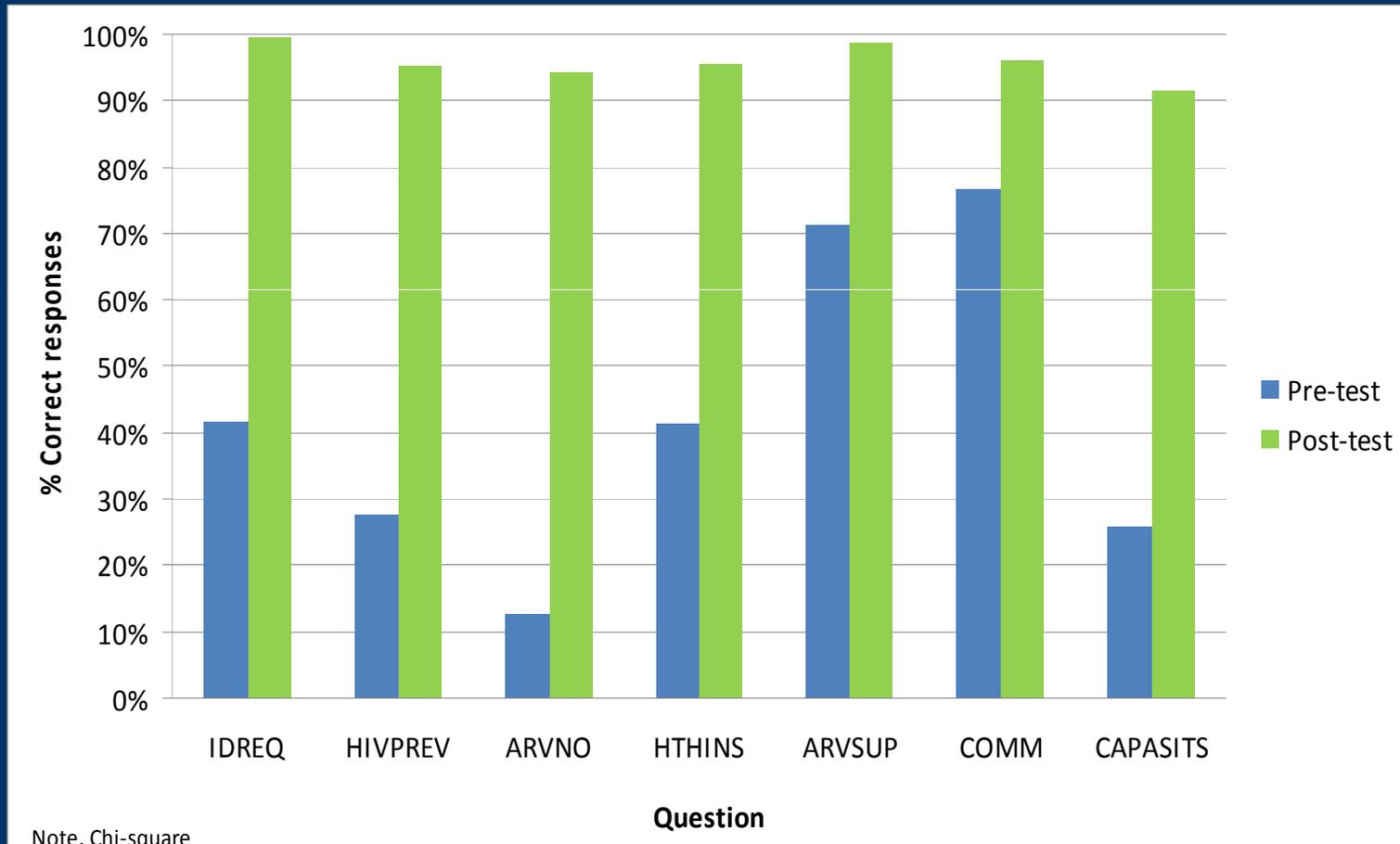
January –June 2010

- 12 events
- 7 cities
 - Border areas: El Centro, Bisbee
 - Other areas:
Los Angeles, Boise, Fresno, Irvine,
Orlando, San Jose (*“vertical” border*)

Trainings

- 60-minute Level I presentation or 90-minute Level II presentation
- 280 pre-test participants
- 344 post-test participants
- 253 pre-post matched participants

Changes in Knowledge



Note. Chi-square

Dissemination

- International AIDS and other conferences
- USMBHC Newsletter
- HRSA and other publications
- Letter to the editor
- Future plans
- Other ideas?

Continuum of Care for HIV Patients Returning to Mexico

JANAC's recent Hispanic Special Issue could not have been published at a more appropriate time. Those of us working in HIV education and the training of HIV clinicians in the United States welcomed the three excellent articles (Cobos & Jones, 2008; Jones & Jones, 2008; Sowell, Holtz, & Velasquez, 2008) that reviewed the challenges faced by Mexican migrants living with HIV. We believe that the climate to address these challenges and to improve HIV care for migrants through cooperative binational efforts has never been better. As many of us prepare to leave for the International AIDS Conference in Mexico City, the U.S. Congress has voted to rescind the HIV-related travel and immigration restrictions (Abrams, 2008), a change that can only benefit our efforts. On the other side of the border, Mexico's *Secre-*

The U.S.-Mexico Border region, which includes some of the poorest counties in the country, has large rural populations with health care service shortages leading to poorer health outcomes than in the rest of the country (United States-Mexico Border Health Commission, 2008). In combination with these factors, an increase in the number of HIV cases along the border led to a request from the Health Resources and Services Administration for a collaborative effort to systematically assess the education and capacity building needs of health care providers in this region. The three AETCs geographically located along the border (Pacific AETC [California, Arizona], Mountain-Plains AETC [New Mexico], and Texas/Oklahoma AETC [Texas]) interviewed more than 75 border clinicians to determine their unique HIV-

Activity

- What does your agency currently do to:
Link? Engage? Retain? Refer?
Mexican & other migrant & immigrant HIV patients?
- What are your challenges?
 - How can AETCs & their partners help?
 - How can we help each other?

Evaluation & Next Steps

- Summary of border/migrant experiences
- Review needs (training, technical assistance, capacity-building, others)
- Please complete the evaluation before leaving