

HIV/AIDS ISSUES ON THE U.S./MEXICO BORDER

The University of Oklahoma School of Social Work


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World AIDS Day - 2001



OU Evaluation Center Authors

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OVERVIEW


1. US/Mexico Border Health Issues
2. The HRSA Border Initiative
3. Centro de Evaluación
4. Data collection and data
5. Data analysis
6. Preliminary findings
7. Lessons learned (so far . . .)
8. Future plans




US/Mexico Border Issues



- Rapid population growth
 - 35% Border
 - 10% other U.S.
- High poverty rates
 - 1/3 below poverty
- Unemployment
 - 300% higher



Border Health Issues



- Inadequate health care, high rates of
 - TB
 - Hep
 - STD
 - Diabetes
- Inadequate housing and infrastructure
- Environmental degradation



Border HIV/AIDS Issues

- Many diagnosed, but do not enter care
 - may wait many years for treatment
- Citizenship /eligibility rules vary
 - Patients may need to travel for care
- Limited treatment in Mexico for those with funds, no public-funded treatment for indigent

HIV issues (con't)

- No public-funded HIV testing in Mexico
 - Forced testing in Maquiladoras—but no results
- Medications available only for wealthy in Mexico
- Substantial mobility of population

HIV issues (con't)

- Repressive attitudes about homosexuality
 - Bisexuality is a category in Mexico statistics
- Machismo facilitates extra-marital relationships
 - For relationships with females
- Individuals are surviving in a "war zone" of racism, poverty, and isolation

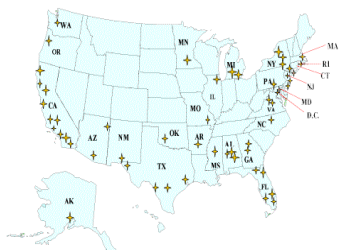
U.S. P.H.S. HRSA SPNS US/Mexico Border Health Initiative

- Funded by US Public Health Service
 - Health Resources and Services Administration
 - HIV/AIDS Bureau
 - Special Projects of National Significance



SPNS: Research and demonstration branch for all titles of the Ryan White CARE Act


Special Projects of National Significance Sites FY 2000



There are currently 93 SPNS projects, however the number of points on this map is less than 87 since there is more than one SPNS activity in some cities.

Goals of the Border Initiative

- 100% Access -- 0 Disparity
- Improve early detection of HIV
 - Outreach & HIV Testing
- Increase capacity of **primary care** providers
- Increase access to **primary care** for HIV infected on the US/Mexico Border



Goals accomplished by . . .

1. **Service-based demonstration projects**
 - with key primary care components
2. **Program Evaluation**
 - both multi-site and local
 - innovative model development
 - wide dissemination of findings

Five Demonstration Sites

- ASO or CHC
- all have Ryan White Title III(b) clinics or contracts
- approximately 27 service sites in total
- covering approximately 2,000 miles
- funding for CHC's from HRSA Primary Health Care Bureau
- some projects selected by states, only the evaluation center was competitively funded

Five Demonstration Sites

Location of Service Projects:

Southern California

- SAN YSIDRO HEALTH CENTER

Arizona

- EL RIO COMMUNITY HEALTH CENTER
 - Tucson, AZ

New Mexico


- CAMINO DE VIDA
 - Las Cruces, NM

El Paso, TX

- LA FE CLINIC

Lower Rio Grande Valley, TX

- VALLEY AIDS COUNCIL
 - Harlingen, TX



Centro de Evaluación

School of Social Work
University of Oklahoma,
Norman



School of Public Health
School of Social Welfare
University of California,
Berkeley



Centro de Evaluación: FUNDING


- Funded for 5 years, will be extended for a sixth year for data analysis
- First year completed on June 30, 2001
- Funded at \$540,000 per year
- Total funding: \$ 3.1 million
- Bonus of \$ 500,000 yr. 1 – data analysis

Centro de Evaluación: STAFFING

Primary Principal Investigator:

David D. Barney, MSW, MPH, PhD

- Assistant Professor, School of Social Work, University of Oklahoma – Norman
- Teaches advanced group work & program evaluation (MSW program)
- M.S.W., San Diego State University
- M.P.H., University of California, Berkeley
- Ph.D., University of Kansas




Centro de Evaluación: STAFFING

Project Director:

Betty E.S. Duran, MSW, MPH

- From Pojoaque Pueblo, New Mexico
- Second HRSA multi-site evaluation center (former Director of Client Services, NNAAPC)
- M.S.W., University of Kansas
- M.P.H., University of Oklahoma



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Co-Investigator:

Herman Curiel, MSW, PhD

- Associate Professor, School of Social Work, OU – Norman
- Teaches clinical supervision & direct practice practicum (MSW program)
- M.S.W., Our Lady of the Lake Univ.
- Ph.D., Texas A & M University





Centro de Evaluación: STAFFING

Co-Investigator:

Kurt Organista, PhD

- Associate Professor
 - School of Social Welfare
 - University of California, Berkeley
- Teaches mental health & Hispanic treatment issues (MSW program)
- Specializes in migrant HIV/AIDS prevention
- Ph.D., Arizona State University





Centro de Evaluación: STAFFING

Co-Investigator:


Michael Tarter, PhD

- Professor
 - School of Public Health
 - University of California, Berkeley
- Teaches biostatistics (MPH program)
- Specializes in environmental health
- Ph.D., Univ of California, Los Angeles




Partner Evaluators

- University of California, San Diego
 - School of Medicine
- University of Arizona, Tucson
 - Mexican American Studies
- University of Texas, Houston at El Paso
 - HSC, School of Public Health
- University of Texas, El Paso
 - Psychology Department
- University of Texas, San Antonio
 - HSC, College of Medicine



PROJECT ACTIVITIES

- Two annual national grantee meetings
 - Norman, OK
 - San Francisco
 - Washington, DC
 - San Diego
- Minimum of two site visits annually
- Technical assistance to grantees
 - multi-site & local evaluation issues

PROJECT ACTIVITIES

- Additional annual meetings
 - Data Manager's Meeting, Norman, OK
 - Promotores Meeting, San Diego

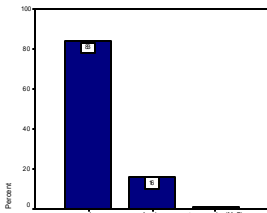
- Coordination of dissemination
 - two national conferences annually
 - two monographs
 - publications committee

Sample Size November 29, 2001

	total N	CAL	ARZ	NMX	ELP	VAC
A Demographics	363	86	46	29	152	50
B Lifestyle	356	85	46	29	147	49
D Risk Factors	353	84	46	28	147	48
E Quality of Life	301	65	46	29	148	13
F Barriers to Care	33		4	29		
G Client Satisfaction	256	32	44	29	144	7

Demographics

Gender of client



		gender of client	
		Count	%
male	333	83.5%	
female	58	16.0%	
transgender (M-F)	2	0.5%	
Total	393	100.0%	

Demographics

Sexual orientation:

	sexual orientation	
	Count	%
gay/lesbian	174	47.9%
bisexual	38	10.5%
heterosexual	136	37.5%
undecided/don't know	3	.8%
prefer not to answer	12	3.3%
Total	363	100.0%

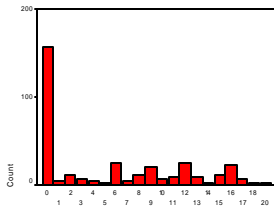
Demographics

Hispanic ethnicity:

	Hispanic group	
	Count	%
not Hispanic	49	14.5%
Mexican/Mexican American	273	80.5%
Cuban	2	.6%
Puerto Rican	2	.6%
Central American	2	.6%
Spanish, Portuguese, C. Verdean	4	1.2%
Other Caribbean	1	.3%
Other Hispanic	6	1.8%
Total	339	100.0%

Demographics

Education in Mexico:



	years of education not in U.S.	
	Count	%
0	158	43.5%
1	6	1.7%
2	12	3.3%
3	8	2.2%
4	6	1.7%
5	4	1.1%
6	26	7.2%
7	5	1.4%
8	11	3.0%
9	20	5.5%
10	7	1.9%
11	9	2.5%
12	27	7.4%
13	10	2.8%
14	4	1.1%
15	13	3.6%
16	24	6.6%
17	8	2.2%
18	2	.6%
20	3	.8%
Total	363	100.0%

Demographics

Exposure category:

	exposure category	
	Count	%
male sex with another male	200	55.2%
injected drugs	17	4.7%
male sex w/ another male AND injected drugs	11	3.0%
heterosexual contact	91	25.1%
heterosexual AND injected drugs	17	4.7%
blood trans, blood components, or tissue	11	3.0%
other	15	4.1%
Total	362	100.0%

Demographics

Primary health care source:

Primary health care source	Percentage
outpatient clinic	88%
E.R.	7%
none	2%

Presenting Treatment Issues

Issue	% of clients needing services
mental health	~0.45
alcoholism	~0.25
drug use	~0.25
herpes	~0.15
gonorrhea	~0.22
chlamydia	~0.05
syphilis	~0.85
tuberculosis	~0.42
hepatitis	~0.38
HIV/AIDS	~0.12
other/unknown	~0.32

Lifestyle & Culture

Ties to national identities:

	ties to United States	ties to Mexico	ties to South & Central America	ties to other countries
	%	%	%	%
no	5.1%	31.0%	98.3%	91.2%
yes	94.9%	69.0%	1.7%	8.8%
Total	100.0%	100.0%	100.0%	100.0%

Lifestyle & Culture

Number of round trip border crossings:

Number of crossings	Count
0	~80
1	~35
2	~25
3	~20
4	~15
5	~10
6	~15
7	~10
8	~15
9	~10
10	~15
11	~10
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31	~10
32	~15
33	~10
34	~15
35	~10
36	~15
37	~10
38	~15
39	~10
40	~15

Lifestyle & Culture

Number of months per year lived in Mexico:

Months lived in Mexico	Percent
0	~75
1	~10
2	~5
3	~2
4	~1
5	~1
6	~2
7	~1
8	~1
9	~1
10	~1
11	~1
12	~10

Lifestyle & Culture

Patient is migrant farm worker:

	migrant farm worker	
	Count	%
no	328	92.1%
yes	23	6.5%
don't know/unknown	5	1.4%
Total	356	100.0%

Lifestyle & Culture

Patient uses traditional healer:

	use traditional healer	
	Count	%
no	324	91.0%
yes, in Mexico only	11	3.1%
yes, in U.S. only	16	4.5%
yes, in both US & Mexico	4	1.1%
don't know/unknown	1	.3%
Total	356	100.0%

Lifestyle & Culture

Medical care/medication access:

	non-HIV medical care in Mexico	non-HIV medical care in the U.S.	HIV medical care in Mexico	medication in Mexico	traditional medications in Mexico
	%	%	%	%	%
no	81.5%	45.2%	89.9%	77.0%	87.9%
yes	18.3%	54.5%	9.8%	22.8%	11.8%
don't know/unknown	.3%	.3%	.3%	.3%	.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Lifestyle & Culture

Patient has health insurance in Mexico:

	health insurance in Mexico	
	Count	%
no	322	90.7%
yes	31	8.7%
don't know/unknown	2	.6%
Total	355	100.0%

Lessons learned (so far . . .)


EVALUATION RESEARCH

- Finding common elements is difficult across the Border as needs vary so greatly
- Clients are very satisfied with services
 - no variance
 - "social support" concepts may work better

Cultural complexity of Border mandates


qualitative exploration of issues

- prior to hypothesis development





- Cultural concepts, such as *promotores*, vary according to location along the border—and are not necessarily consistent with Mexican definitions

Lessons learned (so far . . .)



LIFE ON THE US/MEXICO BORDER

- Different everywhere along the border
 - socioeconomic
 - language
 - ethnic demographics
- How individuals respond to oppression is different by region
 - Lower Rio Grande Valley is different from El Paso area – service system responds accordingly




HIV medical care usage runs contrary to popular usage of medical care by Hispanics on the US/Mexico Border

- Individuals usually prefer medical care in Mexico – but not for HIV/AIDS care

Any solutions to social and health problems requires a BI-NATIONAL approach




Future Directions

Qualitative research

Access to HIV/AIDS health care as a human rights issue

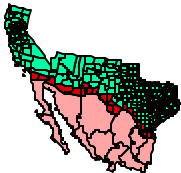
- What is your daily life like?
- What are your concerns for the future?
- How are individuals living in a “war zone” influenced when seeking health care?

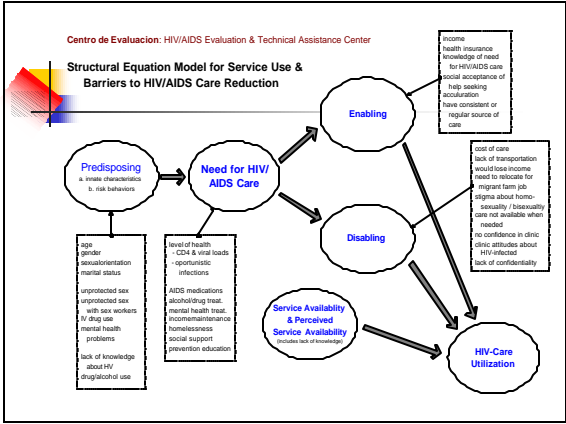



Evaluation Research Activities

GIS mapping

1. epi picture
2. mapping of at-risk metropolitan areas for outreach





CHAID analysis

Segmentation modeling

- identifies uniqueness of sub-populations
- important for determination of client needs & program services

International development

- Data collection activities in Mexico
- Possible expansion into Central America

For more information:

Websites:

www.ou.edu/border

faculty-staff.ou.edu/B/David.D.Barney-1