



Arizona Border HIV/AIDS Care Project: Progress and Lessons Learned

El Rio Health Center, Inc.

Tucson, Arizona

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Evaluation Data

- Multi-Site Data (65 Pre-SPNS and 6 Post-SPNS)
 - ◆ 71 Modules (A, B, D, E, and G)
 - ◆ 23 Module F
 - ◆ 13 Module E (time 2)

Evaluation Data

■ Local Data

- ◆ 12,682 Outreach Contacts (1,341 Individuals and 11,341 in groups), plus 6 radio spots reaching over 250,000 people
- ◆ 212 Karnofsky Scales
- ◆ 44 Physician Consultations
- ◆ 37 Patients Satisfaction Surveys
- ◆ 130 Provider Assessments
- ◆ 7 Change Forms

ABHAC Program Participants (n=71)

Inferred Presenting Conditions (Module A)

- 65% Low income
- 41% Mental health
- 39% Rural Isolation
- 39% Transportation
- 32% Alcohol use

ABHAC Program Participants (n=71)

Risk Factors (Module D)

- 72% had unprotected sex with males
- 48% had unprotected sex with an HIV+ person
- 38% had unprotected sex with females
- 27% had been diagnosed with a new STD
- 23% had unprotected sex with an IDU

ABHAC Program Participants (n=71)

Quality of Life (Module E)

- 72% indicated that their health limits vigorous activities
- 60% indicated that their health affected social activities
- 58% indicated that pain interferes with work
- 47% indicated that their health limits moderate activities
- 46% indicated that their health limits climbing hills or stairs
- 37% indicated they have moderate to severe bodily pain
- 36% of the participants describe their health as very good to excellent
- 35% indicated that their health restricted work, housework, and school

Barriers to Care (Module F, n=23)

Item (yes responses)	Before	Now
■ Doctor does not specialize in HIV/AIDS	65%	26 %
■ Feel okay and not need services	48 %	43 %
■ Meds might make you sick	87 %	48 %
■ Preferred alternative treatments	14 %	59 %
■ Health in God's hands	23 %	73 %
■ Someone might find out you have HIV	46 %	32 %
■ People might think badly of you	50 %	41 %

Health Status, Barriers to Care and Depression Findings

Correlations

		DEPRESS	BARRIERS	V501 overall health description	V502 overall health rating
DEPRESS	Pearson Correlation	1.000	.309**	.648**	.604**
	Sig. (2-tailed)	.	.009	.000	.000
	N	70	70	70	70
BARRIERS	Pearson Correlation	.309**	1.000	.201	.218
	Sig. (2-tailed)	.009	.	.093	.068
	N	70	71	71	71
V501 overall health description	Pearson Correlation	.648**	.201	1.000	.715**
	Sig. (2-tailed)	.000	.093	.	.000
	N	70	71	71	71
V502 overall health rating	Pearson Correlation	.604**	.218	.715**	1.000
	Sig. (2-tailed)	.000	.068	.000	.
	N	70	71	71	71

** . Correlation is significant at the 0.01 level (2-tailed).

Lessons Learned

Evaluation

- Targeted outreach is necessary in order to reach at-risk populations (MSM, IDU, Heterosexual Latinas)
- Important to examine potential methodological issues related to Barriers Module
- Subjective Health Status is not statistically related to number of barriers experienced
- Co-morbidity needs to be examined, especially depression status, as it relates to barriers to care and subjective health status items

Lessons Learned

Community

- Community education on HIV/AIDS
- Help develop community concern and responsibility in addressing HIV/AIDS
- Collaborate with community leaders, physicians, and agencies

Lessons Learned

Community Health Centers

- Staff knowledge and attitude of HIV/AIDS
- Cautious attitude of CHC of outsiders
- Confidentiality

Lessons Learned

Patient Perceptions

- Quality of care – perception that HIV treatment/care by physicians in the rural CHC may not be as proficient as in the urban cities
- Confidentiality – hard to maintain confidentiality in a rural CHC when family members and/or friends employed at the CHC

Lessons Learned

Cultural Competency

- Philosophy of the CHC regarding culturally competent care
- J1 visa physicians practicing at CHC lack awareness/competency of cultural dynamics of the community

Lessons Learned

HIV/AIDS Trend

- Heterosexual transmission
- MSM infected elsewhere and return to rural area
- IDUs hidden population
- Targeted Outreach