

FY2 LESSONS LEARNED

HRSA SPNS

New Mexico Border Health Initiative

Kari Maier, Project Director

Veronica Salcido-Harding, Project Coordinator

Michelle Valverde, Local Evaluator

Yvonne Roacho, Data Manager

BORDER CONTEXT

| State | Population 2000 | AIDS 2000-01 Rates/100,000 | HIV Cum. Totals, 2001 |
|------------|-----------------|----------------------------|-----------------------|
| Arizona | 5,130,632 | 10.0 | 4,761 |
| California | 33,871,648 | 13.8 | NA |
| New Mexico | 1,819,046 | 6.3 | 670 |
| Texas | 20,851,820 | 13.3 | 9,004 |

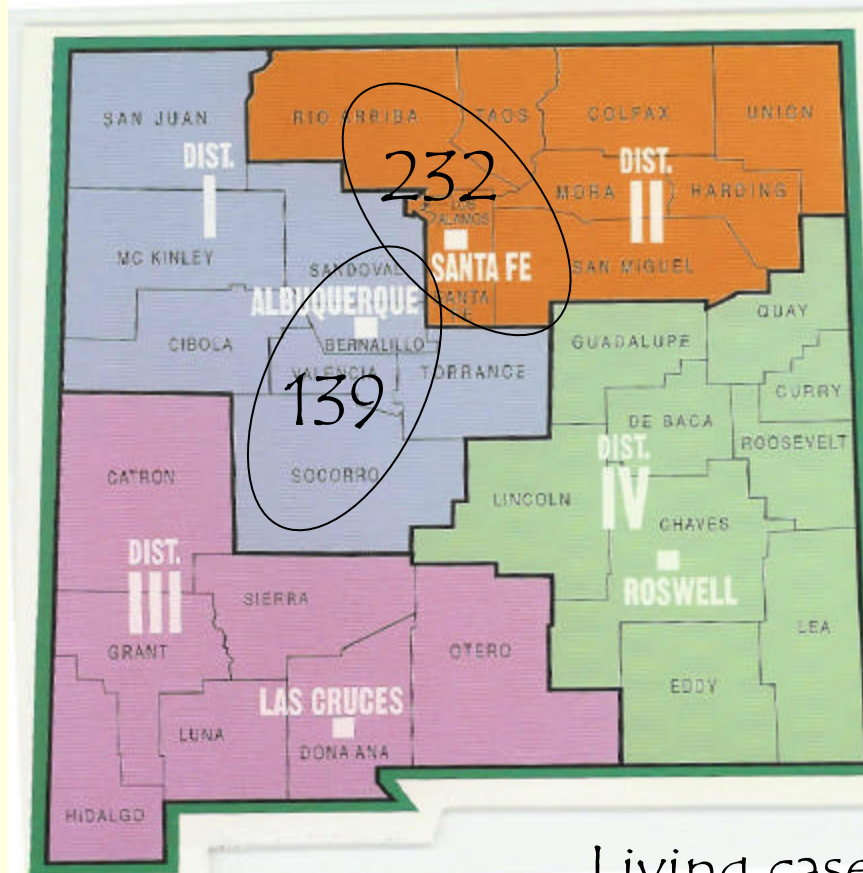


STATE CONTEXT

New Mexico 91.8

50.9

61.1



62.8

38.3

Living cases as of 6/30/02
HIV/AIDS Rate/100,000

PROGRAM

GOAL 1 – Promotor(a) Outreach

Early identification, testing, and enrollment

- Conducting HIV outreach and data collection requires a complicated set of skills and awareness
 - An important facet is being bilingual/bicultural
 - Best to partner w/ agencies to expand coverage
- Major differences exist between structured and unstructured environments
 - Increased safety precautions and training are necessary in unstructured environments

PROGRAM

GOAL 1 – Continued

- Testing goal is being reached (#s); continuing to work on reaching all of the target groups
 - Strategy to reach non-gay identified MSM is critical
- Contact with the Promotor(a) made a difference w/many of the participants

| After contact, importance of... | (n = 85) | | |
|------------------------------------|----------------|-----------|----------------|
| | Less important | No change | More important |
| Getting tested for HIV | 2% | 57% | 41% |
| Returning for the results | 3% | 61% | 36% |
| Knowing HIV status | 1% | 51% | 48% |

PROGRAM

GOAL 2 – Case Management

Increase access to HIV primary care and social services

- Not all of the clients utilize case management or other available services
- It is important to make access for bilingual/bicultural clients an underlying theme
- It is difficult to achieve monthly contacts with trans-border clients
- Four barriers continued to be a problem for 1/3 of the participants even after becoming CdV clients

Barriers to Care (n = 69)

Question: Thinking back to the time before you sought care here did you/were you ...

| | Before seeking care | Still a problem |
|---|---------------------|-----------------|
| Think services cost too much | 59% | 20% |
| Concerned meds might make you sick | 67% | <u>36%</u> |
| Concerned others might find out your HIV status | 59% | <u>29%</u> |
| Worried doctor doesn't specialize in HIV care | 59% | <u>32%</u> |
| Think staff wouldn't speak the same language | 25% | 4% |
| Worried others might think badly of you because HIV + | 54% | <u>38%</u> |

Underlined = continued to be a problem for the greatest percentage of clients

PROGRAM

GOAL 3 – Client Education

Support HIV primary care

- It is difficult to find nurses in southern NM
- Participation is low in support groups and other activities
- Client education is provided at many points within the interdisciplinary care team
 - Measuring the impact is difficult
- The plan is to direct more training toward clients

Research Strategy

BEFORE...

the focus was on the individual at CdV who had provided the greatest amount of education and the impact on client knowledge and understanding

NOW...

the focus is on how much education each key staff member at CdV has provided and the impact on client knowledge and understanding

PROGRAM

GOAL 4 – Provider Training and Education

Enhance the quality of HIV primary care

- The surface has only been scratched with the CHC providers
 - In-depth training is needed with the providers who see the clients
 - Partnerships with both CHCs continue to evolve
- Collaboration with NMAETC is in the initial stage
 - Geographic proximity continues to be an issue
 - Curriculum development needs are being explored

PROGRAM

GOAL 4 – Continued

- Ideally, evaluation should include long-term training effects

| Provider Training – Evaluation Results | | | | |
|---|-----|-----|-----|-------|
| (n = 70) | Yes | No | N/A | Miss. |
| Will use information to change approach | 83% | 6% | 11% | -- |
| Increase in knowledge after training | 51% | 43% | -- | 6% |

RESEARCH/EVALUATION

Rural nature of southern New Mexico is influential

- Good response rates/smaller n
- Greater personalization/smaller contact, testing, and enrollment numbers
- Lower prevalence and incidence rates/difficult to ascertain effectiveness of outreach

Use of "Promotor(a)" is questionable (replicability)

- Although the purpose is similar, the design differs
 - Characteristics of the position, person, and topic

RESEARCH/EVALUATION

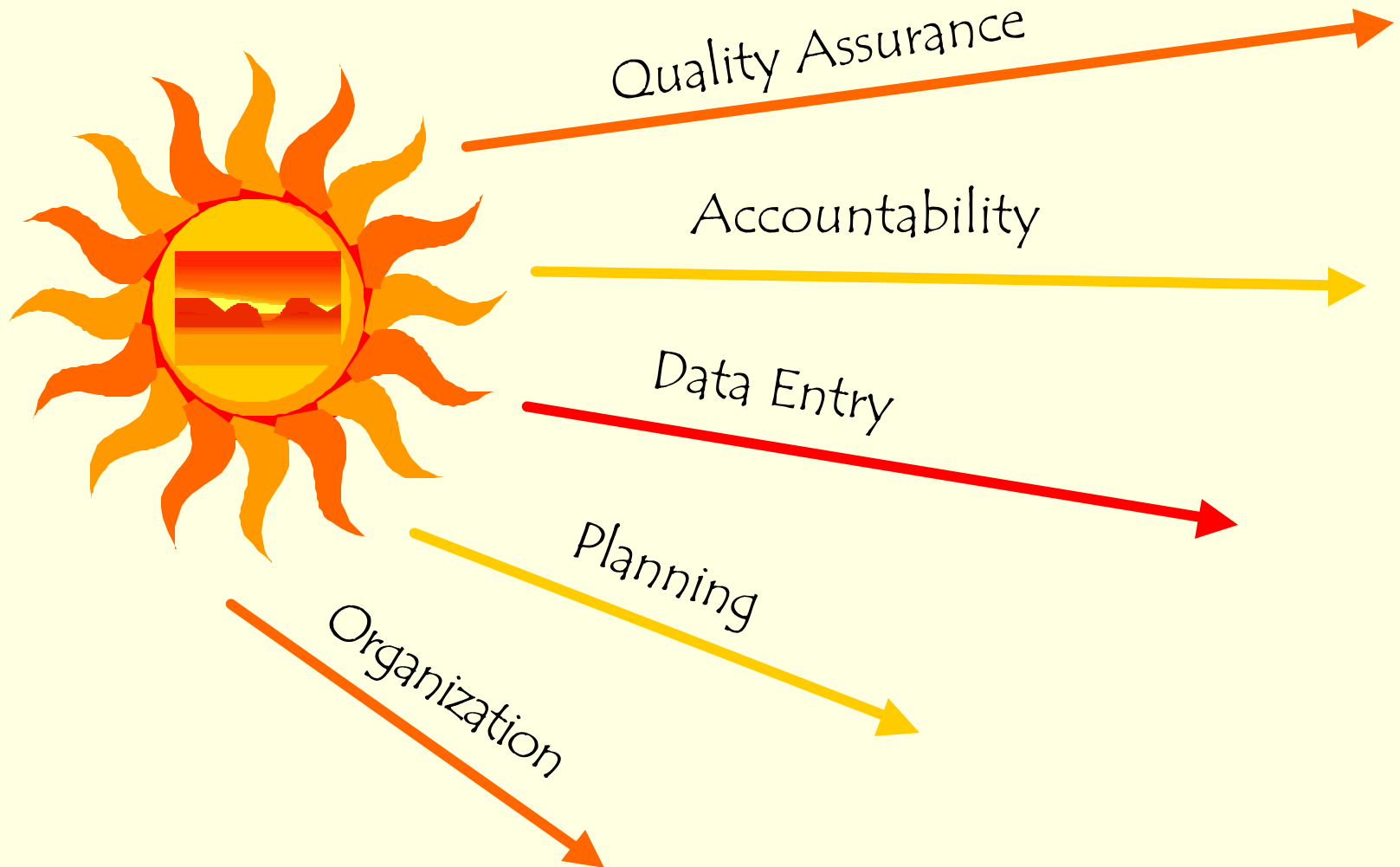
Data needs change as programs evolve

- Must remain flexible in order to manage all phases of research/dissemination simultaneously

Some staff resistance is inevitable

- May be due to programmatic changes, level of staff involvement, integration level of the evaluation, staff understanding of evaluation, creation of additional work, priority level, less immediate and tangible benefits
 - Lack of understanding can be reciprocal

Rays of Data Collection



DATA COLLECTION/ENTRY

QA and Accountability

- Many changes have occurred in relationship to data collection (instruments/protocol)
 - A variety of logs have been created
- Multiple data collectors add to the complexity

Data Entry

- Consistency of data entry has been helpful

Organization and Planning

- It has been challenging to recruit clients for the study and to collect the data

The learning will continue...

