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# **SPNS Grantee Meeting**

*Project Director - Kari Maier, MSW, LISW*

*Project Coordinator - Veronica Salcido-Harding, B.S.*

*Project Data Manager - Yvonne Roacho, B.A.*

*Project Evaluator - Michelle Valverde, MSW, Ph.D.*

# The New Mexico Border Health Initiative

- ❖ Process evaluation (examination of structural/policy, sociocultural, organizational, and individual factors that help or hinder success)
  - Achievements and challenges
    - Programmatic
    - Research and evaluation

# **Goal 1**

**Increase identification, testing, and enrollment in HIV services for MSM, IDU, and women at risk for HIV infection living in southern New Mexico.**

# Achievements

- ❖ Identified appropriate places
  - Formed new relationships w/several agencies
  - Greater volume; more people know their status
- ❖ Found reliable individuals to conduct outreach
  - Nuances of working in the field
  - Found 4<sup>th</sup> HOW to target MSM
- ❖ Interactive group games are very engaging
- ❖ HOW's are accomplishing the goals

# Challenges

- ❖ Changes in personnel
- ❖ Expanding geographically
- ❖ Balancing strengths and diversities (internally)
- ❖ Keeping outreach staff motivated
- ❖ Reinforcing messages
  - Multiple stressors; some don't know the risks
- ❖ Reaching all of the targeted groups
  - Door to door must be systematized and constant
- ❖ Gaining trust during individual contacts

# **Goal 2**

**Increase access to primary care and social services for clients living with HIV/AIDS in southern New Mexico through case management .**

# Achievements

- ❖ Expanded roles for the case managers and clinical nurse
- ❖ Realignment of clinical duties to better use strengths of existing staff
- ❖ Barriers have been reduced for majority of clients
- ❖ Increased communication and coordination with primary care providers
- ❖ Health outcome data are being monitored regularly

# Challenges

- ❖ Program regulations are constantly changing
- ❖ Difficult to achieve monthly contacts w/some clients
- ❖ Huge differences among clients
  - Demanding while others don't want to “impose”
  - Wait too long; others see physician regularly
  - Active role in their health care
  - Substance abuse and mental health issues
- ❖ Providing emotional support and boundaries

# **Goal 3**

**Support primary care for clients living with HIV/AIDS in southern New Mexico through client education.**

# Achievements

- ❖ On-going educational trainings are being provided for the case managers
- ❖ Education provided by CdV staff has positively impacted 22 of 23 study participants
- ❖ Prevention case manager is now providing prevention education to clients
  - Client response has been positive

# Challenges

- ❖ Changes in personnel
- ❖ Ongoing changes to the Title III program
- ❖ Too few clients have completed the questionnaire
- ❖ Attitudes of some of the case managers toward HIV prevention

# **Goal 4**

**Enhance the quality of primary care for clients living with HIV/AIDS in southern New Mexico through education and training of providers.**

# Achievements

- ❖ Increased communication with and support from medical community
- ❖ Brought agencies and organizations together
- ❖ Focus groups
- ❖ Solidifying relationships with NMAETC and SoAHEC
- ❖ More trainings
- ❖ Increased knowledge of majority of providers

# Challenges

- ❖ Difficult to get buy in from all parties
- ❖ Other facilities may be going through growing pains and changes in staff
- ❖ Lack of physicians in underserved area
- ❖ Over worked physicians
- ❖ Low HIV prevalence
- ❖ Negative stigma
- ❖ Large geographical area
- ❖ Difficult to measure long term impact of training

# **Research and Evaluation**

# Achievements

- ❖ Research and evaluation is valued and more integrated
- ❖ Successfully implemented all but one module (total of 15)
- ❖ Formalized data quality control
- ❖ Information is informing practice
  - Still need to solidify feedback process
- ❖ Merging of scholarly inquiry and practice
- ❖ Sharing of information with others

# Challenges

- ❖ Data collection is not a priority for the case managers
- ❖ Change in program and evaluation staff
- ❖ Raising awareness about the strengths and weaknesses of the data
- ❖ Data collection and entry errors are inevitable
- ❖ Small “n”
- ❖ Tradeoffs when collaborating

# In Looking Ahead

- ❖ CdV is developing a system that works
  - Specialized positions were not as effective
  - Have reorganized and expanded roles
- ❖ Agency staff are working as a unified team
  - Strong leadership
  - Common agenda
- ❖ Must strategize about how to follow-up when the SPNS Project ends
  - Service provision and evaluation