

Arizona Border HIV/AIDS Care Project
Tucson, Arizona

Southern California Border HIV/AIDS Project
San Ysidro, California

Camino de Vida Center for HIV Services
Las Cruces, New Mexico

Centro de Salud Familiar La Fe
El Paso, Texas

Valley AIDS Council
Harlingen, Texas

Comprehensive Health Service Delivery for HIV Positive People Living Along the U.S./Mexico Border

Centro de Evaluación
The University of Oklahoma
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www.ou.edu/border

A Multi-site Collaboration of Five Demonstration Projects

In 2000, the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA), Special Projects of National Significance (SPNS) funded five HIV/AIDS demonstration projects and one evaluation and technical assistance center to develop unique models of HIV/AIDS care for high-risk populations residing along the U.S./Mexico International Border.

Development

Through collaborative data collection and information sharing, the projects focus on two themes of care. The first is to improve access to HIV/AIDS care through the use of local, culturally relevant models that use indigenous workers to conduct outreach activities. These activities are designed to reduce barriers for access to HIV/AIDS care. The second theme is to use innovative and culturally relevant models of case management to support primary medical care for HIV-infected individuals.

Objectives

Cross cutting issues are being explored by the Research & Evaluation Center at The University of Oklahoma (*Centro de Evaluación*). These issues include:

- limited English proficiency among targeted groups,
- the influences of poverty,
- a trans-border population that often receives much of their medical care in Mexico,
- and a population that is composed of approximately of 40 percent migrant workers who travel throughout the United States.

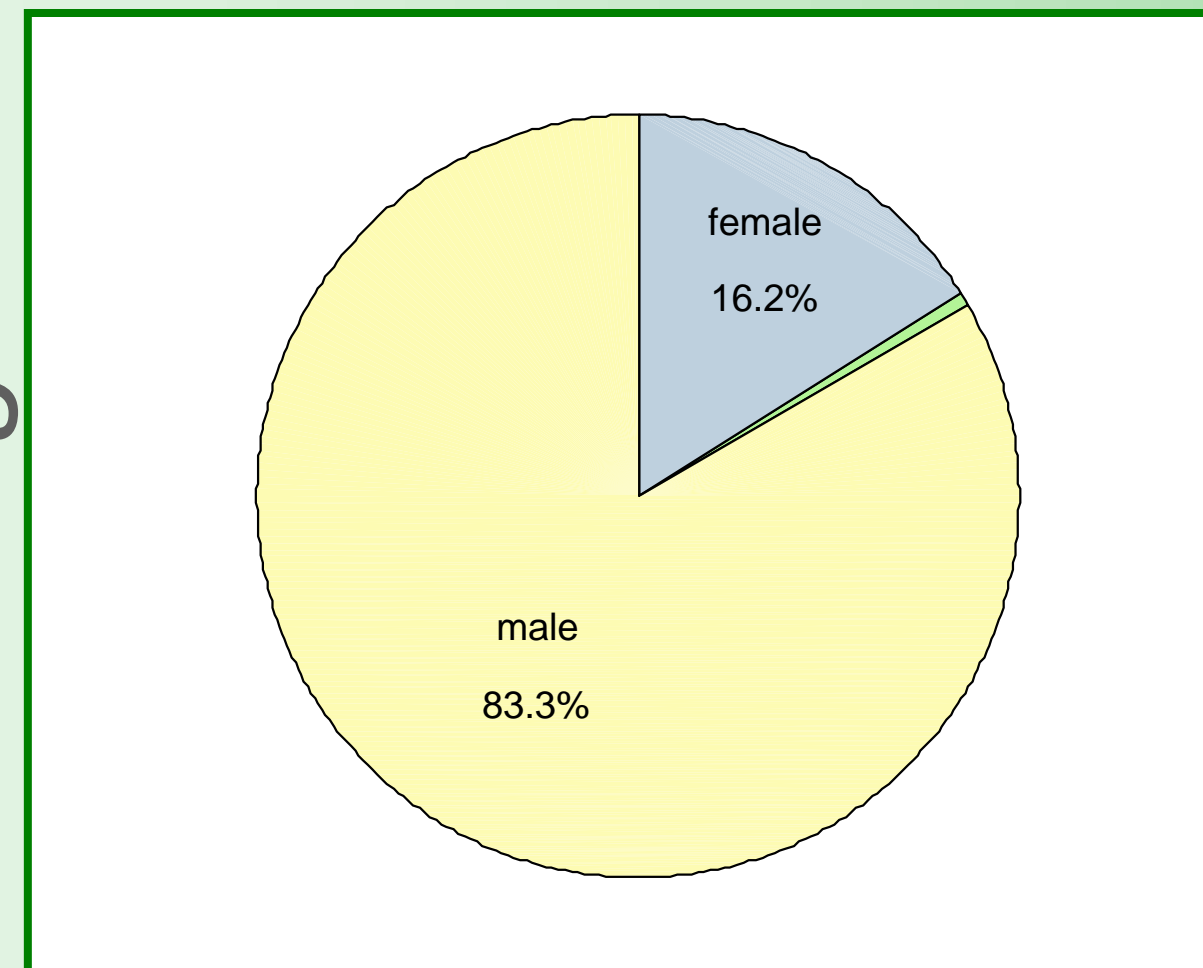
Evaluation efforts are strengthened on local levels with subcontracts through local university-based evaluation teams.

The primary research question for this study is "To what extent are Ryan White Care Act programs providing services that remove barriers to primary care access so as to ensure that clients enter into and remain in care?" To address this question, information will be collected regarding factors that influence individuals to enter into HIV/AIDS primary care and to stay in primary care.

Conclusions

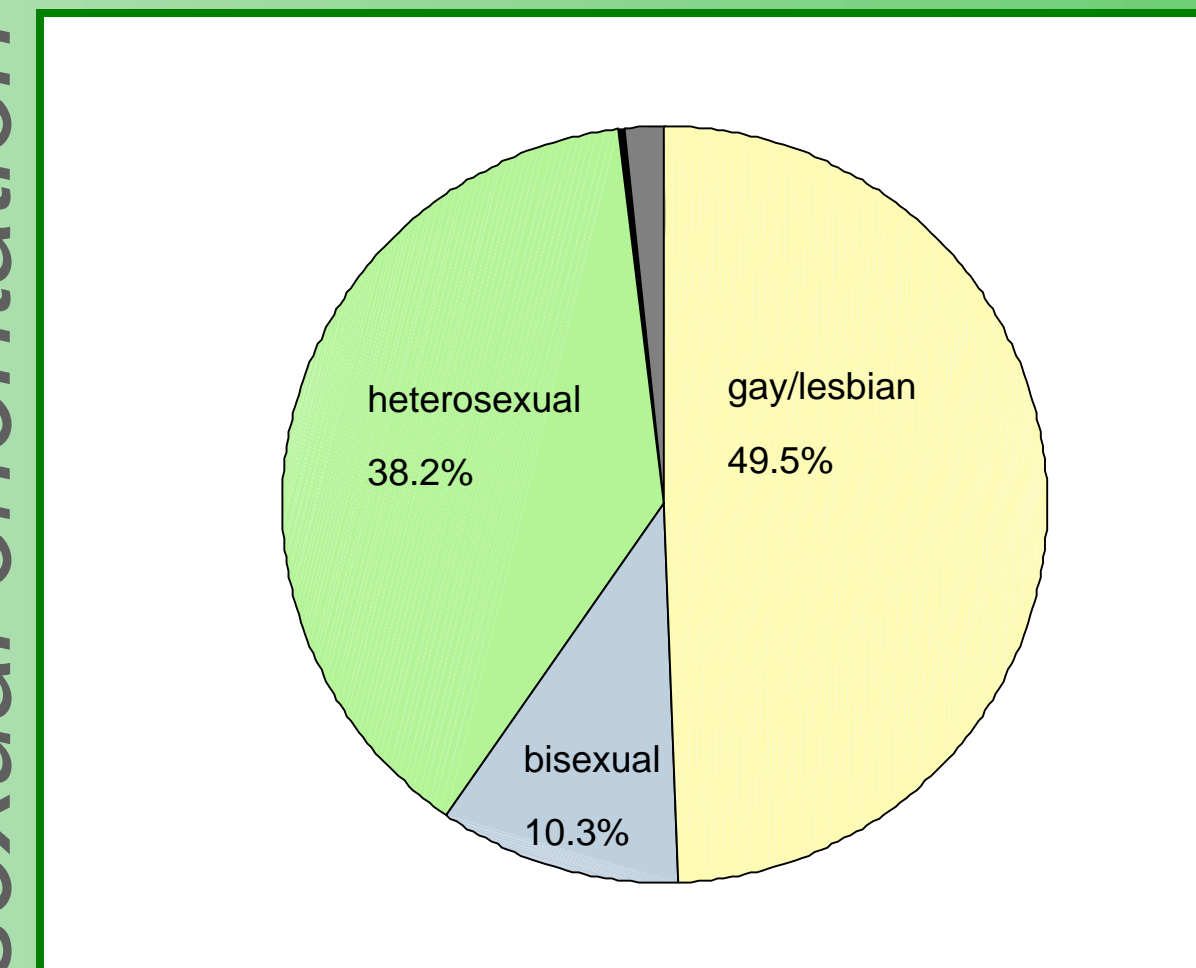
By advancing innovative HIV service along this region, we have learned that at the local level, collaboration with Mexican counterparts is feasible through the efforts of individual clinics and consistent participation in bi-national forums. Cross-site collaboration results in mutual learning about novel service delivery approaches or new topics and adapting them for local populations.

gender



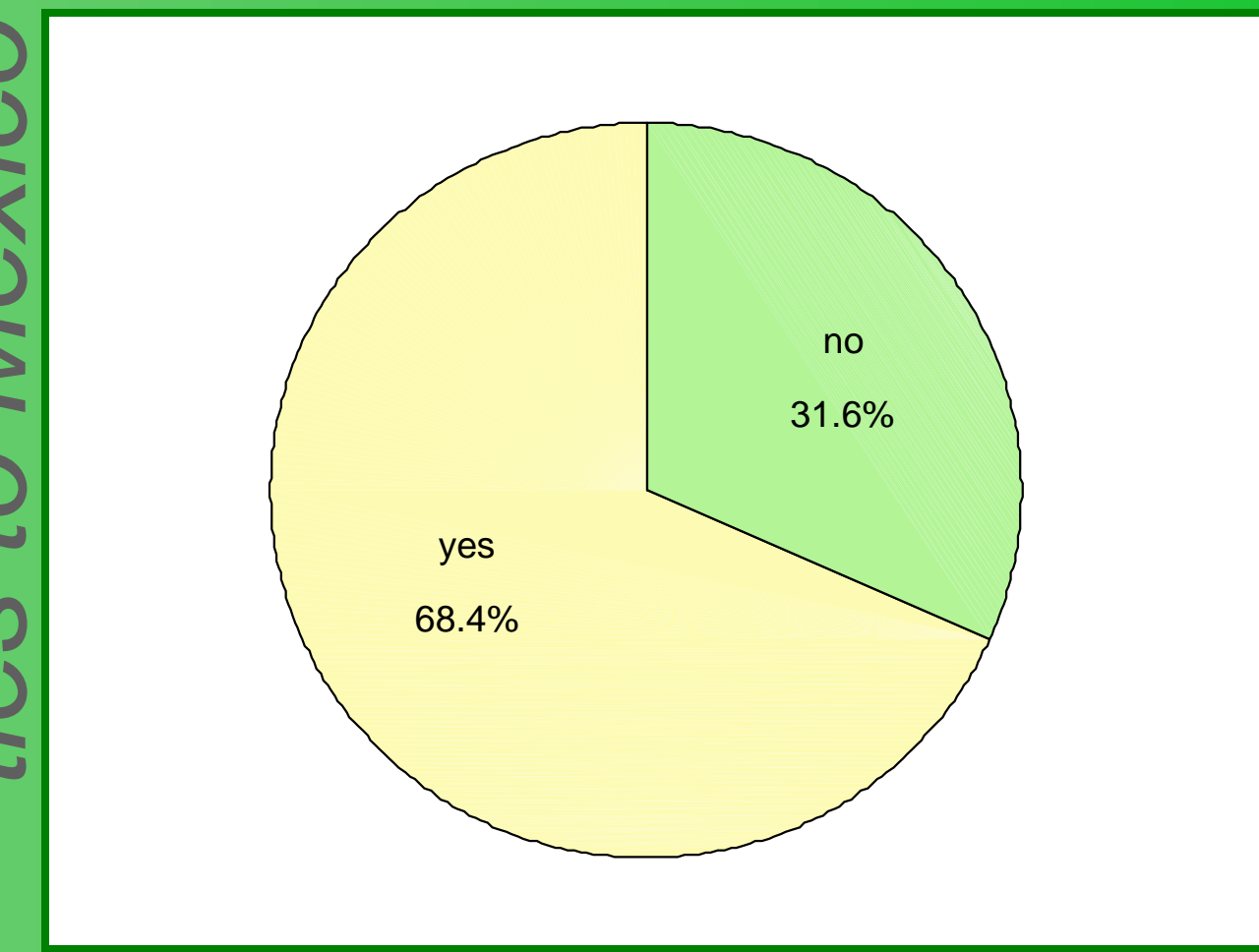
The majority of participants are male (n = 720); less than one-fifth are female (n = 140); and less than one percent identified themselves as transgender, from male to female (n = 4).

sexual orientation



About half (49.5 %) of the participants described themselves as gay or lesbian; heterosexual (38.2 %); and bisexual (10.3%). About two percent chose not to answer or were undecided. Sexual orientation is a self-report item (n = 864).

ties to Mexico



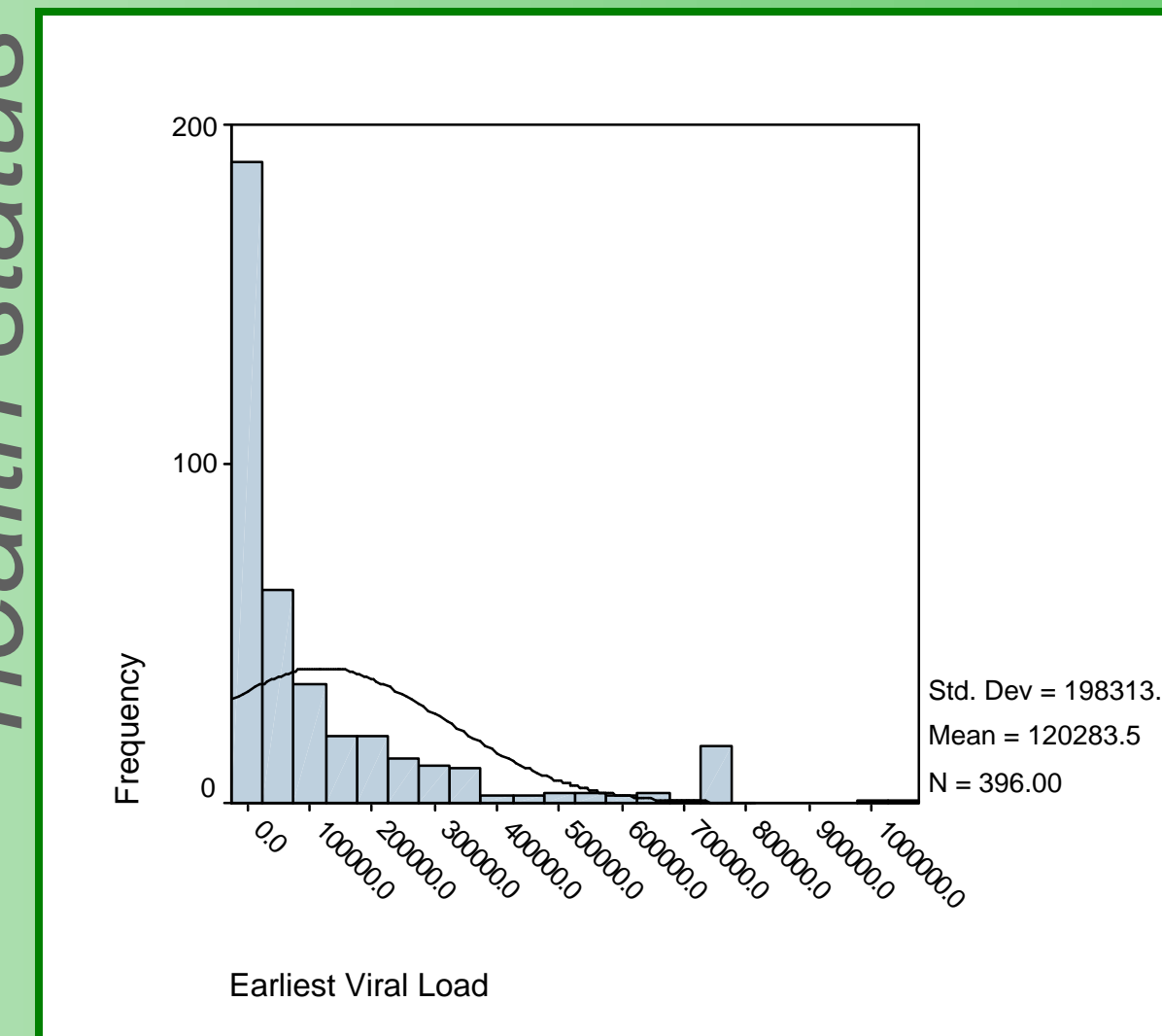
Exploring beyond ancestral ties to Mexico, this question asks participants if they have current social, cultural, familial, or financial ties to Mexico. The question is asked only of Hispanic clients and is part of a *Lifestyle* module. Twenty-two participants did not answer this question (n = 842).

Hispanic ethnicity

	Hispanic group	
	Count	%
Not Hispanic	151	18.0%
Mexican/Mexican American	656	78.0%
Cuban	3	.4%
Puerto Rican	7	.8%
Central American	4	.5%
South American	2	.2%
Spanish, Portuguese, C. Verdean	11	1.3%
Other Caribbean	1	.1%
Other Hispanic	6	.7%
Total	841	100.0%

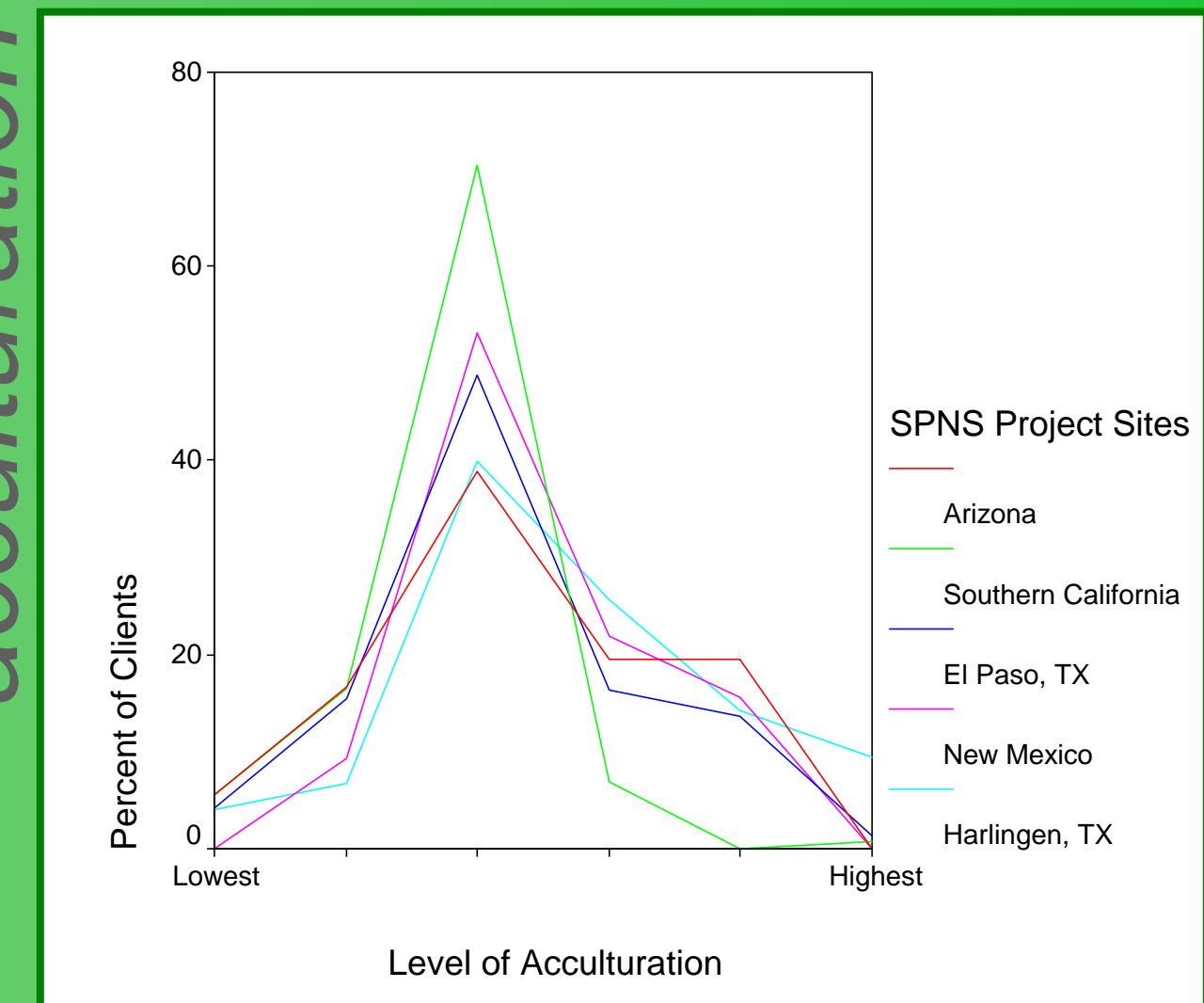
Participants are asked to which Hispanic group they identify. This variable is restricted to a single response, compelling participants to select a primary association (n = 841).

health status



For the first two years of services, an HIV medical outcomes study gathered information on participant health status (research protocol developed by The Measurement Group, 2000). Preliminary findings indicate participants have an average viral load at intake of 120,283. (The earliest average CD4 count for the same period is 309) (n=398).

acculturation



A level of acculturation scale to the United States for Hispanics, developed by Antonio L. Estrada, MSPH, PH.D. in 1987. Early study findings indicate that acculturation levels differ by program site. Future analysis will look at how this is related to health status.

Multi-site data reported as of 01-May-2003.

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