

The image features three horizontal panels at the top, each showing a stylized landscape with a blue sky, green hills, and brown ground. A large, glowing globe is positioned in the center, overlapping the middle panel. The background of the slide is a dark blue gradient.

# New Mexico Border Health Initiative

*Project Director:* Kari Maier, MSW, LISW

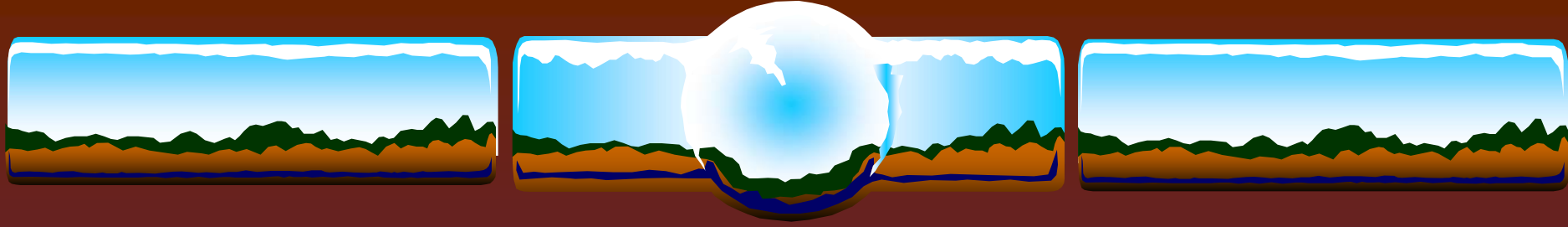
*Project Coordinator:* Veronica Salcido-Harding

*Project Evaluator:* João B. Ferreira-Pinto, Ph.D.



# Overview of year 1

- ❖ During year 1 the project was primarily focused on establishing the promotores (community health workers) as an efficient and effective way to reach out to “hidden” populations who are at greater risk to being infected with HIV



## Goal 1:

Establish a promotores Program to increase identification, testing, and enrollment in enhanced HIV services for MSM, IDU, and women-at-risk for HIV infection living in southern New Mexico.



# Successes

- ❖ Established promotores project
- ❖ Promotores received 180 hours of initial training by the USMBHA
- ❖ Redirecting
- ❖ Networking
- ❖ Identifying the gatekeepers
- ❖ Understanding the dynamics within the community



# Lessons Learned

- ❖ Health Fairs were not effective in reaching our at-risk population
- ❖ Persons tested at homeless shelters had a low rate of return
- ❖ Training needs to be continuing and ongoing with a limited number of trainers to help clarify job expectations.



## Lessons Learned Cont'd.

- ❖ Difficult to train promotores in the proper completion of the modules
- ❖ Need to establish a set of criteria for identifying clients most at risk
- ❖ Ambiguity about the chain of command for all project participants can hurt the process
- ❖ Open communication needs to be established from the beginning of project



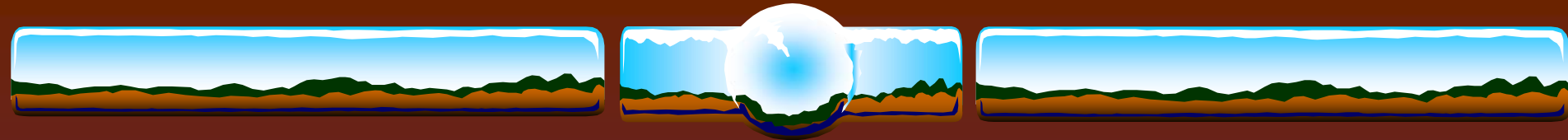
## Lessons Learned Cont'd.

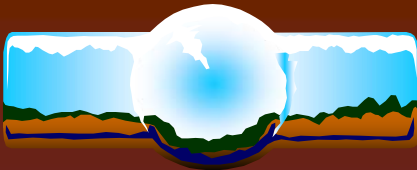
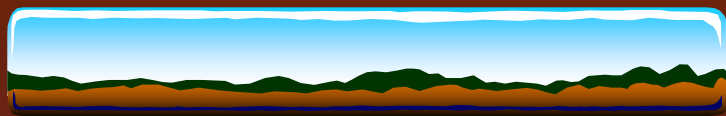
- ❖ Need to set clear deadlines for all goals and objectives
- ❖ Networking provides the most information for the least amount of time and effort
- ❖ Staying focused
- ❖ Understanding “Outreach”

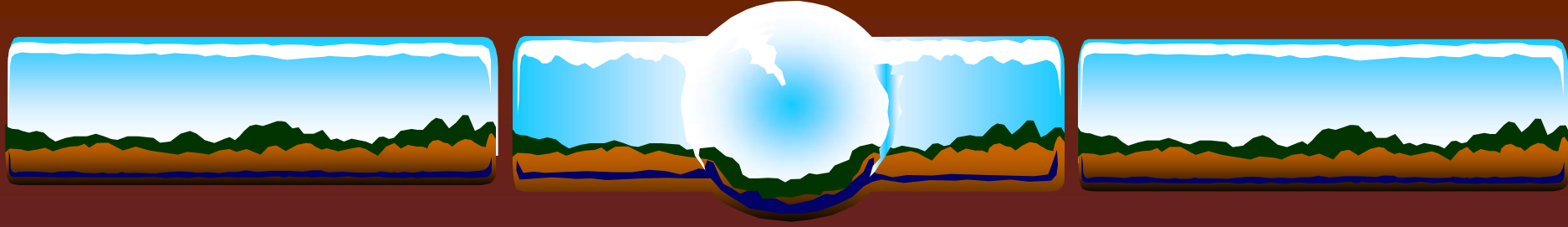


## Moving Forward Year 2

- ❖ Continue to train and assess the promotores' productivity for the duration of the project
- ❖ Continue to monitor the quality of the research data
- ❖ Identify and recruit the right mix of prospective clients from at-risk populations
- ❖ Monitor the delivery of appropriate pre-counseling, HIV testing and post-counseling activities
- ❖ Increase ability to identify at-risk clients







## Goal 2:

Reduce barriers to access and support primary care goals.



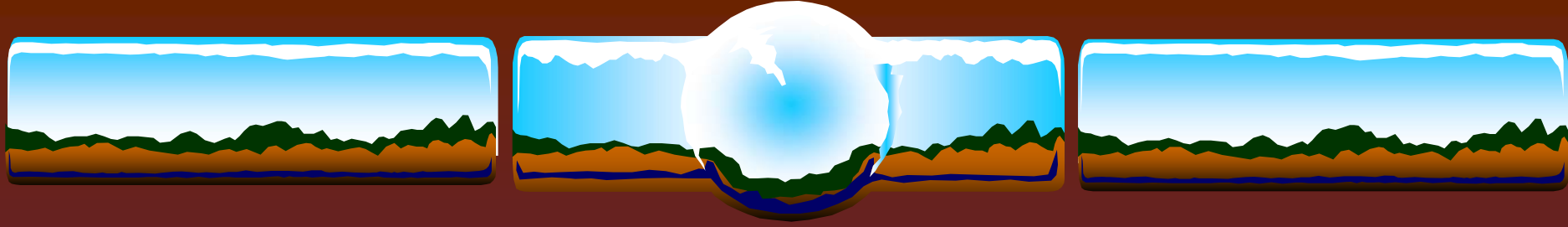
# Lessons Learned

- ❖ Important to understand the objectives of overall project when developing research activities
- ❖ Important to involve project coordinator in all aspects of the project
- ❖ Necessary to have frequent and consistent communication between all project staff in order to prevent misunderstanding



## Moving Forward Year 2

- ❖ Training of case managers to collect data with the HIV+ clients currently receiving care
- ❖ Develop a plan to address recommendations to overcome barriers to services by MSM, IDU and women-at-risk (focus groups)
- ❖ Identify key staff at the community health centers and conduct regular project meetings to discuss implementation and progress
- ❖ Monitor the enrollment of HIV+ clients into the system of care



## Goal 3:

Provision of quality primary care to MSM, IDU, and women-at-risk for HIV infection living in southern New Mexico.



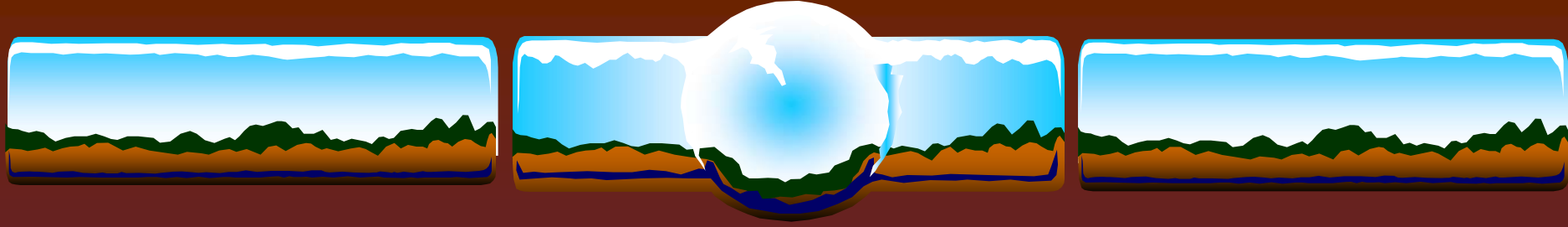
# Lessons Learned

- ❖ More needs to be done with CHC staff to establish buy-in on the project's goals and objectives
- ❖ All project documents should be provided and discussed with appropriate CHC staff
- ❖ Clear delineation of duties should be spelled out to project staff
- ❖ It is necessary that all project staff, agree on priorities of the project so that project members aren't moving in different directions



## Moving Forward Year 2

- ❖ Continue to work with La Clinica de Familia to determine their needs for increased capacity in treating people with HIV
- ❖ Nurture our relationship with Ben Archer Health Center and continue to develop the goals and objectives of the primary care they provide to HIV+ clients
- ❖ Review measures to assess “quality primary care” with the local evaluator and develop additional measures if necessary
- ❖ Develop data collection procedures with both CHC’s and train as necessary



## Goal 4:

Enhance provision of quality primary care by training and education



## Plans for Year 2

- ❖ In-services on “Assessing Risk for HIV: when to test” and “Working with Patients in a Clinic Setting” will be provided to clinical staff from Camino de Vida, Ben Archer Health Center, La Clinica de Familia, and Memorial Medical Center’s Family Practice Residency Program
- ❖ Individualize programs for staff physicians and nurses from La Clinica de Familia and Ben Archer Health Center through mini-sabbaticals at the University of New Mexico Hospital



## Plans for Year 2 cont'd

- ❖ Redistribute the needs assessment to local medical providers
- ❖ Respond to needs assessment by local providers and design and implement specific trainings to address needs
- ❖ Distribute self-study modules to rural providers
- ❖ Distribute e-mail consultation brochures to local and rural providers