

HIV Interventions along the US-Mexico Border: The Southern California Border HIV/AIDS Project



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“From an epidemiological perspective, the border population must be considered as one, rather than different populations on two sides of a border; pathogens do not recognize the geopolitical boundaries established by human beings”

(Weinberg M., et al., 2003)

Where the border begins, 2005



Background



US side of the border

- Counties with the highest proportions of Hispanics are along the southwestern border of the US (US Census 2000)
- Infectious disease incidence in some areas is higher than in other parts of the US
- Proportion of Latinos on US side of border varies by region
 - San Diego, CA 26% Latino
 - El Paso, TX 78% Latino

Mexican border states

- Infrastructure (water, sewage, electricity) not able to keep up w/ influx of migration. Sub-standard living conditions result
- Some of most prosperous cities are at the northern border of Mexico
- As in the US, health indicators vary by proximity to border

Latinos and HIV in San Diego County

- The rate of HIV infection in Latinos in San Diego County increased from 1.7% in 2002 to 4.2% in 2004.¹
- From July 1, 2002 to December 31, 2004, 22% (1023/4647) of HIV cases in San Diego County were Latino.¹
- Latinos/as face barriers to HIV care including lack of knowledge about services, language barriers, and lack of culturally competent services.²

¹ HIV/AIDS Epidemiology Report (2005). County of San Diego Health and Human Services Agency, Public Health Services. www.sdhivaid.org

² [Santos G](#), [Puga AM](#), [Medina C](#). (2004) HAART, adherence, and cultural issues in the US Latino community. *AIDS Read*: 14(10 Suppl):S26-9

Southern California Border HIV/AIDS Project is part of a multi-center initiative including five demonstration projects extending from San Diego, California to Harlingen, Texas

- **Funding Agency:**
Health Resources and Services Administration (HRSA)
Special Projects of National Significance (SPNS)
(Grant # 1 H97 00179 02)
- **Multi-site Evaluation Agency:**
Centro de Evaluación
(University of Oklahoma)
- **Lead Agency:**
San Ysidro Health Center
- **Local Evaluation:**
University of California, San Diego
- **Funding Period:**
7/2000-6/2006



USA

California

• San Ysidro Health Center

Arizona

• EL Rio Health Center

New Mexico

• Camino de Vida

Centro
de
Evaluación

Oklahoma

Sonora

Chihuahua

• Centro de Salud
Familiar La Fe

Texas

Baja
California

Valley
AIDS
Council

Coahuila

Nuevo
Leon

Mexico

Project Goals

1. Increase early detection of the underserved HIV+ Latino/a population living or working in the border region between Southern California (US) and Baja California (México)
2. Increase access to comprehensive HIV/AIDS primary care services.
3. Enhance the capacity of community health centers to provide culturally sensitive care.

Methods



Target Populations¹

High-risk Latinos/as who live or work in the U.S./Mexico border region

- Latino/a migrant farm workers
- Latino/a youth sex workers
- Latino/a sex workers
- Transborder Latinos/as
- Newly-immigrated Latino MSM
- Latinas

¹ **Note: Risk categories were defined based on individual clinic target populations and are not mutually exclusive**

Methods

- Multi-site and local measures were administered by trained project staff
- Chart reviews were conducted at two time points by U. of Oklahoma-trained abstracters



Multi-Site Data Collection Instruments

1. Demographics
2. Lifestyle (Border and Acculturation questions)
3. Risk Factors
4. Quality of Life
5. Barriers to HIV Medical Care
6. Biomarkers and health data via chart abstraction



Data Collection Period

Baseline Period: April-June 2001

Intervention Period: July 2001-Sept 2004

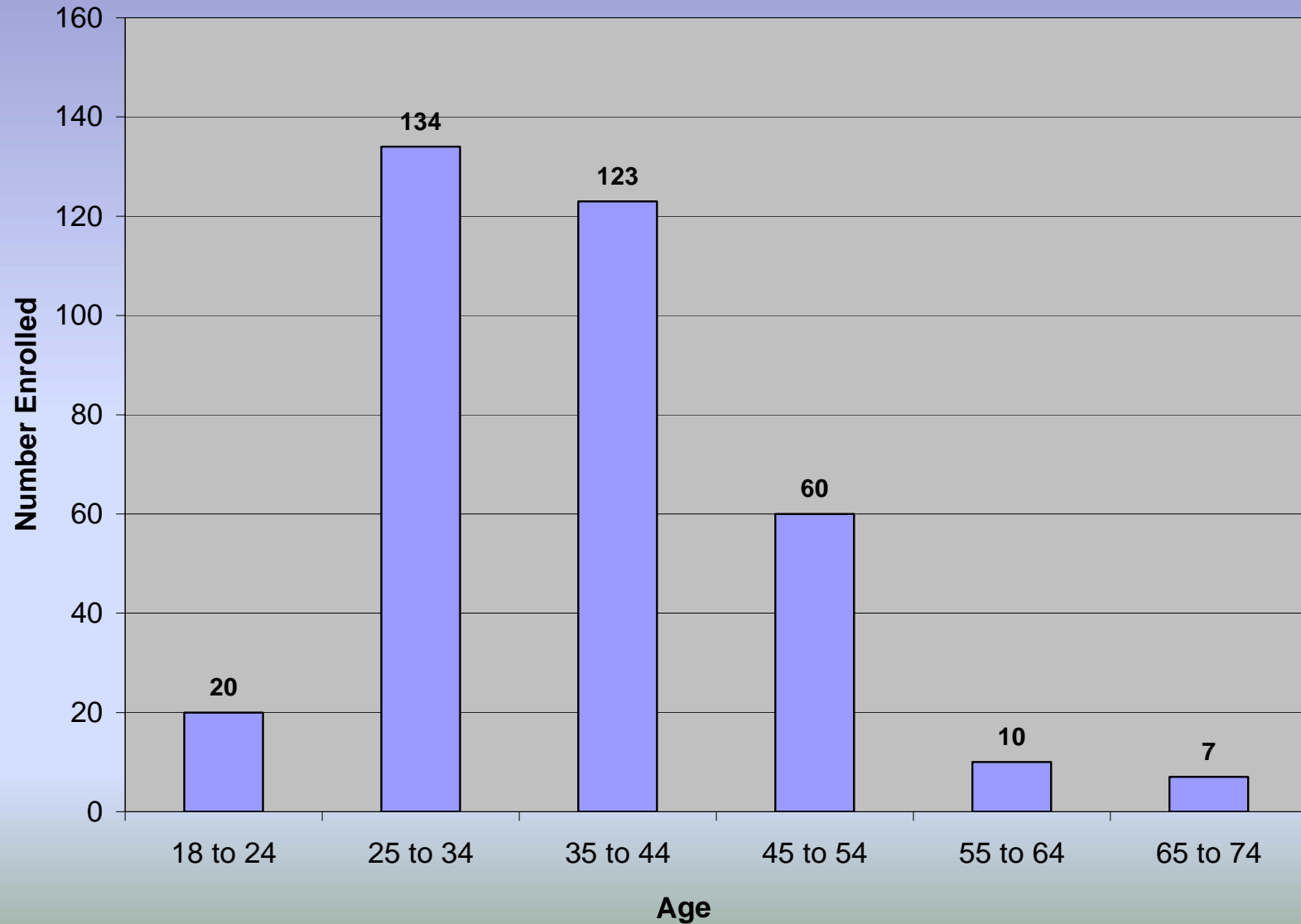
Results



Characteristics of HIV+ Individuals Enrolled Through Case Management

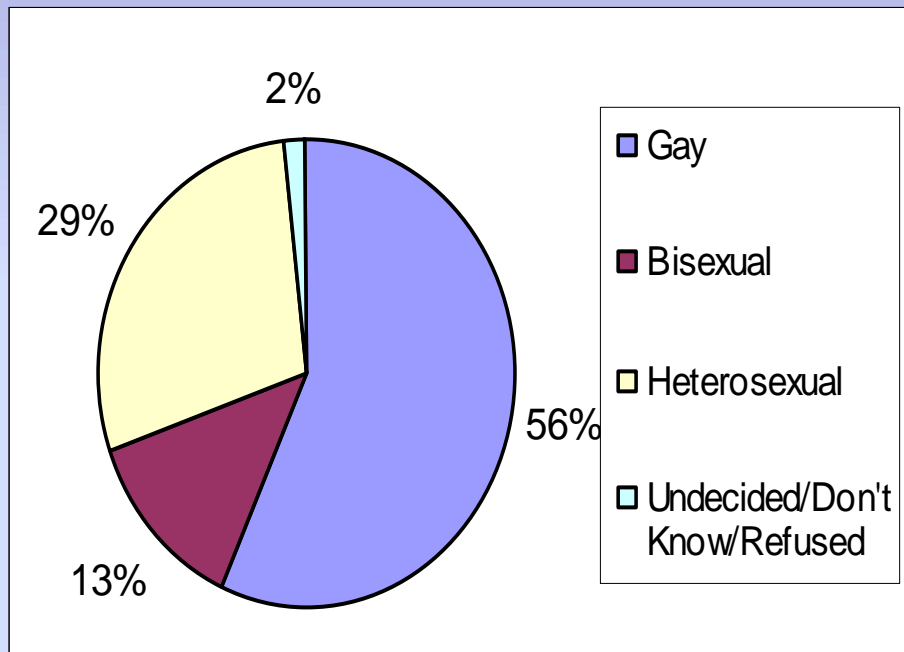
- From March 2001 to September 2004, **354** HIV+ clients were enrolled through case management
- Enrollment was slightly higher in the first two years of the project, **61.5%** (218/354) of clients recruited in 2001-2002 and **38.4%** (136/354) in 2003-2004

Age of HIV+ enrolled through Case Management (n=354)

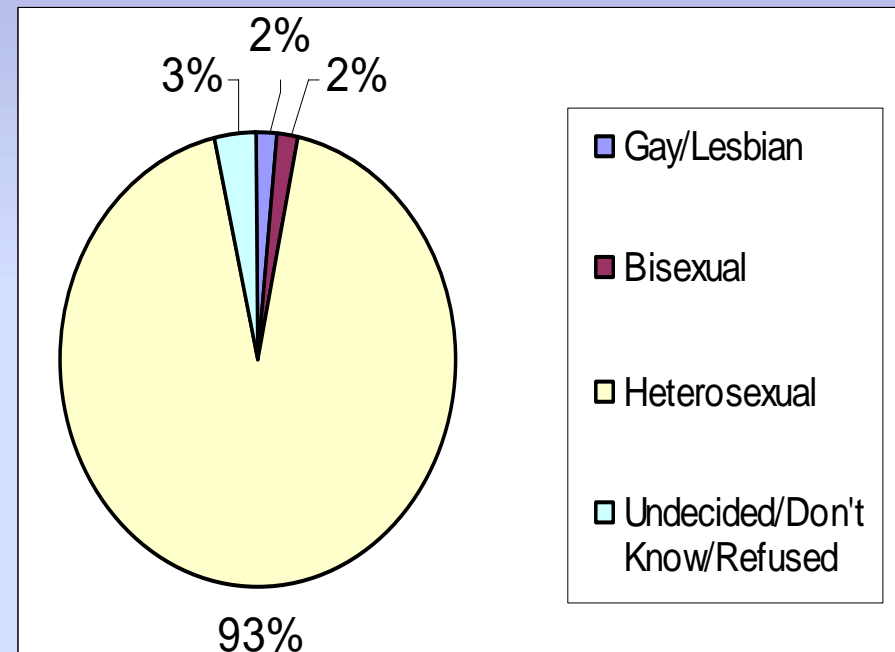


Sexual Orientation of HIV+ enrolled through Case Management (n=354)

Males



Females



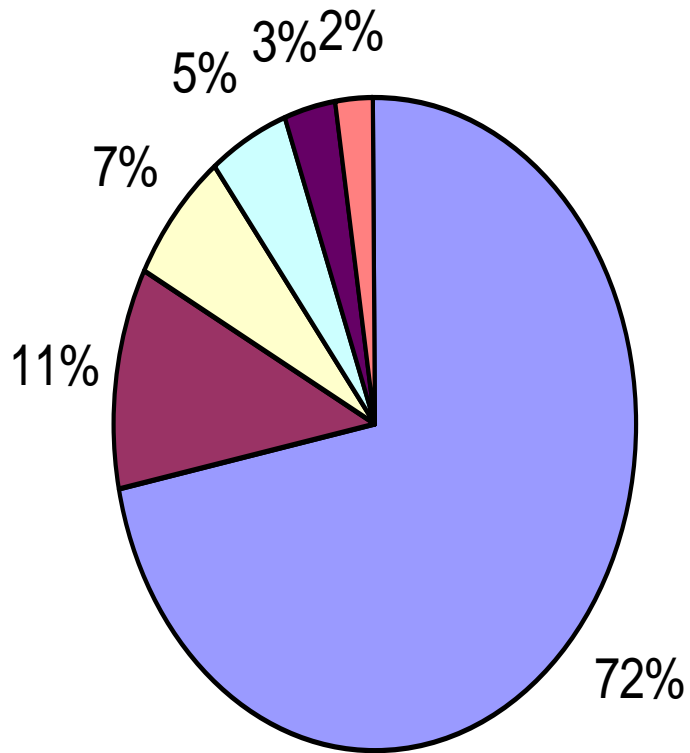
HIV Status and Time Since Diagnosis

- HIV status at intake
 - HIV+ (not AIDS) 36% (126/354)
 - HIV+ (AIDS Status unknown) 31% (110/354)
 - AIDS (CDC-defined) 33% (118/354)
- 58% (206/354) of clients reported greater than one year since HIV diagnosis
- 42% (148/354) reported one year or less since diagnosis

Educational Attainment

- **23%** percent of respondents (82/354) report to have completed higher than a high school education (Associates, Bachelor's, Masters and Doctoral or professional degrees)
- **34%** (139/354) report that high school or high school equivalent is the highest schooling completed
- **31%** (111/354) report elementary or middle school as the highest schooling completed
- **6.2%** (22/354) report a technical certificate program as the highest grade completed
- **4.8%** (17/354) chose not to respond.

Primary Medical Insurance

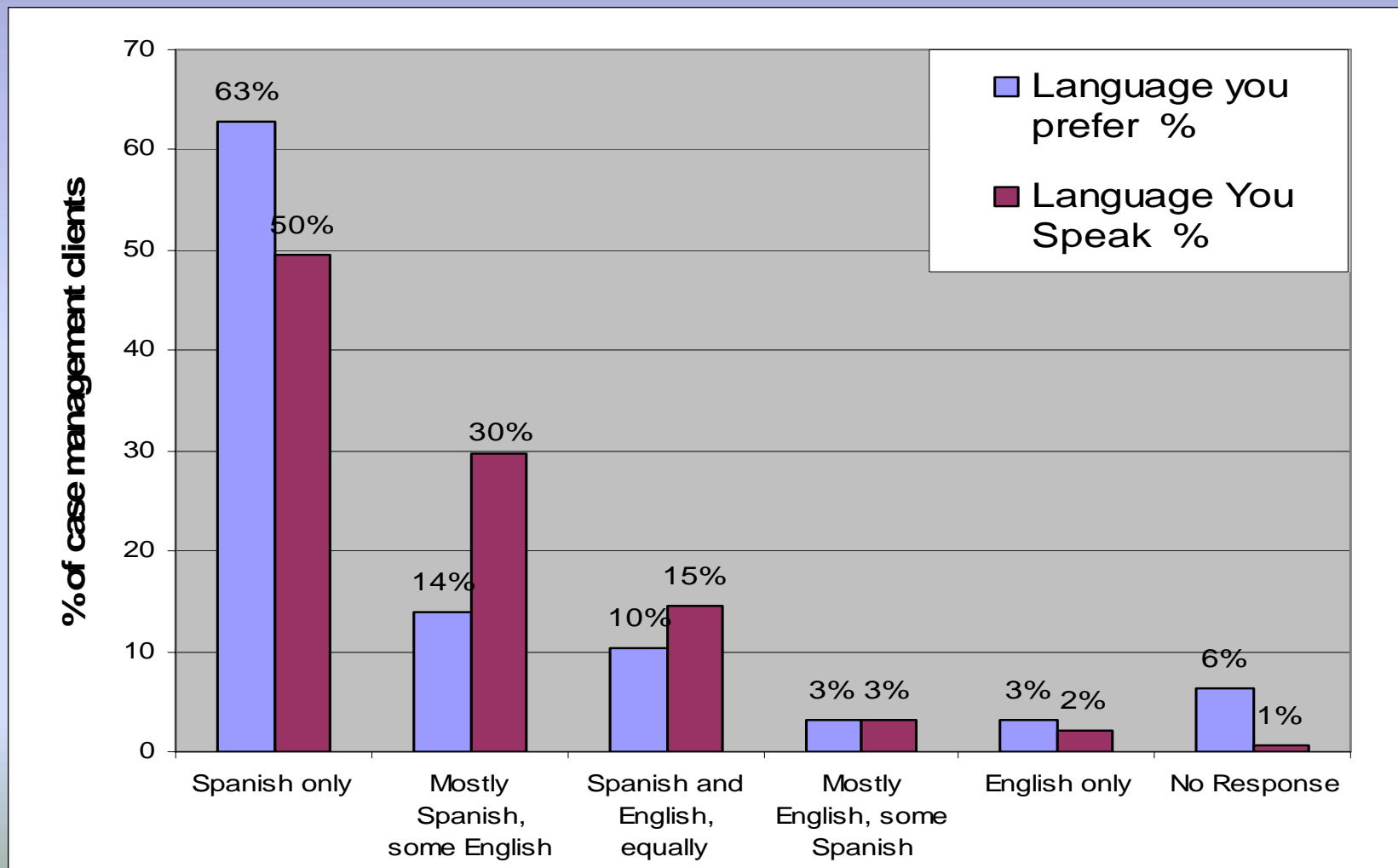


- No insurance
- Medicaid
- Medicare
- Private
- Other Public
- Unknown n/No Response

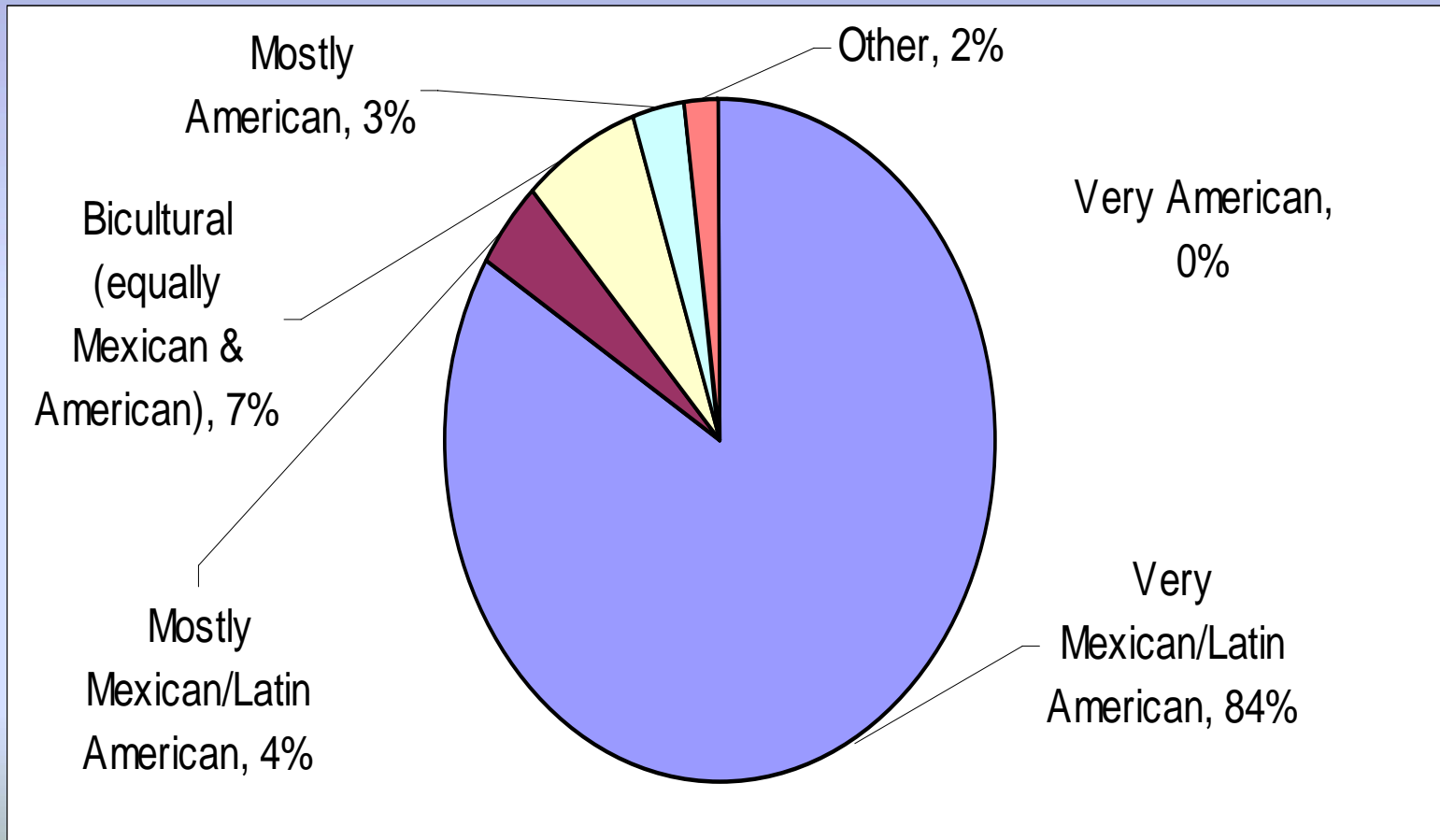
Acculturation

- Acculturation is a concept used to understand the degree and nature of adaptation that an individual from one culture makes when they are living in a different culture.
- An acculturation score was computed for each person of Mexican origin, with a possible range of 13 to 56 (low to high).
- Ninety two percent (248/271) of Mexican American clients had an acculturation score between 13 and 27, and were characterized as having very low to low acculturation to Anglo-American culture.

Measures of Acculturation: Language

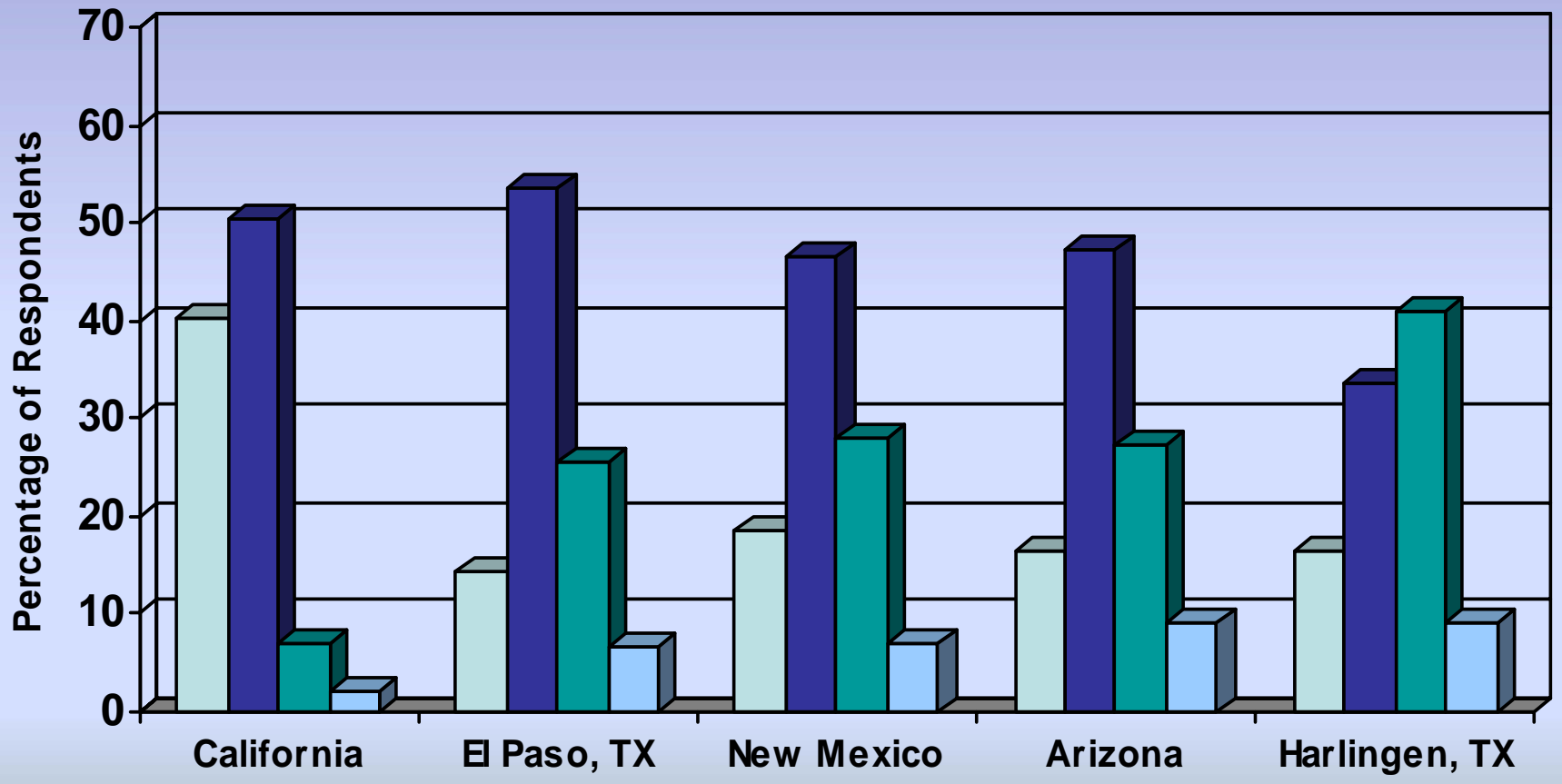


Measures of Acculturation: Ethnic Identification

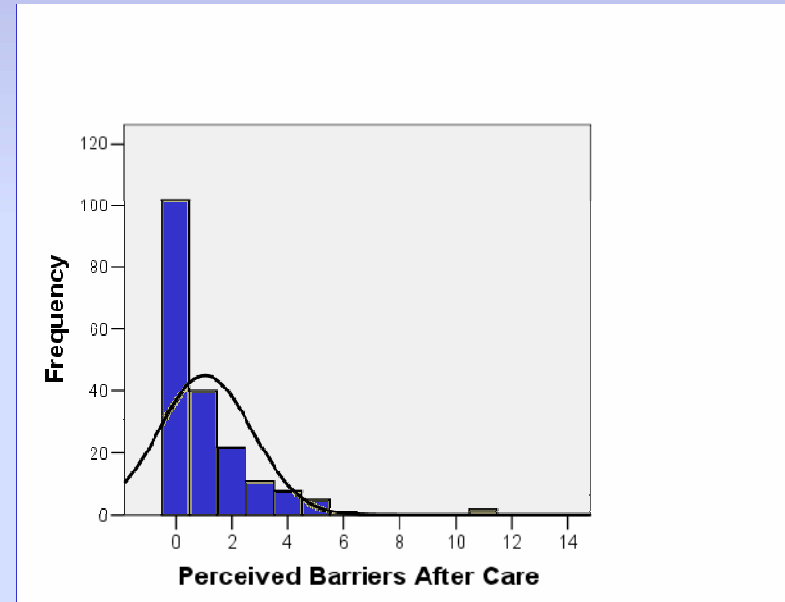
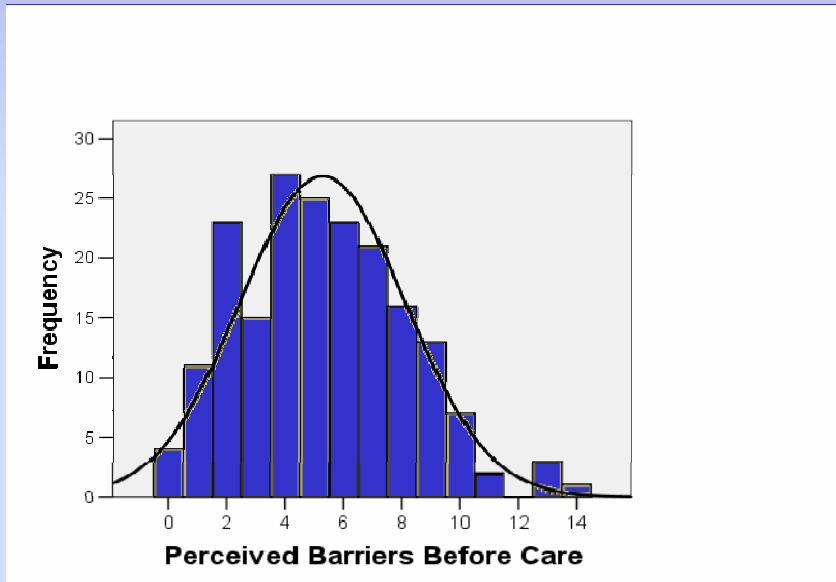


Acculturation

□ Very low (13) ■ Low (14 to 27) ■ Medium (28 to 42) □ High (43 to 56)



Perceived barriers to medical care before and after seeking care (17 possible)

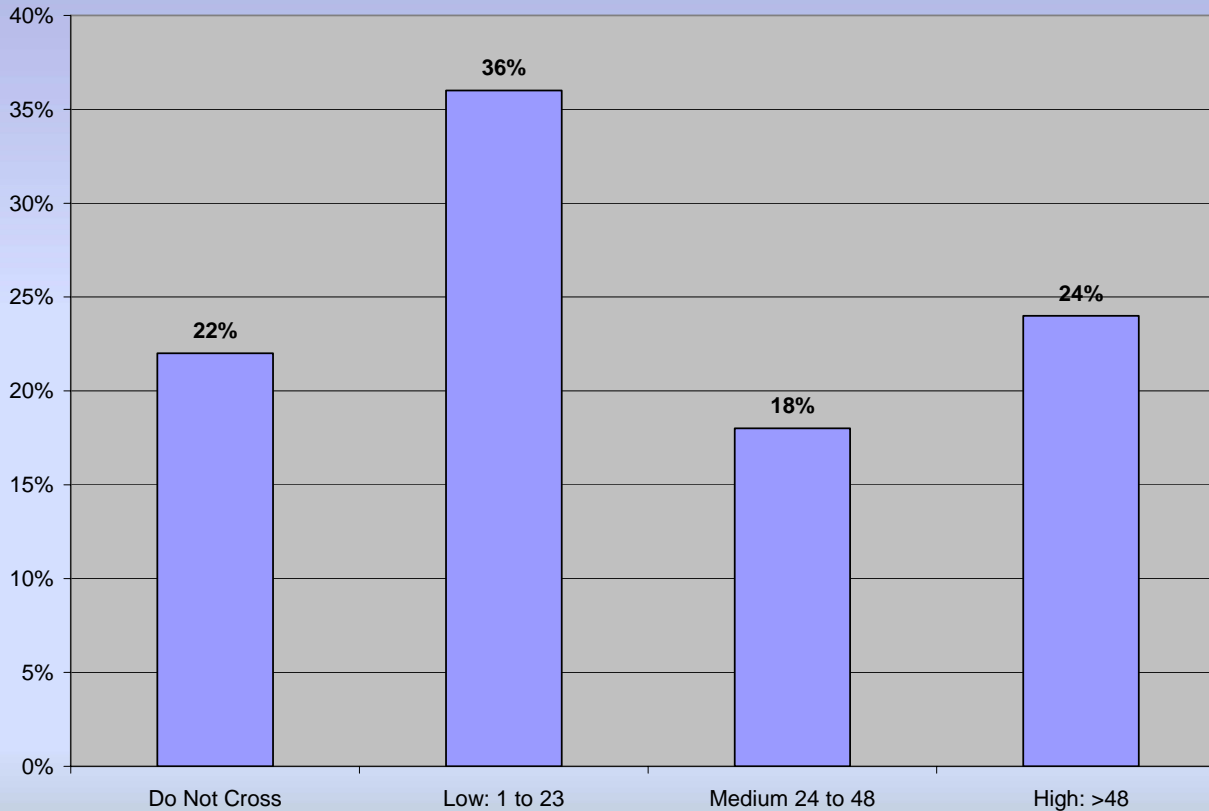


Clients in our study clinics perceived substantially reduced barriers to care once engaged in services

Border Crossing Frequency

Number of round-trip crossings in the last year

Percent
of
persons
crossing



Number of times crossed in last year

Cross-border Healthcare Utilization

- **27%** (94/354) reported having received HIV medical care in Mexico in the last year
- **36%** (126/354) reported having received non-HIV medical care in Mexico
- **43%** (152/354) of clients reported having purchased prescription medications in Mexico
- **14%** (50/354) of clients reported having received traditional medications or herbs in Mexico
- **15%** (30/354) reported having used a traditional healer in Mexico, the U.S., or both countries.

Implications



HIV Care in the border region

- Data indicates that many HIV+ Latinos access HIV and non-HIV medical care on both sides of the border.
- At the individual level, it is important for health care providers to be aware of trans-border health care access and its potential relevance to the patient's health.
- At the local planning level, understanding the health care access issues and service utilization choices that HIV+ individuals make may provide useful data for planning of cross-border collaborations.

Implications for Policy and Programs

Policy

- Federal agencies should consider the border region as unique to other communities in the U.S.
- Based on our observations and other national health indicators, we know that the border is not a homogenous population and that service provision must be sensitive to local needs. However, proximity to the border itself does provide shared experiences with our SPNS partner sites.

Programs

- Culturally and linguistically adequate service provision, among other important factors to promote access, is fundamental to effectively engaging and maintaining patients into care.

Health Literacy: The Challenge



Health Literacy

Healthy People 2010 defines health literacy as:

“The degree to which individuals have the capacity to **obtain, process, and understand** basic health information and services needed to make appropriate health decisions.”

The Challenge

How to obtain, process & understand health information and services if:

- The population either speaks (50%) or prefers (63%) a language other than English, in this case Spanish.
- Health services and information are not provided in a culturally appropriate or relevant manner.
- Low acculturation levels make it extremely challenging to understand and navigate a complicated health care system.
- HIV/AIDS is a complicated and ever changing disease with complicated drug regimens
- Stigma related to HIV/AIDS status or sexual orientation acts as a barrier to care
- Most HIV medical providers don't speak Spanish nor understand the culture.

Addressing the challenges:

Information

- Have ALL information in the language they speak or prefer, develop your own if necessary!
- Information should reflect the literacy level of the population, the simpler the better.
- Written material should not be the only method to communicate with population – use of images (TV, pictures), verbal communication (radio) and one-on-one interaction with people (outreach)
- Translation of information needs to be adequate - reflective of the population of that area and using terms and images common to the patients you are serving

Addressing the challenges:

Staffing

- Bilingual/bicultural/binational to:
 - communicate with the population
 - understand the barriers
 - help navigate the system
 - translate for providers
- Train, educate and sensitize staff on the illness, the population they serve and the barriers to care
- Develop leaders from within – train patients to serve as peer advocates to share their experiences and help patients navigate the system

Addressing the challenges:

Services

- Normalize HIV/AIDS – part of an array of services offered at a community health center
- Culturally appropriate and relevant - warm, friendly, caring and personable environment
 - Staff greets patients (hug or kiss)
 - Events reflect cultural traditions
 - Food
- Easy access: one-stop-shop
- Listen to your patients – it's as important to know what they need as what they want

