

The Border AETC Experience

Lessons learned from 5 years of collaboration

Coordination and Linkages track

Welcome!

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Deputy Director

Division of Training and Technical Assistance

HIV/AIDS Bureau



On television last night, I watched:

1. Nothing
2. News, news, news
3. A situation comedy
4. Other

100%

What is the PRIMARY reason you selected this workshop?

- 0% 1. Learning about US/Mexico Border
- 0% 2. Learning about AETC collaborations
- 100% 3. Sharing our collaborative experiences
- 0% 4. Combination of above
- 0% 5. OTHER

At the end of this workshop participants will be able to:

- Examine the impact a cross-regional collaborative can have when addressing a special population
- Identify challenges and potential solutions for HIV-care providers working with mobile populations, including migrants and immigrants
- Discuss collaborative strategies clinicians and agencies can use to improve health outcomes for these populations

Agenda:

- Overview of the border and HIV/health disparities
- Why a border collaborative? Background leading to the US/Mexico Border AETC Steering Team (UMBAST)
- UMBAST online: *AETCBorderhealth.org*
- UMBAST highlights and lessons learned
- YOUR border/migrant/immigrant challenges and success stories
- Conclusions and evaluation

Overview of Mexican Migrants, HIV, & Health Disparities

Dan Culica, MD, PhD

Director

Texas/Oklahoma AIDS Education & Training Center
Parkland Health & Hospital System

Sources:

Addressing the Health Care Needs in the U.S.-Mexico Border Region – National Rural Health Association Policy Brief – January 2010 <http://www.nrharural.org>;

U.S.-Mexico Border Health Commission, 2010 http://www.borderhealth.org/border_region.php



The HRSA definition of BORDER is how many miles above the U.S.-Mexico border?

1. 10 miles

100% 2. 15 miles

3. 32 miles

4. 61 miles

5. 100 miles

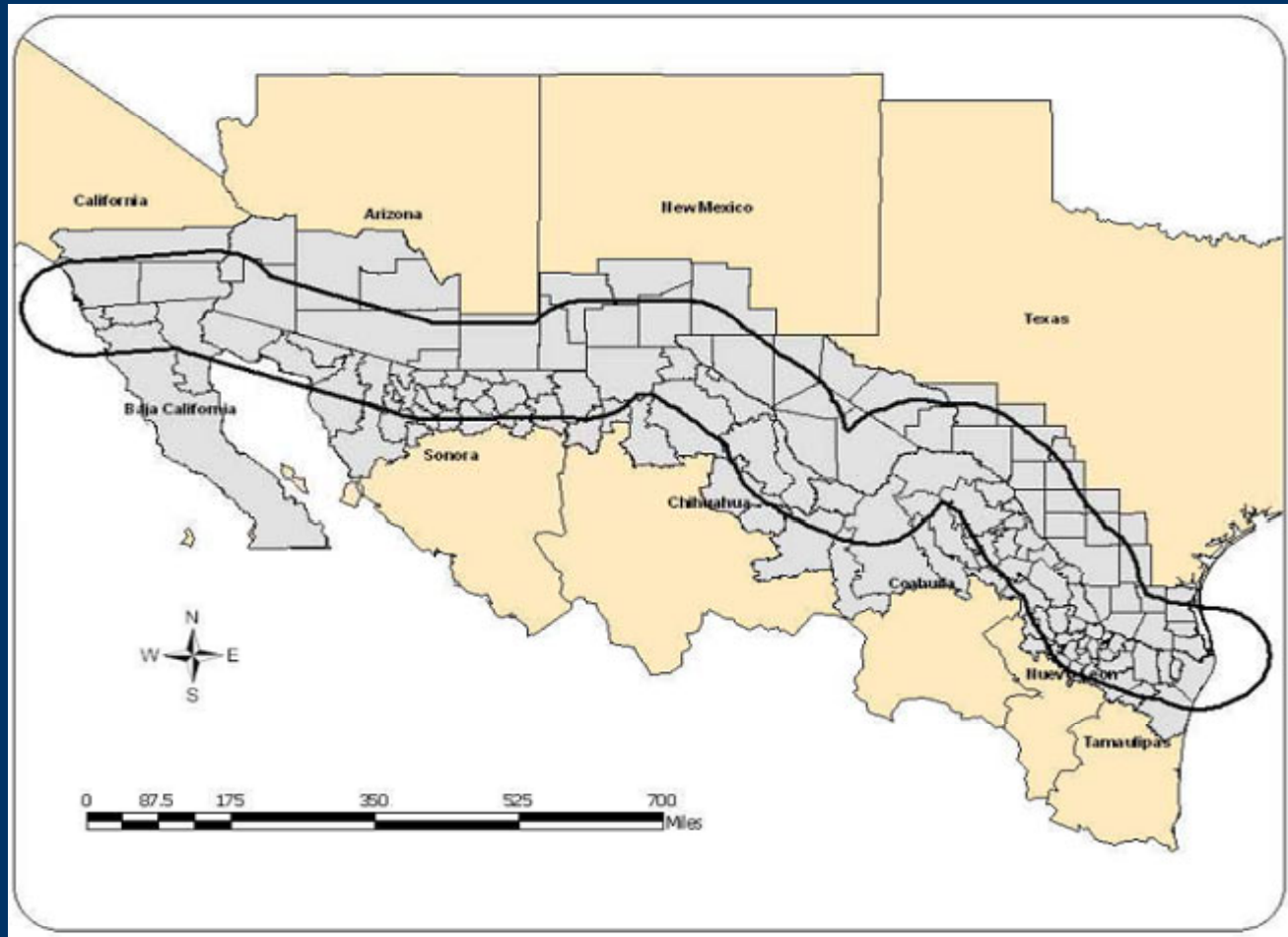
U.S. communities on the border are characterized by relatively _____ compared with the rest of the country.

1. Higher incidence of infectious disease
2. Higher unemployment
- 100% 3. Lower educational attainment
4. Lower per capita income
5. All of the above

The U.S.-Mexico Border Region

- Length: ~ 2,000 miles from the Gulf of Mexico (Texas) in the east to the Pacific Ocean (California) in the west.
- Mostly RURAL (except San Diego, El Paso, and Brownsville)
- Almost 25 American Indian tribes (nations) in the border region, creating a trinational region (e.g., Arizona, Mexico, Tohono O'Odham Tribal Nation)

The U.S.-Mexico Border Region Map



The Border Population

- 13 million (expected to double by 2025)
- 2 of the 10 fastest-growing U.S. metropolitan areas (Laredo and McAllen, TX)
- 73% of U.S. border counties are Medically Underserved Areas (MUAs)
- 63% of U.S. border counties are Health Professional Shortage Areas (HPSAs) for primary medical care [HRSA-BPHC]

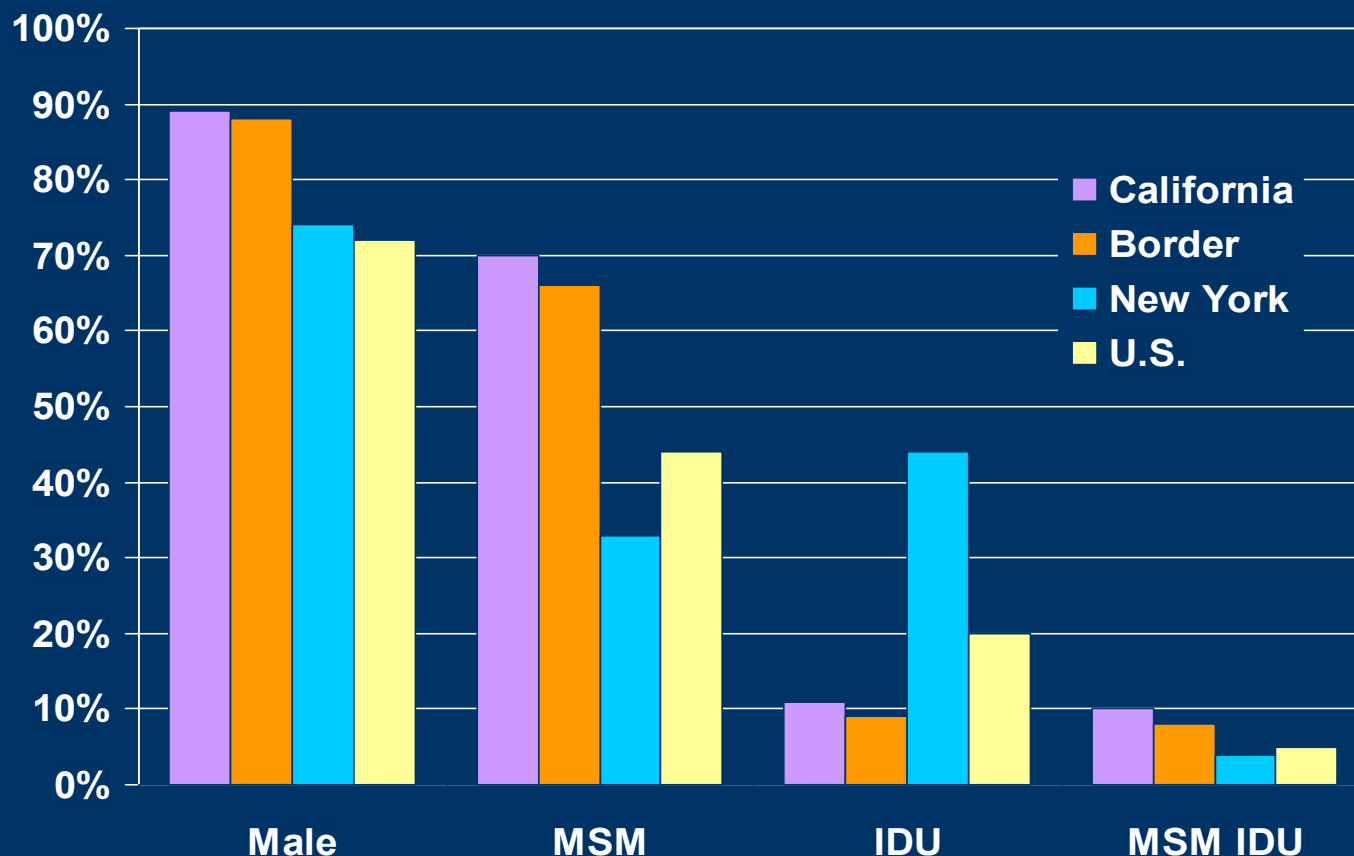
Barriers & Disparities

- Most border counties have no public health department
- Completely dependent on the resources of their state health department for basic public health services:
 - Immunizations
 - Disease surveillance
 - Laboratory services

Barriers & Disparities (con't)

- Hepatitis A in Santa Cruz County, AZ is 9x the overall state rate AZDHS, Bureau of Epidemiology and Disease Control Services, 2000.
- TB in Luna County, NM is 2x the overall state rates NMDOH, Office of New Mexico Vital Records and Health Statistics, 2000.
- San Diego County, CA is one of the 13 highest TB incidence areas in the nation CDC

Border Epidemic = “West Coast”



NASTAD – 2005
CDC - 2008

HIV Border Epidemiologic Profile

- 23 U.S. border counties
 - 878 newly diagnosed
 - HIV = 554
 - AIDS = 324
- 36 Mexican border municipalities
 - 2,102 newly diagnosed
 - HIV = 1,018
 - AIDS = 1,084

NASTAD - 2005

HIV-Infected Immigrants & Detention

- Many HIV-infected immigrants are held in detention centers though the exact # is unknown
- Human Rights Watch reports that ICE estimates of over 200 HIV-infected detainees in ICE facilities is a gross underestimate (most facilities are not included in the estimate)
- These facilities include a variety of federal, state and local institutions

Returned to Risk: Deportation of HIV-Positive Migrants

Human Rights Watch 2009

- *Initiatives to provide cross-border treatment between the United States and Mexico could serve as an example. Programs such as the U.S.-Mexico Border AIDS Steering Team...serve as a model for how treatment can be coordinated for deportees across borders and should be expanded where feasible.*



Why a Border collaborative? Background leading to UMBAST

Lucy Bradley-Springer, PhD, RN, ACRN, FAAN
Associate Professor
University of Colorado Denver, School of Medicine
Principal Investigator
Mountain-Plains AIDS Education & Training Center



Have you ever had to work on or develop a collaborative project?

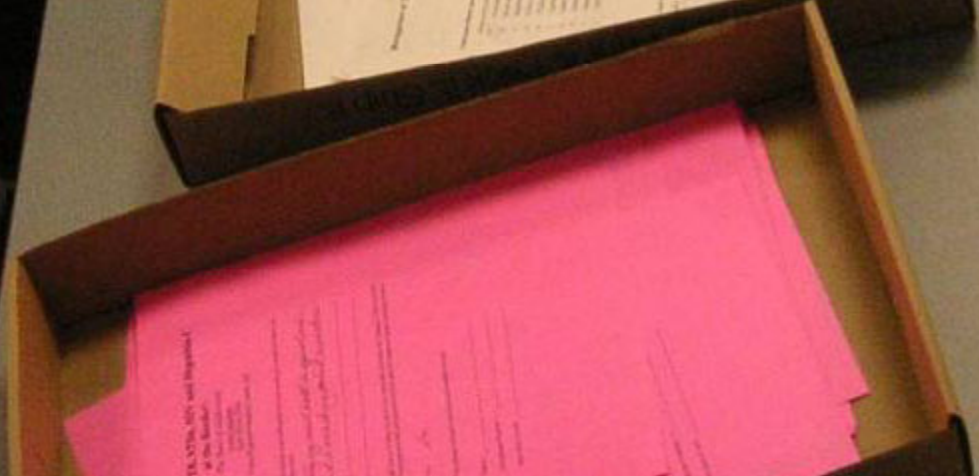
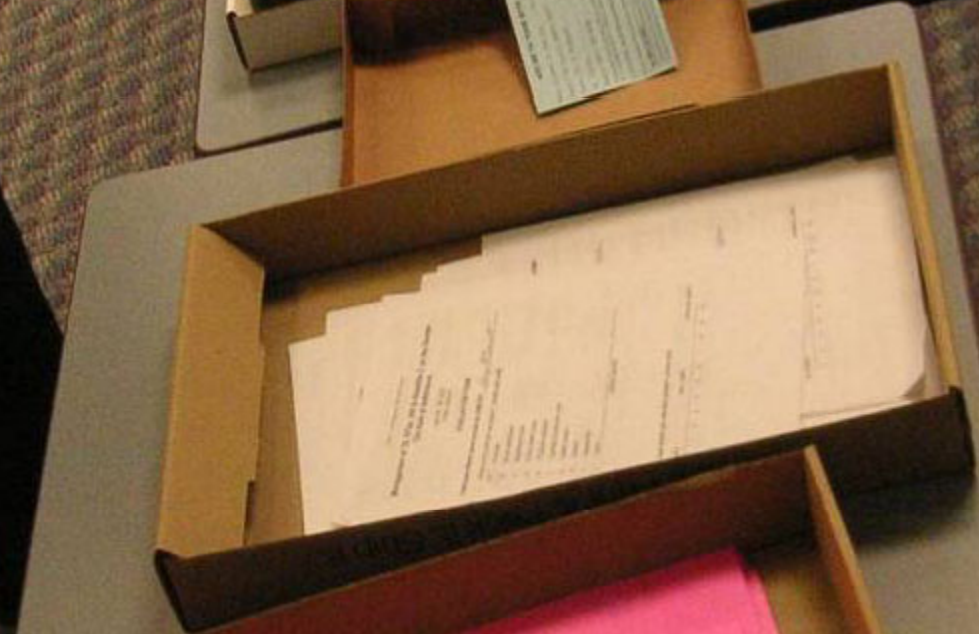
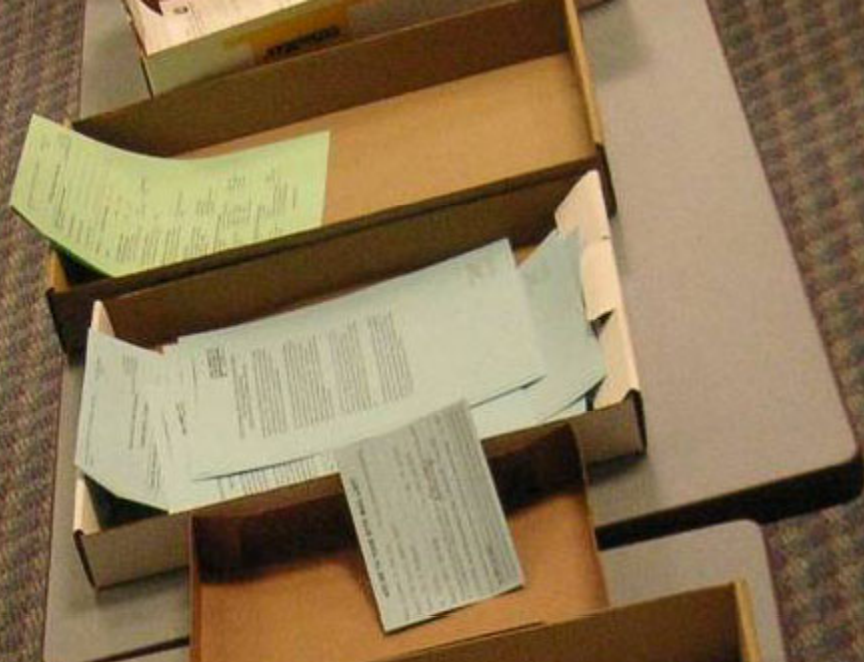
1. Yes, once or twice

100% 2. MANY TIMES

3. No, not yet

What is the greatest challenge in implementing a collaborative project?

1. Different goals (& agendas)
2. Different reporting requirements
- 100% 3. Working with so many people (personalities, logistics)
4. Other



AIDS Education and Training Centers

REGIONAL



NATIONAL AND INTERNATIONAL

National AETC Resource Center
National HIV/AIDS Clinicians' Consultation Center
National Evaluation AETC

National Minority AETC
International Training and Education Center on HIV (ITECH)

Why form an AETC collaborative for the U.S.-Mexico border?

- Health disparities
- Synergies of joint projects/evaluation
- Focused regional effort assesses & addresses special needs
- Focused regional effort allows for better internal learning & external advocacy
- Successes can build on themselves
- Challenges can highlight unmet needs



UMBAST Timeline

2002: 1st AETC Border needs assessment

2003/4: UMBAST formed

2005: *AETCBorderHealth.org* launched

2008: Continuity-of-Care curriculum developed

Today: Reviewing unmet needs

Potential to expand collaborative

FACILITATED MEETING

FEBRUARY 28 & MARCH 1, 2002





Condominios





UMBAST Online

AETCBorderHealth.org

Nicolé Mandel

AETC National Resource Center

UCSF Center for HIV Information (CHI)



Do you use the Internet to obtain information for patients/clients?

1. Yes

100%

2. No

Have you visited *AETCBorderhealth.org* or another website for border/migrant info?

1. Yes, I have been to AETCBorderHealth.org

100% 2. No, but I have been to the UMBAST website

3. No, but I do use the _____ website

4. What is a website?

5. Other

AETCBorderhealth.org

- Initial idea: disseminate information gathered through the needs assessment process
 - Organizations offering clinical services for people with HIV in the border region = potential training clients
- Establish UMBAST brand as cross-region resource
- Link to other resources of interest to border providers
- Learn about the demand for online resources



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- [National and International](#) ▶
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- [U.S.-Mexico Border AETC Steering Team](#)
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U.S.-Mexico Border AETC Steering Team



ESPAÑOL

Mission

UMBAST's mission is to promote high quality, culturally sensitive education and capacity building programs for health care providers and agencies that provide HIV/AIDS related prevention and clinical management services in the U.S.-Mexico border region; and to serve as the coordinating body to provide focused collaboration through joint planning, resource sharing and evaluation of AETC border activities.

El Centro Presentations

- [TB, STDs, HIV, Hepatitis C and Substance Abuse: Keeping border patients in care with limited resources](#)
Date: 06/2010
Download presentations and handouts from the training held in El Centro, CA.

UMBAST Featured in USMBHC Newsletter

- [HIV Trainers Focus on the Border / Instructores de VIH enfocados en la Frontera](#)
Date: 04/2010
U.S.-México Border Health Commission featured UMBAST in their recent newsletter.

Resources from UMBAST

- www.AETCBorderHealth.org
HIV/AIDS Resource Directory for the 4 U.S. and 6 Mexican states in the U.S.-Mexico border region. Includes treatment, testing, and training resources. Available in print and online.

UMBAST Quick Links

- ON THE WEB**
- [Border Resource Directory](#)
- BORDER HEROES**
- [2008 Award Winners](#)
- IN FOCUS**
- [Resources from UMBAST](#)
- PARTICIPANTS**
- [Mountain-Plains AETC](#)
- [Pacific AETC](#)
- [Texas-Oklahoma AETC](#)
- [AETC National Resource Center](#)
- [AETC National Evaluation Center](#)
- [HRSA HIV/AIDS Bureau](#)



20 Years of Leadership
A LEGACY OF CARE





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Border Directory Home

U.S.-Mexico Border HIV/AIDS Resource Directory

Date of Report: 06/2010

Compiled by the U.S.-Mexico Border AETC Steering Team with support from the HRSA HIV/AIDS Bureau



Click on an area of the map to get a listing of HIV/AIDS resources in that region.

	Background	Resources
Arizona	Background	Resources
California	Background	Resources
New Mexico	Background	Resources
Texas	Background	Resources
Mexico	Background	Resources
Regional	U.S.-Mexico Border Organizations and Links	



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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES



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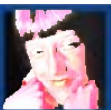


BORDER DIRECTORY

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- [Clinical Consultation](#)
- [National HIV/AIDS Clinicians' \(Telephone\) Consultation Center](#)

HIV/AIDS Resources in the Texas Border Area

Organization / Agency	City	County	Training	Treatment	Prevention	Testing
Texas/Oklahoma AETC, Parkland Health & Hospital System	Dallas	Regional, including Texas and Oklahoma statewide	X			
Centro de Salud Familiar La Fé, Inc., La Fé CARE Center	El Paso	El Paso, Culberson, Presidio, Jeff Davis, Brewster, Hudspeth	X	X	X	X
Valley AIDS Council	Harlingen	Cameron, Hidalgo, Willacy	X	X	X	X
Texas Department of State Health Services (DSHS) Mental Health/Substance Abuse Border Division, HIV Program Implementation	Austin	El Paso, Culberson, Presidio, Jeff Davis, Brewster, Hudspeth	X		X	
Texas Department of State Health Services (DSHS) Office of Border Health (OBH)	Austin		X	X	X	X
Planned Parenthood of Cameron and Willacy Counties	Brownsville	Cameron, Willacy			X	X
Texas Department of Health - Carrizo Springs	Carrizo Springs	Dimmit, Zavala			X	X
Centro de Vida y Salud - Health Systems Inc.	Crystal City	Maverick, Uvalde, Val Verde, Frio, La Salle, Dimmit, Zavala, Medina			X	X
Texas Department of Health - Del Rio	Del Rio	Val Verde			X	X
Texas Department of Health - Maverick County	Eagle Pass	Maverick			X	X
United Medical Centers Health Counseling Services	Eagle Pass	Maverick, Uvalde, Val Verde, Real, Edwards, La Salle, Dimmit, Zavala, Kinney	X	X	X	X





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HIV/AIDS Resources in the Arizona Border Region



BORDER DIRECTORY

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Arizona AIDS Education and Training Center (AETC)

Address:
 University of Arizona, Health Sciences Center
 PO Box 245052
 Tucson, AZ 85724

Phone: 520-626-0723

Fax: 520-626-2353

Web: www.fcm.arizona.edu/azaetc

Note: Education and training opportunities target clinicians with low- to mid-volume HIV patients in their practice, and include statewide continuing education sessions, consultations with experts, and preceptorships with clinicians who have a large number of HIV patients in their practice. Trainings are conducted in English.

Contacts:
 Carol Galper, Ed.D
 Principal Investigator
 Email: cgalper@email.arizona.edu

Counties served: Statewide

Services offered: Training, Education, Clinical Consultation



La Clinica de la Familia

Address:

Pueblo Plaza
1160 Mall Drive
Las Cruces, NM 88005

Phone: 575-521-7181

Web: www.lcdfnm.org

Hours: 8:00 a.m.-5:00 p.m. Monday, Tuesday, Thursday, Friday; 1:00 p.m.-5:00 p.m. Wednesday

Note: Medical and dental services in several locations. Spanish spoken.

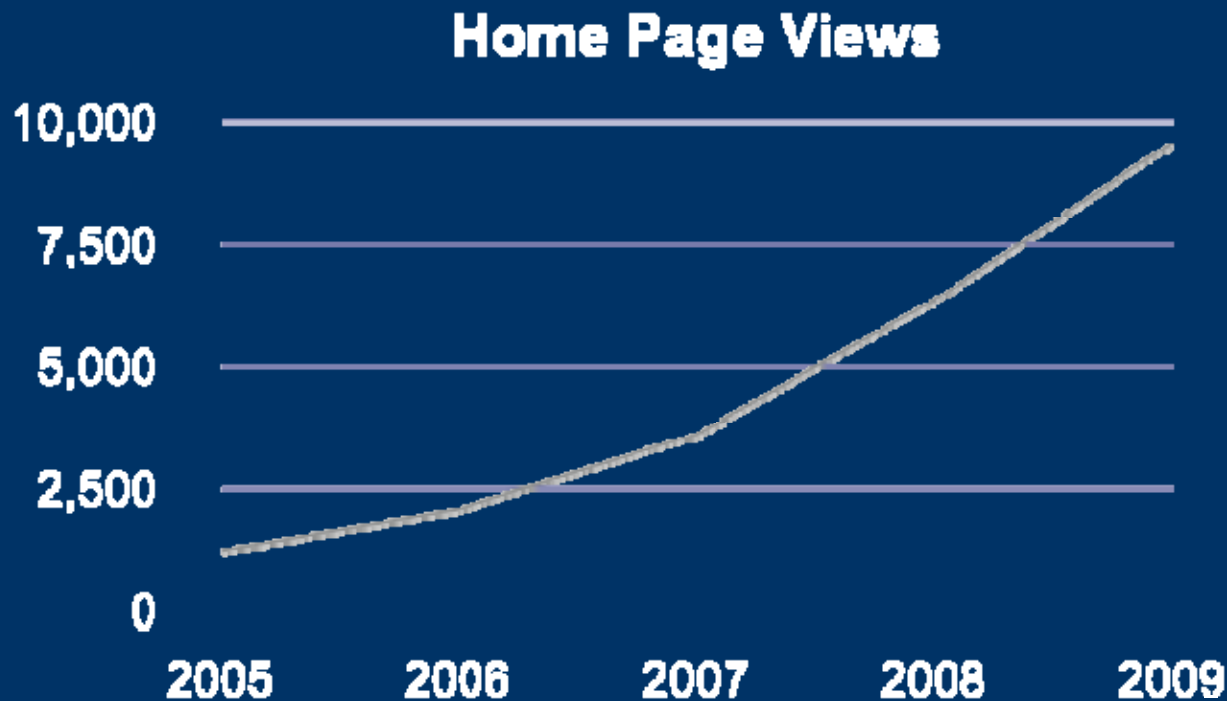
Counties served: Doña Ana, Catron, Grant, Hidalgo, Luna, Otero, Sierra, Lincoln, Torrance

Services offered: Training, Treatment, Prevention, HIV Counseling and Testing



AETCBorderhealth.org

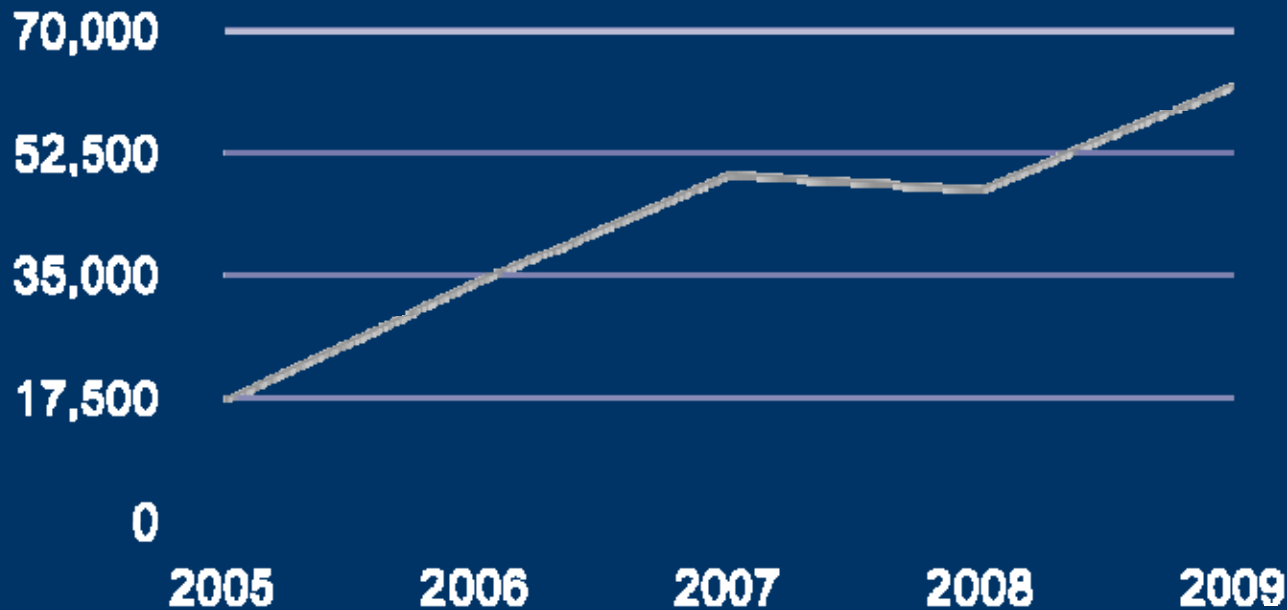
- 21,000 home page views



AETCBorderhealth.org

- 210,000 page views since launch

Overall Site Page Views



Snapshot

- Number of directory resources in the border states

	2006 Edition	2010 Edition
Arizona	17	18
California	39	49
New Mexico	13	13
Texas	28	29

Lessons Learned

- Information was most accurate when gathered and verified by local professionals
- Lots of differences in the 4 border states
 - Population, political, professional
- Different public health systems in the states required slight modifications to data collection template
- Resources in Mexico
- Directories are hard to keep current!

Lessons Learned

- There is a demand for online information about HIV/AIDS in the border region
- Basic web data doesn't tell you a lot about who is accessing information
- Flat websites are good for 1-way communication, but don't allow you to learn from your users
- Cross-border linkages enrich the process for everyone

Border Hero Awards



Possible Future Directions?

- Web/mobile app with clinic locations
- Blog highlighting patient & provider experiences & tips
- Standardized, bilingual referral/transfer templates (online, email, and print – CAREWare report module?)
- Continue to keep information current

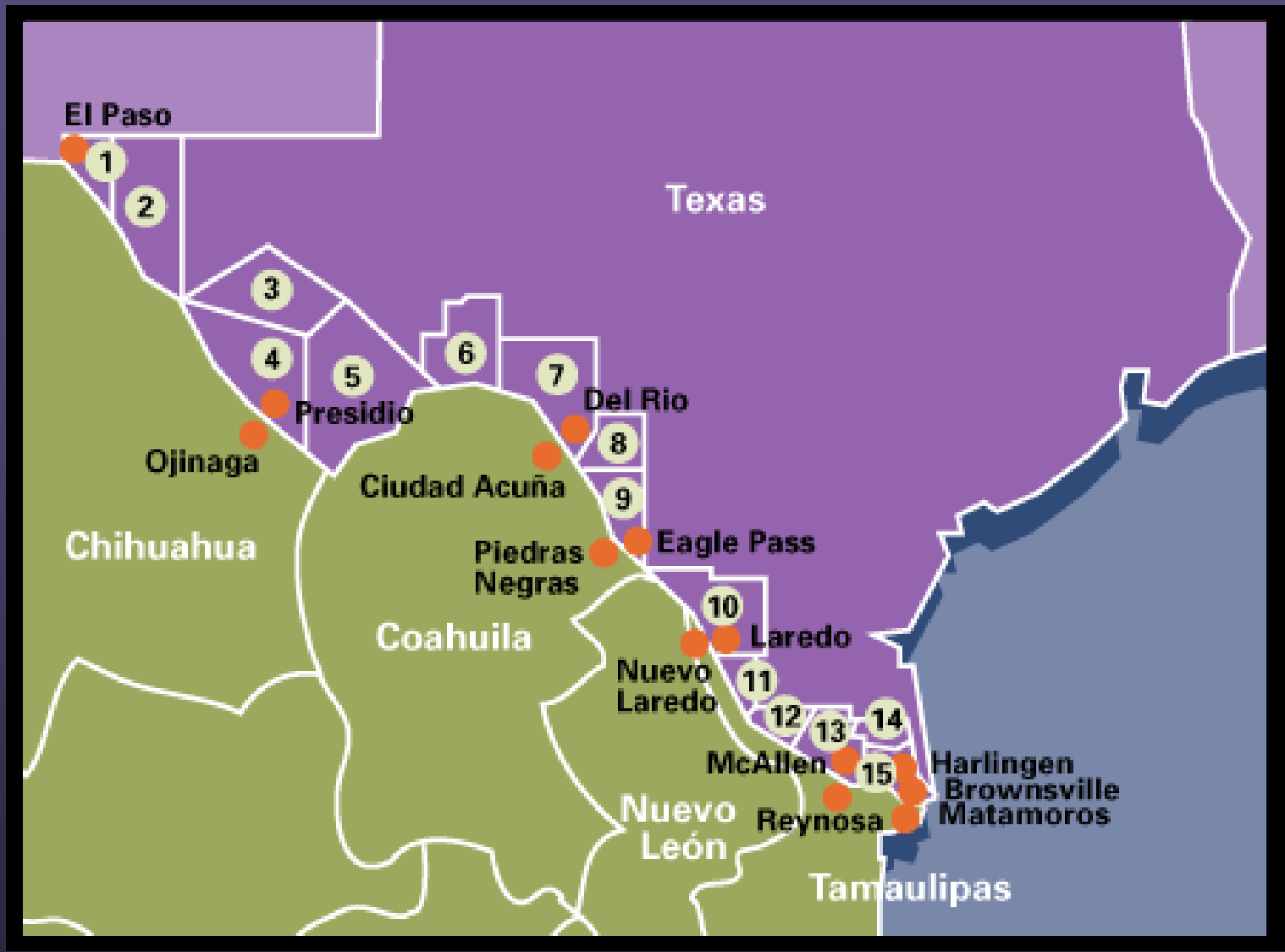
Other UMBAST Highlights & Lessons Learned

Texas Border Project

Tracy Tessmann MA

MAI & Special Projects Coordinator





Texas-Mexico Border

- **Training & Technical Assistance**
 - UMBAST curriculum
 - Case Management capacity building initiative
 - ICE detention center
 - Preceptorships
 - Border Summits
 - Clinical & administrative updates
- **HIV Provider Roundtable Discussions**
 - Cross-border collaborations

Products

- Parkland Pocket Guide in Spanish
- HIV Testing on the Border Fact Sheet
- Traveling to Latin America Brochure

Texas/Oklahoma AIDS Education and Training Center
HIV TESTING ON THE US-MEXICO BORDER

- There are 2 million people who live with HIV in the US today and over 24% of them are Latinos.
- It is estimated that only 1 in 20 people who are infected with HIV are diagnosed with AIDS within 10 months, compared to 1 in 10 for those who are diagnosed with AIDS within 10 months.
- The number of Latinos in the South (Texas, Florida and other states) are experiencing poorer health risk scores because of poor health care and poor health insurance.

Why test?

- To the prevention of HIV, people who know their status reduce their risk.
- Early HIV medical care prevents the disease from progressing to AIDS and greatly improves the quality of life of the person living with HIV.

Why in the US-Mexico Border?

- Many come to the border from countries (Mexico and others) where there is much less HIV and may be less aware of the risks, know less about HIV prevention and often before they are not at risk making them more vulnerable.
- Migrant workers may unknowingly have HIV and infect spouses or partners in their home communities, often rural areas, where there is less opportunity for testing and treatment.
- Poverty, isolation from family/friends, commercial sex, drugs, and language barriers are common in border towns, especially among young people.


Who should get tested?

- Everyone between the ages of 13 and 64 should get tested annually or according to risk. (Men who have sex with men, intravenous drug users, those who frequent commercial sex, etc.) should be tested more often.
- HIV testing should be part of routine health care visits, like those for many other diseases such as diabetes, heart disease, STDs.
- All pregnant women should have HIV test(s) to prevent the possibility of transmission of HIV to the newborn.

Get

- HIV tests should be offered in all centers, private medical offices, or planning centers.
- People should not assume that the

MANUAL PARKLAND PARA EL
CUIDADO DEL PACIENTE
CON VIH
PARKLAND POCKET GUIDE TO HIV CARE
EDICIÓN EN ESPAÑOL



NAEL N. NASSAR, M.D.
PETER KESSEY, M.D.
CLARK R. GREGG, M.D.

Traveling to Mexico and Latin America
A Guide for Persons Living with HIV/AIDS



Texas/Oklahoma
AIDS Education & Training Center

Challenges for the Border

- **New immigration laws**
 - Increased fear of seeking services
- **Violence**
 - Decreased mobility for providers
 - Decreased mobility for clients
 - Concerns for HIV increase

California & Arizona Border Project

Tom Donohoe, MBA
Principal Investigator
UCLA AETC



Highlights

- 2008 International AIDS Conference (Mexico City)
- UMBAST synergies/new partners
- Border Federal Training Center Annual CME event
- UMBAST curriculum

Lessons Learned

- Collaborations are often more work, but end in much more effective trainings and products
- Online presence and sustainability is critical

Activity

- What does your clinic/agency currently do to *COLLABORATE*?
 - *On the U.S.-Mexico border?*
 - *Regarding migrant populations?*
 - *Regarding immigrant populations?*
- What are your challenges?
 - How can AETCs and their partners help?
 - How can we help further UMBAST collaboration?

Evaluation/Next Steps

- Summary of border/migrant experiences
- Review needs (training, technical assistance, capacity-building, others)
- Please complete the evaluation before leaving