



KEEPING LATINO POPULATIONS IN CONTINUOUS, HIGH-QUALITY HIV CARE

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Objectives

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

- Discuss factors that can prevent Latino patients from continuity of HIV care
- Utilize continuity of HIV care resources, including a HIPPA-compliant cloud-based electronic health record
- Share 7 bilingual continuity of HIV care fact sheets for foreign born patients
- Review data from a recent survey of Puerto Rican HIV specialists who had HIV patients that moved to or from the mainland U.S. in the past year



Objectives (Continued)

- Discuss the HIV epidemic on border and in Mexico
- Review evolving health care delivery systems in US and Mexico, focusing on those for HIV services
- Facilitate continuity of care for mobile HIV-infected patients (in US or returning to Mexico)
- Utilize 7 one-page bilingual continuity of care fact sheets for Mexico and 6 Central American countries
- Utilize fact sheet for working with US ICE
- Consider transnationalism and other issues relevant to HRSA Latino SPNS work





US-MEXICO BORDER AETC

(AIDS EDUCATION & TRAINING CENTERS) STEERING TEAM



1

Assisting HIV-Infected Patients Who Return to Mexico (or Central America):

Tom Donohoe



TEXAS/OKLAHOMA AETC



I've seen Tom present this topic before....

- 0% 1. Yes, in person
- 0% 2. Yes, via webinar
- 0% 3. Yes, both in person and webinar
- 0% 4. Nope
- 0% 5. Unsure

My primary reason for being here today is

- 0% **1. I work with Mexican decent project**
- 0% **2. I work with Puerto Rican decent project**
- 0% **3. I work at ETAC**
- 0% **4. I work at HRSA**
- 0% **5. Other**

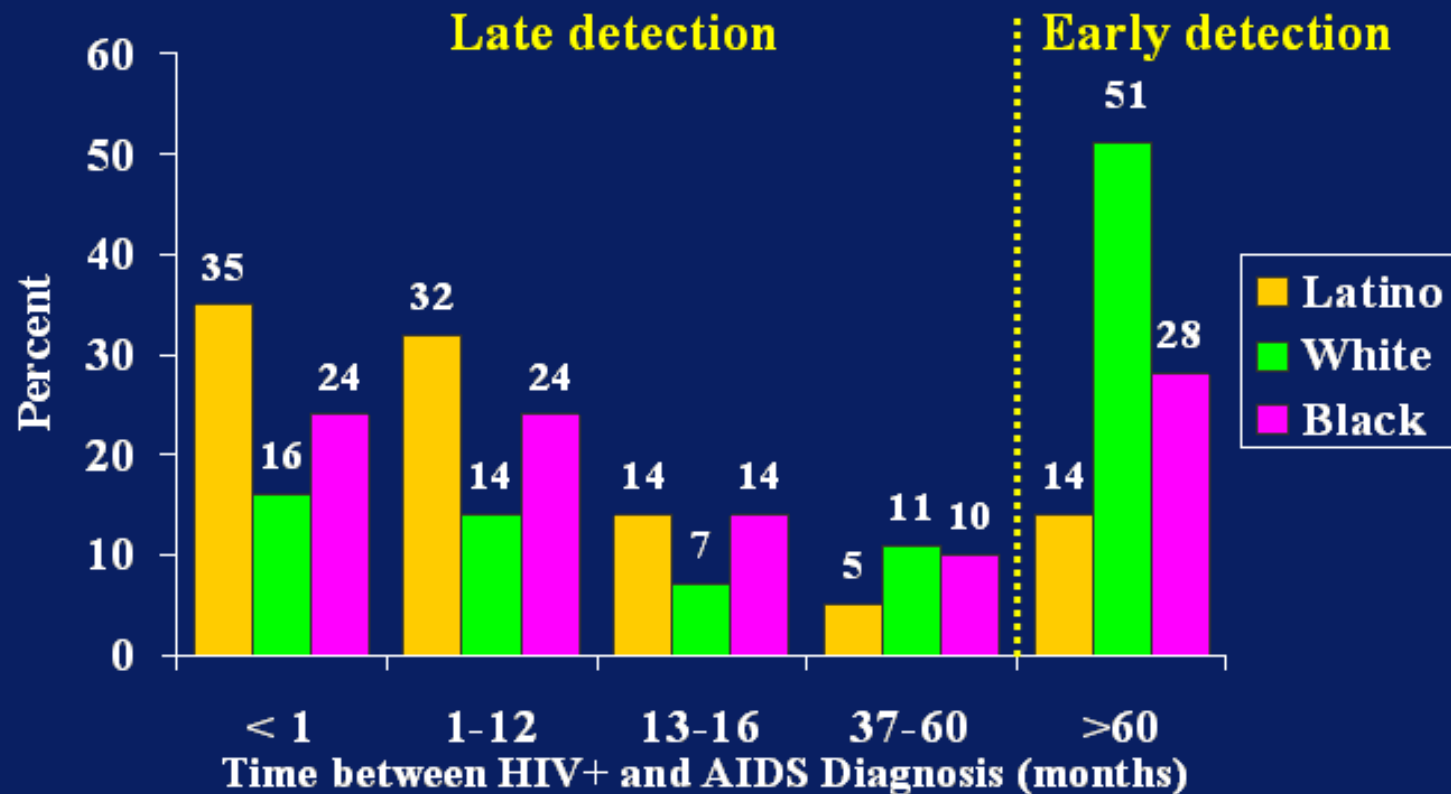
HRSA Continuum of Engagement

Not in Care  Fully engaged

Unaware of HIV status	Aware of HIV status	May be receiving other medical care but <u>not</u> HIV care	Entered HIV medical care but dropped out	In and out of HIV care or infrequent user	Fully engaged in HIV medical care
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What about our SPNS targets---Mexican and Puerto Rican decent ?
What is happening TODAY that impacts their continua?

Time between first learned of HIV+ status and AIDS Diagnosis, by Race/Ethnicity SHAS, LAC, 1999 - 2002 (N = 748)



COUNTY OF LOS ANGELES
Public Health



Juan

Juan is a 27 year-old HIV-infected patient originally from Mexico and new to your HIV clinic. He received care previously at another HIV clinic, in another US state. He arrived in your state as an aunt helped him find a better job there. He does not remember all his medication names, except “*Skybuild?, 2 colored pills...and Bactrim.*” He stopped going to the HIV clinic ‘some time ago’ as he felt better.

He says he plans on settling in your town but also asks if you know if he can receive HIV care/medications in Mexico. He shares he has not been there since he was a teen.



Juan (Continue)

Juan was born in Zacatecas (about an hour outside the capital) and tells you he thinks he may have to return there to live with his grandparents, whom he sends money to each month, or whenever he can. He says his grandparents are really like his parents as his parents moved to the US to make a better life for his siblings shortly after he was born. He communicates with his siblings in Mexico mostly through Facebook. He shares his aunt's cell phone number, and that she knows about his HIV status.

His aunt is worried that accessing health care could hurt his chances of getting a green card. She also worries ICE may be going to clinics.



Questions

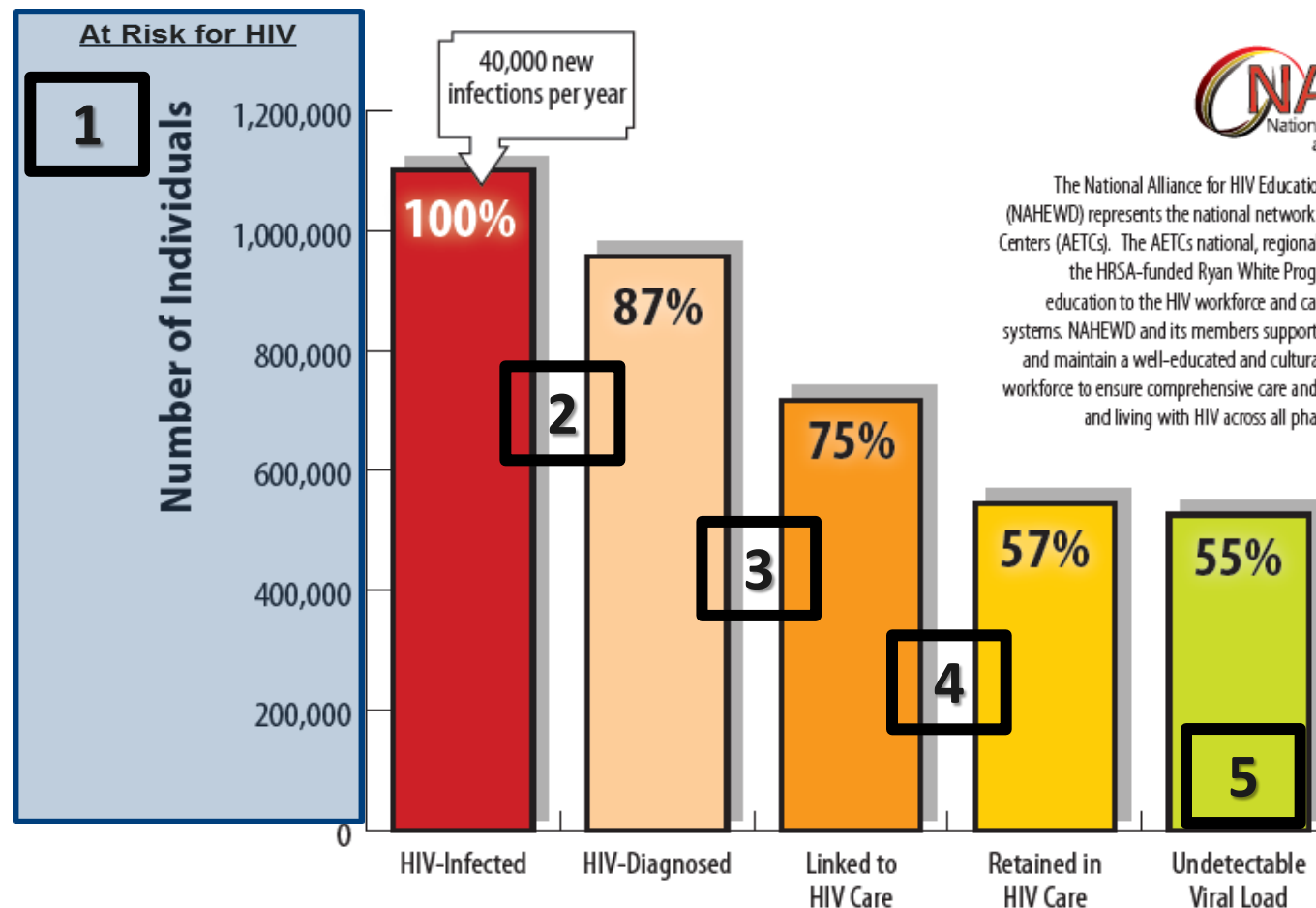
- ❑ What are your top 2-3 concerns for Juan? Why?
- ❑ Would you be able to connect Juan to HIV care in Mexico, should he return?
- ❑ Is Juan like someone you have seen in your HIV work?
- ❑ What other information would you need to assist Juan? Why?
- ❑ What would be your next 2-3 steps?



In your opinion/experience, why do you think is #1 reason HIV patients return to Mexico?

- 0% **1. Legal Reasons (deportation)**
- 0% **2. Lack of US work opportunities**
- 0% **3. Family Emergency**
- 0% **4. Other ideas/experiences**

The U.S. HIV Care Continuum¹



The National Alliance for HIV Education and Workforce Development (NAHEWD) represents the national network of AIDS Education and Training Centers (AETCs). The AETCs national, regional, and local centers are a part of the HRSA-funded Ryan White Program. The AETCs provide clinical education to the HIV workforce and capacity-building support to care systems. NAHEWD and its members support the work of the AETCs to build and maintain a well-educated and culturally-sensitive health professions workforce to ensure comprehensive care and treatment to people at-risk for and living with HIV across all phases of the HIV Care Continuum.

1. White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States: Updated to 2020. Indicator Supplement. Dec 2016. Accessed 1/5/2017: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-indicators-supplement-dec-2016.pdf>



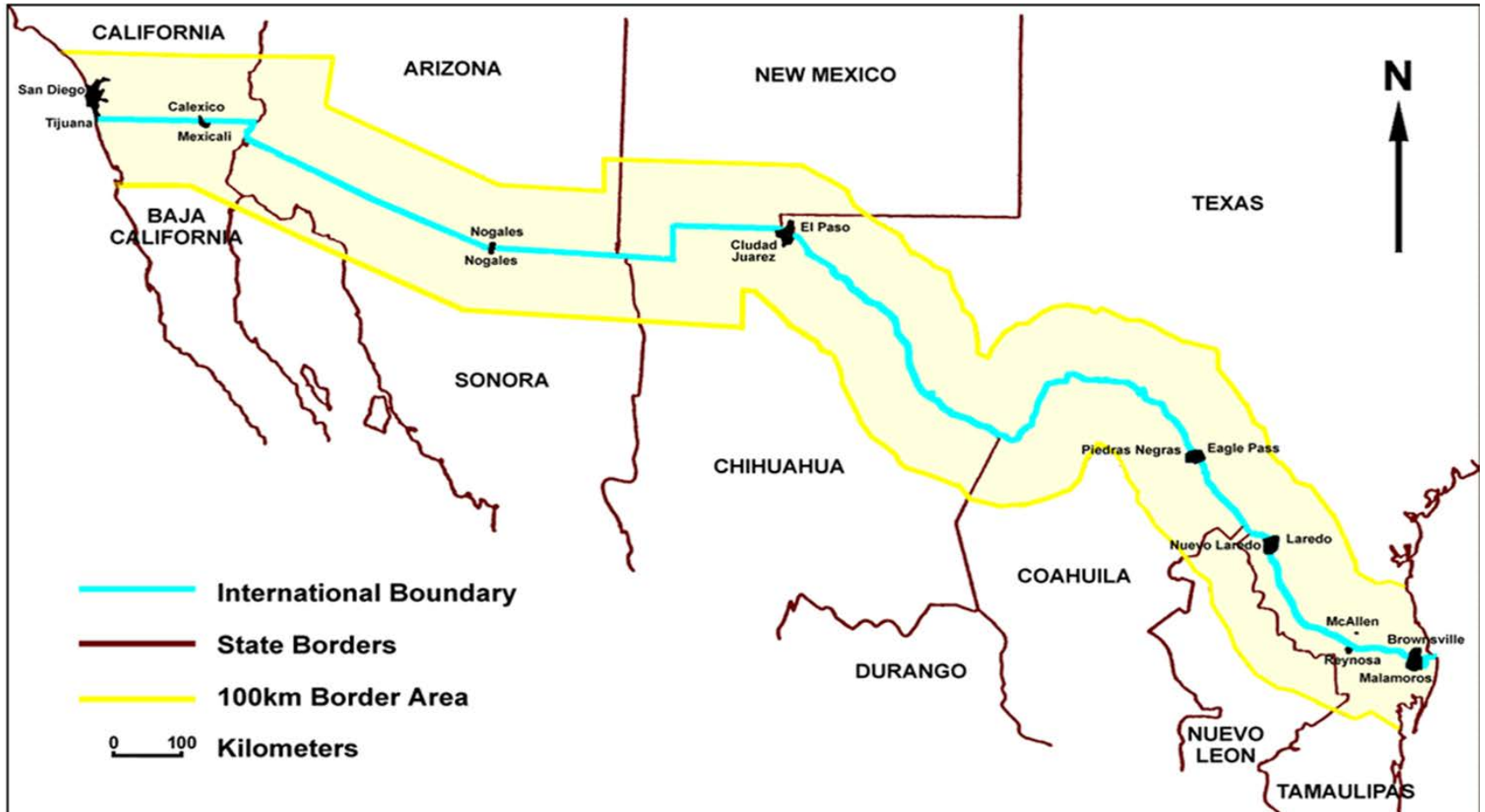
Where do you feel your SPNS targets are most negatively impacted in the continuum?

- 0% 1. Prevention
- 0% 2. Testing & diagnosis
- 0% 3. Linkage to care
- 0% 4. Retention in care
- 0% 5. Treatment

The HRSA/Federal definition of the U.S. border region is how many miles from Mexico?

- 0% **1. 5 miles**
- 0% **2. 12 miles**
- 0% **3. 62 miles**
- 0% **4. 75 miles**
- 0% **5. 100 miles**

The Border



Who is UMBAST?

- U.S.-
 - Mexico
 - Border
 - AETC
 - Steering
 - Team
- Promote high-quality, culturally sensitive education & capacity building programs
 - Provide focused collaboration through joint planning, resource sharing, & evaluation

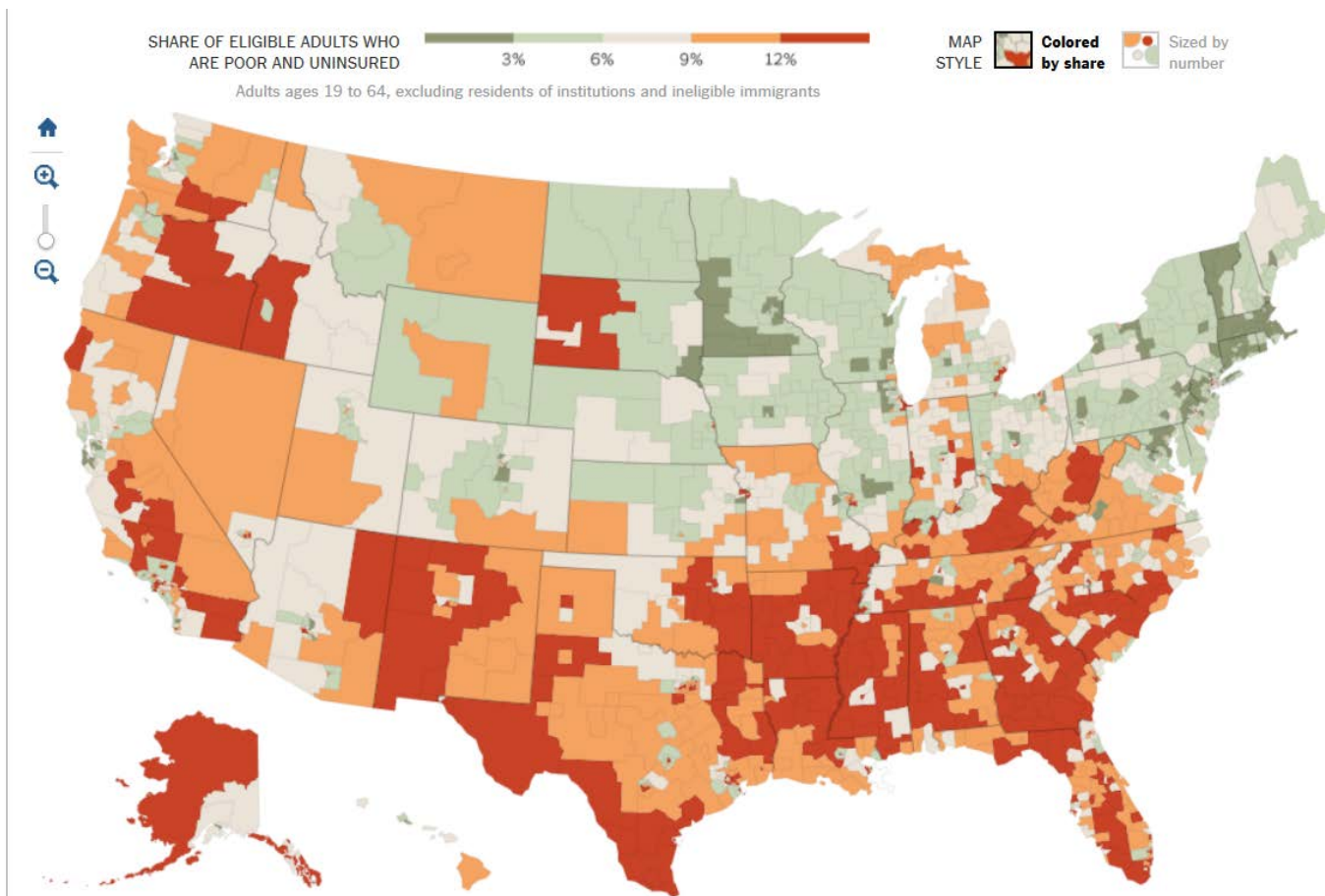


U.S. Border Region Challenges

- Health Professional Shortage Area (HPSA)
- Higher incidence of infectious diseases compared with the U.S. average
- If made a state, the border region would rank:
 - 1st in number of uninsured children
 - 2nd in death rates due to hepatitis
 - 3rd in deaths related to diabetes
 - Last in access to health care
 - Last in per capita income



Where the Poor and Uninsured Americans Live



Free HIV medications are available to all Mexican citizens that return to Mexico.

0% 1. **True**

0% 2. **False**

How many HIV medications are available in Mexico?

- 0% 1. 0-5
- 0% 2. 5-10
- 0% 3. 10-15
- 0% 4. 15-20
- 0% 5. More than 20

Mexico has a higher HIV seroprevalence rate than the United States.

0% 1. True

0% 2. False

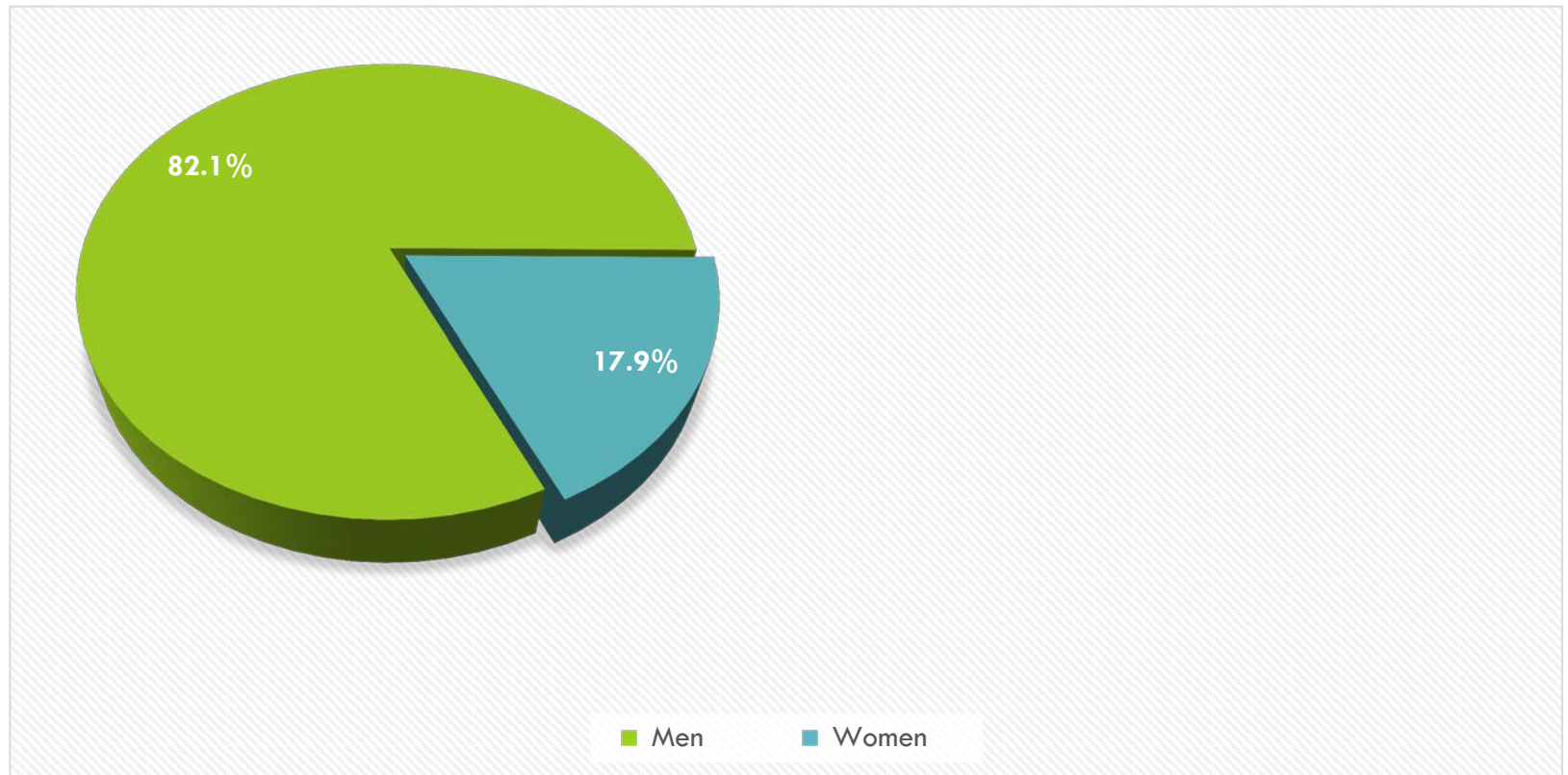
Overview of HIV epidemiology in Mexico



UCLA CHPDP HIV/AIDS Training Programs Delivered in Mexico: 1995- 2005



Cumulative Mexican AIDS Cases by Gender



From: Update on HIV/AIDS in Mexico, June, 2007, Dr. Jorge Saavedra, General Director, National HIV/AIDS Program (Centro Nacional para Prevención y Control del VIH/SIDA CENSIDA).

<http://www.salud.gob.mx/conasida>

Source cited in original slide: CENSIDA based in National AIDS Cases Registry.

HIV/AIDS Cumulative Cases along the U.S. and Mexico Border

Baja California Norte: 7,352

Sonora: 3,224

Chihuahua: 4,716

Coahuila: 1,866

Nuevo Leon: 5,062

Tamaulipas: 3,961



Centro Nacional para la Prevención y el Control del VIH/SIDA Dirección de Investigación Operativa, Secretaría de Salud. Registro Nacional de Casos de SIDA. Datos al 30 de junio del 2007. Procesó: SS/CENSIDA/DIO/SMI

Mexico's adult HIV prevalence in regional context

- Mexico 0.3%
- United States 0.6%
- El Salvador 0.7%
- Guatemala 1.1%
- Honduras 1.8%
- Belize 2.4%



From: Update on HIV/AIDS in Mexico, June, 2012 <http://www.salud.gob.mx/conasida>
Source cited in original slide: UNAIDS. 2004 Report on the global AIDS epidemic, Geneva, 2004

HIV and AIDS in Mexico: 2012

- Population: 120.8 million
- Est. # of people living with HIV: 170,000



[Panorama Epidemiológico del VIH/SIDA e ITS en México](#) December 31, 2006. Consejo Nacional para la Prevención y Control del VIH/SIDA. [PDF]

[Casos de SIDA, PVVIH y Defunciones](#) SS/DGE. Registro Nacional de Casos de SIDA. 11/15/2007. [PDF] As reported in the AETC National Resources Center website <http://aetcborderhealth.com/aidsetc?page=rep-ummx-bg>

Immigration

Immigration (1)

- Nearly 195 million passenger crossings in vehicles & 49 million pedestrian crossings annually at 25 ports of entry into the U.S.
- Border region has higher incidence of infectious diseases compared to rest of U.S.
- Border demographics may favor vulnerability to HIV and other STIs.

Immigration (2)

- As of 2005, 11 million Mexican immigrants living in the U.S.
 - ~ 66% are located in the 4 border states
 - 70% are 18 - 44 years of age
 - 59% have no health coverage
- People of Mexican origin represent 29.5% of all immigrants in the U.S.

Mexican Health Care Delivery Systems



U.S. Health Care--pre ACA

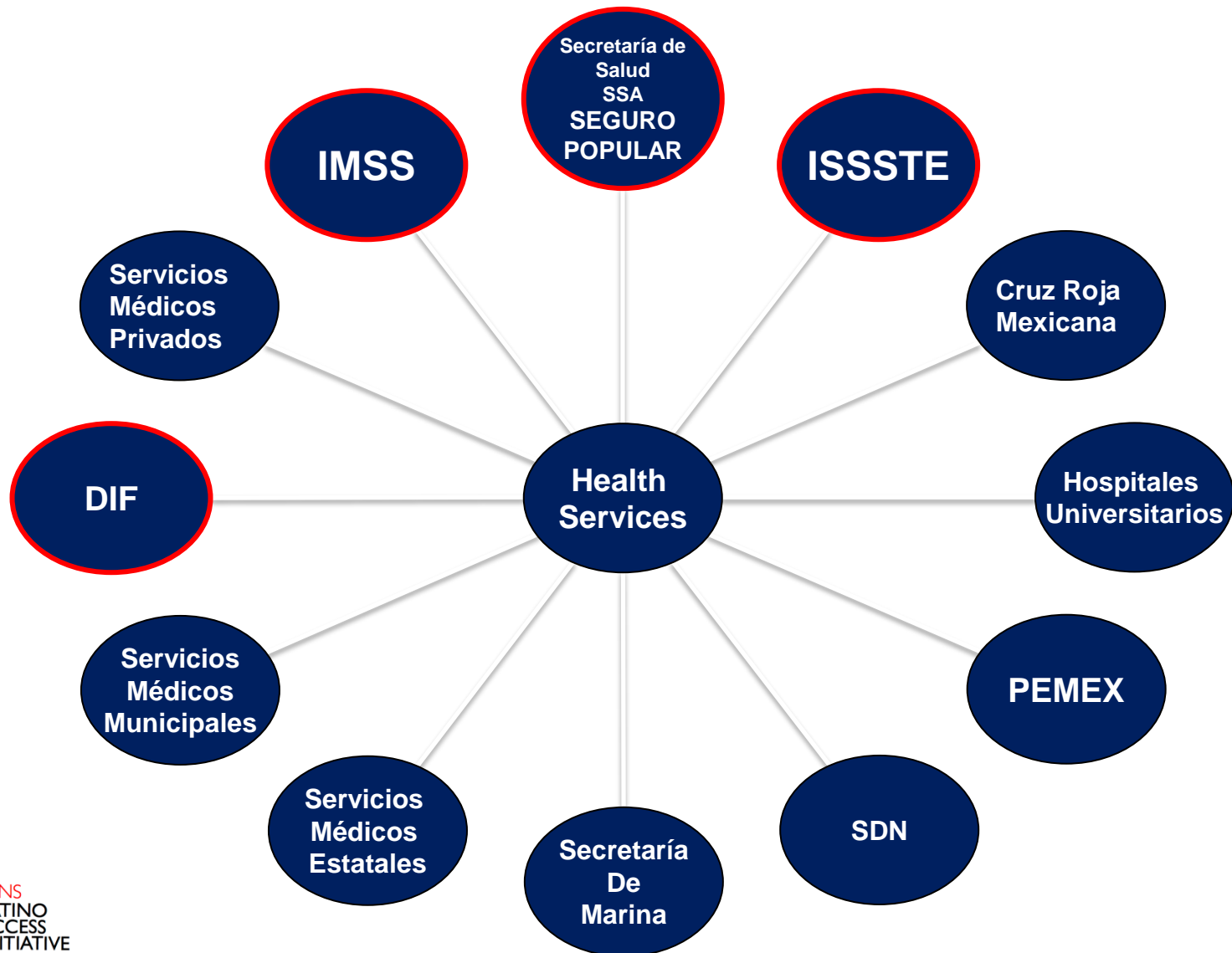
- ❑ Guaranteed only for military, prison, and special programs for poor or elderly
- ❑ Most obtain coverage through an employer, but employers are not required to provide coverage
- ❑ Employees often must share plan costs
- ❑ >30 million without coverage often use ER or pay-for-service clinics

U.S. Health Care Systems

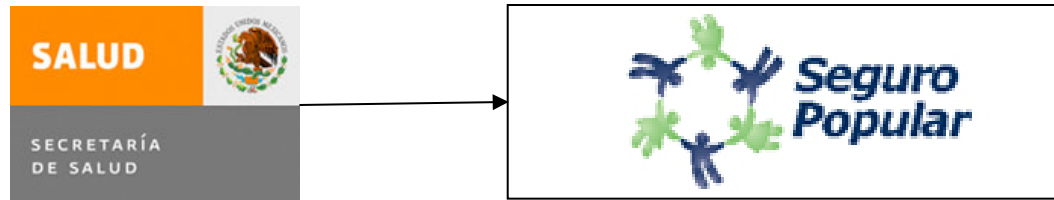
- Principal funding sources
 - Private employer-sponsored insurance
 - Government funded programs (Medicare/Medicaid)
 - Private health insurance
- 47 million U.S. citizens uninsured
- Funding for HIV care
 - Medicaid
 - Medicare
 - Ryan White Program
 - AIDS Drug Assistance Program



Mexican Healthcare Funding Sources

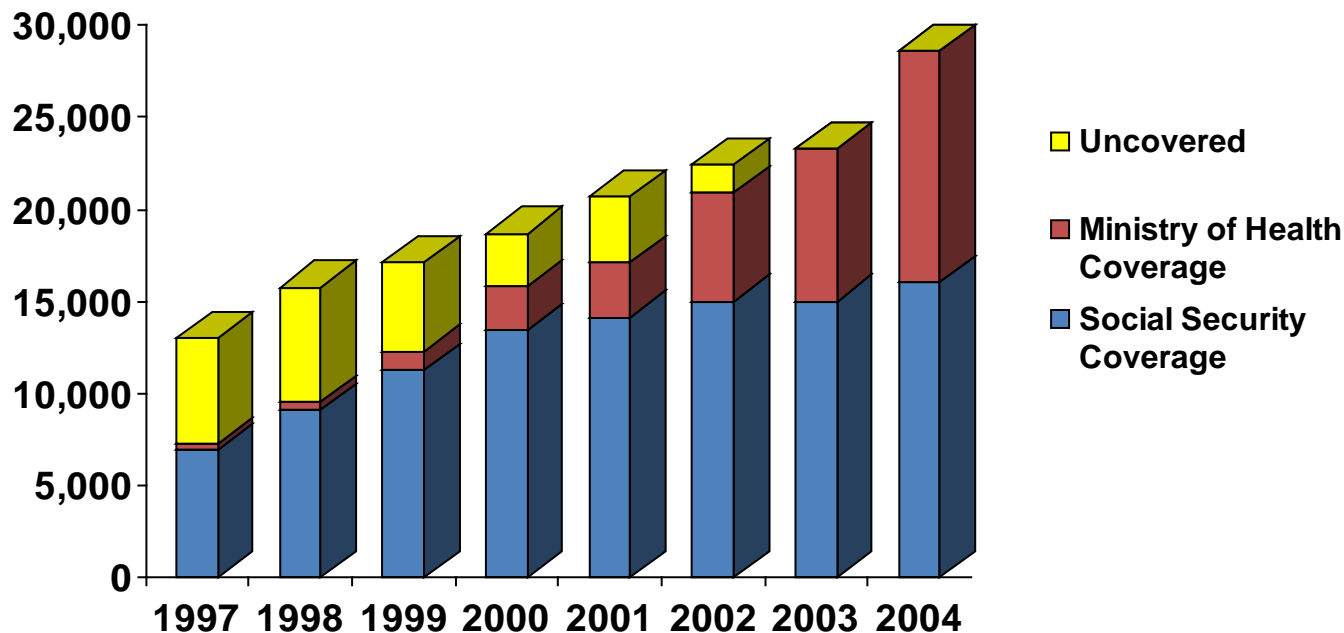


Seguro Popular



- ❑ 2001: Secretaria de Salud institutes Seguro Popular insurance program to provide health care coverage to uninsured/ underserved populations
- ❑ 2005: 5.1 million families covered by Seguro Popular
- ❑ 2007: Seguro Popular becomes law

Antiretroviral Coverage

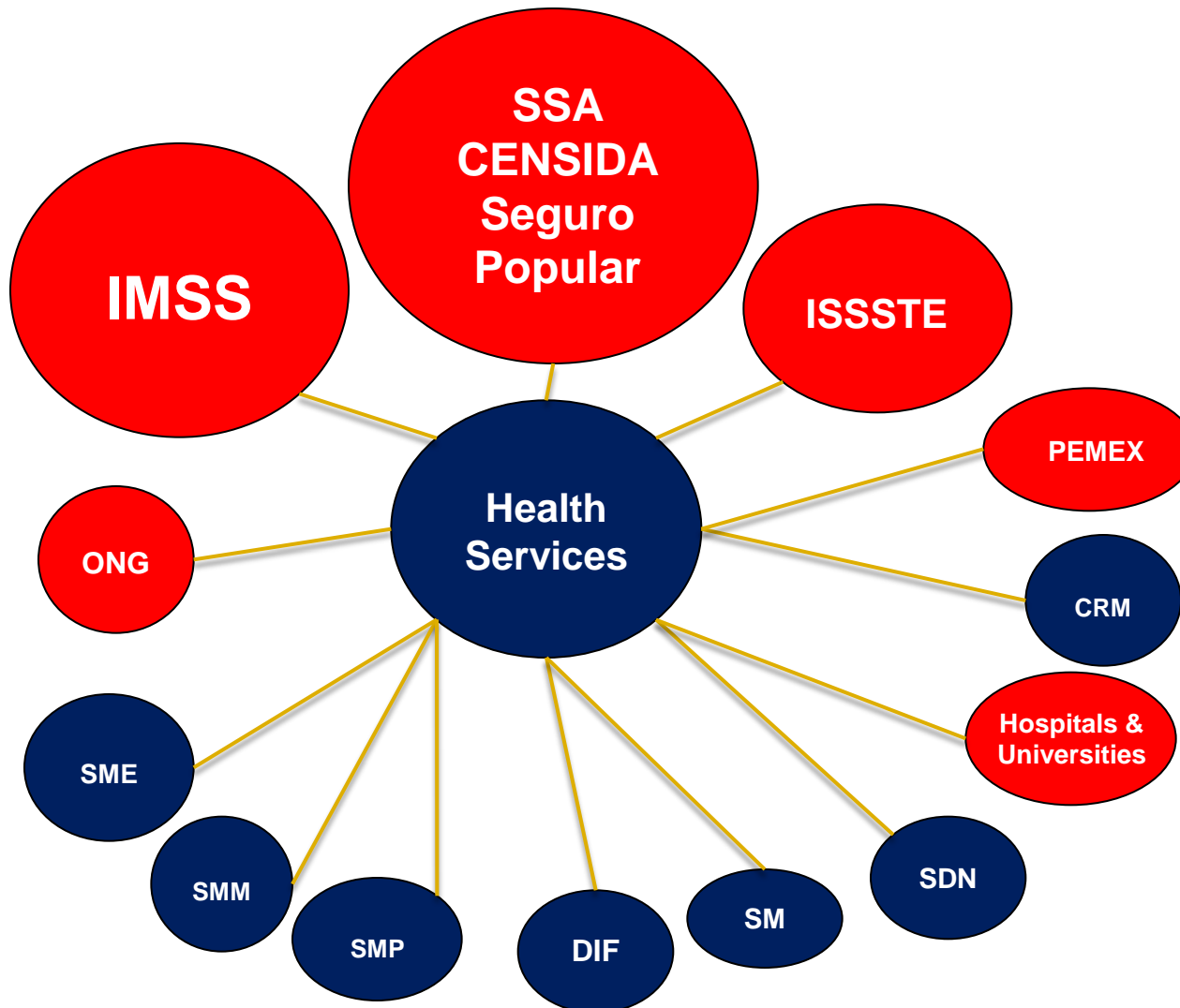


- 1997 Free ARV coverage to insured population.
- 1998 FONSIDA starts coverage for <18 and pregnant women without insurance.
- 1999 Starts coverage for non-insured adult population.
- At the end of 2003 universal access to HAART, originally planned for 2006.



Source: CENSIDA based in National AIDS Cases Registry.

HIV Healthcare Funding Sources



SSA:

- Secretaría de Salud
- Secretariat of Health

CENSIDA:

- Centro Nacional para la Prevención y el Control del VIH/SIDA
- Natl Center for the Prevention & Control of HIV/AIDS

ISSSTE:

- Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado
- Institute of Safety and Social Services for State Workers

IMSS:

- Instituto Mexicano del Seguro Social
- Mexican Inst. of Social Security

PEMEX:

- Petróleos Mexicanos
- Mexican Petroleum

ONG:

- Organizaciones No Gubernamentales
- NGOs

Major HIV Care Sources

- Most public employees: ISSSTE
(Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado)
- Insured private sector employees: IMSS
(Instituto Mexicano del Seguro Social)
- Uninsured/Migrant: SSA/CENSIDA
(Secretaria de Salud/Centro Nacional para la Prevención y el Control del VIH/SIDA)
 - Referred to CAPASITS Clinics
 - Insured under Seguro Popular



CAPASITS

Centro
Ambulatorio de
Prevención y
Atención en
SIDA e
Infecciones de
Transmisión
Sexual

Outpatient
Center for
Prevention and
Attention in
AIDS and
Sexually
Transmitted
Infections



CAPASITS National Infrastructure



From: National Center for Prevention and Control of HIV/AIDS, Operative Investigation Administration, Mexico Secretariat of Health,
(Centro Nacional para la Prevención y el Control del VIH/SIDA Dirección de Investigación Operativa, Secretaría de Salud).
<http://www.salud.gob.mx>

CAPASITS Services

- General medical care
- HIV care
- Laboratory services
- Referrals to specialists
- Dental care
- Behavioral health services
- Social work services
- Adherence counseling



CAPASITS



Ciudad Victoria



Nayarit



La Paz



Mexicali



Veracruz



Zacatecas



From: National Center for Prevention and Control of HIV/AIDS, Operative Investigation Administration, Mexico Secretariat of Health,
(Centro Nacional para la Prevención y el Control del VIH/SIDA Dirección de Investigación Operativa, Secretaría de Salud). <http://www.salud.gob.mx>

ARVs in Mexico

Antiretrovirals Available in the United States		Antirretrovirales Disponibles en México	
Generic	Brand Name	Genérico	Nombre Comercial
Nucleoside/Nucleotide Analogues (NRTIs)		Inhibidores de la Transcriptasa Reversa Análogos a Nucleósidos (ITRAN)	
Abacavir	Ziagen	Abacavir	Ziagenavir
Didanosine	Videx	Didanosina	Videx
Emtricitabine	Emtriva	Emtricitabina	Emtriva
Lamivudine	Epivir	Lamivudina	3TC
Stavudine	Zerit	Estavudina*	Zerit

Continuity of Care and Patient Centered Medical Home

- What is a PCMH?
- Why is it important now?
- Is your clinic/agency ready?
- How can it help with continuity of care for mobile populations?



Medical Home (1)



- Medical home, also known as Patient-Centered Medical Home (PCMH), is defined as:
 - an approach to providing comprehensive primary care...
 - that facilitates partnerships between individual patients, and their personal providers

Medical Home (2)

- The provision of medical homes may
 - allow better access to health care
 - improved involvement of patients in their own care
 - increase satisfaction with care
 - improve health
 - lower overall costs of care
 - reductions in disparities in health






How do I find all these resources when I
need them?

Using AETCBorderHealth.org



Search “Mexico border AIDS”



Web [Images](#) [Groups](#) [News](#) [Froogle](#) [Maps](#) [Scholar](#) [more »](#)

[Advanced Search](#)
[Preferences](#)

[Turn OFF Personalized Search \(Beta\) for these results »](#)

Web Personalized Results **1 - 10** of about **6,330,000** for **[mexico border aids](#)**. (0.30 seconds)

[US-Mexico Border HIV/AIDS Resource Directory](#)
The US-Mexico Border AETC Steering Team (UMBAST) has compiled this **Border** Resource Directory to better connect HIV/AIDS resources with community needs along ...
www.aids-ed.org/aidsetc?page=rep-umbast-dir - 14k - [Cached](#) - [Similar pages](#)

[US/Mexico Border AETC Steering Team \(UMBAST\)](#)
Contact and program information for the AETCs' US/Mexico Border AETC Steering Team (UMBAST)
www.aids-ed.org/aidsetc?page=ab-01-10 - 19k - [Cached](#) - [Similar pages](#)
[[More results from www.aids-ed.org](#)]

[AEGIS-15IAC: The US/Mexico border AIDS Education and Training ...](#)
ISSUES: The US/Mexico border is the most traversed **border** between any two nations on the planet. This session will review a Health Resources and Services ...
www.aegis.com/conferences/iac/2004/D12932.html - 7k - [Cached](#) - [Similar pages](#)

[The US/Mexico border AIDS Education and Training Center \(AETC ...](#)
Lessons Learned: Data indicate there are unique HIV/ **AIDS**-related training needs that should be addressed in US counties sharing the **border** with **Mexico**. ...
gateway.nlm.nih.gov/robot_pages/MeetingAbstracts/102278431.html - 25k - [Cached](#) - [Similar pages](#)



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U.S.-Mexico Border Federal Training Center Collaborative

This website features resources from the U.S.-Mexico Border AETC Steering Team (UMBAST) and its Federal Training Center partners. Together we offer free, expert training, technical assistance, and capacity-building programs on the prevention and treatment of HIV, tuberculosis, hepatitis C, sexually transmitted diseases, reproductive health, and related topics for clinicians working in the U.S.-Mexico border region.



UMBAST is supported by the HRSA HIV/AIDS Bureau and the Minority AIDS Initiative

[Border Blog](#)

The Border Blog is a place to discuss what's happening with HIV, clinical training, and health care in general on the border. Read, comment, and join in!

[Services Map](#)

Find local HIV testing and treatment resources, and sources for related health services such as substance abuse treatment.

[Border Training Calendar](#)

Find out what's happening in your area.

[State Profiles](#)

These profiles summarize the impact of the HIV/AIDS epidemic in border communities.

[Library](#)

Our team of trainers have developed fact sheets on topics such as care options for [patients returning to Mexico and Central America](#), working with patients with substance abuse problems, and navigating [U.S. Immigration and Customs Enforcement](#). Check here for important reports and publications related to border health.

[Contacts](#)

If you have questions or need help with clinical training and capacity building in the border region, contact your closest border training coordinator.



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HIV Clinical Care

Drug Treatment

Clinical Program
Management

OIs & Comorbid Conditions

Populations & Settings

Adolescents and Young
Adults

Adults over 50

African Americans

Asian Americans

Community Health
Centers

U.S.-Mexico Border

Learn more about the [AETC Network's capacity building activities on the U.S.-Mexico border](#).



Active Resources

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Articles: 6

New Initiatives and Updates from the United States-Mexico Border Binational Infectious Diseases Conference



July 16, 2014

Posted by: [Marcos Alcorn, BS, MPA](#), [Texas/Oklahoma AIDS Education and Training Center](#)

I was honored to represent the Texas/Oklahoma AIDS Education and Training Center (AETC) and the U.S.-Mexico Border AETC Steering Team (UMBAST) this year at the United States – Mexico Border Binational Infectious Disease Conference in El Paso, Texas. This binational meeting is convened each year by...

Training and Technical Assistance for U.S. Immigration and Customs Enforcement (ICE) Clinicians: HIV Champions Pave the Way



November 13, 2013

Posted by: [Alyssa A. Bittenbender, MPH](#), [Arizona AETC: University of Arizona Health Sciences Center](#), [Pacific AIDS Education and Training Center](#); [Tom A. Donohoe, MBA](#), [Pacific AIDS Education and Training Center](#), [UCSF Center for HIV Information](#), [UCLA AETC](#)

We have found great partnerships with ICE. With leadership from our champions, we easily found that perceived hurdles that were once thought to be barriers in working with ICE were more a matter of connecting with the appropriate people. At every level we have found true partners and champions...

HIV and ACA Implementation on the United States-Mexico Border



August 6, 2013

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Centers

Corrections

Emergency

U.S.-Mexico Border

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[Active Resources](#)

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Active Resources: 13

Pocket Guides

- [Clinician's Reference Guide to Curanderismo](#)

7/24/2014

Source: Texas/Oklahoma AIDS Education and Training Center, Valley AIDS Council

Fact Sheets

- [Tips for Implementing Routine HIV Screening on the U.S. - Mexico Border](#)

6/20/2014

Source: Pacific AIDS Education and Training Center

- [Information for Providers Assisting HIV Patients Returning to Mexico and Central America / Información para Proveedores que Asisten a Pacientes que Regresan a México y los Países de Centro América](#)

4/1/2013

Source: Pacific AIDS Education and Training Center, Mountain Plains AIDS Education and Training Center, Texas/Oklahoma AIDS Education and Training Center, AETC National Resource Center

- [Information for Health Care Providers with Patients Who Have Been Detained by U.S. Immigration and Customs Enforcement \(ICE\)](#)

6/21/2012

Source: U.S. Customs and Immigration Enforcement

Webinars

- [AETC Health Care Disparities Collaborative Webinar: UCLA PAETC MAI Workforce Development Project: Developing the Next Generation of Spanish-Speaking HIV Providers](#)

5/23/2014

Source: Pacific AIDS Education and Training Center, AETC National Resource Center

- [The Affordable Care Act and Tuberculosis Control: Navigating New Territory](#)



Recommendations for Providers Assisting HIV Patients Returning to Mexico

What's Available in Mexico

Nearly all HIV medications available in the United States are now available to Mexican citizens in Mexico through a wide range of public and private programs. Access to HIV medications in Mexico has expanded greatly in recent years.

HIV Treatment in Mexico

Each state has an HIV/AIDS director responsible for coordinating treatment and prevention programs. You or your patient can contact this person to determine the availability of HIV diagnostic tests and HIV medications in the state to which your patient is returning. Patients are treated either in general hospitals or in CAPASITS (HIV specialty clinics – “Centro Ambulatorio de Prevención y Atención en SIDA e ITS”). The CAPASITS network was introduced in Mexico in 2005 and is still expanding. As of 2012, it comprised 70 centers around the country. See below for a link to CAPASITS locations.

What Patients Will Need

Patients must enroll for care and provide certain documents to be eligible to receive medications. To speed the process, encourage your patients to bring the following:

Necessary

- ☒ **Positive HIV antibody test result** (confirmed with Western Blot)

ENROLLMENT IN THE MCN HEALTH NETWORK

Rolling Clinic		Clinic phone number(s)	
Mail address		Clinic fax number(s)	
Contact person at Clinic			
Security Question #1:	Patient's city of birth?		
Security Question #2:	Patient's father's first name?		
Please indicate the health area(s) for which the participant is being enrolled. If the participant's health status changes during enrollment in the Health Network, additional areas may be added with the participant's verbal consent.		<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> HIV
		<input type="checkbox"/> Prenatal Care	<input type="checkbox"/> General Health
		<input type="checkbox"/> Cancer	
		<input type="checkbox"/> Diabetes	

CONSENT FOR RELEASE OF MEDICAL INFORMATION

First Name		Last Name(s)	
Aliases, Nicknames, Etc		Birth Date (Month / Day / Year)	

The Health Network currently helps with continuity of care for people with infectious chronic illnesses or other healthcare concerns. (i) MCN is a non-profit company coordinating my enrollment in the Health Network at no cost to me; (ii) MCN may not be able to obtain health care providers that are available to care for my condition at no cost to me; (iii) the health care providers who will be providing my treatment are

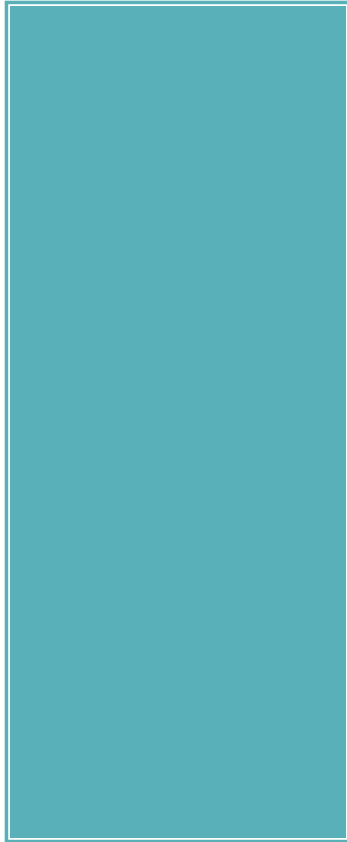
I agree to notify my future health care providers of my enrollment in the MCN Health Network to help facilitate the transfer of my medical records. I understand and consent to MCN maintaining records for my care containing sensitive health information (examples: HIV status and/or information about mental health issues) if my health care provider believes this information is needed for my treatment. I authorize MCN

Q/A



Puerto Rico---Survey of HIV Specialists

March 21, 2017



APLA HEALTH,
CICATELLI ASSOCIATES INC.,
AETC DE PUERTO RICO
PRESENTAN

Simposio de Tratamiento y Prevención del VIH en 2017 Un Curso CME Avanzado e Interactivo

21 de marzo del 2017
8:00am- 4:00pm
Universidad Interamericana
351-353 Calle Galileo, San Juan, 00927, Puerto Rico



March 21, 2017 Advanced HIV CME participants

San Juan, Puerto Rico

- CME training included 24 physicians, 3 nurses (APNs), 1 pharmacist, 2 HIV testers, 1 dietician, and 1 substance abuse case manager.
- Principal employment settings included (respondents can check >1 answer): HIV/ID clinics (19), STD clinics (6), FQHC (5), hospital-based clinics (5), state/local health departments (4), other primary care (4), and others. Most participants provided direct services to people living with HIV.
- Participants estimated an average 323 PLWH (range 10 – 2000) to whom they provide direct services, and providers had an average of 13 years (range 1 – 30) having direct interaction with patients/clients.



Motivating Factors for Migration Among Patients of Puerto Rican HIV Providers

- Economic factors key among recent survey of providers whose patients **left** Puerto Rico
 - Economic costs and employment challenges
 - The prospect of more government support availability (accessing economic assistance programs).
- Of the patients that **return** to Puerto Rico:
 - Family reunification was the most-cited reason
 - Ability to obtain employment
 - Availability of medical services and ART at new location

Economic	18	21%
Employment	17	20%
Medication	2	2%
Financial Assistance	5	6%
Services Available	10	12%
Support Service Availability	1	1%
Housing	2	2%
Cost of Care	1	1%
Interpersonal	15	18%
Stigma	1	1%
Other Illnesses	3	4%
Comprehensive Medical Care	1	1%
Quality of Life	8	9%
Criminalization	1	1%

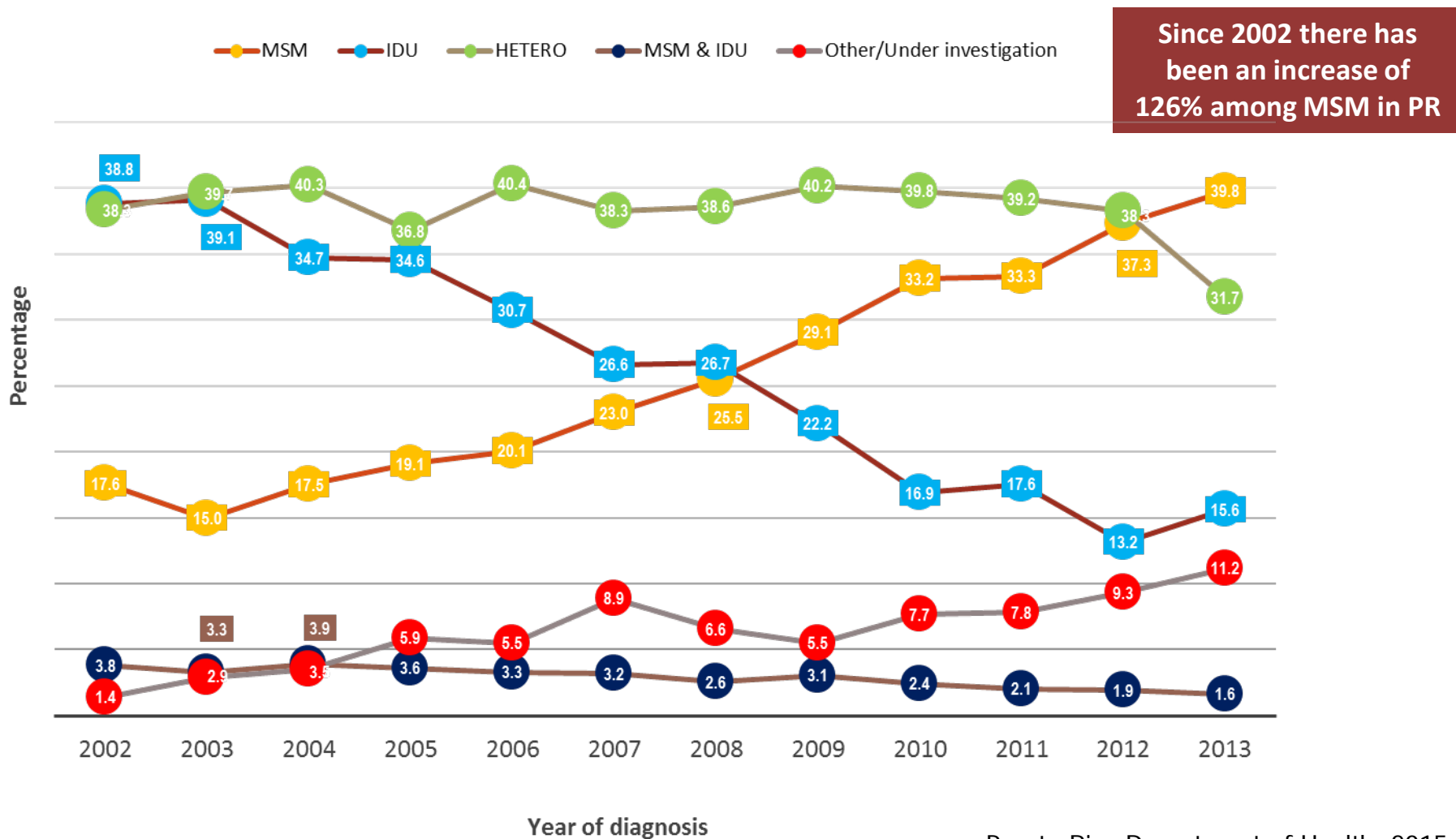
Table 1: Reasons HIV-Positive Patients Leave Puerto Rico.

HIV/AIDS epidemic in Puerto Rico Cont.

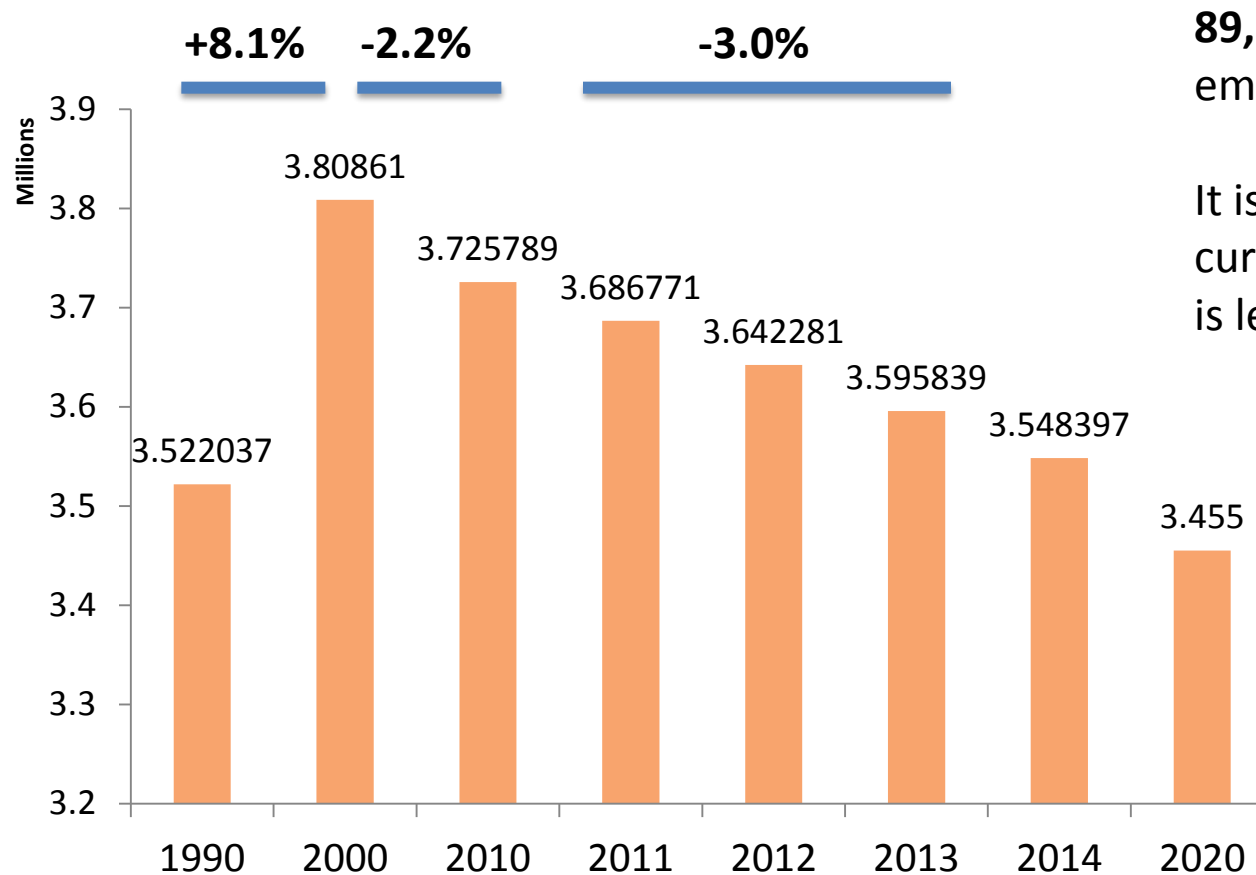
- More than 46,600 persons have been diagnosed with HIV/AIDS
 - 26,304 have died
 - Approximately, 20,305 people with HIV in Puerto Rico
- Two (2) persons are diagnosed with HIV or AIDS every day
- One (1) out of six (6) persons who have HIV doesn't know he/she has the virus
- Perinatal transmission was officially eliminated in 2013



Recent trends in transmission mode of HIV in adults and adolescents ≥ 13 years , Puerto Rico , 2002-2013



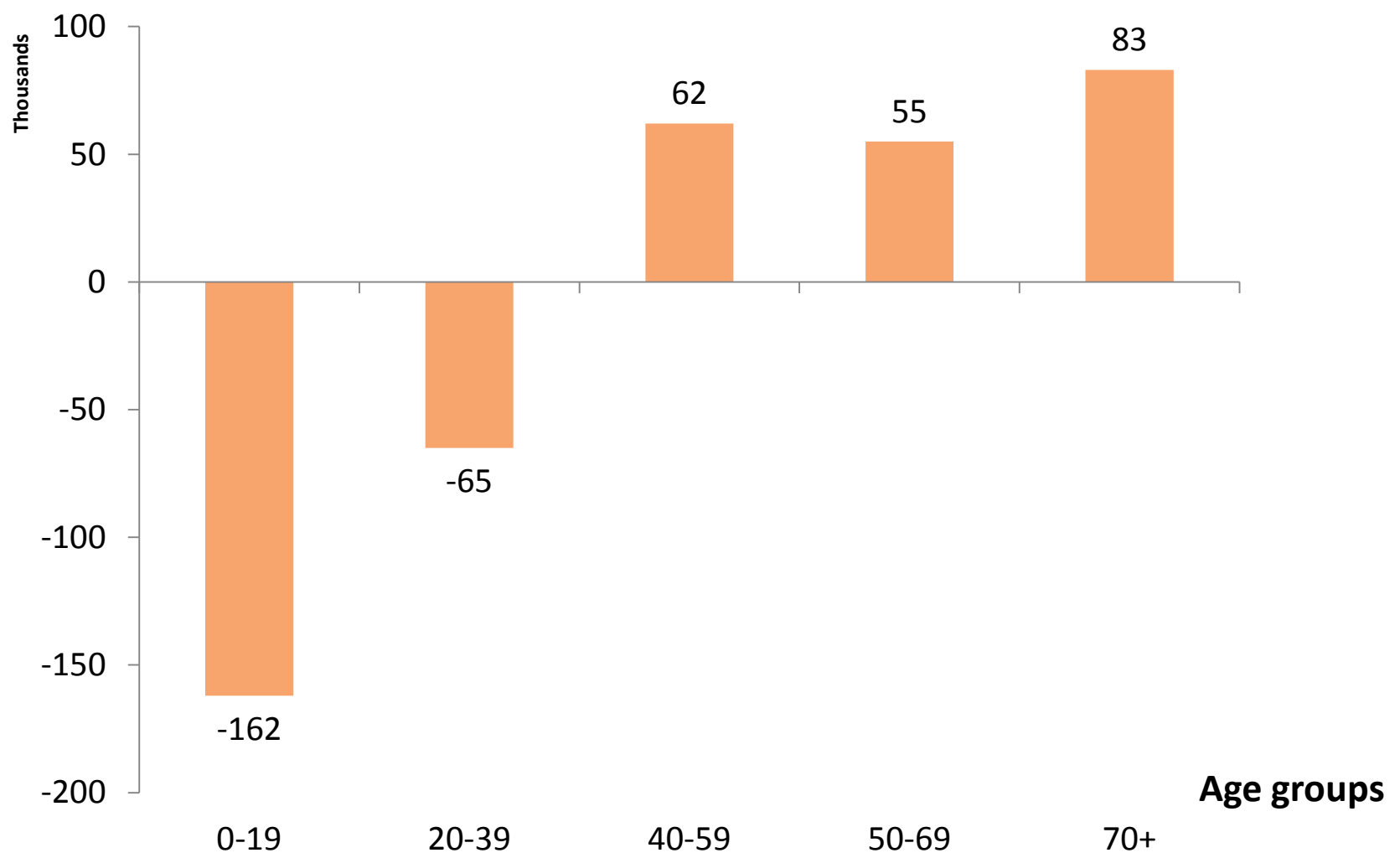
Current population trends in PR



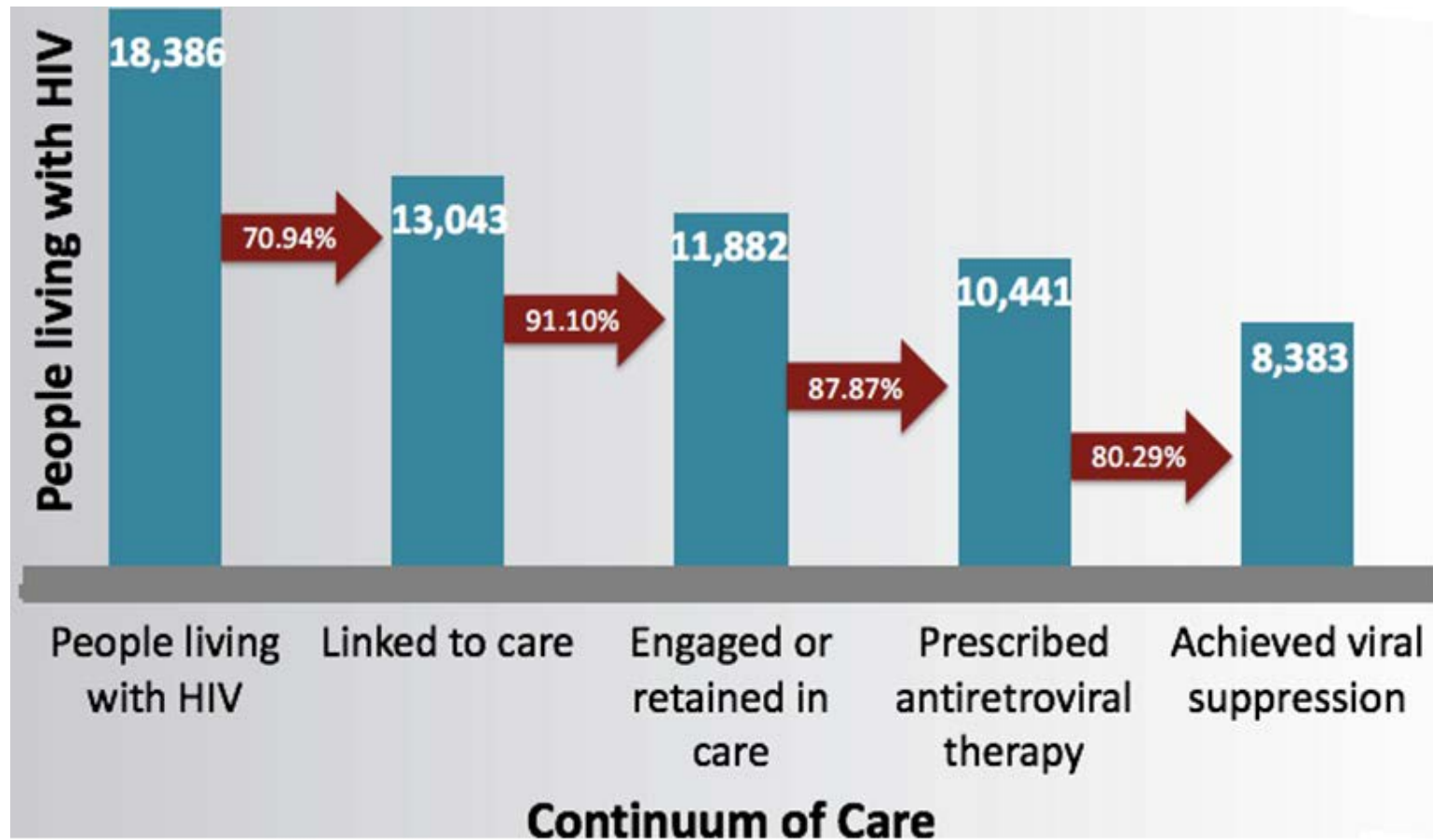
89,000 Puerto Rican emigrated in 2015

It is estimated that the current population in PR is less than **3.4 million**

Current population trends in PR Cont.



Cascade of HIV care in PR, 2013





Mobility, migration, and HIV in Puerto Rico



Mobility and migration

- Puerto Ricans who inject drugs, both in the Northeast US and in PR, are among Latinos at the highest risk for contracting HIV.
- Puerto Ricans comprise only 9% of the US Hispanic population, but nearly 23% of HIV cases among Hispanics are from those born in PR.



Mobility and migration Cont.

- Mobility patterns have impacted the HIV trends in PR and among Puerto Ricans living in the continental U.S.
- This “airbridge” has been studied specifically among injecting drug users.
 - Findings show inadequate risk reduction options for IDU in PR and increased sexual risks among mobile (migrants from PR to NY and vice versa) drug users.



Q/A

