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

Tom Donohoe
I’ve seen Tom present this topic before.

1. Yes, in person
2. Yes, via webinar
3. Yes, both in person and webinar
4. Nope
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

<table>
<thead>
<tr>
<th>Not in Care</th>
<th>Fully engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware of HIV status</td>
<td>Fully engaged in HIV medical care</td>
</tr>
<tr>
<td>Aware of HIV status</td>
<td>In and out of HIV care or infrequent user</td>
</tr>
<tr>
<td>May be receiving other medical care but not HIV care</td>
<td>Entered HIV medical care but dropped out</td>
</tr>
</tbody>
</table>

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)

Late detection

<table>
<thead>
<tr>
<th>Time between HIV+ and AIDS Diagnosis (months)</th>
<th>Latino</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>35</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>1-12</td>
<td>24</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>13-16</td>
<td>14</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>37-60</td>
<td>14</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>&gt;60</td>
<td>28</td>
<td>51</td>
<td>14</td>
</tr>
</tbody>
</table>

Early detection

SPNS LATINO ACCESS INITIATIVE ETAC
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 Continuum

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.


Rev 1-11-17
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 infections 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.

1. True
2. False
How many HIV medications are available in Mexico?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>1.</td>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>2.</td>
<td>5-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>3.</td>
<td>10-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>4.</td>
<td>15-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>5.</td>
<td>More than 20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mexico has a higher HIV seroprevalence rate than the United States.

1. True

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
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%

HIV and AIDS in Mexico: 2012

- Population: 120.8 million
- Est. # of people living with HIV: 170,000
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.
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 "hometown associations" are common in American cities. They host dances, rodeos, and picnics, and send the proceeds back to their members' native towns to finance water, electricity, or building projects. Migrants in Chicago, for instance, gathered $240,000 one year to build a church in the small village of La Funtusa (pop. 4,000). The Mexican government matches such funds 3-to-1.

Branching Out
Social networks have long connected certain communities in Mexico to specific cities in the U.S.—Puerto to New York, Michoacán to Chicago, Jalisco to Boston. As migration has grown, these networks have formalized. But new links are forming as well. For instance, workers are increasingly migrating from Guanajuato to Georgia, with money flowing back the other way.

Stay at Home
The relatively small remittances flow to Mexico's border states attest to their economic strength. The spread of factories along the border to perform cheap manufacturing for U.S. companies allows many Mexicans to find work without crossing over.

The Hollow States
Five predominantly rural Mexican states—Guanajuato, Jalisco, Michoacán, San Luis Potosí, and Zacatecas—are disproportionately large number of migrants to the United States. Their links to the U.S. date back a century, when American mining and railroad companies recruited workers from these regions to offset reductions in Chinese and Japanese immigration. Home to less than a third of Mexico's population, they receive 44 percent of Mexico's remittances.
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

- IMSS
- ISSSTE
- Servicios Médicos Privados
- Cruz Roja Mexicana
- Servicios Médicos Municipales
- Hospitales Universitarios
- Servicios Médicos Estatales
- SEGURO POPULAR
- Secretaría de Salud SSA
- Secretaría De Marina
- PEMEX
- SDN
- DIF
- SSA
- SEGURO
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
- 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**  Outpatient Center for
**Ambulatorio de**  Prevention and
**Prevención y**  Attention in
**Atención en**  AIDS and
**SIDA e**  Sexually
**Infecciones de**  Transmitted
**Transmisión**  Infections
**Sexual**
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

### ARVs in Mexico

<table>
<thead>
<tr>
<th>Antiretrovirals Available in the United States</th>
<th>Antirretrovirales Disponibles en México</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong></td>
<td><strong>Genérico</strong></td>
</tr>
<tr>
<td><strong>Brand Name</strong></td>
<td><strong>nombre comercial</strong></td>
</tr>
<tr>
<td><strong>Nucleoside/Nucleotide Analogues (NRTIs)</strong></td>
<td><strong>Inhibidores de la Transcripción Reversa Análogos a Nucleósidos (ITRAN)</strong></td>
</tr>
<tr>
<td>Abacavir</td>
<td>Abacavir</td>
</tr>
<tr>
<td>Didanosine</td>
<td>Didanosina</td>
</tr>
<tr>
<td>Emtricitabine</td>
<td>Emtricitabina</td>
</tr>
<tr>
<td>Lamivudine</td>
<td>Lamivudina</td>
</tr>
<tr>
<td>Stavudine</td>
<td>Estavudina*</td>
</tr>
</tbody>
</table>
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
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”

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
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.
U.S.-Mexico Border

Learn more about the AETC Network's capacity building activities on the U.S.-Mexico border.

Articles: 6

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

July 16, 2014
Posted by: Marcos Acorn, 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
U.S.-Mexico Border

Learn more about the AETC Network's capacity building activities on the U.S.-Mexico border.

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 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**

<table>
<thead>
<tr>
<th>Enrolling Clinic</th>
<th>Clinic phone number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Name</td>
<td></td>
</tr>
<tr>
<td>Clinic Phone</td>
<td></td>
</tr>
</tbody>
</table>

[Table continued with contact information and security questions]

**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.

- Tuberculosis
- HIV
- Prenatal Care
- General Health
- Cancer
- Diabetes

**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name(s)</th>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

- 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 non-identifiable purposes containing sensitive health information (examples: HIV status and/or mental health issues) if my health care provider believes this information is needed for my treatment. I authorize MCN to release this information to my health care provider(s).
Puerto Rico---Survey of HIV Specialists
March 21, 2017
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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic</td>
<td>18</td>
<td>21%</td>
</tr>
<tr>
<td>Employment</td>
<td>17</td>
<td>20%</td>
</tr>
<tr>
<td>Medication</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>Services Available</td>
<td>10</td>
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</tr>
<tr>
<td>Support Service Availability</td>
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<td>1%</td>
</tr>
<tr>
<td>Housing</td>
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<td>2%</td>
</tr>
<tr>
<td>Cost of Care</td>
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<td>1%</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>15</td>
<td>18%</td>
</tr>
<tr>
<td>Stigma</td>
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<td>1%</td>
</tr>
<tr>
<td>Other Illnesses</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Comprehensive Medical Care</td>
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<td>1%</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>8</td>
<td>9%</td>
</tr>
<tr>
<td>Criminalization</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

Since 2002 there has been an increase of 126% among MSM in PR

Puerto Rico Department of Health, 2015
Current population trends in PR

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

89,000 Puerto Rican emigrated in 2015.

US Census Bureau, 2014
Current population trends in PR

US Census Bureau, 2014
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.

Deren et al, 2014
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.

Deren et al., 2003; 2007
Q/A