



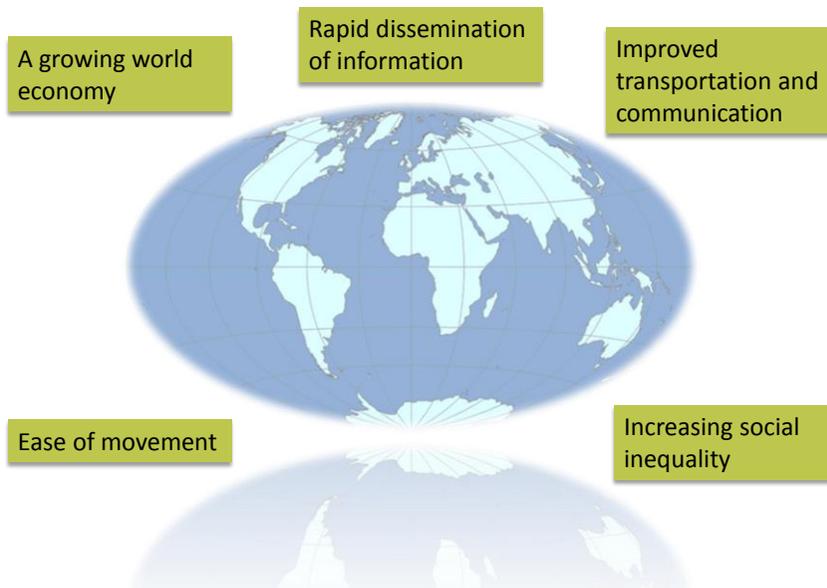
## *Disclosure Statement*

- *Faculty: Deliana Garcia, MA*
- *Disclosure:* I have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

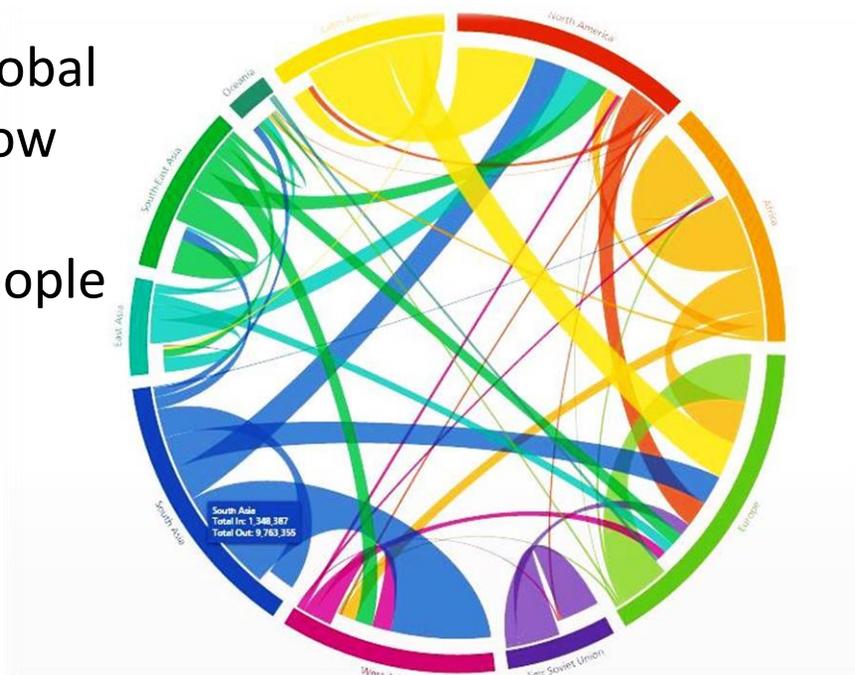
# Objectives

1. Participants will explore the public health history of HIV/AIDS which began with a primary focus on spread of disease to an emphasis on testing, treatment and continuity of care.
2. Participants will survey the obstacles created by migration or the legal status of patients and potential solutions to these challenges.
3. Participants will investigate the impact of the Affordable Care Act on existing HIV/AIDS services and discuss likely future scenarios for public health and health center systems serving migrant and immigrant HIV patients.

## The “Recent” Story of Migration



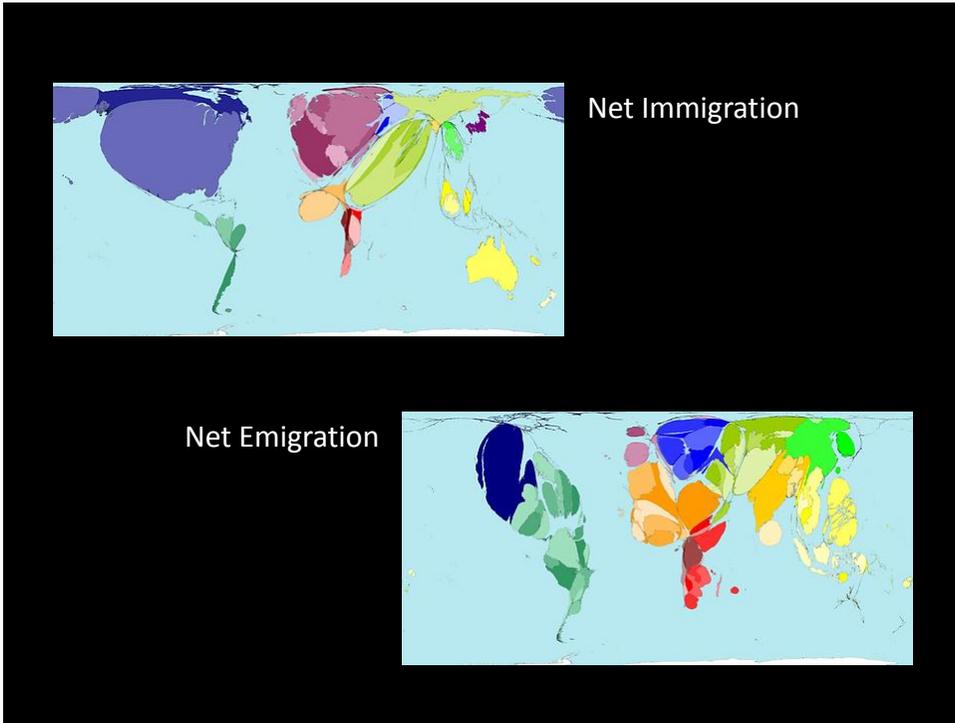
## Global Flow of People



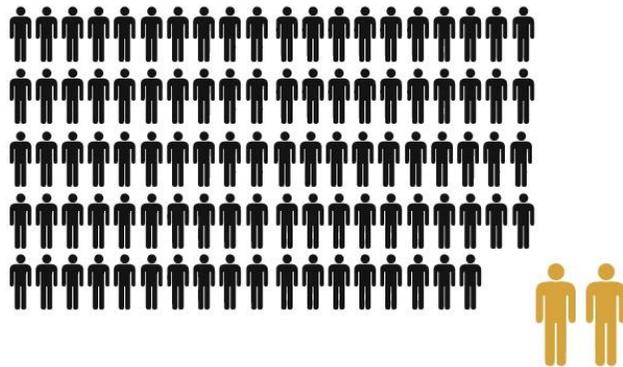
<http://www.global-migration.info/>

## Migrant Considerations

- The health care service environment in which migrants seek care consists of a patchwork of geographically static health delivery sites, with varying payment structures and eligibility guidelines.
- Migration involves increasingly diverse populations moving rapidly between the sending and receiving locations, often with unequal social and physical environments that affect the health and well-being of those moving between locales.



In 1990 **120** million people lived outside their country of birth



In 2006 there were **191** million international migrants



**232 million international migrants in 2013**

**INTERNATIONAL MIGRANTS DAY** 18 December

*“There are 232 million people living outside their country of birth, including myself.”*

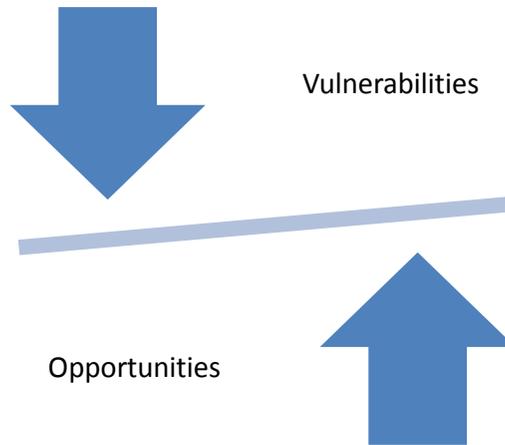
All of us are part of a productive global economy that benefits our world as a whole.”



**-BAN KI-MOON**  
UN SECRETARY-GENERAL

#IAmAMigrant

## Migration presents both...



## Migration...

- Migration is changing the demographics of the US
- Unprecedented growth with many arriving in non-traditional receiving areas
- Isolation from social networks as well as from social service and healthcare providers



What do you see happening with the migrant population in your area?



## Risk Factors for HIV



- Sexual contact with an infected person,
- Sharing needles and/or syringes with someone who is infected
- Blood transfusions in home countries before universal precautions were begun



## Unique Risks to Migrants

- Limited social network
- Substance use to combat loneliness and fear
- Contact with sex workers that look for all male camps and housing



## Day Laborers

- Urban settings
- Congregate in public locations
- Temporary employment, primarily in the manufacturing and construction sectors
- Reported that they exchanging food, shelter, drugs, or money for sex with a woman. Small % report having sex with a man

Where do  
you work?



The risk behavior  
most frequently  
reported by  
migrants in all  
labor groups is  
multiple sexual  
partners

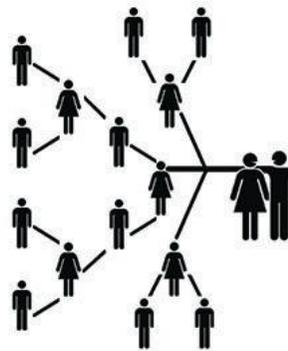
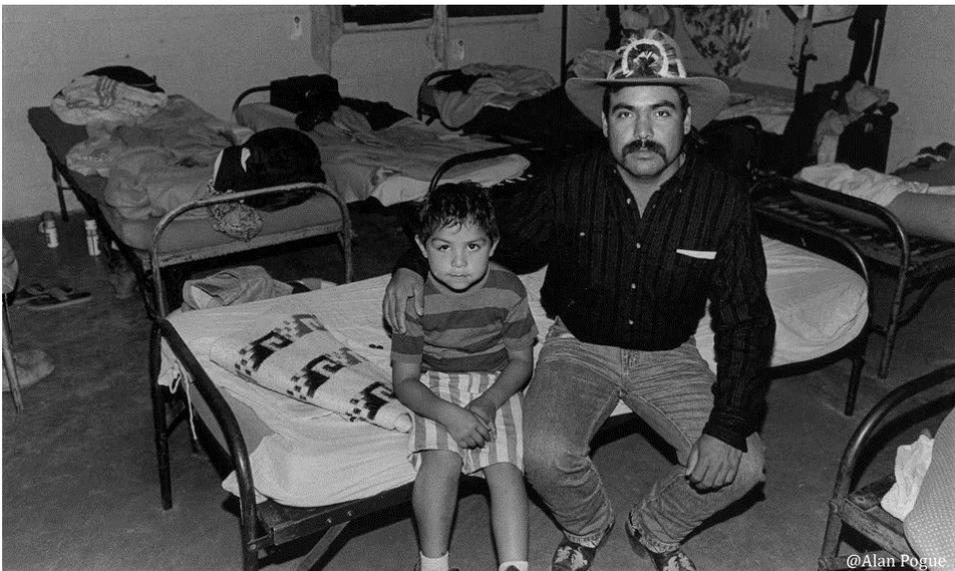




Photo © Karl Hoffman

Focus of migration discussion continues to be on the legal or regulatory aspects for those persons crossing international borders.



@Alan Pogue

Attention is given to migration from low income countries into high income countries, with a notable emphasis on the over burdening of health care systems.



Photo © Alan Pogue

Impact of migrants returning to low income countries with a communicable disease is starting to receive greater attention as sending countries study the epidemiology of disease within their own countries.

## HIV and Mexican Migrants



In Mexico, an increasing proportion of HIV cases associated with men who become infected while in the US and then infect their partners when they return to Mexico.

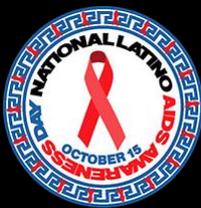
An estimated **25-39%** of AIDS cases in rural areas of Mexico are among men who have been in the US.

## Health care policy

Status of migrants is relevant to disease control, since it has been problematic for one government agency to pursue immigration control while another encourages undocumented migrants to utilize public and primary care health services



## HIV Prevention Barriers



- The circumstances that pose barriers to effective HIV treatment and prevention for one group may not be the same for another.
- However, in spite of these differences, migrants share a number of the same overall characteristics.

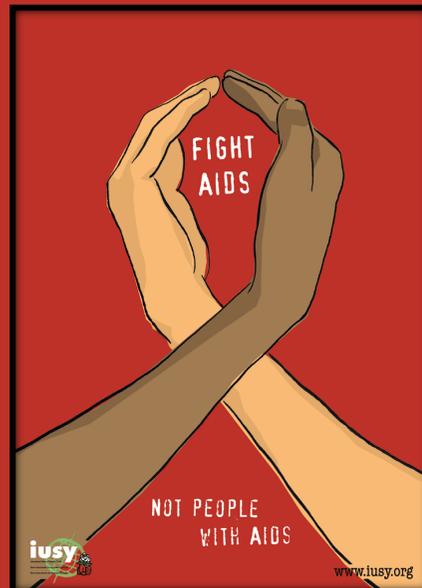


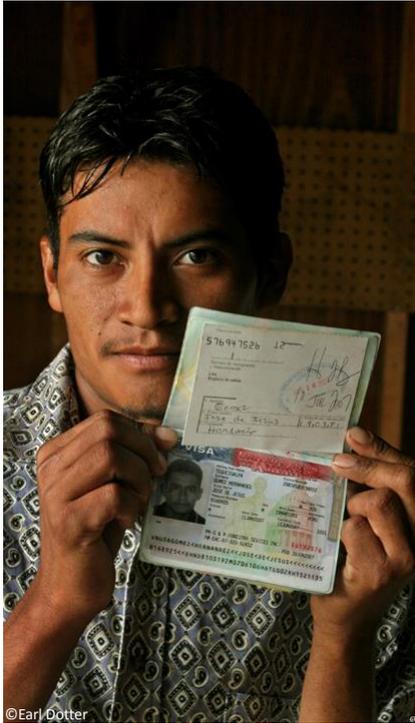
## HIV Prevention

Present within the population of migrants are the same subpopulations of concern present in the general population

## HIV Prevention

- Men who have sex with men,
- Intravenous drug users,
- Sex workers or clandestine migrants who may sell sexual contact for survival.





## HIV Prevention

- A bad economic situation may induce a person to offer paid sexual services.
- Selling sexual services as a strategy to survive is not uncommon amongst migrants the world over.



## HIV Prevention

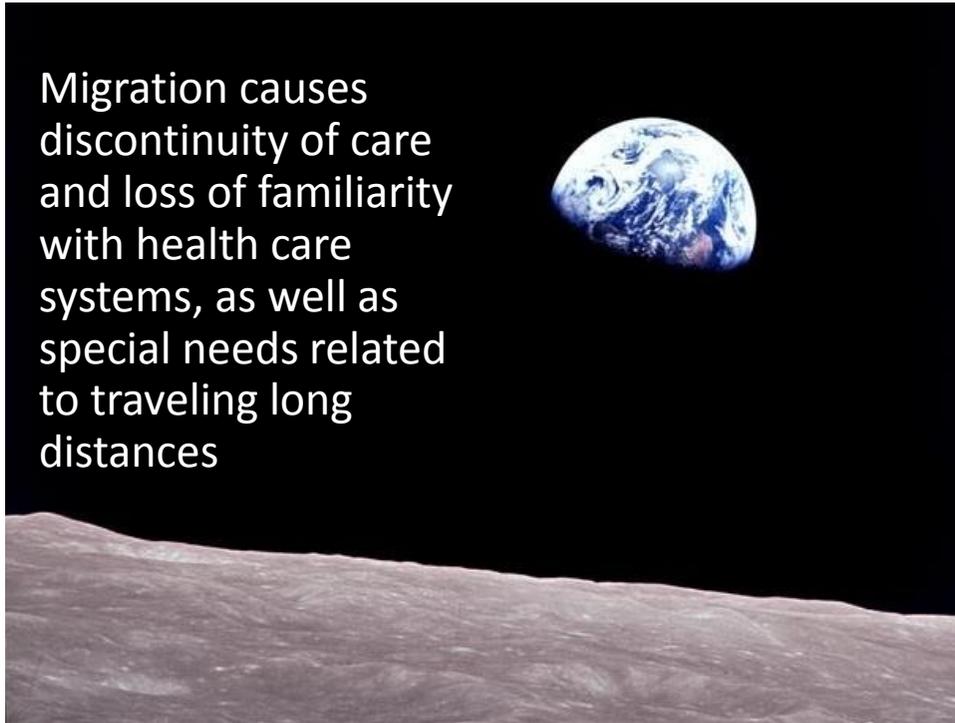
There are no indications to presume that the “average” migrant would engage more or less frequently in risky forms of sexual behavior in comparison with an individual belonging to the domestic population.

How many  
languages are  
spoken by your  
patient  
population?



## HIV Prevention

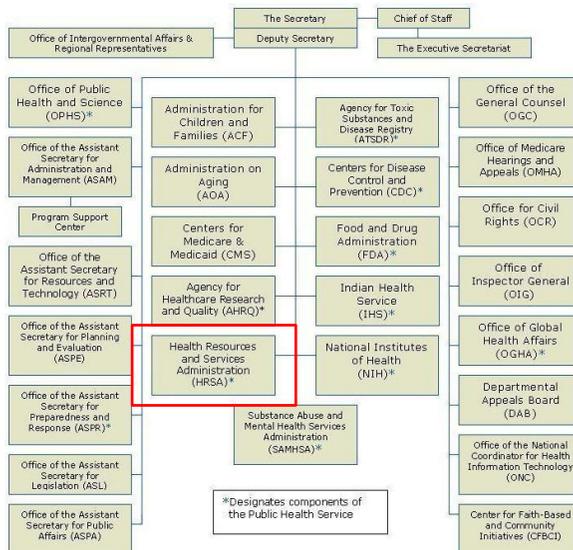
- While in the host country, migrants find themselves in a socio-cultural context which in one or more ways is substantially different from their own frame of reference.
- The feeling of being an “alien” may continuously be present.
- This feeling may be strengthened by ever present linguistic distinctions between the domestic population and the migrants.



**Say "NO"  
To HIV AIDS  
for MIGRANT  
WORKER**

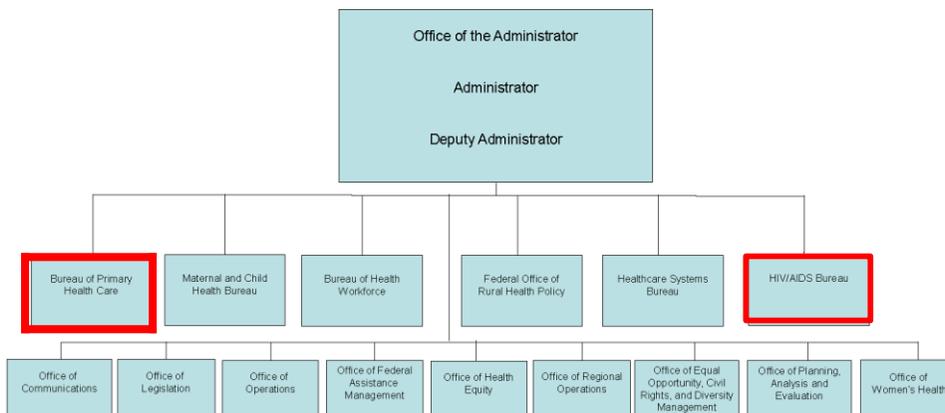


# US Dept of Health & Human Services



## Health Resources and Services Administration

Health Resources and Services Administration



## Timeline of Legislative Action

### 1962: Migrant Health Act

The Migrant Health Act provides for financial and technical aid to public and private non-profit agencies that provide community health services to migrant farmworkers and their families.

### 1965: Public Health Service Act

The Health Center Program is authorized under Section 330 of the Public Health Service Act.

### 1983: Migrant and Seasonal Agricultural Worker Protection Act

The Migrant and Seasonal Agricultural Worker Protection Act establishes basic labor protections for migrant and seasonal farmworkers and requirements under which labor contractors must operate.\*

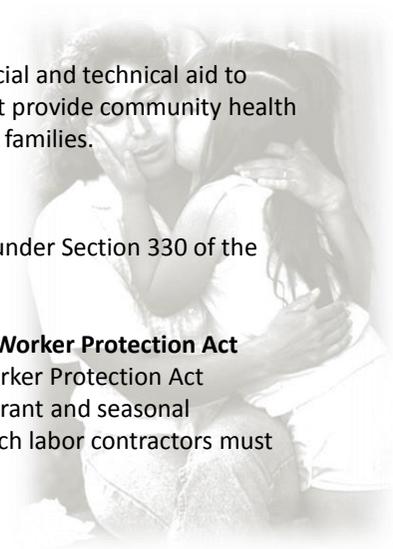


Photo by MHP Salud



## Ryan White Program

- First created in 1990
- largest source of federal funding exclusively dedicated to HIV
- Funds states, cities, clinics and nonprofit HIV service organizations

Photo courtesy of HRSA

Do you work in a health care delivery setting that receives the following:



## Public Health Section 330 Programs

330 (e)

- *Community Health Center*

330 (g)

- *Migrant Health Center*
- *Voucher Programs*

330 (h)

- *Health Care for the Homeless*

330 (i)

- *Public Housing*

## Ryan White Care Act

- 
- Part A:** Eligible metropolitan areas (EMAs) and transitional grant areas (TGAs)
- 
- Part B:** All 50 states, the District of Columbia and a number of territories
- 
- Part C:** Comprehensive primary health care in outpatient settings
- 
- Part D:** Family centered outpatient care for women, infants, children and youth
- 
- Part F:** AIDS Education Training Centers (AETCs)
- 

## Health Center Budgets



HRSA provides approximately 28% of the health centers total budget.

For every \$1 provided by HRSA



Health centers must raise \$3



## Incorporating RW funding

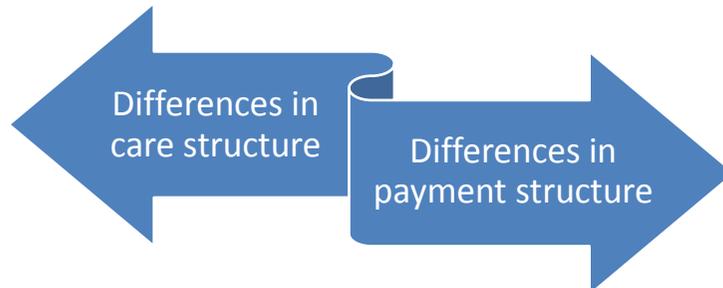
- Health center can be a recipient of Part A if it is located in one of the EMAs or TGAs
- Health center can also be a recipient of Part B funding through the state as a member of a care consortium— drug assistance programs are operated by the state
- Health center can be a recipient of Part C to provide comprehensive primary care
- Health center can be a recipient of Part D for women, children and youth



## Required HIV services

- Early intervention services
- Outpatient and ambulatory medical care
- AIDS drug assistance program
- Oral health
- Mental health services
- Substance abuse outpatient care
- Medical case management, including treatment adherence services.

## INTEGRATING SYSTEMS



Both are safety net systems for which unauthorized migrants are eligible

### Caring for migrants

Because young low-income men tend to present in clinics only with acute illness or injury, MCN recommends that, if the client's condition permits, young men and young women in particular be screened for HIV risk factors at any visit, even if they are presenting with unrelated illness or injury.



## Effective HIV risk assessment with adults

- With “emotionally charged or uncomfortable topics” it is often the health care professional that is the most uncomfortable!!
- If you are “professional and open” with your questioning—the patient will be much more forthcoming with sensitive information.

### Recommendations for effective HIV risk assessment with adults







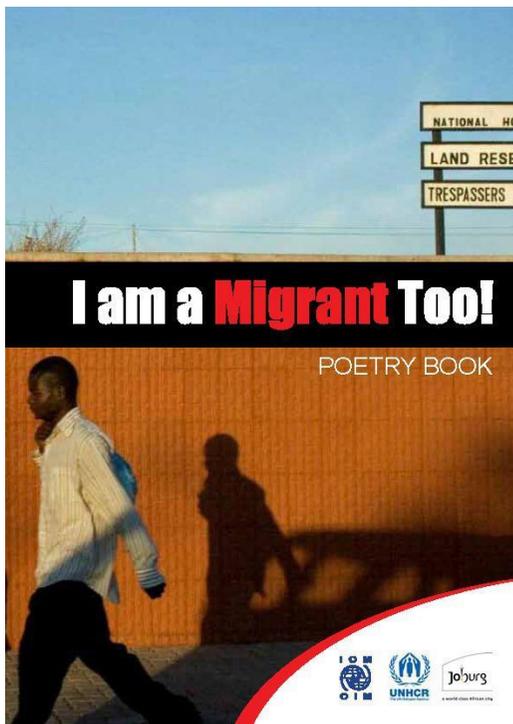
[hab.hrsa.gov/abouthab/aboutprogram.html](http://hab.hrsa.gov/abouthab/aboutprogram.html)



[www.nilc.org](http://www.nilc.org)



[www.targethiv.org/ace](http://www.targethiv.org/ace)



## Summary

- 3% of the world's population migrates and the rate will likely increase
- Multiple, complex reasons for migrating
- Working in all segments of the labor market and all regions of the country
- Significant contributions to the economic health of their communities, assimilate in a generation.
- Problematic for arms of the government to pursue control and public health
- Systems are still not designed for effective care of mobile populations
- Care for migrants can be structured



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