

Proyecto Puente Binacional de Salud

Final Report

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EXECUTIVE SUMMARY

Cycles of back and forth migration between Mexico and the U.S. is a reality that many Mexican migrants experience. Whether travelling for pleasure, emergencies, business or deportation, migration between the two countries has the potential to interfere with the health of those migrants with medical issues. A patient with HIV/AIDS who is a Mexican migrant and who travels back and forth between the two countries can experience interruptions in their HIV/AIDS treatment plan. Taking medication consistently and receiving regular HIV/AIDS care can be a challenge for Mexican migrants who cycle back and forth. Barriers such as language, communication, the lack of knowledge about services in one or both countries, about their rights to receive care and medication, and the lack of medical records that make the trip with patients can stand in the way of HIV/AIDS patients receiving continuous medical services and medication as they travel back and forth.

An adherence to antiretroviral medication of at least 95% is needed for HIV patients to maintain undetectable viral loads and to maintain appropriate levels of overall health. The migration process can interrupt adherence, leading to poorer health outcomes among Mexican migrants. While both countries have resources available to HIV patients that can assist them in getting the necessary treatment, these resources are not often utilized due to the number of barriers listed above. Medical history records are also essential when transferring care from one country to another, as providers in both countries need to know the history behind the patient's medical treatment plan. However, the medical history of Mexican migrants is not often thought about when traveling, resulting in a delay in access to treatment and care.

Thus, this project titled Puente Binacional de Salud arises from the need to make it easier for Mexicans in transit to continue their HIV medical treatment with as little interruption as possible. This project is a collaboration between the San Francisco AIDS Foundation, the Center for Research and Education on Gender and Sexuality (CREGS) at San Francisco State University (SFSU) and the Universidad Autonoma de Zacatecas (UAZ).

The project's main goal was to create a website addressing the specific needs of HIV positive Mexican migrants in-transit; a website that can be used as a resource to help reduce the number of migrants who stop or interrupt their antiretroviral treatment due to travel and thereby reduce the risk of a deterioration of their health status. This referral and information system has the need for respect, safeguarding and protection of a patient's confidentiality at its core. It seeks to build a bridge that links two medical systems with different legal frameworks yet with similar goals to ensure HIV patients remain engaged in care and meet adherence requirements regardless of the country they currently reside in.

Although an initial objective of the project was to develop a portal integrating a security system ensuring the confidentiality of the users for the exchange of medical information, the project was unable to accomplish this due to current digital technology security issues. The website does however offer an array of tools in both English and Spanish for patients and medical personnel that support the continuation of health plans of Mexicans in transit. The tools include legal descriptions of patient protection, forms for the exchange of information between both countries and their respective health sectors, as well as a variety of documents that facilitate access to health services, patient protection and repatriation of ill patients or human remains of Mexicans who passed away in the U.S. The Puente Binacional de Salud website can be found at <http://www.saluddelmigrante.org>.

To determine the content and pilot test the website, feedback was solicited from HIV positive Mexicans in the U.S., service providers in the U.S., organizations in the area of

HIV/AIDS in the U.S., and CAPASIT doctors in Zacatecas. The website is composed of 5 main sections: Legal information, a Directory of services, a Consultation section, and Information section, and a Reference section. The website was disseminated through printed materials, email communication, and presentations in both countries. The website was available to the public on July 1, 2014.

Google analytics was used to track visitor information from July 1, 2014 to February 24, 2015. During this period, there were 704 visitors to the website and a total of 943 website sessions. Returning visitors visited more pages within the webpage and spent longer periods of time on the webpage; this was also the case with visitors who lived in Mexico. There was an increase in visits to the webpage between September 2014 and December 2014 that is likely related to the presentations done on the webpage during the month of October at a few conferences.

The project team also requested visitor information via an online survey that was available through a link on the webpage. *Qualtrics* was used to create and collect the survey data. The survey questions consisted of demographic information, use of website, and possible improvements to website. A total of 67 participants completed the voluntary survey. The survey results indicate that the majority of survey respondents were in Mexico (88%). In addition, 64% of respondents were using the webpage as providers and 33% as patients. When looking at the improvement to the website questions, respondents indicated that the website offered a lot of useful information but there seemed to be a need for more local information. There were also concerns about the webpage not loading quickly and not being easy to move through.

There were challenges the project faced including logistics, dissemination, and internet issues among others. These challenges contributed to the limitations of the website, including not being able to store patient confidential information on the webpage (such as medical records). However, despite the challenges and limitations of the webpage, the webpage is operational and is an excellent source of information for HIV/AIDS patients travelling between the U.S. and Mexico. Furthermore, the webpage has the potential to improve and become a go-to-resource for patients and providers, not only in the area of HIV/AIDS but also in other health issues affecting migrants. Additional funding is needed to ensure that the website reaches its maximum potential but seeking partnerships with organizations interested in further developing this website could prove beneficial.

OVERVIEW AND BACKGROUND

INTRODUCTION

The health of migrants is an important issue that needs attention. The health of Mexican migrants should be a bi-national concern, involving Mexico and the U.S., as back and forth migration plays a significant role in the health status of Mexican migrants and populations on both sides of the border. HIV/AIDS has the potential to extend beyond the migrant population to affect those who do not migrate between the two countries. While HIV/AIDS is no longer an instant death sentence, it continues to affect the Mexican migrant population in the U.S. adversely. Antiretroviral medication has made it possible for HIV/AIDS to become a chronic disease but in order for the medication to work, patients need to adhere to their treatment plans. This means that patients need to take their medications consistently.

Taking medication consistently and receiving regular HIV/AIDS care can be a challenge for Mexican migrants who cycle back and forth between their country of origin and the U.S. A number of barriers stand in the way of HIV/AIDS patients receiving continuous medical services and medication as they travel back and forth. Some of the barriers include the lack of knowledge about services in one or both countries, about their rights to receive care and medication, and the lack of medical records that make the trip with patients.

BACKGROUND AND SIGNIFICANCE

Approximately 10 million Mexicans live in the US and Canada along with 20 million Mexican descendants who have a right to the Mexican nationality (Salud del Migrante, 2011). Mexicans living with HIV/AIDS in the US need to adhere at least 95% to an anti-retroviral treatment so that they may maintain an undetectable viral load and in that way be able to manage their HIV as a chronic illness and maintain appropriate levels of overall health. Although data specific to Mexican immigrants is not readily available, it is estimated that 80% of Latinos with HIV in the US are diagnosed, and of those, 67% are linked to care, 37%, remain in regular care, 33% are receiving antiretroviral treatment, and 26% are virally suppressed (Kaiser Family, Foundation, 2014). In Mexico, about one fourth of AIDS cases are among persons who have spent prolonged times in the U.S. (CAPS, 2003). Furthermore, AIDS statistics in Mexico show a slight trend towards “ruralization” of AIDS which may be linked to male migration to the U.S. (CAPS, 2003). CENSIDA estimates that in Mexico 33% of people with HIV are virally suppressed (2014).

Given this information, it is important for Mexican migrants traveling back and forth between the two countries to continue their HIV/AIDS treatment regardless of the country they are currently living in. Both the U.S. and Mexico offer access to antiretroviral medication at low or no cost to Mexican migrants. Mexico’s public policy offers free treatment to any person living with HIV in Mexican territory. In theory, Mexicans in transit from the US to Mexico would have access to antiretroviral treatment. However, in order for the Mexican health sector to prescribe antiretroviral medication it needs to review the medical history of the Mexican patient who visits or returns to Mexico to be able to prescribe the appropriate treatment. The information needed for medical treatment continuation frequently does not travel with Mexicans on a trip to Mexico or with those that return to live to Mexico. The lack of patient medical history information can delay appropriate treatment prescription resulting in an increase of viral load, risk of opportunistic infections, and the deterioration of the overall health of the patient.

For those Mexicans living with HIV and who also have other illnesses such as diabetes, cardiovascular diseases, cancer and other chronic-degenerative conditions, it is extremely important that the Mexican health sector review the medical history of Mexicans who enter Mexican health services for an adequate continuation of treatment.

Likewise, for Mexicans who enter or reenter the US and who need to continue their health services need their medical history so that the US health sector can initiate or continue treatment as soon as possible. However, the medical history of a Mexican entering or reentering the US is rarely found in the traveler's luggage, resulting in a delay in access to treatment and care. Language, communication and lack of understanding of the medical-legal context between the US and Mexico are added to obstacles in the way of treatment continuation for Mexicans in transition between both countries.

The idea of the Puente Binacional de Salud project arises from the need to make it easier for Mexicans in transit to continue their HIV medical treatment with as little interruption as possible. Through creating a website addressing the specific needs of HIV positive Mexican migrants' in-transit, it may be possible to reduce the number of migrants who stop or interrupt their antiretroviral treatment due to travel and thereby reduce the risk of a deterioration of their health status, potentially increase in individual and community viral load, and/or the HIV from the Mexicans in transit becoming resistant to anti-retroviral treatment

PROJECT OVERVIEW

PROYECTO PUENTE BINACIONAL DE SALUD

In light of the data available and the importance of consistently taking antiretroviral medication in order to achieve viral suppression, this project developed an interactive web page for Mexican migrants who are HIV positive and are in transit between the two countries. In addition to serving as a resource for HIV positive patients, the website is intended to be used by medical providers who are assisting their patients to ensure continuation of treatment in the destination country. The website is designed to ensure communication between the medical assistance system in the US and Mexico to avoid a discontinuation of the health care continuity plan of Mexican migrants who travel in any direction between Mexico and the US. This referral and information system has as its principal requirement the respect, safeguarding and protection of a patient's confidentiality while at the same time ensuring the understanding of the medical-legal contexts in Mexico as well as in the US that guarantee medical confidentiality and that offer continuation of treatment in both countries through the information offered. In this way, the proposed web page provides a bridge to reach and link two medical services systems with different legal frameworks and with similar goals to facilitate patient access to the medical care centers in both countries.

The idea of the "Puente Binacional Medico" project responds to the proposal of the National Plan for Mexico's Development 2007-2012 that includes a program for Migrant Health. Under this public policy context, the Mexican government explains, "the program for Migrant Health is directed towards promoting the means to preserve and attain the health of the migrant, both of those that come to Mexico and of the national immigrants from the North American region. So that in this way, there will be a favorable atmosphere for prevention and attention to health that allows for the individual and social development, as well as the use of opportunities for the benefit of the migrant and his/her family...the health protection of immigrants on the part of the state should not stop when they leave the country but should be continued, preserved and promoted with the intention to guarantee their basic and primary basic needs" (Salud del Migrante, 2011).

This project not only offers technical support for medical and support service providers, and repatriated Mexicans who are ill but also offers the key to navigate the medical systems between the US and Mexico. This project facilitates the empowerment of Mexican immigrants living with the Human Immunodeficiency Virus (HIV) or with the Acquired Immune-Deficiency Syndrome (AIDS) so they can travel and avoid the discontinuation of their health plan. The reasons their health plan can be discontinued include the inability of identifying and accessing a point of entry into HIV care (in both countries), lack of communication and coordination between service providers in the US and Mexico, and legal limitations to have access to their medical information and authorize health information exchange between US and Mexican clinics. The technical instruments will be available to users and service providers who enter the page and who wish to share medical information anticipating its use once getting to a specific clinic destination whether it is in the US or in Mexico.

GOAL AND OBJECTIVES

The webpage portal will offer an array of tools in both English and Spanish for patient and medical personnel (in the US and Mexico) that support the continuation of health plans of Mexican in transit. These tools will include legal descriptions of patient protection, forms for the exchange of information between both countries and their respective health sectors, as well as a variety of documents that facilitate access to health services, patient protection and repatriation of ill patients or human remains of Mexicans who passed away in the US. The initial goal was to develop a portal integrating a security system ensuring the confidentiality of the users. However, we removed this aspect from the project objectives due to current digital technology security issues.

The main objectives of the project are:

1. Facilitate the portability of medical information for Mexicans in transit between the US and Mexico by providing a navigation system illustrating the process and legal frameworks needed to exchange health information on a binational level
2. Increase communication between the health sectors in Mexico and the US
3. Increase access to health services by Mexicans in both countries
4. Increase Mexican patients' knowledge about their rights and responsibilities as patients in both countries
5. Increase the ease of travel of Mexicans living with HIV/AIDS traveling in both countries
6. Increase the protection of Mexicans living with HIV/AIDS through links and communication that assure continuity of treatment
7. Increase support to Mexicans living with HIV/AIDS through access to information about health services, social services, and health education in both countries.

METHODS

PROYECTO PUENTE BINACIONAL DE SALUD TEAM

This project is a collaboration between the San Francisco AIDS Foundation, the Center for Research and Education on Gender and Sexuality (CREGS) at San Francisco State University (SFSU) and the Universidad Autonoma de Zacatecas (UAZ). Led by Jorge Zepeda, the SFAF took the lead on coordinating the design, development, content and activation of the web page as well as the advertisement of the webpage in the U.S. The CREGS team, led by Dr. Rita Melendez led the coordination of the evaluation survey and implementation of the web service. Licensed Psychologist Rafael Samaniego at UAZ coordinated the content information for Mexico, the advertisement of the web page in Mexico and with the Federacion Zacatecana in the U.S. Officially, the UAZ will host the website after the initial activation of its service, Rafael Samaniego will become the director of the Website.

In addition to the PIs, a team of capable and dedicated individuals composed of students, professionals and volunteers worked on this project. The team members were:

- Elvira Carrillo, Exactus S.A. de C.V.: led the website development and content, especially the Spanish edition of the content.
- Ulises Pego Pratt: assisted in the Spanish text content correction, style and form.
- Agustin Luque: led the website concept development, navigation and design. Also designed the printed materials for the dissemination of the webpage.
- Margarita Gutierrez: assisted in the project implementation and led the video and still-photography production of the project.
- Eduardo Siqueiros: Led the social media project dissemination and assisted in the video production and still-photography production of the project.
- Manuel Herrera: Assisted in the video and still-photography production of the project.
- Terry Kelly: Assisted in the U.S. information research, especially in the section related to Federal HIV Programs.
- Cesar Medina: Assisted in the U.S. information research, especially in the section of Federal Confidentiality and Immigration Law.

WEBSITE DEVELOPMENT AND DESIGN

The website was developed and designed by qualified personnel with understanding of website navigability, appeal, and ease of use. The website began being assembled on December 5, 2013. A binational pilot test of the website was done in March 2014 with service providers in the U.S. and in Mexico. In the U.S., the SFAF hosted a pilot test bringing HIV positive Mexican clients to test the website. The SFAF also asked for feedback and recommendations from service providers within two of their partners: Instituto Familiar de la Raza and the Mission Neighborhood Health Center. In Mexico, the Mexican General Counsel Community and Health Liaison had a test of the website and provided the project team with feedback and recommendations. The project team reviewed all the feedback gained from the pilot tests and made the necessary edits to the website design based on the feedback. The website was open and available to the public in July 2014. The website can be accessed at:

<http://www.saluddelmigrante.org>

WEBSITE CONTENT

The decision of what to include on the website was complex and the team turned to literature reviews, individual interviews and focus groups to determine the most important sections to include. The following question was posed to individuals and focus groups: What information is needed to inform HIV positive Mexicans to maintain their HIV care (continuum of care) when traveling to Mexico? In the U.S., feedback was obtained from SFAF Latino Programs clients, San Francisco HIV doctors and social workers, Latino Programs evaluation data. In Mexico, Licensed Psychologist Samaniego interviewed CAPASITS doctors to get their opinions and suggestions on what section and components the website should have.

Five main components/sections are included on the website based on the feedback received:

- Legal – information regarding patient rights and legal channels for exchange of information in a binational context (US-Mexico).
- Directory – Binational instrument (US-Mexico) containing information on prevention and treatment services for HIV.
- Consultation – Communication window between patients, doctors, and service providers in the U.S. and Mexico under the framework of respect for patient confidentiality.
- Information – detailed information on HIV, AIDS prevention and related topics, treatment and research to achieve an HIV-free generation.
- References – information about service providers working in the areas of prevention, education and HIV treatment in the U.S. and Mexico.

To assist both patients and providers in navigating the website and understanding how the website can assist in the continuation of services for Mexicans in transit, the team developed flowcharts showing how the website can be best utilized to ensure continuity of care. Both the provider and the patient must be involved in the process to ensure continuity of HIV care services.

Provider Flowchart

Details the website sections a provider can turn to when assisting a client who is migrating to the other country. See Appendix I for English and Spanish Provider Flowcharts.

Patient Flowchart

Details the website sections and steps the patient can take when he/she knows that they will be migrating to the other country. See Appendix II for English and Spanish Patient Flowcharts.

WEBSITE DISSEMINATION

The project team used various methods to advertise the website including personal contact, email communications, printed information, flyers, palm cards, and presentations. For a sample palm card, please see Appendix III.

In the U.S., we distributed palm cards and printed information at the following events: 2014 San Francisco Gay Pride Parade, 2014 Folsom Street Fair, 2014 Castro Street Fair, and the 2014 United States Conference on AIDS (USCA) held in San Diego California. In addition, we posted flyers in clinics around San Francisco and in the Mexican Consulates offices of San

Francisco and San Jose. Electronic versions of the cards and flyers were also disseminated through email networks. In Mexico, electronic versions of the cards and flyers were also sent to email networks. Palm cards were also handed out during the 2014 Binational Health Week event held in San Luis Potosi as well as at the Binational Meeting held in Zacatecas. The Zacatecas teams also distributed palm cards and flyers to CAPASITS clinics.

Presentations about the website were given at the 2014 Binational Health Week Meeting and the 2014 Binational Public Policy Forum Meeting, at the 2014 U.S. Conference on AIDS, at an HIV Forum held at the Universidad de Zacatecas, and at the Instituto Mexicano del Seguro Social in Zacatecas.

In addition, the following organizations list the Puente Binacional webpage on their websites: Health Initiative of the Americas at the University of California, Berkeley, the San Francisco AIDS Foundation, and the Universidad Autonoma de Zacatecas.

WEBSITE EVALUATION

Dr. Rita Melendez led the evaluation design and data team. Visitor information was collected through the website through Google Analytics. In addition, a survey was created to receive visitor feedback on the website content and navigability.

Google Analytics

The website developer utilized Google Analytics to keep track of a number of statistics on visits to the website. Information was collected on the number of visitors/sessions, average length of session, location of visitors, and new vs. returning visitors.

Online Survey Development

To coincide with the platform for the website, we created an online evaluation tool that linked to the website. We used *Qualtrics* to create the survey. *Qualtrics* also collected the data of the completed surveys.

The survey was designed to be short in order to increase the likelihood that individuals would take the survey. Visitors to the website would see a link for the survey. The link read: “Encuesta de Evaluación: Tu opinión es muy importante para nosotros, nos ayuda a ofrecerte un mejor servicio. Te agradecemos que contestes la siguiente encuesta.” Participants who clicked on this link would be taken to a *Qualtrics* webpage that is hosted by San Francisco State University. Participants could take the survey in either Spanish or English as they preferred.

The survey questions consisted of demographic information, use of website, and possible improvements to website.

DATA ANALYSIS

Survey Data

The data from the survey was downloaded into the *Statistical Package for the Social Sciences* (SPSS) and analyzed using standard statistical methods such as frequencies and tests such as chi-square or t-tests. We present here on the three areas of the survey: 1) demographic

information, 2) use of the website and 3) possible improvements to the website (see Survey Results section below).

RESULTS

GOOGLE ANALYTICS

Website Visitor Data

The following data was obtained using Google Analytics. The period of data collection is approximately 8 months – from July 1, 2014 to February 24, 2015.

Overview of Data

Table 1: *Overview of Website Visitor Data*

Number of Sessions	943
Number of Users	704
Percentage of New Visitors	74%
Percentage of Returning Visitors	26%
Average Number of Pages Seen	2.24
Average Number of Pages per Session	2.37
Average Length of Session (in minutes)	2:37

The number of users was just over 700 and those visitors produced a total of 943 visits or sessions. On the average two or more pages were seen during each visit and each visit lasted an average of two and a half minutes.

New Visitor vs. Returning Visitor

Table 2: *Comparison of New Visitors and Returning Visitors*

	New Visitor	Returning Visitor
Number of Sessions	698	245
Average Number of Pages per Session	2.02	3.37
Average Length of Session (in minutes)	1:43	5:11

As can be seen, returning visitors visited more pages during their return sessions and spent a longer amount of time on the website than new visitors did. This may indicate that returning visitors had a specific purpose for returning to the website and thus searched for information that they specifically needed.

Visitors by Country and City

Table 3: *Data on Visitors by Country*

Country	Number of New Sessions	% of New Sessions	New Users	Pages per Session	Length of Session
U.S.	282	71.99%	203	2.33	2:41
Mexico	271	58.67%	159	4.32	6:07
Brazil	182	100%	182	1.0	0:00
Russia	55	1.82%	1	1.09	0:03
Italy	25	100%	25	1.0	0:00

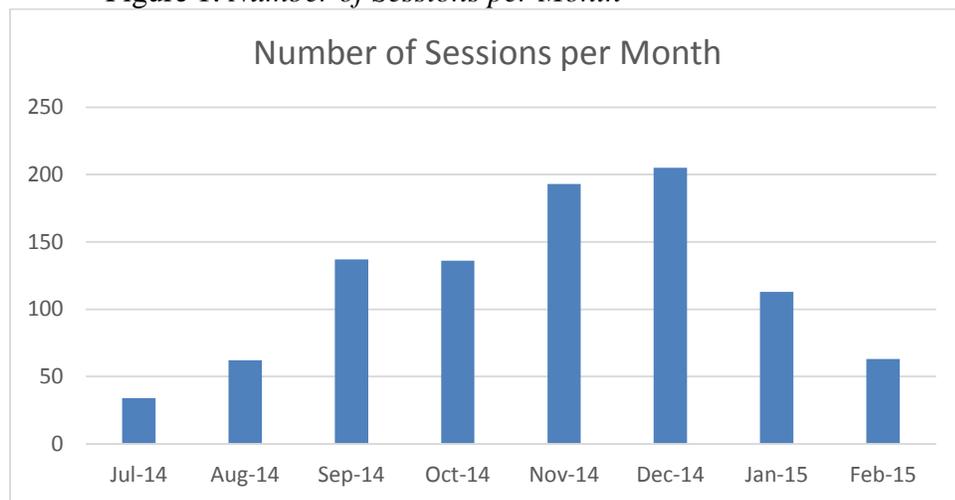
Other countries with 6-8 number of session include Ecuador, France, Philippines, Argentina, and Chile. As expected, the majority of visitors were from U.S. and Mexico.

Typically, visitors from Mexico visited more pages within the website and their sessions lasted longer than visitors from the U.S. did. This could be because the opening page on the website displays Spanish as the default language. It is only after you look into each category that information in English is accessible or you could change the language by utilizing google translate active tool.

An analysis was also done of visitors per city. Here too the results indicate that the majority of session were from wither Zacatecas or San Francisco (combined 148 number of sessions). Fifty-six (56) sessions also originated from Mexico City and 26 from San Diego.

Sessions by Month

Figure 1: *Number of Sessions per Month*



There was an increase in visits between September 2014 and December 2014 – this correlates to the advertisement done at such events as Binational Health Week, Binational Public Policy Forum, and US Conference on AIDS, which were held in October 2014. This shows that presentations made directly to interested individuals may be more effective than email messages to groups.

SURVEY RESULTS

The three main areas of the survey include: 1) demographic information, 2) use of the website, and 3) possible improvements to the website.

Demographic Information:

We had a total of 67 participants complete the survey on the website. Of these, the majority, 95% completed the survey in Spanish. Only 5% or three participants completed the survey in English. A total of 88% (or 57 participants) were currently in Mexico, and the remaining participants were in the US.

When asked in which role they would use the website, most participants used the website as a provider (64%); 33% of those completing the survey said they would use the website as a patient. Two participants (3%) said they would use the website as medical providers.

Most people (71%) completing the survey said they had heard of the website from a service provider (meaning an individual such as a social worker). A smaller percentage (12%) had heard of the website from a non-profit organization such as the San Francisco AIDS Foundation. Of those that indicated they had heard from an individual service provider, the majority of participants who wrote in a response indicated that their psychologists had been the one to inform them of the website. A smaller number indicated that someone at the San Francisco AIDS Foundation had passed on the website information, and another small number indicated that someone from the Universidad Autonoma de Zacatecas had informed them of the website.

Usefulness of the Information on the Website:

Participants completing the survey were asked if they found specific information relating to their needs (potential answers were yes or no). The question was framed as: “On the website, did you find information with regard to...”

Table 4: Yes or No responses to the question: “On the website, did you find information with regard to...”

HIV needs on website	Yes	No	Total Responses
HIV/AIDS general information	58	3	61
HIV/AIDS treatment (Meds)	50	10	60
Where to find social services	53	8	61
Where to find immigration services	55	6	61
Where to receive medical care	54	7	61
Legal information about the rights of patients	57	4	61

As seen on Table 4, the responses to the HIV needs information question were overwhelmingly positive. The main areas where participants indicated a “no” response involved HIV treatments and meds (10 no responses), where to find social services (8 no responses), and where to receive HIV medical care (7 no responses). To explore if patients (as opposed to either medical or service providers) had different needs regarding the website, we conducted analyses on the above Table while only taking into account those who indicated that they were patients. The same topics were selected by patients as providers – meaning that the needs of the Website are very similar for both patients and providers.

Participants completing the website were asked about their perspective on the quality of the information provided. For example, participants were asked to rate the information on the website on a five-point scale – the overwhelming majority of individuals, 94%, rated the information as either “good” or “very good.” Participants were also asked how helpful the

webpage was to linking themselves or a client to services. While only 38 participants answered this question (out of 67), 95% (n = 36) indicated that the website had been helpful for linking individuals to care.

Participants were asked to rate the quality of the information on the website with regard to three areas: HIV information, medical resources and immigration resources. Table 5 below illustrates the breakdown of the responses to these questions.

Table 5: Responses to question asking participants to rate the quality of the information on the website.

Question	Excellent	Very Good	Good	Fair	Poor	Total Responses
HIV information	14	29	15	4	1	63
Medical resources	9	29	13	7	3	61
Immigration resources	15	25	13	7	1	61

Participants were also asked to rate the website based on organization, and ease of use. A total of 95% of participants indicated that the website organization was “good” or “very good.” Likewise, 95% of participants indicated that the ease of use of the website was likewise “good” or “very good.”

We asked participants about the usefulness of the website with regard to linking individuals to care or staying linked to care if already linked to care. Participants were asked: “Has the website helped you, your client or your patient, reconnect to services if you have been disconnected previously?” Table 6 below, demonstrates that 63% of the participants indicated that the website was helpful in linking clients to services.

Table 6: Responses to question asking if website has helped link someone to care.

Answer	Response	%
Yes	38	63%
No	22	37%
Total	60	100%

Participants completing the survey were also asked a question about retention in care if already in care. Participants were asked: “Has the website assisted in KEEPING you or your client or your patient, connected to care?” Table 7, below, shows that result for retaining participants in care is more mixed. The responses were almost evenly divided.

Table 7: Responses to questions asking if website has helped staying in care.

Answer	Response	%
Yes	32	52%
No	29	48%
Total	61	100%

Possible Improvements to the Website

As indicated by Table 4 there is a need to better display the information on the website that links individuals to local social services, and medical care. Since the website provides general information and information that is linked to a specific location it is not clearly indicated – it is quite possible that individuals crave to have location-specific information that is easily accessible and that links them to services they need and desire. While this information is on the website, it may not be easily visible for all visitors to the website. It may also be that immigrants seek services from organizations that service other immigrants or are aware of the issues facing immigrants. In the US, it is also likely that individuals are seeking HIV services from organizations that have a positive track record for working with undocumented immigrants who are HIV-positive.

In the series of questions regarding the organization of the website, as well as the ease of use of the website, there were two specific areas where participants indicated there could be improvement. For example, some participants felt the website was not easy to move through. Additionally, many participants indicated that the website did not load quickly.

Finally, the website can work to provide more assistance in both connecting, retaining people in care, as well as accessing HIV/STD prevention services and STD treatment clinics. This is an important goal of the website and the survey responses indicate that some work needs to be done to the website to achieve this goal.

Limitations to Survey Results

Many visiting the website had learned of the website through an organization associated with the creation of the website (such as the San Francisco AIDS Foundation and Universidad Autónoma de Zacatecas); there may have been an inclination on the part of participants not to say anything negative about the website.

RELATIONSHIP OF THE RESULTS TO THE OBJECTIVES

The main objectives of the project are:

1. Facilitate the portability of medical information for Mexicans in transit between the US and Mexico by providing a navigation system illustrating the process and legal frameworks needed to exchange health information on a binational level
2. Increase communication between the health sectors in Mexico and the US
3. Increase access to health services by Mexicans in both countries
4. Increase Mexican patients' knowledge about their rights and responsibilities as patients in both countries
5. Increase the ease of travel of Mexicans living with HIV/AIDS traveling in both countries
6. Increase the protection of Mexicans living with HIV/AIDS through links and communication that assure continuity of treatment
7. Increase support to Mexicans living with HIV/AIDS through access to information about health services, social services, and health education in both countries.

The website was evaluated using a simple survey completed by those visiting the website. The goals of the project were reflected in the website and in the evaluation of the website, specifically in exploring issues of how well the website links and retains individuals in care.

Given the Google Analytics report –we see that individuals from different countries have visited the website and have done so with some frequency.

Additionally, the evaluation of the website indicates that there are some useful information delivered by the website. However, there is a desire for more local information that can be easily accessed by individuals, and service providers. This finding is pertinent for the website because it indicates that although the website is designed for international immigrants the needs for medical care and other social services are very much local. There is a need then to deliver information on local services through the website.

CHALLENGES AND LIMITATIONS

Although the webpage is operational and is an excellent source of information for HIV/AIDS patients travelling between the U.S. and Mexico, there were several challenges to creating a website with all the elements the project initially envisioned. One of the main objectives the project did not accomplish was to create a web portal that could store confidential information, such as medical records. Listed below are some of the challenges the project faced as well as the limitations of the website as it currently stands.

Challenges

- Content: some HIV federal health agencies in Mexico did not reply to requests for information and/or took a long time to respond to these requests.
- Dissemination: group emails were often sent to spam folders, not allowing the information about the website to reach all intended recipients/audiences.
- Logistics: time difference between U.S. and Mexico made it difficult to arrange phone conferences.
- Internet Issues: 1) the internet service at the Universidad de Zacatecas was very slow and often non-operational; 2) users in Mexico experienced delays in accessing information and experienced “frozen” pages while visiting the different sections within the website; and 3) google translate was not operating consistently at the beginning but it is now fully functional along with google maps.
- Web-Site Language issue: The default Web-Site language was not automatically set by the country of origin where the Web site session was generated.
- User-friendliness: big gap in computer literacy levels among potential website users made it difficult to create a website accessible to all leading to uneven access among the intended target populations.

Limitations

Because of the challenges faced and of budget and time issues, there website has several limitations.

- The website design is not fully compatible with smartphones or tablets, making it difficult for users on these devices to access the website.
- Navigation still needs improvement and the website needs to be more user-friendly and intuitive.
- The steps a user/traveler must take when planning a trip from the U.S. to Mexico (or vice versa) are not presented in progressive pages on the website.
- The website is unable to store confidential information, such as medical records, due to the limitations of technology, financial resources and liability.
- Currently the website cannot be utilized for web-videoconferencing with or between service providers in the two countries.

WEBSITE POTENTIAL

The website has potential to improve and become a go-to-resource for patients and providers, not only in the area of HIV/AIDS but also in other health issues affecting migrants. Additional funding is needed to ensure that the website reaches its maximum potential. The website needs on-going navigation improvement services, updating of information, monitoring of social media linked to the website, dedicated personnel to respond to users' requests and to keep up to date on all the technological and content aspects of the website. Currently, Universidad Autonoma de Zacatecas owns and houses the website, but the university's budget does not include money for the maintenance and improvement of the website at this time.

Several partnerships with different organizations could help strengthen the website and should be further explored. For example, the Ventanillas de Salud in the U.S. and Canada, the CAPASITS, IMMSS, ISSTEP, Servicios de Salud, and Mexican Universities could greatly benefit from the website service. In order for these partnerships to be explored, a budget must allow personnel to carry out these tasks. The current U.S.-Mexico HIV and TB government collaboration could also benefit from the information offered on the website and could gain from collaborating with the UAZ to strengthen the website and have it as a tool in their partnership against HIV, STD's (specially Syphilis) and TB. Adding information on prevention and care of other chronic health conditions and diseases relevant to the migrant community and their health status would also lead to greater usage of the website and potential for more funding.

PUBLIC POLICY RECOMMENDATIONS

The website, “Puente Binacional de Salud” follows the concept of continuum of care and the treatment cascade embraced by CENSIDA and integrated in the Mexican HIV and STD Specific Action Government Program 2013-2018. The goal of the Website is to create an easy-to-use and easy-to-access platform for immigrants to be able to manage the information needed for their continuum of HIV care in their travels between the US and Mexico. As we can see from the Google Analytics, the Website may appeal to a broader global community of immigrants who are HIV-positive and who wish to immigrate to the US.

The “Puente Binacional de Salud” website supports the third goal of the United States National HIV and AIDS Strategic Plan (2012) in the section of reducing HIV-related health disparities, which states the goal of increasing the “proportion of HIV-diagnosed Latinos with undetectable viral load by 20%.” By ensuring that immigrants maintain their medication and are able to access medications and care upon arrival of their migratory experience, the website assists in achieving this goal. The website also integrates a US-Mexican vision to offer continuum of care, based on the principals of the treatment cascade to monitor HIV linkage and retention in care in a binational dimension. It offers to connect health teams from Mexico and the United States working with the same population, and share the same goals, which is to increase the quality of life of Mexican living with HIV, to achieve viral suppression, and prevent the transmission of HIV.

Recommendations for Community-Based Organizations and Health Care Service Providers

- Information hosted in the Puente Binacional de Salud requires on-going, frequent updates to maintain accurate information about service provision and eligibilities.
- Community Based Organization play a pivotal role in alerting and providing updated information to the website to keep information accurate.
- Website evaluations are extremely important to inform updates and adjustments to the website. They can help guide the information needed on the website, however, many visitors to the website do not fill out the evaluation survey.
- Individuals who provide services can complete the evaluation survey on behalf of their clients or contact the website administrator to notify them of any needed additions to the website.
- Websites are great tools in transnational information and referral process as well as facilitating a continuum, and retention in HIV Care and perhaps in coordinating care for other medical conditions for immigrants or people in transit from one country to another. However, more research must be done to evaluate the effectiveness of websites in facilitating reciprocal communication among health teams in different countries when working with the same patient.
- Coordinating health services for immigrants in transit utilizing digital tools in a transnational context could be a great support tool for continuum of care and retention in care; however, limited research has been done in intervention research in a dynamic model US-Latin America.

CONCLUSIONS

The needs of HIV-positive immigrants are often overlooked. Many immigrants in the US wonder about care. Immigrants in both the US and Mexico have a long history of traveling back-and-forth between the two countries – but those who are HIV-positive must negotiate key health factors in planning their trips. Without key resources travel between the two countries could lead to dangerous personal health issues or psychological distress.

The need for the webpage emerged from a variety of sources. Including the voices of HIV-positive immigrants interviewed in a previous study conducted by this team. These men and women were often at a loss to know the names of their medications, their viral load or Cd4 counts. Many struggled to find key information about access to care. Many were confused by the health care system in the US and were unable to visit their families in Mexico for fear of becoming ill or not having access to care in Mexico or if they returned to the US.

The Puente Binacional de Salud website offers an important first step in addressing the needs of HIV-positive immigrants who travel between the US and Mexico. The website offers the framework to grow and improve and in its short time has shown very positive signs of key use factors. As demonstrated in our report, the website has been used by a large number of individuals. Among those who visit the page there are many who return. Also, among both new and returning visitors, there are many who visit more than one page. The evaluation of the webpage illustrates a very positive perspective on the usefulness of the page among the users of which include patients as well as medical and service providers. The analytics presented here demonstrate both a need for this platform as well as the need to grow the platform.

The usefulness of the website needs to grow to accommodate the needs of the HIV-positive immigrants who are currently using the website. As mentioned in this report there are a number of additional features that should be added to the website to increase patients and providers ability to store and access information. We are currently seeking sources to find either a grant to hire someone to increase the website capabilities or a grant that would use pro bono technical advisers to do so. Increasing the usefulness of the website is a big task but we feel strongly that this project leads to the importance and potential life-saving characteristics of the Puente Binacional de Salud website.

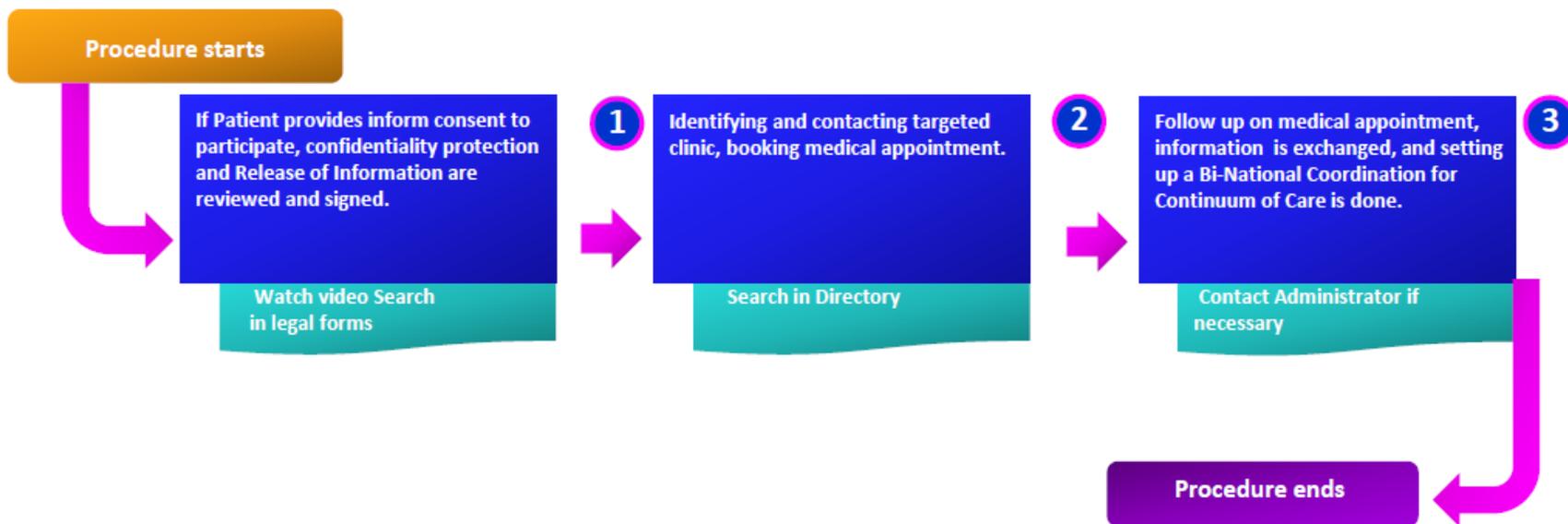
REFERENCES

- Action Government Program 2013-2018
(source:http://www.censida.salud.gob.mx/descargas/acerca/PAE_2013_2018_AUTORIZADA.pdf; accessed on 3/24/15; p/19).
- Aslanzadeh J. HIV Resistance testing: an update. *Ann Clin Lab Sci.* 2002;32:406-413.
- Bartlett JA. Addressing the challenges of adherence. *J Acquir Immune Defic Syndr.* 2002;29:S2-S10.
- Bronfman N, et al. Perspectives on HIV/AIDS prevention among immigrants on the U.S.- Mexico border. *The Spread of HIV among Latinos.* Westview Press; Boulder CO, 1996.
- Center for AIDS Prevention Studies (CAPS). University of California, San Francisco, AIDS Research Institute. *Fact Sheet: What are the HIV prevention needs of Mexican Immigrants in the US?* April 2003. Available at:
<http://caps.ucsf.edu/uploads/pubs/FS/pdf/mexicansFS.pdf>
- Centro Nacional para la Prevencion y el Control del VIH y el sida (CENSIDA). *Hoja Informativa: La Epidemia del VIH y el sida en Mexico.* 2014. Available at:
http://www.censida.salud.gob.mx/descargas/epidemiologia/L_E_V_S.pdf
- Diaz R. et al. The Impact of Homophobia, Poverty, and Racism on the Mental Health of Gay and Bisexual Latino Men: findings from 3 U.S. Cities. *Am J Public Health.* 2001;91:927-932.
- Donini- Lenhoff FG, et al. Increasing awareness and implementation of cultural competence principles in health education professions education. *J. Allied Health.* 2000;29:241-245.
- Jani AA, ed. *Adherence to HIV Treatment Regimens: Recommendations for Best Practices.* American Public Health Association; 2004. Available at:
<http://www.apha.org/programs/resources/HIV+AIDS/reshivregimens.htm>. Accessed June 4, 2007.
- Kaiser Family Foundation. *Fact Sheet: Latinos and HIV/AIDS.* April 2014. Available at:
<http://kff.org/hivaids/fact-sheet/latinos-and-hivaids/>
- King, WD Wong, MD Shapiro, MF Landon, BE Cunningham, Why does racial concordance between HIV-positive patients and their physicians affect the time to receipt of protease inhibitors?. *Journal of General Internal Medicine: official journal of the Society for Research and Education in Primary Care Internal Medicine.* 2004;19(11):1146-1153.
- Lowell BL. How many undocumented: the numbers behind the US-Mexico migration talks. Report by the Pew Hispanic Center. March 2002.
- Magis R, et al. La situacion del SIDA en Mexico a finales de 1998. *Enfermedades Infecciosas y*

- Microbiologicas. 1998;6:236-244.
- Marin BV, Gomez Ca. Latinos, HIV Disease, and Culture: Strategies for HIV Prevention. In: The AIDS Knowledge Base. Cohen PT, Sande MA, Volberding PA, eds. Little, Brown & Co.: Boston MA; 1994:10.8-1-13.
- Marin, M. Relationship between adherence levels, type of antiretroviral regimen, and plasma HIV type 1 RNA viral load: a prospective cohort study. *AIDS Research and Human Retroviruses* 24: 1263-68,2008
- Morales LS et al . Sociodemographic differences in access to care among Hispanic patients who are HIV infected in the United States. *Am J Public Health*. 2004;91(7).
- Organista KC, et al. Migrant laborers and AIDS in the United States: A Review of the literature. *AIDS Educ Prev*. 1997;9:83-93.
- Rangel, et al. Factores de riesgo de infeccion por VIH en migrantes mexicanos: el caso de los migrantes que llegan a la casa del Migrante Centro Escalabrini y ejercito de Salvaci EL Colegio de la Frontera Norte ISESALUD/COMUSIDA.
- Robins LS et al. Improving cultural awareness and sensitivity training in medical school. *Academic Med*. 1998;73(10 suppl):S31-S34.
- Smedley BD et al. Unequal treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Academy of Sciences. Institute of Medicine. Committee on understanding and eliminating racial and ethnic disparities in health care: 2002; p.3.
- Stone VE. Strategies for optimizing adherence to highly active antiretroviral therapy: lessons from research and clinical practice. *Clin Infect Dis*. 2001;33:865-872.
- United States National HIV and AIDS strategic plan (source: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>; accessed on 3/24/2015)

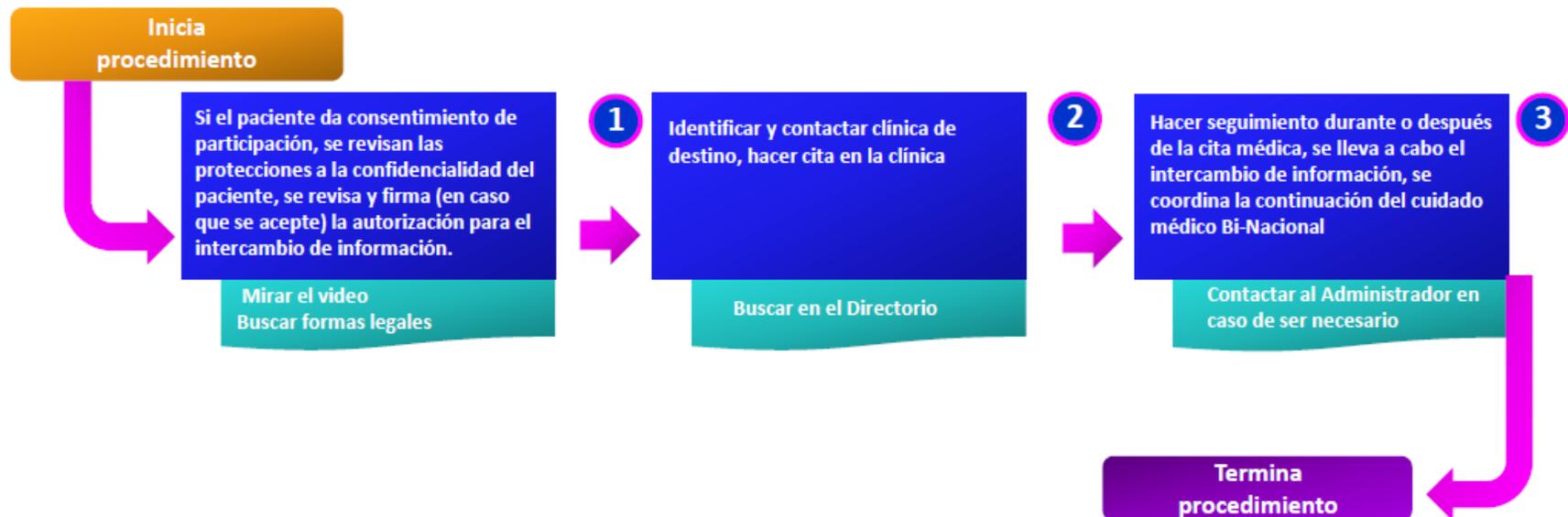
APPENDIX I

Bi-National Flowchart for Continuum of HIV Health Services Guide for Doctors

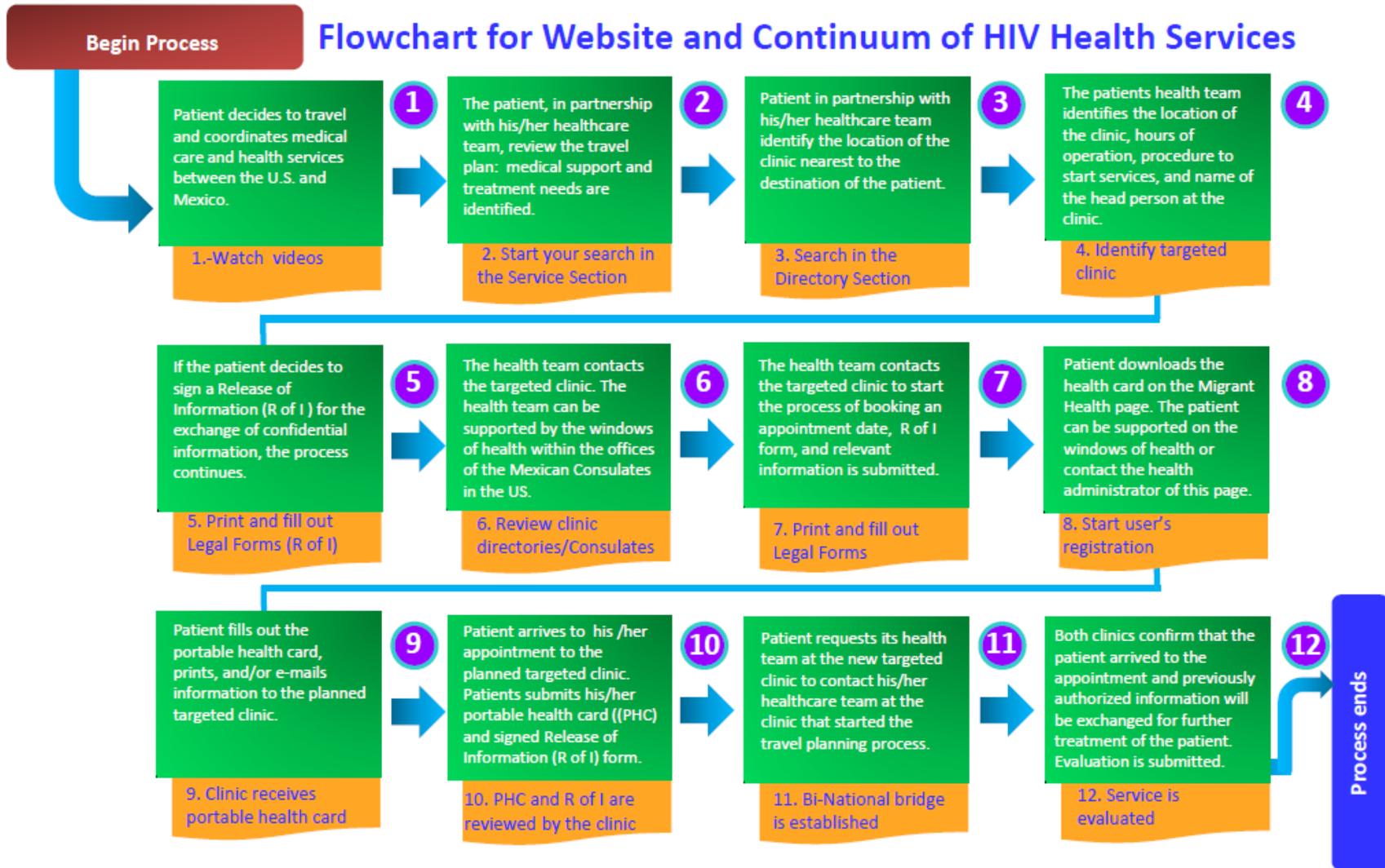


Flujograma para la continuidad de tratamiento Bi-Nacional

Guía para doctores



APPENDIX II



Inicia procedimiento

Flujograma para la continuidad de tratamiento Bi-Nacional



APPENDIX III



Salud del Migrante



ZACATECAS
CONTIGO EN MOVIMIENTO



Área de Ciencias de la Salud

Puente de Enlace de Salud Bi-Nacional para pacientes en tránsito entre Estados Unidos y Zacatecas, México

