

HIV TAC TEAM



Engaging Immigrant and Refugee Populations in HIV Services

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September 24, 2015

Disclaimer

This project was supported by a cooperative agreement from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with \$1,094,709 (0% financed with nongovernmental sources). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.





HIV Care for Immigrant and Refugee Populations

Deliana Garcia, MA
September 24, 2015



Disclosure Statement

Faculty: Deliana Garcia, MA

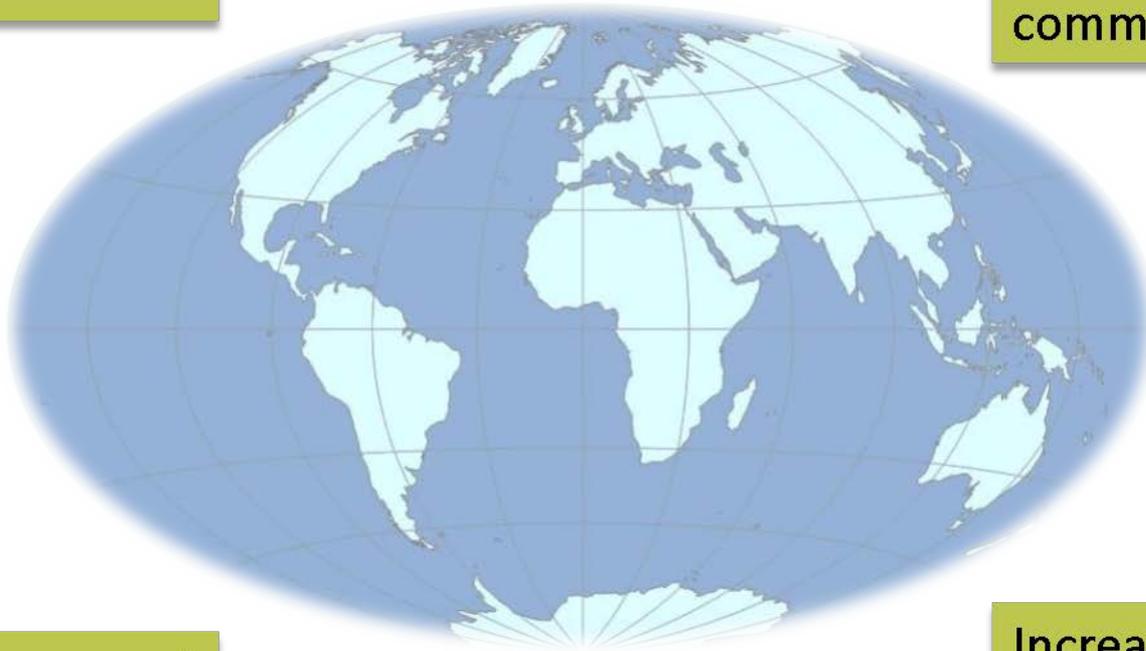
Disclosure: I have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

The “Recent” Story of Human Migration

A growing world economy

Rapid dissemination of information

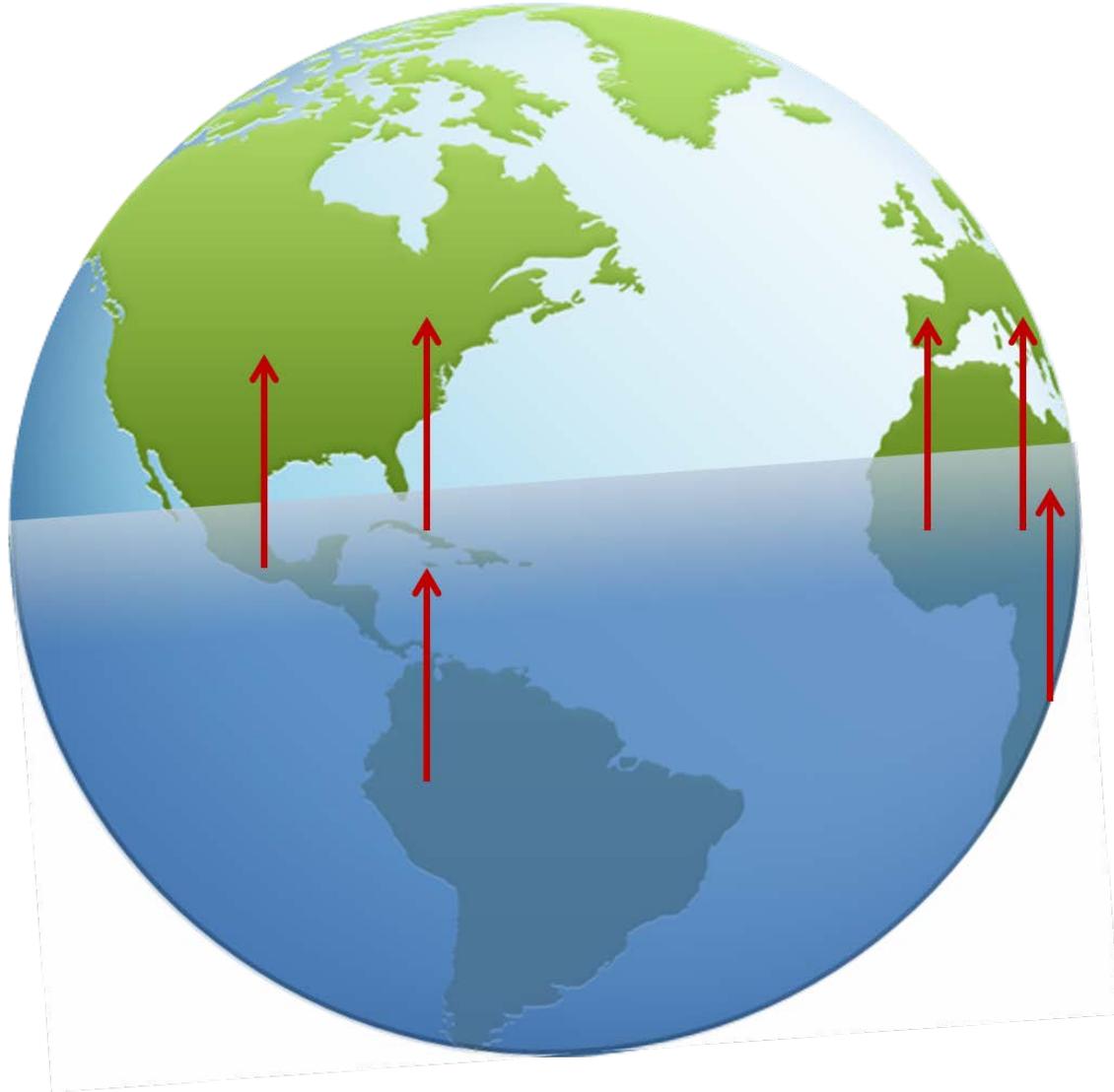
Improved transportation and communication



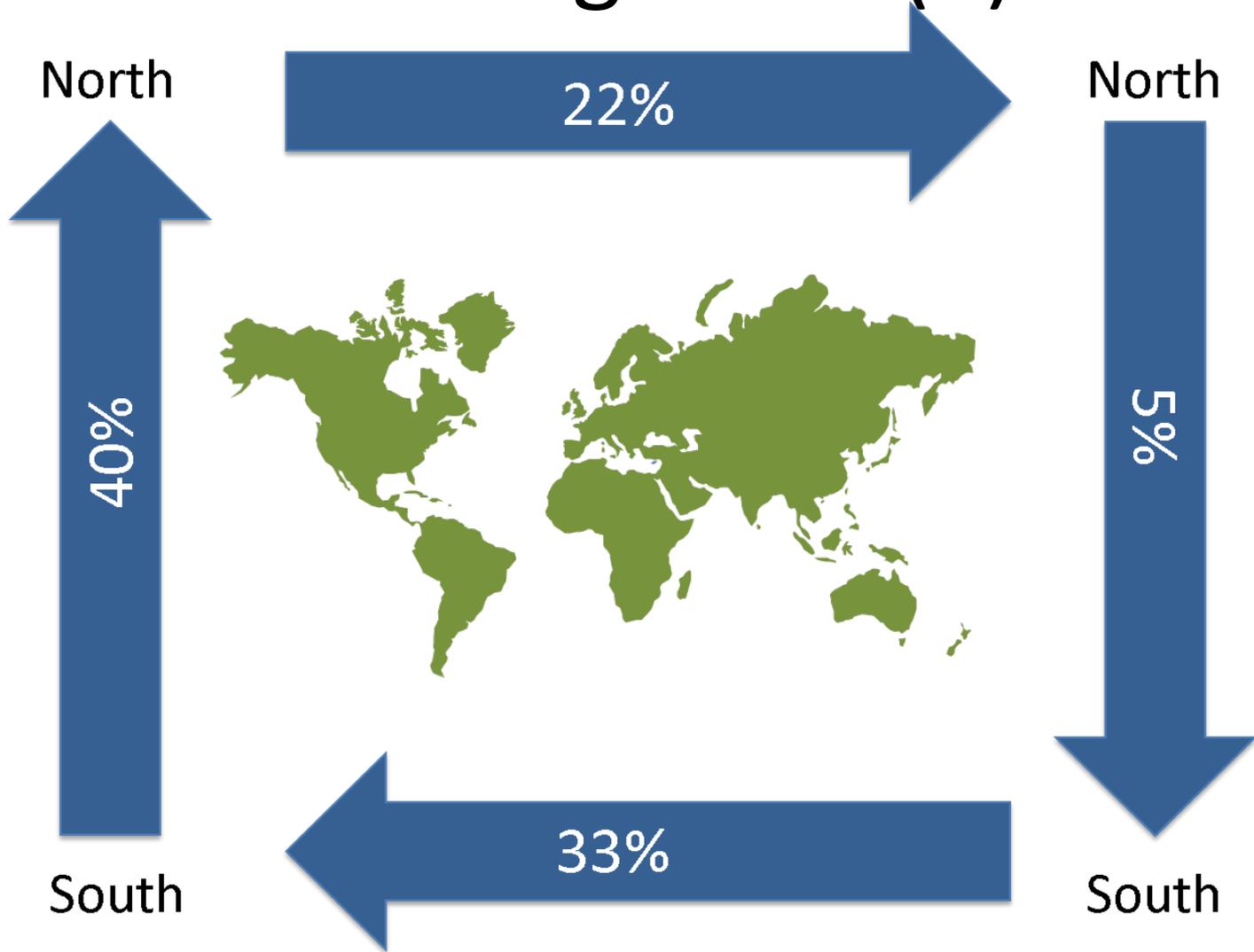
Ease of movement

Increasing social inequality

Human Migration



Human Migration (2)

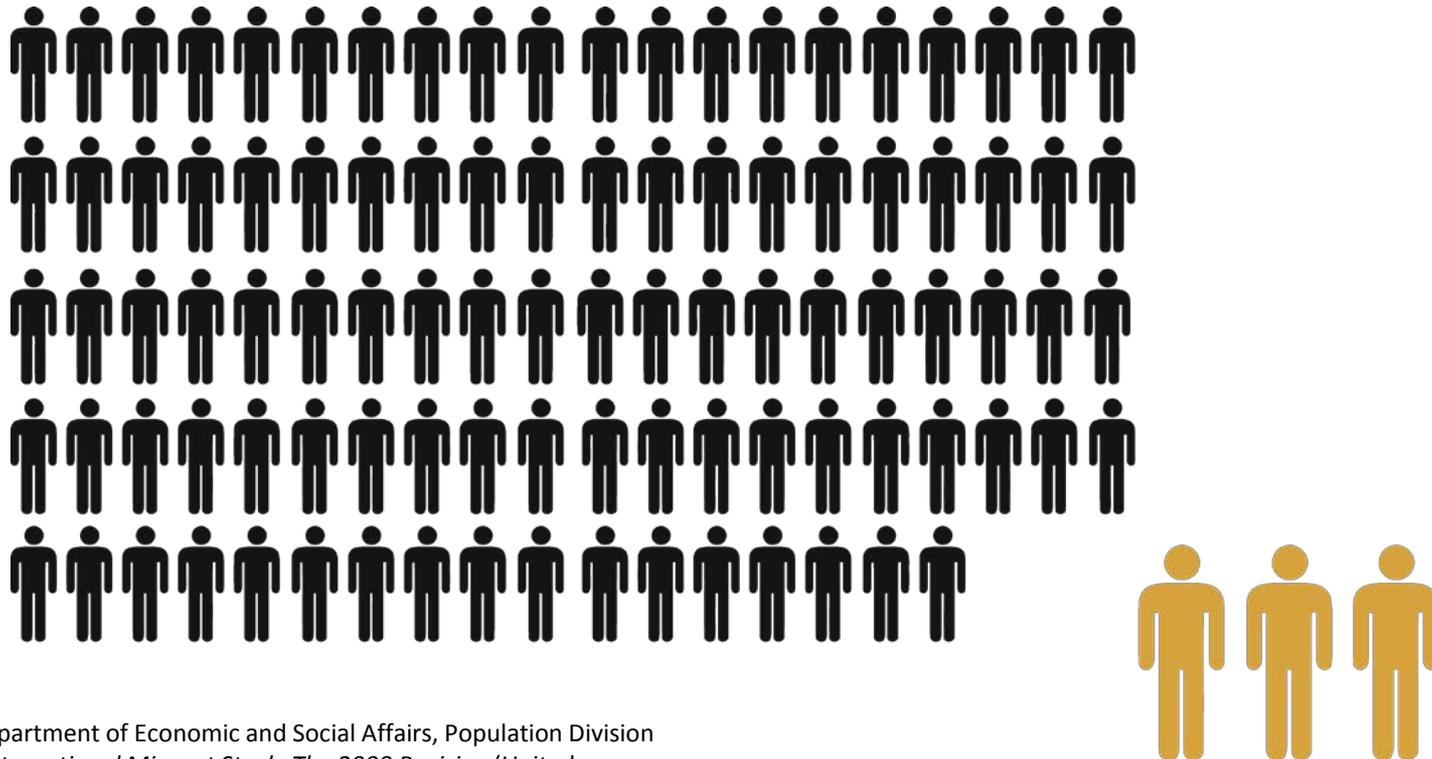


Competing Forces



Migration Trends

In 1990 **155** million people lived outside their country of birth



Migration Trends (2)

In 2005 there were **195** million international migrants



= 3.1%

Migration Trends (3)

In 2013...



There are an estimated
232,000,000
international migrants worldwide.

International Organization for Migration

Migration

- Any movement by humans from one locality to another
- Often over long distance
- Or in large groups

Movement of populations:

1 **Voluntary Migration** within one's region, country or beyond, or

2 **Involuntary migration** which includes slave trade and human trafficking

Acute

- Escaping from a major crisis with few resources
- Arriving in a state of shock
- Depending on the receiving community for assistance



Further Distinctions in Human Migration

Regular

- Those who arrive after an application process that results in a recognized entry based on a valid passport or visa
- Or those individuals whose movement is regulated by international convention.

Unofficial

- Those who arrive without benefit of recognized entry based on valid passport or visa

Migration presents both...

- Vulnerabilities
- Opportunities

Case Example

February, 2010

- Screened in an ICE facility
- Results not provided before his removal
- Asymptomatic
- Medication was not started

March, 2010 project notified of positive results

- Fortunately a clinician enrolled him in the project prior to being deported to Central America
- Medical records sent to his home country and family notified
- May 2010, wife calls HN to say that her husband is being held by “*coyotes*” on the west coast of the United States.
- HN staff then initiates a human trafficking investigation via ICE
- June 2010 patient contacts HN from the east coast having been released by “*coyotes*”
- Medical records sent to clinic by HN and patient started on treatment

Case Example (cont)

September 2010 patient calls HN to say he had moved to another east coast state

- Clinic found
- Appointment made
- Medical records transferred from both previous clinics
- Patient resumed TX
- Wife in Central America updated on his progress

Treatment continues...



Population mobility and HIV Vulnerability

various phases:

- ✓ during transit,
- ✓ in destination communities,
- ✓ in communities of departure and return

Phases of Mobility

- Cross-cutting factors (age, gender, health, legal resources, social capital, etc.)
- Pre-departure conditions
- Transit conditions
- Host community conditions
- Conditions of return

Intersection of poverty, migration and HIV



Photo © Alan Pogue

Ability to make healthy choices

- Economic deprivation
- Clustered in areas that concentrate structural disadvantages
- Limited access to health and support services
- Access to HIV prevention services



Challenging the “Migrants bring HIV” myth

Travel between populations of different HIV prevalence means that mobility can have a significant impact on communities of origin and of return.





Photo © 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

Models of mobility and HIV risk

- Mobile, migrant or displaced will acquire HIV while they are living abroad.
- In a couple in which one member is a migrant worker, it is no longer obvious which partner may acquire HIV first
 - The affected partner stays home and when the migrant fails to send remittance engages in unprotected transactional sex



Photo © Alan Pogue

Little concern about the health of persons emigrating from countries like the USA despite their capacity to spread disease.



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.



Photo © Karl Hoffman

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 local health services

HIV/AIDS

Underserved population
whose risk is increased by...

- Migratory lifestyle
- Cultural and language barriers
- Immigration status
- Inherent dangers and health risks
of occupation
- Lack of access to insurance or
financial resources
- Lack of regulatory protection



Barriers to Health Care Access for Immigrants and Refugees

- Unfamiliarity with local resources
- Language
- Transportation
- Knowledge about rights
- Legal status
- Income verification status
- Lack of funds for health care



Barriers for Women

- Isolation in rural areas
 - Lack of access to health care
 - Lack of access to telephone
 - Separation from support system
- Cultural barriers
 - Male dominance in families & relationships
- Economic dependence
- Stresses related to well-being of children



HIV Risks of Immigrant and Refugee Women

- Sexual harassment & abuse
- Trafficking
- Intimate partner violence
- Pregnancy issues
- Access to screening/ preventive care



Human Trafficking

- Modern-day slavery
- Approx 14,500-17,500 are trafficked into the US annually—80% are women
- Victims are *coerced* to work in:
 - prostitution or the sex entertainment industry
 - labor exploitation--domestic servitude, restaurant work, janitorial work, sweatshop factory work and migrant agricultural work

HIV Prevention

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





HIV Prevention

Present within the population of immigrants and refugees are the same subpopulations of concern present in the general public

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

- 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.

Required Services for 330(g) Programs

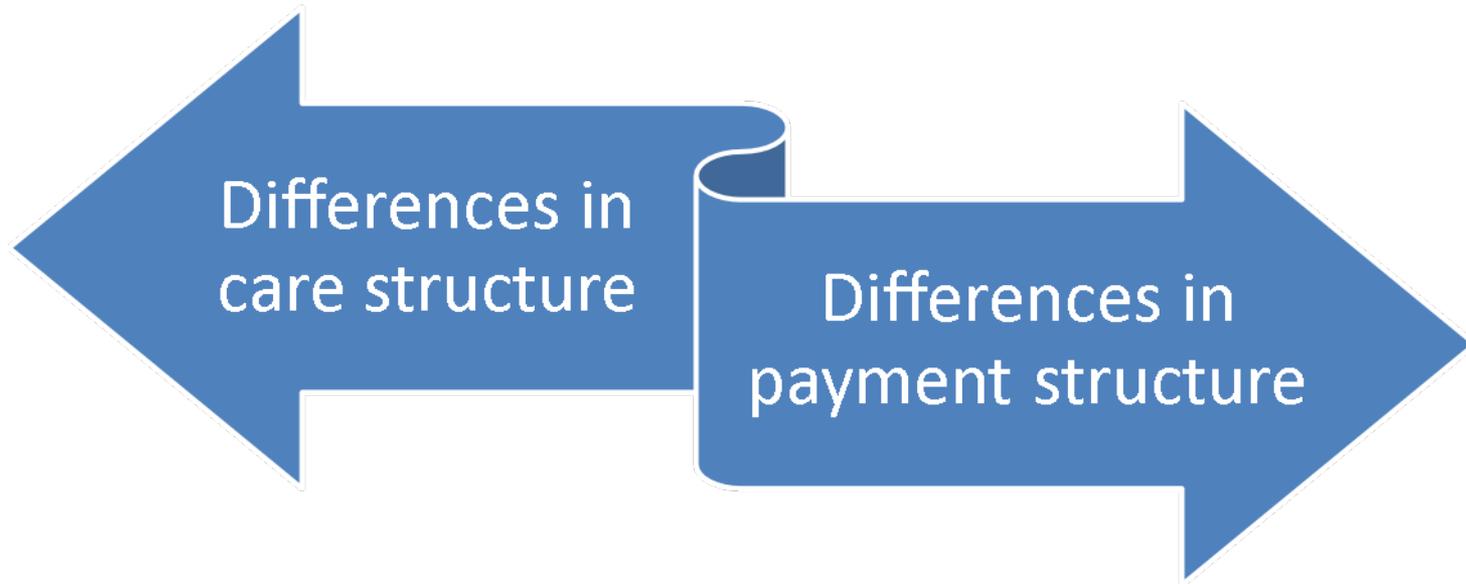
**Health center and voucher programs
include:**

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Outreach and enabling services

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.

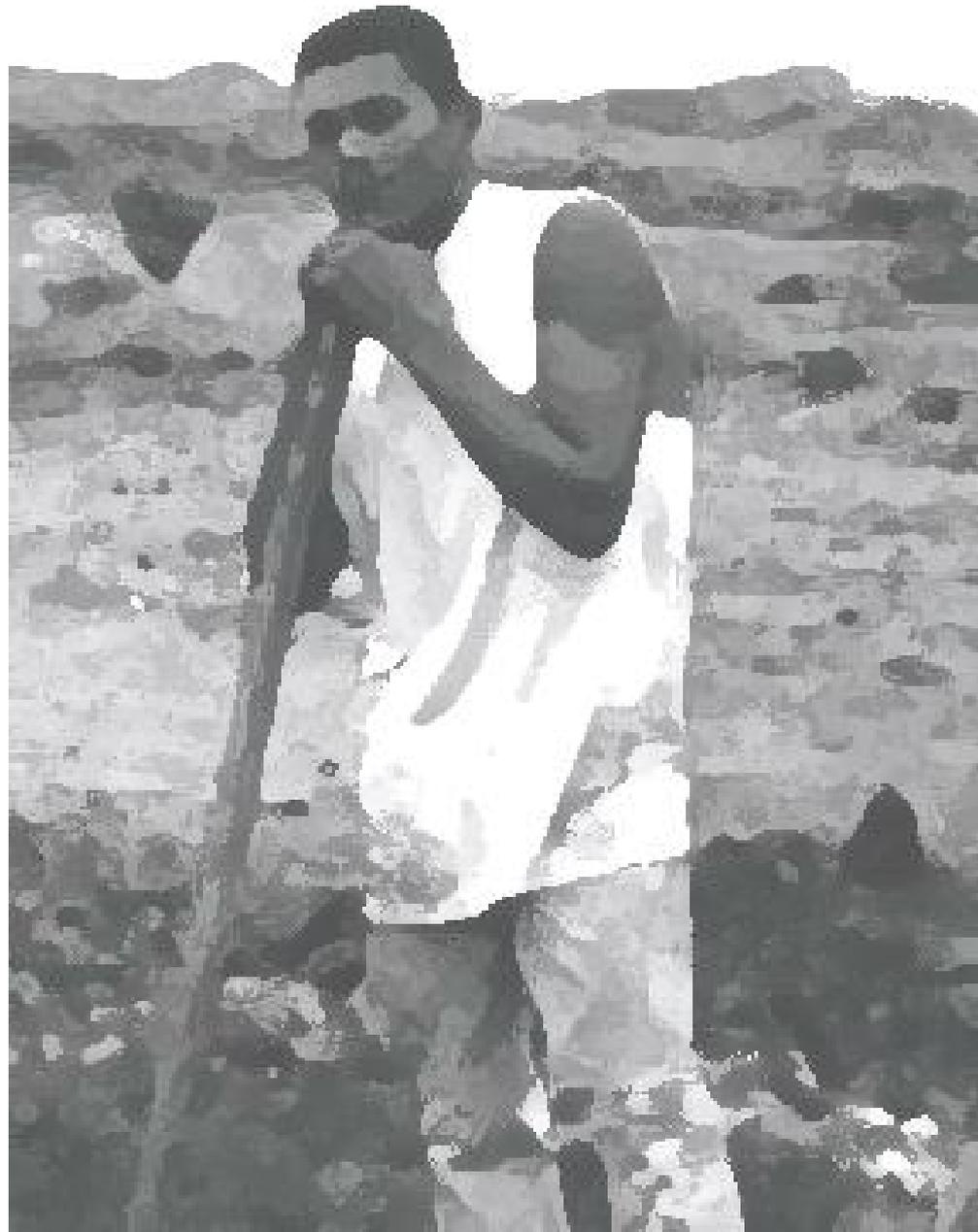
INTEGRATING SYSTEMS



Both are safety net systems for which unauthorized immigrants are eligible

Caring for young immigrants

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.



HIV Immigrants and Refugees

HIV,
Immigrants
and
Refugees

Increasing knowledge about HIV basics— including transmission

Increasing willingness to discuss HIV in the abstract

Strong stigma against HIV and those affected by it

Ambivalence, misunderstanding or confusion about treatment

Distrust of institutions and providers

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

– Client Health History and Risk Assessment Forms

– **Medical history questions**

- Ask about number of people with whom they had had sex lifetime/past six months
- Ask if the person they have sex with has sex with other people
- Ask if the person they have sex with uses IV drugs
- Ask about condom use—including how often
- Ask if person has sex with men/women/both?

Post – arrival/entry screening

- Screening of all immigrants/ refugees 13-64 years
 - including those ≤ 12 years and ≥ 64 years of age
- Repeat screening 3-6 months following resettlement is recommended for refugees with a recent exposure or high-risk activity
- Specific testing for HIV-2 recommended for those who screen positive for HIV and are native to, have partner from or have transited through portions of West Africa

Special pediatric considerations:

- Screen children <13 years of age unless negative HIV status for the mother can be confirmed and the child has no history of high-risk exposures or history of sexual violence or abuse
 - Children <18 months of age who test positive should receive further testing because positive antibody tests may detect persistent maternal antibody.
 - Children born to or breast-fed by an HIV+ mother should receive chemoprophylaxis beginning >6 weeks of age until they are confirmed to be uninfected.

Special considerations for pregnant women

All immigrant and refugee women who are pregnant should undergo routine HIV screening as part of their post-arrival/entry and prenatal medical screening and care.



Considerations

- Migrants are eligible for both Health center and RWP
- If you identify individuals at risk for HIV disease you have to be able to provide testing and treatment if disease is found
- You have to be able to keep the person in HIV care as they move.
- The need to migrate should not be an impediment to care



Solutions

Reduce language barriers

- ✓ Community Health Workers
- ✓ Outside language support
- ✓ Other resources

Reduce Isolation

- ✓ Cooking classes
- ✓ Gardens
- ✓ Soccer teams
- ✓ Support groups
- ✓ Other ideas?

Normalize discussion of HIV



Reduce reluctance to test

- Encourage everyone by acknowledging possible risks
- Help everyone understand the ease



Reduce reluctance to enter treatment

Joseph's unbelievable recovery transformation

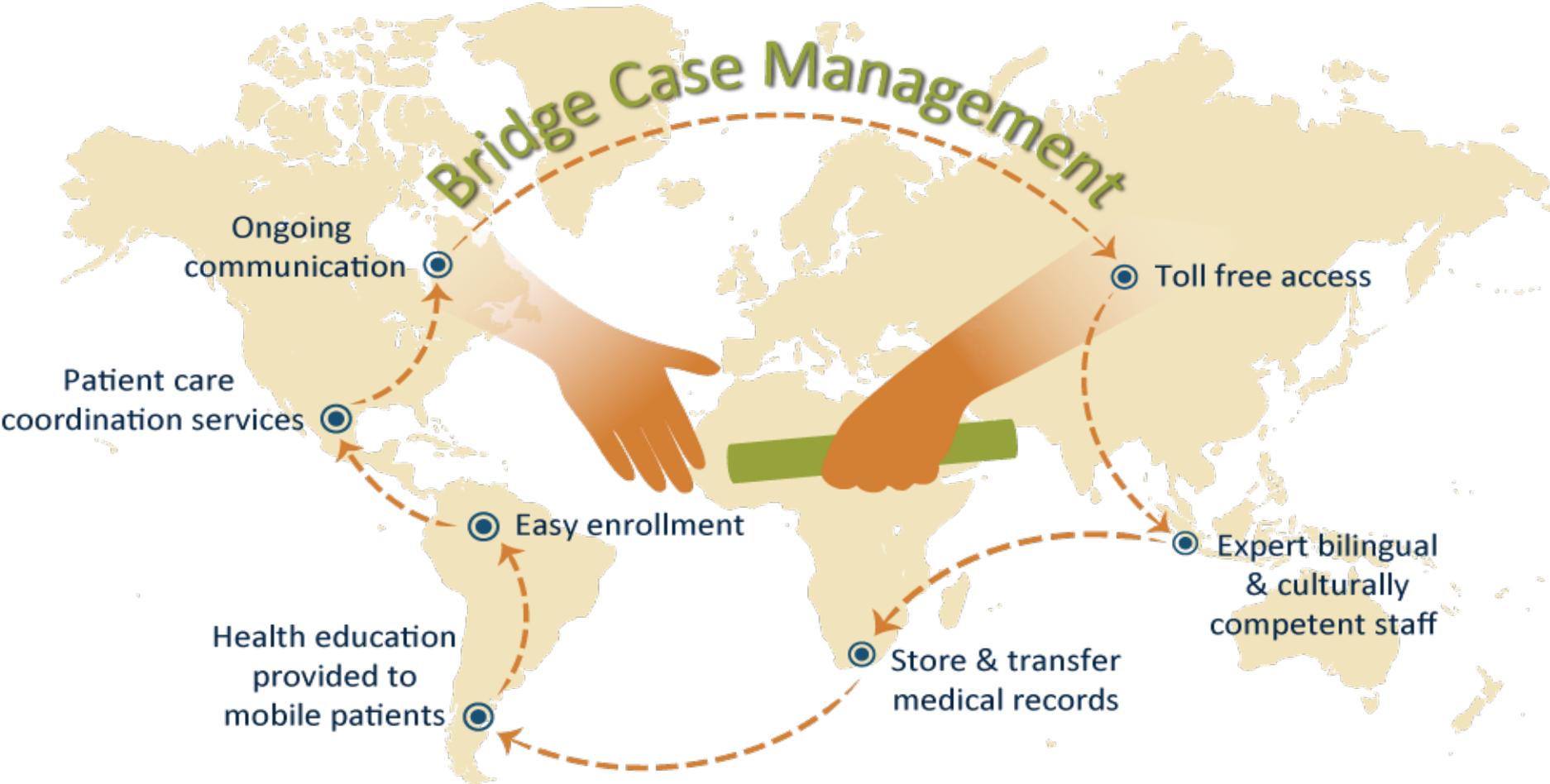


**BEFORE
PIH treatment**

**6 months AFTER
PIH treatment**



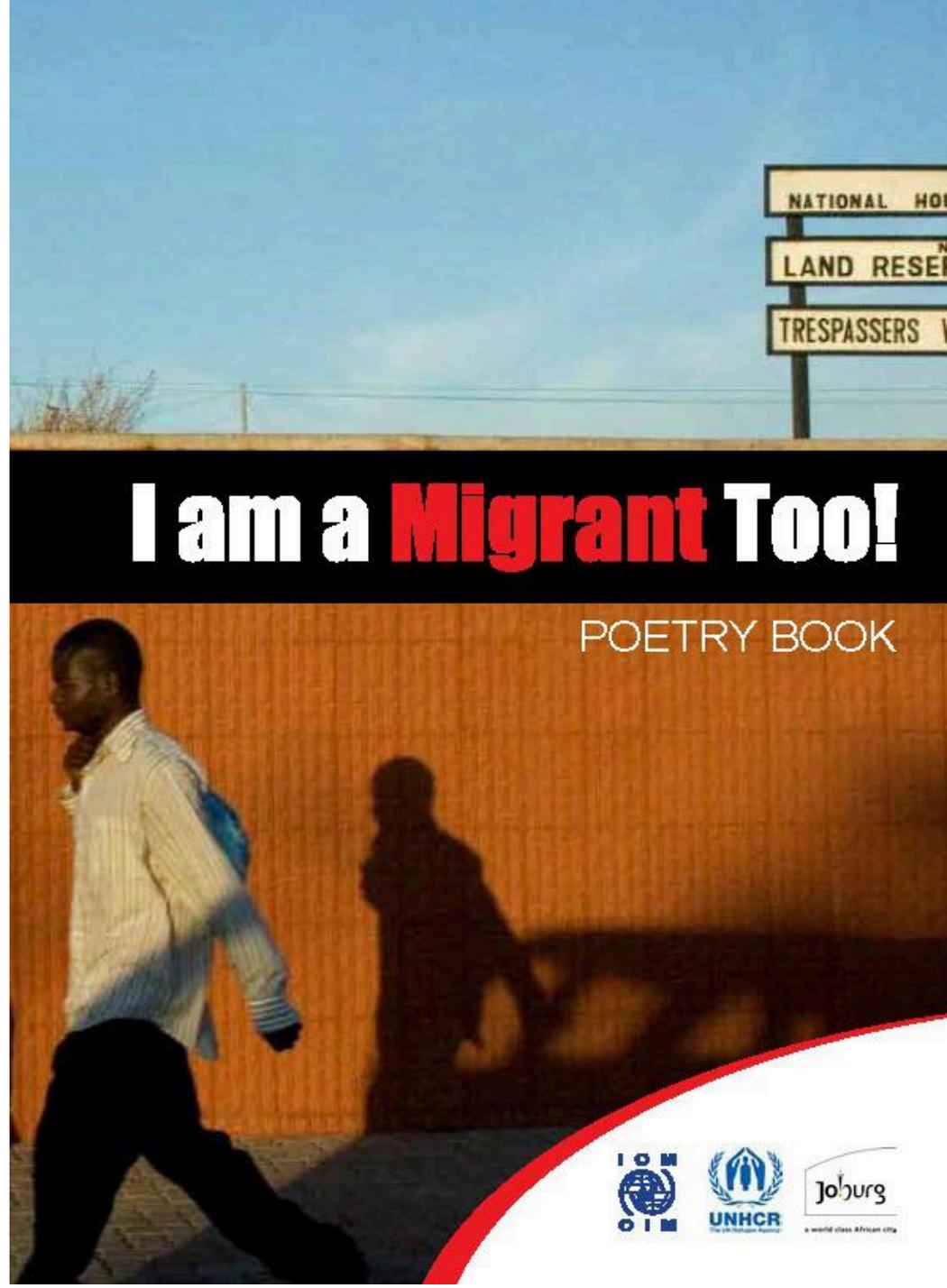
Health Network





Case Study

Summary



I am a **Migrant** Too!

POETRY BOOK



Resources

- Refugee Health Technical Assistance Center provides information on refugee basics, behavioral and physical health and the resettlement process
 - <http://refugeehealthta.org/physical-mental-health/health-conditions/infectious-diseases/hiv/>
- US Committee on Refugees and Immigrants provides factsheets in multiple languages from Arabic to Vietnamese
 - <http://www.refugees.org>
- Free HIV videos in many languages
 - <http://www.aidsvideos.org/index.shtml>
- HIV education materials in a variety of languages
 - <http://www.aidsinfonyet.org/>
- Health Network-Bridge Case Management for Mobile Patients
 - <http://www.migrantclinician.org/services/network.html>

Contact



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