La Clínica del Pueblo

Lessons Learned Engaging and Ensuring Access for Central American Latinos at risk for/living with HIV/AIDS

CATALINA SOL

CHIEF PROGRAMS OFFICER

LA CLÍNICA DEL PUEBLO

La Clínica del Pueblo

- Founded in 1983 in response to first Salvadorian immigrant wave to area arrived fleeing war
- One room, volunteer run free clinic for first decade
- Today a Federally Qualified Health Center and Patient Centered Medical Home *integrated* with a community-based public health approach

La Clínica del Pueblo- Mission

Our mission is to build a healthy Latino community through culturally appropriate health services, focusing on those most in need

La Clínica del Pueblo– Basic Info

Four Departments

- Patient Services (medical and wrap around services)
- Mental Health and Substance Abuse
- Community Health Action
- Interpreter Services

DC and MD sites

- Main clinical site in DC
- *Empoderate Center* serves LGBTQ young adults
- New clinical site to open in June in Prince George's, MD
- New Mental Health Program operating in local high school in Prince George's, for newcomers

La Clínica's HIV/AIDS Program

- First HIV client seen in 1985, First prevention program (counseling and testing) in 1989
- First Ryan White grant received in 1994
- Prevention groups specific to Gay/Bi Latino men -- 1997
- *Creando Espacios*, first Latina Trans support group --2000
- Nearly two decades implementing prevention programs for women, high-risk men, faith communities, LGBTQ adults led by *promotores and promotoras* from the community
- Opened prevention site for gay/trans young adults in 2010

HIV/AIDS Program - Current

- Direct services for persons living with HIV/AIDS
  - Primary Care, Medical Case Management, Mental Health, Substance Abuse, Linguistic Services, Support Groups, Insurance Enrollment and Benefits
- Counseling, Testing, and Referral (CTR)
- HIV System Navigation
- Prevention Programs for Latin@ immigrants
- *Empoderate* Youth Center
- SPNS (Part F) Demonstration Project – Workforce Development to increase capacity in primary care settings

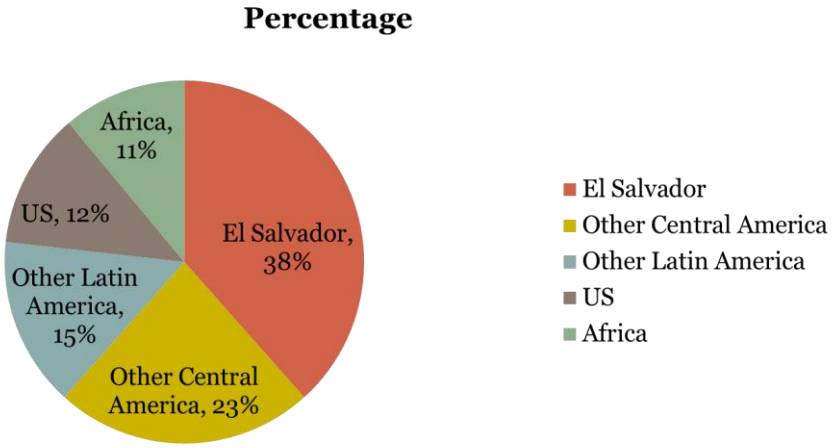
Patient Information

2015 PATIENT INFORMATION

3000+ medical patients served in 205, 10% HIV positive

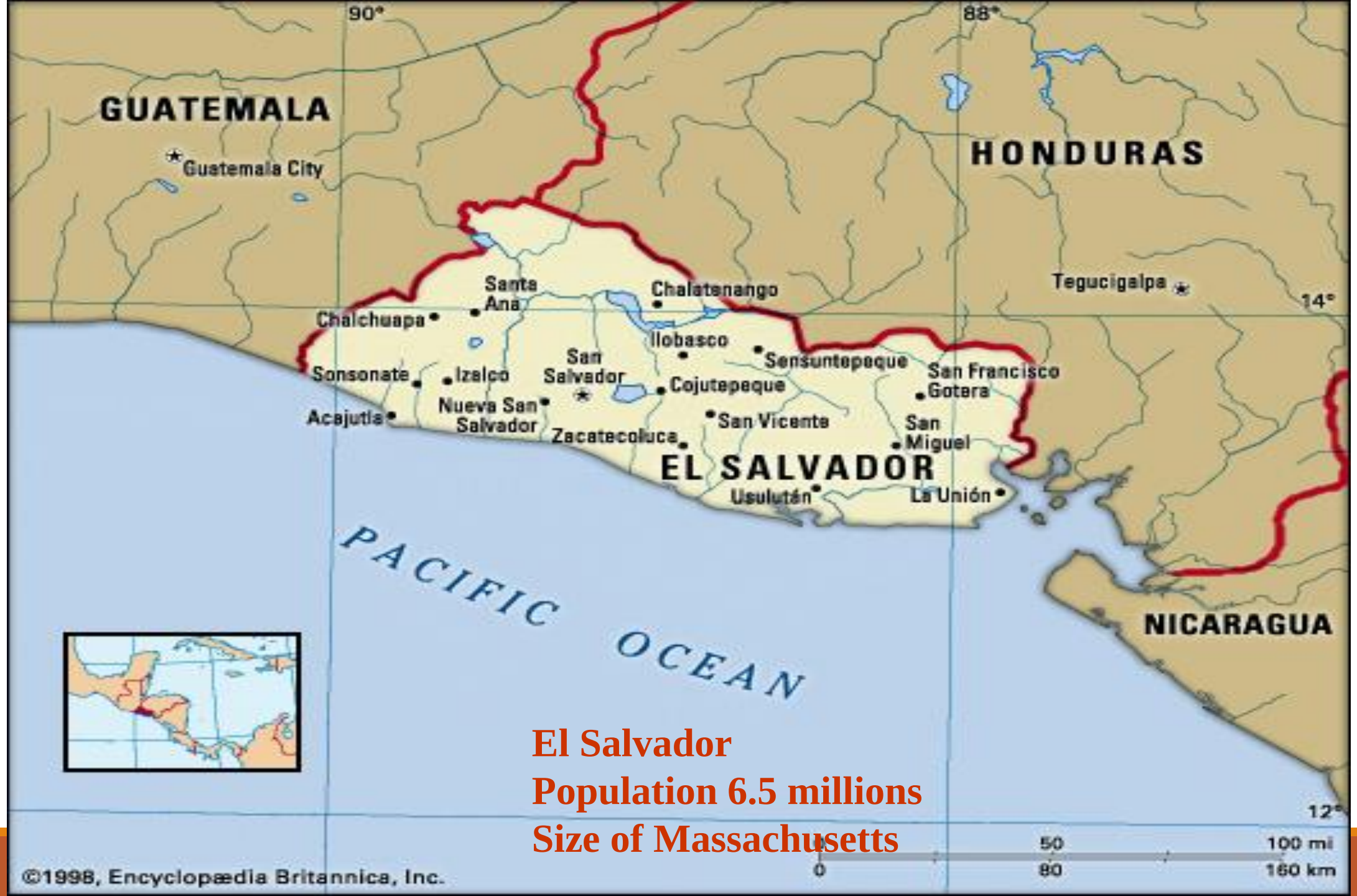
Majority of clients across programs and in our region are Central American immigrants, particularly El Salvador and "Northern Triangle"

COUNTRY OF ORIGIN HIV PATIENTS (N=295)



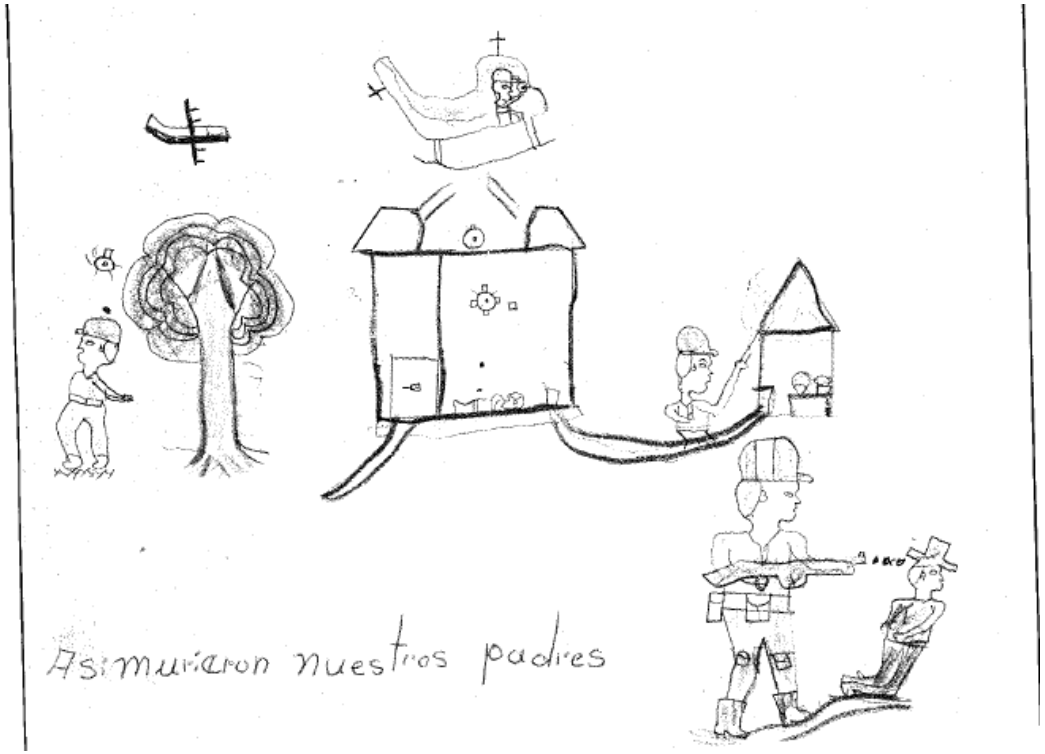
What does being Central American have to do with anything?


UNITED STATES
MEXICO
Gulf of Mexico
Caribbean Sea
North Pacific Ocean
North Atlantic Ocean
Gulf of California
Rio Grande
Rio Bravo
Mississippi
El Paso
Houston
New Orleans
Atlanta
Miami
Nassau
Monterrey
Guadalajara
Mexico
Mérida
Havana
CUBA
THE BAHAMAS
Tropic of Cancer
Bermuda (U.K.)
Turks and Caicos Islands (U.K.)
Cayman Islands (U.K.)
U.S. Naval Base Guantanamo Bay
JAMAICA
Kingston
HAITI
Port-au Prince
DOMINICAN REPUBLIC
Santo Domingo
San Juan
Puerto Rico (U.S.)
British Virgin Islands (U.K.)
Virgin Islands (U.S.)
SAINT KITTS AND NEVIS
ANTIGUA AND BARBUDA
Guadeloupe (FRANCE)
DOMINICA
Martinique (FRANCE)
SAINT LUCIA
SAINT VINCENT AND THE GRENADINES
GRENADA
Netherlands Antilles (NETHERLANDS)
Aruba (NETH.)
TRINIDAD AND TOBAGO
BELIZE
Belmopan
GUATEMALA
Guatemala
HONDURAS
Tegucigalpa
San Salvador
EL SALVADOR
NICARAGUA
Managua
COSTA RICA
San José
Panama Canal
Panama
PANAMA
Barranquilla
Maracaibo
Caracas
Río Orinoco
VENEZUELA
Río Magdalena
Bogotá
COLOMBIA
1 ANGUILLA
2 SAINT MARTIN & ST. BARTHELEMY
3 SABA & SINT EUSTATIUS
(= NETHERLANDS LEEWARD ISLANDS)
4 MONSERRAT
5 VENEZUELAN ANTILLES
6 AVES ISLAND



El Salvador
Population 6.5 millions
Size of Massachusetts

War is most formative experience of last 40 years



Pictures from Fire from the Sky – Salvadoran Children's Drawings, Writers and Readers Publishing Cooperative, 1986

Migration and Legal Status

- In El Salvador, war precipitates exodus of 1 million people; migration occurs to all surrounding countries, Mexico, Canada, and Europe, who establish refugee programs
- Due to politics of Cold War, Salvadorans and Guatemalans were not accorded refugee status by the US, and political asylum applications were denied during the years of conflict.
- As a result most the Central American "diaspora" to the US in the 80s was primarily by land, and refugees were for the most part undocumented in the US

Migration and Legal Status

- A lawsuit in 1990 provided a road to legal adjustment and work permits to Central American refugees; this took 10 years to finally resolve

- Two additional major waves of migration have occurred,
  - One resulting from natural disasters in the previous decade
  - Most recently new wave of migration fleeing from violence in the region

- Post –war, gangs first created by deportations of Central American teens in Los Angeles, and a drug trade that now uses Central America (and these gangs) as its primary route, collude in violence that has gained the Northern Triangle recognition as the most violent region in the world.

What does have to do with Central Americans and HIV?

Impact on Benefits

- 30 year delay in achieving citizenship – Central Americans less likely to meet "five year" bar,
  - Lack of eligibility for many safety net programs, including Medicaid
- Higher Representation among the Remaining Uninsured
- Overrepresentation among those with ADAP
- Need to work multiple jobs to compensate for lack of safety net

Impact on Family

- Pattern of Migration Separated Families
- Families with mixed immigration status, including undocumented, work permits, permanent residents, citizens
- Difficult Cycle of Family Separation and Reunification
- High Rates of Employment to support family members at home
- Family Structures Disrupted
  magnifies isolation and/or conflict for LGBTQ in our families in particular

Impact on Mental Health

- Disproportionate number in community affected directly or indirectly by traumatic events (war, violence, displacement, separation from parent)
- Trauma has been associated with physical and mental illness, depression, anxiety, post traumatic stress disorder, risky alcohol and drug use, together with difficulties with relationships, work, and daily life
- Traumatic events experienced differently by age group

What does HIV look like in our community?

- Late Diagnosis and Entry to Care
  - 73% of foreign born, 55% of Hispanic AIDS cases diagnosed within 1 yr of HIV diagnosis
- Increasing Number of New Infections, particularly young men who have sex with men (MSM) and trans women
- Unequal Access to Quality Care
  - Linguistic
  - Geographic
  - In country of origin
- Immigration Status is most significant social determinant

Immigration Status and HIV

For 22 years, the "HIV ban" prohibited HIV positive immigrants from becoming legal permanent residents

Immigration status is only factor besides poverty now determining health access through marketplaces

Restrictions based on immigration status have impact on education, employment, stability; conversely, systems that do not restrict based on immigration status have positive impact on health (Ryan White, DC Alliance)

Immigration Status and HIV Risk –

- Through a research partnership with Dr. Nina Yamanis, PhD at American University, we are also looking at immigration status as a social determinant of HIV risk
- Undocumented Latino immigrants experience delays in HIV diagnosis and have lower CD4 cell counts during treatment initiation, compared to authorized Latinos, Blacks and Whites[2]

Fear of deportation as determinant of HIV service use

- Lack of employer-sponsored or public health insurance
- Fear that providers will contact immigration authorities
- Fear of sexual identity discrimination and violence experienced in countries of origin

[1]Dang et al, 2012; [2]Poon et al, 2013; [3]CDC, 2011; [4]Rhodes et al, 2015

Formative Research

- In-depth interviews with 17 Latino MSM (*chicos gays*) and 8 transgender Latinas (*chicas trans*)
- Participants were from Central America and spent an average of 7 years in U.S.
- 10 people were undocumented; 9 did not reveal documentation status; 2 chicas received asylum
- Our findings suggested that **asylum (legal authorization to live in the U.S.) was a contextual determinant of HIV risk for young sexual minority Latino/as**

New Grant From NIH Centers for AIDS Research

Aim 1: To examine fear of deportation and its association with health service use among young immigrant Latino MSM.

Aim 2: To assess the feasibility of a structural intervention combining immigration-related legal aid with peer navigation/social support to increase use of HIV-related prevention and care services among young Latino immigrant sexual minorities.

How does this relate to a model of care for Central Americans at risk for/living with HIV?

La Clínica Model of Care: Direct Services

Trauma Informed Patient Centered Medical Home

Culturally and Linguistically Appropriate

Services on-site/co located – Behavioral Health Integration

Interdisciplinary care teams

Flexible

Warmth, Safe Space

Advocacy, participation in local planning

Address immigration issues

La Clínica Model for Prevention and Early Detection

Programs developed by members of the target population

Use of "promotores de salud" or health promoters

Programs addressing underlying causes of risk behavior- social and structural determinants

"Acompañamiento" of our community - navigation

Flexible

Warmth, Safe Space – *Empoderate model*

Advocacy, participation in local planning

Address immigration issues

So what are some concluding thoughts about the transnational approach, and what it means to talk about countries of origin in the development of programs and strategies…

We have to talk about things like this…

And this…

But also this…

DETENTION FACILITY WITH CENTRAL AMERICAN CHILDREN

BORDER PATROL DETAINING IMMIGRANT

And this…so we can understand how this too should affect our programming and strategies

MOTHER BEING DEPORTED

MURDER SCENE IN TEGUCIGALPA, HONDURAS

We need to speak out on this issue…

The way we did on this issue…

And on this one…

Because our programs are occurring in an environment, and we can only go so far without addressing it

A transnational approach involves recognizing our peers in “el Sur”…

CIPCEN PROJECT MEETING – PRESENTATION FROM BIENESTAR

CIPCEN PROJECT MEETING – REPS FROM HONDURAS, GUATEMALA, AND LA AT LCDP

Because culture is not static, and we can learn as well as give

MARCHA DE ORGULLO GAY, SAN PEDRO SULA

MARCHA DE ORGULLO GAY, SAN PEDRO SULA

And we are both here and there, and gain strength and inspiration if we can make space for both to live

https://www.youtube.com/watch?v=rA2FAVRAO2Y

Vamos Dibujando el Camino

Thank You!

Questions or Comments?

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