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Addressing the Sexual and Reproductive Health Needs of Latinx Immigrants in Maryland

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Disclosures

None

Objectives

- **To review common barriers to optimal sexual and reproductive health care for Latinx immigrants in Maryland**
- **Provide examples of local initiatives to address barriers to care**

Barriers to care

- **Poverty**
- **Transportation**
- **Childcare**
- **Familiarity with services**
- **Fear of deportation**

Demographic trends of children of immigrants

- **The Population of Children of Immigrants Grew while the Population of Children of Native-Born Parents Shrank**
 - Most Children of Immigrants Are Native Born
- **Children of Immigrants Are More Likely to Be Bilingual**
 - Although 59 percent have at least one parent who is limited English proficient, almost all children of immigrants (86 percent) are English proficient.
- **More Children of Immigrants Are Poor or Low-Income**
 - Over half (54 percent) of children of immigrants lived in low-income households in 2014, compared to 39 percent of children of native-born parents.
- **The Population of Children of Immigrants Is Growing in Nontraditional Immigrant Destinations**

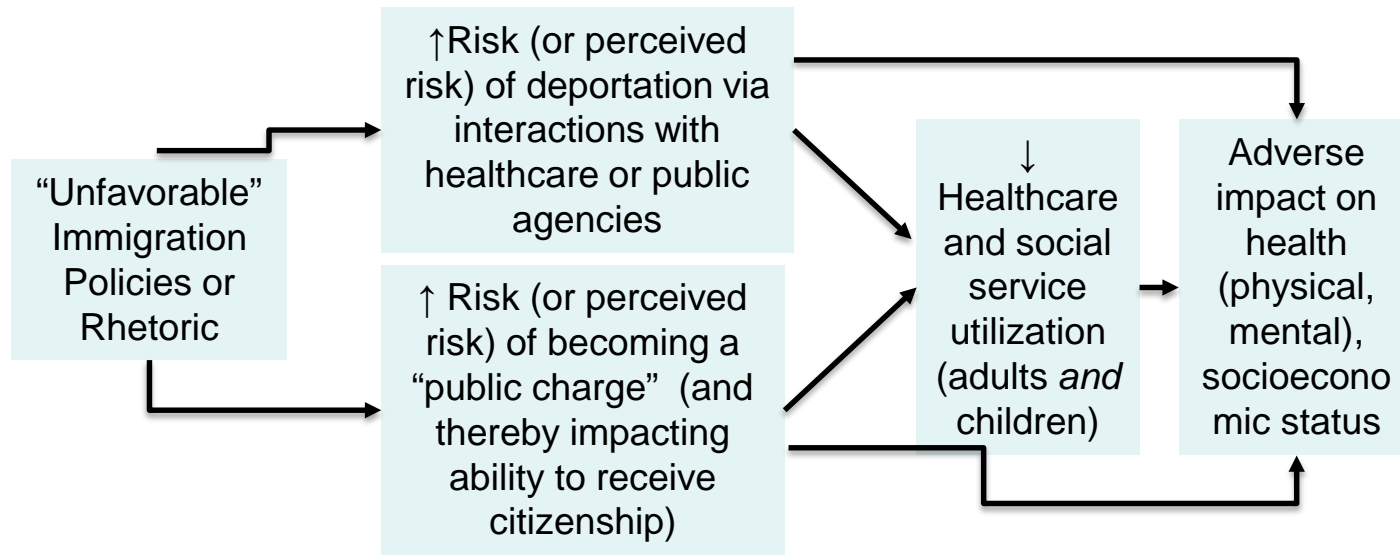
Fear of Deportation

Man from El Salvador who has HIV and large B-cell lymphoma calls says he can't go to chemotherapy or pick up his anti-retrovirals because he's seen ICE agents around the neighborhood.

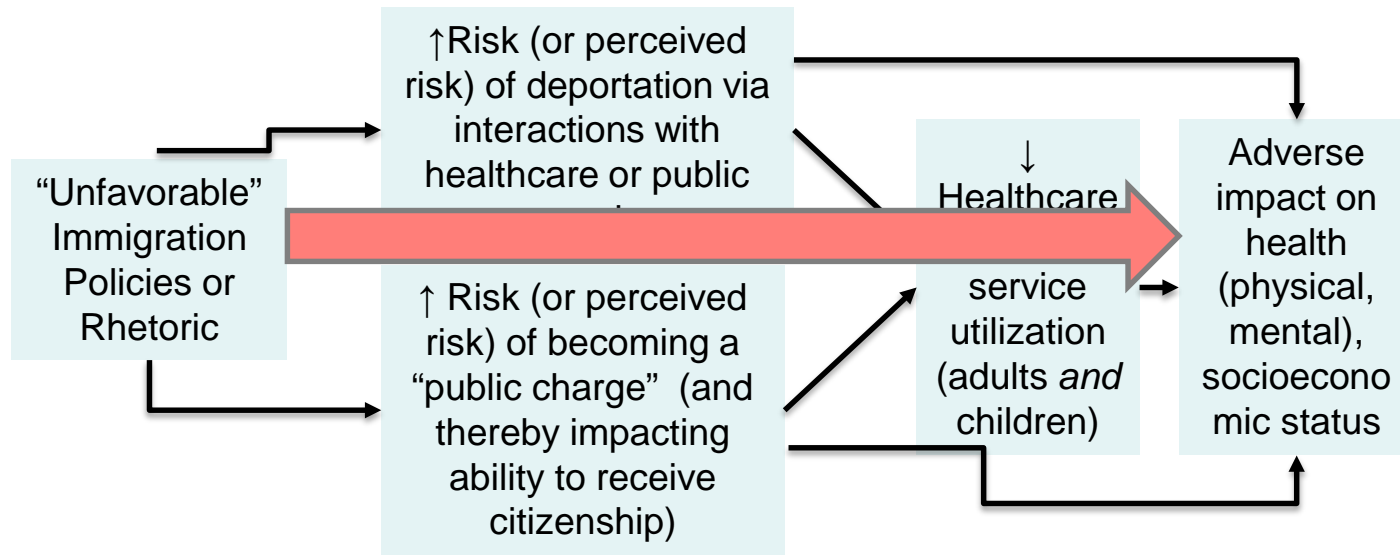
Fear of Deportation

Young pregnant woman from Guatemala diagnosed with syphilis misses her appointment for treatment at the Health Department. When called she says she went to the clinic but turned back because there was a security guard and she has no “papers.”

“The Chilling Effect”



“The Chilling Effect”



Misconceptions about Immigration Policy and HIV Testing

- Study of 297 documented and undocumented Latinx immigrants in North Carolina
- Participants with misconceptions about immigration policies were 2X less likely to have ever been tested for HIV
OR 1.91 [1.39-2.64]

Misconceptions about Immigration Policy and HIV Testing

- **Immigrants must prove they are legal residents to receive an HIV test**
- **Immigration officials keep records of immigrants who have had HIV tests**
- **Doctors and other health service workers are required to report undocumented immigrants to immigration officials**
- **Immigrants who have received a green card can be arrested for using public health care**
- **If immigration officials find out that an individual has HIV they will deport him/her from the US**

Barriers to optimal care

- **Language barriers**
- **Cultural competency**
- **Communicating sensitive topics**

Language barriers

46 year old woman diagnosed with HIV during a hospitalization for Pneumocystis pneumonia. At follow-up after discharge, patient unaware of HIV status

Language barriers

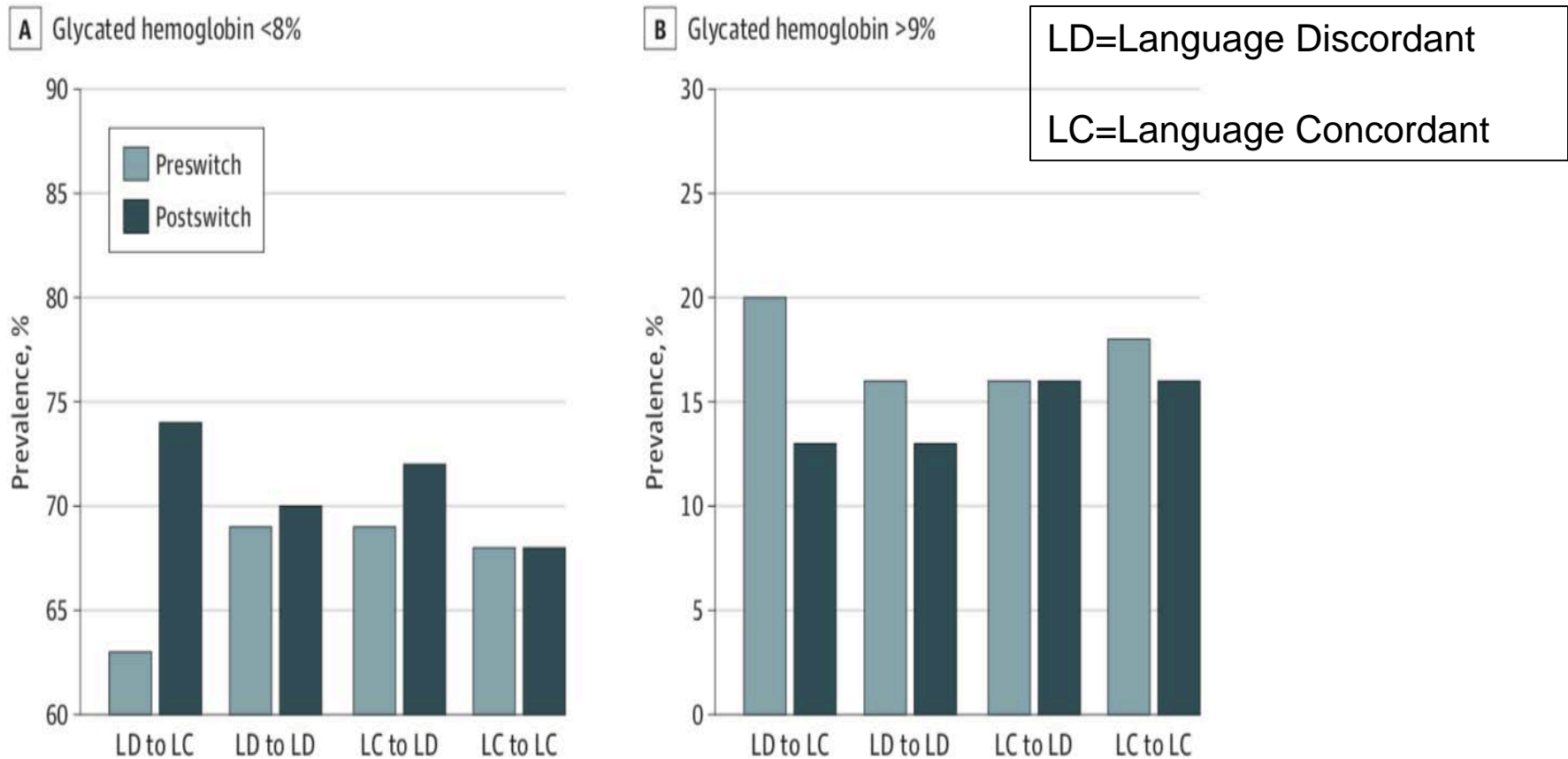
37 year old “non-compliant” man re-admitted to hospital for recurrent cryptococcal meningitis.

He had not followed up in HIV clinic after initial diagnosis and was not taking any medications.

On questioning, patient described several efforts to make appointment (including going in person) but could not communicate with clinic and had poor understanding of the need for long term treatment.

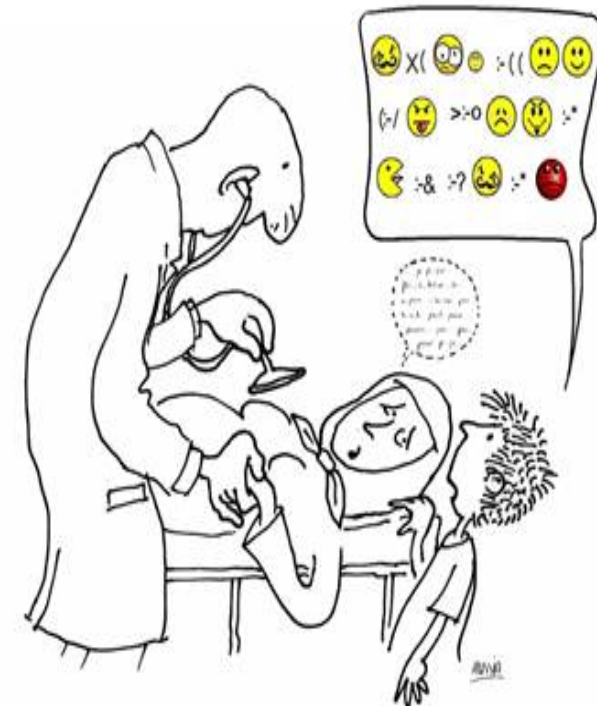
Language barriers

Figure 1. Glycated Hemoglobin Levels in LEP Latino Patients With Diabetes Before and After Switching Primary Care Physicians



Caring for Patients with Limited English Proficiency

Title VI of the Civil Rights Act of 1964 requires recipients of Federal financial assistance to take reasonable steps to make their programs, services, and activities by eligible persons with Limited English Proficiency.

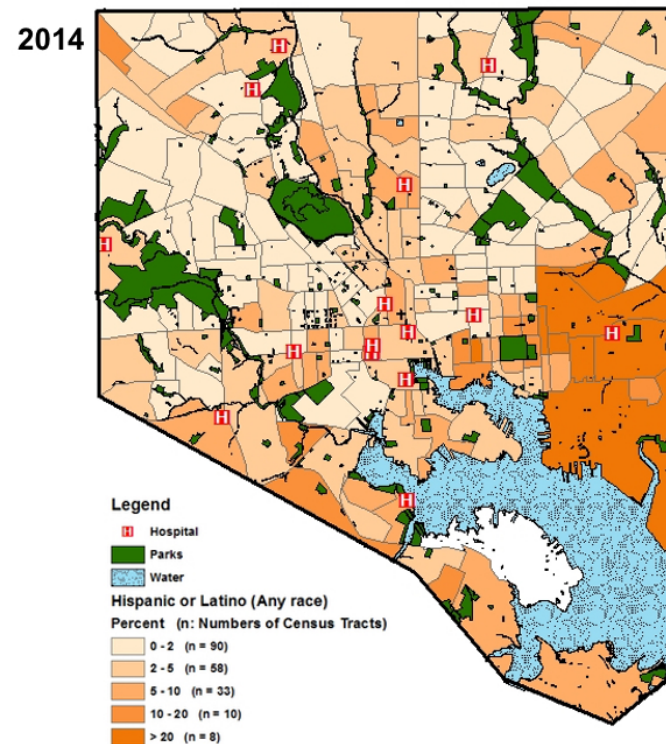
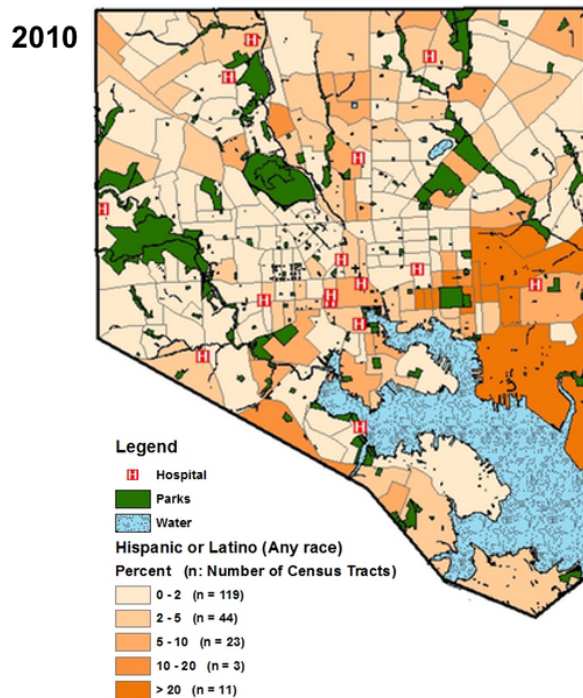
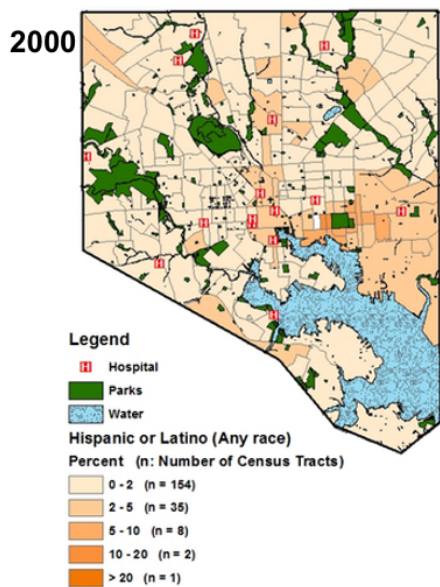


Caring for Patients with Limited English Proficiency

Available tools:

- Bilingual staff and clinicians
- Interpreters
 - In-person
 - By video
 - By phone

Percentage of Hispanic or Latinos (Any Race) and Hospitals, in Baltimore City



Centro SOL



Mission

To promote equity in health and opportunity for Latinos by advancing clinical care, research, education, and advocacy at Johns Hopkins and beyond in active partnership with our Latino neighbors.



"No me hago la prueba del VIH porque no tengo seguro"

EL VIH SOLO ES PELIGROSO CUANDO LO IGNORAS.
La prueba es gratis, infórmate: www.solovive.org

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"No me hago la prueba del VIH porque me da miedo el resultado"

EL VIH SOLO ES PELIGROSO CUANDO LO IGNORAS.
La prueba es gratis, infórmate: www.solovive.org

SOLO SE VIVE
UNA VEZ



"No me hago la prueba del VIH porque estoy en una relación estable"

EL VIH SOLO ES PELIGROSO CUANDO LO IGNORAS.
La prueba es gratis, infórmate: www.solovive.org

SOLO SE VIVE
UNA VEZ

¿TOMASTE LA DECISIÓN DE HACERTE LA PRUEBA?

¡Felicidades por tu buena decisión! Saber es poder.

AGENDAR PRUEBA DEL VIH

NOMBRE (S)

TELÉFONO

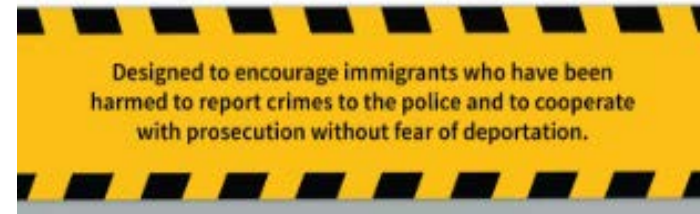
E-MAIL (OPCIONAL)

ENVIAR FORMULARIO

Medical-Legal Connections

Know Your Rights!

LEARN HOW TO PROTECT YOU AND YOUR FAMILY
DURING IMMIGRATION RAIDS



Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.

Addressing Maternal Family Planning Needs in a Pediatric Primary Care Practice Serving Immigrant Latino Families

- **Family Planning services are difficult to access for many uninsured immigrant Latina mothers due to language barriers, poverty and low literacy.**
- **Since the vast majority of Latino children in immigrant families have insurance, pediatric primary care offers a valuable opportunity to address maternal family planning needs.**
- **Screening for maternal family planning is part of well child visits; however, this need remains unfulfilled for uninsured mothers.**

Addressing Maternal Family Planning Needs in a Pediatric Primary Care Practice Serving Immigrant Latino Families

- 172 patients received family planning counseling over the study period.
- Median age was 28 years [Interquartile range [(IQR) 24-34]

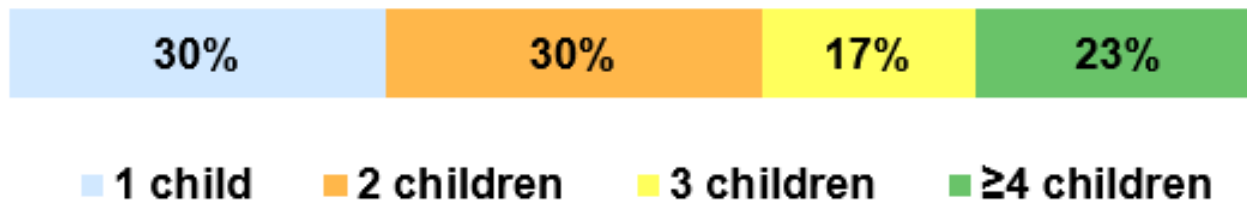


Figure 1 – Distribution of live births per patient.

Addressing Maternal Family Planning Needs in a Pediatric Primary Care Practice Serving Immigrant Latino Families

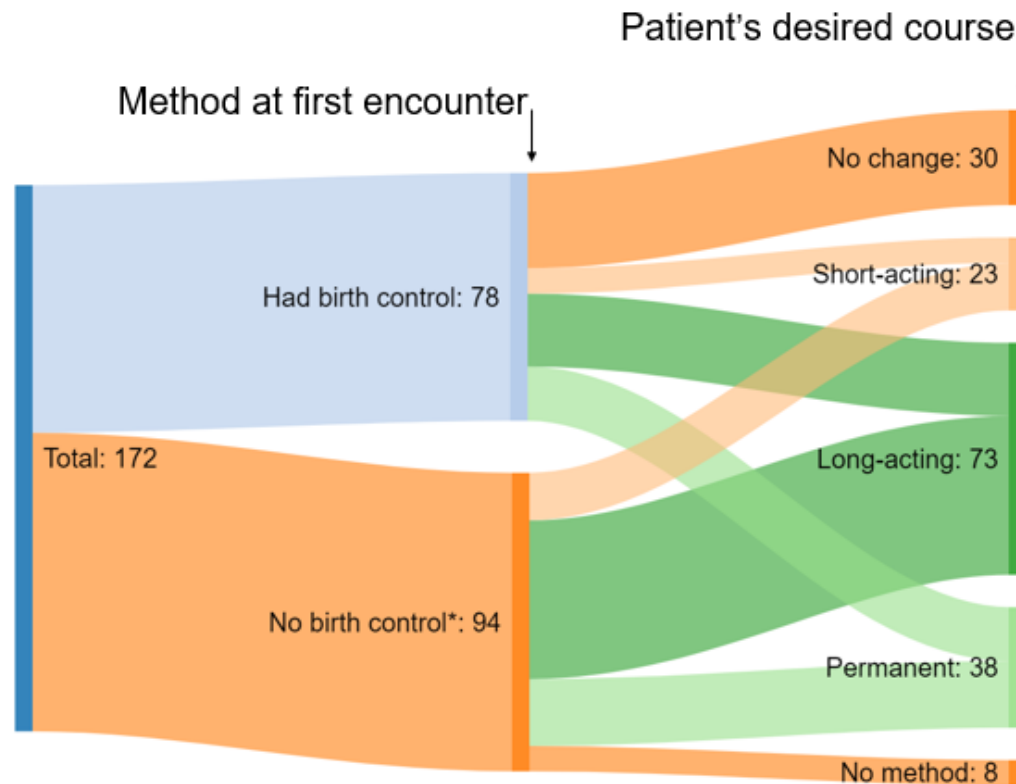


Figure 2 – Sankey diagram illustrating flow of patients through the study

*Composite of no birth control method; intermittent barrier, fertility awareness or withdrawal method.

Addressing Maternal Family Planning Needs in a Pediatric Primary Care Practice Serving Immigrant Latino Families

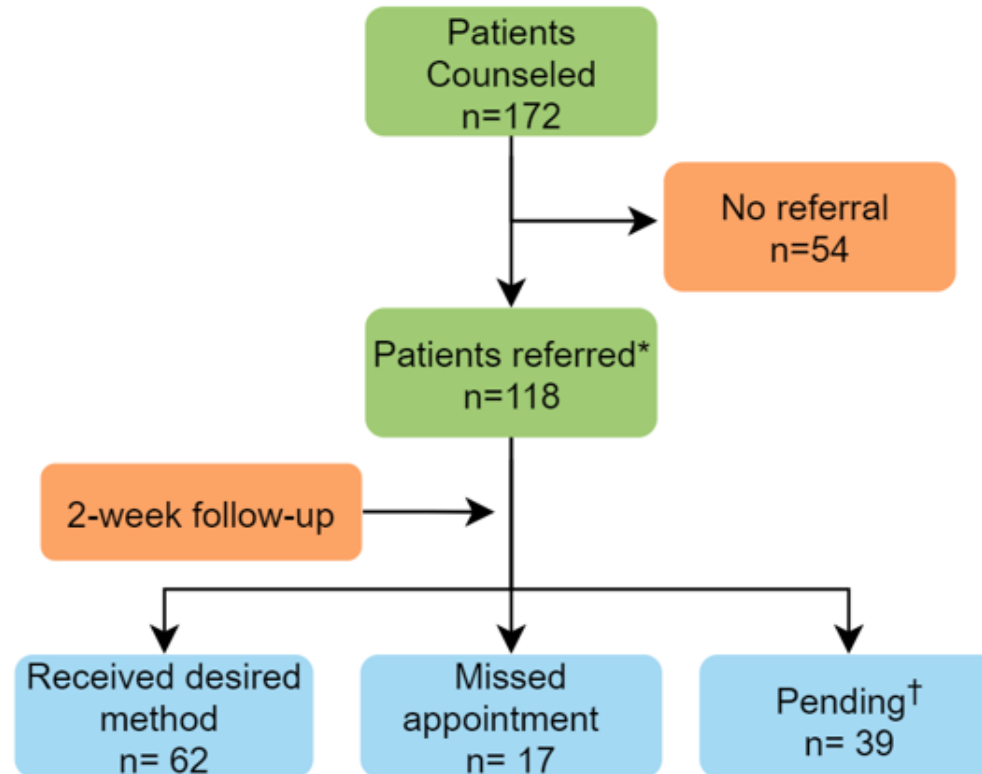


Figure 3 – Diagram of patient referrals and follow-up

*Referrals or appointment coordination to the Eastern Family Planning Clinic, Planned Parenthood, Baltimore Medical System or The Access Partnership.

†Pending: waiting or rescheduled appointment.

спасибо 谢谢
GRACIAS 谢谢
THANK YOU
| ありがとうございました **MERCI**
DANKE धन्यवाद
شُكراً **OBRIGADO**