



REFUGEE **WOMEN'S**
HEALTH CLINIC

Locally Accessible.
Globally Minded.
Overcoming Barriers.
Empowering Women.

Refugee Women's Health – Special Focus on Infectious Disease

Crista E. Johnson-Agbakwu, MD, MSc, FACOG

Founder & Director, Refugee Women's Health Clinic,
Obstetrics & Gynecology, Maricopa Integrated Health System

Assistant Research Professor,
Southwest Interdisciplinary Research Center (SIRC)
Arizona State University

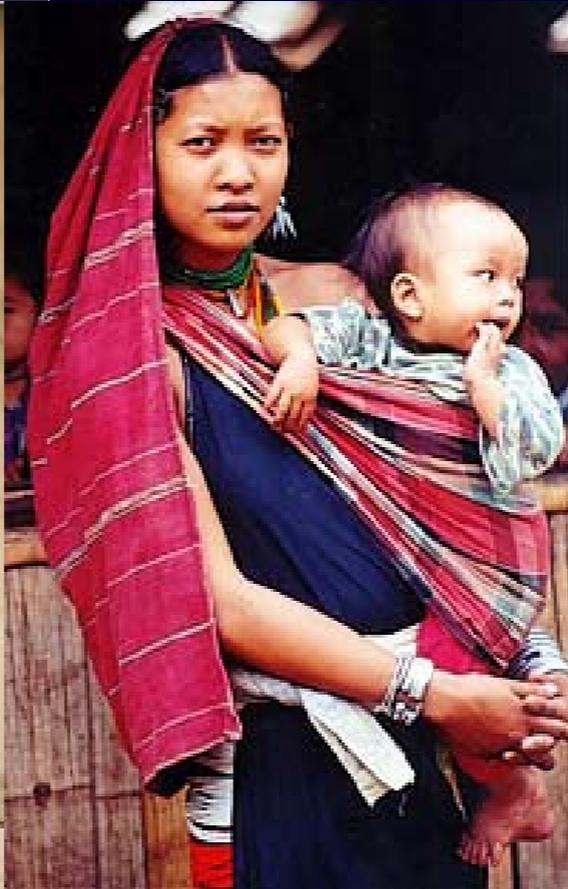
Research Assistant Professor,
University of Arizona
College of Medicine - Phoenix



Objectives

- Overview of refugee women's health
- Health disparities in infectious disease care for refugee women
 - ✓ Sexually Transmitted Infections (STIs)
 - ✓ Gender-based Violence
 - ✓ Female Genital Cutting (FGC)
- Best Practices strategies to advance health equity





Who is a Refugee?

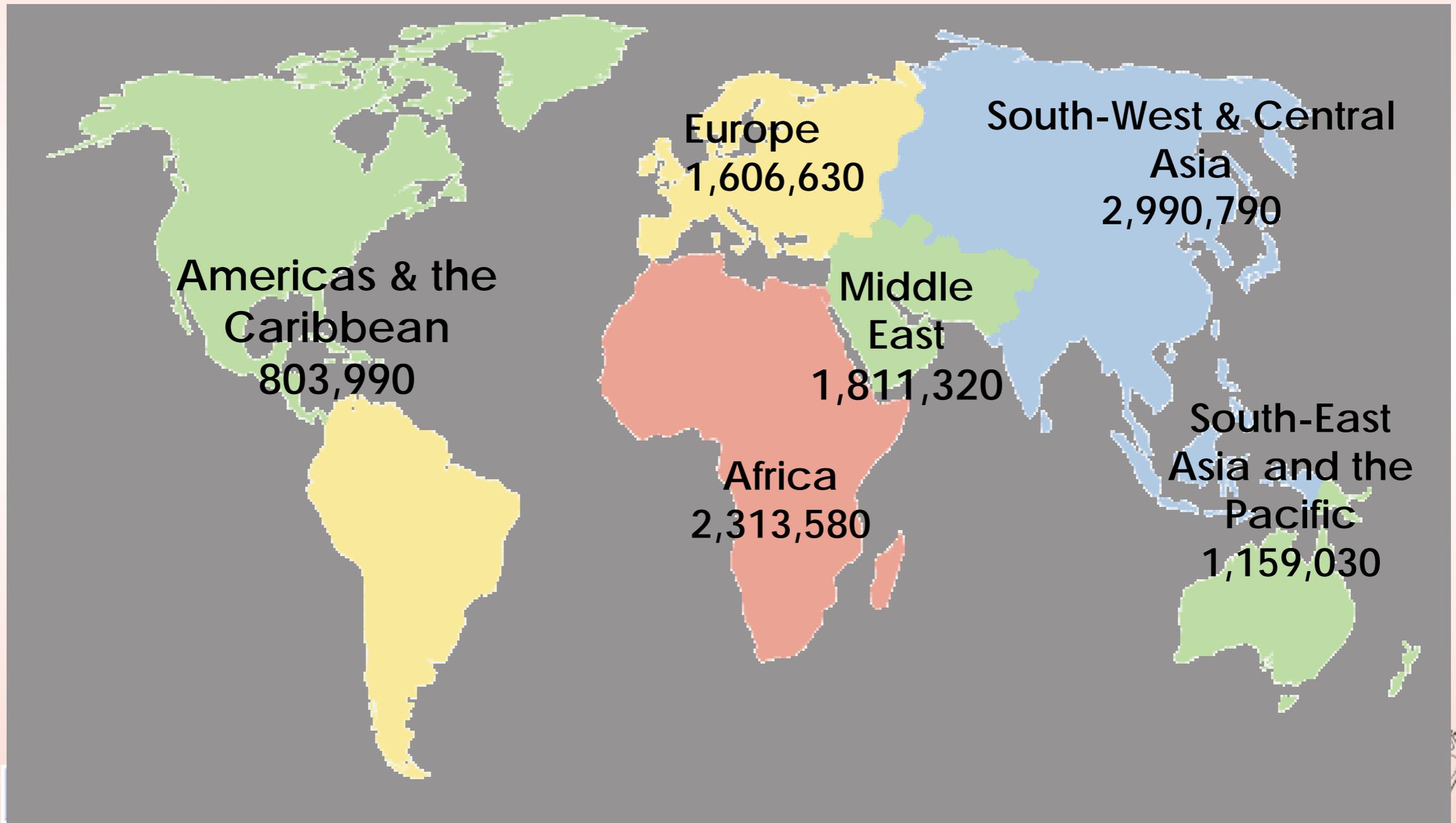
The Refugee Act of 1980

✦ A refugee is a person who is outside their home country and unable or unwilling to return due to persecution or a well-founded fear of persecution based on their:

- ✦ Race
- ✦ Religion
- ✦ Nationality
- ✦ Membership in a social group
- ✦ Political opinion



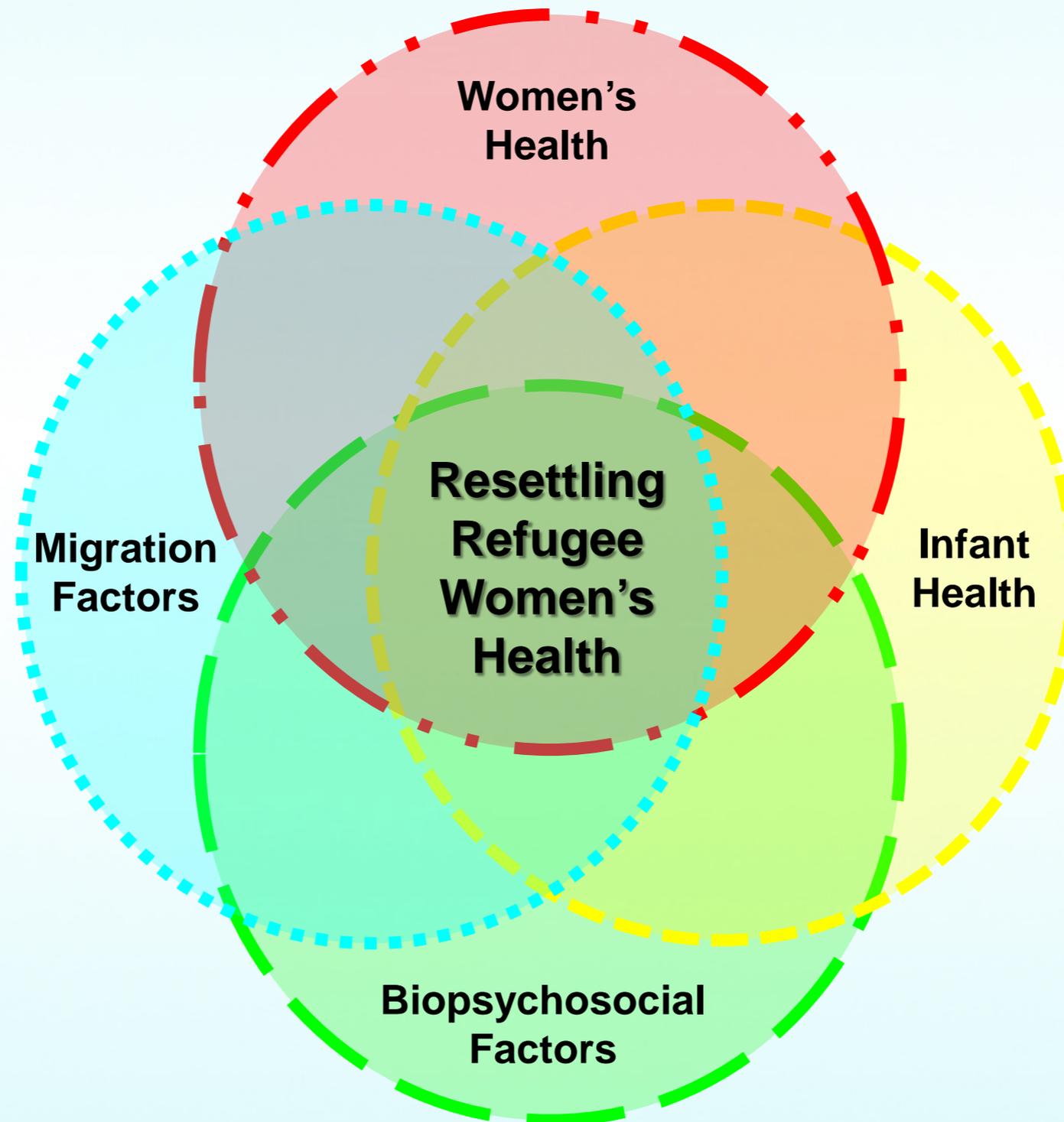
10,549,670 Refugees Worldwide



Refugee Health Disparities



Factors Related to the Health of Resettling Refugee Women



Conditions Affecting Refugee Women's Health & Well-Being

- Sexually Transmitted Infections (STIs)
- Gender-Based Violence
- Female Genital Cutting (FGC)



Short Report: Sexually Transmitted Infections in Newly Arrived Refugees: Is Routine Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infection Indicated?

- Evaluation 25,779 refugees resettled in MN between 2003-2010
- N=18,516 (72%) refugees tested for at least on STI
 - 1.1% (183/17,235) seropositive for syphilis
 - 0.6% (15/2,512) positive for Chlamydia
 - 0.2% (5/2,403) positive for gonorrhea
 - 2.0% (136/6,765) positive for HIV
 - 0.1% (6/5,873) positive for multiple STIs

Short Report: Sexually Transmitted Infections in Newly Arrived Refugees: Is Routine Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infection Indicated?

STI Screening

Characteristic	No. Screened	RHA	%
Total	18,516	25,779	71.8
Sex			
F	9,175	12,749	72.0
M	9,341	13,030	71.7
Age group, years			
<15	2,882	8,350	34.5
15-25	8,836	9,791	90.3
26-44	3,350	3,818	87.7
≥45	3,448	3,820	90.3
Region			
Middle East	259	434	59.7
Eastern Europe	796	1,145	69.5
Southeast Asia	5,172	8,783	58.9
Sub-Saharan Africa	12,289	15,417	79.7

Stauffer WM, et al. Am J Trop Med (2012)

Short Report: Sexually Transmitted Infections in Newly Arrived Refugees: Is Routine Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infection Indicated?

Syphilis

Characteristic	No. Positive	Total	%
Total	183	17,235	1.1
Sex			
F	91	8,518	1.1
M	92	8,717	1.1
Age group, years			
<15	5	2,223	0.2
15-25	50	8,552	0.6
26-44	21	3,131	0.7
≥45	107	3,329	3.2
Region			
Middle East	2	209	1.0
Eastern Europe	3	714	0.4
Southeast Asia	14	4,711	0.3
Sub-Saharan Africa	164	11,601	1.4

Stauffer WM, et al. Am J Trop Med (2012)

Short Report: Sexually Transmitted Infections in Newly Arrived Refugees: Is Routine Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infection Indicated?

Chlamydia

Characteristic	No. Positive	Total	%
Total	15	2,512	0.6
Sex			
F	7	1,187	0.6
M	8	1,325	0.6
Age group, years			
<15	0	164	0.0
15-25	12	1,172	1.0
26-44	3	681	0.4
≥45	0	495	0.0
Region			
Middle East	4	122	3.3
Eastern Europe	2	143	1.4
Southeast Asia	6	895	0.7
Sub-Saharan Africa	3	1,352	0.2

Stauffer WM, et al. Am J Trop Med (2012)

Short Report: Sexually Transmitted Infections in Newly Arrived Refugees: Is Routine Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infection Indicated?

Gonorrhea

Characteristic	No. Positive	Total	%
Total	5	2,403	0.2
Sex			
F	5	1,093	0.5
M	0	1,310	0.0
Age group, years			
<15	0	155	0.0
15-25	1	1,119	0.1
26-44	1	666	0.4
≥45	3	463	0.7
Region			
Middle East	0	123	0.0
Eastern Europe	0	138	0.0
Southeast Asia	2	848	0.2
Sub-Saharan Africa	3	1,294	0.2

Stauffer WM, et al. Am J Trop Med (2012)

Short Report: Sexually Transmitted Infections in Newly Arrived Refugees: Is Routine Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infection Indicated?

HIV

Characteristic	No. Positive	Total	%
Total	136	6,765	2.0
Sex			
F	70	3,354	2.1
M	66	3,411	1.9
Age group, years			
<15	7	1,685	0.4
15-25	49	2,728	1.8
26-44	50	1,285	3.9
≥45	30	1,067	2.8
Region			
Middle East	0	226	0.0
Eastern Europe	0	397	0.0
Southeast Asia	7	2,178	0.3
Sub-Saharan Africa	129	3,964	3.3

Stauffer WM, et al. Am J Trop Med (2012)

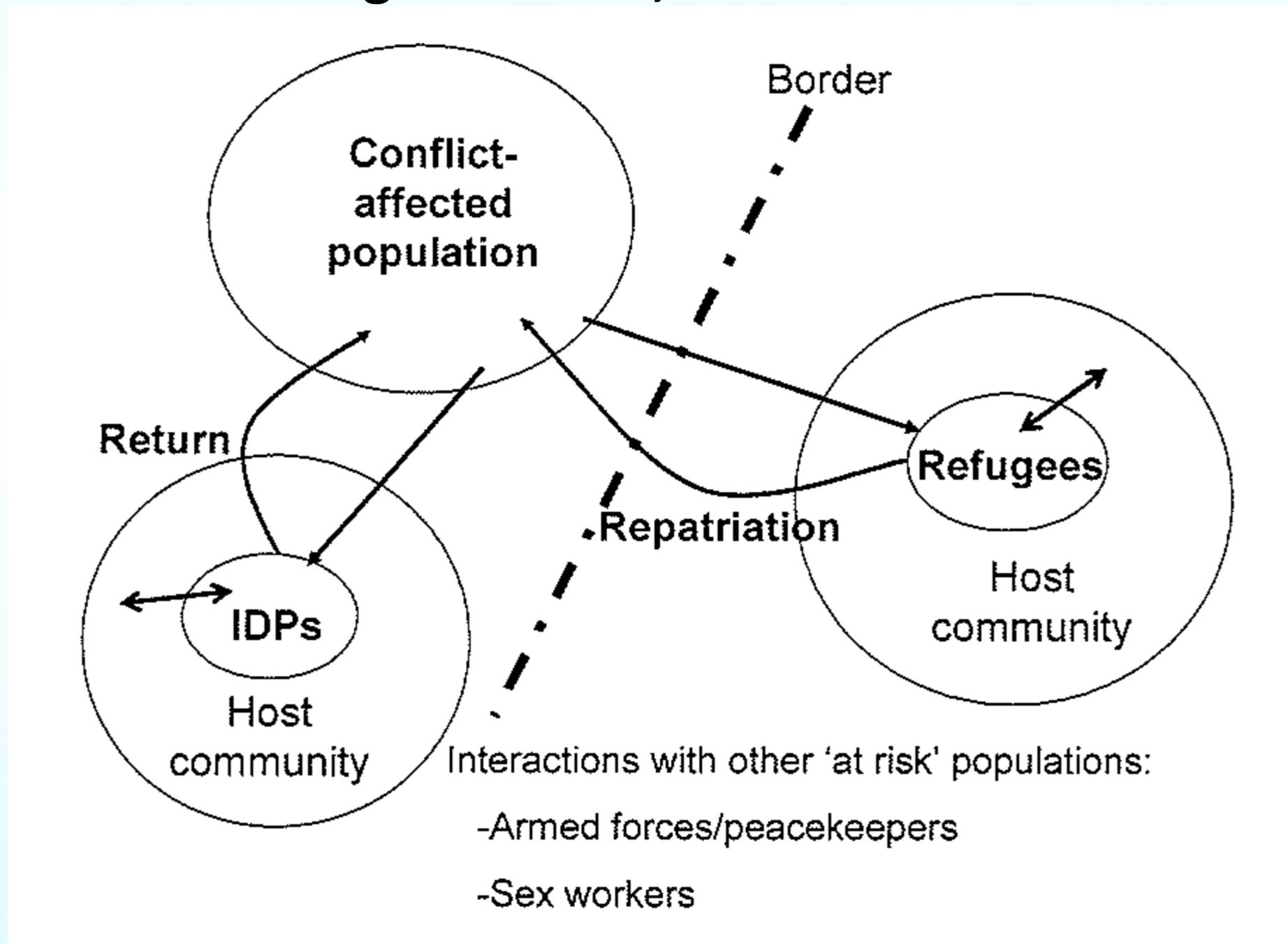
Short Report: Sexually Transmitted Infections in Newly Arrived Refugees: Is Routine Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infection Indicated?

Co-infection (*HIV and Syphilis*)

Characteristic	No. Positive	Total	%
Total	6	5,873	0.1
Sex			
F	3	2,898	0.1
M	3	2,975	0.1
Age group, years			
<15	0	1,083	0.0
15-25	2	2,634	0.1
26-44	2	1,125	0.2
≥45	2	1,031	0.2
Region			
Middle East	0	182	0.0
Eastern Europe	0	335	0.0
Southeast Asia	0	1,854	0.0
Sub-Saharan Africa	6	3,502	0.2

HIV-AIDS among Conflict-affected and Displaced Populations

Conflict is directly associated with an increase in HIV/AIDS transmission, human rights abuses, and sexual violence



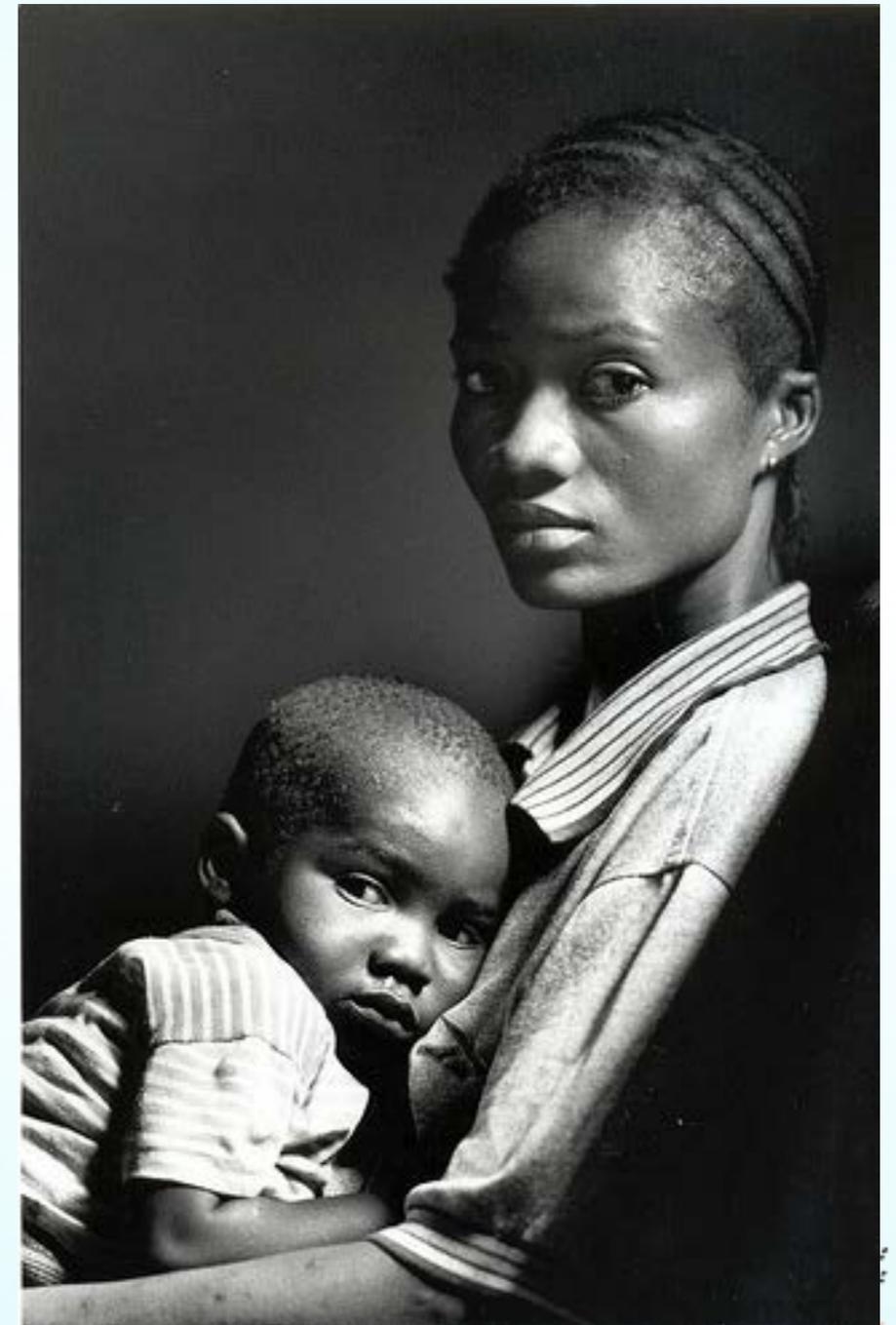
Refugee Women and HIV



- Uprooted/displaced due to war, civil unrest
- Suffer family separation/loss
- Survivors of rape, torture, gender-based violence
- Less education and economic opportunity
- Gender inequality
- Legal/human rights protections

Refugee Women and HIV

- Bear the burden of caring for ill male partners, children, parents
- Less access to community social support networks
- Girls are at greater risk of exposure to HIV
 - More vulnerable to sexual advances
 - More likely to be taken out of school than boys
- Stigma/Discrimination as refugees and misconception of HIV infection



Policies to Protect Women and Children in Conflict-Affected Settings

1. No denial of access to asylum based on HIV status
2. No mandatory HIV testing of displaced persons
3. HIV testing according to established standards (i.e. pre and post-test surveillance, support, services)
4. Procedures in place to maintain confidentiality of HIV status
5. Informed consent for disclosure of HIV status
6. Policies, laws, programs in place to combat stigma and discrimination against people living with HIV/AIDS
7. No laws prohibiting displaced persons access to public sector HIV/AIDS programs

**STOP
VIOLENCE
AGAINST
WOMEN**



Violence Against Women



- Women who are victims of sexual violence are at higher risk of exposure to HIV
 - Rape
 - Lack of condom use
 - Power imbalance in relationships
 - Women may not insist on condom use because they fear their partner will physically abuse them or leave them

Violence Against Women

- Gender-Based Violence (GBV)
 - Highly prevalent among refugee populations
 - Occurs within context immigration, acculturation, rapid changes in family/social structure
 - Arises against the backdrop of historic trauma from war and migration



Violence Against Women

- Countries with armed conflict, rape is used as a 'weapon of war'
 - Women intentionally infected with HIV
 - Torture, sexual exploitation in refugee camps
 - Women and girls forced to exchange sex for food, money, protection
- Discrimination/abandonment
 - Study in India, 90% of HIV + women infected by their husbands were blamed for their husbands' illness

Violence Against Women

- Iraqi women (n=55)
 - Controlling (93%), threatening (76%), physical violence (80%)
 - Significant association between GBV and poor physical health (40%), and psychosomatic symptoms (90%)
- Somali women (n=62)
 - Women with greater English proficiency experienced more psychological abuse and physical aggression from partners
- Nepali women (n=45)
 - Verbally insulted (75.6%), seek permission from partners to visit friends/relatives (62.2%)

Barkho E, et al (2011) J Immigrant Minority Health

Nilsson JE (2008) J Interpersonal Violence

Thapa-Oli S, et al (2009) Violence Against Women



Female Genital Cutting (FGC)



Female Genital Cutting

Tradition

- Cultural ideals femininity and modesty
- Wife/Motherhood is livelihood
- Marriageable
- Frame of reference is other women within the community



Epidemiology

- Affects 140 million women worldwide
- Africa– (28 countries), Middle East, Asia
- Each year, 3 million girls at risk for procedure
- In the U.S. more than 228,000 females have either undergone or are at risk for procedure

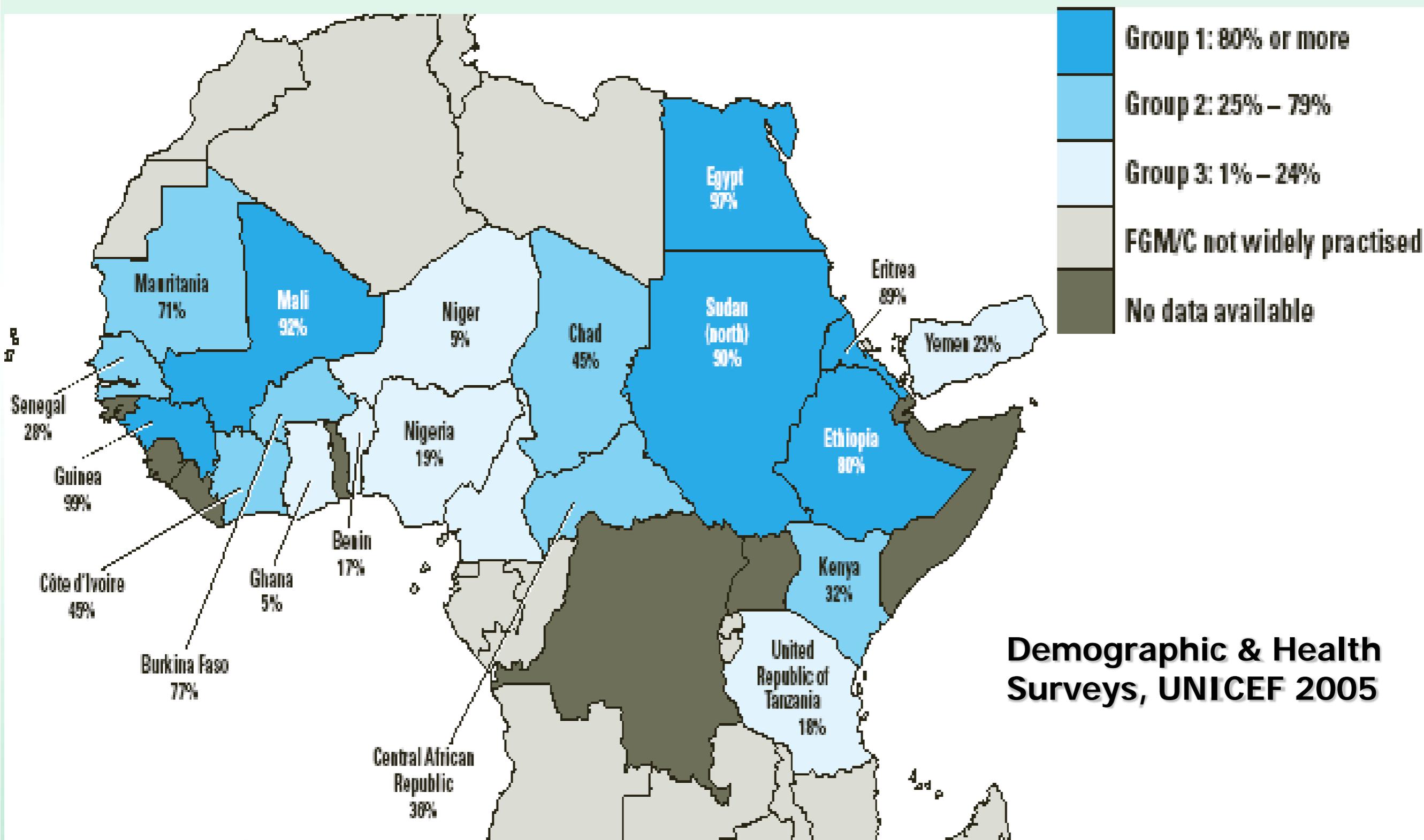


Jones, et al. Public Health Reports (12), 1997, 369-377, Wilson. Abstract. Assoc. Amer.

Geographers Annual meeting, 2003 Nour, N. African Women's Health Center, - (Data from U.S. Census 2000).



FGC Prevalence in Women Age 15-49



WHO CLASSIFICATION of FGC

- Any procedure that involves partial or total removal of external female genitalia or other injury to female genital organs whether for cultural or nontherapeutic reasons”

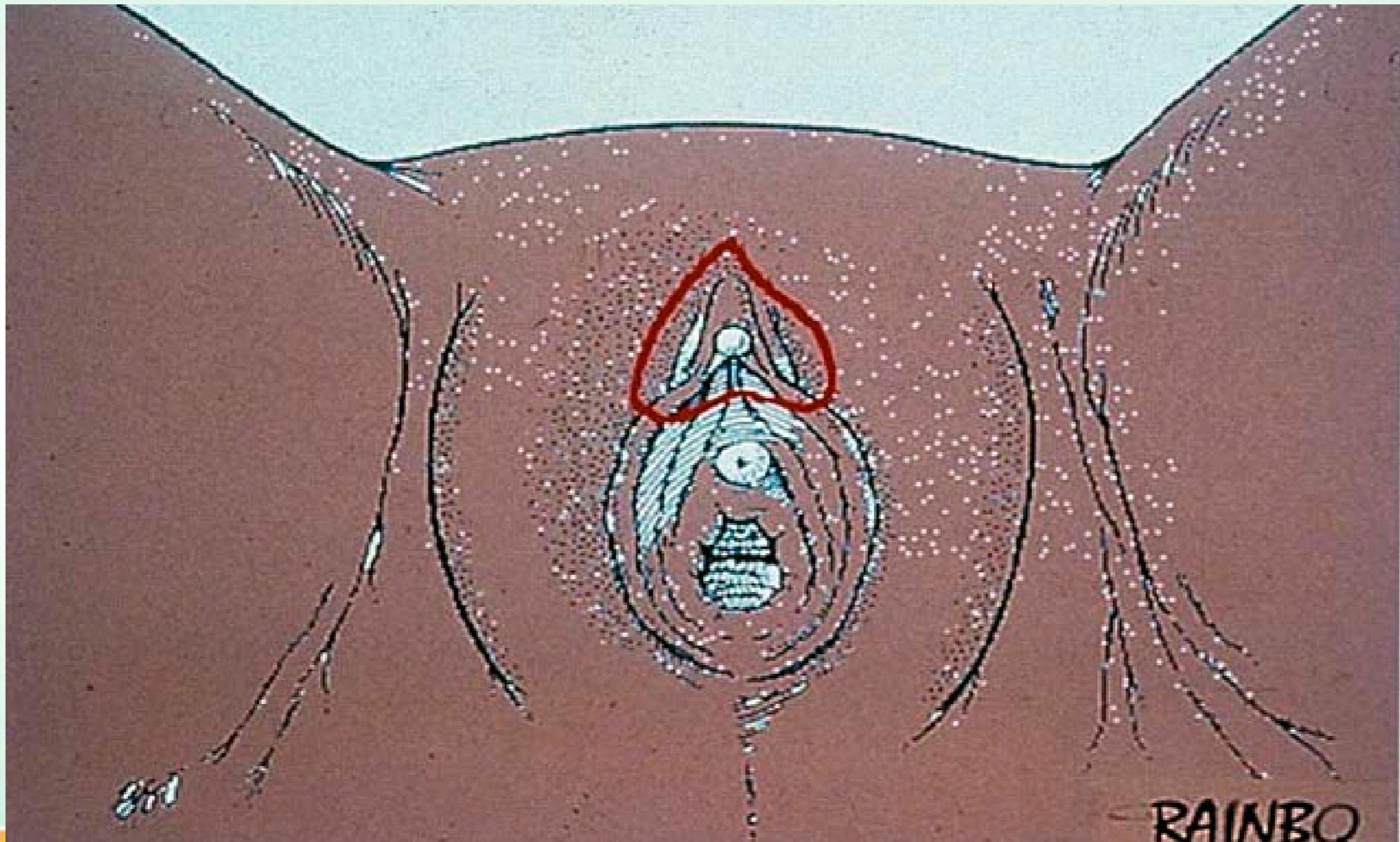


WHO. FGM. Geneva, Switzerland 1997



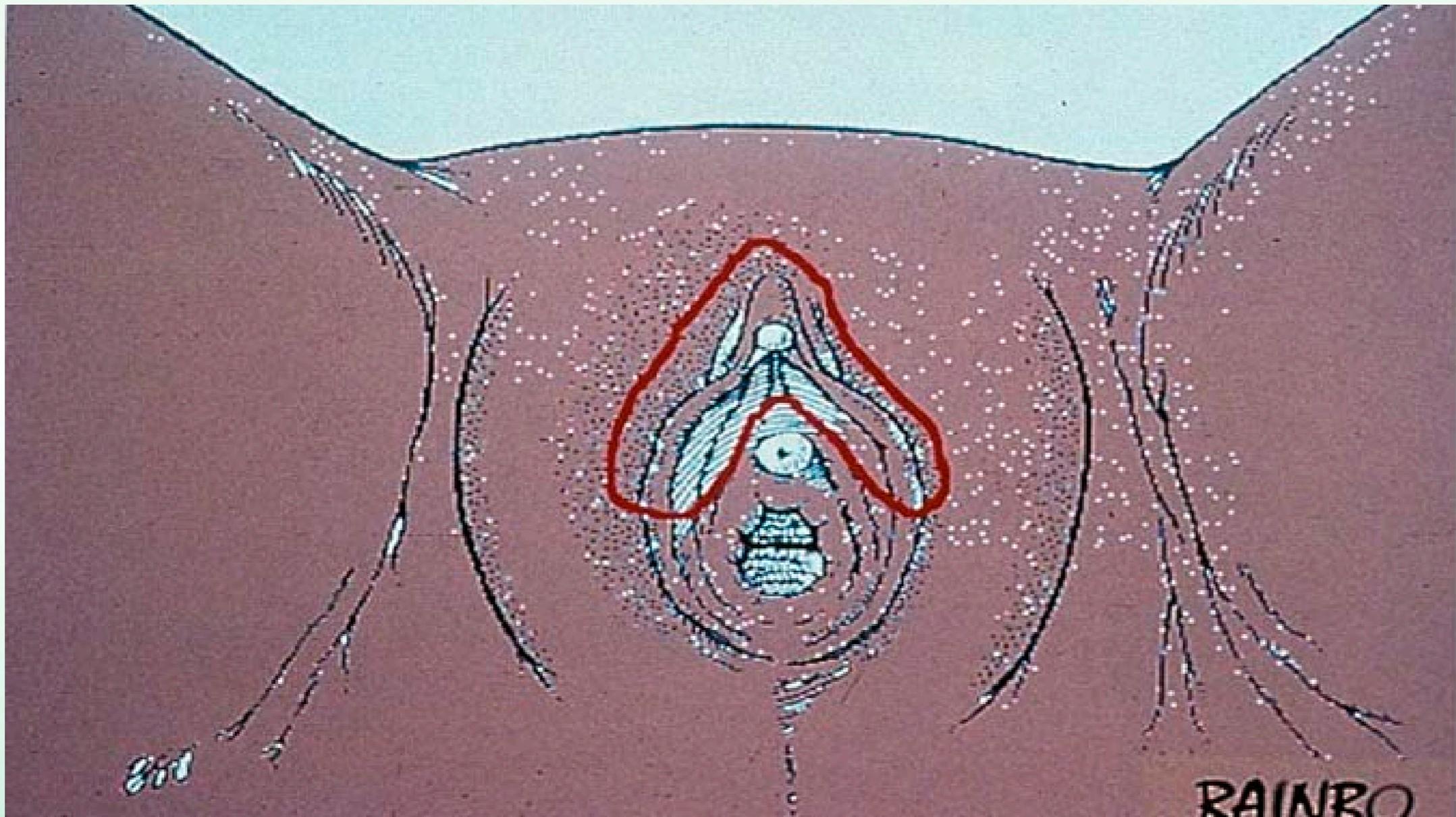
Female Genital Cutting (FGC)

Type I – Excision of prepuce with/without excision of part or all of clitoris



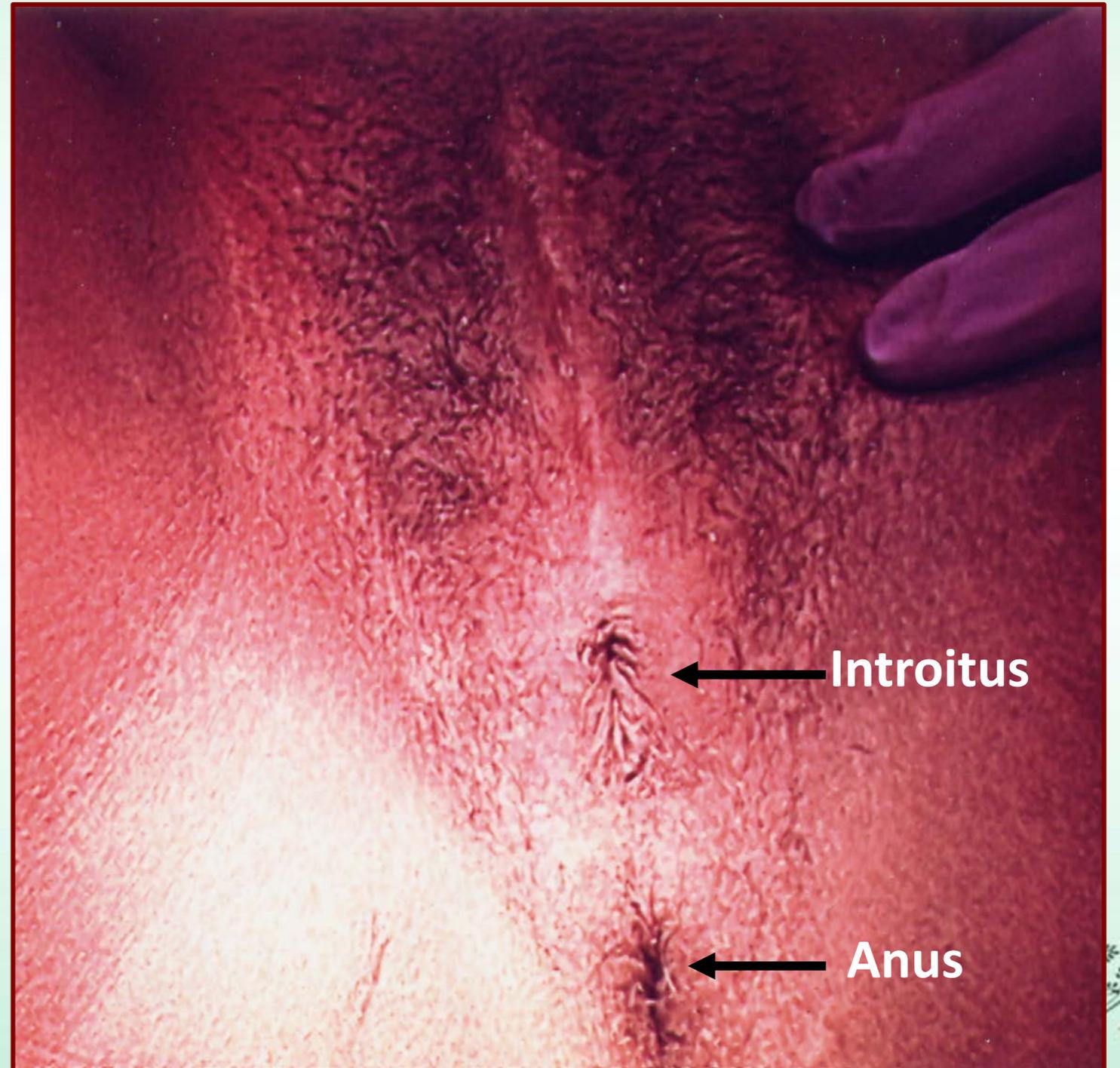
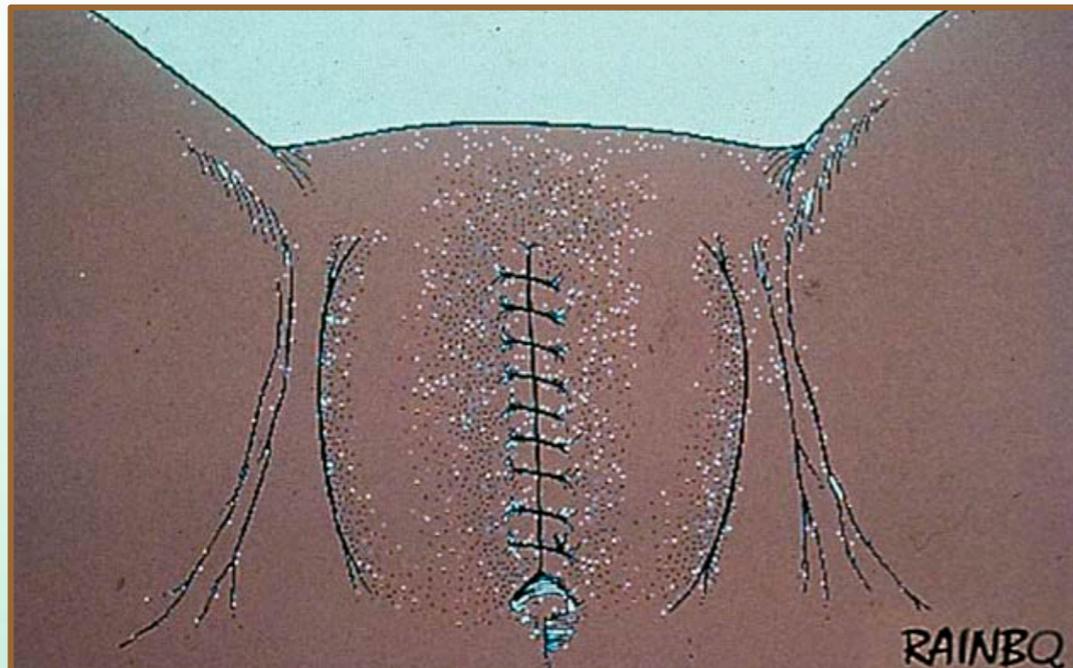
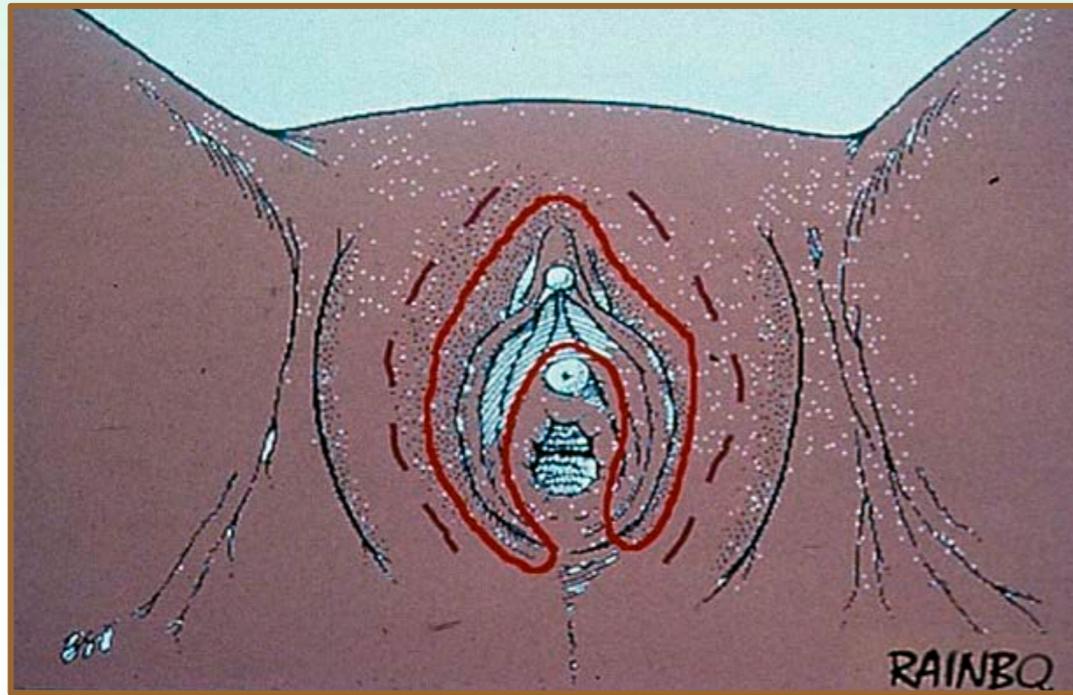
Female Genital Cutting (FGC)

Type II – Excision of prepuce and clitoris together with partial or total excision of labia minora.



Female Genital Cutting (FGC)

Type III - Infibulation



FGC and HIV Transmission

Theoretical Risks:

- Use of nonsterile/soiled equipment
- Need for blood transfusion
- Genital trauma
- Increased risk of STIs in cut women
- Sexual practices

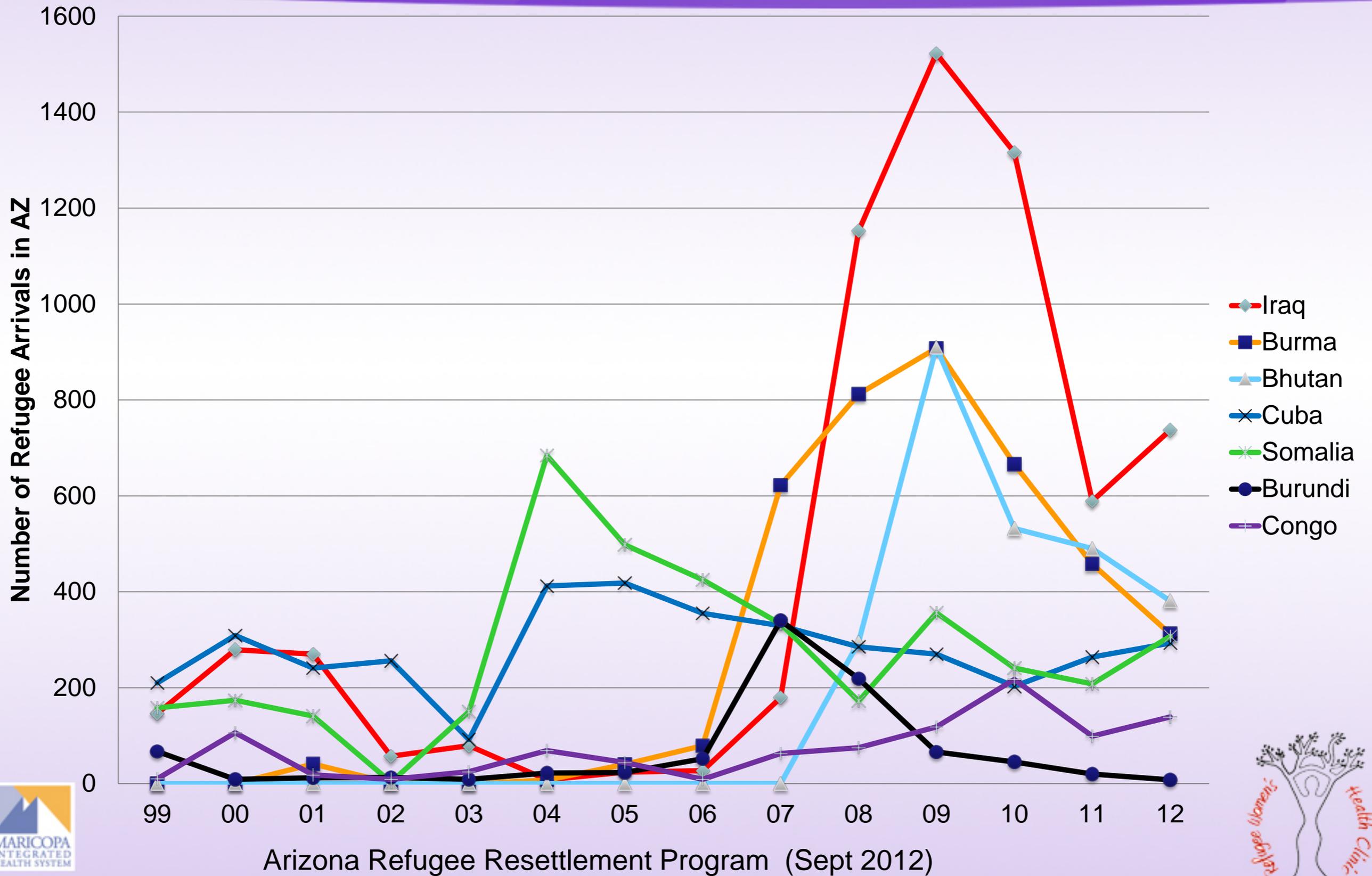


REFUGEE WOMEN'S HEALTH CLINIC

Locally Accessible.
Globally Minded.
Overcoming Barriers.
Empowering Women.

To provide culturally grounded and linguistically appropriate health services to the growing refugee and immigrant communities in the Phoenix Metropolitan area while seeking to reduce/eliminate health disparities and cultural barriers to care.

Refugee Resettlement Trends in Arizona 1999 - 2012





REFUGEE WOMEN'S HEALTH CLINIC

Locally Accessible.
Globally Minded.
Overcoming Barriers.
Empowering Women.



Key Values

- Locally Accessible
- Globally Minded
- Overcoming Barriers
- Empowering Women

LOCALLY ACCESSIBLE.
GLOBALLY MINDED.

Helping refugee women navigate the healthcare system and increase health seeking behavior



OVERCOMING BARRIERS.

Providing culturally & linguistically grounded quality healthcare to a growing refugee & immigrant community



EMPOWERING WOMEN.

Eliminating myths surrounding labor & delivery and preventative health services



MARICOPA INTEGRATED HEALTH SYSTEM
REFUGEE WOMEN'S HEALTH CLINIC

2601 E Roosevelt St
Phoenix, AZ 85008
602.344.1445

mihs.org/rwhc



LOCALLY ACCESSIBLE. GLOBALLY MINDED.

Helping refugee women navigate
the healthcare system and
increase health seeking
behavior



Locally Accessible. Globally Minded.

Refugee Women's Health Clinic

- Priorities are community-driven
- Hired staff are from the refugee community
- Culturally/linguistically appropriate interpreters
- In-service cultural sensitivity training for medical staff



LOCALLY ACCESSIBLE. GLOBALLY MINDED.

Helping refugee women navigate the healthcare system and increase health seeking behavior



Live, In-Person Interpretation in More Than 13 Languages:

- Burmese
- Arabic
- Somali
- Chin
- Swahili
- Maay Maay
- French
- Oromo
- Kirundi
- Amharic
- Kinyarwanda
- Nepali
- Farsi

39 Countries Served

	Burma (Myanmar)	Togo	
	Somalia	Vietnam	
	Burundi	Iran	
	Ethiopia	Kenya	
	Iraq	Russia	
	Bhutan	Cameroon	
	Liberia	Ghana	
	India	Albania	
	Nigeria	Afghanistan	
	Democratic Republic of Congo	Eritrea	
	Egypt	Ivory Coast	
	S. Sudan	Morocco	
	Central African Rep	Guinea	
	Cuba	Syria	
	Libya	Rwanda	
	Palestine	Pakistan	
	Sierra Leone	Lebanon	
	Nepal	Uzbekistan	
	N.Korea	Chad	
		Angola	

Clinic Locations & Hours of Operation:

MAIN CLINIC

Refugee Women's Health Clinic
Comprehensive Health Center
Women's Care Center, 2nd Floor
2525 E. Roosevelt Street
Phoenix, Arizona 85008

Mondays 12:30 – 6:00pm
Wednesdays 1:00 – 5:00pm
Thursdays 8:00 – 5:00pm

MARYVALE CLINIC

4011 N 51st Ave
Phoenix, AZ 85031

Tuesdays 8:00 – 12:00pm



RWHC PROVIDERS



Crista Johnson-Agbakwu, MD, MSc, FACOG
Director, RWHC

RWHC OB/GYN Providers

Crista Johnson-Agbakwu MD, MSc, FACOG
Jennifer Baumbach MD, FACOG

RWHC Certified Nurse Midwives

Lynn Kennedy, DNP, CNM
Lisa Stahr, CNM, MPH



Jeanne Nizigiyimana, MA, MSW
Program Manager, RWHC

Cultural Health Navigators

Daisy Cone
Owliya Abdallah
Nahida Abdul-Razzaq
Massa Fanbulleh
Venant Vyamungu

Medical Assistant

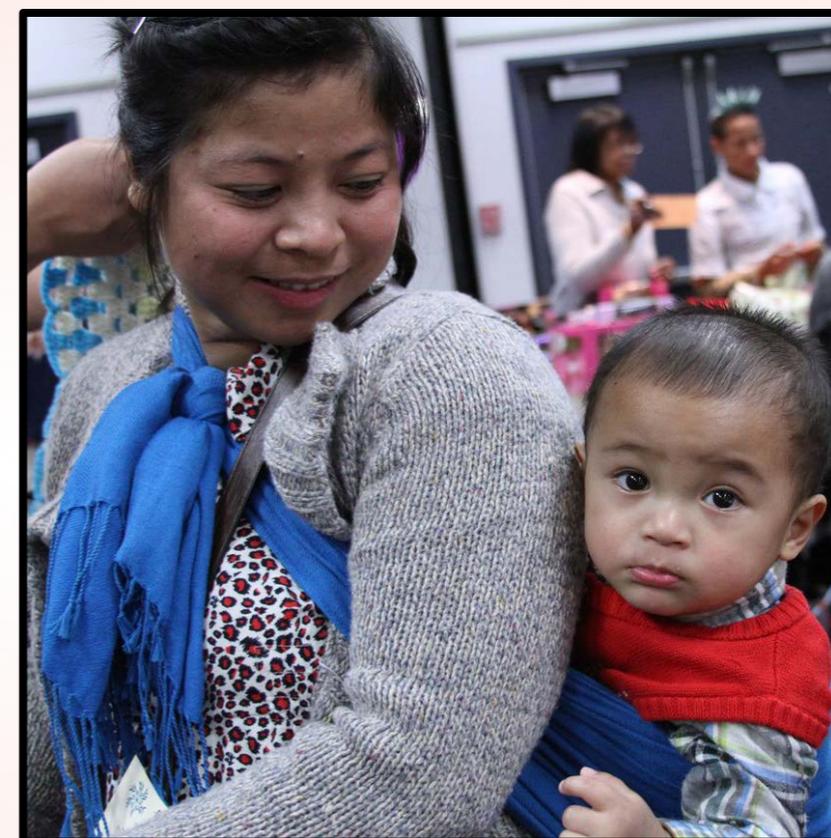
Asheraka Boru

RWHC SUPPORT STAFF



Pediatric Refugee Clinic

Advocacy, Care Coordination, Patient Navigation



- Developmental delay
- Medically complex cases
- Breastfeeding support
- Immunization
- Well Child care
- Connection with community resources

OVERCOMING BARRIERS.

Providing culturally sensitive healthcare to a growing refugee & immigrant community



Overcoming Barriers

Intensive Care Coordination

- Home visits as needed
- Patients reminders of appointments
- Coordination of transportation services
- Accompanying patients to various services on MIHS campus (i.e. radiology, pharmacy, lab, ER, L&D, etc)
- Insurance coverage assistance
- Advocacy to various social services as needed
- Alternative child care plans for inpatient moms
- Live, in-person interpretation whenever feasible
- Cross referrals from Family Health Centers
- Care coordination with health plans' case managers



EMPOWERING WOMEN.

Eliminating myths surrounding labor & delivery and preventative health services



Empowerment Tools

RWHC Communication Card

I am receiving care at
Maricopa Medical Center

Please, take me there!

**2601 E. Roosevelt St.
Phoenix, AZ 85008**

Labor and Delivery: 602-344-5451

Refugee Women's Health Clinic: 602-540-6469



Refugee Women's Health Clinic

Program Manager: Jeanne Nizigiyimana, MA, MSW

Medical Assistant: Halima Abdirazak

OB/GYN Providers:

- ◇ Crista Johnson, MD, MSc
- ◇ Jennifer Baumbach, MD
- ◇ Susan Yount, PhD, CNM, WHCNP, RN
- ◇ Lynn Kennedy, CNM

Days of operation: Mondays, Wednesdays and
Thursdays

Comprehensive Health Center-Women's Care Center
2525E. Roosevelt, 2nd floor-Phoenix, AZ 85008

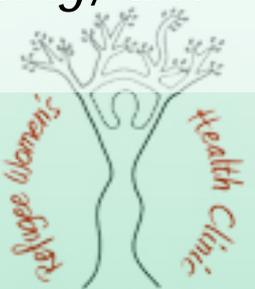


Refugee Women's Health Community Advisory Coalition

"To Empower, Mentor, Connect and Reshape"

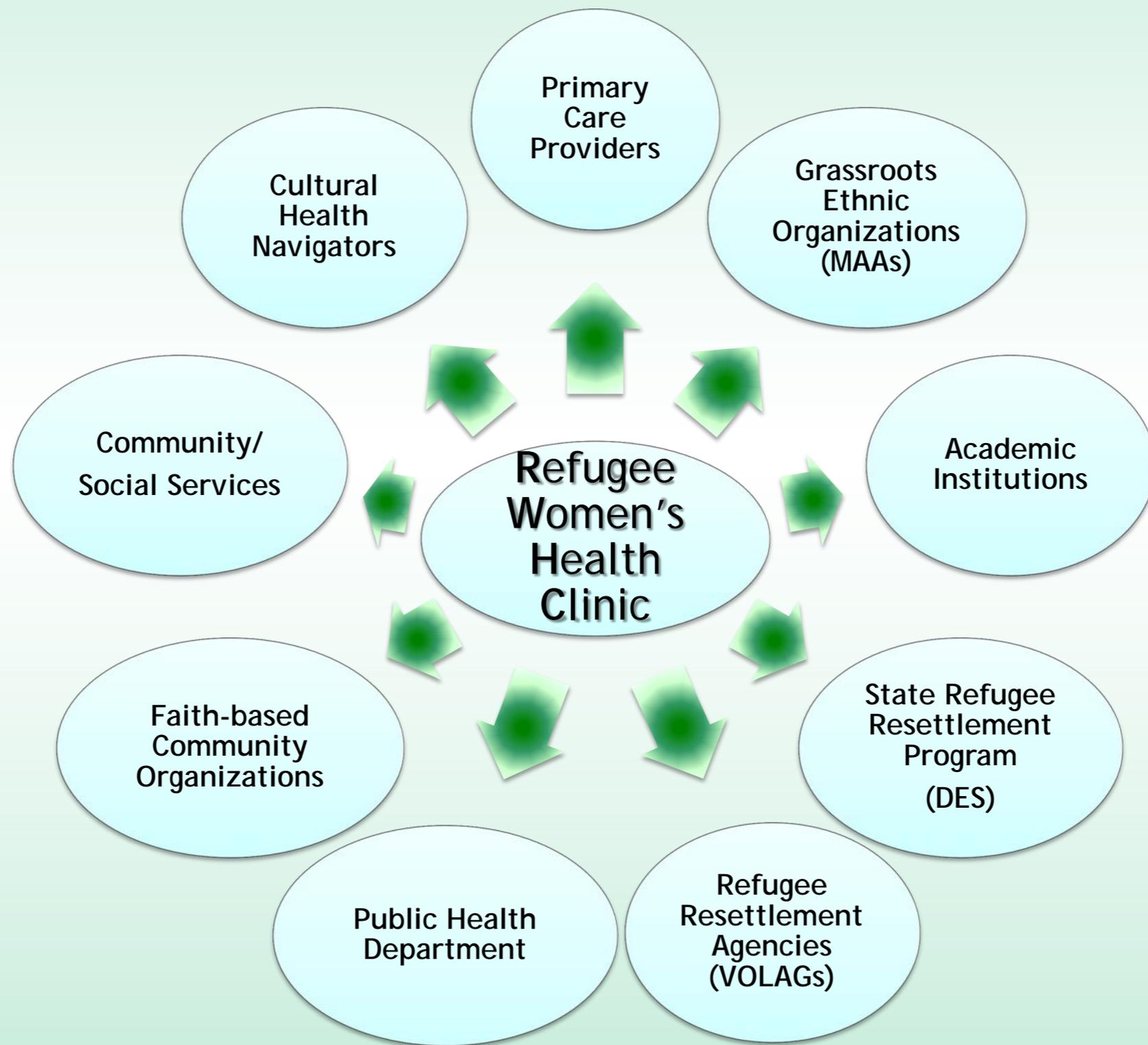


The Refugee Women's Health Community Advisory Coalition (RWHCAC) is comprised of community stakeholders who are co-equal partners with the RWHC in empowering, mentoring, connecting, and reshaping the lives of refugee women towards improved health and well-being.



Empowering Women

Community Partnerships



The Refugee Women's Health Clinic

A Patient-Centered Medical Home

This is achieved through:

- Enhanced access to care
- Intensive Care Coordination and Case management
- Continuity of Care
- Integrated team-based approach to health care delivery
- Cultural Sensitivity
- Partnered Community Engagement
- Patient Empowerment and Trust



Integration

Clinical Care, Community, and Research



Engaging Refugee Communities



Infectious Disease Initiative

- Ryan White Part A HIV/AIDS Program provides Cultural Patient Navigators to enhance health care services for HIV+ refugee patients



At RWHC, We Care About Our Patients

Hands-On Patient-Centered Approach



Provide Culturally Sensitive Care in a safe, accessible environment

Meet the Language Needs



Improved Reproductive Health Outcomes



Build trust by engaging patients & their community

Empower Women & Improve Health Literacy



Promoting Cultural Competency



The Influence of Culture on Health

- Strategies to reduce/eliminate health disparities must reflect the importance of culture
- Cultural beliefs influence:
 - How patients perceive their bodies, convey reactions to illness, and communicate symptoms regarding their health
 - What they deem as desirable vs. undesirable treatment options
 - When they decide to seek medical care
- Knowledge of how cultural issues play a role in health behavior can enhance the patient-provider relationship and affect patient outcomes

Culturally Sensitive Care

- Engender Trust
- Continuity of care
- Female Providers
- Structural barriers to health care access
 - Transportation
 - Lapses in Health insurance coverage
 - Long wait-times, rushed through visit
- Involvement of partner/spouse
- Cultural Health Navigators



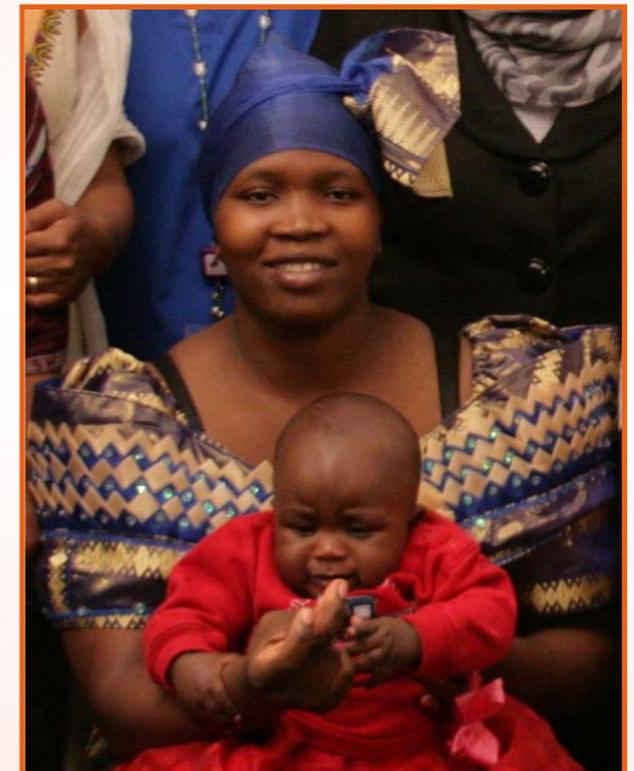
Culturally Sensitive Care

- Effective use of interpreters
- Respect for modesty
- Understand cultural/traditional practices
- Religious observances
 - i.e. Ramadan during pregnancy
- Anticipatory guidance
- Coordination of care
- Case management



Encourage Asset-Based Approach to Health & Wellness

- Supportive family/social interactions
- Community-centered values
- Sharing within the cultural unit
- Resiliency
- Maintaining strong cultural beliefs



Advocacy for the Health and Human Rights of Refugee Women

- Promote and Protect Women's Human Rights
- Empower women to take control of their own lives
- Promote gender equality
- Involve men in behavior change that puts their partners at risk for STIs
- End all forms of gender-based violence
- Build awareness of increasing global impact of HIV/AIDS on women and girls

Thank You!

