HIV in Migrant Women

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A force for health justice for the mobile poor
Disclosure and Disclaimer

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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.
Objectives

1. Understand that mobility is not an impediment to effective HIV treatment

2. Recognize the role that sexual violence plays as a source of trauma in transit for migrant women that increase risk for HIV and negative health behaviors.

3. Understand the importance and availability of virtual bridge case management and continuity of care for HIV+ migrant women
The “Recent” Story of Migration

- A growing world economy
- Improved transportation and communication
- Rapid dissemination of information
- Ease of movement
- Increasing social inequality
Global Flow of People

http://www.global-migration.info/
Migrant Considerations

• Environment in which migrant women seek HIV care is a patchwork of geographically static health delivery sites, with varying payment structures and eligibility guidelines.

• Involves increasingly diverse populations moving rapidly between locations.
Globalization
In 1990 120 million people lived outside their country of birth
In 2006 there were 191 million international migrants.

\[ \text{3\%} \]
≈248 million international migrants in 2016

There are 232 million people living outside their country of birth, including myself.

All of us are part of a productive global economy that benefits our world as a whole.

— BAN KI-MOON
UN SECRETARY-GENERAL

#IAmAMigrant
Movement of Populations

1. Voluntary vs Involuntary

2. Anticipated vs Unanticipated

3. Regular vs Unofficial
various phases:
✓ during transit,
✓ in destination communities,
✓ in communities of departure and return

Mobility and vulnerability
Migration presents both...

Vulnerabilities

Opportunities
Migration...

- Changing the demographics of the US
- Unprecedented growth in non-traditional receiving areas
- Isolation from social networks, social service and healthcare providers
Risk Factors for HIV

- Sexual contact with an infected person,
- Sharing works with someone who is infected,
- Blood transfusions in home countries before universal precautions were begun.
Unique Risks to Migrant Women

- Limited social network
- Substance use to combat loneliness and fear
- Survive as sex workers
- Exchanging sex for food, shelter, drugs, or money
The risk most frequently reported by migrant women is sexual violence.
Often presumed that the “average” migrant woman would engage more or less frequently in risky forms of sexual behavior in comparison with an individual belonging to the domestic population.
HIV Prevention

• Migrants are in a socio-cultural context substantially different from their frame of reference.
• The feeling of being an “alien” may continuously be present.
• This feeling strengthened by linguistic to the domestic population.
HIV Prevention

• Bad economics may induce a person to offer paid sexual services.

• Selling sexual services as a strategy to survive is not uncommon amongst migrants the world over.
HIV Prevention Barriers

• Barriers to effective HIV treatment and prevention for women in one group may not be the same for another

• Despite differences, migrant women share a number of the same overall characteristics
Migration causes discontinuity and loss of familiarity
Caring for migrants

Because young women tend to present infrequently unless it is for prenatal care, MCN recommends that young women be offered HIV screening during any visit.
Retaining Migrant Women in Care

• Educate at the time of diagnosis about the benefits of care

• Establish the systems to:
  – assist HIV+ women to start medical care immediately after DX,
  – support long-term retention in medical care, and
  – re-engage women into medical care

• Offer patient navigation and case manage.
Effective HIV care with migrant women

- With “uncomfortable topics” most often the provider that is the most uncomfortable!

- If you are “professional and open” with your questioning—the patient will be much more forthcoming.
Understanding the care geography

Unauthorized migrants are eligible for most safety net systems

Differences in care structure

Differences in payment structure
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.
Self Management

“The individual’s ability to manage the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition.”
Recommendations for effective HIV risk assessment with migrant women

Medical history questions

Client Health History and Risk Assessment Forms

- Ask about number of people with whom she has had sex lifetime/past six months
- Ask if the person she has sex with has sex with other people
- Ask if she or the person she has sex with uses IV drugs
- Ask about condom use—including how often
- Ask if she has sex with men/women/both?
Migrants are eligible for both Health center and RWP.

If you identify women 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 her in HIV care as she moves.

The need to migrate should not be an impediment to care.
Bridge Case Management

Ongoing communication
Toll Free Access

Patient Care Coordination Services
Expert Bilingual & Culturally Competent Staff

Health Provided to Mobile Patients
Store & transfer medical records

Easy Enrollment
Contacts patients on a scheduled basis (monthly for HIV patients/ dependent on travel plans)

Contacts clinics monthly

Assists patients in locating clinics for services and resources. Transportation/Scheduling

Reports back to the enrolling clinic and notifies them of health status or outcomes
Summary

- Multiple, complex reasons for migrating
- Working in multiple segments of the labor market, including agriculture and all regions of the country
- Sexual violence is the number one risk factor
- Systems are still not designed for effective care of mobile populations
- Care for migrants can be structured