

# A Smaller Version Serving African Immigrants in Idaho

Ryan White HIV/AIDS Program Grantee Meeting  
Tuesday, August 26<sup>th</sup>, 2008

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- ◆ The mission of the HIV Services Clinic is to provide quality and compassionate care to anyone infected or affected by HIV by building a supportive community response, providing patient centered comprehensive medical care, and increasing access.

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**Who we are....**

- ◆ Located in Boise, ID
- ◆ Only HIV clinic in the state of Idaho
  - Satellite clinic run in Pocatello
- ◆ 440 patients in 2007
  - Approximately 60 new patients a year
- ◆ Part C funded
- ◆ Established clinic in 1998

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**Patient Demographics**

- ◆ 75% White
- ◆ 78% Male
- ◆ 72% are under 200% of federal poverty level
- ◆ 32% uninsured
- ◆ 53% MSM or MSM and IDU

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## Services

- ◆ Primary HIV medical care
- ◆ Medical case management
- ◆ Mental health
- ◆ Free HIV testing
- ◆ Oral health referrals
- ◆ Specialty referrals
- ◆ Clinical trials

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## A New Population

- ◆ 18 new refugee patients since 2006
  - 12 of African descent
  - Countries of origin include Rwanda, Kenya Democratic Republic of Congo, Eritrea
  - Over 50% of African American patients seen have immigrated from Africa

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## Demographics

- ◆ 7 women
- ◆ 5 men
- ◆ Ages ranging from 7-52
- ◆ Risk factors
  - 11 heterosexuals
  - 1 perinatal transmission

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## Medical Information

- ◆ Average CD4 count upon entry into care 214
  - Lowest being 63, highest 414
  - 5 AIDS diagnoses
- ◆ Average viral load upon entry 25,304
  - Lowest being 459, highest 147,789

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## Other Information

- ◆ All started on HAART within two months of clinic entry
- ◆ Two of the seven women gave birth in the first year
- ◆ Four of the six women tested had abnormal PAP smears
  - Two required hysterectomy

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## A Patient's Perspective

- ◆ Language is biggest barrier to care
- ◆ For the first few months of relocation they must focus on school, learning English and getting a job
- ◆ Navigating daily living activities takes a back seat to care
- ◆ Communication barrier relates to overall understanding of HIV and adherence.
- ◆ Medical care is scary!!

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## Barriers to Care in Idaho

- ◆ Community support
- ◆ Language/translation services
- ◆ Lack of mentoring
- ◆ Complex public systems
- ◆ New healthcare system

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## Community Support

- ◆ Large populations of Somali Bantu and Burundians in Boise
  - All of our HIV + immigrants were of other countries of origin with no substantial communities
- ◆ Stigma of HIV/AIDS remains extremely strong
  - In all communities many live in fear of disclosure of their status
  - Smaller groups feel this more acutely
- ◆ This remains a barrier for accessing community support and medical care

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## Translation Services

- ◆ African languages and dialects are diverse and specific refugee communities are closely knit and therefore an individual will most likely know the interpreter
  - May have a positive or negative impact
  - Most difficult to access are Kirundi, Lingala, and Oromo

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## Mentoring

- ◆ In the Boise area when refugees first arrive they receive mentoring through their resettlement agency
  - Additional mentoring maybe provided by a volunteer from the community
  - No HIV or healthcare mentoring is available through these programs

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## Public Systems

- ◆ Medicaid, food stamps, housing assistance programs are complex and difficult to access even for the general population
  - Time limited case management through resettlement agencies
  - Time limited Medicaid eligibility

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## Lessons

- ◆ Community support
  - Working with identified elders and community leaders on HIV education
  - Cross-community support
- ◆ Translation services
  - Establish a primary interpreter
  - Use French if applicable
  - Interpreter network  
[www.boiseinterpreters.com](http://www.boiseinterpreters.com)

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## Lessons

- ◆ Mentoring
  - Create HIV peer mentoring which often works even cross-communities
- ◆ Public systems
  - Case Management and social service support is crucial especially in transition periods

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## Lessons

- ◆ Medical care
  - Establishment of trust
  - Multi-disciplinary approach
  - Consider barriers to treatment initiation
    - ◆ Social stability
    - ◆ Kids and dependents
  - Mentoring in healthcare system access and expectations
  - Adherence monitoring

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## Conclusions

- ◆ Don't forget about the little things we take for granted
  - Day to day activities
  - Access to care
- ◆ Utilize volunteers
  - Patient advocates must be incorporated into their care
- ◆ Trust is essential
  - As a staff we must learn how to create trust and communicate across cultures

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## What we are still learning

- ◆ A team approach is a must!!
  - Work with the community agencies to teach them to teach themselves
  - Evaluate medical knowledge
  - Provide long-term training and education as refugees enter care
  - HSC intra-staff communication must be consistent and documented

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Thank you for your time!

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