

# Specialized Services for Individuals Living with HIV

A Focus on Health and Literacy

**Valleywise Health**

Jeanne Nizigiyimana

Justin Stewart

Magadeline Munezero

5<sup>th</sup> Annual Arizona Health Literacy Conference  
September 19, 2024

# Objectives

- ❑ Learn about Valleywise Health and Services available for Individuals Living with HIV.
- ❑ Explore areas of need for sustained programs that support individuals living with HIV.
- ❑ Learn about HIV and Refugees in USA.
- ❑ Hear about the Integration of Refugees into HIV programs: Cultural Health Navigation model at the Center for Refugee and Global Health.
- ❑ Define some Clinical and Cultural Considerations.
- ❑ Identify Best Practices in promoting Health Equity for Individuals Living with HIV.

# Valleywise Health

Our mission **is to provide exceptional care, without exception, every patient, every time.**

- Refugee Women's Health Clinic
- Refugee Pediatric Clinic
- Refugee Family Medicine (IM-SPX)
- McDowell Clinic for Individuals Living with HIV.
- Specialty Care Services including Behavioral Health Services

**Valleywise Health Medical Center**  
2601 E. Roosevelt St.,  
Phoenix, AZ 85008  
Book Appointment (602) 344-5011

**Valleywise Comprehensive Health Center**  
**Peoria**  
8088 W. Whitney Dr.,  
Peoria, AZ 85345  
Book Appointment (833) 855-9973

Valleywise Comprehensive Health Center  
Phoenix (Peds, Women's and Internal  
Medicine)  
2525 E. Roosevelt St.,  
Phoenix, AZ 85008

**Valleywise Community Health Center West  
Maryvale**  
7808 W. Thomas Rd.,  
Phoenix, AZ 85033  
Book Appointment (833) 855-9973

Valleywise Community Health Center  
South Central Phoenix  
33 W. Tamarisk St.,  
Phoenix, AZ 85041  
Book Appointment (833) 855-9973

Valleywise Community Health Center  
-McDowell  
1101 N. Central Ave., Suite 204  
Phoenix, AZ 85004  
Book Appointment (833) 855-9973



## Valleywise Health implemented Cultural Health Navigators (CHNs) Model to promote Health Equity

# HIV 101 Education

## What is HIV?

- HIV is a virus that attacks the body's immune system, specifically the CD4 cells (T cells) that help fight off infections. If left untreated, HIV can lead to AIDS, a condition where the immune system is severely weakened.
- HIV is transmitted through contact with certain body fluids from a person with HIV, including blood, semen, vaginal fluids, and breast milk. Common transmission routes include unprotected sexual intercourse, sharing needles, and mother-to-child transmission during pregnancy, childbirth, or breastfeeding.
- HIV is not transmitted through casual contact, such as hugging, shaking hands, or sharing food and drinks. It is also not transmitted through saliva, sweat, or tears.

## How is HIV tested?

- HIV testing is the only way to know if you have HIV. There are several types of HIV tests, including blood tests, oral fluid tests, and rapid tests. Most tests can detect HIV within a few weeks of infection.
- HIV testing is confidential and free of charge at many community health centers, clinics, and testing sites. It is important to get tested regularly, especially if you are sexually active or have shared needles.

## What are the symptoms of HIV?

- Many people experience flu-like symptoms within 2-4 weeks of infection, known as acute HIV infection. These symptoms can include fever, fatigue, swollen lymph nodes, and a rash.
- Some people may experience chronic HIV infection, which can lead to a long-term, low-level infection. Symptoms may include persistent fatigue, weight loss, and recurrent opportunistic infections.

## How can HIV be prevented?

- HIV can be prevented by using barrier methods (condoms) during sexual intercourse, avoiding sharing needles, and getting tested regularly. There are also medications available to prevent HIV infection, known as PrEP (Pre-Exposure Prophylaxis).

# HIV 101 Education

## What is HIV?

### What is HIV?

- ☐ HIV is a virus that attacks the body's immune system. It is spread through contact with certain body fluids from a person with HIV, such as blood, semen, vaginal fluids, and breast milk.
- ☐ HIV can be spread through sexual contact, sharing needles, and from mother to child during pregnancy, childbirth, or breastfeeding.

### How is HIV spread?

- ☐ HIV is spread through contact with certain body fluids from a person with HIV, such as blood, semen, vaginal fluids, and breast milk.

## How is HIV spread?

### How is HIV spread?

- ☐ HIV is spread through contact with certain body fluids from a person with HIV, such as blood, semen, vaginal fluids, and breast milk.
- ☐ HIV can be spread through sexual contact, sharing needles, and from mother to child during pregnancy, childbirth, or breastfeeding.

### How is HIV spread?

- ☐ HIV is spread through contact with certain body fluids from a person with HIV, such as blood, semen, vaginal fluids, and breast milk.
- ☐ HIV can be spread through sexual contact, sharing needles, and from mother to child during pregnancy, childbirth, or breastfeeding.

### How is HIV spread?



# HIV and Aging

## Unique Challenges

- Approximately 1.1 million people in the United States are living with HIV, and the number of people living with HIV is increasing. The majority of people living with HIV are aged 50 and older. As the number of people living with HIV increases, the number of people aged 50 and older living with HIV is also increasing. This is because the life expectancy of people living with HIV is increasing, and the number of people aged 50 and older is also increasing.

## Tailored Care

- People aged 50 and older living with HIV may have unique challenges that require tailored care. These challenges may include comorbidities, medication management, and social support. Healthcare providers should assess these challenges and provide tailored care to meet the needs of each individual.

# VH McDowell Clinic: Services offered in one place

- ❑ Primary Care Provider (PCP)
- ❑ Primary Medical Care (PMC)
- ❑ Internal Medicine
- ❑ Women health/ whole women care
- ❑ Family planning
- ❑ Laboratory
- ❑ Pharmacy
- ❑ Dental
- ❑ Behavioral health
- ❑ Transgender care
- ❑ Full-service Eligibility, Ex: AHCCCS, Ryan White ,Sliding fee



# Modalities of Service Delivery

- ❑ **In-Person Care:** Comprehensive care management, behavioral health & pharmaceutical counseling, medical visits, laboratory services, and pharmacy access.
- ❑ **Telehealth:** Expanding access to patients with mobility, geographic, or stigma-related barriers
- ❑ **Support and Education:** Involvement of care coordinators in educating patients, especially on adherence and social determinant of health elimination, using clear and accessible language.
- ❑ **Program Development:** Expansion to other Valleywise Health Centers, mobile clinics, and partnerships with community organizations to reach underserved populations



# Challenges and Solutions

- ❑ **Past Challenges:** High stigma, transportation issues, lack of awareness of U=U and PrEP
- ❑ **Current Challenges:** Funding constraints limiting service expansion, particularly in ancillary support programs
- ❑ **Solutions Implemented:** Established partnerships with community organizations, shifting to telehealth to mitigate access barriers, applied for micro-grants, increased use of educational posters in the clinic, and onboarded a Care Manager to oversee healthcare and support service referrals.

# Innovative Approaches to Tackling Barriers

- ❑ **Overcoming Stigma:** Education and peer-led initiatives are combating HIV stigma, EHE Voices of Hope
- ❑ **Addressing Social Determinants of Health:** Transportation, behavioral health, substance abuse/misuse, smoking cessation, and access to nutritious food
- ❑ **Technology Integration:** Encouragement of digital notifications, text reminders, and apps (Mychart) to promote attendance, adherence, and education
- ❑ **Breaking Language Barriers:** Bilingual medical services, Cultural Health Navigators (CHN), Language Services Department, culturally tailored education materials, Integration of Refugees in HIV care.

# Cultural Health Navigation

## The 5C's Integrated Care Model



*Support refugee patient navigation of the integrated physical and behavioral health services provided at VH.*

Intensive care coordination of relevant health care activities include:

- ☐ Conduct intake assessment and administer screenings, as necessary.
- ☐ Carry out Bi-cultural interpretation services.
- ☐ Remove structural barriers to care such as, Assistance with appointment scheduling and reminders.
- ☐ Coordination of transportation to and from appointments.
- ☐ Medication (prescriptions) delivery and instructions on treatment adherence.
- ☐ Escort patients to ambulatory and inpatient specialty services
- ☐ Outreach and Health Education
- ☐ Assistance with health insurance coverage maintenance.
- ☐ Coordinating with outside referrals as appropriate

# CHN Co-Delivery Framework

## OVERCOMING BARRIERS.

Providing culturally sensitive healthcare to a growing refugee & immigrant community



- ❑ Selected Members of target communities
- ❑ Share cultural beliefs and values
- ❑ Share social and ethnic characteristics
- ❑ Understand and respect the specific cultural and health care needs of refugees
- ❑ Trained Bi-cultural interpreters & and health care brokers
- ❑ Engage/Partner with communities

**Mission:** Provide culturally, linguistically, accessible, compassionate, equitable, and coordinated quality comprehensive health services to the refugee and immigrant families in Maricopa County, to help them achieve self-efficacy

## 117.3 million

Over 117.3 million people were forcibly displaced at the end of 2023.

## 1 in 69

This equates to more than 1 in every 69 people on Earth.

## 12 years

The number of displaced people has increased every year for 12 years.

- ❑ Refugees add another 29.41 million displaced persons in 2022 according to the [United Nations High Commissioner for Refugees](#) (UNHCR).
- ❑ Their designated status is given on a well-founded fear of persecution based on race, religion, nationality, political opinion, or membership of a particular social group (i.e. LGBTQIA+).

[Human Services Resettlement Information \(phoenix.gov\)](https://www.phoenix.gov/human-services/resettlement)

© UNHCR/Tiksa Negeri



- ❑ Each year the President determines a [maximum ceiling](#) of arrivals.
- ❑ The Department of State Bureau of Population, Refugees and Migration and Department of Health and Human Services Office of Refugee Resettlement are involved in admittance of refugees.
- ❑ There are 10 national voluntary agencies (volags) that aid the refugees and immigrants to receive services in communities across the nation
- ❑ These Resettlement Agencies are monitored by the state-level [Arizona Refugee Resettlement Program](#) (RRP) and assists qualified clients to receive state benefits..

# Refugee Global Trends

## HOW MANY REFUGEES ARE THERE IN THE WORLD?

**43.4m**

At the end of 2023, there were 43.4 million refugees globally.

## HOW MANY REFUGEES RETURNED HOME?

**1.1m**

In 2023, nearly 1.1 million refugees returned home.

## IS THE NUMBER OF REFUGEES INCREASING?

**x3**

Yes. The number of refugees has tripled in the last decade.

All refugees undergo a pre-departure medical screening process. This process generally includes screening for inadmissible medical conditions (e.g., active tuberculosis), as well as presumptive pre-departure treatment for malaria and intestinal parasites, when appropriate.

<https://www.google.com/hiv-positive+refugees>

<https://www.unhcr.org/us/global-trends>



Screening of all refugees 13-64 years of age is recommended in accordance with CDC guidelines. Screening of all refugees on arrival, including those  $\leq 12$  years and  $\geq 64$  years of age, is also encouraged.



Displacement from one's country of origin can have a significant impact on the lives of refugees and the host communities that receive them, including an increased risk of HIV infection and limited access to HIV-related care and support

Refugees may also have been victims of physical and sexual violence and may be at risk of HIV acquisition through rape, blood product transfusions, or other medical procedures leading to infection, or through drug use<sup>121314</sup>. CDC.Gov, May 15, 2024

<https://www.unhcr.org/us/what-we-do/reports-and-publications/unhcr-data>

# Some ways that HIV affects refugees

## Risk of infection

- ❑ Refugees in areas with high HIV prevalence and infection rates. Increased risk of exposure due to life in crowded camps, through sexual contact with people from areas where HIV is less common

## Access to care

- ❑ Refugees may not have access to HIV prevention programs and commodities, or adequate access to basic HIV-related care and support.

## Stigma

- ❑ Refugees may face stigma due to their refugee status, social hierarchy, or because of the misconception that HIV prevalence is higher among refugees than in host communities.

## Youth

- ❑ Refugee youth at an increased risk of contracting and spreading HIV due to factors such as trauma-related mental health conditions, sexual violence, substance use, and low testing rates.



# Ensuring Future Success

- ❑ **Sustainability Plans:** Securing additional funding through federal, state, and private grants, collaborating with local organizations to reduce patient gaps in care
- ❑ **Staff Development:** Ongoing training on health literacy, trauma-informed care, and cultural competence
- ❑ **Patient Feedback Mechanisms:** Establishing advisory boards and using patient satisfaction surveys for continuous improvement
- ❑ **Data-Driven Care:** Using patient outcomes and feedback to guide future program adjustments

# Data Points and Success Stories

- ❑ **Patient Care Quality at Valleywise Health – McDowell Clinic:** High retention rates, viral suppression rates, and positive patient testimonials
- ❑ **Why Patients Choose Valleywise Health- McDowell?:** Multidisciplinary care, compassionate staff, integrated social services, trusted by the community



# Prevalence and Incidence Rates, 2021

## Understanding the Current HIV Epidemic

in Maricopa County, AZ

### Overview

**12,402** People living with HIV in Maricopa County, AZ, 2021

Efforts to improve awareness and reduce new infections are critical to ending the HIV epidemic. Understanding HIV at the local level better equips communities to develop targeted HIV prevention and treatment efforts.

Here is a high-level overview of the HIV epidemic in **Maricopa County, AZ**:

#### PREVALENCE RATE

**329** cases/100K, 2021

1.1% of people living with HIV in the nation are in this location

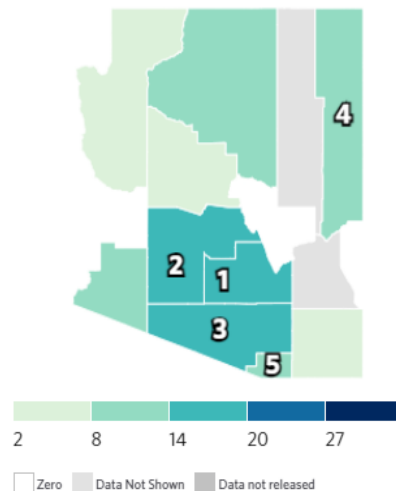
#### NEW DIAGNOSES RATE

**14** cases/100K, 2021

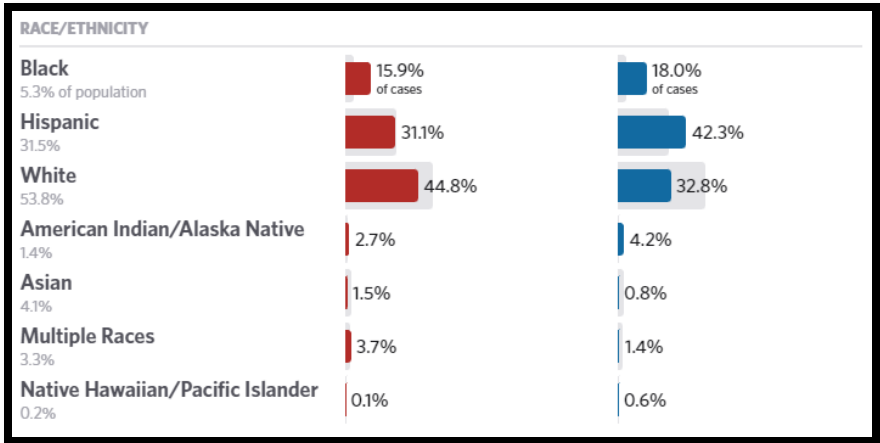
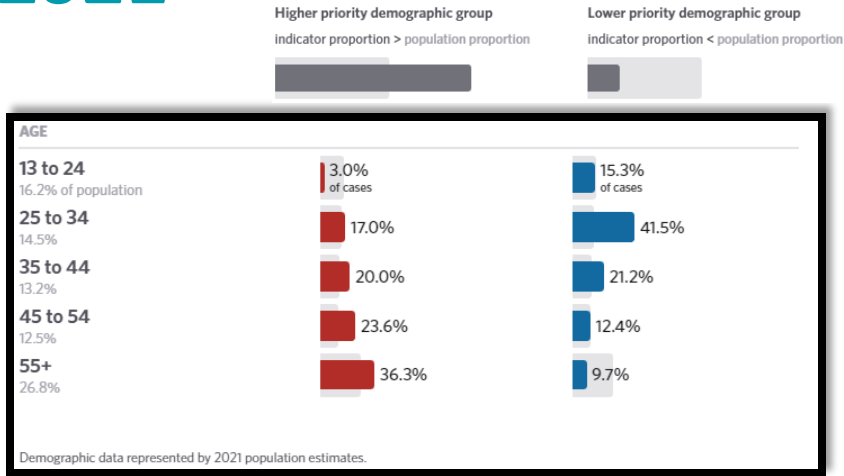
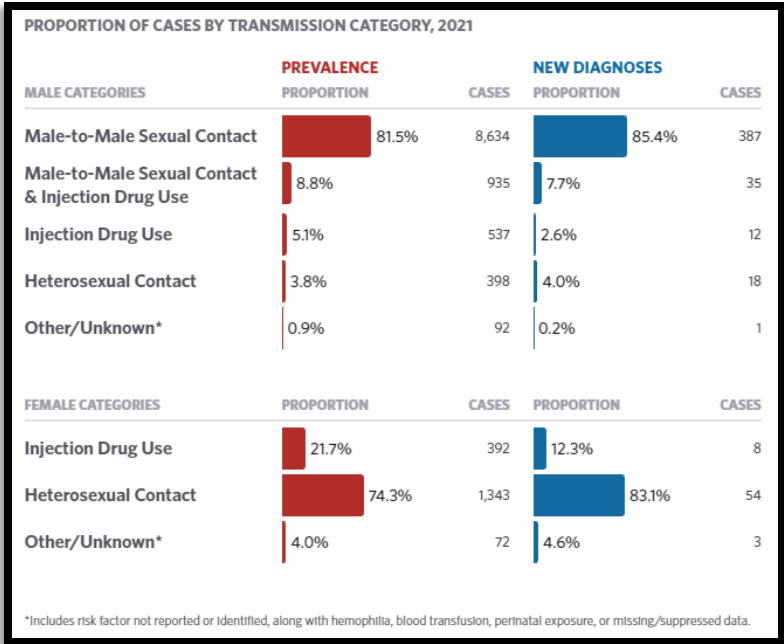
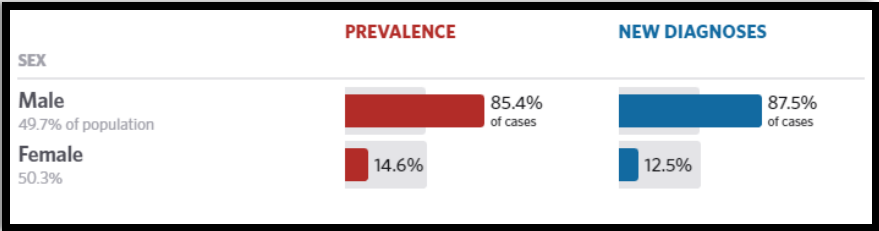
1.4% of people newly diagnosed with HIV in the nation are in this location

The following areas represent those with the highest rates of new HIV diagnoses. These areas may benefit from targeted, equity-focused HIV prevention and treatment efforts.

#### TOP AREAS: NEW DIAGNOSES RATE PER 100K, 2021



# Population Demographics, 2021



# HIV Prevalence of Refugees Living with HIV in USA

Subtype	Location	Proportion of known infections
A	East and Central Africa, central Asia, eastern Europe (including Russia)	12.3%
B	Americas, Western Europe, East Asia, Oceania (including Japan)	10.2%
C	India, Nepal, Eastern and Southern Africa	49.9%
D	East and Central Africa	2.5%
G	West Africa, East Africa, Central Europe	6.3%
FHJK	Various locations	<1% each

The CDC reports that a whopping 14% of refugees in the USA come from a country that has HIV prevalence of >5%.

While direct prevalence amongst refugee groups living with HIV in the USA is not commonly known, this table showcases statistics of HIV prevalence in ethnic groups by subtype according to the CDC.

<https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/hiv-infection.html>

(Statistics table found in link above - CDC)

# Factors associated to poor health seeking behaviors

## Some major barriers to accessible care for refugees living with HIV:

- ☐ Fear of HIV screening during the domestic medical screening examination
- ☐ Disclosure of these exposures may not be forthcoming during initial intake assessments.
- ☐ Economic distress, conflict, sexual abuse and violence, oppression, discrimination, exploitation, gender bias, and sociopolitical marginalization contribute to conditions in which transmission of HIV may be enhanced
- ☐ Limited language proficiency
- ☐ Limited understanding of available resources
- ☐ Lack of direct accessibility; i.e. long-distance travel to healthcare locations
- ☐ Financial Constraints
- ☐ Lack of health insurance
- ☐ Stigma

<https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/hiv-infection.htm>

# Valleywise Center for Refugee and Global Health

## The Role of a CHN to Promote Patient's Health Literacy

- ❑ The provision of a range of client-centered activities focused on improving access to and retention in needed core Is medical and cultural support services.
- ❑ The use of empowerment tools that will assess patient readiness to navigate the health care services on their own.

### Goals:

- ▶ Explain what is needed to be ready for an appointment
- ▶ Arranging an interpreter if needed
- ▶ Scheduling own transportation
- ▶ Understanding how to relay insurance coverage to the registration office
- ▶ Scheduling appointments in advance
- ▶ Arriving early or on time
- ▶ Ability to explain chief complaint
- ▶ Understanding plan of care and follow-up

### Preparing for Appointments

<ul style="list-style-type: none"><li>• Be ready to explain your health complaint</li><li>• Have your doctors' name or specialty problem</li><li>• Have your Health Insurance Card ready</li><li>• Check if you have the right phone number</li><li>• Be ready to share your preferred time for the Appointment</li><li>• Call and schedule</li><li>• Use the CHN to get thru appointment easily and your care be coordinated</li></ul>	<p>My name is:</p> <p>I need to talk to someone from the <b>Women's Clinic</b> <b>Referrals</b> <b>Adult</b> (pick one).</p> <p>I need an appointment on</p> <p>My insurance plan is</p> <p>My address is</p> <p>What time can I come in?</p> <p>I need transportation, can you help me?</p>
---	--



# Impacting patients care everyday at McDowell clinic

- ❑ Scheduling their appointments and making sure they attend their appointments on time.
- ❑ Scheduling their appointments and making sure they attend their appointments on time.
- ❑ Being present with them while talking to the physician for Interpretation and showing support during care.
- ❑ Assisting them schedule their upcoming appointments and referrals to other clinics to see specialists.
- ❑ Educate them on how to take their medications. For those who cannot read by drawing on their pill bottle or help them put pills on their pill organizer box that has days, morning and evening.
- ❑ Assisting them find resources for their daily needs like : Employments, Housing, School for young ones, insurances and Food assistance.



# Improvements in Health Literacy

- ❑ **Program Changes:** Simplified educational materials, introduction of visual infographics, better communication in clinical visits, health literacy training for staff
- ❑ **Past Issues:** Complex medical jargon, lack of culturally inclusive materials, limited patient engagement in understanding their care and available services
- ❑ **Current Initiatives:** Community involvement groups, internal quality workgroups, and integrating motivational interviewing in care settings, strategized reengagement of patients who have gaps in their medical care
- ❑ **Outcomes:** Improved medication adherence, higher engagement in care

## Day to day experiences while serving refugees at McDowell clinic

- ❑ Be patient and loving
- ❑ Be a good listener and understand their culture, beliefs.
- ❑ Be supportive.
- ❑ Meet their expectations.
- ❑ Keep boundaries.
- ❑ Be compassionate/ Be in their shoes.



- ❑ Providing access to culturally competent care; clinical and medical team that understands their circumstances and speak their languages.
- ❑ Education on resources available to them
- ❑ Providing transportation and other necessities
- ❑ Eradication of Stigma and introduction of compassion
- ❑ Adequate screening/testing
- ❑ Refugees should be clearly informed orally or in writing that HIV testing will be performed

<https://www.ohchr.org/sites/default/files/Documents/Issues/HIV/SummaryHIV.pdf>

Addressing barriers to access to care:  
Consider some elements of SDOH



# Clinical & Cultural Considerations

Identifying HIV infection has implications for the individual refugee, the clinical provider, and the public health system.

- ❑ Logistics (not to cause more harm)
- ❑ Gender preference & match
- ❑ Understand the context of HIV testing, diagnosis, and care within specific cultural and societal norms.
- ❑ Repeat screening 3-6 months following resettlement is recommended for refugees with a recent exposure or high-risk activity to identify individuals who may be in the "window period" when they arrive in the United States.

## Refugees and HIV: Hidden Concerns

- ❑ What does HIV test results do to my family members
- ❑ The impact of sociopolitical marginalization
- ❑ HIV positive test results and immigration status
- ❑ Is it illegal to not disclose HIV status to partner or roommate?
- ❑ At what level do I become free of fear from the disease?

# Recommendations

- ❑ To continue Domestic Refugee Health Medical Screening for the initial medical screening for refugees @ 30-90 days after the refugee arrives in the United States.
- ❑ This guidance aims to promote and improve refugee health, prevent disease, and familiarize refugees with the U.S. healthcare system.
- ❑ Incorporate comprehensive HIV prevention, treatment, care & support programs
- ❑ Implement interagency program with host communities for informed dissemination and education

UNHCR also recommends that refugees who test positive for HIV receive confidential counseling, referrals to follow-up care, and support.

It is imperative that a scientific and rational approach to the screening, diagnosis, support and care of these individuals be developed and implemented



A youth patient came to McDowell Clinic, feeling lost and unsure of their future. Recently diagnosed with HIV during a routine military physical, they had been discharged and were struggling to adjust. Homeless and jobless, they were sleeping on their sibling's couch, unsure of where to turn.

At their new patient appointment, they were full of questions, worried about their health and future. After a compassionate intake session and reassurance from their care team, they began treatment and quickly achieved an undetectable viral load. With the support of McDowell staff, they entered rehab, maintained their sobriety, and found employment.

They later returned to McDowell to thank the team for their kindness and support, sharing how the encouragement helped them regain control of their life. Recently, they moved for a new job and are rebuilding their relationship with their family while continuing their sobriety and HIV journey.

This story is a reminder of the impact compassionate care can have on our patients' lives.

# Summary of Key Takeaways

**Valleywise Health McDowell Services:** Comprehensive HIV care tailored to the needs of diverse populations, including medical, behavioral health, and supportive services.

**Sustaining Support Programs:** The importance of addressing long-term needs for individuals living with HIV, such as continuous funding, access to care, and community engagement.

**Integration of Refugees in HIV Care:** The Cultural Health Navigation model at the Center for Refugee and Global Health helps break down barriers and integrates refugees into HIV programs with culturally sensitive support.

**Clinical and Cultural Considerations:** Understanding both the medical and cultural factors that influence care, such as language, stigma, and health literacy, to provide patient-centered services.

## Call to Action

1. **Engage and Support:** Work toward sustaining and expanding programs that support individuals living with HIV.
2. **Embrace Cultural Sensitivity:** Integrate cultural and clinical considerations into care models to better serve diverse communities.
3. **Collaborate and Innovate:** Foster partnerships and continue to innovate in HIV care to meet evolving needs.

# Best Practices in HIV Care

- ❑ **Patient-Centered Approach:** Ensuring care is holistic, inclusive, culturally competent, and responsive to patient needs
- ❑ **Care Continuum:** Early diagnosis, rapid initiation of treatment, and ongoing adherence support
- ❑ **Collaboration with Local Agencies:** Enhancing patient access to medical coverage, prescription coverage, mental health, substance use, and social support services
- ❑ **Evidence-Based Interventions:** Programs driven by data on local HIV trends and patient needs



# Resources & Work Cited

- [Mental Health Toolkit | Equality Texas Equality Texas](#)
- [Arizona Refugee Resettlement Program Resources | Arizona Department of Economic Security \(az.gov\)](#)
- Policy Brief : HIV and Refugees
  
- 10 KEY POINTS ON HIV/AIDS AND THE PROTECTION OF REFUGEES, ... (N.D.).  
[HTTPS://WWW.OHCHR.ORG/SITES/DEFAULT/FILES/DOCUMENTS/ISSUES/HIV/SUMMARYHIV.PDF](https://www.ohchr.org/sites/default/files/documents/issues/hiv/summaryhiv.pdf)
- BRANSON BM, HANDSFIELD HH, LAMPE MA, ET AL. (N.D.). HIV INFECTION. CENTERS FOR DISEASE CONTROL AND PREVENTION. [HTTPS://WWW.CDC.GOV/IMMIGRANT-REFUGEE-HEALTH/HCP/DOMESTIC-GUIDANCE/HIV-INFECTION.HTML](https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/hiv-infection.html)
- FAUK, N. K., GESESEW, H. A., SERAN, A. L., RAYMOND, C., TAHIR, R., & WARD, P. R. (2022, NOVEMBER 3). BARRIERS TO ACCESSING HIV CARE SERVICES IN HOST LOW - AND MIDDLE-INCOME COUNTRIES: VIEWS AND EXPERIENCES OF INDONESIAN MALE EX-MIGRANT WORKERS LIVING WITH HIV. INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH.  
[HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC9654942/#:~:TEXT=FINDINGS%20DEMONSTRATED%20THAT%20LIMITED%20HOST,TO%20ACCESSING%20HIV%20CARE%20SERVICES](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9654942/#:~:text=FINDINGS%20DEMONSTRATED%20THAT%20LIMITED%20HOST,TO%20ACCESSING%20HIV%20CARE%20SERVICES)

# It Takes a Community-THANK YOU!

Community Based  
Organizations



Local Government



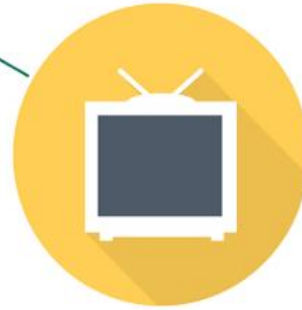
Social Services



Education



Health



Media