
**Working Together to Increase
Immigrant Women's Access to
Reproductive Health Care**

Report on Statewide Roundtable

December 2002

Sponsored by:
Center for Women in Government & Civil Society
& Family Planning Advocates of New York State

Generously supported by:
The Office of Minority Health and The Bureau of
Women's Health, New York State Department of
Health

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FOREWORD

Working Together to Increase Immigrant Women's Access to Reproductive Health Care is a joint initiative of the Center for Women in Government & Civil Society and Family Planning Advocates of New York State, generously supported by the Office of Minority Health, and the Bureau of Women's Health at the New York State Department of Health. The initiative promotes improved and expanded access to culturally competent, quality reproductive health care services for immigrant women. The project connects grassroots immigrant women leaders and reproductive health providers from across New York State to identify obstacles and innovative change strategies. Each of the initiative's activities works toward durable partnerships, which are critical to increasing access and improving services. The initiative includes one Statewide Roundtable and three Regional Workshops, organized to link reproductive health providers and immigrant women leaders for developing strategies to strengthen services to immigrant women.

This report was compiled by Dina Refki in consultation with Maud Easter of the Center for Women in Government & Civil Society, and Karen Anderson of Family Planning Advocates of New York State.

ACKNOWLEDGEMENTS

The Center for Women in Government & Civil Society and Family Planning Advocates of New York State would like to express deep appreciation to Barbara Brustman, Director, Bureau of Women's Health, New York State Department of Health, Barbara McTague, former Director, Bureau of Women's Health, and Wilma Waithe, Director, Office of Minority Health, New York State Department of Health, for generously supporting this initiative. Without their vision, support and commitment, this endeavor would not be possible.

Thanks to Marta Baez of the Bureau of Women's Health for her participation in and valuable contributions to the Statewide Roundtable. We are extremely grateful to our keynote speakers, Emira Habiby-Browne, Arab-American Family Support Center; Alejandra Molina, Farm Workers' Women's Institute; Fran Gau, The New York Asian Women's Center; Maria Uribebarrea, MIC-Women's Health Center; and Dana Neitlich, Planned Parenthood of Buffalo. Their wisdom and insights were vital to participants' understanding of current barriers facing immigrant women. We also thank Francesca Gany, Center for Immigrant Health, NYU School of Medicine for her informative presentation and for sharing information on the exciting and innovative initiatives, which the Center for Immigrant Health undertakes.

We wish to extend thanks to our kick-off discussion group speakers, Anindita Chatterjee-Bhaumik, Sanctuary for Families; Miriam Chorcon, Central American Refugee Center; Felicidad Frenette, International Institute of Buffalo; Bhaswati Bhattacharya, SAHKI for South Asian Women; Alice Berger, Planned Parenthood of New York City; JoAnn D. Smith, Planned Parenthood of Nassau County; Karen Lester, King's County Hospital Center; and Joyce Marshall, MIC-Women's Health Services. Their expertise and knowledge ensured dynamic and productive discussions. We also wish to thank Purvi Shah for facilitating the discussion on Addressing Fears and Obstacles to Immigration Status. Thanks to all the participants who took time out of their busy schedules to attend this event. Their commitment and dedication to immigrant women are greatly appreciated.

EXECUTIVE SUMMARY

This report documents proceedings of the Statewide Roundtable, held in New York City on December 11, 2002. At this meeting, twenty-one representatives of immigrant-serving programs and eighteen family planning providers from across the state met to deepen their understanding of barriers facing immigrant women in accessing services, as well as barriers facing reproductive health care providers in delivering services to immigrant women. Participants also identified strategies that could be implemented at the local level to overcome the identified challenges.

Perspectives on Barriers to Accessing and Providing Reproductive Services to Immigrant Women

Barriers Facing Immigrant Women

- Lack of community education about available services;
- Lack of linguistically-competent reproductive health services;
- Use of male relatives as interpreters;
- Male domination and lack of personal decision-making power;
- Intersection of domestic violence and gender power imbalance with access to reproductive health services;
- Fears of deportation and detention after 9/11;
- Lack of health insurance;
- Inflexible health clinic hours;

Twenty-one representatives of immigrant-serving programs and eighteen family planning providers from across the state met to deepen their understanding of barriers facing immigrant women.

- Lack of culturally sensitive services, negative attitudes of front-line health workers and insensitivity to the unique challenges facing immigrant women.

Barriers Facing Providers

- Health workers untrained in the provision of culturally-competent services;
- Lack of staff members who reflect the demographic/ethnic diversity of immigrant communities;
- Ineffective outreach to immigrant women;
- Difficulty retaining staff members that reflect a continually changing community;

- Insufficient funding to reimburse provider costs for delivering culturally and linguistically appropriate services;
- Language barriers which obstruct communication with patients, particularly the use of male relatives as interpreters;
- Under-representation of immigrant community members at local and state decision-making tables.

Strategy Proposals to Transcend Barriers to Accessing and Providing Services

- Embracing diversity at an organizational level;
- Hiring staff members that reflect various ethnic/demographic elements within a community;
- Training a culturally-competent staff;
- Training interpreters and providing linguistically competent services;
- Engaging the men in immigrant women's lives;
- Making information about services more readily available;
- Streamlining the service delivery process;
- Strengthening partnerships between family planning providers and community-based immigrant serving programs;
- Targeting outreach to immigrant women in non-traditional settings;
- Advocacy for enhanced reproductive health service delivery at the state policy level.

Promising Models for Service Improvement

- Mobile outreach units that take clinical services to immigrant communities;
- Remote simultaneous interpretation;
- Immigrant women as educators of their communities;
- Men-to-men networks;
- Immigrant serving organizations as cultural educators of providers.

INTRODUCTION

The Center for Women in Government & Civil Society (the Center) and Family Planning Advocates of New York State (FPA) are leading a long-term effort to strengthen reproductive health care for immigrant women, by developing more effective partnerships between immigrant women's organizations and family planning providers statewide. In December 2002, a Statewide Roundtable brought participants together from across the state to examine issues of common concern. Three follow-up Regional Workshops will extend the dialogue in 2003 to additional immigrant women and family planning providers and will include region-specific concerns.

Program Goals

The program goals of this joint initiative are:

- (a) to identify the barriers facing immigrant women in accessing reproductive health services, and the obstacles facing reproductive health providers in delivering affordable, accessible, quality and culturally-competent services to immigrant women;
- (b) to develop innovative change strategies to improve immigrant women's access to reproductive health, and to enhance reproductive health providers' capacity to deliver culturally-appropriate services to immigrant women;
- (c) to connect grassroots immigrant women leaders and reproductive health providers from communities across New York State.

Planning Committee

In preparation for the Statewide Roundtable, a Planning Committee composed of

Program goals are to identify barriers to accessing and providing services, to develop change strategies, and to foster partnerships between immigrant-serving programs and family planning providers.

representatives of immigrant serving programs and family planning providers met in June 2002 to set an agenda for the Roundtable and to discuss priorities. (Appendix A is a list of Planning Committee members.)

Preliminary Assessment of Barriers & Mitigative Strategies

In mid-2002, FPA and the Center circulated two surveys to help shape discussions at the Statewide Roundtable. One survey was sent to immigrant serving organizations, to identify barriers to care encountered by women in their communities, and the other to family planning providers, to identify obstacles faced in providing culturally and linguistically competent services.

Responses to the surveys indicated several challenges including: scarce funds for needed language translation; fears related to immigration status; lack of health insurance; inadequate understanding by health care providers of how religious and cultural beliefs shape reproductive health habits; and cultural barriers, including the opposition of husbands/partners and other family members.

The barrier most frequently cited by immigrant serving organizations was language, followed by insufficient knowledge of available services, fears related to immigration status, and lack of health insurance. The barrier to service provision most frequently cited by family planning providers was language, followed by lack of funds, lack of interpreters and the cost involved in providing language interpretation.

Strategies cited in the surveys as most valuable in transcending these barriers were community education; culturally sensitive outreach; making information available in different languages; availability of multi-lingual workers in health clinics; availability of low cost health insurance or free health services; and outreach through religious institutions, the media and in homes.

The Statewide Roundtable

On December 11th 2002, twenty-four immigrant women activists and eighteen family planning providers met for a day of discussion about obstacles that limit access to reproductive health care and about innovative strategies to ensure culturally appropriate, accessible and affordable care.

A Keynote Panel started the day with a holistic framework, providing perspectives of both immigrant women and reproductive health care providers on barriers to accessing and providing reproductive services to immigrant women. After the Keynote Panel, Dr. Francesca Gany of the NYU School of Medicine presented on *Overcoming Barriers to Improving the Health of Immigrant Women*.

The afternoon was dedicated to small group discussions on four themes:

- (a) Creating Language Accessible Reproductive Health Services;
- (b) Addressing Fears and Obstacles Related to Immigration Status;
- (c) Overcoming the Lack of Health Insurance Especially for Undocumented Women; and
- (d) Addressing the Impact of Religious and Cultural Beliefs on Health Care Access and Services.

Each small group reported information from their discussions to the entire gathering. Participants shared reflections on the day's dialogue in a closing circle. Key points from the presentations and discussions are summarized in this report.

In surveys conducted prior to the Statewide Roundtable, participants cited language, cultural and religious barriers, lack of knowledge about available services, lack of health insurance, fears related to immigration status, and scarcity of funds as challenges to accessing and providing culturally and linguistically competent reproductive health care services.

PERSPECTIVES ON BARRIERS TO ACCESSING AND PROVIDING REPRODUCTIVE CARE SERVICES TO IMMIGRANT WOMEN

1. Barriers Facing Immigrant Women

Lack of community education about available services

"In the Middle East, preventive care is not customary, and women do not seek care except in an emergency." Emira Habiby-Browne

Participants voiced the need to educate immigrant communities about available services, and the critical importance of preventive care. Often, in immigrant women's countries of origin, preventive care is not customary. Immigrant women often access care only for emergencies. This endangers their lives and possibly the health of their children. It also exacerbates the cost of care for the health system.

Lack of linguistically competent reproductive health services

Farm worker women are deterred from seeking services by language barriers. Even when translations are available, they feel they are inaccurate." Alejandra Molina

"Translators may not have health care experience." Fran Gau

*"They may lack knowledge of medical terms and even terms for different body parts."
Anindita Chatterjee-Bhaumik*

Repeatedly, participants cited language barriers as the number one cause of immigrant women's reluctance to seek services and indicated that locating a linguistically competent service is the most pressing challenge facing women who desperately seek care.

Use of male relatives as interpreters

"Husbands usually accompany their wives and speak for them." Emira Habiby Browne

The use of male relatives as interpreters is a major obstacle to immigrant women's access to quality services. Participants indicated that the use of male relatives hinders women from voicing their needs and making decisions that are critical to them. When a male relative is the sole interpreter, he has excessive influence over the patient-provider communications, and the woman's decision-making power is seriously reduced. When men are used as interpreters, women's rights are frequently undermined.

Male domination and lack of personal decision-making power

"Women are expected to be submissive. Male family members are expected to take care of them." Emira Habiby Browne

*"Men are set in their ways and are hard to engage. They often reject male methods of birth control and restrict women's access to contraceptives."
Anindita Chatterjee-Bhaumik*

Immigrant women's lifestyles often mirror the gender disparities in their countries of origin. Typically, women who lack the right to make choices about reproductive health in their countries of origin continue to be deprived of this right unless the cycle of male domination is weakened by sensitive service strategies.

Intersection of domestic violence and power imbalance with access to reproductive health services

*"Battered women are often assaulted during pregnancy, prevented from having prenatal care by partners, forced to have abortions, and/or are simply too afraid to seek family planning services."
Fran Gau*

Battered women face particularly complex situations that intensify their lack of access to reproductive health and their vulnerability to violence. Providers need to identify these women, and to provide support for them to break cycles of violence and victimization.

Fears of deportation and detention after 9-11

"After 9-11, there is tremendous fear of going out of the house. Women have heard horror stories of men being arrested, and they are petrified of their husbands being arrested." Emira Habiby-Browne.

The impact of 9-11 has been devastating to immigrant communities in general, and Middle Eastern immigrants in particular. It is often assumed that health care agencies will or could divulge medical records to legal and immigration authorities. Many women have chosen not to seek needed health services, opting for seclusion and invisibility to protect themselves and their partners from arrest, detention and deportation.

Lack of health insurance

"An overwhelming majority of farm worker women are undocumented and lack health insurance." Alejandra Molina

Immigrant women's access to reproductive health care is thwarted by the lack of health insurance, particularly for undocumented women. New York State's policy which currently makes it possible that immigrants' sponsors will become liable for the cost of immigrants' health insurance usage, discourages immigrant women from seeking needed services. Women are afraid that they will potentially burden relatives/sponsors with the responsibility of reimbursing public health benefits. In addition, health insurance has often not been available in women's countries of origin so that systems of public and private health insurance are often not well understood.

Inflexible health clinic hours that conflict with non-traditional work schedules

"Farm worker women keep long hours, and their schedules do not coincide with the traditional schedules of health clinics." Alejandra Molina

Immigrant women farm workers are generally unable to forgo a day's pay to visit a health clinic. Other immigrant women in low paying jobs also have similar financial and time constraints. In the absence of non-traditional health clinic hours, reproductive health services remain inaccessible to these women.

Lack of culturally sensitive services, negative attitudes of front-line health workers and insensitivity to the unique challenges facing immigrant women

"Farm worker women felt that the staff at the clinic were making decisions for them. They felt that they were not being diagnosed correctly, and that visits were too brief. Services do not take into account the hazards of their occupation." Alejandra Molina

"An attorney representing a battered Vietnamese mother of six children remarked, 'Doesn't this woman know there's something called birth control?' - a remark which illustrates the level of insensitivity about and ignorance of the realities of immigrant women's lives." Fran Gau

"Having many children is often a measure of women's worth in the absence of other avenues which validate women." Emira Habiby-Browne

Prevalent institutional stereotypes about immigrant women often result in offensive treatment and prejudiced attitudes by health care workers and related service providers, who do not understand immigrant women's personal realities. Farm workers suffering from headaches and lung problems, for example, are often misdiagnosed, when providers fail to connect their occupation as farm workers exposed to pesticides with their physical ailment. Health services may not take into account the relationships between immigrant women's previous and current environments, with this insensitive treatment ultimately repelling women from needed care.

2. Barriers Facing Providers

Health workers untrained in the provision of culturally competent services

"There is a dire need to teach front-line staff cultural competency." Dana Neitlich

"Doctors, providers, and case managers all need training." Catherine Abate

"Doctors from the same culture still can be condescending, because of gender bias." Anindita Chatterjee-Bhaumik

"Understanding that most immigrant women came from a culture that does not grant women the right to choose is critical. There is a need to understand how and why different immigrant women approach family planning services. We need to de-construct the institutional stereotype of an immigrant woman as poor, ignorant and irresponsible." Maria Uribelarrea

Cultural competency is critical to providers' ability to appropriately serve New York State's increasingly diverse population. It is crucial to ensuring that immigrant women receive dignified treatment when accessing reproductive health services. Several participants raised a cautionary note, that one should never assume that providers who have similar ethnic backgrounds as their patients will always act in their patients' best interest or abide by their wills. Gender and class bias can severely encumber provider-patient relationships.

Understanding the manner in which immigrant women from various immigrant communities approach family planning, as well as the reasons behind their preferences and choices, is crucial to being able to enhance access to reproductive health services. Stereotypes of immigrant women as poor, ignorant and irresponsible contribute significantly to the negative and offensive attitudes that immigrant women experience when they visit health clinics.

Lack of staff members who reflect the demographic/ethnic diversity of immigrant communities

"Buffalo Planned Parenthood staff members in no way reflect the diversity of the community they need to serve." Dana Neitlich

When staff reflect the community, provider agencies are much better able to reach out to community. Such representation helps to overcome the lack of trust cited as a major obstacle to accessing services. Immigrant women are more likely to visit clinics where they are assured they will have access to linguistically and culturally competent services.

Ineffective outreach to immigrant women

"Western New York has the highest unintended pregnancy rate in the state. We recognize the fact that our outreach needs strengthening to reach women in the community." Dana Neitlich

Outreach to the community should be considered ineffective when a cross-section of current patients of a health center does not reflect the diversity of the outside community. Too often, the perspectives of immigrant women are not consulted in reviewing outreach materials and marketing strategies. Approaches that effectively target other minorities can still exclude the distinctiveness of immigrant women's experiences.

Difficulty retaining staff members that reflect a continually changing community

"It is a challenge to have consistently a staff core that continues to represent the community in its ethnic makeup. The makeup of the community changes constantly, at a faster rate than one is able to change staff." Maria Uribelarrea

The ethnic profile of the community is never static. This constant change challenges providers, who invest in developing staff members' expertise and are unable to replace those persons easily. Although replacements may be necessary to have staff who mirror the current ethnic profile of the community, it is often a tremendous cost to lose experienced staff members and replace them with new, untrained employees.

Insufficient funding to reimburse provider costs for delivering culturally and linguistically appropriate services

"There are no reimbursements for training staff. You do not get a rate increase because you provide translations. The system is not set up to reimburse real costs." Maria Uribelarrea

The system does not reimburse providers for hiring staff knowledgeable of multiple cultures, for cultural competency training for staff, for providing linguistically appropriate informational materials, or for the translation of service provision. Inadequate repayment options result in ineffective services or place excessive burdens on providers who are forced to finance these expenses out of other scarce funds.

Language barriers, which obstruct communication with patients, particularly the use of male relatives as interpreters

"The issue is not that we do not want men to come in. But it represents a quandary. How can you give the woman a space to speak freely? How can you record a history of spousal abuse or incest when the perpetrator may be there?" Maria Uribelarrea

"Having the male come in as an interpreter is a huge barrier." Dana Neitlich

"There is a need to have onsite translations. Phone translations are ineffective, because of the nature of the issues we address: spousal abuse, sexuality and birth control." Maria Uribelarrea

The quality of a patient-provider interaction rests fundamentally on the ability to communicate clearly and to share candidly. Unless providers' facilities and resources encourage effective communication with patients, the time and energy of both staff and patients are sapped or wasted. Onsite proficient female translators would minimize the discomfort of discussing sensitive issues like spousal abuse, sexuality and birth control. Arrangements that recognize men as partners, rather than translators, in the reproductive health process are essential.

Under-representation of immigrant community members at local and state decision-making tables

*"Immigrant women are absent at the decision-making table and their needs are invisible."
Maria Uribebarrea*

The absence of immigrant women in decision-making structures at both state and local community levels means that their needs are ignored and the political will to address those needs is absent. Health programs are designed and funded without adequate understanding of the barriers faced by immigrant women and the agencies trying to serve them.

STRATEGY PROPOSALS TO TRANSCEND BARRIERS TO ACCESSING AND PROVIDING SERVICES

Effective implementation of the following strategies requires a collaborative approach with family planning providers and immigrant organizations serving as active partners. Family planning providers and immigrant-serving programs each have a unique responsibility to ensure the effectiveness of these strategies. Family planning organizations are the direct providers of reproductive health services. However, immigrant organizations represent a critical and uniquely valuable resource to family planning providers. They remain a generally untapped resource for staff training on cultural competency, collaboration on outreach campaigns, and technical assistance on program design. Working together can be mutually beneficial for both parties. Partnerships enhance immigrant organizations' capacity to achieve their mission of providing needed services to their community members, and strengthen family planning providers' ability to improve access and provide culturally competent services.

Embracing diversity at an organizational level

"We treat diversity as a very positive thing. It permeates everything we do." Maria Uribebarrea

Agency policy makers must establish that diversity in every aspect of the organization is positive and essential to the agency's mission. Even when front-line health workers are well intentioned, services are inaccessible unless top-to-bottom support for diversity is institutionalized throughout agency practice.

Hiring staff members that reflect various ethnic/demographic elements within a community

"Staff must be representative of the ethnic make-up of the community." Maria Uribelarrea

When staff members reflect the ethnic make up of the community, they can not only reach out effectively to members of their communities, and serve as resources to them, but their mere presence can eliminate the fears, distrust, and apprehension that immigrant women often feel when they access the health care system. They can also ensure the provision of culturally competent services.

Training a culturally competent staff

"A culturally competent health care delivery model recognizes the historical experiences of immigrants; acknowledges that the experience of immigrants is a continuum between two worlds; takes into consideration experiences in the home country, the immigration experience, and circumstances of life here in the US. There is a need to try what works for the immigrant women themselves, and to listen to what their needs are." Francesca Gany

Staff members must be trained in cultural competency. A culturally competent staff member recognizes that immigrant women have unique needs resulting from their immigration experience, as well as the cultural context in which they were raised. Such recognition rejects a "one size fits all" service model, and leads to service models that are tailored to the specific needs of immigrant women. In addition, a culturally competent staff member, while recognizing the special needs of immigrant women, will not subscribe to pre-conceived notions that stereotype immigrant women, but will treat these women with the respect to which they are entitled.

Training interpreters and providing linguistically competent services

"There must be guidelines for interpreters whether they are family members or not. The interpreter must know that his/her role is to interpret. He/she should be encouraged to ask questions to clear up any ambiguities, At the end, the provider should ask for back-interpretations. In other words, he/she should ask the patient to reiterate what she had learned." Francesca Gany

Training for interpreters is severely lacking. Vital information is lost during a translation if an interpreter is not appropriately trained. Incomplete or inaccurate translation can be hazardous for women accessing reproductive health services, resulting in increased negative health outcomes and increased long term health care costs.

Engaging the men in immigrant women's lives

*"Because society is patriarchal, it is important to engage the men, but also to meet the women alone."
Emira Habiby-Browne*

"Engaging the men is a critical issue. Women often contract diseases from men who must be treated in order to stop the cycle of infections." Gail Blakeley

Men need to be encouraged to understand the health care needs of their partners and the importance of having women make decisions related to their own bodies. In addition, sexually transmitted health diseases affect the women's partners, and to treat the women effectively, the partner must also be treated. When the partner is left untreated, women become re-infected, resulting in endless treatment cycles.

Making information about services more readily available

*"Information about available services must be made available in the languages of immigrant women."
Anindita Chattejee-Bhaumik*

Participants suggested the usefulness of an Internet site with multiple languages, by which providers can disseminate information on services they provide. Another suggestion was making linguistically-friendly informative brochures available in places where immigrant women frequently congregate.

Streamlining the service delivery process

"Lengthy and extensive application processes required to receive services are a major deterrent to seeking and accessing services." Alice Berger

Red tape and excessive paper work must be eliminated from service delivery. The Prenatal Care Assistance Program (PCAP) model could be used to structure programs in a manner that would make services accessible to undocumented women, reimburse providers more equitably and provide user friendly site enrollments.

Strengthening partnerships between family planning providers and community-based immigrant serving organizations

*"Everyone in this room must not leave today without having a partner to work with."
JoAnn D. Smith*

Partnerships between family planning providers and community-based immigrant serving organizations are critical to spreading information in immigrant communities and generating awareness among immigrant women about available services. Community-based immigrant-serving organizations are also a key resource for providing training in culturally appropriate service provision to family planning agencies. Immigrant-serving organizations can provide additional technical assistance to family planning providers, in designing services and outreach, in evaluating agency effectiveness and in recruiting needed staff and board members.

Targeting outreach to immigrant women in non-traditional settings

"We must try to reach immigrant women where we know we will find them." Dana Neitlich

Outreach should include places which immigrant women are most likely to frequent, such as faith-based organizations, hair salons, restaurants, outside factories, and neighborhood festivals. Also, outreach should include reaching immigrant women in their homes.

Advocacy for enhanced reproductive health service delivery at the state policy level

"A system change is needed. There is a need to bring the issues to the policy makers. The burden should not fall on the shoulders of providers." Ioana Balint

There was a consensus among participants that the challenges facing both immigrant women and reproductive health providers are enormous. Macro-level solutions by state policy-makers could alleviate burdens and provide systemic remedies to problems across the state.

PROMISING MODELS FOR SERVICE IMPROVEMENT

Mobile outreach units that take clinical services to immigrant communities

"We have learned that to get the women to go to the clinic, we must take the clinic to them. We need to be where the client is. This eases women's fear of the INS and has proven very effective, but finding continuous funding for the mobile unit is a challenge." Dana Neitlich

The mobile clinic approach overcomes the inaccessibility and un-approachability of mainstream health care facilities and communicates a commitment to the needs of the immigrant community. A mobile unit is especially helpful for those who have limited access to transportation.

Remote simultaneous interpretations

“Remote simultaneous interpretation is being tested. It is a better method than having an interpreter in the room since the provider can develop rapport with the patient. The provider can see the woman alone, as men relatives do not expect to be there. It is time efficient and cost effective.” Francesca Gany

Remote simultaneous interpretation is fast, effective and comparable in cost to other phone dependent services. The patient and provider are connected to an interpreter in a remote location, and the interpreter translates for the listener simultaneously as the other person speaks. This approach is more helpful than having an interpreter in the room because it allows the patient and provider to generate a better rapport.

Immigrant women as educators of their communities

“Recognizing that women from immigrant communities are the best educators of other women is critical. The Bangladeshi CHAI Party is a model which utilizes women from immigrant communities as trainers on several health related issues.” Francesca Gany

The Community Health Access Initiative (CHAI) of the Bangladeshi community, or “CHAI Party,” uses the relaxed, un-intimidating cultural norm of drinking chai (tea) with acquaintances to generate interest in community health care and to identify women who could be lay health educators to undertake outreach to other women.

Men-to-men networks

*“A good model for engaging the men is implemented at Harlem Hospital where a prenatal network is set up to engage them as fathers, with open communication about work and eventually family planning.”
Marta Baez.*

A men-to-men network provides a safe space for men to communicate, exchange information and support each other in their roles as fathers. The forum is used to also educate men and promote more egalitarian relationships that allow women family planning choices and encourage male responsibility.

Immigrant serving organizations as cultural educators of providers

“ SAHKI reaches out to doctors and providers in the health care system to educate them on the needs of South Asian women. Through conducting focus groups, providing training programs, and the distribution of reading materials, SAHKI aims to develop culturally-competent health care providers who are attuned to the needs and challenges facing South Asian women in the community.” Bhaswati Battacharya

Immigrant serving organizations can be very helpful to family planning agencies, by providing an understanding of the cultural context within which immigrant women need reproductive health care. Immigrant serving organizations can be hired to train staff. The family planning provider can also provide its immigrant serving partners information on available services and can contract for outreach assistance in spreading the word throughout the community in culturally appropriate ways.

Closing Circle

Participants renewed their commitment to strengthen partnerships and to promote improved immigrant women's access to reproductive health care. They emphasized the critical need to reach out more effectively to immigrant women, to support immigrant women's sharing of their stories and to advocate together for introducing immigrant women's needs to policy makers' agendas. Participants noted how much making new allies and sharing discussion during the day had helped them personally to overcome a sense of isolation and frustration in the face of enormous challenges.

Appendix A: Planning Committee

Catherine Abate	Community Health Network
Karen Anderson	Family Planning Advocates of NY State
Alice Berger	Planned Parenthood of NYC
Rasha Dabash	Population Council
Tuhina De O'Connor	New York Asian Women's Center
Maud Easter	Center for Women in Government & Civil Society
Claudinne Feliciano	The Education Fund of FPA
Risha Foulkes	The Alan Guttmacher Institute
Kala Ganesh	Center for Women & Families, NYANA
Adam Gurvitch	New York Immigration Coalition
Emira Habiby-Browne	The Arab American Family Support Center
Li Ma	MIC- Women's Health Services
Alexandra Milonas	Medical & health Research Association of NYC
Bridget Money Penny	MIC-Women's Health Services
Dina Refki	Center for Women in Government & Civil Society
Inna Stavisky	JASA-Refugee Project
Annie St. John	Family Planning Advocates of NY State
Maria Uribe Larrea	MIC-Women's Health Services
JoAnn D. Smith	Planned Parenthood of Nassau County
Su Yon Yi	New York Immigration Coalition

Appendix B: Roundtable Agenda



WORKING TOGETHER TO INCREASE IMMIGRANT WOMEN'S ACCESS TO REPRODUCTIVE HEALTH CARE

A ROUNDTABLE

**Wednesday, December 11, 2002
9:30 AM-3:00 PM
Agenda**

Sponsored By:

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Wednesday, December 11, 2002
Agenda

- 9:30 - 10:00** **Registration & Continental Breakfast**
- 10:00 - 10:10** **Welcome**
Maud Easter, Center for Women in Government &
Civil Society
- JoAnn Smith, President/CEO, Family Planning
Advocates of New York State
- 10:10 - 10:20** **Goals & Agenda**
Karen Anderson, Family Planning Advocates
- Dina Refki, Center for Women in Government &
Civil Society
- 10:20 - 11:30** **Perspectives on Barriers to Accessing and Providing
Reproductive Services to Immigrant Women –
Keynote Panel**
Emira Habiby-Browne, The Arab-American Family
Support Center
- Alejandra Molina, Farm Workers' Women's Institute
- Fran Gau, New York Asian Women's Center
- Dana Neitlich, Planned Parenthood of Buffalo
- Maria Uribelarrea, MIC - Women's Health Services
- Moderator:* Dina Refki, Center for Women in
Government & Civil Society
- 11:30 - 12:45** **Lunch**
Dr. Francesca Gany, Director, Center for Immigrant
Health-NYU School of Medicine: Overcoming
Barriers to Improving the Health of Immigrant Women

Working Together to Increase Immigrant Women's Access to Reproductive Health Care:
Report on Statewide Roundtable

1:00 - 2:15 Discussion Groups

Group	Title	Kick Off Speakers	Facilitator
A	Creating Language Accessible Reproductive Health Services	Anindita Chatterjee-Bhaumik, Sanctuary for Families Joyce Marshall, MIC-Women's Health Services	JoAnn Smith, Family Planning Advocates
B	Addressing Fears and Obstacles Related to Immigration Status Issues	Miriam Chorcon, Central American Refugee Center JoAnn D. Smith, Planned Parenthood Nassau County	Purvi Shah, SAHKI for South Asian Women
C	Overcoming the Lack of Health Insurance Especially for Undocumented Women	Felicidad Frenette, International Institute of Buffalo Alice Berger, Planned Parenthood of New York City	Karen Anderson, Family Planning Advocates
D	Addressing the Impact of Religious & Cultural Beliefs on Health Care Access and Services	Bhaswati Bhattacharya, SAHKI for South Asian Women Karen Lester, King's County Hospital Center	Dina Refki, Center for Women in Government & Civil Society

**2:15 - 2:55 Closing Session: Where Do We Go From Here?
Reports from Groups and Discussion of Next Steps**

Maud Easter, Center for Women in Government & Civil Society
Karen Anderson, Family Planning Advocates

**2:55 - 3:00 Closing Circle
3:00 Adjourn**

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Appendix D: Evaluation Summary

1. Participants and responses:

- Number of participants: 51
- Number of responses: 29

2. Content and format

Figures below show number of responses for each category.

	Excellent	Good	Average	Fair	Poor	Blank
Morning keynote Panel	21	5	1	0	0	2
Overall content	18	10	0	0	1	0
Overall organization	16	11	1	0	0	1
Luncheon presentation	19	9	0	1	0	0
Discussion groups	10	15	3	0	0	1
Roundtable packet	9	15	3	0	0	2
Overall roundtable experience	17	8	3	0	0	1

3. Themes

Positive aspects of the roundtable:

- Diversity of participants
- Excellent speakers
- The open discussion of ideas and experiences regarding different cultures
- Bringing providers, policy makers, and advocates together
- The opportunity for providers to interact with representatives from immigrant organizations
- Creative! Not the same old conference format
- Keynote panel

Negative aspects of the roundtable:

- Too little time
- Small groups need more focus and direction

Suggested topics for regional meetings:

- Cultural competency
- Immigration law overview
- Share successful models of culturally competent, accessible care for immigrants and viable ways to improve access
- Focus on regional issues/road blocks/local resources
- Models for constructively involving men in reproductive health care
- Partnerships between service providers and community based organizations
- Child advocacy (children's rights, health, etc)

Relevancy of the roundtable for participants' work:

- Creating language accessible health services
- Innovative ways to access the immigrant community
- Statewide contacts
- Learning how to form partnerships with immigrant groups and health providers
- Feedback to agency regarding making this issue a priority

Additional suggestions/comments:

- Resource directory (roundtable participants, immigrants rights, immigrant community organizations, updated state/federal policies)
- More training at grassroots level