



**LA CLÍNICA  
DEL PUEBLO**

**Meeting the Maternal and Newborn  
Health Needs of Displaced Persons in  
Urban Settings**

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# La Clinica del Pueblo

- Community Health Center serving primarily low-income Latinos in the Washington, DC metropolitan area since 1983.
- Our mission is to **build a healthy Latino community through culturally appropriate health services, focusing on those most in need.**
- We believe that healthcare is a human right.



# Refugees Without Recognition

- 14% of DC Metro Area is Latino
- Fastest growing population in the area
- Over 34% El Salvadoran
- Over 50% from Central America
- Lack of Refugee status excludes Central American immigrants from benefits such as:
  - Medicaid / S-CHIP
  - Food Stamps
  - TANF
  - Other re-settlement support
    - Refugee cash assistance
    - Case Management



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# Central American Immigration and Exposure to Violence

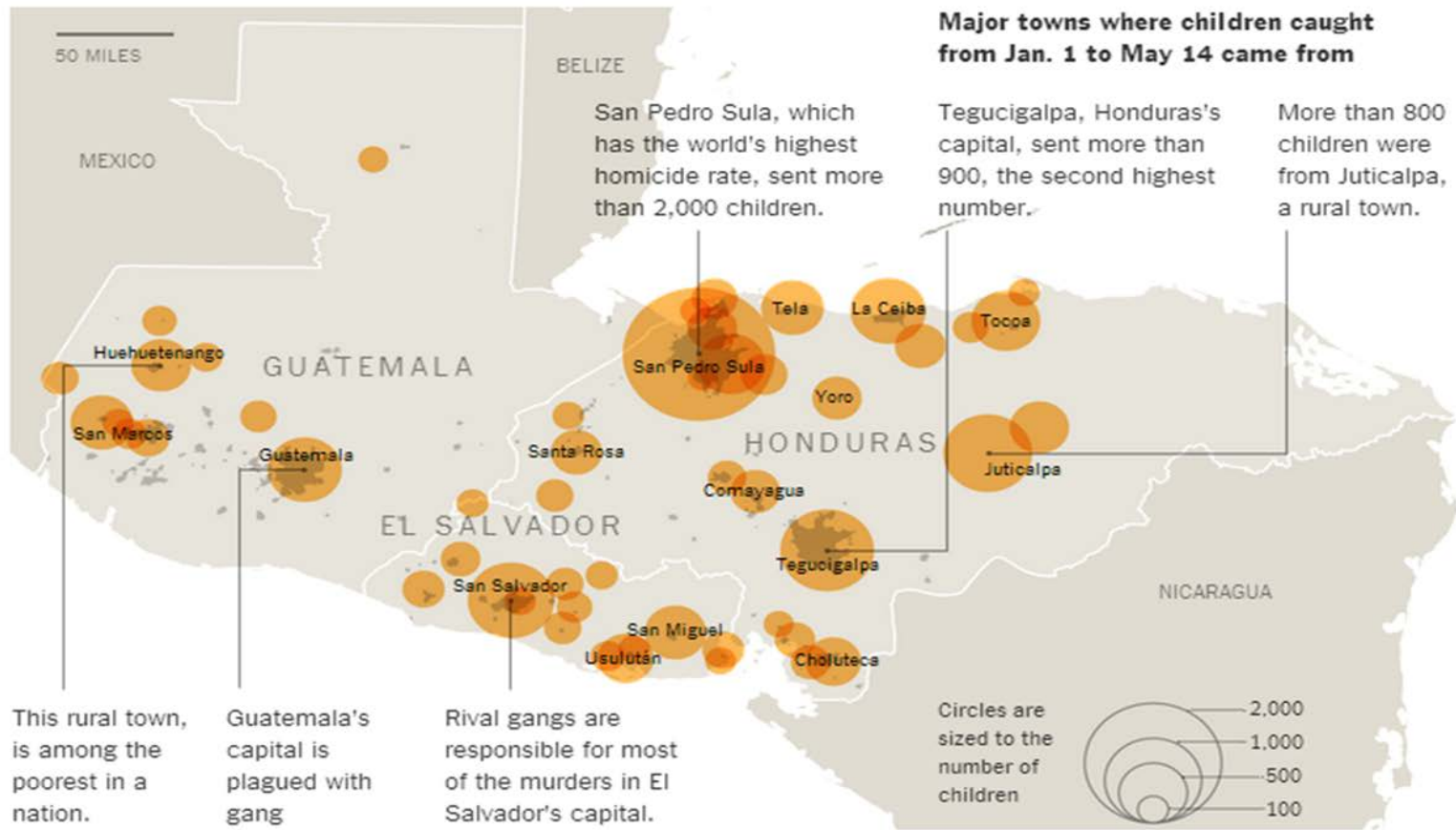
- First wave of migration occurs as a result of displacement from war (80s)
- Second wave of migration occurs as a result of destruction from war (90s)
- Third wave of migration occurs as a result of destruction and displacement from natural disasters (2000) –Mitch, Earthquakes
- Current migration wave characterized by younger children and families seeking refuge from gang violence



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# Unaccompanied Minors

**Q. Where are the migrant children coming from?**



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# Immigration and Family Structure

- Central American migration separated families
  - Income of patients diverted to needs in country of origin as well as locally
  - Reunification of children and parents difficult, frequent conflict and social problems
  - Inadequate or complicated family support structures
- Central American families have more members in the workforce compared to other Latino groups
- Current border crisis a crisis of numbers, but 30 year phenomenon

# Transnational Families and Communities

- “Community” not always based on geography
- Navigation of safety net sometimes guided by social networks in home country
- Rejection / fear of formal institutions leads to lay leadership, informal networks



# Snapshot of Female Patients

63% of female patients were in reproductive age (13 to 49)

7% of total female patients were between ages 15 to 19

7.5% of female patients within reproductive age received prenatal care

11% of prenatal care patients were between ages 15 to 19



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# Maternal / Child Health Complicating Factors

- Access to health care
- Adolescence
  - Family separation
  - High percentage of adolescent pregnancies in home countries
  - Lack of access to family planning in home countries
  - Cultural constructs around gender, sexuality
  - Gang threat for teen girls
- Trafficking
  - Extreme vulnerability for youth, esp. young women
- Sexual / Gender-based Violence
  - Fleeing violence in home countries
  - Rape, sexual assault during migration journey
  - Immigration status as “weapon” in gender-based violence / control
- Family Reunification challenges



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# Programmatic Responses

- Mi Refugio
  - Culturally sensitive youth development model that addresses school, family, social integration and mental health for recently-arrived youth
  - Significant focus on trauma and resiliency-building, with social service supports
  - Ex: diapers, navigation to family planning, harm-reduction support, family reunification counseling, homelessness support, dropout prevention



# Programmatic Responses

- Entre Amigas
  - Gender and health programming, focus on survivors of gender-based violence
  - Medical-Legal partnership
  - Promotoras / peer support to navigate immigration system and justice system



- Deep understanding of complexities of culture, families and relationships in an immigration context

# Community-Based Models

- By, of, and for the community we serve
  - Board of Directors
  - Staff
  - Patient Committee
  - Promotores
- Consumer input
  - Ability to meet emerging needs
- Program Development
  - Ex. Entre Amigas, Mi Refugio
- Feedback loops
- Training other providers



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