



INTERNATIONAL
RESCUE
COMMITTEE

IRC in Salt Lake City: Women's Health Needs Assessment

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Introduction

- IRC SLC Health Team and Programs Overview
- National Resource Center for Refugees, Immigrants and Migrants ([NRC-RIM](#))
- Preliminary client feedback during APA surge in 2022
- 1:1 Client Interviews and Surveys in the Clients Home

Health Needs Assessment (HNA) Development

- Extensive HNA covered a variety of 9 SRH topics including Primary Care, Fertility, Family Planning, Preventative Care, Healthy Partnerships, Interpretation, Accessing Care, Medications + Pharmacy and Communication Preferences.
 - HNA population – IRC report pulled of all female-identifying individuals (past 5 years, 18-55 YO) - 44 participants completed the HNA
- Conducted multiple rounds of a cultural validation process – this was imperative to ensure that HNA questions were as culturally appropriate as possible.
- Provider Survey was sent to providers in University of Utah Health & at Health Screening clinics and included the following topics: Staff Capacity, Family Planning, STIs, Fertility, FGM-C, Additional Feedback.

NA Implementation

- HNA was centered around a direct client experience. This enabled us to establish rapport with the clients, maximize participant response, & provide any needed clarification/rewording of questions.
- Trauma informed setting was absolutely essential to success. This included having a female interpreter present (virtual), establishing confidentiality, & awareness of possible traumatic triggers.
- Challenges encountered were both expected and unexpected, all of which provided us with insight to support future programing.

Data Analysis

- Mixed methods (quantitative & qualitative)
- Quantitative
 - 50+ questions for clients, 10+ questions for providers
 - Analyzed in Excel
 - Some summary statistics, some frequency counts

Data Analysis

Do you prefer a male or female interpreter? ▾

Don't care

Female

Female

Female

Female

Female

Female



Question	Count	Percent
Do you prefer a male or female interpreter?		
Female	32	72.7%
Don't care	8	18.2%
Other	2	4.5%
No data	2	4.5%

Data Analysis

What are types of contraception you are aware of?
Depo Shot; IUD; Pills
Pills; Depo Shot
Abortion; Abstinence; IUD; A
Condoms; Pills
Arm Implant
Arm Implant; Pills
Condoms; Arm Implant; Pill
Pills; Arm Implant; Depo Sho



Question	Count	Percent
What are types of contraception you are aware of?		
<i># of respondents who said "None" or had blank responses</i>	11	25%
<i>average # of contraception types listed (respondents who listed at least 1 type)</i>	4.4	
<i># of times each contraception type listed by respondents</i>		
<i>Pills</i>	29	
<i>Condoms</i>	20	
<i>Arm Implant</i>	19	
<i>Depo Shot</i>	18	
<i>IUD</i>	18	
<i>Abstinence</i>	9	
<i>Abortion</i>	7	
<i>Sterilization</i>	5	
<i>Withdrawal</i>	5	
<i>Calendar</i>	4	
<i>Morning after pill</i>	4	
<i>Ring</i>	4	
<i>Patch</i>	2	
<i>Other</i>	2	
<i>None</i>	8	
<i>No data</i>	3	

Data Analysis

- Qualitative
 - ~18 questions for clients, ~6 questions for providers
 - Coded themes, frequency counts by theme
 - Highlighted key quotes

Data Analysis

What positive or negative experiences have you had utilizing Utah's healthcare system?
positive experiences ; no ne
Supportive & helpful. They'
It's good, nothing bad.
Has had a lot of difficult exp
The doctors don't give any n
Everything has been great
This is her first pregnancy, a l
They were really helpful. Ac
I am always satisfied when'

Question	Count
What positive or negative experiences have you had utilizing Utah's healthcare system?	
Mostly positive	34
Communicating with providers - negative	4
Medication - negative	4
Pregnancy - positive	3
Pregnancy - negative	2
Accessing care - negative	2
Medication - positive	2
Insurance and cost - negative	2
No data/Skip	1

positive experiences ; no negative
Supportive & helpful. They've treated me well. I don't have bad experiences.
It's good, nothing bad.
Has had a lot of difficult experiences. Struggling to get pregnancy , doesn't feel like there are good options or that the doctors understand . Has taken her a long time to get an appt and see the doctor . She has been told that it wouldn't be covered by Medicaid . Feels like things have not been explained thoroughly to her. The doctors don't give any medications to me. They don't listen .
Everything has been great
This is her first pregnancy , and it has been a difficult adjustment in the United States. She and her husband did not have much information and did not realize that their medical bills for having a baby could be covered by health insurance . They really struggled in the first three months of her pregnancy.



Findings & Recommendations – Preventative Care

Findings

There is a low rate of Afghan clients receiving preventative care. Although about half of the respondents reported that their provider has discussed a PAP and/or mammogram with them, only 2 actually have received one.

Recommendation

- Develop and Implement culturally and linguistic relevant health promotional educational classes, videos or other materials around women's preventative health topics.

We are not from this country so we do not know about this type of medical care. we don't know preventative type of care

Didn't know before but after talking about preventative care, it would be important to go.

If you don't have an health concern, you shouldn't go to the doctor to waste their time.

*After talking about what preventative health is, participant feels that this is a good idea.

We don't go to the doctor unless we are sick or very sick. I think that it is a part of our culture or at least what we are used to. We don't go if we're healthy, and it probably would be good to go.

Findings & Recommendations – Primary Care

Findings

Overall clients report a positive experience with the US health care system (63%).

Over half of the respondents reported that they prefer a female when choosing their PCP.

Recommendation

- When setting up primary care appointments for clients, ask the client if they have a preference on the gender of their provider and set up the appointment accordingly.

Has had a lot of difficult experiences. Struggling to get pregnant, doesn't feel like there are good options or that the doctors understand. Has taken her a long time to get an appt and see the doctor. She has been told that it wouldn't be covered by Medicaid. Feels like things have not been explained thoroughly to her.

Doctors have been nice to me. It is hard to go to the doctor because it is time consuming and getting transportation there is hard. It is also time consuming. I have not been able to get supplements for my iron deficiency in the U. S. because of this.

Findings & Recommendations – Interpretation

Findings

97.7% of respondents report that they feel their doctor understands their needs.

Clinics are providing interpretation in different dialects which affects how well needs are communicated.

72.7% clients report that they prefer to have a female interpreter.

36.4% prefer In-person interpretation, 4.5% prefer over the phone and 56.8% don't care.

Recommendation

Provide outreach and education to clinics and hospitals to advocate for improvements to ensure that interpretation services are provided in the clients native language and with the option to choose the gender of the interpreter

Educate clients to empower them to ask for a female interpreter and for an interpreter in their native language.

The hospital usually gets the correct language. But She has had experiences where a Pashto speaker interprets in Dari but interpretation is incorrect. When clinic provides interpretation – calls will disconnect in the hospital, then they must wait for another interpreter, often a different one and starts all over. Gets confusing and is time consuming.

Interpretation is very important. Most of the time there aren't many interpreters available for their language. Clinics are struggling to find someone, even in important situations. Interpreters are our voice they need to be our voice wherever we go.

Offer female/male interpreter. We are almost always given Farsi interpreters, it would be better if we could have a DARI Interpreter from Afghanistan, not Farsi from Iran. We don't understand the dialect and accent.

For gynecologist they must provide female, otherwise doesn't matter. Must be Dari, not similar languages like Farsi or Persian.

I prefer a translator in person. Also, it would be helpful to have a help line I can call whenever I need help translating in a situation

Findings & Recommendations – Family Planning

Findings

Clients have previous experience + knowledge of contraception options (pill, condoms, IUD, Implant, Depo Shot)

Male Providers/Interpreters are a barrier for accessing contraception.

80% reported that they did not know that contraception is free in the US.

Majority report that it is very important for women to be educated about family planning options available to them and how to prevent pregnancy.

Recommendation

Ensure that a female provider and interpreter is scheduled for family planning medical appointments.

Work with the local health care provider networks to staff contraception clinics with female staff/interpreters.

Provide education to clients around contraception options and facilitate access to care.

I learned about it from the IRC and then I discussed it with the doctor when I went there. They told me for information about it and that's what I use.

"I received back home in Afghanistan. When I had my baby I took it off. I did not talk to my doctor about the implant. I have not tried to access contraception in the United States... According to my religion I cannot speak about these thing to males, only to females."

It would be hard to talk to the doctor about it if they were male.

If the doctor is female I can talk to her, no problem. And a female interpreter

Back home it is very hard so it's significantly easier in the United States.

"In Afghanistan, the hard thing is that women usually cannot explain their concerns and issues to a male doctor. It is not easy to talk to a male doctor."

Findings & Recommendations – Healthy Partnerships

Findings

63.6% of respondents report that their husbands are equal partners in health related decision making. Majority (75%) reported that they feel comfortable expressing their SRH needs openly with their partners.

28 respondents reported that their partner decides how many kids they will have and 27 respondents reported that their partner decides if they will use contraception.

Almost half of the respondents did not know that they could seek help for domestic violence without filing a police report.

Recommendation

At the clients discretion, create space to include her partner in contraceptive health and education discussions and health care services.

Target DV prevention education to include supportive services that don't have legal implications.

Findings & Recommendations – Access & Pharmacy

Findings

88.6% report that they know how to get the medications they need.

93.2% of clients report that they understand how and why to take their medications.

65.9% report they know how to refill their medications.

68.2% of respondents schedule their own appointments however 17 report that they rely on family (husbands) to schedule their appointments for them.

Language is the biggest barrier experienced by clients at the pharmacy. Majority report that they pharmacy will provide interpretation IF you ask for it (not automatic) and majority report that they rely on their husbands to interpreter their medications for them.

Recommendation

- Empower women to ask for interpretation at the pharmacy so they do not have to rely on their partners
- Target education to women on how to schedule their own medical appointments to ensure gender equity.

Husband helps with his English. A lot of Afghans work at the Walmart, so she will often as for their help.

Husband navigates a lot of these things, but in appts the doctor does explain things to me. Sometimes I don't understand but I ask and try again.

Whenever I go with my husband I have no problems, but when I go by myself the language barrier is hard.

The biggest barrier is not knowing what medicines are not covered by medicaid.

Findings & Recommendations – Communication Preferences

Findings

Clients prefer text messages and phone calls when receiving communications about upcoming classes and workshops.

Clients wish to receive more education on preventative care, accessing care, self-care and contraception.

Majority reported that they wish to receive such education via individual/asynchronous content (videos, reading materials, email, text, etc.)

Clients wish SRH classes to be offered to men and teens (12-17).

Recommendation

- Develop and Implement Women's Health Promotional Classes in conjunction with Men's Engagement and Teen Programming.
- Create and Disseminate asynchronous health promotion educational content.

Flyer, video, reading materials - anything at home

Reading to have at home, YouTube

Text messages with information and individual education on the subject.

Written information in Dari as well as video in Dari

IRC; in person especially if there are many participants.

A group class in person would be the best for me.

Text messages with information and individual education on the subject.

At home - someone visiting home or online. Lots of responsibilities with kids.

one on one home visits, or phone calls

Findings & Recommendations – Clinic Capacity

Findings

100% of all providers (UofU & HS Clinics) reported that they have capacity to ensure all female patients can meet with a female provider.

50% of UofU respondents reported that they could ensure a female interpreter.
66.7% of HS clinics reported that they could ensure a female interpreter.

Recommendation

- This finding conflicts what we see out in the field. Although clinics report they can ensure a female provider is provided – this is not the case or there are delays in access to care if requested.
- Advocate for better access to female interpretation. Provide a female interpreter when possible.



Findings & Recommendations – SRH Rights

Findings

100% of UofU Providers and 66.7% of HS Providers reported that they do NOT discuss SRH rights with patients.

55.6% of all providers reported that they do NOT discuss HIPAA and consent at medical appointments.

Recommendation

- Provide better education to clients about HIPAA law and confidentiality as it relates to health care decisions. Do not assume that this is happening at the clinic.

All patients receive a confidentiality agreement when they establish care which they sign. I am not sure it is even in their language. I do not have the habit of disclosing this at the beginning of the visit. I also feel that if I do that with my female patients in front of their male partners, that would not go well.

Their partners answer for the pts

This is not typically within the scope of an initial screening visit to have time to discuss these topics.

Findings & Recommendations – Family Planning

Findings

66.7% of the HS providers reported that family planning/contraception is NOT discussed at the HS visit.

If a patient discloses that they would like to prevent pregnancy then 100% of the providers reported that contraception options are discussed but only 3 out of 9 of the providers offer condoms to patients and follow up appointments are scheduled for contraception care.

Recommendation

- Build SRH screenings into the health screening appointment work-flow.
- Educate providers about the importance and need for SRH services at the health screening appointment rather than relying on follow up appointments.
- Advocate for longer health screening appointment times.

time and it's not a part of the visit flowsheet

For the same reasons mentioned above this discussion is typically reserved for the next appointment with a PCP or at a dedicated "women's health" appointment (i.e. with pap smear). If the screening appointment can be made with a female provider with a female interpreter, these conversations can more likely be appropriate during the initial screening visit. They are not all currently scheduled this way.

Findings & Recommendations – Additional Feedback

Findings	Recommendation	
<p>100% of the HS providers reported that time is the biggest factor limiting their ability to address SRH needs. As a result, HS providers rely on follow up appointments to address SRH. Meanwhile providers are reporting that patients/clients often no-show the follow up appointment.</p>	<p>Build SRH services into HS Work flow</p> <p>Build health system capacity for RAC clinics for New Americans</p> <p>Advocate for longer HS appointment times</p> <p>Provide trainings and technical assistance to health care providers around New American SRH needs.</p>	<p>We cannot educate our providers enough about cultural competency. In the early years of my career I used to get angry when the male partners did not want to leave the room when I wanted to discuss women health topics. Most of the times I did not see those people again. My mindset has shifted significantly and now I focus on the long-term goal and establishing a respectful and healthy relationship with the whole family. It may take 2 or 3 visits to get to a point where I had earned the trust of both the patient and the partner. It has been hard, but I have been more successful this way.</p> <p>It can be challenging to address all this during the health screening visit as there are so many different priorities. This is one of the reasons I suggest a two-visit screening process where at the second visit we can have more time to review labs and discuss preventive care including sexual/reproductive health</p> <p>There is not enough time during these appointments to cover all of these things, so follow up appointments are made. Patients often no show these follow ups and so many of these topics aren't addressed/discussed.</p>



Breakout Rooms

- **Room 1:** One of our next steps is to "close the feedback loop" and share the outcomes of the needs assessment with the clients who participated. What ideas or good practices would you recommend for the Salt Lake City team in closing the feedback loop?
- **Room 2:** This needs assessment was conducted with clients (mostly Afghan women) and providers in Salt Lake City. In your experience, how do the learnings compare to other locations or other populations?
- **Room 3:** What experience, if any, have you had related to conducting or interpreting needs assessments? What kinds of questions do you feel are most informative? What kinds of questions would you avoid using?
- **Room 4:** We administered this needs assessment in a one-on-one format. What do you see as the benefits or drawbacks of this approach? What about other approaches?
- [Jamboard](#)



Q&A