

# UC San Diego

## Independent Study Projects

### Title

Establishing a Women's Health Clinic in Tijuana, Mexico

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**TITLE OF PROJECT:** Establishing a Women's Health Clinic in Tijuana, Mexico

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**ISP COMMITTEE:** Shaila Serpas, MD  
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### 1) **Restatement of the original goals and planned intervention**

Both medical students and faculty recognized the need for accessible health care among marginalized populations in the Zona Norte, and in 2011, a bi-national student-run free clinic was established in the heart of Tijuana's red-light district (Ojeda et al., 2013). The clinic known as HFiT, or Health Frontiers in Tijuana, partners with Tijuana's Autonomous University of Baja California School of Medicine (UABC) and the University of California, San Diego School of Medicine. HFiT is equipped to provide medication, basic laboratory tests, and social services to patients living in poverty. Despite the clinic's success in providing continuity care for more than 600 patients in 2012, the HFiT clinical faculty and student leadership recognized the need for a vulnerable women's health clinic. An HFiT survey conducted between May and December 2012, found that of the 211 female patients, 12% stated they required obstetrical or gynecological care. Apart from HIV and syphilis diagnostic testing, the HFiT clinic currently lacks the supplies to perform other sexually transmitted infection testing, pap smears, endometrial biopsies, or provide contraception. Furthermore, increasing HIV prevalence among female sex workers (FSWs) in Tijuana emphasizes the need for interventions dedicated to the education and prevention of HIV transmission. In a study of 924 FSWs, nearly one third of all questions on HIV transmission and prevention mechanisms were answered incorrectly (Robertson, Ojeda et al., 2012). Therefore educating and refuting common HIV misconceptions among FSWs demonstrates a potentially powerful intervention method for HIV prevention. The HFiT clinic has provided the physical space for a women's clinic. This includes a private exam room and an exam table. Our plan of action is geared towards formally establishing a Women's Clinic that will address the needs of our vulnerable patient population and will sustain long-term contribution to the clinic. The three main areas we will target include: **(1) community outreach, (2) acquisition of cost effective supplies, and (3) development of a women's health curriculum. The Arnold Gold Summer Service Fellowship funded this project.**

### 2) **Description of activities undertaken, including information on number of participants/beneficiaries**

#### **Community Outreach:**

Beginning the summer of 2013, after each Saturday clinic two clinic volunteers and I went around Tijuana's Zona Roja in order to distribute flyers advertising our services and clinic location. We also distributed condoms and handouts on how to properly use a condom. Although we handed out maps/flyers to females all around the clinic, we tried to target the areas where most sex work took place in the Zona Roja. Here we asked female sex workers if they were willing to fill out a brief, anonymous survey asking where they currently go for medical attention, what medical services they need, and whether they were aware of our HFiT clinic. The surveys evolved over the course of the summer as we found some questions to be more effective than others and many FSWs did not have more than 5 minutes to devote to answering survey questions. Although responses varied for desired medical services, based on the results most sex workers did not know about

our clinic prior to taking the survey. With a finalized version of the survey currently in place, we will continue to assess the population and evaluate how responses change over time.

### **Acquiring Cost Effective Supplies:**

After researching the most cost-effective options for an ultrasound, including contacting the Professor of Clinical Emergency Medicine and Director of Instructional Ultrasound at UC Irvine School of Medicine, we found that our past contact for much of the clinic supplies was the best and most reliable option. We were able to secure an ultrasound (GE RT 2800) complete with wide-angle probe, vaginal probe, and printer for a total of \$2300. The ultrasound is refurbished, recalibrated and in great condition. Although the budget for the summer did not allow for purchase of both ultrasound and colposcope, we are very pleased that the ultrasound with endoprobe will allow us to perform transvaginal ultrasounds to assess gynecological anatomy.



Through a representative from the Centro de Salud de Otay supported by Baja California Health Department (ISESALUD), we acquired all the materials to perform our first PAPs at clinic on July 13<sup>th</sup>, 2013. We advertised this clinic date during community outreach. With the help of volunteer UCSD doctors and residents from the Scripps Family Medicine Residency Program, we performed 13 PAP smears. The Centro de Salud de Otay is a government supported health clinic that has agreed to provide all future microscope slides and materials needed to perform and read PAP smears free of charge.



## **Development of a Women's Health Curriculum**

Following the clinic's goal of empowering its patients, we have designed a Women's Health curriculum that explores female anatomy, body perception, and general nutrition. The implementation of this program and its success can be attributed to the collaboration with Por La Vida (PLV). Por La Vida began as a pilot health education-advising program in San Diego in 1987. Evidence of its success and longevity 25 years later is seen through the over 200 "Consejeras" or advisors that currently lead small group sessions in the medically underserved Latino Community of San Diego. The key to PLV's success is a curriculum that has evolved to meet the needs of its female population in order to effectively provide guidance and support to group members. Topics covered by weekly PLV sessions include cardiovascular risk reduction (Mujeres Decididas), tobacco use prevention (Luchando Contra El Uso de Tabaco), Cancer Screening and Prevention (Darnos Cuenta), Breast Cancer Education (Cuidandome), Nutrition and Cancer (La Nutricion Y El Cancer, La Mujer Y El Cancer), and Family Communication, Parenting Skills and Community Resources (Familias Saludables). I had the pleasure of contacting PLV and recruiting a Consejera to come to the Tijuana clinic to teach a session ("Cuidándome: La Mujer"). This was the first class of our "Mujeres Protegidas" series that covered topics such as female anatomy, menstrual cycles, body perception, and nutrition. A total of 5 women were in attendance, 4 of which were sex workers. The session took place in one of the upstairs rooms of the HFiT clinic that comfortably fit the participants, our PLV Consejera Gloria, and two observers from Flying Samaritans who were hoping to bring a similar program to their clinic in Ensenada.

We began the class with a consent form and pre-survey to assess general knowledge on the topics we would be discussing during the class. We then began the discussion on female anatomy utilizing teaching aides provided by Por La Vida. Our group instructor Gloria went above and beyond to make class enjoyable and very informative for the women. Gloria's presence made the women feel comfortable and many were willing to share personal stories and experiences. The women were given diagrams of female anatomy and pocket calendars so they could chart their menstrual cycle as well as any reflections for the day. We concluded the class with a healthy snack (5 ingredients blueberry oatmeal muffins) with recipes to take home to their friends and family. We ended the class with questionnaires assessing how the women felt the day went. 5/5 of the questionnaires expressed high interest level in the topics discussed and that they learned a lot of new information from the day's session.

Photos from our "Mujeres Protegidas" Session





As part of our women's health curriculum we also realized the importance of training medical students and maintaining participation in the student-run clinic. We will expand clinic participation through both the HFiT elective and the newly established HFiT student interest group. The HFiT elective includes a didactic course with a curriculum developed by clinical faculty from both UCSD and UABC. The course thread incorporates clinical shadowing. Lectures occur before clinic starts on Saturday and include topics such as health disparities and policy in Mexico, substance abuse in Zona Norte, and medical history taking. At clinic, medical students receive hands on training from attending physicians on how to perform a PAP smear and other gynecological exams. This is a very exciting opportunity since most medical students don't receive training in this area until 3<sup>rd</sup> year clerkships. In addition, with our partnership with the Scripps Family Medicine program, we successfully completed an IUD placement



workshop on 10/30/13. Under the instruction of Dr. McKennett, medical students learned more about the different types of contraception and their application. All events were organized by the HFiT student interest group, which will strive to promote awareness and interest in the Tijuana clinic. Below is a picture from UCSD School of Medicine Activity Fair where incoming and current medical students can sign up for the HFiT interest group.

*2013 UCSD SOM Activity fair*



*HFiT Grab-n-Go Breakfast Fundraiser*



### *IUD Training Workshop*



### 3) **Discussion of the project’s final results and its impact on the target issue/population, including whether or not the original goals were met**

Overall, clinic outreach on the streets in the Zona Roja was a very effective way to get word out about the clinic and the services. As recorded in a previous HFiT study, during December 2012 we had 211 female patients. On September 1<sup>st</sup>, 2013, our electronic health record showed the clinic was serving 364 female patients. With the purchase of an ultrasound, our services have expanded to include assessment of gynecological anatomy. In addition, our partnership with ISESALUD allows performing and reading PAP smears at HFiT free of cost.

Our first class in the women’s health curriculum was a huge success. The collaboration with Por La Vida allowed us to adapt a lesson plan that has been proven successful among the Latino Community in San Diego. The pilot class with a PLV “Consejera” allowed us to evaluate what worked well and what needs to be modified for our specific patient population. PLV agrees to continue its support in our lessons and we plan to train UABC and UCSD medical students to assist in facilitating future sessions. Overall the female patients were very receptive to the class and were very excited when they left the class with new



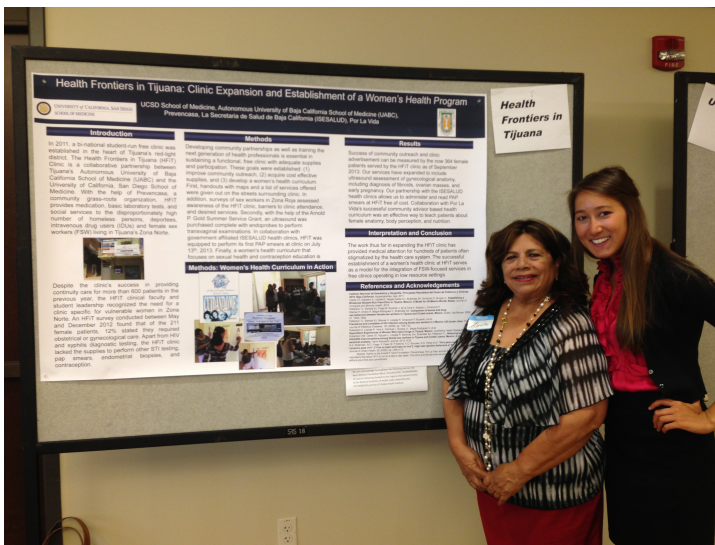
friends, more knowledge, and resources to take home. Therefore, collaborating with Por La Vida and its successful community-advisor-based health curriculum was an effective means to teach patients about female anatomy, body perception, and nutrition.

Despite progress made during the summer of 2013, one obstacle faced was maintaining continued contact with our female patient population. It was at times difficult to establish continuity of care when most patients lack phones and a regular work schedule. We were able to partially work around this issue by utilizing appointment reminder cards, which notified patients when they should come back for PAP results or a follow up visit.

**4) Presentation of Work**

On Monday, September 9<sup>th</sup> 2013 I presented at the San Diego State and UCSD Cancer Center Comprehensive Partnership 5th Annual Reception & Poster Presentation. This poster presentation focuses on community-based organizations that promote healthy bodies and address factors that may lead to cancer disparities in communities. This was a great opportunity to share the progress of the women’s clinic. In addition, our clinic served as a model for the expansion of free clinic services operating in low resource settings. New contacts were made in assisting with future clinic development.

***2013 San Diego State University and UCSD Cancer Center Comprehensive Partnership 5th Annual Reception & Poster Presentation with Gloria, our “Consejera”***



### 5) Current Situation and Next Steps:

Since the initiation of this project, numerous changes have challenged our progress. First of which, the clinic site was moved to the Desayunador Salesiano “Padre Chava,” soup kitchen. The new site offers increased space and a large pool of potential patients. Coinciding with the clinic site change, an influx of Haitian migrants arrived in Tijuana. They are seeking refuge in the United States from political unrest in Haiti and the aftermath of Hurricane Matthew. Unable to keep up with the growing number of Haitians arriving at the border, the USA has recently reinstated deportations, a change from a 2010 policy, which accepted all Haitians. Fearing deportation, many Haitians are forced to wait in Tijuana to regroup with family and loved ones. Mexico has done its part in aiding these migrants who have often traveled far distances and put everything at stake to arrive at the border. Padre Chava has been transformed to house Haitians overnight. At one point, the space provided shelter for over 500 people with mattresses overflowing to the street in order to accommodate all the migrants.



The women of the HFiT clinic needed an independent space where they could congregate and continue weekly sessions. As a result, a support group of 20 women meets every Saturday at a new clinic space close to the Zona Norte. The women take turns leading discussion in this dynamic group. Many of the women belong to marginalized populations in Tijuana. Similar to the design of the PLV sessions, the premise of this group is *empowerment* through *knowledge*.

In support of the HFiT women’s group, during the week of February 6<sup>th</sup>, 2017, the UCSD SOM coordinated a drive to assist in items of basic hygiene and care. Feminine products were donated throughout the week culminating into the final collection at the Winter AC cup. The SOM donated over 100 items through the initiative of the medical students.

*Each box represents an academic community at the 2017 UCSD SOM WINTER AC CUP.*



*The supplies were carried across the border by a team of medical students, Scripps residents and faculty.*



Despite the changing global health environment that challenged this project, establishing the support services for women in Tijuana allowed me to work directly with the HFIT patient population in the exam room, in the classroom, and on the streets where they worked. It gave me the opportunity to hear personal experiences and understand their concerns and health needs. Overall the expansion of the HFIT clinic has provided medical attention to hundreds of patients often stigmatized by the health care system. This experience enhanced my understanding of humanistic medicine. It allowed me to address the needs of a population that is often overlooked. Spending time to understand primary health concerns will allow more focused medical attention and assist in breaking down the barriers to medical care in Tijuana, Mexico. We must not forget the power of empathy in all relationships: physician to patient, “consejera” to support group, and peer-to-peer. Nor should we forget how knowledge can empower individuals to take ownership of their health. It is experiences like these that remind us why we chose the field of medicine.

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