

Annual Western New York Refugee Health Summit

A Summary and Recommendations
April 20, 2018



University at Buffalo
Global Health Equity
Community of Excellence



University at Buffalo
Office of Global Health Initiatives
School of Public Health and Health Professions

MAKING UB-COMMUNITY

Connections

TO IMPROVE REFUGEE HEALTH AND WELLBEING

The 5th Annual Western New York (WNY) Refugee Health Summit Report was co-authored by Jessica Scates, administrative coordinator for the Community for Global Health Equity and Paige Iovine and Chelsea Recor, MPH/MD dual degree students at the University at Buffalo. Graphic design was done by Nicole Little, graduate assistant for the Community for Global Health Equity and dual degree graduate student in Architecture and Planning at the University at Buffalo.

The Annual WNY Refugee Health Summit is co-sponsored by the University at Buffalo's Community of Excellence in Global Health Equity and School of Public Health and Health Professions' Office of Global Health Initiatives.



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Executive Summary

Buffalo is among the top locations for refugee resettlement in the United States. Coming from countries such as Afghanistan, Burma, Iraq, Democratic Republic of the Congo, Somalia, and Syria, refugees add to the diversity of Buffalo's neighborhoods, schools, and businesses. Refugee and immigrant populations contribute to population growth, high rates of workforce participation, large tax contributions, and spending power.¹

Cultural, religious, educational, economic, language, and political barriers impede the development of culturally competent environments and the opportunity for refugees to lead successful, healthy lives in the U.S. To ensure population level health and wellbeing, the available clinical and social services, economic opportunities, educational programs, and social networks must reflect and support this growing diverse population. The Annual Western New York (WNY) Refugee Health Summit unites clinicians, resettlement representatives, community health workers, researchers, students, municipal leaders, and refugees to highlight innovative university-community partnerships that have resulted in research, programming, and solutions to improve health and wellbeing for refugees.

The 5th Annual WNY Refugee Health Summit highlighted university-community partnerships that seek to build culturally competent environments, improve clinic operations, improve mental health care, advocate for positive change in Medicaid, and support rising leaders.



Recommendations

1



Health Care Visits

Providers and clinics must allocate extra time and resources to build trust with their patients. By building trust, providers are better able to advocate for and meet their patient's diverse needs.

2



Providers and health care facilities must utilize legally required language resources like interpreters and translated resources in all interactions with their patients.

3



Health care visits should include important discussions around food access and family planning – subjects affected by culture and a major factor in a patient's health and wellbeing.

4



Health care providers, community health workers, resettlement agencies, and refugee leaders must work together to provide preventive care education that is culturally appropriate.

Recommendations

5



Health care providers would benefit from utilizing culturally sensitive screenings, like the [RHS-15](#), at the appropriate times.

6



The community must advocate for more specialists to take pending Medicaid patients.

7



Practitioners who do not feel they have the necessary training to understand diverse population needs should contact experts from the [New York State Department of Health](#), [International Institute of Buffalo](#), or [University at Buffalo](#) to access training in cultural competency.

Recommendations

Policy



Cross-sectoral collaborations among resettlement agencies and local government agencies are important. We need to engage diverse voices – including refugees – in local government policy and planning. Organizations that work with refugees can communicate with the city’s department of planning to ensure relevant neighborhood information is communicated and policy changes occur that reflect real community needs.

Education



Higher education must include cultural sensitivity training to prepare future health care professionals to serve in the diverse communities they will work.

Capacity Building



Local agencies would benefit from hiring members of refugee communities who are advocates for their communities and can provide cultural and language expertise.

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Building

Culturally Competent Environments

Erie County resettles the highest percentage of refugees across New York State; in 2016, 1,800 resettled in Buffalo and the surrounding communities.⁴ Refugees (and immigrants) bring a cultural richness to Buffalo and help to power the American economy. An accessible, culturally competent food environment, culturally sensitive, holistic health care and social services, and safe, affordable housing are vital to ensuring health and wellbeing for these diverse populations. However, refugees can endure overt and subtle degrees of discrimination. Numerous cultural, religious, educational, economic, language, social, and political barriers impede the development of culturally competent environments and the opportunity for refugees to lead successful, healthy lives in the U.S.

Presenters:

Samina Raja, Professor, Urban and Regional Planning, University at Buffalo¹
Kafuli Agbemenu, Assistant Professor, Nursing, University at Buffalo²

Panelists:

Alexandra Burger, Director, Western New York Center for Survivors of Torture³
Joe Gambacorta, Assistant Dean for Clinical Affairs, Dental Medicine, University at Buffalo³
Sara Safarzadeh-Amiri, Medical Doctor, Jericho Road Community Health Center³
Merlyn Vilma, Director of Public Health, Neighborhood Health Center³

Building Culturally Competent Environments

Townhall Discussion



Urban and Regional Planning

Uninformed urban planning in resettlement cities creates environments that are unsustainable for refugees.⁵ As rental prices increase, low-income families, many suffering property owner exploitation, live in poor living environments, often exposed to problems like lead poisoning. However, businesses and municipalities are responding. In 2018, Buffalo created a lead action plan⁷ to end lead poisoning among its most vulnerable populations. One exemplary organization, [PUSH \(People United for Sustainable Housing\)](#)⁶, empowers refugees to understand their rights by helping home renters and owners with housing issues.

Although immigrants and refugees run food-related businesses in Buffalo to provide fresh, healthy foods in urban neighborhoods,⁸ some communities still lack access to culturally preferred, healthy, and affordable food. Additionally, dietary shifts, a result of their displacement, may create unanticipated health consequences for refugees. [Dr. Samina Raja](#),⁹ professor of urban and regional planning at the University at Buffalo, led a pilot study assessing how refugees in Buffalo adapt to a new food environment. "[Dealing with Disparities in Food Access Among Refugees](#) (DDFAR)"^{10,11,12,13} used a community-engaged qualitative approach, interviewing refugee households from Burma living in Buffalo. Their responses noted that limitations to accessing healthy, nutritious food included transportation (stores are quite far from where they lived, especially for those without a vehicle), a burdensome land use pattern not conducive to walking, limited English proficiency for some refugees, a lack of available land to grow food, and social isolation.

Building Culturally Competent Environments

Townhall Discussion

Urban and Regional Planning (continued)

Several local projects seek to improve the food environments in Buffalo:

Refugee households desire to grow their own produce. Grassroots Gardens of WNY acts as a liaison between the city government and gardeners – securing land access, providing access to liability insurance, and supporting gardeners. Already, 15,000 parcels and more than [100 community gardens](#)¹⁴ exist, several run by refugees. However, the current needs far outweigh what is available, and many gardens located in the suburbs are only accessible by personal vehicle.

Health care providers now write prescriptions for fresh fruits and vegetables, which patients can obtain through a mobile market called [VeggieRx](#).¹⁵ To be culturally acceptable, the foods available through such a program should reflect the foodways of refugees who may cook with ingredients different than what is commonly consumed in WNY.

A new effort funded by a [grant from the General Mills Foundation](#) provides financial support for establishing or strengthening food projects in Buffalo,¹⁶ including at least two that support refugee households. Specifically, the project supports a farm for the Somali Bantu refugee community.





Building Culturally Competent Environments

Townhall Discussion

In Western New York, African refugees from Somalia, Congo, South Sudan, Burundi, and Rwanda, account for 23% of total refugees resettled over the last ten years.² Of these, the Somali Bantu are the most populous.²

Culturally Engaged Health Care

Reproductive health care is integral to eliminating health disparities and improving overall health, while increasing educational attainment, career opportunities, and financial stability.² Scant research exists that assesses, for example, the reproductive health needs of diverse populations, as well as potential interventions and health outcomes that improve their health and wellbeing. [Dr. Kafuli Agbemenu](#),¹⁷ assistant professor of nursing at the University at Buffalo led a study¹⁸ to explore reproductive health experiences of Somali Bantu women living in Buffalo and their knowledge of reproductive health services, family planning, and care during pregnancy and childbirth. Dr. Agbemenu interviewed thirty women aged 18–65 years. Her study suggests providers should pay particular attention to the language they use in health care communication. Somali Bantu women in her study believe children are a blessing; large families are the norm. For a culture that believes reproduction is determined by biology and not choice, phrases like “delay your pregnancy” can be off-putting. More culturally appropriate language, such as “space out pregnancies,” ensures patient-centered care.

Good care takes time. When providers adhere to scripted ways of providing physical and mental health care, they can miss important culturally nuanced information. When working with populations from different cultures, Alexandra Burger, director for the Western New York Center for Survivors of Torture takes extra time to listen to patient concerns with an open mind. Patients from diverse cultural backgrounds may describe their physical and mental health issues in an unfamiliar and unique way.³ Dr. Sara Safarzadeh-Amiri, Medical provider at Jericho Road, practices culturally sensitive care while also identifying and addressing other existing barriers to health and wellbeing such as language, cultural identity, socioeconomic status, and diet.³ To ensure her clients receive the most appropriate care, Merlyn Vilma, director of public health at Neighborhood Health Center recruits, hires, and trains people from the community.³ A number of health centers in Buffalo provide culturally appropriate, trauma-informed care to their patients. These include Federally Qualified Health Centers [Jericho Road Community Health Center](#)¹⁹ (JRCHC) and [Neighborhood Health Center](#),²⁰ as well as the [Western New York Center for Survivors of Torture](#),²¹ which supports individuals and their families who have experienced trauma, and political and state-sponsored torture.

Building Culturally Competent Environments

Townhall Discussion

Preventive Care

Good dental health affects whole health. However, a lot of care seeking is episodic (patients seek care when something is wrong) which can lead to complications and further health problems. Joe Gambacorta,²² assistant dean for clinical affairs with the University at Buffalo's School of Dental Medicine²³ notes that preventive [oral health services](#)²⁴ exist via the Medicaid program. Patients with Medicaid can be seen at [UB Dental locations](#),²⁵ where all services are available to patients with limited English proficiency, subject to their insurance plan limitations, and/or budgets.



Refugees bring a wealth of diversity, skills, culture, and knowledge to our communities, yet there are still barriers hindering their ability to lead healthy and successful lives in Buffalo. It is crucial, for the health and wellbeing of all Americans that together we purposely work toward the creation or maintenance of culturally competent environments.

Building Culturally Competent Environments

Recommendations

1



Urban Planning

Cross-sectoral collaborations among resettlement agencies and local government agencies, especially urban planners are important. We need to engage diverse voices – including refugees – in local government policy and planning. Organizations that work with refugees can communicate with the city’s department of planning to ensure relevant neighborhood information is communicated and policy changes occur that reflect real community needs.

2



To file lead poisoning complaints and requests for services, call the Erie County Department of Health Environmental Health Division²⁴ at 716-961-6800. For individuals interested in participating in a recently released lead task force and lead action plan²⁵ through the Community Foundation for Greater Buffalo, contact the City’s [Office of New Americans](#)²⁶ at 716-851-4315.

3



In dealing with inequitable food environments, we can amplify culturally inclusive VeggieRx programs,¹⁰ provide secure, safe, and affordable access to public land for gardening and farming, and support ethnic mobile markets and ethnic grocery stores.

1



Culturally Engaged Health Care

Health care providers have limited time with their patients. They often deliver care without understanding important culturally relevant practices or providing the [legally required language resources](#)²⁹ like interpreters. But misunderstandings can lead to improper diagnosis and care. For example, a patient may express he has “a dirty heart,” something a provider may not understand translates to “I feel depressed”. Providers and clinics must allocate extra time and resources to meet diverse patient needs.

Recommendations

2



Health care visits should include important discussions around food access and family planning – subjects affected by culture and a major factor in a patient’s health and wellbeing. To understand what food is available and to provide realistic advice and care for their patients, health care providers can visit the stores frequented by their refugee patients.

3



Providers should recognize the dominant culture’s assumptions about reproductive health. To ensure they meet their patients’ needs, providers can ask the patient and her family members questions about birth control as well as their desire for “child spacing”, religious and cultural beliefs, and other factors that influence these decisions

4



Researchers seeking to understand diverse population needs should organize intimate discussions, like family planning, in same-sex community groups. It is best to hire community health workers from the community to organize and run these groups.

1



Preventive Care

Many populations do not prioritize preventive care. With preventive care, individuals can minimize the potential of future disease risk. Health care providers, community health workers, resettlement agencies, and refugee leaders must work together to provide preventive care education that is culturally appropriate and shared in multiple languages.

Building Culturally Competent Environments

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Improving Clinic Operations

Clients with limited English proficiency (LEP) face a multitude of barriers to access and utilize health care services in the United States. LEP patients, especially those who receive care without the aid of an interpreter, may not understand health care procedures or diagnoses, and may not understand proper use, dosage, and intent of prescribed medications. These barriers can result in missed appointments, inappropriate use of medications, readmission into health care settings, and sometimes health complications that lead to increased disease or death. The stressors on the medical system result in inefficient operations – a cost to a system, but also a significant cost to patient health and wellbeing.

Presenters:

*Li Lin, Professor, Industrial and Systems Engineering, University at Buffalo¹
Gina Prescott, Clinical Associate Professor, Pharmacy Practice, University at Buffalo²*

Panelists:

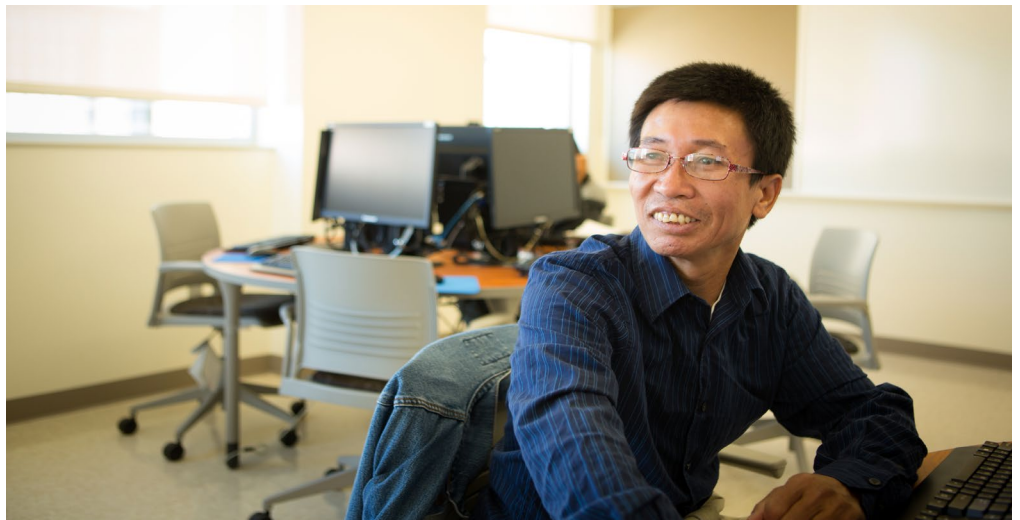
*Cheryl Brown, Buffalo Field Representative, Refugee Health Program, New York State Department of Health³
Laura Owczarzak, Medical Case Manager, Catholic Charities Immigration and Refugee Assistance Program³
Chan Myae Thu, Community Health Worker, Neighborhood Health Center Northwest³*

Improving Clinic Operations

Townhall Discussion

Health Literacy

In Buffalo, several efforts address LEP client needs by helping patients understand and navigate health and the health care system. [Dr. Li Lin](#),⁴ professor of industrial and systems engineering at the University at Buffalo, and his team seek to improve patient health and health care knowledge and access to health care in Buffalo. The team developed a [website](#)⁵ to distill health information into accessible language. Temporarily hosted by the [Immigrant and Refugee Research Institute](#)⁶ in the UB School of Social Work, the website offers information on basic health and health system knowledge including topics like Medicaid, doctor's visits, hospitals, health, illnesses, symptoms, etc. Written at an appropriate reading level for most patients, the website is an excellent resource for patients, interpreters, social workers, and providers alike. A forthcoming mobile health app⁷ contains website information as well as a public transportation guide for users to navigate to medical appointments. While the app is currently available in Karen, a language spoken by many refugees from Burma, translation is ongoing and other languages will be available in the future. Illiterate users may access buttons that speak the content to the user in his or her own language. Additionally, the team is limiting the mobile data requirement to ensure use for patients with limited data usage plans.



Improving Clinic Operations

Townhall Discussion

Health Literacy (continued)

Health literacy is imperative for patients prescribed important, sometimes life-saving medications. According to Miss Chan Myae Thu³ a community health worker at [Neighborhood Health Center Northwest](#),⁸ refugees commonly order online medications that are unavailable in the United States. Others request them from family who send them overseas. Patients taking medications not prescribed by their doctor, or mixing medications without a pharmacist's knowledge, can cause serious complications to their health. Pharmacists and providers must create a level of trust with their patients so that they are transparent about their practices, especially those that are culturally preferred.

To begin tackling these issues at both the provider and client level, [Dr. Gina M. Prescott](#),⁹ clinical associate professor of pharmacy practice at UB, and her team developed a [medication literacy program](#)¹⁰ in response to concerns about proper understanding and use of medications. Hosted through the [UB School of Pharmacy](#)¹¹ and in partnership with ESL schools and the [International Institute of Buffalo](#),¹² the team trained pharmacy students in cultural competency, and students facilitated small-group workshops, communicating how to properly read and understand medication labels, open childproof medications, dose medicine for children, and utilize preventive care services. Workshop participants improved the most in label reading, yet struggled to understand preventive medicine. Barriers to the team's work were largely due to language. The team had to modify materials for participants who were illiterate and sometimes interpreters spoke a different dialect than the participants.





Improving Clinic Operations

Townhall Discussion

By improving clinic operations, health care providers improve cost efficiencies and deliver higher quality care. Empowered patients can understand their prognosis and navigate the health system, reducing missed appointments and readmissions.

Provider and Staff Training

Sometimes clinic staff lack training in caring for diverse populations. If providers face unique challenges in serving refugee patients, those challenges reflect on the care the patients receive. Dr. Lin's team is examining the needs and challenges facing the providers in a local clinic. His work will result in an outline of strategic steps clinic staff can take to improve efficiency and patient care. To ensure patients receive the highest level of care, Miss Laura Owczarzak,³ a medical case manager for [Catholic Charities](#),¹³ contacts providers to determine their level of cultural humility before referring her clients. She requests patient paperwork before any appointments so that refugees and case managers can fill out the paperwork together. In doing so, clients will arrive to appointments informed and prepared. [Cheryl Brown](#),¹⁴ Buffalo field representative from the New York State Department of Health, meets with providers who perform refugee health assessments for newly arrived refugees. The assessment monitors important physical or mental health concerns and is the first contact patients make with the health care system in the United States. To ensure clinic staff understand the diverse population they are serving, Ms. Brown organizes safe spaces where they can pose questions related to care for refugee patients.

Improving Clinic Operations

Recommendations

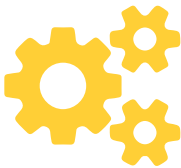
1



Health Literacy

Illiteracy creates a barrier for some refugees to appropriately utilize health care and medications. Diverse dialects and cultures often confuse doctors, especially those reliant on language line, a phone-interpreting service. Future programs may benefit from adapting materials for those who cannot read as well as training health care providers how to appropriately work with interpreters and pose questions in culturally informed ways. Partnership with the University at Buffalo's [medication literacy program](#)¹⁰ can be helpful.

2



Clinic operations that are lagging can invest time with the University at Buffalo's [Department of Industrial and Systems Engineering](#)¹⁵ to identify how to improve operations and thereby patient health¹⁴.

1



Provider and Staff Training

Medical case managers can screen potential care providers and collaborate with refugee patients before scheduled appointments to ensure all paperwork has been completed.³

2



Within the community, patients and health care providers must establish understanding of, and a level of trust with one another to improve clinic operations and thereby patient health. Practitioners who do not feel they have the necessary training to understand diverse population needs should contact experts from the [New York State Department of Health](#),¹⁶ [International Institute of Buffalo](#),¹² or [University at Buffalo](#)¹⁷ to access training in cultural competency.



Improving Clinic Operations

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Improving

Mental Health Care: New and Innovative Practices

Many refugees sustain significant trauma and sometimes torture during their displacement. For some, trauma can result in both physical and mental health problems. To tend to both physical and mental health ailments, refugees seek care from both western-trained health care providers – often for physical ailments – and spiritual leaders – to attend to mental health concerns. Their spiritual leaders may prescribe cultural and religious therapies. Western-trained providers who do not take the time to understand the history and traditions embedded in culture and religion, as well as previous trauma and fear, cannot create the level of trust needed to ensure patients are receiving necessary treatment.

Presenter:

Isok Kim, Associate Professor, Social Work, University at Buffalo¹

Panelists:

Ali Kadhum, Care Manager, BestSelf Behavioral Health²

Grace Karambizi, Care Coordinator, Catholic Charities²

Rebecca Simons, Medical Doctor, Community Health Center of Buffalo²

Improving Mental Health Care: New and Innovative Practices

Townhall Discussions

Building Trust

Ali Kadhum,² a care manager at [BestSelf Behavioral Health](#),³ and Grace Karambizi,² care coordinator at [Catholic Charities](#),⁴ note that building trust must be a key concern for practitioners who care for refugee populations. They recommend creating a welcoming environment for clients by, for example, displaying cultural art on walls or throughout the practice, distributing materials in multiple languages, and providing a space where patients can tell their stories.² Dr. Rebecca Simons,² a family practice physician at the [Community Health Center of Buffalo](#),⁵ works to normalize mental health discussions when working with her patients. Rather than directly probing about mental health concerns, she makes general comments throughout the consultation, tying mental health into everyday experiences. Dr. Simons conducts [refugee health assessments](#)⁶ and spends time orienting her patients with services offered by the Community Health Center of Buffalo, emphasizing that they can always come back.





Improving Mental Health Care: New and Innovative Practices

Townhall Discussions

Building Trust (continued)

[Dr. Isok Kim](#),⁷ assistant professor of social work at the University at Buffalo, and his team conducted a [behavioral health study](#)⁸ with the Karen and Burman Burmese refugee population. Events-alienated refugees (Karen), typically belong to groups of religious/ ethnic/racial minority groups with less social capital, and have been pushed out of their countries of origin in acute, reactive circumstances. Majority-identified refugees (Burman) typically belong to a mainstream group with greater social capital. This community based participatory research study measured sociodemographic factors (e.g. sex, ethnicity, marital status), migration related factors (e.g. English proficiency, length of US stay, age at US arrival), and behavioral health outcomes (e.g. depression, anxiety, trauma/PTSD) in both populations. His team found a correlation between ethnicity and depression, anxiety, PTSD, and alcohol use disorder. Specifically, Karen women reported greater anxiety symptoms than Karen men as well as both Burman men and women. Additionally, length of stay at refugee camps moderated the interaction between ethnicity and anxiety symptoms. That is, longer stays were associated with higher anxiety symptoms among Karen refugees than among Burman refugees. Although differences between groups were evident, refugees from both ethnic groups experienced high psychological symptoms.

Not all refugees experience mental health issues. Many successfully recreate their lives in Buffalo, contributing to its economic growth and cultural diversity. However, refugees who have experienced extensive trauma are subsequently at risk for mental health problems. If left untreated, these mental health problems can lead to negative mental and physical health outcomes. In order to promote health and wellbeing for refugees, we must address their concerns in culturally informed ways. By appropriately identifying risk factors, screening for mental health issues, and addressing mental health concerns, Buffalo's health care providers can create a more robust approach to improving mental (and physical) health among refugees in Buffalo, NY.

Improving Mental Health Care: New and Innovative Practices

Recommendations

1



Building Trust

To improve mental health outcomes for refugees requires more research that explores mental health within diverse refugee communities.¹

2



Providers and health centers can create welcoming environments, and more providers should become comfortable and competent creating time and space for clients to share their stories.²

3



Buffalo lacks research that explores the impact of cultural humility training on provision of mental health care to refugees.¹ Partnerships between the University and community can ensure the development of such research.

Improving Mental Health Care: New and Innovative Practices

Recommendations

4



Health screenings and assessments that ensure patients are actively involved in the healthcare system and have a vested interest in continuing their care are important. However, mental health screenings like [PHQ-9](#)⁹ and [PHQ-2](#),¹⁰ may not effectively detect mental health concerns for refugees. Health care providers would benefit from utilizing culturally sensitive screenings [RHS-15](#)¹¹ at the appropriate times¹.

5



Children who have experienced trauma may not be able to express what they are going through. Buffalo lacks and would benefit from early interventions for refugee children and youth.²

6

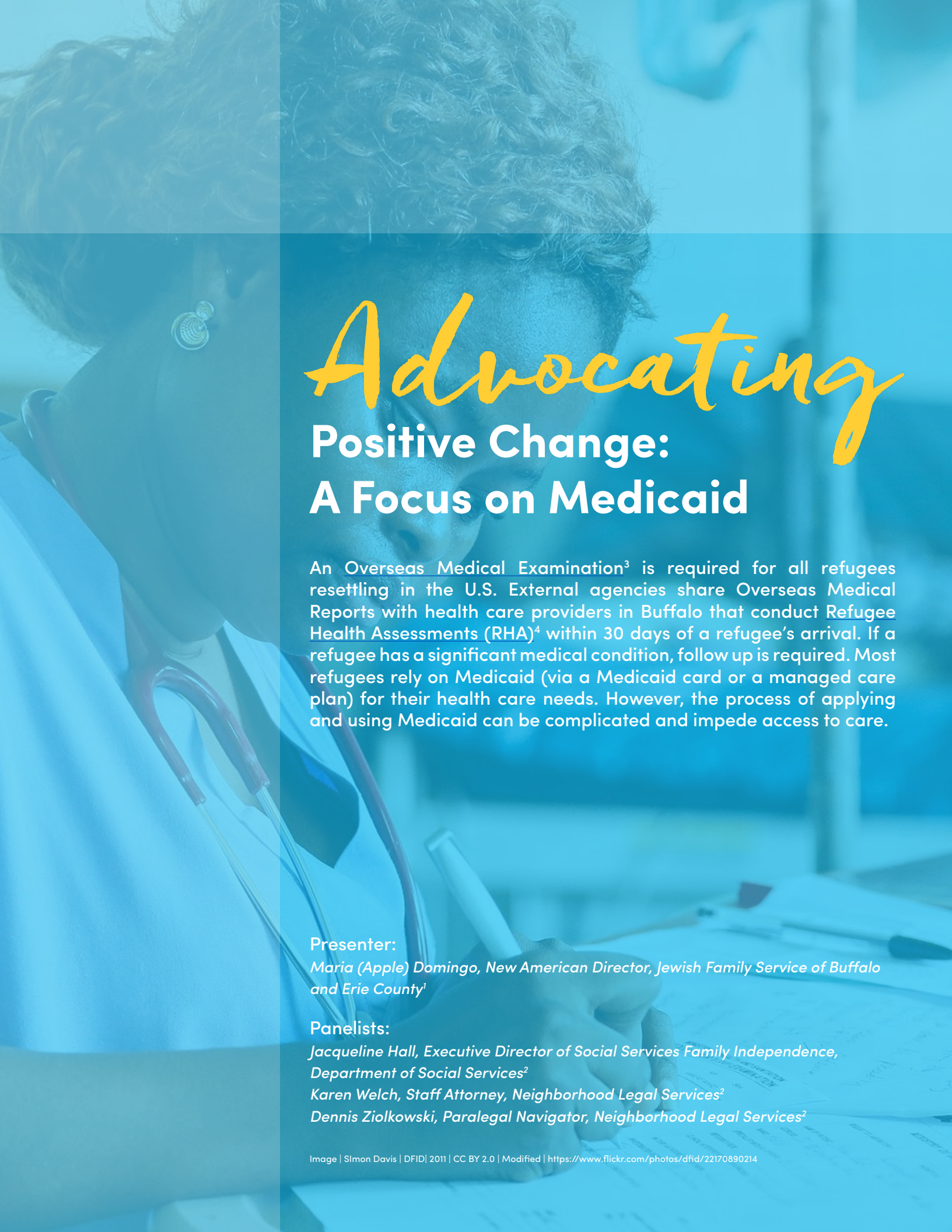


Ultimately, care for mental health issues must become more inclusive and cannot be a result of the efforts of mental health professionals alone. Providers must seek first to build trust with their clients in order to effectively advocate and provide care for them.^{1,2}

Improving Mental Health Care: New and Innovative Practices

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Advocating

Positive Change: A Focus on Medicaid

An Overseas Medical Examination³ is required for all refugees resettling in the U.S. External agencies share Overseas Medical Reports with health care providers in Buffalo that conduct Refugee Health Assessments (RHA)⁴ within 30 days of a refugee's arrival. If a refugee has a significant medical condition, follow up is required. Most refugees rely on Medicaid (via a Medicaid card or a managed care plan) for their health care needs. However, the process of applying and using Medicaid can be complicated and impede access to care.

Presenter:

Maria (Apple) Domingo, New American Director, Jewish Family Service of Buffalo and Erie County¹

Panelists:

Jacqueline Hall, Executive Director of Social Services Family Independence, Department of Social Services²

Karen Welch, Staff Attorney, Neighborhood Legal Services²

Dennis Ziolkowski, Paralegal Navigator, Neighborhood Legal Services²

Advocating Positive Change: A Focus on Medicaid

Townhall Discussion

According to Apple Domingo,¹ director of new Americans at Jewish Family Services of Buffalo and Erie County, a gap in coverage can last months due to the complicated and extensive application process. This delay reduces a patient's access to important, sometimes life-saving care. Applicants apply via [paper application](#)⁵ (public assistance applicants) or the [NY State of Health Marketplace](#)⁶ (refugees who do not access public assistance; Medicaid only). The process of obtaining a Medicaid card can be lengthy. In the Marketplace, it takes 2 weeks to get a letter with CIN (Client Information Number), 2 months to submit proof of social security, and 2-3 weeks to get a card from Albany. However, coverage can be retroactive to the 1st of the month of application. For the paper application, the state has 30 days (for singles, 45 days) to make a determination on a case. Coverage can be issued retroactively 3 months from the date of application. To receive coverage as soon as possible, many applicants apply through both the marketplace and via paper application.



Advocating Positive Change: A Focus on Medicaid

Townhall Discussion



Provider acceptance of Medicaid complicates matters. Although it is the ethical and moral responsibility for the Buffalo community to provide adequate health care to the refugees settled here, many specialists do not see Medicaid patients, others deny Medicaid patients whose applications are pending, and some refuse to offer interpreting services to patients with Limited English Proficiency. Instead of utilizing preventive care services, patients go to the emergency room or an urgent care facility – more expensive care that employs providers who are rarely prepared to care for the needs of refugees.

Because of the complicated application process, organizations like [Neighborhood Legal Services](#)⁷ employs paralegal navigators to assist clients with applications. Trained navigators understand New York State of Health requirements and can ensure there is not a gap in coverage. With use of a patient navigator, clients usually receive Medicaid approval within a couple of days.

Advocating Positive Change: A Focus on Medicaid

Recommendations

1



It is clear there is a disconnect about the availability of retroactive coverage for Medicaid. Complaints can be filed with the [Office of Civil Rights](#)⁸ if providers refuse treatment to refugees and LEP patients. Health care facilities must educate their employees on the ethical and moral responsibilities to provide care for patients with Medicaid, as well as [interpreting services](#)⁹ to patients with limited English proficiencies⁶.

2



Neighborhood Legal Services patient navigators walk clients through the application, and have had a great deal of success working with refugees. Ideally, companies should hire patient navigators from diverse communities, thereby improving their ability to relate to and develop trust with refugees seeking services.

3



Community health advocates employed by clinics can ensure patients' needs are being met. This is especially important for refugees with disabilities, a portion of the population for which the Medicaid system lacks accommodations.

4



The community must advocate for more specialists to take pending Medicaid patients.



Advocating Positive Change: A Focus on Medicaid

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Rising

Leaders: A Look Toward the Future

Refugees, especially children, are vulnerable to mental health issues stemming from trauma, torture, and adjustment to culture within the United States. Diverse, informed, and well-trained professionals are better able to appropriately care for these populations. Several local initiatives work to improve future care provider training so that future health care needs can be met.

Presenter:

Kim Griswold, Professor, Family Medicine, University at Buffalo¹

Panelists:

Sakina (Beri) Alothman, Care Coordinator, BestSelf Behavioral Health²

Grace Karambizi, Care Coordinator, Catholic Charities²

Pemba Sherpa, Co-Creator, United Youth, University at Buffalo²

Win Thant, Education Coordinator, Community Academic Center, Buffalo State²

Rising Leaders: A Look Toward the Future

Townhall Discussion

Training Future Providers

The [Human Rights Initiative](#),³ a student-run human rights clinic in the Jacobs School of Medicine and Biomedical Sciences at UB, provides medical and psychological forensic evaluations for survivors of torture and political violence who are seeking asylum in the U.S. Forensic examiners receive referrals through [Physicians for Human Rights](#),⁴ a University at Buffalo forum that brings together medical students interested in advocating for human rights, the [Western New York Center for Survivors of Torture](#),⁵ an organization providing care coordination for survivors of extreme physical and emotional trauma and torture, or directly from attorneys. Medical students coordinate logistics, transcribe interviews, take photographs, and draft affidavits for court. If student volunteers learn about the connections between the legal, health, social and justice systems, they are more likely to provide culturally appropriate care to diverse populations facing extreme barriers to good health and wellbeing.

[Dr. Kim Griswold](#),⁶ professor of family medicine at UB leads the [Standardized Patient Project](#),⁷ employing new Americans as standardized patients (patient “actors”) to train future health care providers in the appropriate use of trained interpreters. The project introduces students to working with interpreters by conducting an interview with a new American who has limited English proficiency. One of the goals of the project is for students to understand how culture affects patient care.



Rising Leaders: A Look Toward the Future

Townhall Discussion

Community-led Resources

Refugee youth seek educational opportunities that allow them to give back to their communities. Young women like Grace Karambizi,² care coordinator for [Catholic Charities](#),⁸ Sakina Alothman,² care coordinator for [BestSelf Behavioral Health](#),⁹ Pemba Sherpa,² [University at Buffalo student](#),¹⁰ and Win Thant,² education coordinator for [Community Academic Center](#),¹¹ at Buffalo State work to empower the next generation of leaders. An example – University at Buffalo students competed in a [Global Innovation Challenge](#) to improve health and wellbeing for refugee populations in Buffalo, NY. The winning team, United Youth,¹⁰ included two former refugees. Their idea – to develop a refugee mentoring program in local schools to help young, newly arrived refugees adjust to the new systems, language, and traditions in the United States – is underway with assistance from community partners and Buffalo Public Schools. Additionally, the Community Academic Center has launched a program that utilizes storytelling to help youth with English language learning, and adjustment to Buffalo Public Schools and a U.S. urban environment.

These young women note that Buffalo has come a long way; refugee communities are being embraced and growing. Eager to share with others the opportunities they have received, they call for Buffalo to prioritize equitable education opportunities. Educated and empowered youth, when working together, can positively shape the community. Their efforts lead to efficient, holistic programs that meet important and relevant community needs.



Rising Leaders: A Look Toward the Future

Recommendations

1

Training Future Providers



In many ways, Buffalo is taking strides towards a more inclusive community for all. These efforts start from the ground up. Educators that incorporate cultural sensitivity training into higher education curriculum are preparing future health care professionals to serve in the diverse communities they will work.

2



The community must uphold and train the many rising leaders who represent diverse backgrounds and have a passion to advocate for their communities.

1

Community-led Resources



Institutional level changes that prioritize culturally appropriate care are essential. This includes within the hospital system, public health departments, and for insurance providers. To bridge this gap, agencies need to hire members of refugee communities who can provide the knowledge, culture, and language expertise to ensure appropriate change. Refugee youth can take advantage of internships and volunteer positions available through the [Erie County Public Health Department](#).¹²

2



Many refugees struggle to adapt to complex systems in the United States. Resource portals like the [Immigrant and Refugee Resource Guide](#)¹³ hosted by the University at Buffalo School of Social Work, includes contact information for providers, leaders, and services for refugees.



Rising Leaders: A Look Toward the Future

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