

2nd Annual WNY Refugee Health Summit



April 9, 2015
Educational Opportunity Center
Buffalo, NY

Presented by:

The University at Buffalo's Office of Global Health Initiatives

Introduction

On April 9, 2015, in partnership with the Refugee Health Strategic Advisory Group and the 2015 Summit Planning Committee, the Office of Global Health Initiatives hosted the 2nd Annual WNY Refugee Health Summit: *Community conversations to build pathways toward culturally engaged health care in Buffalo, NY.*



Goal:

To collectively build pathways toward culturally engaged health care for refugees in Buffalo, NY

Objectives:

- To learn from the stories of health professionals and refugees who understand the importance of culturally engaged health care provision
- To adapt and implement solutions to expand culturally engaged health care for refugees in Buffalo through five major initiatives:
 - Community health worker network
 - Cultural and linguistic competency
 - Mental health care
 - Preventive care
 - Provider recruitment and referral

Refugee Health Strategic Advisory Group

Since the 2014 Summit, the Office of Global Health Initiatives convened a Refugee Health Strategic Advisory Group, which met monthly between July 2014 and March 2015.

Mission:

To promote refugee health and wellness through academic and community partnerships and advocacy

Goal 1: Develop a sustainable online platform for information sharing among health care professionals serving refugee patients in Buffalo.

Status:

- June 2014: Surveyed 2014 summit participants to identify information to include in the portal.
- Fall 2014: Identified a host site for the portal.
- Winter 2014: Developed the Buffalo Refugee Health Portal in partnership with community agencies
 - <https://sites.google.com/site/buffalorefugeehealth/>

Goal 2: In partnership with local clinics, identify and recruit leaders from refugee communities to become trained community health workers.

Status:

- Fall 2014: Surveyed potential training programs in Buffalo (Community Health Worker Network of Buffalo and Holistic Homes Project, Jericho Road Community Health Center).
- Fall 2014: Applied for an Innovative Micro-Programs Accelerating Collaboration in Themes (IMPACT) grant to assess cultural competency of providers and to train community health workers.

Goal 3: Facilitate training opportunities for health care professionals and students to understand the impact of trauma and adjustment challenges on newly resettled refugees.

Status:

- Fall 2014: Dr. Isok Kim, UB Social Work, launched a study in partnership with the Burmese Community Support Center to identify mental health needs within the community.



University-community partnerships

UB School of Public Health and Health Professions

With support from the Office of Global Health Initiatives, the School of Public Health and Health Professions launched a 3-part initiative to assess cultural competency among outpatient and inpatient health care facilities as well as from refugee patient perspectives.

Status:

- **Patient perspective study:** An MPH student is conducting an in-depth literature review.
- **Outpatient health care facilities study:** An MPH student developed and implemented a survey at 5 outpatient health care facilities in Buffalo. We received 110 responses out of a total 318 clinic personnel (clerical and support staff, nurses, practitioners, other patient care, etc.).

Next Steps:

- Patient perspective study: An MPH student will develop a focus group intervention to be implemented with community members in fall 2015.
- Outpatient health care facilities: Following data analysis, the OGHI will publish an executive report identifying strengths and weaknesses in Buffalo, NY.
- Inpatient health care facilities: Study design will begin in fall 2015.
- By the 2016 Summit, the three studies will be evaluated to assess overall cultural competency of health care for refugees in Buffalo, NY.

UB School of Social Work

With grant support from UB Civic Engagement and Public Policy Initiative and the School of Social Work's Les Brun pilot funding, the **Burmese Refugee Behavioral Health Pilot Study** was launched in March 2015. The study will include 240 interviews that lead to baseline data on various behavioral health statuses among Burmese communities living in Buffalo. As of May 2015, researchers are actively recruiting and training community members to conduct surveys in Burmese and/or Karen languages, in order to collect all survey data by the end of 2015.

The **Immigrant and Refugee Research Institute (IRRI)** was established in 2014 to create and share practical knowledge related to various issues among immigrants and refugees. The IRRI aims to accomplish this by providing a central hub for researchers, community leaders, and service providers. Affiliates of IRRI utilize research as a tool to improve the lives of immigrants and refugees and maintain their dignity in a host environment. The IRRI engages in partnerships with agencies and works to build capacity within newcomer communities. Currently, the IRRI has several ongoing projects including the following:

- Dr. Wooksoo Kim will interview with community leaders and services providers to investigate barriers to healthcare service use among refugees from Burma in Buffalo.
- Under IRRI supervision, an MSW student group is working on a project to evaluate the effectiveness of parenting classes at Jewish Family Services.

UB School of Medicine and Biomedical Sciences

Medical students at the University at Buffalo established a **Human Rights Clinic** at UB to schedule, assess and scribe for asylum seekers in Western New York. The Human Rights Clinic is partnering with the WNY Center for Survivors of Torture.

In 2015, refugee patients may have access to **Lighthouse Clinic**, a free family medicine clinic on the East Side run by UB School of Medicine faculty and students. 1st through 3rd year students are routinely assigned to this location for clinical practice of medicine.

Refugee Health Program updates

Cheryl Brown, Buffalo Field Representative, Refugee Health Program, New York State Department of Health provided an overview of the federally funded Refugee Health Program.

Refugee Health Program:

- The program is 100 percent federally funded through Refugee Medical Assistance (RMA)
- Under federal guidelines a RMA-funded health assessment must be initiated within 90 days of the refugee's entry into the United States.
- A Refugee Health Assessment (RHA) consists of 2 visits: an initial evaluation, with appropriate medical screening, and a follow-up visit to review screening results and make referrals.



Cheryl Brown answering questions at the 2nd Annual WNY Refugee Health Summit

Buffalo refugee health assessment providers:

- Erie County Health Department – TB Clinic
- Catholic Health: Mercy Comprehensive Care Center
- Community Health Center of Buffalo
- The Greater Buffalo United Accountable Healthcare Network (GBUAHN) (as of April 2015)
- Mobile Healthcare Partners (as of Fall 2015)

Refugee arrival data

- New York State arrivals: 4,085 (Federal Fiscal Year 2013-2014)
 - Arrivals by resettlement location:

▪ Buffalo (Erie)	1380
▪ Syracuse (Onondaga)	1092
▪ Rochester (Monroe)	637
▪ Utica (Oneida)	400
▪ Albany	281
▪ New York City	211
 - Arrivals by country of origin:

▪ Burma	1108
▪ Bhutan	863
▪ Iraq	707
▪ Somalia	666
▪ Democratic Republic of the Congo	216

Source: Worldwide Refugee Admissions Processing System (WRAPS)

Panel

Health professionals in the community who arrived in the United States as refugees shared their stories.

Han Moe, Medical Assistant, Interpreter and Translator, Jericho Road Community Health Center

Govinda Subedi, Community Health Worker and Case Worker, Holistic Homes Program and HOPE, Jericho Road Community Health Center



Panelists Han Moe and Govinda Subedi answer questions from participants

The main points

Most refugees face similar challenges: many are fleeing their countries having experienced torture, trauma, and stress that lead to mental and physical health problems. Illiteracy and inability to speak English add to the complexity of health care provision for these patients.

One of the most important things a doctor must do is ask patients for their stories. Doctors must know their patients; they must build a culture of trust and understanding. Providers should relax themselves into the office visit.

Interpretation is not a clear cut process –

- In person interpretation is the best. Interpreters should be fluent in BOTH languages so clients and doctors receive the correct information. When linking with an interpreter, providers should ask patients about whether or not they would be comfortable with a male or female interpreter.
- Interpreting through the phone creates many barriers. If use of phone interpretation is necessary, doctors should ask the patient questions to ensure they get an interpreter who speaks the same dialect: Where are you from? What dialect do you speak?
- Use of video technology for interpretation is a potential future option. FaceTime is more secure than Skype.
- Simply interpreting is not enough. Many languages do not have words for medical terminology. An interpreter must also be trained to provide explanations in order for the patient to understand or to “translate” what the doctor is saying.
- Doctors must think about different ways to ask their questions. Try to avoid asking yes and no questions. Sometimes a patient will respond with a one word answer because of a lack of understanding. Ask for the patient’s understanding. Provide opportunities for the patient and the interpreter to repeat the information. Lack of understanding or follow-up on the part of the doctor might lead to patients being treated for an illness they don’t have.
- Doctors must be careful about how they ask questions and be creative with patients who might have experienced trauma or torture

Funding opportunities

Brian Byrd, Program Officer, New York State Health Foundation and Amber Slichta, Vice President, Health Foundation for Western and Central New York shared potential future funding opportunities.



Brian Byrd and Amber Slichta at the 2nd Annual WNY Refugee Health Summit

Breakout groups

Participants split into breakout groups to develop goals for the next 1 to 5 years. Each group was facilitated by at one university leader, refugee community leader, and agency leader.

Community Health Worker (CHW) Network

In 1 Year

- Research:
 - Identify what CHW model to use, who to train, and how to reach potential CHWs
 - Portal: Develop a database of current CHWs from which providers can access
- Education/Training
 - Create training: Person-to-person coaching programs, CHW first aid training, partner with CHW Network of Buffalo for a refugee focused training program
 - Help with legitimacy of a CHW Certificate program approval at Canisius

In 5 Years

- System-Wide:
 - Develop clear job opportunities
 - Transportation for refugees by CHWs
 - Appropriately match CHWs with community needs
 - Teach refugees about how they can access health care and why it is important
 - Standardize training requirements

Cultural and Linguistic Competency

In 1 year

- Research:
 - Review best practice models across the US
 - Review Think Cultural Health: continuing education credits
- Education/Training:
 - Ensure health care populations are familiar with resources for interpreting (consider use of the portal) and make it easy for them to access them
 - Develop or renew educational programs / best practice models
 - CME (consider: Trauma informed care) for providers and students within the university
 - CE for agencies in the community on how to build interpreting and competencies into their budgeting models / administrative planning
- System-Wide:
 - Engage legal services to make sure there is compliance with (and reinforcement of) laws
 - Build rapport for longer visits
 - Cultural competency standards of excellence and evaluations of community partners

In 5 years

- Portal:
 - Enhance portal to assist refugees, not just providers
- Community Partnerships:
 - Have advocates at telemedicine discussions on topics concerning refugees
 - Build community relationships for developing community health workers
 - Outreach to the community to address barriers for them seeking services

Mental Health

In 1 year

- Research:
 - Mental health peer support groups
 - “Mental health first aid” vs. QPR (Question, Persuade, Refer) models
 - Identify current practices being used and models specific to communities
- Education/Training:
 - Initiate “mental health first aid” training for providers or QPR
 - Specialty-trained interpreters in torture/trauma/mental health
- Information Sharing:
 - Disseminate information (specific to PTSD/Trauma) to refugee communities and stakeholders
 - Make use of portal for better communication between providers and clients
- Community Partnership:
 - Maintain a mental health working group to move action items forward

In 5 years

- Research:
 - Identify culturally appropriate and flexible mental health care plans
- Education/Training:
 - Train community leaders in psycho-education through CHWs/Peer support group model
 - Increase medical provider training and social worker training
 - Recruit/train refugees in health care professions
- System:
 - Initiate culturally sensitive screening mechanisms/assessments (PSQ 10) or (RHS 15)
 - Initiate a formal referral system
 - Open a Therapeutic Center : expressive/nurturing therapies
 - Integrate MH into primary care
 - Medicaid approval and diversified funding options

Preventive Care

In 1 Year

- Research:

- Obtain medical health data of refugee populations to understand the current health status, needs, and gaps with respect to preventive care
- Ask for solutions from providers/stakeholders when investigating preventive care needs and gaps
- System:
 - Identify type of preventive care needed through community health assessments
 - Have refugees follow up with service coordinator/community health workers to ensure they understand the health care system and can obtain health services
 - Introduce provider forum to increase presence in the communities
 - Increase walk-in hours
 - Public health visits or community health outreach/fairs dedicated to preventive care
 - Mobile medical access (advertise in communities) for example: mobile health assessment service or breast cancer screening bus
- Education/Training:
 - Work with community leaders to educate about the importance of preventive care
 - Improve literacy rates and include cultural-specific navigation (ESL classes and health information)
- UB Partnership
 - Assess community: survey design done with community members
 - Form subcommittees to work with refugees in epidemiology and social work

In 5 Years

- Education/Training:
 - Increase access to health services through youth/women's empowerment
 - Build trust among and between genders and across cultures
- System
 - Increase access to culturally engaged primary/preventive care with good uptake and participation from the community
 - Clinics within schools

Provider Recruitment and Referral

In 1 year

- Research:
 - Explore TAACT (Tools for assessing cultural competence training)
- Education/Training:
 - Lead prevention information dissemination at homes during testing and inspections (UB preventive med students, service learning)
 - Train the trainer model:
 - Incentivize and train doctors and all clinic staff on cultural sensitivity and holistic healing
 - Utilize / advertise existing services: Trainings and workshops (May Shogan/Journey's End)

- Expand educational coverage for providers trained outside of the country so they can practice medicine here
- Develop UB courses focused on working with refugees
- Develop MPH service learning: Nutrition education to reduce absorption of lead
- Portal: incorporate universal trainings/ upload seminar videos
- Information Sharing:
 - Portal: Include providers/staff who speak other languages
- System:
 - Share appointment cards with caseworkers
 - Empower doctors to care for refugees: refugee care days or language days
 - UB Med school providers see refugees 1-2 days a month with training
 - Culturally acceptable health screening assessments that incorporate health promotion
- Community Partnership:
 - Recruit trained medical interpreters
 - Community awareness for socio-cultural issues surrounding resettlement and health care access
 - Engage with Say Yes social workers
 - Education and engagement at places of worship (ex. Holy Cross)

In 5 years

- Education/Training:
 - Universal training for providers: webinars within portal
 - “Take provider to culturally competent office” day
 - Training for physicians from other countries
 - Cultural competency training for Department of Labor Employees

Next steps

1. The **Refugee Health Strategic Advisory Group** will:
 - a. Meet to establish 5 working groups (cultural and linguistic competency, community health worker network, mental health, preventive care, provider recruitment and referrals) by June 2015,
 - b. provide leadership and support to working group co-leads,
 - c. facilitate UB research dissemination to community partners,
 - d. and guide the development of the 2016 Refugee Health Summit.
2. Over the next year, the **UB Office of Global Health Initiatives** will support continued efforts to manage the Buffalo Refugee Health Portal and facilitate regular meetings for the Refugee Health Strategic Advisory Group and working groups.
3. By July 2015, **working groups** will establish monthly meetings to:
 - a. Identify community partners,
 - b. identify funding opportunities,
 - c. and Identify and begin working on priority initiatives for the coming year to be reported at the 2016 Summit.

4. By August 2015, the UB **Community of Excellence in Global Health and Well-being** will launch quarterly newsletters to highlight funding opportunities, UB-Community partnerships, Buffalo Refugee Health Portal information, and new community programming.

Acknowledgements

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Refugee Health Strategic Advisory Group

Community

- H.E.A.L. International, Inc.
- Buffalo Immigrant and Refugee Empowerment Coalition (BIREC)
- Burmese Community Support Center

Resettlement agencies

- Catholic Charities of Buffalo
- International Institute of Buffalo
- Jewish Family Service of Buffalo and Erie County
- Journey's End Refugee Services, Inc.

University at Buffalo

- School of Medicine and Biomedical Science
- School of Nursing
- School of Public Health and Health Professions
- School of Social Work

Clinical care

- Jericho Road Community Health Center
- Lakeshore Behavioral Health
- WNY Center for Survivors of Torture

Summit Planning Committee:

- Burmese Community Support Center
- Catholic Charities of Buffalo
- Community Health Center of Buffalo
- Erie County Department of Health
- H.E.A.L. International Inc.
- International Institute of Buffalo
- Jericho Road Community Health Center
- Jewish Family Service of Buffalo & Erie County
- Journey's End Refugee Services, Inc.

Neighborhood Health Center
New York State Department of Health
University at Buffalo

- Office of Global Health Initiatives
- School of Medicine and Biomedical Sciences
- School of Nursing
- School of Pharmacy and Pharmaceutical Sciences
- School of Public Health and Health Professions
- School of Social Work

Panelists and breakout session leaders

Community Health Worker Network

Kafuli Agbemenu, Assistant Professor, UB School of Nursing
Dianne Loomis, Clinical Associate Professor, UB School of Nursing
Katie Grimm, Board Co-Chair, Community Health Worker Network of Buffalo
Govinda Subedi, Community Health Worker, Holistic Homes Program, Jericho Road Community Health Center

Cultural and Linguistic Competency

Gina Prescott, Clinical Assistant Professor, UB School of Pharmacy and Pharmaceutical Sciences
May Shogan, Director of International Exchanges and Education Programs, International Institute of Buffalo
Han Moe, Medical Assistant, Jericho Road Community Health Center

Mental Health

Isok Kim, Assistant Professor, UB School of Social Work
Pam Kefi, Director of Program Development and Integration, Jewish Family Service of Buffalo & Erie County
Ali Kadhum, Care Coordinator, WNY Center for Survivors of Torture, Jewish Family Service of Buffalo & Erie County

Preventive Care

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Denise Beehag, Director of Refugee Resettlement, International Institute of Buffalo
Mariya Ohulchanska, Refugee Case Manager, International Institute of Buffalo

Provider Recruitment and Referral

Kim Griswold, Associate Professor, UB Departments of Family Medicine, Psychiatry, and Epidemiology and Environmental Health
Meghann Rumpf Perry, Director of Programs, Journey's End Refugee Services, Inc.
Natalie Crespo, Program Assistant, Journey's End Refugee Services, Inc.
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All Pro Parking

West Side Bazaar

Buffalo String Works



Buffalo String Works students providing entertainment during the break

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Buffalo refugee health assessment providers:

- Erie County Health Department TB Clinic, 608 William Street, Buffalo, NY 14206, 716-858-7687
- Catholic Health: Mercy Comprehensive Care Center, 397 Louisiana St., Buffalo, NY 14204, 716-847-6610
- Community Health Center of Buffalo, 34 Benwood Ave., Buffalo, NY, 716-986-9199
- The Greater Buffalo United Accountable Healthcare Network (GBUAHN) (as of April 2015), 100 High Street, Buffalo, NY 14203, 716-859-5600
- Mobile Healthcare Partners (to begin accepting patients in Fall 2015) 640 Ellicott St. Ste 105, Buffalo, NY 14203

Buffalo resettlement agencies

- Catholic Charities Immigrant & Refugee Assistance, 20 Herkimer Street, Buffalo, NY 14213
- International Institute of Buffalo, 864 Delaware Avenue, Buffalo, NY 14209
- Jewish Family Service, 70 Barker Street, Buffalo, NY 14209
- Journey's End Refugee Services, Inc., Tri-Man Center, 2459 Main Street, Buffalo, NY 14214