

MAKING UB-COMMUNITY TO IMPROVE REFUGEE HEALTH AND WELLBEING

The 5th Annual Western New York (WNY) Refugee Health Summit Report was coauthored 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.

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.



Executive Summary

Recommendations



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.





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





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.





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







Health care providers would benefit from utilizing culturally sensitive screenings, like the <u>RHS-15</u>, at the appropriate times.





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





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

Executive Summary

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.

References: New Study on Buffalo and Syracuse Shows the Economic Power of Immigrants. New American Economy. https://www.newamericaneconomy.org/ press-release/https://www.newamericaneconomy.org/https://www.newamericaneconomy.org/ press-release/https://www.newamericaneconomy.org/https://www.newamericaneconomy.org/https://www.newamericaneconomy.org/https://www.newamericaneconomy.org/https://www.newamericaneconomy.org/https://www.newamericaneconomy.org/https://www.newamericanec



Special thanks to the presenters and panelists of the 5th Annual WNY Refugee Health Summit. Their work is helping to ensure health and wellbeing for Buffalo's New Americans.

Thanks to the collaborators who helped to organize and realize the 5th Annual WNY Refugee Health Summit. These include:

2018 Planning Committee
Facilitators: Drs. Pavani K. Ram and Kim Griswold
Coordinators: Maria Chavan and Jessica Scates
Educational Opportunity Center staff
2018 Sponsors

Executive Summary Credits (page 4) | Reference: 'New Study on Buffalo and Syracuse Shows the Economic Power of Immigrants. New American Economy. https://www.newamericaneconomy.org/press-release/new-study-on-buffalo-and-syracuse-shows-the-economic-power-of-immigrants/. Published [February 21, 2017]. Accessed [September 9, 2018]. Background Image: University at Buffalo, Photo from 5th Annual Refugee Health Summit; Cover Image (page 1) | Kabul refugee children welcome winter clothes from ISAF, ResoluteSupportMedia, 2013, Modified, Flickr.com/photos/isafmedia/8439225779; Background Image (this page) | 5" Annual Western New York Refugee Health Summit! University at Buffalo.