Addressing Global Health Needs Among Refugee Children and Families in Durham

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BACKGROUND

The United States accepts tens of thousands of refugees each year, who are then resettled to cities across the country, including Durham, North Carolina. All refugees are entitled to access quality of care, but with obstacles including learning English, seeking employment, and a complicated healthcare system, individuals understandably find it challenging to follow-up and adhere to medical instructions. This situation augments health inequities and places refugees at undue risk for numerous health consequences. **Our objective is to understand these inequities and issues, and to create opportunities to improve refugee healthcare in Durham.**

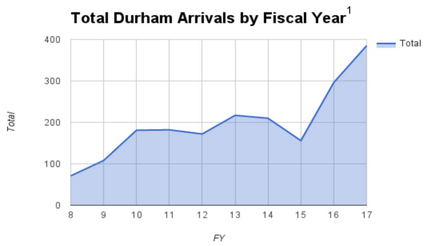


Figure 1. This graph shows refugee arrivals into Durham by fiscal year from 2008-2017.

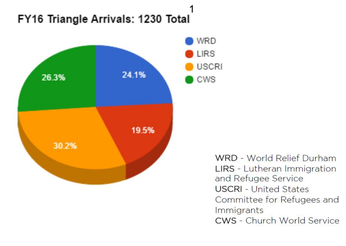


Figure 2. This pie chart shows the distribution of refugee arrivals between major refugee resettlement agencies in the Triangle Area in Fiscal Year 2016.

METHODS

To gain a holistic perspective of the refugee health burden, we conducted a **two-fold evaluation** of both the **refugee populations,** and the **organizations** that provide resettlement services.

Refugee Focus Groups

- We conducted **three focus groups** in various languages: French, Arabic, and Swahili.
- Participant demographics (i.e. age, gender, level of education, country of origin) were collected. Their names were left anonymous.
- Participants were asked about their health seeking behaviors, what they do when their child is sick, communicating with doctors, paying for healthcare, and their child's mental well being.

Organizational Surveys

- We administered **Qualtrics surveys** via email to a total of 35 organizations; 9 organizations responded (26% response rate).
- The survey inquired about the organization's staff, budget, barriers to providing care, attempts to overcome the barriers, types of services it provides, primary population it serves, etc.
- Both multiple choice and free response questions appeared on the survey.

LESSONS LEARNED

Key Themes From Organization Surveys

Services provided by organizations:

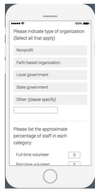
- Top five services: mental health, care coordination, preventive health, transportation services, health screenings
- Specifically for children: care coordination, mental health, health screenings
- Specifically for refugees: mental health, care coordination, preventive health, transportation services, health screenings

What are the most significant challenges facing refugees in accessing health services?
Significant barriers to access include public transportation, financial and linguistic barriers, difficulty taking time off work to tend to medical issues, lack of knowledge about US health care systems, navigating insurance.

What are significant barriers to organizations providing refugee healthcare?
Significantly more time and attention is needed for refugee patients (there is a lack of familiarity with refugee-specific health needs). Additionally, there is a lack of resources for arranging transportation, hiring staff to accommodate specific needs, and managing cases.

How are organizations attempting to overcome their barriers?

- Collaboration with community organizations and service providers to determine unmet needs and avoid duplication of efforts.
- Individual attention by accompanying clients to appointments and arranging transportation, education, and designated staff for refugees.
- Evaluation through self and peer organization assessments.
- Funding through grants, mostly from the state government.



Refugee Focus Groups

Barriers to Care

- Transportation: Participants in the Swahili and French focus groups relied on the public bus system, or the Medicaid van which required prior reservation. This led to delays or missed medical appointments. Participants in the Arabic focus group had personal cars which facilitated access to care.

"When we first arrived we didn't have a car and it was hard. Now everything is close and near."

- Scheduling Appointments: Participants had challenges understanding the interactive voice response system or medical staff while scheduling medical appointments for their children via phone.
- Appointment Availability: Participants mentioned waiting one or more weeks before getting an available medical appointment for their children.
- Long waiting times: Participants reported long waiting times in their children's medical clinics or the emergency room which deterred them from seeking care.
- Shifting of culture norms: All participants stated that their children had adjusted to life in the US and had no mental health challenges. However, participants in the Swahili focus group feared that disciplinary methods, such as spanking, that were considered normal in their countries of origin could be considered child abuse in the US.

Facilitators to Care

- Knowledge of child health: All participants were able to discern emergent and urgent medical issues affecting their children. They relied on over-the-counter medication for fever, coughs and colds and would schedule medical appointments, visited the emergency department or call 911 depending on the severity of their child's illness.
- Translators: Participants used their native language to communicate with their children's doctors. Hospital translators facilitated care delivery. Participants preferred in-person translators over phone translators.

"Sometimes the translators come in person and comes in the room with us. They are usually good. The issue is mainly with the translators on the phone."

- Quality of care: Participants appreciated the sophisticated healthcare their children received and the ease of prescription refills at pharmacies in close proximity to their homes.
- Medicaid: Majority of the participants' children were insured. Availability of insurance facilitated access to care and obtaining prescription refills.

RECOMMENDATIONS

Improve efficiency of care by streamlining services, such as:

- Limiting referrals to as few different appointments/different providers as possible.
- Providing an integrated model of care.
- Helping families to receive services at the same location.
- Emphasizing face-to-face communication over phone calls.

Fund the implementation of more programs, such as:

- Comprehensive case management programs dedicated to assisting refugees with acculturation for at least 1-5 years after arrival.
- Access to trauma-specialists for behavioral health that are also amenable and well trained to communicate via interpreters.
- Improved transportation for patients and their large families to get to appointments easily, and improved interpretation services.

Develop partnerships by:

- Collaborating between refugee resettlement agencies and medical providers, along the model of the Philadelphia Refugee Health Collaborative.
- Emphasizing collaboration amongst agencies, instead of competition.
- Combining grant proposals that numerous agencies and programs could benefit from.
- Establishing a network of better relationships to maximize the use of resources.

FUTURE STEPS

For Refugees:

Educational Videos

- Dr. Deborah Reisinger will be teaching in a course in the Fall of 2018, in which students will create informational videos for refugee populations
- The videos will aim to address principal refugee needs and gaps in knowledge that were uncovered through our focus groups. Videos may include information on:
  - Communicating with your doctor
  - Signing up for health insurance
  - Scheduling a pediatric appointment
  - Following through with medical recommendations, including navigating a pharmacy
  - Communicating with your child's teachers and guidance counselors
- The videos will be subtitled in French, English, and Swahili

Brochure

- A brochure for refugee families that will aim to address the same issues as the educational videos, but in a concise, written format with easy-to-understand graphics and visuals
- The brochures will be available in English, French, Arabic, Swahili, and Somali

For Organizations:

Organizational Report

- Based on the findings of the organizational survey responses, a synthesized report containing the principal themes of the surveys will be distributed to the organizations
- The goal of the report is to provide organizations with insight into how they can improve their services for refugees, as well as how they compare with other organizations that seek to provide similar services

REFERENCES

[1]2016 WRD Statistics: A Glimpse Into Refugee Resettlement in Durham. (2016). *World Relief Durham.*

We would like to thank our community partners for their advice and support: Carolina Outreach, NC Refugee Health, Church World Service, Lincoln Community Health Center, and Center for Child and Family Health. This project would also not have been possible without the generous input of participating refugee families.