Addressing Global Health Needs Among Refugee Children and Families in Durham

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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.

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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 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.

The survey inquired about the organization’s services, funding through grants, mostly from the state government. Specifically for refugees: mental health, care coordination, preventive health, transportation services, health screenings. Specific barriers to organizations providing refugee healthcare!

What are the significant barriers to organizations providing refugee healthcare?

- 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, navigation insurance.

What are the most significant challenges facing refugees in accessing health services?

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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 reservations. This led to delays or missed medical appointments. Participants in the Arabic focus group had personal cars which facilitated access to care.
- 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 cultural 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 noted that language barriers, such as speaking, that were considered normal in their countries of origin could be considered child abuse in the US.

REFINEMENTS

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Participants were asked about their health seeking behaviors, what they do when their child is sick, coordinating with doctors, paying for healthcare, and their child’s mental well-being.

Scheduling Appointments: Participants had challenges understanding the interactive voice response system or scheduling a pediatric appointment for their children via phone.

Appointment Availability: Participants mentioned waiting one or more weeks before getting an available medical appointment for their children.

What are the most significant challenges facing refugees in accessing health services?

When we first arrived we didn’t have a car and it was hard. Now everything is done and now we don’t have a problem. No parents have been reported as their children’s unauthorized carers in the US.

Mental Health: Participants referred their children to mental health professionals. Participants in the Arabic focus group had personal cars which facilitated access to care.

Barriers to Care

- Communication with your child’s teachers and guidance counselors
- 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

For Organizations:

- Educational Videos

- Dr. Deborah Reisinger will be teaching 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

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 brochure will be available in English, French, Arabic, Swahili, and Somali

FUTURE STEPS

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REFERENCES


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.