

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



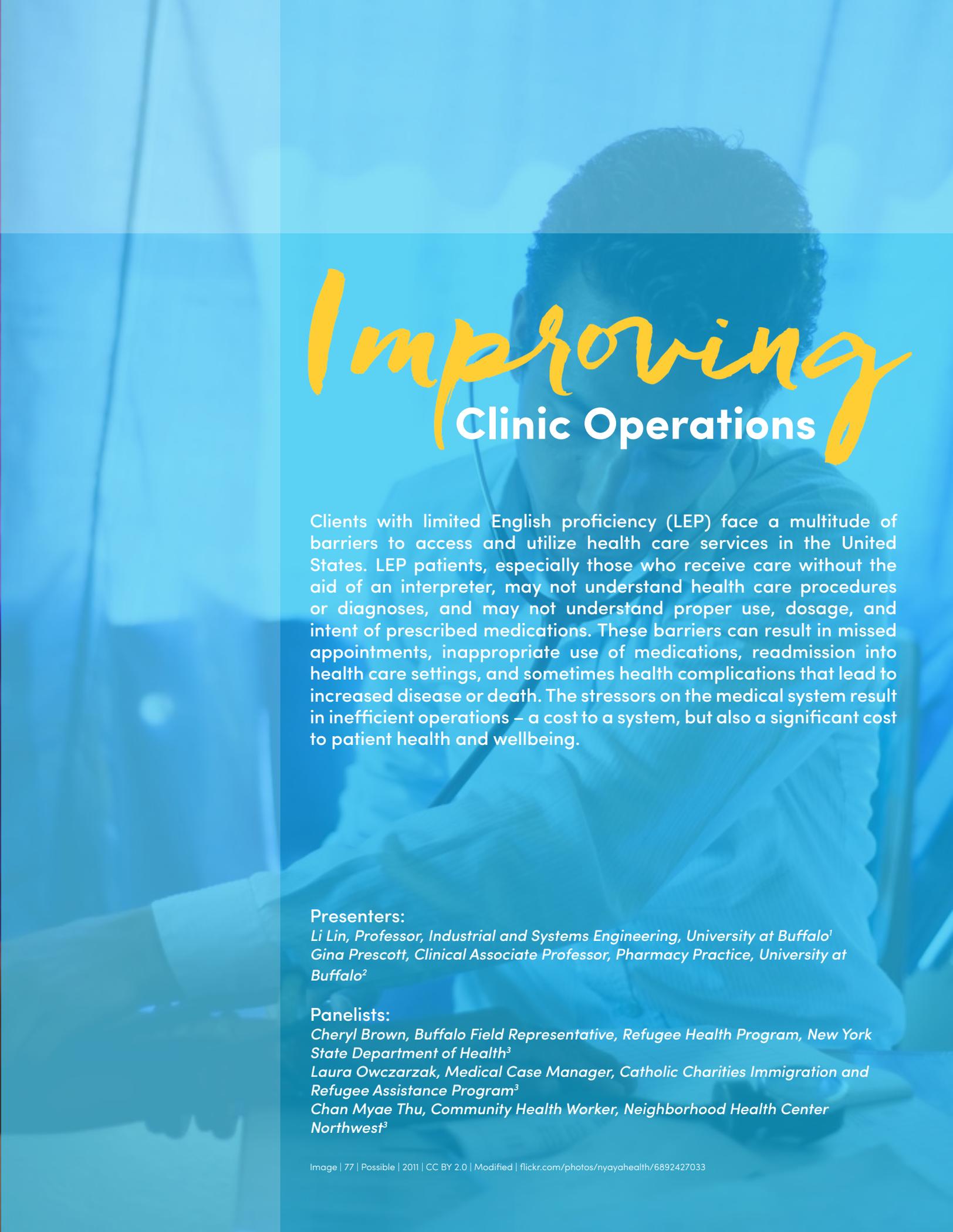
MAKING UB-COMMUNITY

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.



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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