

4th Annual WNY Refugee Health Summit

Explore barriers and solutions to promote culturally engaged health care for refugees



April 21, 2017
Educational Opportunity Center
Buffalo, NY

 **University at Buffalo**
Global Health Equity
Community of Excellence

 **University at Buffalo**
Office of Global Health Initiatives
School of Public Health and Health Professions

Background

Having fled war, persecution, and torture, Buffalo's refugee populations are revitalizing and diversifying Buffalo, yet challenges remain for both Buffalo and its newest residents. Among the largest refugee resettlement areas in the U.S., Buffalo has experienced a 33% rise in the foreign-born population and the number of students in the Buffalo Public Schools with limited English proficiency has doubled over the past ten years.

As Buffalo diversifies, healthcare service providers must meet the needs of an increasingly diverse population. The Annual Refugee Health Summit brings together university scholars, resettlement agencies, service providers, community support centers, municipal agencies, and refugees to explore barriers and solutions to promote culturally engaged healthcare for refugees in Buffalo.

Agenda

- 8:30 Coffee and registration
- 9:00 Welcome and Introductions
- 9:15 Introduction to Health Literacy
- 9:25 **State of the Region**, Sophie Feal, Esq
- 10:00 **Global and U.S. refugee resettlement – a CDC perspective**, Deborah Lee, MPH and Sharmila Shetty, MD
- 10:30 **Evidence-based policy and guideline development**, Kevin Pottie, MD, MCISc, CCFP
- 11:00 **Refugee Health and Physician Advocacy: A Canadian Case Study**
Meb Rashid, MD
- 11:30 Breakout sessions
- Social Policy and Refugees: What is the Responsibility of Healthcare Providers?**
Meb Rashid, MD and Kim Griswold, MD, MPH
- Understanding the resettlement system to improve patient health: Global and local resettlement**
Sharmila Shetty, MD, Deborah Lee, MPH, and Cheryl Brown
- Building a research agenda to support universal health coverage for migrants**
Kevin Pottie, MD and Pavani Ram, MD
- 12:30 Lunch
- 1:00 Workshop: **How do we increase Buffalo's health literacy?**
- 4:30 Closing

Speaker Bios



Sophie Feal, Esq has practiced immigration and nationality law for almost 30 years in Buffalo, Rochester, Washington, DC and San Francisco. Since 1999, she has been with Erie County Bar Association Volunteer Lawyers Project (VLP), Inc. where today she is Director of the Immigration Program and oversees a staff and several innovative programs. VLP also engages in recruiting, training and mentoring *pro bono* attorneys to represent immigrants before the Immigration Court and Board of Immigration Appeals, as well as before the federal Court of Appeals for the Second Circuit.

Ms. Feal was elected to a three year term on the Board of Directors of the Bar Association of Erie County (BAEC) in 2014, and was appointed to its Judiciary Committee for the 2017-18 term and to the Board of the Women's Bar Association of New York—WNY Chapter for 2018. She has also served on New York State Bar Association's Special Committee on Immigration Representation, and as Chair of BAEC's Human Rights and Immigration Law Committees. She is a member of the National Immigration Project, and has published extensively on immigration law issues.

Herself an immigrant, she was raised speaking French and Spanish, is a 1988 graduate of UB Law School and earned a B.A. at Buffalo State College in 1985.



Meb Rashid, MD has had the privilege of spending the last fifteen years of his career working with newly arrived refugees in Canada. He is the medical director of the Crossroads Clinic, a medical clinic at Women's College Hospital that serves refugees arriving in Toronto. He has also co-founded the Canadian Doctors for Refugee Care, an organizations founded to advocate for refugees to access health insurance. He was on the steering committee of the CCIRH, a group that developed evidence based guidelines for the assessment of newly arrived immigrants and refugees and is a co-founder of the Christie Refugee Health Clinic, a health clinic located in a refugee shelter. He is an Assistant Professor with the Department of Family and Community Medicine at the University of Toronto.



Kevin Pottie, MD, MCISc, CCFP, began working with refugees in 1994. He served with MSF, WHO, the Canadian Task Force for Preventative Health Care, the GRADE Working Group and the Cochrane Equity Methods Group. In February 2017 he attended the WHO/ IOM/ Sri Lankan Government 2 Global Consultation on Migrant Health.

He led the Canadian and European Refugee Health Guidelines. He has also held various positions in the field, notably, Republic of Georgia 1995, Bolivia 2001, Indonesia 2004 and Republic of Congo 2007-08, Benin 2009, Panama 2012 and Nepal 2014. He is an associate professor and researcher at the Bruyère Research Institute, University of Ottawa and has published over 120 peer review papers. He enjoys bird watching, juggling and surfing.



Deborah Lee, MPH has over 17 years of experience in public health work. For the past 10 years, she has worked as an epidemiologist in the Immigrant, Refugee and Migrant Health (IRMH) Branch of the Division of Global Migration and Quarantine (DGMQ) on U.S. immigrant and refugee health issues and has managed the Migrant Serum Bank since 2007. She has worked extensively with several CDC surveillance systems--Electronic Disease Notification System (EDN), National HIV Behavioral Surveillance (NHBS), and National Respiratory and Enteric Virus Surveillance System. Prior to CDC, she worked in Seattle, Washington with the HIV Clinical Trials Network (HVTN) at Fred Hutchinson Cancer Research Center and with Emory University in pharmacology on adrenergic receptors research.



Dr. Sharmila Shetty, MD is a medical epidemiologist at the Centers for Disease Control and Prevention (CDC) in the Emergency Response and Recovery Branch. She trained as a pediatrician and joined Doctors Without Borders/Médecins Sans Frontières (MSF) in 1999 and provided medical services for Palestinian refugees in Saida, Lebanon; IDPs in Bundibugyo, Uganda; and orphans in Khartoum, Sudan. She most recently worked with MSF as an epidemiologist in an HIV project in Dawei, Myanmar. Dr. Shetty completed the Epidemic Intelligence Service (EIS) fellowship at the CDC, where she also subsequently worked as a medical epidemiologist in the Immigrant, Refugee and Migrant Health Branch, working on improving the health of refugees resettled to the US. She has also worked with the Red Cross in Banda Aceh, Indonesia post-tsunami; and was on faculty of Johns Hopkins School of Public Health, working on the Hib Vaccine Initiative.

Workshop: How do we increase Buffalo's health literacy?



Moderator Izzy Mamnoon directing participants



4th annual WNY Refugee Health Summit held at the Educational Opportunity Center

Team Training: How can we improve navigation in the health care system through multiple life stages?

How to address this challenge:

Create a training institution targeted to training refugees in healthcare fields. Individuals trained as healthcare professionals become a part of the system and help facilitate navigation.

Suggested project milestones:

Number of refugees trained

Number of projects / health materials created that would be required of the students

Project Impact

Increase the numbers of refugees trained in health professions will automatically increase literacy. These trained professionals can improve literacy in their communities.

Improved health outcomes of refugees

Key Stakeholders

Refugee communities

Resettlement agencies

Academic institutions

Healthcare providers

Insurers

Key resources needed:

Trainers/educators

Students

Facility

Language resources

Community engagement

A board of directors

Potential Challenges:

Lack of funding

Accreditation concerns

Project Timeline

3-5 years

Notes: educate while in school for example: medical, pharm, etc.

Team Less Language Barrier

How to address this challenge:

To create a coalition of college student volunteers who speak more than one language.

Suggested project milestones:

Send student volunteers to doctors' offices

Project Impact:

Open line of communication between the doctor and the refugees and build trust
Create an opportunity for students to engage with the local community

Key Stakeholders:

Doctors

Students

Refugees

Key resources needed:

Strong and passionate team to gather volunteers

Potential Challenges:

Funds for transportation

Project Timeline:

3 years

Team Global Mobile: How might we make the local healthcare system more easily understood/accessible to refugees

How to address this challenge:

Establish fleet of mobile clinics

Identify skilled refugees throughout the resettlement process to train and hire as CHW

Hire bilingual staff as a priority

Suggested project milestones:

Healthier community

Number of refugees served

Improvement of physical health indicators

Number of language groups served

Project Impact:

Positive impact by hiring assets from the community.

Increasing health literacy

Integration of community and providing larger access to healthcare

Key Stakeholders:

Refugee community

Community partners

Department of state (identifying refugees pre-arrival)

Local health providers

Key resources needed:

Clinical experts

Social workers

Money

Community members willing to work as paid CHW

Infrastructure to support mobile clinics

Vocational training for community members

Coordination

Interpreters

Potential Challenges:

Funding

Coordination

Expertise

Availability of skilled bilingual staff

Project Timeline:

5 years

Notes:

All three good ideas!;

(+) skilled refugees increasing health literacy!

Team Multicultural Communication Coalition: In what ways might we improve multicultural communication and delivery in healthcare and service settings?

How to address this challenge:

Create a health care system in which a refugee family is assigned to a provider and an interpreter to serve all their health care needs

Suggested project milestones:

Patients report better satisfaction with health care centers and providers

Refugee patients will have better outcomes

Reduction in ED visits

Refugee improved health = improved economic contribution

Project Impact:

Patients will be able to understand their health care better

Increased patient compliance

Providers will become partners in care

A healthier and well-functioning community

Key Stakeholders:

Patients

Service providers

Hospital systems

Interpreters

Key resources needed:

Funding

Community buy-in

Provider buy-in

Policy/legislation

Potential Challenges:

Resistance to change

Limited time and money

Constituent push back (Tax \$)

Project Timeline:

Years!

Notes: How will they be trained?

Team Champions: How might we incent stakeholders to make appropriate decisions?

How to address this challenge:

Spend money to save money: legitimize/institutionalize the challenges of refugees surrounding healthcare when there are no further barriers

Suggested project milestones:

Project Impact:

New systems to provide interpretation services at healthcare facilities
Improve health outcomes for refugees

Key Stakeholders:

Health care facilities and providers
General public
Refugee service providers
Refugees and refugee communities

Key resources needed:

Access to data (or resources to collect data)
Expertise in behavior change, change management, health communicator
Community partnerships/collaboration
Evaluation expert (in terms of outcomes and economic benefits)

Potential Challenges:

Money
Buy in from key stakeholders
Lack of funding, accreditation concerns

Project Timeline:

Start right now
At least 2 years to obtain buy in, resources, etc. until formal launch

Notes:

Organize process of getting specialty consultations: 1) determine current volume of referrals by language groups 2) try to get specialist groups to be available for refugee referrals 1 -2 days per month 3) consent ? visit during these hours 4) have interpreters available

Team A Health Insurance Coverage Gap: Closing the health insurance gap between date of arrival and medical coverage. Often times 45-60 days thus increasing ER costs and decreasing the ability to care for health

How to address this challenge:

Provide a health insurance “Debit Card” that is paid by federal funds and administered through resettlement agencies

Suggested project milestones:

Reduced ER visits and money spent on ER visits
Teach system utilization properly and earlier
Better health outcomes

Project Impact:

Saving \$
Increasing health literacy and self sufficiency
Teaching how to use health care system correct 1st
Improved compliance
Improved health

Key Stakeholders:

Refugees
Health care providers
Community

Key resources needed:

Legislators: fed and state: redistributing, not asking for more
Resettlement agencies
Health insurance
Health providers

Potential Challenges:

Agencies working together
Rolling it out
Lack of funding, accreditation concerns

Project Timeline:

1 year

Notes:

Tap into DSPI;
(+) reduce health care costs!

Team Trans-BLKD: How to increase trust/feelings of safety on the part of refugees in the U.S. (in order to improve health care and health literacy) given the hostile political environment?

How to address this challenge:

Foster/support creation of stories and images by and of refugees that depict their human experiences in order to cultivate empathy in the electorate and change the political climate (like story-corps or humans of NY)

Suggested project milestones:

Web hits
Public reaction/news stories
Election midterms
of refugees receiving medical treatment and care

Project Impact:

Change in federal and local funding priorities
Cultivating more kindness, empathy, mutual understanding

Key Stakeholders:

Refugees
Providers
Experts in PR, lobbying

Key resources needed:

Access to media
Access to story tellers and artists in the refugee community

Potential Challenges:

Money
Making sure stories are disseminated over time, continuously (one-offs create temporary change but we want to create permanent change)

Project Timeline:

3-6 months to recruit people from the refugee community and UB students plus fundraise
6-infinity to roll out content

Notes:

Like the idea of a film so Americans can relate to refugees on a more personal level;
Excellent and important: empathy and understanding of others if often lacking;
(+) media is often a big part of the issues for refugees;
(?) How can we utilize the media and news organizations to foster empathy?;
(?) How will the campaign be seen/understood by refugees?

Team The Doctor Potties: Mental health diagnosis, treatment, and awareness in refugee populations

How to address this challenge:

Running support groups as a requirement for refugee resettlement with mandatory participation for new arrivals. This will build community support, facilitate mental health awareness, and encourage seeking treatment

Suggested project milestones:

Less physical health problems due to better mental health, reduced poverty and crime rates, higher employment rates, increased productivity

Project Impact:

By increasing mental health diagnosis, awareness, treatment among refugees better physical health, lower costs for Medicaid due to less ER/psych admissions.
Less crime, reduced productivity

Key Stakeholders:

Refugees
Mental health care providers
ORR
Tax payers who may ultimately fund the project through grants

Key resources needed:

Cooperation from resettlement agencies and ORR
Trained mental health counselors to facilitate the groups
Interpreters as needed

Potential Challenges:

Difficulty changing ORR requirements for resettlement agencies
Difficulty initially getting refugees to speak openly during support groups about mental health

Project Timeline:

10 years

Notes:

(?) How will you address cultural, generational, and gender barriers to participating fully, honestly and effectively in the group mandatory sessions;
(?) How to increase the number of support groups;
(?) Who might fund the professionals for this group;
(?) How to collect data on what constitutes as stigma;
(?) How might you avoid the trauma associated with required participation in mental health group session

Team Smiley: How might we make mental health adapted to refugees and immigrants?

How to address this challenge: Ensuring community based support, cultural trainings for MH providers, social/support groups

Suggested project milestones:
Decrease utilization of mental health services

Project Impact:
Addressing the needs to improve cultural competency for mental health providers
Increase refugee well-being

Key Stakeholders:
Refugees
Counselors
Psychiatrists
Students
Community

Key resources needed:
Access to transportation for needed care
Technology (video access) to MH care for those who are isolated
Language access
Cultural competency training for providers
Education of immigrants on what to expect when accessing MH services

Potential Challenges:
Funding
Transportation
Language access
CC trainings
Community outreach/education

Project Timeline:
12 months

Notes:
(?) how to utilize social capital of community support to overcome stigma; educational role playing; medical students should take a class to enhance cultural competence and awareness;
(?) how to educate in cultural competence;
(+) great idea!
(+) emphasis on cultural factors is right on the mark and often missing is plan to address this issue;
(?) where to receive training

Team No borders, no jails: Provide health and basic needs for detainees placed in county jails with a focus on women

How to address this challenge:

An assessment of detainee health needs to create guidelines for women, unaccompanied children, men, and be adopted by detention centers with federal oversight

Suggested project milestones:

Produce list but develop guidelines to meet needs

Project Impact:

Improve mental health and decrease trauma

Key Stakeholders:

Detention centers
Policy holders
Legislators
Detainees
Former detainees
Staff
Healthcare providers

Key resources needed:

Money
Leadership
Continuous education
Guidelines
Enforcement/oversight

Potential Challenges:

Conservative policies

Project Timeline:

6 months to develop guideline
2 years to implement roll out
Revisions and modifications of guidelines as needed

Notes:

(?) who might conduct these health assessments and would they have security;
(?) how might we engage detention centers as stakeholders early in the process