

# Domestic Health Orientation

December 5, 2011



ARHC Health Education Committee &  
RHTAC Partnership



# Objectives

- Present a brief overview of the current methods used for carrying out domestic health orientation.
- Discuss the challenges in providing domestic health orientation.
- Promote ideas for future collaboration and educational opportunities.



# The Big Picture

- Method, topics and amount of time covered vary dramatically from state to state, clinic to clinic, and resettlement agency to resettlement agency.
- We will cover in the upcoming slides:
  - Methods and topics
  - Time spent on health orientation:
    - 15 minutes to 3 hours

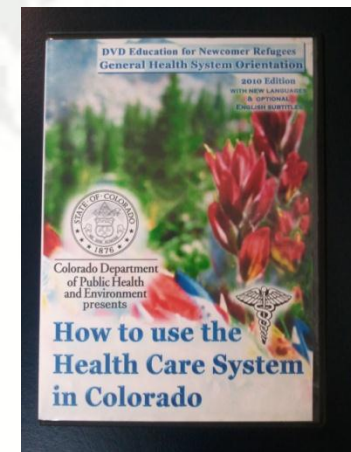
# Service Providers

- Resettlement agencies- case managers and/or health coordinators
- ESL classes/centers
- Refugee health clinics
- Community healthcare providers
- Partner agencies
  - Resident programs/medical students
- Mixed models



# Orientation Materials and Methods

- Individual or family intake meetings @ resettlement agency
  - Assess medical concerns
  - Medications
  - Interest in family planning
  - Mental health needs
- Power Point presentations
- Videos
  - In the native language of client
  - In English



- Small group teaching/learning sessions typically by ethnic population and language
- Large group teaching/learning sessions with multiple interpreters
- Manuals for staff who work with refugees



- Handouts

- USCRI translated documents
- Documents created/translated in-house
- Health binders

- Field Trips


- Pharmacy

- Health Navigators





# Health Orientation Themes

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1. General health orientation/Overview of US health care system
  2. Population/language group-based
  3. Health topic-based



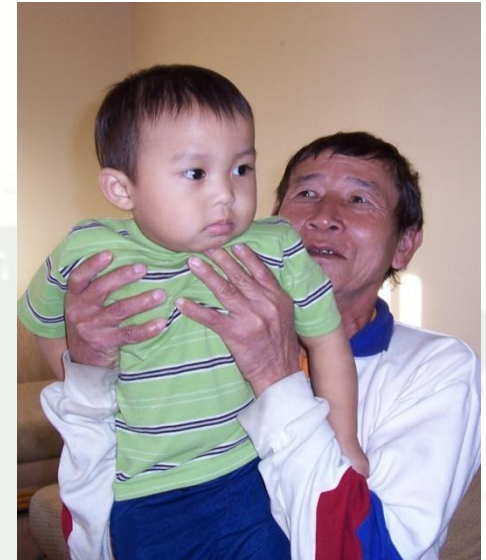


# Topics Addressed

- What to expect at the initial refugee health screening; when, where, why should you go
- Health Insurance (RMA, Medicaid, Private Insurance); Medical bills
- Healthcare system overview
- Using 911
- Roles and responsibilities of patients, providers, and case managers
- How to make appointments; How to find a PCP
- Preventative health topics
- Immunizations

# Topics Addressed (cont.)

- Family Planning
- Mental Health
- Dental
- Vision
- Nutrition
- Specific health issues a client is experiencing
- Domestic violence
- Hand washing
- Bed bugs/scabies
- Caring for sick family members
- Medication management; OTC medicine



# Timing

- A few days after arrival
- A few months after arrival
- Several times throughout new arrival period, often by various providing agencies and through various mediums.



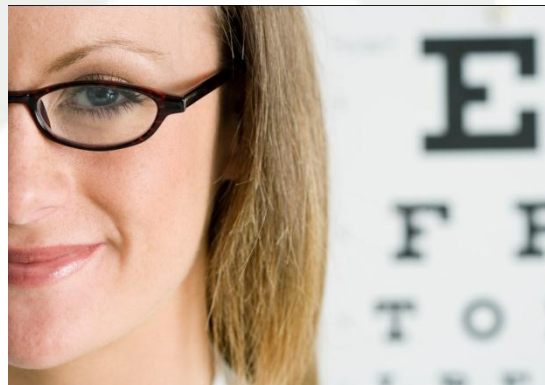
# Challenges to Quality Orientations

- Lack of time for orientation
- Reaching everyone
- Complexity of US health care system
- US health system changes frequently



# Challenges to Quality Orientations

- Variations in services across states
- Lack of primary care resources at local level (mismatch between advice given and reality)
- Limited insurance coverage (Dental & Vision)
- Transportation (orientations don't always address practical needs)



# Challenges (cont.)

- Basic information dissemination programs
- Minor impact? (Despite time invested, using quality translated and tested resources)
- Difficult to tailor
- Limited financial and staff resources





# Future Directions

- Possibly cover less information, but cover it in a more meaningful way
- Recognize that refugees may learn more by doing
- Research into when in the resettlement process refugees may learn best
- Move toward CHW or Health Navigator-based programs (Refugees may learn best from peers)

# Preparing the CHW and Patient Navigator Work Force

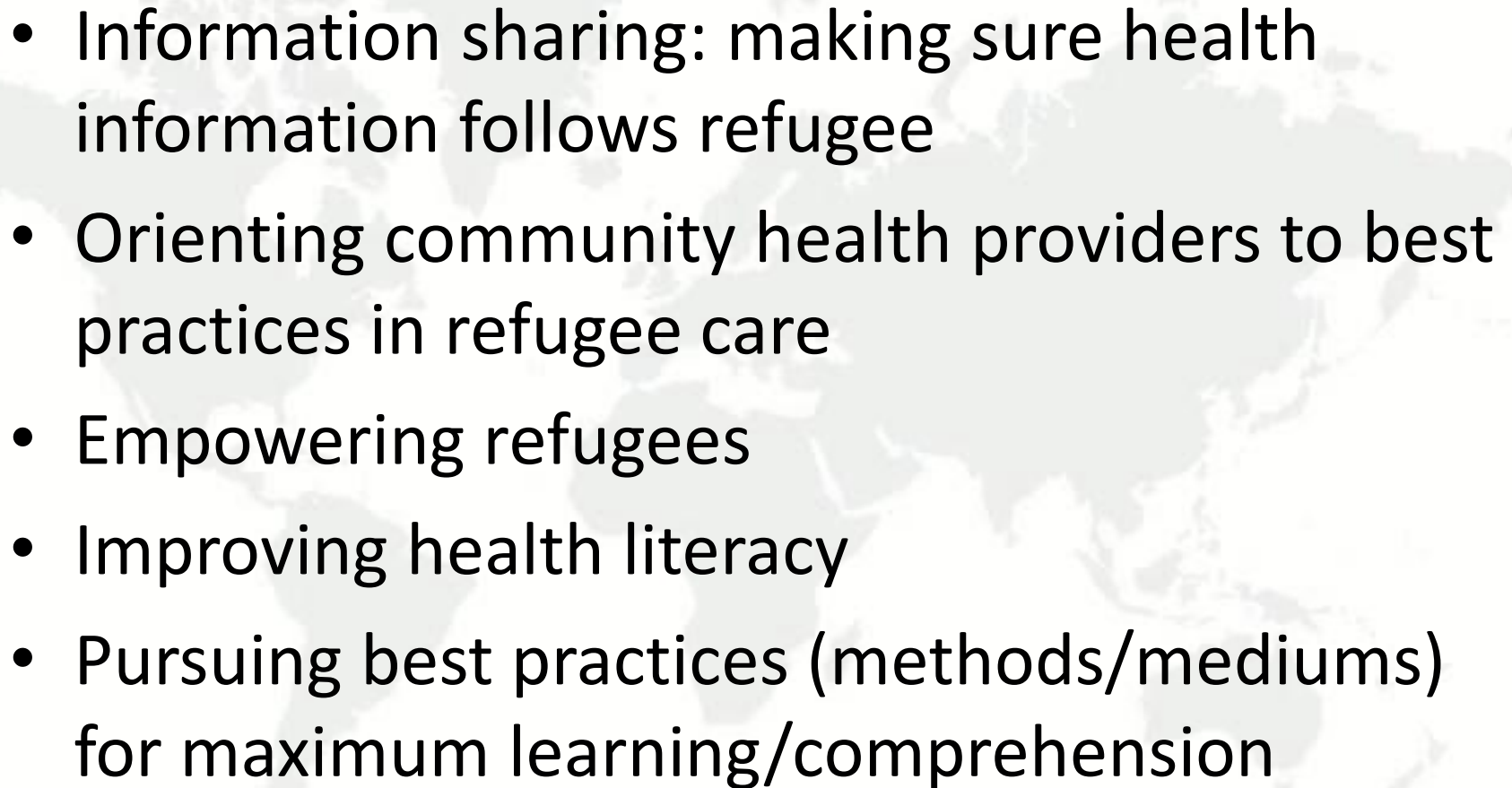


Outreach Worker Training Institute, a program of Central MA AHEC, Inc. Individuals pictured are CHWs and Patient Navigators.





# Other Considerations

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- Information sharing: making sure health information follows refugee
  - Orienting community health providers to best practices in refugee care
  - Empowering refugees
  - Improving health literacy
  - Pursuing best practices (methods/mediums) for maximum learning/comprehension