

WELCOME

You are attending the webinar

Promising Practices in Domestic Health Orientation

Wednesday July 11, 2012

1:00-2:30pm EDT

presentation will begin shortly

Access Code: 6166957

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Objectives

- Present a brief review of the current methods used for carrying out domestic health orientation.
- Describe examples of innovative health orientation strategies.
- Promote ideas for future collaboration and educational opportunities.



Webinar Overview

- Presentations (60 minutes)
- Q&A via Chat Window (15 minutes)
- Slides, webinar recording, Question and Answers, and additional resources will be posted to <http://refugeehealthta.org> after the webinar
- Email refugeehealthta@jsi.com if you have any questions after the webinar



Presenters

- **Liz Edghill, RN, BSN**
- **Lauren Schroeder, MPH**
- **Marla Lipscomb, MSW, LCSW**
- **Leslie Hortel, MAT**



Evaluation

- Appears in your internet browser after webinar ends **(please stay logged in!)**
- Also available via email if you logged in from your RHTAC invitation
- Strongly encouraged for everyone – we learn from the evaluations!

THANK YOU!



Domestic Health Orientation



ARHC Health Education Committee &
RHTAC Partnership

The Big Picture

- For domestic health orientations, the methods, topics and amount of time covered vary dramatically from state to state, clinic to clinic, and resettlement agency to resettlement agency.



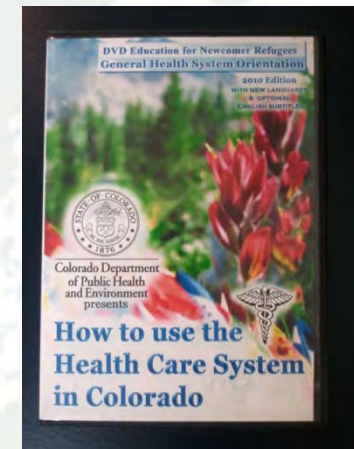
Orientation Providers


- Resettlement agencies- case managers and/or health coordinators
- ESL classes/centers
- Refugee health clinics
- Community healthcare providers
- Community Health Workers
- Partner agencies
- Mixed models



Orientation Materials and Methods

- Intake meetings
- Power Point presentations
- Videos
- Field trips
- Health navigators
- Group sessions
- Manuals for staff
- Handouts





Polling question

Who provides refugee health orientation(s) in your community? (Check all that apply)

- Resettlement agencies
- ESL classes/centers
- Refugee health clinics
- Community healthcare providers
- Community health workers
- Partner agencies



Health Orientation Themes

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
- Bedbugs/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
- Difficult to reach everyone
- Complexity of US health care system
- Frequent changes to health care system



Challenges (cont.)

- Variations in services across states
- Lack of primary care resources at local level
- Limited insurance coverage
- Client's other pressing needs



Challenges (cont.)

- Basic information dissemination programs
- Evaluation piece often missing
- Difficult to tailor
- Limited financial and staff resources





Other Considerations

- 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



Innovative Health Orientation Strategies

- Well-Being Promotion Program, International Rescue Committee in Tucson
- Mental Health and Wellness Orientation Program, Boise, Idaho's English Language Center
- "Health Passport" tool and results of refugee focus groups that were held at Denver Colorado's Refugee Health Clinic



Well-Being Promotion

Lauren Schroeder, MPH
Program Coordinator, Well-Being Promotion
International Rescue Committee in Tucson



Insert Polling Question #1

1. How familiar are you with the community health worker model?
 - a) I have worked with or have been a community health worker
 - b) I am very familiar with the model
 - c) I have heard of the model but don't know the details
 - d) I am not familiar with the model

Well-Being Promotion Program

- Follows the principles of the Community Health Worker Model
- Not a health intervention program
- It is an education, referral and advocacy program:
 - Home Visits
 - Community trainings – Refugee 101's
 - Health and Community Connection Fairs

Insert Polling Question #2

1. Internationally, where are community health worker programs being utilized?
 - a) Nepal
 - b) Kenya
 - c) Pakistan
 - d) Haiti
 - e) All of the above

Who are the Promoters?

- IRC employees, \$12.83/hr
- Refugee women
- Resettled and integrated into the refugee and greater Tucson community
- Community leaders and organizers
- Passionate about women's and children's issues
- Desire to help others
- Cultural and linguistic liaisons

Promoter Training

- At hire 40 hours of orientation
- 3 hours a month of continuing education and professional development training
- 1 – 2 hours a month of case note review
- Ongoing monitoring of home visits

Roles of the Promoter

Bridge

- “We help both sides understand each other.”

Social support

- “ We work with refugees – we try to help them feel comfortable to have someone backing them up. For information – where they can look for it and who to ask, so they are not just thrown on the ground.”

Educator

- “We are to be honest and helpful. Giving right directions for them based on the resources that we have. Being a good educator for them by showing them the right and appropriate materials.”

Advocate

- “We help a person to be able to take care of herself, locate resources, self advocate, and have the confidence to seek services.”

Assurance

- “As Promoters we are very active. We provide resources and information for them. Connect the client with the resources and services available which will ultimately make them more self sufficient”

Home Visitation

First year of arrival:

- First 30 days – 1 visit per week
- Months 2-6 – 2 visits per month
- Months 7-12 – 1 visit per month



Home Visitation Topics

First 6 Months

- Personal/home/public safety
- Personal and home hygiene
- DES benefits
- Systems explanation and navigation
- Public transportation
- Financial literacy
- Self-advocacy
- Referrals

Second 6 Months

- Physical health topics
 - Mental health
 - Family/parenting issues
 - Self-advocacy
 - Referrals
-

- Prenatal and Well-Child Curriculumms

Program Challenges

- Heterogeneous ethnicities
- Curriculum development
- Varying education levels
- Scheduling conflicts
- Transportation
- Referrals
- Unrealistic expectations of the Promoters



Post-then-Pre Evaluation

Quantitative (0 – 10 scale):

- 91.09 – 94.06% reported increase in confidence, understanding, and resource acquisition, averaging an increase from 1.36 to 7.73
- Overall home visit satisfaction 8.83
- Overall usefulness of received information 8.82

Client Quotes

“I was so happy to find someone who spoke my same language, shared my same culture, and guided me from my arrival; I now feel confident.”

– Iraqi WBP participant



Client Quotes

“I learned so many good informations and knowledge from the home visits because you covered most all the basic informations that we need to survive in life here. I know the uses of bus pass, food stamps, AHCCCS. I know the value of money, safety in the apartment, to reapply to the DES after 6 months, and the importances of ESL school. I also learn to make doctor appointment and reschedule the appointment, and I know to take my baby to the doctor for well-check. I can get the things I need from the resources.”

– Bhutanese WBP participant

Funding

Funding for Well-Being Promotion is provided by grants from:

- US Department of Health and Human Services Office of Refugee Resettlement, Preferred Communities Grant
- Arizona Refugee Resettlement Program
- Southern Arizona Women's Foundation
- Arizona's First Things First

THANK-YOU

“Now a days I know a little more and have a hope of surviving in Tucson and also getting some courage to move around the city and see new things.”

– Bhutanese WBP participant

Lauren.Schroeder@Rescue.org

Providing Mental Health Orientation to *Refugee Populations:* *Challenges, Considerations and Promising Approaches*



PREPARED AND PRESENTED BY:
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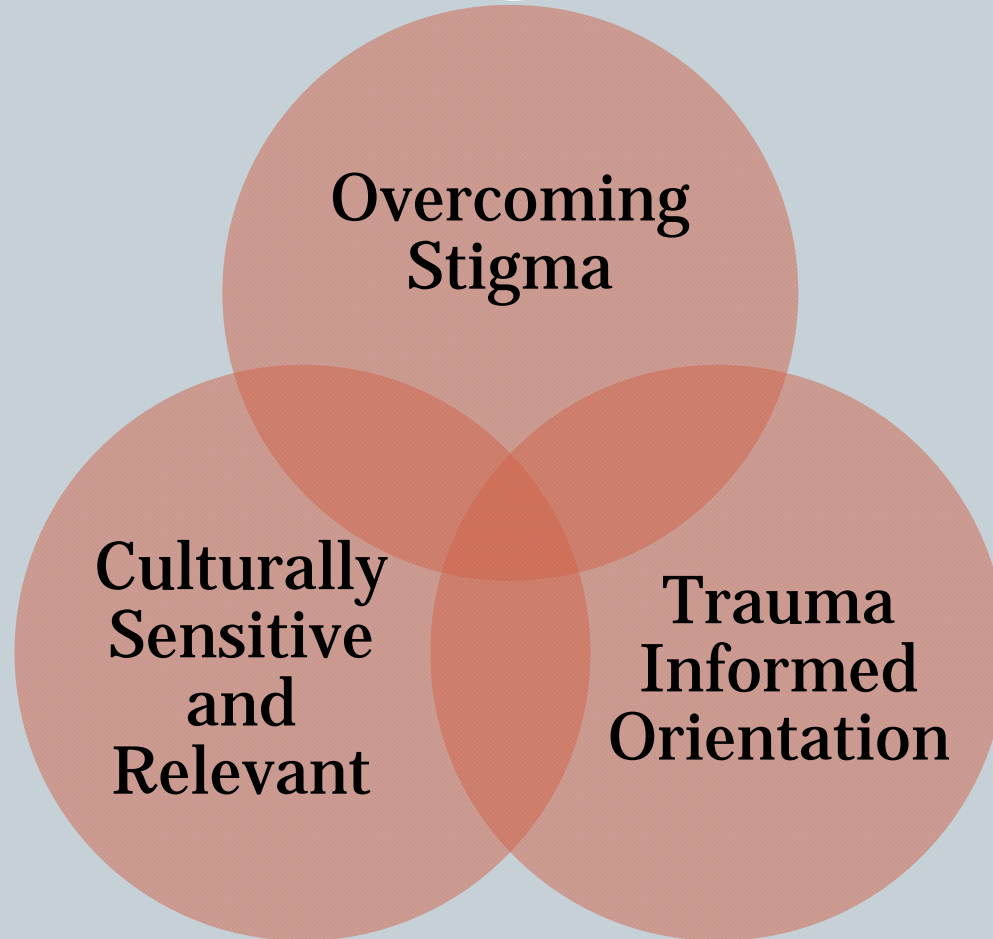
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CARE Maternal and Child Health Program
CARE- Culturally Appropriate Resources and Education
In partnership with Boise's English Language Center
And Idaho Department of Health and Welfare
Collin Elias MPH*

Important Considerations Developing Mental Health Orientation



Challenges and Considerations when talking about Mental Health:



- **Overcoming Stigma**
 - Pervasive fear of bringing shame
 - ✦ Normalize symptoms
 - ✦ Engaging and educating interpreters and community leaders on beliefs about mental health
- **Cultural and Linguistic Considerations**
 - Different cultural beliefs and ways of talking about mental health amongst diverse populations
 - Mental health vocabulary and western views pose challenge for meaning for meaning interpretation
 - Need for interpreters and CHWs to educate providers and orientation presenters
- **Additional Considerations**
 - Education levels
 - Rural vs. Urban populations

Importance of *Trauma Informed Orientation*



- **Working with survivors of torture and trauma**
 - Easily triggered when talking about “mental health”
 - Interpreters’ own trauma stories
- **Trauma informed practice**
 - Being aware of potential triggers throughout orientation
 - Restoring power and control to the survivor
 - Knowing what to expect to happen next
 - Restore Dignity and Respect to the survivor
 - Create Safety and Build Trust

How to Introduce a *Mental Health Provider*



- **Important consideration**
 - Can help to decrease or increase stigma
 - High cultural values placed on introductions
 - Building trust and rapport with new arrivals

- **Descriptive Sentence**
 - **Avoid use of “mental health” and “trauma”**

 - Facilitator: “_____ is someone who helps people to continue healing from bad things that happened in the past. In United States, we call this type of worker a counselor and some are also social workers. _____ is here today to provide some important information for you and your families about services that can help you as you continue to heal and to help you overcome challenges you might face in America.”

 - **Presenter**
 - ✦ **First greet each interpreter and their language group through acknowledgement or also use appropriate greeting for each language group**
 - ✦ **Welcome everyone and express honor and gratitude to be with them during orientation**
 - ✦ **Further expand on role and ways services to be discussed can help**

 - Give permission to leave the room to get a drink, use the bathroom or go outside. Encourage participants to ask questions or share comments with the group if they feel comfortable during the presentation.

Narrative Approach to Mental Health Orientation



- **Use of metaphorical story “Bag of Rocks”**
 - Bag of rocks represents bad things that may have happened to you, your family or your community
 - ✦ Additional rocks may be added to your bag during resettlement
 - Reduces Stigma
 - ✦ Normalizes experiences and symptoms
 - Culturally Appropriate
 - ✦ Many resettlement groups have strong story-telling traditions
 - Trauma Informed
 - Indirect way to talk about history of trauma, grief and loss
 - Emphasizes somatic impact of “carrying heavy bag of rocks for many years”
 - Trauma is stored in the body
 - Impact of ongoing acculturation, resettlement and psychosocial stressors

Signs and Symptoms Discussed



- **Carrying a heavy bag of rocks for many years can cause many health problems**
 - Headaches, Stomachaches, Back pain, chronic pain in limbs, other body pain
 - Sadness, feeling isolated, feeling there is no one to ask for help, hopeless, sleeping too little or too much
 - Thinking or worrying too much, difficulty falling and staying asleep, nervous, become angry easily, heart beating fast and strong, difficulty breathing, tightness in your chest
 - Difficulty sleeping, nightmares, thinking about bad memories, inability to control thoughts, picturing event as if it is happening again, not feeling safe, worried something bad is going to happen, shaking when you become stressed or afraid, difficulty trusting others
 - “All of these symptoms are normal to have if you have had many bad things happen in your life. It is possible for these symptoms to improve or go away completely with help from your doctor and counselor.”
- **We do not use terms “Somatic, Depression, Anxiety, PTSD”**
 - Reduce risk of increasing stigma
 - Reduce risk of interpreters having to interpret words that are difficult to describe meaning

Family System and Needs of *Children*



- **Discuss impact of trauma on children**
 - Significance of early childhood traumatic memories
 - Children also carry heavy “Bags of Rocks” (refer to metaphor)
- **Additional signs and symptoms of trauma, anxiety and depression**
 - Can look similar to adult signs and symptoms previously discussed
 - Also describe ways that signs and symptoms are different from adults
- **Behavioral and Personality changes**
 - Irritable, getting into fights with other children, isolating themselves
 - ✦ Strengthen parents’ trauma lens (school example)

Family System and Needs of *Children*



- Provide opportunity for participants to share other signs that a child may be thinking too much or hurting inside
- Impact of Acculturation on family system
 - It can be difficult to raise your children in a new culture
 - ✦ Children often learn the language more quickly than their parents
 - Can cause parents to feel dependent upon children due to language barriers
 - ✦ Children may adapt more quickly to American culture
 - Can cause tension between children and their parents
- Affirm role of parents
 - “You know your children better than anyone. Your children’s teacher and family doctor will need your help to let them know if you have any concerns about your child.”

Impact of : Acculturation and Resettlement Stressors



- **Discuss impact of resettlement and acculturation**
 - Can provide the brain with a break from thinking about the past by thinking about the present
 - When you arrive there may be no more room in your bag for “more rocks”
 - New stressors are like more rocks being put into your bag
 - Can cause your symptoms to worsen
- **Group participation**
 - ✦ Identify within language groups stressors since arrival
 - ✦ Interpreters shout out answers
 - ✦ Facilitator/Presenter writes answers on board for interpreters to repeat to language group
 - ✦ Strengthen awareness about impact of current stressors on health
 - ✦ Validate current thoughts and emotions
- **Discuss impact of stages of resettlement and ending of case management**
 - Normalize moving back and forth from hope to despair throughout first year of resettlement
 - Discuss impact of ending of case management
 - Acknowledge differences between previous expectations and realities of resettlement
 - ✦ Counselor can be someone who you trust who is there for you to help you through stressors of resettlement
 - ✦ Counselor can be someone who is still there for you after your resettlement agency assistance ends so that you know you have someone to talk to when you need help

Strengths of Resettlement



- **Shift focus to strengths of resettlement**
 - Building capacity to refocus thoughts and regulate stress response
 - Strengthen ability to move in and out of feelings of despair to feelings of hope
- **Group participation**
 - ✦ Identify within language groups strengths identified in resettlement city/town
 - ✦ Interpreters shout out answers
 - ✦ Facilitator/Presenter writes answers on board for interpreters to repeat to language group
 - ✦ Provides visual of both negatives and positives experienced thus far in resettlement
 - ✦ Discuss ways to focus on thoughts that bring hope for future when feeling overwhelmed
 - Safety, equal rights, freedom of speech and religion, education for my children, etc.

How to Access Mental Health Services: Knowing What to Expect to Happen Next



- **Explain what counseling services are**
 - Be mindful of wording-avoid mental health jargon
 - Logistics of appointment
 - Right to choose an interpreter you trust
- **Describe referral process**
 - Role of family doctor/PCP
 - New arrival medical screening appointment
 - How to talk with medical providers about these symptoms
- **Issues related to Medicaid**
 - Timeline of coverage
 - Medicaid transport and payment for interpreters
 - Provide options for patients to receive counseling services and medication if they become uninsured

Importance of Closing



- Further establish trust and respect
 - “In closing I want to thank you for being such a wonderful audience today and for your participation in our time together. We are so thankful that you are here in Boise. Because you are here, our community is now stronger. Please feel free to always greet me if you see me in an office, the hospital or out in the community. I will be happy to see you again.”
 - Stand at door as participants leave to greet them in a culturally respectful way
- “I will also be available in the first classroom during the break if anyone has any additional questions they would like to ask or if you have something that you would like to talk with me about before I leave.”

EVALUATION TOOL: FOCUS GROUPS

PROMISING PRACTICE: HEALTH PASSPORT

Presented by:
Leslie Hortel, MAT
Refugee Health Program
Denver, CO

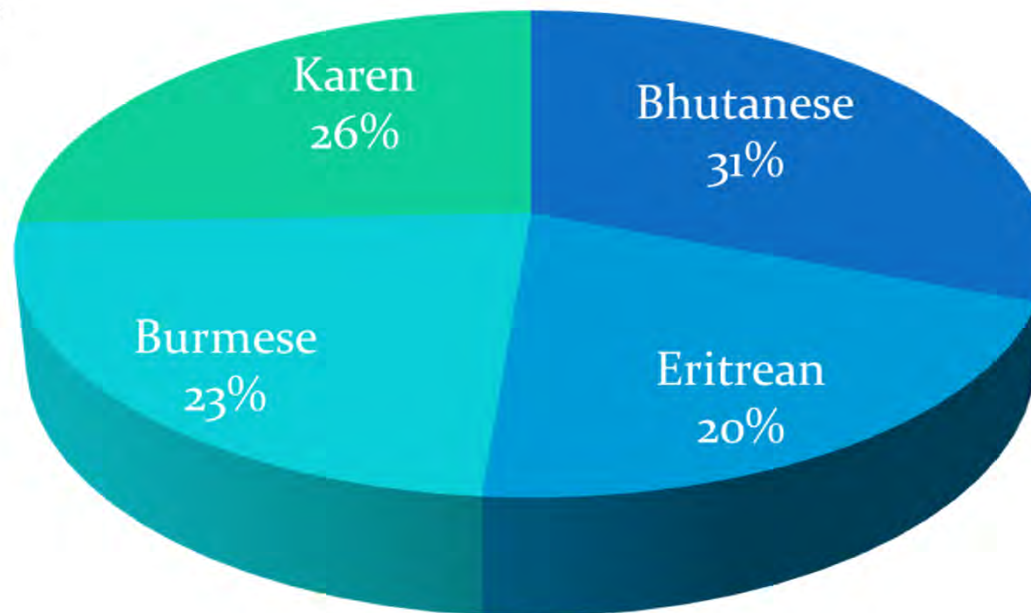


Focus Groups: Goals

- Assess what types of health educational information are most important to newly arrived refugees in three categories: accessing health care, health issues, and preventative health topics.
- Assess how refugees learn best (methods)
- Assess the refugee health passport developed by health educators at the Lowry Refugee Health Clinic

Focus Groups : Participants

- Participants were recruited from the walk-in resource center
- **Average length of time in US = 1-2yrs**
- **Gender:** 23 female, 16 male
- **Ethnicity:**



Focus Groups: Method

- Focus group sessions aimed at LEP and low literacy participants.
- Time: Each group met two times, each for 90 minutes (180 minutes total)
- Focus groups were in the native language of the participants
- Health educator and student took observational notes and notes on anything said in English
- Native speaker, note taker, and Health educator convened at the end of each meeting to re-cap information.



Focus Groups: Day 1

- Sticker activities to choose most important health topics:

Health Access

How to refill prescription medications



Health Issues

Pregnancy

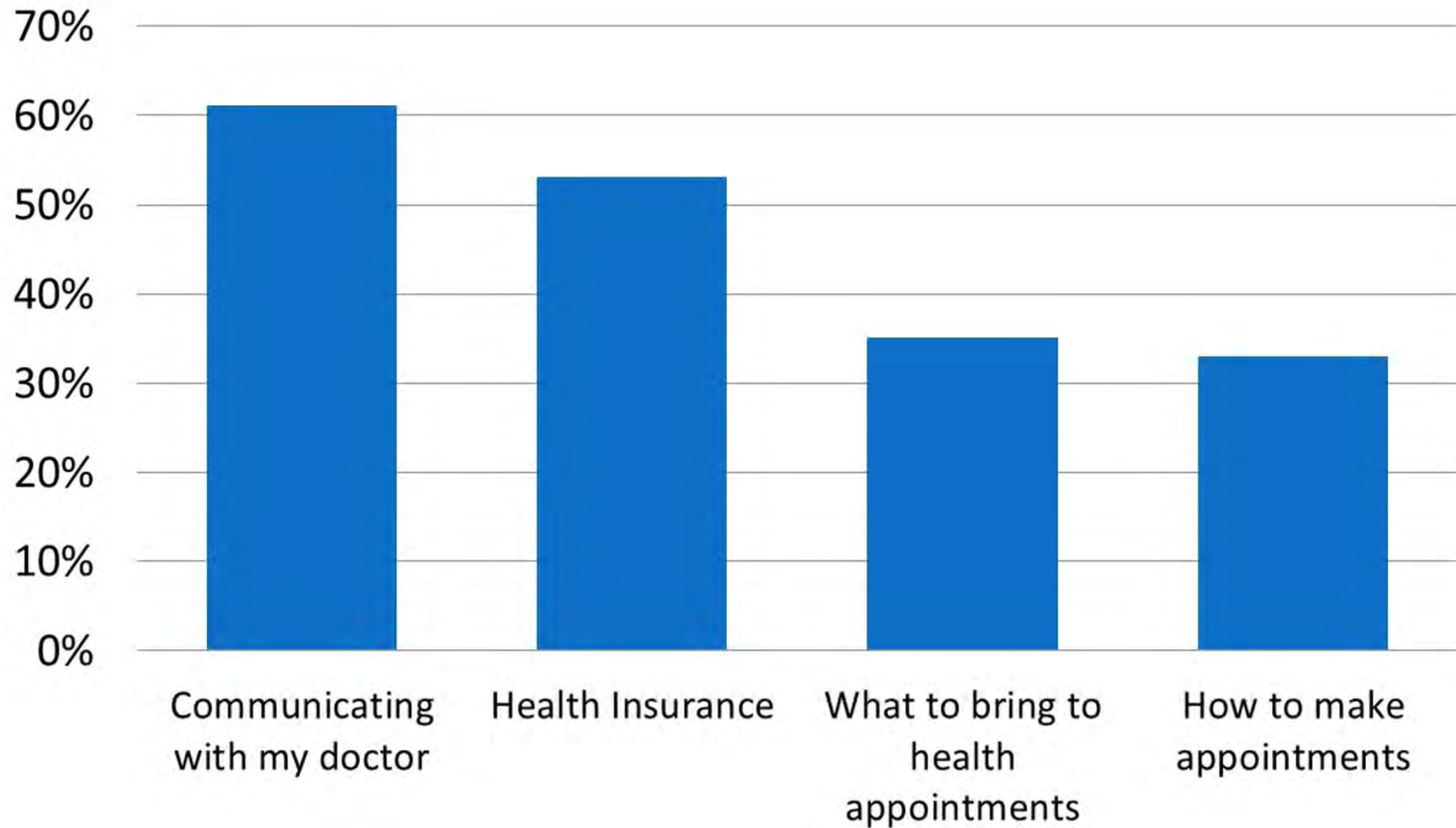


Preventative Health

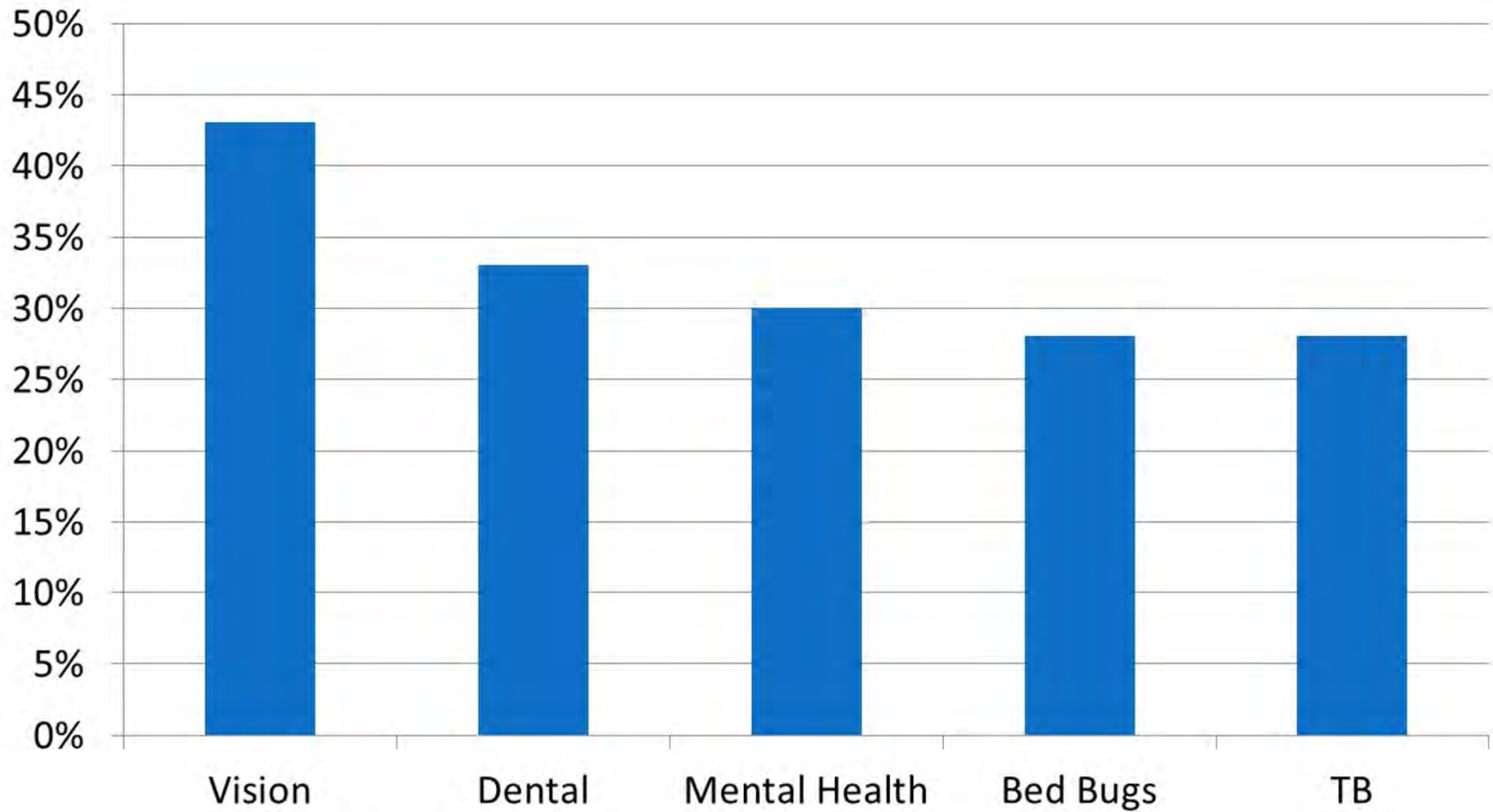
Personal Hygiene products:
What items to buy and how to use them?



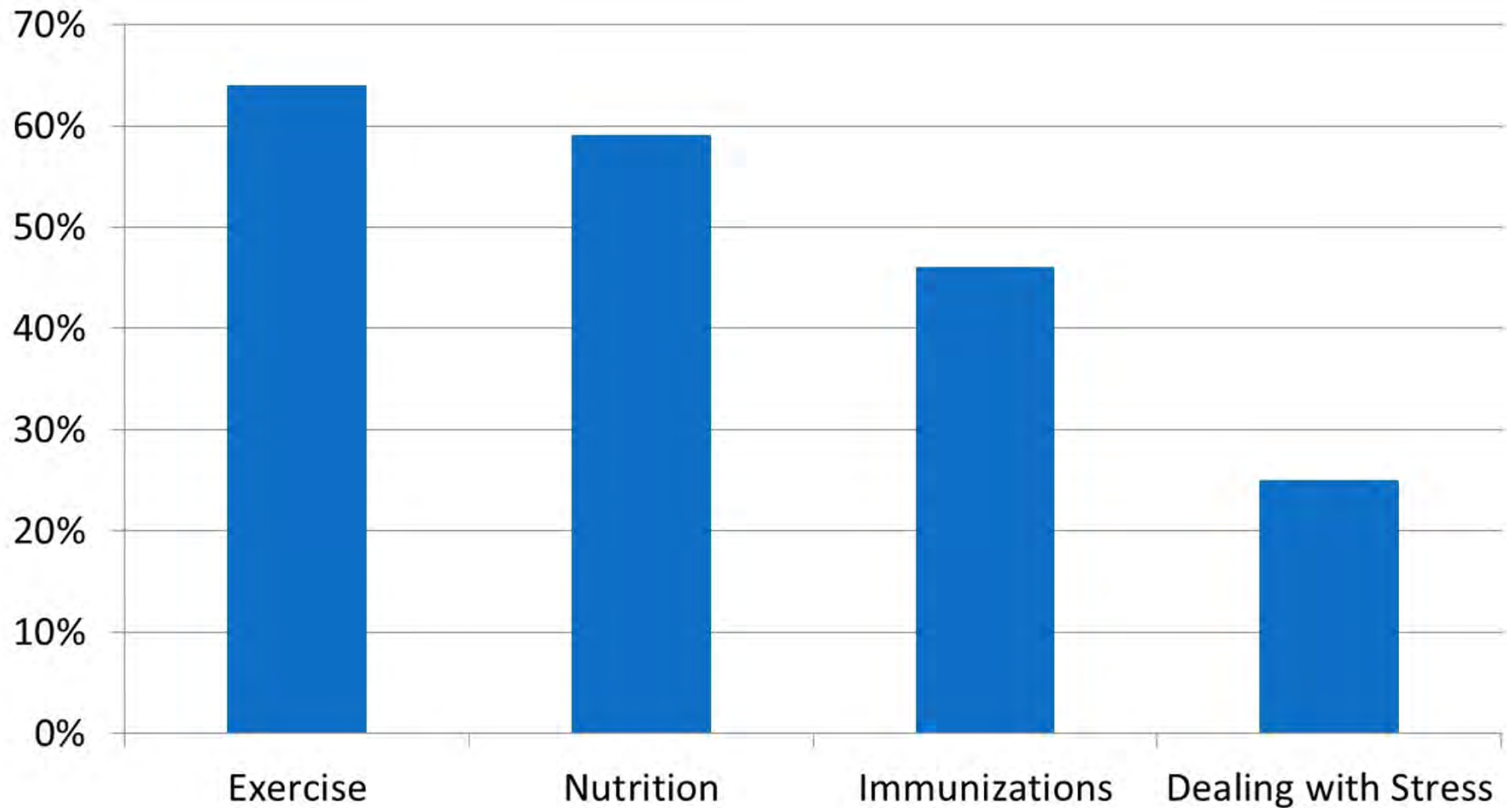
Accessing Health Care



Health Issues



Preventative Health



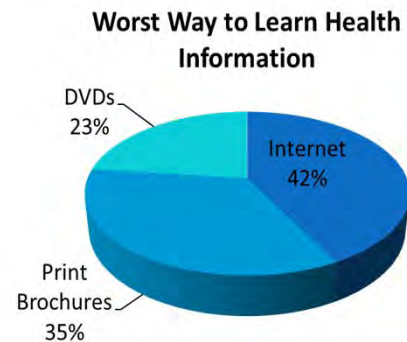
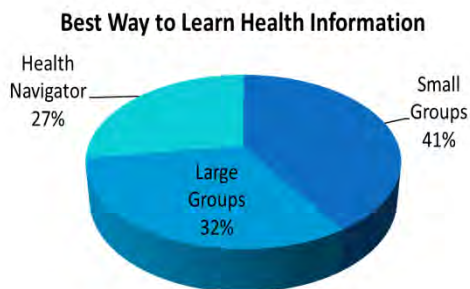
Focus Groups: Day 2

Method: Card Sort

- Participants put education delivery methods in order from best to worst. Options included: One on One (Health Navigator), small groups, large groups, print, internet, and DVD/audio visual.

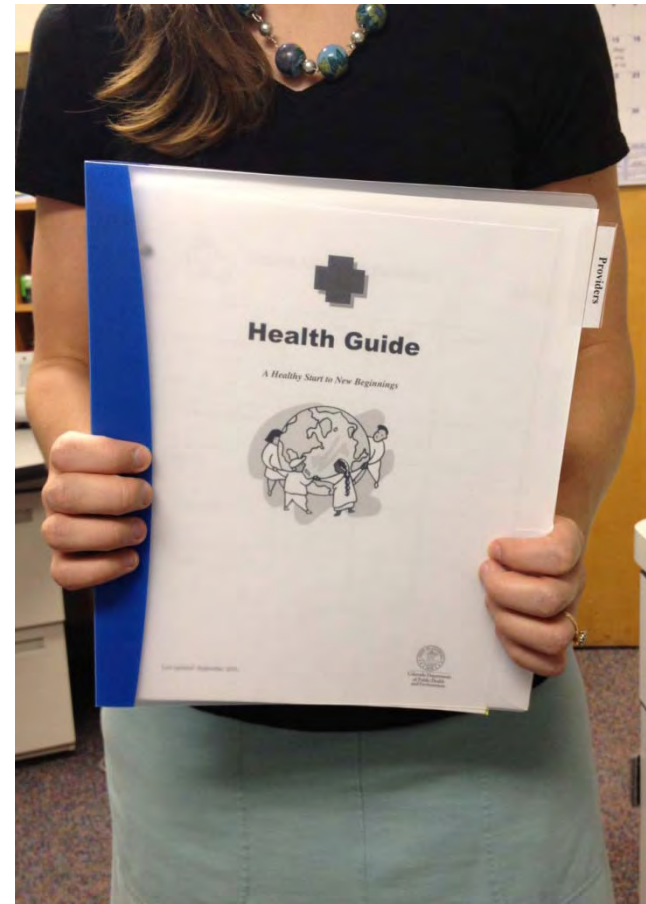
Results:

- Small groups were the most common preferred method to learn health information.
- Health navigation (one on one) and audio visual information are also preferred methods.
- Print document are useful for those that are literate.
- Internet is the least preferred method




Health Passport

- Acts as both an organizational and resource tool for health access and follow-up.
- Given to refugee families and individuals after screening is complete.
- Customized for each family/individual based upon follow up health needs and PCP location.




Health Passport Contents

Personal Demographics



Patient Information



Name:
 First: Pray Middle: Last: Meh Male Female

Date of Birth: 01/01/1950 **Place of Birth:** Burma

Primary Language: Karenzi **English:** None Very Little Adequate Proficient

Home Address:
 1001 Yosemite St. 10 Denver Colorado 80230
 Street Apt City State ZIP

Phone Number: 303-333-3333


Marital Status: Married Divorced Widowed Single

Lives with Spouse: Yes No

Family Members Living with Person Named Above


First	Middle	Last	Sex	DOB	Relationship
Neh		Meh	Female	1/1/1951	Wife
Hsaw		Meh	Male	1/1/1999	Son

Case Manager: Eh Klo **Phone Number:** 303-360-0666 **Location:** ERS


 Colorado Department of Public Health and Environment

Last Updated: November 2010

Immediate Follow-Up Appointments



Medical Appointment Reminders

	Date	Time	Location
Immunizations: Pray Meh Neh Meh Hsaw Meh	08.06.12	9:00am	Lowry Refugee Clinic
TB Clinic: Pray Meh	08.10.12	10:15am	DH TB clinic
Dental: Hsaw Meh	09.05.12	10:00am	Kids Choice Dental
Primary Care: Neh Meh Pray Meh	09.10.12 09.12.12	2:00pm 10:30am	Lowry Lowry
Other: WIC Neh Meh	10.10.12	1:00pm	WIC Office Afton & Colfax



Last updated: September 2010

Health Passport Contents

PCP Information with bus route from their house



Dental Information with bus route from their house

Lowry Family Health Center
1001 Yosemite Street Denver, CO 80230
303-436-4545

<u>Remember to Bring:</u>	<u>Bus Route Basics</u>
<ul style="list-style-type: none"> • Photo ID • Medicaid • \$\$ Money for Co-Pay 	<p>Walk to Colfax</p> <p>15 L</p> <p>Yosemite St.</p>

Kids Choice Dental and Vision
15159 E. Colfax, Unit B Aurora, CO 80011
303-341-5437

<p><u>Appointment Date:</u> 09.05.12</p> <p><u>Appointment Time:</u> 10:00am</p> <p><u>Patient's Name(s):</u> Hany Reh</p>	<p style="text-align: center;"><u>Bus Route Basics</u></p> <p>Walk to Colfax</p> <p>15 L</p> <p>Chambers Rd.</p>
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Health Passport Contents

Toothbrushes and Dental Education



Immunization Records

VACCINE	DOSE #1	DOSE #2	DOSE #3	DOSE #4	DOSE #5
DTAP					
DT/TD					
IPV					
HIB					
HEP B					
MMR					
PREVNAR					
VARICELLA (chickenpox)					
HEP A					
TB/PPD					
FLU					

Health Passport Contents

Resources

- Common medical phrases
- Instructions on how to make an appointment
- Mental Health
- WIC
- When to call 911
- Medicaid
- Green Card
- Dental
- Other important phone numbers

Health Passport: Focus Group Evaluation

Pros

- Folder keeps documents safe, organized, and in one location.
- Patients do report taking it with them to ongoing medical appointments. Some physicians refer to previous documents.
- Patients understand when their upcoming appointments are, where to go, and have a photo of the building they will be going to.
- Most resource pages are being used by literate family member or friend.

Cons

- Lack of literacy.
- Too much writing on some of the pages.
- Not enough education from staff on how to use the passport.
- Print too small.
- Size of passport is too large.



Thank you!

www.refugeehealthta.org

refugeehealthta@jsi.com