

North American Refugee Health Conference

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Program Abstracts

Program Friday, June 14, 2019

0700	Network Breakfast and Registration		Sheraton E
0800	Welcome and Opening Remarks	Anna Banerji	Osgoode
0815	Keynote: What the Rohingya Crisis Teaches Us About Refugees	The Honourable Bob Rae	Osgoode
0900	Keynote: Trends in Migration Health: Are There Lessons from Regularized Migration That Can Be Applied Irregular Migration Flows?	Martin Cetron	Osgoode
0930	Keynote: Immigration, Refugees and Citizenship (IRCC): Latest Developments on Refugee Health	Michael MacKinnon	Osgoode
1000	Refreshments		Sheraton E
1015	Oral Presentations		
Advocacy	027 Forced Migration from Central America: Médecins Sans Frontières Responding to a Humanitarian Crisis	Linn Biorklund Belliveau	Sheraton B
	046 Expanding the Circle of Care: Embedded Interpreters as an Effective Resource for Overcoming Cultural and Linguistic Barriers	Will Allen	
	062 Lessons Learned from the Formation of the Refugee and Immigrant Health and Wellness Alliance of Atlanta (RIHWA)	Parminder Suchdev	
Chronic Diseases	012 Diabetes and Disasters: Challenges and Obstacles	Nizar Albache	Sheraton A
	014 Outcomes of the Diabetes Care Program for Syrian Refugees in Lebanon	Ibrahim al-Masri	
	068 Upstream Prevention: Grappling with Hypertension in a Kenyan Refugee Camp	Naima Osman	
Education	048 Implementation of a Health Systems Navigation Curriculum for Refugees	Pooja Agrawal	Willow West & Centre
	075 Creating MABHI: A Health Information Resource for the Refugee and Immigrant Community in Kansas City	Julie Robinson	
	044 Community Health Training on the Thai-Burma Border	Kaitie Warren	
	031 Building Relationships through Health Education and Promotion: Findings from the Nashville Neighbors Pilot	Marianne Zape	
Global Migration/ Migration	017 "My Heart Feels Chained": The Relationship Between Economic Precarity and Health for Syrian Refugee Parents Living in Lebanon	Bree Akesson	Willow East
	032 Updates on IOM Pilot Intervention to Improve Continuity of Care of U.S.-bound Refugees with Complex Medical Conditions	Susan Dicker	
	028 Increasing Health Access for Immigrants and Refugees via a Nurse Advice Line in Denver, Colorado	Cara Harasaki	

Mental Health	023 Collaborative Mental Health Care with Refugees using Narrative Exposure Therapy	Azaad Kassam	Sheraton C
	072 Severity of Psychological Distress and Suicidal Ideation among Asylum Seekers	Anna Leiler	
	039 Depression among Middle-Aged and Older Canadian Refugees in the Canadian Longitudinal Study on Aging: The Fundamental Role of Social Support	Shen (Lamson) Lin	
	063 Coming to the U.S. is a “Different Hard Time.” Promoting Mental Health Awareness with Resettled Refugees	Margaret Costantino	
Paediatric Health	041 Academic Achievement and Psychosocial Adjustment in Refugee School-Aged Children - A Systematic Review	Fariba Aghajafari	Maple
	026 Barriers to Student Immunization at a Refugee-Centred School in Ontario - Filling a System Gap	Tomoko Fukushima	
	025 Blood Lead Levels among Afghan Special Immigrant Children in 9 US States, 2014-2016	Clelia Pezzi	
Refugee Screening	005 Health Profile of Pediatric Special Immigrant Visa Applicants from Iraq and Afghanistan, 2009-2017	Simone Wien	York
	006 Health Profile of Adult Special Immigrant Visa Applicants from Iraq & Afghanistan, Electronic Disease Notification System, 2009-2017	Gayathri Kumar	
	033 Role of Pre-departure Health Assessment in Detecting Undiagnosed Medical Conditions Among Refugees: Jordan Experience 2018	Rasha Shoumar	
Research	067 Knowledge Translation and Better Healthcare for Migrants in Canada: What is the Responsibility of Health Funders and Researchers?	Lisa Merry	Chestnut
	022 Ethics and Refugee Health: A Review of Ethical Considerations and Procedures in Published Refugee Health Literature, 2015-2018	Nina Marano	
	053 Conducting Research in Post-Conflict Settings: Lessons from Northern Sri Lanka	Fiona C. Thomas	
	037 Examining Stakeholders’ Views on Refugee Healthcare Needs, Future Healthcare Direction, and Current Barriers in Accessing Healthcare Services in New Zealand	Bafreen Sherif	
Syrian Refugee Crisis	066 Clinic Utilization at a Specialized Refugee Health Clinic in Calgary, Canada: before, during and after the Syrian Refugee Initiative	Eric Norrie	Spruce
	064 Healthcare Providers’ Experiences During a Syrian Refugee Influx Among a Dedicated Refugee Clinic and Partner Community Clinics in Calgary, Canada	Gabriel Fabreau	
	058 Depression among Syrian Refugees: Findings from a Canadian Longitudinal Study	Farah Ahmad	
1015	W20 Strategies for Publishing and Publicizing Your Work in Refugee Health	Sana Loue, Paul Geltman	Osgoode

1115	Travel Time		
1130	Concurrent Plenary #1 Getting on Track for Elimination of Viral Hepatitis, What will it Take?	Jordan Feld	Chestnut
	Concurrent Plenary #2 Refugee Health Doctors: Share your Thoughts on the Canadian Immigration Medical Screening of Refugees	Della Faulkner	Sheraton C
	Concurrent Plenary #3 Understanding, Detecting, and Addressing Trauma and PTSD in Refugees	Arash Javanbakht	Willow West & Centre
	Concurrent Plenary #4 The Practice of Pediatrics Through the Lens of Immigrant Maternal-Child Health	Janine Young, Mahli Brindamour	Osgoode
1230	Buffet Lunch Posters and Exhibitors		Sheraton E
1330	Workshops Session 1		
	W18 Asylum 2019 Update in US Asylum Law and Asylum Medicine	Katherine McKenzie, Sural Shah	Willow West & Centre
	W10 Chronic Diseases Developing and Implementing a Diabetes Care Program for Urban and Peri-Urban Syrian Refugees in Lebanon	Ibrahim Al Masri	Sheraton A
	W30 Communication 1 Deaf Refugee Advocacy -The Benefits of Using Deaf Advocates for Deaf Refugee	Diana Pryntz	Willow East
	W43 Communication 2 Culturally Adapting and Translating Screening Tools: Best Practices and Lessons Learned	Abigail Grant	Maple
	W44 Dentistry Identification and Management of Common Dental Issues Among Refugees for the Non-Dental Professional	Sherri Schwartz	Chestnut
	W45 Infectious Disease How Do We Make the Link? HIV Primary Care for Newcomer Refugees and Linking to Care in Toronto, Ontario	Praseedha Janakiram	Sheraton C
	W46 LGBTI+ Providing Culturally Appropriate Care for LGBTI+ Migrants and Refugees (Part 1)	Gabriel Schirvar	Osgoode
	W32 Systems First Point of Contact: Canada's Refugee Health Clinics: Structure, Care Models, Strengths and Challenges	Meb Rashid	Sheraton B
1430	Travel Time		
1445	Workshops Session 2		
	W39 Asylum "My Lawyer Said I Need a Doctor's Letter...": Enhancing Medical Reports for Refugee Claims in the Canadian Context	Vanessa Redditt	Sheraton B
	W27 Chronic Diseases The Cards you are Dealt: Exploring Post-Migration Case-Management for Newcomers with Complex Health Needs	Sara Abdo	Sheraton A
	W01 Communication How to Talk to your Informatics Team about Electronic Health Record-Based Tools to Promote Refugee Health Screening	Evan Orenstein	Spruce

	W33 Mental Health Strategies for Engaging Refugee Communities in Mental Health Services	Emma Cardeli	Maple
	W46 LGBTI+ Providing Culturally Appropriate Care for LGBTI+ Migrants and Refugees (Part 2)	Gabriel Schirvar	Willow West & Centre
	W40 Paediatric Health Controversies and Challenges in Pediatric Refugee Care	Mahli Brindamour	Chestnut
	W36 Refugee Education Immigrant and Refugee Health Curricular Development Working Group	Sural Shah	Sheraton C
	W41 Women's Health Ethics of Practice with Resettled Refugee Women: Cultural Competence Workshop	Erum Agha	Willow East
1545	Refreshments		Sheraton E
1600	Keynote: Protecting Some of the Most Vulnerable People: Unaccompanied Refugee Children from Central America Wendy Young		Osgoode
1645	Refugee Stories and Entertainment From A2VT A2VT		Osgoode
1735	Reception Posters and Exhibitors		Sheraton E
1830	Adjourn Day 1		

Program Saturday, June 15, 2019

0700	Breakfast and Registration		Sheraton E
0700	Asylum Medicine Interest Group Breakfast (Open to All)		Sheraton A
0800	Keynote: Silencing and Awakening from Trauma	Michael Hollifield	Osgoode
0845	Keynote: North America's Role in Protecting LGBTQI Refugees. A Canadian Perspective	Kimalhi Powell	Osgoode
0900	Journal of Immigrant and Minority Health: Manuscript Consultations (0900-1100 Pre-Signup Required)	Paul Geltman	Spruce
0930	Refreshments		Sheraton E
0945	Oral Presentations Session 2		
Advocacy	043 The Proposed Rule on Public Charge and Its Implications for U.S. Citizen Children with Noncitizen Parents	Katalin Vinkler	Osgoode
	065 Healthcare for Refugees: Reflections on Advocacy Efforts in Alberta	Astrid Velasquez	
	078 Canadian Born Children Whose Parents Have Precarious Immigration Status: A Strategy to Guarantee Access to Health Care in Quebec	Chloé Cebon	
	038 Access to Tuberculosis Diagnosis and Treatments for Uninsured Migrants in Quebec: The Struggle and the Initiatives	Justine Daoust-Lalande	

Education	055	Beyond the Clinic: The Evolution of Refugee Health Education Towards Holistic Care, Community Engagement and Interaction within MUN MED Gateway	Nguyet Nguyen	Willow West & Centre
	052	Serving Bhutanese-Nepali Patients in an Urban Family Medicine Residency Clinic	Jamie Robinson	
	011	Utilization of Refugee/Immigrant Health Guidelines and Resources by Trainees at a Large US Children's Hospital	Dibya Subedi	
	007	Incorporating Health and Human Rights in Medical Education	Hope Ferdowsian	
Global Health/Migration/Settlement	040	Expect the Unexpected: From Registration till Resettlement of Urban Rohingya Refugees – the Experiences of UNHCR and IOM Malaysia	Chun Ting Wong	Sheraton C
	049	A Physical Exam Quality Control Tool for the Refugee Health Assessment	Alexander Rowan	
	050	A Physical Exam Guide to Improve Diagnosis in Refugees	Alexander Rowan	
	051	Managing Mental Health of Refugees in a Remote Setting – Experience from Kigoma	Nicholaus Nderero	
Paediatric Health	003	Infant Feeding Patterns Among Refugees in Athens, Greece: 2017-18	Anne Merewood	Chestnut
	036	Identifying Sources of Strength and Stress in Young Refugee Families Before and After Migration to the United States	Elizabeth Dawson-Hahn	
	057	Promoting Refugee Infant Development through Examining Risk and Resilience Models	Anne Brassell	
Refugee Screening	016	Outcomes of a Breast Cancer Awareness and Screening Program among Syrian Women Refugees in Lebanon	Ibrahim AlMasri	Sheraton B
	019	The e-STAR-MH: A Rapid, Digital Screening Tool for Mental Disorders in Asylum Seekers and Refugees	Debbie Hocking	
	004	Barriers to TB Evaluation and Treatment among Immigrants and Refugees-Arizona, 2015-2017	Amanda Swanson	
	060	Access to Mental Health Care for Resettled Refugees in the United States: Perspectives of Frontline Refugee Resettlement Professionals	Justine Lewis	
Research	024	A Home Visit Model for Health Education for Newly Resettled Refugee Families	Romany Redman	Sheraton A
	001	Factors in Young Adult Refugees' Primary Care Use	Sarah Brewer	
	035	Towards an Understanding of Women's Service and Support Needs Related to Intimate Partner Violence in Resettlement	Karin Wachter	
	009	The Role of General Practice in Meeting the Needs of Refugees and Asylum Seekers: Learning from Sweden, Germany, and Italy	Jessica Smith	

Syrian Refugee Crisis	034 Mapping Diverse Genetic Disorders and Rare Diseases among Syrian Population: Implications on Refugee Health and Health Services in Host Countries	Soha Yazbek	Willow East
	018 Spirituality as a Pillar of Hope for Syrian Refugee Families: Creating Culturally Appropriate Mental Health Services in Lebanon	Bree Akesson	
	056 Early Primary Care Navigation of Population-based Cohorts of Resettled Refugees in Ontario: Findings from the Syrian Commitment	Astrid Guttman	
	020 The Impact of Unemployment on the Mental Health Status of Syrian Refugee Men Resettling in Canada	Jonathan Bridekirk	
Women's Health	077 Voices of Women Refugee Claimants Accessing Reproductive Health Care Services in Toronto, Ontario, Canada	Hellen Gateri	Maple
	008 Prenatal Group Visits for Afghan Refugee Women	Shoshana Aleinikoff	
	071 The Women Wellness Program- A Culturally Customizable Program for Newcomer Women	Khaled Elkazaz	
	047 Perinatal Health Care Through a Refugee Lens	Kendra Weerheim	
1045	Travel Time		
1100	Concurrent Plenary #1 Best Practices for Conducting Asylum Evaluations	Katherine McKenzie	Osgoode
	Concurrent Plenary #2 Updates to CDC's Domestic Screening Guidelines for Adult Refugees	Marc Altshuler	Willow West & Centre
	Concurrent Plenary #3 The Rohingya: A People of Resilience	Nazneen Uddin	Sheraton C
	Concurrent Plenary #4 Parasites and Workup of Eosinophilia in Refugee Populations	Andrea Boggild	Chestnut
1200	Buffet Lunch		Sheraton E
	Film: Health Undocumented (Film about the building of a unique free clinic serving undocumented immigrants. Director & Producer in attendance)	Juan Freitez, Chelsea Soyring	Sheraton A
	AGM: Society of Refugee Healthcare Providers AGM & Student Poster Competition Award	James Sutton	Osgoode
1330	Workshops Session 3		
	W11 Asylum How to Be an Effective Clinician Advocate: Speaking, Writing and Organizing in Support of Refugees and Asylum Seekers	Katherine McKenzie	Osgoode
	W14 Chronic Diseases Improved Medication Adherence and Outcomes in Refugees with LTBI and Chronic Disease through Incorporation of Clinical Pharmacists into Interdisciplinary	Kimberly Carter	Chestnut
	W08 Communication Framing Works! How to Use Evidence-Based Communication Tools to Advocate for Immigrant and Refugee Families	Julie Linton	Willow East

	W34 Global “Are They Genuine Refugees?” ...I Didn't Really Need to Know. Dual Loyalty and Political Discourse within Australia's Immigration Detention System	Ebony Birchall	Sheraton C
	W22 Mental Health Best Practices in Mental Health Assistance to Refugees and Immigrants	Adrienne Carter	Willow West & Centre
	W06 Refugee Education Healing Trauma Through The Creation of Safe Spaces	Omar Reda	Sheraton A
	W04 Refugee Screening Delivering Refugee Healthcare in a Community Setting	Satoko Kanahara	Maple
	W09 Research Improving Health by Engaging Refugees: Creating a Community-based Research Network	Sarah Brewer	Sheraton B
1430	Travel Time		
1445	Workshops Session 4		
	W28 Advocacy Leveraging the Medical-Legal Partnership for Detained Immigrants: Ending Deaths in Detention	Kate Sugarman	Sheraton C
	W29 Asylum Challenges in Founding and Developing Student-Run Asylum Clinics	Fangning Gu	Maple
	W02 Communication Setting the Triadic Stage for Success: Working effectively with healthcare interpreters to overcome language barriers	Rosanna Balistreri	Spruce
	W19 Global A Project to Enhance Mental Health Screening in the Humanitarian Setting	Michael Hollifield	Osgoode
	W47 Immunization Immunization Considerations in Refugee Children	Patricia Li, Paul Geltman, Mahli Brindamour	Willow West & Centre
	W24 Mental Health 1 Behavioral Health Integration and Team-Based Care in an Immigrant-Refugee Health Clinic	Laurie Greco	Sheraton B
	W03 Mental Health 2 Promising Practices of Trauma Treatment for Refugees, Social Work Perspective	Asmaa Cober	Willow East
	W42 Paediatric Health 1 Trauma-Informed Approach for Working with Child and Youth Survivors of War and Torture	Nadia Umadat	Chestnut
	W17 Paediatric Health 2 A Migrating Adolescence: Caring for Unaccompanied Minors Seeking Asylum in the United States	Karla Fredricks	Sheraton A
1545	Refreshments		
1600	Keynote: Refugee Stories: Escape from ISIS	Zozeya Hassan	Osgoode
1700	Adjourn Day 2		

Program Sunday, June 16, 2019

0730	Breakfast and Registration		Sheraton E
0800	Breakfast with the Experts: (Pre-Signup Required)		Sheraton C
0900	Keynote: Stress, Risk and Resilience in Syrian Refugees in the US: A Project of Prevalence, Culture, Environment, Interventions, and Illness Course	Arash Javanbakht	Osgoode
0945	Keynote: Responding to the Needs of Border-Crossing Children	Mark Greenberg, Paul Caulford	Osgoode
1030	Refreshments		Sheraton E
1045	Oral Presentations Session 3		
	061 Social Capital: Supportive of Bhutanese Refugees' Integration in the U.S.	Justine Lewis	Willow West & Centre
	074 The Cultural Aspects of Foraging Behavior of S.E. Asians and the Associated Risks	Theresa Mata	
	054 The U.S. Refugee Health Promotion Program: A National Overview	Allison Pauly	
LGBTI+	059 Beyond Positive Intentions: Providing Equitable Services for Newcomer LGBTQ+ Refugee Women	Serena Nudel	Sheraton C
	045 Mental Health and the Post-Migration Experiences of LGBTQ Asylum Seekers in North America	Samara Fox	
	076 "Casualties of Care": LGBTQ+ Asylum Seekers in Canada	Khadijah Kanji	
Mental Health	079 Bringing Mental Health to Refugees in the Afterschool Space: From Chaos to Calm	Lenita Dunlap	Osgoode
	080 Compassionate Listening: Effective Care for Refugee Clients in Primary Care Settings	Joanne Gardiner	
	069 Cultural Consultation: A Model for Working with Refugee Trauma	Ayse Ceren Kaypak	
	010 Two Steps Forward, One Step Back: Using Maslow's Hierarchy of Needs to Understand Refugee Integration Status	Lisa Gren	
Research	002 Pilot Assessment of Infant Feeding in Emergencies Implementation at Refugee Camps in Attica, Greece	Anne Merewood	Chestnut
	070 Including participants: Examining the implementation of Community-Based Participatory Research (CBPR) to empower the Somali community in Arizona	Cynthia Mackey	
	030 A Scoping Review on Approaches and Interventions that Target Gender-Based Violence amongst Refugee Youth	Tali Filler	

Rohingya Refugee Crisis	029 Community-Led Emergency Medical Services to Improve Health Outcomes for Rohingya Refugees in Cox's Bazar, Bangladesh	Punam Ganguly	Sheraton B
	073 Capacity-Building in Evidence-based Psychotherapy for Distressed Rohingyas in Camps at Cox's Bazar, Bangladesh	Lena Verdeli	
	042 Providing Medical Care and Psychosocial Support to Rohingya Refugee Survivors of Sexual Violence	Colleen Dockerty	
Women's Health	015 Community Conversations: The Importance of Community Engagement in Improving the Care and Reducing the Risk of Female Genital Cutting	Hilary Chester	Sheraton A
	013 Gender and Intersectionality among Refugee Women's Health in Canada: Knowledge Translation and Exchange Exercise	Sheikh Muhammad Zeeshan Qadar	
	021 Current Progress and Future Directions in the Double Burden of Malnutrition among Women in South and Southeast Asian Countries	Tuhin Biswas	
1145	Buffet Lunch Posters and Exhibitors		Sheraton E
1245	Workshops Session 5		
	W31 Paediatric Health 1 Supporting Immigrant and Refugee Parents When Their Children Are Ill or Have a Special Health Need	Judith Colbert	Willow East
	W16 Paediatric Health 2 North American Paediatric Refugee Screening Guidelines - Evidence and Key Recommendations	Janine Young	Willow West & Centre
	W13 Refugee Screening Update on the Centers of Excellence in Refugee Health Tools for the Refugee Health Community	Emily Jentes	Osgoode
	W35 Research Refugee Health Literature and Research 101: A How to Guide	Natalia Golub	Sheraton C
	W23 Self-Care Care for the Carers: Managing Secondary Trauma Exposure for Clinicians	Rachel Cohen	Chestnut
	W21 Vaccination Bridging Gaps in Vaccination for US-bound Refugees	Kibrten Hailu	Sheraton B
	W25 Women's Health Refugee Health and the Intersection of Forced Marriage and Female Genital Mutilation/Cutting	Casey Swegman	Sheraton A
1345	Travel Time		
1400	Workshops Session 6		
	W38 Access to Care OHIP for All: Fighting for Access to Healthcare for All Residents of Ontario	Thrmiga Sathiyamoorthy	Sheraton A
	W37 Global Road to Refuge: Overview of the Refugee Claimant/Asylum Seeker Process and Its Impact on Health in Canada and the USA	Meb Rashid	Sheraton B
	W05 Mental Health I Mindfulness, Values, and Exposure: An Integrative Approach to Treating PTSD and Depression in Arabic-speaking Refugees	Laurie Greco	Chestnut

	W12	Mental Health 2	Dance/Movement Therapy Techniques for Addressing Trauma in Refugees	Lana Grasser	Sheraton C
	W07	Systems	Roundtable for Clinic Directors on Sharing Successful Funding Strategies	Michael Stephenson	Willow West & Centre
	W26	Women's Health	Caring for Pregnant Women outside of the Public Medical System: Ethical Dilemmas and Making Medical Decisions	Justine Daoust-Lalande	Osgoode
1500	Refreshments				Sheraton E
1515	Keynote: Staying Resilient in a Crisis Driven Environment			Maya Prabhu	Osgoode
1600	Closing Remarks			Anna Banerji, James Sutton	Osgoode
1615	Adjourn				

001 Submission No. 572543

Factors in Young Adult Refugees' Primary Care Use

Sarah Brewer

Background and Rationale

Young adulthood presents an opportunity to instill healthier habits, maximize prevention, and support health. Young adult refugees are more likely than general population to report using primary care, but not to identify a primary care provider (PCP) until years into resettlement. Little is known about what influences young adult refugees to engage with primary care; however, understanding what supports or hinders young adult refugee primary care could inform programming to foster improved primary care use.

Methodology

In a longitudinal sample of young adult refugees ages 18–29, Pearson Correlations and multivariable logistic regression were used to examine relationships between integration factors and primary care use. Integration factors were drawn from the Ager and Strang model of integration.

Results/Impacts/Outcomes

Preliminary analyses show country of origin was related to lower odds of having a PCP (y1:AOR=.60, 95%CI=.39-.91; y2:AOR=.47, 95%CI=.25-.89; y3: AOR=.25, 95%CI=.11-.54; y4: AOR=.06, 95%CI=.02-.17) across all years. Being married predicted higher odds of identifying a PCP (y2: AOR=2.92, 95%CI=1.58-5.40; y3: AOR=2.76, 95%CI=1.49-5.10) while higher social bridging predicted lower odds of having a PCP (y2: AOR=.65, 95%CI=.44-.95; y3:AOR=.52, 95%CI=.35-.78). In the fourth year, child's education was related to higher odds of having a PCP (AOR=1.36, 95%CI=1.10-1.68) and economic self-sufficiency was related to lower odds (AOR=.83, 95%CI=.73-.95). Results will also be presented for having a primary care exam.

Conclusion/Keywords

Numerous individual domains of integration are associated with having a primary care exam and with identifying a primary care provider. Integration factors associated with receiving a physical exam differed by time since resettlement.

primary care, young adults, integration

002 Submission No. 578161

Pilot Assessment of Infant Feeding in Emergencies Implementation at Refugee Camps in Attica, Greece

Andreia Cardoso, Center for Health Equity, Education and Research, Boston University

Airinie Azhar, CHEER, Greece

Paige Beliveau, Boston Medical Center

Anne Merewood, Boston University School of Medicine

Background and Rationale

With the ongoing refugee crisis in Europe, and the closing of borders by many western nations, approximately 60,000 refugees are stranded in Greece, and ~50% live in 34 refugee camps. The Infant and Young Child Feeding in Emergencies Operational Guidelines (OG-IFE) were created by the Emergency Nutrition Network and UNICEF to provide infant feeding guidance for these types of emergency settings. Exclusive breastfeeding is considered optimal and life-saving in such circumstances. Our goal was to compare OF-IFE recommendations with real-life infant feeding situations in refugee camps in Attica, Greece.

Methodology

Using UNHCR's Site Profiles for Greek Refugee camps (May 2018), and interviews with field coordinators in the 6 Attika-area camps, we researched IFE observance and compared it to the Operational Guidelines.

Results/Impacts/Outcomes

The 6 camps house 6221 refugees (range 227–2503), 21% of whom are women, and 38%, children. UNHCR's Site Profiles documented mother-infant spaces at 3 camps, but according to field coordinators, only 1 existed in November 2018. The Profiles document did not address other IFE concerns. Although IFE guidelines outline the need for policies and training, no field coordinators were aware of any IFE-related policy, and no camp had IFE-related training for clinicians, staff, or volunteers. Key informants stated that most women were formula feeding, and purchasing powdered formula using the Greek "cash card" system, however, they are constantly in need of additional formula.

Conclusion/Keywords

International guidelines on Infant Feeding in Emergencies in Attika-area Greek refugee camps are not known or followed. Given the health impact of not breastfeeding, this represents an emergent need.

Breastfeeding, Infant feeding in emergencies, Greece

003 Submission No. 579205

Infant feeding patterns among refugees in Athens, Greece: 2017-18

Airinie Azhar, CHEER, Greece

Nathan Nickel, University of Manitoba

Andreia Cardoso, Center for Health Equity, Education and Research, Boston University

Elizabeth Lee, AMURTEL, Greece

Kyriaki Mouzaki, AMURTEL, Greece

Anne Merewood, Boston University School of Medicine

Background and Rationale

Greece is currently home to around 60,000 refugees, approximately half of whom are women and children. The World Health Organization recommends exclusive breastfeeding for 6 months; this is particularly important and can save lives in emergency situations. Our goal was to assess determinants of infant feeding patterns in a refugee population in Athens, Greece.

Methodology

We analysed infant feeding information from AMURTEL, an Athens non-profit organization offering lactation support, using deidentified

data from 2017/18. We identified predictors of breastfeeding using multivariable logistic regression models, and Kaplan Meier curves and Cox proportional hazard models to describe breastfeeding and exclusive breastfeeding duration and their significant predictors.

Results/Impacts/Outcomes

Of 473 infant feeding visits over 6 months, 318 represented individual mother-infant pairs from 30 nations. Most common nationalities were Afghani (37%) and Syrian (24%). Where birth method was known, 40% were by Cesarean. Mean birthweight was 3.1K, and 92% of women initiated breastfeeding. Median duration of exclusive breastfeeding was 4 weeks. The most common reasons for starting formula were 'not enough breastmilk' (31%) and 'given by a health professional' (19%). Very low birthweight, and not breastfeeding within the first hour of life, were associated with shortened duration of any breastfeeding. Cesarean birth was associated with significant reductions in duration of any and exclusive breastfeeding in multivariable Cox models; healthcare workers providing formula was also associated with reduced duration.

Conclusion/Keywords

WHO infant feeding guidelines are not being met among these high risk refugees in the Athens region in Greece. High rates of cesarean birth and lack of appropriate guidance from health care professionals are of concern.

Breastfeeding, Greece

004 Submission No. 579234

Barriers to TB Evaluation and Treatment among Immigrants and Refugees-Arizona, 2015-2017

Amanda Swanson, Arizona Department of Health Services

Background and Rationale

Approximately, one third of the world's population has latent tuberculosis infection (LTBI), the non-contagious infection of *Mycobacterium tuberculosis* without clinical symptoms or radiologic or bacteriologic evidence of active TB disease. The estimated lifetime risk of TB reactivation among persons with LTBI is 10%, with the majority of cases developing within the first five years of infection. Most TB disease is due to reactivation of LTBI. Most TB disease in the United States is among refugees and immigrants from TB prevalent countries, due to such factors as low socioeconomic status, forced displacement, and poor living conditions.

Methodology

Using Electronic Disease Notification System (EDN) data from 2015-2017, the Arizona Department of Health Services (ADHS) assessed the main barriers to TB evaluation and treatment among refugees and immigrants who came into Arizona with suspected LTBI.

Results/Impacts/Outcomes

During 2015-2017, 1,413 Class B individuals came to Arizona and were included in the EDN database. Of those, 60% (852) had an evaluation initiated by the local health department, 839 (59%) persons completed an evaluation; 37% (314/839) of whom were diagnosed with LTBI and referred for treatment. Of those diagnosed with LTBI and referred for treatment, 58% (182/314) did not initiate treatment; 56% (102/182) of whom declined treatment against provider advice.

Conclusion/Keywords

Due to the inability to evaluate and treat individuals at risk for LTBI, there were substantial missed opportunities to prevent TB reactivation. These barriers to TB evaluation and treatment among immigrants and refugees calls for improved efforts among all public health partners.

Tuberculosis reactivation, Refugee Health, LTBI Treatment

005 Submission No. 583701

Health Profile of Pediatric Special Immigrant Visa Applicants from Iraq and Afghanistan, 2009-2017

Simone Wien, Oak Ridge Institute for Science and Education, Centers for Disease Control and Prevention

Gayathri Kumar, MD, Centers for Disease Control and Prevention

Christina Phares, PhD, Centers for Disease Control and Prevention

Emily Jentes, PhD, MPH

Background and Rationale

Special Immigrant Visa applicants (SIVs) are Iraqi or Afghan nationals who have served the US government, and their family members, including children. Since the program's inception in 2008, over 70,000 SIVs have been admitted to the United States. Despite their large numbers, little is known about health conditions in SIV children.

Methodology

We analyzed overseas medical examination data in CDC's Electronic Disease Notification system for 15,729 SIV children (<18 years) who resettled to the United States from 2009 to 2017. We describe demographic characteristics and selected reported infectious and non-communicable diseases or conditions.

Results/Impacts/Outcomes

Approximately 18% of all SIV children were overweight (9%) or obese (9%). Iraqi children were approximately four times more likely to be obese than Afghan children. A third of all obese SIV children were severely obese. Of SIV children under 2 years old, 15% met the World Health Organization definition of acute malnutrition, with Afghan children twice as likely to be acutely malnourished. Vision abnormalities were noted in 4% of all SIV children, with strabismus the most common condition; hearing abnormalities were noted in 0.6% of all SIV children. Infectious diseases were rare.

Conclusion/Keywords

For SIV children, obesity, acute malnutrition, and vision problems were leading medical concerns. State public health agencies and clinicians caring for SIVs should ensure screening and prompt referrals for weight and nutrition management and vision services. Discussions on behaviors such as healthy eating and physical activity should be initiated at the domestic screening visit and continued in the primary care setting.

Special Immigrant Visas, Iraq, Afghanistan

006 Submission No. 588845

Health Profile of Adult Special Immigrant Visa Applicants from Iraq & Afghanistan, Electronic Disease Notification System, 2009-2017

Gayathri Kumar, MD, Centers for Disease Control and Prevention
Simone Wien, Oak Ridge Institute for Science and Education, Centers for Disease Control and Prevention
Christina Phares, PhD, Centers for Disease Control and Prevention
Emily Jentes, PhD, MPH

Background and Rationale

The United States resettles between 2,000 and 19,000 Special Immigrant Visa applicants (SIVs) annually from Iraq and Afghanistan. We assessed the burden of select communicable and non-communicable diseases (NCDs) in SIV adults to guide recommendations to US clinicians.

Methodology

We analyzed overseas medical exam data in CDC's Electronic Disease Notification system (EDN) for 19,167 SIV Iraqi and Afghan adults who resettled to the United States from 2009—2017. We describe demographic characteristics, tuberculosis screening (TB) results, self-reported NCDs, and risk factors for NCDs (obesity and tobacco use).

Results/Impacts/Outcomes

In our data set, 2.3% of Afghan SIVs and 1.1% of Iraqi SIVs had a Class B TB condition. Among all SIVs, 2.4% reported hypertension, 1.1% reported diabetes, 56.5% were overweight or obese, and 19.4% reported current or previous tobacco use. Iraqi SIVs were 1.4 times more likely to report hypertension, 3.3 times more likely to report diabetes, 4 times more likely to be obese, and 2.5 times more likely to be current or former smokers than Afghan SIVs.

Conclusion/Keywords

State public health agencies and clinicians doing domestic screening examinations of SIVs should consider screening for obesity—as per CDC guidelines—and smoking and, if appropriate, referral to weight management and smoking cessation services. It is possible that NCDs such as hypertension and diabetes are underdiagnosed because formal laboratory testing required for NCDs is not used during overseas medical exams. US clinicians can consider screening for these NCDs at the domestic screening examination.

Special Immigrant Visas, Iraq, Afghanistan

007 Submission No. 590151

Incorporating Health and Human Rights in Medical Education

Hope Ferdowsian, University of New Mexico School of Medicine
Katherine McKenzie, Yale Center for Asylum Medicine
Ranit Mishori, Georgetown University

Background and Rationale

Record-level forced global displacement has had profound effects on the health and wellbeing of millions of patients. Medical students and trainees, as well as other healthcare professionals in training, should be educated about refugee health and related human rights issues that affect their patients.

Methodology

We reviewed the literature to inform how health and human rights can be integrated into medical education curricula. We aimed to identify the proportion of medical education institutions that offer health and

human rights curricula, as well as a set of instructive guidelines for interested medical educators. Additionally, we reviewed published outcomes of programmatic interventions focused on health and human rights education.

Results/Impacts/Outcomes

Despite interest from academic leaders and medical and other students in the health professions, fewer than half of North American medical education institutions offer health and human rights curricula. Results are similar across the globe. For educators interested in incorporating health and human rights into existing curricula, there is little concrete guidance. While there are anecdotal examples of pedagogical models, there is little information on the scope of programmatic interventions and their outcomes.

Conclusion/Keywords

Based on a review of the literature and relevant outcomes, we offer twelve recommendations for medical educators interested in developing health and human rights curricula. Recommendations include development of key clinical competencies, benchmarks, and measurement tools; assembly of a multi-disciplinary team; didactic, pre-clinical and clinical instruction; incorporation of health and human rights in existing ethics and global health curricula; and extra-curricular, experiential activities. Future studies should evaluate the success of such programmatic interventions.

medical education, human rights, curriculum

008 Submission No. 590868

Prenatal Group Visits for Afghan Refugee Women

Jessica Karp, Amy Bellante

Background and Rationale

In King County, WA many resettled refugees are from Afghanistan (42%), over half were women of childbearing age, and 13% were pregnant on arrival. As the medical home for most of these families, we created a model to meet the needs of this growing patient population. We aimed to improve in-person female interpretation rates, improve pregnancy outcomes, empower refugee women, and build community.

Methodology

We created a model of group prenatal care for refugee women from Afghanistan. We held meetings with key community based organizations, and focus groups with Afghan refugee families and developed a pilot CenteringPregnancy group in Dari. After receiving March Of Dimes funding, we started a monthly prenatal group with thirteen pregnant women. The group was co-facilitated by two physicians, a WIC dietician and MSS nurse, in Dari with female interpreters. Evaluation was conducted on maternal and child outcomes and patient satisfaction. Based its success, we started a second group with eight pregnant women from Afghanistan and expanded to other communities.

Results/Impacts/Outcomes

This presentation will discuss the implementation and curriculum of the groups. We will report on preliminary maternal and neonatal outcomes including preterm birth, birth weight, breast feeding, mental health and results from our post-group survey.

Conclusion/Keywords

We found adapting the CenteringPregnancy model for Dari-speaking refugee women from Afghanistan was a valuable model which improved health outcomes, increased consistent in-person interpretation, and empowered women while building community. We will discuss challenges, successes and next steps. We hope our group can serve as a model for other locations looking to improve prenatal care for refugee women.

Refugee Groups, Maternity Care

009 Submission No. 592431

The role of general practice in meeting the needs of refugees and asylum seekers: Learning from Sweden, Germany, and Italy

Jessica Smith

Background and Rationale

Many General Practitioners (GPs) in England struggle to meet the needs of refugees and asylum seekers; yet, general practice is most patients first point of contact with the National Health Service (NHS). As such, GPs have the potential to play a key role in promoting refugees' and asylum seekers' physical and mental health for the benefit of individuals and society. This study explores how GPs in Sweden, Germany, and Italy are responding to the needs of refugees and asylum seekers with recommendations for England, and beyond.

Methodology

Face-to-face semi-structured interviews with GPs and other health professionals in Sweden, Germany, and Italy. Interviews were transcribed and the data coded, thematically, using an inductive approach. The coded data were analysed, thematically.

Results/Impacts/Outcomes

The research identified challenges that GPs in Sweden, Germany, and Italy encounter in meeting refugees' and asylum seekers' needs and how these challenges are being met through policy and practice. Responses included: the development of bespoke services; use of multidisciplinary teams; cultural mediation; and pragmatism/workarounds.

Conclusion/Keywords

The research affirms that multidisciplinary working and taking a whole-person approach are key to supporting refugees and asylum seekers. Being healthy means different things to different people; to the end, consultations between GPs and refugee and asylum seeker patients are inherently cross-cultural encounters. The research identified initiatives that not only appreciated this but were designed around it. But this can only happen where there are the right conditions and this means health professionals having enough time to be reflective and develop in their cultural, and self, awareness.

General practice; refugees; asylum seekers

010 Submission No. 592856

Two steps forward, one step back: using Maslow's hierarchy of needs to understand refugee integration status

Lisa Gren, Rebeca Michael, Sakineh Najmabadi, Scott Benson, Caren Frost

Background and Rationale

Upon arrival in the U.S., refugees are provided services to ensure their basic needs: housing, financial assistance, healthcare, language acquisition, and finding employment. These needs fall within the base tiers (aka deficiency needs, i.e., physiological and safety) of Maslow's hierarchy of needs. Interactions among individuals and the social and physical environments result in movement up and down Maslow's hierarchy during the resettlement process. Our objective was to determine how needs within the upper tier (aka growth needs, i.e., love and belonging, esteem, and self-actualization) are incorporated into formal programming for refugees to support their full social integration.

Methodology

We conducted a systematic review of scholarly publications from 2007-17 to identify programs for resettled refugees that addressed the growth needs within Maslow's hierarchy. The search included (training OR workshop*) AND (refugee* OR asylee* OR asylum seeker*) AND (physiological OR safety OR love OR belonging OR esteem OR self-actualization).

Results/Impacts/Outcomes

A total of ten articles met our inclusion criteria, with seven addressing growth needs. All seven programs included concepts relating to love and belonging, but only two dealt with esteem, and none with self-actualization. Programs addressing esteem were targeted to adolescents.

Conclusion/Keywords

Current refugee programming is predominantly focused on meeting deficiency needs, which is a necessary emphasis at the time of arrival. However, a shift to also address growth needs in programming may be required to help refugees achieve full integration, if hosting countries value having newly arriving individuals become equals with hosting community members in society.

refugee resettlement, refugee integration, Maslow's hierarchy

011 Submission No. 595040

Utilization of refugee/immigrant health guidelines and resources by trainees at a large US children's hospital

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Background and Rationale

Half of the world's refugees are children, and ~2.1 million immigrant children reside in the US. However, prior research suggests that many pediatric residents feel uncomfortable caring for refugees/immigrants. To better understand this phenomena, we present data on prior utilization of refugee/immigrant health guidelines and resources by residents at a large children's hospital in the US.

Methodology

From 2015–2018, an anonymous survey was emailed to residents prior to participation in refugee clinic (response rate 74%, N=107).

Results/Impacts/Outcomes

Many respondents had provided clinical care in a low-income country (LIC, 46%) or spoke ≥ 2 languages (40%). ~15% had previously provided health screening for newly-arrived children. The mean level of interest in refugee/immigrant health was 58 (SD 19, range 0–100).

Few residents had used refugee health guidelines provided by CDC (16%) or American Academy of Pediatrics (Immigrant Child Health Toolkit, 7%). None were members of the AAP Immigrant Health SIG or Society of Refugee Health Providers. Most had used general resources: AAP Red Book (97%), CDC Vaccine Catch-up Schedule (95%), CDC Yellow Book (88%). Having previously conducted new immigrant screening was associated with prior use of CDC guidelines ($P < 0.05$), but other characteristics were not. No measured characteristics were associated with prior use of the AAP toolkit.

Conclusion/Keywords

Utilization of refugee/immigrant health guidelines and resources was uncommon among trainees in this sample. Immigrant health curricula should include these resources, and training institutions should link to them within their EHRs.

Internship and Residency; Refugees; Pediatrics

O12 Submission No. 598789

Diabetes and disasters: challenges and obstacles

Nizar Albache

IDF steering committee for humanitarian settings

Background and Rationale

Living and managing diabetes is a huge burden, which becomes more challenging during disasters. Diabetes is often not considered a priority during humanitarian emergencies. Local health systems are not prepared and only have limited resources. Regulations may prohibit getting certain medicines such as insulin into a country. The large number of refugees also leads to political and demographic problems. Adapted and joined-up efforts/coordination between all key stakeholders to respond to these emergencies are urgently needed.

Methodology

An IDF committee with key stakeholders evaluated the challenges and obstacles to help PWD in humanitarian settings.

Results/Impacts/Outcomes

The resulting plan includes the following components:

- Establish a working group

- Visit the disaster area to review needs
- Be aware of existing disaster plans
- Understand current responses, local obstacles and regulations
- Set up adapted plan
- Find donors and organize fund raising
- Set up mechanisms for the collection of diabetes medicines
- Train HCPs, among the refugee population themselves
- Coordinate with other NGOs and key stakeholders
- Implement sustainable healthcare projects and structures
- Develop new international volunteer organisations – e.g. diabetologists without borders

Conclusion/Keywords

This plan is an example of how to build an initiative to help PWD in humanitarian settings.

diabetes care, Diabetes in humanitarian setting

O13 Submission No. 599150

Gender and intersectionality among refugee women's health in Canada: knowledge translation and exchange exercise

Sheikh Muhammad Zeeshan Qadar

Background and Rationale

The public health system in Canada has been effectively addressing health care needs of newly arrived refugees and asylum seekers, though social stratification systems have not been addressed within this group. The National Collaborating Centre for Infectious Diseases has developed KT resources around intersections in refugee women's health.

The purpose of this presentation is to illustrate the knowledge gaps identified by knowledge implementers (end users) and to develop knowledge translation resources and products for the refugee women's health arena.

Methodology

NCCID conducted a preliminary needs assessment consulting various stakeholders in Canada to identify key issues surrounding care in refugee populations. This exercise highlighted that limited KT resources are available in the area of refugee women's health. NCCID is developing a knowledge translation and exchange initiative in the form of webinars and podcasts to address pressing needs of refugee women, which differ significantly from the local population. This project will provide an opportunity for public health decision makers in various capacities to understand the needs for this population.

Results/Impacts/Outcomes

This initiative is part of a broader KT framework to identify gaps in knowledge about the needs for the refugee population and to develop a range of KT products. This is intended to spark multi-sector stakeholder discussions among primary care providers, health care managers, social support organizations and governments.

Conclusion/Keywords

The refugee health initiative will facilitate both academic and non-academic users by access to knowledge translation products, which can act as a policy driver for informed decision-making.

Intersectionality, Knowledge Translation & Exchange

O14 Submission No. 599244

Outcomes of the Diabetes Care Program for Syrian refugees in Lebanon

Ibrahim AlMasri, Nizar Albache, Ahmad Tarakji, Hussam AlKabbani, Mohamad Fadi Alhalabi, Mohamad Meiber, Aula Abbara

Background and Rationale

More than three quarters of Syrian refugees in Lebanon live in poverty making purchasing medications for chronic conditions like diabetes expensive. We report the experience of a collaboration between the Syrian American Medical Society, the International Diabetes Federation and Multi Aid Programs where a free Diabetes Care Program (DCP) was offered to Syrian refugees in Lebanon.

Methodology

This retrospective cohort study uses routinely collected clinical from the DCP. 8 mobile health clinics were founded throughout Lebanon in areas where there was a high density of diabetic patients. Clinical and demographic information was recorded.

Results/Impacts/Outcomes

3425 patients between September 2016 and September 2018; 60% female; mean age: 52 years. 12% lived in tents. 42% had a Body Mass Index (BMI) of 30–39 and 16% had a BMI of >39. 12% were on insulin, 57% on oral hypoglycemics. 43% were hypertensive, 20% had dyslipidemia and 11% had cardiovascular disease. 73% had a first HbA1c of >7% including 41% with HbA1c of >9%; this fell to 61% and 26% respectively after treatment. 87% had complications: neuropathy (19%), retinopathy (6.5%), nephropathy (5.5%). 250 of the dropped out of the project were followed up by a call: 3.2% had died, 10% lacked transport, 12.8% because of comorbidities and 18% had relocated.

Conclusion/Keywords

Diabetes is challenging to manage in refugee situations. Our data shows some improvement in hyperglycemic control but high rates of obesity, comorbidities and complications. This collaboration led by refugee physicians shows a model with success in addressing a key health issue among refugees.

Diabetes, Refugee physicians, Syrian in Lebanon.

O15 Submission No. 599910

Community Conversations: The Importance of Community Engagement in Improving the Care and Reducing the Risk of Female Genital Cutting

Hilary Chester

Background and Rationale

In the U.S. it is estimated that over 500,000 women and girls are at risk of undergoing or have undergone female genital cutting (FGC). The practice is global in scope and cuts across religion, class, race, ethnicity, country, and education level. The Bridging Refugee Youth and Children's Services (BRYCS) Community Conversations project aims to reduce the risk and improve the care of women and girls affected by FGC, particularly among refugee communities. BRYCS, a national technical assistance program, promotes information sharing and collaboration among mainstream providers to strengthen their services to refugee children, youth, and their families.

Methodology

BRYCS partnered with refugee resettlement affiliates throughout the country to engage impacted community members in the process of creating culturally sensitive resources. Resource development relied on focus groups held with women of all ages, many of whom had been subjected to FGC prior to resettling in the U.S. Conversations centered around prevalence, meaning of the practice, and discussion of their experiences, positive and negative, receiving medical care.

Results/Impacts/Outcomes

Based on the priorities and needs highlighted by the women, BRYCS created educational resources to inform and facilitate communication, between refugees and the different service providers they encounter, as well as women within their own families and communities. Resources were only disseminated after approval through follow up focus groups of community members to ensure accuracy and usefulness.

Conclusion/Keywords

These resources are available to BRYCS' extensive network of service providers and resettlement agencies and through the Catholic Health Association (CHA), a network of over 600 medical providers. Community Engagement, FGC, Culturally Competent Care

O16 Submission No. 600012

Outcomes of a breast cancer awareness and screening program among Syrian women refugees in Lebanon.

Ibrahim AlMasri, Wissam Dalati, Omar Aldalati, Hussam AlKabbani, Mohamad Fadi Alhalabi, Mohamad Meiber, Fatima Awad, Bassel Atassi

Background and Rationale

Breast cancer is the most common cancer in women. Early detection and treatment lead to improve quality of life and increase survival. Several barriers limit the refugee accessibility to cancer screening. Lack of education, high cost and unavailability are among the many barriers. Considering the unmet health needs among the Syrian refugees, we established a free of charge breast cancer screening program in Lebanon under the umbrella of MAPS (Multi Aid Programs) and SAMS (Syrian American Medical Society).

Methodology

A comprehensive protocol was developed to facilitate screening and management of the qualified cohort. Women above the age of 40, underwent screening in mammography, core-biopsies were done as

clinically indicated. This is a retrospective cohort study through chart review of the screened population.

Results/Impacts/Outcomes

Between Jan 2016 and Dec 2017, 5165 women were assessed (mean age 41.7 (11) years, 60.37% of the visitors were referred through the outreach awareness activities and 4752 (92%) were screened with mammography. 29% of patients were symptomatic.

We performed 161 core-biopsies (3.1%) and 70 (1.35%) women had a final diagnosis of breast cancer (age 48.4 (11.5), 63% were stage 3-4). Of interest, 58% of cancer cases were <50 years old.

Conclusion/Keywords

Among Syrian refugee women, breast cancer seems to present at a younger age, and more advanced stages. This is likely to reflect the lack of access to health services and the poor health education among this highly vulnerable group. More importantly, this study demonstrates the feasibility of establishing an effective population-wide screening program with limited resources.

Breast Cancer, Syrian Refugees .

O17 Submission No. 601126

“My Heart Feels Chained”: The Relationship Between Economic Precarity and Health for Syrian Refugee Parents Living in Lebanon

Bree Akesson, Dena Badawi

Background and Rationale

Lebanon hosts over one million refugees from neighboring Syria. Syrian families face high rates of poverty, burdensome governmental policies, lack of affordable housing, food insecurity, and harmful cultural practices. Exacerbated by displacement, these vulnerabilities have a destabilizing effect on parents, who are struggling to meet their individual and families' physical and mental needs in a low-resource and inhospitable environment. This presentation explores how parents experience daily economic challenges that can significantly affect their ability to adequately care for their children's physical and mental health needs. While the effects of poverty and economic precarity have been studied for a number of outcomes, there remains a need to study the effects of displacement and economic precarity on physical and mental health.

Methodology

This mixed methods study gathered data from 46 Syrian refugee families using collaborative family interviews, drawings, GPS-tracked neighborhood walks, and weeklong family activity logging.

Results/Impacts/Outcomes

The data revealed that parents' feelings of parental adequacy were tied to their ability to respond to their children's physical and mental health needs. Parents' feelings of inadequacy contributed to an ongoing cycle: increased stress upon family members manifested in negative physical and mental health consequences or family members not being able to work, thereby pushing families further into economic precarity.

Conclusion/Keywords

Identifying the ways that parents struggle and cope with economic precarity is a step to creating interventions to support parents in providing nurturing, consistent, and responsive care to their children and positively supporting their physical and mental health.

Syria, Lebanon, economic precarity, refugee health

O18 Submission No. 601127

Spirituality as a Pillar of Hope for Syrian Refugee Families: Creating Culturally Appropriate Mental Health Services in Lebanon

Bree Akesson, Samia El-Joueidi, Dena Badawi

Background and Rationale

Research indicates that spirituality can facilitate positive mental health among refugee populations (see, for example, Agyekum & Newbold, 2016; Areba et al., 2018; Johnson & Thompson, 2008; Kirmani & Khan, 2008). To explore this connection between faith and mental health, this research examines the experiences of 46 Syrian refugee families who live in Lebanon, where Syrian families face a range of challenges including extreme poverty, un(der)employment, discrimination and harassment, and mental health challenges related to war and displacement.

Methodology

Using a mixed methods qualitative and quantitative study design including collaborative family interviews, neighborhood walks, and GPS-tracked activity logging, the research explored 46 families' experiences in Syria before the war, their decisions to leave Syria, their current experiences in Lebanon, and their hopes for the future.

Results/Impacts/Outcomes

The data revealed that families embedded their stories with a connection to the Islamic faith, reflecting that God offered protection in difficult times. Relying upon an external locus of control, families described their future well-being as determined by God. According to the families, Islam offered them a way to frame their past experiences in Syria, provided a sense of comfort in their present challenging circumstances in Lebanon, and became a pillar of hope for a better future. In this way, spirituality helped to ameliorate the negative effects of conflict and displacement and contributed to their emotional and mental well-being.

Conclusion/Keywords

The research findings highlight how spirituality and faith can be an important component of culturally-relevant mental health interventions and policies for refugee families.

Syria, Lebanon, refugee, mental health, spirituality

The e-STAR-MH: a rapid, digital screening tool for mental disorders in asylum seekers and refugees

Debbie Hocking, Suresh Sundram, Serafino Mancuso

Background and Rationale

The screening tool for asylum seeker and refugee mental health (STAR-MH) is a newly-published instrument designed for administration by non-mental health workers to identify forced migrants at high risk of mental illness, principally posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). The STAR-MH was developed to enable the uniform and efficient mental health screening of asylum seekers and new refugees. The value of an electronic platform will be explored in conjunction with a field test of the STAR-MH and administrator feedback.

Methodology

Field testing of the STAR-MH was conducted and will be compared to data from a web-based platform for electronic dissemination (e-STAR-MH). STAR-MH administrators were also surveyed to ascertain its perceived utility.

Results/Impacts/Outcomes

141 asylum-seekers from 32 countries were screened in a primary health clinic in Melbourne, Australia. The screen-positive rate was 68% (n=96), with 44% (n=62) receiving a follow-up mental health assessment. 35% (n=50) accepted treatment referrals, of which 27% (n=38) were diagnosed with a mental disorder (MDD=26; PTSD=8; psychotic disorder=4).

The STAR-MH took < 10 minutes to administer in 86% of cases, regardless of whether an interpreter was utilised, and 83% of administrators found it easy to use. Half of all difficulties raised regarded language interpretation, but also included concerns such as asking sensitive questions and managing client responses. The e-STAR-MH deploys the STAR-MH in five languages in both written and oral form, and is expected to ameliorate many concerns raised by administrators.

Conclusion/Keywords

The e-STAR-MH is an innovative and globally accessible approach to addressing the multiple barriers to mental health screening in forced migrant populations.

Mental health, screening

The impact of unemployment on the mental health status of Syrian refugee men resettling in Canada

Jonathan Bridekirk, Michaela Hynie

Background and Rationale

One of the most common challenges faced by refugees during the integration and resettlement process is attaining employment. Research suggests a bidirectional relationship between unemployment and mental health in the general population. These effects are more profound for unemployed men. Likewise, refugee men who are unable to find

employment are at even greater risk for depression and social withdrawal. But little longitudinal research has explored this directly.

This presentation will examine the relationship between employment in the first 18 months of arrival in Canada and mental health status one year later for 866 Syrian refugee men.

Methodology

Face-to-face interviews were conducted to collect survey information as part of a national longitudinal study with Syrian refugees who arrived in Canada between November 2015 and July, 2017. This presentation will focus on employment status during Years 1 and 2. The PHQ-9 and RAND-36 mental health subscale, were used to measure depression and mental health status, respectively in both years.

Results/Impacts/Outcomes

Using multivariate analysis (MANOVA), we find higher rates of depression on the PHQ-9 (Unemployed: M=5.38, SD=5.01; Employed: M=4.38, SD=4.66) $F(1,866)=8.943, p=0.003$; partial $\eta^2=.01$, and poorer mental health outcomes on the Rand-36 (Unemployed: M=54.34, SD=12.88; Employed: M=57.48, SD=11.78) $F(1,866)=12.339, p<0.001$; partial $\eta^2=.01$, among Syrian refugee men who remain unemployed 2 years after arrival (N=339), compared to those who found employment (N=527).

Conclusion/Keywords

These results suggest post-migration conditions of refugees resettling in Canada should be a concern for those who are interested in promoting their mental health.

Unemployment, Mental health, Refugee integration/resettlement

Current progress and future directions in the double burden of malnutrition among women in South and Southeast Asian countries

Tuhin Biswas, R. J. Soares Magalhaes

Background and Rationale

Upon agreement by member countries, the General Assembly of the United Nations defined a set of nutritional targets under Sustainable Development Goal 2 (SDG2) to eradicate all forms of global malnutrition by 2025. We examined trends and forecasts in malnutrition amongst women of reproductive age in South and Southeast Asian (SSA) countries, to evaluate progress towards achieving SDG2.

Methodology

We applied Bayesian regression and multivariable multinomial logistic regression analysis to nationally representative, cross-sectional, Demographic and Health Survey data collected between 1996 and 2016 in eight SSA countries.

Results/Impacts/Outcomes

The overall pooled prevalence of underweight, overweight and obesity in the SSA region was 22.9%, 21.3% and 8.6% respectively. Regional average annual rate of reduction (AARR) of underweight and average annual rate of increase (AARI) of overweight were 1.3% and 8.4% respectively for the period 1996 to 2016. We estimated that the

proportion of underweight and overweight will be 8.8% (95% CI: 3.9–19.9) and 66.0% (95% CI: 43.4–82.7) respectively in 2025 if current trends continue. We also found that by 2025 the prevalence of both underweight and overweight would be higher among rural women than urban, as well as higher among women with no education compared to those with a higher education.

Conclusion/Keywords

Despite progress in reducing underweight, nearly two-thirds of women of reproductive age in SSA countries be either overweight or obese by 2025. This suggests that if left unchecked, many countries of this region will not be able to achieve SDG2.

Underweight, Overweight, Women

022 Submission No. 605074

Ethics and Refugee Health: A Review of Ethical Considerations and Procedures in Published Refugee Health Literature, 2015-2018

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Background and Rationale

Public health investigations, including research, among refugees are necessary to inform evidence-based interventions and care. The unique challenges refugees face (displacement, limited political protections, economic hardship) can make them especially vulnerable to harm, burden, or undue influence. No established refugee-specific ethics framework exists, and there is no consensus about how basic ethics principles should be interpreted in the refugee context. We examined published literature to understand the application of ethics principles in investigations involving refugees.

Methodology

We reviewed refugee health literature (research and non-research data collections) published from 2015-2018 available in PubMed (search term: “refugee(s)” in title). Article inclusion criteria were: participants were refugees, health-related topic, and methods used primary data collection. Type of investigation, methods, and ethical considerations were abstracted.

Results/Impacts/Outcomes

Of 912 articles identified, we included 288 (32%). Preliminary results indicated 33% of investigations were conducted pre-resettlement (68% of these were in refugee camps). Common topics included mental health and healthcare access. Obtaining consent was common (86%). Providing incentives was less common (23%). Most authors discussed community stakeholder involvement (91%), yet few noted whether refugee representatives reviewed investigation protocols (8%). Cultural considerations included gender and religious norms, and 13% mentioned post-investigation support.

Conclusion/Keywords

Investigations conducted among refugees require additional diligence in ensuring meaningful informed consent and establishing trust.

Development of a refugee-specific ethics framework with ethics and refugee health experts that addresses the need for stakeholder involvement, appropriate incentive use, protocol review, and considerations of cultural practices may help guide future investigations in this population.

ethics, refugee, research, framework

023 Submission No. 605578

Community-based Collaborative Mental Health Care with Refugees

Azaad Kassam, Kevin Pottie, Douglas Gruner

Background and Rationale

Refugees are often exposed to traumatic conditions that can increase risk of mental health and medical issues leading to difficulties in settlement in the host country. Narrative Exposure Therapy (NET) has been shown to be useful, safe and effective in some refugee populations.

Methodology

This work focusses on the development of interdisciplinary collaboration that can help community-based primary care practitioners develop confidence in assessing and offering appropriate psychotherapeutic intervention where indicated. We suggest that within a collaborative framework, culturally-informed NET can be a useful tool for more accessible, holistic and efficient mental health care with refugees. We explore methods for optimizing collaboration, implementation and evaluation.

Results/Impacts/Outcomes

Using principles of cultural safety and trauma-informed care, we suggest an NET to be an evidence-informed psychotherapy which can be learned and delivered by primary care practitioners. We discuss models for developing, implementing and evaluating this strategy.

Conclusion/Keywords

NET offers a time-limited, cost effective and can be taught to a variety of front line health workers. Early culturally-attuned support and detection of traumatic stress and other mental health issues helps foster resilience and more successful acculturation to the new environment.

Refugee, Psychotherapy, Primary Care, Trauma

024 Submission No. 607834

A Home Visit Model for Health Education for Newly Resettled Refugee Families

Romany Redman, Paige Tomes

Background and Rationale

Refugees experience well-documented barriers to healthcare including language, transportation, health literacy, and familiarity with peculiarities of the US healthcare system such as concepts like primary care, emergency services, and health insurance. Although refugees receive guidance during resettlement orientation, these barriers persist. A health education program was developed for newly resettled refugee

families in a home visit model with in-person interpretation to address these barriers.

Methodology

Initially, focus group studies identified common needs of the local refugee community, resulting in the development of an in-home children's health curriculum focusing on basic areas such as vomiting and diarrhea, respiratory illnesses, fever, preventing spread of infection, when to seek care, and where to seek care (e.g. urgent care versus 911). A local resettlement agency identified eligible participant families and helped coordinate classes. Pre/post class tests evaluated success of the curriculum. A survey of participants evaluated patterns of healthcare utilization and additional concerns.

Results/Impacts/Outcomes

Over the most recent year of the program, participant families scored an average of 45% correct on our basic children's health pre-test and average scores improved to 97% on the post-test. In addition, specific health concerns identified during home visits were communicated to the resettlement agency health coordinator and primary care providers.

Conclusion/Keywords

This home visit model is an effective model for improving health literacy for basic children's health topics among newly resettled refugee families. Furthermore, this program has potential improve care coordination within the medical home for high-needs refugee patients.

Health literacy, Home visit, Refugee Health

O25 Submission No. 608198

Blood Lead Levels among Afghan Special Immigrant Children in 9 US States, 2014-2016

Clelia Pezzi

Gayathri Kumar, MD, Centers for Disease Control and Prevention

Background and Rationale

Persons admitted to the United States through the Special Immigrant Visa (SIV) program may be eligible for a domestic medical screening exam following CDC guidelines. During this exam, children 6 months to 16 years old are screened for elevated blood lead levels (EBLLs). CDC has received reports of high EBLL prevalence among Afghan SIV children. We sought to determine the EBLL prevalence in a multistate cohort of newly arrived Afghan children and to compare it to EBLL prevalence among children from other refugee and SIV populations and the US population.

Methodology

Nine US states provided domestic BLL results; demographics, including visa status; and nutritional indicators for children aged 6 months to 16 years who received a domestic medical screening exam between January 1, 2014, and December 31, 2016. EBLL was defined as BLL ≥ 5 $\mu\text{g}/\text{dL}$.

Results/Impacts/Outcomes

Among 4,174 Afghan children with available BLL results, 1,365 (33%) had EBLL; prevalence was highest (49%) among children <2 years old. In preliminary results, EBLL was associated with country of last residence, particularly Afghanistan and Pakistan; SIV status; and anemia

(hemoglobin <10 g/dL). EBLL prevalence among non-Afghan children in our data set was 11%, and 0.8% among the general US population aged 1 to 5 years (2007-2010 NHANES data).

Conclusion/Keywords

EBLL prevalence is higher among Afghan children than the general US population and other resettled refugee and immigrant populations. This is the first analysis to aggregate data from multiple US states to explore this issue. Further planned analyses include evaluations of associations between EBLL and nutritional status.

Blood Lead, Afghan, SIV,

O26 Submission No. 609115

Barriers to Student Immunization at a Refugee-Centred School in Ontario – Filling a System Gap

Tomoko Fukushima, Julia Murphy

Background and Rationale

Refugee children face barriers to accessing immunizations mandated under Ontario's Immunization of School Pupils Act (2017). Barriers include language; unfamiliarity with health system navigation and publicly funded immunizations in Ontario; and unavailability of health records from their country of origin. A partnership between a secondary school in Toronto with a substantial number of refugee students and Access Alliance Multicultural Health Centre identified many students were at risk of suspension each year due to lack of immunization as per the Act.

The purpose of this presentation is to outline how one Access Alliance RN coordinated school staff, settlement workers, and staff from the local public health unit to ensure student immunizations were administered to prevent suspension from school during the 2017-2018 school year.

Methodology

The nurse worked with the local public health unit to identify students at risk of suspension: over half of the students were listed. Barriers were identified by school staff and key persons. The RN reviewed immunization programs implemented by the local public health unit and developed plans to increase student access to immunizations via: empowerment of school settlement workers, multilingual posters, interpreter use when contacting parents and providing immunizations onsite at the school for students without a health card or with accessibility issues.

Results/Impacts/Outcomes

By the suspension day, the suspension list was reduced to 5 students four months after the issue of the list.

Conclusion/Keywords

Positive results from this initiative highlights that cross-sector collaboration and equity-informed solutions can effectively overcome systemic barriers to immunization for refugee and vulnerable immigrant students.

immunization, refugee students, equity

Forced Migration from Central America: A Humanitarian Crisis

Linn Bjorklund Belliveau
Carol Devine, Doctors Without Borders/Médecins Sans Frontières Canada

Background and Rationale

In the Northern Triangle of Central America (NTCA: Honduras, El Salvador and Guatemala) Médecins Sans Frontières (MSF) observes that people flee a complex combination of violence, economic and environmental factors. They suffer the consequences of criminal gangs, extreme violence and of eroding protection linked to restrictive migration policies and declining international solidarity. Increasingly, MSF witnesses humanitarian impacts of prolonged droughts, including how people who rely on their land are forced to flee.

Methodology

MSF provides medical and mental health care for migrants in NTCA and Mexico. At select clinics in 2015–2017 MSF carried out a survey on migrants' access to care and reasons they flee their homes. More recently, MSF gathers qualitative data on migration, health outcomes and environmental change.

Results/Impacts/Outcomes

Results from the survey shows that rampant violence is a main driver of displacement and major source of trauma among migrants. 43.5% of respondents indicated that a relative died due to violence within the past two years. 68.3% reported being victims of violence (including extortion and gang-forced recruitment). 24% said the main morbidity in medical consultation was intentional trauma/wounds. Respondents also reported failed agriculture due to drought as a factor to embark on cross-border journeys. Inadequate access to healthcare and protection further exacerbate ill health. Exposure to violence, poverty and environmental factors are inextricably linked.

Conclusion/Keywords

By sharing analysis of collected data drawing attention to contemporary reasons people flee and to related harmful policy and practice, MSF aims to improve assistance and protection for migrants in and from NTCA.

Central America forced migrants humanitarian

Increasing health access for immigrants and refugees via a Nurse Advice Line in Denver, Colorado

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Rhonda Tanner, Denver Health Medical Center, Rocky Mountain Poison and Drug Center
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Janine Young, MD

Background and Rationale

Immigrants and refugees have difficulty with health access due to language barriers. Systematic methods for patients to access services in non-English, non-Spanish (NENS) languages are inadequate. A Quality

Improvement (QI) project was developed to improve NENS patient telephonic access to health services within a large, urban health system.

Methodology

The health system operates a nurse advice line (NAL) that services English and Spanish speakers with direct access to medical triage, questions, and appointment scheduling. A pilot NAL phone line was created for NENS patients using the most prevalent languages in the health system.

A NAL informational card was distributed to patients within an affiliated FQHC that services a large immigrant/refugee population.

Reports from calls including demographics, health topic, interventions, and plan of caller if they were not able to access the NAL were recorded.

Results/Impacts/Outcomes

Between 1/1/18–11/30/18, 272 calls were placed to the NENS NAL. Of these calls, 134 were appointment requests. Other requests included medication and health questions; appointment confirmation; medication refills; transportation, financial, and medical record requests. 52 calls involved nurse triage, and 10 resulted in advice to seek immediate medical care. Languages requested were 33% Arabic, 20% English, 14% Amharic, 11% Burmese, 8% Nepali.

Conclusion/Keywords

NENS patients experience barriers to accessing health care, creating health disparities. This QI activity demonstrates that when given access, NENS patients will seek health care via telephone. The variety of phone requests placed demonstrate the need for a single access number that provides comprehensive health support.

Health Access, Telephone, Non-English/Non-Spanish language

Community-led emergency medical services to improve health outcomes for Rohingya refugees in Cox's Bazar, Bangladesh

Punam Ganguly, Meredith Walsh, Saman Kashani, William Bruno, Parveen Parmar

Background and Rationale

Since massive forced displacement of Rohingya people from Myanmar in 2017, over 900,000 Rohingya refugees now live in Cox's Bazar, Bangladesh. At least 20 maternal deaths have been reported from facilities in 2018. Less than a third of deliveries are facility-based, which means maternal mortality is likely significantly higher due to lack of reporting.

Methodology

Due to a complex web of barriers, a community-based approach is needed to increase access to health services among the Rohingya population. Medical emergencies in the camps are often delayed, contributing to preventable maternal mortality. Community Health Volunteers (CHVs) provide culturally and linguistically appropriate care that links patients to emergency medical services (EMS). There is no EMS system in Bangladesh, and humanitarian agencies do not have a shared ambulance dispatch.

Results/Impacts/Outcomes

Bringing two decades of experience working with ethnic health organizations in conflict affected and remote areas of Myanmar, Community Partners International (CPI) has equipped and trained:

- 80 Rohingya CHVs to provide basic first aid and to porter patients to the nearest facility or ambulance
- 21 Bangladeshi midwives and medical assistants as EMS providers to administer life-saving treatment in ambulances

Between March–October 2018 ambulances have transported 366 unique patients to 38 facilities. Fifty-nine percent were female, 10% were obstetric/GYN, and 10% were newborns.

Conclusion/Keywords

Multiple barriers prevent Rohingya refugees from accessing health services in Cox’s Bazar, Bangladesh. A community-based approach is necessary to reduce maternal mortality. Building Rohingya CHVs’ capacity as first responders and linking them to emergency medical services will improve health outcomes for Rohingya refugees.

Refugee

O30 Submission No. 613294

A Scoping Review on Approaches and Interventions that Target Gender-Based Violence amongst Refugee Youth

Nazilla Khanlou, Yvonne Bohr, Talia Filler, Attia Khan, Luz Maria Vazquez, Sheena Madzima

Background and Rationale

Gender-Based Violence (GBV) has been recognized as a major concern for refugee youth (Status of Women Canada, 2018; UNHCR, 2013). GBV can lead to significant psychological, physical, or sexual suffering, yet interventions that target GBV effectively have not been extensively studied. We propose to present a scoping review of the literature on interventions that promote youth well-being for those who have survived/ are currently surviving GBV.

Methodology

We applied Arskey & O’Malley’s (2005) five-stage framework in this scoping review of primary studies on interventions focused on refugee youth who have experienced GBV, from January 2000 to October 2018. We applied a gender-transformative, intersectionality and trauma-informed approach. Seven electronic databases were searched.

Results/Impacts/Outcomes

Fifteen studies met the eligibility criteria. Many of the identified studies were not based in North America. For studies that did examine interventions, a recurring theme was the emphasis on empowering youth with knowledge and resources for dealing with GBV in diverse settings, including schools, health settings, and in the community.

Conclusion/Keywords

This scoping review is among the first to apply an intersectionality and gender-transformative approach. These approaches allowed us to conceptualize social, political and economic factors that intersect to influence the effectiveness of interventions for those who have experienced GBV. The importance of context when designing

interventions stands out, as the latter differ depending on whether these are offered in refugee camps or post-migration community-based settings. The importance of gender sensitivity and accessibility of interventions that target GBV is highlighted.

Gender-Based Violence; Refugee Youth; Gender-Transformative

O31 Submission No. 613384

Building Relationships through Health Education and Promotion: Findings from the Nashville Neighbors Pilot

Marianne Zape, Beth Burkett, Wes Harrell

Background and Rationale

By providing information about culture, health, education and employment, community-based organizations (CBOs) and voluntary agencies (VOLAGs) play a crucial role in supporting the well-being and integration of refugees. Recent policies limiting refugee resettlement have resulted in the closure of some CBOs and VOLAGs, leaving gaps in resources and essential orientation programs for New Americans. In the hopes of facilitating exchanges of social capital between long-term and recently-resettled community members, Siloam Health re-designed its existing refugee health education program around the larger goal of relationship-building.

Methodology

In a 6-month commitment, volunteer teams teach a health education curriculum through home visits. Supplementary activities include discussion questions, hands-on activities, and outings to apply lessons learned. Nashville Neighbors was built upon existing evidence-based programs, health promotion literature, and conversations with community members. It was piloted for feasibility in 2017–2018 with 14 pairs of volunteer teams and recently resettled families. Focus group, interview, and self-report survey data were collected to support evaluation efforts.

Results/Impacts/Outcomes

The Nashville Neighbors program has been well-received, with many participants stating that they would recommend the program to friends and that they learned something that they could use in everyday life. Volunteers and refugee families frequently commented that the curriculum served as a bridge to fostering friendships and a starting point for addressing refugee families’ other concerns.

Conclusion/Keywords

Incorporating aspects of relationship-building into existing programs may help CBOs and VOLAGs to meet the needs of the New American families they serve, above and beyond providing basic orientation information.

health education, community partnership, social networks

Updates on IOM Pilot Intervention to Improve Continuity of Care of U.S.-bound Refugees with Complex Medical Conditions

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Background and Rationale

The International Organization for Migration (IOM) provides pre-departure assistance and travel arrangements for all United States (U.S.)-bound refugees. In fiscal year (FY) 2018, 19% of approximately 22,500 refugees needed coordination for complex medical needs, of whom 23% required medical escorts. Since September 2017, through a Centers for Disease Control and Prevention-funded project, IOM provided counseling and prepaid mobile phones to refugees requiring medical escorts to facilitate follow-up and communication with U.S. healthcare providers.

Methodology

Within 4 weeks after arrival to the U.S., IOM administered a voluntary standard questionnaire to these refugees about their use of the phones and experiences with travel and medical follow-up. Descriptive analyses were performed.

Results/Impacts/Outcomes

IOM distributed 784 phones from September 2017 through September 2018. Of 609 questionnaires analyzed (preliminary data), 574 (94%) refugees found the phone helpful; 521 (85%) used the phone to call their case managers; and 291 (48%) and 44 (7%) reported using it to call about clinic appointments or when feeling ill, respectively. Most (89%) attended their initial medical appointment by the time of the interview.

Conclusion/Keywords

Updated analyses support our earlier findings for September 2017 through January 2018 that providing phones to newly arrived refugees facilitates communication for medical follow-up. Information provided by survey respondents has enabled IOM to identify areas for improvement in pre-departure preparation and medical handovers. The next phase for this project will include strengthening counseling on medical follow-up at U.S. ports of entry and implementing a survey on the quality of IOM organized medical movements.

complex medical needs, counseling, patient hand-off

Role of Pre-departure Health Assessment in Detecting Undiagnosed Medical Conditions Among Refugees: Jordan Experience 2018

Rasha Shoumar, Nahashon Thuo, Aleksandar Galev, Heather Burke

Background and Rationale

The International Organization for Migration (IOM) facilitates refugee resettlement from Jordan to the United States, United Kingdom, Australia, Canada and other countries through provision of health assessments and travel assistance. More than 800,000 refugees are currently in Jordan. Many do not access primary care due to cost which results in undiagnosed medical conditions. Pre-departure health assessment provides an important opportunity to effectively diagnose, which supports their physical and mental wellbeing for better integration in the host community.

Methodology

2018 data from the health conditions identified at the time of initial health exam and flagged for follow up were reviewed, newly diagnosed medical cases analyzed.

Results/Impacts/Outcomes

In 2018, IOM conducted (9485) health assessments (2363UK, 1671Australia, 1219US, 4232others). Of these, 278 (3%) had complex medical conditions requiring follow-up for stabilization prior to travel. 109 of these conditions were diagnosed for the first time at the initial health exam. Conditions included; anemia (61), hypertension (11), psychiatric disorders (6), thyroid diseases (4), diabetes (5), heart diseases (3), rare medical syndromes (3) and 16 cases with other conditions. there were some noteworthy cases such as Galloway Mowat Syndrome, TORCH infection syndrome and sever mitral valve prolapse among others. All 109 newly-diagnosed cases were managed appropriately prior to resettlement.

Conclusion/Keywords

Difficulty accessing primary health care resulted in many undiagnosed medical conditions. Pre-departure health assessment plays an essential role in diagnosing and managing such medical conditions prior to resettlement, thus improving the continuum of health care approach which supports the early integration of refugees in the host communities.

Pre-departure Health Assessment, Primary Health Care

Mapping diverse genetic disorders and rare diseases among Syrian population: Implications on refugee health and health services in host countries

Lina Hamad, American University of Beirut; Khalil Kriedieh; Mirna bou hamadan; Ghunwa Nakouzi; Soha Yazbek

Background and Rationale

The aim of this systematic review is to provide physicians and researchers with an exhaustive list of reported genetic disorders in patients of Syrian origin - those who have become the largest displaced population in the world - and to highlight the need to consider migrant population-based risk for the development of genetic disease control and prevention programs.

Methodology

This review was performed based on the 2015 PRISMA and the international prospective register of systematic reviews.

Results/Impacts/Outcomes

We report on a total of 166 genetic disorders (only 128 reported on OMIM) identified in the Syrian population. 27% are endocrine, nutritional, and metabolic diseases. Second to metabolic disorders are congenital malformations, deformations and chromosomal abnormalities. Diseases of the blood and the blood-forming organs account for 13% of the total genetic disorders. The majority of the genetic disorders reported in Syrians follow an autosomal recessive mode of inheritance.

Conclusion/Keywords

These findings are a reflection of the high rates of consanguineous marriages that favor the increase in incidence of these diseases. 36 are reported to be only present in Syria and other regional countries. Twelve of these are identified to be strictly in individuals of Syrian origin. Based on our systematic review, there is a need to develop programs that target the genetic disorders observed in Syrian migrants in host countries. These programs would have potential benefits on the health status of both Syrian refugees and host communities in order to decrease the health burden on the health systems in host countries.

Syrian Refugee, Genetics, Review, Health Response

O35 Submission No. 615061

Towards an understanding of women's service and support needs related to intimate partner violence in resettlement

Karin Wachter, Arizona State University
Jessica Dalpe

Background and Rationale

War, displacement, and resettlement exacerbate risks associated with intimate partner violence (IPV), and significant health and psychosocial consequences can endure over time. However, gaps in knowledge persist regarding IPV-related services and support that refugee women need and want in resettlement, and what happens when they seek help.

Methodology

To address these gaps, researchers conducted a qualitative study from 2016-2018 in the U.S. The study involved conducting interviews and focus groups with women who screened positive for DV and/or SA (n=10), women who had resettled to the U.S. and had not disclosed DV (n= 25), and stakeholders from organizations serving refugees, immigrants, and/or U.S.-born survivors of DV (n= 53). A broad range of ethical standards for conducting human subject research was upheld. Researchers used thematic analysis to identify key findings.

Results/Impacts/Outcomes

Researchers identified four complex interrelated themes: (1) women have formidable service and support needs related to IPV that often remain undetected in resettlement; (2) access to immediate and extended family shapes whether and how women seek help for IPV; (3) myriad factors limit women's access to support and services, including gaps in information, silence, economic factors,

family/community dynamics, and communication barriers; and, (4) complex factors shape service provision for refugee women who have experienced DV.

Conclusion/Keywords

The study highlighted challenges but also generated concrete recommendations healthcare and settlement providers can implement to make IPV-related services more attuned to the needs of refugees, and thus contribute to improved outcomes associated with health and well-being.

intimate partner violence, women, well-being

O36 Submission No. 615188

Identifying Sources of Strength and Stress in Young Refugee Families Before and After Migration to the United States

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Background and Rationale

To identify sources of strength and stress in parents of young refugee children before, during, and after migration to the United States.

Methodology

We partnered with language-concordant study team members from Refugees Northwest and the Somali Health Board to recruit Somali-American and Iraqi-American parents within 5 years of refugee resettlement to the US with at least one child <5 years old for qualitative interviews. We followed a structured interview guide. We recorded, translated, transcribed, and coded the interviews. We used a modified grounded theory approach for the thematic analysis.

Results/Impacts/Outcomes

29 parents completed interviews (14 Somali-American, 15 Iraqi-American), who arrived in the U.S. 3.6 ± 1.5 years ago (mean \pm SD), and have 3.3 ± 1.6 children. Nearly 40% had < high school education. Preliminary themes emerged including BEFORE MIGRATION: 1) strong family support, 2) lack of safety, 3) stress of working with the US military (for Iraqi parents); BEFORE AND AFTER: 1) food insecurity, 2) a shift in parents drawing strength from their community/family to themselves; AFTER: 1) a dichotomy in perspectives on their children's safety (safe from armed conflict, however, now with need for constant supervision), 2) tension between motivation to provide opportunities for their children and feeling that their children are spoiled by the new opportunities, and 3) parental mental health challenges.

Conclusion/Keywords

Among refugee families, strengths and stressors differed before, during, and after migration. We will use these findings to develop a conceptual framework to enhance resiliency, which will guide development of interventions tailored to the refugee migration experience.

Stress, Strength, Families

Examining stakeholders' views on refugee healthcare needs, future healthcare direction, and current barriers in accessing healthcare services in New Zealand

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Background and Rationale

This study explores the perceptions, attitudes, and opinions of people working with refugees on the refugees' healthcare needs and barriers in accessing and understanding healthcare services in New Zealand to contribute to the identification of future healthcare direction.

Methodology

Ethical approval was obtained from the IRB at the University of Auckland. A qualitative deductive strategy was employed to conduct 18 semi-structured interviews among purposively-selected refugee stakeholder organisations and relevant bodies in New Zealand. To be included in the study, the participant had to be employed full-time for a minimum of one year with the respective organization and must have had direct contact with refugees. The interviews were transcribed verbatim and data were analyzed using deductive thematic content analysis.

Results/Impacts/Outcomes

Interviewees indicated the need for a national framework of inclusion, mandating cultural competency training of frontline personnel, creation of a national interpretation phone line and establishing health navigators. Barriers to accessing health services include social determinants of health such as housing and community environment, health-seeking behaviour and health literacy, and social support networks. Future healthcare delivery should focus on capacity-building of existing services (co-design processes, increased funding for refugee-specific health services, whole-government approach).

Conclusion/Keywords

Policymakers and refugee frontline staff should seek to address the deficiencies identified in order to provide equitable, timely and cost-effective healthcare services for refugees in New Zealand.

healthcare needs, access barriers, future direction

Access to tuberculosis diagnosis and treatments for uninsured migrants in Quebec: the struggle and the initiatives

Justine Daoust-Lalande, Marianne Leane-Welt

Background and Rationale

Doctors of the World Canada (DoW) has been operating a medical clinic for uninsured migrants in Montréal (Québec) since 2011. Over the years, the medical team has faced cases of tuberculosis without having the resources to do an appropriate diagnostic and struggling to

obtain treatment for confirmed cases. The population seen is one that often show atypical medical cases, live in a precarious situation and for whom the access to the public health system is extremely difficult if not impossible. For the last two years, the medical team has been advocating to get more support while latent cases became active and active cases were not diagnosed fast enough, losing sight of the patient. The objective has been to find a way to refer easily and directly in a free of charge-specialised clinic who has the competency to make a tuberculosis diagnosis and monitor treatment.

Methodology

In order to tackle this issue, the medical team of DoW researched the international standards and recommendations, as well as Canadian standards. They documented cases and contacted the public health authorities at multiple occasions, stretching the importance of the situation.

Results/Impacts/Outcomes

The problem is now recognised by the Quebec public health system. Our final objective has not been implemented yet but steps continue to be made in this direction.

Conclusion/Keywords

Through this oral presentation, we aim to raise awareness on this problematic and promote discussions with other professionals about their struggles and successes in addressing prevention, diagnosis and treatment with hard-to-reach tuberculosis patients.

Tuberculosis, Uninsured, Public health

Depression among middle-aged and older Canadian refugees in the Canadian Longitudinal Study on Aging: the fundamental role of social support

Shen (Lamson) Lin; Karen Kobayashi; Hongmei Tong; Karen Davison; Simran R.A Arora; Esme Fuller-Thomson¹

Background and Rationale

1) To determine the prevalence of depression among refugees and non-refugees in a population-based sample of Canadians aged 45 to 85. 2) To identify what factors attenuate refugees' higher odds of depression.

Methodology

Secondary analysis of the baseline Canadian Longitudinal Study on Aging, a 2012 population-based study of Canadians aged 45 to 85. Refugee status was constructed from information on respondent's country of birth, religion and year of arrival in Canada (e.g., Vietnamese who arrived from 1970 to 1990, Jewish immigrants from continental Europe who arrived between 1932 and 1955). A total of 307 refugees and 29,365 non-refugees were in the sample. Depression was measured by the Center for Epidemiological Studies Short Depression Scale (CES-D 10). Chi-square tests and 6 logistic regression analyses were conducted.

Results/Impacts/Outcomes

The prevalence of depression was higher among refugees than non-refugees (22.1% vs 15.2%, $p < .001$). The age-sex-adjusted odds of

depression for refugees (OR=1.70, $p<.001$) was not attenuated when 1) education, income, retirement and marital status, 2) comorbid physical health conditions and chronic pain, 3) binge drinking and physical activity, and 4) social isolation and online social networking were taken into account (OR ranged from 1.61 to 1.70, all $p<.05$). However, in the model only adjusting for 5) social support, the odds of depression for refugees was reduced to non-significance (OR=1.30, $p=0.92$).

Conclusion/Keywords

Refugees have higher odds of depression than non-refugees, and this excess vulnerability is associated with lower levels of social support. Targeted interventions to decrease isolation and improve refugees' social support warrant greater attention.

refugee health, mental illness, social support

O40 Submission No. 616109

Expect the Unexpected: From Registration till Resettlement of Urban Rohingya Refugees – the Experiences of UNHCR and IOM Malaysia.

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Jason Yeo, UNHCR
Leena Bhandari, IOM
Susheela Balasundaram, UNHCR

Background and Rationale

The “world’s most persecuted” – Rohingya, have been seeking refuge in Malaysia since the late 70s, with an increase since 2012 drastically changing the urban refugee landscape and related health outcomes. In 2018, Rohingya constitute about 50% (80,000) of refugees in Malaysia, making this the largest Rohingya population in an urban setting and the largest resettlement processing for Rohingya in the world. Rohingya language is only verbal rendering communication and health education is a major challenge. Without status to work legally in Malaysia, Rohingya survive on charity or work informally, often in dirty, dangerous and difficult settings thus predispose them to further health and safety concerns. They are generally a patriarchal society with limited knowledge of maternal-and-child health, reproductive health, malnutrition and anaemia.

Methodology

To overcome the health challenges, UNHCR, IOM, and NGOs adopt approaches that advocate, support and monitor the existing system to attain optimal health outcomes for them. Specifically, this is done through alternative and subsidized primary health care services, provision of health insurance scheme and advocacy for integration into the national system. To bridge the communication gap, stakeholders hire community interpreters and created visual health education materials to raise awareness on communicable and non-communicable diseases.

Results/Impacts/Outcomes

Through community engagement, stakeholders have continued to build trust between and among the Rohingya and enabled healthcare providers to strengthen understanding of their needs, build resilience, and attain physical, mental, and social well-being.

Conclusion/Keywords

Further social rights and protection needs including access to education, ability to work legally, formal status and strengthened security are envisioned.

Urban, Rohingya, Protection, Resilience, Partnership, Insurance

O41 Submission No. 616358

Academic achievement and psychosocial adjustment in refugee school-aged children – A systematic review

Fariba Aghajafari, Emilie Pianorosa, Zahra Premji, Soheil Sourii, Deborah Dewey

Background and Rationale

Evidence suggests that school-aged refugee children are at high risk for problems in psychosocial functioning, poorer mental health and academic problems. However, research on educational outcomes or learning problems in these children and potential risk and resilience factors are limited. We systemically reviewed the evidence on educational outcomes and learning problems among refugee children, to identify risk and resilience factors, and highlight relevant gaps in the literature on the academic achievement and psychosocial adjustment of school-aged refugee children.

Methodology

Medline, EMBASE, PsycINFO, CINAHL, ERIC and Socinfo were searched up to May 2018. Studies that reported on prevalence or determinants of learning, academic, behavioral or psychosocial problems in refugee children 5 to 12 years of age were included.

Results/Impacts/Outcomes

The search generated 2681 articles. After removal of duplicates, 268 were selected for full text review. Data were abstracted from 30 articles, which met the inclusion criteria. All steps of the review were performed by 2 independent reviewers and any disagreements were resolved by consultation with a third reviewer. Quality assessment was performed using the Newcastle–Ottawa scale.

Conclusion/Keywords

This systematic review showed that emotional and behavioural difficulties and low academic performance are prevalent among refugee children. High number of relocations, unaccompanied minors, exposure to trauma and harsh parenting styles were risk factors. A positive family and community environment were related with better outcomes. Findings of this review have implications for health professionals, educators, refugees support agencies and policy makers.

refugee population, learning disorders, child behaviour

Providing medical care and psychosocial support to Rohingya refugee survivors of sexual violence

Meggy Verputten, Kate White, Colleen Dockerty

Background and Rationale

Since August 2017, over 600 000 Rohingya people fled violence in Myanmar to Bangladesh. In Myanmar, Rohingya people faced brutal, horrific sexual violence (SV) by the military, police and local militias to punish, intimidate, humiliate and displace. Rohingya people now face gender-based violence in refugee camps in Bangladesh, including SV, sexual exploitation and abuse, intimate partner violence, child, early and forced marriage and trafficking.

Methodology

MSF had an existing hospital in Kutupalong, Bangladesh for Rohingya refugees with a clear entry point, care pathway, prepared private consultation room and available medical care, including termination of pregnancy (also known as menstrual regulation in Bangladesh), and psychosocial support for survivors of SV. MSF scaled up the existing response for survivors of SV in August 2017 by hiring and training additional staff to provide medical care and psychosocial support to survivors of SV and recruiting and training female Rohingya women from the community to raise awareness and engage with the community through door-to-door visits and group sessions with women and adolescent girls in the camp.

Results/Impacts/Outcomes

MSF provided quality, comprehensive medical care and psychosocial support to 429 survivors of rape from September 2017 to September 2018 in Cox's Bazaar, Bangladesh.

Conclusion/Keywords

Adapting and scaling up humanitarian activities in a refugee emergency is challenging. However, a concerted effort to ensure comprehensive medical care and psychosocial support is accessible and available and dedicated community engagement and awareness raising can support survivors of SV to seek help.

Rohingya, sexual violence, refugee, humanitarian, health

The proposed rule on public charge and its implications for U.S. citizen children with noncitizen parents

Katalin Vinkler

Background and Rationale

The prospect of termination of the Temporary Protected Status (TPS) program in the U.S. has sent tens of thousands of legal immigrants to the northern border to request asylum in Canada. The third largest group of these asylees, seeking shelter in Canada, were U.S. citizens, likely minor children of TPS program beneficiaries. This past year, the Homeland Security published a proposed public charge rule which would assess the prospective legal resident's ability to be self-sufficient and their usage of public benefits like Medicaid and potentially, other

programs. The receipt of these benefits will have a negative effect on the outcome of the application.

Methodology

The presentation aims to describe the implications of future rule through literature review, legal and policy analysis.

Results/Impacts/Outcomes

According to the Migration Policy Institute estimate, up to half of the immigrant population might be affected by this change. If the new public charge rule is implemented, a large number of noncitizen parents will see their options to obtain legal residency as permanently jeopardized and might consider the route taken by the other TPS program participants. However, Canada deems the U.S. as a Safe Third Country, and the majority of asylum claims might be denied resulting in the deportation of these families.

Conclusion/Keywords

The U.S. immigration authorities should consider that one in four children born in the U.S. have one immigrant parent. Because of this, more humane immigration policy is needed, which would not rip a significant number of children from their home and school environment during their formative years.

Asylum, minors, public charge

Community Health Training on the Thai-Burma Border

Kaitie Warren, Project Umbrella Burma; Mu K'Trade, Project Umbrella Burma

Background and Rationale

Kaw Tha Blay Learning Centre is a registered migrant learning centre for young adult refugees from Karen State, Burma who have completed high school. Students complete two years of Community Health Worker classes and other subjects, then four months of full-time practical training in a hospital or clinic. After this combined theoretical and practical training, graduates are fully qualified to be hired as nurses or Community Health Workers in refugee camp hospitals, with health-related Community-Based Organizations or at clinics on the border or inside Burma. The program aims for students to develop the leadership capacity and practical skills they need to contribute to greater health care access among refugee and internally displaced communities.

Methodology

Karen-led program based on changing local needs and political realities
Direct aid model provides support through charitable donations, volunteers from Canada

Guided by the leadership of Dr Cynthia Maung's Mae Tao Clinic

Partnership with international health aid organizations

Results/Impacts/Outcomes

390 students over 13 years

Type and level of employment of program graduates

Range of health care facilities/organizations graduates are working in

Awareness in Canada of eastern Burma refugee situation

Conclusion/Keywords

This presentation will aim to highlight the importance of education and practical training in a long-term refugee situation, consider the role of small and informal schools, and explore the impact of ambitious young people who see and work to fill the void of health care access in their communities.

Health training, Capacity building, International aid

O45 Submission No. 617185

Mental Health and the Post-Migration Experiences of LGBTQ Asylum Seekers in North America

Samara Fox, Yale School of Medicine
Randi Griffin
John Pachankis, Yale School of Public Health

Background and Rationale

This study aims to examine the mental health burden of LGBTQ asylum seekers and associated psychosocial risk factors. This study also aims to characterize LGBTQ asylum seekers' interest in interventions aimed at alleviating mental distress and social isolation.

Methodology

Service providers and community organizations distributed an anonymous online survey over the course of 6 months (n = 308). Mental distress was measured using the Refugee Health Screener (RHS-15). Logistic regression was used to identify psychosocial factors associated with screening positive on the RHS-15.

Results/Impacts/Outcomes

80.2% of respondents screened positive for mental distress. Participants who were lonely (OR = 1.138, SE = 0.022) or who had disclosed their LGBTQ identity (OR = 3.461, SE = 0.629) were more likely to screen positive. Those who had been granted asylum (OR = 0.36, SE = 0.379) or had higher English language proficiency (OR = 0.354, SE = 0.528) were less likely to screen positive. 70.45% of those who screened positive were interested in receiving mental health counseling. 83.1% of participants wanted more LGBTQ friends, 83.8% were interested in mentoring an LGBTQ newcomer, and 68.2% were interested in joining an LGBTQ community center.

Conclusion/Keywords

LGBTQ asylum seekers are highly likely to have mental health concerns in need of professional evaluation and treatment. Loneliness, outness, immigration status, and English proficiency are unique risk factors associated with mental distress. LGBTQ asylum seekers have a strong interest in participating in mental health treatment and LGBTQ community building.

LGBTQ, mental health, asylum, psychosocial, isolation

O46 Submission No. 617225

Expanding the Circle of Care: Embedded Interpreters as an Effective Resource for Overcoming Cultural and Linguistic Barriers

Will Allen, Sanctuary Refugee Health Centre
Mayada Abou Warda, Sanctuary Refugee Health Centre
Manisha Hladio
Michael Stephenson

Background and Rationale

Language barriers are a challenge that health care providers working with refugees must rise to meet. Convenient solutions, such as relying on English-speaking children, may sacrifice accuracy, confidentiality, and respect; and though medically certified interpreters are gold standard, they too can fall short in ensuring culturally congruent care.

Methodology

At Sanctuary Refugee Health Centre, medically certified and culturally congruent interpreters for the most common ethnicities are regularly present and treated as members of the circle of care. Their consistent presence allows them to form longitudinal and trusting relationships with clients. In addition, we strive to have them accompany patients to specialist appointments when possible, thereby furthering the depth and value of their services. These interpreters act as a 'bridge' between patient and health-care providers, facilitating further insight and understanding of patients' presenting complaints. Multilingual staff are also used to aid with communication regarding appointment logistics, with phone interpretation used only as a backup.

Results/Impacts/Outcomes

An arbitrarily chosen day at Sanctuary shows that of 105 patients seen, 42 (40%) required interpretation that in most cases was provided on site. Sanctuary's waiting list includes 80 refugees who already have a family doctor specifically citing communication as a barrier they feel could be better addressed.

Conclusion/Keywords

We believe medically certified, culturally congruent, and embedded interpretation is an investment in better patient outcomes. Further analysis is required to assess impact on disease trajectory and resettlement success, but results to date are promising and enough to justify another line on the budget!

interpretation, circle of care, cultural congruency

O47 Submission No. 617241

Perinatal Health Care Through a Refugee Lens

Kendra Weerheim, Sanctuary Refugee Health Centre; Sarah Flanagan, Sanctuary Refugee Health Centre; Manisha Hladio; Dalia El-Assar; Michael Stephenson

Background and Rationale

Sexual and gender-based violence disproportionately impacts female refugees, causing high levels of trauma, often triggered during the perinatal period. Sanctuary Refugee Health Centre (SRHC) provides patient-centered, trauma-informed and culturally sensitive perinatal care to refugee women in an evidence-based and emancipatory model.

Methodology

Our care model relies on embedded physical and mental healthcare providers, as well as social services, to provide comprehensive perinatal care. We equalize the social determinants of health, reduce systemic imbalances, and enhance patient independence. We provide on-site, gender-congruent, culturally appropriate medical interpretation and a part-time Arabic-speaking female obstetrics specialist. Providing pro bono care, when needed, a physician assistant bridges the family medicine and obstetrics disciplines, extending our antenatal clinic's capacity.

Results/Impacts/Outcomes

SRHC's innovative perinatal care model has been recognized by local health authorities. Since its introduction, 73% of OHIP-covered prenatal patients deliver with SRHC providers. The majority (86%) referred for external obstetrical care were necessary for the management of high-risk pregnancies; when presented with all available options, less than 15% of our patients choose other antenatal care providers. The success of our prenatal clinic is evident in the number of women who return for subsequent pregnancies and corroborated by self-reports of higher levels of satisfaction with peripartum care.

Conclusion/Keywords

At SRHC, we minimize post-migration stress in the peripartum period through an innovative model with local partnerships and collaborative resources. Our hope is that our model will facilitate resettlement for this precarious, but resilient, group of new Canadians as their families grow. prenatal postpartum women trauma gender interdisciplinary

O48 Submission No. 617320

Implementation of a health systems navigation curriculum for refugees

Ginger Holton, Henna Shaikh, Umar Qadri, Hadley Bloomhardt, Paul Bourdillon, Frances Cheng, Erik Kramer, Nan Du, Zaneta Forson-Dare Camille Brown, Yale School of Medicine
Pooja Agrawal, Yale School of Medicine

Background and Rationale

Refugees are at risk for low health literacy, poor healthcare utilization, and high rates of illness and hospitalization. A health needs assessment conducted at Integrated Refugee and Immigrant Services (IRIS) in Connecticut informed the development of a healthcare navigation curriculum to help refugees understand appropriate healthcare access and resource utilization.

Methodology

A two-hour class for refugees on health systems navigation, taught by pediatrics and medicine residents and medical students, was held on-site with in-person translation in Pashto, Arabic, and Swahili. Content included appropriate healthcare facility use, medication procurement from the pharmacy, and common over-the-counter medication use. Visual aids on proper thermometer use and handouts with emergency phone numbers were provided. Knowledge acquisition and class satisfaction were assessed with pre- and post-test questionnaires.

Results/Impacts/Outcomes

16 total refugees (63% female) had an 87.5% response rate. On average, participants learned 6.1 new concepts. Good course satisfaction was achieved: 100% of respondents reported that they would recommend the class to a friend. Content assessment demonstrated no significant difference in mean number of correct answers after the class ($p=0.26$) (paired t-test).

Conclusion/Keywords

This class demonstrated the feasibility of a targeted course in health systems navigation to provide health information in a culturally-inclusive manner. A close relationship between healthcare providers and a refugee resettlement agency has the potential to improve health education in refugee families. Future work will focus on improving delivery of key healthcare concepts as well as creating assessments that target the learning objectives more specifically so knowledge gains can be better evaluated.

Health systems navigation, health literacy

O49 Submission No. 617328

A Physical Exam Quality Control Tool for the Refugee Health Assessment

Priyanka Anand, University of Minnesota
Arun Kumar Chandran, Harvard Medical School, Mount Auburn Hospital
William Stauffer III, University of Minnesota
Catherine Yen, MD, MPH, International Organization for Migration
Alexander Klosovsky, International Organization for Migration
Dmitry Shapolov, International Organization for Migration
Erin Mann, University of Minnesota
Andrew Olson, University of Minnesota

Background and Rationale

The International Organization for Migration (IOM) conducts migrant health assessments (MHAs) for refugees and immigrants in over 80 countries. Ensuring standard, high-quality physical exams across diverse contexts poses an operational challenge. We sought to evaluate a quality control tool (QC tool) to enable specific feedback about physical exams across IOM sites.

Methodology

We developed a QC tool for the physical exam, which was piloted at 4 IOM sites (in East Africa and Thailand), in conjunction with a physical exam guide and trainings. Analysis was conducted using R version 3.3.0. Inter-rater agreement was calculated with weighted Cohen's kappa, and differences in scores were evaluated with one-way ANOVA.

Results/Impacts/Outcomes

We observed 76 physical examinations (53 adult and 23 pediatric), scoring exam items on a 3-point scale. 6 adult exams were jointly observed by two observers with mean IRR of 0.346 across 35 items. The majority of items (18 out of 35) had perfect inter-rater correlation.

There was a significant difference in mean adult scores between sites ($F = 10.62$ $P<0.001$) and between physicians ($F = 12.82$ $P<0.001$). On pairwise comparison, scores differed significantly between site 1 and the other sites ($P<0.001$), but there was no significant difference between the other sites. Low-scoring items, such as thyroid and neurological exam, were largely consistent across sites.

Conclusion/Keywords

We present a validated QC tool for the MHA physical exam, which we piloted across multiple operating contexts. Using this new assessment tool, we identified gaps in the standard refugee MHA and a need for ongoing standardization and monitoring.

refugee screening, resettlement, quality improvement, monitoring

O50 Submission No. 617331

A Physical Exam Guide to Improve Diagnosis in Refugees

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Background and Rationale

The International Organization for Migration (IOM) is responsible for health screening of all US-bound refugees prior to resettlement. Diverse physician backgrounds and operating contexts can lead to variation in the refugee health exam. At the request of IOM and CDC, we designed a physical exam (PE) guide and curriculum aimed at standardizing the refugee health examination.

Methodology

Faculty developed evidence-based infant, pediatric, and adult physical exam guides. These guides were modified iteratively over multiple rounds of feedback from IOM physicians. Curriculum was developed by subject matter experts and included physical exam skills, feedback and teaching, and inter-professional teamwork skills. In 2018, we conducted three “train-the-trainer” workshops to empower physicians to implement PE trainings in their regions.

Results/Impacts/Outcomes

Physicians from Europe, MENA, Africa and Asia regions attended trainings in Bangkok and Kampala. At the final session, all participants rated the training content and PE materials as helpful. Sessions on giving feedback, pediatric exam, and neurological exam were highest rated, consistent with previously addressed training needs. The concerns about implementing the PE guides included time management and anticipated resistance from colleagues. After the trainings, two-thirds of participants were “very comfortable” with implementing PE training in their clinics, and one-third were “more comfortable”.

Conclusion/Keywords

The PE provides useful information for refugee healthcare providers. PE training and standardization can increase diagnosis of medical conditions prior to resettlement, improve post-resettlement integration and ensure safe travel. IOM physician “master trainers” and UMN clinical faculty will conduct site visits to implement and monitor rollout of the PE guide in 2019.

screening, travel, resettlement, medical education

O51 Submission No. 617377

Managing Mental Health of Refugees in a Remote Setting: Experience from Kigoma

Nicholaus Nderero, IOM; Bernard Opare, IOM; Rajeev Lal, International Organization for Migration; Olivier Babwetega; Lillian Bunyassi; Marwan Naoum; Naing Myint, IOM

Background and Rationale

The International Organization for Migration (IOM) has a resettlement program for refugees in Tanzania, primarily from DRC, referred to IOM for resettlement, about 6317 referrals in 2018. IOM conducts Health Assessment(HA) on all the applicants referred according to the technical instructions of the receiving country. As the beneficiaries are vulnerable population, Mental Health(MH) assessment is a very important component.

Methodology

MH targeted assessments are conducted during initial HA. Refugees suspected to have MH conditions are assessed by MH specialist and then reviewed by Regional MH specialist. Regular follow up and medicine compliance is monitored by IOM MHD team and documented. Predeparture assessment is done to ensure safe travel.

Results/Impacts/Outcomes

From January 2016 to October 2018, the Migration Health Division (MHD) of the IOM in Kigoma conducted health assessments for a total number of 18,172 refugees. Of these 253 refugees (1.4%) were diagnosed with mental health conditions. 66 beneficiaries with MH condition resettled in 2017 and 2018.

Conclusion/Keywords

IOM Kigoma has been able to manage Mental Health conditions well with proper consultations, follow ups and documentations and the workflow algorithm has been adopted by other IOM missions in the region. Specialist consultations, relapses of symptoms, appropriate medicines and knowledge and awareness about mental health conditions were the major challenges faced by the team. Getting Mental health specialist on need basis, follow up in the camps, provision of mental health medicines by IOM and external and internal trainings on the Mental Health were key to overcoming these challenges.

Mental Health, Kigoma, IOM

O52 Submission No. 617387

Serving Bhutanese-Nepali Patients in an Urban Family Medicine Residency Clinic

Jamie Robinson, Andrew Davis, Laurie Greco, Travis Westbrook, Steven Schiele

Background and Rationale

Columbus, Ohio, is home to at least 15,000-20,000 Bhutanese-Nepali refugees, many of whom were the victims of persecution and ethnic cleansing in Bhutan. This population suffers from not only high rates of mental health disorders, but also complicated medical conditions and somatic complaints. Within Ohio State's large academic medical system, our family medicine resident clinic had the highest population of this

ethnic group. To address barriers and increase access to care, a specialty primary care clinic was established.

Methodology

The clinic offers longer appointment times (60 min) and a team approach to care, including joint visits with a family physician (licensed MD or resident) and behavioral health provider (licensed psychologist or psychology trainee). In addition, a live interpreter is available onsite most weeks to assist with the more complex cases. Consultation services are also available from onsite pharmacist, dietitian, and community resource specialist. The clinic also offers training opportunities to family medicine residents, psychology trainees, and advanced-level students from nursing, pharmacy, nutrition, and medicine.

Results/Impacts/Outcomes

Patients can schedule frequent follow up appointments which increases access to mental health and primary care. Learners get experience formulating a team based care plans that addresses socioeconomic factors and personal circumstances for each patient.

Conclusion/Keywords

In this presentation, we will share a model of team-based care and inter-professional training that seeks to improve primary health care for this population.

Clinical education, multidisciplinary, Bhutanese/Nepali

053 Submission No. 617393

Conducting research in post-conflict settings: Lessons from Northern Sri Lanka

Fiona C. Thomas; Malasha D'souza; Olivia Magwood; Sivalingam Kirupakaran; Kelly McShane

Background and Rationale

Conducting research in post-conflict settings can present challenges for internationally-based researchers. Drawing from the experiences of conducting a doctoral research project in Northern Sri Lanka, this presentation focuses on the process of establishing international collaborations with academic institutions, government agencies, and local partners as an early-career researcher, obtaining research ethics board approvals from locally-based academic institutions, considerations with regards to data sharing across borders, and lessons learned in providing data collection training to researchers based in Sri Lanka.

Methodology

Following two separate multi-day training sessions for research assistants, translation of measures, and approvals from academic institutions, government and other key stakeholders, data collection was completed with forty-two participants in early 2018. Participants were recruited from primary healthcare clinics in Northern Sri Lanka. Reflective journaling, iterative note-taking, and supervision at multiple levels facilitated the incorporation of critical self-reflection and created transparency throughout the research process.

Results/Impacts/Outcomes

Lessons learned from the data collection process include the need for extensive relationship-building time, integrating psychosocial supports

for locally-based research staff who may experience vicarious trauma during data collection, buffering additional time for translations and conducting pilot interviews, advocating for modification of grant timelines when these do not line up with project goals, and keeping a lens towards sustainability of interventions early in project design and implementation.

Conclusion/Keywords

By understanding the challenges that can emerge in conducting research in post-conflict settings, future research and funding proposals can be adapted to account for such factors.

Sri Lanka, Post-conflict research, Critical self-reflection

054 Submission No. 617499

The U.S. Refugee Health Promotion Program: A National Overview

Allison Pauly, Curi Kim

Background and Rationale

Background: The Office of Refugee Resettlement (ORR) administers the Refugee Health Promotion (RHP) program, a \$4.6 million discretionary grant currently awarded to 41 agencies responsible for oversight of refugee health activities in their states. The goal of the program is to increase health literacy and improve healthcare access for refugees and other eligible populations. Areas of focus include medical case management, interpretation/translation, health orientation, community health worker programs, service provider training, and adjustment/support groups held outside of a clinical setting. In fiscal year (FY) 2018, ORR required grantees to submit data indicators to report on program outputs for the first time.

Methodology

Methods: Grantees entered data indicators in a fillable PDF form submitted via GrantSolutions. The indicators were then inputted into the Tableau Data Visualization Software to provide summary statistics. Eight main data points were analyzed, some of which have sub-points.

Results/Impacts/Outcomes

Results: A total of 18,426 clients were served in FY2018, including 10,534 refugees, 981 asylees, and 3,898 Afghan and Iraqi Special Immigrant Visa holders. Additionally, the RHP data indicators enumerate clients' countries of origin, and the type and quantity of services provided by state.

Conclusion/Keywords

Conclusion: For the first time, ORR can clearly quantify the services provided to promote refugee health across the country. The RHP program has reached thousands of refugees; however, improvement in health status or reductions in unnecessary healthcare costs could not be measured. Given the range of allowable activities, the data indicators concentrated on specifying outputs; further study is needed to determine program outcomes.

Refugee Health Promotion, Increase Health Literacy

Beyond the clinic: The evolution of refugee health education towards holistic care, community engagement and interaction within MUN MED Gateway

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Background and Rationale

The MUN MED Gateway program was created in 2005 to increase access to healthcare for refugees arriving in St. John's, while providing medical students the opportunity to engage in a service-learning program. Reflecting the dynamic climate of global migration, the Gateway program has embraced the evolution of refugee health education towards community engagement and interaction as the landscape of arrivals changes. Emphasis has shifted towards a model of care that reflects these changes by promoting program initiatives outside of the clinic, with the goal of engaging students in aspects of care that views patients holistically.

Methodology

We examined the trend between 2012–2017 in the programs offered through Gateway: the number of volunteers, clinic sessions, demographics of refugees served in the clinic, and community partnerships. The data was summarized from annual reports and aggregate data from concurrent research projects.

Results/Impacts/Outcomes

There has been a shift towards creating and maintaining programs outside the clinic, giving students the opportunity to engage with patients longitudinally in a cross cultural experience. This elicits appreciation of the strength, resilience and diverse cultural heritage that refugees are bringing to St. John's.

Conclusion/Keywords

The current evolution of Gateway parallels the development of modern medical education, which encourages a holistic understanding of patients. The Gateway Program demonstrates that placing more emphasis on initiatives beyond the clinic provides an opportunity for ongoing engagement and connection. This program supports both refugees' integration into Canadian life, and medical students' understanding of this patient group beyond their health histories.

refugee health, service-learning, medical education

Early Primary Care Navigation of Population-based Cohorts of Resettled Refugees in Ontario: Findings from the Syrian Commitment

Astrid Guttman, Jennifer Rayner, Therese Stukel, Jodi Gatley, Hong Lu, Richard Glazier

Background and Rationale

Canada has a first-in-kind program enabling private citizens to sponsor refugees with responsibility for early financial assistance and other settlement needs. The recent commitment to resettle a large number of Syrians capitalized heavily on private sponsors including a new model of blended support (BVOR). Little is known about well private sponsors facilitate healthcare navigation.

To explore positive primary care (PC) use [early PC visit and use of community health centres (CHCs)] in the first year in Canada in privately-sponsored (PSRs) and government-assisted refugees (GARs).

Methodology

Population-based retrospective cohort study of resettled refugees landed in Ontario April 1, 2008–March 31, 2017, with one year follow-up, using linked health and demographic administrative databases. We tested associations of settlement model and Syrian era (November 2015–March 2017) using cox proportional hazards and logistic regression models adjusting for demographic characteristics.

Results/Impacts/Outcomes

34,591 refugees landed during the 'pre-Syrian' and 25,321 during 'Syrian' era. GARs had the highest and earliest PC and CHC use. However, Syrian-era PSRs and especially BVORs were more likely to have early PC visits (PSR adjusted hazard ratios 1.18 [95% CI 1.15,1.22] and BVOR 1.84 [1.75,1.93]) and CHC use [PSR adjusted odds ratio 1.71 (95% CI 1.44,2.04) and BVOR 11.7 (95% CI 9.9,13.7)] compared with pre-Syrian PSRs.

Conclusion/Keywords

While GARs have a more favorable profile of primary healthcare use than PSRs, outcomes of Syrian PSRs, especially BVORs, suggest that factors such as health system readiness, use of professional re-settlement services, and sponsors unrelated to refugees (as is the case with BVORs) contribute to better outcomes.

Resettled refugees, Primary Healthcare, Syrian commitment

Promoting refugee infant development through examining risk and resilience models

Anne Brassell; Jordan Weith, Kent State University; Darcey Thornton; Mitul Dadhania; Karen Fondacaro

Background and Rationale

Parental psychosocial functioning can profoundly impact a child's social/emotional and cognitive development. Maternal exposure to war and political conflict has been documented to negatively impact up to three generations in the primary survivor's lineage. Little is known regarding how transgenerational trauma affects those in infancy and

how parental resiliency may mitigate these outcomes. The present study seeks to address the limitations of past work by examining risk/resiliency models in refugee mother/infant dyads and will delineate how we can better serve these young secondary survivors in mental health services and through anticipatory guidance in primary care.

Methodology

61 refugee mother/infant dyads participated in the study. Measures included assessment of maternal trauma symptomatology, psychological flexibility, observational coding of atypical parenting behaviors, and standardized assessment of infant cognitive and social/emotional development. Four moderated-mediation models were conducted to examine (1) the mediating role of atypical parenting behavior in the relation between maternal trauma symptomatology and infant development, (2) the mediating role of parenting behavior in the relation between maternal psychological flexibility in predicting infant development. Analyses were conducted separately for infant cognitive and social/emotional development.

Results/Impacts/Outcomes

Findings supported the hypothesized model of resiliency for infant cognitive development though unexpectedly atypical parenting behavior was associated with increased cognitive development. Findings did not provide support for the hypothesized model of transgenerational trauma. Post-hoc analyses indicated that greater maternal trauma symptomatology is related to increased negative/intrusive parenting behavior.

Conclusion/Keywords

Implications for study findings will be reviewed for mental health interventions as well as anticipatory guidance.

Infant Development, Pediatrics, Mental Health

058 Submission No. 617718

Depression among Syrian Refugees: Findings from a Canadian Longitudinal Study

Farah Ahmad; Nasih Othman, York University; Michaela Hynie; Ahmed Bayoumi

Background and Rationale

In response to the Syrian crisis, Canada resettled over 40,000 refugees during the past few years. The current study aims to investigate the longitudinal changes in depression symptomatology among Syrian refugees and predictors of change.

Methodology

Data comes from the Syrian Refugee Integration and Long-Term Health Outcomes in Canada study (SyRIA.lth). Participants were 1924 adult Syrian refugees who arrived between 2015-17 and completed baseline and follow-up measurement one year later. Depression was measured using PHQ9. Descriptive and bivariate analyses are presented here; multivariate analysis using generalized linear models (GLM) is in progress.

Results/Impacts/Outcomes

There were 984 females (51.2%) and 937 males (48.8%) who initially settled in Ontario (50.8%), Quebec (38.3% and British Columbia

(10.9%). They were mainly privately sponsored (50.9%) or government-assisted (44.8%). Mean PHQ9 score at baseline was significantly higher in females than males (5.7 vs. 4.29, $p < 0.001$). The mean PHQ9 score at year 2 was also significantly higher in females than males (6.04 vs. 4.78, $p < 0.001$). Increase in PHQ9 at year 2 was statistically significant in both males and females. At baseline, 15.2% (Male 11.6%; Female 18.5%) and at year 2, 18% (Male 14.7%; Female 20.9%) of refugees reported moderate to severe depression. GLM results will be presented in the conference

Conclusion/Keywords

Depression rates and scores are significantly higher among female refugees, and there is a significant increase of scores over time in both males and females. Further analysis would enhance understanding of predictors of change, informing policy and practice.

Syrian refugees, Depression, Canada, Longitudinal study

059 Submission No. 617835

Beyond Positive Intentions: Providing equitable services for Newcomer LGBTQ+ refugee women

Serena Nudel, Ranjith Kulatilake

Background and Rationale

Canadian evidence on health of LGBTQ+ immigrants and refugees is thin. Literature on LGBTQ+ immigrant and refugee women is even more limited. This presentation will share evidence from a community based research project on determinants of health for newcomer LGBTQ+ women in Toronto, with focus on those who came as refugees.

Methodology

We conducted focus groups and interviews with newcomer LGBTQ+ women; one focus group was with Trans and gender non-conforming participants. We also conducted 16 key informant interviews with service providers who work closely with LGBTQ+ and/or newcomers communities.

Results/Impacts/Outcomes

Lack of safe/affordable housing, employment/economic insecurity and social isolation were found to be the most pressing determinants facing newcomer LGBTQ+ women. Many LGBTQ+ women who came as refugees discussed experiences of gender based violence, and negative experiences in the shelter system and refugee claim process. These stressors result in damaging impacts on health, particularly mental health. While valuing Canada for its LGBTQ+ friendly environment, participants highlighted that many LGBTQ+ focused (positive) spaces and services were not newcomer-friendly or culturally sensitive; they also mentioned that most LGBTQ+ services (for example, sexual health services) were male centered or had cis bias. Discriminatory and insensitive experiences while accessing services compounded negative health impacts.

Conclusion/Keywords

Promoting wellbeing of LGBTQ+ newcomer women requires proactive operationalization of equity framework in organizational policies, culture and services. Immigrant/refugee focused programs need to be made more LGBTQ+ friendly. Similarly, we need to deepen

equity framework in LGBTQ+ programs by making them more immigrant/refugee friendly, and by removing male and cis bias.

LGBTQ+ newcomer women, equity, discrimination

O60 Submission No. 617868

Access to mental health care for resettled refugees in the United States: Perspectives of frontline refugee resettlement professionals

Justine Lewis, Binghamton University
Elizabeth Mellin

Background and Rationale

The United States (U.S.) has resettled nearly 3 million refugees over the past 40 years and, with additional refugees arriving every year, one critical area of research is access to mental health care. Previous research indicates high levels of emotional distress, linked to a variety of pre- and post-resettlement factors. Although research has explored access to mental health care access with refugees, the experiences of resettlement professionals, who are often the brokers of such services, have largely been excluded. The study examines refugee access to mental health care from the perspective of resettlement professionals.

Methodology

Individual interviews were completed with frontline refugee resettlement professionals. Professionals were asked about their perspectives on refugee clients' barriers and facilitators to mental health access, as well as policy recommendations. Interviews were transcribed and analyzed in NVivo 12 for Mac.

Results/Impacts/Outcomes

Three primary categories related to refugee access to mental health care emerged from the interviews: (1) the value of community-based programming; (2) training needs of frontline refugee resettlement professionals; and (3) institutional resource gaps.

Conclusion/Keywords

This study identified factors for refugee access to mental health care. Community-based programming as well as training and resource needs emerged as important factors for increasing access to mental health care for refugees. Implications for policy and practice are offered.

Refugee resettlement, integration, training, resources

O61 Submission No. 617877

Social Capital: Supportive of Bhutanese Refugees' Integration in the U.S.

Justine Lewis, Binghamton University

Background and Rationale

Bhutanese refugees experience integration stress in the United States stemming from barriers including language, culture, and education. Social capital, or the resources available through relational networks, has been linked to successful integration. Although studies have explored the integration of Bhutanese refugees', no research has

quantitatively examined the relationship between social capital and resettlement among this population.

Methodology

Bonding, bridging, and linking social capital were hypothesized to be associated with higher rates of integration. A survey was administered to refugees during the required 90-day resettlement agency caseworkers' check-in. Only Bhutanese refugee responses were examined in this study, with a total n of 244. A cross-sectional, multivariate linear regression analysis was performed in Stata/IC 15.1.

Results/Impacts/Outcomes

Over half of respondents were under the age of 34 (n = 131, % = 53.69). Reported gender was evenly split (n = 122, % = 50.00). The majority were married at the time of survey administration (n = 191, % = 78.28). Findings suggest that social capital is positively associated to successful integration.

Conclusion/Keywords

This study's exploration of social capital can help support Bhutanese refugees' successful integration, with implications for other refugee communities. Findings suggest that refugee resettlement agencies at the community level should place emphasis on ensuring social capital resources (bonding, bridging, and linking) are available to refugees, and encourage culturally-appropriate ways in building these relationships.

Bhutanese refugees, integration, social capital

O62 Submission No. 618009

Lessons learned from the formation of the Refugee and Immigrant Health and Wellness Alliance of Atlanta (RIHWA)

Parminder Suchdev, Britton Tuck, Barbara Lopes-Cardozo, Suzanne Mason, Lucy Whitehead, Manal Sidi, Suzanne Williams, Alison Spitz, Heval Kelli, Mary Helen O'Connor

Background and Rationale

While Georgia is home to one of the nation's largest populations of refugees, significant gaps exist in access to healthcare and social services. In 2018, the Emory Global Health Institute (EGHI) founded the Refugee and Immigrant Health and Wellness Alliance (RIHWA) to support partner organizations in developing a comprehensive, integrated, and multidisciplinary approach to promote health and wellness in Atlanta's refugee and immigrant communities.

Methodology

Resources from a planning grant and EGHI supported coalition building, coordination, and a multi-faceted community needs assessment that included a "listening tour" with 61 refugee health experts, a partner engagement meeting, and structured interviews with leaders of 29 local organizations. A conference called the "Clarkston Summit" was hosted by EGHI and Georgia State University to officially launch RIHWA and seek input from organizations and community members through facilitated breakout sessions on business, education, healthcare, legal issues, mental health and women's health.

Results/Impacts/Outcomes

Over 250 participants attended the Clarkston Summit, and a RIHWA listserv was established with 430 initial members. Key founding partners include universities, government agencies, healthcare providers, resettlement agencies, nonprofits and faith-based organizations, and local businesses. Results from the community assessment highlight four primary areas of focus for RIHWA, including patient navigation, mental health, health insurance, and interpretation services.

Conclusion/Keywords

The ultimate goal of RIHWA is to translate lessons learned into action to improve health and wellness of Georgia's refugee and immigrant communities. Ongoing efforts include resource-sharing and seeking sustainable funding to improve services.

coalition-building, multidisciplinary, health

O63 Submission No. 618025

Coming to the U.S. is a “Different Hard Time”: Promoting Mental Health Awareness with Resettled Refugees

Margaret Costantino, Kinsey Dittmar, Andrew Jeffery, Khusboo Pal, Rebekah Salt

Background and Rationale

From pre-migration trauma to post-migration stressors, refugees face challenges that may influence mental health. The purpose of this pilot project was to identify Burmese refugees in need of mental health services, initiate dialogue about mental health in the United States, and create strategies to incorporate mental health services at the San Antonio Refugee Health Clinic (SARHC).

Methodology

This mixed methods project was divided into three sections: 1) Screening, using the Refugee Health Screener (RHS-15), 2) Intervention, using Pathways to Wellness (PW), a program designed for group discussion about resettlement and mental health awareness, and 3) Evaluation. Those who scored above threshold on the RHS-15 were invited to attend PW classes which were moderated by experienced facilitators and UT Health students.

Results/Impacts/Outcomes

Of the 27 patients screened, 63% scored above threshold for psychological distress. Pre and post survey analysis was difficult due to the small sample size; however, the results showed improvement in knowledge and discussion of mental health. In the PW sessions attendance varied, and previously identified resettlement challenges emerged. A surprising result during PW discussions was interpreter stress, which raised concern about the demands placed on these individuals.

Conclusion/Keywords

Integrating mental health screenings and interventions for refugees who access the SARHC is an important first step. It is crucial to remember that interpreters may require additional support if they are also navigating resettlement. The results of this project contributed to the formulation of a protocol that will be ongoing at the SARHC to incorporate mental health services and community referrals for refugees.

Burmese refugees, mental health, interpreters

O64 Submission No. 618113

Healthcare Providers' Experiences During a Syrian Refugee Influx Among a Dedicated Refugee Clinic and Partner Community Clinics in Calgary, Canada

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Mosaic Refugee Health Clinic
Stephanie Montesanti, University of Alberta
Ibrahim AlMasri, Cumming School of Medicine | University of Calgary
Kayla Atchison, Cumming School of Medicine | University of Calgary
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Background and Rationale

Canada rapidly resettled 40,081 Syrian refugees between November, 2015 and January 31, 2017 through the “Syrian Refugee Initiative.” This influx increased demands on local health systems and required a coordinated response between primary healthcare services. We explored physicians' and allied health providers' care perceptions during the refugee influx, among a dedicated refugee clinic and partner community clinics in Calgary, Canada.

Methodology

We conducted an exploratory descriptive qualitative analysis among health providers at one refugee-specific and three community primary care clinics that received refugee patients between 2015 and 2017. We conducted 10 focus groups discussions, (5 physician and 5 multidisciplinary team) to explore: 1) barriers and facilitators to delivering care; 2) care delivery adaptations; 3) stress and; 4) opportunities for improvement in care.

Results/Impacts/Outcomes

All providers reported managing high patient volumes, high patient health needs and expectations, and logistical constraint as care-barriers. Providers in community primary care clinics also reported lack of patient navigators, cultural differences, clinical inexperience, and language as care-barriers. All participants believed partnerships, collaborations, teamwork, and clear communication lines among resettlement and clinical services greatly facilitated care. Community clinics reported more clinic and practice adaptations than the dedicated refugee clinic. All participants suggested planned and gradual refugee intakes would improve future healthcare system refugee-responses

Conclusion/Keywords

Resettled refugees require complex primary healthcare. Our findings suggest a dedicated refugee clinic reduces care barriers for providers. Further, collaborative partnerships, communication and information sharing among a specialized refugee clinic, partner community clinics, and resettlement services facilitate refugee primary healthcare delivery

Syrian refugees, primary healthcare, care providers

Healthcare for Refugees: Reflections on Advocacy Efforts in Alberta

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Tehseen Ladha
Kathryn Friesen
Yvonne Chiu

Background and Rationale

As a response to the influx of Syrian refugees in Edmonton, Alberta, an interdisciplinary team of healthcare providers, academics, settlement workers and community partners came together to collectively advocate for equitable access to high quality healthcare for refugees. Early advocacy efforts led to the formation of the Alberta Refugee Health Coalition in 2016. The Coalition works in close collaboration with the Coalition of Social Inclusion in Edmonton. After the forced closure of the New Canadians Clinic, which was operated by Catholic Social Services, Edmonton became the only major city in Canada without a dedicated health centre for refugees.

Methodology

The Coalition follows a collective impact model which was strategically developed to sustain and advance our advocacy efforts.

In this presentation we will reflect on and analyze the development and progress of the coalition. We will make visible the tensions and possibilities of our work within the political, social, and institutional context of Alberta, and Edmonton specifically.

Results/Impacts/Outcomes

Through negotiations with the health authority and the Ministry of Health, it became clear that the experiences and needs of refugee populations were poorly understood and that the complexities of care were minimized. Instead, the primary efforts focused on streamlining access to care with detrimental consequences.

Conclusion/Keywords

Through reflecting on our learnings about health and social policies, we have explored the link between policy and practice change, the tensions between specialized and integrated care, as well as the impact of political circumstances on the delivery of care.

Advocacy, health policy, refugee healthcare, equity

Clinic Utilization at a Specialized Refugee Health Clinic in Calgary, Canada: before, during and after the Syrian Refugee Initiative

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Gabriel Fabreau, Cumming School of Medicine | University of Calgary | Mosaic Refugee Health Clinic

Background and Rationale

In addition to other refugees, Canada rapidly resettled 40,081 Syrian refugees between November, 2015 and January 31, 2017 through the “Syrian Refugee Initiative”, increasing demands on refugee health clinics like the Mosaic Refugee Health Clinic (MRHC) in Calgary. The MRHC increased its clinical capacity; however, the association of clinic utilization and the Syrian Refugee Initiative has not been quantified.

Methodology

We performed a retrospective cohort study among refugees and asylum claimants cared for at the MRHC, between 2012 and 2017 to investigate the average clinic appointments and appointment rate changes per-month respectively before, during, and after the Syrian Refugee Initiative. We used segmented linear regression to estimate the association of changes in clinic utilization (average total appointments/month and appointment rate changes/month) accounting for time, in three periods: January 2012 – October 2015; November 2015 – January 2017 and; February – December 2017.

Results/Impacts/Outcomes

We included 7179 unique patients that attended 60,785 appointments during the study period. The median age was 25.6 years [IRQ; 9.3-30.1years] at intake and 48% were female. The average monthly appointments were 605, 1214 and 1342 before, during and after the Syrian Initiative respectively. Linear segmented regression analysis revealed, the average appointments/month (+380.9; $p < 0.01$), and slope (+15.6 appointments/month; $p = 0.03$) increased significantly during the Syrian Initiative; whereas, compared to the Syrian Initiative, the average appointments/month increased by 260.6 ($p < 0.01$), but the slope was unchanged after the Syrian Initiative.

Conclusion/Keywords

Compared to prior, monthly clinic appointments increased significantly during and after the Syrian Refugee Initiative, likely resulting in important increased clinical demands within a specialized refugee health clinic.

Clinic Utilization, Syrian

Knowledge translation and better healthcare for migrants in Canada: What is the responsibility of health funders and researchers?

Lisa Merry, Sandra Pelaez

Background and Rationale

There continues to be a lack of equity-oriented care, including equitable access to health and social services and delivery of personalized care, for asylum seekers, refugees and immigrants in Canada. One of the contributing factors is inadequate knowledge translation. We argue that health funders and researchers, especially in the current political context of austerity and anti-migrant rhetoric, have a responsibility to do more to generate relevant knowledge and to implement best practices towards improving healthcare for migrants in Canada.

Methodology

Arguments presented were formulated based on the authors' personal experiences and in drawing from the literature on knowledge translation and migrant health.

Results/Impacts/Outcomes

To address the issue of inadequate knowledge translation regarding healthcare for migrants in Canada, the following is needed: For funders: 1- more funding calls specific to migrant health that include sufficient budgets for dissemination in multiple languages and across the different stakeholders, including migrants, and also for transfer and application of findings into practice, 2-mechanisms to ensure the inclusion of diverse populations (e.g., languages, migration statuses) in non-migrant specific funding calls, and 3- strategies to promote and facilitate patient-oriented research with migrants; and for researchers: 1-greater use of participatory approaches that includes migrants, especially those most isolated and living in vulnerable conditions, and 2- more implementation studies, including barriers and facilitators to implementation, towards improving the transfer of evidence into real-world practice across a variety of settings.

Conclusion/Keywords

More concerted efforts are needed on the part of health funders and researchers to improve knowledge translation of migrant health research in Canada.

Knowledge-translation, Best-practices, Patient-oriented research, Implementation-science, Participatory-methods

068 Submission No. 618333

Upstream Prevention: Grappling with Hypertension in a Kenyan Refugee Camp

Naima Osman

Background and Rationale

Most Somali refugees spend an average of 10 years living in a refugee camp before being resettled to countries like Canada. Once resettled, many seek medical assistance for chronic illnesses that were poorly managed prior to their arrival. To better understand this phenomena, this research project traced the passage taken by some of these refugees back to the Kakuma refugee camp in Kenya.

The research questions:

1. How are refugees' cultural explanatory models of hypertension influenced by their long term displacement in refugee camps in Kenya?
2. What are the healthcare options available to refugees living with hypertension in the Kakuma refugee camp? How is refugee agency reflected in the process of them navigating different healthcare options?

Methodology

The study employed medical anthropology theories and methods. The study was designed in 2 stages. Stage 1 - Key informant interviews with former refugees that lived in Kenyan refugee camps and were resettled to Canada. Stage 2 - 4 month ethnographic study living in the Kakuma refugee camp in Kenya. Participant observation and interviews were used to collect data. NVivo software system used for analysis.

Results/Impacts/Outcomes

Hypertension is very prevalent in the camp.

Most refugee participants linked their illness to their long-term displacement and state of 'limbo' in the camps.

Formal resources are very limited in the health sector in the camp but there is an extensive network of refugee operated 'informal private clinics'.

Conclusion/Keywords

There is a significant link between chronic illnesses and chronic refugee situations.

Ethnography, Hypertension, Protracted Refugee Camp

069 Submission No. 618369

Cultural Consultation: A Model for Working with Refugee Trauma

Ayse Ceren Kaypak

Background and Rationale

Cultural consultation offers comprehensive evaluation of the contextual factors of refugees with mental health problems. It addresses diagnostic dilemmas and explores culturally appropriate sources of healing. The Cultural Consultation Service (CCS) provides an evaluative team with a cultural psychiatrist, linguistic interpreter, and cultural broker or mediator. With the patient's consent, the CCS works with family, professionals and resource people from the patient's community, including religious leaders, according to need. The CCS uses culturally oriented interviewing by following the framework of the DSM-5 Outline for Cultural Formulation, and makes recommendations to the referring mental health team. In the case of refugees, cultural consultation often reveals complex traumatic events such as torture, sexual or physical assault, and gender-based violence.

Methodology

Drawing from 20 years of experience, this presentation outlines principles of cultural consultation and illustrates relevant themes with a case report of a young refugee who was a victim of incest. The presentation also summarizes and reviews the cultural formulation of the case.

Results/Impacts/Outcomes

Psychiatric evaluation augmented by cultural consultation systematically addresses the social and cultural factors affecting the mental health of refugees, recommends specific treatment options, and in many cases, supports their refugee claims by explaining their social predicaments to lawyers and the Immigration and Refugee Board of Canada.

Conclusion/Keywords

Cultural consultation improves upon standard mental health evaluation by making cultural factors explicit in the assessment process, including family and community members, and making linguistic interpreters and cultural brokers a routine part of the evaluation.

refugees, cultural consultation, PTSD, cultural formulation

Including participants: Examining the implementation of Community-Based Participatory Research (CBPR) to empower the Somali community in Arizona

Cynthia Mackey, Southwest Interdisciplinary Research Center at ASU

Background and Rationale

CBPR is a proven research methodology to building trust and sustainable relationships in underserved, underrepresented, and misunderstood communities. The involvement of Somali community members as researchers builds bridges between academia and the community and, more importantly, facilitates meaningful discussions about female genital cutting (FGC), an otherwise taboo subject to discuss with outsiders.

Methodology

We intentionally sought and included the expertise of the Somali community throughout the life of our research project including writing the grant; developing our survey instruments, ensuring appropriate language and respect of culture in relation to practices and beliefs; training, recruitment, and administration of our survey; facilitation of our community forums; involvement in our provider trainings; and, inclusion in respectful dissemination of our data back to the Somali community and community partners.

Results/Impacts/Outcomes

CBPR efforts led to partnerships with 12 community stakeholders; 879 pre-survey participants; over 200 post-survey participants (to date); input from 181 Somali community forum participants in addition to 33 community representatives who supported the planning process; and, partnerships with over 60 trusted community liaisons which aided in continuous communication between the research team and Somali community. Despite literacy challenges and the anti-immigrant, anti-refugee, anti-Muslim rhetoric of the current administration generating intense fear of deportation, criminalization, and separation of families, our respectful CBPR approach produced mutual trust.

Conclusion/Keywords

CBPR significantly contributed to study richness. Our approach may encourage others to integrate CBPR strategies to engage similar hard to reach populations to improve their overall health and wellbeing.

CBPR, research, community engagement

The Women Wellness Program- A Culturally Customizable Program for Newcomer Women

Noheir Elgendy, Alia AlQazzaz

Background and Rationale

The Syrian refugee surge of 2016 to Canada created complications for both the government agencies and the refugees themselves; hence, we developed the Women's Wellness Program (WWP) to ease the load off the service-providing agencies and to provide the refugees with a

culturally sensitive trauma informed educational and awareness program.

Methodology

WWP uses a new technology based-model to deliver tailored e-learning videos, coupled with in-person workshops. This pairing introduces the concept of a hybrid model of e-learning and in-person guidance. E-learning helps to streamline the content provided and the in-person workshops add the human touch needed to accommodate vulnerable populations. The videos are presented in small workshop settings, run by trained facilitators, and discuss topics, like mental health, healthy lifestyle, and therapeutic recreation. The topics discussed in the videos are adjustable depending on the audience. Also, the women are given post-session resources kit and access to online support networks to further equip them with preliminary support to face their trauma and settle in their new home.

Results/Impacts/Outcomes

The blended model allowed the creation of a more tailored content to each group, which was evident in the program results, in terms of participation and discussions. WWP was successfully held in five cities, Scarborough, Mississauga, Hamilton, Guelph and Toronto, receiving positive feedback from hosting organizations and participants.

Conclusion/Keywords

Our experience with WWP did not only yield positive outcomes with the Syrian community, but it also allowed us to develop a more scalable and culturally customizable program in order to help more people.

Newcomer women, Mental Health, Cultural Sensitivity

Severity of psychological distress and suicidal ideation among asylum seekers

Anna Leiler, 202100-4524; Anna Bjärtå; Elisabet Wasteson

Background and Rationale

The high levels of psychological distress found among refugees calls for routine mental health screening at arrival to a new country. Some reports point to an increased risk of suicidality among refugees. The Refugee Health Screener (RHS) is a brief screener for depression, anxiety and PTSD. It can be used to assess severity of psychological distress, which can aid clinical decision making when resources are scarce. This study aims to assess the association between severity of psychological distress and suicidal ideation.

Methodology

Assessing symptom severity and suicidal ideation among refugees was part of the AMIR project (Assessment of Mental Health and early Intervention for Refugees). 510 adult refugees seeking asylum in Sweden answered a survey on psychological distress (measured by the RHS-13) and suicidal ideation (measured by item 9 on the PHQ-9). Results were analyzed using logistic regression.

Results/Impacts/Outcomes

173 individuals or 33.9 % of the total sample showed suicidal ideation. The risk of suicidal ideation was clearly elevated among individuals with

moderate (OR of 3.12, $p < .001$, 95 % CI 1.67, 5.83,) and severe psychological distress (OR 8.09, $p < .001$, 95 % CI 4.94, 13.25).

Conclusion/Keywords

Individuals suffering from moderate and severe psychological distress are likelier to show suicidal ideation than individuals at the lower levels. At mental health screening, these findings call for an increased awareness of the suicide risk among refugees with moderate to severe levels of psychological distress.

Mental health, screening, suicidal ideation

073 Submission No. 624119

Capacity-building in Evidence-based Psychotherapy for Distressed Rohingyas in camps at Cox's Bazar, Bangladesh

Lena Verdelli

Background and Rationale

Since August 2017 an estimated 884,000 Rohingya refugees are being hosted in camps in Cox's Bazar, Bangladesh. Local mental health professionals are not sufficiently trained in evidence-based psychotherapies to appropriately meet refugees' complex psychological needs. In collaboration with the UNHCR, we aim to address this gap by building capacity in Interpersonal Psychotherapy (IPT), an evidence-based therapy recommended by WHO, for severely distressed Rohingyas. This model has been adopted as part Lebanon's National Mental Health Strategy since 2016.

Methodology

Acceptability, feasibility, ecological validity and preliminary effectiveness of IPT in Cox's Bazar will be systematically implemented in four steps. 1) Qualitative assessment of cultural and logistical context of the intervention ; 2) adaptation of the IPT manual, safety planning and other assessment and treatment tools; 3) conducting the training workshop followed by supervision, while evaluating providers' competency in IPT through specified benchmarks; and 4) evaluating patients' response to treatment by tracking symptoms and functioning.

Results/Impacts/Outcomes

Adapting the model used for Lebanon for Bangladesh, we will present results of the first 3 steps of the IPT capacity-building as outlined above. Two master trainers will train 17 trainee-providers to competency. Trainee-providers will provide 90-minute group IPT sessions to a total of 285 patients.

Conclusion/Keywords

Lessons learned from the implementation process and outcomes in Lebanon will inform the pilot implementation of IPT for the treatment of distressed Rohingyas in refugee settlements in Cox's Bazar, Bangladesh. Our implementation process will serve as a prototype for future mental health and psychosocial support intervention programs designed for refugees in low-resource settings.

Rohingya, Interpersonal Psychotherapy, UNHCR, capacity-building

074 Submission No. 578404

The Cultural Aspects of Foraging Behaviors of S.E. Asians and the Associated Risks

Mead Wilkins, Theresa Mata

Background and Rationale

You can take a person from place to place, but you can't take the place from the person. Although many refugees appear to be moving towards integration, they still carry their cultural beliefs and practices with them. They often have not mastered the nuances of their new surroundings and they apply their understanding of their home environment to the current life's situation. This can unwittingly lead to negative health and legal implications.

Methodology

Refugees tend not to heed warnings about the use and application of traditional practices that are potentially detrimental. These practices include foraging for fungi that may be poisonous, gardening in soil that has a high concentration of lead, catching and consuming local fish, and preparing fish in a manner that maximizes the toxins. This workshop will address the cultural basis for these practices, define how and why they may present health risks, suggest alternative practices and share local educational experiences.

Results/Impacts/Outcomes

This workshop is highly interactive with oral, visual and video components. This workshop will explore both the cultural implications as well as discussing health practices that are less detrimental in working with S.E. Asians in a post-migration status. Specific examples of traditional practices that may result in dire health consequences will be discussed as well as suggestions and alternatives to alleviate the risk while remaining culturally sensitive.

Conclusion/Keywords

Culture, Health, Alternative Methods

075 Submission No. 585532

Creating MABHI: A Health Information Resource for the Refugee and Immigrant Community in Kansas City

Julie Robinson

Background and Rationale

Traditionally healthcare information has been distributed to patients on pieces of paper. During a series of meetings with healthcare providers in Kansas City, Refugee & Immigrant Services & Empowerment (RISE), a Kansas City Public Library division, realized low literacy skills were a contributing factor to misunderstandings regarding instructions for care. RISE received funding from the National Library of Medicine to create audio versions of health-related information. The Multilingual Auditory Basic Health Information (MABHI) project collected almost 200 articles about basic healthcare, public health, fitness, hospice and palliative care, and substance abuse. In partnership with local healthcare professionals, RISE identified 50 crucial articles regarding basic healthcare. Topics included basic healthcare, environmental and public Health, fitness, health insurance, hospice and

palliative care, nutrition; and substance abuse. These articles have been translated and recorded in 4 languages (Arabic, Spanish, Somali, and Swahili).

Methodology

Upon completion of this workshop attendees will be able to...

- Encourage alternative ways to disseminate health related information to low level literacy patients
- Develop partnerships between healthcare providers and organizations outside the medical field
- Understand language nuances
- Importance in staying current in health and immigration topics

Results/Impacts/Outcomes

An interactive discussion accompanied with PowerPoint slides and audio presentation of selected recorded articles.

Conclusion/Keywords

Multilingual, Public Library, Partnerships, Public Health

O76 Submission No. 602896

“Casualties of Care”: LGBTQ+ Asylum Seekers in Canada

Khadijah Kanji

Background and Rationale

In January 2017, amid the introduction of the USA’s notorious ‘Muslim ban’, Trudeau famously tweeted: “To those fleeing persecution, terror & war, Canadians will welcome you, regardless of your faith”. In response to the ensuing surge in asylum-seekers, the government was forced to clarify that Canada had not, in fact, expanded its refugee quota. That year, over 20,000 asylum seekers were apprehended at the border.

This contradiction – between public posturing and material action – exemplifies the modus operandi of the Canadian refugee system: that is, rhetorical inclusion alongside substantive exclusion, for the perpetuation of Canadian hegemony. This workshop explores the role that LGBTQ+ asylum seekers are required to play in upholding this dynamic.

Methodology

The intent of this workshop is to uncover ‘regimes of care’ (Ticktin, 2011) as they operate in the refugee system, examining how “care enables a form of “armed love” ... which ends up reproducing inequalities” (Kobelinsky, 2012). It will extend this analysis to reflect on the problematics of ‘care’ in the service context.

Through this, the workshop aims to inspire critical self-reflection for service providers, specifically asking us consider: how may we be unintentionally reproducing the marginalization of our clients? How can an awareness of the forces that bring us into the power-laden relationship of ‘service provider’ versus ‘service user’ give us the tools to better support those whose well-being we are tasked with improving?

References:

Kobelinsky, C. (2012). Casualties of Care: Immigration and the Politics of Humanitarianism in France. by Miriam Ticktin. *American Ethnologist*, 39. Retrieved from https://anthrosource-onlinelibrary-wiley-com.myaccess.library.utoronto.ca/doi/full/10.1111/j.1548-1425.2012.01374_13.x

Ticktin, M. I. (2011). *Casualties of Care Immigration and the Politics of Humanitarianism in France*. Berkeley, California: University of California Press.

Results/Impacts/Outcomes

The content will be presented orally and accompanied by PowerPoint.

Conclusion/Keywords

LGBTQ+ Refugees, Human Rights, Homonationalism

O77 Submission No. 615676

Voices of Women Refugee Claimants Accessing Reproductive Health Care Services in Toronto, Ontario, Canada

Hellen Gateri

Background and Rationale

Women refugee claimants face barriers when accessing reproductive health care services. This qualitative study, informed by antiracist and intersectional theoretical perspectives, explored access barriers to prenatal care, postnatal care, and screening for cervical cancer by women refugee claimants. Interviews were conducted with 16 women refugee claimants from Africa and the Caribbean, and six service providers from community health care centers and settlement services.

Methodology

The purpose of this workshop is to share the voices and experiences of women refugee claimants in accessing reproductive health care services. The key findings of the study will be shared with participants to help them critically understand the barriers faced by this group of women. The study will inform practice, programs and policy development. Recommendations will be highlighted in the workshop.

Results/Impacts/Outcomes

The workshop will be interactive and participatory. Visual, group activities, and PowerPoint slides will be used to understand the issues through intersectional lenses and to encourage participants to engage in group discussion.

Conclusion/Keywords

Women refugee claimants, reproductive health,

O78 Submission No. 615813

Canadian born children whose parents have precarious immigration status: a strategy to guarantee access to health care in Quebec

Chloé Cebron, Marianne Leune-Welt

Background and Rationale

In 2011, Doctors of the World Canada opened a clinic for uninsured migrants in Montreal. Over the years, the team observed more and more Canadian born children who were not able to access the public health system because of their inadmissibility to the provincial public health coverage. The reason: the immigration situation of their parents and their inadmissibility to the coverage. Yet, these children automatically became Canadian citizens following their birth and never left Canada. When born, parents are billed for the birth of the child and the fact that he or she will receive first medical care at birth. If they are hospitalised, fees are charged for every day spent at the hospital and every received care. Later in life, they might face great challenge in receiving care for their child if they become sick or need support for their development.

Methodology

Since 2016, Doctors of the World Canada has been advocating for these children: documenting cases, deploying advocacy campaigns to raise public awareness, building an informal coalition of allies and advocating for political changes as well as building a legal case. During this workshop, Doctors of the World Canada will be presenting the advocacy strategy, objectives and outcomes of political and legal initiatives, as well as the set backs and next steps.

Results/Impacts/Outcomes

This workshop will consist in a presentation, with the support of a power point. Discussion spaces will be planned in order to facilitate exchange between participants.

Conclusion/Keywords

Children, Canadian citizens, Advocacy campaigns

O79 Submission No. 616161

Bringing Mental Health to Refugees in the Afterschool Space: From Chaos to Calm

Lenita Dunlap

Background and Rationale

Heart House students struggle to overcome the traumatic experiences occurred in their home country while simultaneously working through the resettlement process, with the added challenges of poverty and mental health issues.

Heart House is the only organization in Vickery Meadow that serves these children with a holistic educational, mental, and behavioral health model to increase academic performance, improve mental health and establish a pathway to success (in school and in life) for each child. We provide a comprehensive approach with academic, social-emotional, and character development programming specifically focused on refugee children.

The H3 program employs a comprehensive approach to deliver meaningful results. Trauma-informed care, high cultural competency, and social-emotional learning (SEL) is a core part of the strategy to ensure the holistic healing and growth of each individual child. Physical and academic health is developed simultaneously through customized educational and therapeutic experiences for students.

Methodology

Refugee students often struggle to overcome traumatic experiences that occurred in their home country while simultaneously working through the resettlement process, with the added challenges of poverty and mental health issues. The literature exposes the lack of a formal framework to implement mental health support successfully and the role of non-profit organizations in the process. Heart House is a non-profit that provides academic support, counseling and play therapy to refugee children living in the low-income neighborhood of Vickery Meadow in Dallas, TX. This workshop aims to highlight the challenges through the presentation of the Heart House case study, possible ways to deal with the challenges, and to propose recommendations for delivering much needed mental health services in an after school setting.

Results/Impacts/Outcomes

The workshop will provide an overview of Heart House demographics, and description of problem, approach/solution and findings / outcomes. The workshop will be interactive to ensure relevance of content.

Conclusion/Keywords

mental health, youth, trauma-informed, culturally competent

O80 Submission No. 617301

Compassionate Listening: Effective Care for Refugee Clients in Primary Care Settings

Joanne Gardiner

Background and Rationale

Many primary care clinicians feel daunted by the complexity of refugee health care. This workshop aims to introduce those new to refugee health to the fascinating, inspiring and enriching experience of providing primary care to refugee clients, with some key take home concepts to assist clinicians.

Methodology

This workshop will provide some clear and simple guidelines on taking a history from and performing an examination of a refugee client, an approach to screening used in Australia, effective use of professional interpreters, and an approach to common and intersecting physical and psychological issues seen in refugee clients, both in newly arrived and longer term settlement.

The importance of conveying warmth and welcome, avoiding re-traumatizing the client during history-taking, and the vital importance of the therapeutic relationship will be stressed.

Results/Impacts/Outcomes

A power point presentation will be used.

Conclusion/Keywords

primary care; refugee; screening; mental health

How to talk to your informatics team about electronic health record-based tools to promote refugee health screening

Evan Orenstein, Department of Pediatrics, Emory University School of Medicine; Division of Hospital Medicine, Children's Healthcare of Atlanta
 Katherine Yun, MD MHS, Assistant Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine; Attending Pediatrician, Refugee Health Program, Children's Hospital of Philadelphia
 Kavya Sundar, Children's Hospital of Philadelphia
 Michael Westerhaus, HealthPartners Center for International Health
 Blain Mamo
 Jeremy Michel, Department of Pediatrics, University of Pennsylvania Perelman School of Medicine; Department of Biomedical & Health Informatics, Children's Hospital of Philadelphia

Background

A multi-institutional working group convened by the CDC Refugee Health Centers for Excellence program developed a clinical decision support (CDS) system for refugee health screening using the Epic Systems® electronic health record. This CDS aims to improve fidelity to CDC guidelines for refugee health screening, reduce clinician burden, and provide a standard data model for epidemiologists to study refugee health data. A technical guide for implementation has been published on the US government's CDS Connect platform. In this workshop, we will help refugee health providers understand the scope and benefits of the CDS, organizational resource requirements, and steps to implement the CDS locally.

Content

We will divide the workshop into the following sections:

- 1) Understanding Epic® terms: We will introduce the concepts of SmartTexts, SmartPhrases, SmartSets, and SmartData Elements so participants are familiar with the tools used and can communicate effectively with analyst teams.
- 2) Content Review: We will describe the content of documentation templates and order sets to improve adherence to CDC guidelines. This section will focus on the refugee health CDS build guide published on CDS Connect.
- 3) Resource Requirements: We will discuss the expertise and time required to effectively implement the refugee CDS locally. During this section, we will review the implementation readiness checklist and analyst tools published on CDS Connect to reduce organizational resource needs.

Instructional Methods

Section 1 will be primarily lecture-based. Sections 2 and 3 will involve live, guided review of tools published on CDS Connect. We will also use interactive polls to ensure relevance of the demonstrated material.

Keywords

refugees; clinical decision support systems; screening

Setting the Triadic Stage for Success: working effectively with healthcare interpreters to overcome language barriers

Rosanna Balistreri

Background

Language Barrier is a common challenge for many refugees who speak Limited or No English. This presentation addresses the need to protect patient's rights, safety and communicative autonomy when language barriers exist between healthcare or community service providers and patients or community service clients. The workshop is designed for anyone who communicates on a regular basis with refugees with Limited English Proficiency to provide vital services, as well as to policy writers and administrators who support the work of healthcare and community service providers.

This workshop provides a quick review of the main role of healthcare and community interpreters; it also introduce three different modalities for the delivery of interpreting services - face-to-face, video remote and telephonic interpreting- and discusses examples of best practice for each modality. Lastly the workshop introduces essential areas of knowledge and competencies for interpreters, and it presents examples of ethical challenges when provider's expectations and interpreter's role are in conflict.

The workshop will be presented with a combination of lecture points, discussion points and hands on activities that will help attendees practice how to properly work with professional interpreters for most effective communication, and help guide ad hoc interpreters when a professional interpreter may not be available.

Content

By the end of the course, participants will be able to:

- Explain the difference between being bilingual and being a professional healthcare and community interpreter
- Understand Role Boundaries for interpreters, including minimum required training and current accreditations
- Learn strategies to work effectively with interpreters when using different modalities

Instructional Methods

The workshop includes a mix of lecture points, socratic questions and hands-on activities to accommodate different learning styles of attendees. A PPT will be used to provide visual aids and also to highlight key points.

Keywords

Healthcare Interpreting, Effective Communication, Communication Autonomy

Promising Practices of Trauma Treatment for Refugees, Social Work Perspective

Asmaa Cober, MSW, RSW
 Manisha Hladio

Background

Refugees often experience the impact of trauma unconsciously. Bessel van del Kolk notes that the body keeps track of traumatic experiences which can be expressed clinically via somatic symptoms. Antonio Damasio and John E. Sarno also talk about a core experience of ourselves as a somatic experience, and that the function of the brain is to take care of the body.

In addition, cultural differences complicate the expression of previous trauma. Cultural competency training may improve the quality of mental health care for ethnic groups.

Dr. Normal Doidge and Lisa Andermann discuss that understanding brain plasticity and resiliency among refugee populations and their families can help in the healing process and post-traumatic growth processes.

Content

Using my personal experience as a refugee and counselor/social worker of refugee clients at Sanctuary Refugee Health Centre, I have developed a unique approach to trauma and healing. This workshop will explore the following:

1. The variable expression of trauma in refugee patients and determinants of PTSD.
2. Trauma's impact on health and life and how culture plays a role in the presentation of PTSD and the healing process
3. Importance of resilience and its role in post-traumatic growth and healing

My goal is to encourage the audience to look past refugee trauma in order to recognize their immense potential, and to explore promising types of trauma treatment and practice.

Instructional Methods

The following methods will be used:

- interactive power-point presentation
- case study and group discussion
- dialog during questions and answers

Keywords

Trauma, psychosomatic, culture, resiliency and healing

W04 Submission No. 589612

Delivering Refugee Healthcare in a Community Setting

Satoko Kanahara, Community Healthcare Network

Grace Hayner, Community Healthcare Network

Mihoko Tanabe, Philadelphia College of Osteopathic Medicine

Background

Refugees are a vulnerable population that can benefit from comprehensive medical, mental, and social services in a timely manner. In order to adequately meet the needs of refugee patients, clinicians need to be educated about the unique needs of refugee patients and be open and available to provide care locally. This workshop will introduce the participants to key concepts of delivering healthcare to refugees, what resources are available, and ways in which clinicians can assist in meeting the needs of the patients. Case studies will be used to discuss scenarios of refugee families. Participants will be divided into

groups of 5-7 to discuss how they would approach the patient and what services are needed for the patients.

Content

Objectives:

- Identify key aspects of physical, mental health, and social factors that affect healthcare for refugee patients
- Identify ways to screen for and address trauma and refer appropriately to services needed
- Describe the process for clinical organizations to become certified as a facility that conducts refugee health screenings

Key points:

- A primary care community health setting is ideal for providing healthcare to refugee patients.
- A primary care community health setting allows medical personnel to treat patients in the context of their family and community support system.
- A primary care community health setting allows medical personnel to provide holistic care including medical and mental health services on location.

Instructional Methods

We will use roundtable discussions using case scenarios, time for Q&A in between presentations and hands-on experience in making an action plan where each participant can create an advocacy plan for improving access to care for refugee patients.

Keywords

Refugee, primary care, community health, integrated

W05 Submission No. 590008

Mindfulness, Values, and Exposure: An Integrative Approach to Treating PTSD and Depression in Arabic-speaking Refugees

Laurie Greco

Background

Compared to the general population, refugees are at increased risk for mental health problems such as depression, anxiety, and post-traumatic stress disorder (PTSD). This is perhaps unsurprising given that refugees (by definition) were forced to leave their home country to escape persecution, violence, war, and other potentially life-threatening situations. At any point during their migration trajectory, refugees may continue to experience traumatic events, adversity, loss, and other psychosocial difficulties. Moreover, resettlement in a new country often involves additional stressors related to adjustment and acculturation. The intensity and cumulative nature of these stressors may increase risk for psychological problems among refugees. Thus, it is important for mental health professionals to develop and effectively adapt interventions for this at-risk group.

This workshop will describe an integrative approach to treating comorbid PTSD and depression among Arabic-speaking refugees. A framework will be presented for integrating mindfulness and values into exposure-based behavior therapy, with focus on the following: (1) Imaginal and in vivo exposure procedures to reduce anxious avoidance and autonomic reactivity in response to trauma cues; (2) Mindfulness methods to promote present-moment awareness and nonjudgmental

acceptance of internal experiences; and (3) Values methods to help patients clarify and enact their personal values, no matter how they feel at the time.

Content

Purposes of this workshop are to: (1) describe clinically relevant processes involved in most forms of human suffering, and (2) describe an integrated approach that targets these processes using mindfulness, values, and exposure methods to treat co-morbid PTSD and depression in Arabic-speaking refugees.

Instructional Methods

Powerpoint presentation, case examples, metaphors, and clinical demonstration will be used.

Keywords

mindfulness, values, exposure, depression, anxiety, PTSD

W06 Submission No. 590339

Healing Trauma Through The Creation of Safe Spaces

Omar Reda, 1973

Background

Refugees face multiple challenges before, during, and even after their forced migration. Leaving home is not usually a choice or a luxury people afford, but a very difficult decision they make when one's life is at stake, and as such it carries a very heavy emotional, social, financial, and even spiritual burden that can have far-reaching consequences.

It is true that most refugees and asylum-seekers do adjust to their new communities after displacement, but some will have invisible wounds that can cause intrapsychic and interpersonal dysfunction and even lead to trans-generational transmission of the traumatic impact.

Refugees leave behind support systems and generally experience adversity in their new environment, having to adjust to different cultural values and social conventions. Many refugees try their best to quickly become self-reliant, working hard to be proficient in the English language and navigate the employment market.

Unfortunately, many of them lose the American dream while chasing it, since they can end up providing for their families in the material sense but at the expense of their loved ones' emotional needs. This is a common theme that threatens to fragment the family unit with especially adverse effects on the psyche of young refugees.

Content

1. To cover the topic of psycho-social impact of forced displacement
2. To introduce Untangled as a model of psycho-social care for refugees and trauma survivors
3. To emphasize the importance of creating safe spaces as a community therapeutic tool

Instructional Methods

PowerPoint presentation followed by interactive discussion

Keywords

Refugees, Trauma, Psycho-social healing

W07 Submission No. 595030

Roundtable for Clinic Directors on Sharing Successful Funding Strategies

Michael Stephenson

Background

Refugee clinics are chronically underfunded. Across Canada and North America, clinic models are patchwork and often forced to subsist on minimal resources. Some centres have had amazing success while others are forced to reinvent themselves countless times. But in this diversity of service delivery comes strength; let's begin a conversation about how to use proven successes to improve funding for everyone.

Content

This roundtable is for clinic directors, fundraisers, advocates or those with direction-setting roles in their organizations. Let's talk about what funding approaches have worked in your organization and where the tension points are. Please come prepared to share some ideas of how you have gained traction with funders and where you struggle.

Instructional Methods

This session will be completely driven by participation. We aim to begin the conversation of what has worked well in different regions and to share resources about successes. The aim is to continue the conversation well beyond the conference.

Keywords

Funding, advocacy, systemic change

W08 Submission No. 597722

Framing Works! How to Use Evidence-Based Communication Tools to Advocate for Immigrant and Refugee Families

Julie Linton, University of South Carolina School of Medicine - Greenville
Dipesh Navsaria, University of Wisconsin School of Medicine and Public Health

Raul Gutierrez, Department of Pediatrics, Zuckerberg San Francisco General Children's Health Center, University of California, San Francisco

Anisa Ibrahim, University of Washington School of Medicine/Harborview Medical Center

Nusheen Ameenuddin, Division of Community Pediatric and Adolescent Medicine, Mayo Clinic

Maira O'Neil, FrameWorks Institute

Background

Evidence-based communication strategies, stemming from disciplines such as political science, social psychology, and linguistics, can influence social change. There is an urgent need to find the most effective ways of communicating about immigration policy and refugee resettlement, in a manner inclusive of broad swathes of our population and expanding public conversation about the intersection of public policy and health outcomes for people coming to the United States as refugees. Over time, strategic framing can affect attitudes and opinions with a goal of shaping equitable public policy.

Content

Researchers at The Frameworks Institute apply multi-disciplinary principles to investigate effective communication as a tool for science

and social change. Their research covers diverse topics, including early child development, mental health, public funding, and immigration reform, that are relevant to health care professionals and advocates. By incorporating clinical experience and this multidisciplinary research, we proposed communication strategies to enhance the effectiveness of advocacy efforts regarding immigrant and refugee families at local, regional, and national levels. Our objectives are as follows: 1. Recognize basic principles for rhetoric, including characteristics of more effective and less effective rhetoric for advocating for immigrant and refugee families; 2. Identify how health professionals can employ purposeful, evidence-based messaging stimulate conversation and shift thinking about these issues; and 3. Practice evidence-based messaging relevant to clinical work, community engagement, legislative advocacy, earned media, and social media (e.g. role play; sample tweets; short, frame-driven i-phone videos).

Instructional Methods

Facilitated break-out sessions at tables to practice strategies introduced by Dr. O'Neil in a prior conference session

Keywords

Evidence-based communication, advocacy, immigration policy

W09 Submission No. 598725

Improving Health by Engaging Refugees: Creating a Community-based Research Network

Sarah Brewer; Katherine Boyd; Anne Lambert-Kerzner, University of Colorado; I-HEaRD CBRN Board

Background

Refugees face substantial barriers to participation and engagement in health outcomes research. The development of a community-based research network (CBRN) comprised of refugees working in equal partnership with community stakeholders and researchers is a sustainable, collaborative mechanism for building community capacity to overcome barriers to refugee engagement in the research process.

Content

This workshop provides an applicable training for participants about how to develop a CBRN for refugee health. Participants in the workshop will explore the challenges and effective approaches to (1) engaging refugees in CBRN development and (2) community-driven research priority setting for a CBRN. In each of these main areas, we will address challenges and solutions to for effective and equitable engagement of refugees in the early research process from relationship-building through research question development.

Instructional Methods

Presenters will use a combination of didactic instruction, small group discussions, and role modeling to demonstrate how the CBRN was developed and community-engagement techniques. We will present a brief didactic describing the process of developing the

Keywords

community engagement, community-based participatory research

W10 Submission No. 599188

Developing and implementing a Diabetes Care Program for urban and peri-urban Syrian refugees in Lebanon

Ibrahim AlMasri, Cumming School of Medicine | University of Calgary; Nizar Albache; Mohamad Fadi Alhalabi; Hussam AlKabbani; Aula Abbara; Mohamad Meiber

Background

Managing chronic diseases in refugee settings presents challenges including healthcare access and expense of treatment. Due Lebanon's strained health system and the vastly underfunded humanitarian response, non-governmental organizations are key to supporting patients with chronic conditions. This workshop uses the experiences of refugee physicians in Lebanon who led a collaboration between the Syrian American Medical Society, the International Diabetes Federation and Multi Aid Programs to establish a free Diabetes Care Program (DCP) for refugees in Lebanon.

Content

1. Developing and implementing the DCP in a refugee setting in Lebanon where most refugees are urban or peri-urban.
2. Factors which influence successful diabetes care in this setting e.g. coordination, specialists, economy, healthcare access.
3. A refugee physician led collaboration to develop a sustained, multi-disciplinary with innovative solutions to diabetes care in complex, protracted humanitarian crises.

Instructional Methods

Mixed method workshop which will start with a background of the project then, through the stories of 1-2 refugees, illustrate their experience of diabetes as refugees. This part will be interactive/ in small groups and ask the participants to identify key

Keywords

Diabetes, Non-Governmental Organization, Peri-urban.

W11 Submission No. 599648

How to Be an Effective Clinician Advocate: Speaking, Writing and Organizing in Support of Refugees and Asylum Seekers

Katherine McKenzie, Yale Center for Asylum Medicine; Hope Ferdowsian; Faiza Yasin

Background

As healers, leaders and citizens, clinicians are uniquely positioned to advocate for patients, communities, and global citizens. The need for clinician advocacy has become magnified in the current political climate, wherein the interests of refugees are regularly challenged. Clinicians have an ethical and professional obligation to add their unique voices to policy debates. Using their expertise, knowledge and influence, they can educate policymakers and the public about issues that affect refugees and asylum seekers. In this workshop, we will offer workshop participants practical approaches to advocate for these individuals and their communities.

Content

Our objectives will focus on advocacy through democratic processes, including communication with elected representatives and the press. We will present information about ways to approach elected officials, from oral and written communication to speaking at press conferences to direct lobbying. Participants will also be introduced to expressing their medically-informed opinions in the lay press and other media fora. We will include an introduction to using social media to support advocacy efforts.

Instructional Methods

After outlining the different ways clinicians can leverage their knowledge and experience to influence public discourse on behalf of refugees and asylum seekers, we will break into small groups, each led by a presenter, and practice advocacy skills. Skill

Keywords

Advocacy, Media, Elected officials

W12 Submission No. 599832

Dance/Movement Therapy Techniques for Addressing Trauma in Refugees

Lana Grasser, Arash Javanbakht

Background

Mental health is often not a priority in resettlement programming for refugees, yet our team has identified high rate of anxiety (52.9%) and PTSD (6.3%) in Syrian and Iraqi youth resettling in Southeastern Michigan. Some individuals are not receptive of mental health care for their children due to cultural beliefs; others cannot access traditional forms of care due to transportation, financial, language, and health care barriers, and scarcity of trauma experts. Dance/movement therapy (DMT) addresses both mental and somatic symptoms correlates of trauma while overcoming such barriers. DMT also teaches youth life-long stress coping skills and can be implemented in a variety of settings, including the classroom.

Content

Our team has implemented three cycles of a 12-week DMT program for refugee youth ages 7-17 with successful retention (80%) and outcomes (significant improvements in PTSD and anxiety symptoms). This workshop will 1) educate attendees regarding the psychology and physiology of trauma-related disorders, and why DMT may be a suitable method; 2) teach and practice core techniques and interventions used in a typical DMT session; and 3) discuss the application of DMT within the dynamic cultural contexts of refugees. By the end of this workshop, attendees should be able to understand the effects of trauma on brain and body and use coping techniques from DMT to relieve stress.

Instructional Methods

After a brief introduction through oral presentation, audience members will be invited to actively participate in instruction and practice of core techniques and interventions from DMT, including breathing exercises, guided movement exploration, "Dancing

Keywords

Dance/movement therapy, PTSD, anxiety, intervention

W13 Submission No. 600309

Update on the Centers of Excellence in Refugee Health Tools for the Refugee Health Community

Emily Jentes; Blain Mamo; Kailey Urban; Lori Kennedy; Carol Tumaylle; William Stauffer, University of Minnesota

Background

As resources for domestic refugee health programs are often scarce, it is important for state and local health officials to collaborate to solve problems. The Centers of Excellence in Refugee Health (COE) in Colorado (CO) and Minnesota (MN) have been partnering with CDC to develop two main resources to help refugee health programs. First, COE-CO developed a data repository to report on health conditions of recently arrived refugees; initial findings of the repository are now available to help refugee health partners in determining what health issues might be of most concern in their jurisdictions. Second, COE-MN has revised most of the CDC domestic screening guidelines and developed an interactive tool to assist clinicians navigating those guidelines. Both of these accomplishments will help refugee health partners understand and provide care to the refugees recently resettled in their jurisdictions.

Content

Following this workshop, participants will be able to

1. Identify most common health conditions of recently arrived refugees
2. Evaluate how these data in the repository can improve clinical decision-making and guideline development
3. Learn how to use an interactive tool to improve clinical decision-making and guideline navigation

Instructional Methods

This workshop will comprise an approximately 45-minute interactive presentation with 15 minutes for questions. The interactive presentation will walk attendees through these COE tools and how they may help attendees in their own local contexts. The questi

Keywords

Refugee Health Guidelines, Screening, Health Data

W14 Submission No. 600766

Improved Medication Adherence and Outcomes in Refugees with LTBI and Chronic Disease through Incorporation of Clinical Pharmacists into Interdisciplinary Teams

Kimberly Carter

Background

Nearly 800 refugees arrive in Philadelphia each year; having lived in refugee camps for the majority of their lives, modern medicine is a foreign concept and adherence to medications is a major issue. Pharmacists are in a prime position to improve patients' medication adherence and overall health literacy. Through the review of outcomes data from two separate practice models, this presentation will describe how the incorporation of a pharmacist into an interdisciplinary healthcare team can have substantial impact on improving medication

adherence, health literacy, and overall public health outcomes in the refugee population.

Kimberly Carter and Shirley Bonanni are clinical pharmacists who have established their own unique practices within two major health system clinics (UPenn and Jefferson). Patients are scheduled with the pharmacist to receive counseling on medication indications, administration, adverse drug effects, drug-drug interactions, and the importance of medication adherence. Both pharmacists have demonstrated success in improving latent tuberculosis completion rates and improving outcomes in patients with chronic disease. Additionally, patients are educated on the prescription refill process. Through the use of innovative tools, adherence rates in these clinics have increased and potential patient harm has decreased due to pharmacist intervention.

Content

Discuss health literacy and its impact on medication adherence in the refugee patient population.

Recognize benefits of pharmacist involvement in refugee health; discuss how pharmacists can reduce physician treatment burden while improving health outcomes and overall medication use.

Summarize LTBI research data from two existing pharmacist-integrated clinics in Philadelphia, PA.

Apply concepts learned to patient cases; identify practical methods to improve medication adherence.

Instructional Methods

Through the incorporation of an innovative hands-on teaching module using patient cases, this interactive workshop will provide audience members an opportunity to practice identifying common drug interactions and providing counseling to refugee patients.

Keywords

Medication Adherence, LTBI, Chronic Disease, Pharmacist

W15 Submission No. 603409

COE Updates to CDC's Domestic Screening Guidelines for Adult Refugees

Marc Altshuler, Thomas Jefferson University Hospital--Department of Family and Community Medicine

Patricia Walker

Emily Jentes PhD, MPH

William Stauffer, University of Minnesota

Background

Refugees arriving to the United States and Canada typically see physicians for an initial post-arrival health screening. In addition, it is important for newly arrived refugees to be connected with a primary care physician and a medical home. In 2015, the CDC-supported Centers of Excellence in Refugee Health (COE) were created, in part to assist in the revision of the CDC domestic post-arrival screening guidelines, and to develop an online interactive tool to help clinicians navigate those guidelines. In addition, the COE has developed frequently asked questions for providers who are seeing refugees in a medical home context. Workshop presenters will use an example of a newly arrived, multi-generational, refugee family to highlight guideline revisions for adult patients.

Content

1. Identify updates to post-arrival guidelines for adult refugee screening,
2. Evaluate selected evidence supporting these guidelines, and
3. Identify how the frequently asked questions developed by the COE will inform/assist providers providing ongoing care to refugees.

Instructional Methods

This workshop will contain a 60 minute interactive presentation and 30 minutes for discussion/questions. By taking the audience through a case-based presentation, the presenters will introduce the audience to updated CDC guidelines, giving them the knowl

Keywords

Refugee Health, Screening Guidelines, Medical home

W16 Submission No. 605765

North American Paediatric Refugee Screening Guidelines - Evidence and Key Recommendations

Janine Young, MD

Elizabeth Dawson-Hahn

Andrea Evans, MD, MSc FRCPC, The Hospital for Sick Children, Toronto

Emily Jentes

Blain Mamo

Katherine Yun, MD MHS, Assistant Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine; Attending Pediatrician, Refugee Health Program, Children's Hospital of Philadelphia

Background

Children comprise approximately half of the global refugee population. In recent years, the Canadian Collaboration for Immigrant and Refugee Health, Canadian Pediatric Society, American Academy of Pediatrics, and US Centers for Disease Control and Prevention have published evidence-based guidelines for the care of newly arrived refugee children in North America. This workshop will crosswalk similarities and differences between key elements of these four guidelines and review the evidence in support of key recommendations.

Content

Following this workshop, participants will be able to

1. Identify current guidelines for pediatric refugee screening in North America
2. Evaluate selected evidence supporting these guidelines
3. Make appropriate clinical decisions when implementing refugee health screening for children new to Canada and the United States

Instructional Methods

This workshop will contain a 45-minute interactive presentation and 15 minutes for questions. The presentation will be built around clinical cases highlighting the evidence for specific guidelines from the United States and Canada. In the question-and-ans

Keywords

Pediatric Health, Refugee Screening

A Migrating Adolescence: Caring for Unaccompanied Minors Seeking Asylum in the United States

Karla Fredricks, Texas Children's Hospital/Baylor College of Medicine
Anisa Ibrahim, University of Washington School of Medicine/Harborview Medical Center
Elizabeth Dawson-Hahn, MD, MPH
Eric Russell, Texas Children's Hospital/Baylor College of Medicine

Background

From 2013–2017, an average of 43,174 unaccompanied, asylum-seeking minors (UMs) per year were placed in the temporary custody of the U.S. Office of Refugee Resettlement (ORR). This government agency is tasked with providing for the basic needs of these minors (including medical care) until their “sponsor” (generally, a parent or family member) is verified. The majority of health providers have not received specific training in the provision of care for UMs, although they may interface with them in primary, emergency, subspecialty, and/or inpatient services while in ORR custody and -- after an average duration of two months -- when they are released to their sponsors.

Content

The objectives will be for the audience to: 1) Understand the definition of UM, how the UM experience differs from other immigrants, and the current immigration trends across the U.S. Southwest border; and 2) Learn how to provide best-practice care across the health care continuum for UMs while in the custody of ORR and upon entry into the community. The key points will include unique health care approaches to working with UMs within ORR guidelines while in custody as well as evidence-based recommendations for new immigrant children once their sponsors assume responsibility.

Instructional Methods

The workshop will be conducted in an interactive format with brief segments of slide-based presentations punctuated by case examples. The audience will work as small groups within their tables to decide on diagnostic and treatment plans for each case, the

Keywords

unaccompanied minors, immigrant health, asylum medicine

2019 Update in US Asylum Law and Asylum Medicine

Katherine McKenzie, Yale Center for Asylum Medicine
Sural Shah
Amy Zeidan, University of Kentucky
Eleanor Emery, Faculty Advisor, Los Angeles Human Rights Initiative

Background

The past year has seen rapid changes in asylum law and medicine in the US. The Trump administration has made it increasingly difficult for individuals persecuted in other countries to seek safety in the US through the enactment of new immigration policies and the reinterpretations of existing policies. Clinicians who evaluate asylum seekers have experienced these changes in myriad ways, including a shift in the clients who are referred for medical forensic evaluations, changes

in the legal options available to patients with an asylum claim, and the medical needs of persons seeking asylum in the US .

Content

The purpose of this session is to provide an update on general trends in asylum statistics over the last decade and review the dynamic nature of specific immigration policies in the US over the last year. Providing this review and update will help clinicians understand how these changes impact their practice and identify potential solutions to new challenges that exist. Specifically, the session will focus on the health-related and legal consequences of changes in asylum law and medicine pertaining to the following topics:

- Social groups that qualify for asylum
- Paths for seeking asylum
- Asylum seekers at the southern border
- Asylum seekers in detention
- Family separation policies
- Unaccompanied children
- Access to legal representation for adult and child asylum seekers
- The US administration’s priorities and timeframe for deportation

Instructional Methods

Legal and medical experts will present information on each topic followed by a panel question-and-answer discussion

Keywords

Asylum medicine, Asylum law, Update

A Project to Enhance Mental Health Screening in the Humanitarian Setting

Michael Hollifield; Alex Klosovsky; Mukunda Basnet, International Organization for Migration; Valerie Wada; Annie Bonz; Lillian Bunyassi; Sasha Verbillis-Kolp; Alex Rowan; Pramod Shyangwa; Twinomujuni Cyprian; Marwan Naoum

Background

Screening for mental, neurological, and substance use conditions (MNS) in humanitarian settings has been viewed as difficult due to lack of standard and efficient procedures.

Content

This workshop objectives are to (1) describe the project, (2) provide the outcomes of the project, and (3) allow time for discussion to improve learner knowledge. The project goal was to enhance screening for MNS conditions as required by the CDC Technical Instructions during refugee pre-departure health assessments, and to assist with appropriate overseas follow up and continuity of care during resettlement by providing screening information to the U.S. resettlement agencies and providers. A three-tiered enhanced screening process was developed and implemented at the pilot site in Uganda. Enhanced screening was developed to be both sensitive to detect possible cases and specific to find cases of significant severity to warrant intervention. IOM clinicians noted detection of cases that would otherwise go undetected. IOM panel physicians, nurses and interpreters that received training reported improvements to their overall Mental Health Assessment Skills. Use of enhanced screening identified 3.5% of 715 cases with probable psychiatric disorders requiring care, 3.4% of

715 cases with substance abuse requiring further evaluation, and only 3 cases out of 715 with harmful behavior requiring further evaluation and/or intervention. The authors will discuss the project methods, the screening protocol and outcomes, limitations, and implications for utilizing and improving enhanced screening for MNS conditions in the humanitarian setting.

Instructional Methods

Instructional methods include didactic with powerpoint, material handout for self-learning, and questions and answers.

Keywords

Mental Health, Screening, Humanitarian setting

W20 Submission No. 613336

Strategies for Publishing and Publicizing Your Work in Refugee Health

Sana Loue, Paul Geltman

Background

Publication of clinical experiences and research is important to disseminate knowledge and advance individual career goals.

Content

This workshop will provide attendees with guidance on how to best present their clinical work and research in refugee and immigrant health for publication in peer-reviewed journals. Workshop content will focus on the identification and selection of appropriate journals, how to target the message to fit the audience, research methodologies, manuscript preparation, and relevant aspects of research and publication ethics. Workshop participants will have the opportunity to present and receive feedback on their possible submissions. Participants will engage in interactive exercises that will reinforce the concepts presented.

Instructional Methods

didactic lecture, small group discussion/critique of sample abstracts, large group discussion, question and answer

Keywords

Publishing; research; abstracts; academics

W21 Submission No. 613381

Bridging Gaps in Vaccination for US-bound Refugees

Kibrten Hailu Tarissa Mitchell

Warren Dalal, International Organization for Migration

Catherine Yen, MD, MPH, International Organization for Migration

Alexander Klosovsky, International Organization for Migration

Farah Amin

Sai Aung Lynn

Ivan PRADO FROES

Judith Quintanilla

Laila Kutkut Emily Jentes Margaret Burkhardt Michelle Weinberg

Amira Hamadeh

Raymond Musyoka Annelise Doney Christina Phares Deborah Lee

Background

Unlike immigrants, U.S. bound refugees are not required by law to receive vaccinations prior to arrival. To address this gap and improve the health and travel fitness of U.S.-bound refugees, in 2012 the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Department of State Bureau of Population, Refugees, Migration (PRM) established and co-funded the U.S. Refugee Admissions Program (USRAP) Vaccination Program for US-bound Refugees, which is implemented primarily by the International Organization for Migration (IOM).

Content

This workshop explores best practices and challenges to implementing an overseas vaccination program for US-bound refugees. Participants will learn about USRAP vaccination program activities, quality assurance practices, and information flow to US partners. Highlights will include regional successes, challenges, and lessons learned as the program has evolved.

Instructional Methods

A panel of IOM and CDC staff from Asia, Africa, Latin America, Europe, the Middle East and the United States will present a brief overview of vaccination program activities. Facilitators will then lead question-and-answer and discussion sessions about str

Keywords

Vaccination, Refugees, Migration

W22 Submission No. 613478

Best Practices in Mental Health Assistance to Refugees and Immigrants

Adrienne Carter, Adrienne Carter

Background

After working overseas for MSF and the Center for Victims of Torture, presenter Adrienne Carter returned home to Victoria. She co-founded the Vancouver Island Counselling Centre for Immigrants and Refugees (VICCIR) in 2016 in response to the urgent need for counselling for immigrants and refugees. Despite receiving almost no funding, VICCIR has grown exponentially in the past two years, and the reliance on volunteers resulted in a client-centred approach to treatment that has been extremely beneficial. Unique aspects of this model include:

- A team of more than 20 experienced, registered clinical counsellors all working pro bono.
- Clients are matched with the counsellor who best suits their needs, and a team of counsellors often work with a whole family.
- Different therapeutic modalities may be offered simultaneously to individuals, couples and families.
- Counsellors and interpreters are provided with regular supervision and trainings.

Content

The primary objective is to share what has been learned from the experience of VICCIR. The therapeutic model presented has demonstrable benefits for the client group it serves. The pro bono aspect is not sustainable in the long term so we are applying to various funding sources.

Instructional Methods

Power Point

Keywords

unique therapeutic model, team approach

W23 Submission No. 614002

Care for the Carers: Managing Secondary Trauma Exposure for Clinicians

Rachel Cohen

Background

Working with populations who have survived traumatic experiences puts a serious toll on clinicians at all levels. Mental health symptoms, compassion fatigue and burnout are understandable but preventable responses that have serious implications for practitioners, organizations, and beneficiaries. Developing awareness and learning specific skills can allow clinicians to manage secondary trauma exposure so that they can preserve their own well-being and continue to be effective with clients/patients. The first step is to confront the 'cowboy mentality' that keeps this topic in the shadows, and begin to acknowledge risk to helping professionals. Next is to use effective strategies to manage the consequences of trauma exposure.

Content

This workshop will raise awareness about secondary trauma and its consequences for clinicians working with populations such as refugees and asylum seekers who have experienced severe conditions of distress. It will provide a brief overview of the neuropsychological mechanisms that transfer trauma from client to clinician, identify factors that increase risk for secondary trauma transmission, and review common behavioral, emotional, and physiological manifestations of secondary trauma. Most importantly, specific techniques for the effective management of secondary trauma will be taught by the presenter and practiced by workshop participants.

Key points: 1. secondary trauma puts clinicians at risk 2. proper management will reduce deleterious effects

Instructional Methods

The first portion of the workshop will use power point provide background, review research on secondary trauma and neuropsychological mechanisms of transmission from client to clinician. The second half of the workshop will teach practical techniques that

Keywords

secondary trauma, compassion fatigue, burnout prevention

W24 Submission No. 614576

Behavioral Health Integration and Team-Based Care in an Immigrant-Refugee Health Clinic

Laurie Greco, Jamie Robinson, Travis Westbrook, Steven Schiele

Background

Compared to the general population, refugees are at increased risk for behavioral health concerns such as anxiety, depression, somatization, and substance use disorders. Unfortunately, behavioral health services

are underutilized by refugees, including those most in need. Poor access to care and low service engagement contribute to health care disparities and can be exacerbated by the effects of both pre-migration and post-migration stress. Resettlement challenges (e.g., shelter, food, and employment insecurity) and ongoing stress associated with acculturation can further impact access to health care in general and behavioral health services in particular. Myriad obstacles exist at individual and socio-cultural levels, including: language barriers, cultural differences in conceptualizations of mental health, inadequate finances, limited support, lack of transportation, stigma, mistrust, fear of persecution, and unavailability of behavioral health and interpreter services. Taken together, these barriers can negatively impact health care coverage, access to care, and quality of care in refugee populations.

As an initial step toward addressing these health care disparities, we developed an immigrant-refugee health clinic that includes integrated behavioral health in a primary care setting. In this workshop, we will present a model of primary care-behavioral health integration adapted to meet the unique needs of our refugee patients. We will describe our clinic services, team structure/roles, and protocols used for common behavioral health problems. Case examples will be used to illustrate our team approach, and we will discuss challenges and future directions for our clinic.

Content

(1) Discuss rationale for integrating behavioral health services into primary care for refugees; (2) Present a model of primary care-behavioral health integration and team-based care for refugees; (3) Describe services offered in our clinic and provide clinical examples to illustrate collaborative team-based approach

Instructional Methods

power point presentation, case examples, clinical demonstration will be used.

Keywords

behavioral health integration, primary care, refugees

W25 Submission No. 615210

Refugee Health and the Intersection of Forced Marriage and Female Genital Mutilation/Cutting

Casey Swegman, Tahirih Justice Center; Fatima Porgho

Background

Forced marriage is a significant problem in North American refugee communities, presenting unique challenges for resettlement agencies, health care professionals, and other service providers. Victims frequently face severe and sustained intersectional harm, including female genital mutilation/cutting (FGM/C). Many survivors of forced marriage have also experienced FGM/C, and some communities require FGM/C for women to be perceived as marriageable.

As forced marriage and FGM/C can have devastating health impacts, it is critical that health professionals understand how to identify and respond to these forms of harm.

Content

This presentation will provide attendees with an overview of the nature, scope, and relationship between forced marriage and FGM/C in North American refugee and immigrant communities, with

particular focus on guidance for medical and direct service professionals on how to spot and properly respond to warning signs.

Key Points:

-Forced marriage and FGM/C often intersect within North American refugee communities, but go unreported and unaddressed.

-Healthcare professionals and refugee service providers have a key role to play in identifying individuals facing forced marriage and FGM/C.

-Healthcare professionals and refugee service providers need not become experts in these issues, but are a valuable touch point for survivors and individuals at risk to have confidential, empowering, and empathetic conversations that lead to critical referrals to appropriate long-term services.

Instructional Methods

The session will include a lecture on the basics of forced marriage and FGM/C, their intersection, and the health impacts of each, as well as participatory case scenarios, discussion, and brief video presentations.

Keywords

Forced Marriage, FGM/C, Women's Health, Intersectionality

W26 Submission No. 615796

Caring for pregnant women outside of the public medical system: ethical dilemmas and making medical decisions

Justine Daoust-Lalande, Marianne Leane-Welt

Background

Doctors of the World Canada has been operating a medical clinic for uninsured migrants in Montréal (Québec) since 2011. Among the population seen are pregnant women living in the province without access to the public health system and without the means to pay for prenatal care. Many of these pregnancies are at high-risk because of difficult medical and socio-economic factors. Over the years, the medical team has diagnosed gestational diabetes, pre-eclampsia, hepatitis B, syphilis and more. Having no hired doctor on site, the nurses and volunteer doctors have faced many ethical questions over the years, struggling to respond to the Canadian medical standards and legal implications of acting versus not acting in giving care to women, without having the appropriate resources to do so.

Content

During this workshop, the medical team of Doctors of the World Canada aims to share their adopted method to address these daily ethical dilemmas within the scope of a harm reduction and interdisciplinary approach. They will share how, in order to address the specificities of this population, the team inspires themselves from international resource-limited initiatives in order to adapt medical practices while still aiming to respect the Canadian standards of care.

Instructional Methods

This workshop will start by a presentation with cases examples, with the support of a power point. A group discussion will be facilitated in order to share situations and promote discussions between professionals on ethical dilemmas in their own practice

Keywords

Ethical - Prenatal care - Uninsured

W27 Submission No. 616211

The cards you are dealt: Exploring post-migration case-management for newcomers with complex health needs

Sara Abdo, Immigrant Services Association of Nova Scotia
Zrinka Seles-Vranjes, Immigrant Services Association of Nova Scotia

Background

Immigrant Services Association of Nova Scotia's (ISANS) mission is helping immigrants build a future in Nova Scotia. ISANS is the leading deliverer of settlement services in Atlantic Canada, and provides a full range of services and programs along the settlement and integration continuum.

In 2017, ISANS supported 4,972 immigrants to Nova Scotia, 1,429 of those were convention refugees whose initial resettlement in Canada is supported by the Government of Canada. Many of these newcomers are living with disabilities, or chronic conditions impacting their settlement journey and are faced with several barriers to equitable health access. ISANS' Immigrant Health Program aims to address systemic and socially produced health disparities. The program has two main components:

- 1) support newcomer access health information and services
- 2) support and educate service providers, and advocate for sensitive, inclusive and responsive service to newcomers

Content

Workshop participants will learn about the post-migration experience of newcomers with complex health needs, and engage in the development of holistic and sustainable approaches towards equitable healthcare access for newcomers and providers.

Instructional Methods

Following a brief introduction to the Immigrant Health Program, participants will divide into groups. Groups receive a set of cards that contain a case scenario, a set of needs, and available resources, among other factors in line with the social determinants.

Keywords

refugee, health, equity, partnership, sustainability

W28 Submission No. 616704

Leveraging the Medical-Legal Partnership for Detained Immigrants: Ending Deaths in Detention

Kate Sugarman, Unity Health Care
Edith Hinson, Capital Area Immigrants' Rights Coalition (CAIR Coalition)
Kelly White, Capital Area Immigrants' Rights Coalition (CAIR Coalition)
Marsha Griffin, Medical Director of Medical Review for Immigrants, a program of Migrant Clinician Network
Tracy Belle, Adjunct Professor of Law, Georgetown Law - Center for Applied Legal Studies
Ruby Powers, Powers Law Group
Katherine McKenzie, Yale Center for Asylum Medicine
Dionne Ukleja
Jocelyn Dyer, Immigration Justice Campaign
Joseph Gorin

Background

Ms. R. was diagnosed with bipolar disorder and HIV. Medical staff in the detention center told Ms. R's lawyers that she would likely die in detention. The legal team, inquired with an HIV specialist for further insight. Through collaboration, they advocated her release. In Fall 2018 she won her asylum case.

At a time of heightened scrutiny over deaths in ICE detention, it is essential that legal and medical practitioners join as advocates.

Additionally, presenters have case examples and experience:

- Documentation of scarring;
- Evaluation of deteriorating mental condition in detention;
- Family separation crisis;
- Emergency medical orders;
- Termination of proceedings due to severe mental illness;
- And other case studies.

Content

(1) Core examples and methods of how to achieve the medical-legal partnership from remote locations.

Detention centers are often located in isolated areas, hours from community health clinics; however, many tools and resources exist to achieve outcomes without medical professionals investing time in transportation.

(2) The voices of medical practitioners make a difference.

One lawyer alone cannot consistently make the difference. Judges often defer to medical practitioners, specialists, and experts on country conditions.

(3) Demystify the detention and removal legal practice for medical professionals. (and vice versa).

Practitioners often become hung-up on the technical aspects of their own profession, inhibiting advocacy efforts and impeding an interdisciplinary approach. Great advocates boil down the essential objective for the patient/client. Interdisciplinary partners assist each other in maneuvering through their fields.

Instructional Methods

Limited slides, case studies, declaration and evidence samples.

Keywords

Medical-Legal Partnership, Mental Health, Detention

W29 Submission No. 616915

Challenges in Founding and Developing Student-Run Asylum Clinics

Fangning Gu, Los Angeles Human Rights Initiative

Emily Chu, Los Angeles Human Rights Initiative

Eleanor Emery

Andrew Milewski, PHR National Student Advisory Board

Jeremy Chang, Weill Cornell Center for Human Rights

Rhiannon Miller, Weill Cornell Center for Human Rights

Sophia Taleghani, David Geffen School of Medicine at UCLA

Background

Recently, a growing number of student-run asylum clinics and human rights programs have been established at medical schools across the US.

These organizations offer pro bono forensic medical evaluations to asylum seekers. Through these programs, medical students provide trauma-informed and culturally competent care, utilize their medical training to advocate for underserved populations, and collaborate with legal colleagues. Operating clinics requires careful coordination between the client, the client's legal team, various referring agencies, evaluating clinicians, medical student observers, and the medical school administration. A number of challenges can arise during this collaborative process. Surveys and interviews with 16 clinics identified common challenges in five main areas: 1) preserving and transferring the organization's knowledge across leadership transitions; 2) obtaining administrative permission and support as well as addressing implicit institutional bias against asylum applicants; 3) meeting the need for evaluations; 4) recruiting and training clinicians and student observers; and 5) establishing an efficient operational framework for scheduling evaluations as well as for connecting clients to ongoing medical care. Respondents additionally expressed a strong desire to learn from the operational models of other clinics and to troubleshoot challenges together.

Content

1. Provide an overview of the most common organizational models employed by student-operated asylum clinics.
2. Discuss challenges and review strategies employed by existing clinics.
3. Offer a forum for troubleshooting challenges in real time.

Instructional Methods

Clinic leaders and a faculty advisor will provide an overview and then participate in a panel discussion which will provide an interactive platform for troubleshooting challenges.

Keywords

asylum, clinic, challenges

W30 Submission No. 616980

Deaf Refugee Advocacy -The benefits of using deaf advocates for deaf refugees.

Diana Pryntz, Deaf Refugee Advocacy; Robert Tawney; Allison Howard; David Hough

Background

Deaf refugees are an under-served group. Most are not proficient in their native language nor are they proficient in their adoptive country's language. Traditional refugee services, even provided through sign language interpreters, do not suffice. Consequently professionals are usually at a disadvantage when encountering deaf refugees as clients/patients. When cultural differences especially in health related fields are added to the mix, it often leads to misunderstandings and inappropriate usage of prescriptions on the part of the refugee and may lead to erroneous medical recommendations. Using Deaf advocates greatly enhances the likelihood of a successful relationship between the deaf refugee and professional. Prior to Deaf Refugee Advocacy's founding in 2017, Center for Refugee Health relied on spoken language interpreters, video remote interpreting, and sign language interpreters with mediocre level of success. When Deaf Refugee Advocacy's advocates accompanied the deaf refugees' visits to their health providers, the situation improved greatly for the refugees and the health professionals.

Content

The workshop will cover 1) the unique issues of deaf refugees, 2) services (with emphasis on our advocacy services) Deaf Refugee Advocacy provides, and 3) highlight strategies and recommendations to follow so that this model may be replicated.

Instructional Methods

The format of this workshop will be a PowerPoint presentation.

Keywords

Deaf Refugee Advocacy

W31 Submission No. 617001

Supporting immigrant and refugee parents when their children are ill or have a special health need

Judith Anne

Background

When newcomer children appear to be ill or have a special health need, it is often difficult to communicate with parents. Their understanding of “health” may be different, and they may not have words in their home language to describe conditions commonly accepted in the West. This presentation will explore barriers to understanding and provide suggestions for moving forward.

Content

This presentation explores:

Culture: Cultural beliefs shape responses to health and wellness. When a child of immigrants or refugees is suspected of having an illness or condition, or has recently been diagnosed, an understanding of the perspective of parents can help professionals provide support and move forward with effective treatment.

Barriers: Specific barriers to understanding can lead to treatment delay or refusal to follow medical advice and may have negative health implications for children. Key areas for misunderstanding include approaches to disability, immunization, nutrition, hygiene and child safety.

People: Underlying specific misunderstandings are differences in fundamental beliefs about prevention and intervention. Greater understanding and a focus on people vs services or conditions can result in positive interactions and individual stories of hope, trust and courage.

Instructional Methods

After the initial PowerPoint presentation, participants will have an opportunity to discuss issues that have arisen for participants when interacting with parents of children who are ill or have a special health need.

Keywords

Child Health, Culture, Communication

W32 Submission No. 617019

First Point of Contact: Canada’s Refugee Health Clinics: structure, care models, strengths and challenges

Tim Holland; Tim O’Shea; Gabriel Fabreau, Cumming School of Medicine | University of Calgary | Mosaic Refugee Health Clinic; Annalee Coakley; Mei-Ling Wiedmeyer; Mahli Brindamour; Meb Rashid; Neil Arya; Dr. Francoise Guigne; Lavanya Narasiah; Vanessa Redditt

Background

Canada is a global leader in refugee and asylum seeker healthcare delivery. Over the last fifteen years, primary care refugee serving clinics have opened in most urban areas across the country. These clinics often differ in structure, capacity, funding source and model of care. This workshop will compare four different models of refugee clinics across Canada and will highlight the strengths and challenges of each model.

It will allow for a better understanding of regional differences in the provision of refugee health care. It will also allow an opportunities to adopt successful strategies that have been effective at different sites. This workshop updates work from NARHC 2017, where we collected and presented basic structural information from 31 Canadian refugee health clinics.

Content

- to characterize different care models, expertise, strengths and challenges among Canadian refugee clinics
- to promote collaboration between Canadian refugee serving health care clinics
- to disseminate best practices and contribute to improved national refugee healthcare and standardization.

Instructional Methods

An expert panel of clinicians will present the above care models, followed by a facilitated open discussion encouraging questions, collaboration and idea generation.

Keywords

primary care, models of care, network

W33 Submission No. 617033

Strategies for Engaging Refugee Communities in Mental Health Services

Emma Cardeli, Osob Issa

Background

Traumatic exposure combined with significant stressors in resettlement place refugee youth and families at risk for mental health problems. Despite this, many refugees are reluctant to seek mental health services. Indeed, an estimated 92% of refugees in need of mental health services never receive them (Ellis et al., 2008). Common barriers to service engagement include mistrust of service systems, mental health stigma, linguistic and cultural barriers, and primacy of resettlement stressors (Ellis et al., 2011). In order to effectively address these barriers to care, equal partnerships with members of the refugee community that inform and shape service delivery are essential (Ellis et al., 2013; Ellis & Abdi, 2017). However, cross-cultural partnerships and community outreach are often overlooked as key elements of behavioral healthcare.

Content

This workshop will teach attendees strategies for engaging refugee communities in mental health services. It will include an introduction to Trauma Systems Therapy for Refugees (TST-R)—an empirically-supported behavioral health intervention that emphasizes both

community engagement and cross-cultural collaboration as central to treatment effectiveness. The presenters will also discuss the importance of utilizing clinical interventions that nurture culture-specific methods of coping and responding to adversity. Programs such as TST-R represent multilayered, community-wide responses to not only traumatic stress, but also resettlement challenges (e.g., financial stressors, discrimination, isolation, acculturative stress) by addressing sources of pain at the community level and increasing sense of belonging.

Instructional Methods

Powerpoint will be used to deliver presentation content; however, audience participation and engagement will be strongly encouraged.

Keywords

refugee mental health, community engagement, resettlement

W34 Submission No. 617153

“Are they genuine refugees? ...I didn't really need to know.” Dual loyalty and political discourse within Australia’s immigration detention system

Ebony Birchall

Background

Australia’s immigration detention system has attracted widespread condemnation from human rights bodies – a 2015 UN report likened the system to torture. The Australian medical profession has been intimately involved in this system and has vocally struggled through dual loyalties, questioning ‘how can ethical healthcare be achieved, while professionals are employed by a system of cruelty?’ The Australian medical profession’s experience provides valuable insights as other nations follow the Australian approach of using cruelty to deter forced migration flows. This analysis contributes to the longstanding discussion around ‘why should doctors be involved in politics?’

Content

This workshop will explore the findings of a critical discourse analysis of the Australian medical profession’s responses to Australia’s immigration detention system and will facilitate the application of these findings to the audience’s own contexts.

The findings expose the saturation of detention health with politics and political discourse. They highlight the importance of the medical profession identifying and challenging political discourse because it manifests in the dehumanisation of the refugee and a culture of discrimination, even throughout healthcare. The findings demonstrate advocacy for improved refugee healthcare involves 'denaturalizing' political discourse to justify why refugees deserve proper healthcare.

The findings expose the need for professionals to apply critical thinking to political discourse as a safeguard for ethical healthcare, and identify the ways this detachment from political influence was achieved.

Instructional Methods

Interactive oral presentation, PowerPoint slides and discussion groups will be used to explore findings and facilitate the audience’s application of these findings.

Keywords

Dual loyalty; advocacy; political discourse

W35 Submission No. 617162

Refugee health literature and research 101: A how to guide

Natalia Golub, Paul Geltman

Background

The workshop is designed for beginner–intermediate audiences as a guide on reading and applying information from medical literature and research. Being able to effectively and efficiently utilize medical literature in clinical practice, in public health practice, as a student, and as a researcher are critical to patient care, public health programs, during one's education, and for those conducting research. This is especially true in regards to those working with refugee and other displaced populations, where there are ethical concerns, questions of applicability of research findings to different populations, and gaps in the literature.

Content

- 1) Defining the question you want to answer: PICO (population, intervention, comparison, outcome)
- 2) Conducting systematic searches of literature to find information on a specific topic: Databases available, grey literature, google scholar, keyword searches and MESH terms in Pubmed
- 3) Efficiently and effectively reviewing large volumes of information: how to parse out relevant information from the introduction, methods, results, and conclusions of a research article, as well as from less-structured information sources
- 4) Critically reviewing the literature: Basic introduction to epidemiology methods including study designs, various forms of bias, controls and comparison groups

Instructional Methods

Interactive session with use of powerpoint as a visual guide, with audience members also receiving a hand-out with more detailed step by step instructions on reviewing medical literature and basic epidemiology concepts including study designs, bias, calcu

Keywords

reviewing medical literature and research

W36 Submission No. 617316

Immigrant and Refugee Health Curricular Development Working Group

Sural Shah, Assistant Clinical Professor of Medicine, David Geffen School of Medicine at UCLA, Division of Internal Medicine-Pediatrics; Co-Director, Olive View-UCLA Medical Center Human Rights Clinic; Shoshana Aleinikoff; Anna Banerji; Sarah Clarke; Elizabeth Dawson-Hahn; Andrea Green; Janine Young, MD; Katherine Yun, MD MHS, Assistant Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine; Attending Pediatrician, Refugee Health Program, Children's Hospital of Philadelphia; Suzinne Pak-Gorstein

Background

Health professionals play a key role to ensure that refugee/immigrant families receive culturally sensitive health counseling/services, undergo proper medical screening upon arrival, and obtain adequate support to ensure on-going basic needs. In order that health professionals possess

the skills to carry out these tasks, training programs must integrate competency-based, quality curriculum on refugee/immigrant health

Content

This workshop builds on progress made during past NARHC refugee curricula workgroup meetings to develop a set of competencies on immigrant/refugee health for training programs.

Objective 1: Review an outline of a workplan to survey U.S. pediatric residency programs about existing immigrant/refugee curricula and training activities.

Objective 2: Provide opportunity for participant feedback and possible collaboration on quantitative and qualitative components of this project.

Key Point 1: The project survey that will be reviewed aims to describe the current landscape of refugee/immigrant health training at U.S. pediatric programs. The components will also be relevant to participants interested in curricula at other North American health professional programs.

Key Point 2: The project also aims to identify key challenges and innovations in implementing training. Educational and career goals of those programs that provide refugee/immigrant health curricula will be queried in order to further strengthen efforts to develop relevant competencies in refugee/health education.

Instructional Methods

Participants will engage in small and large group discussion regarding key components of health professional training in refugee/immigrant health that will be measured by this project, and how this might pertain to other types of health professional train

Keywords

Education, Immigrant health, Curriculum

W37 Submission No. 617374

Road to Refuge: Overview of the refugee claimant/asylum seeker process and its impact on health in Canada and the USA

Meb Rashid, Lorne Waldman, Sarah Kimball

Background

Differing refugee claimant/asylee resettlement policies between the US and Canada affect the number of refugees migrating, their health and social trajectories, and their ability to access health care. Given the complexity of the refugee/asylee determination systems, clinicians in both contexts may struggle to understand the process that their patients endure when making a refugee claim. This legal journey does intersect in multiple ways with the health of refugees, and it is helpful for clinicians to enhance their awareness of this process.

This workshop will provide a background on the refugee and asylee determination and resettlement systems in both Canada and the US, with a focus on the process of making a refugee/asylum claim in both countries. It will compare the health implications of this legal trajectory on refugee claimants/asylum seekers in both context

Content

Objectives:

To compare the refugee determination processes in both Canada and the United States and how these processes intersect with the health of refugees

To identify health insurance coverage and social assistance available for refugee claimants and asylum seekers at different points in their migration in both Canada and the US.

Key Points:

- The refugee determination process is complex and poses multiple challenges to the health of those seeking refugee or asylum status
- Clinicians can play an important role in supporting their refugee patients in navigating these immigration-related challenges.
- Among other factors, differing health insurance among different refugee categories can significantly affect access to health care for refugees.

Instructional Methods

Case-based learning and panel discussion with medical and legal professionals.

Keywords

refugee claimants, asylee, refugee determination process

W38 Submission No. 617431

OHIP for All: Fighting for Access to Healthcare for All Residents of Ontario

Thrmiga Sathiyamoorthy, Arnav Agarwal

Background

Over 500,000 migrants living in Ontario are denied health coverage based on their immigration status, including recent immigrants, certain temporary foreign workers and international students, those awaiting a response to humanitarian or sponsorship claims, non-status individuals and even returning Canadian citizens. OHIP for All is a movement of healthcare workers, social service providers, students, health activists and migrants advocating to expand access to healthcare for all Ontario residents.

Content

This workshop will focus on 1) how individuals become uninsured, 2) the challenges of navigating healthcare as an uninsured individual and 3) existing advocacy efforts around promoting healthcare coverage for this group. Understanding the pathways to becoming uninsured and the difficulties encountered by uninsured people will shed light on the scope of the problem and its long-term effects. For example, uninsured individuals are regularly turned away from care, charged fees upfront, or pursued by collections agencies. Finally, the workshop will showcase some of OHIP for All's recent advocacy efforts, including the #healthcareformigrants campaign led by an affiliated group. This initiative calls for healthcare for all migrants in Canada, regardless of immigration status. It was endorsed by over 1,500 members of the health community and over 80 organizations, including the Ontario Medical Association and Canadian Medical Association.

By engaging in this workshop, participants will be better able to contextualize the implications of lack of health coverage, and appreciate the need for continued advocacy around this issue.

Instructional Methods

We intend to use a case study to illustrate the challenges of those lacking health coverage and demonstrate the multifactorial social and health barriers they encounter. We will facilitate a discussion regarding the the health implications of these polici

Keywords

uninsured, immigration status, health equity

W39 Submission No. 617433

“My lawyer said I need a doctor’s letter...”: Enhancing Medical Reports for Refugee Claims in the Canadian Context

Vanessa Redditt, Crossroads Clinic; Mei-Ling Wiedmeyer; Raoul Boulakia; Mayoori Malankov; Debbie Rachlis; Michaela Beder, St. Michael's Hospital; Hanna Gros

Background

Immigration lawyers representing refugee claimants who have endured injuries through torture/violence often request a medical report documenting physical evidence of those injuries. Refugee claimants may also ask their primary care providers for medical reports describing their physical and mental health conditions to support their application for refugee status. Primary care providers can play an important role in providing high-quality medical reports to advocate for their refugee patients.

Content

Objectives:

- 1) Describe the role of medical reports in the Canadian refugee determination process.
- 2) Identify approaches to effective documentation of physical injuries, including a review of common scars resulting from torture and how to describe them.
- 3) Discuss appropriate documentation of mental health conditions, cognitive impairments, and other health conditions for the purpose of refugee hearings and other immigration-related proceedings in the Canadian context.

Key Points:

- Well written medical reports can provide important sources of evidence to support refugee claimants in their hearings.
- Medical reports for refugee hearings require specific content and language suited to the immigration system context, which may differ from other medical reports requested of primary care providers.
- As refugee claims are rising in Canada, medical report writing is a competency for any clinician seeing refugee claimants.

Instructional Methods

An interprofessional team of primary health care providers and legal experts will lead an interactive discussion and practice session, using case examples, writing samples, and photos of physical scars/injuries, to equip participants with practical skills

Keywords

Documentation, refugee hearings, refugee claimants/asylum seekers

W40 Submission No. 617514

Controversies and challenges in pediatric refugee care

Mahli Brindamour, Patricia Li

Background

Pediatric refugees are amongst the most vulnerable children in the world. Their journey of displacement, potential exposure to violence and conflict, and resettlement experience increase their overall risk of ill health, in addition to needing the same health surveillance as their host country counterparts. National primary care guidelines exist for refugees in general, but the pediatric literature is less extensive than in adult medicine. For these reasons, pediatric health care providers often find themselves facing significant challenges without clear answers or evidence-based guidance to support management approaches. Opportunities for collaborative case work with colleagues working in similar situations can be helpful in advancing optimal care for refugee children.

Content

During this workshop, through case studies and discussion with the audience, the authors will discuss approaches to difficult, sometimes confusing, yet common scenarios in pediatric refugee care. This will include discussions on developmental, behavioural and mental health issues, access to services and health coverage, as well as vaccines and infectious diseases.

Instructional Methods

Case studies and interactive discussions.

Keywords

Pediatrics, Physical/mental health, Case studies

W41 Submission No. 617987

Ethics of Practice with Resettled Refugee Women: Cultural Competence Workshop

Erum Agha-Ball, Dilshad Jaff, Sarah Richards-Desai

Background

United States is home to more than 3 million refugees who have arrived from a variety of nations and cultures. Using the biopsychosocial approach in providing optimal care to refugee clients, means that their needs must be understood in the cultural context. Evidence has identified language and cultural barriers as some of the biggest deterrents to seeking healthcare among refugees. In addition, exposure to trauma and torture adds layers of complexities to interactions between refugees and their service providers. For refugee women, who comprise half the refugee population, the intersection of race, gender, and exposure to gender-based violence put them at a greater disadvantage, and often they suffer in silence.

Content

This ethics workshop provides useful information, insight and education on navigating language barriers and cross-cultural communication with refugee clients. These skills are necessary in delivering culturally competent services to refugee women. In addition, practical tips to establishing rapport and a therapeutic alliance with the

refugee clients will also be shared. The following topics are covered: stages of migration – flight, transit, resettlement; awareness of culture and cultural identity; cultural context; cultural competence; gaining trust and building rapport with the refugee clients.

Instructional Methods

The 45-minute interactive ethics workshop delivered by a highly skilled refugee researcher and practitioner will be a combination of a short lecture, case studies, PowerPoint slides, and a breakout session. An additional 15 minutes will be allocated for q

Keywords

cultural competency, ethics, refugee women

W42 Submission No. 618134

Trauma-Informed Approach for Working with Child and Youth Survivors of War and Torture

Nadia Umadat, The Canadian Centre for Victims of Torture (CCVT)
Rafiya Asad, The Canadian Centre for Victims of Torture (CCVT)

Background

Child and Youth survivors of war and torture often experience multiple and varied losses on their journeys to seek asylum in a safe country. In that sense, they differ from other immigrant populations who have sufficient time to prepare and process such losses. Periods of extended trauma can act as precursors for inadequate mental health if left untreated (Marshall et al., 2016). Child and Youth survivors are an especially unique population, as the aforementioned traumatic complexities can be exacerbated with additional stressors such as issues of generational conflict, exploration of sexual identities, literacy and educational concerns, and ideas that arise surrounding belonging and otherness (Pieloch, Marks & McCullough, 2016). Thus, work involving this particular population requires unique adaptation.

References

Marshall, E.A., Butler, K., Roche, T., Cumming, J. & Taknint, J. (2016). Refugee youth: A review of mental health counselling issues and practices. *Canadian Psychology*, 57(4), 308-319

Pieloch, K., Marks, A. & McCullough, M. (2016). Resilience of children with refugee statuses: A research review. *Canadian Psychology*, 57(4), 330-339

Content

As counselors at the Canadian Centre for Victims of Torture (CCVT), we routinely advocate for the rights of survivors of war and/or torture, and also provide additional support for children and youth in navigating the many challenges they face in the integration process. The learning objectives of the workshop aim to introduce participants to the work of CCVT, gain a more comprehensive knowledge about the experiences of child and youth survivors, recognize barriers to engagement, and offer practical strategies for supporting child and youth survivors from an anti-oppressive and holistic framework.

Instructional Methods

Our workshop will comprise of a short PowerPoint presentation, followed by a case study and facilitated group discussion.

Keywords

refugee, youth, children, war, torture, trauma

W43 Submission No. 618347

Culturally Adapting and Translating Screening Tools: Best Practices and Lessons Learned

Abigail Grant, University of Washington, Department of General Pediatrics, Harborview Medical Center
Elizabeth Dawson-Hahn
Anisa Ibrahim, MD, University of Washington School of Medicine/Harborview Medical Center
Fatima Adam, Cultivate Learning, University of Washington
Farah Mohamed, King County Public Health Seattle, Washington
Mohamed Shidane, Somali Health Board
Leela Kuikel, Bhutanese American Organization-Philadelphia
Katherine Yun, MD MHS, Assistant Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine; Attending Pediatrician, Refugee Health Program, Children's Hospital of Philadelphia

Background

Without the use of standardized screening tools, only 30% of children with developmental disabilities are identified. This increases to 70 to 80% with the use of standardized screening tools. Available screening tools do not match the diversity of languages, cultures, and literacy levels required to achieve universal developmental screening, contributing to disparities in recognition of development delay and connection to services.

Content

This interactive workshop will provide participants with a practical approach to culturally adapt and translate screening tools. The key points will include: 1) background on the need for cultural adaptation in addition to language translation 2) a step-by-step guide for translating standardized questionnaires based on the Policy Lab "Translating Standardized Pediatric Questionnaires: A Simple Tool for Providers" developed by Dr. Katherine Yun with practical application and 3) specific lessons learned from our experiences translating the Survey of Well-Being of Young Children (SWYC) into Nepalese (Children's Hospital of Philadelphia) and Somali (University of Washington).

Instructional Methods

The workshop will start with a brief background presentation to provide an overview on translating standardized screening tools with a particular emphasis on the need for cultural adaptation and not only direct translation. Specific examples from our exp

Keywords

Translating Screening Tools

W44 Submission No.

Identification and Management of Common Dental Issues Among Refugees for the Non-Dental Professional.

Sherri Schwartz, Toronto Public Health

Background

Oral health is vital to overall health and well-being, but it can be easily overlooked when more pressing issues arise in Refugee settlement. Lack of access to dental services, and unhealthy diets in while fleeing persecution may lead to dental pain, infection, poor oral hygiene, and a deterioration in oral function and esthetics. This presentation will help non-dental professionals to recognize what is healthy and

unhealthy in the mouth, to triage urgent versus non-urgent dental cases, and to appropriately refer clients. Dr. Schwartz, a Manager in Dental & Oral Health Services, will be giving this presentation on behalf of Toronto Public Health.

W45 Submission No.

How Do We Make the Link? HIV Primary Care for Newcomer Refugees and Linking to Care in Toronto, Ontario

Praseedha Janakiram, Women's College Hospital, Toronto
Simran Kaur

Background

New HIV infections in Canada disproportionately affect special populations including those born in countries where HIV is endemic. Providing robust initial primary care that includes community collaboration for refugees living with HIV/AIDS is an important element of engaging refugee patients in personalized, lifelong health care and preventative care. This session will address the nuances of primary care priorities and psychosocial needs for newly arrived refugees living with HIV/AIDS. This session will also speak to the strategies, challenges, and successes of linking patients to care in the current health system as it applies to the newcomer/refugee context in Toronto, Ontario.

W46 Submission No.

Providing Culturally Appropriate Care for LGBTI Migrants and Refugees (Part 1 and 2)

Gabriel Schirvar, International Organization for Migration

Background

This two-part, highly interactive workshop provides medical and health care professionals with the essential tools and skills to uphold the human rights and dignity of LGBTI migrants and refugees, and address their unique needs in practice. In part 1 of the workshop, participants will examine key LGBTI terms and concepts through a human rights lens, building a strong foundation on which to explore culturally appropriate care in part 2. Participants who attend both parts of the workshop will be able to (a) use appropriate words and phrases to discuss diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), in line with international best practices; (b) describe health issues that disproportionately impact LGBTI people; and (c) identify ways to eliminate risk points in medical/health care settings.

W47 Submission No.

Immunization Considerations in Refugee Children

Patricia Li, Montreal Children's Hospital'
Paul Geltman, Massachusetts Department of Public Health
Mahli Brindamour, University of Saskatchewan

Background

Infectious diseases, several of them vaccine-preventable, remain a significant source of health inequalities worldwide as well as within vulnerable populations of resource-rich regions. In this workshop, we will review updated refugee resettlement processes that address vaccination for preventable infectious diseases. We will discuss the

challenges that healthcare providers and systems face in ensuring up to date vaccines in resettled populations, including vaccine hesitancy, lack of documentation and continuity of care, and explore ways to address these. Through case-based discussions, we will illustrate best practices in evaluating and using overseas immunization records and providing catch-up immunizations for refugees. Canadian and American approaches to refugee immunization will be contrasted and compared.

P01 Submission No. 552467

A systematic review into refugee perceptions of using the Australian healthcare system

Michael Au, Athire Debbie Anandakumar, Robyn Preston, Robin Ray, Margaret Meg Davis

Background and Rationale

Evidence suggests refugees have significant unmet health needs. Delivering health services to refugees continues to be problematic. A systematic review and thematic synthesis of the literature exploring refugee perceptions of the Australian healthcare system was performed.

Methodology

Titles and abstracts of 1444 articles published between 2006 and 2018 were screened, and 144 articles were read in full-text. Articles were appraised with a combination of critical appraisal tools. Using QSR NVivo 11, articles were coded and an explanatory model was used to synthesise these findings. Confidence in the review findings were assessed with GRADE-CERQual approach.

Results/Impacts/Outcomes

The final synthesis included 33 articles. Refugees commonly described engagement and access issues as barriers to using health services which were perpetuated by their unfamiliarity. Information sharing is needed, yet its poor delivery resulted in disempowerment and loss of autonomy. In response, refugees resorted to familiar means, such as family members and their pre-existing cultural knowledge. This, at times, perpetuated their unfamiliarity with the broader health system. Trust and privacy were pervasive issues that influenced access and engagement.

Conclusion/Keywords

As refugees resorted to familiar means to overcome barriers in using healthcare, this study has implications across all areas of service provision. From the findings, clinicians can incorporate the INQUIRE approach into their practice to promote access and engagement. Health administrators and educators need to consider improving the cultural competency of staff and students. Research on how these measures can be delivered as well as strengthening the evidence from rural and regional communities in Australia is needed.

Service-delivery, perception, access

P02 Submission No. 618046

Evaluating LGBT Asylum Seekers: A Literature Review and Best Practices from the MGH Asylum Clinic

Nathan Praschan, Rashmi Jasrasaria, Andrew Hoekzema, Jo Henderson-Frost, Nicholas Diamond, Vishwajith Sridharan, Hannah Wenger, Matt Garland

Background and Rationale

The MGH Asylum Clinic provides forensic evaluations for survivors of persecution seeking asylum. Since 2018, 43 of 205 referrals have been LGBT clients, with the majority (63%) identifying as gay men. A plurality (25%) have been from Uganda. LGBT asylees experience more sexual violence and long-term persecution with greater morbidity than non-LGBT peers. In our clinic, 50% of LGBT individuals have suffered

sexual violence. Because LGBT individuals represent a large portion of referrals and anecdotally have experiences that differ from their non-LGBT peers, the MGH Asylum Clinic conducted a literature review and preliminary analysis of cohort data to design a curriculum of best practices for volunteers.

Methodology

Literature review was conducted via PubMed and supplemented with the Harvard library. LGBT health expert recommendations such as the National LGBTQ Task Force and the Fenway Institute were reviewed.

Results/Impacts/Outcomes

The literature suggests LGBT individuals benefit from working with providers experienced in LGBT care. Thus, all providers in an asylum clinic should practice both sensitive and trauma-informed care. Principles for such care include encouraging autonomy and remaining humble, as well as avoiding restrictive language. Furthermore, LGBT forced migrants share common experiences, including hidden identities; forced disclosure; mistreatment from family; and increased mental health burden resulting from accumulated minority stressors. Given these results, we recommend documenting in asylum affidavits consistency of clients' experiences with known phenomena, as well as an expanded review of systems that includes complex PTSD.

Conclusion/Keywords

LGBT forced migrants have unique experiences of mistreatment, and providing asylum evaluations for these individuals requires special care and familiarity with lived experience.

asylum, curriculum, LGBTQ

P03 Submission No. 576604

Enhancing resettlement through an innovative interprofessional team approach

Stephen Kern, Thomas Jefferson U; Christine Kubica; Gretchen Shanfeld

Background and Rationale

Resettlement involves refugee transfer from an asylum country to another State and ultimately permanent settlement. Oftentimes, resettlement to a country where society, language and culture are completely different and new. The innovative interprofessional program discussed in this presentation resulted from a partnership between a US Committee for Refugee & Immigrant (USCRI) affiliate & a university occupational therapy program.

The program facilitates the refugee's level of participation in meaningful daily life; having the resources and training to perform self care, home, and work activities; access and use community transportation to participate in marketing, banking, and health management. This program brings together case managers, occupational therapists, and ESL teachers to collaboratively design individually tailored, client-centered intervention plans to achieve the organization's mission.

Interventions include instruction and practice of activities of daily living with embedded ESL education techniques. Interventions challenge the individual's level of skill and competence. Objective and measurable weekly progress is documented to demonstrate increased levels of independence; consistency of performance; and use of environmental modifications to facilitate participation in daily life.

The learning objective of this presentation for participants to describe an innovative interprofessional program to facilitate successful resettlement.

Methodology

Case studies illustrate program successes.

Results/Impacts/Outcomes

Measurable outcomes of improved levels of daily life activity participation are presented through the use of illustrative diagrams.

Conclusion/Keywords

This presentation describes an innovative approach that provides a scaffold which can be applied to other resettlement efforts. A unique element of this program is the addition of occupational therapy services to facilitate client resettlement.

Interprofessional practice: collaboration in practice between health providers and clients

P04 Submission No. 576637

Bonding, Bridging, and Linking: Social Capital and Its Potential Health Impact among Refugees in Their Resettlement Countries

Huaibo Xin

Background and Rationale

Literature has highly emphasized the importance of social capital on health and mental health. This study aimed to identify the patterns of the structures and relations of social capital among refugee populations so as to promote their health by fostering the growth of their social capital in their resettlement countries.

Methodology

It was a systematic review study using a theme analysis.

Results/Impacts/Outcomes

A total of 1,476 peer-reviewed journal articles, book chapters, reports, theses, dissertations, and commentaries, related to refugees' social capital building were thoroughly reviewed. Thirty-seven articles were included in the final theme analysis. Information was organized based on the three categories: bonding capital, bridge capital, and linking capital. Findings indicated that refugees in their resettlement countries commonly relied on religious practice, their ethnic organizations, school/workplaces, social and sports events, and social media to develop all three categories of social capital. Additionally, they built both their bonding and bridging capital through family, neighbors, and friends. They were further linked to a broader spectrum through both government and non-government organizations, and transnational network. Literature also revealed barriers that refugees encountered in their social capital building.

Conclusion/Keywords

Support interventions to systematically help refugees be integrated into their host countries are rare. More future endeavor is needed for a policy change as well as research in identifying more effective and innovative strategies of helping refugees in social integration and

evaluating the effectiveness of support interventions among different refugee populations and their impact on refugees' health.

Social Capital, Networks, Refugees, Health

P05 Submission No. 576659

Social, Graphical, and Geospatial Mapping of Social Capital among Bosnian Refugees in the U.S.: Implications on Bosnians' Mental Health

Huaibo Xin

Background and Rationale

Refugees have encountered significant barriers that prevent them from networking in a new country. The purpose of this study was within the parameter of Social Capital Theory, using Social Network Analysis and Geographical Information Systems, to socially, graphically, and geospatially identify and map out the patterns of structures and relations of social capital that were relevant to mental health among Bosnian refugees resettled in the U.S. along with the challenges that they were facing.

Methodology

It was an exploratory qualitative case study.

Results/Impacts/Outcomes

The study was conducted primarily through intensive individual face-to-face interviews, onsite observations, and document reviews. Interviews were guided by pre-structured open-ended questions, which were developed based on the current literature review. A total of 50 Bosnian refugees were recruited using maximum variation, criterion, and snowball sampling strategies. Both within- and cross-case analyses were used to analyze the data. Findings indicated the functions of (a) family members, friends, community leaders, and service providers, (b) religious practice, (c) ethnic organizations/groups, (d) recreational events, (f) work/school places, (g) government/non-government organizations, (h) media/technologies, and (i) transnational network in bonding, bridging, and linking social capital building among Bosnians resettled in the U.S., and how different types of social capital impacted the study population's mental health.

Conclusion/Keywords

The preliminary data were used to develop a support intervention to sustain and strengthen the social capital building among Bosnian refugees, improve their mental health, and be replicated among other refugee populations, as well as advocate for a policy change using triangulated data sources.

Social capital, mental health, refugees

P06 Submission No. 581537

Identifying Maternal Healthcare Needs of Pregnant Refugee Women in Utah

Sheri Palmer, Brigham Young University (BYU) College of Nursing
Amanda Brower, Brigham Young University (BYU) College of Nursing

Background and Rationale

The refugee crisis has impacted nations and global health worldwide. The UN Refugee Agency (UNHCR) estimates there are currently 22.5 million refugees throughout the world (UN Refugee Agency, 2018). Since Fiscal Year 2016, over 300 refugees have resettled in the state of Utah (Refugee Processing Center, 2018); these individuals represent various cultures and health needs. Data from other regions of the world indicates there are great discrepancies and complications in maternal healthcare of refugees, including increasing risks of C-section births, preterm birth, low birth weight (LBW) infants, perinatal mortality, postpartum depression, and stillbirth (Lancaster, 2017).

Aim: The purpose of this study is to identify the most urgent maternal healthcare needs of pregnant refugee women in Utah.

Methodology

Exploratory, qualitative IRB-approved research method.

Results/Impacts/Outcomes

Five pregnant refugee women receiving healthcare at a local clinic, and their healthcare providers, were interviewed. Preliminary results indicate appropriate administration of culturally-sensitive healthcare, but indicate existing barriers to communication, transportation, and payment for services.

Conclusion/Keywords

Commendable, culturally-appropriate healthcare was observed. At monthly clinic-sponsored meetings, pregnant refugee clients gather with their healthcare providers for prenatal healthcare education in a culturally-sensitive group setting.

Improved management of logistics (communication, transportation, financial) will occur through better implementation of interpretation services (widely available via iPad/mobile devices), acquisition of bus passes for refugee clients, and creation of simple, illustrated documents outlining healthcare procedures, medication instructions, and available financial resources.

Knowledge of the needs of pregnant refugee women is still in its infancy in Utah. Widespread awareness and implementation of these interventions will decrease cultural, financial, transportation, and communication barriers faced by pregnant refugee clients.

pregnancy

P07 Submission No. 582757

Cuban health outcomes in Texas: those paroled into the U.S. at border vs. those who obtained refugee/parolee status in Cuba

Emma Seagle; Jessica Montour; Deborah Lee; Christina Phares, PhD, Centers for Disease Control and Prevention; Emily Jentes

Background and Rationale

Among Cubans resettling in the United States from 2010–2015, some entered through US Government programs (family reunification, migration lottery). Others were paroled in after crossing the border (Cuban Haitian Entrant Program). Regardless of route, Cubans eligible for refugee benefits are recommended to undergo a medical assessment upon arrival. Those who obtained refugee/parolee status in Cuba were identified through records in CDC's Electronic Disease Notification (EDN) System and/or the US Department of State's Worldwide

Refugee Admissions Processing System (WRAPS). Those paroled in were individuals not listed in EDN/WRAPS. We reviewed differences in health outcomes in those arriving in these two entry routes.

Methodology

We included Cubans with medical assessments who arrived from 2010–2015.

Results/Impacts/Outcomes

Of those included, 8,709 (80%) were paroled in at the border and 2,189 (20%) obtained refugee/parolee status in Cuba. Of those paroled in, 62% were male (vs. 49% who obtained refugee/parolee status). Preliminary results revealed that individuals paroled at the border were more likely to have a positive HIV/AIDS screening (0.6% vs. 0.2%), but less likely to have parasitic infections (9.6% vs. 12.2%), hepatitis C (0.1% vs. 0.4%), and high lead levels (5.2% vs. 12.3%).

Conclusion/Keywords

Within-country variations in health status are often not examined among refugees, yet they are critical to understand granular health trends. Our analysis provides an in-depth view of health outcomes among Cubans and suggests that the health profiles of these two routes of entry differed.

Cuban migration; refugee screening

P08 Submission No. 584168

Healthcare Access for Syrian Refugees and the Jordanian Host Community in Northern Jordan: A Qualitative Study.

Dalia Alnuaimi, The study was conducted in affiliation with MSF-Spain. It was also a part of a thesis for the global health delivery Master's degree at Harvard medical school.

Background and Rationale

Jordan hosts over 650,000 Syrian refugees, 80% of whom live outside camps. Since 2011, and until the study was conducted in 2017, the arrival of the refugees doubled the population of Northern Jordan. This influx strained the healthcare infrastructure and increased the economic vulnerability of the host population, causing tension which eventually led the government to institute a system of healthcare fees upon the refugees living outside camp. This study examines the barriers to accessing healthcare faced by both Syrian refugee and Jordanian host communities and their coping strategies to face such barriers.

Methodology

This qualitative study was conducted using 55 family and individual interviews that explore the experience of seeking healthcare. Inductive content analysis was then used to generate descriptive categories and themes.

Results/Impacts/Outcomes

The study highlights the multitude of barriers to accessing healthcare faced by both the Syrian refugees and the host community, the role of social networks in accessing healthcare, and the factors that affect the building process of those networks.

Conclusion/Keywords

The Syrian refugees and Jordanian host communities struggle to access healthcare primarily due to costs and overburdened health facilities. Utilizing their social networks to cope with these challenges, individuals find themselves dependent on their unreliable and limited social capital, which further strains the local community and thus further increases their vulnerability as a population.

Syrian refugees, Refugee health, Host community, Healthcare policy

P09 Submission No. 598848

Primary Care Experiences of Young Adult Refugees after Resettlement

Sarah Brewer

Background and Rationale

Prior research shows young adult refugees are more likely than general population peers to report using primary care, but have a slow trajectory to identifying a primary care provider. Integration factors including country of origin, marital status, and economic self-sufficiency have been correlated with primary care use, but little is understood about how resettled young adult refugees build a primary care relationships.

Methodology

Semi-structured interviews (n=23) were conducted by multi-lingual interviewers with young adult refugees ages 18-29 from five countries of origin (Bhutan, Burma, Iraq, Somalia, and Syria). Participants were asked about their experiences with primary care, barriers and facilitators of using primary care, factors related to integration, and becoming independent in the health care system. Interviews were recorded, transcribed into English and analyzed using a qualitative content analysis methodology and a directed approach drawing on the Behavioral Model for Vulnerable Populations, integration frameworks, and emerging adulthood theory.

Results/Impacts/Outcomes

Preliminary analysis suggest that young adult refugees experience primary care with a healthcare system they perceive as confusing and challenging to navigate. Participants report the concept of primary care in the United States differs from the healthcare systems in their countries of origin. Most participants reported that access to healthcare was not a barrier to a primary care relationship. Being employed and pursuing an education were reported as barriers to preventive primary care. Being married and having family support were commonly reported supports. Additional findings will be reported.

Conclusion/Keywords

Young adult refugees experience more conceptual than logistical barriers in accessing primary care during their resettlement to the United States.

primary care, emerging adulthood, qualitative

P10 Submission No. 600639

Family Planning Utilization in U.S.-based African Refugee Women

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Background and Rationale

Delaying and spacing childbearing via family planning is critical to women's economic, physical, and social wellbeing. Little is known about family planning utilization in U.S.- based African refugee women, despite their increasing numbers in the population and distinct cultural context that may influence family planning behaviors. The purpose of this study was to describe family planning use in the African refugee community in Buffalo, NY., with particular focus on history, adverse effects, and potential misconceptions.

Methodology

A cross-sectional study was conducted with 101 women ages 18-45. Recruitment occurred through purposive snowball sampling. Data were collected via a paper-and-pencil survey from July 2017 to August 2018. Descriptive and frequency analyses were completed.

Results/Impacts/Outcomes

Approximately half reported ever using a family planning method (48.5%), however 65.3% reported not currently using a method. Most common reasons for nonuse included desire for future pregnancy (28.8%), personal/religious beliefs (25.5%), infrequent sex (22.0%), and fear of side effects (16.9%). Of method nonusers, 27.1% did not want a future pregnancy for at least two years.

Conclusion/Keywords

Most women were not using contraception because they wanted another child. Almost half reported a history of contraceptive use, indicating acceptability of contraceptive use. However, over 25% of nonusers did not want a future pregnancy for at least two years, indicating some kind of unmet need. Fear of negative side effects emerged as a potentially modifiable reason for nonuse. Efforts to support culturally congruent education regarding birth spacing and misconceptions regarding side effects of contraception may be beneficial in this population.

Family planning, women's health, African refugees

P11 Submission No. 603097

UConn Immigration Rights Initiative: the development of a student run asylum clinic and an avenue for refugee advocacy

Susan Levine, MD MPH

Background and Rationale

There are 68.5 million individuals displaced globally due to human rights abuses. Of these, 262,000 applied for asylum in the US in 2016. As the caps for refugee resettlement diminish and criteria for asylum become more restrictive, it is increasingly important that physicians become trained to advocate effectively for this vulnerable population. A student-run asylum clinic is a way to provide critical medical

testimony, to teach trainees essential clinical skills for recognizing signs of abuse, and to learn advocacy skills.

Methodology

Medical students trained by Physicians for Human Rights work in collaboration with Immigrant Health Faculty and UConn Lawyers to provide pro bono forensic evaluations for asylum seekers.

Results/Impacts/Outcomes

An individual's likelihood of attaining asylum increases when an affidavit incorporates a trained forensic evaluation. A student run asylum clinic is a way to provide this critical medical testimony. It is also a powerful mechanism to teach trainees essential clinical skills for recognizing signs of abuse in other patient populations.

Conclusion/Keywords

Students draft asylum affidavits and observe court arguments. Student leaders arrange educational events at the medical school and connect with local resettlement agencies, and refugee advocacy groups to educate their peers and community about the rights and needs of the immigrant population in the greater Hartford area.

What follows is a description of the development of the UConn Immigrant Rights Initiative, including its support by medical school leadership and curricular integration as well as student run initiatives around education and advocacy.

asylum clinic, advocacy, medical student

P12 Submission No. 610748

Supporting Mental Health of Syrian Refugee Mothers: A Collaboration among Community Stakeholders, Syrian Community Members and Researchers

Joyce O'Mahony, Shahin Kassam, Kristin Ringstad

Background and Rationale

Over 50,000 Syrian refugees have resettled to Canada in response to an overwhelming humanitarian disaster. Key objectives were to bring health researchers and research users together to share ideas and plan for activities regarding Syrian mother's support and access to healthcare. The purpose was to understand how to address the emotional well-being/health concerns of barriers to healthcare services for Syrian refugee mothers and their families.

Methodology

Activities focussed on community engagement, a Symposium, and development of an advisory board with key stakeholders, Syrian mothers, healthcare professionals, and immigrant/non-government organizations. A community advisory board (CAB) was used to involve community members to build collaborative networks, reciprocity and shared knowledge.

Results/Impacts/Outcomes

Building dialogue, promoting knowledge exchange, and meaningful engagements of community participants, equitable and sustainable relationships were fostered with relevant stakeholders and critical to achieving positive outcomes. An interdisciplinary research symposium and regular CAB meetings served as a source of leadership in the

partnerships of community research and provided space for community members to voice concerns/priorities. The notion of a Peer Research Assistant surfaced to support future research. Literature synthesis revealed themes regarding peer researcher models: education, capacity building: relational/reciprocal, support, navigation of political, cultural and socioeconomic intersections.

Conclusion/Keywords

The engagement between community stakeholders, researchers, and research users will continue with the aim of building community capacity and sustainable service delivery that meet the needs of Syrian families in future research. Successfully working with community members to gain trust/expertise and reciprocally valued often requires stepping back and assuming a more flexible design than in traditional research.

Syrian refugee women, mental health, social participation, community capacity/development

P13 Submission No. 611016

Vaccination among refugees from Ukraine

Nonna Netiazhenko; Warren Dalal, International Organization for Migration; Risatul Islam; Ivan PRADO FROES

Background and Rationale

Despite the fact that the benefits of preventive vaccinations today seem obvious and in accordance with Ukrainian laws, vaccinations are mandatory parents of a child have the right to refuse them. Such families are subsequently not only at risk for the development of both the infections themselves and their complications, but also a source of infections, and in the case of migration they contribute to the spread of infection outside of their own country, which negates the efforts of specialists to eliminate infectious morbidity.

The purposes of the study are to assess the frequency of vaccination among refugees from Ukraine and find out the frequency and reasons for refusal to vaccinate.

Methodology

We used questionnaires to investigate the frequency and reasons for refusal to vaccinate among randomly selected 225 (80 adults and 145 children/40 families) Ukrainian refugees.

Results/Impacts/Outcomes

Main Reasons for refusing vaccination among Ukrainian refugees: vaccines are harmful and dangerous (may contain a toxic component). "Threat" and "suppression" of their own immunity system; doctors in vaccination rooms and schools vaccinate formally or even forcibly, without taking into account contraindications. As a result, post-vaccination complications often develop. Vaccination should be done selectively; Negative experience of their friends and relatives; Distrust of vaccine's quality; High Price and/or lack of vaccines in the clinic at the place of residence.

Conclusion/Keywords

Study shows low awareness of the consequences of lack of immunization through vaccination among refugees, main reasons for refusing vaccinations were identified. In 75.0% of cases re-vaccination was not performed.

Vaccination, Outbreak, Refugees

Type of Torture as a Predictor of PTSD Symptomology

Phyu Pannu Khin, Keith B. Burt, Hannah Holbrook, Karen Fondacaro

Background and Rationale

Among refugees diagnosed with post-traumatic stress disorder (PTSD), previous exposure to torture has been found to be the strongest predictor of symptoms related to PTSD (Steel et al., 2009). Several studies have shown the relationship between torture type and psychopathology, such that sexual abuse has been particularly associated with higher rates of PTSD in refugee and non-refugee samples (Hooberman et al., 2011; Kira et al., 2013; Gaskell, 2005). To investigate such findings, we hypothesized that in our clinical sample, refugee torture survivors who have experienced sexual trauma/rape would display a greater risk of PTSD in comparison to those with different types of torture experiences.

Methodology

Participants included 170 refugee torture survivors seen at a U.S. Northeastern outpatient clinic. As part of a larger study, measures included a demographic questionnaire assessing torture experiences and the Harvard Trauma Questionnaire (HTQ).

Results/Impacts/Outcomes

Logistic regression was performed using different torture categories to evaluate the independent association of each torture variable with risk for meeting a PTSD-related clinical cutoff score. We found that accounting for the other torture categories experienced, psychological torture significantly predicted meeting PTSD cutoff criteria, OR = 3.79, $p = .008$, 95% CI [1.42, 10.08].

Conclusion/Keywords

Contrary to the existing literature, our results highlight the impact of psychological torture in refugee patients seeking services at a mental health clinic. We will present on the importance of providing culturally sensitive and responsive PTSD assessments and treatments to those who have experienced different types of torture.

PTSD, Torture, Sexual Assault

Vaccine Preventable Outbreaks in Burundi, Rwanda, Tanzania, Uganda and its impact on Refugee Resettlement

Farah Amin; Stella Mwakapotela; Thomas Kalasani; Sylvere Ndikumana; Eduige Biraronderwa; Fred Opolot; Juvenal Ndayisenga; Warren Dalal, International Organization for Migration

Background and Rationale

The International Organization for Migration (IOM) offers pre-departure vaccination of up to 13 antigens to refugees depending on age, vaccine history and recommendations by the country of resettlement. One objective of offering these vaccines as part of the health assessment process is to prevent the cancellation or delay of travel to the resettlement country. IOM conducts health assessment on refugees in the resettlement program in Burundi, Rwanda, Tanzania,

and Uganda; these countries host the largest population of refugees from the Democratic Republic of Congo where refugees from that country are at higher risk of contracting a VPD due to the breakdown of health systems and inability to access health care.

Methodology

Through review of vaccine records, IOM identified the number of refugees vaccinated against measles, mumps, rubella and varicella in each country along with the occurrence of these diseases affecting the overall refugee population. Data was also collected on flight cancellations due related to disease outbreaks.

Results/Impacts/Outcomes

IOM completed 16,795 refugee health assessments which included vaccinations in the four countries in 2018, 6,147 departed to resettlement countries within the same period. The only reported cases of flight cancellations due to VPDs were four families in Uganda that did not receive the varicella vaccine.

Conclusion/Keywords

Pre-departure vaccination has been successful in ensuring that refugees, identified for resettlement, do not experience travel delays to their new home and country due to VPDs that occur in the country of asylum.

Vaccine, Outbreaks, Resettlement, Refugees

Connecting Overseas Refugee Vaccinations to State Immunization Information Systems

Amanda Dam, Deborah Lee, Yoni Haber, Mary Hamilton, Dan Reed, Abraham Daniel, Kristin Gall, Savitri Tsering, Emily Jentes

Background and Rationale

Many refugees are vaccinated overseas through the voluntary Vaccination Program for US-bound Refugees. Those vaccination records are available to US state health departments and authorized clinicians through the Centers for Disease Control and Prevention's (CDC) Electronic Disease Notification (EDN) system and on hard copies brought by refugees. However, these records may not be readily transferred to each state's Immunization Information System (IIS). CDC is piloting the electronic transfer of vaccination information from EDN to two state IIS in Nebraska and Wisconsin. This informational poster provides updates on this pilot.

Methodology

EDN has aligned to US immunization community standardization practices, known as Meaningful Use, to facilitate the transfer of overseas vaccination information from EDN to state IIS in Nebraska and Wisconsin. A CDC informatics team facilitated this transfer by using the Public Health Information Network Messaging System (PHINMS) transport protocol and making this information available in Health Level Seven International (HL7 2.5.1) national standards.

Results/Impacts/Outcomes

We translated the EDN vaccination data into HL7 2.5.1 language for Nebraska and Wisconsin's IIS, and we ultimately concluded that encryption and a transport protocol may not be required. This outcome potentially allows collaboration with additional states that do not use

the same transport mechanism, thus, more easily allowing for the direct transfer of refugee vaccination records from EDN to state IIS.

Conclusion/Keywords

Linking EDN overseas vaccination information directly to state IIS will give US clinicians access to records and reduce duplicate vaccinations. These connections will enhance services, reduce costs, and improve refugee health outcomes.

vaccinations, immunization information systems, refugee health

P17 Submission No. 612279

Electronic Disease Notification System: Providing Immigrant and Refugee Arrival Notification and Health Information to US Health Partners

Amanda Dam, Yoni Haber, Deborah Lee

Background and Rationale

Approximately 50,000 refugees enter the United States annually after receiving required medical examinations overseas. The Centers for Disease Control and Prevention (CDC) has regulatory responsibility for preventing the introduction, transmission, and spread of communicable diseases into the United States. To facilitate post-arrival health evaluations, healthcare facilities need timely and accurate notifications of newly arriving refugees.

Methodology

The EDN system is a centralized and secure electronic reporting system that collects health information on newly arriving refugees and immigrants and notifies state and local health departments and other authorized users about those arriving in their jurisdictions. While most local and state health departments already use the system, more EDN accessibility by clinics caring for this population in the US is needed.

Results/Impacts/Outcomes

Between October 2008 and December 2018, EDN sent out 1,040,680 notifications to partners. In 2019, transfer of data from overseas medical examinations will become a more streamlined electronic process; additional information, including medical reports and chest x-rays, will be available in the EDN System. A newly revised version of the EDN TB Follow-Up Worksheet will also be available for use in the EDN System in 2019.

Conclusion/Keywords

This informational poster will provide partners an opportunity to gain a better understanding of how EDN provides valuable information and its new features, with the objective of attracting additional providers to use EDN. Ensuring providers have access to EDN information can protect the health of newly immigrating populations and the communities into which they resettle.

electronic disease notification system, electronic reporting, immigrant health, refugee health

P18 Submission No. 613288

Association of eosinophilia with nematode parasitic infection in refugees in Thailand: Common but of limited clinical utility

Jessica Webster; William Stauffer; Tarissa Mitchell; Deborah Lee; Elise O'Connell; Potsawin Sakulrak; Christina Phares, Centers for Disease Control and Prevention

Background and Rationale

In 2012, CDC examined the feasibility of a program to manage select medical conditions, beyond the scope of the required medical examination, among U.S.-bound refugees from Burma living in Thailand. We present a sub-analysis assessing the clinical importance of eosinophilia for intestinal parasites.

Methodology

The program included voluntary testing for *Ascaris lumbricoides*, *Trichuris trichiura*, hookworms, and *Strongyloides stercoralis* by quantitative PCR, along with blood counts, among a convenience sample of refugees during the required medical examination in Thailand.

Results/Impacts/Outcomes

Among 2,004 U.S.-bound refugees, results were available for 1,835 (92%) persons. Median age was 19.6 years, 52% were male, and 66% were infected with at least one nematode (35% with single infections, 31% with multiple infections). Among those infected, median eosinophil count peaked in children aged 3 to 5 years, then declined with age. Among people with a single infection, those with *Strongyloides* or *Ascaris* had the highest median eosinophil count. In multivariable logistic regression, eosinophilia was significantly associated with all species. Its sensitivity ranged from 65% to 73%, positive predictive value (PPV) from 5% to 46%, and negative predictive value (NPV) from 70% to 98%.

Conclusion/Keywords

Nematode infections are common among U.S.-bound refugees living in Thailand. Eosinophilia is significantly associated with infection, and degree of eosinophilia is associated with the person's age and species of nematode. However, the modest PPV suggests elevated eosinophil count is a poor predictor of active nematode infection. Although NPV was higher, a lack of eosinophilia was also insufficient to rule out infection.

refugee health, parasites, nematode, eosinophilia, Thailand, Burma

P19 Submission No. 614043

Immunization Coverage among Colorado Refugee Arrivals

Lori Kennedy; Paul Gillenwater; Breanna Kawasaki; Emily Jentes, PhD, MPH

Background and Rationale

Immunization up-to-date (UTD) status for refugee populations in the post-resettlement time period is not well-described in Colorado. The Colorado Department of Public Health and Environment (CDPHE) refugee and immunization programs evaluated age and antigen-specific trends in immunization coverage among refugees in Colorado over five

post-resettlement time periods. This effort was made possible through an existing partnership with the Colorado Department of Human Services and a cooperative agreement with the Centers for Disease Control and Prevention.

Methodology

We used alien number to join demographic, overseas and domestic immunization data for analysis. Refugee UTD status was defined using the Advisory Committee on Immunization Practices recommendations for 19–35 month, 4–6 year, and 13–17 year old cohorts. We assessed UTD status at US arrival in 2016 and at 3, 6, 12 and 24 months post-arrival.

Results/Impacts/Outcomes

At arrival, the age groups were 80, 55, and 67% UTD for measles-containing vaccine. At three and 24 months post-arrival they were 92, 77, 79% and 94, 91, and 95% UTD, respectively. Similar analyses by year, including antigen groups such as hepatitis B and tetanus, will be shared during the presentation.

Conclusion/Keywords

Immunization coverage improved among all age cohorts evaluated during the two year post-arrival period, highlighting the successful vaccination program efforts of public health and clinical partners working with refugee populations. Understanding UTD immunization status is important in informing future interventions. Additional analyses between the overseas and domestic periods are planned.

Public health surveillance, data, immunizations

P20 Submission No. 615748

Understanding the birth experience of Afghani Muslim women at a US teaching hospital

Karen Maughan, University of Virginia; Taylor Walters, International Rescue Committee; Sylvia Kauffman, MAHEC Asheville; Elizabeth Carpenter, University of Virginia; Kawai Tanabe; Lisa Rollins, University of Virginia; Mirna Dickey, International Rescue Committee; Hauck Fern

Background and Rationale

Strong preferences for female obstetrical providers can be difficult to accommodate in US teaching hospitals, and can pose medical and ethical risks as well as moral distress to both patients and providers. This project sought to better understand the perspectives and needs of Afghan Muslim women around their US birth experience.

Methodology

Three focus groups were conducted with Afghani Muslim women who delivered at the University of Virginia (2016–2018) and facilitated using a semi-structured interview with an interpreter present. English portions of the interview were transcribed. Qualitative analysis software was used to organize, sort, and code the data. Using grounded theory methodology, the interviews were analyzed for thematic content. Data are reported in aggregate.

Results/Impacts/Outcomes

Of the 8 participants, most were educated and from major cities. All were pleased with their care during delivery at the teaching hospital. All had preference for female providers and noted “shyness” and culture rather than religious reasons for their preference. No one refused care

from male providers. Husbands were reportedly more accepting of male providers. Women felt it was good for their husbands to be in the delivery room so that they could see how difficult labor was. The greatest sadness for women delivering in the US was that their extended family was not with them after the baby arrived.

Conclusion/Keywords

Attention to and understanding of cultural needs of Muslim women may improve the birth experience for patients and providers alike. Not having extended family present may increase risk for depression, stress and dysfunction.

cultural delivery,obstetric Afghan

P21 Submission No. 616166

Creating a Coordinated Inter-professional and Inter-sectoral Mental Health System for Refugee Youth in Calgary, Alberta: A Streamlined Approach

Jacqueline Bobyn, University of Calgary, Mosaic Primary Care Network, Mosaic Refugee Health Clinic; Rachel Talavlikar; Andrea Hull, Cumming School of Medicine, University of Calgary- Department of Family Medicine, Mosaic Primary Care Network, Mosaic Refugee Health Clinic; Annalee Coakley

Background and Rationale

Traditionally, Canada hosts between 20,000–35,000 refugees each year. Many of these individuals have faced traumatic pre-migration experiences and continue to struggle post migration, their stress compounded by the challenges of resettlement. Youth (age <24) are particularly at risk. A coordinated inter-professional and inter-sectoral approach is critical to effectively address these mental health needs. This quality improvement (QI) project aimed to streamline efforts and minimize duplication of services addressing mental health concerns in refugee youth.

Methodology

Community partners from health care, the education system, police services and refugee resettlement support, were surveyed and definitions in regard to role clarification and service provision were determined. Programs were assessed for a) inclusion/exclusion criteria b) professional’s training backgrounds c) the nature, setting, duration of services, and d) time to next available appointment.

Results/Impacts/Outcomes

A streamlined approach to navigating refugee youth mental health services in Calgary was developed. The algorithm identifies a sequenced approach to accessing mental health supports, highlights the nature of each service, and the timing of when community stakeholders become involved. The community stakeholder best positioned to coordinate and communicate the outcomes of these services was identified.

Conclusion/Keywords

As a result of this algorithm, knowledge translation of the refugee youth mental health services in Calgary has occurred. Duplication of efforts has been reduced. As a result of this streamlined approach, coordinated case conferences, and communication with stakeholders involved have routinely occurred. Service providers’ efforts have been united in addressing the mental health challenges that refugee youth face.

Inter-sectoral, Mental-Health, Coordinated-Care

Comparison of Select Health Outcomes in Humanitarian Immigrants in Maryland, 2013-2018

Matthew Dory, Dipti Shah

Background and Rationale

Maryland resettles a very diverse group of humanitarian immigrants (refugees, asylees, and Special Immigrant Visa holders (SIVs)) due to its proximity to Washington DC and existing immigrant communities, which makes it an attractive location for various populations. During, 2013-2018, Maryland resettled 10,903 individuals from 103 countries. This diversity can complicate the current standardized approach to domestic health screening.

Methodology

This study analyzed RHS-15 results, current hepatitis B infection status (HBsAg), tuberculosis status (QFT/TST), and BMI data of humanitarian immigrants screened in Maryland 2013-2018. Differences between the immigrant groups were compared using odds ratios and statistical significance was confirmed using Chi-square test.

Results/Impacts/Outcomes

Refugees and SIVs were more likely to be RHS-15+ compared to asylees (OR=1.80 and 2.57 respectively), but were less likely to be QFT/TST positive (OR=0.82 and 0.52, respectively). Odds of screening positive for hepatitis B were 1.75 times higher for refugees, when compared to SIVs. For BMI, refugees were more likely to be underweight than asylees and SIVs (OR= 1.55 and 2.39 respectively) and also were more likely to be normal weight than asylees and SIVs (OR= 1.32 and 1.30 respectively), while asylees and SIVs were more likely to be overweight than refugees (OR= 1.30 and 1.40 respectively).

Conclusion/Keywords

This preliminary study demonstrates the variability of select health outcomes among the different humanitarian immigrant groups, warranting further analysis, and adjusting for factors such as country of origin and time in the US. Characterizing these differences will better inform healthcare providers in their approach to care.

Hepatitis B, Body Mass Index, RHS-15, Screening, Tuberculosis

Reproductive Health Needs of Resettled Refugee Women: A Call for Action

Erum Agha-Ball

Background and Rationale

Limited research exists for resettled refugee women's reproductive health. Cultural norms around sexual and reproductive health greatly deter service utilization. Lack of refugee women's medical history, health literacy, and cultural factors further exacerbate this issue. The intersection of U.S. policy regarding refugees and women's reproductive rights makes this an urgent public health need.

Methodology

This discussion is based on a previously conducted study by the authors with searches on 4 electronic databases which yielded 96 articles. After review of abstracts, 29 studies including qualitative (n=21) and quantitative (n=8) studies met inclusion criteria. Studies in English language for refugee women over 18 years of age, resettled in the United States, Canada, Australia, and Europe in the last 10 years were included.

Results/Impacts/Outcomes

Lack of data driven studies for refugee women's reproductive health was evident, which can be associated with the scarcity of data on refugee women's reproductive health. Low levels of reproductive health literacy were found among refugee women. Cultural construction of sexual and reproductive health, language barriers and perceived lack of understanding by medical service providers were identified as barriers to seeking care.

Conclusion/Keywords

Inclusion of refugee women in assessing their needs and increasing their understanding of reproductive health can likely improve their reproductive health decision-making. In addition, culturally relevant interventions may better address years of neglected reproductive health needs which impacts their own and their children's well-being. In order to understand cultural norms around preventive and reproductive healthcare for resettled refugee women and barriers to services, further research must center the experiences of refugee women.

refugee women, reproductive health

Experience of pre and postpartum care for Syrian women in Kingston: a preliminary study.

Supaporn Trongsakul, Ruth Chiu, Karen Ngo, Madeleine Nerenberg, Eva Purkey

Background and Rationale

Kingston Ontario is part of a national initiative to resettle Syrian refugees to Canada. Since 2015, the number of Syrian families has increased dramatically in this community of roughly 124,000. Many Syrian women have had babies or have been pregnant since resettling to Kingston. Lack of familiarity with perinatal, intrapartum and postpartum care, as well as cross-cultural and language challenges can lead to difficulties in accessing and receiving appropriate services in Canada. This is the first study exploring the Syrian newcomer's experience of having a baby in Kingston, a community that will continue to receive refugees.

Methodology

Qualitative study design using semi-structured interviews with thirteen Syrian women who were either pregnant or had had babies since arriving in Kingston. Use of interpreters as needed for participants who could not speak English. Data analyzed using qualitative content analysis.

Results/Impacts/Outcomes

Four major themes were identified: 1. Family and social support (importance of family and peer support); 2. Language and communication (limited understanding of English information and lack

of confidence in communicating in English); 3. Health care system (choices of care and waiting time for an appointment); and 4. Cultural aspects (preference for female health care professionals).

Conclusion/Keywords

This is the first study exploring the experience of maternal care and service for Syrian women in Kingston. Overall, respondents reported good experiences when accessing maternal health services in Kingston. However, lack of interpreters is still an obstacle to Syrian women fully accessing their right to health care in this community.

pre and postpartum care, Syrian refugee

P25 Submission No. 617233

Integrating Behavioral Health within a Primary Care Refugee Clinic

Danielle Fitzsimmons-Pattison, NA; Shawna Hershberger; Satu Salonen; Olga Valdman; Alaina Theocles

Background and Rationale

The Family Health Center of Worcester(FHCW), has a refugee clinic providing domestic medical exams and where refugees are seen for primary care until able to navigate health services independently. It is known "refugees are at higher risk of mental health disorders than other immigrant groups"(5). Studies shows refugees have high prevalence of anxiety, depression (3) and PTSD levels greater than non-refugee populations(2). Stigma and other barriers complicate this situation. Our clinic notes similar trends and also high no show rates among refugees referred to MH services. With these concerns FHCW has over 2 years integrated BH within the refugee clinic.

Methodology

Processes for integration were established to increase collaboration. This includes huddles, to discuss potential IBH needs during clinic, anticipate potential warm handoffs and assess availability to assist with RHS-15 screenings. Co-location helps facilitate communication between IBH and team. The IBH clinician provides formal and informal education to team and patients less familiar with MH care.

Results/Impacts/Outcomes

Processes for integration were established to increase collaboration. This includes huddles, to discuss potential IBH needs during clinic, anticipate potential warm handoffs and assess availability to assist with RHS-15 screenings. Co-location helps facilitate communication between IBH and team. The IBH clinician provides formal and informal education to team and patients less familiar with MH care.

Conclusion/Keywords

While this approach has challenges overall it been beneficial. Limitations include availability of IBH provider, billing/ financial constraints and space. However our approach allows flexibility in addressing such obstacles.

Behavioral health, Mental Health, team-based care

P26 Submission No. 617290

Health and the Housing Interface: experience of precarious housing amongst refugees in Melbourne, and the perceived impacts of precarious housing.

Joanne Gardiner, Kudzai Kanhutu, John Michael Gabriel, Jamie Quintana, Beverley-Ann Biggs

Background and Rationale

This study is a joint investigation between the Royal Melbourne Hospital Refugee Health Program and Cohealth Community Health Service. Refugees have previously been identified as a group at risk of experiencing precarious housing. Affordability, suitability and security of tenure are the principle domains of precarious housing. However relatively little research has been done on the health impact of housing amongst refugees attending for primary and tertiary level health care.

Methodology

12 semi-structured interviews were undertaken with experienced staff at Cohealth and Royal Melbourne Hospital, and a purposive sampling strategy was used to ensure diversity of perspectives, with interviews transcribed for thematic analysis.

Results/Impacts/Outcomes

Healthcare sector workers indicated a desire for better collaboration with the housing sector in order to achieve better health outcomes for clients. Inter sector advocacy, collection of data on refugee settlement patterns and publication of public housing waiting lists would assist with service planning. Education of the wider community and refugee families on the current housing situation and potential health impacts could also assist.

Conclusion/Keywords

As above.

refugee; housing; health; PTSD; settlement

P27 Submission No. 617325

Family-based pediatric health education pilot program for refugees

Henna Shaikh; Ginger Holton; Zaneta Forson-Dare; Bonnie Hawkins; Nan Du; Umar Qadri; Frances Cheng; Camille Brown, Yale School of Medicine; Pooja Agrawal, Yale School of Medicine

Background and Rationale

Refugees are at risk for low health literacy and higher rates of illness compared to the general population. Refugees resettled by Integrated Refugee and Immigrant Services (IRIS) in Connecticut identified pediatric health as an area of particular interest for further education. We therefore developed and delivered a family-based health class on pediatric nutrition and physical activity for local refugees.

Methodology

We created an hour-long interactive class based on literature review and expert input. The class included play-based activities for toddlers, such as a "My Healthy Plate" puzzle and dancing, as well as discussion

with parents using visual aids. Pashto, Dari, Arabic, Swahili, and Kinyarwanda in-person translation aided the activities and discussion. We assessed knowledge acquisition using pre- and post-tests.

Results/Impacts/Outcomes

Twelve adults (67% female, ages 20-56) and 3 toddlers attended the class. Teachers reported that children were engaged during the activities, which fueled discussion among the adult participants. Class assessment demonstrated a non-statistically significant increase in average scores from 4.17 to 4.5 (paired t-test p-value 0.17). Verbal feedback from participants indicated satisfaction with class structure and content.

Conclusion/Keywords

This class demonstrated the feasibility of using family-based activities to effectively convey child health information to refugees in a culturally-inclusive manner. The class setting facilitated delving into content typically only briefly covered in well-child visits. While average test scores improved after the class, the absence of statistical significance is likely attributable to small sample size. This family-based class model will be used to develop additional classes for the local refugee population.

Pediatric health, nutrition, education, health literacy

P28 Submission No. 617334

A diabetes-focused curriculum helps improve overall understanding and management of illness

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Background and Rationale

Effective diabetes management requires concurrent pharmacologic and lifestyle modifications including diet and exercise. Relatively low levels of health literacy in refugee populations likely translates into a poor understanding of diabetes management in this vulnerable demographic. Informed by a needs assessment, we implemented a diabetes behavioral health curriculum to help refugees better understand the disease process and its implications.

Methodology

We conducted a diabetes education workshop with refugees at Integrated Refugee and Immigrant Services (IRIS) in Connecticut. Classes were taught by residents with in-person Arabic and Pashto translation. Translated take-home materials with key points were provided for all participants. Knowledge acquisition was assessed through a pre- and post-class questionnaire.

Results/Impacts/Outcomes

There were twelve participants in this class, eleven of whom completed the survey. Our class was 91% female, 55% Pashto-speaking, and 45% Arabic speaking. 9% were employed. Among participants, 91% expressed understanding of the content delivered and 64% of participants stated recommending this class to others. The pre- and post-test assessments demonstrated a non-significant increase in diabetes knowledge from 3.9 to 4.1 (p=0.37).

Conclusion/Keywords

This class validated a targeted diabetes education curriculum as an effective approach in conveying foundational knowledge of diabetes management strategies to refugee populations. Our post-test questionnaire demonstrates satisfaction by our participants and encourages the implementation of further curricula on health management for at-risk populations. The absence of a statistically significant increase in test scores after the class may be attributable to the nuanced nature of the disease process, along with unfamiliarity with western knowledge assessment methods.

Diabetes, health education, health literacy

P29 Submission No. 617705

Challenges of Health Assessment for LGBTQ Refugees

Anita Davies; Marwan Naoum; Warren Dalal, International Organization for Migration; Naing Myint, IOM; Marjorie Mills

Background and Rationale

IOM conducts health assessments for refugees throughout Africa. Health assessments are conducted based on technical instructions or guidelines from resettlement countries. In recent years IOM has encountered an increase in the number of self-identified LGBTQ migrants. This increase in the number of LGBTQ migrants presents IOM with an opportunity to analyze the service delivery of health assessments and ensure that the LGBTQ migrant community needs are addressed.

Methodology

We describe the competencies required to ensure that health assessments of LGBTQ refugees and migrants are inclusive and appropriate medical history taking and medical examinations are conducted to identify relevant medical and social needs.

Results/Impacts/Outcomes

In recent years the International Organization for Migration, and the United Nations High Commissioner for Refugees (UNHCR), have noted an increased number of LGBTQ refugees that require protection services and resettlement to a third country as a durable solution. Some refugee caseloads have been over 50% of self-identified LGBTQ. As health examinations are an essential part of the resettlement process, IOM presents considerations of knowledge, skills and competencies required by health professionals working in resettlement programmes

Conclusion/Keywords

Health assessments for refugees for resettlement countries has become increasingly complex as more tests and investigations are required. The health exam includes tests for STIs such as syphilis and Gonorrhoea. Panel physicians require specific competencies to provide services that support the needs of the LGBTQ migrant community and address their specific health issues. All panel physicians will benefit from training in history taking and the use of appropriate language in all documentation relating to LGBTQ migrants.

LGBTQ Health, Resettlement needs

The mental health of Syrian refugee adolescent girls in the Amenah early marriage intervention

Lama Al Ayoubi, Sawsan Abdulrahim, Jocelyn Dejong, Dima Bteddini, Rima Mourtada, Maia Sieverding, Sasha Fahme, Aya Ahmad, Huda Zurayk

Background and Rationale

A large proportion of Syrian refugees in Lebanon are women and children who experience multiple forms of exclusion that negatively impact their mental health and increase their risk of early marriage. We present quantitative and qualitative results on the mental health of Syrian adolescent girls enrolled in Project Amenah (Bekaa, Lebanon) designed to keep girls in school and mitigate the drivers of early marriage.

Methodology

Amenah is a 2018 early marriage intervention among 11-14-year-old Syrian girls (N=210). We analyzed baseline and end line data on mental health using the AYM scale, as well as qualitative notes gathered by research team members and community workers throughout the intervention.

Results/Impacts/Outcomes

At baseline, 10.5% of study participants exhibited poor mental health; of these, half had thoughts about death. Qualitatively, most death thoughts were not suicidal but involved fear of death itself, particularly of a loved one dying. Girls who expressed death wishes described problems related to poverty, illness, or violence/gender inequity in the family. Our experience in providing mental health care to a few cases revealed a complex and slow response in the humanitarian system, compounded by stigma in the community.

Conclusion/Keywords

Addressing the mental health needs of adolescent refugee girls is a critical component of any intervention designed to mitigate the drivers of early marriage among this at-risk group.

Syrian refugees; adolescent girls; mental health

Outbreaks of vaccine preventable diseases in refugee camps – a systematic review

Julia A Steinle

Background and Rationale

By the end of 2017 68.5 million people have been forcibly displaced. As a result, refugee camps in many host countries are filled to overflowing and host more people than they were constructed to. Living conditions suffered gravely – a shortage of drinking water, food and space are daily fare. These conditions also affect the health of refugees living in camps. Overcrowded camps facilitate contagion while poor access to health care facilities decrease the number of fully-vaccinated people resulting in the spreading of vaccine preventable diseases (VPD). The WHO recommends the timely immunization of refugees, but overcrowded and remote camps complicate the realization of this goal. This study aims to assess the outbreaks of VPD in refugee camps between 2013 and 2018.

Methodology

A systematic review of reports of outbreak situations in refugee camps between 2013 and 2018 was conducted. For this purpose, a search on PUBMED and an internet search was performed choosing outbreak reports of VPDs, of outbreaks in refugee camps and in the time frame of 2013 to 2018.

Results/Impacts/Outcomes

Quantity, sites and magnitude of outbreaks of VPDs in refugee camps will be shown and compared by disease.

Conclusion/Keywords

This study was designed in order to lay grounds for the implementation of programs to achieve higher resilience of refugee camp settings. Effective vaccination routines that function in overcrowded settings are needed. This overview of VPD outbreaks in refugee camps can contribute to the improvement of health care offered to refugees in camp settings.

vaccination, outbreak, infectious disease

Transnational family support: Perspectives from family members back home; A feasibility and pilot study in Kisumu, Kenya

Lisa Merry, Dominic Mogere, Dan Odindo, Nancy Edwards

Background and Rationale

Transnational family support as a resource for migrants is understudied, particularly from the perspective of those providing support from a distance. This study aimed to determine the feasibility of conducting transnational research and gathering data from family members back home using communication technology. Pilot data on the experience of providing transnational support were also collected.

Methodology

Six men and three women, who self-identified as providing support to migrant family members in the UK, US and Canada were recruited. Data were collected via semi-structured interviews through Skype phone calls with a researcher in Canada.

Results/Impacts/Outcomes

Participants had various relationships (sibling, spouse, parent, uncle, cousin) to those who migrated. Participants reported providing financial, emotional, spiritual and practical support. Support varied with time, with help being more intense during early resettlement and in times of financial difficulty; gender, relationship and closeness seemed to shape the nature and extent of support given. Participants mostly felt positive about their family members' migration although they also disclosed experiences of conflict and tension. Gathering data virtually was feasible, although there were some practical challenges and communication barriers. Interviews revealed that participants were open to share and highlighted the importance of obtaining perspectives from different family members and asking a variety of questions to elicit both positive and negative experiences. The risk of sensitive topics causing distress, raises some ethical concerns about conducting research transnationally.

Conclusion/Keywords

Communication technology is a feasible approach for gathering data from family back home. Including family members' back home in research yields informative data on transnational family support.

Transnationalism; family support; interviews; research feasibility

P33 Submission No. 617416

Impact of the International Organization of Migration (Kenya) teleradiology system in refugee health screening in Africa

Betty Bonass; Loise Machoka; Dhillon Nyachieo; Naing Myint, IOM; Vasil Gajdzdziev; Marwan Naoum

Background and Rationale

As part of TB screening for refugees undergoing resettlement, chest x-rays (CXR) were taken at the refugee screening clinics and images stored in CDs or uploaded onto a PACS system. Reporting was at the local radiologist or at the regional hub.

Methodology

With the need to improve on quality and efficiency of chest X-ray reporting, the management planned adoption of an online platform for transmission of images, reporting and accessing the reports. In Nov 2016, the teleradiology online application was launched in Nairobi. The system is in use by 45 sites across Africa where 109,772 chest x-ray reports were done (November 2016 to December 2018). The chest x-ray images are replicated from the local PACS system to the Nairobi hub PACS system. The CXR images must meet a certain biodata criteria in order to queue on the teleradiology online application for reporting by panel radiologists after which focal persons in each location can access and download the reports realtime. After receiving the primary report, the panel physician could receive real-time consultations, clarifications or second opinion from the panel radiologists in the online system.

Results/Impacts/Outcomes

Teleradiology allows radiologists to access previous images and reports for comparative reporting, internal monitoring, peer-to-peer reviews in order to increase and standardize CXR reporting, quality control and data management. 95% CXRs are reported within the same day.

Conclusion/Keywords

Teleradiology has provided a platform for quality control and assurance, enabled maximum utilization of high quality resources, improved accuracy and efficiency of CXR screening and reporting.

Teleradiology, Chest X-ray, Screening

P34 Submission No. 691318

Oral Health of Newly Arrived Humanitarian Immigrants in Quebec and Ontario; a sequential mixed methods protocol

Nazik Nurelhuda Suleiman, Herenia Lawrence, Mark Keboa, Sonica Singhal, Mary Ellen Macdonald, Belinda Nicolau

Background and Rationale

Oral health, an integral part of general health, has been designated as an urgent neglected area, by the WHO. The aim of this study is to determine the oral health status and experiences with accessing dental care services among newly-arrived humanitarian immigrants (NAHI) adults in Ontario and Quebec.

Methodology

This is a sequential exploratory mixed methods design with the Behavioral Model for Vulnerable Populations as the conceptual framework. Refugees or asylum seekers who are 18-69 years-old, have arrived in Ontario or Quebec in the past 2 years and have experienced a dental problem since their arrival in Canada will be invited to participate. In Phase-1a, five focus groups will be conducted in NAHI support organizations in Ontario to validate earlier findings from Quebec. In Phase-1b, respondent-driven sampling will be used to recruit a calculated sample of 420 participants to complete a questionnaire on perceived general health, oral hygiene and care habits and experiences with oral healthcare services. This tailored questionnaire will be a modification of the Canadian Health Measures Survey (CHMS) and Canadian Community Health Survey (CCHS) questionnaires, based on findings from Phase-1a. Participants will also undergo a dental clinical examination for caries experience, periodontal health, oral pain, and traumatic dental injuries. Next, in phase-2, all results will be combined by means of a mixed methods matrix. Finally, in phase-3, policy makers, service providers and community leaders will be brought together to refine interpretations and to begin designing future oral health interventions for this population.

P35 Submission No. 617486

Lead Exposure in Newly Resettled Pediatric Refugees in Syracuse, NY

Christina Lupone, Danielle Daniels, Dawn Lammert, Robyn Borsuk, Travis Hobart, Sandra Lane, Andrea Shaw

Background and Rationale

Lead is a major environmental toxin that presents numerous health consequences for children. Refugee children are at a risk of lead poisoning from overseas exposures as well as post-resettlement due to urban housing and environmental inequalities stemming from lack of funding, legislation, and advocacy.

Methodology

A cross-sectional chart analysis addressed lead exposure and underlying anemia in 705 refugee children (age 0-16 years) attending a university clinic in Syracuse, NY, a city with a large refugee population. Lead levels and complete blood counts were obtained within the first 90 days of arrival, and repeat lead levels were obtained at 6 month follow up.

Results/Impacts/Outcomes

17% of the newly arrived children had elevated blood lead levels (BLLs) ($\geq 5\mu\text{g}/\text{dl}$), 55% of whom were arriving from countries in Africa. 10% of refugee children had elevated BLL upon follow-up; 8.3% of the children's follow-up elevated BLL were new exposures. Overall, 30% of children had some increase in their total BLL value upon follow-up BLLs. 16% of children were anemic upon arrival, but did not show elevated BLLs more frequently than those without anemia.

Conclusion/Keywords

An analysis of new exposures found a significant proportion of children would have been missed on routine screening that targets children <2 years old. Primary prevention efforts are needed to prevent exposure and address risks to improve the health of all children locally, including newly resettled refugees.

lead, refugee, pediatric

P36 Submission No. 617566

Inter-professional, Community-based, Experiential Learning with Refugee Families supports Community Health Advocacy

Andrea Shaw, Christina Lupone, Telisa Stewart, Sandra Lane

Background and Rationale

Refugees need assistance from numerous health and helping professionals in their resettlement. Future professionals need to understand the complex barriers faced by this population. To this end, novel community engaged experiential courses are crucial and can deepen student empathy, collaboration, knowledge, and advocacy skills to ultimately improve the social determinants that shape the health of newly resettled families. Here we outline an educational method that accomplishes these goals.

Methodology

Students from medical, nursing, public health, and social science backgrounds participated in an elective course, coordinated between two universities. Interprofessional student teams were paired with high-need refugee families. Students attended family events and wrote reflections. Group meetings allowed academic faculty, community leaders, and students to discuss challenges and learning experiences from family events. Students completed surveys at the beginning and end of the semester on their perceptions and expectations of the course.

Results/Impacts/Outcomes

Students rating of their knowledge and competence regarding understanding the social determinants of health increased over the course of the semester. Refugee families reported that they felt supported and appreciated the learners' engagement and efforts to address their needs as they arose. However, understanding the multiple and difficult problems faced by the refugee families led students to report a decrease in confidence in their ability to act outside of the classroom to reduce health disparities.

Conclusion/Keywords

Community engaged experiential learning is an innovative but challenging way for students to work together, apply their learning, and respectfully engage and build trust with families from diverse backgrounds and needs.

interprofessional, education, community

P37 Submission No. 618266

Personal hygiene and its implications to health service among refugees in the USA

Abdulgafar Ibrahim, Darnez Pope, Michelle Reece, Niyati Thakur, William Mkanta, Apoorva Tadakaluru, Abeer Alamri, Rukhaiya Khattoon

Background and Rationale

Refugees in the United States experience barriers to self-care and personal hygiene leading to increased risk of infectious diseases and poor hygiene-related health behaviors. Health behavior and mental health can also contribute to reduced hygienic practices among the refugees.

This study examines the implications for care among refugees with poor personal hygiene, the challenges encountered during the process of care by the healthcare providers with refugees, the most common hygienic issues encountered, and interventions to improve and maintain adequate hygienic condition among the refugees.

Methodology

Data was collected in Kentucky, Minnesota, and New York through focus groups, health service provider surveys, and reports from facilities that serve refugee groups or that work in partnership with resettlement agencies in those states.

Results/Impacts/Outcomes

Common personal hygienic problems encountered with refugees include lack of bathing, body odor, walking without shoes, dirty clothes or wearing unwashed clothes for extended periods, lack of underwear and socks for children, poor oral hygiene, and head care/lice. Adult male refugees experience more personal hygienic problems as compared to other groups. Some of these concerns, including misunderstanding of the importance of personal hygiene can create hindrances to proper attention in a health facility.

Conclusion/Keywords

Poor hygienic conditions promote disease transmission with a high incidence of diarrheal disease and respiratory infections. These conditions are avoidable if effective interventions such as refugee personal care awareness and training program, individual interventions involving the patient and provider, and provider involvement in educating patients at the point of care are implemented.

Refugees, Mental health, Health behavior

P38 Submission No. 618299

Refugee and Immigrant Health and Wellness Alliance of Atlanta (RIHWA) Community Assessment

Manal Sidi, Lucy Whitehead, Dawn Comeau, Rohan Rao, Britton Tuck, Parminder Suchdev

Background and Rationale

The Refugee and Immigrant Health and Wellness Alliance (RIHWA) was formed in early 2018, as a partnership between Emory University, Georgia State University, and community organizations in Atlanta, Georgia. A community assessment (CA) was conducted to inform RIHWA's initiatives to improve the health and wellness of refugees and immigrants.

Methodology

The CA utilized individual stakeholder interviews from health providers, community organizations, educational institutions, and local government to discuss the health needs of refugees and immigrants

living in the metro-Atlanta area. Interviews were conducted in English using a semi-structured guide. All interviews were double-coded and analyzed using qualitative software (MAXQDA).

Results/Impacts/Outcomes

Several preliminary health needs have arisen from a total of 29 stakeholder interviews. Patient navigation, insurance, and interpretation services have been identified as barriers to accessing and utilizing health services. Additionally, participants noted that there are limited mental health resources available to the refugee and immigrant community and that mental health is not prioritized due to other more pressing matters (e.g. employment, housing). In terms of RIHWA's mission, participants have suggested goals that foster further collaboration among different organizations and compilation of a master list of all current and up-to-date resources available to residents and community organizations.

Conclusion/Keywords

RIHWA plans to utilize results from the CA to inform a multidisciplinary approach to improve health and wellbeing among refugee and immigrant communities in metro-Atlanta. This model of research puts the community's needs at the forefront and may be easily replicated by other organizations.

community assessment, refugee health, coalition-building

P39 Submission No. 618317

Promoting Infant and Early Childhood Vaccines in a Refugee Population

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Hauck Fern

Background and Rationale

Refugee children and children of refugees are at risk for under-immunization compared to their peers. Reminder and recall has been shown to improve vaccination rates, but has not been studied in a refugee-specific population. This study was conducted from August-November 2018 at an international family medicine clinic at an academic medical center in Charlottesville, Virginia. The purpose was to pilot a reminder/recall intervention and identify risk factors for delayed immunization for refugee children.

Methodology

Charts were reviewed for 441 children under ten years old in the clinic database to identify factors associated with delayed immunization. The children age 0-48 months were screened for vaccine completion, as older children are prompted to get vaccines by school policies. Parents of insufficiently vaccinated children were contacted using a phone-based interpretation service.

Results/Impacts/Outcomes

Of the 131 preschool-aged children, 22 met inclusion criteria for reminder intervention as current clients of the clinic with missing vaccines and no upcoming appointment. By the end of the study window, 12 of 22 children had appointments scheduled.

Factors associated with delayed vaccines included being foreign-born, increased number of children per household, increased missed well-child checks per year and maternal country of origin. Factors associated with improved vaccination rates included use of Women, Infants, Children (a federal nutritional program for low-income families), older maternal age at birth, and increased maternal time since immigration.

Conclusion/Keywords

These results will allow clinic providers to identify children at risk for delayed immunization and provide a basis for a sustainable intervention to improve vaccination rates.

refugee, vaccination, pediatric

P40 Submission No. 617823

A Systematic Review of HIV Risk-Reduction Interventions among Refugees and Asylum Seekers

Rania Ali, Stacey Springs

Background and Rationale

The instability of refugees' and asylum-seekers situation put them at increased risk of acquiring HIV and to facing barriers accessing HIV-related services. This review adds to the literature on the current state of HIV risk reduction interventions targeting refugees and asylum-seekers.

Methodology

A systematic review protocol was developed and executed in fidelity with AHRQ Methods Guidance. Searches were conducted to identify eligible interventional studies of refugees and asylum-seekers in PubMed, PsycINFO, CINAHL, Embase, Campbell, ISI Index to the Social Sciences, OpenGrey, Google Scholar, and UNHCR that aimed to prevent HIV. Study quality was assessed using EPHPP's Quality Assessment Tool for Quantitative Studies.

Results/Impacts/Outcomes

Searches yielded 1571 records, 5 studies implementing biomedical and behavioral strategies met eligibility criteria. Most included studies failed to clearly define their populations in fidelity with established terms or define the terms "refugee" and "asylum-seekers." Study quality ranged from weak to moderate.

Conclusion/Keywords

Few risk-reduction interventions for HIV have been studied and published in this population. Overall, 3/5 studies demonstrated that participation in a HIV prevention intervention was associated with statistically significant improvements in sexual health knowledge, HIV testing and case detection rates. Insufficient attention has been paid to the choice of terms used regarding migration status. We recommend more rigorous studies with clear definitions of terms and in-depth documentation of study context, intervention samples, and design be published utilizing effective, efficient, and replicable interventions. We also recommend a standardized taxonomy of terms that defines migrant population types be published to allow for a more effective search of the literature.

Refugee, HIV, Prevention, Evidence-based Practice

Experience Implementing Shareable Clinical Decision Support for Refugee Health Screening at 2 Institutions: Lessons Learned

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Background and Rationale

US refugee health screening involves complex guidelines implemented by widely-dispersed clinical sites. To standardize screening across institutions and support local workflows, a consortium of US/Canadian refugee health/public health specialists developed shareable, electronic health record (EHR)-based, clinical decision support (CDS) for refugee screening as part of the CDC Refugee Health Centers of Excellence. We now report on dissemination of both CDS (e.g., order sets) and detailed, written guidance for EHR analysts ("build guide") via CDS Connect—a public, online platform—and lessons learned at implementing sites.

Methodology

Information about CDS Connect was shared via professional society listservs and a 2018 NARHC workshop. Dissemination impact was measured using unique page views and downloads. Implementation successes/challenges were documented by EHR analysts and/or clinician champions (refugee health specialists who guide local customization) at implementing sites.

Results/Impacts/Outcomes

From 07/03/2018–12/17/2018 there were 650 unique page views and 129 downloads from CDS Connect. Two sites—both academic medical centers with in-house EHR analysts—completed implementation and 1 site reports pending implementation. CDS installation required 25–31 hours of analyst time (including 1–2 revision cycles to improve the match with local workflow) and 1–2 hours of clinical champion effort. Orienting the clinical team required an additional 2 hours per site. Both sites reported that the installation process supported by a build guide worked well.

Conclusion/Keywords

Implementation requires quantifiable dedicated effort by EHR analysts and clinical champions. Both the raw CDS artifacts and the build guide are necessary for efficient implementation: <https://cds.ahrq.gov/cdsconnect/artifact/refugee-health-decision-support>.

refugees; clinical decision support systems; screening

Parental Knowledge and Perceptions about the Risk of Childhood Lead Poisoning among Bhutanese Community in Northeast Ohio

Sunita Shakya, 1987; Madhav Bhatta; Maggie Stedman-smith; Cooper White

Background and Rationale

This study assessed the level of knowledge and risk perception about childhood lead poisoning among resettled Bhutanese refugee parents in the Akron Metropolitan Area, Ohio.

Methodology

A Nepali language survey instrument was developed to measure the Knowledge, Attitudes, Perceptions and Challenges (KAP-C) related to lead poisoning and prevention measures. The instrument also included 22 questions from the Chicago Lead Knowledge Test (CLKT). Snowball sampling was used to recruit parents with at least one child aged ≤ 7 years for face-to-face administration of the KAP-C survey.

Results/Impacts/Outcomes

Of 200 parents interviewed, 78% had heard about "lead poisoning"; 51% indicated receiving lead-related information from their child's doctor; 39% indicated understanding the information provided by the child's doctor; and 33.5% indicated the information as being somewhat useful to know. Forty-nine percent of the parents indicated that their children were not at risk of lead poisoning. The overall mean (standard deviation) CLKT score was 12.6 (± 3.3) (with 22 as the highest possible score). No significant difference in the CLKT score was found by age, gender, and educational level of the respondents and whether their child had been assessed with blood lead level $\geq 5\mu\text{g/dL}$.

Conclusion/Keywords

While Bhutanese immigrants in the U.S. as a resettled refugee group are a high-risk population for environmental lead exposure, the knowledge and risk perception about lead among parent's with young children was found to be low. The results indicate a need for tailored lead prevention education program for Bhutanese immigrants in the U.S.

Childhood lead poisoning; resettled refugees; Bhutanese

Empowering Refugee Women: Increasing Access to Sexual and Reproductive Health Education and Services through Community Partnerships

Grace Paulsen, Atlanta IRC; Jenny Cochran, Rihana Nesrudin, Laura Davis, Alison Spitz

Background and Rationale

Conflict has dire consequences on women and girls' sexual and reproductive health (SRH). However, little programming exists that considers the unique cultural context of refugees as they integrate into new communities. This program, grounded in a reproductive justice framework and based on community mobilization principles addresses this gap. The program uses pilot-testing and evaluated evidence-based strategy aligned with national sex education standards to employ case management, service coordination, and co-location of clinical services

to increase access to culturally and linguistically-competent SRH education and services.

Methodology

Partnerships: refugee resettlement agency, federally qualified health center, community development organization.

Development: formative research with young refugee women; adaptation of evidence-based curriculum to address clients' cultural context and low health literacy levels; technical assistance to staff on provision of culturally-competent services.

Implementation: SRH workshops; assessment of pregnancy intentions, linkages to clinical services.

Infrastructure: Onsite child care; interpretation during workshops and appointments; culturally-competent staff.

Evaluation: qualitative research, case studies, and pre and posttests.

Results/Impacts/Outcomes

Program participants increased their awareness about and knowledge of SRH services, requested and attended clinical appointments and made informed decisions about their SRH needs and intentionally planned for their futures. Findings highlight the importance of understanding the barriers young refugee women face when accessing SRH education and services i.e. needs for childcare, staff who speak their languages, and culturally-competent curriculum and staff.

Conclusion/Keywords

This work contributes to the development of community efforts to address culturally-competent SRH education and services to better empower refugee young refugee women to make informed decisions about planning for their futures.

young adult women, reproductive health, community partnerships

P44 Submission No. 617951

Group Visits for Socially Isolated Bhutanese Refugee Elders

Reagan Thompson, DNP, FNP, University of Virginia Department of Family Medicine

Background and Rationale

A large number of Bhutanese refugees were resettled in Charlottesville between 2011–2013. In 2017 Bhutanese elders showed substantial decline in mental and physical health. As research has linked social isolation to depression, a search for interventions began. As suicidal rates in Bhutanese refugees were nearly twice that of the general US population in 2011 (Hagaman et al., 2016), an intervention seemed urgent.

Methodology

A multi-disciplinary group visit approach was implemented in December of 2017 to address the patient's symptoms, while giving the patients an opportunity for social interaction with peers from Bhutan. Patients attend group visit followed by a brief 1:1 visit with a FNP.

Results/Impacts/Outcomes

A total of 13 Bhutanese elders have participated in the group visits to-date, 6 men (46%) and 7 women (54%). Their average age is 65 years

and their average years since arrival to the US is 5.8 years. Group visits address social isolation, improve access to care and empower the patients with health knowledge.

Conclusion/Keywords

The group visit model is well studied in primary care. Applying this model to a socially isolated refugee community was a timely and well received intervention to address an urgent need. The impact the group will have on depression scores and patient reports of memory concerns is to be determined. As for now, patients are smiling again.

Bhutanese, elders, refugees, social isolation, depression

P45 Submission No. 618030

Evaluation of 5-item Mental Health Screener from the Perspective of Providers and Refugees

Patricia Shannon, Maria Vuckovich, Raiza Beltran, Connor Malloy

Background and Rationale

We evaluated the effectiveness of evidence based, pilot processes for mental health screening and referral through the Minnesota public health system.

Methodology

We used a mixed methods, community based participatory research design to collect and analyze screening data and measures of Posttraumatic Stress Disorder (PDS) and Major Depression (HSCL). Measures collected at screening, and three and six months post-screening, were analyzed quantitatively. Focused ethnographic interviews with providers and refugee patients were analyzed qualitatively using Spradley's Developmental Research Sequence to explore participants' experiences of the screening and referral process. Of 70 refugees recruited at screening clinics, 42 agreed to participate including 19 Somalis, 11 Karen, 8 Oromo, and 4 Nepali-Bhutanese. Ten health providers (2 nurses, 8 physicians) participated.

Results/Impacts/Outcomes

Of 8 participants who screened positive initially, 4 met the cut off for Depression (> 1.75); 3 met the cut off for PTSD (> 1.75). At second interview, 2 of 5 participants who screened positive for distress met the cut off for Depression (> 1.75), 1 met the cut off for PTSD (> 1.75). 8 of 15 participants who did not screen positive reported sub-threshold Depression. Qualitative domains include refugee screening experiences, psychoeducation, recommendations, and types of help needed. Provider domains are training, timing, clinic process, confidence with screening, usefulness of screener, following up, psychoeducation, and recommendations.

Conclusion/Keywords

The 5-item screener accurately identifies refugees in need of further assessment for mental health distress. Providers and refugees both recommended more time for mental health screening, education and referral. Recommendations for training and care coordination are provided.

mental health screening, mental health care

Social and cultural considerations in involving ethnic minorities as patient/partners in health research.

Bushra Mahmood, Catherine Backman, Susan Cox

Background and Rationale

According to the 2011-12 Canadian Community Health Survey, recent, visible minority immigrants to Canada are more than twice as likely to be physically inactive as compared to established/white immigrants. In presence of an established link between low physical activity (PA) and chronic diseases (CD), and increasing evidence indicating that many CDs and lifestyle factors vary greatly between ethnic groups, it is imperative to develop targeted, culturally sensitive public health interventions that take into account the socio-cultural realities that impact the everyday life of ethnic minorities. This necessitates a close collaboration between these ethnic groups and researchers.

Methodology

We conducted discussions with 16 members and key informants from three ethnic groups (South Asians, Chinese and African Ghanaian) to understand what PA meant to them and the priority that was given to PA in their ethnic groups. We also asked them about social and cultural influences that inhibit or facilitate their participation in research and what could we as researchers do to encourage their collaboration with the research community

Results/Impacts/Outcomes

Our participants highlighted several social and cultural factors some of which over-lapped while some were unique to each ethnic group. These included their unfamiliarity with concept of research, low health literacy, mistrust with the establishment, fear of stigma and stereotypes.

Conclusion/Keywords

Engaging ethnic minorities is challenging and requires constant work on part of the researchers and success depends upon how genuinely committed the research community is to invest the kind of resources that are needed to have ethnic minorities on board.

ethnic minorities, patient partners, visible minorities, health research

Nursing Students Act to Promote Acculturation for Refugee Families

Debra Mills, 1953

Background and Rationale

Many of the world's refugees entering into the US are families with children. In a global health course, nursing students assist in facilitating resettlement adjustment of children and families to their new culture and communities. These refugee children, mandated by law to attend school, and their families, are faced with the sudden immersion into a new and often radically different culture, where customs and daily activities differ vastly from their native culture's values and traditions.

Methodology

Students, over a 6 week period, worked with families to identify factors that influenced resettlement including: physical health and activity, nutritional needs, school attendance and successes and challenges, parenting style and family roles/structure. In conjunction with the families, students developed plans of action to assist in accessing resources to facilitate and support adjustment and the health and well-being of family members. Strategies focused on improving communication, accessing and using appropriate resources, re-enforcing parental roles, and supporting adjustment socially and emotionally to school and community environments and supporting family roles. The goal of the experience is to assist the refugee children/families to prevent them from getting lost in their new culture and community.

Results/Impacts/Outcomes

As the nursing students developed relationships with their families they were in a unique position to facilitate positive acculturation and positive outcomes for these refugee families.

Conclusion/Keywords

Nursing students positively impacted refugee families in their acculturation to their new communities.

Parenting, health promotion, social integration

Determining Health Conditions Present in Refugees Age 0-59 Years Arriving in Utah

Lisa Gren, Caren Frost, Susan Dearden, Hayder Allkhenfr, Scott Benson

Background and Rationale

Refugees often face health-related challenges upon resettlement and arrive with pre-existing conditions. Service providers need to be aware of these issues to prioritize services and focus on issues of greatest need. Our objective was to ascertain the prevalence of health and mental health conditions among refugee males and females, ages of 0-59 years, arriving in Utah.

Methodology

Participants for this study consisted of all refugees ages birth to 59 years old resettled in Utah, 2012-2017. Selection was determined based on completion of the Utah Refugee Health Screen (U-RHS), which includes 141 unique indicators of health. Data were extracted from the Utah Department of Health refugee database.

Results/Impacts/Outcomes

There were 6,842 individuals in the database with 64% having a positive diagnosis for physical and/or mental health issues. Notable physical health concerns were elevated blood pressure, thyroid disorders, gastroenterology complaints, anemia, tuberculosis, headaches, decreased visual acuity, and urinary tract infection, with significant differences between males and females. For mental health issues, females had higher rates of depression and had higher screening scores for PTSD and distress.

Conclusion/Keywords

This presentation will highlight the information from these screenings and how they are important for providers to understand and manage health consequences. While visual acuity may be relatively easy issue to address prescription lenses, other health issues may require more concerted discussion and coordinated, focused treatment. As an example, mental health issues such as depression may be linked to both somatic and physical symptoms.

refugee health and mental health, screening

P49 Submission No. 592863

Providing refugee integration services – how well are US states doing?

Lisa Gren, Marci Harris, Scott Benson, Caren Frost

Background and Rationale

We used Ager & Strang's framework of ten indicators of integration to determine the extent to which services are provided at the state level for each indicator.

Methodology

Based on publicly available information from the state offices connected to the US Office of Refugee Resettlement, we determined the number of arrivals for 2010–15, and categorized the listed state services as linked to one or more indicators. Arrivals and services were reported by state and US Department of Health and Human Services region. We calculated Spearman's correlation coefficient between arrivals and the number per state of (1) listed service providers and (2) indicators having at least one service provider.

Results/Impacts/Outcomes

Representative of all years, 2015 results are reported. Most states had services for the indicators of: employment (91.8% of states had one or more providers), housing (85.7%), health (87.8%), language and cultural knowledge (83.7%), and rights and citizenship (81.6%). Fewer than half of states had services for social bridges (44.9%), social bonds (32.7%), and safety and stability (10.2%). At the state level, there was strong, positive correlation between the number of arrivals and the number of service providers for the indicators of: employment ($r=0.75$), housing ($r=0.82$), education ($r=0.82$), health ($r=0.73$), and rights and citizenship ($r=0.71$). The remaining five indicators did not have statistically significant correlations.

Conclusion/Keywords

Based on review of publicly available information, a number of indicators were not part of routine programming. This lack of programming may limit full integration of refugees in the US.

refugee integration, service provision

P50 Submission No. 597468

Overview of U.S.-bound Refugee Arrivals, Overseas TB Screening, and Domestic Follow-up Evaluation for Fiscal Year 2018

Zanju Wang, Drew Posey, Christina Phares

Background and Rationale

Reducing tuberculosis (TB) among foreign-born persons, including refugees, is critical to TB elimination in the United States.

Methodology

We use data from CDC's Electronic Disease Notification system to describe overseas TB classifications for refugees who arrived in the United States during fiscal year (FY) 2018, and proportion completing the U.S. follow-up evaluation. "Class B TB" denotes refugees who do not, or no longer, have infectious TB but need follow-up evaluation after arrival. It includes "Class B1" (abnormal chest x-ray, symptoms, or HIV infection, but negative sputum smears and cultures), "Class B2" (latent TB infection), and "Class B3" (TB contacts).

Results/Impacts/Outcomes

During overseas TB screening, 2,530 (11%) of 22,491 refugee arrivals were classified with Class B TB: 1,738 (8%) Class B1; 700 (3%) Class B2; and 92 (0.4%) Class B3. The top five nationalities with the highest proportion of Class B TB were Russia (22%), Bhutan (20%), Ethiopia (16%), Ukraine (14%), and Burma (12%). As of November 2018, completion of recommended post-arrival TB evaluation for refugees with Class B TB was 58% for FY 2018 (range across states: 10% to 89%), up from 42% at the same time last year. Completion of TB evaluations for FY 2018 arrivals is on-going; over time, it is expected to equal or surpass the historic average of 74%.

Conclusion/Keywords

Overseas TB screening identifies a substantial number of refugees at risk for TB. Domestic follow-up of such refugees represents a key opportunity to reduce TB in the United States, although gaps in follow-up remain.

tuberculosis; screening; follow-up

P51 Submission No. 599103

Examining the correlation between participation in leisure activities and pain and depression in Syrian refugees relocated in Jordan

Elizabeth Palmer

Background and Rationale

More than 6 million Syrians have been displaced from their homes and taken refuge in the neighboring countries due to the war. Many of these people have unmet physical and mental health needs including chronic pain and depression.

This study aims to answer two questions: "Do Syrian refugees who participate in leisure activities perceive less pain than those who do not?" And "Do Syrian refugees who participate in leisure activities rate themselves as less depressed than those who do not?"

Methodology

Four screening documents (The Patient Health Questionnaire (PHQ-9), The PEG Pain Screen, The Pain Assessment Tool, and an Interest Checklist) were translated into Arabic, and given during the intake process to Syrian refugees who came voluntarily to a free health clinic in Mafraq, Jordan in June 2018. 119 surveys were completed and analyzed using ordinary least squares regression; current level of

activities was the independent variable and PHQ-9 scores and pain were the dependent variables.

Results/Impacts/Outcomes

Pain and depression were positively correlated with a correlation coefficient of 0.34. A statistically significant relationship between depression scores on the PHQ-9 and the number of activities in which the Syrian refugees currently participate exists. The relationship between pain and activity participation was not statistically significant.

Conclusion/Keywords

The majority of Syrian refugees surveyed reported pain and symptoms of depression. The variable that indicated a person was less likely to be depressed was their activity level; the more activities a person a participated in the less likely they were to suffer from depression.

Refugees, Mental Health, Occupational Therapy

P52 Submission No. 599851

The lived experience of Syrian refugees/newcomers in New Brunswick Canada: A descriptive phenomenological study

Khaldoun Aldiabat, Enam Alsayheen, Catherine Aquino-Russell, Michael Clinton, Roger Russell

Background and Rationale

BACKGROUND: There is a dearth of knowledge about Syrian refugees and their experiences in Canada. Very little information could be found in literature. This study aimed to uncover the meaning of the lived experiences of Syrian refugee/newcomers in Moncton, NB.

Methodology

METHODS: A qualitative descriptive phenomenological method (Giorgi, 2009), and viewed through the lens of the social determinants of health model was employed. Data descriptions were collected using an interrogatory statement from eight participants were audio-recorded in individualized interviews. The findings are based on generating a general structural description which is the meaning of the experience.

Results/Impacts/Outcomes

RESULTS: Participants considered living in Canada as 'tolerable' with the social support received from Canadians and ease at accessing most governmental services. They viewed living in a safe Canadian environment as a privilege, while struggling to understand the Canadian culture/ system, and learning English. They spoke of having maximum stress because of minimal health insurance coverage and unbearable waiting times for health services. They described living in uncertainty because of lack of employment options while living on the edge of poverty due to low income.

Conclusion/Keywords

CONCLUSIONS: The meaning for Syrian refugees involved paradoxical experiences while living rewarding and less rewarding experiences regarding the social determinants of health which influenced their health in positive and negative directions. This study provides knowledge to consider culturally sensitive health interventions and assistance to Syrian refugees/newcomers in NB. It is suggested that an action research study involving Syrian refugees as co-researchers is needed to promote their health and prevent diseases.

Syrian Refugees, Syrian Newcomers, Phenomenology

P53 Submission No. 599880

Creating a Hepatitis B Indicator to Compare Disparate Data Sources

Breanna Kawasaki; Lori Kennedy; Emily Jentes, PhD, MPH

Background and Rationale

The Centers for Disease Control and Prevention-funded (CDC) Colorado Center of Excellence in Refugee Health (CO-COE) created a data repository to house and standardize network partner refugee medical screening data to better understand the health of newly arrived refugees. Comparing disparate data from network partners is a challenge and primary goal of the CO-COE.

Hepatitis B virus (HBV) infection causes substantial morbidity and mortality worldwide. To compare HBV infection across sites, we applied a communicable disease indicator model to select components for possible indicator inclusion and evaluate which data components are useful for comparing HBV infection across disparate data sources.

Methodology

Using the indicator framework developed by CO-COE, demographic group, numerator, denominator, time period, and public health significance were defined. We conducted a literature review and consulted HBV subject matter experts to choose components to compare against the gold standard, probable or confirmed hepatitis B cases in the Colorado Electronic Disease Reporting System (CEDRS). We calculated sensitivity, specificity, positive and negative predictive values to evaluate the appropriateness of each component.

Results/Impacts/Outcomes

Labs, referrals, ICD codes, treatment information, and overseas history from CDC's Electronic Disease Notification System were compiled and will be described. A standardized indicator definition was created based on individual and combined components.

Conclusion/Keywords

Creating an indicator allows for comparison of HBV across disparate data sources. Understanding the trends and burden of possible HBV infection allows network partners to describe the epidemiology across the network.

Public health, surveillance, refugee screening, data

P54 Submission No. 602574

Barriers and Facilitators of Immunisation in refugees and migrants in Australia: an East-African case study

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Background and Rationale

Immunisation programs available in low and middle-income countries include fewer vaccines in comparison to Australia's National Immunisation Program. As a result, refugees and migrants may have a heightened risk of being inadequately immunized and consequently, may have incomplete immunization records upon arrival to Australia. Several studies have suggested that East African immigrants have low vaccination coverage. As such, the aim of this study was to explore the underlying attitudes, barriers and facilitators to immunization in east African communities in New South Wales and Victoria.

Methodology

A qualitative study involving 17 semi-structured, in-depth interviews were undertaken with East African refugees and migrants living in two states of Australia: New South Wales and Victoria. These refugees and migrants were from four key East African countries: Kenya, Somalia, Ethiopia and South Sudan. Thematic analysis was undertaken to analyse and interpret the results.

Results/Impacts/Outcomes

Language barriers, low risk perception and a lack of education were the key barriers identified by participants. Facilitators mentioned included the development of resources in participants' languages and more health education. There was also a unanimous agreement amongst participants that community organisations need to play a greater role in the dissemination of information about immunization.

Conclusion/Keywords

It becomes apparent that further research needs to be undertaken with regards to how education about immunization is delivered and disseminated to refugee and migrant communities. Current findings also support the need to improve the health literacy of refugees and migrants by providing culturally and linguistically appropriate resources in participants' respective languages.

Immunization, vaccine, refugee, migrant, Eastern Africa

P55 Submission No. 602979

Improving Health by Engaging Refugees in Denver (I-HEaRD) Project: Creation of a Community-Based Research Network (CBRN)

Anne Lambert-Kerzner, University of Colorado; Katherine Boyd; Sarah Brewer

Background and Rationale

Refugees face disproportionately poorer health outcomes and significant barriers to participation in research to improve health outcomes. This project aimed to develop a sustainable, collaborative community-based research network (CBRN) comprised of refugees and community stakeholders to engage in research to improve refugee health outcomes.

Methodology

Community-Based Participatory Research (CBPR) principles guided engagement with Denver-metro refugees. Utilizing mixed-methods we identified health issues and community assets from the perspective of refugees and service providers. The Consolidated Framework for Implementation Research and PCORI Dissemination and

Implementation (D&I) Framework were synthesized to guide implementation and evaluation.

Results/Impacts/Outcomes

Refugees from eight countries and community stakeholders participated on the Steering Committee (SC); CBRN board; co-moderated interviews; and co-moderated nominal group techniques (NGT). The SC guided the creation of the CBRN board. The CBRN board held 11 board meetings defined: a CBRN Board; community engagement; and developed initial guiding principles. Trainings were developed to increase capacity to engage in bidirectional research: 1) in-person Human Subject CITI Training 2) qualitative interviewing techniques and 3) NGTs. Based on interviews and NGT findings, the CBRN board identified priority research topic areas: Affordable housing, mental health, transportation, and access to healthy food. Identified community assets included interpreter community members, the refugee health clinics, and religious communities. The CBRN board identified specific D&I constructs and a D&I plan.

Conclusion/Keywords

A successful CBRN increases the capacity of refugees and community stakeholders to participate in research and ensures long-term, sustainable engagement of refugees in health research and promotion in areas of priority to refugee community members.

patient engagement, community-based participatory research

P56 Submission No. 605486

Impact of nature-based leisure programming on Refugee mental health

Janna Mulholland

Background and Rationale

Refugees face many barriers and stigmas that prevent them from accessing formal mental health supports. Alternative programming can help refugees address some mental health challenges associated with migration and integration in a less stigmatized way. When facilitated by mental health staff, these programs can help refugees build relationships and increase comfort with staff, increasing their willingness to engage in formal mental health supports.

Methodology

For six years, Catholic Social Services has led multiple annual camping programs for refugees. These programs have changed and developed over time with different community partners, and have increased their focus on family relationships and well-being. The programs draw from research on the psychological benefits of nature and leisure. Each program requires partnership with a host nature site; recruitment, screening and orientation for selected participants; and logistical coordination of transportation, food, supplies and program activities. Most camping trips are three-days and two-nights with planned activities that focus on building skills, group and family bonding, and improving well-being. Programs are evaluated internally with surveys and focus groups. Additionally, an external researcher completed a study now published in the Leisure Sciences Journal.

Results/Impacts/Outcomes

Internal and external evaluations indicated that the programs were successful in helping refugees to increase integration through

engagement with Canadian cultural activities, increase connection with family and others, and increase sense of belonging and well-being.

Conclusion/Keywords

Nature-based leisure programming can ameliorate the integration process and well-being of refugees. Further research and programming could focus on increasing and strengthening therapeutic activities.

Nature-based leisure, well-being, integration

P57 Submission No. 608450

Early changes in body mass index among new adult refugees to the U.S.

Ellen Einterz

Background and Rationale

Excessively high body mass index (BMI) is a known risk factor for many adverse health outcomes. New refugees in the United States become overweight or obese at a rate that surpasses their non-refugee peers. Questioning the conventional wisdom that living conditions after arrival in the U.S. account for refugees' unhealthy weight gain, we sought to learn when the transition from healthy to unhealthy BMI begins.

Methodology

A chart review from pre-departure and post-arrival medical screening visits was performed of all non-pregnant refugees from Africa, Asia and the Middle East aged ≥ 21 years received in Marion County (Indiana) over the 26 months ending 31 December 2018.

Results/Impacts/Outcomes

589 refugees meeting inclusion criteria were screened, and complete records (two pre-departure visits, two post-arrival visits) of 355 could be accessed. A majority from each region and 57.2% overall started increasing their BMI before departure from their country of asylum. Refugees' rate of overweight/obesity rose from 40.3% to 43.7% during that same pre-departure period and then to 49.3% at their second post-arrival visit, by which time 80.9% had higher BMIs than at their first pre-departure screening. The largest increase (38.8% to 55.8%) in the overweight/obesity rate during the entire screening period was among Africans.

Conclusion/Keywords

This study is unique in examining BMI changes in refugees both before and after U.S. arrival. Since the negative shift from healthy weight to overweight/obesity begins prior to refugees' departure from their country of asylum, preventive education offered well before departure for the U.S. should be beneficial.

refugee, BMI, prevention

P58 Submission No. 609545

Measles Mumps and Rubella (MMR) Vaccination Hesitancy in a Somali Population in rural Nebraska

Melanie Menning, Aravind Menon, Brady Beecham

Background and Rationale

There are pockets of MMR unvaccinated individuals that put our communities at risk for measles outbreaks. This study sought to evaluate and explore the rate of MMR vaccination and vaccination beliefs within the Somali community in Lexington, Nebraska.

Methodology

The Nebraska State Immunization Information System (NESIIS) was queried to evaluate vaccination rates for Lexington Regional Health Center (LRHC). Immunization rates were calculated for the clinic as a whole as well as by age cohort and ethnicity. Additionally, focus groups used a grounded theory approach to explore the attitudes of members of the Somali community towards MMR immunization including the value and risks of immunization as well as the understanding of autism and its causes.

Results/Impacts/Outcomes

LRHC had an overall MMR vaccination rate of 66.8%. There was a significant lower rate of MMR immunization in the Somali population (28.9%) compared to the Hispanic population (71.6%, $p < 0.0001$) and the Caucasian population (75.4%, $p < 0.0001$). Interestingly, this vaccine hesitancy among the Somali population was unique to MMR vaccination with rates of varicella vaccination significantly higher at 75% compared to a rate of 29% for MMR ($p < 0.0001$). The primary reason given for MMR vaccination refusal was fear of autism.

Conclusion/Keywords

This study identified MMR vaccine specific hesitancy due to fears of autism within the Somali population in Lexington, Nebraska. This study adds to knowledge of rural ethnic minority MMR vaccination rates and parental perceptions of vaccination which may be useful in designing interventions to improve vaccination rates and prevent measles outbreaks.

Measles, Mumps and Rubella (MMR) vaccination, Somali, autism

P59 Submission No. 613612

La Maison Bleue: Strengthening Resiliency Among Recently-Arrived Migrant Mothers Living in Montréal, Canada

Thalia Aube, Lisa Merry, Sarah Pisanu

Background and Rationale

La Maison Bleue is a perinatal health and social center, based within the community in Montreal, that provides services during pregnancy up to age five to families living in vulnerable contexts. The study aimed to describe: 1) the challenges and protective factors that affect the well-being of recent, migrant families receiving care at La Maison Bleue; and 2) how La Maison Bleue strengthens resiliency among these families.

Methodology

We used a focused ethnography, a qualitative methodology that involves describing and interpreting the shared and learned patterns of behaviors and values among a specific cultural group, in this case "recent, young migrant families". Recently-arrived immigrants, refugees, asylum seekers and undocumented migrants were invited to participate. We collected data from September to December 2017 via

semi-structured interviews and participant observation. 24 mothers participated in the study.

Results/Impacts/Outcomes

Challenges to well-being included family separation, isolation, loss of support, the immigration process, an unfamiliar culture and environment, and language barriers. From this study, resiliency was a process, rather than a static trait, influenced by accumulated life experiences. Resiliency was also not just an individual capacity, but rather a process that necessitates the social environment to provide resources to newcomers.

Conclusion/Keywords

In the current political climate, neediness of migrants is viewed negatively and a drain on scarce resources. Contrary to this discourse, migrant mothers in our study had many strengths and were highly motivated to integrate into their new country.

Migration, Refugees, Health Services, Resilience, Social Support, Minority Health

P60 Submission No. 616382

Addressing Syrian Refugee Adolescents' Mental Health and Wellbeing: Youth-Informed Policy Implications

Talia Filler, Olive Wahoush, Nazilla Khanlou, Kathy Georgiades

Background and Rationale

Canada welcomed over 40,000 Syrian refugees since 2015 due to the conflict in Syria. Approximately 52% of those that resettled to Canada were under the age of 19, with many falling into the adolescent age group. Adolescence is critical stage for social, psychological and biological development. Given the resettlement of Syrian refugees to Canada, it is essential that their mental health is supported. This research examined Syrian adolescent conceptualizations of mental health. Findings from this study have implications for youth-informed policy directions that support the mental health of Syrian adolescents in Canada.

Methodology

This was a community-based study. Data was collected from January to March 2018 using semi-structured interviews with Syrian refugee adolescents (n=7) and service providers (n=8) in the Greater Toronto Area. Data analysis was guided by Corbin and Strauss' grounded theory (2015).

Results/Impacts/Outcomes

When mental health was framed appropriately using terms such as stress, pressure and comfort, it was clear that Syrian adolescents had a strong understanding of the concept of mental health. This allowed them to identify factors that influence their mental health. Policy recommendations that reflect their conceptualizations of mental health were then determined.

Conclusion/Keywords

Among the youth-informed recommendations are 1) appropriately framing mental health, 2) increasing parental support/involvement, 3) improving employment/volunteer opportunities, and 4) funding-

related changes for service providers. Policies and practices need to attend to adolescents' conceptualizations of mental health to ensure policy and practice effectively target their mental health needs. Findings from this study may be important for other ethno-racial groups of refugee adolescents.

Mental Health; Adolescents; Syrian Refugee

P61 Submission No. 614018

Identifying Barriers to Emergency Care for Immigrants, Refugees, and Patients with Limited English Proficiency

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Background and Rationale

In the United States, foreign-born individuals often lack reliable primary healthcare due to multiple barriers to accessing and utilizing our healthcare system. These individuals often use emergency departments (EDs) for non-emergent issues or delay seeking care until their health issues become life threatening. Since the ED serves as an entry point to healthcare for this population, understanding the barriers to care unique to this setting is imperative. Thus, this study aims to determine the barriers to emergency care for patients with limited-English proficiency (LEP).

Methodology

Researchers developed a survey using a literature search and by holding a focus group with interpreters from a large urban academic safety net hospital. Study participants who met eligibility criteria completed a self-administered survey or completed this survey with a research assistant and interpreter.

Results/Impacts/Outcomes

The study population was comprised of 87 ED patients with LEP from eight countries and speaking eight primary languages, the most common being Spanish (65%). There was a preference for in-person professional interpretation (n=60, 60.6%) over telephone/video or family member/friend. The top barriers that participants expressed "high concern" about included: "paying the bill" (n=19), "wait time" (n=18), and "belief that professional healthcare would not help" (n=15).

Conclusion/Keywords

These results suggest that financial concerns are the primary barrier to emergency care for LEP patients, followed by concern about wait time. Addressing these barriers through methods such as improving availability of in-person interpreter services in the ED or educating

patients and providers about social service financial options can greatly improve patients' access to emergency care.

Language, Interpreter, Emergency Care

P62 Submission No. 615566

An analysis of the ethnobotanical knowledge of indigenous tribes of Vietnam (the Montagnards) now living in Greensboro, NC, USA.

Catherine Bush, Betsy Renfrew, Vung Ksor

Background and Rationale

The Montagnards are a group of tribes that are indigenous to Vietnam, fought with the Americans in the Vietnam War and eventually sought refuge in the US. This study has been expanded in order to capture a more complete record of their plant knowledge, including plants that do not grow in Greensboro. This work aims to document the medicinal and food use knowledge of Montagnards in order to preserve this cultural knowledge for younger generations and to allow for the exploration of the scientific validity of novel medicinal uses/preparations.

Methodology

Semi-structured interviews were performed over three years (2016–2018) either in participants' gardens (vouchered samples) or homes with the use of books and other resources to identify the plants mentioned (non-vouchered samples). When possible, material from each plant was sampled and stored in the herbarium at Elon University.

Results/Impacts/Outcomes

To date, 35 participants have been interviewed. The total number of plant species identified was 87. Out of the 87 species, 31 are used for medicinal purposes (36%).

Conclusion/Keywords

The updated data show that Montagnards have an incredibly broad knowledge of plants and their uses. The incorporation of non-vouchered data, i.e., as in the identification of plants that do not occur in Greensboro, has greatly increased the plant knowledge that has been able to be documented. These non-vouchered data have also allowed the researchers to include older individuals and those from diverse tribes in the study, some of whom did not have access to a garden, but yet had an immense amount of plant knowledge.

ethnobotany, cultural knowledge

P63 Submission No. 615809

Reducing Barriers and Facilitating Resilience: A Case Study of Two Refugee Women with Peripartum Depression in British Columbia, Canada

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Background and Rationale

Refugee women in Canada experience higher rates of peripartum depression than Canadian-born women. Peripartum depression is associated with significant adverse outcomes. Despite this understanding, there is a knowledge gap in how best to address peripartum depression among refugee women. This case study discusses two cases of peripartum depression among refugees, highlighting risk factors, protective factors, barriers, and facilitators. The purpose is to: 1. Examine the unique health experiences that refugee women face around the time of their pregnancies with a focus on depression, and 2. Provide recommendations to reduce the impact of identified barriers.

Methodology

We chose a case study design as it allows for an exploration of the unique experiences of refugee women with peripartum depression. The study population included refugee women of childbearing age living in British Columbia, Canada. Data was obtained from the electronic medical records of two participants who provided written consent.

Results/Impacts/Outcomes

Risk factors included trauma, family separation, poverty and inadequate housing. Barriers included inconsistent access to medical interpreters, cultural preference for female providers, poverty, and social isolation. Having an emotionally supportive husband was protective. Facilitators included coordination of care by a primary care team and positive coping strategies.

Conclusion/Keywords

There is a need for primary care providers to address peripartum depression among refugee women taking into account the unique experiences and disparities affecting this population. We advocate for interventions grounded in an effective framework for health promotion to improve outcomes for refugee women.

Refugees, Depression, Pregnancy

P64 Submission No. 616398

Social connections and attitudes about reproductive health among resettled refugee women: A systematic review

Sarah Richards-Desai, Erum Agha-Ball

Background and Rationale

The reproductive health of resettled refugee women has not been fully explored in the literature. This review investigates the social networks of resettled refugee women in western nations and their role in changing attitudes toward reproductive healthcare. Social networks provide refugee women with opportunities for accessing information that shapes attitudes toward care. Social networks and attitudes toward reproductive healthcare has been minimally explored among refugee women, who face the intersectionality of race, gender, and socioeconomic status.

Methodology

The inclusion criteria were: (1) the article was published in the past 10 years, (2) the participants were resettled refugee women in a Western country, (3) the study includes findings related to both women's social connections and access of reproductive healthcare, (4) the study is not

solely of FGM, and (5) that the article is peer-reviewed. The authors used 4 databases, yielding both quantitative (n=4) and qualitative (n=10) studies that met the inclusion criteria.

Results/Impacts/Outcomes

Of the articles selected, most emphasized the role of social connections in assisting refugee women to become familiar with healthcare in the resettlement country and particularly in seeking reproductive healthcare. Social connections are related to refugee women's health through relationships with peer educators, community organizations, and others.

Conclusion/Keywords

The reproductive healthcare needs and social connections of refugee women resettled in western countries are often overlooked. Refugee women's attitudes toward reproductive healthcare can be related to their social networks. As reproductive healthcare is value-laden or taboo in many cultures, information about these matters may be more readily transferred through peer networks and community groups.

Refugee women, reproductive health, social network, social support

P65 Submission No. 616583

Utilization of Quality Improvement Methodology to Improve Mental Health Care Access in an Immigrant and Refugee Health Clinic

Lily Sonis, Sarah Kimball, Rous Dana, Lauren Ng, Piwowarczyk Linda, Maju Mehar

Background and Rationale

The Immigrant and Refugee Health Program (IRHP) at Boston Medical Center provides primary care to immigrant and refugee patients. A large proportion of IRHP patients seek to be connected to ongoing mental health care. We found that patients' average wait time from entering the program to accessing mental health care was 67.9 days. We sought to reduce wait times to mental health care using quality improvement methodology.

Methodology

The Plan-Do-Study-Act approach was utilized to reduce mental health wait times. A multidisciplinary group of staff including social workers, physicians, and psychologists met monthly to discuss possible improvement strategies, study their implementation, and plan future changes. The team developed a system of mental health triage and referral based on acuity and provider availability. We examined the impact of the triage system on mental health wait times. Data was collected through chart reviews.

Results/Impacts/Outcomes

The system of mental health triage and referral was successful at reducing wait times. The average wait time to mental health care decreased from 67.9 days at baseline to 51.2 days.

Conclusion/Keywords

Having a system of triage and referral for mental health is important for reducing wait times. Though wait times decreased substantially when systems of referral were implemented, the metric does not take into account the types of mental health services patients received. The lack of availability of mental health providers with the training to serve the

immigrant and refugee population was a challenge. Further efforts are also needed to continue to reduce wait times.

mental health, quality improvement, health care access

P66 Submission No. 616605

Developing an Acuity Scale for Case Management and Primary Healthcare for Refugees Age 60 Years and Older Arriving in Utah.

Lisa Gren, Scott Benson, Hayder Allkhenfr, Susan Dearden, Caren Frost

Background and Rationale

Initial health screening upon arrival is a tool used to identify both acute and chronic health needs. Aging populations frequently have increased healthcare needs. While many conditions are acute and can be remedied with a single visit to a healthcare specialist (eyeglasses or hearing aids), other complex chronic medical conditions benefit from prompt entrance into case management and primary care. Of the 7,017 refugees evaluated between 2012 and 2017 in Utah, 217 were age 60 years and older. In this population, 91% (n=198), had at least one positive screen on the Utah-Health Screening Report. The most common positive screens for physical health conditions were in the groupings of ophthalmology, cardiology, infectious disease, and musculoskeletal pain. Much of what afflicts this population requires longer term care and multiple follow up visits. Complications of chronic diseases decrease quality of life and increase mortality rates. It is critical that receiving communities involve case management and primary care early to provide care for chronic conditions, prioritize referrals to additional providers and coordinate the provision of specialty care to ensure the best possible health and integration outcomes.

Methodology

1. Demonstrate an acuity scale that addresses the complexity of the health needs identified at screening
2. Discuss how the health screening combined with acuity score can better distribute care across case managers and healthcare providers.

Results/Impacts/Outcomes

Initially, there will be a presentation of the data obtained and evaluation techniques. Followed by an open discussion with the attendees of the workshop to get additional insight and work though how this can be applied to other localities. After this discussion, we will propose a health condition acuity system to distribute the burden of service delivery across case managers and primary care providers and more appropriately address healthcare needs of newly arriving populations.

Conclusion/Keywords

Refugee, Screening, Primary Care, Case Management

P67 Submission No. 616659

Displaced Persons and Vaccine-Preventable Diseases: An analysis of ProMED reporting data

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Background and Rationale

Refugees and internally-displaced populations are not always captured in national surveillance efforts due to challenges accessing health services and political status within their country of residence. Internet-based public health surveillance methods are a useful adjunct to traditional surveillance in these scenarios. The purpose of this study was to investigate global trends in vaccine-preventable diseases in displaced persons using ProMED, an informal, digital disease detection tool.

Methodology

ProMED was queried for the following search terms: refugee, asylum seeker, displaced, and migrant(s). Each record was manually reviewed to extract report date, location of reported outbreak, origin of groups implicated in the outbreak, pathogen, and case counts. Descriptive analysis was utilized.

Results/Impacts/Outcomes

From 1998 to 2016, a total of 128 events matching the search criteria were identified. 32 events (n) in 17 countries reported 16,119 cases of vaccine preventable diseases [VPD, defined as measles (n=21), poliomyelitis (n=7), diphtheria (n=1), tetanus (n=1), or

varicella (n=2)]. The largest number of VPD outbreaks (n=7) was reported in Kenya. Of the 128 reports overall, 20% (25) of outbreaks were due to importation of disease from outside the destination country. In cases of importation, 48% (12) events were attributed to incomplete vaccination of the population.

Conclusion/Keywords

This study demonstrates a wide distribution of VPD among displaced persons over the past several decades. Vigilant surveillance, immunization services, and infection control measures are critical to preventing morbidity and mortality from VPD in displaced persons.

vaccine-preventable disease, refugee, internally-displaced persons, surveillance

P68 Submission No. 616894

Exceptional Refugees: A Medical-Legal Partnership Model for N-648 Evaluations

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Background and Rationale

The English and civics naturalization requirements are a major barrier for many refugees. Refugees may receive an exemption from these requirements with proper legal documentation (Form N-648) if they exhibit signs of cognitive impairment. Given the acute need for N-648 completion in the authors' community, a medical-legal partnership was established.

Methodology

A consistent workflow for the partnership was established as follows: (1) The legal partner identifies clients that exhibit signs of cognitive

impairment that would preclude them from passing the English and civics naturalization requirements; (2) The student-run Students United for Immigrant Transitional Services (SUITS) clinic sees these clients under the supervision of an attending physician. (3) The students and the supervising physician document their encounter and assessment and submit it to the legal partner for N-648 completion. Outcomes included medical diagnoses and status of citizenship application, both of which were tracked throughout the process.

Results/Impacts/Outcomes

75 clients (29 male, 46 female) were served between January 2016 and November 2018. The mean age was 60.76, with a standard deviation of 11.62. A MoCA was administered to 59 of the 75 subjects; the mean score was 8.93 with a standard deviation of 5.54. 3 clients did not have outcomes available. Of the remaining 72 clients, 29 (40.3%) have become naturalized, 40 (55.6%) have applications in progress, and 3 (4.2%) have withdrawn their citizenship applications.

Conclusion/Keywords

This workflow is a feasible, cost-effective way to provide medical documentation to refugees with cognitive impairment precluding them from meeting the English and civics naturalization requirements. It has demonstrated great success at the authors' institution.

N-648; Resettlement; Naturalization

P69 Submission No. 624108

Scaling up Interpersonal Psychotherapy for persons affected by the Syrian Crisis in Lebanon

Lena Verdelli

Background and Rationale

In 2014, the Ministry of Public Health of Lebanon initiated a 5-year Mental Health Strategy to provide integrated mental health services in community-based settings. Based on this strategy, in collaboration with the MoPH, the GMH lab has conducted capacity building studies to enhance the capacity of the public and private health sector to provide integrated, evidence-based care for common mental disorders to people affected by the Syrian crisis in Lebanon, including the host population.

Methodology

Phase I consists of systematic capacity building in interpersonal psychotherapy (IPT): 29 mental health professionals working at health-care centers are being trained to become IPT providers. Simultaneously, following an apprenticeship model, a select group of 8 previously trained IPT providers are in the process of becoming IPT supervisors, as they co-train the new group of providers, under the supervision of master IPT trainers. Phase II aims to integrate IPT within primary health care setting.

Results/Impacts/Outcomes

9 supervisors and 26 providers were trained in IPT and in primary health center, 3 members of the team received training in a brief 3 session version of IPT for primary care. 86 patients accessed IPT; 64 improved while 9 are ongoing. Patients depression, anxiety and PTSD symptoms and functioning improved significantly post-IPT, as did their well-being and self-reported adjustment related to disability.

Conclusion/Keywords

Lessons learned from the implementation process and outcomes of both, the IPT pilot and scale-up studies and the simultaneous adoption of a collaborative care platform in Lebanon have set precedence for mental health integration within primary and tertiary care in the country.

Mental health, Syrian refugees, Lebanon

P70 Submission No. 614141

Assessing Acculturation, Mental Health and Trauma Symptoms among Ethiopian Emigrants in the US

Waganesh Zeleke, Tammy Hughes

Background and Rationale

The research on mental health status and trauma symptoms present in Ethiopian emigrants is not well documented. This research aimed to address the following questions: (a) How Ethiopian immigrants describe (self-report) their acculturation in US? (b) What are the common mental health and trauma symptoms that Ethiopian emigrants report? and (c) What are the coping strategies that Ethiopian emigrants use to manage acculturation and mental health strains?

Methodology

Using Survey questionnaires data were collected from 150 Ethiopian immigrants from 10 different states in US. Both descriptive and inferential statistics used to examine the participants' score on different variables.

Results/Impacts/Outcomes

The result indicated that significant difference for gender were found on the level of acculturation, with females reporting higher level of acculturation than males ((M = 14.13, SD = 2.90 vs M = 6.70, SD = 3.29 for males). Using a cut of point of 8, 26.08% of the participants was considered to be a probable case, with females endorsing more items than males. Twenty-three percent (11.7% Mild; 8.2% Moderate; and 3% Sever) of the participants endorsed symptoms of psychological distress. The relationship between participants' mental health distress and acculturation level found to be insignificant. Eleven percent of respondents endorsed traumatic stress symptoms. Religious affiliation found to be associated with mental health distress.

Conclusion/Keywords

Ethiopian immigrant deal with significant mental health distress and endorsed traumatic symptoms in outpatient setting. They should access to a mental health service that is exclusively geared towards their mental health and access to socio-cultural service that cultivate their acculturation behavior.

PTSD, Mental Health, Acculturation, Emigrant, Ethiopian

P74 Submission No. 617007

Case study: A Refugee's Journey Through the Resettlement Process and the Hurdles Encountered

Catherine Boinett; Dhillon Nyachieo; Naing Myint, IOM; Marwan Naoum; Warren Dalal, International Organization for Migration

Background and Rationale

From 1996, UNHCR reports that Rwanda has been hosting primarily Congolese refugees who now number nearly 74,000. IOM, the United Nations migration agency, performs the health assessments of these refugees prior to their resettlement in Host Countries. The assessments are multifaceted involving locating the beneficiary and coordinating movement between and from the camp including security clearance, physical examinations, arrangement of resettlement needs of housing, health and education at the final destination and coordination with IOM colleagues and airlines across the globe in preparation for travel.

Methodology

We take you through the rigorous health assessment of one such Refugee. We will then discuss the pre-departure planning and execution including his medical escort for the flight. Despite this, as is in some cases, the unplanned does occur. The rest of the case study will detail how the applicant's deterioration of his medical condition in flight led to intense co-ordination between different continents to enable the gentleman to arrive safely at his final destination.

Results/Impacts/Outcomes

This case study gives an example of the complex nature of resettlement with an emphasis of inter-agency cooperation in the wake of an emergency. It is because of the robust but flexible system that is in place in IOM that allowed adjustments to be made in a timely and efficient manner that resulted in successful resettlement.

Conclusion/Keywords

The IOM process of managing migration has evolved tremendously to cope with the varying needs of its beneficiaries allowing for ordered migration that is responsive to the needs of all.

Migration, Refugee, Health, Complex, Inter-agency

P75 Submission No. 617011

Connect Soccer Academy: A Model for Building Resiliency in Refugee Youth through Trauma-Informed Coaching

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Background and Rationale

Recently resettled refugee youth face a dual burden of stressors as they arrive to the United States: stress from lived, traumatic experiences and acculturative stress. As families adjust to life in a new country children are restricted from various methods of coping, including playing soccer. Many refugee youth report playing soccer in their home country or refugee camp as one of the few resources for coping available to them. As their lives change, soccer can be a constant (and constitutes a substantial component of their identities). Sports-based intervention is a cost-effective method to promote resiliency that is accessible to culturally diverse and disadvantaged youth. We propose the following approaches to address post-traumatic and acculturative stress: introducing trauma-informed coaching and using soccer, respectively.

Our study follows the creation of a soccer team that has fostered community from within the refugee community while providing coaching informed by didactic programming in resiliency skill-building.

Methodology

Coaches undergo four trainings with psychologists to promote trauma-informed coaching. Data includes qualitative interviews with coaches after implementing strategies taught in didactic sessions and surveys elucidating perception of the youth's response. Psychologists serve as advisors to coaches to address stress-induced behavior.

Results/Impacts/Outcomes

Connect Soccer Academy has been well-received by participants and the community as necessary and effective. Preliminary data suggests that trauma-informed coaching is well received by the kids and impactful: Coaches note marked differences in motivation, self-esteem, and social cohesion.

Conclusion/Keywords

With the implementation of our trauma-informed coaching curriculum, we provide a model for a multidisciplinary method for promoting resiliency that is accessible to refugee youth.

Resiliency, Pediatric Mental Health, Sports-for-Development

P76 Submission No. 617778

Tell your story so we can help-There is no shame in Mental Health

Anita Davies, Marjorie Mills, Lillian Bunyassi, Marwan Naoum

Background and Rationale

The Migration process can present social determinant that exacerbate existing mental health conditions. Experiences during the migration process can also cause mental health conditions to present for the first time. Many refugees feel that if they let resettlement agencies know about their mental condition it will exclude them from the resettlement process.

Resettlement professionals need to be able to identify mental health needs early and refer for appropriate management. It is important that refugees are encouraged to tell their stories in order that they receive the appropriate care to stabilize them before departure and the appropriate resettlement needs are identified.

Methodology

A case study is presented of a refugee family where the husband and wife deliberately hid information of a known medical illness of the wife during health assessment.

Results/Impacts/Outcomes

The case study presents the need to inform refugees that there is no shame in sharing information about their mental health. There is also need for both medical and non-medical resettlement staff to have appreciate training to identify medical illnesses, and the need for information sharing and appropriate management.

Conclusion/Keywords

Mental health in refugee populations must be de-stigmatised. Given the fact that refugees have undergone a lot of stressful situations during

their migration process it is not unusual that a percentage will present with mental health issues. When known to non-medical staff they should share such information with panel physician's conduction health assessments to ensure that refugees receives the appropriate management.

Refugee mental health, Gender, Destigmatize, Access to mental health services

P77 Submission No. 617079

Lessons Learned from a Pharmacist-Managed Latent Tuberculosis Management Program

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Background and Rationale

The prevalence of LTBI in the United States is approximately 4.7 to 5%, but increases to 15.9 to 20.5% for foreign-born persons. Approximately 5 to 10% of persons with LTBI will convert into active disease. This clinic has a larger percentage of foreign-born patients (both refugees and immigrants), therefore LTBI treatment needs to be monitored closely.

Methodology

This is a retrospective review of the first year of a clinical pharmacist managed latent tuberculosis (LTBI) service. Patients diagnosed with LTBI in a family medicine residency program were referred to the pharmacist through an electronic medical record-based form. The pharmacist follows the patient monthly throughout therapy. At the start of therapy the pharmacist educates the patient about their medication and importance of adherence. At follow up visits, the pharmacist assesses for tuberculosis symptoms and adverse effects from medication, and assesses adherence through pill counts.

Results/Impacts/Outcomes

In the first year of the program, 28 patients, including 26 non-US born individuals, were diagnosed and treated for LTBI. The average age was 34.04 ± 14.25 years and most were treated with isoniazid. Significant patient cases encountered were a Hmong male with multi-drug resistant latent tuberculosis, a Somali female with isoniazid-induced hepatotoxicity in the presence of co-infection with hepatitis B, and a Somali male with histamine toxicity due to isoniazid and excessive canned tuna intake.

Conclusion/Keywords

The first year of a pharmacist-managed LTBI management program was a success due to the patient needs of the clinic. The cases described above highlight the need for a pharmacist-a medication expert-to be at the center of this program.

LTBI, latent tuberculosis, pharmacist

Translating Needs to Clinical Service: An Innovative Care Model for Refugee Newcomers in Waterloo Region

Will Allen, Sanctuary Refugee Health Centre; Joanna Wu, Sanctuary Refugee Health Centre; Manisha Hladio; Michael Stephenson

Background and Rationale

Waterloo Region has long been a 'landing spot' for immigrants and refugees coming to Canada, but until recently, it had no longitudinal primary health resources dedicated to the unique needs of refugees.

Methodology

In 2013, Sanctuary Refugee Health Centre was created to fill this gap. Needs assessments based on patient demographics have facilitated subsequent expansion of the clinic, customized to the particular demands of the population. All patients are seen, regardless of status or coverage.

Results/Impacts/Outcomes

Sanctuary currently provides care for 3470 registered patients (a growth of 34% in 2018), with over 400 individuals on the waiting list. Sanctuary's population is young, with 46% under 20 (compared to 23% of Ontario's population) and only 3.5% over 65 (vs. 16.7% in Ontario). Half of the female population is of child-bearing age. Patients identify more than 30 first languages, and the majority come from settings with a high burden of tuberculosis.

These demographics have fueled the expansion of services provided at the clinic, including a full immunization program, on-site and over-the-phone medical interpretation, comprehensive prenatal and postnatal care, formal TB screening, and in-house resettlement support. All children's and adults' vaccinations are reviewed; approximately 200 vaccinations are administered monthly. Prenatal and postpartum care was provided for 114 pregnancies in 2018.

Conclusion/Keywords

Sanctuary seeks to be an exclusive primary care destination, tailoring its care not only to refugees, but to the particular demographic constituents that comprise the local newcomer population. This ensures ongoing innovation in an effort to maintain customized, patient-centred care.

patient-centred, demographics, needs assessments

A Narrative-Based Approach to Understanding Health Needs and Experiences Among Syrian Refugees in Amman, Jordan

Lanbo Yang, Faisal Al-Hadeed, Meghan Geary

Background and Rationale

Since 2011, the Syrian Civil War has displaced around 5.5 million Syrians. Many displaced Syrians live as refugees in Jordan, where they face challenges navigating the healthcare system. Current literature suggests that narrative, or the telling of a patient's story, is an effective clinical tool to evaluate their experiences. This project assesses the impacts of war, conflict and migration on health through personal and individualized stories of Syrian refugees.

Methodology

Participants were recruited through a local non-governmental organization, personal and family connections and community spaces (e.g. mosque). Semi-structured interviews explored topics such as background, health experiences and cultural identity. Interviews were conducted by a Jordanian doctor and an American medical student in colloquial Levantine Arabic. All interviews were recorded, listened and interpreted by the two aforementioned members of the team.

Results/Impacts/Outcomes

5 male and 6 female participants were recruited (n=11) with an average age of 41.7 + 9.9 years. Interviews ranged from 30 to 110 minutes. The following themes were identified: fear for children's safety, inability to pay for surgery, altruism in the face of adversity, kinship with other refugee communities, struggle with cancer and lack of access to healthcare, notably primary care and psychiatric services.

Conclusion/Keywords

Stories and media are valuable tools for those who wish to pursue advocacy to enhance the health of the Syrian refugee population in the Middle East. Future directions include writing essays and stories about the interview participants to be published for the wider public.

Syrian refugees, Medical Humanities, Humanitarian Health

A Syrian Refugee with Batten Disease Finds Hope of a Cure After Resettlement in the United States

Dawn Lammert, Danielle Daniels, Joanne Kurtzberg, Andrea Shaw

Background and Rationale

Rare inherited diseases present a unique challenge in the care of refugee patients. We present a Syrian refugee family with multiple children affected by neuronal ceroid lipofuscinosis type 5 (CLN5; OMIM 256731), a recessive late-infantile variant Batten disease in which lysosomal function is impaired particularly in neurons, leading to seizures, blindness, dementia, and death in teenage years.

Methodology

At the time of resettlement to the United States, the family had eight children, of which two adolescent boys could no longer walk or speak, and one son died of this condition in Syria. Family pedigree, genetic testing, and imaging of affected children were obtained. Multidisciplinary care encounters including neurology, hematology-oncology, and palliative care were reviewed.

Results/Impacts/Outcomes

The parents are first cousins and both carry a premature stop codon in the CLN5 gene (c.524T>G, p.L175X). Five other children were unaffected; however, the youngest child, an asymptomatic 4 year-old boy with normal development was homozygous for the mutation. Albeit experimental, this family now had options that they did not have overseas. The decision was made to pursue an umbilical cord blood stem cell transplant, from which he engrafted and his clinical course is being monitored.

Conclusion/Keywords

Cultural acceptance of consanguineous unions confers a risk of rare, recessive disorders, and at the same time presents a challenge in genetic counseling. The complexity and severity of terminal Batten disease leaves only experimental treatment options available, a particularly difficult discussion in the context of language and health-literacy barriers.

CLN5, Batten, refugee

P81 Submission No. 617748

A Mobile Health Intervention Utilizing Community Partnerships to Improve Access for Latent Tuberculosis Infection Treatment

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Background and Rationale

Latent Tuberculosis Infection (LTBI) treatment is recommended to prevent Tuberculosis (TB) disease, but many children are never treated due to poor access to care. The Texas Children's Mobile Clinic Program (TCMCP) includes 3 free clinics for underserved children. TCMCP patients with TB risk factors have a TB skin test (TST) placed. Historically, children with positive TSTs were referred to the affiliated hospital Infectious Disease (ID) Clinic for evaluation and treatment. Since January 2018, TCMCP has been evaluating and treating their own positive TST patients.

Methodology

The TCMCP providers perform confirmative a Quantiferon TB test (interferon- γ release assay, IGRA) and chest x-ray for TST positive patients. Free treatment is coordinated with the local health departments. A standard operating procedure was created for treatment.

Results/Impacts/Outcomes

Nineteen IGRAs were performed; 13 (68%) were positive. Of the 13, 8 completed LTBI treatment (12-dose regimen of rifapentine plus isoniazid (3HP)), 1 was referred to the ID Clinic due to medication side effects, and 4 are currently receiving 3HP. Of the 8 patients who completed therapy, 8 (100%) completed at least 2 visits and 5 (62.5%) patients completed all 3 visits.

Conclusion/Keywords

Many TCMCP patients are newly arrived uninsured immigrants with multiple social needs. Despite barriers, acceptance and completion of therapy was much higher than prior reports. Utilizing 3-HP for LTBI treatment in a community setting is feasible. This unique model of mobile TB care can improve compliance with TB treatment.

Pediatric LTBI, Immigrant Children, Underserved Care

P82 Submission No. 617767

Pre-departure 21 days Ebola Virus Disease surveillance among resettling refugees due to EVD Outbreak in Democratic Republic of Congo (DRC)

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Background and Rationale

In coordination with UNHCR and receiving countries, the International Organization for Migration (IOM) runs a large-scale resettlement operation for refugees in Uganda with about 8222 refugees, primarily from DRC, referred to IOM for resettlement in 2018. In August 2018, an outbreak of Ebola Virus Disease (EVD) was declared in North Kivu Province which shares a border with Uganda and Rwanda. This border is porous, and a lot of movements can be observed between the refugee settlements and the EVD-affected region.

Methodology

In addition to standard pre-departure medical procedures that are conducted for refugees in resettlement, upon recommendation from CDC, IOM initiated a 21-day EVD-specific pre-departure surveillance as a response to the outbreak. The surveillance is comprised of completing an EVD Risk Questionnaire and performing daily checks for possible EVD signs and symptoms.

Results/Impacts/Outcomes

IOM Uganda completed surveillance on 1651 refugees that were resettled to the U.S. (55.87%) and 1304 to other countries till Dec 2018. 1669 surveillance forms were completed and relevant health data from 2973 checks were collected on all refugees. Descriptive analyses are being performed.

Conclusion/Keywords

While no suspect cases of EVD were identified, the surveillance has proven to be useful in ensuring safe resettlement, by initiating the recommended outbreak response, identifying other conditions of public health significance as well as providing health education. Collaboration with health authorities of Uganda and resettlement countries, developing a response algorithm, inter-departmental coordination and conducting trainings were key elements for IOM Uganda in overcoming logistical challenges of this outbreak response.

EVD, Surveillance, Pre-departure

*Need to credit additional authors upon review

P83 Submission No. 618981

Montreal and Toronto as Sanctuary Cities: A comparison of public health policy towards refugees, asylum seekers and undocumented migrants

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Background and Rationale

Since 2016, Canada has witnessed an increase in the number of asylum seekers with over 50 000 being processed in 2017 alone. At the same time, over 40 000 Syrian refugees have been welcomed since 2015.

This is in the context of estimates of upward of 250 000 undocumented migrants in the country, most which are found in major cities such as Montreal and Toronto. Both of these cities have been declared as sanctuary cities in the past decade.

Methodology

Public health policy from both cities was summarized using information gathered from the websites and grey literature of the Toronto and Montreal Public Health departments. In addition, semi-structured interviews were carried out from December 2017-January 2018 with representatives from each organization. Public health policies relating to four principal functions were considered: surveillance, prevention, health promotion, and health protection.

Results/Impacts/Outcomes

A preliminary analysis of public health policy towards reveals a number of adaptations by Toronto Public Health notably in health promotion and prevention that were implemented during the influx of Syrian refugees and subsequently re-introduced for asylum seekers. In Montreal, these populations are not mentioned in the current regional public health plan and there is less evidence of explicit adaptation of public health policy. In both cities, very limited services are aimed at undocumented migrants.

Conclusion/Keywords

A comparison of public health policy demonstrates that despite being declared as sanctuary cities, Montreal and Toronto (to a lesser extent) only offer a limited scope of public health services towards these groups, especially toward undocumented migrants.

refugee, asylum seeker, undocumented, public health, policy analysis, sanctuary city

P84 Submission No. 620779

Building Bridges: Improvement of Refugee Health Care Through Community Voices

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Background and Rationale

There are multiple obstacles refugees face to access and receive quality healthcare in the United States. Not only are refugees forced to use a complex healthcare system in an unfamiliar language, but healthcare professionals often struggle to provide satisfactory health information and communicate care to refugees. By working directly with refugee populations, the best practices to treat this vulnerable population can be developed.

Methodology

We connected with local refugee populations in Ohio to better understand barriers to care. In person focus groups were conducted receiving over 100 participants, and a novel initiative using Facebook Live was developed to allow for discussions among a wider group of refugees, reaching 3,835 people.

Results/Impacts/Outcomes

Resounding themes, consistent among in person focus groups, were echoed in Facebook Live sessions with specific focus on the gender gap in seeking healthcare, stigma against accessing mental health resources, and continued barriers with respect to language access. Facebook Live sessions further explored how social media advises their healthcare choices. Through local outreach and the recent development of using Facebook Live, we have learned how to adjust and improve methods in conducting these sessions to better facilitate communication and reach a wider audience.

Conclusion/Keywords

Using these findings, we have engaged community members to partner with existing health care professionals to improve access to quality healthcare through medical student curriculum development and the opening a global health clinic. The clinic targets the unique health needs communicated by the refugee community with hopes to further improve practices through continued communication.

healthcare, communication, social media

P85 Submission No. 618383

Syrian Refugee Patients' Perceptions of Care Among a Specialized Refugee Clinic and Partner Community Clinics in Calgary, Canada

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Background and Rationale

From November 2015 to January 2017, 40,481 Syrian refugees were rapidly resettled to Canada through the "Syrian Refugee Initiative", increasing demands on local primary healthcare clinics. We explored care perspectives among resettled Syrian refugee patients who received care at either a specialized refugee clinic or partner community clinics in Calgary, Canada.

Methodology

We conducted an exploratory descriptive qualitative analysis among 19 adults Syrian refugees who arrived in Calgary, Canada during the Syrian Refugee Initiative and received care either one specialized refugee clinic or two partner primary care clinics. We conducted eleven semi-structured interviews with individual adults or spousal pairs, to explore perceived barriers and facilitators to receiving care, and perceived opportunities for healthcare delivery improvement.

Results/Impacts/Outcomes

All patients reported receiving high quality healthcare, facilitated communication, health navigation assistance and cultural competency as care facilitators, especially among primary care clinics. Participants also perceived integrated care between primary care providers and

embedded multidisciplinary care teams within primary care clinics as a particularly important care facilitator. Major perceived care barriers, particularly among specialty care included: communication difficulties, long wait-times and inadequate health insurance coverage. Perceived opportunities for improvement included adequate insurance coverage for dental care and prescription medications, as well as improved health navigation and promotion services.

Conclusion/Keywords

Recently resettled Syrian refugee patients perceived integrated, team-based and culturally competent primary healthcare, with translation and health navigation services as optimal care factors. However, participants perceived challenges accessing and receiving specialty and dental care as well as insufficient insurance coverage for prescription medication.

Syrian Refugees, Perceptions of Care, Care Barriers and Facilitators

P86 Submission No. 618124

A Complicated Case of Pediatric Obesity: An Increasing Public Health Challenge for Refugee Families.

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Background and Rationale

Pediatric obesity is a common public health problem, but refugee children have unique factors that place them at increased risk of becoming obese after resettlement in the United States. Immediate and long term health consequences of obesity are well established in the medical community, but difficult to convey to families. Addressing this problem requires a community and population focused approach due to unique linguistic, sociocultural, and health literacy needs of new American families as well as the layers of social determinants that impact obesity in all children.

Methodology

We present a case of adolescent Blount disease in a child of Somali refugees, driven by uncurbed weight gain throughout childhood. A review of her specialist, dental, and primary care visits were completed.

Results/Impacts/Outcomes

The child had regular access and good attendance at a medical home, where the family was repeatedly counseled regarding dietary and lifestyle modifications to address obesity without change in her weight trajectory. She underwent surgical correction for Blount disease with successful post-surgical adaptations including dietary modification and stabilization of her weight.

Conclusion/Keywords

Medical professionals need to recognize the limits of our office-based approach to care and management of obesity. Factors such as barriers to health literacy, linguistic capability and cultural acceptance are among the many social determinants that shape health in vulnerable refugee populations. Better understanding of these factors on an individual and community level will better allow for multidisciplinary interventions to curb the epidemic that is now surpassing American families and prevent downstream health consequences.

pediatric, obesity, immigrant

P87 Submission No. 618148

Operational Response Leaders' Perspectives of a Rapid Syrian Refugee Influx to Calgary, Canada

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Background and Rationale

Between November 2015 and January 2017 Canada resettled 40,081 Syrian refugees through the “Syrian Refugee Initiative”, which required a rapid healthcare and resettlement services response. Approximately 2,200 refugees resettled in Calgary, where a cross-sectoral steering committee coordinated a city-wide response, including healthcare. We aimed to understand the influx's impact on refugee patients, providers, and the local primary healthcare system and how the steering committee prepared for and responded to it.

Methodology

As part of a larger Calgary-based case study, we interviewed three steering committee leaders who coordinated Calgary's healthcare and resettlement response. We also collected nineteen steering committee documents describing the city's planning and response. We used inductive thematic analysis of interview transcripts and documents to identify major themes. Themes were then mapped to our “patient, provider, health system” conceptual framework.

Results/Impacts/Outcomes

We identified healthcare challenges including: large volume and high healthcare needs of arrived refugees, management of refugees' expectations, and competing needs between healthcare and resettlement services. Care facilitators included: support from responsive, self-motivated teams, community partnerships, and integrated health and resettlement services co-delivery. Workflow and healthcare adaptations were developed, and the impact of increased workload on healthcare providers documented. A refugee-specific needs-triage process, healthcare delivery model and enhanced resource planning were identified as improvement opportunities. Key response elements included cross-sectoral partnerships, process adaptations, and resource procurement and allocation.

Conclusion/Keywords

Our findings highlight collaborative, cross-disciplinary planning and coordination, particularly between healthcare and resettlement sectors, as important factors for a metropolitan city's response to a large refugee influx.

Syrian refugees, Primary Healthcare, Health System Response

P88 Submission No. 618174

The Health Liaison Nurse: What role do they play in refugee migration?

Mia Baluyut, Melanie Casuga Yee, Cheryl San Juan

Background and Rationale

The Health Liaison (HL) role was implemented in March 2016 amid the Syrian refugee influx in Calgary, Alberta. There was an identified need to provide initial and ongoing triage support to address acute healthcare concerns of refugees. Based full-time out of the resettlement center, this unique nursing role supports refugees at different stages of their settlement.

Methodology

Implementation of this role required a strong collaboration between the health and settlement sector. To meet the needs of the increasing volume and complexity of the refugee population in Calgary, a second HL role was created in 2018, also based full-time at the resettlement center. For evaluation purposes, the HL records all patient interactions including demographics, issues, interventions and referrals.

Results/Impacts/Outcomes

The HL is a key position in the education of new refugees to understand the appropriate utilization of the Canadian healthcare system. The HL serves as an advocate and provides individualized care based on client need. This includes reducing barriers related to care coordination, interpretation, transportation and health system navigation. Since implementation, the HL has provided scheduled and walk-in appointments to clients living at the resettlement home as well as to clients living in the community.

Conclusion/Keywords

The HL helps to bridge services between the Mosaic Refugee Health Clinic and external services providers to ensure continuity of care for refugees. By providing health and social system education, the HL nurse supports refugees to integrate successfully into Canadian society.

Advocate, Educate, Integrate

P89 Submission No. 618257

Policy Implications for Mental Health Service Utilization among Refugees in America

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Background and Rationale

Global political and other complex humanitarian events effected the migration of millions of refugees across international borders and into the USA. The mental health and wellbeing of refugees impact health services provision and health utilization in both urban and rural communities and is of growing national concern. Public health policies must continue to evolve to address the health disparities experienced by refugees. This study examines refugees' perception of mental illness, the impact on health service utilization, the perceptions of health service providers working with refugees with mental illness and policy recommendations for improving refugee mental health outcomes.

Methodology

Data for this mixed-methods study was collected through focus groups, health provider surveys, and site-visit reports from facilities that serve refugee groups in Kentucky, New York, and Minnesota. Typical methods for analyzing and triangulating quantitative and qualitative data were used.

Results/Impacts/Outcomes

Refugees experience high prevalence of mental disorders and other conditions associated with prior experiences and new acculturation or post-migration stressors. Diverse perceptions and definitions of mental health, stigma, and beliefs within refugee groups present various challenges to health providers' ability to treat effectively, with patient medical adherence, quality of life, and their ability to thrive and achieve social integration.

Conclusion/Keywords

Public and private health service organizations must facilitate flexible and multidisciplinary approaches to reduce fragmentation of mental health care; increase culturally and linguistically appropriate services, minimize administrative barriers and build capacity to reduce stigma and eliminate discrimination against persons with mental health illnesses among refugees and in the wider community.

Refugees, Mental Health,

P91 Submission No. 618354

A literature review examining issues prevalent among Rohingya refugee women: implications for medicine, public health, and human rights

Afnan Naeem

Background and Rationale

The Rohingya have been facing a mass exodus from their homeland of Myanmar with onslaught of ethnic cleansing. Some fled to neighbouring Bangladesh where they have become further marginalized. The marginalization manifests itself in many way, one of which is through the status of women and state of their health.

Methodology

The research question was: What are the issues among Rohingya refugee women as they pertain to health and well-being? A brief Google Scholar search was conducted. Subsequently, the databases Scopus and PubMed were used. The search terms were Rohingya AND refugee*; Rohingya AND refugees AND women—each combination for the separate databases. Reference lists in those respective articles from the databases were consulted as relevant. Titles and abstracts were screened for relevance to the research question.

Results/Impacts/Outcomes

Gender-based violence is the most recurring issue among the atrocities faced by Rohingya women. Studies and literature on the Rohingya refugee women show that rape is a commonly-used form of gender-based violence against Rohingya women. Child marriage is another prevalent issue among this population, along with nutritional deficiency, both of which have consequences for maternal and child health.

Conclusion/Keywords

The Rohingya are facing tremendous violation of their human rights. Mostly, women face high rates of gender-based violence, including rape, and other forms of sexual assault. Child marriage is prevalent in the Rohingya refugee community, and this has consequences for low birth weight, and fistula. In addition, there are nutritional deficiencies

as a result of food scarcity. The international response is weak and needs stronger political will and commitment,

women's health, gender-based violence, human rights

P92 Submission No. 618323

Sanctuary Refugee Health Centre (Sanctuary): A Unique Model of Practice

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Background and Rationale

Every year, approximately 1200 refugees arrive in Kitchener-Waterloo. An additional 1187 Syrian refugees settled in the area in 2016. Although the region has a long history of resettling refugees, there was a lack of longitudinal healthcare responsiveness due to the unique administrative, cultural and trauma needs for this population. We also know that the social determinants of health (SDOH) are directly tied to long term health outcomes, and often go unaddressed in the medical assessment of newcomers. In 2013, Sanctuary was created to fill these gaps.

Methodology

Sanctuary's model of care is presented through a non-hierarchical pyramid of services and uses an innovative financial model that is not reliant on government funding. Community partnerships housed under one roof allow patients' access to a 'one-stop shop' that provides: primary healthcare, psychological assessment, trauma counselling, dietary advice, settlement assistance and help with income and disability applications.

Results/Impacts/Outcomes

Over 5 years, Sanctuary grew from 6 patients to 3500, with more than 300 on the waiting list, with an annual budget of less than \$500,000. The site grew from 2500 to 4500 sq.ft. in order to house partner services. Seventy of the most medically complex patients made 1468 visits to Sanctuary, but only 47 visits to the emergency room in a 12-month period.

Conclusion/Keywords

Unique community partnerships allow our clinic to address key SDOH while providing a familiar medical home for an already marginalized population. It is our hope that this will ultimately lead to improved health outcomes alongside social connectedness.

social determinants of health, primary care

