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NORTH AMERICAN REFUGEE HEALTH CONFERENCE

HEALTH MEANS THE WORLD TO US

June 4-6, 2015

Metro Toronto Convention Centre

NORTH AMERICA REFUGEE HEALTH CONFERENCE

I warmly welcome you to the North American Refugee Health Conference (NARHC) 2015, the largest refugee health conference of its kind. I would like to extend a very special welcome to our American and international colleagues who have travelled from over 20 countries.

In the past year, refugees escaping war and persecution have dominated the headlines. From the impact of the Syrian conflict, to perilous boatloads of migrants in the Mediterranean Sea -- the refugee journey has never been as much in our consciousness as in recent months. The UNHCR estimates that with over 50,000 refugees today, we currently have the largest refugee crisis since the Second World War.

We are privileged at NARHC 2015 to have a broad range of experts to share their knowledge and experiences. You will hear from experts in the trenches, who will discuss the history of refugees and current trends, lessons learned from Ebola in resettled refugees, hear about the importance of the basic needs of resettled refugees. On the home front, we will share a Canadian success story of how a grassroots movement fought against healthcare cuts for refugee claimants. Because of their tireless work, a Federal court declared the cuts “cruel and unusual punishment,” and were unconstitutional.

The voices of artists and writers who have lived the perilous refugee journey will also inform our thinking. We will hear the heart-wrenching escape of Lucia Jung, from North Korea and be entertained by Martin Ngigi, a traditional performer from Kenya.

The profile of refugee health has increased, primarily due to the passion and commitment of the above leaders, but also from the dedication of participants such as yourselves. We have learned that united we can be a powerful advocate when people mobilize, act, speak out and protest for health, justice and equity. Together we will address the need for governments respect international law and the rights of refugees. NARCH 2015 will offer you opportunities to collaborate, to discuss, and to advocate with health professionals across North America and globally. As colleagues we will work toward a common vision of excellence in health care for refugee populations.

I wish to thank our generous sponsors and the volunteer efforts of the NARHC 2015 Conference Organizing Committee. Without their dedication, this conference would not be possible. It is an exciting time for Refugee Health in North America and abroad.

Thank you for being part of the change.

Anna Banerji O.Ont MD MPH FRCPC DTM&H
Chair, North American Refugee Health Conference 2015

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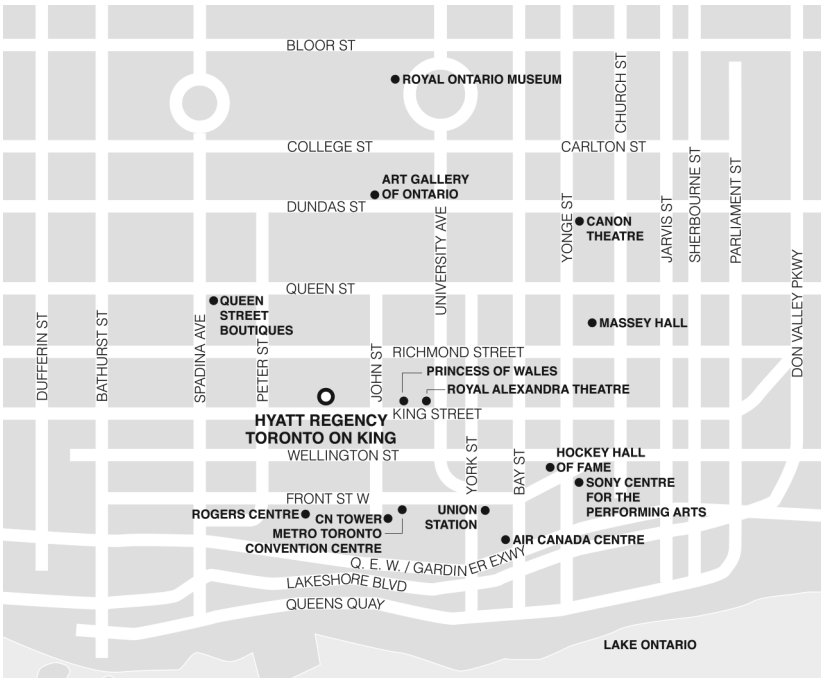
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LAKE ONTARIO

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Associate Professor of Health Policy and
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University of Toronto
Toronto, Ontario

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Obstetrics & Gynecology
Maricopa Integrated Health System
Phoenix, Arizona

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Child, Youth and Family Service
Toronto, Ontario

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Rochester General Health System
Rochester, New York

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and Travel Medicine Clinics
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Associate Professor, Division of Infectious Disease
and International Medicine
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Minneapolis, Minnesota

Rebecca Warmington MD Candidate 2015
University of Ottawa
Co-Founder U of O Refugee Health Initiative
Community Service Learning Program
Ottawa, Ontario

Vanessa Wright
Nurse Practitioner
The Crossroads Clinic, Women's College Hospital
Toronto, Ontario

SYLVAIN BERTRAND MD

Senior Director, Operations
NHQ - Migration Health Branch
Citizenship and Immigration Canada, Ottawa ON

Dr Sylvain Bertrand obtained his diploma of Doctor in Medicine from the University of Montréal in 1984 and worked as a family and emergency physician at the Cité de la Santé Hospital of Laval, where he was also assistant in clinical medicine training for the Family Medicine department of the University of Montreal.

In 1991 Dr Bertrand joined Health Canada, Medical Services Branch, as a rotational Medical Officer, a position that was transferred to Citizenship and Immigration Canada (CIC) in 1995. Between 1992 and 2012, Dr. Bertrand assumed several positions abroad and managed the Regional Medical Offices of Cairo, Port-of-Spain, Paris and London. Between his postings abroad, Dr. Bertrand assumed managerial positions at CIC Head Quarters as Director of Operations and Director, Program Management and Control in Health Branch.

Dr Bertrand currently holds the position of Senior Director of Operations, Health Branch, providing functional guidance to CIC Regional Medical Officers abroad and in Canada as well as managing the delivery of the directorate programs and operational strategies related to immigration medical examinations and assessments.

PHILIP BERGER MD

Medical Director, Inner City Health Program
St. Michael's Hospital, Toronto, ON

Dr. Philip Berger is Medical Director of the Inner City Health Program at St. Michael's Hospital, Toronto, Canada. St. Michael's Hospital is a fully-affiliated teaching hospital with the University of Toronto where Dr. Berger is an Associate Professor in the Department of Family and Community Medicine. Dr. Berger was Chief of the St. Michael's Hospital, Department of Family and Community Medicine from 1997 to 2013. In January, 2014 Dr. Berger was appointed as the first Health Advocacy Lead for the Faculty of Medicine at the University of Toronto.

Dr. Berger received his medical degree from the University of Manitoba in Winnipeg, Canada in 1974. He completed his family practice training at St. Michael's Hospital in 1978. Dr. Berger worked in a community practice from July, 1978 until December, 1993. During his early years in practice, Dr. Berger was the physician for many refugee applicants from Central and South America who reported that they had been tortured. Dr. Berger published and spoke widely about the physical and psychological effects of torture. He was the founder of the Canadian Medical Network – Amnesty International (English) in 1978 and its first National Coordinator from 1978-1982. In 1982 he was a founding member of the Canadian Centre for Victims of Torture and was a member of its Board of Directors from 1982 to 1988. He is still an associate physician of the Centre.

JOHN S. BROWNSTEIN PHD

Associate Professor, Harvard Medical School
Computational Epidemiology Group, The Children's Hospital Informatics Program
Co-Creator, HealthMap, Boston, MA

John Brownstein, Ph.D. is an Associate Professor at Harvard Medical School and directs the Computational Epidemiology Group at the Children's Hospital Informatics Program in Boston. He was trained as an epidemiologist at Yale University. Overall, his research agenda aims to have translation impact on the surveillance, control and prevention of disease. He has been at the forefront of the development and application of public health surveillance including HealthMap.org, an internet-based global infectious disease intelligence system. The system is in use by over a million people a year including the CDC, WHO, DHS, DOD, HHS, and EU, and has been recognized by the National Library of Congress and the Smithsonian. Dr. Brownstein has advised the World Health Organization, Institute of Medicine, the US Department of Health and Human Services, and the White House on real-time public health surveillance. He plays a leading role in a number of international committees including Board Member of the International Society for Disease Surveillance. He recently was awarded the Presidential Early Career Award for Scientists and Engineers, the highest honor bestowed by the United States government to outstanding scientists and engineers. He has authored over one hundred peer-reviewed articles on epidemiology and public health. This work has been reported on widely including pieces in the New England Journal of Medicine, Science, Nature, New York Times, The Wall Street Journal, CNN, National Public Radio and the BBC.

MARTIN CETRON MD

Captain, U.S. Public Health Service
Director, Global Migration and Quarantine Centers for Disease Control and Prevention, Atlanta, GA

Dr. Martin Cetron is currently the Director for the Division of Global Migration and Quarantine (DGMQ) at the U.S. Centers for Disease Control and Prevention (CDC). The DGMQ mission is to prevent introduction and spread of infectious diseases in the U.S. and to prevent morbidity and mortality among immigrants, refugees, migrant workers, and international travelers. Dr. Cetron's program is responsible for providing medical screening and disease prevention programs to 1.2M immigrants and 80,000 refugees prior to U.S. resettlement each year. Dr. Cetron has authored or co-authored more than 150 publications and received numerous awards for his work. In 2009, Dr. Cetron was honored with the Public Health Hero Award by Research America. In 2010, Dr. Cetron received the Dean's Award by the Tufts Medical Alumni Association for Distinguished Contributions to Medicine 25 years post-graduation. In 2014, Dr. Cetron was honored by Dartmouth College with the Lester B. Granger Lifetime Achievement Award as part of the Martin Luther King Awards for a lifetime of work dedicated to social justice and combating health disparities.

Dr. Cetron has worked at the CDC since 1992 where he has led several domestic and international outbreak investigations, conducted epidemiologic research, and been involved in domestic and international emergency responses. He has played a leadership role in CDC responses to intentional and naturally-acquired emerging infectious disease outbreaks including the Anthrax Bioterrorism (2001), Global SARS epidemic (2003), U.S. Monkeypox Outbreak (2003), Pandemic Influenza H1N1 (2009), Haiti Earthquake and Cholera (2010), Japan Tsunami and Radiation Response(2011), and Middle Eastern Respiratory Syndrome (MERS) Coronavirus Response (2013).

Dr. Cetron is part of the CDC Pandemic Influenza Planning and Preparedness Team. He leads CDC's preparedness for international border responses and community mitigation strategies. Dr. Cetron is also part of the WHO Influenza Pandemic Task Force, WHO Director General's International Health Regulations Emergency Committee of Experts for Influenza and MERS Coronavirus.

BRIAN GUSHULAK MD

Migration Health Consultants, Inc.
Qualicum Beach, BC

Originally from Saskatchewan, Dr. Gushulak completed undergraduate and medical studies in that province interspersed with graduate studies at the University of Western Ontario. Joining the Immigration Medical Services of the Federal Government in the early 1980's his career has focused on international health and migration both in Canada and abroad. He has held positions in the federal health and immigration departments in Canada. In the 1990s he was closely involved in the initial planning for the revision of the International Health Regulations. From 1996 to 2001 he worked in the international sector as the Director of Migration Health Services of the International Organization for Migration in Geneva. During that time he was involved in refugee-associated and complex humanitarian emergencies in Eastern Europe, the Balkans, Asia and Africa.

From 2001 until 2004 he was the Director General of the then newly created Medical Services Branch in the Canadian Department of Citizenship and Immigration. Since that time he has been engaged in research and consulting in the area of health and population mobility. He has authored and co-authored several publications in that field. His research interests include migration health and population mobility, international disease control and the history of quarantine practices. He is the past Chair of both the International Centre for Migration and the Refugee and Migration Health Committee of the International Society for Travel Medicine.

CRISTA JOHNSON-AGBAKWU MD MSC FACOG

Founder & Director, Refugee Women's Health Clinic
Maricopa Integrated Health System, Phoenix, AZ

Dr. Crista Johnson-Agbakwu is an Obstetrician/Gynecologist at Maricopa Integrated Health System, Phoenix, AZ, where she is Founder and Director of the Refugee Women's Health Clinic (RWHC). She is also a Research Assistant Professor of the Southwest Interdisciplinary Research Center (SIRC), which is a NIH-funded National Center of Excellence in minority health and health disparities at Arizona State University. She received her undergraduate degree from The Johns Hopkins University, medical degree from the Weill Medical College of Cornell University, and completed her residency in Obstetrics & Gynecology at the George Washington University Medical Center. She subsequently completed a fellowship in Female Sexual Medicine at the University of California, Los Angeles and then became a Robert Wood Johnson Foundation Clinical Scholar at the University of Michigan where she obtained her Masters in Health and Health Care Research examining disparities in reproductive health care among refugees/immigrants through mixed-method Community-Based Participatory Research (CBPR). She has presented nationally and internationally on refugee women's health, and the challenges faced by health care providers in the care of women with Female Genital Cutting (FGC). She is a Fellow of the International Society for the Study of Women's Sexual Health (ISSWSH) where she also serves as Chair of Online Services. Her current research incorporates CBPR to address health disparities among refugee women across many facets of health including women's reproductive, preventive, sexual, and mental health. Through the RWHC, she has implemented a best practice model of care that is improving health care access and utilization, health literacy, community engagement, and health care provider cultural competency towards improved health outcomes for refugee women.

RANA KHAN LLB

Rana Khan
Legal Officer Ontario Region, UNHCR, Toronto, ON

Rana Khan is a human rights lawyer with a keen interest in and commitment to refugee protection, in particular the issues surrounding women and children. Following her call to the Ontario Bar in 1993, Rana worked in private practice before joining the United Nations High Commissioner for Refugees (UNHCR) in 1994. Since joining the UNHCR, Rana has worked as the Legal Officer for the region of Ontario and is the UNHCR focal point on the Global Detention Strategy – Beyond Detention in Canada and Vulnerable Claimants, including gender and children protection issues. Her work involves advocacy on refugee policy and promotion of best practices and standards towards asylum seekers nationally, regionally and internationally.

In addition to her work in Canada, Rana has also taken part in some of the organization's international operations for refugee protection and humanitarian assistance. In 1998, acting as a UNHCR Protection Officer, Rana went on mission to Luau, Angola as part of a technical team that conducted refugee status determinations of Rwandan refugees. In 1999, Rana undertook a mission as a UNHCR Protection Officer to Kosovo, working in Mitrovica and Prizren. Her work on this mission included assessment of minority protection needs, facilitating reconciliation talks between conflicting groups, and drafting reports on assessment of humanitarian assistance needs.

ARTHUR KIM MD

Director, Viral Hepatitis Clinic (Infectious Diseases),
Massachusetts General Hospital, Boston, MA

Dr. Kim earned his undergraduate degree from Yale University and his MD from Harvard Medical School. After his internship and residency at Massachusetts General Hospital and fellowships at MGH and Harvard Medical School, he joined the faculty at Harvard where he is currently Assistant Professor of Medicine.

Dr. Kim is the Director of the Viral Hepatitis Clinic within the Division of Infectious Diseases at MGH and focuses his clinical and research interests on special populations with HCV, including those with HIV-1/HCV coinfection, acute HCV, and in the prison population. He is a member of the AASLD / IDSA Guidance Panel for Recommendations for Testing, Managing, and Treating Hepatitis C and the ACTG Hepatitis Transformative Science Group. He is a Fellow of the Infectious Disease Society of America and is on the editorial boards of the Journal of Infectious Diseases and Transplant Infectious Disease. He has made numerous presentations related to HCV locally, nationally and abroad.

CURI KIM MD MPH

Director, Division of Refugee Health
Office of Refugee Resettlement
Administration for Children and Families
Department of Health and Human Services
Atlanta, GA

Curi Kim, MD, MPH, is the Director for the Division of Refugee Health (DRH) at the Office of Refugee Resettlement (ORR) within the Administration for Children and Families. DRH works to promote refugee health and emotional wellness by providing federal leadership, partnership, and resources. Dr. Kim also provides medical and public health guidance to the Unaccompanied Alien Children (UAC) Program within the Division of Children's Services at ORR.

Dr. Kim started working with ORR in 2012 as the Centers for Disease Control and Prevention(CDC) Medical Officer secunded to provide health-related technical assistance. She has been involved in the health issues of mobile populations since joining the CDC in 2007, serving as the Quarantine Medical Officer at the CDC Detroit Quarantine Station in Michigan, the acting Surveillance Team Lead of CDC's Refugee Health Program in Kenya, and the Quarantine and Border Health Services Branch's Science and Policy Medical Officer at CDC headquarters in Atlanta, GA. Prior to her federal career, she practiced medicine in a state prison in Michigan. She currently holds the rank of Commander in the U.S. Public Health Service and sees patients at a clinic for the uninsured in Arlington, VA.

Dr. Kim received her BS and MPH degrees from the University of Michigan and her MD from Wayne State University. She is board certified in both Family Medicine and Preventive Medicine.

MEB RASHID MD

Medical Director, Crossroads Clinic, Toronto, ON

Dr. Rashid is the medical director of the Crossroads Clinic, a medical clinic that serves newly arrived refugees in Toronto. He is a co-founder of the Canadian Doctors for Refugee Care, an organizations founded to advocate for refugees to access health insurance. He was on the steering committee of the CCIRH, a group that developed evidence based guidelines for the assessment of newly arrived immigrants and refugees. He also co-founded the Christie Refugee Health Clinic, a health clinic located in a refugee shelter. He has brought together clinicians across Canada with an interest in refugee health through a web based project called the Canadian Refugee Health Network and through a group called the Refugee Health Network of Southern Ontario. He is a recipient of an Award of Excellence from the Ontario College of Family Physicians. He is on staff at Women's College Hospital in Toronto and is affiliated with the Department of Family and Community Medicine at the University of Toronto.

PAUL SPIEGEL MD MPH

Deputy Director, Division of Programme Support and Management, United Nations High Commissioner for Refugees (UNHCR)
Senior Fellow, Harvard Humanitarian Initiative
Adjunct Professor, Johns Hopkins and Emory Schools of Public Health, Geneva, Switzerland

Dr. Paul Spiegel is the Deputy Director of the Division of Programme Support and Management at the United Nations High Commissioner for Refugees (UNHCR) where he supervises and manages four technical sections – Public Health (including health, HIV, nutrition, water and sanitation, and food security; Cash-based Initiatives; Shelter and Settlement; Operations Solutions and Transitions (including energy, environment, livelihoods, and solutions). He is a Senior Fellow at the Harvard Humanitarian Initiative and an Associate at Johns Hopkins Bloomberg School of Public Health and the Geneva Centre for Education and Research in Humanitarian Action at the Université de Genève. He is Chair of the Funding Committee for the DFID and Wellcome Trust funded Research for Health in Humanitarian Crises or R2HC. He was previously Chief of the Public Health and HIV Section at UNHCR, where he still serves as the Refugee Agency's HIV Global Coordinator at UNAIDS.

Before UNHCR, Dr. Spiegel worked as a Medical Epidemiologist in the International Emergency and Refugee Health Branch at the Centers for Disease Control and Prevention (CDC). Previously he worked as a Medical Coordinator with Médecins Sans Frontiéres and Médecins du Monde in refugee settings in Kenya and DRC as well as a consultant for numerous organisations including the Canadian Red Cross and the Pan American Health Organisation. He received his medical degree at the University of Toronto and his Master of Public Health and specialty in Preventive Medicine at Johns Hopkins University.

Dr. Spiegel has responded to and undertaken field work or research in humanitarian emergencies in numerous countries on all continents. He has published extensively in the field of hu-

manitarian emergencies. His research interests in humanitarian emergencies are in epidemiological methods, health information systems and HIV. He has won numerous awards including CDC's Charles C. Shepard award for outstanding research in Assessment and Epidemiology.

DEBRA STEIN MD

Child and Adolescent Psychiatrist,
Canadian Centre for Victims of Torture, Toronto, ON

Dr. Stein has been working alongside settlement counselours at the Canadian Centre for Victims of Torture (CCVT) for over 15 years, providing consultation and treatment to clients of all ages, with an emphasis on children, youth and families. Since 2007 her work at the CCVT has been under the auspices of the Inner City Health Associates, a St. Michael's Hospital-based group which provides mental health and primary care for the homeless and precariously housed. Dr. Stein is a staff psychiatrist at the Hincks-Dellcrest Centre, where she is co-head of the Migration Team, a consultation team with expertise in issues of resettlement and acculturation. She is affiliated with the Division of Equity, Gender and Population in the Department of Psychiatry at the University of Toronto.

PATRICIA F. WALKER MD DTM&H

Medical Director, HealthPartners Center for International Health
Saint Paul, MN

Dr. Patricia Walker serves as the Associate Program Director for the Global Health Pathway in the Department of Medicine at the University of Minnesota. She is an Associate Professor, Division of Infectious Disease and International Health in the Department of Internal Medicine at the University of Minnesota, and Adjunct Professor in the School Of Public Health, Division of Epidemiology and Community Health. She was the Medical Director at HealthPartners Center for International Health from 1988-2011, a nationally known refugee and immigrant health clinic. She stepped down in 2011 to pursue more research and teaching interests, supported by a Global Health Fellowship from the Medtronic Foundation. She continues to provide patient care and teach at the Center for International Health. She attended Mayo Medical School and Mayo Graduate School of Medicine, where she received a Graduate Travel Award for Outstanding Achievement in Internal Medicine. A recipient of numerous awards, she was honored in 2004 as one of the Top 100 Influential Health Care Leaders in Minnesota. In 2010 she received a Distinguished Alumni Citation in the Field of Medicine from her alma mater, Gustavus Adolphus College in St. Peter, Minnesota. She chaired the State of Minnesota Immigrant Health Task Force from 2002-2004, a state wide group of 70 experts who developed best practices in care for refugees and immigrants in Minnesota. These best practices are now being shared nationally and internationally. Dr. Walker has published multiple articles and book chapters on refugee and immigrant health, and co-edited a medical textbook published in October 2007, Immigrant Medicine, the first of it's kind. She has served on HealthPartners Equitable Care Sponsor Group since its inception in 2000, focusing on designing and implementing system-wide interventions to reduce health disparities across ethnic groups.

She has served as Medical Director of HealthPartners Travel and Tropical Medicine Center since 1988. She co-directs the CDC GeoSentinel site located at HealthPartners Travel and Tropical Medicine Center. She received her Diploma in Tropical Medicine and Hygiene from the London School of Hygiene and Tropical Medicine in 1997, and practiced clinical tropical medicine as part of a Bush Medical Leadership Fellowship at Chiang Mai University in Thailand. She received her Certificate in Tropical Medicine and Travelers Health from the American Society of Tropical Medicine and Hygiene, and a Certificate of Knowledge in Clinical Tropical Medicine from the International Society of Travel Medicine. She has worked internationally with refugees in Thailand, with both American Refugee Committee, and the International Rescue Committee. She has served on the board of directors of multiple organizations including Vietnamese Social Services of Minnesota, the Center for Victims of Torture, Regions Hospital, the Women's Commission for Refugee Women and Children in New York, and the American Society of Tropical Medicine and Hygiene. She is a Fellow of the American Society of Tropical Medicine and Hygiene.

KATE YUN MD MHS

Assistant Professor of Pediatrics
University of Pennsylvania Perelman School of Medicine
PolicyLab, The Children's Hospital of Philadelphia
Philadelphia, PA

Katherine Yun is a general pediatrician and Assistant Professor of Pediatrics at the University of Pennsylvania and The Children's Hospital of Philadelphia (CHOP). Prior to medical school she served as a Peace Corps volunteer in Uzbekistan and contributed to research on the health of survivors of human trafficking in Europe. She received her MD from Harvard Medical School and her pediatric training and MHS from Yale University, where she was a Robert Wood Johnson Foundation Clinical Scholar and the supervisor of the Yale-New Haven Hospital Pediatric Refugee Clinic. While at Yale she partnered with IRIS – Integrated Refugee & Immigrant Services to study the prevalence of chronic, non-communicable health conditions among recently-resettled refugees.

Dr. Yun currently works with the CHOP Refugee Health Program to provide primary care for refugee children in Philadelphia. She is also a faculty member in PolicyLab, an interdisciplinary research center at CHOP that uses data to inform better programs and policies for children and families, and a collaborator with the Bhutanese American Organization-Philadelphia, a nonprofit organization founded by and serving Philadelphia's Bhutanese refugee community. Her research focuses on the integration of refugee and immigrant children and families into the US health system. Dr. Yun been invited faculty on refugee health for the American Academy of Pediatrics (AAP) National Meeting and contributed to the AAP's Immigrant Child Health Toolkit.

ACCREDITATION

The College of Family Physicians of Canada

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited by Continuing Professional Development, Faculty of Medicine, University of Toronto, for up to 23.5 Mainpro-M1 credits.

Royal College of Physicians and Surgeons of Canada

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by Continuing Professional Development, Faculty of Medicine, University of Toronto, up to a maximum of (23.5 hours)

American Medical Association

Through an agreement between the Royal College of Physicians and Surgeons of Canada and the American Medical Association, physicians may convert Royal College MOC credits to AMA PRA Category 1 Credits™. Information on the process to convert Royal College MOC credit to AMA credit can be found at: www.ama-assn.org/go/internationalcme.

European Union for Medical Specialists (EUMS) ECMEC

Live educational activities, occurring in Canada, recognized by the Royal College of Physicians and Surgeons of Canada as Accredited Group Learning Activities (Section 1) are deemed by the European Union of Medical Specialists (UEMS) eligible for ECMEC®.

Letters of Accreditation / Attendance will be available online following the conference. Participants will be emailed information approximately two weeks post-conference specifying how to obtain their letters online.

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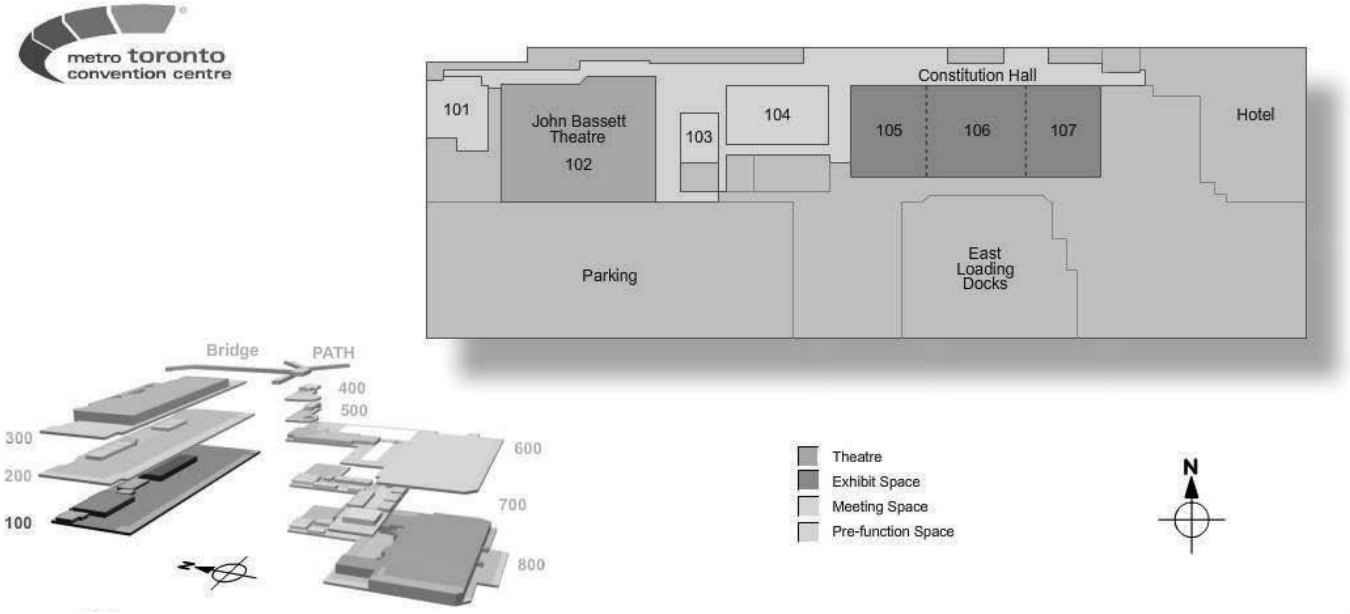
FACULTY & PLANNING COMMITTEE DISCLOSURE DECLARATION

It is the policy of University of Toronto, Faculty of Medicine, Continuing Professional Development to ensure balance, independence, objectivity, and scientific rigor in all its individually accredited or jointly accredited educational programs. Speakers and/or planning committee members, participating in University of Toronto accredited programs, are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program. This pertains to relationships within the last **FIVE (5) years** with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of facts. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

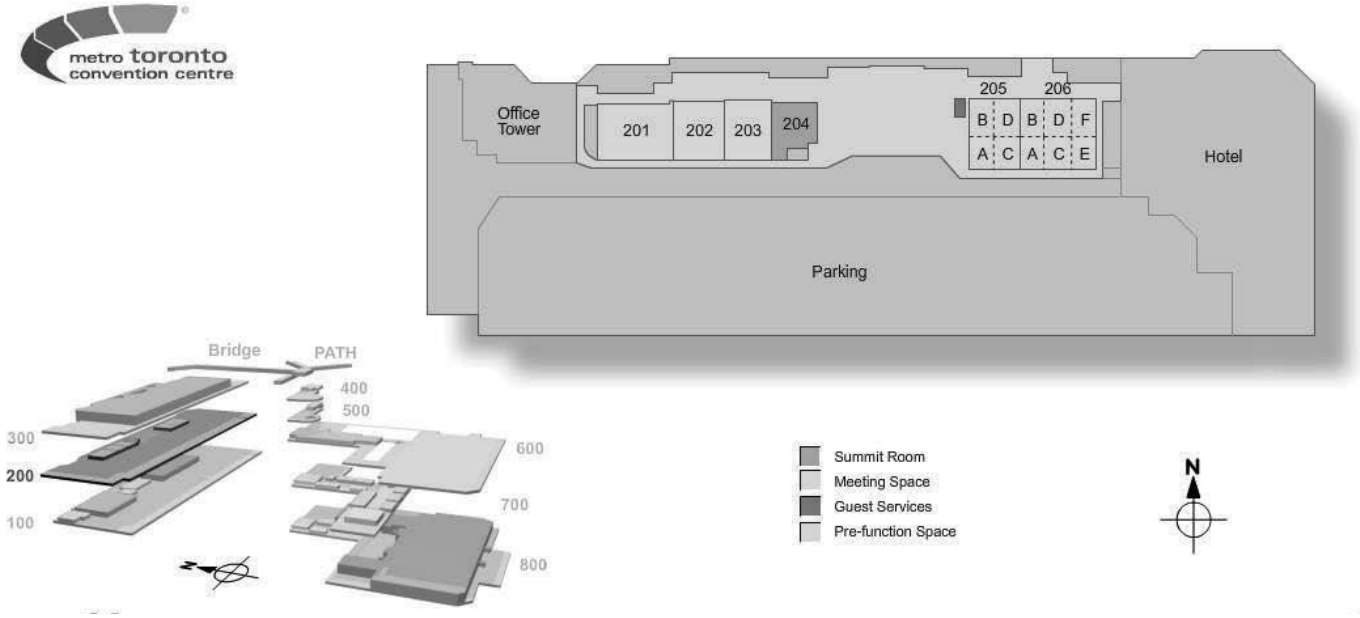
At the time of printing the following speakers have disclosed: "I have NO actual or potential conflict of interest in relation to this program"

- Anna Banerji
- Philip Berger
- John S. Brownstein
- Martin Cetron
- Peter Cronkright
- Brian Gushulak
- Crista Johnson-Agbakwu
- Rana Khan
- Arthur Kim
- Curi Kim
- Meb Rashid
- Paul Spiegel
- Debra Stein
- Patricia Walker
- Kate Yun

LEVEL 100



LEVEL 200



Thursday, June 4, 2015

07:00 Registration . . . . . CONSTITUTION HALL FOYER

08:00 Welcome: Anna Banerji, Conference Chair . . . . . CONSTITUTION HALL ROOM 105

08:30 Best Practices in Refugee Health: Leading with Head and Heart . . . . . Dr. Patricia Walker

09:30 A Brief History of Refugee Health. . . . . Dr. Brian Gushulak

10:30 Break & Exhibitors . . . . . CONSTITUTION HALL ROOM 106

11:00 Update on Refugee Health in Canada . . . . . Dr. Sylvain Bertrand
Update on Refugee Health in USA. . . . . Dr. Martin Cetron

11:45 Workshop Session #1

Session	Titles
Pediatric **105** Moderator: Andrea Hunter	58 **Immigrant, Refugee, and Internationally-adopted Children: Evidence-based and culturally-informed guidance on medical and mental health screening** Janine Young, Katherine Yun, Anna Banerji, Paul Geltman, Robert Hilliard, Cindy Howard, Sural Shah, Maria Kroupina, Gretchen Domek
Mental Health **206F** Moderator: Rebecca Lynn Warmington	64 **A guide on culture and mental health for professionals involved in psychosocial support activities related to the Syrian crisis and to Syrians and Syrian Refugees** Ghayda Hassan, Laurence J Kirrmayer, Peter Ventevogel, Abdelwahed Mekki-Berrada, Constanze Quosh, Rabih El Chammay, Jean-Benoit Deville-Stoetzel, Ahmed Youssef, Hussam Jefee-Bahloul, Adres Barkeel-Oteo, Adam Coutts
Screening **205BD** Moderator: Jennifer Cochran	309 **Refugee Screening to Medical Home: An integrated model** Jan Jenkins, Christine McLemore, Adaobi Iheduru, Laura Ramzy, Angela Haas
Innovation **206E** Moderator: James Sutton	157 **Improving medication adherence rates and decreasing treatment burden on physicians – An interdisciplinary model through the use of advanced practice pharmacists** Kimberly Lane Carter, Christine Marie O'Leary, Joseph Garland, Marc Altshuler, Kevin Scott
Advocacy **205AC** Moderator: Maya Roy	169 **Refugee Women Speaking Out** Lubna Khalid, Junic Wokuri, Anju Nair, Sadia Khan
Clinical **206AC**	188 **Geriatric Assessments in Older Refugees** Neesha Patel, Kathryn Beldowski, Brooke Salzman
Infectious Disease **206BD** Moderator: Meb Rashid	269 **Rheumatic Heart Disease: Is it on your differential diagnosis?** Alisha Hemraj, Peter Cronkright

Thursday, June 4, 2015

12:30 Lunch (Provided) . . . . . **CONSTITUTION HALL ROOM 106**

CLINICAL LUNCH SESSION – International Workshop . . . . . **ROOM 105**

346 Health Issues in Congolese Refugees in Uganda: A discussion . . . William Stauffer, Saul Akandwanaho

1:30 Oral Presentations

Session	Titles
Advocacy **205BD** Moderator: Maya Roy	**25 Role of Mentoring in a Refugee Clinical Experience: The Voices of Students** Karen Lundberg, Debra Edmunds, Rachel Eddy, Hortencia Gutierrez, Madison Pachner, Lindsey Doman **202 A Culturally-Informed Educational Program to Promote Sexual Health and Well-Being among Refugee Women** Georgia J Michlig, Crista Johnson-Agbakwu, Heather Howard, Jeanne Nizigiyimana, Nuria Sisterna **210 One Doctor, One Table** Diana Da Silva **299 Factors Influencing the Mental Health of Refugee Youth, a Case Based Approach** Bhooma Bhayana, Joanne Veldhorst
Children's Health / Nutrition **105** Moderator: Patricia Li	**226 Giving It Our Best Shot? HPV and HBV immunization among refugees** Rachel Stein Berman, Laura Smock, Megan Bair-Merrit, Jennifer Cochrane **259 Differences in the Growth Trajectories of Refugee Children compared to a Reference Group After US Resettlement** Elizabeth Dawson-Hahn, Jasmine Matheson, Megan D Fesinmeyer, Katherine Yun, Colleen Payton, Chuan Zhou, Kevin Scott, Elizabeth Stein, Annette Holland, Mollie Grow, Jason A Mendoza, Suzinne Pak-Gorstein **292 A Research Framework for Understanding Nutrition Across Refugee Generations** Jerusha Nelson-Peterman, Lindiwe Sibeko, Lorraine Cordeiro **300 Vitamin B-12 Deficiency in the Bhutanese Refugee Population** Christina Costello

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Session	Titles
Innovation **206BD** Moderator: Praseedha Janakiram	**96 The Implementation of a PictureRx Pill Card to Improve Medication Comprehension in a Refugee Population** Lauren Skudalski **256 Calgaryrefugeehealth.ca: Website model for refugee health resource hubs across Canada** Haotian Wang, Varun Suresh, Manmish Bawa, Annalee Coakley **313 The role of clinical pharmacists in an outpatient refugee clinic** Shirley Bonanni **107 A Model Of Care In Refugee Health: The province of Quebec's new program and network of Refugee Health Clinics aimed at improving screening and access to care for the newly arrived** Lavanya Narasiah
Screening of Refugees **205AC** Moderator: Meb Rashid	**227 Mental Health Screening Among Newly Arrived Refugees in Massachusetts (MA), 2014** Tebikew Yeneabat, Belachew Tolasa **146 Refugee Claimants Accessing Primary Health Care: A Study of the Halifax Regional Municipality** Melissa Lyon, Meighan Mantei **105 Sowing Seeds: Community Engaged Research in a Study of Psychosocial Wellbeing for a Refugee Agricultural Program in Middle Tennessee** Renée Martin-Willett, Lauren Bailey, Damber Kharel **243 Examination of the Health Status of Newly Arrived Refugees to Toronto** Vanessa Redditt, Daniela Graziano, Praseedha Janakiram, Meb Rashid
Women's Health **206AC** Moderator: Jennifer Cochran	**19 Female Genital Mutilation: Prevalence, Perception and its Effect on Women's Health** Wondimu S. Yirga **36 Development of a Refugee Prenatal Group Model to Improve Health Outcomes Among Somali Refugees - A Community Partnership** Tasnim Khalife **71 Perinatal care for uninsured migrants in Montreal: a clinical and advocacy initiative** Marie-Jo Ouimet, Zoé Brabant, Marie Munoz, Camille Gérin **73 Womem's Reproductive Health: Refugee Shelter Home to Clinic for Safe Delivery** Ahmed Al Kabir

Thursday, June 4, 2015

2:30 Break

3:00 Workshop Session #2

Session	Titles
Resettlement **206E** Moderator: James Sutton	**132 Trauma Informed Practice with Refugees in Resettlement: Developing a deeper perspective Using a Critical Thinking Model** Susan Heffner Rhema
Research **205AC** Moderator: Sumathy Rahunathan	**171 Needs Assessments within the Refugee Community** Brittany DiVito, Gretchen Shanfeld, Jarett Beaudoin
Advocacy **205BD** Moderator: Manisha Sickand	**249 Student leadership in working with socially disadvantaged populations: A case example of the University of Ottawa's Refugee Health Initiative Community Service Learning Program** Manisha Hladio, Rebecca Warmington, Ellen Snyder, Nicholas Martel, Luana Farren-Dai, Tanzila Basrin, Sitelle Cheskey, Hernan Franco, Kevin Pottie, Doug Gruner
Mental Health **206BD** Moderator: Neil Ayra	**329 Supporting Older Adult Survivors of War and Torture** Teresa Dremetsikas, Rosemary Meier, Sidonia Couto
Clinical **206AC** Moderator: Peter Cronkright	**308 Refugees living with Chronic illness: A Growing Concern** Danielle Kenyon, Nicole Nitti, Akm Alamgir
Pediatric **105** Moderator: Andrea Hunter	**345 Development Issues in Refugee Children** Andrea Hunter, Kassia Johnson
Children's Health **206F** Moderator: Patricia Li	**215 Determining the Age of Refugee Children Using a Multi-Modal Assessment Tool** Scott Sypek, Kate Spanner, Ashish Vaska

4:00 From the Streets to the Courts: An Update on the Fight of Health Care Workers Against Refugee Cuts. . . . . .Drs. Philip Berger and Meb Rashid

5:00 Evening Entertainment
Martin Ngigi: From the Kenyan Boy's Choir . . . . . **CONSTITUTION HALL ROOM 106**

Friday, June 5, 2015

700 Registration

8:00 Why Refugees Need Jobs, Bank Accounts and Health Insurance . . . . . Dr. Paul Spiegel

9:00 Small Patients, Big Data: Harnessing Data to Guide Clinical Care and Public Health Planning . . . . . Dr. Kate Yun

10:00 Break

10:30 Supporting Mental Health in Refugee Youth: Pathways to Sustainable Practice . . . . . Dr. Debra Stein

11:30 Workshop Session #3

Session	Title
Resettlement **206F** Moderator: Prasheeda Janajiram	75 **From Clinic to Community: Applying Medical-Legal Partnership Education, Services and Advocacy Model to Improve Refugee Health** Anne M. Ryan, Colleen Cagno
Mental Health **205AC** Moderator: Manisha Sickand	106 **Chronic Traumatic Stress (CTS): A novel framework moving beyond the PTSD diagnosis and guiding assessment, intervention, and policy for refugees and survivors of torture.** Emily Mazzulla, Karen Fondacaro
Pediatric **205BD** Moderator: Paul Gettman	344 **An Update on Nutrition and Growth among Refugees in the US** Paul Geltman
Advocacy US **206BD** Moderator: Jennifer Cochran	328 **Refugees and Supplemental Security Income** Jarett Beaudoin, Meera Siddharth
Advocacy **206AC** Moderator: Maya Roy	283 **Enhancing social and health supports for LGBT refugees: Using intersectionality, cultural safety and community-based research** Sharalyn Jordan, Anna Travers, Kathleen Gamble
Advocacy Canadian **105** Moderator: Meb Rashid	349 **Cuts to Refugee Health: Implications and Outcomes** Med Rashid
Resettlement **206E** Moderator: Rebecca Warmington	272 **The Ethno-Cultural program at the Society for Manitobans with Disabilities: "Navigating the spaces between" - Cultural Brokering in the disability, health and social service sectors.** Traicy Robertson

Friday, June 5, 2015

12:30 Lunch (provided). . . . . CONSTITUTION HALL ROOM 106

Dedicated Poster Session . . . . . CONSTITUTION HALL ROOM 106

CLINICAL LUNCH SESSION . . . . . ROOM 205BD

350 Marked Eosinophilia and Hepatic Cystic Abscesses in Newly Arrived Karen Refugees . . . . . Ann M Settgast

Lunch Session: Canadian Medical Association Global Health - Guiding Your National Association . . . . . ROOM 206BD

ARHC Meeting: US Association of Refugee Health Coordinators . . . . . ROOM 206F

1:30 Oral Presentations

Session	Titles
Advocacy **206F** Moderator: Neil Ayra	**258 Working Together! How an Interdisciplinary Group of Service Providers Tackled Systems Level Problems** Genji Terasaki, Beth Farmer (bfarmer@lcsnw.org), Jasmine Matheson, Annette Holland, Jonathan Carey Jackson **303 Bridging the gap between Government Assisted Refugees and the Healthcare System in London, ON: Moving beyond Referral.** Sherin Hussien, Bhooma Bhayana, Joanne Veldhorst, Jan Jasnos, Suresh Shrestha, Amal Mahmoud, Sali Khalaf, Mohamed El Khatib **297 Empowering and Self-Sustaining Community Based Model to Help Newly-Arrived Bhutanese Refugees** Sherin Hussien, Jan Jasnos, Esra Ari, Gaurab Tewar, Yasika Jarquin, Lynne Collins **316 Refugees and the Affordable Care Act: Promise and Challenges** Malea Hoepf Young
Global Refugee Health and Migration Settlement **206E** Moderator: Manisha Sickand	**260 Socio-cultural influences on psychosocial stressors and supports: A case study of urban Congolese refugees in Kenya** Julie A. Tippens **184 Frameworks for Understanding and Communicating about Health across Cultural Boundaries** Judith A. Colbert **173 Mercy for Money--Torture for Profit in Sri Lanka** Wendell Block, Jessica Lee **183 Mixed methods study of a manualized Mind Body Skills group with Nepali Male Survivors of Torture** Susan Heffner Rhema

Friday, June 5, 2015

Session	Titles
Mental Health / Pediatrics **206BD** Moderator: Andrea Hunter	56 **Epidemiology of Mental Health and Suicide among Bhutanese Refugees in Ohio** Surendra Bir Adhikari, Jhuma Nath Acharya, Jaclyn Kirsch 61 **Integrated Behavior Health Care for Karen Refugees: A Qualitative Inquiry** Jennifer Jean Esala, Alison Beckman 66 **Refugee Community Perspectives: Informing Pediatric Standardized Developmental Screening** Abigail LH Kroening, Jessica Moore, Therese R Welch, Jill S Halterman, Susan L Hyman, Jennifer Pincus 201 **Risk factors for preterm birth: refugee status and secondary migration** Susitha Wanigaratne, Marcelo Urquia, Donald C Cole, Kate Bassil, Ilene Hyman, Rahim Moineddin
Research **206AC** Moderator: Med Rashid	220 **Role of Refugee Resettlement Caseworkers in Maximizing Refugee Economic Self-sufficiency Outcomes** Pranaya SJB Rana 237 **Aku Anyi Swastha (Help For Help) Initiative for Healthy Burmese and Bhutanese Refugee Communities** Michelle Villegas-Gold, Jeanne Nizigiyimana 245 **Health Status of North Korean Refugees in Toronto: A Community-Based Participatory Research Study** Katie Dorman, Nikki Bozinoff, Vanessa Redditt, Enoch, Jiyeon Shin, Rick Glazier, Meb Rashid 152 **Quality of life among immigrants in Swedish immigration detention centres: a cross-sectional questionnaire study** Soorej Jose Puthoopparambil, Magdalena Bjerneld, Beth Maina Ahlberg, Carina Källestål
Screening of Refugees **205BD** Moderator: Jennifer Cochran	276 **Follow-up for Behavioral Health after the Refugee Health Screener-15 in Massachusetts** Holly Randall, Jennifer Cochran, Jennifer Bradford, Paul Geltman 284 **MUN MED Gateway: Bridging Medical Education, Refugee Health Care and Social Accountability** Pauline Duke, Kate Duff 219 **Presumptive Overseas Antihelminthic Treatment and the Prevalence of Pathogenic Intestinal Parasites in Newly Arrived Refugees, Minnesota, 2010-2013** Guillaume Onyeaghala, Kailey Nelson, Blain Mamo, Ann Linde 91 **Facilitating integration of refugees with specific health needs** Alexander Klosovsky

Friday, June 5, 2015

Session	Titles
Women's Health **205AC** Moderator: Christa Johnson-Agbakwa	**114 Refugee women's experiences with sexual violence and their post-migration needs in Canada** Jessica Silva, Angel M. Foster **120 Responding Dynamically to HIV Positive Pregnant Refugees: Clinical and Programme Responses to Trauma Awareness and the Social Determinants of Health in HIV and Sexual and Reproductive Health. The Continuing Evolution of Toronto's Positive Pregnancy Programme (P3).** S. Jay MacGillivray, Mark Yudin **165 Rethinking Informed Consent in Women's Health Services in Light of Relational Autonomy** Christopher McDowell, Harriet McDowell **185 Midwife Mondays – An Innovative Partnership between Community Health Centers and Midwives for Medically Uninsured Refugee and Immigrant Pregnant Women** Monika Dalmacio, Ashley Raeside, Manavi Handa, Yogendra Shakya, Rachel Spitzer

1:30-3:30 What is new at the Centers for Disease Control and Prevention CDC . . . . . **ROOM 105**

Session	Titles
1:30-1:45 Poster Viewing **1:45-2:20** Poster Presentations & Discussion **2:30-3:10** Oral Presentations **3:10-3:30** Panel Discussion Moderator: Paul Geltman	**136 Pilot Protocol for Assessment of Health Needs and Evaluation of Public Health Interventions for U.S.-Bound Refugees: Annual Update** **32 Converting Paper Forms to Electronic Records: A Case Study of the Electronic Disease Notification (EDN) system** **315 Pilot Protocol for Assessment of Health Needs and Evaluation of Public Health Interventions for U.S.-Bound Refugees: Examples of Collaboration in Minnesota, North Carolina and Texas** **221 Refugee Health Guidelines: Recommendations for Pre-departure and Post-arrival Medical Screening and Treatment of U.S.-Bound Refugees** **192 Clinic Level User Access: A New Type of EDN Access** **330 2014 Ebola Epidemic: Implications on Refugee Resettlement in the U.S.** **130 An Expanded Immunization Program for US-Bound Refugees, FY 2013–14** **200 Assessment of Blood Lead Levels among Resettled and US-Bound Refugee Children, 2010-2014** **180 Impact of Cholera Vaccination Campaign on Knowledge and Practices Regarding Cholera, Safe Water, Sanitation, and Hygiene in an Established Refugee Camp in Thailand**

Friday, June 5, 2015

2:30 Workshop Session #4

Session	Title
Women's Health **206F** Moderator: Patricia Li	160 **Perinatal care for uninsured migrant women in Montreal: Everyday challenges faced by volunteer doctors, nurses and social workers from Médecins du Monde (MdM – Doctors of the World)** Marianne-Leaune-Welt, Karine Fonda, Zoé Brabant, Marie-Jo Ouimet, Véronique Houle, Camille Gérin, Marie Munoz
Mental Health **105** Moderator: Rebecca Warmington	163 **Facilitating three-way conversations: Understanding best practices in mental health communication and interpretation with refugee communities** Mansha Mirza, Elizabeth Harrison, Hui-Ching Chang, Dina Birman, Corrina Salo
Infectious Disease **206AC**	206 **Managing Hepatitis B in Primary Care** Robin Councilman
Advocacy **206E** Moderator: Praseedha Janakiram	347 **Culturally Competent Refugee Care and Professional Medical Interpreter: Express Lane to Success** Eric Candle
Advocacy Canadian **205BD** Moderator: Neil Ayra	314 **Achieving a Truly Universal Healthcare System: How You Can Join the Struggle Towards Health for All** Ritika Goel, Michaela Beder
Clinical **206BD** Moderator: Meb Rashid	112 **Physical Exam Findings Among Survivors of Torture** Angel Narendra Desai, Mahri Haider
Mental Health **205AC** Moderator: Andrea Hunter	255 **Towards Closing the Communication Gap in the care of Refugee Patients: A Passport for Crossing Barriers and Another One for Health** Bhooma Bhayana, Dharshi Lacey, Joanne Veldhorst

3:30 Digital Disease Detection . . . . . Dr. John S. Brownstein

4:30 Escape from North Korea . . . . . Ms. Lucia Jung

5:30 Conference adjourns for the day

Saturday, June 6, 2015

8:00 Networking Breakfast with the Experts (Continental Breakfast Provided) . . . . . **CONSTITUTION HALL ROOM 106**

9:00 Ebola: Lessons Learned from a Complex Humanitarian Crisis: What Does it Mean for Refugee Resettlement? . . . . . Dr. Martin Cetron

10:00 Unaccompanied Children from Central America: Surge and Surveillance . . . . . Dr. Curi Kim

10:45 Break

11:00 UNHCR Global Strategy on Detention: Beyond Detention . . . . . Ms. Rana Khan

11:00 Screening for HBV and HCV in Refugee Populations . . . . . .Dr. Arthur Kim

12:00 Workshop Session #5

Session	Title
Advocacy Canadian **206AC** Moderator: Andrea Hunter	**137 Refugee claimants' access to healthcare following changesto Canada's Interim Federal Health Program** Janet Cleveland, Christina Greenaway, Anneke Rummens, Cécile Rousseau, Rick Glazier
Mental Health **206BD** Moderator: James Sutton	**205 Integrating Mindfulness and Mind Body Skills into practice with refugee communities: Experience a theoretically grounded and replicable model** Susan Rhema
Infectious Disease **206E** Moderator: Neil Ayra	**203 Treatment of Latent Tuberculosis: navigating agent choice, practical use and common barriers to therapy completion** Alexandra Molnar, Adelaide McClintock, McKenna Eastment
Clinical **105** Moderator: Meb Rashid	**250 I Screen. You Screen. We All Screen for Anemia in Refugees: What to do when we find it.** Peter Cronkright, Mahli Brindamour
Resettlement **206F** Moderator: Rebecca Warmington	**262 Community Health Outreach Program - Building Healthy Communities for and by Refugees** Isabelle Darling, Nermeen Tahoun, Alexandra Webber
Women's Health **205BD** Moderator: Prasheeda Janakiram	**343 Evaluating Preconception Health Literacy for Refugee Women** Crista Johnson-Agbakwu
Research **205AC** Moderator: Patricia Li	**271 Building Effective Research Collaborations for Refugee Health** Leela Kuikel, Katherine Yun, Suzinne Pak-Gorstein, Elizabeth Dawson-Hahn, Yogendra Shakaya, Peter Cronkright, Paul Geltman, Sural Shah, Genji Terasaki, Anna Banerji

Saturday, June 6, 2015

1:00 Lunch (Provided)

LUNCH SESSION . . . . . **ROOM 105**

234 Women, children and men with unmet health needs trapped in migration corridors: a need evidence and action . . . . . Fabien Schneider, Raghu Venugopal

2:00 Addressing Female Genital Cutting Among Resettled Refugee Women . . . . . Dr. Crista Johnson-Agbakwu

3:00 Oral Presentations

Session	Title
Chronic Diseases **205AC** Moderator: James Sutton	**43 Cardiovascular risk factors among Somali immigrants and refugees** Jane Njeru, Eugene Tan, Jennifer St. Sauver, Debra Jacobson, Amenah Agunwamba, Patrick Wilson, Mark Wieland **95 Working with refugees and asylum seekers who suffer chronic pain related to torture and organised violence: an experience using manual therapy, education, and training in self-help techniques as a therapeutic approach** Andreia Negron **254 Longitudinal changes in overweight/obesity and BMI among refugees in Buffalo U** Wudeneh Mulugeta, Myron Glick, Hong Xue, Michael Noe, Youfa Wang **270 Acquisition of Cardiovascular Disease Risk Factors among Refugees and Immigrants: A Longitudinal Study** Gabriel E. Fabreau, Seth A. Berkowitz, Wei He, Chantal Kayitesi, Sarah A. Oo, Steven J. Atlas, Sanja Percac-Lima
Education **205BD** Moderator: Rebecca Warmington	**40 Training and Integrating Community Interpreters in a Refugee Health Clinic: A Collaborative Approach in Quebec-City** Camille Brisset , Rhéa Rocque, Suzanne Gagnon, Yvan Leanza, Laura Sofia Velasco, Galia Tfeyl-Adv, Éric Chastenay **45 Engaging Nursing Students in Refugee Health** Debra Edmunds, Karen Lundberg, Mary Raymer, Chelsea Harrison **149 Peer to Peer: Creating Pathways to Wellness through Refugee Peer Counseling** Danielle Preiss, Jennifer Pincus, James Sutton **304 Involving students in Medicine to develop a tool to help refugees in the first year after their arrival: four years of experimentation.** Suzanne Gagnon

Saturday, June 6, 2015

Mental Health / Post Traumatic Stress Disorder **206BD** Moderator: Maya Roy	**84 Depression in people living with HIV/AIDS in FitcheHospital, Central Ethiopia: A cross-sectional study** Jennifer Cochran, Laura Smock , Thinh Nguyen, Paul L. Geltman **235 Growing trauma-informed resettlement services: A mixed-methods study of the barriers and opportunities around implementation** Jane Evans, Jennifer Ballard-Kang **240 From the Clinic to the City: Refugee Mental Health Screening and Promotion within Resettement Programs in Philadelphia, Pennsylvania** Margaret Fulda, Peter Gottemoller, Melissa Fogg **246 Characteristics of Successful and Unsuccessful Mental Health Referrals of Refugees** Patricia Jean Shannon, Gregory A Vinson, Tonya Cook
Research / Resettlement Experience **206E** Moderator: Sumathy Rahnathan	**22 Family-Tales: Resettlement of Southeast Asian refugee (SEAR) families in New Zealand** Natina Roberts **39 Addressing Language Barriers in Primary Care** Patricia Gabriel. Emma Preston **302 Adult Refugee Claimants' Experiences Accessing Health Care in Montreal** Jesse Beatson, Janet Cleveland, Cecile Rousseau, Liana Chase, Mariam Naguib **327 An Audit of Refugee Access to Walk-In and After-Hours Clinics in the Greater Toronto Area After 2012 Cuts to the Interim Federal Health Care Program** Alexander Caudarella, Vanessa Redditt, Andrea Evans, Richard Glazier
Vaccination **206F** Moderator: William Stauffer	**226 Giving It Our Best Shot? HPV and HBV Immunization among Refugees** Rachel Stein Berman, Laura Smock, Megan Bair-Merritt, Jennifer Cochran, Paul L Geltman **264 Rates of Completion of Immunization Series in a Cohort of Refugees in Connecticut, USA** Amir M Mohareb, Kevin Ikuta, Dhruva Kothari, Connie Cheng, Aniyizhai Annamalai **289 Risk factors for varicella susceptibility among refugees to Toronto, Canada** Genevieve Cadieux, Vanessa Reddit, Daniela Graziano, Meb Rashid

Saturday, June 6, 2015

Women's Health Session 1
206AC
Moderator: Crista Johnson-Agbakwu

101 The Role of Gender and Ethnicity in the Well-being and Integration of Iranian and Afghan Older Adult Immigrant Women in Canada
Mahdieh Dastjerdi, Nazilla Khanlou, Judith MacDonnell, Afkham Mardoukhi, Adeena Niazi

194 Ensuring Reproductive Health Services for Myanmar Refugees in Bangladesh: Implications and Support Strategies
Ahmed Al-Kabir, Humaira Begum, Ahmed Al-Sabir

199 Severe maternal morbidity among refugee women
Susitha Wanigaratne, Marcelo Urquia, Donald C Cole, Kate Bassil, Ilene Hyman, Rahim Moineddin

225 Determinants of Emergency Caesarean Birth in Migrant Women in Montreal
Lisa Merry, Anita Gagnon, Sonia Semenic, Theresa Gyorkos, William Fraser

Women's Health Session 2
105
Moderator: Patricia Li

236 Providing Culturally-Grounded Services for the Refugee Women of Phoenix: A Community Partnership Model for Integrated Care
Jeanne Nizigiyimana, Crista Johnson-Agbakwu, Karissa Tocquigny

263 Migrant Friendly Maternity Care in a Western Urban Centre
Anita Gagnon, Sandra Pelaez, Lisa Merry, Rezi Amiri, Kristin Hendricks

267 What are the challenges newly migrant women face when receiving maternity care in Montreal? Health care professionals' perspectives
Sandra Pelaez, Kristin Hendricks, Anita J. Gagnon

318 Impact of parental factors in refugee infant development
Anne Brassell, Karen Fondacaro, Emily Mazzula

4:15 Conference Summary and Wrap up . . . . . **CONSTITUTION HALL ROOM 105**

019

Female Genital Mutilation: Prevalence, Perception, and Its Effect on Women's Health

Wondimu S. Yirga, Haramaya University, Kindred Hospital

Abstract

Female genital mutilation (FGM) is nontherapeutic surgical modification of the female genitalia. It is an ancient tradition in large parts of Africa, including Ethiopia, especially in the eastern part of the country. This study aimed to identify the prevalence, perceptions, perpetuators, reasons for conducting FGM, and factors associated with this practice with regard to women's health. A Community-based study was conducted amongfemales of reproductive age (15–49 years) in Kersa district, East Hararge, Oromia region, Ethiopia. Proportions and Chi-square tests were used to describe the data and logistic regression was used to describe statistical associations.FGM was reported to be known by 327 (38.5%) of women. The majority(n= 249, 76.1%) reported that local healers were the main performers of FGM, and 258(78.9%) respondents stated that the clitoris was the part removed during circumcision. The main reason for the practice of FGM was reduction of female sexual hyperactivity (reported by 198 women [60.3%]). Circumcision of thier own daughters was reported by 288 (88.1%). The majority of the respondents (792, 92.3%) were themselves circumcised and 68.8% did not know of any health-related problems associated with FGM. In cnclusion: In spite of FGM being a common practice in the study area, only one third of the respondents stated that they knew about it. Local healers were the main performers of FGM. Some of the women knew about the negative reproductive health effects of FGM . However, only a few had tried to stop the practice and the majority had taken no steps to do so.

022

Family-Tales: Resettlement of Southeast Asian refugee (SEAR) families in New Zealand

Natina Roberts, Auckland University of Technology

Abstract

The majority of research about refugees has focused on individuals and not groups. It is suggested that new refugee and family research needs to take in to account experiences of people or groups of people who have gone through severe trauma in order to reflect the reality of their experiences. The current study poses the question, 'How do Southeast Asian refugee families resettle in New Zealand? The study has a constructivist epistemological perspective with specific underpinnings in social constructivism. This epistemological foundation allows for the exploration of how SEAR families interact and learn with one another in situations of psychosocial difficulty. The aim of the study will be to explore how SEAR families resettle in New Zealand. Three to four SEAR families will be invited to participate in the study. These families will have been displaced and resettled in New Zealand since 2010. These will include refugees from: Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar/Burma, Philippines, Singapore, Thailand, Timor-Leste and Vietnam. According to the New Zealand Health and Research Council (NZHRC), SEARs from the country Myanmar/Burma have constituted more than 50% of New Zealand's' quota refugees. SEAR families will be selected from the abovementioned country groups and their stories will be collected through narrative inquiry methods of individual interviews. Stories will be analyzed using thematic analysis. Analysis will attempt to answer the proposed research question by combining individual SEAR stories of New Zealand resettlement to create a collective SEAR family, resettlement story.

025

Role of Mentoring in a Refugee Clinical Experience: The Voices of Students

Karen Lundberg, Debra Edmunds, Rachel Eddy, Hortencia Gutierrez, Madison Pachner, Lindsey Doman (Brigham Young University College of Nursing)

Abstract

Background: Delivering effective health care to diverse refugee populations requires providers to practice principles of cultural competency. Failure to understand and manage cultural diversity could have a significant impact on minority health. Therefore, it is important nurses be trained to practice the principles of cultural competency. Culturally based care provides sensitive, creative and meaningful ways to effectively work within the cultural context of an individual, family or community. Nursing students participating in a refugee clinical experience encounter the intricacies of complex health care systems within a diverse cultural environment. During this clinical rotation, community resettlement leaders, faculty and refugees have the opportunity to mentor students in cultural competency.

Methodology: Nursing students are partnered with local resettlement agencies to provide a unique learning experience while assisting refugees to life adjustments. After considerable preparation, students are matched with resettlement case managers and refugee families. Students then develop realistic family health goals and an implementation plan. Community and faculty mentors took advantage of these learning opportunities to model and teach cultural competency principles.

Results: Many mentoring opportunities occurred during this experience. Students learned to appreciate the role of the mentor during cultural interactions and while negotiating complex health care systems.

Conclusions: Modeling cultural principles is an effective and meaningful strategy to learn cultural competency. Community health leaders have the opportunity to influence a future culturally complement nursing workforce.

036

Development of a Refugee Prenatal Group Model to Improve Health Outcomes Among Somali Refugees - A Community Partnership

Tasnim Khalife, University of Arizona, Department of Family and Community Medicine

Abstract

From a public health perspective, research has shown that preconception, prenatal and postnatal health all affect health trajectories for women and children and that intervening during critical periods can have an impact on long-term health outcomes. The development of a group prenatal model to provide low-literacy maternal education may be integral in affecting risk factors in this health trajectory.

Somali refugee women are an underserved group that experience disparities in pregnancy-related health outcomes. With high fertility rates in this population, there is a need to improve pregnancy-related health care services. The University of Arizona Department of Family and Community Medicine is addressing this need through a culturally tailored group prenatal care model in partnership with the International Rescue Committee's Well-Being Promotion Program. We plan to providing early, culturally-sensitive, patient-centered, evidence-based prenatal care and education for Somali refugee women. Our goal is to develop a sustainable infrastructure to maintain these group visits over time and expand this model in Arizona through regional partnership with the Southern Arizona Area Health Education Center (SEAHEC) with an aim to expand the model to other refugee groups. Through development of assessment and evaluation tools, we hope to continue to educate resident and faculty physicians, patients, community health workers and Somali Well-Being Promoters on pregnancy-related issues, as well as disseminate a healthcare model and curriculum that will have an impact on maternal-child morbidity in Arizona.

039

Addressing Language Barriers in Primary Care

Patricia Gabriel, University of British Columbia

Abstract

Access to primary care services for refugees is often limited by language barriers. There is a wealth of evidence showing that equity, effectiveness, communication, patient safety, patient centeredness and timeliness are impacted by language barriers. There are strong arguments for the provision of professional interpreters in primary care based on health quality, equity, ethics, law, economics and international precedence. However, there is no system in place for providing and funding interpreters in fee-for-service family practice offices in Canada.

This presentation will review the above arguments supporting the need for interpreters in primary care and will share research and advocacy efforts underway in British Columbia. Research to date has included qualitative research with family physicians exploring current challenges when addressing language barriers and recommend solutions. Advocacy efforts have led to a community based pilot study that provides free telephone based professional medical interpreters for family physicians. This pilot is now expanding to additional communities with an aim towards implementing a provincial wide strategy for ensuring access to interpreters for all patients experiencing language barriers. This experience in British Columbia can serve as a model for addressing language barriers nationally.

040

Training and Integrating Community Interpreters in a Refugee Health Clinic: A Collaborative Approach in Quebec-City

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Abstract

Background/Objectives: Refugees' health is known to decline following arrival in a host country; partly due to language barriers. This project aimed to train interpreters and to integrate them on a full-time basis in a refugee clinic to facilitate communication with patients and their follow-up.

Methodology: Nepali speaking migrants were recruited as interpreters and underwent 50h of training. Their tasks included interpreting and assisting in patient follow-up. To evaluate the project, mixed data were collected. Interviews were conducted with interpreters and practitioners. Practitioners quantitatively evaluated clients' health at baseline and follow-up. Clients' and practitioners' satisfaction levels were also evaluated at both times.

Results/Impacts/Outcomes: Practitioners reported appreciating the full time presence of interpreters since it brought stability, continuity of care, facilitated collaboration, and allowed for quicker patient follow-ups. They also expressed wishing the clinic would hire trained interpreters for every language spoken by their clientele. However, they expressed dissatisfaction regarding the selection of interpreters and mentioned the difficulty to evaluate the pertinence of the project due to unpredictably low numbers of Bhutanese clients. Refugees' health remained stable for the majority of clients. Interestingly, clients were slightly less satisfied at the end of the project whereas practitioners' satisfaction levels remained stable.

Conclusions/Discussions: Although low numbers of Bhutanese clients made it difficult to evaluate the full pertinence of the project, integrating interpreters within the clinical team appeared valuable. Yet, it requires initial training for both practitioners and interpreters and on-going joint-workshops.

043

Cardiovascular Risk Factors Among Somali Immigrants and Refugees

Jane Njeru, Eugene Tan, Jennifer St. Sauver, Debra Jacobson, Amenah Agunwamba, Patrick Wilson, Mark Wieland (Mayo Clinic, Rochester)

Abstract

Background and Objectives: Refugees and immigrants from Somalia began arriving in the U.S. in the early 1990s, and now represent one of the largest African refugee populations in the U.S. In general, the longer immigrants reside in the US, the higher their

prevalence of cardiovascular disease risk factors. The objective of this study was to determine the prevalence of these risk factors among Somali immigrants and refugees to the U.S.

Methods: This was a retrospective cohort study of 1007 adult Somali patients and a frequency-matched cohort of 1007 non-Somali patients actively empanelled to a large, academic primary care practice network in the Midwest United States between 1/1/2011 and 12/31/2012. Diagnoses of diabetes, pre-diabetes, hypertension, hyperlipidemia, obesity and overweight were assessed by chart review. Prevalence of cardiovascular risk factors was compared between the two cohorts using a $\chi 2$ test.

Results: In this relatively young cohort (mean age = 35 years), the prevalence of diabetes was significantly higher among the Somali patients (12.1%) compared to the non-Somali patients (5.3%) (p=0.0001). There was also an increased prevalence of prediabetes (21.3% Somali, 17.2% non-Somali, p<0.02), obesity (34.6% Somali, 32.1% non-Somali, p=0.0466), and overweight (33.2% Somali, 30.4% non-Somali, p=0.0466) among Somali patients. Findings were unchanged after controlling for age, gender, medical complexity, education and employment.

Conclusion: This study demonstrated a significantly higher prevalence of diabetes, pre-diabetes, overweight and obesity among Somali patients compared with non-Somali patients. Further research is needed to develop targeted effective and sustainable interventions to address these disparities.

045

Engaging Nursing Students in Refugee Health

Debra Edmunds, Karen Lundberg, Mary Raymer, Chelsea Harrison (Brigham Young University)

Abstract

Background: Students who are assigned to the refugee section of our public and global health course require cultural preparation, health promotion strategies, and contextual information. Nursing students develop increased appreciation of the world, cultural competence, and personal transformation through engaging with local refugee and immigrant populations.

Methodology: Initially, students are enrolled in a cultural preparation course to become familiar with refugee health issues. Guest speakers, video clips, and current events provide context for the experience of refugees and associated health consequences. Next, students work with refugee families in the Salt Lake City, Utah area for several weeks. Students assess health needs, create a care plan, and implement strategies to improve health. Health promotion activities include assisting with appointments for screenings, assisting with activities of daily living and health teaching presentations. Students meet with peers and faculty weekly to evaluate progress and debrief appropriately.

Results: Nursing students describe the profound impact this experience has on their worldview including the importance of family centered nursing care. Students are able to practice and witness the benefits of public and global health principles and refugee families receive individualized services. Students report increased feelings of caring and empathy for the families they serve.

Conclusions: Utilizing nursing students to assist refugee families with health promotion strategies is a win-win approach for all parties. This model can be adapted to other health majors and could be implemented in other communities where refugees are resettled. A culturally-competent health care team is essential for refugee families.

056

Epidemiology of Mental Health and Suicide Among Bhutanese Refugees in Ohio

Surendra Bir Adhikari[1], Jhuma Nath Acharya[2], Jaclyn Kirsch[2]

1. Ohio Department of Mental Health & Addiction Services.
2. Community Refugee & Immigration Services

Abstract

Background: Centers for Disease Control and Prevention (CDC) study in 2012 found Bhutanese refugees experiencing symptoms of: anxiety, 19%; depression, 20%; and posttraumatic stress disorder (PTSD), 5%. State mental health agency collaborated with a refugee resettlement agency and Bhutanese community to implement a survey in summer 2014 with the objective to investigate the epidemiology of mental health conditions and suicidal ideation among Bhutanese refugees in Ohio.

Methodology: The study employed a convenient and snowball sample methodology for a face-to-face survey with18 years and older adults. The final sample had 200 participants. The survey adapted the CDC questionnaire and asked respondents about mental health history, experience with suicide, post-migration difficulties, coping mechanisms, past history of trauma and violence, persecution, and oppression, current beliefs & experiences, and domestic violence.

Results: The survey found 15% to self-report poor health; 13% had mental health history with 70% diagnosed with depression; 6% had seriously thought about committing suicide; and 38% knew someone who had taken his or her own life. Findings on select measures point to fairly high levels of PTSD symptoms. For example, 19% had recurrent thoughts or memories of the most hurtful or terrifying events. Anxiety is thought to be strongly associated with suicidal ideation.

Conclusions and Discussion: Two key policy implications emerge: appropriate strategies need to be developed to address the unmet mental health needs of these refugees; and that there is an urgent need to screen those at high risk and provide timely mental health interventions.

Keywords: Mental Health, Suicidal Ideation, Posttraumatic Stress Disorder

061

Integrated Behavior Health Care for Karen Refugees: A Qualitative Inquiry

Jennifer Jean Esala, Alison Beckman (The Center for Victims of Torture)

Abstract

There is a tremendous unmet need for behavioural health services among refugee populations in the U.S. Integrated care is one promising approach to improving refugee populations' access to high quality mental health services, and it is receiving increasing resourc-

es from funding sectors as part of health care reform. While there is much excitement about integrated care, there remains a clear need for research on how integrated care works in practice and how it works for specific populations. CVT's Healing Hearts Project provides integrated mental health services and targeted case management to Karen refugees in two primary care clinics. As a part of a larger randomized control trial to study the effectiveness of this intervention, CVT is conducting in-depth interviews with each of the study participants (anticipated N = 300) about their experiences of integrated care. From this rich narrative data, we will describe the nuanced ways that integrated care both meets and falls short of meeting the health care needs of this population in this setting. Additionally, we will provide reflections from our Healing Hearts team and the primary care staff on the practical implementation of integrated care. These findings will inform best practices for providing integrated care to better meet the specific needs of refugee populations.

066

Refugee Community Perspectives: Informing Paediatric Standardized Developmental Screening

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2. Rochester Regional Health System, Department of Community Medicine

Abstract

Background: Refugee children are at developmental risk due to dislocation and deprivation. Medical Interpreters (MIs) bridge cultures and can aid in developmental screening.

Objectives: The Health Belief Model guided interviews with MIs regarding: cultural and community values and practices related to child development/disability; barriers to developmental screening; and barriers to accepting services.

Methods: Interviews (N=9) were conducted with MIs from Bhutan, Burma, and Somalia at the Center for Refugee Health in Rochester, NY. Purposive sampling was used until data saturation. Interviews were recorded, coded, and analyzed using the qualitative framework technique.

Results: We identified 21 themes in 4 major concepts: values and perceptions regarding development and disability, practices related to development and disability, additional observations, and use of the Parents Evaluation of Developmental Status (PEDS) for standardized screening. No word for development was reported in the languages used. MIs noted limited refugee awareness of developmental milestones. While concerned about speech or behaviour problems, physical disabilities were not seen as problematic. MIs cited community resignation to disability, resulting in families assuming care. Reported barriers to early identification of delays include limited education, health care knowledge, language barriers, and traditional medicine practices. Facilitators include community advocates; trust in the care provider, in-person interpretation, visual supports, and education on parenting practices. MIs generally supported developmental screening with the PEDS.

Conclusion: Refugees have a unique perspective on child development. Acculturation impacts their beliefs and practices regarding disability. Despite challenges, standardized screening was supported.

Keywords: paediatric, development, screening

071

Perinatal care for uninsured migrants in Montreal: a clinical and advocacy initiative

Marie-Jo Ouimet, Zoé Brabant, Marie Munoz, Camille Gérin (Médecins du Monde Canada)

Abstract

Since 2011, Montreal-based community organization Médecins du Monde (MDM) provides care to uninsured precarious migrants, including failed refugee claimants and other migrants in the broader refugee category (e.g. fleeing for political, economic or personal reasons). The team launched in 2014 a programto help women access prenatal care by providing information, references to community-based organizations, and in selected cases direct prenatal care. This has been challenging, notably because of resistance in obstetrical teams and financial barriers. An initiative was implemented toraise awareness among the obstetrical community about the impacts of the difficulties and prejudice these women face during their pregnancy.

A group of MDM volunteers undertook a tour of major hospitals. They met doctors, nurses, clinical and administrative staff to discuss issues surrounding pregnancy and childbirth for precarious migrants and offer solutions to minimize risks of complications including abuse.

Most settings showed openness and willingness to improve. The major barrier encountered was the perception that most migrant women were “obstetrical tourists”; seeking citizenship for their newborns. Once precarity and motives for delivery in Canada were addressed, the dialogue between healthcare facilities and MDM improved and pathways to finding common solutions appeared.

Information and dialogue with obstetrical teams seemed to open doors for better understanding of the realities uninsured pregnant women face. Several challenges remain such as reaching financial services staff in order to negociate "acceptable packages" for women before labor, thus minimizing risks. The greatest challenge that remains is obtaining coverage for all precarious pregnant women regardless of their status.

073

Women's Reproductive Health: Refugee Shelter Home to Clinic for Safe Delivery

Ahmed Al Kabir, Research, Training and Management (RTM) International

Abstract

Participants will be able to

- Describe a model for maternal health program integrated with other reproductive health activities using refugee community mobilization approach;
- Recognize potential opportunities for integrating health, family planning and nutrition programs through systems strengthening.

RTM in close collaboration with UNFPA, UNHCR and Government of Bangladesh is ensuring provision of comprehensive reproductive health care services including safe delivery for registered Mayanmar refugees living in Cox's Bazar district of Bangladesh. About 29,000

registered Rohingya refugees are living in the two official camps with over 8,000 unregistered link populations occasionally visiting camps.

Key interventions of this project are:

(1) Development of Community Trained Birth Attendants (CTBA) from refugees (2) identification of facility, training and BCC needs through a participatory manner, (3) strengthening systems and capacity by training and capacity building of the health and family planning providers and facilitates, (4) Community mobilization and behaviour change communication (BCC) that is targeting children, youths, mothers and their families, and (5) strengthening facilitative supervision and monitoring of planned activities.

Base line and quarterly progress reports were collected and analyzed to see the progress in outputs and systems. Process indicators were also documented. Overall improvements in child health, maternal care and family planning services were documented through MIS and shared with stakeholders for improvements. Refugee Community leaders played a key role in the review, analysis and interpretation of progress and challenges.

Active participation of refugees in program implementation and in developing activity plans is crucial for a successful maternal health program.

084

Depression in People Living with HIV/AIDS in Fitche Hospital, Central Ethiopia: A Cross-sectional Study

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1. Debre Markos University. 2. North Shoa health department

Abstract

Background: Depression is one of the commonest psychiatric disorders with the prevalence ranging from 5-10% in general population and about 60% among people living with HIV/AIDS and the problem more common in. Depression and HIV are interrelated negatively impacting the life of people living with HIV/AIDS.

Methods: This was a cross-sectional study conducted in Fitche Hospital in February 2012 among people living with HIV/AIDS. Center for Epidemiologic Studies Depression tool (CES-D) was used to collect the data from 390 PLWHA. Both bivariate and multivariate logistic regression analyses were done and variables with P<0.25 in bivariate logistic regression analysis were entered to multivariate logistic regression analysis and statistical significance was declared at P<0.05 in multivariate logistic regression.

Results: The prevalence of depression was 299 (76.7%) ranging from mild to moderate (33.6%) to major depression (43.1%) with the highest proportion observed among food insecure individuals 287 (79.3%). Being female by sex [AOR=1.951 (1.055-3.608)], food insecurity [AOR=3.809 (1.535-9.452)], non-ownership of livestock [2.257 (1.179-4.320)] and opportunistic infections [AOR=5.119 (1.302-20.135)] were significantly associated with depression.

Conclusion: Depression is prevalent in the study population. Social disparities are important factors depression among PLWHA. Integration of mental health care services with HIV/AIDS related health care services at all levels is needed.

091

Facilitating Integration of Refugees with Specific Health Needs

Alexander Klosovsky (International Organization for Migration (IOM))

Abstract

Improving knowledge on health and resettlement needs of current and emerging refugee populations as well as facilitating resettlement and integration of refugees with specific health needs has long been recognized as one of the main goals of any successful resettlement program. Overseas resettlement process creates a unique opportunity to better understand health needs of the selected refugee groups and provide targeted health intervention, improving refugee health, creating the continuum of care throughout the resettlement process and thus facilitating their integration. In this presentation IOM, providing expanded health activities to more than 100,000 refugees each year, will provide an overview of best practices that the organization and its partner agencies have accumulated in serving current and emerging refugee population and major resettlement countries in 2013/2014, including IOM's work on refugee health profiles, vaccinations, advanced diagnostics of infection conditions, outbreak surveillance, health education, nutrition and, of course, assistance to refugees with significant medical conditions throughout the resettlement process. Best practices in health information updates and sharing between all agencies involved in refugee health care in resettlement will also be highlighted.

095

Working with Refugees and Asylum Seekers who Suffer Chronic Pain Related to Torture and Organised Violence: An experience using manual therapy, education, and training in self-help techniques as a therapeutic approach

Andreia Negron (Three Boroughs Health Inclusion Team, Adult Community Services, Guy's & St Thomas' NHS Foundation Trust)

Abstract

Background and purpose: Refugees and asylum-seekers often present complex multiple health needs related to their experiences in their countries of origin, their journey of exile and the host country. Chronic pain related to their traumatic experiences is frequently found and increases their suffering. The Wellbeing and Self-Care Service provides soft-tissue manual therapy (digito-pressure on tender/trigger points, massage, passive movements, stretching), education, and training in self-help techniques to refugees and asylum-seekers suffering persistent pain.

Methodology: A 0-10 pain scale (0= no pain, 10= very severe pain) is used to record reported intensity of pain before and after treatment. Change is analysed by comparing the position of a tick on the scale before and after therapy, as follows: same intensity of pain -no response; decrease of <25% in the intensity of pain -slight response; decrease of 25% to 50% -moderate response; decrease of >50%–a major response.

Results: From April 2013 to March 2014, 72 torture survivors were seen (43% of a total of 166 refugees/asylum-seekers). After treatment, 49% showed a major reduction of pain, 37% a moderate re-

duction. In follow up encounters 91% reported improvement (>15 days 35%), 64% reported a reduction in the use of painkillers, 87% reported that they practiced self-help techniques to different degrees.

Conclusion: Soft tissue manual therapies combined with education and training that emphasise communication and active patient participation in the healing process, are non-invasive therapeutic approaches that can confer relief to torture survivors suffering chronic pain.

Keywords: Torture survivors, chronic pain, manual therapy

096

The Implementation of a PictureRx Pill Card to Improve Medication Comprehension in a Refugee Population

Lauren Skudalski (Lehigh Valley Health Network)

Abstract

Background and Purpose/Objectives: Language is a well-documented barrier within cross-cultural health care. As the number of United States adults with low health literacy increases, including those who speak English as a second language, there is an ever-increasing need for patient friendly tools that increase medication understanding. The PictureRx pill card is an Internet-based tool that visually displays important medical information through visual icons. The goal of this pilot quality improvement project was to assess the effectiveness of the implementation of the PictureRx pill card among Refugee patients to improve medication comprehension.

Methodology: Patients of a local Refugee clinic (n=10), from Nepal, Burma, Sudan, and Eritrea, were invited to receive a PictureRx pill card. Patients completed a preliminary survey on health literacy, received an individualized pill card, and completed a post-survey after three weeks of use.

Results/Impact/Outcomes: The expressed utilization of the PictureRx pill card resulted in a statistically significant increase in patients' understanding of the directions for their medications (Z=-2.242, p=0.25).

Conclusions and Discussion: The PictureRx pill card was beneficial in a multi-linguistic, multi-cultural population to improve medication comprehension. Broader implementation of patient-centered resources like the PictureRx pill card presents a window of opportunity to improve patients' understanding of their medications and possibly improvement of their health care.

Keywords: Picture Rx. Medication Comprehension. Refugee population Health literacy.

0101

The Role of Gender and Ethnicity in the Well-being and Integration of Iranian and Afghan Older Adult Immigrant Women in Canada

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1. York University. 2. Iranian Women's Organization of Ontario (IWOO).
3. Afghan Women's Organization (AWO)

Abstract

Migration, either voluntary or involuntary, is a stressful event that affects the aging process and well-being. One reason for this is that through immigration, individuals lose control over their lives and their familiar connections. These experiences have affected their mental health, social cohesion and general well-being--all of which are key elements in continuing with the normal process of integration in Canada. The goal in this study was to explore the roles of gender and ethnicity in the well-being of Iranian and Afghan older adult immigrant women, and the impact of these factors on the women's integration into mainstream society. To understand the needs of elderly Iranian and Afghan women, narrative inquiry was used. Data analyzed with respect to gender and intersectional perspective. Twenty four in-depth semi-structured individual interviews and one focus group were conducted with first-generation Iranians and Afghans older adult living in Toronto. Themes such as English proficiency, volunteering, socioeconomic status, and immigration status were identified as significant factors contributing to the mental health and well-being of the elderly Iranian and Afghan women. Analysis of data showed a multi-layer phenomenon overlapping each other. The main theme emerged from this study was living with fear and cultural differences. Additional sub-themes such as English proficiency, volunteering, socioeconomic status, hope and resiliency were identified as significant factors contributing to the mental health and well-being of the elderly Iranian and Afghan women. Social activity and involvement in one's ethnic community were considered as leading factors in one's well-being.

0105

Sowing Seeds: Community Engaged Research in a Study of Psychosocial Wellbeing for a Refugee Agricultural Program in Middle Tennessee

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2. Center for Refugees and Immigrants of Tennessee.
3. Bhutanese Refugee Community Advocate

Abstract

Background: U.S resettlement policies have long emphasized that social networks and wellbeing are foundational to establishing refugees' social integration and financial independence. This study assesses the impact of a refugee agricultural program on psychosocial wellbeing, while also addressing the need for a cogent conceptualization of wellbeing for refugees and the need for reflexive survey methodologies that can be utilized among populations with varied levels of literacy and/or numeracy.

Methodology: This is a longitudinal study combining quantitative and qualitative methodologies with a community engaged approach. Quantitative data will be collected with a novel tablet-based tool that utilizes visual-audio prompts and gesture-based responses. Qualitative data includes ethnographic analysis of participants, administrators and quasi-control group, as well as an "ethnography of the tool' to quantify the wanted and unwanted effects and "social life" of the implement.

Impact/Outcome: Study commences in January 2015. Preliminary results will be reported at time of conference. A tool that reliably gauges wellbeing, and can be reflexively administered to groups

with limited literacy and/or numeracy would be invaluable to refugee-serving agencies in evaluating their programming and policies.

Discussion: A study that follows best practices for community engaged research can serve as a model to similar scholarly endeavours, and exemplify how trust built between researcher and community can facilitate continuing work with underrepresented groups. Our presentation would include reflections of the community on this process with the community research partner. The pilot work done on wellbeing and psychosocial assessment methodology is salient for refugee health and global mental health overall.

0107

A Model Of Care In Refugee Health: The province of Quebec's new program and network of Refugee Health Clinics aimed at improving screening and access to care for the newly arrived

Lavanya Narasiah, CSSS Champlain Charles Lemoyne and CSSS De La Montagne

Abstract

The province of Quebec welcomes over 2000 government assisted and sponsored refugees annually that are resettled across the province by the Ministere de Immigration de la Diversite et de Inclusion (MIDI) in partnership with Community organizations caring for immigrants.

Over the years refugees have faced numerous barriers limiting their access to health care services. Quebec's Ministry of Health recognized these barriers and the vulnerability of this newly arriving population and published in 2012 recommendations for a new program aimed at setting up a network of Refugee Health Clinics across the province (Une passerelle vers un avenir en santé: http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2011/11-522-01W.pdf)

In 2013, Refugee Health Clinics were implemented in 13 regions resettling refugees and have been providing medical and psychosocial assessment for refugees after arrival. Each has a unique screening program with the common goal of ensuring refugees access to health and social services adapted to their needs. The experience and data from a few of these clinics will be presented.

0114

Refugee Women's Experiences with Sexual Violence and Their Post-migration Needs in Canada

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2. Cambridge Reproductive Health Consultants, Cambridge, MA.

Abstract

Background: In times of conflict and displacement, violence against women is often used to reinforce power differentials and as a weapon of war. Indeed, the prevalence of sexual violence is higher among refugee populations than non-displaced populations in the same setting. Research in Canada indicates that refugee women face numerous pre- and post-migration barriers to accessing services. For women who have experienced sexual violence, these barriers may be compounded.

Objectives: This study aimed to document refugee women's sexual violence experiences, explore factors that influenced disclosure of sexual violence during the asylum-seeking process, and identify ways that services for this population could be improved in Canada. METHODS: In 2014-2015 we conducted in-depth interviews with both key informants (n=10) and refugee women (n=10) in Ontario. We analyzed our data for content and themes using inductive techniques.

Results: Our results indicate that refugee women who have experienced sexual violence generally lack access to affordable medical and counselling services. Some women were unaware of existing services and others were unable to take advantage of services due to financial constraints and lack of child care. Key informants reported that existing services are underutilized and sensitivity training for frontline staff is needed.

Conclusion: Our findings suggest that identifying mechanisms to increase awareness of and access to medical and counseling services is warranted. Establishing programs to help women navigate the service landscape, providing child care such that women can avail themselves of existing services, and increasing the capacity of frontline workers to meet women's needs are priorities.

0120

Responding Dynamically to HIV Positive Pregnant Refuges: Clinical and Programme Responses to Trauma Awareness and the Social Determinants of Health in HIV and Sexual and Reproductive Health. The Continuing Evolution of Toronto's Positive Pregnancy Programme (P3).

S. Jay MacGillivray, Mark Yudin (P3, St. Michael's Hospital)

Abstract

The Positive Pregnancy Programme, P3, was founded in 2005 at Saint Michaels Hospital, Toronto. Programme development, community engagement, care provision, and continuing evaluation and evolution have been with an Obstetrician and a Midwife working as equal development partners and clinical care providers. We have managed more than 180 pregnancies, currently caring for 20-30 patients each year.

Our client population is exceedingly diverse, many recently arrived and accessing care late, many coming under refugee application and a remarkable number of whom are survivors of (often extreme) trauma. P3 must be dynamically responsive to meet these myriad social and clinical determinants. We believe respectful community engagement is pivotal and have established partnerships with HIV cultural, social and community organizations in addition to support, housing and settlement services, immigration and legal aid as well as adult and paediatric HIV providers, pharmacists, social workers and psychiatrists. We work within trauma-informed principals and all case management plans are carefully individualized.

In order to ensure that the most appropriate care is provided, all social determinants of health are considered equally alongside specialized clinical care. This provides clients with the benefits of

thoughtful and dynamic programme evolution, entwined disciplines of care and enhanced case management. These aspects of our care have been singled out by our clients as having significant benefits for them. We believe equal and innovative partnerships between disciplines and amongst the broader community are ways to engage and support clients, maintain them in care and help affect positive outcomes.

0146

Refugee Claimants Accessing Primary Health Care: A Study of the Halifax Regional Municipality

Melissa Lyon, Meighan Mantei (Dalhousie University)

Abstract

Background: The Halifax Refugee Clinic (HRC) has identified that their clients, refugee claimants in the Halifax Regional Municipality, experience significant difficulties in accessing primary health care services in family physician clinics. As social workers positioned in structural and anti-oppressive frameworks, it is our responsibility to explore the injustices that create barriers to an individual's ability to exercise their human rights.

Methodology: This paper is based on research conducted within the Dalhousie University Master of Social Work program, in consultation with the HRC. Through structured interviews and policy document reviews, the analysis of this research explores the policy and practice barriers that may be inhibiting access to primary care for refugee claimants.

Findings: The findings indicate a lack of awareness to the health needs of refugee claimants and the health coverage offered to them under the Interim Federal Health Program remains an underlying and significant access barrier. Additionally, structural inequalities based on power imbalances, and physician's willingness and ability to provide service, contributes greatly to the accessibility of health care.

Outcome: A sense of optimism is restored through the exposure that a desire to care still exists within the health care system, and can be used as a mode to pursue social justice and create systemic change. It is hoped that the findings from this study have informed the HRC's understanding of access barriers for their clients, and provides recommendations for advocacy and education within the sphere of public administration, physicians and health services providers, and within the community.

0149

Peer to Peer: Creating Pathways to Wellness through Refugee Peer Counseling

Danielle Preiss, Jennifer Pincus, James Sutton (Rochester Regional Health System)

Abstract

Background: Refugee populations experience high levels of psychological distress complicated by their unique context. The ecological model suggests clinical interventions are limited in their accessibility, cultural relevance, and ability to address problems in the greater communities and societies (Miller, 2004). Peer counselling is a strategy employed among various populations, including refugee populations (Hubbard and Pearson, 2004). The landscape in Rochester, NY is increasingly looking towards peer counselling and community health worker models. This project developed a peer counselling model to both support a medical model of treating refugee mental health concerns and incorporate elements of an ecological model.

Methodology: Nine laypersons from the refugee communities most represented in new arrivals to Rochester (Bhutanese/Nepali, Burmese/Karen, Somali, Sudanese, Iraqi, and Afghan) were trained as peer counsellors. Referrals came from behavioural health screens (RHS-15) completed during refugee patients' first medical visit post-arrival (44%), medical and mental health providers (41%), community members (10%), and overseas medical records (5%). Peer counsellors carried individual caseloads under weekly supervision from the project coordinator and bi-weekly supervision from a clinical team of mental health counsellors and social workers. Peer counsellors employed a variety of strategies to facilitate communication between providers and refugee clients, and address subclinical concerns through culturally-informed interventions.

Conclusions: Most referrals were for post-resettlement concerns and medical system navigation. Presenters will describe identified gaps in services, results of case studies, as well as provider and client survey responses. We will include lessons learned and suggestions for peer counsellor hiring, training, and skill development.

0152

Quality of Life Among Immigrants in Swedish Immigration Detention Centres: A cross-sectional questionnaire study

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Abstract

Objectives: To estimate Quality of Life (QoL) among immigrants in Swedish immigration detention centres.

Methodology: QoL was measured using WHOQOL-BREF administered by an interviewer. All immigrants detained during Sep-Nov 2014 (N=193) were invited in the study and 127 participated. Additionally, data on demography and satisfaction on services available in detention were collected.

Results: There were 46 different nationalities present among the participants with Albanians being most common and mean duration of detention was 37.8 days (SD= 57.3). The participants were found to have low QoL scores (environment, physical, psychological and social domain scores) with psychological domain having the lowest score, 41.88 out of 100 (SD=19.3). The overall health score (part of WHOQOL-BREF) was associated with legal status of detainees, support they received from detention staff and their ability to understand Swedish or English. Overall QoL scores were positively correlated to level of support detainees received from detention staff and ability of detainees to understand information provided by authorities. Although not statistically significant, longer duration of detention was found to have a negative impact on psychological and physical domain scores, especially when duration exceeds one month.

Conclusion: Although Swedish immigration detention standards are considered to be relatively better, detainees reports low QoL, psychological domain being the most affected. Support received from detention staff and ability to understand information provided influenced the QoL of detainees. A review of detention guidelines and staff training is recommended. Greater use of alternatives to detention, especially at longer duration of detention is highly recommended.

0165

Rethinking Informed Consent in Women's Health Services in Light of Relational Autonomy

Christopher McDowell[1], Harriet McDowell[2]

1. City University London. 2. Staffordshire University and Birth Rites.

Abstract

Rationale: The workshop examines issues relating to the granting of informed consent by refugee and immigrant women in maternal health clinical settings.Through the concept of relational autonomy it examines, first,the implications for understanding, seeking, and granting informed consent in situations where refugee or immigrant women are removed from the socio-cultural milieu in which their ideas of self are defined. Dislocated from social support and recognition it questions how patientscomprehend the outcomes of granting permission for interventions in anything but an abstract way? Second the removal ofpatients' socio-cultural frame of reference affects the way they respond to clinicians demands for choicesmade and consentgiven? considerations of relational autonomy demandsreflection on the potential for clinical practice to disempower and exclude patients where pre-existing power asymmetries are exaggerated.

Content: The central objective of the workshop is to encourage participation in practiceinformed discussion on the issue ofgranting consent by patients from a diverse, multi-cultural, multi-faith community accessing maternal health services.Using real-life clinical case studies where "informed" consent is deeply affected by the patient's dislocation from their network of relations and understandings, the workshop aims to bring a new dimension to the simple "explain and gain" mantra used in the healthcare services. The workshop willexamine the role of perceived power and gaining consent, and how this is fundamentally affected by ideas of relational autonomy, as well as measures clinicians can undertake to minimise this phenomenon.

Instructional Methods: Facilitated, interactive discussions centred on clinical case studies.

0173

Mercy for Money - Torture for Profit in Sri Lanka

Wendell Block, Jessica Lee (Canadian Centre for Victims of Torture)

Abstract

Background: The purpose of this retrospective study is to describe the extent and pattern of bribes demanded in exchange for the release of victims of detention and torture during the 1983 to 2009 war in Sri Lanka, as well as in the period following the official end of the war.

Methodology: We reviewed the charts of 98 refugee claimants from Sri Lanka who had been medically assessed prior to their refugee hearings between 1989 and 2013. We tallied the number of incidents in which claimants described paying to end torture and detention, and collected other data such as demographics, amounts paid, and involvement of brokers or the judiciary. We included torture perpetrated by governmental and nongovernmental groups. Collected data was coded and evaluated.

Results: 82 percent of the subjects described paying to end torture or detention at least once, and between them they described 146 incidents. All groups who practiced torture also extorted money. A middleman was described in 32 percent of the incidents. Amounts paid were high compared to average Sri Lankan annual incomes. The practice of torture and related extortion of bribes continued after the end of the war and was still reported in 2013.

Conclusions: Torture in Sri Lanka is unlikely to end while factors which tie it to profit motives remain unchanged. As well as health injuries, victims of torture and their families suffer significant economic injuries while their assailants are enriched. This may contribute to survivor guilt and impact community healing post conflict.

0180

Impact of Cholera Vaccination Campaign on Knowledge and Practices Regarding Cholera, Safe Water, Sanitation, and Hygiene in an Established Refugee Camp in Thailand

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1. U.S Centers for Disease Control and Prevention, Thailand MOPH-U.S CDC Collaboration
2. Thailand Ministry of Public Health

Abstract

Background: Mae La camp, established in 1984, houses ~50,000 refugees along the Thailand-Burma border. Four outbreaks of cholera occurred from 2005 through 2012. To prevent future outbreaks, an oral cholera vaccine (OCV) and education campaign was conducted in the camp in 2013. We evaluated the impact of the campaign on community knowledge, attitudes, and practices (KAPs) regarding cholera and safe water, sanitation, and hygiene (WASH).

Methods: We used structured questionnaires to conduct cross-sectional household-level surveys to assess KAPsin randomly selected households one month before (baseline) and one year after (follow-up) OCV campaign. We observed household characteristics and tested stored drinking water for fecal contamination. Differences in baseline and follow-up survey outcomes were analyzed using Pearson's chi-square (or Fisher's exact) and Wilcoxon two-sample tests for categorical and continuous variables, respectively.

Results: We interviewed respondents in 271 (baseline) and 199 (follow-up) households (response rates: 77% and 85%, respectively). Socio-demographic characteristics were similar across surveys. Compared with baseline, significantly increased proportions ($p<0.05$) of follow-up respondents had heard of cholera (82% versus 91%), knew ≥2 vehicles of transmission (61% versus 82%),

knew≥2 means of prevention (62% versus 81%), reported washing hands with soap (66% versus 86%), washing hands on ≥3 key occasions (49% versus 68%), and had soap at hand washing stations (80% versus 97%). Fecal contamination of stored drinking water was similar in both surveys (p =0.273).

Conclusion: Respondents' knowledge and practices regarding cholera and WASH were improved one year after an OCV campaign. OCV campaigns provide an opportunity to reinforce comprehensive cholera prevention and control measures.

0183

Mixed Methods Study of a Manualized Mind Body Skills Group with Nepali Male Survivors of Torture

Susan Heffner Rhema, University of Louisville

Abstract

Background: The high rate of suicide for Nepali refugees resettled in the US prompted the development of a mind body skills group with male survivors of torture. While research of Nepali refugee survivors of torture is limited, existing literature suggests that Nepali refugees report positive outcomes when working in groups and Nepali cultural norms support the use of meditative practices. It is critical that group intervention models be developed for replication, and to target services more effectively, particularly for use with the Nepali refugee community.

Methodology: A mixed methods experimental study assessed the use of mind body skills with elder Nepali men to reduce emotional distress, suicidal ideation, and to increase sense of safety, self-efficacy, and belonging. Participants received a manualized program of mind body practices and mutual support.

Results: Preliminary results suggest that male Nepali survivors of torture report improved outcomes in safety and belonging and moderate reduction in suicidal ideation after participation in small group activities. Statistical significance of improved self-efficacy and reduced emotional distress is yet to be established as insufficient data has been analyzed to date.

Conclusion: Group activities that engage survivors, promote expression of emotion, and build a sense of community lead to improved capacity for healthy adaptation. Sharing and recognition of the trauma story as well as improving methods of affect management appear to be key to supporting a positive acculturation process.

0184

Frameworks for Understanding and Communicating about Health across Cultural Boundaries

Judith A. Colbert Consultant

Abstract

Refugee health is an urgent concern. Physicians, health professionals and other service providers often struggle to understand behaviour and address the health issues of children and families. They face the challenge of defining "health" in a diverse context, where beliefs and communication goals and strategies differ, and where some languages have no words to express conditions commonly accepted in the West. This presentation explores patterns for understanding health issues and suggest ways health messages can be framed and communicated so they will be accepted and lead to action that overcomes cultural boundaries.

This presentation will

- Establish a broad communication context through a common understanding of concepts such as health, settlement, culture and frameworks.
- Consider the role of cultural frameworks in developing communication goals and strategies.
- Identify variables that may challenge the value of frameworks in individual situations.

Key points include

- Cultural patterns, like individualism and collectivism, are clues to how individuals understand health concepts.
- Communication strategies that "feel right" increase the effectiveness of health messages.

Individual situations vary - for example, past trauma may mean that a particular framework does not apply; frameworks may be most effective not as supports to communicating facts, but as aids to building relationships that involve trust, hope and courage; a specific behaviour may not be a communication strategy but a symptom of a disease or condition; children, caught between different frameworks, may need additional understanding. This will be a PowerPoint presentation with opportunities for discussion based communication situations participants have encountered.

0185

Midwife Mondays – An Innovative Partnership between Community Health Centers and Midwives for Medically Uninsured Refugee and Immigrant Pregnant Women

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Abstract

Medically uninsured pregnant women face considerable barriers to accessing appropriate health care. They tend to present later in pregnancy, have suboptimal care, and are also more likely to have untreated comorbidities. In 2012, the Non-Insured Walk-In Clinic opened at Access Alliance (a community health centre based in Toronto) to provide episodic care to uninsured groups. To better serve the large numbers of uninsured pregnant clients, a partnership was formed in 2013 between the clinic and volunteer midwives to create "Midwife Mondays". This program aims to provide women with prenatal risk assessment and referral to appropriate care providers for ongoing prenatal care.

A retrospective chart review was conducted for clients who accessed Midwife Mondays during its first two years of operation. An institutional review was also done to study the process of developing and implementing the program.

The medically uninsured population presenting to Midwife Mondays is a heterogeneous group, and this study revealed client demographics, comorbidities, prenatal needs and trajectories of care. Service innovations associated with Midwife Mondays have impacted access to prenatal care for uninsured women in Toronto. There have also been challenges sustaining partnerships and referrals, particularly in relation to broader policy changes in healthcare access for vulnerable groups in Canada.

This research offers health care providers and policy makers a better understanding of the needs of uninsured pregnant women in Toronto. It may also help to facilitate a discussion about how to replicate or scale up similar partnerships that could expand prenatal care for medically uninsured women.

0194

Ensuring Reproductive Health Services for Myanmar Refugees in Bangladesh: Implications and Support Strategies

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2. Independent Health Consultant

Abstract

Bangladesh is hosting refugees from its neighboring Myanmar. More than twenty-nine thousand registered refugees are in the official camps at Nayapara and Kutapalong along with unregistered refugees who were repatriated earlier but returned due to the worsening situation in Myanmar. The reproductive health (RH) care situation of the refugees is alarming. For example, untrained traditional attendants deliver 98.7% of births in the camps. The refugee communities are not aware of safe motherhood, anti-natal care, care of pregnant women, family planning, breastfeeding, infant and neonatal care. Little or no personnel are present to respond to caring needs of the refugees during and after pregnancy. With the technical and financial assistance from UNHCR and UNFPA, the Research, Training and Management (RTM) International has designed interventions for improving the RH information and services of refugee population through (i) making community refugee people interested in seeking health care services (ii) involving refugee youth and adolescent group (iii) developing a strong network with community traditional birth attendants for referring cases to the basic EOC (iii) strengthening inpatient and outpatient department at two refugee camps with adequate support from local GOB departments/health facilities. The program has increased access to RH information and services in the community. Majority of refugee deliveries are occurred at the birthing unit of the camp with complicated cases referred to higher government facilities. An effective coordination linkage system are developed with inpatient and outpatient departments and outreach workers such as youths, adolescents, and community volunteers.

0199

Severe Maternal Morbidity Among Refugee Women

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Abstract

Background: Little is known about severe maternal morbidity (SMM) and its determinants among refugee childbearing women. This study examines SMM among refugee, compared to immigrant and non-immigrant women and the impact of changes in immigration admission policies on this outcome.

Methods: Ontario hospital deliveries (2002-2011) linked to immigration records were used to calculate risk ratios (RR) with 95% confidence intervals (95% CI) for an SMM composite indicator comparing refugees to immigrants and non-immigrants using log-binomial regression. Analyses were stratified by SMM subtypes and two periods of immigration coinciding with changes to government immigrant health policies which lifted admission restrictions for: 1) all immigrants with HIV (1991) and, 2) refugees who were likely to place 'excessive demand' on Canadian health and social services (2002).

Results: SMM was elevated among refugees (n=30 581) compared to both immigrants (n= 236 565) (adjusted RR: 1.22, 95% CI: 1.09-1.36) and non-immigrants (n=886 975) (adjusted RR: 1.34, 95% CI: 1.23-1.47). Of all SMM subtypes examined, the greatest disparity was for HIV: RR=7.94 (99% CI: 5.64-11.18) vs. immigrants, and RR=17.37 (99% CI: 12.83-23.53) vs. non-immigrants. SMM ARRs were highest among refugees who arrived after the 2002 policy came into effect. When deliveries with HIV were excluded, the association between refugee status and SMM disappeared.

Interpretation: Refugees had higher risk of SMM than immigrants and non-immigrants but these differences were explained by a higher prevalence of HIV among refugees. The removal of government health restrictions on Canadian refugees was associated with increasing disparities in SMM among refugee women.

0200

Assessment of Blood Lead Levels among Resettled and U.S.-Bound Refugee Children, 2010-2014

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3. International Organization for Migration

Abstract

Since recommending post-arrival lead screening in 2000, CDC has received reports of elevated blood lead levels (EBLLs) among resettled refugee children. Overseas lead screening is not routine for U.S.-bound refugee children, but a 2009 investigation identified EBLL risk factors among U.S.-bound refugees in Thailand. We assessed BLLs in newly arrived refugee children in Texas and U.S.-bound refugee children overseas to determine the EBLL prevalence and the characteristics among children with EBLL.

We obtained data on domestic lead screening for refugee children ages 6 months to 16 years screened in Texas from 2010 through 2013. The International Organization for Migration provided BLL data from U.S.-bound refugee children (6 months to 15 years)

screened in Thailand from August through November 2014. Hemoglobin, weight, and height were measured for all children. EBLL was defined as BLL ≥5 micrograms/dL.

Among 7,825 newly-arrived refugee children in Texas, 1,459 (18.6%) had EBLL; EBLL was 15% in children from top resettlement countries of Bhutan, Burma, Somalia, and Iraq. Among 500 U.S.-bound refugee children in Thailand, 37 (7.4%) had EBLL; EBLL prevalence was 13.8% among those aged 2 years. In preliminary results, EBLL was associated with male sex and malnutrition in Texas but not in Thailand.

EBLL prevalence remains higher in U.S.-bound and resettled refugee children than in the general U.S. population (3.1% in children ages 1-2 years), but has declined since 2010 in Texas and 2009 in Thailand. BLL data on arrived children can further direct overseas screening. Domestic and overseas data collection and analysis are ongoing.

0201

Risk factors for preterm birth: refugee status and secondary migration

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Abstract

Background: Previous research suggests women who migrate to a transition country prior to voluntarily immigrating to Canada (secondary migrants) have a lower risk of preterm birth (PTB) than women who voluntarily immigrate directly from their country of birth (primary migrants). However, it is unknown whether forced or refugee women, who may experience health risks associated with migration through transition countries, have a higher risk of PTB . We conducted a population-based cohort study in Ontario, Canada to determine whether the relationship between refugee status and PTB differed among secondary and primary migrants.

Methods: Linked Ontario immigration (2002-2010) and hospitalization data (2002-2010) were used for the analysis. Random effects models for ordinal outcomes (22-31, 32-36 and 37-41 weeks gestation) were used to estimate adjusted cumulative odds ratios (COR) with 95% confidence intervals (95% CI). A product term incorporating refugee status and secondary migration addressed the study objective.

Results: Secondary refugees experienced 58% greater cumulative odds of PTB (COR=1.58, 95% CI=1.25-2.00) when compared to secondary non-refuges, which was substantially larger than the 12% greater cumulative odds of PTB (COR=1.12, 95% CI=1.02-1.23) among primary refugees compared to primary non-refuges.

Conclusion: Secondary and primary refugee women experienced a higher risk of PTB compared to their non-refugee counterparts, with secondary refugees experiencing the largest excess risk. Future research should consider examining whether psychosocial factors and chronic stress explains this excess risk. International policies encouraging faster identification of permanent re-settlement opportunities and local integration strategies as well as tailored pre-conception and prenatal care may be beneficial.

0202

A Culturally-Informed Educational Program to Promote Sexual Health and Well-Being among Refugee Women

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3. University of Arizona Medical School.

Abstract

Background: Somali, Congolese and Burundi refugee women have unique sexual health vulnerabilities due to the cultural practice of female genital cutting/mutilation (FGC/M) as well as histories of sexual violence. Sexual health education does not often take into account these specific needs nor respond with appropriate evidence-based educational interventions.

Objective: Utilizing community based participatory research this program provided linguistically appropriate and culturally grounded sexual health education to refugee women. Educational sessions incorporated research to increase understanding of the needs of each group to inform future education.

Methodology: The education was provided to a total of 50 refugee women. Responses to sensitive questions were captured via an Audience Response System (ARS) allowing participants to respond privately. The mixed methods study included both qualitative analysis of narrative responses and quantitative analysis of ARS survey data.

Results: While both groups discussed their wish to enhance sexual pleasure the Somali women were, in particular, interested in methods that might compensate for the removal of their clitoral tissue. Congolese and Burundi women were also interested in the prevention of sexually transmitted diseases and how to cope with "sex for survival". Both groups mentioned pain during intercourse and lack of desire as concerns.

Discussion: Given the vulnerabilities relating to their refugee status and particular sexual histories, a more targeted approach to education may mitigate negative sexual experience in their current lives. Through this culturally grounded, evidence-based approach to sexual health education refugee women may find empowerment and healing.

0210

One Doctor, One Table

Diana Da Silva, FCJ Refugee Centre

Abstract

Background: It all started with one doctor and one table – literally – in response to the cuts to Canada's Interim Federal Health Program in the summer of 2012. While the Harper government claimed the cuts were necessary, in reality, they left the vulnerable in an even more vulnerable state, reducing the health coverage for refugee claimants and also leaving certain groups without any coverage. Our response? Through the generosity and volunteerism of a Toronto-based doctor, the FCJ Refugee Centre, a community-based organization with no medical expertise, was able to start a clinic.

Methodology: At its origins, the clinic was available every other Saturday and consisted of a brief orientation with a licensed physician. As the demand for services grew, so did our clinic. We now have a fully equipped examination room that is available every Saturday with a volunteer primary care team made up of two primary physicians, a registered nurse, three internationally-trained doctors, an internationally-trained nurse practitioner, and a mental health counsellor.

Results/Impact/Outcomes/Conclusions: On April 5, 2014, we were evaluated and supported by the Inner City Health Associates. This accreditation permits us to offer a span of health services for migrant populations that are denied access to healthcare and subsidize certain medically-associated costs (prescriptions, bloodwork, examinations, etc.). Since 2012, our clinic has seen hundreds of patients that would otherwise have no access to healthcare; and by providing primary care, minimize the need for more intensive medical intervention.

Keywords: refugee, healthcare, clinic

0219

Presumptive Overseas Antihelminthic Treatment and the Prevalence of Pathogenic Intestinal Parasites in Newly Arrived Refugees, Minnesota, 2010-2013

Guillaume Onyeaghala, Kailey Nelson, Blain Mamo, Ann Linde (Minnesota Department of Health)

Abstract

Background and Purpose/Objectives: The guidelines for overseas presumptive treatment of intestinal parasites introduced by the CDC in 2008 resulted in the proportion of refugees arriving to Minnesota with treatment documentation increasing from 2% in 2010 to 50% in 2013. The objective of this evaluation was to compare the prevalence of parasitic infections among primary refugee arrivals to Minnesota with documentation of overseas antihelminthic treatment to those without documentation, between 2010 and 2013.

Methodology: The documentation of presumptive parasitic overseas treatment was collected from the CDC's Electronic Disease Notification, and the domestic screening results were collected through the Minnesota Department of Health's refugee health database. Adjusted prevalence ratios for parasites were calculated among refugees with and without documented treatment.

Results/Impact/Outcomes: Among the 8,406 primary refugees who received a domestic refugee health assessment between 2010 and 2013, 3,197 (38%) had documentation of some overseas treatment; and, 8,298 (99%) were screened for parasites. Of these, 520 (16%) with any documented overseas treatment tested positive for ≥1 pathogenic parasite using an ova and parasite stool exam and/or serology, compared to 895 (18%) of those without documented treatment (adjusted prevalence ratio: 0.92; 95% CI, .87-.97). The prevalence of infection varied by type of overseas treatment and specific parasite.

Conclusions and Discussion: Refugees with evidence of overseas antihelminthic treatment were significantly less likely to have any parasitic infection upon U.S. arrival compared to those with no evidence of overseas treatment, suggesting the effectiveness of this overseas initiative.

0225

Determinants of Emergency Caesarean Birth in Migrant Women in Montreal

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Abstract

Background: Rising emergency caesarean birth (C/B) rates, particularly among low-risk women are of concern. In Quebec one-third of births occur in Montreal and half of these are to women born outside of Canada (migrants). Migrant women, especially those from Low and Middle Income Countries (LMICs), have a higher social and health risk profile compared to Canadian-born, and research regarding risk factors for emergency C/B in migrants is insufficient.

Objective: To identify determinants of emergency C/B in low-risk migrant women giving birth in Montreal, Quebec.

Methods: Using a case-cohort design, migrant women from LMICs, in Canada ≤ 8 years, and who recently gave birth, are being recruited from postpartum units of three local hospitals. Data are being collected from the medical record and by interview-administration of the Migrant-Friendly Maternity Care Questionnaire (available in 8 languages) while still in hospital. All low-risk emergency C/Bs (cases) and a random selection of four low-risk vaginal births per case (controls) will be selected from the cohort for analysis. Multi-variable logistic regression will be used to identify determinants of emergency C/B.

Results: Health service factors including prenatal care/education, responsiveness to preferences for care, interventions, communication and support during labour, as well as social (e.g., SES), medical (e.g., BMI, GDM) and migration (country of birth, health insurance, time in Canada) determinants will be examined.

Conclusion: To address the risk for emergency C/B a range of determinant including non-bio-medical factors, some of which are specific to, or more common among migrants, must be considered.

0226

Giving It Our Best Shot? HPV and HBV Immunization among Refugees

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Abstract

Background: Rates of cancer due to human papillomavirus (HPV) and hepatitis B virus (HBV), both sexually transmitted and vaccine-preventable, are higher in the home countries of refugees than in the US. We assessed HPV and HBV immunization rates among refugees in Massachusetts (MA).

Methodology: Retrospective analysis of MA Refugee Health Assessment Program (RHAP) data in 2011-2013 using multivariate analyses to identify predictors of immunization and to compare immunization rates to the US and MA.

Results: 2269 refugees 9-26 years old were resettled in MA. Predominant nationalities were Iraqi (25%), Bhutanese (24%), and Somali (11%). 56% received 1 dose of HPV vaccine. Males (AOR=0.62, 95%CI 0.52-0.74), refugees <13 years (0.74, 0.60-0.93), and refugees not from Sub-Saharan Africa (0.74, 0.59-0.92) were less likely to receive HPV vaccine. Arrivals in 2012-2013 were more likely to receive HPV vaccine (1.6, 1.3-1.9). Per CDC data, 45% of 13-17-year-olds received 1 dose of HPV vaccine compared to 68% of similarly aged refugees (2.5, 2.1-3.0). For HBV vaccine, 91% of refugees received >1 dose. Refugees <13 years were more likely to receive 2 doses (0.49, 0.37-0.63) while those having positive HBV antigen or antibody were less likely (0.13, 0.069-0.24 and 0.42, 0.34-0.52, respectively). Rates varied significantly by clinic for both vaccines.

Conclusion: Refugee adolescents had higher rates of HPV immunization than US adolescents. Among refugees, HPV immunization was lower than HBV. Specialized health assessment on arrival may improve immunization rates in this at-risk population.

0227

Mental Health Screening Among Newly Arrived Refugees in Massachusetts (MA), 2014

Jennifer Cochran, Laura Smock, Thinh Nguyen, Paul L. Geltman
(Massachusetts Department of Public Health)

Abstract

Background: Some refugees experience traumatic events leading to post-traumatic stress disorder, anxiety, or depression. Refugees are entitled to a health assessment (HA) within three months of arrival in the U.S. The MA Department of Public Health (MDPH) encourages HA providers to utilize the RHS-15, a mental health screening tool developed by Pathways to Wellness.

Methodology: MDPH data were extracted 12/12/2014, including refugees arriving after 10/1/2013 with HA 1/1/2014 or later. Children < 14 and immunization-only visits were excluded. Uni- and multivariate analyses were used to identify factors associated with lack of screening and with positive scores.

Results: 878 refugees met inclusion criteria. Overall, 30% of refugees with HA data did not have RHS-15 scores. In multivariate analysis, lack of RHS-15 screening was associated with Somalis (AOR 2.8, 95% CI 1.4-5.4) and with HA site (11, 7.2-16 for the two highest utilizing sites compared to all others). Of those screened with the RHS-15, 43% had a positive score, indicating potential need for mental health services. A positive RHS-15 score was associated with female gender (1.6, 1.2-2.2), age 40 and older (2.5, 1.8-3.5), and with the following regions: Iraq (4.9, 2.9-8.3), Sub-Saharan Africa (excluding Somalia) (4.0, 2.2-7.4), and East Asia/Pacific (3.1, 1.3-7.1). 39% of those with a positive score had a mental health referral documented on the HA form.

Conclusions: Many refugees have had mental health screening, but there is room for improvement at most HA sites. Qualitative interviews with providers will clarify barriers and inform next steps for expansion of screening.

0235

Growing Trauma-informed Resettlement Services: A mixed-methods study of the barriers and opportunities around implementation

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Abstract

Most refugees being resettled in the United States have experienced some form of trauma, including loss of material possessions, forced displacement from home and country, loss of loved ones, war-related violence, rape, and torture. Research has demonstrated that trauma may have a negative impact on an individual's physical, mental, and emotional well being, which, in turn, can negatively affect that individual's ability to function effectively in educational, occupational, and social environments. Because refugees are encouraged to become economically self-sufficient in a short period of time, it is important that resettlement agencies consider the role of trauma in the resettlement process.

A trauma-informed model of practice has been developed in the social services that acknowledges the prevalence of trauma, recognizes its signs and symptoms, and utilizes behaviours and language that avoid further traumatization. A trauma-informed approach has also been suggested for organizations and systems that work with populations that have experienced trauma, and the results have shown promise in reducing symptoms of mental illness and promoting overall well being. Organizations that work with refugees may benefit from adopting a trauma-informed organizational model; however, implementation of such a program requires an organization-wide commitment.

This mixed-methods study presents the findings of a quantitative survey examining knowledge of and attitudes towards adopting a trauma-informed approach among staff at a refugee resettlement agency and the qualitative results of interviews with key staff members. The presentation will culminate in an interactive experience in which participants rate their own and their organization's readiness for adopting a trauma-informed approach.

0236

Providing Culturally-Grounded Services for the Refugee Women of Phoenix: A Community Partnership Model for Integrated Care

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Abstract

In 2014, Arizona became home to almost 4,000 refugees, the majority of whom are women and girls residing in Maricopa County. The experience of leaving one's home, often in times of great conflict, produces unique physical and mental health needs upon arrival in the US. Using an integrated approach to service coordination and networking, the Refugee Women's Health Clinic (RWHC) employs providers who are committed to delivering quality health-

care to refugee women while taking into consideration the often traumatic experiences of migration.

RWHC has strong internal support in addition to a well-established network of community organizations with which staff work closely to coordinate care. The RWHC is concerned with the whole person, focusing on aspects of physical, mental, social, and financial well-being. Programs are oriented towards not only clinical services but prevention as well and operate through outreach, education, counselling, social support, and advocacy.

From 2008 to 2014, there have been approximately 6000 patient visits, with significant growth in the last year. More than 700 women have delivered in that time, exhibiting a lower cesarean delivery rate than that of Arizona as a whole. Nearly 400 women have received mental health screening, and of those screened positive and referred, 65% successfully utilized services.

The RWHC provides enhanced access to comprehensive, culturally-sensitive women's healthcare, offering a holistic approach to healing. Projects are designed and implemented with RWHC partners to ensure community capacity building, a focus on community priorities, and increased knowledge and self-efficacy of patients.

Keywords: culturally-grounded, community partnerships, integrated care

0237

Aku Anyi Swastha (Help For Help) Initiative for Healthy Burmese and Bhutanese Refugee Communities

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Abstract

Supported by Refugee Women's Health Clinic and the Initiative for Healthy Burmese and Bhutanese Communities through Southwest Interdisciplinary Research Center with Arizona State University, Aku Anyi Swastha (Help for Health) is a community-based participatory research project which aims to bridge the gap in health literacy among Burmese and Bhutanese refugees residing in the Phoenix metropolitan area. During Phase I, 6 members from both communities became Community Health Advisors and Certified Application Counsellors to assist their own community members with enrolment in the Affordable Care Act. As a result, over only 8 weeks of outreach, 164 individuals were enrolled, surpassing the initial goal of 150 enrolees. The Aku Anyi Swatha initiative is now in Phase II of implementation with a projected goal of 300 enrolees.

Through the use of the Train-the-Trainer model, Aku Anyi Swastha, Phase II launched training on other topics important to the Bhutanese and Burmese communities, addressing mental health/suicide along with chronic disease prevention and management respectively. A total of 11 participants became licensed CACs and received training on chronic disease prevention and self-management strategies (with particular emphasis on Type II Diabetes). These CHAs will provide health education in their communities and enrol individuals in health care plans under the ACA.

Burmese and Bhutanese refugees are able to take charge of their health and management of chronic disease symptoms with the adoption of preventive health behaviours. The target number for enrolments to be met by February 15, 2015 is 300.

0240

From the Clinic to the City: Refugee Mental Health Screening and Promotion within Resettement Programs in Philadelphia, Pennsylvania

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Abstract

Though mental health screening is widely considered to be a valuable component of both initial medical screenings and psychosocial support services; few agree about the best instruments, methods, and setting in which to accomplish this task. While the Centers for Disease Control recommend mental health screening for new refugee arrivals, there is little information suggesting specific requirements or protocols for implementation. Many models suggest mental health screening in tandem with mandated physical health screenings. Prior to this intervention, refugees resettled in the three Philadelphia area resettlement programs received non-standardized mental health questioning by medical staff during their first trips to refugee medical clinics within thirty days of arrival in the United States. In 2012 Philadelphia Refugee Mental Health Collaborative (PRMHC) began work on implementing the RHS-15 mental health screening tool through hospital and medical provider partners. In response to continuing challenges and limitations of medical implementation, PRMHC shifted focus to Resettlement services for operationalizing the RHS-15. In this paper I will document the development and use of a model for mental health screening and referral for use within Lutheran Children Family Service's Refugee Resettlement Department. This model uses a series of home visits to build rapport, conduct mental health screening, and provide informal mental health orientation information. Early visitation within the initial 90-day resettlement and placement period improves access to care; widespread implementation of a mental health screening which is easy to use, responsive, and culturally sensitive across populations supports overall refugee mental health and wellbeing.

0243

Examination of the Health Status of Newly Arrived Refugees to Toronto

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Abstract

Background and Objectives: Canada receives over 20,000 refugees annually. However, there is limited literature documenting the health status of this population. This study aims to address this gap by examining the prevalence of selected infectious and chronic conditions among newly arrived refugees to Toronto, with sub-analysis by key demographic variables, including sex, age, and region of birth.

Methodology: We conducted a retrospective chart review of 1063 patients at a refugee clinic at Women's College Hospital in Toronto, Ontario from Dec 2011 to June 2014. Health data was drawn from

the earliest available test results for selected infectious and chronic disease indicators, based on the 2011 Evidence-based clinical guidelines for immigrants and refugees. Statistical analysis includes sub-group comparisons based on demographic factors.

Results: We found that our refugee patients suffer from both infectious and chronic diseases, with significant regional variation for most indicators. The prevalence of infectious diseases, such as HIV (2%) and hepatitis B (4%), was markedly higher than in the Canadian-born population. Rates of anemia (15%), elevated blood pressure (30%), and pre-diabetes/diabetes (8%) were similar to or higher than that of the Canadian population. There were substantially higher rates of abnormal cervical cytology (11%) among refugee women.

Conclusion and Discussion: This study highlights important opportunities for screening interventions for both infectious and chronic diseases among refugee patients. Our data points to possible policy and clinical implications, such as targeted screening approaches and improved access to vaccinations and therapeutics.

Keywords: refugee health care, infectious disease, chronic conditions

0245

Health Status of North Korean Refugees in Toronto: A Community-Based Participatory Research Study

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3. Community Advisory Board. 4 Women's College Hospital.

Abstract

Background/Objectives: Increasing numbers of North Koreans are fleeing their country due to economic insecurity and political persecution. In 2012, Canada received 710 North Korean Refugee (NKR) claims, up from 26 in 2006. There is little published on the health of NKRs. Our study aims to provide insight into NKR health status by (a) examining health parameters among NKRs seen at a Toronto refugee clinic and (b) engaging the community in interpreting these findings and identifying how providers can deliver relevant, responsive, and effective health services for this group.

Methodology: Using a Community-Based Participatory Research methodology, this study was designed in cooperation with a NKR Community Advisory Board. A retrospective chart review of 116 NKRs and 945 other refugees seen at a Toronto refugee clinic between 2011 and 2014 was used to compare patient demographics and health indicators between these groups. Meaningful interpretation of the results was facilitated through discussions with the Community Advisory Board.

Results: Compared with refugees originating outside of North Korea, NKRs were more likely to have certain vaccine-preventable infections, but were less likely to suffer from chronic diseases. North Korean community members were involved in every stage of the research, allowing for capacity building and knowledge translation.

Conclusions: This study is the first, to our knowledge, to utilize a community-based research methodology to examine the health of NKRs, and can be used to guide targeted interventions in this population.

0246

Characteristics of Successful and Unsuccessful Mental Health Referrals of Refugees

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Abstract

In this community based participatory research study, we explored key characteristics of mental health referrals of refugees using stories of providers collected through an on-line survey. Ten coders sorted 60 stories of successful referrals and 34 stories of unsuccessful referrals into domains using the critical incident technique. Principal Components Analysis yielded categories of successful referrals that included: active care coordination, proactive resolution of barriers, establishment of trust, and culturally responsive care. Unsuccessful referrals were characterized by cultural barriers, lack of care coordination, language barriers, lack of available care and providers being unwilling to see refugees. Recommendations for practice are discussed.

0254

Longitudinal Changes in Overweight/obesity and BMI Among Refugees in Buffalo USA

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Abstract

Background/objectives: We studied longitudinal changes in overweight/obesity and body mass index (BMI) in refugees in Buffalo; tested factors associated with weight gain.

Methodology: Our retrospective cohort study included 775 children aged 2-18 and 1112 adults aged >19 y who had baseline and a follow up (after >1 y) health assessment.

Results: Major refugee subgroups identified by region of origin were Asia, Africa and Middle East. Baseline mean BMI was 26.3 in women, 24.4 in men; the means increased to 28.5 ($p<0.001$) and 26.2($p<0.001$). During median stay of 3.5 y in USA, overweight/obesity prevalence increased from 55.3% to 71.5% ($p<0.001$) in women; in men, from 39.0% to 57.3% ($p<0.001$). In adults, length of stay in USA (OR=1.24; 95%CI:1.19,1.38) and baseline BMI (OR=1.78; 95%CI:1.65, 1.92) were associated with overweight/obesity. Refugees of African origin had the greatest yearly BMI increase among women and refugees from Asia had the greatest increase among men. In children, median BMI in girls was 17.0 at arrival, 20.5 after 4.3 y stay in USA. In boys, median BMI increased from 16.5 to 19.8 over 3.8 y. Girls of African origin had greatest increase in yearly BMI, those from Asia had lowest (1.04 vs 0.59). In boys, refugees from Asia had greatest increase in yearly BMI, those from Middle East had lowest (0.93 vs 0.54).

Conclusions: Refugees become increasingly overweight after resettling in USA. Adults with high baseline BMI, girls of African origin and boys of Asian origin are more likely to gain weight.

Keywords: obesity, overweight, refugee

0256

Calgaryrefugeehealth.ca: Website model for refugee health resource hubs across Canada

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Abstract

Annually around 300 government-assisted and 400 private sponsored refugees, and 150 refugee claimants arrive in Calgary. There are many services available to assist refugees with health and social issues but access to relevant information is difficult. Physicians who assist refugees face similar accessibility issues.

Refugeehealth.ca is a website that serves as an information hub where refugees and their physicians in the Greater Vancouver region can find information on healthcare and other services. We have launched a similar resource in Calgary to bridge the gap in the access of information for both the refugee population and their physicians.

The website was built on three core pillars: user-friendly platform, the provision of relevant information and resources and the provision of information in multiple languages. We made the website easy to use, simple to navigate with clearly defined subheadings and mobile friendly. Since most of the background information related to refugee populations is consistent between Calgary and Vancouver, we have linked our website to refugeehealth.ca. Information specific to Calgary, like the locations of the refugee clinics, are posted on the website with embedded maps. To make the website multilingual, Google Translate was embedded allowing the site to be translated to different languages. Costs of this project was kept low by using Squarespace, a user-friendly but powerful website-builder and by dedicating student project time rather than hiring help.

We hope to share and promote our website as a model for other cities and medical students in Canada to develop their own refugee information resources.

0258

Working Together! How an Interdisciplinary Group of Service Providers Tackled Systems Level Problems

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Abstract

Background: Ensuring that newly arrived refugees receive the necessary health care involves coordination between resettlement agencies, public health, state coordinators, and clinicians. Information sharing between the various agencies is a critical step in avoiding gaps and duplications in services, as well as a starting point for advocacy and quality improvement efforts.

Methodology: In 2010, a group of service providers including social workers, counselors, primary care providers, refugee screening clinic providers, and voluntary agency caseworkers organized a meeting to improve the sharing of health screening information of newly arrived refugees in King County, Washington. It was during this process that the New Arrival Working Group (NAWG) recognized the array of systems-level barriers faced by refugees. Meeting bimonthly over the next 4 years, the group has had several major accomplishments, including the implementation of a coordination of care form facilitating information sharing between public health and caseworkers; successfully advocating for the expansion of transportation to medical appointments; and planning a regional refugee health conference. We also called attention to unique difficulties face by newly arrived refugees in accessing health insurance through the state health insurance exchange. Currently, we are working on streamlining the process of triaging refugees with complex medical and mental health conditions to the appropriate health facility.

Outcomes: In summary, we hope that our experience will serve as an example of the importance of an interdisciplinary group that meets regularly to share information at all levels including state coordinators, clinicians, educators, public health providers, and voluntary agency workers.

0259

Differences in the Growth Trajectories of Refugee Children compared to a Reference Group After US Resettlement

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Abstract

Background: Refugee children are at risk for health disparities; yet, scarce longitudinal data describe their growth status after US resettlement.

Objective: Compare growth trajectories of refugee versus non-refugee children after US resettlement.

Methodology: Data were combined from children 0-16 years old who were resettled in WA and PA, 2008-2014. WHO Anthroplus calculated BMI z-score (BMIZ, age 5-16 years), weight-for-length z-score (WFLZ, age 0-5 years), and height-for-age z-score (HAZ). Nutritional status categories: a) overweight, BMIZ > +1 or WFLZ > +2, b) wasting, BMIZ or WFLZ < -2, c) stunting, HAZ < -2 were based on WHO standards. A non-refugee reference from WA was matched 4:1 on year of care initiation, sex, and age. Chi square

tests provided comparisons; multilevel linear regression models determined BMI trajectories.

Results: 495 refugee children (47% girls; mean age 7.3± 4.5 years; mean follow-up 8.5±9.5 months) and 1280 reference children were studied. Most were from Bhutan (25.6%), Burma (21.7%), Iraq (18.7%), or Somalia (20.8%). Initially 11.7% of the refugee children were overweight, 4.7% wasted and 12.5% stunted versus the reference group 32.1%, 1.2% and 4.0%, respectively ($p<0.001$). Change in BMIZ or WFLZ monthly for the refugee children was 0.01 vs. 0.004 ($p<0.001$); among stunted children 0.03 vs. -0.02 ($p<0.001$); and among overweight children 0.01 vs. -0.004 ($p=0.054$).

Conclusions: The steeper BMI trajectory of the refugee children within the stunting and overweight categories represents an opportunity for obesity prevention.

Keywords: Pediatric, nutrition, anthropometrics

0260

Socio-cultural Influences on Psychosocial Stressors and Supports: A case study of urban Congolese refugees in Kenya

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Abstract

Background: In March 2014 the Government of Kenya issued a directive mandating all refugees to relocate to camps, sending many urban refugees into hiding. This presentation is based on research with Congolese refugees in Nairobi to examine stressors and coping mechanisms in times of instability.

Methodology: 12-months of ethnographic and survey research was conducted with Congolese refugees in Kenya. Methods included participant observation, in-depth interviews (N=53), focus group discussions (N=5), pile sorting exercises, and survey administration [Self-Reporting Questionnaire (SRQ-20) and a locally developed instrument, N=260].

Results: Participants reported high anxiety and depression in survey instruments, interviews and casual conversation. Although stressors were ranked similarly by all participants, coping strategies varied by ethnicity. For example, while many Congolese listed "forgetting the past" as a coping strategy, ethnic Banyamulenge Congolese participated in community services to commemorate past and recent events and demonstrate group solidarity. The Banyamulenge remained cohesive during this time, though other Congolese groups became fragmented, with individuals preferring to "fit in" using language and dress to "appear Kenyan" to deter maltreatment. Churches were listed as a source of spiritual, social and material support: 56% surveyed said they could go to a church community for support, versus nongovernmental organizations (28%) or neighbours (22%).

Discussion: This research lends insight into naturally occurring, localized supportive resources and coping strategies, which may prove useful for future mental health research with forcibly displaced groups, as well as with the conceptualization of programs meant to support these populations.

Keywords: Psychosocial, socio-cultural stressors / supports

0263

Migrant Friendly Maternity Care in a Western Urban Centre

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Abstract

Background and Purpose: Migrant-sensitive care provision has been identified as a priority in the World Health Assembly Resolution, 'Health of Migrants'. Little research has been done on the extent to which migrant-sensitive ('friendly') maternity care (MFMC) is currently being provided, factors that support or inhibit provision of such care, and whether specific components of MFMC may be more important than others. We sought to determine: (1) to what extent recommended components of MFMC are being provided to recently-arrived international migrant women giving birth in an urban Canadian city; and (2) what contextual factors support the implementation of MFMC.

Methodology: We conducted a mixed quantitative-qualitative study of 2400 women recently giving birth, speaking any language, in Canada <8 years, and from non-Western countries; and 63 health professionals. Medical records and unit documents were reviewed. The Migrant Friendly Maternity Care Questionnaire was administered and open-ended interviews were completed.

Results: Women from over 97 countries, speaking any of 79 languages reported on their perceptions of how the health system responded to their needs including communication facilitation, promotion of social support, education for healthy weight, treatment of pre-pregnancy/perinatal/maternal illnesses, early access to prenatal care, and responsiveness to preferences for care, among other indicators of MFMC. A range of professionals reported on challenges to care provision and how these were met.

Conclusions and Discussion: Empirical data on migrant-sensitive maternity care, contextual factors supportive of that care, and associated reproductive health outcomes offer baseline data for programming and to permit benchmarking nationally and internationally.

0264

Rates of Completion of Immunization Series in a Cohort of Refugees in Connecticut, USA

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Abstract

Background: Unlike most immigrant populations, refugees are not required to have vaccinations completed prior to arriving to the United States. Screening for prior immunity and administration of necessary vaccinations are important aspects of the medical care of newly arrived adult refugees. The objective of this study was to determine the completion rate of guideline-based immunizations for a cohort of newly arrived adult refugees in Connecticut, USA.

Methods: Retrospective study of a cohort of newly resettled adult refugees initiating care in a screening primary care clinic. Rates of

prior immunity and completion of recommended immunization series were calculated for patients arriving from June 2013 until Dec 2014. Risk factors for missed vaccinations were assessed from medical record review.

Results: Study is on-going at time of writing. Preliminary data suggests that administration rates of Tetanus, Diphtheria, Pertussis (TDAP) and Measles, Mumps, Rubella, (MMR) vaccines approach 95%. Completion of the Hepatitis B series varies for our cohort.

Conclusions: While testing for immunity occurs consistently for refugees screened in this clinic, there is significant variation in the completion rates of vaccination series. Patient follow-up for the three-dose series Hepatitis B vaccine appears to be the biggest hindrance to completion of the recommended immunizations. Barriers to follow-up in this population are discussed.

0267

What are the Challenges Newly Migrant Women Face When Receiving Maternity Care in Montreal? Health care professionals' perspectives

Sandra Pelaez, Kristin Hendricks, Anita J. Gagnon
(McGill University Health Centre)

Abstract

Background and Objective: Over half of all births in Montreal are to women who themselves were born in countries other than Canada. The objective of our study was to explore health care professionals' perspectives of challenges newly women migrant to Canada face at the time of needing maternity care.

Methodology: In this qualitative study, we conducted face-to-face interviews with 63 health care professionals from four different teaching hospitals who were responsible for providing maternity care to migrant women. Interviews were transcribed verbatim and thematically analysed.

Results: Physicians, nurses, social workers, and therapists participated; 90% were female; and 17% were themselves immigrants from non-Western countries. According to participants, newly migrant women faced both health care-related challenges (e.g., understanding Canadian health care expectations, communicating effectively with health care professionals), and challenges associated with the health care system (e.g., getting access to health care, getting appropriate health care). These challenges women face were strongly influenced by two factors: (a) women's background and position at the time of receiving care (e.g., general education, health literacy, socio-cultural integration) and (b) by the importance health care professionals attributed to the federal and provincial standards procedures and regulations concerning maternity care as compared to the consideration of women's needs.

Conclusion and Discussion: Health care professionals agreed that maternity care-related challenges newly migrant women face are complex and go beyond the health care system. Addressing these challenges could result in reducing health care disparities migrant women face.

0270

Acquisition of Cardiovascular Disease Risk Factors among Refugees and Immigrants: A Longitudinal Study

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Abstract

Background and Purpose/Objectives: Understanding acquisition of cardiovascular disease risk factors such as obesity, hypertension and hyperlipidemia among refugees, immigrants and American-born patients is important for disease prevention efforts.

Methodology: We conducted a longitudinal cohort study of adult refugee patients entering the US from 2004-2013 in Eastern Massachusetts. We matched these patients by age, sex and date of initiation of care to Spanish-speaking immigrants and English-speaking US-born controls. Patients were followed for the acquisition of obesity (body mass index [BMI]>30kg/m2), hypertension and hyperlipidemia. We collected baseline information on age, sex, BMI, education, insurance type, and census tract median household income. We used multivariable Cox regression to estimate the risk of acquiring obesity, hypertension and hyperlipidemia for refugees and immigrants compared with controls.

Results/Impact/Outcomes: A total of 3,174 patients with a mean (SD) age of 34.6 (12.3) years were included. Median follow-up time was 3.7 years [IQR, 1.3-7.4], and significant acquisition of risk factors was observed in all study cohorts. In adjusted Cox models, both refugees (HR 1.33, 95% CI 1.04–1.72) and immigrants (HR 1.22, 95% CI 1.01–1.46) had an increased risk of obesity compared with controls. Immigrants alone had an increased risk for hyperlipidemia compared to controls (HR 1.46, 95% CI 1.13–1.88).

Conclusions and Discussion: Refugee and immigrant patients were at increased risk of becoming obese and immigrants were at increased risk of developing hyperlipidemia compared with age and gender matched controls from the same community. These risk factors developed relatively quickly in young patients and have significant long-term health implications.

0276

Follow-up for Behavioral Health after the Refugee Health Screener-15 in Massachusetts

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Abstract

Background: In December 2013, the RHS-15 became a requirement of the Massachusetts Refugee Health Assessment Program (RHAP), the state-wide health-screening program for newly-arrived refugees. Implementation raised concerns about capacity to pro-

vide appropriate follow-up for positive screens for emotional distress. This project sought to evaluate the effectiveness of the referral process following the RHS-15.

Methods: A clinical microsystems approach to quality improvement was used. Key clinical stakeholders participated in semi-structured interviews at six RHAP clinics. Qualitative analysis of themes described successful clinical microsystems.

Results: All clinicians relied on clinical judgment in determining whether to refer individuals with a positive screen to behavioural health services. Challenges included providing a culturally appropriate explanation of the need for mental health follow-up and logistics of mental health "intakes". Successful intakes varied by availability of in-house services; ease of making referrals; and availability of interpreters. Having a well-established behavioural health program or co-located clinicians facilitated intakes. Respondents cited low confidence in the availability of culturally appropriate trauma services. Characteristics of successful systems reflected supportive leadership, integrated care teams, information sharing and adequate interpretation.

Conclusions: Effective clinical workflows for using the RHS-15 can be accomplished in organizations with resources available for behavioural health referral and follow-up. In communities with fewer resources, clinicians were less comfortable with the RHS-15. Use of the screener has enhanced capacity of clinicians to address previously unmet mental health needs of refugee patients.

0284

MUN MED Gateway: Bridging Medical Education, Refugee Health Care and Social Accountability

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Abstract

Background: Each year, approximately 100-150 government-sponsored refugees settle in St. John's, Newfoundland. These refugees come from all over the world, have faced a host of challenges, and have a variety of region-specific health issues and needs.

Method: The MUN MED Gateway Project is a Memorial University medical student initiative, which partners with the local refugee settlement agency, to provide initial health care for new refugees to the province. Medical students conduct medical histories and some basic physical screening while working through an interpreter with supervision by a family doctor and settlement public health nurse. Information obtained is entered into a secure personal health information database and sent to their newly matched family physician. This presentation will provide an overview of demographic information of refugees participants who have been seen at Gateway since 2006, including country of origin, living circumstances, family demographics, education level, and an overview of health issues.

Results: Refugees benefit from having their health needs addressed as soon as possible on arrival. The information gathered by MUN Med Gateway helps to identify immediate and longer-term health needs in the refugee population of St. John's. This has resulted in initiation of particular health care services to address these needs.

Conclusions: MUN MED Gateway helps increase access to health care for refugees who come to St. John's, Newfoundland. In doing so, we provide individuals with means to address their health problems and we gain valuable insights about the population's health needs and issues.

0289

Risk Factors for Varicella Susceptibility Among Refugees to Toronto, Canada

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Abstract

Background: Varicella occurs at an older age in tropical climates. Risk of complications, hospitalization and death from varicella increase with age. Refugees from tropical climates are more likely to be susceptible to varicella than Canadians. Migrants to North America and Europe are not routinely immunized against varicella, and several outbreaks of severe varicella have occurred among them.

Objectives: 1) To estimate the prevalence of varicella susceptibility among Toronto refugees, and 2) to identify risk factors for varicella susceptibility.

Methodology: This was a cross-sectional study of all refugees rostered at Crossroads Clinic from December 1, 2011 to July 15, 2014. Varicella serology was assessed at the initial visit. Potential risk factors for varicella susceptibility included age, sex, climate of birth, climate of origin, education level, and time since arrival in Canada. Multivariable logistic regression was used to identify risk factors for varicella susceptibility.

Results: 1,063 patients were rostered at Crossroads Clinic during the study period, of which 815 (77%) had varicella serology available. Of those, 8% were susceptible to varicella. Tropical climate of birth (OR 3.32, 95%CI, 1.86-5.93) and age (ORper year of age 0.91, 95%CI, 0.89-0.93) were associated with varicella susceptibility.

Conclusions: Our results agree with a recent study of varicella susceptibility among immigrants to Montreal, Canada (including refugees), which found that tropical climate, younger age, lower population density, and lower household crowding as risk factors for varicella susceptibility. Awareness of these risk factors for varicella susceptibility should enable targeting of immunization to those most likely to benefit from it.

0292

A Research Framework for Understanding Nutrition Across Refugee Generations

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Abstract

Background: Refugee trauma predisposes refugees and their children to high risk of food-related chronic disease. North American food environments can further heighten risk. The Cambodian community serves as a model for assessing ways to mitigate food-related risk in refugee communities.

Methodology: We use a qualitative and quantitative methodological framework to consider contributors to Cambodian dietary practices across generations (refugee women, 35-60yrs; young immigrants/children of refugees, 15-30yrs). Focus groups (FG) probed food ex-

periences, knowledge, beliefs, and practices (n=10 FG, 65 participants). Cross-sectional surveys queried food experiences, dietary practices, nutrition knowledge, food security and body mass index (n=300).

Results: Strengths: Across groups, participants value vegetable consumption as both culturally important and healthy. Youth show great interest in learning about cultural foods and preparation with peers, sharing through social media. Vulnerabilities: Past food insecurity is related to higher current weight among refugees. All groups experience food insecurity, and young women without strong family support have elevated food insecurity. Participants in households with young children have elevated consumption of fast food and soda. Interventions: Enhancing social interaction for food preparation appears to improve dietary practices. Targeting dietary practices of youth may improve practices for all family members.

Conclusions: Long-term refugee health requires attention to multiple layers and generations of food experiences. Inclusion of both qualitative and quantitative methodologies offers powerful insights, setting the stage for meaningful interventions and practices that can influence long-term health of refugees.

0297

Empowering and Self-Sustaining Community Based Model to Help Newly-Arrived Bhutanese Refugees

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3. Merrymount Children's Centre.

Abstract

Background and Purpose: In the early 1990s, approximately 100,000 Bhutanese refugees of Nepali descent, fled from Bhutan to Nepal due to religious and ethnic persecution. A majority of the refugees lived in UNHCR- administered camps in remote parts of eastern Nepal for over 20 years: this contributed to psychological and emotional trauma.

The Mutual Aid Parenting Program (MAPP) offers weekly workshops which are made possible by the ongoing collaboration between Cross Cultural Learner Centre (CCLC) Merrymount Family Support and Crisis Centre in London, Ontario. MAPP has been developed by a consistent, culturally appropriate, and community-based approach to better meet the mental health and settlement related needs of the Bhutanese refugees. In the workshops, rather than relying on a professional translator, Bhutanese refugees have a cultural broker from their own culture negotiating between them and the facilitator.

Methodology: The purpose of this program is to provide the Bhutanese GAR population (which includes youth and adolescents), with high quality of service through: community participation; service integration, advocacy and coordination. Along with discussing the needs of GARs in relation to their settlement experiences and mental health, we work to identify the best ways to meet their needs through various resources and services. The main purpose of this presentation is to provide a thorough explanation of MAPP as one of the promising practices. This approach creates an interactive and a dynamic model which depends on ongoing input from clients.

W299

Factors Influencing the Mental Health of Refugee Youth, a Case Based Approach

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Abstract

Background: Adolescence is a difficult time as young people have a number of tasks they must complete in terms of maturation and in establishing autonomy. The added pressures of migration, new roles in adapting to a new country and a change in the power dynamics within the family place added stresses on new refugee youth. The introduction to different expectations of sexual maturity and the introduction to high risk exposures that are unfamiliar in the country of origin are confusing as well. These stressors may result in isolation and alienation and sometimes in engaging in high risk behaviours to adapt. Mental health sevices are often inaccessible or not palatable to refugee families.

Methodology: We propose to present several cases for discussion that illustrate the challenges faced by refugee groups and the adolescents and teenagers in these groups. Through an interactive discussion, we hope to look at a variety of responses and community based responses to help engage youth in passing through this time in good health.

Conclusions: Within the context of the workshop, we hope to bring together a group of providers dealing with issues of mental health challenges in refugee youth and look at a variety of caregiving and community responses to arrive at responses we can implement within our communities.

0300

Vitamin B-12 Deficiency in the Bhutanese Refugee Population

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Abstract

Rationale/Background: Between 2008 and 2013, over 70,000 Bhutanese refugees have been resettled in the U.S. and Canada. High rates of hematologic and neurologic disorders caused by vitamin B-12 deficiency have been reported in this population. Chronic vitamin B-12 deficiency can present with irreversible neurological consequences, as well as hematologic, psychiatric, and cardiovascular disorders. The Center for Disease Control (CDC) recommends that all Bhutanese refugees be given supplemental vitamin B-12 and nutrition advice upon their arrival in the United States. Hematologic manifestations are a late clinical sign of vitamin B-12 deficiency. Therefore, a complete blood count (CBC) is not a sufficient screening test. Approximately 5-10 years are required for body stores of vitamin B-12 to become depleted, and the highest incidence of B-12 deficiency has been noted in Bhutanese refugees over 50 years of age. The most likely cause of deficiency in this population is thought to be inadequate dietary intake. Chronic gastritis is a possible secondary cause.

Content: This workshop will define the nature and scope of vitamin B-12 deficiency in the resettled Bhutanese refugee population,

discuss clinical manifestations and implications of the deficiency, current screening methodology and treatment recommendations, and the broader implications of severe nutritional deficiencies in the context of refugee healthcare.

Instructional Methods: Oral presentation, group discussion, case studies

Keywords: refugee; nutrition; vitamin B-12

0302

Adult Refugee Claimants' Experiences Accessing Health Care in Montreal

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2. Intercultural Research and Intervention Team, CSSS de la Montagne

Abstract

This paper presents the findings of a qualitative sub-study conducted as part of a broader investigation on the accessibility and costs of healthcare for refugee claimants following changes to the federal medical coverage for refugees in Canada (IFHP) in June 2012. The sub-study sought to elicit first-person accounts of the experiences of adult refugees accessing healthcare in Montreal, with the goals of identifying barriers to care and documenting the impact of these barriers on the health, wellbeing, and integration of this population. We employed a qualitative methodology involving semi-structured interviews with refugee claimants who had experienced difficulty obtaining health care. Interviews were transcribed and systematically coded for key themes. Data revealed a number of barriers to care, including but not limited to those associated with the IFHP. It was found that bureaucratic requirements (e.g., need to renew coverage) as well as poor understanding of the coverage among healthcare professionals, administrative staff, and refugee claimants have led to situations in which refugee claimants were refused care or charged fees, in violation of their right to free healthcare. Difficulties obtaining appointments and medications were associated with significant distress, with implications for health and integration. This sub-study has brought the voices of refugee claimants into the discussion on rights to healthcare in Canada. The narratives collected illuminate the complex confluence of factors preventing refugee claimants from accessing care as well as the impact these problems may have on the health and wellbeing of these individuals, many of whom will become Canadian citizens.

0303

Bridging the gap between Government Assisted Refugees and the Healthcare System in London, ON: Moving beyond referral

Sherin Hussien1, Bhooma Bhayana2, Joanne Veldhorst3, Jan Jasnos1, Suresh Shrestha1, Amal Mahmoud1, Sali Khalaf1, Mohamed El Khatib1

1. London Cross Cultural Learner Centre
2. Western University, Schulich School of Medicine
3. London Inter Community Health Centre

Abstract

Methodology: This presentation will describe an ongoing partnership between InterCommunity Health Center and Cross Culture Learner Center in affiliation with Western University's Schulich School of Medicine—which has developed an area of excellence in assisting in complex GARs cases through the New Comer Health Project. The presenter will describe the various potential roles of Nurse Practitioners, Medical Doctors, Medical students and Interpreters/Culture Brokers. The presentation will also address the importance of educating GARs about the health system in the right place at the right time.

Impact/Conclusion: At the end of the presentation, audience members will have a thorough understanding of the various roles that settlement and medical community can play in educating and serving Government Assisted refugees. This is a challenging area of providing effective education to GARs in order to aid them with accessing the health care system efficiently. Interdisciplinary collaboration can benefit not only the clients but can also contribute to the experience of practitioners and/or service providers in our diverse culture.

0304

Involving Students in Medicine to Develop a Tool to Help Refugees in the First Year After Their Arrival: Four years of experimentation

Suzanne Gagnon, Clinique santé des réfugiés,
CSSS de la Vieille-Capitale

Abstract

Intro: As a physician working at the Healthcare Refugee clinic in Quebec City, Canada, I notice than few tools were available to help this population

Objective: To develop a practical tool for the refugees newly arrived in Canada we see at the clinic to help them in the first months after their arrival. This tool could be used by a large proportion of the refugees even those who are illiterate. This activity contribute to conscientize these students in Medicine about the difficulties encountered by these people in the first months after their arrival in Canada

Method: This research-action project consists in involving undergraduate students I receive at the clinic for rotations. We have conducted a survey with the health professionals of the Healthcare Refugee clinic and the professionals of the community organism partner in this program. According to the opinions the tool was developed and validated.

Results: Different tools were developed over the four years of experimentation (documents to help them to find the way to go to the health establishments in the Quebec City area; letters to physicians; ID cards; etc). These tools were tested with some refugees, the opinion of the professionals and other people was also asked.

Conclusions: It is possible to develop tools to help newcomers even illiterate. Involving undergraduate students in this kind of project is interesting for them. It gives them an opportunity to be useful for this population.

0313

The Role of Clinical Pharmacists in an outpatient refugee clinic

Shirley Bonanni, Thomas Jefferson University Hospital

Abstract

Background: The responsibilities of pharmacists continue to expand. Pharmacists are more involved with direct patient care and are integral members of a multidisciplinary team in inpatient and outpatient settings. Refugee patients present as a challenge to healthcare professionals due to language and health literacy barriers. Pharmacists can be utilized to assist with medication therapy management, use strategies to provide education and optimize medication adherence.

Objective: To describe the implementation process of a clinical pharmacist and pharmacy practice residents' involvement and their roles at an outpatient refugee clinic.

Methodology: Pharmacy practice residents complete a variety of rotations during their post-graduate year of learning. The outpatient Family Medicine Refugee Clinic sees patients twice weekly. We implemented the clinical pharmacist preceptor and the pharmacy resident on rotation to attend the Wednesday afternoon clinic weekly. The pharmacy team documents interventions performed at clinic hours. Interventions are continuously evaluated in order to identify common themes for education for patients and healthcare providers.

Impact: Feedback from the medical teams has been positive. Documented interventions have shown that pharmacists provided alternative therapies covered by insurance carriers, reduced duplication of therapy, provided patient education, and in some cases prevented potential harm to the patient.

Conclusions and Discussion: Pharmacists provide recommendations on medication therapy management, assess for potential duplication of therapy and appropriateness, and perform patient education. The addition of clinical pharmacy services at an outpatient refugee clinic decrease the burden on physicians.

0316

Refugees and the Affordable Care Act: Promise and Challenges

Malea Hoepf Young, Kentucky Office for Refugees

Abstract

Background: The Affordable Care Act (ACA) has transformed the landscape of US healthcare in all 50 states, but implementation in each varies dramatically. This is particularly clear in the experience of refugees and immigrants, who have unique eligibility statuses that can be overlooked by implementers of these changes at levels from outreach and enrolment staff, to software developers and policymakers. Kentucky has implemented the ACA more successfully than most states, achieving the second-greatest decrease in the percentage of uninsured, but this has come with many challenges.

Methodology: The presentation will briefly introduce the ACA and immigrant eligibility, as well as responses to the program's implementation. In Kentucky, the State Refugee Coordinator's office formed strategy focused on education for refugee communities and resettlement agencies. The strategy also included networking with navigator agencies contracted to provide outreach enrolment strategies. However, during open enrolment, the importance of developing networks of advocacy groups, and partnerships at the state and federal level became critical in addressing system errors and access barriers.

Results: Program activities resulted in a high rate of refugee insurance application approvals, high awareness of insurance opportunities in refugee communities, and high awareness of immigrant and refugee issues and eligibility among enrolment and policy staff.

Discussion: Policy advocacy and local outreach is critical to ensuring refugee access to healthcare coverage. Ongoing work is needed to improve language access, and promote refugee health literacy needed to maximize the benefit of healthcare reform, and ensure healthy lives post-resettlement.

0318

Impact of Parental Factors in Refugee Infant Development

Anne Brassell, Karen Fondacaro, Emily Mazzula (University of Vermont, Connecting Cultures)

Abstract

Background: A substantial portion of the world's refugee population is children under the age of two. Results from case studies suggest that the development of refugee infants is greatly impacted by the coping ability of the care system in response to forced migration, trauma and post-migration stressors. To date, empirical research has not investigated this association. The current study will delineate empirical findings of the association between parental coping behaviours, stress, parenting style, and torture status in relation to infant emotional and cognitive development.

Methods: The design study was implemented using a community-based participatory research framework. A total of 32 families will complete measures assessing parental coping, symptomatology, and torture status. Infant development will be assessed using a standardized assessment tool. Parenting behaviour will be assessed using an evidence-based coding system. Regression analyses will be used to examine variable relations.

Results/Impacts: Data collection is still in progress, but will be fully completed by the conference proceedings. We anticipate that parental torture status, negative parenting behaviours (e.g., hostility), fewer parental coping strategies, and higher parental anxious/depressive symptoms will be related to poorer infant cognitive and emotional development. The findings of this study could greatly impact treatment plans within this at-risk population.

0327

An Audit of Refugee Access to Walk-In and After-Hours Clinics in the Greater Toronto Area After 2012 Cuts to the Interim Federal Health Care Platform

Alexander Caudarella[1], Vanessa Redditt[2], Andrea Evans[2], Richard Glazier[3]

1. University of British Columbia. 2. University of Toronto
3. St. Michael's Hospital

Abstract

Background: In June 2012, the federal government restricted refugee healthcare coverage through the Interim Federal Health Program (IFHP). Anecdotal reports have indicated that the IFHP changes have resulted in confusion and limited access to care.In 2014, Ontario created the Ontario Temporary Health Program (OTHP), intended to bridge care for refugees who had lost IFHP coverage.

Methodology: 18 months following the IFHP cuts, a standardized phone audit was performed of 100 walk-in clinics in the Greater Toronto Area to assess acceptance of IFHP coverage, cost to patients, and recent clinic policy changes regarding the IFHP. A modified audit was subsequently performed 6 months following the introduction of the OTHP for the same 100 clinics.

Results: In December 2013, 89 out of 100 walk-in clinics provided responses.39 (44%) clinics did not accept IFHP, 24 (27%) accepted IFHP conditionally [9am-4pm weekdays or only with certain physicians], and 26 (29%) clinics accepted valid IFHP without restricted hours and with all physicians. In June 2014, after implementation of the OTHP,none of the survey respondents believed their clinicused the OTHP, and only 6 (7%) had knowledge the program existed. Furthermore, there was no change in the acceptance ofIFHP after the implementation of the OTHP.

Discussion: Refugees with valid IFHP papers do not have appropriate access to the majority of walk-inclinicsin the Greater Toronto Area following the 2012 federal cuts to IFHP.The introduction of the OTHP in 2014 does not appear to mitigate these barriers to care for refugees.

Workshop Presentations

W58

Immigrant, Refugee, and Internationally-adopted Children: Evidence-based and culturally-informed guidance on medical and mental health screening

Janine Young[1], Katherine Yun[2], Anna Banerji[3], Paul Geltman[4], Robert Hilliard[5], Cindy Howard[6], Sural Shah[4], Maria Kroupina[6], Gretchen Domek[7]

1. University of Colorado School of Medicine, Denver Health and Hospitals.
2. University of Pennsylvania, The Children's Hospital of Philadelphia.
3. University of Toronto.
4. Cambridge Health Alliance.
5. University of Toronto, Hospital for Sick Children.
6. University of Minnesota.
7. University of Colorado School of Medicine, Children's Hospital of Colorado.

Abstract

This workshop will help pediatricians working with immigrant children and families. A presentation with Q and A will address: demographics; pre-immigration screening procedures for different categories of immigrants (refugees, legal permanent residents, temporary migrants, undocumented, internationally-adopted children); post-arrival healthcare resources for each of these groups; and standards for culturally- and linguistically-appropriate care. Participants will then break out into six small groups, each of which will be mediated by a co-leader. Each group will engage in a case-based discussion focusing on one patient. Each group will review relevant sections of the varied immigrant health guidelines available in North America, Europe, and Australia and review ethnographic summaries describing cultural considerations for providers caring for members of their patient's ethnic or national group. Using these resources, each small group will propose evidence-based recommendations for initial health screening, empiric treatment, and preventive care (e.g. immunization), assuming resources were unlimited. Each group will then discuss how cultural considerations might affect their implementation of these recommendations. Following the breakout session, each small group will report back their evidence-based recommendations and commentary on culturally-informed implementation of these recommendations. Finally, participants will discuss whether and how resource-related constraints might alter the implementation of these recommendations and generate ideas for overcoming these constraints. Throughout these discussions, the workshop will highlight the need for advocacy and research in the health needs of immigrant children.

W64

A guide on culture and mental health for professionals involved in psychosocial support activities related to the Syrian crisis and to Syrians and Syrian Refugees

Ghayda Hassan[1], Laurence Kirmayer[2]

1. University of Quebec at Montreal. 2. McGill University

Abstract

Rationale/Background: This primer, commissioned by UNHCR, aims to inform health and social service providers involved in humanitarian work with people suffering from psychosocial problems related to the Syrian crisis. It is based on an extensive review of literature and regional expertise on the situation of Syrians displaced and refugees, as well as on the cultural influences on the experience of mental illness and psychological suffering, coping mechanisms and resilience of people affected by the Syrian crisis.

Content: This Workshop has three main objectives: (1) Inform about the current situation of Syrians, Syrian displaced and refugees in terms of health, mental health and psychosocial conditions; (2) Provides practitioners with specific information and guides on the cultural influences and expressions (explanatory models, idioms of distress) of mental illness and psychological suffering, help-seeking behaviour, coping mechanisms and resilience for individuals affected by the Syrian crisis; (3) Inform professionals involved in humanitarian work about the religious/cultural treatment practices and expectations, as well as about barriers to accessing care for people affected by the Syrian crisis.

Instructional Methods: The instructional methods to be used during this workshop are: (1) a power point presentation; (2) Case discussions; (3) Distribution of the UNHCR primer and of all support material available for practitioners; (4) Exchange on the relevance for practitioners of the idioms of distress and local expressions tables developed by the primer team; (5) Exchange on the relevance of developing similar primers for other populations living in crisis.

Keywords: Mental health and psychosocial support, Syrian crisis, Culture.

W75

From Clinic to Community: Applying Medical-Legal Partnership Education, Services and Advocacy Model to Improve Refugee Health

Anne M. Ryan, Colleen Cagno (University of Arizona Dept. of Family & Community Medicine, Tucson Family Advocacy Program)

Abstract

Background: Novel approaches to delivery of both medical and legal services are required to impact refugee health. Strategic collaborations can expand the reach of critical services and provide opportunities for interprofessional education and practice. The Tucson Family Advocacy Program (TFAP) in the University of Arizona's Department of Family & Community Medicine is a partnership of healthcare providers and lawyers working together to improve patient health. Over 60% of referrals for medical-legal services are for refugee patients. Recognizing the barriers many refugees face in navigating medical and legal systems, TFAP helped develop and implement a multi-faceted curriculum to improve healthcare for refugees. The curriculum includes training resident physicians on screening and advocacy opportunities to address common health and legal issues; training community partners to help refugees advocate to prevent legal problems that impact health; community medicine rotation and presentation experiences for resident physicians; and group prenatal visits for refugees incorporating medical and legal education.

Content: Using our curriculum as a model, the session will explore ways to expand community outreach and clinical programs to address refugee health. Participants will learn howto identify strategic community partnersto help develop and sustain multi-disciplinary services; incorporate community education and service experiences to enhance resident training; and use unique clinical models to deliver interprofessional services for refugees.

Instructional Methods: Overview of interprofessional clinical programs. Small group exercise using case examples of refugee patients to identify medical-legal issues and potential community partners to help deliver multidisciplinary services. Small group reports to participants. Resource handouts.

W106

Chronic Traumatic Stress (CTS): A novel framework moving beyond the PTSD diagnosis and guiding assessment, intervention, and policy for refugees and survivors of torture.

Emily Mazzulla, Karen Fondacaro (The University of Vermont; New England Survivors of Torture and Trauma)

Abstract

Rationale and Background: A wide range (14-92%) of refugees and survivors of torture seeking services receives a diagnostic label of PTSD. The current diagnostic system presents a challenge for clinicians and researchers dedicated to comprehensive assessment, diagnosis and treatment of refugees and survivors of torture. While some refugees and torture survivors technically meet diagnostic criteria for PTSD, others fall below clinical thresholds. Regardless of symptom constellation or clinical cut-offs, existing theoretical frameworks do not guide culturally sensitive assessment and treatment. Further, the pathologizing nature of the PTSD framework with its focus on individual responses ignores the pervasive social, cultural, and ecological factors often plaguing refugees.

Content: Data will be provided regarding rates of PTSD from 136 refugees and survivors of torture receiving services at our outpatient clinic. Results support our conceptualization of Chronic Traumatic Stress (CTS). CTS is not a disorder but rather the experience of persistent traumatic event(s), both past and continued, which occur at any point across the lifespan, with sequelae that are perceived by the individual as impairing, regardless of symptom constellation or thresholds. Participants will be introduced to this novel framework and engage in discussion regarding its usefulness with refugees and others from war torn societies. Participants will also learn how to use this non-pathologizing conceptualization to guide assessment, treatment and policy decisions.

Instructional Methods: The workshop will include a didactic component with vignettes and group discussion. Our intervention protocol will be used as a guideline for incorporating the CTS conceptualization into clinical practice.

W112

Physical Exam Findings Among Survivors of Torture

Angel Narendra Desai, Mahri Haider
(University of Washington Department of Internal Medicine)

Abstract

Background: The World Medical Association Declaration of Tokyo of 1975 defines torture as the "deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession,or for any other reason." Currently, an estimated 5-35% of refugees have suffered torture in their countries of origin. Primary Care providers are often the principal caregivers for survivors of torture, however few receive basic training in identifying such patients.

Content: The objective is to introduce health care professionals to physical exam findings related to sequelae of torture. The go

Rationale/Background: Each refugee population comes with individual needs and priorities. One of the best ways to address these differences is to conduct health needs assessments. The literature is rich with research describing health needs assessments to be successful ways to systematically ensure the health of a population is served in the best way (Wright, Williams, & Wilkinson)

W132

Trauma Informed Practice with Refugees in Resettlement: Developing a deeper perspective Using a Critical Thinking Model

Susan Heffner Rhema, University of Louisville

Abstract

Background: Trauma informed practices, an essential element of any refugee program, is defined primarily as changes to the envi-

ronment or considerations to enhance a refugees' sense of safety. The limited resources applicable to refugee work lack clarity on the need for providers to recognize how their own perspectives and experiences impact our work. Moving beyond the environmental elements trauma informed practice requires that we reconsider how our basic assumptions, our operating behaviours and our own trauma experiences impact our refugee relationships. The methods inherent in trauma informed practice serve to strengthen our capacity to break through barriers embedded by the effects of trauma. Improved skills in trauma informed practice improve both safety and capacity building for refugees, as well as, management of our own self-care.

Content: Creating a new lens through which to view trauma informed practice includes an overview of the key principles as they relate to refugee trauma, an exploration of a model of critical thinking as it applies to the re-examination of our perspective of the refugee experience, and a discussion of the relational skill set necessary to more effectively engage the refugee trauma story.

Model: Using the principles of trauma informed practice and a critical thinking model, a review of case examples reveals both the challenges of, and alternative perspectives necessary for work with refugees. Discussion of refugee scenarios leads to the identification and practical application of a set of skills that enhance our work and the development of refugee capacity.

W157

Improving Medication Adherence Rates and Decreasing Treatment Burden on Physicians – An interdisciplinary model through the use of advanced practice pharmacists

Kimberly Carter[1], Christine O'Leary[2], Joseph Garland[3], Marc Altshuler[4], Kevin Scott[4]

1. Jefferson School of Pharmacy; Penn Presbyterian Hospital, Penn Center for Primary Care.
2. Jefferson School of Pharmacy; Jefferson Center for Refugee Health.
3. Penn Presbyterian Hospital, Penn Center for Primary Care.
4. Jefferson Center for Refugee Health.

Abstract

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. This addition of a clinical pharmacist alleviates physician burden; allowing more time for diagnosing and clinical assessment. 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 Christine O'Leary are clinical pharmacists and faculty at the Jefferson School of Pharmacy who have established their own unique refugee practices within two major health system clinics (Penn and Jefferson). Patients are scheduled with the pharmacist to receive counselling on medication indications, administration, adverse drug effects, drug-drug interactions, and the importance of medication adherence. Additionally, patients are educated on the prescription refill process. Through the use innovative tools, adherence rates in these clinics have increased and patient harm has decreased due to pharmacist intervention.

Among conditions managed, latent tuberculosis infection (LTBI) has become a unique niche that both pharmacists have focused on to improve treatment adherence rates. LTBI completion rates have nearly doubled in both clinics; in addition, approximately half of these patients would not have been able to successfully complete therapy without a clinical pharmacist's intervention.

W160

Perinatal Care for Uninsured Migrant Women in Montreal: Everyday challenges faced by volunteer doctors, nurses and social workers from Médecins du Monde (MdM – Doctors of the World)

Zoé Brabant, Marie-Jo Ouimet, Véronique Houle, Camille Gérin, Marie Munoz (Médecins du Monde)

Abstract

Background: Perinatal care is one of the most essential health services because of its known benefits for both the mother and the child to be born. Yet it is one of the most challenging to provide to uninsured migrants, who include failed asylum seekers as well as other vulnerable migrants in the broader refugee category such as people fleeing their country for political, economic, or personal reasons. The challenges include complexity of perinatal care, its links with sensitive topics like medical tourism and child's rights, and financial barriers for migrants. Recent cuts to the Interim Federal Health Program for asylum seekers have further limited access and increased administrative constraints.

Objectives: To introduce Médecins du Monde's intervention in perinatal care in Montreal and abroad, and to describe the population served. To discuss with participants the main challenges & issues in the field of perinatal care for undocumented migrants, including absent or deficient services, intertwined issues such as medical tourism and child's rights, and financial barriers for migrants. To consider possible solutions in the current Canadian immigration and healthcare system contexts.

Key points: Perinatal care represents one of the major gaps in healthcare for the uninsured migrant population. Related challenges are numerous and complex. No simple solution exists, yet more could be done.

Instructional methods: Brief presentation of Médecins du Monde's intervention in Montreal and abroad. Small groups debate followed by interactive big group discussion of the main area of concern, as well as possible solutions.

W163

Facilitating Three-way Conversations: Understanding best practices in mental health communication and interpretation with refugee communities

Mansha Mirza[1], Elizabeth Harrison[1], Hui-Ching Chang[1], Dina Birman[2], Corrina Salo[1]

1. University of Illinois at Chicago. 2. University of Miami

Abstract

Rationale: Pre-migration trauma and post-migration stressors put refugees at high risk for mental health concerns. However, limited English proficiency poses a significant barrier for refugees seeking mental health treatment. Using interpreters is a useful strategy to facilitate mental health communication with refugees. However, several challenges exist. First, providers are seldom trained to work effectively with interpreters. Second, standard medical interpretation training does not address the minutiae of mental health encounters. Finally, no standards exist for mental health interpreting.

Content: In response to these challenges, we carried out a research study examining language interpretation with refugees during mental health encounters. We assessed eight interpreter-mediated counseling sessions focusing on substance use involving Arabic or Nepali-speaking refugees. Sessions were videotaped and observed in real time. After each session, we conducted video-elicited interviews with the clinician, interpreter and client about the session. We completed qualitative thematic analysis of the videos and interviews to identify communication facilitators and barriers and strategies for best practice. This interactive workshop will describe our research context, methods and findings, and engage the audience in discussion dissecting the intricacies of interpretation in mental health settings.

Objectives: (1) Identify common communication pitfalls and safeguards during mental health encounters with refugee clients. (2) Describe best practice strategies for mental health providers and interpreters to maximize effective communication. Key points are the importance of provider-interpreter debriefing, and the importance of taking an active role in facilitating communication.

Instructional Methods: Didactic presentation of research, viewing and guided discussion of clinical video clips, small group brainstorming on best practice recommendations.

W169

Refugee Women Speaking Out

Lubna Khalid, Junic Wokuri, Anju Nair, Sadia Khan
(Working for Change - Women Speak Out)

Abstract

Summary: We will be discussing an innovative model for leadership training that involves women marginalized by poverty, homelessness, domestic violence, mental health issues, newcomer and refugee challenges. This intensive12 week program uses a gender lens to explore social justice issues and enable marginalized women to gain new skills or enhance existing ones, learn from each other and become agents of social change.

Rationale/Background: Women Speak Out's goal is to provide women from diverse backgrounds with an opportunity to talk about their experiences of marginalization, gain strength from each other, and learn to use their experiences in positive ways to educate and inform.

Content: The session will provide an overview of the training process from the perspective of women refugees who have been involved in Women Speak Out. Junic fled from Uganda after death threats for her work in the LGBT community there. Sadia and Anju escaped domestic violence in Pakistan and India. Lubna, the Coordinator of the program, immigrated from Pakistan. We will describe what we have learned from the training process, the impact it has had on our lives, and how we are working in our communities in order to bring about social change.

Instructional Methods: To engage participants in a discussion about our work; To encourage replication of the Women Speak Out methodology; To create change from the bottom up. Our session is very relevant to North American Refugee Health Conference as it is a direct example of grassroots activism and mobilization.

W171

Needs Assessments within the Refugee Community

Brittany DiVito, Gretchen Shanfeld, Jarett Beaudoin
(Nationalities Service Center)

Abstract

Rationale/Background: Each refugee population comes with individual needs and priorities. One of the best ways to address these differences is to conduct health needs assessments. The literature is rich with research describing health needs assessments to be successful ways to systematically ensure the health of a population is served in the best way (Wright, Williams, & Wilkinson, 1998). Nationalities Service Center, a refugee resettlement agency in Philadelphia, has conducted various small-scale needs assessments to address different needs. These have ranged from: general health, women's health, pregnancy, geriatric, pharmacy, and dental. There have also been needs assessments targeted at specific populations. Each of these types of needs assessment gave insight allowing for valuable adjustments to best practices. Even on a small scale, these give an agency the ability to learn cultural needs and concerns that current research cannot provide.

Content: The objective of this workshop is to provide the tools and knowledge to perform needs assessments in various organizations. This will be done through: discussion of the importance and benefits of needs assessments, examples and best practices, and how small-scale needs assessments are still useful.

Instructional Methods: This workshop will focus on sharing examples of small-scale needs assessments from a resettlement agency, how the needs assessments have changed best practices in this setting, and a discussion on how these can apply to other organizations.

W188

Geriatric Assessments in Older Refugess

Neesha Patel, Kathryn Beldowski, Brooke Salzman
(Jefferson University, Department of Family and Community Medicine)

Abstract

Rationale/Background: The Center for Refugee Health (CRH) has served refugees of all ages in Philadelphia, PA. Since 2007, 89 of the 1,066 patients were 60 and older. A retrospective chart review showed that quality measures in older adults, including geriatric

syndromes, were not adequately assessed. This prompted the development of a culturally appropriate comprehensive geriatric assessment (CGA) toolkit to better address the unique needs of this vulnerable population. CGAs were piloted using the toolkit with an interdisciplinary team. This case-based, interactive workshop will focus on understanding the needs of older, refugee patients, administering evidence-based tools involved in CGAs, and troubleshooting common issues.

Content: Learning objectives: (1) identification of domains addressed in an assessment, including cognitive and mental health, falls risk, functional status, nutrition, polypharmacy, caregiver health and advanced care planning; (2) understand how to appropriately administer the tools; (3) be able to implement the toolkit in a primary care setting; attendees will also be able to recognize and work around potential barriers that may arise.

Instructional Methods: The attendees will be divided into small groups and work through patient cases together to prevent, identify or treat geriatric syndromes. (1) Large group presentation (15 min) Background regarding quality measures for the care of older adults, the unique needs of older refugees, and an evidence-based toolkit for CGAs. (2) Small groups for case-based discussions (15 min) (3) Action planning to assist implementation at different institutions (10 min). (4) Questions (5min).

W203

Treatment of Latent Tuberculosis: navigating agent choice, practical use and common barriers to therapy completion

Alexandra Molnar, Adelaide McClintock, McKenna Eastment (University of Washington School of Medicine, Harborview Medical Center)

Abstract

This 45 minute interactive session will provide background on the demographics of latent tuberculosis infection (LTBI) in North America, discuss approaches to diagnosing LTBI in primary care and public health, and provide participants with decision-making tools for understanding which patients are likely to benefit from treatment. Additionally, we will discuss risks and benefits of traditional and novel therapies for LTBI, including nine months of INH, 4 months Rifampin and the novel INH-Rifapentine regimens. The workshop will also have interactive cases to provide tools and problem-solving skills for navigating treatment in the face of common side effects and barriers to completion. Evidence from a multi-clinic study will be shared regarding innovative adherence models that are practical and low cost in a primary care and public health.

Session Goals: by the end of the session, participants will be able to:

1. Guide a patient to decisions about treatment
2. Select the optimal LTBI treatment regimen for a variety of patients
3. Name 3 ways to improve adherence to LTBI treatment

Session Agenda:

- 5 minutes: Brief Introductions and poll of audience
- 15 minutes: Didactics on screening for LTBI, tools, treatment options.
- 15 minutes: Case example questions and discussion with audience response/polls or small group discussions depending on availability at conference. Cases will specifically address: choosing optimal treatment regimen, management of non-adherence, management of common side effects and adverse reactions.
- 5 minutes: Review of current data from multi-clinic study
- 5 minutes: Questions and Evaluation of session.
- 45 minutes total

W205

Integrating Mindfulness and Mind Body Skills into practice with refugee communities: Experience a theoretically grounded and replicable model

Susan Rhema, University of Louisville

Abstract

Background: The experience of trauma is encoded in our minds in a different manner than other memories. Mindfulness practices allow each person to develop awareness and control of body sensations that reduce the impact symptoms of traumatic stress. Widely supported these practices, however, are based in a non-Western medical model that is not part of the training of practitioners in North America. Even practitioners who practice mindfulness report being at a loss as to how to apply these methods to use with refugee groups. And the dearth of literature supporting the use provides limited practical help with how and where to begin.

Content: Based in a theoretical foundation of mindfulness practice, a series of activities that has been successful used with refugee groups provide a model for using mind body methods. Improved understanding of the underlying theoretical foundation of mind body practices with refugees will expand the practitioner's capacity to use several easily applied methods.

Model: Using an experiential approach the workshop will provide participants with the experience of a mind body group session that can be replicated. Workshop handouts will provide the didactic information and the theoretical framework to support the use of mindfulness with refugees. The experience will conclude with a time for questions and response.

W206

Managing Hepatitis B in Primary Care

Robin Councilman, NorthPoint Health and Wellness Center

Abstract

Background: In the U.S. Hepatitis B is most commonly viewed as an infectious disease which spreads through needle sharing or sexual activity. However, as our clinic populations include more patients of immigrant and refugee origin, data shows we are overlooking those at risk for chronic hepatitis B. In some of our Asian and African refugee communities, as many as 1 in 9 patients have chronic hepatitis B and a significant percentage of those (in some groups as many as 90%) are not aware that they are infected with hepatitis B. Without proper screening and diagnosis, these patients are

not receiving appropriate follow-up and treatment, putting them at markedly increased risk for cirrhosis and hepatocellular carcinoma.

Content: This talk will look at the barriers to screening and follow-up both within refugee communities and within the healthcare system and discuss approaches to improve rates of screening, follow-up, and treatment in at-riskrefugee groups. At the end of the talk: (1) Participants will be able to identify common refugee groups at increased risk for chronic Hepatitis B, (2) Participants will understand the differences in transmission and course in chronic Hepatitis B compared to acute Hepatitis B, (3) Participants will understand how to identify patients at risk for chronic Hepatitis B in their own patient populations and know how to screen and follow those patients

Methods: Talk with case examples

Keywords: Hepatitis B, primary care, perinatal transmission

W249

Student Leadership in Working with Socially Disadvantaged Populations: A case example of the University of Ottawa's Refugee Health Initiative Community Service Learning Program

Manisha Hladio, Rebecca Warmington, Ellen Snyder, Nicholas Martel, Luana Farren-Dai, Tanzila Basrin, Sitelle Cheskey, Hernan Franco, Kevin Pottie, Doug Gruner (University of Ottawa)

Abstract

Rationale/Background: Many medical students have an interest in gaining hands-on experience and developing skills to work with socially disadvantaged populations. There is tremendous potential for students to do so while providing meaningful community service. Under the supervision of the Canadian Collaboration for Immigrant and Refugee Health, and in partnership with the Catholic Centre for Immigrants, University of Ottawa medical students continue to develop their refugee health program with aims to: Empower and engage student leaders in refugee health Provide training on competent patient-centered care across cultures Work with community partners to serve needs of local refugees

The success of this model of student leadership and community engagement over the past ten years demonstrates its potential value at other sites.

Content: (1) Outline history of refugee health programs at the University of Ottawa, highlighting program development and key partnerships; (2) Simulate how this program works and its potential value to other sites; (3) Demonstrate how students can improve delivery of care in innovative ways

Instructional Methods: A didactic overview of the history of the refugee health program at the University of Ottawa will be given. A simulation of how the program works will follow. In a breakout session, small groups of participants will then be tasked with creating programs/products to address specific needs. We will reconvene to review ideas, discuss other existing programs and consider how participants can apply this model of student leadership, innovation and community engagement within their own schools.

Keywords: Education, community-service, student leadership

W250

I Screen. You Screen. We All Screen for Anemia in Refugees: What to do when we find it.

Peter Cronkright[1], Mahli Brindamour[2]

1. SUNY - Upstate Medical University. 2. University of Saskatchewan.

Abstract

Background: The WHO estimates that 50% of the cases of anemia are due to iron deficiency, and iron deficiency is the most common nutritional deficiency globally. The CDC recommends screening resettled refugees for Iron Deficiency Anemia (IDA), while Canadian guidelines advise to test women of reproductive age and all children aged 1 to 4 years of age. However, the prevalence and aetiology of IDA varies among population groups and regions. Evidence-based literature that is specific for the various refugee populations is lacking. Clinicians are often left practicing standards of care and applying guidelines that are based on their local population rather than specific to the refugee's country of origin.

Content: Workshop participants will weigh-in regarding the "best practice" options for assessing and managing the refugee with IDA, while the presenters - a Canadian paediatrician and US internist – vary the clinical scenario.

Instructional Methods: Case-based learning that prompts clinical questions, such as; do all refugees greater than age 50 with IDA require pan-endoscopy? Which children need iron supplementation and which ones need further thinking from clinicians? We welcome your active participation in a workshop that should be anything but anemic.

Keywords: anemia, nutritional deficiency, refugees

0255

Towards Closing the Communication Gap in the care of Refugee Patients: A Passport for Crossing Barriers and Another One for Health

Bhooma Bhayana, Schulich School of Medicine and Dentistry

Abstract

Context: There are many impediments to achieving equitable health outcomes for new refugees. In addition to health risks resulting from the migration trajectory, there are many systemic barriers to achieving good care. Language is the greatest barrier to achieving communication. In addition, barriers related to health literacy are also barriers. Being accustomed to a patriarchal health care system may also lead to reticence in vocalizing concerns and in advocating for one's needs. In our experience at the Newcomer Health Program in London, we encountered many anecdotes of delayed care predicated on miscommunication resulting from these barriers.

Method: The passport is a concept understood and essential to those crossing international boundaries. This concept was expanded in piloting the "Health Passport gof health care providers and agencies involved. A passport was devised and its use implemented in the initial orientation for newly arriving refugees. The passport was carried to all appointments and providers recorded a brief summary of their encounter. The passports were evaluated for frequency of use as well as in a follow up focus group of providers

to evaluate their usefulness as a clinical tool. The tool was in wide and frequent use at the end of its implementation. Providers reported that its use avoided duplication of services and also that the information relayed in the passport directed them to appropriate care decisions.

Impact/Conclusions: We will explore the usefulness of this tool and look at steps involved in implementing and expanding this strategy to enhance communication

W262

Community Health Outreach Program - Building Healthy Communities for and by Refugees

Isabelle Darling[1], Nermeen Tahoun[2], Alexandra Webber[3]

1. International Institute of New England. 2. Boston University.
3. International Institute of New England.

Abstract

Rationale/Background: Resettlement is meant to stabilize people who have experienced the worst in human behavior. While reception and placement services provide basic necessities the daily stressors of post-migration impacts the health and well-being of refugees. This workshop will review daily stressors from social isolation to financial instability, and demonstrate how refugees who have access to social support, leadership opportunities, and pertinent tools and tips generated frompeers can both survive and also thrive during the initial resettlement period. This workshop will explore the International Institute of Lowell's "Community Health Outreach Workers Project" where refugee community leaders from Iraq and the Democratic Republic of Congo are trained on topics of post-migration stressors and identify tools to aid other refugeeswith the earliest stepsin building asuccessful life in America. Through the CHOW Project, Health Outreach Workers (HOWs) co-facilitate workshopsthat normalize early resettlement stressors, describe various coping mechanisms, highlight cultural resiliencies, and describe ways in which resettlement agencies can aid in decreasing stressors for refugees by increasing refugees' access to overall community health resources. If depression among refugees has been more strongly related to poor social support than to trauma exposure, Gorst-Unsworth and Goldenberg (1998), then infusing community based health groups into the resettlement process can aid in the overall quality of life of refugees.

Objectives: Discuss the role of peer community health programs. Identify social support as a critical tool for overcoming daily stressors for refugee communities. Explore implementation strategies for program implementation in your community.

W269

Rheumatic Heart Disease: Is it on your differential diagnosis?

Alisha Hemraj, Peter Cronkright (SUNY - Upstate Medical University)

Abstract

Background: Rheumatic heart disease (RHD) is a disease of poverty and remains a major cause of cardiovascular disease in the regions of refugee emigration. For adults less than age forty in endemic countries, RHD is the leading cause of heart disease and often results in heart failure. More than 2 of 3 children with acute rheumatic fever develop chronic valvular disease, typically years after the acute episode.

Content: Echocardiogram screening has been recommended in areas endemic for rheumatic fever but is not typically part of the domestic medical exam for refugees from such regions. Clinicians should assess all refugees for heart murmur but is our stethoscope exam enough or should we perform screening echocardiograms? Is a refugee's dyspnea during emotional stress due to a panic disorder or mitral stenosis?

Instructional Methods: Join workshop participants in a case-based review of a RHD, a disease that was commonly diagnosed by past generations of clinicians and now challenges the clinical skills of refugee providers.

Keywords: rheumatic fever, rheumatic heart disease, echocardiogram

W271

Building Effective Research Collaborations for Refugee Health

Leela Kuikel[1], Katherine Yun[2], Suzinne Pak-Gorstein[3], Elizabeth Dawson-Hahn[4], Yogendra Shakaya[5], Peter Cronkright[6], Paul Geltman[7], Sural Shah[7], Genji Terasaki[8], Anna Banerji[9]

1. Bhutanese American Organization.
2. Children's Hospital of Philadelphia, Philadelphial Policy Lab.
3. University of Washington, Harborview Medical Center, Department of Pediatrics.
4. University of Washington, Seattle Children's Research Institute, Seattle Children's Center for Diversity and Health Equity.
5. Access Alliance, Dalla Lana School of Public Health.
6. SUNY Upstate Medical University.
7. Cambridge Health Alliance.
8. University of Washington, Harborview Medical Center, Deptartment of Internal Medicine and Pediatrics.
9. University of Toronto, Faculty of Medicine, Global and Indigenous Health.

Abstract

Rationale/background: There is a need to build both academic – academic collaborations and academic-community collaborations to develop feasible, generalizable, and meaningful research studies about the health of refugee populations. Building on a successful workshop from the 2014 NARHC, we will provide training for students, junior investigators, and primary care providers seeking to develop collaborative relationships for carrying out low-risk, high-yield research projects.

Content: We will outline the research logistics to collaborate on and conduct two common study designs: retrospective medical record review and cross-sectional surveys. We will also provide models as well as practical tips and tools for initiating and developing community partnerships to carry out research projects, and to address common challenges that may be encountered. We will outline the key areas in research management: IRBs, data security and management (including storage and de-identification), data ownership and use agreements, and equity in community-partnered research.

Instructional Methods: 1. A brief review of research design and key areas in research management will set the table for active discussion (20 min). 2. Attendees will break out into two (or more) facilitated groups each with 6-8 participants to complete a table-top

exercise that will guide participants through each step in initiating and managing a typical, low-risk research protocol. Each group will focus either on a) medical record review or b) cross-sectional surveys in collaboration with community organizations (20 min).

Keywords: collaboration, research, community

W272

The Ethno-Cultural Program at the Society for Manitobans with Disabilities: "Navigating the spaces between" - Cultural Brokering in the disability, health and social service sectors

Traicy Robertson, Society for Manitobans with Disabilities

Abstract

The Society for Manitobans With Disabilities, (SMD), is a not for profit agency in Manitoba providing services to improve the quality of life for persons with disabilities. The vision of SMD is "a community that supports the independence, participation and empowerment of persons with all abilities."

People with disabilities from ethnic communities experience additional challenges when accessing programs and services. Many research studies on disability have indicated that it is the presence of barriers, rather than the characteristics of disability that hinder access to employment, community services and participation in community life. The challenge of access is compounded when they do not speak the language of the majority or understand the majority's customs and culture. (Georgetown University, 2004)

Established in 1997 to ensure equitable access to services for the growing newcomer and refugee population, the Ethno-Cultural Program was developed on the basis of cultural brokerage. The staff utilize their multiple language skills; their ability as interpreters, both literally and culturally; their ability to mediate and manage conflict; and their ability to advocate on behalf of their consumers. They work to bridge the cultural gap of understanding in the disability, social services and health care field. The ultimate goal is that their consumers are able to make independent, informed choices on their own care or the care of a loved one.

This workshop will discuss the challenges and benefits of cultural brokerage programs, and their essential role for refugees in the disability, health and social service sectors.

W283

Enhancing Social and Health Supports for LGBT Refugees: Using intersectionality, cultural safety and community-based research

Sharalyn Jordan[1], Anna Travers[2], Kathleen Gamble[3]

1. Simon Fraser University.
2. Rainbow Health Ontario.
3. York University, Envisioning Global LGBT Human Rights Project.

Abstract

Rationale/Background: Refugees who have experienced homophobic or transphobic persecution face distinct social, health, and legal challenges during their refugee claim and settlement. The ENVISIONING LGBT human rights project sought out the perspectives of Toronto-based health and social service providers and LGBT refugees to understand these challenges, and generate a view of how LGBT refugees navigate social, health, and legal supports. This workshop shares findings from this community-based research project with the aim of generating dialogue on enhancing the accessibility, cultural safety, and responsiveness of social and health services for LGBT refugee claimants and refugee newcomers.

Content: Workshop participants will develop an awareness and understanding of: impacts of homophobic and transphobic persecution on mental health, including implications for help-seeking. challenges of accessing and navigating community and social services for lesbian, gay, bisexual refugees the challenges of gender diverse or trans identified refugees in navigating healthcare and social services

We will use the lenses of intersectionality to understand these challenges, and cultural safety to discuss their implications for health and social service providers.

Instructional Methods: After an overview of findings from focus groups conducted with service providers and LGBT refugees, the workshop will use narrative case studies to generate dialogue on enhancing the cultural safety and responsiveness social and health services.

W308

Refugees living with Chronic illness: A Growing Concern

Danielle Kenyon, Nicole Nitti, Akm Alamgir (Access Alliance Multicultural Health and Community Services)

Abstract

Background: Health research with refugee populations and clinical practice guidelines have primarily been focused on communicable diseases with little attention on chronic condition. The global rise in chronic disease prevalence increases the likelihood that refugees will present in Canada with pre-existing conditions. The Chronic Care Model (CCM) adopted by Ontario, and many other jurisdictions, is a validated framework for managing chronic disease management. This growing evidence underscores the need to develop best practices on chronic disease management (CDM) for refugees.

At Access Alliance Multicultural Health and Community Services, refugee clients comprise 26.2% of total clients but are overrepresented (36.1%) in clients living with chronic diseases.

Content: Objective: To review current evidence in the context of data and experiences from our rostered panel of refugees living with chronic disease and stimulate strategic discussion on how the CCM can be applied to refugees.

Key points: Identify barriers that prevent optimal chronic disease management; leverage strengths to enhance self-management in refugee populations Knowledge sharing highlight strategies supported by evidenced based protocols to collaboratively develop concrete strategies that can be applied in a primary care environment To initiate a network of organizations and providers to continue in the development of research to enhance best practices in CDM within refugee population

Instructional Methods: Review of the Chronic Care Model, and presentation of findings from an Access Alliance internal chart review of refugees living with chronic illness Interactive case presentations to highlight barriers to successful CDM Small group discussions focusing on strategies to overcome barriers identified

W309

Refugee Screening to Medical Home: An Integrated Model

Jan Jenkins[1], Christine McLemore[2], Adaobi Iheduru1, Laura Ramzy1, Angela Haas2

1. Colorado Refugee Wellness Center. 2. Metro Community Provider Network.

Abstract

Background: Research indicates refugees experience health disparities and barriers to healthcare (1). Inadequate healthcare prior to U.S. arrival contributes to complex medical conditions. Trauma leaves refugees at risk for psychological distress which can affect physical health. Culture-bound medical and psychological conditions can present complex diagnostic and treatment dilemmas and difficulty determining the contribution of physical and mental health factors. Integrated mental health and medical screenings and treatment are effective (2). Navigators from refugees' countries of origin and offering multiple services in a single location reduce barriers to care. The Colorado Refugee Wellness Center (CoRWC) uses this approach and is a partnership of: Metro Community Provider Network, Aurora Mental Health Center, and the University of Colorado Department of Medicine.

Content–Objectives: (1) Review fully integrated team-based approach of CoRWC for screenings and establishing care; (2) Highlight benefits and complexities of collaborating across organizations. Key Points: (1) Integrated care ensures holistic screening and healthcare. Team-based approach improves communication and cultural adaptation of services; (2) Effective partnerships across organizations are useful, but not without complexities. (3) Multiple services at a single location address psychosocial determinants of health disparities.

Instructional Methods: 20 minutes- Review model and partnerships of CoRWC; 15 minutes- Review lessons learned, examples; 10 minutes-Questions and discussion.

Keywords: Integrated Refugee Screening

W314

Achieving a Truly Universal Healthcare System: How You Can Join the Struggle Towards Health for All

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1. Inner City Family Health Team, Health for All organization.
2. University of Toronto, Department of Psychiatry.

Abstract

The refugee health cuts of 2012 saw an unprecedented mobilization of the health sector across the country, and sent a clear message that healthcare providers, policymakers and workers believe in health for all people in Canada, irrespective of immigration status. At this point, we continue to fight for the restoration of the original Interim Federal Health Program, while also advocating for access to physical and mental health care for the 500,000 who are uninsured due to their immigration status. The cuts to IFH come along with a broader trend of regressive policies that impact the health of migrants.

Join us to: (1) Get an overview of the immigration system and recent policy changes that further jeopardize people's health and access to healthcare; (2) Learn about advocacy initiatives including victories achieved in the fight for health for all; (3) Learn about strategies for changing policy and how you can get involved in upcoming campaigns to make Canada's healthcare system truly universal.

W328

Refugees and Supplemental Security Income

Jarett Beaudoin[1], Meera Siddharth[2]

1. Nationalities Service Center. 2. Children's Hospital of Philadelphia

Abstract

Background: In the United States, Supplement Security Income (SSI) is one of the keystone benefits provided to people living with disabilities, often providing a large portion of an individual's household income. Refugees with disabilities are faced with unique barriers to accessing these benefits, and oftentimes go years without receiving any assistance. On arrival, individuals face poor documentation of their medical history and limited knowledge of the application process, which can significantly decrease their chances of an initial approval. Financial pressures also have an impact, causing many refugees to apply before they have secured proper documentation. Consequently, clients are often rejected and must undergo a long and complicated appeals process. Many of these appeals actually become approved, as the percentage of SSI recipients originating from refugee-sending countries is almost four times the national average.

Content: Both social workers and physicians working with refugee populations are vital to the application process, but oftentimes lack sufficient knowledge in order to assist clients in securing benefits. This workshop will act as an overview of the application process, including best practices for both social workers and physicians in advising and supporting newly arrived refugees. The presentation will include an overview of SSI requirements and the SSI application and appeals process as well several case studies.

Instructional Methods: The first thirty-five minutes of the workshop will be presented in a lecture format for a general overview and best practices. Following the lecture, there will be a ten minute Q&A session and group discussion.

W329

Supporting Older Adult Survivors of War and Torture

Teresa Dremetsikas, Rosemary Meier, Sidonia Couto
(Canadian Centre for Victims of Torture)

Abstract

Rationale/Background: The workshop is geared towards assisting health care providers, and frontline workers, such as settlement

and social workers, understand the health and mental health needs of older adult refugees who have survived war and torture in their country of origin. The session will describe the impact of trauma on refugee health and mental health in later life, the unique challenges that older refugees face during settlement and adaptation, and provide perspective in navigating Canadian health and social services, to meet these challenges. The workshop will also explore best practices in supporting older survivors to heighten their resilience and empowerment, using holistic and capacity-building approaches which enhance their rehabilitation and integration into Canadian life. The session will be interactive, using case studies, and small and large group discussions, to enhance learning and practical skills.

Content: Objectives are to enhance knowledge and understanding of: (1) Health, mental health, and settlement needs of older adult survivors of war and torture, (2) Challenges experienced by older survivors, (3) Best practices to enhance resilience and empowerment of older survivors

Instructional Methods: Through case studies, and small and large group discussions, participants and presenters will engage in the sharing of knowledge to enhance the competency of service providers who work with this population group.

Keywords: torture, older adults, mental health

W343

Evaluating Preconception Health Literacy for Refugee Women

Crista Johnson-Agbakwu, Refugee Women's Health Clinic, Phoenix, AZ

Abstract

Background: According to the Institute of Medicine, nearly half of the U.S. population has difficulty understanding and using health information. Poor health literacy is a predictor of health status. Across the U.S. high rates of infant morbidity and mortality persist. Among refugee populations, limited health literacy and verbal miscommunication contribute to suboptimal reproductive health outcomes.

Objective: The Reproductive Plan for You (REPLAY) initiative utilized a multilingual audio-visual modality to provide culturally and linguistically-appropriate preconception health education targeted to a multi-ethnic sample of newly-arrived refugee women with limited health literacy.

Methodology: Animated avatar videos were created in Arabic, Burmese, Kirundi, Somali, Spanish, and English to educate women about reproductive life plans, birth spacing, and readiness for behavior change using a discussion guide. Summary statistics examined changes in pre- and post- likert scale surveys.

Results: Complete data was available for 94.3% (n=82) of the 87 participants, of which 24.4% (n=20) were Somali-speaking, 23.2% (n=19) were Kirundi-speaking, 26.8% (n=22) were Burmese-speaking, and 25.6% (n=21) were Arabic-speaking. Somali- and Kirundi-speaking women demonstrated increased comprehension of what it means to have a reproductive life plan (RLP), and the potential impact of short inter-pregnancy intervals on subsequent pregnancies. Burmese-speaking women recognized the benefit of waiting two years before having a subsequent child, and voiced consensus on being able to freely discuss having a RLP with their partner. Among Arabic-speaking women, there was a statistically significant trend towards improved knowledge that not having children is a part of the RLP. Most participants preferred to receive health information in their primary native language and perceived the REPLAY video favorably.

Discussion: Participants in this initiative demonstrated increased knowledge on preconception care related to the importance of developing a reproductive life plan and birth spacing. Key successes in this initiative include: the mobilization of the refugee community to create animated avatars across multiple languages, the receptivity of an educational intervention around preconception health by the target refugee communities, and demonstrated improved health literacy using novel culturally and linguistically appropriate audiovisual modalities.

W344

An Update on Nutrition and Growth Among Refugees in the US

Paul L. Geltman, Massachusetts Department of Public Health

Abstract

This presentation will provide an overview of the epidemiology of common micronutrient deficiencies (primarily iron/minerals and vitamins B2, B12, A, and D) and patterns of growth abnormalities seen in refugee populations resettled in the US and other Western countries. In addition, other topics related to nutritional status will be discussed and recommendations for screening and treatment will be reviewed. The presentation will include case discussions as well as new findings from a longitudinal study of growth patterns in young refugee children receiving WIC benefits in Massachusetts.

W345

Development Issues in Refugee Children

Andrea Hunter, Kassia Johnson (McMaster Children's Hospital Refuge)

Abstract

This session will outline the demographics, health and particularly developmental issues in refugee children and youth new to Canada. We will outline an approach to developmental concerns in children and use a case-based approach to highlight key issues that are often encountered by clinicians. Participants will be challenged to apply a cultural lens to working with families to provide for comprehensive assessment and management, including language issues and discussion of how culture may impact health/developmental concerns. This session will highlight peer-reviewed content from 'Caring for Kids New to Canada' website by the Canadian Pediatric Society.

W346

Health Issues in Congolese Refugees in Uganda: A discussion

William Stauffer, Department of Medicine, University of Minnesota

Abstract

An informal discussion of health issues being encountered in Congolese refugees being resettled from Uganda.

W347

Culturally Competent Refugee Care and Professional Medical Interpreter: Express Lane to Success

Eric Candle, ECdata National Training Institute

Abstract

For a number of Medical Interpreters:

- English might be a 'less stronger language',
- Knowledge of the interpreting process might be incomplete, and
- The western medicine patient-provider communication pattern might present serious challenges.

An emotional & thought-provoking presentation deals with the key competencies Medical Interpreters need at each point of their transition from bilingualism to professionalism.

The speaker will address a few concepts that significantly enhance communication with a Refugee patient:

- Art of Prediction and Active Listening in a triadic encounter (provider, Refugee patient, and the interpreter)
- Cultural humility vs. Cultural Intelligence, and Culture-bound syndromes
- Differential Diagnosis and Smart Medical terminology,
- Intonation Makeover and Language Proficiency, and
- the Continuum of Health Care Services & Medical Interpreting in the time of Affordable Care Act

Quick tips will link the concepts with effective implementation.

Both professional & aspiring interpreters as well as medical providers working with Refugees, will benefit from taking "The Express Lane to Success"

W349

Cuts to Refugee Health Insurance: Implications and Outcomes

Meb Rashid, The Crossroads Clinic, Women's College Hospital

Abstract

In April 2012, the Federal Government announced drastic cuts to health insurance coverage for refugees and refugee claimants in Canada. The response from the medical community to this policy change has been unprecedented. This workshop will provide an overview of the IFHP and describe the insurance coverage since the original changes came into effect in 2012. It will also address the advocacy work that has been done and will provide a forum to discuss other opportunities that may be available to advocate for refugee populations in Canada.

W350

Marked Eosinophilia and Heptic Cystic Abscesses in a Newly Arrived Karen Refugee

Ann M. Settgast

Poster Presentations

P29

The 'Good' Refugee is Traumatized: Post-traumatic stress disorder as a measure of credibility in the Canadian refugee determination system

Chantel Spade, Ryerson University, Immigration and Settlement Studies

Abstract

Through a social construction theoretical framework, it is explored how the Immigration and Refugee Board utilizes a diagnosis of PTSD as a measure of credibility during the refugee determination process, and how this is deemed problematic due to the barriers that exist for the refugee population in the mental health system. This research project was framed around two primary research questions: (1) how does a mental health diagnosis of PTSD impact the refugee determination process in Canada? And, (2) is a diagnosis of PTSD for a refugee claimant accurate and appropriate? Semi-structured elite interviews were conducted with health care professionals who interact with the refugee population in Toronto. The findings indicate that there is an identifiable paradox between PTSD being utilized as a measure of credibility and PTSD being a social construction that is rendered inappropriate for individuals who originate in a non-Western culture. This research project demonstrates the existence of the paradox by analyzing the multi-faceted barriers that refugee claimants face in proving that their stories are credible, and the barriers in the accessibility and delivery of mental health care in Canada.

P30

Dying in A Foreign Land: An Ethnogphy Of Cultural Changes Around Mourning And Burial Proceedings Among Migrants In South Africa

Darius Kwigomba, University of the Witwatersrand

Abstract

The study explores cultural changes through death events. The study takes an ethnographic qualitative approach and gathers data from three Congolese ethnic groups living in Johannesburg and whom the majority are refugees. This is done by observing and participating in their funeral and burial ceremonies as well as interviewing community members. The primary objective of this study is to understand the cultural changes migrants experience as a result of migration by exploring social-economic and cultural challenges migrants encounter when experiencing death of a fellow migrant. Findings of this study indicate that although a remarkable shift might have occurred to usual ways of dealing with death both in their country of origin and out of the country migrants remain with good memories of the past and therefore strive to observe their home culture in the hosting country. Marginalisation is the acculturation strategy that explains their ways of dealing with death in South Africa. This is due to difficulties in recreating elements of their own culture as well as the absence of people who are traditionally responsible for dealing with death among the migrant community.

Lastly some causes of death, such as HIV/AIDS are highly stigmatized. This study contributes to the scarce literature existent on the topic of perceptions and responses to death among migrants

P49

What Does Not Kill Us Makes Us Stronger: How Bosnian Refugees Would Cope with a Natural Disaster

Huaibo Xin, Southern Illinois University Edwardsville

Abstract

Using a grounded theory approach, this qualitative study examined Bosnian refugees' attitudes and beliefs about how to cope with a natural disaster. Participants were recruited through criterion and snowball sampling. A total of thirty-three Bosnian adult refugees resettled in the U.S. received face-to-face individual interviews. A semi-structured interview guide was used to collect data on both participants' problem-solving and emotional coping mechanisms. Data were analyzed thematically and theoretically. Four dimensions emerged from the data, including survival and sustainability, leadership, social networking and social support, and emotional resilience. The findings indicate that Bosnian refugees developed a number of coping skills for survival and sustainability through their pervious disaster experiences and informal and formal emergency trainings in both Bosnia and U.S. They demonstrated strong leadership qualities in the wake of a natural disaster. Compared to other refugee groups, Bosnian refugees seemed to have more economic and social resources to draw on for coping, and were closely bound with their local communities. In case of an emergency, Bosnian refugees would likely be calm, optimistic, and emotionally independent. Given the development of coping skills, Bosnian refugees have a strong potential for serving as volunteers in disaster preparedness, response, and recovery. Well-organized and trained volunteers can serve as liaisons between local communities and outside personnel and organizations. While strengthening Bosnian refugees' existing coping mechanisms and integrating them into disaster planning, disaster preparedness professionals should also pay particular attention to Bosnian refugees' emotional and mental health needs in the aftermath of a natural disaster.

P53

Facilitators and Barriers that Influence Food Security Among Refugees Living in Hamilton, Ontario

Elisabeth Huang, Tina Moffat, Sandy Isaacs, Bruce Newbold, Charlene Mohammed (McMaster University)

Abstract

Objectives: To assess the facilitators and barriers that affect food security among refugees in Hamilton, Ontario from the perspectives of service providers and refugees using a subset of data from the Changing Homes, Changing Food study (Moffat et al., 2012).

Methodology: Nine interviews with service providers and three focus group interviews with a total of twelve refugees were conducted and analyzed using Nvivo10, a qualitative data analysis software. A social ecological framework (Winch, 2012) that considers multiple levels of influence (intrapersonal, interpersonal, organizational, community, and public policy) was applied to analyze the facilitators and barriers to food security among refugees.

Results: Refugees and service providers agree upon most factors that facilitate and/or hinder food security among refugees at different levels of influence. For example, at the intrapersonal level, both groups found that unemployment and illiteracy can lead to food insecurity but more service providers mentioned the need for refugees tostrenghen their nutrition knowledge.

Discussion/Conclusions: It is important to consider how factors within the model's varying levels of influence and the interrelationships among different factors at each level contribute to food (in) security among refugees. It is recommended that a holistic and collaborative approach be taken to address food security among this vulnerable population.

Keywords: refugees, food security, food access

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P62

Development of obesity in pediatric refugees after US immigration

Brad G Olson, Yonatan Kurland, Alyson Weiner, Sarah Evans, Nicole Sanders (SUNY Upstate Medical University)

Abstract

Background: Studies examining development of obesity in immigrant populations indicate a significant rise in BMI after 10 – 15 years of US residence.

Objective: Our hypothesis is that pediatric refugees develop obesity more rapidly than previously studied immigrants.

Design/Methods: Cross-sectional survey study of 1018 pediatric refugees. BMI measurements were abstracted electronically from the medical record and patients were stratified by duration of residence (<1 yr, 1 – <4 yrs, 4 – <7 yrs, ≥7 yrs). Age and sex adjusted percentile BMI were calculated and obesity was defined as BMI ≥95thile. Group mean increases in percentile BMI by duration of US residence was examined by linear regression modeling.

Results: The median age of the population was 12.6y (range: 2 – 24.3y). The prevalence of obesity was 7.1% for refugees within 1 year of US arrival. This increased to 15.6% after 7 years of US residence approaching the US obesity prevalence of 16.9%. Regression analysis showed a significant increase in mean percentile BMI by 4 years of US residence. Most of the increase was attributable to refugee subgroups from South/Southeast Asia and Africa.

Conclusions: Mean percentile BMI increased more rapidly in our pediatric refugee population than in prior studies of immigrants. Our study provides an opportunity for targeted interventions in specific subgroups of refugees at risk for developing rapid obesity after US immigration.

P70

Assessing the Health and Social Benefits of a Refugee Church Gardening Project

Kari Hartwig, St. Catherine University

Abstract

Background: This study evaluated the impact of a pilot project linking refugees with newly created church gardens in Minnesota.

Objective: To assess the health, social, and community benefits of the gardening project on refugee gardeners.

Methods: This was a mixed methods evaluation using pre and post surveys and focus groups with gardeners. The survey incorporated validated questions from previous surveys. Data were collected from July to November 2014. Eight churches were purposefully selected to participate. Descriptive statistics were analyzed in SPSS and statistical tests were conducted to compare pre and post survey results. Qualitative data were systematically coded and grouped into common themes.

Results: The surveys (N=95 and 97) had a 44% response rate. Seventy-six percent of gardeners were Karen; 20% Bhutanese and 4% "other"; 65% were women; 82% have been in the US less than seven years. There was a statistically significant increase in vegetable intake throughout the day between the pre and post surveys. Only 3% of gardeners indicated food insecurity issues but 84% participate in one or more food subsidy program. Nine percent were at risk for depression (PHQ-2). Qualitatively, gardeners indicated the value of the gardens to improve their mental and physical health, and the social connections provided by other gardeners and church members.

Conclusion: The results illustrate the value of gardening for improved physical and mental health of refugees and strengthened social connections beyond their cultural group. Refugee and civic organizations should look to expand access to gardens for refugees to improve their overall well-being.

P79

Reproductive Health Among Women Refugees in Kentucky

Rahel S Bosson, Ana L Fuentes, Rebecca Ford, Rivera C Katherine, Emily Just, Ruth Carrico, Paula Peyrani (University of Louisville)

Abstract

Background and Objective: Improving maternal health and reducing maternal mortality is one of the United Nations Millennium Development Goals. Unintended pregnancies and induced abortions are associated with multiple negative consequences. Therefore, reducing unintended pregnancies and preventing maternal mortality related to induced abortions are integral components to achieving these United Nation goals. Lack of education and or resources may lead to increased abortion rates in developing countries. The purpose of this study was to assess the abortion rate and trend among the refugee population resettling in Kentucky.

Methodology: This study is a secondary data analysis of the University of Louisville Refugee Health Database. Data were collected from six refugee health screening sites in Kentucky.Female refugees arriving in Kentucky from October 2012 through October 2014 were evaluated.

Result: A total of 631 refugee women were evaluated. Including all the nationalities 42 percent of women had had an abortion. Cuban refugees accounted for the highest rate of abortion, 60 percent. For all other nationalities combined the rate was 20 percent. Multiple abortions were seen in 34 percent of Cubans, for those under the age of twenty five 49 percent of Cuban females had had an abortion.

Conclusion: Abortion rate among Cuban refugees is significantly higher than the other populations of refugees. Future research is imperative to decipher the etiology for this discrepancy among the Cuban refugee population. Appropriate family planning and reproductive health education with various contraceptive options needs to be implemented among the Cuban refugees.

Keywords: Womens Health, Family planning, Cubans

P88

Music Therapy – Feel Happy: Effects of Music Therapy in Disability Functioning Amongst Refugee Women

Priyanka Srivastav, Jessica Triana, Peter J Cronkright (SUNY Upstate Medical University)

Abstract

Background: Refugees are prone to develop mental, physical and psychological symptomatology due to underlying exposure to violent, traumatic situations. Two studies have shown that music therapy decreased anxiety and improved insomnia among Sudanese women and Korean refugee children. Music therapy is a non-pharmacological treatment that can be an effective mean to express self-preserved emotions, reframe traumatic experiences, decrease anxiety and depression, and further autonomy.

Methodology: A pilotstudy was conducted with eight Somali and eight Iraqi female refugees who were invited for the study. They were diagnosed with post-traumatic stress disorder, depression or adjustment disorder in a university based outpatient clinic with the use of Refugee Health Screen questionnaire (RHS). They participated in group music therapy for six weeks. The WHODAS 2.0 questionnaire was employed for pre and post therapy evaluation. Patients who completed four weeks of therapy were included in the study (N=5).

Results: Patients in the study reported significant improvement in difficulties with daily activities (mean score: pre 1.4, post 0.4), walking long distances (pre 2.8, post 1.2), standing for long periods of time (pre 3.4, post 2.0), and emotional impact on physical health (pre 2.2, post 1.4).

Conclusions and Discussion: Disability functions improved among refugees receiving music therapy. Patients were offered opportunities for socialization and began to recognize themselves as an important part of the community. A limit of the study was that only five participants completed four weeks as it coincided with Ramadan. All participants were Muslim and many preferred to refrain from music during Ramadan.

P89

The RHI Refugee Health Passport: A portable medical history tool that facilitates communication for refugees in interpretation-limited, acute healthcare settings

Nicholas Martel, Hernan Franco, Ellen Snyder, Sitelle Cheskey, Lauren Fruchter, Azin Ahrari, Luana Farren-Dai, Doug Gruner, Kevin Pottie (University of Ottawa, Faculty of Medicine)

Abstract

Background and Purpose/Objectives: In 2014, the University of Ottawa's Refugee Health Initiative (RHI), a medical student-led interest group, launched the Refugee Health Passport (RHP) pilot project. The RHP is a patient-held medical record that aims to address inequities in acute care provision arising from language barriers between care providers and refugees when interpretation services are unavailable.

Methodology: The RHP is a patient-held booklet designed by students, in consultation with physician advisors, that includes: 1) A streamlined medical history 2) Space for medical professionals to add pertinent information, and 3) A basic medical translation tool, in the language of the passport holder. During an initial medical interview, students complete the RHP for each refugee client. A staff physician subsequently verifies the information before providing the booklet to the client. The RHP can then be used in future acute medical situations to facilitate communication with healthcare providers.

Results/Impact/Outcomes: Evaluation of the passport will be achieved through an ongoing review of the RHI Community Service Learning program. Feedback will be sought from refugees, physicians, students and community partners through focus groups that aim to evaluate the utility, acceptability and impact of the document.

Conclusions and Discussion: As program evaluation is still underway, our future goals will be to identify and address the logistical problems with the use of the RHP and maximize its utility in the community. We will also continue to work with experienced clinicians and lawyers to address the ethical and legal aspects of the project.

P92

Assessment of Community-based Service Needs of Elderly Iraqi and Bhutanese Refugees Living in Philadelphia

Nicole Matteucci, Thomas Jefferson University

Abstract

Previous research indicates that resettled elderly refugees are an exceptionally vulnerable population that is susceptible to social disintegration, inadequate service provision, and difficulty managing chronic conditions. The challenge of adjusting to a new host culture in addition to the initial trauma of fleeing their country of origin, can lead to emotional distress that impedes successful integration into American society. Further exploration of the specific needs of elderly refugees and the gaps in available services is necessary to address the complexities of resettlement and aging. The purpose of this study is to identify psychosocial factors that cause elderly refugees to experience stress and determine which programs this group wants and needs in order to thrive. A mixed quantitative and qualitative semi-structured interview will be used to collect information from a convenience sample of Iraqi and Bhutanese refugees age 65 and above. Participants will be asked about demographic information, health status, social roles and activities, knowledge of local resources, and sources of stress such as language barriers and safety concerns. Based on their responses we will make applicable recommendations to resettlement agencies and related organizations regarding program planning and access to care. The development of appropriate community-based services that incorporate the perspectives of the target population have the potential to combat stress, strengthen coping skills, and ensure the dignity and stability of elderly refugees. Data collection is currently in progress.

P97

Screening for Latent TB Infection in the Foreign-born Population at Health For All

Amy Nolen, Health for All Family Health Team

Abstract

Background: The health requirements of foreign-born patients are unique and may not be familiar to primary care providers (PCPs). This project aims to optimize screening for latent tuberculosis infection (LTBI) in a vulnerable population in order to improve healthcare inequities in foreign-born patients.

Objective: 30% of foreign-born patients from a high risk TB region who have arrived to Canada within the last five years will have their TB status identified on their Electronic Medical Profile within six months.

Methodology: This project used the quality improvement theory described by Langley, which emphasises four domains: 1) Plan 2) Do 3) Study 4) Act (PDSA), and was carried out in five PDSA cycles. The first PDSA cycle involved a literature review to establish best practice recommendations. The second PDSA cycle was a chart review to compile baseline screening rates within our clinic's population. The third PDSA cycle was the development of an educational one-pager based on the recommendations of the Canadian Guidelines for Immigrant Health. Our fourth PDSA cycle used EMR technology to help PCPs identify which patients to screen. Our fifth PDSA cycle obtained a consensus to waive the fee for patients eligible for medically necessary TB skin tests.

Results/Conclusions: In a six month period, we established best practice recommendations, disseminated this knowledge via an informational one-pager, and increased screening rates for LTBI in the foreign-born population at HFA from 12.3% to 17.8%. We also obtained a consensus to remove cost as a barrier to medically necessary screening for LTBI.

P111

Impact of Trauma and Post-resettlement Factors on Health and Mental Health Outcomes Among Asian and Latino Refugees

Isok Kim, University at Buffalo, SUNY

Abstract:

Background: Despite lingering impact of pre-resettlement traumas, health and mental health statuses among resettling refugees may be more susceptible to the challenges of adjusting to, and the degree of acceptance from, a post-resettlement setting. Based on social determinants of health (SDH) framework, this study examined relationships among pre- and post-resettlement traumas, SDH factors, and the health and mental health outcomes of refugees in a post-resettlement context.

Methodology: A refugee sample (n=656) from the National Latino and Asian American Study was used to conduct a set of multivariate regression analyses to model health (chronic illness) and mental health (mood and anxiety disorders) outcomes. Along with pre- and post-resettlement traumas, eight sociodemographic factors (race, discrimination, neighborhood environment, poverty, employment and insurances statuses, length of U.S. residence, and English proficiency) were examined as proxies to SDH factors which influenced refugees.

Results: The study results showed that post-resettlement traumas had greater odds of predicting health and mental health outcomes than pre-resettlement traumas. In addition, everyday discrimination and insurance status were associated with chronic illness. Race, everyday discrimination, employment status, and English proficiency were significantly associated with being diagnosed with any mood or anxiety disorders.

Conclusion: The significant associations between SDH factors and the outcomes suggest that structural and sociocultural factors may have an impact that is comparable to traumas. Therefore, future studies on refugees' health and mental health should also pay closer attention to factors that interact with the sociocultural environment in which refugees currently live.

P122

Exploring Allied Health Careers Through a Different Lens

Anne Marie LaFave, Susan Kwiatkowski, Lisa Durant-Jones (Nazareth College)

Abstract

Background: Increasing diversity in allied health professions will promote a more culturally-competent workforce and contribute to positive health outcomes in minority populations. To achieve this goal, a change must occur in the pre-college education system (Cohen, 2002). Colleges that partner with community centers serving children from minorities provide exposure to college degree programs and enhance knowledge about career options (ASHA, 2014).

For five years, Nazareth College speech/language pathology students partnered with Mary's Place Refugee Outreach Center to provide an afterschool program which focused on academic support, language enrichment, and exposure to the allied health field. Seven high school students were selected to participate in a college preparation program to increase their knowledge about the allied health field through information and shadowing opportunities.

Methodology: For a twelve-week period, speech/language pathology students met 1:1 with high school students from a refugee background. College students provided information about and opportunities to shadow allied health professionals, while providing support of the college admission process. The program continues for another twelve-week period beginning in February 2015. Pre- and post- evaluative measures will gauge student knowledge and interest level in professions.

Results/Conclusions: It is predicted that engaging high school studentsin activities relative to each field will increase knowledge of and interest in a variety of professions - spurring conversations about educational requirements, personal interests and cultural considerations. This program aims to provide the information and support necessary to improve participation of minorities in the allied health professions.

Keywords: allied health, careers, community interventions

P123

Creation and Implementation of a Student-Run Asylum Clinic

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Abstract

Background: The Western New York Human Rights Clinic is a student-run clinic created in 2014 to provide forensic examinations for survivors of torture seeking asylum in the United States. An asylum-seeker must meet the definition of a refugee, demonstrating that he/she has credible fear of being persecuted on the basis of race, religion, nationality, membership in a particular social group or political opinion. Forensic evaluations document evidence of torture sequelae, which may support the legal case for asylum, helping the client attain safe haven in the US.

Methodology: The clinic was developed by medical students involved in the Buffalo chapter of Physicians for Human Rights, with the support of a physician trained in evaluating torture survivors. Initial student efforts focused on recruiting interested physicians. Clients are identified through a partnership with the WNY Center for Survivors of Torture, and requests for forensics exams are sent via the national PHR office. After each exam, the team submits an affidavit to the client's attorney.

Outcomes: The model of a student run asylum clinic is feasible, sustainable, and has been established at a handful of medical schools. 15 clients have received psychiatric and/or medical forensic evaluations at the WNY Human Right Clinic, and all currently await hearings.

Conclusions: Given the large number of torture survivors and asylum-seekers in the United States, there is a significant need to tackle barriers to health care for this vulnerable population. Clinics such as ours spread awareness of human rights issues while improving access to care and likelihood of successful asylum claims.

P131

Quality Improvement Project: Implementing Pediatric Standardized Developmental Screening in a Refugee Primary Care Clinic

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2. Center for Refugee Health, Rochester Regional Health System.

Abstract

Background: The American Academy of Pediatrics recommends standardized developmental screening at specific well child visits and whenever concerns arise. Refugee children are at high risk for delays and disability. Implementation of standardized screening in this population remains challenging.

Objective: To evaluate feasibility and effectiveness of standardized developmental screening at the Center for Refugee Health (Rochester, NY), with the goal of improving provider identification of pediatric developmental concerns.

Methods: A "Plan, Do, Study, Act" (PDSA) cycle model for quality improvement was utilized to implement practice-wide standardized screening with the Parents Evaluation of Developmental Status (PEDS) on refugee children ages 2 to 8 during well or follow-up visits. After provider and staff training, PEDS administration was evaluated for ease of use, timing considerations, and yield of screening.

Outcomes: Providers administered 100 PEDS questionnaires and documented 15 developmental concerns in 13 children (ages 2 to 5) over 9 months and 4 PDSA cycles. Parents primarily identified concerns with expressive language and behavior. Two children were referred for additional evaluation, 3 were already receiving services, and 8 prompted ongoing surveillance. Providers administered the PEDS directly, mostly via telephone interpreter assistance, taking 2 to 3 minutes per visit. They describe the tool as easy to use, although they found scoring cumbersome.

Discussion: Pediatric providers are satisfied with PEDS use for identification of developmental concerns in refugee children. Future PDSA cycles will address methods of administration (written versus oral translation), PEDS scoring processes, accuracy of screening in toddlers, and procedures for intervention referrals.

Keywords: pediatric, development, quality improvement

P136

Pilot Protocol for Assessment of Health Needs and Evaluation of Public Health Interventions for U.S.-Bound Refugees: Annual Update

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2. University of Minnesota School of Medicine.
3. International Organization for Migration.
4. Mahidol-Oxford Tropical Medicine Research Unit.
5. Centers for Disease Control and Prevention-Thailand MOPH Collaboration.

Abstract

Background and Purpose/Objectives: U.S.-bound refugees undergo required overseas screening for specified inadmissible diseases. However, many other medical conditions are not routinely captured. In 2012, the Centers for Disease Control and Prevention (CDC), in partnership with the International Organization for Migration and U.S. state refugee health partners, undertook a novel pilot to identify and manage selected conditions among U.S.-bound refugees in Thailand during resettlement. We provide an update of this ongoing project.

Methodology: We tested consenting refugees for anemia, parasites, and hepatitis B virus (HBV) at overseas medical examination and again before departure. Management was initiated overseas, including presumptive antihelminthic treatment. State partners received overseas results, shared post-arrival medical examination findings, and collected serum and stool for testing.

Results/Impact/Outcomes: From July 2012–November 2013, 2,004 refugees aged 0.5–88 yrs enrolled. Anemia was seen in 28%; median hemoglobin increased 0.4 g/dL by departure in those treated (p<0.0001). Intestinal helminth prevalence declined from 32% at initial exam to 2% after arrival. HBV was seen in 9.5%; those uninfected were vaccinated. Children's median weight-for-height increased 44% by departure (p<0.0001). CDC has received post-arrival data for 610 (30%) participants. Communication between international, federal, and state partners improved care for some; information was not available for others.

Conclusions and Discussion: Earlier diagnosis and management of some conditions improve refugees' health during resettlement. This strategy can be adapted to other U.S.-bound refugee groups. Improved methods for notifying and exchanging information with receiving states should be identified.

Keywords: refugees; screening; resettlement

P139

Provision of Colposcopy Services to Traumatized Women: Education improves care

Elizabeth Heavey, SUNY Brockport

Abstract

Some of the female patients seen in our colposcopy clinic immigrated after surviving rape and torture by the military and civilian forces fighting in their country of origin. More and more sexual violence is a being used as an explicit war tactic and the women in these countries live in fear of not only death but of disability and being ostracized in their community and culture. Almost half of those who are forcibly displaced by violence are adolescents and children with limited means to provide for and protect themselves (WHO, 2012). Providing for the subsequent health care needs of this displaced population is a complex and challenging undertaking, particularly when those needs involve invasive gynecological procedures such as colposcopy. We developed and implemented a staff education program which improved the ability of the health care team to recognize, prevent and respond appropriately to the varied issues and needs of this group. This increased awareness has allowed us to successfully provide a medical home as well as continuous care for women who have survived sexual violence and need regular colposcopy services. Some of our challenges and subsequent adaptations have been published in an feature article titled "Female Refugees: Sensitive Care Needed" in the May issue of NURSING 2014.

P142

A Qualitative Study of Iraqi Refugee Attitudes about Health Care

Ankana Daga, Maytham Srayyih, Matilde Irigoyen, Abigail Leafe, Morgan Leafe (Einstein Medical Center Philadelphia)

Abstract

Background: As Iraqi refugees come from a country with a sophisticated health care infrastructure, their adjustment to the US system differs from that of other refugee groups. Though research reveals that navigating the US health care system is a challenge for all refugees, data specifically examining the attitude of Iraqi refugees is limited.

Objective: To qualitatively examine the perceptions of newly arrived Iraqi refugees about their health care experience in the US.

Methods: Newly arrived (< 2 years of US stay) Iraqi refugees (age≥10 years) were interviewed. Interviews were (face-face/telephone) grouped by household. Arabic interpretation was provided. Open ended and guided questions were used.

Results: 6 family interviews (17 subjects) were conducted. 59% males and 35% minors (age < 18). Most families rated the paediatric health care experience higher than internal medicine experience with dissatisfaction mainly related to wait time and care continuity. Obtaining prescription medication was viewed as cumbersome. Appointment scheduling was viewed as a barrier due to the requirement for an appointment and due to difficulty calling the office for those with low English proficiency. Language barrier issues were a major theme. Those with low English proficiency preferred an in-person interpreter and sometimes expressed mistrust of phone interpreters. Another theme was many female patients expressing discomfort with male interpreters and/or physicians.

Conclusions: Although families felt that the overall health care experience is good, several challenges remain. Future directions include improving appointment scheduling, creating a culturally competent health care orientation, and being more sensitive of gender preferences.

P145

Global Health Initiative: Satisfaction among Spanish and Arabic Speaking Refugees Receiving Immunization in the University of Louisville Refugee Immunization Clinic

Victory Osezua, Rebecca Ford, Ruth Carrico, Katherine Rivera-Contreras, Richard Wilson (University of Louisville)

Abstract

There are approximately 70,000 refugees resettling in United States every year with approximately 2,500 of them resettling in Kentucky. Since 2012, University of Louisville Refugee Clinic has provided vaccines to more than 3500 refugees as part of the Global Health Initiative. It is important to spend time understanding their level of satisfaction with the process and barriers that may be present, preventing them from receiving the necessary vaccines. The objective of this study is to evaluate the perception of services of the refugees concerning care provided in the University of Louisville Refugee Immunization Clinic (UL-RIC). A survey was developed by interviewing refugees, developing,translating the survey into Spanish and Arabic; andthen administering a survey to a larger group during the University of Louisville Refugee Immunization Clinic (UL-RIC). Analysis was done using SPSS. 61 refugees completed surveys during four clinic days for an estimated response rate of 25%. 49/61 (80%) were Spanish speaking refugees and 12/61 (20%) were Arabic speaking. Both groups indicated that they felt safe during vaccination (100% and 100%, respectively) and that the process was explained to them (96% and 92%, respectively). However, only 83% of the Arabic respondents indicated that they were satisfied with the services compared with 100% of the Spanish speaking respondents. This study indicates satisfaction with care was high among Spanish speaking refugees, but not so for Arabic speakers. Prior experiences with immunization, cultural differences, and fewer on-site interpreters for Arabic speaking refugees may play a role in dissatisfaction.

P170

Maternal Health Services Use: Comparing refugee, immigrant and native populations

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Abstract

Background: Policy efforts have focused on expanding access to maternal healthcare for refugee and immigrant women. However, little is known about their utilization of these services.

Methods: Refugee women age ≥ 18 years, who arrived in the US from 2001-2013, were matched by age, gender, and date of care initiation to Spanish-speaking immigrants and English-speaking controls. All patients received care at a Massachusetts state-designated refugee community health center. We compared initiation of obstetrical care prior to 10 weeks gestation, number of obstetrical visits and a postpartum visit within 8 weeks of delivery using chi-squared tests and ANOVA.

Results: Of 1642 women, 375 had at least one pregnancy: 17% (53/309) of refugees, 27% (186/688) of immigrants, and 21% (136/645) of controls. There were 763 pregnancies (116 refugee, 368 immigrant, 279 control) over a median follow up of 5.7 years. Most refugees were from Somalia (25.9%), Bhutan (13.0%), Iraq (7.4%), and Haiti (7.4%). 33.6% refugees and 27.6% immigrants had their first obstetric visit after 10 weeks gestational age vs 16.2% of controls (p< .001). Refugees had fewer prenatal care visits compared with controls (median: 12 vs. 14, p< .001). Refugees (73.3%) and immigrants (78.3%) were more likely to have had a postpartum visit than controls (54.8%),p< .001.

Conclusions: Refugee and immigrant women had increased risk for delay in initiating prenatal care, and refugee women had fewer total visits. However, once in care, both groups were more likely to follow-up postpartum. In addition to ensuring coverage, targeted outreach to initiate care earlier might improve maternal healthcare for refugees and immigrants.

P172

Hearing Loss and Impairment in the Refugee Population

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1. Nationalities Service Center. 2. Jefferson Family & Community Medicine.

Abstract

Background: Despite the demonstrated impact of hearing loss and impairment and some exploration of this issue in developing countries, limited data are available on hearing loss and conditions that may lead to hearing loss in the refugee population.

Methodology: To better understand the epidemiology of hearing loss and impairment among refugees resettled in the U.S., we identified all adult refugees with a documented diagnosis of hearing loss or hearing impairment among those refugees who received care from providers in the Department of Family and Community Medicine (DFCM) at Thomas Jefferson University (TJU) between 2007 and 2014.

Results: Fifty-seven (57) of the 872 (7%) adult refugees (mean age = 54 years) had documentation of hearing loss.

Conclusion: While 57 individuals with hearing loss were identified, a smaller subset would likely benefit from assistive hearing devices. Unfortunately, the high cost and limited coverage for such devices under most insurance plans accessible to refugees in the U.S. was prohibitive. Once the barrier to accessing hearing aids was identified, the resettlement agency health liaison working with clinic personnel approached the Starkey Hearing Foundation and successfully obtained commitments to provide hearing aids for significantly reduced costs. This cooperative model – (1) problem identification, (2) problem evaluation, and (3) collaborative problem solving – may be utilized for other conditions to assist in efforts to advocate for refugees as well as other vulnerable populations. This abstract will discuss this cooperative model and include a case study.

P174

Pregnancy Needs Assessment among Refugee Women in Philadelphia

Brittany DiVito, Gretchen Shanfeld, Megan O'Brien
(Nationalities Service Center)

Abstract

Women who arrive into the United States as refugees require health education in a variety of topics in order to become acquainted with how women's health is approached in the United States. Due to linguistic and cultural obstacles, along with an observed increase in unplanned pregnancies among clients, Nationalities Service Center's health team administered a survey in order to conduct an initial needs assessment. The questions covered information including: health insurance, desire to have (more) children, family planning, birth control, and the interest for/format of possible women's health education. A total of nine women were surveyed. There were 5 (56%) women from NSC's Reception & Placement (R&P) program and 4 (44%) from NSC's Philadelphia Partnership for Resilience (PPR) program. Only one-third of the participants had ever used birth control and 44% of the participants reported that they do not discuss birth control with their partners. Based on the needs assessment of women from both the PPR and R&P programs, women from multiple countries and ethnic groups expressed a desire to participate in education sessions relating to women's health. Most women said that they would feel most comfortable in a group setting, with women only, particularly when discussing such sensitive topics as family planning and reproductive health. This initial needs assessment led to better understanding of reproductive health among refugee women and how to better direct education and services to women of all ages arriving as refugees.

P176

A Health Centre Outreach Program for Settlement Workers Dealing with Challenging Professional Issues

Jacob Letkemann, Neil Arya
(McMaster University, The Centre for Family Medicine)

Abstract

Background and Purpose: The Centre for Family Medicine in Kitchener has been offering a refugee health clinic for 5 years. Recognizing the challenges to mental and emotional well being faced by front line settlement workers, often without easy access to training or consultation, the clinic's scope has recently broadened to provide support to settlement workers.

Methodology: A psychotherapist with a background in settlement work was initially recruited to provide counselling in the refugee health clinic. In consultation with the lead physician and supervisor at a local settlement agency, the therapist's scope was broadened to provide outreach to settlement workers. In March 2014, the therapist began meeting informally with the settlement workers to discuss their needs, and facilitate discussion on various topics.

Results/Impact: In fall 2014, the therapist solicited feedback from the settlement workers as to the future and value of the program. Participants wished that the program continue but suggested modifications solidifying in two components 1) facilitated workshops on issues relevant to the helping professions (such as self-care, boundary-setting, ethics) and 2) one-on-one meetings with workers to provide consultation regarding difficult cases or organizational challenges.

Conclusions/Discussion: A more formal evaluation on the effectiveness of the program in meeting settlement workers needs will be available by the time of the Conference. Though this pilot has been possible with the flexibility and generosity of the health centre, opportunities to expand the program and to seek additional funding may be sought as a result of this evaluation.

P177

Knowledge, Attitudes and Perspectives of Medical Trainees Regarding Healthcare for Refugee Claimants

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Abstract

Background and Purpose: Little is known about the knowledge and perspectives of medical trainees regarding access to healthcare for medically uninsured or partially insured populations. This student project explores medical trainees' knowledge, attitudes and practices (KAP) regarding healthcare access for refugee claimants in Canada.

Methodology: A KAP survey previously implemented across diverse health care providers (Rousseau, Rummens, Glazier, Greenaway, CIHR MOP 130451) was adapted for use with medical trainees. This survey was programmed into REDCap and distributed online via institutional listservs to medical residents and students registered across all programmes within the Faculty of Medicine at a major Canadian university. Subsequent data analyses explore associations between respondent descriptives, response frequencies, and survey item answers. Logistic regression models examine whether demographic characteristics, including type and extent of medical training, are associated with participant responses to knowledge, attitudinal and practice questions.

Outcomes: Project findings support the hypothesis that knowledge around healthcare access for refugee claimants is limited among medical trainees. A majority of respondents are unclear as to which health services are available free of charge to diverse refugee claimants under current federal and provincial health care coverage provisions.

Conclusion and Discussion: There is a pressing need to increase awareness of access to healthcare for refugee claimants among the next cohort of health care professionals. Existing knowledge gaps among medical trainees may be addressed via ongoing curriculum development around the health care needs of medically uninsured or partially insured populations.

Keywords: medical education, access to health care, refugees

P181

Parasitic Stool Testing in Newly Arrived Refugees in Calgary, Canada

Giselle DeVetten, Meghan Dirksen, Rob Weaver, Tanvir Turin Chowdury, Michael Aucoin (University of Calgary)

Abstract

Purpose: To determine the prevalence of intestinal parasites and stool testing compliance in regards to associated patient characteristics in newly arrived refugees at the Mosaic Refugee Health Clinic in Calgary (MRHC) in Calgary.

Background: Intestinal parasitic diseases are common in refugee populations. Current Canadian Guidelines suggest serologic screening for two intestinal parasites but lack guidance for stool screening for additional parasites. The MRHC screens all newcomers with serology and two stool ova and parasite tests.

Methodology: A retrospective electronic medical record review of new refugee patients from May 1, 2011 to June 30, 2013 was conducted to obtain patient demographic data, number of stool tests completed, stool test results, and identified parasites. Factors associated with test completion and a positive test result were analysed.

Results: Of 1390 patients, 74.1% completed at least one stool ova and parasite test. Patients from Sub-Saharan Africa (RR=1.23; CI 1.11-1.36), North Africa (RR=1.22; CI 1.03-1.46), and Asia (RR=1.39; CI 1.25-1.55) were more likely to complete their tests, compared to patients from the Middle East. Among test completers, 29.7% had at least one positive test. Patients in the age range 6-18 years were more likely to have a positive test (RR=1.38; CI 1.12-1.71; reference age, 19-39), as were those from Asia (RR=1.48; CI 1.08-2.05; reference region, Middle East).

Conclusions: Given the high compliance of patients submitting stool ova and parasite tests and a high prevalence of positive tests, there may be value in adding stool ova and parasite testing to standard refugee screening.

P190

The Patient Experience of Refugees in Primary Care

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1. University of Colorado. 2. Denver Health.

Abstract

Background: Refugee patients face distinct challenges to achieving health goals including difficulty navigating the healthcare system in the United States, language and cultural barriers, and health beliefs incongruent with the Western biopsychosocial model. There is limited data on refugees' experience of receiving primary care and staying healthy in the United States.

Method: Focus groups were conducted in 5 language groups: Nepali, Amharic, Arabic, Burmese and Somali (females only). Participants were recruited from the Lowry Family Health Center (LFHC), a federally-qualified health center in Denver, CO. With the aid of an in-person interpreter, participants were asked questions modeled on the Consumer Assessment of Healthcare Providers and Systems questionnaire. A transcript was generated from each group, and qualitative data analysis was conducted using ATLAS.ti software to elicit themes regarding the patient experience.

Results: A total of 31 patients participated with focus groups ranging in size from 2-11 participants. Perceived barriers to health included the following: wait time for appointments (22% of responses), access to healthy food (17%), cultural differences in medical care (15%), transportation to medical appointments (12%), and difficulty reading pill bottles (9%); among others.

Conclusions: Across all language groups, several themes emerged regarding barriers to a satisfactory healthcare experience. Interestingly, these barriers mirror those of non-refugee patients in many cases. Though some conclusions may be unique to the LFHC, themes may be useful for others caring for refugee populations and demonstrates the need for further inquiry.

P192

Clinic Level User Access: A New Type of EDN Access

Meghan Weems, Daniel Wenger, John Painter
(Division of Global Migration and Quarantine, Centers for Disease Control and Prevention (CDC))

Abstract

Background: CDC's Electronic Disease Notification (EDN) system notifies health departments (HD) of results of overseas exams for arriving refugees and immigrants with a tuberculosis (TB) class condition. Historically, EDN access has been available only to those working for state HDs in a TB or refugee health capacity. This restricted access can burden HDs with sending overseas medical records to refugee/TB clinics. EDN has created a new access through which clinics have access to records.

Methodology: In 2013, the EDN team created a new type of access to provide clinics with direct but limited access to records for refugees/immigrants in their state/jurisdiction. Clinics can view a record by searching with the alien number and date of birth. They cannot amend the record, only print it. We asked refugee health and TB coordinators to identify interested clinics and potential new users. We recruited both TB and refugee clinics. We provided interested users with instructions and granted access once they submitted documentation.

Outcomes: Since recruitment began, 327 people from 32 states/cities have expressed interest in having access. Currently, 139 people (42%) have enrolled and are using the system. Clinic level users have logged into EDN over 3,500 times.

Conclusion: Clinic level user access to EDN is an opportunity to ease the burden of HD sending records to refugee/TB clinics. Clinics can search directly and don't have to rely on the HD to send documents. Clinics can print records while the patient is at the clinic, thus increasing efficiency and usefulness of EDN.

P195

Refugee Wellness: Addressing refugee mental health through social work field education

Abbie Heffelfinger, Erin Magee, Josh Hinson (University of North Carolina School of Social Work)

Abstract

In response to barriers in refugees' access to mental health services, Refugee Wellness employs UNC School of Social Work MSW students to provide outreach and education to refugees and service providers; to screen and provide mental health services to recently resettled refugees in North Carolina's Wake, Orange, and Durham Counties; and to collect data on the effectiveness of treatment in reducing refugees' emotional distress.

The project uses a quasi-experimental design to gather data on the effectiveness of treatment. All study participants complete the Refugee Health Screener – 15 (RHS-15) at intake and again after three months. Those participants whose initial RHS-15 scores indicate a need for treatment are offered community adjustment support groups; individual and/or family therapy; and/or psychiatric case management. Follow-up RHS-15 scores for those who engage in treatment are compared with scores for those who do not engage in treatment. Participants also provide feedback on their experiences by engaging in an interview at follow-up.

Findings in the pilot year (2013-2014) indicate a statistically significant reduction in emotional distress for refugees who engage in treatment. The success of the Refugee Wellness project in the pilot year has resulted in the program's being contracted by NC's State Refugee Office to provide mental health services through a federal Office of Refugee Resettlement Health Promotion grant.

Refugee Wellness represents a promising model for delivering much needed mental health services in an effective and culturally competent manner. Discussion will include opportunities for collaboration with providers and steps for replication in other communities.

P197

Refugee Clinic: A Model of Graduate Medical Education

Kevin S Ikuta, Amir Mohareb, Dhruva Kothari, Connie Cheng, Aniyizhai Annamalai (Yale School of Medicine)

Abstract

Background: As America's population is growing more diverse cultural competency is becoming more of a cornerstone in medical education. Current medical students and residents will graduate to an increasing population of foreign-born US residents. Training programs should create clinical and didactic training opportunities to prepare their graduates to care for these populations. We designed an educational curriculum to complement the resident run refugee clinic with the goal to educate residents on clinical, epidemiological, cultural, and healthcare systems issues related to refugees.

Methodology: Medical residents in the internal medicine department initiated and organized pre-clinic conferences and a noon conference lecture series directed at refugee and immigrant health care issues.

Outcomes: All medical residents in the Yale Traditional Internal Medicine Residency participate in at least one refugee health examination and are exposed to topics important to refugee and immigrant health care through pre clinic conferences and noon conference didactics. Examples of topics are refugee mental health, management of intestinal infections, refugee health screening, andlatent tuberculosis infectionscreening.

Conclusions and Discussion: The model of Yale's Refugee Clinic and the complimentary educational curriculum is designed to expose learners to refugee health issues and improve cultural competency. These resident run measures have elevated the clinic to a part of the residency curriculum and can serve as a model for other training programs. A future direction for the clinic is to quantitate learner comfort level with the refugee population and their health issues.

Keywords: Refugee, Medical Education

P204

Assessment of Competency of Health Care Providers in Providing Maternal and Newborn Health Care Services at Health Facilities in Four District of Bangladesh

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Abstract

Background: With good quality obstetric care, approximately 90% of these deaths could be averted.

Methodology: 10 facilities were selected in all layers of districts and sub-districts level. The observation was done 2-3 days in each primary care facilities and 7 days in each secondary care facilities. A total of 17 types of service under MNH clinical procedures were observed to assess the quality of care using structured checklists. These checklist forms consist of detailed components of clinical procedure.

Result: For ANC procedure highest number is observed in Community clinic (75) but highest possible score was 105 and average score for quality was found in Districts hospital (43.2). For delivery care component highest number of procedure observed in DH and MCWC and possible highest score was 43 but quality of care is good in private (nfp) and UHC (CEmONC). Both the observed number of procedure and average quality of care is high in DH for caesarean section (38 & 49.6). Highest number of neonatal cares and post natal care observed in DH (30 & 31) but average high score for quality is found in private (nfp)(13.7). For the post natal care both quality care and observed procedure is high in DH (12 Vs 24.9). Highest number of blood transfusion and drug distribution procedure observed in DH (7Vs 25).

Conclusion: For improved quality of care adequate training and support for this strategy will not substantially improve the availability of comprehensive EmOC.

P207

The Use of Group Visits to Improve Cancer Screening Rates in a Hmong Refugee Population

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Abstract

Background: Asian immigrants in the US consistently show the lowest rate of cancer screening. Typically at the lowest end of this group is Hmong refugees, where cancer screening rates can be below 50%. Making this an issue of even more urgency, the rate of death from invasivecervical cancer in the Hmong is among the highest of any ethnic group in the US. NorthPoint Health and Wellness Center in Minneapolis Minnesota serves a multi-ethnic patient population which has some of the poorest health outcomes in the entire country and had one of the lowest rates of cancer screening.

Methodology: In 2007 NorthPoint in conjunction with the American College of Pathologists through their See Test Treat program, began a yearly outreach to African American, Hispanic, and Southeast Asian women to improve cancer screening. This program includes language and ethnically appropriate education evenings a few weeks ahead of the screening days and then ethnically and language designated screening days which are conducted in a festival-like atmosphere.

Results/Conclusion: Over the subsequent 7 years, the participate among Asian women in both the education nights and the cancer screening has shown significant improvement. Within the patient panel of one provider, an approximately 12% improvement in Hmong cervical cancer screening was seen after the initiation of See Test Treat.

Keywords: Cancer screening, Group visits, Hmong

P212

Use of a Burmese Language Diabetes Education Program in a Audiovisual format in a Family Practice Clinic

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Abstract

Health care providers are challenged to provide patient education to refugee groups due to language barriers, lack of available materials and, time constraints of the office visit. An exhaustive internet search for diabetes educational tools in the Burmese language yielded a paucity of materials. No Burmese language diabetes education materials were located in an audio-visual format. This project explores the use of an electronic audiovisual educational tool for diabetes prevention designed for high risk Burmese refugees in a family practice setting. The educational tool, based on the American Diabetes Association diet and exercise recommendations and the common-sense model of self-regulation of health and illness, was designed to be culturally specific for low literacy Burmese speaking patients. This qualitative descriptive research employed a semi-structured survey to obtain participants perceptions of the effectiveness and clarity of the educational tool, perceived personal risk of the development of diabetes and, intentions of making lifestyle changes. Eleven adult Burmese speaking patients at risk for developing diabetes participated in the study. The findings indicate that the educational tool was effective in relating the seriousness of diabetes complications, symptoms associated with diabetes and the relationship if diabetes to obesity and poor diet. Results were mixed in participants' perceived personal risk of the development of diabetes and intentions to change exercise habits. The participants and clinic staff indicated that the use of an audiovisual electronic educational tool in a clinic setting efficient method of providing basic diabetes preventative education to Burmese speaking patients.

P213

A Nutritious Community Partnership Model: Interprofessional collaboration to help refugees adapt to the Canadian food system

Ellen Snyder, Sitelle Léonie Cheskey (University of Ottawa)

Abstract

Background: Nutrition and health literacy programs helping resettled refugees adapt to Canadian foods may address the common health decline seen in the newcomer population, known as the Healthy immigrant effect. The University of Ottawa's Refugee Health Initiative Community Service Learning (RHICSL) program, a medical student-led interest group, has been developing its Nutrition Initiative since 2012, promoting food security and health literacy among refugees. RHICSL works collaboratively with community partners providing medical student volunteers to help refugee families during their first year in Canada.

Methodology: Students receive training at an interprofessional health literacy and nutrition workshop to identify resources that will meet the needs of their assigned refugee family. Students then guide their family through a grocery store addressing any nutritional

concerns. Both students and families then participate in a hands-on workshop with a dietician, focusing on individual needs. Students and their families then prepare a meal with their family at home in order to discuss safety, nutrition and unfamiliar ingredients in a culturally sensitive environment. The program will be evaluated using surveys and focus groups for students, community partners and refugee participants.

Outcomes: 62 students trained in Health Literacy and Nutrition, 25 Guided grocery store tours, 12 Collaborative educational meals

Conclusions and Discussion: Medical students assist refugees in order to reduce barriers to accessing healthy, culturally appropriate, and affordable food. Overall, this Nutrition Initiative promotes healthy eating among newly arrived refugees during their transition to the North American diet, attempting to prevent the accompanying decline in health.

P214

The Impact of Chronic Traumatic Stress (CTS) and Torture on the Mental Health of Refugee Women

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(University of Vermont)

Abstract

Background: A staggering 15.4 million refugees were displaced across the globe in 2013. Nearly half are women or girls and thus, are particularly vulnerable to certain types of trauma (e.g., rape) that exacerbate the psychological sequelae of trauma exposure. Overall, refugees exhibit poorer mental health than non-refugees, with rates of PTSD and depression particularly elevated, especially for torture survivors. Furthermore, research suggests that females display worse mental health outcomes. These findings highlight the importance of investigating mental health outcomes for tortured female refugees. Given that many are mothers, maternal psychopathology may have deleterious effects on refugee children.

Methodology: Data related to torture history and psychopathology (i.e., self-reported PTSD, depression, anxiety) from 136 adult refugees were analyzed. Multiple linear regression analyses were conducted to investigate the effects of torture status and sex on psychological outcomes.

Results: No differences in psychopathology were revealed between torture survivors and non-torture survivors. Mean depression and anxiety scores exceeded clinical thresholds for all groups, however this was not true for PTSD. Rates of PTSD and depression did not differ by sex when controlling for torture status, however women reported higher levels of anxiety. Among torture survivors, there were no sex differences with regards to psychopathology.

Conclusions: Irrespective of torture history, refugees generally reported clinically significant depression and anxiety, with women reporting higher anxiety. Notably, mean PTSD scores were lower than expected despite high levels of reported trauma and torture, perhaps indicating the need for an alternative conceptualization of functional impairment.

Keywords: refugees, mental health, women

P218

Refugees at Risk for Mental Health Problems

Rahel Samuel Bosson, Katherine Rivera Contreras, Ana Fuentes, Rebecca Ford, Emily Just, Taghreed Abdulmogith, Ruth Carrico, Paula Peyrani (University of Louisville)

Abstract

Background and Objective: Refugees resettled in western countries are about 10 times more likely to have mental health problems than the general population. The purpose of this study was to identify the ethnic groups coming into Kentucky with highest risk factors for developing mental health problems.

Methodology: The three criteria used to assess risk for mental health problems are the Refugee Health Screener 15, the witnessing of violence or torture, and the experience of violence or torture. Based on these criteria, we performed a secondary data analysis of the University of Louisville Refugee Health Database. Data were collected from 6 refugee health screening sites in Kentucky from October 2012 through October 2014.

Results: Afghanistan, Iraq, Sudan, and Democratic republic of Congo were the countries with the highest risk factors for mental health problems. Afghanistan had the highest proportion of refugees with positive RHS-15 at 59 percent, followed by Iraq at 50 percent. Sudan had the highest proportion of refugees that experienced torture with 40 percent and those who witnessed violence with 73 percent. Among the refugees from the Democratic Republic of Congo, 64 percent had witnessed violence or torture.

Conclusion: Afghanistan, Iraq, Sudan, and the Democratic Republic of Congo are among the highest ethnic groups susceptible to mental health problems. This study shows that mental health personnel should be part of the early multidisciplinary team that assesses and treats these refugees soon after arrival.

Keywords: Mental health, violence and torture

P221

Refugee Health Guidelines:Recommendations for Pre-departure and Post-arrival Medical Screening and Treatment of U.S.-Bound Refugees

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Abstract

Background and Purpose/Objectives: As many as 75,000 refugees relocate to the United States annually from diverse regions of the world and bring with them equally diverse health risks and diseases. To promote and improve the health of refugees, prevent disease, and familiarize refugees with the U.S. health-care system, CDC provides guidelines based upon principles of best practices for health-care providers who may see refugees during the resettlement process. There are two major categories of the refugee health guidelines: overseas and domestic. The overseas medical screening guidelines provide panel physicians guidance on the overseas pre-departure presumptive treatments for malaria and intestinal parasites. These screenings are usually conducted days to weeks before the refugee departs from his or her country of asylum. The

domestic medical screening guidelines are directed toward state public health departments and medical providers in the United States who conduct the initial medical screening for refugees, usually 30-90 days post-arrival in the United States.

Methodology: This poster presentation will summarize, highlight updates, and provide website locations for the domestic and overseas refugee health guidelines and overseas interventions.

Results/Impact/Outcomes: Since the 2014 NARHC, the Overseas Interventions currently being implemented have expanded, including the addition of Uganda as a participant country in the existing refugee vaccination program.

Conclusions: This informational poster presentation will provide refugee health clinicians and partners an opportunity to review CDC's recommendations for pre-departure and post-arrival medical screening and treatment of U.S.-bound refugees and updates to overseas interventions.

P229

Retrospective Effectiveness Analysis of Art-therapy Course: Treatment of Syrian Refugee Children (REAACT-SRC)

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5. Boston Children's Hospital, Harvard Medical School.

Abstract

Background and Purpose/Objectives: There is a growing need to evaluate mental health interventions and their effectiveness in refugee children surviving war. There exists clinical data on Syrian refugee children living in Jordan before and after implementing an eclectic art-therapy module. The purpose of this study is to provide retrospective effectiveness analysis for this clinical intervention.

Methodology: The following data were collected for children (ages 8-13 years): Children's Revised Impact of Event Scale (CRIES-8), Depression self-rating scale for children (DSRS), and the Strength and Difficulties Questionnaire (SDQ). The data are available for 48 children prior to and after involvement in 2-4 individual and 10 group sessions of eclectic art therapy.

Results/Impact/Outcomes: Preliminary data shows that children whose pretest scores were above the clinical cut-off on each of the three scales, indicating a need for mental health evaluation, no longer met threshold following the intervention. Additionally, T-tests showed that group scores significantly decreased pretest to posttest for each of the three scales: CRIES-8 (pretest: M=14.94, SD=4.29; posttest: M=5.29, SD=2.33), DSRS for children (pretest: M=16.31, SD=3.45; posttest: M=11.65, SD=1.60), and SDQ (pretest: M=17.19, SD=3.05; posttest: M=13.15, SD=1.63). P-values were <0.001 for all T-tests.

Conclusions and Discussion: There are limitations to this retrospective analysis, such as our inability to control for school status and education, family composition, social status, or extent of trauma experienced. However, our study shows that while further research is required, this art therapy may be an effective tool in mental health management of refugee children who have experienced war trauma.

P231

Treatment Adherence for Latent Tuberculosis Infectionamong the Kentucky Refugee population at the University of Louisville Refugee Health Program

Rahel Bosson, Ana Fuentes, Katherine Rivera, Rebecca Ford, Emily Just, Ruth Carrico, Paula Peyrani (University of Louisville)

Abstract

Background: Latent tuberculosis infection is high among the immigrant and refugee population. A key component of the United States national strategy to eliminate tuberculosis is the identification and treatment of individuals with latent tuberculosis infection. The purpose of the study was to ascertain how many newly arriving refugees with latent tuberculosis infection completed treatment at the local health department.

Methodology: We conducted a secondary data analysis of the University of Louisville Refugee Health Program Database. All newly arriving refugees who screened positive for latent tuberculosis infection from 2013 to 2014 were included. Data was analyzed using SPSS and Tableau.

Results: A total of 32 refugees with the diagnosis oflatent tuberculosis infection were evaluated. From those refugees withlatent tuberculosis infection 17 started treatment and 12 completed treatment, 38 percent. From the refugees with the diagnosis oflatent tuberculosis infection 46 percent never started treatment and 16 percent never completed treatment.

Conclusion: Among the refugees diagnosed with latent tuberculosis infectionat the University of Louisville Refugee Health Program 62 percent did not complete treatment or never started treatment. This is consistent with the suboptimal treatment completion rates nationally. This study shows screeningrefugees forlatent tuberculosis infection is not enough. There needs to be a bridge between disease identification and treatment. More research is needed to understand the barriers for treatment initiation and adherence among our refugee population.

Keywords: Latent tuberculosis infection, treatment adherence, refugees

P257

Women's Health Education Program for Refugee Women

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Abstract

Background: In July 2013, PCPC Refugee Clinic began an initiative to improve patient education surrounding women's health. We initially designed a program in which patients, grouped by nationality,

met with a medical student for 30-45 minutes before their clinic visit to discuss women's health topics. While these sessions were well-received, there were still concerns with patient comfort in the clinic environment. Thus, we redesigned and expanded the program.

Methodology: We created a four-hour curriculum of women's health topics divided into two sessions each month. In partnership with a woman from each community, medical students created discussion guides tailored to each community and used to train session leaders. The program has also been redesigned such that educational sessions take place in community spaces rather than in the clinic.

Impact/Outcomes: We piloted the program in the Burmese community and have conducted three community sessions with enthusiastic participation. In addition to the topics in our original curriculum, other topics have arisen such as flu vaccination and infertility. The individualized nature of the sessions has also allowed us to assist patients with navigating the healthcare system, such as scheduling medical appointments. Informal feedback has been overwhelmingly positive.

Discussion: While our initial efforts have been well-received, our remaining goals are: (1) to optimize the program and expand it to other refugee communities, (2) to develop a cohort of trained interpreters who may act as community health workers in their communities, and (3) to translate our educational material into a printed booklet in each language.

P268

Cost-effectiveness of QuantiFERON-TB Gold vs. Tuberculin Skin Tests in Latent Tuberculosis Infection Screening in a Refugee Population

Connie Y. Cheng, Kevin Ikuta, Amir Mohareb, Dhruva Kothari, Aniyizhai Annamalai (Yale University School of Medicine)

Abstract

Background: Refugee populations in the US experience a disproportionately higher rate of tuberculosis (TB) infection and a greater risk for reactivation compared to US-born individuals. Cost-effective TB screening is therefore an important step in TB control. Interferon gamma release assays (IGRAs) like the QuantiFERON-TB Gold test (QFT-G) offer greater specificity in a BCG-vaccinated population compared to tuberculin skin tests (TSTs). Consistent with this, past studies of our clinic show a low prevalence of latent tuberculosis infection (LTBI) diagnosed using QFT-G. However, the QFT-G is expensive, and its cost-effectiveness in this population is unknown. In this setting, we investigate the cost-effectiveness of QFT-G compared to TST for LTBI in a refugee population in Connecticut, USA.

Methodology: Retrospective chart review of newly resettled adult refugees screened for LTBI using TST from Jan 2009-Mar 2012 and QFT-G from June 2013-present. We use a Markov model of screening for LTBI to compare cost-effectiveness of TST versus QFT-G as screening tools in this cohort. Published rates of TB reactivation and standard costs of treatment were usedas data inputs to the model.

Results: Our clinic data shows that QFT-G detects a lower prevalence of LTBI than TST in our patient population (25.8% versus 44%). Cost-effectiveness analysis is still ongoing at time of writing.

Conclusions: LTBI screening guidelines currently target foreign-born patients, among other groups. While QFT-G detects lower rates of LTBI compared to TSTs, patient population and demographic factors should be considered when determining the most cost-effective screening tools for LTBI.

P273

Providing Specialty Services to Hamilton's Refugee Population through Resident-run Clinics at a Dedicated Site

Hana Mijovic, Leslie Martin, Erin Hanley, Jennifer Ruzhynsky, Joseph Oliver, Christian Kraeker, Rachel Erstling, Tim O'Shea, Andrea Hunter (McMaster University, Departments of Pediatrics, Psychiatry, and Internal Medicine)

Abstract

Background: Downtown Hamilton is home to disproportionately high number of refugees. Hamilton Centre for Newcomer Health – 'Refuge' offers monthly subspecialty clinics in collaboration with McMaster University medical trainees. We describe experience with our program to date.

Outcomes: Clinics are run by residents in internal medicine, pediatrics and psychiatry and supervised by staff physicians. Approximately 60 new patients are seen each year, with more than 20 residents involved. Clinics have been operating since 2004. Referrals are usually made through 'Refuge' family medicine clinic where initial health screening is conducted. Commonly encountered conditions include intestinal parasites, viral hepatitis, diabetes, hypertension, asthma, PTSD and depression in adults, and anemia, poor growth, developmentala nd behavioral concerns in children. Residents report clinics enable them to appreciate health concerns specific to refugees, better understand barriers to accessing health care including benefits and challenges of longitudinal care provision, gain skills in working with interpreters, and address concerns of refugee patients seen in ER or inpatient settings.

Conclusions and Discussion: Resident-run clinics facilitate access to subspecialty services for refugee patients and provide important learning opportunities in refugee health and advocacy for medical trainees.

P274

Psychosocial Needs of Displaced Syrian Refugees: Research Directions

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Abstract

Background: Over 9.5 million Syrians were displaced from their homes due to the conflict in Syria since March 2011. However, only 15% of these displaced Syrians are registered as refugees. The large number of refugee arrivals has already negative social and economic impacts on the region. Psychosocial services are not a priority for refugees due to limited resources. Majority of the studies focuses on physical health of refugees. This study provides an overview of current literature on psychosocial needs of Syrian refugees and raises awareness on possible research needs.

Methodology: A literature review is conducted for articles and reports published between March 2011 and December 2014. Peer-reviewed journal articles were systematically searched through databases, including PsychINFO, Academic Search Complete, Ovid, ProQuest, Google Scholar, and Medline using combinations of the following key terms: refugees, psychosocial, mental health, PTSD, and Syria.

Results: There are twenty-five journal articles that matched the study's inclusion criteria. Six of them directly evaluate psychosocial needs of refugees. Nineteen articles describe psychosocial services for displaced Syrian refugees. Twelve special reports directly address psychosocial needs of adults and children in the region.

Conclusions: The current literature review indicates that there is a vital need for research to identify and meet psychosocial needs of displaced Syrian refugees. Domestic violence, sexual violence, and forced child marriage are also increasing issues among Syrians. Current studies focus on challenges and mental health problems of refugees. However, more attention should be paid on resilience and empowerment among displaced Syrian refugees in future studies.

P275

Common Health Issues Among Newly Arrived Refugees Resettled in Kentucky

Rahel Bosson, Rebecca Ford, Ana Fuentes, Katherine Rivera, Emily Just, Taghreed Abdulmogith, Ruth Carrico, Paula Peyrani (University of Louisville)

Abstract

Background: Every year, approximately 2500 refugees enter Kentucky as part of a national resettlement program. Refugees arriving in the United States bring various health problems that are identified during their Refugee Health Assessment. The purpose of this study was to identify the most common health issues diagnosed in newly arrived refugees in Kentucky.

Methods: We conducted a secondary data analysis of the University of Louisville Refugee Health Program Database. All refugees arriving in Kentucky who received a refugee health assessment from January 2013 to December 2013 were included. Data were collected from six refugee health screening sites in Kentucky.

Results: A total of 1513 refugees were assessed. Among the top ten diagnosed health conditions identified were hypertension, dental abnormalities, musculoskeletal issues, tobacco abuse, obesity and hyperlipidemia. Over 50 percent of the refugees were considered overweight or obese, 13 percent had high cholesterol and 42 percent had low HDL levels. Other common health issues identified were mental health issues and infectious disease such as intestinal parasites and latent tuberculosis.

Discussion: The major health conditions facing our refugees after arriving in the U.S. are the same chronic conditions that require long-term management, aggressive risk stratification and preventative health measures as are found in the native U.S. population. Early identification of these chronic diseases and effective primary and preventative care is essential if we are going to limit the long-term tertiary complications of disease in the refugee population in our community.

Keywords: Chronic Disease, Primary Care, Refugees

P281

Fewer Missed Opportunities for HPV Vaccination: What We Can Learn from the Refugee Population

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Abstract

Background: HPV4 vaccine was approved for boys and girls in the U.S. in 10/2011. Three doses are needed to complete the vaccine series. Public Health Nurses reported higher HPV4 vaccine acceptance among refugees than non-refugees.

Methods: We conducted a retrospective review of electronic medical records of all 9 to 26 year old clients seen at Marion County Public Health Department (MCPHD) between January 2012 and November 2014.

Results: 17,467 clients between the ages of 9 and 26 years were seen at MCPHD between January 2012 and November 2014. Of those, only 9650 (55%) individuals received at least one dose of HPV vaccine. HPV vaccine acceptance among refugees was higher at 77% (1486/1926) compared to 53% (8144/15,494) among non-refugees. Out of 8687 girls, 4685 (54%) received at least 1 dose of HPV vaccine compared to 4945 (57%) out of 8733 boys. The vaccine acceptance was higher in boys in both groups with 55% among refugees and 51% among non-refugees. 7817 individuals (45%) did not receive any HPV vaccine. Reasons for not receiving the recommended vaccine included, vaccination not offered by provider, refusal by guardian or client, and supply problems. The completion rate of the HPV vaccine series was 38% among refugees versus 7% among non-refugees.

Conclusions: The HPV vaccine initiation and completion rates of MCPHD clients are higher among the refugee population. Strategies used in the refugee clinic could be applied to non-refugee clients to increase HPV vaccine initiation and completion rate in this population.

Keywords: HPV, vaccine, refugees

P286

Access to Healthcare Services for Refugee Claimant Children: The experience of families in Montreal and an international comparative policy analysis of health insurance programs

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Abstract

Background: Cuts to the Interim Federal Health Program (IFHP) between June 2012 and November 2014 limited access to healthcare for refugee claimants throughout Canada. In certainp rovinces, including Quebec, the provincial government financed the healthcare services no longer provided by the IFHP. Regardless, many cases of denial of care to refugee claimants and inappropriate demand

for payment by healthcare professionals have been informally reported. Our study aims to characterize among refugee claimant children: 1) incidences of denial of care in Montreal and 2) the current healthcare insurance policies in Canada compared to other countries with large numbers of refugee claimants.

Methodology: By means of key informant referral, children having experienced an incidence of denial of care are being recruited from various clinics in the greater Montreal area. Semi-structured interviews are being conducted with parents to identify IFHP-eligible children who were denied care.We will analyze the interviews using thematic analysis.Through a review of the published and gray literature as well as government websites, we will compare data on healthcare insurance programs for refugee claimant children in Canada, the United States, Australia, the United Kingdom, and Germany.

Results: Although our review of international policies demonstrates that Canada offers more insured health care services for refugee claimant children compared to some countries, the narratives will identify specific barriers that in reality limit access to the seservices for refugee claimant children in Quebec.

Conclusion: Barriers exist in Quebec that prevent refugee claimant children from accessing free health care services for which they are eligible.

P287

Feasibility of Mental Health Screening of Resettled Refugee Children in the United States

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3. Hathaway Brown College Preparatory.

Abstract

Background and Purpose: There is a high prevalence of mental health issues in refugee children, and current CDC recommendations do not include mental health screening of this vulnerable population upon resettlement. The study aims to explore the feasibility of mental health screening of newly resettled refugee children to the United States.

Methodology: Mental health screening of 25 newly resettled Iraqi, Nepali and Somali refugee children, ages 8 to 18 years, in Cleveland were performed using the following screening tools: (1) Refugee Health Screener (RHS-15), (2) Children's Revised Impact of Event Scale (CRIES-8) and (3) Pediatric Symptom Checklist (PSC-17). The RHS-15 results of the parents were also obtained. Illiterate refugees completed the screens by help of live translators.

Results: The screening tools did not elicit any emotional distress, were time efficient and understood by all participants. The screening tools detected a prevalence of 16% (4/25) of PTSD, depression or anxiety in the refugee children and 100% (8/8) of their parents screened positive on the RHS-15. All participants who screened positive are in the process of obtaining mental health services.

Conclusion and Discussion: With the high prevalence of mental health issues in this population, the need for mental health screening upon resettlement is evident. This study demonstrated the feasibility of mental health screening of this population even with illiterate refugees. Efforts to develop mental health coordination are currently in process. Our experience in Cleveland suggests that there may be unmet needs for mental health screening and treatment for refugees in other communities nationally.

P290

Race, Ethnicity, Language and Literacy (REALL) of Refugees and Immigrants in a Primary Care Clinic

Angel Narendra Desai, Genji Terasaki, Emily Mosites, Jonathan Carey Jackson (University of Washington)

Abstract

Background: The IOM in 2009 recommended that health systems collect patient data to include ethnicity and language abilities which would help to identify health disparities beyond the traditional five race categories.The International Medicine Clinic, a primary care clinic serving adult refugees and immigrants in Seattle, Washington, began collecting ethnicity language data at patient registration in 2007.In this descriptive study, we use diabetes indices to illustrate how the use of granular data improves precision in identifying differences between ethnic groups.

Methods: The number and fluency of languages read and spoken, including English, were retrieved through language concordant inquiry bytrusted staff well known to the patient. Between February 2012 and January 2013, diabetic patients were identified through the EMR and clinical indices related to diabetes were extracted. Race was imputed in this group of first generation immigrants from the ethnicities identified.

Results: 206 diabetic patients were identified. The mean age was 59 years. Most (59%) were female. The average hemoglobin A1c was 7.9%. The average HbA1c for patients categorized as "black" was 8.3%. Within this race group, however, there was a range from 7.9% (Tigrinya) to 8.8% (Somali).

Conclusions: Assessing diabetes outcomes at a granular level can yield additional information regarding disease severity among specific ethnic groups that would otherwise be lost when utilizing traditional race categories. Under the ACA, health systems have an opportunity to re-tool their patient registration systems to include granular data. Given limited resources, this information can ultimately aid in targeted screening and community outreach to high-risk refugee populations.

P293

Levels of Health Care in the United States: An ARHC Multi-State Pilot Education Project

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Abstract

Background: For refugees resettled in the US, health orientation occurs before departure, and upon arrival in the US. With all other information received at these critical times, retention often proves difficult. ARHC and its key partners identified a need for increased communication and coordination between overseas and domestic staff around health education. Because navigation of the US health care system is so difficult and crucial, it was identified as the first topic for collaboration.

Methodology: The ARHC health education committee chose a lesson plan developed and implemented by Church World Service Nairobi, and communicated with overseas staff on the context of its use. The lesson plan was adapted slightly, then piloted in Washington, Idaho, Minnesota, Kentucky, and Colorado. The lesson was implemented in various settings throughout the resettlement continuum, and in mixed and single-language groups. The lessons were evaluated using written and verbal evaluation tools.

Results: Evaluation attempts proved difficult in settings with adults with limited literacy. The written evaluations were image based, but proved a better indicator of test-taking skills than comprehension of the lesson. However, focus groups held after the lessons showed positive reception of the information within and interactive nature of the activity.

Conclusion: Coordination between overseas partners and domestic refugee programs allows sharing of innovative practices, and can reinforce information and images for refugees struggling to learn complex information. Refugee clients enjoy interactive, image-based learning activities and this Levels of Health Care tool can be easily modified and facilitated in various pre- or post-resettlement settings.

P305

Access Alliance First-Contact Clinic for Refugees

Danielle Kenyon, Access Alliance Multicultural Health and Community Services

Abstract

Background and Purpose: Evidence suggests that refugees face multiple barriers to accessing health services. Access Alliance Multicultural Health and Community Services' (AAMHCS) mission is to serve the most vulnerable newcomers in Toronto. COSTI Reception Centre provides interim housing for refugees and delivers settlement services for refugees in Toronto. AAMHCS operate an on-site First-Contact Clinic at COSTI reception centre. AAMHCS has developed a pathway to identify high-risk clients that require on-going follow-up. The purpose of this retrospective chart review is to enhance service delivery after identifying the reasons that refugees seek medical attention in their first weeks of arrival.

Methodology: Chart reviews from refugee clients that accessed the COSTI first-contact clinic between January 2014 and December 2014. We have prepared a summary of the most frequently seen conditions and most frequent reasons to access care. Additionally, demographics of the clients seen will be reported such as gender, ages, language.

Results: Our data indicates that clients seen at the COSTI have a variety of health needs. The greatest proportion of clients presented for ongoing management of chronic disease and/or medication refills for chronic disease medications. The second most common reasons were related to pain associated with musculoskeletal concerns.

Conclusion: This data is consistent with the literature that suggests that newcomers have a variety and complexity of health needs. This data supports a continued need for the clinic and high-needs pathway.

P310

Food Receipts Analyses: Examining food choices and shopping practices of newly arrived refugee families in the U.S.

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Abstract

Objectives: The main objectives of this study are to: 1) examine food shopping habits and the utilization of food assistance benefits (SNAP EBT) by recently arrived refugees living in the Raleigh-Durham, NC area and 2) compare the food choices among different groups of refugees (Iraqi v. Burmese) upon resettlement.

Methodology: A case-study approach was used to carry out an in-depth investigation of food choices and shopping practices of eight newly arrived refugee families. Of the eight families, four were Burmese refugees, while four were originally from Iraq. The study was approved by the UNCG IRB. Participating families were interviewed to collect socio-demographic and related information. In addition, from each family food receipts were collected for three months to compare frequency of food shopping, types of stores visited, and types of food purchased. The receipt data was then analyzed using descriptive frequencies.

Results: Results indicated that SNAP benefits represented the entire food budget for most families. Receipt of food assistance benefit ranged from $200 to $926. Burmese families on average spent more of their food assistance benefit at ethnic stores. In food choices, purchase of milk and milk products was rare among Burmese while Iraqis spent approximately 15 percent of their SNAP benefit on foods from the solid fats and added sugar category. Occasionally, SNAP EBT cards were declined due to zero balances.

Conclusions: Results indicate that an intervention addressing food budgeting and food shopping is needed to help refugees navigate the complex food environment in the U.S.

P311

Pre and Post Migration Experiences in Healthcare for Women who Identify as Roma in Hamilton

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Abstract

Background and Purposes/Objectives: This study explored the pre and post migration healthcare experiences of women who are refugees and identify as Roma in Hamilton, Ontario. The aim was to

identify barriers and make recommendations for greater access to and delivery of health services in Canada for Roma women.

Methodology: Six semi-structured interviews were held with Roma women from Hungary and Czech Republic, age 18 – 45. Three semi-structured interviews were held with healthcare providers. Interviews aimed at learning about healthcare experiences pre-migration, post-migration and barriers in accessing and receiving healthcare. Data was coded and analyzed using qualitative description.

Results/Impact/Outcomes: This population was difficult to access and recruit for research due to a fear of responses adversely affecting refugee claims. Generally, Roma women experienced more favorable healthcare experiences in Canada, in contrast to country of origin. Some women questioned competency and level of training of Canadian providers. Barriers identified were recent refugee health coverage and policy changes, wait times and communication. Providers found the largest barrier to be language. Both groups of participants noted stress during the claimant process adversely affecting overall health.

Conclusions and Discussion: To reduce barriers to healthcare, it is important to educate both refugees and healthcare providers on service options. As to concerns over provider competency, greater language and translation services should be employed when treating this population. With fears of participation in the study, this speaks to an overall distrust of the refugee claimant process in Canada and the stress that claimants endure while policies change.

P315

Pilot Protocol for Assessment of Health Needs and Evaluation of Public Health Interventions for U.S.-Bound Refugees: Examples of Collaboration in Minnesota, North Carolina and Texas

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3. N.C. Department of Health and Human Services.
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5. University of Minnesota.

Abstract

Background and Purpose/Objectives: Since August 2012, several states have collaborated with the CDC's Division of Global Migration and Quarantine on an ongoing pilot project to assess the needs and evaluate public health interventions in refugees resettling to the United States from Thailand. We provide an example of such collaboration between the refugee health programs in Minnesota, North Carolina, and Texas.

Methodology: Enrolled refugees were tested for anemia, hepatitis B, and parasites prior to departure. Approximately 30 days before arrival in the U.S., CDC used a secure website to send overseas results for consenting refugees to the Refugee Health Coordinators (RHC) in arriving states. The RHC relayed information to one of many receiving refugee health clinics so that overseas results could be reviewed prior to or during the domestic medical examination. Serum and stool specimens for additional testing were collected in these states and sent to CDC.

Results/Impact/Outcomes: During September 2012 through August 2014, Minnesota, North Carolina and Texas received 445 (22.2%) of 2004 enrolled refugees. In these arriving states, 372 (83.6%) were assessed at local refugee clinics within a median of 26 (range, 5-84) days. To date, local clinics from these states have sent 319 stool and 358 serum samples to CDC for testing.

Conclusions and Discussion: Various mechanisms are employed to relay refugee health information from states to their local clinics. Close and timely collaboration between overseas, federal, and state health partners improve refugee care.

P317

Understanding Alcohol Use in the Karen Community in Philadelphia: What are the community members' perceptions?

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Abstract

Background and Objectives: Refugee families face numerous stressors during their resettlement period, increasing their vulnerability to alcohol abuse. Among Karen refugees, anecdotal evidence draws concern towards the prevalence of alcohol abuse and the detrimental impact on family stability. Recent studies have investigated alcohol use in a similar community in Minnesota. However, there is no data about the attitudes toward alcohol use among the Karen refugees in Philadelphia. The study's objective is to investigate the community's perspectives on alcohol use and its influence on family dynamics.

Methodology: Ten, English-speaking community members identified through partner organizations are being invited to participate in semi-structured interviews. Family medicine residents will conduct these interviews, which will be recorded, transcribed and analyzed using ground theory. The topics of focus include: 1) perceptions toward alcohol use 2) mediators of alcohol use 3) effects of alcohol use, and 4) current available resources.

Results: We anticipate that participants believe alcohol is a problem in their community, having a negative impact in families. Obtained information will guide the formulation of a coherent understanding of alcohol use in the target group.

Discussion: The information will guide the process of assessing a community-wide prevalence of alcohol abuse. Ultimately, the objective is to develop a culturally appropriate screening tool and intervention applicable to the community and primary care setting.

Keywords: Karen refugees in Philadelphia, alcohol use.

P325

Vegetation-based Therapy for Hypertension Management among Montagnard Refugees in Transnational Contexts

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(University of North Carolina Greensboro)

Abstract

Background: Hypertension is a major contributor to morbidity among S.E. Asians in the U.S. Anecdotal accounts from Montagnard refugees, who were resettled from the Vietnam Highlands, suggest increasing hypertension prevalence among households. Empirical studies of Montagnard hypertension experiences are lacking. Knowledge about associated risk factors such as dietary patterns including plant and herb use is limited. The purpose of this study was to compare plant and herbal use among Montagnards living in Vietnam and in Greensboro, North Carolina.

Study Design and Methods: The guiding research questions were: What plants and herbs are associated with hypertension management? How are they used? Are there differences in types and usage patterns across the two geographic populations? A multi-method approach was used in which data were collected through photography and digital cataloging of plants and herbs from household gardens, video-taping preparation for consumption, audio-recorded key informant interviews and focus group discussions with Montagnard adults living in households impacted by hypertension. Content and domain analyses procedures were used to organize categories and emergent themes.

Results: Vegetation-based therapy is a key strategy for lowering blood pressure among Montagnards across locations. Commonly consumed plants and herbs included bitter melons, cassava, and hot peppers which were typically grown by Montagnard women. This pattern was dominant and retained in the post-resettlement context. Further, these strategies were used in conjunction with locally prescribed anti-hypertensives.

Conclusion: These findings have implications for public health and clinical practitioners providing culturally relevant chronic disease care and prevention services to underserved populations.

P326

Increasing the Usability of Online Resources for Refugee Women at Risk of Intimate Partner Violence in Philadelphia

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Abstract

Background: Intimate Partner Violence (IPV) is a serious public health problem with adverse consequences on the psychological, reproductive and physical health of the victim. Refugee women are especially vulnerable to IPV due to factors related to their refugee experience. Reaching the women with IPV related information is challenging.

Purpose/Objectives: Philadelphia is the most resettled city in Pennsylvania for refugee women and their families. Agencies serving refugees offer online resources that may be particularly useful for refugee women at risk of IPV. The goal of the study is to assess the usability of the websites in terms of language support, cultural appropriateness and quality of information.

Methods: Webpage content analysis of all Philadelphia-based agencies serving refugee women was conducted. Because websites are constantly changing, screen shots of front pages and specific subpages pertaining to IPV was captured on the same day and analyzed over a period of several days. A coding template was developed based on the themes associated with the three categories (language support, cultural appropriateness and information type)

Results: Information found to be culturally appropriate although not often geared towards refugees or those at risk of IPV. Contents primarily in English with limited language support. Multiple steps required to reach pertinent information.

Conclusion and Discussion: Usability can be improved with enhanced navigation and language support engines such as goggle translate. The anonymity of the internet is a useful tool for reaching refugee women not easily reached by traditional methods and should be explored further.

P337

The Development of an Online Portal to Support Resettlement and Provision of Services to Refugees Living in Hamilton

Matthew Brian Hughsam, Matthew Driedger, Ruth Chiu
(McMaster University)

Abstract

Background: Refugees settling in Hamilton face many systemic barriers to accessing services, from restrictive policies to unique challenges at the point of care. These challenges are compounded by fragmentation between Hamilton's many community services that are each vital to healthy settlement.

Methodology: Key informant interviews were used to identify challenges faced by refugees and their care providers. Findings informed the development of an online portal that aims to improve access to services for refugees, and support healthcare providers in their practices. The project was developed in partnership with Refuge: Hamilton Centre for Newcomer Health, a clinic that provides comprehensive health services and referrals to community agencies. This online tool will be integrated into the Refuge web page in May 2015.

Outcomes: The portal comprises of two components: resources for refugees, and resources for service providers. The former uses an interactive, user-friendly map to provide information on refugee-friendly health and social services in Hamilton, as well as more general guides on employment, housing and health system navigation. The latter provides healthcare providers with best practice guidelines, user-friendly billing instructions, and translated health education resources for working with refugee patients. Ultimately these tools aim to support refugees in the resettlement process by increasing the accessibility of services and the quality of healthcare provided.

Conclusions and Discussion: Solutions to address the diverse health needs of refugees can not be limited to the direct provision of healthcare; instead they must consider the diverse community, social, and health barriers that affect access to services.

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