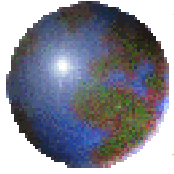


*Strategic planning and innovative interventions to address chronic health conditions among diverse refugee communities*

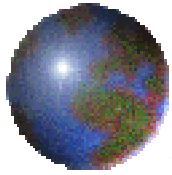
Patricia Erwin, MPH, Newcomers Health Program  
American Public Health Association Annual Meeting  
November, 2007





## *Overview*

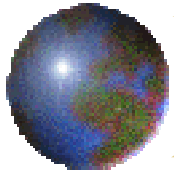
- Brief summary of Newcomers Health Program
- Chronic Disease Prevention Assessment
  - Process
  - Findings
  - Recommendations
- Proposed Interventions



## *Newcomers Health Program*

- ▣ Nearly 30 years responding to refugees & immigrants health issues in San Francisco
- ▣ Collaboration between Newcomers Health Program, Refugee Medical Clinic and various other CBOs and health centers

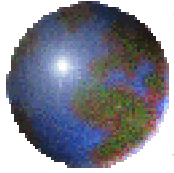




# *Who We Serve Through Our Collaborative Clinical Services*

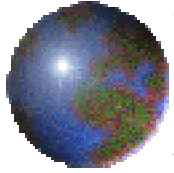
Primarily US  
Government-  
designated refugees,  
asylees, victims of  
trafficking and their  
family members





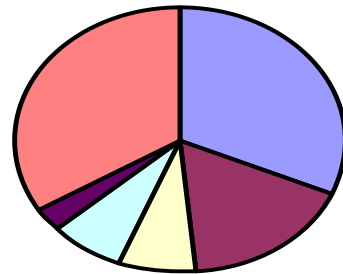
## *Newcomers Health Program: Collaborative Clinic-Based Services*

- ❑ Refugee Preventive Health Program: Chronic Disease Prevention and Management
- ❑ Refugee Health Assessment at SFGH, Refugee Medical Clinic
- ❑ Medical Interpretation and Patient Support Services for Primary Care Patients
- ❑ Culturally- and Linguistically-Appropriate Clinical Health Education Services



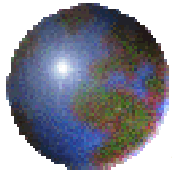
# *Refugees and Asylees 2005-2006*

## **Countries of Origin for Health Assessments**



N=214

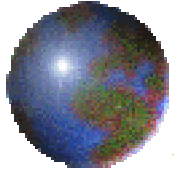
- **Major Health issues:** heart disease and hypertension, mental issues, dental, vision and hearing problems.



# Community-Based Programs

- ❖ Programs and initiatives in response to community needs
- ❖ SUNSET Russian Tobacco Education Project
- ❖ Let's Be Healthy! Project
- ❖ Programs open to immigrant communities, usually not restricted to status

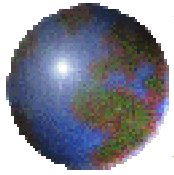




## *Why an Assessment on Chronic Disease Prevention and Management?*

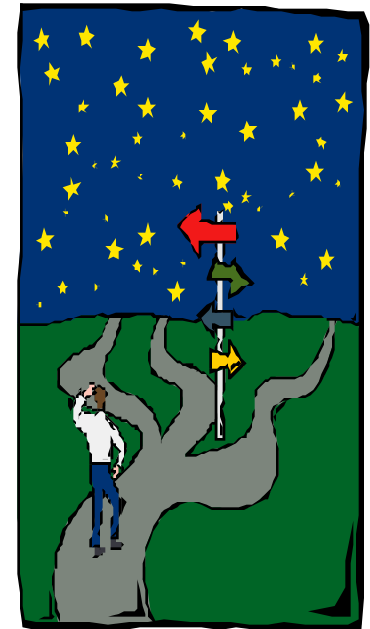
- ⊕ Received funding for a strategic planning process for RPHP program
- ⊕ Had MPH interns interested in our work
- ⊕ New arrivals being diagnosed with chronic diseases
- ⊕ History of providing chronic disease prevention and management programs for diverse populations

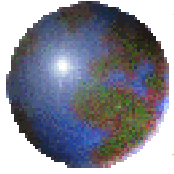




## *The Method to our Madness:*

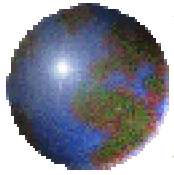
- ⊕ As the first step we outlined purpose
- ⊕ Second, we decided who our stakeholders were
- ⊕ Third step was deciding the best way to get information from each stakeholder
  - ⊞ Surveys, health condition data, interviews, focus groups





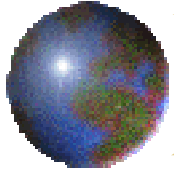
## *Key Findings*

- ❖ Refugees are suffering from preventable chronic diseases or have high risk factors
- ❖ The majority do little physical activity, and significant percentages smoke, often eat sweets and fried foods, and add salt to their food
- ❖ New arrivals from China had the best health behaviors and those from Ukraine had the worst



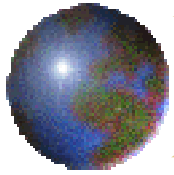
## *More Key Findings*

- ❖ High rates of tobacco use, including hookah smoking among certain cultures.
- ❖ New arrivals from 45 to 54 are most affected by chronic diseases and males have higher rates of diagnoses than females.
- ❖ New arrivals from Ukraine and Russia are most affected with chronic disease diagnoses.
- ❖ Chinese-speakers with chronic disease often have high incidence of hypertension.



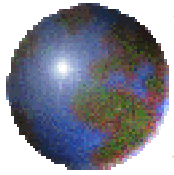
## *Barriers to Addressing Chronic Diseases*

- ❖ Language
- ❖ Chronic health as priority for new arrivals
- ❖ Health care system navigation
- ❖ Religious and cultural issues
- ❖ Non-prevention or issue with “looking for bad luck”



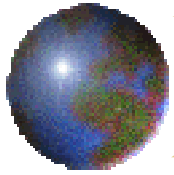
## *Preferred Ways of Receiving Health Information*

- ❖ Chinese prefer written information, education from a clinician and small group classes.
- ❖ Chinese equally prefer receiving health education at the clinic, home or small group settings.
- ❖ Russian-speakers prefer that their health education come from a clinician/in the clinic rather than in a small group in the neighborhood, at home or on the telephone.



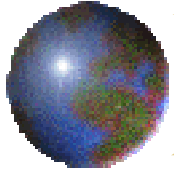
# *Community Recommendations*

- ◻ Culturally- and linguistically-appropriate materials
- ◻ Navigation
- ◻ Authority of providers
- ◻ Family members and modeling
- ◻ Socially supportive group environments.
- ◻ Build on assets of new arrival communities
- ◻ Creative outreach and comfortable settings.
- ◻ Eagerness to better their lives is an asset
- ◻ Talk to each other!



# *Our Proposed Interventions*



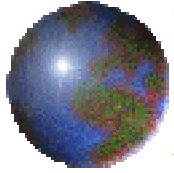


# *A Comprehensive Approach...*

## *3 Tiers of Interventions*

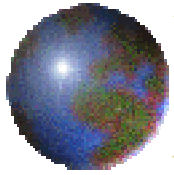
- ❖ Changes to infrastructure systems
- ❖ Provide education and support for health promotion activities
- ❖ Support those with CVD in managing their condition in culturally appropriate manner





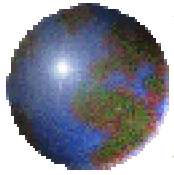
## *Infrastructure Systems*

- ❖ Systems to ensure all new arrivals are fully assessed for chronic diseases and provided preventive education and opportunities to practice healthy living
- ❖ For those with chronic disease diagnoses: systems developed to track and follow-up care and support provided among team



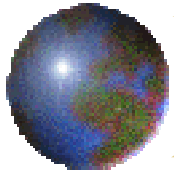
## *All New Arrivals: Health Promotion*

- ❖ Focus is prevention through education and healthy living opportunities:
  - ❖ One on one or small group education
  - ❖ Written materials available in top 3-5 languages of new arrivals
  - ❖ Activity groups or referrals:
    - walking groups, healthy eating sessions, shopping in US sessions, yoga, etc.



## *For High Risk Patients and Those with CVD*

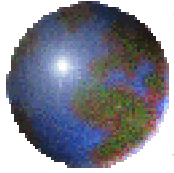
- Two possible models for management support and follow-up:
  - Teamlet model:
    - may offer the ideal combination of support that is culturally and linguistically appropriate and tailored to the patient's specific needs/issues
  - Group medical visits and/or group education/support sessions:
    - need to have 8-12 patients with similar diagnosis and culture



## *In conclusion*

- ✿ Appropriately identify and assess key stakeholders
- ✿ Create culturally and linguistically appropriate methods for gathering information
- ✿ Develop interventions with comprehensive approach
- ✿ Build strong partnerships with all stakeholders, particularly patients





## *Many Thanks!*

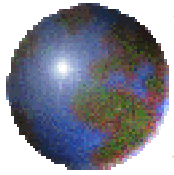
### **Contributors to Research and Writing:**

- ▣ Neil Sachs
- ▣ Megan Orr
- ▣ Dr. Lisa Ward
- ▣ Samira Causevic
- ▣ Tania Dubrovsky
- ▣ Linette Escobar
- ▣ Patrick Ledesma
- ▣ Carly Leung
- ▣ Freda Luu

### **For Sharing Time, Ideas and Insights:**

- ▣ New Arrival Refugees and Ayslees
- ▣ Providers and Staff of Refugee Medical Clinic
- ▣ Staff from CBOs and refugee service agencies in San Francisco





## *Contact Information*



Patricia Erwin, MPH, Program Manager

1490 Mason St. Suite 107

San Francisco, CA 94133-4222

Phone: (415) 364-7651

Fax: (415) 364-7660

Email: [patricia.erwin@sfdph.org](mailto:patricia.erwin@sfdph.org)

Email: [newcomershealth@yahoo.com](mailto:newcomershealth@yahoo.com)

[www.dph.sf.ca.us/CHPP/newcomers/newcmrs.htm](http://www.dph.sf.ca.us/CHPP/newcomers/newcmrs.htm)