

# Developing a Profile of Refugee Primary Care Access and Delivery Needs in Pima County, Arizona

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*We would like to extend a special thanks to the 29 new members of our Tucson community who took the time to offer their experiences, insights and suggestions, and to the primary care providers who took the time to reflect on improving their knowledge and services for the health of their refugee clients.*

**“Many people are afraid to owe money. Sometimes like with an emergency appointment, they are charged and cannot pay it back. If they get a hospital bill for \$10,000, then they think there is no way they can pay that money and it is better just to die. Bills come in the mail, and AHCCCS (Medicaid) doesn't have that kind of money on the card.**

**All refugees have gone through difficult times and are not living at the same level as back at home. Sometimes it may become a problem. Paying for medical care is a hard question.**

**If a person has a job, he can pay some, but then he doesn't even have enough money to pay rent or electricity and then if you're lucky you can find someone [who knows English] who can help figure the bills out, but not all the time.” - Somali Refugee**

## Background

In March 2009, the University of Arizona Mel and Enid Zuckerman College of Public Health, in collaboration with the Refugee and Immigrant Service Provider Network of Tucson (RISP-Net), the Pima County Community Health Task Force (PCCHTF) received funding through the Arizona Health Facilities Authority from St. Luke's Health Initiatives to conduct a Refugee Primary Care Access and Delivery Needs Assessment for refugees recently resettled to Tucson.

## Phase One

The first phase of the project was the development and implementation of a survey of primary care providers (PCPs) who are assigned refugee patients upon their resettlement to Tucson. Public health nurses were included. There was a 24% response rate, with 26 out of 107 providers targeted for the survey responding. The survey addressed:

- primary care service access and delivery issues,
- training and information needs for providers, and
- PCP recommendations for improving refugee access to care.

## Phase Two

The second phase of the project was the development and implementation of group or individual interviews with adult refugees recently resettled to Tucson during December 2009-March 2010. In all, 15 separate interview sessions were conducted with a total of 39 refugees from the Iraqi, Bhutanese, Somali, Burundian and Congolese refugee communities. The interviews addressed:

- primary care services in Tucson,
- challenges to accessing services, and
- refugees' ideas about the optimal service delivery

## Contextual Considerations

The Arizona Office of Refugee Resettlement estimates that refugees are resettled into the Tucson metropolitan area of Pima County at a rate of 600-800 annually. In fiscal year 2009, approximately 1,000 were resettled to Tucson, and it is projected that FY 2011 will bring 840 newly resettled refugees. Refugees come from every continent and diverse backgrounds, speak a range of languages, including Arabic, Kirundi, Somali, Mai Mai, Nepali, Karen, Karen, Spanish, French, Russian and Swahili, and all of them hold in common the need to understand and utilize an unfamiliar and complex primary health care delivery system, in a community that has been hit hard by economic crisis, job loss, unemployment, cuts in crucial programs, and the paradoxical climate of anti-immigrant sentiment created by recent state legislation.

Further urgency is added to refugees' need to find a medical home by the acute and chronic illnesses they typically suffer as a direct result of their life and experience leading up to becoming refugees, and the subsequent stresses and risks of the resettlement process. The challenges they face in this process, and the systemic challenges encountered by health and human service agencies in providing optimal services to them were the qualitative focus of this project. Providers of comprehensive primary care who are equipped to respond to these and other urgent needs of this vulnerable population in transition are still in the minority, while demands on their services increase.

## HIGHLIGHTS

### Primary Care Provider Survey

#### PRIMARY CARE SERVICE ACCESS AND DELIVERY ISSUES

- Language (limits of phone interpreting vs. live interpreting / interpreting needs beyond the exam room)
- Transportation
- Cultural issues (effective/meaningful communication with patients/conveying details/importance of care)
- Patient understanding of the health care system (AHCCCS/appointments/follow-up/referrals)
- Logistical issues (time allotted for visits/need for extended hours/referrals and follow-up)
- Pharmacy and medications (function/refills/dosage)

#### TRAINING AND INFORMATION NEEDS FOR PROVIDERS

- Web-based patient education materials/information sources
- Existing refugee services in Tucson
- Resources on specific cultural issues
- Addressing sensitive issues (i.e. family planning, family violence, parenting, child development)
- Other patient education materials/information sources
- Refugee resettlement process

#### PROVIDERS' RECOMMENDATIONS TO IMPROVE ACCESS TO CARE

- Improved language services (more interpreters in-person/well-trained/from the same culture/area)
- Coordinated and comprehensive orientation to the health care system/refugee resettlement process
- System change (transportation/longer hours/longer appointments/medical case managers for refugees)

## Refugee Interviews

#### ACCESS ISSUES UNIQUE TO REFUGEES

- Language in person (telephone interpreting is commonly used, but only with the provider)
- Language on paper (literacy levels, understanding form)
- Transportation (arranging in advance, cost)
- Cultural issues (Gender/Age of provider/Medical model vis a vis pregnancy, etc.)
- Dental and vision care in time (RMAP limitations)
- Different medical/health model

#### ACCESS ISSUES (ALSO COMMON TO MANY ARIZONANS)

- Cost of Emergency Room
- Long wait for appointments
- Medications not covered by AHCCCS
- Renewing AHCCCS
- Understanding/complying with prescriptions
- Time with primary care provider is too short

#### REFUGEES' RECOMMENDATIONS TO IMPROVE ACCESS TO CARE

- More/better interpreters (in person)
- Language services continuity (from phone to making appointments to front desk to provider...)
- Orientation for new refugees about health care system (more in depth)
- Orientation for providers about unique cultural issues of different groups

## Recommendations

- **Improve and increase language support services** through: training interpreters (general and medical) from the refugee communities; increasing resources for paying in-person interpreters and medical interpreters; and increasing availability of written materials and other language resources reflecting the literacy levels of clients.
- **Establish medical case managers at key refugee-serving agencies**, including the Volunteer Agencies (VOLAGs) and develop positions there and elsewhere for peer health care outreach workers trained and recruited from among the refugee communities to improve access to and navigation of the health care system.
- **Implement trainings and dissemination of materials** by AHCCCS and contracted health plans to all AHCCCS providers, front office and referral staff on the obligation and process to provide language interpretation services.
- **Creation of health system orientation curricula and training** for all newly arriving refugees and include, where possible, opportunities for information update (“booster”) sessions for refugees who have been in Tucson for any length of time to include: Refugee Medical Access Program (RMAP)/Arizona Health Care Cost Containment System (AHCCCS) coverage including EPSDT; making appointments; referral and prior authorization process; right to and process for requesting interpreters and appropriate language services; right to receive medically necessary care; refilling medications and pharmacy resources; roles of primary care, medical specialists, urgent care and ER; and the importance of preventative medicine. This training should involve and be available to providers and volunteers serving refugees.
- **Creation and regular updating of web-based health education materials** in multiple languages for health provider use and dissemination, as well as web-based orientation materials for providers regarding refugee populations (culture, language, etc.) in Tucson.
- **Explore** extended hour clinics, transportation solutions and child care solutions to improve access to primary care and other services.

## Current Actions

- ❖ The Refugee Health Information “Notebook Project” for priority health topics addressed by primary and urgent care providers to have on-site, in as many languages available, and identifying resources to translate other materials into more obscure languages/low-literacy/non-literate formats.
- ❖ Health Care Provider Training Toolkit with information about current refugee populations in Tucson, cultural considerations, the refugee resettlement process, RMAP, utilizing language services, etc.
- ❖ An annual Refugee Health Fair is now held at the Martha Cooper Branch of the Pima County Public Library, this second year boasted 1,200 visitors, 40 interpreters, over 20 service providers offering health information, screening, referrals, flu shots and more!

## \* The Refugee Primary Care Work Group

This project involved the formation of a Refugee Primary Care Work Group whose membership evolved to comprise Refugee and Immigrant Service Provider Network of Tucson members, Pima County Community Health Task Force members, University Arizona Health Sciences Center (Mel and Enid Zuckerman College of Public Health, Arizona Health Sciences Library, College of Nursing, College of Family and Community Medicine Tucson Family Advocacy Program) faculty and graduate interns, Pima County Public Library, and members of refugee resettlement agencies and advocacy programs (the IRC Tucson Center for Well-Being, Lutheran Social Services) and members of the refugee community themselves (Somali, Iraqi, Burundian, Bhutanese and others) and primary and urgent care providers serving refugees (University Physicians Healthcare, Urgent Care Associates of Tucson, Marana Healthcare, El Rio, Abundant Health, Pima County Health Department).

It is the hope of the Refugee Primary Care Work Group that the findings of the primary care provider survey, in combination with the interviews conducted with refugees in Tucson, will complement each other in a way that can lead to meaningful recommendations and action to improve access and delivery of primary care services to refugees resettled to Tucson. The Work Group has met with RISP-Net, the PCCHTF and refugee community organizations in the Tucson area to finalize recommendations and to develop attainable action steps.

