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## Domestic Health Assessment for Syrian Refugees in Rutland, VT

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# Domestic Health Assessment for Syrian Refugees in Rutland, VT

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# Syrian Refugee Resettlement in Rutland

- ▶ As a direct result of the past 5 years of Syrian Civil War, (as of January 2017) 13.5 million people are currently in need of humanitarian aid. <sup>1</sup>
- ▶ Beyond the need for aid, approximately 11.4 million Syrian have been displaced from their homes, roughly 4.8 million have been classified as refugees, and is estimated that roughly 50% of all Syrian refugees are children. <sup>1</sup>
- ▶ Currently the vast majority of Syrian refugees are hosted in Turkey (2.7 million refugees) and Lebanon (1 million), and the United Nations is calling for resettlement of at least 480 thousand refugees from the 5 main host countries. <sup>2</sup>
- ▶ The city of Rutland, VT has pledged to receive 100 refugees in the year 2017, the first of whom will be Syrian refugee families scheduled to arrive in late January 2017. <sup>3</sup>

# Economic Ramifications of Refugee Resettlement

- ▶ This influx of refugee families (around 100 people in 2017) is likely to have a significant impact on Rutland's economy, especially with the prospect of more refugees arriving in the years to come.
  - ▶ According to Rutland Mayor Christopher Louras, "Rutland's demographic condition right now is not just one of a declining population, but it's also a graying population. We need people."<sup>4</sup>
  - ▶ When countries have assessed the economic impact of Syrian refugee resettlement, the evidence has suggested that they have some positive impact on driving job creation in host countries, and take mainly jobs that workers in host countries do not want.<sup>5</sup>
  - ▶ Furthermore, in previous studies conducted within the US (from 2011-2013) it was found that while each 1<sup>st</sup>-gen immigrant on average costs a net \$1,600, each 2<sup>nd</sup> and 3<sup>rd</sup>-gen immigrant contributed a net \$1700 and \$1300 respectively.<sup>6</sup>

# Community Perspectives

- ▶ Dr. Brad Berryhill - Community Health Centers of the Rutland Region Medical Director:
  - ▶ “There are really three foundational goals for CHCRR when it comes to providing healthcare for the Syrian refugees: optimizing individual health and wellbeing, protecting public health and educating our New Americans about how to successfully access and use their new health system. We don’t view our refugee health concerns as “otherworldly.” We’ll screen for communicable disease, triage for acute health concerns and then proceed to managing chronic illness and delivering age/gender appropriate health maintenance/preventative services.”
  - ▶ “This equates to organizing care to be team based and multidisciplinary, delivering care that is supported by evidence and science, and lastly preplanning our care.
- ▶ A citizen of West Rutland and employee of Rutland Health and Rehab:
  - ▶ “Language barriers and being able to communicate any health issues that [the refugees] may have will definitely be a challenge. A trained interpreter is essential, as is assuring [the refugees] that they can ask questions and feel confident that they will receive adequate healthcare.”
  - ▶ “For the past 20 years Burlington has accepted Butanese, Vietnamese, people from South America, Sudanese, and Bosnians, so for the Rutland community to accept 100 Syrian refugees is only a drop in the bucket. It is a small number of people, and I know that many local organizations have been organizing for a number of months now to ensure that we are a welcoming community for the Syrians.”

# Intervention and Methodology

- ▶ I reviewed, edited, and reformatted the Vermont Dept. of Health/Agency of Human Services “Refugee Domestic Health Assessment Form” to improve provider work-flow, ensure accuracy, and ease the process of data collection.
- ▶ I obtained the input of local Family Medicine, Infectious Disease, Ob/GYN, and Pediatrics providers in the Rutland region regarding the content of the Health Assessment Form and made the changes that they collectively deemed appropriate.
- ▶ I attended the University of Vermont Medical Center Dept. of Family Medicine Grand Rounds session regarding Syrian refugees in Ottawa as presented by Dr. Tobey Audcent of CHEO.
- ▶ I also attended the Rutland Regional Medical Center grand rounds regarding the arrival of the Syrian refugees, and attend and participate in the Communities Health Centers of the Rutland Region provider meeting in preparation to receive the refugees.
- ▶ I attended the Syrian Refugee Panel for health care organizations at the Rutland Regional Medical Center.

# Response

- ▶ The response from providers at the Community Health Centers of the Rutland Region was positive.
  - ▶ The physicians expressed gratitude for the edits and reformatting of the Refugee Domestic Health Assessment Form, and felt that it will be easier to use and adapt into a EMR compatible tool.
  - ▶ The providers also expressed gratitude for the information that I was able to provide regarding the Syrian refugees after having attended the UVM Medical Center grand rounds.
  - ▶ The physicians intend to utilize the health care Arabic-language tools that I was able to provide courtesy of Dr. Tobey Audcent and her colleagues at the Children's Hospital of Eastern Ottawa (CHEO).

# Evaluation of Effectiveness and Limitations

## ▶ Effectiveness:

- ▶ The providers who will be utilizing the Refugee Domestic Health Assessment Form expressed their belief that the form will be much easier to utilize in its edited format, and that it will be easier to adapt into the EMR
- ▶ The language tools and experience-based considerations I was able to provide from CHEO have been distributed to providers who intend to utilize them, and who believe they are perfectly suited for the future Syrian refugees in Rutland.

## ▶ Limitations:

- ▶ Given that the refugees had not arrived at the time of the completion of this project, we were not able to test the practical application of the Refugee Domestic Health Assessment Form 1<sup>st</sup> hand.
- ▶ At this time it is unclear whether the tools created by CHEO will be appropriate for the specific demographic of Syrian refugees who will be resettled in Rutland.

# Recommendations for Future Interventions/Projects

- ▶ Utilize the Refugee Domestic Health Assessment Form in the primary care setting when performing medical screenings for the future Syrian refugees, and continually assess its efficacy and ease-of-use.
- ▶ Perform case studies featuring the infectious disease burden in this refugee cohort, and utilize the obtained data to further adapt the assessment form to better reflect this individual population.
- ▶ Adapt the assessment form to a EMR compatible format.
- ▶ Obtain Arabic-language tools that cater to the specific dialect spoken by this cohort of Syrian refugees.

# Sources:

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