

## CATCH GRANT (Sponsored by SOEM)

**Pediatric Emergency Education for Refugee/Asylee Caregivers**, a 2021 CATCH Grant Project  
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As a Pediatric Resident in Louisville, Kentucky, I have been fortunate to care for refugee patients in both outpatient, inpatient, and emergency medicine settings. As a member of the Global Health Track with interest in advocacy, addressing healthcare disparities within my patient populations has been an important part of my residency education. As part of these experiences, I have worked frequently with refugees and was looking for the opportunity to develop an advocacy project to address the healthcare disparities that were unique to these communities. In 2018, approximately 1200 refugees entered Kentucky as part of the federal US refugee program, 1100 of which underwent a Refugee health assessment on arrival. Of those, 489 of them were children. Of the refugees that entered Kentucky and underwent health screenings, 56% were from the Democratic Republic of Congo (DRC). Since 2012 the Kentucky Office for Refugees and the University of Louisville Global Health Center (UL-GHC) have partnered to address the health needs of newly arrived refugees settling in Kentucky. Refugees that first settle in Kentucky undergo a domestic health screening that follow the guidelines set forth by the CDC including physical and mental health assessments as a bridge to primary care. Often, explanations of how to navigate our health care system is limited with handwritten materials provided for review. Of note, refugee intake services have noted that many refugees may not be able to read their spoken language and given the extent of the written materials provided on intake, it is often overwhelming. These resources are also limited to those who have recently resettled in Kentucky and may not reach those who have entered different states and resettled in Kentucky.

A recent focus group study utilizing CATCH funds in 2018, “Healthcare Barriers in Louisville’s Refugee Children” wanted to identify challenges that these newly arrived refugees/asylees experienced and how it affected pediatric health. This study identified transportation, language, and parental experiences with physicians as barriers to healthcare access. Within these discussions, families mentioned difficulty in understanding when to utilize emergency services and in some cases even felt chastised when utilizing services incorrectly. For many refugee families, lack of familiarity with the healthcare system, transportation challenges, long wait times, and lack of knowledge on how to access primary healthcare services made it difficult to navigate our healthcare system efficiently. Finding primary care providers that accept Refugee Medical Assistance and offer interpretation services can serve as an additional barrier to finding primary care providers. For some, this can result in more frequent utilization of emergency services for non-emergent issues. In Denmark, it has been demonstrated that non-Western immigrants also have higher utilization of emergency services, hospital care, specialist doctors and general practitioners, but lower utilization of preventative services despite availability of free universal health care services. The primary issues identified in many studies were the absence of health service information for migrants upon arrival in the country and difficulties in navigating the health system.

Improving refugee and asylee understanding and utilization of the healthcare system, particularly emergency services, will require a multi-disciplinary approach. Providing resources that are both written and spoken in their native language would be a valuable resource for these patient populations and hopefully empower these families to make informed healthcare decisions for their children. This project was created to help address these healthcare disparities and barriers to healthcare access. We were fortunate to receive CATCH funds sponsored by SOEM to create videos in Swahili and Kinyarwanda for refugee/asylee communities in Louisville, Kentucky. Over the upcoming year, we will create videos explaining AAP recommendations regarding when to seek emergency services and common pediatric emergencies among different age groups. These videos will be made available on a mobile site. These videos will be made available for Swahili and Kinyarwanda speaking families from the DRC as they provided the most information for the prior focus groups. The videos will be made available on a mobile platform to be shared at intake visits and follow up appointments. With this intervention, we hope to address some of the language barrier challenges our refugee/asylee families experience. By measuring the success of this intervention with pre- and post-surveys we can ensure the intervention is appropriate, and easily utilized. Survey questions will be used to evaluate the overall interpretation as well as knowledge-based questions to determine if the intervention was successful in educating caregivers. A final question provided in the survey, was whether they would recommend these videos and website to others. We hope to empower our refugee and asylee families with easily understandable materials, so they have confidence in the healthcare choices they make for their children. If effective, this could be broadened to include information on other primary care services in a variety of other languages as well.

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