

Refugee Clinic at South Campus – What we have learned so far

A clinic within a clinic to improve the standard of care for refugee patients

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Introduction

The Abrams Family Medicine Clinic has seen an increase in the number of refugee patients it serves within the last three years. Refugee patients present unique challenges to primary healthcare providers with complex health needs and low US healthcare literacy. Research on barriers to providing good care to refugees include concerns about cultural and language barriers, time constraints and a lack of refugee focused training¹. To address these concerns in our own clinic, specific clinic sessions were allotted for refugee patients with longer appointment times to allow for better health screening, coordination of care as well as staff education regarding refugee specific concerns.

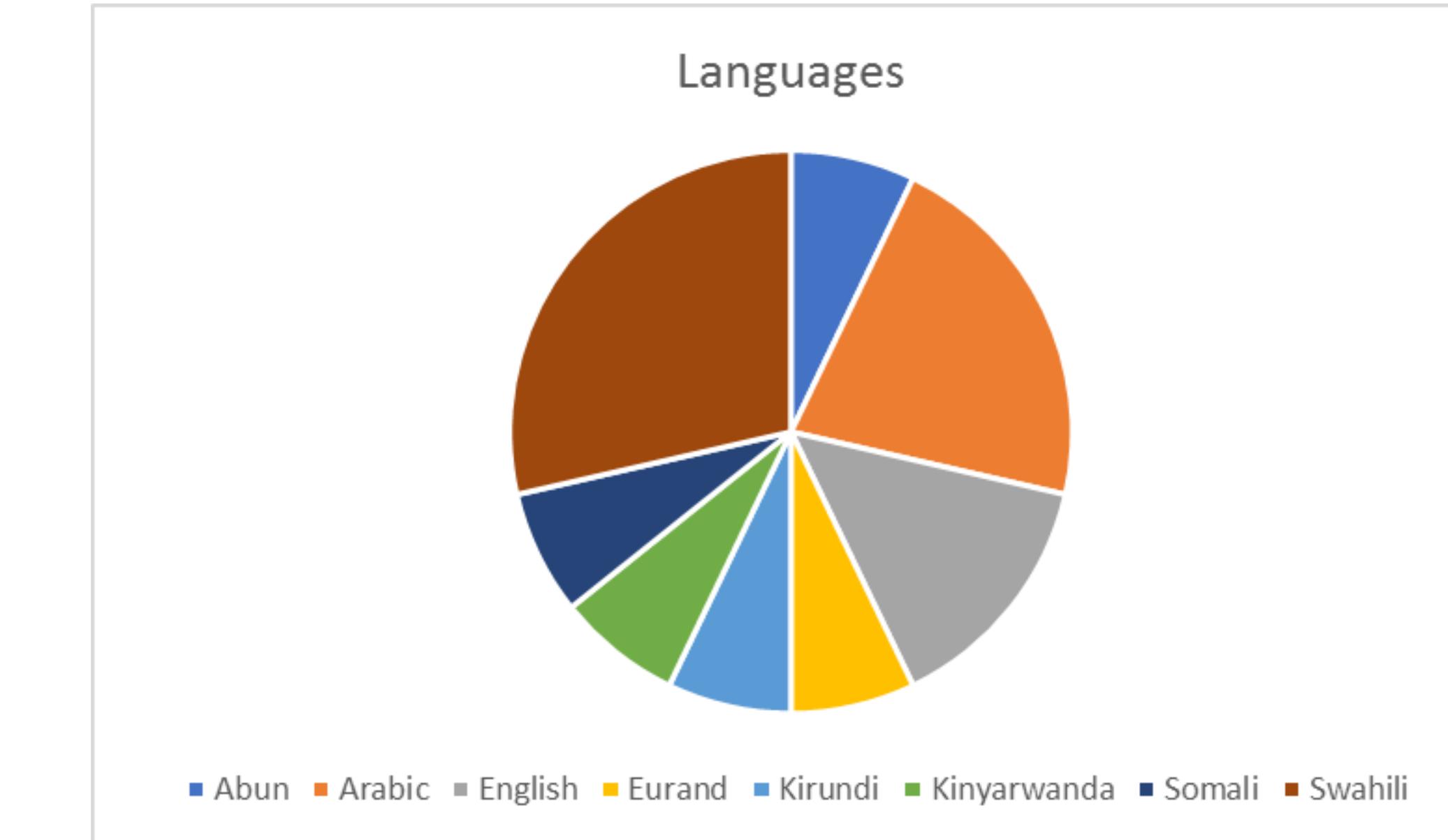
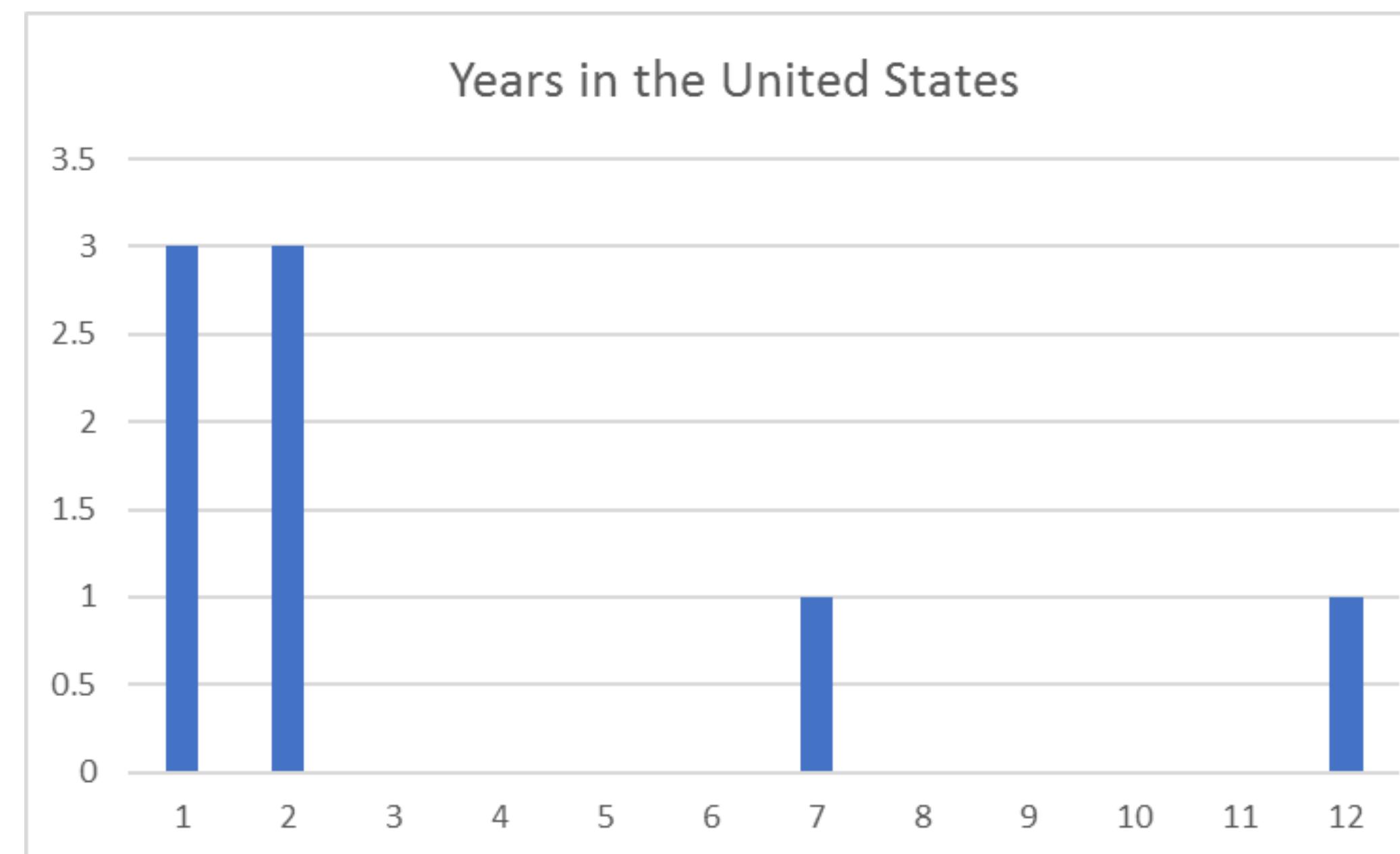
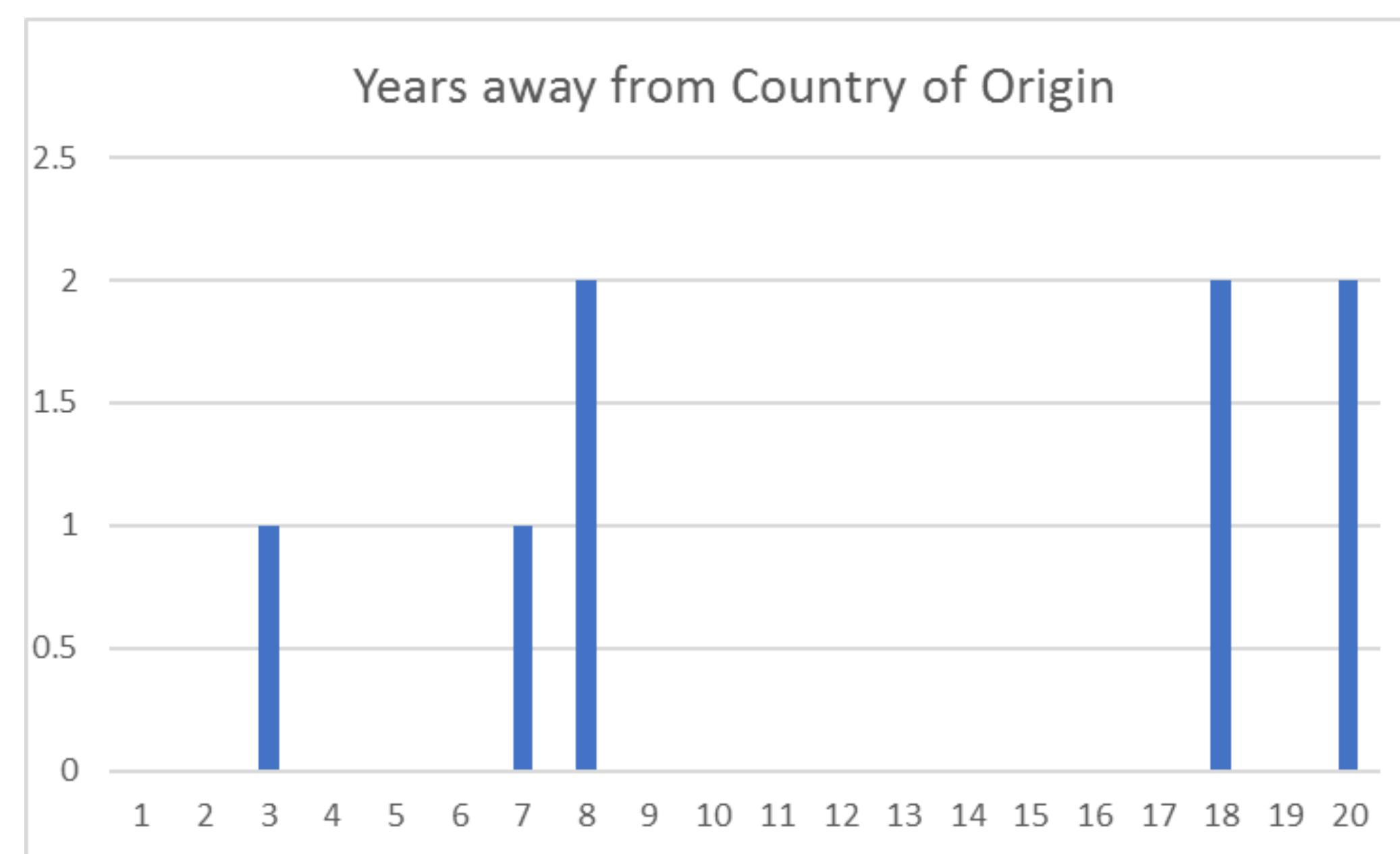
In working towards these goals it is important to analyze the patients attending these specific clinic sessions to focus efforts to integrate refugees successfully into the US healthcare system. According to 2015 data, Arizona received a majority of refugees from Burma, the Democratic Republic of Congo, Iraq, Somalia, Burundi and Syria. With this vast array of cultures and languages, we wanted to obtain data to drive our goals for clinic which include in person interpretation and greater partnership with refugee resettlement agencies.

Methods

Demographic data from the first 6 months of refugee clinic visits were obtained from our unique intake form to identify.

Results

Below countries of origin are shown in Orange, and countries patient visited on their way to the US are labeled in blue.



Conclusions

This data shows that majority of our refugee clinic patients have arrived to the US within the past two years. Our goal of partnering with refugee agencies would then be worthwhile to help patients learn how to transition in the US healthcare system.

In addition, our goal of having in person interpreters would reach the most patients if we were able to provide a Swahili interpreter. Routine analysis of our patients can help us decide what other languages to focus on in the future.

References

1. Alpern, JD, Davvey, Cynthia S and Song, J. *Perceived barriers to success for resident physicians interested in immigrant and refugee health*. BMC Medical Education. 16:178, 2016.
 2. Fiscal Year 2015 Refugee Arrivals. Office of Refugee Resettlement. Administration for Children and Families. Published April 22, 2016. <https://www.acf.hhs.gov/orr/resource/fy-2015-refugees-by-state-and-country-of-origin-all-served-populations>

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