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12/15/2024

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Developing a Culturally Relevant Referral Process for an Adolescent Refugee Population

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Background & Significance

Social determinants of health are critical to healthcare access and uptake within the adolescent refugee population.

Along with the systematic barriers that the refugee population faces, refugees may also have pre-existing health concerns which can make their care delivery more complex and put them at further risk (World Health Organization, 2022).

In 2022, 41% of refugees were reported to be children, which is a total of 43.3 million children (UNICEF, 2023).

The delivery of healthcare services within the adolescent refugee population's community can alleviate many barriers to care that are in place within the refugee population.

By creating access within the community and providing more avenues for healthcare delivery, ease of access and awareness of healthcare services will improve (Riza et al., 2020)

Gaps in Literature

Limited generalizability

Self-reported surveys

Data regarding referral process

Language barriers

Limited resources

(Alwan et al., 2020; Dawson-Hahn et al., 2020; Esmaili et al., 2021; Feinberg et al., 2021; Salim et al., 2020)



DNP Scholarly Project Objectives

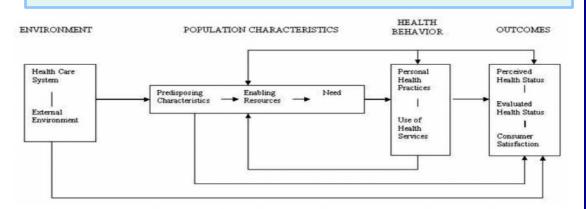
The purpose of this project is to determine if implementing a tracking and referral system for the adolescent refugee population, through the use of a standardized system provided in schools, will improve follow-up care and communication, which will be assessed through a take-home survey within one month of the screening intervention

Theoretical Framework

PREDISPOSING **FACTORS** Language barriers Healthcare system literacy Lack of acceptance Unfamiliarity of resources Lack of resources Laws and policies **ENABLING** NEEDS **FACTORS FACTORS** Distrust in healthcare Transportation barriers Access to Insurance Stigma Varied beliefs Clinic availability Disability Provider bias Financial barriers Employment schedules

The Andersen Model of Health Care Utilization

- Identifies the influencing factors in place to accessing health care
- Three overarching categories-
 - Predisposing Factors
 - Enabling Factors
 - Needs Factors



(Andersen and Newman framework of Health Services Utilization, 2018).



Methods



Needs assessment with Dean of Students at Georgia Fugees Academy and Charter School



Identified that students in sixth and eight grade needed their annual 3300 screenings completed



Other needs- vaccinations, sports physicals, mental health screenings

Methods

Screening event at GFACS for sixth and eighth graders

Screening completed and data collected by nurse practitioner students and faculty at Emory University.

Data collected- patient data (name, gender, age, grade, primary language spoken in the home), screening data (height, weight, BMI, visual acuity, hearing acuity, oral health), and referral and follow-up data.

Further data collection through a take home survey assessing satisfaction of screenings conducted in school and desire to fulfill follow-up care

Data collected through a protected Smartsheet

Physical resources required were provided by Emory University-hearing screening equipment, vision screening charts, a scale for weight, and stadiometer for height measurement

Methods

Consent forms sent home to all parents of 6th and 8th graders informing them of the screenings at the school and asking for consent for participation.

Students and families made aware and educated on screenings through the school prior to the screening event.

Referral sheet- name, date of birth, referral type, primary language, summary

Provided information sheets with health resources focused on hearing, vision, dental, and nutrition health.



Results



43 out of 73 students that were present participated in the screening event

• 58.9%



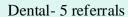
31 out of 43 students required a referral for further evaluation

· 72%



8 students required multiple referrals

· 19%



· 12%



Hearing- 9 referrals

· 21%



Vision- 12 referrals

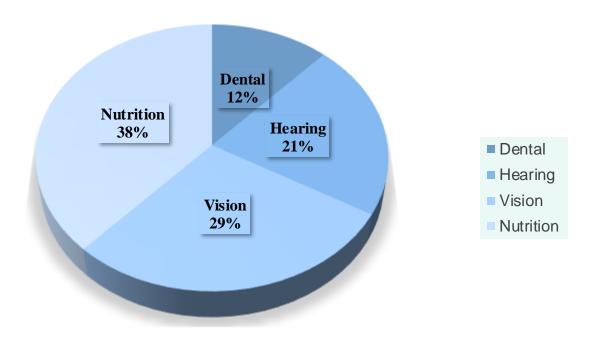
• 29%



Nutrition- 16 referrals

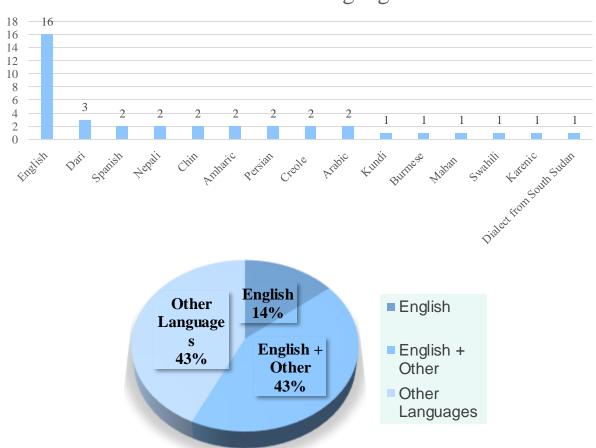
• 38%

Results: Percentage of Referrals



Results: Household Languages





Results



The findings of this quality improvement project demonstrate that there is a significant need for healthcare screenings within the adolescent refugee population.



Screening events can identify further healthcare needs within this population.



Meeting the community where they are can produce a significant improvement in access to healthcare services.

Discussion

Purpose

- Meet the needs of the community
- Bridge gaps in care
- Improve accessibility
- Implement a 3300 screening to assess referral needs

38% of students were referred for BMI.

• Sixth and eighth grade students in the Georgia school system are educated on healthy behaviors versus risk-inducing behaviors by using physical activity (Georgia Department of Education, 2021).

29% of students screen in this study were referred for further evaluation.

- 30% of the adolescent population is affected by myopia.
- Routine vision screenings in school can promote early identification and intervention.

21% of students screened required referral for further evaluation of hearing status.

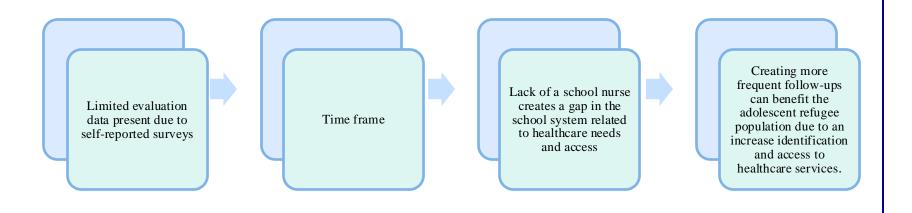
- The CDC reports that 12.5% of adolescents are experiencing hearing loss or concerns.
- Limiting noise exposure is a preventative intervention to protect adolescent hearing.

12% of students screened had a dental concern that required a referral.

- 57% of adolescents present with dental caries (Bethesda, 2021)
- Routine screenings can build awareness of the importance of dental health and hygiene.

(Bethesda, 2021; Centers for Disease Control and Prevention, 2022; Georgia Department of Education, 2021; Yoo, 2023)

Discussion



Implications

Identify community-based challenges to target interventions to the refugee population (Alwan et al., 2020).

Eliminate bias to promote comfort and equitable care (Nehal et al., 2020)

Consider language, financial, educational, and transportation barriers to promote accessible care

School-based health centers can provide a unique space for increasing access in the adolescent refugee population. Having a space for healthcare in school can improve efficiency, bridge gaps in transportation access, and overcome financial barriers









Thank You

I would like to thank Dr. Jeannie Rodriguez and Dr. Lori Modly for their support and guidance as the project leads for this DNP project.

I would like to extend my gratitude to the faculty, staff, and students at the Georgia Fugees Academy Charter School.

The screening event would not have been possible without my DNP peers.

A special thank you to my family and friends for their constant support and encouragement.

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