



Refugee and Immigrant Health Update

Challenges and Plans for the City of
Westfield

Numbers of Arrivals

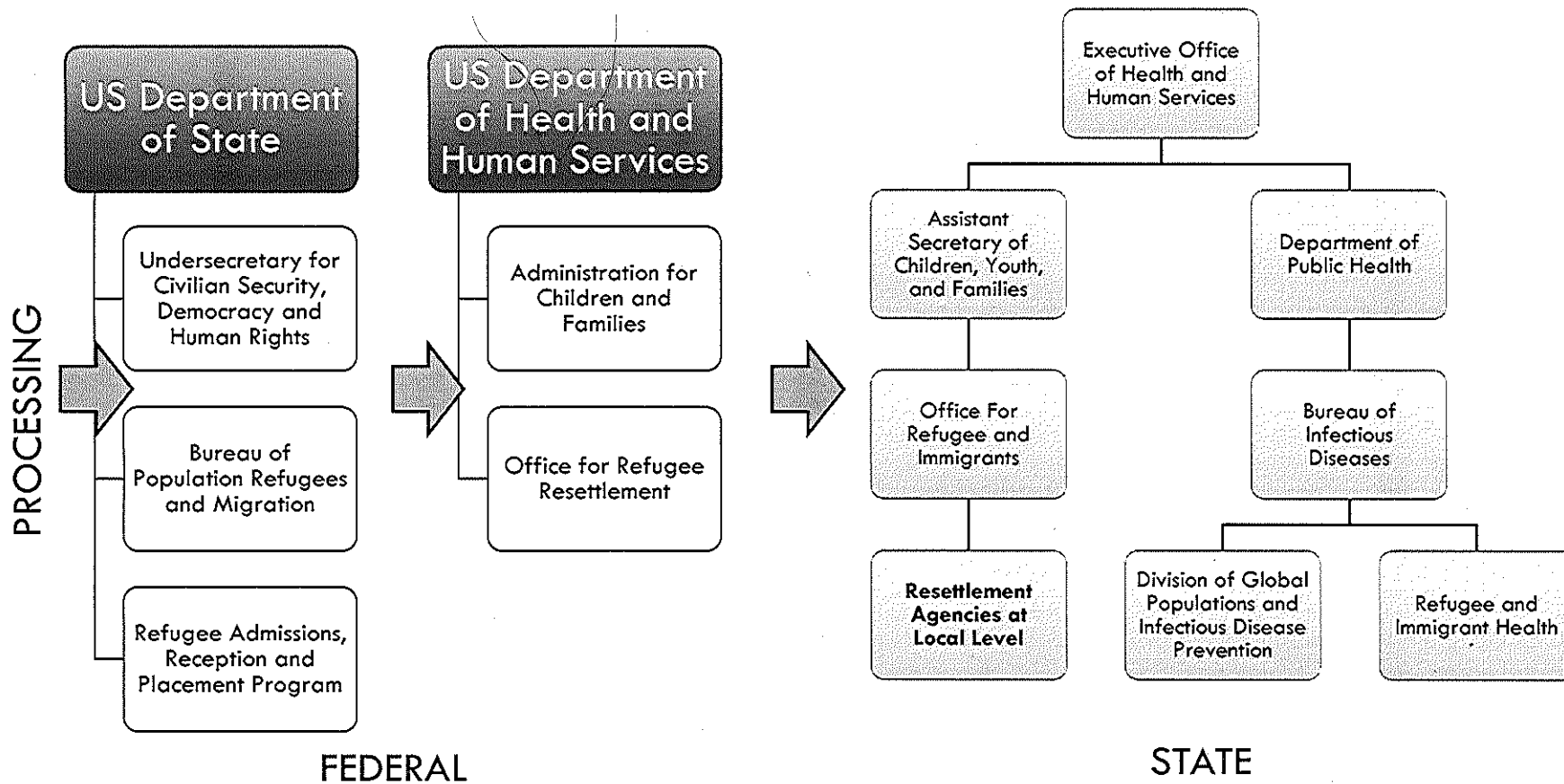
- ***2013 (Federal Fiscal Year):**
 - State: 2394
 - Springfield: 319
 - West Springfield: 200
 - Westfield: 80 (HD records 37)
- Most recent projections Oct. 1, 2013- Jan. 31, 2014 “0” for Westfield – actual 14
- Projections from agencies for next quarter: not available until after 2/28/14 per DPH
- Assumptions: *710 for Western MA, 208 arrived, 502 more due Feb.-Sept.*
- **National:** FFY 2013 69,930 – authorized ceiling 70,000
- 186 communities in 49 states

*2013 numbers obtained from ORI; may be different from HD and DPH records

Westfield

- 2010 to 2014 total: 286 per DPH; 278 per HD records
- First Settled in Westfield (Calendar Year)
 - 2010 = 78
 - 2011 = 73
 - 2012 = 86
 - 2013 = 36
 - 2014 = 7
- Secondary Migrants: 55 known to health department
- **Schools:** Currently in the ELL (English Language Learners) Program: 272, of those 105 are known to be refugees; others are immigrants 50; 92 US born; 25 unknown
- Languages: Russian, Ukrainian, Spanish, and Nepali

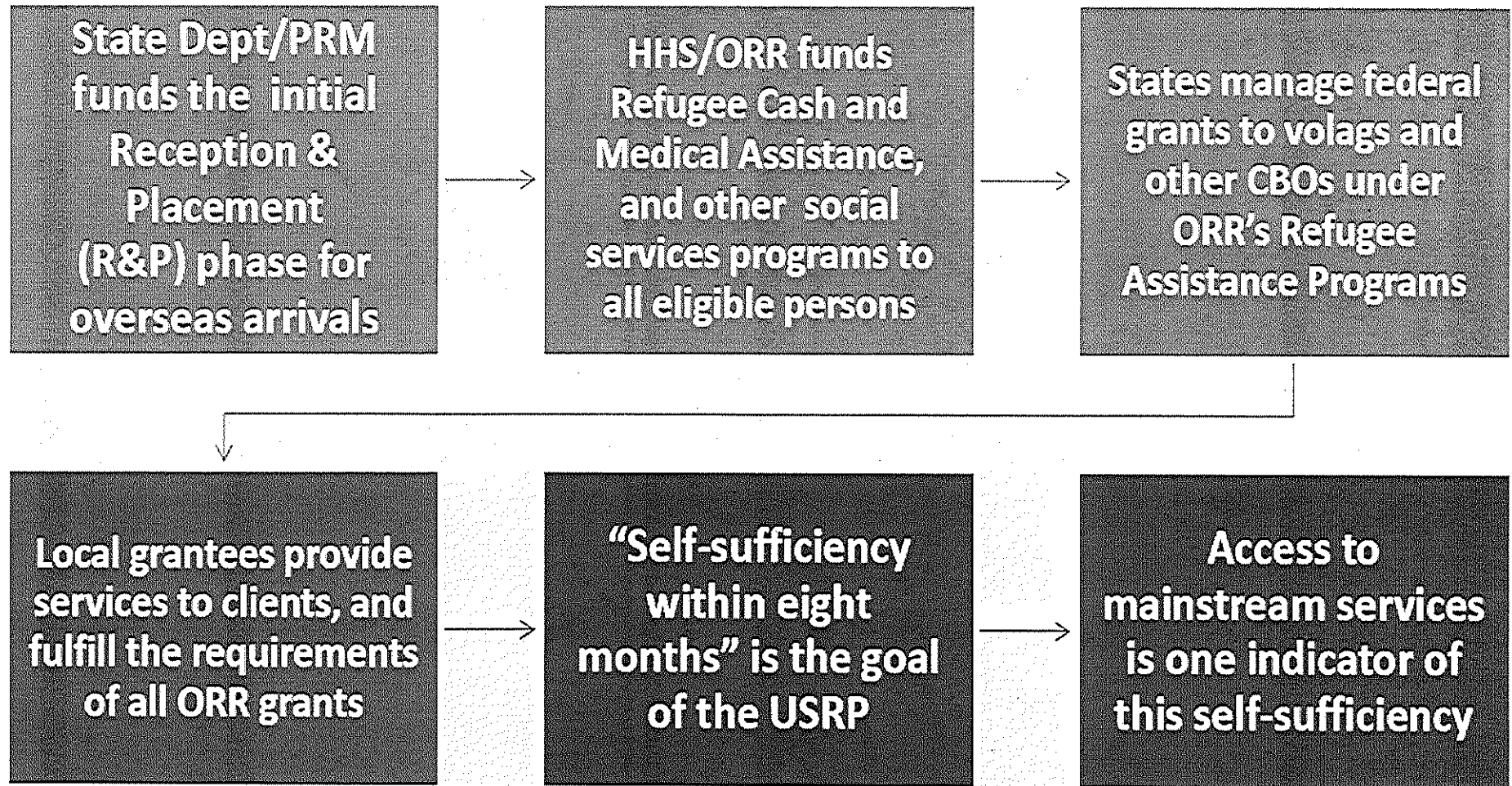
Chain of Command and Partner Agencies



“The USRAP has become the largest and most complex refugee resettlement program in the world. It consists of three federal agencies and their subcomponents, the voluntary agencies, the states, UNHCR, and the International Organization for Migration. Yet no one is charged with coordinating this entity on a full time basis, nor is there any forum in which the partners may address inter-agency operational or policy concerns.” (McBain, 2010)

“...immigrants with certain medical conditions...at the time of the original medical examination are recommended to be evaluated after arrival to ensure that appropriate prevention or treatment measures are instituted. Health departments need timely and accurate notifications of newly arriving immigrants, refugees, and persons with other visa types to facilitate these evaluations.” (Lee et. al., 2013)

US Resettlement Program

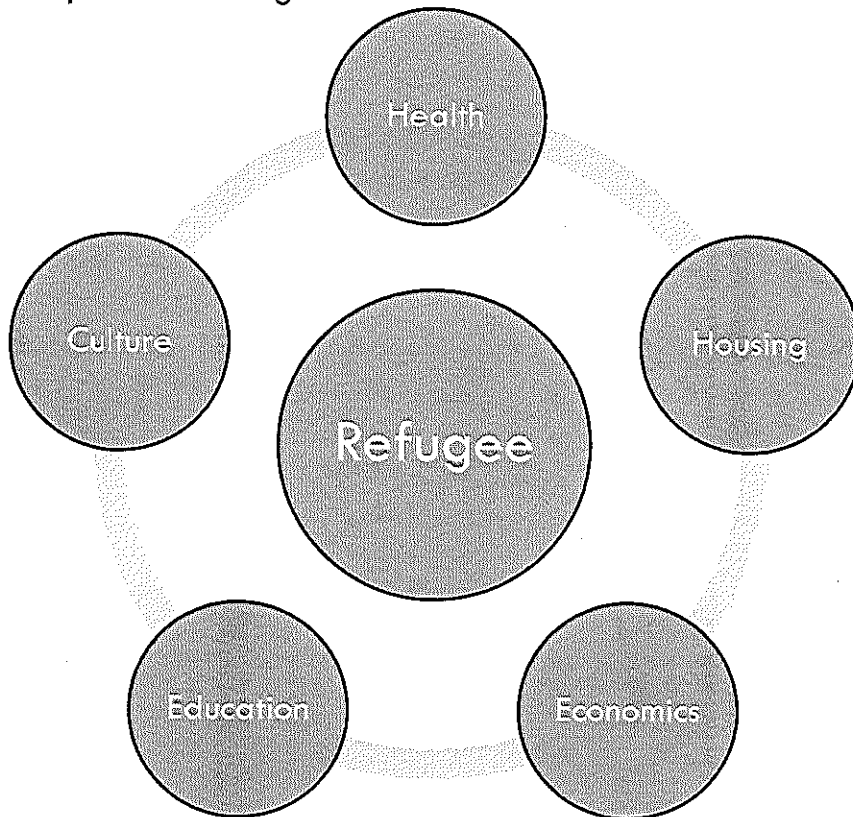


What the Health Department Does

- Refugees and Immigrants are identified as a population at-risk
- Transition to active surveillance through home visits
- Constant Communication with Healthcare Providers
- Liaison between schools/providers/families
- Education with families
- Coordination of Social Services
- Providing an essential service in the role of public health to inform, educate and empower
- Parties involved with individuals and families: case manager at LSS/JFS, health department, healthcare provider, DPH outreach, schools (teacher, nurse, social worker), landlords, many more...

Common Challenges

Same challenges are encountered by all immigrants, and native born citizens, but far greater barriers are in place for refugees.



- **Health:** multiple chronic diseases including mental health, but specific to one population: anemia, PTSD, high suicide rates, vitamin B12 deficiency; home remedies; lack of healthcare prevention and education; caregiver burnout
- **Housing:** insufficient life skills; knowledge deficits re: homes and safety
- **Economics:** difficult to obtain jobs; highly motivated groups; businesses are starting to open; homes being purchased
- **Education:** language & literacy; sometimes difficult to give written materials; limited education overseas for some in populations
- **Culture:** religious and cultural differences i.e. castes; dislike dependence upon any parties including seeking healthcare unless emergent; children assimilating quickly and challenge household/family roles

Solutions/Plans/Proposals

- Nursing Students from Elms College working with educating on health topics and resources – a launch pad for future programs
- Improving coordination with local parties re: resources and programs: CREW (Community Refugee Empowerment of Westfield), Schools, Westfield State, Lutheran Services office in Westfield, Salvation Army
- Promoting better communication with LSS and/or JFS
- Closer partnerships with RIHP and resettlement
- Coordinating ideas and plans with similar communities
- Promoting better communication between healthcare providers
- Knowledge of all resources available and educating the public

References

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