



Harrisonburg Providers Focus Group Session

BARRIERS TO WELLNESS IDENTIFIED WELLNESS MATRIX GROUP DISCUSSION OUTPUTS

I. QUESTION: WHAT ARE THE CHALLENGES WHY MANY PROVIDERS ARE NOT ABLE TO ACCEPT NON-ENGLISH-SPEAKING REFUGEE CLIENTS?

Group answer: lack of resources and cultural competency

Lack of resources includes: qualified interpreters, childcare during support groups (crafting/quilting, etc. groups were included as possibilities), funding for peer mentor training etc.), and diversity training (using current VDBHDS curriculum resulting in a widely- trained staff across all provider groups)

II. QUESTION: WHAT ARE THE CHALLENGES EXPERIENCED BY DIRECT SERVICE PROFESSIONALS IN FINDING HELP FOR NON-ENGLISH SPEAKING REFUGEE CLIENTS?

Group response: (cultural and linguistic) training to better develop understanding of refugee patient needs

Lack of cultural and linguistic competence includes: access to and affordability of training for all levels of service providers (including receptionists) and understanding different cultural approaches and “bedside” manner necessary to best serve the patient (laminated copy of “faces of pain” handout widely distributed would be helpful)

Availability of support includes: Medicaid instructions regarding translator access and fees for refugee patients

III. QUESTION: WHAT ARE THE CHALLENGES PROVIDERS FACE HAVING NON-ENGLISH SPEAKING REFUGEE CLIENTS?

Group response: lack of medical/nursing school training and on-going lack of education around demographic shifts and related cultural dynamics

Training includes: cultural competency, trauma- informed care training, medical/legal interpretation training, available resources for training and alliance creations (such as VDBHDS, VCCS, etc.); and, supporting continuing education or professional development units required for continued licensure for practitioners

Advancing Harrisonburg’s Move to a More Collaborative Approach to Refugee Health

Because Harrisonburg is a new and growing partnership, the provider group participated in one activity different from the rest. That is, participants were intentionally assigned to groups where members had little to no affinity or past experience with one another – by group membership, profession, background, education, etc. Using a revised matrix, small groups used creativity and conversation to tease out strengths and weaknesses, opportunities and challenges. Appearing below is the summative roster of those conversations and related charts verbiage.

Harrisonburg Weaknesses and Challenges – the provider description

1. Health and translation systems are difficult to navigate.
2. No one is in charge of collaborations.
3. There is little funding for interpreter services.
4. Harrisonburg lacks understanding re: the realities of a refugee's life in America, i.e. building community knowledge as in "what's a refugee?"
5. A centralized database for patient access to various services and tracking of resource use is needed. (Note: private medical records requirements and HIPPA regulations were discussed and addressed via confidential physician/provider access codes required to enter into system.)
6. Providers have no incentives to accept refugee clients, rather providers find multiple barriers to acceptance.

Strengths and Opportunities of the Harrisonburg Area – the provider description

1. Generally, Harrisonburg is a welcoming and supporting - very compassionate - community.
2. The area's higher education institutions offer major opportunities for buttressing current systems, volunteer needs and teams. Harrisonburg's universities also provide labor and capacity around community-based research.
3. Participants described an abundance of private providers, recognizing some tendency or trend around forward movement of increased trauma-informed care.
4. Harrisonburg is a small community with accessible networking opportunities, and speaking and speaker's bureau development, where community building potential is strong. (Widely attended community events were foci of several charts/posters).

Stated goals to address these strengths and attributes, as well as areas of action:

- 1) collaborate within the community and across professions
- 2) improve health of individuals in the population
- 3) increase (and strengthen) communication and understanding of various cultures and diversity