THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF PUBLIC HEALTH (PUBLIC HEALTH LEADERSHIP PROGRAM)

COURSE NUMBER: PUBH 890-001

COURSE TITLE: Refugee Health & Wellness Interdisciplinary Seminar

SEMESTER & YEAR: Fall 2017 and Spring 2018 (1.5 credits per semester)

INSTRUCTORS:

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PROPOSED CLASS TIME: WEDNESDAY 5:45-7:15 PM (APPROXIMATELY EVERY OTHER WEEK)

MAXIMUM ENROLLMENT: 15 STUDENTS

OFFICE HOURS: TBD; by appointment

COURSE OVERVIEW: Academic year long (MUST enroll in both fall and spring semesters) seminar for graduate health profession students to engage in inter-professional teams, providing health care access and mental health assessment, case management, and health promotion to refugees resettled in the Triangle.

COURSE OBJECTIVES: The student who successfully completes this course will be able to:

1. Understand the US legal definition of "refugee", and determine refugees' eligibility for public health benefits and other services.
2. Understand the impact of war, violence, and immigration trauma on the physical, social, and emotional development of children, adolescents, adults, and families using the "Triple Trauma Paradigm."
3. Select and administer appropriate evidence-based instruments for assessing the health and mental health needs of refugee individuals.

4. In partnership with refugee individuals and families, work as an inter-professional team to develop person-centered response plans to mental health, health services access and social service needs of refugees.
5. Identify barriers to accessing health, mental health, and supportive services, and develop potential advocacy plans to overcome these barriers.
6. Establish relationships with healthcare providers and community stakeholders, including resettlement agencies, to build capacity for serving refugee populations.

REQUIRED TEXT: THIS CLASS HAS NO REQUIRED TEXTS. SELECTED READINGS WILL BE PROVIDED ON THE SAKAI SITE FOR THE COURSE.

EXPANDED COURSE DESCRIPTION: Approximately one third of all refugees resettled in North Carolina in 2015-2016 were resettled in Orange, Durham and Wake Counties. The experience of trauma and isolation is common among refugees, and can continue after resettlement impeding integration into US society. Refugees and immigrants also suffer from unmet preventive health care needs, chronic physical and mental illnesses, and substance abuse at rates much higher than the general population. Research indicates a correlation between torture/trauma and negative health outcomes, yet screening and assessment does not routinely occur in the refugee reception and placement (R&P) process, and culturally appropriate health, mental health, and behavioral services are not readily available to refugees and immigrants in many communities.

This academic year-long integrated class and practice experience will provide graduate students in Medicine, Nursing, Public Health, Dentistry and Social Work with the opportunity to apply best practices in refugee health and mental health in a real-world setting. Students will be introduced to the refugee experience by learning about the culture and history of major refugee populations represented in NC as well as an understanding of the global and US refugee situation. Background will also be presented on health and healthcare beliefs common among these communities; frequently observed presenting problems; and the policies surrounding refugees' resettlement and access to services. Students will explore screening and assessment instruments, including instruments that have been (or are being) studied for reliability and validity in measuring the effects of torture and trauma on the health and mental health of these populations. Students will review literature that outlines best practices for healthcare in refugee communities, including supportive group care as a culturally appropriate and effective intervention for enhancing refugees' and immigrants' social support networks and multi-layered social resilience. Finally, students will adapt current models for refugee health promotion to fit the needs of specific populations, and will explore plans for evaluating their effectiveness.

After the initial orientation to refugee resettlement and refugee health needs, students will work as interdisciplinary teams to provide mental health and health care access screening, case management, and health promotion education to refugees resettled in the Triangle (focused on Orange and Durham counties). In ongoing class sessions, students will define learning goals in collaboration with instructors who will support their ongoing engagement with refugees. In

field work, students will go out in interdisciplinary teams to visit, assess and support refugees referred from local resettlement agencies. **Approximately 2-3 hours every other week will be committed to field work. Students will need access to personal transportation.**

COURSE REQUIREMENTS:

Reflections on required readings: Students will prepare brief written and in-class responses to required readings in the detailed syllabus focused on "best practices" in refugee resettlement health care access and mental health issues.

Cultural and Issue Presentations: Students will present in their inter-professional teams on a particular refugee population and/or on a particular problem or issue facing refugees in NC.

Case Summary: Being careful to maintain clients' confidentiality, inter-professional teams will present a case summary for a refugee client/family with whom they are currently working.

Presentations: Students will present in small teams with other members of their discipline on a particular best, promising, or evidence-based practice to address one of the issues identified in *Issue Presentations*.

Response Plan: Students will present in their inter-professional teams on the proposed plan of treatment, response or support/referral for the individual(s)/families with whom they are working, including (as the year progresses) any progress made, issues left to be addressed, and plans for referring for ongoing services and/or care.

Final Presentations: Students will present in their inter-professional teams on opportunities for inter-professional collaboration in the future.

ASSIGNMENTS AND GRADING:

This course is taught over the course of two semesters (1.5 credits per semester). Student grades will be based on the following components:

1. Seminar participation (40%) – attendance and participation in scheduled seminars, including reflection on required readings
2. Presentation of cases and response or support/referral plans as interdisciplinary teams (30%)
3. Field work with refugees – expected to involve approximately 2-3 hours every other week (30%)

The UNC Gillings School of Global Public Health operates on an evaluation system of Honors (H), Pass (P), Low Pass (L), and Fail (F). The numerical values of these grades are:
H: 93-100 , P: 80-92, L: 70-79, F: below 70

A grade of P is considered entirely satisfactory. The grade of Honors ("H") — which only a limited number of students attain – signifies that the work is clearly excellent in all respects.

POLICY ON INCOMPLETES AND LATE ASSIGNMENTS

An assignment is considered late if it is uploaded any later than the time it is due as indicated in the course syllabus. The grade for late assignments will be reduced 10% per day, including weekends. Therefore, an assignment that would merit a grade of 100 on Friday will receive a grade of 70 if submitted on Monday. Similarly, an assignment due at midnight on Thursday uploaded at 1am will be considered one day late.

A grade of "Incomplete" is given only in exceptional and rare circumstances, such as family crisis or serious illness. It is the student's responsibility to request and explain the reasons for an incomplete. The instructor has no responsibility to give an incomplete without such a request.

Valuing Diversity: Promoting and valuing diversity in the classroom enriches learning and broadens everyone's perspectives. Inclusion and tolerance can lead to respect for others and their opinions, which is valuable in itself and is critical to maximizing the learning that occurs in this course. This class follows principles of inclusion, tolerance, and respect for multiple and diverse points of view.

The University of North Carolina Honor Code: Carolina students enjoy a great deal of freedom and have been entrusted to hold each other accountable for maintaining a just and safe community. As such, students hear and decide all alleged cases of conduct and academic integrity violations.

The Honor Code is the heart of integrity at Carolina. In brief, the Honor Code says that all students shall "Refrain from lying, cheating, or stealing," but the Honor Code means much more. It is the guiding force behind the students' responsible exercise of freedom, the foundation of student self-governance here at UNC-Chapel Hill. The University maintains an Honor Code because we believe that all members of our community should be responsible for upholding the values that have been agreed upon by the community. A written Honor Code is an affirmation of our commitment to high standards of conduct inside and outside of the classroom.

The Honor Code is found in a document known as the *Instrument of Student Judicial Governance*. The Instrument is the University's official document containing the rules and regulations that guide the Honor System. The list of prohibited conduct and the possible sanctions given by the Honor Court can all be found in the *Instrument*. This document also includes information on the rights and responsibilities of all members of our community to the Honor System and under the Honor System.

Work submitted in this course must be your own and must have the honor code pledge on the cover page or last page. Assignments submitted without the honor code pledge will not be graded. **Honor Code Pledge:** "By including this sentence, I acknowledge that I understand that the Honor Code applies to this assignment and that further, I attest that I have neither given nor received help in completing this project."

POLICY ON ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES:

The University of North Carolina – Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability or pregnancy complications resulting in difficulties with accessing learning opportunities. All accommodations are coordinated through the Accessibility Resources and Service Office. Students with disabilities that affect their participation in the course and who wish to have special accommodations should contact the Accessibility Resources and Service Office (http://accessibility.unc.edu, telephone: 919-962-8300, or email: accessibility@unc.edu) and provide documentation of their disability. Accessibility Resources and Service will notify the instructor that the student has a documented disability and may require accommodations. Students should discuss the specific accommodations they require (e.g. changes in instructional format, examination format) directly with the instructor. A student is welcome to initiate the registration process at any time, however, the process can take time. ARS is particularly busy in the run-up to Finals and during Finals. Students submitting Self-ID forms at that time are unlikely to have accommodations set until the following semester. Please contact ARS as early in the semester as possible.

PUBH 890 Schedule at a Glance
Fall/Spring 2017 - 2018

Fall 2017	Topic	Readings
8/23	Pre-course knowledge assessment; Refugees – Global trends, populations and policies; Processing referrals, maintaining confidentiality, home visiting, & safety, consent for media/video taping	North Carolina Refugee Assistance Program (RAP) on-line module: Refugee Assistance Manual. Reed, H.E. & Yrizar Barbosa, G. (2017). Investigating the refugee health disadvantage among the U.S. immigrant population. *Journal of Immigrant and Refugee Studies, 15(*1): 53-70. Refugee Health Technical Assistance Center. How do refugees get to the USA? UNHCR. (2016). "Overview." Global Report 2016.
8/30	Refugee Resettlement (Guest Speaker: Adam Clark, World Relief – Durham, NC Field Office Director	Esses, V.M., Hamilton, L.K., & Gaucher, D. (2017). The global refugee crisis: Empirical evidence and policy implications for improving public attitudes and facilitating refugee resettlement. *Social Issues and Policy Review, 11(*1): 78-123. UNHCR Handbook • Preface: Introducing resettlement • Chapter 1: Resettlement within UNHCR's mandate: International

		protection and the search for durable solutions • Chapter 2: The evolution of resettlement **Skim:** Refugee Council USA information under "U.S. Refugee Resettlement": http://www.rcusa.org/who-is-a-refugee/ **FIRST assignment –** reading reflections from class 1&2
9/6 ALSO	Working with Interpreters in health and mental healthcare settings (Guest speaker: TBD)	Costa, B. (2017). Team effort – Training therapists to work with interpreters as a collaborative team. *International Journal for the Advancement of Counselling,* 39: 56–69. DOI 10.1007/s10447-016-9282-7 Dubus, N. (2015). Using an interpreter as cofacilitator. *Social Work with Groups*, 38: 44-55. Hadziabdic, E. & Hjelm, K. (2013). Working with interpreters: Practical advice for use of an interpreter in healthcare. *International Journal of Evidence Based Health Care, 11*(1): 69-76.
9/20 CMDE	Trauma: Resilience and Recovery in Refugee Health – The Triple Trauma Paradigm	American Psychological Association. (2010). *Resilience and recovery after war: Refugee children and families in the United States.* Washington, DC: Author. Crosby, S.S. (2013). Primary care management of non–English-speaking refugees who have experienced trauma: A clinical review. *JAMA, 310(*5): 519-528. Engstrom, D.W. & Okamura, A. (2004). A plague of our time: Torture, human rights, and social work. *Families in Society, 85(*3): 291-300. Mollica, R. (2014). The New H5 Model – Trauma and Recovery: A Summary. Harvard Program in Refugee Trauma. **Recorded webinar:** Integrated Health and Mental Health Approach to the Care of Torture Survivors
9/27 ?call	Measuring Trauma and Mental Health: Screening tools – evidence and adaptation; entering data and maintaining client charts	Lavelle, J. (2011). Measuring trauma, measuring torture. In Mollica, R. (Ed.), *Textbook of global mental health: Trauma and recovery* (pp. 506-537). Harvard Program in Refugee Trauma. Miles, S.H., & Garcia-Peltoniemi, R.E. (2012). Torture survivors: What to ask, how to document. *The Journal of Family Practice, 61(*4): E1-E5. Pathways to Wellness. (2011). Integrating refugee health and well-being: Creating pathways for refugee survivors to heal. **Recorded webinar:** Operationalizing the RHS-15 **Second assignment –** Reflections re: mental health
10/4 AAFP GH	Cultural humility: approaching culture, faith, gender, gender identity, and sexual orientation	Heartland Alliance International. (2013). A Rainbow Perspective: Reflecting on Best Practices and Successes from the Field. Inhorn, M.C., & Serour, G.I. (2011). Islam, medicine, and Arab-Muslim refugee health in America after 9/11. *Lancet,* 378: 935–943. Juckett G. (2005). Cross-cultural medicine. *American Family Physician, 72*(11): 2267-2274. **Browse:** Center for Applied Linguistics – Cultural Orientation Resource Center
10/25 ME	Health Promotion, Screening	Fennelly, K. (2006). Listening to the experts: Provider recommendations on the health needs of immigrants and refugees. *Journal of Cultural Diversity,* 13(4): 190–201.

	Processes and Wellness for Refugees	Palinkas, L.A., Pickwell, S.M., Brandstein, K., Clark, T.J., Hill, L.L., Moser, R.J., & Osman, A. (2003). The journey to wellness: Stages of refugee health promotion and disease prevention. *Journal of Immigrant Health, 5(*1): 19-28. Pottie, K., Martin, J.P., Cornish, S., Biorklund, L.M., Gayton, I., Doerner, F., & Schneider, F. (2015). Access to healthcare for the most vulnerable migrants: A humanitarian crisis. *Conflict and Health, 9*(16). doi: 10.1186/s13031-015-0043-8 **Recorded webinar:** Health Promotion for Torture and Trauma Survivors
11/8 OK	Eligibility for benefits and services (Guest lecture: Kate Woomer-Deters, Staff Attorney, NC Justice Center)	Fortuny, K. & Chaudry, A. (2011). A Comprehensive Review of Immigrant Access to Health and Human Services. Urban Institute.
11/29	Movie and discussion (The Good Lie; Nickel City Smiler)	Assignment – case study
Spring 2018	Topic	Readings
1/10 ME	Human Trafficking and Political Asylum issues	Asian & Pacific Islander Institute on Domestic Violence. (September, 2008). Health Issues Affecting Trafficked Individuals. Paper prepared for the *National Symposium on Health Needs of Human Trafficking Victims.* Baldwin, S.B., Eisenman, D.P., Sayles, J.N., Ryan, G., & Chuang, K.S. (2011). Identification of human trafficking victims in health care settings. *Health and Human Rights, 1*(13): 36-49. Catholic Immigration Network, Inc. (2012). Asylee Eligibility for Resettlement Assistance. Dovydaitis, T. (2010). Human trafficking: The role of the health care provider. *Journal of Midwifery and Women's Health, 55*(5): 462-467. doi:10.1016/j.jmwh.2009.12.017 Polaris: 2016 Human Trafficking Statistics
1/24	Substance use and interpersonal violence (Guest lecturer: TBD)	Freedman, J. (2016). Sexual and gender-based violence against refugee women: A hidden aspect of the refugee "crisis." *Reproductive Health Matters*, 24: 18–26. Horyniak, D., Melo, J.S., Farrell, R.M., Ojeda, V.D., & Strathdee, S.A. (2016). Epidemiology of substance use among forced migrants: A global systematic review. PLOS ONE. doi:10.1371/journal.pone.015913 International Rescue Committee. (2015). Private Violence, Public Concern: Intimate Partner Violence in Humanitarian Settings. Practice Brief. Sohal, H., Eldridge, S., & Feder, G. (2007). The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: a

		diagnostic accuracy study in general practice. *BMC Family Practice, 8(*1). doi:10.1186/1471-2296-8-49
2/7	Maternal and Child Health Issues for Refugees	Bollini, P., Pampallona, S., & Wanner, P. (2009). Pregnancy outcome of migrant women and integration policy: A systematic review of the international literature. *Social Science & Medicine,* 68: 452-461. Ehntholt, K. A., & Yule, W. (2006). Practitioner review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry, 47*(12): 1197-1210. doi: 10.1111/j.1469-7610.2006.01638.x Pimentel, V. M., & Eckardt, M. J. (2014). More than interpreters needed. *Obstetrical & Gynecological Survey, 69*(8): 490-500. doi:10.1097/ogx.0000000000000099 Stewart, D.E., Gagnon, A.J., Merry, L.A., & Dennis, C.L. (2012). Risk factors and health profiles of recent migrant women who experience violence associated with pregnancy. *Journal of Women's Health, 21*(10): 1100-1106. **Recorded webinar:** Working Clinically with Traumatized Refugee Children and Families
2/21	Chronic Health Issues and Preventive Health Care for Refugees	Guterres, A. & Spiegel, P. (2012). The state of the world's refugees: Adapting health responses to urban environments. *JAMA, 308*(7): 673-4. Haley, L.H., Walsh, M., Tin Maung, N.H., Savage, C.P., & Cashman, S. (2014). Primary prevention for resettled refugees from Burma: Where to begin? *Journal of Community Health, 39(*1): 1–10
3/7	Treatment: Best practices and modalities	Bemak, F., Chi-Ying Chung, R., Ortiz, D.P., & Sandoval-Perez, P.A. (2008). Promoting the mental health of immigrants: A multicultural/social justice perspective. *Journal of Counseling and Development, 86(*3): 310-317. Bunn, M., Goesel, C., Kinet, M., & Ray, F. (2016). Group treatment for survivors of torture and severe violence: A literature review. *TORTURE (26)*1: 45-67. **Recorded webinar:** Promoting Wellness Through Refugee Adjustment Support Groups
3/21	Aging in Refugee Populations	Hu, P., & Reuben, D.B. (2002). Effects of managed care on the length of time that elderly patients spend with physicians during ambulatory visits. *Medical Care, 40*(7): 606-613. Lee, H.Y., Lytle, K., Yang, P.N., & Lum, T. (2010). Mental health literacy in Hmong and Cambodian elderly refugees: A barrier to understanding, recognizing, and responding to depression. *International Journal of Aging and Human Development, (71)*4: 323-34.
4/4	Advocacy: coordinating care and building capacity for	Scribner, T. (2017). You are not welcome here anymore: Restoring support for refugee resettlement in the age of Trump. *Journal on Migration and Human Security, (5)*2: 263-284. Walden, J., Valdman, O., Mishori, R., & Carlough, M. (2017). Building capacity to care for refugees. *Family Practice Management, 24(*4):

	refugee services (Guest speaker: Susan Clifford, Orange County Health Department Immigrant and Refugee Health Coordinator)	21-27. White, C.C., Solid, C.A., Hodges, J.S., & Boehm, D.H. (2015). Does integrated care affect healthcare utilization in multi-problem refugees? *Journal of Immigrant and Minority Health*, 17: 1444–1450. DOI 10.1007/s10903-014-0088-6
4/18	Post-course knowledge "assessment", wrap up and evaluation	