



5-2016

Coordinating Community Healthcare Needs to Local Services in Paraiso, Dominican Republic Through Strategic Assessment Strategies

Michelle A. Cole

Sacred Heart University, colem371@sacredheart.edu

Christina B. Gunther

Sacred Heart University, guntherc@sacredheart.edu

Majid Sadigh

Western Connecticut Health Network

Follow this and additional works at: http://digitalcommons.sacredheart.edu/nurs_fac



Part of the [Public Health and Community Nursing Commons](#)

Recommended Citation

Cole, M., Gunther, C., Sadigh, M. (2016). Coordinating community healthcare needs to local services in Paraiso, Dominican Republic through strategic assessment strategies. *Annals of Global Health*, 82(3), 463-464 doi: 10.1016/j.aogh.2016.04.272

This Peer-Reviewed Abstract is brought to you for free and open access by the College of Nursing at DigitalCommons@SHU. It has been accepted for inclusion in Nursing Faculty Publications by an authorized administrator of DigitalCommons@SHU. For more information, please contact ferribyp@sacredheart.edu, lysobeyb@sacredheart.edu.

DAY 2, APRIL 10, 2016

FINANCIAL AND OPERATIONAL SUSTAINABILITY

Seasonal patterns of initial domestic health assessment for refugees in New York State, 2013

Zabra Alaali¹, Christina Ebre², Elizabeth Dufort³, Colette Gargiulo³, Diane Miller³, Susan Towne³, Stephen Hughes³, Debra Blog³; ¹School of Public Health, State University of New York, Albany, NY, USA, ²State University of New York, Albany, NY, USA, ³NYS Department of Health, Albany, NY, USA

Background: Refugee health assessments (RHA) are a crucial milestone that ensure the continuum of refugee healthcare, prevent spread of communicable diseases, and monitor disease prevalence. Refugees should receive an initial RHA upon arrival. In NYS, this is provided by one of NYS Refugee Health Program's (NYSRHP) contracted providers, preferably within 90 days after arrival in the U.S. RHA is designed to ensure that unobserved or developed health conditions after overseas exam are referred to primary and specialty care. Eliminating barriers to complete the initial assessment including transportation, hours of service, wait times, and poor weather is essential for successful resettlement.

Methods: We conducted a retrospective review of NYSRHP data from January 1 to December 31, 2013. Country of origin, arrival date, RHA completion date, season of arrival, county of resettlement, and resettlement agency were analyzed. Data were then evaluated using descriptive analyses.

Findings: In 2013, 3762 refugees resettled in NYS. Overall, 30% of the refugees did not complete the initial RHA within 90 days after arrival. Numbers of incomplete health assessments increased in the fall and winter seasons to reach 47% and 45%, respectively, compared to 24% in spring and 25% in summer. Resettlement agencies were surveyed to assess services provided, 64% provide transportation from office, 27% from central stop, and 9% by taxi and none of them provide any special winter accommodation.

Interpretation: These pilot data suggest seasonal variation in the completion rate of initial domestic refugee health assessments. Limitations of this data include a fiscal federal shutdown in October of 2013, which may have impacted refugee resettlement patterns compared to typical large arrival numbers in the fall season. Further research is needed to address barriers to healthcare that refugees face post-resettlement, including season variation. Results suggest a need for additional evaluations and interventions of current services provided to refugees to ensure appropriate resources allocation and better health access.

Funding: None.

Abstract #: 2.001_FOS

The economic burden of noncommunicable diseases on America's youth: an analysis of children's healthcare spending in the United States from 1996-2012

A.L. Bui¹, H. Hamavid², R. Baral³, M. Birger², A. Bulchis³, C. Horst², E.K. Johnson⁴, J. Joseph², L. Lomsadze², H. Duber², J.L. Dieleman²; ¹David Geffen School of Medicine at University of

California, Los Angeles, ²Institute for Health Metrics and Evaluation, University of Washington, ³Global Health Group, University of California, San Francisco, ⁴Columbia University, School of International and Public Affairs

Background: Over 17 percent of U.S. gross domestic product is spent on health. Little research has focused on spending on children. We produced estimates of healthcare spending of children and youth in the U.S. from 1996 through 2012 across types of goods and services, age groups, sex groups, and causes of illness and healthcare events. We compare spending between noncommunicable disease (NCDs), communicable and neonatal disorders, and injuries. Lastly, we explain changes in healthcare spending among children and youth over time.

Methods: We use National Health Expenditure Accounts (NHEA) data to provide total healthcare spending across different categories of goods or services. We use eight U.S. surveys and administrative data sets to estimate the composition of healthcare spending across age groups, sex groups, and causes of illness or healthcare events within each category. Causes of illness are aggregated across NCDs, communicable and neonatal disorders, or injuries. Healthcare spending estimates are analyzed across levels and changes. A decomposition method is employed to explain changes in healthcare spending across increases in population, prevalence, utilization, and prices.

Results: From 1996 to 2012 children's healthcare spending increased from \$161 billion to \$259 billion, the most of which was ambulatory care spending. Congenital disorders, skin disorders, neonatal preterm conditions, chronic upper respiratory disorders, endocrine disorders, otitis, attention-deficit/hyperactivity disorder (ADHD), asthma, falls, and depression contribute to the top 36% of all healthcare costs in children. Among these top 10 conditions, 7 are NCDs. In total, NCDs contribute to nearly two-thirds of healthcare spending. Per capita (per child) healthcare spending is greatest for under-1-year-olds and is lowest for 5-9-year-olds. The \$98 billion increase in spending was mostly due to increases in prices over the time period.

Interpretations: NCDs contribute to more healthcare spending among children as opposed to conditions traditionally associated with children, such as neonatal disorders and communicable conditions like respiratory infections and otitis. Investments in prevention of NCDs in childhood could help combat increasing prevalence of NCDs and curb future growth in healthcare spending. These findings can aid in more efficient health resource allocation and planning for children.

Funding: Bill and Melinda Gates Foundation.

Abstract #: 2.002_FOS

Coordinating community healthcare needs to local services in Paraiso, Dominican Republic through strategic assessment strategies

M. Cole¹, C. Gunther¹, M. Sadigh^{2,3}; ¹Sacred Heart University, College of Nursing, ²Western Connecticut Health Network, ³University of Vermont, College of Medicine

Background: The availability of healthcare services is limited in Paraiso, Dominican Republic with the nearest full-service hospital located 34.1 km away. A local, underutilized clinic was unaware of the needs of this disadvantaged community.

Method: Researchers adapted a World Health Organization assessment survey with the goals of determining residents' priority needs and an appraisal of the current clinic capabilities and gaps in services in order to provide the community with relevant healthcare. 106 families were randomly selected in seven separate geographic areas of Paraiso to participate in the self-report assessment. Researchers, along with a community volunteer, conducted interviews utilizing the 63 question instrument. 105 families agreed to participate representing 504 individuals.

Findings: The findings highlighted community concerns; depressed economy (54%), health concerns and lack of access to adequate healthcare (63%). Other findings include the presence of communicable disease, disease comorbidity, parasitic infections and the discovery that chikungunya is present (10.5%). Participants indicated a desire for hospital services in the community: full hospital services (48%); women's health (23%); access to medications (38%), all lacking within the present clinic.

Interpretation: Results from the assessment will serve as a foundation for the development of strategies to best meet community needs and create a financial and operational sustainability model. The collected data is being utilized in the development of a collaborative plan with a local Dominican, non-governmental organization (Instituto Dominicano de Desarrollo Integral), a hospital network in the U.S. (Western Connecticut Health Network/Danbury Hospital in partnership with University of Vermont College of Medicine) and a College of Nursing in the U.S. (Sacred Heart University in Fairfield, CT) to transform the current clinic into a 35 bed hospital. Other plans include the education and training of a healthcare team, including a lead physician, to provide sustainable healthcare that will match the needs of the community.

Funding: Western Connecticut Health Network; Sacred Heart University, College of Nursing; University of Vermont, College of Medicine.

Abstract #: 2.003_FOS

Innovative, but what about sustainability? Lessons learned in nursing and midwifery workforce development

K.N. Hosey¹, J. Voss², M. Kelley³; ¹University of Washington School of Nursing, Seattle, WA, USA, ²Case Western Reserve University, Cleveland, OH, USA, ³Emory University, Atlanta, Georgia, USA

Program/Project Purpose: Sustainability is a word used in global health to discuss successful projects or interventions, as it is essential for the work to be continued after the initial pilot and development stages. Often this is a challenge in resource-limited settings, especially when funding cycles are finished, donor organizations shift their priorities, or even when there is not sufficient buy-in from stakeholders. Buy-in was never a problem in the development of a continuing and professional development library for nurses and midwives in east, central and southern Africa as the need and interest in having online, mobile-friendly trainings accessible was expressed by leaders in the region. Human resources and infrastructure, however, are the challenges in the sustainability this project. Continued investment by nursing leaders has been underway to make this a lasting resource for the region, as often providers cannot attend in-person trainings in

order to stay updated for relicensure purposes. Sustainability of the continuing and professional development library hosted on the East, Central and Southern Africa College of Nursing (ECSACON) website has been the focus of this project since the beginning; however, after the launch of the website in 2014 information technology challenges persisted and as resources dwindled a partially functioning website was the result. This was the leading barrier in seeking donor support to sustain this nearly completed project.

Structure/Method/Design: Creation of a sustainability plan is the priority. Meetings and interviews were held with nursing leaders when funding was completed in July 2015. A stakeholder analysis was conducted and another meeting was held with nursing leaders in Harare, Zimbabwe in November 2015 to develop a sustainability plan.

Outcome & Evaluation: To date nursing and midwifery support is still high for this project, and continued buy-in will be generated with global health leaders after the November 2015 African Health Profession Regulatory Collaborative for Nurses and Midwives (ARC) Summative Congress Meeting in Harare, Zimbabwe, resulting in an updated sustainability plan for the library.

Going Forward: Sustainability for this program is key in order for this library to be a lasting resource for nurses and midwives in the region.

Funding: This project was supported by the Afya Bora Consortium Fellowship funded by the National Institute of Health, Office of AIDS Research, and Health Resources and Services Administration grant number U91HA06801 and a 2014 Afya Bora Career Development award supplement to Kristen Hosey from the University of Washington Center for AIDS Research (CFAR), an NIH funded program under award number P30AI027757 which is supported by the following NIH Institutes and Centers (NIAID, NCI, NIMH, NIDA, NICHD, NHLBI, NIA, NIGMS, NIDDK). Funding for the development of ECSACON's on-line CPD library was provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through a cooperative agreement from the U.S. Centers for Disease Control and Prevention (CDC) to the Emory University on behalf of The African Health Profession Regulatory Collaborative for Nurses and Midwives (ARC).

Abstract #: 2.004_FOS

Asili: Evaluating a novel multi-disciplinary social enterprise intervention on population health in the Democratic Republic of Congo

A. Talib¹, H. Buessler², T. Fadgen², N.A. Federspiel³, J. Altamirano¹, J. Inungu⁴, Y. Maldonado¹; ¹Stanford University School of Medicine, Department of Pediatrics, Stanford, CA, USA, ²American Refugee Committee, Minneapolis, MN, USA, ³Stanford University School of Medicine, SPARK Translational Research Program, Stanford, CA, USA, ⁴Centre Africain pour la Recherche et le Developpement, Kinshasa, Democratic Republic of the Congo

Program/Project Purpose: Child mortality in the Democratic Republic of Congo (DRC) occurs at a rate of 108 deaths per 1,000 live births, the 5th highest in the world, with more than 1 in 10 children dying before reaching age 5. The eastern region of DRC, is still recovering from decades of conflict that destroyed infrastructure, ruined livelihoods, and caused massive displacement. Innovative strategies are needed to improve child health. The American Refugee Committee and Ideo.org co-created Asili (foundation