

CONFERENCE ABSTRACT

Early Childhood Integrated Health Service Strategies for Immigrants and Refugees: Prevention and Health Promotion for Our Most Vulnerable Families

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Context: Early childhood (ages birth to 5 years old) is well documented as a critical period of development during which interventions are especially effective in preventing and reducing both current and future developmental disabilities, mental health problems, and family stress (Sameroff & Fiese; Zeanah, Stafford, & Zeanah, 2005; Godoy, et al., 2014). Culturally-informed early childhood health interventions for immigrants and refugees with documented health disparities are particularly important for promoting optimal development, health, and well-being. Among the many healthcare-related challenges underserved populations face, immigrants and refugees experience health disparities as a result of acculturation factors, limited social support, and an insufficient healthcare infrastructure to provide comprehensive culturally and linguistically sensitive services (Cacari-Stone et al., 2007; Berry et al., 2010).

In the United States, the majority of pediatric primary care visits are for children under the age of five, with approximately 74% of these visits designated for infants under 12-months old. Consequently, primary care is the ideal setting for developing and offering culturally-sensitive interventions for immigrant and refugee populations (Center for Disease Control, 2004; Talmi, Stafford, & Buchholz, 2009). Integrated behavioral health programs in pediatric medical settings are uniquely suited to provide essential preventative services to immigrant and refugee families with children in their critical period of life. Some of these services include developmental and psychosocial screening, enhanced anticipatory guidance, care coordination, brief mental health intervention for the child and/or caregivers, and co-management of health conditions with medical providers.

Aims: Drawing from over 10 years of experience developing, delivering, and evaluating integrated behavioral health services in pediatric medical settings to thousands of young children and their families within a large academic pediatric medical setting, this workshop targets the development and delivery of early childhood services in integrated healthcare settings with a focus on serving immigrant and refugee families. This workshop combines didactic and interactive methods to build competency in developing and delivering early

childhood integrated care programs. The following topics will be addressed: (1) common concerns in early childhood, (2) early childhood service strategies, (3) characteristics of families served, and (4) screening, referral and follow-up processes in early childhood.

Objectives: By the end of this workshop, participants will be able to:

- 1) Define toxic stress and Adverse Childhood Events (ACEs).
- 2) Describe the benefits of health promotion and prevention.
- 3) Identify stressors and adversity factors in the lives of immigrant and refugee families with young children.
- 4) Apply screening processes to their own health or behavioral health practice.
- 5) Describe (a) a universal early childhood service strategy and (b) a targeted early childhood service strategy that can be applied in work with immigrant and refugee families.
- 6) Develop two strategies for transforming the practice of early childhood integrated care for immigrants and refugees.

Target Participants:

- Medical practices, clinicians, care coordinators, practice managers, and researchers who serve immigrant and refugee families with young children.
- Clinicians, care coordinators, practice managers, and researchers interested in serving young children and their families.
- Healthcare programs with integrated behavioral health services or those aiming to increase prevention and health promotion efforts.
- Early childhood specialists seeking to integrate into healthcare settings.

Next Steps and Evaluations: This workshop will be evaluated using objective measures to determine the extent to which each of the objectives were met. Presenters will design and bring an evaluation measure for participants to complete. To address next steps, all participants will be encouraged to provide contact information to facilitate creating a network of providers interested in participating in the development of guidelines for addressing the needs of immigrant and refugee families with young children who are being served in pediatric medical settings. Facilitators will follow up with this network to initiate and direct the process of developing a scholarly product that comprises these guidelines.

Keywords: early childhood, integrated care, prevention, immigrant, refugee
