Global Becomes Local with Refugee Health in Colorado

Like many immigrants coming to America, refugee families are eager to start a new life that is safe, prosperous, and happy. By definition, refugees are unable to return to their country of origin due to persecution on the basis of race, religion, nationality, or political opinion. However, less than 1% of the world’s 65 million displaced persons are referred by the United Nations Refugee Agency (UNHCR) for resettlement to other countries.¹,² Many spend years or decades waiting in refugee camps or informal urban settings, unable to go home and unable to settle elsewhere.

Refugees are often subjected to unsafe living conditions, systematic discrimination, and exposure to violence. Most lack access to regular health care and thus have undiagnosed and untreated health issues. Yet, according to Dr. Janine Young, in general, refugees are strong and resilient, facing innumerable hardships before making it to the United States. Dr. Young is the Medical Director of the Denver Health Refugee Clinic. Along with her team, she provides medical screenings for newly arrived refugees as well as on-going primary care.

The process of applying to become a refugee, receiving that designation, and actually making it to the U.S. takes over two years. During that time, numerous reviews, interviews, and background checks take place.

A head-to-toe medical screening in the country of origin is part of this lengthy process. The exam can ultimately mean exclusion for those with severe mental illness or significant substance abuse issues. Less serious health conditions, however, are diagnosed and treated overseas, before arrival, so that a refugee can continue on the path to resettlement.

According to Dr. Young, “Medical evaluations start happening six months prior to departure. Several weeks before departure, they are checked again for infectious diseases like chicken pox and measles. There is a lot of work done overseas before refugees arrive in the U.S.”

Within 90 days of arrival, all refugees receive additional screenings standardized by the Centers for Disease Control. Depending on where they relocate within Colorado, refugees are connected with one of four clinics.

The Denver Health Refugee Clinic in Lowry is one of two clinics that provide medical screenings for newly arriving refugees in the Denver Metro area. There are also refugee screening clinics in Greeley and Colorado Springs.

At this screening, a second head-to-toe exam is conducted. According to Dr. Young, certain medical issues are more or less common, depending on a

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If you are looking for Lauren Heller-Szafran around dinner time, just make a beeline to her kitchen. This is where Lauren, her husband Eric, and children spend a lot of their family time.

It is not unusual to find Eric, a French chef by training, and their daughter, Claire (5 years old) a ‘sous chef in training’, prepping homemade meatballs for the oven. Lauren adds, “I prefer baking. The kids and I are always whipping up our next loaf of bread, banana bread is one of our favorites. However if I do say so, I’m a fairly decent sous chef”. Let’s not forget, two year old Isaac who is happy to jump in wherever he is needed.

So how did a ‘die hard’ New Yorker, who loves traveling the globe and has a passion for making this world a better place end up in Denver? Let’s go back to the beginning.

Lauren grew up just outside of Philadelphia, Pennsylvania in a diverse community where she was regularly exposed to other cultures and various ethnicities. This upbringing aided in developing a sense of adventure and wanderlust. The desire to explore and travel steered her toward a bachelor’s of arts degree in political science, with a concentration in international politics from Northeastern University in Boston, Massachusetts.

It wasn’t just the courses at Northeastern that shaped her future but what the University required as part of their international politics program. Lauren was required to be employed in order to receive credit.

Lauren shares, “The requirement to be employed created a tenacity in me that I did not possess. It also taught me how to work and be a professional. I had never interviewed for a job before. It exposed me to a whole new reality.”

The jobs Lauren landed while in school ranged from working with a state senator in Boston to serving as a messenger to the Security Council at the United Nations. She also conducted research in post-apartheid South Africa and interned at the European Parliament.

Advocating for Children and Their Development: Meet Lauren Heller Szafran, Global Health Fellow

Lauren joined the Center for Global Health at the Colorado School of Public Health as a Global Health Fellow September 1st of this year. Explore her journey as a sex trafficking advocate for children and as a champion for their development.

Lauren with her family: (l to r) Eric, Isaac, Lauren and Claire

One of her most memorable educational experiences was the time she spent at the CETLALIC Language Institute in Cuernavaca, Mexico (one hour outside of Mexico City – to date, still her favorite city in the world).

CETLALIC offers small Spanish classes and homestays with Mexican families in a community-minded environment. They provide a place for cultural exchange with a focus on mutual understanding and social justice issues. Lauren reminisces, “We were immersed into the culture. We learned Spanish by using it and hearing it. Time spent in classrooms was short. In order to become a highly proficient speaker, I spent one summer there but then returned for an entire year.”

Now that Lauren had this global health experience and education under her belt, she dove into the non-profit working world – she wanted to make a difference.

A self-proclaimed workaholic, Lauren spent the next several years working in New York City with the International Rescue Committee’s Refugee Resettlement Department and moved on to the NYC Community Response to Trafficking Project.

She continued by working with Protecting Children in Tourism Project, as well as the International Organization for Adolescents. In addition to working in immigrant communities throughout NYC, she worked in programs in Mexico, Belize, the Dominican Republic and Tanzania.

She reiterates, “I was a workaholic, was passionate about helping others. Did I say passionate – maybe too passionate?

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refugee’s region of origin. For instance, those coming from more developed countries, like Iraq, may have diseases that are common in other developed countries such as diabetes and hypertension.

Others coming from countries with very little infrastructure, like Somalia, experience malnutrition and multiple micronutrient deficiencies. "If we diagnose something, we need to make sure the patient comes back," explains Dr. Young. “They leave their screening visit with a picture of one of our doctors, and we make sure we are linking them to a primary care provider within 6 months, depending on condition.”

Establishing a primary care relationship can be challenging for providers, clinic staff, and the refugee families. There are logistic barriers to getting to the doctor’s office, such as navigating public transportation, but there are also conceptual barriers.

Most refugees have never experienced preventive or primary medical care. “Since this is their medical home, we need to see them for screening, and then we need to establish linkage to care. We explain to families what it means to have preventive medicine. We talk to women about mammograms and pap smears and we talk to men and women about colonoscopies.”

Patient navigators are invaluable for communicating with patients to ensure they are clear on the outcomes of the visit and that they attend scheduled follow-up visits with their primary care provider and/or sub-specialist.

Several of the navigators at the Denver Health Refugee Clinic (DHRC) are themselves former refugees and can relate to the novel and sometimes overwhelming experience of receiving healthcare in this setting. The DHRC-specific patient navigators are funded through grants, which means their positions are dependent on continued grant support. These navigators are from Somalia, Ethiopia, Democratic Republic of Congo, and Myanmar, with over a dozen languages spoken between them.

The navigators and other staff are critical to the patient experience, too. “I have a colleague who is actively writing grants all the time to keep them funded,” comments Dr. Young. She elaborates, “They make a huge difference and make this clinic incredibly welcoming. We have a very diverse front desk staff including former refugees from Bhutan, Congo, and 1st or 2nd generation Latin American immigrants. Because of this, we have many families who will choose to come here instead of going to a closer clinic.”

In her leadership of the clinic, Dr. Young draws on early experiences working in South Africa after graduating college. “This was during Apartheid, in 1991. Mandela had been released from Robben Island six months before I got there. I worked at a community health center in a township called Alexandra, outside Johannesburg. The health center served a population of 200,000 that lived in an area of two square miles. In my mind, this was an incredibly underserved, stressed population, similar to refugees. It was incredibly intense. It sold me,” says Dr. Young.

Resourcefulness and task-shifting were primary lessons for Dr. Young in this setting. “The nurses were doing a lot of what doctors do here. They sutured open wounds, and they taught me to suture,” she explains. The need to be resourceful and flexible remains relevant in her current work.

Prior to 2014, refugee health services in Colorado were managed by the Colorado Department of Public Health and Environment (CDPHE). CDPHE received funding to carry out their activities from the Colorado Refugee Services Program (CRSP), which receives its funding through the grants all the time to keep them funded,” comments Dr. Young. She elaborates, “They make a huge difference and make this clinic incredibly welcoming. We have a very diverse front desk staff including former refugees from Bhutan, Congo, and 1st or 2nd generation Latin American immigrants. Because of this, we have many families who will choose to come here instead of going to a closer clinic.”

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federal Office of Refugee Resettlement (ORR). In 2014, though, the model changed, and ORR/CRSP are now funding four federally qualified health centers in Colorado, and the Lowry clinic is one.

While the structure is in place to provide high quality health services for refugees, the dollar amount flowing to states has changed. According to Dr. Young, “The number of [refugee] arrivals is determined by presidential decree by fiscal year. For 2016 the number was 85,000, and in 2017 it was lowered to 45,000.”

“The people being resettled are some of the most resilient people…to even get here is tremendous. After all they have been through, they get jobs; they pay taxes; their kids go to school and graduate; they contribute to society.”

Janine Young, MD, Medical Director of the Denver Health Refugee Clinic

The new cap is the lowest since the passage of the Refugee Act in 1980.3 “This is greatly affecting the bottom line for resettlement agencies, institutions, and clinics, who may have to lay off staff or close down programs. There is a lot of struggle in the state to maintain the infrastructure and allow us to brace for the change,” Dr. Young explains. The DHRC must be very flexible with the lower number of new arrivals.

Beyond providing screenings and retaining families for treatment and preventive care, there is other important work still to be done. “From a public health stand point, we would like to follow health outcomes over time. What happens to children who come in stunted or underweight; do they become obese or have hypertension later in life?” asks Dr. Young. “These outcomes have not been evaluated systematically with large populations, and we are looking to be more involved with that effort.”

To that end, the North American Refugee Health Conference is held annually either in the U.S. or Canada. Bringing together refugee advocates from different backgrounds, the conference is a multidisciplinary event that hosts physicians, nurses, psychologists, state health coordinators, and lawyers.

Dr. Young is on the planning committee for the event, now in its 8th year. “The conference brings together different types of providers and professionals, and breaks down siloes so we can better address all types of issues that affect refugees,” says Dr. Young. She concludes, “The people being resettled are some of the most resilient people…to even get here is tremendous. After all they have been through, they get jobs; they pay taxes; their kids go to school and graduate, and they contribute to society.”

References:

♦ By Molly T Moss
"I realized after working in the child trafficking world for several years it was becoming harder and harder. It was gut wrenching to meet some of the children and not be able to make a substantial difference in their lives. The problems were much bigger than me and what I, one person, could do in the field. It was time for me to try to attack issues from a higher level and potentially make a bigger impact. Was policy the answer?"

Policy was something that Lauren was trained to do and she found it was a natural fit.

She accepted a position at the Women’s Refugee Commission conducting field based research, policy and advocacy on issues of gender-based violence, economic coping mechanisms and lifesaving reproductive healthcare in refugee and IDP (internally displaced persons) settings. She worked in Nepal, Malaysia, Egypt, Jordan, Ethiopia, Thailand, South Sudan, Uganda and Haiti.

Although busy with her work, Lauren did make time to meet and date Eric, another die-hard New Yorker. Eric was in technology sales and could potentially do his work anywhere in the world.

Soon after they were married, Lauren was offered a work opportunity in Kuala Lumpur, Malaysia with a SPRINT Initiative with International Planned Parenthood Federation, working on Sexual and Reproductive Health in Emergencies. They packed their bags and headed to the capital.

There she worked on disaster preparedness policies and training strategies for the East Asia and Oceania region to ensure that lifesaving reproductive health care was available during disaster and crisis response.

In 2013, Eric was offered a job in Denver, Colorado and it was too good to pass up. After a year of consulting from Denver, Lauren started working with Children’s Hospital Colorado.

Over the next few years she recommended strategies to increase the impact of their Global Health Initiative, restructured and managed their global health program, and served as a liaison to the merge their global health program into the Center for Global Health all while welcoming Claire and Isaac into the world.

Today, Lauren has taken her shingle down and is furthering her training and education. This past summer, she joined the Center for Global Health for a one-year fellowship where she will be focusing on early childhood health and development.

Over the next year, she will work with three mentors: Bonnie Camp, MD, PhD, a retired pediatrician who specializes in child development, Steve Berman, MD, Director of the Center for Global Health where she will take part in the Guatemala signature site research projects and with Gretchen Domek, MD, MPhil, Assistant Professor of Pediatrics, School of Medicine at the University of Colorado Anschutz Medical Campus on the project, promoting language development through a primary care-based intervention in infancy: a pilot study. She will also be taking classes at the Colorado School of Public Health.

Lauren and her family love the quality of life that Denver and Colorado bring. They are always looking for that hidden neighborhood gem where they serve the best pho. And, if they don’t feel like eating out….just make a beeline to her kitchen.

Sounding the Alarm on Climate Change

The adverse impacts to human health from global warming are undeniable and on track to worsen in the coming decades.

This is the view of Jay Lemery, MD, associate professor of medicine in the CU School of Medicine, and the wider scientific community. Lemery co-authored a recently published book, “Enviromedics: The Impact of Climate Change on Human Health” with Paul Auerbach, MD, professor of emergency medicine at Stanford University School of Medicine.

Lemery, who is also section chief of the Wilderness and Environmental Medicine Section in the SOM’s Department of Emergency Medicine, has a strong interest in the interplay of the environment and human health.

Asked why he and Auerbach wrote the book, Lemery said, "It’s clear there’s been a conspicuous absence of physicians and health care providers engaging in the dialogue on climate change and its impact on human health. We also felt the science was being politicized and risk assessments for most Americans were skewed. So we wanted to take a step back and weigh-in from the physicians’ point of view, essentially saying, ‘We know sickness – this is what we do every day,’ and point to what we see coming down the pike."

Read his interview with CU Today and learn more about his book!
Empowering Women Around the Globe: Meet Global Health Fellow Margo Harrison MD, MPH

Fifteen-year-old Margo Harrison found herself contemplating what to do over her summer vacation prior to her junior year of high school.

Her mother, who was an elementary school teacher, found information in the school library on a summer scholarship for an international exchange program in Kenya through the Experiment in International Living – a non-profit organization that provides international educational experiences for high school students.

Margo jumped at the opportunity to apply for the scholarship. She had an interest in learning about other cultures and spending the summer in Kenya with a local host family sounded right up her alley.

Margo immediately filled out her application and found out a few weeks later she was granted the scholarship, which included a service project. Before she knew it, she was booking her flight to Nairobi.

A few weeks later she found herself in a routine, learning her way around the community of Luanda, Kenya and fitting right in with her host family. The host family consisted of a mother and father and their children, spouses and grandchildren. This is a very traditional dynamic in rural Kenya.

One day Margo was visiting with the host family’s daughter-in-law, Rhoda. Rhoda was a homemaker, but Margo learned she was a college educated woman.

While in college, Rhoda met her husband, and moved to this remote location after she graduated. She started a family, but found herself with no opportunities for work. Rhoda asked of young Margo, “How come you get to visit and stay with us and I am stuck here?”

This simple question made Margo step back and reflect on her situation and maybe more importantly, Rhoda’s situation.

That summer, the direction of Margo’s future was decided. She always knew she wanted to be a physician like her father, a pediatrician who specialized in infectious disease at the Centers for Disease Control in Atlanta, Georgia.

Margo had come to the conclusion, after reflecting on her conversation with Rhoda, that she wanted to be the kind of physician who could assist women in making empowered choices about their fertility and family planning. Margo was on a quest.

In order to move closer to her goal, Margo attended Yale University in New Haven, Connecticut where she received her bachelor’s of arts in ethics, politics and economics with a global health concentration.

Upon graduation from Yale, Margo worked for a year as a research analyst with the Medicare Payment Advisor Commission in Washington, DC where she served on a committee that advised congress and maintained quality improvement of the U.S. Medicare system.

She then took another step forward by receiving her medical doctorate from Albert Einstein College of Medicine in the Bronx. During her time at medical school, Margo took a one-year break and attended Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland and received her masters of public health in health leadership and management with an international concentration.

Margo Harrison, MD, MPH continued with her residency and fellowship training programs in New York City where she met, via an online dating application OK Cupid, her husband Jason.

During their time in New York City, Margo and Jason, an attorney, they decided to start a family. Their daughter Elia, 3 years old, was soon followed by a son, Levi, who is currently six months. While pregnant with Levi, Margo received the news she had been accepted into two fellowship programs at the University of Colorado Anschutz Medical Campus. Immediately upon Levi’s birth they made the trek to Denver, Colorado.

Today Margo is a physician specializing in obstetrics and gynecology (OB/GYN). This past June, Margo started working at the University of Colorado Anschutz Medical Campus (AMC) as an Assistant Professor in the School of Medicine.

She is also participating in the Women’s Reproductive Health Research (WRHR) Fellowship. This fellowship is a NICHD (National Institute of Child Health and Human Development) funded position via a K-12, a NIH (National Institutes of Health) career development award. This is a three-year

(Continued on page 8)
**NEW** 2nd Edition of Helping Babies Breathe (HBB) has scientific updates to harmonize with 2015 ILCOR Consensus on Science with Treatment Recommendations and the 2012 WHO Basic Newborn Resuscitation Guidelines. It also contains strengthened educational advice and new guidance on program implementation and quality improvement.

HBB teaches the initial steps of neonatal resuscitation to be accomplished within *The Golden Minute* to save lives and give a much better start to many babies who struggle to breathe at birth. HBB neonatal resuscitation techniques have been shown to reduce neonatal mortality by up to 47% and fresh stillbirths by 24%.

Join local, invited faculty and international participants, for an in-person, hands-on *Helping Babies Breathe, 2nd Edition* master trainer course!

**When:** April 10 and 11, 2018  
**Where:** University of Colorado Anschutz Medical Campus

**Space is limited; click here for registration!**  
Early Bird: $200 (register prior to February 20, 2018)  
Registration: $250 (register February 20, 2018 and after)  
CNE Credit Available

Questions may be directed to Michelle Shiver at: michelle.shiver@ucdenver.edu or course director, Susan Niermeyer, MD, MPH, FAAP at: susan.niermeyer@ucdenver.edu

Additional information about the curriculum and future trainings can be found at: hbs.aap.org

Global Health Initiatives  
In partnership with  
Children’s Hospital Colorado
fellowship with the possibility of a two-year extension.

There are currently 15 WRHR sites in departments of OB/GYN throughout the nation. One just happens to be located at the University of Colorado AMC’s Colorado Women’s Reproductive Health Research Career Development Center. The Center is directed by Nanette Santoro, MD, Professor and E Stuart Taylor Chair of Obstetrics and Gynecology at the University.

The primary goal of the WRHR fellowship is to provide OB/GYN junior faculty with state of the art training in women's reproductive health research in an academic setting, and at the same time increase their research capacity.

WRHR scholars represent a diverse group of physician-scientists from several subspecialties and emerging areas in OB/GYN; they pursue a broad range of basic science, translational, and/or clinical research topics. As of May 2013, 215 OB/GYN junior faculty have been appointed to the WRHR Program in all fellowship sites.

Margo also desired a formal research training position, which led her to apply for the SCORE (Surgical Subspecialist Clinical Outcomes Research) Fellowship.

She was awarded a two year fellowship position within ACCORDS (Adult and Child Consortium for Health Outcomes Research and Delivery Science) also located in the School of Medicine at the University of Colorado AMC and directed by Allison Kempe, MD, MPH, Professor of Pediatrics, University of Colorado School of Medicine and Director of ACCORDS.

So, you may be asking yourself, “How does the Center for Global Health factor into this equation?” Margo has a passion for global health work and in particular in home post-pregnancy contraception.

Her goal is to empower women, like Rhoda, to adequately space and prevent pregnancies so they can pursue other life goals without pregnancy interruptions for a more fulfilling life. Her project, with these very goals, will start January 2018 and will be focused in Guatemala.

The Guatemala post-pregnancy contraception project will consist of administering a cluster, randomized trial among postpartum women living in a rural area of Guatemala.

This trial is part of an intervention to deliver postpartum contraceptives, including implants, in the home setting in an effort to increase overall rates of contraceptive uptake and continuation, as well as satisfaction and prevention of short-interval pregnancy.

Margo’s home-based intervention will consist of eight communities that will be combined into six independent clusters that will be randomly assigned to the intervention or non-intervention group. Around 260 women are anticipated to meet eligibility criteria over the course of one year.

Below are the four specific aims of the two year study:

**AIM 1:** Increase initiation of routinely offered contraceptives in the postpartum setting by providing them to women at their home-based postpartum visit.

**Hypothesis:** Reducing a significant barrier to accessing postpartum contraception will increase use of routinely provided medications.

**AIM 2:** Assess short-interval pregnancy, satisfaction, and continuation rates among women who received contraceptives in the home versus those that sought postpartum contraceptives through routine care.

**Hypothesis:** Patients provided contraceptives in the home will initiate contraception earlier, be less likely to become pregnant, will be more satisfied with their method, and more likely to continue their postpartum contraception than those using routinely provided contraception.

**AIM 3:** Determine short-interval pregnancy, satisfaction, and continuation rates among women who opt for long-acting versus short-acting reversible contraceptives that are provided in the home setting.

**Hypothesis:** Patients opting for long-acting methods in the home, which only includes the progesterone-only implant, Jadelle®, will have lower rates of short-interval pregnancy, higher continuation and satisfaction than those that opt for short-acting methods.
**AIM 4:** Document side-effects and adverse events occurring in the study population.

**Hypothesis:** All methods of postpartum contraception are routinely used medications so their side-effect and adverse event profiles are known entities that can be explored during the informed consent process.

The primary outcome will be to measure the rate of contraceptive initiation. With 200 women enrolled (100 from intervention clusters and 100 from control clusters), this study will detect a change in implant uptake rates (the most effective form of contraception offered in the home) from 3% to 15%.

An important implication will be the empowerment these Guatemalan women will experience as the intervention gives them control over their fertility and potential pregnancies. This will allow them to work, seek education or in other words, call the shots in their lives.

Margo has also applied for a grant that would evoke a similar outcome in Burundi, East Africa. The grant focuses on the administration of IUDs with progesterone, which in effect would decrease menstrual bleeding. Decreasing menstrual bleeding reduces potential anemia and fatigue. The outcome will be retained energy and health in their everyday lives.

Empowering women across the globe is just what fifteen-year-old Margo dreamed her life would be, all because of a conversation with a young Kenyan woman named Rhoda.

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**Project C.U.R.E. and the Center for Global Health team up to give back!**

Thanks to the work Project C.U.R.E. does, a container packed with much needed supplies and equipment recently arrived at the Center for Global Health Trifinio project site in Southwest Guatemala.

These supplies and equipment will help us continue to serve and care for those with the most need!

Stay up to date on community outreach, research and education taking place at the Center for Global Health’s [Signature Site](#)!
Don’t miss the last lecture of 2017!
Spring 2018 schedule coming soon!

Want to watch a lecture you missed? Click here.