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# Refugee and Asylum-Seeking Obstetrical Care Navigation Program

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San Diego County’s new and resettled refugee population is a large, vulnerable group with a healthcare access gap due to a lack of culturally and linguistically inclusive care. Forced migration across the globe has been at record levels due to war, persecution, political turmoil, and economic instability (Heslehurst et al., 2018). Additionally, the COVID-19 pandemic and border policy management has created concurrent vulnerabilities that further exacerbate health inequities in this population (Willen et al., 2017). U.C. San Diego Health (UCSDH) has been experiencing an influx of pregnant refugees and asylum seekers since January 2021. Challenges with communication, transportation, and follow-up were immediately evident and exacerbated inequities. The Women and Infants service line developed the Refugee and Asylum-Seeking Obstetrical (OB) Care Navigation Program to support pregnant refugees and asylum seekers.

San Diego County has experienced a steady increase in refugee volume beginning in 2021, as shown in the Appendix (Health & Human Services Agency [HHSA], 2021). Similarly, the county data indicates that the two countries of origin with the most new refugees and asylum seekers between October 2020 and August 2021 are Haiti and Afghanistan, with 1,104 and 344 new arrivals, respectively (HHSA, 2021). Overall, California was the top state for resettlement in 2020 for refugees and asylum seekers in the United States and received 10% of the newly arriving refugees. The population of refugees staying in San Diego County accounts for 774,900 people, the ninth highest county population in the United States (Migration Policy Institute [MPI], 2019).

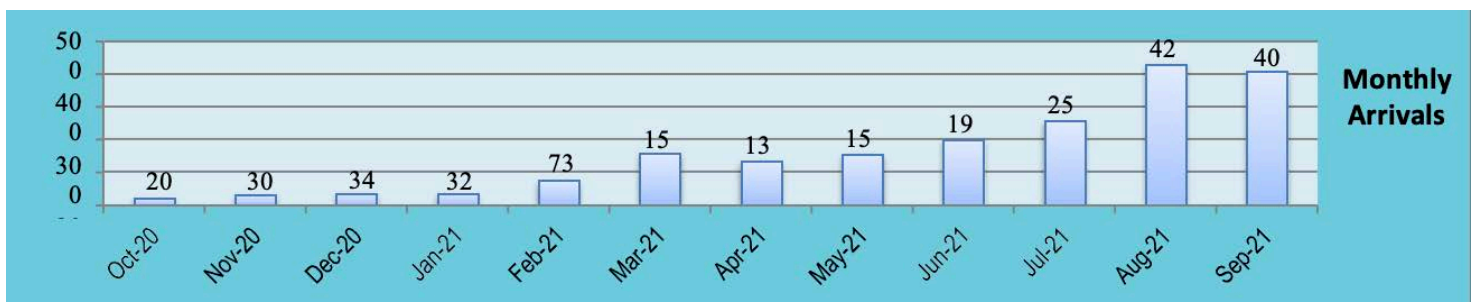
The increase in refugees and asylum-seekers had an immediate and direct effect on the patient population arriving at the obstetrical unit. Forty-nine percent of refugees are women, which has significant implications for perinatal health and birth outcomes (Heslehurst et al., 2018). The interprofessional OB Refugee and Asylum-Seeking Task Force was started in March 2021 to

address issues and coordinate action plans for patient management. The task force includes team members from the OB providers and leaders, Risk Management, Interpretation Services, Social Work, Strategy Office, and the School of Medicine’s Refugee Health Unit. Two community-based organizations (CBOs) have been integral partners in the development of the program. The CBOs are charitable, local organizations that process as asylum seekers as they arrive in the U.S. and support longer-term refugees who stay locally. Together the CBOs and OB leadership team have organized communications, developed relationships, referred content experts, and established treatment protocols to benefit operations for both teams.

Before the pandemic, the number of refugees or patients seeking asylum seen on L&D averaged one to two patients a month, but increased to three to four a week after January 2021 (UC San Diego Health Strategy Office, 2021). The unique needs, cultural differences, language barriers, psychosocial and physical traumas, and fears associated with a hospital encounter in the U.S. have been challenging for the



San Diego County Resettlement Agencies  
Monthly Refugee Arrivals Report For Ffy 20 - 21 By Country Of Origin



obstetrical team to overcome. The challenges the teams have experienced in caring for migrant patients in the OB department are similar to the evidence in the literature. Utilization and access to perinatal healthcare were found as barriers in all 16 systemic reviews published on this topic. Access barriers most commonly include organizational structural barriers, difficulty navigating health systems, language barriers, and under-established relationships with the healthcare teams. Migrant populations have increased mortality, morbidity, birth abnormalities, and preterm birth compared to host countries but vary based on age, country of origin, and length of local residency. Asylum seekers also have a higher incidence of sexual assault, abortion, and unwanted pregnancies (Heslehurst et al., 2018). Perinatal mental health disorders are a common health concern related to stress, trauma, lack of support, and host country adjustments (Heslehurst et al., 2018).

The Refugee and Asylum Seeking Obstetrical Care Navigation Program's primary focus is to reduce disparities in care by providing on-site support and care navigation to pregnant refugees and asylum seekers. Improving access to care reduces short and long-term inequities in alignment with UCSDH's strategic plan of dismantling structural racism (UC San Diego

Health, 2021). Providing a means to connect refugee and asylum-seeking women to perinatal healthcare is an effective intervention to improve the health of women and their infants (Heslehurst et al., 2018). Refugees and asylum seekers need assistance navigating the healthcare environment to include making appointments, arranging transportation, registering for funding, making payments, requesting interpreters, clarifying understanding of conversations, and advocacy (Cheng et al., 2015).

The program adds care navigators to help refugees and asylum-seekers coordinate perinatal care. The care navigators represent the cultures and ethnicities most commonly treated in the OB and neonatal units, including Haitian and Afghan. The care navigators assist with transportation, health literacy, coordination of basic needs, and post-discharge follow-up. The program will also add a social worker to address perinatal mental health and trauma associated with forced migration, and the well-being of the OB staff. The social worker will improve the equity of mental health support, increase referrals to community resources and increase staff support to mitigate burnout. Long term outcomes include avoiding adverse events related to language interpretation and missed care. Through staff education and closed loop feedback from the

**Ala Garza, MSN, RN, NE-BC** is the senior nursing director for Women and Infants Services. She has over 24 years of experience in various nursing roles, including flight nursing, ICU, and ED throughout southern California. Ala exercises sustainable practices, enjoys hiking with her family, and became a cat person in 2021.

## SPOTLIGHT ON CARING



### Preceptor Popsicles

By Megan Yap and Laura Rossi

Empowering, Inspiring, and Life-changing- these are just some of the adjectives used by students, new hires, and travelers to describe our 1000+ preceptors who continued to teach, support and mentor throughout the height of the pandemic. During COVID-19, it has been difficult to find ways to show appreciation to our preceptors. We feel like we hit the jackpot when we were contacted by Mindy Martin, owner of The Populist, a non-profit, organic and locally sourced popsicle maker dedicated to minimizing food waste.

Due to the pandemic, The Populist received a surplus of donated fresh fruit from local farms that would have been wasted if not immediately used. With Mindy's quick thinking she literally turned lemons into lemonade-popsicles! The Populist team generously donated their delicious creations to our UCSDH Preceptor Committee to give to our incredible Preceptors. Preceptors entering and exiting their shifts at both Hillcrest and La Jolla campuses were treated to grapefruit, strawberry, lemon and grape pops- which were all delish! A sweet way to say thank you for all that you do everyday teaching our new hires.

## San Diego Monthly Refugee Arrivals by Month and Country of Origin

Country of Origin	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	FFY Total
Afghanistan	5	11	8	10	6	17	14	6	23	71	173	76	420
Angola	-	-	-	-	-	-	-	-	-	-	-	-	0
Brazil	-	-	-	1	-	-	-	-	-	-	-	-	1
Burma	-	6	-	-	-	-	-	-	-	-	-	3	9
Cameron	-	-	-	-	-	-	-	-	-	3	-	-	3
Central African Republic	-	-	-	-	-	-	-	-	4	-	-	-	4
Cuba	-	-	1	-	4	11	15	5	10	10	4	5	65
Czech Republic	-	-	-	-	-	-	-	-	-	-	-	1	1
Democratic Republic of Congo	-	-	-	-	-	-	-	4	-	8	-	-	12
El Salvador	-	-	-	-	-	-	-	-	-	-	-	4	4
Estonia	-	-	-	-	-	-	-	-	-	-	-	-	0
Ethiopia	-	-	-	-	-	-	-	-	-	1	-	-	1
Guatemala	-	-	-	-	-	-	-	-	-	-	-	-	0
Haiti	15	3	16	14	62	121	99	138	146	158	242	243	1,257
Iran	-	-	-	-	-	-	2	1	1	-	3	-	7
Iraq	-	10	9	-	1	4	1	-	10	3	-	27	65
Mexico	-	-	-	-	-	-	-	-	-	-	-	-	0
Moldova	-	-	-	-	-	-	-	-	-	-	-	-	0
Nepal	-	-	-	-	-	-	-	-	-	-	-	-	0
Nicaragua	-	-	-	-	-	-	-	-	-	-	-	-	0
Pakistan	-	-	-	-	-	4	3	-	-	-	-	-	7
Palestine	-	-	-	-	-	-	-	-	-	-	-	1	1
Republic of Congo	-	-	-	-	-	-	-	-	-	-	-	6	6
Russia	-	-	-	-	-	-	-	-	-	-	-	-	0
Somali	-	-	-	-	-	-	-	-	-	-	2	-	2
South Sudan	-	-	-	-	-	-	-	-	-	-	-	4	4
Syria	-	-	-	-	-	-	-	-	4	-	4	35	43
Ukraine	-	-	-	7	-	-	-	-	-	-	-	-	7
Vietnam	-	-	-	-	-	-	-	-	-	1	-	-	1
<b>Overall Total</b>	<b>20</b>	<b>30</b>	<b>34</b>	<b>32</b>	<b>73</b>	<b>157</b>	<b>134</b>	<b>154</b>	<b>198</b>	<b>255</b>	<b>428</b>	<b>405</b>	<b>1,920</b>
Number of Individuals Eligible for RCA (Single Adults/Couples with no Children under 18)	2	7	1	6	6	18	35	24	40	81	143	113	476
Number of Individuals Eligible for CalWORKs (including children)	18	23	33	26	67	139	99	130	158	174	285	292	1,444
Number of Potential CalWORKs Cases Referred to County	5	6	8	8	23	37	41	37	48	50	68	79	410

### Top Three Arrivals for FY 20 - 21

Haiti	65%
Afghanistan	22%
Cuba	3%
Remainder	9%

social worker and navigators, care can be provided with greater sensitivity to cultural norms. Newly arrived asylum seekers and refugees “need culturally and linguistically appropriate support to navigate the health care system, along with the health education directed to their specific health issues” (Saya et al., 2016, p. 28).

Additionally, the program anticipates producing an increase of patients enrolled in emergency or restricted Medi-Cal and an increase in the number of prenatal and postpartum visits attended. In obstetrics, refugees and asylum seekers are eligible for either pregnancy-related or emergency Medi-

Cal at minimum. Unfortunately, due to the brief opportunities to connect with this population, operational and workflow restrictions, and lack of cultural knowledge, many refugees and asylees were not previously informed of these opportunities for benefited care, and were listed as self-pay. Self-pay patients have added challenges when attempting to schedule appointments. The patient support team follows up to enroll them in the proper funding sources, schedule prenatal and postpartum visits, and help to coordinate services. Closing the gaps in care through patient navigation may improve health, life expectancies, and



birth outcomes while avoiding risk-associated costs through litigation.

To accomplish the short-term goal of closing gaps in care, the most critical resource needed is a team to 1) ensure the refugee is identified early, 2) work to ensure the patient is receiving culturally and linguistically appropriate care, and 3) connect the patient with resources for necessary follow-up for postpartum and newborn care. With dedicated resources, the navigator team uses evidence to support decisions to overcome barriers, close gaps in care, improve financial reimbursement, and expand services.

The Refugee and Asylum-Seeking Obstetrics Care Navigation Team helps UC San Diego Health provide better care for the escalating volume of refugees and asylum seekers. No other organizationally sponsored integrated programs exist in San Diego for refugee populations addressing maternal care and their unique social determinants

of health. As San Diego's leader in academic and research-based health care, UC San Diego Health is uniquely positioned to significantly impact the experience of vulnerable populations like refugees and asylum seekers.

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## SPOTLIGHT ON CARING



### Brew the Love

By Laura Rossi

By Valentine's Day in February 2021, as we had a full year of the pandemic and we found ourselves still in the trenches during another surge. Our healthcare heroes were no longer in panic-mode, they were in major fatigue-mode. It was evident that a "pick-me-up" was needed. In a monthly staff meeting, the Nursing Education, Development and Research Department threw out the question, "What can we do to help?"

The short answer, heard loud and clear from our nurses was, "Bring COFFEE!"

And voilà, Brew the Love and the Brew Crew was born! The program was designed to provide the San Diego community and UCSDH staff, family, and friends an easy way to donate coffee, tea, and snacks to as many UCSDH units as possible. We've all had family, friends and neighbors ask how to contribute and show their gratitude to our frontline service heroes- Brew the Love seemed like the perfect opportunity.

The goal is to create baskets filled with coffee and tea essentials and deliver them to common break areas throughout the UCSDH hospital system, to multiple areas of service. The EDR Team created an Amazon wish list where people could send orders directly to the EDR offices. From there, the Brew Crew created boxes of goodies and delivered them to areas across the health system including a number of off-site clinics, Environmental Services and other service partners. Brew the Love was a huge success thanks to the care and generosity shown by not only the community, but by our UCSDH staff who contributed a great deal. All in all, we delivered gift coffee and goodies to over fifty teams throughout the health system.

