



Executive Summary

Over the past few years, health care workers in Charlottesville watched as the number of people immigrating to or seeking refuge in their community greatly increased. In order to better address the barriers this population faces in obtaining health care, such as cultural and language differences, the Department of Family Medicine at the University of Virginia Health System established the International Family Medicine Clinic (IFMC) in 2002. Since its inception, IFMC has worked to ensure that Charlottesville's immigrants and refugees receive the best possible care. Staff at IFMC are trained to understand cultural differences as well as differences in the health problems of people coming from outside of the United States.

IFMC has reported an increase in the level of patient satisfaction, support from the community, and alleviation of strain on the main departments of the system that previously treated this population.

Organization Size: N/A

Program/Initiative Description:

International Family Medicine Clinic: As the number of people immigrating to or seeking refuge in the Charlottesville area grew, health care workers found it increasingly difficult to provide adequate services to this growing international population. Both the immigrants and refugees were generally non-English speaking and had little to no prior experience with an "American style" health care system. Their diverse medical needs proved too difficult for health care providers in the traditional system. To resolve the difficulties and provide the best quality care for the immigrants and refugees, Dr. Fern Hauck set out to create a separate clinic where cultural and language differences would not be a barrier to health care. With that goal in mind, the International Family Medicine Clinic (IFMC) at the University of Virginia Health System was established. IFMC employs two part-time nurse practitioners and five part-time physicians.

Each member of the staff has been trained to deal with the specialized needs of the population it serves. Training consists of a variety of methods and venues, including lectures and workshops, videotapes, and an orientation provided by the clinic director. Additionally, the clinic leaders have developed a manual of operations that includes all the protocols and forms for the IFMC, local community resources, information about commonly encountered illnesses and treatment, and other relevant information. This manual is kept in a central location in the clinic for easy access. New information is transmitted to IFMC

clinicians through email and periodic meetings. In addition to suffering from diseases uncommon in America, many of the refugees suffer from mental health problems due to living in a traumatized society and, in some cases, have been victims of torture. The refugees come from such countries as Bosnia, Croatia, Liberia, Somalia, and Afghanistan. Most have never received regular medical care and attention, and have cultural and language differences that make it more difficult to understand traditional American medicine. IFMC staff is trained to identify diseases common to other countries that are rarely encountered in the United States.

IFMC also relies on the assistance of interpreters to serve their patients. Staff has been trained in incorporating the interpreter's services into visits with their patients, and how to locate interpreters. The health system employs Spanish interpreters who are available during clinic hours. Other languages are available through a volunteer language bank or through contracting with local interpreter agencies. When local interpreters are not available, a national phone bank system is used. The health system pays for all the different kinds of interpreters accessed by the clinic and throughout the system.

In a partnership with the International Rescue Committee Charlottesville Chapter and the Charlottesville/Albemarle Health Department, IFMC began seeing patients for follow-up after initial screening by the Health Department. It provides the full range of primary care services, including pregnancy care.

Establishment of Program/Initiative: 2002

Racial or Ethnic Disparities Problem the Program/Initiative Was Designed to Address: The inability to provide adequate health care services to a growing immigrant and refugee population in the Charlottesville, VA area

Major Objectives

- Provide the best patient experience by increasing cultural competency
- Serve as a model for other programs in providing culturally competent care
- Develop patient education materials in languages other than English

Significant Results

- Positive feedback from community partners
- Decrease in stress on departments that were previously treating this population
- Improved patient satisfaction

External Partners in the Program/Initiative

- International Refugee Committee
- Charlottesville/Albemarle Health Department
- Charlottesville English as a Second Language Program

Limitations or Problems Encountered

- Overcoming cultural differences in the approach to health care
- Ensuring that doctor's instructions are fully understood so they can be followed; medication instruction is particularly challenging in light of low or no literacy (even in the patient's mother tongue)
- Dealing with lack of health insurance/money for medications, ancillary services, transportation, or follow-up that can hinder care

Advice to Other Organizations That May Want to Start a Similar Program

- Apply for both short-term and long-term grants. Long-term grants will ensure the ability to sustain the program.
- Use student volunteers. They can provide lots of enthusiasm and program support at no – or low – cost.
- Obtain as much support as possible from the parent organization.
- Closely examine statistics for foreign-born population increases in your area; they will provide guidance to the most significant needs.

Estimated Cost of the Program, To Date: Difficult to calculate, as the IFMC is located within the Family Medicine Clinic and shares personnel, space, and supplies. There is significant in-kind support by the Department of Family Medicine and University of Virginia Health System. Other support has come from grants, donations, and volunteer effort.

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