Sixth Annual World Health Continuing Medical Education Conference

Health Disparities Impacting Global and Local Caribbean Populations

June 16–17, 2023

Hyatt Centric Arlington
1325 Wilson Blvd.
Arlington, VA

Provided by Healthfirst, Howard University College of Medicine, and MediNova

Sixth Annual World Health Continuing Medical Education Conference: Health Disparities Impacting Global and Local Caribbean Populations

June 16 – 17, 2023

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ACCREDITATION STATEMENTS

CME Accreditation

In support of improving patient care, this activity has been planned and implemented by Howard University College of Medicine, MediNova and Healthfirst — Howard University College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation

Howard University College of Medicine Office of Continuing Medical Education designates this educational activity for a maximum of **10.25 AMA PRA Category 1 Credits™**.

Day 1 | Friday June 16, 2023 – **6.75 Credits**

Day 2 | Saturday June 17, 2023 – **3.5 Credits**

Physicians should claim only credit commensurate with the extent of their participation in the activity.

CONFLICT OF INTEREST STATEMENT

It is the policy of Howard University College of Medicine to ensure objectivity, balance, independence, transparency, and scientific rigor in all CME-sponsored educational activities. All faculty participating in the planning or implementation of a sponsored activity are expected to disclose to the audience any relevant financial relationships and to assist in resolving any conflict of interest that may arise from the relationship. Presenters must also make a meaningful disclosure to the audience of their discussions of unlabeled or unapproved drugs or devices. This information will be available as part of the course materials.

*The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

DISCLOSURES

The following course directors and planning committee members reported no conflict of interest in the last 24 months

Course Directors

- Susan J. Beane, MD, FACP
- Shelly McDonald-Pinkett, MD, FACP
- Henry R. Paul, MD

Planning Committee

- Sonseeahray Adams
- Walter P. Bland, MD, LFAPA
- Melisa Damcevska, MPH, CHES
- Elizabeth Jean-Jacques, MPA
- Alisha Ovide
- Jennifer Scott
- Angela Sullivan, MPH
- Raymond Thornhill

DISCLOSURES

The following faculty reported no conflict of interest in the last 24 months:

- Ahmed H. Ali, MD
- Georges J. Casimir, MD
- Goulda A. Downer, PhD, FAND, RD, LN, CNS
- Andrea Hayes Dixon, MD, FACS, FAAP
- Richard Honigman, MD, FAAP
- Alem Mehari, MD, FCCP
- Fabiola Milord, DDS, MPH, FAGD, FACD
- Errol L. Pierre, MPA, DBA
- Lisa Pineda, LCSW-R
- Brenda Punsky, LCSW, LLM
- Vanessa Rouzier, MD
- Moro O. Salifu, MD, MPH, MBA, MACP
- Jocelyn Valdez, MPH

DISCLOSURES

The following faculty has disclosed that they had financial relationships with ineligible entities in the past 24 months:

- Berndt P. Schmit, MD, MBOE, is an advisor for Emagine Solutions Technology which makes VistaScan.

They have attested that their presentations will be objective, fair balance and without commercial bias.

Evaluation

Your feedback is very important to us!

Please complete both your evaluation and attendance form at the end of the activity in order to obtain credits for the conference.

Howard University College of Medicine has designated ***10.25 AMA PRA Category 1 Credits™*** for this live activity.

Sixth Annual World Health Continuing Medical Education Conference:

Health Disparities Impacting Global and Local Caribbean Populations

Hyatt Centric Arlington, Virginia
June 16-17, 2023

HOWARD UNIVERSITY'S STRATEGIC APPROACH TO PRIMING AND STRENGTHENING THE CARIBBEAN'S HIV CLINICAL WORKFORCE

Goulda Downer, PhD, FAND,CNS, LN/D

Associate Professor & Director, Caribbean Clinician Community of Practice Program (CCCoP)

Howard University College of Medicine

June 16-17, 2023

Purpose and Objectives

PURPOSE

To discuss culturally specific strategies used by Howard University College of Medicine to help strengthen the HIV/HCV clinical workforce of the Caribbean region

OBJECTIVES

Objectives

At the conclusion of this presentation participants will be able to:

1. Discuss the major factors that lead to the increased HIV prevalence in the Caribbean
2. List common challenges faced by clinicians who provide quality care for Caribbean People with HIV.
3. Describe strategies used to strengthen the technical capacity of the Caribbean HIV clinical workforce.
4. Discuss the impact of Howard University's HIV-strengthening workforce program on patient outcomes in the Caribbean

FINANCIAL DISCLOSURE

This project is funded by support from Gilead Sciences, Inc.

Agenda

- HIV prevalence in the Caribbean.
- Major factors fueling HIV in the Caribbean.
- Howard University's HIV Workforce Strengthening Program and Its Impact.

HIV and AIDS in the Caribbean

The Caribbean has the highest incidence of reported AIDS cases in the Americas

- Between 350,000 and 590,000 Caribbean people living with HIV/AIDS.
- The region has an adult HIV prevalence rate between 1.9% and 3.1%.
- Second only to Sub-Saharan Africa (7.5% and 8.5%).
- The Caribbean has what is considered a mosaic-style epidemic.
  - A mixed picture of generalized & concentrated epidemics.
  - Substantial differences exist within countries and across the region.

UNFPA Caribbean | HIV & AIDS

HIV & AIDS in the Caribbean

- In 2019, 77% of people living with HIV in the Caribbean knew their status. ***(worldwide average - 81%)***
- > **81%** of diagnosed Caribbean people were on treatment in 2018
- Of those who are on antiretroviral medication, over 80% are virally suppressed.(***global average - 88%)***
- The percentage of women with HIV who are getting lifelong antiretroviral treatment, which decreases the risk of their children being infected, rose to **86% in 2019** in the Caribbean, compared to **42% in 2010**
- The percentage of children with HIV who are receiving antiretroviral treatment rose from **42% in 2017** in the Caribbean to **44% in 2019**

HIV In The Caribbean

In 2020:

- Overall Caribbean adult HIV prevalence was 1.1%. (Global 0.7%)
- 13, 000 new infections - 18% decrease between 2010 -2017. (*Global 32%)*
- Estimated 1 in 4 people - HIV+ but unaware.
- About 77% knew their status (*Global --81%).*
- About 77% -with HIV received some HIV care (*Global on treatment 82%).*
- About 80% on antiretroviral therapy - virally suppressed. (Global average 88%).
- 1/3 HIV infections were among young people ages 15 – 24.

1. www.avert.org/professionals/hiv-around-world/latin-america/overview
2. UNAIDS report on the AIDS epidemic shows that 2020 targets will not be met in the Caribbean – UNAIDS Caribbean Regionpancap.org/pancap-documents/hiv-and-aids-in-the-caribbean-2

Rates of New HIV infections in the Region

- New HIV infections decreased by 29% in the region since 2010
- One-third of new HIV infections in the Caribbean in 2019 were among young people ages 15 to 24
- Males ages 15 to 24 accounted for 57% of new infections

ACHIEVING THE 90-90-90 TARGETS

- Some countries have achieved elements of the 90-90-90 targets
  - 90% of PWH aware of their HIV status, 90% of diagnosed people on antiretroviral treatment,
  - 90% of those on treatment virally suppressed
- Barbados has reached the target for testing while Guyana has exceeded it with 94% of PWH diagnosed
- Haiti - 98% of diagnosed people on treatment
- Suriname and Trinidad have achieved viral suppression among at least 90% of PWH who are on treatment

pancap.org/pancap-documents/hiv-and-aids-in-the-caribbean-2

Major Factors Fueling HIV in the Caribbean

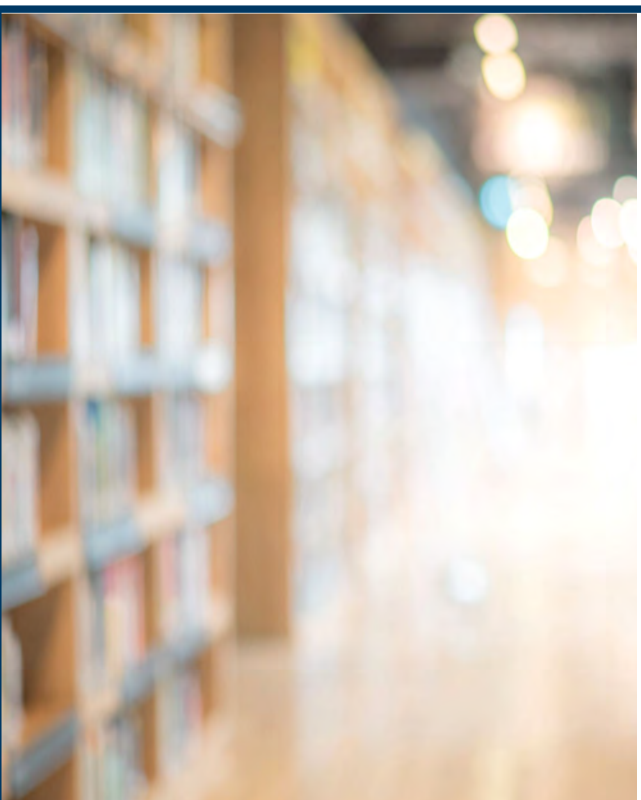
- Socio-cultural and religious taboos.
- Provider attitudes and stigmatizing behavior.
- Paucity of biomedical resources **(ARV treatments, PrEP, etc.)** – drug supply interruptions
- Scarcity of HIV testing supplies, treatment centers, and credentialed workforce.
- Lifestyle matters - substance use/abuse, external social media influence; cultural economy (**tourism**) with a growing brand name culture, and modern information technology.
- Stigma.
- Economic factors – island hopping, economic hardship, disparities in income distribution within and between countries.

HIV Clinician Provider challenges

- A substantial number of clinics do not have an
- infectious disease physician.
- Clinicians such as nurses, physician assistants, social workers, etc. often lack experience in treating HIV disease
- Many clinics are understaffed; have difficulty recruiting the best clinical staff and face high staff turnover.

Workforce Challenge

- Worker migration in search of better pay and working condition, career mobility, professional development, a better quality of life, personal safety, or sometimes just novelty and adventure.
- Tangible impact on the region's ability to meet its key healthcare services, especially in the areas of disease prevention and care.



III.

Howard University's HIV Workforce Strengthening Program and Its Impact

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Howard University Caribbean Clinicians' Preceptorship Program (HUCCPP)

(2007-2012)

HUCCPP

- 18-month-tailored two-week-long preceptorship
- 8 Caribbean countries with the highest HIV prevalence rates:
  Barbados, Bahamas, Dominican Republic, Guyana, Haiti, Jamaica, Trinidad and Tobago, the U.S. Virgin Islands
- The preceptorship provided training modeled on the greatest potential for the training to impact a behavioral change in the practice of the clinician.
- Ongoing technical assistance was provided long after participants had returned to their country of origin.

HUCCPP

- *At the conclusion of the preceptorship, the participants were able to describe, discuss, and apply in a practical setting the:*

- current state of knowledge of HIV/AIDS infection in adults and children
- current HIV clinical management guidelines that are recommended by the World Health Organization pharmacology and therapeutic use of antiretroviral medications
- common drug interactions between antiretrovirals and other medications
- nutritional support needs of persons with HIV infection
- management of common HIV-related complications and co-morbidities
- oral manifestations of HIV/AIDS-related conditions and their treatment
- components of the HIV/AIDS testing and counseling interaction

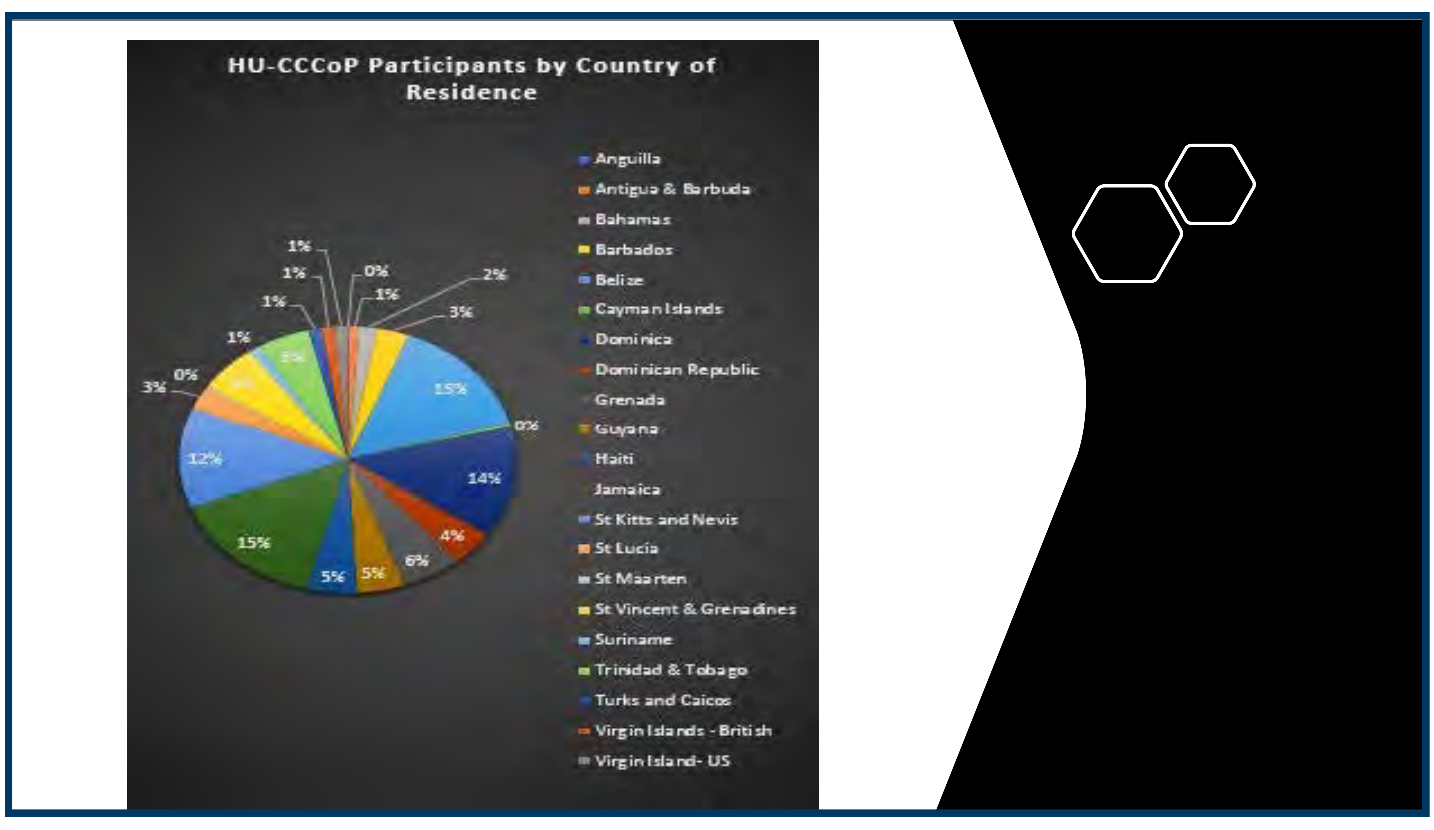
***STIGMA** - Howard University developed BESAFE Cultural Competency Model and other tools designed to improve patient-provider relationships*

IMPACT OF HUCCPP

- Educated - 47 clinicians from 8 Caribbean countries.
- Preceptees have trained 2,624 of their peers.
- Changed how care and treatment are delivered to 8,672 patients with HIV.
- Evaluation activities have also gathered evidence that the Program has played a significant role in strengthening health workforce capacity in the target countries.
- Encouraged consistent regional training and provide CME & CEUs

Caribbean Clinicians Community of Practice (CCCoP)

2020 – Present



CCCoP

- Year 1 - **13** participating Caribbean states.
- Year 2 - **21 (62%)** participating Caribbean states.
- Year 1 – **473** average number of participants.
- Year 2 – **697 (68%)** average number of participants.

CCCoP training – participating clinical disciplines

- 51 % Physicians
- 22.6% of Nurses
- 9.9 % Allied and Public Health Professionals*
- 5.5% Social Workers
- 4.7% Dentists
- 3.8% of Pharmacists
- 2.5% Laboratory Personnel

**nutritionists, dieticians, psychologists, behavioral therapists, contact investigators, addiction counselors, traditional healers and HIV program managers*

Impact of CCCoP

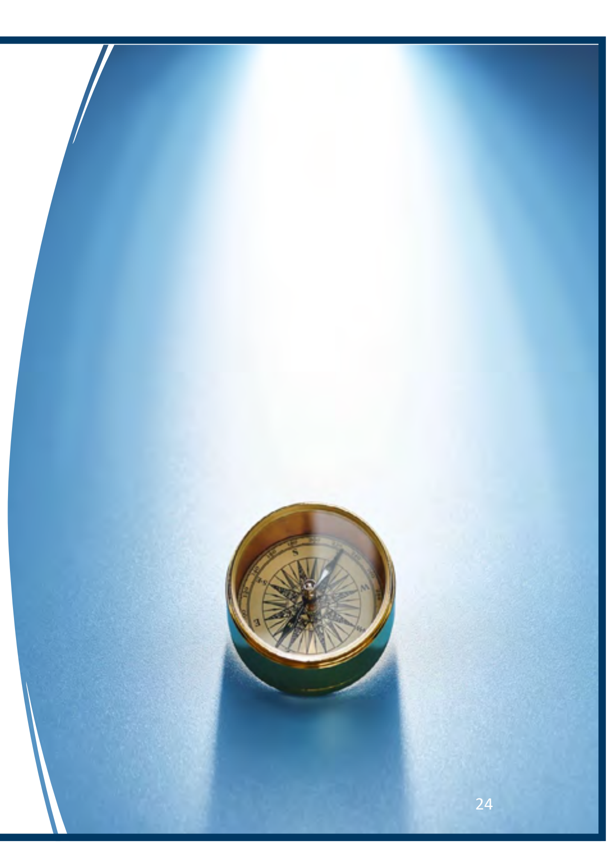
Total unique number of participants educated: 1,507

Registration range: 756-338

Attendance range: 734-327

Summary

- Commit to taking HIV out of isolation through people-centered approaches and systems.
- Encourage an asset-based lens approach to effectively stymie the spread of HIV in the Caribbean:
  - Geographic proximity
  - Shared cultural sensitivities
  - Historical partnerships
  - Cultural competency approach/frameworks



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Contact Information

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Citations

- https://www3.paho.org/english/ad/dpc/nc/cmn-po-bar-CNCDs-Carib.pdf
- UNFPA Caribbean | HIV & AIDS
- https://pdf.usaid.gov/pdf_docs/pdacu642.pdf
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- data.unaids.org/pub/globalreport/2006/200605-fs_caribbean_en.pdf
- pancap.org/pancap-documents/hiv-and-aids-in-the-caribbean-2/

Medicaid Redeterminations and Impacts on Healthcare

Errol Pierre, SVP, State Programs

June 16, 2023

Purpose and Objectives

PURPOSE	*Provide a high-level overview of Healthfirst's mission and how our plans to streamline the eligibility process by promoting continuity of care after the end of continuous reenrollment will benefit the communities we serve.*

OBJECTIVES

- Overview of post-PHE Medicaid Recertification implications
- Outline strategy as it relates to membership impacts, leveraging predictive analysis for outreach prioritization
- Plans to engage our network of physicians, community partners, and social media platforms in recertification support

FINANCIAL DISCLOSURE	*Healthfirst*

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Agenda

- Medicaid Recertifications Impacts
  - Plans to streamline and retain
  - Coverage projections
  - Medicaid Churn Model
- Strategy Overview
  - Renewal campaign timeline/Winbacks
  - Communication channels
  - Community support

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Streamlining Redetermination and Eligibility Processes to Support Continuity of Care After the End of Continuous Enrollment

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Medicaid Recertifications/Renewal Overview

What's Medicaid Recertification/ Renewal?

Mainstream Medicaid, HARP, CHP, EP, MLTC, MAP, and Medicare Dual members are **required to renew their Medicaid eligibility with New York State annually**

Public Health Emergency

Due to the PHE, the State automatically renewed Medicaid eligibility status and members have not had to take action to update their information with the State.

What Happens When Recerts Start?

Members will need to update their Medicaid eligibility on their renewal date….first renewal cohort are those with recert dates of **6/30/2023***

Membership Confusion

Due to:

- Eligibility changes
- Unsuccessful communications
- Members not understanding the process

If members fail to recertify on time, they may ***lose their healthcare coverage.***

*Note: Passage of the federal Consolidated Appropriations Act on Dec. 29 decoupled continuous coverage from the public health emergency (still in effect) and established requirements for "unwinding" redeterminations. State will send member notices based on their system of enrollment (i.e., **March – downstate off exchange, April – upstate off exchange, May – NY State of Health on exchange**)

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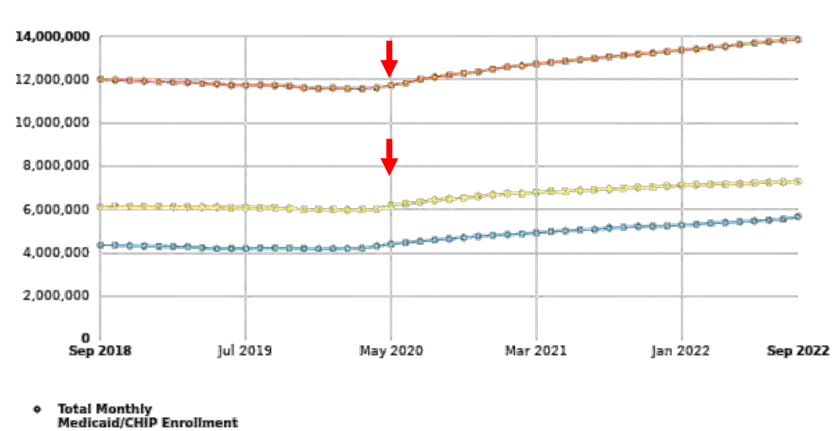
Monthly Medicaid/CHIP Enrollment

CA, NY, TX: Sept. 2018 – Sept. 2022



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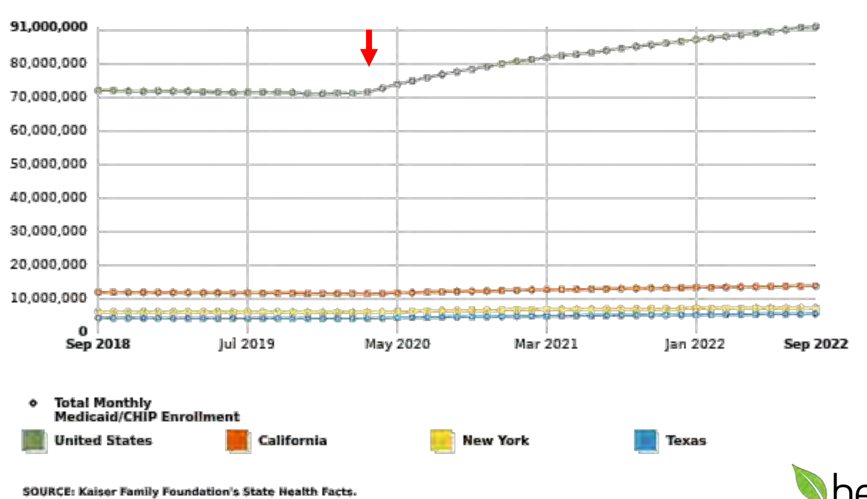
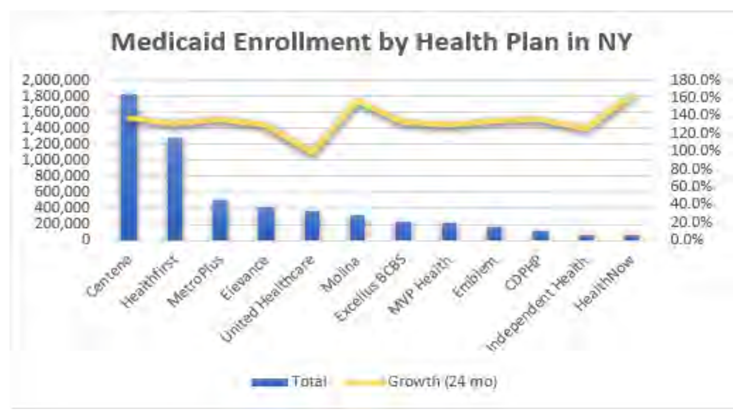
Monthly Medicaid/CHIP Enrollment

CA, NY, TX + U.S.: Sept. 2018 – Sept. 2022



Medicaid: 120% Growth Over Past 24 Months



*NYS Medicaid Enrollment as of 2023

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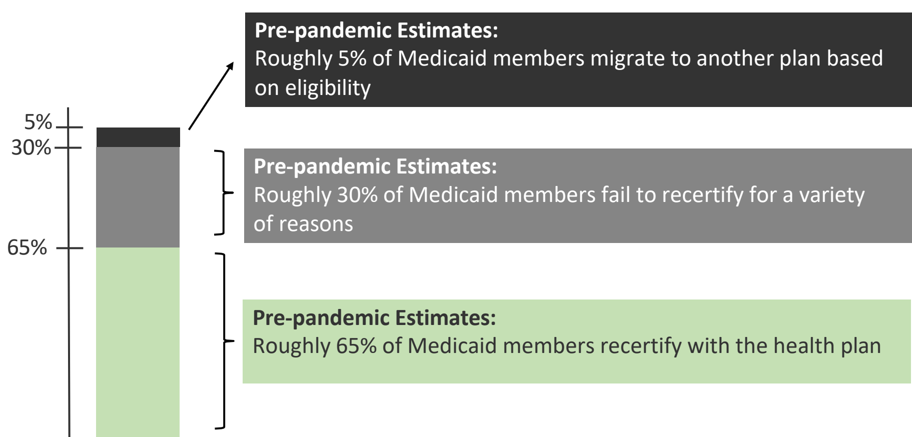
Medicaid Redetermination Profiles



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Uninsured Rates are Expected to Increase Exponentially

Millions of people will no longer be covered by Medicaid over the next 14 months, but some will transition to other forms of coverage.

According to Urban Institute & the Robert Wood Johnson Foundation:

- 18 million people will lose Medicaid coverage by June 2024
- 3.8 million of those will become uninsured
- **New York Projections:**
  Uninsured April 2023: 830,000
  Uninsured June 2024: 988,000
  Difference: 158,000
  Percentage difference: 19%

* How Many People Might Lose Medicaid When States Unwind Continuous Enrollment? | KFF

* Update: Awareness of the Resumption of Medicaid Renewal Processes Remained Low in December 2022 (rwjf.org)

According to KFF.org:

- Between 5 million and 14 million people will lose Medicaid coverage during the unwinding of the continuous enrollment provision
- Medicaid Churn will occur with the following projections of disenrollment/re-enrollment
  - 4.2% 90 days or less
  - 6.9% 180 days or less
  - 9.1% 274 days or less
  - 10/3% 365 days or less

* State Category | Health Coverage & Uninsured | KFF

Member Focus: Personalized Campaign

Member Focused:
You need to take action to keep your coverage

Nurture renewing members through their first recertification cycle in three years

Warm the market — No wrong door — Be ready — We will support you — Did you miss the deadline?

Recertification Education Medicaid/CHIP → **Renewal Campaign** → **Member Renewed** / **Non-renewed** → **Winback Journey**

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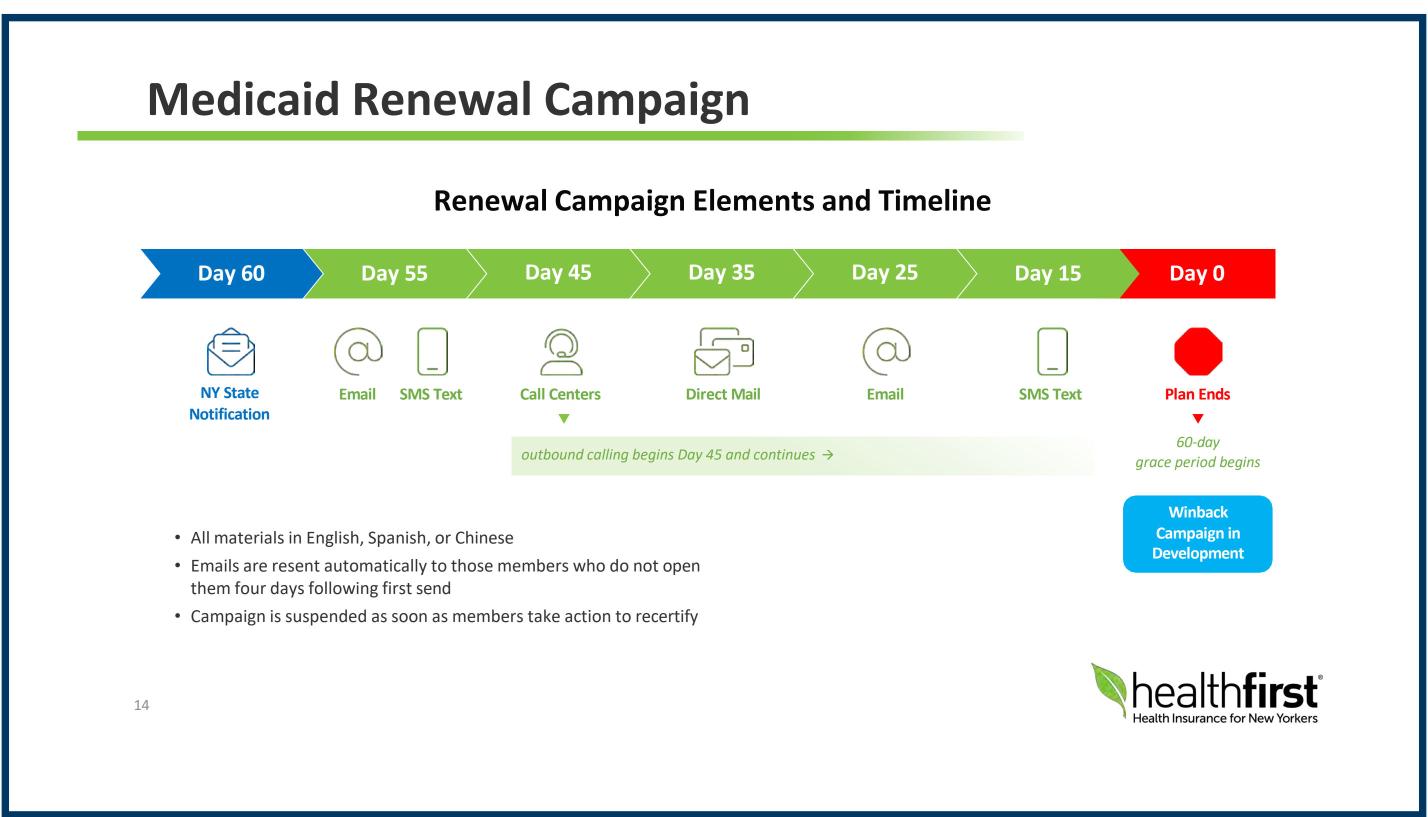
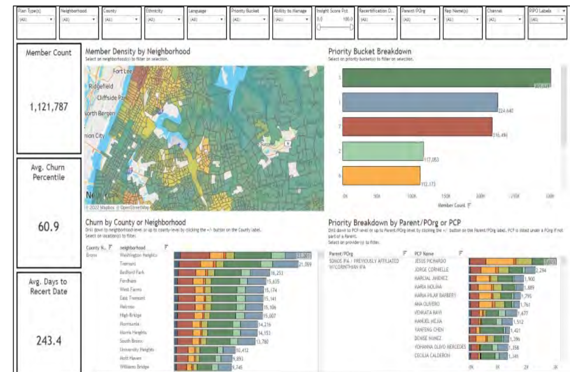


Redetermination Dashboard

Helps teams strategize and plan their actions

Monthly insights are published and shared with various internal stakeholders.

- Monthly insights are published and shared with various internal stakeholders.
- Dashboard includes members' profile/cohort and redetermination month with additional features describing members':
  - Demographics
  - Neighborhood of residence
  - Provider groups and PCPs who provide care for the members
- Provides insights into distribution of risk of disenrollment by region.



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Questions/Open Discussion

Contact:

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Trauma and Caring for Unaccompanied Immigrant Children

Brenda Punsky, LCSW, LLM   Lisa Pineda, LCSW-R

2nd Annual World Health Conference: *Health Disparities Impacting Local and Global Caribbean Populations*

June 16, 2023

Who we are

Mental health, medical, legal, enrichment, case management program, specifically designed to provide trauma-informed care for unaccompanied immigrant children.

Based In the South Bronx in New York City.

Embedded in the community-based and Federally Qualified Health Center *Bronx Health Collective* which is part of Montefiore Hospital.

Purpose and Objectives

PURPOSE

To present an innovative, comprehensive health-care approach for unaccompanied immigrant children impacted by trauma.

OBJECTIVES

- Objective 1 – Define and be able to identify unaccompanied immigrant children
- Objective 2 – Understand the contextual experiences of unaccompanied immigrant children
- Objective 3 – Learn about needs-based healthcare approaches for unaccompanied immigrant children

FINANCIAL DISCLOSURE

We do not have any financial disclosures to report.

Agenda

1. Definition and identification of Unaccompanied Immigrant Children
2. Experiences before, during and after their migration journey
3. Trauma: what is it and what does it look like in this population?
4. The Terra Firma Model
5. Key elements to provide trauma-informed care

Newly Arrived Immigrant Youth & Families

Unaccompanied Immigrant Children, UIC

- Under the age of 18
- Without lawful immigration status in US
- Without a parent or guardian available to provide care and physical custody *at the time of apprehension*

Identifying UICs and Families

- **Why?** Unique medical, psychosocial and legal needs
- **Where?** Health care settings, schools, legal offices, CBO, homeless shelters/ drop-in centers, soccer fields, houses of worship
- **How? 4 questions**
  - Where were you born?
  - How old were you when you came to the US?
  - Were you apprehended by immigration patrol?
  - Who were you with (parent/legal guardian)?

    -No parent/legal guardian = Unaccompanied/UIC
    -Parent/legal guardian= Family Unit/AWC

* *Corollary question*: Do you have an immigration lawyer?

Diversity

- Differentiated identities
  - Language (Garifuna, Mam, Quiche, etc.)
  - Cultural values (family, music, humility, community, religion, education, work)
  - Rituals/customs
- Distinct experiences of discrimination
  - In their country
  - In the US
- Specific needs/strengths

Framework for Understanding the Experience of New Immigrant Arrivals

Pre-Migration + Country of Origin → Migration + Journey → Apprehension + Detention → Reunification / Life after release into community

- Gangs
- Survival vs. opportunity/more promising future
- Chronic state of lawlessness
- Violence normalized
- Previous displacement
- Pandemic-battered economies, climate change, political unrest

Pre-migration: Why are children and families coming to the US?

Photo: Time Magazine, John Moore

THE PUSH

- Targeted Violence:
  - Youth
  - Ethnic Minorities
  - Girls and women
- Extortion
- Forced gang recruitment of children
- Lack of Protection/ Corruption/Impunity
- Abject Poverty
- Social Exclusion
- Trafficking: Labor and Sex
- New arrivals: pandemic-battered economies, climate change, political unrest

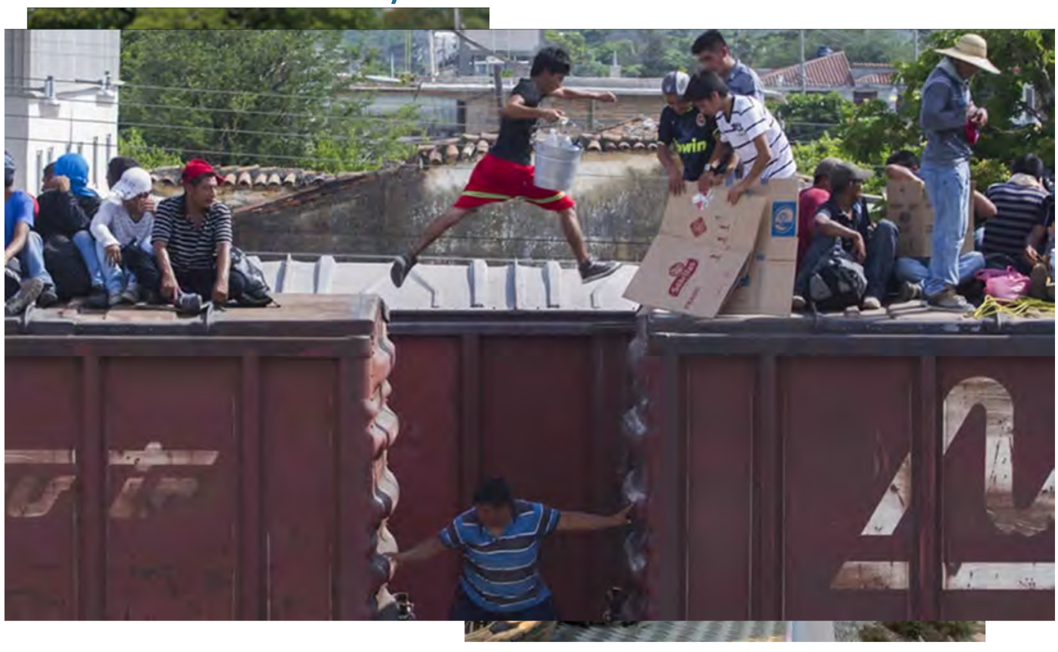
Why do they come to the US?

THE PULL

- Safe haven
- Reunification with family
- Education
- Economic opportunities
- For new arrivals: social media, false advertisement/misinformation

Darien Gap/Jungle

How do they come? La Bestia = The Beast



The Journey: The Trauma Continues

- The Route
- Transportation: bus, train “La Bestia,” walking, car
- The Experience
  - Exploitation
  - Extortion
  - Violence
  - Hunger
  - Exposure
  - Kidnapping
- Crossing the border
  - Smuggler “Coyote”
  - Self-crossing

May I come in?

Presentation at "authorized Ports of Entry" to express their fears of harm if returned to home country.

Crossing

Apprehension

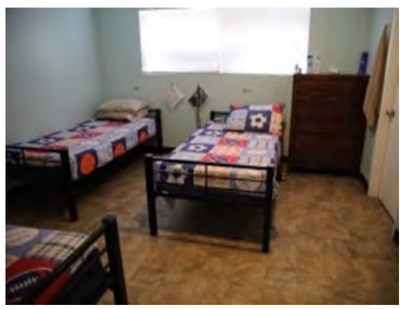
Immigration Detention
La Hielera (Ice-Box) and *La Perrera (Dog Kennel)*

TERRA FIRMA

Processing Centers

Transfer to ORR Shelters

- Office Refugee Resettlement (ORR) Shelters → child welfare
  - Average LOS 34 to 60 days
- Dorm-style rooms
- Shared bathrooms/showers
- Educational services
- Medical/MH
- Recreational activities
- Allowed phone calls
- Usually surrounded by high fences/locked gates
- Experience



Release/Reunification

(AP Photo/Damian Dovarganes)

Sponsor Population
Parent
Other adult relative
Non-relative

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Stressors for children once with sponsor (Chronic Stress)

- Reunification with family/sponsor
  - After "honeymoon" - conflict/abuse
- Stressors already in sponsoring household
- Carried over trauma – re-victimization
- Acculturation –identity shift
- School system – unable to navigate
- Isolation – lack of community
- Discrimination, lack of sense of belonging
- Survivor's guilt – "carriers of hope"
- Repayment of family debt
- Legal system – fear of deportation

Immigration Court

- All apprehended children and adults are placed in court proceedings to determine whether they are eligible for legal relief that would allow them to lawfully stay in the U.S. Burden is on them.
- Most common forms of relief: asylum and (for UICs) Special Immigrant Juvenile Status (SIJS)
- No right to government appointed counsel – must represent themselves in court. Legal representation matters!
- Will have 5-10 court hearings over 2-4 years until final outcome (huge delays)

Trauma

- Direct or indirect exposure – witnessing or hearing
- To intense and overwhelming experiences that involve <u>threat or harm</u> to a person's physical and/or emotional integrity
  - Overwhelm the persons coping resources
  - Often leads to coping mechanisms that help survive/adapt in the short run but may cause serious harm in the long run

    FIGHT, FREEZE OR FLIGHT
- It is the **subjective experience** which determines traumatic nature

(DSM–5; American Psychiatric Association, 2015)

Factors that influence the effects of trauma

- Age of the child at time of experience(s)
- If maltreatment was a 1-time incident or chronic
- Identity of abuser
- Subsequent collateral adversities
- Type & severity of maltreatment
- Other individual and environmental characteristics
- The presence of dependable nurturing adult in child's life, particularly one that would buffer impact of the traumatic event.

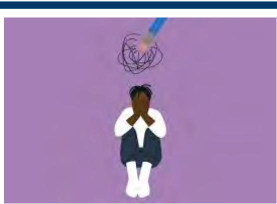
Attachment

- **Bond** between parent/caregiver and child that is essential for healthy and normative child development
- Plays an essential role in the development of capacities, such as social skills, emotion regulation, and self-concept
  - disruption in this relationship can adversely impact child development into adulthood, including poor physical health and socioemotional outcomes
- Research on the impact of trauma in children finds that the strongest predictor in a child's recovery is their **parent's support** during the traumatic events and their involvement following events for healing*

(*Deblinger et al. 2012).

Complex Trauma

Photo: Time Magazine, John Moore



1. Attachment/relationships - negotiating and developing trusting relationships
2. Affect regulation / Behavioral regulation
3. Sense of purpose, future orientation
4. Dissociation
5. Physical health (toxic stress, body dysregulation)
6. Self-perception, perception of others/world
7. Cognition – thinking, learning, concentrating

Trauma-consistent Observations in Migrants

- Difficulty with attachment - negotiating and developing trusting relationships
- Difficulty with attention and concentration
- Difficulty with recall
- Little or no elaboration of narrative
- Story may not be organized
- Behavior and affect that are incongruent with events described
- Behavioral indicators – fidgety, restless, no eye contact, rapid breathing, fast talk, tangential

Healthcare and Justice for Immigrant Children

THE TERRA FIRMA MODEL

A Medical-Legal-Mental Health Partnership in a Patient-Centered Medical Home

- ►Comprehensive **primary care**
- ►Integrated **mental health** (individual, family, group)
- ►Co-located *pro bono* **legal services**
- ►Professional **affidavits** and **evaluations** to support immigration cases
- ►Social services and **case management**
- ►**Enrichment** programming
- ►**Advocacy**

Access to health care can be crucial in supporting a child or adult's immigration case

We (clinicians) can uncover and document **key medical/mental health evidence**

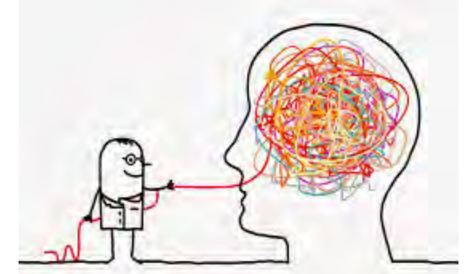
We can **enhance a patient's communication** with lawyer, improve ability to testify in court, and reduce risk of re-traumatization

Common Mental Health Conditions

- PTSD
- Complex Trauma
- Attachment Interruptions, Attachment Reactions
- Acculturative Stress
- Adjustment Disorders
- Depression
- Anxiety
- Somatic Complaints

Addressing Mental Health Needs Through **Trauma-Informed**:

- Individual psychotherapy
- Family psychotherapy
- Group psychotherapy
  - Pre-teen
  - Teen
  - Sponsors



A Trauma-Informed Reframe…

- Trauma-related symptoms and behaviors originate from adapting to traumatic experiences.
- A trauma-informed perspective views trauma-related symptoms and behaviors as an individual's best and most resilient attempt to manage, cope with, and rise above their experience of trauma (SAMHSA).

What can YOU do? Providing Trauma-Informed Care

- #1 Empathy! – You've already taken 1st step.
- Try to build rapport and a general sense of safety and protection before interviewing for facts– help establish a relationship of trust
- Promote agency & control, provide choice-- minimize re-traumatization
- Clarification of medical encounter
- Alleviation of fears (e.g., re. endangering relatives)
- Instill hope
- Be aware of the trauma-consistent observations in migrants
- Destigmatize - symptoms seen as adaptive attempts to cope
- Highlight their strengths, the ways in which they have adapted
- Identify and underscore their protective factors
- Normalize and refer to mental health services if needed

Summary

- It is crucial to provide trauma-informed care to this population. To do that, providers should:
  - Be aware of the context in which unaccompanied immigrant children are fleeing their countries of origin, as well as common experiences before, during, and after their migration;
  - Provide services keeping in mind the potential impact of traumatic experiences on patients' mental and physical health, learn to identify symptoms, and refer to mental health services when appropriate.
- A model that includes coordinated mental health, medical, legal, enrichment programming, and case management, is highly recommended in caring for unaccompanied immigrant children.

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