

Improving the System Responding to Refugees
Policy and Procedure Manual

Women & Children’s Hospital of Buffalo
Kaleida Health
Health Sciences Library
118 Hodge Street, First Floor
Buffalo, New York 14222



Supported by a grant from the Community Health Foundation of Western and Central New York. The Community Health Foundation is a non-profit private foundation with a mission to improve the health and health care of the people of Western and Central New York.

Improving the System Responding to Refugees

Kaleida Health
Women & Children's Hospital of Buffalo
219 Bryant Street
Buffalo New York 14214

Policy and Procedure Manual

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The Improving the System Responding to Refugees (ISRR) project is supported by a grant from the Community Health Foundation of Western and Central New York. The Community Health Foundation is a non-profit private foundation with a mission to improve the health and health care of the people of Western and Central New York.

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Introduction

The Somali Bantu Project: Improving the System Responding to Refugees

Kaleida Health

March 2007

Background

In 2005 a diverse group of collaborators including the Emily Foster Health Sciences Library and the Women's Health Clinic at Women and Children's Hospital of Buffalo, Kaleida Health, Literacy Volunteers of Buffalo and Erie County, and Jericho Road Family Practice, partnered to write a grant to begin innovative programs to assist the Somali Bantu Refugees in Buffalo, NY. The goal of the project was to expand preventive healthcare education and increase awareness of, and accessibility to, services for Somali Bantu refugee children with more than six months residency in the United States. The Community Health Foundation of Western and Central New York awarded the grant, under the Nuts And Bolts: Improving the Fundamentals of Care for Children in Communities of Poverty call for proposals. The Community Health Foundation is a non-profit private foundation with a mission to improve the health and health care of the people of Western and Central New York.

Home visiting the clients was the dream of Sister Helen Anne Wolf, a nurse at Jericho Road Family Practice and Sister of St. Mary of Namur. She wanted to welcome, observe, and educate the Somali Bantu in their home environment. Sister Helen spent years in Rwanda. She felt a call to help Africans refugees here at home. Sister Helen is now the Project Coordinator for Improving the System Responding to Refugees (ISRR), in addition to her work at Jericho Road.

Focus groups were conducted with several different samples of the Somali Bantu population in Buffalo, NY. This included meeting separately with groups of men, women, children age 8-10 years old, and children age 11-13 years old. Each focus group was then transcribed and analyzed. The outcomes of the focus groups were summarized and discussed to guide our initial curriculum development.

The Somali Bantu Cultural Awareness Conference, October 20th, 2006, Buffalo, NY

One of the first official events of the project was a cultural awareness conference to educate the staff of Women & Children's Hospital of Buffalo, Kaleida Health, and other local service providers about the Somali Bantu population. We spent several months preparing and planning for what turned out to be an overwhelmingly successful Somali Bantu Cultural Awareness Conference, held on October 20th 2006, at Women & Children's Hospital in Buffalo, NY. Holding such a conference is a great way to educate yourselves and others about your target population.

A large mailing list was compiled using resources from previous surveys regarding our project, Community Health Foundation materials, internal Kaleida Health resources, word-of-mouth and the phone book. Flyers were created in-house. Food was ordered, and most importantly, our speakers were confirmed. Ask a librarian for help in finding an expert on your target population and culture. A local university is a good starting point. E-mail and postal invitations were sent out to human service agencies as far away as Pittsburgh and Baltimore. We had attendees from as far away as Syracuse.

Our conference was sold out, and included many walk-ins in an overflow seating area. Evaluation results were compiled and were tremendously positive. The only complaints revolved around being too full or people desiring healthier snacks. The participants most enjoyed our guest speaker, Dr. Omar Eno. He had a most entertaining and informative lecture on the history, culture, and needs of the Somali Bantu. One participant arranged for Dr. Eno to return to Buffalo to lecture at Buffalo State College. Dr. Myron Glick's moving lecture on the healthcare issues facing local Somali Bantus also received rave reviews. Another physician may write-up Dr. Glick's case findings for publication.

We have entered those participants who gave their contact information into a database and are keeping in touch periodically. A newsletter, web log, a listserv or distribution list, have been discussed as future possibilities. Several participants gave excellent resource suggestions. For example, we were informed that Child and Family Services offers small loans for transportation or daycare to individuals. This helps to establish a credit history and could be a great resource for our clients. We continue to attempt collaboration with several local service agencies.

Participant Recruitment

Sister Helen's personal connections with the Somali Bantu and her employment at Jericho Road Family Practice was the avenue to recruiting families to participate in this project. Sister Helen tirelessly greets and meets people on their own terms. Her acknowledgement of culture-specific relationships and status, that most Americans would simply ignore, has gained her enormous respect throughout the Somali Bantu community of Buffalo. She is undaunted by their living conditions and social customs. She consults the community leader about decisions, and is non-judgmental about potentially sticky situations, such as men with more than one growing family.

All of the families chosen for this project were resettled by Journey's End Refugee Services, which happens to be in the same building as Jericho Road Family Practice or Jewish Family Services (JFS). JFS refers their Somali Bantu clients to Jericho Road for their initial medical care. It is through her employment as a nurse at Jericho Road that Sister Helen asked families if they would be willing to participate in this project.

Lessons Learned Along the Way

A great deal was learned during the initial stages of the grant. For example, not everyone from Somalia speaks Somali. Somali Bantu often speak Maay Maay or Zigwa. Additionally they may speak Swahili.

Through her personal connection with the local Somali Bantu leader, Sister Helen found four interested Somali Bantu individuals, who agreed to go through the Interpreter Training course at the local International Institute in order to serve the community as Maay Maay and Zigwa translators. This was a crucial component to the success of our project. The International Institute generously waived the course fee for these individuals in an effort to help.

Many lessons continue to be learned along the way. Anyone wishing to replicate such a project is encouraged to study their target population in-depth before proceeding. There are numerous models of home visiting programs that have been studied extensively and reported on in the professional literature. The outcomes of such models should be considered when establishing your project. A brief bibliography of such programs and other suggested readings is provided in the Appendix of this manual.

Principles of evidence-based medicine recommend that the best way to educate patients is to present them with information in his/her preferred language (U.S. Department of Health and Human Services, Office of Minority Health, 2001; Callister 2005). It is also the law that patients receive interpreter services as needed (Title VI of the Civil Rights Act of 1964; see <http://www.usdoj.gov/crt/cor/13166.htm>).

Materials in the Somali Bantu's most common languages, Maay Maay or Zigwa proved very difficult to obtain. However, in looking for such materials numerous links for other valuable multilingual patient education materials were compiled. Many of the materials available can be downloaded in PDF format for free. We have provided an extensive and growing list of websites providing patient education materials in multiple languages (<http://library.kaleidahealth.org/resources/nonEnglish.asp>). This page was shared with numerous healthcare service providers, resulting in very positive feedback. While we have not reviewed each and every brochure or pamphlet, the websites are reputable as per accepted evaluation criteria (<http://www.mlanet.org/resources/userguide.html#3>). It is our hope that these will assist both providers and patients.

One of our interpreters, Mahamud Mberwa, met with us at the library to record a government publication entitled, "A Healthy Mouth For Your Baby", in Maay Maay and Zigwa. We sent the translations to Dr. Eno and he approved the recordings for accuracy with the source material. This helped to ensure a quality translation. The National

Institute for Dental and Cranial Facial Research (NIDCR) gave us permission to post the translations of their material. We are in the process of posting the items to the Web for more ubiquitous use. There is a desperate need for Maay Maay and Zigwa health teaching materials through out the country.

Working on this project has heightened our awareness of related needs. There is a need for health education materials in numerous languages, not just Maay Maay and not only for Somali Bantus. The need for a wide variety of cultural education in-services for hospital staff also became apparent through our conference. There is a need in many languages and cultures, for example, locally, regarding Burma and patient materials in Burmese.

Home Visits

In addition to the conference, initial welcome pack supplies, such as baby care items, thermometers and home safety items, were purchased and assembled into small back packs to use as health teaching tools, and as a gesture of greeting for when we arrive at a client's home. Please see the list of items included in the welcome packs available in the policy and procedure and health teaching curriculum guide of this manual.

The informationist created intake forms, initial protocol material, and short, simple health education curriculums, for the home visits. This has been a lengthy, and on-going process but it will help to ensure uniformity and reproducibility of our efforts. In this manual, these materials are now being made available for use to other agencies and educators of refugees. We also feel strongly that health teaching be evidence-based and use up-to-date, authoritative resources. Data collection must also be valid and consistent.

With the appropriate consents in place Sister Helen began data collection on the selected families, using data from their primary care medical record and our intake forms (see appendix form SB01), in preparation of home visits. The information collected may be tailored depending on the comfort level of the client and the flow of the home visit in general, but it is important to have a framework within which to proceed. Eventually, the initial protocol, procedure, and teaching curriculum were developed and the home visiting began.

Furthermore, we are working closely with the staff in labor and delivery at Women and Children's Hospital. One need that they have brought to our attention is how to communicate with clients in labor who do not speak English and may not read even in their own language. During labor, in the crucial moments before an interpreter arrives, how can communication be facilitated? There are even times when staff does not know what language interpreter is needed because the client may not read in her native language, such as on a chart stating in multiple languages "I speak ... ___ (insert

language)_____”. We are assisting the labor and delivery staff with the development of pictures cards and other projects to aid in this process. The library manager, Elaine Mosher, has been instrumental in researching ready-made resources that could be purchased.

We are working with others to increase the keeping of personal health records and teaching clients to bring such records with them to the hospital. These records will also indicate language preferences. The staff also needs to know to look for such records when a client arrives at the hospital.

We are working toward creating a peer educator model to help sustain this project once the grant ends. Although the influx of Somali Bantu refugees has decreased recently, we hope to train two women to educate any newcomers about the health topics we have discussed. The resources we have developed may prove adaptable to the training of peer educators in other cultures. We are also considering other models and approaches to sustainability, such as families mentoring families within a community center setting. This manual and the recordings in other languages also add to the sustainability and replication potential of the project.

For now we carry on with the scheduled home visits and consider follow-up procedures. Knowledge of community agencies has been of utmost importance and many referrals have been made. Numerous women have been identified and referred to our partner, Literacy Volunteers, for assessment and linkage with a tutor. Spin-off projects and ideas come up for discussion regularly. We hope the materials provided prove useful to you and the clients you serve. Please contact us with any comments at:

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References:

U.S. Department of Health and Human Services, Office of Minority Health. (2001). National standards for culturally and linguistically appropriate services in health care. Rockville, MD : Government printing office. Accessed online September 27, 2006 at <http://www.omhrc.gov/>

Callister, LC (2005). What the literature has taught us about culturally competent care of women and children. *MCN: American Journal of Maternal and Child Nursing* 30 (6), 380-388.

April 2007



POLICY AND PROCEDURE

Title: Home Health Education Visits Somali Bantu Grant Project, Improving the System Responding to Refugees (ISRR)	Policy # 01	
Type: Corporate		
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Prepared by: Elizabeth Eisenhauer, BSN, MLS	Effective Date: 4/18/07	
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Review Date										
Revision Date										

I. Introduction

This framework is provided as a systematic and consistent approach to the home health education visit component of the Somali Bantu Project titled: Improving the System Responding to Refugees (ISRR) funded by the Community Health Foundation of Western and Central New York.

II. Policy

The RN(s) in this project shall /may:
 Assess and treat human responses to actual and potential health problems through such services as case finding, health teaching, health counseling and provision of care supportive or restorative of life and well-being. Act as legally authorized under the NYS Education Department / Nurse Practice Act and in accordance with NYS Department of Health regulations, and all other applicable health care laws, including HIPAA, and mandatory child abuse and neglect reporting.

No hands-on care is part of this program. Its focus is health education, specifically related to improving the care of and home environment for children.

Health-teaching materials should be evidenced-based and referenced using a standard citation style. Referrals should be made to the appropriate community agency based on client needs.

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All parties will adhere to current Kaleida policies and standards of practice. Institutional Review Board (IRB) permission was obtained for the ISRR project and should be obtained for any such research project.

III. Audience

The audience for this Policy and Procedure document includes members of the Improving the System Responding to refugees (ISRR) Somali Bantu Project team and members future related projects.

IV. Communication and Responsibility

This Policy and Procedure will be communicated by placement in the policy and procedure manual in the WCHOB library and the procedures manual specific to the ISRR project.

V. Procedure

Project Specific Note:

The Project Coordinator has compiled a list of the families eligible to participate in the Somali Bantu project. This is mainly due to her employment at with Jericho Road Family Practice as an RN. She has gotten to know the Somali Bantu families on a personal level.

If a selected mother has not signed the appropriate consents at Jericho Road or if she was not involved in the focus groups, she is asked to sign the consents at the initial home visit.

- 1) Select family for next visit (at times certain families were prioritized based on Project Coordinator's knowledge of the family's situation; otherwise just go down the list in order).
- 2) Phone family/client.
- 3) Introduce self, grant project, reason for visit. Obtain (verbal) permission to visit.
- 4) Establish time/date of visit. Verify address.
- 5) Ascertain the client's preferred language and note it on the **Intake** form (see Form Number SB01).
- 6) Schedule interpreter for the appropriate language at the same time and date of the visit. The names and numbers of the interpreters are posted on the bulletin board by the Informationist's desk. The Project Coordinator also has the names and numbers of the interpreters.
- 7) Make sure proper IRB consents have been signed or have them ready to be signed at the visit.

Project Specific Note:

The Project Coordinator takes the **Intake** form (SB01) to Jericho Road Family Practice and, as our IRB consents allow, gathers background information on the client and her family. Not all of this information is obtained prior to the visit, usually just the immunization record and the client's medical background. The rest is obtained through questioning by the Project Coordinator and the Informationist at the initial home visit via an interpreter.

Prior to visit:

- 8) Inform someone at WCHOB Library of travel itinerary.
- 9) Consider personal safety issues and concerns
 - Cell phone available?
 - Don't go alone
 - Don't go at night

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10) Review patient data/referral form

Use developed intake form filled out for each family

What do we already know about the clients?

11) Tailor the **Welcome Package** to your knowledge of the family as much as possible:

For example: How many children need toothbrushes?

If six children, bring six appropriate size and number of toothbrushes for all children and adults.

12) **Bring the following items with you to each visit:**

Welcome Pack: See list of contents in policy and procedure portion of this manual and /or in appendix.

Two folders: One with your paperwork and one with the coloring sheets for the children, in which any client handouts can also be kept.

Thermometer and disposable probe covers: For demonstration use

Pens: For you and the client

Paperwork:

This includes the following forms:

- 1) Appropriate consents, if not already filled out.
- 2) The client's **Intake** Form (SB01), with known information filled out.
- 3) The **Health-Teaching Curriculum Guide** for your own use.
- 4) The quiz questions on the **Learning Objectives** form (SB02).
- 5) The **Home Safety Inventory** (SB03).
- 6) A copy of the booklet "A Healthy Mouth for Your Baby" and the CD in the appropriate language. If the client's language preference is unknown, bring a copy of both Maay Maay and Zigwa, or whatever languages are applicable to your project.
- 7) A copy of the booklet "Give Me Five a Day".
- 8) Handwashing Handouts from: Ragland, G. (1997). Instant teaching treasures for patient education. St. Louis, Missouri: Mosby-Year Book. pp. 114-115. Printed on orange bright paper.
- 9) A color copy of "My Pyramid: Steps to a Healthier You" from the tear pad.
- 10) A color copy of. "Three Simple Steps to Eating More Fruits and Vegetables" from the tear pad.

You may also want to bring:

A cell phone

A lap top computer

Hand-sanitizer

Scissors

Keep a folding chair in your trunk, if you do not want to risk sitting on the floor. Refugees may not have much furniture.

Gloves, for cleaning or emergencies

Food containers and cereal boxes, as examples of good nutrition

If you are reading this guide for use in a new project please note: The forms were created by the Informationist for use in the project entitled: Improving the System Responding to Refugees (ISRR) with the Somali Bantu population in Buffalo, NY at Kaleida Health. Feel free to adapt them to suit your needs. See the appendix for copies of the forms and the references for other resources.

Wear your Kaleida ID Badge

First Visit:

13) Estimated time frame is 2 hours. This may change depending on the events of and conditions encountered at the visit.

14) Establish trust/relationship with client. Explain that the information is confidential. Explain that the interpreter has been trained to keep information confidential. Explain the purpose of the visit (See **Health-Teaching Curriculum**).

15) Provide privacy for client. No outsiders (English teachers, repair men etc.) should be present during the visit, only immediate family members, the Informationist, nurse/Project Coordinator, and interpreter. Children are often present and should be included in the visit as much as possible.

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Project Specific Note: While we did not use a laptop one would be strongly recommended. This way information could be looked up and tailored well to each family’s needs. Clients may also be fascinated by the use of the computer. Notes and the **Intake** form could also be done on the laptop if desired.

16) Assess and observe home environment. Use **Home Safety Inventory (SB03)**, general observation, and nursing assessment skills. Is the home clean? As evidenced (or not evidenced) by what, exactly? Be specific and use what you see as teaching moments.

- a) For example: Is the refrigerator working? Ask if you may open it. Is it cold? Is it clean? Is there food? Is the food wrapped and covered appropriately? If not, talk about it, take notes, teach the importance of wrapping the food for safety and quality. It will last longer if wrapped. It will help keep bugs away to clean up spills. Stress that bugs and rodents can cause disease.

Project Specific Note:

Using the **Home Safety Inventory (SB03)** while looking around the apartment has been very helpful. For example, say something like: “I have here a checklist of things to help keep your home healthy and safe for your family. May I look in the kitchen (bedroom, etc.)?”

17) Assess patient needs/problems/ability for self/family-care.

- a) What are the interactions like between mom and children? Is there food in the house? Are the children clothes clean? If you see something not quite right, politely inquire, teach, and take notes.
Remember, nurses and many other professionals are mandated reporters and must act in accordance with the applicable laws.

18) Present and explain **Welcome Pack** contents:

Project Specific Note: Our Welcome Packs contain the following items:

1 digital thermometer

This has been a very important item for the ISRR team and clients. Only one participant has had a working thermometer or knew how to use one correctly. Step by step, explain the procedure and demonstrate on a teammate. It is a good idea to have had the mom re-demonstrate the procedure on a child. For example,

“When your child is sick or feels hot, you will want to check his temperature. The doctor’s office may ask if your child has a fever. A normal temperature is 98.6 degrees Fahrenheit. Sometimes a person’s temperature is just a little bit higher or lower and is still normal. If your child is sick or has a temperature of 100 degrees or more, you should call the doctor. Here’s how to check your child’s temperature:

- a) This is the thermometer.
- b) First you turn it on, by pressing this button.
- c) Then you insert it like this under the tongue
- d) Have the patient close his mouth
- e) Wait for the beep
- f) Take the thermometer out of the mouth and read the number
- g) 97, 98 normal
- h) 99 a little warm the patient may not feel well.
- i) 100 means a fever, call the doctor
- j) Turn the thermometer off by pressing this button again.
- k) Wash the thermometer off with soap and water after use.

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l) Wash your hands!”

Keep the teaching as simple as possible. The ISRR project quiz question evolved into, “At what number on the thermometer do you call the doctor?” or “What number means a fever?”...And then what?” (Call the doctor). See the **Learning Objectives**, form SB02.

Discuss the same procedure except under the arm, on skin, not on clothes, for an infant. Do not discuss rectal temperature taking or the use of ear thermometers. Discussing methods or equipment you are not using will only be confusing for the clients. See the temperature pages¹⁵ in the Appendix for additional help.

1 set children’s medication spoons

“This is a measuring spoon. When you need to give your child medicine it is very important to give the exact amount. Many people just get a regular spoon and this could give the child too much or not enough medicine. Too much medicine could make a child very sick (poison the child). So if the prescription bottle says give ½ teaspoon that is here (show on spoon) or give one teaspoon that is here (show on spoon) and so forth”. Explain the dropper is helpful to use with infants. Mime how to hold the baby and mime squirting the medicine in baby’s mouth. Remember no hands-on care was written into our grant. Nurses cannot administer any medication, including over the counter medicines, without a doctor’s order.

5 outlet covers

Demonstrate and explain why it is important to cover open electrical outlets. “Children like to stick their fingers or small objects into the outlets and this could hurt or even kill the child. It is good to cover the outlet and then remove the cover when you want to use the outlet.” No family in the ISRR project has had these to date. Many mothers will let us go ahead and install them during the visit.

1 safety lock *

*The ISRR team purchased some cabinet locks. Unfortunately this product did not work for many families, as the cabinets in certain apartments did not have handles. This was a lesson to investigate such possibilities before buying a specific product. The locks do work in some of the apartments. Stress the importance of keeping cleaning products out of the reach of small children especially if such locks will not work for the family.

3 hand wipes

“These wipes are for washing your hands. They are for when you are shopping or outside and need to wash your hands but do not have water. They are wet already. Use it once and throw it away.”

2 bars soap

Show the soap when stressing the importance of hand washing. “There are germs on our hand that we cannot see but they are there and they can make us sick. Viruses, bacteria are germs that make us sick. Washing your hands will help kill the germs. It is very important to wash your hands before eating or cooking, after going to the bathroom and after changing a diaper. Also after you sneeze or blow your nose.” Use the handwashing resources noted in the **Health-Teaching Curriculum Guide**.

Adult toothbrushes

Children’s toothbrushes

1 tube of toothpaste

Discuss the importance of brushing teeth at least twice a day. Stress that small children should be taught to only use a pea size amount of toothpaste and to spit it out, not swallow it. Stress not using toothpaste on infants, but instead washing their teeth with a washcloth. Discuss not putting a baby to bed with a bottle. Most of our clients’ breastfeed and children learn to use cups early. These issues are also described on the audio CD using the brochure, “A Healthy Mouth For Your Baby”. The client can choose to have a Maay Maay or Zigwa CD.

1 box of tissues

“For blowing your nose”. Mime sneezing.

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2 Poison Control Center stickers and a brochure

This becomes an involved discussion and helps the team to progress through the topic on the poison control center and household safety. For example, “It is very important to keep bleach and cleaners out of a child’s reach. It is best to keep them in a locked, high up cabinet. However, it only takes a minute for curious child to pick up something like cleaners and drink it. If that happens and the child is awake, breathing, and not in distress, then call the poison control center. Tell them what language you are speaking if you need an interpreter. Tell them “My child drank _____”. They will tell you what to do. If they tell you to go to the hospital, bring the bottle of what the child drank with you. There are different things to do, different ways to help the child, different treatments, depending on what kind of poison the child drank. They might tell you to give milk or water. It depends on what he drank. Call the poisoning control center and they will tell you exactly what to do. These are stickers with the phone number. You can put them on your phone or on the refrigerator. However, if the child is unconscious (not awake) or not breathing, it is very important to call 911. The number here is just for poisoning.”

Quiz the client later by saying, “if the child is drinking dish soap you call _____ and if the child is not breathing you call _____.” See the **Learning Objectives** form (SB02).

1 small pack band-aids

“These are for cuts. (Show an example on a hand if possible). They help the cut to stay clean. You should wash the cut with soap and water first and then apply the band-aid.”

1 ice pack

“This is not to eat! It is for when you have a headache (gesture with the ice pack) or when someone has a bump on the knee (gesture) and needs something cold to help the pain and swelling. If it leaks, throw it out. It goes in the freezer. You take it out when you need it and put it back when you are finished, so that it will stay cold. Again it is not something to eat. If someone eats it, you need to call the poison control center!”

Small photo album

“This is to keep pictures in. Do you have any pictures?”

1 box of crayons

3 pens

20 coloring sheets

“These are for the children. Do they like to color?”

If the children are distracting, give them a couple of coloring pages and crayons to occupy them while you teach.

All in a small diaper bag / backpack

“And the bag is for you too!”

Project Specific Note: Number 16-19 often occur simultaneously, or in varying order, depending on how the visit is going and what exactly is being observed. The ISRR project was not designed for us to spend all day there. Take care of immediate needs first. Shorten or adapt teaching topics as necessary. Take good notes. When the client’s attention is lagging, or children getting tired, it is time to close the visit.

19) Health Education

- a) Proceed with teaching on established topics (see **Health-Teaching Curriculum**)
- b) Identify any need for additional resources

Project Specific Note: Numerous referrals to the food pantries associated with the Western New York Food Bank have been made in the ISRR project. Lack of food has been such a common problem (despite food stamps)

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that we created a flyer listing the food pantries for the appropriate zip codes, including phone numbers, locations, and ID requirements.

18) Develop an action plan based on the identified problems. If the plan has been formulated at the end of the visit inform the client. For example, “We will mention your need for a new TEDS stocking script to Dr. Glick.” Follow up with the appropriate party. Document follow-up work also.

19) Make appropriate referrals (see **list of community agencies in appendix**; know the local community resources)

- a) This step can consist of numerous phone calls during and/or after the visit. It can become very time consuming. Plan time for this into your schedule and budget. Also useful is actually transporting a refugee to a referred agency. This will depend on what has been planned for in your grant. Consider any transportation liability issues.
- b) Consider the expected patient outcome. Outcomes should be realistic and measurable.

20) Close the visit

- a) Reinforce most important points for that particular patient/family.
- b) Administer the quiz questions listed on the **Learning Objectives** form (SB02) to see what the client remembers now.
- c) Consider need for follow up visit or phone call(s).

21) Document visit

- a) Write thorough case notes upon return to agency.
- b) Recommended format is a SOAP note: **Subjective** –a quote from the client preferably in English. **Objective**—specifically list and described what you see, smell, etc. what you observed during the visit. Be objective about this. It is not your opinion. It is what you saw or experienced there. **Assessment** –This is your professional assessment of the situation. Describe / summarize the state of things for this client / family. **Plan**—describe what is needed and what you can reasonable do about it.

V. Quality of Care

Health teaching materials should be evidenced-based and referenced. Nurses must follow all aspects of the Nurse Practice Act of NYS and all applicable Kaleida policies.

VI. References

Smeltzer, SC & Bare, BG. (2004). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing*. Tenth Edition. Philadelphia: Lippincott Williams & Wilkins. Pp. 20-25.

See additional references in the Health-Teaching Curriculum.

VII. Revisions

Revisions will be the responsibility of the ISRR project team or whatever agency is using this material in the future.

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Notes for the Health Education Team

This document is intended as a guide for the health educators of the project entitled: **Improving the System Responding to Refugees (ISRR)** out of Kaleida Health in Buffalo, NY. This project is supported by a grant from the Community Health Foundation of Western and Central New York. The Community Health Foundation is a non-profit private foundation with a mission to improve the health and health care of the people of Western and Central New York. The target population for this project was the Somali Bantu refugees of Buffalo, specifically those families utilizing Jericho Road Family Practice for primary care and who had been in Buffalo for more than a year. This guide may be used by other organizations and may be helpful with other target populations. However, **it is *not* meant as a guide to leave with the clients.** Please see the appendix and for client/patient education materials.

Introduction

Please review the policy and procedure portion of this manual. The following is a detailed version of the health-teaching curriculum for **use at the actual visit** (step # 17 of the preceding procedure). The procedure portion of the policy and procedure guide will describe the steps leading up to the visit itself.

As per the policy and procedure document, make sure you have the following items with you for your visit:

Welcome Pack: See list of contents in policy and procedure portion of this manual and /or in appendix.

Two folders: One with your paperwork and one with the coloring sheets for the children, in which any client handouts can also be kept.

Thermometer and disposable probe covers: For demonstration use.

Pens: For you and the client.

Paperwork:

This includes the following forms:

- 1) Appropriate consents, if not already filled out.
- 2) The client's **Intake** form (SB01), with known information filled out.
- 3) This **Health-Teaching Curriculum Guide** for your own use.
- 4) The quiz questions on the **Learning Objectives** form (SB02).
- 5) The **Home Safety Inventory** (SB03).
- 6) A copy of the booklet "A Healthy Mouth for Your Baby" and the CD in the appropriate language. If the client's language preference is unknown, bring a copy of both Maay Maay and Zigwa, or whatever languages are applicable to your project.

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- 7) A copy of the booklet “Give Me Five a Day”.
- 8) Handwashing Handouts from: Ragland, G. (1997). Instant teaching treasures for patient education. St. Louis, Missouri: Mosby-Year Book. pp. 114-115. Printed on orange bright paper.
- 9) A color copy of “My Pyramid: Steps to a Healthier You” from the tear pad.
- 10) A color copy of. “Three Simple Steps to Eating More Fruits and Vegetables” from the tear pad.

You may also want to bring:

- A cell phone
- A lap top computer
- Hand-sanitizer
- Keep a folding chair in your trunk, if you do not want to risk sitting on the floor. Refugees may not have much furniture.
- Gloves, for cleaning or emergencies
- Food containers and cereal boxes, as examples of good nutrition

If you are reading this guide for use in a new project please note: The forms were created by the Informationist for use in the project entitled: Improving the System Responding to Refugees (ISRR) with the Somali Bantu population in Buffalo, NY at Kaleida Health. Feel free to adapt them to suit your needs. See the Appendix for copies of the forms and the references for other resources.

At the visit

Introduce yourselves
Wear ID badges if provided
You will need to explain why you are at the client’s home.

“We work with Insert name of parent agency e.g. Kaleida Health, Children’s Hospital-. We are here today to teach you about health.”

If the client has not yet signed appropriate consents, explain the following:

- a) that they can participate or not (their choice; free to say no)
- b) that everything will be kept confidential among the grant team members
- c) that the interpreter is trained and will also keep information confidential
- d) that the grant team will be accessing information from their medical record for review purposes.

Informed consent should be thoroughly explained in terms that the target population understands. Utilize the interpreters.

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Reinforce reason for visit:

“We are here today to teach you about Health.”

“We will start off with a few questions:

Answer only what you are comfortable answering

We are trying to learn about your culture too”

Note: With questions about money/income explain why they are being asked:

“Money buys food and eating healthy food is important”

“The topics we would like to discuss today are:

“Staying Clean” (Hygiene/Hand washing)

“Staying Safe at Home ”(Poison Control / Home Safety)

Lead Poisoning

“Eating Healthy Foods” (Nutrition)

“Shots” (Immunizations)

Taking a Temperature

Dental Care

Importance of Prenatal Care

If you have questions feel free to ask.

If there are other topics you would like information about please let us know!

Okay, let’s get started!”

Handwashing/Hygiene¹⁻³

“Handwashing is the single most important means of preventing the spread of infection”.

- US Centers for Disease Control (CDC).

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“Do you know what the most important thing you can do to stay healthy is?”

Some clients may answer ‘cleaning’ or ‘praying’ as an answer. Reinforce the correctness of any answer. Do not be judgmental, but rather learn from the answer the clients give. Then explain that scientists and doctors have studied this and they have discovered that one of the most important things to do is wash your hands.

Mime washing your hands or show them at the sink. Mime and gesture frequently. Use the bars of soap in the **Welcome Pack** as props. Also reinforce when to wash hands:

- Before eating
- Before cooking
- After going to the bathroom
- After changing a diaper
- After sneezing or blowing nose
- After playing or being outside
- After shopping
- Whenever they are dirty!

This is also a good time to show them the handiwipes in the **Welcome Pack** and explain that they can use them if they are shopping and need to wipe their own hands or the hands of the children.

Handouts on handwashing are available from: Ragland, G. (1997). Instant teaching treasures for patient education. St. Louis, Missouri: Mosby-Year Book. pp. 114-115. The handouts have pictures of germs, hands, soap, and water. Use the brightly colored paper.

Explain that germs cannot be seen with just our eyes, but they are on hands and objects and could make a person sick. Use the words “viruses” and “bacteria” as examples of germs. Your interpreter will be able to help get the concept across.

Handwashing Technique¹

This can be mimed (we just mime it) or actually practiced at the sink. Also use the patient teaching pages noted in the references and appendix.

1. Make sure you have soap, paper or clean cloth towels, and a waste container lined with a plastic bag.
2. Remove your rings and watch, or be sure to lather underneath them. Sleeves should be pushed up above the wrist.

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3. Adjust the water to a warm temperature.
4. Stand back from the sink so that your clothing does not touch the sink.
5. Wet your wrists and hands, keeping your fingertips pointed downward. Avoid splashing water and touching the sides of the sink with your hands.
6. Apply soap. Using friction, lather all parts of your hands, up just above your wrists, under rings, and between fingers for at **least 20 seconds**.
7. Clean your fingernails by rubbing them against the palm of the other hand or a nailbrush for approximately **20 seconds**.
8. Rinse your hands completely, keeping fingers pointing downwards. Do not shake water from your hands.
9. Dry your hands thoroughly with a clean paper or cloth towel.

Explain to the client, “We will mention hand washing many times today.”
And stress: “It is very important to wash your hands!”

Staying Clean (Hygiene)

“You will also hear the word Hygiene.

This means:

- a) keeping your whole body clean by taking a bath or a shower almost everyday
- b) brushing your teeth at least twice a day,
- c) adults using deodorant each day.”

ISRR Project Note: Depending on the culture some clients probably don’t use deodorant. This is an item you might want to add to the welcome pack to actually show them. Let them know that deodorant can be purchased at a dollar store too. This is not something we’ve focused on, as there have been larger issues to address like lack of food and general cleanliness in the home.

- d) “It might also mean eating healthy foods and getting enough sleep and exercise, too for good health for your mind. Do you sleep well? “

“These are all topics we will talk more about. If you have questions please ask us!”

Encourage questions.

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Educator note:

Mental health (hygiene) is a sensitive issue, even in America. Be careful not to offend anyone. There are ways to sensitively discuss this topic, especially if you are seeing signs that something is wrong.

- a) Is the client crying?
- b) Does he/she have a flat affect?
- c) What is the condition of the home?
- d) Have they reported difficulty sleeping?

These are things nurses can assess. Know the procedure to make a referral to a mental health counselor or appropriate agency. For example you could say, "Sometimes people get very sad. It is normal to be sad sometimes. But if you stay very sad for a long time you should see a doctor. Sometimes a person gets so sad they don't want to get up in the morning or he has trouble sleeping or eating. Sometimes the person gets so sad he or she cannot take care of the home and the children. She has no energy. That person needs to see a doctor. There is medicine that can help this problem. Would you be willing to make an appointment with a doctor to discuss these problems? Would you like help making the appointment?" Refugees, having often experienced torture and trauma, are known to have higher rates of depression than the general American public.⁴

Cleaning

A derivative of the ISRR project was the need for household cleaning education. Although the curriculum was already in place, problems of insect infestations and general unsanitary conditions could not be ignored. Cockroaches were an obvious problem. The literature clearly describes the association between exacerbated asthma symptoms and cockroach exposure.⁵⁻⁶

In order to address this problem the Library Manager at Women and Children's Hospital of Buffalo contacted the manager of the contracted cleaning company, Sodexo. There was an overwhelmingly positive response to the request for assistance.

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The Sodexho team developed a two-hour curriculum including topics such as:

- 1) Wrapping the food in the freezer and refrigerator
- 2) Cleaning counter tops to be free of spills and crumbs
- 3) Cleaning the bathroom
- 4) Mopping the floor
- 5) Operating a vacuum cleaner

The cleaning company donated their time and supplies to this project including numerous buckets, cloths, cleaning products, and even a new vacuum cleaner.

The crew was sensitive to cultural issues and the use of the interpreter. Most of all they were extremely patient with the clients. The problems were blamed on the insects, not the clients. For example, “Bugs will be able to smell the unwrapped food in the refrigerator and on the counter tops. If you wrap food in plastic or foil they will not smell it. This will also keep the food fresh longer too.”

Emphasize that garbage or food crumbs and spills lead to bugs and bugs lead to illness because bugs and rodents carry disease. Explain that there is an incentive to keeping them away.

The class was given in an apartment the ISRR team previously visited. One suggestion is to hold the class in one of the untidiest apartments, however the ISRR team decided on one of the most open and cooperative clients. Two other Somali Bantu women who live in the same building were invited to join us. Another Somali Bantu woman across the hall cared for any ambulatory toddlers in order to reduce distractions. She was given some cleaning products for helping in this capacity. The women were encouraged to teach their neighbors what they learned and to share the vacuum cleaner and supplies. The Sodexho manager even went so far as to tell the landlord about the class and discuss the extermination schedule.

This was a very successful experience others could replicate for refugees.

Poison Control / Safety / Home Safety

Home safety will be a very important topic especially if there are small children living at home. Remember, that even if the children living there are older, many people baby-sit for others and it is still something to address. Look around to see if cleaners are out of reach of children. If not, address it politely.

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“Let’s talk about safety.

In the welcome package we brought to you there are several items that we will explain. One of the items is a safety cabinet lock.”

Get safety cabinet lock. Check kitchen to see if it will work with the cabinets there. This is also a good way to see more of the apartment or house. Visually inspect kitchen for safety hazards. Use Home Safety Inventory (SB03).⁷

“This simple lock helps to keep babies and toddlers out of items that could harm them, such as cleaners, detergents, dish soap, and bleach.

If your child eats these things or gets them on his skin, or in his eyes, it could hurt him or make him very sick.

Swallowing them could even kill him.

Ideally these items should be in a high cabinet where children cannot reach them.

This is how the lock works” **[Demonstrate lock]**.

“Also in your **Welcome Pack** are stickers to put on the telephone. This is the number to call if you even think your child has swallowed or contacted poison.”

Call 1-800-222-1222

“This number is just for poisoning, if the child is still awake and alert. If your child is not breathing or unconscious, that is not awake, call 911 for an ambulance.”

Please adapt this script with your own local emergency numbers as needed.

Make sure the clients understand the difference. Quiz the mom at the end of the visit by asking, “If your child swallows dish soap and is awake and alert where do you call?” (poison control)

“If the child is not breathing you call?” (911)

See the quiz questions on the **Learning Objectives** form (SB02).

“Bring the bottle or container of what ever you think the child has eaten or gotten on his skin or in his eyes to the hospital with you.

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This will help the doctors and nurses know what to do for your child. Different poisonings have different treatments.

Always tell the hospital what language you speak. They will get an interpreter.

Other safety hazards are electric outlets. Babies and toddlers sometimes like to stick fingers and objects into the electric outlets and this could hurt or even kill them!

One of the items in your **Welcome Package** is outlet covers. These are made out of plastic so they will not cause a shock or electrocution. They will help prevent children from sticking fingers or other objects into the outlets.”

[Demonstrate outlet cover].

Many of the ISRR clients have allowed us to insert these in the outlets in their homes. Make sure the parents understand to remove the cover when they need to use the outlet.

“We have a list here of other safety hazards to look for and discuss. May we look around the house? Thank you! (or okay that is fine).”

Use the Home Safety Inventory (SB03) to inspect other rooms and ask about seat belts, bike helmets etc. and any other issues that may apply to the population with which you are working.

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Lead Poisoning⁸

“Lead is another poison. It is a heavy metal that was used in paint and gasoline many years ago, but some homes still have this paint in them. It is dangerous for people; especially pregnant women and children to eat or breathe in lead.

There are a few simple ways to protect yourself and your children from lead poisoning.

- a) Teach children not to eat things off the floor.
- b) Teach them to wash their hands before they eat—always!
- c) If there is peeling paint teach the children not to eat the paint chips
- d) Wipe the window ledges with a damp cloth regularly.
- e) Eating healthy foods—fruits, vegetables, milk, will help fight lead poisoning.

Lead poisoning is not your fault.

It is a big problem in America. You did not have this problem in Africa.

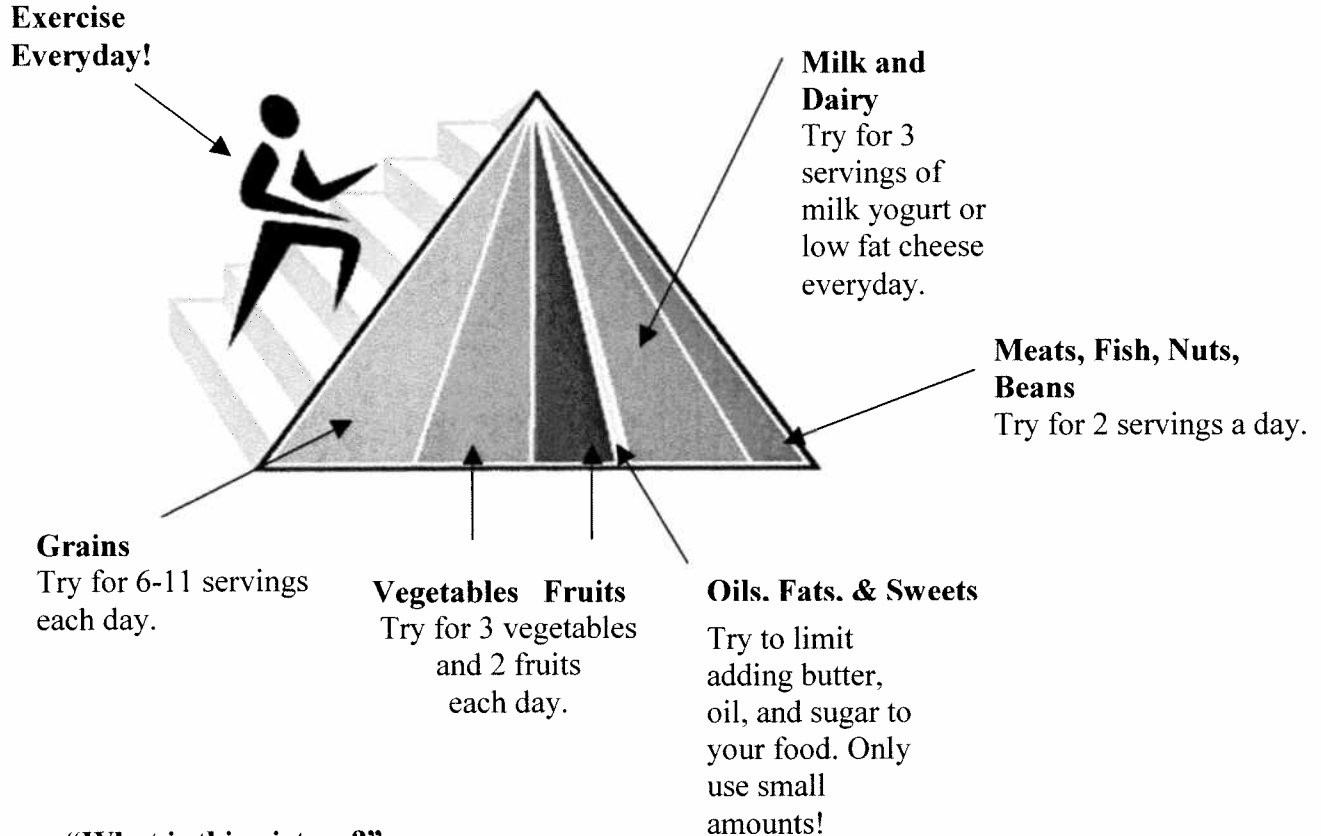
Doing these simple things will help to protect your children and help to keep them healthy!”

ISRR Project Note: The ISRR team obtained a story from teaching materials offered by the New York State Department of Health.⁶ It is about animals living in a big old house and it explains lead poisoning prevention. Puppets were made to help illustrate the story. It may help entertain the children. If the children are otherwise occupied, just cover the above points of lead poisoning prevention. The story is referenced and available on the Web if you care to use it.

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Eating Healthy Foods (Nutrition)⁹⁻¹³

“Nutrition is a complicated matter in the United States. There is a lot of food here and many people eat too much or the wrong things. This picture will help. Let’s discuss it.”



“What is this picture?”

Use the color printed handout from the tear pad that the client may keep. See the Appendix and reference sections.

“It is a “Food Pyramid”.¹⁰ The U.S. government as tried to use this model to explain what people should eat.

The wider the stripe, the more from that group you should eat.”

Explain Grains

“It is good to eat a lot of grains. Grains include bread, cereal, rice, and pasta. Anything that reads “whole grains” are the best ones for you. This is brown rice and brown bread, for example. They have the most nutrition and vitamins. They are the healthiest. Try to get 6-11 servings of grains each day. “

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Educator Note:

Explain the concept of “a serving”, for example, say,

“I know 6-11 sounds like a lot but here is how that might work: Let’s say your child eats two pieces of toast and a bowl of cereal for breakfast. That is three servings of grains right there. A serving is one piece of bread. One serving is each piece of toast and the cereal makes three. Then, at lunch, if he has a sandwich there is another two pieces of bread. So now he has had five servings. And maybe with dinner he has rice and a dinner roll, that is two more servings of grains. Now he has had seven servings of grains all together today. That is very good!”

Make up similar examples with the idea of five fruits and vegetables each day too.

Also see the handout, “Three simple steps to eating more fruits and vegetables”¹¹ in the references.

Explain Fruits and Vegetables

“Eat a lot of fruits and vegetables. Try to eat at least 3 vegetables and 2 fruits everyday. A glass of 100% juice counts as one serving.”

Note: Read **Give Me 5 a Day**¹² to promote the point and to promote family literacy.

Leave a copy of **Give Me 5 a Day** with the family.

Children can color it if black and white copy is used. See Appendix for the story or use this link:

http://www.doh.state.fl.us/family/wic/Documents/Five_A_Day/Give_me_5_a_day.html

Explain Fats and Oils

“Fat, such as fat from an animal, can clog your blood vessels, cause heart disease, and lead to diseases such as diabetes and high blood pressure.

It is best to use low fat 2% milk and eat yogurt. Look for cheese that is low-fat (made with 2% milk or “part skim”). Cottage cheese is low-fat and high in protein. Protein helps build up muscles! So cottage cheese is a good choice. Try to eat 3 milk and yogurts everyday. Milk provides calcium, an important mineral for strong bones and teeth.

Look for lean (low-fat) meat like chicken. Fish is a good choice. Eat beans and nuts for protein too.”

Educators Note: Ask the client, “what kind of meat do you like?” or “what did you eat for lunch?” This is a good opportunity to learn about the foods of the population with which you are working. The whole event should become second nature and will seem like a conversation with the client. You will eventually memorize your teaching routine

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and adapt it as you go depending on the nature of the visit. Use food containers as examples if possible.

ISRR Project Note: The Somali Bantu like goat meat. You will get to know what your clients like to eat. The Somali Bantu eat a lot of goat, chicken, fruits and vegetables, rice and pasta. The children drink a lot of milk. Many do not like hotdogs or peanut butter.

Explain unhealthy foods

“Avoid fried foods and too much butter. Use only small amounts of oils. Some fats or oils are healthier than others. For example the fat found in fish, nuts, and vegetable oils is healthier than the fat found in meats.

Try not to eat too many sweets like cakes and cookies and candy. Limit how much “fast food” you eat. Examples of “fast food” are McDonald’s and Burger King. These foods may contain high amounts of bad fats and oils and lots of calories.”

Address obesity

“You will notice that food is everywhere in America.

America has the problem of many people being overweight (fat). This causes many health problems, such as heart disease, diabetes, and high blood pressure.

Ask your doctor what would be a healthy weight for you. Then try to stay at that weight level by eating healthy and exercising at least a little, everyday. Of course you should gain weight if you are pregnant. That is very important for the health of your baby.”

Mention Fluids

“Drinking enough water (6-8 glasses) is always very important. Decaffeinated coffee and herbal tea is also a good choice. Avoid soda pop and cola.”

Educator Note: Also use the color sheets available as noted in the references.

Notes about Food Safety¹³

Wash your hands before eating or cooking. Use a clean counter top to prepare food. Keep fresh food in the refrigerator until you are ready to cook it or eat it. Wrap the meat. Cover foods in the refrigerator and freezer. Cook your meat until well done. Avoid eating raw meat or eggs. Old food that is not fresh could make you sick (examples: moldy cheese, meat that smells bad or was left out of the refrigerator too long).

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“Childhood shots” (Immunizations)¹⁴

“Let’s talk some more about getting sick and staying healthy.

Immunizations are also called ‘vaccines’ or ‘shots’. These are medicines that are injected to help your body make antibodies. Antibodies are your body’s germ fighters. They help to kill germs.”

Educator Note: You may have to simplify this even further by saying, “the shots will prevent disease or protect you from disease.” Assess whether the clients understand the concept.

“We will now discuss some of the diseases that you and your children get vaccinated against.”

Educator Note: The information below may prove to be too complex. It may be helpful to mention a few serious diseases, such as measles and polio, the clients may have heard of. Then explain that the vaccines or shots will prevent the client and the children from getting these diseases.

**Protecting Your Child Against Serious Diseases:
Making Sure Kids Get All Their 'Shots'¹⁴**

Vaccinations are Important

It's important that children get vaccinated -- get their "shots" -- so they don't get childhood diseases. Your child can be vaccinated at the doctor's office or your local health department. **Ask the doctor to give you a list of the shots your child has received. Keep this list so that you have records for school, and so you'll know if your child needs more shots.**

Vaccines are available today to protect your child against:

- diphtheria
- whooping cough (pertussis)
- tetanus
- polio
- measles
- mumps
- German measles (rubella)
- chickenpox (varicella)
- hepatitis B
- HIB (haemophilus influenzae type b)
- pneumococcal diseases

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In most of the United States, many of these vaccinations are required for school or day care. The first shots for most of these illnesses should be given when the child is still a baby. This is important because most of the diseases these vaccines protect your child against can be serious or even deadly. Like any medicine, vaccines carry a small risk of serious harm such as a severe allergic reaction. *(that means someone getting really very sick)*. But side effects from shots are usually mild and last only a short time. Some children have no side effects at all. None of the possible side effects should keep your child from getting shots unless your doctor says so. *Don't be afraid for your child to get shots, most of the time they are very safe.*

Be sure to tell your doctor if anyone in your immediate family has ever had a bad reaction to a vaccine, and ask if there are certain conditions under which vaccination is not recommended. Also talk to your doctor about whether certain reactions to vaccines can be controlled, such as by giving your child acetaminophen before or after vaccination.¹⁴

“A sore arm or slightly elevated temperature is normal for a short time. Any concerns, call the doctor. If you think your child is having a serious problem after getting a shot, for example, a temperature more than 100 degrees (F), call your doctor.”

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Taking a Temperature

Explain: “One of the items in your welcome package is a thermometer.”

[You may open the actual thermometer you are giving to the client or bring your own for display and let the client open the one that is for her later. We bring one for us and let them open the one for them later.]

ISRR Project Note: This has been a very important item for the ISRR team and clients. Only one participant has had a working thermometer or knew how to use one correctly. Step by step, explain the procedure and demonstrate on a teammate. It is a good idea to have the mom re-demonstrate the procedure on a child. For example,

“When your child is sick or feels hot, you will want to check his temperature. The doctor’s office may ask if your child has a fever. A normal temperature is 98.6 degrees Fahrenheit. Sometimes a person’s temperature is just a little bit higher or lower and is still normal. If your child is sick or has a temperature of 100 degrees or more, you should call the doctor. Here’s how to check your child’s temperature:

- a) This is the thermometer.
- b) First you turn it on, by pressing this button.
- c) Then you insert it like this under the tongue
- d) Have the patient close his mouth
- e) Wait for the beep
- f) Take the thermometer out of the mouth and read the number
- g) 97, 98 normal
- h) 99 a little warm the patient may not feel well.
- i) 100 means a fever, call the doctor
- j) Turn the thermometer off by pressing this button again.
- k) Wash the thermometer off with soap and water after use.
- l) Wash your hands!”

Educator note: Keep the teaching as simple as possible. The ISRR project quiz question evolved into, “At what number on the thermometer do you call the doctor?” or “What number means a fever?”...And then what?” (Call the doctor). See the **Learning Objectives**, form SB02.

Discuss the same procedure except under the arm, on skin, not on clothes, for an infant. Do not discuss rectal temperature taking or the use of ear thermometers. Discussing methods or equipment you are not using will only be confusing for the clients. See the temperature pages¹⁵ in the Appendix for additional help.

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Dental Care

ISRR Project Note: ISRR Informationist has created, with an interpreter, Mahamud Mberwa, and permission from the National Institute of Dental and Craniofacial Research recordings of a government publication entitled: “A Healthy Mouth for Your Baby”¹⁶ in Maay Maay and Zigwa. Explain to the client there are no pictures on the CD just sound in these languages. Ask the clients which language he/she prefers and leave the CD for playing at a later time or listen to it during the home visit, depending on time. It is the intention of the ISRR team to have the recordings available on the Kaleida Health Library website in the near future. Contact the team at Women & Children’s Hospital Medical Library if you would like a copy of the recording in the meantime. Special thanks from the ISRR team to Dr. Omar Eno, Professor of History and Director of the National Somali Bantu Project at Portland State University, for verifying the translations.

[Have booklet available. Have CD available in appropriate language.]

“The important points to remember are:

To brush your teeth at least twice day

To teach your children to brush their teeth at least twice a day

To teach children to only use a small amount of toothpaste (about the size of a pea)

Teach them not to swallow the toothpaste, but rather to spit it out

With young babies to is important to clean the teeth with a washcloth (**no** toothpaste)

Do not put a baby to bed with a baby bottle, especially not with juice or juice drinks, as this will rot the baby’s teeth.”

ISRR Project Note: Most of our clients’ breastfeed, but not all of them. Breastfeeding should be encouraged whenever possible, but stress that the important thing is for the baby to get enough to eat.

Ask: “Have your children been to a dentist?”

Educator Note: You will want to think about how to handle dental care referrals. Sometimes schools provide a trip to the dentist. There may be other grant projects also providing this service in your area. Investigate Community Health Clinics as they often accept Medicaid for dental services.

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Check-Ups and Health Screenings

It is important to remind the clients that even if he/she is not sick he/she should get a “check –up” once a year from his/her doctor. Just to make sure they are healthy.

“Even if you are not sick you should see your doctor at least once a year for a check up. This means men, women, and children!”

Importance of Prenatal Care¹⁷

Explain: “It is important for you to go to the doctor when you are pregnant so that the doctor can monitor the health of both you and your baby. The doctor will monitor your weight, ask about your diet, and monitor your blood pressure. He or she will also be watching the growth of your baby, listening to the baby’s heartbeat, and prescribing prenatal vitamins. Prenatal vitamins are pills that contain the most important parts of healthy foods. It is still very important to eat healthy foods. They do not replace healthy foods but they help to make sure that you and the baby get good nutrition. This is important for the normal healthy growth of your baby. The doctor may also do some urine and blood tests. Getting this kind of care will help keep you and the baby healthy.”

“Things to remember to have a healthy baby:

Eat a healthy diet!
Take short walks!
Get enough rest!
Ask your doctor questions!

Do not smoke
Do not drink alcohol
Do not empty the cat litter, it has germs that can make you sick and hurt the baby.
Do not take any medicine without asking the doctor first.
Avoid eating soft cheeses (blue cheese, feta, goat cheese, brie)
Avoid eating deli meat or hotdogs
Do not eat raw foods “

ISRR Project Note: Many of these things were not applicable for our population. The Somali Bantu do not eat hotdogs or pork. They do not smoke or drink for religious reasons. They do not own pets. Adapt the teaching as needed to whatever population you happen to be working with.

Health Teaching Curriculum Guide
Improving the System Responding to Refugees
Kaleida Health Somali Bantu Project
Winter 2006-2007

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Appendix

Lead Poisoning Prevention Story⁸

LITTLE (add insect name of your choice) GOES EXPLORING

by Don Levin

This is a story that happened once upon a time . . .

Little (add insect name here) lived with his Mother in a room in a very big, very old house. Each day, Little _____ asked his mother, "May I walk through the rest of our house? I would like to meet our neighbors and play in their rooms."

Mother would say, "This is a very big, very old house, and you must wait until you are bigger and older before you may explore it."

Little _____ sighed, and said, "I understand."

Walking about he explored all the nooks and crannies of the windows in his room.

And he explored the baseboards. And the cabinets. And the floor.

Each day his Mother reminded Little _____ not to eat the paint chips that sometimes fell on the floor. And to wash the dust from his hands with soap and water. And to keep his hands out of his mouth.

"There may be **lead** in the dust around the windows," his mother told him. "And in the paint chips from the baseboards, and on the cabinets, and on the floor in our room. Lead is very bad for you. It will make you sick, and make it hard for you to learn new things. So you must always remember to wash the dust off your hands after exploring, and never put paint chips in your mouth."

Little _____ did what his mother asked him to do.

One day, Mother was busy making a polka dot quilt when all of a sudden a gust of wind blew in through the open window - and blew the door open the tiniest bit.

Little _____ peeked out into the longest hallway he had ever seen. Quick as a wink another gust of wind came in through the window and blew Little _____ right out into the hallway. And blew the door closed behind him!

At first, Little _____ was afraid to be out in the hallway all by himself. Then, he realized he finally had the chance to explore his old house.

He walked down the hallway until he came to an open doorway. He went into the room.

Inside he found ten fat cats sitting around giving each other baths with their tongues, as cats like to do.

"Hello," said one of the cats. "Welcome to our room. Please explore it, if you would like to."

"Thank you," said Little _____.

He went up to the window, where he explored the nooks and crannies of the window sill and the well where the window slid up and down.

"Did your mother tell you that you should wash the lead dust from your hands with soap and water after you explore?" a fat cat asked Little _____.

"Oh yes," said Little _____ . "I must wash the lead dust off so I don't get sick." And he washed his hands, and said good-bye to his new friends, and went out into the hallway again. There he found another open doorway. Inside another room, he found twenty scampering hamsters.

One of the scampering hamsters said, "Hello, Little _____. Welcome to our room. Would you like to explore?"

"Oh yes, very much!" said Little _____.

And he went to the baseboard, where he explored every nook and cranny.

He found a big piece of paint chip that had fallen off the baseboard. He brought it into the group of scampering hamsters. "Look what I found," he said. "I bet this is good to eat."

"No!" said a hamster. "Didn't your mother tell you that you must never eat paint chips? They will make you very sick."

Little _____ put the paint chip in the waste basket, and washed his hands. Then he said good-bye to his new friends, and went out into the hallway and into the next open doorway.

There Little _____ found another room with forty silly billy goats, standing around and chewing.

One of the silly billy goats said, "Hello, Little _____. Please explore our room."

Lead Poisoning Prevention Story⁸ (continued)

He went around the floor, where he explored every nook and cranny. He remembered all by himself not to put the paint chips from the floor into his mouth. He remembered all by himself to wash his hands as his mother had taught him. "Won't you join us, Little _____?" one of the silly billies asked. "We're chewing on some paint chips we found on the floor and chewing on the paint on the window sill and licking the dust off our hooves." Little _____ said, "You shouldn't eat paint chips, and you shouldn't put dust near your mouth. You may get lead poisoning. It will make you sick, and make it hard for you to learn new things." But the forty silly billies ignored him, and chewed their paint chips, and gnawed on the window sill. Just then Little _____ heard his mother. "Little _____! Where are you?" Little _____ went out into the hallway. "Little _____," his mother cried. "There you are! What happened?" Little _____ told her about the wind that blew him into the hall. And he told her about the ten fat cats, and the twenty scampering hamsters, and the forty silly billies chewing on paint. "That is very dangerous," said his Mother. "Lead in the paint chips and in the dust can make them very sick. I will let their mothers know about what they are doing, so they can learn how to protect themselves from lead poisoning". "And do you know what else? I remembered to wash my hands with soap and water after exploring, and to keep my dirty fingers out of my mouth," said Little _____ proudly. Mother smiled at her child. She knew Little _____ was finally big enough to go exploring on his own after all. And after that day, he did. And he never ate paint chips, and he never put dust in his mouth. And when he played outside when the springtime came, he always washed the dust and dirt off his hands because he knew the soil contained lead dust from the paint chips which had fallen off the house into the soil. And he learned to help his mother keep the house clean and lead free. And Little _____ and his mother were happy and healthy, ever after.

The End

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Measuring an Oral Temperature Using a Digital Thermometer¹⁵

1. Wash your hands thoroughly
2. Assemble the equipment needed: a digital thermometer
3. Explain what will happen and answer questions.
4. Ask the child if he has had anything to eat or drink. Wait 15 minutes before taking an oral temperature if the answer is yes.
5. Place the probe underneath the child's tongue toward the side of the mouth.
6. Hold the probe in position. Ask the child to close his mouth and breathe through his nose.
7. When the alarm signals that the temperature has been taken, remove the thermometer from the child's mouth.
8. Clean thermometer with soap and water or by package instructions.
9. Wash your hands thoroughly.

Remember: the best way to fight germs and stay healthy is to wash your hands!

15. Adapted from: Rochelle Allen. (2006). Nursing Assistant Illustrated. STAT!Ref Online Electronic Medical Library. Chapter 4. Measuring and Recording Vital Signs. Clifton Park, NY : Thomson Delmar Learning Accessed online 11/30/2006 at: <http://online.statref.com/document.aspx?fxid=139&docid=2>

Measuring an Underarm (Axillary) Temperature Using a Digital Thermometer¹⁵

1. Wash your hands thoroughly.
2. Explain what will happen and answer questions. Explain how the child can assist with the procedure.
3. Wipe the underarm area dry, and position the thermometer in place.
4. The child's arm is positioned close to his body with the thermometer held in the skin fold of the armpit. Hold the thermometer in place until the temperature registers on the digital display.
5. Remove and read the thermometer.
6. Wash thermometer with soap and water or per package directions.
7. Wash your hands thoroughly.

15. Adapted from: Rochelle Allen. (2006). Nursing Assistant Illustrated. STAT!Ref Online Electronic Medical Library. Chapter 4. Measuring and Recording Vital Signs. Clifton Park, NY : Thomson Delmar Learning Accessed online 11/30/2006 at: <http://online.statref.com/document.aspx?fxid=139&docid=2>

Welcome packs contents

1 digital thermometer
1 set children's medication spoons
5 outlet covers
1 safety lock
3 hand wipes
2 bars soap
Adult toothbrushes
Children's toothbrushes
1 tube of toothpaste
1 box of tissues
2 Poison Control Center stickers and a brochure
1 small pack adhesive bandages
1 ice pack
Small photo album
1 box of crayons
3 pens
20 coloring sheets
A calendar / planner
All in a small diaper bag / backpack

Community Agencies Buffalo, NY

Boys & Girls Club of America
370 Massachusetts Ave.
Buffalo, NY 14213
Phone: (716) 884-4964

Buffalo Training and
Employment Center
77 Goodell St
Buffalo, NY 14203-1243
Phone: (716) 856-5627

Catholic Charities
525 Washington Street
Buffalo, NY 14203
Phone: (716) 856-4494

Crisis Services
2969 Main Street
Buffalo, NY 14214
Phone: (716) 834-3131

Child & Family Services
330 Delaware Avenue
Haven House (Emergency Domestic
Violence Shelter)
Buffalo, New York 14202
Phone: (716) 842-2750
24-Hour Hotline: (716) 844-6000

Department of Social Services
(TANF, Medicaid, SSI, etc.)
Erie County Social Services
Department
291 Pearl St
Buffalo, NY 14202
Phone: (716) 858-7644

Food Bank of Western New York
(and associated food pantries)
91 Holt St
Buffalo, NY 14206
Phone: (716) 852-1305

Harvest House
1782 Seneca Street
Buffalo, NY 14210
Phone: (716) 825-0929

International Institute
864 Delaware Ave.
Buffalo, NY 14209
Phone: (716) 883-1900

Jewish Family Services
70 Barker St
Buffalo, NY 14209
Phone: (716) 883-1914

Journey's End Resettlement Services
184 Barton St
Buffalo, NY 14213
(716) 882-4963

Jericho Road Family Practice
184 Barton St
Buffalo, NY 14213
Phone: (716) 881-6191

Kaleida Health
100 High Street
Buffalo, NY 14203
Phone: (716) 859-5600

Literacy Volunteers
of Buffalo & Erie County
1313 Main St.
Buffalo, NY 14209
Phone: (716) 876-8991

Women & Children's Hospital
of Buffalo
Emily Foster Health Sciences Library
First Floor
118 Hodge Street
Buffalo, NY 14222
Phone: (716) 878-7304

Women, Infants, and Children (WIC)
Erie County Health Department WIC
Program
120 West Eagle Street
Buffalo, NY 14202
Phone: (716) 858-7715

Questions to Consider Before Starting a Home Visiting Health Education Project

Who is the target audience?

What is known about the population? Has a literature review been completed in relation to the population and the project goals?

What language does the population speak? Are there official interpreters available? What is the cost for interpreting services?

What Institutional Review Board (IRB) will be used?

How will participant recruitment take place?

How many home visits will be completed? How long will each visit last? What model of home visiting will be used? (See Suggested Reading List)

What outcome measures will be used?

How will emergency situations in the home be handled? What are the applicable state laws?

What community resources can we make referrals to?

How will this project be sustainable?

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Forms

Home Health Education Visit Intake Form
Improving the System Responding to Refugees
Kaleida Health Somali Bantu Project
Winter 2006-2007

Woman's First Name _____
 Last Name _____
 Age _____ DOB _____

Man's Name _____
 Last _____
 Age _____ DOB _____

Both live in household? Yes No

Address: _____

Telephone: _____

Religious
 affiliation: _____

Attend services? Yes No

Where? _____

Children

First name	Last name	DOB	Age	School / Daycare

Home Health Education Visit Intake Form
Improving the System Responding to Refugees
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--	--	--	--	--

Children

First name	Last name	DOB	Age	School / Daycare

SOCIAL

Income		Expenses	
PA Grant		Rent	
Food Stamps		Gas	
Social Security		Electric	
SSI		Telephone	
SSD		Cable	
Unemployment		Car	
Child Support		Past Due Bills	
Other		Other	
None			

Medical Coverage Yes No Type: _____

Sanctioned Yes No Time: _____

What language(s) do you -----

Speak? _____

Home Health Education Visit Intake Form
Improving the System Responding to Refugees
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Read? _____
(inc. English?) _____

Write? _____

Preferred Language? _____

Are you attending English Classes?

Have picture ID? Yes No

Form (Driver's license Non driver ID DSS Card)? _____

Have other form of ID (electric bill mailed to home)? _____

Have Library Card? Yes No

Interested? Yes No

How often and where do you grocery shop?

Referrals:

Interested in Literacy Volunteer Tutor? Yes No

If yes, best location
(Home, Grant street library etc.)? _____

Other referrals made:

WIC DSS Jericho Road Kaleida Health Jewish Family Services Dental Services
(Boys and Girls Club) Daycare Catholic Charities International Institute Journey's
End Mental Health Child & Family Services WNY Food Bank Buffalo Employment &
Training Center

Home Health Education Visit Intake Form
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Nutritional Status

Appearance:

Obese Overweight Well Nourished Thin Emaciated

Status upon arrival to US:

Ht _____

Wt _____

Status at last PE:

Ht _____

Wt _____

Health Education Done Today

Hygiene

Poison Control / Home Safety

Lead

Taking a Temperature

Home Health Education Visit Intake Form
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Nutrition

Immunizations

Dental Care

Importance of Prenatal Care

Other: _____

Home Health Visit Education
Learning Objectives
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Client's Name: _____

- 1) Each client will be able to verbally express the importance of hand washing as a means of illness prevention by the end of the home visit.

Quiz Question: What is the best thing you can do to prevent getting sick?

Answer: Handwashing

- 2) Each client will know to place the poison control sticker on or near the telephone during the home visit. Client will verbalize the difference between calling 911 and the poison control center.

Quiz Question: If the child has passed out or cannot breathe, I call _____(911)_____.

If the child is awake and I think that my child has swallowed dish soap or laundry detergent or cleaners I call ____ (poison control)_____.

- 3) Each (adult) client will demonstrate the use of a cabinet safety lock and outlet safety covers at the end of the home visit.

Quiz Question: Cleaners and chemicals should best be stored where?

Answer: Out of a child's reach and/or locked up.

- 4) Each client will be able to verbalize one source of lead poisoning and one method of lead poisoning prevention at the end of the home visit.

Quiz Question: How does a child and get lead poisoning?

Answer Examples: Eating paint chips

Inhaling lead dust, playing outside in the dirt and not washing hands

Home Health Visit Education
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Client's Name: _____

- 5) Each (adult) client will be able to correctly take oral temperature with a digital thermometer at the end of the home visit as evidenced by demonstrating the use of the thermometer given in the welcome pack for taking an oral temperature.

Quiz Question What is the number on the thermometer that means you should call the doctor?

Answer: 100

- 6) Each client will name at least two principles of good nutrition at the end of the home visit as evidenced by a statement similar to any of the answers below.

Quiz Question: Please tell me two important things about good nutrition/ healthy eating Or What are two good foods to eat?

Try to eat five fruits/vegetables each day.

Avoid cakes, candy, and fast food.

Try to have three servings of dairy products each day.

Use low-fat milk, meats, and cheese.

Exercise some each day.

Two healthy food choices.

- 7) Each client will verbally acknowledge the importance of childhood immunizations to prevent disease by the end of the home visit.

Quiz Question: Why is it important for children to get their shots?

Answer: To prevent disease or for protection against disease.

- 8) Each adult client will state one way to care for a baby's teeth by the end of the home visit.

Quiz Question: Please name one thing you can do to help your child's new teeth.

Answer Examples: Clean baby teeth with washcloth no bottle in bed unless it's water, go to dentist, fluoride treatment if dentist says so.

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- 9) Each adult client will verbally acknowledge the importance of prenatal care at the end of the home visit.

Quiz Question: When you know you are pregnant you need to _____ (call the doctor).

Home Safety Inventory
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Question	Y	N
Smoke detectors present?		
Home heated adequately?		
Do you have a car seat(s)?		
Safe sleeping arrangements for infant?		
Does everyone use seat belts?		
Do your children ride bicycles? If yes, do they have helmets?		
Do you always watch baby in bathtub?		
Are open outlets covered and outlets not overloaded?		
Are cleaners, medications, and other poisons out of small children's reach and/or locked?		
Does the refrigerator/freezer work?		
Teach children to lock door and not admit strangers?		

Adapted from: Clark, M.J. (1992). Home Safety Inventory. Nursing in the Community. Norwalk, Connecticut: Appleton & Lange. Appendix C, A10-A 12.

Follow-up Questionnaire
Improving the System Responding to Refugees
Kaleida Health Somali Bantu Project
April 2007

- 1) Visual inspection, is anything different in the home?
 - a. Is the poison control sticker on refrigerator or phone?
 - b. Are poisons out of reach of children?
 - c. Are the outlet covers in the sockets?

- 2) Ask the client: “What do you remember about our visit?”
 - a. “Do you recall any of the topics we discussed?”
 - b. “What did you like best from the welcome pack (bag)? Which items do you use?”
 - c. “When do you wash your hands?” & “Why do you wash your hands?”
 - d. “Can you name two healthy foods?”
 - e. “Have you used the thermometer?”
 - f. “Why do people get shots?”

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