

Preventing Illness in Refugees Resettling in Tennessee: An EBPI Project to Improve Attendance at Adult Refugee Immunization Appointments

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BACKGROUND

- Persons who seek refuge in the United States are less likely to complete vaccination series than persons who are born in the U.S.
- Adults who remain unvaccinated cost the U.S. approximately \$9 billion.
- Evidence identifies that refugees may lack knowledge because there are few culturally competent education programs about vaccination during resettlement.
- Vaccines protect refugees and the community from preventable illnesses.

LOCAL PROBLEM

- At a nonprofit family practice clinic, 40% of adult refugees do not complete vaccinations, leading to negative patient outcomes and increased costs.
- The clinic identified persons who speak Swahili as the most at risk of not returning.
- Purpose: Institute an Evidence-Based, culturally tailored standardized education program regarding vaccination.
- Project aims were to:
 - decrease no-shows by 10%
 - Decrease monthly costs by \$500
 - 75% of Swahili-speaking patients receive standardized education

METHODS

- Levin's Evidence-Based Practice Improvement model guided project activities.
- Good and strong evidence supported using an educational intervention tailored to a refugee group.
- Outcomes measured: # of no-shows and costs after implementation.
- No-show rates will be compared for same intervention period one year prior (Oct. 2023-Apr. 2024)

Culturally tailored patient education in the refugee's native language may help improve routine immunization rates in this population.

INTERVENTIONS

- English educational hand-out created at 5th grade reading level. Educational video about vaccines in Swahili was pre-existing resource from SettleIn.
- Cultural Validator and Translator were native Swahili speakers. Independently reviewed the video and handout and met with project lead to refine education before translation.
- Validation done using the National Resource Center for Immigrants and Refugees Cultural Content Validation Tool.
- Intervention administered before first set of vaccinations in resettlement period.
- Another in-person interpreter was present at the clinic to help explain the purpose of the intervention.

RESULTS

- Project's aim that 75% of Swahili speaking patients receive education was met with 11 out of 11 (100%) receiving standardized education.
- Project's aim to achieve a 10% decrease in no-shows from 40% to 30% was not met; eight out of eleven (72%) refugees who received intervention were no-shows.
- Comparing no-show rate during entire intervention period from October 2024 - April 2025 to one year prior: a Chi Square test of association found no statistically significant association between appointment status from pre- to post-intervention. $\chi^2(1) = 302.86, p = .876$.
- Project's aim to decrease monthly costs by \$500 was not met; monthly cost savings of \$259.98 were observed.

CONCLUSIONS

- Project benefits included cost savings to the clinic and patient-centered, evidence-based education.
- Practice implications: Cultural validation and translation of materials and in-person interpretation are vital for effectively communicating with refugees
- Sustainability: Video available in 35 other languages; potential to expand to other refugee groups

Karibu Tennessee!

Hapa Marekani, wakati mwingine tunaenda kumwona daktari hata wakati hatuhisi wagonjwa. Hii ni kutusaidia kuwa na afya njema. Katika mikutano hii, unaweza kuzungumza na daktari wako kuhusu jinsi ya kuwa na afya njema. Njia moja ya kuwa na afya njema ni kupata chanjo. Nchini Marekani, watoto na watu wazima hupata chanjo. Chanjo tunazopeana hapa ni salama. Tunapeana chanjo kwa sababu tunajali. Tunataka watu waendeleo kuwa na afya njema.

Muuguzi (Nurse) anaweza kukuuliza urudi baada ya wiki chache ili kupata chanjo zaidi. Kwa nini unahitaji kurudi ili kupata chanjo zaidi? Ni chaguo lako kurudi. Ikiwa unapanga kutuma maombi ya kadi ya kijani (Green Card) katika siku zijazo, utahitajika kuwa na chanjo zake zote za uhamiaji (immigration). Chanjo katika kliniki hii ni bure. Ukienda kwenye kliniki nyingine, unaweza kulipa pesa.

Baadhi ya chanjo zinahitaji zaidi ya dozi moja. Unapaswa kuchukua dozi zote za chanjo. Itasaidia kufanya mwili wako kuwa na nguvu zaidi ya kujilinda. Hii itakusaidia kuepuka kuugua sana. Kwa mfano, ukiugua upele wa surua (measles), kuna hatari ya kupata maambukizi makubwa ya mapafu yako na ubongo wako. Kupata chanjo ili kujilinda na hatari ni bora kuliko kuwa mgonjwa.

Unapopata chanjo, hukusaidia usipitisha ugonjwa kwa familia yako. Unaweza kupitisha ugonjwa kwa mtoto wako au mtu mzee. Wanaweza kuugua sana. Ukipata chanjo, unaweza kuacha kupitisha ugonjwa kwa familia yako.



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