Nashville Neighbors: Reaching Nashville’s Refugee Community Through Health Education

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INTRODUCTION
- Siloam holds state contract for refugee medical screenings (since 2001)
- Executive Orders
- World Relief resettlement agency closure
- Decrease in refugee intake, more margin
- Refugees face challenges in navigating the American healthcare system
- Deepen relationships & be the bridge

OBJECTIVE OF INTERNSHIP
To communicate cross-culturally with refugees, interpreters, resettlement agencies, volunteers, and Siloam staff to oversee, improve, and expand the Nashville Neighbors program.

WORK PROFILE
- Siloam: Nonprofit, faith-based clinic for those without health insurance
- 90% of patients are immigrants
- Nashville Neighbors: 6-month program that pairs a volunteer team with a newly-arrived refugee family to teach them a health curriculum with a paid interpreter
- My role: Refugee Health Coordinator

REFUGEE HEALTH COORDINATOR
- Conducted dozens of home visits to refugee families
- Assisted biweekly medical screenings in the clinic
- Oversaw administrative side of NN
- Revamped NN health curriculum and appendices for publication and distribution to teams
- Included 8 lessons: Emergencies, Pedestrian and Water Safety, Mental Health I, First Aid and Pharmacy, Hygiene, Mental Health II, Nutrition and Food Safety, and Preventative Care
- Joined NN team working with Burmese family (pictured right)
- NN Numbers as of 08.10.2018: 19 families enrolled, 9 completed, 106 refugees, 12 countries represented, 174 volunteers, 145 home visits, 841 volunteer hours

IMPACT ON REFUGEE FAMILIES
The following quotes are from families who completed the six-month program, written in English by their interpreters:
- “When we were new, we didn’t know what to do, where to go, but after this class we [got to] know many thing[s] about first aid and health related information.”
- “I learned a lot of information but the first one is ‘LOVE.’”
- “The volunteers treated me like family and that was very special.”
- “I learned to trust…and not be afraid to leave our house.”
- “I learned that family is not blood. Anyone can be your family…[NN] taught me that I should care the same about other people. That I should reciprocate…the love that I was shown.”

CONCLUSION
- Gov’t programs are not enough: refugees need our help, esp. in navigating the healthcare system
- Transportation and communication remain biggest challenges for refugees
- Cultural sensitivity is crucial, particularly with mental health issues
- Although cultural guidelines can be helpful, each family is unique—“If you know one family from Burma, you know one family from Burma”
- Exposure and education are critical in our understanding of this demographic

LOOKING AHEAD
- Rekindled desire to pursue medicine
- Growing interest in public health and policy and the nonprofit world
- Plan to pursue Global Health and Health Policy certificate
- Deeper understanding of refugees and the social determinants of health

REFLECTION
- Gratifying to be able to connect to some of the refugees’ experiences
- Personal growth and inspiration from seeing their resilience and hope
- Friendship beyond just a summer
- Skills to effectively and sensitively communicate across various cultures, languages, and faith backgrounds
- New refugees want friendship, dignity, and a voice more than material gifts

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