**Using Implementation Science with a Family Strengthening Intervention to Address Disparities in Access to Mental Health Care in Refugee Communities**

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**Organizational Staffing Process**
- Staff recruited from refugee community
  - Community members have played central roles as CBPR Research Assistants (RAs), interventionists (FSI-R community health workers), and supervisors. Team members who speak the language and understand resettlement and acculturative stressors are better able to engage and communicate with participants and can demonstrate the crucial role that CBPR refugee teams can play in developing and implementing interventions within their communities, given robust training and supervision.

**Refugee-led Fidelity Monitoring**
- Audit tape all family sessions, appraise session by session: fidelity and make adjustment for next sessions.
- A weekly Self-Report Fidelity Checklist: self-monitor the level of adherence to the FSI-R core components: (a) module topics covered, (b) degree of caregiver and child engagement, (c) success in relaying information on parenting, (d) communication skills, (e) navigation of available resources, (f) assessment of the intervention pacing, and (g) appropriate next steps.

**Resources and Supports**
- Advocacy for refugee communities, such as publishing researches and policy commentary to call attention and actions for underserved refugee populations.
- Community resources and referrals provided as needed in Clinical Supervision Calls.
- Community members’ professional and academic supports.

**Federal and Foundation Grant, Services for refugees and the CHW Workforce**
- The decreases in extended federal funding to supportive services for refugees and resettlement places pressure on the states and localities. Moreover, less than 1% of local foundations’ grantmaking to support refugee communities.
- Many gaps existed in the available services for refugees, such as lack of interpretation, covering small portions of refugees, lack of sustainability and integrated community resources support.
- The workforce of community health workers is still underdeveloped: The Department of Public Health in Massachusetts works on capacity-building initiatives to strengthen and promote the CHW workforce through strategic partnerships, programmatic technical assistance and support on national networking of the CHW workforce.

**Refugee Population Characteristics:**
- **Somali Bantu refugee:**
  - An ethnic minority in Africa with long history of oppression and persecution
  - Limited economic opportunities and social mobility: limited access to education
  - Refugee experiences: Difficult to advocate for themselves in refugee camps
  - History of trauma: war-affected trauma, low self-esteem, PTSD
  - Maymay (an African dialect) as the mother language
- **Bhutanese refugee:**
  - An ethnic Nepalese minority with history of repression and ethnic cleansing
  - Refugee experiences: stay at refugee camps for more than two decades
  - History of Trauma: High suicide rate after resettlement
  - Nepali as the mother language

**Shared characteristics:**
- Health and mental health stressor from refugee displacement experiences
- Resettlement stressor: socioeconomic disadvantage, low access to health care, and separation from extended family and social networks
- Limited/no experience with Western models of mental health
- Individual and family stressor: material hardship, substance and alcohol use, family conflicts.

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