

A Center for Migration Health Chartering a Course for Collaboration

Total proposed budget: \$24,919

Lead Co-Investigator: Beth Dawson-Hahn
Title: Assistant Professor
School/College: School of Medicine
Department: Pediatrics
Email: eedh@uw.edu

Co-I: Anisa Ibrahim
Email: anisai@uw.edu

Co-I: Jasmine Matheson
Email: jasmine.matheson@doh.wa.gov

Co-I: India Ornelas
Email: iornelas@uw.edu

Abstract

Roughly 2.3 million WA residents are immigrants or have at least one parent who is an immigrant. This Laying the Foundation project will build infrastructure to establish the Center for Migration Health, a collaborative hub for research and education activities to support, strengthen, and sustain the health and wellbeing of people in Washington who have experienced international migration. The Center will leverage prior community and public health-engaged work by faculty in the UW Departments of Pediatrics and Population Health and Health Systems, and the WA Department of Health – Refugee Health Program as a community partner, to address the Population Health Initiative pillars of human health, and social and economic equity. The specific aims will be to 1) establish cross-sector partnerships across public health, health care, social service and community organizations to inform the Center's priorities, and 2) create guiding principles to inform the development a proof of concept proposal to fund the Center. The co-Investigators will create a summary report from specific aim 1 that includes a process evaluation of the approach and a content analysis of what is learned from the listening sessions and interviews. For specific aim 2 they will utilize nominal group technique to come to consensus around guiding principles to inform a next grant proposal.

Research Plan:

Project Aims: This Laying the Foundation project will build infrastructure to establish the Center for Migration Health, a collaborative education, research and public health practice center. Roughly 2.3 million WA residents are immigrants or have at least one parent who is an immigrant.¹ The reasons people migrate to Washington (WA) are varied including forced migration, family reunification, employment and educational opportunities, and many others. The Center will leverage prior community and public health-engaged work²⁻⁴ by faculty in the UW Departments of Pediatrics and Population Health and Health Systems, and the WA Department of Health – Refugee Health Program as a community partner, to address the Population Health Initiative pillars of human health, and social and economic equity. The co-investigators include local and national leaders of community led organizations, public health entities, academic and clinical programs who identified a need to further coordinate activities in WA in order to support community and public health-engaged efforts for people who have experienced migration.

Problem Statement: The co-investigators prior research and evaluation found that people in WA who have experienced migration face disparities in health outcomes – such as lead exposure,⁵ connection to child developmental services,⁶ vaccine coverage,⁷ growth parameters,⁸ mental health⁹ and cancer¹⁰ -- compared to community members who have not experienced migration. Further, there is notable heterogeneity in health outcomes across people who have migrated requires a more explored in more nuanced and community-engaged manner. Despite these differences in health outcomes, people who have experienced migration also share many understudied health promoting factors. In order to successfully promote the health and wellbeing of people who have experienced migration, organizations need enhanced opportunities to coordinate program development, qualitative and quantitative evaluation, community-engaged research and education. **The Center for Migration Health will serve as a hub for research and education activities to support, strengthen, and sustain the health and wellbeing of people in Washington who have experienced international migration.** We will leverage and build on our cross-sector partnerships to offer training and education, conduct community-engaged research, and develop, implement, evaluate and disseminate programs.

Approach:

Aim 1: The Center will establish cross-sector partnerships¹¹ across public health, health care, social service and community organizations to inform the Center's priorities. We will convene potential partners in a series of listening sessions to elicit perspectives, roles, gaps and shared priorities. Potential participants will be identified from among the co-investigators existing professional networks, and through recommendations. We will seek diversity and representation across sectors, geographic areas, populations served, and organization types.¹² Additionally we will plan a convening of internal stakeholders at UW. This internal convening will serve as a place to learn about activities and programs that UW faculty are engaged in and to seek recommendations for the cross-sector convenings.

The team will conduct four in-person listening sessions with 10-15 organizational representatives at each event. For key stakeholders that are unable to attend the community listening sessions we will offer them the opportunity to meet individually with our project team in-person or virtually. Listening sessions and meetings will follow a semi-structured guide that will include questions focused on: strengths and successes, gaps, priorities, and interests related to the Center. The sessions will be hosted across the state. We anticipate that organizational representatives who join the listening sessions will communicate at the sessions in English. We will hold one convening with simultaneous translation in Spanish. The meetings will be recorded, transcribed and summarized. A summary report will be shared back with all attendees. The report will include an overview of WA organizations represented at the convenings, and a thematic summary of organizational successes, perceived gaps, and priorities for promoting the health and wellbeing of people who have experience migration.

Aim 2: The Center will create guiding principles to inform the development of a proof of concept proposal to fund the Center. The co-Investigators will utilize nominal group technique¹³ to generate consensus from the themes learned during the listening sessions and meetings (Aim 1) and from their prior work and expertise. The summary of these consensus building sessions will culminate in guiding principles which will inform the development of a grant proposal to provide infrastructure and support for the Center.

Evaluation, Timeline and Bios:

Evaluation: The measures of success for the project are described based on the aims:

Aim 1: We will establish cross sector partnerships building from the Association of State and Territorial Health Office’s Guide *Initiating Cross Sector Partnerships to Advance Population Health*.¹² We will do a process evaluation of how we recruit, structure, and summarize the convenings and meetings. We will do a content analysis from the convenings and meetings that will inform a summary report (outcome measure).

Aim 2: We will create guiding principles to inform the development of a proof of concept proposal using nominal group technique¹³ amongst the co-investigators. We will write a summary of our nominal group technique (process evaluation) and the guiding principles (outcome measure). We will utilize the guiding principles to inform our proof of concept grant proposal submission.

TIMELINE	1/25	2/25	3/25	4/25	5/25	6/25	7/25	8/25
Activities	Build initial recruitment list for convenings and meetings	Recruit for convenings		1-2 Convenings per month			Nominal group technique for guiding principles	Grant submission plan
	Schedule convenings	Structured plan for convenings		20-30 Individual meetings with stakeholders			Draft Summary Report	Complete Summary Report
Indicators (Process and Outcome Measures)	Draft recruitment list	Recruitment		Transcriptions from each convening and meeting			Summary of NGT with guiding principles	Full Summary report
	Scheduled convenings	Structured guides						

Biographies:

Elizabeth Dawson-Hahn, MD, MPH is an Assistant Professor in the Department of Pediatrics at UW and the Maternal-Child Health Strategic Advisor to the UN-International Organization for Migration (IOM) for the US Refugee Assistance Program. She has over 10 years of experience with community and public health partnered research and program development with children in immigrant and multilingual families and in leading a clinical program for refugee children at Harborview Medical Center. Her research, program development and policy development work are funded by NIH, CDC, IOM, and a prior PHI Pilot Grant. She serves on several local, state, and national committees focused on children and families seeking refuge.

Anisa Ibrahim, MD is a Clinical Associate Professor of Pediatrics at UW and the Medical Director of the Harborview Pediatrics Clinic. Dr Ibrahim’s specific clinical interests and expertise include caring for and outreach to immigrant and refugee populations. She serves on several local and regional advisory boards addressing health equity and migration. Nationally, Dr. Ibrahim is on the Society of Refugee Healthcare Provider Research Committee and served as an inaugural member of the executive council for the American Academy of Pediatrics Council on Immigrant Child and Family health.

India Ornelas, PhD, MPH is a Professor in the Department of Health Systems and Population Health at UW. She has over 20 years of experience in public health practice and conducting community-based participatory research (CBPR) for health promotion and to achieve health equity. She led an NIH funded R01 testing an intervention (Amigas Latinas Motivando el Alma [ALMA]) to reduce mental health disparities among Latina immigrant women and a NIAAA-funded R34 to test the efficacy of a culturally adapted intervention to reduce unhealthy alcohol use among Latino immigrant men. She also led a PHI COVID-19 rapid response project to address mental health needs of Latina immigrants in King County and a PHI Tier 3 grant to train community health workers to disseminate ALMA in Washington state.

Jasmine Matheson, MPH, serves as the State Refugee Health Coordinator with Washington State Department of Health. In this role, she partners with community organizations, local health departments, health care providers, and state agencies to promote health and wellbeing for globally connected communities in Washington. Ms. Matheson has collaborated on evaluations of health outcomes for globally connected communities on topics including immunizations, hepatitis B and C, nutrition, and blood lead poisoning.

Budget and Budget Justification :

	Requested from Initiative	Funding Match
Salaries		
Faculty	N/A	In-Kind (Dawson-Hahn, Ibrahim, Ornelas and Matheson)
Staff	8,136	N/A
Student	N/A	N/A
Benefits Based on Payroll Load Rate in Effect	1,863	
Supplies and Materials Supplies, Equipment Under \$2,000, etc.	500	
Equipment Equipment Over \$2,000	N/A	N/A
Tuition	N/A	N/A
Other	14,400	6,000
Total Direct Costs (PHI-requested funding cannot exceed \$25K)	\$24,919	6,000

Salaries (\$8,136 – PHI): Amina Ibrahim, a Program Operations Specialist in the Division of General Pediatrics will contribute 15% FTE to coordinate the project activities including the convenings and the meetings. The FTE contributed by the co-investigators will be contributed **in-kind** through their covered faculty effort.

Benefits (\$1,863 – PHI): These benefits correspond to the UW staff fringe rate of 23%.

Supplies and Materials (\$500 – PHI): A one year Canva Teams account will allow the co-investigator team and the Program Operations Specialist to work together simultaneously on project timelines, and consensus building.

Other (\$14,400 – PHI; \$6000 – Dept of Peds): We will establish a community services agreement with up to 4 sites to host convenings (4 convenings x \$1000 = \$4000). Honoraria will be used to value the time of the stakeholders (\$50/meeting x 30 meetings + \$50/convenings x 4 convenings x 15 people = \$4500). We will record the convenings and the one to one meetings and them transcribed by a company called Ubiquis (Ubiquis quoted \$3220 for transcription of 4 convenings + 30 meetings.) The team will travel to eastern WA to convene with community organizations and academic community partners. Travel will include round trip airfare to Spokane (\$300/ticket x 5 tickets = \$1500), and daily government allowance for Spokane (74 x 5 = 370). The travel funding from the Department of Pediatrics, Division of General Pediatrics will support Dr. Dawson-Hahn and Dr. Ibrahim to attend the International Migration and Refugee Health Conference where they will network with colleagues in other areas of the US and globally on funding sources, and the findings of this proposal.

Total Direct Costs: \$24,919

In Kind Total: \$6,000

References

1. Guy, G. B. /. How many WA residents are immigrants or have at least one parent who is. *The Seattle Times* <https://www.seattletimes.com/seattle-news/data/how-many-wa-residents-are-immigrants-or-have-at-least-one-parent-who-is/> (2022).
2. Baquero, B., Gonzalez, C., Ramirez, M., Chavez Santos, E. & Ornelas, I. J. Understanding and addressing Latinx COVID-19 disparities in Washington State. *Health Educ. Behav.* **47**, 845–849 (2020).
3. Dawson-Hahn, E. E., Pak-Gorstein, S., Hoopes, A. J. & Matheson, J. Comparison of the Nutritional Status of Overseas Refugee Children with Low Income Children in Washington State. *PLoS One* **11**, e0147854 (2016).
4. Abdi, N. *et al.* Early pandemic access to COVID-19 testing in the Somali community in King County, Washington, USA: A mixed-methods evaluation. *J. Racial Ethn. Health Disparities* **10**, 2930–2943 (2023).
5. Pezzi, C. *et al.* Blood lead levels among resettled refugee children in select US states, 2010-2014. *Pediatrics* **143**, e20182591 (2019).
6. Grant, A. R. *et al.* Caregiver Experience with Bicultural, Bilingual Family Navigators to Support Early Childhood Development. *J. Immigr. Minor. Health* **26**, 711–717 (2024).
7. Tasslimi, A. *et al.* Vaccine coverage at 36 months and 7 years by parental birth country, Washington state. *Pediatrics* **153**, (2024).
8. Dawson-Hahn, E. *et al.* Growth Trajectories of Refugee and Nonrefugee Children in the United States. *Pediatrics* **138**, (2016).
9. Ornelas, I. J. *et al.* Promoting mental health in Latina immigrant women: Results from the Amigas Latinas Motivando el Alma intervention trial. *Soc. Sci. Med.* **321**, 115776 (2023).
10. Ornelas, I. J. *et al.* Results from a pilot video intervention to increase cervical cancer screening in refugee women. *Health Educ. Behav.* **45**, 559–568 (2018).
11. Dawson-Hahn, E. *et al.* Research with and inclusive of children in immigrant families: A narrative review of methods and approaches. *Acad. Pediatr.* **24**, 75–82 (2024).
12. *The Association of State and Territorial Health Office's Guide to Initiating Cross Sector Partnerships to Advance Population Health Will Be Utilized as a Guide.*
13. Waggoner, J., Carline, J. D. & Durning, S. J. Is there a consensus on consensus methodology? Descriptions and recommendations for future consensus research. *Acad. Med.* **91**, 663–668 (2016).