



## Council on Immigrant Child and Family Health (COICFH)

### Newsletter - Spring 2024

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#### Editors' Column



Yasmine Koukaz, MD, MPH, FAAP and Mariam Salama, MSPH  
Hello from your new co-editors! We are very excited for this new endeavor and hope you enjoy the Spring issue of the COICFH newsletter. As members of the Council, we know we are speaking for a group of individuals that care deeply about advocating for and serving the needs of marginalized immigrant and refugee communities, and for that, we say thank you. We also realize that with the current political climate, some of us may feel more driven, while others may feel at a loss, or, maybe both. It is the intensity of this internal conflict that inspired our direction for this issue of the newsletter. [Read more...](#)

#### A Word From Our Outgoing Editors



Deanna Behrens, MD, MPH, FAAP and Fisayo Nwachukwu, DO, MPH, FAAP  
What a gift it has been these last few years to serve as the editors of this newsletter! While we are sorry to go, we are so grateful to have these two wonderful upcoming editors to turn it over to. We want to continue to remain involved in this incredible, compassionate, fierce group of advocates for children.

It feels fitting that this is the timing of our good-bye. We took over in a transitional phase: 2021. President Biden had just been elected, and we were full of hope for the next few years, but also tempered that hope with the reality that change takes time and that there would still be disappointments. As we head into another potential new era with the upcoming elections, we are again faced with that sense of hope mingled with uncertainty. [Read more...](#)

#### Executive Committee Member Reflection



Olanrewaju (Lanre) Falusi, MD, MEd, FAAP  
As I reflect on my five years on the COICFH executive committee (EC), I am filled with gratitude for the many pediatricians, trainees, AAP staff, community advocates, and so many others who have fueled me as an individual and the work of the Council as a whole.

The nuances of immigration policy and immigrant health can seem overwhelming. The most important piece of advice I would share is this: We need you. Your future patients, their communities, and your colleagues need you, even if you feel that you

#### Useful Links

- [Immigrant Child Health Advocacy Website](#)
- [Council on Immigrant Child and Family Health Website](#)

#### Newsletter Editors

##### Co-Editor

Yasmine Koukaz, MD, MPH, FAAP  
Contact me [here](#).

##### Co-Editor

Mariam Salama, MSPH  
Contact me [here](#).

#### Executive Committee

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Kimberly Mukerjee, MD, FAAP

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Julia Rosenberg, MD, FAAP

#### Questions?

AAP staff is here to assist and support you in your Council efforts!

For general inquiries, contact us at [immigranthealth@aap.org](mailto:immigranthealth@aap.org).

*If you would like to contribute to the next newsletter, please submit your piece [here](#).*

do not know enough or are still junior in your career. Everyone brings something important and necessary to the table, even if it is only a desire to listen and learn. [Read more...](#)



**Anisa Ibrahim, MD, FAAP**

My passion to care for refugee and immigration children stems from my lived experience as someone who immigrated to the US as a refugee. I grew up in an urban city that welcomed refugees and yet we faced many challenges of navigating our healthcare systems.

Being a part of the inaugural executive committee was an honor and timely opportunity to learn from and lead with giants in the refugee and immigrant health community. As an early career pediatrician, I found a professional home with a group of individuals who were fierce advocates for children in immigrant families as well as leading experts in the field. [Read more...](#)

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## Advocacy Corner & Opportunities



### WHAT WE ARE READING...

- [UNHCR Global Trends \(released June 2024\)](#), *United Nations Human Rights Council*
- [Rebuilding the health sector in Gaza: alternative humanitarian voices](#), *Conflict and Health*
- [More states have strengthened child labor laws than weakened them in 2024](#), *Economic Policy Institute*

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## OPPORTUNITIES

### North American Refugee Health Conference – August 5–7, 2024

The [North American Refugee Health Conference](#) is recognized as the preeminent conference destination for healthcare and resettlement professionals working with refugee populations. This three day conference focuses on issues that are relevant to the emerging field of refugee healthcare. 750+ attendees have the opportunity to learn about best practices, increase their levels of cultural competency, connect with like-minded professionals, reflect on the challenges and successes of the work they do, and develop a network of colleagues who are making a difference in their communities. The conference alternates annually between the United States and Canada.

To learn more, click [here](#).

### International Conference on Social Pediatrics and Children's Rights: 17th STATE of the ART Adolescent Health/Medicine Congress – October 10–12, 2024

The joint [International Conference on Social Pediatrics and Children's Rights and 17th STATE OF THE ART Adolescent Medicine/Health Congress](#) will take place in Athens on October 10–12th, 2024. This important convening of the International Society for Social Pediatrics and Child Health (ISSOP) and the Greek/Hellenic Society for Adolescent Medicine (G.S.A.M.) will focus on the growing and sometimes existential challenges youth are confronting globally—in low, medium and high-income countries.

The conference will engage colleagues from around the world in workshops, plenaries, oral and poster sessions, and in strategic planning sessions to sustain the collaborative work of the conference participants. Youth participation will inform and enrich all aspects of the conference.

The venue of Athens will infuse this convening with a sense of history and humanity. The ORIGAMI CRANE is a symbol that calls for solidarity in our global pursuit for hope and a better life for all—through the myth a Japanese girl, Sadako.

To register for the meeting and information related to lodging, please contact: [fmichalaki@medcongress.gr](mailto:fmichalaki@medcongress.gr)

There will be social time planned to engage participants, and an opportunity to visit Migrant youth. Please come to share your knowledge and experience and your

commitment and passion for the wellbeing of children and families.

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## AAP National Conference and Exhibition - Registration Now Open!



Join us in Orlando on September 27 – October 1, 2024 for the 2024 AAP National Conference & Exhibition! We can't wait for you to connect in person, network with colleagues, participate in world-class education sessions, attend exciting special events, visit the exhibit hall, and much more! A limited virtual attendee experience will also be available.

To register, click [here!](#)

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## COICFH Submissions



**Mary Rose Puthiyamadam, MD, FAAP, Sleepy Hollow, NY  
Honduras**

Here I am, in an international clinical rotation, helping staff a pediatric clinic. People come in at five in the morning to get care here; waiting in long lines just to get outpatient care. The mothers seem older and wizened. "Life must be hard", I thought. Until I realized these were not mothers but grandmothers. "Where is the mother?", I asked. They uniformly responded, "Norte". Some knew the place the daughters finally arrived to and said Nebraska or New Jersey but knew little else.

Upon my return to the states, I began to ask my patients in clinic who came with them. Often it was the nanny. When speaking to them, they told of harrowing journeys and those they left behind. One after another spoke of the children they had dreams of and provided for, and then it dawned on me: these women have sacrificed their motherhood to facilitate ours.



**Eunice Suberu, MS1, Burlington, VT  
Association of Africans Living in Vermont**

The Association of Africans Living in Vermont (AALV) was established in 2007 by a group of young men from the African continent, uniting to offer mutual support. Since it was established, it has evolved into a vital resource for immigrants and refugees from across the globe who reside in Burlington, Vermont, providing a variety of services aimed at fostering growth. I had the privilege of interviewing Samuel Singba, the Youth Program Coordinator, Case Manager, and French interpreter at AALV. [Read more...](#)

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## Invited Community Partners

Invited authors share their perspectives on the need for and impact of advocacy to improve the quality of life for the immigrant community through reflection of their own lived experiences and field of work.



**Reflecting on the Study of Adolescent Lives after Migration to America (SALaMA): The Mental Health and Wellbeing of Arab and Muslim Newcomer Students**

**Danielle Sarraf, MPH/MBA(c) and Najat Qushua, LMSW, PhD**

Adolescence, a pivotal stage in human development, is significantly shaped by external influences, impacting physical, neural, and psychological growth and affecting long-term health and well-being. Adolescent refugees and asylum-seekers encounter unique challenges during this critical period, increasing their susceptibility to adverse mental and psychological outcomes. The research team of the Study of Adolescent Lives after Migration to American (SALaMA), a multi-site, mixed-methods investigation beginning in 2017, conceived of this study to better understand the unique stressors that adolescent refugees and immigrants from the MENA region face and how their greater community can support them in achieving improved outcomes and sustainable integration. [Read more...](#)



### The Critical Role of Community Outreach in Refugee Health

**Meral Barlas, BS, GW SMHS MD Class of 2025**

As a medical student, community outreach is one of the most important impactful experiences we have, but these experiences are often few and far between.

Recently, the Ethiopian Community Development Council (ECDC) hosted a community health fair dedicated to supporting refugee populations in the DMV area. This event primarily served Hispanic and Afghan communities but also welcomed individuals from Ethiopia, Eritrea, Ukraine, and many other countries worldwide. [Read more...](#)

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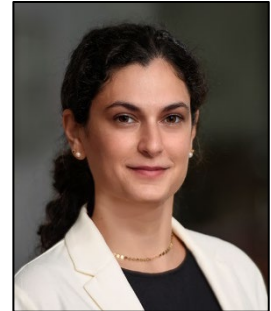
To remove your name from our mailing list, please [click here](#). Questions, comments, feedback? Please email us at [immigranthealth@aap.org](mailto:immigranthealth@aap.org).

American Academy of Pediatrics, 345 Park Boulevard, Itasca, IL 60143

## ***Council on Immigrant Child and Family Health Newsletter | Spring 2024***

### **Editors' Column**

Hello from your new co-editors! We are very excited for this new endeavor and hope you enjoy the Spring issue of the COICFH Newsletter. As members of the council for immigrant child and family health, we know we are speaking to a group of individuals that care deeply about advocating for and serving the needs of marginalized immigrant and refugee communities, and for that, we say thank you. We also realize that with the current political and international climate some of us may feel more driven while others may feel at a loss, or, maybe both. It is the intensity of this internal conflict that inspired our direction for this issue of the newsletter. In times as politically and emotionally divisive as those that we find ourselves in, we must challenge ourselves to not only “look for the helpers,” as Fred Rogers would say, but to be the helpers. When it feels only natural to succumb to a feeling of despair – that any efforts to do good in the face of overwhelming catastrophe might be futile – we might instead look around at the community surrounding us and instead focus on the value of the incremental change that we are able to make instead. In this issue, we highlight those among us who are seeking to be the helpers, by utilizing what strengths and resources they have at their disposal for the wellbeing of immigrants, refugees, and asylum seekers within their respective communities.



**Yasmine Koukaz, MD, MPH**  
Co-Editor



**Mariam Salama, MSPH**  
Co-Editor

We hope that during these times, each of you are able to take time to express gratitude for your efforts and find respite in personal or professional endeavors. And if looking for escapism or inspiration, some fictional and non-fictional reads may help further fuel you:

- Solito - Javier Zamora
- Homegoing - Yaa Gyasi
- Salt Houses - Hala Alyan
- The Last Girl - Nadia Murad

In this issue, we are fortunate to have some final words from COICFH outgoing co-editors Deanna Behrens MD, MPH, FAAP and Fisayo Nwachukwu DO, MPH, FAAP. We have been grateful for their contributions over the years and for their wisdom and support as we have transitioned roles. Through their piece, they remind us to advocate. While it may be tiring, it is an essential thing that we can do for the children and families we serve.

We thank Drs. Falusi and Ibrahim for their service on the executive committee and for their uplifting writing. We also thank our members of the COICFH community, Dr. Puthiyamadam for her reflections which put into perspective life's unjust realities and Eunice Suberu for their interview with a local organization highlighting the needs of the immigrant and refugee youth and families they serve. We are pleased to hear the voice of Meral Barlas, a fourth-year medical student at George Washington

University who shares her reflections on the critical role of community outreach. We are additionally incredibly grateful to also hear from The Study of Adolescent Lives upon Migrating to America (SALaMA Study), as they reflect on the culmination of their work on the mental health and psychosocial wellbeing of Middle Eastern North African (MENA) adolescents.

Please remember that as members of the Council on Immigrant Child and Family Health, you are the experts and advocates for these unique populations and we want to hear from you. As we embark upon this new journey, we welcome all feedback so please let us know what you would like to see in upcoming issues. And please keep in mind that we are always looking for expert contributors so feel free to get that pen and paper out and send us your experiences and reflections!

Thank you for this opportunity,

Dr. Yasmine Koukaz, MD, MPH, FAAP and Mariam Salama, MSPH

## ***Council on Immigrant Child and Family Health Newsletter | Spring 2024***

### **A Word From Our Outgoing Editors**

*Thank you Deanna Behrens MD, MPH, FAAP and Fisayo Nwachukwu DO, MPH, FAAP for your contributions to the newsletter over the years.*

What a gift it has been these last few years to serve as the editors of this newsletter! While we are sorry to go, we are so grateful to have these two wonderful upcoming editors to turn it over to. We want to continue to remain involved in this incredible, compassionate, fierce group of advocates for children.

It feels fitting that this is the timing of our good-bye. We took over in a transitional phase: 2021. President Biden had just been elected, and we were full of hope for the next few years, but also tempered that hope with the reality that change takes time and that there would still be disappointments. As we head into another potential new era with the upcoming elections, we are again faced with that sense of hope mingled with uncertainty.

We must all look at the elections through the lens of how each candidate affects childhood health. The AAP says to Vote Kids for a reason: they do not have a say in their own futures. We are their voice. This is magnified for children in immigrant families, as many times their own parents cannot vote for them. However you choose to vote, please take a hard look at the candidates and their stances on immigration issues. And whatever you do, whoever you vote for, please do vote. Every vote matters.

We could not have anticipated at the time we started, all the joys and the horrors that were to come. Children are one of the most vulnerable populations, and they suffer the most in times of war. It is vital that we continue to highlight their on-going vulnerabilities in nations where they are at risk all over the world.

And yet, there is still hope. The Biden administration reversed the previous changes to the public charge rules, which might help reduce fears among immigrant families and encourage them to utilize programs such as Medicaid, CHIP, and SNAP that they are entitled to. Eligibility for health coverage was recently extended to DACA recipients.

Through it all, we want to give thanks to the AAP, including the COICFH executive committee and Diana and Ngozi with the AAP. On a personal note, it has been my absolute pleasure to work with Fisayo, who is one of the kindest and most compassionate people I know, and someone I am proud to call my friend. I sincerely hope that the new editors are able to form the same bond.

All our best,

Deanna and Fisayo



**Deanna Behrens, MD, FAAP**



**Oluwafisayomi (Fisayo)  
Nwachukwu, DO, MPH, FAAP**

## **Council on Immigrant Child and Family Health Newsletter | Spring 2024**

### **Executive Committee Member Reflection**

**Olanrewaju (Lanre) Falusi, MD, MEd, FAAP** is a primary care pediatrician at Children's National Hospital and an Associate Professor of Pediatrics at the George Washington School of Medicine and Health Sciences focused on the intersection of health equity, advocacy, and medical education. As Medical Director of Advocacy Education in the Child Health Advocacy Institute of Children's National, Dr. Falusi develops community-based curricula for trainees and faculty and researches the health outcomes of governmental policies. She is an Associate Program Director in the Children's National Residency Program, directing the LAUnCH Track, which trains pediatric residents to become leaders in advocacy and community healthcare delivery. She has held local and national leadership positions in the American Academy of Pediatrics and has spoken at conferences, in Congress, and in the media on topics including poverty, antiracism, immigrant health, and faculty development. Along with another doctor-mom, she co-hosts a podcast on health and parenting. Dr. Falusi attended medical school at the University of Virginia and completed residency and chief residency at Children's National. She is a current Macy Faculty Scholar (Cohort 2023-2025).



**Olanrewaju Falusi, MD, MEd, FAAP**

As I reflect upon my five years on the COICFH executive committee (EC), I am filled with gratitude for the many pediatricians, trainees, AAP staff, community advocates, and so many others who have fueled me as an individual and the work of the Council as a whole.

#### **What drew you to the care of children in immigrant families? How are you currently serving this population?**

I am an immigrant myself, as I started first grade a month after my family moved from Nigeria to Colorado. While my upbringing and identity are heavily informed by our immigrant experience, I recognize the privileges we had: We spoke English fluently; we came for my parents' educational opportunities, not fleeing violence and abject poverty; and we came as a family unit without fear of separation. When I completed residency training and began working at a federally qualified health center in which over 90% of the children I saw were in mixed-status families from Central America, the real-life impact of immigration policies on the daily lives of people in our community became abundantly clear. This galvanized me to join what was then the Immigrant Health Special Interest Group (now COICFH) and to work with my colleagues in Washington, DC to start our AAP chapter's immigrant health workgroup. Now working in an academic center, I am fortunate to care for children in a medical home with wraparound care for immigrant families and to partner with our government affairs team to advocate for policies supportive of immigrant families.



**What do you feel you learned or successfully accomplished during your tenure on the COICFH EC?**

Through our monthly meetings, impromptu chats and texts, and meaningful connections throughout these 5 years, I am thankful that my fellow EC members and AAP Federal and State Advocacy staff have opened my perspective to dimensions of immigrant health that were less familiar to me, such as initial medical evaluations for refugees. These experiences, along with the spirited discourse on the COICFH listserv, have enhanced my teaching and clinical care as the demographics of immigrant families entering our community are continually shifting. I hope that I have been able to pay it forward as the co-chair for the Education Subcommittee within COICFH for most of my time on the EC, developing AAP National Conference educational sessions and other learning experiences to ensure that trainees and practitioners are skilled in the medical care, policy, cultural humility, and communication related to the care of children in immigrant families.

**What advice do you have for trainees who will be taking care of this population?**

The nuances of immigration policy and immigrant health can seem overwhelming. The most important piece of advice I would share is this: We need you. Your future patients, their communities, and your colleagues need you, even if you feel that you do not know enough or are still junior in your career. Everyone brings something important and necessary to the table, even if it is only a desire to listen and learn. Secondly, remember that you are never alone in this work. Seek solidarity in colleagues and faculty in your training program; if you do not have that support, then get to know the local community organizations serving immigrant families. And certainly, become active in COICFH subcommittees and the educational and networking events during the AAP National Conference. I never thought that I would testify in Congress or join Senators at press conferences; these opportunities were available only through the incredible support and guidance of the AAP staff and members. Working closely with others in the field has also been my antidote to burnout in what can be a difficult advocacy path. Your own growth, both professionally and personally, will be enriched through meaningful relationships with others who share your passion.

*Council on Immigrant Child and Family Health Newsletter | Spring 2024*  
**Executive Committee Member Reflection**

**What drew you to the care of children in immigrant families? How are you currently serving this population?**

My passion to care for refugee and immigration children stems from my lived experience as someone who immigrated to the US as a refugee. I grew up in an urban city that welcomed refugees and yet we faced many challenges of navigating our healthcare systems. Despite living in the most diverse zip code in the nation, the health of my community was determined by socioeconomic factors that varied widely by neighborhoods. Growing up in this community and bearing witness to what truly determined health outside of hospitals and clinics reinforced my desire to work with children in immigrant families. I am currently the medical director of a clinic that serves children in families whose lives have been impacted by migration. We partner with local organizations, resettlement agencies, shelters, and the department of health to provide comprehensive primary care and nurture community partnerships. I have a passion for community-based work and subscribe to the philosophy that placing the power for change within communities leads to the best outcomes.



*Anisa Ibrahim, MD, FAAP*

**What do you feel you learned or successfully accomplished during your tenure on the COICFH EC?**

Being a part of the inaugural executive committee was an honor and timely opportunity to learn from and lead with giants in the refugee and immigrant health community. As an early career pediatrician, I found a professional home with a group of individuals who were fierce advocates for children in immigrant families as well as leading experts in the field. During my tenure, the executive committee was able to successfully fast track AAP policies, lobby at the capital against child detention and the right to seek asylum, and provide education to our colleagues on topics including care of unaccompanied minors and asylum medicine. Being surrounded by colleagues doing similar work and facing challenges gave me renewed energy and determination to continue the work I was doing locally and nationally in this space. Many of my professional accomplishments are due to the inspiration, support, and mentorship I received from other COICFH executive team members.

**What advice do you have for trainees who will be taking care of this population?**

My advice to trainees is pursue your passions and be innovative in your approach to care. This field of expertise is growing both in research and clinical care. The care of children in immigrant families is not niche given the current statistics in the United States. We are all caring for children in immigrant families. Improving our approach, evidence base, and skills is an important aspect of the care and

service we provide. Find a mentor, and a sponsor. Someone who will speak your name in rooms where opportunities arise and will push you to do better. Lastly, every pediatrician is an advocate. Do not stay silent when your voice is needed. Be an advocate for all children, without exception.

## Council on Immigrant Child and Family Health Newsletter | Spring 2024

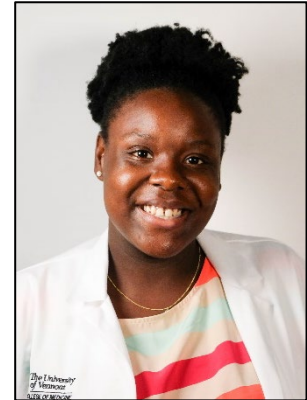
### COICFH Submission

**Eunice Suberu, MS1**

**University of Vermont Larner College of Medicine, Burlington, VT**

#### **Association of Africans Living in Vermont (AALV)**

The Association of Africans Living in Vermont (AALV) was established in 2007 by a group of young men from the African continent, uniting to offer mutual support. Since it was established, it has evolved into a vital resource for immigrants and refugees from across the globe who reside in Burlington, Vermont, providing a variety of services aimed at fostering growth. I had the privilege of interviewing Samuel Dingba, the Youth Program Coordinator, Case Manager, and French Interpreter at AALV.



**Eunice Suberu, MS1**

*Q: What is your youth population like at AALV?*

*A: Our programs grew especially during COVID. We were delivering food in the community and I think parents saw that they could trust us and that they were able to send their kids to us. The parents have now become more interested in their kids becoming part of the programs we have here. Right now, we have 85 youth in total. We average between 25-35 youth every single day that come to our programs.*

*Q: What are some of the key initiatives or programs that AALV has undertaken to support the wellbeing of immigrant and refugee children in Vermont?*

*Our best programs are the children's programs. I believe that if we don't empower kids, we will fail them. To me, this is the most important. We also have workshops every Thursday, and sometimes invite people like medical students to talk about their experience to inspire the kids. I value everyone that comes to the program and tries to teach and empower our youth. Swimming is another great program because it is a skill that everyone needs to know. We also provide dance classes, piano classes, open gym, and many more.*

*Q: From your perspective, what are some of the pressing needs of your students, and how is AALV working to address them?*

*A: I wish all immigrant children were not put in some category that "because they are too behind, we cannot challenge them." They need to be challenged every single day. Also, they need support. We, at AALV, get college students to help them with their homework. I wish that the school system was asking these kids to do more and asking how they can support them. We see that a lot of kids are failing classes. They go to school, but they don't go to classes, right? We want our youth to go to high-level colleges, but they can't get there because they don't have the foundation. Some go to community college for one semester or one year, then drop out. Some of them drop out from high school because they are too old to stay. Some just graduate high school and that's it. I wish they were being pushed every single day and challenged to do their homework and study more.*

*Q: How has the COVID-19 pandemic specifically impacted AALV or the youth in your programs?*

*During COVID, schools didn't give homework especially to middle schoolers. Also, everything was locked down of course, so, I was doing more tutoring. I provided some time to drop in on Zoom to help them with their work, but a lot of kids failed at that time because there was no support for them. Some youth didn't want to ask anyone for help because they didn't know where to go. Some teachers had time to hold Zoom sessions, if the students needed help, but it would be one teacher for twenty kids. It was a big challenge on so many levels. Some kids didn't have internet at home to get their homework done, didn't have food at home, and some needed to be quarantined from their family of 8 or 10 people, which was a challenge. We tried our best to be there for them. Delivering food, making lunch for them, etc. The community really came out, but without strong education, it was tough.*

*Q: What message or advice would you offer to healthcare professionals, people in education, or advocates to support youth like yours at AALV?*

*I advise them to treat these kids like their own. If they see something they're doing or saying, they need to step up and tell them the right thing. They are still learning, and they need someone to hold them accountable. To show they really care, they should consider what they would do if their kid was in these positions and ask what support the kids need for them to succeed. If they start asking these questions, they will help all those kids. It takes a lot of partnerships and collaboration. For example, we could create a robust program with nearby schools like University of Vermont, St. Michaels College, or Champlain College where college students get credit for tutoring our kids. I think that it would be great to all work together for a common goal for the community.*

Dingba's insights highlight important considerations for physicians when interacting with youth from immigrant and refugee backgrounds. His emphasis on challenging youth emphasizes the need for healthcare providers to approach their care with a mindset of continuous engagement and support. For many youth and their families, navigating healthcare systems in a new country can be challenging due to cultural and language barriers. Physicians can emulate AALV's approach by ensuring that their healthcare delivery is not just transactional but educational and supportive. Healthcare professionals can enhance their effectiveness by familiarizing themselves with cultural nuances and addressing health concerns in ways that resonate with the youths' cultural beliefs and practices. His call for community collaboration aligns with the holistic approach of healthcare delivery, encouraging physicians to partner with organizations like AALV to create comprehensive support networks. By aligning healthcare practices with the principles of cultural sensitivity and community collaboration, physicians can play a role in advocating for resources and support systems that address the broader determinants of health for all youth populations.

*Eunice has volunteered with the Association of Africans Living in Vermont (AALV) to hold workshops on Healthcare Professions. Eunice is also working with The Family Room, an organization that serves immigrant and refugee families, to create a social-emotional curriculum for the preschool.*

## **Community Partners**

**Danielle Sarraf, MPH/MBA Candidate, Washington University in St. Louis**

**Najat Qushua, LMSW, PhD, Washington University in St. Louis**

### **Reflecting on the Study of Adolescent Lives after Migration to America (SALaMA): The Mental Health and Wellbeing of Arab and Muslim Newcomer Students**



*Danielle Sarraf, MPH, MBA(c)*

Adolescence, a pivotal stage in human development, is significantly shaped by external influences, impacting physical, neural, and psychological growth and affecting long-term health and well-being. Adolescent refugees and asylum-seekers encounter unique challenges during this critical period, increasing their susceptibility to adverse mental and psychosocial outcomes. More specifically, they must navigate language barriers, cultural adjustments, new legal systems, and trauma while often contending with discrimination and bullying in their new communities.



*Najat Qushua, LMSW, PhD*

For these reasons, the mental health of adolescents from Arab and Muslim refugee backgrounds in the U.S. is a complex issue influenced by various factors, including acculturation stress, discrimination, and trauma from displacement. These young people often face identity conflicts as they navigate between their heritage culture and the pressures to assimilate into U.S. society. The experiences of fleeing conflict-ridden regions like the Middle East and North Africa (MENA) add another layer of trauma, leading to increased vulnerability to mental health issues like anxiety, depression, and post-traumatic stress. Access to culturally competent mental health services is crucial but often limited, exacerbating the struggles faced by these adolescents.

The research team of the Study of Adolescent Lives after Migration to America (SALaMA), a multi-site, mixed-methods investigation beginning in 2017, conceived of this study to better understand the unique stressors that adolescent refugees and immigrants from the MENA region face and how their greater community can support them in achieving improved outcomes and sustainable integration (Stark et al., 2020). To achieve these aims, SALaMA employed key informant interviews with service providers and parents, as well as focused group discussions, quantitative surveys, participatory research, and a social-emotional learning intervention with high school students. By capturing the diverse experiences of refugee families from the MENA region, from the small city of Harrisonburg, Virginia, to major urban centers like Chicago, Austin, and the Detroit metropolitan area, SALaMA provides new insights into the needs of this growing sub-population. SALaMA findings further offer tangible recommendations to support refugee students and their caregivers with the goal of fostering lasting inclusion, resilience, and wellbeing.

In this commentary, we present three major takeaways as we wrap up this 7-year running study and work to disseminate findings with larger stakeholders.

1. The power of belonging and inclusion

Among SALaMA's most significant findings, the data revealed that students from the MENA region faced a significantly increased risk of suicide ideation, compared with their US-born peers. Additionally, suicide ideation and resilience were negatively correlated and adolescents with greater hope and school belonging reported higher resilience. Decreased school belonging was further correlated with higher levels of suicide ideation (Stark et al., 2021). As such, SALaMA research has uncovered a promising connection between increased feelings of belonging and inclusion and improved overall psychosocial well-being. In Dearborn, MI, the biggest Arab enclave in the United States, SALaMA findings also indicated that peer connections facilitated newcomer adjustment to educational practices and standards, and allowed students to maintain a sense of connection to their ethnic and religious backgrounds (Seff et al., 2021).

2. The exacerbated effects of COVID-19 on mental health

Arab newcomer students were among a number of marginalized groups that experienced heightened and disproportionate impacts from the COVID-19 pandemic, especially relating to psychosocial wellbeing and mental wellness. From the perspective of service providers, COVID-19 and online schooling created a context marked by reduced social supports and mental health prevention and response, increased social isolation, and decreased motivation from online programming; changes in household dynamics as a result of lockdowns and online schooling also created elevated stressors for students and their families (Meyer et al., 2023). Findings suggest the ongoing need for comprehensive support systems tailored to address multifaceted challenges faced by adolescent refugees, given the pronounced and disproportionate effects of the COVID-19 pandemic.

3. The unique and critical position of the school system and opportunities for intervention

Given findings relating to increased vulnerability to suicide ideation and the adverse effects of the COVID-19 pandemic, among others, schools play a pivotal role in fostering meaningful connections between peers, teachers, and parents, and can effectively contribute to sustainable socio-economic integration for this population. Schools offer a nurturing, accessible, familiar, and supportive setting for targeted interventions aimed at fostering healthy coping strategies and social and emotional learning. Identified strategies for school systems implementation include social and emotional learning programs, parent engagement and communication tactics and programming, home school liaisons, and culturally competent and linguistically accessible mental health resources (Bennouna et al., 2019, 2021; Qushua et al., 2023). These school initiatives have been shown to significantly impact adolescent wellbeing and resilience. SALaMA specifically saw success in the social emotional learning implementation, Forward with Peers, with significant improvements in overall perceived social support (Seff et al., 2024). As such, schools can serve as a critical intervention point for promoting

adolescent sustainable socio-economic integration, resilience, belonging, and overall psychosocial well-being.

### SALaMA's Timely Relevance

Currently, the escalation of war in Gaza further compounds the mental health burden of Arab and Muslim refugee adolescents in the U.S. Historically, we know that these conflicts can trigger feelings of helplessness, fear, and grief, as they reopen wounds of past traumas, heighten anxiety about the safety of their loved ones still in conflict zones, and threaten a fear of reprisals or discrimination if expressing feelings in their new home country. Pervasive media coverage and social media exposure to graphic images of violence can contribute to re-traumatization and feelings of isolation. For adolescents already dealing with acculturation stress and discrimination, the escalation of conflict thousands of miles away can deepen their sense of alienation and worsen existing mental health issues. Additionally, the proliferation of Islamophobia and antisemitism in the United States, for Muslim and Jewish students alike, further exacerbate feelings of vulnerability, danger, and unbelonging.

Presently and in the aftermath of the Gaza war, mental health professionals, community organizations, school administrators, and policymakers must recognize and address the specific needs of Arab and Muslim refugee adolescents in the U.S., as well as first- and second-generation Arab, Muslim, and Jewish students. Culturally sensitive interventions that consider the intersectionality of their identities and experiences are essential. Providing safe spaces for expression, offering psychoeducation about trauma and coping strategies, and fostering connections within their communities can help mitigate the adverse effects of both displacement and exposure to conflict-related trauma. Additionally, addressing systemic barriers to mental health care access and advocating for policies that promote social inclusion and equity are crucial steps toward supporting the well-being of these vulnerable but resilient adolescents.

Ultimately, SALaMA offers insightful findings regarding the needs of Arab newcomer students and effective strategies to support them, especially useful during these tumultuous times. These recommendations underscore the necessity for tailored school-based interventions and can inform policy and programming aimed to support immigrant and refugee students' integration, learning, and well-being.

For more information on SALaMA, please visit this [link](#). To view our latest policy brief outlining how schools can support the mental health and wellbeing of Arab newcomer students, please visit this [link](#).



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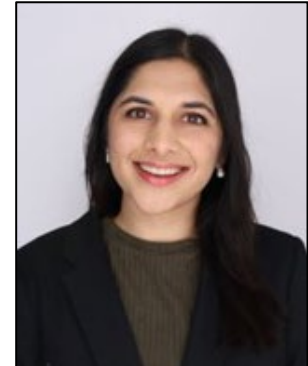
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## **Community Partners**

**Meral Barlas, BS, GW SMHS MD Class of 2025**

### **The Critical Role of Community Outreach in Refugee Health**

As a medical student, community outreach is one of the most important impactful experiences we have, but these experiences are often few and far between. Recently, the Ethiopian Community Development Council (ECDC) hosted a community health fair dedicated to supporting refugee populations in the DMV area. This event primarily served Hispanic and Afghan communities but also welcomed individuals from Ethiopia, Eritrea, Ukraine, and many other countries worldwide.



*Meral Barlas, MS3, BS*

Our team consisting of an attending physician (Dr. Gavin Truong), 2 resident physicians, a preclinical medical student, and myself came together for this community event. At our booth, we offered complimentary blood pressure screenings, pamphlets on various health conditions such as hypertension, diabetes, pain and medication management, and cancer screening. Additionally, we had an “Ask Me Anything” station where participants could ask residents or attending doctors any health questions they had in mind.

We had the opportunity to work with an inspiring translator in her twenties, who had been separated from her family by the war in Afghanistan. She dreams of a career in marketing but also selflessly volunteers her time to support her community. She informed us politely that the translations on our flyers were incorrect; some weren't even in the right language! While technology is advancing rapidly, we cannot always rely on it to provide accurate information and translation for basic phrases. This small yet significant aspect highlights the critical need for cultural competence and accurate communication in providing effective healthcare access in these populations.

We encountered a wide range of patients, from parents concerned about their child's sore throat to adults suffering from chronic back pain, and even two Afghan doctors seeking information on how to get licensed in the US. Many individuals were uninsured, making healthcare access a struggle. Even those with insurance often lacked reliable transportation, complicating their ability to attend medical appointments.

Interestingly, the most popular part of our booth wasn't the blood pressure screening or the “Ask Me Anything” station but the bracelet-making activity. Dr. Truong suggested it for the children, and it was a hit. It drew families to our booth, giving us the chance to answer their health questions, while their little ones made colorful bracelets and enjoyed the fair.

The event brought together various organizations, including free clinics, STI screening services, domestic violence screening, WIC/SNAP programs, art therapy, government and social work agencies, and insurance providers. It was enlightening to see such a diverse array of groups collaborate to support these communities. Many guests at the fair were already connected with services and came to see what more we could offer. Others were from different booths, curious about our offerings. Meeting fellow volunteers, I realized how many community resources are underutilized.

Reflecting on the day, I felt grateful for the opportunity. As medical professionals, we often take our health literacy for granted, forgetting that common knowledge for us isn't universal. It was a privilege to educate individuals from all around the world.

Despite the event's success, the glaring gaps in care and lack of persistent care were frustrating. One example is a patient who needed a refill of his psychiatric medications, which he had been on for years, but couldn't get an appointment with a primary care physician for months. Dr. Truong kindly agreed to see him and fill his medication until he could see his primary provider. It really takes just one compassionate physician to make a significant difference in these people's lives.

Overall, this was a fantastic experience, and I hope to stay involved with these organizations in the future. I often wonder what these people's lives would be like if they weren't displaced. What would their health look like? While we may never know the answers, we have the power to make a meaningful impact one step at a time by being their strongest advocates and providers.