

"GOOD HELP" IN ST. PETERSBURG

Thank you. Through this course in assistant nursing you have given us a valuable tool that allows us not just to exercise an occupation in this country, but also to serve, help, and touch the lives of many people who need us due to their ailments or advanced age.

—Gloria Talero, a CNA from Colombia

The Refugee Healthcare Partnership (RHP) is a collaborative effort intended to help refugees in the Tampa Bay area of Florida.

The idea behind the RHP emerged from a fall 2000 meeting at which representatives of CHA, Catholic Charities USA, and the U.S. Conference of Catholic Bishops's Migration and Refugee Services (USCCB/MRS) agreed to launch a pilot project to "provide necessary health services and meaningful employment opportunities that foster well-being and increase sustainable independence for refugees in caring communities." The Tampa Bay area, they agreed, would be the project's site.

The RHP was founded in 2001 by representatives of seven local organizations: Bon Secours Maria Manor, a 274-bed nursing and rehabilitation facility in St. Petersburg; Catholic Charities of the Diocese of St. Petersburg*; the Refugee Employment Program of Lutheran Services of Florida; the BayCare Health System, a 14-mem-

*Bon Secours
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Health Care*

**BY SR. CAROL
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ber organization that includes St. Anthony's Hospital, St. Petersburg, and St. Joseph's Hospital, Tampa; the Pinellas Technical Education Centers (PTEC), a two-campus technical school operated by the Pinellas County School System; the Hillsborough County School District's CARIBE Program, which provides refugees with language, GED, and vocational training; and the Florida Department of Children and Families (for the partnership's current members, see **Box**, p. 34).

"GOOD HELP" FROM BON SECOURS

Formation of the RHP was spearheaded by the late Mary Odette†, then director of mission at Bon Secours Maria Manor, and Patricia Frederick‡, then the Pinellas County director of Catholic Charities of the Diocese of St. Petersburg. They were assisted by Sr. Patricia Shirley, OSF, director of mission integration at St. Joseph's Hospital.

In September 2001, Bon Secours Maria Manor submitted to the Bon Secours Mission Fund an application for a grant with which to finance the RHP project. Bon Secours Health System, Marriottsville, MD, has as its mission bringing compassion to health care and to be "good help" to those in need, especially the poor and the dying. The Bon Secours Mission Fund is one means of fulfilling this mission. Begun in 1998, the fund (as its mission statement says) looks for "innovative, collaborative initiatives that promote the development of holistic health and well-being, particularly for disenfranchised and

*The diocese comprises Pinellas, Hillsborough, Citrus, Hernando, and Pasco counties.

†Mary Odette died in 2002.

‡Frederick is now administrator, Gulf Coast Jewish Family Services, Clearwater, FL.



Sr. Carol is director, mission and community outreach, Bon Secours Maria Manor, St. Petersburg, FL.



Paul Laurence, RN, teaches a CNA class at Bon Secours Maria Manor. Rada Barisic and Nada Prusac are in the last row. Laurence is also a PTEC instructor.

marginalized people in communities served by Bon Secours.”

The RHP, as the grant application noted, would be a collaborative of local service providers offering “health services and employment training to refugees that reside in Hillsborough and Pinellas Counties of Florida.” The Bon Secours Mission Fund agreed to give the project \$80,000 for its initial year. The RHP was under way.

THE CHALLENGES

Its services were clearly needed. The RHP faced two challenges. One was the refugees themselves. According to the U.S. Immigration and Naturalization Service’s *Statistical Yearbook* for fiscal year 1998, Florida had more refugees and “asylees” (asylum seekers) granted lawful permanent resident status than any other state in the nation.¹ Because Florida’s refugees automatically lose their Medicaid coverage after eight months, many had no health insurance.

The other problem was that Pinellas and Hillsborough counties, like the rest of Florida, were experiencing a shortage of nursing personnel in their long-term care facilities.

Florida was not alone in this respect. “High vacancy and turnover rates of key frontline nursing personnel contribute to the underlying fragility of the nation’s long-term care workforce,” argues Charles Roadman, president of the American Health Care Association (AHCA), a long-term care advocacy group.² An AHCA survey of administrators at more than 16,000 nursing facilities revealed a need, Roadman said, “for public policy initiatives directed towards recruiting, training and retraining America’s skilled nursing workforce—particularly frontline caregivers, who provide as much as 80 percent of direct patient care.” Most of the direct, hands-on resident care in nursing homes is done by certi-

fied nursing assistants (CNAs). In 2002, 52,000 of the 96,000 full-time openings in long-term care facilities were for CNAs.³ Oklahoma’s turnover rate for CNAs was 135.5 percent, the highest in the nation; Hawaii’s 20.7 percent was the lowest rate.⁴ Florida’s turnover rate was 61 percent.

SUMMARY

Founded in 2001 by representatives of seven local organizations, the Refugee Healthcare Partnership (RHP) provides necessary health services and meaningful employment opportunities for refugees in the Tampa Bay, FL, area. Spearheaded by Catholic health care organizations and Catholic Charities of the Diocese of St. Petersburg, the RHP was made possible initially by funding from the Bon Secours Mission Fund of Bon Secours Health System, Marriottsville, MD.

Florida leads the nation in granting lawful permanent resident status to refugees and asylum seekers. Like the rest of the country, Florida has a shortage of long-term care nursing personnel. RHP leaders believed that by training refugees to become certified nursing assistants (CNAs) they could ease the local CNA shortage and provide refugees jobs with health insurance. Soon thereafter, RHP leaders recognized that to be successful they would have to provide services to teach refugees English.

The RHP worked with the Pinellas Technical Education Centers (PTEC) to form the Pinellas Refugee Education Program (PREP). Funded by the Florida Department of Children and Families and the U.S. Department of Health & Human Services, PREP assists refugees to learn English and to train for jobs, including careers outside of health care. To help RHP clients prepare for CNA classes at PTEC, a “medical orientation” course was developed to give refugees familiarity with medical terms and with long-term care practices in the U.S.

In less than four years, the RHP has served more than 260 clients. The RHP continues to offer its clients needs assessment; placement in health-care related, entry-level training programs; mentoring programs; and referrals to medical services. The original seed funding from Bon Secours has now been superseded by a substantial grant from the state.

Florida Honors the RHP

The Refugee Healthcare Partnership has been given an award for innovation in programs that serve refugees. The award, granted by the Office of Refugee Services of Florida's Department of Children and Families, was presented at a luncheon held November 17, 2004. Sr. Carol Stovall, SSJ, accepted the award on behalf of the RHP.

EARLY EFFORTS

RHP leaders reasoned that by training refugees to be CNAs, they could help solve both challenges—ease the local CNA shortage and provide refugees with jobs whose benefits included health insurance.

Experience at Bon Secours Maria Manor suggested that the idea was a good one. Pinellas County, in which the facility is located, had long had a great need for CNAs. In 2000, Martha Smith, RN, the facility's assistant director of nursing, began teaching a free, two-week course there for prospective CNAs. For the classes,

Bon Secours Maria Manor provided a classroom equipped with a sink, storage cabinets, a bed, and a manikin on which Smith's students could practice their nursing skills. These classes, usually held four times a year, helped ease the local CNA shortage (graduates are not required to take jobs at Bon Secours Maria Manor). But because Smith speaks only English and can therefore take only English-speaking pupils, and because her classes are held during the day whereas most refugees need night classes because they have daytime jobs, few refugees were able to benefit from her classes.

In any case, Smith's classes could no more than scratch the surface of the CNA shortage problem. In 2001 Florida's legislature enacted a measure requiring nursing homes to increase the number of hours a day a CNA spent caring for a patient. The legislation mandated that the required number of hours of care per day, then 1.6 hours, would, over a period of three years, be raised to 2.9 hours. (Because of reductions in Medicaid reimbursements, the final stage of

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Nada and Rada, Two Bosnian Immigrants

Nada Prusac, 34, came to the United States in 1997 with her husband and two children from the Serbian part of Bosnia. Their airfare was paid by the USCCB. A Catholic Charities staff member met them on their arrival at the Tampa airport.

The Prusacs had left behind a country ravaged by civil war. Before the war, Nada and her husband had owned their own business. Her husband was wounded while serving in the army. Nada had volunteered to work in the hospital where he was treated. Seven of her family members died in the war.

Catholic Charities found the Prusacs an apartment and paid their bills—rent, utilities, and food—for six months. The agency also helped Nada find her first job, as a clerk in a supermarket.

Nada spoke Serbian, Russian, and other Slavic languages, but knew no English when she arrived here. A new friend, **Rada Barasic**, another refugee from Bosnia, told her about RHP and

its scholarship program, which offered refugees free tuition, textbooks, and money for uniforms for training as CNAs and home health aides.

Nada and Rada enrolled in a PTEC evening class that was taught in the Bon Secours Maria Manor classroom. The class was taught by Paul Laurence, RN, who also worked at that facility as a nurse. To improve their English and their comprehension of medical terminology, Nada and Rada also attended Contreras' medical orientation class for refugee CNA students.

In September 2003, Nada received her CNA license. Seven months later, she joined the staff of Bon Secours Maria Manor, reuniting with Rada, who had gone to work there the year before. The facility has found the two Bosnian women to be good caregivers. "I like to talk to people," says Rada. "In my country everybody appreciates old people. Our children are taught to help old people."

Both Nada and Rada want to become LPNs. Rada has had difficulty passing the advanced TABE required for LPN students, but plans to take the test again soon. Nada passed the TABE in January 2004 and intends to begin LPN classes next year.

Nada, who is now divorced, is buying a condominium in St. Petersburg, where she lives with her 9-year-old son and 15-year-old daughter. Nada's name means "hope." She plans to stay in this country and looks forward to becoming a U.S. citizen in 2005. A Serbian Orthodox Christian, she is an active member in the Orthodox church in St. Petersburg. But she is very grateful for the help she has received from Catholic organizations. "I can say my life is very better for me and my kids," she notes. "Because of the Catholic Church's help I have made good decisions in my life. God bless them all."

The View from Long-Term Care

Michael Ward is executive vice president, Bon Secours Maria Manor, St. Petersburg, FL, a long-term care facility that has many foreign-born employees. Health Progress talked with Ward recently about his facility's experiences concerning immigration and health care.

Health Progress: *What immigrant populations are represented in the Bon Secours Maria Manor workforce?*

Ward: Well, of course we have many Spanish-speaking employees, primarily immigrants from the Caribbean and Central and South America. And we have also had quite a few people from Bosnia and Ukraine.

Health Progress: *Has the Refugee Healthcare Partnership (RHP), in which Bon Secours Maria Manor is a participant, worked well for your own facility?*

Ward: It's worked pretty well. There have been a few challenges along the way. The language barrier has been a little bit of a problem. The RHP's certified nursing assistant (CNA) training program is taught in English, and English is not the language of most of the folks coming through the program. So they have trouble, first, in understanding the material, and, second, in taking the CNA test. However, once they get through the training program and they're working with residents at the facility, it's much less of a problem. For the most part, these are folks who fit in very, very well.

Health Progress: *Are there things the government could do to help facilitate immigrants' entry into the workforce?*

Ward: I think we need to expand the training material into other languages—that's an issue for sure. We have a lot of different immigrants come in looking for work. Their work ethic is usually very, very good. But the barrier, again, is in understanding the language and getting through the program. In Florida, the state regulates the CNA training program. I'd like to see the state govern-

ment step in and provide some assistance in this area.

Health Progress: *Bon Secours Maria Manor's residents are primarily English-speaking. Do you have any problems with residents and CNAs understanding each other?*

Ward: This hasn't been a huge problem. Usually residents can tell when a staff member is a caring person, even if they don't speak the same language. Then, too, we have Spanish- and Bosnian-speaking staffers who do speak English, and we try to pair them up with newer CNAs, so that the veterans can mentor the newer staff members and show them the ropes.

Health Progress: *Is there a particular thought you would like to leave with our readers?*

Ward: I think that the government currently sends immigrants something of a mixed message. On one hand, we welcome immigrants and offer them CNA training programs; then, on the other hand, we make it difficult for them to get through those programs. We do that by requiring them to know English. I think that's a problem we need to fix—especially since we already have nursing and nursing assistant shortages, not just in Florida but all across the nation. We ought to be doing everything possible to get these folks in and get them trained.

I'm not saying that understanding and speaking English isn't important. It is important, because most of the residents for whom CNAs will be providing care will be English-speaking. Immigrant CNAs need to learn the language, and most will do so, with mentoring, on the job. We shouldn't be putting up barriers to getting these folks certified.

Health Progress: *So you would like to see the language requirements eased for CNA training and certification?*

Ward: Absolutely.

—Gordon Burnside

■
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■

implementation has been postponed until 2005; nursing homes are currently required to provide CNA staffing at the rate of 2.6 hours per day.) The same legislation said that a single CNA could be required to provide care for no more than 20 residents.

ENTER PTEC AND PREP

RHP leaders realized that their first big obstacle was language. Under Florida law, a student must pass a Test of Adult Basic English (TABE) before entering a CNA class. Many prospective RHP clients could not pass the TABE. The RHP leaders had intended to seek a licensed practical nurse (LPN) as the program's coordinator. However, seeing that language was so important, they changed their minds and hired a person from outside nursing precisely because she could speak both English and Spanish. This person was Rachel Maddux.*

As the RHP coordinator, Maddux would be responsible for the case management of the program's clients, referring them to English-as-a-Second-Language classes and tutors, if needed, and then to CNA or LPN classes. Besides the coordinator's salary, the Bon Secours Mission Fund grant would pay for clients' tuition, books, and uniforms.

Local CNA training was available through PTEC. Maddux dealt with the language problem by working with PTEC to form the Pinellas Refugee Education Program (PREP). PREP is funded by grants from the Florida Department of Children and Families and the U.S. Department of Health & Human Services. These grants are intended to assist local refugees who have lived in this country for five years or less to learn English and train for jobs. (PREP's services are similar to those offered by the RHP, but include training for careers outside health care). Arlene Corbin was appointed PREP's director.

To help RHP clients prepare for PTEC, Sandra Contreras, a part-time educational consultant for PTEC and PREP, was hired to teach a "medical orientation" course. These classes were developed to give refugees familiarity with medical terms and with long-term care as it is practiced in the United States. (In many foreign countries, elderly people remain under family care, not in nursing homes.) Contreras' class was taught three nights a week for six weeks, each ses-

sion lasting about three hours. For the classes, Maddux drew up a list of words for body parts and medical phrases, each translated into several languages. Using this list and various visual aids, Contreras taught her students the basic English words they would need for CNA classes.

THE RHP TODAY

Since 2001, the RHP has served more than 260 clients. Several clients, after earning CNA certificates, have pursued nursing degrees: six are now enrolled in LPN classes, two in RN classes. Ten former RHP clients are currently employed as CNAs at Bon Secours Maria Manor; another six are employed at member facilities of BayCare Health System.

The RHP continues, as its mission statement says, "to encourage collaboration among community partners to enhance access for training, employment and medical services in the health care field." These services are intended to "enhance the health and well-being of refugees and the broader community, and allow for opportunities to increase sustainable independence for refugees."

The RHP continues to offer its clients:

- Assessment for preliminary needs and assis-

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The Refugee Healthcare Partnership

The organizations currently belonging to the Refugee Healthcare Partnership are:

Bon Secours Health System, Marriottsville, MD

The Pinellas Technical Educational Centers, St. Petersburg, FL, and Clearwater, FL

BayCare Health Network, Clearwater, FL

Lutheran Services of Florida, Tampa, FL

World Relief, Baltimore

Gulf Coast Jewish Family Services, Clearwater, FL

St. Petersburg College, St. Petersburg, FL

The CARIBE Refugee Program, Hillsborough County, FL

Florida Department of Children and Families, Tallahassee, FL

The Tampa Bay Refugee Taskforce

Catholic Health Association, St. Louis

Catholic Charities USA, Alexandria, VA

The U.S. Conference of Catholic Bishops, Washington, DC

*Maria Cristina Montenegro is the current RHP coordinator.

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tance with necessary paperwork to enter training courses

- Placement in health-care related, entry-level training programs, such as CNA or LPN courses

- Resume preparation and interview coaching

- Assistance in employment placement in hospitals, nursing homes, or clinics

- Mentor programs to support refugees as they go through the training process and also after job placement

- Referrals to available community medical services

PREP's Corbin sees the RHP clientele has having changed dramatically since the program's founding. At that time, about 80 percent of the refugees served were Bosnians. (Clients also came from Colombia, Afghanistan, Cuba, Haiti, Liberia, the Ukraine, Guatemala, Moldavia, Vietnam, and Croatia.) By 2004, more than half of those served were Spanish-speaking Latin Americans, many of whom were asylees.

As noted, the RHP was initially funded through an \$80,000 grant from the Bon Secours Mission Fund. For its second and third years, the RHP received from the fund grants of \$99,698 (this included two RN scholarships) and \$75,585, respectively. The final Bon Secours Mission Fund grant expired in November 2004. However, the diocesan Catholic Charities agency has now received from the Department of Children and Families a \$450,000 "career-laddering" grant to help refugees advance in their new careers.

Thus the good work that was begun in 2001 with the Bon Secours Mission Fund grant has borne good fruit.

LESSONS LEARNED

Those who have been involved in the RHP project say that several valuable

lessons have been learned from it.

- Refugees sometimes leave their new jobs because they feel overwhelmed by the work culture. Mentoring programs can help refugee employees feel welcome. And employers should consider assigning two refugees from the same country to the same work unit, so that they can give each other mutual support.

- Since September 11, 2001, it has taken immigration authorities longer to run background checks on refugees, thereby delaying vocational training for them. Florida has also had a shortage of teachers for RN and LPN classes, resulting in long waiting lists for those classes.

- Despite such problems, health care employers tend to find that refugees make excellent workers. Many who become CNAs and LPNs are better educated than native-born CNAs and LPNs (some were health care professionals in their own countries) and have a strong work ethic. □

NOTES

1. *1998 Statistical Yearbook of the Immigration and Naturalization Service*, which can be found at <http://uscis.gov/graphics/shared/aboutus/statistics/1998yb.pdf>, Table 36, p. 118. In 2003 the U.S. Immigration and Naturalization Service became the U.S. Citizenship and Immigration Services.
2. *McKnight's Long-Term Care News*, May 23, 2003; this publication can be found at www.mcknightsonline.com/home/.
3. American Health Care Association, *Results of the 2002 ACHA Survey of Nursing Staff Vacancies and Turnover in Nursing Homes*, Washington, DC, 2003, pp. ii, 5, available at www.ahca.org/research/rpt_vts2002_final.pdf.
4. American Health Care Association, p. 15.

GENETIC COUNSELING FOR CANCER

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THE ROAD AHEAD

It is increasingly obvious that genetics is the future of medicine. The leaders of Penrose Cancer Center and its parent organization, Penrose-St. Francis Health Services, are determined to bring high-quality genetic medicine to southern Colorado. Penrose representatives serve on the Genetics Advisory Committee of Catholic Health Initiatives (CHI), advising system leaders on how best to expand services to rural CHI facilities and offering guidance to other CHI cancer treatment facilities. Meanwhile, Penrose leaders are working to increase referrals for people at risk for colon cancer and to develop funding sources to support this and other program objectives.

The growth and acceptance of Penrose and the HCS indicate that genetic counseling and testing should be an integral part of a comprehensive oncology program in community hospitals. Bringing genomics to the community increases the quality of care and advances the hospital's mission. □

NOTES

1. D. Ford, D. F. Easton, M. Stratton, et al., "Genetic Heterogeneity and Penetrance Analysis of the BRCA1 and BRCA2 Genes in Breast Cancer Families," *American Journal of Human Genetics*, vol. 62, no. 3, March 1998, pp. 676-689.
2. B. L. Weber, C. Punzalan, A. Eisen, et al., "Ovarian Cancer Risk Reduction after Bilateral Prophylactic Oophorectomy (BPO) in BRCA1 and BRCA2 Mutation Carriers," *American Journal of Human Genetics*, vol. 67, supplement 2, July 2000, pp. 59-66.
3. L. C. Hartmann, D. Schaid, T. Sellers, et al., "Efficacy of Bilateral Prophylactic Mastectomy in BRCA1 and BRCA2 Gene Mutation Carriers," *Journal of the National Cancer Institute*, vol. 93, no. 21, November 7, 2001, pp. 1,633-1,637.
4. See H. J. R. Bussey, *Familial Polyposis Coli: Family Studies, Histopathology, Differential Diagnosis, and Results of Treatment*, Johns Hopkins University Press, Baltimore, 1975.
5. Penrose Cancer Center registry, colorectal statistics, 1996-2001.

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