

OPERATIONALIZING THE RHS-15: *SETTING THE CONTEXT*

This document may help you implement the Refugee Health Screening (RHS-15) in your health clinic.

How the RHS-15 is introduced/explained to refugee patients:

At the beginning of each health screening visit, the worker should explain how the visit will flow, including what will happen in terms of medical history review, heights and weights, blood draws, immunizations, etc. The health worker should add that the last part of the visit also involves questions about how they are doing both in their body and in their mind. These questions are about sadness, worries, body aches and pain, and other symptoms that may be bothersome to them. It is important that this portion is seen as another part of the overall medical screening.

After immunizations have been administered, the worker hands out the RHS-15, and reminds the family that this is the last part of the visit and tells them that she/he would like each person (over 14 years of age) to answer the questions. Suggested script:

“These questions are about symptoms that some people get that are related to bad experiences, stress at home, or travel to a new country. Like any health problem, the goal is to find out if you need help for any of these symptoms. Your answers are not shared with employers, USCIS, teachers, etc.”

The healthcare worker reminds everyone that each person will answer the questions by themselves, but that they can ask for help from the interpreter if they cannot read them or find the questions or answers confusing. The healthcare worker explains how to answer the questions (only pick one number for example) and encourages everyone again to ask for help if they need it.

It is hoped that this approach puts the family at ease and normalizes the screening tool as a regular component of their overall health-screening visit.

Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.

Pathways to Wellness: Integrating Community Health and Well-being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

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