

A Conversation with **Greta Macey, Region 14**

BUILDING BRIDGES TO MUSLIM YOUTH FOR POSITIVE IMPACT

Written by **Tess Burick** of **Trailhead Institute**, made possible by the shared knowledge, expertise and work of **Greta Macey** and partnership of **Tri-County Health Department, Muslim Youth for Positive Impact** and **Clinica Family Health in Thornton, Colorado**



Pictured:

Aimee Voth-Siebert of [CDPHE](#) facilitating a Psychological First Aid training for staff and volunteers of Muslim Youth For Positive Impact addressing topics of traumatic stress, stress response, coping mechanisms and communication strategies in crisis.

Photo credit:

Muslim Youth for Positive Impact

Serving Adams County as the **Regional Health Connector** in Region 14, **Greta Macey** carries a keen awareness of the impact that access to healthcare and meeting one's basic social needs has on physical, mental and behavioral well-being. This knowledge has been pivotal in her work aiding the Regional Health Connector Program's support of Colorado's **Behavioral Health Recovery Act (BHRA)**, and stems from an unexpected introduction to the field of public health by way of a community nutrition class at California State University, Chico that catalyzed her career down a pathway rooted in working with communities.

Greta followed her passion for community nutrition to Tri-County Health Department in 2016 where she completed their Dietetic Internship Program. Following her internship, Greta was hired to the health department's Women, Infants, & Children Program (WIC) where she put her expertise as a registered dietitian into practice working within food systems and food access – skills she would later bring to Trailhead's RHC program beginning in August of 2021.

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The passing of Colorado's Behavioral Health Recovery Act in June of 2021, came as the United States Armed Forces were withdrawing from Afghanistan. This geo-political current event has touched Colorado where over 2,000 Afghan humanitarian parolees, asylees, and those arriving by Special Immigrant Visas (SIVs) have resettled across the state. While Colorado typically resettles roughly 3% of the national total of refugee arrivals, the collapse of Afghanistan's U.S.-backed government sparked conversations with state and local officials about how to prepare for the significant influx of Afghan families arriving in the Denver Metro region and elsewhere across the state.

Greta's knowledge of clinical and community resources through the RHC program and prior experience working alongside refugee communities through her role at WIC readied her for conversations with the Office of Emergency Management at Colorado Department of Public Health & Environment, local resettlement agencies and clinical partners including Clinica Family Health in Thornton, Colorado. Through numerous meetings with partners, Greta explored what role Tri-County Health Department was best positioned to take in aiding increased resettlement efforts for Afghan families arriving in Adams County. Through these conversations, it became apparent that the level of need among refugees resettling from Afghanistan is not only significant, but requires a holistic approach that addresses access to primary care, meeting social needs and encompasses support for behavioral and mental health through peer support.

Greta noted that the underfunding of resettlement agencies under the previous administration and burnout within the healthcare and public health workforce brought on by the COVID-19 pandemic have increased the burden on healthcare and social service providers in Adams County. Together, these factors have strained the capacity of providers to meet the needs of refugee communities who carry the additional hardship of overcoming language barriers, navigating cultural differences and harboring possible experiences with collective stress and trauma.

In conducting her needs assessments for her Behavioral Health Recovery Act project, Greta learned that there are limited long-term, culturally-relevant behavioral health options for Afghan refugees in Adams County. In exploring solutions to address this gap, Greta connected with **Muslim Youth for Positive Impact (MYPI)**, a local, grassroots non-profit organization whose mission is "to empower youth with the Islamic identity and principles to make a positive impact on their communities, environment, and relationships that promote responsible citizenship and stewardship."

MYPI had already identified the need for building out mental wellness supports for refugee families through their Adopt-A-Family program led by Amina Hashem wherein youth ambassadors assist refugee families with making the transition to becoming self-sufficient and integrated into the community. This need spurred the development of MYPI's Mental Wellness Program that strives to create access to culturally-competent mental and behavioral health services; build trust between youth and the community; address stigma within the Muslim faith; and empower youth through identity development and creative coping strategies.

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Within this program launched MYPI Wellness House which offers basic counseling services for youth and their families by trusted Muslim mental health professionals. Additionally, MYPI has begun training Imams, community leaders, and youth in mental health intervention and first aid with particular emphasis on centering youth voices in their mission towards mental wellness in the Muslim community.

With MYPI leading the development of a youth-centered mental wellness program, Greta's work as an RHC is focused on supporting connection and collaboration between MYPI and Clinica Thornton, a local family health clinic in the region that predominantly serves Medicaid members and refugee populations. As Greta engaged with members from both MYPI and Clinica Thornton, she was moved to learn of the peer support efforts that were organically taking place among Afghan community members and arriving refugees.



There are a lot of ladies from the mosque who will spend their own time and go to Clinica and hang out in the reception lobby and help translate and take people to the pharmacy to pick up medications that they were just prescribed. They can't do anything inside [clinic appointments] because of HIPPA when they're not trained [as medical interpreters], but they go and they help. They take them to their WIC appointments, or they take them to the grocery store to teach them how to use their food stamps. And they do that all on their own time because the [clinics and resettlement agencies] don't have the capacity.

**Greta Macey, Regional Health Connector
serving Region 14**

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By establishing a direct referral relationship between MYPI and Clinica Thornton, providers will be to directly refer families to MYPI after their initial medical screenings for wrap-around peer supports to address presenting social-emotional needs. Additionally, this clinic-community linkage has already opened doors for collaboration and learning between the two entities, including a cultural awareness training facilitated by MYPI for Clinica staff on how to communicate a medical diagnosis or health-related concern to Afghan community members in a manner that promotes understanding and acceptance.

Notably, Greta's work within the scope of her RHC role to support connection and collaboration between MYPI and Clinica Thornton is buoyed by a \$50,000 grant from **Colorado Access** to help bolster MYPI's existing programs. When determining how best to utilize the generous funding from Colorado Access, Greta recognized it was crucial that MYPI be the decision-makers in guiding how and where the funding is utilized as those who have the greatest knowledge of their community's needs. As such, MYPI voiced a desire to leverage the funding to compensate volunteers and staff members who have informally taken on the role of patient navigators for Afghan evacuees in their community in their spare time and without pay.

Greta acknowledges that from an assessment perspective, directing funding towards paying staff and providing stipends to volunteers may be difficult outcomes to quantify. However, Greta advocates that there is much to be learned by listening to and trusting those working at the center of community needs. She also acknowledges that bolstering the administrative capacity of MYPI's staff and volunteers is integral to amplifying their impact in Adams County and also serves to honor MYPI's leadership and community of volunteers for their time, expertise and lived experience. She added that Colorado Access has been a phenomenal partner in their support of MYPI guiding how the grant funding ought to be utilized.

PROJECT SUMMARY

AREA OF FOCUS

Intervention

POPULATION OF FOCUS:

Afghan Humanitarian Parolees,
Special Immigrant Visas
(SIVs), and Asylees in Adams County

IDENTIFIED GAP:

Limited long-term behavioral health options for refugees in Adams County. With a high volume of arrivals, an already limited system may not be able to meet the needs of families from Afghanistan

PROPOSED SOLUTION:

Design and implement peer support/peer mentorship for priority population mental health

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In March of 2022, funds from the Colorado Access grant were used to provide stipends to MYPI's Adopt-A-Family Ambassadors and program staff to attend a Psychological First Aid Training hosted by Clinica Thornton. While the Psychological First Aid training was offered for free, the stipends served to recognize the generous support volunteers have offered to refugee families in their community. A second training on Mental Health First Aid will take place this summer with a similar stipend structure offered to attendees.

When envisioning what additional impact could be possible with sustained funding, Greta shared that providing medical interpretation training for volunteers or community members identified through Masjid Ikhlas, the local mosque in Northglenn, or MYPI would serve as a vehicle for both economic mobility and meet an important need for Afghan community members. In particular, Greta noted there is a large need for female medical interpreters as it is viewed as culturally inappropriate for Muslim women to disclose personal health details to male providers or interpreters.

In reflecting upon her Behavioral Health Recovery Act project, Greta pointed towards community engagement as a central and eye-opening element of her experience.



Maybe the community cannot engage from 9-5 [PM], Monday through Friday. No matter how much we provide childcare, food and stuff like that, all these folks that work for this nonprofit are working full-time jobs, not related [to MYPI]. I had a meeting with Amina and she was on her lunch yesterday, from her normal job, to talk about MYPI stuff. So I just think that those of us who are fortunate enough to be paid for our time to do this, [we have to recognize] a lot of good work is happening on the evenings and weekends. How do you get community representation? How do you engage with the community? It can't be within our bubbles, no matter how many stipends we provide – it just has to look different.

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With Gratitude To

KEY PARTNERS

Amina Hashem: Muslim Youth for Positive Impact's Adopt-A-Family Program Manager

Huma Babak Ebadi: Muslim Youth for Positive Impact's Executive Director

Jennifer Manchester: Clinica Thornton Medical Director

Aimee Voth-Siebert: Behavioral Health and Inclusion Worklead at Colorado Department of Public Health and Environment

TRI-COUNTY HEALTH DEPARTMENT

This work would not be possible without the partnership and collaboration of Tri-County Health Department as the host organization for the Regional Health Connector position in Region 14. Established in 1948, Tri-County Health Department's mission is to promote, protect and improve the lifelong health of individuals and communities in Adams, Arapahoe, and Douglas counties through the effective use of data, evidence-based prevention strategies, leadership, advocacy, partnerships, and the promotion of health equity.