Minnesota’s Refugee Health Program Overview

September 2, 2014

Minnesota Department of Health
Refugee and International Health Program Staff

Mission and Functions

Special Projects
## Infectious Disease Epidemiology, Prevention and Control

**Infectious Disease Epidemiology, Prevention and Control (IDEPCE) Division**

**Minnesota Department of Health (MDH)**

### Contact Information
- **Richard J. Caraballo**
- **Epidemiology Program Manager**

### Units and Sections
- **Outbreak and Investigation Unit**
- **Foodborne, Waterborne, Vectorborne and Other Communicable Diseases Division**
- **Vaccine Preventable Diseases and Immunization Program**
- **Sexually Transmitted Diseases and HIV Prevention and Partnership Section**
- **Environmental Health Division**
- **International Health**
- **Disease Investigation**
- **Laboratory Information Systems**
- **Communications and Administrative Services**
- **Web Technical Services**
- **Information Technology**

### Staff List
- **Chief, Epidemiology Program**
- **Deputy Director**
- **Assistant Director**
- **Deputy Director, Epidemiology**
- **Deputy Director, Surveillance**
- **Deputy Director, Disease Investigation**
- **Deputy Director, Laboratory**

### Contact Details
- **Phone:** 651-583-5982
- **Fax:** 651-583-5981
- **Email:** dep@state.mn.us

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*For more information, visit [IDEPCE's official website](http://www.mdh.state.mn.us/depc)**
Refugee and International Health Program Staff

• Refugee Health Coordinator
• International Health Coordinator
• Refugee Health Nurse Consultant
• Refugee Health Medical Social Worker
• Refugee Health Epidemiologist
• LEP Communications Planner
• International Health Planner
• Student Workers (4x)
Mission

To promote and enhance the health and well-being of refugees.

We are committed to:

• Ensuring timely health assessment, treatment and referral for all new refugee arrivals to the state

• Educating health care professionals on best practices in refugee health

• Offering technical assistance, education and resources to local, state and community partners

• Providing leadership and guidance to refugee health professionals in other states; and promoting public health practices and policies that further our mission.
Refugee Health Program Functions

- Coordinate domestic refugee health screening at the state level
- Analyze data, summarize and share results
  - Develop research studies
- Identify health disparities and support
- Develop health education programs & materials
  - Presentations and presence at community events
  - Community Resources
    - Ethnic radio, TV, newspapers, print materials
    - English as Second Language (ESL) Classroom
- Train health professionals
  - Website
- Strengthen partnerships at state and national levels
  - Ongoing collaborations, consultations
Background
Dept. of Homeland Security Definitions

U.S.A.

U.S. Citizen

Non-Citizen (Foreign-born)

Immigrant
- LPR
- LTR
- authorized employment

Non-Immigrant
- undocumented individual
- student
- visitor on business
- tourist

Persons fleeing from persecution
- refugee
- asylee
- parolee
Who is a refugee?

Foreign-born resident who:
- is not a United States citizen
- cannot return to his or her country of origin because of a well-founded fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group

Refugee status is generally given:
- prior to entering the United States
- by the State Department or U.S Citizenship and Immigration Services (USCIS)
Worldwide Statistics, 2013

• Total forcibly displaced 51.2 million
• Total internally displaced persons 33.3 million
• Total refugees 16.7 million
• New refugee and asylum seekers 1.1 million
• Total resettled 98,400

UNHCR Global Trends 2013, United Nations Higher Commissioner for Refugees
## Principal Sources of Refugees 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Afghanistan</td>
<td>2,556,600</td>
</tr>
<tr>
<td>2</td>
<td>Syria</td>
<td>2,468,400</td>
</tr>
<tr>
<td>3</td>
<td>Somalia</td>
<td>1,121,700</td>
</tr>
<tr>
<td>4</td>
<td>Sudan</td>
<td>649,300</td>
</tr>
<tr>
<td>5</td>
<td>Dem. Rep of Congo</td>
<td>499,500</td>
</tr>
<tr>
<td>6</td>
<td>Myanmar (Burma)</td>
<td>479,600</td>
</tr>
<tr>
<td>7</td>
<td>Iraq</td>
<td>401,400</td>
</tr>
<tr>
<td>8</td>
<td>Colombia</td>
<td>396,600</td>
</tr>
<tr>
<td>9</td>
<td>Vietnam</td>
<td>314,100</td>
</tr>
<tr>
<td>10</td>
<td>Eritrea</td>
<td>308,000</td>
</tr>
</tbody>
</table>

Source: UNHCR Global Trends 2013, United Nations Higher Commissioner for Refugees
<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Resettlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>United States</td>
<td>66,249</td>
</tr>
<tr>
<td>2.</td>
<td>Australia</td>
<td>13,169</td>
</tr>
<tr>
<td>3.</td>
<td>Canada</td>
<td>12,173</td>
</tr>
<tr>
<td>4.</td>
<td>Sweden</td>
<td>1,902</td>
</tr>
<tr>
<td>5.</td>
<td>United Kingdom</td>
<td>966</td>
</tr>
<tr>
<td>6.</td>
<td>Norway</td>
<td>948</td>
</tr>
<tr>
<td>7.</td>
<td>New Zealand</td>
<td>840</td>
</tr>
<tr>
<td>8.</td>
<td>Finland</td>
<td>674</td>
</tr>
<tr>
<td>9.</td>
<td>Denmark</td>
<td>515</td>
</tr>
<tr>
<td>10.</td>
<td>All Others*</td>
<td>990</td>
</tr>
</tbody>
</table>

**Total**  
N=98,426

*Includes the Belgium, Brazil, Czech Rep., France, Germany, Hungary, Ireland, Japan, Netherlands, Philippines, Portugal, and Uruguay

Source: UNHCR Global Trends 2013, United Nations Higher Commissioner for Refugees
Top U.S. States for Refugee* Resettlement FY 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Texas</td>
<td>7,473</td>
</tr>
<tr>
<td>2.</td>
<td>California</td>
<td>6,384</td>
</tr>
<tr>
<td>3.</td>
<td>Michigan</td>
<td>4,651</td>
</tr>
<tr>
<td>4.</td>
<td>New York</td>
<td>3,965</td>
</tr>
<tr>
<td>5.</td>
<td>Florida</td>
<td>3,617</td>
</tr>
<tr>
<td>6.</td>
<td>Arizona</td>
<td>3,051</td>
</tr>
<tr>
<td>7.</td>
<td>Georgia</td>
<td>2,714</td>
</tr>
<tr>
<td>8.</td>
<td>Ohio</td>
<td>2,786</td>
</tr>
<tr>
<td>9.</td>
<td>Pennsylvania</td>
<td>2,507</td>
</tr>
<tr>
<td>10.</td>
<td>Illinois</td>
<td>2,453</td>
</tr>
<tr>
<td>13.</td>
<td>Minnesota</td>
<td><strong>2,214</strong></td>
</tr>
</tbody>
</table>

* Numbers include Amerasian, Asylees (Derivatives), Entrants/Parolees and Primary Refugee arrivals

Source: Refugee Processing Center/WRAPS
Minnesota Refugee Arrivals
2013
### Top 6 MN Counties of Primary Refugee Resettlement – 2013

<table>
<thead>
<tr>
<th>No.</th>
<th>County</th>
<th>Resettled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ramsey</td>
<td>1,113</td>
</tr>
<tr>
<td>2.</td>
<td>Hennepin</td>
<td>441</td>
</tr>
<tr>
<td>3.</td>
<td>Stearns</td>
<td>181</td>
</tr>
<tr>
<td>4.</td>
<td>Olmsted</td>
<td>141</td>
</tr>
<tr>
<td>5.</td>
<td>Anoka</td>
<td>90</td>
</tr>
<tr>
<td>6.</td>
<td>Kandiyohi</td>
<td>47</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Total</strong></td>
<td><strong>2,141</strong></td>
</tr>
</tbody>
</table>

*Refugee Health Program, Minnesota Department of Health*
Primary Refugee Arrivals, Minnesota 2013

- Somalia, 843 (40%)
- Burma, 842 (39%)
- Ethiopia, 56 (2.6%)
- Iraq, 156 (7%)
- Bhutan, 145 (7%)
- Other, 92 (4%)

"Other" includes Afghanistan, Belarus, Cameroon, China, Cuba, DR Congo, Eritrea, Iran, Kenya, Liberia, Mexico, Moldova, Sudan, Togo, Ukraine, Vietnam, and the West Bank

N=2,141

Refugee Health Program, Minnesota Department of Health
Country of Origin by County of Resettlement, 2013

Refugee Health Program, Minnesota Department of Health
Minnesota Refugee Health Assessment 2013
Refugee Health Screening in MN

• Exam w/in the first 90 days of arrival
• Public health clinics and private providers

• Goal:
  ...to control communicable disease among, and resulting from, the arrival of new refugees through:
  
  ❖ health assessment
  ❖ treatment
  ❖ referral
Refugee Health Assessment

Information Flow

Quarantine Station/CDC

VOLAG

MDH

Local Health Dept.

Screens

Forwards to primary provider

Primary provider screens

Screening form completed & returned

Refugee Health Program, Minnesota Department of Health
Refugee Health Partners

- Resettlement agencies (Volag)
- Local Health Department
- MDH
- Federal Partners
- Health Care Provider
- County Services
Outline of Exam Components

- Health History
- Physical Exam
- Immunization review and update
- TB screening
- Hepatitis B screening
- Screening for Intestinal Parasites
- CBC with differential
- Lead Screening
- HIV and Syphilis screening
  - Other STI- risk assessment, per provider discretion
- Assessment for Dental, Vision, Nutrition, etc.

www.health.state.mn.us/refugee
Refugee Health Assessment
“Pink” Form

MINNESOTA INITIAL REFUGEES HEALTH ASSESSMENT FORM
Return completed form, preferably within 90 days of US date of arrival, to address on reverse side of this form.

Name (last, first, middle): SIMPSON, WILMA
Date of Birth (Month/Day/Year): 06/08/1960
Alien or Visa Registration #: 011-111-111
U.S. Arrival Date (Month/Year): 01/20/2023
Country of Origin: AFGHANISTAN

Arrival Status: Primary Refugee
Gender: F
TB Class A of B Status: Class A
Date of Final Class Visit for Screening (Month/Year): 

Immunization Record: Review overseas medical exam and document immunization dates. Give rise to lab evidence of immunity if no immunizations are needed against that particular disease. For all other immunizations, update series, or begin primary series if no immunization dates are found.

<table>
<thead>
<tr>
<th>Vaccine-Preventable Disease/Immunization</th>
<th>Immunization Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR-2 (MMR)</td>
<td>Yes, no</td>
</tr>
<tr>
<td>Men cover</td>
<td>No</td>
</tr>
<tr>
<td>Rubella</td>
<td>No</td>
</tr>
<tr>
<td>Varicella</td>
<td>Yes</td>
</tr>
<tr>
<td>Zoster (Varicella)</td>
<td>Yes</td>
</tr>
<tr>
<td>Diphtheria, Tetanus, and Pertussis (DTaP)</td>
<td>Yes</td>
</tr>
<tr>
<td>Diphtheria, Tetanus (DtaP)</td>
<td>Yes</td>
</tr>
<tr>
<td>Polio (IPV, OPV) Types 1, 2 &amp; 3</td>
<td>Yes</td>
</tr>
<tr>
<td>Hepatitis B (Hep B)</td>
<td>Yes</td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV)</td>
<td>Yes</td>
</tr>
<tr>
<td>Nongonorrheal (NGV)</td>
<td>Yes</td>
</tr>
<tr>
<td>Meningeal (Mening)</td>
<td>Yes</td>
</tr>
<tr>
<td>Hemophilus Influenza B (PhI)</td>
<td>Yes</td>
</tr>
<tr>
<td>Hemophilus A</td>
<td>Yes</td>
</tr>
<tr>
<td>Influenza</td>
<td>Yes</td>
</tr>
<tr>
<td>TUBerculosis Screening:</td>
<td></td>
</tr>
<tr>
<td>Chest X-Ray done in U.S</td>
<td>Yes</td>
</tr>
<tr>
<td>TST or IGRA positive, Class B or C</td>
<td>Yes</td>
</tr>
<tr>
<td>History of TST positive, Class B or C</td>
<td>Yes</td>
</tr>
<tr>
<td>Given, not read (TT)</td>
<td>Yes</td>
</tr>
<tr>
<td>Abnormal, mostly or healed TB</td>
<td>Yes</td>
</tr>
<tr>
<td>Abnormal, non-syph, consistent</td>
<td>Yes</td>
</tr>
<tr>
<td>H/H test</td>
<td>Yes</td>
</tr>
<tr>
<td>Positive</td>
<td>No</td>
</tr>
<tr>
<td>Negative</td>
<td>No</td>
</tr>
<tr>
<td>Positive, not consistent with active TB</td>
<td>Yes</td>
</tr>
<tr>
<td>Inconsistent, not in PTB</td>
<td>Yes</td>
</tr>
<tr>
<td>Inconsistent, not in PTB</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
</tr>
<tr>
<td>TB treatment follow-up clinic</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Hepatitis B Screening:

1. Anti-HBs (one) Positive: Note if positive, patient is immune. Indeterminate: Results pending. Not done
2. HBsAg (one) Positive: Results pending. Not done
3. Antibodies to HBV-Hep B virus
4. Anti-HBc (one) Positive: Results pending. Not done
5. Anti-HAV (one) Positive: Results pending. Not done

Sexually Transmitted Infections:

1. Syphilis Negative: Results pending. Not done
2. HIV CONFIRM Negative: Results pending. Not done
3. Chlamydia Positive: Results pending. Not done

HEIGHT (in) | WEIGHT (lbs) | HEAD CIRCUM. (< 3 yrs old, cm) | PULSE | SYSTOMS |
<table>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

BLOOD GLUCOSE (mg/dl) | HEMOGLOBIN | HEMATOCRIT | % | VIT B12 (Sml) | LEAD (<17 yrs old) |
<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please fill in for all refugee:

Currently Pregnant: Yes No
Mental Health Concerns: Yes No
Vision Loss: Yes No

Referrals:

Primary Care / Family Practice: Yes No
Other: Yes No

Interpreter needed: Yes, language(s) needed: Yes No

Note: Fill out the Minnesota Refugee Health Assessment Form indicating the results of the tests listed on this form and return to the local public health agency within 30 days of receipt of the form. For more information, contact the Refugee Health Program, Minnesota Department of Health (651) 201-6414.

Screening Clinic: Physician/PAIN (Last) (First) (Middle)
Address: City State Zip
Phone: Office Home
Fax: 

Name/Person completing form:

RETURN MAIL TO: Local Public Health Agency

How will your client be reimbursed for this screening:

1. Direct MA OR
2. MIPAS specialty health plans
3. Other (specify):

*Note: A list of reimbursement is available to clients who screen refugees without health insurance. Must be primary screening, screened within 30 days of arrival, and complete exam. Call (651) 201-6414 for more information. Revised 01/11*
What is eSHARE?

web-based application developed for collecting demographic and domestic health screening results to conduct disease surveillance.

- secure, remote data entry
- summary reporting tool
Where in the world is eSHARE?

Implementing eSHARE

eSHARE Demo

Other Exchange Around eSHARE
Primary Refugee Arrivals Screened
Minnesota, 2003-2013*

*Ineligible if moved out of state or to an unknown destination, unable to locate or died before screening

*2013 data are preliminary
### Health Status of New Refugees, Minnesota, 2013*

<table>
<thead>
<tr>
<th>Health status upon arrival</th>
<th>No of refugees screened</th>
<th>No(%) with infection among screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB infection**</td>
<td>1,997 (96%)</td>
<td>427 (21%)</td>
</tr>
<tr>
<td>Hepatitis B infection***</td>
<td>2,046 (99%)</td>
<td>122 (6%)</td>
</tr>
<tr>
<td>Parasitic Infection****</td>
<td>2,001 (96%)</td>
<td>276 (14%)</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STIs)*****</td>
<td>2,054 (99%)</td>
<td>25 (1%)</td>
</tr>
<tr>
<td>Malaria Infection</td>
<td>185 (9%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Lead******</td>
<td>807 (96%)</td>
<td>88 (11%)</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>2,048 (99%)</td>
<td>397 (19%)</td>
</tr>
</tbody>
</table>

Total screened: **N=2,077** (98% of 2,109 eligible refugees)

* Data are preliminary
** Persons with LTBI (>= 10mm induration or IGRA+, normal CXR) or suspect/active TB disease
*** Positive for Hepatitis B surface antigen (HBsAg)
**** Positive for at least one intestinal parasite infection
***** Positive for at least one STI
****** Children <17 years old (N=845 RHAs); Lead level ≥5 ug/dL
Tuberculosis Infection* Among Refugees By Region Of Origin, Minnesota, 2013

N=1,997 screened

- Overall TB Infection: 427/1,997 (21%)
- Sub-Saharan Africa: 258/875 (29%)
- SE/East Asia: 153/962 (16%)
- Latin America/Caribbean: 0/3 (0%)
- North Africa/Middle East: 14/149 (9%)
- Europe: 2/8 (25%)

*Diagnosis of Latent TB infection (N=418) or Suspect/Active TB disease (N=9); Data are preliminary

Refugee Health Program, Minnesota Department of Health
Intestinal Parasitic Infection* Among Refugees by Region of Origin, Minnesota, 2013

N=2,001 screened

- Overall Parasitic Infection Rate: 276/2,001 (14%)
- Sub-Saharan Africa: 130/892 (15%)
- SE/East Asia: 132/956 (14%)
- North Africa/Middle East: 14/142 (10%)
- Latin America/Caribbean: 0/3 (0%)
- Europe: 0/8 (0%)

* At least one stool parasite found (including nonpathogenic); Data are preliminary
Hepatitis B* infection Among Refugees by Region of Origin, Minnesota, 2013*

N=2,046 screened

- Overall Hepatitis B Infection Rate: 6% (133/2,046)
- Sub-Saharan Africa: 5% (43/895)
- SE/East Asia: 8% (77/988)
- Latin America/Caribbean: 0% (0/3)
- North Africa/Middle East: 1% (1/152)
- Europe: 0% (0/8)

* +HBsAg; Data are preliminary

Refugee Health Program, Minnesota Department of Health
Health Status of New Refugees, Minnesota
Immunization Status, 2004-2013*

*2013 data are preliminary

Refugee Health Program, Minnesota Department of Health
Primary Refugee Arrivals, Minnesota
1/1/2014 - 7/31/2014*

Somalia, 690 (47%)
Burma, 467 (32%)
Iraq, 130 (9%)
Ethiopia, 43 (3%)
Bhutan, 53 (3%)
All Others*, 95 (6%)

“Other” includes Afghanistan, Belarus, Cambodia, Cameroon, Cuba, Eritrea, Iran, Kenya, Liberia, Moldova, Russia, Rwanda, Sierra Leone, Sri Lanka, Sudan, Ukraine, and West Bank

*Data are preliminary

Refugee Health Program, Minnesota Department of Health
### Top 6 MN Counties of Primary Refugee Resettlement – 2014*

<table>
<thead>
<tr>
<th>County</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramsey</td>
<td>764</td>
</tr>
<tr>
<td>Hennepin</td>
<td>263</td>
</tr>
<tr>
<td>Stearns</td>
<td>181</td>
</tr>
<tr>
<td>Anoka</td>
<td>95</td>
</tr>
<tr>
<td>Olmsted</td>
<td>80</td>
</tr>
<tr>
<td>Dakota</td>
<td>24</td>
</tr>
<tr>
<td>All Others</td>
<td>71</td>
</tr>
</tbody>
</table>

**Total:** 1,478

*1/1/2013- 7/31/2013
Data are preliminary*
Country of Origin by County of Resettlement, 2014*

*1/1/2012- 7/31/2014; Data are preliminary

Refugee Health Program, Minnesota Department of Health
# Health Status of New Refugees, Minnesota, 2014*

<table>
<thead>
<tr>
<th>Health status upon arrival</th>
<th>No of refugees screened</th>
<th>No(%) with infection among screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB infection**</td>
<td>606 (91%)</td>
<td>109 (18%)</td>
</tr>
<tr>
<td>Hepatitis B infection***</td>
<td>657 (99%)</td>
<td>32 (5%)</td>
</tr>
<tr>
<td>Parasitic Infection****</td>
<td>619 (93%)</td>
<td>72 (12%)</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STIs)****</td>
<td>651 (98%)</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>Malaria Infection</td>
<td>49 (5%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Lead******</td>
<td>248 (91%)</td>
<td>13 (5%)</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>654 (99%)</td>
<td>122 (19%)</td>
</tr>
</tbody>
</table>

Total screened: **N=663** (45% of 1463 eligible refugees)

* For refugees arriving into the US from 1/1/2014 through 7/31/2014 (data are preliminary)

** Persons with LTBI (>= 10mm induration or IGRA+, normal CXR) or suspect/active TB disease

*** Positive for Hepatitis B surface antigen (HBsAg)

**** Positive for at least one intestinal parasite infection

***** Positive for at least one STI

****** Children <17 years old (N=274 RHAs)
Secondary Refugees

• **Who is a secondary refugee?**

Secondary refugees are individuals who initially settle in a state other than Minnesota but soon migrate to live in Minnesota. This migration can occur within days, weeks, months or a year of a refugee’s arrival to the U.S.

• **Who notifies MDH of the arrival of a secondary refugee?**

MDH is most often notified of a secondary refugee’s arrival into Minnesota from Local Public Health or a clinic. However, in some instances, the primary state may notify MDH that the refugee has moved to Minnesota.
Secondary Refugee Work Flow

LPH or Clinic Notified of Secondary Refugee Arrival

Fax Notification Form to MDH Refugee Health Program (RHP)

MDH RHP Requests Overseas Records and Screening History from Primary State

MDH RHP Forwards Overseas Records and Screening History to LPH

Secondary refugee eligible for screening
- Refugee Health Assessment Completed
- LPH Faxes/Mails Pink Form to MDH RHP

Secondary refugee ineligible for screening
- No further assistance required
Secondary Refugee Arrivals to Minnesota

2013
Total notifications: 563

- Somalia, 504 (90%)
- Burma, 43 (8%)
- Other, 16 (2%)

Jan - Jul 2014
Total notifications: 454

- Somalia, 418 (92%)
- Iraq, 23 (5%)
- Other, 13 (3%)
### Secondary Refugee Arrivals to Minnesota

#### 2013

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened in MN</td>
<td>271 (48%)</td>
</tr>
<tr>
<td>Completed screening in primary state</td>
<td>173 (31%)</td>
</tr>
<tr>
<td>Completed screening in primary state, needs f/u</td>
<td>17 (3%)</td>
</tr>
<tr>
<td>Not screened/Pending</td>
<td>102 (18%)</td>
</tr>
</tbody>
</table>

#### Jan - July 2014

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened in MN</td>
<td>84 (18%)</td>
</tr>
<tr>
<td>Completed screening in primary state</td>
<td>149 (33%)</td>
</tr>
<tr>
<td>Completed screening in primary state, needs f/u</td>
<td>15 (3%)</td>
</tr>
<tr>
<td>Not screened/Pending</td>
<td>206 (46%)</td>
</tr>
</tbody>
</table>

Total notifications: 563

Total notifications: 454
Enhanced Screening for Burmese Refugees

- Enhanced pre- and post-arrival screening

- Evaluation of pre-departure interventions (HBV, parasites, nutrition)

- 234 enrolled participants arrived to MN between September 19, 2012 and July 15, 2014; results submitted to CDC for 151 (64%)

- Enrolled participants screened at HealthPartners/Center for International Health in St. Paul. MDH provides funds to clinic to collect additional stool and blood specimens to send to CDC.
Hepatitis B Linkage to Care Project

Goal: Enhance hepatitis B testing, follow-up, and linkage to care for newly arrived primary and secondary refugees in Hennepin and Ramsey Counties

Methods: Care coordination for HBV+ refugees
- Bilingual Karen and Somali staff; MPH student
- Provide education
- Make referral appointments & reminder calls
- Arrange transportation
- Ensure attendance of referral appointment
- Reschedule appointments, if necessary
- Use telephone interpreters
- Monitor and document referrals/outcomes
N=2,726

HBV-negative
N=2,531 (93%)

HBV-positive
N=195 (7%)

Lost to Follow-up
N=8 (4%)

Referral in Progress
N=16 (8%)

Linked to Care
N=161 (95%)

Lost to Follow-up
N=2 (1%)

Referral in Progress
N=8 (5%)

Referred to follow-up care
N=169 (87%)

*For results submitted to MDH through July 31, 2014
Medically Complex Cases

- Increased number of medically complex cases arriving nationally and in MN

- Resettlement workers are not familiar with medical terminology or impact of disease

- Resettlement workers are not given extra time or $$ for taking on cases with high needs for medical case management
Complex Case Criteria

• Arrival with medical issues beyond scope of routine health screening

• Need expedited access to health services
  • On medications for condition
  • Severe or multiple conditions
  • Pregnant

• Need to assure connection and follow through with health-related services in order to resettle successfully
Complex Case Process and Roles

• Resettlement Agency
  – Refer any arrivals with health/medical issues to MSW for review
  – Act as liaison between client/family and MSW to relay critical information and assist with appointments
  – Work with MSW to implement care plans; Assist clients in navigating health care systems

• Nurse & Medical Social Worker
  – Shared resource among the resettlement agencies, hired by MDH
  – Coordinate care plan development, assure implementation, document
  – Identify & Develop/Determine appropriate resources for each client
  – Assist resettlement agency staff navigate health care systems

• Health Care Providers & Local Public Health
  – Assess, examine and refer clients for appropriate care
  – Assist clients in navigating health care systems

• IOM & CDC/Quarantine Stations
Health conditions addressed

- Alcoholism
- Amputations
- Arthritis
- Asthma
- Blood disorders
- Dental emergencies
- Diabetes
- Congenital disorders
- Developmental Delays
- Depression/anxiety
- Cancer
- Catheter dependence
- Cerebral Palsy
- COPD
- Downs syndrome
- Hypertension/cardiology
- Mental retardation
- Pregnancy
- PTSD
- Schizophrenia
- Severe malnutrition
- Seizure disorder
- Trauma/sexual abuse
- Torture
Complex Case Data

2012
- 263 case referred
- 161 (61%) eligible/open
- 155 (96%) completed care plan
  - 4 moved/lost to f/u
  - 2 partially completed

2013
- 285 cases referred
- 175 (61%) eligible/open
- 171 (98%) completed care plan
  - 3 moved/lost to f/u
  - 1 partially completed
## 2013 Complex Cases by Health Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology/HTN</td>
<td>68</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>24</td>
<td>10%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>20</td>
<td>8%</td>
</tr>
<tr>
<td>Deaf/Hearing</td>
<td>16</td>
<td>7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14</td>
<td>6%</td>
</tr>
<tr>
<td>Seizure Disorder/Neurology</td>
<td>14</td>
<td>6%</td>
</tr>
<tr>
<td>Blind/Vision</td>
<td>14</td>
<td>6%</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>11</td>
<td>5%</td>
</tr>
<tr>
<td>Asthma</td>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>8</td>
<td>3%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>8</td>
<td>3%</td>
</tr>
<tr>
<td>Other†</td>
<td>32</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total‡</strong></td>
<td>238</td>
<td>100%</td>
</tr>
</tbody>
</table>

†Includes alcoholism, hematology, OBGYN, ENT, cancer, dental, kidney, migraines, malnutrition, gastroenterology
‡Sum of health conditions > total due to multiple conditions per case (30% of cases had more than one condition)
Community Projects
Health Orientation Project

- Assess current health orientation at resettlement agencies, clinics and local public health
  - Transportation
  - Health Insurance
  - Medication
  - Interpreters
  - Primary Care
  - Emergency Care
  - Urgent Care
- Guided by VOLAG cooperative agreement, refugee questions, and LPH & clinic practice
Health Orientation Project

Health Orientation Workgroup

• Collaboration of resettlement agencies, clinics and local public health
• Develop key components / messages
• Adapt and create materials for toolkit to ensure standard and comprehensive health orientation
• Determine best practices to be implemented and evaluated
International Health
Community Health Education (CHE) Project
PURPOSE:

• Develop and deliver health education to refugee communities, focusing on infectious disease, chronic disease and preventive health
• Increase community capacity to conduct health education
• Strengthen partnerships between MDH and community-based organizations serving refugees, immigrants and LEP populations
Health curriculum:

- Healthcare System
- Health Professions
- Dental/Oral Health
- Tuberculosis
- Cardiovascular Health
- Hepatitis B
- Cancer
- Reproductive Health
- Diabetes
Coalitions and Committees

- Coalitions RHP has been a part of:
  - Hmong Health Care Professionals Coalition
  - Somali Health Coalition
  - Twin Cities World Refugee Day Planning Committee
  - ARHC Health Education Committee
Metro Refugee Health Task Force

Past presentations have focused on:
• Farming with immigrants and refugees
• Dental care
• Refugees in the school system
• Community background information (Iraqi and Karen communities)
• Flu shots in a faith-based setting
LEP Communications
Interpreter Project
Ebola Outbreak Response
Local Media and Health Promotion

Laga bilaabo ku dhawaad da’da 11 sano, ilmuuhu waxay u baahan tahay saddex tallaal:
• **Tdap**, oo ka hortaga xiqleeyy ama xiiq-dheer, teetano iyo gawracatada;
• **Meningococcal**, oo ka hortaga infekshinka khatar ah oo ku dhaca maskaxda iyo dhiigga;
• **HPV**, oo ka hortaga noocyada kansarrada qaarkood.
Tallaalo lacag la’aan ah ama qiime jaban ayaa laga heli karraa dhakhaatiir badan.

Wixii macluumaad dheeraad ah boqoq:
www.health.state.mn.us/immunize

Did you know your preteen or teen still needs shots?
Starting at around 11 years old, kids need three vaccines:
• **Tdap**, which protects against whooping cough, tetanus and diphtheria;
• **Meningococcal**, which protects against dangerous brain and blood infections; and
• **HPV**, which protects against certain kinds of cancer.
Free or low-cost vaccines are available from many doctors.

For more information go to: www.health.state.mn.us/immunize
Often includes:

- Health education
- Promotion activities
- Resources

RHP works with LEP communities to develop appropriate response.

Goal: To create healthier, happier refugee communities and help promote healthier lifestyles.
Highlights RHP projects and events

- Refugee Health Data Update
- Provider Update
- LPH/VOLAG Spotlight
- Community Outreach Update
- Community Spotlight
- Upcoming Events
- Fun Facts!

Over 500 subscribers from around the world!
Refugee Health Directories
Questions/Discussion