



Greetings from the Refugee and International Health Program

Happy 2016! We've had a busy and productive 2015 and we're looking forward to new collaborations this year.

To kick off the year, we'll be hosting our Ninth Annual LPH/VOLAG Forum on January 28, 2016. Our mental health screening pilot will launch this month at four screening clinics. You can find details about these two activities in the following sections.

Center of Excellence in Refugee Health activities are also underway. In collaboration with a team of clinicians at the University of MN, HealthPartners, the Philadelphia Refugee Health Collaborative and the Centers for Disease Control and Prevention, Minnesota's Refugee Health Program will lead the revision and enhancement of

the refugee health guidelines. We will also partner with Colorado's Refugee Health team and a network of states to standardize refugee health data collection and conduct epidemiologic studies.

Lastly, we'd like to introduce you to our new Refugee and International Health Program staff. Selamawit Gebremariam, epidemiologist, transferred from the Hepatitis program to support our surveillance and community outreach activities. Bushra Hossain, an MPH student, will assist with the CDC-funded malaria project and other LEP projects.

We appreciate you and all you do for refugee health! We wish you all a fulfilling year.

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<http://www.health.state.mn.us/immunize>

December diverse media ad translated into Amharic. The ad highlights the importance of pregnant women getting their flu and whooping cough vaccines during every pregnancy.

Local Public Health/VOLAG Forum - January 28, 2016

The Ninth Annual Local Public Health and Resettlement Agency Forum will be held on January 28, 2016, from 8:00 am-4:30 p.m. This year's theme is Refugee Health Equity.

Discussions and presentations will focus on how to help refugees access important health resources and services. Topics include social security disability income, child and teen checkups, insurance, health orientation delivery, and mental health. The forum will address respectful and effective ways to work with diverse communities,

including sensitive topics like female genital cutting as well as general outreach and education. The day will also include a session on leadership and self-care in cross-cultural work.

Attendees will have the opportunity to network, generate ideas and share their knowledge to address the ongoing health-related needs of our new refugee arrivals in a way that advances health equity!

Find more details at the [Local Public Health and VOLAG Forum](http://www.health.state.mn.us/divs/idepc/refugee/forum.html) (www.health.state.mn.us/divs/idepc/refugee/forum.html) website. Registration is currently full, but presentations will be posted on the website after the forum. Contact Ellen Frerich at ellen.frerich@state.mn.us or 651-201-5827 if you have questions.



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Provider Update: Mental Health in Minnesota Refugees

Many refugee arrivals to Minnesota have mental health issues as a result of loss and trauma experienced overseas. In 2013 and 2014, 43 refugees arrived with mental health issues identified overseas and needed follow-up care in the U.S. However, to date there is no standard for mental health screening and referral during the Refugee Health Assessment (RHA) in Minnesota. The RHA is the post-arrival health assessment and is typically initiated within 90 days of U.S. arrival. Mental health screening and referral during the RHA varies from clinic to clinic. Among the 2,521 adult primary refugees to Minnesota from 2013-2014 who received a RHA, 2,004 (79 percent) received some screening for mental health issues (see Table). Of those screened, seven percent were identified as having a mental health problem, with the highest prevalence among Iraqi refugees (17 percent), who may have suffered more recent trauma. Cultural expressions of symptoms and potential stigmatization of mental health needs can also impact rates among cultural groups, depending on the screening protocol. Among those with a mental health issue identified during the RHA, 67 (46 percent) were referred to a mental health specialist for further evaluation and follow-up. The Refugee Health Program does not have data on the rate at which referred individuals accessed care.

These data show the need to move toward implementing a statewide refugee mental health screening component. In January 2016, select refugee screening clinics in partnership with the Refugee Health Program will pilot a mental health screening protocol. The clinics are HealthPartners Center for International Health (St. Paul), HealthEast Roselawn (St. Paul), Hennepin County Public Health Clinic (Minneapolis), and Olmsted County Public Health Clinic (Rochester). The mental health screening component consists of five questions focusing on mental health symptoms and functionality. These will be asked by the provider during the RHA and are not diagnostic, but designed to identify individuals whose mental health concerns could disrupt their well-being or ability to resettle.

This pilot project has been the joint effort of the Refugee Health Program and many diverse partners. In 2012-2013, the Refugee Health Program convened an expert workgroup of clinics, counties, resettlement agencies, and mental health experts. The recommendations of that workgroup proposed this standardized mental health screening tool to be integrated into the RHA. This recommendation is consistent with CDC recommendations to address mental health in the screening process, and with the demonstrated needs of the refugees resettling in Minnesota.

In partnership with the University of Minnesota School of Social Work and the Center for Victims of Torture, the Refugee Health Program has offered a training program in preparation for the pilot. A series of three webinars has been recorded. An in-person training seminar in December provided hands-on practice performing the screening. Pilot clinic providers and staff, health plan staff, and mental health professionals likely to receive referrals from the pilot clinics attended the training.

Please see the [Minnesota Refugee Health Provider Guide: Mental Health](http://www.health.state.mn.us/divs/idepc/refugee/guide/10mentalhealth.html) (<http://www.health.state.mn.us/divs/idepc/refugee/guide/10mentalhealth.html>) chapter for more information, including the report from the expert workgroup, the webinars, and the screening questions.



Planning and Training Team at the in-person Mental Health Training Seminar (left to right): Marge Higgins, Patricia Shannon, Ibrahim Rddad, Blain Mamo, Andrea Northwood, Amal Hassan, Ellen Frerich, Christine May, and Tonya Cook.

Table. Mental Health Screening and Referrals among adults 18 years and older during the Refugee Health Assessment, Minnesota, 2013-2014

Country of Origin	Total Primary Refugee Arrivals ≥18 years at US Arrival	Received RHA*	Screened for Mental Health Issues**	Mental Health Issue(s) Identified During RHA***	Referred to Mental Health Specialist****
Burma	949	943 (99%)	926 (98%)	71 (8%)	33 (46%)
Iraq	210	203 (97%)	166 (82%)	29 (17%)	14 (48%)
Somalia	1035	1006 (97%)	629 (63%)	17 (3%)	4 (23%)
All Others	397	369 (99%)	283 (77%)	29 (10%)	16 (55%)
Total	2591	2521 (97%)	2004 (79%)	146 (7%)	67 (46%)

*% among total arrivals

**% among those who received RHA

***% among those screened for mental health issues

****% among those with a mental health issue identified during the RHA

Questions and Answers about Refugees

We've heard a lot about refugees lately—in the news, in political debates, and around the dinner table. Here are responses to some common questions about refugees, with links to resources for learning more.

Q. How do we know that refugees coming to the U.S. aren't terrorists?

A. Refugees undergo multiple background and security checks, including interviews and fingerprinting, as well as iris scans for refugees from the Middle East. Agencies involved in screening refugees for security risks include the National Counterterrorism Center, the FBI, Homeland Security, the State Department, Customs and Border Protection, and the Transportation Security Administration. See this infographic released by the White House, [The Screening Process for Refugee Entry into the United States](https://www.whitehouse.gov/blog/2015/11/20/infographic-screening-process-refugee-entry-united-states) (<https://www.whitehouse.gov/blog/2015/11/20/infographic-screening-process-refugee-entry-united-states>). The bottom line is that "refugees undergo more rigorous screening than anyone else we allow into the United States."

Q. Could refugees spread disease in the U.S.?

A. Refugees receive an extensive health screening before traveling to the U.S. If they have certain health conditions, they will not be admitted into the U.S. These conditions include diseases that pose a public health risk and drug abuse. Within 90 days of their arrival in the U.S., refugees receive another health screening. Most conditions identified during the domestic health screening are either non-infectious or are very unlikely to cause outbreaks in the general population. Learn more at [CDC's Medical](#)

Community Spotlight: Being Well

The staff at the Being Well program are passionate about their work: tending to the body, mind, and spirit of people in the Karen and Hmong communities who are struggling with resettlement, family or work stressors, or mental health issues. This adult program was started in 2014 when a clinical social worker identified that the one-on-one, talk-therapy model traditionally used in the U.S. was not a good fit for Karen and Hmong clients. Their reliance on relationships within their community and the strong integration of body, mind, and spirit required a different therapeutic model with a focus on being well together.

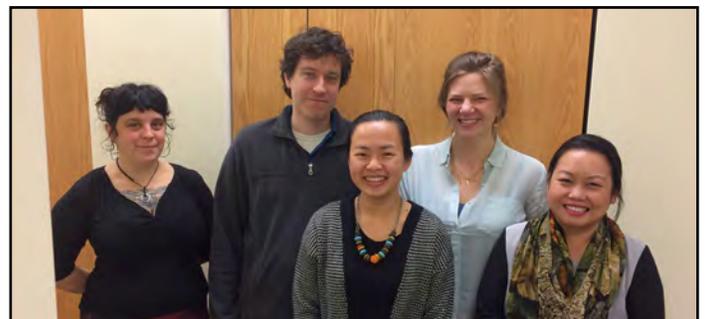
Currently, the program has four staff and three are bilingual in English and Hmong or Karen. The staff use words like "flexible," "client-centered," "meeting clients where they are at," "holistic," and "experiencing joy together" in describing their program. The weekly Being Well groups use movement, activities, and social connection to build on the resilience of each member in creating community support. The groups are held at agencies and facilities on the east side of St. Paul, where

[Examination: Frequently Asked Questions](http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html) (<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>).

Q. Are refugees a drain on the U.S. economy?

A. The federal government will spend around \$1.2 billion on refugee resettlement in fiscal year 2016, representing 0.03% of total spending. To learn more about spending on refugees and the U.S. budget, see [Proposed Refugee Admissions for Fiscal Year 2016](http://www.state.gov/documents/organization/247982.pdf) (<http://www.state.gov/documents/organization/247982.pdf>) and [Fiscal Year 2016 Budget of the U.S. Government](https://www.whitehouse.gov/sites/default/files/omb/budget/fy2016/assets/budget.pdf) (<https://www.whitehouse.gov/sites/default/files/omb/budget/fy2016/assets/budget.pdf>).

When refugees first arrive in the U.S., they need support. The initial support provided to refugees enables them to become working, tax-paying contributors to the economy. In their [Integration Outcomes of U.S. Refugees: Successes and Challenges](http://www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges) (<http://www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges>) report, the Migration Policy Institute found that refugees' household incomes rose to 85% of the U.S. average after 20 years of residence in the U.S., and they were only slightly more likely than U.S.-born individuals to rely on public assistance. A local report, [Immigrant Contributions to Minnesota's Economy](http://www.renewoureconomy.org/wp-content/uploads/2014/11/MN-Final-Brief.pdf) (<http://www.renewoureconomy.org/wp-content/uploads/2014/11/MN-Final-Brief.pdf>), was recently issued by a coalition of business and political leaders. The report showed that foreign-born Minnesotans, including refugees and immigrants, contributed nearly \$22.5 billion (7.5 percent) to the state's gross domestic product in 2012.



the largest number of Karen and Hmong people live. The intake process involves an in-home interview to determine if the group setting is best for the client.

Being Well staff (pictured left to right): Natalie Taber, Intern; Bradley Dreis, Clinical Supervisor; Shee Xiong, Andrea Everson, and Kia Lee, Program Staff. Not pictured: Darius Josiah, Program Staff.

Services, including transportation, are free to participants. If a client has insurance, the insurance will be billed and any co-pays will be negotiated or waived. A "warm-hand-off" referral is best; if you know of someone who may benefit from these services, please call 651-272-3618 and help them move toward living better and being well.