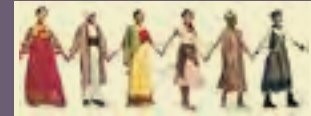


Refugee Health Quarterly

A Refugee Health update from the Minnesota Department of Health



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Greetings from the Refugee and International Health Program

Spring seems to be a good time for transitions. Let's start with some announcements. Sara Chute, who was with the Refugee and International Health Program for nearly 10 years, has accepted a new position as the assistant division director for the Center of Health Equity. We cannot thank her enough for her contributions to the program, her vision, and her passion. We know she'll continue to thrive in her work. Danushka Wanduragala has been assigned as international health coordinator. In this position, he will continue community engagement and lead responses to emerging health issues that impact refugees and immigrants. He has been with the program for three years, and we're excited to see him take on this role. We also have new student workers. Lauren Scott, Mimi Mohamud, and Abigail Gadbois have joined the program to assist with various surveillance and community engagement projects.

As we await updates from our federal partners on refugee arrivals for the remainder of the year, the program and partnering agencies are pushing forward to serve Minnesota's refugees. We continue to serve the large influx of refugees who arrived between October and December

2016, along with the smaller groups of refugees arriving now. We are also continuing work on projects that protect and improve refugee health.

In this publication, we'll highlight some of those projects, including findings from some evaluations we did over the past year: a survey of health care providers conducted by our Center of Excellence, an overview of secondary refugee arrivals and screenings, and a comparison of overseas and domestic hepatitis B testing results. We are also sharing select quotations from participants who, at our Local Public Health and Resettlement Agency forum held in January, shared their stories about working with refugees.

"I am honored to do the work I do because I'm welcoming our next leaders, teachers, doctors, nurses, lawyers, and persons who will work in refugee health!"
– Public health nurse

Events: Malaria Community Forum and World Refugee Day Celebrations

Please join us at the **Malaria Community Forum** to hear the results of recent focus groups held with West Africans across the Twin Cities. We will talk about the basics of malaria, its impacts on Minnesotans, and where to find more information. The event will be held on Saturday,

May 6 from 11:30 a.m. to 2:00 p.m. at the Brooklyn Park Activity Center. Lunch will be served at 11:30 a.m. For more information and to RSVP, visit the [Malaria Community Forum](#) event page.



Jayne Griffith staffs the MDH booth at last year's Twin Cities World Refugee Day Festival.

World Refugee Day is recognized every year on June 20th. Ban Ki-Moon, United Nations secretary-general, explained that this observance is a time to "stand together with the millions of men, women and children who flee their homes each year, to ensure that their rights and dignity are protected wherever they are, and that solidarity and compassion are at the heart of our collective response." MDH is planning special social media stories around this day, so please watch our accounts to share our content.

The 2017 **Twin Cities World Refugee Day Festival** will take place on July 16 in Loring Park. This family-oriented festival celebrates the stories, arts, and cultures of the refugees that now call Minnesota home. MDH will again have a booth at this year's event. Learn more about the festival on the [Twin Cities World Refugee Day](#) website.



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Ensuring Quality and Equitable Care for Refugees: Nationwide Survey of Health Care Providers

A primary focus area of our Center of Excellence in Refugee Health is guidance for health care providers working with refugees. We conducted a nationwide needs assessment to inform our work on updating and expanding screening, clinical, and public health guidelines for U.S. providers. Our target audience was providers who screen newly arrived refugees and those who provide ongoing primary care to refugees. The survey asked participants about the scope of their work with refugees, their experience using the CDC domestic refugee screening guidelines, other refugee health resources they relied on, and their preferences for future resources.

In summer 2016, MDH received over 600 responses from refugee health professionals in nearly every U.S. state (as well as Canada). Fifty-seven percent of 385 respondents provided initial health screenings for newly arrived refugees and sixty-two percent provided ongoing primary care to refugees (35 percent of providers did both). While 43 percent of respondents cared for fewer than five refugees per week, 24 percent saw 15 or more refugees each week.

Nearly all respondents said they often looked for clinical and cultural resources. Providers' top criteria for a resource are credibility and ease of use. Sixty-four percent had used the CDC domestic refugee screening guidelines. About a third of providers who had not used the guidelines did perform refugee screenings; 77 percent of those respondents had not been aware of the guidelines.

WHO Depression Campaign

On April 7th, World Health Day, the World Health Organization (WHO) announced a yearlong, global campaign called "Depression: Let's Talk." By sparking conversations, WHO hopes to destigmatize depression and mental illness, and connect more individuals to treatment. In Minnesota, many organizations are working together to support mental health for newly arriving refugees and their communities.

In January 2016, the Refugee and International Health Program partnered to pilot an additional mental health screening for the Refugee Health Assessment (see the January 2016 [Refugee Health Quarterly](#) for more details). The goal of the screening is to identify the small portion of refugees who are experiencing symptoms of depression or other mental health concerns and connect them to care. "Thanks to excellent partners and collaboration, the screening rate for primary refugees in Minnesota is 99 percent," said Ellen Frerich, Refugee Health Nurse Consultant. "However, [before this pilot] the screening did not spend much time on mental health—a key aspect of overall health, especially for refugees."

Conversations about mental health should not be confined to health care settings. Community organizations are also working to reduce mental illness stigma and increase community knowledge. The program has partnered with the Karen Organization of MN and the Somali American

Most of the providers who used the CDC guidelines found them helpful—particularly those on immunizations, intestinal parasites and tuberculosis. Providers requested improvements to the mental health guidelines. The Center of Excellence team is substantially revising those guidelines. When asked about additional topics they wished were included in the guidelines, respondents expressed interest in women's health, preventive medicine, and pediatrics. Our team is developing new guidelines in all three of those areas.

Providers also sought more historical and cultural context related to caring for refugees; they said they would find detailed refugee health profiles very useful, including specifics about cultural practices and beliefs. The Center of Excellence will promote, and potentially develop, content to respond to this need.

Respondents voiced strong support for embedding guidelines in their electronic medical records (EMR) system. We are creating a standardized refugee health point-of-care EMR tool to make guidance readily available to providers. Survey participants were also interested in an online interactive tool and in-person trainings. The Center of Excellence is creating an online tool and pursuing other means of disseminating the expanded and updated refugee health guidelines.

"Working with refugees is just plain inspiring. It keeps me grounded, grateful and in awe every day. They are why I keep going."
– Nurse practitioner at a county public health clinic

"As a medical case manager I have witnessed: A client who was blind regain his eyesight after arriving to the U.S. A client who was deaf regain her hearing. A client who could not walk due to polio regain her ability to walk. They all say, 'Thank you, America!'"
– Case manager at a resettlement agency

Parent Association to offer informational workshops and organize community dialogs on depression and other mental illnesses. The program also collaborated with the Center for Victims of Torture and the MN Literacy Council to develop a mental health lesson for English language learners. Interactive and PDF versions will be available on the RIHP website soon.

RefugeMN App

We had the opportunity to work on a project with Girls Who Code @ UMN. This group of amazing middle schoolers completed their first project in March 2017, a user-friendly mobile app called RefugeMN. The app helps refugees manage their insurance information and easily access basic health orientation materials in PDF or video form. Drawing on user feedback, we plan to enhance the content and expand the language options. The app is currently available for Android users; we hope to make it available for iOS platform.

Download the [RefugeMN](#) mobile app on Android. Learn more about the organization by visiting the [Girls Who Code @ UMN](#) website.



Provider Update: Hepatitis B Screening for Refugees

Screening for hepatitis B is an important part of the Refugee Health Assessment. In the countries of origin of many Minnesota-bound refugees, the most common mode of transmission is from a mother to an unborn child. Perinatal transmission of hepatitis B brings its own set of concerns because the younger someone is exposed, the more likely they will be chronically infected. The immune systems of infants and children are less equipped to fight off an acute hepatitis B infection, increasing the chance of chronic infection.

MDH recommends universal screening for hepatitis B (using surface antigen, surface antibody, and total core antibody) for all refugees, regardless of age or vaccination status. Completion of an immunization series does not ensure complete protection, and a person may have contracted the disease before receiving immunizations. Find more information on [Hepatitis B Serology](#) interpretation on the CDC website. Table 1 shows the prevalence of hepatitis B among Minnesota primary refugees.

In addition to domestic testing, some overseas hepatitis B screening is being implemented. The [Vaccination Program for U.S.-Bound Refugees](#) now includes recommendations that individuals be tested for hepatitis B (using surface antigen) before receiving hepatitis B vaccination. Those with positive surface antigen results are not vaccinated overseas.

The Refugee and International Health Program worked with Catherine Huber, a student in the physician assistant program at St. Catherine University, to explore the current overseas screening protocols and compare results overseas and domestically. Preliminary results show that a significant number of refugee arrivals have documented overseas hepatitis B surface antigen results (approximately 47 percent of primary arrivals from Jan. 1, 2015 to March 30, 2016). However, those results are sometimes conflicting with domestic results: our analysis revealed that a small number of individuals with a negative surface antigen in their overseas domestic screening have a positive result in Minnesota, or vice versa. The potential causes for these discrepancies are still being explored. Chronic hepatitis B is a serious diagnosis and MDH continues to recommend universal screening regardless of documented international results.

If a diagnosis of hepatitis B is made or confirmed during the Refugee Health Assessment process, providers should follow [Reporting Hepatitis](#) guidelines and are advised to test household contacts. We also recommend that providers discuss the diagnosis with the patient, emphasizing the importance of ongoing follow-up care even when the individual is asymptomatic.

Table 1. Prevalence of Hepatitis B Infection among Primary Refugees to MN, 2015-June 2016

Country of Origin	Age at U.S. arrival	# tested for HBsAg*	# Positive (%)
Burma	0-5 years	196	2 (1%)
	6-18 years	338	6 (2%)
	19+ years	552	64 (12%)
	Total	1,086	72 (7%)
Somalia	0-5 years	267	1 (<1%)
	6-18 years	482	6 (1%)
	19+ years	681	53 (8%)
	Total	1,430	60 (4%)
All Primary Refugee Arrivals to MN	0-5 years	569	3 (1%)
	6-18 years	1,004	12 (1%)
	19+ years	1,636	130 (8%)
	Total	3,209	145 (5%)

*Hepatitis B surface antigen; a positive result indicates chronic or acute hepatitis B infection