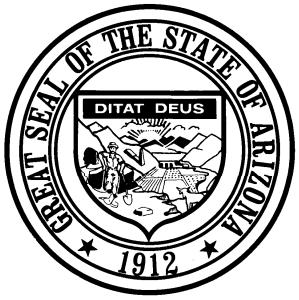
Refugee Health Coordinator Annual Report

July 2010

Arizona Department of Health Services

Photo by Natalia Winberry, Phoenix IRC



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Introduction

This report covers the activities of the Refugee Health Coordinator from July 1, 2009 to June 30, 2010 and is intended to fulfill requirement 20.18 for Contract No. DE081186-001 between the Arizona Department of Health Services (ADHS) and the Arizona Department of Economic Security (ADES), Refugee Resettlement Program.

Although the State of Arizona has been resettling refugees from many countries for over 30 years, the Refugee Health Coordinator position was not in place until July of 2008. For more information regarding how refugees arrive to the United States, the resettlement process, and the Refugee Health Program, please see the following link. http://www.azdhs.gov/phs/edc/refugee/index.htm

The role of the Refugee Health Coordinator (RHC) is to serve as a public health liaison, health educator, community facilitator and program planner at the ADHS in support of the mission for refugee health within the Arizona Refugee Resettlement Program (RRP) administered from within ADES.

FY 2009-2010 Refugee Health Coordinator Goals:

1. To educate stakeholders and the community about the importance of public health initiatives, services and programs and its relationship to refugees resettling in Arizona

2. To advocate and improve awareness for culturally-relevant and linguistically-appropriate healthcare services for refugees as they undergo a preventive health screening, receive any necessary follow-up and establish a relationship with primary care and other healthcare providers in their community

3. To serve as a resource for local voluntary resettlement agencies and other refugee program stakeholders for public health inquiries, information, technical assistance and education

4. To be familiar with the ADHS programs in order to recognize appropriate points of contact for various issues, problem solving and innovative opportunities to enhance health services for refugees

5. To work alongside the Arizona Refugee Resettlement Program (RRP) Refugee Health Services Manager (RHSM) to promote collaboration and coordination among the Arizona local voluntary resettlement agencies, refugee health care providers, community organizations and other agencies serving refugees

National Refugee Health Developments and Local Program Actions

During July 1, 2009 through June 30, 2010, several national public health developments, Federal policy changes and newly proposed directions for change occurred that impacted the refugee health program.

H1N1 Influenza Pandemic

The Arizona Department of Health Services officially began its public health emergency response to the emergence of the 2009 H1N1 influenza virus on April 21, 2009. Part of this response included planning activities for the yearly influenza season combined with the H1N1 response. These activities continued throughout the summer, into the fall of 2009 and beginning of 2010. The RHC was recruited to participate in the Department's H1N1 Community Outreach Workgroup and submitted an H1N1 Communication and Outreach Plan for the refugee service community.

The following activities comprised the RHC's H1N1 plan for communicating to and engaging the refugee resettlement community with the aim of informing and educating them on how to manage the influenza pandemic.

Maintain communication linkages with Federal refugee program partners and the Association of Refugee Health Coordinators (ARHC).

The ADHS RHC attended monthly national conference calls for the ARHC. Refugee Health Federal partners such as the HHS Office of Refugee Resettlement, the Centers for Disease Control and Prevention - Division of Global Migration and Quarantine, the U.S. Department of State – Bureau of Population, Refugees and Migration, and the U.S. Department of Homeland Security – U.S. Citizen and Immigration Services provided regular updates on these calls. This enabled the RHC to stay informed and incorporate the latest international and national information concerning H1N1 to assist the local refugee communities.

Establish a Statewide Electronic Distribution List for H1N1 Notifications and Availability of Multicultural H1N1 Materials

The RHC researched and assembled a statewide electronic mail distribution list of key refugee service providers and ethnic community leaders. Members of this distribution list were primarily the main contact for their own refugee-focused electronic distribution lists, which enabled further dissemination of H1N1-related information.

Examples included:

- Arizona Refugee Resettlement Program
- Arizona Department of Education – Refugee Education Coordinator

- AHCCCS (Medicaid) H1N1 Specialists (Director's Office)
- Arizona Health Disparities Center
- Arizona Refugee Advancement Coalition,
- Tucson-based Refugee Integration Service Providers Network
- University of Arizona Refugee Primary Care Listserv
- Community Outreach and Advocacy for Refugees (ASU campuses)
- Maricopa Integrated Health Systems – Refugee Women's Clinic Coalition
- Area Agency on Aging
- County Health Departments
- Local Community Health Centers
- School Nurses Association of Arizona
- School Nurse Consortium
- Local Refugee Voluntary Resettlement Agencies
- Ethnic and Community Groups (Mutual Assistance Associations – MAAs)

The primary intent of this distribution list was to notify partners of essential statewide and local information concerning the progression of the H1N1 pandemic but specifically, the availability of translated materials for use in prevention, education and other outreach activities regularly undertaken by these entities. For example, the "Cover your Cough" posters that were translated into 17 languages by the Minnesota Department of Health were electronically distributed and as a result, were seen in many refugee health partners' facilities and offices. Regular updates concerning the availability of vaccine and immunization clinics were also shared using this method.

Present H1N1 Information to Local Refugee Voluntary Resettlement Agencies

The RHC was able to present an overview of H1N1 information to local voluntary refugee resettlement agencies. The presentation was created by the Arizona Department of Health Services Bureau of Epidemiology and Disease Control Office of Infectious Diseases Staff and the presentations took place in early September. During these presentations, the RHC distributed the H1N1 posters produced by the Maricopa County Department of Public Health (MCDPH).

Formulate a H1N1 Discussion and Planning Steps at the Refugee Health Collaboration Workgroup Meeting

Under the facilitation of the RHC, H1N1 became the primary topic of discussion for the Refugee Health Collaboration Workgroup meeting held in September. Input was solicited from providers and community leaders on what information they were having trouble accessing and which were the priority items to be considered for state or local translation.

Most partners expressed needing multicultural and accurately translated H1N1 educational materials. The RHC was able to forward local concerns through ARHC and in late August, the HHS Centers for Disease Control and Prevention, Division of Global

Migration and Quarantine, Immigrant, Refugee and Migrant Health Branch initiated the development of H1N1 printed information targeted for refugees. In addition to internal agency approval procedures, materials were tested for cultural relevance and linguistic accuracy among the targeted refugee populations before being released. This recommended process for translation requires patience and is time consuming. As a result, the materials "H1N1 and You" and "H1N1 Contamination" were not available until late May of 2010.

Provide a H1N1 Update and Initiate Discussion at the RRP Quarterly Refugee Meeting

The Arizona Refugee Resettlement Program held this quarterly meeting in September 2009 at the Catholic Diocese Offices. The focus of this regularly scheduled meeting is to bring together statewide partners for information sharing, group discussion, and to address the current state of refugee resettlement and future developments. The RHC was part of the agenda to update the group on national and local H1N1 efforts as well as gain input through discussion of community needs with regard to education and management of the H1N1 pandemic.

Removal of HIV from the list of Communicable Diseases of Public Health Significance

On November 2, 2009, a final rule was published in the Federal Register by the Centers for Disease Control and Prevention which removes HIV as a *communicable disease of public health significance*. The effective date of this change was January 4, 2010, and the key policy changes are:

- HIV testing is no longer required as part of the overseas medical examination for U.S. immigration
- Those infected with HIV no longer need a health waiver to travel to, or receive a visa from, the United States

Local implications are that local voluntary resettlement agencies no longer know in advance through the health waiver process which arrivals are HIV positive. In the past, individuals with a health waiver for HIV were required to receive a referral from the resettlement agency for medical follow-up within seven days of arrival. Unless previously diagnosed, refugees undergoing the overseas health screening are no longer aware of their status prior to arrival. However, they are given the opportunity to consent to HIV testing as part of their domestic screening exam in Arizona.

During this process, if the refugee does not choose to share test results with his or her case manager, it will not be known if the client needs assistance in making appointments or other steps to receive follow-up services. There is a concern that because exposure to a new western healthcare system can be difficult, unique cultural considerations in treatment may not be met and self-management by the patient may be limited or not occur at all.

Immunization Changes for Adjustment of Status to Resident Alien

On November 13, 2009 a Federal Register notice was posted about the CDC's new vaccination criteria. The new criteria now apply to vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) for the general U.S. population.

The new vaccination criteria are:

- The vaccine must be age-appropriate* for the immigrant applicant
- The vaccine must protect against a disease that has the potential to cause an outbreak.
- The vaccine must protect against a disease that has been eliminated or is in the process of being eliminated in the United States.

*ACIP recommends vaccines for a certain age range in the general U.S. public. These ACIP recommendations will be used to decide which vaccines are age-appropriate for the general immigrant population.

The criteria went into effect on December 14, 2009. Based on the new criteria, Zoster and Human Papilomavirus (HPV) vaccinations are no longer required for U.S. immigrants who are overseas seeking a U.S. visa or those in the United States who seek to adjust their status.

The removal of the HPV and Zoster vaccine was well received by the resettlement community. In the past, the issue was raised concerning the lack of financial resources of adults to pay for the cost of the vaccines. Often, these vaccines are not covered by the refugees' health insurance, and for various reasons, the timing of the vaccine schedule often exceeded the eight month eligibility period for their Refugee Medical Assistance Program benefits.

In addition, there was significant controversy nationally over requiring young refugee girls and women to have the HPV vaccine when it is recommended, but not required, for the general U.S. population.

Centers for Disease Control and Prevention Interest in Assuming Greater Responsibility for Refugee Health Programs in the United States and Overseas

In March 2010, the Association of Refugee Health Coordinators had a telephone conference call with Eskinder Negash, the Director of the HHS Office of Refugee Resettlement. During the call, Mr. Negash announced that the CDC was looking into the possibility of assuming greater responsibility for the overseas health screening program. In late May, the CDC expressed an interest in assuming oversight and technical assistance for the domestic refugee health program as well. Three surveys were administered to the RHCs of each state program. The surveys consisted of quantitative programmatic and financial data as well as qualitative information from telephone interviews with the states.

The RHC and the RRP Refugee Health Services Manager participated in the surveys and interviews to assist the CDC in identifying trends and issues that are emerging in Arizona and across the nation.

At the time of this report, it is unknown if the CDC will assume greater responsibility in place of the U.S. Department of State Bureau of Population, Refugees and Migration (PRM) for the overseas health screening and/or HHS Office of Refugee Resettlement (ORR) for the domestic health screening.

Local Refugee Collaboration Workgroup Activities in Tucson and Phoenix

Tucson Area –

The Refugee Primary Care Workgroup completed its final report in May describing the survey results, focus group feedback and recommendations from a year-long study of healthcare challenges and issues facing refugees and health providers who serve them in the Tucson area. The workgroup was led by the Program Director of Community-Based Health Information Resources of the Mel and Enid Zuckerman College of Public Health at the University of Arizona. Meeting almost monthly, the RHC participated in this workgroup that was comprised of U of A medical and local librarians, local voluntary resettlement agencies, Pima County Health Department Medical Director and nursing staff, members of the refugee communities, the DES RRP Refugee Health Services Manager, graduate student interns, and staff from a local Urgent Care facility.

The primary care provider survey was completed by 26 health professionals who currently serve refugees, and 39 refugees took part in individual or group interviews. Results of both approaches led to several recommendations to:

- Improve language services
- Increase available information to refugees on how to navigate the healthcare system in Tucson
- Develop provider education about refugees
- Establish medical case managers and local community health navigators to guide refugees
- Leverage resources such as transportation, extended hours and childcare to facilitate refugees' access to primary care

The group is moving ahead in several areas and is looking for new funding options to begin working on the recommendations as a result of this project.

Phoenix Area –

The Refugee Health Collaboration Workgroup in the Phoenix area has been meeting quarterly since July of 2008. The initial meetings consisted of a small technical assistance group providing input and guidance to the Mountain Park Health Center, East Phoenix Office for a Somali outreach project.

The current meeting objectives are to: 1) Expand a partnership amongst all meeting participants for technical assistance and collaboration, 2) Share ideas and feedback for refugee services, 3) Share current information regarding refugee health projects and information and 4) Discuss next steps. The meetings occurred in September, December, March and May. Some of the new partners that began to attend workgroup meetings this year are:

- Native Health
- 27th Ave. Medical
- Greater Valley Area Health Education Center
- Counseling and Consulting Services
- Maricopa County Public Health Disparate Populations Liaison

Over the course of the past 20 months, the RHC has experimented with different meeting formats such as a guest speaker, community information sharing and group discussions. In the aim of serving the refugee health partners and their needs, an evaluation was conducted in March and will be used to help plan future meetings.

Evaluation Highlights:

- All members who completed the evaluation indicated that they enjoy having a designated speaker at each meeting to discuss programs, services and other refugee health-related information.

- Members were split when it came to focusing some meetings upon sharing issues and solving problems through group discussion. Fifty-six percent were "definitely" interested in this approach, and 33% felt that "sometimes" this was essential. Eleven percent was neutral.

- With regard to discussion, issues for future work included:
    - Behavioral health education
    - Health provider education
    - ESL – health lesson planning
    - Addressing gaps present within the network
    - Health issues related to acculturation, (sedentary lifestyles, high calorie diets)
    - Lack of a culturally-competent mental health screening tool
    - How to help all types of health providers improve their understanding of refugees.

- Sixty-seven percent felt that there were “definitely” networking opportunities at the meetings and 22% felt that “sometimes” there were. Eleven percent did not respond.

- Suggestions for Improvement included encouraging additional providers to attend as well as include partners such as Mutual Assistance Associations (MAA’s), county public health, academic partners, medical interpreters, and pharmacies serving refugees.

- All respondents agreed that the meeting summaries were helpful and slightly less than half, offered to possibly host a meeting in the future.

The meetings have primarily served as a forum to share information, ideas and updates. However, as a result of a meeting discussion held in March, a small committee of individuals from the workgroup is in the process of designing a handbook for health providers and staff to assist them in serving the unique needs of refugees.

Refugee Domestic Preventive Health Screening Program

A requirement of the local voluntary resettlement agencies cooperative agreement with the U.S. Department of State is that each refugee must undergo a medical screening within 30 days of arrival into the United States.

As of July 1, 2009, a new contractor, University Physicians Healthcare (UPH) Kino Hospital Infectious Disease Department, began to conduct the preventive health screenings for new arrivals in Tucson. This private provider model is comprised of two visits. The first is a walk-in visit to the hospital’s laboratory. After the results are received by the refugee clinic, an appointment is made and the client returns to the hospital clinic for a chest X-ray if needed, documentation of a comprehensive medical history, review of laboratory results, a physical exam, and immunizations as needed.

The UPH Kino Clinic incorporates the tuberculosis blood test into the panel of screening components during the first visit. Any patients who test indeterminately or positive for tuberculosis or require any further follow-up care in this area, are referred to the Pima County Health Department Tuberculosis Clinic for further evaluation and treatment.

The Maricopa County Department of Public Health (MCDPH) is also contracted with the Arizona Department of Economic Security, Refugee Resettlement Program and provides the medical screenings in the Phoenix area. The MCDPH conducts the initial exam in one visit and incorporates the same components as the Kino Hospital. Unless there are medical issues that require immediate follow-up, another appointment is scheduled with the refugee approximately one month later to review laboratory results and continue if necessary with the immunization schedule. Referrals are made by the

Refugee Services Clinic to the Maricopa County Tuberculosis Clinic for those refugees who test positive for the disease and who may require further evaluation and treatment.

Introduction of Tuberculosis Blood Tests to Screening Protocol:

During this program year, both MCDPH and UPH have introduced tuberculosis blood tests to their screening protocols. The MCDPH is currently using the T-SPOT test and the UPH has currently chosen the QuantiFERON®-TB Gold test (QFT-G).

Both tests require only one visit; unlike the traditional skin test which requires two. In the past one visit was needed to administer the test and a second a few days later to read the results. This measure has reduced the number of trips the clients need to make to the clinic and streamlined the response process for those clients with indeterminate or positive results. Both clinics are continuing to conduct chest X-rays and sputum tests as needed with clients to rule out active tuberculosis.

Tucson – University Physicians Healthcare Kino Hospital and Local Voluntary Resettlement Agency Workgroup Meetings

Since last July, monthly meetings have taken place in Tucson with UPH clinic and business operations staff, local voluntary resettlement agencies, the Pima County Health Department Medical Director and Tuberculosis Clinic Program Manager and staff, the Arizona Refugee Resettlement Program Refugee Health Services, and the RHC.

Some of the topics discussed and targeted for improvement are:

- Addressing the backlog of Tuberculosis testing for arrivals who have been in the country for more than 30 days
- Data and information sharing processes and procedures between UPH clinic and Pima County Health Department Tuberculosis Clinic for refugees requiring Tuberculosis follow-up due to positive or indeterminate test results discovered during screening
- Communications channels with voluntary resettlement agencies regarding appointment setting and ensuring labs are completed at least one week before clinic visit
- Appointment no-shows and cancellations policies for the clinic
- Extension of hospital laboratory hours and method of reporting results to the clinic
- Immunizations record keeping and clinic administration process
- Referrals to Primary Care Providers and Specialists subsequent to the health screening
- Understanding by all parties of the confidentiality of patients' medical information

Phoenix - Maricopa County Department of Public Health Refugee Services Clinic and Local Voluntary Resettlement Agency Workgroup Meetings

Workgroup meetings were held in September, October, December, January, February, April, and June. The meetings are comprised of MCDPH clinic staff, Arizona Refugee Resettlement Program Health Services, voluntary resettlement agencies located in Phoenix and the RHC.

This forum is especially helpful for the clinic and the resettlement agencies to discuss logistical issues such as adjusting the clinic schedule to alleviate occasional backlogs, the availability of various vaccines, smooth transition of urgent referrals for the client to a primary care physician and/or specialist, and the efficacy of clients to make a return visit as required for lab results follow-up and/or immunizations.

Highlights and accomplishments of the workgroup from the last 12 months include:

- The clinic developed a set of health-related questions for the local voluntary resettlement agencies to ask refugees as they deplane. If the answer is yes to any one of them, the agency is to send the refugee for medical attention prior to their MCDPH screening appointment.
- An emergency contact number was established for each voluntary resettlement agency for the clinic to contact if circumstances warrant during the clients' health screening
- Several discussions led to the understanding of confidentiality laws and procedures for HIV results of patients by the local voluntary resettlement agencies who previously knew this information ahead of clients' arrival
- A decrease in the number of appointment no-shows occurred over the course of this past reporting period
- Outreach and collaboration efforts were discussed with the Arizona Department of Health Services, Lead Poisoning Prevention Program
- Creating a list of refugee clients who are in need of follow-up medical care (moved, missed return appointments, etc.). This list will be shared with the resettlement agencies and the refugee health program.
- Initiation and education by MCDPH staff to local healthcare providers who serve refugees to explain the role of the clinic and what is involved at the initial preventive health screening.

Improvements and Initiatives in Statewide Refugee Health

Refugee Behavioral Health Services Request for Proposals

A request for proposals for the Refugee Mental Health Services Contract was issued in February 2010 for the Maricopa and Pima County service areas. The RHC was selected to serve as part of the Evaluation Committee. Informal meetings with various behavioral health providers in the state that occurred well in advance of the RFP period, helped to shape an updated and comprehensive scope of work.

Under the Refugee Act of 1980, the following services for refugees and other beneficiaries who have arrived in the United States five years ago or less are:

- Intake and referral services
- Psychiatric services (such as initial evaluation and medication management) for non- Medicaid eligible clients
- Psychological services
- Counseling/consultation services (e.g. individual, family and group counseling)
- Periodic updates of service plan with input from clients and the refugee community
- Outreach to the community to reduce the stigma often associated with obtaining mental health services
- Twenty-four and 48 month service plan goals
- Behavioral health provider education and capacity building.

The successful bidders will be announced by early August 2010.

RRP Refugee "Listening Only" Sessions – Phoenix and Tucson

The RHC participated in two Listening Only sessions hosted by the Arizona Refugee Resettlement Program. The purpose of the meeting was to assemble refugee program representatives together to "listen only" to the feedback of refugees who had gone through the local resettlement process. Each community designed the format of their meeting, and Mutual Assistance Associations in each community were able to select their spokespersons. Interpreters were made available for those individuals who requested one. Both the Phoenix session and the Tucson session were held in February 2010.

Medical and health-related comments during the Phoenix session included:

- The speaker is grateful for their health insurance
- There are significant language barriers between patients and physicians
- Transportation to appointments is a constraint to care
- Few people make appointments with their physicians due to lack of knowledge of hospitals (various places to get healthcare/health network)
- Refugees are completely lost when trying to get vaccines for adjustment of status

- The speaker is grateful for services and respect shown to them at Phoenix Children's Hospital
- A great need for behavioral health services
- No health insurance for non-Medicaid eligible refugees
- Mechanism for how to use and learn about additional community services (e.g. Salvation Army) is needed

Behavioral Health issues are also present in the Tucson area. Some concepts shared during the Tucson session included:

- There is a feeling of humiliation among Iraqi refugees who are well-educated and are working in lower level jobs and cannot adequately support their families. Also, there is a feeling of sadness from being away from their family and the difficult process or unlikelihood of reunification

- There are feelings of discrimination and persecution from a lack of understanding in the community about their culture and the circumstances that led them to relocate in the United States

- Solutions proposed included better short-term employment training opportunities for refugees in their area of expertise so they may be able to continue to work in their chosen field. Another proposal was to partner with agencies to share information about their culture with school-age children and the community at large

Public Health Linkages within the Arizona Department of Health Services to Enhance Refugee Health

Bureau of Epidemiology and Disease Control

Tuberculosis Program

The RHC handles the Inter-jurisdictional transfers for Latent Tuberculosis Infection (LTBI) patients who were diagnosed during their domestic preventive health screening. These refugee patients have moved to another state or county from which they initiated Tuberculosis (TB) treatment. By working with the local voluntary resettlement agencies and the receiving state's RHC, a forwarding address and contact information can usually be obtained. The local health department TB program can then locate and make contact with incoming refugees who still need to complete treatment and receive medical management for their condition.

The RHC was included in an informational meeting with the ADHS TB Program's Centers for Disease Control and Prevention (CDC) Program Consultant in March. The RHC shared refugee clinic tuberculosis data for 2009 and answered questions about

the refugee health program design in Arizona. The ADHS current cooperative agreement with the CDC requires local health departments to initiate medical evaluations for B1 (those who have been diagnosed with inactive TB overseas) arrivals within 30 days and complete medical evaluations for the B1 arrivals within 90 days. The program is working with the local health department TB programs to implement the system for tracking this data. The RHC will work with the TB Program to cross-check the identity of any individuals who may have tested positive for active tuberculosis as a result of their domestic preventive health screening.

Vector-Borne Disease Program

Malaria Cases:

The vector-borne disease program was able to inform the RHC about two refugee Malaria cases this year. The RHC and Refugee Resettlement Program Refugee Health Services manager worked together to coordinate information and ensure resources were available to the patients for treatment and that the local health department could complete their investigation.

Office of Infectious Disease Services

Potential Measles Exposure:

On April 29, 2010, four refugees en route to the United States (and ultimately Phoenix) were on the same flight as an individual that was diagnosed with Measles upon reaching the States The CDC Division of Global Migration and Quarantine (DGMQ) requested follow-up on all passengers who may have come into contact with this individual and provided the information (names, alien numbers, etc.) of those who had flown on the same flight. The RHC worked with Phoenix office of the Lutheran Social Services of the Southwest and the ADHS Vaccine Preventable Diseases Epidemiologist to obtain current information for the family so that the MCDPH disease investigator could follow-up and ensure that all family members had been vaccinated or had not contracted the illness. The result of the investigation was that no one had contracted Measles and their domestic preventive health screening took place later that week at the MCDPH Refugee Services Clinic.

Arizona Immunization Program Office

In March 2010, the RHC provided program background and information relating to the limited vaccine resources for adult refugees who are undergoing an adjustment of status to that of a resident alien. The meeting brought together the of the ADHS Arizona Immunization Program Office (AIPO) Office Chief as well as the Medical Director for Immunizations, the Immunization Program Manager and the Vaccines Center Manager. Both of the Medical Directors for Maricopa County and Pima County were on the telephone. The topic of the meeting was to explore monetary resources to cover immunizations needed by adult refugees. Various approaches were discussed

including expanding Refugee Medical Assistance Program (RMAP) coverage to include vaccination for adults administered at network pharmacies and the use of some limited funding (317 discretionary) that can cover young adults (19-21) who are enrolled in high school and need vaccines.

Office of Environmental Services – Lead Poisoning Prevention Program

The ADHS Lead Poisoning Prevention Program Epidemiologist and Data Specialist came to a MCDPH Refugee Services Clinic and local voluntary resettlement agency meeting in April 2010 to discuss their program and ways to improve their collaboration and case management with the Refugee Clinic and the Phoenix-area refugee voluntary resettlement agencies. The clinic will work more closely with the program to notify the State of refugees with high blood lead levels, and the voluntary resettlement agencies will discuss with the program ways to increase education and outreach among the community.

Bureau of Public Health Preparedness

The RHC had discussions with the State Health Volunteer Response Coordinator in the Preparedness Bureau who is writing a strategic plan to increase connections with hard-to-reach populations. He is taking into account the linguistical needs of those who do not speak Native American languages or Spanish. Part of the strategic plan is to gain community partnerships with those that serve hard-to-reach populations so that they can have an opportunity to participate in planning and exercising (testing) public health emergency response plans.

The RHC has also begun to participate in the bi-weekly conference calls hosted by the Maricopa County Department of Public Health Preparedness Department. The calls focus upon hard to reach populations and are comprised of local contacts who serve them. The calls have been helpful in discovering what activities and communication the County is undertaking with respect to at-risk populations.

For example, the MCDPH Public Health Preparedness released an RFP for a Hard to Reach Populations Specialist and the RHC forwarded the announcement to the refugee service provider community. The International Rescue Committee (IRC) Phoenix Office indicated an interest in making an offer and the RHC provided technical assistance for their proposal narrative. The IRC became the successful recipient of the grant and will begin its public health preparedness outreach and planning activities this summer.

Division of Behavioral Health Services

The DBHS initiated a cultural competency team this year. The RHC gave the first brownbag presentation to the Department for the DBHS Cultural Competency series describing the refugee health program and common issues faced by refugees in seeking behavioral health services.

Office of Children with Special Health Care Needs

The Office Chief, Children's Rehabilitative Services (CRS) Administrator and Division Chief Member Services, Education and Advocacy came to the MCDPH Health Clinic and gave an in-service to the Refugee and Tuberculosis clinic staff in February 2010. The RHC felt it was important for the MCDPH staff to be aware of the program because more refugee children are arriving with significant health issues.

In addition, this Office is partnering with Catholic Charities in Phoenix to provide technical assistance for refugee families to form a support group who have children with special healthcare needs. As a result of resettlement to the U.S., refugee families have often lost their extensive family network of caretakers and assistants to help with childcare and therefore need other avenues of support.

Bureau of Health Systems Development

Arizona Health Disparities Center

The RHC coordinated with the State TB Program and the Clinical Director for the MCDPH Refugee Services Clinic to present about Tuberculosis and refugees. Also World TB Day, This presentation, part of the Arizona Health Disparities Center brownbag series, was given on March 24th 2010.

Improving Health Disparities

Cross Cultural Health Institute

In November 2009, the RHC was asked to participate in a Technical Assistance Partnership (TAP) group sponsored by the St. Luke's Health Initiative (SLHI). The TAP "builds non-profit organizational capacity, alliances and senior partnerships." In addition to the refugee community, the Cross-Cultural Health Institute (CCHI) initiative TAP group had representation from the Latino, Asian-Pacific and Native-American populations; the Arizona Health Disparities Center; the Arizona Black Nurses Association; Maricopa Integrated Health System and Arizona Public Health Association. The small committee through twelve professionally-facilitated meetings produced the components needed to assemble a strategic/business plan to solicit funding to begin the CCHI.

At the time of this report, although the TAP-sponsored cycles have ended, members of the group have committed to writing the plan. The group will continue to meet in order to improve the plan and give the project shape and direction to fill a missing need to reduce the burden of chronic illness and health disparities in the Phoenix community. As the direction for the institute unfolds, additional partners will be needed. The RHC has added local refugee resettlement agencies as well as local Mutual Assistance

Associations (MAAs) to the partner list. This provides an opportunity for them to participate in this endeavor.

National Coordination for Refugee Health

U.S. Department of State Officials' Visit to Phoenix

The Arizona Refugee Resettlement Program hosted a comprehensive visit from the U.S. Department of State in March 2010. The RHC took part in the State and Local Officials meeting with the Under Secretary of Democracy and Global Affairs, Maria Otero, the Assistant Secretary of the Bureau of Population, Refugees and Migration, Eric Schwartz and the Deputy Director of Admissions for PRM, Larry Bartlett. The RHC shared the following issues and recommendations relating to the U.S, Department of State involvement with refugee health.

Issue:

Many refugees are arriving to the United States with significant and acute healthcare needs and medical issues. Often a lack of pre-arrival information regarding an individual's condition(s) complicates the arrivals' receipt of needed immediate care, medications and long-term services.

Recommendation:

Share the pre-arrival biography sheets for refugees that include known medical conditions with the Refugee Health Coordinators. This intervention will assist the Refugee Medical Assistance Programs (RMAP) in preparing for specific and sometimes complicated medical needs of arrivals. In addition, eligibility processes for long-term care and other services could be initiated.

Issue:

Due to necessary resettlement requirements during the first several weeks, children often experience a wait prior to the domestic preventive health screening for their required immunizations before attending school. Both children and adults need to continue their immunizations, in order to be current for their adjustment of status as well as having essential protection from vaccine-preventable illnesses.

Recommendation:

Initiate needed immunizations as part of the overseas physical exam performed by panel physicians. This initiative would be cost-effective, speed the process for refugee children to be enrolled in school, and ensure that adults are employment-ready upon arrival. The next dose and follow-up immunization schedule can then be administered within the 30-day time frame for the domestic preventive health screening. In addition,

this approach would help ensure that refugees are up-to-date for their immunizations for their adjustment of status process.

National Refugee Health Coordinator Association Data Collection Capacity Survey

The Data and Protocol Committee of the Association of Refugee Health Coordinators (ARHC) began in September 2009 to explore the development of *Refugee Health State Profiles* including standardized refugee health summary reports.

The purpose of these reports will be to generate refugee health data that may be shared between states and national refugee resettlement partners. State health profiles might include basic demographic data of the refugee populations served and health summary data for those refugees who received a health assessment in various states' refugee health programs. The state health profiles will ideally allow RHCs across the nation to:

- identify trends in adverse health outcomes among specific refugee populations
- identify the health services offered by the various refugee health programs in the U.S. with the capability and the potential to guide screening policies and protocols for refugee health services
- allow state refugee health programs to review data collection strategies in use by other states, fostering the identification of best practice methodologies

To guide this endeavor, the ARHC Data and Protocol Committee developed a nationwide survey to assess the current landscape in data collection, management and reporting in relation to domestic health screenings for newly-arrived refugees in each state.

The main objectives of this survey are to assess each state's capacity to:

1. Collect refugee demographic and/or domestic refugee health screening data
2. Manage and analyze data, and generate associated reports

The invitation to complete the survey was sent in late May 2010. The preliminary results were presented at the Annual Association of Refugee Health Coordinators meeting on June 6th in Washington DC. The RHC served as co-leader of this project and worked with the ADHS IT Department to prepare the on-line survey as well as assisted in preparing the presentation materials. The response rate at the time of the annual meeting was 46%. States were provided another opportunity to respond to the survey and the preparation of the final summary report will be in progress over the coming summer.

HHS Office of Refugee Resettlement (ORR) – Public Consultation

The 2010 HHS Office of Refugee Resettlement Public Consultation took place on June 6th through 9th in Washington DC. Over 700 people attended this conference.

Areas of key interest and potential impact to refugee health were the following:

1. The entire nation is experiencing a surge in complex medical cases among arrivals and the large associated expenses that are needed to address their health issues.

2. There is often a lack of medical case management experience among local voluntary resettlement agency staff to accommodate the needs of arrivals with complex medical needs.

3. Healthcare Reform: Refugees will be eligible for the new insurance system once it is in place. Health disparities will be among the areas of concern in the development of the system.

4. Improved information is needed from the overseas medical exam. Currently, there is often no notification to local voluntary resettlement agencies from the overseas bio sheets or medical record documentation concerning the true medical status of each refugee to determine appropriate preparation that is needed prior to their arrival.

5. The CDC is in the process of reviewing the relativity and efficacy of their various guidelines for refugee domestic screening.

6. The U.S. Department of State Population, Migration and Refugee (PRM) Office is in the process of requiring each local voluntary resettlement agency who is applying for resettlement and placement (R & P) funding to complete a survey of medical facilities in their local community. The intent is for PRM to gain a better understanding of what communities have appropriate medical and case management resources to serve complex medical cases so they may take this into consideration when determining placement with the national affiliates.

Priorities for FY 2010 - 2011

- Continue to plan and facilitate quarterly meetings centered upon partner collaboration, information sharing and outreach to refugees among Phoenix-area refugee health providers, refugee community leaders, refugee resettlement agencies, and RRP. Respond to the previously administered evaluation tool for various topics of interest. Consult with community experts to present these topics at refugee health collaboration workgroup meetings

- With the RRP, consult with the facilitator of the Refugee Primary Care Working Group in Tucson to assist in the expansion of its scope and continue participation

- Assemble a committee from the quarterly refugee health collaboration workgroup meeting attendees to plan and develop a refugee health providers' guidance manual. Once the draft is ready, preview with several health providers and refugees for feedback and additional input

- Continue to provide administrative and facilitation support for meetings in Phoenix and Tucson between refugee preventive health screening service providers and the local voluntary resettlement agencies.

- Continue to assist local voluntary resettlement agencies, mutual assistance associations and other partners in researching and providing content for health orientation and other presentations and educational materials created for refugees

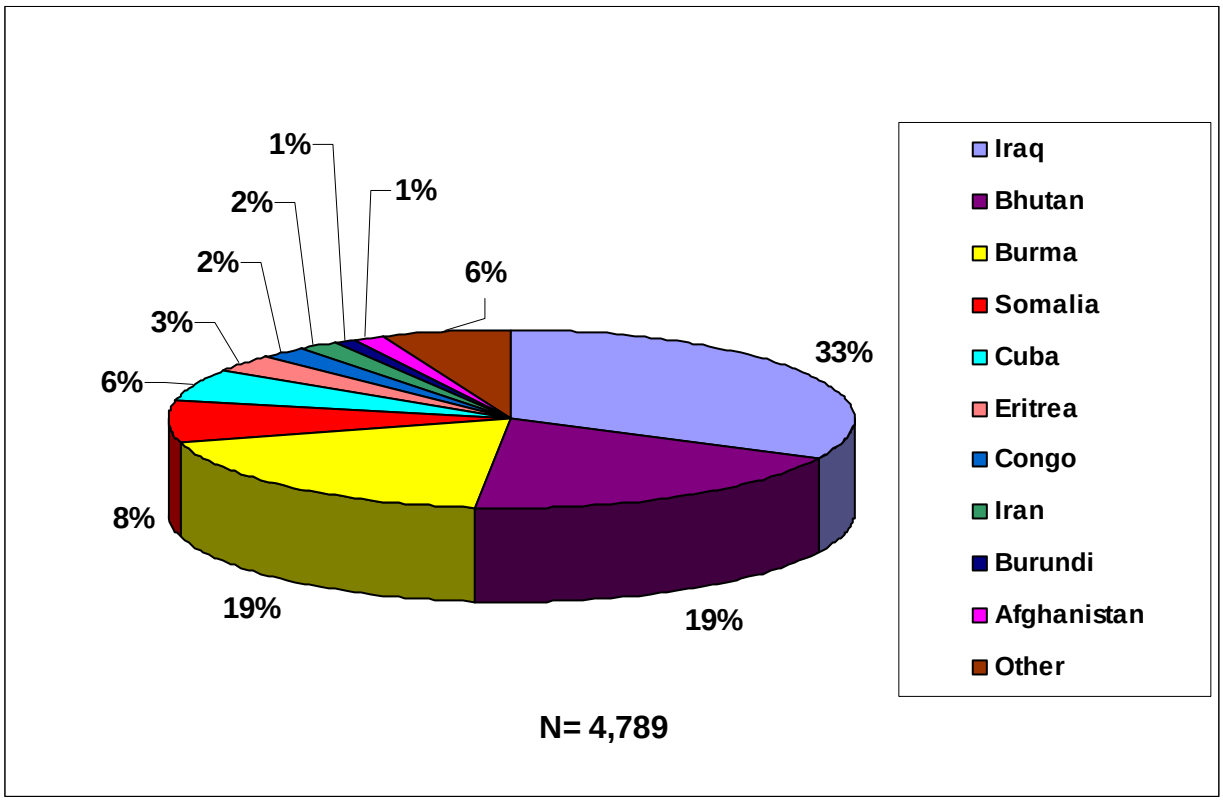
- Continue to provide training and education regarding public health needs of the refugees in Arizona to various audiences; at least quarterly.

- Continue to partner with various ADHS programs and priorities to improve and represent refugee health.

Statistical Snapshot of Arizona Refugee Arrivals

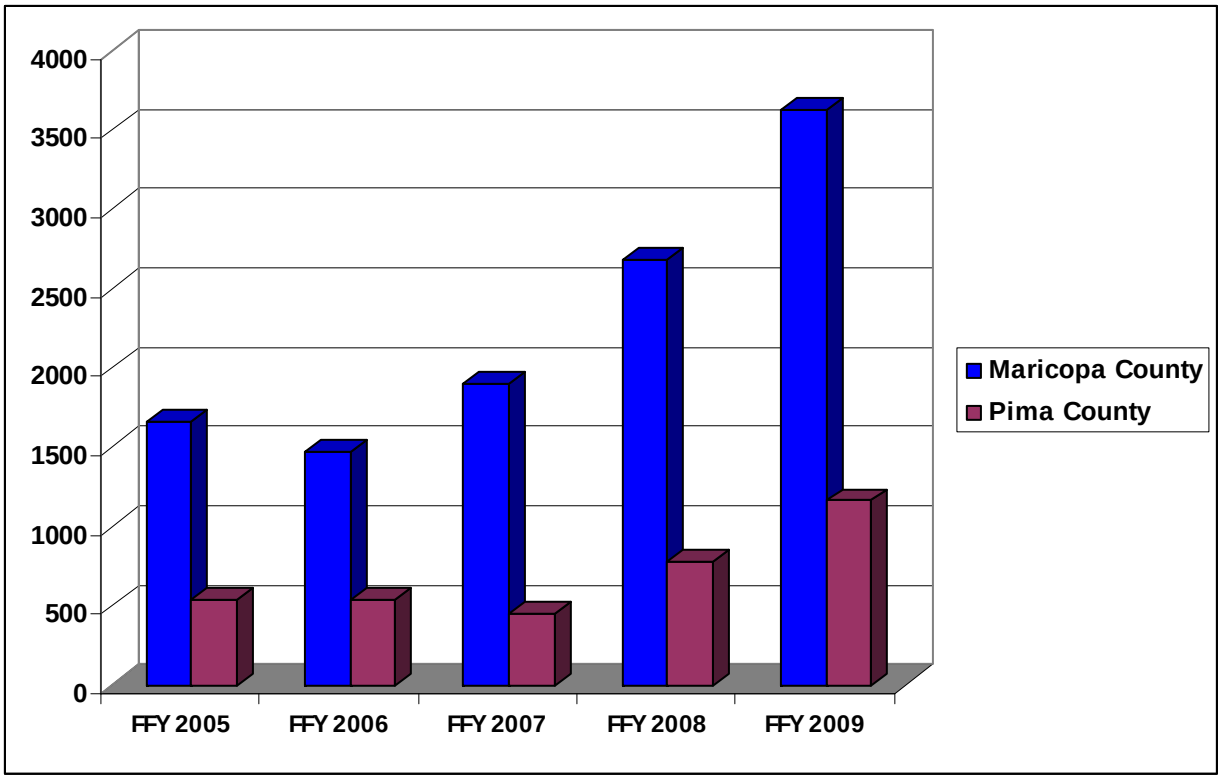
Arrival data are maintained for the state and nationally by Federal fiscal years (FFY), which span from October 1 - September 30. The State of Arizona resettled 4,789 refugees during FFY 09 which comprises approximately 5% of the nation's total arrivals for that timeframe. The national ceiling for refugee arrivals in the United States for FFY 09 and FFY 10 is 80,000.

Arizona Arrivals by Country of Origin
October 1, 2008 – September 30, 2009



Data Source: Arizona Refugee Resettlement Program

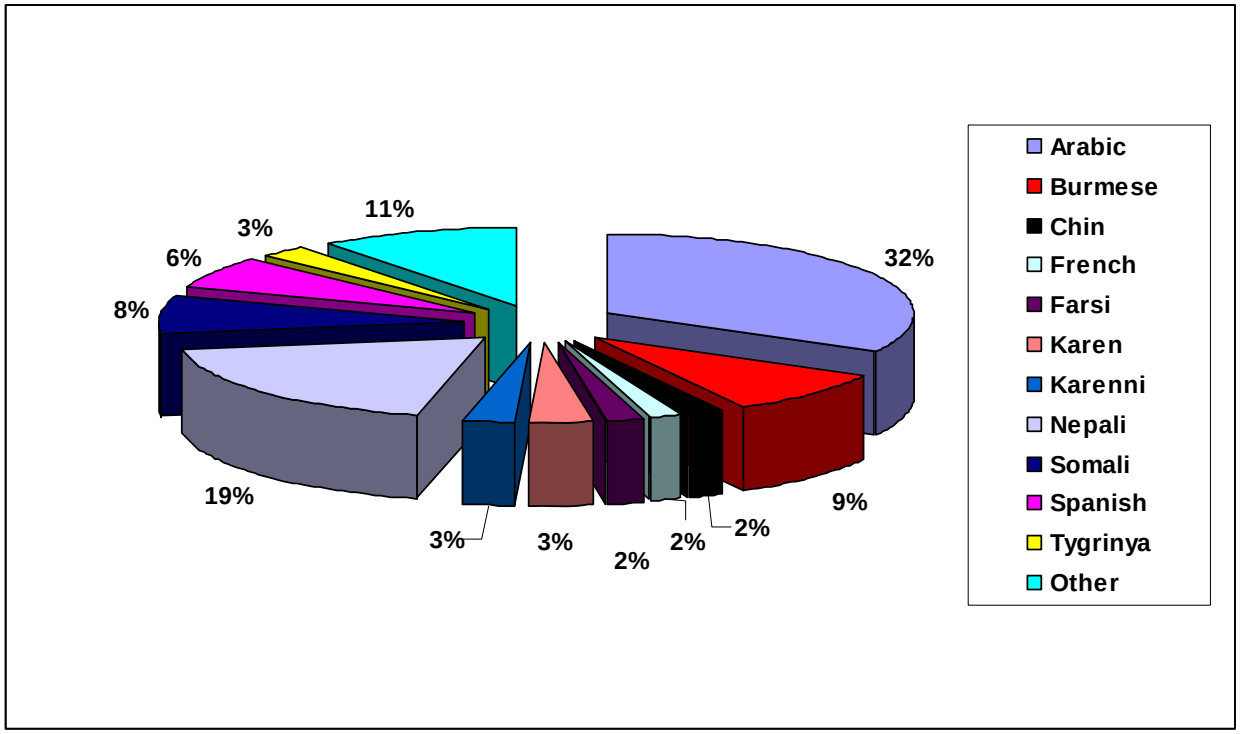
Refugees Resettled in Arizona by County
Federal Fiscal Year 2005-2010 (October 1- September 30)
(totals include secondary migrants*)



Data Source: Arizona Refugee Resettlement Program

* A secondary migrant is a refugee who initially arrived in another state and relocated to Arizona.

Top 12 Languages Spoken by Arizona Arrivals – FFY 09
October 1, 2008 – September 30, 2009



Data Source: Arizona Refugee Resettlement Program

"Other" includes Dari, Kirundi, Kiswahili, Kayah, Vietnamese and 40 other languages.

Age Range	Male	Female	Total
< 1 year	65	56	121
2 – 4 years	185	163	348
5 – 8 years	194	172	366
9 – 11 years	142	128	270
12 – 18 years	320	311	631
19 – 26 years	519	402	921
27 – 40 years	631	541	1172
41 – 59 years	378	352	730
60 – 70 years	85	67	152
71 years +	32	46	78
Total	**2,551**	**2,238**	**4,789**

Data Source: Arizona Refugee Resettlement Program