

Refugee Health Coordinator Annual Report

FY12





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Introduction

This report is intended to cover the highlights and activities of the State Refugee Health Coordinator (RHC) over the past year (FY12). The previous RHC left the position on Jan 27th, 2012 and the current RHC assumed responsibilities on April 16th, 2012. This annual report will therefore cover the portion of FY12 from April 16th, 2012 through September 30th, 2012 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 (RRP).

The position of the Refugee Health Coordinator in Arizona has been in place since July of 2008. For more information regarding how refugees arrive to the United States, the resettlement process, and the Refugee Health Program of Arizona, please see the following link: www.AZRefugeeHealth.org

The mission of the RHC is to serve as a point of contact for refugee health at the Arizona Department of Health Services and to apply public health perspectives and methods for the successful resettlement of refugees, Cuban and Haitian entrants (including Cuban Medical Professional Parolees and Havana Parolees), asylees, certain Amerasians from Vietnam, victims of severe forms of trafficking, and Iraqi and Afghan Special Immigrants arriving to Arizona.

FY 2012 Refugee Health Coordinator Goals:

1. To ensure continuity of vision, collaboration and a robust refugee health stakeholder contact network from FY11 through FY12
2. To educate and inform stakeholders and the community of the importance and presence of public health issues, initiatives, services and programs and their relationship to refugees resettling in Arizona
3. To serve as a resource for resettlement agencies, health workers and other refugee resettlement stakeholders and community partners for refugee health inquires, information, technical assistance and education
4. To improve public health targeting and intervention development by bolstering systems of refugee health surveillance and reporting
5. To remain familiar with the Arizona Department of Health Services programs in order to recognize appropriate points of contact for various health issues, problem solving and innovative approaches to enhance health services and opportunities for refugees to have a healthy lifestyle
6. To promote an integrated care approach for refugee health which brings together inputs, delivery, management, and organization of linguistically and culturally appropriate services related to diagnosis, treatment, care, rehabilitation and case management for primary and behavioral health and the promotion of a healthy lifestyle
7. To meet with refugee health stakeholders on a quarterly basis to share updated public health, regulatory and programmatic information, ensure continuity of health services and continued improvement in their design and delivery
8. To collaborate with the Arizona Refugee Resettlement Agency's Refugee Health Services section to:
 - a. Promote collaboration and coordination among the Arizona voluntary refugee resettlement agencies (VOLAGs), refugee health care providers, mutual assistance associations (MAAs), the Arizona Refugee Medical Assistance program (RMA), the office of the Refugee Health Coordinator (RHC) and other partners

serving refugees

- b. Uncover and address systemic issues which create barriers to delivering timely and effective health services to refugees

Major Activities and Accomplishments

Refugee Health Surveillance

The threats of infectious disease outbreak along with the ability to identify and address trends in chronic disease which may inhibit the ability of resettled peoples to live healthy lives and participate in the economy of Arizona highlight the need of a well-coordinated disease surveillance system. The demand for timely and accurate information challenges the RHC to design, develop, and implement an efficient, flexible and comprehensive state-wide surveillance system to monitor health indicators among refugees resettled in the state. To meet this need and in accordance with RHC Goal #4, the RHC submitted application to CDC for *Strengthening Surveillance for Diseases Among Newly-Arrived Immigrants and Refugees* funding opportunity (CDC-RFA-CK12-1205) in June to expedite the development of the Refugee Health Electronic Surveillance Information System (RHESIS). The RHESIS will consist of standardized reporting from the Refugee Domestic Preventative Health Screening clinics in Maricopa and Pima Counties, as well as pre-arrival health and demographic data from the Center for Disease Control's (CDC) Electronic Disease Notification System (EDN). The data will be collected in an electronic database derived from the open source e-SHARE surveillance software, licensed with Minnesota's Refugee Health Program in the Minnesota Department of Health. Once the initial system is in place ongoing efforts to expand the system will include: cross-matching with other state surveillance databases to yield post-screening health data; lobbying to have refugee status included as an indicator in various state surveillance systems; and identifying additional sources and expanded breadth of data.

With RHESIS operational, the RHC will generate reports on a monthly, quarterly and annual basis to share aggregate health information with stakeholders and the public, including analysis to assist in identifying trends and improve intervention targeting and development. RHESIS launch is expected to take place mid FY13.

Refugee Domestic Preventative Health Screening Coordination

A requirement of the VOLAG's cooperative agreement with the U.S. Department of State is that each refugee must undergo a medical screening within the first 60 days of arrival to the United States. There are two clinics contracted with the RRP to provide the domestic preventative

health screenings: the Maricopa County Health Department Public Health Clinic provides all of the screenings for refugees who resettle in the Phoenix area while the University Physicians Healthcare Infectious Disease Unit provides all of the screenings for refugees who resettle in Tucson. In accordance with RHC Goal #7, quarterly meetings are held between the RHC, RRP and clinic administration to ensure ongoing communication, resolve issues and improve services.

In FY12 (to date) 2517 refugees were screened with 92% being screened within the first 30 days and 98% screened within 60 days.

Phoenix

The domestic preventative health screening clinic in Phoenix, which sees the largest volume of arrivals to Arizona (75.6%), with guidance from the RHC and the Tucson clinic is moving forward with a change its model for conducting screenings. The model that is being phased out consists of patients being admitted to the clinic, undergoing the full screening, taking laboratory samples and receiving their first round of vaccinations. A follow up appointment was then arranged for additional vaccinations and to discuss the results of the lab tests. The problems with this model were twofold: 1) Since the mandatory component of the screening was out of the way, attendance rates were low for the second appointment, and 2) while the second appointments were arranged in a more sporadic and individualized, thus making it harder for the clinic to manage and the VOLAGs to provide transportation for – also reducing attendance. The new model, which is similar to the model used at the Tucson clinic, will involve first a group of patients will arrive to the clinic for a first round of vaccinations and to take lab samples. Subsequently, the same group of patients must return within 7-14 days for the full screening. This method ensures higher appointment attendance and vaccination completion rates. Additionally, the clinicians have the opportunity to discuss all of the screening, lab results and referrals at the same time during the second appointment, offering a more holistic picture of the health status and ways forward for the patient.

The Phoenix clinic, with the support of the RHC and the Maricopa Integrated Health System's Refugee Women's Health Clinic, is exploring the improvement of screening and referral for behavioral health conditions by evaluating screening tools such as the RHS-15 from Pathways to Health and building a referral system with the RRP funded Wellbeing Center for Refugee Behavioral Health as managed by IRC Phoenix.

Additionally, the clinic is due to implement their first comprehensive EHR system, eClinical Works, by January 1st, 2013. This should improve efficiencies within the clinic for conducting screenings, as well as reporting data to the Office of the RHC. And in an effort to improve the

consistency with which the clinic receives the arrival's overseas medical documents, clinic administration has been granted access to the EDN system.

Tucson

The screening clinic in Tucson, which sees 24% of arrivals in Arizona, is continuing its excellent work in providing domestic screenings. The clinic was also experiencing inconsistency in receiving arrival's overseas medical documents, and unfortunately since the clinic is not a state or county public health entity, it cannot be granted access to the EDN system. To resolve this issue, the director of the clinic visits each VOLAG in Tucson once per week and personally collects the records for each refugee.

Discussions to improve reporting of data to the RHC for the RHESIS may prove complicated due to a looming change from the EHR Allscripts to Epic in late FY13. The RHC will continue to work with clinic administration and hospital technical staff to ensure implementation of the surveillance procedures as well as continuity as the clinic shifts from one EHR system to another.

Community-based Workgroups

A number of workgroups which specifically address the health needs of refugees in Arizona have been organized by local partners. In accordance with RHC Goals #2, 3, 6, 8a and 8b, the RHC participates in these workgroups to collaborate on initiatives and provide updates, advice, resources and new perspectives as often as possible. This section will briefly outline the structure and work of each of those workgroups.

Phoenix / Maricopa County

Refugee Health Work Group (RHWG)

In FY12, RRP Refugee Health Services Program continued its small work group comprised of local refugee leaders and state representatives. The group meets monthly and is meant to bring to light health concerns that are plaguing the refugee communities of Phoenix, and to bring specific cases of neglect or abuse to light so that RRP can take steps to resolve these issues. The group also presents an opportunity for the RRP and RHC to present community leaders with health educational materials, updates to services and methods of referral. The work group

has seen participation by the Somali, Somali Bantu, Bhutanese, Eritrean, Kenyan, Afghani, Iraqi, and Turkish communities.

Many of the community health concerns expressed in the meetings are recurrent issues including:

- Access to and cost of public transportation
- Language barriers during transportation, appointment setting, filling out forms at a health center, receiving care, and for the family of a patient
- Childless adults are not eligible for Medicaid, Refugee Medical Assistance (RMA) only lasts 8 months and emergency services don't cover prescriptions
- Cost of living and/or lack of gainful employment prohibitive to accessing care
- VOLAG case workers are not meeting the needs of their clients, properly orienting their clients or are not available to give advice after work hours

Due to resource restrictions the RRP and RHC have limited means of addressing these issues. Our most powerful tool is to be able to provide information on healthy living and accessing services to the community leads in hopes that it will be shared amongst the community. We can often recommend service providers in the community which will provide services at a low cost or for free. We can also recommend strategies for overcoming some of the barriers, such as carrying "I Speak" cards, or informing people of their rights to culturally and linguistically appropriate services and how to lodge complaints when they are denied services. When a specific case is shared, and a person has been denied services or has not been properly linked to services, then steps can often be taken to address the problem. Challenges remain, but the workgroup serves as a useful venue for state official to stay up to date on the challenges affecting local refugee communities.

Elder Refugee Needs Committee

The Area Agency on Aging (AAA) hosts a monthly "Maricopa Elder Abuse Prevention Alliance" (MEAPA) meeting, to address the needs of elderly refugees in the Phoenix area. While all refugees face major challenges upon resettlement, elderly refugees often face challenges that are much more difficult to reconcile.

Many community organizations come to the meeting to share information on their programs which may be of service to elderly refugees in some way. The majority of the meetings are committed to discussing challenges that have been identified among elderly refugees in the

community. Some issues that have been identified at the meetings include many cases of refugees between the ages of 50 and 62 who often suffer from physical maladies but do not qualify for either Medicaid or Medicare because their children have grown up and they are not yet old enough to receive elderly-benefits (despite the fact that in countries such as Afghanistan and Somalia, the average life expectancies stand at less than 50 years of age). Another ongoing issue is in the problem of domestic abuse among some refugee households, and how it can keep people from living healthy lives, accessing services or lead to legal problems which also inhibit the ability of a family to meet their needs. Acquiring a new language is also a particularly difficult challenge for many elder refugees due to age-related cognitive deficits or other medical conditions. Despite this, if they want to attain US citizenship, they must pass an English exam.

For those who cannot afford health coverage, the AAA has done a wonderful job of connecting such people with services in the community that can offer low or no cost services and helping to arrange transportation and interpretation. Opportunities for education on domestic abuse have compounded and the VOLAG Catholic Charities has hired a Refugee Domestic Violence Coordinator, specifically to meet this need. In regards to the citizenship exam, an N-648 from can be filed to waive the English language requirement. The RHC has been working with the Regional Behavioral Health Authority (RBHA) in Maricopa County to help facilitate filing of the waivers for those refugees who may require it.

While the challenges are more numerous than the solutions, this committee serves a very helpful function for this vulnerable population of people.

Refugee Women's Health Community Advisory Coalition (RWHCAC)

The Refugee Women's Health Clinic, an annex of the Maricopa Integrated Health System's Women's Health Clinic, hosts a quarterly RWHCAC meeting meant to address the needs of refugee women in the Phoenix area. The RWHCAC breaks out into six committees: Public Relations, Programs Promotions, Education, Resource Development, Research and Strategic Planning. The RHC serves as a resource to multiple committees and actively participates in Strategic Planning. Ongoing efforts of the RWHCAC have improved health literacy and connection to health services in the area as well as served to empower refugee women to have more control over their lives, their family's lives and their health.

Refugee Behavioral Health Work Group

The IRC Refugee Behavioral Health Well-being Center hosts this monthly meeting which generally includes Wellbeing Center staff, staff from the RBHA of Pima County, local Tucson behavioral health clinics, the RHC and researchers from the University of Arizona. The purpose of this work group is to develop strategies to improve awareness of behavioral health and reduction of stigma associated with behavioral health in the refugee communities, to demonstrate the need for behavioral health services for refugees and to build the capacity of local behavioral health service providers to meet that need.

Professor Jean McClelland of the University of Arizona recently conducted a process evaluation of the IRC Well-being Center, including interviews with staff and clients. Her study found that while the Center goes to great lengths to accommodate transportation, interpretation and cultural considerations there were still some issues that needed work. For example, the clients had trust issues in group settings and with interpreters, they were worried about continuity of services and many appreciated the counseling but didn't clearly understand the long term benefits and thought that perhaps their time would be better spend learning self-sufficiency skills. Other behavioral health clinics that do not cater specifically to a refugee population have much greater challenges in meeting their behavioral health needs; language, transportation, cultural sensitivity, establishing trust and maintaining clients are a major difficulty. To help improve this care coordination, the Well-being Center has provided training to some local clinics on these very issues.

To raise awareness and reduce taboos associated with behavioral health, a plan has been made to identify bilingual volunteers from each ethnic community and bring them to Mental Health First Aid training courses at the RBHA. These volunteers can act as behavioral health emissaries for the communities by having a foundational understanding of behavioral health and knowing who to refer people to for services. Once that has been established, basic behavioral health educational lecture series would commence for the larger refugee communities. If the lectures raised questions then the emissaries could help provide some answers.

The subject of improved behavioral health screening has also been broached by the RHC, suggesting the use of the RHS-15 behavioral health screening tool. With a tool such as the RHS-15 that catches more behavioral health problems in a culturally sensitive way, the clinic will have the ability to catch and refer more people in need to the Well-being Center.

Refugee Primary Care Workgroup

This workgroup, hosted by the Program Director of Community-Based Health Information Resources at the Mel and Enid Zuckerman College of Public Health and attended by clinicians and others with a stake in refugee primary healthcare meets every month or two to work on projects which seek to assess and improve service delivery to refugees in the Tucson area such as assessment of needs and services and hosting workshops for providers.

Most recently members of the group were awarded a National Library of Medicine grant to establish a wiki which would provide comprehensive health and health service information for refugees and providers in the Tucson area. Development of this project will be ongoing throughout FY13.

Refugee Integrated Service Provider Network of Tucson (RISP-Net)

RISP-Net began as an advisory group to the behavioral health clinic La Frontera Center's Family Passages Program, which is a substance abuse prevention program for refugees. From there the group grew to include a diverse network of service providers who have a stake in the well being and successful acculturation of refugees into Tucson. While health is a common topic of discussion, other services such as housing, jobs, legal and education are discussed here as well.

The monthly meeting is a chance for people to make announcements about new projects or the results of completed projects and to share educational materials with the other members. The majority of the time is taken by presentations where the presenters explain what their program has to offer and how refugees can benefit from them. There is a discussion period at the end of the meeting. The RHC uses RISP-Net as an opportunity to share new health information with a wider community of Refugee service providers.

VOLAG Coordination

In compliance with RHC Goals #3, 6 and 8a, the RHC works with the Voluntary Refugee Relocation Agencies (VOLAGs) of both Phoenix and Tucson to improve their service to refugees in the area by: facilitating communication between healthcare providers and the VOLAGs; facilitating communication between the different VOLAGs; keeping VOLAGs abreast on health issues affecting the wider refugee populations; and strives to provide additional health education and health service resources to the VOLAGs.

Phoenix

RHC has taken time to meet and establish relationships with the directors, medical case managers and relocation managers at each of the three VOLAGs contracted with the RRP in Phoenix: Lutheran Social Services of the Southwest, Catholic Charities Phoenix and IRC Phoenix. Efforts have been made to improve communication and collaboration among the medical case managers at each of the VOLAGs so that they may learn from each other's methods and improve case management and services to their clients. In Phoenix in particular, miscommunication has created barriers to the understanding of and continuity of care for refugees over the course of FY12. In order to rectify these issues, improving communication between the medical case managers and the screening clinic, as well as to improve the care coordination between the preventative health screening and connection to a primary care provider (PCP) and medical specialists have become a major priority of the RHC. Establishment of ongoing medical case manager meetings for Phoenix are underway and slated to begin October FY13, with plans to expand this coordination to Tucson later in FY13.

Tucson

RHC has met with directors and medical case managers in Tucson as well, but due to proximity and time for travel, the coordination is less well established than in Phoenix. While resources are being shared on a regular basis, plans to improve this coordination in FY13 are underway.

Coordination with State of Arizona Programs

As a representative of the State of Arizona Department of Health Services (ADHS), and in accordance with RHC goal #5, the RHC has made it a priority to become familiar other programs within ADHS and make other programs aware of refugees in our communities and their health needs. With this goal in mind, the RHC has met with dozens of programs throughout the ADHS Division of Public Health and Division of Behavioral Health Services in FY12. The information acquired on direct services provided by state, as well as those administered by county health programs programs has been shared with refugee health stake holders in Phoenix and Tucson and further advocacy efforts to have refugees included in the scope of other programs is ongoing.

Some examples of coordination with other ADHS programs include collaboration with Behavioral Health Services to conduct a psychological autopsy of a Bhutanese suicide victim for

a CDC study on suicide in Bhutanese refugee communities. The RHC has collaborated with the Office of Children with Special Needs to establish an Arabic-speaking support group for families in the Phoenix area who have children with disabilities. And collaboration with the Health Start Program within the Office of Children's Health to fund a community health worker based in the Refugee Women's Health Clinic, that can make house calls for the education and support of vulnerable, pregnant refugee women are underway.

In accordance with RHC goals #8a and 8b, the RHC works in close collaboration with the RRP and frequently attends RRP coordinated meetings such as the quarterly VOLAG directors meetings, monitoring and evaluation of RRP Refugee Social Service grantees, training sessions and RMA service provider meetings.

Problems Encountered

The RHC has encountered a number of challenges since assuming the position in April. Much of the work in these first months involved bridging the gap between the previous RHC and the current one: rebuilding the network of refugee health contacts, reestablishing quarterly meetings that had missed one or two cycles, picking up the pieces on projects, and working toward establishing relationships and trust with the refugee communities of Arizona.

Barriers to effective communication and collaboration exist between the VOLAGs and the screening clinic. Miscommunications persist when it comes to rights and responsibilities, sharing of information, consistent referrals and continuity of care. The RHC will attempt to address these issues by bringing stakeholders together and building a sense of community and shared responsibility. Efforts to standardize Releases of Information forms and referral protocols, with input from all stake holders, will also go a long way in breaking down these barriers.

As mentioned above, identifying behavioral health maladies and connecting the person to treatment in certain refugee populations remains a great challenge. Many cultural barriers must be overcome such as reconciling traditional views of behavioral health issues with western approaches, and eliminating the stigma of expressing ones emotions or being diagnosed with a behavioral health disorder. Efforts to improve screening, raise awareness, reduce stigma, and train members in each community how to recognize and refer for basic behavioral health issues will go a long way to closing this gap in care.

The current lack in reporting standards, reliable data and ability to aggregate and disaggregate health data for refugees is a major obstacle for all of those with a stake in the well-being of

these communities. RHESIS will vastly improve our understanding of the health of refugee populations in Arizona. Improved targeting will also allow programs to use less resources more effectively.

Many challenges remain within the refugee communities when it comes to living healthy, fulfilling lives, such as: language barriers, lack of institutional knowledge, transportation, racism, isolation, difficulty in finding gainful employment and meeting living expenses. While the RHC and all of the stakeholders in our communities will be working to ease these burdens and build the capacity of organizations to meet refugee needs, there will always be difficulties and a deficit of resources to contend with. Having more funding for publishing and translating educational materials for dissemination toward targeted groups would go a long way in assisting the RHC to meet the requests of MAAs, VOLAG and health care providers for such materials.

Significant Findings or Events

The RHC along with the Arizona Health Disparities Center, of ADHS, conducted a web-based survey among the community health centers (CHC) of Arizona in early 2012. The goals of the survey were to discover what was working well and where there were barriers concerning language access services for patients of limited English proficiency (LEP) including refugees.

The survey included all 16 Arizona CHCs and their 140 clinical sites, with 337 respondents out of a total of 2,955 CHC employees. 27% of the population of Arizona speaks a language other than English and some 80% of respondents reported encountering LEP patients daily. Despite this only 30% had received training on effective communication with LEP people. Other findings include: 33% of respondents reported their health center informed patients of their legal right to an interpreter; 21.8% of respondents believed that a patient's child is an appropriate interpreter; 25% reported that they had received training on how to work with a qualified medical interpreter; 70% of respondents were not sure if their health center had quality assurance measures in place in relation to interpretation.

Recommendations of the report include:

- Obtain executives' and health care providers' buy-in and knowledge for improving language- access services among the CHCs
- Collect specific data that demonstrates language-access-related quality/safety and liability issues
- Develop language-access curricula and provide training/education on language-access services to executives and health care providers

- Conduct a *Know Your Rights* campaign for the target audience
- Encourage CHCs to make translated materials and signs for directions and services in multiple languages
- Identify federal, state and private reimbursement strategies to help CHCs cover costs for providing qualified medical interpreters

Dissemination Activities

In accordance with RHC Goals #2, 3, 5 and 7, the RHC engages in a number of activities related to the dissemination of knowledge to stakeholders. The RHC regularly responds to requests for health promotional literature translated into various languages, when those materials are available. During the period encapsulated in this report, the RHC has made it a priority to seek and accumulate a repository of such information from various sources such as the Refugee Health Information Network, Bridging Refugee Young & Children's Services, and the U.S. Committee for Refugees and Immigrants. However, there are still gaps in specific areas of health and language coverage amongst the available information. For this reason, the RHC is identifying specific documentation that needs to be produced and translated and seeking funding for the production of such materials.

The RHC also continues to provide stakeholders with new information on services and resources available in the regularly attended meetings. For example, at the state-wide VOLAG and State Representatives quarterly meeting in September, RHC provided a presentation on the various health services that are available to low-income and under-insured people through ADHS.

Dissemination activities are expected to ramp up in FY13 with the over-hauling of the RHC's website. The website, AZRefugeeHealth.org, will be divided into three sections, one targeted to VOLAG personnel, one for refugees and one for healthcare providers. It will serve as a library of resources and directory of services for both the Phoenix and Tucson areas. If funding can be found, the website will also be offered in languages of lesser diffusion and provide multimedia components such as instructional health videos targeted to specific populations.

Additionally, the RHC is developing cultural awareness information sheets for health care providers. These briefs will include relevant cultural information so that both primary and behavioral health practitioners will know how to effectively and respectfully interact with clients of diverse backgrounds. This product is expected to be completed by mid FY13.

Final Comments on RHC FY12 Activities

Since accepting the position of Arizona RHC in April of FY12, the current RHC has strove to meet the goals and duties required by the position. Much of this time has been spent learning the refugee health system within Arizona and reestablishing the contacts and collaborative projects handed over by the previous RHC. Many accomplishments were made which will serve to improve the lives of people who immigrated to Arizona through the RRP. Yet many new gaps in care were identified and many long-standing challenges remain which will serve to inform the priorities of the RHC for FY13.

Activities Planned for FY 2013

Goals

1. To ensure continuity of vision, collaboration and a robust refugee health stakeholder contact network from FY12 through FY13
2. To educate and inform stakeholders and the community of the importance and presence of public health issues, initiatives, services and programs and their relationship to refugees resettling in Arizona
3. To serve as a resource for resettlement agencies, health workers and other refugee resettlement stakeholders and community partners for refugee health inquires, information, technical assistance and education
4. To improve public health targeting and intervention development by bolstering systems of refugee health surveillance and reporting
5. To remain familiar with the Arizona Department of Health Services programs in order to recognize appropriate points of contact for various health issues, problem solving and innovative approaches to enhance health services and opportunities for refugees to have a healthy lifestyle
6. To promote an integrated care approach for refugee health which brings together inputs, delivery, management, and organization of linguistically and culturally appropriate services related to diagnosis, treatment, care, rehabilitation and case

management for primary and behavioral health and the promotion of a healthy lifestyle

7. To meet with refugee health stake holders on a quarterly basis to share updated public health, regulatory and programmatic information, ensure continuity of health services and continued improvement in their design and delivery
8. To collaborate with the Arizona Refugee Resettlement Agency's Refugee Health Services section to:
 - a. Promote collaboration and coordination among the Arizona voluntary refugee resettlement agencies (VOLAGs), refugee health care providers, mutual assistance associations (MAAs), the Arizona Refugee Medical Assistance program (RMA), the office of the Refugee Health Coordinator (RHC) and other partners serving refugees
 - b. Uncover and address systemic issues which create barriers to delivering timely and effective health services to refugees

Projects

In accordance with RHC goal #1, efforts will be made to ensure continuity of projects from FY12 moving into FY13, these projects include:

- Ongoing development of the RHESIS project
- Development of cultural awareness tools for health care providers
- Reorganization and expansion of the RHC website to include a robust offering of information and materials for refugees, VOLAG case workers and health care providers
- Improvement of screening and referral for refugee behavioral health, building capacity of behavioral healthcare providers to meet refugee needs, increasing awareness and reducing stigma of behavioral health issues within refugee communities
- Finalizing national refugee health surveillance standards with the Association of Refugee Health Coordinators, Surveillance Committee
- Developing and detailing SOPs for the duties of the office of the RHC
- Bolstering inter-agency collaboration, such as with the establishment of a regular medical case-managers meeting