

# Refugee Health Program Annual Report July 7, 2008—June 30, 2009

## New Position for ADHS and the State of Arizona

The ADHS Refugee Health Coordinator (RHC) and the Refugee Health Program began on July 7, 2008. The position is funded through an Intergovernmental Service Agreement between ADHS and the Arizona Department of Economic Security (DES) Refugee Resettlement Program (RRP). The RHC serves as the State's point of contact for refugee health issues.

This document is the first Annual Report for the program's accomplishments over the previous contract year.

The following consists of the goals for the 2008-2009 program year.

1. To advocate to stakeholders and the community the importance of public health initiatives, services and programs and their relationship to refugees resettling in Arizona.
2. To advocate for culturally relevant and linguistically appropriate healthcare for refugees undergoing preventive screenings upon arrival, improve service delivery and establish medical homes within the community.
3. To serve as a resource for resettlement agencies and other refugee program stakeholders for public health inquiries, information and education.
4. To become increasingly familiar with the Arizona Department of Health Services programs in order to recognize appropriate points of contact for various issues, problem solving and innovative opportunities to enhance services for refugees.

Each contract deliverable was then tied to one or more of these goals.

In order to understand and shape Arizona's program during its initial year, the RHC looked toward three tiers of coordination within the refugee health system. 1) National, 2) Local and 3) Internal (within ADHS and DES.). Each bring essential elements to the program.



## I. National Coordination:

### Refugee Health Clinic Issues Survey

With the assistance of the CDC Epidemiology Field Officer stationed at ADHS and the ADHS web designer, a short web-based survey was made available to the national Association of Refugee Health Coordinators (ARHC) from September 8 through October 13, 2008. The goal of the survey was: To

gauge issues and concerns facing the operation of refugee health clinics across the nation (and ultimately identify implemented solutions) to improve services in Arizona. Twenty-two states participated with a total of 28 responses received. The results of the survey assisted the RHC in developing an understanding of the preventive (domestic) health screening programs across the nation which use several models of service delivery and then to apply that knowledge to Maricopa and Pima counties in Arizona.

The survey participants were asked to rate the following issues: n = 28

	<b>Not an Issue: Never was</b>	<b>Not an Issue: used to be</b>	<b>Is an issue but has improved</b>	<b>Still a big issue</b>	<b>Response Count</b>
<b>Obtaining medical records in advance of the clinic screening</b>	<b>18.5% (5)</b>	<b>11.1% (3)</b>	<b>44.4% (12)</b>	<b>25.9% (7)</b>	<b>27</b>
<b>Transportation of clients to clinic appointments/follow-up appointments</b>	<b>14.3% (4)</b>	<b>17.9% (5)</b>	<b>28.6% (8)</b>	<b>39.3% (11)</b>	<b>28</b>
<b>Clients arriving on time to appointments</b>	<b>7.1% (2)</b>	<b>0.0% (0)</b>	<b>39.3% (11)</b>	<b>53.6% (15)</b>	<b>28</b>
<b>Clients arriving hungry to appointments</b>	<b>68.0% (17)</b>	<b>12.0% (3)</b>	<b>16.0% (4)</b>	<b>4.0% (1)</b>	<b>25</b>
<b>The patient's PCP information is not provided to the healthcare clinic</b>	<b>46.2% (12)</b>	<b>11.5% (3)</b>	<b>15.4% (4)</b>	<b>26.9% (7)</b>	<b>26</b>
<b>Transfer of medical records to patient's PCP</b>	<b>34.6% (9)</b>	<b>7.7% (2)</b>	<b>19.2% (5)</b>	<b>38.5% (10)</b>	<b>26</b>
<b>PCP follow-up for medical issues requiring immediate atten-</b>	<b>23.1% (6)</b>	<b>11.5% (3)</b>	<b>38.5% (10)</b>	<b>26.9% (7)</b>	<b>26</b>
<b>Interpretation/ Translation</b>	<b>14.3% (4)</b>	<b>17.9% (5)</b>	<b>21.4% (6)</b>	<b>46.4% (13)</b>	<b>28</b>

Follow-up phone calls were made to 86% of the participants who had indicated that one or more issues/concerns listed above was "not an issue" or "is an issue but has improved" to gain knowledge of how these issues had or were in the process of being overcome. The entire report is available upon request.



The contacts made through the refugee health clinic survey were a good starting point, and it became quickly apparent that further national involvement through training opportunities and relationship building throughout the year were key to ensuring the ADHS Refugee Health Program became a success.

The RHC quickly joined the national Association of Refugee Health Coordinators (ARHC) in July and began to participate in monthly conference calls, which often include agenda items and reports from

Federal partners such as the Office of Refugee Resettlement (ORR), the Centers for Disease Control and Prevention (CDC), the U.S. Citizenship and Immigration Services (USCIS) and the U.S. Department of State Bureau of Population, Refugees and Migration (PRM). As such, ARHC often serves as the main conduit for Federal health and program updates, information and initiatives as well as an informal networking and planning group.

The ARHC has several committees and the RHC joined the Health Screening Committee. Two of this year's

projects involved working with the states of MN, TX, KY, FL and others to assemble a process and accompanying form to use in order to notify the CDC Division of Global Migration and Quarantine (DGMQ) in the event of any emerging health issues among refugees in the U.S. also created was a secondary migration form for use among RHCs when refugees move from one state to another. The form assists the state receiving the refugee in establishing if they have had their initial screening and any continuity of care needed for any health issues that may have arisen as a result of that appointment. This inter-jurisdictional process and form has been completed and is under review by the ARHC Board.

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**Participation in National Training to Gain Knowledge and Develop Program:**

- Refugee Health Information Network Symposium, November 17-18, 08  
 The RHC was able to attend the RHIN conference through a travel grant from the Robert Wood Johnson Foundation. In addition to presentations covering the RHIN website features and materials, related health reference websites, the new Association of Refugee Health Coordinators website and discussions on best practices for the development of translated health materials. There were focus groups convened to discuss the following. 1) Experiences of using RHIN and suggestions for improvement; 2) Materials available and new partnerships for RHIN to explore; and 3) Essentials of multi-cultural material development and evaluation.
- HHS Office of Refugee Resettlement New Refugee Health Coordinators Training, April 20-21, 09  
 This Federal training held in the Nation's Capitol was designed for new State Refugee Coordinators and Refugee Health Coordinators. It was a unique opportunity for the RHC to meet ORR staff that represent and administer various programs to serve refugee (and related categories) clients. The HHS ORR training helped to broaden the RHCs knowledge of the federal refugee resettlement program as a whole.
- The Institute for Healthcare Advancement's 8<sup>th</sup> Annual Health Literacy Conference, May 7-8, 09  
 The conference consisted of general and breakout sessions with professionals that develop materials and promote health literacy to improve health disparities. These included: 1) Applying readability formulas, 2) Layout and design tips, 3) Building a health literacy curriculum and 4) Working with interpreters and LEP patients. In addition to expanding the knowledge base of the RHC in this important aspect of refugee health, this information will assist the RHC when designing, evaluating and promoting health materials intended for the refugee audience.
- SCORR/ARHC/RCUSA Conference, May 31-June 2, 09  
 The RHC was present for the Annual Meeting of the Association of Refugee Health Coordinators. In addition to ARHC business, the group received the latest information concerning the CDC Domestic Health Screening Guidelines and an introduction to necessary refugee health program components. Day one of the general conference was spent attending inter-active workshop sessions. Day two consisted of a symposium that communicated action elements developed by the participants from each of the previous day's break-out sessions. These in turn received input and current information related to the subject area from a panel of government program, local resettlement and cultural experts to solidify these proposed activities and reach consensus.

## II. Local Coordination:

### Quarterly Workgroups Established



Maricopa County Department of Public Health  
Phoenix, AZ

Monthly and quarterly meetings of various workgroups, coalitions and committees strive to represent refugee health needs in the State of Arizona.

The RHC has established and facilitates a Refugee Health Providers Outreach and Collaboration Workgroup that originally began as a small group of individuals working on a grant application, as well as meeting with the Maricopa County Department of Public Health (MCDPH) Refugee Clinic and the local resettlement agencies (volags). The objectives of the health providers outreach and collaboration group, which also includes

several refugee community leaders, is to share ideas and approaches for improved services, expand partnerships, provide updates on current projects and serve as a source of technical assistance to each other.

The MCDPH and Phoenix area volags have made great strides through workgroup meetings in improving communication, understanding each others' roles, responsibilities and occasional constraints, and serving as a forum for informal

health education among participants.

The RHC has also gained valuable insight and feedback from the partners in the development and implementation of program approaches and projects. It is anticipated that the workgroups will continue to grow in their ability to improve health services for refugees.

### Representing Refugee Health on Coalitions and Community Initiatives

- Refugee and Immigrant Service Provider Network (RISP-Net)

"The purpose of RISP-Net is to illuminate the issues impacting the successful acculturation of refugee and new immigrant families in Tucson, Arizona and to work collaboratively for positive system change."<sup>1</sup> The RISP-Net meetings are held monthly and the RHC travels to Tucson with at least one DES Refugee Resettlement Program (RRP) representative. This is an opportunity to share any health related updates and projects as well as learn more about the needs of refugees in the Tucson area.

- U of A Primary Care Community Assessment Workgroup

This workgroup was formed to design a grant application for the Arizona Health Facilities Authority Primary Care Mini Grant Program. The University of Arizona Mel and Enid Zuckerman College of Public Health was successful in receiving the award. The group is comprised of RISP-Net members, Pima County Community Health Taskforce representatives and other interested academic and community partners. The project underway is to "conduct a primary care service needs assessment focusing on the population of refugees in Tucson."<sup>2</sup> The RHC participates in this workgroup along with the RRP Refugee Health Services Manager.

- Maricopa Integrated Health Systems—Refugee Women's Health Community Advisory Coalition

As a member of this group, the RHC provides the MIHS Refugee Women's Health Clinic "assistance with program implementation, community outreach and engagement, provision of services; education, social and culturally competent care and support, funding opportunities, resources and networking."<sup>3</sup>

- International Rescue (IRC) Interpreter Service Advisory Committee

The Phoenix office of IRC released a business plan for and will soon initiate an Interpreter Service. Contracted employees will have been carefully screened and trained to provide interpretation in a number of areas including healthcare settings. The committee members including the RHC, "...will act as guides, resources and networkers to help ensure the success of the Interpreter Service."<sup>4</sup>



University Physicians Healthcare  
Tucson, AZ

1—RISP-Net meeting agendas, 2—U of A refugee needs assessment project grant application, 3—MIHS—RWHC website, 4—IRC Interpreter Service Advisory Committee Handbook.

## Training for Refugee Partners

### A) Public Health Partners:

“Refugee Health—Requirements and Processes in the State of Arizona”

- Arizona Department of Health Services- Bureau of Epidemiology and Disease Control—Brown Bag
- State and County Epidemiologists

““Refugee Health in Arizona”

- Arizona County Health Officers

“U.S. Refugees and Immunization”

(co-presented with Dr. Renuka Khurana, Medical Director for MCDPH Refugee Health Clinic) at the 2009 Arizona State Immunization Conference

- RNs, medical and other professionals who work with immunizations

### B) Refugee Community Leaders: (Mutual Assistance Associations—MAAs)

“Refugee Health and how MAAs can Help”

(co-presented with Jeanne Nizigiyimana, Program Manager of the MIHS Refugee Women’s Health Clinic.)

“Introduction to the Arizona Healthcare System—Insurance Basics for Refugees”

Both sessions were held on Saturdays to encourage attendance from those that are employed.



### C) Refugee Arrivals:

With the assistance of interpreters at the IRC Phoenix Offices, the RHC gave a “Welcome to Phoenix! Health Orientation for Refugees” in March to three separate audiences, 1) Burmese, 2) Bhutanese and 3) Iraqis.

This presentation covered 1) A brief description of Refugee Medical Assistance Program (RMAP) and AHCCCS (AZ Medicaid) health

insurance, 2) Points of service for healthcare, 3) Appointment setting and preparing for an appointment, 4) What to expect at the first medical screening and 5) Brief guide to the pharmacy. As a result of creating and conducting these presentations, feedback directly from the refugees as well as service providers strongly indicated that more detailed information about the healthcare system and

insurance programs was greatly needed.

In June, the RHC presented “Introduction to the Arizona Healthcare System: Insurance Basics for Refugees” This presentation was reviewed and approved by: 1) AHCCCS Member Services Assistant Director, 2) DES FAA AHCCCS Eligibility Office; 3) RMAP; and 4) the Arizona Refugee Advancement Coalition Education Committee Chairpersons.



**Bag issued to refugees overseas to hold medical and immunization records**

### D) Refugee Resettlement Agency Caseworkers:

The RHC organized and hosted a Refugee Caseworker Health Summit on June 10<sup>th</sup> at the Phoenix IRC offices. The following organizations made presentations and answered questions from the audience.

- Mercy Care Health Plan
- Refugee Medical Assistance Program
- DES FAA AHCCCS Eligibility Specialist

- Maricopa County Department of Public Health—Refugee Health Clinic
- University Physicians Healthcare Refugee Clinic

32 people attended from various resettlement agencies including Tucson.



**Medical history review with telephonic interpretation at MCDPH. (photo used with permission from clients)**

### III. Internal Coordination:

#### Participation within the ADHS Bureau of Epidemiology and Disease Control (EDC)

One-on-one meetings with the Office Chiefs and Program Managers took place in July and August to discuss the role and interaction of the RHC with each EDC program. The RHC was able to learn more about how each program collects data and reports to the CDC on various infectious diseases and program efforts.

In December, the RHC participated along with other EDC programs in presenting general program information as well as data related to Hepatitis B and C virus to the Hepatitis ABC taskforce. The refugee arrivals to Arizona from the last federal fiscal year according to the top ten countries of origin were compared to worldwide prevalence rates of HBV and HCV. The RHC also participated in a subcommittee focused upon development of a draft vision and mission statement for the taskforce.

The RHC attended a meeting and webinar hosted by the Arizona Tuberculosis Control Program for county coordinators statewide in December. Discussion focused upon new CDC reporting requirements for local health departments including information needed to complete refugee Class B cases.

With the assistance of the EDC Medical Officer and Deputy TB Control Officer, the RHC finalized revised reporting requirements and an accompanying reporting template for the renewal contract for Maricopa County Department of Public Health. These were also included in the Request for Proposal that was issued in the spring for refugee health screening contractor(s) in Pima County. This will enable the RHC to collect and manage clinic data in a standardized format that can be analyzed by individual facility or the state as a whole.

#### Arizona Office of Health Disparities

The RHC works with this ADHS office as well in sharing demographic information for refugees arriving in Arizona, and notice of current events within the DES Refugee Resettlement Program (RRP) and the Arizona Refugee Advancement Coalition. The Office's Resource Liaison attends the Refugee Health Providers Outreach and Collaboration workgroup on a regular basis and provides updates to the members.



Photo used with client's permission

#### Refugee Health Issues from 2008-2009



**Scabies:** In September, upon request, and after consultation with the EDC Medical Officer, the RHC provided pertinent information to the Arizona resettlement agencies regarding this infection that was currently being observed in several new arrivals in Tucson.

**Chicken Pox:** On March 23<sup>rd</sup> the Centers for Disease Control and Prevention (CDC) had announced that there was an outbreak of chickenpox (varicella) in several of the Nepalese and Kenyan

refugee camps. The CDC began to forward line-lists to the RHC using a secure web-based portal of arrivals who might have been exposed to prior to their departure. The RHC forwarded these line lists via secure e-mail to the appropriate resettlement agency and corresponding health screening partners and subsequently provided written guidance for refugee resettlement agencies regarding this infectious but vaccine-preventable disease.

**H1N1:** The sudden emergence of Influenza A (H1N1) of swine origin, in Mexico in late April and shortly thereafter in Arizona prompted the RHC to begin providing regular H1N1 health updates to partners. In addition, a conference call was convened by the RHC with Arizona volag leadership, RRP and the county (Pima and Maricopa) public health departments who serve refugees. Summaries of general guidance were developed in English for partners and the RHIN-translated CDC Travel Advisories in 19 languages were distributed to assist clients.

## ADHS Refugee Health Website:

<http://www.azdhs.gov/phs/edc/refugee/index.htm>



Arizona Department of Health Services

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Division of Public Health Services



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### Division of Public Health Services Bureau of Epidemiology and Disease Control Refugee Health

Refugees, as defined by the Refugee Act of 1980, are persons who are outside of and unable or unwilling to avail themselves of the protection of the home country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

[Refugee Act of 1980](#)

Refugees are afforded the same rights as legal residents in the U.S. and are eligible to apply for lawful permanent residency after twelve months and seek naturalization after five years.

Other categories of immigrants that are eligible to receive refugee services are the following:

1. Cuban/Haitian Entrant
2. Asylees
3. Special Immigrants
4. Victims of severe forms of trafficking
5. Certain Amerasians
6. LPR - - lawful permanent resident who once held a status listed above

There are three Federal agencies that play key roles in the resettlement of refugees in the United States; the U.S. Department of State, the U.S. Department of Homeland Security and the U.S. Department of Health and Human Services. Within HHS, the Office of Refugee Resettlement (ORR), Centers for Disease Control and Prevention, (CDC), Office of Global Health Affairs (OGHA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) assist refugees in their transition to the U.S. Refugees receive a medical screening overseas by *panel physicians* selected by the U.S. Department of Consular Offices. A copy of these medical records is provided to the U.S. Customs Office, the CDC and the refugee. The CDC enters the information into a secure web-based Electronic Disease Notification System (EDN) which is made available to state and local public health departments.

**Contact Us:**

**Refugee Health**  
 150 N. 18th Ave.  
 Suite 100  
 Phoenix, AZ 85007  
 (602) 364-3592  
 (602) 364-3266 FAX

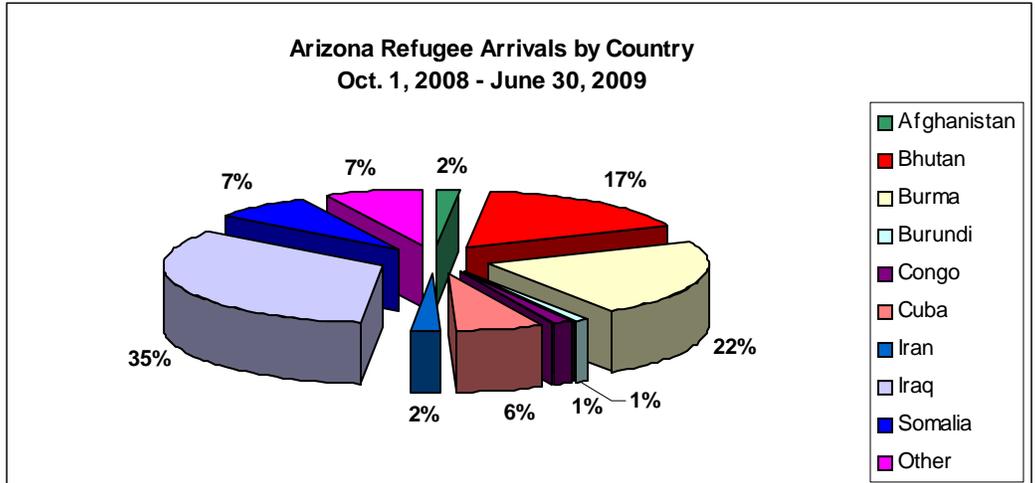
## Snapshot of Arizona Refugee Arrivals:

Arrival data are maintained for the state and nationally by Federal fiscal years, which is from October 1—September 30. Data for the current federal fiscal year (FFY 09) below comprise the first three quarters. The national ceiling for refugee arrivals for FFY 09 is 80,000.

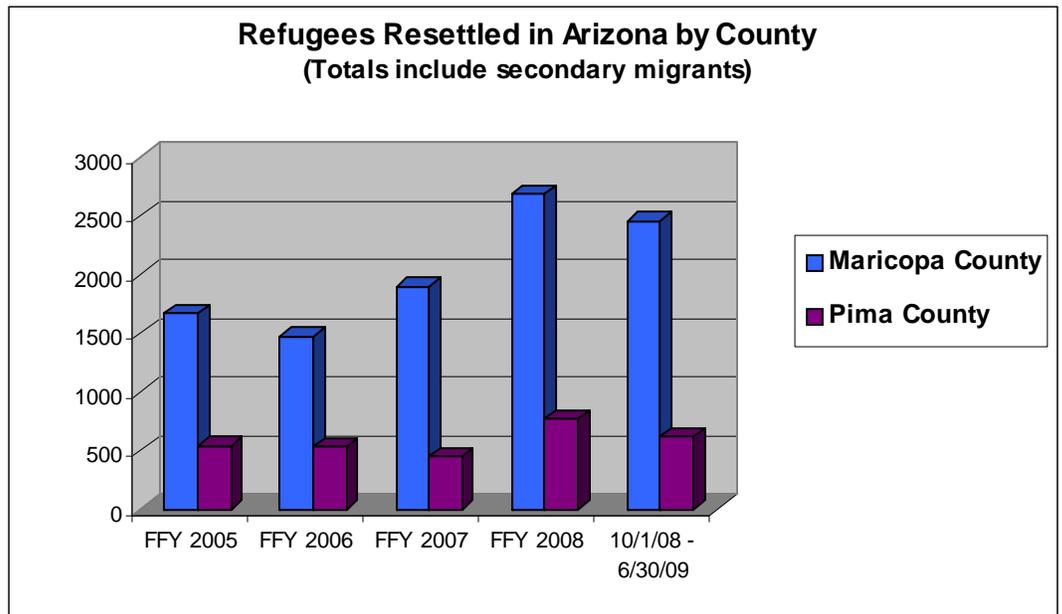
### Refugee Preventive Health Screenings

The Arizona Refugee Resettlement Program (RRP) receives competitive funds through a Preventive Health Grant administered by the HHS Office of Refugee Resettlement which enhances and augments the refugee health screening procedures and referrals. The number of patients screened for Tuberculosis, HIV and Hepatitis B virus are tracked by each clinic as well as the number of refugees who test positive. Screening data are summarized with an accompanying report to HHS ORR twice each calendar year and are available upon request.

During this program year, the Maricopa County Department of Public Health (MCDPH) was contracted with the RRP to provide the medical screenings in the Phoenix area and University Physicians Healthcare Inc. (UPH) Family Service Clinic, a private healthcare provider in Tucson was contracted to provide the screenings in Pima County. The Pima County Health Department conducted the screening and any necessary treatment for tuberculosis for refugees resettling in Tucson.



Data Source: Arizona Refugee Resettlement Program



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

**Arizona Department of Health Services**  
 Bureau of Epidemiology and Disease Control  
 Office of the Bureau Chief  
 Refugee Health Program  
 150 N. 18th Ave. Suite 100  
 Phoenix, Arizona 85007  
 602-364-3860  
 www.azdhs.gov