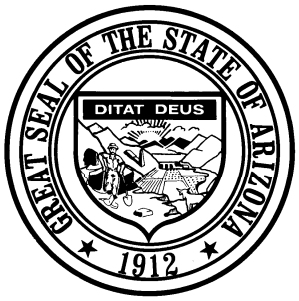
Refugee Health Coordinator Annual Report

July 2011

Arizona Department of Health Services

Photo by Natalia Winberry, Phoenix IRC



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Introduction

This report covers the highlights and activities of the State Refugee Health Coordinator (RHC) from July 1, 2010 to June 30, 2011 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 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, please see the following link. http://www.azdhs.gov/phs/edc/refugee/index.htm

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 integrate public health approaches and components for the successful resettlement of refugees arriving to Arizona.

The role of the RHC is to serve as a public health liaison, health educator, community facilitator and program planner at the Arizona Department of Health Services. The RHC helps to support the activities of the Arizona Refugee Resettlement Program (RRP) located at the Department of Economic Security.

FY 2010-2011 Refugee Health Coordinator Goals:

1. 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

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 and other healthcare providers in their community

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

4. To remain familiar with the Arizona Department of Health Services programs in order to recognize appropriate points of contact for various issues, problem solving and innovative approaches to enhance health services and opportunities for refugees to have a healthy lifestyle

5. To work alongside the Arizona Refugee Resettlement Program (RRP) Refugee Health Services Manager to:

- Promote collaboration and coordination among the Arizona refugee resettlement agencies, refugee health care providers, community organizations and other agencies and partners serving refugees

- Uncover systemic issues and receive feedback on refugee health matters directly from the mutual assistance associations (ethnic organizations) and refugees resettling in Arizona

- Engage the appropriate point of contact(s) to begin to address systemic issues identified in the feedback process

Local Collaboration and Workgroup Activities in Tucson and Phoenix

Tucson Area –

Although in May of 2010, the Refugee Primary Care Workgroup completed its year-long study of healthcare challenges and issues facing refugees and health providers who serve them in the Tucson area, the group has continued to meet monthly.

The workgroup is 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. Members of this workgroup are comprised of U of A medical and county librarians, local voluntary resettlement agencies, Pima County Health Department Medical Director and nursing staff, members of the refugee communities, graduate student interns, refugee screening clinic staff, representatives from community health centers, staff from a local Urgent Care facility, and when available, the DES RRP Refugee Health Services Manager and the RHC.

Unique partnerships have resulted through coordination between members of the workgroup. In October, the Pima County Library hosted a health fair specifically for refugees. Interpreters were on-hand and the attendance was over 1,000 people. The local urgent care facility provided and administered seasonal influenza vaccines at no charge.

This year, the workgroup has created a “Refugee 101” presentation for local service providers and has developed a speakers’ bureau to accompany it. In addition, library science graduate students from the university are in the process of identifying translated health materials and a mechanism to make them readily available to local providers.

Phoenix Area –

Refugee Health Work Group (RHWG)

The RRP Refugee Health Program and Project Specialist began a small workgroup in August comprised of local refugee leaders to discuss health issues that they are facing in their communities. Since then, the group has met monthly and representatives have included those from the Somali, Somali Bantu, Bhutanese, Eritrean, Kenyan, Afghani, Iraqi, Turkish and Baha'i communities. The focus of the group is to provide educational opportunities and build capacity among the participants. The RHC also attends these meetings.

The focus of the first meeting was for attendees to establish rapport with one another and share health attitudes and challenges among their respective populations. There are many differences between the participants' views and assessments of healthcare. Conversations and discussion throughout the meetings have indicated that making generalizations concerning culture and refugees is an unwise perspective.

The first two meetings initially served as a good forum to exchange information regarding Refugee Medical Assistance (RMA) program coverage limitations, recent changes to the Arizona Healthcare Cost Containment System (AHCCCS, Medicaid) and other health system inquiries. The meetings have since progressed to gathering more information about the health concerns of various cultures and an opportunity for representatives from the International Rescue Committee (IRC) Phoenix Office and the Somali Bantu Development Community to attend and speak directly to the community leaders about their programs and partnerships.

Highlights of the meetings and accomplishments from this past year include the following:

Issue: There are often great misunderstandings by refugee clients regarding RMA coverage limitations; especially with dental services.
Action Item Undertaken: Creation of a RMA coverage fact sheet that included dental benefits information that resettlement agencies and providers can to distribute to patients.

Issue: No collective assessment of global barriers for refugee seeking healthcare.
Action Item Undertaken: The group spent time discussing and worked on completing a schematic three-tiered chart capturing refugee barriers, coordination barriers and system barriers to healthcare and proposed approaches to help overcome these barriers.

Issue: Lack of knowledge of the group of what health education subjects new arrivals are receiving, such as navigation of the health care system and available services.

Action Item Undertaken: A review of the presentation being shared by RRP to all new arrivals with constructive feedback from group for additions and improvements.

Issue: The community leaders expressed a concern that they are not aware of the specific roles of the voluntary agencies in the resettlement process. Once the boundaries are known, then the group would know how to best serve their members in healthcare matters without crossing the established lines of the resettlement agencies.
Action Item Undertaken: A representative from Lutheran Social Services of the Southwest was present at the subsequent meeting to share the roles and responsibilities of the case managers to the group as well as answer questions about how the RHWG members may wish to assist a client in health-related areas.

Issue: Misunderstandings and confusion over recent policy changes to the State's AHCCCS (Medicaid) program.
Action Item Undertaken: A representative from one of the state Medicaid health plans most frequently used by refugees will be asked to come to a future meeting and answer questions the group has about the plan's coverage and policies.

Elder Refugee Needs Committee

Last November, the Area Agency on Aging Maricopa Elder Abuse Prevention Alliance (MEAPA) began to convene a committee to focus on the current situation and needs of elder refugees in the Phoenix area. The RHC and RRP participate in these monthly meetings.

Some identified issues include: A need for education on domestic violence, improvement of housekeeping skills of elder refugees, remediation of bedbugs in apartment dwellings and difficulty of clients to manage the cost of new AHCCCS (Medicaid) co-pays for office visits and prescriptions.

As a result, the group has formed an educational series on domestic violence for Burundian men and women. Using an interpreter, the 6 one-hour presentations will cover areas such as the role of substance abuse as a contributing cause of domestic violence, other stressors that can contribute, prevention, sharing beliefs, community resources and reporting of domestic violence to law enforcement. The series is scheduled to begin in July.

Committee members are also looking for programmatic and financial resources to purchase or gather through donations cleaning supplies, mattress covers and financial assistance for Medicaid co-pays. Currently, a hands-on class for refugees to learn proper housekeeping techniques at one of the apartment complexes is underway.

Meeting with Phoenix Resettlement Agencies' Medical Case Managers

In February and April, the RHC and the RRP Refugee Health Services Manager met with the Phoenix area refugee resettlement agencies' case managers who work with special medical cases. These were the first meetings of this composition and although many of the case workers had spoken together on the phone; for some it was the first time that they had met in person.

The RHC and RRP RHSM have shared information on available services and resources to the group and discuss upcoming initiatives and news in refugee health. The roundtable discussion that follows is a good forum for the case managers to share resource leads and ideas for assisting difficult cases. Input was gathered for the Bhutanese Listening Session that took place in June and linkages were made between this group and the activities of the Refugee Health Work Group (RHWG).

Refugee Domestic Preventive Health Screening Coordination

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. For more information about the screening process, please see the following link.
http://www.azdhs.gov/phs/edc/refugee/DomPrevHSP.htm

To keep the logistics and communication between screening partners successful and open, meetings are held at least quarterly in both Phoenix and Tucson.

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

Meetings convened in Tucson in July, August, October, November, January, February and May with UPH staff, local refugee resettlement agencies, Pima County Health Department Tuberculosis Clinic, the RRP Health Services Manager, RRP Program and Project Specialist and the RHC.

Of significance, as of September 2010, the clinic is up to date with its preventive health screenings and this occurred despite staff vacations and steady arrivals. Currently, the clinic is seeing 90% or more of arrivals within 30 days. In addition, the UPH and the Pima County Health Department Tuberculosis clinic have expanded the coordination of information sharing to ensure rapid and smooth transition between facilities for those patients who require medical follow-up for this illness.

These meetings serve as an important opportunity for the partners to understand the clinic's policies and procedures and for the clinic to become aware of issues facing the resettlement agencies and identify areas of improvement. Some of these topics included:

- Ensuring the refugee resettlement agencies send all clients to the UPH laboratory at least one week in advance of their physical exam; especially those that are scheduled at the beginning of the month
- Reduce the number of appointments consisting of late arrivals and no-shows
- Increase the number of patients who come prepared with their overseas medical papers, chest X-rays and immunization records
- Distinguish for refugees the various immunization options they have in Tucson (e.g. UPH, Pima County Health Department, PCP)
- Establishing a smooth referral process for refugees whose QuantiFERON® TB Gold test (QFT-G) is positive to the Pima County TB clinic for medical follow-up
- Sharing the scheduling procedures and mechanisms in place with each other for follow-up immunization appointments at the clinic
- Coordination of information with the Tucson Unified School District RN representative for children to meet enrollment requirements
- Sharing of regular updates for RMA program coverage from RRP
- Engaging open discussion of new policy changes for the State's Medicaid program

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

Workgroup meetings were held in October, January, March and June. The meetings are comprised of MCDPH clinic staff, voluntary resettlement agencies located in Phoenix, the RRP Health Services Manager, RRP Program and Project Specialist and the RHC.

These meetings are essential for communicating arrival projections, program or process changes, and other issues that are arising in the area of refugee health between partners.

The MCDPH clinic is currently seeing the majority of refugees within 5 to 7 days of arrival.

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

- Improvement in the degree of information provided from the refugee resettlement agencies to the clinic before the patient exam. This has greatly streamlined the process of advance preparation of the client's medical file, lab order slips,

discharge paperwork and interpretation needs. In addition, the clinic can factor in additional time for the exam if the patient has a special medical condition or if a large family is expected.

- Steps have been taken to increase the communication between refugee resettlement agency case managers and drivers regarding refugees arriving on-time to appointments and following the exam, discussing with clinic staff any questions or clarifications of proper discharge instructions
- Adjustments have been made to the discharge sheets so that they now indicate if the client has received immunizations during the screening
- The clinic is taking the lead in re-scheduling no-shows and is faxing updated schedules to the refugee resettlement agencies.
- The refugee resettlement agencies have made an extra effort to help clients designate a PCP for the refugees during orientation in the event that they encounter a health issue before their exam or have chronic health issues that need attention prior to the preventive health screening. In turn, the clinic is able to send the designated PCP the lab results from the exam so they can effectively follow-up with the patient.
- The refugee resettlement agencies have worked closely with the clinic in obtaining up to date addresses for refugees that are in need of medical follow-up and/or whose medical files needed to be closed.
- Communication methods were established between the RHC and the refugee resettlement agencies for tracking secondary migrants who are in need of tuberculosis follow-up in their new state of residence
- An understanding by the workgroup members was reached for the operational and procedural aspects of the MCDPH Tuberculosis clinic
- Improvements in communication between resettlement agency case managers and clinic staff post-screening for those refugees in need of 30 day supply of prescriptions until they can see a PCP for continued care.
- Planning and discussion of the new Medicaid co-pays that took place earlier this year and the eligibility changes that will take place in July.
- Sharing of information to better serve secondary migrants who arrive to Arizona
- Discussion about concerns raised by a local PCP of substance abuse in the community
- Arrival projections from each of the resettlement agencies

Improvements and Initiatives in Statewide Refugee Health

RRP Refugee "Listening Only" Sessions – Phoenix and Tucson

The RHC participated in two Listening Sessions hosted and convened by the Arizona Refugee Resettlement Program in November.

The purpose of the sessions was to hear from refugees who have been in the United States between three and five years and incorporate the information for key program evaluation and improvement ideas. The speakers were from the major arrival groups and shared their resettlement experiences. The RRP was joined by the Phoenix and Tucson refugee resettlement agencies and mutual assistance associations' (MAAs) leadership to hear the refugees' stories and perspectives. Refugee communities designed the format of the meetings, and MAAs in each community assisted in the selection of spokespersons. Professional interpreters were available and the content of the presentations was recorded and will be translated into various languages to share with the community.

Bhutanese Health Listening Session

In June, a Bhutanese community listening session specifically covering health took place at the Cross Connection Church in Phoenix. Six men attended and provided answers and insight to the following 11 health specific questions that were provided in advance of the meeting.

Individual barriers

1. Have you had to pay a co-pay for a doctor visit or picking up medicine? Have you ever been sent home without seeing the doctor if you could not pay the co-pay? What did you do?
2. How do you get to the doctor and how long does it take you to get there?
3. Do you now have health insurance? If yes, what kind do you have? If no, how long have you gone without health insurance?

Communication barriers

4. Are you able to communicate effectively with your doctor's office or the pharmacy? If yes, who interprets for you?
5. Do you receive any written information from your doctor's office or pharmacy in your native language?
6. Do you understand why you have to take the medications that the doctor or pharmacy has given you to take and how to take them?

Cultural barriers

7. Did you receive any kind of education about your health care in the United States? If yes, was it helpful to you? Who provided the education?
8. Are you aware of the resources available in your community for medical, dental, mental health and eye care?
9. What difficulties do you experience getting health care?
10. Describe one or two things that are difficult to understand about healthcare in the United States.

11. Do you believe that mental health is as important as physical health? Why or why not?

Highlights from the session include:

What difficulties do you experience getting health care?

- Co-pays
- Interpretation
- Transportation
- Health Education
- Insurance Premiums

The following medical problems are seen in the community:

- Diabetes
- Cholesterol
- Heart Disease
- Depression/mental problems
- Back Ache
- Hypertension

One participant stated, “Mental health is as important as health. Good coordination between the mind and body is needed.”

The RRP and the RHC hope to have another similar session with the Somali community in the coming year.

Health Tracks Introduced in RRP Quarterly Meetings

An opportunity for partners to attend a health track was incorporated this year into the RRP Quarterly Meetings (public consultations).

In September, the RRP Program and Project Specialist presented the health orientation given to new arrivals at the resettlement agencies. The partners in attendance were able to provide feedback and ideas for improvement. At the December quarterly meeting in Phoenix and the January meeting in Tucson, the Refugee Medical Assistance (RMA) program provided a “2010 Refugee Health in Review.” The Refugee Health Services Manager presented some arrival and trend data as well as accomplishments and challenges of RMA and refugee health.

Accomplishments

- Early identification and tracking of special medical cases
- Initiated RMA provider outreach and education
- Design and delivery of health education to new arrivals

- Establishment of a workgroup comprised of refugee leaders to address health needs at the community level
- Translation of HIPAA Privacy Notices into Nepali, Somali, Arabic, Spanish, Farsi, Karen and Swahili

Challenges

- Lack of providers that accept RMA for specialized care
- Increasing arrivals who have complex medical needs
- Deficiencies in health education opportunities for refugees
- Recent cuts in AHCCCS (Medicaid) funding, placing greater demand for RMA coverage

To assist in planning other health tracks, the RHC created a short survey for distribution to the RRP database of quarterly meeting attendees and the refugee health providers e-mail list in February.

A total of 65 people responded to the survey. The following results are those respondents that indicated they would “very much” or “yes” like to receive education/training on the following topics.

Behavioral Health	89%
Domestic Violence	82%
Infectious Disease	80%
Women's Health	75%
Children's Health	75%
Chronic Disease Management	69%
Diabetes	68%
WIC	60%
Immunizations	58%
Cardiac Health	48%
Food Safety	43%
Injury Prevention	43%

As a result of the survey, the March health track consisted of training of HIV and the June meeting provided a track on Tuberculosis (TB). The information presented in March by the county HIV programs and local non-profits who serve HIV infected individuals ranged from modes of transmission, clinical aspects, services provided as well as dispelled many common myths associated with the disease. The June presentation made by county and state TB program staff covered the disease characteristics, testing methods, symptoms, treatment and local response to an active case. Each presentation featured local experts and was tailored specifically for Tucson and Phoenix.

Public Health Linkages to Enhance Refugee Health

Bureau of Epidemiology and Disease Control

Tuberculosis Program

The RHC worked closely in June with the ADHS TB Program to obtain past medical information for Somali refugees living in Tucson. Between the Arizona Refugee Resettlement Program and the University Physicians Healthcare Kino Hospital, information such as alien numbers, date of arrival, agency of resettlement, date and location of screening and medical records from the screening were located and provided to the Pima County Health Department TB clinic. The coordination of information was very successful in light of the fact that this family had arrived to Tucson in 2004.

Division of Behavioral Health Services

IRC webinar
Behavioral Health Webinar

In November, Dr. Coleen Kivlahan on behalf of the Phoenix office of the International Rescue Committee (IRC) provided an hour long webinar training, "Introduction to Refugee and Immigrant Health." Dr. Kivlahan is currently the Vice President of Medical Affairs for Aetna Medicaid and she has done extensive work with asylees and refugee patients in her clinical practice. This training was a partnership between the IRC and the Arizona Department of Health Services Division of Behavioral Health Services.

The link to the training's recording can be accessed at:
https://azdhs.ilinc.com/join/hhkxkjb

The presentation materials can be accessed at:
https://azdhs.ilinc.com/content/xyshfzf/fyzjpkt

National Coordination and Issues in Refugee Health

In preparation for an "Enhancing Partnerships in Refugee Health Conference" sponsored by the Association of State and Territorial Health Officials (ASTHO), the Association of Refugee Health Coordinators (ARHC) identified three key areas and developed recommendations. The following projects were made possible with a short-term grant from ASTHO that funded an Executive Secretary for ARHC that helped to coordinate these areas.

1. Develop a user-friendly reference for health providers based upon the CDC guidelines for the screening of refugees
2. In conjunction with ARHC, make recommendations for a national refugee surveillance system
3. Provide strategic guidance for nationwide use of health education and outreach activities and materials

The RHC participated in project two.

Objectives for Project 2:

1. Review and report the existing data collection systems (including for public health data other than for refugee health) Identify:
    - Capacity of refugee health programs to collect data
    - Gaps in data collection
    - Barriers to data collection (e.g.) personnel limitations
2. Provide the following recommendations for improving refugee health tracking and surveillance
    - Core functions related to data for state refugee programs (i.e., specify the initial reasons for refugee health surveillance)
    - Strategies for supporting state programs with minimal data collection capacity (e.g. the development of an Access database (or similar product) to be made available to state programs with minimal IT support who need a user friendly system to keep their screening results)
    - Feasibility of developing minimum standards for data collection processes
    - Additional mechanisms for capturing timely reportable diseases and emerging infections nationally.
3. Develop and provide recommendations for mechanism(s) to collect, analyze, and disseminate multi-state refugee health data

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. This survey was followed by a more in-depth qualitative and quantitative survey by the Center for Disease Control and Prevention. Both surveys easily demonstrated that in the current absence of mandatory criteria, the state refugee preventive health screening programs each operate differently across the country.

Within this wide range of program approaches included the fields and methods of documentation used to collect health screening data in each state. The RHC and the refugee health epidemiologist from the Massachusetts Department of Public Health obtained screening forms from 31 states and compared what health indicators are used to help identify refugee health trends within their jurisdictions.

Refugee Health Domestic Screening Form Variables and Documentation Methods

Variables Collected			Documented on Form As:		
Infectious Diseases		**n**			**n**
	TB screening Results	100% 31			
			TST Induration	42%	13
			TST Induration or Pos./Neg. IGRA	42%	13
	Domestic TB Classification			26%	8
	Treatment for LTBI or Active			58%	18
			Start Date	43%	
			Reason why not started	32%	
	Hepatitis B screening results	97% 30			
			Hepatitis B surface antigen, Pos./Neg	63%	
	Hepatitis C screening results	23% 7			
			Pos/Neg.	57%	
	Parasite	100% 31			
			Specify ID of Parasites - see below	55%	17
			Ascaris	71%	12
			Chloriorchis	94%	16
			E. hystolitica	100%	17
			Giardia	76%	13
			Hookworm	76%	13
			Schistosoma	94%	16
			Strongyloides	94%	16
			Arid Trichuris	94%	16
			Treated? Yes/No	94%	16

Environmental						
	Lead screening	87%	27			
				Actual Level	70%	19
				Pos./Neg or Normal/Abnormal	74%	14
Other Conditions						
	Height	61%	19			
				in.	47%	9
				ft. and in.	15%	3
				cm. or in.	5%	1
				cm.	5%	1
				Normal/Abnormal	21%	4
	Weight	68%	21			
				lbs.	52%	11
				lbs. and oz.	4%	1
				kg. or lbs.	4%	1
				kg.	4%	1
	Hematocrit/Hemoglobin	71%	22			
				actual values	68%	15
	Blood Pressure	68%	21			
				diastolic/systolic values	62%	13
	sugar levels	48%	15			
				blood glucose values	47%	7
	Visual Acuity	74%	23			
				Normal/Abnormal	65%	15
	Hearing	65%	20			
				Normal/Abnormal	65%	13
	Gross Dental	77%	24			
				Normal/Abnormal	67%	16
	Pregnancy	87%	27			
				Yes/No	63%	17

The RHC and the three subcommittee chairs created a poster to display at the conference that describes the outcomes of the project and which is summarized here:

Project Goal:

To develop recommendations and implementation strategies for a national domestic refugee health surveillance system

Method:

- Surveyed low and medium capacity* states to identify potential gaps in and barriers to data collection
- Analyzed 31 states' existing refugee health screening forms to compare documentation
- Surveyed high-capacity* states to identify mechanisms and assess feasibility of reporting to a national refugee health surveillance system

Core Functions:

- Improve understanding of the changing health needs and trends in newly-arrived refugee populations
- Identify population-specific health issues
- Assist CDC in tailoring domestic refugee health screening guidelines
- Inform state programmatic decisions regarding screening and follow-up
- Provide feedback to overseas partners regarding health conditions of concern

Technical Requirements:

- Web-based system with manageable security requirements
- Ability for users to export data for analysis and dissemination
- Ability to upload de-identified data in common formats
- Ability for users to generate basic summary reports

Proposed Web-Based Models:

- New system, operated and maintained by a refugee partner/stakeholder, funded through a Federal cooperative agreement, without a required digital certificate
- New system, operated and maintained by CDC Division of Global Migration and Quarantine (DGMQ), without a required digital certificate
- New module within the established EDN system, supported by the CDC's Secure Data Network and maintained by DGMQ

Recommendations:

Implementation:

- Require all states with more than 200 arrivals per year to implement a formal data collection system that adheres to set minimum standards
- Analyze existing state systems and related data dictionaries
- Develop standardized variables to measure both health trends and program effectiveness

Provide technical assistance and support to states to:

- Enroll in and promote greater usage of EDN
- Establish a surveillance system and address any barriers to data collection
- Develop a standardized data collection form and standardized data collection procedures

Sustainability and capacity building at the local, state and national level:

- Provide IT resources for system maintenance
- Dedicate epidemiologist resources for data analysis and management
- Conduct refugee health research beyond initial resettlement period.

ASTHO/ARHC Enhancing Partnerships in Refugee Health Conference

In May of 2011, the Association of State and Territorial Health Officials (ASTHO) sponsored a conference for the nation's Refugee Health Coordinators and invited many other partners as well. The two-day conference spanned a number of current and emerging topics. There were four main themes currently affecting refugee health in the United States.:

1. Complex Medical Cases –
    - Most states that are resettling refugees are noting a significant increase in the number of arrivals that have one or more medical conditions. This is a concern of refugee resettlement partners for a number of reasons.
        - It is optimal for the resettlement agency to be aware of these conditions in advance to ensure proper services and medical attention take place upon arrival
        - However, there are currently no established criteria or definition of a "serious medical case" overseas to ensure generation of medical disclosure or information in advance
        - If there is any information generated, it does not often reach the resettlement agencies
        - In addition, there are no domestic criteria or definition for a serious medical case. Therefore, the perception and/or an accurate figure of the current number of SMCs arriving varies among the U.S. Federal government (Department of State, Centers for Disease Control and Prevention, HHS Office of Refugee Resettlement) and that of the local resettlement community (voluntary agencies, screening clinics, PCPs, other service providers)
    - Local resources are replacing services that were once undertaken by the Federal government

2. Domestic Preventive Health Screening Data Collection –
    - The state health departments from other high arrival states (around 1,000+) collect individual health screening data of some sort. Arizona currently collects aggregate data

- The systems vary from stand alone databases (example, Microsoft Access) to web-based, on-line applications
- Data collected varies but includes demographic data and screening outcomes
- There is the increased interest and expectation from Centers for Disease Control and Prevention, Division of Global Migration and Quarantine and other Federal agencies (HHS Office of Refugee Resettlement, Department of State Bureau of Population, Refugees and Migration) that this data be collected to improve the analysis of population specific issues as well as nation-wide trends in the health conditions of new arrivals to streamline and enhance medical guidance
- Annual/semi-annual submission to CDC of aggregate data with standardized variables is most likely on the horizon

3. Affordable Care Act (Health Reform)
    - Changing Use of Refugee Medical Assistance (RMA)
        - According to the ORR Director, RMA funds will not be used for screening services once the ACA is in place in 2014
        - The ORR Director is having discussions with the CDC to transition the preventive health screening overseas, prior to arrival
        - RMA will continue however, to fill the gap when Medicaid or other insurance options do not cover essential services for refugees within the 8-month window
    - Potential Changes for Role of RHC
        - According to the ORR Director, the RHC will still be needed to assist the refugees in their transition to care, navigating the new health system and other medical case management oversight and tasks
        - The Refugee Preventive Health grant will continue to be used to enhance systems needed to integrate refugees into the national healthcare system
        - The RHC will take a lead role in the collection and sharing of aggregate data associated with tracking medical conditions and other healthcare variables to share with the CDC, ORR, PRM as well as other states

4. Behavioral Health Services for Refugees –
    - In May, the International Organization for Migration (IOM) released an overseas study on the subject of suicide and suicide attempts in Bhutanese refugee camps
    - Education in the behavioral health needs of refugees is a large need among the domestic resettlement community and health providers
    - It is widely agreed at the Federal, state and local levels that culturally and linguistically appropriate behavioral health screening tools and services be available to refugees in all communities

Priorities for FY 2011 - 2012

The RHC will continue to do the following:

- Provide administrative and facilitation support for quarterly meetings in Phoenix and Tucson between refugee preventive health screening service providers and the local resettlement agencies.

- Engage Phoenix-based medical case managers and those who work with complex medical cases in quarterly meetings to share resources and provide a forum for sharing problem solving approaches

- Offer health-related training opportunities for partners through the RRP Quarterly meetings based upon the March 2011 survey results

- Provide support to the RRP in engaging mutual assistance associations in the development of outreach and education strategies to address refugee health issues facing their communities

- Serve on boards and advisory groups to promote local research and improve health services for the refugee community

- Provide statewide and national perspectives and expertise in support of on-going refugee health projects

- Assist RRP, local 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 and their health providers

- Partner with various ADHS programs and priorities to represent and increase awareness of refugee health. (Arizona Immunizations Program Office, Arizona Health Disparities Center, Tuberculosis Control Program, Office of Infectious Diseases, Division of Behavioral Health Services, Office of Nutrition and Physical Activity, Office of Women's and Children's Health, Public Health Preparedness, etc.)

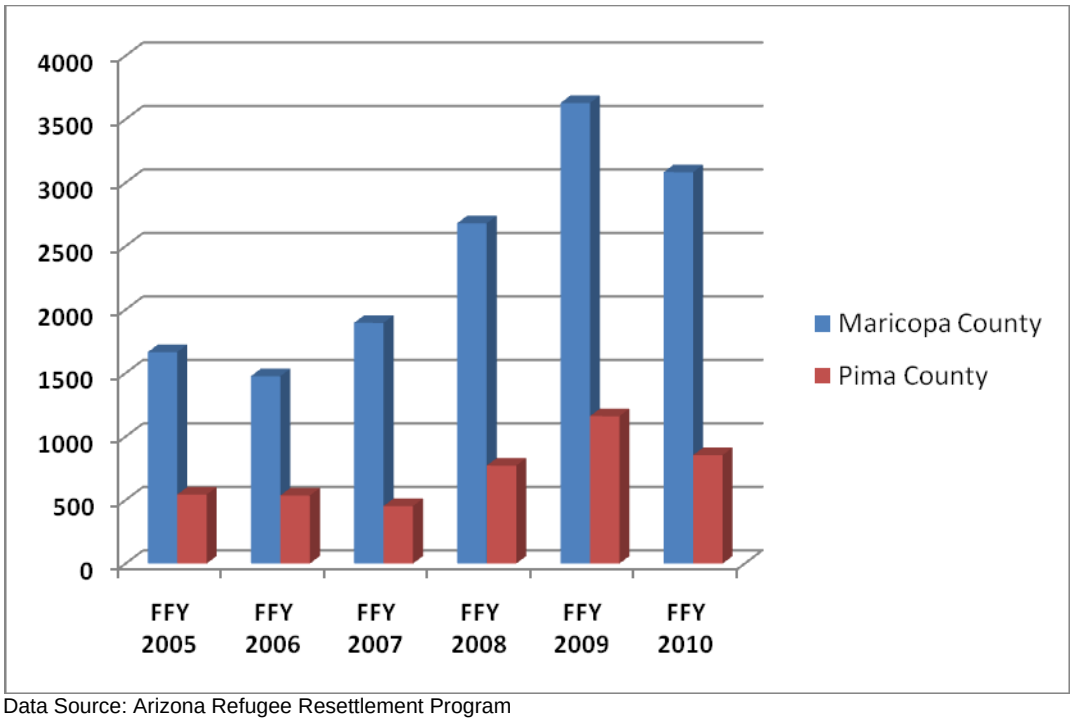
- Support the national Association of Refugee Health Coordinators (ARHC) Surveillance subcommittee and Monthly Conference Call Planning Committee

- Co-Chair an Arizona Department of Health Services (ADHS) Language Access Taskforce

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 3,887 refugees during FFY 10 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 10 was 80,000 individuals and a total of 73,311 were resettled.

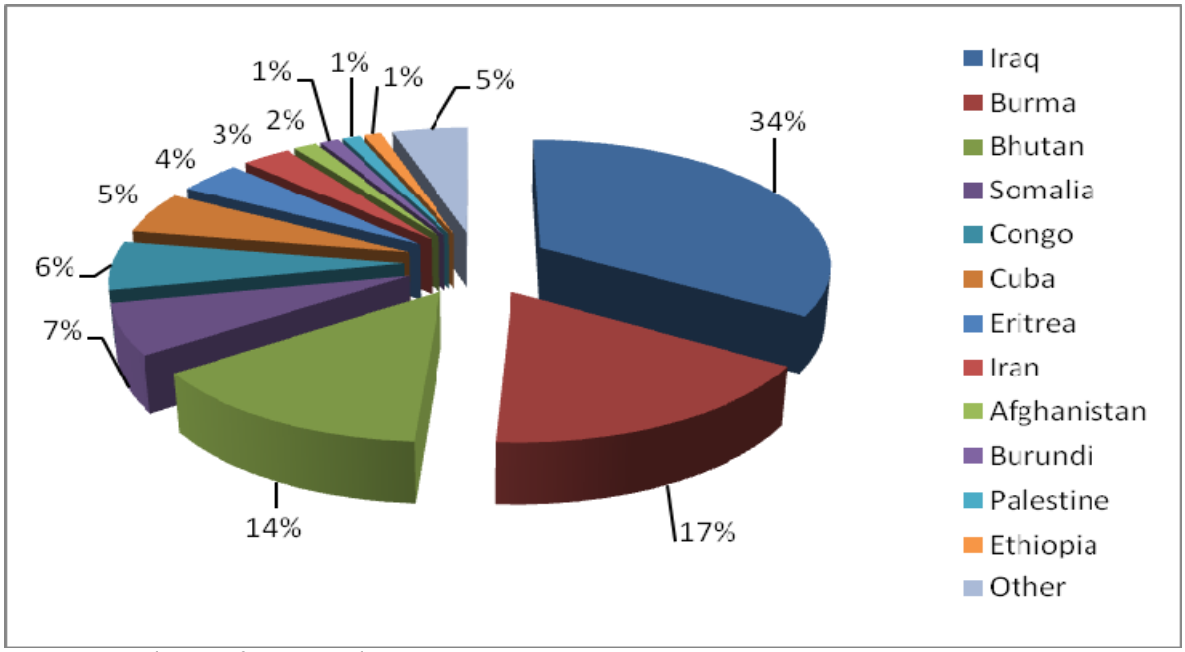
Refugees Resettled in Arizona by County
Federal Fiscal Year 2005-2010 (October 1- September 30)
(totals include secondary migrants*)



Data Source: Arizona Refugee Resettlement Program

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

Arizona Arrivals by Country – FFY 10
October 1, 2009 – September 30, 2010



Data Source: Arizona Refugee Resettlement Program

"Other" (n=182) includes Cameroon, Central African Republic, Chad, China, Columbia, Egypt, El Salvador, Guatemala, Guinea, Haiti, Ivory Coast, Jordan, Kazakhstan, Kenya, Kuwait, Liberia, Mauritania, Namibia, Nigeria, Pakistan, Russia, Rwanda, Sri Lanka, Sudan, Turkmenistan, Uganda, Ukraine, and Vietnam.

FFY 10 Arrivals by Age and Gender

Age Range	**Male**	**Female**	**Total**
< 1 year	54	45	99
2 – 4 years	133	123	256
5 – 8 years	151	135	286
9 – 11 years	111	116	227
12 – 18 years	253	273	526
19 – 26 years	415	329	744
27 – 40 years	548	425	973
41 – 59 years	284	293	577
60 – 70 years	76	68	144
71 years +	30	25	55
Total	**2055**	**1832**	**3887**

Data Source: Arizona Refugee Resettlement Program