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Refugee Health Together

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Make Every Day Count

In this month, we observed World Refugee Day. First celebrated in 2001, World Refugee Day (June 20th) is a time to consider the state of the world’s refugees and what it means to be forced from your home and country. For those refugees who landed on our shores, let’s renew our dedication to them as they rebuild their lives here in the U.S. Refugees have enriched our culture, made significant economic contributions, and exemplified the power of the human spirit to overcome adversity. As we serve them and they teach us, I reflect on this relationship.

This issue of Refugee Health Together underscores ORR’s other relationships and how they can enhance the health of refugees. With our partnerships, we can help refugees access many mainstream resources, which are critical to successful integration. Partnering with other federal agencies, we provide an update on the Affordable Care Act, announce a mental health webinar, and highlight vision care resources; engaging within ACF, we share information about autism; we also feature a great example of partnership within the state of Nevada. These collaborations are just some of the ways in which refugee health can be promoted.

Although World Refugee Day has come and gone, we can try to make every day count for refugees, working together, as we endeavor to restore hope and dignity for some of the world’s most vulnerable individuals.

Sincerely,

Eskinder Negash
Director
Office of Refugee Resettlement

Photos courtesy of UNHCR
ACA Outreach in High Gear!

There are two websites you should know about: Healthcare.gov and the Health Insurance Marketplace website (marketplace.cms.gov). If you haven’t been to these websites yet, make today the day!

These websites have a lot of information and resources about healthcare reform, including the streamlined application for health insurance. The Health Insurance Marketplace recently posted the paper-based application for individuals and families. Starting October 1, 2013, people can use these forms to apply for private insurance, a tax credit, Medicaid, or the Children’s Health Insurance Program. People will also be able to apply for health insurance online at healthcare.gov or by calling a 1-800 number. Stay tuned to these websites for important updates. The 1-800 number will be released this month and the call center will go live!

There are many ways to stay connected. You can follow the Marketplace on Twitter @healthcare.gov or friend it on Facebook. You can also join the listserv and get email updates sent directly to you.

Congratulations to Navigator Grant Awardees

The Navigator grants for State-based Exchanges have been awarded. In two states, they include organizations that serve refugees.

In Vermont, the Association of Africans Living in Vermont has been selected as one of eighteen navigator organizations for the state. In Colorado, the Colorado African Organization, Lutheran Family Services, and Spring Institute for Intercultural Learning have been awarded. If you are aware of any other refugee-serving organizations that have been chosen as Navigators, let ORR know.

We anticipate that the Navigator grant awards for Federally-facilitated and State-Partnership Marketplaces will be announced later this summer.

Mental Health Webinars

ORR is partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) to host webinars that address emotional wellness in refugee communities.

The topic of the first webinar will be focus on self-care strategies aimed at refugee community leaders across the country. Refugee community leaders are often ‘first responders’ after a suicide attempt or incident because of their role as case-workers, community-based organization managers, or faith-based leaders; they may be exposed to multiple incidents if there is a suicide cluster. The presentation will provide information about coping with traumatic events to help refugee leaders continue to support the community that relies on them.

This webinar is scheduled for June 24 from 2—3:15 pm EDT. Check the ORR website for more information.
Take Care of Your Vision

Did you know 2,256 refugees were referred for vision care last year?

It is important to maintain eye health at every stage of life. Poor vision makes school work, reading, driving, playing sports, cooking, and other daily activities harder to do. Poor vision can even lead to depression and isolation for some people, and can contribute to injuries. But getting eye care isn’t always easy. Organizations like Prevent Blindness America can sometimes help.

Prevent Blindness America (PBA) is a leader in eye health. PBA promotes eye health by screening, educating the public, advocating, supporting research, and training others to screen for eye health. PBA also helps children get free eye exams and glasses through the VSP Sight for Students program. Call the PBA Vision Health Resource Center at 1-800-331-2020 for more information.

ORR joins CDC’s Vision Health Initiative in encouraging refugees to take care of their eyes to make sure they can see well throughout their lives. If you want to learn more about eye health, please join ORR and CDC for a webinar on eye health on July 17, 2013 at 2pm. Check the ORR website for more information.

To learn more about common eye disorders visit CDC’s Vision Health Initiative website. You can also check-out the Healthy Eyes Toolkit by the National Eye Institute.

What’s New in Nevada?

Last February, ORR representatives visited Nevada to learn more about the State’s refugee resettlement program, with a focus on refugee health. Nevada is a Wilson-Fish State administered by Catholic Charities of Southern Nevada (CCSN). The Ethiopian Community Development Council’s African Community Center also resettles refugees in Nevada.

Nevada is making great strides with its refugee health programs—from offering medical case management services to representing refugees in the State’s emergency preparedness plan. Perhaps the most impressive part of the visit was learning about the partnership between the refugee program and the welfare office. The welfare office has a specialized unit of eligibility workers who are familiar with immigration statuses and their benefits. As a result, eligible refugees in Nevada get access to Medicaid and other assistance programs in an average of ten days from arrival.
Autism Awareness

Autism Spectrum Disorder (ASD) is a group of developmental disabilities that can affect communication, social, and behavioral development. About 1 in 6 children aged 3–17 has a developmental disability in the United States. We don’t often talk about ASD in the refugee community, but we should. It is important to learn about ASD and promote early identification so refugee children and families can get the services and support they need as soon as possible and have the best possible start for a healthy and fulfilling life.

ORR is committed to finding new ways to support refugee children with ASD and their families. One resource is the Interagency Autism Coordinating Committee (IACC), a Federal advisory committee that coordinates all efforts within the Department of Health and Human Services concerning ASD. IACC has both Federal and public members, including Idil Abdull. She joined the IACC as a public member in 2012 and is the parent of a son with autism and co-founder of the Somali American Autism Foundation. Idil states, "Be the squeaky wheel when searching for information and resources, chase the maybe.” She follows up by clarifying, “There will be a lot of no’s and hurdles presented to parents with children with autism, keep searching until you find the resources for help.” Idil advocates raising awareness of ASD among the Somali-American population. She goes onto explain that Somali-American children have much higher rates of autism compared to national rates. She believes investment into research is vital to the autism community and wants to account for what factors lead to the increase in prevalence of autism in Somali-Americans. Idil can be reached at idilabdull@saafmn.org for support and information.

Each of us can do more to support children with ASD and their families. A good place to start is CDC’s Learn the Signs, Act Early website. This site has something for everyone – healthcare professionals, early childhood educators and families. For example healthcare professionals can take an online course on ADS and get continuing education credits. Families can use the parent resource kit which explains developmental milestones so parents can help with early identification. The kit is available in Spanish and some parts of it have been translated to Arabic and a few other languages.

ACF has recently launched a website compiling autism resources for early childhood providers. Materials include fact sheets, videos, tips, and links to additional resources and finding state-specific resources. There are also many other ASD resources, like the Autism Now Project website: Click on any State and find out what kinds of services are available.

5 Facts about Autism Spectrum Disorder

1. ASD is ~ 5 times more likely in boys than girls.
2. ASD affects children of all racial, ethnic, and socioeconomic groups.
3. While we do not know all the causes of ASD, we have learned that there are likely many contributing factors, including genes and the environment.
4. ASD can be reliably diagnosed by age 2, but many children can be diagnosed at earlier ages.
5. There is no “cure” for ASD, but there are several interventions that can help children learn important skills to improve their everyday life.
Grant Announcement: Family Violence Prevention and Services

ORR is pleased to share ACF/Administration on Children, Youth and Families' announcement for solicitation of applications for grants under the Family Violence Prevention and Services Discretionary Grants Program to implement Culturally-Specific Trauma Services for Families Impacted by Domestic Violence (HHS-2013-ACF-ACYF-EV-0635). Link to the Full Announcement: http://www.acf.hhs.gov/grants/open/foa/view/HHS-2013-ACF-ACYF-EV-0635. Applications are due by August 12, 2013. The total estimated funding amount is $800,000.

The intent of this Family Violence Prevention and Services Discretionary Grant Program is to build and sustain organizational capacity in delivering trauma-informed, developmentally sensitive, culturally relevant services for children, individuals, and families affected by domestic violence (DV), dating violence, family violence, and other traumas. This discretionary grant program will build and expand upon the progress of culturally specific and community-based domestic violence programs in reducing the pervasive and harmful impact of violence and trauma by implementing culturally relevant trauma-informed, evidence-informed, or evidence-based interventions for individuals and families who are from diverse and historically marginalized communities.

CLAS Standards Released

HHS recently released the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. The enhanced standards, developed by the HHS Office of Minority Health, are a comprehensive update of the 2000 CLAS Standards. This blueprint is designed to help organizations improve health care quality in serving our nation’s diverse communities. It provides a framework for the delivery of culturally respectful and linguistically responsive care and services — hopefully, reducing refugees’ barriers to health care.

Women’s Health Video

Refugee women are at increased risk for maternal and reproductive health problems, and have often never received the benefit of reproductive health services. Traditional teaching methods for health education can be challenging to populations with a strong oral culture. ORR is committed to promoting women’s health, and to that end, is working to produce a women’s health video this summer. Stayed tuned for further details.

June is Pride Month

While we observe LGBT Pride Month in the U.S., individuals are still fleeing persecution based on their sexual orientation and gender identity across the globe. ORR reminds the refugee resettlement network about the Heartland Alliance’s field manual Rainbow Response: A practical guide to resettling LGBT refugees and asylees. The manual is intended to support resettlement service providers to meet the specific needs of lesbian, gay, bisexual, and transgender refugees and asylees. It includes valuable information to empower LGBT refugees in healthcare settings and a chapter on mental health.
Erratum from Volume 1, Issue 2

Below are the corrected graphics accompanying the article Tracking Refugee Health Across the Nation:

![Graph showing % Refugees Screened Reported to ORR, FY2012](image)

Also, the article on HHS Secretary Sebelius’ visit to India to highlight the progress made on polio eradication initiatives misstated the dates traveled; she traveled to India in January 2012.

Special Thanks

On behalf of refugees, ORR would like to recognize the key individuals and agencies for their contributions to this issue of Refugee Health Together: Stefanie Costello, Letia A. Boseman, Camy Retzl, Carisa Ramirez, Shantel E. Meek, Idil Abdull, Dee Daniels Scriven, Andre Butters, and Curi Kim.

ORR also offers special thanks to the Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services’ Office of Public Engagement, the Administration for Children and Families’ Early Childhood Development, and the Substance Abuse and Mental Health Services Administration for their ongoing partnership,