

# Refugee Health Together



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

## ORR Established its First-Ever Division of Refugee Health



Introducing Essey Workie as ORR's  
Refugee Health Team Lead

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## Introducing... Refugee Health Together

Welcome to *Refugee Health Together!* *Refugee Health Together* is the name of the Office of Refugee Resettlement's (ORR) new quarterly newsletter. It highlights what ORR is doing to promote refugee health and what we can all do to improve refugee health together.

Two years ago, ORR established health and mental health services as one of its key guiding principles for effective resettlement. Since then ORR has taken several steps to promote refugee health, including creating the office's first-ever Division of Refugee Health. By creating this new division, ORR is bringing together its different health-related activities under one umbrella. Ms. Essey Workie will lead this effort as the Refugee Health Team Lead.

Essey brings over twelve years of experience in delivering mental health services and developing federal policies that promote the wellbeing of children and families. Since joining ORR, Essey has made several notable contributions to refugee health in areas ranging from the Affordable Care Act to medical screening and from suicide prevention strategies to health equity. I am confident that this organizational improvement will enable ORR to coordinate with its federal, state and local partners more effectively.

This issue of *Refugee Health Together* describes some of the bridges ORR is building with health-oriented programs within the Department of Health and Human Services (HHS). For starters, ORR and the Centers for Medicare and Medicaid Services have agreed to host a series of webinars to prepare the refugee resettlement network for full implementation of the Affordable Care Act in 2014. Secondly, representatives from several HHS programs gathered together to discuss each program's role in professional recertification of doctors

and other health professionals. ORR also collaborated with its counterparts in the Administration for Children and Families and the Office of Minority Health to celebrate Minority Health Month last April. The month's activities focused on the role of social service programs in eliminating health disparities. ORR continues to partner with the Centers for Disease Control and Prevention (CDC). Most recently, ORR sought CDC's technical expertise in updating the 1995 *Medical Screening Protocol for Newly Arriving Refugees*. ORR and CDC also entered into an interagency agreement that places a CDC Medical Officer onsite at ORR to provide ongoing technical assistance for at least two years.

These federal partnerships are just the beginning for the Division of Refugee Health. I look forward to working with you around a number of health goals moving forward - from enhanced surveillance of Serious Medical Conditions to addressing the needs of especially vulnerable populations like refugees with disabilities.

Sincerely,

Eskinder Negash  
Director  
Office of Refugee Resettlement

## Minority Health Month: Health Equity Can't Wait. Act Now in Your CommUNITY!

ORR is committed to promoting health equity among refugees and other vulnerable populations. Throughout the month of April, ORR partnered with the Office of Child Support Enforcement and other ACF programs to host ACF's first commemoration of Minority Health Month. The theme for 2012 is *Health Equity Can't Wait. Act Now in Your CommUNITY!*

ORR and its ACF partners hosted a series of activities to highlight the role of social service programs in promoting health equity. Those activities included a webinar on the

[National Partnership for Action](#) and another on the national [Culturally and Linguistically Appropriate Services](#) (CLAS) standards. The highlights of the first webinar are captured on the ACF blog which we affectionately refer to as [The Family Room Blog](#).





Photo courtesy of [www.healthcare.gov](http://www.healthcare.gov)

## Affordable Healthcare: Beyond the First Eight Months

As you know, refugees are covered by the Affordable Care Act to the same extent as U.S. citizens. By 2014, refugees will have access to quality, affordable health insurance way beyond the eight months they have now with Refugee Medical Assistance. ORR is committed to making sure that the refugee resettlement network – State Refugee Coordinators, Refugee Health Coordinators, Voluntary Agencies, Ethnic Community Based Organizations and others – are ready to help refugees enroll in coverage. To that end, ORR is partnering with the Centers for Medicare and Medicaid Services (CMS) and the Refugee Health Techni-

cal Assistance Center to provide training and outreach materials.

On April 5, experts from CMS presented [two new federal regulations](#) that explain the eligibility and enrollment rules for Medicaid and the State Exchanges, also known as *marketplaces*, where health insurance will be sold. The webinar described how the refugee resettlement network could get involved with delivering support services in association with the [Consumer Assistance Programs](#) and the Navigator programs.

We are planning to have a series of webinars leading through the Fall of

2013 and leading up to the open enrollment period for the State Exchanges. Because the Affordable Care Act is a game changer, getting the refugee resettlement network prepared is our top priority. We want to work very closely with all of our partners on this front.

The next webinar is scheduled for July; more information will be available at [www.refugeehealthta.org](http://www.refugeehealthta.org) soon. It will focus on increasing Medicaid enrollment under current program rules and in 2014. [Click here](#) for more information on how the Affordable Care Act will protect the health of specific populations.

*“Refugees represent an untapped pool of health professionals within the United States at a time when the traditional U.S. prevention workforce is projected to have a shortfall of more than 250,000 public health workers over the next ten years as noted in the National Prevention Strategy”*

## Creating Pathways for Professional Recertification: A Win-Win

On May 23, ORR convened an in-reach to discuss professional recertification of refugee doctors and other healthcare professionals. Representatives from the Office of the Assistant Secretary for Health, Health Resources and Services Administration, the Office of Global Affairs and others met to define their programs' roles in the recertification process and identify potential non-federal partners in academia and the private sector.

Some of ORR's grantees that work in this area also joined the in-reach and

helped to inform the discussion. The Refugee Health Technical Assistance Center, Women's Initiative for Self-Empowerment (WISE), RefugeeWorks and its grantee Welcome Back Center participated in part of the in-reach.

The group recognized refugees as an untapped pool of health professionals within the United States at a time when the traditional U.S. prevention workforce is projected to have a shortfall of more than 250,000 public health workers over the next ten years. The juxtaposition of internationally trained,

culturally competent refugee doctors and the need to build capacity in the U.S. health workforce presents a win-win opportunity to create pathways for professional recertification in the health field. This could include coordinated career-laddering, mentoring, waivers of examination fees, scholarships, fellowships and more.

As a result of this in-reach, the group will host a second event to engage teaching hospitals other non-federal entities.



## Meet Curi Kim: CDC Medical Officer at the Office of Refugee Resettlement

ORR proudly welcomes Dr. Curi Kim to the ORR family. Dr. Kim will provide on-site technical assistance on health aspects of ORR's programs for the next two years. Her work at ORR will focus on conducting outreach to key partners, building institutional knowledge on medical issues affecting refugees and strengthening the continuum of care from overseas medical screening to follow-up care in the U.S. She will work closely with the Immediate Office

of the Director and the Division of Refugee Health within ORR.

Dr. Kim received her MPH from the University of Michigan and her MD from Wayne State University; she completed medical residencies in Family Medicine and Preventive Medicine at the University of Michigan and is board certified in both specialties. After practicing as an attending physician at the largest state prison in Michigan, she received her commission with the U.S.

Public Health Service and joined CDC in 2007. For the next several years, she provided medical consultation regarding communicable diseases and contributed to the scientific literature on disease transmission during travel. She also spent several months as acting Surveillance Team lead for the CDC Refugee Health Program in Kenya.

Dr. Kim is sure to be an instrumental part of ORR's focus on health as a strategy for effective resettlement.

## Updated Domestic Medical Screening Guidelines: 15+ Years in the Making

On May 10, ORR disseminated a draft State Letter to update the 1995 *Medical Screening Protocol for Newly Arriving Refugees* and establish corresponding reimbursement rates. The guidelines were developed in consultation with the Centers for Disease Control and Prevention (CDC) and coincide with CDC’s 12 subject-based guidelines, formally known as the [U.S. Domestic Medical Examination for Newly Arriving Refugees](#). ORR also collaborated with the Centers for Medicare and Medicaid to (CMS) establish reimbursement rates that factor in medical inflation, geographic variances and a survey of industry physicians like the [Clinical Lab Fee Schedule](#). CMS also calculated

reimbursement rates anew for the physical exam.

ORR received comments from 15 States and the Association of Refugee Health Coordinators (ARHC). Several commenters applauded the draft State Letter for outlining a clear minimum standard of care across States. Commenters also noted that more information about the Medicare reimbursement rates is needed in order to provide comments. In response, ORR is developing a tool that lists the specific Current Procedural Terminology (CPT) codes associated with each screening activity including tests. ORR will distribute this tool for comment.

Also in response to comments, ORR discussed State-specific questions on a one-on-one basis and addressed general questions during a national conference call with the State Coordinators of Refugee Resettlement (SCORR) and the Executive Boards of ARHC and Refugee Council USA. During the call, ORR clarified that States are not expected to bill Medicare, but to calculate the average unit cost for medical screenings based on the Medicare rate plans for comparison with the State’s average unit cost.

ORR anticipates issuing the final State Letter this month.



Photo courtesy of UNHCR.

## Kenya: An Overseas Perspective to the Domestic Refugee Resettlement Program

CDC and ORR are collaborating on yet another front. ORR’s Refugee Health Team Lead, Ms. Essey Workie, will spend three months in the CDC-Kenya office from July through September. While in Kenya, Essey will work on refugee health initiatives in camp settings including implementing Rapid Health Assessments, completing influenza vaccination focus groups, assisting with pre-departure surveillance systems and managing data related to medical cases referred for expedited processing.

This partnership supports ORR’s commitment to strengthening the continuum of care from overseas medical screening to follow-up care in the U.S. It also builds on the investments made by the leadership of the Administration for Children and Families during the 2010 visit to the nations of Jordan and Kenya as a part of the U.S. delegation. The delegation included David Hansell, then-Acting Assistant Secretary for Children and Families and Ambassador Robinson, Principal Deputy Assistant Secretary for the Bureau of Population,

Refugees and Migration at the State Department.

There are sure to be many lessons learned and insights gleaned from Essey’s overseas work with CDC. Her first-hand experiences in Sub-Saharan and East African refugee camps will help shape ORR’s health initiatives and policies moving forward.



*“This partnership supports ORR’s commitment to strengthening the continuum of care from overseas medical screening to follow-up care in the U.S.”*

## 65th Session of the World Health Assembly: Secretary Sebelius’ Address

On May 21, Secretary Sebelius addressed those congregated for the 65<sup>th</sup> session of the World Health Assembly in Geneva. During her speech she highlighted the importance of coordinating efforts to address shared public health goals including strengthening humanitarian response and protection of vulnerable and marginalized populations. She also emphasized the importance of access to quality, affordable health coverage. She noted that pre-

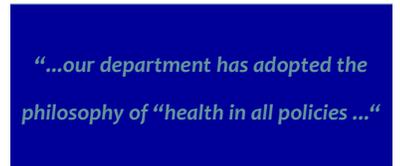
ventive health strategies are an important compliment to access to coverage.

Secretary Sebelius introduced the Department of Health and Human Services’ first ever [National Prevention Strategy](#), a plan that promotes preventive health through partnerships across various sectors. Secretary Sebelius also shared the Department’s aim to integrate health considerations into policy decisions. Below is a quote from the Secretary’s speech:

*It’s also why our department has adopted the philosophy of “health in all policies” which means that any time our government makes a decision, we should be asking: what are the health consequences?*



Photo by Chris Smith.



*“...our department has adopted the philosophy of “health in all policies ...”*



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Photo courtesy of UNHCR.