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ADMINISTRATION FOR CHILDREN & FAMILIES

Refugee Health Together

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Farewell 2012, Welcome 2013!

Happy New Year! This is often the time to reflect on the year past and consider the possibilities for the year ahead. That is exactly what is happening within the Office of Refugee Resettlement's Division of Refugee Health. Looking back on 2012, ORR and its federal, state and local partners have made strides in several areas of refugee health. Together, we created a minimum standard of care for conducting medical screenings; provided nationwide training on the new health insurance options under the Affordable Care Act (ACA); established a Suicide Prevention and Awareness Team within ORR; secured onsite technical assistance by a CDC Medical Officer; supported CDC's rapid health assessment of Congolese refugees in Rwanda; and developed key partnerships with several components of the Centers for Medicare and Medicaid Services.

This issue of *Refugee Health Together* describes ORR's efforts to build upon the success of 2012. Last year marked the first time that States submitted standardized data on refugee health including medical screening and referrals to primary care. We share the preliminary results from that data here. In this issue we also announce the launching of a new workgroup dedicated to refugees and the ACA; a new partnership to address domestic violence in refugee communities; increased funding opportunities for translation and interpretation services through the Medicaid program; a new refugee-specific guide for emergency preparedness; solicitation for graduate-level interns and news from the Office of the Secretary concerning efforts to eradicate polio.

Each of the articles in this issue of *Refugee Health Together* underscores what we can accomplish as a community of people seeking to improve refugee health. We are proud of the important work that we share and grateful for your partnership. As we look ahead to 2013, we hope to open new doors in refugee health by strengthening existing partnerships and creating new ones with anyone who is dedicated to promoting refugee health. Here are a few ideas for doing just that in 2013:

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Farewell 2012, Welcome 2013!

- Develop tools to facilitate refugees' enrollment in new health insurance options under the ACA
- Implement CDC's recommendations for suicide prevention and awareness
- Provide onsite technical assistance around the medical screening guidelines
- Strengthen connections between the refugee resettlement network and the Medicaid program
- Engage health and mental health care providers to increase refugees' access to health services
- Transition the Survivors of Torture and Preventive Health programs to the Division of Refugee Health
- Enhance the *Refugee Health Together* newsletter by featuring health-related activities in States
- Create a refugee health section to ORR's website; and
- Highlight resources for vulnerable populations including refugee women, refugees with disabilities and survivors of sexual and gender based violence

Let's see what we can accomplish together in 2013!

Sincerely,

Eskinder Negash, Director
Office of Refugee Resettlement

"Each of us has a role in assisting refugees enroll in a health care plan."

Nine Months and Counting!

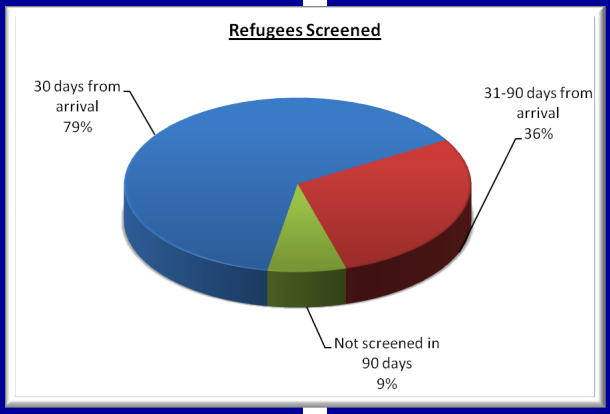
Full implementation of the Affordable Care Act is less than a year away. By January 2014 refugees and other Americans will have access to new health care options under the ACA --- from the expanded Medicaid program to the Exchange Marketplaces. Each of us has a role in assisting refugees enroll in a health care plan. For some their role will focus on getting the word out to refugees. Others will assist refugees to enroll in Medicaid, the Children's Health Insurance Program (CHIP) or a health plan through the Exchange Marketplace. The initial enrollment period begins October 1, 2013.

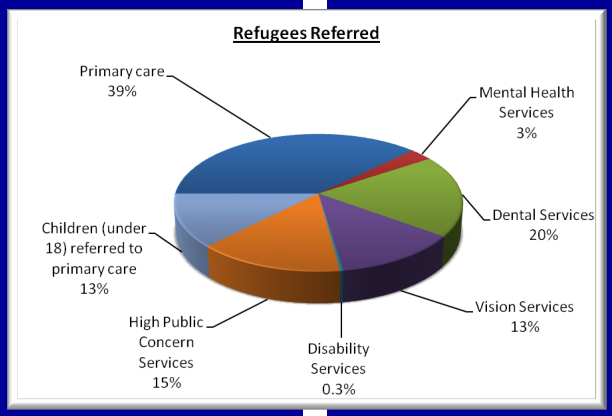
ORR is establishing an ACA workgroup with stakeholders starting in February 2013. The purpose of the group is to make sure the resettlement network is ready to fill these roles and is engaging in local discussions about health care options. The workgroup is comprised of State Refugee Coordinators, Refugee Health Coordinators and representatives from Voluntary Agencies and will meet monthly. We believe this workgroup will create a platform for the resettlement network to learn from each other and for ORR to share information about how the ACA is being implemented. For starters, the first meeting includes a presentation on the Navigator program, a program that focuses on outreach and enrollment.

Tracking Refugee Health Across the Nation

ORR is pleased to mark its first full year of refugee health data collection! Thank you to all the States who submitted refugee health information under the revised ORR-6 Quarterly Performance Report. The ORR-6 asks for information about how soon refugees receive medical screenings after arriving to the U.S., the most common types of referrals and health issues identified during screenings and the type of health conditions that cost the most to treat. We are in the process of reviewing all the information. In the meantime, here is a peek at some of the data.

Preliminary data from the ORR-6 shows that nearly all refugees receive medical screening exams within the first 90 days of arrival. About three out of four refugees are screened within the first month of resettlement. An early look at the data also seems to show that referrals to primary care were most common, followed by dental care, a mix of other health issues and vision care. According to the preliminary results from the ORR-6, about two percent of those screened were referred for mental health services.





This early peek at the data gives us an idea of what is to come. But the report is still a work in progress. ORR hopes to collaborate with programs across the States to further clarify the data elements being used and build upon the reporting process and data interpretation.

Get Ready! A Guide to Emergency Preparedness

With the impact of Hurricane Sandy still felt across the mid-Atlantic and northeastern United States, we are reminded once again of how disasters can devastate families and communities. Even without personal experience, many of us are aware of how different types of natural and man-made disasters can alter lives; some of us already have emergency kits or have even practiced an emergency plan. However, because of possible language barriers and/or a lack of exposure to U.S. practices around emergencies, newly arriving refugees may be especially at risk during a disaster.

To address this need, ORR partnered with Administration for Children and Families' Office of Human Services Emergency Preparedness and Response (OHSEPR) to develop an emergency preparedness booklet geared for refugees. The goal is to have it available electronically for local agencies to download and adapt, adding their own logos and information about local resources. Further details will be forthcoming!

A Way Out of Domestic Violence

Last October, President Obama recognized the month as National Domestic Violence Awareness Month. The Presidential Proclamation recognized that domestic violence (DV) has long been ignored or handled privately, many times leaving victims to suffer alone. ORR also recognizes the destructive impact that DV can have on families and is committed to promoting the well-being of refugee families.

The consequences of DV are numerous including: physical, psychological and emotional injury, or death; incarceration or deportation of the abuser; legal separation of the family; loss of income. Additionally, children who are exposed to DV can have long term health risks including behavioral and cognitive challenges.

ORR desires to inform refugees about the physical, social, and legal consequences of DV. To that end, ORR has started collaborating with the Family Violence Prevention and Services Program in the Administration for Children and Families (ACF). ORR hopes that this collaboration will result in tangible positive outcomes for refugees. An initial outcome

will be a webinar that ORR & FVPSP will host on February 26th from 2pm -3:30pm (EST). Additional details to follow. If you have any questions regarding this effort contact Dee Daniels Scriven at dee.danielsscriven@acf.hhs.gov.

To learn more about domestic violence coalitions in your state visit: http://www.nnedv.org/resources/coalitions.html. Finally, if you or someone you know need immediate assistance call the National Domestic Violence Hotline at 1-800-799-SAFE; the hotline provides interpreter services through the language line for over 170 different languages.

Global Partners: Advancing Efforts for Polio Eradication

October 24th marked the annual World Polio Day—a time for people around the world to highlight the importance of advancing polio eradication and immunization efforts. Many of these efforts include successful global partnerships, such as the US-India Health Initiative.

At the start of this year, HHS Secretary Sebelius conducted a six-day visit to India to highlight the progress made on this Initiative. US and India officials —including Ghulam Nabi Azad, Minister of Health and Family Welfare, as well as other civic leaders and partners —recognized the enormous achievements made towards polio eradication by India and its global partners. In fact, last January marked one-year since any new polio cases were recorded in India.

Photo courtesy of HHS

HHS Secretary Sebelius administers polio vaccine to a child in New Delhi, India. HHS and USAID are among the partners supporting the Government of India's campaign to eradicate polio.

Understanding our Health Care Services: Eliminating Language Barriers Within Medicaid and CHIP

ORR is excited to share detailed guidance and a subsequent bulletin from the Centers for Medicare and Medicaid Services (CMS) regarding increased funding opportunities for translation and interpretation services. The federal government reimburses state Medicaid and Children's Health Insurance (CHIP) programs for administrative or medical-assistance related funding for oral and written translation and interpretation services for program recipients. (Note: Funding match rates will vary and depend on the specific circumstances involved). These services could include translating documents and making language services available during appointments so that refugees with Limited English Proficiency can enroll in healthcare, maintain eligibility, and access covered services.

Do you know if your state Medicaid and CHIP programs are utilizing this funding opportunity for language services? Are they aware of this being an important resource for your local refugee communities? What role can you play in collaborating with these programs and other local stakeholders to ensure appropriate language services are provided? For further information, you may also refer to www.Medicaid.gov and/or contact: Sharon Brown at sharon.brown@cms.hhs.gov (for questions related to the reimbursement match) and Sarah Spector at sarah.spector@cms.hhs.gov (for general questions related to Medicaid/CHIP language services). Together as advocates, we can improve the health of our refugee families by helping to reduce any language barriers in our communities!

Hope Out of Tragedy

Over the last four years, ORR received disheartening news of suicides among refugee communities. ORR requested that the Centers for Disease Control and Prevention (CDC) conduct an epidemiological study to describe the suicides that occurred and identify factors associated with suicidal ideation. CDC recently published a report of their findings titled *An Investigation into Suicides among Bhutanese Refugees in the US 2009 – 2012: Stakeholders Report*. The report outlines recommendations for the local resettlement network, community mental health providers, ORR and other Federal partners.

ORR is working to implement many of CDC's recommendations including creating a standardized reporting system, providing suicide prevention and awareness training, encouraging non-clinical interventions, and conducting outreach to refugee communities. In addition, several suicide prevention and mental health resources currently exist that may be helpful. One is the National Suicide Prevention Lifeline, a 24-hour hotline available to anyone in suicidal crisis or emotional distress. The number is 1-800-273-TALK (8255). There is also a live chat function to the website. A second resource is the suicide prevention toolkit developed by Refugee Health Technical Assistance Center (RHTAC). The toolkit is based on the Question, Persuade, Refer (QPR) training model and helps people learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. A third resource is the Mental Health Treatment Facility Locator which lists counseling services by State or even zip code.

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ORR's 2012 National Consultation

Looking for a Few Good Interns

Over the summer, ORR's Division of Refugee Health (DRH) welcomed its first intern, Dr. Mohamed Mohamed. Dr. Mohamed holds a medical degree and has treated patients in refugee camps in Darfur and other impoverished rural communities across Sudan. He worked with DRH as a Master's level intern in public health, logging in well over 250 hours. While at ORR, Dr. Mohamed engaged in many projects including identifying different medical screening models, taking an inventory of refugee health resources within ORR, looking at the issue of professional recertification and summarizing the literature on refugees and emergency preparedness. He even presided during the closing plenary at ORR's 2012 Consultation.

With the new year, DRH is seeking other graduate-level interns to assist with policy development, data collection and project coordination. Interested parties, who can commit to a minimum of 15 weeks of service, should submit a completed Application for Internship and resume to Essey Workie, Refugee Health Team Lead at essey.workie@acf.hhs.gov by February 22, 2013.

Additional Online Resources

Healthcare.gov

CMS.gov

Refugee Health Technical Assistance Center

SAMHSA's Mental Health Treatment Facility Locator

Family Violence Prevention & Services

Office of Human Services Emergency Preparedness & Response

Photo courtesy of UNHCR

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*. The following individuals submitted articles or provided critical information towards the development of this newsletter: Mariestella Fischer, Dr. Curi Kim, Dee Daniels Scriven and April Young.

ORR also offers special thanks to the Centers for Medicare and Medicaid Services and the Administration for Children and Families' Family Violence Prevention and Services Program in the Administration for Children and Families for their efforts towards collaboration.