

The Virginia State Newcomer Health Program

TB/Refugee Nurses' Conference

November 30, 2011

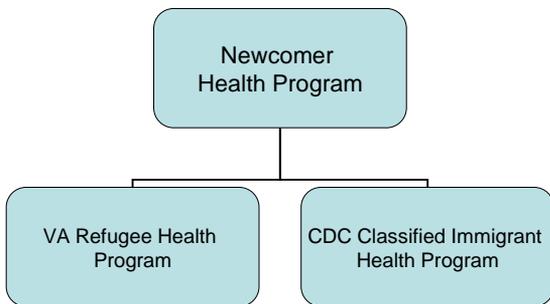


Presenter Today

NHP Program Administrator
&
VA State Refugee Health Coordinator



Sidneé M. Dallas, BSN.,
M.Div., M.P.H.



The Mission of the DDP, Newcomer Health Program is the surveillance, prevention and control of identified public health problems among newcomers (Refugees & U.S. Centers for Disease Control and Prevention, Medically Classified Immigrants) entering the Commonwealth of Virginia.



VDH, DDP State Newcomer Health Program

Update:

AGENDA

1. Initial Refugee Health Screenings in Virginia
2. Federal Updates
3. VA State Refugee Health New Initiatives:
 - ❖ Refugee Preventive Health Project
 - ❖ School Health-Refugee Children
 - ❖ Web-based (State) Database



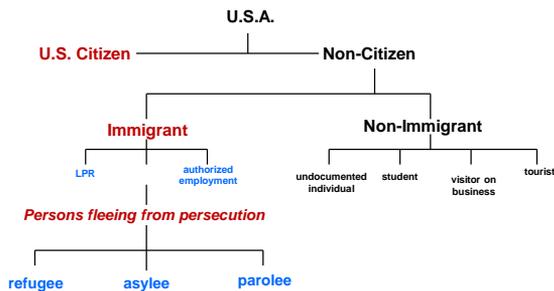
Who is a Refugee?

A Refugee is a person who is outside his or her country of origin because of a well founded fear of persecution due to:

- ❖ Race,
- ❖ Religion,
- ❖ Nationality,
- ❖ Political opinion, or
- ❖ Membership in a particular social group,
- ❖ And who cannot or does not want to return back to his/her country of origin.



US Citizenship & Immigration Services Definitions



Role of the VDH, NHP

Coordination of Care

- ❖ NHP works with federal, state, and refugee resettlement agencies as well as LHDs to develop coordinated & comprehensive health services for refugees in Virginia

Education & Training

- ❖ NHP provides technical assistance and consultation services to medical & service providers who work with refugees

Surveillance & Investigation

- ❖ The NHP maintains the CDC, EDN and State database systems in order to track refugee health information for planning & reporting purposes. NHP Manger serves as a liaison to federal and other state agencies regarding refugee & immigrant health issues in the Commonwealth.



Initial Refugee Health Screenings



Initial Refugee Health Screening in VA

Exam w/in the first 45 days of arrival
Local Health Districts

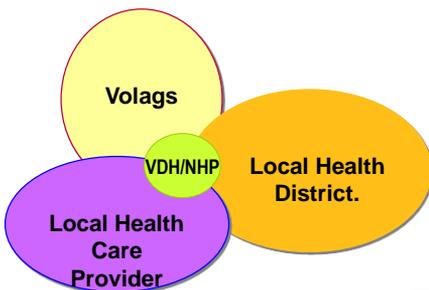
Goal:

...to control communicable disease among, and resulting from, the arrival of new refugees through:

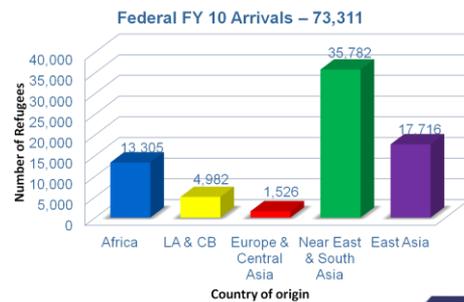
- ❖health assessment
- ❖treatment
- ❖referral



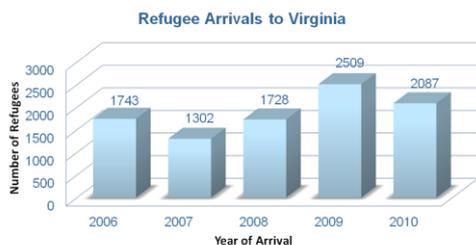
Refugee Health Program Partners



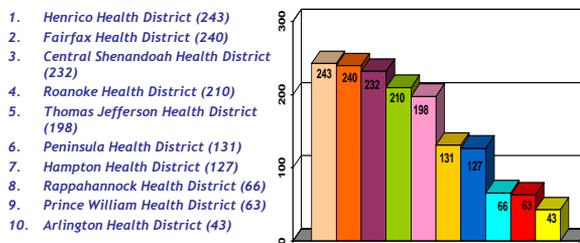
Refugee Resettlement in the U.S.



Refugee Resettlement in Virginia



Newcomer Health Program Top 10 - Local Health District Level of Assessments FFY 10 (October 1, 2009 - September 30, 2010)



Newcomer Health Program Top 10 - Local Health District Level of Assessments FFY 10 (October 1, 2009 - September 30, 2010)

1. Henrico Health District (243)
2. Fairfax Health District (240)
3. Central Shenandoah Health District (232)
4. Roanoke Health District (210)
5. Thomas Jefferson Health District (198)
6. Peninsula Health District (131)
7. Hampton Health District (127)
8. Rappahannock Health District (66)
9. Prince William Health District (63)
10. Arlington Health District (43)



Federal Updates

❖ I-693 Form (USCIS)

❖ Division of Refugee Health (ORR)



Federal Updates

❖ I-693 Form (USCIS)



USCIS Form I-693 Form Instructions

What if I am a refugee & already had a medical exam overseas? **As well as an initial health screening in the U.S. at a LHD?**

- ❖ Refugee admitted to U.S. as refugee & now applying for adjustment of status 1yr. Following admission, do not need to repeat the entire med exam they had overseas, unless a Class A medical condition was found during the exam.
- ❖ If complete medical exam is not required, then refugee only needs to comply with the vaccine requirements.

USCIS, Form I-693 Instructions

- ❖ Note: Refugees need to have only the immunization assessment to change their status; whereas other non-refugee persons (i.e., immigrants) will continue to need to receive a full immigration exam, including both an immunization assessment and physical exam, by a designated USCIS Civil Surgeon who will sign all of the needed documentation.
- ❖ USCIS allows LHDs “blanket” designation to participate as a Civil Surgeon to certify the documentation of immunizations (Vaccine Record & Part 3- Form I-693) **ONLY FOR REFUGEES!**

USCIS I-693 Form Instructions

- ❖ New Form Expires: 10/31/2012
- ❖ OMB NO: 1615-0033
- ❖ Refugee completes Part 1-Info About You (p.1)
- ❖ LHD completes Part 3-Civil Surgeon Certification (p.1) & the Vaccination Record (p.5)

Federal Updates

❖ Division of Refugee Health (ORR)



ORR's, New Division of Refugee Health

❖ Will work closely with State RHC in the planning & provision of medical and mental health services for newly arriving refugees



❖ Will track all state costs related to refugee medical assistance & screening.



New Initiatives

Virginia Refugee Health

❖ Refugee Preventive Health Grant

❖ School Health Exams-Refugee Children

❖ Web-based State Database System



New Initiatives

Virginia Refugee Health

❖ Refugee Preventive Health Project



New Initiatives

Virginia Refugee Preventive Health Grant

Mrs. Penny Boyd,
Refugee Program
Consultant

Virginia Dept of Social
Services
State Office of Newcomer
Services



Virginia Refugee Preventive Health Project

“Refugees are resettled in the U.S. without access to proven preventive health measures, leading to health disparities & excess burden on the receiving communities.”

Council of State &
Territorial Epidemiologist



VA Refugee Preventive Health Project

ONS conducted an Informal Study- 5 Agencies that Resettle Refugees in VA

Results:

- Refugees are arriving with major medical conditions
- Resettlement Staff are alerted to pre-existing conditions in about 60% of Cases
- There was no notice in the remaining 40% of cases.
- There is a critical need for resettlement staff to have resources to assist refugees with complex health issues.



VA Refugee Preventive Health Project

- ❖ There is a critical need for resettlement staff to have resources to assist when a refugee arrives paralyzed from the neck down, when the refugee is in labor upon arrival; when the refugee is blind or deaf; or when the refugee is severely mentally retarded (all of which has occurred).
- ❖ As refugees arrive sicker and with more complex health issues, it is imperative for ONS to address their health needs in a thoughtful, strategic way.
- ❖ The VRPH project is designed to do that.



Overall Project Objectives

- ❖ Make health an integral part of refugee's comprehensive resettlement plan that goes beyond the initial R&P period
- ❖ Assist refugees with health conditions to become self-sufficient
- ❖ Ensure refugees have a 'medical home'



Specific Project Objectives

- ❖ To ensure refugee health is an integral part of comprehensive refugee resettlement
- ❖ To increase the number and quality of refugee health follow-up services
- ❖ To increase refugee access to mental health services
- ❖ To increase qualified refugee health and mental health interpreters
- ❖ To decrease health as an employment barrier
- ❖ To decrease family dysfunction due to refugee health issues



State Partners

- ❖ Office of Newcomer Services (lead)
- ❖ Virginia Department of Health, State NHP
- ❖ Virginia Department of Behavioral Health and Developmental Services
- ❖ Commonwealth Catholic Charities Therapeutic Foster Care Program
- ❖ [not in proposal, but to be added]



Local Partners

- ❖ Resettlement offices (lead)
- ❖ Local Health Districts
- ❖ Community Services Boards
- ❖ Medicaid Service Providers
- ❖ Private Health Providers
- ❖ Hospitals
- ❖ Other

Also, local DSSs



New Initiatives

Virginia Refugee Preventive Health Project

- ❖ Will hire 5 Refugee Resettlement

Refugee Medical Liaisons in the primary geographic areas of VA where refugees resettle



Liaison Locations

- | | |
|------------------|---|
| 1. NoVa | MRS/CCC and LSS
<i>hired & supervised by MRS</i> |
| 2. Roanoke | RIS/CCC |
| 3. Hampton Roads | RIS/CCC and VCC
<i>hired & supervised by RIS/CCC</i> |
| 4. Richmond Area | RIS/CCC and VCC
<i>hired & supervised by RIS/CCC</i> |
| 5. Harrisonburg | VCC |

Note: IRC has existing liaison and will maintain its current structure. Project funding will be to provide technical assistance to ONS and to project liaisons.

Refugee Medical Liaisons will

- ❖ **Develop** a network of health and mental health providers that can be accessed by the refugee beyond the initial R&P period.
- ❖ **Coordinate** service delivery by refugee case managers, local health districts, Community Services Boards, and Medicaid & private health providers.
- ❖ **Provide** on-going orientation and training for service providers to ensure (i) refugee access to services and (ii) provider understanding of refugees populations in their communities.

The liaison positions . . .

- ❖ *will not duplicate the funding and resources of the R & P or MG Programs*
- ❖ will assist in improving these program services and in moving service delivery beyond initial resettlement into the continuum of service delivery that will lead refugees to self-sufficiency

VDH, NHP role is . . .

To develop in collaboration with project partners resource & training materials for

- ❖ local health district staffs on the implications of a refugee's culture on health treatment
- ❖ resettlement staff on services available from local health districts and services that must be accessed through other community health resources.
- ❖ refugees on good health practices.

To develop data base to track refugee health conditions.



The DBHDS role is to . . .

- ❖ identify existing refugee mental health risk assessment tools that can be used to determine which refugees should be referred for more comprehensive health assessments and services.
- ❖ research, collect, and develop, for providers of mental health services, training and educational materials on best practices when working with refugees.
- ❖ develop orientation materials related to mental health resources to be part of the initial orientation for new arrivals and other eligible refugee populations and train resettlement office staff on their use.
- ❖ provide training for bi-lingual and multi-lingual staff that interpret in health and mental health encounters



Commonwealth Catholic Charities Family Stabilization Specialist will . . .

- ❖ provide technical assistance to the liaisons when they have a family whose health conditions are affecting the refugee family's stabilization.
- ❖ suggest intervention strategies to prevent mental health conditions from leading to family dysfunction.

Note: this person's time and assistance will be provided for a limited period and at no cost to the VRPH Project. ONS is leveraging this CCCDR resource to strengthen this project.



Liaison Challenge

Being a bridge between health and mental health providers and the refugee and refugee resettlement staff means managing two critical activities simultaneously

- | | |
|---|---|
| <ul style="list-style-type: none"> ❖ Coordinating with refugee program staff and LHD staff to ensure that ❖ Medical screening is conducted timely ❖ Results are incorporated in CRP ❖ Follow-up medical needs are addressed | <ul style="list-style-type: none"> ❖ Coordinating with refugee program staff and community health care providers to ensure that ❖ Refugees & resettlement staff understand health delivery processes and how to access services. ❖ Community health and mental health providers understand refugee health needs & are equipped to address needs of refugees. |
|---|---|



New Initiatives

Virginia Refugee Health

- ❖ School Health Exams- Refugee Children



New Initiatives

Virginia Refugee Health

- ❖ Web-based State Database System



New State Refugee Database System

❖ **Our Goal:**

To develop or to adopt a Statewide, Electronic System for Health Assessment of Refugees

❖ **Purpose:**

To collect demographic & domestic refugee screening results to conduct disease surveillance activities



Options we are considering...

- ❖ Modification of the VDH, Web-vision System

- ❖ Adopting a Database Developed by Another State (e-Share)



The Benefits

Web-based State Database System

- ❖ Paperless Reporting System
- ❖ Reporting Features
- ❖ Enhanced Surveillance Capacity



Any Questions?

