Burma Health Dialogue: From Entry to Integration

March 12, 2012
## Worldwide Statistics, 2010

- Total forcibly displaced: 43.7 million
- Total refugees*: 15.4 million
- Total internally displaced persons: 27.5 million
- New refugee and asylum seekers, 2010: 845,800
- Total resettled (2009): 84,657

* UNHCR Global Trends 2010, United Nations Higher Commissioner for refugees
## Principal Sources of Refugees 2010*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Palestine</td>
<td>4,820,000</td>
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<tr>
<td>2</td>
<td>Afghanistan</td>
<td>3,054,709</td>
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<tr>
<td>3</td>
<td>Iraq</td>
<td>1,683,575</td>
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<td>4</td>
<td>Somalia</td>
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<td>5</td>
<td>Congo-Kinshasa</td>
<td>476,693</td>
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<td>6</td>
<td>Sudan</td>
<td>379,067</td>
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<td>7</td>
<td>Vietnam</td>
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<td>Myanmar (Burma)</td>
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<td>10</td>
<td>China</td>
<td>184,602</td>
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*As of December 31, 2010
UNHCR Global Trends 2010, United Nations Higher Commissioner for Refugees
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<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Resettled</th>
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<td>62,011</td>
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<td>Australia</td>
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<tr>
<td>11</td>
<td>Others</td>
<td>1,191</td>
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**N=84,657**

UNHCR Projected Global Resettlement needs 2011, UNHCR
Where will Burmese arrive in US?

Estimated # registered Burmese living at Thai Border (as of 2012): **92,000**

- St. Paul, MN
- San Francisco, CA
- New York, NY
- Jacksonville, FL
- Hartford, CT
- Omaha, NE
- Fort Wayne, TX
- Ithaca, NY

Source: UN High Commissioner for Refugees Office, Feb 2007
Primary Refugee Arrivals, Minnesota 2010

N=2,320

"Other" includes Afghanistan, Cambodia, Cameroon, China (incl. Tibet), Colombia, Cuba, Guinea, Kenya, Liberia, Mali, Mexico, Nigeria, Rwanda, Saudi Arabia, Sierra Leone, Sudan and Togo

**"FSU" includes Armenia, Belarus, Kyrgyzstan, Moldova, Ukraine and Uzbekistan**

Refugee Health Program, Minnesota Department of Health
Burmese Refugee Arrivals in Minnesota by County, 1999 to Present

Refugee Health Program, Minnesota Department of Health
Burma Health Dialogue:
From Entry to Integration

Panel One:
Refugee Story (Entry to U.S.)
Eh Tha Khu

Burmese American
Personal Story
Life of farmer in Burma
Burmese Soldiers force villager to carry their supplies as porters.
Villagers were forced to build road by the Burmese soldiers
Rachele King

Director of Refugee Services
Minnesota Council of Churches
Reception and Placement (R&P)

- Pre-Arrival Planning
- 30 day service period
- $900 transitional grant funds per person
EVERY refugee arrival is resettled through a voluntary agency (VOLAG).

6 local VOLAG offices:

Minnesota Council of Churches
International institute of Minnesota
Catholic Charities
Lutheran Social Services
World Relief
Jewish Family Services
Core Services

- Pre-Arrival Planning
- Airport reception
- Basic needs
- Home and Community orientation
- Connect to services
  - Public benefits
  - Health services
  - Social Security
  - Educational service
  - Community resources
  - Employment services
  - Specialized services
  - More!
“LINKAGES”

- Volunteers and community supports
- Refugees are eligible for benefits like US Citizens.
Refugee Health Screening in MN

- Federal Refugee Act of 1980
- Exam w/in the first 90 days of arrival
- Public health clinics and private providers

- **Goal:**
  ...to control communicable disease among, and resulting from, the arrival of new refugees through:
  - health assessment
  - treatment
  - referral
Outline of Exam Components

• Health History
• Physical Exam
• Immunization review and update
• TB screening
• Hepatitis B screening
• STI risk assessment and screening
• CBC with differential, Glucose, BP, etc...
• Screening for Intestinal Parasites
• Lead Screening
• Assessment for Dental, Vision, WIC etc.
Refugee Health Partners

Country Services

Volags

MDH

Health Care Provider

Local Health Dept.
Local County Public Health

- City, County, Regional public health centers
- Public Health Clinics
- Visiting Public Health Nurses
- Health Educators

- Collaborate with VOLAG caseworker to assist new refugees in accessing health assessment
- Assure a complete, culturally and linguistically competent health screening; and ensure all results are submitted to state
- Assist in provider education regarding screening protocols
Health Care Providers and Specialists (public/private)

- TB Controllers
- Hepatitis A/B/C
- Immunizations
- STD/HIV
- Parasite specialists
- Lead/environmental health

- Evaluate screening guidelines and treatment recommendations
- Provide consultation, if needed
- Perform screening
Resettlement Agencies

• Resettlement Case workers
• Coordination meetings

Collaborate with MDH and LPH to ensure newly arrived refugee is linked with health care provider – “How To” guide

ex: apply for insurance, communicate appointment and transportation information with refugee, notify LPH and MDH of new arrivals
Medically Complex Cases

• Increased number of medically complex cases arriving nationally and in MN

• Resettlement workers are not given extra time or $$ for taking on cases with high needs for medical case management

• New position – Medical Social Worker, shared resource for VOLAGs
Refugee Health Program Functions

- Analyze data, summarize and share results
  - Develop research studies
- Identify health disparities and support
- Develop health education programs & materials
  - Presentations and presence at community events
  - Community Resources
    - Ethnic radio, TV, newspapers, print materials
    - English as Second Language (ESL) Classroom
- Train health professionals
  - Website
- Strengthen partnerships at state and national levels
  - Ongoing collaborations, consultations
Minnesota Refugee Health Program

Phone: 651-201-5414 or 1-877-676-5414

Web site: www.health.state.mn.us/refugee

Address: Minnesota Department of Health
Refugee Health Program
625 Robert St N
PO Box 64975
St. Paul, MN 55164-0975
KOM Organizational Overview

- KOM is the first Karen 501(c)(3) Nonprofit Organization in the USA, founded in 2008
- Our Mission: To enhance the quality of life for Karen and other refugees from Burma in Minnesota
- The Karen are concentrated in the St. Paul Area
- Many partners including: World Relief Minnesota, Southeast Asian Refugee Community Home, Vietnamese Social Services of Minnesota, MDH for Health Education, St. Paul Police Department, etc...
Employment Services

Building Strong Relationships with Employers in Minnesota!

- Connection to Prospective Employers
- Job-Readiness Training
- Resume Development
- Application Assistance
- Transportation to/from interviews
- Translation Services
- Vocational Training Placements
- Bus Cards
- Uniforms
- Follow Up with Placed Clients
Social Services

Connecting Karen and Burmese Refugees to Minnesota

- Safe & Stable Housing
- Immigration/Legal Services
- Mainstream Services & Programs
- Independent Living
- Civic Participation
Trainings

Showing the Way for Self-Sufficiency

- Financial Literacy
- Bus Training
- Law Enforcement
- Leadership (Adult & Youth)
Education Services

Growing Minds of Children & Adults Alike

- English Language Learning
- Family Education
  - English Classes for Parents
  - Assist with Enrollment in Early Childhood Education for Children
- Health Education
Community Health Services

Improving Quality of Life

- Eliminating Health Disparities Initiative
  - Heart Disease and Stroke
  - Breast and Cervical Cancer
- Screening Access
- Health System Navigation Services
- Health Education
- Mental Health Referral and Assistance
Community Farming Program

Restoring Agrarian Activities for Refugee Farming Communities

- Beginning Farmers Training
  - Big River Farms
- Elder Gardening
  - Big River Farms
- Gardens of Eden
  - Elder Gardening with local area churches
Youth Services

Preparing Youth for a Bright Future

Academic Tutoring
Social Education
Leadership Training
Mental Health
Education, Referral and Assistance
Burma Health Dialogue:
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Discussion
Burma Health Dialogue:
From Entry to Integration

Panel Two:
Systems Navigation/Care Integration
Carol Berg
Public Health Manager
UCare
Managed Care: Helping Address Health Needs of Refugees
FEE-FOR-SERVICE (FFS)  
“Straight MA”

How it Works

- DHS contracts with health care providers who agree to accept set reimbursement rates
- MA client goes to MA providers
- Provider bills DHS for services client receives
- DHS pays provider directly
- Provider cannot bill client for covered services, unless co-pay
How it Works

- DHS contracts with health plans to provide MA/MinnesotaCare benefits to recipients in certain counties
- DHS pays a monthly premium to health plan (also known as capitation) for each enrollee
- MCO must provide at least the same benefit set as FFS MA/MinnesotaCare
How it Works

- Each health plan contracts with providers and sets fee schedules
- Providers bill health plan for services patient receives
- Mandatory health plan enrollment for most MA recipients and for all new MinnesotaCare recipients
DIFFERENCES BETWEEN MANAGED CARE AND FFS

- Coordination of care
- Disease management and complex case management
- Value-added benefits and incentives for clients (*such as health promotion programs*)
- Incentives for providers (*Pay-for-Performance*)
- Enrollees receive care from their health plan’s designated network of providers
- Health plans are not required to follow DHS prior authorization requirements, they can set their own
- Some health plans may require a referral for specialty services
- Transportation – private providers vs. MNet
BENEFITS OF MANAGED CARE

- Manage provider networks with stricter credentialing requirements
- Improved access
- Appropriate utilization
- Improved cost efficiencies
- Added services for enrollees
- Oversight of enrollees’ care
- Availability of customer service
BENEFITS OF MANAGED CARE (cont)

- Coordination of health care services including mental health and CD
- Assistance from Customer Services to link member to services needed
- Nurse line support for health care questions
- Reimburse for Public Health Nurse services as well as Community Health Worker education services (billed through DHS-enrolled providers)
HELP YOUR CLIENTS MAKE THE MOST OF THEIR HEALTH PLAN

- Help clients utilize their benefits – know what their benefits are
- Establish a primary care provider
- Value of CONTINUITY OF CARE cannot be overstated
- Know where urgent care is, hours, etc
- Learn about special programs and incentives for health
- Know how to reach Customer Services line and nurse lines
Examples of MCO Resources for the Community

- Promote community education through support of language-specific TV and radio programs such as ECHO and TPT
- Provide grants to community-based organizations for health programs serving new arrivals
- Promote the role of Community Health Workers to help clients access services.
- Support providers use of multilingual health resources by financially supporting Exchange web site of resources as well as MN Health Literacy Partnership ([www.healthliteracymn.org](http://www.healthliteracymn.org))
RESOURCE TOOLS for PROVIDERS

- Refugee Health Assessment information (including transportation program phone numbers)
- Interpreter Services grid
- Health plan contacts for providers
- Current versions on Council Web site
  - [www.mnhealthplans.org/tools/health_plans.cfm](http://www.mnhealthplans.org/tools/health_plans.cfm)
- Programs, services, incentives grid for children and pregnant women
Dr. Jim Letts
Medical Director
HealthEast Roselawn Clinic
Healthcare for the Burmese and Karen Communities in Minnesota: A Community Conversation

HealthEast Roselawn Clinic

In 2004 - five family physicians, less than 1% of our patient visits were refugees from Burma.

In 2011 - eleven family physicians, 38% of our patient visits were refugees from Burma.
Community Oriented Primary Care

Building relationships with the community.

- Asking the Karen community to tell us their most pressing health problems.
  - Meetings at the clinic with leaders from KCM and VSS: access, navigating the system, lack of understanding of preventative care.
- Reflecting on our previous experiences with newly arrived Hmong refugees.
  - Language and communication issues, health literacy, cultural differences, resettlement issues.
- Asking experts at Minnesota Department of Health and St. Paul - Ramsey County Public Health.
  - Data on prevalence of infectious diseases and approaches to refugee health.
- Sharing learnings from individual patients.
  - How to get a medical history, family medical history. High exposure to violence, forced labor, war trauma in the community.
  - Concept of chronic disease management.
  - Delay PAP and pelvic, rectal exams.
Operational Considerations

- Creating a welcoming environment.
- Developing trust.
- Communication and interpreter services.
- Understanding culture and educating staff.
- Patient registration.
- Insurance issues.
- Transportation.
- Building flexibility in scheduling.
- Networking with people and organizations involved in similar work.
- And absolutely key to what success we have had....
Diverse staff reflecting the communities we serve
Prioritized the Problems and Developed Services

• War Trauma - partner with Center for Victims of Torture to provide mental health screening at our clinic.
• Health Literacy - partner with MDH and Karen Organization Of Minnesota to do quarterly community health events.
• Care Coordination - partner with St Paul Ramsey Health Department to provide new arrival refugee screening at the clinic.
• Culturally Competent Care and Language Access - partner with HealthEast Cross Cultural Services Department to provide for staff development and improved language access across the care system.
• Chronic Disease Management - partner with UCare on asthma education project.
Facilitate
L A N G U A G E  S E R V I C E S

Access to care
Communication
Choice
Diagnosis
Prescription
Enable
Treatment
STANDARDS OF PRACTICE

- National Council on Interpreting in Health Care
  - Cultural Awareness
    - Facilitate communication across cultural differences
    - Understand cultures associated with the language, including biomedical culture
    - Alert all parties to any significant cultural misunderstanding that arises
STANDARDS OF PRACTICE

- National Council on Interpreting in Health Care
  - **Role Boundaries**
    - Interpreter never advises on health care questions
    - Interpreter with additional roles adheres to interpreting standards
INTERPRETER TRAINING

- Mandatory Interpreter Orientation
  - Medical terminology
  - Interpreter code of ethics
  - HIPAA and OSHA compliance
  - Interpersonal communication
  - Overview of US health care system
  - Written assessments

- Continuing Education & Development
Mimi Oo
Program Coordinator
African & American Friendship Association for Cooperation and Development (AAFACD, Inc.)
Eliminating Health Disparities Initiative (EHDI)

Brought to you by
African & American Friendship Association for Cooperation & Development (AAFACD) in partnership with Women’s Initiative for Self Empowerment (WISE)
MAJOR Program Goals:

• Mobilize FTHPs from the minority community in MN to provide health navigation, education, advocacy, and interpretation

• To integrate FTHPs into MN’s communities and healthcare workforce as culturally appropriate health agents to decrease health disparities.

• To empower FTHPs to advocate for system changes to remove the barriers in the licensure process.
Training Sessions of Train the Trainers
Trainings include:

• Health Literacy
• Cultural Competency
• Advocacy
• Interpretation
• Mental Health
• Senior Care and
• Data Collection
FTHPs as Health Agents

• Provides Health education, Interpretation and navigation of the Healthcare system
• Creates sufficient cultural & linguistically appropriate health manpower
• Leads to better healthcare in the communities and eliminate health disparities in Minnesota
Community Education/Training

- Health Literacy
- Health Advocacy
- Diabetes
- Cardiovascular diseases/Hypertension/Stroke
- HIV/AIDS/STI
- Immunization
- Birth Spacing
- Cultural Competency & Health Navigation
Community Education/Training

• Mental Health literacy and available services
• Senior Health and services for seniors
• Safety and violence prevention
• Nutrition & Weight control
• Youth health development
• Patient’s Hospital or clinic visits
• Dental Hygiene
• Other specific diseases
CONTACT INFORMATION

- Mimi Oo, Program Coordinator
- Mayalan Keita-Brown, Advocate

- AAFACD, Inc.
  - 1821 University Ave W Ste S-328
  - Saint Paul, MN 55104
  - Phone: 651-645-5828
  - aafacd-inc@hotmail.com
  - www.aafacd.org

- Wilhelmina Holder
  - Program Director
  - ED, WISE, Inc.
  - 570 Asbury Street, Ste 202
  - Saint Paul MN 55104
  - Phone: 651-646-3268
  - www.womenofwise.org
Community Health Workers as Health Care Home Care Coordinators

Presenter: Molly Jacques, MPH
Program Manager, Health Care Homes
HCMC Overview

- A safety net hospital providing care for low-income, the uninsured and vulnerable populations,

- Minnesota’s premier Level 1 Trauma Center with many nationally recognized programs and specialties and

- The major teaching hospital for physicians in Minnesota.
What is a Health Care Home?

A Health Care Home (HCH) or a medical home is an approach to primary care that involves a fundamental partnership between primary care providers, families and patients w/ the goal of improving health outcomes and quality of life for all individuals, especially those with chronic or complex health conditions.
Enrolled Patients – Who are they?

Demographic Summary:

1. Approximately 800+ patients receiving care coordination

2. All have at least one chronic and complex condition (medical or social).

3. Supplemental Factors
   - Approximately 37% have a language barrier
   - Approximately 28% have a Serious and Persistent Mental Illness diagnosis (as defined by MDH)

4. Payer Information
   - Vast Majority of enrolled patients have public insurance
Why Hire Community Health Workers?

- **Liaisons / relationship builders** – staff typically come from the communities they serve.

- **Lower health disparities** - provide access to services, improve the quality and cultural competence of care.

- **Awareness** - Increase our general understanding of diverse populations.
Community Health Workers
## Care Coordinator – Key Responsibilities

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<tr>
<th>Category</th>
<th>Tasks</th>
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<td>Care Planning / Enrollment</td>
<td>Participate in initial care planning meeting with provider and patient/family to establish a care plan and set patient-centered goals.</td>
</tr>
<tr>
<td>Encouragement Support / Barriers</td>
<td>Contact patient to address 1) goal progress, 2) barriers to care including changes in housing, insurance, ability to fill medications, etc.</td>
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<tr>
<td>Admission Transitions</td>
<td>Contact patient post discharge to assist with scheduling appointments and transfer medical questions to care team.</td>
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<tr>
<td>Pre-Visit Planning (Gaps in Care)</td>
<td>Alert provider of critical information (e.g.: Health Maintenance Due) prior to clinic visits</td>
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<tr>
<td>Appointment Compliance / Referrals</td>
<td>Follow-up with patients if they miss appointments, try to help reschedule, coordinate transportation if necessary</td>
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goal setting

Care Coordinators helped Patients set over 3,000 goals!

Major Categories

- Diabetes
- Appts
- Nutrition
- Education
- Social Support
- Developmental Services
- Housing
- Transportation
Improved Patient Satisfaction of HCH Patients

Access

Communication

Care Plan

HCH Enrolled (N=213) (Jan - Aug 2011)
All Patients Medical Practices (N=462), (Aug 2011)

Note: Survey results may have been influenced by varying survey methodologies.
Quality Improvement in Pediatrics – (MNCM Optimal Asthma)

HCMC Asthma Quality Initiative Rollout
HCH Disease Mgmt Team Meetings
Burma Health Dialogue: From Entry to Integration

Discussion
Burma Health Dialogue: From Entry to Integration

Closing Remarks