

The Role of Refugee Health Coordinators

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This Policy Letter outlines a holistic approach to refugee health and provides guidance on how Refugee Health Coordinators (RHCs) may promote core health areas.

Background

Refugees and other populations served by ORR are at increased risk for certain health and medical conditions as a result of conflict, migration, and resettlement. ORR-served populations often experienced nutritional deprivation, water contamination, inadequate living conditions, and a lack of access to basic medical and dental care prior to their arrival in the United States. Resettlement may bring additional health challenges related to a lack of familiar foods, changes in physical activity levels, and navigating the U.S. health care system.

In recognition of the important role health plays in successful refugee resettlement and self-sufficiency, ORR created the Division of Refugee Health (DRH) in 2011. DRH works with RHCs to help them meet the medical and mental health service needs of incoming populations.

Core Areas

A holistic approach to refugee health services includes four core areas.

- Initial medical screening and surveillance
- Ongoing health care
- Health education
- Partnerships and outreach

RHCs play a key role in managing, coordinating, and providing technical assistance within each core area. In their respective states, RHCs provide health expertise and complement the responsibilities of the State Refugee Coordinator (SRC). Existing capacities vary among states, but ORR encourages RHCs to be involved in each core area.

This Policy Letter does not affect Cash and Medical Assistance (CMA) policy or other ORR grant guidelines. Core areas and activities that are not allowable under CMA funding should be primarily supported through ORR's Refugee Health Promotion discretionary grant. RHCs may need to collaborate with SRCs to identify the appropriate CMA or Refugee Health Promotion funding streams to establish the appropriate mix of health activities in a state. A key component of the RHC's work is developing effective strategies to resolve health issues while ensuring the efficient use of ORR and other resources.

Initial medical screening and surveillance

Comprehensive medical screenings and initial medical interventions can identify and treat health and mental health conditions that may adversely impact a refugee's ability to achieve self-sufficiency. Initial medical screening and surveillance is the core responsibility of RHCs and a priority for refugee health. ORR anticipates that RHCs will continue to manage this core area through agreements with their respective SRC and screening clinics, as well as coordination with local health networks and resettlement agencies.

Specific activities under this area may include:

- Managing the medical screening program;
- Providing technical assistance to ensure comprehensive and quality medical screening direct services;
- Monitoring medical screening activities to ensure appropriate use of funds and services;
- Facilitating clinic access to overseas medical forms through the Electronic Disease Notification (EDN) system;
- Resolving interpretation, transportation, and capacity issues to increase meaningful and timely access to medical screening;
- Coordinating referrals, including identifying accessible primary care and specialist networks;
- Providing surveillance, data collection, and reporting of medical screening outcomes; and

- Responding to disease outbreaks or other public health problems occurring in ORR-served populations.

Ongoing health care

The initial medical screening visit provides an opportunity to establish a plan for ongoing health care. Access to culturally and linguistically appropriate health care services beyond the initial medical screening is critical to successful health outcomes. The RHC and SRC should coordinate efforts to ensure that the ongoing health needs of refugees and other ORR-served populations are met.

Specific activities under this area may include:

- Administering Refugee Medical Assistance (RMA) benefits and addressing gaps in health coverage;
- Supporting timely enrollment in Medicaid or RMA;
- Troubleshooting complex medical case management issues;
- Helping to refer refugees to appropriate health coverage after RMA coverage ends;
- Engaging in efforts to remove barriers to ongoing care; and
- Educating health care professionals, state officials, and other stakeholders on National Culturally and Linguistically Appropriate Services (CLAS) Standards and other refugee health issues.

Health education

Health education promotes health-enhancing behaviors and supports refugees and other ORR-served populations to make informed decisions regarding their health and mental health needs.

ORR encourages the RHC and SRC to collaborate and engage with local resettlement agencies on this area of shared responsibility.

Specific activities under this area may include:

- Supplementing initial health care orientation;
- Developing health education materials; and

- Providing ongoing classes and trainings, including emotional wellness or adjustment groups.

Partnerships and outreach

Creating partnerships with community, ethnic-based, and other local organizations ensures the sustainability of refugee health services and the inclusion of refugees and other ORR-served populations in state health strategies.

Specific activities under this area may include:

- Coordinating with partners to leverage the expertise of state and local health departments;
- Identifying and collaborating with new partners to promote refugee health;
- Participating in preparedness planning; and
- Collaborating with health, social service, and refugee agencies on cross-cutting health issues.

A significant change in the role of the RHC must be requested through the State Plan and ORR-1 amendment process.

Please contact DRH with questions or for technical assistance regarding the role of the RHC in your state.

Robert Carey, Director
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