

Minnesota Refugee Health Report 2014

Welcome to the annual Refugee Health County Reports. An individualized report is compiled for counties and some reports are compiled for counties within a region. The regions include the Central and West Central, Metro, South Central, Southwest, and Southeast districts. The state and regional data can provide a comparison for counties.

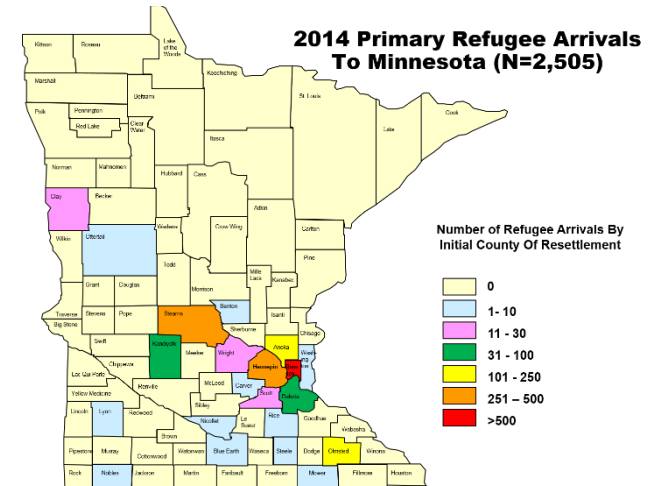
We encourage counties to use this report as a tool to measure the effectiveness of the health screening services offered to newly arrived refugees. The Minnesota Department of Health's Refugee Health Program (RHP) set these objectives to evaluate some components of our program's performance. This county-specific data can also be used for planning and development of appropriate public health responses to immediate and emerging health issues.

Counties and/or private providers submitted domestic screening results for refugees who arrived between Jan. 1, and Dec. 31, 2014. Data were reported via the Refugee Health Assessment Form ("pink" form), electronically through eSHARE, or on the Outcome Form. During this year, there were 2,505 new primary refugee arrivals to Minnesota. Among these, the largest arriving populations were from Somalia (1,128 arrivals), Burma (838 arrivals), Iraq (218 arrivals), Bhutan (77 arrivals), and Ethiopia (70 arrivals).

In 2014, Minnesota transitioned to the MNsure electronic health insurance exchange under the Affordable Care Act. Refugees' applications for Medical Assistance (MA) were delayed under this new system, partially due to initial lack of social security numbers (refugees apply for SSN upon arrival). This transition temporarily reduced the percentage of newly arriving refugees who were able to be screened within 90 days of U.S. arrival. A coalition of partners including refugee resettlement agencies (VOLAGs) and local public health worked with MNsure to improve the MA application process. This state-wide effort along with work done at the local and individual level with clinics, transportation, and pharmacies ensured that refugees continued to have access to care and the overall screening rate remained high.

We continue to work with counties and other partners to increase the proportion of secondary refugees (refugees who originally resettled in a different state but moved to Minnesota within one year of U.S. arrival) that are identified and screened. Among the 841 secondary refugee notifications to the RHP in 2014, 339 (75 percent) of 452 who met eligibility were screened. County-specific screening rates are included for those with 15 or more secondary refugees.

For questions regarding this report, please contact the Refugee Health Program at 651-201-5414.



Anoka

Clay

Dakota

Hennepin

Kandiyohi

Olmsted

Ramsey

Stearns

**Central and
West Central**

Benton

Otter Tail

Metro

Carver

Scott

Washington

South Central

Blue Earth

Nicollet

Wright

Southeast

Mower

Rice

Steele

Southwest

Lyon

Nobles

Health Screening Indicators

The health screening indicators on the next page are measurable objectives that correlate with the Minnesota Refugee Health Assessment for newly arrived primary refugees. The highlighted columns on the right of the chart are specific to your county, indicating how effectively these objectives were met. Together with *Significant Findings and Trends* and *Health Status* data summary this 2014 report is a snapshot of the demographics and the health needs of newly arrived primary refugees.

Objective 1. *Within 90 days of arrival, 95% of newly arrived refugees who are eligible* will have received a health assessment.*

Objective 2. *Ensure immunizations will be initiated or continued according to the recommended MDH child and adult immunization schedules on 90% of persons provided a health screening.*

Objective 3. *Ensure evaluation for 100% of refugees arriving with infectious TB disease, non-communicable for travel purposes (Class A) and 95% with non-infectious TB disease (Class B1).*

Objective 4. *Within 90 days of arrival, 85% of persons in need of therapy for latent TB infection (LTBI) will have been placed on such therapy.*

Objective 5. *On an ongoing basis, 70% of persons placed on therapy for latent tuberculosis infection (LTBI) will have completed therapy.*

Objective 6. *On an ongoing basis, 95% of persons provided a health screening will receive a hepatitis B surface antigen (HBsAg) test.*

Objective 7. *On an ongoing basis, 95% of persons provided a health screening will get tested for parasitic infections (parasitosis)*

Objective 8. *On an ongoing basis, more than 95% of all children ages 16 and younger who receive a health screening will be screened for lead poisoning.*

Objective 9. *On an ongoing basis, more than 95% of persons age 13-64 provided a health screening will receive a Human Immunodeficiency Virus (HIV) test.*

***Ineligible if:** *moved out of state, moved to unknown destination, unable to locate due to invalid contact information, never arrived to county, or died before screening.*

Health Screening Indicators

Minnesota, 2014

All results are based on domestically completed screenings

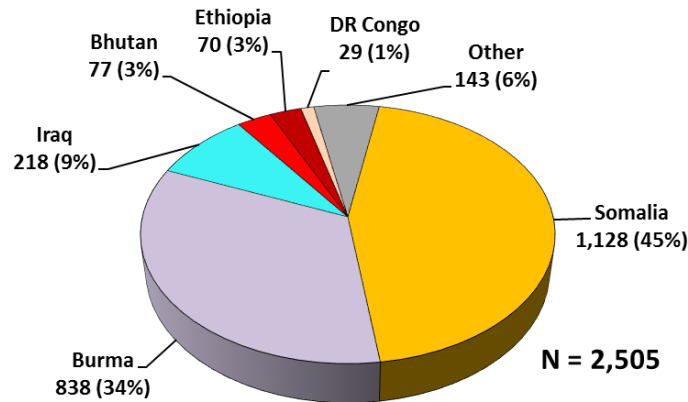
Performance Goal	Objective	Measure	Data	Year 2014	
				No.	%
Health Screening Rate					
Increase percentage of newly arrived refugees* who receive a health assessment within 90 days of their arrival	Percentage of persons who received at least the first visit of their health assessment within 90 days of their arrival	$\frac{\text{\# of newly arrived refugees to MN who received at least the first visit of their health assessment within 90 days of arrival}}{\text{\# of newly arrived refugees to MN who were eligible for a screening}}$	Objective	95%	
			State	2,313/(2,505-47)	94%
Immunizations					
Increase percentage of newly arrived refugees who have immunization series initiated or continued according to recommended MDH child/adult immunization schedules	Percentage of persons who have immunization series initiated or continued according to the recommended MDH child/adult immunization schedules	$\frac{\text{\# of newly arrived refugees to MN with immunization series initiated or continued}}{\text{\# of newly arrived refugees* to MN who received a screening}}$	Objective	90%	
			State	2,319/2,421	96%
TB					
<i>Follow-up of Refugees with TB Class Conditions</i> Increase percentage of newly arrived refugees designated as TB Class A or B1 who are appropriately evaluated	Percentage of newly arrived refugees designated as TB Class A or B1 who are appropriately evaluated	$\frac{\text{\# of newly arrived refugees to MN designated as TB Class A or B1 and who are appropriately evaluated}}{\text{\# of newly arrived eligible refugees to MN designated as TB Class A or B1}}$	Objective	100% Class A 95% Class B1	
			State	0/0 (Class A) 145/147 (Class B1)	99%
<i>LTBI Therapy</i> Increase percentage of newly arrived refugees in need of therapy for latent tuberculosis infection (LTBI) who have been placed on such therapy	Percentage of persons in need of therapy for LTBI who are placed on such therapy	$\frac{\text{\# of newly arrived refugees to MN in need of LTBI therapy and placed on such therapy}}{\text{\# of newly arrived refugees to MN in need of LTBI therapy}}$	Objective	85%	
			State	396/449**	88%
Increase the percentage of newly arrived refugees who have been placed on therapy for LTBI and have completed therapy	Percentage of persons who are placed on therapy for LTBI and have completed therapy	$\frac{\text{\# of newly arrived refugees to MN in need of LTBI therapy and who have been placed on and completed LTBI therapy}}{\text{\# of newly arrived refugees to MN placed on LTBI therapy}}$	Objective	70%	
			State	342/396**	86%
Hepatitis B					
Increase percentage of newly arrived refugees who have received a hepatitis B surface antigen (HBsAg) test	Percentage of persons who receive a hepatitis B surface antigen (HBsAg) test	$\frac{\text{\# of newly arrived refugees to MN who received HBsAg test}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	95%	
			State	2,369/2,421	98%
Intestinal Parasites					
Increase percentage of newly arrived refugees who are tested for parasitic infections (parasitosis)	Percentage of persons who are tested for parasitic infections (O&P and/or serology)	$\frac{\text{\# of newly arrived refugees to MN tested for parasitic infections (O&P and/or serology)}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	95%	
			State	2,215/2,421***	91%
Lead Poisoning					
Increase percentage of newly arrived refugees < 17 years old who are screened for lead poisoning	Percentage of newly arrived refugees < 17 years old who are screened for lead poisoning	$\frac{\text{\# of newly arrived refugees to MN who are < 17 years old and screened for lead poisoning}}{\text{\# of newly arrived refugees < 17 years old to MN who received a screening}}$	Objective	95%	
			State	1,004/1,036	97%
HIV					
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	$\frac{\text{\# of newly arrived refugees to MN tested for HIV age 13-65 years}}{\text{\# of newly arrived refugees age 13-65 years to MN who received a screening}}$	Objective	95%	
			State	1,537/1,549	99%

*Newly arrived refugees refers to all newly arrived refugees eligible for refugee health screening in Minnesota

**Based on 2013 data which reflects the most recent completion date for 9-month treatment protocol

***2,385/2,421 (99%) evaluated for eosinophilia through a complete blood count. 251 (11%) of those had eosinophilia detected, and 142 (57%) of the 251 received further evaluation.

Number of Primary Arrivals[◇] to Minnesota 01/01/2014 - 12/31/2014



"Other" includes Afghanistan (22), Belarus (10), Cambodia (4), Cameroon (7), Cuba (9), Ecuador (1), El Salvador (1), Eritrea (13), the Gambia (2), Honduras (1), Iran (5), Kenya (6), Liberia (3), Moldova (9), Nepal (1), Russia (5), Rwanda (1), Sierra Leone (1), Sri Lanka (5), Sudan (8), Tanzania (4), Ukraine (21), West Bank (4)

Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*
Of the 2,505 new primary refugee arrivals to Minnesota, 2,459 were eligible for a health screening and 2,313 (94%) were screened within 90 days.
- *Overall screening rate:*
Of the 2,428 eligible for a health screening, 2,421 (98%) were screened.

Outcome for Those Not Screened

- Of the 47 refugees ineligible for screening, 19 moved out of Minnesota and 28 could not be located.
- Of the 37 refugee eligible for screening, contact failed with 3, 31 were screened but no results were reported, and 3 refused screening.

Flat Fee Reimbursement

- No refugees qualified for the flat fee reimbursement in Minnesota.

Health Status of New Refugees Minnesota, 2014

Health Condition	No. infected among screened (%)
TB (latent or active)*	522/2,377 (22%)
Hepatitis B infection**	124/2,369 (5%)
Parasitic infection***	331/2,215 (15%)
Syphilis infection	7/1,172 (1%)
HIV infection	5/2,365 (<1%)
Elevated Blood Lead****	71/1,004 (7%)

Total number of health screenings: N_{Minnesota}= 2,421 (98% of the 2,459 eligible refugees)

* Persons with LTBI (QFT+ or ≥ 10mm induration w/ normal CXR) or suspect/active TB disease

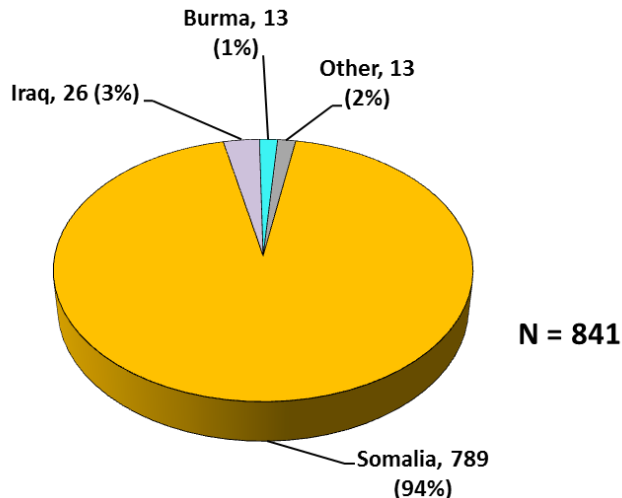
** Positive for Hepatitis B surface antigen (HBsAg)

*** Positive for at least one intestinal parasite infection

**** Children <17 years old (N_{Minnesota}= 1,036 screened); Lead Level ≥ 5 ug/dL

[◇] *Primary arrival* is a refugee who is residing in the state listed as the initial point of destination with the USCIS. Refugees are free to move from state to state, but sponsors, VOLAGs, and state health departments are designed to serve only newly arrived primary refugees to the state.

Number of Secondary Arrivals[◇] to Minnesota 01/01/2014 - 12/31/2014



Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (403 arrivals), Stearns (134), Kandiyohi (112), Ramsey (45), and Olmsted (37), Dakota (28), and Rice (21).
- Seven counties each reported less than 15 secondary arrivals.

Screening Rate

- Of the 841 secondary arrivals to Minnesota, 452 (54%) were eligible for screening and 339 (75%) of those were screened.
- Among counties reporting ≥ 15 secondary refugees arrivals, Hennepin County screened 91 (55%) of 158 eligible for screening, Stearns screened 108 (93%) of 116 eligible, Kandiyohi screened 54 (95%) of 57 eligible, Ramsey screened 10 (28%) of 36 eligible, Dakota screened 17 (100%) of 17 eligible, Olmsted screened 15 (100%) of 15 eligible, and Rice screened 2 (18%) of 11 eligible.

[◇] *Secondary arrival* is a refugee who is no longer residing in the state listed as the initial point of destination with the USCIS. Refugees are free to move from state to state, but sponsors, VOLAGs, and state health departments are designed to serve only newly arrived primary refugees to the state.

Outcome for Those Not Screened

- Among the 389 secondary refugees ineligible for screening, 320 completed screening in another state, 44 could not be located, 16 had arrived in the US >1 year prior to notification, 5 moved to an unknown destination, 2 moved out of Minnesota, and 2 had no insurance.
- Among the 113 secondary refugees eligible for screening, 72 had no outcome available, 21 were screened but no results were reported, 8 had completed some screening in another state but needed follow-up, 6 moved to another county in Minnesota, contact failed for 4, and 2 were not screened due to missed appointments.

Health Status of Secondary Refugee Arrivals, 2014

Health Condition	No. infected among screened (%)
TB (latent or active)*	106/330 (32%)
Hepatitis B infection**	20/309 (6%)
Parasitic infection***	32/270 (12%)
Syphilis infection	1/187 (1%)
HIV infection	0/302 (0%)
Elevated Blood Lead****	7/144 (5%)

Total number of health screenings: N_{Secondaries} = 339 (75% of the 452 eligible secondary refugees)

* Persons with LTBI (QFT+ or ≥ 10 mm induration w/ normal CXR) or suspect/active TB disease

** Positive for Hepatitis B surface antigen (HBsAG)

*** Positive for at least one intestinal parasite infection

**** Children <17 years old (N_{Secondaries} = 167 screened); Lead Level ≥ 5 μ g/dL