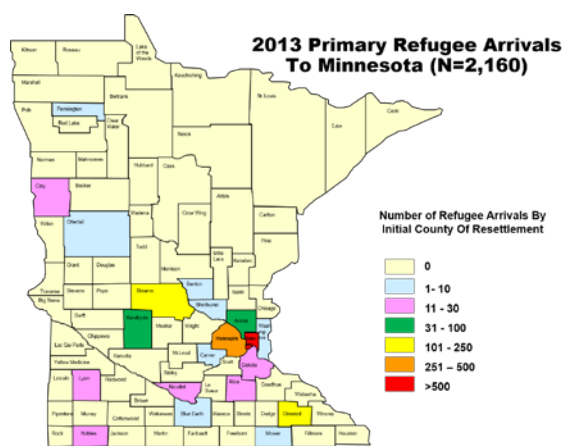


# Minnesota Refugee Health Report 2013



- Anoka
- Clay
- Dakota
- Hennepin
- Kandiyohi
- Nicollet
- Nobles
- Olmsted
- Ramsey
- Rice
- Stearns
- Central and Northwest
- Benton
- Otter Tail
- Pennington
- Metro
- Carver
- Scott
- Washington
- South
- Blue Earth
- Lyon
- Mower

Welcome to the seventh edition of the Refugee Health County Reports. An individualized report is compiled for counties, and some reports are compiled for counties within a health district. The regions include the Metro, South Central, and Southeast districts. The state and regional data provide a comparison for the 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 in each county. The objectives used to measure these goals are consistent with the objectives set forth by the Minnesota Department of Health’s Refugee Health Program (RHP) to measure our program’s overall quality. This county specific data can also be used to support planning and development of appropriate public health responses to immediate and emerging health issues in the region.

For refugees who arrived between January 1, 2013 and December 31, 2013, counties and/or private providers submitted the domestic screening results once the refugees completed their exams. All data included in this report were recorded for each person on the Refugee Health Assessment Form (“pink” form), electronically through eSHARE or the Outcome Form.

In 2013, there were 2,160 new primary refugee arrivals to Minnesota. Among these, the largest arriving populations were from Somalia (843 arrivals), Burma (842 arrivals), Iraq (175 arrivals), Bhutan (145 arrivals), and Ethiopia (56 arrivals).

An initiative started in 2010, the RHP continues to identify and screen refugees who move to Minnesota from another state within one year of arrival, have not completed a health screening, and have health insurance. During 2013, the RHP received 563 secondary refugee arrival notifications which is an increase of 80% from 2012, when the RHP was notified of 312 secondary refugee arrivals. Among the 2013 notifications, 271 (73%) of 371 who met eligibility were screened; county-specific screening rates are included for those with 15 or more secondary refugees

Any questions regarding this report may be directed to the Minnesota Department of Health, Refugee Health Program at 651-201-5414.

# 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 2013 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 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, 2013

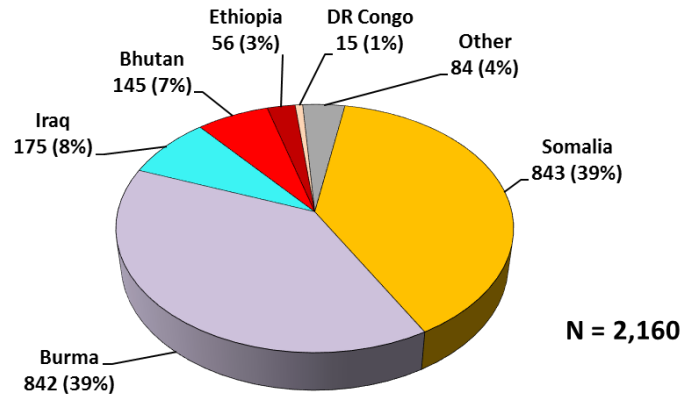
All results are based on domestically completed screenings

Performance Goal	Objective	Measure	Data	Year 2013	
				No.	%
<b>Health Screening Rate</b>					
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	2,049/(2,160-32)	96%
<b>Immunizations</b>					
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	2,017/2,087	97%
<b>TB</b>					
<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	1/1 (Class A)   146/153 (Class B1)	100%   95%
<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	432/472	92%
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	355/432	82%
<b>Hepatitis B</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	2,051/2,087	98%
<b>Intestinal Parasites</b>					
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	2,006/2,087	96%
<b>Lead Poisoning</b>					
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	807/849	95%
<b>HIV</b>					
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	$\frac{\text{\# of newly arrived refugees to MN tested for HIV}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	95%	
			State	2,043/2,087	98%

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

\*\*Based on 2012 data which reflects the most recent completion date for 9-month treatment protocol

## Number of Primary Arrivals<sup>◇</sup> to Minnesota 01/01/2013 - 12/31/2013



“Other” includes Afghanistan (7), Belarus (1), Cambodia (11), Cameroon (1), China (3), Cuba (5), Eritrea (14), Iran (1), Kenya (4), Liberia (5), Mexico (1), Moldova (4), Sudan (14), Togo (1), Ukraine (3), Vietnam (4) West Bank (5)

### Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*  
Of the 2,160 new primary refugee arrivals to Minnesota, 2,128 were eligible for a health screening and 2,049 (96%) were screened within 90 days.
- *Overall screening rate:*  
Of the 2,128 eligible for a health screening, 2,087 (98%) were screened.

### Outcome for Those Not Screened

- Of the 32 refugees ineligible for screening, 17 moved out of Minnesota and 15 could not be located.
- Of the 41 refugee eligible for screening, contact failed with 8, 23 were screened but no results were reported, 5 missed their appointments, and 5 refused screening.

### Flat Fee Reimbursement

- Three refugees qualified for the flat fee reimbursement in Minnesota. Two were full payment and one was partial payment.

### Health Status of New Refugees Minnesota, 2013

Health Condition	No. infected among screened (%)
TB (latent or active)*	455/2,039 (22%)
Hepatitis B infection**	122/2,051 (6%)
Parasitic infection***	276/2,006 (14%)
Syphilis infection	9/953 (1%)
HIV infection	8/2,043 (<1%)
Elevated Blood Lead****	88/807 (11%)

Total number of health screenings: N<sub>Minnesota</sub> = 2,087 (98% of the 2,128 eligible refugees)

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

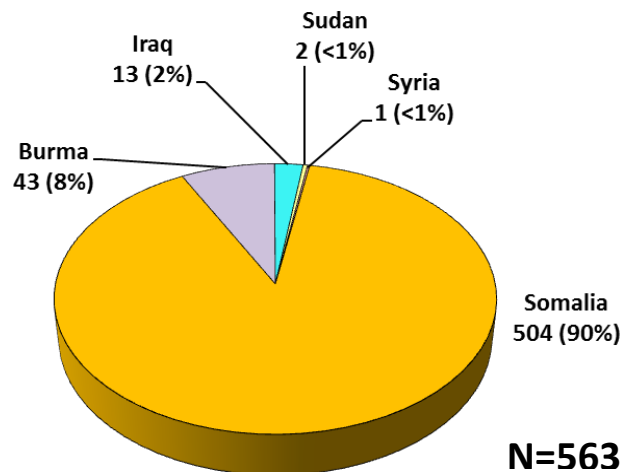
\*\* Positive for Hepatitis B surface antigen (HBsAG)

\*\*\* Positive for at least one intestinal parasite infection

\*\*\*\* Children <17 years old (N<sub>Minnesota</sub> = 849 screened); Lead Level ≥ 5 ug/dL

<sup>◇</sup> *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 newly arrived primary refugees to the state.

## Number of Secondary Arrivals<sup>◇</sup> to Minnesota 01/01/2013 - 12/31/2013



### Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (199 arrivals), Kandiyohi (124), Stearns (110), Ramsey (45), and Olmsted (27).
- Anoka, Benton, Blue Earth, Clay, Lyon, Nobles, Rice, Steele, and Wabasha each reported less than 15 secondary arrivals.

### Screening Rate

- Of the 563 secondary arrivals to Minnesota, 371 (66%) were eligible for screening and 271 (73%) of those were screened.
- Among counties reporting  $\geq 15$  secondary refugees arrivals, Hennepin County screened 92 (71%) of 129 eligible for screening, Kandiyohi screened 31 (58%) of 53 eligible, Stearns screened 78 (86%) of 91 eligible, Ramsey screened 17 (65%) of 26 eligible, and Olmsted screened 13 (57%) of 23 eligible.

<sup>◇</sup> *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 192 secondary refugees ineligible for screening, 173 completed screening in another state, 1 had arrived in the US  $>1$  year prior to notification, 1 moved out of Minnesota, and 17 could not be located.
- Among the 100 secondary refugees eligible for screening, 43 had no outcome available, 6 moved to another county in Minnesota, 17 had completed some screening in another state but needed follow-up, 3 were screened but no results were reported, 9 refused screening, 16 were not screened due to missed appointments, and contact failed for 6.

### Health Status of Secondary Refugee Arrivals, 2013

Health Condition	No. infected among screened (%)
TB (latent or active)*	85/264 (32%)
Hepatitis B infection**	7/259 (3%)
Parasitic infection***	32/262 (12%)
Syphilis infection	0/136 (0%)
HIV infection	0/249 (0%)
Elevated Blood Lead****	8/121 (7%)

Total number of health screenings:  $N_{\text{Secondaries}} = 271$  (73% of the 371 eligible secondary refugees)

\* Persons with LTBI (QFT+ or  $\geq 10$ 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 ( $N_{\text{Secondaries}} = 144$  screened); Lead Level  $\geq 5$   $\mu\text{g/dL}$