

# Improving Continuity of Refugee Health Orientation and Education for Refugees Resettling in the U.S.

Minnesota Center of Excellence in Refugee Health (CoE)

International Organization for Migration (IOM)

NARHC / September 2020

# Introductions

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# Disclosures and Acknowledgments

International Organization for Migration / United Nations Migration Agency (IOM)

Disclosures:

IOM has no disclosures

Center of Excellence

Disclosures:

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# Agenda

- Introduction 5"
- IOM - Overseas Health Education 10"
- COE – Domestic Health Education 15"
- Introduce the case scenario 5"
- Next step exercise 20"
- Conclusion/Next steps 5"

# Workshop Objectives

- Identify challenges in disseminating health messages in multi-national refugee settings overseas and domestically
- Identify current processes and best practices to improve development and dissemination of health education materials for refugee populations
- Engage workshop participants to discuss ways to improve clarity and consistency of health messaging that could be initiated overseas and repeated domestically



# Refugee Health Messaging in Resettlement, IOM Perspective

- IOM at a Glance
- Objectives
- Strategies /Initiatives
- Lessons Learned

# Acknowledgements

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- Shanna Miko

## *Partnerships that have made this ongoing work possible*

- Centers for Disease Control and Prevention (CDC)
- Cultural Orientation Resource Exchange (CORE)
- JSI
- Minnesota Department of Health
- Bureau of Population, Refugees & Migration (PRM)
- University of Minnesota

# IOM AT A GLANCE

## WHO WE ARE

The International Organization for Migration is the leading intergovernmental organization in the field of migration.

## OUR MISSION

Migration for the benefit of all



© IOM, 1960

## FACTS AND FIGURES

- After 65 years of global operations, IOM joined the United Nations system in 2016
- 173 member states and 8 observer states.
- More than 480 Country Offices and Sub-offices worldwide.
- Over 10,000 employees globally, including about 1,200 migration health staff members





# IOM in Resettlement

# Objectives

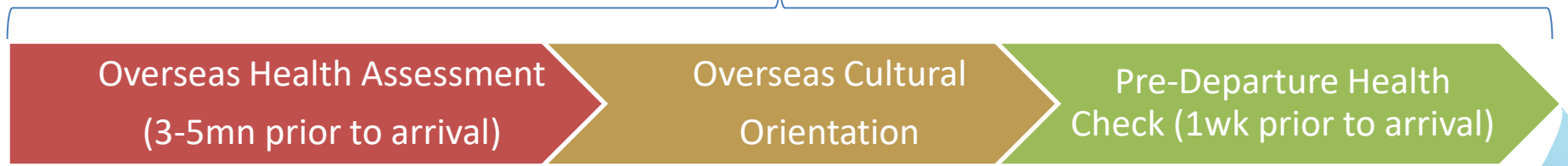
- Increase IOM's capacity to deliver targeted, population-specific health education messages, addressing refugee needs while in resettlement and facilitating their integration after arrival to the US.
- Enhance relevant partnerships to improve continuum of health messaging in resettlement across all agencies, jointly addressing health literacy, culture and other refugee population-specific needs.

# Methods

- Remote counseling (prior to the appointment) including COVID-19 messages
- On-site group counseling including COVID-19 messages
- On-site individual counseling for refugees with SMC/COVID-19 risk factors
- Dissemination of health education materials
- Formal health education curriculum in transit centers (on pilot in Uganda)

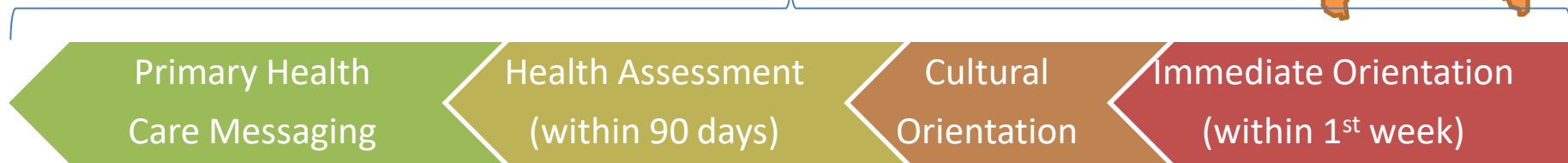
# USRAP Refugee Health Messaging Timeline

## Overseas Health Messaging



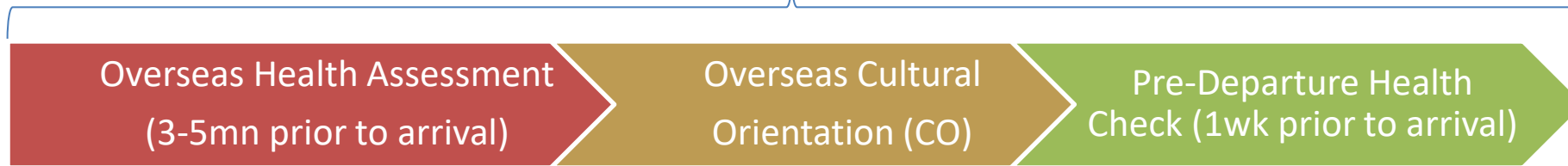
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## Domestic Health Messaging



# Challenges: Health Messaging Timeline

## Overseas Health Messaging



- Low literacy
- Language/translation issues
- Uneven capacity to deliver effective health education
- No standardized materials, including COVID-19 messaging

- Need to align health messaging with CO providers

- Same as for health assessment
- Additional counseling for specific groups (e.g. pregnant, significant medical conditions, medication refills)
- Aligning messaging with the immediate post-arrival needs
- Providing COVID-19 specific instructions



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# Strategies to Improve Health Messaging

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- Develop standardized resource materials
- Strengthen counseling and training skills of IOM providers
- Engage partners in collaborations on a regular basis to address consistency and targeted messaging
- Incorporate COVID-19 specific needs



# Develop standardized resource materials

- Consistent, targeted messaging
- Easy to use in multi-site and varied settings
- Translated into relevant languages
- Health literacy:
  - readability
  - culturally appropriate

## Pre-departure Medical Screening and Care in the US –Key Messages



### For those with medical conditions

1. When preparing for your travel, make sure take the medicine/vitamins you have been prescribed. You should have at least two months' supply of your prescription medications. Pack at least one week's supply of medicines in your carry-on luggage when you travel.
2. The following will be done to make sure you can travel safely
3. [For those that have conditions which allow them to travel, but which require them to be accompanied during travel, please advise as follows]

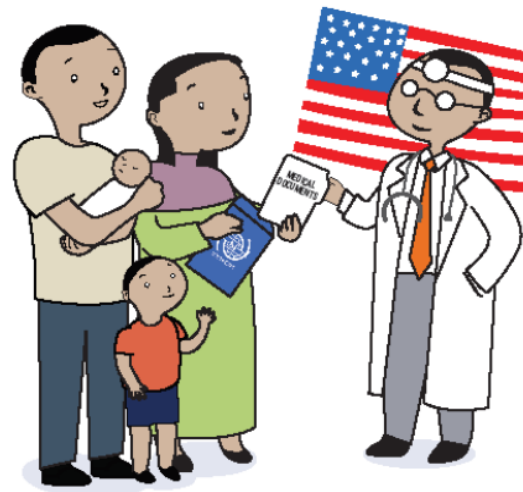
You will be accompanied on your travel to your destination country. If you need medical attention during travel, the nurse or doctor that accompanies you will be responsible for your medicine and/or treatment during your travel.

### For everyone

1. Medical providers in the US will provide care for your medical condition(s) after your arrival in the US.
2. Keep all your medical documents in the IOM medical folder inside the IOM bag. Bring this folder to all your medical appointments in the US.



## Pre-departure Medical Screening and Care in US



Completing your pre-departure medical screening.... is your and your children's  
...Key to the USA.

### What else should I do if I have hepatitis B?

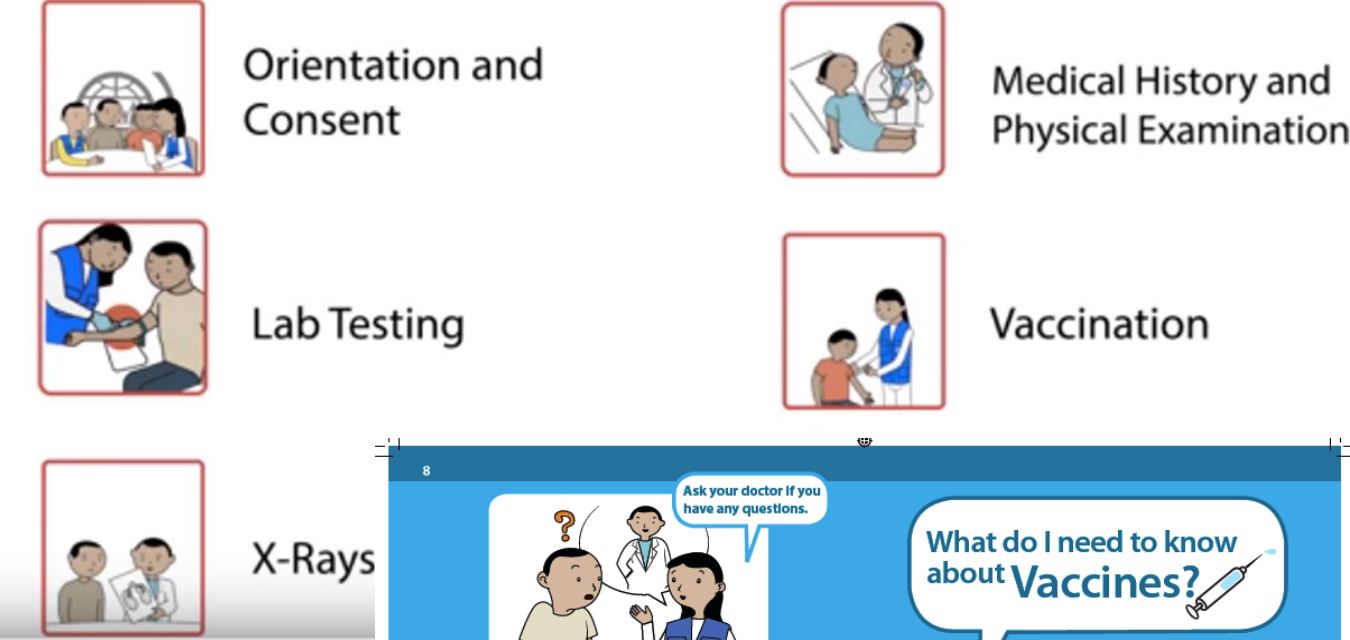
- Attend medical appointments for your hepatitis B, usually every 6-12 months.
- Do not share toothbrushes, razors, or tweezers.
- Always use condoms.
- Do not drink alcohol or use illicit injectable drugs.
- If you have a cut, anybody attending to you should wear gloves.

### What do I need to know about Hepatitis B Testing and Vaccination?

Getting tested and vaccinated for hepatitis B. The more you know about...

IOM • OIM  
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## Health Assessment Process



### What should I do for departure?

**Fit to Fly**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
ID#: \_\_\_\_\_  
Not weeks pregnant: \_\_\_\_\_

Before departure, you will have a doctor's exam. Please tell your doctor if you've had any bleeding or pain lately or have had health issues with a previous pregnancy. The doctor may recommend an ultrasound scan to determine how many weeks pregnant you are.

If you are traveling and your pregnancy is healthy, the doctor will give you a "Fit to Fly" certificate to show to airport staff.

See a doctor within 30 days of arriving in the US, for both you and your baby

Within 30 days

Informing about your pregnancy is your and your unborn baby's .... Key to the USA.

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### Are you Pregnant?

Inform IOM Health Staff

The more we know the more we can help you

IOM • OIM

- Leaflets
- Brochures
- Flipcharts
- Videos

### What do I need to know about Vaccines?

Ask your doctor if you have any questions.

Bring your vaccination and other health records with you every time you see a health worker here and in the US.

Getting vaccinations before you go is your family's.... Key to the USA.

Vaccine Information Statements

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# Strengthen counseling skills of IOM providers



## USRAP HEALTH and HYGIENE CURRICULUM GUIDE

- Identified and trained IOM master trainers
  - Regional ToT conducted in partnership with JSI and University of Minnesota (UMN)
  - Over 400 IOM staff trained
  - Increasing capacity of IOM staff in counseling
- Health and Hygiene Curriculum
  - Developed with the help of UMN
    - Covers health education in various resettlement scenarios
    - Includes Trainer's Guide
    - On pilot in Uganda
    - Will be implemented with the help of IOM master trainers

# Engage Partners

- Partnered with JSI and UMN to develop health education material and curriculum
- Collaborating with CDC, CORE, Minnesota Department of Health, and resettlement agencies in creating continuum of health messaging in resettlement
- As a result of collaboration, added joint health messaging on COVID-19



# COVID-19:

- ✓ Reinforce messages and images
- ✓ Collaborate with partners
- ✓ Disseminate

Respond to quickly changing needs

- CORE Collaboration
  - COVID-19 Video and leaflet used by IOM at pre-departure stage
  - Additional language translated and shared by IOM (Karen)
- CDC Collaboration
  - Gaps in relevant messaging identified
  - Designed refugee specific leaflets and brochures for IOM to distribute at pre-departure and POE stages

CORE  
Cultural Orientation Resource Exchange

English Version

COVID-19: UNDERSTANDING GUIDANCE AND RULES

WHAT IS COVID-19?

Open

Symptoms include fever, cough, and shortness of breath. The virus can cause mild to severe respiratory illness.

What You Can Do If You Are at Increased Risk for Severe Illness from COVID-19

Are You at Increased Risk for Severe Illness?

Based on what we know now, those at increased risk for severe illness from COVID-19 are:

- Older adults
- People of any age with the following:
  - Cancer
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)
  - Immunocompromised state (weakened immune system) from solid organ transplant
  - Obesity (body mass index [BMI] of 30 or higher)
  - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
  - Sickle cell disease
  - Type 2 diabetes mellitus

Here Is What You Can Do to Help Protect Yourself

- Limit contact with other people as much as possible.
- Wash your hands often.
- Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.
- Clean and disinfect frequently touched surfaces.
- Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.  
For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](#).

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

WHAT IS COVID-19?

Symptoms include fever, cough, and shortness of breath. The virus can cause mild to severe respiratory illness.

COVID-19 is a respiratory illness caused by a virus that is quickly spreading throughout the world. The virus spreads when an infected person coughs or sneezes near an uninfected person.

During the COVID-19 pandemic, you may hear government officials and healthcare workers refer to guidance or rules which are for your own safety. Depending on the circumstances, you may be asked to stay home to protect others or yourself. These measures will help slow or stop the spread of the virus in your community. When communities slow the spread of the virus, hospitals are better able to care for sick patients. If you do have to go out, emergency response professionals like firefighters and police may approach you, but they are trying to help.

The virus also spreads when a person touches a surface that has the virus on it and then touches their mouth, nose, and eyes.

The virus can spread between people who are in close contact with one another (within 6 feet).



Symptoms can range from mild to severe illness and can appear 2-14 days after you were exposed to the virus that causes COVID-19. This list does not include all possible symptoms. Please call a doctor for any symptoms that are severe or concerning to you.

**Watch your health:** Look for symptoms of COVID-19 and take your temperature if you feel sick. **Fever is 100.4°F/38°C or higher.**

With COVID-19, fever can come and go, and some people might not have a fever at all. Fever is less likely in people with some underlying medical conditions, older adults, or people taking certain fever-reducing medications such as acetaminophen, paracetamol, or ibuprofen.

**\*Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Inability to wake or stay awake
- Persistent pain or pressure



Stay home. Avoid contact with others until it is safe for you to end home isolation.



You might have COVID-19; most people are able to recover at home without medical care.



Call your resettlement agency case worker if you need help, such as needing an interpreter to talk to a doctor.



Stay in touch with a doctor. If you are worried about your symptoms, call or text before you go to a doctor's office or emergency room. Tell them about your recent travel and your symptoms.



If you have an emergency warning sign (including trouble breathing), call 911 to get emergency medical care immediately. Tell them about your recent travel and your symptoms.



If you live in close quarters with others, take additional precautions to protect them.

Find out when you can be around others after you had or likely had COVID-19.

Learn more at <https://bit.ly/endhomeisolation>.

For more information about COVID-19 in your language, visit <https://bit.ly/nativelanguage>.

# CDC CARE COVID-19 Leaflet

1



Turn the thermometer on by pressing the button near the screen.

2



Hold the tip of the thermometer under your tongue until it beeps. Don't bite the thermometer.

3



Read your temperature on the screen.

4



Record your temperature.

5



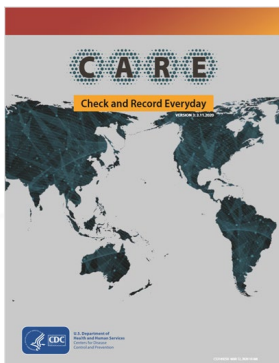
Please note: for a child younger than 4 years old, place the thermometer under the child's arm in the center of the arm pit.

Tell the public health worker or doctor that you are taking your child's temperature this way.

6



Clean your thermometer with soap and water or an alcohol pad.



## Welcome!

This packet is to help you and your family stay healthy during the COVID-19 pandemic after your arrival to the United States. Keep this packet with you as it contains important information for you and your family to follow and know about COVID-19.

# Lessons Learned

- Consistency of refugee health messaging is crucial
- Strengthening staff counseling skills and equipping them with quality materials/ curriculum enhances health education
- Engaging partners and improving coordination can significantly improve clarity and consistency of health messaging
- Health literacy, culture and methods of delivery are considerations in developing and implementing accessible, useful messaging

# Developing a Repository of High-Quality Refugee Health Education Materials

A Project of the Center of Excellence in Refugee Health

- Blain Mamo, MPH, Minnesota Department of Health and CoE Lead
- Ariel Ressler MacNeill, MPH, Nationalities Service Center
- Gretchen Shanfeld, MPH, Nationalities Service Center
- Mavis Corrigan, Nationalities Service Center
- Shelby (Panttaja) Rodriguez, MPH, Minnesota Department of Health
- Gionna Pembroke, Nationalities Service Center
- Ann Linde, Minnesota Department of Health

# Additional Acknowledgements



- Expert Volunteer Veters
  - Katina Cummings
  - Juliana Davis
  - Hyojin Im
  - Patricia Kirshenbaum
  - Joanne Morales
  - Laura Newman
  - Douglas Price

# Agenda



- Purpose
- Methods: Steps 1-6, sample materials
- Challenges
- Lessons Learned
- Way Forward/Next Steps



# Purpose

- To gather and develop culturally sensitive and targeted materials to better address health orientation for refugees in the United States learning how to navigate the health care system and make healthy and economically viable decisions about accessing care.
- Goal: Development and dissemination of refugee orientation materials, to improve refugees' continuity of care and communication with service providers and access to healthcare services.
- **Intended users:** resettlement agencies, health care providers, community agencies and employers.

# CoE Health Orientation Workgroup

**Step 1.** Material collection from practitioners in refugee health

**Step 2. Initial vetting** by project team, literacy level screening  
For topical relevance, accuracy of information, languages available and cultural sensitivity  
of content

**Step 3. Secondary vetting** by volunteers (professionals in the field) using modified PEMAT  
(Patient Education Materials Assessment Tool)

**Step 4.** Create and/or adapt materials to address gaps in approved materials

**Step 5.** Translate and format

**Step 6.** Share widely

# Step 1: Materials Collection

**Collection** of health orientation and education materials from local, national, and global sources

## Health Orientation

- Health Insurance
- Full Health Orientation/Broad Overview
- Immediate Health Care Needs
- Norms of the US Health System
- Orientation to the US Health System

## Initial Health Screening Topics

- Immunizations
- Intestinal Parasites
- Mental Health
- Pediatrics
- Preventative Health
- Women's Health

Identified Gaps

Nearly 180  
materials  
submitted

**CENTER OF EXCELLENCE  
IN REFUGEE HEALTH  
MINNESOTA**

SEEKING SUBMISSIONS OF  
**HEALTH EDUCATION  
MATERIALS FOR REFUGEES**

**THE PROJECT**  
We are creating a centralized repository  
of quality health education resources  
for use by those working in Refugee  
Health.

**OUR ASK**  
We are seeking submissions of materials in  
the following topics:  
• Initial Refugee Health Screening  
• Refugee Health Orientation

**HOW TO SUBMIT**  
Submit materials through our online  
form. Follow the link below or scan the  
QR code.

[tinyurl.com/ya5x39lj](https://tinyurl.com/ya5x39lj)

SUBMISSIONS DUE BY  
**June 30, 2018**

Contact Mavis Corrigan with questions:  
[mcorrigan@nscphila.org](mailto:mcorrigan@nscphila.org)

# Step 2: Initial Vetting

- Team completed initial vetting on the following criteria, with a 5-point scale (3 or higher proceeds to further vetting):
  - Culturally sensitive and appropriate images
  - Use of absolute data
  - Available in more than one language
- Materials above a 5<sup>th</sup> grade level assessed for potential edits and adaptations. Materials that could not reasonably be adapted were excluding from further rounds of vetting.
  - Tools Used:
    - The Flesch Reading Ease Readability Formula
    - The Flesch-Kincaid Grade Level Readability Formula

# Step 3: Secondary Vetting

- Recruit and orient volunteer experts in the field as vetters for secondary vetting. Veters assigned materials at random, and asked to assess them using our abbreviated Patient Education Materials Assessment Tool (PEMAT).
- Secondary vetting involves assessing documents for overall graphic appeal, layout, and length, as well as organization, clarity, use of plain language and actionability. Materials not granted permission for edits removed from material pool.

	A	The material explains how to	Please provide any additional comments or no	Total possib	Total act	Score
13	Food Storage Times	1	Will people know that "max" is short for "maximum"	15	13	87%
14	Dental Hygiene	0		15	13	87%
15	Dental Hygiene	0		15	13	87%
16	Hepatitis B	1		15	14	93%
17	Intestinal Parasites	0		15	13	87%
18	Intestinal Parasites	0		15	12	80%
19	Mental Health Reference Guide	0	more visuals?	15	13	87%
20	How to cope with stress	0		15	13	87%
21	How to cope with stress	0		15	11	73%
22	Information about Medicaid	0		15	10	67%
23	Information about Medicaid	0	The boxes are helpful for ease of reading! Some ins	15	11	73%
24	Health Insurance Basics	0		15	13	87%

# Step 3: continued

## Patient Education Materials Assessment Tool (PEMAT)-Vetting Stage 2

### ⊕ (Print) Understandability

Item #	Item	Response Options	Rating
<b>Topic: Content</b>			
1	The material makes its purpose completely evident.	Disagree=0, Agree=1	
2	The material does not include information or content that distracts from its purpose.	Disagree=0, Agree=1	
<b>Topic: Word Choice &amp; Style</b>			
3	The material uses common, everyday language.	Disagree=0, Agree=1	
4	Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree=0, Agree=1	
	<del>The material uses the active voice.</del>	Disagree=0, Agree=1	-
<b>Topic: Use of Numbers</b>			
5	Numbers appearing in the material are clear and easy to understand, do not require calculations.	Disagree=0, Agree=1, No numbers=N/A	
	<del>The material does not expect the user to perform calculations.</del>	Disagree=0, Agree=1	-

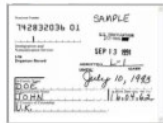
<b>Topic: Layout &amp; Design</b>			
7	The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.	Disagree=0, Agree=1, Video=N/A	
<b>Topic: Use of Visual Aids</b>			
8	The material uses visual aids whenever they could make content more easily understood (e.g., illustration of healthy portion size).	Disagree=0, Agree=1	
9	The material's visual aids reinforce rather than distract from the content.	Disagree=0, Agree=1, No visual aids=N/A	
10	The material uses illustrations and photographs that are clear and uncluttered.	Disagree=0, Agree=1, No visual aids=N/A	
11	Visual aids are not culturally specific, thus can be understood across cultures.	Disagree=0 Agree=1	
<b>Actionability</b>			
12	The material clearly identifies an action the user can take.	Disagree=0 Agree=1	
13	The material provides a tangible tool (e.g. menu planner, checklists) whenever it could help the user take action.	Disagree=0 Agree=1	
14	The material explains how to use the charts, graphs, tables or diagrams to take actions.	Disagree=0 Agree=1  No charts, graphs, tables, diagrams= N/A	

# Sample Material: passed vetting

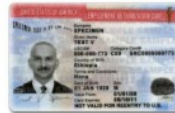
## Important Documents



**Social Security Card:**  
ID number the U.S. government will give you



**I-94:** your legal document to be in the U.S. as a refugee



**EAD:** Employment Authorization to work in the U.S.



**Washington State ID:**  
ID card from WA State



**EBT:** card from DSHS that will have your food benefits every month



**Provider One:** Medical insurance card needed at medical appointments

## Community Services



Post Office



Bus Station



Parks



DSHS and Social Security



Public Library



Fire department



Police Department



Hospitals

## Medical Information

Immunizations, on-going sickness, pregnancy

Family doctor (Primary Care Doctor)

Call your doctor to schedule an appointment

When you can **NOT** get an appointment with your family doctor

Urgent Care

Go directly to Urgent Care

## Always Bring:

Provider One Card



+

Insurance Company Card



+

Form of ID (WA State ID, I-94, Passport, EAD)



**IN AN EMERGENCY:**

Extreme Pain

Emergency Room at Hospital

Travel by car or call 911

Bleeding a lot. Heart attack. Near death.

911 Ambulance.

# Sample Material: Did not pass vetting

From vetting:

- "medical terms may not be familiar (and are not defined)"
- "buries one key action the user is invited to take...get a test"
- "Client/patient wouldn't know if she/he should get a vaccine until she read the first bullet under Prevention."
- "Photos are needed...but in a different layout"

## STD FACTS

### Hepatitis: Type B (caused by hepatitis B virus)

#### SIGNS AND SYMPTOMS

- Loss of appetite
- Abdominal discomfort
- Yellow eyes and skin
- Dark urine or light-color stool
- Nausea or vomiting
- Fatigue
- Pain in muscles and joints
- Begin 45-180 days after exposure

#### TRANSMISSION

Hepatitis B is spread by:

- Vaginal sex
- Anal sex
- Oral sex
- Sharing needles for injecting drugs, body piercing or tattooing
- Infected mother to newborn
- Sharing personal items that may have blood or bodily fluids on them (razors, tooth brushes, nail clippers, pierced earrings)

#### COMPLICATIONS

- Can spread to sex partners
- Can lead to chronic liver disease, cirrhosis, liver cancer and death
- Infected mother can pass virus to newborn.
- Infected baby may become a chronically infected.
- Can infect others while in both acute and chronic phases.
- Less than 1% of people die during the acute phase of infection.

#### PREVENTION

- Hepatitis B vaccine is recommended for all infants, adolescents and sexually active adults.
- Don't share needles for drugs, tattooing or piercing.
- Avoiding vaginal, oral or anal sex is the best way to prevent STDs.
- Latex condoms, when used consistently and correctly, can reduce the risk of transmission of hepatitis B.
- Always use latex condoms during vaginal and anal sex.
- Use a latex condom for oral sex on a penis.
- Use a latex barrier (dental dam or condom cut in half) for oral sex on a vagina or anus.
- Limit the number of sex partners.
- Don't share personal items like razors.
- When infant is born to an infected mother, immunize infant at birth.

#### TESTING AND TREATMENT

- Get a test from a medical provider if infection is suspected.
- Hepatitis B immune globulin injection given within 7 days after blood exposure or 14 days after sexual contact; vaccine may also be recommended.

#### FOR MORE INFORMATION, CONTACT:

Minnesota Department of Health  
STD and HIV Section  
(651) 201-5414; (651) 201-5797 TTY  
[www.health.state.mn.us/std](http://www.health.state.mn.us/std)

Minnesota Family Planning and STD Hotline  
1-800-783-2287 Voice/TTY; (651) 645-9360 (Metro)  
[www.sexualhealthmn.org](http://www.sexualhealthmn.org)

American Social Health Association (ASHA)  
[www.asbstd.org](http://www.asbstd.org)

CDC National STD and AIDS Hotlines  
1-800-CDC-INFO; 1-888-232-6348 TTY  
[www.cdc.gov/std](http://www.cdc.gov/std)



Updated by the Minnesota Department of Health, STD and HIV Section, April 2011



# Step 4: Addressing Gaps

- Gaps in the following content areas identified:
  - Health Insurance
  - Immediate Health Care Needs
  - Intestinal Parasites
  - Pediatrics
  - Preventative Health
  - Women's Health
- Contacted submitters of materials with important to ask about adaptation
- New materials created, vetted according to previous standards, and brought to the working group for input.

# Steps Currently in Progress

## Step 6

- New materials formatted into a standardized layout, as determined by the working group.
- Select materials for translation in languages commonly spoken by newly-arrived refugees

## Step 7

### Dissemination Method:

- Vetted and translated materials available on MDH's and partner websites
- Disseminate materials via HealthReach, CareRef, an interactive clinical decision tool
- Promote materials and process at national conferences and meetings of professional associations, local stakeholders

### Key audiences

- Refugees/Immigrants
- Resettlement agencies
- Public health agencies
- Health care providers/centers serving refugees
- Community-based organizations working on refugee health issues

# Challenges

- Limited number of submissions – could be many others in existence
- Locating materials published in priority languages, such as Somali, Kinyarwanda, Karen, Swahili, Arabic
- Maintenance and sustainability of materials repository
- Fragmented nature of materials in use: hard to centralize
  - National level: Cultural Orientation Resource Exchange (CORE)
  - State/local level: State/local health departments
  - Agency level: affiliated with different National Resettlement Agencies
- Tension between standardizing materials and tailoring to local systems and different populations
  - Eg. Medicaid

# Lessons Learned

- Importance of considering readability and accessibility before creating educational materials for limited English proficient populations.
  - Plain language, with minimal technical language and a high readability (low reading level) score is best
- More audio/visual materials needed in priority languages
- Coordination of key messages from all overseas steps to domestic connection to care and service delivery is crucial

# Way Forward/Next Steps

The screenshot shows a web browser window displaying the Minnesota Department of Health website. The URL is [health.state.mn.us/communities/rih/about/coe.html#:~:text=The%20Minnesota%20Department%20of%20Health,...](http://health.state.mn.us/communities/rih/about/coe.html#:~:text=The%20Minnesota%20Department%20of%20Health,...). The page features a dark blue header with the Minnesota Department of Health logo and navigation links for HOME, TOPICS, and ABOUT US. A search bar is also present. The main content area is titled "Center of Excellence in Refugee Health" and includes a logo consisting of seven blue circles arranged in a ring. Below the logo, a highlighted text block states: "The Minnesota Department of Health Refugee and International Health Program and its principal partners received funding from the Centers for Disease Control and Prevention in 2015 to establish the Center of Excellence, a Network for Training and Epidemiology in Refugee health." Further down, it mentions that the center builds on existing infrastructure to identify and monitor refugee health issues. The left sidebar contains a list of links related to RIHP and refugee health. The right sidebar includes options to share the page, subscribe to newsletters, and a spotlight section with links to various resources.

- Need to engage with target populations when creating materials
- Dissemination delayed due to COVID
  - Repository will be housed on [Minnesota Center of Excellence in Newcomer Health \(www.health.state.mn.us/communities/rih/about/coe.html\)](http://www.health.state.mn.us/communities/rih/about/coe.html)

# Case scenario

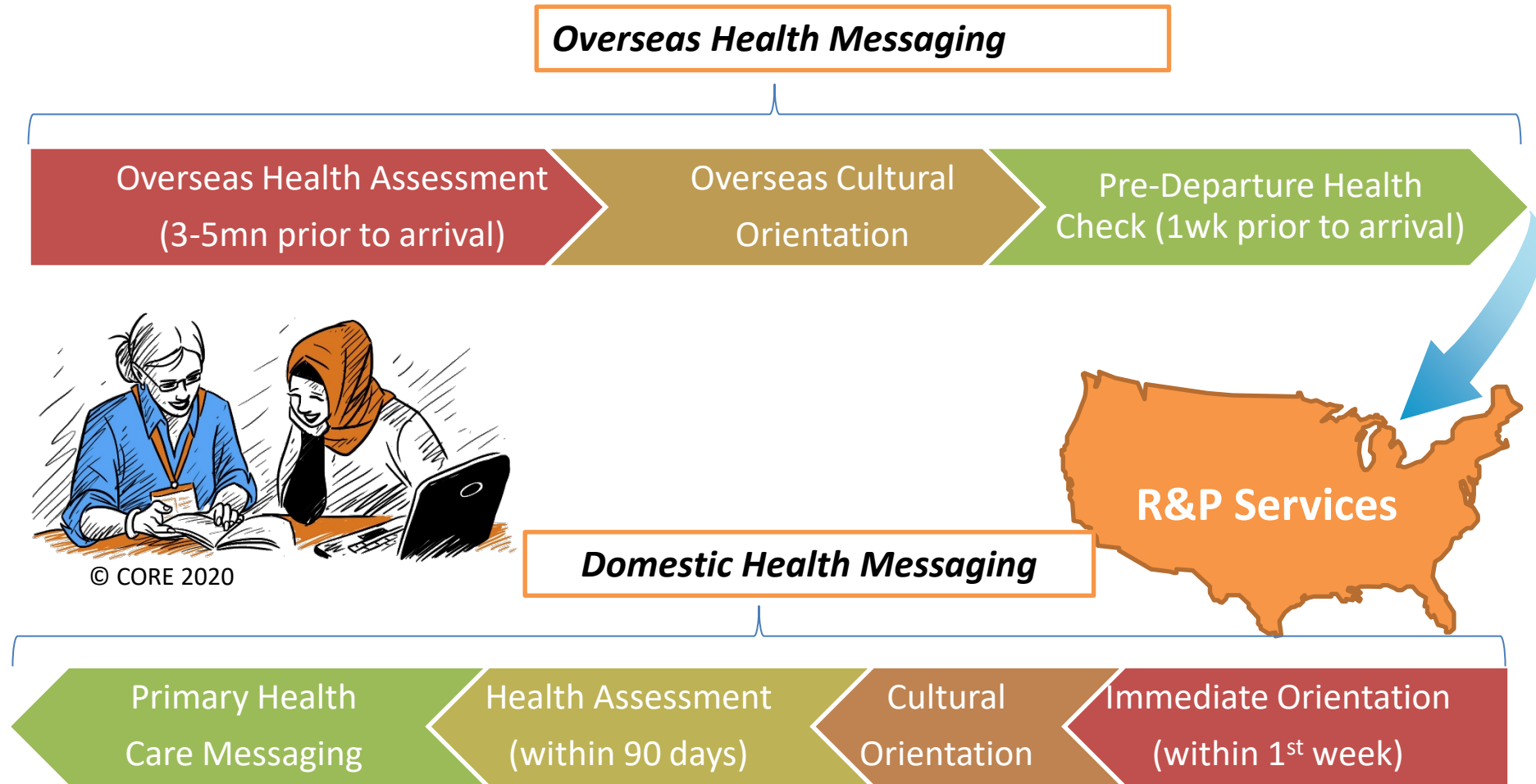
- Refugee family, originally from DRC, 2-parents, with 2 children, ages 17 and 10 years old, and an elderly 75 year old grandmother
- Family is non-English speaking; grandmother is illiterate
- Grandmother has history of hypertension controlled with medication
- The family does not consistently follow hand/respiratory hygiene practices , nor are they wearing masks
- Upon arrival, the grandmother is missing medication and family does not know how to access health care
- One parent has lost medical forms
- Family does not understand the concept of 2 weeks self-monitoring upon arrival, as recommended by CDC; they do not have a thermometer and are freely visiting relatives and doing shopping
- Domestic health orientation is provided remotely

# Exercise / Group Activity

Referring to the case scenario, the health messaging timeline, and the grid with identified challenges:

- Where are the gaps in our current practices in delivering health messages?
- What are the opportunities to improve health education for refugees resettling to the US?
- What synergies exist between the overseas and domestic health education process?

# USRAP Refugee Health Messaging Timeline





## CHALLENGES

## *Health Messaging* **OVERSEAS and DOMESTIC**

## SYNERGIES

Predeparture → Travel → Port of Entry

Cultural Orientation → Health Assessment

### 1) Low literacy:

- Readability
- Health literacy
- Population-specific needs

### 2) Not following hand / respiratory hygiene protocol, including wearing masks

### 3) Facilitating post-arrival access to health care

- Coordinating appointments
- Missing medications
- Lost medical forms

### 4) Facilitating 2 weeks of self-monitoring

- No clear guidance nor thermometer provided
- Remote orientation

### 5) Other

# Next steps



- Analyze gaps collected during exercise
- Discuss with partners
- Expand and engage other partners: CDC, Resettlement Agencies, Refugee Health Programs, Others?