

# Minnesota Refugee Health Report 2016

Welcome to the annual Refugee Health County Reports. Based on arrival number, counties or regions receive individualized reports. The regions include the Metro and South districts. Blue Earth and Nicollet Counties are also combined in this report. 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) sets these objectives to evaluate some key 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.

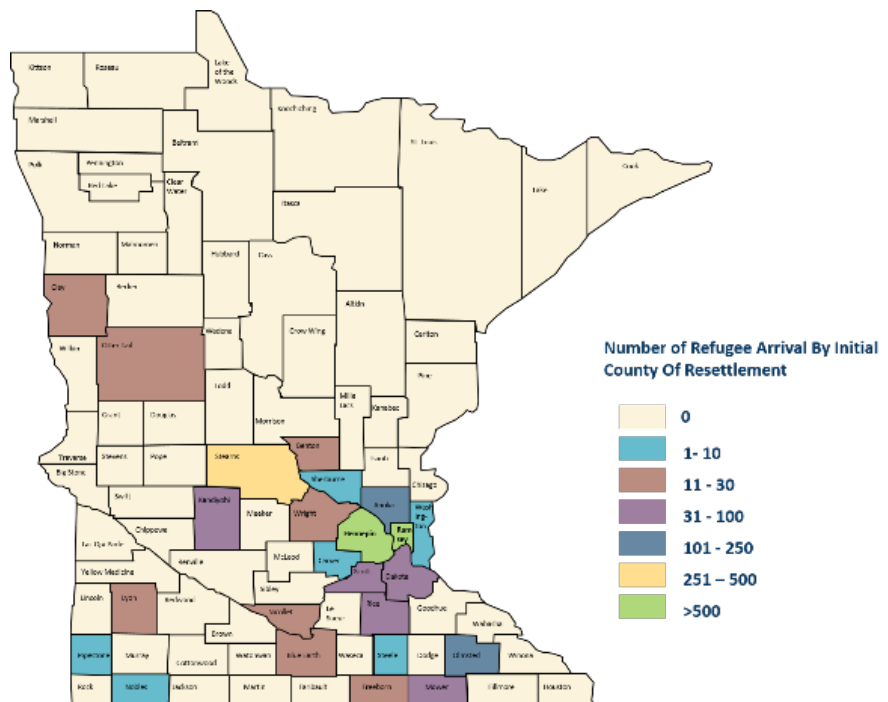
Counties and/or private providers submitted domestic screening results for refugees who arrived between January 1st and December 31st, 2016. Data were reported via the Refugee Health Assessment Form (“pink” form), electronically through eSHARE, or on the Outcome Form. During this year, there were 3,186 new primary refugee arrivals to Minnesota. Among these, the largest arriving populations were from Somalia (1,425 arrivals), Burma (658 arrivals), Ethiopia (291 arrivals), Iraq (193 arrivals), and Bhutan (128 arrivals).

Counties of refugee resettlement are often decided by community ties and access to housing and employment. Ramsey and Hennepin counties continued to receive the majority of newly arriving refugees in 2016; however, several counties in greater Minnesota saw an increase in refugee arrivals (see map).

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) who are identified and screened. Among the 977 secondary refugee notifications to the RHP in 2016, 423 (82 percent) of 518 who met eligibility were screened. County-specific screening rates are included for those with 30 or more secondary refugees.

## 2016 Primary Refugee Arrivals to Minnesota (N=3,186)

- |                         |            |
|-------------------------|------------|
| Anoka                   | Otter Tail |
| Benton                  | Ramsey     |
| Blue Earth and Nicollet | Rice       |
| Clay                    | Scott      |
| Dakota                  | Stearns    |
| Freeborn                | Metro:     |
| Hennepin                | Carver     |
| Kandiyohi               | Sherburne  |
| Lyon                    | Washington |
| Mower                   | Wright     |
| Olmsted                 | South:     |
|                         | Nobles     |
|                         | Pipestone  |
|                         | Steele     |



## Health Screening Indicators

The Refugee Health Program has set these measurable objectives below to evaluate the implementation of the Minnesota Refugee Health Assessment for newly-arrived primary refugees. On the following page, the columns on the right of the chart highlight the health screening indicators specific to your county, showing how effectively these objectives were met. Together with Significant Findings and Trends and Health Status data summary, this report is a snapshot of the newly-arrived primary refugees' demographics and their health needs.

**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.

**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, no insurance, or died before screening.

## 2016 Health Screening Indicators

All results are based on domestically completed screenings.

### Health Screening Rate

Performance Goal	Objective	Measure	Data for Year 2016
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	# of newly arrived refugees to the Minnesota who received at least the first visit of their health assessment within 90 days of arrival / # of newly arrived refugees to the Minnesota who were eligible for a screening	<b>Objective:</b> 95%  <b>State:</b> 2,835/(3,186-61), 91%

### Immunizations

Performance Goal	Objective	Measure	Data for Year 2016
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	# of newly arrived refugees to the Minnesota with immunization series initiated or continued / # of newly arrived refugees to the Minnesota who received a screening	<b>Objective:</b> 90%  <b>State:</b> 2,807/3,101, 91%

### TB

Performance Goal	Objective	Measure	Data for Year 2016
<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	# of newly arrived refugees to the Minnesota designated as TB Class A or B1 and who are appropriately evaluated / # of newly arrived eligible refugees to the Minnesota designated as TB Class A or B1	<b>Objective:</b> 100% Class A 95% Class B1  <b>State:</b> 0/0, n/a Class A 222/231, 96% Class B1
<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	# of newly arrived refugees to the Minnesota in need of LTBI therapy and placed on such therapy / # of newly arrived refugees to the Minnesota in need of LTBI therapy	<b>Objective:</b> 85%  <b>State:</b> 344/404**, 85%
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	# of newly arrived refugees to the Minnesota in need of LTBI therapy and who have been placed on and completed LTBI therapy / # of newly arrived refugees to the Minnesota placed on LTBI therapy	<b>Objective:</b> 70%  <b>State:</b> 311/344**, 90%

## Hepatitis B

Performance Goal	Objective	Measure	Data for Year 2016
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	# of newly arrived refugees to the Minnesota who received HBsAg test / # of newly arrived refugees to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 2,768/3,101, 89%

## Intestinal Parasites

Performance Goal	Objective	Measure	Data for Year 2016
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)	# of newly arrived refugees to the Minnesota tested for parasitic infections (O&P and/or serology) / # of newly arrived refugees to the Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 2,463/3,101, 79%

## Lead Poisoning

Performance Goal	Objective	Measure	Data for Year 2016
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	# of newly arrived refugees to the Minnesota who are < 17 years old and screened for lead poisoning / # of newly arrived refugees < 17 years old to the Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 1,337/1,382, 97%

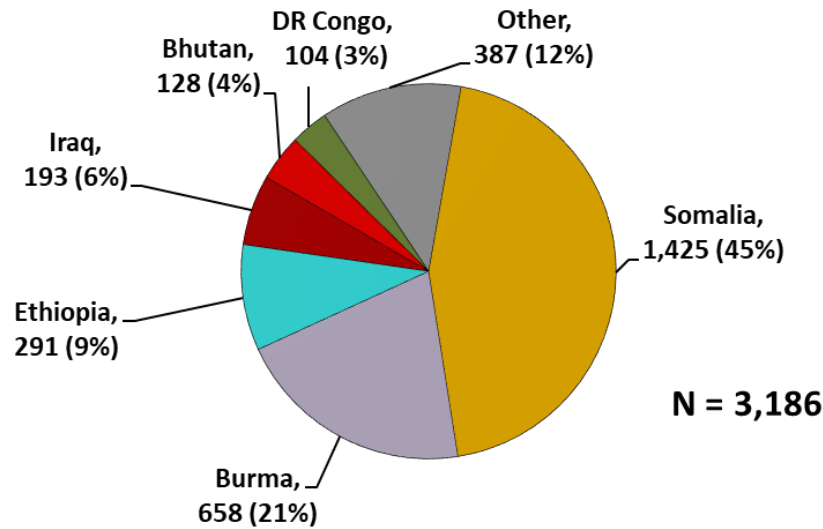
## HIV

Performance Goal	Objective	Measure	Data for Year 2016
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	# of newly arrived refugees to the Minnesota tested for HIV ages 13-64 years / # of newly arrived refugees ages 13-64 years to the Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 1,894/1,911, 99%

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

\*\*Based on 2015 data which reflects the most recent completion date for 9-month treatment protocol

## Number of Primary Arrivals<sup>o</sup> to Minnesota 01/01/2016 through 12/31/2016



<sup>o</sup>**Primary arrival** is a refugee who is residing in the state listed as the initial point of destination with the United States Citizenship and Immigration Services. Refugees are free to move from state to state, but sponsors, Voluntary Agencies, and state health departments are designed to serve only newly arrived primary refugees to the state.

Other includes Afghanistan (38), Belarus (17), Burundi (6), Cameroon (7), China (7), Congo (3), Dominican Republic (30), Egypt (1), El Salvador (11), Eritrea (26), Guatemala (1), Guinea (1), Honduras (2), Iran (11), Kazakhstan (11), Kenya (1), Liberia (4), Mexico (8), Moldova (47), Russia (17), Sri Lanka (1), Sudan (18), Syria (25), Tanzania (2), Tibet (3), Togo (4), and Ukraine (85)

### Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*  
Of the 3,186 new primary refugee arrivals to Minnesota, 3,125 were eligible for a health screening and 2,835 (91%) were screened within 90 days.
- *Overall screening rate:*  
Of the 3,125 eligible for a health screening, 3,101 (99%) were screened.

### Outcome for Those Not Screened

- Of the 61 refugees ineligible for screening, 14 moved out of Minnesota, 39 could not be located, 1 died before screening, and 7 had no insurance.
- Of the 24 refugee eligible for screening, contact failed with 11, 5 were screened but no results were reported, 1 missed appointments, and 7 refused screening.

### Flat Fee Reimbursement

- Twenty-one refugees received flat fee reimbursement in Minnesota. Nineteen of these were full payment and two were partial payment.

### Health Status of New Refugees, Minnesota, 2016

Health Condition	No. infected among screened (%)
TB infection*	649/3,032 (21%)
Hepatitis B infection**	135/2,768 (5%)
Parasitic infection***	468/2,463 (19%)
Syphilis infection	20/1,572 (1%)
HIV infection	13/2,982 (<1%)
Elevated Blood Lead****	105/1,337 (8%)

Total number of health screenings: N<sub>Minnesota</sub> = 3,101 (99% of the 3,125 eligible refugees)

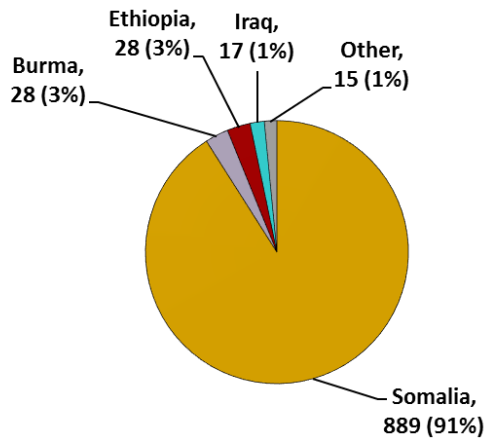
\* Persons with LTBI (QFT+ or ≥ 10mm induration w/ normal CXR) or suspect/active TB disease

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

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

\*\*\*\* Children <17 years old (N<sub>Minnesota</sub> = 1,382 screened); Lead Level ≥ 5 ug/dL

## Number of Secondary Arrivals<sup>o</sup> to Minnesota 01/01/2016 through 12/31/2016



<sup>o</sup>**Secondary arrival** is a refugee who is no longer residing in the state listed as the initial point of destination with the United States Citizenship and Immigration Services. Refugees are free to move from state to state, but sponsors, Voluntary Agencies, and state health departments are designed to serve only newly arrived primary refugees to the state.

### Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (346 arrivals), Stearns (225), Kandiyohi (135), Ramsey (53), Nicollet (36), Rice (35), and Blue Earth (33).
- Twelve counties each reported less than 30 secondary arrivals.

### Screening Rate

- Of the 977 secondary arrivals to Minnesota, 518 (53%) were eligible for screening and 423 (82%) of those were screened.
- Among counties reporting  $\geq 30$  secondary refugees arrivals, Hennepin County screened 115 (73%) of 158 eligible for screening, Stearns screened 162 (98%) of 166 eligible, Kandiyohi screened 44 (80%) of 55 eligible, Ramsey screened 11 (55%) of 20 eligible, Nicollet screened 5 (42%) of 12 eligible, Rice screened 12 (63%) of 19 eligible, and Blue Earth screened 15 (79%) of 19 eligible.

### Outcome for Those Not Screened

- Among the 459 secondary refugees ineligible for screening, 357 completed screening in another state, 39 could not be located, 56 had arrived in the U.S. >1 year prior to notification, 5 moved out of Minnesota, 1 moved to an unknown destination, and 1 had no insurance.

- Among the 95 secondary refugees eligible for screening, 20 had completed some screening in another state but needed follow-up, 10 were screened but no results were reported, contact failed for 55, 5 missed appointments, and 5 refused screening.

### Health Status of Secondary Refugee Arrivals, 2016

Health Condition	No. infected among screened (%)
TB infection*	125/411 (30%)
Hepatitis B infection**	21/332 (6%)
Parasitic infection***	58/290 (20%)
Syphilis infection	3/224 (1%)
HIV infection	3/342 (1%)
Elevated Blood Lead****	22/169 (13%)

Total number of health screenings:  $N_{\text{Secondaries}} = 423$  (82% of the 518 eligible refugees)

\* Persons with LTBI (QFT+ or  $\geq 10\text{mm}$  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 ( $N_{\text{Secondaries}} = 204$  screened); Lead Level  $\geq 5$  ug/dL