Refugee & Migrant Health Care: Best Practices

ISTM INTERNATIONAL CONFERENCE ON MIGRATION HEALTH
ROME, OCTOBER 2018
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“Principle: set the bar high, at the ideal, then spend decades working towards these goals”

Dr. Patricia Walker

Menomonie, Wisconsin
Circa 1972

States with the Highest Immigrant Populations

- California
- Texas
- New York
- Florida
- Illinois

These states host the majority of the immigrant population in the United States.
**Refugee and International Health Program**

**Primary Refugee Arrivals to MN by Region of World 1979-2016**

**Foreign-born Persons in Minnesota**

- 7% of MN population
- #1 nationwide for refugees and asylees (23% vs. 17% national average)
- Largest Somali populations in US, second largest Hmong population.
- Now seeing Bhutanese Nepali, Karen Burmese, Syrians and Iraqis

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**Center for International Health**

Established in 1980 at public hospital in St Paul to deal with SE Asian refugees

Began as a response to multiple problems:
- Clinicians without knowledge providing poor quality care
- Dissatisfied providers and systems (racism?)
- Dissatisfied patients/cross cultural conflicts

Expected to close within 5 years “when the refugees stop coming and people acculturate”

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**CIH History**

- 1 internist, 1 psychiatrist
- 100% European American staff
- 4 volunteer interpreters

- 6 internists, 1 family medicine MD, 2 psychiatrists, 2 psychologists, 1 advance practice provider, 12-14 resident MDs
- Support staff 100% bilingual/bicultural, Providers 66%
- System wide: >100 professional interpreters, all languages, $US17M budget

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**CIH Today**

1980  
- 1 internist, 1 psychiatrist  
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2017  
- 6 internists, 1 family medicine MD, 2 psychiatrists, 2 psychologists, 1 advance practice provider, 12-14 resident MDs  
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**Health Equity & Disparities**
Addressing health inequities in Minnesota would save:

- **766 lives each year**
- **$2.26 billion annually**

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Best Practice: Data Collection

"Effective data collection is the linchpin of any comprehensive strategy to eliminate racial and ethnic disparities in health."

Tom Perez
Unequal Treatment
Institute of Medicine, 2003

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Our Work

- Pediatric Immunizations
- Breast Cancer Screening
- Colorectal Cancer Screening

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HPMG: Integrated care delivery system (7 hospitals, 1,500 clinicians, 50 clinics, insurance provider) in the Upper Midwest US
Breast Cancer Screening by Race
HPMG

Interventions
- Same day access
- Centralized outreach
- Disparity data deep dive

GAP = 12.9% points
GAP = 7.3% points

National 90th Percentile = 79.8%
GAP is 12.9% points
GAP is 7.3% points
Same day access
Centralized outreach
Disparity data deep dive

Disparities in Breast Cancer Screening Rates
HealthPartners 2009

Colorectal Cancer Screening Disparities – Dec 2017

Steps to reduce health disparities
1. At the first level, fundamental to understanding patient populations, health care organizations learn for whom they are caring by utilizing demographic data collection.
2. The second level of cultural competence involves analyzing health care disparities by demographic group. Know how you are doing in caring for patients.
3. At their most sophisticated health care organizations know for whom they are caring, know how they are doing in terms of patient satisfaction and quality measures by key demographic groups, and also have designed and implemented effective interventions to reduce health disparities.

Amer J of PH, 2006

State of Minnesota
Immigrant Health Task Force

Best Practices

Best practices are for refugees and migrants irrespective of country of resettlement

Full report available at: www.health.state.mn.us/refugee
Eight Key Action Steps to Improve Immigrant Health

1. Provide equal access to care for all, regardless of immigration or insurance status.
2. Assess patients’ language preference, and healthcare organizations’ capacity to provide appropriate care.
3. Recognize different costs of healthcare for recent immigrants and provide equitable payment.
5. Diversify the workforce
6. Use trained interpreters
7. Use bilingual and bicultural community health workers.
8. Train healthcare providers and educate immigrant patients.


Eight Key Action Steps to Improve Immigrant Health #1

Provide equal access to care for all, regardless of immigration or insurance status.

US Uninsured

Figure 5. Percentage uninsured by race/ethnicity, U.S. civilian noninstitutionalized population under age 65, 2002-2013

Source: Centers for Disease Control and Prevention, National Center for Health Statistics

US Uninsured and ACA

Figure 6. Percent of People Uninsured by Race, 2013 and 2014 (Under 65 years old)

Source: Gallup-Healthways Well-Being Survey, November 2013, November-December 2014

US Uninsured Citizenship

- Citizen: 7% percent
- Naturalized citizens: 9.5% percent
- Non-citizens: 26.2 percent.

Minnesota Uninsured

Figure 7: Uninsurance Rates by Race and Ethnicity, 2013 and 2015

Source: Minnesota Health Access Survey

* indicates statistically significant difference from 2013 at the 5% level
** indicates statistically significant difference between races and ethnicities at the 5% level
Minnesota Uninsured Citizenship

- US Born: 5.2%
- Non-US Born: 18.2%

2017 Minnesota Access Survey

MN Refugee Resettlement Program

All refugees are eligible to apply for health care programs available to residents with low incomes. Refugee Medical Assistance may provide coverage to refugees who do not qualify for Medical Assistance for up to eight months after arrival in the United States.

Eight Key Action Steps to Improve Immigrant Health #2

Assess patients' language preference, and healthcare organizations' capacity to provide appropriate interpretive services


Eight Key Action Steps to Improve Immigrant Health #3

Recognize different costs of healthcare for recent immigrants and provide equitable payment

Best Practice: Data Collected at HealthPartners

Language Interpreter Needed Race/ethnicity Country of Origin

HealthPartners CIH: Patient Languages June 2009

- English, 400, 25%
- Somali, 323, 21%
- Vietnamese, 249, 16%
- Cambodian, 110, 7%
- Hmong, 95, 6%
- Russian, 82, 5%
- Oromo, 75, 5%
- Karen, 70, 4%
- Spanish, 45, 3%
- Amharic, 28, 2%

N=1572
Eight Key Action Steps to Improve Immigrant Health  #4

Develop clinical guidelines and best practices order sets for immigrant healthcare


Best Practice: Consult available resources

US refugee health guidelines:
www.cdc.gov/yellowbook/RefugeeGuidelines
Canadian refugee health guidelines:
www.ccirh.uottawa.ca
16 EU countries have screening guidelines
UK migrant health guidelines:

Best Practice: Order Sets

Diversify the healthcare workforce to include more immigrant and minority providers.


Eight Key Action Steps to Improve Immigrant Health  #5

Patient’s ethnicity affects physician satisfaction with clinical encounters, particularly in the delivery of preventive care and chronic disease management


Eight Key Action Steps to Improve Immigrant Health  #6

Use trained interpreters

INTERPRETER WORKSHOP TOMORROW 2PM

**Global Literacy**

[Map of global literacy rates]

**US Literacy**

- > 30 million adults in the United States cannot read, write, or do basic math above a third grade level.

- NAEP 12 Grade Reading Level Assessment (2015)
  - 46 percent of white students scored at or above proficient
  - 17 percent of black students scored proficient
  - 25 percent of Latino students scored proficient

**What is the Minnesota Experience?**

**Limited English-Speaking Households**

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<tr>
<th></th>
<th>UNITED STATES</th>
<th>MINNESOTA</th>
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<tbody>
<tr>
<td>2015</td>
<td>4.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>2016</td>
<td>4.4%</td>
<td>2.4%</td>
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Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates [www.census.gov/acs]

**CIH primary care – completed visits: LEP patients vs. English-speakers**

- [Graph showing patient language proficiency]

**HealthPartners/ Center for International Health In Person Medical Interpreter**

- Required to have 40 hours of professional training
- Additional assessment of interpreter skills (if language is available)
- Extensive “On boarding”
  - Standards of profession/ Ethics/ cultural competency
  - Informal mentorship
- Maintain annual minimal CEU
- Tiered compensation for Certified Medical Interpreters

**Alternative to Live-In Person**

- CyraCom Language Solutions: [http://www.cyracom.com](http://www.cyracom.com)
- LanguageLine Solutions: [http://www.languageline.com](http://www.languageline.com)
- MultiLingual Solutions: [http://www.mlsolutions.com](http://www.mlsolutions.com)
- Telelanguage: [http://www.telelanguage.com](http://www.telelanguage.com)
Eight Key Action Steps to Improve Immigrant Health #7

Use bilingual and bicultural community health workers.


Eight Key Action Steps to Improve Immigrant Health #8

Train healthcare providers and educate immigrant patients

Courtesy of Medicine Box Films

CIH Educational Programs

- University of Minnesota Internal Medicine Continuity Clinic Site
- Observership site for foreign doctors
- Minnesota Department of Health IMG Residency Preparation Program – BRIDGE
- Many visiting students
- Future clinical rotation site for psychiatric residents

University of Minnesota/CDC Global Health Course

www.globalhealth.umn.edu

One of 16 worldwide approved by ASTMH as meeting preparatory requirements for CTropMed exam
Strong refugee and immigrant health and travel medicine focus
Every May in person
On line 7 week course available to all providers worldwide

HealthPartners, Center for International Health Care Delivery Model:

1. Hire bilingual/bicultural staff at all levels
2. Only use professionally trained medical interpreters
3. Hire providers with expertise in refugee health care
4. Provide multidisciplinary care
Center for International Health Films
http://www.americanheartfilm.com

Several short instructional films
Award winning documentary film “American Heart”

Thank You

Best practices in refugee and migrant health care:
Key Premises

The global is local in health care.
There are core competencies in cross cultural health care and global health which all practicing providers and health care systems should achieve.
Disparities are pervasive in the United States and globally.
Implementing best practices in cross cultural health care and global health will help reduce disparities.
1. Hire bilingual/bicultural staff at all levels

2. Only use professionally trained medical interpreters

3. Hire providers with expertise in refugee health care

Data Collection at HealthPartners 2004-2008

Migrants and health care costs

Insured immigrants’ per-person medical expenditures were 1/2 to 2/3 less than the U.S.-born with similar characteristics. (AJPH, 7/09)

U.S. citizens make up the majority of the uninsured (78%), while legal and undocumented immigrants account for 22% of the nonelderly uninsured.

Non citizens have poorer access to care and receive less primary health care than citizens, but they are less likely than citizens to use the emergency room.

Kaiser, 2006

www.immigrationimpact.org  8/12/09
Providers in the 21st century must:

• Have basic knowledge, attitudes, skills and abilities to care for immigrant populations (including ethnic and geographic differences in disease prevalence)

• Demonstrate cultural humility

Minorities Face Greater Difficulty in Communication with Physicians

| Percent of adults with one or more communication problems* |
|------------|------------|------------|----------|----------|
| Total      | White      | African American | Hispanic | Asian American |
| 40%        | 31%        | 28%          | 23%      | 21%       |

Base: Adults with health care visit in past two years.
*Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

Source: The Commonwealth Fund 2001 Health Care Quality Survey

We may assume they understand...

Patients leaving the physician's office with a good understanding of what they are told

<table>
<thead>
<tr>
<th>Percentage understanding</th>
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<tr>
<td>Physicians</td>
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<tr>
<td>Patients</td>
</tr>
<tr>
<td>40%</td>
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Migrants experience more disparities in care and service

Racial and ethnic minorities receive lower quality health care than whites, even when insurance status, income, age and severity of conditions are comparable.

Institute of Medicine
"Unequal Treatment", 2003

HealthPartners, Center for International Health Care Delivery Model:

4. Provide multidisciplinary care
   Internal Medicine
   Psychiatry and Psychology
   Co-located with Pediatrics Clinic
   Social Worker/Case Management staff
   Dietician/Diabetes educators
   Pharmacist

Knowledge which didn’t exist 35 years ago
Imagining Our Future/ Refugee and Migrant Health

A world where providers routinely ask “Where were you born, and where have you travelled?” and know what to do with the answer.

A world where primary care providers always ask migrants “Are you planning on traveling in the next year?” and refer to travel medicine.

Photo Credit: IOM via WHO

“We must ask what is best for the world; we are dealing with closed systems”
Dr Bill Foege
Carter Center

The future is in great hands

“You’re an athlete; you don’t think like you’re Syrian or from London or from Germany,” Mardini, 17, said in a video produced by the I.O.C. “You will just think about your race. You have your lane, your swimming cap, your swimming lesson. That’s it.”

Thank you... Mahad sanid... Galatome... Krop khun kha... Gracias... Amesejinale
Special thanks to....
My patients
My family
My colleagues

Newly arrived immigrants are less likely than native born Americans and immigrants living in the US more than 10 years to receive health care when needed.

LeClere, FB, et al
Health Care Utilization, Family Context and Adaptation among Immigrants in the US.