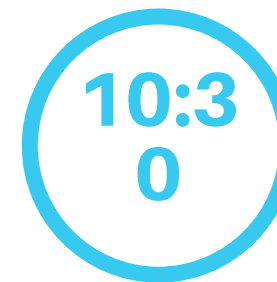


Meeting Agenda

Reminder about the function of these meetings:

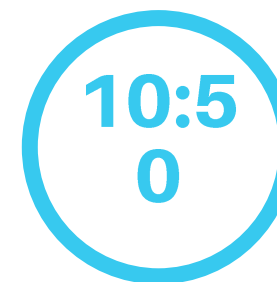
- Identify gaps in knowledge
- Connect with experts in the field
- Design annual events and trainings to fulfill areas of need



Introduction



AIRHC Sauti!



RMS Annoucement



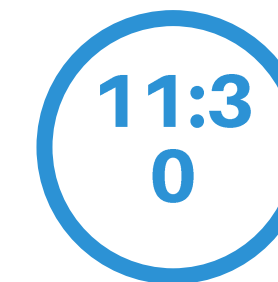
**Resettlement
Agency Arrivals
Projections**



**FY22 Refugee Health
Program Data**



**New CDC / EDN
Updates**



**Medical Provider
Updates**



**Resource Sharing
Adjourn
Next Meeting:
Wed, Aug 23, 2023**

1ST SEMI-ANNUAL MEETING OF FY23

Maine State Refugee Health Advisory Council



Medical Minute

from the Desk of the State Refugee Health Coordinator





**Danielle
Rodriguez, Msc**

Introduction

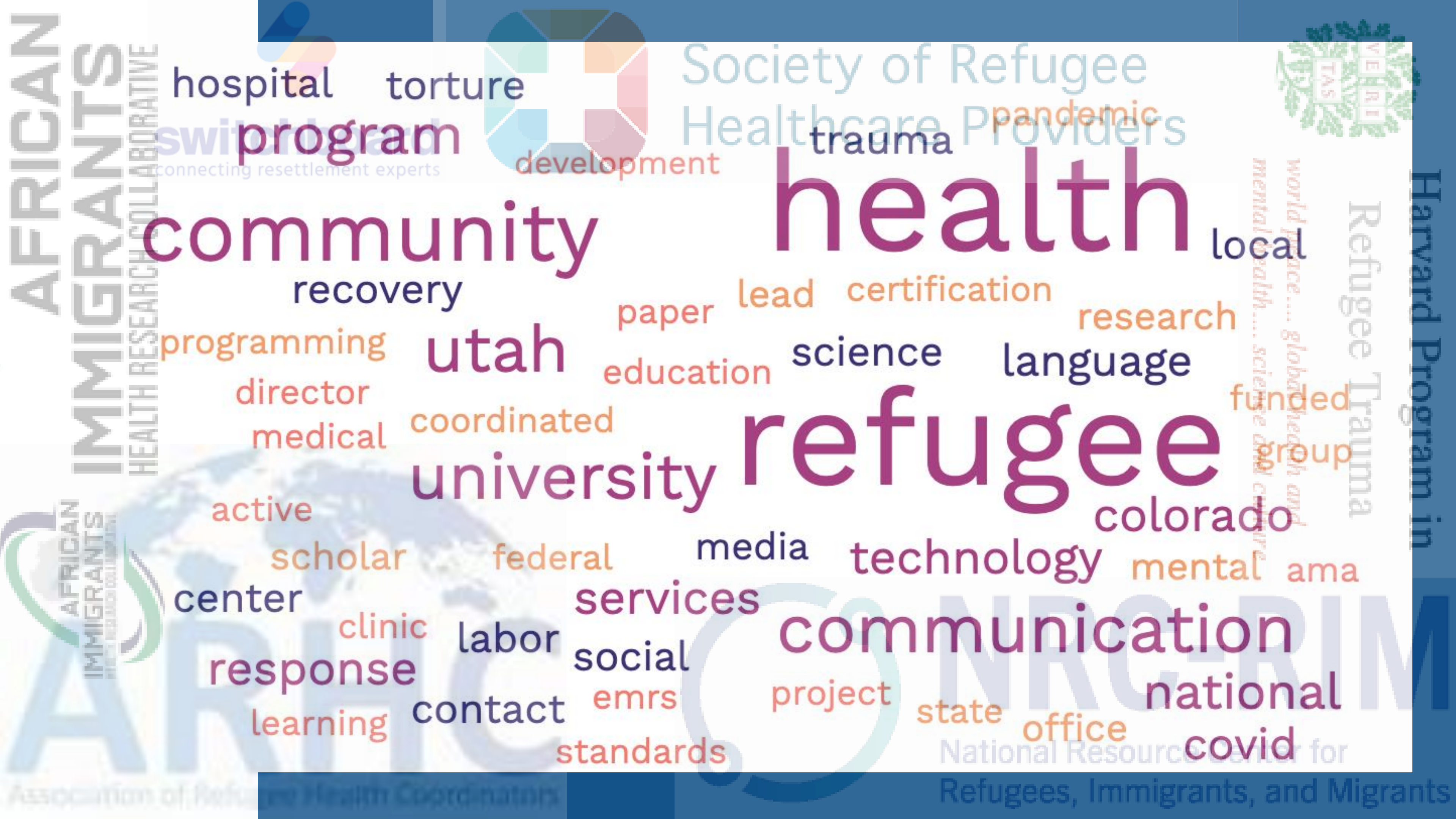
by the State Refugee Coordinator

Inza Ouattara, EdD, MPPM, LSW

to the
State Refugee
Health Coordinator

Office of Maine Refugee Services
Catholic Charities Maine
drodriguez@ccmaine.org
207.272.1331







**AFRICAN
IMMIGRANTS**
HEALTH RESEARCH COLLABORATIVE


“Sauti! Documenting the Impact of
COVID-19 on African Immigrants Living
in the New England Region”

www.africanimmigranthealth.org

g



Photovoice Framing Questions

1. What was hard for you and/or your family during the COVID-19 pandemic?
 2. What is your experience accessing COVID-19 testing and seeking care for COVID-19 disease currently?
 3. What are you experiencing currently in accessing other health services during the COVID-19 pandemic?
 4. Where do you get information about COVID-19?
 5. How are you addressing and being supported through your challenges during the COVID-19 pandemic?
- 

Participants' professional and personal lives were affected by COVID-19



30%

Reported losing their jobs due to the pandemic



19%

Reported a loss of hours due to the pandemic

Participants reported accessing COVID-19 services



33%

requested
food assistance



25%

accessed COVID-19
testing



19%

obtained
unemployment
benefits



16%

received rental & cash
assistance

Themes: Challenges



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Themes varied by State - Challenges

	CT	ME	MA	NH	RI	VT	% States (✓)
Loneliness & Isolation	✓	✓	✓	✓	✓	✓	100%
Experiencing Loss	✓	✓	✓	✓		✓	83%
Life Changes, New Normal	✓			✓	✓	✓	67%
Systems Challenges	✓			✓		✓	50%
Fear of the Unknown	✓	✓	✓				50%
Restrictive Movement					✓	✓	33%
Difficulties for Our Children				✓	✓		33%
Parental Stress	✓				✓		33%
Coping with Illness	✓					✓	33%

✓ = Theme identified at least once

% States: Out of the total number of States (6), the percentage represents the number of times a theme was identified at least once

Themes: Coping Strategies



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Themes varied by State-Coping Strategies

	CT	ME	MA	NH	RI	VT	% States (✓)
Maintaining Connections	✓	✓	✓	✓		✓	83%
Have hope and stay positive	✓		✓	✓		✓	67%
Government Guidelines	✓			✓	✓	✓	67%
Traditional & Home remedies		✓		✓	✓	✓	67%
Communications & Info. Gathering				✓	✓	✓	50%
Faith		✓				✓	33%
Exercising	✓					✓	33%

✓ = Theme identified at least once

% States: Out of the total number of States (6), the percentage represents the number of times a theme was identified at least once

Recommendations



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Community-led Recommendations

1. Non-traditional Outreach & Communication Strategies
 2. Implement Local & National Immigrant-Friendly Policies
 3. Examine the Use and Importance of Traditional African Remedies
 4. Establish Community-Driven Support Systems for African Youth
 5. Leverage Relationships with Trusted African Faith-Based Organizations
 6. Commit to the Inclusion of African Immigrants in All Aspects of Research and the Healthcare System
 7. Promote Culturally and Linguistically Appropriate Approaches to Address Mental and Emotional Health
 8. Integrate Cultural Practices into the HealthCare System
 9. Implement Comprehensive Language Access Plans Including African Dialects
 10. Integrate Culturally and Linguistically Accessible Telehealth Services and Supports
 11. Creating a Safe and Healthy Work Environment
 12. Building the Research and Health Literacy of African Immigrants
 13. Identify and Reduce Areas of Financial Stress for African Immigrant Families
 14. Support Infrastructure for Self-sufficiency and Community Cohesion
 15. Listen to the Voices, Experiences, and Stories of African Immigrants
 16. Cultivate Trust with African Immigrant Communities
- 

5 Recommendations Prioritized by African Immigrants



1. Commit to the **Inclusion of African Immigrants** in All Aspects of Research and the Healthcare System
2. Implement Local & National **Immigrant-Friendly Policies**
3. **Non-traditional Outreach & Communication Strategies**
4. Promote Culturally and Linguistically Appropriate Approaches to Address **Mental and Emotional Health**
5. Examine the Use and Importance of **Traditional African Remedies**

Commit to the Inclusion of African Immigrants in All Aspects of Research and the Healthcare System



Involving impacted communities in defining and addressing their issues has shown to be a successful, sustainable strategy to reduce health disparities. Effective solutions build from the assets of the community, and integrate cultural knowledge and practices. In addition, a significant number of African immigrants are in the healthcare profession. There is a lack of specific efforts to involve African immigrants in leading and engaging in developing effective health programs and clinical interventions. African immigrants should be intentionally involved in leading, as well as being represented as study participants.

Implement Local & National Immigrant-Friendly Policies



Immigration is seen as a social determinant of health. Having policies that support immigrants of all statuses in assessing culturally and linguistically appropriate services - healthcare, financial assistance, workers' protections, education - is important for the health of immigrants themselves, but also for the health of the broader public. It prevents the most marginalized communities, including African immigrants and their children, from becoming more vulnerable.

Anti-immigrant messages and policies, such as public charge, create fear and distrust causing immigrants not to access prevention and care services. Local, state, and federal officials should implement bold new policy changes to protect immigrants.

Non-Traditional Outreach & Communication Strategies



Due to barriers, such as language and culture, traditional methods of community outreach (e.g., posting notices or developing flyers in English) are not an effective means of communicating vital information to African immigrant communities. For most African immigrants, social media remains the major avenue for education and information about the pandemic. There is a critical need to communicate with African immigrants in their preferred language(s) – including African dialects - and to reach the elderly, individuals with limited English proficiency and individuals who do not use the internet. Effective efforts may require additional support, such as training on virtual platforms and partnering with local African-led organizations.

Promote Culturally and Linguistically Appropriate Approaches to Address Mental and Emotional Health



African immigrant communities are generally not used to meeting with a professional to discuss concerns that are impacting their mental and emotional health. Cultural stigma around mental illness and mistrust of Western medicine prevent African immigrants from getting diagnosed and seeking treatment. There are practices in some traditional African cultures to discuss issues with trusted individuals, most often the leaders or elders in the community. This includes traditional community circles that are safe spaces to share sensitive information and talk about challenges happening in their marriage, family or within the community.

Examine the Use and Importance of Traditional African Remedies




African cultures have relied on the healing properties of nature for centuries to prevent and treat illnesses. During the pandemic, many African immigrants used traditional remedies sent or prescribed to them from family and friends in their home countries. Remedies include black seeds and a mixture composed of ginger, lime, lemon and garlic. There is a need to identify the types of traditional practices being used, the frequency of use, factors affecting use, patterns of utilization, and most importantly their contribution to health.

Top Recommendations by Population

Recommendations	All Participants (N=417)	African Immigrants (N=295)	Non-African Immigrants (N=122)
Non-Traditional Outreach & Communication Strategies	46.28%	42.03%	56.56%
Implement Local and National Immigrant-Friendly Policies	41.49%	43.73%	36.07%
Examine the Use and Importance of Traditional African Remedies	35.49%	39.66%	25.41%
Establish Community-Driven Support Systems for African Youth	36.93%	38.64%	32.79%
Commit to the Inclusion of African Immigrants in All Aspects of Research and the Healthcare System	45.32%	47.46%	40.16%
Promote Culturally and Linguistically Appropriate Approaches to Address Mental and Emotional Health	47.48%	41.69%	61.48%
Listen to the Voices, Experiences, and Stories of African Immigrants	27.34%	23.39%	36.89%




Key Points from Interviews with Social and Health Providers

- Barriers experiences by providers are directly linked to the limits placed by the organization, including leaders within the organization
 - Lack of interpreter and translation support for African dialects
 - Critical to connect the health of African immigrants to federal and local policies
 - Lack of cultural congruence between providers and patient
 - Need to create spaces (e.g. location, food, considering gender) for African immigrants that reflect the topics / issues they value
 - Importance of providers listening and partnering meaningfully with African immigrant communities
 - Education is needed for providers on the cultural differences and understandings of African immigrants
 - Implement strategies to increase health literacy for African immigrants
 - Funding is needed to adapt evidence based programs to other African immigrant communities
- 



For more information, please contact:

- Through the website: <https://africanimmigranthealth.org/contact/>
 - For the full slides complete with strategies for integrating the five recommendations, contact:
 - Kasia Kaczynski
 - kkaczynski@ccmaine.org
 - You can also reply to your calendar invite with “African Immigrant Project Info”, and we’ll send you what you need.
 - Thank You
- 

RMS Announcements

FY23 Humanitarian Parolees

AFGHAN

- Paroled for urgent humanitarian need for up to 2 years.
 - "ORR-Eligible" and can receive medical screening, Refugee Medical Assistance (RMA), Refugee Cash Assistance (RCA) and mainstream social protection benefits (TANF, SNAP, etc.)
- Statuses you may see include "parolee", "SIV", "unaccompanied refugee minor", "spouse or child of a parolee", "parent or legal guardian of a parolee or unaccompanied refugee minor", "special immigrants with conditional permanent residence", "SI/SQ parolees", "refugee", "asylee".
 - Some not in EDN.

UKRAINIAN

- April 21, 2022 President Biden announced "Uniting for Ukraine"
 - Provides Ukrainian citizens and their immediate family members who have fled Russia's unprovoked war of aggression opportunities to come to U.S. and stay temporarily with a parole up to 2 years.
- Ukrainians must have a supporter in the U.S. who agrees to provide them with financial support for the duration of their stay.
 - www.DHS.gov/Ukraine
 - ORR-Eligible and for benefits
 - Some not in EDN.

213,372 applications have been filed YTD, 146,194 approved for travel, 113,339 paroled to the U.S.

RMS Announcements

FY23 Humanitarian Parolees

NICARAGUAN

- Presumptively eligible for a "survivor of torture" (SOT) determination.
- 222 political prisoners to the Ortega regime who have endured severe harassment, intimidation and violence.
- Eligible for rehabilitative, social and legal services under the ORR Survivors of Torture program, irregardless of immigration status

VENEZUELAN

- October 12, 2022, the DHS announced a new process allowing Venezuelan nationals and their immediate family members to come to the U.S. and stay temporarily on parole up to 2 years.
 - Urgent humanitarian reasons and significant public need.
 - Venezuelans must have a sponsor and meet other requirements.
 - Not ORR-Eligible for benefits
 - Not in EDN because they have not undergone an overseas exam.
- Cap of 24,000 parolees nationally.



RMS Announcements

FY23 Humanitarian Parolees

The rapid influx of new populations put pressure onto resettlement agencies and healthcare systems.

Set up a monthly SRHC consultation:
drodriguez@ccmaine.org

RMS Announcements

FY23 Humanitarian Parolees

[https://careref.web.health.
state.mn.us/](https://careref.web.health.state.mn.us/)

RMS Announcements

CareRef Clinical Assessment for Refugees

Introduction & Background

CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S. The output of this tool is based on the current CDC Domestic Refugee Screening Guidance. CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk. The data used to create this tool are specific to refugee populations coming to the U.S. If the tool is used for other populations, the clinician should be aware that the guidance may not accurately reflect the needs of non-refugee populations.

Please consult the [CDC Domestic Refugee Screening Guidance documents \(opens new tab\)](#) for further detailed guidance and information.

Some states have additional state-specific screening recommendations for newly arrived refugees. If you do not know your state's refugee screening guidance, please contact the [Refugee Health Coordinator \(opens new tab\)](#) in your state.

✉ [Subscribe \(opens new tab\)](#) to receive CareRef and screening guidance updates.

[Supplemental Clinical Guidance and Resources \(opens new tab\)](#) for Clinicians and Public Health professionals working with Ukrainians

[Supplemental Clinical Guidance and Resources \(opens new tab\)](#) for Clinicians and Public Health professionals working with Afghan Evacuees

Start CareRef Tool

RMS Announcements

Customized Clinical Recommendations

Based on the following information about the refugee, the following guidelines are outlined for the refugee who arrived in AFGHANISTAN and departed out of AFGHANISTAN.

Please inquire about additional travel history, and [check for travel-associated diseases and](#)

*Recommended lab tests are denoted by checked boxes

[Refugee Patient Information](#) [Print](#)

CDC Health Alerts for U.S.-Bound Refugees

COVID-19

- News/Update: Travel Orders for Departure from a Foreign Country (notification issued [Show more](#))

Measles

- Outbreak Notification: Measles cases in multiple countries (notification issued 2021-06 [Show more](#))

*Alerts may not be posted to CareRef for up to 5 business days after they are issued. The CI state-specific notifications to [your state's refugee health coordinator \(opens new tab\)](#).

Best and Promising Practices

- The domestic medical screening is a comprehensive medical examination that screens for a wide range of infectious diseases and non-communicable conditions.
- Guidance for the domestic medical screening is not meant to provide clinical guidance for longitudinal care, but to highlight key screening considerations during the first 90 days of US arrival.
- The domestic medical screening is an opportunity to identify health issues, promote wellbeing, orient new arrivals to the US healthcare system, and connect refugees with routine and specialty care.
- Clinicians should employ a patient-centered approach and address social determinants of health.
- Clinic leaders should identify staff to play a key role in facilitating, coordinating, and conducting the screening, and professional medical interpretation should be provided in person or using a professional remote interpreter service.
- Patients may prefer to work with healthcare professionals, interpreters, and medical assistants of their own gender.

Refugee Patient Information

For the most accurate screening recommendations, please enter information from the refugee's overseas medical exam in section 2. If you do not have a copy of the pre-departure medical screening, please contact the [Refugee Health Coordinator in your state \(opens new tab\)](#).

* indicates a required field

1. Demographics

Select the state where the refugee patient resides *

Maine

Select the refugee's departure or host country *

AFGHANISTAN

Select the refugee's country of birth *

AFGHANISTAN

Enter the refugee's date of birth *

January

1

2011

Select the refugee's sex at birth *

☐ Male ☒ Female

Do you have the records from the refugee's pre-departure medical exam? *

☐ Yes ☒ No

[Recommendations](#)

[Cancel](#)

<https://careref.web.health.state.mn.us/>

RMS Announcements

General Laboratory Testing

☒ Perform [complete blood count \(opens new tab\)](#) with differential and platelets.

- If absolute eosinophil count >450, re-check in 3-6 months.

Optional Labs

- Consider screening for [micronutrient deficiencies \(opens new tab\)](#) (i.e. vitamin B12, v dietary intake).
- Consider performing hemoglobin electrophoresis to screen for [inherited anemias \(op particularly in children with altered red blood cell indices.](#)
- [General and Optional Lab Tests during the Domestic Medical Evaluation \(opens new t](#)

[Show less](#)

Lead Testing

☒ Evaluate for lead exposure with a blood lead test (capillary or venous). Elevated capillary by venipuncture.

- Repeat testing is recommended for refugee children and adolescents 7-16 years of a screening (≥ 3.5 $\mu\text{g/dL}$), and for any child older than 7 years of age who has a risk fac environmental exposure risk factors) regardless of initial test result.
- For additional information on case management and follow-up for EBLL (≥ 3.5 $\mu\text{g/dL}$)
 - [Managing Elevated Blood Lead Levels among Young Children: Recommendation Poisoning Prevention \(opens new tab\)](#)
 - [Summary of Recommendations for Follow-up and Case Management of Childre tab\)](#)
- See [Screening for Lead during the Domestic Medical Examination \(opens new tab\)](#) fo

For pregnant/lactating adolescent girls:

- All newly arrived pregnant or breastfeeding adolescent girls should be prescribed a prenatal or multivitamin with adequate iron and calcium.
- Follow-up blood lead testing is recommended for those whose blood lead level (BLL) is ≥ 3.5 $\mu\text{g/dL}$ at initial screening (see [Table 1 in the ACOG Committee Opinion on Lead Screening during Pregnancy and Lactation \(opens new tab\)](#))).
- If pregnant and BLL is ≥ 3.5 $\mu\text{g/dL}$, consider a referral to a local provider with expertise in high-risk lead exposure or consult a high-risk obstetric provider for treatment and management.
- See the [Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women \(opens new tab\)](#) for additional information.

Disease-Specific Laboratory Testing

Disease

Recommendation

Tuberculosis

- Any new arrival with signs or symptoms of TB should undergo clinical evaluation for TB disease.
- If the refugee completed TB disease or LTBI treatment prior to the domestic examination and has no signs or symptoms of TB disease upon physical examination, no further evaluation is needed.

☒ An Interferon-Gamma Release Assay (IGRA) or tuberculin skin test (TST)* is recommended if not done overseas, or if the overseas IGRA or TST was negative but performed ≥ 6 months prior to the domestic examination.

*Either IGRA or TST are acceptable tests. However, IGRA is preferred for persons ≥ 5 years of age.

[Show more](#)

Hepatitis B

*New arrivals from certain countries may have been tested for hepatitis B surface antigen (HBsAg) and receive 1-2 doses of the hepatitis B vaccine overseas through the [Vaccination Program for US-bound Refugees \(opens new tab\)](#). Domestic clinicians should review the DS-3025 (Vaccination Documentation Worksheet).

History and Physical Exam

- Review overseas medical documents, including vaccination records and screening results for communicable conditions of public health importance.
- Address immediate health concerns/priority needs and obtain a detailed history, including past medical history, medications, allergies, and social and family history. Additional aspects unique to refugees include any history of toxic environmental exposures, dietary history, and travel/geographic history.
- Measure length/height, weight, head circumference (≤ 2 years), blood pressure (≥ 3 years) and complete a formal vision (≥ 3 years) and hearing screening (≥ 4 years).

<https://careref.web.health.state.mn.us/>

RMS Announcements

Immunizations

- U.S.-bound refugees are not required to receive vaccinations before arrival in the United States. Therefore, many may not be fully up to date. Review all available vaccine records, perform any testing, and update with Advisory Committee on [Immunization Practices \(ACIP\)](#) ([opens new tab](#))
- Review all available vaccine records, perform any testing, and update new arrivals receive some age-appropriate vaccinations through
- Review all available vaccine records, perform any testing, and update

[Show more](#)

Mental Health

- Review overseas records for documentation of type and severity of harmful behaviors.
- Ask directly about symptomology, functionality, and suicidal ideation to minimize stigmatization.
- For children and adolescents (< 18 years of age), screen for mental health integrated into the overall health assessment.
- For those in need of mental health support and assistance, develop a referral.

[Show more](#)

Substance Abuse

- Review overseas records for documentation of substance-related disorders.
- Screen for substance abuse and educate about possible legal consequences of these behaviors in the United States. Make appropriate referrals if refugee is interested, and services are available. Interested refugees should also be connected with community resources and support groups.

[Show more](#)

Sexual and Reproductive Health

Health Profiles

- Visit [CDC's Immigrant and Refugee Health Profiles](#) ([opens new tab](#)) for more information about specific populations. Population profiles currently available include:
 - Bhutanese Refugees
 - Burmese Refugees
 - Central American (Guatemalan, Honduran, Salvadoran) Minor Refugees
 - Congolese Refugees
 - Iraqi Refugees
 - Somali Refugees
 - Syrian Refugees

Translated Materials

[Translated written and audio-recording patient education](#) ([opens new tab](#))

<https://careref.web.health.state.mn.us/>

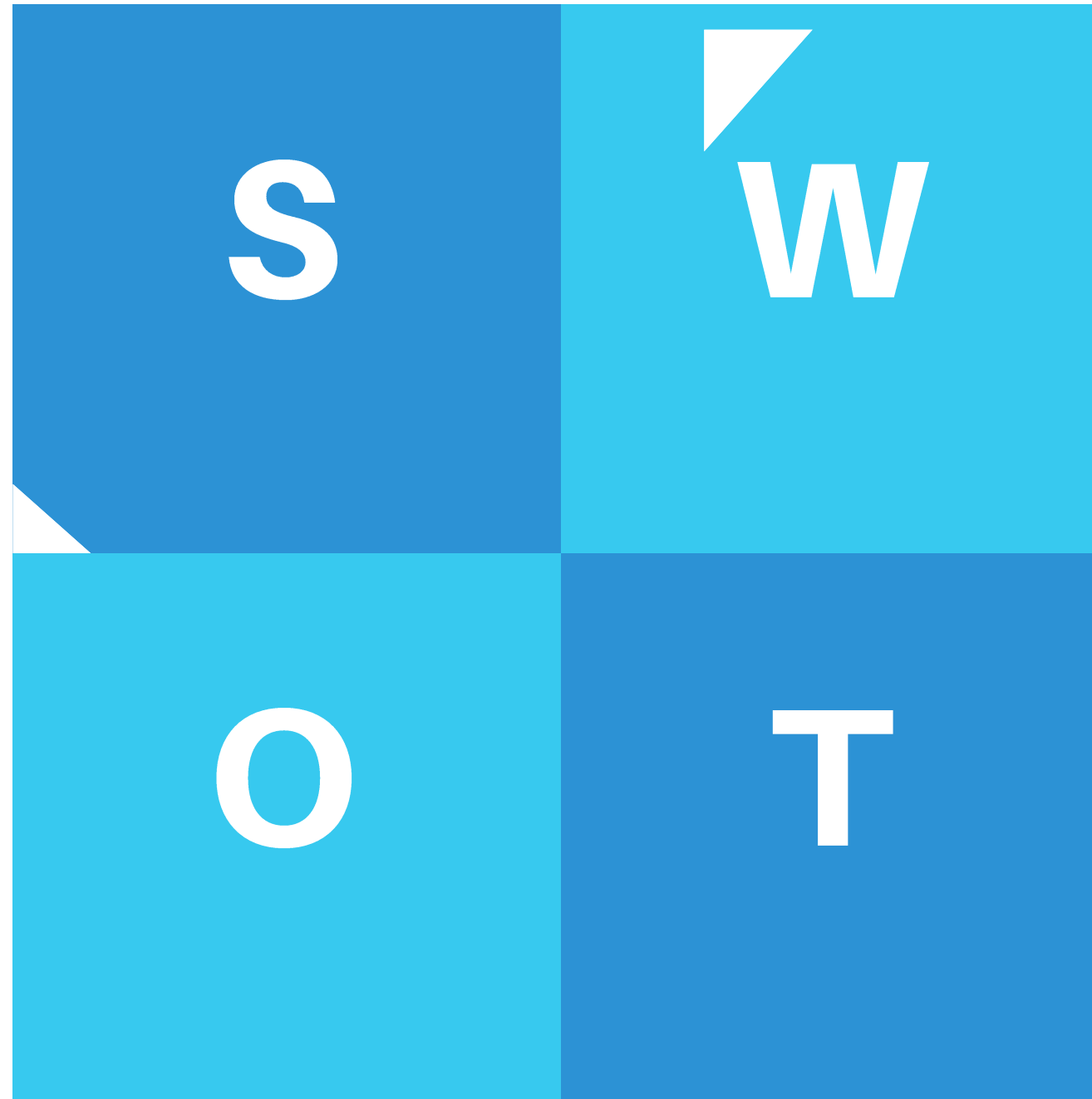
Private Sponsorship

STRENGTHS

- Increased public-private sponsorship means more resources
 - More community involvement
- Reaching the presidential determination

OPPORTUNITIES

- Long term relationships with sponsors that resettlement agencies' time-limited funding limits
- Community buy-in and building good will around resettlement
- Expansion of affiliates into new communities



**[https://welcome
corps.org/](https://welcomecorps.org/)**

WEAKNESSES

- Lack of communication and coordination for medical care
- Geographic limitations for available and contracted medical screening clinics
- Unfamiliarity with applying for benefits
- Multiple private sponsor groups will make disease reporting and meeting other public health requirements challenging to monitor
- Fall-back plan will be resettlement agencies
- Key states have not yet been identified and allowed to develop systems to provide supports
- CLAS standards for interpretation cannot possibly be met
- Only one person in the sponsor group is required to be trained

THREATS

- Sponsorship breakdown
- Exploitation of vulnerable populations
- Varying sponsorship levels
- Volunteers not following rules or best practices and weak grievance processes for refugees
- Potential for isolation
- Public perception of program could deteriorate if too chaotic
- Resettlement agencies risk losing support w/ volunteers

Recommendations

INDIVIDUALS WITH KNOWN MEDICAL CONDITIONS

Recommend that individuals with known medical conditions or who are medically fragile are not placed into the private sponsorship pilot (e.g. persons w/ class B other status). This includes people who are pregnant, and individuals taking medications.

EDN JURISDICTION

Recommend that PRM and CDC confirm transfer of data which is used to determine EDN jurisdiction for private sponsorship to ensure records are assigned to the right state.

COMMUNICABLE DISEASE RESPONSE

Recommend that individuals arriving from regions with active outbreaks (i.e. Uganda/Ebola) are not placed into private sponsorship pilot until the outbreak is resolved.

SPONSOR PLANNING

Sponsors should have the same standards as resettlement agencies for connection to key programs within the first 90 days after arrival, including medical screening, health insurance and primary care.

SPONSOR TRAINING

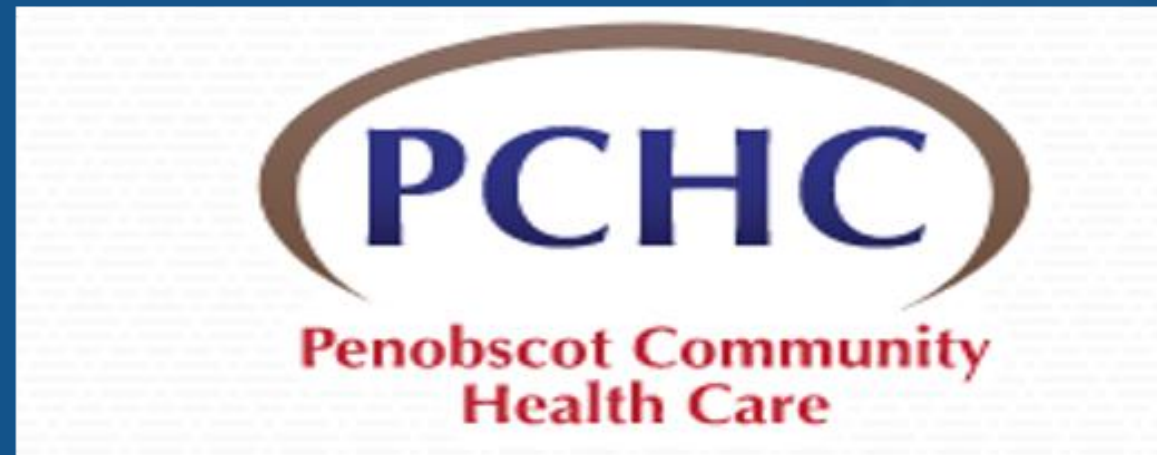
- What is the purpose of the medical screening and how is it different than primary care.
- Trauma-informed care.

GEOGRAPHY AND PLACEMENT

Recommend states are given the opportunity on an annual basis to share red / yellow / green areas of the state that signify levels of capacity for resettlement in order to set realistic expectations.

Medical Screening Provider

Statewide Contracted Clinics



FY2023 Arrivals & Top 3 Service Area Needs Impacting Health

RIS

[ENTER ARRIVALS]

- [Enter top 3 service notes]

**MEI
RS**

[ENTER ARRIVALS]

- [Enter top 3 service notes]

JCA

[ENTER ARRIVALS]

- [Enter top 3 service notes]

For updates from the SRC, please attend the SRAC meeting held March 8th at JCA.

Domestic Medical Screening

As of FY23, components include:

MEDICAL HISTORY / COMPREHENSIVE PHYSICAL EXAMS

- All body systems
- EDN used to access overseas medical history
- Worksheet available from OMRS as guideline.

ESTABLISH PRIMARY CARE

- Refugees must establish a PCP home, ideally with the provider clinic conducting the medical screening

VACCINATIONS

- ORR Policy Letters - SRHC working on a visual reference for different populations
- CDC Domestic Medical Screening Guidelines

REFERRAL TO SPECIALISTS

- To address concerns identified with need for specialty care.

MENTAL HEALTH SCREENING AND REFERRAL

- Provided through Behavioral Health Network

LAB TESTS

- CDC Immigrant and Refugee Health Domestic Medical Screening Guidelines
- State of Maine recommendation

Orientation the U.S. Healthcare System and to the transportation route to medical appointments is covered under Refugee Health Promotion for Resettlement Agencies.

State Specific Recommendation

LEAD EXPOSURE IN MAINE

The Maine Department of Health and Human Services (DHHS) and CDC representative for Maine remind refugee medical screening providers:

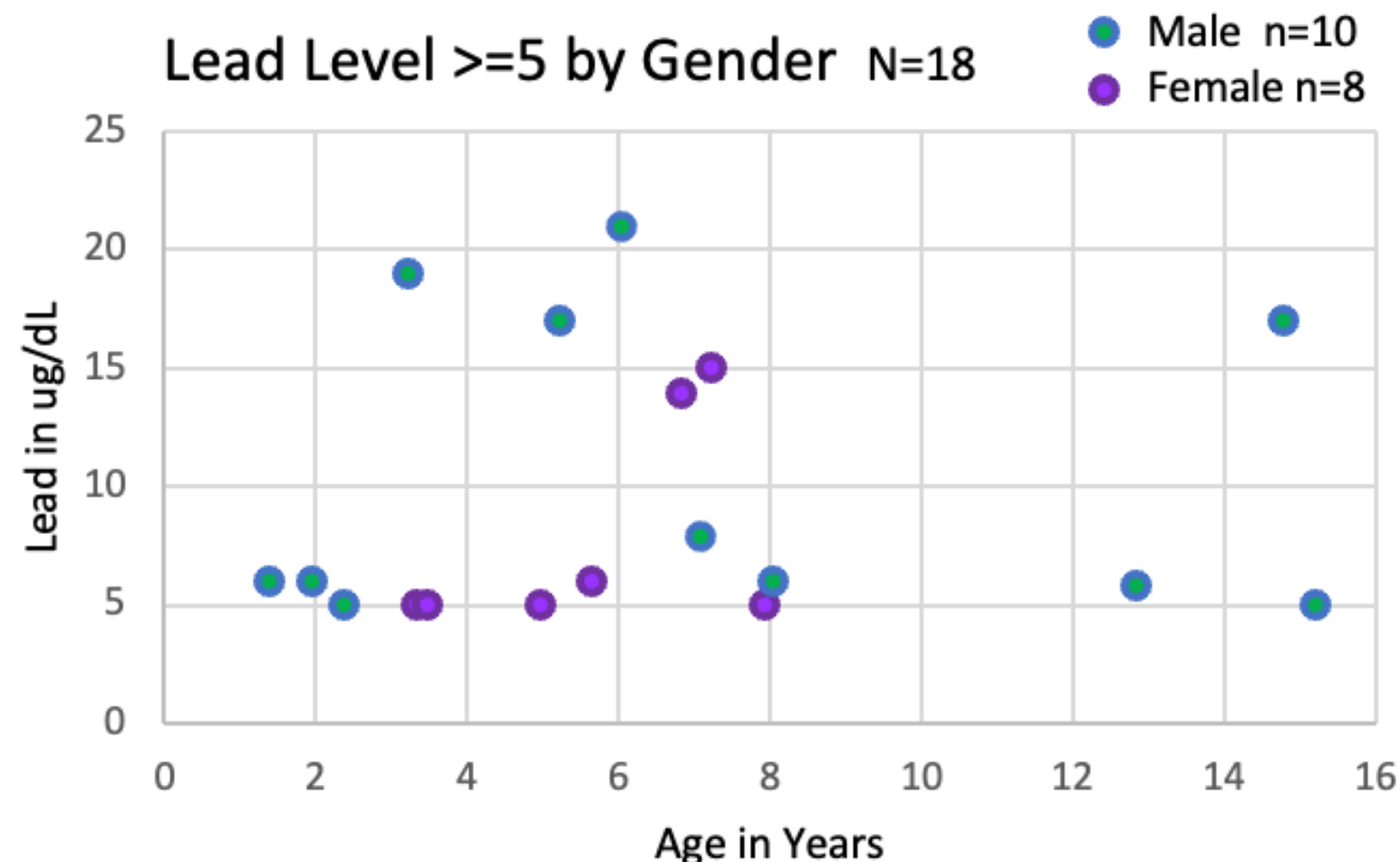
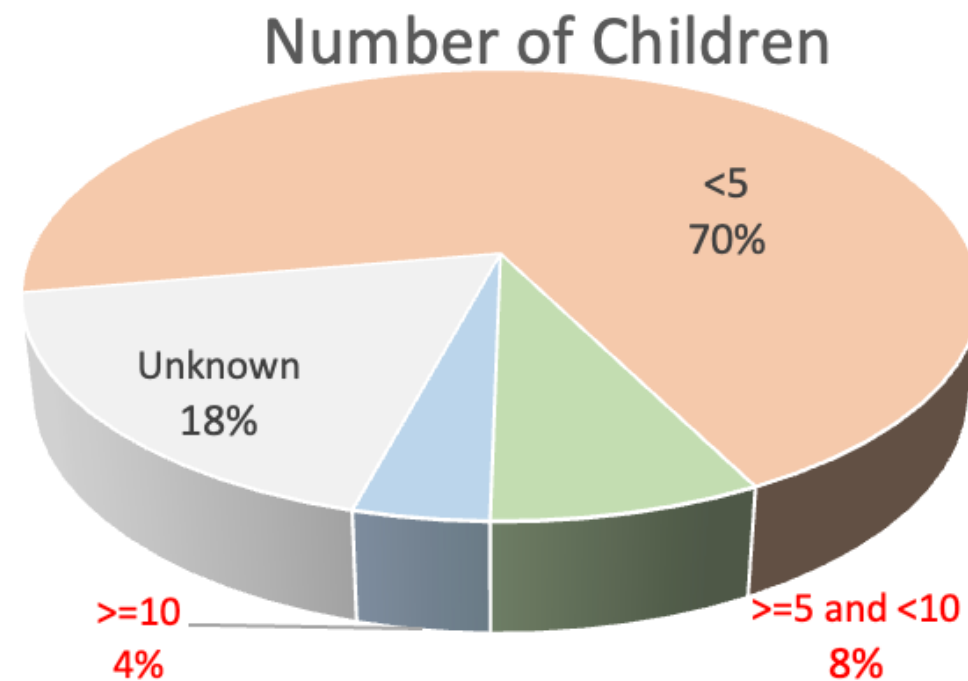
- New blood testing guidelines were released for Maine healthcare providers effective October 1, 2022.
- Maine law requires blood lead tests for all children at 1 and 2 years of age and for all recently arrived refugee children. Requests for guidelines can be made to OMRSHealthTeam@ccmaine.org.
- All cases of childhood exposure exceeding the blood level threshold that are detected in medical appointments prompt mandatory CDC inspection of the household.

FY22 Blood Lead Testing

	Total Tested	>=5	%	% >=5
Afghanistan	74	15	58%	83%
Brazil	2		2%	
Chile	1		1%	
Dem. Rep. Congo	14		11%	
Guatemala	4		3%	
Haiti	3		2%	
Iraq	3		2%	
Ivory Coast	1		1%	
Sudan	14	2	11%	11%
Syria	6		5%	
Ukraine	5	1	4%	6%
Grand Total	127	18	100%	100%

FY22 Blood Lead Testing

Amount of Lead in ug/dL	Number of Children
<5	109
>=5 and <10	12
>=10	6
Unknown	28
Grand Total	155

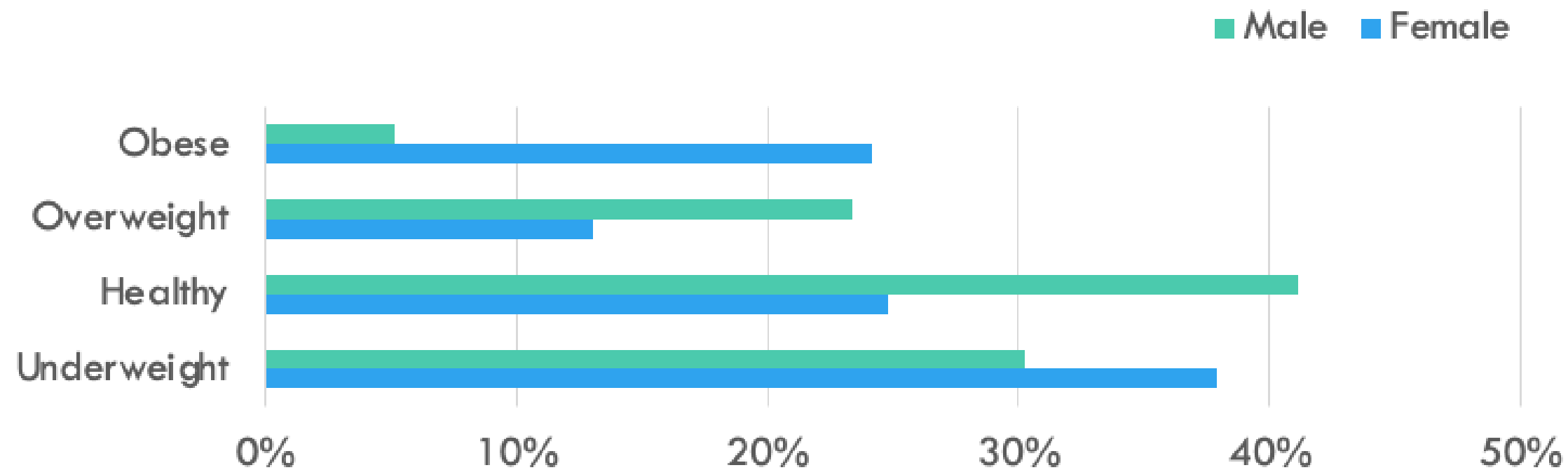


Findings

- **7 out of 10** children who arrived in FY22 have a normal lead level
- Around **2 out of 10** were not tested
- Around **1 out of 10** had high lead levels
- Although only **58%** of children tested for lead came from Afghanistan, **83%** of children with high lead levels were from Afghanistan.
- **11%** reporting high levels were from Sudan
- **6%** reporting high levels were from Ukraine
- Females had an average lead level of **9 ug/dL**
- Males had an average lead level of **10 ug/dL**
- **83%** of high lead levels were found in children aged 8 and below. Older children with high lead levels were **all male**.

FY22 BMI Screening

Body Mass Index by Gender



Findings

- **Females** lead in the **"Obese"** and **"Underweight"** categories.
- **Males** lead in the **"Healthy"** and **"Overweight"** categories.

Gender	Underweight	Healthy	Overweight	Obese	Grand Total
Female	38%	25%	13%	24%	100%
Male	30%	41%	23%	5%	100%
Grand Total	34%	34%	19%	14%	100%

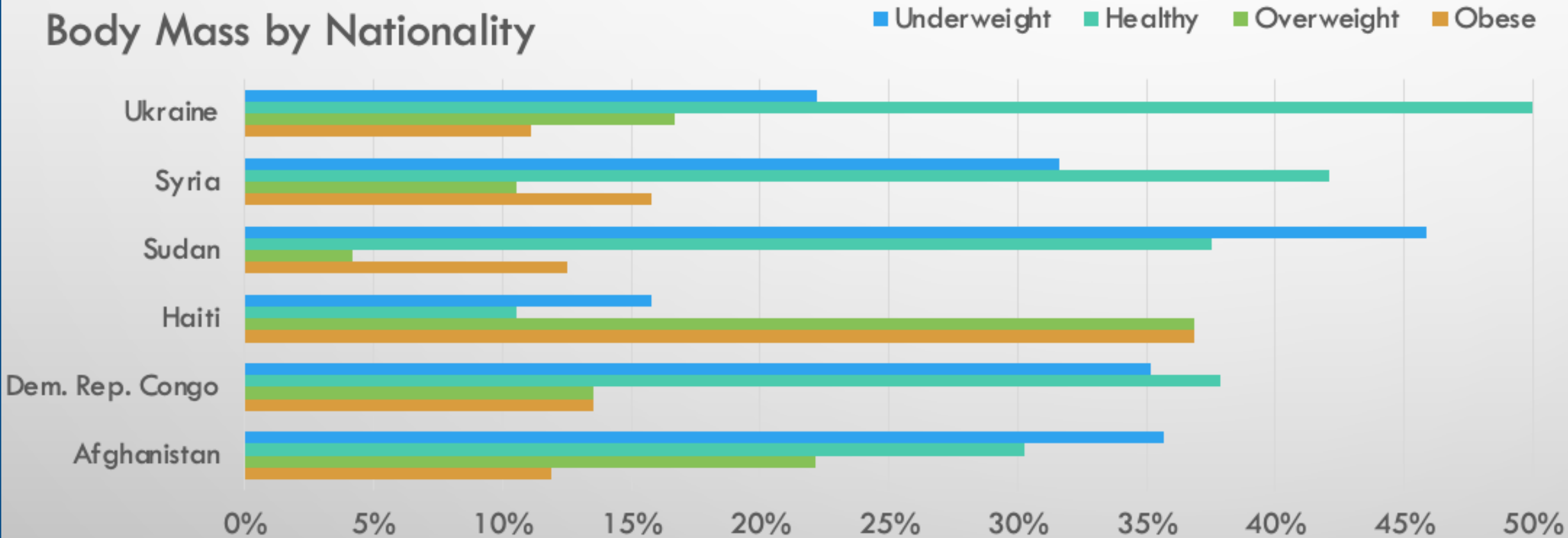
BMI by Nationality

FY22 BMI Screening

Eliminated any nationality group with less than 10 data points.

BODY
MASS
INDEX

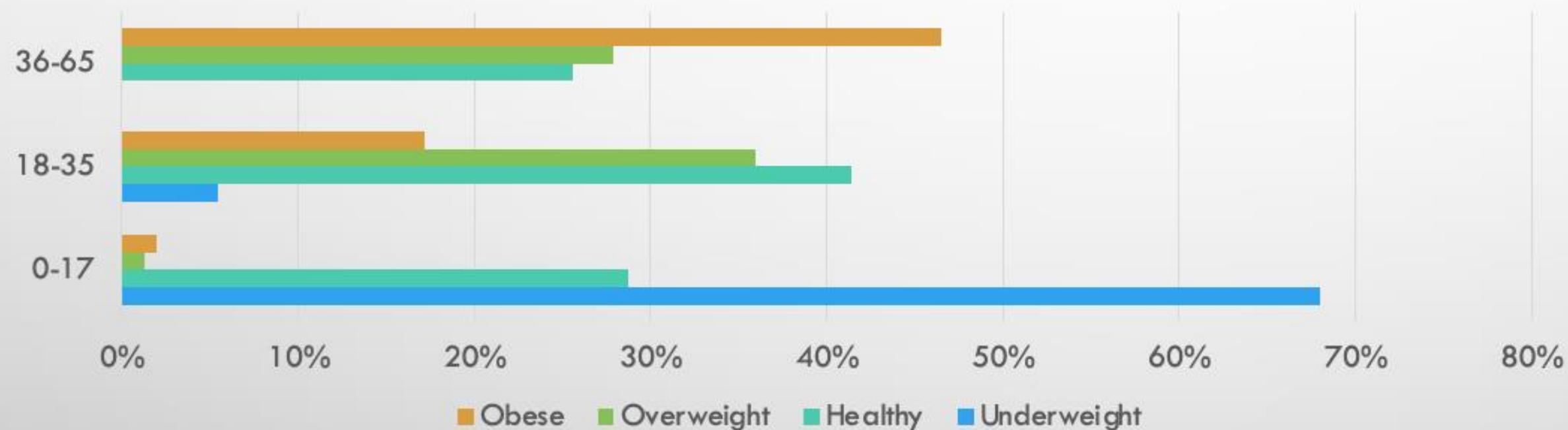
	Underweight	Healthy	Overweight	Obese	Grand Total
Afghanistan	36%	30%	22%	12%	100%
Dem. Rep. Congo	35%	38%	14%	14%	100%
Haiti	16%	11%	37%	37%	100%
Sudan	46%	38%	4%	13%	100%
Syria	32%	42%	11%	16%	100%
Ukraine	22%	50%	17%	11%	100%
Grand Total	34%	32%	20%	14%	100%



FY22 BMI Screening

BMI by Age Range

Age Category	Underweight	Healthy	Overweight	Obese	Grand Total
0-17	68%	29%	1%	2%	100%
18-35	5%	41%	36%	17%	100%
36-65	0%	26%	28%	47%	100%
Grand Total	34%	34%	19%	14%	100%



Findings

- Nearly 7 out of 10 children are "Underweight".
- Younger adults are either "Healthy" or "Overweight", while older adults are primarily "Obese".

COVID-19 Vaccinations

72% of FY22 refugees
received **at least one** dose of
COVID-19 vaccine.

Note: Any refugee under the age of 12 was eliminated from data set.

Findings

**No significant
difference among
age, nationality or
gender.**

*This is an
underrepresentation
because not every refugee
receiving a medical
screening had an
accessible vaccine record.*



Refugee Health Promotion Grant

- Supports refugee health literacy and access to health and emotional wellness
- Supports the provision of services beyond what is allowable through the Refugee Medical Screening (RMS) services.
- Establishes and strengthens partnerships between OMRS, community organizations, and medical partners.



Refugee Health Promotion Grant

Wellness
Groups

Health
Education

Healthcare
Navigation
& Support

Provider
Trainings



Resettlement Agency Set-Aside Health Promotion



Maine Immigrant and
Refugee Services (MEIRS)



Jewish Community
Alliance of Southern
Maine (JCA)



Refugee and Immigration
Services of CCMaine (RIS)

US Healthcare System Orientations

Transportation Orientations

Healthcare Navigation & Support





Community-Based Organization Grant Recipients



- Women's wellness groups
- Monthly Health and Mental Health Education
- Community Health Outreach



- Adult and Youth Soccer Teams
- Community Health Outreach



- *HEAL* Health Literacy Education Program
- Community Health Outreach



New PILOT this year: Mental Health First Aid Instructor Training



Mental Health FIRST AID

from NATIONAL COUNCIL FOR MENTAL WELLBEING

Training staff members at partner organizations to become Mental Health First Aid (MHFA) Instructors:

- Maine Immigrant and Refugee Services (MEIRS)
- New England Arab American Organization (NEAAO)

Goal of preparing community partners to deliver culturally-sensitive mental health first aid instruction to refugees and refugee-serving organizations / providers





To inquire about provider trainings...

Apply on our Website:



<https://www.ccmaine.org/omrs/programs>

Or contact:

Nick Farley

Refugee Health Promotion Coordinator

nfarley@ccmaine.org

Mental Health Screening in FY22

- In partnership with OMRS, the Behavioral Health Network of Catholic Charities Maine continues to administer the Refugee Health Screener (RHS-15) to new arrivals.
- The tool is designed to effectively and sensitively detect emotional distress among refugees with cross-cultural legibility.



Mental Health Screening in FY23

Total Clients Arrived Between July to November	152
Mental Screening Provided	47
Negative results	31
Positive results	11
Referral Offered to Clients w/ Positive Results	11
Accepted Referral	8



Catholic Charities
Behavioral Health Network
A System of Care You Can Count On



**REFUGEE HEALTH
SCREENER - 15 (RHS-15)**

**FY22 Q4 Arrivals whose 90 day Medical
Screening Period Ended in FY23**

Mental Health Screening in FY23

Clients Arrived in FY2023	Count
Total Clients Arrivals	95
Mental Screening Provided	31
Mental Screening was not Provided	64
Negative results	27
Positive results	2
Referral Offered	2
Positive offered	2
Accepted Referral	2



**REFUGEE HEALTH
SCREENER - 15 (RHS-15)**

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**Catholic Charities
Behavioral Health Network**
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FY23 Arrivals YTD

HIGHLY PATHOGENIC AVIAN INFLUENZA

Maine CDC representatives issued a press release on February 9 announcing that the risk for highly pathogenic avian influenza (HPAI) remains high in Maine.

No cases of the strain have been detected in humans in the U.S. and recent detections of influenza in birds in Maine present a low risk to the public.

Maine CDC will continue to monitor. maine.gov/dacf/hpai

GONORRHEA W/ RESISTANCE AND REDUCED SUSCEPTIBILITY TO MULTIPLE ANTIBIOTICS

Massachusetts recently identified a novel strain of multidrug-non-susceptible *Neisseria gonorrhoea* with resistance or reduced susceptibility to all drugs that are recommended for treatment in the U.S. (ceftriaxone, cefixime, azithromycin, ciprofloxacin, penicillin, tetracycline). This is the first isolate identified in the U.S. showing resistance or reduced susceptibility to all drugs that are recommended for treatment.

No cases reported in Maine as of February 7th.

Gonorrhea continues to be a concern with cases rising nationally and in Maine.

- Cases of gonorrhea in Maine increased 34% between 2021 (n=462) and 2022 (n=620).

Disease Notifications

VARICELLA IN TANZANIA (VARICELLA VACCINE SHORTAGE)

The CDC has notified SRHCs on February 17th that there are potential varicella exposures in refugees from Tanzania.

- Very contagious disease caused by varicella-zoster virus.
- Medical providers should refer to overseas vaccination records in EDN and follow CDC guidance for age appropriate vaccines.

Updates from all Resettlement Agencies and Behavioral Health Network



Maine Immigrant & Refugee Services



Catholic Charities
Refugee and
Immigration Services



Catholic Charities
Office of Maine
Refugee Services



**Jewish Community Alliance
of Southern Maine**



Catholic Charities
Behavioral Health Network
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Updates from all Partners



Resource Sharing

National Resources for RIM

<https://nrcrim.umn.edu/communications/translated-materials-library>

CORE Updates:

<https://coresourceexchange.org/>

Switchboard Updates:

<https://switchboardta.org/>

Think Cultural Health:

<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Center of Excellence:

<https://www.health.state.mn.us/communities/rih/about/coe.html>



Black History Month Community Wellness Fair

This event is designed to support families as they learn more about available services and general health best practices, help them reduce stress, ease the navigation process through the ongoing impacts of COVID, and to determine how we can best support each other during these difficult times.

February 27th - March 3rd

Format: Virtual for 2/27 - 3/2 and in-person on 3/3 at the Equality Community Center at 15 Casco Street, Portland, ME 04101

Registration Link:

https://docs.google.com/forms/d/e/1FAIpQLSd63Sdo_W6U_WyzKjPasnHSCbsZtvxibK3vBT6XSOFxoR8DjA/viewform

Upcoming Events

Black History Month



Medical Minute

from the Desk of the State Refugee Health Coordinator

OMRS Afghan Refugee School Success Event

This event will be held in [Portland, Jewish Community Alliance \(March 6th\)](#) and [Lewiston, Lewiston Public Library \(March 7th\)](#).

- **10am/10:30am:** Morning Workshop: for teachers, school administrators, department of education staff members
- **12/12:30:** Lunch provided for all
- **1pm:** Afternoon Workshop: For Afghan parents with children in school, Afghan families, case managers, etc.

Register at:

<https://tinyurl.com/y4upyssw>

<https://tinyurl.com/24eux2xz>

Upcoming Events



Freshta Taeb is an Afghan-American cultural advisor, facilitator and behavioral health specialist who has worked with large and small schools and school districts across the country, non profits, and government entities including as a lead cultural advisor for DHS. She has worked as an interpreter, domestic violence interventionist and is a former teacher.



Medical Minute

from the Desk of the State Refugee Health Coordinator

Next SRHAC Meeting is:

August 23rd, 2023 at 10am