



# Starting a Clinic for Newcomers: Immigrant Health Matters

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Immigrant Health Matters ([www.health.state.mn.us/communities/rih/coe/clinical/ihtmatters.html](http://www.health.state.mn.us/communities/rih/coe/clinical/ihtmatters.html)) is a quarterly series of brief vignettes focused on immigrant health and health equity. Articles are designed to be read in three minutes and to provide an immigrant's perspective of challenges in achieving health equity.

## The scenario

"We want to start seeing refugees in our clinic but don't know how to begin..."

April Garcia, RN, clinic manager for a small community clinic in central Indiana, wondered what to do about feedback she had just heard at an all-staff meeting. "I know there are lots of refugees coming to Indiana, but we aren't seeing very many here in clinic, and we really want to do so," said one provider. Staff discussed the constant stream of news reports about newly arriving Ukrainians, Afghans, and now even Rohingya refugees from Myanmar. The clinic social worker echoed her interest in helping, knowing the multiple stressors for new arrivals. Pharmacy staff said they would like to gear up and stock medicines which might be needed. Everyone worried about how to find professional interpreters for new arrivals.

Additionally, resident physicians in this teaching clinic were keen to learn more global health. "What isn't lacking is enthusiasm," April mused, "but where do I even begin to connect to refugees and become known as a welcoming clinic? Do we have the necessary staff and expertise to take good care of new arrivals? And how do I approach this issue with clinic leadership, who are focused on our finances? I think I need to get some advice."

## The challenge

### How to garner support for the idea of caring for refugee, immigrant, and migrant (RIM) communities in your clinic

Ms. Garcia began with gathering information about refugee new arrivals in Indiana, seeking information from the State Refugee Health Program and resettlement agencies. She learned that 30,000 Burmese had settled in the Indianapolis area, and 10,000 more elsewhere in the state. She learned about 2023 State Department refugee quotas, primary and secondary migration, and expected arrivals to Indiana. She spoke with the State Health Department and was told that new clinics were needed to accept refugee new arrivals. She did not realize that patients come with overseas health screening and immunization records, and the state reimburses for the new arrival screening examination. Once she felt prepared, she held a meeting with the other key members of her clinic leadership: the clinic administrator and medical director. Her presentation was clear, concise, and to the point:

"The medical providers have expressed a strong interest in expanding our services for refugees; other staff are supportive and excited to do so as well. We have a lot to learn and preparations to make, but I think **there is a business, legal, and quality case for providing services for refugees**. On the business side, they will be our patients

whether we are ready for it or not, given the demographic trends in Indiana. On the legal side, we need to be prepared to provide professional interpretive services for limited English proficient patients; studies have shown that interpreters save health systems money and improve quality of care. And we should be able to bill some health plans for the cost of providing interpreters. On the quality side, our clinic has always focused on health equity, and we can be proactive by learning more about major health issues facing refugees.”

## How to assess your clinic and staff readiness for caring for RIM communities

Four key best practices define effective clinics for new arrivals:

1. Hire staff who reflect the communities served
2. Hire providers with expertise in refugee and immigrant health
3. Utilize professional interpreters for interactions with limited English proficient patients
4. Provide multidisciplinary care

These best practices can take decades to achieve, but with sustained focus, are attainable. Advertise in bilingual media outlets, including local settings where immigrants attend religious services, or at multicultural markets. Ask your bilingual staff for networking ideas. Hire providers who have received specific training in refugee and immigrant health, including in their residency training or postgraduate work. To ensure multi-lingual team members are sufficient for a health care context, consider testing their language skills through the American Council of the Teaching of Foreign Languages proficiency tests. Set a clinic rule about only using of professional interpreters, and teach staff a standard phrase to use, such as: “Thank you for offering to interpret for your family member, but we have a clinic policy to use professional interpreters whenever an interpreter is needed.” Remember that there are different options for interpreting, including phone, video, and in person. Multidisciplinary services are critical, including having a clinic social worker, community health workers if possible, and a wide range of adult, women’s health, and pediatric services. On-site pharmacists, and on-site psychiatry and psychology services are ideal. Liaison with resettlement agencies, the health department, and transportation companies for the first few visits is critical. Remember that having bilingual bicultural staff and professional interpreters is the key to attracting non-English-speaking patients.

## How to make connections with RIM communities

Many state health departments have a refugee health program, and searching for specific information on state health department websites may be helpful. Your State Refugee Health Coordinator can help connect you to resources and answer questions: [Office of Refugee Resettlement: Key State Contacts \(https://acf.gov/orr/grant-funding/key-state-contacts\)](https://acf.gov/orr/grant-funding/key-state-contacts).

Do an internet search for refugee resettlement agencies and local refugee nonprofits; hold informational interviews with their staff and encourage their clients to consider your clinic for newcomer friendly services.

## More resources

### Review resources specific to best practices in care for newcomer RIM communities

This chapter provides excellent suggestions for caring for immigrants, from the specific perspective of policy makers, administrators, educators, researchers, clinicians and immigrant advocates:

[Action Steps to Improve the Health of New Americans \(https://www.sciencedirect.com/science/article/abs/pii/B9780323034548500085\)](https://www.sciencedirect.com/science/article/abs/pii/B9780323034548500085). Ohmans, P. [Immigrant Medicine \(https://www.sciencedirect.com/book/9780323034548/immigrant-medicine\)](https://www.sciencedirect.com/book/9780323034548/immigrant-medicine), Ch 4, pp 27-35. Ed Walker and Barnett, Elsevier, 2007.

## Learn more about new arrivals

- [Migration Policy Institute \(https://www.migrationpolicy.org/\)](https://www.migrationpolicy.org/)  
The Migration Policy Institute is an outstanding, authoritative resource for detailed information on migration, addressing many myths and misconceptions.
  - Refer to their excellent recent overview article, [Refugees and Asylees in the United States \(https://www.migrationpolicy.org/article/refugees-and-asylees-united-states\)](https://www.migrationpolicy.org/article/refugees-and-asylees-united-states), with updated numbers and definitions as of June 2023.
- [ECHO Colorado: Newcomer Health \(https://sites.google.com/view/newcomer-health/\)](https://sites.google.com/view/newcomer-health/)  
This series is for health care providers who want to expand their knowledge of resettlement and health issues of newcomers, including refugee, immigrant, and migrant (RIM) populations.

## Clinical resources

- [CareRef \(https://careref.web.health.state.mn.us/\)](https://careref.web.health.state.mn.us/) is an online tool that guides clinicians – based on patient age, gender, and country of origin - through conducting a routine post-arrival medical screening of a newly arrived refugee or other immigrant to the U.S.
- [VaxRef \(https://forms.web.health.state.mn.us/pt-pt/form/vaxref\)](https://forms.web.health.state.mn.us/pt-pt/form/vaxref) is an online tool that helps people and providers translate their vaccinations into English. It is currently available in five languages, including Ukrainian and Russian.
- [CDC: Refugee Health Domestic Guidance \(https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/\)](https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/) includes information on what screening and treatment, as well as vaccines, may have occurred on U.S. military bases for Afghans.
- [UpToDate: Medical care of adult refugees, immigrants, and migrants to the United States \(https://www.uptodate.com/contents/medical-care-of-adult-immigrants-and-refugees\)](https://www.uptodate.com/contents/medical-care-of-adult-immigrants-and-refugees) is a guideline for the refugee new arrival screening examination.
- There is a thriving network of clinicians, nurses, social service staff, and national experts who connect through their professional society. This includes a very useful listserv where a helpful Q&A occurs: [Society of Refugee Healthcare Providers \(https://refugeesociety.org/\)](https://refugeesociety.org/).
- Alternating between Canada and the United States annually is the premier academic event for refugee and immigrant health professionals: [International Refugee and Migration Health Conference \(https://refugeesociety.org/refugee-health-conference/\)](https://refugeesociety.org/refugee-health-conference/).
- The American Academy of Pediatrics has a [Council on Immigrant Child and Family Health \(https://www.aap.org/en/community/aap-councils/council-on-immigrant-child-and-family-health-coicfh/\)](https://www.aap.org/en/community/aap-councils/council-on-immigrant-child-and-family-health-coicfh/) and an active listserv. You must join the AAP to be able to access this Council's listserv.
- [UMN Medical School: Introduction to Immigrant and Refugee Health Course \(https://med.umn.edu/dom/education/global-medicine/courses-certificates/online/introduction-immigrant-refugee-health-course\)](https://med.umn.edu/dom/education/global-medicine/courses-certificates/online/introduction-immigrant-refugee-health-course)  
For more in-depth learning, Global Medicine at the University of Minnesota offers a free seven-hour introductory course on refugee and immigrant health care.

## Connect to other national resources

- [CDC: Immigrant and Refugee Health \(https://www.cdc.gov/immigrantrefugeehealth/index.html\)](https://www.cdc.gov/immigrantrefugeehealth/index.html)
- [MDH: Center of Excellence in Newcomer Health \(https://www.health.state.mn.us/communities/rih/coe/index.html\)](https://www.health.state.mn.us/communities/rih/coe/index.html)
- [National Resource Center for Refugees Immigrants and Migrants \(NRC-RIM\) \(https://nrcrim.org/\)](https://nrcrim.org/)

- [CDC: TB Centers of Excellence for Training, Education, and Medical Consultation \(https://www.cdc.gov/tb-programs/php/about/tb-coe.html\)](https://www.cdc.gov/tb-programs/php/about/tb-coe.html)

## The clinic one year later

April Garcia, RN was excited to present an update at her all-staff meeting, one year after connecting with the State Health Department and beginning to see more refugee new arrivals. At the onset of the outreach, she had implemented a new, more granular demographic data collection system, which went beyond race/ethnicity to include country of birth and preferred language for interacting with the health care system. They utilized the [Ask Where \(PDF\) \(https://www.health.state.mn.us/communities/rih/coe/askwhere.pdf\)](https://www.health.state.mn.us/communities/rih/coe/askwhere.pdf) guidance to help staff feel more comfortable with asking country of birth. Because of this, all their clinic business and quality data could be interpreted with a health equity and business planning lens.

“We are on our way to our goal of 40% of our staff being bilingual and bicultural – we had one staff retire and two move to other cities. We were able to hire bilingual staff to fill their positions. We hired two new providers with specific training and experience in refugee health. We also implemented the [Refugee Health Decision Support \(https://cds.ahrq.gov/cdsconnect/artifact/refugee-health-decision-support\)](https://cds.ahrq.gov/cdsconnect/artifact/refugee-health-decision-support) tool in Epic to assist the providers still learning about refugee health. Thirty percent of our patients prefer a language other than English for interacting with our care system – and we know those languages, so we can plan interpretive services. We have been able to schedule longer appointments for more complex patients and ensure additional time needed for interpretation services. Staff retention and satisfaction with their work has gone up. Best of all, looking at our quality data, we are narrowing the gap in vaccine coverage and lead screening. We still need to focus specifically on Burmese and Somali patients and their preventive health screenings; that is a good focus for next year. We will keep focusing on achieving those four best practices, knowing it takes time to achieve that ideal. This has felt like a very fulfilling and fun year! Thanks everyone, for the great team effort!”

## Discussion questions

After reading the full scenario, use the following questions to reflect and create opportunities for discussion.

1. What are some reasons why medical providers in clinics may be hesitant to start seeing newly arrived refugees, immigrants, and migrants? What might be some ideas for approaching these concerns?
2. I am confused about all the definitions – how are refugees and asylum seekers different? How does the U.S. decide how many refugees and asylees to accept?
3. What is the difference in benefits between Office of Refugee Resettlement (ORR) eligible and non-ORR eligible newcomers?
4. It is a lot to absorb, considering caring for refugees and immigrants in clinic. How can I be better prepared as a health care provider?

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To obtain this information in a different format, call: 651-201-5414.