



Starting a Clinic for Newcomers: Discussion Guide with Questions and Answers

IMMIGRANT HEALTH MATTERS

NOTE: Discussion guides for [Immigrant Health Matters](http://www.health.state.mn.us/communities/rih/coe/clinical/ihtmatters.html) (www.health.state.mn.us/communities/rih/coe/clinical/ihtmatters.html) are linked to each scenario and are meant to be used by clinical and public health staff and clinicians to guide conversation about the topic. Leaders in clinics and educational training programs, such as schools of medicine, global health residency programs, social work, or nursing are encouraged to use these materials for training purposes. Discussion guides are designed to address commonly asked questions about newcomer health. Broad answers are provided for the discussion leader, but the overall goal is to encourage questions and dialogue among participants. *Discussion Guides are written by Patricia F. Walker, MD, DTM&H, FASTMH.*

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?

One of the biggest reasons clinic leadership may hesitate is due to finances, with concerns about increased costs and lower reimbursement from individuals on government programs such as Medicaid. However, a 2024 Kaiser Family Foundation paper found that immigrants not only have lower health care costs than U.S.-born people but also help subsidize health care for U.S.-born people by paying more into the system through health insurance premiums and taxes than they utilize.

- [Kaiser Family Foundation: Immigrants Have Lower Health Care Expenditures Than Their U.S.-Born Counterparts](http://www.kff.org/racial-equity-and-health-policy/issue-brief/immigrants-have-lower-health-care-expenditures-than-their-u-s-born-counterparts/) (www.kff.org/racial-equity-and-health-policy/issue-brief/immigrants-have-lower-health-care-expenditures-than-their-u-s-born-counterparts/)

Many clinics may be unaware of the Federal Office of Refugee Resettlement's (ORR) short-term benefits for new refugee arrivals. Refugee Medical Assistance (RMA), for example, is available for people who do not qualify for Medicaid. Many states use RMA funds to reimburse local private and public clinics that partner with state refugee health programs or replacement designees¹ to perform refugee domestic medical examinations (DME).

It is important to consider that recently arrived refugees/refugees will be in your state and clinic regardless of whether you are prepared to care for them. Positively, refugees will join the work force, receive health insurance, and even be future employees. As a result, proactively welcoming new refugee arrivals can have many long-term benefits for a health system and community.

- [ORR: Cash and Medical Assistance](http://www.acf.hhs.gov/orr/programs/refugees/cma) (www.acf.hhs.gov/orr/programs/refugees/cma)
- [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>)
Contact your State Refugee Health Coordinator to learn about the domestic medical screening and reimbursements

¹ Replacement designee is defined as a non-governmental entity that administers the refugee resettlement program within a state. Read more: [ORR: Replacement Designees](https://acf.gov/orr/policy-guidance/replacement-designees) (<https://acf.gov/orr/policy-guidance/replacement-designees>).

In addition to traditional refugee resettlement, there are a myriad of pathways by which people find their way to the U.S. Wide variation exists in medical coverage for these pathways, leaving many underinsured or uninsured. It is important for the health care team to ask about insurance, as some may have some coverage through their employer, whereas others may have none at all. People who are under or uninsured, like their U.S.-born counterparts, may benefit from being connected to community resources, sliding scale clinics and services, and Federally Qualified Health Centers (FQHCs). County social services may be able to assist with finding affordable and subsidized resources, ensuring all people can gain access to medical assistance.

Another concern relates to the costs associated with interpretive services. Under federal civil rights laws, health care providers who receive federal funding and serve patients who speak languages other than English (LOE) are legally required to offer these services; however, Medicaid reimbursement for interpretive services is not uniform nationwide. Some health insurance programs allow billing for interpretive services, which can effectively make a professional interpreter a billing member of the care team.

- More information on legal aspects of language access laws: [National Health Law Program: Federal Laws and Policies to Ensure Access to Health Care Services for People with Limited English Proficiency](https://healthlaw.org/resource/federal-laws-and-policies-to-ensure-access-to-health-care-services-for-people-w/) (<https://healthlaw.org/resource/federal-laws-and-policies-to-ensure-access-to-health-care-services-for-people-w/>)
- An excellent overview of the legal, financial, and health care quality reasons for providing professional interpreters: [Migration Policy Institute: Pay Now Or Pay Later: Providing Interpreter Services In Health Care](http://www.migrationpolicy.org/sites/default/files/language_portal/PayNowOrPayLater_0.pdf) (www.migrationpolicy.org/sites/default/files/language_portal/PayNowOrPayLater_0.pdf)
- You can learn more about your state-specific coverage by reaching out to your State Refugee Health Coordinator: [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>)

Another reason why some health care providers may be hesitant to actively see newcomer populations is unconscious bias on the part of health care providers. A step that can be taken to address unconscious bias within your organization is cross-cultural exchange within every level of the organization. Open, honest dialogue should include staff's experiences around barriers to care, including language access and cultural navigation. These dialogues can expand the understanding and empathy of all staff and facilitate solution-oriented discussions. There is data to suggest that when language or cultural concordance between provider and patient occurs, patient outcomes are better, and satisfaction for both the provider and patient are higher. If possible, organizations should be encouraged to hire staff that reflect their patient population, which aligns with the tenet that "staff should reflect the communities served." This is one of the four cornerstones of clinic structure that result in best care for immigrants.

- Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). [Implications of Language Barriers for Healthcare: A Systematic Review](https://doi.org/10.5001/omj.2020.40) (<https://doi.org/10.5001/omj.2020.40>). *Oman medical journal*, 35(2), e122
- Moore, C., Coates, E., Watson, A., de Heer, R., McLeod, A., & Prudhomme, A. (2023). ["It's Important to Work with People that Look Like Me": Black Patients' Preferences for Patient-Provider Race Concordance](https://doi.org/10.1007/s40615-022-01435-y) (<https://doi.org/10.1007/s40615-022-01435-y>). *Journal of racial and ethnic health disparities*, 10(5), 2552–2564
- Gopal, D. P., Chetty, U., O'Donnell, P., Gajria, C., & Blackadder-Weinstein, J. (2021). [Implicit bias in healthcare: clinical practice, research and decision making](https://doi.org/10.7861/fhj.2020-0233) (<https://doi.org/10.7861/fhj.2020-0233>). *Future healthcare journal*, 8(1), 40–48
- For those interested in their own unconscious biases, implicit association tests (some with questionable validity) are offered as a tool for self-reflection: Schimmack U. (2021). [Invalid Claims About the Validity of Implicit Association Tests by Prisoners of the Implicit Social-Cognition Paradigm](https://doi.org/10.1177/1745691621991860) (<https://doi.org/10.1177/1745691621991860>). *Perspectives on psychological science: a journal of the Association for Psychological Science*, 16(2), 435–442
- Walker, PF. Chairperson, State of Minnesota Immigrant Health Task Force, 2002-2004. Adapted from [Immigrant Health A Call to Action, Recommendations from the Minnesota Immigrant Health Task Force](http://www.health.state.mn.us/communities/rih/topics/immhealthrpt.pdf) (www.health.state.mn.us/communities/rih/topics/immhealthrpt.pdf). January 2005.

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?

The Refugee Act of 1980 was a seminal moment for the United States, when an impassioned speech by then-Vice President Walter Mondale asked the U.S. Congress to do the right thing by the “Vietnamese Boat People” fleeing after the end of the Vietnam War. The law was signed by President Carter and designed to provide more systematic procedures for refugee admissions and resettlement. That year the U.S. resettled 207,000 refugees. Each year, the President asks Congress for both an annual ceiling of refugee numbers to be allowed entry to the U.S., as well as how many people to accept from each region of the world. Areas of the world from which admissions are accepted are linked to political issues in both the country of origin of refugees and asylees, as well as current U.S. interests.

- Migration Policy Institute (MPI) is an excellent, frequently updated resource for general questions related to U.S. migration: [MPI: Refugees and Asylees in the United States](https://www.migrationpolicy.org/sites/default/files/publications/SPT-Refugees2023-PRINT-final.pdf) (www.migrationpolicy.org/sites/default/files/publications/SPT-Refugees2023-PRINT-final.pdf)
- Annual information is also available at [U.S. Department of State: Refugee Admissions](https://www.state.gov/policy-issues/refugee-admissions/) (www.state.gov/policy-issues/refugee-admissions/)
- Annual Statistical Reports are available at [U.S. Citizenship and Immigration Services: Reports and Studies](https://www.uscis.gov/tools/reports-and-studies) (www.uscis.gov/tools/reports-and-studies)

Many people are unaware that the U.S. Citizenship and Immigration Services (USCIS) defines refugees and asylees the same way: they are individuals who are unable or unwilling to return to their country of origin or nationality because of persecution or a well-founded fear of persecution. That persecution is based on one or more of five key elements: race, religion, nationality, membership in a particular social group, or political opinion. The biggest difference between the two groups is where they are located when asking for U.S. protection. Refugees are designated their status while overseas by the United Nations High Commissioner for Refugees (UNHCR) and are then screened for resettlement to the U.S. by United States Citizenship and Immigration Services (USCIS). Asylum seekers submit their applications while physically present in the U.S. or at a U.S. port of entry. USCIS then determines if there is a credible fear of persecution. If there is, they are then granted asylum and become eligible for Office of Refugee Resettlement benefits.

In addition to refugees and asylees, there are other pathways for individuals to come to the United States. Humanitarian parole, for example, is a temporary permission to enter the U.S. that is granted in emergency situations due to urgent humanitarian reasons or significant public benefit, often used for individuals facing immediate danger who may not qualify for other immigration pathways. Special immigrant visas (SIV) are specifically for individuals who worked with the U.S. government in a foreign country, typically including interpreters, contractors, and other support staff, and visas are available for victims of trafficking (VOT) who have experienced severe forms of sex and/or labor trafficking.

- Definition of refugees and asylum seekers: [USCIS: Refugees and Asylum](https://www.uscis.gov/humanitarian/refugees-asylum) (www.uscis.gov/humanitarian/refugees-asylum)
- Read about the various populations that are eligible for ORR services and benefits: [ORR Fact Sheets: Eligibility & Benefits](https://acf.gov/orr/programs/refugees/factsheets) (<https://acf.gov/orr/programs/refugees/factsheets>)

3. What is the difference in benefits between Office of Refugee Resettlement (ORR) eligible and non-ORR eligible newcomers?

As discussed in Question 2, ORR provides time-limited benefits to some newcomers, primarily refugees, asylees, SIVs, and VOTs. County social services and resettlement partners can help determine a newcomer’s eligibility for ORR benefits. Benefits for ORR eligible newcomers may include time-limited access to Refugee Medical Assistance (RMA) or Medicaid, English Language classes, and job readiness services.

Newcomers who are not eligible for ORR benefits should be referred to county social services to learn what state-specific benefits they may qualify for.

- Read about the various populations that are eligible for ORR services and benefits: [ORR Fact Sheets: Eligibility & Benefits](https://acf.gov/orr/programs/refugees/factsheets) (<https://acf.gov/orr/programs/refugees/factsheets>)

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?

The good news is that many resources have been created since the Refugee Act of 1980 was passed! If you begin with the belief that “there is a body of knowledge in refugee and immigrant health care,” this will stand you in good stead. These basic approaches will be helpful:

- Join the [American Academy of Pediatrics Council on Immigrant Child and Family Health](http://www.aap.org/en/community/aap-councils/council-on-immigrant-child-and-family-health-coicfh/) (www.aap.org/en/community/aap-councils/council-on-immigrant-child-and-family-health-coicfh/). The Council seeks to help pediatricians build their competency to enhance care for immigrant children using cultural humility and safety and advocates for policies that promote the health, well-being and safety of immigrant children and youth. The Council actively engages federal officials, leaders of child welfare and immigration policy organizations and the media to support its efforts.
- Join the [Minnesota Center of Excellence in Newcomer Health Listserv](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463) to receive email updates, including bi-monthly updates, CareRef, screening guidance, webinars, Immigrant Health Matters articles, and other resources.
- Join the [Society for Asylum Medicine](https://asylummedicine.com/) (<https://asylummedicine.com/>) (SAM). SAM provides a robust bibliography and library of asylum medicine and human rights literature, including essential legal and historical documents. SAM supports scholarly growth in the field of asylum medicine with opportunities for collaboration among professionals. SAM maintains an ongoing list of conferences, trainings, and activities related to the field. Asylum medicine leaders and master clinicians will highlight the most pressing issues in regularly published podcasts and blogs.
- Join the [Society of Refugee Health Care Providers](https://refugeesociety.org/) (<https://refugeesociety.org/>) and make it one of your professional homes. They have an excellent clinical listserv and annual international conference. The Society, and the annual International Refugee and Migrant Health Conference, provide excellent networking and resources for all those working in the field, including social workers, resettlement staff, refugee advocates, health care providers representing many different specialties, and more.
- Reach out to your State Refugee Health Coordinators with 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>).

Bookmark these very helpful clinical resources

Clinical guidance tools and resources

- [CareRef](https://careref.web.health.state.mn.us/) (<https://careref.web.health.state.mn.us/>) is a 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 immigrants to the U.S.
- The [Refugee Health Domestic Guidance](http://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/index.html) (www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/index.html) managed by the Immigrant and Refugee Health Branch at the Centers for Disease Control and Prevention outlines medical screening guidance for state public health departments and health care providers in the U.S. as they conduct initial medical screening for refugees. It includes information on what screening and treatment, as well as vaccines, may have occurred internationally for refugees.

- [UpToDate: Medical care of adult immigrants and refugees](http://www.uptodate.com/contents/medical-care-of-adult-immigrants-and-refugees) (www.uptodate.com/contents/medical-care-of-adult-immigrants-and-refugees) is a guideline for the refugee new arrival screening examination.

Cultural and translated resources

- [EthnoMed](https://ethnomed.org/) (<https://ethnomed.org/>) provides “information about cultural beliefs, medical issues and other topics related to the health care of immigrants to the U.S., many of whom are refugees.”
- [MedLinePlus: Health Information in Multiple Languages](https://medlineplus.gov/languages/languages.html) (<https://medlineplus.gov/languages/languages.html>) provides a repository of translated health education materials.

Several core textbooks have been published, and although dated, provide an excellent overview of the field:

- [Immigrant Medicine](http://www.sciencedirect.com/book/9780323034548/immigrant-medicine) (www.sciencedirect.com/book/9780323034548/immigrant-medicine)
- [Global Mental Health: Principles and Practices](https://academic.oup.com/book/25250) (<https://academic.oup.com/book/25250>)
- [Refugee Health Care: An Essential Medical Guide](https://link.springer.com/book/10.1007/978-3-030-47668-7) (<https://link.springer.com/book/10.1007/978-3-030-47668-7>)
- [Refugee Mental Health](http://www.apa.org/pubs/books/refugee-mental-health) (www.apa.org/pubs/books/refugee-mental-health)

Short courses, certificates, and case studies

- Stanford University Center for Innovation in Global Health in collaboration with the University of Washington have developed an excellent refugee case study. You can download learning points and slides at [Medicine for a Changing Planet: Case Study: Displacement and Refugee Health](http://www.medicineforachangingplanet.org/refugee-health) (www.medicineforachangingplanet.org/refugee-health)
- [University of Minnesota Global Medicine Program: Free Educational Offerings](https://med.umn.edu/dom/education/global-medicine/courses-certificates/free-educational-offerings) (<https://med.umn.edu/dom/education/global-medicine/courses-certificates/free-educational-offerings>) has several free short courses and lectures on refugee health care, including: An Introduction to Immigrant and Refugee Health, Introduction to Medical Interpreting, and End of Life and Advance Care Planning.
- Formal training in global medicine will improve your confidence in caring for immigrants and contribute to improved outcomes for patients. For clinicians who intend to make refugee, immigrant, and migrant health a part of their practice long term, it is advised to have more in depth clinical training, and to attend an approved Clinical Tropical Medicine course or a Diploma in Tropical Medicine and Hygiene Course, many of which are offered in the U.S. and worldwide. These courses either have their own examination for a DTM&H or qualify you to sit for the U.S.-based American Society of Tropical Medicine and Hygiene (ASTMH) Certificate of Knowledge in Clinical Tropical Medicine and Travelers' Health (CTropMed® Examination): [ASTMH: Diploma Course Information](http://www.astmh.org/education-resources/approved-diploma-course) (www.astmh.org/education-resources/approved-diploma-course).
 - For clinicians who do not have the time for a three to six-month course, the University of Minnesota offers a CTropMed course with self-paced online modules and a required two week in-person lab-based course: [University of Minnesota Global Medicine Program: Courses & Certificates](https://med.umn.edu/dom/education/global-medicine/courses-certificates) (<https://med.umn.edu/dom/education/global-medicine/courses-certificates>).

Minnesota Department of Health
Center of Excellence in Newcomer Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
refugeehealth@state.mn.us
www.health.state.mn.us/refugee

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