



CENTER OF EXCELLENCE
IN NEWCOMER HEALTH
— MINNESOTA —

A Survey of Health Care Providers to Identify Educational Needs to Ensure Quality and Equitable Care for Refugees, 2025

SUMMARY REPORT AND RECOMMENDATIONS

Responses collected August-September 2023

Prepared by

Minnesota Department of Health
Refugee Health Program
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
refugeehealth@state.mn.us
www.health.state.mn.us

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

Minnesota Center of Excellence in Newcomer Health Partners

Minnesota Department of Health
Children's Hospital of Philadelphia, Pennsylvania
Denver Health and Hospital Authority, Colorado
HealthPartners Research Institute, Minnesota
Thomas Jefferson University, Pennsylvania
University of California San Diego
University of Minnesota
Various consultants

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Overview

The Minnesota Refugee Health Program and its principal partners received funding from the Centers for Disease Control and Prevention (CDC) in 2015 to establish the Minnesota Center of Excellence in Refugee Health, a network for training and epidemiology in refugee health. Following continued funding awarded in September 2020, the Minnesota Center of Excellence has expanded its work and transitioned to the Minnesota Center of Excellence in Newcomer Health (MN COE).

The MN COE identifies and monitors newcomer health issues and needs, contributes to evidence-based policies and guidance, promotes communication among newcomer health professionals, and ultimately improves continuity of care and health outcomes for newcomers. In 2016, the MN COE conducted a national survey of health care providers to identify educational needs to ensure quality and equitable care for newcomers. Results of the 2016 survey informed recommendations relating to CDC Refugee Health Domestic Guidance updates, development of new resources and trainings, and effective promotional strategies for newcomer health resources (Appendix A).

In fall 2023, the MN COE conducted a national survey of health care providers as a follow up to the 2016 survey. The purpose of the 2023 survey was to continue evaluation of newcomer health care providers' educational and resource needs and to determine the effectiveness of changes implemented as a result of the previous survey.

Approach

The survey's target participants were health care providers who complete domestic medical exams (DMEs) or provide primary care for newcomers and public health professionals.

The MN COE expanded upon the 2016 survey. MN COE partners across the country, including newcomer health care providers and public health professionals, developed and reviewed the questionnaire to ensure its relevance and appropriate design (Appendix B).

The survey assessed participants':

1. Scope of practice including the frequency and duration of their experience working with newcomers
2. Satisfaction and utilization of newcomer health resources, including those created by the MN COE
3. Awareness of and experience using the CDC Refugee Health Domestic Guidance
4. Suggestions to improve the CDC Refugee Health Domestic Guidance
5. Preferences for new resources and dissemination methods

Dissemination

The survey was promoted and disseminated between August 2 and September 22, 2023, through the MN COE listserv, comprised of roughly 3,800 people, and through professional organizations and partners of the MN COE (Appendix C). All responses were electronically submitted via a REDCap form.

Analysis

Survey respondents were not required to answer every question in the survey. Therefore, there are variations in the number of respondents for some questions (Appendix D).

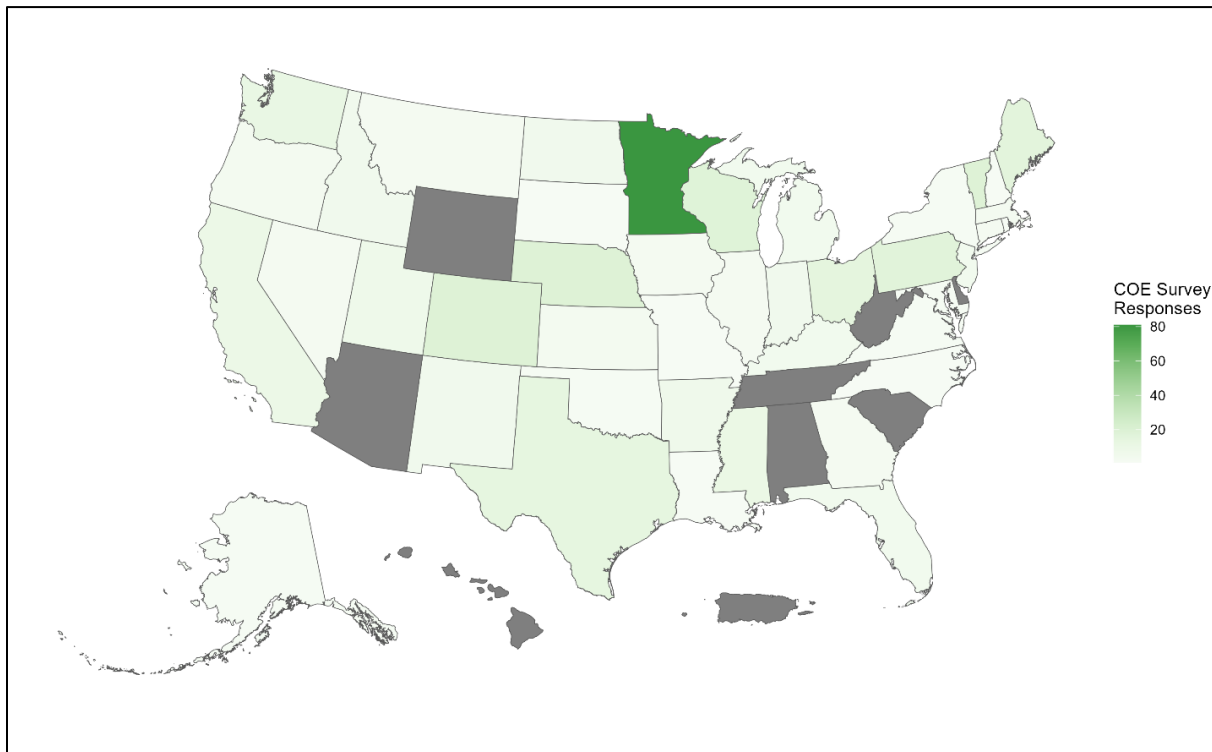
Only responses from respondents who provide DMEs or primary care to newcomers were included in analyses for questions that were only relevant for health care providers.

Results

Demographics of Respondents

Overall, 393 respondents from 42 states began the survey, and 356 respondents completed it (Figure 1, Table 1). The report includes answers from the 356 completed surveys.

Figure 1. Map of Completed Survey Responses by State



Domestic Medical Exam and Health Care Providers

Survey respondents represented a diverse group of health professionals (Table 2). The top three professions were physicians (27%, n = 97), public health nurses (23%, n = 83), and nurses

(20%, n = 72). Public health (53%, n = 188), family medicine (24%, n = 85), and pediatric medicine (12%, n = 42) were the top medical specialties. Thirty-four percent (n = 121) of respondents indicated they, or staff at their clinic, speak and understand a language other than English very well.

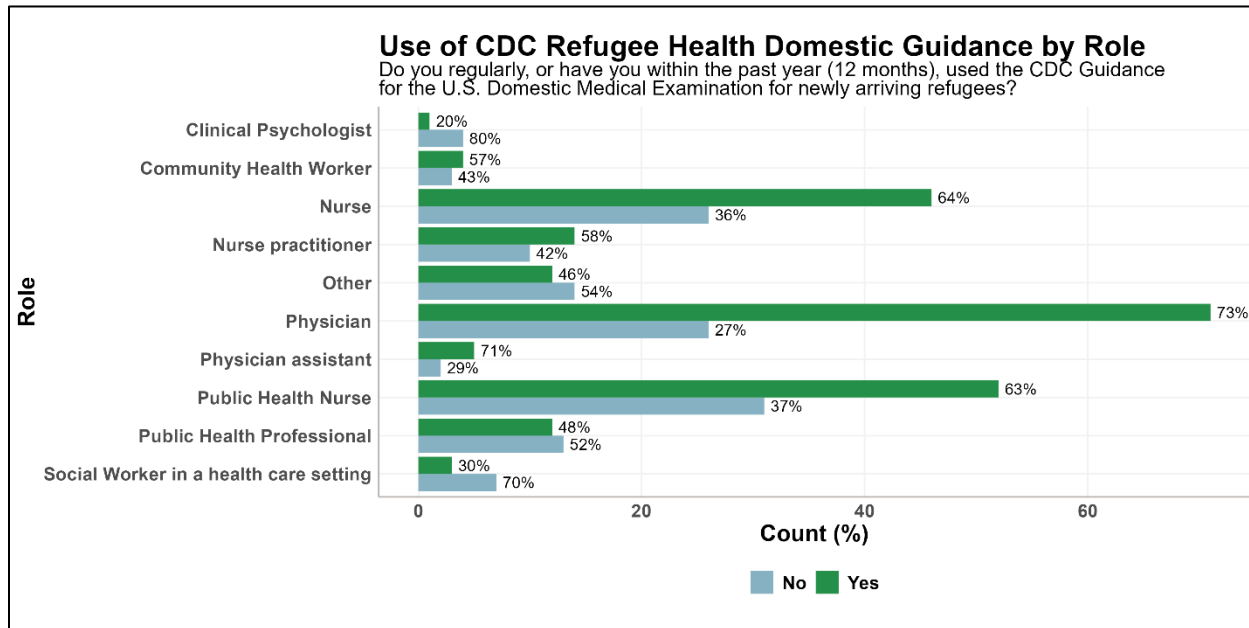
The 2020 census showed that 80% of the U.S. population lives in urban areas and 20% lives in rural areas (“2020 Census Urban Areas Facts”). Respondents’ practice settings generally reflected this distribution, with 53% (n = 189) in urban areas, 15% (n = 54) in suburban areas, 11% (n = 40) in rural areas, and 21% (n = 73) in urban, suburban, and rural areas. Public health clinics (35%, n = 124), state or local public health agencies (29%, n = 104), primary care clinics (24%, n = 84), federally qualified health centers (17%, n = 62), and community-based organizations (9%, n = 32) were the most common practice settings (Table 3).

Resource Utilization and Satisfaction

CDC’s Refugee Health Domestic Guidance

CDC’s Refugee Health Domestic Guidance (CDC DME Guidance) outlines recommended components of the DME for newcomers with humanitarian-based immigration status in the U.S. This guidance is intended for clinicians but is also used by public health professionals to implement and coordinate the DME. Overall, 76% (n = 158) of respondents who provide the DME or ongoing primary care to newcomers (clinicians) reported regularly using the guidance when caring for newly arrived refugees (Figure 2, Table 4). Generally, use of the guidance was higher among more experienced clinicians. While some clinicians reported using the CDC DME Guidance only when caring for newcomers needing a DME (32%, n = 51) or only when caring for other immigrant populations (18%, n = 29), most respondents reported using it when caring for both those needing and those not needing the DME (89%, n = 140). Among clinicians who regularly use the CDC DME Guidance, the most used guidance materials were immunizations (46%, n = 72), tuberculosis (44%, n = 70), all guidance resources (40%, n = 63), intestinal parasites (34%, n = 54), and lead (27%, n = 43) (Table 4).

Figure 2. Use of CDC DME Guidance by Role



Other roles include certified midwife, clinical assistant, clinical counselor/therapist, clinical social worker, county refugee coordinator, epidemiologist, health services worker, home visit nurse, administrative, health navigator, occupational therapist, parents' educator, and health educator.

Among the 24% (n = 51) of clinicians who did not use the CDC DME Guidance, 75% (n = 38) stated it was because they were not aware of the resource, 24% (n = 12) always rely on different resources, and 20% (n = 10) stated it was due to other reasons. Among those who selected “other,” most stated it because they did not provide direct patient care despite answering previous questions indicating they did (Table 4).

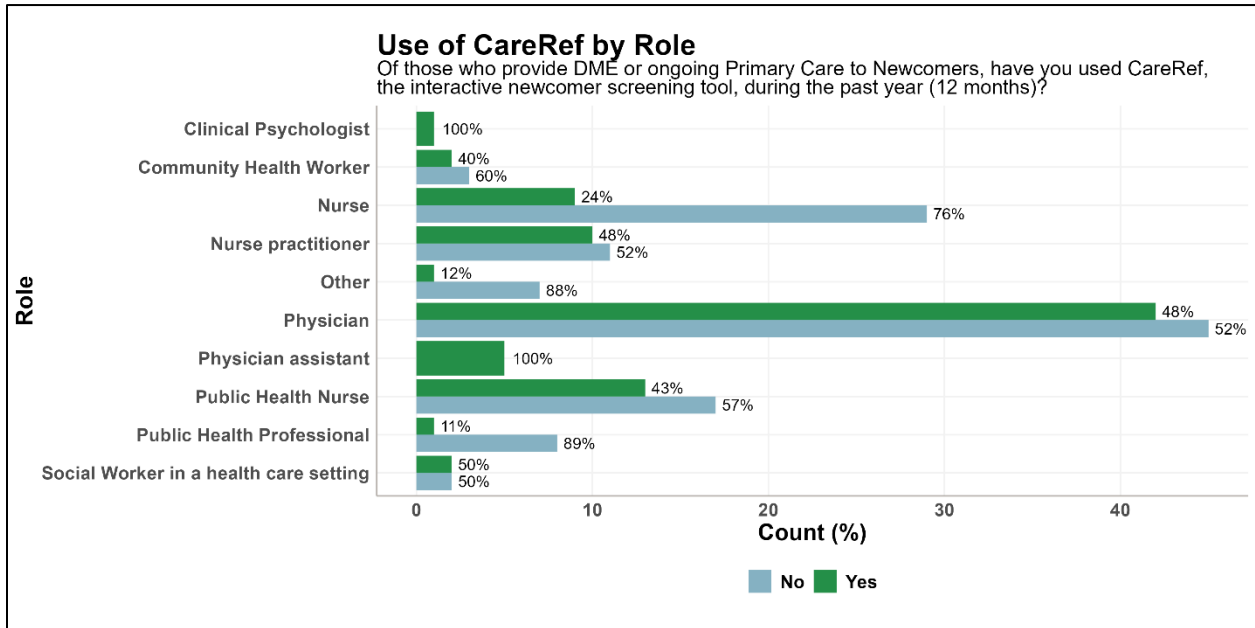
Clinicians also reported using resources other than the CDC DME Guidance, including colleagues (45%, n = 23), UpToDate (43%, n = 22), and guidance created by their state refugee health program (37%, n = 19). Of note, 12% (n = 6) indicated they utilized CareRef, a resource created by the MN COE in response to the last survey results. Respondents reported that what they found most useful about these other resources was that they were credible and updated (51%, n = 26), provided easy and quick to find information during a patient visit (47%, n = 24), and had useful scope of material for those who see refugees/newcomers infrequently (24%, n = 12) (Table 5).

CareRef

CareRef, a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S, was created in response to resource requests identified during the 2016 survey. The 2023 survey assessed CareRef utilization and suggestions for improvement. Overall, 41% (n = 86) of clinicians reported using CareRef in the 12 months prior to taking the survey; 52% (n = 45) of CareRef users reported using it for both newcomers needing DMEs and other immigrant populations. Among clinicians who reported not using CareRef, 78% (n = 95) were not aware of the resource. (Figure 3, Table 6).

Respondents who reported using CareRef were prompted to provide feedback on how to improve the application. Requests included having results available in a printable format, adding checklists, putting labs first, and adding a mechanism to ask questions and get clinical advice. While some requested simplification, others requested expansion of topics.

Figure 3. Use of CareRef by Role



Other roles include certified midwife, clinical assistant, clinical counselor/therapist, clinical social worker, county refugee coordinator, epidemiologist, health services worker, home visit nurse, administrative, health navigator, occupational therapist, parents' educator, and health educator.

Electronic Health Record Tools

EPIC is the most commonly used electronic health record (EHR) system among clinicians (47%, n = 98). Among EPIC users, 23% (n = 23) had already adapted or embedded the EPIC Refugee Health Clinical Decision Support SmartSet. Seventy-four percent (n = 17) of these users liked its ease of use and quickness to find lab and medication orders during a patient visit, and 57% (n = 13) liked its usefulness for those who see refugees infrequently. Of the 77% (n = 75) of EPIC users who had not yet adapted or embedded the EPIC Refugee Health Clinical Decision Support SmartSet, given multiple choice options, 72% (n = 54) were not aware of the tool while 31% (n = 23) said their institutions had not allocated analyst time for installation (Table 7).

Regardless of whether the clinician used the EPIC Refugee Health Clinical Decision Support SmartSet, many reported they have other EHR-based tools for various purposes. Thirty-five percent (n = 74) use a module for placing newcomer/other immigrant health screening laboratory orders, 23% (n = 49) for documenting the DME, 20% (n = 41) for offering guidance on vaccine catch up, and 15% (n = 32) to support care for newcomers/other immigrants. Forty-eight percent (n = 101) of clinicians did not use any EHR-based tools as part of newcomer or other immigrant health screening (Table 8).

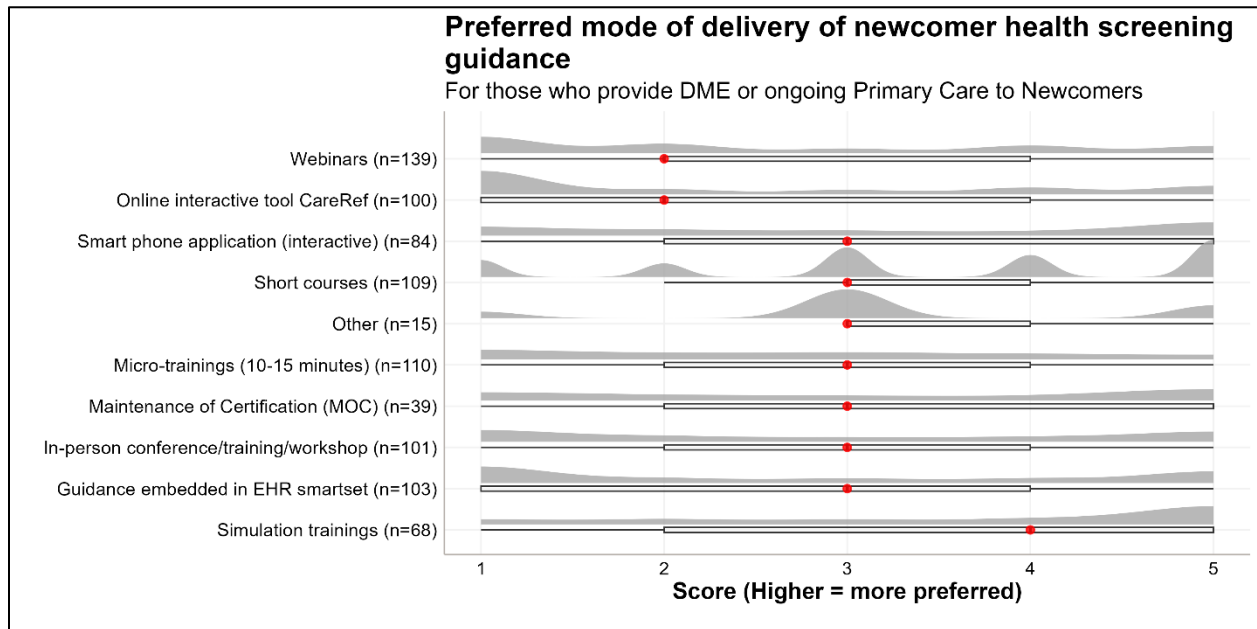
Trainings and Webinars

All respondents were asked what virtual trainings and webinars on newcomer health they had participated in. The majority (60%, n = 213) reported participating in a MN COE webinar, followed by University of Minnesota Global Medicine online educational courses/modules (40%, n = 141), and ECHO Colorado training (35%, n = 125).

Respondents identified several content areas they would find helpful for future trainings. The top areas were management of patients with latent tuberculosis infection (LTBI) (41%, 147), vaccine catch up (37%, n = 132), mental health care (36%, n = 129), caring for unaccompanied refugee minors (29%, n = 105), care coordination/specialty care referral (28%, n = 98), interpreter-mediated communication skills (27%, n = 97), and children with special health care needs/complex chronic conditions (26%, n = 93) (Table 9).

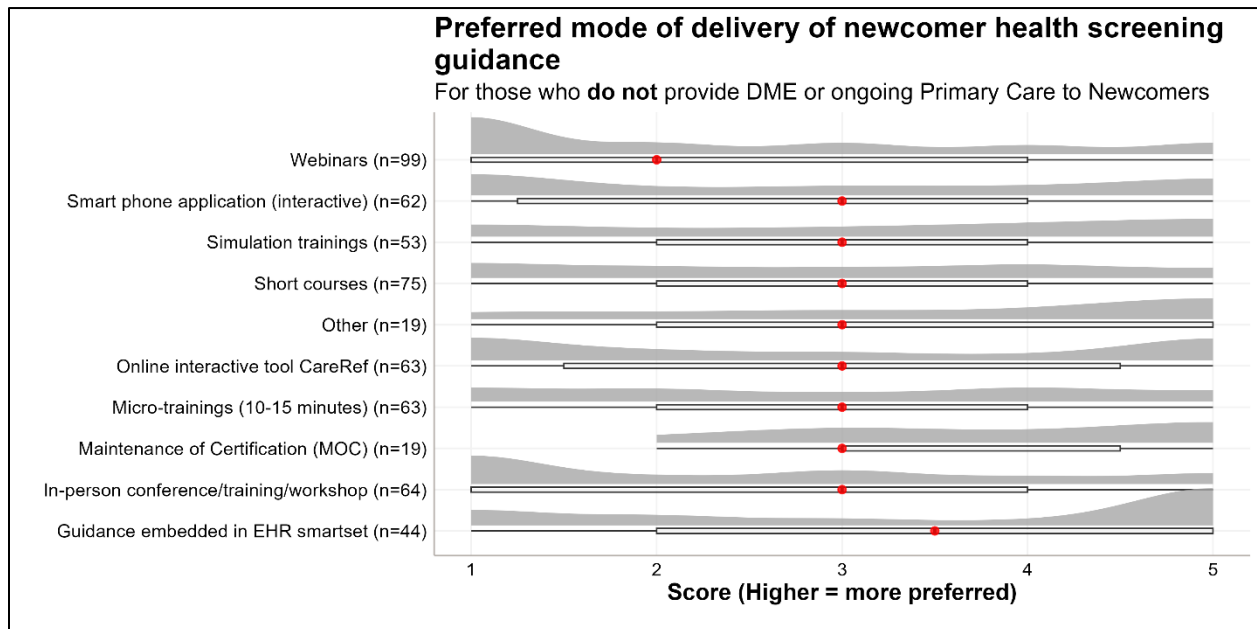
The survey also assessed preferred mode of delivery of newcomer health screening guidance (Figures 4A, 4B, Table 10). Top preferred modes of delivery for newcomer health screening guidance were simulation trainings, maintenance of certification, guidance embedded in an EHR smartest, and short courses.

Figure 4A. Preferred mode of delivery of newcomer health screening guidance among those who perform DME or provide ongoing primary care to newcomers



The chart above shows the distribution of the score for each delivery mode with a boxplot under it and the median represented as a red point. Other modes of delivery include in-depth manuals, printed guidance sheets, archived presentations, in person trainings, email communications, and social media. See Table 10 for the raw data.

Figure 4B. Preferred mode of delivery of newcomer health screening guidance among those who do not provide DME or ongoing primary care to newcomers



The chart above shows the distribution of the score for each delivery mode with a boxplot under it and the median represented as a red point. Other modes of delivery include in-depth manuals, printed guidance sheets, archived presentations, in person trainings, email communications, and social media. See Table 10 for the raw data.

CDC Refugee Health Profiles

Among all respondents, 30% (n = 117) reported using the CDC Refugee Health Profiles in the 12 months prior to taking the survey, and 95% (n = 111) of users found the profiles useful. Most users (70%, n = 82) recommend expansion of the profiles by either adding more population-specific profiles (31%, n = 36), expanding existing profiles (6%, n = 7), or doing both (33%, n = 39) (Table 11). Different types of professionals use the profiles: 43% (n = 3) of community health workers, 38% (n = 3) of physician assistants, 36% (n = 39) of physicians, 33% (n = 25) of nurses, and 30% (n = 8) of nurse practitioners (Table 12).

Discussion

Generally, survey respondents positively reviewed the tools and resources that were assessed. The survey revealed several gaps in knowledge of these existing tools and resources, underscoring a need for improved dissemination and publicity strategies.

- Although many physicians and nurses regularly used the CDC Refugee Health Domestic Guidance, especially those who see newcomers more frequently, 75% (n = 38) of clinicians who did not use it were not aware of this resource.
- CareRef was created in response to the 2016 survey, and since its launch in 2019, 41% (n = 86) of clinician respondents have used it in clinical settings. However, 78% (n = 95) of clinician non-users were not aware of CareRef. Assessment of CareRef uncovered suggestions for an alternate layout and adding a mechanism to ask questions and get clinical advice.

- The EPIC Refugee Health Clinical Decision Support SmartSet was created in response to the 2016 survey, and since its launch in 2019, 23% (n = 23) of clinician respondents had already adapted or embedded it. Most who did not use the tool were not aware of it (72%, n = 54).
- Survey respondents showed preference for the following modes of delivery for newcomer health screening guidance: simulation trainings, maintenance of certification, guidance embedded in an EHR smartest, and short courses. Top training requests included management of patients with LTBI, vaccine catch up, mental health care, caring for unaccompanied refugee minors, care coordination/specialty care referral, interpreter-mediated communication skills, and children with special health care needs/complex chronic conditions.
- Among the respondents who utilized the CDC Refugee Health Profiles, the vast majority (95%) found them useful. Most respondents who utilized them requested that they be expanded.

Recommendations

1. Improve dissemination strategies to increase usage of existing tools and resources.
2. Revise CareRef to place labs at the beginning of the output, include checklists, and include an option for a printable checklist.
3. Provide an online format for clinicians to ask questions and receive technical assistance.
4. Consider the following topics for development of new trainings: management of patients with LTBI, vaccine catch up, mental health care, caring for unaccompanied refugee minors, care coordination/specialty care referral, interpreter-mediated communication skills, and children with special health care needs/complex chronic conditions.
5. Prioritize interactive trainings.
6. Expand the CDC Refugee Health Profiles.

Since the completion of the survey, the MN COE has been making improvements to several resources based on feedback. We have begun redesigning CareRef to improve its functionality, including adding a summary banner highlighting a checklist of labs and screening tests, making the lab checklist printable, and creating a MN COE email address where clinical questions can be directed. The MN COE is working to develop additional simulation trainings for using medical interpreters, and several health priority topics were covered in MN COE and ECHO/Newcomer series.

References

“2020 Census Urban Areas Facts.” United States Census Bureau, United States Census Bureau, June 2023, www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2020-ua-facts.html. Accessed 1 Nov. 2024.

Appendix A: Recommendations from 2016 survey

1. Update the mental health guidelines to include more information on requested topics and make the guidelines more practical and therefore useful as listed above.
2. Explore development of a user-friendly online interactive tool that is profile based for providers to view or generate succinct screening guidelines.
3. Consider national webinars/trainings to promote the screening guidelines and respond to clinical questions.
4. Consider developing regional refugee health networking programs to promote best practices, standards of care, education, resources, etc.
5. Consider an informational campaign to raise awareness of the CDC Refugee Guidelines so all providers seeing refugees are aware of this resource.
 - Discuss with Office of Refugee Resettlement (ORR) linking to the CDC Guidelines site on their health pages
 - Actively promote connection between the Association of Refugee Health Coordinators (ARHC) providers and CDC website.
 - Brief updates targeting appropriate medical organizations contacted for the survey and those most in need based on lack of refugee experience/expertise.
 - Urge appropriate medical organizations to promote the CDC Guidelines (for example, the American Academy of Pediatrics Immigrant Toolkit has a direct link to the CDC Domestic Refugee Screening Guidelines).
6. Develop refugee screening SmartSets compatible with the commonly used electronic medical record systems. This will help standardize screening and help with data collection across sites. The fact that the majority of respondents are using EPIC argues for the development of EPIC refugee SmartSets for labs and SmartSets for history/PE/Assessment and Plan that screening sites can use. It would be great to compare and contrast what many are using to develop a unified best tool.
7. Consider adding links to guidance for working with interpreters.
8. Encourage ARHC to promote resources to the providers performing screening in their states, including the CDC recommendations and other products developed by the MN COE. This could be accomplished via webinars, in-person trainings, and other appropriate venues.
 - Consider expanding this training to clinics who see refugees after screening, for example, at their medical home.
9. Expand Refugee Profiles to include more refugee populations.
 - Social and cultural concerns and perspectives contained in the new population guidelines (pediatrics, women, and preventive health) could be moved or linked to appropriate refugee profiles.

Appendix B: A Survey of Health Care Providers to Identify Educational Needs to Ensure Quality and Equitable Care for Refugees, 2023 – Survey questions

Tell Us About Yourself and Your Practice

1. I am a: (choose one)
 - a. Clinical Psychologist
 - b. Community Health Worker
 - c. Dentist
 - d. Nurse
 - e. Nurse practitioner
 - f. Pharmacist
 - g. Physician
 - h. Physician assistant
 - i. Public Health Professional
 - j. Public Health Nurse
 - k. State Refugee Health Coordinator
 - l. Social Worker in a health care setting
 - m. Other: specify _____

2. Are you a student or trainee, e.g., nursing student, medical student, medical resident, psychology intern, or similar?
 - a. Yes: specify _____
 - b. No

3. My specialty is: (choose all that apply)
 - a. Behavioral health
 - b. Family Medicine
 - c. Internal Medicine
 - d. Infectious Disease Specialist
 - e. OB/GYN
 - f. Pediatric Medicine
 - g. Psychiatry
 - h. Public health
 - i. Other Specialty Care: specify _____
 - j. N/A

4. My practice is in the following state:
 - a. Dropdown list of states

5. My practice setting is considered:
 - a. Urban
 - b. Suburban
 - c. Rural
 - d. All the above

A SURVEY OF HEALTH CARE PROVIDERS TO IDENTIFY EDUCATIONAL NEEDS TO ENSURE QUALITY AND EQUITABLE CARE FOR REFUGEES, 2025

6. The majority of my work with newcomers is in the following setting(s): (choose top two settings)
- Behavioral health clinic
 - Community-based organization / setting
 - Federally Qualified Health Center (FQHC)
 - Hospital-based clinic
 - Inpatient hospital
 - Primary care clinic
 - Public health clinic
 - School-based health center
 - State or local public health agency
 - Other _____
7. Do you perform initial Domestic Medical Examinations (DME) soon after refugees/newcomers arrive in the US? (The Domestic Medical Exam is a formal public health screening exam offered to refugees, asylees, and other humanitarian entrants to the US. The State Health and/or Human Services Departments often coordinate these screening exams.)
- Yes
 - No
8. Do you provide initial and ongoing primary care to Newcomers?
- Yes
 - No
9. Are you a Civil Surgeon and perform Immigration Physical exams for newcomers seeking to adjust their visa status via USCIS (I-693 form)?
- Yes
 - No
10. I typically provide care for newcomers: (choose one)
- < 1 day per week
 - 1-2 days per week
 - 3-4 days per week
 - > 4 days per week
 - Do not provide direct care to newcomers
11. In a typical week, I provide care to: (choose one)
- 0 - 4 newcomers
 - 5 - 9 newcomers
 - 10 - 14 newcomers
 - ≥15 newcomers
 - Do not provide direct care to newcomers

12. I have worked with newcomers for: (choose one)
- a. <2 years
 - b. 2-5 years
 - c. 6-10 years
 - d. >10 years
 - e. Do not provide direct care to newcomers
13. Do you speak and understand at least one language other than English very well?
- a. Yes: specify
 - b. No

Screening Guidance and Resources for Newcomer Health

14. How often are the following statements true for you?
- a. I look for clinical resources in my work with newcomers (Scale 1-5)
 - b. I look for cultural/migration/displacement resources in my work with newcomers (Scale 1-5)
15. Do you regularly, or have you within the past year (12 months), used the CDC *Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees?* (guidance found here: <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html>)
- a. Yes
 - b. No

IF NO TO QUESTION 15:

16. State the reason(s) you do not use the CDC Domestic Medical Examination Guidance (choose all that apply).
- a. Was not aware of this resource
 - b. Not easy or quick to find information during a patient visit.
 - c. Don't have good Internet connection
 - d. Site is blocked by IT security at my work
 - e. Guidance is missing key information
 - f. Have always relied on different resources, specify: _____
 - g. Other, specify: _____

IF YES TO QUESTION 15:

17. Which of these CDC Domestic Medical Examination Guidance resources have you used within the past 12 months? (Choose all that apply)
- a. All guidance resources
 - b. History and Physical
 - c. HIV Infection
 - d. Immunizations
 - e. Intestinal Parasites
 - f. Key Considerations and Best Practices
 - g. Lead
 - h. Mental Health

- i. Malaria
- j. Nutrition and Growth
- k. Sexual and Reproductive Health
- l. Tuberculosis
- m. Viral Hepatitis
- n. I have not used the guidance resources during the past 12 months

IF YES TO QUESTION 15:

18. Do you apply the CDC Domestic Medical Examination Guidance to your work only with new newcomers coming for a formal Domestic Medical Exam or also in your general practice when you see other immigrant patients?
- a. Only newcomers coming for the Domestic Medical Exam
 - b. Other immigrant populations
 - c. Both
19. What do you like about the CDC Domestic Medical Examination Guidance? (Choose all that apply)
- a. Easy and quick to find information during a patient visit
 - b. Useful scope of material for those who see newcomers infrequently
 - c. One-stop shop for all common newcomer health concerns
 - d. Addresses conditions with which I am not familiar
 - e. Other, specify: _____
20. Have you used **CareRef**, the interactive newcomer screening tool, during the past year (12 months)? (<https://careref.web.health.state.mn.us/>)
- a. Yes
 - b. No

IF YES TO QUESTION 20:

21. Have you used **CareRef** only when providing care for newly arriving newcomers coming for the DME or for other immigrants in your general practice?
- a. Only newcomers needing DME
 - b. Other immigrants
 - c. Both

IF YES TO QUESTION 20:

22. What do you like about **CareRef**?
- a. Easy and quick to find information during a patient visit
 - b. Useful scope of material for those who see newcomers infrequently
 - c. Other: specify -

IF YES TO QUESTION 20:

23. Do you have suggested changes to **CareRef**
- a. Yes: specify-
 - b. No

IF NO TO QUESTION 20:

24. State the reason(s) you do not use **CareRef**? (select all that apply)
- a. Was not aware of this resource
 - b. Not easy or quick to find information during a patient visit
 - c. Don't have good Internet connection
 - d. Site is blocked by IT security at my work
 - e. Output is missing key information
 - f. Have always relied on different resources
 - g. Use refugee-specific smartest in EMR
 - h. Other, specify: _____
25. If you use resources other than the CDC Domestic Medical Examination Guidance in your work with newcomers and other immigrants, choose those you use the most (check all that apply).
- a. CareRef
 - b. CDC Yellow Book
 - c. Clinical Decision Support in the EHR
 - d. Colleagues
 - e. Don't use any additional resources
 - f. Global TravEpiNet
 - g. Google
 - h. Guidance created by your State Refugee Health Program
 - i. Heading Home Healthy website
 - j. Textbook
 - k. The Society of Refugee Healthcare Providers Listserv
 - l. TraVax
 - m. UpToDate
 - n. Other _____

IF OTHER ON QUESTION 25:

26. If you use resources other than the CDC Domestic Medical Examination Guidance, what is most useful about these resources? (Choose all that apply)
- a. Easy and quick to find information during a patient visit
 - b. Credible, updated source
 - c. Useful scope of material for those who see refugees/newcomers infrequently
 - d. One-stop shop for all common refugee/newcomer health concerns
 - e. Address conditions with which I am not familiar
 - f. Downloadable and translated patient care materials
 - g. Covers topics not included in CDC Domestic Medical Examination Guidance (list topics) _____
 - h. Other _____

Medical Records System

27. What system do you use to chart your work with newcomers? (choose all that apply)

- a. Allscripts
- b. Care 360
- c. Centricity
- d. Cerner
- e. EPIC
- f. E-clinical works
- g. GE Healthcare
- h. McKesson
- i. None
- j. Paper chart
- k. Unique hybrid system
- l. Powerchart
- m. Other

28. Have you adapted or embedded the Epic Refugee Health Decision Support (SmartSet) in your EHR? (<https://cds.ahrq.gov/cdsconnect/artifact/refugee-health-decision-support>)

- a. Yes
- b. No

IF YES TO QUESTION 28:

29. What do you like about this Epic Refugee Health Clinical Decision Support (smartset)?

Choose all that apply

- a. Easy and quick to find lab and medication orders during a patient visit
- b. Useful for those who see refugees infrequently

IF YES TO QUESTION 28:

30. Please share any changes to make the Epic Refugee Health Clinical Decision (smartset) more useful in your practice.

IF NO TO QUESTION 28:

31. State the reason you do not use the Epic Refugee Health Clinical Decision (smartset)?

Choose all that apply

- a. Institution has not allocated analyst time for installation in our EHR
- b. Was not aware of this resource
- c. Not easy or quick to find information during a patient visit
- d. Don't have good Internet connection
- e. Site is blocked by IT security at my work
- f. Output is missing key information
- g. Have always relied on different resources
- h. Other, specify: _____

32. Do you use any other EHR-based tool(s) as part of newcomer or other immigrant health screening? (choose all that apply)
- a) Yes, we have one for placing newcomer/other Immigrant health screening laboratory orders
 - b) Yes, we have one for placing newcomer/other Immigrant presumptive medication orders (e.g., albendazole)
 - c) Yes, we have one that offers guidance on vaccine catch up
 - d) Yes, we have one for documenting the Domestic Medical Exam
 - e) Yes, we have one for documenting the Overseas Medical Exam
 - f) Yes, we have one to support care for newcomers/other Immigrants
 - g) Other, specify
 - h) No

Training Needs

33. Have you ever participated in any of the following Center of Excellence in Newcomer Health's virtual trainings/webinars?
- a. Center of Excellence in Newcomer webinars
 - b. Colorado ECHO training sessions on Newcomer Health
 - c. Communication Engagement Training: An Interdisciplinary Course for Clinicians and Interpreters (COMET)
 - d. University of Minnesota Global Medicine Online Educational Courses/Modules
34. Which related trainings would you find most helpful in your work with newcomers? (Choose your top 5 for which you have greatest need)
- a. Cancer Screening
 - b. Caring for unaccompanied refugee minors
 - c. Children with special health care needs/complex chronic conditions
 - d. Chronic Pain
 - e. Contraception counseling and access
 - f. COVID-19 (ex: shared clinical decisions, vaccine hesitancy, long-haulers)
 - g. Developmental delays in children
 - h. Diabetes
 - i. Dyspepsia/GERD/H. Pylori
 - j. Failure to thrive, stunting, and malnutrition in children
 - k. Hypertension
 - l. Heart disease
 - m. Interpreter-mediated communication skills (working more efficiently with interpreters)
 - n. Lung health/COPD/Asthma
 - o. Management of patients with hepatitis B
 - p. Management of patients with LTBI
 - q. Mental health care
 - r. Micronutrient deficiencies
 - s. Prenatal care
 - t. Sexual/reproductive health

- u. Vaccine catch up
- v. Care Coordination/Specialty Care Referral
- w. Other, specify: _____

35. What is your preferred mode of delivery of newcomer health screening guidance:
(please rank your top 5 choices, 1 being the most helpful and 5 the least)

- a. Online interactive tool CareRef
- b. Smart phone application (interactive)
- c. Guidance embedded in EHR smartset
- d. In-person conference/training/workshop
- e. Webinars
- f. Micro-trainings (10-15 minutes)
- g. Maintenance of Certification (MOC)
- h. Short courses
- i. Simulation trainings
- j. Other, specify: _____

36. Have you used the CDC Refugee Health Profiles during the past year (12 months)?
(<https://www.cdc.gov/immigrantrefugeehealth/profiles/index.html>)

- a. Yes
- b. No

IF YES TO 36:

37. Do you find them useful?

- a. Yes
- b. No

38. How, if at all, should the profiles be expanded?

- a. Add more population-specific profiles, specify
- b. Expand existing profiles, specify
- c. Both, specify
- d. Profiles do not need to be expanded

Recent Newcomer Pressing Health Needs

The following questions are population-specific in response to newly arrived Afghan and Ukrainian families and the increasing need of comprehensive and culturally appropriate mental health services.

39. Did you work with newly arrived Afghan families in any capacity?

- a. Yes
- b. No

If YES TO 39:

40. Which related trainings would you find most helpful in your work with **Afghan** newcomers? (Choose your top 5 for which you have greatest need)
- a. Cancer Screening
 - b. Caring for unaccompanied refugee minors
 - c. Children with special health care needs/complex chronic conditions
 - d. Chronic Pain
 - e. Contraception counseling and access
 - f. COVID-19 (ex: shared clinical decisions, vaccine hesitancy, long-haulers)
 - g. Cultural approaches to traumatic stress, mental health, domestic violence
 - h. Developmental delays in children
 - i. Diabetes
 - j. Dyspepsia/GERD/H. Pylori
 - k. Failure to thrive, stunting, and malnutrition in children
 - l. Hypertension
 - m. Heart disease
 - n. Interpreter-mediated communication skills (working more efficiently with interpreters)
 - o. Lung health/COPD/Asthma
 - p. Management of patients with hepatitis B
 - q. Management of patients with LTBI
 - r. Mental health care/Social Support
 - s. Micronutrient deficiencies
 - t. Prenatal care
 - u. Sexual/reproductive health
 - v. Vaccine catch up
 - w. Other, specify: _____

If YES TO 39:

41. Exposures to which of the following would you consider to be difficulties for Afghan newcomers? (choose all that apply)
- a. Family violence
 - b. Community violence
 - c. Torture
 - d. Traumatic loss
 - e. Discrimination (ethnic, gender, identity)
 - f. Worry about life in the US (employment, education, housing, social stress)
 - g. Worry about family back home
 - h. Social isolation

If YES TO 39:

42. What of the following mental health education topics would be most helpful to you in your work with Afghan newcomers? (indicate your top two choices)
- a. Culturally responsive assessment/screening
 - b. Culturally adapted Psychoeducation
 - c. Evidence-based interventions for trauma treatment

- d. Responding to post-migration stressors
- e. Other, specify

43. Did you work with newly arrived Ukrainian families in any clinical capacity?

- a. Yes
- b. No

If YES TO QUESTION 43:

44. Which related trainings would you find most helpful in your work with Ukrainian newcomers? (Choose your top 5 for which you have greatest need).

- a. Cancer Screening
- b. Caring for unaccompanied refugee minors
- c. Children with special health care needs/complex chronic conditions
- d. Chronic Pain
- e. Contraception counseling and access
- f. COVID-19 (ex: shared clinical decisions, vaccine hesitancy, long-haulers)
- g. Developmental delays in children
- h. Diabetes
- i. Dyspepsia/GERD/H. Pylori
- j. Failure to thrive, stunting, and malnutrition in children
- k. Hypertension
- l. Heart disease
- m. Interpreter-mediated communication skills (working more efficiently with interpreters)
- n. Lung health/COPD/Asthma
- o. Management of patients with hepatitis B
- p. Management of patients with LTBI
- q. Mental health care
- r. Micronutrient deficiencies
- s. Prenatal care
- t. Sexual/reproductive health
- u. Vaccine catch up
- v. Other, specify: _____

If YES TO QUESTION 43:

45. Which of the following would you consider to be difficulties for newly arrived Ukrainians? (please mark all that apply)

- a. Family violence
- b. Community violence
- c. Torture
- d. Traumatic loss
- e. Discrimination (ethnic, gender, identity)
- f. Worry about life in the US (employment, education, housing, social stress)
- g. Worry about family back home
- h. Social isolation

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46. What of the following mental health education topics would be most helpful to you in your work with **Ukrainian** newcomers? (indicate your top 2 choices)
- a. Culturally responsive assessment/screening
 - b. Culturally adapted Psychoeducation
 - c. Evidence-based interventions for trauma treatment
 - d. Responding to post-migration stressors
 - e. Other, specify
47. Are there any communities that you see as underserved or lacking resources on?

Appendix C: Organizations that disseminated survey

The following organizations disseminated the survey:

- Afghan Cultural Society
- American Academy of Pediatrics
- American Public Health Association Refugee and Immigrant Health Caucus
- Association of Refugee Health Coordinators
- Association of Refugee Health Coordinators Mental Health Committee
- Community-University Health Care Center
- Extension for Community Health Outcomes (ECHO) Colorado
- Health Education Providers at M Health Fairview Roselawn Clinic
- Minnesota Academy of Physician Assistants
- Minnesota Department of Health Community Health Services Mailbag
- Minnesota Federally Qualified Health Centers
- Minnesota Local Public Health and Clinic Screening Providers Listserv
- Minnesota Medical Association
- National Association of County and City Health Officials (NACCHO)
- National Medical Residency Program Directors Listserv
- National Resource Center for Refugee, Immigrants, and Migrants
- National Tuberculosis Control Association
- Office of Refugee Resettlement
- Refugee Council USA Weekly Digest
- Refugee Healthcare Providers
- Society of Refugee Healthcare Providers
- Switchboard
- Tuberculosis Center of Excellence for Training, Education, and Medical Consultation
- Tuberculosis providers at Suicide Prevention Resource Center and Hennepin County Public Health Clinic
- University of Minnesota Medical School Global Medicine Pathway
- University of Minnesota Mobile Health Initiative
- Welcome Corps

Appendix D: Survey Results

Table 1: Completed survey responses by state

State	Count	%
Alaska	2	1%
Arkansas	7	2%
California	10	3%
Colorado	19	5%
Connecticut	3	1%
Florida	5	1%
Georgia	3	1%
Idaho	6	2%
Illinois	3	1%
Indiana	6	2%
Iowa	3	1%
Kansas	4	1%
Kentucky	5	1%
Louisiana	1	0%
Maine	16	4%
Maryland	2	1%
Massachusetts	4	1%
Michigan	5	1%
Minnesota	81	23%
Mississippi	11	3%
Missouri	1	0%
Montana	3	1%
Nebraska	19	5%
Nevada	3	1%
New Hampshire	1	0%
New Jersey	5	1%
New Mexico	6	2%
New York	2	1%
North Carolina	1	0%
North Dakota	6	2%
Ohio	15	4%
Oklahoma	2	1%
Oregon	4	1%
Pennsylvania	17	5%
Rhode Island	1	0%
South Dakota	1	0%
Texas	14	4%
Utah	8	2%
Vermont	19	5%
Virginia	2	1%
Washington	12	3%
Wisconsin	18	5%
Total	356	

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Table 2. Respondent demographics

Role	Total		Domestic Medical Exam (DME)		Ongoing Primary Care to Newcomers	
	Count	Column %	Count	Row %	Count	Row %
Clinical Psychologist	5	1%	0	0%	1	20%
Community Health Worker	7	2%	4	57%	4	57%
Nurse	72	20%	32	44%	23	32%
Nurse Practitioner	24	7%	13	54%	17	71%
Physician	97	27%	56	58%	83	86%
Physician Assistant	7	2%	5	71%	5	71%
Public Health Nurse	83	23%	20	24%	16	19%
Public Health Professional	25	7%	5	20%	8	32%
Social Worker in a Health Care Setting	10	3%	3	30%	4	40%
Other	26	7%	6	23%	8	31%
Specialty*						
Behavioral health	26	7%	5	19%	7	27%
Family Medicine	85	24%	60	71%	77	91%
Internal Medicine	24	7%	16	67%	22	92%
Infectious Disease Specialist	17	5%	2	12%	3	18%
OBGYN	11	3%	3	27%	10	91%
Pediatric Medicine	42	12%	23	55%	36	86%
Psychiatry	5	1%	3	60%	3	60%
Public health	188	53%	62	33%	52	28%
Other Specialty Care	20	6%	3	15%	6	30%
None of the Above	10	3%	1	10%	1	10%
Primary Care to Newcomers						
Yes	169	47%	104	62%	-	-
No	187	53%	40	21%	-	-
Do you speak and understand at least one language other than English very well?						
Yes	121	34%	64	53%	77	64%
No	235	66%	80	34%	92	39%
On average, how many newcomers per week do you provide care to?						
0-4	140	39%	52	37%	70	50%
5-9	67	19%	35	52%	42	63%
10-14	25	7%	14	56%	17	68%
15 or more	49	14%	35	71%	34	69%
Do not provide care to newcomers	75	21%	8	11%	6	8%
Total**	356	100%	144	40%	169	47%

*Percentages will not add up to 100% since it is a check all that apply option. Percentages reflect the proportion of individuals who endorsed said option.

**Row percent.

DME variable asked the following question: Do you perform initial Domestic Medical Examinations (DME) soon after refugees/newcomers arrive in the US? The Domestic Medical Exam is a formal public health screening exam offered to refugees, asylees, and other humanitarian entrants to the US. The State Health and/or Human Services Departments often coordinate these screening exams.

Primary care variable asked the following question: Do you provide initial and/or ongoing primary care to newcomers?

Languages include Spanish, French, Dari, Pashto, Urdu, Arabic, Russian, Hindi, Mandarin, Swahili, Chinese, Portuguese, Farsi, Somali, Tagalog, Amharic, Vietnamese, English, Hmong, Oromo, German, Khmer, Cantonese, Polish, Thai, Ukrainian, Burmese, Yoruba, Hebrew, Ilonggo, Bangla, Malayalam, Kiswahili, Baitadali, Nepali, Punjabi, Bhojpuri, Gujrati, Marathi, Nepalese, Panjabi, Romanian, Learning, Creole, Haitian, Mongolian, Swahili, Karen, Kurdish, Kurmanji, Kinyarwanda, and Kirundi (in order of frequency).

Table 3. Respondent practice setting

Setting	Total		Domestic Medical Exam (DME)		Ongoing Primary Care to Newcomers	
	Count	Column %	Count	Row %	Count	Row %
Rural	40	11%	7	18%	9	23%
Suburban	54	15%	12	22%	22	41%
Urban	189	53%	101	53%	111	59%
All of the Above	73	21%	24	33%	27	37%
Practice Setting*						
Behavioral health clinic	11	3%	3	27%	3	27%
Community-based organization	32	9%	9	28%	13	41%
Federally Qualified Health Center	62	17%	39	63%	53	85%
Hospital-based clinic	26	7%	13	50%	17	65%
Inpatient hospital	22	6%	4	18%	15	68%
Primary care clinic	84	24%	50	60%	73	87%
Public health clinic	124	35%	49	40%	34	27%
School-based health center	8	2%	3	38%	5	63%
State or local public health agency	104	29%	24	23%	22	21%
Other	22	6%	3	14%	8	36%
Total**	356	100%	144	40%	169	47%

*Percentages will not add up to 100% since it is a check all that apply option. Percentages reflect the proportion of individuals who endorsed said option.

**Row percent.

DME variable asked the following question: Do you perform initial Domestic Medical Examinations (DME) soon after refugees/newcomers arrive in the US? The Domestic Medical Exam is a formal public health screening exam offered to refugees, asylees, and other humanitarian entrants to the US. The State Health and/or Human Services Departments often coordinate these screening exams.

Primary care variable asked the following question: Do you provide initial and/or ongoing primary care to newcomers?

Table 4. CDC DME Guidance utilization

Of those who provide DME or ongoing Primary Care to Newcomers:	Count	%
Do you regularly use the CDC DME Guidance for newly arrived refugees?		
Yes	158	76%
No	51	24%
If you use the CDC DME Guidance, which of these resources have you used within the past 12 months?		
All guidance resources	63	40%
History and Physical	33	21%
HIV Infection	19	12%
Immunizations	72	46%
Intestinal Parasites	54	34%
Key Considerations and Best Practices	36	23%
Lead	43	27%
Mental Health	20	13%
Malaria	18	11%
Nutrition and Growth	12	8%
Sexual and Reproductive Health	24	15%

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Of those who provide DME or ongoing Primary Care to Newcomers:	Count	%
Tuberculosis	70	44%
Viral Hepatitis	35	22%
I have not used any of the above guidance resource during the past 12 months	2	1%
If you do not use the CDC DME Guidance, state the reasons why.		
Was not aware of this resource	38	75%
Not easy or quick to find information during a patient visit	5	10%
Don't have good Internet connection	0	0%
Site is blocked by IT security at my work	0	0%
Guidance is missing key information	1	2%
Have always relied on different resources	12	24%
Other*	10	20%
What population do you use the CDC DME Guidance for?*		
Only newcomers for DME	51	32%
Other immigrant populations	29	18%
Both	140	89%

*Most other responses mentioned they do not provide direct patient care, despite earlier selecting they did.

One site did mention the CA Refugee Health Assessment that incorporates the DMEG:

<https://www.cdph.ca.gov/Programs/CID/ORH/Pages/Medical-Screening-Information.aspx>

CA also had a clinical guide for providers outside Refugee Health Assessment Programs:

<https://www.cdph.ca.gov/Programs/CID/ORH/Pages/Clinician-Guidance.aspx>

Table 5. Non-CDC DME Guidance resource utilization

Of those who provide DME or ongoing Primary Care to Newcomers:	Count	%
If you use resources other than the CDC DME Guidance in your work with newcomers and other immigrants, which do you use the most?		
CareRef	6	12%
CDC Yellow Book	9	18%
Clinical Decision Support in the EHR	3	6%
Colleagues	23	45%
Don't use any additional resources	5	10%
Global TravEpiNet	0	0%
Google	10	20%
Guidance created by your State Refugee Health Program	19	37%
Heading Home Healthy Website	0	0%
Textbook	2	4%
The Society of Refugee Healthcare Providers Listserv	2	4%
TraVax	4	8%
UpToDate	22	43%
Other*	8	16%

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Of those who provide DME or ongoing Primary Care to Newcomers:	Count	%
What is most useful about these other resources?		
Easy and quick to find information during a patient visit	24	47%
Credible, updated source	26	51%
Useful scope of material for those who see refugees/newcomers infrequently	12	24%
One-stop shop for all common refugee/newcomer health concerns	6	12%
Address conditions with which I am not familiar	11	22%
Downloadable and translated patient care materials	5	10%
Covers topics not included in CDC Domestic Medical Examination Guidance	0	0%
Other	10	20%

***Other resources used include** co-creating resources with local community organizations, USCIS Civil Surgeon guidelines, local resources, VDH guidelines, and specialty-specific resources.

Table 6. CareRef utilization and satisfaction

Of those who provide DME or ongoing Primary Care to Newcomers:	Count	%
Have you used CareRef, during the past year (12 months)?		
Yes	86	41%
No	122	58%
Missing	1	0%
If you use CareRef, what do you like about it?		
Easy and quick to find information during a patient visit	67	78%
Useful scope of material for those who see newcomers infrequently	59	69%
Other*	4	5%
If you use CareRef, what population do you use it for?		
Only newcomers needing DME	31	36%
Other immigrant populations	9	10%
Both	45	52%
If you do not use CareRef, state the reasons why.		
Was not aware of this resource	95	78%
Not easy or quick to find information during a patient visit	6	5%
Don't have good Internet connection	0	0%
Site is blocked by IT security at my work	1	1%
Output is missing key information	2	2%
Have always relied on different resources	16	13%
Use refugee-specific smartset in EMR	5	4%
Other**	13	11%

***Other reasons include** individually tailored guidance and its comprehensive scope.

****Other reasons include** lengthy data entry process when seeing many newcomers, guidance applies to refugees only and not immigrants, and use of standing orders.

Table 7. Electronic Health Record System and EPIC Refugee Health Clinical Decision Support Smart Set

Of those who provide DME or ongoing Primary Care to Newcomers:	Count	%
EHR System*		
Other	137	66%
EPIC	98	47%
If you use EPIC, have you adapted or embedded the EPIC Refugee Health Clinical Decision Support (SmartSet) in your EHR?		
Yes	23	23%
No	75	77%
If you use the EPIC Refugee Health Clinical Decision Support tool, what do you like about it?		
Easy and quick to find lab and medication orders during a patient visit	17	74%
Useful for those who see refugees infrequently	13	57%
If you have EPIC but don't use the Refugee Health Clinical Decision Support tool, state the reason you do not use it.		
Institution has not allocated analyst time for installation in our EHR	23	31%
Was not aware of this resource	54	72%
Not easy or quick to find information during a patient visit	1	1%
Don't have good Internet connection	0	0%
Site is blocked by IT security at my work	1	1%
Output is missing key information	0	0%
Have always relied on different resources	8	11%
Other**	5	7%

*Percentages may not add up to 100% since it is a check all that apply option. Percentages reflect the proportion of individuals who endorsed said option.

**Other reasons include created their own SmartSets.

Table 8. Other Electronic Health Record-Based Tools

Of those who provide DME or ongoing Primary Care to Newcomers:	Count	%*
Do you use any other EHR-based tool(s) as part of newcomer or other immigrant health screening?		
Yes, we have one for placing newcomer/other Immigrant health screening laboratory orders	74	35%
Yes, we have one for placing newcomer/other Immigrant presumptive medication orders (e.g., albendazole)	27	13%
Yes, we have one that offers guidance on vaccine catch up	41	20%
Yes, we have one for documenting the Domestic Medical Exam	49	23%
Yes, we have one for documenting the Overseas Medical Exam	23	11%
Yes, we have one to support care for newcomers/other Immigrants	32	15%
Other	8	4%
No	101	48%

*Percentages may not add up to 100% since it is a check all that apply option. Percentages reflect the proportion of individuals who endorsed said option.

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Table 9. Trainings

Question	Count	%
What virtual trainings/webinars have you participated in?		
Center of Excellence in Newcomer webinars	213	60%
University of Minnesota Global Medicine Online Educational Courses/Modules	141	40%
Colorado ECHO training sessions on Newcomer Health	125	35%
Communication Engagement Training: An Interdisciplinary Course for Clinicians and Interpreters (COMET)	25	7%
Which related trainings would you find most helpful in your work with newcomers?		
Management of patients with LTBI	147	41%
Vaccine catch up	132	37%
Mental health care	129	36%
Caring for unaccompanied refugee minors	105	29%
Care Coordination/Specialty Care Referral	98	28%
Interpreter-mediated communication skills (working more efficiently with interpreters)	97	27%
Children with special health care needs/complex chronic conditions	93	26%
Developmental delays in children	61	17%
Failure to thrive, stunting, and malnutrition in children	61	17%
Management of patients with hepatitis B	60	17%
Sexual/reproductive health	56	16%
Contraception counseling and access	53	15%
Micronutrient deficiencies	49	14%
Diabetes	36	10%
Prenatal care	34	10%
COVID-19 (ex: shared clinical decisions, vaccine hesitancy, long-haulers)	33	9%
Chronic Pain	31	9%
Dyspepsia/GERD/H. Pylori	30	8%
Hypertension	22	6%
Cancer Screening	19	5%
Lung health/COPD/Asthma	11	3%
Heart disease	5	1%
Other	25	7%

Table 10. Preferred Mode of Delivery for Information Stratified by Provider

Mode of Delivery	Average Score	Score Count (%)				
		1	2	3	4	5
Simulation Trainings	3.5	6 (9%)	13 (19%)	12 (18%)	14 (21%)	23 (34%)
Short courses	3.3	10 (9%)	16 (15%)	35 (32%)	26 (24%)	22 (20%)
Other	3.3	2 (13%)	0 (0%)	9 (60%)	0 (0%)	4 (27%)
Maintenance of Certification	3.1	7 (18%)	8 (21%)	8 (21%)	5 (13%)	11 (28%)
Smart phone application (interactive)	3.1	14 (17%)	19 (23%)	16 (19%)	13 (15%)	22 (26%)
In-person conference/training/workshop	2.9	23 (23%)	22 (22%)	17 (17%)	19 (19%)	20 (20%)
Guidance embedded in EHR SmartSets	2.8	30 (29%)	18 (17%)	17 (17%)	17 (17%)	21 (20%)
Micro-trainings	2.8	21 (19%)	26 (24%)	30 (27%)	24 (22%)	9 (8%)
Webinars	2.7	34 (24%)	39 (28%)	19 (14%)	32 (23%)	15 (11%)
Online interaction tool CareRef	2.6	36 (36%)	16 (16%)	14 (14%)	21 (21%)	13 (13%)

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	Mode of Delivery	Average Score	Score Count (%)				
			1	2	3	4	5
No DME/Primary Care	Maintenance of Certification	3.6	0 (0%)	3 (16%)	7 (37%)	4 (21%)	5 (26%)
	Guidance embedded in EHR SmartSets	3.4	7 (16%)	9 (20%)	6 (14%)	4 (9%)	18 (41%)
	Other	3.3	4 (21%)	2 (11%)	5 (26%)	1 (5%)	7 (37%)
	Simulation Trainings	3.3	8 (15%)	8 (15%)	11 (21%)	15 (28%)	11 (21%)
	Micro-trainings	3	9 (14%)	17 (27%)	11 (17%)	19 (30%)	7 (11%)
	Short courses	2.9	12 (16%)	18 (24%)	16 (21%)	22 (29%)	7 (9%)
	Smart phone application (interactive)	2.9	16 (26%)	9 (15%)	13 (21%)	12 (19%)	12 (19%)
	Online interaction tool CareRef	2.9	16 (25%)	13 (21%)	11 (17%)	7 (11%)	16 (25%)
	In-person conference/training/workshop	2.6	19 (30%)	10 (16%)	18 (28%)	10 (16%)	7 (11%)
	Webinars	2.5	33 (33%)	20 (20%)	20 (20%)	16 (16%)	10 (10%)

Table 11: CDC Refugee Health Profiles

Question	Count	%
Have you used the CDC Refugee Health Profiles during the past year (12 months)?		
Yes	117	30%
No	270	69%
Missing	6	2%
Do you find the CDC Refugee Health Profiles useful?*		
Yes	111	95%
No	6	5%
How, if at all, should the profiles be expanded?*		
Expand existing profiles	7	6%
Add more population-specific profiles	36	31%
Both of the above	39	33%
Profiles do not need to be expanded	35	30%

*Of those who used the CDC Refugee Health Profiles.

Table 12: Use of CDC Refugee Health Profiles by Profession

Profession	Used the CDC Refugee Health Profiles N (%)	
	Count	%
Clinical Psychologist	1	20%
Community Health Worker	3	43%
Nurse	25	33%
Nurse Practitioner	8	30%
Physician	39	36%
Physician Assistant	3	38%
Public Health Nurse	23	25%
Public Health Professional	6	21%
Social Worker in a Health Care Setting	1	8%
Other	8	27%