

# Utah Refugee Health Program

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Bureau of Epidemiology  
Treatment and Care Services Program



UTAH DEPARTMENT OF  
**HEALTH**

January 2014

# Utah Refugee Health Program Manual

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## Introduction

The United Nations defines a refugee as, ***“Any person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”***<sup>1</sup>

Providing refuge to individuals whose lives have been impacted by war, conflict or disaster is a key part of the United States’ humanitarian efforts. Following World War II and the admission of 250,000 displaced Europeans, Congress enacted the first refugee legislation, “The Displaced Persons Act of 1948”, which allowed for the admission of an additional 400,000 displaced Europeans<sup>2</sup>.

In 1975, with the resettlement of hundreds of thousands of Vietnamese refugees, Congress recognized the need to establish a formal resettlement program. Congress passed the “Refugee Act of 1980,” which standardized resettlement services for all refugees admitted to the United States. Administered by the Bureau of Population, Refugees and Migration (PRM) in conjunction



with the Office of Refugee Resettlement (ORR) in the Department of Health and Human Services (HHS) the current refugee program contracts with nine voluntary agencies (VOLAGS) to ensure newly arrived refugees successfully integrate into their new communities<sup>3</sup>.

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<sup>1</sup> <http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees> 8/24/12

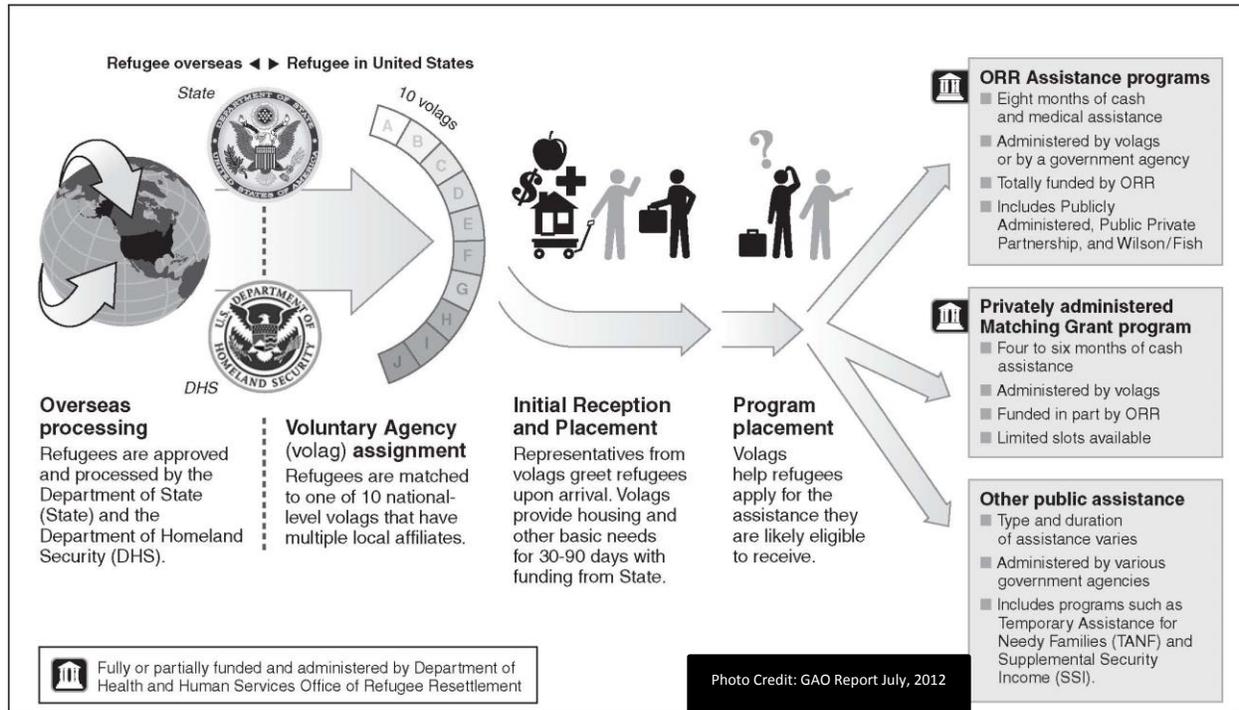
<sup>2</sup> <http://www.rcusa.org/index.php?page=history> 8/23/12

<sup>3</sup> Ibid

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## Resettlement Process

The refugee admissions process is quite comprehensive and may take anywhere from a few months to years to complete. The graphic<sup>4</sup> below, created by HHS, outlines the admission process.



Source: GAO.

Each year the United States determines how many refugees will be resettled in a fiscal year (FY), October 1-September 30. While the number fluctuates slightly, each year the goal has been to admit 70,000-80,000 refugees annually. Additionally, the U.S. has identified five regions from which refugees will be accepted: 1) Latin American and Caribbean; 2) Europe and Central Asia; 3) East Asia; 4) Africa; and 5) Near East and South Asia. The number of refugees from each region is determined on an annual basis; for the past several years the largest numbers of refugees have come from the Near East and South Asia regions followed by East Asia and Africa.

<sup>4</sup> According to PRM's website the correct number of Voluntary Agencies is 9: <http://www.state.gov/j/prm/ra/index.htm>

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## FY 2013 Arrivals

Region	Number of Cases	Number of Individuals
Africa	7,761	15,980
East Asia	7,315	16,537
Europe and Central Asia	221	580
Latin America/Caribbean	1,827	4,439
Near East/South Asia	14,191	32,394
Totals	31,315	69,930

Source: Refugee Processing Center

## FY 2014 Proposed Admissions

Region	Proposed allocations
Africa	14,000
East Asia	14,000
Europe and Central Asia	1,000
Latin America/Caribbean	5,000
Near East/South Asia	34,000
Unallocated Reserve	2,000
Total	70,000

Source: Proposed Refugee Admissions for Fiscal Year 2014: Report to the Congress. [www.state.gov/documents/organization/219137.pdf](http://www.state.gov/documents/organization/219137.pdf)

In addition to determining the overall number of refugee admissions and allocations from specific regions, the U.S. has developed a three-tiered priority system to help identify the most vulnerable individuals and groups.

**Priority 1:** Individual referrals from the United Nations High Commissioner for Refugees (UNHCR), U.S. Embassy and/or other NGOs working overseas; individuals with compelling need or security issues requiring third country resettlement.

**Priority 2:** Group referrals, specifically groups with special interest to the United States. These groups are identified by working closely with the UNHCR. Groups identified for resettlement in FY2014 are:

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## FY 2014 Priority 2 Designations<sup>5</sup>:

<b>In-country processing programs</b>	<b>Groups of humanitarian concern outside the country of origin</b>
Eurasia and the Baltics-Jews, Evangelical Christians, and Ukrainian Catholic and Orthodox religious adherents	Ethnic minorities and others from Burma in Thailand camps
Cuba-human rights activists, members of persecuted religious minorities, former political prisoners, forced labor conscripts, and those deprived of professional credentials	Ethnic minorities from Burma in Malaysia
Iraq-individuals associated with the United States	Iraq-individuals associated with the United States
	Bhutanese in Nepal
	Iranian religious minorities
	Congolese in Rwanda

**Priority 3:** Family reunification, which is limited to parents, spouses and unmarried children under the age of 21 of specific nationalities. The program was placed on hold in 2008, but resumed on October 15, 2012 with new requirements, such as DNA testing for biological parent-child relationships. In FY 2014, individuals of the following countries are eligible to apply for family reunification: Afghanistan, Bhutan, Burma, Burundi, Central African Republic, Colombia, Cuba, Democratic People's Republic of Korea, Democratic Republic of Congo, Eritrea, Ethiopia, Haiti, Iran, Iraq, Mali, Republic of Congo, Somalia, South Sudan, Sri Lanka, Sudan, Syria and Uzbekistan.

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<sup>5</sup> Proposed Refugee Admissions for Fiscal Year 2014: Report to the Congress. <http://www.state.gov/documents/organization/219137.pdf>

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## Resettlement in Utah

There are estimated to be over 25,000<sup>6</sup> refugees, speaking more than 40 languages, living in Utah; roughly 1,000 refugees arrive in Utah each year. Two resettlement agencies, Catholic Community Service (CCS) and International Rescue Committee (IRC), provide newly arrived refugees with direct services and support. During the first 90 days, known as the reception and placement period, refugees have access to monetary assistance along with offering employment, housing, education, health and acculturation support. Additionally, refugees typically have access to state-funded programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP). Utah is unique in that it offers refugees two years of direct supportive services. Refugees resettled through CCS receive direct support for six months after which their case is transferred to the Refugee and Immigrant Center at the Asian Association of Utah (RIC-AAU), a local community based organization that provides employment, mental health, ESL, case management and citizenship services to refugees and immigrants. IRC provides supportive services to refugee clients for the full two years. The Utah Refugee Services Office (RSO), housed in the Department of Workforce Services (DWS), facilitates the support of the larger refugee community through various initiatives, including capacity building of ethnic-based community organizations, also known as mutual assistance associations (MAAs).



Community resources and partnerships are crucial to successful integration; agencies serving refugees rely on one another to ensure that services are timely, adequate and culturally and linguistically appropriate. DWS facilitates access to government-funded programs such as Medicaid, SNAP, financial assistance and work readiness programs. Public schools within various school districts provide education for both children and adult learners; additionally local organizations provide ESL classes and tutors. Employment plays a major role in successful integration; staff from CCS, IRC, RIC-AAU and DWS work closely with local

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<sup>6</sup> State of Utah Refugee Office. Refugee 101. [www.refugee.utah.gov](http://www.refugee.utah.gov)

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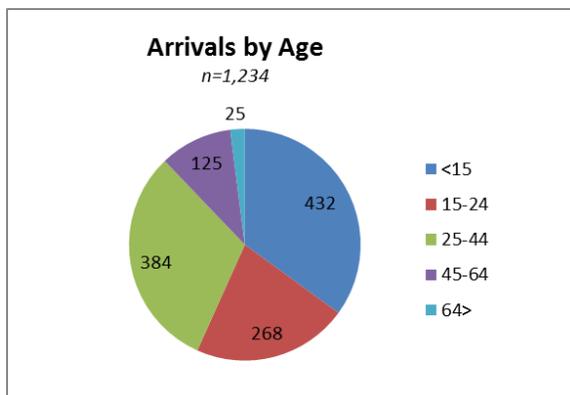
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employers to identify and secure employment for refugee clients. Access to medical services is also an important factor in the integration process; numerous medical providers and facilities provide quality care to refugee patients. While the majority of Utah’s refugee population lives within Salt Lake County, smaller communities have been established in Logan and Heber City where local organizations provide assistance.

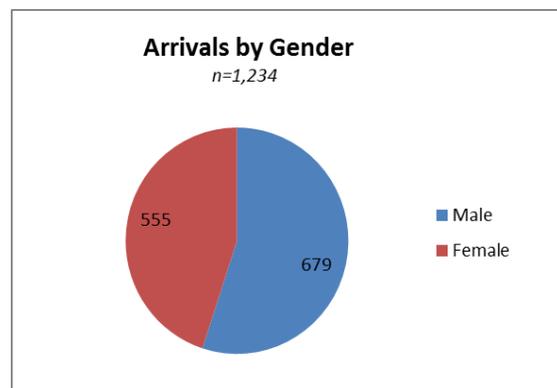
## FY 2013 Utah Arrivals: 1,234 individuals

Nativity	Number of Individuals	Nativity	Number of Individuals
Afghanistan	18	Karen	87
Burma	84	Kachin	6
Arkanese	3	Karenni	9
Bhutan	126	Kumana	1
Burundi	15	Libya	1
Chad	2	Mon	1
Chin	25	Morocco	1
China	2	Nepal	7
Columbia	1	North Korea	3
Congo	7	Pakistan	2
Cuba	2	Palestine	8
DRC	20	Rohingya	2
Eritrea	23	Rwanda	1
Ethiopia	4	Somali	278
Guinea	4	Somali Bantu	2
Iran	56	Sri Lanka Tamil	18
Iraq	328	Sudan	73
Ivory Coast	1	Ukraine	10

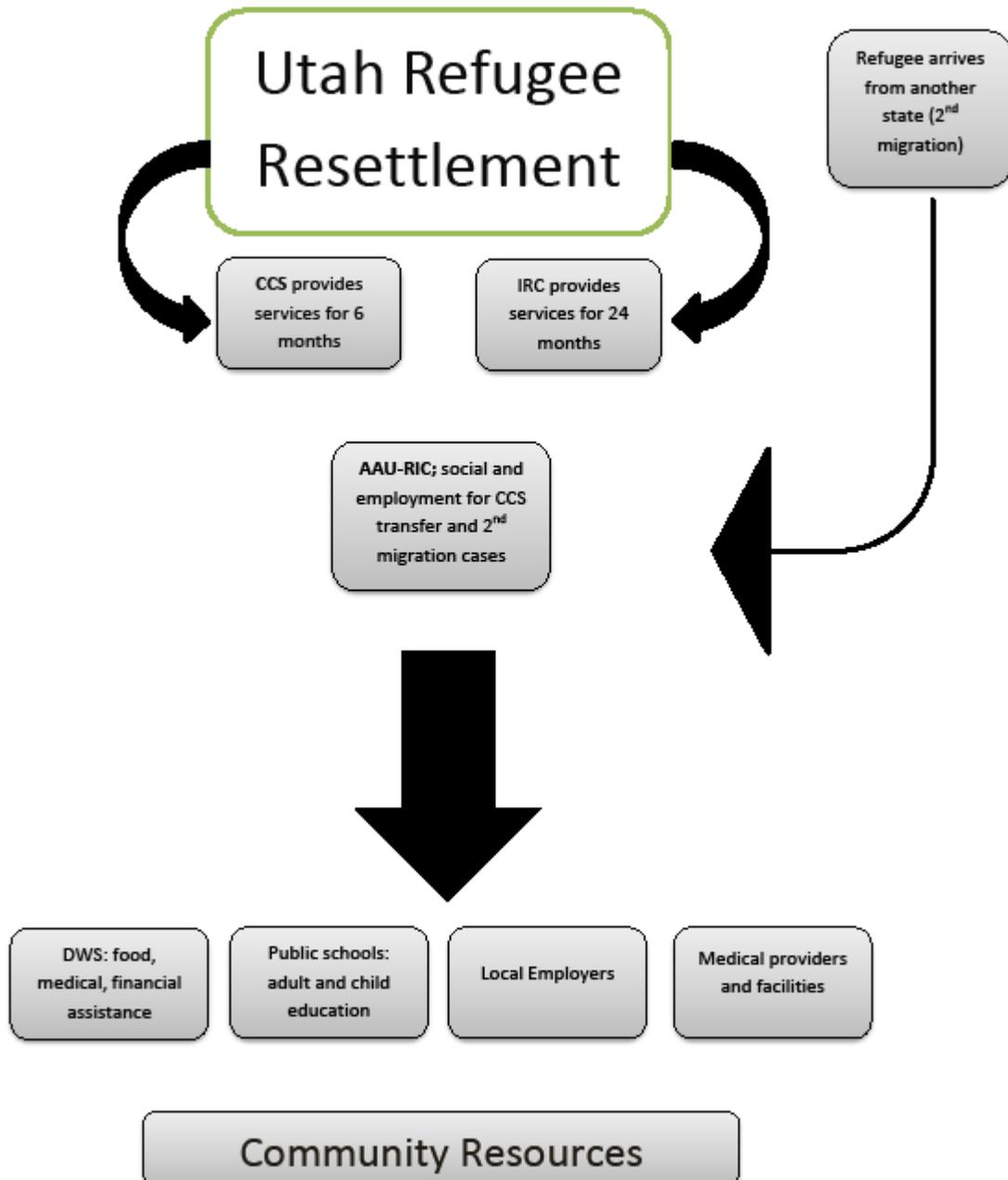
Source: UDOH Refugee Health Access Database



Source: UDOH Refugee Health Access Database



Source: UDOH Refugee Health Access Database



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## Utah Department of Health Refugee Health Program

The mission of the Utah Health Department of Health (UDOH) is to “Protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.”<sup>7</sup> Housed in the Division of Disease Control and Prevention, Bureau of Epidemiology, the Treatment and Care Services Program oversees the Utah Refugee Health Program.



The goal of the Utah Refugee Health Program is to, ***“Foster community health partnerships with those serving refugee populations through culturally appropriate health screening, education and referrals.”*** By coordinating activities between local providers, resettlement agencies, local health departments, DWS, the Center for Disease Control and Prevention (CDC) and ORR, the Utah Refugee Health Program facilitates and promotes health programs and services that are culturally and linguistically appropriate.

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<sup>7</sup> <http://health.utah.gov/>

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## ***Program Goals and Objectives:***

- 1). The Program will contract with resettlement agencies to ensure that at least 90% of newly arriving refugees receive a health screening within 30 days of arrival.
  
- 2). The Program will monitor health screening results to ensure that 95% of individuals screened are referred for follow up care within 30 days of completing the screening.
  
- 3). The Program will work with resettlement agencies to ensure that all individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of the initial health screening.
  
- 4). The Program will contract with resettlement agencies to ensure that at least 90% of newly arrived refugees receive preventive health education and trainings as part of their health care orientation.
  
- 5). The Program will coordinate with resettlement agencies and mental health providers to ensure that 90% of clients referred for mental health services receive an intake within the timeframe recommended by the screening physicians.
  
- 6). The Program will work with resettlement agencies to ensure that eligible adult refugees receive dental treatment within the first 90 days in Utah.
  
- 7). The Program will continue to provide education to individuals serving as medical interpreters to improve understanding of the medical interpreter role, codes of conduct, medical terminology and other skills necessary to provide culturally competent, medically appropriate service.

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## ***Refugee Health Program Listserv:***

The Utah Refugee Health Program supports a listserv for medical interpreters and other medical providers involved with refugee health. The listserv provides members with an easy way to exchange information and discuss issues such as:

- upcoming medical interpreter training and refresher courses;
- situations and/or areas where medical interpreters are needed;
- other issues of concern to medical interpreters;
- refugee health issues; and,
- upcoming workshops, etc. related to medical interpreters and/or refugee health

To subscribe to the listserv, send an email message to: [lyris@list.utah.gov](mailto:lyris@list.utah.gov) and type, "subscribe utah\_medical\_interpreter1" in the subject line (leave out the quotation marks). You will receive a confirmation of your subscription. Another way to join is to send an email to the current administrator, Gerrie Dowdle at [gdowdle@utah.gov](mailto:gdowdle@utah.gov)

## ***Utah Refugee Health Access Database:***

The Utah Refugee Health Access Database is used to collect, analyze and disseminate information on Class B medical conditions (overseas medical data), refugee arrivals and refugee health screening results. Additionally, the database is used to analyze and disseminate aggregate data on a trimester, annual and ad hoc basis. The following information is collected from RIC-AAU, CCS, IRC and screening clinics and entered into the Utah Refugee Health Access Database:

- Alien ID Number
- Date of Arrival
- Name
- Household ID Number
- Age/Date of Birth
- Sex
- Place of Birth/Nativity
- Arrived From
- Date of Health Screening
- Health Screening Results
- Class B Medical Conditions

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## *Utah Refugee Health Program Staff:*

- **Cristie Chesler, Treatment and Care Services Program Manager**  
Oversees the TB Control, Ryan White and Refugee Health Programs; facilitates program development, community collaboration and technical assistance. Also serves as State Refugee Health Coordinator.
- **Jelena Pasalic, Health Program Specialist**  
Coordinates follow up for refugees that require mental health evaluation and for those with positive TB skin tests and/or abnormal chest x-rays detected in the overseas and/or U.S. health screening. Also conducts the “Bridging the Gap” medical interpreter training and represents the UDOH on various committees pertaining to refugees.
- **Gerrie Dowdle, Health Program Specialist**  
Oversees data management and surveillance of the Utah Refugee Health Access Database; coordinates the referral and follow up of refugees needing additional medical care; and, ensures identified reportable conditions are assigned to local health departments.
- **Amelia Self, Health Program Coordinator**  
Monitors and evaluates the state of refugee health and health services after the initial six-month resettlement period; coordinates ORR funded Refugee Preventive Health grant.
- **Hina Yazdani, Health Program Specialist**  
Assists with refugee health education and outreach, advisory committees and monthly contract billings.
- **Joan Parker, Office Specialist**  
Assists with Utah Refugee Health Access Database and other data management tools critical to the functioning of the Program; coordinates purchasing and maintains Program inventory.

Utah Refugee Health Program website: [http://health.utah.gov/cdc/refugee\\_home.htm](http://health.utah.gov/cdc/refugee_home.htm)

## Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the U.S. in order to detect diseases that would preclude admission to the U.S. and to prevent the importation of diseases of public health importance<sup>8</sup>. Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the DS-2053 form (Appendix A). The examination includes:

- a) Medical history and physical examination.
- b) Chest x-ray for age  $\geq 15$  years (for South Asian refugees, the age is  $\geq 2$  years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis (TB)
- c) Serologic test for syphilis for age  $\geq 15$  years. Persons with positive results are required to undergo treatment prior to departure for the U.S.; physical exam for evidence of other STDs. As of Jan 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
- d) Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the U.S.
- e) A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.

Departure of refugees with communicable diseases that preclude entry into the U.S. (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious.

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<sup>8</sup> <http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>

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Based on the examination, an individual's medical status is assigned a classification. These classifications include:

- **Class A:** Conditions prevent a refugee from entering the U.S; they include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for U.S. entry and immediate follow up upon arrival. Examples of Class A conditions are:
  - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
  - TB: active and infectious
  - Hansen's disease (leprosy)
  - Mental illness with violent behavior
  - Drug addiction
- **Class B:** Physical or mental abnormalities, diseases or disabilities of significant nature; require follow up soon after arrival.
  - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
  - Hansen's disease, not infectious
  - Other significant physical disease, defect or disability
- **Class B TB-** (see page 20)
  - Class B1 TB, Pulmonary
  - Class B1 TB, Extra pulmonary
  - Class B2 TB, LTBI Evaluation

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The quality of the examination varies and depends on such factors as the site of the examination, the panel of physicians and how long the examination process has been in place at a given location. The examination is valid for one year for those examined in countries using the 1991 TB Technical Instructions as long as the applicant does not have a Class A or Class B TB condition; if any of these conditions exist, the exam is valid for six months. For applicants screened in countries using the 2007 TB Technical Instructions, the exam is valid for six months if there is no Class A TB, Class B1 TB or HIV condition. If any of these conditions exist the examination is valid for three months<sup>9</sup>.

### ***Class B Medical Conditions:***

Monitoring the health of newly arriving refugees is an ongoing priority for the Refugee Health Program. However, historically most of the information collected was regarding notifiable/communicable diseases post arrival (as identified during the initial health screening). During FY 2013 the Refugee Health Program began tracking all significant refugee health issues, referred to as “Class B Medical Conditions” as identified in the overseas medical report. The intent in gathering this additional information at the state level is to be able to identify trends in the health conditions of arriving refugees, to assist stakeholders in Utah to make educated decisions about what types and the numbers of medical conditions that can adequately be accommodated and identify potential resource limitations impacting refugee health.

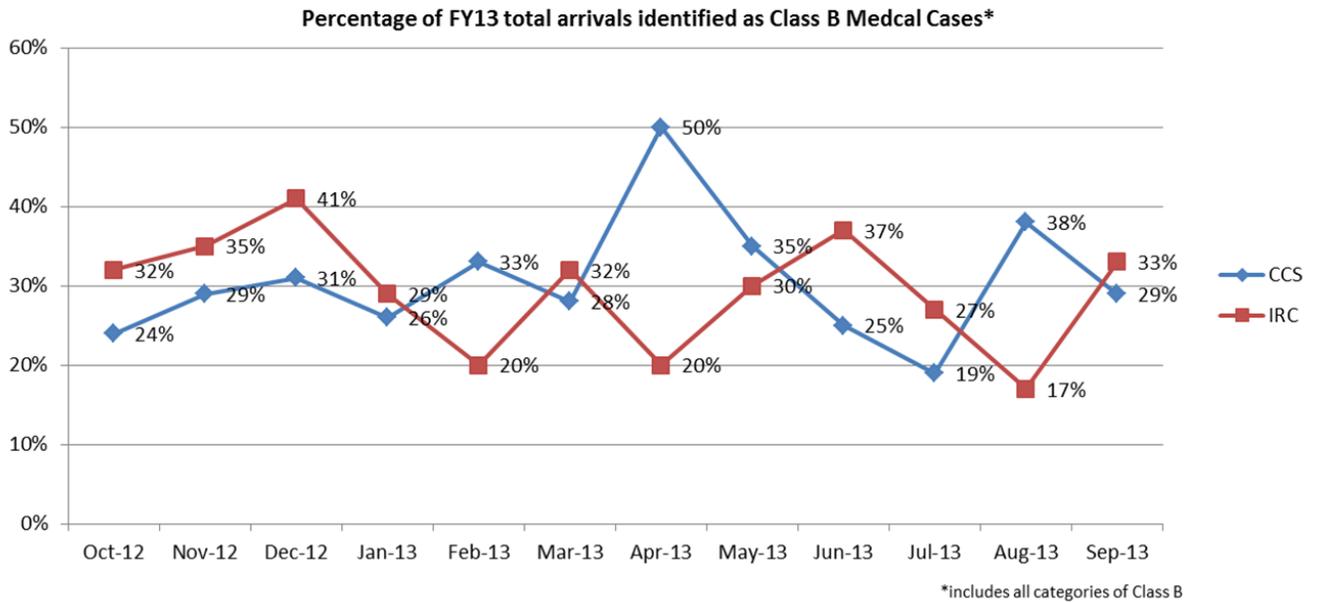
In FY 2013, slightly more than one-third of all arrivals had at least one medical condition identified on the overseas medical report. Of the 1,234 refugees resettled in FY 2013, 458 (37%) were Class B medical cases. CCS resettled a total of 661 refugees in FY 2013 of which 243 (37%) were identified with at least one Class B medical condition. IRC resettled a total of 573 refugees in FY 2013 of which 215 (38%) were

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<sup>9</sup> <http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>

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identified with at least one Class B medical condition.



The most frequently identified Class B medical conditions in FY 2013 were: 1) impaired vision; 2) hypertension; 3) asthma; 4) diabetes; and 5) hearing loss. Additionally, musculoskeletal and neurological conditions were highly prevalent among refugees arriving in FY 2013.

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## Refugee Health Screening

The first interaction that refugees have with the health care system in the U.S. begins with the Refugee Health Screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the U.S. The purpose of the domestic screening is to “reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and to ensure good health practices facilitate successful integration and self-sufficiency.”<sup>10</sup>

The Utah Refugee Health Program works closely with various to provide a comprehensive Refugee Health Screening. The resettlement agencies, RIC-AAU, CCS and IRC, are responsible for scheduling the screening appointment, arranging transportation and interpretation and ensuring each newly arrived refugee successfully completes the screening within 30 days.

Utah offers a comprehensive and holistic health screening (Appendix B); components of the screening are:

A. Physical Exam-addresses health concerns and issues in the following areas:

- Cardiology
- Dermatology
- Endocrinology
- ENT
- Genitourinary
- GI
- Hematology
- Musculoskeletal
- Neurology
- Nutrition
- Obstetrics
- Ophthalmology
- Pulmonology
- Preventive (family planning, tobacco)
- Screenings: hearing, dental, and vision



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<sup>10</sup> <http://www.acf.hhs.gov/programs/orr/programs/preventive-health>

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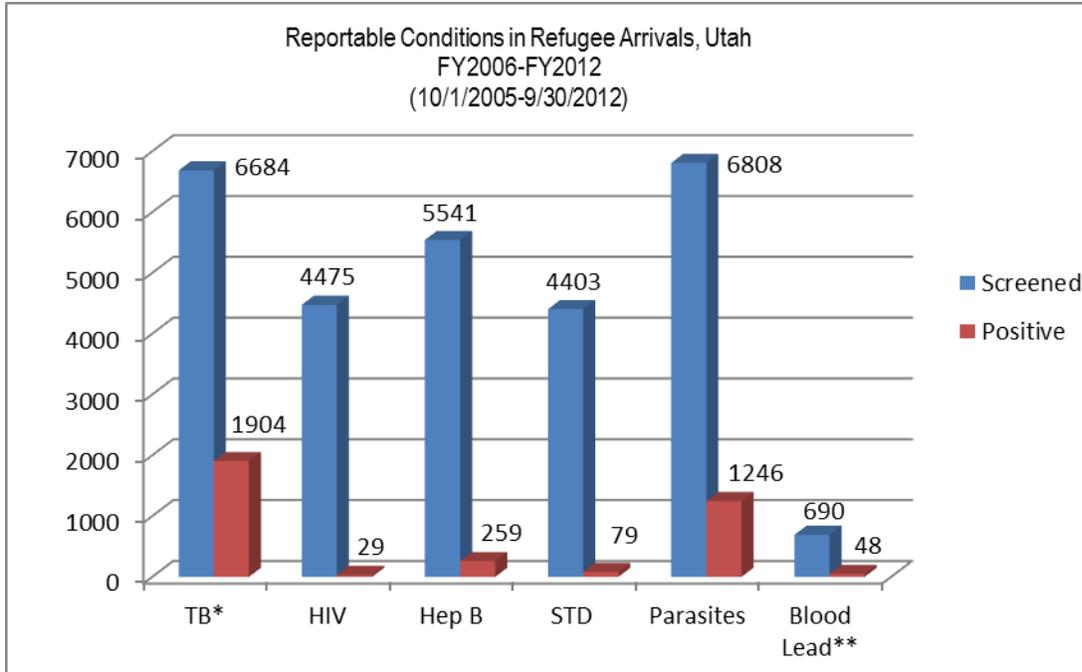
- B. Screening and testing-assess for sexually-transmitted diseases, parasites, deficiencies and chronic disease including:
- HIV
  - Hepatitis B
  - Hepatitis C
  - Syphilis
  - Schistosomiasis
  - Strongyloides
  - Giardia
  - Anemia
  - Diabetes
  - Other intestinal parasites
- C. Immunizations- the U.S. Advisory Committee on Immunization Practices (ACIP) vaccination requirements do not apply to refugees at the time of their initial admission to the U.S; however, refugees must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the U.S. (one year or more after arrival).<sup>11</sup>
- D. Presumptive Treatment-for parasites known to be common to specific regions from which refugees are arriving specifically Schistosomiasis (Praziquantel) and Strongyloides (Ivermectin).
- E. TB Screening-targeted testing for latent TB infection (LTBI) primarily using QuantiFERON<sup>®</sup>-TB Gold (QFT-G), which is an alternate testing method for the tuberculin skin test (TST) and offers increased specificity and sensitivity. TST may be used if QFT-G blood draw is unsuccessful or if the QFT-G is indeterminate.
- F. Mental Health Screening-the Refugee Health Screener 15 (RHS-15) is used to screen for depression, anxiety, PTSD and overall distress in refugees ages 14 and older.

Communicable and/or diseases of public health significance are reported to the local health department (LHD) and UDOH. If follow up is required, the LHD will either coordinate with the resettlement agency or contact the refugee directly. Refugees found to have an infectious disease, including parasitic or worm infections, will receive the appropriate medication or a prescription for the medication.

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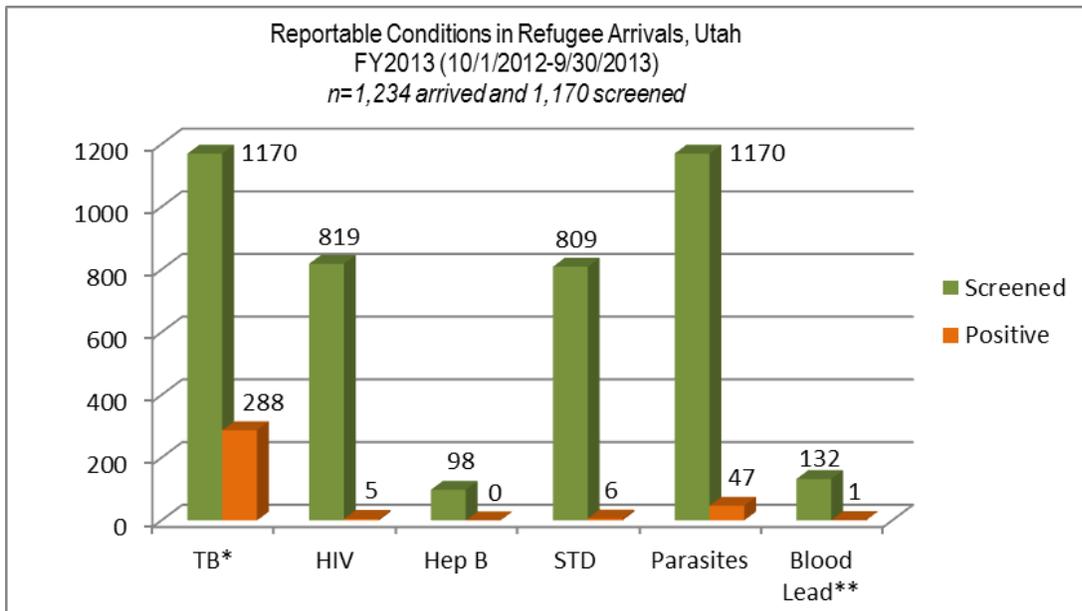
<sup>11</sup> <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/vaccination-panel-technical-instructions.html>

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\* Not positive for active TB disease

\*\*Children ≤ 6 years old tested, positive = ≥ 10 mg/dL



\* Not positive for active TB disease

\*\*Children ≤ 6 years old tested, positive = ≥ 10 mg/dL

## **Tuberculosis (TB) and Latent TB Infection**

### **Class B TB**

U.S. immigration law requires an overseas medical examination of all immigrants and refugees for TB and a chest x-ray is required for applicants older than 14. Individuals with abnormal chest x-rays (CXRs) suggestive of clinically active TB or who are otherwise suspected of having active TB, have sputum smear examinations to determine if they have infectious TB disease. Refugees identified with active TB disease (ATBD) are started on treatment prior to departure for the United States; once the refugee is no longer contagious, U.S. resettlement can occur.

Class B TB conditions indicate the need for the refugee to follow up upon arrival to the U.S. The TB Control Program considers people with Class B TB conditions at high-risk for active TB disease until an evaluation is complete. The LHD has 45 days to locate and evaluate Class B refugees.

### **Procedure**

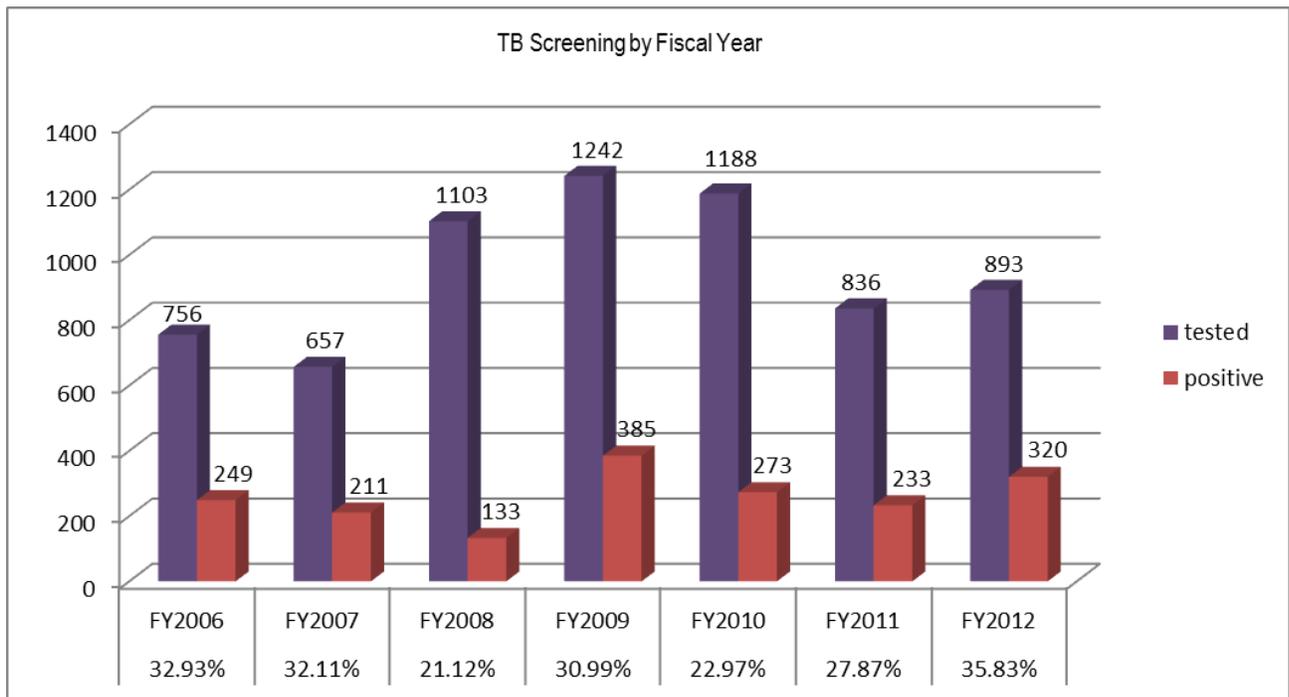
- a). The TB Control Program receives a "Notice of Arrival of Alien with TB" from the CDC's Electronic Disease Notification (EDN) on newly-arriving individuals identified with a Class B1 or B2 TB. If the resettlement agencies are aware of individuals identified with Class B1 or B2, pre-arrival, they are to notify the TB Control Program, which will track and monitor the arrival of these individuals.
  
- b). The TB Control Program forwards the Class B TB report, either from the CDC or resettlement agency, to the appropriate LHD for follow up. If the new arrival is a refugee, the Utah Refugee Health Program is also notified and the Program will assist in coordinating services if needed.
  
- c). The LHD completes an evaluation for TB. If the refugee has ATBD, the TB Control Program is notified and appropriate treatment begins. If the refugee has Latent TB Infection (LTBI), treatment for LTBI is offered.
  
- d). The Class B TB evaluation form is completed and sent back to the TB Control Program.

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e). The TB Control Program forwards the completed report to the CDC Division of Quarantine and maintains a copy in the Class B TB refugee files.

## TB Screening

Targeted testing for LTBI is a strategic component of TB control as it identifies people at high-risk for developing TB disease that would benefit from treatment, if detected. Newly arriving refugees are at high-risk for developing active TB disease and would benefit from treatment of LTBI. The use of QFT-G was implemented in 2006 and is the primary means of testing during the Refugee Health Screening as it offers increased specificity and sensitivity.



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## ***LTBI Coordination***

Reducing the likelihood of progression from latent TB to active TB is a main focus of the UDOH TB Control Program. Salt Lake County Health Department (SLCoHD) provides services to control the spread of TB in the Salt Lake Valley. In order to do so, SLCoHD focuses on three main components of TB control: 1) identify and treat TB disease; 2) identify, evaluate and treat newly infected contacts to infectious TB cases; and, 3) screen and treat high-risk populations for TB infection. Since refugees are considered a high-risk population, SLCoHD works closely with resettlement agencies to evaluate, educate and treat refugees identified with LTBI.

### CCS LTBI Coordination:

- Health Program Coordinator (CCS) and Public Health Nurse (SLCoHD) coordinate initial intake; CCS arranges for transportation and interpretation.
- Health Program Coordinator arranges transportation and interpretation for monthly medication pick up at SLCoHD for the first six months that a client is in Utah.
- Public Health Nurse monitors treatment and communicates progress to Health Program Coordinator.

### AAU-RIC LTBI Coordination:

- Medical Coordinator (AAU-RIC) receives health referral from CCS.
- Medical Coordinator coordinates monthly treatment with Public Health Nurse (SLCoHD).
- AAU-RIC arranges for transportation and interpretation for monthly medication pick up.

### IRC LTBI Coordination:

- Health Program Coordinator (IRC) and Public Health Nurse (SLCoHD) coordinate initial intake; IRC arranges for transportation and interpretation.
- Bi-monthly medication pick up appointments are held at IRC every other Monday from 1-3 p.m. A Public Health Nurse is available for any client scheduled to pick up medication refills; IRC provides interpretation and arranges for transportation, if needed.

# Utah Refugee Health Program Manual

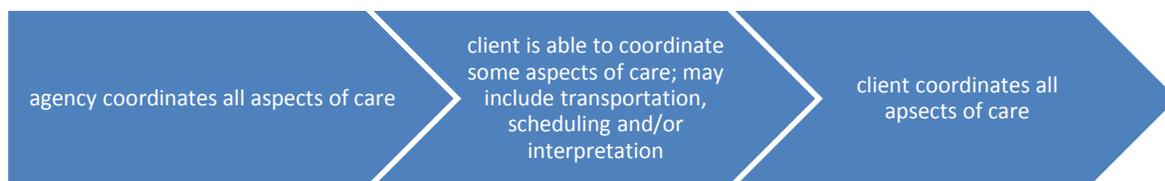
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## Care and Coordination

Results from the Refugee Health Screening are shared with the Utah Refugee Health Program, which then ensures appropriate follow up care and coordination is provided by the resettlement agencies. The expectation of the Utah Refugee Health Program is that each refugee will be assigned to a Primary Care Provider (PCP) and receive timely follow up care (within 30 days of completing the Health Screening). Assigned PCPs are reported to Utah Refugee Health Program; the Program then coordinates the transfer of records from the screening clinic to the PCP. Once a PCP and medical home are assigned, care and coordination is facilitated by the resettlement agencies, as needed. With the addition of new screening clinics it is the expectation of the Utah Refugee Health Program that the screening physician will go on to serve as the patient's primary care provider, subsequently enhancing the continuity of care for newly arrived refugees.

Program staff at the resettlement agencies work closely with both clients and medical providers to ensure that care is timely and appropriate. Both IRC and CCS emphasize self-sufficiency; clients are encouraged to take an active role in their health care and use their individual strengths to facilitate access to care.

### Health Self-Sufficiency Spectrum



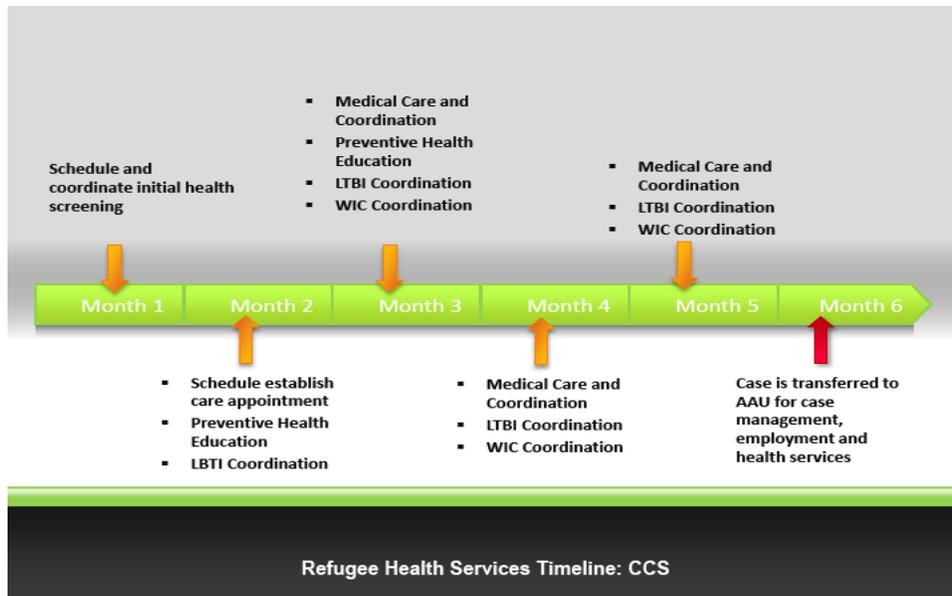
CCS provides care and coordination services, as needed or as requested, for the first six months that a refugee is in Utah. After the sixth month, care and coordination is transferred to RIC-AAU where services are coordinated by the case manager and/or Medical Coordinator. RIC-AAU typically provides health services for the first two years in the U.S.; cases with special medical needs may be extended past the two years. IRC provides care and coordination for the first two years; however the goal is that the majority of clients will reach health self-sufficiency at the conclusion of the first year. At two years, IRC clients graduate and are not officially transferred to another organization.

# Utah Refugee Health Program Manual

## **CCS Health Services Program:**

**Mission:** To address client's health expectations through quality care, innovative services and working as a team.

**Services:** Provides on-going medical care and coordination, conducts health education and facilitates community integration during the first six months in Utah.



### **Staff:**

- **Refugee Resettlement Director: Batar Aden**
- **Medical Services Supervisor: Lorena Badran**  
Coordinate, oversee and manage the Health Services for Resettlement Program, including the supervision of the Medical Health Screening Coordinator, Medical Interpreter Coordinator, Medical Health Educator Coordinator and Mental Health Screening Referral Coordinator. Work with government agencies and service providers. Coordinate and manage all the medical reportable conditions directly with UDOH. Manage all record keeping aspects of Health Services. Assist with case file audit and compliance.
- **Medical Health Screening Coordinator: Mariza Chacon**  
Coordinate the initial Health Screenings with four different providers for all newly arrived refugees; coordinate the initial medical appointments to the PCP. Manage all Health Screening records; help case manager with the completion of clients' file.
- **Health Education and Orientation Coordinator: Lhaksam Choedon**  
Become certified as a trainer for the "Bridging the Gap" interpreter training course; provide ongoing medical interpreter training for newly hired case managers and interpreters; coordinate WIC services; training and distribution of car seats; provide health care navigation orientation and training; implement and evaluate health education and orientation services through a series of

## Utah Refugee Health Program Manual

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lessons including emergency preparedness (emergency bag distribution), B12 deficiency education and oral hygiene.

- **Medical Interpreter Coordinator: Randy Chappell**

Oversee, manage, hire and supervise Medical Interpreters. Manage and process all medical billings in coordination with the health plan providers. Oversee the Dental Health Grant by coordinating all the initial Dental Screenings and follow up appointments.

- **Mental Health Screening and Referral Coordinator: Justin Williams**

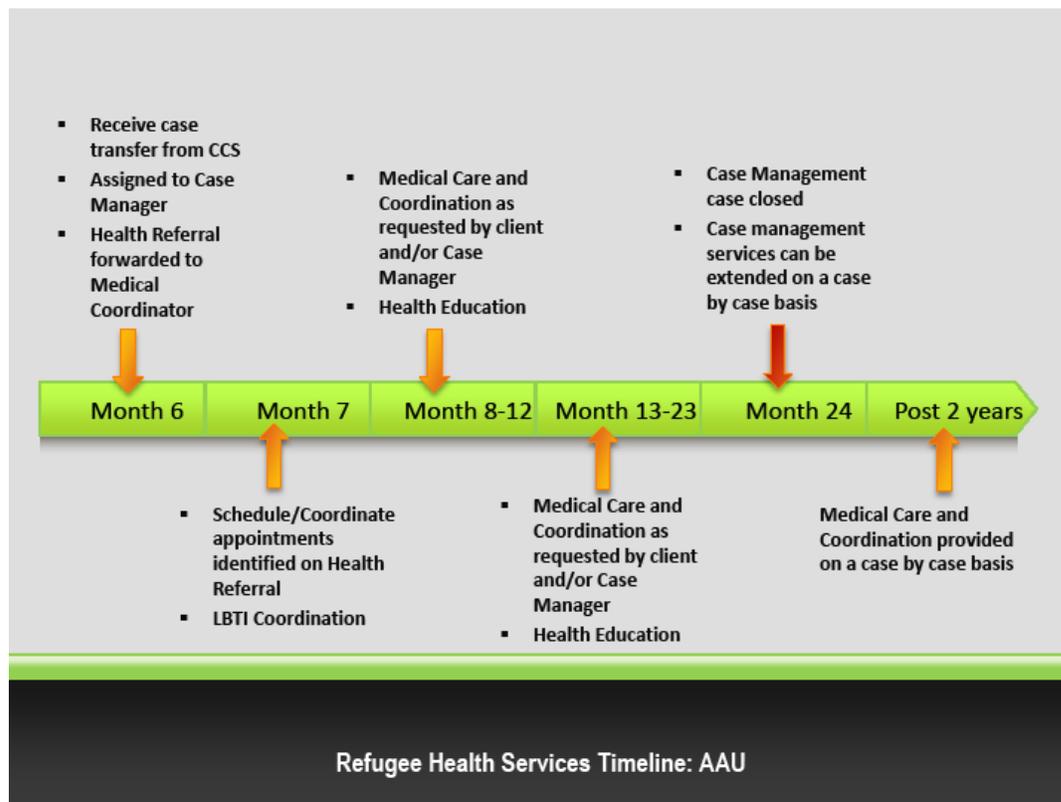
Coordinate, oversee and manage mental health services for the Refugee Resettlement program. Conduct mental health orientation for new arrivals; review the mental health assessments performed during the initial health screening; and conduct a new assessment for each adult client in the third and sixth month after arrival. Refer clients to and schedule clients with the appropriate mental health provider; educate and train medical interpreters about mental health services; and, manage all record-keeping aspects of mental health services.

# Utah Refugee Health Program Manual

## ***RIC-AAU Medical Interpreting and Translation Services Program:***

**Mission:** Improve the quality of life of refugees and other immigrants. Provide culturally-sensitive and language specific social services that include education, employment services, advocacy, mental health treatment, domestic violence counseling, substance abuse treatment for adults and youth, parenting classes, English classes, after-school tutoring and activities, and case management.

**Services:** Provides care and coordination for clients accessing case management services. Also provide medical, educational, occupational, and court interpretive and/or translation services.



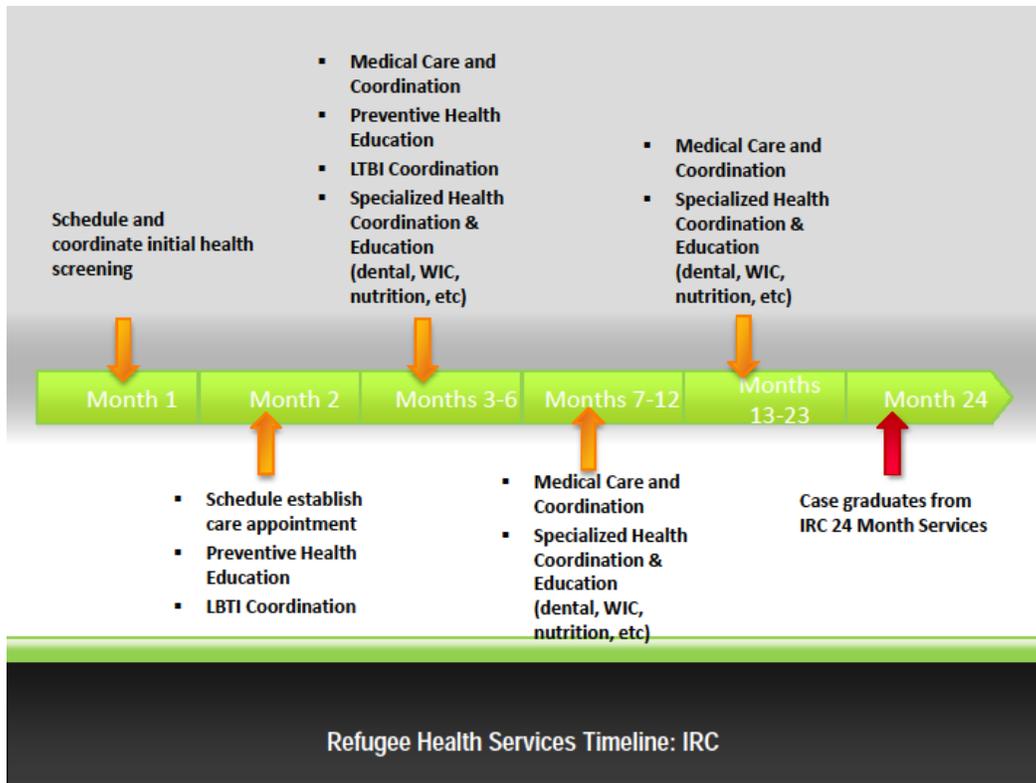
### **Staff:**

- Department Director: Lina Smith
- Social Service Program Supervisor: Katie Dumke
- Medical Coordinator: Hau Thang
- Interpreting Program Supervisor: Laura Vasquez
- Outreach Coordinator: Kevin Nieptraschk

# Utah Refugee Health Program Manual

## **IRC Health Program:**

**Mission:** IRC-SLC Health Programs promote physical and psychological well-being by ensuring access to health care services and providing culturally appropriate, strength-based, educational programming.



### **Services and Staff:**

- **Executive Director:** Patrick Poulin
- **Health Program Manager:** Ashley Nguyen

### **Health Access & Education Program:** Brook Virgen and Bhagawat Acharya

- Ensure all clients receive a comprehensive health screening which includes a physical examination, immunizations and a brief mental health assessment.
- Ensure all clients have a medical home and a primary care provider.
- Facilitate all follow up care and referrals.
- Provide quality interpretation services for medical and community appointments.
- Coordinate dental appointments during the 90-day coverage period.
- Facilitate preventive treatment for latent tuberculosis infection.

### **Maternal and Child Health Program:** Vacant

- Ensure all pregnant women receive pre-natal and postpartum care.
- Facilitate monthly centering program in partnership with Redwood Health Center to provide group support and education alongside prenatal appointments.

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- Facilitate WIC Program enrollment and orientation for all eligible women and children.
- Provide eligible clients with car seats and education around the correct usage.
- Facilitate workshops addressing birth control, women's health, pre-natal health, home safety, personal hygiene, home hygiene, and nutrition.

## **Health and Wellness Outreach Program:** Yukiko Stephan

- Hold Preventive Health Workshops including: Navigating the Healthcare System, Clinic Tours, Self-care and more.
- Organize and host annual "United in Health" refugee health fair.
- Improve HIV and sexual health education through one-on-one home visits.
- Connect HIV+ clients to available resources.
- Provide population specific health interventions for communities identified as needing additional support.

## **Nutrition and Food Security:** Emma Thatcher

- Ensure all newly arrived refugees receive basic nutrition education.
- Provide one-on-one nutrition education to individuals who have been identified at risk and/or in need of further support and education.
- Provide group education addressing diet-related conditions such as diabetes, B12 and hypertension.

## **Special Needs Case Management:** Natasha Rodes

- Provides intensive medical case management to a smaller caseload identified with having special health needs.
- Services include: health care services; assisting in coordination with DWS, SSI, and ESL; providing education; and connecting clients with community resources.

## **Mental Health Screening & Referral:** Devin Petersen

- Facilitate mental health referrals made through initial health screening.
- Implement RHS-15 screenings at three and six months and facilitate referrals as needed.
- Educate clients about mental health and available resources.
- Serve as liaison with mental health providers.

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## Mental Health

Clients identified during the Refugee Health Screening as requiring follow up mental health care are referred to the appropriate agency. Currently there are two main agencies providing mental health services to the refugee community.

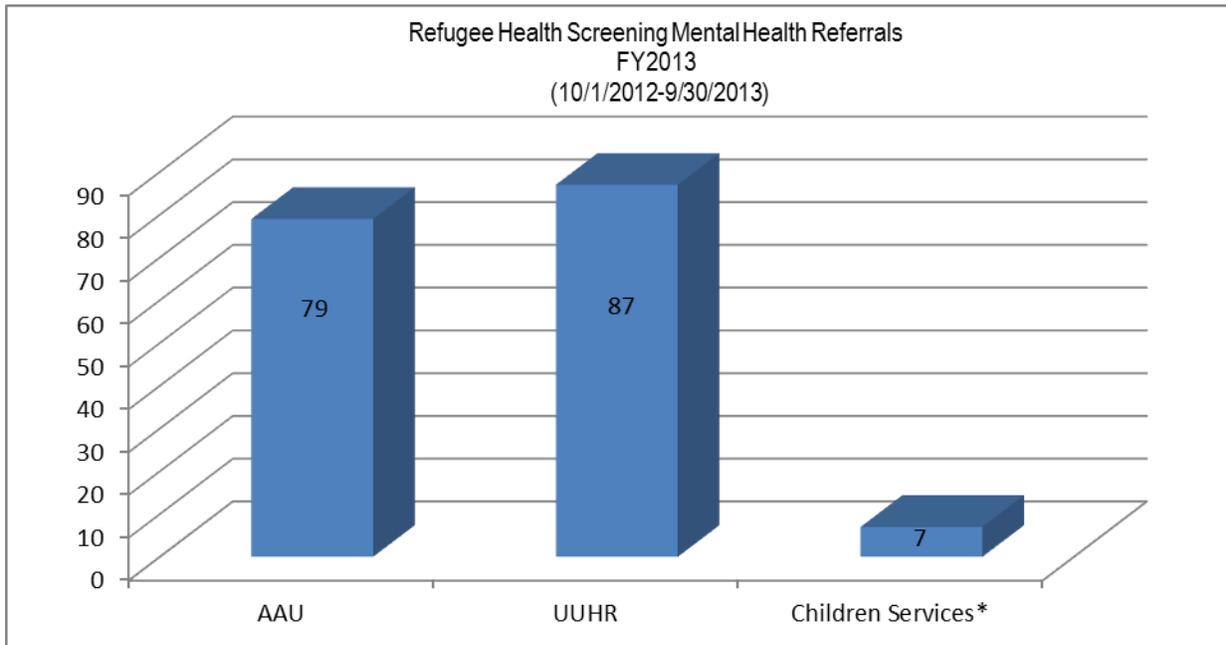
<b>Utah Health and Human Rights</b>	<b>Refugee &amp; Immigrant Center at Asian Association of Utah</b>
<p>Utah Health and Human Rights (UHHR) is a nonprofit organization that provides highly-specialized and culturally competent mental health, medical, psychiatric, case management, and legal services to men, women, and children who have endured severe human rights abuses. UHHR helps refugees, immigrants, asylum seekers, and asylees heal from the physical and psychological impacts of torture and rebuild their lives. Evidence-based and holistic services promote health, dignity, and self-sufficiency and are guided by profound respect for the dignity and resiliency of clients. UHHR is a member of the National Consortium of Torture Treatment Programs.</p>	<p>The Refugee and Immigrant Center at Asian Association of Utah (AAU-RIC) provides comprehensive outpatient services including, but not limited to, mental health counseling, medication management, family counseling, and domestic violence and substance abuse treatment. AAU-RIC strives to improve the quality of life for refugees and immigrants. AAU-RIC is an interdisciplinary team of culturally competent professionals that include an Advance Practice Registered Nurse (APRN), psychologist, family services coordinators, Licensed Clinical Social Workers, Clinical Social Workers, and case managers who all have experience working with refugee and immigrant populations.</p>
<p><b>Services include:</b></p> <p>Mental health services to refugees, immigrants, asylees, and asylum seekers who have survived severe human rights abuses.</p> <p>Interpretive services.</p> <p>Training and consultation to community members and professionals statewide.</p>	<p><b>Services Include:</b></p> <p>Mental health services to refugees and immigrants in Salt Lake County.</p> <p>Interpretive services.</p>

The RHS-15 is used to assess the mental health needs of newly arrived refugees. The RHS-15 (Appendix C) was designed as a simple tool that can be used during the initial health screening and/or in the primary care setting. The 15 questions address symptoms associated with depression, anxiety, trauma and overall well-being; the tool has been translated and validated in a number of refugee languages.

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Refugees scoring  $\geq 12$  on questions one through fourteen or  $\geq 5$  on the distress thermometer are identified as someone who may benefit from mental health services; an official referral is made for those individuals willing to accept mental health services. Referrals are coordinated through the Utah Refugee Health Program; the Refugee Health Specialist will notify the resettlement agency and mental health service provider of the referral, providing as much information as possible from the health screening. The mental health provider and resettlement agency then coordinate an intake date and time, transportation and interpretation, as needed.

All follow up services are coordinated by the resettlement agency and service provider. Currently both IRC and CCS employ Mental Health Coordinators who have the responsibility of coordinating all initial mental health referrals and follow up appointments, while serving as a liaison between the resettlement agency and service providers. Additionally, both agencies administer the RHS-15 at specific intervals during the resettlement process, to specific groups of refugees, with the hope of identifying refugees in need of mental health services earlier on in the resettlement process.



\*Children services include referrals to VMH Children's Unit and AAU

# Utah Refugee Health Program Manual

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## Nutrition

Nutritional issues, including failure to thrive, malnutrition and deficiencies, are of great concern with regard to overall refugee health. While general nutritional status is evaluated during the Refugee Health Screening, additional efforts are made to ensure refugees with nutritional needs receive timely and adequate follow up care.

- Women Infants and Children (WIC) is a nutrition program that helps pregnant women, new mothers and young children eat well, learn about nutrition and stay healthy.<sup>12</sup> Through nutrition education, counseling and supplemental food vouchers refugees have access to much needed nutritional support. The resettlement agencies coordinate refugees' access by scheduling appointments, arranging transportation, and providing additional education. To further support these efforts the Utah Refugee Health Program, in collaboration with the Rose Park WIC Clinic, translated the WIC Orientation video into the most common refugee languages (Arabic, Somali, Burmese, and Nepali). The videos can be used by WIC and resettlement agency staff to assist in educating clients regarding the WIC program.



Photo Credit: Autumn Gardner

- B12 deficiency among Bhutanese refugees  
*“Since 2008, approximately 30,000 Bhutanese refugees have been resettled in the United States. Routine medical examinations of refugees after arrival in resettlement states indicated hematologic and neurologic disorders caused by vitamin B12 deficiency. These cases were reported by examining physicians and state health departments to CDC, which initiated an investigation. This report summarizes the results of that investigation. Sera from overseas medical examinations, postarrival examinations in three state health departments (Minnesota, Utah, and Texas), and medical records and interviews at a health clinic in St. Paul, Minnesota, were evaluated. Vitamin*

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<sup>12</sup> <http://health.utah.gov/wic/>

## Utah Refugee Health Program Manual

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*B12 deficiency, defined as serum vitamin B12 concentration <203 pg/mL, was found in 64% (63 of 99) of overseas specimens, 27% (17 of 64) of postarrival medical screenings, and 32% (19 of 60) of Bhutanese refugees screened for vitamin B12 deficiency at the St. Paul clinic. Although the deficiencies might be multifactorial, the main cause is thought to be the diet consumed by these refugees for nearly two decades in Nepal, which lacked meat, eggs, and dairy products, the major dietary sources of vitamin B12. Additionally, infection with *Helicobacter pylori* might play a role. Clinicians should be aware of the risk for vitamin B12 deficiency in Bhutanese refugees. All Bhutanese refugees should be given nutrition advice and should receive supplemental vitamin B12 upon arrival in the United States. In addition, refugees with clinical manifestations suggestive of deficiency should be tested for adequate serum vitamin B12 concentrations and, if found to have a B12 deficiency, screened for underlying causes, treated with parenteral vitamin B12 or high-dose oral supplements, and evaluated for response to therapy.”<sup>13</sup>*

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<sup>13</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6011a4.htm>

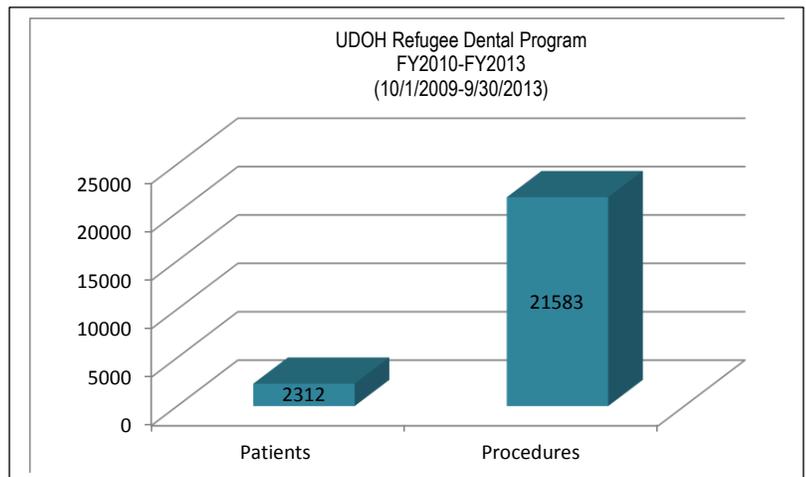
# Utah Refugee Health Program Manual

## Dental

Due to the fact that most refugees have had poor access to dental care, one of the most prevalent personal health concerns faced by newly arrived refugees is oral health deficiencies, including periodontal disease, dental caries, gingivitis and tooth decay.<sup>14</sup> Through a partnership with the Bureau of Primary Care, Family Dental Plan, the Utah Refugee Health Program provides dental care for all non-pregnant adult refugees. Coverage is valid for the first 90 days in the U.S. Resettlement agencies schedule an initial dental screening to take place within 30 days of arrival and then coordinate on-going care.

Covered treatment includes:

- Periodic Oral Evaluation
- X-rays
- Prophylaxis
- Sealants
- Space maintainer
- Fillings-amalgam and resin
- Crown
- Root canal
- Full mouth debride
- Extraction
- Biopsy of oral tissue
- Excision of benign tumor
- Incision and drainage of abscess
- Dentures\* (requires prior authorization)



**Medicaid covers dental services for pregnant women and children under 18. For questions regarding Medicaid covered dental services please contact Medicaid Customer Service at 1-801-538-6155 or visit the Medicaid website, <http://www.health.utah.gov/medicaid/>**

<sup>14</sup> <http://www.globalhealth.gov>

## **Pandemic Flu and Emergency Preparedness**

ORR has determined the refugee populations, particularly the new refugee arrivals, are at extreme risk of experiencing disease and death in the event of a major disease outbreak such as pandemic influenza. Disparities in information dissemination are aggravated by a lack of English language skills on the part of newly arrived refugees, cultural differences and the lack of health education in refugee languages. In addition, refugees may not be aware of emergency plans that protect against illness and death in the event of a pandemic influenza or other disease outbreak.

In order to ensure these disparities are addressed, the refugee population is provided with health and safety precautions and emergency information in a linguistically and culturally appropriate manner. Pandemic planning for the refugee communities is required by ORR and is now a required part of the current Utah Refugee Resettlement State Plan as of May 31, 2006.

### Objectives:

- Ensure refugee communities are included in emergency planning activities.
- Develop audio and written materials in refugee languages.
- Assist those agencies working with refugees in preparing for a disease outbreak such as pandemic influenza by providing trained personnel to assist refugee resettlement agencies in delivering appropriate information.
- Develop and disseminate preparedness materials in languages and medium most needed by refugee communities in Utah.
- Provide emergency preparedness education and 72-Hour Kits to newly arrived refugees.

For additional information please contact Rich Foster at the Public Health Emergency Preparedness and Response Program.

**Rich Foster**  
**Utah Department of Health**  
**3750 S Highland Drive**  
**Salt Lake City, UT 84106**  
**801-273-6607**  
[rfoster@utah.gov](mailto:rfoster@utah.gov)

# Utah Refugee Health Program Manual

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## Language Access

### Title VI

The Utah Refugee Health Program provides consultation regarding questions related to medical interpreting and translation in order to assist agencies in complying with Title VI of the Civil Rights Act of 1964, which applies to agencies receiving federal money, grants, subsidies or any type of U.S. government assistance. This law prohibits federal financial assistance recipients from discrimination in their subsidized programs or activities based on race, color or national origin. Language-based discrimination equates with national origin discrimination.

### Bridging the Gap Medical Interpreter Training

Effective communication between newly arriving refugees and their health care providers is heavily dependent upon translation and interpretation services, along with increased cultural competence among Utah health service providers.

In order to improve the quality of communication between refugees and providers, the Utah Refugee Health Program provides a 40-hour basic/intermediate training course titled “Bridging the Gap.” There is no registration fee to attend this course and all course material is provided free-of-charge. Participants are expected to attend the course in its entirety. In addition to being fluent in English, all participants must be fluent in a second language and must be willing to act as a medical interpreter. Priority is given to applicants who work within the non-profit sector, specifically refugee health, TB control, HIV and STD prevention settings. All participants who attend the entire 40-hour training and successfully pass the final exam will receive a certificate of completion. Trainings are typically held in the spring and fall.



Photo Credit: Amelia Self, 2011

# Utah Refugee Health Program Manual

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The “Bridging the Gap” course covers:

- Basic interpreting skills: -role, ethics, conduit and clarifier interpreting, intervening, managing the flow of the session;
- Information on health care: introduction to the health care system, how doctors think, anatomy, basic medical procedures;
- Culture in interpreting: self-awareness, basic characteristics of specific cultures, traditional health care in specific communities, culture-brokering; and,
- Communication skills for advocacy: listening skills, communication styles, appropriate advocacy.

As of August 2012, CCS and IRC were also licensed to provide the “Bridging the Gap” training course; however participation is limited to staff, interns and volunteers associated with the agencies.

For more information regarding “Bridging the Gap” training please contact Cross Cultural Health Care Program (CCHCP).

**CCHCP**  
**4700 42<sup>nd</sup> Ave SW Suite 580**  
**Seattle, WA 98116**  
**206-860-0329**  
[bridgingthegap@xculture.org](mailto:bridgingthegap@xculture.org)

## **Additional Resources**

The following is a short list of resources available in the area of medical interpreting/translating:

- NCIHC publishes the National Standards of Practice for Interpreters in Health Care. This document provides a detailed explanation of the background of the code of ethics, as well as a full description of each guiding principle.
- National Standards on Culturally and Linguistically Appropriate Services (CLAS). The CLAS standards are recommendations for cultural competence and language accessibility for health care organizations made by the U.S. Department of Health and Human Services, Office of Minority Health.
- Utah Medicaid, PCN and CHIP interpretive (translation) services during a medical appointment are free for Medicaid clients. For people enrolled in a health maintenance organization (HMO), the HMO is responsible for providing the interpreter; for clients who are not enrolled in an HMO, Utah

## Utah Refugee Health Program Manual

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Medicaid pays for the interpreter. The provider is responsible for arranging for an interpreter; when the provider calls, the agency needs to know the client's Medicaid identification number, the language needed and the date, time and place for the medical appointment. The interpreter may either meet the client at the doctor's office for the appointment or use a telephone conference call. The free translation service is available statewide and also for after-hour care.

- *Telephone Interpreting in Health Care Settings: Some Commonly Asked Questions*. This article, published by the American Translators Association, explains when and where not to use telephone interpretation.
- Telephone Interpretation Companies:
  - Language Line Services, 1-800-752-6096
  - Propio Language Services, LLC, 1-888-804-2044
  - Institute for Cultural Competency, 1-800-654-6231
  - Pentskiff Interpreting Services, 1-801-484-4089

# Utah Refugee Health Program Manual

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## Outreach and Education

### ORR Preventive Health Grant

In August 2011, the Utah Refugee Health Program was awarded a three year Refugee Preventive Health Grant from ORR, which strives to improve the general health status of newly arrived refugees by enhancing health screenings and referrals to overcome potential barriers to self-sufficiency<sup>15</sup>. Additionally, in recognizing the challenges refugees face in navigating the health care system in the U.S., the Utah Refugee Health Program sought the funding to further support education and coordination efforts focused on newly arrived refugees. CCS and IRC, with whom the Utah Refugee Health Program sub-contracts, each employ a Health Education and Orientation Coordinator (HEOC) who has the responsibility of:

- Ensuring that 90% of newly arriving refugees receive an initial health screening assessment within 30 day of arrival in Utah.
- Ensuring that 95% of refugees receive follow up care for recommended referrals.
- Providing ongoing medical interpreter training for bilingual staff (each agency has secured licenses with CCHCP for Bridging the Gap medical interpreter training).
- Ensuring that 90% of newly arriving refugees receive preventive health care education including, but not limited to, navigating the health care system, public transportation orientation, primary care clinic tour orientation, Safe Kids car seat orientation, personal hygiene, emergency preparedness, and other preventive health topics. Each agency will also conduct at least six educational presentations for various refugee communities.

### Special Projects

The Utah Refugee Health Program facilitates health education and outreach through various special projects. Current projects include:

- Distribute electronic monthly newsletter to refugee communities and refugee health stakeholders.
- Affordable Care Act (ACA) Education: Create and share educational materials and trainings addressing the ACA in preparation for implementation in 2014.
- Mutual Assistance Association (MAA) outreach: Facilitate MAAs' access to resources and education as needed and identified by the community.
- Document translation of educational documents as needed.

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<sup>15</sup> ORR State Letter #01-05; <http://www.acf.hhs.gov/programs/orr/resource/state-letter-01-05>

## **Emergency Taxi Vouchers:**

### **Who is eligible and when may vouchers be used:**

- Taxi vouchers are for refugees eligible for services administered by the Utah Refugee Health Program.
- Taxi vouchers are intended for use by patients when other forms of transportation are not available for program-approved health appointments.
- Vouchers are for approved appointments scheduled Monday-Friday between the hours of 8:00 a.m. and 5:00 p.m.

### **Program approved appointments and maximum usage:**

- Vouchers are non-transferrable.
- Program-approved appointments include the following: Health Screening, Dental Health Screenings, chest x-rays and other pre-approved health services.
- Unless otherwise requested by agency and pre-authorized by UDOH, there is a maximum of six (6) round-trips per year, per client.
- Each voucher will be valid for travel to and from appointments only; additional stops or waiting time is not covered.
- The maximum pre-approved amount of any redeemed voucher without additional pre-approval from UDOH is \$30.00.

### **Accountability:**

- Each agency will designate one person (issuer) who is authorized to distribute vouchers. When clients are scheduled for taxi services, this designated person will be available by phone.
- Agencies will track usage on a spreadsheet indicating the following: voucher number (preprinted by UDOH), name of refugee, Alien ID, date of refugee's arrival, date of taxi service, taxi service to (destination) and from (pick up location), estimated cost of taxi ride and name of person at agency issuing vouchers.
- Agencies will keep two different accountability sheets: One for refugees 0-6 months from arrival and the other for refugees 6 months to 5 years from arrival.

**Questions regarding taxi vouchers should be directed to Joan Parker at the Utah Refugee Health Program (801-538-6224 or joanparker@utah.gov).**

## Cultural Profiles

A basic understanding of the various refugee populations is essential to providing quality and appropriate services. The following organizations provide helpful cultural profiles and backgrounders.

- Center for Applied Linguistics (CAL) hosts the Cultural Orientation Resource Center, which provides cultural backgrounders on the following refugee populations:
  - Afghans
  - Bhutanese
  - Bosnian
  - Burmese
  - Eritreans
  - Iraqi
  - Karen
  - Rohingya
  - Somali
  - Somali Bantu
  - Sudanese

[www.culturalorientation.net](http://www.culturalorientation.net)
- Ethnomed is a site supported by Harborview Medical center and contains medical and cultural information about immigrant and refugee groups, including:
  - Bhutanese
  - Chin
  - Eritreans
  - Ethiopians
  - Iraqi
  - Karen
  - Somali
  - Somali Bantu

[www.ethnomed.org](http://www.ethnomed.org)
- The CDC recently developed refugee profiles that discuss priority health conditions, background, population movement, health care and diet in refugee camps, medical screening of U.S. bound refugees and health information. Currently, the CDC has only developed a profile of Bhutanese refugees.

[www.cdc.gov/immigrantrefugeehealth/](http://www.cdc.gov/immigrantrefugeehealth/)

## Resources

- **Utah Department of Health: Refugee Health Program**  
288 N 1460 W  
PO Box 142104 SLC UT 84114  
Phone: 801-538-6191  
Fax: 801-538-9913  
Website: [http://health.utah.gov/cdc/tbrefugee/refugee\\_staff.htm](http://health.utah.gov/cdc/tbrefugee/refugee_staff.htm)
- **Catholic Community Services (CCS)**  
745 E 300 S SLC UT 84102  
Phone: (801) 977-9119  
Fax: (801) 977-8227  
Website: [www.ccsutah.org/programs/immigration-and-refugee-resettlement](http://www.ccsutah.org/programs/immigration-and-refugee-resettlement)
- **International Rescue Committee (IRC)**  
221 S 400 W  
PO Box 3988 SLC UT 84110  
Phone: (801) 328-1091  
Fax: (801) 328-1094  
Website: <http://www.rescue.org/us-program/us-salt-lake-city-ut>
- **Refugee & Immigrant Center: Asian Association of Utah (RIC-AAU)**  
155 S 300 W SLC UT 84101  
Phone: (801) 467-6060  
Fax: (801) 486-3007  
Website: <http://www.aau-slc.org/>
- **Utah Refugee Service Office**  
140 E 300 S, SLC UT  
Phone: (801)-526-9483  
Website: [www.refugee.utah.gov](http://www.refugee.utah.gov)
- **Office of Refugee Resettlement (ORR)**  
<http://www.acf.hhs.gov/programs/orr/>
- **Refugee Health TA Center (RHTAC)**  
<http://www.refugeehealthta.org/about-us/>
- **CDC Immigrant & Refugee Health**  
<http://www.cdc.gov/immigrantrefugeehealth/>
- **United Nations High Commissioners for Refugees (UNHCR)**  
<http://www.unhcr.org>
- **International Organization for Migration**  
[www.iom.int](http://www.iom.int)
- **Refugee Health Information Network (RHIN)**  
[www.rhin.org](http://www.rhin.org)

# Utah Refugee Health Program Manual

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- **EthnoMed**  
[www.ethnomed.org](http://www.ethnomed.org)
- **Center for Applied Linguistics (CAL)**  
[www.cal.org](http://www.cal.org)
- **Refugee Council USA**  
[www.rcusa.org](http://www.rcusa.org)
- **National Council On Interpreting in Health Care**  
<http://www.ncihc.org/>
- **Rochester General Refugee HealthCare**  
<http://www.rochestergeneral.org/centers-and-services/refugee-healthcare/>
- **Minnesota Department of Health: Refugee Health**  
<http://www.health.state.mn.us/divs/idepc/refugee/>
- **Office for Civil Rights**  
<http://www.hhs.gov/ocr/office/index.html>
- **Project for Strengthening Organizations Serving Refugees (SOAR)**  
[www.ethniccommunities.org](http://www.ethniccommunities.org)
- **US Committee for Refugees and Immigrants (USCRI)**  
[www.refugees.org](http://www.refugees.org)
- **Cross Cultural Health Care Program**  
<http://xculture.org/>
- **CDC Division of Global Migration and Quarantine**  
<http://www.cdc.gov/ncezid/dgmgq/>
- **Healthy Roads Media**  
[www.healthyroadsmedia.org](http://www.healthyroadsmedia.org)
- **Department of State: Refugee Admissions**  
<http://www.state.gov/j/prm/ra/index.htm>
- **MMWR: General Recommendations on Immunizations**  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm>
- **CDC Immunization Schedule(s)**  
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html#schedule>
- **SLCOHD: Free and Low Cost Medical Resources**  
<http://www.slcohealth.org/html/medicalresources.html>
- **MMWR: Guidelines for Using the QuantiFERON-TB Gold**  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a4.htm>
- **A Guide to the Classification of Mantoux Tuberculin Skin Test (TST)**  
<http://www.health.utah.gov/cdc/tbrefugee/resources/classificationguide2003-3.pdf>
- **Heartland Alliance: Rainbow Welcome Initiative**  
<http://www.rainbowwelcome.org/>

# **APPENDIX A**

## **Overseas Medical Form**

**(DS-2053)**

# Utah Refugee Health Program Manual



**U. S. Department of State**  
**MEDICAL EXAMINATION FOR**  
**IMMIGRANT OR REFUGEE APPLICANT**

OMB No. 1405-0113  
EXPIRATION DATE: 09/30/2010  
ESTIMATED BURDEN: 10 minutes  
(See Page 2 - Back of Form)

**Photo**

**Name (Last, First, MI.)** \_\_\_\_\_

**Birth Date (mm-dd-yyyy)** \_\_\_\_\_ **Sex:**  M  F

**Birthplace (City/Country)** \_\_\_\_\_

**Present Country of Residence** \_\_\_\_\_ **Prior Country** \_\_\_\_\_

**U.S. Consul (City/Country)** \_\_\_\_\_

**Passport Number** \_\_\_\_\_ **Alien (Case) Number** \_\_\_\_\_

**Date (mm-dd-yyyy) of Medical Exam** \_\_\_\_\_ **Date (mm-dd-yyyy) of Prior Exam, if any** \_\_\_\_\_

**Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy)** \_\_\_\_\_

**Exam Place (City/Country)** \_\_\_\_\_ **Panel Physician** \_\_\_\_\_

**Radiology Services** \_\_\_\_\_ **Screening Site (name)** \_\_\_\_\_

**Lab (name for HIV/syphilis/TB)** \_\_\_\_\_

**(1) Classification (check all boxes that apply):**

**No apparent defect, disease, or disability (see Worksheets DS-3024, DS-3025 and DS-3026)**

**Class A Conditions (From Past Medical History and Physical Examination Worksheets)**

TB, active, infectious (Class A, from Chest X-Ray Worksheet)

Syphilis, untreated

Chancroid, untreated

Gonorrhea, untreated

Granuloma inguinale, untreated

Lymphogranuloma venereum, untreated

Human immunodeficiency virus (HIV)

Hansen's disease, lepromatous or multibacillary

Addiction or abuse of specific\* substance without harmful behavior

Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur

\*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

**Class B Conditions (From Past Medical History and Physical Examination Worksheets)**

TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet)

Treatment:  None  Partial  Completed

TB, inactive (Class B2, from Chest X-Ray Worksheet)

Treatment:  None  Partial  Completed

See Section 4 on page 2 for TB treatment details

Syphilis (with residual deficit), treated within the last year

Other sexually transmitted infections, treated within last year

Current pregnancy, number of weeks pregnant \_\_\_\_\_

Other (specify or give details on checked conditions from worksheets) \_\_\_\_\_

Hansen's disease, prior treatment

Hansen's disease, tuberculoid, borderline, or paucibacillary

Sustained, full remission of addiction or abuse of specific\* substances

Any physical or mental disorder (excluding addiction or abuse of specific\* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur

\*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

**(2) Laboratory Findings (check all boxes that apply):**

**Syphilis:**  **Not done**

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>		
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>		

**Treated**  **Yes**  **No**

If treated, therapy:  Benzathine penicillin, 2.4 MU IM  Other (therapy, dose):E \_\_\_\_\_

Date(s) treatment given (3 doses for penicillin) \_\_\_\_\_

**HIV:**  **Not done**

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Indeterminate	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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# Utah Refugee Health Program Manual



U. S. Department of State  
**MEDICAL EXAMINATION FOR  
 IMMIGRANT OR REFUGEE APPLICANT**

OMB No. 1405-0113  
 EXPIRATION DATE: 09/30/2010  
 ESTIMATED BURDEN: 10 minutes  
 (See Page 2 - Back of Form)

**Photo**

Name (Last, First, MI) \_\_\_\_\_

Birth Date (mm-dd-yyyy) \_\_\_\_\_ Sex:  M  F

Birthplace (City/Country) \_\_\_\_\_

Present Country of Residence \_\_\_\_\_ Prior Country \_\_\_\_\_

U.S. Consul (City/Country) \_\_\_\_\_

Passport Number \_\_\_\_\_ Alien (Case) Number \_\_\_\_\_

Date (mm-dd-yyyy) of Medical Exam \_\_\_\_\_ Date (mm-dd-yyyy) of Prior Exam, if any \_\_\_\_\_

Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) \_\_\_\_\_

Exam Place (City/Country) \_\_\_\_\_ Panel Physician \_\_\_\_\_

Radiology Services \_\_\_\_\_ Screening Site (name) \_\_\_\_\_

Lab (name for HIV/syphilis/TB) \_\_\_\_\_

**(1) Classification (check all boxes that apply):**

No apparent defect, disease, or disability (see Worksheets DS-3024, DS-3025 and DS-3026)

Class A Conditions (From Past Medical History and Physical Examination Worksheets)

TB, active, infectious (Class A, from Chest X-Ray Worksheet)

Syphilis, untreated

Chancroid, untreated

Gonorrhea, untreated

Granuloma inguinale, untreated

Lymphogranuloma venereum, untreated

Human Immunodeficiency virus (HIV)

Hansen's disease, lepromatous or multibacillary

Addiction or abuse of specific\* substance without harmful behavior

Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur

\*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phenicyclidines, sedative-hypnotics, and anxiolytics

Class B Conditions (From Past Medical History and Physical Examination Worksheets)

TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet)

Treatment:  None  Partial  Completed

TB, inactive (Class B2, from Chest X-Ray Worksheet)

Treatment:  None  Partial  Completed

See Section 4 on page 2 for TB treatment details

Syphilis (with residual defect), treated within the last year

Other sexually transmitted infections, treated within last year

Current pregnancy, number of weeks pregnant \_\_\_\_\_

Other (specify or give details on checked conditions from worksheets) \_\_\_\_\_

Hansen's disease, prior treatment

Hansen's disease, tuberculoid, borderline, or paucibacillary

Sustained, full remission of addiction or abuse of specific\* substances

Any physical or mental disorder (excluding addiction or abuse of specific\* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur

\*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phenicyclidines, sedative-hypnotics, and anxiolytics

**(2) Laboratory Findings (check all boxes that apply):**

**Syphilis:**  Not done

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>		
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>		

Treated:  Yes  No

If treated, therapy:  Benzathine penicillin, 2.4 MU IM  Other (therapy, dose):E \_\_\_\_\_

Date(s) treatment given (3 doses for penicillin) \_\_\_\_\_

**HIV:**  Not done

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Indeterminate	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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# **APPENDIX B**

## **Utah Refugee Health Screening Form**

# Utah Refugee Health Program Manual

Please Print Legibly

## REFUGEE HEALTH SCREENING FORM

Screen Date: \_\_\_/\_\_\_/\_\_\_

Date of Arrival: \_\_\_/\_\_\_/\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Sex: M F Alien ID: \_\_\_\_\_ Resettlement Agency: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Arrive From: \_\_\_\_\_ Nativity/Culture: \_\_\_\_\_

**HEALTH ASSESSMENT FINDINGS:**

Tuberculosis Test: PPD QFT Date: ___/___/___		Results: _____mm Pos Neg Indeterminate Date: ___/___/___		X-ray Results: Normal Abnormal Date: ___/___/___	
HIV 1 & 2 Tested: Y N Results: _____		RPR Tested: Y N Results: _____		FTA: _____	
Blood Lead Tested: Y N Results: _____ µg/dl		Hep B (HbSAg) Tested: Y N Results: _____		Hep C Tested: Y N Results: _____	
B 12 Tested: Y N Results: _____		Parasites Tested: Y N Results: _____		Schistosomiasis Tested: Y N Results: _____	
Stryngivoides Tested: Y N Results: _____		Treated: Y N		Praziquantel: Y N or Empirical: _____ mg	
Ivermectin: Y N Empirical: _____ mg		Visual Acuity: Y N Results: OS _____ OD _____ OU _____		Dental Screened: Y N Results: Caries Calculus Decay Pain	
Anemia Screened: Y N Hct: _____ MCV: _____		Diabetes Screened: Y N Results: _____mg/dl		Hearing Screened: Y N Results: WNL ↓ L R	

**IMMUNIZATIONS:**

DTaP/DTd/Tdap	IPV	HIB	Meningococcal	Hepatitis B	MMR	Varicella	Pneumococcal	Hepatitis A	HPV	Influenza
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

**OTHER HEALTH CONDITIONS: check if present**

**REFERRAL**

1	Cardiovascular:	<input type="checkbox"/>	HTN	↑ BP without HTN	Heart Murmur					
2	Dermatology:	<input type="checkbox"/>	Dermatitis	Scabies	Tinea					
3	Endocrinology:	<input type="checkbox"/>	Diabetes	Thyroid						
4	ENT:	<input type="checkbox"/>	Perforated TM							
5	Genitourinary:	<input type="checkbox"/>	Dysuria/BPH	Nocturia	UTI					
6	GI:	<input type="checkbox"/>	Abdominal Pain	Constipation	Diarrhea					
7	Hematology:	<input type="checkbox"/>	Eosinophilia	Macrocytic anemia	Microcytic anemia					
8	Mental Health:	<input type="checkbox"/>	Anxiety	Depression	Torture/Violence	RHS ___/___	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Intake: <input type="checkbox"/> 5 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 1Month	<input type="checkbox"/> AAU <input type="checkbox"/> UHHR <input type="checkbox"/>	
9	Musculoskeletal:	<input type="checkbox"/>	Arthritis	Low back pain	Loss of Limb	Musculoskeletal pain				
10	Neurology:	<input type="checkbox"/>	Headaches	Neuropathy	Seizures					
11	Nutrition:	<input type="checkbox"/>	FTT	Malnutrition						WIC
12	Obstetrics/GYN:	<input type="checkbox"/>	Dysmenorrhea	Menorrhagia	Pregnant	Depo due _____				
13	Ophthalmology:	<input type="checkbox"/>	Corneal opacity	<Vision						
14	Pulmonology:	<input type="checkbox"/>	Asthma	COPD	Hx TB B1 B2 B3					
15	Preventive Exam:	<input type="checkbox"/>	Family Planning	Tobacco						
16	OTHER:									

**COMMENTS:**

Screening Physician: \_\_\_\_\_

Physician Signature

Original: Utah Department of Health, Treatment & Care Services Program, Box 142104, Salt Lake City, UT 84114-2104 Fax: (801) 688-8919 Pink: Resettlement Agency Yellow: Maintain in client chart (12/2013)

# **APPENDIX C**

## **Refugee Health Screener 15**

REFUGEE HEALTH SCREENER-15 (RHS-15)

## Pathways to Wellness

### Integrating Refugee Health and Well-being

*Creating pathways for refugee survivors to heal*



ENGLISH VERSION

• • • • •

DEMOGRAPHIC INFORMATION		
NAME: _____	DATE OF BIRTH: _____	
ADMINSTERED BY: _____	DATE OF SCREEN: _____	
DATE OF ARRIVAL: _____	GENDER: _____	HEALTH ID #: _____

Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.

*Pathways to Wellness: Integrating Community Health and Well-being* is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

# Utah Refugee Health Program Manual

## REFUGEE HEALTH SCREENER (RHS-15)

**Instructions:** Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

*The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:*

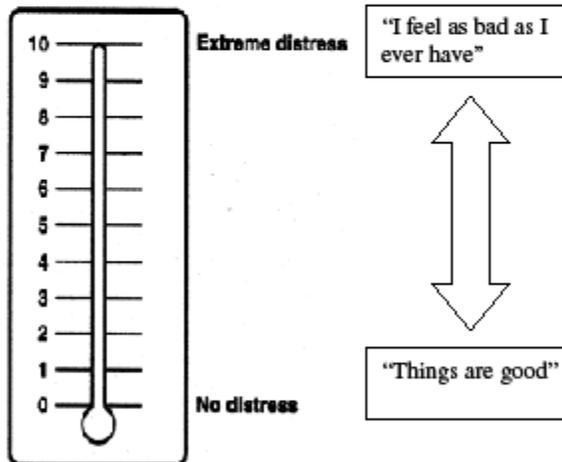
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

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

14. Generally over your life, do you feel that you are:
- Able to handle (cope with) anything that comes your way .....0
  - Able to handle (cope with) most things that come your way ..... 1
  - Able to handle (cope with) some things, but not able to cope with other things.....2
  - Unable to cope with most things.....3
  - Unable to cope with anything .....4
- 15.

**Distress Thermometer**

**FIRST:** Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



ADD TOTAL SCORE OF ITEMS 1-14: \_\_\_\_

SCORING		
Screening is <b>POSITIVE</b>		
1. If Items 1-14 is $\geq 12$ OR		
2. Distress Thermometer is $\geq 5$		
CIRCLE ONE:	SCREEN NEGATIVE	Self administered: ____ Not self administered: ____
		SCREEN POSITIVE REFER FOR SERVICES

# **APPENDIX D**

## **Refugee Health Network**

## Utah Refugee Health Program Manual

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<b>UDOH Refugee Health Program</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
Cristie Chesler	State Refugee Health Coordinator	801-538-9465	cchesler@utah.gov
Jelena Pasalic	Health Program Specialist	801-538-6977	jpasalic@utah.gov
Gerrie Dowdle	Health Program Specialist	801-538-6327	gdowdle@utah.gov
Amelia Self	Program Coordinator	801-538-6221	aself@utah.gov
Hina Yazdani	Health Program Specialist	801-538-6738	hinayzdani@utah.gov
Joan Parker	Office Specialist	801-538-6224	joanparker@utah.gov
<b>Salt Lake Family Health Center</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
Dr. Paul Swoboda	Physician	801-350-4479	paulswoboda@hotmail.com
Dr. Mara Rabin	Physician	801-350-4479	mararabin@earthlink.net
Kim Earl	Medical Assistant	801-350-4479	kymmer1970@aol.com
<b>Health Clinics of Utah</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
Michelle Grossman	Clinic Coordinator	801-715-3500	mgrossma@utah.gov
Tiffani Jackman	Medical Assistant	801-715-3500	tperea@utah.gov
Heidi Alzamora	Medical Assistant	801-715-3500	halzamora@utah.gov
Amber Sloan	Medical Assistant	801-715-3500	asloan@utah.gov

## Utah Refugee Health Program Manual

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Sacred Circle Care	Position	Phone	Email
John M. Lopez D.M.D.	Physician	801-359-2256	jloslc@yahoo.com
Steve Pehrson, MD	Physician	801-359-2256	steve.pehrson@yahoo.com
Helen Butz	Front Desk - contact person	801-359-2256	slc@sacredcirclehealth.com
Yael Taylor	Front Desk - contact person	801-359-2256	slc@sacredcirclehealth.com
St. Mark's Family Medicine Residency	Position	Phone	Email
Karl Kirby, MD	Physician	801-265-2000	kkirby@utahhealthcare.org
Brittany Hawkins	Medical Assistant	801-265-2000	bhawkins@utahhealthcare.org
Salt Lake County Health Department	Position	Phone	Email
Debbie Dean	Bureau Director	385-468-4275	ddean@slco.org
Tair Kiphibane	Nursing Supervisor	385-468-4276	mkiphibane@slc.org
Madison Clawson	Nursing Supervisor	385-468-4277	mclawson@slco.org
Refugee & Immigrant Center Asian Association of Utah	Position	Phone	Email
Lina Smith	Department Director	801-467-6060	linas@aau-slc.org
Katie Dumke	Social Services Program Supervisor	801-990-9489	Katied@aau-slc.org
Laura Vasquez	Interpreting Program Supervisor	801-990-9498	laurav@aau-slc.org
Hau Thang	Medical Coordinator	801-990-9500	haut@aau-slc.org

## Utah Refugee Health Program Manual

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Andy Tran	Clinical Services Director	801-990-9485	andyt@aau-slc.org
Crystal Orega - Terrell	Mental Health Coordinator	801-990-9493	crystalo@aau-slc.org
<b>Utah Health and Human Rights</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
Jocelyn Romano	Executive Director	801-363-4596	jocelyn.romano@uhhr.org
Mara Rabin, MD	Medical Director	801-363-4596	mararabin@earthlink.net
Brent Pace	Clinical Director	801-363-4596	brent.pace@uhhr.org
<b>Catholic Community Services</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
Batar Aden	Refugee Resettlement Director	801-977-9119	abatar@ccsutah.org
Lorena Badran	Medical Services Supervisor	801-428-1246	lbadran@ccsutah.org
Mariza Chacon	Medical Health Screening Coordinator	801-428-1238	mchacon@ccsutah.org
Lhaksam Choedon	Health Education & Orientation Coordinator	801-428-1250	lchoedon@ccsutah.org
Justin Williams	Mental Health Coordinator	801-997-9119	jwilliams@ccsutah.org
Randy Chappell	Medical Interpreter Coordinator	801-428-1248	rchappell@ccsutah.org
<b>International Rescue Committee</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
Patrick Poulin	Executive Director	801-883-8451	Patrick.Poulin@resuce.org

## Utah Refugee Health Program Manual

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Ashley Nguyen	Health Program Manager	801-883-8476	Ashley.Nguyen@rescue.org
Vacant	Maternal & Child Health Program Coordinator		
Emma Thatcher	Nutrition & Food Security Coordinator	801-883-8485	Emma.Thatcher@rescue.org
Yukiko Stephan	Health & Wellness Outreach Program Coordinator	801-883-8479	Yukiko.Stephan@rescue.org
Brooke Virgen	Health Access & Education Program Coordinator	801-883-8477	Brooke.Virgen@rescue.org
Bhagawat Acharya	Health Access & Education Program Assistant	801-883-8483	Bhagawat.Acharya@rescue.org
Ghaida Al-Barzinji	Health Program Assistant	801-883-8486	Ghaida.Al-Barzinji@rescue.org
Devin Petersen	Mental Health Coordinator	801-883-8464	Devin.Petersen@rescue.org
<b>UDOH-MEDICAID</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
Tami Spencer	Health Program Representative	801-538-9149	tamispencer@utah.gov