

3.10 HEALTH EDUCATION

Health Education	
<input type="checkbox"/> Vaccines	<input type="checkbox"/> Access to care
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Insurance
<input type="checkbox"/> Oral Health	<input type="checkbox"/> Emergencies

PURPOSE

To provide introductory information about key health-related topics relevant to newly arriving refugees at the time of the refugee health assessment

BACKGROUND

Studies in the United States have shown that designated primary care as the point of first contact for illnesses, as well as the utilization of preventive care, is associated with fewer acute care visits and lower cost. Refugees arriving in the United States often have an array of complex health problems varying from acute to untreated chronic. Linking the patient to comprehensive primary care services should be a priority.

Refugee health education is a key component of the health assessment as these are the first encounters a refugee has with the United States health care system. Clinicians should have a health education plan that spans both visits.

PROGRAM REQUIREMENTS

Educational content of the health assessment should include, but not be limited to, the topics that are elaborated below:

1. Introduction to the health care system of the U.S.

The U.S. Department of Health and Human Services, in the eyes of many newcomers, would be the equivalent of a ministry of health in other countries. Unlike the United States however, in most other countries, the government is nominally responsible for individual health care and the major funder of health services. Refugees should be informed of their responsibilities regarding their own health status and utilization of care, as well as the commercial, employment-based nature of health care financing in the United States. This should include an introduction to MassHealth coverage and Health Care Reform, how to use primary care and emergency services, and accessing dental care. Refugees are eligible for the Affordable Care Act benefits.

2. Primary care and health insurance

The concept of primary care and prevention may be new to refugees, many of whom come from areas where health services focus on treatment of acute conditions. Clinicians should introduce the concept of preventive medicine, primary care clinicians, and the function of such a clinician. MassHealth requires designation of a managed care provider (primary care clinician or HMO).

Reinforce prevention messages in the context of the importance of primary health care, such as immunizations and early and periodic screening for children and check-ups for adults. Many refugees may never have had routine preventive screening or child development assessments. In particular, many refugee women may never have had gynecological and other women's health screening such as pap smears, mammography, or explanation of breast self-examination.

3. Access to health services

Providers should orient refugees to the logistics of office-based health care services in the United States. Topics may include the use of phone systems, scheduling appointments, off-hours coverage, missed appointments, and urgent care systems.

One of the most significant problems a refugee may encounter arriving in the United States is communication. Advise refugees on basic skills needed to contact you or other physicians:

- Calling the clinic for questions or to make/change appointments
- Requesting interpreter assistance
- How to use voice mail and leave messages
- Typical hours of operation

4. Insurance / MassHealth

Educational content should include a brief introduction to the role of insurance in paying for health services and pharmaceuticals. Discussion should emphasize the role of the primary care clinician, coverage of many over-the-counter medications, dental care, the use of the MassHealth card, and how to designate or change the primary care clinician.

Clinicians should provide basic information, as outlined below, to the refugee patient.

Medicare: Covers health care services for most people aged 65 years and older who have paid into the system and for some disabled people.

Medicaid/MassHealth: Covers health care services for low-income people (defined by each state); includes pharmaceutical and dental coverage. Coverage may be broad for individual cases, due to requirements to reimburse any treatment necessary for conditions diagnosed as part of screening for children.

Private Health Insurance: In Massachusetts, there are many different private insurance and managed care companies such as Harvard Pilgrim Health Care (HPHC), Blue Cross Blue Shield (BCBS), Tufts Health Plan, US Health Care, Neighborhood Health Plan, Network Health, Fallon Community Health Plan, etc. While each insurance plan is different, Massachusetts is one of the leading states in managed care enrollment. Managed care plans usually require the choice of a primary care physician from a panel of covered physicians. These health plans will cover only designated services of the doctor that the patient has chosen and physician-authorized referrals. If the patient sees other, unauthorized doctors, he/she may have to pay a bill. Co-payments should also be explained to the refugee.

All new Medicaid and some Medicare enrollees are being put into managed care programs such as the Primary Care Clinician Program or contracted commercial HMO's. All refugees should be introduced to the gatekeeper concept of managed health care in Massachusetts.

5. Immunizations

An important issue for refugees of all ages is vaccine requirements for school attendance and adjustment of immigration status. Children must have documentation to meet school entry requirements. All refugees must have written documentation of immunity to most vaccine-preventable diseases through a full primary series of these vaccines to meet immigration adjustment of status requirements.

According to current regulations governing school attendance and immigration status adjustment, clinicians should advise refugees of the need to repeat vaccines for which documentation is not available and begin this process during the health assessment. As noted earlier, RHAP requires clinicians to review vaccine needs of all refugees, initiate vaccines per ACIP guidelines, and complete personal vaccine records. Part of this process should include discussion of these requirements with refugees as well as follow-up needs, vaccine safety and the importance of vaccines in disease prevention.

6. Emergency services and 911

Refugees should be provided with information on how to access and appropriately use emergency services. Discussion should include the need for primary care clinician authorization for emergency use whenever possible except for life-threatening emergencies. Instruct refugees about use of '911' in case of an emergency. Define emergency vs. non-emergency situations, and encourage patients to avoid the utilization of emergency rooms for non-emergency conditions. In addition, providers should be aware that refugees may turn to RHAP clinicians for emergency or acute care beyond the scope of the RHAP. Clinicians and staff should not refuse care in these situations, but document and bill for services as they do for other MassHealth patients. It is appropriate to refer refugee patients to other primary care or emergency services when the situation permits such a delay in care.

7. Oral health / dental care

Forty-five percent of all refugees, and nearly 2/3 of all refugee children, regardless of country of origin or age, have significant oral health abnormalities. Clinicians are expected to assess oral health history including personal oral hygiene practices and professional care history. Education should emphasize personal hygiene, prevention of early childhood (i.e. baby bottle) caries, use of fluoridated water (specifically MWRA tap water) and toothpaste, brushing including use of traditional stick brush, flossing, and regular dental care. With MassHealth providing limited coverage of services for adults, education regarding personal oral hygiene practices is very important. Regardless of their age, clinicians should advise all refugees to seek dental consultation as soon as possible and offer referrals to clinics that accept MassHealth.

8. Give clear instructions on medications

Many refugees may be used to being able to purchase medications like antibiotics easily without prescriptions. A brief introduction to the following should be attempted, especially if you are prescribing medication for the patient:

- Over the counter medications vs. doctor-prescribed medications
- To continue medication as prescribed by the doctor for the full course prescribed
- Not to take additional medicines without checking with the doctor first
- Insurance coverage of medications (keep in mind that MassHealth and other Medicaid HMO plans cover a wide array of over-the-counter medications)
- To discard unused prescription medications after an acute illness
- Not to share prescription medication

9. Provide general health education

If appropriate in the context of the clinical encounter, clinicians should consider discussing any relevant topics, such as those below:

- Mental health: depression, homesickness, substance abuse, psychological trauma; coping with emotional stress
- Safety: accident prevention, mandatory child seats in cars, lead paint, supervision of children
- Nutritional problems: changing diets, loss of appetite, overweight/obesity
- Domestic violence: reduction, prevention, Massachusetts law
- Child neglect/child abuse: children protection laws, corporal punishment, female genital cutting

Complete paperwork

All school-aged refugee children will need Massachusetts school health forms completed. Use any standardized form available, as the health assessment precedes school registration for most families. Clinicians without such forms at their site should contact the Division of Global Populations and Infectious Disease Prevention (617 983 6590) for copies.

Pregnant or lactating women and children up to age 5 years should be given a [WIC medical form \(and instructions on how](#)

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[to enroll in the WIC program](#), if they have not already done so).

All refugees should be given a personal vaccine record booklet that documents vaccines from abroad as well as those given at the RHAP. All refugees should be given a copy of their RHAP form and advised to bring it to their first primary care appointment.

Documentation

Health education content must be documented in the patient record as well as the RHAP form.

RESOURCES

[Refugee Health Technical Assistance Center](#) (RHTAC)

[Refugee Health Information Network](#) (RHIN)

[Healthy Roads Media](#)

[U.S. Committee for Refugees and Immigrants](#)

Healthy Refugees Toolkit – enter language or topic in search box