

Testimony
Human Services Interim Committee
August 2, 2017
North Dakota Department of Health

Good afternoon Chairman Hogan and members of the Human Services Interim Committee. My name is Kelly Nagel, and I am the Director of the Office of Public Health and Systems for the North Dakota Department of Health. I also serve as the lead point of contact for health disparities and Minority Health. I am here today to provide an overview of State Health Department programs involving refugees= resettlement in North Dakota.

The U.S Department of State Bureau of Population, Refugees and Migration (PRM) coordinates the funding and participation for the Reception and Placement (R&P) Program. The purpose of the R&P Program is to promote successful reception and placement of all persons who are admitted to the United States under the U.S. Refugee Admissions Program.

The state of North Dakota has chosen not to administer federally funded refugee resettlement programs. Lutheran Immigration and Refugee Service (LIRS) is the only federally-recognized refugee resettlement agency in North Dakota and has partnered with Lutheran Social Services of North Dakota (LSS) to provide oversight of all other refugee funding and resettlement services in North Dakota. The State Refugee Coordinator (SRC) from LSS is designated to oversee the administration of these programs and funds through an Alternative Program administered by the Office of Refugee Resettlement at the Department of Health and Human Services. LSS subcontracts with local providers (typically FQHC such as Family HealthCare in Fargo to do refugee health screenings). LSS and contracted providers follow federal requirements and guidelines for domestic medical exams. LSS is responsible for reporting and maintaining refugee resettlement statistics including health data and information.

As of May 24, 2017, Barbara Day, Chief of Domestic Resettlement reported the following numbers of refugees that have been proposed by resettlement agencies for placement in North Dakota:

Agency	City	<i>Individuals with U.S. Ties</i>	<i>Individuals without U.S. Ties</i>	<i>Special Immigrant Visa Holders (SIVs)</i>	Total Proposed for FY 2018 (Individuals)
LIRS	Bismarck	28	22	0	50
LIRS	Fargo	215	75	10	300
LIRS	Grand Forks	50	50	0	100
STATE TOTAL		293	147	10	450

Agency	City	Total Proposed for FY 2018 (Individuals)
LIRS	Fargo URM	17
STATE TOTAL URM s		17

The North Dakota Department of Health is not directly involved in the screening or resettlement process. Federal guidelines may require screenings for infectious disease prior to or after arrival to the United States. If a refugee tests positive for a reportable condition, the NDDoH, Division of Disease Control is notified through the disease surveillance system and an investigation or follow-up, if warranted is conducted. Refugees may be referred to needed supportive and care programs such as:

- Ryan White services that provide medical services for people infected with HIV,
- Title X family planning services providing reproductive health services to both men and women,
- Women, Infant and Children (WIC) which offers healthy food for proper growth and development,
- Cribs for Kids – a safe-sleep distribution program that provides a Graco Pack n' Play for low-income families to help reduce the risk of injury and death of infants due to unsafe sleep environments,
- Multidisciplinary clinics for children with special health care needs, and
- NDQuits – a free phone and web-based service available to help North Dakota smokers and smokeless tobacco users quit using tobacco.

The Division of Disease Control does receive information regarding people who have non-infectious tuberculosis from the Centers for Disease Control and Prevention (CDC). These are people arriving in North Dakota from foreign countries that are either refugees or immigrants here on a visa. We follow up with the medical providers who are treating the refugees to make sure proper treatment protocols are being followed.

To summarize, the NDDoH does not operate any programs specifically to address refugee health. However, programs and services are open to all who qualify. Additionally, the NDDoH is not charged specifically with tracking refugee health, nor is local public health. Refugees are tracked along with the rest of the population with reportable diseases, but not necessarily tracking refugee or immigration status.

North Dakota Department of Health has formed a Health Equity Committee with internal and external members to address health disparities in North Dakota. The NDDoH also contracts with NDSU MPH program and American Indian Public Health Resource Center to strengthen health equity efforts. Populations of focus for this contract work are American Indians and New Americans. Contract efforts include:

- Supplementing current minority population health assessment activities within the department
- Identifying health equity best practices and providing consultation, technical assistance and training to NDDoH managers and other public health partners in addressing minority health needs (including refugee, rural-living, American Indian and other disparate populations) through population-based and culturally appropriate approaches and programs.
- Developing relationships and statewide partnerships to address health disparities through North Dakota Indian Affairs Commission and other organizations.
- Fostering and encouraging American Indian and refugee population membership in statewide stakeholder groups.

To accomplish this this work, NDSU has partnered with many health equity stakeholders across the state and on tribal lands, including the Refugee Health Coordinator at LSS. The NDSU Health Equity team works with a board member of the New American Consortium for Wellness and Empowerment located in Fargo. The goal of the consortium is to integrate diverse people to create one community by building trusting relationships. Through these partnerships and others, the NDSU assists the NDDoH in building capacity and identifying collaboration opportunities to support the strategies outlined above.

This concludes my testimony. I would be happy to answer any questions.