

## Background

- Refugee Health services in TN are provided by volunteer agencies (VOLAGs) throughout the State, and are monitored by the TN Office for Refugees (TOR)
- Coordination involves the Refugee Medical Screening (RMS) and the Refugee Health Promotion (RHP) programs
- The Refugee Health Promotion program has 3 components: medical case management, targeted health outreach, and education-oriented focus groups
- Medical cases management has been the primary service provided by VOLAGs since the beginning of the COVID-19 pandemic
- Case management involves securing necessary services beyond the services provided during the RMS process
- Program service procedures and outcomes vary depending on the organizational structure and staffing capacity
- Often, the reporting that is provided to TOR by the volunteer agency staff often only contains the enrollees' personal information and case status

## Objectives

- Provide volunteer agencies with a set of promising practices for the Refugee Health Promotion program
- Create an avenue for sharing practices among the various organizations, and creating the framework through which staff can communicate about what practices are successful and what can be improved upon
- Build a foundation for integrated a more formal program evaluations to be performed by the Tennessee Office for Refugees

## Results

- Enrollment processes were fairly consistent across organizations, clinics receiving funding to provide RHP services being able to refer patients internally
- Case files that were reviewed often did not contain all necessary or required documentation
- No consistent method of assessment of participant experience was in place to identify gaps or improve program components
- Almost all cases were reported as either being "successes" or "active" with little to no context for what was achieved or completed for the enrollee
- Cases often remained open through multiple patient issues despite the initial issue at enrollment being rectified

## Methods

- Program provision and reporting requirements were reviewed to understand what is required of volunteer agencies
- A field monitoring visit was performed at one of three volunteer agencies with Tennessee Office for Refugee staff as part of their regular organizational review process
- Survey questionnaire and interview guide was drafted, and informal interviews were performed with staff members from two other volunteer agencies
- Information collected was reviewed to identify promising practices for enrollment, provision, and reporting

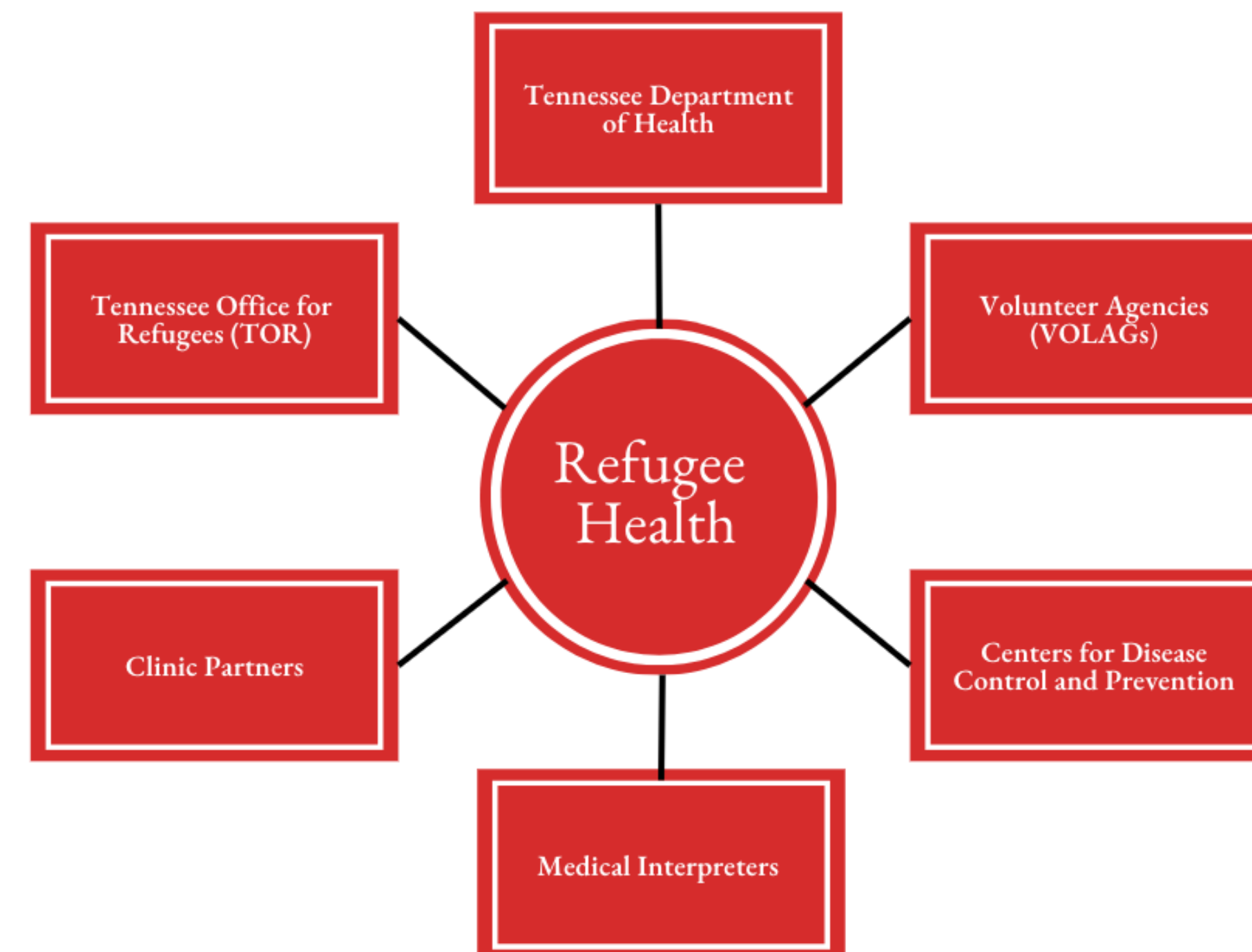


Figure 1. Organizational Framework for Refugee Health in Tennessee

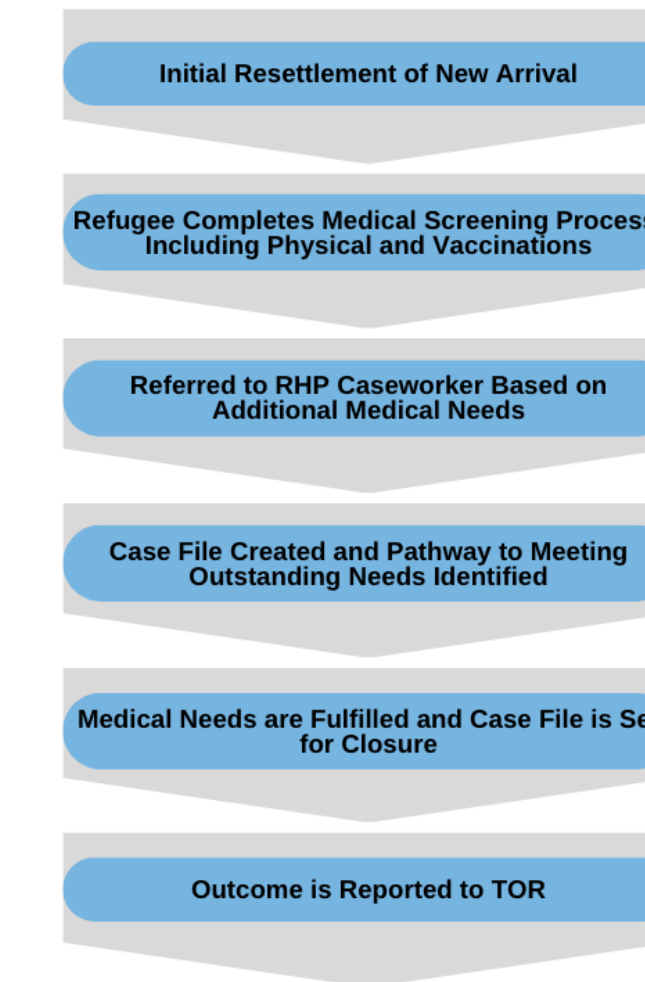


Figure 2. RHP Medical Case Management Process

## Recommendations & Conclusions

### Enrollment:

- Referral paperwork should be standardized
- Medical and program documentation should be provided to caseworkers upon enrollment
- Relevant documentation should also be provided to the enrollee

### Provision/Implementation:

- Caseworkers must communicate case management process clearly to enrollee
- A single case file should be established for a single issue
- If additional medical issues arise that require RHP referral, a new case file should be opened

### Reporting and Case Outcomes:

- Not all closed case files should be considered successes
- Unsuccessful outcomes should be reported accurately
- Justification for case closure should be included in reporting to TOR
- TOR should incorporate clear case management and reporting standards within its own policies and procedures
- Administer participant experience surveys

## Acknowledgements

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