



# New Hampshire Department of Health and Human Services

*To join communities and families in providing opportunities  
for citizens to achieve health and independence*



# **Office of Minority Health and Refugee Affairs (OMHRA)**

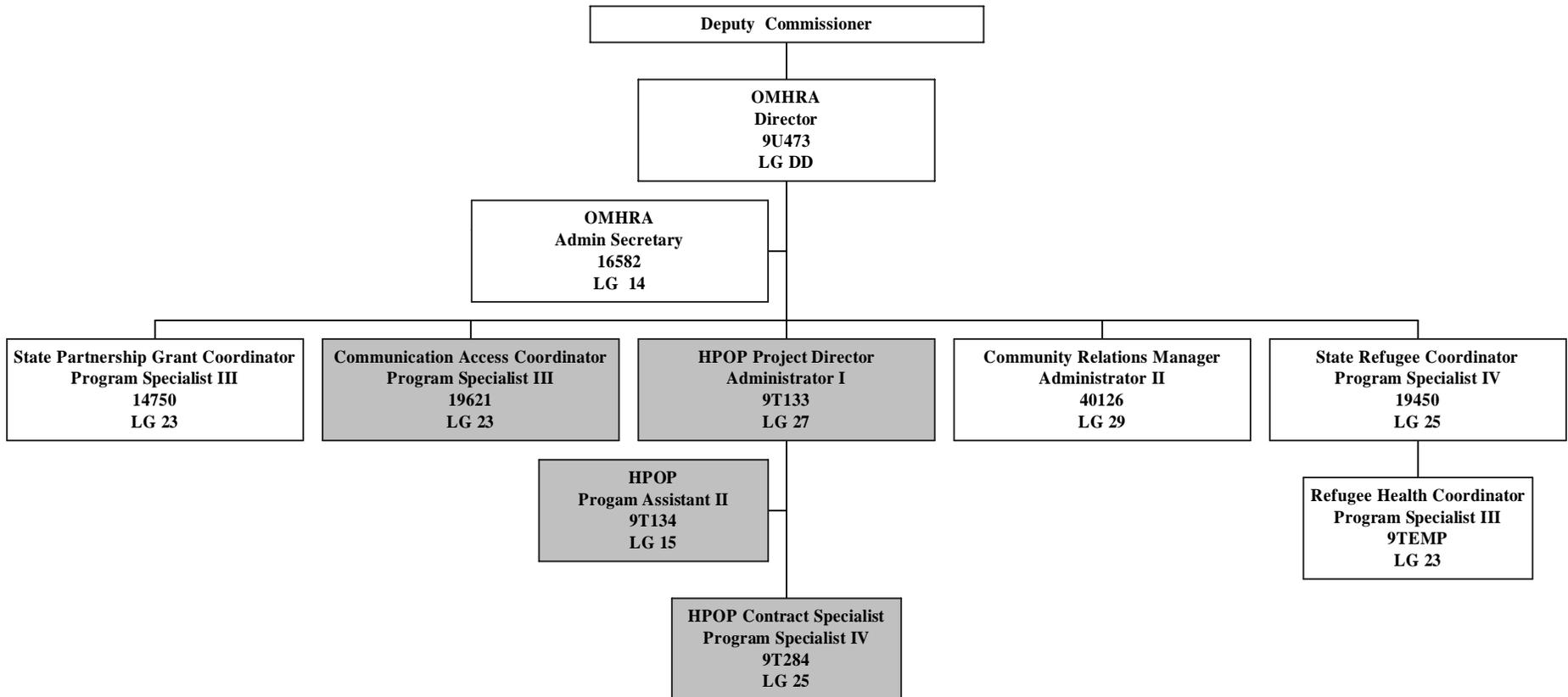


# OMHRA

- Facilitates the provision of culturally and linguistically appropriate services to NH's residents by DHHS;
- Maintains linkages with racial, ethnic and linguistic minority populations;
- Facilitates resettlement and integration efforts;
- Creates partnerships to address health disparities and promote equity across sectors to improve the overall health of NH's residents.



# OMHRA





# Organization

- DHHS Communication (Language) Access Policy
  - Assures compliance with Title VI & ADA requirements
- Minority Health Program & State Partnership Grant
- DHHS Community Relations
- Rapid Response Coordination within DHHS
- Health Profession Opportunity Project (HPOP)
- Repatriation
  - Provides federally funded temporary assistance to U.S. citizens and their dependents who became destitute in a foreign country
- The Refugee Program
  - Provides 100% federally funded services to refugees resettled in the State of NH in accordance with federal statutes.



# Personnel and Administrative Profile

- 10 FTE
- Housed in the Office of the Commissioner to reflect the cross-cutting importance of priorities, programs and initiatives
- OMHRA responds to the needs of community members on behalf of DHHS, with a specialized focus on racial, ethnic, and linguistic minorities. OMHRA conducts programming to promote equity for all populations, and to facilitate immigrant and refugee resettlement and integration into NH society.



# Enabling Legislation

- In 1999, DHHS created the **Office of Minority Health** to help ensure that all residents of New Hampshire have access to DHHS services and to improve the health of minorities.
- The federal Refugee Act of 1980, 8 U.S.C. § 1521 et seq., established the federal **Refugee Resettlement Program** and directed the federal Office of Refugee Resettlement to implement strategies and policies for the placement and resettlement of refugees throughout the United States in consultation with state and local governments.
  - Chapter 1 (SS HB 1-FN-A), Laws of 2010, transfers powers and duties for the **New Hampshire Refugee Resettlement Program** from the Governor's Office to The Department of Health and Human Services.
  - Legislature authorized transfer of budget and personnel for the program.



# Target Population Served

- **Communication Access**
  - Limited English proficient, deaf, hard of hearing, blind, visually impaired, speech impaired, low literacy
- **Minority Health Program & State Partnership Grant**
  - Racial, ethnic and linguistic minorities
- **Community Relations & Rapid Response**
  - All NH residents
- **Health Profession Opportunity Project**
  - TANF recipients/low-income adults in need of employment
- **Repatriation**
  - US Citizens who experience unexpected and unavoidable problems abroad
- **Refugee Program**
  - Refugees within their first five years of arrival to the US



# Service Delivery

- **Communication Access**
  - Direct responsibility for DHHS policy, systems, and oversight
  - Contracted vendor for in-person & telephonic interpretation service
- **Minority Health Program & State Partnership Grant**
  - Services provided directly and through contracting
  - Program planning and partnership building statewide
- **DHHS Community Relations**
  - Liaison to communities and service providers, assisting NH citizens with DHHS Programs and Services
  - Feedback from statewide stakeholders to contribute to departmental improvements
- **Rapid Response Coordination within DHHS**
  - Direct responsibility



# Service Delivery

- Health Profession Opportunity Project (HPOP)
  - Direct and contracted
- Repatriation
  - Direct coordination of any NH cases (approximately 1-2/year)
- Refugee Program
  - Contracted services to promote self-sufficiency:
    - Cultural orientation
    - English for Speakers of Other Languages
    - Employment-related services
    - Transportation
    - Interpretation
    - Case management
    - Health case management
    - Preventive health education
    - School-related intervention and support



# Expected Outcomes

- **Communication Access**
  - Compliance with Title VI and ADA regulations
  - Improved access to DHHS services for clients with communication assistance needs
- **Minority Health Program & State Partnership Grant**
  - Improved DHHS capacity to serve racial, ethnic, and linguistic minorities
  - Increased capacity statewide to promote health equity
- **DHHS Community Relations**
  - Increased understanding and minimize barriers to accessing services
  - Improve DHHS capacity to serve NH residents
- **Rapid Response Coordination within DHHS**
  - Preemptively minimize economic impact during lapses in employment
- **Health Profession Opportunity Project (HPOP)**
  - Decrease public assistance clients and promote economic self-sufficiency
  - Increase diversity of NH healthcare workforce



# Expected Outcomes

- Repatriation
  - Repatriates resume lives as quickly as possible
- Refugee Program
  - **Goal:** to assist refugees in achieving self-sufficiency at the earliest date possible after their arrival to the United States.
  - **Adult services:** remove linguistic, cultural and health/mental health-related barriers to sustained employment and social adjustment for new arrivals
    - 100% participation in survival-level English for Speakers of Other Languages
    - 100% completion of Refugee Health Assessment
    - 90% employment placement within six month of arrival
    - 100% participation in cultural orientation



# Expected Outcomes

- **Student services:** remove linguistic, cultural, health/mental health-related and academic barriers to achievement and social adjustment for students within three years of arrival in the Concord and Manchester School Districts.
  - Assist 100 families in resolving social or academic school-related issues
  - Refer 100-150 students and/or parents to appropriate social services
  - Facilitate participation of 100% of parents in parent/teacher conferences
  - Develop new programming to enhance student achievement
  - Respond to health/behavioral health needs of students and parents
  - Create and facilitate culturally responsive venues for ongoing orientation to American school and community systems.
  - Collect data relative to graduation rates, leadership development and academic progress



# Major Initiatives

- NH Nursing Diversity Pipeline Project
  - Robert Wood Johnson Foundation *Partners Investing in Nursing's Future (PIN) Initiative*
    - 1 of 9 projects selected nationally
  - In partnership with Endowment for Health and other local/regional funders
  - Collaborative project to expand diversity within the nursing workforce and nursing education faculty:
    - increasing awareness of the nursing profession among diverse youth and strengthening academic preparedness for nursing education and
    - increasing the number of nurses from underrepresented populations (men or racial/cultural minorities) who attain an advanced degree and commit to teach in nursing education in NH.



# Major Initiatives

- Health Profession Opportunity Project (HPOP)
  - Partnership with DFA, DOL, and Workforce Investment Board
  - Federally funded by HHS, Administration for Children and Families, PPACA \$
    - Almost \$12 million over 5 years
  - Train 1000 low-income individuals in health careers:
    - Allied Health, Long-term Care, Child Care Health Advocacy, Health Information Technology, and Nursing



# Costs

- Office of Minority Health**

	SFY 2010	SFY 2011
	<u>Expended</u>	<u>Adj Auth</u>
State Partnership Grant (100% FF)	\$ 186,906	\$ 155,687
Office of Minority Health	\$ 116,515	\$ 139,292
<b>Total</b>	<b>\$ 303,421</b>	<b>\$ 294,979</b>

- NH Health Profession Opportunity Project (HPOP)**

	SFY 2010	SFY 2011
	<u>Expended</u>	<u>Adj Auth</u>
Health Professional Opportunities Project	\$ -	\$ 2,380,059
<b>Total</b>	<b>\$ -</b>	<b>\$ 2,380,059</b>

- Refugee Resettlement**

- Provisions of Chapter 1 (SS HB 1-FN-A), Laws of 2010, transferred powers and duties for the NH Refugee Resettlement Program from the Office of the Governor to the DHHS. This Transfer was completed Oct 1, 2010.
- The Refugee Resettlement program consists of 5 separate grants: Cash & Medical, Social Services, Targeted Assistance, School Impact and Preventative Health.

	SFY 2010	SFY 2011
	<u>Expended</u>	<u>Adj Auth</u>
Refugee Resettlement (100% FF) DHHS Only	\$ -	\$ 1,122,919
Refugee Resettlement (100% FF) OEP Only	\$ 1,365,595	\$ 183,099
<b>Total</b>	<b>\$ 1,365,595</b>	<b>\$ 1,306,018</b>



# Costs

- **Refugee Program: 100% Federal Funds**

- **Preventive Health** --Provide health case management to all new refugee arrivals relative to the Refugee Health Assessment and follow-up. 1,111 individuals served
  - » 2009: \$85,000
  - » 2010: \$85,000
- **School Impact**—Provide school-related services to Manchester School District refugee families and students. 250 families served.
  - » 2009: \$125,000
  - » 2010: \$125,000
- **Social Services**—Provide services that lead to self-sufficiency such as English for Speakers of Other Languages and employment to refugees residing in Concord, Laconia, Manchester and Nashua.
  - » 2009: \$332,262
  - » 2010: \$478,696
- **Cash and Medical**---Provide cash (consistent with TANF payments levels) and medical support to all refugees who are not categorically eligible for other support programs for the first eight months after arrival.
  - » 2009: \$1,247,469
  - » 2010: \$708,377



# Challenges

- Lack of consistent Race, Ethnicity and Language data in NH
  - Implication: Standards and policies that match regional/national standards needed in NH
- Institutions (health/education/other) & providers have varying abilities to provide cultural and linguistic access
  - Implication: Education and capacity building continues to be a priority
- Minority populations have varying understanding of physical/mental health problems and the resources available to address them; Minority populations often lack knowledge and skills to access, navigate, and succeed in education, workforce, and healthcare systems
  - Implication: Education and capacity building is a priority
- Many individuals and organizations committed to health equity but lack of partnership structure and coordinated collaboration
  - Implication: Partnership-building is a priority
- Minorities are underrepresented in health professions statewide
  - Implication: Need for workforce development strategies
- Educational institutions lack competency to recruit, enroll, retain and graduate minorities; Employers lack capacity when faced with recruiting, hiring and retaining minority employees
  - Implication: Organizational capacity-building is a priority
- System complexities present challenges to self-sufficiency; Social and economic barriers to integration for immigrants and refugees
  - Implication: Education and organizational capacity building continues to be a priority



# Contact Information

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