Refugee Health 101
Washington State Refugee Health Program
Outline

- US Refugee Resettlement Process
- WA State Refugee Resettlement Program
- WA State Refugee Health Program Activities
Definition of Refugee

- A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution on account of race, religion, nationality, political opinion or membership in a particular social group (UNHCR).

- The United States Refugee Act of 1980 created the Federal Refugee Resettlement Program to provide for the effective resettlement of refugees and to assist them in achieving economic self-sufficiency.

- Washington State is home to a diverse refugee community and is one of the top ten states for refugee arrivals.
Refugee Statistics

Refugees worldwide, 2015
21.3 million

Refugees resettled in the US, FY2016
84,995

Refugees resettled in WA, FY2016
3,845

Source: United Nations High Commission on Refugees (UNHCR)
Refugee Arrivals by State, FY2016, US Department of State
Washington State Department of Health, Refugee Health Program
Refugee Processing and Screening System

**O1 Registration and Data Collection**

Refugees in need of protection apply for refugee resettlement. Usually, refugees are referred by the UN refugee agency (UNHCR), which collects initial documentation and biographical information.

This information is transferred to a Department of State-funded Resettlement Support Center (RSC). The RSC conducts an in-depth interview with the applicant, enters the applicant’s documentation into the Department of State’s Worldwide Refugee Admissions Processing System (WRAPS), cross-references and verifies the data, and sends the information necessary to conduct a background check to other U.S. agencies.

**O2 Security Checks Begin**

U.S. national security agencies, including the National Counterterrorism Center, FBI, Department of Homeland Security (DHS), the Department of Defense, and the Department of State, as well as the intelligence community, begin screening the applicant using the data transmitted from the RSCs.

The screening checks for security threats, including connections to known bad actors, and past immigration or criminal violations. For Syrian applicants, DHS conducts an additional enhanced review.

Refugees are screened more carefully than any other type of traveler to the U.S.

**O3 DHS Interview**

Security screening results from each agency are transmitted back to DHS and the State Department. Specially trained DHS officers review initial screening results, conduct in-person interviews in the host country, and collect biometric data from the applicants.

The DHS interview confirms the information collected from the previous interviews conducted by the State Department’s RSCs. Additional interviews are conducted as new information arises. With each interview, data is verified in person and in WRAPS.

If new information emerges during the interview, the information is entered into WRAPS and additional security checks are conducted. If inconsistencies emerge at any point, the case is put on hold until the inconsistencies are resolved. Once all interviews and checks are complete, DHS adjudicates the case, the decision is entered into WRAPS, and the process continues.

**O4 Biometric Security Checks**

Fingerprints collected by U.S. government employees are stored in a DHS database and screened against:

- The FBI biometric database;
- The DHS biometric database, which includes watch-list information and previous immigration encounters in the U.S. and overseas; and
- The U.S. Department of Defense database, which includes fingerprints obtained around the world.

These fingerprint screening results are reviewed by DHS. Cases with any problematic results are denied. Otherwise, the process continues.

**O5 Cultural Orientation and Medical Check**

Applicants complete a class designed to teach them about American culture, customs and practices.

All refugees approved by DHS undergo a medical screening to identify diseases of public health significance.

The results of the medical examination are entered into WRAPS. If a case is cleared after the medical check, the process continues.

**O6 Assignment to Domestic Resettlement Locations and Travel**

Every week, representatives from each of the nine domestic resettlement agencies meet and review applicant information transmitted from the RSCs via WRAPS to determine where to resettle each refugee.

Once these placement decisions are made, the placement is recorded in WRAPS, and the refugee is notified of their destination.

Applicants with no security concerns continue their travel.

**O7 Arrival in the U.S.**

Refugees arrive in the United States, where representatives from one of the nine domestic resettlement agencies welcome refugees at the airport and begin the process of helping them settle in to their new communities.

In Fiscal Year 2016, the U.S. welcomed 84,995 refugees from around the world.

Source: [https://www.state.gov/j/prm/ra/266459.htm](https://www.state.gov/j/prm/ra/266459.htm)
Overseas Medical Examination

- Mandatory for all refugees to the U.S. must have a physical and mental examination as part of the visa application process
- Performed by designated panel physician
- Purpose: identify certain disorders that could result in exclusion from the U.S. under the Immigration and Nationality Act.

Photo source: Centers for Disease Control and Prevention

Medical Examination of Aliens for Medical Resettlement in U.S. CFR (Title 42, Part 34)
Overseas Medical Screening Process

Visa Medical Examination
- 6 months before departure
- All refugees
- Screening for inadmissible health-related conditions

Pre-Departure Medical Screening
- 3 weeks before departure
- Refugees with Class B1 TB*

Fit to Fly Pre-Embarkation Checks
- 24 to 48 hours before departure
- All refugees
- Screening for lice
- Presumptive treatment of intestinal parasites

Refugee Resettlement Process

Overseas processing
The Department of Homeland Security (DHS) approves refugees for admission to the United States. The Department of State (State) processes refugees overseas.

Voluntary agency assignment
Refugees are assigned to one of nine national-level voluntary agencies, which have multiple local affiliates.

Initial reception and placement
Representatives from voluntary agencies greet refugees upon arrival. Voluntary agencies provide housing and other basic needs for 30-90 days with funding from State.

Program placement
Voluntary agencies help refugees apply for the assistance they are likely eligible to receive.

Temporary assistance from ORR*
- Eight months of cash assistance (4 to 6 months for Matching Grant)
- Medical assistance
- Social services, such as employment assistance and citizenship services, for up to 5 years
- Administered by local voluntary agencies or by a government agency

Other public assistance
- Type and duration of assistance varies
- Administered by various government agencies
- Includes Supplemental Security Income and Temporary Assistance for Needy Families

Source: Department of Health and Human Services
Refugee Arrival Groups 2006-2016 (Calendar Year)

Source: US Department of State, Worldwide Refugee Admissions Processing System (WRAPS).
Top Languages among WA State Arrivals, 2016

Russian
Arabic
Ukrainian
Somali
Dari
Farsi
Resettlement Agency is an organization that has a cooperative agreement with the U.S. Department of State to provide Reception and Placement services to newly arrived refugees.
Reception and Placement Program: Goals

- To help refugees achieve self-sufficiency, cover basic household expenses, navigate systems, and manage daily tasks.

- Through resettlement services, refugees are helped to become contributing members of American society.

- Time limited (bridge) for 30 – 90 days after arrival.
Reception and Placement Program: Placement Considerations

- Location of U.S. Tie
- Language Capacity of Agency
- Local Ethnic and Religious Communities
- Expertise Resettling Populations with Special Needs
- Case Size and Availability of Affordable Housing
- Community Resources

Case Placement Considerations

Slide credit: Jewish Family Services
Reception and Placement Program: Core Services

- Arrival Services (Airport Pick-Up)
- Housing, Furniture, Clothes and Food
  - Home Visits
  - Distribution of Resettlement Funds
- Registration with Local Government Agencies to Receive Benefits
- Selective Service Registration
- Domestic Health Screening
- Access to Health Services
- School Registration and English Classes
- Employment Program Referral
- Cultural Orientation

Slide credit: Jewish Family Services
Washington State Department of Health
DSHS Office of Refugee and Immigrant Assistance

- Lead agency for refugee assistance in WA State
- Administer programs including:
  - Cash, Food and Medical
  - Employment and Training
  - Naturalization
  - Refugee Resettlement Assistance
  - Youth and Elderly
  - Health Screening and Mental Health
Domestic Health Screening: Purpose

- The Washington State Department of Health Refugee Health Program, in partnership with local health jurisdictions (LHJ), health care providers, and refugee resettlement agencies provides a comprehensive domestic health screening exam to all refugees that resettle in Washington State.

- The purpose of the domestic health screening exam is to:
  - Follow-up with refugees with medical issues identified in overseas refugee health screening
  - Identify persons with communicable diseases of public health importance
  - Enable refugees to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely impact his or her ability to gain self-sufficiency
  - Refer refugees to primary care providers for ongoing health care
Location of Screening

Individuals screened 1/1/16 to 12/31/16 (n=4152)

- Spokane: 14%
- Benton-Franklin: 7%
- Snohomish: 9%
- SeaMar: 10%
- Pierce: 10%
- King: 50%
Domestic Health Screening: Components

- History and Physical Assessment
- Mental health Screening
- Complete Blood Count
- Pregnancy
- HIV
- Hepatitis B
- Blood lead level
- Immunizations
- TB
- Syphilis
- Malaria

- Hepatitis C
- Intestinal parasites
- B12
- Urinalysis
- Serum chemistries
- Newborn screening tests

Guidelines set by Office of Refugee Resettlement (State Letter 12-09), Centers for Disease Control and Prevention and states

Washington State Notifiable Conditions in bold
Domestic Health Screening: Timeline

- Refugee arrives in the US
- Arrival to 30 days: 1st Health Screening Appointment
- 31 to 90 days
- 91 days to 12 months
- 12 months to 16 months: I-693 covered by ORR (refugees only)
- Immunizations
DOH Refugee Health Program Functions

- Works to improve health outcomes for refugee populations
- Maintains health screening guidelines for Washington State
- Maintains refugee health database and leads health surveillance and program evaluation activities
- Responds to communicable disease notifications involving refugee populations
- Supports health screening clinics in developing systems to improve communication with primary care
- Works with health care providers to provide education and develop systems that improve health outcomes for refugees
Blood Lead Level Screening

Photograph credit: Maine Department of Health and Human Services

Washington State Department of Health
Sources of Lead Exposure for Refugees Overseas and WA

Leaded Petrol Phase-out: Global Status April 2014

- Unleaded
- Leaded and Unleaded
- Leaded
- Unknown

- Lead Dust
- Paint in Homes Built Before 1978
- Dirt
- Take Home Lead (Jobs or Hobbies)

- Traditional Remedies, Make-up and Powders
- Some Pottery
- Some Candy
- Some Jewelry
- Some Toys

5. Refugee health
Should refugee children be screened for lead?

• Are Primary Care Providers in Washington State already doing this?
• Matched refugee arrival records to DOH Childhood Blood Lead Registry for 343 children ages 0 months to 15 years
  – 44 (12.8%) children had a matching record in the blood lead registry
  – 299 (87.2%) no match to blood lead registry
• Added to Domestic Health Screening Examination
# CDC and WA State Refugee Blood Lead Level (BLL) Screening Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Initial BLL screening (0 to 3 months post-arrival)</th>
<th>Post-resettlement BLL screening (3 to 6 months later)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performed by</strong></td>
<td>Refugee Domestic Health Screening Clinic</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Identify children in need of medical monitoring and management</td>
<td>Identify new or continued lead exposure (e.g., housing) Identify children in need of medical monitoring and management</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>All children ages 6 months through 16 years</td>
<td>children 6 months to 6 years after placement in a permanent residence, <em>regardless of initial BLL result</em></td>
</tr>
</tbody>
</table>
Children Screened for Lead by Year, WA State
Refugees <17 years, 7/1/12 to 12/31/16

Fall 2013: BLL Screening added to WA State Refugee Health Screening Guidelines

<table>
<thead>
<tr>
<th>Year of Domestic Health Screening Exam</th>
<th>% Children Screened for BLL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 2012-Jun 2013 (n=343)</td>
<td>13%</td>
</tr>
<tr>
<td>Jul 2013-Dec 2013 (N=523)</td>
<td>77%</td>
</tr>
<tr>
<td>2014 (N=1130)</td>
<td>89%</td>
</tr>
<tr>
<td>2015 (N=1208)</td>
<td>92%</td>
</tr>
<tr>
<td>2016 (n=1698)</td>
<td>96%</td>
</tr>
</tbody>
</table>

Washington State Department of Health
Blood Lead Level (BLL) Outcomes, WA State
Refugees <17 years, screened 7/1/13 to 6/30/16 (N=4148)

- 1 to 4 µg/dL: 78%
- ≥10 µg/dL: 2%
- 5 to 9 µg/dL: 11%
- Not Detected: 9%

Elevated Blood Lead Level (EBLL) is defined as ≥5 µg/dL.

13% of WA Refugee children with screening had an EBLL result.
EBLL by Top 5 Countries of Origin, WA State
Refugees <17 years, screened 7/1/13 to 12/31/16 (N=4148)

Country of Origin
(Number of refugee children with BLL exam)

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>5-9 µg/dL</th>
<th>≥10 µg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td>All countries</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Iraq</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Somalia</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Ukraine</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burma</td>
<td>1</td>
<td>11</td>
</tr>
</tbody>
</table>

WA State, <72 mos old
Questions/Feedback

Refugee Health Program
Office of Communicable Disease Epidemiology
Washington State Department of Health
refugeehealthprogram@doh.wa.gov
206-418-5500
http://www.doh.wa.gov/RefugeeHealth
References

- Washington State Department of Health
- Washington State Department of Social and Health Services – Office of Refugee and Immigrant Assistance
- Jewish Family Service
- International Organization for Migration
- United Nation Higher Commission for Refugees
- The White House