



REFUGEE HEALTH IN KANSAS

Our Vision – Healthy Kansans living in safe and sustainable environments.



Presenters

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Refugee Arrivals in Kansas

- ❖ Primary versus secondary refugees
- ❖ Derivatives of refugees
- ❖ Refugee Arrival Statistics

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Refugee Arrivals in Kansas

Afghanistan (4)	Eritrea (23)	Kenya (21)	Sudan (14)
Bahrain (1)	Ethiopia (9)	Liberia (8)	Tanzania (9)
Bhutan (261)	France (1)	Malaysia (56)	Thailand (69)
Burma (512)	Ghana (2)	Nepal (53)	Uganda (1)
Burundi (20)	Haiti (1) India (7)	Nigeria (3)	United Arab Emirates (4)
Cameroon (6)	Iran (27)	Philippines (1)	Pacific Islands (1)
Cntrl Africa Rep(2)	Iraq (158)	Russia (9)	Uzbekistan (14)
China (11)	Italy (1)	Rwanda (2)	Vietnam (42)
Cuba (14)		Somalia (69)	Yemen (4)

* Between July 1, 2006 and June 30, 2011 a total of 1442 were settled and assessed in the state. They came from 37 countries.

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How Refugees Get to Kansas

- Flee
- Seek legal refugee status
- Seek resettlement
- Referral to US Program
- Match to US VOLAG
- Pre-arrival process
- Arrival in America



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Role of Resettlement Agencies

- Populations served:
 - Refugees
 - Asylees
 - Special Immigrant Visa holders (SIVs)
- Services provided
 - Case Management
 - Housing
 - Employment
 - Cultural orientation
 - Job training
- Goal: Help clients achieve self-sufficiency

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Overseas Medical Exam

- ❖ Conducted in refugee camps or in areas of significant refugee resettlement up to one year prior to arrival.
- ❖ Mandatory and designed to exclude individuals who have communicable disease of public health significance, physical or mental disorders that involve harmful behaviors, or problems with current drug abuse or addiction.
- ❖ Includes a medical history and physical exam, TB exam, serologic test for syphilis, physical exam for Hansen's disease, mental health screening.
- ❖ Class A and Class B Conditions

Domestic Health Assessment

- The scope of the Domestic Health Exam includes:
 - Follow-up (evaluation, treatment and/or referral) of Class A and B conditions identified during the overseas medical exam,
 - Identify persons with communicable diseases of potential public health importance that were not identified during, or developed subsequent to the overseas exam,
 - Identify conditions that could present a barrier to self-sufficiency
 - Introduce incoming refugees to the U.S. health care systems, and link to primary care for ongoing healthcare.

Domestic Health Assessment

- The standards for this assessment are established by the U.S. Centers for Disease Control, see KS Refugee Health Manual (KRHM) -Appendix F- ORR's Domestic Medical Guidelines Screening Checklist
- Should be started within 30 days of arrival if possible and completed within 60 days...90 days maximum (8 months after arrival-see I-94 or Alien Information from Electronic Disease Notification System (EDN)).

Domestic Health Assessment- Health History

- See Kansas Refugee Health Manual (KRHM) for overseas medical documents to review (pg 3-4). Look especially for Pre-Departure Medical Screening (PDMS) form.
- Question for recent fever, diarrhea, cough, weight loss, night sweats, hemoptysis, other recent illness in self or family, known medical problems (including medications, allergies)
- Evaluation and referral of Class A and B Conditions identified in the overseas medical exam. See KRHM- Appendix B for more information on Class A and B Conditions.

Refugee Health Issues-Tuberculosis

- ❖ Foreign-born persons and racial/ethnic minorities bear a disproportionate burden of TB disease in the U.S. The rate of TB among foreign-born persons in the U.S. is ten times higher than among U.S. born persons.
- ❖ Health care providers must pursue thorough screening, evaluation and follow up for TB-related conditions identified overseas; and, if indicated, ensure treatment of active TB disease or latent TB infection. TST for children < than 5 and IGRA for all others recommended. See KRHM-Appendix C-Specific Follow-up Recommendations for Tuberculosis B1 and B2 TB Classifications.

Refugee Health Issues-Sexually Transmitted Diseases

- ❖ The very high incidence of sexually transmitted disease worldwide is of serious public health concern.
- ❖ Increasing mobility of populations, urbanization, poverty, war, demographic changes (especially in developing countries), sexual exploitation of women, and changes in sexual behavior are some of the factors that have placed an ever increasing proportion the population at risk
- ❖ Those aged 15-24 are at highest risk. STDs have important repercussions on reproductive health and have been shown to increase the risk for HIV infections.
- ❖ Syphilis is still currently screened on the overseas exam and identified STIs are treated prior to arrival.

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Refugee Health Issues-HIV

- ❖ HIV is no longer a Class A condition and no longer part of the overseas exam
- ❖ HIV testing is included in the Domestic Health Assessment. CDC recommends HIV screening in health-care settings for all persons 13-64 years of age.
- ❖ HIV tests conducted with conventional HIV (blood draw) testing with refugee clients for age 13 and over.

Refugee Health Issues-Hepatitis B

- ❖ HBV infection is highly endemic in all of Africa, Southeast Asia, East Asia, and Northern Asia and in most of the Pacific Islands.
- ❖ CDC-prevalence of chronic HBV infection among person immigrating to the U.S. from these areas is estimated to be between 5 and 15 percent.
- ❖ In the U.S. approximately 800,000 to 1.4 million persons are chronically infected with HBV and an estimated 3,000 persons with chronic HBV infection die in the U.S. each year as a result of chronic liver disease (cirrhosis and liver cancer).

Refugee Health Issues- Parasitic Infections

- ❖ The worldwide prevalence of parasitic infections is staggering and consequences of parasitic infection can include anemia due to blood loss and iron deficiency, malnutrition, growth retardation, invasive disease, and death.
- ❖ The geographic distribution of specific parasitic infections is varied. All information such as country of origin, refugee migration, food habits, lack of shoes, lack of safe drinking water, quality of sanitation and history of insect bites may be helpful in ruling in or out certain parasitic infections.
- ❖ Specifically concerned with strongyloides (all refugees) and schistosoma (Sub-Saharan Africans)
- ❖ Presumptive treatment prior to arrival is becoming more common. Presumptive treatment may be utilized rather than routine stool testing.

Refugee Health Issues-Malaria

- ❖ Malaria, caused by Plasmodium parasites, is one of the most prevalent diseases in the world, with disastrous social consequences
- ❖ Eighty-nine percent of malaria deaths occur in Africa and is the fifth leading cause of death due to infectious disease
- ❖ Children and pregnant women are highly vulnerable due to reduced defenses
- ❖ Malaria screening is an important part of the domestic health assessment for refugees

Refugee Health Issues - Child Lead Screening

- ❖ Exposure in the U.S. to lead occurs primarily from lead-based paint chips and dust in older homes. Outside the U.S.-exposure is still due to the combustion of leaded gasoline, smelters, chemical or battery plants, burning of fossil fuel and solid waste, ammunition manufacturing and use, use of lead as a bearing element in rural flour mills, and traditional remedies or foods, where lead compounds are added to increase weight or as a dye.

Refugee Health Issues - Child Lead Screening

- ❖ Several factors increase the potential for lead exposure in developing countries, including poor nutrition, environmental pollution, absent or lax environmental regulations, hot climates that imply a prolonged stay in the outdoor environment, airy housing construction and concentration of populations around traffic arteries
- ❖ High lead levels are associated with toxicity to all major organ systems, and even death, while lower levels are associated with deficits in neurological development and changes in behavior.

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Refugee Health Issues-Immunizations

- ❖ Immigrants, refugees and other non U.S. born people need the same age- appropriate vaccinations as any other patients. See the Advisory Committee on Immunization Practices (ACIP).
- ❖ Adjustment of status after one year-if no Class A condition, no further examination is needed, only documentations that immunizations are up to date. The medical director of a local health department is a designated civil surgeon for this purpose and may sign the I-693 documenting that immunizations are up to date

Refugee Health Issues-Mental Health

- ❖ Since World War II most refugees to the U.S. have been victimized by war and/or political repression, and many have witnessed or experienced government-sponsored torture and /or terror- which can lead to Post Traumatic Stress Disorder (PTSD).
- ❖ In many non-Western societies, concepts and beliefs regarding mental health are embedded within religions/spiritual belief systems and mental distress may be expressed in physical or spiritual terms.
- ❖ Leaving behind all that is familiar and starting a new life in a new country with a different language and culture produces an immediate family crisis that can have long-term effects.

Refugee Health Issues-Barriers

- Knowledge of the Health Care System
- Health Insurance Coverage
- Language-Interpreting
- Socio-Economic Status

Critical to provide referrals to establish primary care homes for refugees.

Questions?

- Thank you for the opportunity to present today. If you have further questions please contact Cyndi Treaster at ctreaster@kdheks.gov.

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