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Refugee Health Program of Colorado

Background

Program History and Purpose

The Colorado Department of Public Health and Environment's Refugee Preventative Health Program of Colorado (RHPC) was established in 1980. A branch of this program, the Refugee Health Program of Colorado in AF Williams Family Clinic on the University of Colorado campus began seven years ago and provides new refugees with free physical and mental health assessments. The Health Program used to cooperate more closely with AF Williams Clinic, but the school's funding decrease has reduced this partnership. They are affiliated with the AF Williams Clinic only on a contractual basis in that RHCP hires the clinic's doctors to examine and treat its patients. On average, the RHPC sees about 900 new refugees per year. For example, from July 1st to September 30th of 2002, RHPC saw a total of 250 new refugees, who were mainly from Afghanistan, Bosnia, Russia, Sudan, and Vietnam. The vast majority of these refugees were being relocated in Boulder, Denver, and El Paso counties (RHPC Quarterly Report, 7/1/02-9/30/02).

The goals of the Refugee Health Program are twofold. The first involves ensuring that refugees are as healthy as possible. This means making sure that refugees have no communicable diseases, to detect any chronic or acute illnesses, to administer vaccinations, and to screen for mental health disorders. Another goal of this program is to protect the health integrity of Colorado residents by preventing infectious diseases from being spread throughout the population.

Funding

The Refugee Preventative Health Program is funded through the Colorado Office of Refugee Settlement.

Program Overview

Projects

By virtue of their status, refugees who resettle in the United States are eligible to receive Medicaid to cover their health expenses for their first eight months in this country. The benefits do not begin at the time of application and there is often a long waiting period before coverage starts. However, law requires that all Class B refugees be given a health screening within 30 days of their arrival due to the significance of existing health conditions such as tuberculosis in these refugees. In order to bridge the time gap between when a refugee applies for Medicaid and when they receive their card and to enable them to have their examinations, the Refugee Health Program of Colorado offers physical and mental health screenings and referrals free of charge for up to the first 90 days after a refugee's arrival.

New refugees are screened for Hepatitis B, tuberculosis, and intestinal parasites such as

blastocystis and girardia. If anything is detected, the patient is given suitable counseling and treatment for their medical condition. They also undergo immunization screening and if necessary receive vaccinations against a wide variety of diseases, including chicken pox, diphtheria, hepatitis A, and measles. They are also given a mental health self-assessment form, which screens for concerns such as anxiety, depression, and Post-Traumatic Stress Disorder (Quarterly Report, 7/1/02-9/30/02). In addition, gynecological, pediatrics, and family medical services are offered to refugees at no cost. They also provide treatment for common illnesses but if a condition or illness is detected that the RHPC cannot treat, it will refer the patient to an appropriate specialist.

Upon being referred to RHPC, a refugee has at least three appointments. The patient meets with a registered nurse at their first appointment, which involves administering a tuberculosis test, as well as taking blood and stool samples to test for hepatitis B and intestinal parasites. In addition a verbal medical history is recorded to better assess the patient's current health status. The patient also receives the mental health self-assessment at this appointment. The second appointment is two days later, when the TB test is examined for any indication of a positive result, the doctor performs a physical examination, and the first round of necessary immunizations are given. Six weeks later, the refugee has their final appointment and is given the second round of immunizations, as well as any medical counseling and prescriptions for any infections. If further treatment is required, the Refugee Health Program of Colorado will refer them to specialists or hospitals in the area who can care for them.

RHPC also works with sponsors to refer to doctors who accept Medicaid for general health needs. However, they usually do not know what becomes of a refugee once they leave RHPC's care because there simply are not any funds to go out and track refugees after they leave RHPC. The staff copies the refugee's laboratory work up and gives it to the refugee or their new doctor with the hopes that they will act on RHPC's referral. One method of checking up on former clients is through "Green Card" applications. RHPC fills out the medical portion of this application free of charge, and refugees come back for this service since civil surgeons usually charge about \$150 for the same service. This means that the staff at the Refugee Health Program of Colorado is able to visually and verbally evaluate the physical well-being of their clients, even if they are unable to do so using medical equipment

RHPC in the Colorado Refugee Service Network

While medical screening is necessary, going to the Refugee Health Program of Colorado for screening is not, and consequently refugees must be informed of the program's existence and persuaded to go there of their own volition. This requires the help of individual refugee sponsors or other refugee service providers. Luckily, the state of Colorado has very strong network of organizations and agencies that provide services to refugees, which the RHPC is very strongly connected to. In fact, various refugee-oriented organizations hold monthly meetings to discuss issues concerning refugees. A number of these volunteer agencies and other organizations such as Ecumenical Refugee Services, the Ethiopian Community Development Council, through its African Community Center, Jewish Family Services, and Lutheran Refugee Services who act as refugee sponsors

often refer their clients to RHPC for evaluation.

The Refugee Health Program of Colorado faces three major challenges in their work with refugees. They are lack of funding, language barriers, and cultural obstacles.

Lack of Funding: Since September 11, 2001, the number of refugees allowed to enter the country has dropped due to security issues. As a consequence, the Refugee Health Program of Colorado has seen its funding from the Office of Refugee Resettlement go down as well. These factors have decreased the number of refugees that RHPC is able to serve as well as limited the services that they are able to provide. If more funding were to be provided, RHPC would like to increase its counseling programs, expand the dental program for adults, and create an outreach program that would allow them to follow up on refugees' medical progress.

Language: RHPC's refugees come from all over the world and speak a variety of languages. Many of them come to the U.S. without any knowledge of English at all. By federal law, they are required to have an interpreter for all of their clients who cannot understand English. They recruit interpreters from a variety of sources, such as the Interpreters Network of Colorado (INoC). The clinic is widely known and well-reputed in the refugee world and as a result many people come to them through "word of mouth" to volunteer their interpreting services. They also use refugees with a good knowledge of English and established relatives of new refugees to hurdle any language difficulties. Additionally, the mental health self-assessments area available in the ten most often spoken refugee languages.

Cultural Differences: Refugees come to RHPC with a variety of cultural perceptions of what medical diagnosis and treatment entail. They may not have any experience with Western medicine or the notion of preventative medicine, or may come from a society where they did not have the luxury of going to the doctor and spending money "simply because they are sick". On top of these differences on what constitutes medical care, there are other cultural considerations, such as emotional coping with trauma and religious influences. For example, members of the Dinka of Sudan were highly offended by a portion of the medical examiners' sessions focused on preventing hepatitis B infection. They are devout Christians and as such do not see themselves as fornicating and therefore saw no reason to be told about notions such as safe sex and sexually transmitted infections. Concepts such as time and "being on time" have different meanings to refugees from different cultures, which can result in missed medical appointments. For the staff at RHPC, it is a constant learning process complete with sensitivity in terms of the refugee's perceptions and views toward medicine.

Key Accomplishments

The RHPC is able to reach almost all of the refugees who come to Colorado. Since the Refugee Health Program of Colorado began, its been defined and redefined and subsequently they have a much better network than they started out with. As a result, over 98% of all refugees that come into Colorado are screened by RHPC. Of this portion, 100% are screened for hepatitis B, and over 97% are tested for both intestinal parasites and tuberculosis. Furthermore, over 95% receive an immunization assessment and 100% of refugees over the age of 18 are able to have a health assessment. These numbers are a vast improvement over what they were ten years ago (RHPC Quarterly Report, 7/1/02-

9/30/02). RHPC is also very proud of their dental program that allows them to alleviate acute oral pain and enhance refugees' appearance, which increases the likelihood of them finding employment.

Although no formal study has been carried out, RHPC believes that Colorado has a competitively better refugee health system. Refugees in this state are more likely to be screened and have their physical and mental health problems identified and treated more rapidly, as well as be vaccinated quicker. This is due to the advanced network of refugee service providers that exists in this state which permits more refugees to be referred in a timely manner to the Refugee Health Program of Colorado. Even though other states, such as California, New York, and Virginia have seen an increase in federal funds for their refugee programs, Colorado is still able to provide its refugee population with comparable, if not better, medical screening.

Policy Recommendations

Like many organizations, the Refugee Health Program of Colorado is currently experiencing a shortage of funds. At the same time, they would like to be able to track and follow up on their patients' medical treatment after they leave the RHPC's care. One inexpensive idea would be to include a form with the patient's laboratory work to be filled out by their next doctor about the progress of treatment and other related information. In short, this form would contend objective questions regarding illnesses and treatment, subjective questions about issues such as refugee cooperation in treatment, as well as a legal portion to obtain the refugee's consent for the release of the information. After obtaining the refugee's permission this form could be mailed back to the RHPC, which would give them not only an idea of who is caring for the refugees, but also how the refugees are responding to medical treatment. Furthermore, it would allow for follow-up studies to be done on issues such as TB treatment completion (which takes a couple of months) and other areas of interest.