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INTS 4937

Refugee Health Program of Colorado

Program Overview

The Refugee Health Program of Colorado is a state run program through the Department of Health and Environment that provides medical screening for newly arrived refugees. Employees of the program work for the University of Colorado Health Sciences Center, University Hospital. Many of the services, however, including office space, are contracted out to AF Williams Family Medicine Center. This was done, in part, to maximize funding allocations. AF Williams was also chosen because of its medical training program, and initially because it provided Medicaid, although that service has been discontinued. The program employs two full-time nurses and a part-time psychiatrist, psychologist, and psychology intern. The major goals of the program are to:

1. Develop an understanding of the experience and psychosocial needs of refugees arriving in Colorado;
2. Gain experience working with ethnically diverse people who do not speak English;
3. Provide direct services including program development, consultation, acculturation and psycho-education groups, individual assessment and psychotherapy services;
4. Engage in scholarly activity geared toward the improvement of services provided to refugees;
5. Develop skills in working with a multi-disciplinary primary healthcare team.¹

The RHPC program managed approximately 1,100 refugees in 2002. This number is noticeably lower since Sept 11, 2001 and the strict immigration policies that were subsequently enforced. Unfortunately, that number continues to drop.

Program Funding

As a State program, RHPC receives funding from the U.S. Department of Health and Human Services, Office of Refugee Resettlement in the form of Refugee Service grants. Each state is allocated money which is then dispersed to various programs by the state government. In Colorado, the grant is

¹ University of Colorado Health Science Center online: <http://www.uchsc.edu/sm/psych/divpsy/refugee.htm>.

divided between numerous service providers including volunteer organizations, employee training programs, English language programs, and health services. Contracting out services represents an efficient means of providing quality care for the funding available.

Additional funding is occasionally obtained through other organizations or foundations. One such grant procured by RHPC staff through Bridging the Gap has allowed RHPC to develop a dental health program for severe cases.

Program Services

Each refugee that arrives in Colorado is given a case worker by the VOLAG that sponsored the refugee (a list of VOLAGs is given in Table 1). The case worker, pursuant to state and federal law, will refer the refugee to RHPC for a health screening and assessment within the first ten days of arrival or granting of asylee status. Although most refugees have already had preliminary health screening for such things as HIV/AIDS and tuberculosis prior to arriving in the U.S., a more complete health screening is completed after arrival.

Table 1: Quarterly Refugee Health Screening Report, July1, 2002 – Sept. 30, 2002

Refugee Referral by VOLAG Receiving Health Screening

VOLAG	July	August	September	TOTAL	
Ecumenical Refugee Services	13/13	46/46	23/23	82/82	(100%)
Lutheran Immigration Refugee Services	15/16	35/37	44/44	94/97	(97%)
Jewish Family Services	6/7	3/3	-	9/10	(90%)
Ethiopian Community Development Council (African Community Center)	14/14	33/35	18/18	65/67	(97%)
TOTAL	48/50	117/121	85/85	250/256	(98%)

Each refugee is seen a minimum of twice. At the first visit, refugees are tested for tuberculosis, Hepatitis B, lead poisoning, and parasites. A medical history is completed for each refugee as well as a mental health assessment. At the second visit, which occurs two days later, refugees are given a complete physical by AF Williams staff and their blood work is completed. The mental health assessment is also completed; minor cases of stress due to the relocation process may be handled in-house. In many cases,

however, especially those due to severe trauma are referred to the Rocky Mountain Survivors Center. Similarly, treatment for physical illnesses, if any, is usually referred.

Refugees may also be provided dental care, thanks to additional funding procured by RHPC staff. Severe cases of dental health degradation or those requiring immediate care are provided treatment. Situations in which the dental status might affect the ability of the refugee to procure employment, such as visibly missing or rotting teeth, are also treated.

Most refugee services provided by the government are terminated after the first three or four months after the refugee has arrived in the U.S. In some cases, the refugee is required to repay his/her plane ticket within the first month. RHPC aids refugees by providing referrals or connecting refugees with local employee training programs to facilitate the employment process. Unfortunately, limited resources and government mandates can overly hasten the resettlement process; many refugees are not seen again after their initial screening. Some refugees, however, have a further visit to RHPC after a six-week acclimation period to obtain a second set of immunizations and any follow-up medical assistance they might need. RHPC also helps refugees with immunizations records and other documentation necessary for obtaining U.S. citizenship.

Key Accomplishments

RHPC has compiled a bank of interpreters to aid refugees through their screening process. Good interpreters were identified by Mette Riis, my interviewee, as extremely crucial to facilitating RHPC in the accomplishment of quality health care. The process also provided a positive experience for the refugees, which for almost all, this screening is their first exposure to the American health system and/or Western medical practices. Many of the documents and educational materials used and distributed by RHPC have been translated into numerous languages (for a list of refugees by ethnic group, please see Table 2).

Another advantage to good language interpreters is that they can provide a level of cultural understanding that can be taken into account when working with refugees. Differences in culture can be

major obstacles preventing adequate health care. Respect for cultural differences must be taken into consideration in order to provide quality medical assistance. For instance, it would be inappropriate for a male physician to examine a Muslim female patient. This level of cultural sensitivity is one aspect that makes RHPC an effective program.

The ability to provide for dental assistance is another unique aspect of the RHPC program. The ability to provide extensive mental health evaluations and treatment, whether it is in-house or referred, is another immensely valuable asset to the program. Medically speaking, the program also benefits from

Table 2: Quarterly Refugee Health Screening Report, July1, 2002 – Sept. 30, 2002

Refugee Screening by Ethnic Group			
Ethnic Group	Screened	Not Screened	Total
Afghani	18	0	18
Bosnian	69	2	71
Burmese			
Cuban	4	0	4
Ethiopian	11	0	11
Iranian	8	0	8
Iraqi	10	0	10
Russian	26	1	27
Somalian	12	0	12
Sudanese	18	0	18
Ugandan			
Vietnamese	34	0	34
Ukrainian	6	1	7
Congo			
Other	34	2	36
Total	250	6	256

having X-ray capabilities and its connection to AF Williams. As listed in RHPC’s Quarterly Refugee Health Screening Report for July1 – September 30, 2002, additional accomplishments include:

1. 97% of newly arrived refugees received a public health screening as compared to the objective of 85%;
2. 97% of the refugees screened were tested for intestinal parasites. Of the refugees tested for intestinal parasites, 23% were found to have one or more parasites. The most frequently reported was Entamoeba coli (45%). 100% of those who were found to have treatable parasites received treatment.
3. 100% of the newly arrived eligible refugees and asylees (18 years or over) were screened by a physician during their health examination for mental illness of conditions that negatively affect the refugee’s ability to adjust.

While there is undoubtedly room for the Refugee Health Program of Colorado to improve on its services, the program can boast several unique aspects and has a remarkable history of success. One area identified for improvement is a means for sustained health care and follow-up. Regrettably the overall system of refugee resettlement in the United States prohibits prolonged contact with many refugees. RHPC goes beyond what many other refugee programs can provide. Their connections with other service providers such as the Rocky Mountain Survivors Center and the Emily Griffith Opportunity School are a great asset to the program and refugees specifically. Strengthening these connections and establishing new connections will be a crucial component of providing services to refugees in the future.

The sensitivity for cultural differences is another aspect of the program that makes it unique. In conjunction with respect for culture, a dedication to providing quality health care and compassion for the people being served is apparent. The great diversity and variety of people – in culture, education, wealth, and life experiences – makes the job varied and interesting. But no matter who is being treated, the immigration to a new country has prompted Riis to marvel at the courage of these people. While many refugees wish to eventually return to their home countries, Riis avers, “These people are a great additional to U.S. society – to our society.”²

² Personal interview, April 30, 2002.