

Refugee Health: Nation in Review

2017 Annual Pennsylvania Refugee Consultation

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Overview

- Refugee Health
- Refugee Mental Health Initiatives
- UAC Health
- Trauma and Torture
- Healing and Compassion



Refugee Health

- Physical and emotional wellness are foundations for successful resettlement
- Many factors can affect refugee health
 - Geographic origin, refugee camp conditions
 - Infectious diseases, chronic illnesses, mental health issues
- Medical screening is conducted overseas and domestically
- Access to health care is needed for economic security



Domestic Medical Screening

- Continuity of care
 - Review of overseas records
 - Assess current status
 - Follow-up, refer
- Screening for infectious diseases
- Vaccinations
- Mental health
- Medical screening models



Refugee Medical Screening: National Review

- Medical screening models
 - Most states (28) use a combination of public health clinics and private providers
 - 24 states reported ≥ 1 FQHC providing medical screenings
- Mental health
 - 32 states reported utilizing mental health screening tools
 - 25 use the RHS-15 tool
- Promising practices
 - Screening clinic serving as the medical home
 - Ensuring follow up on conditions identified during the initial medical screening
 - Billing services to Medicaid



Refugee Mental Health TA Provider: NPCT

- Webinars, e-learning
- Information guides, tools
- Stakeholder collaboration, consultation calls



Mental Health First Aid (MFHA)

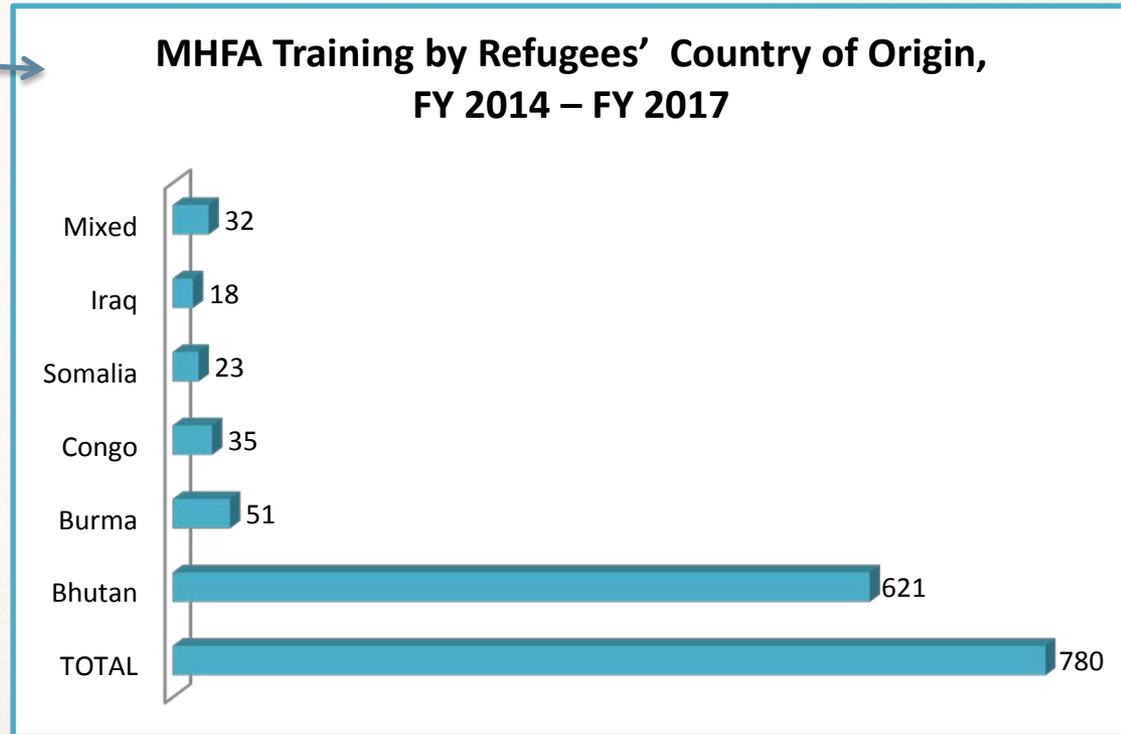
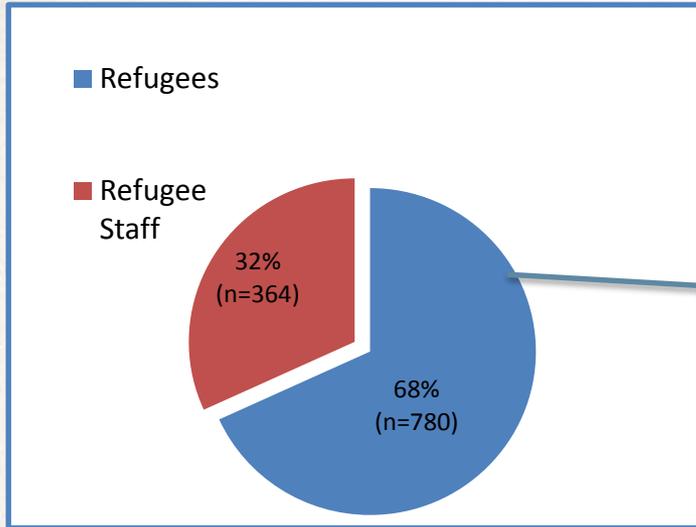
- 8-hour course, taught by certified instructors; role-playing and simulations
- Improves knowledge, confidence, and skills in addressing mental health issues
- Introduced in the U.S in 2008
- Since 2014, ORR helped coordinate MHFA trainings to refugees stakeholders



Refugees and Refugee-Serving Staff Trained in MHFA by State, FY 2014 – 2017



Who We're Reaching



Who are UAC?

Intercepted in U.S., under 18 years old, with no lawful immigration status in the U.S., no parent or legal guardian in the U.S., OR, with no parent or legal guardian in the U.S. available to provide care or legal custody.

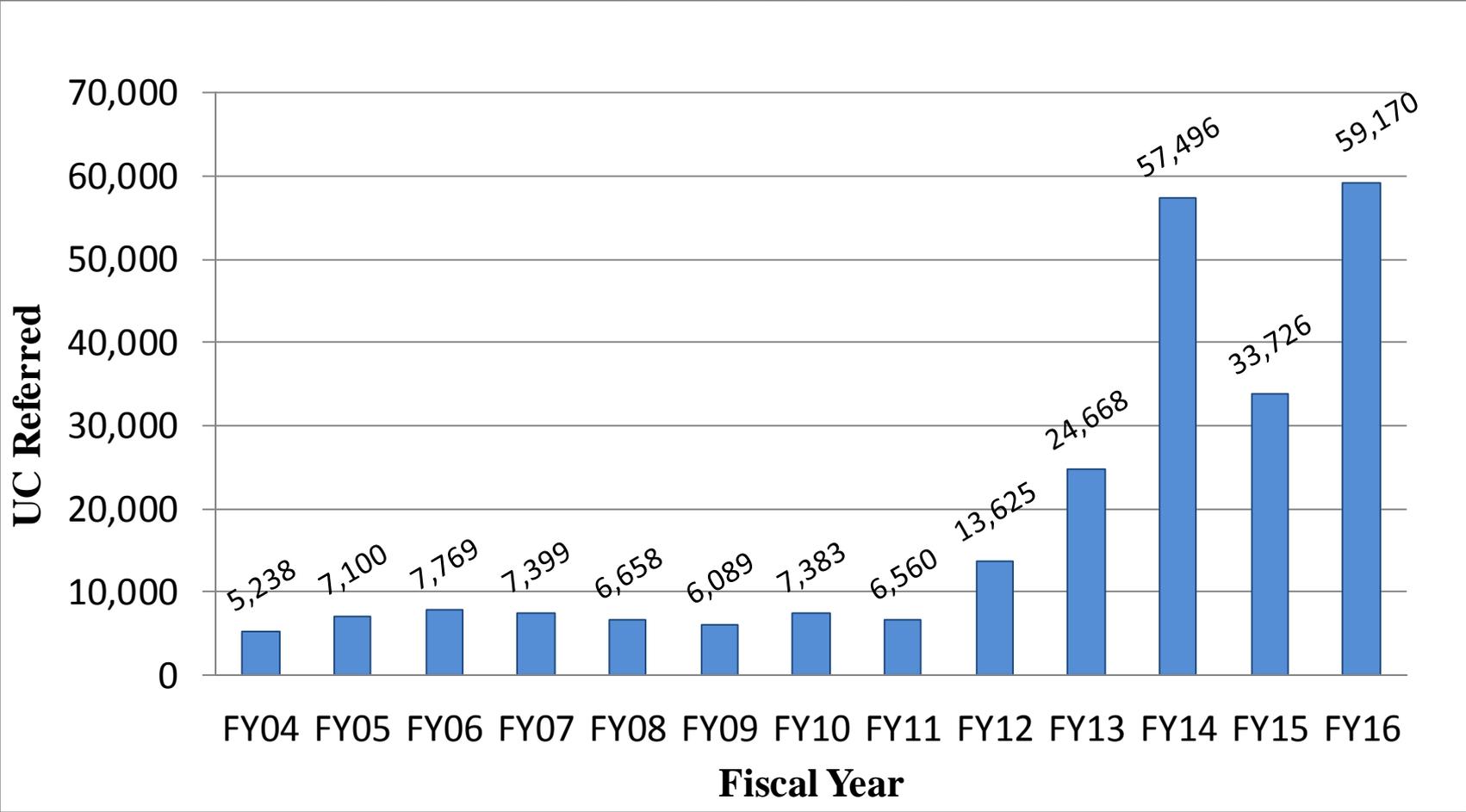
Unaccompanied Alien Children (UAC) are referred to ORR for placement by another Federal agency, usually the Department of Homeland Security (DHS).

By law, other Federal agencies have to transfer the custody of a UAC to ORR within 72 hours.

The majority of UAC come into ORR care because they were apprehended by DHS while trying to cross the border.

Others are referred as a result of interior apprehensions after involvement with local law enforcement or internal immigration raids.

UAC Referrals by Fiscal Year (FY)



UAC Countries of Origin, FY16



Honduras (21%)



El Salvador (34%)



Guatemala (40%)



All Other
Countries Combined:
(5%)



UAC Program Responsibilities

Care and custody of UC (provide shelter, food, clothing, and services)

Make and implement placement and transfer decisions

Reunify UC with qualified sponsors

Oversee a network of ORR-funded care provider facilities

Monitor care providers and ensure compliance with national care standards



UAC Initial Medical Examination

- History and physical exam
- Immunizations according to ACIP catch-up schedule
- Age and gender-appropriate screening
- Risk or symptom-based screening
- Similarities and differences between refugee medical screening



UAC Released to Sponsors: Selected States, FY 16

- Top 4 destination states
 - CA (7,381)
 - TX (6,550)
 - FL (5,281)
 - NY (4,985)
- Region 3
 - MD (3,871)
 - VA (3,728)
 - PA (604)
 - DC (432)



UAC Health Challenges

- Status – benefit eligibility
- Medical records – continuity of care
- Complex medical cases – referrals
- Local resources – access to care



Trauma-Informed Care

- A strengths-based approach for providers, programs, or systems
- An awareness of the prevalence of trauma
- An understanding of the impact of trauma on physical, emotional, and mental health as well as on behaviors and engagement to services
- A recognition that current service systems can re-traumatize individuals



Are You Caring for a Torture Survivor?

- 1.3 million torture survivors in the United States
- “Invisibility” of torture survivors
- Screen asylum seekers and immigrants with depression, PTSD, unexplained pain
 - Medical documentation for asylum hearings
 - Detect, diagnosis, treat sequelae of torture



Practice Recommendations

- Ask
 - “Some people in your situation have experienced torture. Has that ever happened to you?”
 - Sensitivity reduced by survivors’ shame, stigma, amnesia
- Assess and document morbidity
 - Physical (concussive trauma, musculoskeletal injuries, neuropathies, mutilation, chronic pain syndromes)
 - Psychological (PTSD, depression, anxiety, somatoform disorders)
- Treat and connect
 - Torture treatment programs
 - Mental health and medical specialists



Services for Survivors of Torture

Healing Centers National Map



Regional Provider



Philadelphia Partnership for
Resilience

<http://www.healtorture.org/content/domestic-healing-centers>

Red pin indicates full members of National Consortium of Torture Treatment Centers (NCTTP)



Resilience and Post-Traumatic Growth



Photo credit: Evans 2014. Kintsugi: The Art of Broken Pieces



Cultivating a Sustainable Source of Compassion



Photo Credit: T.Kelly



Thank you

For more information about ORR programs,
please visit our website at
www.acf.hhs.gov/programs/orr

