

Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass

Refugee Health: A New Perspective for Infection Prevention and Control

Ruth Carrico PhD DNP APRN FNP-C CIC
Associate Professor
Division of Infectious Diseases
Associate Founder, Global Health Center
University of Louisville School of Medicine

Hosted by **Dr. Pierre Parneix**
Hôpital Pellegrin, Bordeaux, France

www.webbertraining.com

February 15, 2018

Objectives

- Describe the process of refugee resettlement in the US
- Review existing surveillance processes for refugee health and the conditions identified
- Explore the impact of refugee health from the perspective of the refugee as a patient, as a community member, and as an employee

2

Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, Bordeaux, France
www.webbertraining.com

Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass



What is a “Refugee”

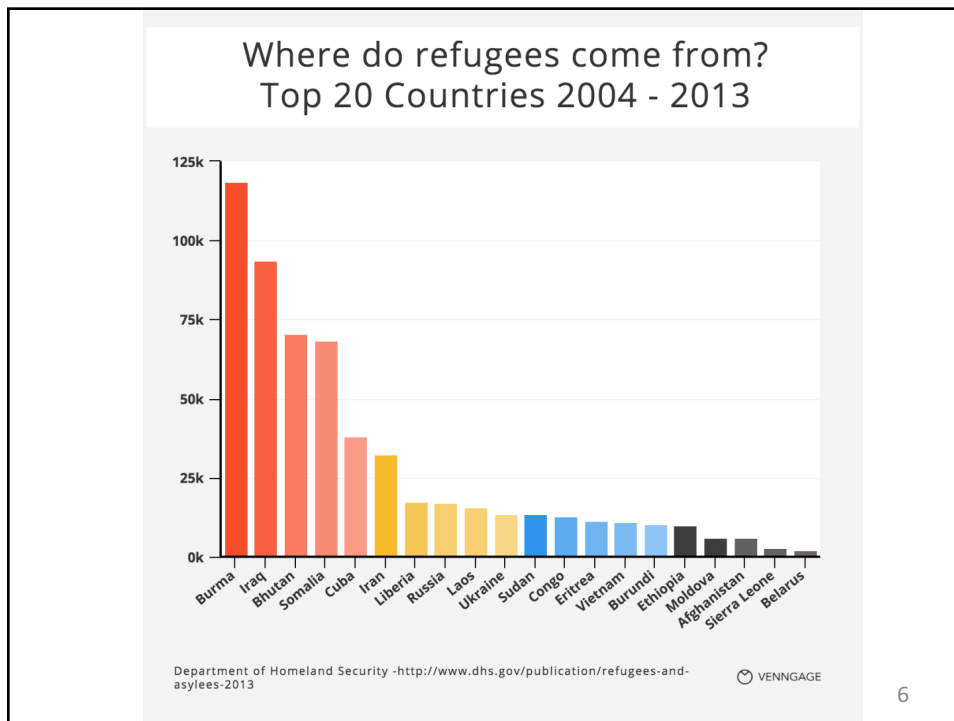
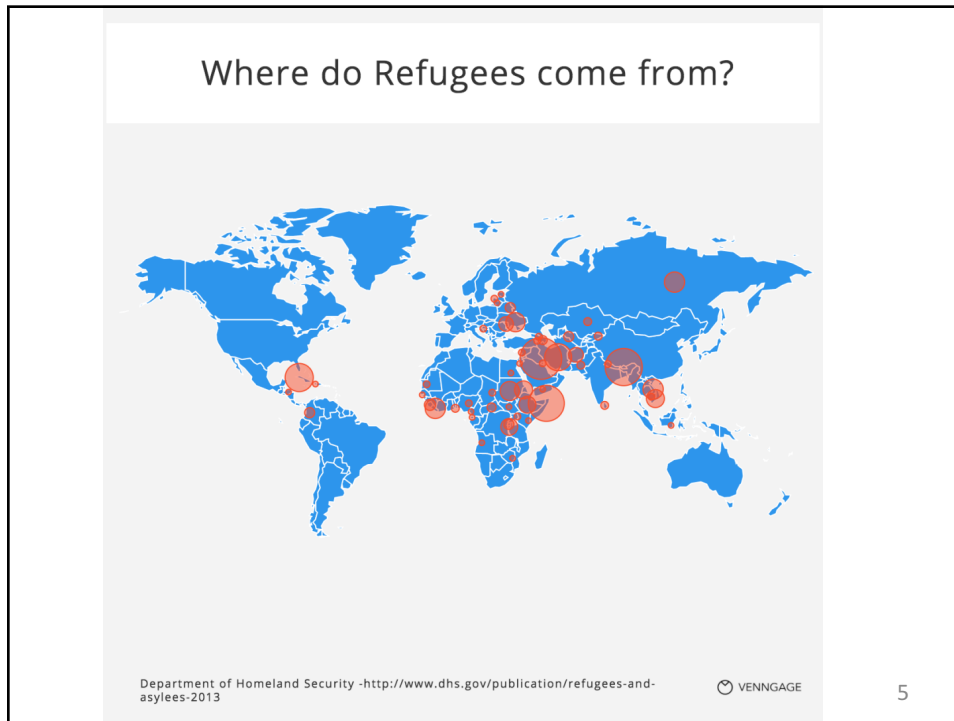
"owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country."

(www.unhcr.org)

4

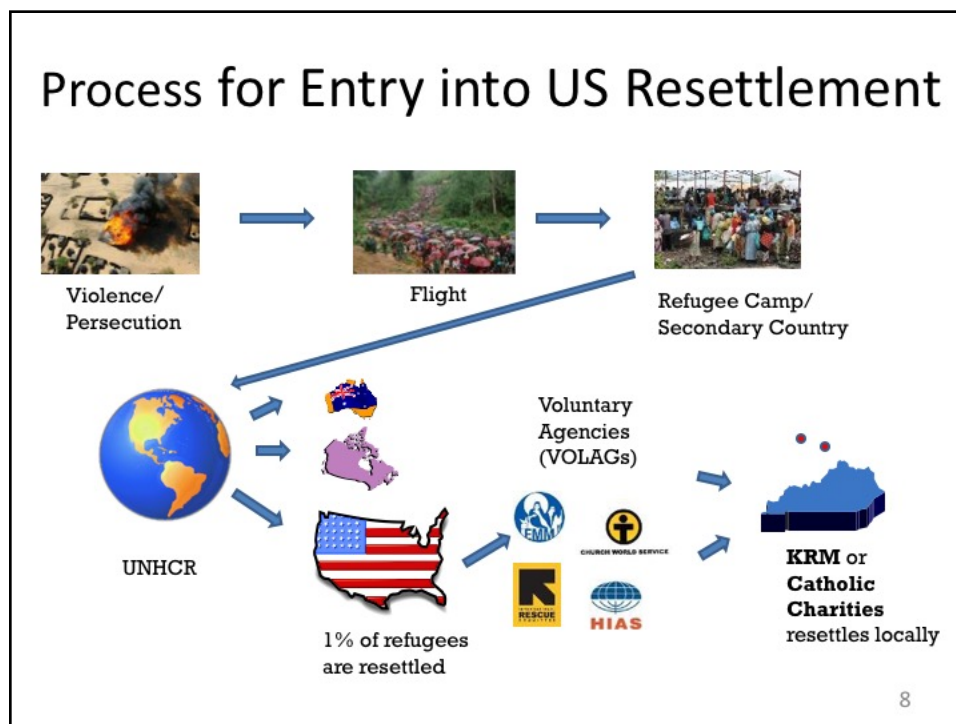
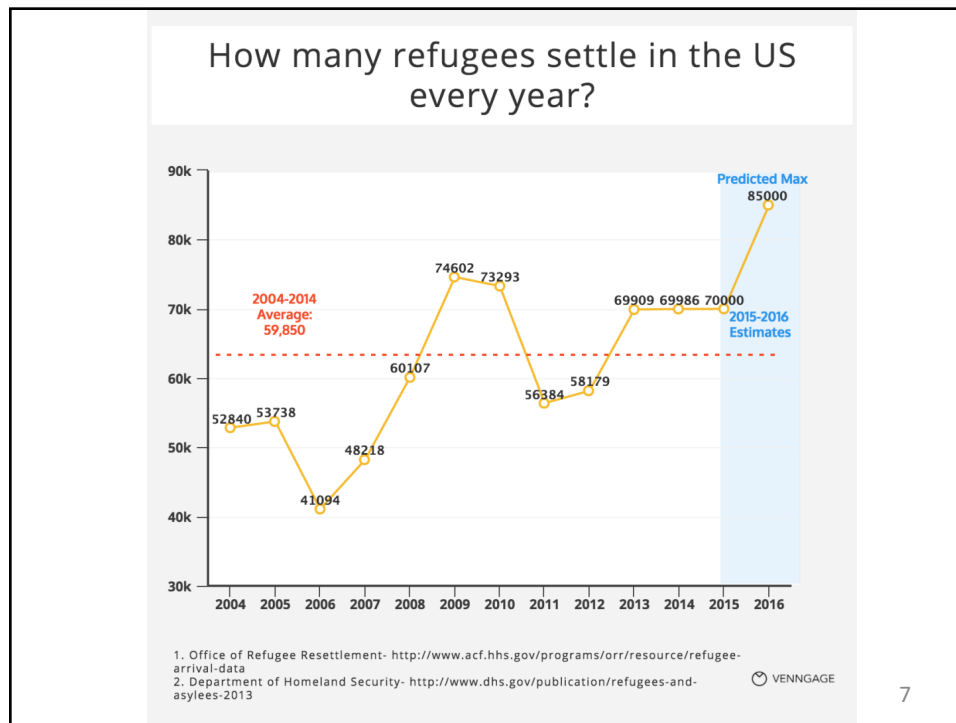
Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, Bordeaux, France
www.webbertraining.com

Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass



Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, Bordeaux, France
www.webbertraining.com

Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass



Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, Bordeaux, France
www.webbertraining.com

Refugee Resettlement in the US

- Resettlement process managed differently among the US states
- Some have the program managed through the state, usually the state health departments
- 13 states have refugee resettlement funds administered privately (Wilson-Fish States)
- Kentucky is Wilson-Fish and resettlement managed by Catholic Charities (Kentucky Office for Refugees)

9

Health Assessment Prior to Resettlement

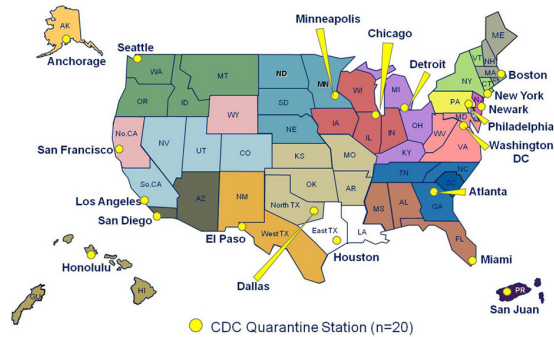
- Cultural orientation
- Overseas medical examination
- Some receive immunization
- Some receive presumptive treatment for parasites
- Some are found to have health conditions that prevent them from entering resettlement
 - Class A conditions
 - Class B conditions

10

Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass

From Overseas to Quarantine

- All refugees go into quarantine at the first “port of entry” into the U.S.; each airport has a CDC quarantine officer who clears them for the next flight.
- 20 U.S. ports of entry have quarantine stations, including New York City, San Francisco, Miami, and Chicago.
- Final Destination State



11

Local Resettlement Agencies

- Designated by the U.S. Government to provide direct resettlement services— Self-sufficiency is expected
 - Starts before arrival with apartment set-up, and airport pick-up
 - Provide furnished housing
 - Mental health services
 - ESL classes
 - Employment assistance
 - Provide case management
 - Cash assistance
 - Cultural orientation
 - Health Assessment



12

Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, Bordeaux, France
www.webbertraining.com

Resettlement Services

- Refugees are eligible for all social programs for which U.S. citizens are eligible.
- Refugees are eligible to work as soon as they arrive in the U.S. Self-sufficiency is the expectation.
- Refugees are placed on track for citizenship.
- Refugees receive intense services for 8 months but can access some level of service beyond that time.
- Refugees must pay back the cost of their plane ticket to Homeland Security.

13

Health Assessment Upon Arrival

- Each refugee eligible to receive a comprehensive health assessment upon arrival. This assessment is based on CDC guidelines and includes the following:
 - Review of overseas medical records
 - Testing for communicable diseases and parasites
 - Evaluation of immunization records and referral for vaccines
 - Screening for mental health issues (RHS-15)
 - Referral to subspecialties as needed
- Assessment serves as a bridge to primary care

14

Critical Junction

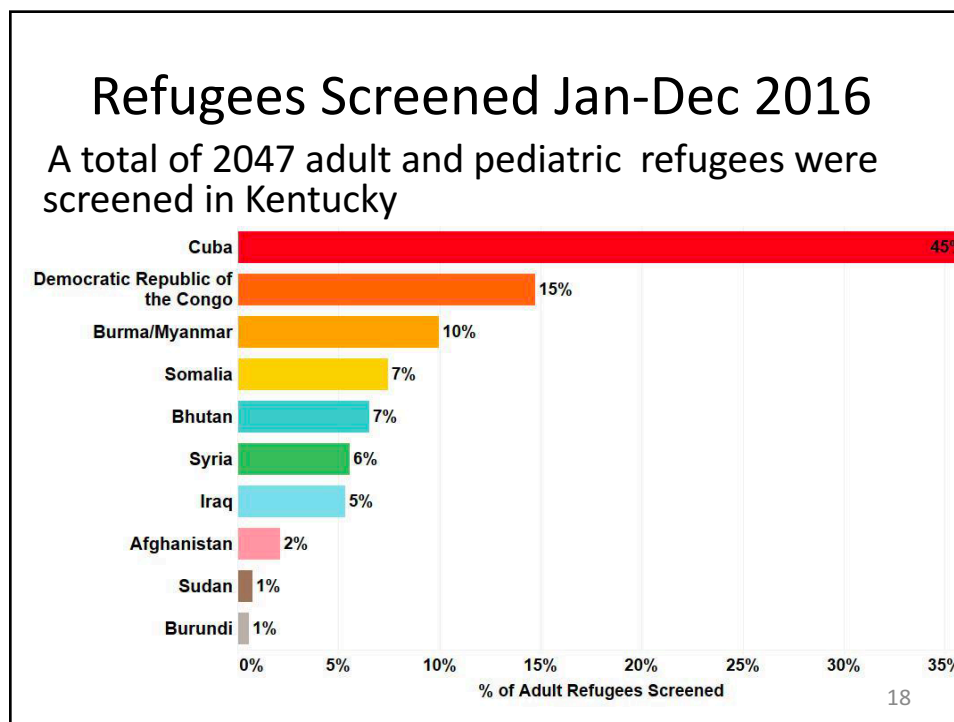
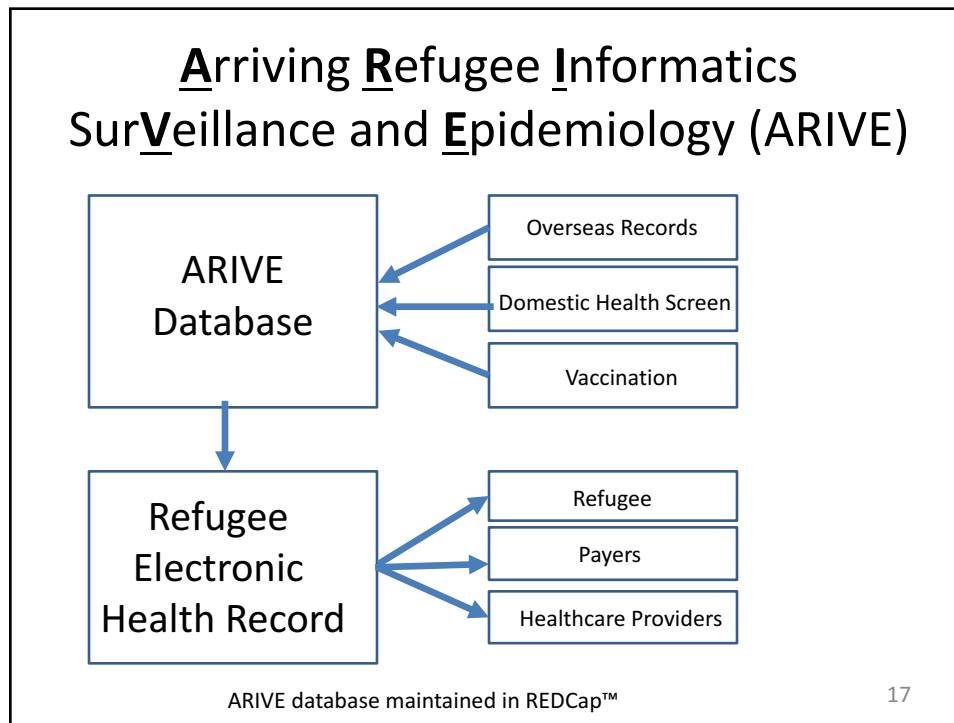
- Diverse refugee population from diverse countries experiencing diverse health issues
- Refugees assigned an “Alien” number. Not yet a citizen and no other identifying number such as social security
- A numbers not included as an identifying number, therefore long term tracking is extremely difficult
- Eligible for Medicaid or private health insurance through employer
- No national health database and no standardized way to follow the health issues present or those that develop (e.g., reactivation of MTB)

15

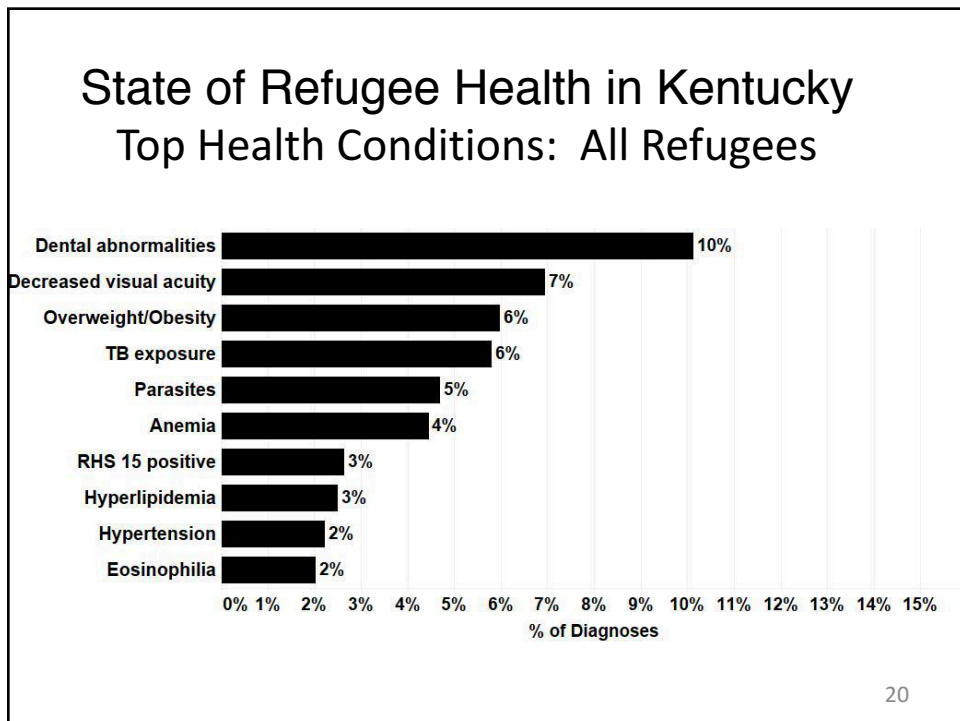
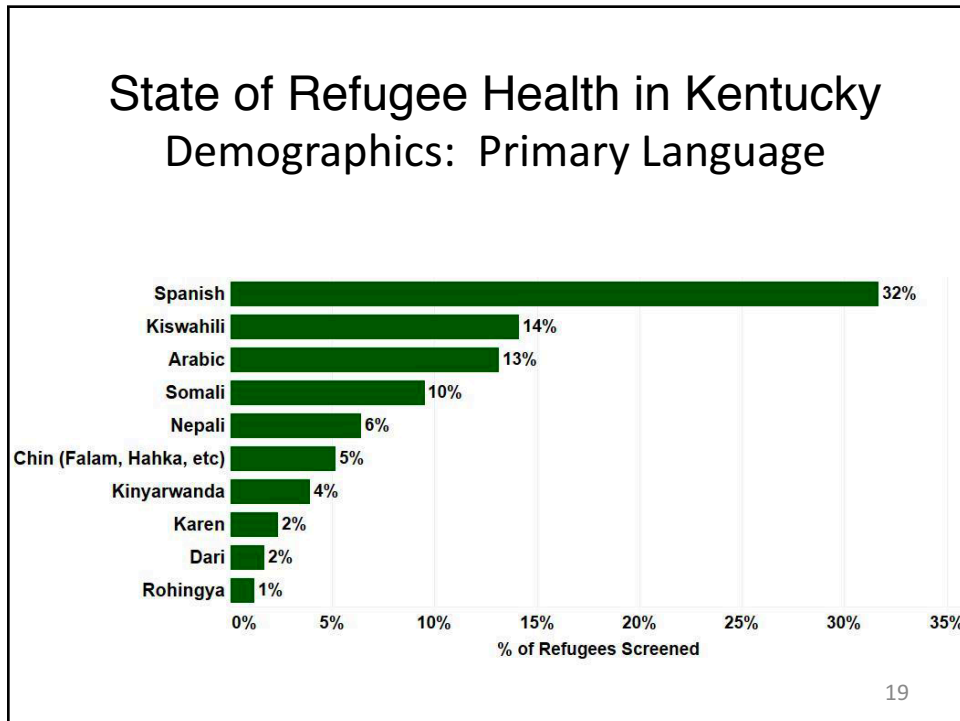
State of Refugee Health in Kentucky

- Each year approximately 3000 refugees resettled in KY
- Health assessments performed in Louisville (85%), Lexington, Owensboro, Bowling Green
- Approximately 75% of the health assessment data are submitted for inclusion in state report
- State of Refugee Health in Kentucky reports available for review at
<http://globalhealth.center/rhp/state.php>

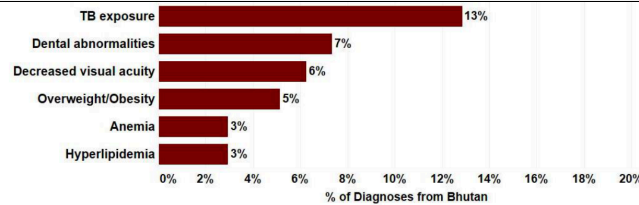
16



Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass



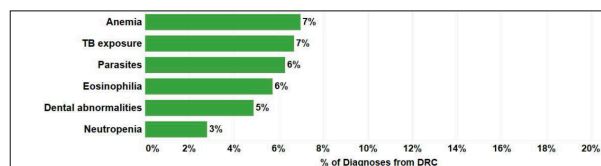
State of Refugee Health in Kentucky Top Health Conditions: Bhutanese



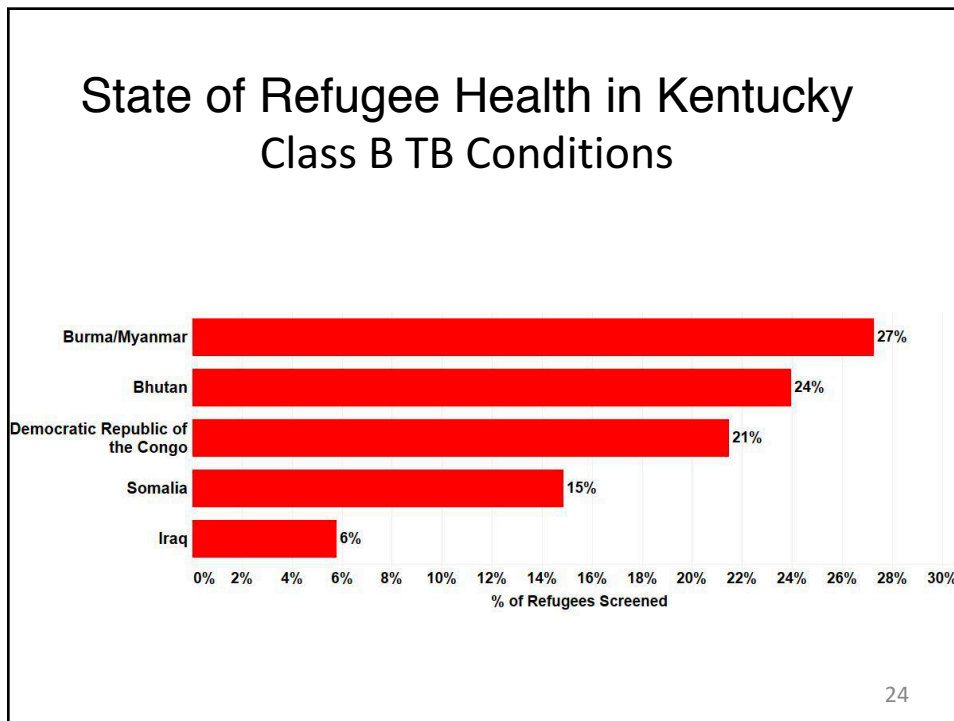
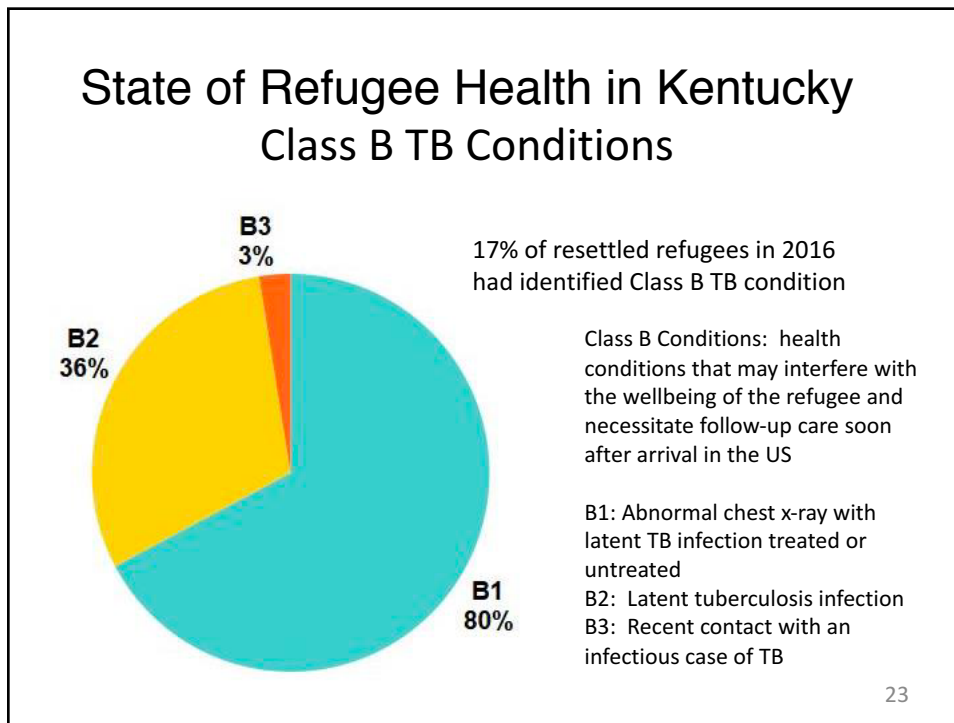
21

State of Refugee Health in Kentucky Top Health Conditions: Congolese

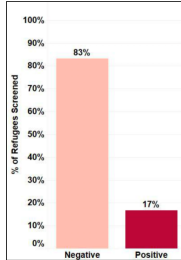
Democratic Republic of the Congo (DRC)



22

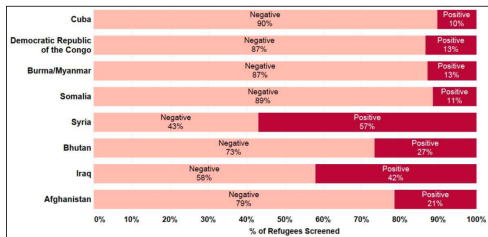


State of Refugee Health Kentucky Mental Health: RHS-15 Screen Positive



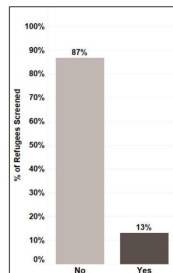
Mental health concerns are present across the entire refugee population

This is a complicating factor for all care and impacts all settings in which care is delivered



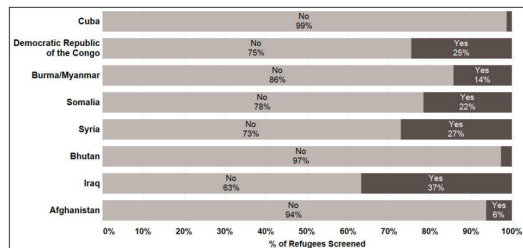
25

State of Refugee Health Kentucky Mental Health: Torture



Consider the impact of witnessing or experiencing torture.

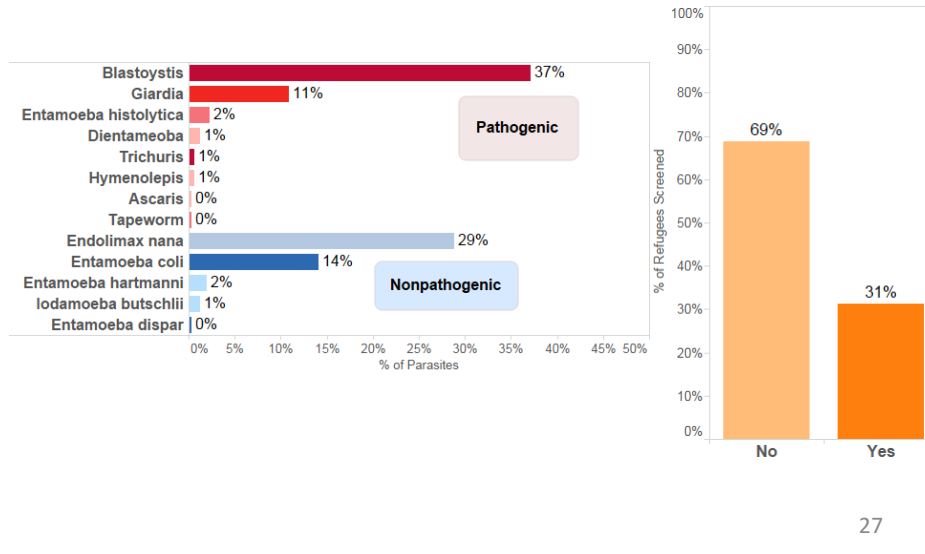
Influences abilities to ride public transportation, accept medical care, interact and communicate with providers, and general trust



26

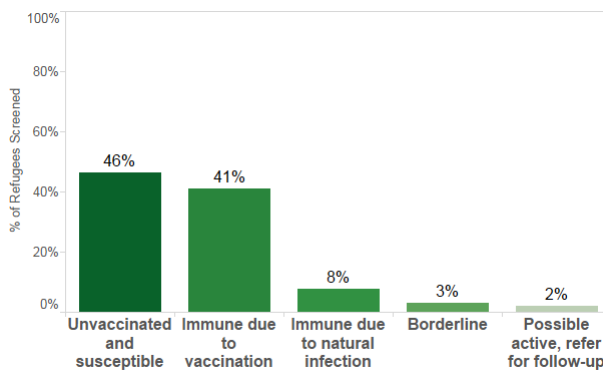
Refugee Health: A New Perspective for Infection Prevention and Control
 Prof. Ruth Carrico, University of Louisville School of Medicine
 A Webber Training Teleclass

State of Refugee Health Kentucky Infectious Diseases: Parasites

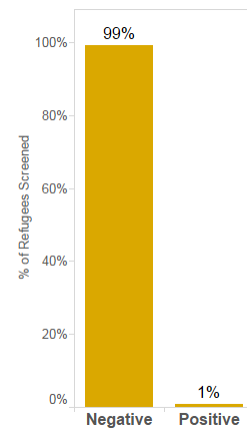


State of Refugee Health Kentucky: Infectious Diseases: Hepatitis

Hepatitis B

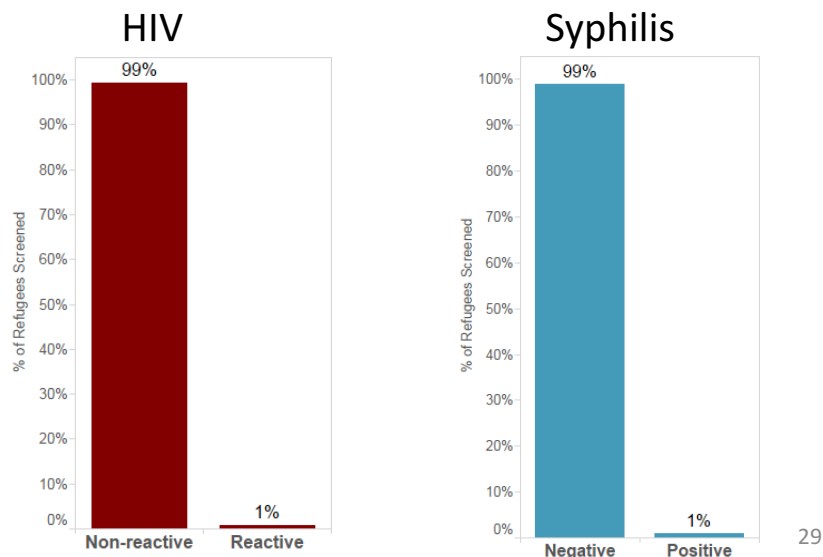


Hepatitis C

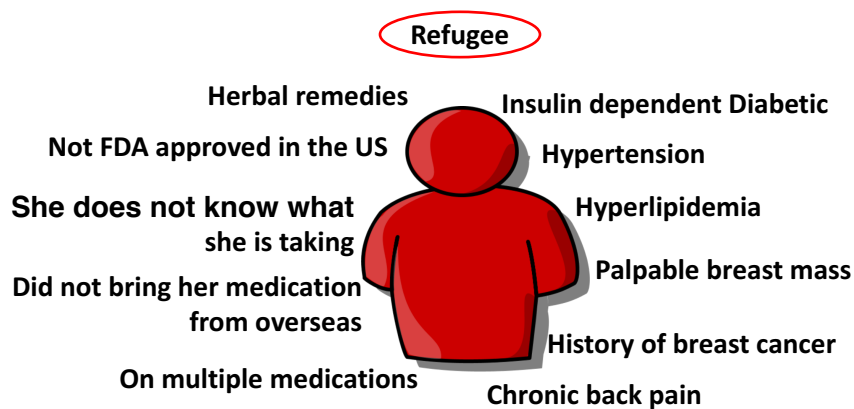


28

State of Refugee Health Kentucky Infectious Diseases: HIV and Syphilis



Meet Maria



30

Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass

Meet Maria



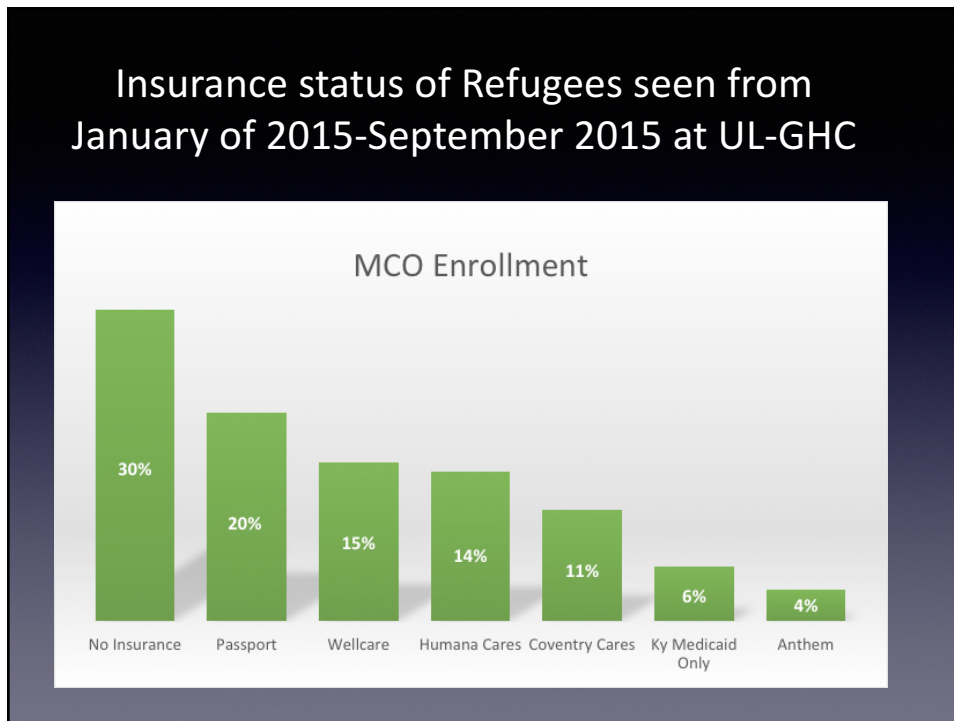
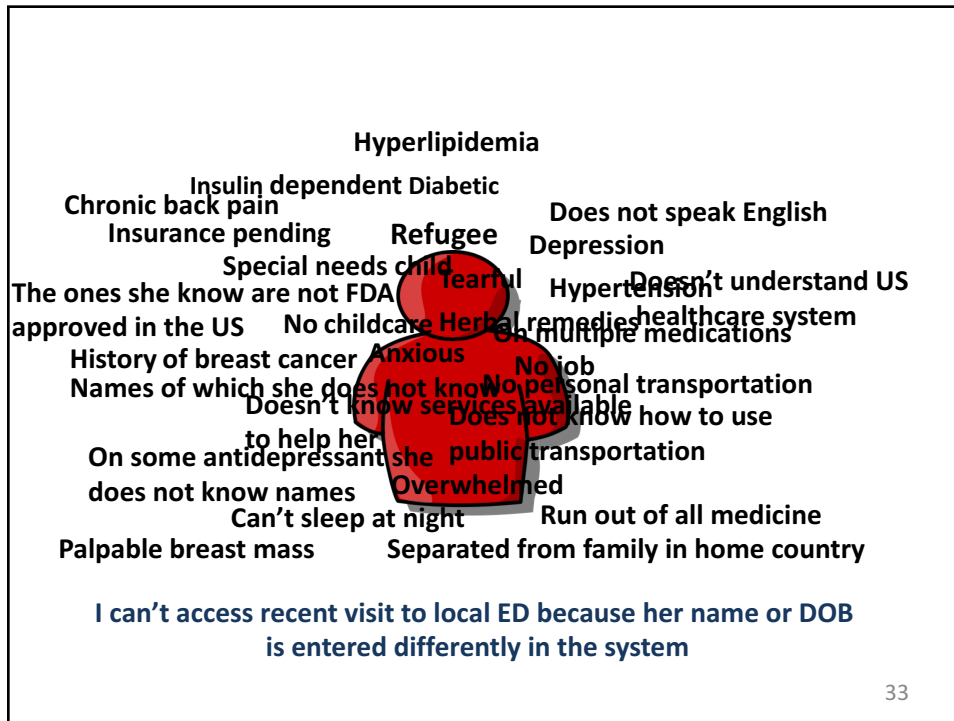
31

Meet Maria



32

Refugee Health: A New Perspective for Infection Prevention and Control
 Prof. Ruth Carrico, University of Louisville School of Medicine
 A Webber Training Teleclass

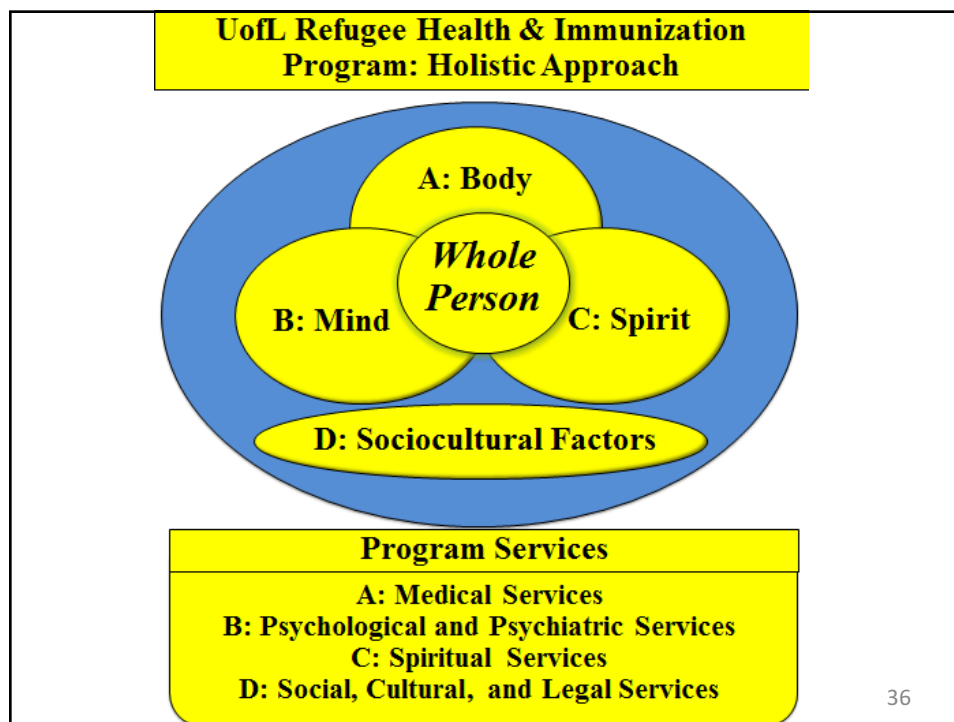


Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, Bordeaux, France
www.webbertraining.com

Refugees: As Patients

- Chronic health conditions that differ among population groups
- Obesity, malnutrition, metabolic syndrome
- Anemia (etiologies parasitic and non-parasitic)
- Lack of understanding of US healthcare system
- Difficulties with finding primary care providers
- Cultural drivers of care

35

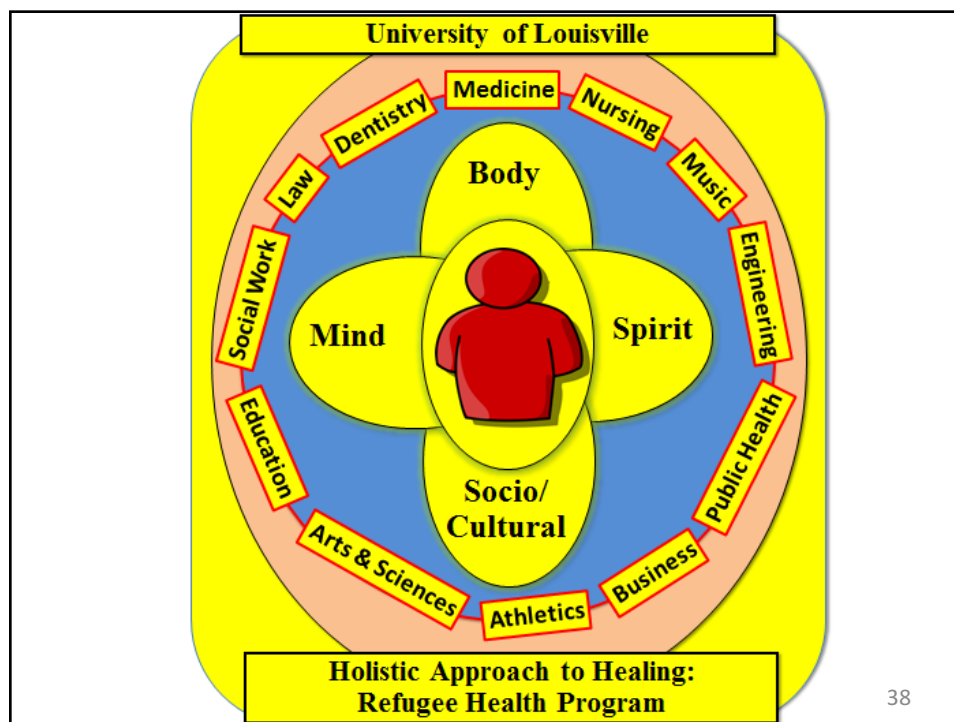


36

Refugees: As Community Members

- Expected to get a job, learn language, acculturate, become self-sufficient
- Often in jobs that are totally unaligned with existing skill sets
- Inclination is to stay in groups which slows acculturation and hinders economic self-sufficiency
- Cultural isolation may also maintain unhealthy practices (e.g., lead contaminated products)
- Lack of knowledge regarding the public health impact of illness

37

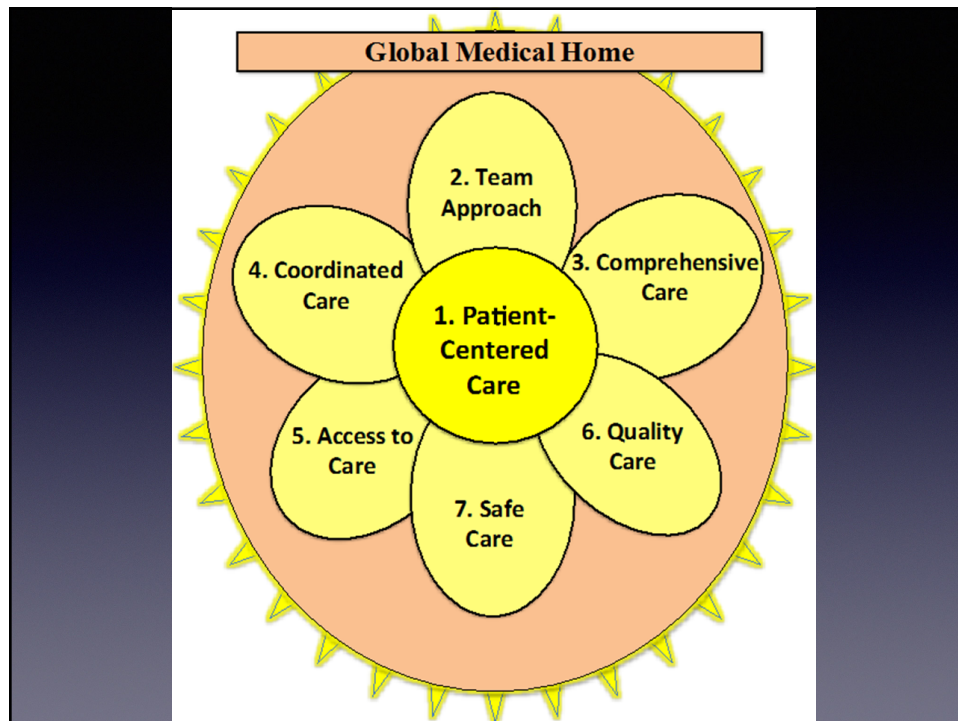


38

Refugees: As Employees

- Have had access to health screening providing baseline health information
- No database to access to employers/insurers may pay again (or not)
- May have underlying health issues that are important for employment and safety of self and other workers
- Without links to those with knowledge about conditions in countries of origin, public health at risk
- Cultural contexts as they relate to job responsibilities

39



Refugees as Security Risks

- Vetting occurs overseas
- Majority of those applying are not accepted
- Just because resettlement occurs in US does not mean refugees think like or act like 'us' (who is 'us', anyway?!?)
- Integration into society is important for successful resettlement

41

Take Home Messages

- Refugees are legal members of our communities
- Health assessments before entry into US and eligibility for same once they arrive
- Without organized process, refugees may be difficult to follow in order to monitor and impact health and health outcomes
- Without followup, addressing health issues, health outcomes, and community risks may be difficult

42

Refugee Health: A New Perspective for Infection Prevention and Control
Prof. Ruth Carrico, University of Louisville School of Medicine
A Webber Training Teleclass

www.webbertraining.com/schedulep1.php	
February 21, 2018	<p><i>(South Pacific Teleclass)</i> <u>IMPROVING THE KNOWLEDGE AND RECEPTIVENESS OF MEDICAL STUDENTS TOWARDS HAND HYGIENE: EXPLORING NEW APPROACHES</u> Speaker: Dr. Rajneesh Kaur, Research Associate, University New South Wales, Australia</p>
February 22, 2018	<p><u>ROOT CAUSE ANALYSIS TO SUPPORT INFECTION CONTROL IN HEALTHCARE PREMISES</u> Speaker: Dr Anne-Gaëlle Venier, University Hospital Centre of Bordeaux, France</p>
February 28, 2018	<p><i>(FREE ... WHO Teleclass - Europe)</i> <u>WHY LEADERSHIP MATTERS FOR EFFECTIVE INFECTION PREVENTION AND CONTROL</u> Speaker: Julie Storr, World Health Organization Sponsored by the World Health Organization Infection Prevention and Control Global Unit</p>
March 8, 2018	<p><u>INFECTION PREVENTION IN NURSING HOMES AND PALLIATIVE CARE</u> Speaker: Prof. Patricia Stone, Columbia University, New York</p>
March 15, 2018	<p><u>CLOSTRIDIUM DIFFICILE ASYMPTOMATIC CARRIERS – THE HIDDEN PART OF THE ICEBERG</u> Speaker: Dr. Yves Longtin, McGill University, Montreal</p>

Thanks to Teleclass Education
PATRON SPONSORS



Hosted by Dr. Pierre Parneix, Hôpital Pellegrin, Bordeaux, France
www.webbertraining.com