

## Who We Are

The Refugee and Immigrant Health Program (RIHP) is the public health component of Connecticut's Refugee Assistance Program, which is overseen by the Department of Social Services and located within the Tuberculosis Control Program at the Department of Public Health. The RIHP assists state and local agencies and refugee resettlement agencies to ensure that newly-arrived refugees and immigrants receive health assessments, diagnoses, and treatments for conditions of potential public health significance. The RIHP also compiles and analyzes selected health data on refugee and immigrant populations. In May 2010, Alison Stratton, Ph.D. was hired as the RIHP Coordinator. Dr. Stratton is a medical anthropologist who has worked on health disparities, minority health, and refugee health for the past 5 years.

## Who We Serve

The RIHP is committed to providing support and resources for health care providers, refugee resettlement agencies and other groups working to improve the lives and health of refugees and immigrants in Connecticut. The RIHP serves two populations: all refugees entering Connecticut, and certain newly-arriving persons who received an overseas tuberculosis (TB) classification during their immigration process.

A **refugee** is a person "who is outside any country of such person's nationality...and who is unable or unwilling to return to...that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion..."(Office of Refugee Resettlement [ORR] 2011). The ORR definition

includes persons formally designated as refugees, asylees, victims of human trafficking, certain Amerasians from Vietnam, Cuban and Haitian entrants, and certain entrants from Iraq and Afghanistan. Each year, approximately 50,000-75,000 refugees are settled in the U.S. Between 500-700 settle in Connecticut annually.

For the last several years, refugees from Iraq, Myanmar (formerly Burma), and Bhutan have comprised the majority of refugees resettled in Connecticut and nationwide (See Figure 1). Many refugees have spent years, sometimes even decades, in refugee camps in host countries before finally arriving in the U.S. (e.g., ethnic Bhutanese coming from Nepal).

**Immigrants** served by the RIHP are considered lawful permanent residents, defined as: "Any person not a citizen of the United States who is residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. Also known as 'Permanent Resident Alien,' 'Resident Alien Permit Holder,' and 'Green Card Holder.'" (U.S. Citizenship and Immigration Services [USCIS] 2012).

In contrast to the refugee population, the subpopulation of permanent immigrants served by the RIHP enters the U.S. from countries such as the Philippines, Dominican Republic, Peru, Vietnam, and Ukraine. These persons comprise a small percentage of the refugee and immigrant population in Connecticut.

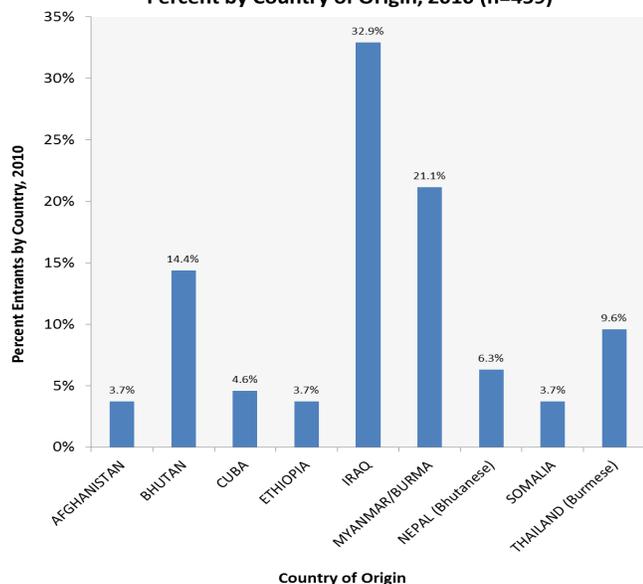
## Refugee Health Activities

Refugees often have lived through trauma and physical and mental suffering, and may have been separated from family and support systems for long periods of time. Sometimes, the original or host countries do not have strong public health systems or medical facilities, and many people may never have seen a doctor before they begin to apply for U.S. entry.

All refugees applying for U.S. entry must have a mandatory overseas pre-departure medical examination. This exam is designed to exclude from the U.S. any applicants who have communicable conditions of public health significance, physical or mental disorders with harmful behaviors, or current drug abuse or addiction (CDC 2012). The overseas exams are conducted by Department of State-designated "panel physicians" who follow technical instructions promulgated by the CDC's Division of Global Migration and Quarantine.

Up to a year may pass between the overseas exam and refugees' arrival in the U.S. Therefore, the CDC recommends that refugees have a domestic health assessment soon after U.S. entry. This health assessment provides an opportunity to conduct an updated, thorough medical history and physical examination, and provides crucial information for refugees'

**Figure 1. Major Refugee Entrants to CT: Percent by Country of Origin, 2010 (n=459)**



health as they begin their lives in the U.S. New evaluations for TB, hepatitis, sexually transmitted diseases, HIV/AIDS, parasites, lead poisoning, immunization status, as well as screenings for dental, vision, hearing, and mental health should be conducted. The domestic health assessment also is an opportunity to assign refugees to a primary care provider and/or a medical home, and to provide information about navigating the U.S. medical system.

After conducting the refugee health assessment, providers should fill out a Refugee Health Assessment (RHA) form (a State of Connecticut refugee health data collection instrument). The RHA form should then be sent to the RIHP. Data from RHA forms are compiled, analyzed and reported to ORR three times a year, and thus contribute to knowledge of health trends and health disparities in this population.

***In 2010, the Refugee Health Program at the Minnesota Department of Health found that of domestically-screened refugees:***

- ◆ ***28% tested positive for latent tuberculosis infection,***
- ◆ ***22% were infected with at least one pathogenic intestinal parasite, and***
- ◆ ***5% tested positive for Hepatitis B surface antigen.***

*(Minnesota Department of Health, Refugee Health Program: <http://www.health.state.mn.us/divs/idepc/refugee/stats/2010data.pdf>)*

**TB Control Activities**

Sometimes during their overseas exams, refugees and immigrants may be suspected of having latent tuberculosis infection or possible TB exposure. The panel physician conducting the exam will determine an overseas TB classification (e.g., Class B1, B2), and the refugee or immigrant is told to report for further evaluation upon arrival to the U.S.

The RIHP is notified of TB Class entrants through CDC's confidential electronic reporting system (EDN). The RIHP sends copies of the relevant medical documents and a "TB Follow-Up Worksheet"—a federal data collection instrument—to sponsors and to local health departments. After conducting a TB evaluation, health care providers should fill in the TB Follow-Up Worksheet and return it to the RIHP. Data from TB evaluations are compiled, analyzed, and sent to CDC at least twice a year. These data contribute to national understandings of trends in TB infection and disease.

**NOTE:** The DPH TB Control Program staff are available to offer assistance to providers, patients, sponsors and health departments to ensure proper evaluation, diagnosis, and treatment of TB.

**Current Activities:**

- ◆ In August 2011, the RIHP received a grant from the Office of Refugee Resettlement to assist with revision and updating surveillance and data collection activities. As part of these activities, the Refugee Health Assessment form is currently undergoing revision in order to align with CDC and ORR guidelines, and will be implemented within the next several months.
- ◆ The RIHP provides on-site training and education sessions to refugee agency case managers, public health nurses, and community health center providers. These sessions include overviews of refugee health issues and the RIHP, and guidance on how to fill out the RHA and TB data collection forms.
- ◆ DPH database capacity continues to be updated to provide accurate and timely reporting to federal and state agencies. The RIHP cooperates with other DPH Programs (e.g., TB Control, Lead Poisoning Prevention and Control, Immunizations) to better understand the health contexts of this population.
- ◆ The RIHP plans to produce an annual update or fact sheet using data compiled from refugee health assessments and other sources.
- ◆ The RIHP Coordinator is active in the national Association of Refugee Health Coordinators' (ARHC), serving on the Medical Screening Committee.

**Resources**

Centers for Disease Control and Prevention (CDC), Medical Examination of Immigrants and Refugees. <http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination.html>

CDC, Guidelines for the Refugee Domestic Medical Screening: <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>

Connecticut Department of Public Health (DPH), Refugee and Immigrant Health Program (RIHP): [http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388562&dphNav\\_GID=1601](http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388562&dphNav_GID=1601)

Department of Health and Human Services, (DHHS) Office of Refugee Resettlement (ORR): <http://www.acf.hhs.gov/programs/orr/about/whoweserve.htm>

Minnesota Department of Health, Refugee Health Program: <http://www.health.state.mn.us/divs/idepc/refugee/stats/2010data.pdf>

Refugee Health Information Network: <http://rhin.org/>

Refugee Health Technical Assistance Center (RHTAC): <http://www.refugeehealthta.org/about-us/>

U.S. Citizenship and Immigration Services (USCIS). Glossary: Permanent Resident Alien. <http://www.uscis.gov/portal/site/uscis>

For questions about the Refugee and Immigrant Health Program, please contact Alison Stratton at the Connecticut Department of Public Health, [Alison.Stratton@ct.gov](mailto:Alison.Stratton@ct.gov), or (860) 509-7722.