Primary Care for Immigrants and Refugees

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Annual Review in Family Medicine
December 8, 2017
Disclosures

I have no financial or commercial interests to disclose
Objectives

• Learn about demographics of the immigrant population in the US

• Define refugee

• Understand the process of becoming a refugee

• Discuss an approach to caring for refugees and immigrants in the primary care setting

• Appreciate the importance of partnering with community organizations
Who am I?
Immigrant population in the US

43.2 million foreign born in US in 2015 = 13.4% population
Immigrant population in the US

About one-in-four U.S. immigrants are unauthorized

Foreign-born population estimates, 2015

Unauthorized immigrants 11.0 million (24.9%)

Lawful immigrants 33.8 million (75.9%)

Naturalized citizens 19.8 million (44.1%)

Lawful permanent residents 11.9 million (26.8%)

Temporary lawful residents 2.1 million (4.8%)

Total U.S. foreign-born population: 44.7 million

Note: All numbers are rounded independently and are not adjusted to sum to U.S. total or other totals.
Sources: Pew Research Center estimates for 2015 based on augmented American Community Survey (IPUMS).
PEW RESEARCH CENTER
Immigrant population in the US

Mexico, China and India are top birthplaces for immigrants in the U.S.

Top five countries of birth for immigrants in the U.S. in 2015, in millions

- Mexico: 11.6
- China: 2.7
- India: 2.4
- Phillipines: 2.0
- El Salvador: 1.4

Note: China includes Taiwan and Hong Kong.
Source: Pew Research Center tabulations of 2015 American Community Survey (1% IPUMS).
PEW RESEARCH CENTER
Immigrant population in the US

Nearly half of U.S. refugees in 2016 were from D.R. Congo, Syria and Burma (Myanmar)

Number of refugees entering the U.S. in fiscal 2016, by origin country

<table>
<thead>
<tr>
<th>Country</th>
<th>Number (2016)</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.R. Congo</td>
<td>16,370</td>
<td>19%</td>
</tr>
<tr>
<td>Syria</td>
<td>12,587</td>
<td>15%</td>
</tr>
<tr>
<td>Burma</td>
<td>12,347</td>
<td>15%</td>
</tr>
<tr>
<td>Iraq</td>
<td>9,880</td>
<td>12%</td>
</tr>
<tr>
<td>Somalia</td>
<td>9,020</td>
<td>11%</td>
</tr>
<tr>
<td>Bhutan</td>
<td>5,817</td>
<td>7%</td>
</tr>
<tr>
<td>Iran</td>
<td>3,750</td>
<td>4%</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>2,737</td>
<td>3%</td>
</tr>
<tr>
<td>Ukraine</td>
<td>2,543</td>
<td>3%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>1,949</td>
<td>2%</td>
</tr>
<tr>
<td>Other countries</td>
<td>7,995</td>
<td>9%</td>
</tr>
</tbody>
</table>

Note: Data do not include special immigrant visas and certain humanitarian parole entrants.
PEW RESEARCH CENTER
Immigrant population in the US

• 46% immigrants live in 3 states
  • California – 25%
  • Texas – 11%
  • New York – 10%

• 65% immigrants live in 20 major metropolitan areas
  • New York, LA, Miami = largest immigrant populations
  • Most undocumented immigrants live in these major metro areas
What is a refugee?
Definitions

• Immigrant
  • Documented
    • Special cases: unable to return to their home country because of persecution or well-founded fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion
      • Refugee – status granted abroad
      • Asylee – status granted in US
      • VOT – victim of modern day slavery
      • SPIV – Iraqi or Afghan interpreters/translators
      • U visa – victim of a crime
  • Undocumented
Total population of immigrants in US

Undocumented

Asylum seekers not yet granted

Documented

Status granted as refugees, asylees, VOTs, etc.
How do immigrants get to the US?

General immigration pathway
- Country of origin → Destination country

Refugee/Asylee pathway
- Country of origin → Flight/displacement → Resettlement country
How is a person granted refugee status?

- **Country of origin**

- **Flight/displacement**
  - Screening and evaluation by UNHCR
  - 18-24 month vetting process by US gov
  - Oversees medical exam
  - Matched with US-based resettlement agency (Volag)

- **Resettlement country**
  - Volag helps arrange housing and services
  - Domestic medical exam within 30 days of arrival
How is a person granted asylum?

• Legal process that involves USCIS
  • Forensic medical evaluation can be an important part of the case
    • Undergo examination = more likely to be granted asylum

Country of origin → Flight/displacement (in USA)
- Seek asylum within one year of last arrival in US → Resettlement country (remain in USA)
- Domestic medical examination
Services for refugees

• Within the first 30-90 days of arrival, volags
  • Arrange housing
  • Apply for SSN
  • Enroll children in school
  • Initial domestic medical examination within 30 days of arrival
  • English language training
  • Seek employment services

• Government cash assistance and medical benefits last 8 months
  • Adults find their own source of health insurance
  • Children eligible for CHIP/Medicaid
Six settings in which refugees access care

• Domestic medical exam
• Episodic care
• Comprehensive primary care
• Refugee care in medical education
• N-648 evaluation – evaluation for disability when undergoing process of naturalization
• Asylum evaluation – Physicians for Human Rights and Health Right International provide training
What are topics unique to refugees, requiring special attention by a physician?
Table 2. Questions for Physicians to Consider at Each Phase of the Refugee Journey

| Preflight | What was the patient’s general health status and health history before flight?
|           | (nutrition, chronic disease, immunization status, medical and surgical histories)?
|           | What are the patient’s social determinants of health (including economic status and education level)?
|           | Was the patient exposed to violence, threats, torture, sexual violence, or imprisonment?
|           | Did the patient undergo female genital mutilation in her home country?
|           | Did the patient have access to age-appropriate preventive services (e.g., cancer screening)?
| Flight/camp/predeparture | Did the patient experience or witness violence, torture, or sexual violence?
|                         | What is the patient’s experience regarding loss of loved ones, death, and hiding?
|                         | Did the patient have any mental health challenges or diagnoses?
|                         | Did the patient have access to food?
|                         | Which basic needs were lacking (food, shelter, health services)?
|                         | How long was the patient in a refugee camp? In hiding? On the run?
|                         | Did the patient receive the recommended screenings and treatments in accordance with requirements from the Centers for Disease Control and Prevention and U.S. State Department?
| Arrival/postarrival | Did the patient complete the overseas screening examination and presumptive treatments and immunizations?
|                        | What is the patient’s current mental health status?
|                        | What is the patient’s current access to care and services, and ability to navigate the system (e.g., health insurance status, case management, literacy level)?

Information from references 8 and 9.
Domestic medical exam

• All refugees undergo oversees medical examination prior to resettlement
  • Look for untreated conditions that may cause a public health threat
  • Access documentation through state and local health departments

• Focus on
  • All
    • Communicable diseases
    • Mental health problems
    • Nutrition status
    • Immunization gaps
  • Children
    • Lead levels
    • Growth status

• CDC has detailed guidelines based on country of origin
Domestic medical exam

Table 1. CDC Recommendations for Initial Screening of Newly Arrived Refugees

<table>
<thead>
<tr>
<th>Screening</th>
<th>Recommendation on arrival</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Screen all refugees from countries with a history of hepatitis B transmission (Africa, Asia, and the Middle East)</td>
<td>Order HBIG and anti-HBs test(s)</td>
</tr>
<tr>
<td>Immunizations</td>
<td>All vaccine doses completed</td>
<td>Vacinate per CDC age-appropriate guidelines if unvaccinated; order tetanus toxoid, diphtheria, pertussis (Tdap), and polio vaccines before vaccination</td>
</tr>
<tr>
<td>Laboratory screening tests</td>
<td>At least one maternal blood test for syphilis</td>
<td>Order T. pallidum hemagglutination (TPHA) test</td>
</tr>
<tr>
<td>Mental health</td>
<td>Psychological evaluation and assessment of mental health status</td>
<td>Obtain a psychiatric evaluation and/) or social work evaluation as needed</td>
</tr>
<tr>
<td>Nutrition and growth</td>
<td>Obtain anthropometric measurements and body mass index for all refugees</td>
<td>Obtain anthropometric measurements and body mass index for all refugees</td>
</tr>
<tr>
<td>Pancreatic infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malnutrition</td>
<td></td>
<td></td>
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<tr>
<td>Malaria</td>
<td></td>
<td></td>
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<tr>
<td>Schistosomiasis</td>
<td></td>
<td></td>
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<tr>
<td>Sexually transmitted infections</td>
<td></td>
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<tr>
<td>Strongyloides</td>
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<td></td>
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<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
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<tr>
<td>Sexually transmitted infections</td>
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<td></td>
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<tr>
<td>Gonorrhea and chlamydia</td>
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<td></td>
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<tr>
<td>HIV</td>
<td></td>
<td></td>
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<tr>
<td>Syphilis</td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td></td>
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</tr>
</tbody>
</table>

Table 4. Recommended Laboratory Tests for Newly Arrived Refugees

<table>
<thead>
<tr>
<th>Test</th>
<th>Conditions being detected</th>
<th>Population</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic metabolic panel</td>
<td>Hyperglycemia, renal disease</td>
<td>Refugees with appropriate comorbidities</td>
<td>—</td>
</tr>
<tr>
<td>Complete blood count with differential</td>
<td>Esotrophilia, inherited anemias, iron deficiency anemia, thrombocytopenia, other conditions</td>
<td>All refugees</td>
<td>Esotrophilia is suggestive of parasitic infection; common causes of anemia in refugees can be found at <a href="https://www.cdc.gov/migrantrefugeehealth/guidelines/domestic/general/discussion/complete-blood-count.html">https://www.cdc.gov/migrantrefugeehealth/guidelines/domestic/general/discussion/complete-blood-count.html</a></td>
</tr>
<tr>
<td>Urinalysis</td>
<td>Hematuria, renal disease, schistosomiasis, sexually transmitted infections, systemic disease</td>
<td>All refugees able to provide a clean catch urine specimen</td>
<td>No evidence of cost-effectiveness</td>
</tr>
</tbody>
</table>

Information from reference 25.
Table 5. Common Presenting Health Problems in Refugees

<table>
<thead>
<tr>
<th>Mental health problems</th>
<th>Pain</th>
<th>Undiagnosed chronic conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment disorder</td>
<td>Abdominal pain</td>
<td>Asthma</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Headache</td>
<td>Chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>Depression</td>
<td>Musculoskeletal pain</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Posttraumatic stress disorder</td>
<td>Pelvic pain in females</td>
<td>Dyslipidemia</td>
</tr>
<tr>
<td>Sleep problems</td>
<td></td>
<td>Hypertension</td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
<td>Impaired fasting glucose levels</td>
</tr>
<tr>
<td><strong>Nutritional problems</strong></td>
<td></td>
<td>Oral health problems</td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
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<tr>
<td>Overweight/obesity</td>
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<td></td>
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<tr>
<td>Vitamin B₁₂ deficiency</td>
<td></td>
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<tr>
<td>Vitamin D deficiency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Adapted with permission from Eckstein B. Primary care for refugees. Am Fam Physician. 2011;83(4):432.*
Brainstorm potential barriers to care for refugees
Barriers to care

Table 6. Barriers to Health Care for Refugees

<table>
<thead>
<tr>
<th>Individual barriers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty obtaining medications</td>
<td></td>
</tr>
<tr>
<td>History of trauma or torture</td>
<td></td>
</tr>
<tr>
<td>Lack of familiarity with U.S. health care system</td>
<td></td>
</tr>
<tr>
<td>Lack of transportation</td>
<td></td>
</tr>
<tr>
<td>Limited English proficiency</td>
<td></td>
</tr>
<tr>
<td>Low health literacy</td>
<td></td>
</tr>
<tr>
<td>Mental health comorbidities</td>
<td></td>
</tr>
<tr>
<td>Prioritizing of basic needs, family integrity, and social adjustment over medical concerns</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinician barriers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited availability of subspecialist consultants</td>
<td></td>
</tr>
<tr>
<td>Limited expertise in refugee care</td>
<td></td>
</tr>
<tr>
<td>Limited use of interpreters</td>
<td></td>
</tr>
<tr>
<td>Time constraints</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Systemic barriers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-immigrant sentiment in areas of resettlement</td>
<td></td>
</tr>
<tr>
<td>Lack of professional interpreters</td>
<td></td>
</tr>
<tr>
<td>Lack of transportation to medical appointments</td>
<td></td>
</tr>
<tr>
<td>Limited training in English as a second language</td>
<td></td>
</tr>
<tr>
<td>Multiple, fragmented agencies, resources, and clinical care professionals</td>
<td></td>
</tr>
<tr>
<td>Refugee Medical Assistance insurance coverage limited to 8 months (insurance eligibility under the Affordable Care Act varies by state)</td>
<td></td>
</tr>
</tbody>
</table>

Information from references 32 through 36.
Summary

• Immigrants make up > 13% of the US population and most live in major metropolitan cities of the US

• Refugees
  • Type of documented immigrant
  • Granted access to the US abroad
  • Unable to return to their country because of persecution

• Immigration, flight, and resettlement are profound life events
  • Take time to understand the health of your patients before, during and after immigration

• Initial evaluation of refugees/Immigrants requires both routine screening and preventive care as well as screening for communicable diseases and mental health problems

• Refugees/Immigrants face many potential barriers to health and wellness
  • Know organizations in your area that serve refugees/Immigrants and partner with them
  • Each deserves high-quality, comprehensive, longitudinal, and relationship-centered primary care
Family doctors = perfect group to care for refugee and immigrant populations!
## eTable B. Resources for Family Physicians Who Care for Refugees

**Volunteer agencies**
- Church World Service (http://cowglobal.org)
- Episcopal Migration Ministries (http://www.episcopalmigrationministries.org)
- Ethiopian Community Development Council (http://edcusa.org)
- HIAS (formerly Hebrew Immigrant Aid Society; http://www.hias.org)
- International Rescue Committee (https://www.rescue.org)
- Lutheran Immigration and Refugee Service (http://lirs.org)
- U.S. Committee for Refugees and Immigrants (http://refugees.org)
- U.S. Conference of Catholic Bishops (http://www.usccb.org)
- World Relief (http://www.worldrelief.org)

**Cross-cultural care**
- Association of Reproductive Health Professionals (http://www.arhp.org/publications-and-resources/cultural-knowledge/ethnic-cultural)
- Centers for Disease Control and Prevention Refugee Health Profiles (http://www.cdc.gov/travel/immigrant/refugeehealth/profiles)
- Ethnomed (http://www.euthnmed.org)
- Minnesota Department of Health (http://www.health.state.mn.us/divs/dochelp/refugee/topic/cultcomp.html)
- University at Buffalo Refugee Health and Cultural Awareness Program (http://flmmed.buffalo.edu/RefugeeHealth/cultcomp.html)

**Educational resources**
- Royal Australian College of General Practitioners Resources in Refugee and Migrant Health (http://www.racgp.org.au/support/library/subject-portals/refugees)

**Torture and trauma services**
- Arab Community Center for Economic and Social Services (http://www.accescommunity.org)
- Bellevue/NYU Program for Survivors of Torture (http://www.survivorsfortorture.org)
- Boston Center for Refugee Health and Human Rights (http://www.bchrhr.org)
- Center for Victims of Torture (http://www.virtual.org)
- Harvard Program in Refugee Trauma (http://www.hprt.cambridge.poly)
- National Technical Assistance Center for Children’s Mental Health (http://gouchercenter.georgetown.edu/trauma/formalCare)
- Utah Health and Human Rights (http://www.uhhr.org)

**Other resources**
- Office of Refugee Resettlement (newsletter, guide to state programs, and general information about specific refugee groups; http://www.acf.hhs.gov/ofr)
- Society of Refugee Healthcare Providers (http://srhp.org)
Questions
References


