MULTNOMAH COUNTY student HEALTH CENTER

# Healthcare for Newly Arrived Immigrants in a SBHC Program

Rachel Dummigan, FNP
Kristin Case, FNP

MULTNOMAH COUNTY student HEALTH CENTER

# NO CONFLICT OF INTEREST

# Objectives

MULTNOMAH COUNTY student HEALTH CENTER

Be able to identify clients who present to your School Based Health Center who are newly arrived and have not received comprehensive care prior to and after arrival in the US.

Learn guidelines, tools and resources that guide one through providing the most comprehensive healthcare for those who are newly arrived and have not received care prior to or after arriving in the US.

Determine workflows and roles that all team members on a SBHC play in providing comprehensive care to newly arrived youth.

# Positionality

MULTNOMAH COUNTY student HEALTH CENTER


POLL

# Cultural Safety

MULTNOMAH COUNTY student HEALTH CENTER

Cultural Awareness

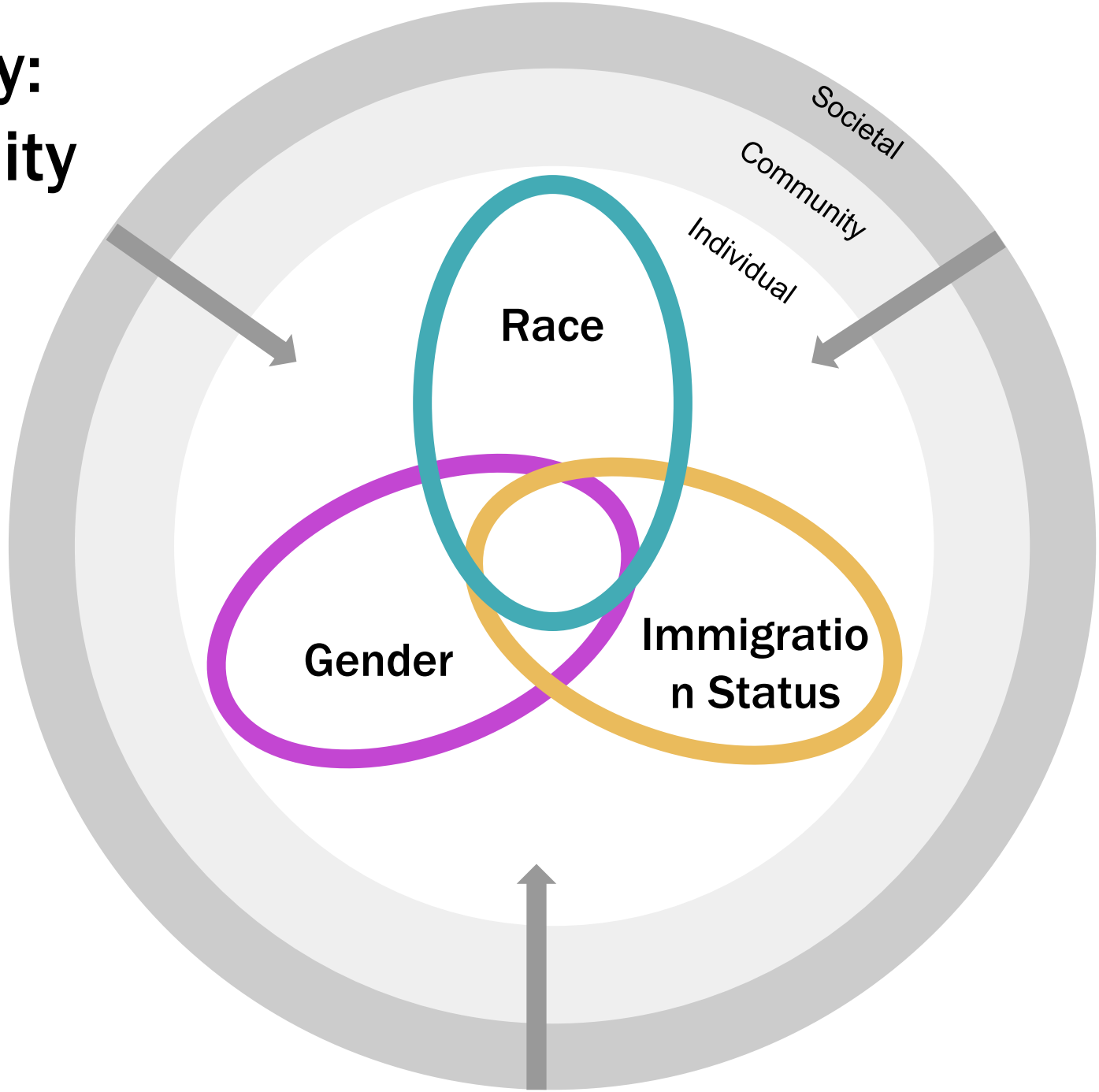
↓

Cultural Sensitivity

↓

Cultural Safety

# Health Equity: Intersectionality




MULTNOMAH COUNTY student HEALTH CENTER

# The Current State…

***We are experiencing massive human migration worldwide***

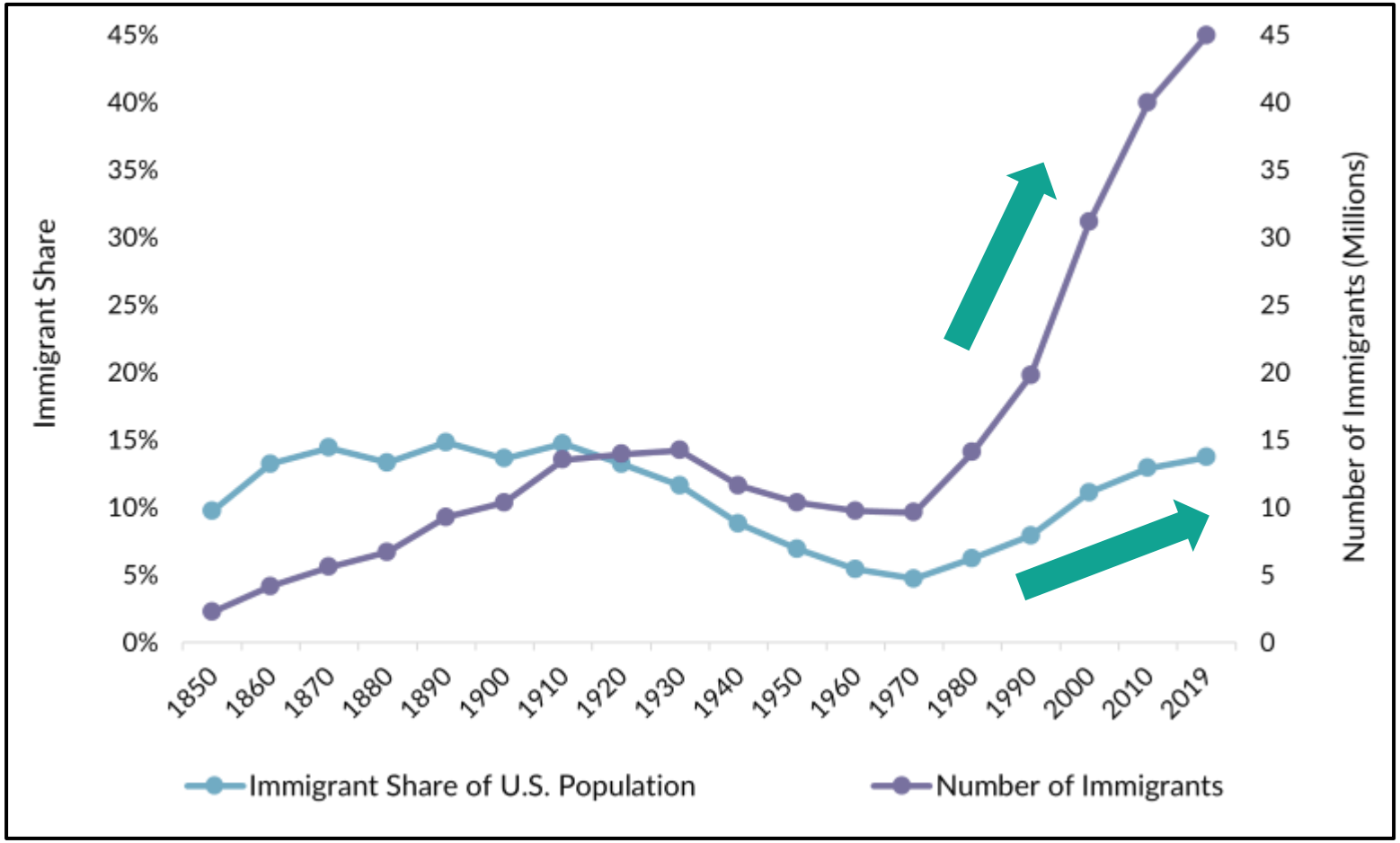
Over 68.5 million people are currently displaced by crisis and conflict: war and violence, persecution, human rights abuse, poverty and climate change.

Ai Wei Wei, who is a Chinese artist/activist/disedent, made a documentary

MULTNOMAH COUNTY
student
HEALTH CENTER

# Size and Share of the Foreign-Born Population in the United States, 1850-2019

MULTNOMAH COUNTY student HEALTH CENTER




***Sources***: Migration Policy Institute (MPI) tabulation of data from U.S. Census Bureau, 2010-19 American Community Surveys (ACS), and 1970, 1990, and 2000 decennial census. All other data are from Campbell J. Gibson and Emily Lennon, "Historical Census Statistics on the Foreign-Born Population of the United States: 1850 to 1990" (Working Paper no. 29, U.S. Census Bureau, Washington, DC, 1999).

# Who are these children?

MULTNOMAH COUNTY student HEALTH CENTER

| | |
|---|---|
| 18.2 Million | children are in immigrant families in the United States |
| 22% | of young people ages 14 to 24 were foreign born or lived with a foreign-born parent in 2015-2019 |
| 77% | of Asian and Pacific Islander youth and young adults were immigrants or lived with immigrant families in 2015-2019 |
| 51% | of Latino youth and young adults were immigrants or lived with immigrant families in 2015-2019 |
| 18% | of children in immigrant families lived in linguistically isolated households in 2019 |

*The Annie Casey Foundation, Oct 2021*

MULTNOMAH COUNTY student HEALTH CENTER

***In order to provide the most client centered care and appropriate screenings at your School Based Health Center, it is critical to understand the youth's pathway into the US.***


# Different Pathways of Immigration

MULTNOMAH COUNTY student HEALTH CENTER

Refugee

Refugee

Refugee

Unaccompanied Minor

Immigrant through Sponsor

Asylum Seeker/ Undocumented

Citizens of US Territories and Micronesia

# Refugee

**Definition: A refugee is a an individual outside of one's home country, who is unable to return due to a well-founded fear or risk of persecution on the basis of race, religion, nationality, political party, or being a member of a particular social group.**
**access to medical and other benefits**

The U.S. State Department, in consultation with a constellation of other agencies and organizations, manages the process through its refugee admission program, USRAP

The logistics of refugee resettlement are largely handled by nine domestic resettlement agencies, many of them faith-based organizations.

Refugee

# Refugee-get rid of

MULTNOMAH COUNTY student HEALTH CENTER

Definition: A refugee is a an individual outside of one's home country, who is unable to return due to a well-founded fear or risk of persecution on the basis of race, religion, nationality, political party, or being a member of a particular social group.
access to medical and other benefits

## Mandatory Referral to the US Refugee Admissions Program (USRAP)

- Help completing application
- Interview by USCIS officer who will determine if eligible for refugee resettlement

## After Approval

- Receive medical exam
- Cultural orientation
- Help with travel plans
- Loan for US travel

## Upon Arrival

- Eligible for medical and cash assistance

Refugee

# Immigration via Sponsorship (VISA)

MULTNOMAH COUNTY student HEALTH CENTER

- A sponsor is a person who has helped an immigrant become a lawful permanent resident (a person with a green card) by signing an “affidavit of support”
- An affidavit of support is a contract signed by the sponsor to show that the person applying for a green card is not likely to become a “public charge”
- Many immigrants whose sponsors signed “enforceable” affidavits of support are not eligible for these federally funded programs for at least five years after they enter the U.S.
- Some states provide medical benefits to immigrants
- Requires a medical exam, comprehensive screening and vaccines

Immigration through Sponsor

# Medical Assessment of US-Bound-tweak Refugee and Visa Sponsored Immigrants

MULTNOMAH COUNTY student HEALTH CENTER

| Visa Medical Examination | Pre-Departure Medical Screening | Fit to Fly Pre-Embarkation Checks |
|---|---|---|
| • 6 months before departure | • 3 weeks before departure | • 24 - 48 hours before departure |

Immigration through Family Sponsor

Refugee

# Pre-Departure Medical Examination
# Refugee and Visa Sponsored Immigrants

MULTNOMAH COUNTY student HEALTH CENTER

Medical Examination Procedure: a physical examination, an evaluation (blood test/chest x-ray examination) for tuberculosis, urine test for gonorrhea and blood test for syphilis when indicated.

Vaccination Requirements: include vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). For vaccines requiring a series, only a single dose is required for immigration purposes, except for the COVID-19 vaccine series.

Immigration through Family Sponsor

Refugee

# Post-Arrival Domestic Medical Examination
# Refugee Only

MULTNOMAH COUNTY student HEALTH CENTER

- State public health departments provide the initial screenings
- Usually occur 30-90 days after arrival
- Comprehensive examination that screens for a wide range of infectious diseases and non communicable conditions
- Identifies health issues, promote well being, orient new arrivals to the US healthcare and routine and speciality care

Refugee

# Unaccompanied Minors

MULTNOMAH COUNTY student HEALTH CENTER

**Definition:** someone who enters the United States:

- Under the age of 18 years old,
- Without lawful status, and
- Without an accompanying parent or legal guardian.

**Rights**: do not have the right to appointed counsel in immigration court

Unaccompanied children are ineligible for health care coverage under the Affordable Care Act. Some may seek asylum which is a long process.

Unaccompanied Minor

# Process for Unaccompanied Minors

MULTNOMAH COUNTY student HEALTH CENTER

CBP takes youth into custody and initial medical exam is completed-"fit to travel".

By law, unaccompanied children who are not nationals of Mexico or Canada must be transferred to the custody of ORR, no later than 72 hours after the child was apprehended.

Once the children are in the custody of ORR, they receive a second medical screening for physical and psychological issues.

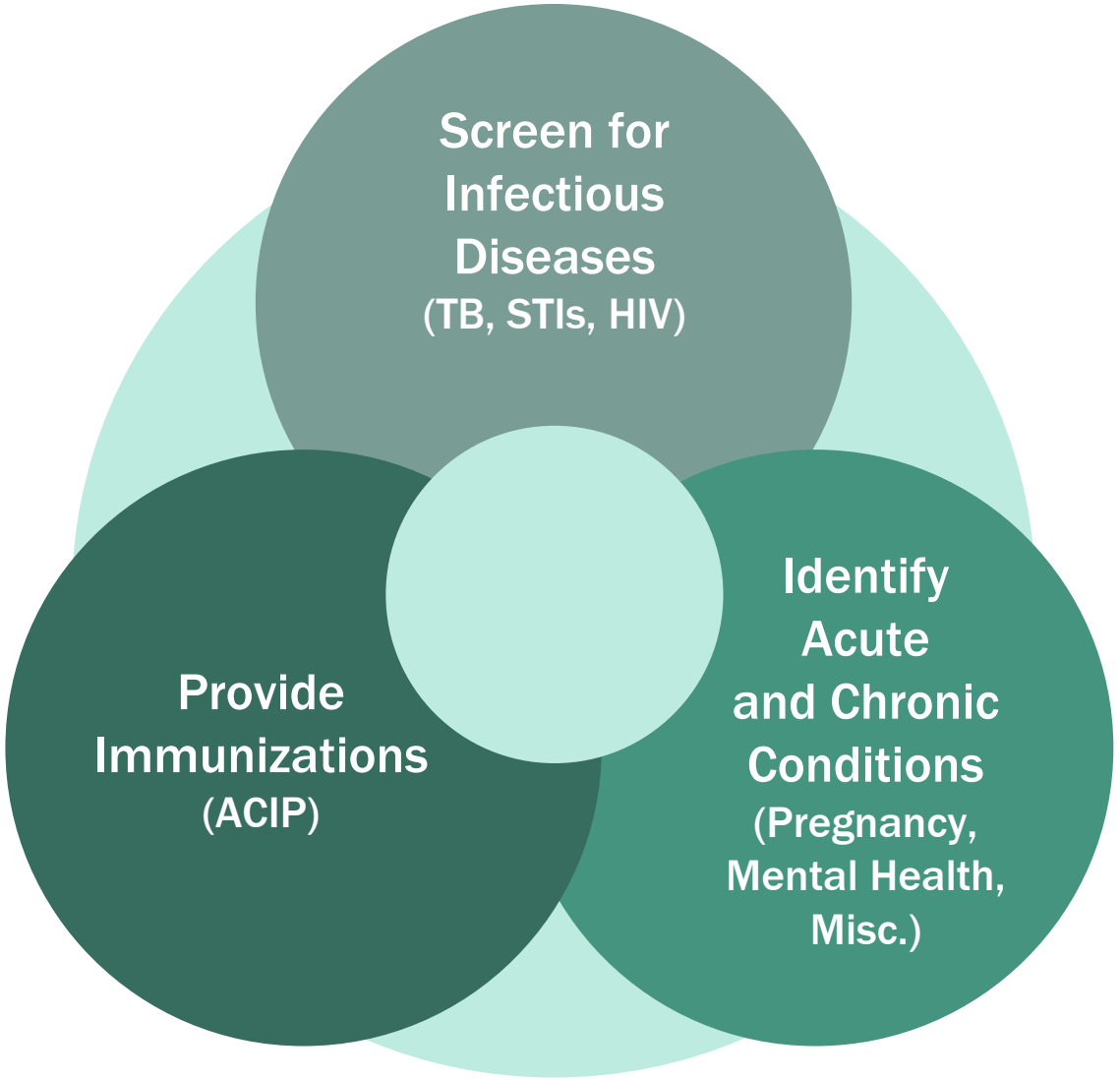
ORR then houses the children until they are able to place them in the care of a parent, legal guardian, close friend, or foster care at placements throughout the US.

**Unaccompanied Minor**

# Medical Screening Goals

## Unaccompanied Minor Initial Medical Exam

MULTNOMAH COUNTY student HEALTH CENTER




Unaccompanied Minor

# Happening Now at the US/tweak

MULTNOMAH COUNTY student HEALTH CENTER

Summer 2021

22,000 Migrants Arrived

- Increase in shelter beds (available? filled?)
- Migrant children in HHS custody remain in deportation proceedings unless they are granted asylum or other forms of legal protection
- Migrant arrests along the Mexican border have soared in the past year, reaching 221,000 in March
- The historic wave of unaccompanied migrant children last year prompted HHS to set up 14 "emergency intake sites" at across the U.S.
- Most migrants who are single adults or traveling in family units are being “expelled” under Title 42

“Health care providers in the United States have medical encounters with migrants who have not received any sort of formal pre departure medical screening examination. These individuals do not hold an immigrant or refugee visa and fall into other categories of temporary visitors and undocumented migrants.”

# What does it mean to be “undocumented”?

MULTNOMAH COUNTY student HEALTH CENTER

**Definition:** refers to anyone residing in any given country without legal documentation. It includes people who entered the U.S. without inspection and proper permission from the government, and those who entered with a legal visa that is no longer valid.

## Rights

- Access to public education
- Healthcare coverage is dependent on the state

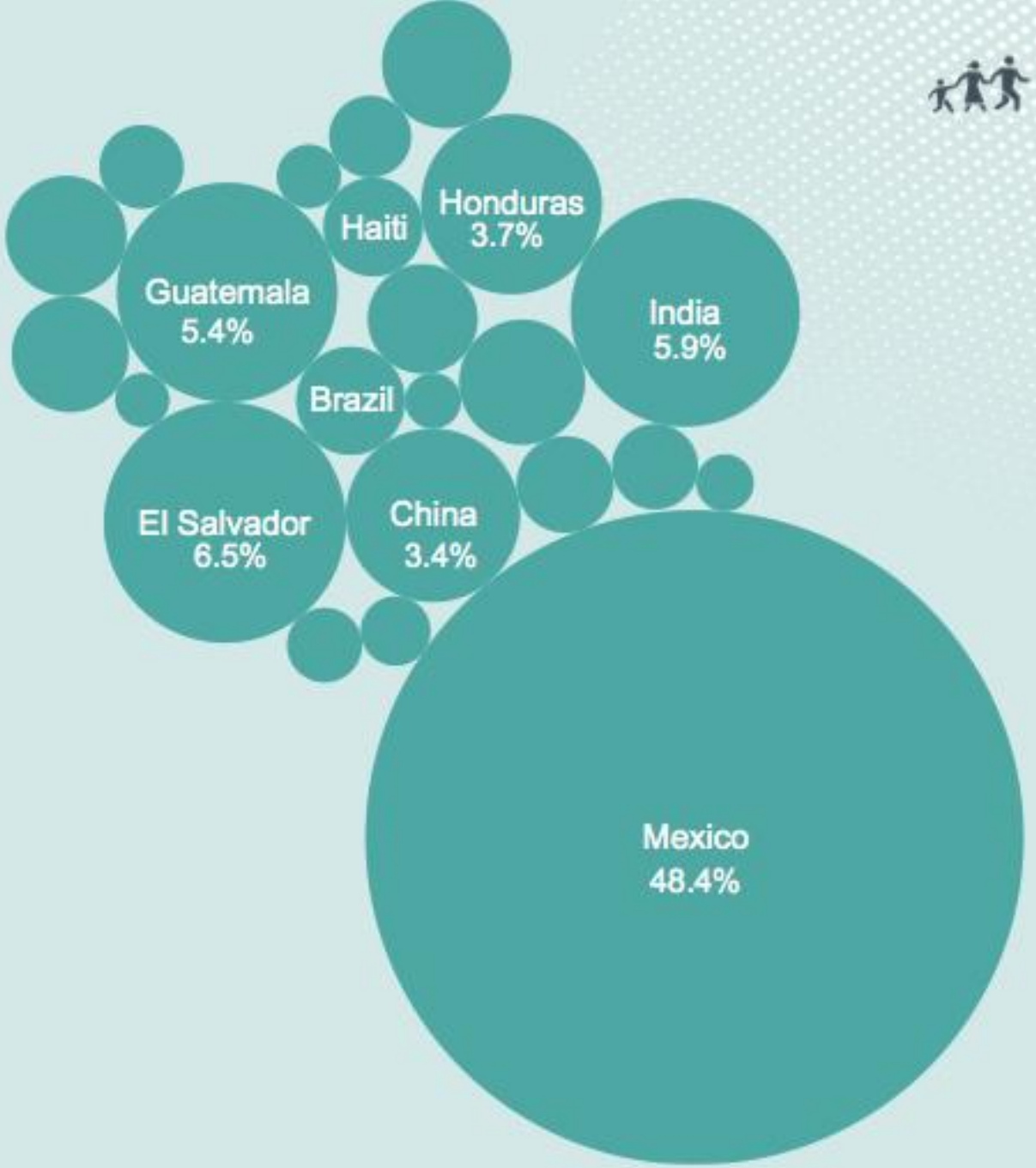
## Challenges

- Difficult to pursue options for legalization
- Cannot drive or vote
- Cannot fully participate in home society
- Fear of detention and deportation of their parents and caregivers

Undocumented

# 48.4% of undocumented immigrants are Mexican

Country of origin of undocumented immigrants, 2018




A **growing number** of undocumented immigrants are from **El Salvador, India, Guatemala, Honduras, and China.**



Source: (Center for Migration Studies 2019)

# Asylum Seekers

MULTNOMAH COUNTY student HEALTH CENTER

Definition: those who are migrating for many of the same reasons as refugees- seeking protection because they have suffered persecution or fear that they will suffer persecution. They may file for asylum only if they are physically in the United States or at a port of entry.

***Reasons to Seek Asylum***

- Poverty
- Climate
- Violence
- Political Situation
- Domestic Violence
- Gang Activity

Do not receive any medical screening or care until granted asylum which can take months to years

In the past few years, the number of people denied asylum claim has significantly increased

Asylum Seekers

# Citizens of US Territories and Federated States of Micronesia

Photo Credit: Richard Griffiths

- Diverse cluster of islands with multiple languages and customs
- Can travel into and out of the US without visa applications
- No limitations on working in the US
- Recent migration to the US may be due to an increasing population, resource poor country and climate change
- No medical exam required for entry to the US
- Limited access to healthcare benefits once in the US
- Highest rates of DM type 2 in the world & highest rates of TB in the US

Citizens of US Territories and "Insular Areas"

# CDC Recommendation

Many newly arrived and asylum seekers originate in, or transfer through, countries with public health issues similar to those facing refugees arriving through the US Refugee Admissions Program.

Therefore, we (CDC) recommend that medical providers screening asylees apply the same screening and treatment recommendations in the CDC Refugee Domestic Guidelines when performing a medical evaluation of an asylee.

# Tools and Guidelines

MULTNOMAH COUNTY student HEALTH CENTER

## AAP Guidelines


Immigrant Health Toolkit

## CDC Guidelines


https://www.cdc.gov/immigrantrefugeehealth/index.html

## CareRef


https://careref.web.health.state.mn.us/refugee-info

# CDC

https://www.cdc.gov/immigrantrefugeehealth/index.html

# The American Academy of Pediatrics

Immigrant Health Toolkit

# CareRef

An  ONLINE TOOL from the Center of Excellence in Newcomers Health
Provides for the most accurate screening information

https://careref.web.health.state.mn.us/refugee-info

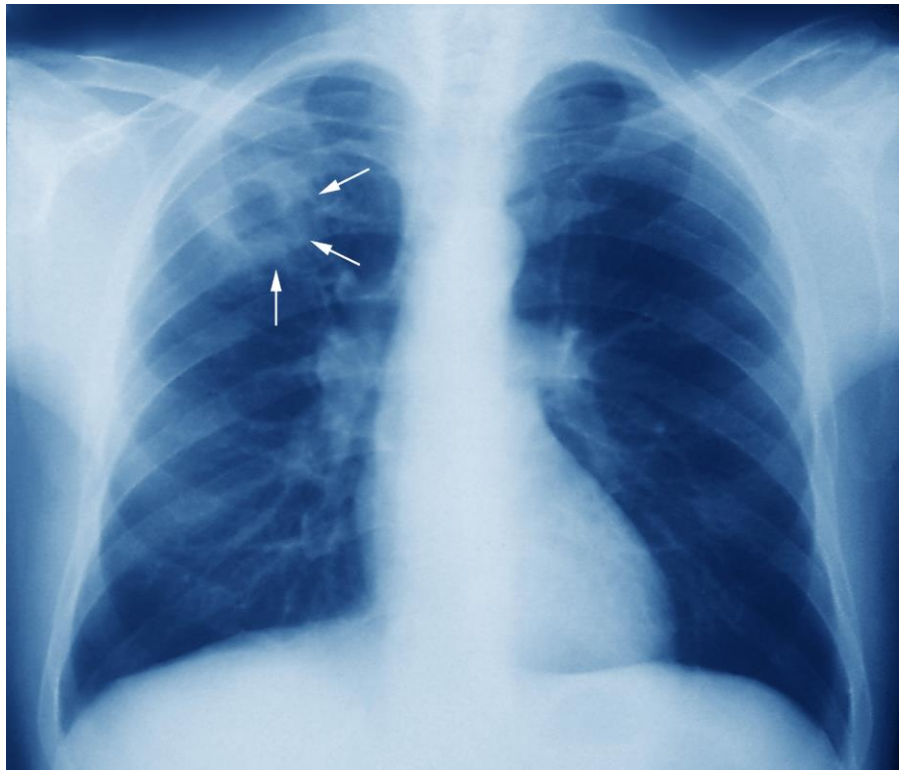
# MEDICAL EVALUATION

## Recommendations for Newly Arrived Youth

# Tuberculosis Screening

MULTNOMAH COUNTY student HEALTH CENTER

- QFT (IGRA) or TST (PPD)
- If QFT positive: CXR PA/Lat
- All active TB cases referred
- Offer treatment for LTBI



# LTBI Treatment Regimens

- Only initiate once active TB has been excluded
- Assess risks vs benefit of treatment
- Do not need to do baseline liver enzymes in most
- Check drug interactions
- Rifampin daily x 4 mo


If on any form of birth control method, decreased effectiveness (need a backup method 100% of the time )

# Parasite Screening

MULTNOMAH COUNTY student HEALTH CENTER

- *Strongyloides* parasites, other soil-transmitted helminths (STH), and *Schistosoma* species are some of the most common infections
- Ask if they have received presumptive treatment prior to leaving their home country or if they took prophylactic treatment in their country of origin - if yes, then parasite screening is not necessary unless they are symptomatic
- **Screen for parasites with 3 stool O & P samples; serum testing for strongyloidiasis and schistosomiasis +/- giardia**
- **Prioritize screening if <u>increased Eosinophils</u> are present or if <u>height and/or weight < 5%</u>**

# When to Treat What Parasitic Disease

MULTNOMAH COUNTY student HEALTH CENTER

## Parasite Treatment Cheat Sheet

**(reviewed 4/22)**

**Entamoeba Histolytica** (Amebiasis)**:**

**Asymptomatic:**

- Adults: **Iodoquinol** 650 mg TID x 20 days or **Paromomycin** 25-30 mg/kg/d divided TID x 7 days
- Children: **Iodoquinol** 30-40 mg/kg/day divided TID x 20 days (2 gm. max) or **Paromomycin** 25-35 mg/kg/d divided TID for 7 days

**Symptomatic:**

- Adults:**Metronidazole** 500-750 mg TID x 7-10 days or Tinidazole 2gm daily x 3 days, followed by one of the above tx regimens for asymptomatic infection
- Children:**Metronidazole** 35-50 mg/kg/day divided 7-10 days or Tinidazole 50 mg/kg x 3 days (2 gm max, over > 3 years), followed by one of the above tx regimens for asymptomatic infection

**Giardia:**(treat symptomatic and asymptomatic)

- Adults: **Tinidazole** 2 g orally as single dose; Nitazoxanide 500 mg orally 2 times per day for 3 days. Alternate: metronidazole 500 mg BID x 5-7 days or 250 mg TID x 7 days
- Children ( >3 years) **Tinidazole** 50 mg /kg orally single dose Alternate: Metronidazole 15 mg/kg/d divided TID x 5-7 days

**Ascaris Lumbricoides:**

**Albendazole** 400 mg once or Ivermectin 200 mcg/kg once

**Hookworm:**

**Albendazole** 400 mg once or Pyrantel pamoate 11 mg/kg/day x 3 days (max 1g)

**Hymemolepis Nana** (Dwarf tapeworm)

**Praziquantel** 25 mg/kg once

**Trichuris Trichiura** (Whipworm)

**Albendazole** 400 mg daily x 3 days or Ivermectin 200 mcg/kg/d x 3 days

**Blastocystis Species (Hominis):**

Adults: **metronidazole** 750 mg TID x 10 days

or TMP-SMX 1 DS tab BID x 7 days

Children: 15 mg/kg/d divided TID x 10 days

Asymptomatic patients do not require treatment

**Schistosoma Mansoni:**

- **Praziquantel** 40 mg/kg/d divided 1-2 doses x 1 day

**Common non-pathogenic organisms:**

- Entamoeba Coli
- Endolimax Nana
- Entamoeba Hartmanni
- Iodamoeba Butschlii
- Chilomastix Mesnilli

***Ascaris lumbricoides***

# CBC

Findings of low ANC < 1500 cells/uL

No indication of infection from history, physical or lab result
findings that indicate alternative reason for the neutropenia

Check blood smear and repeat CBC

Diagnosed with “benign ethnic neutropenia” - clinically insignificant

# Benign Ethnic Neutropenia
# When non Whiteness becomes a Condition

MULTNOMAH COUNTY student HEALTH CENTER

**BEN is the term describes the phenotype of having an absolute neutrophil count (ANC) <1500/microL with no increased risk of infection.** It is most commonly seen in those of African ancestry.

The lower ANC levels are driven by the Duffy null [Fy(a-b-)] phenotype, which is protective against malaria and seen in 80% to 100% of those of sub-Saharan African ancestry and <1% of those of European descent.

ANC reference ranges from countries in Africa emphasize that ANC levels <1500 cells/μL are common and harmless.

Benign ethnic neutropenia is clinically insignificant, but because the average ANC values differ from what are typically seen in those of European descent it is considered abnormal and described as a condition.

**It is important to examine and rectify practices in hematology that contribute to systemic racism.**

blood® Perspective

Check for

When non-Whiteness becomes a condition

Lauren E. Merz[1] and Maureen Achebe[2,3]

[1]Department of Internal Medicine, Brigham and Women's Hospital, Boston, MA; [2]Division of Hematology, Department of Internal Medicine, Brigham and Women's Hospital, Boston, MA; and [3]Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA

**The term "benign ethnic neutropenia" describes the phenotype of having an absolute neutrophil count (ANC) <1500 cells/μL with no increased risk of infection. It is most commonly seen in those of African ancestry. In addition, ANC reference ranges from countries in Africa emphasize that ANC levels <1500 cells/μL are common and harmless. The lower ANC levels are driven by the Duffy null [Fy(a-b-)] phenotype, which is protective against malaria and seen in 80% to 100% of those of sub-Saharan African ancestry and <1% of those of European descent. Benign ethnic neutropenia is clinically insignificant, but the average ANC values differ from what are typically seen in those of European descent. Thus, the predominantly White American medical system has described this as a condition. This labeling implicitly indicates that common phenotypes in non-White populations are abnormal or wrong. We believe that it is important to examine and rectify practices in hematology that contribute to systemic racism. (*Blood*. 2021; 137(1):13-15)**

# Anemia

- If CBC, suggest iron deficiency, start on oral iron supplement and have follow-up within 4-6 weeks.
- Work-Up: CBC, ferritin, iron studies, retic count, hemoglobinopathies, B12
- Recommend adding iron rich foods to patients' diet

Spinach is an iron-rich food

Important to consider high rates of hemoglobinopathies in persons from Africa, Middle East, Asia

# Lead Screening

MULTNOMAH COUNTY student HEALTH CENTER

- Screening for children 16 years and under
- Most positive lead screens in immigrant children will be overseas exposure
- Treatment of Lead Exposure:
  - Finding and eliminating source
  - optimizing diet and nutrition
  - Monitoring blood lead levels

**Sources of Lead Exposure**

- Deteriorated lead paint
- Soil
- Tap water
- Pipes
- Tableware
- Home medicinal remedies
- Supplements
- Toys
- Parental occupational exposure
- Earthenware cooking vessels

Leaded paint can be identified by this “alligatoring” flaking pattern

# HIV, Hepatitis, and RPR

MULTNOMAH COUNTY student HEALTH CENTER

## HIV

In many parts of the world mothers are not tested prenatally for HIV so it is important to screen for all ages.

## Hepatitis

While Asian Americans and Pacific Islanders (AAPI) represent 5% of the total U.S. population, they make up 50% of hepatitis B cases. Nearly 2 in 3 people living with chronic hepatitis B do not know they are infected.

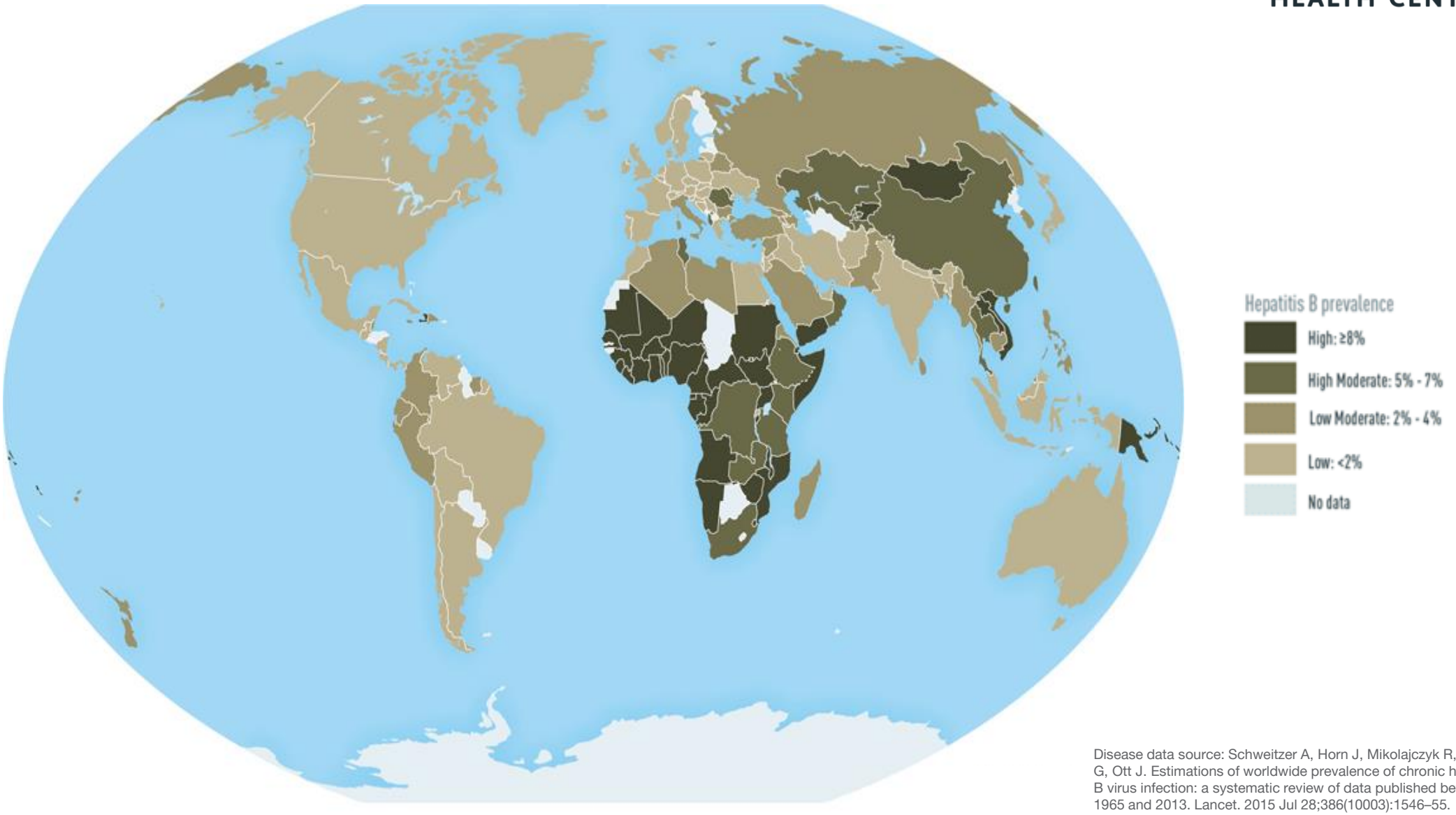
## RPR

Recommended for all >15 years of age

All three of these screening tests require further confirmatory testing

# Prevalence of Hepatitis B Virus

MULTNOMAH COUNTY student HEALTH CENTER




Disease data source: Schweitzer A, Horn J, Mikolajczyk R, Krause G, Ott J. Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013. Lancet. 2015 Jul 28;386(10003):1546–55.

# Now What?!

| | | |
|---|---|---|
| **HBsAg**<br>**anti-HBc**<br>**anti-HBs** | negative<br>negative<br>negative | Susceptible |
| **HBsAg**<br>**anti-HBc**<br>**anti-HBs** | negative<br>positive<br>positive | Immune due to natural infection |
| **HBsAg**<br>**anti-HBc**<br>**anti-HBs** | negative<br>negative<br>positive | Immune due to hepatitis B vaccination |
| **HBsAg**<br>**anti-HBc**<br>**IgM anti-HBc**<br>**anti-HBs** | positive<br>positive<br>positive<br>negative | Acutely infected |
| **HBsAg**<br>**anti-HBc**<br>**IgM anti-HBc**<br>**anti-HBs** | positive<br>positive<br>negative<br>negative | Chronically infected |
| **HBsAg**<br>**anti-HBc**<br>**anti-HBs** | negative<br>positive<br>negative | Interpretation unclear; four possibilities:<br>1. Resolved infection (most common)<br>2. False-positive anti-HBc, thus susceptible<br>3. “Low level” chronic infection<br>4. Resolving acute infection |

MULTNOMAH COUNTY student HEALTH CENTER

(CDC Division of Viral Hepatitis)

# Our Cheat Sheet

MULTNOMAH COUNTY student HEALTH CENTER

## Provider Migrant Lab Reference (5/22)

It **is critical to assess if labs, xray and/or presumptive treatment for parasites were completed prior to arrival.**

- **Asia/Africa/Pacific Islands**
  - **LV2837** (HIV)
  - **Hep B labs**
    - **LS166**-HBsAg
    - **LV3945**-Hepatitis B Surface Antibody
    - **LS143**-Hepatitis B Core Antibody, Total, with Reflex to IGM
  - **85025** (CBC)
  - **LS164** Strongyloides IgG
  - **LV 5344** RPR >15 years
  - **LV3436** (Quant Gold)
  - **83655** (Lead) < or 15 years
  - **LP3119** (O & P x 3)
- **Central and South America**
  - **LV2837** (HIV)
  - **Hep B labs-refer to CareRef for specifics based on the country recently departed from**
    - **LS166**-HBsAg
    - **LV3945**-Hepatitis B Surface Antibody
    - **LS143**-Hepatitis B Core Antibody, Total, with Reflex to IGM
  - **LS508** (CBC)
  - **LV 5344** RPR >15 years
  - **LV3436** (Quant Gold)
  - **LS164** Strongyloides IgG
  - **83655** (Lead) < 15 years
  - **LP3119** (O & P x 3)
- **Other considerations**
  - **If elevated BMI**
    - If fasting: Lipids(**LS656**), HgA1C(**83036**) and CMP(**80053**)
    - If not fasting: HgA1C(**83036**), cholesterol(**83718**) , HDL( **83718**) and CMP(**80053**)
  - **If sexually active,** Ct/GC and HCG if indicated
- **Follow up recommendations**
  - **If Hep B labs positive**:
    - **86707** (Hep BE AB)
    - **87350** (Hep BE AG)
    - **87517** Hep B DNA PCR QUANT
  - **Abnormal CBC:**
    - In increased eosinophil, consider Schistosomiasis(**LS453**) if from Africa and confirm O&P has been collected
    - If ANC decreased, consider blood smear(**85060**) and repeat CBC monthly x2
      e/137/1/13/474140/When-non-Whiteness-becomes-a-condition
  - **If QFTs positive**, order a 2 view CXR, prior to starting medications
  - **Online tool for determining labs: https://careref.web.health.state.mn.us/refugee-inf**

## Phlebotomy Guidelines (5/22)

- **Order of collection**
  - SST-#1 HIV (separate tube)
  - SST #2
    - Hep B labs
    - Lipids or Total Cholesterol or HDL
    - CMP
  - Red top #1 -RPR, (refrigerate)
  - Red top #2 - Strongyloides IgG
  - Designated QFT tubes-Quant Gold
  - Tan top-lead
  - Purple top-CBC(do not refrigerate)
  - O&P kits to send home with the client
- **Phlebotomy recommendations:**
  - QFTs:
    - Can be drawn in any order
    - When drawing QFTs, must use a purge tube if no other tested ordered
  - **Order of Collection:**
    - 1st - SST/ Red Tops
    - 2nd - QFT Tubes - (Green, Gray, Yellow, Purple)
    - 3rd - Lavender (Any other tubes needing to be drawn)
  - Direction: Draw with 21 Gauge Needle, after Vacutainer has stopped hold another 2-3 sec to ensure that tube is within Black fill line***
  - After Collection:
    - Shake 10x - to coat the entire tube with blood, (Frothing is to be expected)
    - Store/Transport : ROOM TEMPERATURE ONLY
    - DO NOT REFRIGERATE
- **Follow up lab recommendations**
  - Hep B follow up labs if positive
    - SST-Hep BE AB:
    - SST-Hep BE AG:
    - White/pearl-Hep B DNA PCR QUANT viral load(must be refrigerated and sent to within 24
    - As long as it has been no more than 6 days of original Hep B screening lab draw, provider can order above three labs as add-ons, print orders and write "add-on" on each order, and fax to lab at 503-988-5453. Also, call the lab (86695) and let them know you added these on.

# The Importance of Dental Care

MULTNOMAH COUNTY student HEALTH CENTER

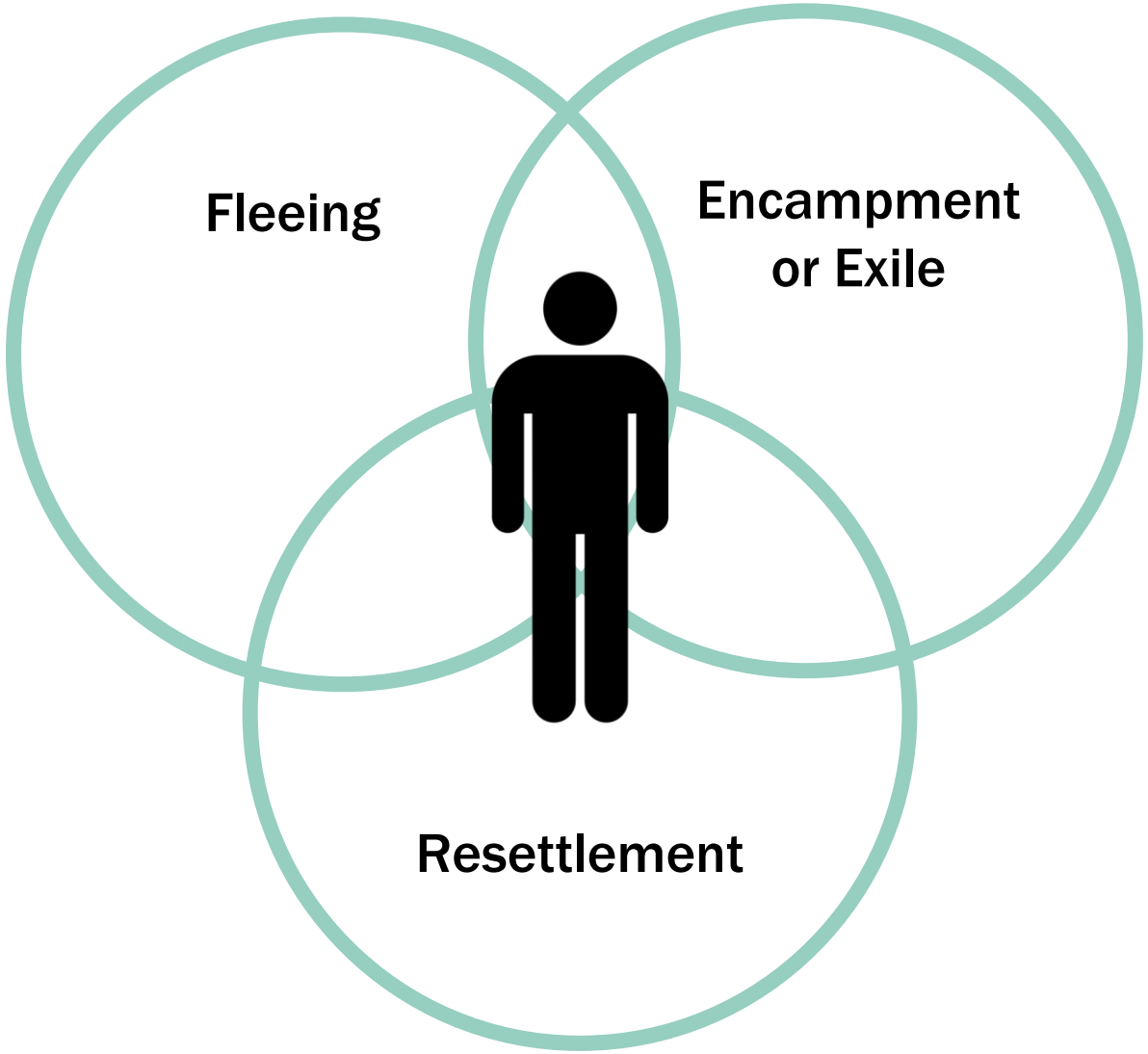
- Country of origin has an impact on the rate of dental caries, as well as lack of access to dental care
- One of the most significant differences for newly arriving groups in regard to attitudes about oral health is a culture shift to an emphasis on healthy primary teeth.
- The first access to dental care is frequently due to tooth pain

# Mental Health

## Unique Stressors

- May live with threat of parent **deportation or forced separation**
- They may demonstrate a **number of health problems** including anxiety, depression, poor school performance, sleeping and eating disruptions
- May experience **loss of family income**, housing and food instability
- They may have **experienced abuse, exploitation, and/ serious trauma**

# Triple Trauma Paradigm




MULTNOMAH COUNTY student HEALTH CENTER

Adapted from Pathways to Wellness Webinar

# Mental Health Screening

MULTNOMAH COUNTY student HEALTH CENTER

- Screening Tool:
  - PHQ 2/9, SCARED, GAD, PSC
  - Refugee Health Screener -15 (RHS-15) -14 years and older
  - Symptoms checklist-appetite, pain, sleep, nightmares, etc

- Warm handoff to behavioral health as indicated

- Provide multicultural counseling services referral if available

# Refugee Health Screening Tool- RHS-15

MULTNOMAH COUNTY student HEALTH CENTER

**Pathways to Wellness**

Integrating Refugee
Health and Well-Being

***Creating pathways for refugee survivors to heal***

**REFUGEE HEALTH SCREENER - 15**

***Development and Use of the RHS-15***

http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf

MULTNOMAH COUNTY student HEALTH CENTER

# Next Steps?

MULTNOMAH COUNTY student HEALTH CENTER

## PDSA

- In our SHC clinics we were seeing greater numbers of children and adolescents who are newly arrived to the US

## Goal

- Provide care for the new arrivals that meets or exceeds community standards
- Identify and monitor newcomers health issues and needs and ultimately improve continuity of care and health outcomes for the newly arrived children and adolescents.

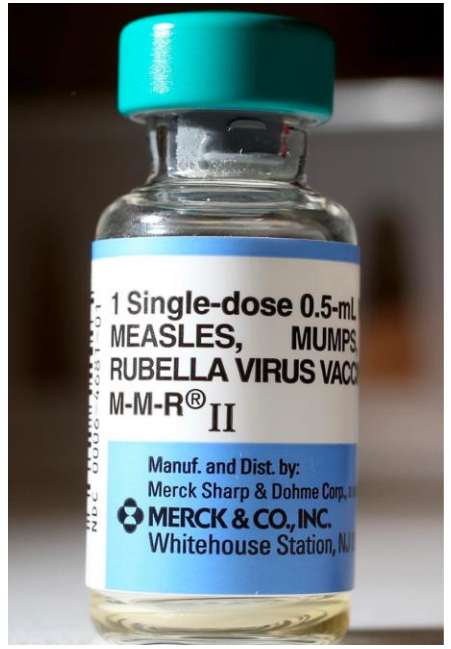
# Immunization Visits

***Opportunities for SHC to provide families with care they need***

- Most of the newly arrived children are initially scheduled to be seen at our SBHC shortly after arriving to the US when they are enrolling their children in school and are in need of vaccines.

- We also see families for the first time at the SBHC during school immunization exclusion time.

- This was our opportunity to offer and provide comprehensive services including: medical, dental and mental health, along with their needed vaccines



# Who Does What?

MULTNOMAH COUNTY student HEALTH CENTER

| CMA | Front Desk | Provider |
|---|---|---|
| • Forecast immunizations needed<br>• Get video interpreter in appropriate language<br>• Apply fluoride<br>• Give immunizations and print report<br>• Draw labs<br>• Review instructions for O&P | • Ask if newly arrived in the US<br>• Ask them to bring all records they may have (immies, medical, labs, X-ray etc.)<br>• Sched as establish care new immigrant/am appt<br>• As soon as they arrive in clinic, collect immunization records for CMA to begin forecasting<br>• Schedule for dental appt/cleaning and WCC | Inquire:<br>• Arrival date, birthplace and last entry point<br>• Last medical exam or testing was done prior to leaving their country<br>• Presumptive treatment for parasites before leaving<br>• Health history including chronic conditions<br><br>Offer parent/guardian:<br>• Screening labs based on country of origin<br>• Oral exam<br>• Fluoride, multivitamins, Vit D<br><br>Schedule back for WCC and lab results, offer dental resource |

# Behavioral Health and Next Steps

MULTNOMAH COUNTY student HEALTH CENTER

- Starting pilot to integrate in visits: RHS-15(Refugee Health Screener)
- Consider group sessions with newly arrived students that are experiencing difficulties with adjusting and transitioning
- Consider tracking for future check-ins - how are they adjusting
- Connect with culturally specific services

Asian Health & Service Center
華人服務中心
아시안 보건 복지 센터
Trung Tâm Y Tế & Dịch Vụ Châu Á

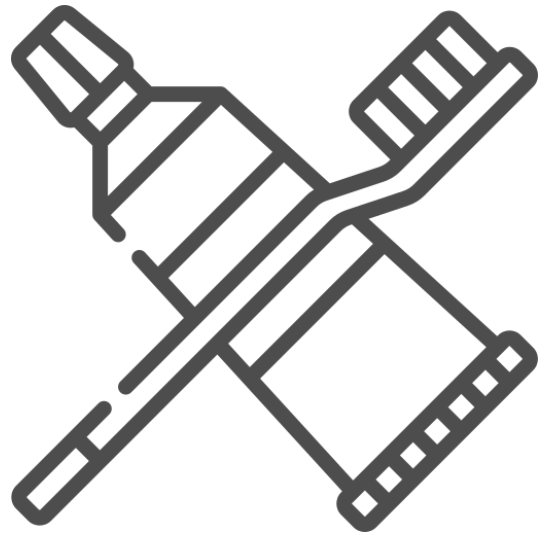
Immigrant and Refugee Community Organization

Our Diversity is Our Strength
Africa House

# Integration of Dental Health

MULTNOMAH COUNTY student HEALTH CENTER

- **For newly arrived children and youth, oral health is often a significant issue**
- **Offer fluoride varnish and Rx for oral fluoride if < 16 y/o**
- Offer appointment with dental hygienist
- Counsel families on the importance of daily oral hygiene practices
- Refer with appropriate urgency to dental providers



# Always Focus on the Client

***Be Flexible!***

MULTNOMAH COUNTY student HEALTH CENTER

First Visit

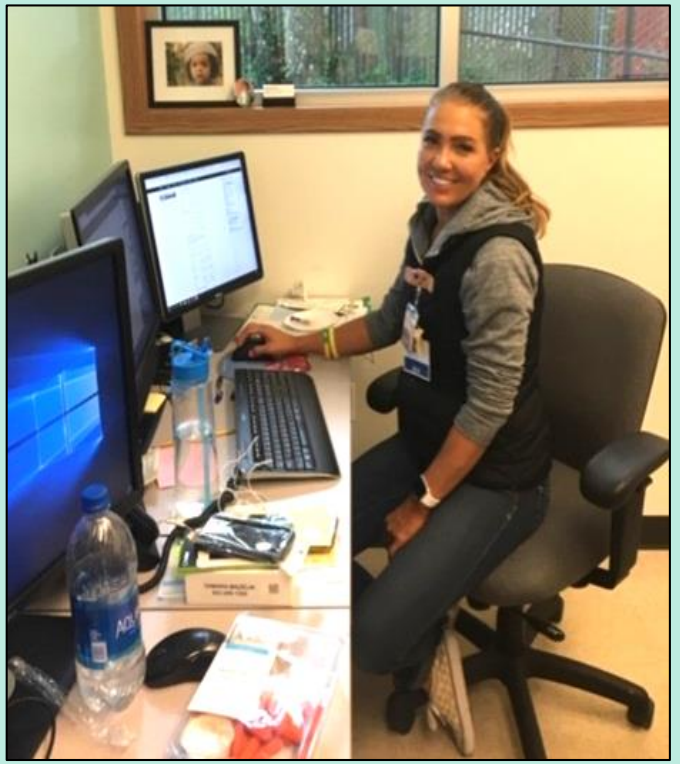
- Explain SBHC services and healthcare access
- Assess for insurance eligibility

Stage Care:

- Immunizations
- Labs
- Wellness visit
- Behavioral Health
- Dental

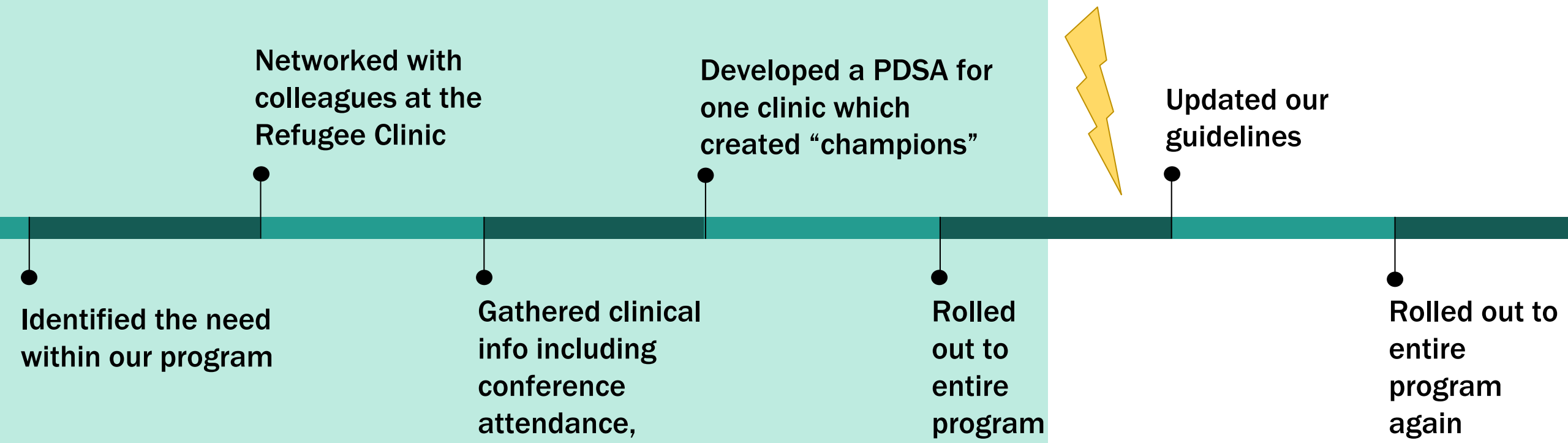
MULTNOMAH COUNTY
student
HEALTH CENTER


# Teamwork is Critical to Success



# Our Journey

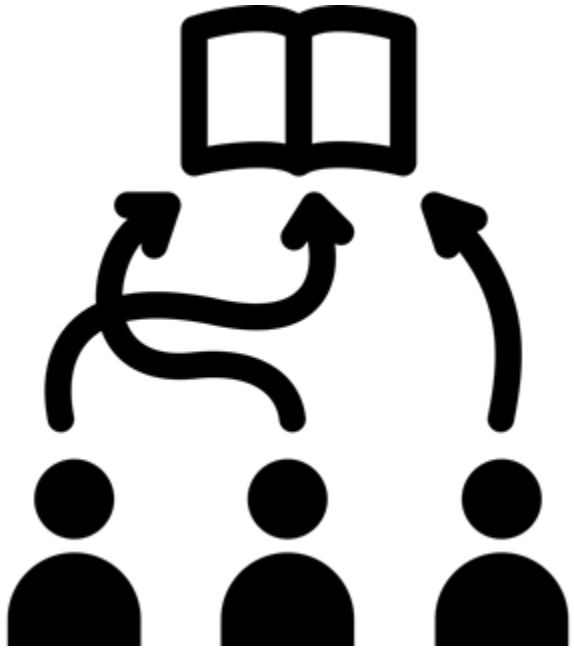
MULTNOMAH COUNTY student HEALTH CENTER



# Lessons Learned

MULTNOMAH COUNTY student HEALTH CENTER

- Flexibility is key
- Each case is unique
- Work in progress
- EVERY role is critical
- Be aware that families are often initially overwhelmed
- Trauma can present in different ways
- It is the right work to do!



***Physical and emotional wellness, as well as access to healthcare, are foundations for successful resettlement. Without feeling healthy, it is difficult to work, go to school or take care of family.***

Statement from the US Department of Health and Human Services Office of Refugee Resettlement

# Let's Meet Jose

MULTNOMAH COUNTY student HEALTH CENTER

- Arrived at the US border with Mexico 2 months ago as an unaccompanied minor. He is 15 years old. He is from a small village in Guatemala. He is now living in Portland OR with his Aunt. He has an appointment at the SBHC for vaccines.
- He was at a shelter in Texas for 1 month prior to arriving in Portland.
- He does not have any medical records with him from Guatemala or the shelter in Texas.
- Medical Hx unremarkable other than past broken bone. Family Hx -mother with DM, father unknown. Normal BMI. Vitals normal.

# What Would You Offer?

## Guatemalan Male: Jose

1. HIV
2. Quant Gold
3. Lead (up to 16 years)
4. CBC
5. Strongyloides IgG serology
6. O & P x3
7. RPR
8. Hep B
9. Obesity (+/-)
10. Lipids
11. HgA1C
12. CMP
13. CT/GC (if sexually active)

**Discuss:**
**Anything else to address?**


I like to run, rollerblade, and be really active

# Resources

MULTNOMAH COUNTY student HEALTH CENTER

**AAP: Immigrant Child Health Toolkit:**
https://aapdc.org/toolkit/immigranthealth/

**CDC Refugee Health Profiles:**
https://www.cdc.gov/immigrantrefugeehealth/profiles/index.html

**CDC Refugee Checklist:**
https://cdc.gov/immigrantrefugeehealth/index.htm

**CareRef:**
https://careref.web.health.state.mn.us/

**Center of Excellence in Newcomers Health:**
https://www.health.state.mn.us/communities/

**RHS-15:**
http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf

**Switchboard** - Connecting Resettlement Experts:
https://switchboardta.org/?mc_cid=db255ec3a4&mc_eid=e583240c56

MULTNOMAH COUNTY student HEALTH CENTER


# QUESTIONS?

MULTNOMAH COUNTY student HEALTH CENTER


**Rachel Dummigan, FNP**

Rachel.m.dummigan@multco.us

**Kristin Case, FNP**

Kristin.a.case@multco.us