

State of Indiana Refugee Health Program Annual Report: Federal Fiscal Year 2015

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THAM HIN REFUGEE CAMP: <http://inter pares.ca/news/aid-refugees-refugees>

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I. Executive Summary

The United Nations High Commissioner for Refugees (UNHCR) defines a refugee as a “person who, owing to 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 or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events is unable or, owing to such fear, is unwilling to return to it.” Each year, these refugees fleeing persecution and war in their home country are resettled throughout the United States, including within Indiana. In Indiana, the overwhelming majority of refugees are from Myanmar (Burma), with other refugees arriving from the Democratic Republic of Congo, Somalia, Iraq and elsewhere.

Before being granted the status of refugee, individuals receive comprehensive background checks while in UNHCR custody, which may occur while the individual or family is living in a refugee camp or within a temporary country of refuge. Once they are granted the status of refugee, they are resettled in the U.S. as legal aliens by non-profit voluntary agencies that receive their funding from the federal government and private donors. In addition to the criminal background checks and overall screening process, all refugees receive multiple health screenings. Guidelines for these health screenings are established by the Office of Refugee Resettlement (ORR) and include screening for infectious diseases, chronic diseases and mental health. Refugees first receive a health screening before they travel to the U.S. from a registered panel physician in their temporary country of refuge. In addition, they receive a domestic health screening in the U.S. within 30 to 90 days of arrival.

The Refugee Health Program at the Indiana State Department of Health (ISDH) is responsible for providing oversight and coordination of health services to refugees in Indiana. The mission of the Refugee Health Program is to support the resettlement of refugees by providing access and resources for an initial health screening upon arrival to the United States, by identifying emerging health issues in refugee populations and to provide ongoing support through relationships with community, state and federal partners.

The ISDH Refugee Health Program has made significant progress, including reaching the milestone of 100 percent of refugees receiving screening within 30 days of arrival during the last quarter of 2015 and the expansion of screening services to include newborn, tobacco and mental health screening. However, new challenges such as diabetes, cancer and high blood pressure are looming on the horizon for the next refugee generations.

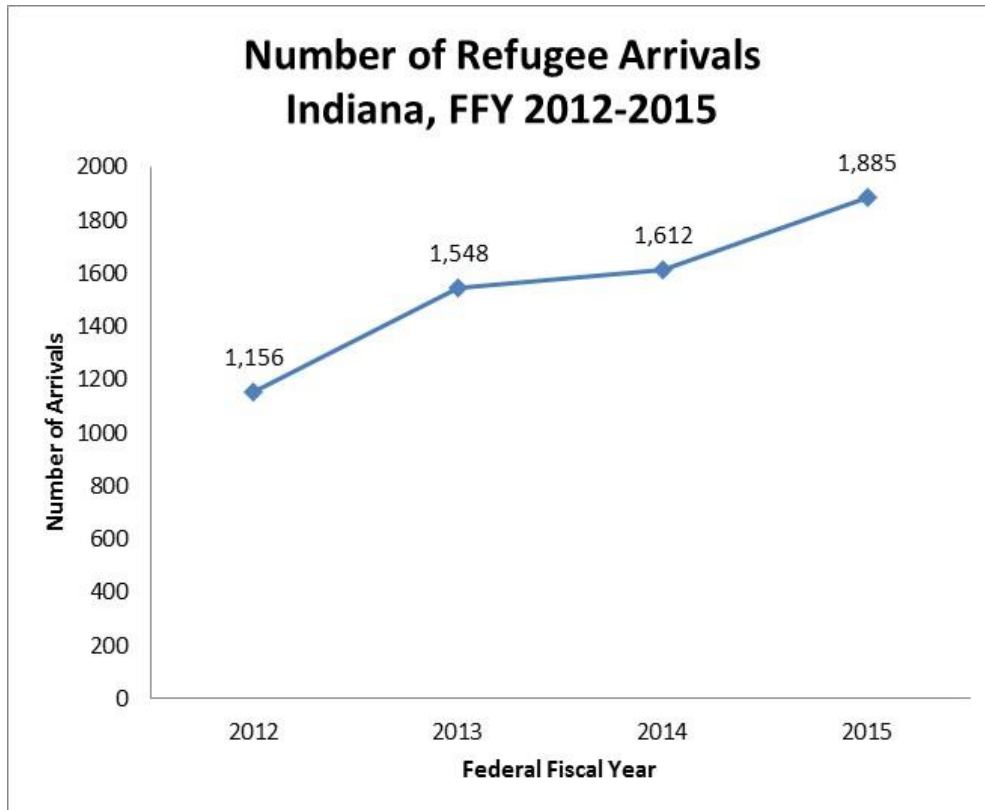
II. Data and Statistics

The following data is compiled from the Immigrant, TB, and All Refugee Application (ITARA), the online database used by the ISDH Refugee Health Program. ITARA is a centralized data collection system used by both ISDH and local refugee screening programs to collect information on all arrivals to Indiana, including demographic and health screening data. Unless otherwise indicated, the term “refugee” hereby refers to all arrivals served by the ISDH Refugee Health Program, which includes primary refugees, secondary refugees, asylees, victim of human trafficking, parolees and special immigrant visa holders. All data shown is for the federal fiscal year 2015 (FFY 2015), which includes all refugees who arrived between October 1, 2014 and September 30, 2015.

a. Demographic Data

There were 1,885 refugee arrivals to the State of Indiana in FFY 2015, a 16.9 percent increase over FFY 2014. According to the U.S. State Department, Indiana is projected to receive 1,685 primary refugee arrivals during FFY 2016.

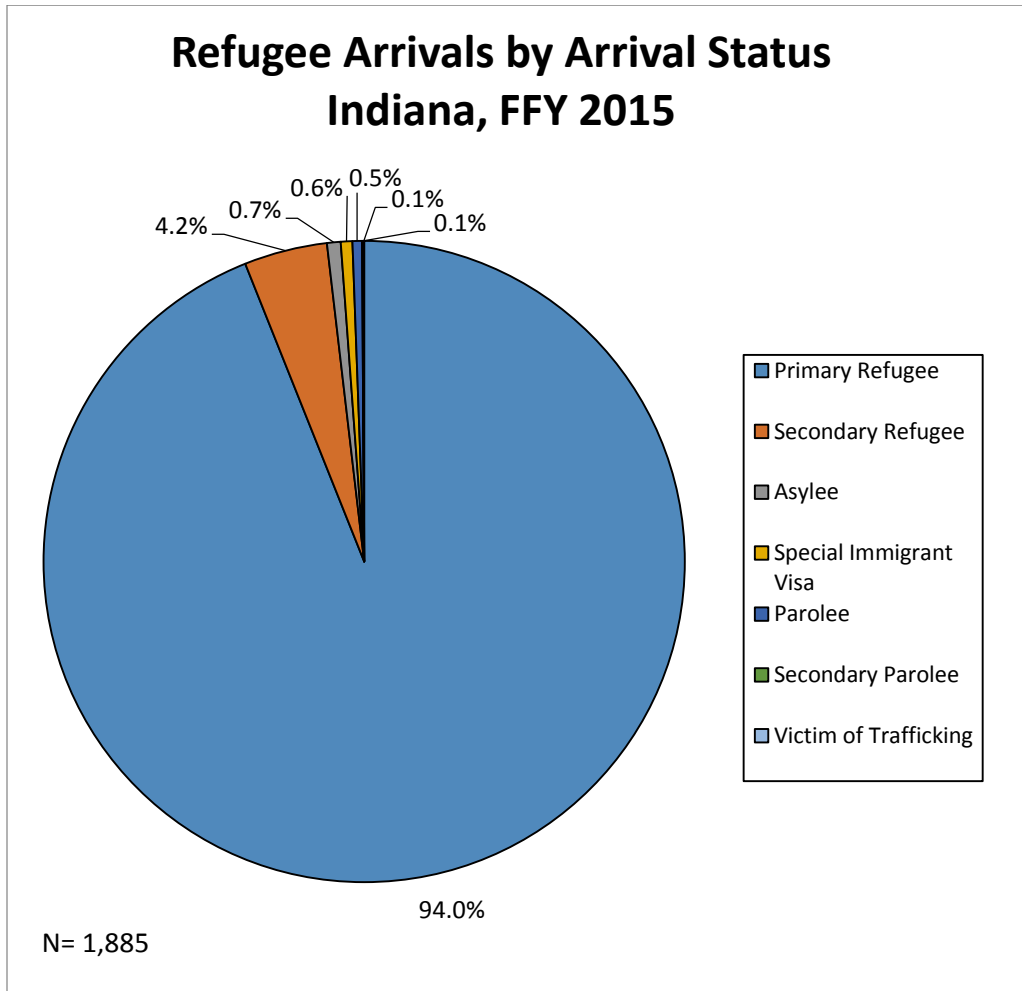
Figure 1.



There has been an overall **63.1 %** increase in refugee arrivals to Indiana in the last four years.

Several types of refugee arrivals are eligible for resettlement in Indiana and receive refugee benefits and health screening. Primary refugees are refugees assigned to come directly to an Indiana jurisdiction by the U.S. State Department, whereas secondary refugees are assigned to another state upon arrival and then they decide to come to an Indiana jurisdiction. Asylees are individuals who travel to the United States individually under a non-refugee status and then apply for asylum once they have arrived.

Figure 2.



In FFY 2015, **94%** of refugee arrivals were primary refugees.

In FFY 2015, refugees from 28 nations arrived in Indiana. The top country of origin was Burma/Myanmar, comprising more than 80 percent of all arrivals. Table 1 shows FFY 2015 arrivals by CDC regions.

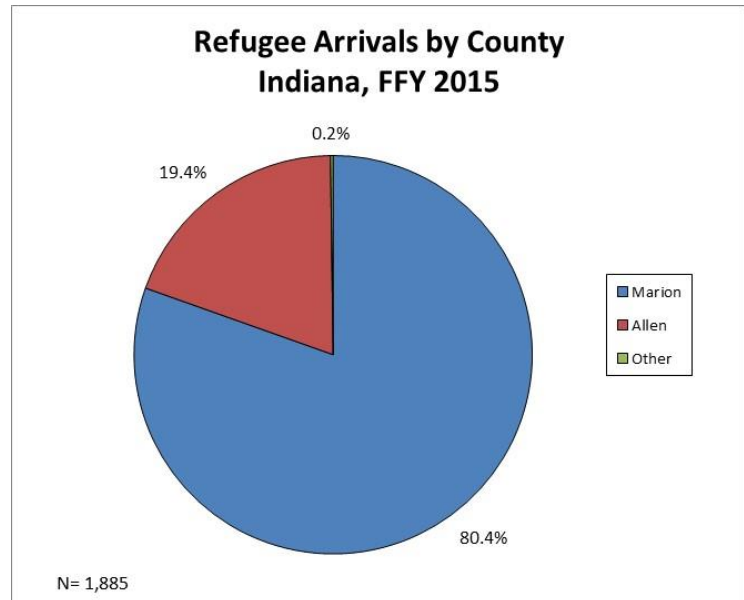
Table 1.

Refugee Arrivals by Country Of Origin Region, Indiana, FFY 2015	
SOUTHEAST ASIA	1547
CENTRAL AFRICA	182
MIDDLE EAST	71
EAST AFRICA	44
INDIAN SUBCONTINENT	15
CARIBBEAN	11
NORTH AFRICA	5
MEXICO and CENTRAL AMERICA	4
EAST ASIA	2
EASTERN EUROPE and N.I.S.	2
Unknown	2
Total	1885

Primary refugees are resettled in either Allen County or Marion County, with Marion County taking the majority of arrivals. Other refugees, such as asylees and secondary refugees, can settle in any county within Indiana but receive their health screening in either Allen County or Marion County.

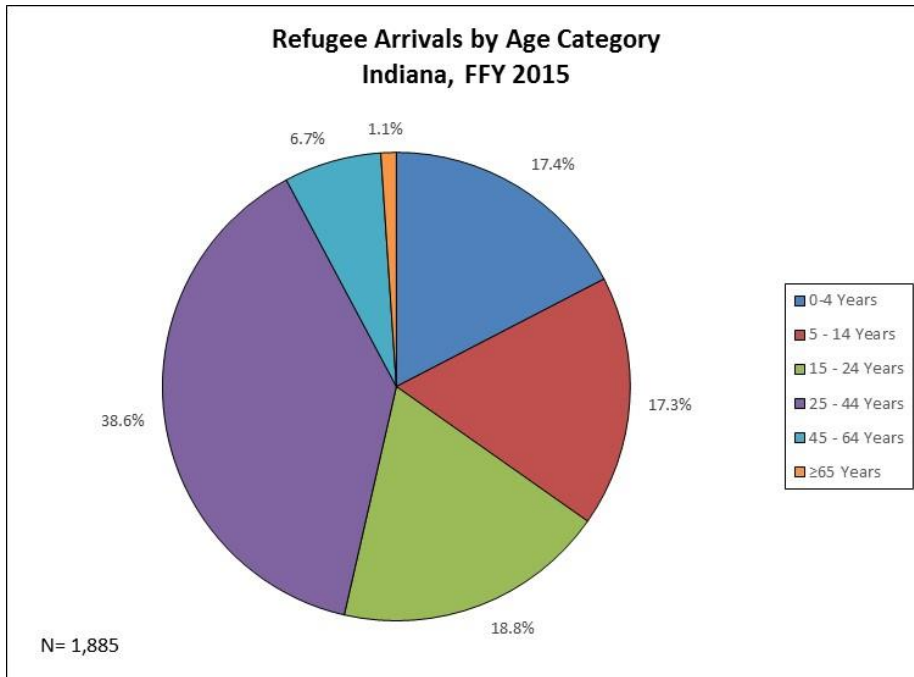
Figure 3.

80.4% of FFY 2015 arrivals in Indiana resettled in Marion County.



The majority of refugee arrivals in FFY 2015 were between 25 and 44 years old upon arrival in Indiana. It is also worth noting that more than half of all arrivals were children and young adults, which due to their age may have different health concerns and risk factors than adult arrivals.

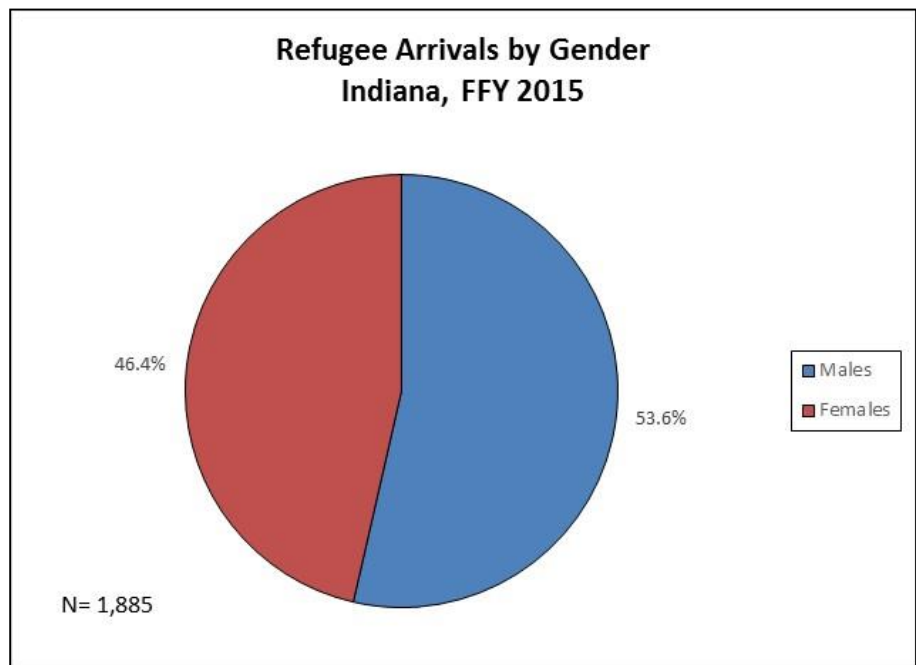
Figure 4.



In FFY 2015, **38.6%** of arrivals were between 25 and 44 years old upon arrival.

Figure 5.

In FFY 2015, **53.6%** of refugee arrivals in Indiana were male.



b. Health Screening

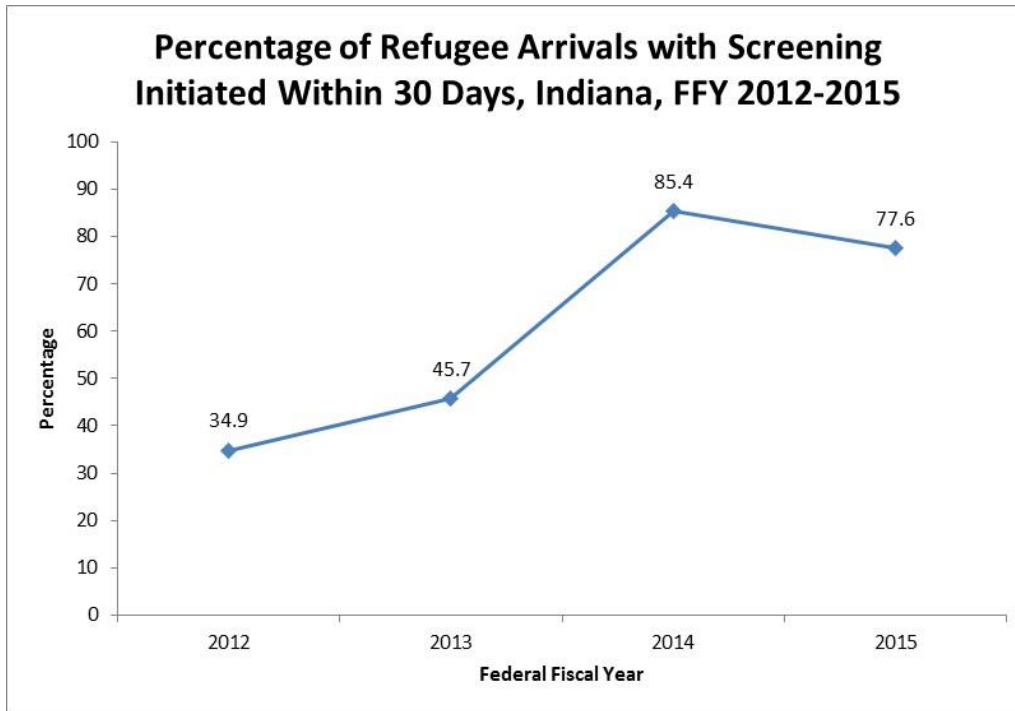
Refugees, regardless of whether they have lived in refugee camps, often have been exposed to dire living conditions, including poor sanitation, insufficient or unhealthy food and lack of access to clean, running water. While sanitation and malnutrition are common health threats refugees may be exposed to, they are not the only conditions they face. Refugees can suffer from varying physical and emotional illnesses, some of which can affect them for life. In order to help address these possible health issues, refugees receive two health screenings, one before entering the United States and one 30 to 90 days within arrival in Indiana (ORR, 2012). The ISDH Refugee Health Program is responsible for ensuring the domestic health screening of refugees entering the State of Indiana. The results of these health screenings are collected in a database so that the results can be monitored and used to identify ongoing health issues.

After an individual undergoes the application process and becomes a registered refugee, a U.S. Overseas Processing Entity (OPE), a federal agency in collaboration with the UNHCR, provides the overseas health screening for all refugees (ORR, n.d.). If a refugee is found to have health issues that could pose a threat to the public, such as active tuberculosis, then the refugee will not be permitted to enter the U.S. until the issue is resolved. Documentation of this overseas health screening is sent with the refugee to the U.S. so the domestic health screening will have a baseline.

Like the overseas health screening, the domestic health screening is intended to protect the American people from illnesses that could pose a threat to the public. This domestic health screening is also designed to ensure refugees are linked to health care in the U.S. and are able to join the workforce in order to be self-sufficient and be less of a burden on U.S. government assistance programs. Although it does not screen for specific chronic disease, it does include measures such as Body Mass Index (BMI) and blood pressure that may indicate a need for a referral for further evaluation.

Prior to their initial health screening in the U.S., refugees apply for health coverage through Medicaid. If they are not eligible for traditional Medicaid, they receive benefits through the Refugee Medical Assistance (RMA) program. The RMA is a federal fund used to assist refugees in covering the cost of medical care during the first eight months of their transition. After the initial eight-month period, refugees can apply for the Healthy Indiana Plan (HIP 2.0) or get coverage through other means, such as an employer.

Figure 6.



Increased efforts by the ISDH Refugee Health Program and local health departments have **more than doubled** the number of refugees screened within 30 days since 2012.

Table 2.

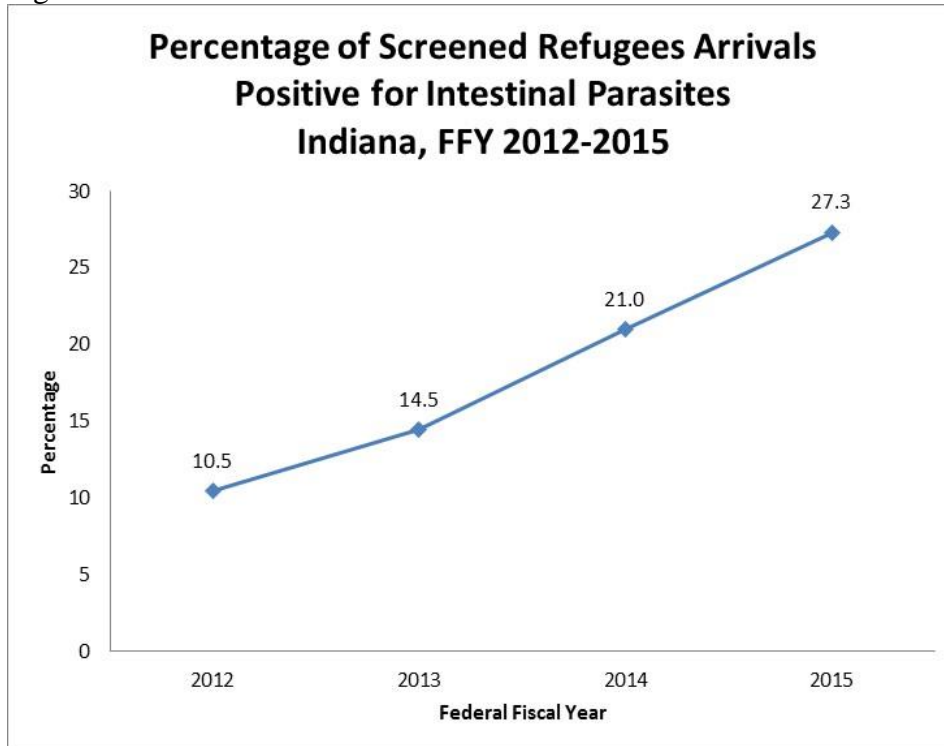
Referral Type	Number of Arrivals
Primary Care	1263
Dental	1101
Optometry	189
Pediatrics	113
OBGYN	75
Hearing	38
Mental Health	29
Other	29
ENT	10
Dermatology	8
GI	5
Neurology	4
Urology	3
PHN	1
Family Planning	1
Family Practice	1
WIC	1

During the domestic health screening, refugees are referred for further health services for any specific health issues and to ensure linkage to continued health care.

The most common referral for refugees in FFY 2015 was for primary care, followed by dental and optometry.

Intestinal parasites are a concern in the refugee population and are part of the domestic medical evaluation. Refugees arriving from Thailand and Malaysia are given presumptive treatment overseas and therefore are excluded from screening upon arrival to the U.S. Refugees who screen positive for intestinal parasites during their evaluation are offered treatment and education on how to prevent further infection.

Figure 7.

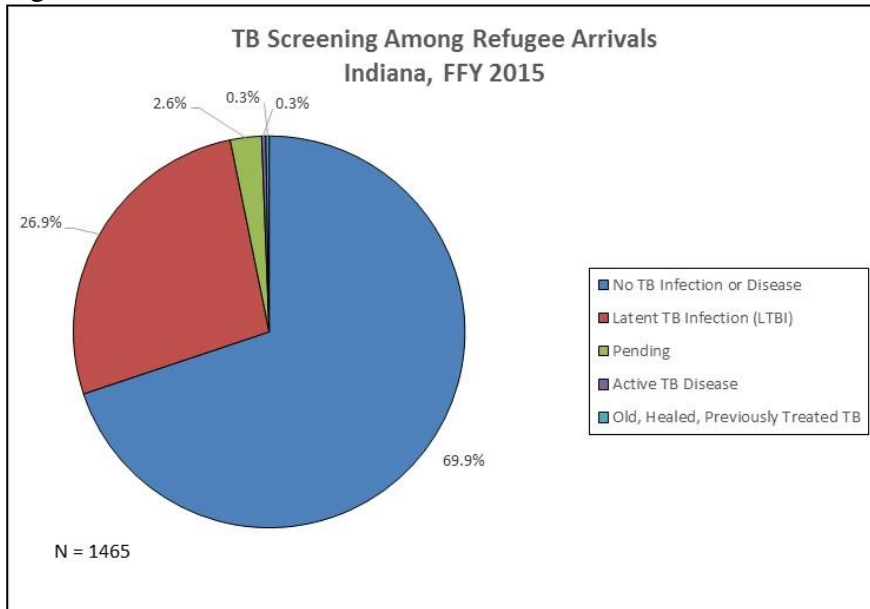


Since FFY 2012, there has been a **160%** increase in the proportion of screened refugees that test positive for intestinal parasites.

Refugees who have identified risk-factors for sexually transmitted infections are screened for gonorrhea, chlamydia and syphilis during their domestic health screening and are offered treatment and education if diagnosed with any infection. During FFY 2015, only 2 percent of refugees screened for syphilis were found to be infected, and no refugee was found to be infected with gonorrhea or chlamydia.

Although refugees found to have active tuberculosis (TB) on their overseas health screening are not permitted to enter the U.S. until they are treated and no longer infectious, all refugees are still screened for tuberculosis infection and disease during their domestic health screening. Refugees found to have latent TB infection are not infectious and cannot spread TB infection to others (CDC, 2014) and are offered treatment at no cost to them.

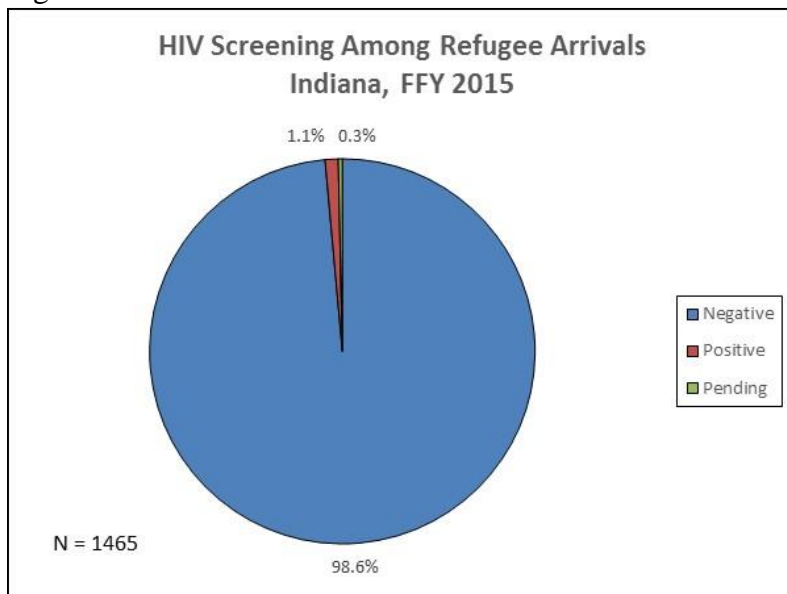
Figure 8.



26.9% of refugees were diagnosed with LTBI in FFY 2015. **Less than 1%** were diagnosed with active TB disease.

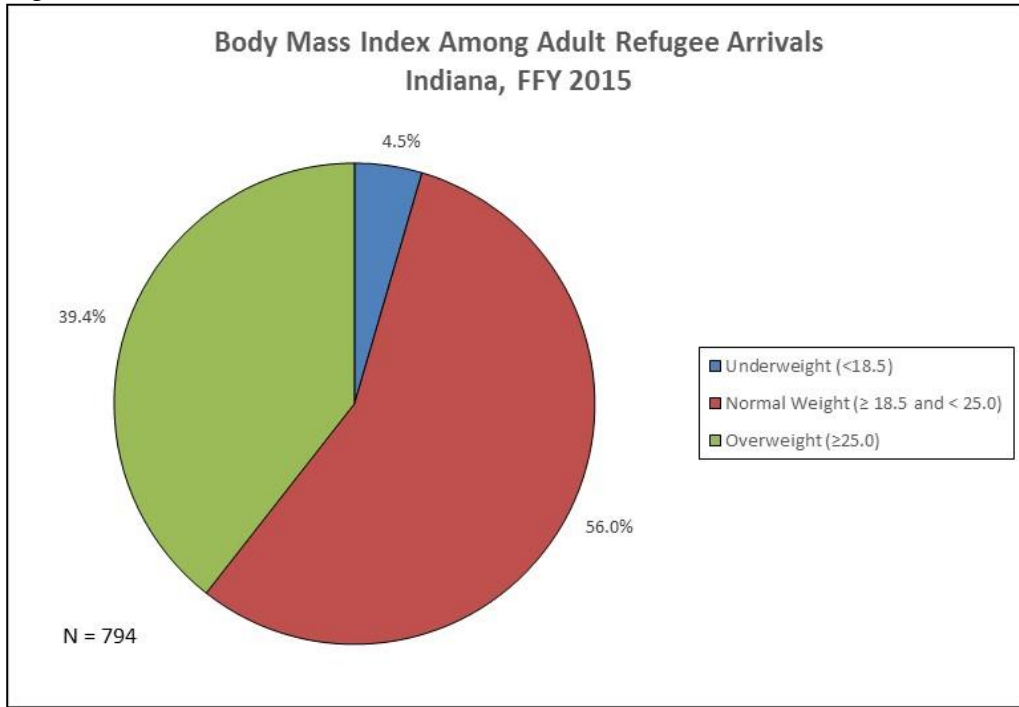
Since January 4, 2010, HIV status is no longer considered grounds to prevent refugee entry into the U.S. and may even be used as a reason to be granted asylum status (USCIS, 2009).

Figure 9.



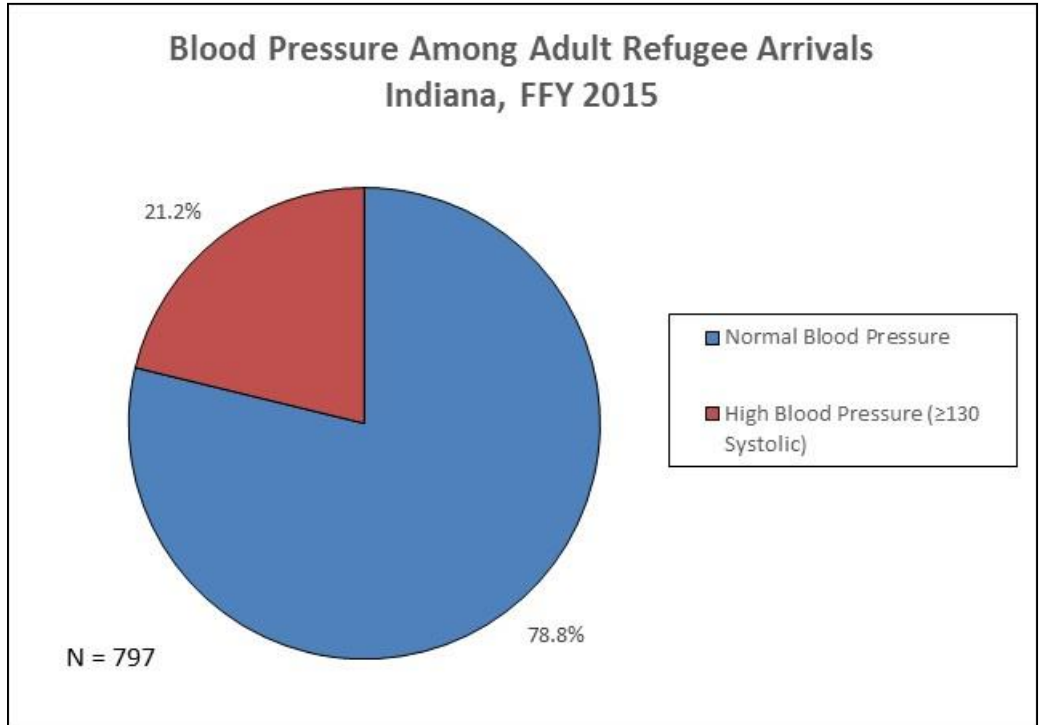
Among screened refugee arrivals in FFY 2015, **1.1%** were HIV positive.

Figure 10.



In FFY 2015, **39.4%** of adult refugee arrivals with BMI measured were considered overweight. Although this proportion remains lower than the overall U.S. population, it is a noted issue.

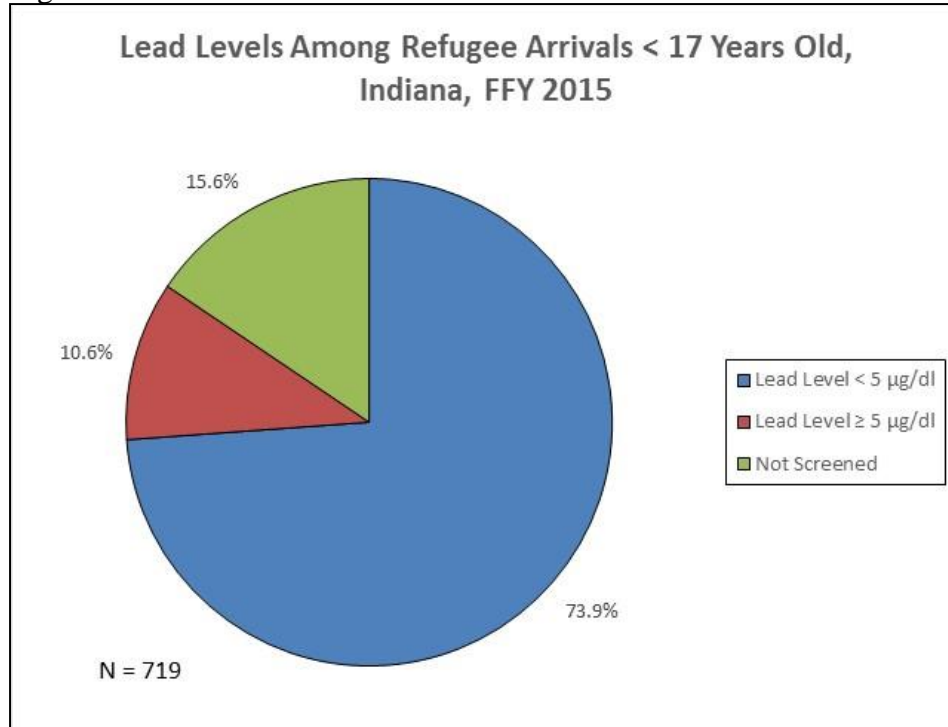
Figure 11.



In FFY 2015, **21.2%** of adult refugee arrivals with blood pressure readings had high blood pressure (Systolic ≥ 130)

Refugee children living in camps or poor housing overseas are at high risk for lead poisoning. Although they are not screened during the overseas health screening, CDC requires all refugee children age 6 months to 16 years to be screened for lead poisoning during their domestic health screening. According to a CDC study, refugees tend to live in older housing structures upon resettlement in the U.S., so CDC also recommends that refugee children age 6 months to 6 years be retested for lead poisoning after three months of resettlement. The local health departments currently are not providing this second screening, since this falls beyond the 90 day initial screening period.

Figure 12.



Among refugee arrivals under age 17, **10.6%** had elevated blood lead levels ≥ 5 µg/dl.

Table 3.

Total Female Arrivals ≥ 16 Years Old	557
Pregnant	29
Not Pregnant	382
Not Tested	146

Per ORR guidelines, screening for female refugees age 16 and older includes pregnancy testing with an opt-out approach

III. Successes & Challenges

Since the ISDH Refugee Health Program began in Indiana, refugees were entitled to receive traditional Indiana Medicaid upon arrival to provide access to medical services. Following changes to Indiana Medicaid, newly arrived refugees in FFY 2015 between 19 and 64 years old in Indiana were assigned to the new Indiana health insurance: Healthy Indiana Plan (HIP). HIP does not provide the same services as traditional Medicaid, including transportation and interpretation, which are very important components of healthcare access for refugees. In addition to the limited services, HIP requires monthly monetary contributions to a health saving account or the payment of co-pays in order to receive services. This change in health insurance negatively impacted access to domestic health screening and thus screening rates for the first half of 2015, along with resettlement agencies' overall ability to serve refugees.

In response, the ISDH Refugee Program worked collaboratively with other refugee stakeholders to advocate for refugees' access to traditional Medicaid. In June, the Family and Social Services Administration granted access to traditional Medicaid for eight months for refugees. This eight-month period is sufficient for refugees to have their initial health screening and receive follow-up for any referrals. The eight-month Medicaid coverage has also boosted the initial health screening rate to 100 percent for the months of July and August and 98 percent in the month of September. The slight decrease in September was due to an influx of refugees in that particular month that placed a higher burden on screening resources.

In an effort to provide extensive services to refugees per ORR State Letter #12-09, the ISDH Refugee Health Program has initiated and implemented several new services to refugees. Mental health screening is now provided to all refugees age 14 years and older using the Refugee Health Screener-15 (RHS-15). This screening tool is not diagnostic but allows the screening clinic to determine which refugees may be at higher risk for mental health issues and need referral for further services. Newborn Screening (NBS), provided to U.S.-born babies at the hospital, is now also provided to all refugee children resettled in Indiana age 12 months and under at time of arrival. The goals of providing this service include diagnosing inherited diseases as well as reducing infant mortality. The NBS brochures will be translated into refugees' native languages for further education to families. Additionally, tobacco screening and education for tobacco cessation are now provided to refugees age 12 years and older at the time of U.S. arrival. This tobacco screening, as well as the NBS, are in line with Governor Pence's road map.

With limited English proficiency, refugees are vulnerable in case of natural or manmade disasters. Therefore, the ISDH Refugee Health Program has developed an emergency preparedness brochure for refugees that will be translated into refugees' native languages and distributed during cultural orientation at resettlement agencies. In addition, refugees will be

added as an “At-Risk Population” in the Indiana Emergency Preparedness Planning for local health departments.

With continued turmoil around the world and the refugee crisis ongoing overseas, there will continue to be an increasing number of refugees. In 2007, Indiana had approximately 200 refugees per year. Now, more than 1,800 refugees resettled in Indiana during FFY2015. This increasing number of refugees in Indiana requires not only additional resources but additional programmatic planning and management to ensure service for refugees and communities of resettlement and will be an ongoing challenge for the ISDH Refugee Health Program and other refugee stakeholders.

ISDH Refugee Health Program will continue to oversee the Refugee Health Promotion grant to assist refugees in navigating the U.S. healthcare system and to educate refugees on health issues they might face in the U.S.

IV. The Year Ahead

The ISDH Refugee Health Program envisions to:

- continue efforts to sustain higher screening rates
- continue to screen all refugees for mental health, regardless of signs and symptoms
- continue to screen refugee children 0 to 12 months for inherited diseases (NBS)
- continue to screen refugees for tobacco use
- advocate for Indiana refugee Medicaid to cover interpretation services
- screen for specific chronic diseases such as diabetes, high blood pressure and others
- integrate refugees’ mental health with other chronic diseases by linking them to other specialty care, as research shows that people with mental health suffer from chronic diseases more than the general population
- update ITARA to improve data quality and user experience

V. Glossary

Asylees: Are individuals who, on their own, travel to the United States and subsequently apply for/receive a grant of asylum. Asylees do not enter the United States as refugees. They may enter as students, tourists, businessmen or even on undocumented status. Once in the U.S., or at a land border or port of entry, they apply to the Department of Homeland Security (DHS) for asylum. To qualify for asylum status, the person must meet the definition of a refugee and meet an application deadline. Asylum status permits the person to remain in the United States. Individuals granted asylum are eligible for ORR assistance and services. (Note that asylum *applicants* are not eligible for ORR assistance and services. The only exception is for certain Cubans and Haitians (ORR, 2015).

Cuban and Haitian entrants are defined as:

- A. Any individual granted parole status by the Department of Homeland Security (DHS) as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided, and
- B. Any other national of Cuba or Haiti
 - 1. Who :(i) was paroled into the United States and has not acquired any other status under the INA;(ii) is the subject of exclusion or deportation proceedings under the Immigration and Nationality Act (INA); or (iii) has an application for asylum pending with DHS; and
 - 2. With respect to whom a final, non-appealable and legally enforceable order of deportation or exclusion has not been entered [45 CFR § 401.2]. Cuban and Haitian entrants, along with Cubans in certain other categories, are eligible to apply for adjustment of status after one year in the U.S.

Parolee: A parolee is an alien who is allowed into the U.S. even though they appear to be inadmissible to the Border and Customs Patrol Officer. Entry will only be permitted for urgent humanitarian reasons or when the alien's entry is determined to be for significant public benefit.

The parole is only temporary and the parolee must leave the U.S. when the condition that allowed them entry ceases to exist.

Primary refugee: A refugee initially resettled in an Indiana jurisdiction (MDH, 2015).

Secondary refugee: A refugee originally resettled in another state in the United States before moving to Indiana (MDH, 2015).

Special Immigrant Visa (SIV) holders: For their service to the U.S. government in Iraq and Afghanistan, Iraqi and Afghan Special Immigrants (SIVs) are granted status overseas by the U.S. Department of State and are brought to the United States for resettlement by the U.S. Department of State. Voluntary agencies and ORR through their programs assist with their resettlement and

integration into the U.S. An SIV is eligible for ORR benefits and services same as a refugee and for the same time period as a refugee, from the first day the SIV arrives in the U.S (ORR, 2015).

Victim of human trafficking (VTH):

The Trafficking Victims Protection Act of 2000 (TVPA) defines “Severe Forms of Trafficking in Persons” as:

- Sex trafficking: the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud or coercion, or in which the person forced to perform such an act is under the age of 18 years; or
- Labor trafficking: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery (ORR, 2015).

Victim of torture:

A. “Torture” means an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control;

B. “Severe mental pain or suffering” means the prolonged mental harm caused by or resulting from:

- 1) intentional infliction or threatened infliction of severe physical pain or suffering;
- 2) administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt profoundly the senses or the personality;
- 3) threat of imminent death;
- 4) threat that another person will imminently be subjected to death, severe physical pain or suffering, or the administration or application of mind-altering substances or other procedures calculated to disrupt profoundly the senses or personality.

VI. References

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