

# Refugee Health Screening Clinic

1000 Toyath Street



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# What is a Refugee?

- “a person who, 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” \*
- expanded 1967 to include persons who had fled war or other violence in their home country.
- \*1951 United Nations Convention Relating to the Status of Refugees



# Program Background

- Continuous operation for 15 years
- 100% grant-funded: Office of Refugee Resettlement via State Refugee Health Program
- Arrivals trended upward to a plateau:

|           |      |
|-----------|------|
| FY2005-06 | 300  |
| FY2007-08 | 600  |
| FY2009-10 | 900  |
| FY2010-11 | 1000 |

“The United States has a history of upholding human rights and humanitarian principles...we have provided asylum and refugee resettlement for millions. In doing so, we show ... our dedication to basic human decency, to our responsibilities under international law, and ... to ensuring refuge when innocent lives hang in the balance.” - *Secretary of State Clinton, June 2011*

# Why are we here?

- **US Government**
- **A/TCHHSD Mission:** “To work in partnership with the community to promote health, safety and well-being.”
- **Refugee Health Screening Clinic:** serves refugees and the community by working with refugees to
  - Prevent the spread of communicable disease
  - Promote healthy behaviors and increase health literacy
  - Reduce the impact of chronic disease on families

# Where do they come from?

for the past few years...

- Burma
- Bhutan
- D.R. Congo
- Cuba
- Iraq
- Nepal
- Somalia



# Coming to America

- Overseas – refugee camps
- Physical Exam and Orientation
- Arriving in Austin
- Voluntary Agencies
- Refugee Health Screening Clinic
- School
- Work
- Integration and Self-Sufficiency

# Clinic Scope

- Screen for communicable diseases: Hepatitis A, B, C; TB; HIV; Varicella; MMR
- Screen for medical and mental health conditions that require treatment
- Vaccinate per CDC schedule (>1000 vaccinations/year)
- Treat intestinal parasites
- Refer to medical homes
- Provide interim meds for chronic conditions
- Social Work services on a limited basis
- Home visits as needed
- Increase health literacy

# Clinic Process

- Referral
- Initial visit - pre-screening
- Second visit - physical exam
- Returns for vaccinations and follow-up
- Referral to primary care with interpreter
- Social worker provides other referrals as needed
- I-693 assistance at one year
- Interpretation via language line



# Chronic and Acute Health Problems

- Very few health problems prevent immigration
- Most common problems seen:
  - HTN
  - Mental Health: PTSD, Depression, Anxiety
  - Diabetes
  - Asthma
  - Musculoskeletal disorders/pain
  - Developmental or birth disorders
  - Dental, vision, hearing

# Barriers to Good Health

## ➤ Financial:

- Medicaid from 8 weeks to 8 months
- Cannot afford even \$5.00 meds
- Insulin, Asthma meds are not on low cost meds

## ➤ Access:

- Lack of understanding of our healthcare system, ability to successfully navigate
- Providers who accept Medicaid sometimes avoid/refuse refugee patients because of the cost of language translation
- Transportation

## ➤ Literacy:

- Low literacy in native language
- Low health literacy

# Partners and Resources

- **VolAgs:** Refugee Services of Texas, Caritas
- **Primary Care:** Lone Star Circle of Care, Seton Community Health Clinics, CommUnityCare
- **Internal Partners:** TB Clinic, WIC, Chronic Disease, Family Health and Injury Prevention Program
- **AISD:** Student Health Services, Refugee Family Support
- **Center for Survivors of Torture**
- **Multicultural Resource Center**
- **Refugee Roundtable**

# Thank you

