TOOLKIT FOR PRIMARY CARE
This folder is for Primary Care Providers treating refugees

Information about medical assessments & interventions

Tips on accessing your patient’s medical information

Suggestions for health screening

Links, Referrals and Resources

Forms from Public Health “Intake” & “What to do next”

Overseas pre-departure exam

BRING THIS FOLDER TO YOUR DOCTOR

Pathways to Wellness is a program of Lutheran Community Services Northwest, Asian Counseling and Referral Service, and Public Health Seattle & King County.

Content generously contributed and reviewed by: Mary Stasio, R.N., Dr. Gennji Terasaki, Dr. Suzanne Pák-Gorstein, Dr. David Roesel & Dr. Joseph P. Sherman of Harborview Medical Center.

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This Welcome Toolkit is designed to provide your clinic with:

- **Information** about medical assessments and interventions that occur as part of the refugee resettlement process
- **Tips** on accessing your patient’s previous medical information
- **Suggestions** on health screening priorities in the primary care setting
- **Links, referrals** and other relevant information to provide health care to refugee patients

**Who is a refugee?** A refugee is 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" (Article 1, The 1951 Convention Relating to the Status of Refugees). On average, more than 60,000 refugees resettle to the U.S. annually. ALL refugees are documented, legal immigrants to the U.S.

All refugees will enter the U.S. primary health care system during their first 90 days of resettlement.
Many refugees originate from countries with a high occurrence of tropical and infectious diseases, lack of access to medical care, and high exposure to physical and psychological trauma. Undiagnosed and/or untreated health conditions, including emotional and mental health issues, are common within refugee populations.

### OVERSEAS PRE-DEPARTURE MEDICAL EXAMINATION:

The medical screening of refugees seeking to enter the U.S. is overseen by the Center for Disease Control’s Division of Global Migration and Quarantine (DGMQ), based on regulations set by the Dept. of Health and Human Services. The screening focuses on preventing the introduction or spread of communicable diseases from foreign countries into the U.S. During the pre-departure medical visit, refugees are screened for certain key infectious illnesses as well as for severe behavioral or psychiatric disturbances. They may also receive immunizations and/or presumptive treatment for parasitic infections. The exam happens anytime up to a year before departure, so a lag can occur from the time of assessment to the date of arrival in the U.S.

There are certain medical conditions, such as TB or STIs that deem a refugee inadmissible to the U.S. or require immediate follow-up. These “Class A and Class B Conditions” are defined in the adjacent column.

### Class A and Class B Conditions

**Class A:** A physical or mental disorder (including a communicable disease of public health significance or drug abuse/addiction) that renders him or her ineligible for a visa. Persons with a class A condition are not permitted to immigrate, but can obtain waivers under special circumstances.

**Class B:** A physical or mental disorder that is significant enough to interfere with the person’s ability to care for himself or herself, that may require extensive medical treatment or institutionalization, but is not an excludable condition.

A panel physician will identify in section 4 of the DS-3026 form the type of follow up care needed for Class A or Class B conditions.

The pre-departure medical requirements for refugees, called “technical instructions for panel physicians,” are updated periodically, and can be found on the Center for Disease Control website at the following link: [http://www.cdc.gov/immigrantrefugeehealth](http://www.cdc.gov/immigrantrefugeehealth)

### DOMESTIC HEALTH SCREENING

An initial health visit is to occur **within 3 months of arrival** in the U.S. The purpose of the visit is to conduct medical screening; follow-up on conditions identified overseas; health education; orientation to local health services; and referral to a primary care provider. Primary care should be established as early as possible due to the limited duration of medical benefits (8 months for newly arrived refugees).

In **King County**, refugee screening occurs at Public Health Seattle & King County (PHSKC) Refugee Screening Clinic in downtown Seattle.

Typically, this evaluation includes:
- Follow-up assessment
- Referral for class A & B conditions **Note:** class A + waiver should report within 7 days. Class B conditions report within 1-6 months.
- Triage of acute health issues including dental, nutritional and psychiatric problems.
- Documentation of immunizations and catch-up administration of Hepatitis and Varicella vaccines as needed.
- Screening for emotional distress, as well as tuberculosis, hepatitis B, and HIV.


Screening practices differ across counties in the United States based on funding and other issues.

### Provider Tips for Obtaining Records

In King County, refugees are encouraged to bring health records to their primary care provider. All refugees have a copy of their pre-departure exam, their public health assessment, and an immunization card.

**If you are unable to obtain these from the patient, you may request:**

1. Copies of the pre-departure exam, and public health assessment from the refugee resettlement agency. (see Community Resource List)
2. Medical Records from the Public Health Refugee Screening Clinic:
   - Tele: 206-296-4744   - Fax: 206-296-0184
3. Results of the TB screening, hepatitis B, varicella serologies and immunizations are posted in the Washington State Immunization Information System previously called CHILD PROFILE Immunization Registry (including adults) at: [http://www.doh.wa.gov/YouandYourFamily/Immunization/ChildProfile.aspx](http://www.doh.wa.gov/YouandYourFamily/Immunization/ChildProfile.aspx)
# Checklist for Primary Care Providers: Refugee Health Assessment

This checklist was designed to help primary care providers recognize and treat conditions sometimes overlooked among the refugee population.

For a comprehensive list of health screening guidelines, please see: [http://www.cdc.gov/immigrantrefugeehealth/pdf/general.pdf](http://www.cdc.gov/immigrantrefugeehealth/pdf/general.pdf)

<table>
<thead>
<tr>
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<th>OVERSEAS AND PUBLIC HEALTH (PHSKC) SCREENING</th>
<th>RECOMMENDED PROVIDER PLAN</th>
</tr>
</thead>
</table>
| **Review health records** - All refugees have a large white and blue “IOM bag,” which they are instructed to bring to their medical visits. inside is a pre-departure health assessment & CXR films (if completed). | OVERSEAS:  
- Pre-departure exam (copy given to patient and to resettlement agency)  
PHSKC:  
- All tests and immunizations done will be recorded in the [Washington State Immunization Information System](http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html) previously called CHILD PROFILE Immunization Registry (including adults). | If pre-departure or PHSKC records are not available, the patient may sign a consent form to obtain their medical records from their refugee resettlement agency or from Public Health, 206-296-4744. |
| **Immunizations** - Vaccination schedules and practices vary globally. Age-appropriate immunizations should have been started for refugees as part of the pre-departure assessment. | PHSKC:  
- Refugees are given an immunization card - details are entered in the [Washington State Immunization Information System](http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html) previously called CHILD PROFILE.  
- Serologies are drawn for Hepatitis B and Varicella, results are entered in the [Washington State Immunization Information System](http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html) previously called CHILD PROFILE.  
**Note:** In King County, refugees are entitled to receive free vaccinations through Public Health for 16 months post-arrival. | Check CHILD PROFILE for any vaccinations administered or related serologies drawn (information on both children and adults can be found here).  
- If no written documentation of vaccination exists, the individual is considered unvaccinated and should receive age-appropriate vaccinations  
- If patient received a live vaccine (e.g., MMR or varicella) the previous day or earlier, PPD should be delayed for at least 4 weeks to avoid the possibility of a false negative response. If the PPD was done first, there is no need to wait before vaccine administration. |
| **Tuberculosis** - The initial screening test for tuberculosis is either a tuberculin skin test (PPD) or for those over 5 years of age an Interferon Gamma Releasing Assay (IGRA - QuantiFERON TB Gold is currently being used). BCG vaccine status, pregnancy, and age > 35 are not contraindications to testing. However, persons with a known prior positive PPD test should NOT be tested again with a PPD since their PPD will remain positive (even if treated for latent or active TB infection). | OVERSEAS:  
- An initial chest x-ray is performed overseas for persons 15 years and older. If it is suggestive of infectious tuberculosis, three AFB sputum smears with cultures are obtained. Results stratified by risk of contagiousness:  
  - Class A: Infectious pulmonary or laryngeal tuberculosis. TB treatment and conversion to negative sputa smears/ cultures are required for travel clearance.  
  - Class B1: CXR with active TB but spuata are negative  
  - Class B2: CXR suggestive of TB, not clinically active, suggestive of Latent Tuberculosis Infection (LTBI). No spuata are required.  
  - Class B3: CXR suggestive of old, healed TB; no spuata are required.  
  - Class B cases are cleared to travel but need to follow up with the TB Clinic as soon as possible after arrival. Travel clearances are valid for 3 months for class B1 and 6 months for classes B2 and B3.  
PHSKC:  
- Reviews overseas exam (e.g. CXR, sputum smear, and in some countries, sputum culture), and may repeat CXR and/or sputum to ensure the refugees do not have active infectious TB.  
- All refugees undergo PPD; those > 5 years of age may be tested using IGRA. All results are recorded on CHILD PROFILE (even for adults). Most will not have recent CXRs available with them in the U.S.  
- All cases of active TB are reported to the King County TB Clinic. Those who require a CXR for further diagnosis for active or latent TB are encouraged to see a PCP who will also provide treatment/further referrals as needed. | Check CHILD PROFILE for results (including adults).  
- If test results are not available, and there is no history of past TB infection, a TB test should be administered.  
- A positive test necessitates a directed history, physical exam, and confirmation of a normal chest x-ray to exclude active pulmonary TB or active extra-pulmonary infection for any patient referred to you. If there is no evidence of CXR being done, please order a CXR for the patient.  
- Refugees with a positive PPD or IGRA test, have a 10% risk of developing active TB, and the risk is highest in the first few years after immigration. If no clinical signs of active TB and a negative CXR, consider offering 9 months of isoniazid or alternative regimen as treatment for latent TB infection, following CDC guidelines.  
- For all cases of active TB infection (not latent infections) and to find more information contact the King County TB clinic [http://www.kingcounty.gov/healthservices/health/communicable/tb.aspx](http://www.kingcounty.gov/healthservices/health/communicable/tb.aspx) Tele: 206-744-4579  

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January 2015: CDC Guidelines have changed and make this document out-of-date. It may still be useful as an example of ways to provide primary care for refugees.
## GENERAL INFORMATION

### OVERSEAS AND PUBLIC HEALTH (PHSKC) SCREENING

<table>
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<td><strong>Hepatitis B</strong></td>
<td>Pre-departure screening varies.</td>
<td>Refugees are tested for both HBV surface antigen and HBV surface antibody. (If surface antigen is positive, a test for core antibody is done to confirm whether infection is acute or chronic). Children are provided with a Hepatitis A vaccine; all results are posted in the <a href="http://www.kingcounty.gov/healthservices/health/communicable/std.aspx">Washington State Immunization Information System</a> previously called CHILD PROFILE (including adults).</td>
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<tr>
<td><strong>HIV</strong></td>
<td>No longer required.</td>
<td>As of June 2010, PHSKC includes HIV testing for all refugees &gt;10 years. Patients with positive results are referred to the PHSKC STD clinic for treatment.</td>
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<tr>
<td><strong>Malaria</strong></td>
<td>In parts of sub-Saharan Africa where <em>Plasmodium falciparum</em> is hyperendemic, refugees should have received presumptive treatment for malaria with an artemisinin-containing regimen. Women who are pregnant or lactating, children &lt; 5 kg, and those with sensitivities to antimalarial medications are exempt from presumptive treatment. However, in many parts of the world where malaria is known to exist, refugees may not have received presumptive treatment.</td>
<td>Refugees from highly endemic areas (Sub-Saharan Africa) who have not received presumptive treatment should be tested for malaria or given presumptive treatment with atovaquone-progurani after arrival. Pregnant women and infants should not be given presumptive treatment, but should be screened, ideally with a PCR test given the low sensitivity of blood films and RDTs in these populations. For all others, thick and thin blood films or RDTs are acceptable screening tests. Those who test negative should still be followed clinically, due to the poor sensitivity of these tests in asymptomatic individuals. Those who test positive should be treated, in consultation with an ID specialist or the CDC. Malaria transmission is generally lower in regions outside of sub-Saharan Africa, and asymptomatic infection is highly unlikely. Testing should be reserved for those with a clinical suspicion of malaria (i.e. acute febrile illness).</td>
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### RECOMMENDED PROVIDER PLAN

- Patients infected with HBV should be screened regularly for hepatocellular carcinoma, even in the absence of cirrhosis. The most commonly recommended screening protocol is a hepatic ultrasound every 6-12 months +/- AFP testing.
- HBV surface antibody (anti-HBs), HBV surface antigen, and HBV core antibody (anti-HBc) are recommended as the initial screening tests to determine immune status. In adults, HBV surface antigen (HBsAg) positivity represents a chronic infection, which is a reportable disease.
- For confidentiality purposes the results are not posted on CHILD PROFILE, but are available by request from PHSKC.
- Testing & counseling is recommended for all refugees. As per the revised 2006 CDC recommendations, oral consent is sufficient.
- For adults, HIV 1 and 2 assays are used. HIV screening for infants <18 mo. should be PCR not ELISA, given the high false positivity for ELISA at this age.
- For more information, contact the PHSKC STD Clinic: [http://www.kingcounty.gov/healthservices/health/communicable/std.aspx](http://www.kingcounty.gov/healthservices/health/communicable/std.aspx)

January 2015: Some CDC Guidelines have changed and make this document out-of-date.
**CHECKLIST FOR PRIMARY CARE PROVIDERS: REFUGEE HEALTH ASSESSMENT**

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For a comprehensive list of health screening guidelines, please see: [http://www.cdc.gov/immigrantrefugeehealth/pdf/general.pdf](http://www.cdc.gov/immigrantrefugeehealth/pdf/general.pdf)

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<td><strong>Nutritional screening:</strong> Refugee populations are at risk for both undernutrition/micronutrient deficiencies as well as obesity. Iron and Vitamin D deficiencies are common in refugees. Certain groups may be at risk for additional micronutrient deficiencies, such as Vitamin B12 deficiency among Bhutanese refugees. Growth indices for all pediatric refugees should include height-for-age, weight-for-height ratios, and BMI (for those &gt; 2 yo) plotted on growth charts to calculate age-appropriate percentiles.</td>
<td>OVERSEAS: Pre-departure health exam does not include any nutritional screening. PHSCK: Referral to WIC and PCP for follow up assessment.</td>
<td>□ All refugees should begin growth monitoring with initial assessment for acute and chronic malnutrition using body growth measurements (weight, height) and growth indices (e.g., BMI). □ All refugees should be examined for signs of micronutrient deficiencies and tested for iron-deficiency anemia. Vitamin D supplements should be offered or 25-hydroxy vitamin D levels measured. Additional micronutrient levels may be warranted in specific groups. Provide all preschool refugee children with daily multi-vitamins. □ Ensure appropriate nutritional counseling and WIC follow-up for children &lt;5 years of age.</td>
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| **Mental Health**-Given the history of trauma and displacement, refugees often experience high rates of emotional distress. Refugees have been found to have ten times the rate of Post-Traumatic Stress Disorder (PTSD) as compared to the general U.S. population. Major depressive disorder, anxiety disorder, and adjustment disorder are other common diagnoses. | OVERSEAS: Psychiatric evaluation varies for pre-departure screening. PHSCK: 

- *Pathways to Wellness* developed and field-tested a short questionnaire (RHS-15) that identifies refugees for anxiety and/or depression. This is routinely administered at PHSCK. Refugees screening high for emotional distress are referred to culturally appropriate mental health providers. A copy of their RHS-15 can be obtained from PHSCK. | □ Assess for signs of depression and anxiety, acute psychiatric disorders □ Assess emotional wellbeing as reflected in general health (e.g., sleeplessness, headaches, nausea, etc.) 

**Note:** the words, “mental health” or “depression” may be highly stigmatizing or have a cultural meaning of “crazy.” Consider focusing questions on symptoms, e.g., Do not ask: “Are you depressed?” Ask: “How are you sleeping? Do you worry a lot?” and “Are you having nightmares?” |
| **Parasitic Infections**-All refugees, regardless of region of origin, are at risk of harboring parasitic infections. *Giardia lamblia* is among the most frequently detected protozoan infections in refugees. Among helminthic infections common in refugees, two are of particular concern: *Strongyloides stercoralis* and *Schistosoma* species. Both of these can persist for decades and lead to important health consequences if not treated. | OVERSEAS: Recommended presumptive treatment guidelines (excluding infants and pregnant women) include: 

- Refugees from Middle East, South and, Southeast Asian receive a single dose of albendazole (400 mg, 200 mg for children 12 -23 months) and ivermectin, 200 μg/kg orally once a day for two days, prior to departure. 
- African refugees at risk of Loa loa infection (generally those from Central Africa and parts of West Africa) receive presumptive therapy with a seven-day course of albendazole (400 mg orally twice a day) and praziquantel, 40 mg/kg divided in two doses, prior to departure. 
- African refugees *who are not at risk of Loa loa infection* receive a single dose of albendazole (400 mg for adults and children older than 23 months, 200 mg for children 12 -23 months) and ivermectin, 200 μg/kg orally once a day for two days, and praziquantel, 40 mg/kg divided in two doses, prior to departure. 

**Note:** Despite CDC recommendations to target these infections, pre-departure administration of appropriate medications does not occur regularly. Many refugees receive only a single dose of albendazole, which is insufficient for the eradication of *Strongyloides stercoralis*. | □ If no documentation of appropriate presumptive treatment is found, the CDC recommends the following: 

- Screen all refugees with a CBC + differential and two O&P exams. However, if presumptive treatment is documented, O&P is not required unless symptomatic or persistent eosinophilia. 
- Screen all refugees with serology for strongyloidiasis. 
- Screen all refugees from sub-Saharan Africa with serology for schistosomiasis. 
- Alternatively, presumptive therapy for strongyloidiasis and schistosomiasis, as described in the overseas guidance is acceptable. 
- An eosinophil count > 400 cells/ul should be repeated in 3-6 months. If it remains elevated, evaluate for presence of additional parasitic infections (e.g., filariasis). 

Details on CDC recommendations for parasite screening may be found here: [http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html#fig1](http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html#fig1)
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### GENERAL INFORMATION

**Sexually Transmitted Infections**

Screening for STIs is important to prevent acute and chronic sequelae and to prevent transmission to others. History of Syphilis is no longer a Class A condition. It is a Class B condition only if the applicant has some residual disability. HIV was removed from the list of Class A conditions in 2010 (see above).

**OVERSEAS AND PUBLIC HEALTH (PHSKC) SCREENING**

- **OVERSEAS:**
  - Refugees 15 years and older are screened at the pre-departure health exam for syphilis (by laboratory testing) as well as gonorrhea, chancroid, granuloma inguinale, and lymphogranuloma venereum (by clinical assessment).
  - If treatment is completed, syphilis is no longer a Class A condition.

- **PHSKC:** Referral to King County STD Clinic as needed.

**RECOMMENDED PROVIDER PLAN**

- If there is no documentation, syphilis testing is recommended for all refugees > 15 years of age.
- Syphilis testing is recommended for children <15 years with history of sexual activity/assault, whose mother tests positive, or those from areas endemic for treponemal subspecies (i.e. yaws, pinta, and bejel).
- All refugees >15 should be evaluated by history and examination for the presence of other STIs.
- The CDC recommends nucleic acid amplification testing for chlamydia in sexually active females ≤ 25.

**Lead** – Refugee children are at increased risk of having lead poisoning. Malnourished children may also be at higher risk for lead poisoning due to increased intestinal lead absorption mediated by micronutrient deficiencies.

**OVERSEAS:** Pre-departure health exam does not include lead screening.

**PHSKC:** For children 6 months to 16 years, venous blood lead level (BLL) is recommended.

**Women's health:** This can be a sensitive health topic often based on cultural beliefs regarding sexuality and gender roles.

**GYN exams**- Refugee women may have limited to no experience with this exam.

**Family planning**- A lack of familiarity with the variety of contraceptive methods exists; patients may not trust family members or even official interpreters with confidentiality around this topic.

**Maternal health**- Exposure to unsafe abortion, traumatic miscarriages and complicated labors, as well as rectovaginal and vesicovaginal fistulas resulting from prolonged or obstructed labor are common in certain refugee populations. Social stigmas and isolation are often attached to these conditions. Cervical and breast cancer often go undetected until advanced stages in regions where women are rarely screened for these conditions.

**Gender-based Violence**- War or conflict puts refugees are at high risk of sexual assault, coercion, rape, or domestic abuse. Women may also be at risk for sexually transmitted diseases, pelvic inflammatory disease, HIV/AIDS, and infertility. Women may lack basic knowledge about STDs.

**Female Genital Cutting**-involves partial or total removal of female genitalia and possible infibulation- narrowing of the vaginal orifice, generally with sutures. The practice is most common in certain western, eastern, and northeastern regions of Africa, in some countries in Asia and the Middle East, and among certain immigrant communities in North America and Europe.

**OVERSEAS:** Pre-departure health exam may or may not include a comprehensive maternal health screening.

**PHSKC:** referrals are given to social services as needed.

**RECOMMENDED PROVIDER PLAN**

- **GYN exam:** Assess the patient’s understanding of what is involved in this exam before proceeding. (This exam may not be appropriate for the first visit).
- **Family Planning**- Assess the individual’s experience with family planning methods. Proceed with a culturally appropriate decision-making processes involving the patient and/or her family.
- **Maternal health:** Assess for a history of deliveries, miscarriages, or other complications from childbirth, including the death of any infant or child.
- **Female Genital Cutting (FGC)**- For more detailed information on the 4 types of FGC please visit the World Health Organization at: [http://www.who.int/reproductivehealth/publications/fgm/en/](http://www.who.int/reproductivehealth/publications/fgm/en/) or the Center for Disease Control medical examination for newly arrived refugees at: [http://www.cdc.gov/immigrantrefugeehealth/pdf/general.pdf](http://www.cdc.gov/immigrantrefugeehealth/pdf/general.pdf)

- **Use an appropriate interpreter, based on the gender and language of the patient.** Education and counseling should be offered related to STDs. Referral for emotional support as needed.
Federal Guidelines for Language Access
Title VI of the Civil Rights Act requires recipients of Federal assistance to have their programs and activities accessible to persons with limited English proficiency. For additional information see: http://www.lep.gov/guidance/guidance_index.html, http://www.justice.gov/crt/about/cor/coord/titlevistat.php or contact the Department of Health and Human Services, Office of Civil Rights.

Metro-Seattle Interpreter Services
Face-to-Face Interpreting
Hopelink 425-378-7977
Language Connection 425-277-9045
Universal Languages 888-462-0500
Polylang Translation Services 800-715-7293
Dynamic Languages 206-244-6709
Khaleghi Interpreting Services 206-200-5070
Language Fusion 888-750-1112
Foreign Language Specialists 206-261-0999
CTS Language Link 800-208-2620
World Language Services 877-700-7922

Over the Phone Interpreting
Language Line 800-874-9426
Pacific Interpreters 888-869-7344
Hopelink 425-378-7977

Epidemiological, Cultural Information & Multi-Language Resources
Center for Disease Control  www.cdc.gov/yellowbook/RefugeeGuidelines.
U.S. State Department Bureau of Population, Refugees & Migration  www.state.gov/g/prm/
Health and Human Services Global Health  www.globalhealth.gov
US Committee for Refugees & Immigrants  www.refugees.org

Center for Applied Linguistics Cultural Orientation  www.cal.org
Canadian Cultural Profiles Project  www.cp-pc.ca
EthnoMed  ethnomed.org

Center for Victims of Torture  www.cvt.org

Refugee Resettlement Agencies
Lutheran Community Services Northwest
Tele: 206-694-6753
Fax: 206-694-5777

Refugee Resettlement Agencies continued
Diocese of Olympia Resettlement Office: EMM
Tele: 206-323-3152
Fax: 206-322-7632

World Relief
Tele: 206-587-0234 Kent: 253-854-7857
Fax: 206-587-0594

Jewish Family Services
Tele: 253-850-4065 S. King County: 253-850-4065
Fax: 253-850-4070

International Rescue Committee
Tele: 206-623-2105 SeaTac: 206-431-033
Fax: 206-623-2289

KHRW
Tele: 253-520-8441
Fax: 253-520-6497

Community Support & Mental Health Services for Refugees
24 Hour Crisis Line:

Lutheran Community Services NW
International Counseling and Community Services
Tele: 206-816-3253

Asian Counseling and Referral Service
Tele: 206-695-7600

Center for Multicultural Health
Tele: 206-461-6910 Ext. 211

Refugee Womens Alliance (REWA)
Tele: 206-721-0243

Therapeutic Health Services
Tele: 206-322-7676

Southwest Youth & Family Services
Tele: 206-937-7680

Harborview Center for Sexual Assault & Traumatic Stress
Tele: 206-744-1600

Navos
Tele: 206-933-7000

For a list of King County community mental health agencies: http://www.kingcounty.gov/healthservices/MentalHealth/Resources/ProvidersAll.aspx

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Refugee arrives in King County

VISIT 1: Refugees are screened at Public Health. Within 3 months

Includes:
- Review & administer immunizations
- Perform serologies for Hepatitis B & varicella
- Tuberculosis screening & referral
- HIV screening & referral
- STD referral
- Emotional distress screening & referral: At present PHSKC offers mental health screening (the RHS-15) in Burmese, Karen, Nepali, Arabic and Russian.
- Acute health assessment, including dental
- Referral for WIC & community social services

VISIT 2: Refugee returns to Public Health for LIMITED civil surgeon exam AFTER 1 year.

Note: Refugees who are permitted to arrive with class A conditions must report to Public Health within 7 days for evaluation and referral to medical care.

Referral to a community mental health provider, as necessary.

This occurs:
- Through refugee health screening at Public Health;
- From the community;
- Or by the resettlement agency.

Resettlement Agency
Provides cultural orientation & basic services

Services are limited and vary depending on the case composition

Services typically last from 1 to 3 months

Primary care is typically established within the first 3 months

This occurs:
- Directly by the resettlement agency;
- Through refugee screening at Public Health;
- Or by informal referral.

THE “PATHWAYS TO WELLNESS PROGRAM” DEVELOPED THIS TOOLKIT IN CONJUNCTION WITH MEDICAL STAFF FROM HARBORVIEW MEDICAL CENTER.
Pathways to Wellness ID card

Front side:

**LANGUAGE ID CARD**

My name is: ___________________________        _____________________________

First                  Last

I came from:  ______________________I speak:     ___________________

Country of Origin  Language (s)

Language (s)

Emergency Contact:_______________________Tele: ___________________________

Backside:

**Metro-Seattle Interpreter Services**

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<tr>
<td>World Language Services</td>
<td>877-700-7922</td>
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<table>
<thead>
<tr>
<th>Telephonic Interpreting</th>
<th>Phone #</th>
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<tbody>
<tr>
<td>Pacific Interpreters</td>
<td>888-869-7344</td>
</tr>
<tr>
<td>Language Line</td>
<td>800-874-9426</td>
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</tbody>
</table>

To learn more about federal laws pertaining to language access, please see:
www.justice.gov/crt/cor/13166.php

Title VI of the Civil Rights Act requires recipients of Federal assistance to have their programs and activities accessible to persons with limited English. These services are free of cost to me.
Guidelines on Adapting the Pathways to Wellness Toolkit for Primary Care

Disclaimer:
Counties and states differ on how they implement refugee health screening. Therefore, this toolkit may not be appropriate or accurate for your locale. Please see our Guidelines for replicating this toolkit in your community.
The Toolkit for Primary Care is being used at Public Health Seattle & King County, in Washington State. Content contributors and staff evaluators are testing the effectiveness of the intervention. Once the toolkit is evaluated, materials for implementation and technical assistance will be made public.

Guidelines
These guidelines can help you to develop a similar toolkit in your community.

1. Identify who the refugee health screening entity is in your community.
   Note: In King County, health screening occurs at Public Health Seattle & King County.

2. Convene stakeholders in your community to develop the toolkit. Suggestions of who to include are: primary care doctors, the refugee health-screening entity, and resettlement agencies. Have them review the toolkit and offer content changes specific to your community. This committee will also be critical in overseeing the implementation and distribution of the Toolkit.
   a. Modify specific toolkit elements, including: the Community Resource List and the Language ID card. The Checklist recommendations will also likely be revised depending on how health screening is conducted in your community.
   Note: In King County, the Pathways team convened a group of expert doctors, nurses, social workers and resettlement staff serving refugee populations.

3. Decide how the Toolkit will be distributed in your community. For example, it could be distributed as part of health orientation at the resettlement agency, at the department for public health, or through community outreach.
   Note: In King County, refugees are given a folder that contains the Toolkit, and all supporting health screening material from their public health screening and overseas exam. They are encouraged to bring this folder with them when they visit their primary care doctor.

4. Please consider reporting specific recommendations to our Pathways team so we can continue to revise and reform this toolkit. Any suggestions will enable us to adopt instructions for implementing the toolkit across different settings. The Pathways team can be reached at 206-816-3252.
   Note: Pathways has also developed a Provider survey to assess the effectiveness of the toolkit in King County.
More about Pathways to Wellness

Pathways to Wellness supports the emotional well-being of refugees by enhancing adjustment, increasing capacity for self-sufficiency, and coordinating care through the primary healthcare system. Pathways is a pioneering effort linking mental and primary healthcare systems, and creating opportunities for better coordination and collaboration, resource sharing, and the emergence of more holistic best practices.

TOOLKIT DEVELOPMENT

The Centers for Disease Controls (CDC) states that, "because of the very difficult living conditions refugees are exposed to, they are especially vulnerable to illness and poor health." Current efforts in global health acknowledge that resource-poor countries endure marked disparities in infectious and chronic diseases like HIV, TB, and malnutrition. Community healthcare providers and mental health practitioners working with refugees often feel overwhelmed by the complex needs of a refugee patient. Some health providers are unfamiliar with refugee resettlement, overseas health screening and domestic health screening.

In King County, the Pathways team noted a lack of coordination between/among both the systems that serve refugees during their initial resettlement, making refugees vulnerable to:

- Increased adverse experiences when entering primary care environments
- Lack of culturally/linguistically appropriate care at the primary care clinics
- Community clinics having limited access to materials, information and resources on treating the refugee patient
- Costly duplications in health services due to lack of communication between providers

This toolkit was developed to address these disparities and to improve health care for refugees. Health screening for refugees entering their new communities differs across the United States. The Toolkit for Primary Care was created in King County and reflects conditions solely in this community site.