



# REFUGEE HEALTH ASSESSMENT PROGRAM PROCUREMENT

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*Health Services Advisory Board Meeting  
Dr. Jeffrey Percak, Chief/Medical Director, Tuberculosis Control and Refugee Health*

*May 26, 2023*



# OVERVIEW



- The Refugee Health Act of 1980 allowed admission to refugees of national interest and authorized federal assistance for resettlement and their self-sufficiency.
- Since 1983, the federal government has designated San Diego County as an area highly impacted by refugees, therefore qualifying the region for funding.
- The Refugee Health Assessment Program (RHAP) provides culturally and linguistically appropriate care to incoming refugees and other qualifying arrivals.
- On June 28, 2022, the San Diego County Board of Supervisors approved acceptance of funding for tuberculosis control and refugee health assessment services.
- Health agencies are contracted to administer care and provide comprehensive medical and mental health assessments for eligible individuals resettled in San Diego County.



## RHAP PROVIDES SERVICES FOR THE FOLLOWING SEVEN ARRIVAL GROUPS:

- 1. Refugees: Individuals granted refugee status by the U.S. Citizenship and Immigration Services (USCIS) while outside the U.S. Refugees are unable to live in their country of origin because of persecution or a well-founded fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion.
- 2. Asylees: Individuals granted asylum by the USCIS after entering the U.S. Asylees are unable to return to their country of origin because of persecution or a well-founded fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion.
- 3. Cuban and Haitian Entrants: Nationals of Cuba and Haiti who are in the U.S. and may be determined to be unable to return to their respective countries. This status is granted by the USCIS.
- 4. Victims of Trafficking (VOT): Victims of human trafficking are individuals who have been subjected to force, fraud, or coercion, for the purpose of sexual exploitation or forced labor.
- 5. Special Immigrant Visas (SIV): Certain immigrants from Afghanistan and Iraq who are at risk as employees and former employees of the U.S. government abroad, their spouses and children. Will receive an immigrant visa.
- 6. SQ/SI Parolees: Individuals with pending applications for SIV status
- 7. Humanitarian Parolees: Individuals apply for HP if there is a compelling emergency and urgent humanitarian reason. Will likely seek asylum.

# BACKGROUND



In recent years, annual refugee arrivals to the U.S. have ranged from 35,000 to 100,000.

4,689: Number of refugee arrivals reported by Resettlement Agencies in San Diego County Fiscal Year 2021- 22.

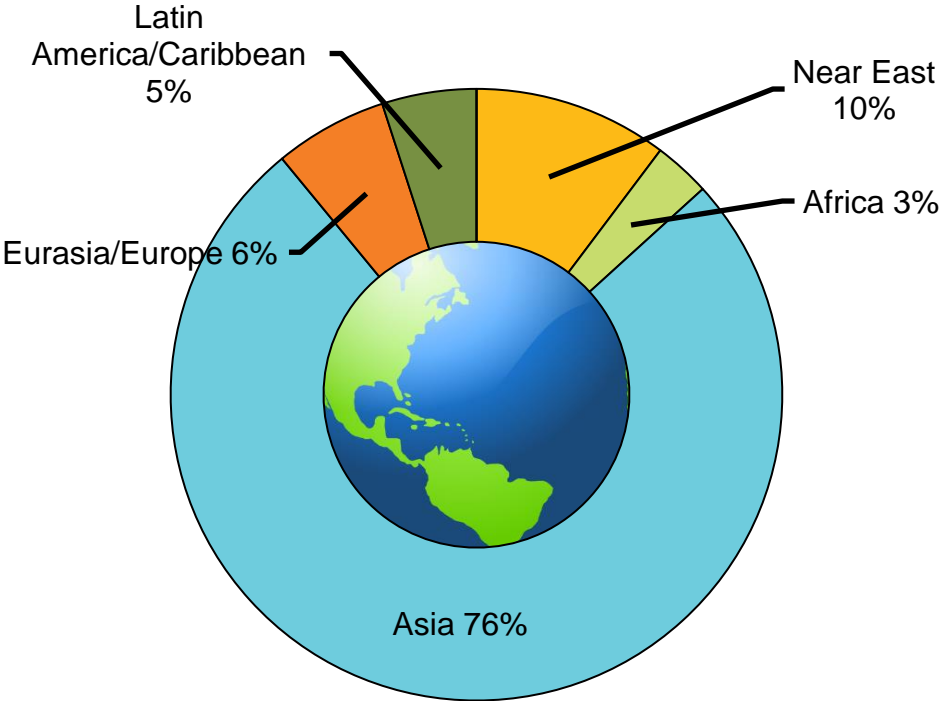
The costs will be approximately \$731,286 and the revenue will be approximately \$712,322 in both FY 23-24 and FY 24-25.



Figure 1. RHAP Client Birth Country Regional Distribution

Table 1. Country of Birth Among RHAP Clients\*

Country of Birth	Count (N=1708)	% of Arrivals
AFGHANISTAN	1280	74.9
SYRIAN ARAB REPUBLIC	119	7.0
UKRAINE	98	5.7
HAITI	65	3.8
IRAQ	37	2.2
GUATEMALA	11	0.6
Other countries	98	5.8%
<b>Total</b>	<b>1708</b>	<b>100.0%</b>



\* With valid Birth Country data  
 Data source: TB Control and Refugee Health, Refugee Health Electronic Information System, 2021-2022.

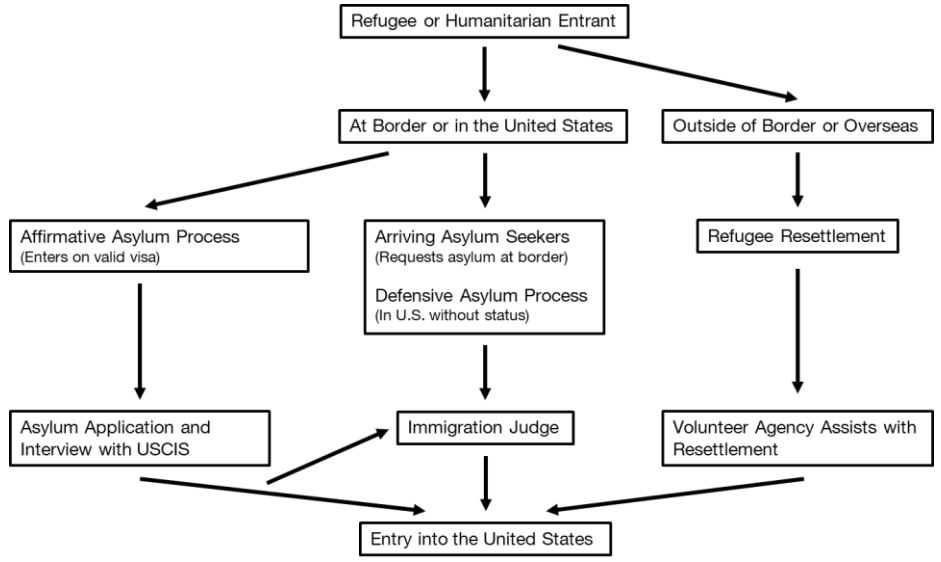
# RHAP SERVICES BY ARRIVAL STATUS



**Table 2. Entry Status Among RHAP Clients**

Type of Entrant	Count (N=1812)	%
Refugee	376	21%
SIV*	196	11%
Parolee	1221	67%
Asylee	2	0.1%
Other/Unknown/VOT**	17	1%
<b>Total</b>	<b>1812</b>	<b>100.0%</b>

**Figure 2. Framework for Refugees, Asylees, and VOTs\*\***



\*SIV = Special Immigrant Visa

\*\*VOT= Victim of Trafficking

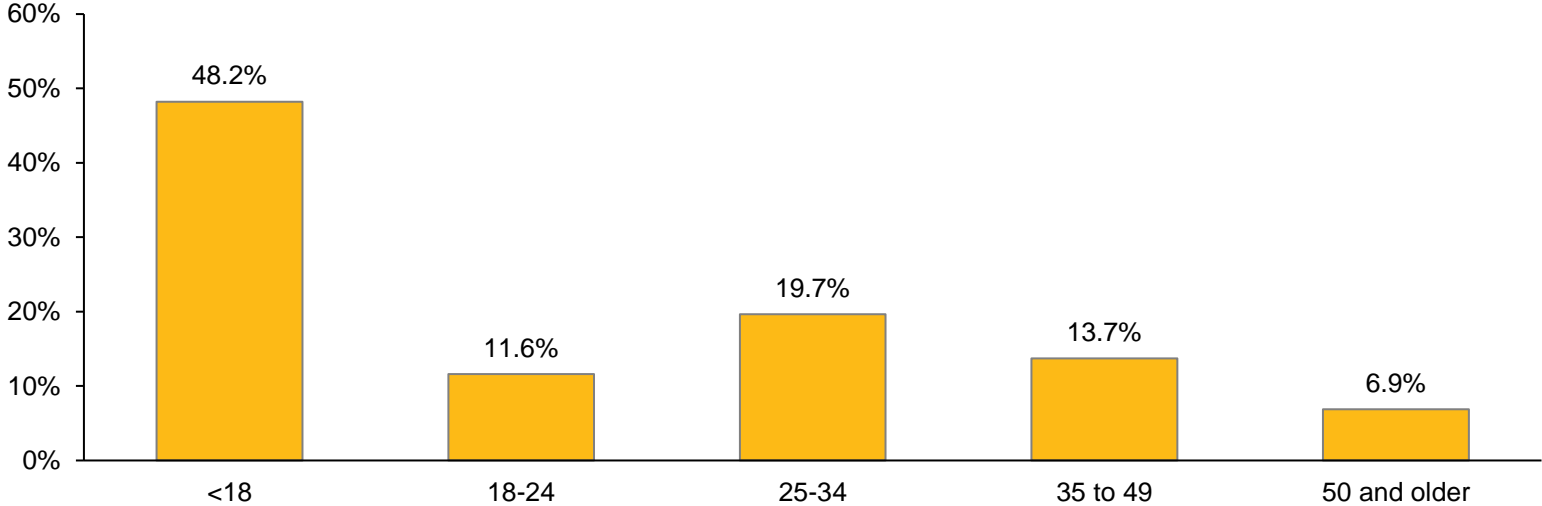
Data source: TB Control and Refugee Health, Refugee Health Electronic Information System, 2021-2022.



**Table 3. Distribution of Gender Among RHAP Clients**

Gender	No. (n=1649)	%
Female	822	50%
Male	826	50%
Transgender	1	<0.1%

**Figure 4. Distribution of Age Among RHAP Clients (%)**



# REFUGEE HEALTH ASSESSMENT PROGRAM OUTCOMES



## FY 2021-22

1,586	<ul style="list-style-type: none"><li>• RHAP services were provided to newly arriving eligible Individuals.</li></ul>
1,516	<ul style="list-style-type: none"><li>• Individuals completed health assessments within 90 days from date of arrival</li></ul>
1,513	<ul style="list-style-type: none"><li>• Individuals identified as eligible to receive scheduled immunizations, and received immunizations or were referred to an appropriate provider.</li></ul>
1,234	<ul style="list-style-type: none"><li>• Individuals identified to have a health condition needing further medical evaluation, and were referred to a health care provider</li></ul>
1,584	<ul style="list-style-type: none"><li>• Arrivals completed assessments and were evaluated for tuberculosis (TB) infection or disease.</li></ul>





Since many conditions may affect the health of refugees, all refugee arrivals are provided a full medical screening before coming to the United States. Upon arrival and as part of the RHAP assessment, refugees and other types of entrants are rescreened to identify any individuals with latent tuberculosis infection (LTBI) to ensure timely treatment and prevention.

**Table 4. Tuberculosis Status Among RHAP clients**

<b>Tuberculosis Classification</b>	<b>No. (N=1586)*</b>	<b>%</b>
<b>TB Class 0 (No TB exposure, not infected)</b>	1248	78.69
<b>TB Class I (TB exposure, no infection)</b>	173	10.91
<b>TB Class II (TB infection, no disease)</b>	163	10.28
<b>TB Class V (TB suspected, pending final diagnosis)</b>	2	0.13

\* 1586 individuals fully completed the refugee health assessment

Data source: TB Control and Refugee Health, Refugee Health Electronic Information System, 2021-2022.

# SEXUALLY TRANSMITTED DISEASES (STDs)



RHAP provides services for the prevention and control of communicable disease through health screenings. Early assessment and diagnosis of diseases and conditions provide an important means to monitor and evaluate health status for the refugee population. Public Health Services utilizes the data to develop prevention and intervention strategies and to allocate resources to reduce disparities and prioritize health equity.

**Table 5. Sexually Transmitted Diseases Among RHAP Clients\***

## 5A. Chlamydia

Test Result	Count (N=915)	%
Positive	5	1.0%
Negative	910	99.0%

## 5B. Hepatitis B (HBsAg)

Test Result	Count (N=1593)	%
Non-reactive	1573	98.7%
Reactive	20	1.3%

## 5C. Hepatitis C

Test Result	Count (N=1581)	%
Non-reactive	1548	97.9%
Reactive	33	2.1%

## 5D. Gonorrhea

Test Result	Count (N=913)	%
Positive	7	0.8%
Negative	906	99.2%

## 5E. HIV

Test Result	Count (N=1569)	%
Positive	1	0.1%
Negative	1568	99.9%

## 5F. Syphilis

Test Result	Count (N=918)	%
Non-reactive	910	99.1%
Reactive	8	0.9%

\* Denominator is only those with valid tests

Data source: TB Control and Refugee Health, Refugee Health Electronic Information System, 2021-2022.



The RHAP program also screens for parasitic infection and vector borne diseases that may be prevalent in the region of departure.

**Table 6. Parasitic Infection and Vector Borne Diseases Among RHAP Clients.**

**6A. Ascariasis**

Test Result	Count (N=1649)	%
Yes	2	0.1%
No	1647	99.9%

**6D. Blastocystis Hominis**

Test Result	Count (N=1649)	%
Yes	516	31.3%
No	1133	68.7%

**6B. Dientamoeba Fragilis**

Test Result	Count (N=1649)	%
Yes	73	4.4%
No	1576	95.6%

**6E. Entamoeba Histolytica**

Test Result	Count (N=1649)	%
Yes	5	0.3%
No	1644	99.7%

**6C. Giardiasis**

Test Result	Count (N=1649)	%
Yes	142	8.6%
No	1507	91.4%

**6F. Hymenolepiasis**

Test Result	Count (N=1649)	%
Yes	14	0.9%
No	1635	99.1%

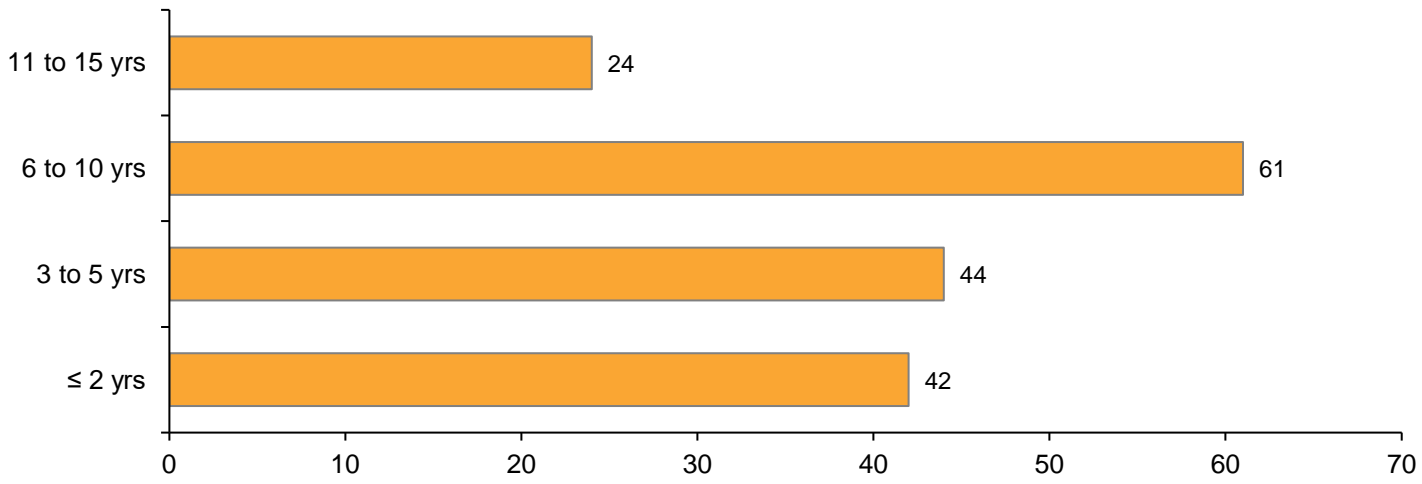
# LEAD LEVELS IN CHILDREN BY AGE



**Table 7. Elevated Lead Levels Among Children Aged 6 months to 15 years**

Test Result	Count (N=663)	%
Elevated	171	25.8%
Not elevated	492	74.2%

**Figure 5. Age Distribution of Children with Elevated Lead Levels (N=171)**





**Table 8. Chronic Disease Among RHAP Clients**

<b>Test Result</b>	<b>Count (N=1649)</b>	<b>%</b>
<b>Obesity</b>	77	4.7%
<b>Hypertension</b>	36	2.2%
<b>Diabetes</b>	22	1.3%
<b>Asthma</b>	11	0.7%
<b>Dental Caries</b>	36	2.2%
<b>Poor Eyesight</b>	168	10.2%
<b>Heart Disease</b>	4	0.2%

# RECOMMENDATIONS



1

**Chief Administrative Officer**

2

**Equity Impact**

3

**Sustainability Impact**

4

**Fiscal Impact**

5

**Linkage to the County of San Diego Strategic Plan**

# RECOMMENDATIONS



**1) Chief Administrative Officer**

# RECOMMENDATIONS



## 2) Equity Impact



# RECOMMENDATIONS



## 3) Sustainability Impact

# RECOMMENDATIONS



## 4) Fiscal Impact

# RECOMMENDATIONS



## 5) Linkage to County of San Diego Strategic Plan



- We are returning to the Board of Supervisors today to submit proposed **recommendations**.
- If approved, the next phase of work is the development of a detailed **scope of work**.



Thank you!

For questions and inquiries, please contact



On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.