



**Current Trends in Refugee Health
DHMH TB Annual Meeting
March 20, 2014**

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MISSION AND VISION

MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

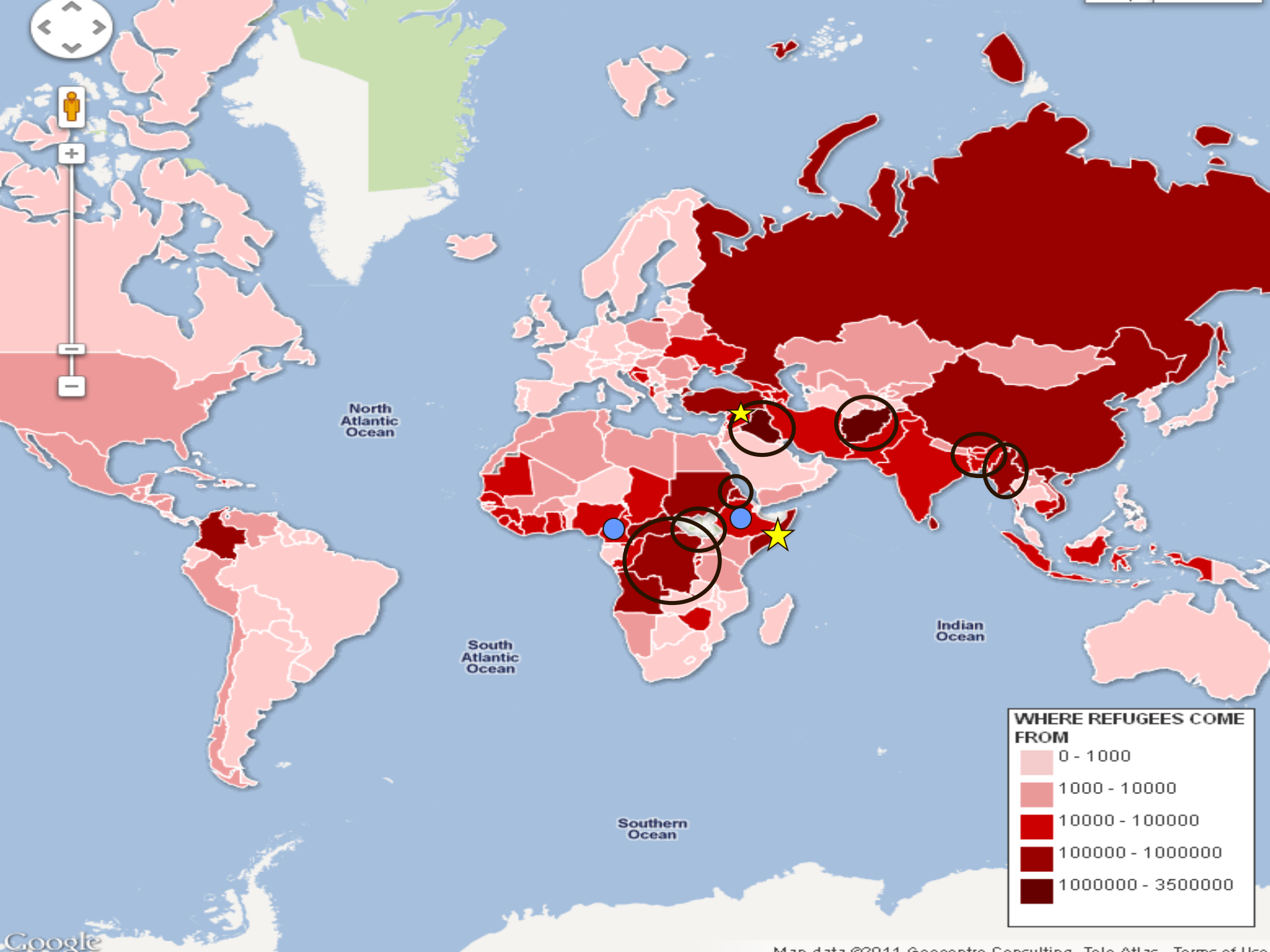
VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.



Objectives for Today

- Brief overview of the program
- Provide some statistics
- Discuss current/future trends

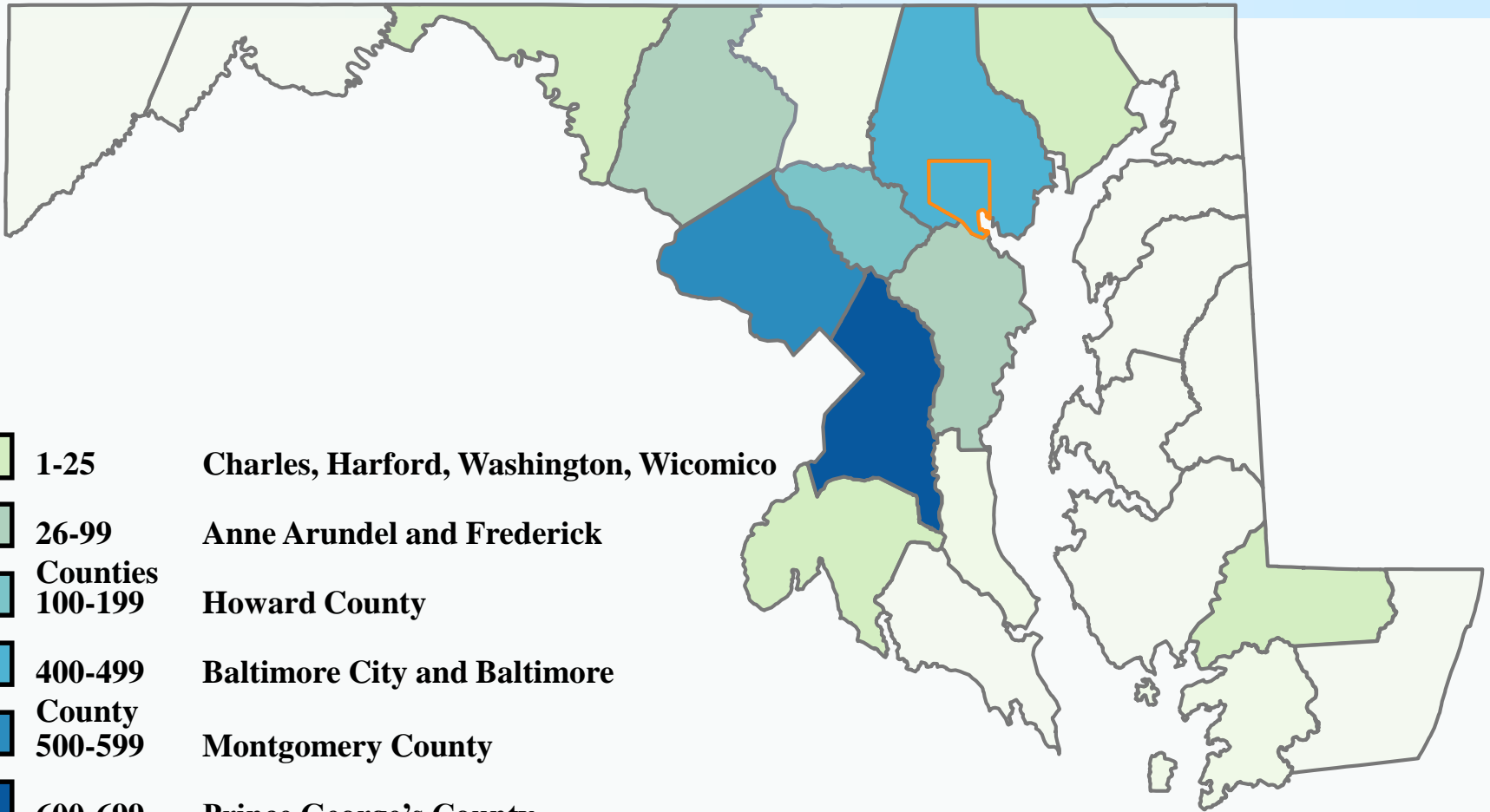




Statistics

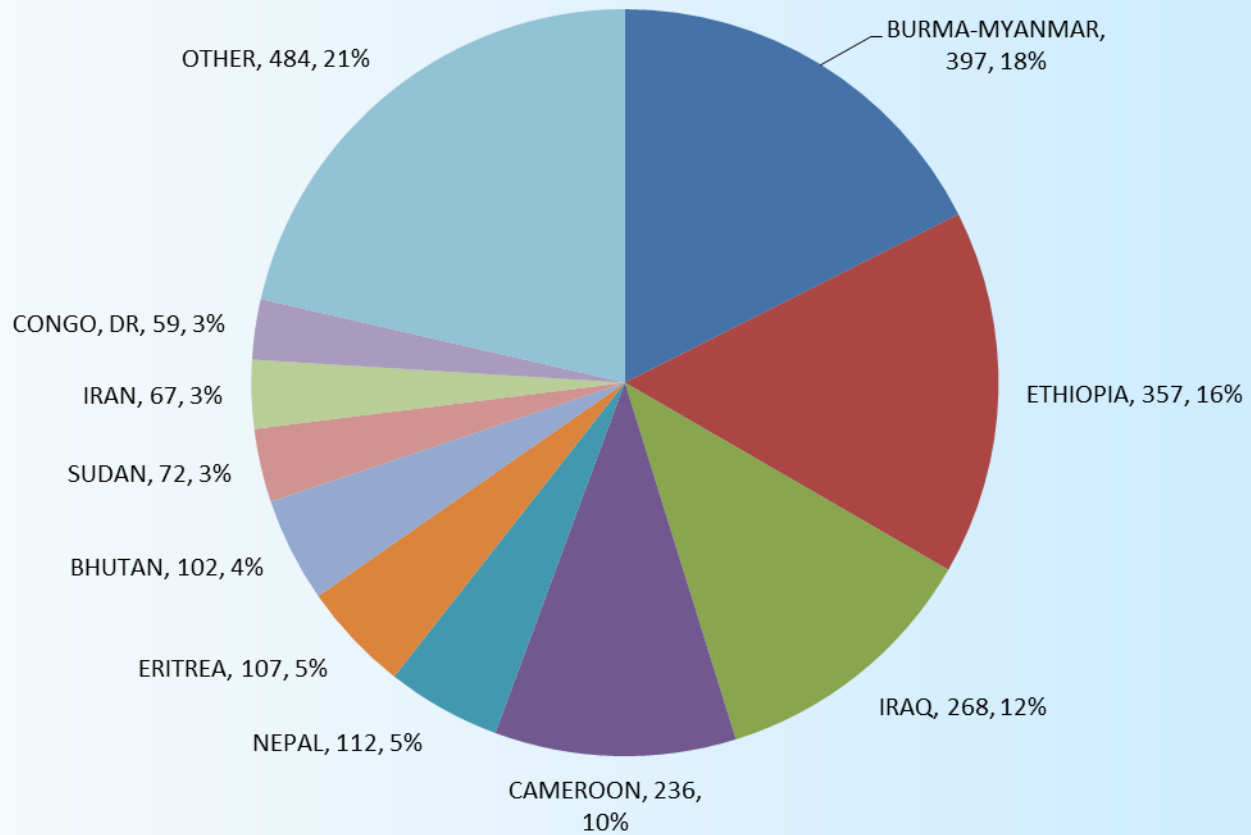
- 99.9% of FFY13 ceiling (70K) was met
- FFY14 ceiling set at 70K
- In FFY13, Maryland received notification of ~2200 refugees/asylees representing over 40 countries
- Maryland ranks 14th overall for arrivals of refugees, asylees, SIVs, and other eligible immigrants.

Refugee and Asylee Resettlement by Maryland Jurisdiction, FFY 2013





Country of Origin of Refugees and Asylees, Maryland, FFY 2013

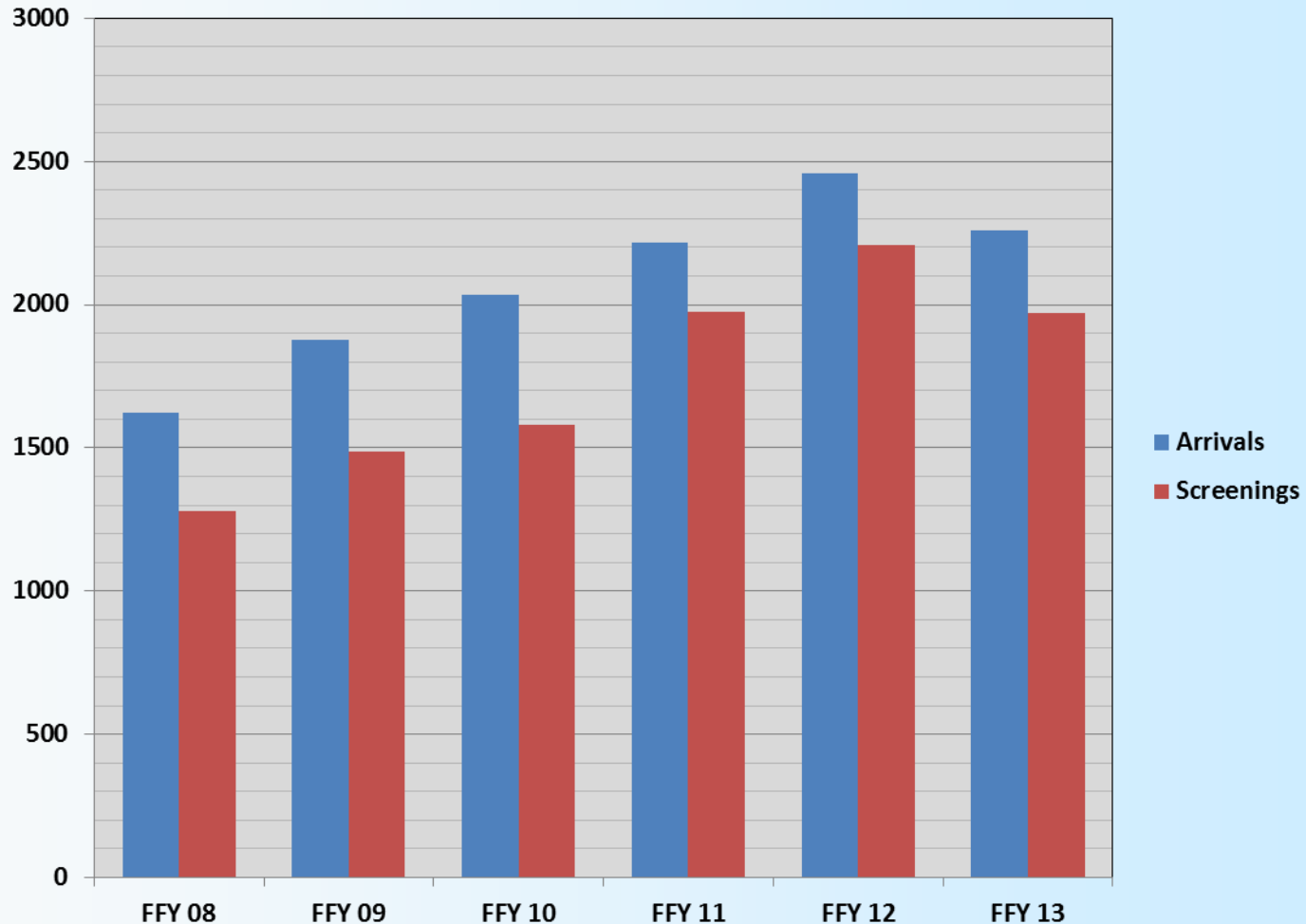


Core of our program...



- Ensure that the population we serve is connected to culturally competent health care
 - Health Assessment—historically, focus on CDs, but has expanded to include 1^o care components
 - Referrals—specialized care
- Refugee Health Program at all LHDs and BMS (FQHC)

Arrivals and Health Screens FFY08-FFY13, Maryland





Office of Immigrant Health

- Sample of our Activities
 - Ensuring that all refugees initiate a health screen within 90 days of arrival; age/gender-specific
 - Collecting all health screening data; surveillance activities
 - Identifying and developing a network of culturally competent health care providers for screening and subsequent care
 - Ensuring the availability for language access
 - Providing technical assistance—
IDB/PHPA/DHMH, other states, LHDs, national organizations
 - Partnership and capacity building



Collaboration with Partners

- Federal
 - Office of Refugee Resettlement, HHS
 - Bureau of Population, Refugees, and Migration, DOS
 - National Security Council, WH
 - U.S. Citizenship & Immigration Services, DHS
 - Centers for Disease Control & Prevention, HHS
- State
 - Maryland Office for Refugees & Asylees (MORA)
 - Maryland Dept of the Environment
 - IDB and PHPA partners
 - DHMH Laboratories Administration
 - Maryland Medical Assistance Programs
- Local
 - Local Health Departments
 - FQHCs (BMS)
 - Voluntary Agencies (VOLAGs)—IRC, LSS/NCA, JCS, etc.

Current Issues— New Populations



- Darfuris, Congolese, Eritreans
- Unaccompanied Alien Children
 - Numbers doubling each year since 2011—6500 in 2011 and 60,000 expected this year
 - Kids fleeing street crime, gangs, sexual violence
 - Largest numbers from El Salvador, Guatemala, Honduras, and Mexico
 - Discussion for international protection needs



Current Issues—Policy

- Language access; cost of interpretation
- Transitioning refugees from RMA to MA and/or QHPs
- Developing systems for standards and continuity of care; identifying new partners

Current Issues— Partnerships

- Strengthening relationships with resettlement agencies
- Developing innovative programs to address health and wellness beyond the initial resettlement period





What does the future hold?

- ACA—language access, enrollment
- Higher arrival #s? More complex cases?
- Collaborations with universities
- New populations...new challenges
- Stability of funding and state-level programs

Would love to see refugee-specific clinics!





PREVENTION AND HEALTH PROMOTION ADMINISTRATION

<http://phpa.dhmh.maryland.gov>