

**Section 1: INTRODUCTION**

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Since 1975, nearly 3 million refugees have resettled in the United States. Numerous other individuals have sought political asylum. They share the experience of fleeing persecution and relocating to a new country.

The [Federal Refugee Act of 1980](#) created a uniform system of services for refugees resettled in the United States. The Act entitled all newly arriving refugees to a comprehensive health assessment, to be initiated as soon as possible after arrival. In Massachusetts, the Department of Public Health (MDPH), through an Interdepartmental Service Agreement with the Office for Refugees and Immigrants (ORI), is responsible for the health assessment of refugees. Within MDPH, the health assessment program is administered by the Division of Global Populations and Infectious Disease Prevention in the Bureau of Infectious Disease.

The MDPH Division of Global Populations and Infectious Disease Prevention implemented the Refugee Health Assessment Program (RHAP) in 1995. Funding support comes from federal Refugee Medical Assistance through the Massachusetts Office for Refugees and Immigrants.

The objective of the RHAP is to offer comprehensive initial and follow-up screening for all newly arriving refugees. Health care facilities contracted by MDPH through the RHAP must provide *linguistically and culturally* appropriate services and be staffed by sensitive professionals able to address cross-cultural health issues. RHAP removes financial and administrative barriers that could prevent new arrivals from receiving early medical and diagnostic services. It provides the initial access to primary care for newly arrived refugees.

Historically, Massachusetts has been among the middle tier of states in terms of refugee resettlement caseload. In recent years, excepting the two years following September 11, 2001, the new refugee arrivals have numbered between 1,500 and 2,500 annually. While in 1980's and 1990's, Massachusetts refugees were arriving primarily from the former Soviet Union and Vietnam, more recently, refugee groups have come from a many countries. These have included Bhutan, Burma, Iraq, Somalia, Sudan, Liberia, Cuba and Haiti. During 2012-2013, the largest numbers of arrivals have been from Bhutan, Iraq, Somalia, Burma, and from other African nations of Eritrea, Democratic Republic of Congo, and Sudan. Diversity in the arriving refugee population has necessitated the development of programs that can respond effectively in a timely way with quality services.

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Refugees arriving in the United States often have difficulty gaining access to services, particularly in the health care system. The process of integrating into a new society, often as an ethnic or racial minority, is stressful and filled with uncertainty, and so often leads to insecurity. Losing social supports that refugees had in their countries of origin – and sometimes in refugee camps – after fleeing their countries make resettlement tremendously challenging.

Every refugee group is unique in terms of history, health beliefs and practices, and epidemiologic profile. Qualified clinicians performing health assessments require knowledge and understanding beyond traditional western medical expertise. While the RHAP is constructed to be a traditional Western-oriented medical screening, individual clinicians and sites must implement the RHAP in a culturally and linguistically appropriate manner.

This manual is intended as a clinical reference document for the delivery of health care to refugees in the context of the Massachusetts RHAP. While literature about refugee medicine is abundant, the need for a single reference specific to RHAP prompted the development of this manual. Since a goal of the RHAP is to facilitate high quality services, a manual is necessary to provide detailed information about the various components of the refugee health assessment.

This manual is not a definitive reference on the topics covered and is not meant to substitute for texts or journal articles. The reader should still make use of more comprehensive reviews of particular diseases or issues. The manual is intended to serve as a convenient guide for refugee health assessments. While relevant for any clinician performing medical screening of newly arrived immigrants and refugees, because it is specific to the components of the Massachusetts RHAP, this manual should only be viewed cautiously as a template for the health screening of new immigrant patients whose needs (and insurance coverage) may differ from those of refugees.

The manual is organized into five sections, as follows:

Section 1: **Introduction**

Section 2: **Refugee Health Assessment Program Logistics**, which has background information on resettlement agencies, the overseas processing and medical examination of refugees, interpreter services, and the role functions of community health workers.

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- Section 3: **The Refugee Health Assessment Clinical Program**, which has information relevant to the clinician performing refugee health assessments. Each area of the health assessment is reviewed, with background information and program requirements. This section contains a new chapter on HIV and additional information about malaria; nutritional deficiencies such as iron and vitamin D; lead poisoning; and a section on the RHS 15, a refugee mental health screening tool.
- Section 4: **References and Resources**, which contains journal citations relevant to the health assessment and the general health issues of refugees.
- Section 5: **On-line Resources**, which contains hyperlinks to useful web resources.
- Section 6: **Appendices**, which contain a protocol summary, malaria reference documents, the RHS-15 form, useful terms, and staff contact information.

The manual is designed to be downloaded and used electronically as there are hyperlinks to reference materials throughout the document. Updated information will be sent via e-mail from the Division of Global Populations and Infectious Disease Prevention and can be incorporated. In addition, refugee health assessment providers will receive regular updates from the Massachusetts Immunization Program.

Feedback on the use of the manual, as well as suggestions for additional content, are welcomed. Please send your suggestions:

Refugee Health Assessment Program  
Division of Global Populations and Infectious Disease  
Prevention  
Bureau of Infectious Disease  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130.

**PROGRAM  
ABBREVIATIONS**

The following program abbreviations are used frequently in the manual:

<b>CDC</b>	Centers for Disease Control and Prevention
<b>IOM</b>	International Organization for Migration
<b>MAA</b>	Mutual Assistance Association
<b>MDPH</b>	Massachusetts Department of Public Health
<b>ORI</b>	Massachusetts Office for Refugees and Immigrants
<b>ORR</b>	U.S. Office of Refugee Resettlement
<b>RA</b>	Resettlement Agency
<b>RHAP</b>	Refugee Health Assessment Program
<b>USCIS</b>	U.S. Citizenship and Immigration Service (part of the former Immigration and Nationality Service or INS)
<b>VFC</b>	Vaccines for Children Program