# 2021

# Illinois Refugee Health Program Annual Report



Chantel C. Snelling, MPH Refugee Health Coordinator Center for Minority Health Services Illinois Department of Public Health 122 S. Michigan Ave., 7<sup>th</sup> Floor Chicago IL 60603 312-814-1538



# Illinois Refugee Health Program | 2021

#### What We Do

The primary activity of the Refugee Health Program (RHP) is the administrative oversight of domestic health assessments for international newcomers. These comprehensive assessments protect health by identifying and treating communicable diseases and other health conditions that could adversely impact resettlement. Services include age-appropriate vaccines, physical examinations, and various health screenings. Health screenings include tests for tuberculosis, parasites, sexually transmitted infections, and mental health issues. Patients also received follow up care and are linked to primary and specialty care providers, as needed. In addition, the RHP afforded oversight to organizations that provide medical support services. The Health Promotion project promotes refugee health through activities, such as health literacy, medical case management, health care coordination, wellness groups, and health system navigation. The RHP serves refugees, asylees, Special Immigrant Visa holders, victims of trafficking, Cuban Haitian entrants, parolees, and more. Services are provided in a culturally and linguistically competent manner. This report details services delivered during the state fiscal year (SFY) 2021.

#### The main outcomes of the Refugee Health Program are:

- Protection of the health of Illinois communities at large.
- Promotion of better health outcomes in refugee populations.
- Reduction in health care costs through prevention, early identification, and intervention.
- Facilitation of effective resettlement.

#### **Health Promotion Providers**

• Heartland Health Centers

#### Health Screening Clinics

- Aunt Martha's
- Rock Island County Health Department

- World Relief DuPage Aurora
- SMG Antillas
- Winnebago County Health Department

# **Year in Review**

### <u>Synopsis</u>

In SFY2021, the Illinois Refugee Health Program witnessed the fewest number of screenings in the last 10 years and possibly the fewest number in the history of the program. This is due, in part, to the after effects of federal policy changes from 2017-2020, which resulted in significantly lower refugee admissions than in prior years. Additionally, the COVID-19 pandemic contributed to a further reduction of newcomers to both the United States and Illinois. It should also be acknowledged that the pandemic placed a significant strain upon the staff and work of refugee health service providers.

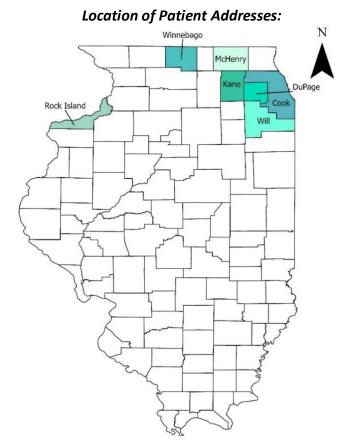
However, despite the obstacles that were encountered, the refugee health program and its partnersrose to meet the challenge. Innovative measures, such as telehealth, virtual care coordination, flexibility in scheduling, virtual monitoring, virtual trainings, increased inter-clinic support, and more were utilized as responses. In the face of ongoing difficulty and uncertainty in what may arise next, the program continued to provide quality screenings and medical support services to "refugees," one of Illinois' most vulnerable populations.

#### 2021 Program Highlights

- July 2020: Onboarded a new program administrator (vacant > 1 year).
- December 2020: Refugee vaccine hesitancy and communication strategy townhall.
- February 2021: Refugee mass vaccination strategic planning townhall.
- February 2021: Rock Island County Health Department staff completed onboarding and training new staff.
- March 2021: Rock Island County Health Department reopened the refugee screening clinic (inactive > 1 year).
- June 2021: Completion of refugee pregnancy complications manuscript.

#### Demographics

In SFY 2021, the screening program serviced 356 individuals. At the time of screening, 51% of patients maintained an address in Cook County. The patients screened included refugees (67.7%), asylees (23.9%), special immigrant visa holders (7.3%), and parolees (1.1%). This included 167 women and girls, 189 men and boys, and 120 children (<18 years old). The precise range of patient ages were: age < 1 (0.3%), age 1-4 (8.2%), age 5-11(14.%), age 12-17 (11.2%), age 18-39 (42.1%), age 40-64 (21.4%), and age 65 and older (2.8%). The oldest patient who received a screening was 77 years of age. The five nations of origin with the highest number of refugees were the Democratic Republic of the Congo (14.6%), the United Republic of Tanzania (9%), Venezuela (8.4%), Afghanistan (8.2%) and Syria (7.3%). The most frequent non-English languages spoken were Swahili/Kiswahili (28%), Spanish (17%), Arabic (16%), Dari (9%), and Farsi (6%).

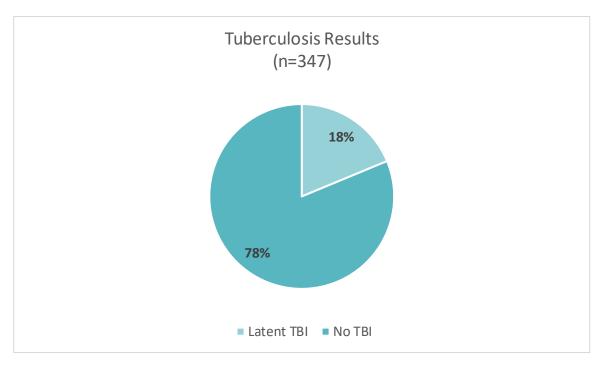


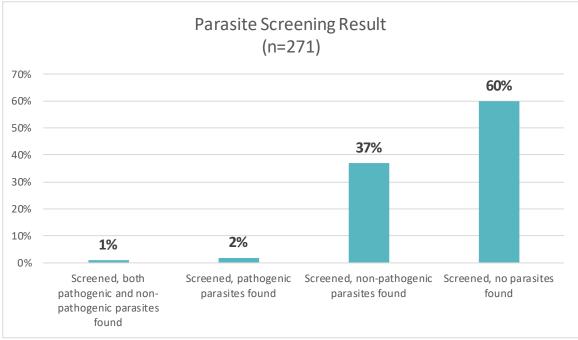
#### **Medical Conditions**

The greatest number of medical conditions diagnosed overseas were related to the cardiovascular and endocrine systems. The top five referral types by Illinois' refugee health screening clinics were for primary care, optometry, dental, hearing, and pediatrics. During this period, 921 vaccines were administered and on average each patient received three vaccines. Some patients received as many as 11 vaccinations, while approximately 10% did not receive any vaccine. The most frequently provided vaccinations were influenza (16%), Tdap (15%), and the first dose of varicella (11%).

#### Graphic Representation of Selected Screening Results

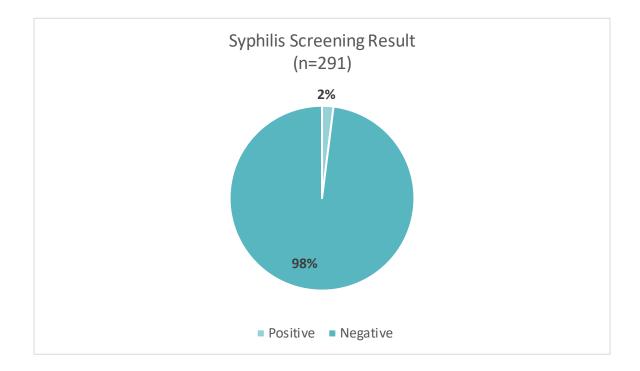
\*Excludes data where a result was pending at the time of reporting.

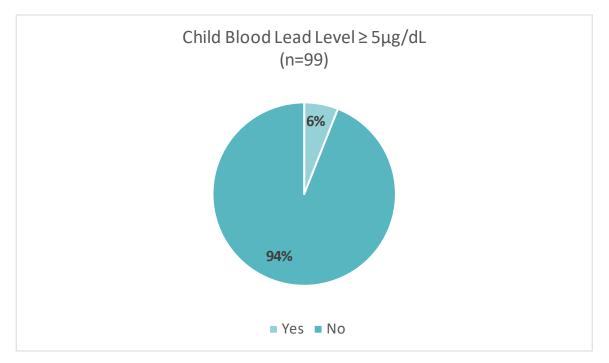




#### Graphic Representation of Selected Screening Results Continued

\*Excludes data where a result was pending at the time of reporting.





### Health Screening Indicators

The Illinois Refugee Health Program screening objectives assist evaluation of the Illinois Refugee Health Assessment of newly arrived refugees. The RHP uses a web-based application, the Refugee Health Assessment Program for Illinois (Re-HAPI), to collect demographic data and screening results from the health assessments. The charts below describe these objectives and the SFY21 performance.

| SFY 2021: July 1, 2020-June | 30, 2021, | Screenings | Completed (r | า=356) |
|-----------------------------|-----------|------------|--------------|--------|
|-----------------------------|-----------|------------|--------------|--------|

### Health Screening Rate

| Performance Goal  | Indicators Used   | Measure                            | Objective | SFY21 Average |
|---|---|------------------------------------|-----------|---------------|
| Heath assessments are<br>"completed" for eligible<br>clients within 90 days<br>of their U.S. arrival. | Comparison of U.S.<br>arrival date and<br>completed<br>screening date | (%) of clients seen within 90 days | 100%      | 94%           |
| Heath assessments are<br>completed for eligible<br>clients within 30 days of<br>their U.S. arrival.   | Comparison of U.S.<br>arrival date and<br>completed<br>screening date | (%) of clients screened=< 30 days  | 85%       | 61%           |

### **Physical Examinations**

| Performance Goal   | Indicators Used  | Measure   | Objective | SFY21 Average |
|--|--|---|-----------|---------------|
| Physical exams are<br>performed on clients<br>during the initial domestic<br>health assessment | Presence of height,<br>weight, or blood<br>pressure/Total of<br>screenings | Percent of clients with a screening completed who received a physical exam based on the indicators. | 100%      | 100%          |
| screening.   | completed.   |   |           |               |

#### **Immunizations**

| Performance Goal         | Indicators Used   | Measure                     | Objective | SFY21 Average |
|--------------------------|-------------------|-----------------------------|-----------|---------------|
| Immunization series is   | Number of clients | Percent of clients with a   | 98%       | 90%           |
| initiated or continued   | receiving a       | screening completed who had |           |               |
| according to recommended | vaccination/Total | at least one immunization.  |           |               |
| immunization schedules.  | number of clients |                             |           |               |
|                          | with screenings   |                             |           |               |
|                          | completed.        |                             |           |               |

# Hepatitis B

| Performance Goal         | Indicators Used      | Measure                        | Objective | SFY21 Average |
|--------------------------|----------------------|--------------------------------|-----------|---------------|
| Hepatitis B screening is | Hepatitis B (HBsAg)  | Percent of clients with a      | 100%      | 100%          |
| completed for eligible   | negative or positive | screening completed who        |           |               |
| clients.                 | box checked / Total  | received a Hepatitis B surface |           |               |
|                          | number of            | antigen test.                  |           |               |
|                          | screenings           |                                |           |               |
|                          | completed.           |                                |           |               |

### Lead Screening

| Performance Goal  | Indicators Used  | Measure  | Objective | SFY21 Average |
|---|--|--|-----------|---------------|
| Lead screening for children<br>between 6 months and 16<br>years of age. | Blood lead level is<br>recorded (not<br>pending) /Total<br>screenings among<br>6 months-16 years | Percent of clients (aged 6 months-<br>16 years at first screening date)<br>with a screening completed who<br>were screened for lead poisoning. | 95%       | 95%           |
|   | of<br>age.   |  |           |               |

## Tuberculosis (TB)

| Performance Goal  | Indicators Used  | Measure  | Objective | SFY21 Average |
|---|--|--|-----------|---------------|
| Tuberculosis screening<br>completed for eligible<br>clients.                              | Tuberculin skin test<br>measurement, IGRA<br>result indicated or<br>chest X-ray<br>='Yes'/ Total of<br>screenings<br>completed.                                | Percent of clients with TB screening.  | 100%      | 100%          |
| TB follow-up occurs for<br>clients who require<br>additional testing and/or<br>treatment. | Chest X-ray 'Yes' or<br>TB follow up ='Y' or<br>referral to TB<br>program)/ Total<br>number of<br>refugees receiving<br>'positive' results<br>from TB testing. | Percent of clients with a<br>positive TB screening result<br>who received a chest X-ray or<br>were referred for follow up. | 90%       | 100%          |

# Complete Blood Count

| Performance Goal                             | Indicators Used   | Measure  | Objective | SFY21 Average |
|--|---|--|-----------|---------------|
| A complete blood count<br>(CBC) is obtained. | Box for CBC with<br>differential done<br>checked/Total<br>number of<br>screenings<br>completed. | Percent of clients with a screening completed had a CBC. | 100%      | 100%          |

# Syphilis

| Performan     | ce Goal      | Indicators Used      | Measure                          | Objective | SFY21 Average |
|---------------|--------------|----------------------|----------------------------------|-----------|---------------|
| Syphilis scr  | eening is    | Syphilis negative or | Percent of clients ≥ 15 years of | 100%      | 100%          |
| completed for | clients ≥ 15 | Positive box         | age with a screening completed   |           |               |
| years of      | age.         | checked / Total      | were also screened for syphilis. |           |               |
|               |              | number of            |                                  |           |               |
|               |              | screenings           |                                  |           |               |
|               |              | completed in clients |                                  |           |               |
|               |              | ≥ 15 years.          |                                  |           |               |

# Intestinal Parasites

| Performance Goal              | Indicators Used    | Measure                            | Objective | SFY21 Average |
|-------------------------------|--------------------|------------------------------------|-----------|---------------|
| Intestinal parasite screening | Any (presumptive   | Percent of eligible clients with a | 90%       | 79%           |
| or presumptive treatment is   | treatment, no      | screening completed who were       |           |               |
| completed for eligible        | parasites found,   | screened or presumptively treated  |           |               |
| clients.                      | non-pathogenic     | for parasitic infections.          |           |               |
|                               | parasites found,   |                                    |           |               |
|                               | pathogenic         |                                    |           |               |
|                               | parasites found)   |                                    |           |               |
|                               | box checked / All  |                                    |           |               |
|                               | clients where      |                                    |           |               |
|                               | overseas treatment |                                    |           |               |
|                               | does not           |                                    |           |               |
|                               | equal "Yes."       |                                    |           |               |

#### HIV

| Performance Goal                                 | Indicators used  | Measure   | Objective | SFY21 Average |
|--|--|---|-----------|---------------|
| HIV screening is completed for eligible clients. | HIV negative or<br>Positive box<br>checked/Total<br>number of<br>screenings<br>completed in clients<br>aged 13-64. | Percent of clients with a screening completed who were also screened for HIV. | 90%       | 98%           |

# I-693 Completion

| Performance Goal                         | Indicators used                      | Measure  | Objective | SFY21 Average |
|--|--------------------------------------|--|-----------|---------------|
| I-693 adjustment of status<br>completion | I-693<br>completed box<br>checked in | Percent of clients with completed<br>adjustment of status that occurs<br>one year after arrival. | 90%       | 42%           |
|  | ReHAPI.                              | one year arter arrival.  |           |               |

# **At a Glance: Health Screening**

| <b>189 m; 167 f</b>          | <b>1</b> 120                      |
|------------------------------|-----------------------------------|
| 921<br>Juint<br>vaccinations | interpretation<br>285<br>services |
|                              | 43 (Victorialities                |
| 21 languages                 | 912<br>912<br>health referrals    |

# **At a Glance: Health Promotion**

| 101   | 26   |
|---|--|
| unique clients  |  |
| 101 W<br>medical case mgmt.   | interpretation<br>48<br>services   |
| 35<br>Jess<br>health education  | 17 (The second s |
| 6<br>None of the second se | home visits  |