Iowa Refugee Health Program

Introduction
The goal of this guide is to provide general information to assist health care providers in a timely and complete initial refugee health screening exam. The health screening process requires the active involvement and collaboration of health care providers, local public health (LPH), Resettlement Agencies, Bureau of Refugee Services (BRS) and the Iowa Department of Public Health (IDPH). This guide contains resources that will be useful while navigating the various aspects of the health screening process, as well as explanations for frequently encountered health screening issues.

What is the Refugee Health Screening?
The refugee health screening (also referred to as the domestic refugee health assessment) is ideally completed in the state of the refugee’s initial arrival to the United States. The refugee health screening has two central purposes: (1) to reduce health-related barriers to successful resettlement and (2) to protect the health of local, state and national populations.

The Federal Refugee Act of 1980 directs every state to offer a health exam to newly arrived refugees; however it is not mandatory that refugees undergo the assessment. In Iowa, refugees and asylees are eligible for Medical Assistance (known as Title 19 or T19 in Iowa) during their first eight months in the United States, which can be billed for all components of the exam.

Overseas Exam vs. Domestic Exam
The Iowa Initial Refugee Health Assessment differs significantly from the medical examination completed overseas in both its purpose and scope. The overseas examination is intended to identify medical conditions which will exclude a person from coming to the U.S. The domestic refugee health assessment is designed to reduce health-related barriers to successful resettlement, while protecting the health of Iowa residents and the U.S. population.

The overseas examination is valid for up to a year, so there is potential for a lengthy lag period between medical clearance and arrival in Iowa. The possibility exists for an individual to develop medical conditions, such as active tuberculosis, after the overseas exam, which may remain undetected until the Iowa Initial Refugee Health Assessment is administered. Obtaining the results of this health assessment on new refugees is crucial to the development of appropriate public health responses to health issues.

Why is the Health Screening Important?
There are various reasons why the health screening for newly arrived refugees is particularly important to successful resettlement in the United States, most notably:

- Newly arrived refugees may have received little or no medical care for several years prior to resettlement
- Depending on the area of the world that refugees are emigrating from, there are infectious diseases refugees are vulnerable to (such as parasitic infections) which can
have long latency periods and can negatively impact their health for many years if left untreated.

- The purpose of the refugee health screening is to address immediate health needs such as immunization requirements for school, employment and adjustment of status, and to evaluate for diseases of public health significance.

**Iowa Initial Refugee Health Assessment Form**
Under the recommendations of the Immigrant and Nationality Act of 1980, the Iowa Refugee Health Program includes screening for the following:

- Immunization assessment and vaccination
- Tuberculosis screening
- Hepatitis B screening and vaccination
- Sexually transmitted diseases screening
- Intestinal parasites screening
- Lead screening for children ages 16 and younger
- Malaria screening, if history or symptoms warrant
- Assessment and referral for other health problems.

**When Should the Refugee Health Assessment be Completed?**
The first appointment for the health screening should be done within 30 days of arrival. It is important to schedule health screenings and conduct appropriate follow up as soon as possible to ensure it is covered by the refugees’ Medical Assistance (T19) within the first eight months of arrival. Also, over time, the likelihood of completing a health screening decreases as people move or other resettlement needs take priority such as jobs and school. The goals of the refugee health screening exam are to screen for and treat any identified communicable diseases, develop a problem list of any health issues to be referred to a primary care provider, begin preventive health care, assess and start immunizations, and refer all clients to primary care for ongoing health care. Both diagnosis and treatment should be cost effective. All refugees, regardless of the 30 day time frame, should have the initial health assessment done.

**Submission of the Iowa Refugee Health Assessment form**
The *Iowa Refugee Health Assessment* form can be found in this guide under the “Iowa Refugee Health Assessment Form” tab or visit our website at [http://www.idph.state.ia.us/ImmTb/RefugeeHealth.aspx](http://www.idph.state.ia.us/ImmTb/RefugeeHealth.aspx).

Once the assessment form has been completed, send a copy to:

- **Mail:** Iowa Department of Public Health
  Attn: Refugee Health Coordinator
  Lucas State Office Building
  321 East 12th Street
  Des Moines, IA 50319-0075

- **Fax:** (515) 281-4570

* Catholic Charities & U.S. Committee for Refugees and Immigrants are the two federally approved resettlement agencies in Iowa.*