

New Panel Advises Health Policy

"Thank you for the invitation to the Physician Advisory Panel (PCAP), held on October 16th, 2020. This panel brought great information on migrant health that would be extremely beneficial for our program at the TB Control and Refugee Health Branch, County of San Diego."

Maggie Santibanez, Assistant Medical Services Administrator
County of San Diego Health & Human Services Agency

Public Health Problem (Issue)

In California, according to immigration court records there were 12,982 asylum applications for asylum in fiscal year (FY) 2019 and 11,781 for FY 2020. Programs that provide linkage to health services, health screening and surveillance is limited to those whose asylum is granted. Asylum seekers may not seek out preventive services and may delay accessing healthcare when they are not linked to care, even when needed. Before entering the United States (U.S.), migrants have recently been held in overcrowded shelters in Mexico awaiting asylum hearings; in the U.S. they are often held in congregate settings at California Border Patrol (CBP) and Immigration and Customs Enforcement (ICE) facilities. These living conditions increase risks for exposure to communicable diseases.

Taking Action (Intervention)

The Asylum Seeker Health Surveillance (ASHS) program supports active surveillance among asylum seekers to increase early identification of infectious diseases of public health significance and facilitate coordination of enrollment in Medi-Cal and links to care and disease control for individuals seeking asylum in Southern California with the intent to remain in the state during and after their asylum case is processed. During this initial phase of the project, the program developed a Physician Community Advisory Panel

(P-CAP). The P-CAP members are physicians working with the asylum seeker population, providing health, mental health and forensic evaluation for the asylum application and are subject matter experts. The P-CAP meeting on October 16, 2020, provided guidance on outreach strategies, developing an initial screening tool to identify health and social needs, gaps in ensuring social determinants of health are addressed, and barriers and mitigation strategies in medical screening and health surveillance. This group provided recommendations to include screening for social needs and urgent/emergency conditions, community resources to improve outreach to the asylum seeker population, tools and strategies for screening for mental health conditions among children and adults. The P-CAP also provided strategies on mitigating barriers to the implementation of the Centers for Disease Control and Prevention (CDC) Guidelines for the U.S. Domestic Medical Examination for Newly Arriving Immigrants and Refugees throughout California through policy recommendations and provider training. Funding from the Preventive Health and Health Services Block Grant supported staff development of the P-CAP and implementation of recommendations into the current protocol for San Diego and Los Angeles counties to improve linkage to healthcare services and health surveillance activities. The panel will continue to provide guidance on best practices throughout the course of this program.

Impact

The impact of P-CAP will support ASHS in improving strategies to reach this population which has been historically difficult for public health programs; provide guidance on best practices to improve overall efficacy of the program model; improve health service linkage and delivery across Southern California where the majority of asylum seekers are located; and build upon the knowledge of health conditions to improve health

outcomes for the asylum seeker population. ASHS will build on findings from P-CAP by incorporating suggested screening and surveillance tools into the current protocol and continue quarterly meetings to discuss outcomes, best practices and program expansion across California.

Despite the delays due to staff redirection for COVID-19, we will continue to work diligently with our partners in developing this expert panel to improve the health outreach for this vulnerable population.

Footnotes

Office of Refugee Health, California Department of Public Health, Sacramento, CA October 2020

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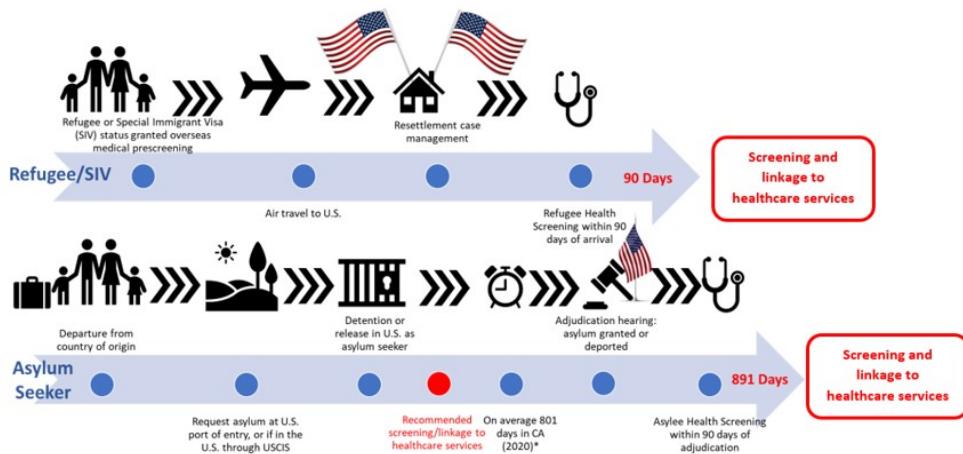
Healthy People

Objective Vaccine-Preventable Diseases

PHHS Block Grant Funding

100% - Total source of funding

Time to Health Screening for Refugees and Asylees Based on Eligibility



*https://trac.syr.edu/phptools/immigration/court_backlog/apprep_backlog_avgdays.php