ABSTRACT

Background
A primary goal of refugee resettlement is achievement of self-sufficiency for each refugee. Successful employment is key to achievement of this goal. Delayed provision of Medicaid cards for pediatric refugees is a barrier for their ability to make appointments with a pediatrician. This delay results in the child’s inability to attend school and the subsequent inability of the parent to work. This project describes results from a safety net program focusing on pediatric refugee immunization and school physicals.

Methods
In August 2013, a new immunization initiative was added to the existing adult immunization program. In addition, school physicals were provided for those pediatric refugees at the same visit. The costs of the vaccine were covered by the Vaccine for Children (VFC) program. Costs for personnel were covered by the UL Global Health Center.

Results
During August 2013-August 2015, a total of 1,028 refugee children were seen for immunization and provided with provisional immunization certificates. This included 191 children aged 5-6 years and 837 aged 7-18 years. In addition, 864 of those were also provided with a school physical examination.

Conclusions
This project demonstrates the success of this new arm of the Refugee Immunization Clinic in serving as an important safety net for the refugee child, their family, and the school system. This program removed a barrier that prevented the child from attending school and the parent from reporting to work. In addition, it enabled the school system to maintain the educational funding they receive for student attendance.

INTRODUCTION

Enabling self-sufficiency is a primary element of the refugee resettlement process. For this to occur, the refugees must be healthy and able to work. In addition, those with children must have the ability to enroll in school, attend the school to which they are assigned, and be healthy so they are able to achieve socially and academically.

In order for children to attend school, they must meet the Kentucky Cabinet for Health and Family Services requirements regarding immunization and medical evaluation as outlined in KRS 214.034. Without documentation, children are not allowed to attend school.

Although every refugee child is eligible for Medicaid upon arrival into the US, the current systems for enrollment, assignment into an MCO, and receipt of a card indicating that MCO may take months. During that time, the child is unable to schedule the initial health screening and initiation of immunization. This gap was of concern to the resettlement agencies so assistance from the Global Health Center was requested.

OBJECTIVES

The objective of this study is to describe the implementation process and the challenges of the UL Global Health Center’s pediatric refugee immunization and school physical safety net program for refugees resettling in Louisville.

MATERIALS AND METHODS

In August 2013, a new component was added to the UofL Global Health Center’s existing Refugee Immunization Clinic. That program provided all age-appropriate vaccines for adult refugees resettling in Louisville during their initial eight months of resettlement. At that same time, the Jefferson County Public Schools began a more rigorous enforcement of the Kentucky statutes regarding immunization within the first fourteen days of school enrollment. Children of refugees were suddenly unable to attend school and, by default, their parents were unable to work as someone needed to be at home with the child/children.

The new component focused on the provision of pediatric vaccines in accordance with the current Advisory Committee on Immunization Practices (ACIP) recommendations. Large scale immunization were already being provided for adults, so the incorporation of children into the process was a logistical possibility. A number of changes had to occur including: 1) designation as a Vaccine for Children program, to access no-cost vaccine; 2) development of an appropriate planning and documentation process; 3) provision of immunization certificates; 4) completion of school physicals; 5) education of healthcare providers regarding pediatric immunization, vaccines, and vaccination schedules; and 6) performance of immunization and school physicals in a safe and culturally appropriate manner and environment.

RESULTS

During August 2013-August 2015, a total of 1,028 refugee children were seen for immunization and provided with provisional immunization certificates. This included 191 children aged 5-6 years and 837 aged 7-18 years. In addition, 864 of those were also provided with a school physical. A number of health issues were identified including dental problems, otitis, hearing loss, vision problems, asthma, and cardiac murmurs.

CONCLUSIONS

This project demonstrates the success of this new arm of the Refugee Immunization Clinic in serving as an important safety net for the refugee child, their family, and the school system. This program removed a barrier that prevented the child from attending school and the parent from reporting to work. In addition, it enabled the school system to maintain the educational funding they receive for student attendance.

Of concern are the existing health conditions that were identified during the school physical examination. Children whose physical examination revealed a health issue requiring a priority assessment were referred back to the resettlement agency case worker to address with healthcare providers responsible for the initial pediatric domestic health screen. Auditory assessment also emerged as an area of concern so Audiologists from the University of Louisville were consulted to begin work on an assessment process that can be used to more effectively and reliably evaluate hearing as part of the school physical examination. Until insurance issues are addressed and removed as a barrier to care for these children, this component of the Refugee Immunization Clinic will continue.

REFERENCES
