



Domestic Refugee Health Trends & Cultural Considerations



“He who has health, has hope. And he who has
hope, has everything.”

~ Arabian Proverb



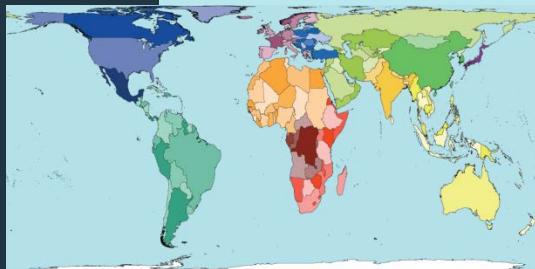
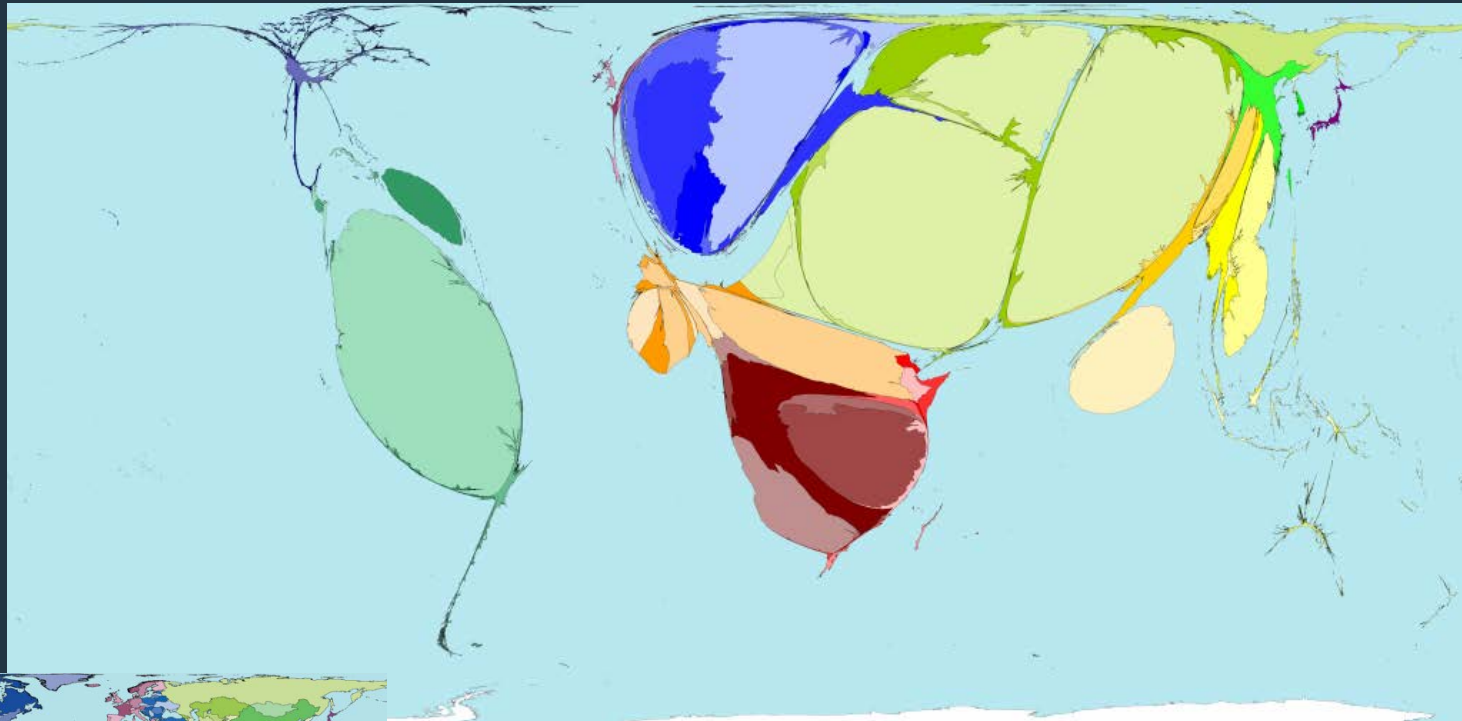


Refugees flee their country not for economic gain but to escape persecution, the threat of imprisonment and even threats to their lives. They need a safe haven where they can recover from mental and physical trauma and rebuild their hopes for a better future.





Refugee Countries of Origin



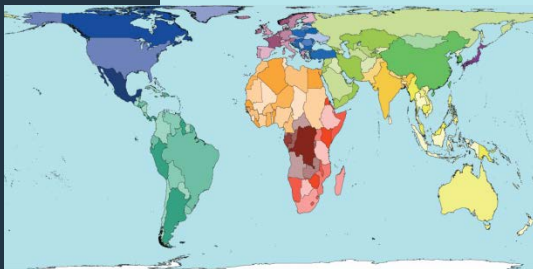
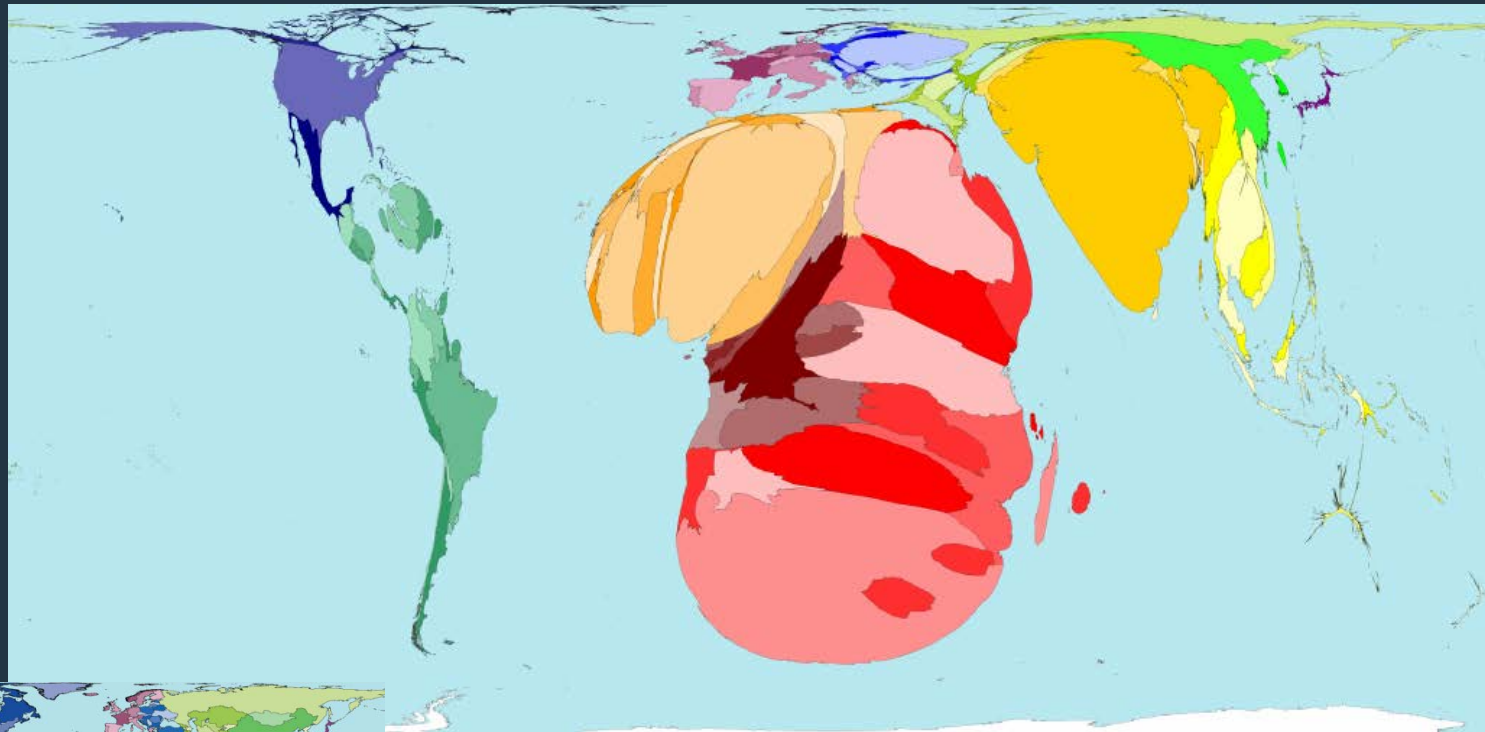
Map obtained from WorldMapper utilizing data from United Nations Development Program, 2004, World Development Report.

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HIV/AIDS Global Disease Burden

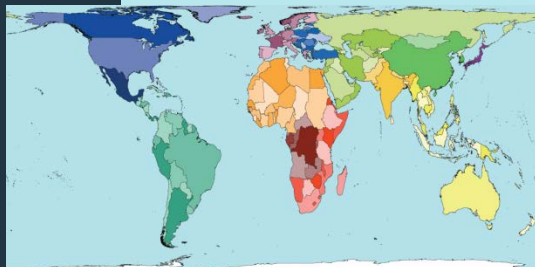
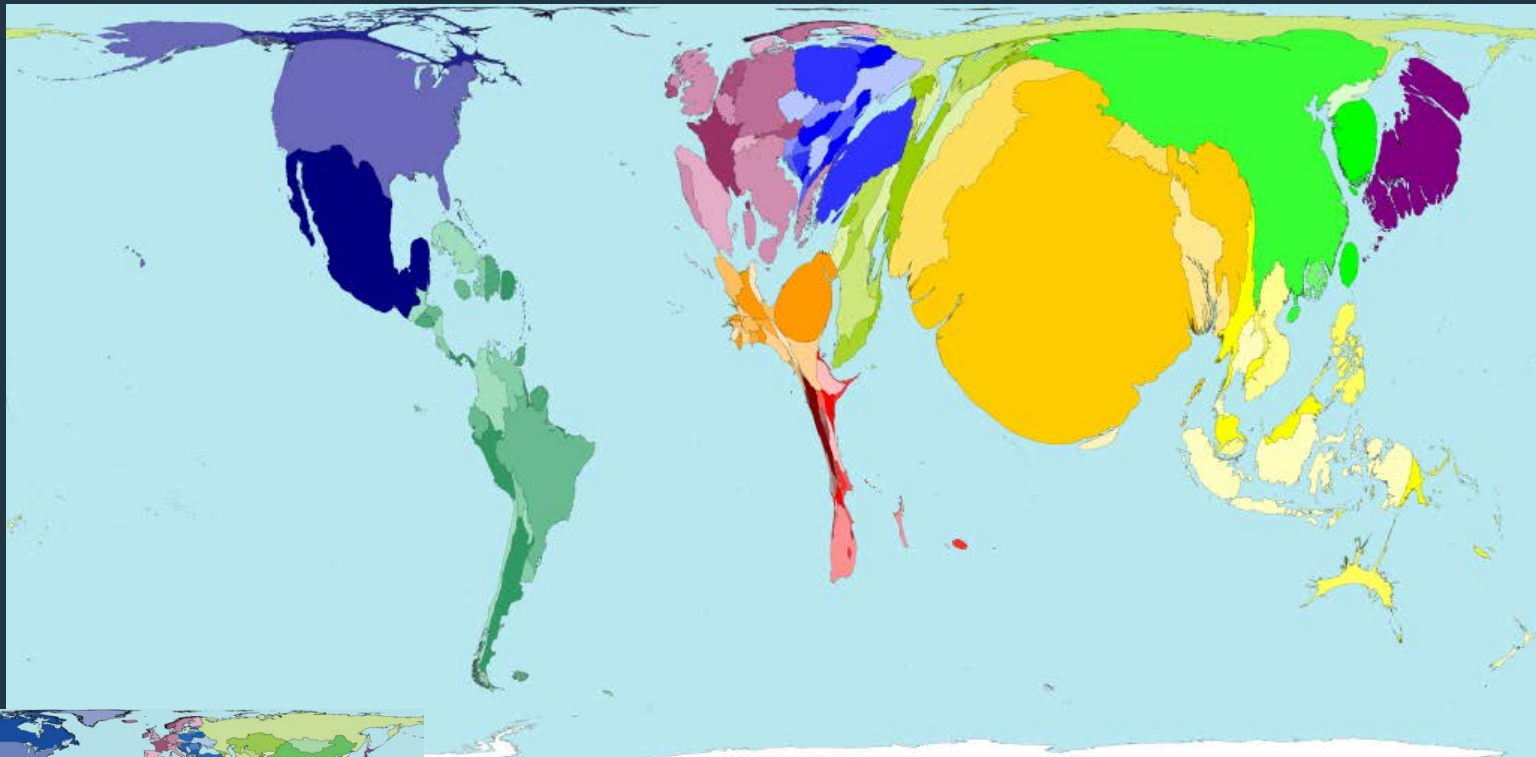


Map obtained from WorldMapper utilizing data from United Nations Development Program, 2004, World Development Report.
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Diabetes Global Disease Burden



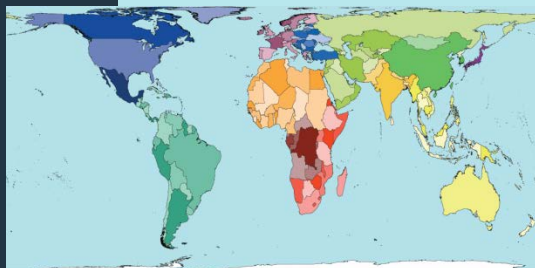
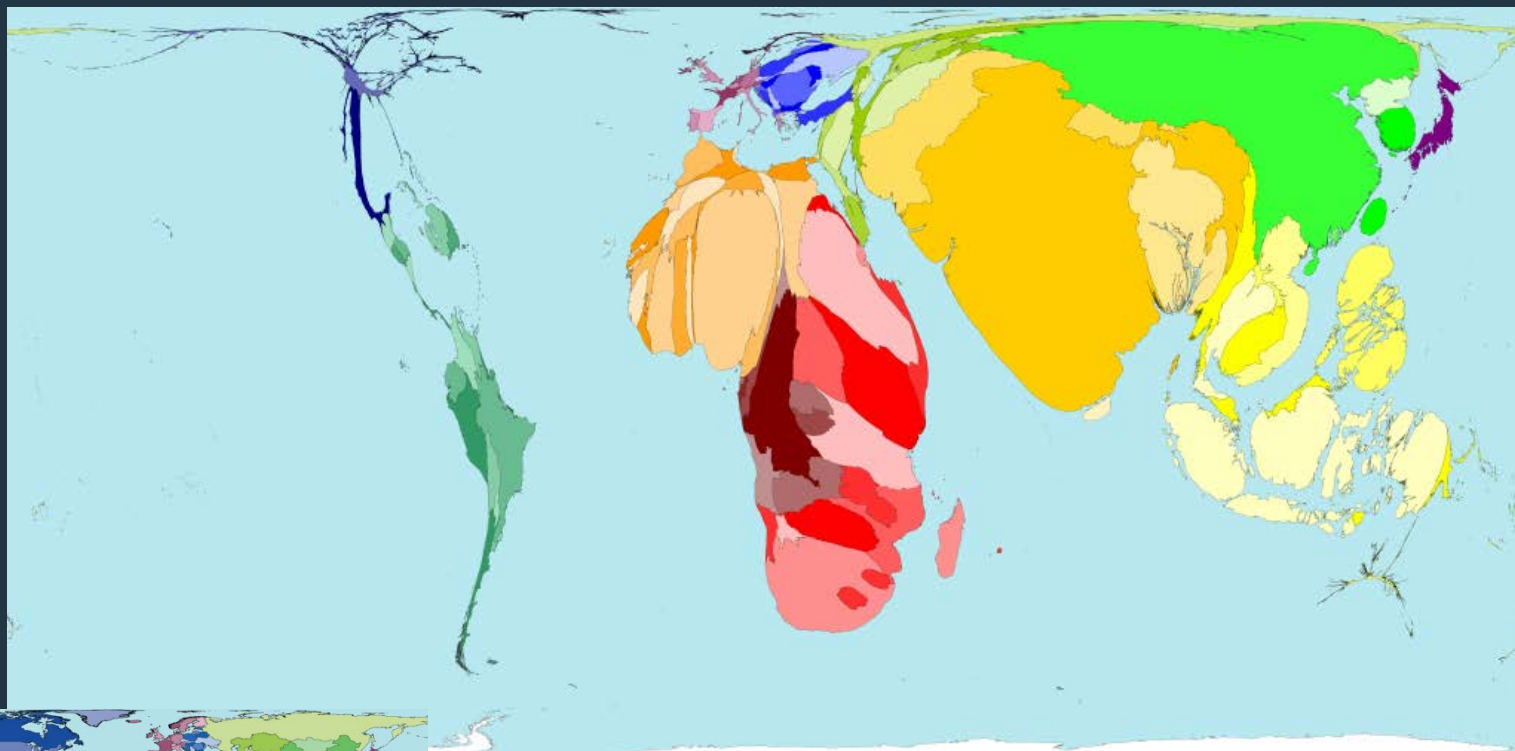
Map obtained from WorldMapper utilizing data from the World Bank's 2005 World Development Indicators.

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Tuberculosis Global Disease Burden

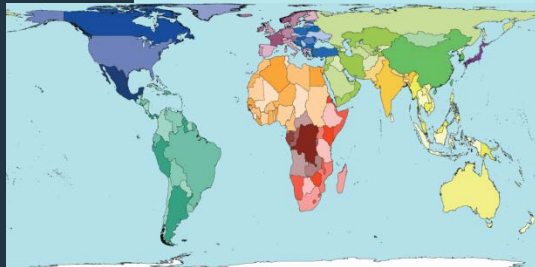
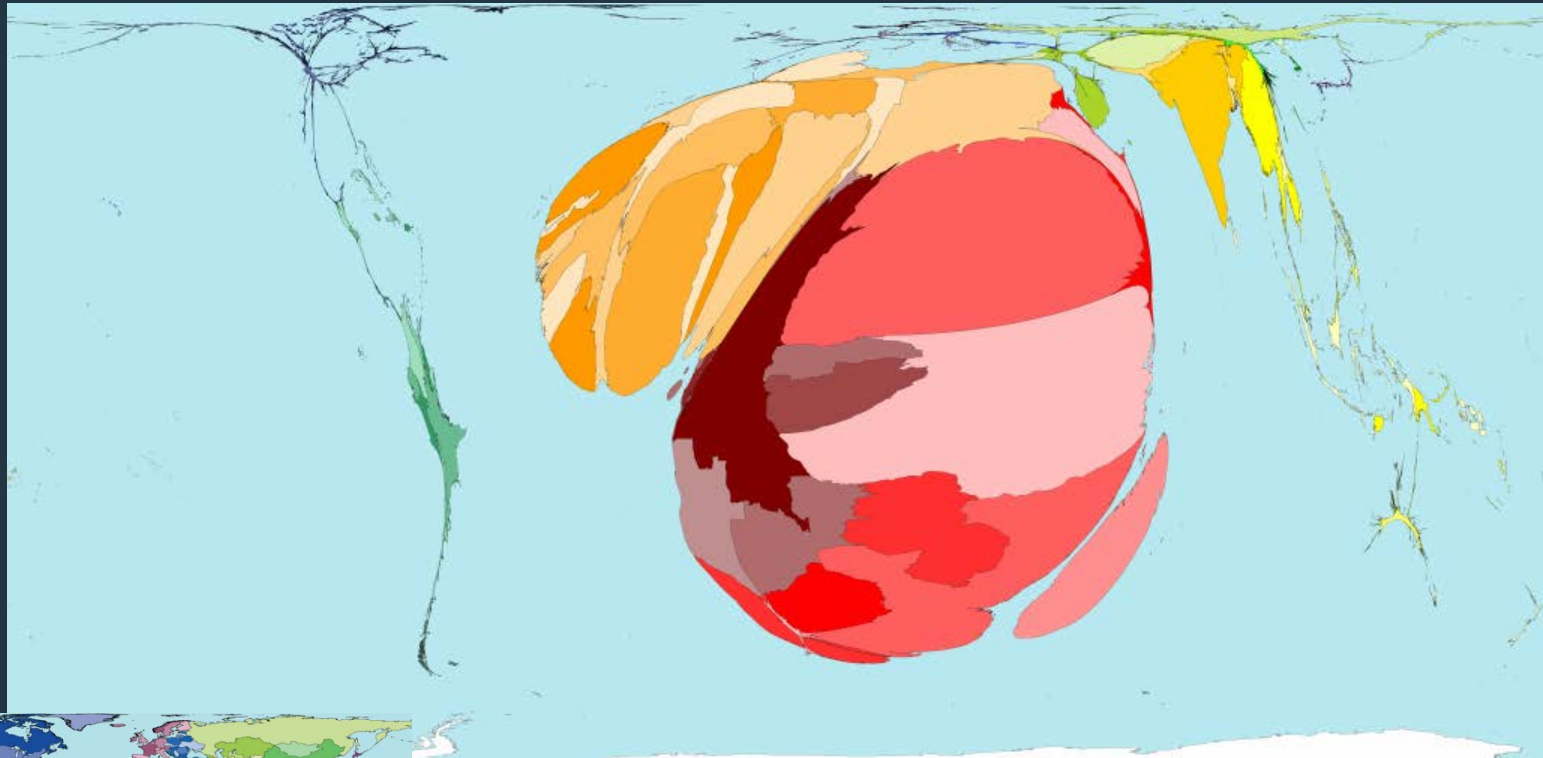


Map obtained from WorldMapper utilizing data from the World Health Organization's 2004, Human Resources for Health.
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Malaria Global Disease Burden

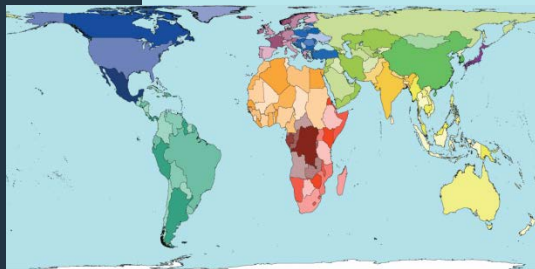
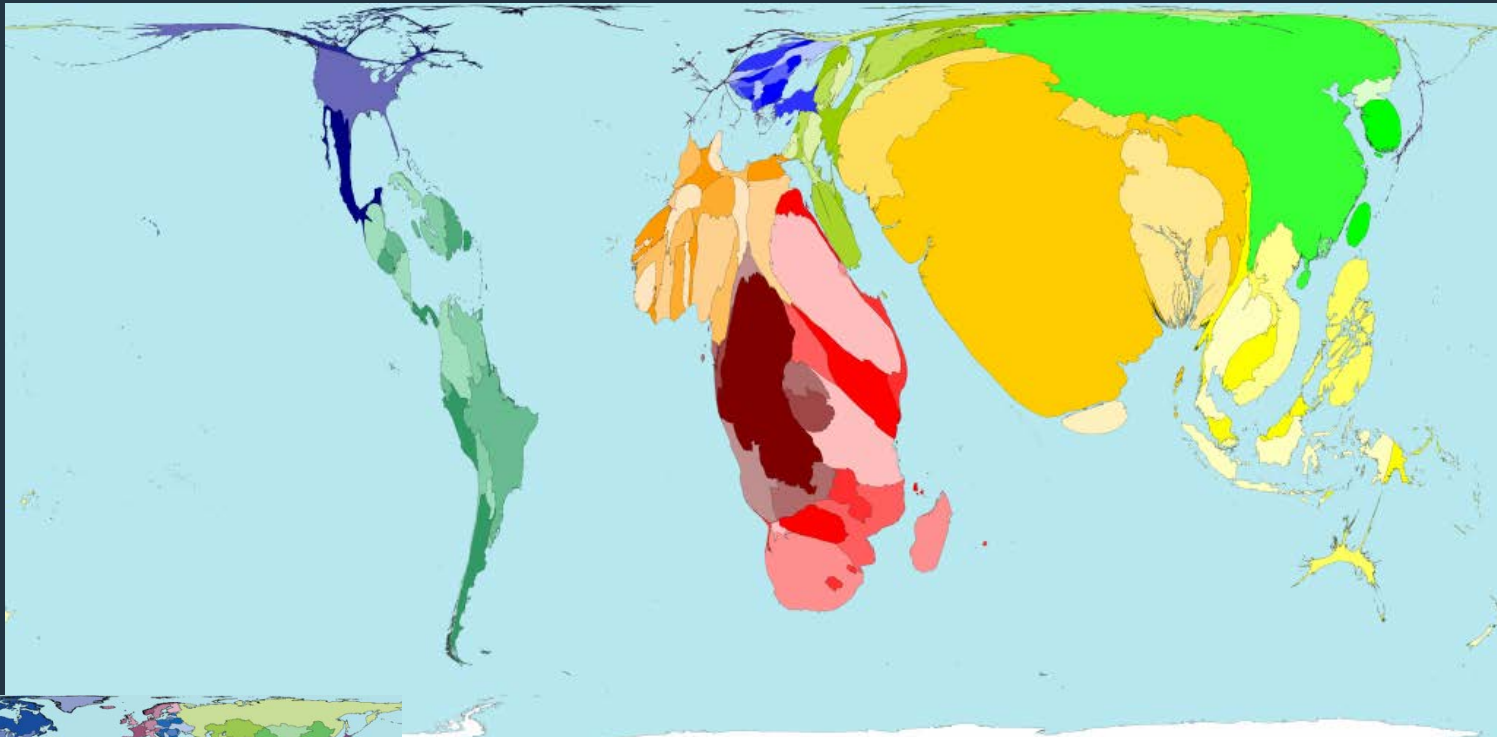


Map obtained from WorldMapper utilizing data from the World Health Organization's 2004, Human Resources for Health.
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Undernourishment Global Disease Burden



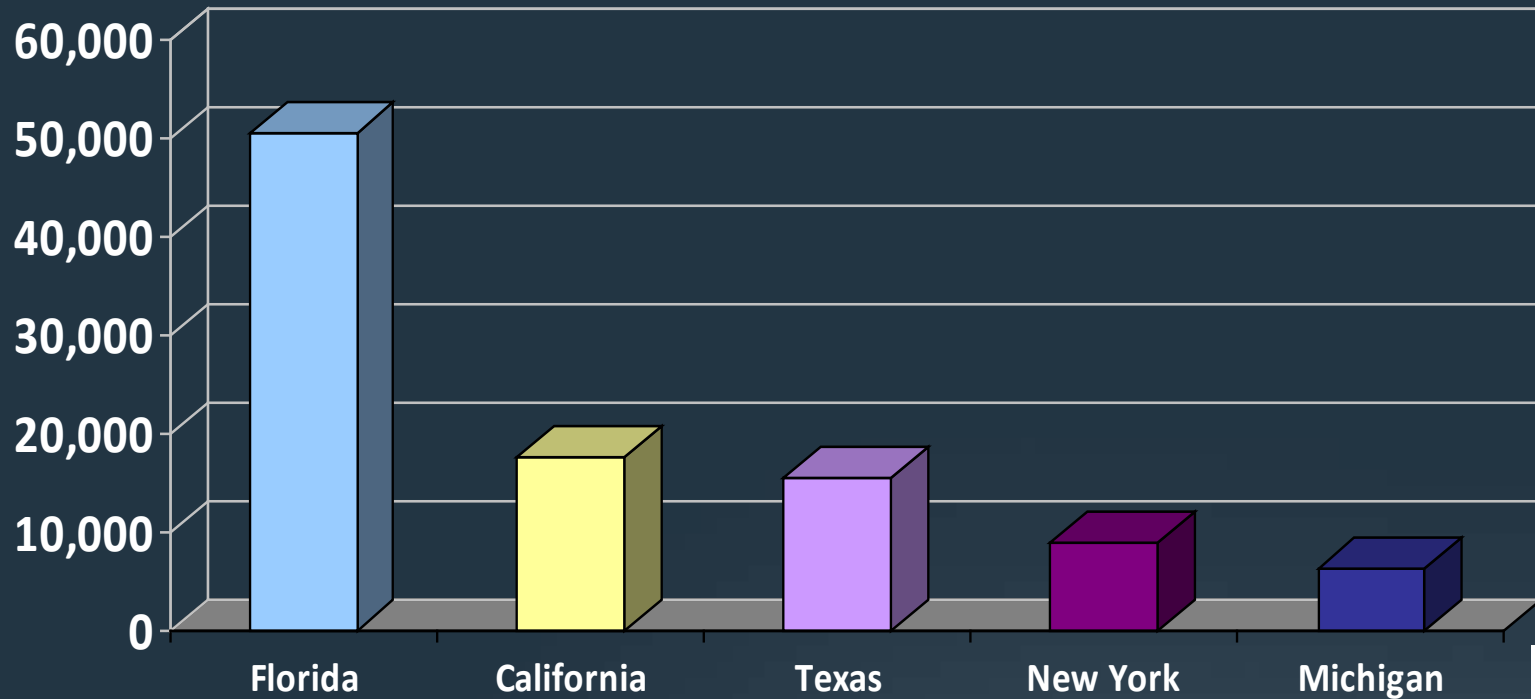
Map obtained from WorldMapper utilizing data from the United Nations Development Program's 2004 Human Development Report.
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National Resettlement Statistics

Number of Arrivals Eligible for Refugee Benefits by State
FY 2010 & 2011

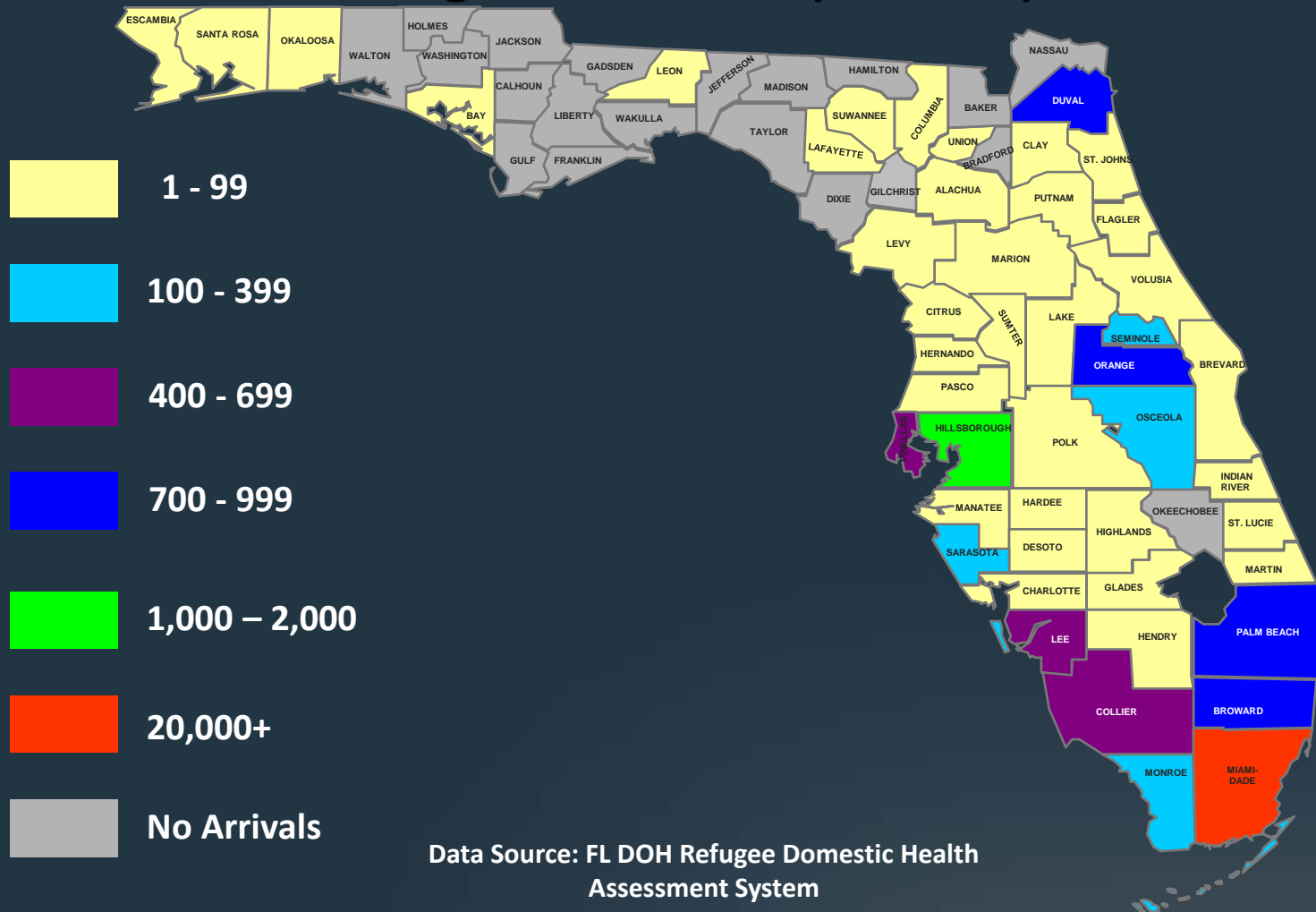


Data Source: FY2012 Social Services Allocations Report by State





Refugee Arrivals by County, FFY 2013

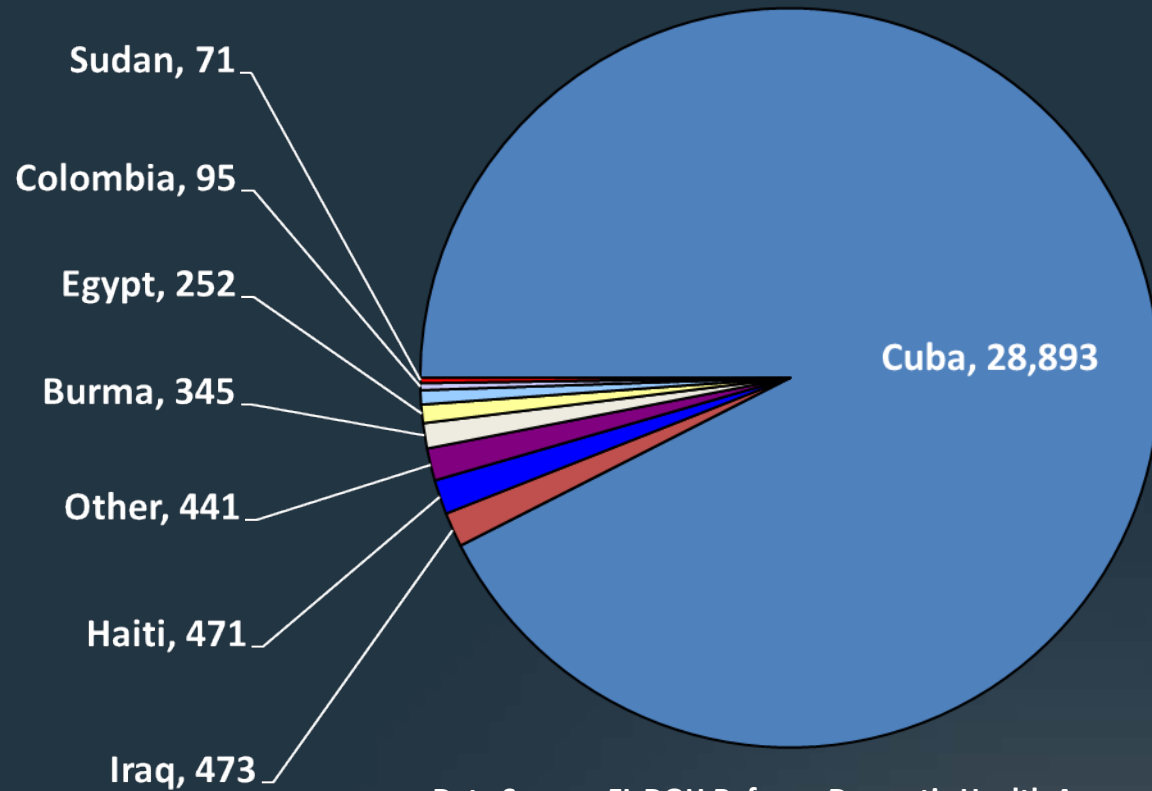


Data Source: FL DOH Refugee Domestic Health Assessment System





New Arrivals Eligible for Refugee Health Services by Country of Origin, FFY 2013



Data Source: FL DOH Refugee Domestic Health Assessment System





Refugee Health Services Provided

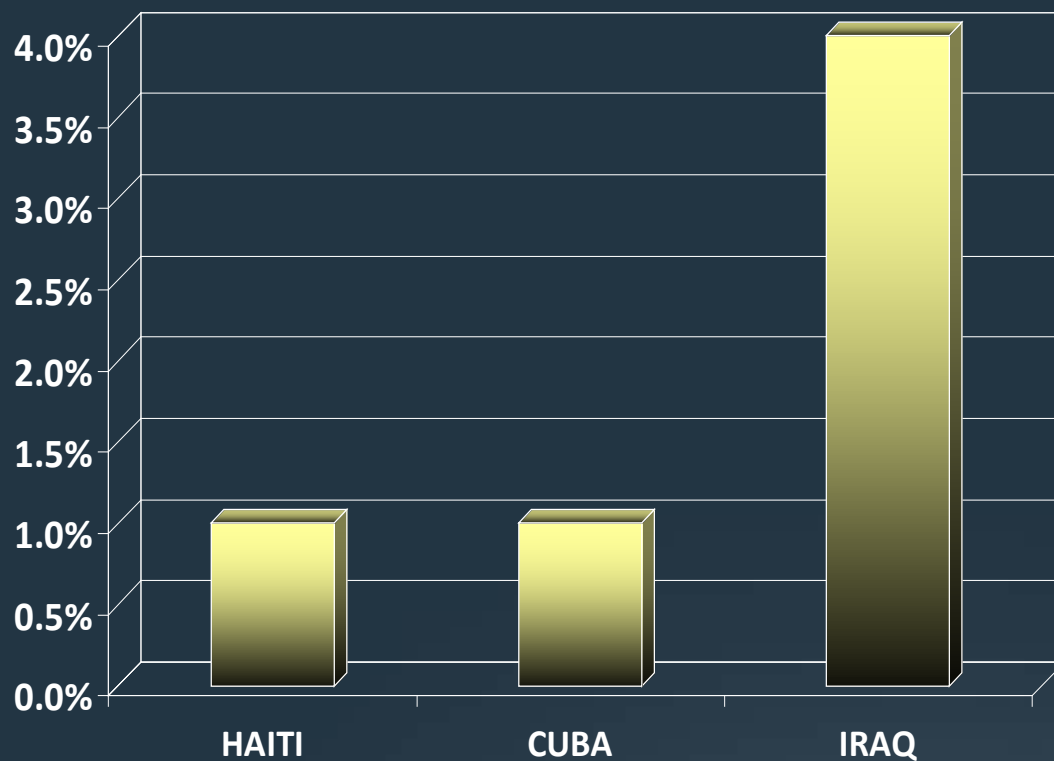
Services offered by County Health Departments include:

- Medical history review
- Physical assessment
- Communicable disease screening
- Chronic disease screening
- Hepatitis screening
- Parasitic infection screening
- Malaria & Lead screening
- Health education
- Immunizations





Refugee Children from Select Countries of Origin Testing Positive for the Presence of Lead, FFY 2012

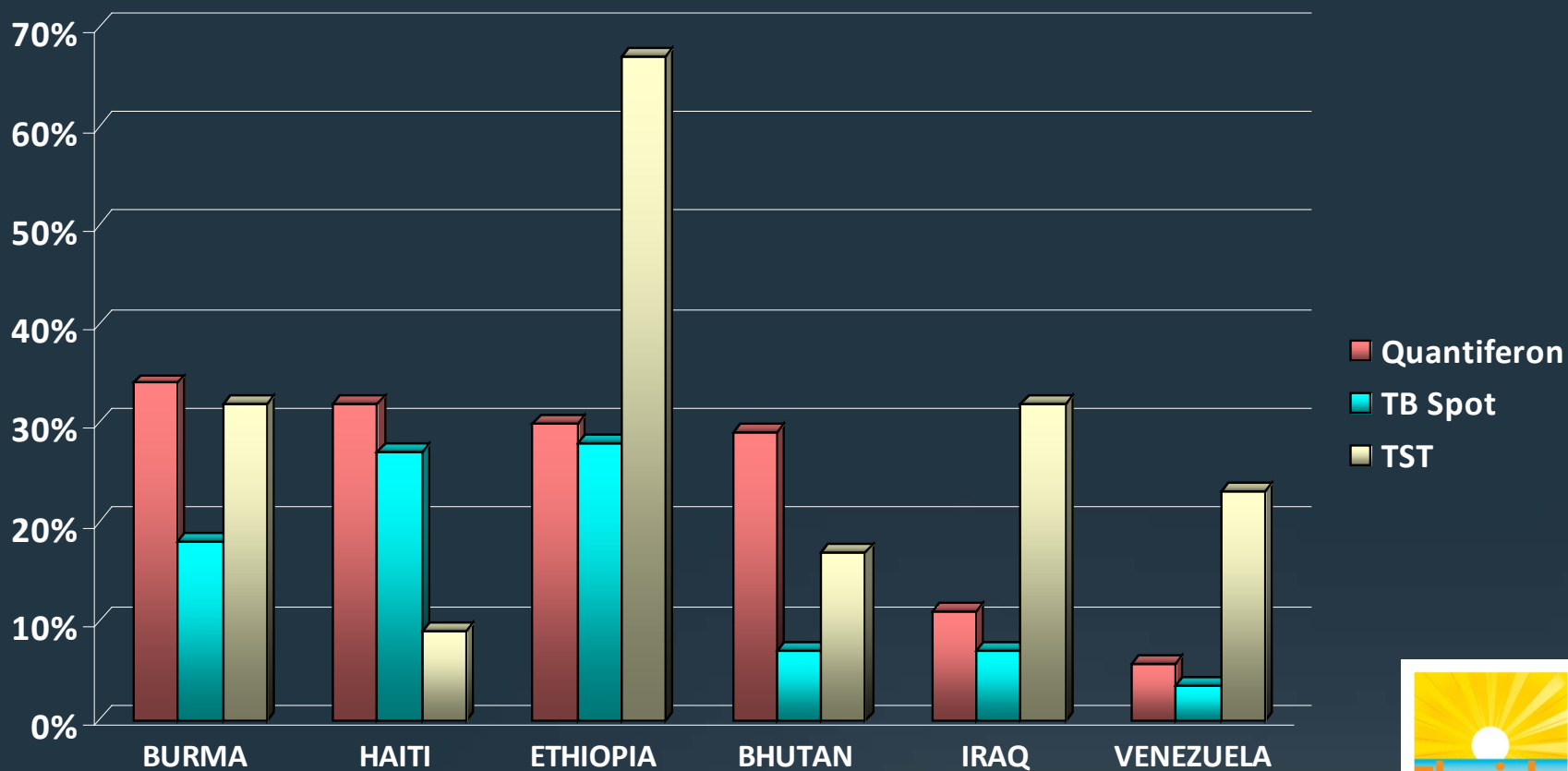


Data Source: FL DOH Refugee Domestic Health Assessment System





Percent of Positive TB Results from Select Countries of Origin, FFY 2012

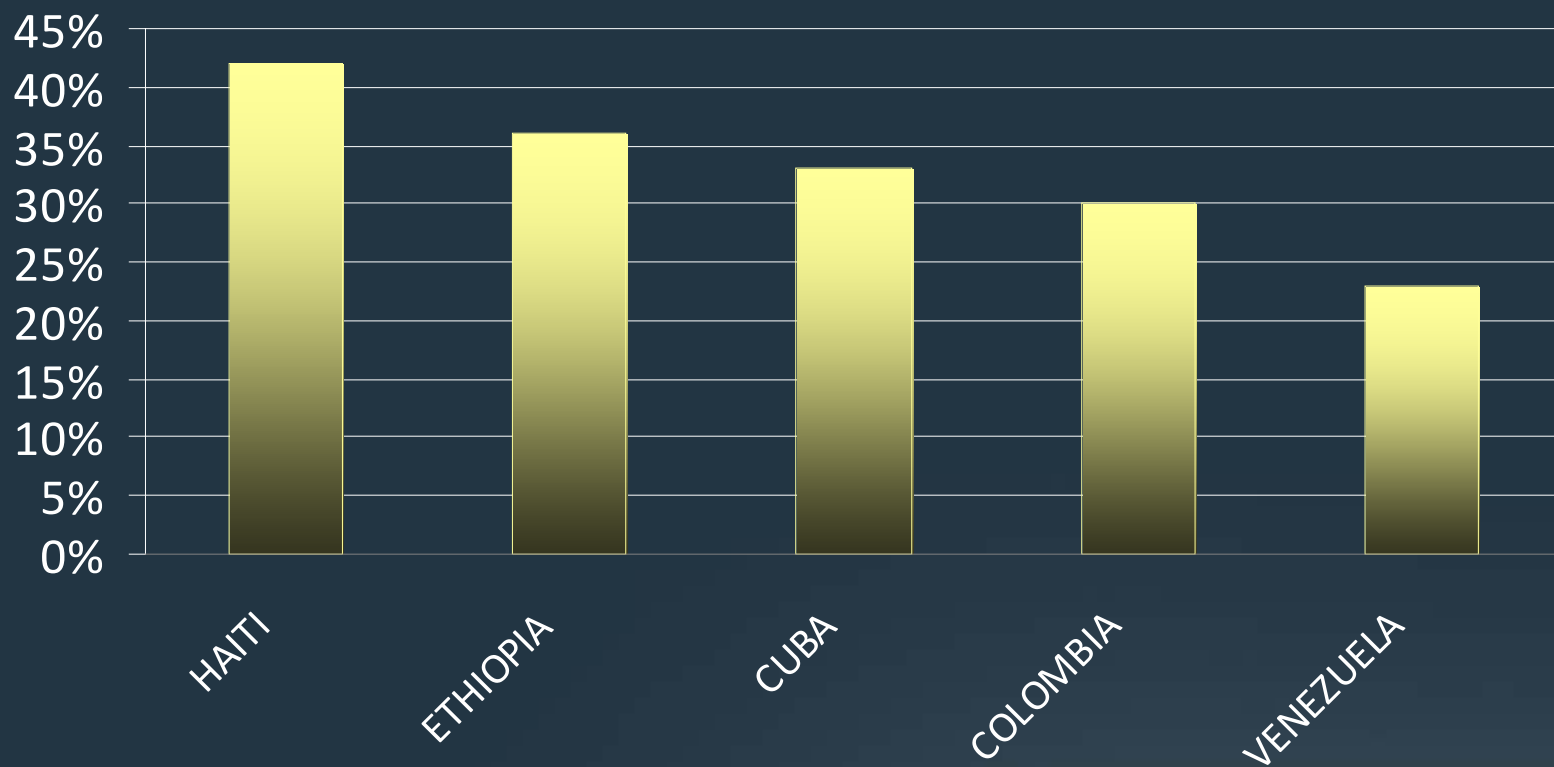


Data Source: FL DOH Refugee Domestic Health Assessment System





Percent of Abnormal Ova and Parasites Results from Select Countries of Origin, FFY 2012



Data Source: FL DOH Refugee Domestic Health Assessment System



Cuba

- Health Concerns
 - Diabetes
 - Hypertension
 - Communicable disease exposure in transit
 - Mental health concerns
- Cultural Considerations
 - Strong sense of community & family values
 - Well-versed in medical care and preventive medicine
 - Integration challenges related to adjustment to U.S. values & benefits (particularly youth)

Sources: FL DOH Refugee Domestic Health Assessment System
Robson, Barbara (2006). Cubans, Their History & Culture. *Refugee Fact Sheet Series No. 12*. Washington D.C.





Iraq

- Health Concerns

- Diabetes
- Hypertension
- Mental health concerns (anxiety, trauma from war, & survivors of torture)
- Dental needs
- Advanced medical needs including cancer, kidney disease/failure, heart disease

- Cultural Considerations

- Mostly well-educated & come from wealthy families or backgrounds
- Privacy of family matters/male and female dynamics
- Strong religious beliefs
- Family is center of life
- Victims of trauma & torture





Burma/Myanmar

- Health Concerns
 - Nutrient deficiencies
 - Parasitic infections
 - TB exposure
 - HIV/AIDS
 - Hepatitis B
 - Mental health
 - Alcoholism & Substance Abuse
- Cultural Considerations
 - Coining & Cupping are common practices
 - Alcoholism & substance use
 - Domestic violence
 - Mental health views
 - Medicinal beliefs
 - Balance of hot and cold
 - Food linkage to health issues
 - Blood letting

Sources: FL DOH Refugee Domestic Health Assessment System
Ranard, D., et. al (2012). Refugees from Burma: Considerations for
Healthcare Providers. *Refugee Health Technical Assistance Center &
Center for Applied Linguistics.*





Democratic Republic of Congo

- Health Concerns

- Tuberculosis exposure
- HIV
- Parasitic Infections
- Malnourishment
- Hypertension
- Vision
- Mental Health (trauma & torture)
- Sexual & gender-based violence

- Cultural Considerations

- Loose family structures
- Limited English proficiency & ability to read/write
- Religious & strong belief in power of prayer
- Western medicine is generally accepted & usually complements traditional practices
- Little understanding of mental health practices & diagnoses
- Spousal abuse & physical discipline of children is common





Haiti

- Health Concerns
 - Tuberculosis exposure
 - HIV
 - Mental health (especially after the earthquake)
 - Parasitic infections
 - Malnutrition
- Cultural Considerations
 - Acceptance of western medicine although many practice traditional medicine due to lack of medical care in Haiti
 - Don't always access U.S. health care
 - Strong religious beliefs & voodoo practices
 - Strong family ties



Title VI & Refugees

- Requires Federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them.
- Agency plans should provide for such meaningful access consistent with, and without unduly burdening, the fundamental mission of the agency.
- Requires that the Federal agencies work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.
- Know where to access LEP documents & ensure your agency has access to on-site or telephonic interpreters to provide informed care and treatment.





Displays of Cultural Competence

- Ensure your clinic appears inviting to a diverse population (posters, materials available in multiple languages, etc.)
- Post miniature flags of countries served or have a map where clients can mark their country of birth/origin
- Post information about language access and right to an interpreter
- Greet clients in their native language
- Hire bilingual staff, if possible
- Take your time with the patient and begin with a pleasant neutral conversation
- Read about the cultural beliefs and history of your clients to better understand their background and how they may perceive western medicine (but don't assume the background applies to all from that culture)
- Understand how medical decisions are made in the family structure – in some cases one family member may make medical decisions for the family
- Be sensitive when providing services to clients who may have experienced sexual violence





Helpful Resources

Educational Materials

- Refugee Health Information Network
- USCRI Food and Nutrition Handouts
- Ethnomed
- Health Information Translations
- Medline Plus
- National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities

Cultural Backgrounders

- Cultural Orientation Resource Center/Center for Applied Linguistics
- Florida Center for Survivors of Trauma and Torture





Questions?

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