

Refugee 101 for Healthcare Providers



*Refugees from Rwanda arrive in Tanzania. Photo by UNHCR/
P. Moutzis*

Overview

- Who is a refugee?
- Refugee resettlement in Tucson
 - Predominant groups and background
 - Resettlement process and agency roles
- Refugee health
 - Health screenings
 - Common health issues and resources

Who is a Refugee?

A refugee is a person who "owing to a **well-founded fear** of **being persecuted** for reasons of **race, religion, nationality, membership of a particular social group, or political opinion**, is **outside the country** of his nationality, and is **unable** to or, owing to such fear, is **unwilling** to avail himself of the protection of that country..."

Article 1, The 1951 Convention Relating to the Status of Refugees



Who is a Refugee?

This definition of a refugee does **not** include:

- Economic migrants
- Asylum seekers
- Persons displaced by natural disasters
- Internally displaced persons (IDPs)

Refugees in the World

Refugees in the World	~ 15 million
Women/Children	~ 80%
In the Refugee Camps	~ 70%
Time in Camps	> 10 years
Resettled in the 3 rd countries (incl. USA)	< 1%

How Do Refugees Reach the US?

1. Application for resettlement in a third country
2. Rigorous screening (medical and security)
3. Interviews
4. Cultural orientations
5. Waiting time: several months to many years



Refugees in the US

- Once approved, refugees are assigned to various sponsoring voluntary agencies in the United States
- 10 Nationwide Refugee Resettlement Agencies
- 4 in Phoenix
- 3 in Tucson



Resettlement in Tucson

PRE-ARRIVAL:

- Locate & Furnish Apartment
- Connect utilities



ARRIVAL:

- Pick up at Airport
- Home Safety Orientation



WEEK 1:

- DES Interview (Food Stamps/AHCCCS)
- Social Security Card
- RMAP card



FIRST 30 DAYS: CORE SERVICES

- Ongoing cultural/home orientations
- Financial/MG orientations
- Health Screening (including TB screening and Immunizations)
- Begin initial doctor visits
- Register adults for ESL at Pima
 - Bus passes
 - School Enrollment
- Employment Assistance

5 YEARS:

Apply for Citizenship



1 YEAR:

Apply for Permanent Residency (Green Card)



6 MONTHS:

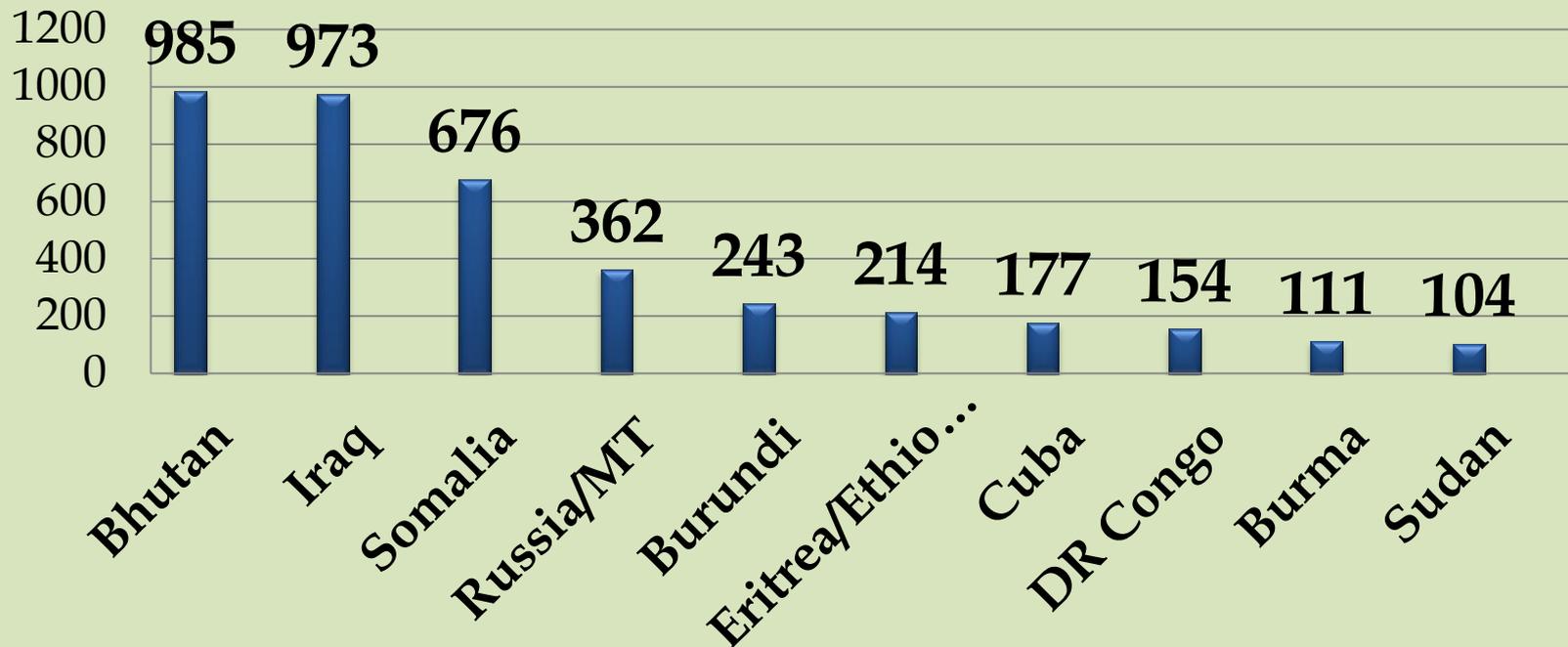
Start paying on IOM Travel Loan



Refugees in Tucson

Top 10 Nations – 6 years summary

Total: **4,376**



Health Insurance

RMAP

- Federally-funded temporary public benefits program for new refugees
- Changed: January 1, 2014
- Covers initial medical screening but is no longer a form of “insurance.”
There is no longer ANY coverage for dental and optical services for adults.

AHCCCS

- Arizona/Federal Medicaid health insurance program for qualified low-income residents
- Coverage for medically necessary care with limitations
- Recent expansion includes coverage for all refugees that are under the income requirements

Refugee Health Care Requirements

Before going to USA:

- Medical assessment by International Organization of Migration/IOM:
 - TB-screening, Chest X-ray, RPR tests, and general physical exam
 - Most medical information is documented through observation during a basic medical exam and/or through the clients self-disclosure. Sometimes previous medication or major medical conditions requiring medication or immediate follow-up are documented.

Preventive Health Screening

- Mandatory for all refugees within 30-60 days after arrival
- Funded through Refugee Medical Assistance Program
- Screening for communicable diseases, mental health, undiagnosed chronic conditions
- Screening tests including TB, Hepatitis B, HIV, Syphilis, GC/Chl, and Pregnancy test
- Vaccinations for children and adults
- Follow-up immunizations for adults to fulfill I-693 requirements
- Immediate referrals to Center for Well-Being*, OB Intake at FMC, Infectious Diseases Providers at UMC

The medical information agencies received prior to arrival:

General Health :

Treatment Urgency

OF-157 Other Individual should follow up with
Physician/Specialist after arrival 6 Months

-2005 RTA causing open fracture right humerus bone (lower 1/3)
with paralysis of right radial nerve, fracture in ribs (one right
2 left) no complications, fracture of 3 vertebrae, no sequences.

Actual condition of the client:

Client arrived in US after surviving a car bomb in Iraq 3 years prior to travel, but arrived in a neck brace and traumatized still untreated. She suffered from severe enuresis and encopresis and wore adult diapers at all times. Liver damage. Sexual trauma was suspected. She had severe asthma that resulted in repeated hospital stays (12 in a period of 6 months) and had difficulty with basic daily tasks such as walking to the bus stop and caring groceries. SSI application denied due to lack of medical evidence and medical history in US.

Establishing a medical record/history in the United States

Upon arrival to USA:

TB-screening within first 30 days

Initial medical screening within 30 days after arrival ideally (average is 60/ max 90). This has no real connection to establishing on-going care.

Primary care appointment: An important step in building a record, learning how and when to access medical care and starting to address medical needs.

- Very few refugees do not have medical needs
- Refugees have about 6 months before they need to be financially able to support themselves through employment.
- There is no additional funding for refugees who have medical needs, limitations or barriers.
- A determination needs to be made to understand employment options

Resettlement is challenging!

Common challenges for new arrivals:

- Living in poverty
- Securing employment
- Learning the language
- Getting around Tucson
- **Navigating the healthcare system** and other government services
- Adapting to American culture (time, individualism, the status of women, etc.)

Link between Migration & Resettlement Health Burden

- **Pre-migration:** exposure to infectious & parasitic diseases, physical & psychic trauma
- **During flight & refugee camps:** malnutrition, exposure to the elements, exposure to infectious & parasitic diseases, physical & psychic trauma
- **Post-migration/Resettlement:** increasing susceptibility to chronic diseases, problems & stressors of resettlement (unemployment, language, etc.)

2013 Statistics

- **749** refugees took part in preventive health screenings upon arrival in Pima County.
- Of **744** screened for TB, **203** tested positive.
- Of **749** refugees screened for a behavioral health issue, **28** received referrals.

Statistics courtesy of Zach Holden, AZ Dept of Health Services

Common Refugee Health Issues

Pain

Headache

Neck pain

Back Pain

Abdominal Pain

Female Pelvic Pain

Mental Health

PTSD

Depression

Anxiety

Adjustment Disorder

Social Isolation

Chronic Conditions

Anemia

Asthma

Diabetes

Dyslipidemia

COPD

Hypertension

Vitamin D def

Vitamin B12 def
(Bhutanese)

General Patient and Provider Challenges

- Language barrier
- Differences in health beliefs
 - Differing beliefs regarding causes of health and ill health (e.g. viruses, organ systems)
 - Concept of chronic (vs acute) disease
 - Concept of preventive care
- Difficulty navigating health care system
 - Understanding medication refills
 - Keeping set appointment times
 - Following up with referrals to specialists
- Healthy Living: Nutrition, hygiene, sanitation
- Compliance and referral follow-up

Specific issues to consider in your practice (from our case managers)

The 1-10 pain scale may be too abstract for some refugee population.

Referrals are a confusing concept. Encourage refugees to show referral forms/slips to case managers. Case managers typically attend the first appointment upon a refugee's arrival but not follow-ups.

Refugee patients may be intimidated and require more patience than "regular" clients.

Somali

- Most have lived 20+ years in refugee camps
- Birthdates have been assigned, so not accurate
- Exposure to quality medical care limited, not very familiar with medical payment systems of care
- Previous medical care was limited in nature, free and provided through UNHCR or contracted providers with limited scope
- Previous hospitalizations rare, due to lack of access
- Gender preference of provider or limited info can result if opposite gender
- Medical referral system has been a barrier to continued care
- Expectation of quick treatment-so several visits without evidence of progress often results in a discontinuation of care
- Higher rates of illiteracy (especially with Bantu tribal groups)
- High rates of FGM on females not born in the US (infibulation for adults, suni for children)

Congolese

- Extremely high rates of gender based violence in females (latest UNHCR report states 90% of adult females and 70% of children)
- Higher rates of HIV, STDs, TB, vision problems and heart disease
- Speak multiple languages, so determine which is best to use during visits. Most will chose Kiswahili or French. French choice is usually an indication that they have had exposure to more structured systems such as school and medical care. Selection of a tribal language (Kirawanda, Lingala) is usually an indication that they have not had access to education and/or more modern medical care.
- Many cases have moved from village to city to camp to village in severally different countries, so exposure to medical care varies greatly
- Do not always understand diagnosis, so simplifying it is helpful as well as relating it to what impact it has on them. Reassurance that the diagnosis is treatable (if it is) is important.
- Often hospital stays were for birth or death (or a major trauma).
- 55% of the caseload is under age 18.

Iraqi

- High rates of torture or witness to significant trauma (>50%)
- Experience with modern medical care
- Individuals with medical needs are viewed as people who should be provided for
- Higher rates of knee and back pains
- Higher rates of depression, PTSD and anxiety
- Drug or alcohol use/abuse rare- embarrassed to discuss
- Would commonly spend hours with a Dr. in Iraq discussing all types of medical issues and pains
- Experience with more trial n' error- try several meds
- Arabic interpreters are often not Iraqi dialect and important information should be repeated with different interpreters

Bhutanese

Have lived 15+ years in a refugee camp setting

Primarily vegetarians (lots of rice!), some chicken or goat meat

Higher rates of diabetes

Higher rates of vitamin B12 deficiency

Higher rates of anxiety and depression-wave of suicides

Most previous medical care through free clinics which were often staffed by untrained personnel

Medical care was more focused on maintenance rather than treatment- ex. Anxiety disorder-sleeping pill for years

Homeopathic treatments are common-basil for pneumonia, bark

High dosage of prescriptions are given leaving some unable to manage daily life due to side effects that they do not report back

Receptive to physicians suggestions

Community is active in leaning about health

What To Expect When Working With Refugees

Refugees who speak limited English

Refugees who speak excellent English

A family that is less educated

A family that is highly skilled and educated

People that seem very conservative or foreign

People that seem very liberal or westernized

Contact Information

- International Rescue Committee (IRC): 319-2128
- Refugee Focus, a division of Lutheran Social Services of the Southwest: 721-4444
- Catholic Community Services: 623-0344