

Refugee Women's Health: Cultural and Clinical Considerations

Health, Hope and Wholeness:
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Outline

- Women's Health
- Intersectionality: Gender and Refugee Status
- Clinical Considerations
- Culturally Sensitive Care
- Resources



What is Women's Health?

- Facilitates the preservation of wellness and prevention of illness in women
- Includes screening, diagnosis, and management of conditions that are:
 - unique in women,
 - more common in women,
 - more serious in women, and
 - have manifestations, risk factors, or interventions that are different in women
- Recognizes the diversity of women's health needs over the life cycle, reflecting differences in:
 - race, class, ethnicity, culture
 - levels of education, and
 - access to medical care

The National Academy on Women's Health Medical Education



How Does the Intersection of Gender and Refugee Status Affect Health?

- Vulnerable group
- Sexual and gender-based violence (SGBV)
- Cultural differences
- Acculturation stressors
- Strengths



Refugee Women's Health

- Preventive care
- Reproductive health
- SGBV
- Diet and exercise
- Cancer screening



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office of Refugee Resettlement

Women Speak: Finding Wellness After War
Part 1

A Video for Congolese Refugees

Refugee Women's Health
Video Series: Somali edition



ADMINISTRATION FOR
CHILDREN & FAMILIES

Female Genital Mutilation/Cutting (FGM/C)

- >513,000 girls and women in the U.S. experienced or are at risk of FGM/C*
- Violation of women's rights and a form of child abuse
- Long-term problems with physical, mental, and sexual health
- Need for clinically and culturally appropriate care
- Government and community organizations working together to end FGM/C

* Goldberg, H., Stupp, P., Okoroh, E., Besera, G., Goodman, D. and Danel, I. (2016). [Female genital mutilation/cutting in the United States: Updated estimates of women and girls at risk, 2012](#). *Public Health Reports*, 131, 1–8.



U.S. Women and Girls at Risk for FGM/C by Country of Origin and Metropolitan Area

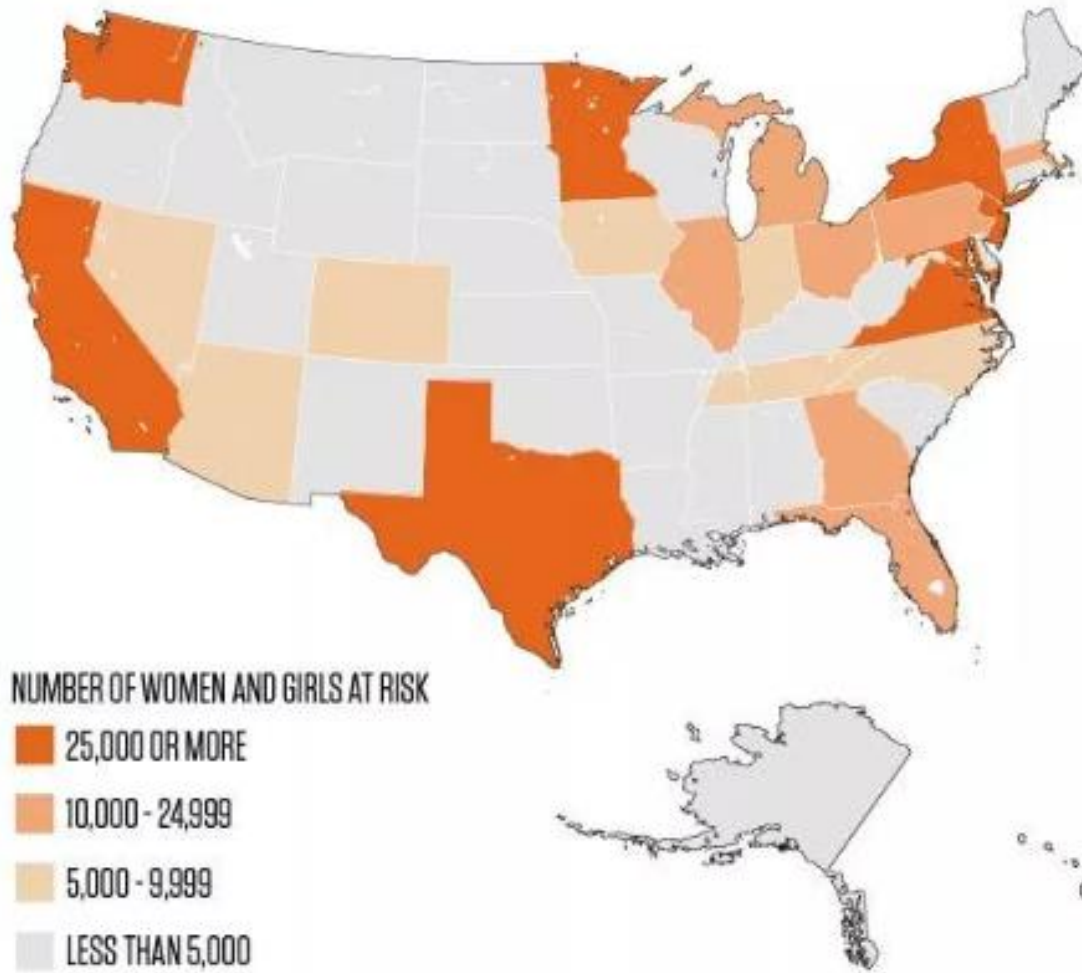
Countries of Origin (COO)	# at Risk of FGM/C
Egypt	109,205
Ethiopia	91,768
Somalia	75,537
Nigeria	40,932
Liberia	27,289
Sierra Leone	25,372
Sudan	20,455
Kenya	18,475
Eritrea	17,478
Guinea	10,302
Other COO	69,981

Metropolitan Areas	# at Risk of FGM/C
New York-Newark-Jersey City, NY-NJ-PA	65,893
Washington-Arlington-Alexandria, DC-VA-MD-WV	51,411
Minneapolis-St. Paul-Bloomington, MN-WI	37,417
Los Angeles-Long Beach-Anaheim, CA	23,216
Seattle-Tacoma-Bellevue, WA	22,923
Atlanta-Sandy Springs-Roswell, GA	19,075
Columbus, OH	18,154
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	16,417
Dallas-Fort Worth-Arlington, TX	15,854
Boston-Cambridge-Newton, MA-NH	11,347

Population Reference Bureau, 2013 data



THE NUMBER OF WOMEN AND GIRLS AT RISK OF FGM/C VARIES WIDELY ACROSS THE STATES.



Population Reference Bureau



Screening Refugees for Cancer

- Less likely to be screened for cervical, breast, and colorectal cancers
 - Limited access to care
 - Low health literacy
 - Cultural barriers
- At increased risk for cancers occurring in the developing world (e.g., liver, esophagus, and stomach)
 - No screening guidelines for cancers disproportionately affecting in migrants from the developing world
 - Clinician must have a low threshold for investigation
 - Follow preventive screening according to the U.S. Preventive Services Task Force Cancer Screening Guidelines



All of Us Research Program

- Key element of the Precision Medicine Initiative
 - Discovering how individual differences influence health and disease
 - Tailoring treatments and prevention strategies
- ≥ 1 million participants to contribute health data over many years
 - Reflecting the rich diversity of the U.S.
 - Learning more about their own health and advancing the health of their communities for generations to come
- Will inform thousands of studies and cover a wide variety of health conditions



Culturally Sensitive Systems

- Implement National Culturally and Linguistically Appropriate Services (CLAS) Standards
- Foster a trauma-informed approach
- Support enabling services
 - Transportation
 - Interpretation
 - Case management
- Offer gender-matched provider and interpreter



Provider Tips

- Recognize traditional and religious practices
- Communicate effectively
 - LEARN: Listen, Explain, Acknowledge, Recommend, Negotiate
 - ETHNIC: Explanation, Treatment, Healers, Negotiate, Intervention, Collaborate
 - Address health literacy
- Practice cultural humility



Resources

- Refugee Health Technical Assistance Center: <https://refugeehealthta.org/physical-mental-health/health-conditions/womens-health>
- ORR health videos: <https://www.acf.hhs.gov/orr/programs/refugee-health>
- HHS Office on Women's Health: <https://www.womenshealth.gov>
- NIH All of Us Research Program: <https://allofus.nih.gov>
- National CLAS Standards: <https://www.thinkculturalhealth.hhs.gov/clas>
- HealthReach: <https://healthreach.nlm.nih.gov>



Thank You!

