Refugee Women’s Health: Cultural and Clinical Considerations

Health, Hope and Wholeness: 2018 Pennsylvania Refugee Health Consultation
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Office of Refugee Resettlement
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

Women Speak: Finding Wellness After War
Part 1
A Video for Congolese Refugees
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

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

<table>
<thead>
<tr>
<th>Countries of Origin (COO)</th>
<th># at Risk of FGM/C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>109,205</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>91,768</td>
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<tr>
<td>Somalia</td>
<td>75,537</td>
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<tr>
<td>Nigeria</td>
<td>40,932</td>
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<tr>
<td>Liberia</td>
<td>27,289</td>
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<tr>
<td>Sierra Leone</td>
<td>25,372</td>
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<tr>
<td>Sudan</td>
<td>20,455</td>
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<tr>
<td>Kenya</td>
<td>18,475</td>
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<tr>
<td>Eritrea</td>
<td>17,478</td>
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<tr>
<td>Guinea</td>
<td>10,302</td>
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<tr>
<td>Other COO</td>
<td>69,981</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Metropolitan Areas</th>
<th># at Risk of FGM/C</th>
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</thead>
<tbody>
<tr>
<td>New York-Newark-Jersey City, NY-NJ-PA</td>
<td>65,893</td>
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<tr>
<td>Washington-Arlington-Alexandria, DC-VA-MD-WV</td>
<td>51,411</td>
</tr>
<tr>
<td>Minneapolis-St. Paul-Bloomington, MN-WI</td>
<td>37,417</td>
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<tr>
<td>Los Angeles-Long Beach-Anaheim, CA</td>
<td>23,216</td>
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<tr>
<td>Seattle-Tacoma-Bellevue, WA</td>
<td>22,923</td>
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<tr>
<td>Atlanta-Sandy Springs-Roswell, GA</td>
<td>19,075</td>
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<tr>
<td>Columbus, OH</td>
<td>18,154</td>
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<tr>
<td>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD</td>
<td>16,417</td>
</tr>
<tr>
<td>Dallas-Fort Worth-Arlington, TX</td>
<td>15,854</td>
</tr>
<tr>
<td>Boston-Cambridge-Newton, MA-NH</td>
<td>11,347</td>
</tr>
</tbody>
</table>

Population Reference Bureau, 2013 data
THE NUMBER OF WOMEN AND GIRLS AT RISK OF FGM/C VARIES WIDELY ACROSS THE STATES.

NUMBER OF WOMEN AND GIRLS AT RISK
- 25,000 OR MORE
- 10,000 - 24,999
- 5,000 - 9,999
- LESS THAN 5,000

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 disproportionally 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!