



Meeting the Needs of Refugees in the Family Planning Setting

Hosted by:

Office of Population Affairs

Office of Refugee Resettlement





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MS, WHNP-BC
Acting Director
Office of Population
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Agenda

- **Understanding Refugee Resettlement and the Intersection with Health and Human Services**

Curi Kim, MD, MPH, Office of Refugee Resettlement/HHS

- **Addressing Refugee Health Needs: Perspectives from the Philadelphia Refugee Health Collaborative**

Gretchen Shanfeld, Philadelphia Refugee Health Collaborative

- **Provider Perspective: Delivering Family Planning & Reproductive Health Care to Refugee Populations**

Sandra Wolf, MD, Women's Care Center, Drexel University College of Medicine

- **Q & A**



Speakers

- ***Curi Kim, MD, MPH***

Director, Division of Refugee Health
Office of Refugee Resettlement/HHS

- ***Gretchen Shanfeld, MPH***

Health Coordinator, Nationalities Service Center
Coordinator, Philadelphia Refugee Health
Collaborative

- ***Sandra Wolf, MD***

Medical Director, The Women's Care Center
Drexel University College of Medicine



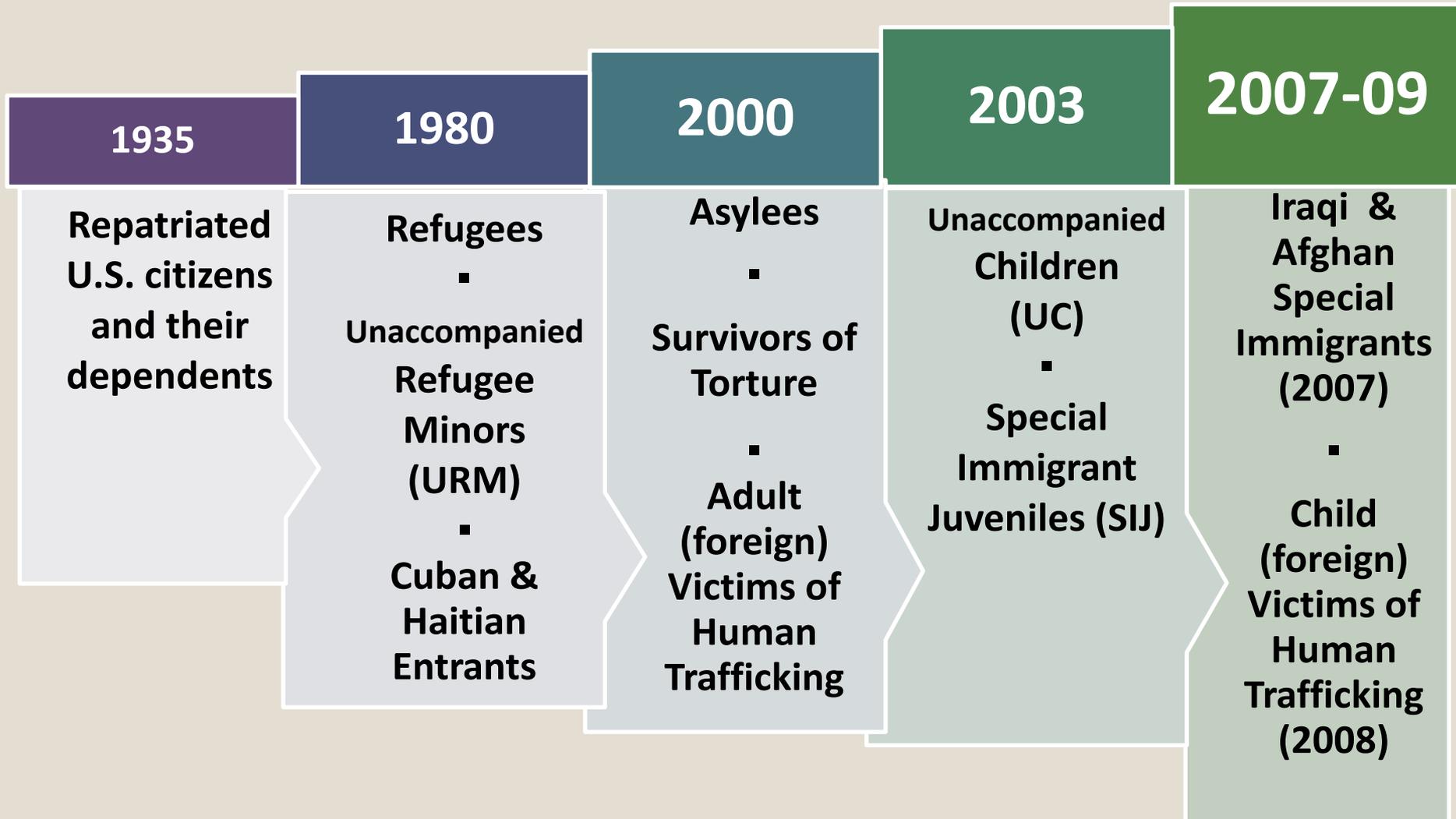
ADMINISTRATION FOR
CHILDREN & FAMILIES

Understanding Refugee Resettlement and the Intersection with Health and Human Services

Curi Kim, MD, MPH
Director, Division of Refugee Health
Office of Refugee Resettlement (ORR)

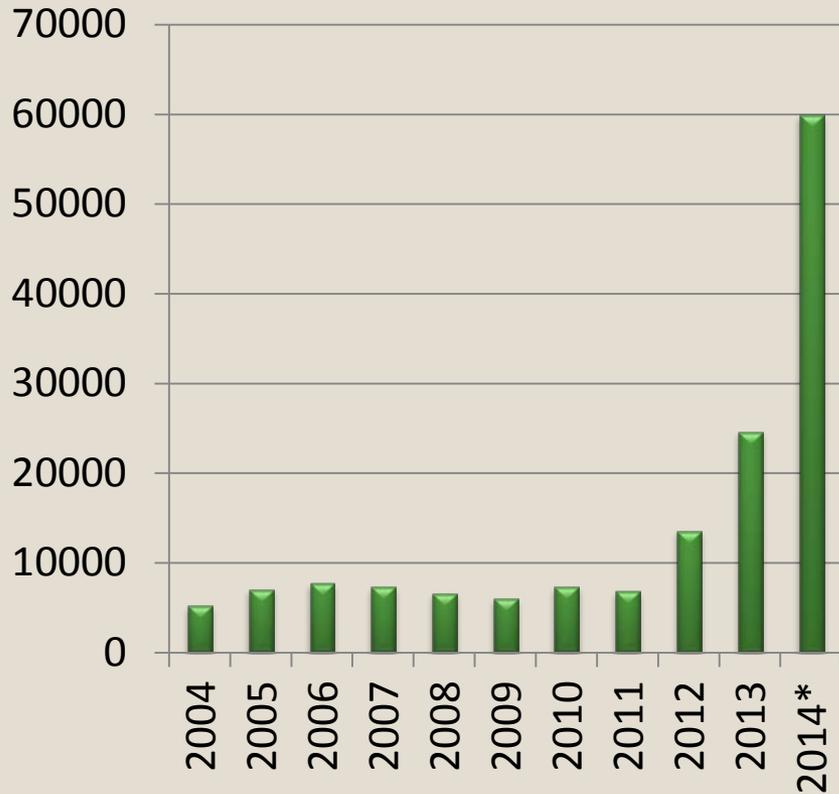
December 2014

Brief History of ORR Populations



Unaccompanied Children

UC Referrals



UC Countries of Origin (FY2014)

	Guatemala	(32%)
	El Salvador	(29%)
	Honduras	(34%)
	Mexico	(<2%)
	All Other	(<3%)

***Unreconciled Total Estimate for FY2014**

U.S. Refugee Program



Initial Overseas Refugee Registration, Assistance & Resettlement Referrals

U.S. Department of Homeland Security— U.S. Citizen & Immigration Services; and Customs & Border Protection

Refugee Overseas Screening & Approval (also asylum processing within U.S.)



U.S. Department of State— Bureau of Population, Refugees and Migration

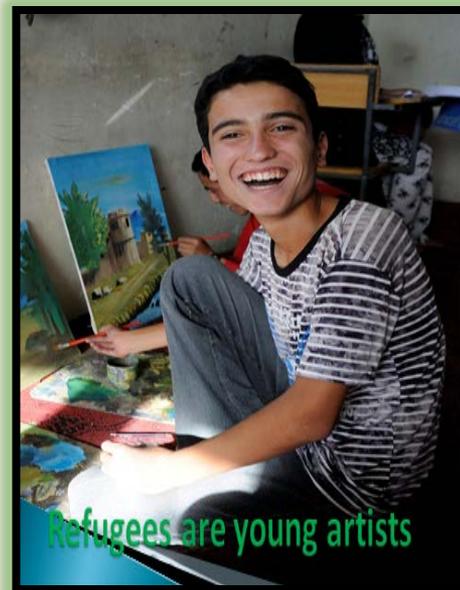
Refugee Overseas Processing; Reception & Placement in U.S. (first 90 days)



U.S. Department of Health & Human Services—Administration for Children & Families, Office of Refugee Resettlement (ORR)

ORR supports resettlement of newly arriving refugees (and other populations) through time-limited targeted funding & programs

Who are Refugees?



Did you know?

More than 3 million refugees have been resettled by the U.S. since 1975.

Sharing a Story of Resilience



Photo courtesy: UNHCR

Dadaab Refugee Camp Complex - Kenya

Top Refugee Countries of Origin

Country of Origin	FY2013 Arrivals
Iraq	19,487
Burma	16,299
Bhutan	9,134
Somalia	7,608
All other countries combined (60)	17,398
Total for FY2013	69,926

Top 10 Refugee Native Languages (FY08-FY14):



**Arabic; Nepali; Sgaw Karen; Somali; Spanish;
Chaldean; Burmese; Armenian; Kayah;
Other minor languages**

[source: Refugee Processing Center]

ORR Resettlement Caseload (Total Projections for FY2015)

70,000

- **Overseas Refugee arrivals**

29,200

- **Persons granted Asylum (asylees)**

28,000

- **Cuban/Haitian Entrants**

5,000

- **Special Immigrant Visa (SIV) Holders**

700

- **Certified (foreign) Victims of Human Trafficking (and eligible children)**

ORR's Resettlement Network

**9 national
Voluntary
Agencies**

**350 affiliated
resettlement
agencies**

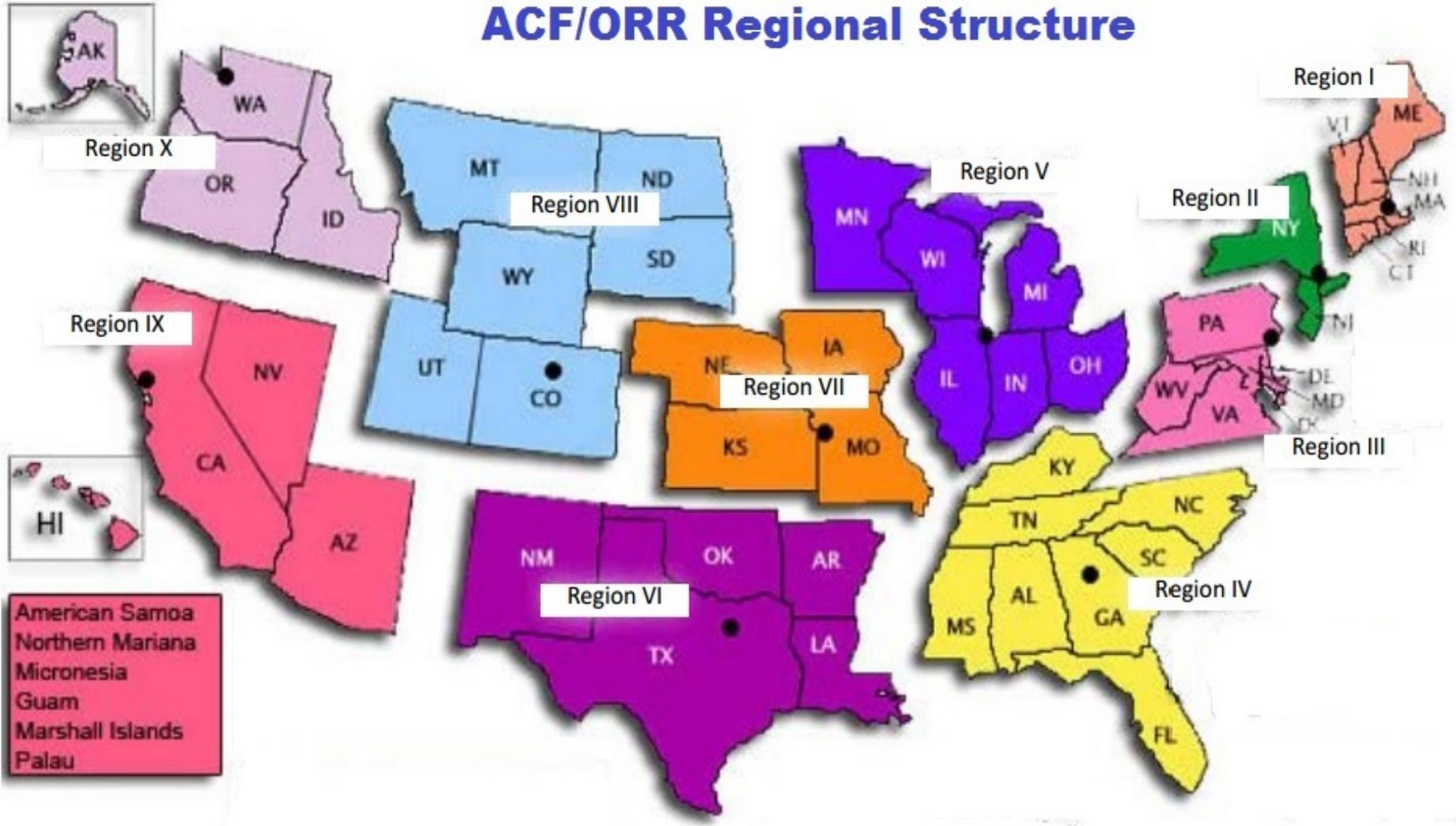
**Ethnic community
based
organizations**

**49 SRCs plus
SRHCs**

**Several affinity groups
(ARHC, SCORR, RCUSA,
etc.)**

**Other federal,
state, and local
partners**

ORR Regional Rollout



Intersection between Resettlement & Mainstream Health/Human Services

Resettlement Benefits & Core Services →

Cash Assistance

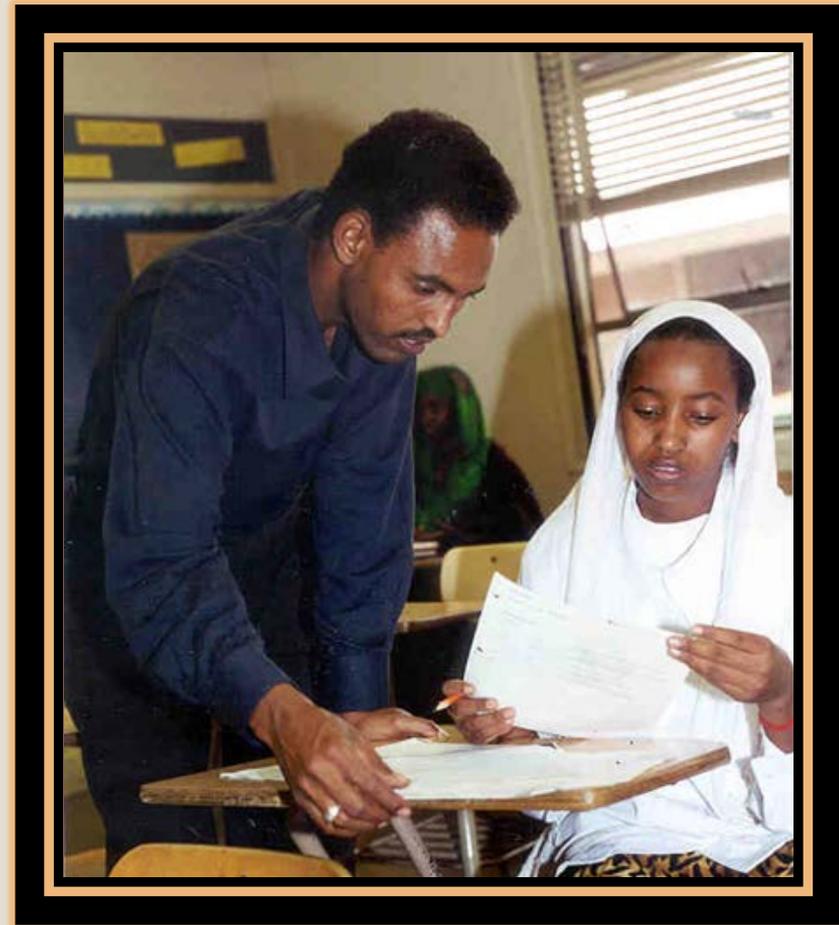
Medical Assistance

Employment

Housing

Education

Additional Social Services (Up to 5 years)



Understanding Resettlement Health/Human Services Needs



Dadaab Refugee Camp – Kenya

Photo courtesy: UNHCR

ORR Division of Refugee Health

- **Lack of health and emotional wellness poses barriers to self sufficiency**
- **Division of Refugee Health (DRH) created in 2012**
- **Program Guidance & Monitoring**
 - **Refugee Medical Assistance (RMA)**
 - **Refugee Medical Screening**
 - **Refugee Health Promotion Grant**
 - **Services for Survivors of Torture Grant**

DRH, continued

- Outreach
 - Website & Newsletter
 - Webinars & Videos
 - Education on specific issues affecting refugee communities (e.g. autism)
- Policy
- Partnerships
- Data Collection
- Emotional Wellness



Advancing Health Equity

- Addressing barriers to healthcare access
- Promoting shared resources & initiatives supporting refugee health outside of ORR
- Increasing health literacy
- Supporting culturally and linguistically appropriate systems
- Exploring health disparities

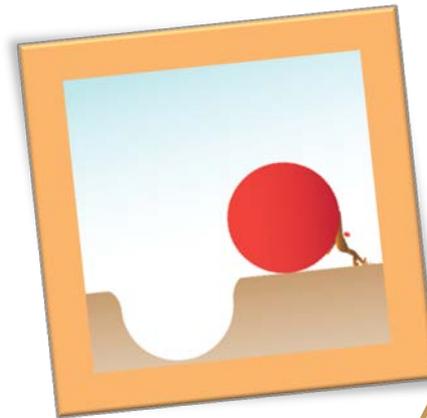


Top ORR Challenges in Linking Refugees to Mainstream Resources

➤ *Lack of awareness about refugees*

➤ *Lack of understanding about U.S. role in refugee resettlement*

➤ *Lack of mainstream institutionalized structure*



How can **YOU** be a ***Refugee Champion?***



- ✓ Help elevate refugee issues/concerns
- ✓ In partnership, help promote refugee integration
- ✓ Always ask, *“How might newly arriving, foreign born populations such as refugees & asylees be impacted?”*
 - Are refugee populations and stakeholders being considered in mainstream discussion items or initiatives?

Key ORR Resources:

ORR Links to Facilitate a Valuable Partnership—

- Programs & Initiatives: <http://www.acf.hhs.gov/programs/orr> (see bottom right for listserv sign-up)
- Regional/State contacts: <http://www.acf.hhs.gov/programs/orr/resource/orr-funded-programs-key-contacts>
- Fact Sheets <http://www.acf.hhs.gov/programs/orr/spotlight#fact-sheets>
- Events Calendar <http://www.acf.hhs.gov/programs/orr/events>
- Refugee Voices: <http://www.acf.hhs.gov/programs/orr/refugee-voices>
- Network Resources: <http://www.acf.hhs.gov/programs/orr/resource-library>

ORR & Refugee Health—

- Refugee Health Initiatives: <http://www.acf.hhs.gov/programs/orr/programs/refugee-health> (including refugee health newsletters; culturally/linguistically targeted refugee women's health videos; emergency preparedness booklet)
- Health Insurance for Refugees: <http://www.acf.hhs.gov/programs/orr/health> (including culturally/linguistically targeted videos on health insurance & refugees & more)

ORR & Ethnic Community Self-Help—<http://www.acf.hhs.gov/programs/orr/programs/ethnic-community-self-help>

ORR & LGBT Refugees—<http://www.acf.hhs.gov/blog/2013/06/orr-creates-safe-space-for-lgbt-refugees-in-the-united-states>

- Rainbow Welcome Initiative: <http://www.rainbowwelcome.org/>

ORR & Human Trafficking—<http://www.acf.hhs.gov/programs/orr/programs/anti-trafficking>

- National Human Trafficking Resource Center www.traffickingresourcecenter.org (a national, toll-free, 24-hour hotline in the United States, 1-888-373-7888).
- *Rescue & Restore Victims of Human Trafficking* Campaign: www.rescueandrestore.org
- *Rescue & Restore* Materials Order Form (awareness materials & resources in English & multiple translated languages can be ordered free of charge): <http://www.acf.hhs.gov/programs/orr/rescue-campaign>

For further questions/resources, please contact:

Mariestella.Fischer@acf.hhs.gov



Thank You!

GRETCHEN SHANFELD, MPH

Coordinator, Philadelphia Refugee Health Collaborative
Health Coordinator, Nationalities Service Center



Background: Refugee Health Profiles

Health Guidelines: CDC

<http://www.cdc.gov/immigrantrefugeehealth/index.html>

Excerpt from CDC Guidelines on Refugees from DRC:

Sexual- and Gender-Based Violence

The conflict in eastern DRC has been marked by numerous human rights abuses, including sexual and gender-based violence (SGBV). Reports include gang rapes, sexual slavery, purposeful mutilation of women's genitalia, and killing of rape victims⁷. One study estimated that 48 women are raped every hour in DRC, which is a little over 1,150 women a day⁸. According to a population-based study conducted in the eastern DRC in 2010, rates of reported sexual violence were 40% among women, and 24% among men. In addition to sexual violence, 20% of the adult population in the study reported serving as combatants at some point in their lifetime, the majority of whom reported being conscripted into armed groups⁹. The brutality of such sexual violence has resulted in unprecedented rates of trauma, physical injury including fistula, pregnancy, infertility, genital mutilation, and HIV/AIDS and other sexually transmitted diseases. 50% of rape victims in the DRC are believed not to have access to medical treatment¹⁰.

Background: Health Insurance

- Refugees can receive up to *8 months* of a special type of Medicaid called *Refugee Medical Assistance*
- RMA covers all medical services, prescriptions and dental care; patients are required to enroll with an HMO in most states
- Eligible refugee patients can continue on MA through *Expansion* in some states or through categorical eligibility in non-expansion states
- Other refugee patients can enroll in *ACA*

Background: Refugee Health Screening

- Infectious Disease Screening
- Tuberculosis Screening
- Immunizations
- Chronic Disease Treatment
- Trauma and Torture Screening
- Preventive Health
- Women's Health



Model in Philadelphia - 2005

Refugee Arrives in Philadelphia

HIAS and Council

Nationalities Service Center

Lutheran Children & Family Service

Referrals from family and friends

Public Health Centers and Private Physicians (Screenings Only)



Refugee Arrives in Philadelphia (~ 850 per year)

2014



Coordinator

philarefugeehealth.org



Jefferson Family Medicine Associates

Penn Center for Primary Care

Drexel Women's Care Center

Children's Hospital of Philadelphia

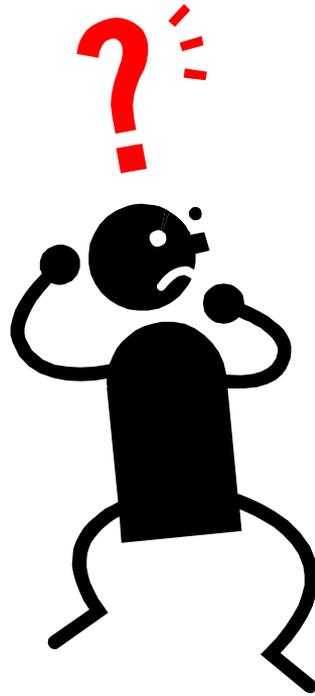
Nemours Pediatrics

Einstein Community Practice

Einstein Pediatric Clinic

Fairmount Primary Care Center

Refugee Challenges



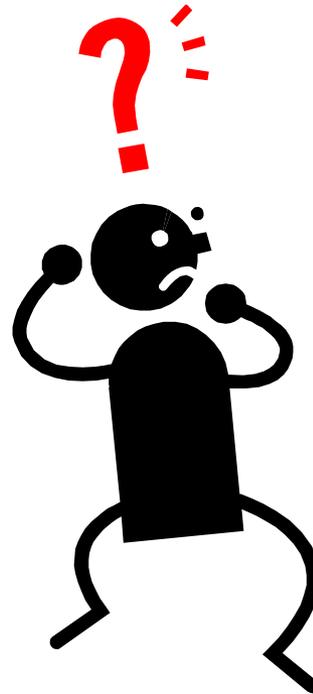
Barriers Refugees Face



Language and
Cultural Barriers



Health Issues



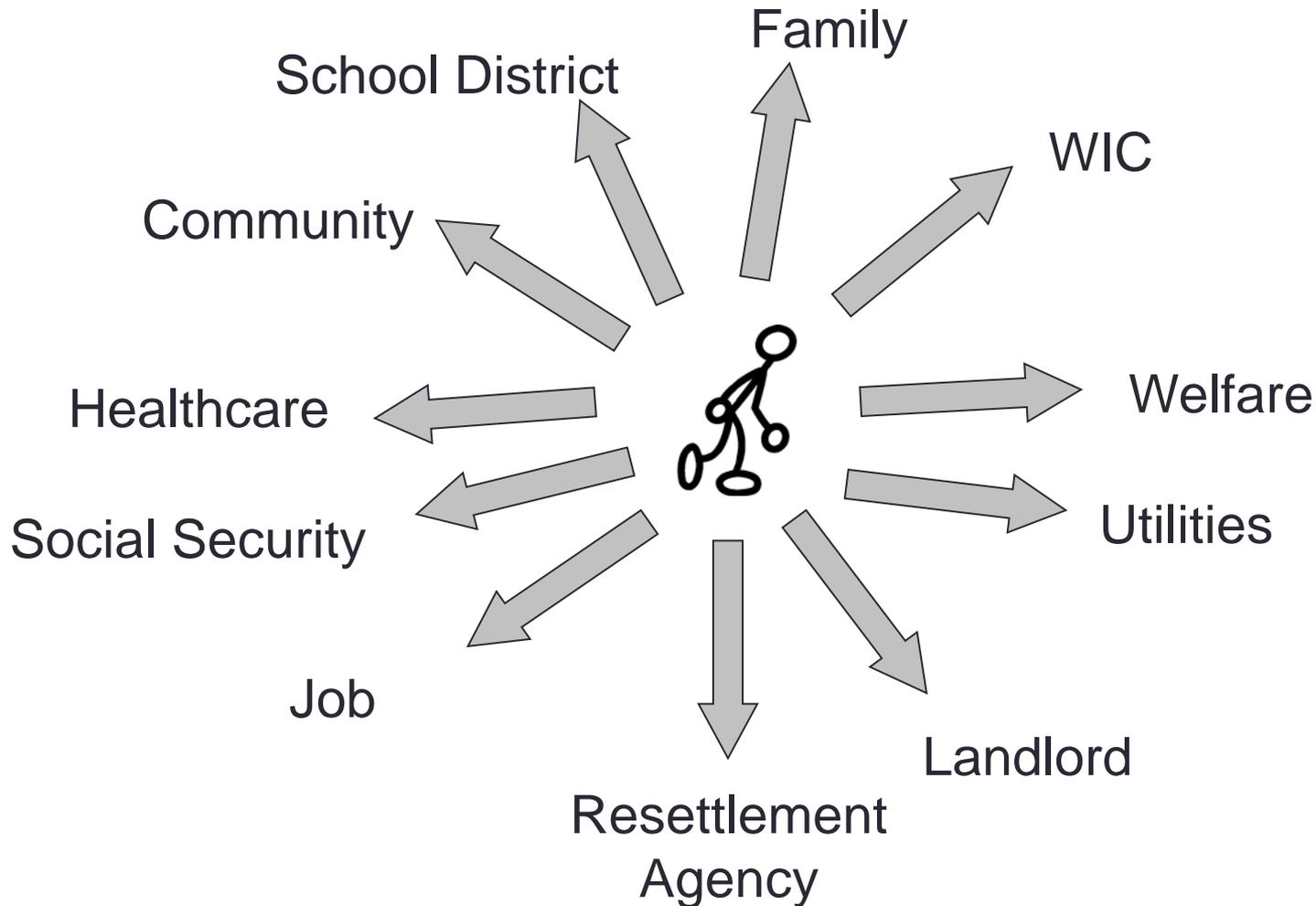
Lack of Context



Navigating Systems

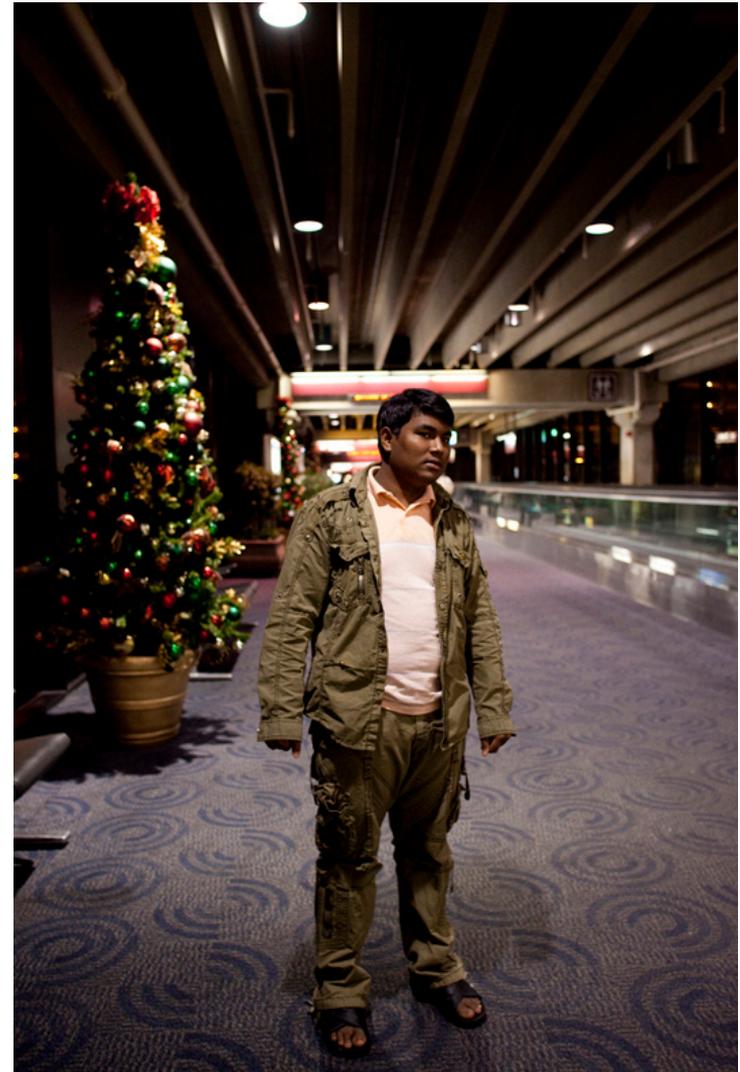


Refugee Resettlement: It Takes a Village



Resettlement Services Upon Arrival

- Reception Services
 - Airport pickup
 - Pocket money
 - Housing
 - Hot meal and Food
 - Basic household items
- 'Core Services'
 - Social security cards
 - Welfare benefits
 - Medical screening
 - Enroll children in school
 - ESL referral
 - Employment referral
 - Home visits (24 hr, 30 and 90 days)



Resettlement Services Upon Arrival: Continued



- Role of agency
- Health
- Housing
- Transportation
- Hygiene
- Budgeting and finances
- Safety
- Public benefits
- Selective service registration
- Travel Loan repayment
- Change of address

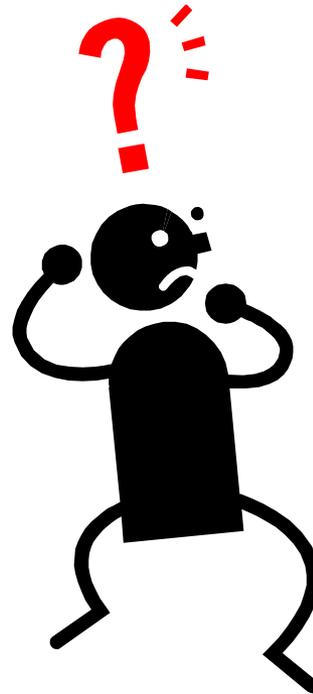
Barriers Refugees Face



Language



Health Issues



Lack of Context



Navigating Systems



A Closer Look: Cultural Humility

What is Cultural Humility?

The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person. [Hook, Davis, Owen, Worthington and Utsey (2013)]

How do I gain Cultural Humility?

- Examination: Developing an awareness of one's own thoughts, feelings and judgments
- Value the Other: Recognize that all perspectives have value.
- Exposure: Proactively creating and participating in diverse cultural experiences, which add depth and breadth to our current knowledge base.



Tips for Developing Cultural Humility

- Identify your own cultural and family beliefs and values.
- Define your own personal culture/identity: ethnicity, age, experience, education, socio-economic status, gender, sexual orientation, religion...
- Are you aware of your personal biases and assumptions about people with different values than yours?
- Challenge yourself in identifying your own values as the “norm.”

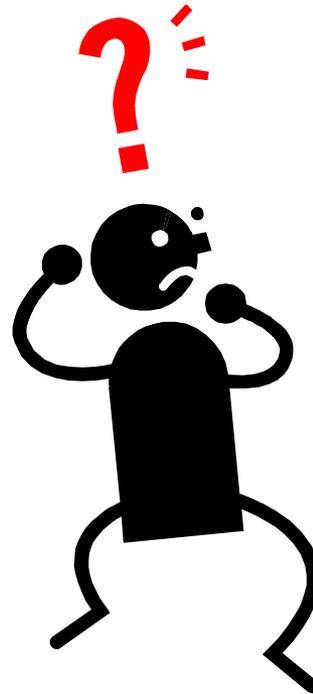
A Closer Look: Context and Women's Health

Preventive
Health

Contraception
Choices

Interpersonal
Violence

Pregnancy



Female
Genital
Mutilation



s for Insight on Context

- Look to the literature.
 - www.philarefugeehealth.org – Guidelines and Literature
- Connect with other providers.
 - <http://www.globalhealth.umn.edu/community-initiatives/index.htm>: University of Minnesota – Clinical list-serv
- Ask your patients!

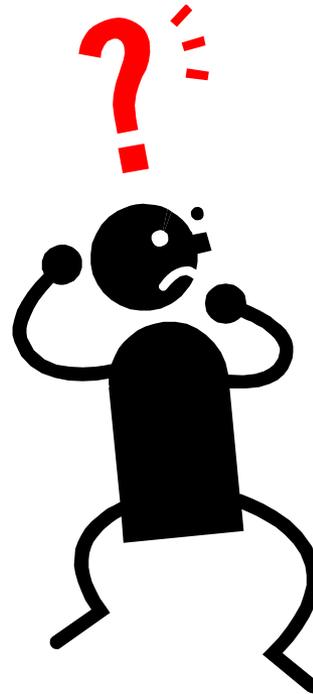
A Closer Look: Navigating Systems

Employment

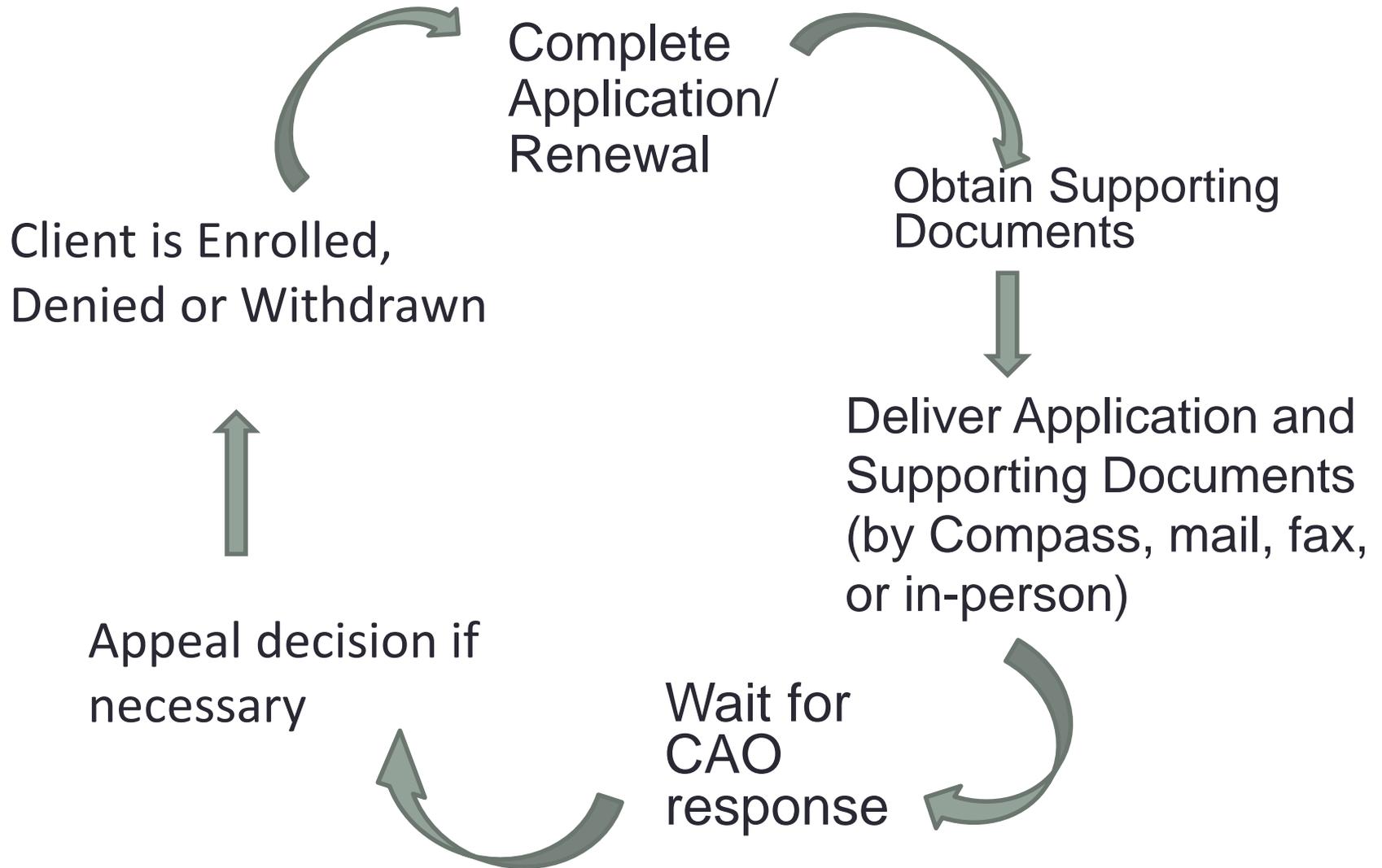
Health System
and Health
Insurance

Benefits and
Services

Schools and
Education
System



A Closer Look: Navigating Systems





Tips for Supporting Clients Navigating Systems

- Explain the big picture
- Manage expectations
 - How long will this take?
 - What can the individual expect as an outcome?
- Connect with available supportive services
 - Familiarize yourself with available programs and services
 - Encourage refugee patients to build their navigation skills

Suggested Reading or Viewing

- Film: Hotel Rwanda
- Book: The Spirit Catches You and You Fall Down, by Anne Fadiman
- Book: The Middle of Everywhere: The World's Refugees Come to Our Town, by Mary Pipher
- Zlata's Diary: A Child's Life in Sarajevo, by Zlata Filipovic

Suggested Online Resources

- Medical:
 - Refugee Health Technical Assistance Center: www.refugeehealthta.org
 - Refugee Health Information Network: www.rhin.org
 - Philadelphia Refugee Health Collaborative: www.philarefugeehealth.org
 - Harvard Program in Refugee Trauma: www.hpert-cambridge.org
- Mental Health:
 - Substance Abuse and Mental Health Services Administration: www.samhsa.gov
 - National Center for PTSD: www.ncptsd.va.gov
 - Harvard Program in Refugee Trauma: www.hpert-cambridge.org
- Legal:
 - American Immigration Lawyers Association: www.aila.org
 - Catholic Legal Immigration Network (CLINIC): www.cliniclegal.org
- Social Services:
 - Child Welfare: www.brycs.org
 - Mutual Assistance Associations: www.ised.org

Suggested Online Resources (cont.)

- Employment:
 - Refugee Works: www.lirs.org/What/RefugeeWorks
- Advocacy:
 - Amnesty International: www.amnesty.org
 - Human Rights Watch: www.hrw.org
 - US Department of State Country Reports: www.state.gov
 - United Nations Refugee Agency: www.unhcr.org
- Torture Treatment:
 - International Rehabilitation Council for Torture Victims: www.irct.org
 - Center for Victims of Torture: www.cvt.org
 - National Consortium of Torture Treatment Programs: www.ncttp.org
 - REDRESS: www.redress.org

community



prevention



healthcare



teach



**DREXEL UNIVERSITY
COLLEGE OF MEDICINE**

WOMEN'S CARE CENTER

Sandra M. Wolf, M.D.
Director of Ambulatory Services
Clinical Associate Professor,
Obstetrics & Gynecology

Philadelphia Health & Education Corporation d/b/a Drexel University College of Medicine is a separate not-for-profit subsidiary of Drexel University.



MAKING A DIFFERENCE...

Providing Health Care to Vulnerable Populations: Reproductive Health Care for Refugees



Touch on...

1. Title X providers are well suited to taking care of new refugee populations.
 - Key differences in caring for refugee women and men
2. Cultural Competency: What is it really?
3. Practical Steps: Things we've learned.
 - Getting Prepared / Resources
 - The History | The Physical Exam | Follow Up
 - Partnerships and collaborations
4. Clinical Issues
5. Challenges and Rewards



Title X Providers

1. Well versed in dealing with barriers to care. We are skilled at taking care of underserved populations.
2. Know the value of having wrap around services.
3. Mindful of the economic and social determinants of health.
4. Understand that reproductive health and chronic diseases are interlinked. (Hypertension, Diabetes, Obesity)



What is different about caring for refugees?

Provider skill set: knowledge, ability, attitude

** Provider satisfaction

Cultural Competency: Take it seriously

Differences in disease prevalence by race, ethnicity and country of origin.

As compared to our 'usual' population, country of origin may be a bigger determinant of health status than race or ethnicity.

How to!



Cultural Competency:

What is it and Why is it so important:

- A set of behaviors and attitudes that come together in a *system* and allow us to work effectively in cross cultural situations.
- Describes the ways we provide health services without having cultural differences hinder our care or the patient experience.
- Simply – it is health services that are responsive to beliefs and practices and cultural and language needs of diverse patient populations. It evolves.



Getting Started: Know Your Own Region

The US is currently experiencing its largest wave of immigration since the beginning of the 20th century.

Example:

- “Among its peer regions, Philadelphia has the largest and fastest growing immigrant population, which now stands at over 500,000, comprising 9 % of the total population.”
- Asians account for about 39% of those who have immigrated to our area.
 - Asian Americans have one of the lowest medical screening rates of all ethnic groups.

** U.S. Dept. of Commerce Economics and Statistics

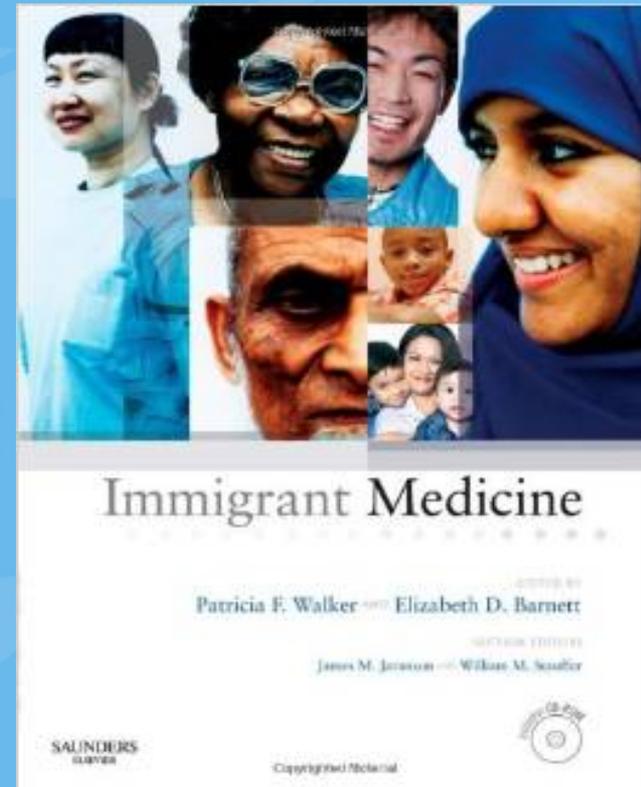


Getting Started: The Overview

Cultural Competency begins:

- Recognize a need to be Prepared.

Immigrant Medicine 2007
Patricia F. Walker
Elizabeth D. Barnett





Getting Started: Learn About Your New Patients

<http://www.culturalorientation.net/learning/backgrounders>



Bhutanese Refugee Families

This resource provides general cultural information, while recognizing that every family is unique and that cultural practices will vary by household and by generation. Several Bhutanese community leaders were interviewed for this backgrounder. While general information is provided here, it is best to get to know each family and learn their unique characteristics; whenever possible, ask members of the community about different cultural practices.

Practice Tip:

"Namaste" is a typical greeting, used when saying hello and goodbye. Literally it means, "I bow to you," and may be accompanied by palms pressed together.

Culture and Religion

Most Bhutanese refugees are Hindu, though a fair number are Buddhist or Christian. They follow the Nepali calendar, which differs from the Gregorian calendar used in the U.S. Thus, holiday dates vary from year-to-year. There are many Nepali holidays, but some of the most significant include:

- **Dasain (called Dashara by some Bhutanese):** This major holiday, which celebrates the victory of good over evil, is observed for 15 days, with the 8th, 9th and 10th days being the most important. This holiday typically occurs in early October.
- **Tihar (called Diwali in India):** Falling three weeks after Dasain, usually in late October to early November, the festival of lights is celebrated for five days, with the 3rd and 5th days being the most important. The 5th day is brother/sister day, when sisters put a blessing on their brothers' heads.
- **Nepali New Year:** Celebrated in mid-April.
- **Buddha Jayanti:** A celebration of the birth of Buddha in early May.

Practice Tip:

Fasting is a common practice among Bhutanese refugees.



Background

Since 2007, over 60,000 Bhutanese refugees have been resettled to the United States from refugee camps in Eastern Nepal (U.S. Department of State, 2012). Original...



Getting Started: Orient Staff

Explain who refugees and immigrants are and how they are part of your region.

Address prejudices. Bring up concepts of respect, cultural humility and compassion.

Address the real challenges staff will have.

Staff Tools: “I speak” Language materials.

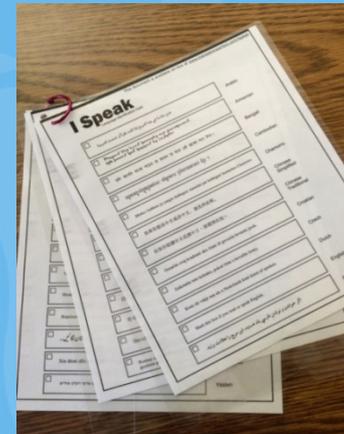
At every chance: Introduce the patient *and her story*.



A System...

...that allows us to work effectively in cross cultural situations.

Staff Tools: “I speak” Cue Cards:



Signage:



Patient information: Ethnomed

Information in Clinical Practice:

<https://ethnomed.org/>





Interpretation

**Clinical Pearl:
Working with Interpreters**

1. Briefly check in with the interpreter, informing them of the goal of visit and asking for cultural input.
2. Assure the patient that we are ALL bound by confidentiality.
3. Once the visit begins, all communication will be interpreted.
4. Speak directly to the patient.
5. Ask one question at a time, avoiding the use of jargon, slang or metaphor(s).
6. Briefly check-in with the interpreter after the visit, asking for additional cultural input. Share feedback about the interpretation process.



Students, residents, counselors and staff.

Clinical Pearl: Working with Interpreters

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The Clinical History: Tried and True?

She may never have been in this situation before!

Introduce the Visit Type: Today you are here for a gynecology exam...we do a full exam of your heart, lungs, breast and pelvic / vaginal area.

- Have you ever had a gynecology exam before?
- In the US women often have 2 doctors....
- The exam doesn't hurt. Women in the US have this every year to help them stay healthy.
- First I'll get a health history, I'll tell you more about the exam, we'll do the exam and talk with the interpreter again.
- Introduce the Computer!



Introduce the Health History

Some questions may seem very personal. We ask them of everyone. If a question bothers you, just tell me.

Let me get to know you a little bit:

- Country of origin and length of time in US
 - * Remember country of origin as a health determinant!
- Living with? How is everyone doing? (adjustment)
- Welcome to the US



Special Considerations

1. Be aware of a woman's autonomy in decision-making and the role that a spouse or matriarchal family member may play in decision making.
2. Refugee women and girls are a particularly vulnerable group with high exposure rates to sexual violence, little access to contraceptive or safe prenatal care.



The Democratic Republic of Congo

August 2013
440,000 Congolese
refugees in
Burundi, Rwanda
and Uganda.

2.6 Million driven
out of their homes
but remain in their
country





The least safe place for women in the world.





Social History and More

Smoking: Chewing tobacco and Betel nut use
Education and Literacy

Exposure to trauma and violence.

Loss and adjustment and mental health issues

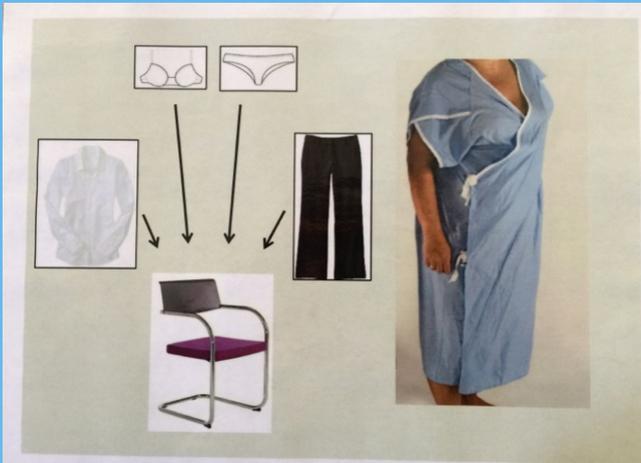


The Physical Exam: Issues and Adjustment

Explain

Respect Modesty

Gender of Provider: Educate





Special Medical Considerations

In general, reproductive health problems and outcomes for various refugee groups are not well studied.

Very few evidence-based clinical guidelines for refugees specific for reproductive health.

Three areas for consideration:

1. Lack of Screening (cervical cancer)
2. Contraception: Transitions and unplanned pregnancy, options counseling.
3. Country of origin: specific diseases

*Female genital mutilation



High Priority Conditions...

Identified by survey of skilled primary care practitioners in Canada used to develop an exhaustive document:
Evidence Based Clinical Guidelines for Immigrants and Refugees.
(July, 2011 Canadian Medical Association)

http://www.cmaj.ca/cgi/collection/canadian_guidelines_for_immigrant_health

1. Trauma, abuse and domestic violence
2. Anxiety and adjustment disorder
3. *Cancer of cervix*
4. *Contraception* (pregnancy)



Screening: Cervical Cancer / HPV

- Cervical Cancer screening is a new concept for many refugee women.
- Rates of cervical cancer screening are significantly lower among foreign born women.
- Burdon of cervical cancer is higher, as is mortality rate among foreign born.
 - In the US the incidence of cervical cancer among Vietnamese American women is estimated at 5 x the incidence among white American women.
 - Foreign born account for > 50% of cervical cancer deaths in US>



Contraception for Refugee Populations

What we Know:

- Unmet contraceptive needs among refugees as high as 60% and varies widely by country of origin.
- Studies suggest unintended pregnancy rates are higher for refugee women than native born and highest in the first 3 months.
- Refugees (developing countries) are often unaware of emergency contraception.



Contraception...

- Acceptability of contraception and method preference vary across regions.
- E.g. Use of IUDs predominant in Asia
- In some countries condoms may connote infidelity and promiscuity and may be used only with non-marital partners.
- Depending on culture, a patient may wish her male partner to actively participate in contraceptive choice.



A Host of other Clinical Issues: The PCP!

Infectious Diseases Diseases

Measles, mumps, rubella
Diphtheria, tetanus, polio, pertussis
Varicella
Hepatitis B and C
TB
Intestinal Parasites
Malaria

Chronic

Diabetes, Hypertension etc.
Anemia
Dental / Vision

Mental Health

Depression, Post-traumatic stress, Intimate partner violence..



The Plan and Follow Up

- Anticipatory Guidance: review what was done and next steps.
- Explain EVERYTHING:
- Educate
- Materials in their own language.
- Ask about coordinating care with the caseworker. Document the discussion.
- Navigation!
- Questions: What is most important to you and how can I help....



Written information

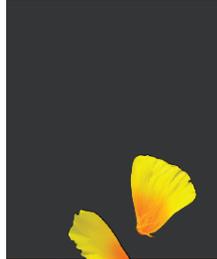
巴氏抹片檢查-Pap Tests



巴氏抹片檢查是什麼？

巴氏抹片檢查可以檢查子宮頸細胞的變化。子宮頸為子宮的下面部分，其開口與陰道相連接。此檢查可發現癌細胞或可能變為癌症的細胞。

- 使用必須置入陰道的任何藥物
- 使用陰道潤滑液
- 使用女性除臭噴劑或粉末
- 游泳
- 盆浴



巴氏测试

[Chinese]

什么是巴氏测试？

巴氏测试（或巴氏涂片）检查子宫颈的细胞是否出现变化。子宫颈是子宫的下半部分，其开口深入阴道内部。该测试可以发现癌细胞或者可能转为癌症的细胞。

女性何时应进行巴氏测试？

所有女性都应在 21 岁时进行巴氏测试。巴氏测试由女性健康临床医师（妇科医生、执业护士或助产士）执行。

如何完成巴氏测试？

专业医生或护士将窥镜插入阴道，以便观察子宫颈。他们用小棉签从子宫颈内侧和外侧采取一份细胞样本。此时女性阴道内会感受到压力，但不会导致疼痛。

女性进行巴氏测试的频率应是多少？

您每年都应到专业医生或护士处，进行骨盆和乳房检查。您在年度检查时，进行巴氏测试的频率取决于许多方面，包括您的年龄、病史、是否抽烟以及既往巴氏测试的结果。您可以在年度检查时就此进行交流。

女性何时应停止巴氏测试？

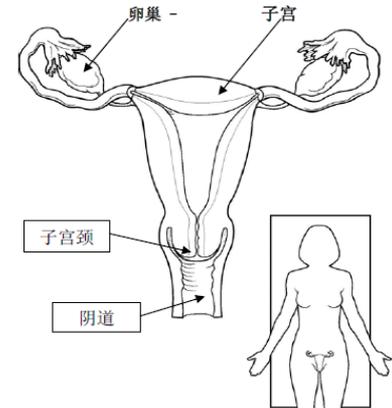
所有女性每年都应进行骨盆检查和乳房检查。70 岁以上的女性，如果最近巴氏测试的结果一直正常，则可以在年度检查时停止进行巴氏测试。

子宫切除的女性怎么办？

许多子宫切除的女性可以停止进行巴氏测试。即使在停止巴氏涂片之后，所有女性每年都应进行骨盆和乳房检查。

存在或担心女性健康问题的女性怎么办？

如果觉得乳房、骨盆区域、阴道、月经或其它“女性”区域存在问题，您应随时去看妇科医生，就您关心的问题进行交流。不要等待年度检查。



女性关爱中心

1427 VINE STREET, 7TH FLOOR
PHILADELPHIA, PA 19102
215-762-7824

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Best Practice..

- Clinical care should be informed by a person's country or origin and migration history.
- Cultural Competency: Take it seriously.
- Provide Gyn / Family Planning screening as soon as possible after arrival*
- Introduce the Pap smear, screening and preventive health concepts early and review frequently.
- Screening for unmet contraceptive needs among refugee women should begin very soon after arrival.
- Patient centered and culturally sensitive contraceptive counseling to decrease unintended pregnancy.



Challenges

Cultural Competency: Part of your mission

Obtaining basic knowledge and skills

Logistical Challenges

Provider Time

Cost with no additional reimbursement

Interpretation

Translation

Time

Additional appointments and additional follow-up time



Why Care for Refugees?

Refugees – Receive reproductive health care in a culturally competent manner

The significance of having the exam: what it means to a Refugee.

Providers – Acquire a **global view** of health, obtain rare knowledge and experience, meet unique people, contribute to the health of an underserved population

Society - Refugees contribute more to society and are more likely to pursue necessary healthcare themselves and for their families



Take Home Message

- Refugees are a medically-complex underserved population who have flown from persecution.
- We have the opportunity to ensure their health provide continuity of care, integrate them into the health system and ease their transition to their new homes.
- From these unique patients, we can learn more about global health and become physician advocates for the refugee community.



Q&A



Thank you!

