Caring for Refugees and Immigrants in Massachusetts

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**Definitions**

- **Refugee** – an immigrant who is unable to be adequately protected by their country from persecution for reasons of race, religion, nationality, or membership of a particular social group or political opinion.

- **Asylum Seeker** – meets the definition of refugee, but has not been granted refugee status in country of origin (applies in host country).

**Massachusetts Office for Refugees and Immigrants MA Region FFY 06 - FFY 10**

- Afghanistan * Albania * Algeria * Armenia * Azerbaijan *
- Bangladesh * Belarus * Bhutan * Brazil * Bulgaria * Burma *
- Burundi * Cambodia * Cameroon * Chad * Chechnya * China *
- Colombia * Congo * Cuba * Djibouti * DR * Congo * Egypt *
- Eritrea * Estonia * Ethiopia * Gabon * Ghana * Guatemala *
- Guinea * Haiti * Honduras * Hungary * India * Iran * Iraq * Ivory *
- Coast * Jamaica * Kazakhstan * Kenya * Latvia * Lebanon *
- Liberia * Mali * Mauritania * Mexico * Moldova * Mongolia *
- Nepal * Niger * North * Korea * Pakistan * Peru * Phillipines *
- Republic * of * Maldives * Russia * Rwanda * Senegal * Sierra *
- Leone * Somalia * Bantu * Sri Lanka * Sudan * Syria * Tanzania *
- Tibet * Togo * Turkmenistan * Uganda * Ukraine * United * States *
- * Uzbekistan * Venezuela * Vietnam * Yemen * Zimbabwe
Potential Challenges to Providing Health Care for Immigrants

- LEP
- Literacy
- SES
- Different levels of acculturation
- Trauma

Potential Challenges to Providing Health Care for Immigrants

Unique ways of understanding health care and illness

- Communication style
- Lack of familiarity with western health care
- Mistrust and fear
- Traditional practices, beliefs, spirituality
- Medical decision making
Challenges to providing care

- Bilingual healthcare providers
- Trained Professional Interpreters
  - in person
  - telephonic

Challenges to providing care

Basic needs

- Safety
- Food
- Clothing
- Housing
- Separation from children
- Legal Needs
- Employment
- English classes
Challenges to providing care

- Mistrust of medical system
  - Previous bad experience, poor communication
  - Fear of bills
  - Not familiar with confidentiality laws
  - Physicians may have participated in previous trauma

Race, Ethnicity, and medical care, a survey of public perception and experiences. Kaiser Family Foundation, 2005

Challenges to providing care decision making and family dynamics

- Is patient the autonomous decision maker?
- Authority figure in family, community, or religious leader?
- How does the patient wish to receive “bad news”?
Challenges to providing care traditions and religion

- Traditional medicines
- Religious fasting

Challenges to providing care

- complicated health care system
- unfamiliar with preventative health, medical procedures
- lack of acceptance of mental health
- transportation
- child care
Challenges

- Culturally based explanatory model
  - Illness may arise from metaphysical or supernatural force


Treatment approach: how to engage and keep people in care

- Establishing rapport and trust is essential for development of a therapeutic alliance.
- Earning trust of immigrant requires attentive listening, communication, genuine empathy, and respect.
Mental Health

Community

Family

Physical

Social

Psychological

Culture

Trauma

Trauma: The Refugee’s Flight

Home country

Intermediate country

Host Country

War trauma
Torture
Displacement

• Danger
• Stressors

• Poverty
• Anti-immigration sentiment
• Discrimination
Prevalence of torture among foreign-born patients presenting to an urban ambulatory care practice

- 11% (16/142, 95% CI 7% to 18%) of participants reported a history of being personally tortured in a manner that met the UN definition of torture

Asking about trauma

❖ Ask about life in home country – problems
❖ Escape process
❖ Dangerous situations or losses along the way
❖ Within this context, ask about trauma
❖ Country conditions

http://thereport.amnesty.org/

Troubling link in domestic violence cases
Immigrants more likely to be victims, data show

By Maria Sacchetti
Globe Staff / September 12, 2008
Cultural Context/Social Pressure

Medical screenings

- Infectious diseases
  - Tuberculosis
  - HIV /STDs
  - Hepatitis B
  - Parasitic infections
  - Eosinophil count

Medical Screenings and Immunizations for New Immigrants. In Immigrant Medicine, eds Walker and Barnett, 2007
Figure 18: Tuberculosis Cases by Place of Birth, Massachusetts, 1999-2009


US Born* — Non-US Born

Figure 21: Time Interval Between Arrival in the US and TB Diagnosis Among Non-US Born* Cases, Massachusetts, 1993–2009 (N=3,283)


US Born cases include Puerto Rico
Massachusetts HIV/AIDS Data Fact Sheet
The Massachusetts HIV/AIDS Epidemic at a Glance

Figure 4. People Diagnosed with HIV Infection Within the Years 2006–2008 by Race/Ethnicity and Place of Birth: Massachusetts

Race/Ethnicity

- US
- Puerto Rico
- US Dependency
- Non-US

Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/7/10

Chronic Pain

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Immigrants and refugees are a growing population in MA with unique and challenging needs.

Need for ongoing research to define optimal models of care delivery.

Need for innovative methods of community support to help these FUTURE Americans integrate into our community.