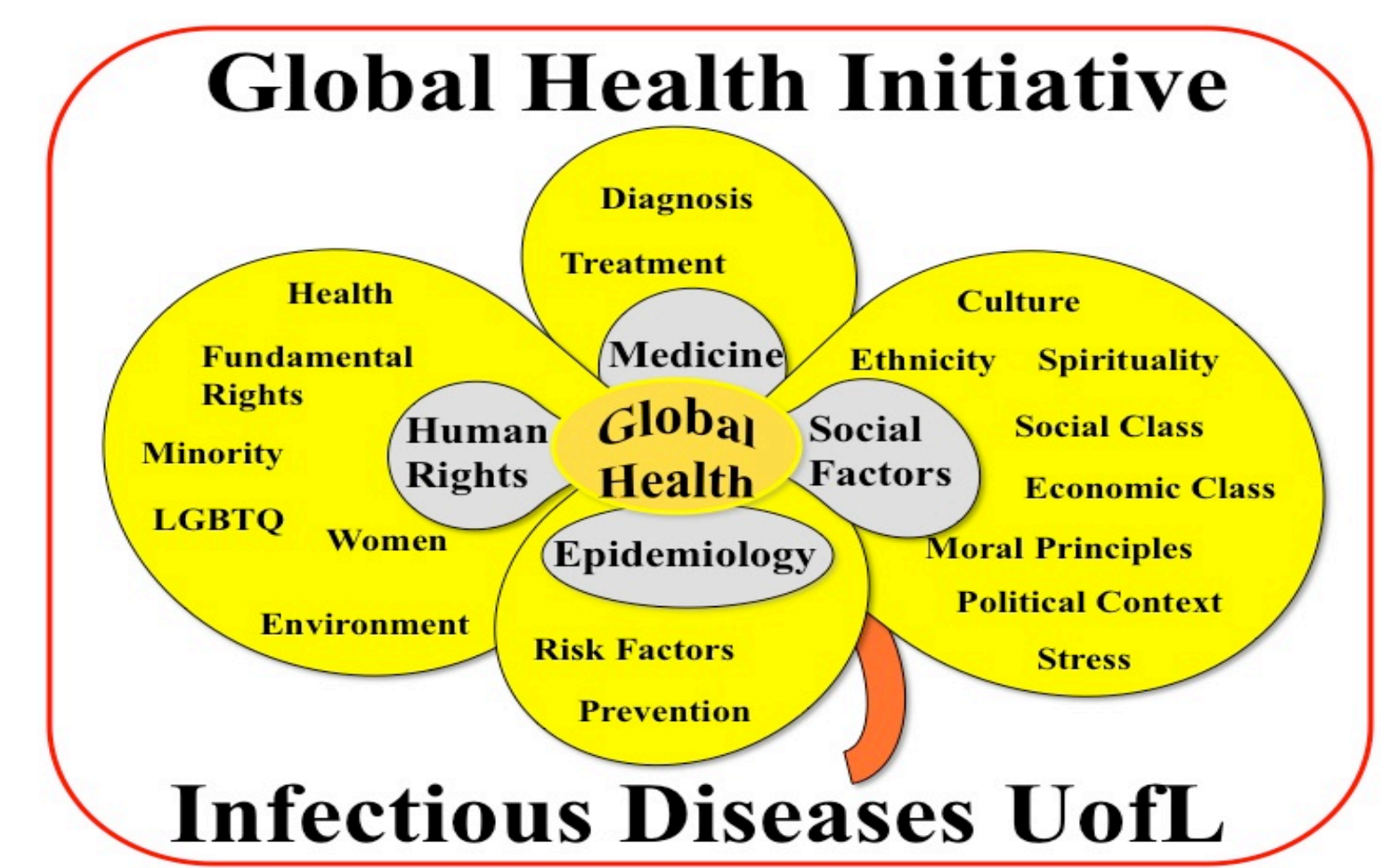


Global Health Initiative: State of Health Among Newly Arriving Cuban Refugees Seen at the 550 Clinic

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ABSTRACT

As the immigrant and refugee population continues to grow and increasingly expand into U.S. cities, refugees experience insufficient resources to support their unique health and social needs. Cubans make up the largest population of refugees seen as part of the Global Health Initiative in the 550 Clinic. Cuban refugees arrive with unique health issues that represent a challenge to the US physicians who receives very little training in refugee health. Addressing this knowledge gap is important as the immigrant and refugee population continues to be one of the fastest growing sectors in the U.S. The objective of this study is to describe the health status of Cuban refugees seen in the 550 Clinic as part of the School of Medicine Global Health Initiative. Refugee Health Surveillance database was used and data from refugees seen at the 550 Clinic from September 2013 to June 2014 was analyzed using REDCap. It was concluded that total of 194 Cuban refugees were seen in the 550 Clinic. Our analysis shows that the largest health needs faced by Cubans refugees were related to management of chronic health conditions and primary prevention. Hypertension was identified as the predominant health condition among men and women. Health issues amongst men and women refugees did not vary greatly, except in the area of birth control. Alternative family planning measures should be introduced and encouraged as a routine part of primary care. Introduction of family planning into refugee healthcare is a new area of recognition and importance for the UL Global Health Initiative.

INTRODUCTION

Cubans make up the largest population of refugees seen as part of the Global Health Initiative in the 550 Clinic. Federal protocol mandates that each refugee must obtain a domestic health screening and orientation to the U.S. health care system within 90 days of arrival . This is done in order to follow-up with any condition identified in the overseas medical evaluation, identify individuals with communicable diseases of public health importance and identify health conditions that could affect the resettlement process ,including employment.¹ Cuban refugees arrive with unique health issues that represent a challenge to the US physician who receives very little training in refugee health. Addressing this knowledge gap is important as the immigrant and refugee population continues to be one of the fastest growing sectors in the U.S. and is projected to comprise 15 % of the U.S. population by 2015.²

OBJECTIVES

The objective of this study is to describe the health status of Cuban refugees seen in the 550 Clinic as part of the School of Medicine Global Health Initiative.

MATERIALS AND METHODS

Refugee Health Surveillance database was used. Data from refugees seen at the 550 Clinic from September 2013 to June 2014 were analyzed using REDCap. The Refugee Health Screening was conducted in 2 visits. On the first visit, an assessment was done including vital signs, laboratory testing, social history, and a general orientation to the health assessment process. Permission was obtained to share health information with the respective resettlement agency and the medical providers selected by the individual refugee. The second visit, scheduled one week later, included a physical exam, growth and development, nutrition evaluation for the children, review of the prior week's laboratory test results, follow-up on social issues, and review of the plan for primary care. Upon completion of the screening visits, data were entered into the electronic health record (Allscripts) as well as the Refugee Health Surveillance database

RESULTS

- A total of 194 Cuban refugees were seen in the 550 Clinic for Refugee Health Assessment from September 2013 – June 2014. 111 (57%) were male and 83 (43%) were female.
- Figure 1 shows the most common health conditions among male and female Cuban refugees.
- 17/194 (8.8%) had a positive blood assay indicating TB infection.
- 138 (71%) were non-immune to varicella.
- 46/194 (23%) had a positive RH-15 mental health screen indicating the need for mental health follow-up.
- Issues concerning women's health were of particular interest. 77 % of Cuban women indicated that they had undergone abortion Figure 2.
- Reported birth control methods is shown in Figure 3.

RESULTS, CONTINUED

Top Health Concerns among male and female Cuban refugees

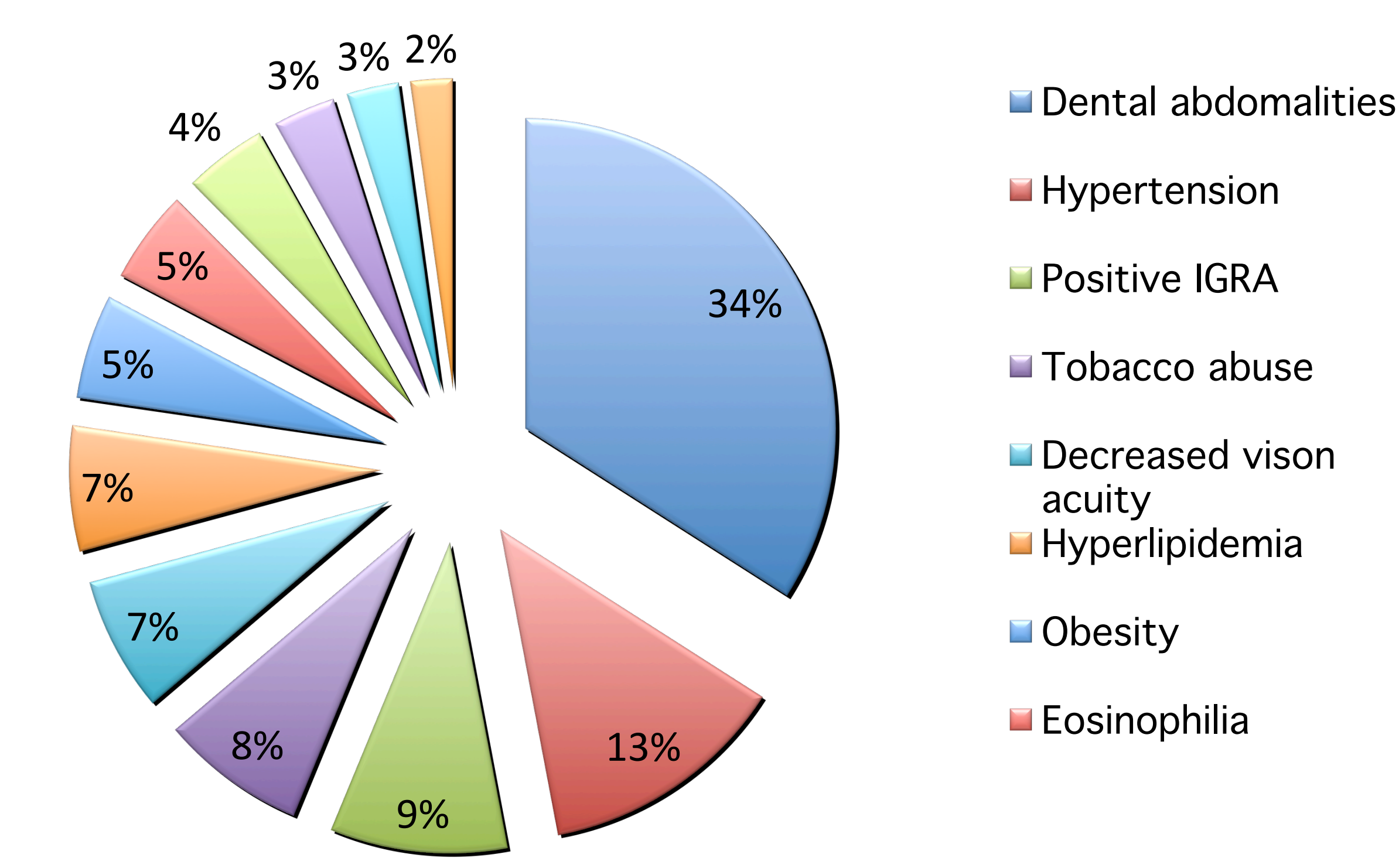


Figure 1. Common Health Conditions Among Male and Female Cuban Refugees

Abortions among cuban women >18 year old

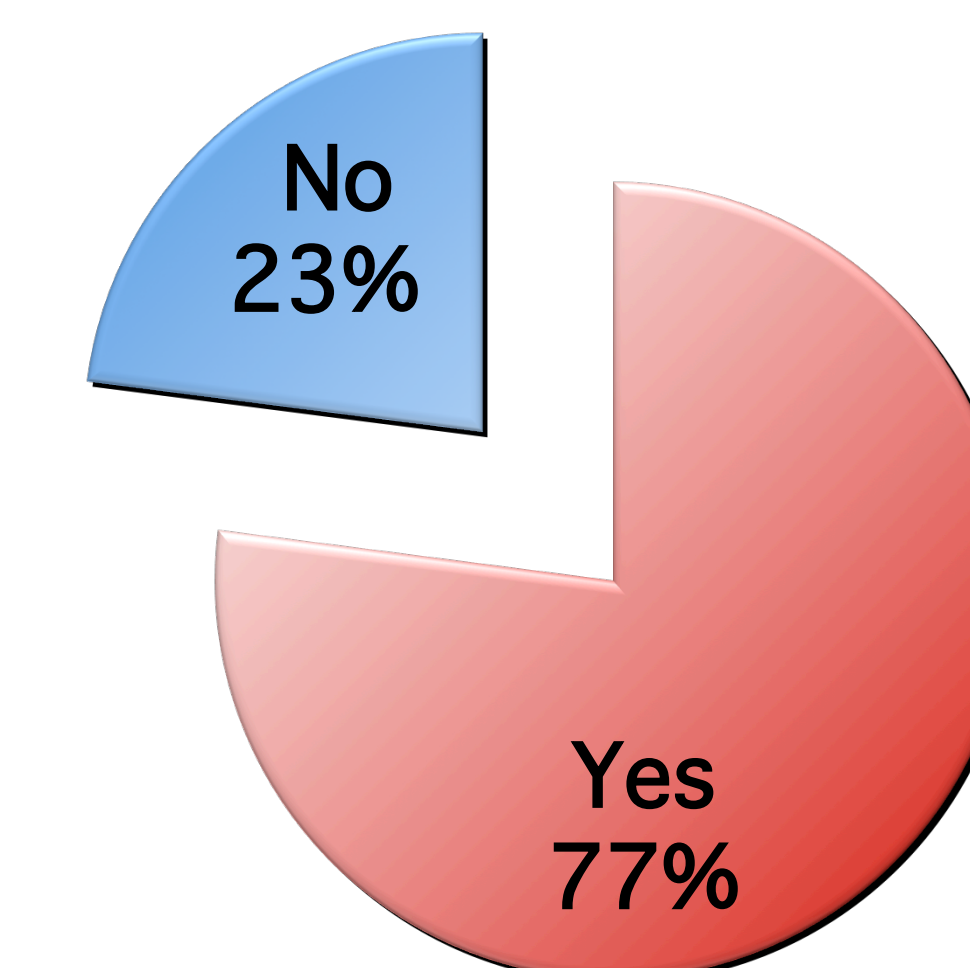


Figure 2. Abortions rate among Cuban women > 18 years old.

Birth control methods

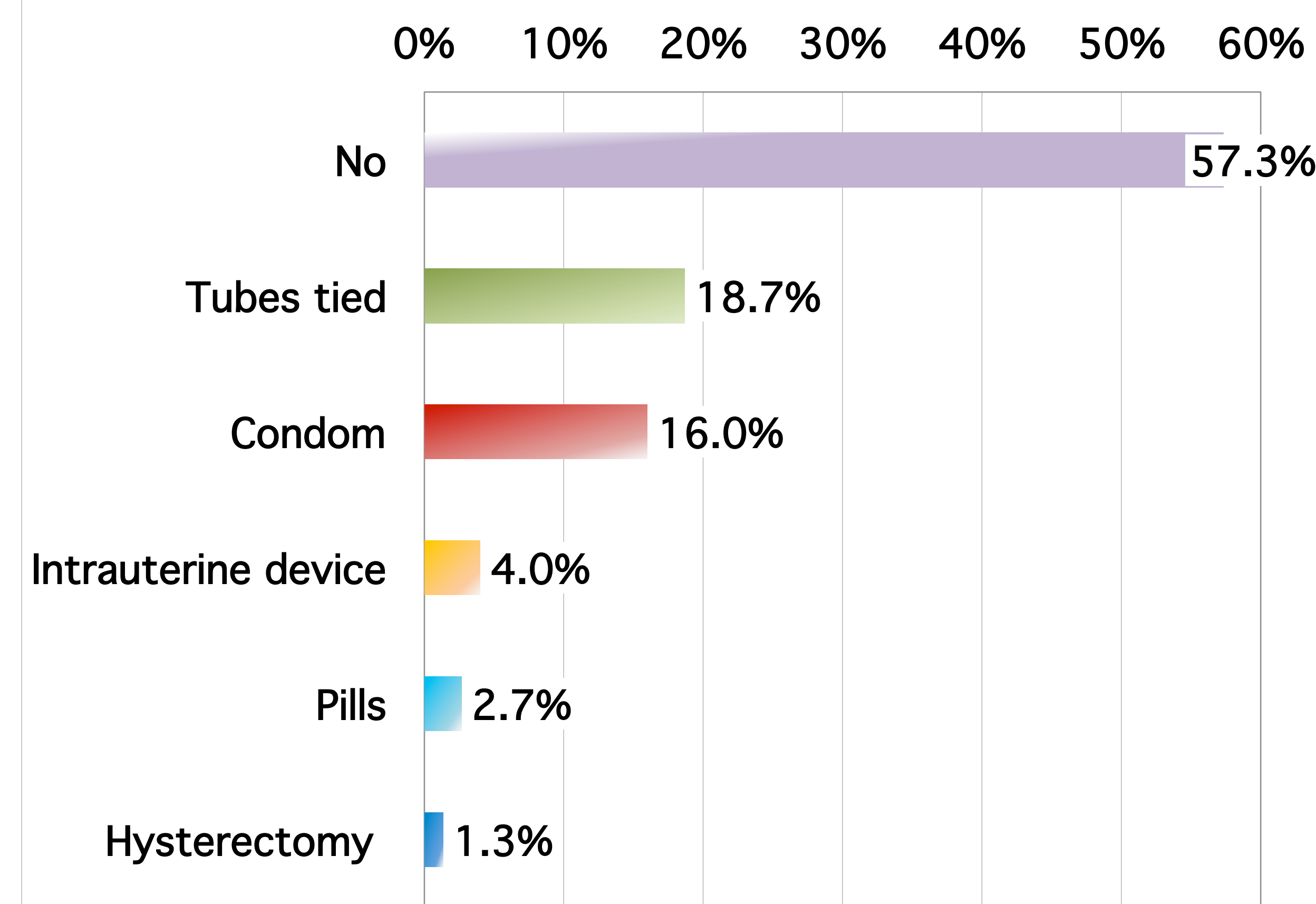


Figure 3. Birth Control Methods Reportedly Used by Cuban Women

CONCLUSIONS

The largest health needs faced by Cubans refugees were related to management of chronic health conditions and primary prevention. Hypertension was identified as the predominant health condition among men and women. Vision and dental problems and tobacco abuse were identified due to the lack of access to related services both prior to and after resettlement. Health issues amongst men and women refugees did not vary greatly, except in the area of birth control. According with Finer and Zola³, Hispanic women have the highest unintended birth rate. The performance of abortion is well not documented in Cuba and the little data that we have comes from Hans Veeken, who stated that the numbers of abortions are less than 1 per 100 deliveries. However, “regulation” of menstrual cycles are the most frequent gynecological intervention. All women whose expected menstruation is late by two weeks are offered a micro aspiration in the clinic. Veeken reported performance of 700 of these “regulations” for every 5000 fertile women ⁴. Cuban refugees need information that “regulations” are more akin to abortion in the US and are not as freely available and practiced as in Cuba. Alternative family planning measures should be introduced and supported as a routine part of primary care. Introduction of family planning into refugee healthcare is a new area of recognition and importance for the UL Global Health Initiative.

REFERENCES

- Centers for Disease Control and Prevention. General Refugee Health Guidelines. 2010. The Philadelphia Refugee Health Collaborative: Creating a Sustainable Refugee Health Care System.
- U.S. Bureau of the Census. Native and foreign-born population by selected characteristics: 2007. Washington, D.C. United States Department of Commerce; 2008.
- Finner L, Zolna M. Unintended pregnancy in the United States: incidence and disparities,2006. Contraception 2011 84,5: 478–485.
- Veeken H. Cuba: plenty of care, few condoms, no corruption. BMJ 1995; 311;935.