Determining Health Issues for Aging Refugee Women: Analysis of Data from a Health Department Database

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Introduction

- Refugee women are vulnerable to health care challenges
- Employment circumstances, health care costs, and differing cultural perspectives on healthcare can all impact refugee women's access to healthcare
- Host communities need to be aware of health challenges facing refugee women as a result of international migration

Methods

- Utah Department of Health provided refugee health screening data for newly arrived refugees, 2012-2017
- Prevalence of positive screening results are reported for women age 60 years and older

Results: Health Data

	Specialty area	Diagnosis for 130 women, unless	Number
	number with any liagnosis)	otherwise noted	with diagnosis, r (%)
C	Cardiovascular (57)	Hypertension Blood pressure without hypertension Heart murmur Other ^a (6 were for lipid profile abnormalities)	43 (33.1%) 15 (11.5%) 2 (1.5%) 12 (9.2%)
F	Endocrinology (31)	Diabetes Thyroid disorders Other* (5 were notes on blood results, 2 were noted as osteoporosis)	20 (15.4%) 3 (2.3%) 13 (10.0%)
	Gastrointestinal Issues 38)	Abdominal pain Constipation Diarrhea Othera (3 were noted as GERD/heartburn, 2 were possible IBS)	22 (16.9%) 8 (6.2%) 2 (1.5%) 14 (10.8%)
I	nfectious Diseases	Tuberculosis ^b (denominator=129) Hepatitis C ^b (denominator=58) Hepatitis ^b (denominator=119) Sexually transmitted infections** (denominator=111) HIV ^b (n=129)	53 (41.1%) 4 (6.9%) 3 (2.5%) 1 (0.9%) result not available

Table 1. Selected positive diagnoses of refugee women age 60 years and older who arrived in Utah between 2012-2017.

Results: Demographic Data

Characteristic	Number of Arrivals by Year of Entry (2012- 2017, Number %)
Self-identified country or ethnicity of	
origin	
Bhutan	23 (17.3)
Cuba	n/ac
Democratic Republic of Congo	15 (11.3)
Iran	n/ac
Iraq	39 (29.3)
Karen	11 (8.3)
Philippines	n/ac
Somalia	15 (11.3)
Sudan & South Sudan	n/ac
Countries with fewer than 10	30 (22.6)
arrivals	0 (0.0)
Missing	
Self-reported age, in years	
Median (interquartile range)	66 (63, 72)
Mean (standard deviation)	68.6 (7.5)
Range	60, 92

Table 2. Demographic characteristics of female refugees aged 60 years and older who arrived in Utah between 2012 and 2017.

Findings & Practice Implications

- Findings indicated a prevalence of conditions in refugee women that required a long-term relationship between doctor and patient (tuberculosis, hypertension)
- If results are found to be similar in other states, health care providers need to be familiar with the percentage of refugee women over 60 suffering from long-term conditions
- Further research in other states will give us a better national picture of which conditions health providers should be aware of

Limitations

- Study only analyzed data from Utah
- Prior to 2012, data were not collected in a standardized format

References

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