



An Introduction to Refugee Health

Guidance for service providers

Refugees and other newcomers can have complex medical and mental health needs due to factors experienced pre- and post-resettlement. This information guide briefly introduces refugee health to service providers and includes resources that can be shared with medical provider partners new to serving refugee patients. This content was created by Switchboard in partnership with the Society of Refugee Healthcare Providers.

Refugee Health Journey

The refugee health journey refers to the process refugees experience in relation to their health and health care services starting from their country of origin through resettlement. Understanding this journey and the factors influencing refugees' health can help service and health care providers understand how best to serve these clients' needs.

Prior to Resettlement

Prior to resettlement in the U.S., refugees and newcomers may experience the [following factors](#) that impact their health (see next page):



Understanding refugees' health journey from country of origin through resettlement can help providers understand how best to serve clients' needs.

- Access or lack of access to health care services and vaccinations in their country of origin, transitional countries, refugee camps, and/or country of departure
- Experience of traumatic events, such as conflict, violence, and displacement
- Time in refugee camps or other crowded living conditions
- Exposure to infectious diseases
- Food insecurity, lack of access to safe drinking water, and inadequate sanitation
- Poor nutrition
- Screening and management (or lack thereof) of chronic conditions such as hypertension (high blood pressure) and diabetes

Arrival in the United States

Upon arrival in the U.S., refugees continue to face factors that negatively impact their health. Some of these factors are unique to refugees, while others are similar to those faced by other vulnerable U.S. populations, such as people experiencing low income or homelessness. Factors unique to refugees include the following:

- Stressors and competing priorities of the early resettlement period
- Adjusting to a new country
- Finding employment
- Learning a new language
- Expectations/understanding of U.S. health system based on experiences with other countries' health systems
- Potential unfamiliarity with preventive care
- Lack of access to culturally and linguistically appropriate health services and information

Other factors negatively impacting refugees' health that are similar to factors affecting other vulnerable populations include the following:

- Low health literacy
- Navigating a complicated health system
- Complex medical/mental health conditions
- Lack of access to transportation
- Lack of access to health care
- Reduced social support and family separations
- Potential lack of trust in the health system
- Cost of health and dental care

Most Common Health Issues

The U.S. Centers for Disease Control and Prevention (CDC) has a branch dedicated to [Immigrant, Refugee, and Migrant Health](#). CDC has published extensive guidance related to refugee health for providers working in health care, public health, and resettlement, including [health profiles](#) for refugees originating from different countries. The [Minnesota Center of Excellence in Newcomer Health \(COE\)](#) also publishes health profiles for different groups.

Relevant health issues for newly-arrived refugees include the following:

- **Anemia:** abnormalities in the blood count, such as not enough healthy red blood cells
- **Child and newborn health:** healthy development of babies and children
- **Chronic conditions:** screening and management of diseases such as diabetes, hypertension (high blood pressure), heart disease, obesity, and cancers
- **Dental disease:** tooth decay (cavities), gum disease, tooth loss, oral cancer, etc.
- **Infectious diseases:** Hepatitis B and C, HIV, COVID-19, sexually transmitted infections, etc.
- **Latent tuberculosis (TB) infection:** TB germs are present and could make the person sick (and contagious) in the future
- **Lead levels:** elevated blood lead levels
- **Malnutrition:** not enough nutrients
- **Mental health:** depression, anxiety, post-traumatic stress disorder (PTSD), etc.
- **Micronutrient deficiencies:** not high enough levels of minerals and/or vitamins in the blood, such as vitamin B-12.
- **Parasitic infections:** parasites living in the body and causing illness, such as intestinal illness
- **Pregnancy/prenatal care:** care to promote health of the pregnant person and baby
- **Sexual and gender-based violence:** intimate partner violence, female genital mutilation/cutting (FGM/C), etc.
- **Sexual and reproductive health:** includes access to family planning options and women's wellness exams
- **Tobacco, alcohol, and drug use:** use of substances that damage one's health
- **Vaccinations:** includes vaccinations for adjustment of status and school enrollments

- **Vision/hearing screening:** checks for any concerns with sight or hearing
- **Other:** there may be other country-specific conditions (for example, malaria) that may need to be considered based on where the person came from prior to arrival in the U.S.

Service and health care providers should regularly check CDC and related resources for the most up-to-date health information about arriving newcomers. For example, the COE recently published health profiles specifically for [Afghan](#) and [Ukrainian](#) populations.

It is helpful for refugee service providers to be familiar with health issues newcomers may experience so they can help clients access the appropriate health services. However, they should not provide health advice or diagnose clients.

Health Examinations

Refugees are required to receive an **overseas medical examination** prior to resettling in the U.S. This medical examination's primary purpose is to screen for conditions that would make that person unable to be admitted to the U.S. (for example, active tuberculosis infection, which is contagious and a public health concern). It also includes vaccinations and treatment for parasites depending on capacity.

Once in the U.S., refugees are strongly recommended to undergo a **domestic medical screening**. This medical examination screens refugees for infectious diseases and non-communicable conditions, assesses their health histories, introduces them to the U.S. health care system, and connects them to follow up care. Refugees are also required to complete immunizations as part of their **adjustment of status** application when applying for a green card.

For more information about these health examinations, review CDC's [Refugee Health Guidance](#). Switchboard also has a [webinar recording](#) explaining the Domestic Medical Screening. Switchboard's guide on [Assisting Newcomers with Navigating the U.S. Health System](#) provides information about the partners involved in newcomer health and different levels of health care.

Health Case Management

Health case management, also referred to as medical case management, is a service offered throughout a range of industries. In the health care field, medical case management may be offered at hospitals and clinics. In this context, it is usually a highly regulated position and requires a medical or clinical background.

In the resettlement context, health case management can also refer to a service provider who provides case management services related to navigation of the U.S. health care system. The service provider often does not have a clinical (medical) background but ideally has social work and/or health (such as [public health](#)) training and experience.

Health case management encompasses services that go beyond basic, required health access services typical for an initial case management period. For example, Reception & Placement (R&P) services for refugees requires referral for an initial health screening and application for public benefits, such as Medicaid. These are considered core services each case should receive. Health case management goes much further.

For some organizations, depending on funding, health case management may fall under the Office of Refugee Resettlement (ORR)'s [Preferred Communities program](#) and may be referred to as "intensive case management." The exact scope and job responsibilities of resettlement service providers acting as **health case managers (HCMs)** will depend on the program, organization, and funder requirements. For example, ORR's Preferred Communities program details expectations for health/medical case management in their [program guidelines](#).

In general, health case management includes the following:

U.S. Health Care Education and Navigation

Health case managers explain to clients how the U.S. health care system works in more detail than what is offered in cultural orientations. HCMs help clients navigate the health care system, including assisting in overcoming challenges and barriers that may arise.

What this education and navigation entails can vary between clients and organizations. With the most intensive cases, it may include physically navigating the system with clients by accompanying them to medical appointments or by being on the phone with clients when calling their insurance company or health clinics.

Linkage to Services

Health case managers are responsible for linking clients to necessary services, including those within the health care system as well as external services. This includes helping clients find appropriate health care providers such as primary care providers and specialists, assisting clients with enrolling in health insurance (e.g., Medicaid), and connecting clients with benefits such as transportation assistance and Supplemental Security Income (SSI).

Coaching

Health case managers coach clients on how to be their own patient advocates and on key health care navigation skills. This can include how to:

- contact their insurance company;
- schedule their own medical appointments;
- request an interpreter for appointments;
- travel independently to medical appointments;
- decide when to access different levels of health care; and
- communicate effectively with their health care providers.

Helping Clients Prioritize Health Concerns

Clients receiving health case management services often have many health concerns. HCMs partner with clients to help them determine which concerns to prioritize, especially in light of other competing demands on clients' time, such as English classes, work schedules, and school. **This prioritization should be done in partnership with the client's medical team.**

Communication Bridge

Health case managers serve an important role as the liaison between clients, health clinics, insurance companies, State Refugee Health Coordinators, the Social Security Administration, state Human and Health Services agencies, hospitals, health departments, and anyone else on the client's care team. HCMs' role includes helping clients establish good working relationships with their health care providers.

HCMs also work with clients' medical providers to ensure that clients have access to culturally and linguistically appropriate care (for example, that the clinic uses an interpreter in the client's preferred language) and that an appropriate plan is created to manage the client's health conditions.

Health Education

Health case managers also provide health education and promotion on key topics to both clients and medical providers. HCMs may teach clients about topics beyond health care navigation, such as nutrition, sexual/reproductive health, or prenatal care in the U.S.

For medical providers, especially those new to serving refugee patients, HCMs may provide education about newcomer populations' unique needs. HCMs may also help set expectations with medical providers around what is and is not feasible for service providers to assist clients with—while keeping within the boundaries of their program, funding, and organizational capacity.

What Health Case Management Is NOT

Lines can quickly become blurred when providing health case management for clients. However, it is very important that service providers recognize their limited scope. **Service providers should always remember that:**

- **They are not medical or mental health professionals.** In many cases, service providers offering health case management are not trained medical professionals. They are therefore legally and ethically limited in the health advice and services they can provide.
- **They cannot provide health advice or diagnose a client.** HCMs cannot advise clients about what health actions they should take. This is especially true when clients are considering different treatment options, whether to undergo a procedure/surgery, and sensitive health decisions such as contraception and abortion. HCMs also should not attempt to diagnose a client based on symptoms shared; only a medical professional can do that.
- **They cannot provide medication to clients.** Only licensed professionals can dispense medication. HCMs can assist clients with accessing licensed professionals, such as an emergency room doctor, primary care clinician, or urgent care provider, who can prescribe or give clients the appropriate medication. HCMs should not give clients over-the-counter medication. Instead, they can help clients access a pharmacist to discuss which medication is appropriate to take.
- **They cannot make health decisions for clients.** HCMs, particularly those who accompany clients to medical appointments,

must maintain appropriate boundaries. They must not be involved in making any health decisions for clients, even if clients or health care providers invite them to do so. HCMs must redirect any conversations to be between the client and health care provider. HCMs should also maintain and respect clients' right to privacy during health appointments.

Important note: Preferred Communities programming sometimes includes medical or mental health interventions provided onsite as part of the health case management. However, ORR guidance stresses that such services must be provided by staff with appropriate medical expertise.

Conclusion

Refugees may face many health concerns due to factors experienced throughout their health journey. Health case management is thus integral to serving refugee and newcomer clients' needs. Numerous resources are available for both service and medical providers wanting to learn more about refugee health.

Resources

For Resettlement and Health Care Providers

[Association of Refugee Health Coordinators](#)

[Assisting Newcomers with Navigating the U.S. Health Care System: An Introduction for Direct Service Providers](#). Webinar recording and information guide.

[EthnoMed](#). Clinician- and community-facing education integrating cultural information into clinical practice.

[National Resource Center for Refugees, Immigrants, and Migrants \(NRC-RIM\)](#). Culturally and linguistically appropriate health messaging for newcomer communities; promising practices on health topics for service providers.

[New Arrival Health Overviews](#). From the Colorado Center of Excellence in Newcomer Health in partnership with CDC.

[Refugee and Immigrant Healthcare Provider Directory](#). Listing of health care providers serving or interested in serving refugee patients.

[Refugee Health Care: An Essential Medical Guide \(2nd Edition\)](#). Resource for primary care physicians and mental health practitioners who evaluate refugees. Also relevant for students, public health departments, and resettlement providers serving refugees.

[Refugee Health Profiles](#). CDC's compilation of health profiles of different refugee groups, detailing priority health conditions and demographic, cultural, and health characteristics. It is geared toward clinicians, public health, and resettlement providers.

[Society of Refugee Healthcare Providers](#). Education, networking, and best practices.

[Understanding U.S. Domestic Medical Screening for Refugees and Other Newcomers](#). Webinar recording.

For Health Care Providers

[CareRef Clinical Assessment for Refugees](#). Interactive tool for health care providers developed by Minnesota Department of Health in partnership with CDC. Customizes screening guidance for individual refugees.

[Center of Excellence in Newcomer Health](#). Clinical guidance, tools, trainings, and best practices for clinicians serving refugee patients, including [Refugee Health Care Provider Resources](#).

[Evidence-based clinical guidelines for immigrants and refugees](#). Canadian Medical Association Journal article.

[Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees](#). CDC guidance for health care providers and state public health departments.

[Immigrant and Refugee Health Care](#). CME-accredited course for clinicians from the University of Minnesota.

[RefugeeCare](#). An app for health care providers.

[Refugee Health Guidance](#). CDC guidance for health care providers for domestic and overseas medical screening of refugees.

[Introduction to Refugee and Immigrant Health Course; Refugee Health 101](#). A free introductory course and webinar recording from the University of Minnesota.

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