

Search Results

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Search History

1. MEDLINE; (asylum AND seeking AND families).ti,ab [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 3 results.
2. MEDLINE; *REFUGEES/ [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 251 results.
3. MEDLINE; (displaced AND persons).af; 422 results.
4. MEDLINE; (displaced AND persons).af [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 42 results.
5. MEDLINE; (new AND families).af [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 1717 results.
6. MEDLINE; 1 OR 2 OR 3 OR 4 OR 5 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 1977 results.
7. MEDLINE; *"HEALTH SERVICES NEEDS AND DEMAND"/ OR *NEEDS ASSESSMENT/ OR *COMMUNITY HEALTH SERVICES/; 31437 results.
8. MEDLINE; (health AND issues).af; 78129 results.
9. MEDLINE; 7 OR 8; 107709 results.
10. MEDLINE; 6 AND 9 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 119 results.
11. MEDLINE; VULNERABLE POPULATIONS/; 3624 results.
12. MEDLINE; 1 OR 2 OR 3 OR 4 OR 11 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 509 results.
13. MEDLINE; 10 AND 12 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 24 results.
14. MEDLINE; 9 AND 12 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 48 results.
15. MEDLINE; 2 AND 9 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 18 results.
18. MEDLINE; (asylum AND seeker).ti,ab [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]; 5 results.
19. HMIC; exp REFUGEES/; 634 results.
20. HMIC; (health AND needs).ti,ab; 9571 results.
21. HMIC; exp HEALTH NEEDS/; 1775 results.
22. HMIC; 20 OR 21; 10562 results.
23. HMIC; 19 AND 22; 104 results.
24. HMIC; exp PRE SCHOOL CHILDREN/; 357 results.
25. HMIC; 23 AND 24; 0 results.
26. HMIC; children.ti,ab; 14121 results.
27. HMIC; 23 AND 26; 13 results.
28. CINAHL; *REFUGEES/ [Limit to: (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years)]; 124 results.
29. CINAHL; exp HEALTH SERVICES NEEDS AND DEMAND/ [Limit to: (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years)]; 523 results.
30. CINAHL; (health AND needs).ti,ab [Limit to: (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years)]; 1251 results.
31. CINAHL; 29 OR 30 [Limit to: (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years) and (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years)]; 1609 results.

32. CINAHL; 28 AND 31 [Limit to: (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years) and (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years) and (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years)]; 10 results.

33. MEDLINE,HMIC,CINAHL; Duplicate filtered: [10 AND 12 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years) and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]], [2 AND 9 [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]], [(asylum AND seeker).ti,ab [Limit to: Publication Year 2000-Current and (Age Groups Newborn Infant birth to 1 month or Infant 1 to 23 months or Preschool Child 2 to 5 years)]], [23 AND 26], [28 AND 31 [Limit to: (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years) and (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years) and (Age Groups Infant~ Newborn 0-1 month or Infant~ 1-23 months or Child~ Preschool 2-5 years)]]; 70 results.

1. Caring for the Karen. A newly arrived refugee group.

Citation:	Minnesota Medicine, April 2010, vol./is. 93/4(49-53), 0026-556X;0026-556X (2010 Apr)
Author(s):	Power DV; Moody E; Trussell K; O'Fallon A; Chute S; Kyaw M; Letts J; Mamo B
Institution:	Department of Family Medicine and Community Health, University of Minnesota, MN, USA.
Language:	English
Abstract:	Since 2004, Minnesota has seen an influx of refugees from Burma. Many of these newcomers came from the Karen state and spent time in refugee camps in Thailand before resettling in the United States. To better understand the health needs of this population, the authors of this article conducted chart reviews at a St. Paul family medicine clinic that serves a number of Karen refugees and reviewed formal data from the Minnesota Department of Health's Refugee Health Program. Here, they briefly describe this community, the cultural issues that could affect health care providers' ability to care for Karen patients, and the health concerns of these refugees.
Country of Publication:	United States
Publication Type:	Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	Adolescent Adult Aged *Asian Continental Ancestry Group/sn [Statistics & Numerical Data] Child Child, Preschool *Communicable Disease Control/sn [Statistics & Numerical Data] *Emigrants and Immigrants/sn [Statistics & Numerical Data] Female *Health Services Needs and Demand/sn [Statistics & Numerical Data] Humans Infant Male *Mass Screening/sn [Statistics & Numerical Data] Middle Aged Minnesota Myanmar/eh [Ethnology] *Public Health/sn [Statistics & Numerical Data] *Refugees/sn [Statistics & Numerical Data] Thailand/eh [Ethnology]
Source:	MEDLINE

2. Seeking asylum and motherhood: health and wellbeing needs.

Citation:	Community Practitioner, March 2010, vol./is. 83/3(20-3), 1462-2815;1462-2815 (2010 Mar)
Author(s):	Reynolds B; White J
Language:	English
Abstract:	Pregnant asylum-seeking women and those with young babies living in initial accommodation centres are a highly vulnerable group. The care that these women receive during pregnancy, childbirth and in the postnatal period can have a lifelong impact on them and their babies. This study, conducted in June 2008, investigates the health and wellbeing needs of this group of women through holding in-depth consultations with professionals from the main organisations involved in their care and accommodation. Analysis of consultations identified areas of concern--health needs, women in transition, access to services, access to resources and information, and working environment. Several recommendations are made, which constitute small changes in practice that could make large differences to the quality of life of women in this group.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Female](#)
[Great Britain](#)
[*Health Services Accessibility](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Maternal Health Services/og \[Organization & Administration\]](#)
[*Maternal Health Services](#)
[*Maternal Welfare](#)
[*Needs Assessment](#)
[Perinatal Care/og \[Organization & Administration\]](#)
[Pregnancy](#)
[*Refugees](#)
[Vulnerable Populations](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [in fulltext](#); Note: This is a donated journal

3. Prevalence of Unmet Health Care needs and description of health care-seeking behavior among displaced people after the 2007 California wildfires.

Citation: Disaster Medicine & Public Health Preparedness, June 2009, vol./is. 3/2 Suppl(S24-8), 1938-744X (2009 Jun)

Author(s): Jenkins JL; Hsu EB; Sauer LM; Hsieh YH; Kirsch TD

Institution: Department of Emergency Medicine, Johns Hopkins University School of Medicine, Baltimore, MD 21209, USA. jjjenki36@jhmi.edu

Language: English

Abstract: **OBJECTIVES:** The southern California wildfires in autumn 2007 resulted in widespread disruption and one of the largest evacuations in the state's history. This study aims to identify unmet medical needs and health care-seeking patterns as well as prevalence of acute and chronic disease among displaced people following the southern California wildfires. These data can be used to increase the accuracy, and therefore capacity, of the medical response. **METHODS:** A team of emergency physicians, nurses, and epidemiologists conducted surveys of heads of households at shelters and local assistance centers in San Diego and Riverside counties for 3 days beginning 10 days postdisaster. All households present in shelters on the day of the survey were interviewed, and at the local assistance centers, a 2-stage sampling method was used that included selecting a sample size proportionate to the number of registered visits to that site compared with all sites followed by a convenience sampling of people who were not actively being aided by local assistance center personnel. The survey covered demographics; needs following the wildfires (shelter, food, water, and health care); acute health symptoms; chronic health conditions; access to health care; and access to prescription medications. **RESULTS:** Among the 175 households eligible, 161 (92.0%) households participated. Within the 47 households that reported a health care need since evacuation, 13 (27.7%) did not receive care that met their perceived need. Need for prescription medication was reported by 47 (29.2%) households, and 20 (42.6%) of those households did not feel that their need for prescription medication had been met. Mental health needs were reported by 14 (8.7%) households with 7 of these (50.0%) reporting unmet needs. At least 1 family member per household left prescription medication behind during evacuation in 46 households (28.6%), and 1 family member in 48 households (29.8%) saw a health care provider since their evacuation. Most people sought care at a clinic (24, 50.0%) or private doctor (11, 22.9%) as opposed to an emergency department (6, 12.5%). **CONCLUSIONS:** A significant portion of the households reported unmet health care needs during the evacuations of the southern California wildfires. The provision of prescription medication and mental health services were the most common unmet need. In addition, postdisaster

disease surveillance should include outpatient and community clinics, given that these were the most common treatment centers for the displaced population.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings: [Acute Disease/ep \[Epidemiology\]](#)
[Adolescent](#)
[Adult](#)
[Aged](#)
[Aged, 80 and over](#)
[California/ep \[Epidemiology\]](#)
[Child](#)
[Child, Preschool](#)
[Chronic Disease/ep \[Epidemiology\]](#)
[*Fires](#)
[Health Care Surveys](#)
[Health Services Accessibility/sn \[Statistics & Numerical Data\]](#)
[*Health Services Accessibility](#)
[*Health Services Needs and Demand](#)
[Humans](#)
[Infant](#)
[Male](#)
[Middle Aged](#)
[Patient Acceptance of Health Care/sn \[Statistics & Numerical Data\]](#)
[*Patient Acceptance of Health Care](#)
[*Refugees](#)
[Risk Factors](#)
[Young Adult](#)

Source: MEDLINE

4. The mental health needs of refugee children: a review of literature and implications for nurse practitioners.

Citation: Journal of the American Academy of Nurse Practitioners, 01 June 2009, vol./is. 21/6(322-331), 10412972

Author(s): Crowley C

Language: English

Abstract: Purpose: To review the current literature regarding the mental health needs of refugee children resettled in the United States and provide recommendations for clinicians working with refugee children and their families. Data sources: An extensive review of journal articles published from research conducted in first-world countries such as the United States, the United Kingdom, Australia, the Netherlands, and Canada. Conclusions: Review of the current literature suggests that while some refugee children will suffer poor mental health outcomes, such as post-traumatic stress disorder, depression, and anxiety, others may not. Several groups of researchers concluded that refugee children are actually a high functioning group. Many coping and protective factors as well as risk factors for poor outcomes have been identified by the research. Implications for practice: Because many refugee children will experience adverse psychosocial outcomes during the resettlement period, it is essential that the mental health screenings be performed during each primary care visit. Nurse practitioners have the unique opportunity to make a difference in the lives of refugee children because they play a pivotal role in the assessment, screening, and referral of children for mental health services.

Publication Type: journal article

Subject Headings: [Human Needs \(Psychology\)](#)
[Mental Disorders](#)
[Mental Health](#)
[Refugees](#)
[Refugees](#)
[Adolescence](#)

[Child](#)
[Child, Preschool](#)
[Coping](#)
[Depression](#)
[Health Screening](#)
[Mental Disorders](#)
[Mental Disorders](#)
[Mental Disorders](#)
[Nurse Practitioners](#)
[Nursing Role](#)
[Questionnaires](#)
[Research](#)
[Stress Disorders, Post-Traumatic](#)
[United States](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

5. A school-based mental health intervention for refugee children: an exploratory study.

Citation: Clinical Child Psychology & Psychiatry, 01 April 2009, vol./is. 14/2(297-309), 13591045

Author(s): Fazel M; Doll H; Stein A

Language: English

Abstract: This report describes an exploratory study of a school-based mental health service developed to address the psychological needs of refugee children. The service was made available in three schools and followed a consultative framework. Refugee children were discussed with the mental health team and children at greatest risk were seen. A questionnaire of psychological functioning was completed by teachers before and after the intervention. Data were collected on 47 refugee children and two control groups (ethnic minority and indigenous white children). Subgroup analyses compared children who were seen directly by the service with those for whom only consultation was provided. Refugee children had poorer overall adjustment at baseline particularly in the emotional and peer problem domains. The greatest improvements following the intervention were seen in hyperactivity for the refugee group and in peer problems for the refugees directly seen by the service. While further studies are necessary to assess its efficacy, this exploratory study indicates that an intervention which involves collaboration with teachers and parents, in an environment where children spend much of their time, can benefit vulnerable children. Clinical Child Psychology and Psychiatry Copyright (c) The Author(s), 2009.

Publication Type: journal article

Subject Headings:
[Mental Disorders](#)
[Mental Health Services](#)
[Refugees](#)
[School Health Services](#)
[Adolescence](#)
[Analysis of Variance](#)
[Chi Square Test](#)
[Child](#)
[Child, Preschool](#)
[Collaboration](#)
[Descriptive Statistics](#)
[Ethnic Groups](#)
[Experimental Studies](#)
[Exploratory Research](#)
[Funding Source](#)
[Indigenous Peoples](#)
[Minority Groups](#)

[Post Hoc Analysis](#)
[Pretest-Posttest Design](#)
[Psychological Tests](#)
[Questionnaires](#)
[Schools, Elementary](#)
[Schools, Middle](#)
[Schools, Secondary](#)
[Self Report](#)
[T-Tests](#)
[Human](#)

Source: CINAHL

6. Psychological needs, service utilization and provision of care in a specialist mental health clinic for young refugees: a comparative study.

Citation: Clinical Child Psychology & Psychiatry, April 2009, vol./is. 14/2(273-96), 1359-1045;1359-1045 (2009 Apr)

Author(s): Michelson D; Sclare I

Institution: King's College London, UK. daniel.michelson@iop.kcl.ac.uk

Language: English

Abstract: This study addressed psychological needs, patterns of service utilization and provision of care in a specialist mental health service for young refugees and asylum seekers in London. Comparisons were made between two groups with different levels of postulated mental health need: unaccompanied minors (UAMs; n = 49) and children accompanied to the UK by one or more primary caregivers (n = 29). Significant differences were observed in referral pathways, with UAMs more likely to be referred by social services and less likely to be referred from medical agencies. UAMs also attended fewer sessions during treatment, and missed a greater proportion of scheduled appointments. Contrary to prediction, group comparisons revealed similar levels of post-migration stress and overall psychological morbidity. However, UAMs experienced significantly more traumatic events prior to resettlement, and were more likely to exhibit symptoms of post-traumatic stress disorder (PTSD) than their accompanied peers. Despite their elevated risk of PTSD, UAMs were less likely than accompanied children to have received trauma-focused interventions. UAMs were also significantly less likely to have been treated using cognitive therapy, anxiety management and parent/carer training, as well as receiving fewer types of practical assistance with basic social needs. The clinical and service implications of these findings are discussed.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
[Adolescent](#)
[Child](#)
[Child, Preschool](#)
[Combined Modality Therapy](#)
[*Community Mental Health Centers/ut \[Utilization\]](#)
[*Delivery of Health Care/ut \[Utilization\]](#)
[England](#)
[Female](#)
[Humans](#)
[Infant](#)
[Interdisciplinary Communication](#)
[Male](#)
[Minors/px \[Psychology\]](#)
[Minors/sn \[Statistics & Numerical Data\]](#)
[*Needs Assessment/ut \[Utilization\]](#)
[Patient Care Team/ut \[Utilization\]](#)
[Referral and Consultation/ut \[Utilization\]](#)
[*Refugees/px \[Psychology\]](#)

[Refugees/sn \[Statistics & Numerical Data\]](#)
[*Stress Disorders, Post-Traumatic/ep \[Epidemiology\]](#)
[*Stress Disorders, Post-Traumatic/px \[Psychology\]](#)
[Stress Disorders, Post-Traumatic/th \[Therapy\]](#)
[Utilization Review/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

7. Changes needed in the care for sheltered persons: a multistate analysis from Hurricane Katrina.

Citation: American Journal of Disaster Medicine, March 2009, vol./is. 4/2(101-6), 1932-149X;1932-149X (2009 Mar-Apr)

Author(s): Jenkins JL; McCarthy M; Kelen G; Sauer LM; Kirsch T

Institution: Johns Hopkins University, School of Medicine, Baltimore, Maryland, USA.

Language: English

Abstract: OBJECTIVES: Following Hurricane Katrina, nearly 1,400 evacuation shelters were opened in 27 states across the nation to accommodate the more than 450,000 evacuees from the gulf region. The levee breaks in New Orleans and storm surge in Mississippi brought about significant morbidity and mortality, ultimately killing more than 1,300 people. The purpose of this study was to summarize the health needs of approximately 30,000 displaced persons who resided in shelters in eight states, including prescription medication needs, dispersement of durable medical equipment, and referrals for further care. METHODS: The first available 31,272 medical encounters forms were utilized as a convenience sample of displaced persons in Louisiana, Mississippi, Texas, Alabama, Georgia, Tennessee, Missouri, and Florida. This medical encounter form was completed by volunteer nurses, was standardized across all shelters, and included demographic information, need for acute or preventive care, pre-existing medical conditions, disposition referrals, need for prescription medication, and frequency of volunteer providers who providing care outside of their first-aid scope. RESULTS: Sheltered persons who received only acute care numbered 11,306 (36.2 percent), and those who received only preventive/chronic care numbered 10,403 (33.3 percent). A similar number, 9,563 (30.6 percent) persons, received both acute and preventive/chronic care. There were 3,356 (10.7 percent) sheltered persons who received some form of durable medical equipment. Glasses were given to 2,124 people (6.8 percent of the total visits receiving them) and were the most commonly dispense item. This is followed by dental devices (495, 1.6 percent) and glucose meters (339, 1.1 percent). Prescriptions were given to 8,154 (29.0 percent) sheltered persons. Referrals were made to 13,815 (44.2 percent) of sheltered persons who presented for medical care. The pharmacy was the most common location for referrals for 5,785 (18.5 percent) of all sheltered persons seeking medical care. Referrals were also made to outpatient clinics 3,856 (12.3 percent), opticians 2,480 (7.9 percent), and public health resources 1,136 (4.3 percent). Only 1,173 (3.8 percent) sheltered persons who presented for medical care and were referred to the emergency department or hospital for further care. CONCLUSIONS: Hurricane Katrina illustrated the need to strengthen the healthcare planning and response in regard to sheltered persons with a particular focus on primary and preventive care services. This study has reemphasized the need for primary medical care and pharmaceuticals in sheltered persons and shown new data regarding the dispersement of durable medical equipment and the frequent need for healthcare beyond the shelter setting as evidenced by referrals.

Country of Publication: United States

Publication Type: Comparative Study; Journal Article; Multicenter Study

Subject Headings:
[Adolescent](#)
[Adult](#)
[Aged](#)
[Child](#)
[Child, Preschool](#)
[*Cyclonic Storms](#)
[Data Interpretation, Statistical](#)
[*Disaster Planning/og \[Organization & Administration\]](#)

[*Disasters](#)
[Female](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Louisiana](#)
[Male](#)
[Middle Aged](#)
[*Needs Assessment/og \[Organization & Administration\]](#)
[*Relief Work/og \[Organization & Administration\]](#)
[*Sheltered Workshops/td \[Trends\]](#)
[United States](#)
[Young Adult](#)

Source: MEDLINE

8. Reconstruction efforts in Iraq failing health care.

Citation: Lancet, February 2009, vol./is. 373/9664(617-20), 0140-6736;1474-547X (2009 Feb 21)
Author(s): Webster P
Language: English
Country of Publication: England
Publication Type: News
Subject Headings: [*Child Mortality](#)
[Child, Preschool](#)
[Female](#)
[Health Care Reform/ec \[Economics\]](#)
[*Health Care Reform/td \[Trends\]](#)
[*Health Services Needs and Demand](#)
[*Human Rights](#)
[Humans](#)
[Iraq/ep \[Epidemiology\]](#)
[Male](#)
[*Malnutrition/ep \[Epidemiology\]](#)
[*Physicians/sd \[Supply & Distribution\]](#)
[*Poverty](#)
[Pregnancy](#)
[*Refugees/sn \[Statistics & Numerical Data\]](#)
[*Violence](#)
[*Women's Health](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [ProQuest](#)

9. Community-based asylum seekers' use of primary health care services in Melbourne.

Citation: Medical Journal of Australia, March 2008, vol./is. 188/6(344-8), 0025-729X;0025-729X (2008 Mar 17)
Author(s): Correa-Velez I; Johnston V; Kirk J; Ferdinand A
Institution: Refugee Health Research Centre, La Trobe University, Melbourne, VIC, Australia.
i.correa-velez@latrobe.edu.au
Language: English

Abstract: OBJECTIVE: To investigate primary health care service utilisation and health presentations among asylum seekers living in Melbourne. DESIGN AND SETTING: Retrospective audit of files of people who attended three Melbourne asylum-seeker health clinics between 1 July 2005 and 30 June 2006. MAIN OUTCOME MEASURES: Rates of reasons for the encounter, diagnostic tests or investigations required, treatments prescribed and referrals. RESULTS: Data were collected from 998 consultations corresponding to 341 people. Eighty-eight per cent of visits involved people with no Medicare access, owing to their visa status. The most common reasons for the encounter were general and unspecified symptoms or problems (rate, 59.9 per 100 encounters; 95% CI, 55-65), followed by musculoskeletal conditions (27.1; 95% CI, 24-30), and psychological problems (26.5; 95% CI, 23-30). The rate of referrals was 18.3 per 100 encounters (95% CI, 16-21). CONCLUSIONS: The three clinics providing services to asylum seekers in Melbourne are delivering care to a considerable number of people with complex health needs. A substantial number of asylum seekers present to clinics with psychological and social problems. Most cannot access government-subsidised health care. This must be addressed urgently by policy change at the federal and state and territory levels.

Country of Publication: Australia

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Child](#)
[Child, Preschool](#)
[Female](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Male](#)
[Medical Audit](#)
[Middle Aged](#)
[*Primary Health Care/ut \[Utilization\]](#)
[Referral and Consultation/sn \[Statistics & Numerical Data\]](#)
[*Refugees](#)
[Retrospective Studies](#)
[Victoria](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

10. Refugee and refugee-claimant women and infants post-birth: migration histories as a predictor of Canadian health system response to needs.

Citation: Canadian Journal of Public Health. Revue Canadienne de Sante Publique, July 2007, vol./is. 98/4(287-91), 0008-4263;0008-4263 (2007 Jul-Aug)

Author(s): Gagnon AJ; Dougherty G; Platt RW; Wahoush O; George A; Stanger E; Oxman-Martinez J; Saucier JF; Merry L; Stewart DE

Institution: School of Nursing & Department of Obstetrics and Gynecology, McGill University, 3506 University St., Montreal, QC H3A 2A7. anita.gagnon@mcgill.ca

Language: English

Abstract: BACKGROUND: Minority women from conflict-laden areas with limited host-country knowledge are among the most vulnerable migrants. Their risk status and that of their infants is magnified during pregnancy, birth, and post-birth. We conducted a study to determine whether women's postnatal health concerns were addressed by the Canadian health system differentially based on migration status (refugee, refugee-claimant, immigrant, and Canadian-born) or city of residence. METHODS: Women speaking any of 13 languages were recruited (with their infants) from postpartum units in the main Canadian receiving cities for newcomers (Toronto, Montreal, Vancouver; total n = 341

pairs from 10 hospitals) and followed at home after birth. Our primary interest was 'unaddressed concerns'; nurse-identified health concerns based on standards of postpartum care for the woman/infant at 7-10 days post-birth, for which no professional attention had been given or planned. RESULTS: A difference in unaddressed concerns by migration status was not found in our primary model [OR refugees vs. Canadian-born = 1.40 (95% CI: 0.67-2.93); refugee-claimants, 1.20 (0.61-2.34); immigrants, 1.02 (0.56-1.85)] although differences by city of residence remained after controlling for migration status, income, education, maternal region of birth, language ability, referral status, and type of birth [Toronto vs. Vancouver OR = 3.63 (95% CI: 2.00-6.57); Montreal, 1.88 (1.15-3.09)]. The odds of unaddressed concerns were greater in all migrant groups [OR refugees vs. Canadian-born = 2.42 (95% CI: 1.51-3.87); refugee-claimants, 1.64 (1.07-2.49); immigrants, 1.54 (1.00-2.36)] when analyses excluded variables which may be on the causal pathway. INTERPRETATION: Women and their newborn infants living in Toronto or Montreal may require additional support in having their health and social concerns addressed. The definitive effect of migrant group needs confirmation in larger studies.

Country of Publication: Canada

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Canada](#)
[*Emigration and Immigration](#)
[Female](#)
[*Health Services Needs and Demand](#)
[Humans](#)
[Infant, Newborn](#)
[*National Health Programs/og \[Organization & Administration\]](#)
[National Health Programs/ut \[Utilization\]](#)
[Questionnaires](#)
[*Refugees](#)

Source: MEDLINE

11. A survey of asylum seekers' general practice service utilisation and morbidity patterns.

Citation: Irish Medical Journal, May 2007, vol./is. 100/5(461-4), 0332-3102;0332-3102 (2007 May)

Author(s): McMahon JD; Macfarlane A; Avalos GE; Cantillon P; Murphy AW

Institution: Department of General Practice, National University of Ireland, Galway, Ireland.

Language: English

Abstract: To compare Irish asylum seekers to other General Medical Scheme (GMS) patients possessing Irish citizenship in terms of their utilisation of GP services, morbidity patterns and consultation outcomes. A retrospective 1 year study on patient records in two Galway City practices was performed. All asylum seekers who were patients of the two practices were compared with two controls each from a population of GSM patients with Irish citizenship matched for age, sex, and GSM status. Demographic information was recorded. For each consultation over the 12 months the diagnosis using the ICPC coding system' and consultation outcomes were recorded. Data was collected on 171 asylum seekers and 342 Irish citizens. The majority of asylum seekers registered in the two practices were from Nigeria (43.9%). The age of cases ranged from 1 month to 60 years of age with a median of 26. 45.8% were female and 54% male. The mean number of visits per asylum seeker per year was 5.16 (SD 3.12) whereas the mean for Irish Citizens was 2.31 (SD 2.33) ($p = 0.0001$). Asylum seekers had a significantly higher likelihood of being assigned diagnoses in the disease systems of psychiatry, dermatology, neurology, musculoskeletal disease, urology, respiratory, ENT, Obstetrics and Gynaecology and gastroenterology. Asylum seekers were five times more likely to be diagnosed with psychiatric illness than Irish citizens. Specifically they had a significantly higher chance of being diagnosed with anxiety (odds ratio = 3.17 [95% CI 1.1,8.68]). Overall, the frequency of prescription as a consultation outcome was higher for asylum seekers. Asylum seekers were prescribed more antibiotics and psychiatric medications but Irish GSM had higher prescription rates for drugs outside of these categories. Referral rates

were higher in the asylum seeker group. Asylum seekers attended the GP more frequently than their Irish counterparts. They were more likely to be diagnosed with psychological problems than the Irish. Studies have shown a strong link between psychological illness and being a "frequent attender" in general practice. This could explain the higher than average frequency of attendance in this group. They were more likely to be prescribed antibiotics and psychiatric medications. This study provides the first quantitative data to inform debate regarding the appropriate supply of resources to Irish practices with significant numbers of asylum seekers.

Country of Publication: Ireland

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Child](#)
[Child, Preschool](#)
[*Emigration and Immigration/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Health Care Surveys](#)
[Health Status](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Ireland](#)
[Male](#)
[Middle Aged](#)
[*Physicians, Family/ut \[Utilization\]](#)
[*Referral and Consultation/sn \[Statistics & Numerical Data\]](#)
[Retrospective Studies](#)

Source: MEDLINE

12. Equitable access to dental care for an at-risk group: a review of services for Australian refugees.

Citation: Australian & New Zealand Journal of Public Health, 01 February 2007, vol./is. 31/1(73-80), 13260200

Author(s): Davidson N; Skull S; Calache H; Chesters D; Chalmers J

Language: English

Abstract: OBJECTIVE: Despite the poor dental health of refugees, few specific services are available. This review maps public dental services for refugees across Australian jurisdictions, identifies gaps in provision, identifies barriers to accessing dental care, and provides recommendations for improving access and oral health promotion for this group. METHODS: Data were sought from the State and Territory services for: a) the survivors of torture; b) oral health care units; and c) auditors-general reports of dental services. Eligibility criteria and estimated waiting times for general dental services, criteria for access to emergency care and availability of interpreter services were reviewed. RESULTS: Marked variation exists across Australian jurisdictions in available dental services and criteria for access to public dental care for refugees. There is limited priority access to general dental services for refugees. Waiting times for public dental treatment in most, if not all, jurisdictions are unacceptably long (range 13-58 months). Few interpreter services exist for refugees seeking to access dental services. CONCLUSIONS: Access to dental services for refugees across Australia remains fragmented and limited, particularly in rural and regional areas. Refugees are not using services because of several barriers, including long waiting times, variation in assessment criteria, different eligibility criteria and limited interpreter services. Consequently, their pattern of service use does not accurately reflect their needs. IMPLICATIONS: Australia needs better co-ordinated, more extensive dental services that are easily accessible for this very high risk group. Identification of refugees as a special needs group and provision of targeted interventions addressing barriers to care are needed to establish adequate dental care.

Publication Type: journal article

Subject Headings: [Dental Health Services](#)
[Health Services Accessibility](#)
[Named Groups](#)
[Patient Attitudes](#)
[Refugees](#)
[Adolescence](#)
[Adult](#)
[Australia](#)
[Child](#)
[Child, Preschool](#)
[Communication Barriers](#)
[Dental Health Services](#)
[Health Promotion](#)
[Health Services Needs and Demand](#)
[Infant](#)
[Infant, Newborn](#)
[Middle Age](#)
[Named Groups](#)
[Oral Health](#)
[Refugees](#)
[Time Factors](#)
[Waiting Lists](#)
[Human](#)

Source: CINAHL

13. Dietary intake in asylum seeker children in The Netherlands, strongly related to age and origin.

Citation: European Journal of Clinical Nutrition, January 2007, vol./is. 61/1(104-10), 0954-3007;0954-3007 (2007 Jan)

Author(s): Stellinga-Boelen AA; Wiegersma PA; Bijleveld CM

Institution: Medical Organisation Asylum Seekers North Netherlands, Groningen, The Netherlands. Annette.Stellinga@hetnet.nl

Language: English

Abstract: **OBJECTIVE:** To monitor the dietary intake of energy, macro- and micronutrients in asylum seeker children. **DESIGN AND SETTING:** Cross-sectional study in three asylum seeker centres in The Netherlands. **SUBJECTS:** Hundred and sixteen children 2-12 years old (86% of the study cohort) provided a dietary history. **METHOD:** The dietary intake was estimated by 24 h recall, and the origin of the children was classified in three geographic regions: African (n=45), Central Asia (n=34) or Eastern Europe (n=37). **RESULTS:** The total energy intake from fat was in 24% of the children above 40En%. Seventy per cent of the children above 4 year of age had a saturated fat intake above 10En%. The children from Eastern Europe had a higher intake of fat and disaccharides than the children from the other regions. Among the children, an intake less than 80% of the recommended daily allowances of micronutrients was found for calcium (42%), iron (49%), vitamin A (45%) and vitamin D (80%). An inadequate dietary intake of iron and vitamin D was significantly more seen among the youngest children, whereas an inadequate intake of calcium and vitamin A was found more among the elder children. **CONCLUSIONS:** The dietary intake of a prominent proportion of these children contains too much fat and insufficient amounts of calcium, iron, vitamin A and vitamin D. The low micronutrient intake of the asylum seeker children can be considered as a nutritional risk. Nutritional education and strategies to improve the macro- and micronutrient intake of asylum seeker children is indicated.

Country of Publication: England

CAS Registry Number: 0 (Dietary Carbohydrates); 0 (Dietary Fats); 0 (Dietary Proteins); 0 (Micronutrients)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Africa/eh \[Ethnology\]](#)

Age Factors
 Asia, Central/eh [Ethnology]
 Child
 *Child Nutritional Physiological Phenomena
 Child, Preschool
 Cohort Studies
 Cross-Sectional Studies
 *Diet/eh [Ethnology]
 *Diet Surveys
 Dietary Carbohydrates/ad [Administration & Dosage]
 Dietary Fats/ad [Administration & Dosage]
 Dietary Proteins/ad [Administration & Dosage]
 Energy Intake
 Europe, Eastern/eh [Ethnology]
 Female
 Humans
 Male
 *Micronutrients/ad [Administration & Dosage]
 Netherlands
 *Nutritional Requirements
 Nutritive Value
 *Refugees

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

14. Resource needs to support orphans and vulnerable children in sub-Saharan Africa.

Citation: Health Policy & Planning, January 2007, vol./is. 22/1(21-7), 0268-1080;0268-1080 (2007 Jan)

Author(s): Stover J; Bollinger L; Walker N; Monasch R

Institution: Futures Institute, 41A New London Turnpike, Glastonbury, CT 06033, USA.
JStover@FuturesInstitute.org

Language: English

Abstract: In sub-Saharan Africa, 43 million children under the age of 18 have lost one or both parents to AIDS, conflict or other causes. This large number strains systems by which families and communities have traditionally provided care for orphans. Support for some orphans is being provided by a variety of government, community and non-governmental organizations but this assistance reaches only a small percentage of those who need it. This paper estimates the funding required for necessary support to those most in need. We estimate that US\$1-4 billion will be required annually by 2010, depending on whether support is provided to all orphans living below the poverty line or just those in most need. This is at least four times current funding and should be a priority topic for donor and national government resource allocation decisions this year.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
[Adolescent](#)
[Africa South of the Sahara](#)
[Child](#)
[Child, Preschool](#)
[*Foster Home Care](#)
[HIV Infections](#)
[*Health Services Needs and Demand/ec \[Economics\]](#)
[Health Services Needs and Demand/og \[Organization & Administration\]](#)
[Humans](#)
[Infant](#)
[*Resource Allocation](#)
[*Vulnerable Populations](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [ProQuest](#)

15. Health issues in newly arrived African refugees attending general practice clinics in Melbourne.

Citation: Medical Journal of Australia, December 2006, vol./is. 185/11-12(602-6), 0025-729X;0025-729X (2006 Dec 4-18)

Author(s): Tiong AC; Patel MS; Gardiner J; Ryan R; Linton KS; Walker KA; Scopel J; Biggs BA

Institution: National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT, Australia.

Language: English

Abstract: **OBJECTIVE:** To identify the most common health issues diagnosed by general practitioners in newly arrived African refugees. **DESIGN:** Descriptive study based on a purposive sample of six GPs to collate data from medical records of patients from African countries who had attended their clinics for the first time between 1 January and 30 June 2005. **SETTING:** Two community health centres and two private general practices in metropolitan Melbourne. **PARTICIPANTS:** African refugee patients who arrived in Australia after 1 June 2004 and were seen by the six participating GPs between 1 January and 30 June 2005. **MAIN OUTCOME MEASURES:** Demographic characteristics, laboratory test results and final diagnoses. **RESULTS:** Data were collected from 258 patient files. Most patients were from Sudan (57%) or Liberia (17%). Half were aged under 15 years. The most common health problems identified were inadequate vaccinations, nutritional deficiencies (vitamin D and iron), infectious diseases (gastrointestinal infections, schistosomiasis, and latent tuberculosis) and dental disease. Musculoskeletal, psychological and social problems were common in adults. 37% of patients were tested for latent tuberculosis, and 25% of these tested positive. **CONCLUSIONS:** African refugees require comprehensive health assessments for undiagnosed and untreated health problems. While most of the common diseases identified are non-communicable, if left untreated they will affect the long-term health and productivity of new settlers.

Country of Publication: Australia

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Africa/eh \[Ethnology\]](#)
[Anemia, Iron-Deficiency/di \[Diagnosis\]](#)
[Child](#)
[Child, Preschool](#)
[Community Health Centers](#)
[Family Practice](#)
[Female](#)
[Gastrointestinal Diseases/ps \[Parasitology\]](#)
[*Health Status](#)
[Humans](#)
[Infant](#)
[Male](#)
[Mass Screening](#)
[Middle Aged](#)
[Private Practice](#)
[*Refugees](#)
[Retrospective Studies](#)
[Schistosomiasis/di \[Diagnosis\]](#)
[Tuberculosis/di \[Diagnosis\]](#)
[Vaccination](#)
[Victoria](#)
[Vitamin D Deficiency/di \[Diagnosis\]](#)

Source: MEDLINE
Full Text: Available in *fulltext* at [ProQuest](#)

16. Rapid needs assessment of Hurricane Katrina evacuees-Oklahoma, September 2005.

Citation: Prehospital & Disaster Medicine, November 2006, vol./is. 21/6(390-5), 1049-023X;1049-023X (2006 Nov-Dec)

Author(s): Rodriguez SR; Tocco JS; Mallonee S; Smithee L; Cathey T; Bradley K

Institution: Epidemic Intelligence Service, Centers for Disease Control and Prevention, Atlanta, Georgia, USA. srussell@tchd.org

Language: English

Abstract: INTRODUCTION: On 04 September 2005, 1,589 Hurricane Katrina evacuees from the New Orleans area arrived in Oklahoma. The Oklahoma State Department of Health conducted a rapid needs assessment of the evacuees housed at a National Guard training facility to determine the medical and social needs of the population in order to allocate resources appropriately. METHODS: A standardized questionnaire that focused on individual and household evacuee characteristics was developed. Households from each shelter building were targeted for surveying, and a convenience sample was used. RESULTS: Data were collected on 197 households and 373 persons. When compared with the population of Orleans Parish, Louisiana, the evacuees sampled were more likely to be male, black, and 45-64 years of age. They also were less likely to report receiving a high school education and being employed pre-hurricane. Of those households of > 1 persons, 63% had at least one missing household member. Fifty-six percent of adults and 21% of children reported having at least one chronic disease. Adult women and non-black persons were more likely to report a pre-existing mental health condition. Fourteen percent of adult evacuees reported a mental illness that required medication pre-hurricane, and eight adults indicated that they either had been physically or sexually assaulted after the hurricane. Approximately half of adults reported that they had witnessed someone being severely injured or dead, and 10% of persons reported that someone close to them (family or friend) had died since the hurricane. Of the adults answering questions related to acute stress disorder, 50% indicated that they suffered at least one symptom of the disorder. CONCLUSIONS: The results from this needs assessment highlight that the evacuees surveyed predominantly were black, of lower socio-economic status, and had substantial, pre-existing medical and mental health concerns. The evacuees experienced multiple emotional traumas, including witnessing grotesque scenes and the disruption of social systems, and had pre-existing psychopathologies that predisposed this population to post-traumatic stress disorder (PTSD). When disaster populations are displaced, mental health and social service providers should be available immediately upon the arrival of the evacuees, and should be integrally coordinated with the relief response. Because the displaced population is at high risk for disaster-related mental health problems, it should be monitored closely for persons with PTSD. This displaced population will likely require a substantial re-establishment of financial, medical, and educational resources in new communities or upon their return to Louisiana.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)
[Child](#)
[Child, Preschool](#)
[*Disasters](#)
[Female](#)
[Humans](#)
[Infant](#)
[Louisiana/eh \[Ethnology\]](#)
[Male](#)
[Mental Health](#)

[Middle Aged](#)
[Needs Assessment/og \[Organization & Administration\]](#)
[*Needs Assessment](#)
[Oklahoma/ep \[Epidemiology\]](#)
[*Public Health Administration](#)
[*Refugees](#)
[Relief Work](#)
[Social Class](#)
[Social Support](#)

Source: MEDLINE

17. Rapid needs assessment of Hurricane Katrina evacuees -- Oklahoma, September 2005.

Citation: Prehospital & Disaster Medicine, 01 November 2006, vol./is. 21/6(390-395), 1049023X

Author(s): Rodriguez SR; Tocco JS; Mallonee S; Smithee L; Cathey T; Bradley K

Language: English

Abstract: Introduction: On 04 September 2005, 1,589 Hurricane Katrina evacuees from the New Orleans area arrived in Oklahoma. The Oklahoma State Department of Health conducted a rapid needs assessment of the evacuees housed at a National Guard training facility to determine the medical and social needs of the population in order to allocate resources appropriately.; Methods: A standardized questionnaire that focused on individual and household evacuee characteristics was developed. Households from each shelter building were targeted for surveying, and a convenience sample was used. Results: Data were collected on 197 households and 373 persons. When compared with the population of Orleans Parish, Louisiana, the evacuees sampled were more likely to be male, black, and 45-64 years of age. They also were less likely to report receiving a high school education and being employed pre-hurricane. Of those households of >1 persons, 63% had at least one missing household member. Fifty-six percent of adults and 21% of children reported having at least one chronic disease. Adult women and non-black persons were more likely to report a pre-existing mental health condition. Fourteen percent of adult evacuees reported a mental illness that required medication pre-hurricane, and eight adults indicated that they either had been physically or sexually assaulted after the hurricane. Approximately half of adults reported that they had witnessed someone being severely injured or dead, and 10% of persons reported that someone close to them (family or friend) had died since the hurricane. Of the adults answering questions related to acute stress disorder, 50% indicated that they suffered at least one symptom of the disorder.; Conclusions: The results from this needs assessment highlight that the evacuees surveyed predominantly were black, of lower socio-economic status, and had substantial, pre-existing medical and mental health concerns. The evacuees experienced multiple emotional traumas, including witnessing grotesque scenes and the disruption of social systems, and had pre-existing psychopathologies that predisposed this population to post-traumatic stress disorder (PTSD). When disaster populations are displaced, mental health and social service providers should be available immediately upon the arrival of the evacuees, and should be integrally coordinated with the relief response. Because the displaced population is at high risk for disaster-related mental health problems, it should be monitored closely for persons with PTSD. This displaced population will likely require a substantial re-establishment of financial, medical, and educational resources in new communities or upon their return to Louisiana.

Publication Type: journal article

Subject Headings:
[Natural Disasters](#)
[Needs Assessment](#)
[Public Health Administration](#)
[Refugees](#)
[Adolescence](#)
[Adult](#)
[Aged](#)
[Child](#)

[Child, Preschool](#)
[Female](#)
[Humanitarian Aid](#)
[Infant](#)
[Louisiana](#)
[Male](#)
[Mental Health](#)
[Middle Age](#)
[Oklahoma](#)
[Social Class](#)
[Support, Psychosocial](#)

Source: CINAHL

18. [Patterns of contact with general practice in the daytime by guest workers with immigrant and refugee background in Copenhagen municipality, 1998]. [Danish] Kontaktraten til almen praksis i dagtid for indvandrere med gaestearbejder- og flygtningebaggrund i Kobenhavns Kommune i 1998.

Original Title: Kontaktraten til almen praksis i dagtid for indvandrere med gaestearbejder- og flygtningebaggrund i Kobenhavns Kommune i 1998.

Citation: Ugeskrift for Laeger, September 2006, vol./is. 168/38(3217-22), 0041-5782;1603-6824 (2006 Sep 18)

Author(s): Dyhr L; Andersen JS

Institution: Kobenhavns Universitet, Forskningsenheden for Almen Praksis og Afdelingen for Almen Medicin. l.dyhr@gpract.ku.dk

Language: Danish

Abstract: INTRODUCTION: Little is known about immigrants' contact with the Danish health system. The aim of this study was to compare the pattern of contact with general practitioners of guest workers, refugees and non-immigrants in Copenhagen. MATERIALS AND METHODS: 2.04 daytime contacts (home visits, clinic consultations and telephone consultations) by 423,202 inhabitants during the year 1998 as recorded in the National Patient Registry were merged with information about citizenship and place of birth in the Danish Central Office of Civil Registration. The contacts were described by the average number of contacts per person at risk per year. The differences between non-immigrants and immigrants were analyzed using Poisson regression. RESULTS: Immigrants and non-immigrants showed nearly the same sex- and age-dependent contact pattern. Immigrant children (1-18 years) and older people (60+ years) had a lower contact rate than non-immigrants in the same age groups. The 19- to 59-year-old guest worker women and men had 3% and 5% higher contact rates and the refugee women and men 2% and 17% higher contact rates, respectively, than non-immigrants in the same age group. The percentage of telephone consultations was lower for immigrants and the clinic consultation rate higher than for non-immigrants. CONCLUSION: There are sex- and age-specific differences between immigrants and non-immigrants. If equity is a goal in public health care, we should know more about its actual use. More complex research designs are needed, as well as theoretical studies, to shed light on these issues.

Country of Publication: Denmark

Publication Type: Comparative Study; English Abstract; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
[Adolescent](#)
[Adult](#)
[Age Factors](#)
[Aged](#)
[Child](#)
[Child, Preschool](#)
[Denmark/ep \[Epidemiology\]](#)
[Denmark/eh \[Ethnology\]](#)
[*Emigration and Immigration](#)
[*Family Practice/sn \[Statistics & Numerical Data\]](#)
[Female](#)

[Humans](#)
[Infant](#)
[Male](#)
[Middle Aged](#)
[*Office Visits/sn \[Statistics & Numerical Data\]](#)
[*Refugees](#)
[Sex Factors](#)
[Urban Health Services/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

19. Are paediatric burns more common in asylum seekers? An analysis of paediatric burn admissions.

Citation: Burns, March 2006, vol./is. 32/2(242-5), 0305-4179;0305-4179 (2006 Mar)

Author(s): Dempsey MP; Orr DJ

Institution: National Paediatric Burn Unit, Our Lady's Hospital for Sick Children, Crumlin, Dublin 12, Ireland. marlesedempsey@excite.com

Language: English

Abstract: The number of asylum seekers in Ireland has increased dramatically over the last 10 years. Based on our impression that the number of children admitted to our burn unit was disproportionately represented by children of asylum seekers we performed an audit to establish (1) what proportion of admissions are from this subgroup and (2) the characteristics of their burns. All paediatric burn admissions from May 2003 to April 2004 were reviewed. Data collected from a retrospective chart review included patient demographics and details of the burn injuries. The National Census of 2002 and the Office of the Refugee Applications Commissioner were consulted for population statistics. Total burn admissions for the period were 126: Irish nationals (n=107), non-national residents (n=2), asylum seekers (n=14) and patients of unknown asylum status (n=3, excluded from study). In the asylum seeker group, the median age was 18.6 months (range 10 months-5.3 years) with the majority less than 2 years (n=11). All burns occurred in the domestic setting. Scalds accounted for 13 cases, one contact burn occurred from a hot grill. The median total body surface area burned was 5.7% (range 1.5-26%). The National Census of 2002 recorded a population of 3,917,203. With less than 12,000 asylum seekers in the country, they comprise only approximately 0.3% of the population yet they account for 11.4% of the burn patients admitted to our unit, $p<0.0001$. Children of asylum seekers are over-represented in our series of paediatric admissions for burns and are more likely than Irish children to sustain a burn at a younger age and in the domestic setting. This may indicate an increased risk of injury and warrants further investigation.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
[*Accidents, Home/sn \[Statistics & Numerical Data\]](#)
[Adolescent](#)
[Body Surface Area](#)
[*Burns/ep \[Epidemiology\]](#)
[Burns/et \[Etiology\]](#)
[Child](#)
[Child, Preschool](#)
[Female](#)
[Humans](#)
[Infant](#)
[Ireland](#)
[Length of Stay](#)
[Male](#)
[*Refugees/sn \[Statistics & Numerical Data\]](#)
[Risk Factors](#)
[Socioeconomic Factors](#)

Source: MEDLINE

20. Assessment of health-related needs after tsunami and earthquake--three districts, Aceh Province, Indonesia, July-August 2005.

Citation:	MMWR - Morbidity & Mortality Weekly Report, February 2006, vol./is. 55/4(93-7), 0149-2195;1545-861X (2006 Feb 3)
Author(s):	Centers for Disease Control and Prevention (CDC)
Language:	English
Abstract:	<p>On December 26, 2004, an earthquake measuring 9.2 on the Richter scale off the northwest coast of the island of Sumatra, Indonesia, produced a tsunami that caused the deaths of an estimated 230,000 persons in India, Indonesia, the Maldives, Somalia, Sri Lanka, and Thailand. The majority of casualties were in Aceh Province (population 4.5 million) in northern Sumatra, Indonesia, where an estimated 130,000 persons died. In addition, 500,000 persons were displaced from their homes, and 37,000 remain unaccounted for in the province. In the Aceh Province districts of Banda Aceh and Aceh Besar, an estimated 90,000 persons died; approximately 75% of health workers in Banda Aceh either died or were displaced from their homes. On March 28, 2005, a second major earthquake, measuring 8.7 on the Richter scale, caused large-scale damage to the islands of Simeulue and Nias off the western Sumatra coast; approximately 300 persons died, and thousands were displaced. The international community responded to these events with the largest relief measures ever undertaken for a natural disaster. To determine the health and nutrition status of the affected populations and to evaluate the effectiveness of relief interventions 7 months after the tsunami and 3 months after the second earthquake, Cooperative for Assistance and Relief Everywhere, Inc. (CARE) International Indonesia and CDC conducted surveys in three districts of Aceh Province (Aceh Besar, Banda Aceh, and Simeulue). This report summarizes the results of those surveys, which identified routine vaccinations and provision of toilets or latrines as particular areas for improvement and revealed no significant difference in health indicators between internally displaced persons (IDPs) and nondisplaced populations. The relief response in Aceh Province should target areas needing improvement with programs that serve both IDPs and nondisplaced persons, as measures are implemented to rebuild the public health infrastructure.</p>
Country of Publication:	United States
Publication Type:	Journal Article
Subject Headings:	Adolescent Adult Child Child, Preschool *Disasters Health Status Indicators Humans Indonesia Infant *Needs Assessment
Source:	MEDLINE
Full Text:	<p>Available in <i>fulltext</i> at EBSCO Host Available in <i>fulltext</i> at EBSCO Host Available in <i>fulltext</i> at ProQuest</p>

21. Effectiveness of a community-based advocacy and learning program for hmong refugees.

Citation:	American Journal of Community Psychology, December 2005, vol./is. 36/3-4(387-408), 0091-0562;0091-0562 (2005 Dec)
Author(s):	Goodkind JR
Institution:	Center for Health Promotion and Disease Prevention, University of New Mexico, MSC 11 6145, Albuquerque, New Mexico 87131, USA. jgoodkind@salud.unm.edu

Language:	English
Abstract:	<p>The effectiveness of a community-based advocacy and learning intervention for Hmong refugees was assessed using a comprehensive, multi-method strategy, which included a within-group longitudinal design with four data collection points and in-depth qualitative recruitment and post-intervention interviews. The intervention's impact on five aspects of refugee well-being was examined: Participants' psychological well-being, quality of life, access to resources, English proficiency, and knowledge for the U.S. citizenship exam. Twenty-eight Hmong adults and 27 undergraduate students participated together in the intervention, which had two major components: (1) Learning Circles, which involved cultural exchange and one-on-one learning opportunities for Hmong adults, and (2) an advocacy component that involved undergraduates advocating for and transferring advocacy skills to Hmong families to increase their access to resources in their communities. Undergraduate paraprofessionals and Hmong participants worked together for 6-8 hr per week for 6 months. Growth trajectory analysis revealed promising quantitative findings. Participants' quality of life, satisfaction with resources, English proficiency, and knowledge for the U.S. citizenship test increased and their levels of distress decreased over the course of the intervention. Mediating analyses suggested that participants' increased quality of life could be explained by their improved satisfaction with resources. Qualitative data helped to support and explain the quantitative data, as well as providing insight into other outcomes and processes of the intervention. Policy, practice, and research implications are discussed.</p>
Country of Publication:	United States
Publication Type:	Journal Article; Research Support, N.I.H., Extramural
Subject Headings:	Adolescent Adult Aged Child Child, Preschool *Community Health Services Emigration and Immigration Female Humans Infant Infant, Newborn Intervention Studies Interview, Psychological Laos/eh [Ethnology] *Learning Male Michigan/ep [Epidemiology] Middle Aged *Program Evaluation Qualitative Research Quality of Life *Refugees/ed [Education] *Students United States *Universities
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at ProQuest

22. Health visiting and refugee families: issues in professional practice

Citation:	Journal of Advanced Nursing, 2005, vol./is. 49/2(155-163), 0309-2402 (Jan 2005)
Author(s):	Drennan, Vari M; Joseph, Judy
Abstract:	This paper reports on the perceptions of experienced health visitors working with refugee families in Inner London. Women who are refugees and asylum seekers in the United

Kingdom are more likely to experience depression than either non-refugee women or male asylum seekers. Health visitors provide a universal public health service to all women on the birth of a child, or with children aged under five, and as such are well placed to identify emotional and mental health problems of women who are refugees. Despite successive waves of refugees to the United Kingdom in the 20th century, there are no empirical studies of health visiting practice with this vulnerable group. There is also no body of evidence to inform the practice of health visitors new to working with asylum seekers and refugees. An exploratory study was undertaken in Inner London in 2001. Semi-structured interviews were conducted with a purposive sample of 13 health visitors experienced in working with women and families who are refugees. A range of structural challenges was identified that mediated against the development of a health-promoting relationship between health visitors and refugee women. With refugee families, who were living in temporary accommodation, health visitors were prioritising basic needs that had to be addressed: in addition, they prioritised the needs of children before those of women. Health visitors were aware of the emotional needs of women and had strategies for addressing these with women in more settled circumstances. Health visitors considered themselves ill-prepared to deal with the complexities of working with women in these situations. This study identifies issues for further exploration, not least from the perspective of refugee women receiving health visiting services. Health visitors in countries receiving refugee women are framing their work with these women in ways that reflect Maslow's theory of a hierarchy of needs. This study suggests ways that public health nursing practice could be improved, and identifies issues for further study. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [HEALTH VISITING](#)
[REFUGEES](#)
[WOMEN](#)
[FAMILIES](#)
[CHILDREN](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCO Host](#)

23. Psychiatric assessment of children and families in immigration detention--clinical, administrative and ethical issues.

Citation: Australian & New Zealand Journal of Public Health, December 2004, vol./is. 28/6(520-6), 1326-0200;1326-0200 (2004 Dec)

Author(s): Mares S; Jureidini J

Institution: New South Wales Institute of Psychiatry.

Language: English

Abstract: **OBJECTIVE:** This paper reports the clinical, practical and ethical issues arising in the assessment of 10 consecutive referrals from a remote Immigration Reception and Processing Centre to a child and adolescent mental health service (CAMHS) between February and August 2002. **METHOD:** The 16 adults and 20 children (age range 11 months to 17 years) were comprehensively assessed by allied health clinicians and child psychiatrists. All children were also assessed by the statutory child protection agency. **RESULTS:** There were very high levels of mood disturbance and post-traumatic symptoms in this population. All children had at least one parent with psychiatric illness. Of the 10 children aged 6-17 years, all (100%) fulfilled criteria for both post-traumatic stress disorder (PTSD) and major depression with suicidal ideation. Eight children (80%), including three pre-adolescents, had made significant attempts at self harm. Seven (70%) had symptoms of an anxiety disorder and half reported persistent severe somatic symptoms. The majority (80%) of preschool-age children were identified with developmental delay or emotional disturbance. Few clinically based recommendations were implemented. **CONCLUSIONS:** Very high levels of psychopathology were found in child and adult asylum seekers. Much was attributable to traumatic experiences in detention and, for children, the impact of indefinite detention on their caregivers.

IMPLICATIONS: Multiple obstacles to adequate service provision are identified. Adequate clinical intervention and care was not possible. The impact on involved clinicians is discussed.

Country of Publication: Australia

Publication Type: Journal Article

Subject Headings: Adolescent
 Adolescent Psychiatry/es [Ethics]
 Adult
 Australia/ep [Epidemiology]
 Child
 Child Psychiatry/es [Ethics]
 Child, Preschool
 *Emigration and Immigration/lj [Legislation & Jurisprudence]
 *Family/px [Psychology]
 *Family Health/eh [Ethnology]
 Female
 Humans
 Infant
 Life Change Events
 Male
 Mental Disorders/cl [Classification]
 Mental Disorders/di [Diagnosis]
 *Mental Disorders/ep [Epidemiology]
 Mental Health Services/es [Ethics]
 Mental Health Services/st [Standards]
 *Mental Health Services/ut [Utilization]
 Middle Aged
 Middle East/eh [Ethnology]
 Professional-Family Relations/es [Ethics]
 *Professional-Family Relations
 *Public Policy
 Referral and Consultation
 Refugees/lj [Legislation & Jurisprudence]
 *Refugees/px [Psychology]
 Treatment Outcome

Source: MEDLINE

24. Reconsidering risk: adapting public policies to intergenerational determinants and biosocial interactions in health-related needs.

Citation: Journal of Health Politics, Policy & Law, December 2004, vol./is. 29/6(1073-107), 0361-6878;0361-6878 (2004 Dec)

Author(s): Strully KW; Conley D

Institution: New York University, USA.

Language: English

Abstract: According to recent research, interactions between infant health and environment can play crucial roles in clustering health and economic disadvantage among certain families. Researchers have provided a clear example of such intergenerational biosocial cycles when they document that interactions between parental low birth weight status and prenatal environment are associated with the risk of a low birth weight, and that interactions between a child's birth weight status and early childhood environment are associated with adult socioeconomic outcomes. In this article, we consider how existing policies may be revised to more effectively address such interactions between social and biological risk categories. We are particularly concerned in this discussion with revising risk categories so they can encompass biological risk, social risk, and developmental frameworks. A framework of biosocial risk is quite flexible and may be applied to a variety of issues and programs; however, in this article we focus on the single case of low

birth weight to illustrate our argument. In considering specific applications, we further explore how attention to biosocial interactions may reshape Medicaid, special education, the Earned Income Tax Credit, and Temporary Assistance for Needy Families.

Country of Publication: United States

Publication Type: Journal Article; Review

Subject Headings: [Aid to Families with Dependent Children](#)
[*Child Welfare](#)
[Child, Preschool](#)
[Education, Special](#)
[*Health Policy](#)
[Humans](#)
[*Infant, Low Birth Weight](#)
[Infant, Newborn](#)
[*Intergenerational Relations](#)
[Medicaid](#)
[*Poverty](#)
[*Risk Assessment](#)
[Risk Factors](#)
[United States](#)
[Vulnerable Populations](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [EBSCO Host](#)

25. Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia.

Citation: Australian & New Zealand Journal of Public Health, December 2004, vol./is. 28/6(527-36), 1326-0200;1326-0200 (2004 Dec)

Author(s): Steel Z; Momartin S; Bateman C; Hafshejani A; Silove DM; Everson N; Roy K; Dudley M; Newman L; Blick B; Mares S

Institution: Centre for Population Mental Health Research, School of Psychiatry, University of New South Wales. z.steel@unsw.edu.au

Language: English

Abstract: **OBJECTIVE:** To document the psychiatric status of a near complete sample of children and their families from one ethnic group held for an extended period of time in a remote immigration detention facility in Australia. **METHOD:** Structured psychiatric interviews were administered by three same-language speaking psychologists by phone to assess the lifetime and current psychiatric disorders among 10 families (14 adults and 20 children) held in immigration detention for more than two years. **RESULTS:** All adults and children met diagnostic criteria for at least one current psychiatric disorder with 26 disorders identified among 14 adults, and 52 disorders among 20 children. Retrospective comparisons indicated that adults displayed a threefold and children a tenfold increase in psychiatric disorder subsequent to detention. Exposure to trauma within detention was commonplace. All adults and the majority of children were regularly distressed by sudden and upsetting memories about detention, intrusive images of events that had occurred, and feelings of sadness and hopelessness. The majority of parents felt they were no longer able to care for, support, or control their children. **CONCLUSIONS:** Detention appears to be injurious to the mental health of asylum seekers. **IMPLICATIONS:** The level of exposure to violence and the high level of mental illness identified among detained families provides a warning to policy makers about the potentially damaging effects of prolonged detention on asylum seekers. In their attempt to manage the international asylum crisis, it is important that Western countries do not inadvertently implement policies that cause further harm.

Country of Publication: Australia

Publication Type: Journal Article

Subject Headings: Adolescent
 Adult
 Australia/ep [Epidemiology]
 Child
 Child, Preschool
 *Emigration and Immigration/lj [Legislation & Jurisprudence]
 Family/eh [Ethnology]
 *Family/px [Psychology]
 Female
 Humans
 Indonesia/eh [Ethnology]
 Interview, Psychological
 *Life Change Events
 Male
 Mental Disorders/di [Diagnosis]
 Mental Disorders/ep [Epidemiology]
 *Mental Disorders/eh [Ethnology]
 Parenting
 Psychiatric Status Rating Scales
 *Public Policy
 Questionnaires
 Refugees/lj [Legislation & Jurisprudence]
 *Refugees/px [Psychology]
 Stress Disorders, Post-Traumatic/di [Diagnosis]
 Stress Disorders, Post-Traumatic/ep [Epidemiology]
 Stress Disorders, Post-Traumatic/eh [Ethnology]

Source: MEDLINE

26. Somali refugee women speak out about their needs for care during pregnancy and delivery.

Citation: Journal of Midwifery & Women's Health, July 2004, vol./is. 49/4(345-9), 1526-9523;1526-9523 (2004 Jul-Aug)

Author(s): Herrel N; Olevitch L; DuBois DK; Terry P; Thorp D; Kind E; Said A

Institution: Somali Health Initiative, Minnesota International Health Volunteers, Minneapolis, MN 55405, USA. nherrel@mihv.org

Language: English

Abstract: More than half of all Somali refugees in the United States live in Minnesota. To obtain information to develop culturally sensitive health education materials, we conducted two focus groups with 14 Somali women who had each given birth to one child in Minnesota. Overall, women thought that their childbirth experience was positive. They also reported racial stereotyping, apprehension of cesarean births, and concern about the competence of medical interpreters. Women wanted more information about events in the delivery room, pain medications, prenatal visits, interpreters, and roles of hospital staff. The most desirable educational formats were a videotape, audiotapes, printed materials, and birth center tours. To increase their attendance at prenatal appointments, participants said they needed reminder telephone calls, transportation, and childcare.

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Adult
 Anecdotes as Topic
 *Attitude to Health/eh [Ethnology]
 Female
 Focus Groups
 Health Services Needs and Demand
 Humans
 Infant, Newborn
 *Maternal Health Services/st [Standards]

Maternal Welfare/eh [Ethnology]
 Maternal Welfare/px [Psychology]
 *Maternal Welfare
 Minnesota
 Needs Assessment/st [Standards]
 *Needs Assessment
 Nurse-Patient Relations
 Patient Education as Topic/mt [Methods]
 Pregnancy
 Questionnaires
 *Refugees/px [Psychology]
 Somalia/eh [Ethnology]
 Women's Health

Source: MEDLINE

27. Refugee children in the UK

Citation: , 2004

Author(s): Hodes, Matthew

Abstract: The needs of refugee children in the UK are addressed in this chapter with an opening explanation of who they are, and the work of the National Asylum Support Service (NASS) established under the Immigration and Asylum Act 1999 and its responsibilities. Statistics on numbers of refugees follow, both internationally according to the United Nations High Commission for Refugees (UNHCR) and in the UK according to the Refugee Council in 2000. Approximately 40% of asylum applications are successful. There are also details of unaccompanied children seeking asylum. The types of experiences reported by refugee children are explored and include genocide, war, violence in other forms and social and economic deprivation. The implications for mental health focus on several major issues. The recognition of psychiatric disorders in refugees is followed by a discussion of whether young refugees show specific symptoms and psychiatric disorders. Findings from studies begin to suggest that refugee children are at higher risk of psychiatric disorders than their peers, and there are more details of some of these investigations. The resilience of refugee children and why some do not show any signs of symptoms or disorders is also discussed. Possible interventions include community support, universal interventions and child and adolescent mental health services. Addresses and contact details are supplied for five useful organisations and numerous references are cited.

Publication Type: Book; Chapter-DH-HELMIS

Subject Headings: REFUGEES
 HEALTH NEEDS
 CHILDREN
 YOUNG PEOPLE
 MENTAL HEALTH
 MENTAL ILLNESS
 MENTAL DISORDERS
 ETHNIC MINORITIES
 SOCIOECONOMIC FACTORS
 TRAINING

Source: HMIC

28. 'I was running away from death' - the pre-flight experiences of unaccompanied asylum seeking children in the UK

Citation: Child: care health and development, 2004, vol./is. 30/2(113-122), 0305-1862 (Mar 2004)

Author(s): Thomas, S; Thomas, S; Nafees, B; Bhugra, D

Abstract: The objective was to collect information about the pre-flight experiences of unaccompanied asylum seeking children (UASC) in the UK to increase the understanding of support needed on arrival in the UK. The methods were retrospective social services

case file and legal statement review and semi-structured in-depth interviews with 100 UASC. The results were nearly half of all UASC have experienced separation from or loss of parents and/or family members (47%), and a further 41% had personally experienced or witnessed violence. Sexual violence (such as rape) was reported by 24% of African girls. Many children reported complex journeys to the UK. The conclusion was UASC arrive in the UK with a variety of potentially traumatic experiences. Whilst research is starting to identify some of the experiences of UASC, further culturally appropriate research is needed to identify their health and social needs after arrival. Further research will help to identify the specific experiences of UASC, indicating where services should be improved to deal with their complex and diverse needs. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [ASYLUM SEEKERS](#)
[CHILDREN](#)
[REFUGEES](#)
[VIOLENCE](#)
[BEREAVEMENT](#)
[RAPE](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCO Host](#)

29. Mental health services for minority ethnic children and adolescents

Citation: London - 116 Pentonville Road, London N1 9JB: Jessica Kingsley Publishers, 2004(224p)

Author(s): Malek, Mhemooda; Joughin, Carol

Abstract: FOCUS is a multidisciplinary project based at the Research Unit of the Royal College of Psychiatrists. This publication draws on its work to assemble information on the mental health of young people from minority ethnic groups and highlights key issues and debates. There are also fourteen recommendations for commissioning services, Child and Adolescent Mental Health Services providers and professional bodies. Following an introduction, the book contains two parts, the first of which comprises five chapters contributed by four different authors. The second details a 2001 survey by FOCUS, its findings and four appendices. The first chapter in part one looks at understanding ethnicity and children's mental health, and considers definitions, ethnicity statistics and socio-economic factors and mental health. The cultural relevance of the mental health disciplines is explored in chapter two and examines Western ethnopsychology, cultural psychology and messages from cultural research. Chapter three is concerned with the epidemiology of mental health problems in children and adolescents from UK minority ethnic groups. The first section considers the place of epidemiological studies and some of the pitfalls encountered in cross-cultural research, and the second summarises some of the main published studies to 2002. How best to meet the needs of UK minority ethnic groups forms the content of chapter four, while the final chapter looks at the situation of refugee children in the UK. References are cited at the end of each chapter.

Publication Type: Book

Subject Headings: [HEALTH SERVICES FOR ETHNIC MINORITIES](#)
[CHILD PSYCHIATRIC SERVICES](#)
[MENTAL HEALTH](#)
[HEALTH SERVICE PROVISION](#)
[CULTURAL FACTORS](#)
[REFUGEES](#)
[NEEDS ANTICIPATION](#)
[EPIDEMIOLOGY](#)
[TABULAR DATA](#)
[STATISTICAL DATA](#)

Source: HMIC

30. Asylum seekers: meeting their healthcare needs

Citation:	London - BMA House, Tavistock Square, London WC1H 9JR]: British Medical Association, 2004(vi, 26p)
Author(s):	Carter, Sir, David
Corporate/Institutional Author:	British Medical Association. Board of Science and Education
Abstract:	Following concern by the British Medical Association that the healthcare needs of asylum seekers were not being met, a review of these needs was undertaken and the implications of the immigration process on health were explored. This subsequent report is aimed at the policy decision-makers and healthcare professionals working with asylum seekers. The report comprises eight sections following an introduction. The asylum procedure and healthcare provision section considers the system to 2002, the 2002 government proposals and whether asylum seekers should be dispersed or live in purpose-built accommodation. Common health problems are discussed in section two with paragraphs on health status on arrival and while staying in the UK, and dietary requirements. There is also information on the health of men, women, children, elderly people and psychological health. Services which asylum seekers should be offered are covered in section three, while barriers to healthcare comprise section four. These include language and culture, time and continuity of care, health services information, exemption from healthcare charges, barriers to healthcare in removal centres and the need for equity of treatment for asylum seekers and permanent UK residents. Meeting the healthcare needs of asylum seekers follows, and includes examples of good practice. Funding is discussed in section six, and the conclusion notes the sociological, economic and environmental factors which can impinge on health and accessibility of healthcare. Ten detailed recommendations are made in section eight, and the report concludes with two appendices and 58 references.
Publication Type:	Book
Subject Headings:	ASYLUM SEEKERS HEALTH NEEDS REFUGEES HEALTH SERVICE PROVISION FINANCING HEALTH STATUS
Source:	HMIC

31. In the shadow of the volcanoes: the impact of intervention on the nutrition and health status of Rwandan refugee children in Zaire two years on from the exodus.

Citation:	Nutrition & Dietetics, 01 June 2003, vol./is. 60/2(85-91), 14466368
Author(s):	Renzaho A; Renzaho C
Language:	English
Abstract:	Objective: To evaluate the public health and nutritional situation of refugee children in Katala camp, Eastern Zaire, after two years of nutritional and health intervention from 1994 to 1996.; Design: Cross-sectional survey using a two-stage cluster sampling method. Anthropometric data were collected from 28 May 1996 to 4 June 1996. Retrospective review of food basket monitoring data over the preceding six months and the United Nations High Commission for Refugees' weekly mortality data was conducted. Measles immunisation coverage data were surveyed simultaneously, using child health records.; Main outcome measures: Nutritional status measured by weight-for-height index (W/H), measles immunisation status, average daily energy content of the general food ration and crude mortality rate.; Setting: Katala refugee camp, Zaire, June 1996.; Analysis: Weight-for-height index and proportion of immunised children were computed using EPINUT, part of EPINFO computer package.; Results: Malnutrition was found to be most prevalent in children aged six to 29 months old (W/H < -2 Z-score and/or oedema: 6.2%; 95% CI: 3.4%, 10.6%), among whom the malnutrition rate was almost double the overall malnutrition prevalence (W/H < -2 Z-score and/or oedema: 3.5% (95% CI: 1.5%, 7.2%).

The general food ration, although conforming to the World Food Program minimum standards of adequacy in terms of variety (being composed of cereals, oil, beans, blended cereal and legume mixes and salt), provided only 6240 kJ on average (95% CI: 5040, 7140 kJ) per person per day, thus meeting only 57% to 84% of the minimum energy requirements for an adult, and falling well below the needs for sub groups with higher nutritional requirements such as children, pregnant and breastfeeding women and the sick. Measles immunisation coverage in children nine to 59 months was 88.6%. The crude mortality rate was found to be 0.3 per 10 000 per day. Refugees received 15 litres of clean water per person per day.; Conclusion: Public health interventions in Katale camp 1994 to 1996 had reduced mortality and morbidity rates dramatically. This was not reflected in the malnutrition rates for children under five years, that remained stable after an initial fall despite two years of nutritional intervention. The factors contributed to this were related to an inadequate general food ration (due to food shortages), lack of ability to supplement the diet, (due to economic restrictions that were imposed in the camp) and inequities in the food distribution process (due to food being siphoned off by camp leaders for military purposes).

Publication Type: journal article

Subject Headings: [Child Nutrition](#)
[Public Health](#)
[Refugees](#)
[Body Weights and Measures](#)
[Child, Preschool](#)
[Cluster Sample](#)
[Confidence Intervals](#)
[Cross Sectional Studies](#)
[Democratic Republic of the Congo](#)
[Descriptive Statistics](#)
[Infant](#)
[Retrospective Design](#)
[Rwanda](#)
[Survey Research](#)
[Human](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

32. A health assessment of refugee children from former Yugoslavia in Tarrant County.

Citation: Texas Medicine, June 2003, vol./is. 99/6(50-3), 0040-4470;0040-4470 (2003 Jun)

Author(s): Podgore JK; Rene A; Sandhu R; Marshall M

Institution: Department of Pediatrics, School of Public Health, University of North Texas Health Science Center at Fort Worth, 855 Montgomery St, Fort Worth, TX 76107, USA.
 jpodgore@hsc.unt.edu

Language: English

Abstract: This study was conducted to provide an assessment of the health status and health care utilization of children from former Yugoslavia living in Tarrant County. In addition, an assessment of barriers and problems encountered by these families in obtaining health care for their children was presented. One hundred thirteen households of refugee families arriving in Tarrant County from 1998 through 2000 participated by answering a 79-item health information questionnaire. The results revealed that most of the refugee families had no regular health care provider to assure continuity of medical care. Lack of access to dental care and inappropriate utilization of hospital emergency facilities were also identified as problems. Insufficient understanding of health insurance issues and inability to access health information were additional problems. Local and state health care agencies may help to improve health care delivery for these and future refugee children by addressing these problem areas.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Child](#)
[Child, Preschool](#)
[Female](#)
[Health Services Accessibility](#)
[Health Services Needs and Demand](#)
[*Health Status](#)
[Health Surveys](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Male](#)
[*Refugees](#)
[Texas](#)
[Yugoslavia/eh \[Ethnology\]](#)

Source: MEDLINE

33. Safeguarding children: 4. Needs of refugees and asylum seekerspatients and carers informed

Citation: Professional Nurse, 2003, vol./is. 18/9(533-536), 0266-8130 (May 2003)

Author(s): Riddell Heaney, Janet

Abstract: The problems faced by all refugees and asylum seekers arriving in Britain are great but unaccompanied children have a particularly difficult time, separated from the people and places they know, and experiencing difficulties with language and a strange environment. This fourth paper in the series on child protection examines how health- and social-care staff can help. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [CHILD PROTECTION](#)
[REFUGEES](#)
[ASYLUM SEEKERS](#)
[CHILDREN](#)
[DISADVANTAGE](#)
[HEALTH NEEDS](#)
[SOCIAL NEEDS](#)
[HEALTH PROFESSIONALS](#)
[TABULAR DATA](#)

Source: HMIC

34. The mental health of refugee children.

Citation: Archives of Disease in Childhood, 01 November 2002, vol./is. 87/5(366-370), 00039888

Author(s): Fazel M; Stein A

Language: English

Publication Type: journal article

Subject Headings: [Refugees](#)
[Refugees](#)
[Mental Health](#)
[Risk Factors](#)
[Stress Disorders, Post-Traumatic](#)
[Health Services Needs and Demand](#)
[United Kingdom](#)
[Public Policy](#)
[Infant](#)

[Child, Preschool](#)
[Child](#)

Source: CINAHL

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

35. Tuberculosis in east timorese refugees: implications for health care needs in East Timor.

Citation: International Journal of Tuberculosis & Lung Disease, November 2002, vol./is. 6/11(980-7), 1027-3719;1027-3719 (2002 Nov)

Author(s): Kelly PM; Scott L; Krause VL

Institution: Centre for Disease Control, Department of Health & Community Services, Darwin, Northern Territory, Australia. paulk@menzies.edu.au

Language: English

Abstract: SETTING: East Timorese refugees evacuated to Darwin, Australia, September 1999. OBJECTIVE: Presentation of the process and results of tuberculosis (TB) screening in a previously unscreened refugee population. DESIGN: Screening for TB by clinical examination (all persons) and chest X-ray (CXR) (persons over 12 years of age and those of any age with respiratory symptoms) and sputum microscopy and mycobacterial culture (abnormal CXR). RESULTS: Seventy-six patients were diagnosed with TB (38 culture-positive for Mycobacterium tuberculosis, including 11 sputum smear-positive). Of 89 positive mycobacterial cultures, 51 were non-tuberculous mycobacteria (NTM). Of the M. tuberculosis isolates, 82.2% were fully sensitive, 17.2% were resistant to isoniazid and 8.6% were resistant to isoniazid and streptomycin. Fifty-three consecutively diagnosed patients with TB were HIV-negative. The TB burden in this population was very high (point prevalence of 542/100,000 for smear-positive and 2,060/100,000 for culture-positive cases). Rates of culture for NTM were also high. Information from this study assisted the implementation of a National TB Control Programme for East Timor in February 2000. CONCLUSION: The challenges for public health authorities in East Timor to provide a successful TB control programme are enormous. The apparently low prevalence of drug resistance and HIV co-infection in the population is encouraging.

Country of Publication: France

CAS Registry Number: 0 (Antitubercular Agents)

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Antitubercular Agents/tu \[Therapeutic Use\]](#)
[Child](#)
[Child, Preschool](#)
[Female](#)
[*Health Services Needs and Demand/sn \[Statistics & Numerical Data\]](#)
[Humans](#)
[Indonesia/ep \[Epidemiology\]](#)
[Infant](#)
[Male](#)
[Mass Chest X-Ray](#)
[Middle Aged](#)
[Mycobacterium tuberculosis/ip \[Isolation & Purification\]](#)
[Population Surveillance](#)
[*Refugees/sn \[Statistics & Numerical Data\]](#)
[Tuberculosis, Multidrug-Resistant/dt \[Drug Therapy\]](#)
[*Tuberculosis, Multidrug-Resistant/ep \[Epidemiology\]](#)
[Tuberculosis, Multidrug-Resistant/mi \[Microbiology\]](#)
[Tuberculosis, Pulmonary/dt \[Drug Therapy\]](#)

[*Tuberculosis, Pulmonary/ep \[Epidemiology\]](#)
[Tuberculosis, Pulmonary/mi \[Microbiology\]](#)

Source: MEDLINE

36. The health status of asylum seekers screened by Auckland Public Health in 1999 and 2000.

Citation: New Zealand Medical Journal, August 2002, vol./is. 115/1160(U152), 0028-8446;1175-8716 (2002 Aug 23)

Author(s): Hobbs M; Moor C; Wansbrough T; Calder L

Institution: Auckland Public Health Protection Service, Auckland District Health Board, Auckland, New Zealand.

Language: English

Abstract: AIM: Approximately 1500 to 1800 applications for refugee status are made to the New Zealand Immigration Service each year. Approximately one third of these asylum seekers receive health screening from Auckland Public Health. We report here key findings from this screening programme for the period 1999 to 2000. METHODS: The files of patients attending the Auckland Public Health Protection Asylum Seekers Screening Clinic at Green Lane Hospital were reviewed. Data on demographics, medical examination, diagnostic testing and referrals were analysed. RESULTS: Nine hundred people, mainly from Middle Eastern countries, received screening. Important findings were: symptoms of psychological illness (38.4%); Mantoux skin test positivity (36.4%); active tuberculosis (0.6%); TB infection requiring chemoprophylaxis (18%) or chest X-ray monitoring (15%); gut parasite infection; carrier state for alpha and beta thalassaemia and the heterozygous states for HbS and HbE; incomplete immunisation; and the need for referral to a secondary care service (32.6%). CONCLUSIONS: Immigrant communities in New Zealand have special healthcare needs, as well as experiencing language barriers, cultural differences and economic difficulties. Healthcare providers should be alert to these needs. Appropriate resources are required to address these issues in a timely fashion.

Country of Publication: New Zealand

Publication Type: Journal Article

Subject Headings: [Adolescent](#)
[Adult](#)
[Child](#)
[Child, Preschool](#)
[Communicable Diseases/ep \[Epidemiology\]](#)
[Communication Barriers](#)
[Culture](#)
[*Emigration and Immigration/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Health Services Needs and Demand](#)
[*Health Status](#)
[Hematologic Diseases/ep \[Epidemiology\]](#)
[Humans](#)
[Infant](#)
[Infant, Newborn](#)
[Male](#)
[Mental Disorders/ep \[Epidemiology\]](#)
[Middle Aged](#)
[New Zealand/ep \[Epidemiology\]](#)
[Referral and Consultation/sn \[Statistics & Numerical Data\]](#)
[*Refugees/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

37. Provision of services to asylum seekers. Are there lessons from the experience with Kosovan refugees?

Citation: Journal of Epidemiology & Community Health, 01 March 2002, vol./is. 56/3(223-226), 0143005X

Author(s): Ghebrehewet S; Regan M; Benons L; Knowles J

Language: English

Abstract: Arrangements that were made to receive and support Kosovan refugees in the United Kingdom should be applied to asylum seekers arriving in the country.

Publication Type: journal article

Subject Headings: [Refugees](#)
[Health Care Delivery](#)
[Yugoslavia](#)
[United Kingdom](#)
[Health Services Needs and Demand](#)
[Needs Assessment](#)
[Practice Guidelines](#)
[Emigration and Immigration](#)
[Male](#)
[Female](#)
[Child, Preschool](#)
[Child](#)
[Adolescence](#)
[Adult](#)
[Middle Age](#)
[Aged](#)

Source: CINAHL

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

38. Upper respiratory infection in acute pediatric care in internal conflict, Kosovo, 1999.

Citation: Journal of Tropical Pediatrics, December 2001, vol./is. 47/6(379-82), 0142-6338;0142-6338 (2001 Dec)

Author(s): Morikawa M

Institution: Department of Family Medicine, School of Medicine, Case Western Reserve University, USA. mmkobe@pol.net

Language: English

Abstract: Only a few reports focus on health issues among pediatric populations in internal conflicts including care for internally displaced persons (IDPs). This report examined the risk factors for pediatric upper respiratory infection (URI) during the internal conflict in Kosovo that presented at an acute care clinic before the aerial bombardment campaign by the North Atlantic Treaty Organization (NATO) in March 1999. The pediatric clinic was organized and managed by Kinderberg, one of the German humanitarian non-governmental organizations (NGOs) in the town of Vucitrn, 20 km north of the capital of Kosovo in mid-February 1999 at the height of internal conflicts and massive population migration in the area. This report discusses the results of a risk factor analysis for URI including overcrowding, malnutrition, and presence of smokers. A comparison of anthropometric measurements among IDPs and non-IDPs in our clinic populations was conducted to evaluate the state of nutrition in these two groups. There were no significant differences among IDPs and non-IDPs in anthropometric measurements. Smoking and having less than three meals per day were statistically associated with the increased risk of URI. Even during emergency medical interventions, prevention programs, such as smoking cessation and food security, may decrease URI in this pediatric population.

Country of Publication: England

Publication Type: Comparative Study; Journal Article

Subject Headings: [Acute Disease](#)
[Age Distribution](#)

[Ambulatory Care/mt \[Methods\]](#)
[Child, Preschool](#)
[Confidence Intervals](#)
[*Emergency Treatment/mt \[Methods\]](#)
[Female](#)
[Humans](#)
[Incidence](#)
[Infant](#)
[Male](#)
[Odds Ratio](#)
[Pediatrics/mt \[Methods\]](#)
[Probability](#)
[*Respiratory Tract Infections/di \[Diagnosis\]](#)
[*Respiratory Tract Infections/ep \[Epidemiology\]](#)
[Respiratory Tract Infections/th \[Therapy\]](#)
[Risk Factors](#)
[Sex Distribution](#)
[*War](#)
[Yugoslavia/ep \[Epidemiology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)

39. Review of policies and guidelines on infant feeding in emergencies: common ground and gaps.

Citation: Disasters, June 2001, vol./is. 25/2(136-48), 0361-3666;0361-3666 (2001 Jun)

Author(s): Seal A; Taylor A; Gostelow L; McGrath M

Institution: Centre for International Child Health, Institute of Child Health, 30 Guilford Street, London WC1N 1EH. a.seal@ich.ucl.ac.uk

Language: English

Abstract: Recent crises in regions where exclusive breastfeeding is not the norm have highlighted the importance of effective policies and guidelines on infant feeding in emergencies. In 1993, UNICEF compiled a collection of policy and guideline documents relating to the feeding of infants in emergency situations. In June 2000 Save the Children, UK, UNICEF and the Institute of Child Health undertook a review of those documents, updating the list and identifying the common ground that exists among the different policies. The review also analysed the consistency of the policy framework, and highlighted important areas where guidelines are missing or unclear. This article is an attempt to share more widely the main issues arising from this review. The key conclusions were that, in general, there is consensus on what constitutes best practice in infant feeding, however, the lack of clarity in the respective responsibilities of key UN agencies (in particular UNICEF, UNHCR and WFP) over issues relating to co-ordination of activities which affect infant-feeding interventions constrains the implementation of systems to support best practice. Furthermore, the weak evidence base on effective and appropriate intervention strategies for supporting optimal infant feeding in emergencies means that there is poor understanding of the practical tasks needed to support mothers and minimise infant morbidity and mortality. We, therefore, have two key recommendations: first that the operational UN agencies, primarily UNICEF, examine the options for improving co-ordination on a range of activities to uphold best practice of infant feeding in emergencies; second, that urgent attention be given to developing and supporting operational research on the promotion of optimal infant-feeding interventions.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Guidelines as Topic](#)
[Humans](#)
[Infant](#)
[*Infant Nutritional Physiological Phenomena](#)
[*International Cooperation](#)

*Organizational Policy
 *Refugees
 *Relief Work/og [Organization & Administration]
 United Nations

Source: MEDLINE

40. Needs assessment of the displaced population following the August 1999 earthquake in Turkey.

Citation: Disasters, March 2001, vol./is. 25/1(67-75), 0361-3666;0361-3666 (2001 Mar)

Author(s): Daley WR; Karpati A; Sheik M

Institution: Health Studies Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention, CDC/NCEH/EHHE/HSB, Mailstop E-23, 1600 Clifton Rd., Atlanta, GA 30333, USA. wdaley@cdc.gov

Language: English

Abstract: In August 1999 a major earthquake struck north-western Turkey. An assessment followed to identify the immediate needs of the displaced population. A random cluster sample of displaced families living in temporary shelter outside of organised relief camps was designed. Representatives of 230 households from the four communities worse affected by the earthquake were interviewed. Most families lived in makeshift shelters (84 per cent), used bottled water (91 per cent), obtained food from relief organisations (61 per cent), had access to latrines (90 per cent), had a member on routine medication (53 per cent) and obtained information by word of mouth (81 per cent). Many respondents reported having family members who were over the age of 65 (32 per cent) or under age three (20 per cent), who were pregnant (6 per cent), or who had been ill since the earthquake (64 per cent). The greatest immediate need reported by most families was shelter requirements (37 per cent), followed by food (23 per cent) and hygiene requirements (19 per cent). Ten days after the earthquake, basic environmental health needs of food, shelter and hygiene still predominated in this displaced population. Significant portions may have special needs due to age or illness.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Adult](#)
[Aged](#)
[Child, Preschool](#)
[*Disasters](#)
[Female](#)
[*Homeless Persons](#)
[Humans](#)
[Infant](#)
[Male](#)
[*Needs Assessment](#)
[Pregnancy](#)
[Red Cross](#)
[*Relief Work](#)

Source: MEDLINE

41. Understanding difference: the meaning of ethnicity for young lives

Citation: London - 8 Wakley Street, London EC1V 7QE: National Children's Bureau, 2001(vi, 184p)

Author(s): Madge, Nicola; Howell, Steve

Corporate/Institutional Author: National Children's Bureau

Abstract: Children and young people in Britain come from a wide range of backgrounds and represent many ethnic groups. Although they may differ in country of origin, skin colour, faith group, language and culture, they also have much in common. In what ways does ethnic background contribute to different experiences and needs, and what are the differences that matter? The purpose of this book is to bring together information and evidence on what ethnicity means for young lives. It looks at the personal meaning of ethnicity, home circumstances, health, education, welfare, experiences of racist behaviour, and the special case of young refugees and asylum seekers. Pointers to the way forward include not only the need to improve our knowledge, policy and practice but also the necessity of making sure that the authors convey the right messages that accurately reflect young views. Understanding Difference will be of interest to researchers, service providers and policy makers as well as anyone else with a personal or professional concern for Britain's young multicultural population. [Book abstract]

Publication Type: Book

Subject Headings: [ETHNIC GROUPS](#)
[YOUNG PEOPLE](#)
[CHILDREN](#)
[ETHNIC DIFFERENCES](#)
[CULTURAL FACTORS](#)
[ETHNIC MINORITIES](#)
[REFUGEES](#)
[ASYLUM SEEKERS](#)
[EDUCATION](#)
[HEALTH](#)
[MENTAL HEALTH](#)
[POLICY](#)
[CHILD ABUSE](#)
[SOCIAL SERVICES](#)

Source: HMIC

42. Asylum seekers and refugees in Britain: health needs of asylum seekers and refugees

Citation: British Medical Journal, 2001, vol./is. 322/7285(544-547), 0959-8138 (Mar 3 2001)

Author(s): Burnett, Angela; Peel, Michael

Abstract: Asylum seekers and refugees are not a homogeneous group of people, and have differing experiences and expectations of health and of health care. Symptoms of psychological distress are common, but do not necessarily signify mental illness. Trained interpreters or advocates, rather than family members or friends, should be used wherever possible if language is not shared. Community organisations provide invaluable support and can reduce the isolation experienced by so many refugees. Particular difficulties which face women are often not acknowledged. Support for children, especially unaccompanied minors, needs to be multifaceted, aiming to provide as normal a life as possible. Cites 35 references. [Journal abstract]

Publication Type: Article

Subject Headings: [ASYLUM SEEKERS](#)
[REFUGEES](#)
[HEALTH NEEDS](#)
[PSYCHOLOGICAL FACTORS](#)
[SOCIAL ISOLATION](#)
[TRANSLATION SERVICES](#)
[WOMEN](#)
[CHILDREN](#)

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [National Library of Medicine](#)

43. Health needs of asylum seekers and refugees.

Citation:	BMJ, 2001, vol./is. 322/7285(544-547), 0959-8138 (3 March 2001)
Author(s):	Burnett, Angela; Peel, Michael
Abstract:	Asylum seekers and refugees are not a homogeneous group of people, and have differing experiences and expectations of health and of health care. Symptoms of psychological distress are common, but do not necessarily signify mental illness. Trained interpreters or advocates, rather than family members or friends, should be used wherever possible if language is not shared. Community organisations provide invaluable support and can reduce the isolation experienced by so many refugees. Particular difficulties which face women are often not acknowledged. Support for children, especially unaccompanied minors, needs to be multifaceted, aiming to provide as normal a life as possible. 35 refs. [Summary]
Publication Type:	Article
Subject Headings:	ASYLUM SEEKERS CHILDREN HEALTH NEEDS REFUGEES WOMEN
Source:	HMIC
Full Text:	Available in <i>fulltext</i> at Highwire Press Available in <i>fulltext</i> at National Library of Medicine

44. Outcome of medical screening of Kosovan refugees in Ireland: 1999.

Citation:	Communicable Disease & Public Health, December 2000, vol./is. 3/4(291-4), 1462-1843;1462-1843 (2000 Dec)
Author(s):	Smith A; O'Flanagan D; Igoe D; Cronin J; Forde D; McArdle E; Ko D
Institution:	National Disease Surveillance Centre, St Patrick Dun's Hospital, Lower Grand Canal Street, Dublin 2, Republic of Ireland. info@ndsc.ie
Language:	English
Abstract:	In March 1999 armed conflict broke out in Kosova and about 900,000 ethnic Albanians were displaced. We reviewed the health care offered to the 945 Kosovan refugees who arrived in Ireland in 1999, which included screening for tuberculosis (TB) and hepatitis B. On arrival in Ireland 540 refugees had already received oral polio vaccine (57%), 512 diphtheria, tetanus, and acellular pertussis or diphtheria and tetanus vaccine (54%), 310 BCG (33%), 207 measles, mumps, and rubella vaccine (22%) and 60 Haemophilus influenzae type b (6%). Twelve refugees were diagnosed with TB. Twenty-six refugees were HBsAg positive (3%) and 168 were anti-HBcAg positive (18%). Organised screening of Kosovan refugees on a voluntary basis (uptake > 95%) revealed low percentages who had been immunised and relatively high rates of TB and hepatitis B. The provision of optimum immunisation, screening, and treatment services to address these issues requires substantial staffing and financial resources.
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	Albania/eh [Ethnology] Child Child, Preschool Female Hepatitis B/di [Diagnosis] *Hepatitis B/ep [Epidemiology] Humans Immunization Schedule Infant

[Ireland/ep \[Epidemiology\]](#)
[Male](#)
[Mass Screening](#)
[*Refugees/sn \[Statistics & Numerical Data\]](#)
[Treatment Outcome](#)
[Tuberculosis, Pulmonary/di \[Diagnosis\]](#)
[*Tuberculosis, Pulmonary/ep \[Epidemiology\]](#)
[Vaccination/sn \[Statistics & Numerical Data\]](#)
[Yugoslavia/eh \[Ethnology\]](#)

Source: MEDLINE

45. Operation Safe Haven: an evaluation of health surveillance and monitoring in an acute setting.

Citation: Communicable Diseases Intelligence, February 2000, vol./is. 24/2(21-6), 0725-3141;0725-3141 (2000 Feb 17)

Author(s): Bennett C; Mein J; Beers M; Harvey B; Vemulpad S; Chant K; Dalton C

Institution: National Centre for Epidemiology and Population Health, Australian National University, Canberra.

Language: English

Abstract: From May to June 1999, 3,920 ethnic Albanians from Kosovo arrived in Australia as part of Operation Safe Haven. These people were evacuated from refugee camps in the former Yugoslav Republic of Macedonia. Initial processing in Australia occurred at East Hills Reception Centre, and accommodation for the duration of stay was provided in eight Haven Centres in five States. The arrival of a large number of refugees in a short time frame is unprecedented in Australia. A health surveillance system was developed and critical health data were collected to assess health status and needs, plan care, monitor for potential outbreaks of communicable diseases, track service use, to meet international reporting requirements and document our response to this crisis. In this article the health surveillance system is evaluated and suggestions are offered for the formulation of specific guidelines necessary for health surveillance in acute settings.

Country of Publication: AUSTRALIA

Publication Type: Journal Article

Subject Headings:

[Acute Disease](#)
[Adolescent](#)
[Adult](#)
[Aged](#)
[Australia](#)
[Child](#)
[Child, Preschool](#)
[Databases, Factual](#)
[Guidelines as Topic](#)
[*Health Planning/og \[Organization & Administration\]](#)
[Humans](#)
[Infant](#)
[Middle Aged](#)
[*Needs Assessment/og \[Organization & Administration\]](#)
[*Population Surveillance/mt \[Methods\]](#)
[Program Development](#)
[Program Evaluation](#)
[*Refugees](#)
[Yugoslavia/eh \[Ethnology\]](#)

Source: MEDLINE

46. Nutritional needs of refugee children in the UK.

Citation: Journal of the Royal Society of Medicine, 2000, vol./is. 93/7(360-364), 0141-0768 (July 2000)

Author(s): Sellen, Daniel W.; Tedstone, Alison

Abstract: The movement of populations from developing countries and across Europe is increasingly a topic for policy debate and health research. Yet scant attention has been paid to assessment of health and nutrition among the wide diversity of immigrant groups recently arriving in the UK, many of whom are refugees and asylum-seekers. This is surprising in view of the current political focus on reducing expenditure of resettlement of refugees and asylum-seekers. The government seeks to limit provisions so as to reduce costs to local and national authorities and, as in other countries, policy emphasis is on exclusion, deterrence and control. Meanwhile health practitioners point out that poverty, stress, deprivation and limited access to primary care combine to create special health needs among refugees, with children particularly at risk. 59 refs. [Introduction]

Publication Type: Article

Subject Headings: [ASYLUM SEEKERS](#)
[CHILDREN](#)
[NUTRITIONAL REQUIREMENTS](#)
[REFUGEES](#)
[UNITED KINGDOM](#)

Source: HMIC

Full Text: Available in *fulltext* at [Royal Society of Medicine Press](#)
 Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [National Library of Medicine](#)

47. The health of refugee children: guidelines for paediatricians.

Citation: London: Royal College of Paediatrics and Child Health, 1999(27 p.)

Author(s): Levenson, Ros; Sharma, Anna

Corporate/Institutional Author: King's Fund

Abstract: This guide, produced jointly for the King's Fund and the Royal College of Paediatrics and Child Health, gives advice on the physical, psychological and cultural needs of refugee children in the UK, and explains their rights and entitlements under law here. The role and addresses of relevant non-governmental organisations are also provided. [SMD]

Publication Type: Book

Subject Headings: [CHILDREN](#)
[PAEDIATRICS](#)
[REFUGEES](#)
[SERVICE PROVISION](#)

Source: HMIC

48. Targeting the vulnerable in emergency situations: who is vulnerable?

Citation: Lancet, 28 September 1996, vol./is. 348/9031(868-871), 00995355

Author(s): Davis AP

Language: English

Publication Type: journal article

Subject Headings: [Refugees](#)
[Mortality](#)
[Relative Risk](#)
[Health Services Needs and Demand](#)
[Public Health](#)
[Risk Factors](#)
[War](#)
[Disasters](#)
[Disaster Planning](#)

[Child](#)
[Child, Preschool](#)
[Adult](#)
[Adolescence](#)
[Age Factors](#)
[Uganda](#)
[Democratic Republic of the Congo](#)
[Tanzania](#)
[Rwanda](#)
[Sudan](#)
[Cross Sectional Studies](#)
[Human](#)

Source: CINAHL
Full Text: Available in *fulltext* at [ProQuest](#)

49. Mental health of refugees

Citation: Geneva: World Health Organization, 1996(viii, 134p)
Corporate/Institutional Author: World Health Organization; United Nations. Office of the United Nations High Commissioner for Refugees
Abstract: This manual, intended for those who work with refugees and other displaced persons, gives practical advice on dealing with the refugees' mental health problems. The first unit outlines ways in which workers can prepare themselves for their helping role and sets out some basic steps for developing a treatment plan for individual refugee clients. Later units address specific mental health problems, covering stress, functional disorders and common mental disorders. In each unit, the nature of the problem is explored, ways of recognising it are discussed, and practical suggestions for dealing with it are made, involving various techniques such as counselling, self-help and group activities. Alcohol and drug problems, and ways of helping victims of torture and other violence, particularly rape, are dealt with separately. The special problems and needs of refugee children are examined in detail and the use of traditional medicine is described. The final unit notes some ideas about organising life in a refugee camp.
Publication Type: Book
Subject Headings: [REFUGEES](#)
[MENTAL HEALTH](#)
[MENTAL HEALTH SERVICES](#)
[HEALTH SERVICE PROVISION](#)
Source: HMIC

50. The effects of violence on health and adjustment of Southeast Asian refugee children: an integrative review.

Citation: Public Health Nursing, 01 June 1994, vol./is. 11/3(195-201), 07371209
Author(s): Fox PG; Cowell JM; Montgomery AC
Language: English
Abstract: Public health nurses have historically been on the front line in meeting the needs of refugees in their practice communities. Little nursing research has been focused on the needs of refugees, however. The purpose of this integrative literature review was to clarify research focused on the needs of one refugee group, southeast Asians. The integrating factors reviewed were the instruments used, sampling procedures, statistical methods, and clarification of independent and dependent variables. Power analyses were computed on three of the studies to critique further the appropriateness of sample size. Findings indicate the premigration experiences, especially violence, play an important role in health status and adaptation after settling in the United States. Since health problems are often manifested in cultural ways different from Western norms, public health nurses would benefit from continued research clarifying the needs of individuals from other cultures.

Publication Type: journal article

Subject Headings: [Refugees](#)
[Asians](#)
[Community Health Nursing](#)
[Adaptation, Psychological](#)
[Health Status](#)
[Violence](#)
[Research Methodology](#)
[Illinois](#)
[Asia, Southeastern](#)
[Academic Achievement](#)
[Power Analysis](#)
[Nonexperimental Studies](#)
[Infant, Newborn](#)
[Infant](#)
[Child, Preschool](#)
[Child](#)
[Adolescence](#)
[Human](#)

Source: CINAHL

51. Any port in a storm

Citation: Health Service Journal, 1992, vol./is. 102/5330, 0952-2271 (1992 Nov 26)

Author(s): RUDDY, Brian

Abstract: Somali refugees in Cardiff had many health problems. Refugees did not ask for help for mental distress as it was considered shameful. There was no immunisation. Few spoke English and council housing services had only one health representative. The Family Health Services Authority provided 70% of the funding for a Somali linkworker. The Welsh Urban Programme provided a grant of 40, 000 pounds sterling for the social services ethnic minorities section. They provided an interpreter jointly with the health authority. A family support worker was appointed for the Somalis. Children in Need provided 10, 000 pounds sterling for toys. The clear plans, leadership and coordination arose through the action of the general practitioner who first realised the Somali's health needs.

Publication Type: Article

Subject Headings: [COMMUNITY HEALTH CARE](#)
[HEALTH SERVICE PROVISION](#)
[ETHNIC MINORITIES](#)
[SOMALIA](#)
[REFUGEES](#)
[CARDIFF](#)

Source: HMIC