Other people can help you feel better, if you tell them how you feel. Talk to your caseworker, doctor, or a mental health professional. In an emergency, if you are afraid you might hurt yourself or someone else, please call 911.

For more information please visit:

http://www.cal.org/CO/welcome/A14CULT.HTM

This brochure was developed with the aid of information and resources from:

USCRI's National Alliance for Multicultural Mental Health

Peace Corps

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement

US Committee for Refugees and Immigrants 1717 Massachusetts Ave, NW Suite 200 Washington, DC 20036 Phone: 202-347-3507 Fax: 202-347-3418 www.refugees.org



Adjusting to a New Culture



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Coming to the United States is an exciting time and offers many opportunities. You will learn to live and work in a different culture. This brochure explains what you and your family can expect as you adjust to life in the U.S.

WHAT IS CULTURE?

Culture is the beliefs and values that a group of people share. These beliefs and values influence what people say and do. Some ideas you think are right or normal may be strange to Americans. Some actions Americans do may appear odd to you. Learning about a different culture is part of learning to live in your new country. You do not have to change your beliefs and values and follow the American culture, but you have to learn to live and work within it.

WHAT IS CULTURAL ADJUSTMENT?

Cultural adjustment is learning to live and work in a different culture. It means making many changes and learning new things, such as:

- meeting new people,
- learning a new language,
- learning to live without familiar people and places, and
- having new responsibilities in the family.

WHAT ARE THE STAGES OF CULTURAL ADJUSTMENT?

Each person experiences the adjustment differently.

Stage 1 – For several weeks after arriving, everything seems new and interesting. You believe most of your problems are behind you. You feel hopeful.

Stage 2 – After several weeks, you realize that the U.S. is not perfect. You notice Americans act differently. Their ways seem strange, even rude or silly. You miss your home country and familiar people. What you must do and learn seems difficult and hopeless. You feel sad and angry.

Stage 3 – Your sad and angry feelings will pass with time. It is a slow process that may take months or years. Slowly, your new home and the American culture do not seem as strange. You find new habits and friends. You do not miss your home country as much. You see the good and the bad of both countries and you try to take the best from each.

WHAT CAN I DO TO FEEL BETTER?

These feelings happen to anyone who has to make many difficult changes. Understanding that this process happens is helpful.

Share your experiences with friends and family and get their support. Find solutions together.

Look for the good around you. See challenges as a way to learn and grow.

Get enough sleep. Eat healthy foods. Exercise regularly. Plan activities that you enjoy and help you feel at peace. These habits will keep your body and mind healthy.

Accept that people think and act differently. An action or word that seems insulting may not be intended that way.

Allow yourself to feel overwhelmed from time to time. Give yourself time to learn and adapt.

Look for new friends, or make American friends. Offer to share some of your traditions. You will enjoy learning from each other.

Learn about your new country, its history and traditions. Ask questions of American friends or immigrants who have been here a longer time.

Do not be afraid to make mistakes. Learn from them. No one expects perfection. Most will appreciate your courage and effort.

WHEN DO I NEED ADDITIONAL HELP?

You may need additional help if:

- You feel sad, angry, or scared more often than you feel happy
- Your feelings of sadness or anger are much worse than described
- Your bad memories bother you, interrupting your thoughts and dreams
- You feel like your problems are unbearable
- You worry all of the time
- You feel like people are planning to hurt you

CAN ASTHMA BE PREVENTED IN CHILDREN?

Asthma cannot be prevented. You can limit your child's exposure to the things that cause asthma, especially in the first years of life, by:

- Not smoking in the house!
- Keeping your house clean.
- Keeping cats or dogs out of your child's bedroom.
- By breastfeeding infants as long as possible.

Breast milk is healthier than powdered milk, and can delay or prevent asthma allergies.

ASTHMA CAN BE TREATED AND CONTROLLED

If you think your child has asthma, please consultyourdoctor. You control your asthma by staying away from the causes of asthma and also taking medicine as explained by your doctor. Take only medicine prescribed by your doctor to you.

For more information on the Internet about asthma, please visit:

www.cdc.gov/asthma

www.lungusa.com

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Information for this brochure was adapted from materials developed by:

Centers for Disease Control

The American Lung Association

The Office of Minority Health

The American Academy of Family Physicians

New York State Department of Health

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

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What is Asthma?



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WHAT IS ASTHMA?

Asthma is a disease that makes breathing difficult. There are tubes in our bodies that carry air to the lungs. Asthma causes these tubes to swell, making it difficult to breath. There is no cure for asthma, but it can be treated with medicine and can sometimes be prevented.

ASTHMA IS DIFFERENT FROM COLDS, THE FLU, BRONCHITIS, AND PNEUMONIA

Asthma is not caused by a virus and cannot spread from person to person. There is no cure for asthma, but there are medicines that can help prevent, or treat asthma attacks.

WHAT CAUSES ASTHMA?

The causes of Asthma are different from one person to another. The most common causes of asthma are:

- dust,
- pollen,
- pet hair,
- cockroaches,
- cold,
- air pollutants like tobacco smoke, car exhaust,
- cleaning products and perfumes
- illness,
- cold and windy weather, and
- rigorous or hard exercise (this does not mean people with asthma cannot exercise).

SIGNS OF ASTHMA

Asthma sometimes occurs suddenly making it difficult to breath. This is known as an attack. If your child has any of the following problems he or she may have asthma:

- wheezing when breathing,
- taking short breaths,
- feel tightness in the chest, or
- cough in the evening or morning.



Source: American Academy of Allergy, Asthma and Immunology

For more information please visit:

www.komen.org

www.cdc.gov/cancer/breast

www.cancer.org

http://www.state.gov/g/wi/rls/

Information for this brochure was adapted from materials developed by:

Susan G. Komen for the Cure

Centers for Disease Control

American Cancer Society

Florida Health Care Plans

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What is Breast Cancer?



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WHAT IS BREAST CANCER?

WHAT IS BREAST CANCER?

Breast cancer is a disease where growths form inside a woman's breast and sometimes spread. Breast cancer is dangerous, but can be stopped with the right care. This brochure talks about how you can prevent breast cancer.

In 2007, over 175,000 women in the United States were told that they have breast cancer.

In 2007, over 40,000 of those women died.

WHO IS AT RISK FOR BREAST CANCER?

Breast cancer can happen to any woman, but you are more likely to get breast cancer if you are over 55 years old or are related to someone with a history of the disease.

WHAT ARE THE SIGNS OF BREAST CANCER?

A breast does not have to hurt or look different to have breast cancer. However, there are some signs that you should look out for:

- a bump in the breast or armpit
- one part of your breast gets bigger or swells
- the skin on your breast hurts and is spotty
- liquids other than breast milk (such as blood) come out of the nipple
- the skin around the nipple is red or flaky
- pain in any area of the breast or nipple

These signs do not always mean you have cancer. However, to be safe it is very important to contact a doctor immediately.

HOW CAN I PREVENT BREAST CANCER?

There are many different ways that you can make sure your breasts are cancer-free. You should try all of these exams to make sure you stay healthy:

Mammogram

A mammogram is when a machine safely takes a picture of the breast to see if there are changes inside it. If you are over 40 years of age, you should get a mammogram at least every two years.

Clinical Breast Exam

A clinical breast exam is when a doctor or nurse uses his or her hands to feel for bumps or any changes. If you are between the ages of 20 and 39, you should have this exam once every three years.

Self-Exam

A self-exam is when you use your own hands to feel for bumps or changes in the breast. It is important to first have a doctor or nurse show you the right way to feel your breast so you know what to feel for.

WHY SHOULD I GET A BREAST CANCER EXAM?

The best way to prevent or manage breast cancer is to catch it early and get medical help. It is very important to find any bumps before they spread. The more attention you give your breasts means a smaller possibility that anything could go wrong. It is good to see a doctor regularly to make sure that there are no abnormal changes in your breasts. It is also important to eat lots of fruits and vegetables and drink less alcohol. Having an active, healthy life lowers the risk of getting cancer.

HOW CAN I GET A TEST IF I DON'T HAVE ENOUGH MONEY OR HEALTH INSURANCE?

There may be clinics in your area that give free breast cancer exams. To find these clinics and what services they offer, contact the Centers for Disease Control at 1 (800) 232-4636.

- Try to avoid or limit the amount of chips, cookies, treats, candies, butter, margarine, mayonnaise, salt, fried foods, ice cream, sherbet, and sodas your family eats.
- Avoid fried and high-fat foods such as pastries, biscuits, or muffins.

Other ways to make meals healthier:

- Eat whole grain breads and cereals such as whole wheat bread and brown rice.
- Eat fresh fruits and vegetables.
- Buy smaller pieces of fruit and drink fruit juices in small amounts.
- Use the smallest possible amount of fat, oil, or butter when cooking.
- Use vegetable cooking oil spray instead of liquid oil, shortening, butter, or margarine.
- Try baking, broiling, roasting, steaming, or grilling instead of frying.
- Choose lower fat meats (chicken, lean beef, or turkey).
- Use fat free (skim) or low-fat (1%) milk, cheese, and yogurt.

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For more information about childhood obesity on the Internet, please visit:

American Heart Association www.americanheart.org

The Centers for Disease Control and Prevention www.cdc.gov

The U.S. Department of Agriculture www.usda.gov

American Diabetes Association www.diabetes.org

> Medline Plus www.medlineplus.gov

Information for this brochure was adapted from materials developed by:

The U.S. Department of Agriculture

The Centers for Disease Control and Prevention (CDC)

Georgia State University, Department of Geography and Anthropology

American Heart Association

American Obesity Association

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement



Childhood Obesity



www.refugees.org Protecting Refugees, Serving Immigrants, Upbolding Freedom since 1911 Obesity is when a person has too much body fat. Obesity in children and teens is a serious health issue. Obesity may lead to many health problems that last into adulthood. Childhood obesity can lead to high blood pressure, stroke, and heart attack.

WHY DO CHILDREN BECOME OBESE OR FAT?

The most common causes of childhood obesity are:

- Lack of exercise
- Too much sedentary behavior (like watching TV)
- Unhealthy eating habits
- Parents making children eat too much food



HOW CAN YOU HELP YOUR CHILD AVOID OBESITY?

Teach healthy eating and physical activity habits when children are young. Make healthy eating and physical activity priorities for your entire family. Some ways to promote healthy, active lifestyles for your family are outlined below.

Create an Active Environment:

- Make time for the entire family to join in regular physical activities, like walking, playing soccer (football), or dancing.
- Let children run and play.
- Join other families for group activities like soccer, basketball, or tag.
- Give active chores such as sweeping or mowing the lawn to every family member.
- Encourage your child to try a new sport at school or in your community.
- Limit the amount of time your family spends watching TV.
- Set an example for your child by becoming active yourself.

Create a Healthy Eating Environment:

- Provide your family with healthy meals rich in fruits, vegetables, and grains.
- Prepare foods together. Children enjoy helping and can learn about healthy cooking and food preparation.
- Eat meals together at the dinner table at regular times.
- Tell your children to eat slowly to allow them time to feel full.
- Avoid other activities during mealtimes such as watching TV.



- Avoid foods that are high in calories, fat or sugar such as candy, soda pop, or chips.
- Don't force your child to eat if he or she is not hungry. If your child refuses to eat on a regular basis, consult a healthcare professional.
- Limit fast-food to no more than once per week.
- Avoid using food as a reward or punishment for children.
- Give sweets such as candy only once in a while, not every day.

Eat a Healthy Diet:

• Eat a variety of foods, with plenty of fresh fruits and vegetables.

As the flu is caused by a virus, antibiotics are not an effective treatment. Getting a flu shot every year (generally available beginning in October) will help you avoid the flu. The flu shot is highly recommended for:

- people 65 or older,
- nursing home patients,
- people over six months old with health problems, such as asthma, or with long-term diseases, such as HIV or heart disease, and
- people who are often around sick or elderly persons.

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riht@uscridc.org U.S. Committee for Refugees and Immigrants 1717 Massachusetts Ave., NW Suite 200 Washington, DC 20036 Phone: 202 • 347 • 3507 Fax: 202 • 347 • 7177 www.refugees.org To find a flu clinic in your community please visit: www.flucliniclocator.org

For more information about the cold and flu on the Internet, please visit:

The U.S. Food and Drug Administration www.fda.gov

American Lung Association www.lungusa.org

The Nemours Foundation's Center for Children's Health Media www.kidshealth.org

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Information for this brochure was adapted from materials developed by:

The U.S. Food and Drug Administration

The American Lung Association

The Nemours Foundation's Center for Children's Health Media

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

Cold and Flu



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THE COMMON COLD

WHAT ARE COLDS?

Colds are very contagious illnesses caused by viruses that are spread through the air and through direct contact with infected people. Colds are generally more common during cold weather.

WHAT ARE THE SYMPTOMS OF A COLD?

The first sign of a cold is usually a tickle or an itch in the back of the throat. People with colds my have breathing problems, feel stuffed up, cough, sneeze, and have a runny nose.

WHO GETS COLDS AND HOW LONG DO COLDS LAST?

Colds rarely last more than two weeks and are generally minor. Adults usually get two colds per year. Children may get as many as eight colds in a year.

WHAT CAN I DO TO MAKE COLDS GO AWAY?

The best thing to do when you have a cold is to get plenty of rest and to drink lots of liquids. An over-the-counter cold medicine may help relieve the cold symptoms, but colds usually clear up on their own even if you take no medicine. Do not take antibiotics for colds. Antibiotics will not treat or cure colds. Colds are caused by viruses and antibiotics are for use against bacteria, not viruses.

WHAT DO I DO FOR MY SICK CHILD?

A child with a cold will need plenty of rest

and liquids. If you give over-the-counter cold medicine to a child, you should read the instructions closely and to give the medicine exactly as directed.

HOW DO I KEEP FROM GETTING A COLD?

The best way to avoid a cold is to wash your hands often and avoid touching your eyes, nose, or mouth. Stay away from people who have colds because colds can be spread through coughing and sneezing. Use a tissue or napkin when you cough or sneeze as this will help stop you from spreading colds to others. Do not share cups, knives, or forks with someone who has a cold. Use disinfectant to clean surfaces like tables, doorknobs, and telephones.

THE FLU (INFLUENZA)

WHAT IS THE FLU?

The flu or influenza is a highly contagious illness spread by viruses.

Flu symptoms are similar to cold symptoms but are much more severe and may include a fever, body aches, and tiredness. The flu usually lasts no morethantwoweeks.

WHAT CAN I DO TO MAKE THE FLU GO AWAY?

The best way to get rid of the flu is to get plenty of rest and drink lots of fluids. There are over-the-counter flu medicines that will help to ease flu symptoms.

WHAT DO I DO FOR MY SICK CHILD?

A child with the flu will need plenty of rest and liquids. Children with flu symptoms should visit the doctor if people in your community are reported to have the flu.

HOW DO I KEEP FROM GETTING THE FLU?

Wash your hands often and avoid contact with people who have the flu. Use a tissue or napkin when you cough or sneeze as this will help stop you from spreading the flu to others.



Other symptoms may include headache, loss of appetite, and being extremely tired.

Some types of pneumonia can be prevented with a pneumonia vaccine. The pneumonia vaccine is usually given one time, and not every year like the flu vaccine. Another way to prevent pneumonia is to get the flu vaccine every year. If you think you have pneumonia, please see your doctor immediately.

TO AVOID BRONCHITIS, THE FLU, AND PNEUMONIA...

- Wash your hands often
- Get vaccinated
- Avoid touching people who have the flu
- Stay home from work and school when you are sick to avoid spreading the diseases
- Cover your nose and mouth with a tissue when you cough or sneeze
- Eat fruits and vegetables, and gets lots of rest
- Wash your hands before touching your eyes, nose, and mouth
- Keep your house free of dust

For more information on the Internet about bronchitis, influenza and pneumonia, please visit:

www.lungusa.org

www.cdc.gov

www.kidshealth.org

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Information for this brochure was adapted from resources and materials from:

Centers for Disease Control

The American Lung Association

The Iowa Department of Public Health

San Antonio Community Hospital.

New York State Department of Health The Nemours Foundation

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Common Respiratory Illnesses

(Bronchitis, Influenza and Pneumonia)



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WHY SHOULD I BE CONCERNED ABOUT RESPIRATORY ILLNESSES?

In the United States, respiratory illnesses are common during the cold months. Respiratory illnesses can make you very sick. Some respiratory illnesses can kill children or the elderly.

WHAT IS BRONCHITIS?

Bronchitis is when mucus fills the windpipe to the lungs, and makes it difficult for a person to breathe.

The symptoms of Bronchitis are:

- Cough that produces mucus
- Headache
- Fever
- Difficulty breathing
- Chills

"A cute bronchitis" usually occurs with a severe cold or another respiratory illness. Acute bronchitis can go away after drinking lots of fluids and resting. Bronchitis can not be cured or prevented by a shot. There are medicines that can make someone with bronchitis feel better. Bronchitis that lasts longer than three months and more than 2 years is called "chronic bronchitis". Chronic bronchitis is caused by smoking or working in an area with industrial dust. The best way to treat chronic bronchitis is to stop smoking and avoid exposure to industrial dust.

If you think you have bronchitis please go to your doctor for treatment and advice.

WHAT IS INFLUENZA?

Influenza or the "flu" is caused by germs that infect the nose, throat and lungs. The symptoms of the flu are:

- high fever,
- headache,
- being extremely tired,
- dry cough,
- sore throat,
- runny or stuffy nose,
- nausea, vomiting, or diarrhea,
- muscle aches, and
- body aches.



The flu is spread from person to person through coughing and sneezing. There are people who can become very sick from the flu and even die. These people include:

- children aged months to years,
- pregnant women,
- people who are 50 years of age and older,
- people with HIV/AIDS, asthma, or lung, kidney or heart disease.

The best way to prevent the flu is getting a flu vaccine. Most cases of flu occur in December and January, so it is best to get vaccinated in October or November.

Children six months or less are too young to be vaccinated, so mothers and family members should get vaccinated to prevent the spread of the flu to the baby. If you think you have the flu please see your doctor immediately.

WHAT IS PNEUMONIA?

Pneumonia is similar to the flu, but is an infection of the lungs. Pneumonia usually occurs with the flu. Pneumonia can cause death in the very young, elderly, HIV/ AIDS infected, and people who are very sick.

The symptoms of pneumonia are:

- Cough with mucus
- Fever with chills
- Chest pain
- Difficulty breathing

HELP YOUR CHILDREN TO KEEP THEIR TEETH HEALTHY

Children with tooth decay will have tooth problems later in life, and may have teeth that are not straight.

Be sure to:

- 1. Feed your baby with breast milk during the first year.
- 2. Take your child to the dentist at the age of one year.
- 3. Brush your baby's teeth lightly with tooth paste.
- 4. Do not feed your child with Soda pop, juice drinks with bubbles, or powdered juice.
- 5. Only give your child 100% natural juice mixed with water through a cup—not a bottle.

For more information on the Internet about keeping your teeth healthy, please visit:

www.healthyteeth.org

www.hesperian.org

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Information from this brochure was adapted from materials by:

Australian Research Center for Population Oral Health

California Department of Health Services

Federal Citizen Information Center

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Keeping Your Teeth Healthy



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Images for this brochure were provided by

The Hesperian Foundation

PREVENTION IS IMPORTANT

Prevention means stopping tooth aches and tooth decay before they start. Treating tooth decay or replacing your teeth costs a lot of money in the US. Prevention illnesses from happening is better than treat them.

HOW TO PREVENT GUM AND TOOTH DECAY

There are many ways to prevent your teeth and gums from decaying and hurting.

- Brush your teeth three times a day with tooth paste.
- Use dental "floss" or string to remove food remains in your teeth.
- Visit the dentist two times a year to have your teeth cleaned.
- Eat foods that do not have sugar.
- Drink lots of water.
- Rinse your mouth with water after drinking soda pop.
- Buy a new toothbrush every three months.

VISITING THE DENTIST

Take good care of your teeth. Go to the dentist to have your teeth cleaned twice a year is less expensive than having your teeth fixed or replacing them. Dental services for children may be free in your state. Ask your caseworker for advice.

TEACH YOUR FAMILY TO BRUSH CORRECTLY



Don't forget to brush your back teeth.



Brush the back and top of the front teeth.

5.

YOU CAN TEACH YOUR CHILDREN TO FLOSS CORRECTLY

Cleaning your teeth with string prevents damage to your gums. When you floss for the first time your gums may bleed because they are weak. Keep flossing and your gums will become stronger. Sharp objects and tooth picks can hurt your gum or cause gum disease or infection. Using mouthwash helps to kill the germs in your mouth that causes bad breath.











WHAT SHOULD I DO IF THERE IS VIOLENCE IN THE HOME?

If a person in your home hurts you or your children, it is important that you seek help:

- 1. Talk to somebody you trust: a friend, neighbor, family member, or your caseworker.
- 2. Call 911 if you are in immediate danger. Police will come to your home and protect you and your children.
- 3. If you do not speak English, call National Domestic Violence Hotline: 1-800-799-7233. The calls are free. Tell the operator what language you speak. The interpreter will tell you what you can do and where to find help in your city.

Calls to Domestic Violence Hotlines are CONFIDENTIAL. You do not have to tell your name. The operator will not tell anybody about your call.

For more information on the Internet about violence in the home in refugee communities, please visit:

www.endabuse.org

www.atask.org

www.apiahf.org/apidvinstitute

www.tapestri.org

www.mosaicservices.org

www.hotpeachpages.net

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The web sites above include additional information in many languages spoken by refugees.

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Violence in the Home



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WHAT IS VIOLENCE IN THE HOME?

Violence in the home is often called abuse. Abuse happens when a person does something to hurt or scare another person over and over again. Abuse includes hurting a person's body, hurting her feelings, or making her do things that makes her feel bad or that she doesn't want to do. Abuse is also about trying to make a person feel like she is not smart or strong, or unable to make decisions about her own life.

WHO CAN BE ABUSED?

Anyone can be abused: adults, children and the elderly. In families where abuse is happening, women, children, and the elderly are most often being hurt.

CHILDREN

Children who witness violence at home feel scared and sad. Very often, they believe that their behavior causes that violence. It is unhealthy for children to live in a violent home. Children who see violence in their homes often have trouble at school, start using drugs and alcohol and may become violent themselves.

ARE YOU BEING ABUSED?

You are being abused if somebody in your home:

- pushes, slaps or punches you,
- threatens to kill or hurt you,
- threatens to take your children away,
- criticizes and humiliates you all the time,
- does not let you see your family and friends,
- forces you to have sex when you don't want to,
- does not let you work and have your own money,
- does not allow you to learn English or learn to drive,
- threatens to send you back to your country, and
- takes away your immigration documents.

IT IS A CRIME

Violence in the home should not be kept secret. Physical or sexual violence against family member is against the law in the United States. Police and courts protect all victims of violence in the home. Special protection is given to children, women, and the elderly. A person who is violent in the home may be arrested.

IT IS NOT YOUR FAULT

If you are abused, it does not mean that you are not a good wife or mother. A person who abuses you wants to control your life.

YOU ARE NOT ALONE

If somebody in your family abuses you, you should know that you are not alone. Over two million women are abused by their husbands and boyfriends in the United States each year.

If you know somebody who is being abused, let them know that there is help available:

- 911 Emergency Assistance: police and ambulance.
- Domestic Violence Shelter: safe and free housing for women and their children.
- Temporary Protection Order: Family Court Judge may order that violent person must leave his home and stay away from his spouse and children.
- Legal Assistance: victims with low income may receive a free attorney who will help them with legal matters, such as protection order, custody, child support, or divorce.

- Cough or vomit blood
- Have sudden severe illness
- Have numbness in your face, legs, or arms
- Are severely burned
- Injure your head
- Have an injured infant

Do not go the ER for:

- Earache
- Cold, cough, or flu
- Burns (minor)
- Sprains
- Immunization
- Flu shots
- Sore throat

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This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.







Medical Care in the United States



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MEDICAL CARE IN THE UNITED STATES

In the United States there are many ways to receive medical care, but the most commonly used are:

- Doctor's office visits
- Urgent care (sometimes called walk in clinics)
- Emergency Rooms (ER)

WHEN DO I MAKE AN OFFICE VISIT?

An office visit is when you make an appointment to see your primary care doctor in the doctor's office. Schedule an office visit for:

- Cold, cough, or flu
- Earaches
- Allergy shots
- Immunizations
- Yearly physical check-ups

WHEN DO I USE URGENT CARE?

Urgent care clinics or walk-in clinics are much like doctors' offices, but no appointment is required. Instead of your primary care physician, you will see any doctor who is on duty at an urgent care clinic. Urgent care clinics are often found near hospitals or malls, and are usually open from early mornings until late in the evenings. You should use urgent care for minor illnesses or injuries, such as:

- Earaches
- Sunburn or minor burns

- Cold, cough, or flu
- Minor fevers
- School or work physical check-ups
- Allergy shots

WHEN DO I USE THE ER?

Emergency Rooms, or ERs, are located in hospitals. They are often open 24 hours a day, 7 days a week. The ER costs more money than office visits and urgent care. You may wait a long time if you go to the ER and your condition is not serious. You should only use the ER for emergencies or serious illnesses, such as:





- Chest pain, numbress in the face, arm or leg, or trouble speaking
- High fever with stiff neck, mental confusion, or trouble breathing
- Severe shortness of breath (gasping for air)
- Poisoning
- Sudden loss of consciousness
- Coughing or vomiting blood
- Sudden, unusual, or severe symptoms

IF YOU USE THE ER:

- 1) Take your doctor's name and phone number to the ER.
- 2) Tell the ER nurse and doctor what medications (pills) you are taking.
- 3) Tell the ER nurse or doctor if you have a medical condition.

Go to the ER if you:

- Loose consciousness
- Break a bone

future. This is not true. In the United States, birth control is widely used and very safe. You can stop using birth control when you are ready to have children. If you have any questions or concerns about birth control, ask your doctor.

WHAT IF I NEED HELP WITH BIRTH CONTROL?

It is important to know the right way to use birth control. If it is not used in the right way, it will not work.

For more information please visit:

http://www.4women.gov/ www.cdc.gov/

National Family Planning & Reproductive Health Association

> http://www.nfprha.org 202-293-3114

Planned Parenthood http://www.plannedparenthood.org/ 1-800-230-7526

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Information for this brochure was adapted from materials by:

The National Women's Health Information Center

Centers for Disease Control and Prevention

Family Planning Database

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

> U.S. Committee for Refugees and Immigrants 2231 Crystal Drive, Suite 350 Arlington, VA 22202-3711 Phone: 703 • 310 • 1130 Fax: 703 • 769 • 4241 www.refugees.org



What is Family Planning



www.refugees.org Protecting Refugees, Serving Immigrants, Upbolding Freedom since 1911

HEALTHY LIVING

WHAT IS FAMILY PLANNING?

Couples can plan when they want to have children. This brochure provides information on planning when to become pregnant. It can help you find the type of birth control that is best for you.

WHAT IS FAMILY PLANNING?

In the United States, you can plan when you want to have children by using certain products called "birth control." The use of birth control does not make you infertile, it just helps you decide when to get pregnant.

WHICH BIRTH CONTROL IS BEST FOR US?

It is important to talk to your doctor about the type of birth control that is right for your partner and you. Sometimes you cannot use certain types of birth control because of your age or because of health issues that you may have. No method of birth control is completely guaranteed to prevent pregnancy.

TYPES OF BIRTH CONTROL



Condoms

Condoms are placed over the penis before intercourse. Condoms are the only type of birth control that also protects against sexually transmitted diseases such as HIV/AIDS. There are two types of condoms, one for females and males.



Oral Contraceptives

This birth control is a pill for women to swallow through the mouth. It should be taken daily.



Depo-Vera Injections

This birth control is injected like a shot to the woman every 3 months.



Nuvaring

This birth control is in the shape of a ring and is inserted into the vagina. It is worn for three weeks and taken out while the woman is menstruating. After each menstrual cycle, a new ring is used.

Intrauterine Devine (IUD)

This birth control is a T-shaped device placed inside the woman's womb by her doctor.



Diaphragm, Cervical Cap

This birth control is in the shape of a cup and placed inside the vagina before sexual intercourse.

Tubal Ligation

This birth control is a surgery done on women. It is a permanent method of birth control for women who decide never to have children or do not want to have more children.

WHERE CAN I GET BIRTH CONTROL?

You can get birth control from the doctor's office, pharmacy, clinic, or store. You might need to get a doctor's prescription for some types of birth control.

HOW MUCH DOES BIRTH CONTROL COST?

Some types of birth control are free. Other types of birth control have different prices. If you have medical insurance, it might cover the expenses. Talk to your doctor to find assistance.

WHAT IF I HAVE CONCERNS ABOUT USING BIRTH CONTROL?

Some couples are afraid to take birth control because they believe that birth control will prevent them from having children in the

For more information please visit:

http://www.unfpa.org http://www.iac-ciaf.com/ http://www.path.org/files/FGM-The-Facts.htm http://www.state.gov/g/wi/rls/

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This brochure was developed with the aid of information and resources from:

United Nations Population Fund

Amnesty International

World Health Organization

U.S. Department of Health and Human Services, Office on Women's Health

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

> U.S. Committee for Refugees and Immigrants 2231 Crystal Drive, Suite 350 Arlington, VA 22202-3711 Phone: 703 • 310 • 1130 Fax: 703 • 769 • 4241 www.refugees.org



Female Circumcision



www.refugees.org Protecting Refugees, Serving Immigrants, Upbolding Freedom since 1911

FEMALE CIRCUMCISION

Every culture has practices that have been passed down for many generations and are seen as normal or necessary. Certain practices, however, are not accepted in other countries. *Female Circumcision* (or Female Genital Cutting) is against the law in the United States because it is viewed as dangerous and unhealthy. Preserving your culture and identity for your children is important, but it also is important to understand the medical and legal consequences of having a female child circumcised.

WHAT IS FEMALE CIRCUMCISION?

Female circumcision is a cultural practice carried out in many countries, mostly in Africa. There are different beliefs as to why female circumcision is necessary. Some say circumcising girls is necessary for hygiene, to preserve a girl's virginity until marriage, for religious reasons and as a way to bring girls into womanhood. Female circumcision involves the removal of part or all of the female genitals, and it is most commonly performed on girls between the ages of 4 to 14.

WHAT IF MY RELIGION REQUIRES IT?

Neither the Bible nor the Koran says that a female must be circumcised. In fact, many religious leaders believe it to be harmful to the body, which should be protected. Many religious leaders have called female circumcision "a serious infringement to the physical, psychological and moral integrity of women and children."

WHY IS FEMALE CIRCUMCISION HARMFUL?

Female circumcision is harmful and has been made illegal in the United States because of many health risks. Immediate complications from the procedure can include severe pain, heavy blood loss, infection, and in extreme cases, death. Long-term effects include scarring and tearing between the vaginal and anus which cause problems with fertility and delivery, as well as chronic infections such as urinary tract infections, which makes urinating painful and difficult. Additionally, there is an increased risk of becoming infected with HIV/AIDS and other sexually transmitted diseases. There also is a risk of mental and emotional stress particularly for younger girls who undergo the procedure.

WHAT LAWS PROHIBIT FEMALE CIRCUMCISION?

In the United States, federal law makes it illegal to circumcise a female minor (a girl under the age of 18). Several states have laws that make female circumcision illegal at any age, and many others have laws that punish parents who allow their daughters to be circumcised. Internationally, most countries have made female circumcision illegal, including many countries in Africa. Global attention is increasingly focused on the medical and emotional risks of female circumcision, led in large part by African women's groups.

WHERE CAN I GET MORE INFORMATION ON FEMALE CIRCUMCISION?

For more information on female circumcision, please visit:

Population Action International at http://www.populationaction.org/

Equality Now at <u>http://www.equalitynow.org/</u>

Inter-African Committee on Traditional Practices at <u>http://www.iac-ciaf.com/</u>

PATH at http://www.path.org/files/FGM-The-Facts. htm

United Nations Population Fund at <u>http://www.unfpa.org</u>

US State Department at <u>http://www.state.gov</u>

A Guidebook for Resettlement Agencies Serving Refugees with HIV/AIDS

he purpose of this publication is to assist resettlement agencies in preparing for and providing care to refugees who are living with HIV/AIDS. We hope that this guidebook will serve as a resource for resettlement agencies and establish basic standards of care for HIVpositive refugees.

Before Arrival

Typically, several months can pass between the allocation of an HIV-positive case and its arrival. During this time, a resettlement agency can take several steps to prepare for a refugee arriving with an HIV waiver.

STEP 1:

IDENTIFY RYAN WHITE CARE PROVIDERS AND SERVICES AVAILABLE IN YOUR COMMUNITY

Many resettlement agencies have existing relationships with private physicians or community clinics for initial medical screenings and long-term medical care. In addition to these primary contacts, you should also identify Ryan White CARE Act-funded AIDS service providers in your community. Ryan White services provide specialized AIDS care beyond that which refugee resettlement agencies alone can provide to new arrivals.

The Ryan White CARE Act provides funds to meet the medical and psychosocial needs of people living with HIV/AIDS. Ryan White funds are allocated to all states and cities with high incidences of HIV/AIDS. Each city or community convenes planning councils and consortia that determine and allocate funds for the type of services they deem a priority for that

geographic area. Currently, all communities receive Ryan White funds for the following services:

◆ *Case management services.* These agencies/providers are the "gateway" to a wide range of HIV/AIDS-related medical and psychosocial services, such as primary medical care, AIDS Drug Assistance Programs, emergency assistance, mental health services, and housing. They serve as the lead agency in the Ryan White referral network.

• **Primary medical care services.** Clinics, hospitals, and some large AIDS service organizations receive Ryan White funds to provide primary medical and disease management services, emergency medical care, medications, and diagnostic tests.

• **Regional AIDS education and training centers (AETCs)**. These organizations (usually hospitals and/or universities) provide on-site HIV training for health care providers and social service agencies.

The Ryan White CARE Act currently defines eligible services as:

Outpatient and ambulatory health and support services, including case management, substance abuse treatment and mental health treatment, and comprehensive treatment services, which shall include treatment education and prophylactic treatment for opportunistic infections, for individuals and families with HIV disease; and inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.¹

In some communities, other services, such as interpretation and translation, may be considered a funding priority. Your local or state health department should be able to provide you with a listing of Ryan White CARE Act providers. (Also see, *Resettling Refugees in America: Medical Case Management.*)

¹ Ryan White Comprehensive AIDS Resources Emergency Act, 1990, as Amended by the Ryan White CARE Act Amendments of 1996 (Pub. Law 104-136).

STEP 2: ESTABLISH PARTNERSHIPS WITH RYAN WHITE CARE ACT PROVIDERS

You should identify three local AIDS service providers – a case management agency, a hospital or clinic for medical care, and a training organization. (Some service providers are funded to do all three activities.) When contacting case management and primary care providers, we suggest that you introduce yourself and your agency, and then ask the following questions:

- Could you tell me about the services you provide for HIV-positive clients?
- What are the eligibility requirements to obtain services?
- Do you accept Medicaid clients?
- Is there a waiting list for services?
- What is the process for arranging an intake interview for a new client?
- Do you have access to or experience working with interpreters?

Your partnership with an AIDS service provider can be an informal or formal collaboration. If your partnership is with an HIV case manager, s/he will develop a case management plan that is similar to a resettlement plan. It will outline and identify appropriate AIDS resources and referrals based on an assessment of the refugee's medical and psychosocial needs. The HIV/AIDS case manager will implement his/her own case management plan, while the resettlement caseworker carries out his/her duties as outlined in the Department of State's Cooperative Agreement for the Reception and Placement Program. [Note: We suggest that you request a copy of this HIV case management referral plan from the HIV/AIDS case manager once the proper paperwork allowing for client information exchange has been processed.]

In addition, it is a good idea to request in writing one of the following documents, outlining each agency's responsibilities in the partnership:

- Memorandum of understanding,
- Letter of agreement, or
- Contract.

Together, these documents can serve as a road map for providing services to the refugee client.

STEP 3:

COMPLETE PRE-ARRIVAL PAPERWORK

All resettlement agencies must complete the "Addendum to Assurance for HIV+ Refugees." This form requires contact information for the local agency that has assured the case and for the health care facility that will provide an initial medical evaluation of the client. Local resettlement agencies have four weeks to complete the Addendum. National resettlement agencies forward the completed Addendum to the Refugee Data Center (RDC), which then passes it to the Center for Disease Control and Prevention (CDC) so that CDC can track the cases.

	sponsorship	assurance	
Case #:		PA Name:	
Name of HIV+ refugee(s) in case:	Date of Birth:	Gender:	Alien #:
Sponsoring Agency/Affiliate:			
Name of Director:		-	
Address:			
Telephone:			
Necessary treatment and counseling	0	0	provided by:
Name of Clinic, Health Facility, Local Hea	nui Department or i		
Name of Clinic, Health Facility, Local Hea			
Contact Name:			

STEP 4: PREPARE YOUR STAFF

Training for your staff, board of directors, and/or volunteers is critical to the delivery of effective services. Your organizational capacity to serve refugees with HIV/AIDS should begin with an assessment of your staff's knowledge and understanding of AIDS issues. Remember that staff may be reluctant initially to express their concerns about their own health and safety. In addition, they may feel uncomfortable asking questions. For these reasons, it is critical that you provide opportunities for staff to obtain accurate and up-to-date information and to discuss any concerns they might have about HIV/AIDS.

Training should be provided on the topics listed below. While all staff members should participate in training activities, you may decide that members of your board or volunteer network should attend training on only one or a few topics. Upon completion of the training, your staff will be better prepared to respond to the needs of HIV positive clients.

Does your staff know that....

If you test positive for HIV, it means that your blood has signs of the virus that causes AIDS. A positive test does not mean that you have AIDS. Many people who test positive for HIV do not develop symptoms of AIDS until many years (in some cases 10 years or longer) after their body is first exposed to the HIV virus.

Training Topics

- 1. Basic heath education information on HIV/AIDS, other sexually transmitted diseases (STDs), tuberculosis, and hepatitis.
- 2. AIDS prevention, including safer sex guidelines.
- 3. Culturally appropriate information on human sexuality.
- 4. Confidentiality, privacy, and other HIV-related laws in your state.
- 5. Sensitivity training on issues for persons living with HIV/AIDS and STDs.
- 6. AIDS-specific community resources.
- 7. Treatment for people living with HIV and AIDS.
- 8. Psychosocial manifestations of HIV and AIDS.
- 9. Burnout and bereavement issues for staff.

STEP 5:

GATHER INFORMATION FOR YOUR CLIENT

It is important that you collect information for your client that is culturally specific and language appropriate. Although there are some existing HIV/AIDS materials in various languages, new refugee populations may require information in languages that are currently not available. IRSA is in the process of identifying basic materials and information to be translated, produced, and distributed to local resettlement agencies.

STEP 6:

REVIEW ANY HIV-RELATED LAWS IN YOUR STATE(S)

The purpose of these types of laws is to protect the person living with HIV/AIDS and to address concerns regarding the public's health. Years into the epidemic, people living with HIV continue to face rejection, stigma, and discrimination. Even today, people with AIDS have lost their jobs, housing and/or have been refused services because of their HIV status. Current laws address the following issues:

◆ *Classification of HIV/AIDS:* In some states, HIV/AIDS is designated as a communicable disease, and in others, as an STD or venereal disease. The type of classification determines whether the case is reported to the state departments of public health. While this distinction is less important for local resettlement agencies (all refugees are reported to state departments of public health by CDC regardless of the classification), classification is one aspect of HIV/AIDS that state laws have addressed.

• *HIV infection reporting:* In some states, HIV cases are reported by name to the Department of Public Health; in others, the name is not reported, but the case is given a number or a unique identifier. All states require that AIDS cases be reported.

• *Specific privacy protection for HIV/AIDS information:* Many state laws prevent the disclosure of HIV test results or related information such as medical records without the patient's or client's written consent.

• *HIV-specific consent requirement for testing:* In most states, a written consent is required before a person can be tested for HIV, but in some instances this written consent can be obtained from the person's parents, guardians, or other people authorized to make health care decisions on behalf of the person.

• When consent requirement can be waived: In some states, the consent requirements can be waived for specified reasons. For example, in Illinois, consent is waived in cases of organ, tissue, and sperm donors, or if a health care worker is at risk.

• *Spouse/partner notification:* These types of laws mandate that the health department locates and notifies the spouses/partners of those persons who test positive for HIV. In most instances, the identity of the person who has tested positive is not revealed, and the spouse/partner is only told that "a sexual partner" has exposed him/her to HIV.

Partner Notification in the State of New York

In the state of New York, partner notification laws limit the communication of HIV status between partners to medical providers who are required to disclose information to the health department. The health department then contacts the partner for notification. New York state law defines medical providers as "medical laboratories (except those performing an anonymous test), physicians, physician assistants, nurses and nurse midwives, blood banks, organ procurement agencies." However, these medical providers cannot share the patient's name or other identifying information with insurance companies, the police, landlords, or social services agencies. In the state of New York, case managers, outreach workers, counselors, educators, advocates, and other non-medical professionals who provide social, supportive, and mental health services are not defined as "medical providers" and therefore cannot report names to the health department for the purposes of partner notification.

• *Permissible disclosure:* In some states, HIV status can be disclosed to someone who is authorized to make medical decisions for an incompetent person or a minor. This permissible disclosure is generally limited to specific professions such as mental health providers, school officials, or other professionals who provide some type of direct services to the client.

• *Mandatory disclosure:* In some instances, laws require that certain professions are notified when a person receives an HIV diagnosis. But again, many of these laws restrict who can *provide* this information.

• **Penalties for impermissible disclosures:** In some states, breaches in confidentiality can result in criminal and/or civil penalties. For example, in the state of Washington, anyone who violates the provision for confidentiality can be found guilty of a gross misdemeanor and may also face civil penalties.

Other laws that address general health care privacy protections or specific diseases such as STDs may also address HIV issues. However, many laws and statutory requirements are subject to modification, and we suggest that you contact local and state health departments for accurate and up-to-date information on your state. For refugee resettlement agencies that operate close to state borders and/or resettle families in more than one state, it is important to know the laws of both states in your area.

STEP 7:

REVISE AND IMPLEMENT ADMINISTRATIVE AND MANAGEMENT POLICIES TO REFLECT YOUR STATE LAWS

In addition to any existing waiver forms, refugee resettlement agencies should consider using the following types of consent forms:

• **Consent for Release of Information:** This release designates the specific agencies and staff persons who can receive any HIV-related information. This form should also indicate the time period during which the release is authorized and effective.

◆ Authorization for Release of Confidential HIV-Related Information: This form identifies other people, such as specific family members, who can be given HIV-related information.

♦ Authorization for Release of Confidential HIV-Related Information – Case Management Programs: This form authorizes the release of records to and from specific providers. Informed consent and release forms must be *thoroughly* reviewed with your client. In explaining the purpose and intent of the authorization and consent forms, you may encourage your client to address any questions that he/she may have regarding confidentiality.

Confidentiality should also be addressed in other internal agency materials, such as your personnel manual. You may also want to draft a confidentiality agreement to be signed by all staff members. Following is some basic language that could be used by your agency:

Pledge of Confidentiality²

I, as an employee of (name of organization), understand that in the course of my work for (name of organization), I may learn certain facts about individuals being served by (name of organization) that are of a highly personal and confidential nature. Examples of such information may be but are not limited to: medical conditions and treatment, finances, living arrangements, and relations with family members. I understand that all such information must be treated as completely confidential.

I agree not to disclose any information of a personal and confidential nature, as defined by the executive director and client served, to any persons who are not also affiliated with (name of the organization) AND authorized by (Name of organization) to have such information without the specific consent, in writing, of the individual to whom such information pertains.

I understand unauthorized disclosure or use of such information in any way will be considered grounds for immediate termination from employment and subject to civil and criminal penalties as defined by the laws of the state of (name of state)

Signature:

Date:

² Excerpt from The Women's Collective Policies and Procedures Manual

Executive Directors and/or Resettlement Managers must determine which staff members need to know about the HIV status of a refugee client. We suggest that disclosure of this information be limited to staff whose work is related to the client's health care, but variables such as staff size and office protocols will undoubtedly affect this decision. *Please remember that while all staff should receive some training on HIV/AIDS and confidentiality issues, participation in the training does not mean that everyone needs to know the HIV status of a specific client.*

Special Considerations for Family Reunion Cases

esettling HIV family reunification cases can pose a special challenge to local resettlement agencies. Some anchor relatives know the HIV status of their infected relative, while others do not. Some resettlement staff may feel uncomfortable assuring a case without sharing the HIV status of the relative with the anchor, but there may be overriding legal, ethical, and privacy concerns that will preclude the agency from sharing this information. Following is a brief overview of how confidentiality issues are currently being addressed in practice. This overview is not exhaustive; it merely reflects the approaches to date. All local resettlement agencies should consult with their national voluntary agency and seek the advice of counsel prior to implementing their decisions.

For those cases where anchors voluntarily share their awareness of their relative's HIV diagnosis, most resettlement staff have acknowledged this information and helped to further prepare the anchor for the case.

For those anchors who either do not know or do not state that they know about their relative's HIV status, the following approaches have been practiced:

• Some local agencies have chosen to use the overseas confidentiality waiver as the basis for their decision to disclose the HIV status of a refugee to anchor relatives. The waiver states that anchor relatives may be informed about the HIV status of the refugee overseas.

• Some agencies have looked to their state laws concerning HIV/AIDS information to guide their decisions. These laws were designed to protect the privacy of people living with HIV/AIDS, and some laws require the HIV-positive client to identify and authorize by signature the indi-

viduals who may be notified about his/her HIV status. Until a resettlement agency obtains the written consent of the HIV-positive refugee on U.S. soil, agency staff have not discussed the HIV status of the overseas relative with anchors.

• Some agencies have notified anchors that their relative is on a medical hold and suggested that anchors contact the refugee overseas for further information. This option provides the refugees overseas with an opportunity for self-disclosure.

In sum, all resettlement agencies that are expecting HIV family reunion cases need to weigh this decision carefully and be aware of the potential legal and ethical implications of their actions. Note that neither church sponsors nor any other community groups serving as sponsors should be informed of a refugee's HIV status. Again, consulting with one's national voluntary agency and seeking the advice of counsel are strongly advised.

* * *

Upon Arrival

STEP 1:

EDUCATE YOUR CLIENT

The first few days after arrival are often a whirlwind of processing information and arranging services for your client. However, this is the time to begin to educate your client about HIV. As explained above, the first conversation that you need to have with the refugee should be about informed consent. Following that discussion, basic HIV facts should be explained as soon as possible:

- What does an HIV diagnosis mean?
- How is HIV/AIDS transmitted?
- How can one prevent the spread of HIV/AIDS?

This information is also available on the back of the confidentiality waiver form that was signed overseas (titled "Addendum for Refugees Tested Positive for HIV"). A few reminders:

• Do not assume that the refugee understands what AIDS is. Many refugees may not understand even the most basic information about HIV.

• For most refugees, an HIV diagnosis is often considered a "death sentence". Stress that while there is no cure for AIDS, advances in AIDS treatment has resulted in many people with AIDS living longer and leading productive lives.

STEP 2:

REQUEST AUTHORIZATION FOR RELEASE OF CONFIDENTIAL HIV INFORMATION TO FAMILIES AND AGENCIES

Take time to explain confidentiality and emphasize that information regarding one's HIV status will be maintained in the strictest confidence. Repeat this message at every available

opportunity. Finally, obtain the required signature on all confidentiality forms as soon as possible (within 24 to 48 hours of arrival).

STEP 3:

COMPLETE THE INITIAL MEDICAL SCREENING

According to the U.S. Department of State's Cooperative Agreement for the Reception and Placement Program, individuals with a Class A medical condition are required to report within seven days of arrival to the official public health agency in the resettlement area. For HIV/AIDS cases, this is especially important because a refugee may have developed another medical condition in addition to HIV. A complete medical and mental health assessment may identify other serious conditions (completely unrelated to HIV/AIDS) that require immediate attention.

STEP 4:

REPORT TO THE CDC

The health care provider that is listed on the "Addendum to the Assurance for HIV Refugees" will receive a "Notification of Arrival" letter from the CDC immediately after the refugee has entered the United States. Within 30 days, the provider must send a letter to the CDC stating that the refugee has been evaluated. The letter should be a brief statement on the health care provider's letterhead that includes the following information:

1. Name, alien number, date of birth, and date of arrival

thankn Address		DEPARTMENT PUBLIC HEALTH SERVICE U.S. QUARAN	OF HEALTH AND HUMAN SFRVICES TIME STATION Ref. Imergetion and Nationality Act. a warneded. Section 212(g) and Section 212(g)(1)(A)
TO , Health Care Provider (Telephone) Re (Name) Address within 5 Same (Address & United States) Re (Name) (Telephone) Re (Name) (Telephone)	(Station Address)		
The perion named above has submitted a statement from you. It covers responsibilities stated below, which you have undertaken as a condition for his/her admission to the United States. ³ The perion named above has submitted a statement from you. It covers responsibilities stated below, which you have undertaken as a condition for his/her admission to the United States. ³ The perion named above has submitted a statement from you. It covers responsibilities stated below, which you have undertaken as a condition for his/her admission to the United States. ³ This perion arrived above has submitted as transmitted as a complete initial report (to be sent to the adverse specified in the United States. ³ The health care provider named above has agreed to evaluate the specified perion within 30 days after arrival in United States. Covered in Your Statement The health care provider named above will and the following information to the Center for Infections Directed CQ, Attention: Directer. Division of Onearcitin (CD) x Xational Center for Infections Directed and a your facility or office. A complete valuation of the specified person's physical/mental status including information concerning The health state provider named above states facility or office. A complete valuation of the specified person's fails to report to your facility or office within 30 days after your received in the solution of the specified person's fails to report to your facility or office within 30 days after your received in the solution office. This for arrival at your facility or office. This person will be in an ourpatient, an inpatient, or other specified status, as determined by the facility or specified united evaluation. Discuster Office The provider to the specified person shall be to active the facility or specified and the solution.	ARRIVAL OF ALIEN WIT	H WAIVER	DATE:
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Prevention (ČDC), Attention: <u>Director</u> , <u>Division of OurCrattine (F03)</u> , National Center for Infectious <u>Directors</u> , DC , Attentic, <u>Corror 1333</u> ; 1 A complete evaluation of the specified person's physical/mental status including information concerning the person's	t car cooperation is approc		icnt
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- 2. Name, address, and phone number of provider
- 3. Date of visit (and if it is 1st, 2nd, etc. visit)
- 4. Current medical status and any current treatment
- 5. Signature of the doctor who has evaluated the refugee

The health care provider should note if s/he has counseled the refugee, and if so, on what topics (prevention, transmission, etc.). No medical records need to accompany the statement. The letter should be mailed to the CDC address that is listed on the "Notice of Arrival" letter.

STEP 5:

VISIT YOUR LOCAL AIDS CASE MANAGEMENT AGENCY

Arrange for an appointment with your local AIDS case manager as soon as possible. It is through these individuals that the refugee will receive AIDS-specific care as well as appropriate counseling and AIDS education. It is important that you and your organization establish and maintain an ongoing relationship with the AIDS service provider! Many AIDS organizations do not have experience working with refugees or do not have an understanding of the cultural backgrounds of the refugee groups that are currently entering the United States. Since resettlement agencies are often a refugee's first point of contact upon arrival, resettlement agencies may need to serve as the cultural "bridge" between refugees and AIDS services providers.
After Arrival

STEP 1:

SCHEDULE ON-GOING TRAINING OPPORTUNITIES FOR STAFF

Information about AIDS is constantly changing, especially in the areas of treatment and care. It is important that you and your staff have access to the most current information possible. If you need assistance identifying agencies in your area that have received funding to provide HIV/AIDS training, call the National AIDS Hotline at 1-800-342-2437 and provide the operator with your agency's zip code.

STEP 2:

MONITOR THE DELIVERY OF AIDS SERVICES

Review the HIV case management plan developed by the HIV case manager, and assess whether the identified AIDS resources and referrals are meeting the refugee's medical and psychosocial needs. If not, you may want to seek out another Ryan White CARE Act provider. Except in very rural areas, there are multiple Ryan White-funded service providers in almost every community.

STEP 3:

CONTINUE EDUCATION FOR ANCHOR RELATIVES AND FAMILY MEMBERS

Once your client's immediate needs have been met, talk to your AIDS case management agency about how to educate relatives of the HIV-positive client. Case managers are often available to do home visits in order to reach caregivers as well as clients.

Basic Facts about HIV/AIDS

AIDS—Acquired Immune Deficiency Syndrome—is the final stage of a serious health condition caused by the Human Immuno-deficiency Virus, more commonly known as HIV. HIV causes the body to lose its natural defenses against disease. Over a period of time (often many years) the body eventually becomes weak and open to attack by several types of infections and diseases that the body is unable to fight. When the body can no longer fight off certain infections, a person is diagnosed with AIDS.

How is HIV Transmitted?

HIV is transmitted through blood, semen, and vaginal fluids of infected persons. HIV can be passed from one person to another during certain sexual acts, or sharing needles with an infected person. A mother who has HIV can also transmit the virus to her child while in the womb, during delivery or by breast-feeding. Years ago, some people were infected by HIV through blood transfusions. Today, U.S. blood banks are required to screen donated blood for HIV, making our blood supply the safest in the world. You cannot get HIV from donating blood.

Taking an HIV Test

You can't tell if a person is infected with HIV. Just because they look fine and feel fine doesn't mean they're not HIV positive. Many people don't even know that they're infected—that is, unless they take an HIV test. A simple test can tell you if you have been infected with the HIV virus. When a virus enters your body, your immune system produces antibodies. The HIV test tells you if your body has produced antibodies to HIV.

If you are infected, HIV antibodies may take up to six months to develop. During this time, even though you have not developed antibodies to the virus, you can still transmit HIV to others.

You can't get infected by:

- Casual, everyday contact
- Shaking hands
- Hugging, kissing
- Coughing, sneezing

How can you protect yourself?

- Giving blood
- Using swimming pools, toilet seats
- Sharing bed linen, eating utensils, food
- Mosquitoes and other insects, animals

No Risk

• Abstinence

• If you and your partner have been tested for HIV and are not infected, and you only have sex with each other.

Some Risk

- Safer sex activities
- Safer needle use

What Are Safer Sex Activities?

Safer sex activities prevent contact with semen, vaginal fluids or blood. Talk to your partner about safer sex before having sex. Use a latex condom correctly every time you have sex. Use only water-based lubricants. Oil-based lubricants such as petroleum jelly should never be used because they may weaken the condom and cause it to break.

What is Safer Needle Use?

Don't share needles if you are injecting drugs.

Use needle exchange programs where used needles can be exchanged for new ones, or rinse your used needles twice in water, twice in bleach for 30 seconds, and twice in water again.

If you are living with HIV, how can you protect others?

No Risk

- Abstinence
- Do not breast feed your child

Some Risk

Disclose your HIV status to your sexual partner(s) before you have sex and engage in safer sex activities.

What Are Safer Sex Activities?

Safer sex activities prevent contact with semen, vaginal fluids or blood. Talk to your partner about safer sex before having sex. Use a latex condom correctly every time you have sex. Use only water-based lubricants. Oil-based lubricants such as petroleum jelly should never be used because they may weaken the condom and cause it to break.

What is Safer Needle Use?

- Don't share needles if you are injecting drugs.
- Don't share needles used for body piercing and tattoos.

For more information:

- Talk to your resettlement case worker
- Speak with your doctor

Case Study

efugee Services, Inc. (RSI) is a refugee resettlement agency located in a small city. RSI has a full-time staff of six and offers a wide range of social services. In August, RSI received its first refugee who had tested positive for HIV. The refugee, a 22-year old single man, and his brother, were reunited with their mother and several other siblings.

The Executive Director of RSI has several long-term working relationships with other local social service agencies. One of the best partnerships is with a community clinic, which performs initial health screenings for new refugees. The Executive Director of RSI referred the young man to the community clinic, where the nurse practitioner completed a medical assessment. The nurse practitioner provided the refugee with information regarding confidentiality and referred him to an area physician who has an excellent reputation working with people living with HIV/AIDS. In addition, she referred the client to an AIDS case management service provider. After making the referral, however, she sensed that the family was not receptive to going to the case management agency. The mother of the refugee was very familiar with the community's health care program and did not see the need for other services. Because the mother of the refugee served as the interpreter for her son, it was unlikely that he would ever access HIV case management services. This was an unfortunate outcome, given the range of needs that the young man may have not only initially, but also over the course of his life. What could have been done differently here?

Recommendations:

The Executive Director could have met with the AIDS case management service provider prior to the refugee's arrival. If this had happened, the following steps might have been taken—all of which would have benefited the refugee client:

• Resettlement staff could have received in-house training on HIV-related issues. In anticipation of resettling the case, the agency needed a better understanding of AIDS-related issues, such as the psychosocial manifestations of HIV/AIDS.

• The Executive Director could have used the AIDS case management agency as a source for up-to-date information on state HIV-related laws. AIDS agencies can provide the appropriate informed consent forms that should be signed by HIV-positive clients.

• In preparation for the case, each staff member could have updated his/her confidentiality pledge with RSI and been reminded of the importance of this pledge.

• The agency could have purchased (if necessary) a file cabinet with a lock for records and case files.

• Upon arrival, the bilingual resettlement case worker could have made a strong recommendation to the refugee to consult with the HIV case manager, and given the refugee the option of meeting with the HIV case manager either at home or somewhere that would allow the refugee to be comfortable.

What if:

What if the mother was unavailable for a medical appointment and professional interpreter services were not available. Is it acceptable for the agency to use another family member for the appointment?

No, the appointment should be rescheduled – unless the refugee has identified that person by name and in writing as someone who may know about his HIV status. The only person(s) that should be informed or come into contact with information regarding the client's HIV status should be the person(s) identified by the client on the informed consent form that he/she has signed and dated.

if they accept your insurance plan before going. If you have insurance always carry your insurance card with you.

WHY SHOULD I GET HEALTH INSURANCE?

Healthcare in the United States is very expensive. If you need to go to the hospital you will have to pay for all the bills if you have no insurance. Having health insurance will help cover some of the costs. With health insurance you protect yourself financially.

HOW CAN I HAVE HEALTH INSURANCE FOR MY CHILDREN?

Some employers provide health insurance for their employees and family members. Most state governments give health insurance for free to children of low income families. Ask your caseworker about the government plans in your state.

WHAT IF I CANNOT AFFORD TO PAY FOR HEALTH INSURANCE?

You may be able to get health insurance through your work, or your spouse's work. Some employers pay all or part of the monthly costs of health insurance. It is important to think about whether the job you work at has health benefits. Having health benefits is important and can protect your family in an emergency. Ask your caseworker for advice on getting health insurance or other health programs.

For more information on the Internet about Medicaid, please visit:

www.cms.hhs.gov/home/medicaid

This brochure was developed with the aid of information and resources from:

Centers for Medicare and Medicaid Services

Administration for Children and Families U.S. Dept. for Health and Human Services

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

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Medicaid and Health Insurance



MEDICAID AND HEALTH INSURANCE

Health services in the United States are not free, and can be very expensive. Refugees can receive help with paying for healthcare through programs called "Medicaid" and "Refugee Medical Assistance" Other individuals and families buy health insurance through their job, or on their own. This brochure helps to explain how Refugee Medical assistance, Medicaid, and health insurance can be used by refugees to pay for health services.

WHAT IS MEDICAID?

Medicaid is a medical assistance program that helps low income families can get pay for some or all of their medical bills. Refugee families with children can get Medicaid when they come to the United States. Every state has different requirements for who can get Medicaid and for how long. Please ask your caseworker about the Medicaid requirements in your state. If you are on Medicaid you should have a Medicaid card with a number.

WHAT ARE THE TYPES OF MEDICAID PLANS?

Different Medicaid plans have different doctors who work in different places. Be sure to choose a plan that has a doctor who works near you. You may receive forms in the mail about different plans. Be sure to choose a plan that is good for you, or ask your caseworker for help.

WHO CAN HELP ME GET *MEDICAID*?

Your caseworker helps you apply for Medicaid during your first month in the United States at the Department of Human Services. You should receive a card in the mail that you can use at the hospital.

WHAT IF I DO NOT QUALIFY FOR MEDICAID?

Refugees can be on Medicaid for 7 years if they qualify in their state. Refugees who do not have children and make too much money may not qualify for Medicaid. Refugees who are not eligible for Medicaid may get *Refugee Medical Assistance* for the first 8 months after they first arrived in the United States. Refugee Medical Assistance is available to refugees, Asylees, Cuban/Haitian entrants, and victims of trafficking.

IF I AM ON MEDICAID, WHERE DO I GO FOR MEDICAL CARE?

Some hospitals, and doctors in America accept Medicaid and some don't. Be sure to call the doctor and find out if they accept your Medicaid program before your appointment.

HOW LONG DOES MEDICAID LAST?

After the first eight months in the United States, refugees are no longer eligible for Refugee Medical Assistance, but may still be able to have Medicaid. It is important that refugee families receive all their vaccinations duringthefirst eightmonths while they are free. After Medicaid is finished, having health insurance can help families pay the costs of healthcare.

WHAT IS HEALTH INSURANCE?

Health insurance is a program that helps a person's medical care costs. A person can pay an amount of money each month to the insurance company or have it deducted from his paycheck. If the person becomes sick the insurance company covers a part of the medical bills. Some hospitals don't accept certain insurance plans. Please ask your doctor To have a healthy pregnancy be sure each day to eat:

- grains (rice, bread, couscous, or corn meal),
- vegetables,
- fruits,
- milk, yogurt, or cheese, and
- meat and beans.

The baby you are carrying can be harmed by your exposure to certain substances. Please stay away from the following things:

- insecticides, cleaning supplies, and paint,
- cigarette smoke,
- alcoholic drinks (beer, wine and liquor), and
- large amounts of coffee, tea, or soft drinks.Alcohol drinks can cause birth defects, brain damage, or even death. Cigarette smoke can cause the baby to be born to small or too soon to be healthy.

WHERE CAN I GO TO GET FREE OR REDUCED COST PRENATAL CARE?

You can get help to pay for medical care during pregnancies. This prenatal care can help you have a healthy baby. Every state has a program to help. To find out more about the program in your state please call: 1-800-311-2229, or ask your caseworker about more options.

For more information about healthy pregnancy on the Internet, please visit:

www.nlm.nih.gov/medlineplus/prnatalcare

www.4women.gov/faq/prenatal

www.cdc.gov/ncbddd/bd/abc

www.kidsheslth.org/parent/

Information from this brochure was adapted from materials by:

U.S. Department of Health and Human Services

Centers for Disease Control

International Food Information

Council Foundation

March of Dimes

State Family Planning Administrators

Center for Health Training, WA

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Healthy Pregnancy



Being pregnant is a very important time in a woman's life. This brochure provides information on how to have a healthy pregnancy through "early detection", regular "prenatal care", and eating the right kinds of foods.

WHAT IS EARLY DETECTION?

Early detection is finding out that you are pregnant early. It will help you start taking better care of yourself and your baby.

WHAT TO DO IF YOU THINK YOU ARE PREGNANT?

If you are showing signs of being pregnant, you can buy a pregnancy test kit at any pharmacy without a prescription. If the test shows that you are pregnant please see a doctor. Your doctor will confirm the result with another test. It is recommended that you go within the first two months of pregnancy. Your doctor will answer any questions and pregnancy concerns. It is important that you see your doctor as soon as possible for prenatal care.

WHAT IS PRENATAL CARE?

Prenatal care is the healthcare you get when you are pregnant.

Take care of yourself and your baby by:

- getting prenatal care early.
- getting regular prenatal care checkups. Your doctor will schedule. several appointments during your pregnancy. Don't miss any!
- following your doctor's advice.

Prenatal care also includes laborator tests, ultrasound exams, and other screening tests. These tests are performed to ensure the well being of you and your baby during the pregnancy.

WHY DO I NEED PRENATAL CARE?

Prenatal care can help keep you and your baby healthy. Babies of mothers who get prenatal care are more likely to have a higher birth weight, and less pregnancy. Doctors can find problems early enough when they see mothers every one to two months. Early treatment can prevent problems from getting worse. Regular health care is best for you and your baby. Ask your caseworker for advice on what doctor you should see, or about translation services.

HOW DO I HAVE A HEALTHY PREGNANCY?

Keep you and your baby healthy during pregnancy by:

- drinking six to eight glasses of water, natural fruit juice, and milk each day,
- take vitamins that include "Folic Acid", "Iron", and "Calcium",
- exercise by taking walks,
- getting enough sleep,
- asking your doctor if the medicines you are taking are safe for you and your baby,
- getting a flu vaccination, and
- avoid stess.



High blood cholesterol is one of the major risk factors for heart disease. When there is too much cholesterol in your blood, it builds up in the walls of your arteries. Over time, this causes "hardening of the arteries" so that arteries become narrowed and blood flow to the heart is slowed down or blocked. This can cause a heart attack.

SIGNS OF HIGH CHOLESTEROL:

High cholesterol rarely gives warning signs, so it is hard to know if you have it without a blood test. People over age 40 should have their cholesterol levels checked regularly by their doctor.

PREVENT HEART DISEASE:

Heart disease is preventable! By making simple changes in your diet and exercise, you can reduce your chances of heart disease.

• Increase physical activity—exercise (even if it is just walking) for 30 minutes at least 3 times per week

- Avoid smoking or being around people who are smoking
- Reduce stress
- Limit alcoholic drinks
- Don't get too fat
- Eat plenty of fresh fruits and vegetables

For more information about heart disease on the Internet, please visit:

American Heart Association www.americanheart.org

National Stroke Association www.stroke.org

The Centers for Disease Control and Prevention www.cdc.gov

The U.S. Department of Agriculture www.usda.gov

Information for this brochure was adapted from materials developed by:

The Centers for Disease Control and Prevention (CDC)

The U.S. Department of Agriculture (USDA)

American Heart Association

National Stroke Association

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.



Heart Disease



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WHAT IS HEART DISEASE?

Heart disease is a condition in which oxygen- and nutrient-rich blood does not reach the heart. This could lead to a heart attack, stroke, or even death.

WHAT IS A HEART ATTACK?

The heart works 24 hours a day, pumping oxygen- and nutrient-rich blood through the body. Blood is supplied to the heart through arteries. When people eat unhealthy food and do not exercise, fat builds up in the arteries. The fatty buildup or plaque can break open and lead to a blood clot. This is bad for the heart because blood clots reduce blood flow to the heart and will cause a heart attack.

SIGNS OF A HEART ATTACK:

- Pain in the center of the chest that lasts more than a few minutes or that goes away and comes back
- Pain in one or both arms, the back, neck, jaw, or stomach
- Shortness of breath (difficulty breathing, catching your breath) with or without chest pain
- Breaking out in a cold sweat, nausea, or feeling faint

Women experience the same symptoms as men, but women are more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

WHAT DO YOU DO IF YOU THINK YOU ARE HAVING A HEART ATTACK?

Go to a telephone and dial 911 immediately.

Do not wait. Find a way to get to a hospital right away. If you are having a heart attack, do not try to drive yourself to the hospital.

WHAT IS A STROKE?

A stroke happens when a blood vessel that brings oxygen and nutrients to the brain explodes, or is blocked by a blood clot or some other solid. When this happens, part of the brain doesn't get the blood and oxygen it needs. This is called a stroke. When oxygen does not reach the brain, nerve cells die quickly. The result is permanent brain damage. The part of the body the damaged cells control stops working when the nerve cells die.

SIGNS OF A STROKE:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Trouble speaking or understanding
- Trouble seeing with one eye or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

WHAT DO YOU DO IF YOU THINK YOU ARE HAVING A STROKE?

Go to a telephone and dial 911 immediately. Do not wait. Find a way to get to a hospital right away. If you are having a stroke, do not try to drive yourself to the hospital. Note what time the symptoms of the stroke first appeared. Treatment with stroke medications may reduce the long-term effects of a stroke.

HYPERTENSION OR HIGH BLOOD PRESSURE

WHAT IS BLOOD PRESSURE?

Each time the heart beats, it pumps blood into the arteries. Blood pressure is the force of the blood pushing against the walls of the arteries. "High" blood pressure, or hypertension, is when the force is too high, indicating your heart is working too hard. You cannot feel your heart working harder, but hypertension can be a very serious and deadly disease. Without treatment, high blood pressure may cause:

- Heart failure
- Kidney failure
- Heart attack
- Stroke
- Vision changes and blindness

SIGNS OF HIGH BLOOD PRESSURE:

There are no warning signs of high blood pressure. Because of this, it is often called "the silent killer." High blood pressure can be treated and controlled with a healthy diet and regular exercise. Have your blood pressure tested to find out if you may be at risk for or suffering from high blood pressure.

WHAT IS CHOLESTEROL?

Cholesterol is a soft, fat-like substance found in the blood. It's normal to have cholesterol because it's used for creating cells that help our body function. Too much cholesterol can lead to heart disease, however, which may lead to heart attacks. doctor if Hepatitis B tests are needed. After delivery, make sure that your baby gets a vaccine shot within the first 12 hours of birth.

For more information please visit:

http://www.hepb.org/learning_guide/ http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact. htm

http://www.who.int/mediacentre/factsheets/fs204/en/

This brochure was developed with the aid of information and resources from: Healthy Roads Media Health Information Translations Center for Disease Control and Prevention

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

US Committee for Refugees and Immigrants 1717 Massachusetts Ave, NW Suite 200 Washington, DC 20036 Phone: 202-347-3507 Fax: 202-347-3418 www.refugees.org



What is Hepatitis B?



WHAT IS HEPATITIS B?

Hepatitis B is a disease that is caused by a virus and impacts the liver. It can lead to a loss of appetite, tiredness, diarrhea, vomiting, pain in the muscles and stomach, and jaundice, which is the yellowing of skin and eyes. If left untreated, it could lead to liver damage, liver cancer, or death. About 30% of persons with Hepatitis B have no signs of sickness. The disease is more common in adults than children.

HOW IS HEPATITIS B SPREAD?

Hepatitis B occurs when blood from a person with Hepatitis B enters the body of a person who does not have Hepatitis B. This happens through having sex with an infected person without using a condom, by sharing drugs and needles, or from an infected mother to her baby during birth.

You cannot get Hepatitis B from:

- kissing or hugging,
- sneezing or coughing,
- breastfeeding,
- sharing food or water,
- casual contact,
- sharing silverware, or glasses.

WHAT ARE THE SYMPTOMS OF HEPATITIS B?

The symptoms of Hepatitis B may include:

- weakness and tiredness,
- loss of appetite,
- nausea or vomiting,
- diarrhea or constipation,
- dark urine,
- fever,
- headache,
- itchy skin,
- joint pain, and rashes.

HOW CAN I PREVENT HEPATITIS B FROM SPREADING TO OTHERS?

Ways to reduce the risks of getting infected with Hepatitis B:

- Always use condoms.
- Do not share needles or use illegal drugs.
- Do not share personal care items that could have blood on them, such as toothbrushes, razors, etc.
- If you have or have had Hepatitis B, do not donate blood, organs, or tissue.
- If you do not have Hepatitis B, make sure you and your family members get vaccinated.

WHY SHOULD I GET MY CHILDREN VACCINATED FOR HEPATITIS B?

The Hepatitis B vaccine is the most effective way to prevent the disease. Medical, scientific, and public health communities say that the Hepatitis B vaccine is a safe way to prevent the disease in infants, children, and adults. The vaccine comes in several shots. If given to infants, the first shot should be given at birth, the second shot is given at 1-4 months of age, and the last shot should be given at 6-18 months of age.

A Hepatitis B vaccination should be given to those who:

- are under 19 years of age,
- have family members with Hep B,
- are sexually active,
- recently had a sexually-transmitted disease,
- live with someone who has longlasting Hepatitis B, or
- have a job that exposes them to human blood.

CAN I INFECT MY BABY IF I AM PREGNANT?

If you are pregnant, you can infect your baby with Hepatitis B. Ask your

or tattooing. When injecting drugs or medicine, clean or unused needles should be used. Used, dirty needles should NOT be shared. Some cities offer needle exchange programs, where you can exchange your used needles for new ones.

IF YOU ARE LIVING WITH HIV YOU CAN PREVENT SPREADING THE DISEASE TO OTHERS.

- Do not breast feed.
- Get pre-natal care and treatment.
- Tell your sexual partners you are HIV infected before you engage in sex. Practice safe sex (use condoms and dental dams).
- Do not share needles for body piercing, injections or tattooing.

LEARN HOW TO USE A MALE CONDOM CORRECTLY!

- Open the condom package with your fingers NOT YOUR TEETH.
- Pinch the tip of the condom to ensure there is no air caught in the condom.

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- Roll the condom down the ERECT penis all of the way. If you cannot roll the condom down, you should throw the condom away and begin again with a new condom.
- After sex (intercourse), hold the bottom of the condom soon after ejaculation and withdraw the penis.
- Dispose of the used condom in the trash and wash penis.
- DO NOT REUSE CONDOMS.
- Practice before you need to use a condom.

For more information about HIV/AIDS services in your community, please call I-800-342-2437.

For more information about HIV on the Internet, please visit:

www.cdc.gov

www.hivpositive.com

www.thebody.com

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Information for this brochure was adapted from materials developed by:

The National Minority AIDS Council

The Centers for Disease Control and Prevention (CDC)

Body Health Resources Corporation

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.



What is HIV?



BASIC FACTS ABOUT HIV /AIDS

HIV—Human Immune Deficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV causes the body to lose its natural protection against disease, even common diseases like colds. A doctor says a person has AIDS when their body has weakened and can no longer fight off certain diseases.

HIV infection is preventable! People infected with HIV can live a very long and healthy life with good medical care and early detection.

HOW IS HIV TRANSMITTED?

HIV is transmitted through the blood, semen, breast milk, and vaginal fluids of people with HIV. HIV can be passed from one person to another during sexual acts, sharing needles for injections, body piercing (including ears) or tattooing (body art), childbirth, and breast-feeding.

In the US, blood given for transfusions is tested, so that there is no risk in giving or receiving blood in a medical setting. You cannot get HIV from giving blood.

The chances of a mother passing HIV to her child during childbirth can be lowered a lot with pre-natal care and HIV treatment. It is important that pregnant women get tested for HIV to prevent mothers passing HIV to their babies.

TAKING AN HIV TEST

You cannot tell if a person is infected with HIV. People may look healthy, they may be fit or fat, and they may be free of sores and bruises and still be infected with HIV and able to pass the disease to others. The only way to know for sure if a person has HIV is to get an HIV test.

HIV testing is simple and easy. In most cities, there are free or low cost HIV testing sites. HIV tests are either a mouth swab or finger prick. Test results can be returned in as little as 20 minutes. In most cities, testing is offered as either confidential or anonymous.

- *Confidential testing:* Records the name of the person being tested and reports those names privately to public health officials (such as State Health departments).
- Anonymous testing: Does not require a name to be used. Instead a code is used that is the only one of its kind to identify the person. This means that the person receiving the test is the only one who can tell anyone the results.

You <u>cannot</u> become infected with HIV by:

- Casual contact
- Shaking hands
- Hugging, kissing
- Coughing, sneezing
- Giving blood Support a Friend
- Using swimming pools
- Sitting on toilet seats
- Sharing bed linen
- Sharing forks, spoons, chopsticks, knives, plates, bowls or glasses
- Mosquito or other insect bites

HOW CAN YOU PROTECT YOURSELF? No Risk of HIV

• Abstinence (do not have sex with another person)

If you **and** your sex partner have been tested for HIV within the past 6 months AND:

- Have both tested negative for the HIV virus
- Only have sex with each other
- Do not share needles for injections, body piercing, or tattooing

Some Risk of HIV

- Practice safer sex
- Practice safer needle use

WHAT IS SAFER SEX?

Safer sex blocks direct contact with semen, vaginal fluids, and blood through the correct use of latex condoms (male and female) and dental dams (latex barriers).

Before having sex:

- Talk to your partner about safer sex.
- Practice using latex condoms (male and female) to learn to use them correctly before having sex.
- Do not have sex after using drugs or alcohol.
- Do use water-based lubricants (NO Vaseline or petroleum jelly lubricants).

Birth control pills, birth control shots, birth control rings, birth control patches, and birth control sponges do not prevent the spread of HIV/AIDS. A latex condom (male or female) should still be used.

WHAT IS SAFER NEEDLE USE?

Safer needle use prevents direct contact with blood through the use of clean and unused needles for injecting drugs, medicines, body piercing



For more information please visit:

http://www.helpguide.org

www.stress.org

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This brochure was developed with the aid of information and resources from:

Points of Wellness: Partnering for Refugee Health & Well-Being Mental Health America (formerly National Mental Health Assoc.) American Psychiatric Association SAMHSA Blue Cross Blue Shield, Carefirst Guide Health Information Translations Center for Disease Control and Prevention

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

> U.S. Committee for Refugees and Immigrants 2231 Crystal Drive, Suite 350 Arlington, VA 22202-3711 Phone: 703 • 310 • 1130 Fax: 703 • 769 • 4241 www.refugees.org



How to Manage Stress



In the United States, refugees face many new challenges that may cause stress. Stress is your response to upsetting events in your life. It can also be a reaction to many demands and pressures. But stress is just a part of life that everyone deals with. Stress can be dealt with if managed well. If left untreated, stress can be harmful or cause illness.

IS STRESS THE SAME FOR EVERYONE?

People feel stress in different ways. Stress may be felt in your body, your mind, or with your relationships. Stress can lead to illness if it is not relieved. However, what is stressful for one person may not be for another.

Some causes of stress are:

- not having enough money or a good job
- loneliness
- painful memories
- separation from family

Some signs of stress are:

- feeling sad or nervous
- having difficulty breathing
- headaches
- muscle pain
- feeling tired all the time
- no appetite
- stomach pain
- drinking too much alcohol

HOW CAN I RELIEVE STRESS?

Stress does not have to take control of your life. You can relieve stress by:

- doing relaxing activities such as deep breathing, meditation, listening to music, or reading
- talking to close family and friends
- becoming active outside of the house
- eating nutritious foods

Breathing Easier

Deep breathing and meditation calms the mind and decreases stress. Close your eyes and breathe deeply, slowly, and regularly. You should do this a few times each day. Additionally, listening to soft music helps to calm the mind.

Talking to Close Family and Friends

Talking to someone you trust, such as family or friends, is one of the best ways to work through your stress. They will listen to your problems and help you find ways to get rid of your stress. You could also talk to someone who has been or is going through the same stress that you are. Talking about what is bothering you and understanding that there are people who have the same problem is a good way to reduce your stress.

Becoming Active

Becoming active is a great way to reduce your stress. It allows your mind to focus on other things than the stress in your life. Make a daily routine to go for a walk or visit your friends or neighbors.

Eating Healthy

Eating properly keeps you physically healthy. It is important to eat fruits, vegetables, proteins, and whole grains. Drink plenty of water and avoid alcohol. You should also avoid foods that are greasy.

If you don't feel better, even after doing these activities, there might be a bigger problem. It is important to see a doctor. Your doctor will discuss other things you could do to manage your stress.

DO CHILDREN EXPERIENCE STRESS?

Refugee children not only face stress from their new life in the United States, but also from past experiences. Some refugee children suffer from health problems, nightmares, and have trouble settling into their new location. It is important to teach children how to manage their stress. Parents should also pay attention to signs of stress in their children as many do not understand the effects of stress. If the rash lasts more than three days or is getting worse, take your baby to see the doctor. Always wash your hands with soap after changing your baby's diaper to prevent the spread of germs.

WASHING YOUR BABY

NEVER leave your baby alone. If you need to leave the bathroom, wrap the baby in a towel and take him or her with you. After the bath, wrap your baby in a towel immediately, making sure to cover the head.

PLAYING WITH YOUR BABY

Playing with your baby can be fun and it is also important for the development of baby's brain. Even if your baby is too young to understand what you are saying it is important for him to learn how to communicate. Here are some activities that you can do to help with your baby's social development.

- Hold your baby as much as possible and show your love.
- Read to your baby at least 6 hours a week.
- Sing to your baby.
- Talk to your baby.

For more information on the Internet about child health please visit:

www.cdc.gov/women/kids/index

www.momandbaby.org

www.kidshealth.org

This brochure was developed with the aid of information and resources from:

Centers for Disease Control

National Center for Education in Maternal and Child Health

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

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Keeping Your Baby Healthy



CARING FOR YOUR BABY

Watching your baby grow and learn can be an exciting time in a parent's life. There are activities that you can do to help your baby grow physically and emotionally. This brochure helps you to keep your baby happy and healthy in your new home in the U.S.

YOUR BABY'S DOCTOR

Parents and doctors are partners working together to keep your baby healthy. Parents know their babies better than anyone else because they spend the most time with them. Your baby's doctor knows about health, growth, and nutrition.

FEEDING YOUR BABY

Breast milk is a very important source of food for your baby and is more nutritious than cow's, or powdered milk. Feed your baby breast milk for as long as possible. Give your baby solid food only when they are 6 months old. Make sure that your baby is getting plenty of vegetables and fruits. Avoid honey, juices, and cow's milk until your baby is one year old.

VISITING YOUR BABY DOCTOR

During the first year of life babies grow and develop quickly. Doctors and nurses in America will want to see your baby many times. Usually when your baby is two days old, one month, two months, four months, six months, nine months, and one year.

These visits are very important because they give the doctor the opportunity to observe and make sure your baby is healthy and developing well. Your baby's doctor will examine the baby's eyes and ears, and give vaccinations.



- hepatitis B,
- DTaP,
- PCV,
- hib,
- polio,
- MMR
- hep A, and
- chicken pox.

Your baby's doctor will give you a list of the vaccinations your baby will need, and when your baby should get them.

PREVENTING DIAPER RASH

Babies who wear diapers often get rashes. To prevent and heal diaper rash, keep in mind a few tips:

- Change the diapers every time they are soiled.
- Use a diaper ointment to heal rashes. Look for one with zinc oxide, or A&D ointment.
- Let your baby go without diapered for part of the day.
- If a rash develops around your baby's leg and waist, change the brand of diaper you're using.
- Sometimes rashes happen when your baby is allergic to a new type of food. Stop new foods to see if rashes go away.

FAMOUS AMERICANS WITH DISABILITIES

Franklin Roosevelt, U.S. President Physical Disability

> Marlee Matlin, Actress Deaf

Terrance Parkin, Olympic Swimmer Deaf

Jim Abbott, *Professional Baseball Player* Amputee

Magic Johnson, *Retired NBA Player* HIV Positive

> Ray Charles, *Musician* Blind

Chris Burke, *Actor* Down's Syndrome

For more information on the Internet about services for people with disabilities, please visit:

www.disabilityinfo.gov

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Information for this brochure was developed from:

U.S. Department of Commerce

Economics and Statistics Administration U.S. Census Bureau

The National Women's Health Information Center

U.S. Department of Health and Human Services Office on Women's Health

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Living with Disabilities in the United States



WHAT ARE THE SIGNS OF DISABILITIES?

People with disabilities may have a physical or mental condition that makes it more difficult for them to do certain things. These conditions may affect a person's:

- learning,
- hearing,
- speaking,
- breathing,
- walking,
- seeing, and
- self-care.

LIVING WITH DISABILITY IN THE UNITED STATES

There are many good things about living in the United States. One of the best things is that Americans believe people with disabilities can be active and work, but will need help.

There are more than 50 million people living with disabilities in the United States. Nearly half of people with disabilities work.

American's may view people with disabilities differently than people in your home coutry. This brochure will help you learn about disability services in the United States. In the United States, people with disabilities may:

- go to school,
- marry or become parents,
- work,
- drive,
- play sports, and
- become a professional.

There are laws in the United States that help people with disabilities live a happy and productive life.

CHILDREN WITH DISABILITIES

Some children are born with, or develop disabilities. Often there is no one at fault. You may be used to caring for your child alone, but in the United States, there is help for you. It is okay to ask for and receive help.

Children with disabilities may go to a local school and receive extra help called "special education". Teachers and school staff will create individual education programs that are designed to meet the special needs of each child with a disability.

SUPPORT SERVICES

There are also private groups and organizations that teach people with disabilities to:

- learn to read, or use a cane,
- learn how to take care of themselves,
- learn new job skills, and find a job,
- learn to travel in the city or use a bank,
- learn to cook for themselves, and
- learn to use a wheelchair.

Those caring for people with disabilities should talk to their caseworker to find the services in their communities and how to use them.

CARING FOR PEOPLE WITH DISABILITIES

It can be very hard to care for people with disabilities. In the United States, there are resources available to help someone care for a family member with a disability. Some people with disabilities live with their families, or in special homes. Ask your caseworker about resources available for families of people with disabilities.

Caregivers need to take care of themselves. Here are several ways to care for yourself:

- find time to exercise,
- learn about community resources,
- ask for and appreciate help,
- eat healthy,
- get enough rest,
- find a support system,
- take time to relax, and
- take time for you.

- Watch less TV and move around during the commercials.
- Park at the opposite end of the mall from where you need to shop.
- Walk to do shopping or other errands.

BECOMING MORE ACTIVE HELPS YOU TO:

- Reduce the risk of heart disease. stroke and diabetes
- Improve joint stability
- Increase and improve range of movement
- Help maintain flexibility as you age
- Prevent osteoporosis and fractures
- Improve mood and reduce symptoms of anxiety and depression
- Enhance self-esteem
- Reduce stress

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For more information about obesity on the Internet, please visit:

American Heart Association www.americanheart.org

American Diabetes Association www.diabetes.org

The Centers for Disease Control and Prevention www.cdc.gov

The U.S. Department of Agriculture www.usda.gov

> Medline Plus www.medlineplus.gov

Information for this brochure was adapted from *materials developed by:*

> The Centers for Disease Control and Prevention (CDC)

The U.S. Department of Agriculture (USDA)

American Heart Association

American Obesity Association

American Diabetes Association

Georgia State University, Department of Geography and Anthropology

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.



What is Obesity?



WHAT IS OBESITY?

Obesity is a disease in which a person has too much body fat and weighs too much. The most common causes of obesity are eating too much and not exercising enough. Refugees may develop obesity when they move to a new country and develop new eating habits. Obesity may affect the heart, lungs, joints, and bones. Obesity may lead to bone and joint injury, and may shorten your life span. Obesity decreases the ability to move and may lead to serious health issues such as:

- High blood pressure
- Diabetes
- Heart disease
- Stroke
- Breathing problems



HOW TO PREVENT OBESITY:

- Be physically active at least 3 times every week for at least 30 minutes. You can increase your physical activity by walking, playing sports, gardening, or walking up and down stairs.
- Stop smoking. Smoking makes the poor health effects of obesity worse.
- Eat more fruits and vegetables.
- Limit the amount of alcohol you drink.

HEALTHY EATING TIPS:

- Eat a variety of foods each day for the vitamins and minerals your body needs to grow and be healthy.
- Eat less or smaller portions of chips, cookies, treats, candies, butter, margarine, mayonnaise, salt, fried foods, ice cream, sherbet, and sodas.
- Eat fewer foods that are fried or have high-fat starches (pastries, biscuits, or muffins).

OTHER WAYS TO MAKE MEALS HEALTHY:

- Try whole grain breads and cereals such as whole wheat bread and brown rice.
- Eat lots of fruits and vegetables.
- Use very little fat, oil, or butter when cooking.
- Use vegetable cooking oil spray instead of oil, shortening, butter, or margarine.
- Try baking, broiling, roasting, steaming, or grilling instead of frying.
- Eat low fat cuts of meat such as chicken, turkey, or lean beef.

• Use fat free (skim) or low-fat (1%) milk, cheese, and yogurt.

TIPS TO BE MORE ACTIVE:

- Walk! Take two brisk, 15-minute walks every day.
- Go dancing.
- Play with your children.
- Take the stairs instead of the elevator.
- Get off the bus one stop early.



- Ask questions about treatment, risks and tests.
- Report any changes in your condition to your health care provider.
- Keep or cancel appointments according to your health care provider's policy.
- Pay for health services not covered by insurance.

For more information about patient's rights and responsibilities on the Internet, please visit:

The U.S. Department of Labor www.dol.gov

Agency for Healthcare Research and Quality www.ahrq.gov

> American Hospital Association www.hospitalconnect.com

Information for this brochure was adapted from materials developed by:

The U.S. President's Commission on Quality First: Better Health Care for All Americans

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.



Patient's Rights and Responsibilities



www.refugees.org Protecting Refugees, Serving Immigrants, Upbolding Freedom since 1911

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YOU HAVE THE RIGHT TO:

- Quality health care, regardless of race, creed, age, sex, sexual preference, or nation of origin;
- Care that includes respect for your psychosocial, spiritual, and cultural beliefs that shape the view of illness;
- Considerate and respectful care;
- Get information about your health care providers, health care plan, and health care facilities;
- Have information presented to you in a way that you can understand;
- Receive emergency health care with consent. (You will be required to pay for these services);
- Express any complaints or concerns you have about your care or services received, and have them addressed promptly;
- Have your medical records and information kept private;
- View and copy your medical records;
- Have errors, misinformation or anything that is vague removed from or corrected on your medical records;

- Ask questions of your health care provider, workers and technicians;
- Have medical tests and treatment explained to you in a way that you can understand;
- Choose what kind of medical treatment you receive; and
- Actively participate in your health care.

PATIENT'S RESPONSIBILITIES

- Talk with your health care provider.
- Educate yourself about your condition and treatment.
- Provide information that is as honest and complete as possible.
- Follow treatment and take medicine as directed.



A CLEAN KITCHEN PREVENTS DISEASE

Food germs are most often found in milk, eggs, poultry, pork, beef, and fish. They are very harmful and can even cause death in children. To prevent food germs follow these general rules.

- Wash your cutting boards, dishes, and counter tops with hot soapy water or bleach after using them.
- Cut vegetables and meats on different cutting boards.
- Use plastic cutting boards instead of wood where bacteria have a harder time hiding.
- Use paper towel instead of cloth to clean up after preparing food.
- Don't placed cooked meat on a plate or surface where raw meat has touched.
- Always keep fresh milk in the fridge.
- Do not refreeze thawed meat.
- Do not store food in open can.
- Keep the refrigerator set at medium to protect your food.



"Preserve your food by keeping your refrigerator cold"

For more information on the Internet about food safety and hygiene, please visit:

www.cdc.gov/cleanhands

www.cdc.gov/foodsafety

Information for this brochure was adapted from materials developed by:

European Union Risk Analysis Information Network

Media Materials Clearinghouse

Centers for Disease Control

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Personal and Home Hygiene



STOP THE SPREAD OF GERMS—WASH YOUR HANDS

Hand Washing is the best way to prevent illnesses like the cold and the flu. Germs can spread easily from person to person through touching. Using "antibacterial" or "deodorant" soap is the best way to kill germs that spread disease.

A CLEAN BODY KEEPS YOU HEALTHY

taking a bath with deodorant or antibacterial soap helps to kill the germs that create body odor.

Put on clean clothes and under wear after you wash your body.

Washing your hair twice a week with "shampoo" can prevent the skin on your scalp from flaking. "Conditioners" can prevent your hair from becoming too dry after washing. Different types of hair require different shampoos and conditioners. Ask your friends and family for advice.

The shampoo that you buy at the store cannot kill lice. If you have lice, you must go to your doctor to get special shampoo.

TEACH YOUR CHILDREN AND FAMILY WHEN TO WASH THEIR HANDS WITH SOAP

- 1. Before eating, cooking, and touching food.
- 2. After using the restroom.
- 3. After cleaning a child, or changing a child's diaper.

4. Teach your children and family how to wash their hands properly.

TEACH YOUR CHILDREN AND FAMILY HOW TO WASH THEIR HANDS PROPERLY

- 1. Wet your hands under hot water.
- 2. Use soap and rub your hands for 45 seconds.
- 3. Wash carefully in between your fingers and under your finger nails.
- 4. Rinse with running water and dry with a paper towel or clean cloth.
- 5. Germs can hide under your finger nails so be sure to keep them short.

Deodorant is something that is applied under the armpits to reduce body odor. Deodorants are available in a liquid, gel, or spray. They can be used by both men and women. It is a good idea to groom your hair if you are ae school or work.

CLEAN LAUNDRY KEEPS GERMS AWAY

Cleaning your clothes and bedding with laundry soap at least once a week prevents skin rashes.

CLEAN HOUSE KEEPS GERMS AWAY

Insects and mice spread germs. Be sure to sweep your kitchen often and to clean your floors with floor soap and bleach.



For more information please visit:

http://www.cdc.gov/nceh/kids/99kidsday/division8.htm

http://www.kidshealth.org/parent/medical/ brain/lead_poisoning.html

http://www.nsc.org/library/facts/lead.htm

This brochure was developed with the aid of information and resources from:

Centers for Disease Control

National Safety Council

U.S. Environmental Protection Agency

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Protect Against Lead Poisoning



In the United States, almost 500,000 children under the age of 5 have too much lead in their blood.

WHAT IS LEAD POISONING?

Lead is a toxic metal that can harm you if you are exposed to it. Lead is used in many things like house paint, building materials, gasoline, and even some toys. You cannot see, smell, or taste the lead in your home. Lead poisoning is when lead gets into your body and makes you sick. If untreated, lead poisoning can lead to problems with your kidneys, nerves, and muscles. In children, lead poisoning can cause health problems like slow growth, hearing loss, too much energy, trouble in school, and even brain damage.

WHERE IS LEAD FOUND?

Lead is usually found in homes that are 30 years or older. When those homes were built, many of the materials used had lead in them. At that time, lead was not known to be so dangerous. It is important to check the age of your house or building. If the place you live in is over 30 years old or has peeling paint and dust, you should talk to the owner of your building about testing for lead and fixing any peeling or chipped paint.

HOW DOES LEAD GET INTO THE BODY?

Lead can be in dust and dirt found inside or outside your home. Dust with high amounts of lead settles on furniture, toys, and even food, making these things dangerous to touch or play with if not cleaned. If you eat something with lead on it, the lead will get into your body. If a home is being repaired, the construction can cause a lot of dust. It is important to clean up areas with dust. Lead can also be in the ground. It is important to wash children's hands after playing outside.

WHO CAN GET LEAD POISONING?

Anyone can get lead poisoning. However, little children are more affected because they are growing. Children's bodies take in lead more easily, and their bodies and brains are more sensitive to lead poisoning. Little children also pick up or chew things which may have lead dust on them. Lead builds up in the blood slowly, and signs of the sickness are not always shown immediately. Many children seem healthy but in fact have lead in their body.

HOW CAN I PREVENT LEAD POISONING?

The best way to prevent lead poisoning is to look out for things around the house that may have lead. If you live in an older house or an older apartment building, the area may have more lead in it. Be careful, and:

- Wash children's hands before after they play and before they eat.
- Clean any bottles, pacifiers, and toys that your children play with or put their mouths on.
- Clean floors and dusty areas with a wet mop or rag.

- If your water pipe is old, use the cold water first—cold water does not let as much lead get into the water as hot water does.
- Clean up and throw away any paint chips that come off old walls.

HOW CAN I MAKE MY CHILDREN STRONGER TO PROTECT FROM LEAD POISONING?

Children who do not get enough calcium and iron in their meals are more likely to be affected by lead poisoning. Calcium is found in dairy products like milk, cheese, and yogurt. Iron is found in foods like meat, beans, leafy vegetables, and whole grains. When kids eat balanced and healthy meals, they have the right strength to protect from lead poisoning.

HOW DO I KNOW IF MY CHILD HAS LEAD POISONING?

To protect your child from lead poisoning, it is important to get lead tests. Doctors can give your child a test to see if there is lead in the body. Young children should get this test when receiving their vaccinations or at 1 and 2 years of age. If your home is old and you think there may be lead, have your children tested more frequently. The sooner you know if your child has high amounts of lead in their body, the more quickly it can be treated. esophagus, bladder, kidney, and pancreas decreases; and the risk of ulcers decreases.

Fifteen years after quitting, the risk of coronary heart disease is similar to that of people who have never smoked, and the risk of death returns to nearly the level of people who have never smoked.

For more information by phone, please call:

Toll-free National Quitline 1–800–QUIT–NOW

American Cancer Society 1-800-ACS-2345

The Centers for Disease Control and Prevention 1-800-CDC-1311

> Cosmetic Executive Women Cancer Information Service 1-800-4-CANCER

American Heart Association Information Line 1-800-AHA-USA1

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For more information about smoking, on the Internet, please visit:

The U.S. Government www.smokefree.gov

National Cancer Institute www.cancer.gov

American Lung Association www.lungusa.org

American Cancer Society www.cancer.org

American Heart Association www.americanheart.org

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Information for this brochure was adapted from materials developed by:

World Health Organization (WHO)

The Centers for Disease Control and Prevention (CDC)

The National Cancer Institute

American Lung Association

American Cancer Society

American Heart Association

Campaign for Tobacco-Free Kids

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.



Live Longer: Stop Smoking Now



HEALTHY LIVING: SMOKING

NEGATIVE HEALTH EFFECTS OF SMOKING

Smoking causes lung cancer. Cigarette smoke contains over 4,800 chemicals, 69 of which are known to cause cancer. In addition, smoking affects nearly every human organ and body system. The World Health Organization estimates that someone dies from tobacco use every 6.5 seconds.

The U.S. Surgeon General reports that smoking can cause all of the following health problems:

- Abdominal aortic aneurysm
- Acute myeloid leukemia
- Cataract
- Cervical cancer
- Kidney cancer
- Pancreatic cancer
- Pneumonia
- Periodontitis (gum disease)
- Stomach cancer
- Bladder cancer
- Esophageal cancer
- Laryngeal cancer
- Lung cancer
- Oral cancer
- Throat cancers
- Chronic lung diseases
- Coronary heart and cardiovascular diseases
- Reproductive effects such as decreased fertility
- Sudden infant death syndrome

COST OF SMOKING

In 2006, the average cost of a pack of cigarettes nationwide was \$4.35. At that cost, a person who smoked one pack each day would spend nearly

\$1,600 every year on cigarettes. A person who smoked one pack a day for 20 years would spend \$32,000 on cigarettes.

Every year, smoking costs the United States \$167 billion in health care costs.

MATERNAL SMOKING

Studies have shown that smoking makes it more difficult for women to get pregnant. Women who smoke prior to pregnancy are more likely to suffer complications while pregnant than women who do not smoke. Children born to mothers who smoke while pregnant are more susceptible to low birth weight (the number one killer of babies in the United States), stillbirth, and infant death.

SECONDHAND SMOKE

Secondhand smoke, sometimes called passive smoke, is the smoke exhaled from the lungs of smokers, and the smoke that comes from the burning end of a cigarette, cigar or pipe. Secondhand smoke is dangerous. Each year secondhand smoke causes 3,000 deaths from lung cancer and another 35,000 deaths from other diseases in the United States. Secondhand smoke causes irritation of the eyes, nose, throat, and lungs, and can cause coughing.

Secondhand smoke is especially dangerous for children. Children exposed to secondhand smoke:

- have more ear infections,
- are more likely to suffer from bronchitis, pneumonia and other lung diseases, and

• are more likely to develop asthma, to have more asthma attacks, have more severe asthma, and have asthma attacks more often.

THE BENEFITS OF QUITTING

Within twenty minutes of smoking his or her last cigarette, the smoker's body begins a series of changes.

Twenty-four hours after quitting:

• Chance of a heart attack decreases

Between two weeks and three months after quitting:

- Circulation improves
- Walking becomes easier
- Lung function increases

Between one and nine months after quitting:

• Coughing, sinus congestion, fatigue, and shortness of breath decrease

One year after quitting:

• Excess risk of coronary heart disease is decreased to half that of a smoker

LONG-TERM BENEFITS OF QUITTING

Within five to fifteen years of quitting, the risk of stroke drops to that of people who have never smoked.

Ten years after quitting, the risk of lung cancer drops to as little as one-half that of continuing smokers; the risk of cancer of the mouth, throat,

Women: Some women may have irregular Pap tests, taken during annual medical exams. As it is possible for genital warts to appear on the cervix, it is important that women receive regular medical exams.

Treatment:

There is no cure for HPV infection. Genital warts can be removed by a medical doctor or can clear up on their own, or, the HPV can stay and be dangerous. It is important to get annual exams and to monitor your health.

Prevention:

HPV, like other STDs, can be prevented by not having sex, or by having sex only with someone who is not infected and only has sex with you. Condoms do not prevent the spread of HPV.

SYPHILIS:

Syphilis is a sexually transmitted disease caused by bacteria. Syphilis is passed from person to

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person through direct contact with a syphilis sore.

Signs/Symptoms:

Syphilis has many signs and symptoms often resembling other diseases. Syphilis has three stages.

- Stage 1: The first signs of syphilis usually appear between 10 and 90 days. Syphilis causes a sore. If left untreated, Syphilis will get worse.
- Stage 2: The disease produces a rash on one or more parts of the body. The rash does not itch. If left untreated, the disease gets worse.
- Late Stage: The external symptoms disappear, but an infected person begins to experience lack of sensation, a decline in mental ability, or loss of the ability to move a body part. If left untreated, syphilis can cause death.

Treatment:

In the early stages, Syphilis is easily cured. There is no over-the-counter or home remedy that will kill the bacteria that causes Syphilis, but a medical doctor can prescribe medicine that will cure Syphilis in the early stages. Treatment will cure the disease, but it will not repair the damage done by the disease.

Prevention:

Syphilis can be prevented. Like other STDs, Syphilis can be prevented by not having sex, or by have having sex only with someone who is not infected and only has sex with you. Condoms do not prevent the spread of Syphilis.

For more information about STDs on the Internet, please visit:

Body Health Resources Corporation www.thebody.com

American Social Health Organization www.iwannaknow.org and www.ashastd.org

The Centers for Disease Control National Prevention Information Network www.cdcnpin.org

For more information by phone, please call:

CDC National STD Hotline 1-800-227-8922 24 hours a day, 7 days a week

CDC National AIDS Hotline 1-800-342-AIDS (1-800-342-2437) 24 hours a day, 7 days a week

National Women's Health Information Center, a part of the U.S. Department of Health and Human Services 1-800-994-9662

Information for this brochure was adapted from materials developed by:

> The Centers for Disease Control and Prevention (CDC)

Body Health Resources Corporation

American Social Health Association

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.



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STDS CAN BE PREVENTED!

CHLAMYDIA

Chlamydia is a curable, sexually-transmitted disease (STD). Chlamydia can be passed from one person to another through vaginal, anal, or oral sex. Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth. Sexually active men and women should be screened for Chlamydia, particularly those between ages 20 and 30. Untreated, Chlamydia can severely damage the reproductive system of women and men, and can lead to infertility, the inability to conceive a child.

Signs/Symptoms:

Women: Most women do not have symptoms. If present, symptoms are mild.

Men: Many men don't have symptoms. If symptoms are present, they are usually mild. Some men may have a discharge from the penis.

Treatment:

Chlamydia can be treated with antibiotics. All sexual partners of the infected person should be treated by a medical professional.

Prevention:

- Abstaining from sex (not having sex).
- Not having sex with an infected person.
- Correctly and consistently using a latex condom (male or female) and dental dams.

GONORRHEA

Gonorrhea is a curable STD. Gonorrhea is passed through vaginal, anal, or oral sex. Gonorrhea

can also be passed from a mother with the disease to her baby during vaginal childbirth. Gonorrhea infections can also lead to severe health issues. Like Chlamydia, Gonorrhea can lead to infertility if left untreated.

Signs/Symptoms:

Women: Most women do not have symptoms. If symptoms are present, they may be mild. They may include:

- pain or burning while urinating
- an unusual vaginal discharge

Men: Many men do not have symptoms. If symptoms are present, they will appear two to five days after infection. Symptoms may include:

- A burning sensation while urinating
- A white, green or yellowish discharge from the penis.
- In some men, swollen and painful testicles.

Treatment:

Gonorrhea can be treated with antibiotics.

Prevention:

- Abstaining from sex (not having sex).
- Not having sex with an infected person.
- Correctly and consistently using a latex condom (male or female) and dental dams

HERPES

Herpes is a sexually transmitted disease (STD) caused by herpes simplex viruses on the mouth (oral herpes) or the genital area (genital herpes). Herpes can be passed through direct skin-toskin contact. Herpes is very common; most people don't know they have it, or mistake the symptoms for another disease. There is no cure for Herpes.

Signs/Symptoms:

- Typical Herpes is a small cluster of bumps that eventually crust over and scab like a cut.
- A person may show signs of Herpes weeks, months, or years after infection.
- Many people do not have symptoms, or have very mild symptoms, which are mistaken for other illnesses.

Treatment:

There is no cure for Herpes. There is no medical treatment that can prevent Herpes.

Prevention:

The best way to prevent Herpes is to abstain from sex. However, even those who have never had sex may have the Herpes simplex virus and can pass it to others.

HIV/AIDS

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). HIV is a disease that is passed through contact with the blood, semen, vaginal fluid, or breast milk of an infected person. HIV is easily prevented. People without symptoms or signs of illness can pass HIV to others.

Signs/Symptoms:

- A person may have no sign of being infected with HIV for years.
- You cannot look at someone and tell whether he or she is infected with HIV.

• The only way to know for certain someone does not have HIV is through an HIV test.

Treatment:

There is no cure for HIV, but there is treatment. With proper medical care, medication and nutrition, a person with HIV can live a long and healthy life. Pregnant women with HIV should receive pre-natal care and treatment to prevent spreading HIV to their baby.

Prevention:

HIV can be prevented. Prevent HIV by:

- Abstaining from sex (not having sex).
- Not having sex with an infected person.
- Correctly and consistently using a latex condom (male or female) and dental dams.

HPV (HUMAN PAPILLOMAVIRUS) OR GENITAL WARTS

HPV is a group of viruses that can be passed from one person to another through sex. HPV can lead to cervical cancer, which can be a lifethreatening illness. HPV may cause genital warts. Genital warts can be found on the cervix, vulva, vagina, anus, or penis.

Signs/Symptoms:

- Most people with HPV have no symptoms.
- In some cases, HPV causes genital warts. Genital warts are fleshy, soft, moist raised swellings, usually in the genital region. They may also appear on the scrotum, groin, or thigh.
- After infection, genital warts usually appear within weeks.

never too late to talk to your family, your caseworker, or someone you trust. Your life is in danger if you ignore the problem.

In an emergency, please call 911.

For more information please visit:

www.samhsa.gov

www.drugabuse.gov

www.stopalcoholabuse.gov

This brochure was developed with the aid of information and resources from:

National Clearinghouse for Alcohol and Drug Information

National Institute on Alcohol Abuse and Alcoholism

Centers for Disease Control and Prevention

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement

US Committee for Refugees and Immigrants 1717 Massachusetts Ave, NW Suite 200 Washington, DC 20036 Phone: 202-347-3507 Fax: 202-347-3418 www.refugees.org



Drug and Alcohol Abuse



Using drugs can be very harmful to your health, family, and community. This brochure helps you to identify a friend or family member who may be abusing drugs or alcohol, and how you can help.

WHAT ARE DRUGS?

Drugs are substances that change the normal functioning of the body. They damage your health and can be addictive.

Common types of drugs are:

- cigarettes.
- alcohol.
- chewing tobacco or khat.
- marijuana.
- cocaine.
- methamphetamines.

WHAT IS DRUG OR ALCOHOL ABUSE?

People who abuse drugs or alcohol need it too much on a regular basis. They can be so dependent on alcohol or drugs that they are not able to function without it. They cannot stop themselves and it becomes a sickness. This can be very harmful to their body, relationships with family and friends, and their job.

WHAT ARE THE SIGNS OF ALCOHOL ABUSE?

People may have an alcohol problem if they:

- get drunk often,
- get sick with alcohol,
- have more than one drink a day,
- hurt themselves or others when drinking,
- forget what they did when they were drinking, or
- lie or try to hide their drinking.

WHAT IS NORMAL?

It is normal to have one drink a day. It is not normal to drink if it is used to avoid thinking about unpleasant or sad events. People who drink too much can become abusive, irresponsible, violent, angry, and are unable to make good decisions for themselves or their family. This is not normal.

WHAT IS THE LAW?

It is illegal in the United States to smoke under the age of 18, and to drink under the age of 21. It is against the law to drink and drive.

IS SUBSTANCE ABUSE HARMFUL TO THE BODY AND MIND?

Drinking alcohol and abusing drugs can affect the brain and the ability to function properly. Alcohol and drugs can harm the body and may lead to serious illnesses such as cancer, liver disease, coma, or even death. A person with substance abuse has a higher chance of committing crimes.

Alcohol and drug abuse can lead a person to make bad decisions such as:

- driving when drunk
- being violent
- overspending money on drugs and alcohol and falling into debt
- having sex without protection

WHAT CAN I DO IF SOMEONE I KNOW IS DRINKING TOO MUCH OR USING DRUGS?

If you or someone you know has this problem, it is important to stop and get help. To ask for assistance in finding help call the Substance Abuse and Mental Health Services Administration 1-800-662-4357. The calls are free, and they can help find a local treatment program. It is
For more information please visit:

http://www.fda.gov/womens http://www.taketimetocare/mymeds.html http://www.healthyroadsmedia.org

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This brochure was developed with the aid of information and resources from:

Food and Drug Administration

Healthy Roads Media

Alabama Hospital Association

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Taking Your Medicine Correctly



When you are sick, a doctor will give you medicine to help you get better. It is important to understand how, why, and how much you should take it.

DO I NEED MEDICINE?

The doctor will decide if you need medicine for your illness. If you need medicine, the doctor will give you a prescription so that you can buy the proper medicine. The doctor may not always write you a prescription; sometimes medicine is not needed.

WHAT DO I TELL MY DOCTOR?

Be sure to tell the doctor how and where you feel bad. The doctor needs the information to be able to get the proper medicine for you. Tell your doctor about everything you are taking before he gives you the prescription. If you feel any medicine is making you sick, call your doctor immediately.

WHAT ARE THE DIFFERENT TYPES OF MEDICINE?

There are two different types of medicine:

Prescription medicine is when the doctor writes the name of the medicine needed on prescription paper to take to the pharmacist. Afterwards, you pick up the medicine at your local pharmacy.

Over-the-Counter medicine is medicine you can buy without a doctor's prescription. You can buy this at your local pharmacy on the store shelves. For a refill, bring the empty bottle with you to the pharmacy so you get the right kind of medicine.

CAN I ASK THE DOCTOR QUESTIONS?

Do not be afraid to ask your doctor questions. If you follow the doctor's instructions, you should feel better. If not, go back and talk to the doctor again.

What should I ask my doctor?

What is the name of the medicine?

How many days should I take it?

Why should I take this medicine?

Should I take this medicine with or without food?

Can I drink alcohol with this medicine?

If I forget to take my medicine, what do I do?

What should I do if the medicine makes me sick?

Can I stop taking the medicine if I feel better?

WHAT IF I CANNOT READ THE LABEL?

It is important to read the label carefully. If you cannot read the label on your medicine bottle, ask someone who reads English very well to translate for you.

WHAT IF I TAKE MEDICINE FROM MY HOME COUNTRY?

While you may feel comfortable or more familiar with the medicine from home, this might not help your sickness. If mixed with Western medicine, it could make you feel worse. When talking to your doctor, discuss the medicine you have and ask if you can take it with the new medicine that has been prescribed to you. If your doctor tells you to only use the prescribed medications, you must stop what you have been taking.

WHAT ARE SOME OF THE THINGS I SHOULDN'T DO WHEN TAKING MEDICINE?

Do not share your prescribed medicine with others. Take your medicine for as long as the doctor says, even if you feel better. Do not keep medicine in hot, cold, or wet areas as they can affect how the medicine works. Keep your medicine away from children.

HOW DO I KNOW THE DOCTOR IS NOT TRYING TO SELL ME MEDICINE?

In the United States, doctors do not make money from the medicine they prescribe. If a doctor wants you to take medicine, it is not because he wants to sell it to you. Your doctor wants you to get well and would only give a prescription if you need it.

For more information please visit:

http://www.health.state.mn.us/divs/ idepc/refugee/ index.html

http://www.cdc.gov/nccdphp/dnpa/nutrition/

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This brochure was developed with the aid of information and resources from:

Auckland Regional Public Health Service

Moonee Valley Melbourne Primary Care Partnership

Minnesota Department of Health

University of Michigan Health System

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The Importance of Vitamin D and Calcium



WHAT IS VITAMIN D?

Vitamin D is important for bones, teeth, and muscle development. The best way to get Vitamin D is by eating fish or taking fish oil, and it is also found in milk and eggs. Most people get their Vitamin D from exposure to sunlight on a daily basis. If you do not get the proper amount of sunlight and foods rich in Vitamin D, your bones may not be healthy.

WHAT IS VITAMIN D DEFICIENCY?

Vitamin D Deficiency is when you are not getting enough Vitamin D in your body. This happens when you are not exposed to enough sunlight or you are not eating enough foods that have Vitamin D. Vitamin D Deficiency can make you sick and cause harmful diseases, such as Rickets, Osteomalacia, Osteoporosis, and joint pain.

Rickets is the softening and weakening of bones leading to deformity and breaks in the bones. This often occurs in children.

Osteomalacia is an adult version of Rickets, resulting in the softening and weakening of bones.

Osteoporosis is a disease in which bones become fragile and very likely to break.

WHO IS AT RISK FOR VITAMIN D DEFICIENCY?

• People living in areas with little sunlight,

- women (especially those who cover most of their bodies)
- people who tend to stay indoors,
- people with dark skin
- the elderly.

HOW CAN I PREVENT VITAMIN D DEFICIENCY?

In states with longer winters and fewer hours of daylight, it is important to eat food high in Vitamin D. This is particularly important for people with darker skin. When your skin is darker, it is harder for your body to get Vitamin D from the sunlight.

Eat Foods with Vitamin D such as:

- cod liver oil,
- fish,
- milk
- margarine, butter, cheese
- eggs.

It is also good to spend time outdoors. While it is difficult to be outside if it is cold and dark, there are other ways to get your Vitamin D. These include taking Vitamin D supplements.

SHOULD I TAKE A SUPPLEMENT?

Vitamin D supplements are the best way to get your dose of Vitamin D. Eating foods with Vitamin D and drinking milk may not provide enough Vitamin D needed for the day. Vitamin D supplements can be bought at most drug stores, food stores, and health food stores. For prevention of Vitamin D Deficiency, adults should take between 400 and 800 International Units (IU) per day, and children should take 400 IU per day.

VITAMIN D AND CALCIUM

Vitamin D and Calcium work together to build strong bones. Calcium helps your heart and muscles work well and may prevent high blood pressure. Calcium also keeps your bones and teeth strong and prevents bone diseases.

Vitamin D and Calcium are found in milk. Milk in the U.S. may taste different from milk at home. If you do not like drinking milk, there are other ways to get your daily intake of calcium:

- yogurt or frozen yogurt
- cheese
- ice cream
- puddings and custards
- milkshakes

someone with TB stops taking the medication before the treatment is finished, he or she can become sick again.

IF YOU THINK YOU HAVE BEEN EXPOSED TO TB

If you think have been around someone with TB disease, you should go to your doctor or health department for a TB test.

CONTACT INFORMATION: riht@uscridc.org U.S. Committee for Refugees and

Immigrants I717 Massachusetts Ave., NW Suite 200 Washington, DC 20036 Phone: 202 • 347 • 3507 Fax: 202 • 347 • 7177 www.refugees.org For more information about tuberculosis on the Internet, please visit:

> The Centers for Disease Control and Prevention www.cdc.gov

> The U.S. Department of Health and Human Services www.omhrc.gov

Information for this brochure was adapted from materials developed by:

The Centers for Disease Control and Prevention (CDC)

The U.S. Department of Health and Human Services

The Directors of Health Promotion and Education (DHPE)

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.

What is Tuberculosis?



WHAT IS TB?

Tuberculosis, or "TB," is a contagious disease caused by germs that are spread through the air from person to person. A person with TB can die from the disease if not treated with medication.

HOW IS TB SPREAD?

TB germs are put into the air when a person with TB coughs, sneezes, sings, spits or laughs. Other people who breathe the air containing TB germs can become infected.

WHO GETS TB?

The World Health Organization (WHO) estimates that nearly six million people worldwide are infected with the bacteria that cause TB. Every year, nearly two million people worldwide die from TB. People who come into daily contact with people with TB are at risk for infection. This includes classmates, co-workers, family members or housemates.

HOW IS LATENT TB DIFFERENT THAN ACTIVE TB DISEASE?

People with latent TB have the bacteria that



cause TB in their body but the bacteria are not active and the people are not sick. People with latent TB cannot pass TB to others, but can develop active TB in the future.

People with active TB have TB disease. This means the bacteria that cause TB are actively multiplying and destroying tissues in the body. People with TB disease have symptoms of TB and can pass the disease on to others, particularly people they see every day like co-workers, classmates and family members.

DRUG-RESISTANT TB

If someone with TB does not take his or her medication correctly, or if he or she stops taking the medicine too soon, the germ that causes TB can become resistant to that medication. That means the medication won't work anymore, which means that the person will have to be given a different medicine—possibly stronger—for longer than it would take to finish the original treatment. Drug-resistant TB is more difficult and expensive to treat.

HOW IS TB TREATED?

TB CAN BE CURED! It takes a long time to cure TB. TB patients must take several drugs for 6 to 12 months to treat the disease. A person with TB may feel better before the treatment is finished. Adherence taking all TB medicine as prescribed until finished—is important to curing TB. If



WASH YOUR HANDS U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS

WHAT ARE SIGNS OF AN UNDER GROWING CHILD?

- Lack of physical growth
- Malnourished
- Weak bones
- Poor eyesight
- Moodiness
- Under weight
- Hearing loss

WHO SHOULD YOU TALK TO IF YOUR BABY IS NOT DEVELOPING AT A GOOD HEALTHY PACE?

If you are concerned about how your child is growing please talk to your baby's doctor. Be sure to take your child to all their routine check-ups, and immunizations.

For more information about child development on the Internet, please visit:

www.cdc.gov/ncbddd/autism/ActEarly

www.nidcd.gov/health/voice/speechandlanguage

brochurs was doublated with

This brochure was developed with the aid of information and resources from:

National Center for Birth Defects and Developmental Disabilities

Centers for Disease Control

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Watching Your Child Grow (Development Milestones)



WATCHING YOUR CHILD GROW

The first years of a child's life is an important time for them to grow physically, emotionally, and socially. This is called child development. There are different levels of child development that parents can follow to see if their child is growing at a good rate. In America, parents are advised to constantly monitor their baby's brain development, eyes, ears and limbs for any abnormal signs.

WHAT SHOULD I NOTICE ABOUT MY CHILD?

Children develop differently in their stages of growing. Every child grows at his or her own pace, and your child may reach these stages before or after other children of the same age. This brochure is a simple guide to help you to understand child development and what to ask your child's doctor if you have concerns. Here are some of the signs that a parent should look for as their child grows up.

GROWTH AND DEVELOPMENT AT SEVEN MONTHS

By the end of seven months, many healthy children are able to:

- turn head when name is called,
- smile back at another person,
- respond to sound with sounds,
- enjoy social play,
- able to hold small toys, and
- follow objects /light moved near their eyes.

GROWTH AND DEVELOPMENT AT ONE YEAR (12 MONTHS)

Healthy children by one year are able to:

- use simple gestures (waving good-bye),
- make simple sounds,
- imitate actions while playing (clap hands), and
- respond when told "no".

GROWTH AND DEVELOPMENT AT AGE 11/2 YEARS

Healthy children by 1 ¹/₂ years are able to:

- do simple pretend play (talking on toy phone),
- point at interesting objects,
- look at object when you point and say "look", and
- use several words on their own.



GROWTH AND DEVELOPMENT AT TWO YEARS

Healthy children by age two are able to:

- use two word sentences,
- follow simple instructions,
- become interested in other children, and
- point to an object or picture when named.

GROWTH AND DEVELOPMENT AT THREE YEARS

Healthy children by age three are able to:

- kiss or hug other children,
- use two word sentences,
- imitate adults and playmates, and
- play make-believe with dolls, animals, and people.

GROWTH AND DEVELOPMENT AT FOUR YEARS

Healthy children by age four are able to:

- use five to six word sentences,
- follow three step directions ("Get dressed. Comb your hair. Brush your teeth, and wash your face."), and
- cooperate with other children.

Exercise is important in controlling and preventing diabetes. It is recommended that everyone (men and women, young and old) exercise at least 3 times every week for 30 minutes. You can be more active by playing soccer (football), basketball, handball, jumping rope, taking the stairs or going on family walks.

If you have diabetes, you should:

- Take medicine as directed by a doctor
- Check your blood sugar as directed
- Carry ID that gives your name, address, medical condition, and medications
- Wear comfortable clothing and shoes
- Drink plenty of water
- Exercise regularly
- Carry hard candy, fruit juice, raisins, or other snacks high in sugar in case your blood sugar gets low

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For more information about diabetes on the Internet, please visit:

American Heart Association www.aha.org

The Centers for Disease Control and Prevention www.cdc.gov

The U.S. Department of Agriculture www.usda.gov

American Diabetes Association www.diabetes.org

Information for this brochure was adapted from materials developed by:

American Heart Association

American Diabetes Association

The Centers for Disease Control and Prevention (CDC)

Georgia State University, Department of Geography and Anthropology

The U.S. Department of Agriculture (USDA)

This brochure was developed with funding from the Department of Health and Human Services Office of Refugee Resettlement.



What is Diabetes?



HEALTHY LIVING: WHAT IS DIABETES?

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that converts food into the energy the body needs to function. Diabetes can cause the body to have too much sugar in the blood, which can hurt one's heart, brain, kidneys, blood vessels, and teeth. Diabetes can cause loss of sight, loss of sexual function, or death.

MAJOR TYPES OF DIABETES

Type 1 diabetes is found in children and young adults. It was formerly known as juvenile diabetes.

Type 2 diabetes is the most common form of diabetes. Until recently, type 2 diabetes was found mainly in adults. Today it is being diagnosed in children more often because of the growing number of children who are obese, overweight, and inactive.

Gestational diabetes is found in some pregnant women.

HOW IS DIABETES MANAGED?

There is no cure for diabetes, but it can be controlled with:

- Healthy eating
- Physical activity (exercise)
- Stopping smoking
- Medication (if needed)

Healthy eating tips:

• Eat a variety of foods each day to get the vitamins and minerals your body needs to grow and be healthy.

- Eat less or smaller portions of chips, cookies, treats, candies, butter, margarine, mayonnaise, salt, fried foods, ice cream, sherbet, and sodas.
- Eat fewer foods that are fried or have high-fat starches (pastries, biscuits, or muffins).

OTHER WAYS TO MAKE MEALS HEALTHIER:

- Try whole grain breads and cereals such as whole wheat bread and brown rice.
- Eat lots of fruits and vegetables.

- Use very little fat, oil, or butter when cooking.
- Use vegetable cooking oil spray instead of oil, shortening, butter, or margarine.
- Try baking, broiling, roasting, steaming, or grilling instead of frying.
- Eat low fat cuts of meat such as chicken, turkey, or lean beef.
- Use fat free (skim) or low-fat (1%) milk, cheese, and yogurt.

Family and friends can help you control your diabetes by helping you to get more exercise and choosing healthier foods.



- Staying active. Gentle exercise is good for you and your baby
- Avoiding caffeine (coffee, soda and tea)
- Avoiding chemicals (like bug sprays or household cleaners)
- Taking a pre-natal class
- Taking a multivitamin with folic acid

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For more information about women's health exams on the Internet, please visit:

The Centers for Disease Control and Prevention www.cdc.gov

The U.S. Department of Health and Human Services www.womenshealth.gov

The U.S. Department of Health and Human Services Office of Minority Health www.omhrc.gov

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For more information by phone please call:

The National Women's Health Information Center (NWHIC) 1-800-994-9662

The Planned Parenthood Federation of America at 1-800-230-7526

To find clinics in your area where you can get free and low cost Pap tests and mammograms, please visit:

The Centers for Disease Control and Prevention www.cdc.gov/cancer

Planned Parenthood Federation of America www.plannedparenthood.org

Information for this brochure was adapted from materials developed by:

The Office of Women's Health and Office of Minority Health at the U.S. Department of Health and Human Services

> The Centers for Disease Control and Prevention (CDC)

The National Cancer Institute

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Routine Health Exams for Women



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PAP TEST

The Pap test, also called a Pap smear, is a routine medical exam in which the doctor or nurse uses a small brush to take a sample of cells from the cervix. While you may experience a bit of discomfort, this simple test helps diagnose potentially lifethreatening cervical cancer. All women over the age of 18 should have a Pap test once a year. If a woman has become sexually active before age 18, she should have a yearly Pap test.

During an annual Pap test, you will be asked to remove all clothing from your lower body and to lie back on a table. Your feet will be raised. The doctor or nurse will sit between your legs with a light and medical tools.

You can ask to have an extra nurse in the room with you. The doctor or nurse will look at your genital area, feel inside, and perform the Pap test. This is necessary to make sure your vagina and cervix are healthy.

To get the most accurate test, for three days before going in for a Pap test you should not:

- Douche*
- Use tampons
- Use vaginal creams, suppositories, or medicines
- Use vaginal deodorant sprays or powders
- Have sex

* Most doctors suggest that women avoid douching altogether. The female body cleans itself naturally, so douching may cause or worsen infections. Douching may also increase your risk for sexually transmitted disease. Douching does NOT prevent pregnancy.

BREAST EXAMS

Lumps in a woman's breast may be a sign of a serious and potentially life-threatening illness. A woman should have her breasts examined by a doctor or nurse every year when she goes for her annual exam. Her breasts will be examined for lumps, dimples, or redness by a nurse or doctor.

Every woman should also examine her own breasts for lumps, dimples, redness, discharge from the nipples, or other changes each month. Some lumps are normal, but it is best to have a doctor or nurse check any new or growing lumps in your breast. It is important to examine your breasts monthly to know what your breasts are normally like and to check for any changes.

MAMMOGRAMS

A mammogram is an X-ray of the breast used to check for cancer. Women after age forty should get a mammogram every one to two years.

During a mammogram, the doctor or nurse places your breast between two plates. The machine then closes to get a clear picture of your breast. You may experience discomfort but the procedure only lasts about one minute. Breast exams and mammograms are essential for the early detection of breast cancer.

PRE-NATAL CARE

Pre-natal care is the medical care that you and your baby receive while you are pregnant. Prenatal care is important to help you have a healthy baby. Every pregnant woman should receive early and regular pre-natal care. It is also important to follow the doctor's directions, which may include:

- Eating lots of fruits and vegetables
- Avoiding smoking, alcohol, and drugs



- Mood swings
- Tenderness in the breast

If any of these symptoms seem severe, you should talk about this with a doctor.

WHEN TO SEEK MEDICAL ATTENTION?

You should go to a medical doctor if:

- A sudden change in your period occurs that does not have an clear cause such as extreme stress, illness or weight gain/loss
- Very heavy menstrual bleeding that lasts more that 7 days
- Bleeding between periods
- Severe abdominal pain that lasts for more than 2 days
- You think you might be pregnant
- A discharge from the vagina that is yellow, green or gray in color, thick and white and cream-like, foamy or has a strong or fishy odor

For more information about women's health on the Internet, please visit:

www.womenshealth.gov

www.4women.gov

www.omh.gov

www.girlshealth.gov

www.youngwomenshealth.org

www.girlhealth.org

For more information by phone, please call:

CDC National STD Hotline 1-800-227-8922 24 hours a day, 7 days a week

CDC National AIDS Hotline 1-800-342-AIDS (1-800-342-2437) 24 hours a day, 7 days a week

National Women's Health Center 1-800-994-9662 The U.S. Department of Health and Human Services

CONTACT INFORMATION: riht@uscridc.org U.S. Committee for Refugees and Immigrants 1717 Massachusetts Ave., NW Suite 200 Washington, DC 20036 Phone: 202 • 347 • 3507 Fax: 202 • 347 • 3418 www.refugees.org

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What Every Woman Should Know about Her Body



Protecting Refugees, Serving Immigrants,

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PUBERTY

Puberty is the time when the body changes from a child to an adult. Puberty occurs in girls and boys, usually between 9 and 13 years of age.

During puberty, girls begin to develop breasts; their hips widen, and they begin to grow hair in their genital area (between their legs), underarms, and legs. During this time, girls begin their menstrual cycle (commonly called a period). These changes are normal and healthy and help the young girls become women.

MENSTRUAL CYCLE

Most girls begin their period or menstrual cycle between 9 and 16 years old. Having your period does not mean you can't do normal things like swimming, running, working, or any other physical activity. Being active may help ease some of the discomfort that may come with your period.

WHAT IS A MENSTRUAL CYCLE?

When girls begin their menstrual cycle their ovaries release an egg each month. If sperm from a man fertilizes these eggs, it will grow inside the uterus into a baby. Each month the female body prepares itself to bear a fertilized egg by forming a thick layer of tissue and blood cells inside the uterus. If the released egg is not fertilized, the uterus lets the layer of fluid out. This is what is called the menstrual period.

HOW LONG DOES A MENSTRUAL PERIOD LAST?

Most periods last 3 to 7 days. Usually the

menstrual cycle happens on a set schedule, usually on a 3 to 5 week cycle. After reaching puberty, a young woman may not have a regular cycle, but after some time the body will adjust and a regular cycle will begin.

HOW DO YOU CARE FOR YOURSELF DURING YOUR PERIOD?

You will need to use some kind of sanitary pad or tampon during your period to prevent the menstrual liquid from soiling your clothes. Most women use either sanitary pads or tampons. What you use is your choice, but stay away from scented products which may cause or increase infections.

Sanitary pads are worn inside of your underwear. Sanitary pads stick to your underwear with a kind of tape. Sanitary pads should be changed often to prevent leakage, discomfort, and odor. In warm weather, sanitary pads should be changed as often as you visit the restroom. This will help you feel comfortable and dry.

Tampons are put into the vagina. Like sanitary pads, tampons should be changed often, at least every 4 to 6 hours.

The female body has a natural internal cleansing system, that means you should not douche or use inserts to "help clean" inside after your period. In fact, this practice can be harmful as it may increase infections and increase your risk of disease.

WHAT MIGHT HAPPEN DURING YOUR PERIOD?

Some women have heavier periods than others do. This is normal. Every woman is different. During your period you will not bleed too much. You will only lose 1 to 3 ounces (30 to 90 ml) in your monthly cycle. This is about the size of the trial-sized lotion. However, if you period is very heavy, you should talk about it with a doctor.

Some women experience discomfort before, during, or after their period. This may include:

- Cramps
- Feeling swollen
- Feeling tired
- Headaches
- Backaches

