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Refugee Health in Philadelphia

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REFUGEE HEALTH IN PHILADELPHIA
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Why the Jefferson Center for Refugee Health was created...

• [https://www.youtube.com/watch?v=DJh9IQTlvGI](https://www.youtube.com/watch?v=DJh9IQTlvGI)
Objectives

• Define the U.S. refugee resettlement process

• Discuss the history of refugee health in Philadelphia and the creation of the Jefferson Center for Refugee Health

• Review selected data on our patients

• Learn how to utilize new resources to care for refugees
Following World War II, the United Nations High Commissioner for Refugees (UNHCR) was formed in 1950 to help the millions of Europeans who fled Europe and lost their homes.

They were given 3 years to complete their work and then disband.

70 years later, the UNHCR is still in existence.
• Mandated to lead and coordinate international action to protect refugees and resolve refugee problems worldwide.

• Ensures that everyone can exercise the right to seek asylum and find safe refuge in another State.

• Today, a staff of some 17,000 people in more than 135 countries continues
Definition of Refugee

• ‘Someone who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country.’

Source: UN Convention Relating to the Status of Refugees, Article 1A (1951)
Other Terms:

• Immigrant – a foreign-born resident who is not a US citizen, lawfully admitted for permanent residence

• Asylee – an immigrant who has fled their country for reasons as a refugee, but is already present in the US

• Internally Displaced Person (IDP) – unlike refugees, they are displaced within their own country—frequently for some of the same reasons as refugees.
79.5 MILLION forcibly displaced people worldwide at the end of 2019

- **26M** Refugees
  - 20.4M Refugees under UNHCR’s mandate
  - 5.6M Palestine refugees under UNRWA’s mandate

- **45.7M** Internally displaced people

- **4.2M** Asylum-seekers

- **3.6M** Venezuelans displaced abroad

- **1%** of the world’s population is displaced

- **80%** of the world’s displaced people are in countries or territories affected by acute food insecurity and malnutrition

- **85%** Hosted in developing countries

- **73%** Hosted in neighbouring countries

- **68%** Came from just 5 countries

**TOP HOSTING COUNTRIES**
- Turkey 3.6M
- Colombia 1.8M
- Pakistan 1.4M
- Uganda 1.4M
- Germany 1.1M

**TOP SOURCE COUNTRIES**
- Syria 6.6M
- Venezuela 3.7M
- Afghanistan 2.7M
- South Sudan 2.2M
- Myanmar 1.1M

- **4.2M** Stateless people

- **2M** Asylum applications (in 2019)

- **107,800** Resettled to 26 countries (in 2019)

- **5.6M** Returnees (in 2019)

**UNHCR**

The UN Refugee Agency

employs 17,324 personnel in 135 countries (as of 31 May 2020)

We are funded almost entirely by voluntary contributions, with 86 per cent from governments and the European Union and 10 per cent from private donors.
Refugee Health in US - Refugee Act of 1980

- Officially, established a domestic refugee resettlement program
- Outlined the process for the annual admission of refugees
- Number of refugees admitted to US is decided by the President, in consultation with Congress.
- Since 1975, the United States has resettled over 3 million refugees.
- Historically, resettlement based on global need and US interest...until now.
U.S. trailed rest of world in refugee resettlement in 2017 and 2018 after leading it for decades

Number of refugee admissions, in thousands, by calendar year

Note: Figures rounded to the nearest thousand.

PEW RESEARCH CENTER
Statistics Fiscal Year 2020

- FY 2020: 18,000
- FY 2019: 30,000
- Actual: 22,491
  - Congo, Burma, Ukraine, Bhutan, Eritrea
- FY 2018: 45,000
- FY 2017: 110,000
- FY 2016: 85,000

Refugee admissions from Middle east and SE Asia decreased 92% from 2016-2019
Refugees coming to the U.S.

- https://www.washingtonpost.com/video/politics/this-is-what-it-takes-for-a-refugee-to-be-admitted-into-the-us/2017/02/09/340c8922-ef0a-11e6-a100-fdaaf400369a_video.html?utm_term=.9e5d07c8fcba
Upon Arrival

Reception Services
• Airport pickup
• Pocket money
• Housing
• Hot culturally appropriate meal
• Basic furnishings and household items
• Culturally appropriate food staples (until food stamp case is opened)

Core Services
• Apply for social security cards (w/in 10 days)
• Welfare benefits (w/in 10 days)
• Medical screening (w/in 30 days)
• Enroll children in school (w/in 30 days)
• ESL referral (w/in 10 days)
• Employment referral (w/in 10 days)
• Home visits (24 hr, 30 and 90 days)

Cultural Orientation
• Role of agency
• Housing
• Transportation
• Hygiene
• Budgeting and finances
• Public benefits
• Safety
• Travel Loan repayment
• Selective service registration
• Change of address
Refugee Arrives in Philadelphia

HIAS and Council

Referrals from family and friends

Lutheran Children & Family Service

Nationalities Service Center

Public Health Centers
Private Physicians
(Screenings Only)
Jefferson’s Center for Refugee Health
Jefferson Center for Refugee Health (CRH)


- Provided clinical care and a unique learning opportunity for residents and students.


- Largest single provider of refugee healthcare services in Philadelphia (valuated over 2500+ new patients, over 7000+ total visits).

- Designated by the CDC as a Center of Excellence for Refugee Health in 2016.
Improving Refugee Health in Philadelphia

Formed in September 2010, the Philadelphia Refugee Health Collaborative (PRHC) is a regional coalition consisting of Philadelphia’s three refugee resettlement agencies and eight refugee health clinics. The core mission of the Collaborative is to create an equitable system of refugee health care in the Philadelphia region that ensures a consistently high standard of care for all newly arrived refugees. Each year, PRHC provides domestic health screenings, primary care (including newborn, pediatrics, adult medicine, geriatric, obstetric and gynecologic care) and access to laboratory, radiology and subspecialty services to 800 newly arrived refugees. PRHC also provides ongoing primary care and women’s health services to established refugee patients.

Refugee Health Clinics

- Jefferson Center for Refugee Health, Department of Family & Community Medicine
- Nemours Pediatrics
- Drexel Women’s Care Center
- Penn Center for Primary Care (PCPC)
- Children’s Hospital of Philadelphia, Refugee Health Program
- Einstein Community Practice
- Einstein Pediatrics
- Health Connection, Public Health Management Corporation
- Rising Sun, Public Health Management Corporation

Resettlement Agencies

- Nationalities Service Center (NSC)
- HIAS Pennsylvania
- Bethany Christian Services (BCS)
Number of Refugees Seen at JFMA by Year of Initial Medical Screening

- 2007: 16
- 2008: 92
- 2009: 112
- 2010: 183
- 2011: 236
- 2012: 242
- 2013: 245
- 2014: 196
- 2015: 135
- 2016: 117
- 2017: 63

*2017 In Progress*
Refugees Seen at JFMA by Country of Origin, 2007-2017 (N=1,637)

Countries represented by “Other”: Bermuda, Chad, Cuba, Egypt, Eritrea/Ethiopia, Gabon, Guinea, Haiti, Indonesia, Iran, Israel, Ivory Coast, Jamaica, Jordan, Kenya, Kuwait, Lebanon, Liberia, Malaysia, Oman, Philippines, Republic of Moldova, Romania, Russian Federation, Senegal, Sierra Leone, Sri Lanka, Sudan, Thailand, Tunisia, Ukraine, Uzbekistan, Vietnam
Positive Mental Health Screen in Adult Refugees Seen at JFMA by Country of Origin, 2007-2017

U.S. Comparison from National Alliance on Mental Illness (NAMI).
History of Torture in Adult Refugees Seen at JFMA by Country of Origin

- Overall (n=886): 10%
- Democratic Republic of Congo (n=72): 17%
- Eritrea/Ethiopia (n=35): 20%
- Iraq (n=237): 6%
- Burma through Thailand (n=54): 6%
- Burma through Malaysia (n=99): 22%
Refugee Arrives in Philadelphia

HIAS Pennsylvania

Nationalities Service Center

Lutheran Children & Family Service

Evaluation based on medical needs, geographic location and availability

Coordinator

Children’s Hospital of Philadelphia (HIAS Coordinated)

Penn Center for Primary Care (HIAS Coordinated)

Jefferson Family Medicine (NSC Coordinated)

Nemours Pediatrics (NSC Coordinated)

Drexel Women’s Care Center (NSC Coordinated)

Fairmount Primary Care Center (NSC Coordinated)

Einstein Community Practice (LCFS Coordinated)

Einstein Pediatric Clinic (LCFS Coordinated)

Philadelphia Health Corps Members and Part-Time Health Staff
Hansjörg Wyss Wellness Center
**SEAMAAC: SE Asian Mutual Assistance Association Coalition**

- **Mission:** To support and serve immigrants and refugees and other politically, socially and economically marginalized communities as they seek to advance the condition of their lives in the United States.

- Community Development
- Health and Human Services
- Education
Resources:
https://careref.web.health.state.mn.us/

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**CareRef Clinical Assessment for Refugees**

**Introduction & Background**

CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S. The output of this tool is based on the current CDC Domestic Refugee Screening Guidelines. CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk. The data used to create this tool are specific to refugee populations coming to the U.S. If the tool is used for other populations, the clinician should be aware that the guidelines may not accurately reflect the needs of non-refugee populations.

Please consult the [CDC Domestic Refugee Screening Guidelines](https://careref.web.health.state.mn.us/) for further detailed guidance and information.

Some states have additional state-specific screening recommendations for newly arrived refugees. If you do not know your state's refugee screening guidelines, please contact the [Refugee Health Coordinator](https://careref.web.health.state.mn.us/) in your state.

Subscribe to receive CareRef and screening guideline updates.

Start CareRef Tool
1. Demographics

Select the state where the refugee patient resides *

Minnesota

Select the refugee's departure or host country *

UGANDA

Select the refugee's country of birth *

CONGO, DEMOCRATIC REPUBLIC

Enter the refugee's date of birth *

January 1 1990

Select the refugee's sex at birth *

- Male  - Female  - Check if refugee is pregnant

Do you have the records from the refugee's pre-departure medical exam? *

- Yes  - No
2. Overseas disease screening results

Please check the DS-2054 and DS-3026 forms

Hepatitis B surface antigen (HBsAg) *
- Positive
- Negative
- Not done
- Unknown

TB test type *
- QuantiFERON-Gold
- T-Spot
- Tuberculin Skin Test
- Not Done

TB test result *
- Positive
- Negative
- Indeterminate/Borderline

Syphilis *
- Positive - treated
- Negative
- Not done
- Unknown

Chlamydia *
- Positive - treated
- Negative
- Not done
- Unknown

Gonorrhea *
- Positive - treated
- Negative
- Not done
- Unknown

3. Overseas presumptive anti-parasite treatment(s) received

Please check the Pre-Departure Medical Screening Form

Albendazole *
- Yes
- No
- Unknown

Ivermectin *
- Yes
- No
- Unknown

Praziquantel *
- Yes
- No
- Unknown

Artemether-lumefantrine (coartem) *
- Yes
- No
- Unknown

[Recommendations] [Cancel]
Customized Clinical Recommendations

Based on the following information about the refugee, the following guidelines are outlined below. The refugee is a 29 year old female who was born in CONGO, DEMOCRATIC REPUBLIC and departed out of UGANDA. Please inquire about additional travel history, and check for travel-associated diseases and health alerts.

*Recommended lab tests are denoted by checked boxes

Refugee Patient Information  Print

CDC Health Alerts for U.S.-Bound Refugees

- Outbreak Notification: Confirmed Typhoid fever case in a refugee traveling from Uganda (notification issued 9/17/2018)
  Show more

- Outbreak Notification: Measles cases in multiple countries (notification issued May 8, 2019)
  Show more

*Alerts may not be posted to CareRef for up to 5 business days after they are issued.

General Laboratory Testing

- Perform complete blood count with differential and platelets.
- Conduct urinalysis (optional in persons unable to provide a clean-catch specimen).

Show more
# Disease-Specific Laboratory Testing

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommendation</th>
</tr>
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</table>
| Tuberculosis  | Evaluate for signs or symptoms of TB disease and history of contacts with active TB.  
|               | ✓ Perform chest x-ray.                                                            |
|               | [Show more](#)                                                                   |
| Hepatitis B   | Review overseas records (pre-departure testing for infection and vaccination are increasingly common).  
|               | ✓ Test for hepatitis B infection and immunity status using HBsAg, anti-HBc, and anti-HBs.  
|               | ✓ Complete the vaccination series according to the ACIP schedule if the refugee is not infected and the series has been started and not yet completed, the refugee is susceptible and at increased risk for HBV infection, or the refugee is susceptible and from a country endemic for hepatitis B.  
|               | [Show more](#)                                                                   |
| Hepatitis C   | *Refugee is from or has lived in a country with a prevalence of hepatitis C ≥2%.  
|               | ✓ It is reasonable to screen all adults for hepatitis C who have lived in regions with prevalence of hepatitis C ≥2%.  
|               | Additionally, ensure testing for hepatitis C infection if refugee has any of these risk factors:  
|               |   ◦ Injection drug use  
|               |   ◦ HIV infection  
|               |   ◦ Received whole blood or blood components before migration  
|               |   ◦ Chronic hemodialysis  
|               |   ◦ Persistently abnormal liver enzyme levels  
|               |   ◦ Born to HCV-positive mother  
|               | [Show more](#)                                                                   |
Strongyloides

- Conduct serologies for Strongyloides. If positive, a thin and thick blood smear between 10 a.m. and 2 p.m. for Loa loa microfilaria should be performed before treatment with ivermectin.

OR

- Acceptable alternative: Perform a thin and thick blood smear between 10 a.m. and 2 p.m. If no Loa loa microfilaria are detected, presumptive ivermectin may be administered.

* Ivermectin should not be given to children < 15 kg or measuring < 90 cm, pregnant women in any trimester or breastfeeding women within the first week after birth. Presumptive ivermectin should not be given to individuals from, or who have resided in, loa loa-endemic countries in sub-Saharan Africa.

Syphilis

- Test for syphilis, due to possibility of syphilis infection after the overseas testing was performed.

HIV

- *As of January 4, 2010, refugees are no longer tested for HIV infection prior to arrival in the United States.
- Screen for HIV unless they have a known HIV+ status overseas.
History and Physical Exam

- Perform detailed history, including:
  - Current symptoms
    - Show more
  - Past medical problems
    - Show more
  - Medication history
    - Show more
  - Allergies
  - Family medical history
  - Social history
    - Show more

- Take dietary history (e.g., restrictions, cultural dietary norms, food allergies).
- Conduct thorough physical exam including examination of skin, cardiac auscultation, respiratory examination, abdominal examination, and lymph node examination.
- Collect vital signs, including blood pressure (≥3 years), heart rate, and respiratory rate.
- Collect anthropometric indices (weight, height, and, for children 2 years and younger, head circumference).
- Assess dental – Refer to a dental home. For children from first tooth eruption through 5 years, apply fluoride varnish, depending on state guidelines.
- Assess vision (≥3 years) and hearing (≥4 years)
Immunizations

- Record previous vaccines, lab evidence of immunity, or history of vaccine preventable disease.
- Give age-appropriate vaccines as indicated. Complete any series that has been initiated (do not restart a vaccine series).

Mental Health

- Screen all adults for mental health concerns.
  - Inquire about substance use (e.g., betel nut, commonly used in Thailand and Malaysia; sheesha/argileh, commonly used in the Middle East; and khat, commonly used in East Africa and the Arabian Peninsula).
- Offer referral, if mental health concerns.

Sexual and Reproductive Health

☑ Perform a pregnancy test
  - Contraception should be offered to all teens and adults and should include discussion of and distribution of condoms at the screening visit.
Health Profiles

- Visit [CDC's Immigrant and Refugee Health Profiles](https://www.cdc.gov/refugeehealth/) for more information about specific populations.

  Population profiles currently available include:
  - Bhutanese Refugees
  - Burmese Refugees
  - Central American (Guatemalan, Honduran, Salvadoran) Minor Refugees
  - Congolese Refugees
  - Iraqi Refugees
  - Somali Refugees
  - Syrian Refugees

Translated Materials

Translated written and audio-recording patient education
Immigrant and Refugee Health

As a world leader in health promotion and disease prevention, CDC works with immigrant, refugee, and migrant groups to improve their health by:

- providing guidelines for disease screening and treatment in the United States and overseas
- tracking and reporting disease in these populations
- responding to disease outbreaks in the United States and overseas
- advising U.S. partners on health care for refugee groups
- educating and communicating with immigrant and refugee groups and partners.
Refugee Health Profiles

The refugee health profiles linked from this page provide key health and cultural information about specific refugee groups resettling in the United States. Information is gathered from the World Health Organization (WHO), the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), the U.S. Department of State, scientific research, and many other sources.

Each profile covers some of these topics:

- Priority Health Conditions
- Background
- Population Movements
- Healthcare and Conditions Before Arrival
- Medical Screening of U.S.-bound Refugees
- Post-arrival Medical Screening
- Health Information

This information is provided to help clinicians, public health providers, and resettlement agencies facilitate medical screening, and determine appropriate interventions and services for individuals of a specific refugee group. Each profile is a comprehensive resource describing the demographic, cultural, and health characteristics of specific population. The information in these profiles is intended to equip clinicians and others with the knowledge necessary to better serve refugees. This knowledge will allow providers to approach a refugee with an improved understanding of where they come from, the circumstances of their displacement, living conditions during asylum, and health conditions for which they may be at increased risk.
Help Protect Yourself and Others from COVID-19

Practice Social Distancing
Stay 6 feet (2 arm’s lengths) from other people.
And Wear a Cloth Face Covering

Be sure it covers your nose and mouth to help protect others.
You could be infected and not have symptoms.

CDC.gov/coronavirus
REFUGEE HEALTH PARTNERS (RHP)

- Student-run organization started in 2008 to provide clinical and service opportunity for medical students. Largest in Philadelphia

- Student activities occur in the community and considered as an extension of the care provided at the Jefferson Center for Refugee Health, with a focus on improving health outcomes through education, support groups, tutoring

- Attracts students from multiple disciplines (SKMC, Nursing, Pharmacy, Post-Bac, Biomedical Sciences). 20 students in committee leadership positions, over 300 students in total membership across all disciplines

- Composed of 7 committees:
  - Clinic
  - Education
  - Health Services
  - Advocacy
  - Outreach
  - Finance
  - Research

- Education committee is the largest, with 5 weekly programs:
  - Bhutanese Elder Support Group
  - Nutrition counseling at Jefferson Center for Refugee Health
  - Women’s health group
  - Weekly tutoring sessions for middle and high school refugee youth

- RHP offers talks throughout the academic year on refugee and immigrant health, population health, cultural competency
Suggested Reading:

Books:
- Fadiman, Anne
  - *The Spirit Catches You and You Fall Down.*
- Housseini, Khaled
  - *A Thousand Splendid Suns.*
- Beah, Ishmael
  - *A Long Way Gone.*
- Eggers, Dave
  - *What is the What?*
- Kidder, Tracy
  - *Mountains Beyond Mountains*
  - *A Strength in What Remains*
THANK YOU

1st day of School in the United States!
References