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Comprehensive Refugee Health Surveillance in Philadelphia: A Combined Resettlement and Clinical Patient Registry

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Comprehensive Refugee Health Surveillance in Philadelphia: A Combined Resettlement and Clinical Patient Registry

Colleen Payton MPH, Brittany DiVito MPH, BSN, RN, Gretchen Shanfeld MPH, Zoe Agoos MD, Kevin Scott MD, Marc Altshuler MD

June 14, 2016
Background

- Philadelphia receives ~800 newly arrived refugees annually
  - Philadelphia Refugee Health Collaborative:
    - 3 resettlement agencies and 10 health clinics
- Coordination of healthcare and social services is important for refugee resettlement success\(^1\)
- Systematic data collection enables outcomes measurement
Goal

To improve the success of refugee resettlement and health outcomes in Philadelphia by establishing a multi-agency registry with social services and clinical measures.
Methods - Data Timeline and Collection

Secure web application for building and managing online databases

- Merges resettlement and clinical data
- Separate modules with privacy settings
Resettlement and Clinical Data

Resettlement Data
- Demographics
- Screening appointment
- Health orientation
- Health insurance enrollment
- School enrollment
- WIC enrollment
- Specialists appointments
- Follow-up tests
- Dental care
- Eye care
- Significant medical needs
- Pregnancy
- Employment

Clinical Data
- Demographics
- IOM form
- Immunizations and titers
- Chronic disease: HTN and diabetes
- BMI
- Smoking
- Infectious disease
- Lead screening
- Pregnancy
- Cancer screening
- Specialists
- Geriatric
- Dental health
- Mental health
Philadelphia Refugee Health Collaborative
Longitudinal Patient Registry

Registry Fast Facts
• 2007 - Present
• N = 2,709
• Both clinical and resettlement = 598
### Patient Characteristics

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq</td>
<td>703</td>
<td>26</td>
</tr>
<tr>
<td>Bhutan/ Nepal</td>
<td>673</td>
<td>25</td>
</tr>
<tr>
<td>Myanmar/ Burma</td>
<td>392</td>
<td>14</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>204</td>
<td>8</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>155</td>
<td>6</td>
</tr>
<tr>
<td>Eritrea/Ethiopia</td>
<td>107</td>
<td>4</td>
</tr>
<tr>
<td>Syria</td>
<td>37</td>
<td>1</td>
</tr>
<tr>
<td>Other*</td>
<td>438</td>
<td>16</td>
</tr>
</tbody>
</table>
Resettlement Outcomes: Time to Health Insurance, Medical Screening, School, Employment

*p <0.05; **p <0.01
Clinical Outcomes: LTBI Treatment Completion

Healthy People 2020
- Target = 79.0%
- Baseline = 68.1%

*Data from January 1, 2014 - September 30, 2014
Clinical Outcomes: Hypertension Management

Hypertension (n = 149)
- 55% diagnosed abroad
- 45% diagnosed at clinic
Clinical Outcomes: Hypertension Management

Blood Pressure Control

- HP2020 Target = 61.2%
- HP2020 Baseline = 43.7%
- Refugee Overseas: 33%
- Refugee at Most Recent Visit: 64%
- JFMA (Clinical Comparison in Philadelphia): 60%
## Combined Resettlement and Clinical Outcomes

<table>
<thead>
<tr>
<th>Number of Days Until Mean (SD) [n]</th>
<th>Adults Diagnosed With Chronic Conditions</th>
<th>Adults Without Chronic Conditions</th>
<th>Association Between Chronic Conditions and Number of Days (r)</th>
<th>Association Between Number of Chronic Conditions and Number of Days (r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment (Adults in Employment Program)</td>
<td>70.00 (39.98) [n = 49]</td>
<td>67.10 (30.13) [n = 107]</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>Number of Specialists Escorts</td>
<td>0.84 (1.52) [n = 45]</td>
<td>0.28 (0.57) [n = 99]</td>
<td>0.26</td>
<td>0.38</td>
</tr>
</tbody>
</table>

### Chronic Conditions Included in Analysis:

- Hypertension, Diabetes, Asthma, COPD, Arthritis, Mental Health (Anxiety, Depression, PTSD), HIV, Chronic Hepatitis, Chronic Renal Disease, Chronic Kidney Disease, Stroke, Cancer, High Cholesterol, Cardiovascular Disease

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Improved Data to Improved Outcomes

• Success Stories:
  • Improved medication completion for latent TB
  • Improved access to hearing loss services
  • Health education around labor and delivery
Conclusions

Collaborative Data Surveillance Led To:

• A regularly updated registry of over 2,700 patients
• Changes in coordinated activities between healthcare providers and resettlement agencies
• Increased knowledge in healthcare providers and community partners
Future Directions

• Data collection and community work should expand:
  • Other resettlement agencies and clinical sites
  • Key community stakeholders: public health departments, community organizations, pharmacies, other health and public welfare services

• Strive towards a community centered health home model

• More research is needed to explore the process and outcomes related to implementing formal data sharing efforts among organizations working with refugees
Acknowledgement

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References


Questions?

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