UNIVERSITY OF LOUISVILLE
School of Medicine
Division of Infectious Diseases

Assessment of the Health of the Refugee Population Resettled in Kentucky

Rahel Bosson MD, Rebecca Ford MPH, Katherine Rivera MD, Ana Fuentes MD MPH, Taghreed Abdulmogith MPH, Emilio Barrios MD, Aliamne Exposito JD, Anupama Raghuran MD, Rob Kelley PhD, Tim Wiemken PhD, Paula Peyrani MD, Ruth Carrico PhD RN

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ABSTRACT

Background: Every year, approximately 2500 refugees enter Kentucky as part of a national resettlement program. Refugees arriving in the United States bring varied health problems that are identified during their Refugee Health Assessment (RHA). The RHA follows up with any condition identified in the overseas medical evaluation and identifies communicable diseases and health conditions that could affect the resettlement. Little research exists regarding the health of refugees after arrival in the U.S.; the Kentucky Refugee Health database, an ongoing data collection tool for the standardized Refugee Health Assessment, was used.
Methods: Refugees arriving in Kentucky who received an RHA in 2014 were evaluated. Data collected were entered into a research database and analyzed using Tableau.
Results: A total of 2141 refugees were screened. The top five diagnosed health conditions included: dental abnormalities, decreased visual acuity, TB exposure, hypertension, and anemia. Over 50% of refugees were considered overweight or obese, 14% had high cholesterol and 47% had low HDL levels. 14% of adult refugees had a positive TSPOT test, and 20% tested positive for parasites.
Discussion: This analysis shows that the main health conditions facing refugees are chronic conditions that require long-term management. While referrals are made for refugees, many are lost to follow-up once they assimilate due to a lack of insurance or lack of knowledge of the U.S. healthcare system. A systematic approach focusing on the problem of long-term follow-up needs to be established in order to address and decrease the impact of chronic health conditions.

BACKGROUND

As part of this resettlement process, refugees arriving in the United States are eligible to receive a domestic Refugee Health Assessment (RHA). The purpose of the medical screening is to follow up with any condition identified in the overseas medical evaluation, identify individuals with communicable diseases of public health importance, identify health conditions that could affect the resettlement process, including employment, and serve as an introduction to the U.S. healthcare system, including establishing a primary care location. In Kentucky, refugees receive an RHA at one of seven clinics—Family Health Centers-Americana, Shawnee Christian Healthcare Center, Home of the Innocents, University of Louisville 550 Clinic, Bluegrass Community Healthcare Center, Fairview Community Health Center and Green River District Health Department. RHAs include a review of overseas medical information, a complete medical and socio-ethnographic history, a physical exam and laboratory screenings. While no national requirements exist for the RHA, the Centers for Disease Control and Prevention (CDC) and the Office of Refugee Resettlement (ORR) provide guidelines for data elements that could be collected. Little research exists regarding the health of refugees after arrival in the U.S.

METHODS

This study was a secondary data analysis of the Refugee Health database and used the data elements suggested by the CDC and ORR. All refugees arriving in Kentucky who received an RHA from January 2014 through December 2014 were evaluated. Data were collected at the clinic sites and entered into a research database (REDCap). Data analysis was performed using Tableau.

RESULTS-OVERVIEW

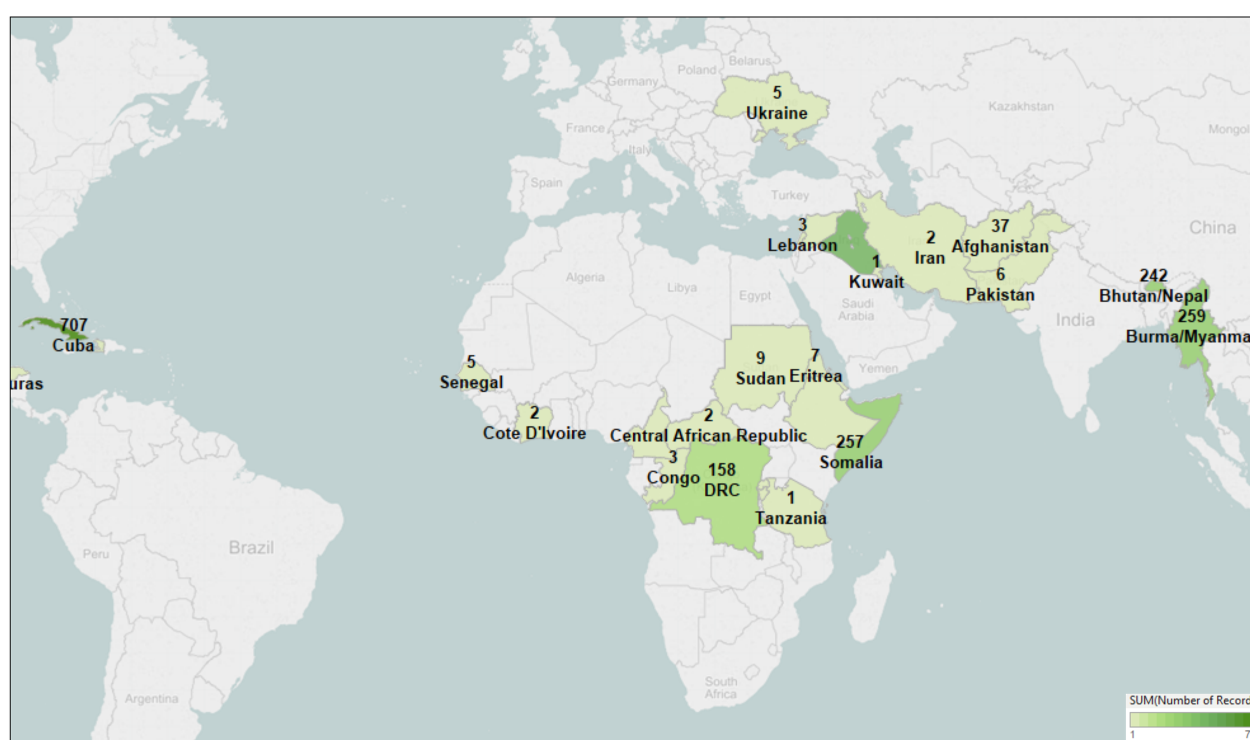

Figure 1. Country of Nationality of Refugees Who Had a Health Screening in Kentucky

Table 1. Demographics of Refugees Who Had a Health Screening in Kentucky

Demographics			
Gender		**Country of Nationality**	
Female	49%	Cuba	33%
Male	51%	Iraq	19%
Age Range		Burma/Myanmar	12%
<18 years	31%	Somalia	12%
18-24 Years	13%	Bhutan	11%
25-34 years	24%	Democratic Republic of the Congo	7%
35-44 years	17%	Afghanistan	2%
45-64 years	13%	Sudan	1%
65+ years	2%	Eritrea	1%
		Rwanda	1%
Language		**Region**	
Spanish	34%	Latin America	33%
Arabic	20%	Southeast Asia	23%
Somali	12%	Africa	22%
Nepali	11%	Middle East	21%
Karen	5%		
Kiswahili	4%		

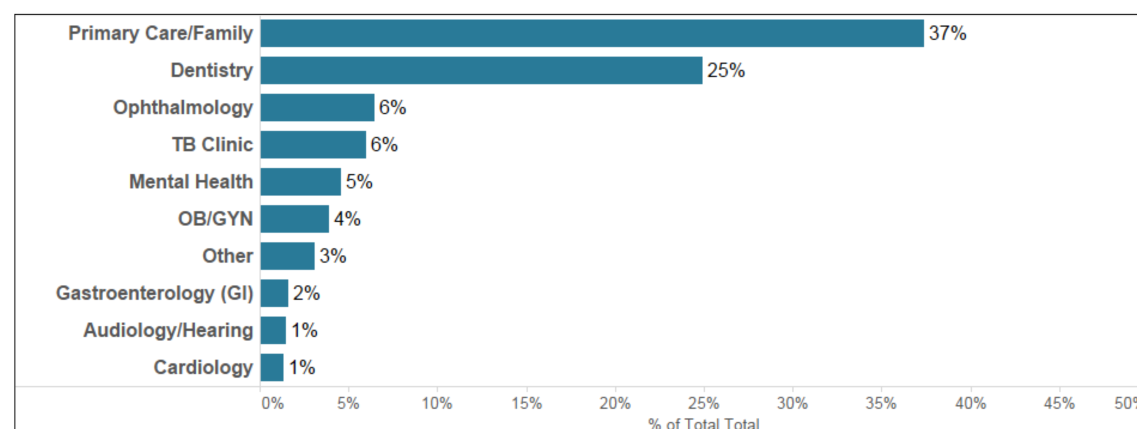

Figure 2. Top Referrals Made for Refugees

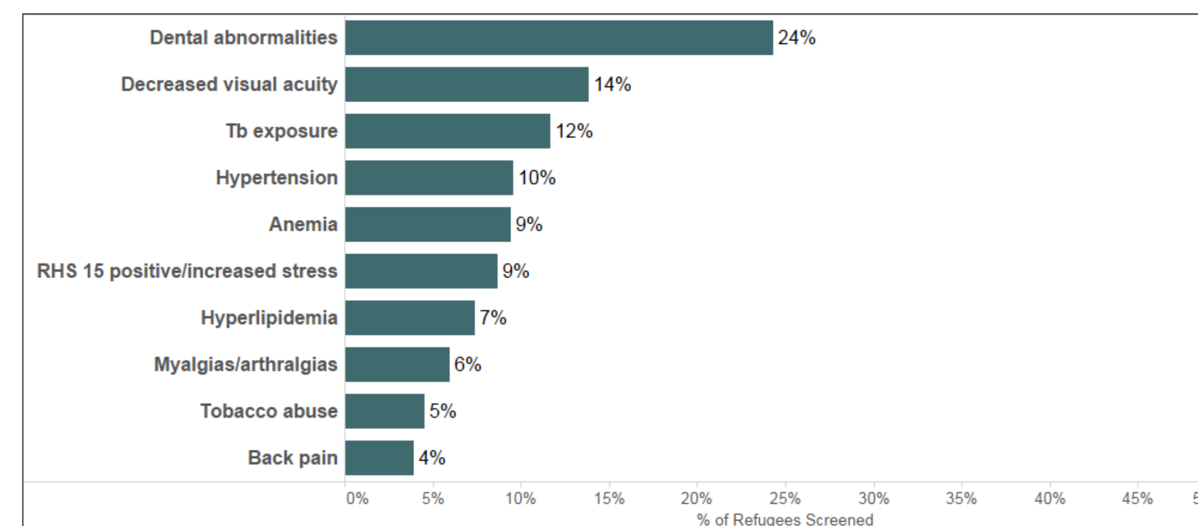

Figure 3. Top Health Conditions by Country of Nationality

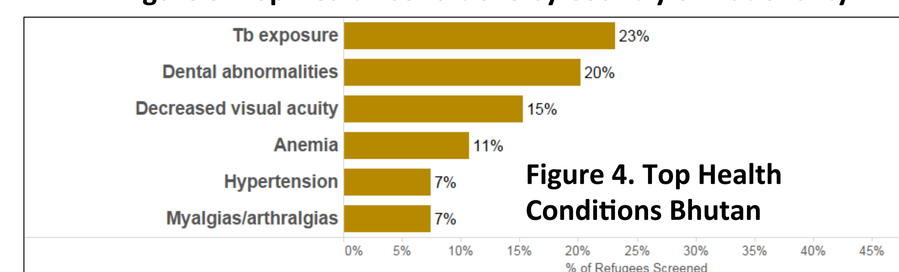

Figure 4. Top Health Conditions Bhutan

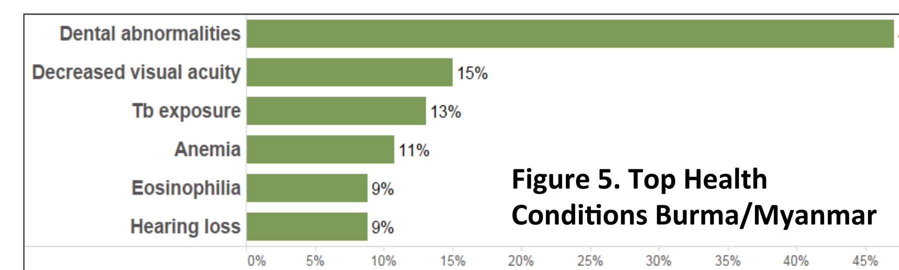

Figure 5. Top Health Conditions Burma/Myanmar

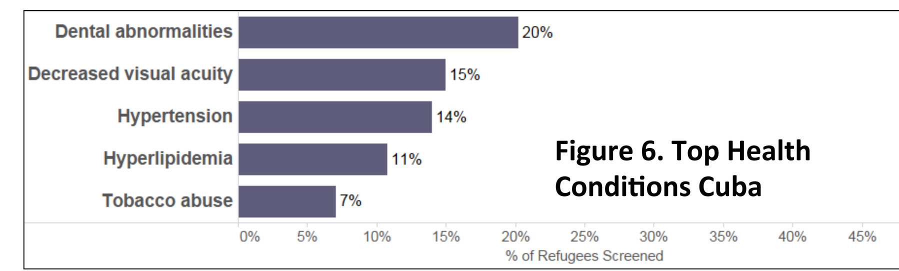

Figure 6. Top Health Conditions Cuba

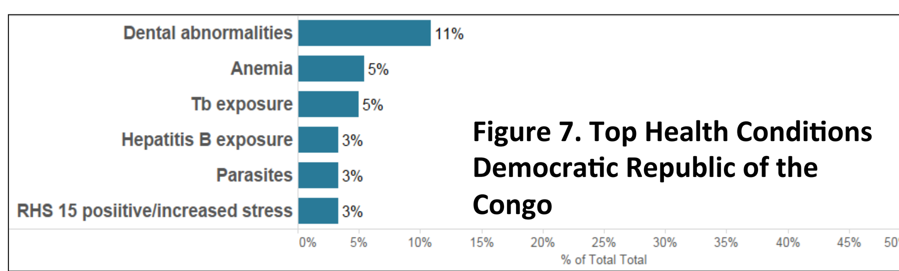

Figure 7. Top Health Conditions Democratic Republic of the Congo

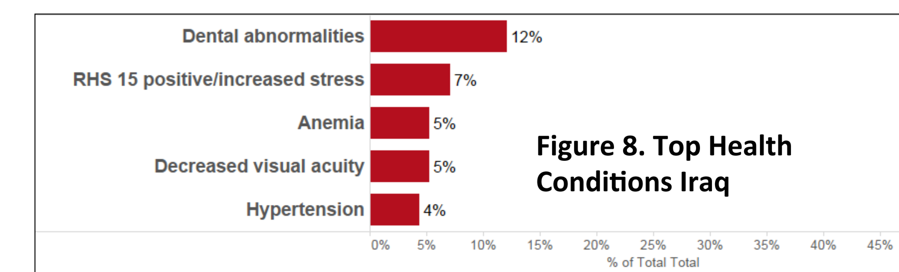

Figure 8. Top Health Conditions Iraq

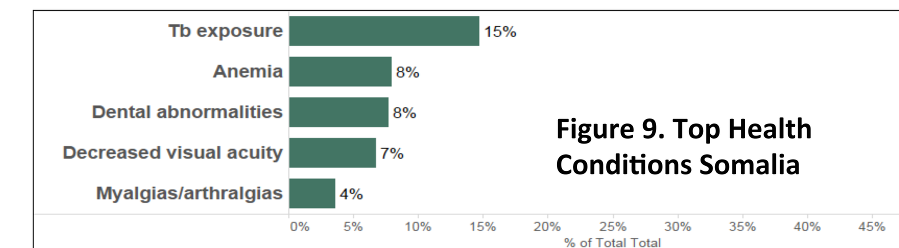

Figure 9. Top Health Conditions Somalia

RESULTS-INFECTIOUS DISEASES

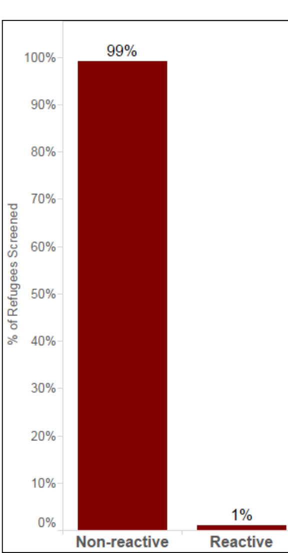

Figure 10. HIV

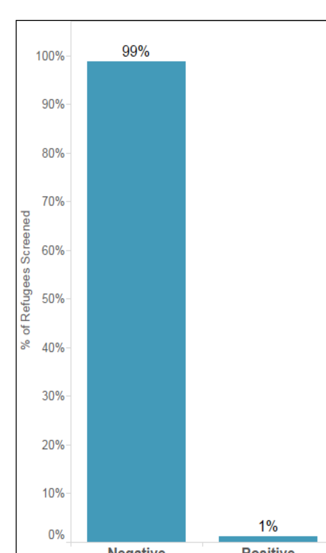

Figure 11. Syphilis

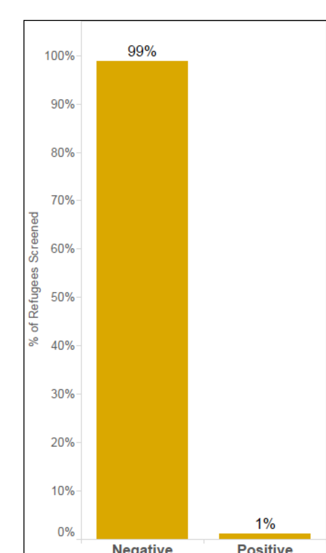

Figure 12. Hepatitis C

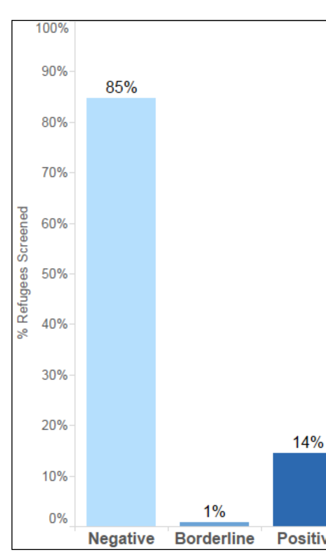

Figure 13. Tuberculosis

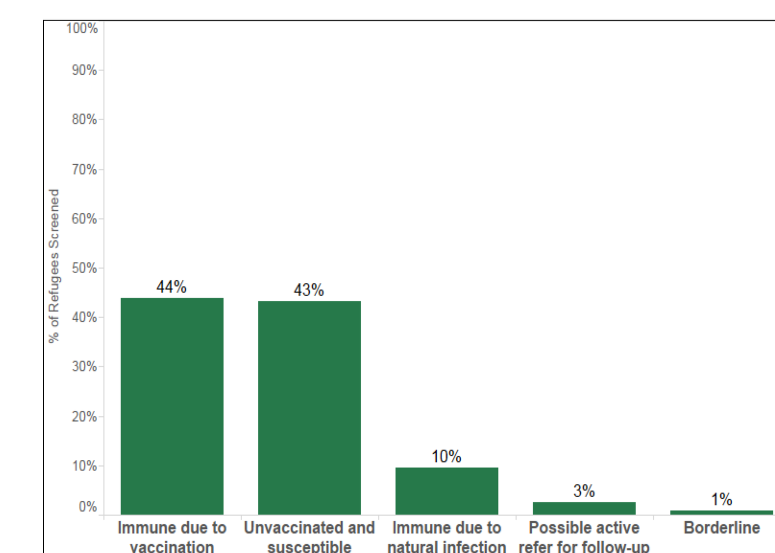

Figure 14. Hepatitis B

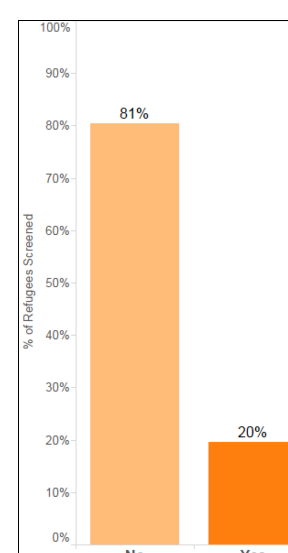

Figure 15. Parasites

RESULTS- Cardiovascular RISK FACTORS

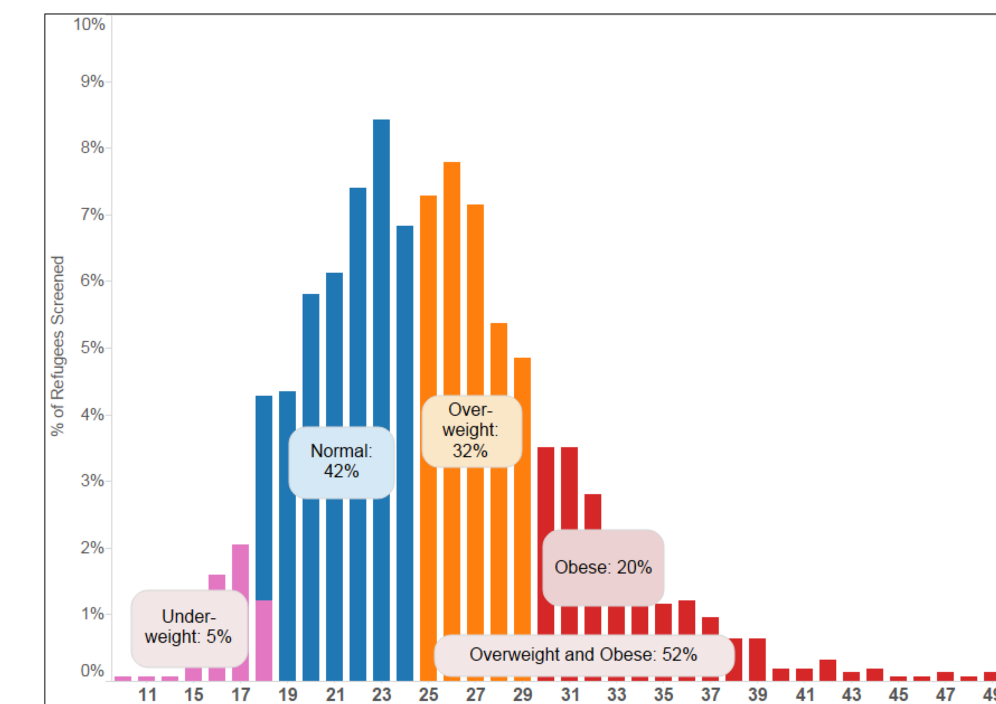

Figure 16. Body Mass Index (BMI)

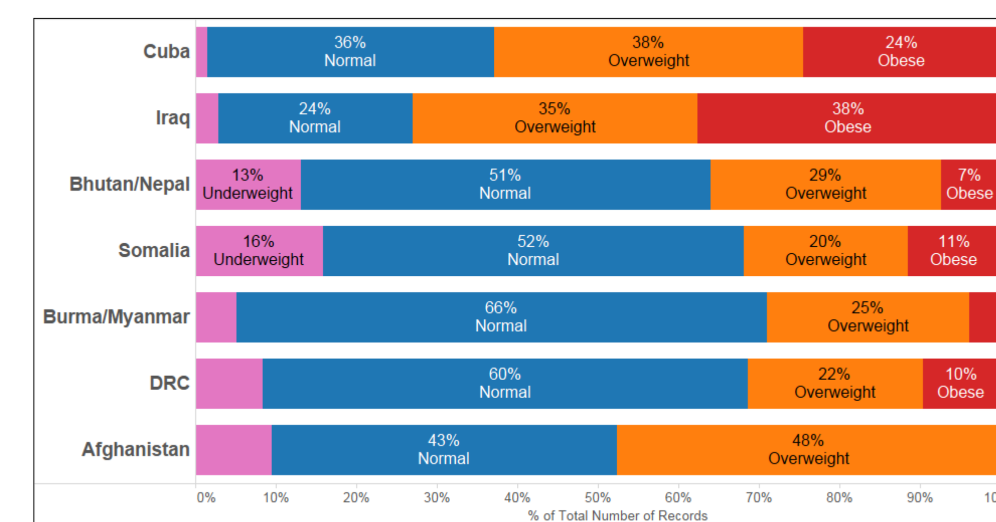

Figure 17. Body Mass Index (BMI) by Country of Nationality

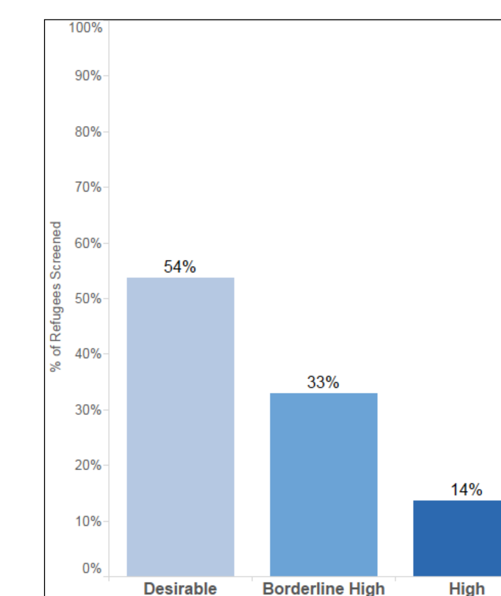

Figure 18. Cholesterol Screening

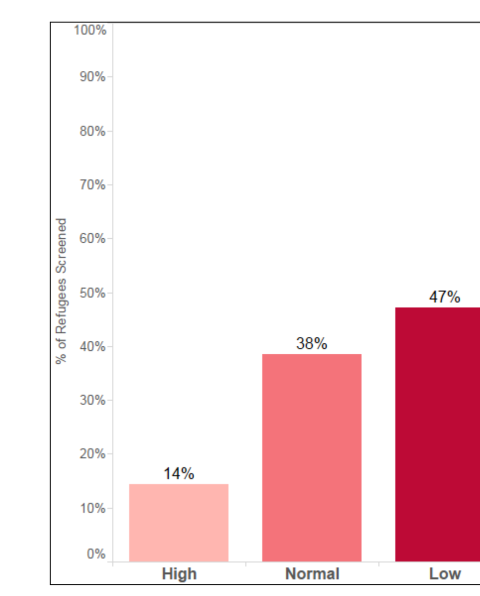

Figure 19. High Density Lipoprotein (HDL) Screening

DISCUSSION

The top health conditions identified in refugees included dental abnormalities, decreased visual acuity, TB exposure, hypertension, anemia, mental health issues, tobacco abuse and hyperlipidemia. Over 50% of refugees were considered overweight or obese, 14% had high cholesterol and 47% had low HDL levels. This analysis shows that some of the major health conditions facing our refugees after arriving in the U.S. are the same chronic conditions that require long-term management and aggressive risk stratification and preventative health measures for the native U.S. population. Identifying the trends in chronic disease is therefore essential if we are going to limit the long-term tertiary complications of disease in the refugee population in our community and, ultimately, the country.