Introduction: NSC

Nationalities Service Center was founded in 1921 with the mission of helping immigrants to participate fully in American society. Each year we resettle about 450 refugees as a USCRI affiliate. As a result of our medical partnerships, we are now able to accept medically complex cases. The partnership with JFMA (Jefferson) and other medical providers has made us a stronger resettlement agency.
Introductions: Jefferson Family Medicine Associates (JFMA)

The Department of Family Medicine, founded in 1973, focuses its education and research missions on a patient care model that emphasizes comprehensive, continuous, and compassionate care provided efficiently and cost effectively. The model of care encompasses an assessment of social context, including the family and community. JFMA has been dedicated to providing care to their Philadelphia community through many initiatives, including home visits, homeless outreach, and area shelter housing.

The tale of two sisters...
The two sisters

• J.B.
  – Initial exam 7/7/10
  – 4 office visits with PCP
  – No specialist visit
  – No hospitalizations
  – Complete immunizations UTD as of 4/15/11.

• G.B.
  – Initial exam 6/30/10
  – 5 office visits with PCP
  – 13 specialty visits, seeing Cardiology today
  – 2 Hospitalizations
    • 7/24-7/31/10 (mitral valve balloon valvuloplasty)
    • 10/20-10/29/10 (mitral valve replacement)
  – Immunizations to be completed next month

Meeting the Complex Health Needs of Refugees Through Partnerships

• More than 38% of refugees admitted to the U.S. arrive with a known health condition
• Refugee health screenings are public health tools
• Most local health screenings address public health concerns first with medical issues being addressed later; this delays self-sufficiency and places undue burden on refugee families and providers (pushes the 8 months)
• To successfully meet the public health and medical needs, refugees need to be served by strong partnering agencies and medical providers; state and federal policies must change to reflect this
• The Refugee Health Collaborative in Philadelphia has made a difference in so many refugee lives; in 2010 we won the Philadelphia Innovative Partner Prize (United Way and Wharton School of Business)
Refugee Arrives in Philadelphia

HIAS and Council

Nationalities Service Center

Lutheran Children & Family Service

Referrals from family and friends

Public Health Centers
Private Physicians
(Screenings Only)
Refugee Arrives in Philadelphia

HIAS and Council

Nationalities Service Center

Jefferson Family Medicine Assoc. (Sept 07)

Public Health Centers
Private Physicians (Screenings Only)

2007

2010

HIAS and Council

Southeast Health Center (July 09)

Penn Center for Primary Care (Oct 10)

Nationalities Service Center

CHOP (March 11)

Fairmount Primary Care Center (Sept 09)

Drexel Women’s Care Center (June 10)

Refugee Arrives in Philadelphia

Lutheran Children & Family Service

Lutheran Children & Family Service

Jefferson Family Medicine Assoc. (Sept 07)

Namours Pediatrics (June 10)
Resettlement Agency Role

Pre-Arrival

- Review bio, consult with medical partners, and plan intervention
- Organize medical reception at airport, if needed
- Make initial appointment; schedule health orientation
- Create medical support services plans for high need refugees
Resettlement Agency Role – cont.

Post Arrival
• Access public benefits, enroll in appropriate health plan
• Provide health, public transportation, general community and safety orientation
• Escort refugees to health screening, follow up and first specialist visit
• Make and communicate follow up appointments
• Coordinate access to mental health care, including access to NSC’s Survivor of Torture program
• Fill in the ‘gate keeper gap’
• Advocate for language access
• Provide training and technical assistance to the medical community
• Accessing medical screenings is one of more than 20 R&P ‘core services’ that we must complete within 30-90 days of arrival
• NSC now has a team of 3 staff members focusing on health who partner with 4 resettlement case managers, and 1 case manager for survivors of torture.

Our Clinic at Jefferson Family Medicine (JFMA)
• Since 2007, over 650 new refugee screens and 2500+ follow up visits, 900+ specialist visits.
• Services provided include pediatric, adolescent, adult, geriatric, obstetric and inpatient medicine
• Provide a Refugee Medical Home
  – Close proximity to NSC
  – Part of residency curriculum
  – Provides complete care
CRH Mission

• To provide compassionate, comprehensive, longitudinal care to refugees and asylees in our community;

• To educate students and providers (medical assistants, nurses, residents, attending physicians across specialties, social workers, pharmacists, physical/occupational therapists, public health professionals and other members of the healthcare team) to provide culturally-competent and evidence-based care to this socio-medically complex population within a collaborative framework;

• To conduct research designed to evaluate and improve the delivery of care to refugees and to improve the experience and skills of those delivering such care; and

• To advocate for refugees, asylees, and other immigrant populations at the local, State, and federal levels.

Jefferson’s Center for Refugee Health
Refugee Health

• Provides unique learning experiences for students and residents

• Patients become continuity patients for residents

• Unique illnesses are seen

• Teaches an appreciation for events unfolding around the world

Jefferson’s Center for Refugee Health

Clinical

- FM Residents: Clinic, Electives
- Students: RHP, JeffHOPE site, electives, student navigators

Research

- Faculty, Residents, MPH, Students: Database, review articles, case studies, capstone projects, presentations

Outreach/Education

- Community: Consultation, Collaborative
- Residents, students: Community workshops, vaccine Clinic, women’s health, nutrition education

Future: Fellowships, Interdisciplinary education, Center of Medical Excellence, Funding
Countries of Origin – All Refugees (2009)

Source: UNHCR, 2009 Global Trends

Countries of Origin

26 COOs including: Vietnam, Eritrea, Congo, Cuba, Afghanistan, Liberia, Thailand, Nepal, Sudan, Haiti, Ethiopia, Iran, Ghana, Malaysia, Chad, Guinea, Indonesia, Jordan, Kenya, Lebanon, Philippines, Russia, and Sierra Leone
### Tobacco Use

![Graph showing tobacco use percentages for Iraq, Bhutan, and Myanmar compared to the US average.]

**Source:** StateHealthFacts.org, "Percent of Adults Who Smoke, 2008."

### Infectious Disease Prevalence

![Graph showing prevalence of latent TB, HBV, and parasites in Iraq, Bhutan, and Myanmar.]

**Sources:**
Hypertension

- WHO: Leading risk factor for mortality globally (13% deaths)
- 31.3% in U.S. diagnosed with hypertension
  - 68 million people in US
- 46% hypertensives at goal BP


- 46% of Iraqi refugees in Syria & Jordan were diagnosed with chronic conditions including HTN, DM, & CVD
- High prevalence of hypertension (15.2%)

Blood Pressure Goals

Number of Refugees Diagnosed With Hypertension and Blood Pressure Goals During Medical Examinations

- Overseas Examination
- Initial Examination
- Most Recent Examination
- Goal 1
- Goal 2
- Goal Not Met
Control of Blood Pressure

Percentage of Refugees Diagnosed With Hypertension and Control of Blood Pressure from Initial to Most Recent Medical Examination

Smoking Status

Percentage of Refugees Diagnosed With Hypertension Who Currently Smoke

- Currently Smokes: 19%
- Quit Smoking: 17%
- Does Not Currently Smoke: 64%
Weight

Percentage of Refugees Diagnosed with Hypertension and their Weight

- Normal: 48%
- Overweight: 28%
- Obese: 21%
- Morbidly Obese: 3%

Diabetes Mellitus

Percentage of Refugees Diagnosed With Hypertension With Diabetes Mellitus

- Diabetes Mellitus: 14%
- No Diabetes Mellitus: 86%
Hyperlipidemia

Percentage of Refugees Diagnosed With Hypertension With Hyperlipidemia

- 14% Hyperlipidemia
- 86% No Hyperlipidemia

Mental Health

- ~11% PTSD

- Difficult to assess
  - Proper timing of evaluation unknown
  - Assessment tools available but not validated for all
  - Concern about “Westernization” of mental health

- Many survivors of torture
Health Provider Data Informs Programming

NSC has used health data and stories to inform our programming and launch new initiatives.

- These include a refugee farm in S. Philadelphia to serve Burmese and Bhutanese
- A collaborative mental health initiative has been launched
- Experts have been brought in to provide joint training
- Volunteer programs have been created
- Service delivery improved; capacity strengthened

Some of our patients.....and their stories
Thank you!