

Refugee Resettlement in Philadelphia: Medical and Community Partnership

The events at the U.S. border with Mexico in recent months have brought national attention to the refugee situation in the United States. Although the national spotlight on the issue of caring for refugees may be new, the fact that the US has been a leader in helping to resettle persecuted people from war-torn parts of the world is not. In fact, according to the United Nations High Commission for Refugees (UNHCR), the U.S. ranks in the top 10 countries of refugee asylum¹ and resettles 30,000-110,000 refugees per year.² Each year 800 of these refugees are resettled right here in Philadelphia.³

According to the UN, a refugee is 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."¹ As political situations evolve around the world so does the makeup of the current U.S. refugee population. For fiscal year 2013, the U.S. government has allocated funding for the resettlement of 70,000 refugees, with nearly half from Near East/South Asia (31,000), followed by East Asia (17,000), Africa (12,000), Latin America/Caribbean (5,000) and Europe/Central Asia (2,000).⁴

In Philadelphia, the refugee population consists mainly of people from Bhutan, Burma, Eritrea, sub-Saharan Africa and Iraq with a quickly growing group from the Democratic Republic of the Congo. Refugees typically come from years of living in refugee camps or war-torn urban environments with poor access to basic hygiene and needs such as healthy

food and clean water. This means that many refugees arrive with acute and chronic medical conditions, including infectious diseases, post-traumatic stress and depression. Currently about 15% of refugees resettled in Philadelphia have significant medical conditions requiring ongoing subspecialist care.³

In 2007, local resettlement agencies identified the need to establish a more organized and efficient system for meeting the needs of this medically complex group. Prior to this time, staff made medical appointments for clients at local public health centers or private physicians' offices accepting Medicaid. Medical providers in these locations did not always have specialized knowledge about refugee health issues and appointment scheduling and follow-up was difficult. Additionally, language access and cultural competency of providers created significant challenges.³

The model of providing medical care for refugees in Philadelphia changed dramatically in 2007 when Nationalities Service Center (NSC), the largest resettlement agency in the city, and Jefferson's Department of Family and Community Medicine launched the first refugee clinic. In this patient-centered, longitudinal model, providers set aside designated time each week to see refugee patients, greatly improving access to care for this vulnerable population and allowing providers to become proficient in the care of this complex subset of patients, resulting in higher quality of care.³

The tremendous success of the Jefferson/NSC model in 2007 encouraged other partnerships between resettlement

agencies and mainly academic medical centers. Einstein Medical Center Philadelphia was the most recent organization to join the group in September 2012, offering both pediatric care at the Pediatric and Adolescent Ambulatory Care Office and adult care at the Community Practice Center. In 2010, involved resettlement agencies and refugee clinic sites formed the Philadelphia Refugee Health Collaborative (PRHC) to solidify their relationship and collaboratively work to improve the health of our local refugee population by improving access and equity of care. This organization includes 3 resettlement agencies and 8 medical offices through which all arriving refugees receive their medical care. Through collaboration, the PRHC is able to offer easier access to appointments, enhanced communication, a robust referral network and establishment of a medical home for refugee patients. In addition, students and residents training at these offices receive global health training they may not otherwise have access to without leaving Philadelphia.³ The PRHC also applies for and has been awarded a number of grants to fund projects and personnel to better serve our patients. By combining our efforts we hope to continue to provide high quality care to all refugees who resettle in Philadelphia. This unique model of care has been so successful that it has been presented at the national level as an example of well-organized, exemplary refugee medical care. In fact, members of the PRHC have been asked to visit the state of Wisconsin and serve as advisors to refugee health leaders in setting up a similar model of care. Given its great success in the Philadelphia region, we hope this care model continues to be replicated across the country.

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Although the refugee population in Philadelphia is medically vulnerable and often has complex medical needs, the systematic approach offered by local resettlement agencies and refugee clinics offers multidisciplinary care to this special patient population. By working together to meet the

many physical and mental health needs of refugees, the members of the Philadelphia Refugee Health Collaborative provide high quality care in a culturally sensitive manner to meet unique patient needs.

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