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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

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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 success¹
- 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

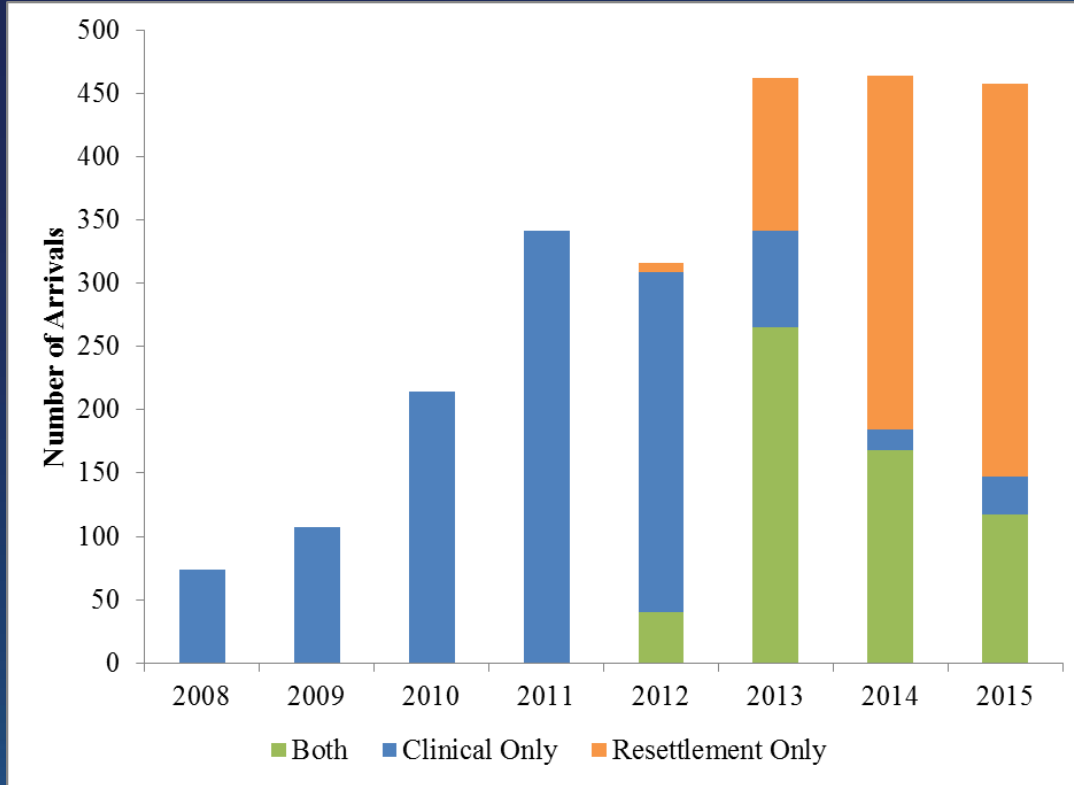
Resettlement Data

- 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

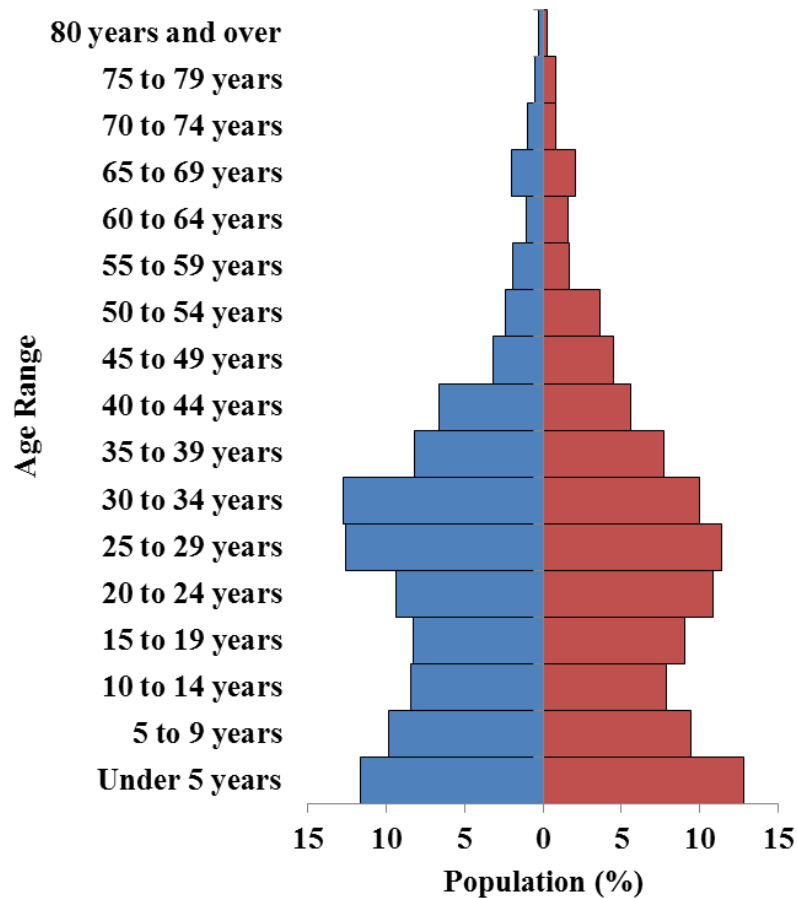
- 2007 - Present
- N = 2,709
- Both clinical and resettlement = 598

Results

Patient Characteristics	Frequency	(%)
Country of Origin	2,709	(100)
Iraq	703	(26)
Bhutan/ Nepal	673	(25)
Myanmar/ Burma	392	(14)
Democratic Republic of Congo	204	(8)
Afghanistan	155	(6)
Eritrea/Ethiopia	107	(4)
Syria	37	(1)
Other*	438	(16)

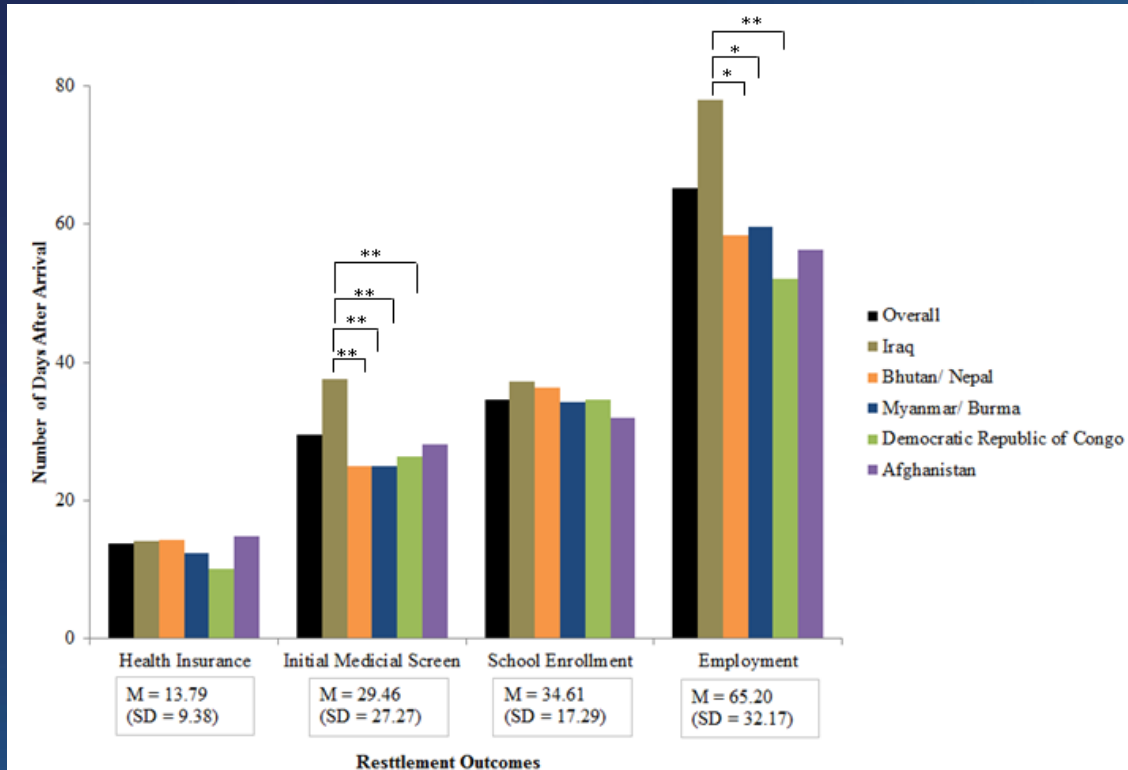
Population Pyramid

■ Male ■ Female



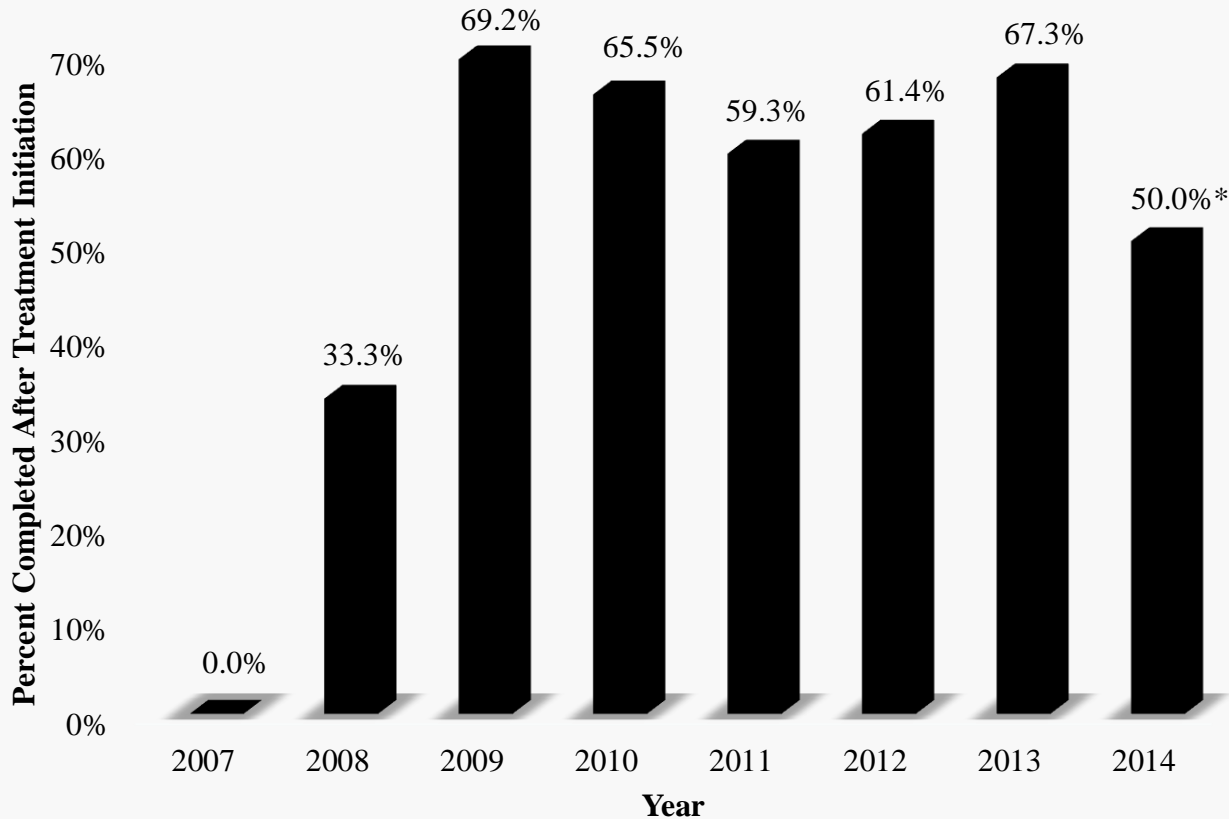
Resettlement Outcomes:

Time to Health Insurance, Medical Screening, School, Employment



*p < 0.05; **p < 0.01

Clinical Outcomes: LTBI Treatment Completion



*Data from January 1, 2014 - September 30, 2014

Healthy People 2020

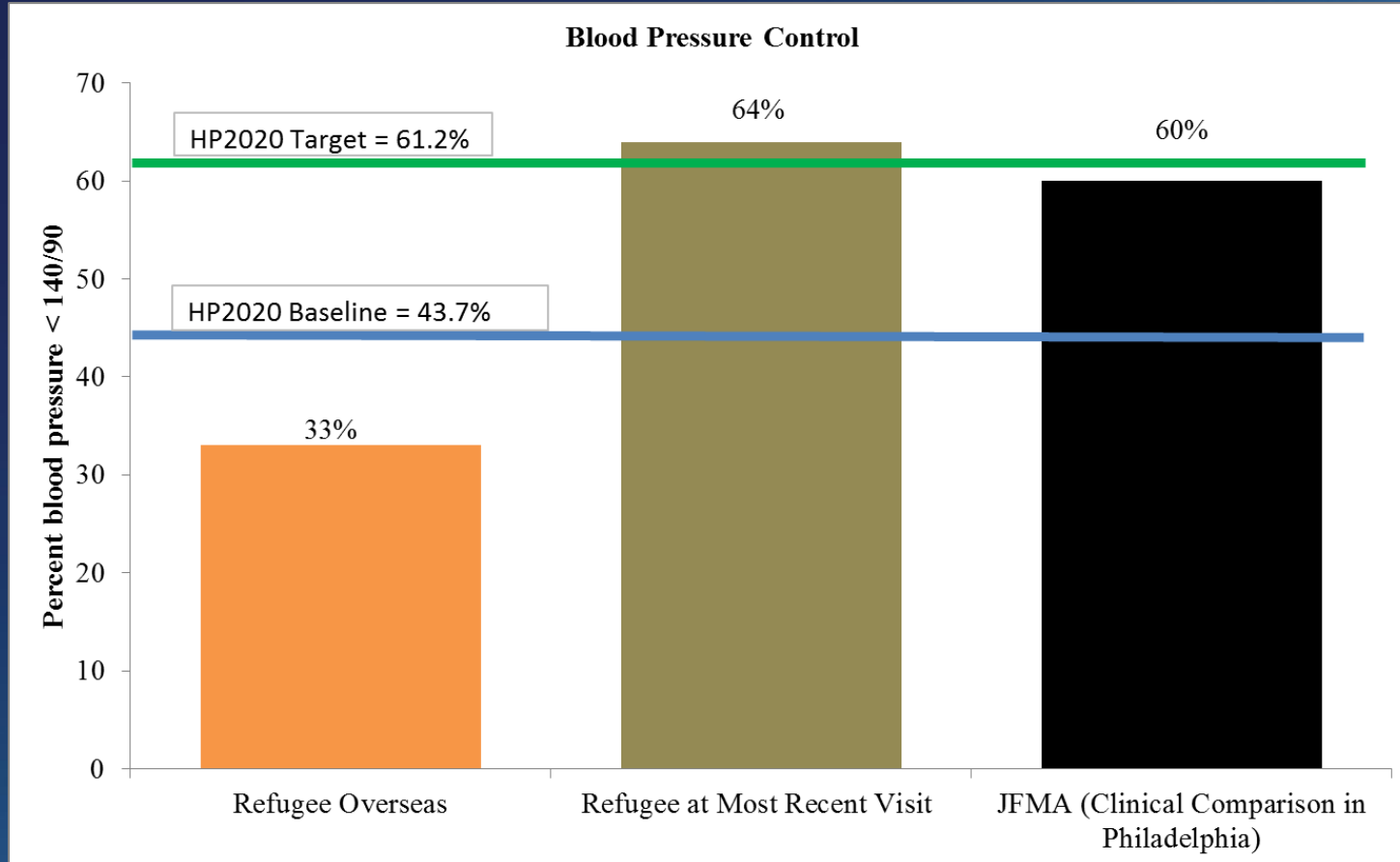
- Target = 79.0%
- Baseline = 68.1%

Clinical Outcomes: Hypertension Management

Hypertension (n = 149)

- 55% diagnosed abroad
- 45% diagnosed at clinic

Clinical Outcomes: Hypertension Management



Combined Resettlement and Clinical Outcomes

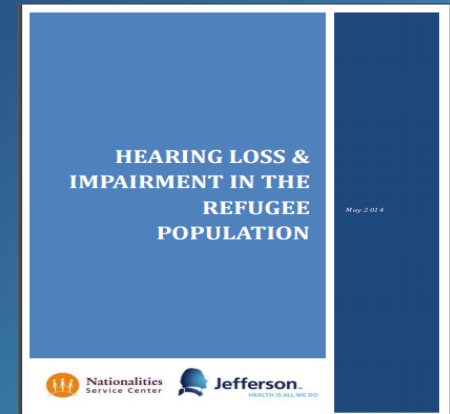
Number of Days Until Mean (SD) [n]	Adults Diagnosed With Chronic Conditions	Adults Without Chronic Conditions	Association Between Chronic Conditions and Number of Days (r)	Association Between Number of Chronic Conditions and Number of Days (r)
Employment (Adults in Employment Program)	70.00 (39.98) [n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

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

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

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References

1. *DiVito, B., Payton, C., Shanfeld, G., Altshuler, M., & Scott, K. (2016). A Collaborative Approach to Promoting Continuing Care for Refugees: Philadelphia's Strategies and Lessons Learned. Harvard Public Health Review, 7.*
2. Healthy People 2020.
https://www.healthypeople.gov/node/4555/data_details

Questions?

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