Health Conditions Affecting the Refugee Population Resettled in Kentucky
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ABSTRACT

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 might 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-American, Shawnee Christian Healthcare Center, Home of the Innocents, University of Louisville 500 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-ethnic/religious 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

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. Among the adult refugees, 14% had a positive TSpot test, and 20% tested positive for parasites.

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.