Global Health Center: Do we need guidelines specific for the management of health conditions refugees resettling in Jefferson County?
Luisa Villatoro, Salwa Rashid, Kuldeep Ghosh, Rebecca Ford, Ruth Carrico, Anupama Raghuram, Julio Ramirez, Rahel Bosson
Division of Infectious Diseases, School of Medicine, University of Louisville

ABSTRACT

Background: The CDC has developed guidelines for the management of health conditions for refugees arriving in the US. These guidelines are necessary due to the need to address existing medical, psychological, social, and cultural determinants of health. It is unclear if guidelines should address general refugee needs as a whole or if guidelines should be refugee population-specific.

Methodology: A secondary data analysis from the Newly Arriving Refugee Surveillance System database was done for refugees arriving into Jefferson County between January-December 2014. The following medical conditions were reviewed: hypertension, obesity, cardiovascular risk factors, mental health, parasites and tuberculosis.

Results: A total of 2141 adult and pediatric refugees had Refugee Health Screening in Kentucky between January-December 2014.

- Figure 1 shows the number of refugees arriving in Kentucky by the top countries of nationality. The top 3 countries were Cuba, Iraq and Burma/Myanmar.
- Figure 2 shows the top 5 health conditions by top 5 countries of nationality. The top 5 health conditions identified in the different population groups was not same.
- Figure 3 shows Iraq had the highest proportion of patients with obesity (38%) followed by Cuba with 24%. Afghanistan had 46% of refugees who were overweight.
- Figure 4 shows cholesterol results by nationality. Refugees from Iraq had the highest proportion of patients with high cholesterol at 18% followed by Burma at 17% and Cuba at 15%. Refugees from Afghanistan had the highest proportion of desirable cholesterol at 67%.
- Figure 5 shows mental health screening results by country of nationality. Iraq, Afghanistan and DRC were the top 3 countries that screened positive for mental health issues.
- Figure 6 shows T-SPOTTB/QFT results by nationality. Somalia, Bhutan/Nepal and DRC were the top countries with refugees exposed to tuberculosis infection.

Conclusion: This study indicates that medical conditions are common among refugees but they may be population-specific. Development of guidelines for management that are evidence-based are important, but single guidelines for all refugee populations may not be able to address their individual needs. Based upon this project, we intend to develop population specific and culturally competent guidelines addressing common health conditions of refugees.

INTRODUCTION

- The United States is one of the countries that provides refuge for refugees and asylum seekers through various resettlement agencies. Kentucky has 3 local voluntary resettlement agencies.
- In Kentucky, Refugee Health Assessments are conducted at 5 clinics. Three of the five clinics are in Louisville (Family Health Centers-Amerciana, Home of the Innocents and the University of Louisville Global Health Center).
- Language and cultural differences, along with lack of familiarity a new health care system, can impair access to appropriate health care services.
- The health risks of refugees vary greatly depending on exposures, trauma from war, access to health care, and certain environmental living conditions.
- Few guidelines have been developed that address population specific diseases and health conditions of refugees.
- The objective of this study was to evaluate health conditions among newly arriving refugees to see if specific guidelines are necessary.

MATERIALS AND METHODS

A secondary data analysis of the Newly Arriving Refugee Surveillance System database was conducted for refugees arriving into Jefferson County between January-December 2014. The following medical conditions were reviewed: hypertension, obesity, cardiovascular risk factors, mental health, parasites and tuberculosis. Data analysis was done using Tableau.

REFERENCES

1. University of Louisville, School of Medicine, Division of infectious Diseases. April 2015. Kentucky Refugee Health Assessment Report 2014.