

#### October 2015

Interested in collaboration or have questions about the data? Please contact:

#### Kevin Scott, MD

Kevin.Scott@jefferson.edu Cell: (617) 233-4269

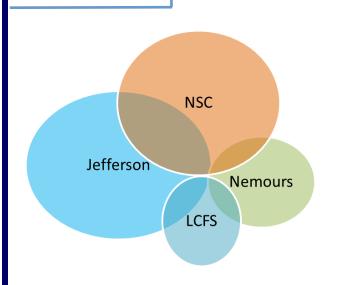
#### Colleen Payton, MPH, CHES

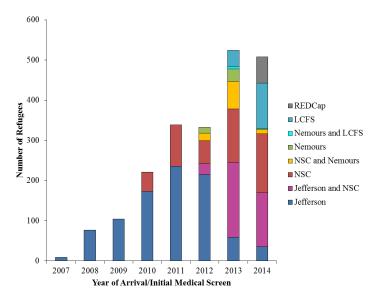
Colleen.Payton@jefferson.edu Work: (215) 955-2621

# Philadelphia Refugee Health Collaborative Data Breakdown (N = 2,050)

- Jefferson = 1,256
- Nemours = 345
- NSC = 742
- LCFS = 161

- Merged Data = 454
- Not Merged = 1,596
  - Clinical = 1,147
  - Resettlement = 449

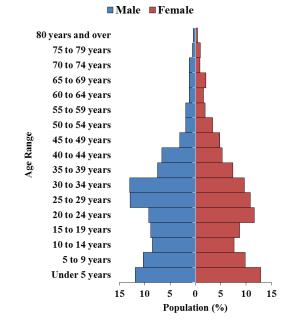




# **Demographics**

Country of Origin N = 2,050	Frequency	(%)
Bhutan/Nepal	602	(29)
Iraq	601	(29)
Myanmar/Burma	323	(16)
Democratic Republic of Congo	106	(5)
Eritrea/Ethiopia	97	(5)
Other*	321	(16)

#### Population Pyramid



## Time to Medical Screening, School Enrollment, Employment, and Health Insurance

Number of Days	Country of Origin			Age Range (years)			Adults Diag- nosed With
Until Mean (SD) [ <i>n</i> ]	Iraq	Bhutan/ Nepal	Myanmar	Pediatric <18	Adult 18-64	Geriatric >65	Chronic Conditions
Initial Medical Screen	40.62 (43.81) $[n = 501]$	28.97 (58.23) [ $n = 521$ ]	26.45 (25.51) $[n = 265]$	31.81 (57.40) $[n = 619]$	37.86 (62.28) $[n = 995]$	23.02 (11.82) $[n = 60]$	22.32 (9.84) $[n = 138]$
School Enrollment (Children)	37.61 (18.59) [n = 62]	36.16 (19.27) [n = 55]	31.95 (10.79) [n = 19]	34.51 (20.10) $[n = 184]$	-	-	-
Employment (Adults in Employ- ment Program)	80.16 (38.34) [n = 19]	58.58 (29.02) [n = 55]	56.66 (19.51) [n = 35]	-	65.83 (29.68) [n = 152]	-	72.97 (41.47) [n = 33]
Health Insurance	7.57 (13.31) $[n = 294]$	3.76 (3.82) [n = 219]	5.46 (13.27) $[n = 103]$	7.51 (12.22) $[n = 314]$	6.04 (18.75) $[n = 530]$	3.81 (3.46) [ $n = 31$ ]	3.43 (2.52) [n = 138]

## Benefits to Direct Access to EDN: Tracking October 2014 — October 2015

Improved capacity to provide appropriate medical care

#### Vaccinations for 1/3 of refugees

- Avoid duplication of vaccines
- Reduced risk of side effects
- Decreased time to full vaccination
- Decreased number of visits required
- Decreased delay in entering school/work

### **Empiric treatment for 2/3 of refugees**

- Improving capacity of providers to evaluate eosinophilia and gastro-intestinal symptoms
- Additional potential saving for others sites: Reduction in need for stool ova and parasite testing and patient education, urinanalysis, and potentially duplicative treatment

## Resettlement agency time

• Reduction of 3% FTE for a single resettlement agency with 14 arrivals per week

