REFUGEES IN MILWAUKEE: Demographic and Health Related Characteristics Post Immediate Resettlement

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BACKGROUND
Since 2002, over 13,000 refugees have resettled in Wisconsin with more than two thirds of that population residing in the city of Milwaukee.

Refugee Resettlement Councils by City, 2012-2015

<table>
<thead>
<tr>
<th>City</th>
<th>Total</th>
<th>Milwaukee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dayton</td>
<td>582</td>
<td>22</td>
</tr>
<tr>
<td>Detroit</td>
<td>680</td>
<td>3</td>
</tr>
<tr>
<td>Dallas</td>
<td>791</td>
<td>2</td>
</tr>
<tr>
<td>Denver</td>
<td>102</td>
<td>3</td>
</tr>
<tr>
<td>Green Bay</td>
<td>98</td>
<td>2</td>
</tr>
<tr>
<td>Houston</td>
<td>95</td>
<td>2</td>
</tr>
<tr>
<td>Minneapolis</td>
<td>285</td>
<td>2</td>
</tr>
<tr>
<td>Nashville</td>
<td>106</td>
<td>2</td>
</tr>
<tr>
<td>New Orleans</td>
<td>34</td>
<td>1</td>
</tr>
<tr>
<td>Phoenix</td>
<td>323</td>
<td>1</td>
</tr>
<tr>
<td>Providence</td>
<td>263</td>
<td>1</td>
</tr>
<tr>
<td>Saint Paul</td>
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<td>1</td>
</tr>
<tr>
<td>Seattle</td>
<td>382</td>
<td>1</td>
</tr>
<tr>
<td>St. Louis</td>
<td>617</td>
<td>1</td>
</tr>
<tr>
<td>St. Paul</td>
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<tr>
<td>Washington</td>
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<td>1</td>
</tr>
<tr>
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<td>1</td>
</tr>
<tr>
<td>Vancouver</td>
<td>92</td>
<td>1</td>
</tr>
<tr>
<td>Virginia</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Washington, DC</td>
<td>126</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7,774</td>
<td></td>
</tr>
</tbody>
</table>

In comparison to other immigrants, refugees are more likely to resettled with significant preexisting medical problems and with their health often affected by traumatic events, discrimination, and limited access to public health services.

REFUGEE RESettlement FACTS

59% of refugees come from Burma/Myanmar

60% are aged 26 years or younger

40% are female

45% are under the age of 18

20% are minors

Due to poor health literacy, language/cultural barriers, and psychosocial circumstances, delivering healthcare to refugees can be challenging for both patients and their providers.

Currently, there is a limited number of studies on the unique healthcare needs of refugee patient populations beyond their initial health care screenings.

OBJECTIVE
This study aims to explore the demographic and health-related characteristics of refugee patients in the city of Milwaukee eight or more months after their initial refugee health screening.

METHODS
We conducted a retrospective chart review of 122 refugee patients at two Aurora Family Medicine Residency clinics. Of the initial 268 patients who underwent the initial refugee examination, 122 established care with a provider at one of the two studied primary care clinics at least 6 months after their initial screening examination. At least two independent investigators conducted the chart review on each patient. Discrepancies in the data entry were reconciled.

RESULTS

Country of Origin

Burma/Myanmar 47%

Iraq 10%

Saudi Arabia 3%

Somalia 3%

Korea 3%

Jordan 1%

Iraq 10%

Burma/Myanmar 47%

Mean Age: 26 years
Adults: 69%
Minor: 31%
Male: 54%
Female: 45%

Of the 37% who were of child-bearing age, 36% became pregnant after arrival in the U.S.

Languages Spoken

Burma/Rohingya 28%

Rohingya 11%

Chinese 1%

Thai 2%

Arabic 15%

孟加拉国 1%

Most refugees in Milwaukee come from Myanmar, which is ethnically diverse including groups such as Burmese, Rohingya, Karen, and Chin. These ethnic groups also comprise the majority coming from Malaysia.

DISEASE PREVALENCE

Obese

Overweight

Normal weight

Low weight

% of Prevalence

CONCLUSIONS
Refugees are racially, culturally, and linguistically diverse and it is important for healthcare providers to understand the psychosocial determinants of health specific to these populations.

Betel nut chewing, musculoskeletal complaints, poor dentition, anaemia and latent tuberculosis were some of the most prevalent health topics encountered.

Common conditions in western countries such as dyslipidemia, obesity and overweight are also prevalent among our studied refugee population.

The low prevalence of psychiatric conditions such as PTSD, depression and anxiety in the investigated population, when compared to literature published rates, raises concern for underreporting. Our low prevalence could be secondary to small sample size. It is crucial to equip healthcare providers with appropriate resources to diagnose and treat psychiatric conditions presented by refugee patients.

By identifying common healthcare issues and sociodemographic characteristics of refugee patients in Milwaukee, WI, this study hopes to foster a more streamlined and equitable approach towards improving the health of this vulnerable population.

Future directions
- Comparative analyses between demographic and health related characteristics found on initial health screenings and subsequent health care visits of established refugee patients in Milwaukee, WI.

REFERENCES