

Assessing the Health Needs of the Burmese and Bhutanese Refugees in South Philadelphia

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ABSTRACT

Background: While refugees initially receive government aid (eg, Refugee Medical Assistance) upon arrival to the US, they often have unresolved medical concerns that persist beyond their initial period of government assistance (8 Months). To address these unmet health needs, Refugee Health Partners at Thomas Jefferson University started a free clinic targeting refugees from Bhutan and Burma living in South Philadelphia. An important finding from this clinic was that many refugees do not utilize the health care system, regardless of insurance status. Consequently, it is not known what health and social issues are most prevalent.

Methods: We sought to address this lack of knowledge by conducting a qualitative health needs assessment of the Burmese and Bhutanese Refugee population in South Philadelphia. Furthermore, by obtaining a better understanding of the health needs of the populations, recommendations can be made to better serve the community. Health needs were assessed using Key Informant interviews with seven individuals, consisting of Pastors in the community, Refugee Resettlement Agency employees, and interpreters in the community. Interviews explored refugees' health views and beliefs, health care experiences, major health issues, and perceived barriers to health.

Results: Insurance, Language, Dental health and Health Care Navigation were identified as barriers to health. After the assessment, the following recommendations were made and executed: (1) more educational workshops were scheduled, (2) a community health worker program with key members of the community was started, and (3) dental screenings were incorporated into the free clinic. Additional needs assessment is planned to assess the impact of these recommendations.

INTRODUCTION

- In 2012, 453 Burmese and Bhutanese refugees were resettled in Philadelphia (65% of the total resettled refugee population in Philadelphia)¹
- In March 2012, Refugee Health Partners (a student run organization at Jefferson Medical College) established a once-a-month free clinic for this population.
- Many of these refugees were uninsured, and very little information is available on their health needs following the expiration of their initial 8 month federal insurance².
- This project was a qualitative needs assessment to assess the health needs of the Burmese and Bhutanese refugees in South Philadelphia, especially those who have lost their insurance.
- Key Informant interviews³ were the method of choice for this health needs assessment.



METHODS

- Initial information Gathering: Online and background research
- Interview Guide development
- Identification of Key Informants in the community and conduction of Key Informant Interviews
- Interview information compiled and assigned a theme: Health Views and Beliefs, Health Issues, Influences on health, Barriers to Accessing Health Care, and Education Ideas.
- Coding conference to identify recurring themes with advisor.

7 interviews conducted:

- 2 Resettlement Agencies Personnel
- 2 Migrant Education Personnel
- 3 Church Pastors

Sample Key Informant Interview Question Guide

Health Beliefs and Views

How do you think the Burmese Refugees regard health?

How do the Bhutanese regard health? Are there differences? *What do they consider good health?*

What aspects of health do you think are important to the Burmese refugees?

What aspects are important to the Bhutanese refugees?
E.g. dental health, regular checkups, eye care et cetera.

Health Issues

What do you think are the major health related concerns of the Bhutanese and Burmese refugees?

How satisfied do they seem with their health in the US?

What do you think influences the health and well being of the Burmese and Bhutanese?
Nutrition, physical activity, stress...

What would help the refugees to improve their health?

Health Care Experiences

How satisfied do they seem with the healthcare system in general?

What are some barriers that you think prevent the Burmese and Bhutanese from accessing healthcare? What are some ideas on resolving these barriers?

What are their main sources of healthcare? Why do they choose these sources?

What resources would be important for them to know of? *e.g. Health center locations, how to apply for medicaid et cetera.*

How do they feel about taking medications? How knowledgeable are they about refills?

Ways to Improve/Educate

What health related topics do you think are most pertinent to them? What is the best way to provide health education topics and materials?

Closing Questions

How do you think Center for Urban Health and Refugee Health Partners can better serve these populations?

What other information do you think we should know/be aware of relating to what we discussed today?

RESULTS

Themes:

Health Views and Beliefs	Health use predominantly for when sick; very little use or knowledge of preventive health.
Health Issues	Dental Care, Eye Care, Common Health Conditions like Vit B12 deficiency, diabetes, hypertension, et cetera.
Barriers to Accessing Health Care	Insurance, Language, Health Care Navigation, Time
Education Ideas	Workshops on important health topics, Community Health Workers
Influences on Health	Nutrition, Physical Activity, Stress, Alcohol, Smoking

Quotes:

- **Health:** "Health for them is traditionally if you can sleep well, eat well, look a bit fat, and walk." (Pastor, Burmese Church)
- **Education Ideas:** "Patience is needed with education. We need to educate as often as we can. They need to hear it again and again because they have no cultural background because many have spent their entire life in the Jungle." (Pastor, Burmese Church)
- **Nutrition:** "They do not have clear cut ideas on which foods are nutrient rich and which are not." (Refugee Resettlement Agency, Bhutanese).

RECOMMENDATIONS & IMPACT

- More educational workshops
- Community health worker program
- Dental screenings at clinic
- Interview people in the Community

REFERENCES

1. Demographics and Arrival Statistics. Pennsylvania Refugee Resettlement Program. <http://www.refugeesinpa.org/RefugeeResettlementProgram/Demographics.aspx> (Assessed June 2012)
2. Key Informant Interviews. UCLA Center for Health Policy Research. Health DATA Program.
3. Refugee Medical Assistance. Minnesota Department of Human Services (DHS) Health Care Programs Manual. July 2011.