

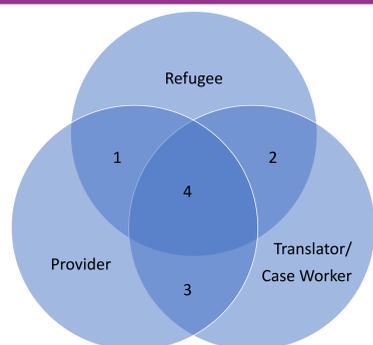
Health Behavior and Health Equity for Refugees

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Introduction

- **Refugee(s) – Person(s) who are unable or unwilling to return to their home country because of a well-founded fear of persecution due to race, religion, politics, or nationality.**
- Currently there are over three million refugees from over 70 countries who have sought asylum in the United States.
- Refugees have a high prevalence of chronic disease and mental disorder due to traumatic experiences and lack of health care in their countries-of-origin.
- Disparities in health care can be attributed to the cultural competency of providers, literacy and language proficiency of refugees, and numerous social determinants of health.
- Very little research has been conducted on the health behaviors of refugees, specifically regarding their sense of agency and self-efficacy.
- The International Rescue Committee (IRC) is one of nine resettlement agencies that helps to acclimate refugees and transition them into a stable life.
- The 2020 mission for this agency is “Client Voice, Client Choice,” yet a client-focused needs assessment has never been conducted.
- A robust evaluation of IRC clients and their health needs is essential to the success of this new mission.

Barriers to Care



- | | | | |
|---|--|---|--|
| Refugee
English proficiency
Acculturation
Access to resources
Mental health/trauma
Health literacy | Provider
Trauma-informed care
Clear communication
Empathy
Cultural competency | Translator/Case Worker
Compassion fatigue
Language proficiency
Cultural competency
High burnout
Lack of resources | |
| Area 1
Understanding of plan, diagnostics, and referrals
Cultural expectations
Difference in agenda
Past medical experience
Expectations of roles | Area 2
Autonomy vs support
Education level
Preheld perceptions
Diversity of culture
Expectations of roles
Professionalism | Area 3
Varying cultural sensitivity and competency
Expectations of roles
Professionalism
Lack of trust
Lack of time | Area 4
Language/communication
Impact of trust/rapport
Time constraints
Frustration with interpretation
Understanding of refugee resettlement process |

Methods

Multi-Level Quality Improvement Project

Chart Review

- Clients enrolled in Intensive Case Management
- Evaluation of ICM Intake Assessment Risk Domains and Vulnerabilities

Client-Focused Needs Assessment

- Adult clients from four countries
- Clients served between October 2017 and November 2019
- Phone survey based on constructs of Health Belief Model and Social Ecological Model
- Thirty-five questions within seven areas of service
- Translation provided by Certified Languages International

Educational Handouts

- Focused on areas of health care that often require direct assistance

Areas of Service and Question Examples

Cultural Beliefs
 The community around me makes health a priority
 Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

Confidence in Providers
 I feel like my doctor understands my culture
 Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

Confidence in Self-Efficacy
 I feel confident scheduling appointments
 Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

Ability to Advocate for Self
 I ask for an interpreter when I need one
 Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

Barriers
 I can transport myself to my appointments
 Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

Priorities
 Staying healthy is important to me
 Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

Compliance
 I always take my prescribed medications
 Strongly Disagree - Disagree - Neutral - Agree - Strongly Agree

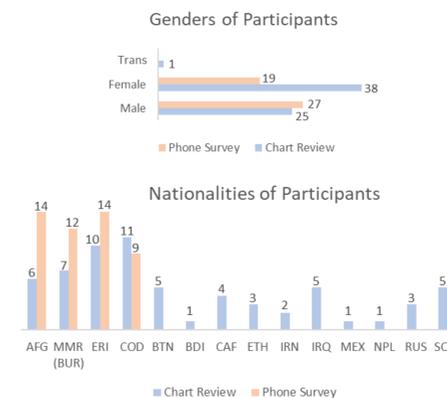
Results

Chart Review

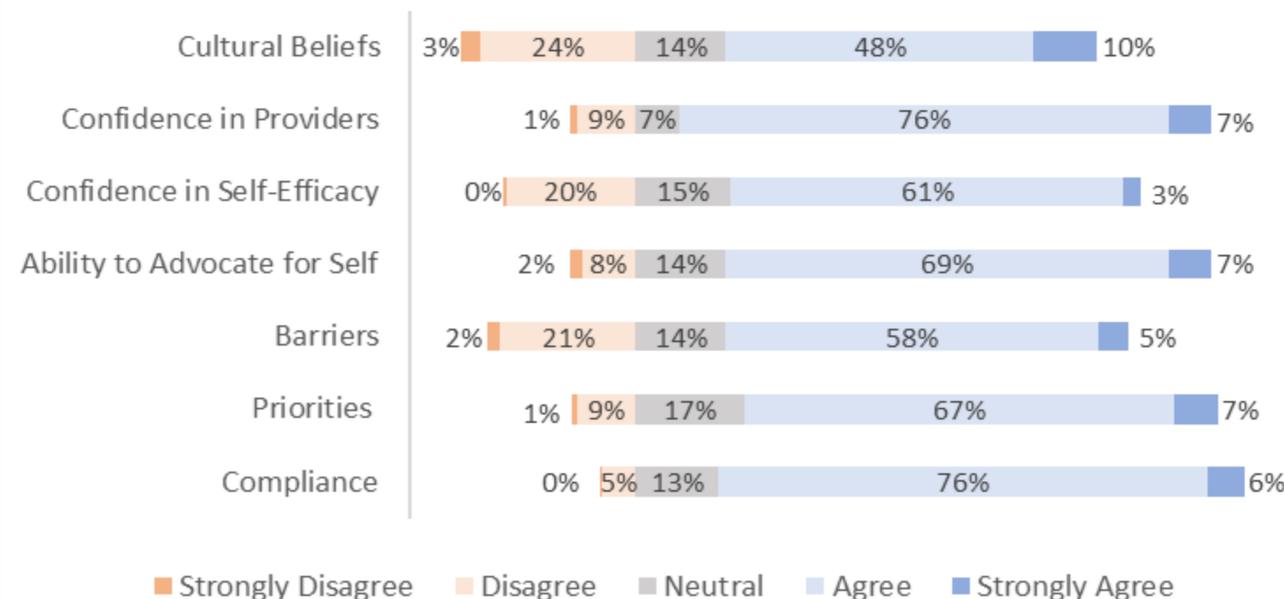
- 64 charts reviewed
- 11 client-requested areas of service
- 78% reported presence of good support system
- Majority presented with health conditions and need for education

Phone Survey

- 46 participants out of 284 clients called
- 100% of participants considered health to be a priority
- 93% reported having a supportive family present
- 25% of participants did not believe they could correct their doctor
- 89% of participants felt their culture was understood
- 90% reported good provider-patient communication



Seven Areas of Service for IRC Clients



Conclusion

- The majority of participants had a strong desire to learn about the United States health care system and stay healthy. This intrinsic motivation shows that health education is likely to be successful amongst this population.
- Cultural competency of providers has frequently been discussed as a barrier to care for refugees, but this small sample reported positive experiences.
- A major area for improvement within the IRC will be continued education on the rights and roles of patients versus providers.
- Limitations included: the accuracy of translation; a small sample size; and narrow representation of the nationalities served by the IRC.
- The IRC is continuing to follow-up with past clients about their experiences, further informing future policies and programs that will better serve their clients.
- Clients showed high levels of resilience and exceeded expectations in their willingness to participate in the survey. Future surveys will consider delving into more areas of service that clients need assistance with.

Key References

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