1-18-2017

Understanding Refugees' Perspectives on Health Care

Khaled H. Al Tawil
University of Vermont, School of Medicine

Nathan L. Centybear
University of Vermont

Julia Lane Cowenhoven
University of Vermont

Emily Kinn
University of Vermont

Joseph J. Lahey
The University of Vermont

See next page for additional authors

Follow this and additional works at: https://scholarworks.uvm.edu/comphp_gallery

Part of the Community Health and Preventive Medicine Commons, and the Health Services Research Commons

Recommended Citation

Al Tawil, Khaled H.; Centybear, Nathan L.; Cowenhoven, Julia Lane; Kinn, Emily; Lahey, Joseph J.; Manigrasso, Jayne; Mendes, Chantal; and Friedman, Martha, "Understanding Refugees' Perspectives on Health Care" (2017). Public Health Projects, 2008-present. 242.
https://scholarworks.uvm.edu/comphp_gallery/242

This Book is brought to you for free and open access by the Public Health Projects, University of Vermont College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Public Health Projects, 2008-present by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Understanding Refugees’ Perspectives on Health Care

Khaled Al Tawil1, Nathan Centybear1, Julia Cowenhoven1, Emily Kinn1, Joseph Lahey1, Jayne Manigrasso1, Chantal Mendes1, Martha Friedman MPH2, Shaden Eldakar-Hein MD3

The Robert Larner, M.D. College of Medicine1, Vermont Department of Health2, University of Vermont Medical Center3

Background

- Burlington, Vermont accepts refugees from all over the world including Bhutan, Burma, Somalia, Iraq, and the Democratic Republic of the Congo.1
- Refugees face unique barriers to accessing health care due to language, culture and financial challenges.2
- Research suggests that cultural beliefs about health care can affect refugees’ ability or willingness to seek appropriate medical care.3
- Attempting to understand how refugees view the health care system in the United States may offer insight into how to better provide them with the information they need to access health care.

Objectives

- To learn about refugees’ perspectives concerning the U.S. healthcare system.
- To examine the efficacy of education provided to incoming refugees by the medical case manager and the refugee health orientation presentation at the Community Health Center of Burlington.
- To assess refugees’ use of the U.S. health care system services.

Methods

- Our team developed a survey that included a combination of multiple choice and open-ended questions.
- Surveys were administered at several locations including the Community Health Center of Burlington, the Infectious Disease Clinic at the University of Vermont Medical Center (UVMMC), the Islamic Society of Vermont, and refugees’ homes.
- In-person and telephonic interpreters were used to communicate with people with limited English proficiency.
- Data from the surveys were recorded in hardcopy and then transferred to Excel.
- Responses were compiled into pie charts, graphs, and direct quotes depicting the most relevant findings.

Results

- Findings suggest that refugees who have been in the U.S. for longer than one year access health care resources differently from more recent arrivals.
- Most respondents expect health care providers to diagnose and treat their immediate symptoms rather than provide preventive care.
- Regardless of time spent in the U.S., respondents were unlikely to seek preventive care.
- Refugees who have been in the U.S. longer than 1 year were less likely to seek out emergency services for acute symptoms, suggesting the effectiveness of the current education about services for acute symptoms.
- We suggest that the most important area for improvement may be increased education for refugees about the importance of and need for preventive care.

Limitations

- Our limitations included difficulty making contact with refugee populations, limited accessibility of interpreters, and the presence of language barriers.
- Some respondents did not answer all survey questions.
- No statistically significant results were obtained due to low sample size.

References