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Assessing Barriers to Health Care Access for New Americans

Dylon Gookin
UVM Larner College of Medicine

Megan Kawasaki
UVM Larner College of Medicine


Isabelle Mason
UVM Larner College of Medicine

Cole Shapiro
UVM Larner College of Medicine

Patricia Wang
UVM Larner College of Medicine

See next page for additional authors

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Authors

Dylon Gookin, Megan Kawasaki, Isabelle Mason, Cole Shapiro, Patricia Wang, Caleb Watkins, Molly Moore,
and Taylor Puckhaber

INTRODUCTION

As of 2014, Burlington has become home to over 6,300 refugees from Bosnia, Nepal, Burundi, DR Congo, Rwanda, Somalia, and Sudan, each bringing with them a myriad of health issues and having to navigate a new healthcare system.¹

Previous studies have shown that a major challenge for new Americans going through the health care system is the language barrier. This includes differences in spoken language, difficulties understanding written materials, and problems with the use of interpreters.²

Cultural perceptions of medical assessments and treatments can shape health perspectives amongst new Americans and affect their utilization of healthcare.³ For example, individuals may be unaware of the concept of screening or diagnostic testing, which prevents them from receiving adequate and appropriate care.⁴ Further, unfamiliarity with medical terminology and concepts often makes new Americans reluctant to be assertive or to ask questions when seeing a doctor.⁵ Other challenges include understanding Medicaid policy, transportation difficulties, and limited primary care options.⁶

The objective of this study is to assess refugees' perspectives on the U.S. health care system and on what they consider to be barriers to utilizing health care services.

METHODS

- **One focus group** was conducted with **eight residents** of the Franklin Square Apartments in October 2017.
- Six of the participants spoke only **Mai Mai**, one only **Swahili**, and one was fluent in **English**. Translations were provided by the apartment complex's resident manager.
- **Open-ended questions** sought new Americans' experiences of accessing different forms of health care, including dentists and primary care physicians for well-child check-ups, and their barriers to receiving said care.
- **Demographic questions** assessed the size of each household and the number of children in each.

RESULTS

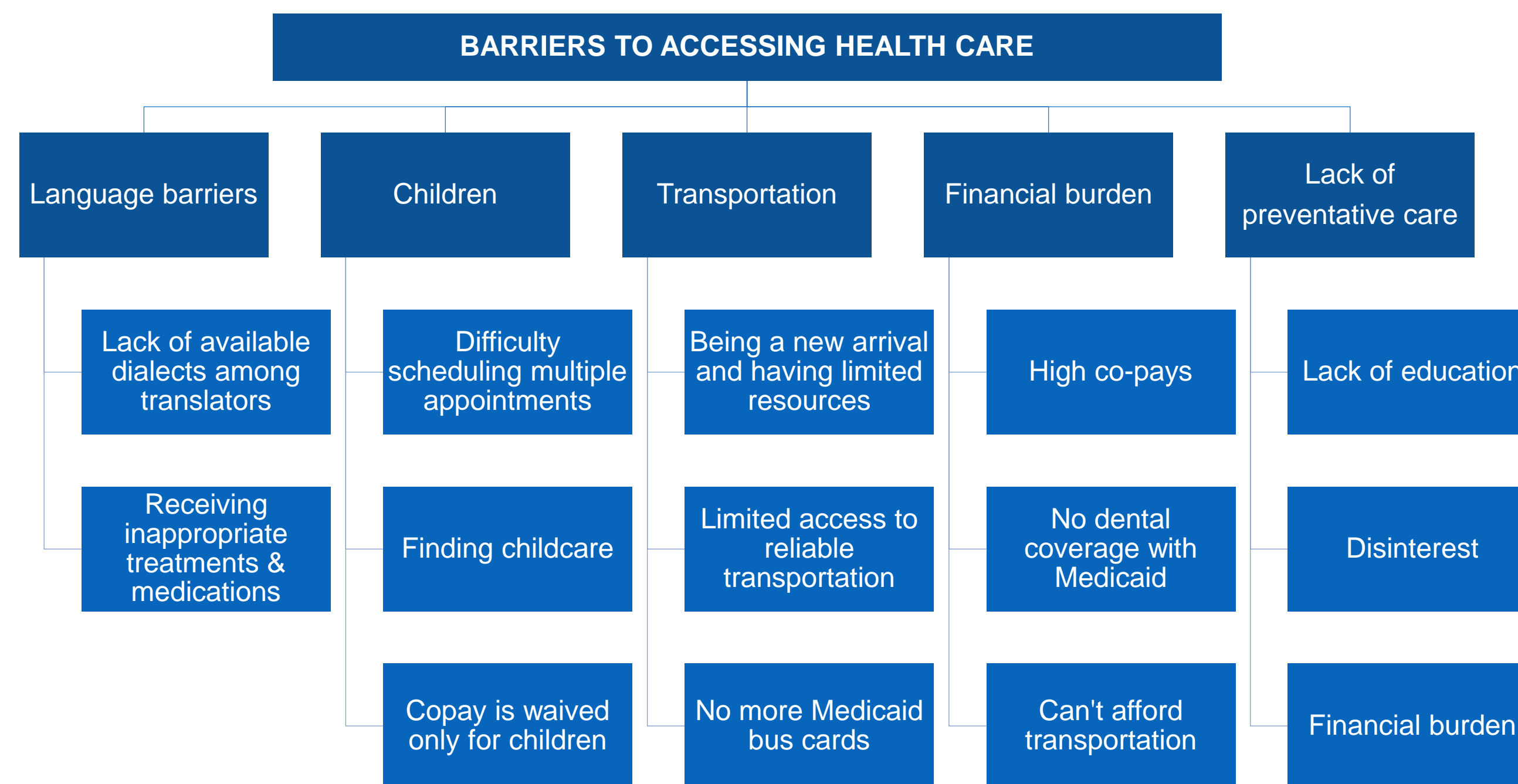


Figure 1. Our focus group identified five major themes that contributed to barriers to healthcare access in the Vermont refugee population: language barriers, having children, transportation barriers, financial barriers, and a lack of preventative care. Additionally, we determined multiple common subthemes within each category.

RESPONDENT PERSPECTIVES

"Fixing my cavity would have cost \$900, so I took my own tooth out."

"If you don't have anyone to babysit for you, then you'll miss your appointment."

"I received the wrong medication for my stomach illness because the interpreter did not understand my dialect. Translators should be honest if they do not speak your dialect."

"I can't afford the prescriptions that Medicaid doesn't cover."

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DISCUSSION

Of the five themes identified (language barriers, children, transportation, financial burdens, and a lack of preventative care), the issue of **finances** elicited the most discussion among our sample group. Participants offered numerous examples of an inability to afford crucial medications, regular primary care checkups, dental work, and transportation. Overall, our results indicate that new Americans in Burlington are not receiving consistent or adequate care.

Experiences shared within the focus group corroborate barriers previously determined by studies of refugees' access to health care.^{1,6} Concerns and problems faced by new Americans in Burlington are comparable to health care-related difficulties faced by refugees throughout the U.S.

We recognize that there are limitations to our study, particularly the small sample size of our focus group and our reliance on a translator to interview participants. Future directions might involve recruiting more individuals and families to discussion groups, as well as more robust translation services.

SUGGESTIONS

- Connect new Americans and their families with case workers who can provide consistent, long-term follow-up to ensure they are able to access crucial resources when necessary, e.g., health care.
- Provide vouchers for buses or cabs to make transportation more affordable.
- Identify and correct dialect deficiencies in phone translator services.
- Educate and encourage use of free dental clinics.
- Institute a sliding scale copay system for low-income Medicaid recipients.
- Increase education about preventative care.