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# Understanding Refugees' Perspectives on Health Care

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# Understanding Refugees' Perspectives on Health Care

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## Background

- Burlington, Vermont accepts refugees from all over the world including Bhutan, Burma, Somalia, Iraq, and the Democratic Republic of the Congo.<sup>1</sup>
- Refugees face unique barriers to accessing health care due to language, culture and financial challenges.<sup>2</sup>
- Research suggests that cultural beliefs about health care can affect refugees' ability or willingness to seek appropriate medical care.<sup>3</sup>
- 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.

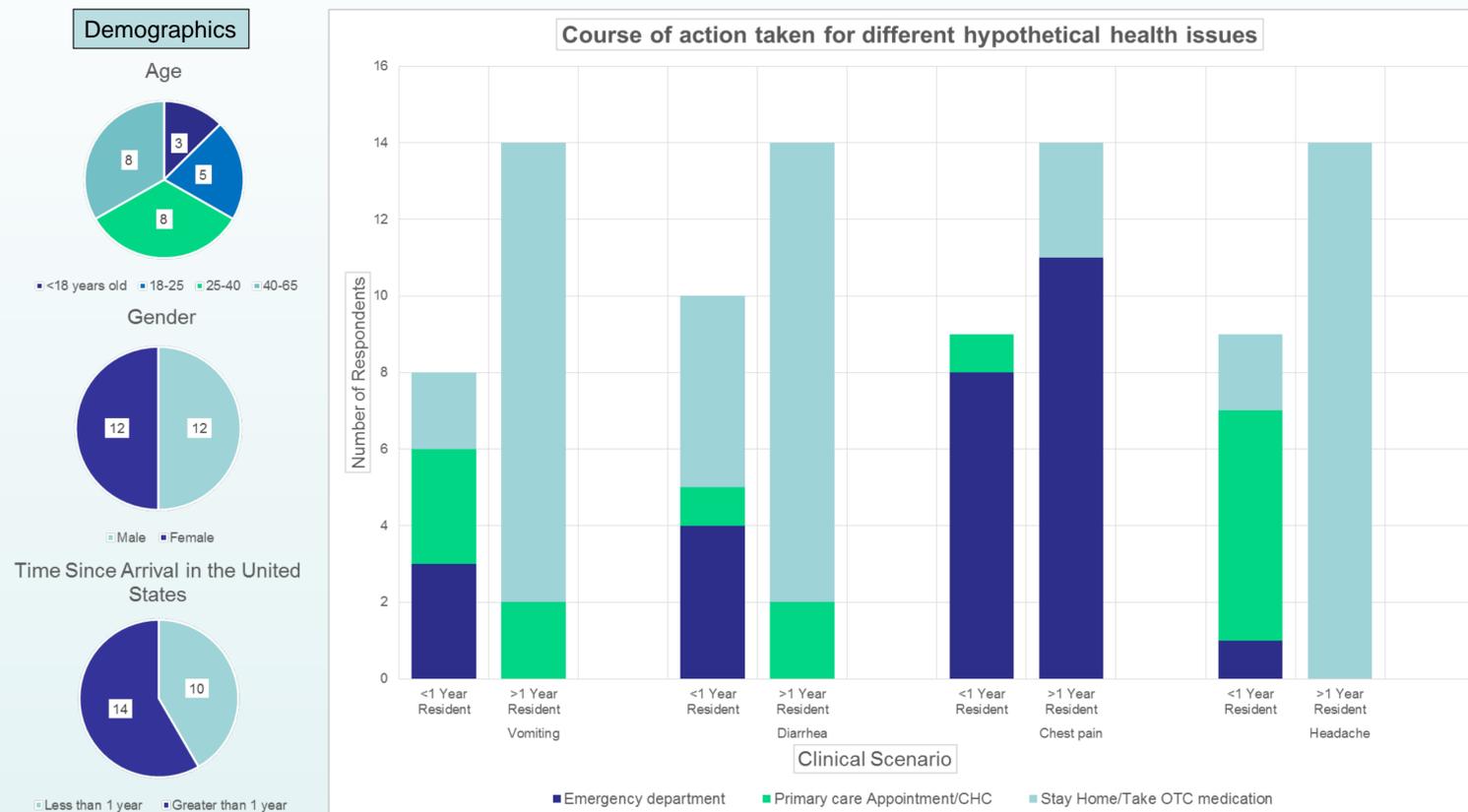
## Objectives

- 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 (UVMCC), 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



<http://refugees.org/field-office/vermont/>

## Discussion

- 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

- Restoring What's Been Lost. U.S. Committee for Refugees and Immigrants. Retrieved from <http://refugees.org/explore-the-issues/refugees-facts/>
- Asgary, R. (n.d.). Project MUSE - Barriers to Health Care Access among Refugee Asylum Seekers. Retrieved September 06, 2016, from <https://muse.jhu.edu/article/430668/summary>
- Pavlish, C. L. (n.d.). Somali immigrant women and the American health care system: Discordant beliefs, divergent expectations, and silent worries. Retrieved September 06, 2016, from <http://www.sciencedirect.com/science/article/pii/S0277953610003199>

## Open-Ended Responses

Responses to questions about attending well visits



<http://refugees.org/field-office/vermont/>

Expectations of health care providers

