

Exploring the Healthcare Experience of Eritrean Refugees Living in Midwestern U.S.

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Abstract

Background

- Eritrea has been one of the top ten countries from which the U.S. receives refugees since 2015, and according to the U.S. Census Bureau, there were an estimated 43,010 Eritrean-born people living in the U.S. as of 2016.
- Often coming from refugee camps, Eritrean refugees typically arrive with pre-existing medical conditions, and a limited understanding of their overall health.

Methods:

- Cross-sectional descriptive, qualitative study with in-depth interviews through a semi-structured question guide.
- Six Eritrean refugees, one female and five males aged 21 and older, who have lived in America for at least five years were interviewed for this study.
- All the participants have also completed at least some college

Results/Themes

- When given access, eager to engage in preventive care
- Highly attuned to undertone of healthcare facility and providers
- Health seeking behavior is influenced by barriers to healthcare.

Implications:

- Findings will contribute to the limited research about this population.
- Will help healthcare providers gain insights into the needs of this specific group as expressed by healthcare seekers themselves and allow for culturally competent care to be provided.

Purpose/Aims

- Investigate the healthcare perspectives of a well-defined demographic of refugees: Eritrean Refugees living in Chicago and Michigan.
- Research focusing on this population is almost non-existent
- Find out Eritrean refugees' experiences with healthcare in the U.S., and how that impacts the way they perceive and use the services that are available to them.
- Compare the findings of this research to the available research on Eritreans who are not refugees as well as the general refugee population in the United States

Key Terms

Cultural Competence: "to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups"

Patient-Centered Care: "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions"

Methods

RECRUITMENT METHOD:

- Social Networks
- Phone calls
- Flyer shared on social media
- Snowball method

DATA COLLECTION:

- Semi-structured in depth one-on-one interview
- 6 participants
- Observational descriptive study
- Audio recording

SAMPLING CHARACTERISTICS

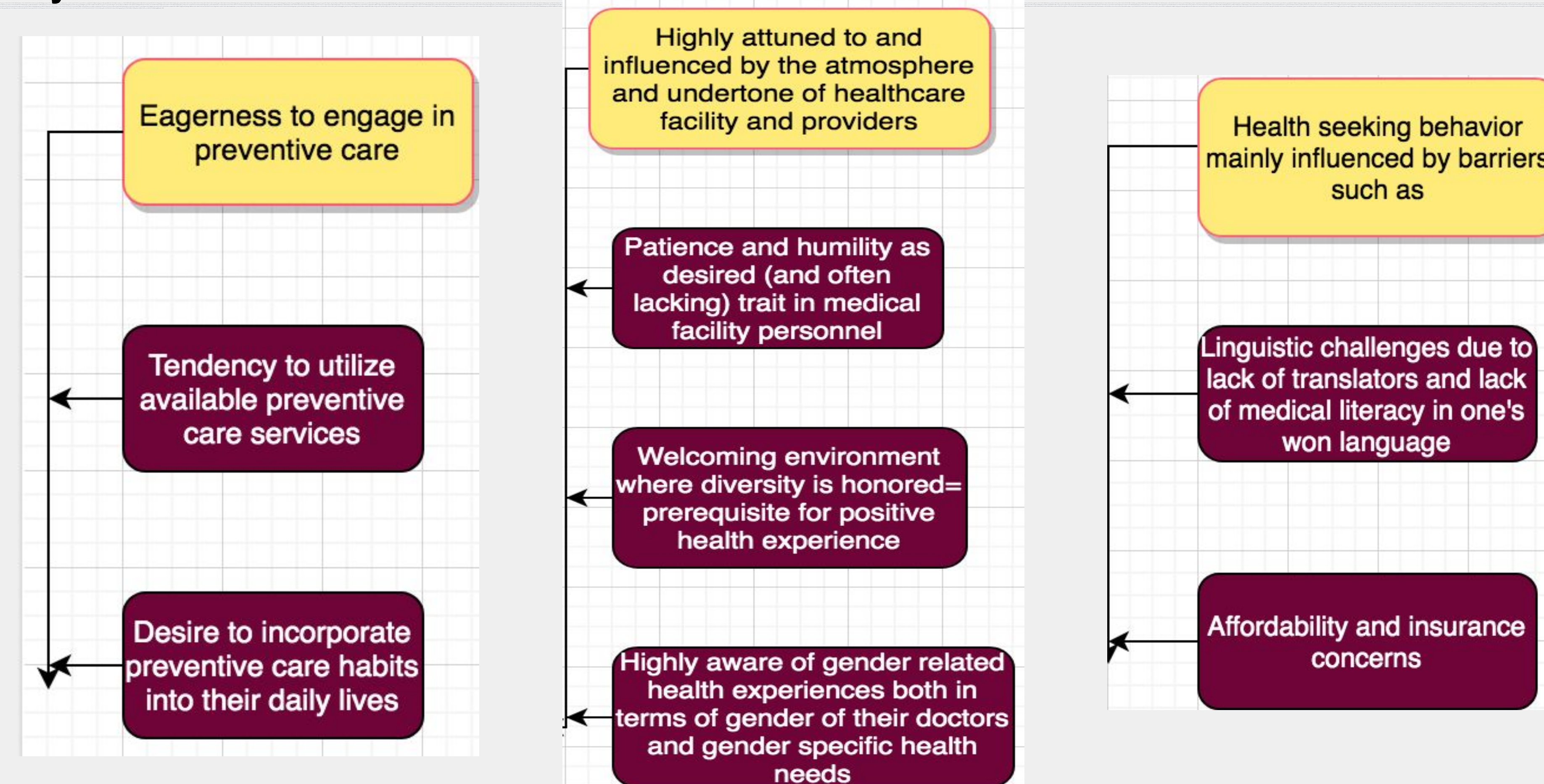
- 21 or older
- Eritrean refugees living in Midwestern U.S
- Interaction with U.S healthcare
- Speak adequate English

DATA ANALYSIS:

- Transcribed verbatim and identification of participants removed
- Coding after transcribing
- Repeating ideas into categories and sub-themes will be created

Results

Analysis: Themes and Sub Themes:



Sample Quotes:

Sample 1

"the lack of medical translators for the Saho-speaking people or community in America...Most of the time, when the Saho speaking patients could not find Saho speaking translators, they are obliged to find translators in other languages that they barely understand. So that means they can't convey their concerns or their feelings to the doctor as needed"

Sample 2

"be humble and welcoming -- that's it. That is the only thing they can do...so if you go to a doctor's office and just because you are a refugee or the way you dress is different or the way you look is different, and if she [the healthcare professional] is looking at you and staring at you in a different way, then the gesture is going to tell you that you are not going to be welcomed in that area. However, if she is like a welcoming customer service [provider], you feel like you are at home"

Sample 3

"I was doing a full physical checkup and the provider literally had me stripped down to check me... and it made me uncomfortable...Just assess my background... know what I want before you even go and assess my body..."

Limitations

- Sample size (6 participants) and limited perspective of female participants as there was only one female, younger participants
- All participants have college level education- experienced cannot be generalized even though many made references to the experiences of their family members as well as themselves
- Sample skewed towards younger participants who were somewhat educated and this was a consequence of the need to conduct interviews in English

Discussion and Conclusion

Similar to existing research

- Miscommunication with providers, confusion regarding what services insurance covers
- Superiority of U.S healthcare compared to care back home
- When accessible, utilize preventive care services

Unique Aspects of Eritrean Experience with U.S healthcare

- Obstacle of finding medical interpreters who speak little spoken tribal language
- Experience colored not only by practical considerations of language and finance but also subtle aspects of healthcare
- Implicit trust the knowledge and expertise of healthcare providers and staff in the U.S
- Do not expect providers to know about their culture or background but expressed preference for those that seemed humble and welcoming

Implications of Findings

- Providers should be aware of their verbal and nonverbal cues when caring for these patients
- Eritreans are receptive to the healthcare field promotion of preventive care so should continue with this population
- Utilizing universally adopted simple English vocab for medical providers that could be translated more easily to each tribal language

Areas for future research

- More research should be done on healthcare experiences of ethnic groups who speak rare languages and have no access to interpreters outside of untrained children or family
- Mental health of Eritrean Refugees

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