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# Identifying barriers to care in the Burmese and Bhutanese refugee populations of Burlington, Vermont

Results Transportation barriers

both populations.

for directions difficult

referrals difficult to navigate.

Prescription medications

The US health care system

insurance (VHAP).

the CHCB and FAHC.

Patient/provider relationship

· Most trusted their doctor

Medicaid)

medicine.

Appointment barriers

The expiration of the bus pass at 8 months frustrated and confused

Difficulty finding appointments and language barriers made asking

· Lack of translation services made scheduling appointments difficult

· Lack of patient support at Fletcher Allen Health Care (FAHC) made

Some had lost insurance after the 8 month period and many feared

coverage, paying bills (including copays), and did not understand the

Many Bhutanese were unaware of Vermont's low-income medical

Most were unaware of insurance-assistance programs offered by

Communication barrier limited understanding of medical information.

Many Burmese would not tell their doctor if they used traditional

· Burmese refugees had problems understanding prescription

losing insurance (getting a job without insurance and losing

· Both populations expressed difficulty understanding insurance

transition process from their initial insurance program

and resulted in some missed appointments.

instructions, while Bhutanese did not.

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### Introduction

Many refugees who escape persecution in their own country have trouble navigating and accessing the American health care system<sup>1</sup>. Language barriers often impair effective communication, while financial challenges can be prohibitive after the eight-month government insurance subsidy for new refugees expires<sup>2</sup>. In addition, many refugees do not understand the concept of chronic disease, which is a concern considering the overall rise in hypertension (HTN) and type-two diabetes mellitus (T2DM) in the US population<sup>3</sup>.

Understanding how refugees access health care, and how well they understand chronic disease, is essential for organizations providing medical care for these populations. Little is known about how the Burmese and Bhutanese refugees experience the Vermont health care system, nor how well they understand chronic diseases such as HTN and T2DM. To address these limitations, we conducted focus aroups with these two Vermont refugee populations at the Community Health Center of Burlington, Vermont (CHCB).

### **Background on Study Population**

• Of the 2.6 million refugees that have resettled in the US since 1975 more than 5,000 have resettled in Vermont Included in this population are 42 Burmese and 131 Bhutanese who began to arrive in 2006 and 2007 respectively<sup>4,5,6</sup> (fig. 1)



Figure 2.

Burmese.

immigrant and



"Everything is better here, but the language is a problem."

-Bhutanese community member (referring to the US healthcare system)

### **Methods**

· Focus groups were organized by community members who provided translation. They were conducted at the CHCB. lasted two hours, and were transcribed and moderated by members of our group.

- · Demographic information was collected from Burmese and Bhutanese participants (Fig. 3).
- Questions were standardized between the two groups and previously reviewed by translators.
- · The questions assessed 1) transportation barriers to accessing healthcare: understanding of 2) appointments/referrals, 3) prescription medication, 4) the US healthcare system, 5) the patient/provider relationship: and knowledge of 6) HTN and 7) T2DM.
- · Research was conducted with approval of the UVM Committees on Human Research and with informed consent and photograph permission of all participants.
- · Transcriptions of the focus groups were used to develop recommendations for the CHCB.

	Burmese	Bhutanese
Focus group size (% of Vermont population)	7 (6)	9 (3)
Age (range)	34.7 (17-65)	46.9 (29-59)
Chronic disease (%)	14.3	33.3
Hypertension (%)	0	0
Type-two diabetes mellitus (%)	14.3	11.1
Health insurance (%)	100	100
Employed (%)	14.3	0

Figure 4.

Burmese and Bhutanese community members during the focus group session



Figure 5. Second year medical student Rebecca facilitating the Burmese

- representative of population.
- · Additionally, with the use of interpreters some information may have been lost.

### **Discussion/Recommendations**

- · Lengthening the time of the free bus pass would help to ease transition for the refugees.
- · Educational programs should begin during the refugees' first 8 months. These programs would cover:
  - · Options for insurance after the loss of Medicaid
  - Information about the US health care system
  - Chronic disease education
- Lack of translation services hinders care at all levels.
  - For patients with limited English, it is essential to have translators onsite at all possible healthcare appointments for the provision of adequate care.
  - · Providers should be encouraged to provide translated and/or pictorial instructions when giving out prescription medications.
- These recommendations may be beneficial to existing and future refugee populations studied

### Conclusion

The respondents appear to struggle with lack of understanding of the health care system due to inadequate education, inadequate translation services, and fear of or loss of Medicaid.

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(1) United States Chizenship and Immigration Services. "Refugee Questions and Answers." (2009). Available at: www.uscis.gov . (2) Morris MD, Popper ST, Rodwell TC, et al. "Healthcare Barriers of Refugees Post-resettlement." (2009). Journal of Community Health 34(6): 529-538. (3) Palinkas LA, Pickwell SM, Brandstein K, et al. "The Journey to Wellness: Stages of Refugee Health Promotion and Disease Prevention." (2003). Journal of Immigrant Health 5(1):19-28. (4) Office of Refugee Resettlement. "History." (2008). Available at: http://www.acf.hts.gov/orograms/orr/about/history.htm. (5) Vermont State Auditor." State Auditor's Review of Vermont's Refugee Resettlement Effort. (1999 Available at: http://auditor.vermont.gov/uploads/1141406947.pdf. (6) Barron S, Okell J, Myat Yen S, et al. (Ranard DA & Barron S, eds.). "Refugees from Burma: Their Backgrounds and Experiences. (2007). Center For Applied Linguistics, Washington, D.C.

# Most did not understand chronic diseases, or the causes, consequences, and treatment of HTN and T2DM.

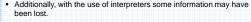


focus aroup

**Community Health Center** 

of Burlington

# · Focus groups were small and not randomly assigned; thus, may not be







### Focus Group Demographics.