Global Health Initiative: Understanding Barriers to Primary Care for Refugees from the Perspective of the Primary Care Provider

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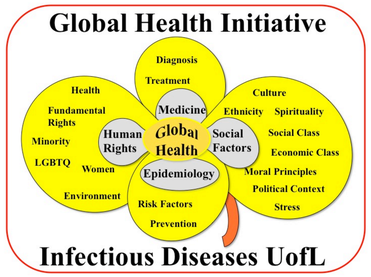

Abstract

Over 600,000 refugees from more than 60 different countries have resettled in the United States in the past ten years[2]. Once refugees have resettled, it is their obligation to become self-sufficient and access to primary health care is an important component for successful resettlement. In addition to the variety of health problems refugees bring to primary care providers, familiarity with the health care system, language barriers, low health literacy and cross-cultural medicinal issues are but a few of the challenges that exist for the refugee in accessing and remaining in primary care[3]. An unknown involves the challenges that exist from the perspective of the healthcare provider. The objective of this study is to identify challenges that exist from the provider perspective as a first step toward improving retention of refugees in primary care. First steps involved a review of the literature followed by semi-structured interviews with six primary care providers involved in healthcare for refugees. Each of these providers reported that their practice is composed of approximately 80 to 100% refugee patients. Universally, these providers recommended education for healthcare personnel involved in care of the refugee patient. The educational content should include: the importance of knowing the background of each refugee and their story; cultural competence and sensitivity training; useful staff attributes including the ability to speak other languages; robust case management; and early assignment of insurances for refugees. Consistent multidisciplinary involvement was identified as key to successful care for the refugee patient.

Introduction

- Entering the refugee resettlement program involves agreements among the resettlement agencies and the refugee.
- In Kentucky, resettlement involves an emphasis on self-sufficiency. Resettling refugees are provided with support for housing, food and acculturation for eight months. Upon arrival, most immediately quality for Medicare.
- An initial health examination, known as the domestic health screening, is performed ideally within the first 90 days after arrival to the community[1].
- Refugees are then referred to a primary care provider to address medical issues identified during that initial examination and to implement health promotion activities.
- Transitioning to a primary care provider is challenging as the refugee lacks familiarity with the US healthcare system and processes. In addition, the refugee often speaks little if any English and also lacks an understanding of the social and cultural constructs present in their resettlement community.
- As providers of the domestic health screening, members of the Global Health Initiative team at UL recognize issues involved in provision of the initial health screening and difficulties connecting the refugee to local primary care.
- An unknown involves the perceptions among primary care providers regarding care of the refugee patient so interventions can be developed that improve satisfaction with care across the healthcare continuum and by both patient and provider.

Objectives

- The objective of this study is to identify challenges that exist from the provider perspective as a first step toward improving retention of refugees in primary care.

http://www.cwsglobal.org/assets/images/stories/2012-11-refugees-cwsgreensboro.jpg

School Physicals at the UL Refugee Immunization Clinic

Materials and Methods

- A semi-structured interview was developed around the research question and common barriers found from an extensive literature review of articles on refugee health care.
- The interview included questions about the different nationalities of patients, languages spoken by patients, physician and staff, use of interpreters or interpreter phones, health literacy, understanding of the American healthcare system, educational material, training on cultural competence or diversity, challenges, common health issues and lastly suggestions or recommendations to decrease the barriers.
- A total of 6 primary care physicians were interviewed for this study, all of which have refugee patients.

Results

Biggest Challenges:
Cross-cultural medicinal issues, Insurance process, need for on-going case management and non-treatment of chronic disease.

All providers state that their practice is composed of 80 to 100% of refugee patients.

All providers state that they accept almost all insurances.

Most of the providers state that they give out educational material when it is available and up to date.

Nationalities:
Afghanistan
Bhutanese
Burmese
Cuba
Congo
Iran
Nepal
Pakistan
Rwanda
Somalia
Sudan

All provider agree that refugee patients have a low health literacy rate and do not understand the American healthcare system.

100 % of the providers stated that they and most of their staff have received cultural or diversity training.

Top health issues among refugees:
Mental illness
Malnutrition
Chronic diseases: high blood pressure, diabetes
Dental abnormalities

Recommendations

Topics	Recommendations
Language Barriers	Translator services but also multilingual staff.
Refugee Health Literacy	Focus groups held by healthcare workers or healthcare facilitators from each specific cultures for refugees to assess their education level and health literacy, so as to increase their knowledge of the system.
Cross-cultural Medicinal Issues	Cultural competence and sensitivity training for all healthcare personnel. Example: www.culturalorientation.net Importance of knowing the background of refugee patients.
Refugee Medical Insurance	Easier and faster process to obtaining insurance and receiving insurance cards. Possibly extending the period of coverage longer than a year.
Communication	Better communication between refugee organizations and primary care offices. More community and focus support groups, lay health workers and even a refugee health training center.
Single most important change the provider would make	A consistent, comprehensive and multi-disciplinary approach at national level requiring a political will, robust case management and the previously stated.

Figure 1. Table showing the recommendations made by primcary care providers for decreasing barriers that refugees have in acessing and maintaining primary health care.

Summary

- The refugee population is always going to be large if not increasing. The results from the interviews showed that the challenges faced by the refugees to accesses and maintain primary care from the perspective of the provider ranges from language barriers to cross-cultural medicinal issues and many more. As shown in Figure 1 the providers unanimously agreed that a consistent, comprehensive and multi-disciplinary strategy at the national level is greatly needed for proper refugee care. This information will be vital for providers so as to better serve the refugee population and hence decrease barriers for refugees to receive and maintain primary health care.

References

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