Challenges in Refugee Health Care Delivery

Thy Vo, MPH1,2; Fabiana Kotovicz, MD3,4
1University of Wisconsin-Madison School of Medicine and Public Health; 2Training in Urban Medicine and Public Health; 3Aurora University of Wisconsin Medical Group; 4Aurora Department of Family Medicine

PROBLEM
Aurora Health Care (AHC) is the major health care system providing care to refugees in Milwaukee, WI. Like many other institutions caring for refugee patients, AHC faces significant challenges when trying to address refugee’s health needs. Even with the assistance of medical interpreters, cultural and language barriers and limited patient literacy are major obstacles encountered by health care providers in this setting.

BACKGROUND
Currently, Milwaukee, WI has over half of the state’s population, mostly from the Burmese, Somali, and Hmong communities. During refugee resettlement, primary care providers face several challenges when addressing health needs within this population. Despite being the first point of contact for refugees, healthcare providers lack basic knowledge about the diverse backgrounds, expectations, and specific needs of this population. In order for healthcare providers to become more responsive to the complex and distinct needs of refugees, a deeper understanding of these patients’ experiences of resettlement is essential.

OBJECTIVES
This quality improvement study aimed to assess provider’s perceptions of the benefits and barriers to work with refugee patient populations before and after an educational intervention.

METHODS
An online survey was distributed to 85 faculty, staff, and residents at Aurora St Luke’s Family Practice Center (FPC) and Aurora Sinai Family Care Center (FCC) prior to and after a monthly one hour duration lecture series for a period of 5 months.

1. I have regular face-to-face contact with refugee patients.
2. I believe I communicate effectively with refugee patients.
3. I have significant knowledge gaps on important cultural and health issues pertaining to refugee populations.
4. In general, I feel there is generally greater proportion of refugees patients report physical, emotional, or dental problems than the non-refugee population.
5. In general, I feel like the following barriers prevent me from providing health services to refugees in an effective manner.
6. Working with refugees has helped me build new medical knowledge and cultural competency.
7. My experience providing services to refugee patients gives me a training advantage in comparison to my peers.
8. The following challenges prevent me from providing appropriate care to refugee patients. CLICK and DRAG answer choices in the order of most significant (1) to least significant (3).
   - Lack of appropriate insurance coverage
   - Communication with Voluntary Agencies (VoLags)
   - Refugee’s poor understanding of U.S. healthcare system
   - Refugee’s poor adherence to health care plan delineated during visits
   - Cultural differences
9. In general, providing patient care to refugee populations has been a rewarding experience.
10. Refugees face system and local based health care barriers. In your opinion, what would be the TWO main ways Aurora could minimize some of the local barriers to health care?

LECTURE SERIES
The following topics were covered:
- Refugee Resettlement Process
- Life as a Refugee: The Burmese Perspective
- Responding to Refugee Mental Health Needs within a Family Medicine Practice Context
- Caring for refugee patients: The Somali Perspective
- Life as Refugee: From the Iraqi Perspective

RESULTS
- Perception about new medical knowledge and cultural competency had statistically significant increase comparing pre and post-intervention data (P=0.0474).
- Insufficient interpreter services and time for appointments were ranked the top barriers to providing health care services to refugees before and after intervention.
- Participants also ranked refugee’s poor understanding of the United States health care system as the biggest challenge in delivering care for refugee patients before and after intervention, followed by communication with resettlement agencies in the pre-intervention survey and cultural differences in the post-intervention survey.

CONCLUSIONS
- The challenge in delivering effective healthcare can be overwhelming to refugee patients, clinic staff and primary care providers.
- Promotion of cultural awareness and proficiency within groups delivering primary care to refugees, especially through a lecture series program can be a valuable tool when trying to overcome obstacles.

ACKNOWLEDGEMENTS
The authors thank the following programs and individuals for their ongoing support and contributions to this project:
- Aurora St. Luke’s Family Medicine Residency Program
- Aurora Sinai Medical Center
- UW School of Medicine and Public Health
- TRIUMPH program
- Corina Rusu, MS4
- Wint Su Wai, MD
- Alyaa Barti and Omar Mohammed, Lutheran Social Services
- Anuwar Mohammed, Rohingya Medical Interpreter
- Dr. Sebastian Sempjja, Sebastian Family Psychology Practice
- Dennis Baumgardner, MD
- Jessica Kram, MPH

REFERENCES