



Thomas Jefferson University
Jefferson College of Nursing

Health Practices And Interactions With The US Healthcare System Experienced By Bhutanese Refugees: A Model For Community Engagement With Resettled Refugees

Amy Szajna, PhD, RN, Angela Gerolamo, PhD, RN, Susan Newman, PhD, RN, Mathew Gregoski, PhD, MS & Shannon Hudson, PhD, RN

Presentation Agenda

- Provide an overview of the research design
- Describe the community-engagement model and its application to the Bhutanese refugee community
- Identify lessons learned from applying the community-engagement model
- Discuss next steps

Study Overview

- The rationale for this exploratory study was to gain preliminary data on health practices of Bhutanese refugees and their experiences with the US healthcare system.
- “How do Bhutanese refugees resettled in the US manage their health and experience interactions with the health system?”
- Study occurred from August - November, 2015

Data Collection

- Study setting
 - Bhutanese American Organization of Philadelphia (BAO-P) Community Center
- Descriptive, qualitative, semi-structured interviews
- Observation units with a healthcare provider

Study Participants

INTERVIEWS n = 12

Gender n = 6 (M) n = 6 (F)

Age $\mu = 39.5$ years

Length of time in US

$\mu = 3$ years

Language Proficiency

n = 8 (Nepali only)

n = 4 (Nepali and English)

Employment status

n = 5 employed

n = 7 unemployed

Number of people in household

$\mu = 5.2$ people

Primary transportation

n = 9 (public) n = 3 (car)

OBSERVATION UNITS n = 7

Gender n = 6 (M) n = 1 (F)

Age $\mu = 38.3$ years

Length of time in US

$\mu = 2.3$ years

Language Proficiency

n = 6 (Nepali only)

n = 1 (Nepali and English)

Employment status

n = 3 employed

n = 4 unemployed

Number of people in household

$\mu = 6.4$ people

Primary transportation

n = 6 (public) n = 1 (car)

Interview Template

Question	Probes
How long have you lived in the US?	-
Can you describe what health means to you in as much detail as possible?	Tell me about some past experiences that made you answer the way you did. How did those experiences make you feel? What are some things you do for your health? Why?
Can you tell me about some past experiences where you had to make decisions about your health or someone else's health?	Did anyone influence these decisions? Why? How did this make you feel? Were there any other influences?
When you have a concern about your health, walk me through your thought process.	What did you (do you) do about it? Why? How did this process make you feel? What were the results?
Can you tell me about your experiences with the healthcare system in the US?	Is there one particular experience that stand out to you? Why? Describe the experience.
Can you tell me about an experience with a healthcare provider in the US?	Describe how you felt during this interaction. Why did you feel this way? Can you describe how you would prefer the interaction to go?
Is there anything else you think is important to include?	Why? Can you describe it?

Primary Interview Themes

Meaning of health

“. . .without any kind of disease.”

Health promotion and maintenance behaviors

“I would keep myself clean and my house clean and then I like fresh fruits and vegetables.”

“. . .I would get out of my bed and walk every morning, and then stretching of my legs. . .”

Actions when experiencing healthcare concerns

“So when I get sick the first thing that comes to my mind is that I have to go to hospital and take medicine so that I will be okay.”

Primary Interview Themes

Experiences with the US healthcare system and providers

“Every time when I have to go to the hospital I won’t be able to speak to the doctors and healthcare persons and I feel sad on that. I have to rely on other persons, interpreters.”

Health in US versus Nepal

“When I am sick and have to go see the doctor, they will do tests and then find out what’s wrong with my body, and then they will give me medication for that, and I feel happy on that.”

“The healthcare system in the refugee camp, there was kind of, it was available but they only had limited medicines that they gave out and most of the medicine we had to buy them. We had to pay for that. Even the treatment was not better, not good. . .”

Observation Themes

Theme	Exemplar
Passive role during visit	Responded only yes or no unless asked to elaborate (n = 7) Very little eye contact with provider (n = 4)
Expression of opinions related to health and treatment and potential treatment barriers	Less than half provided opinions and suggestion to guide treatment Very few expressed treatment barriers. Cited barrier included language and insurance (n = 2)
Nonverbal expressions of emotion	Laughed when asked about substance use and mental illness (n = 3) Fidgeted with hands or object during the interaction (n = 4) Appeared apprehensive but consented to male provider performing breast exam (n = 1)

Barriers to Studying Refugee Populations

- Refugees have been described as “hidden” communities, posing significant study recruitment difficulties ¹
- The necessity for conducting culturally sensitive research creates a potential challenge
 - dichotomous relationship between the researcher and the participants (*the insider-outsider notion*)
- Population is majority non-English speaking (NES)
 - Qualitative aspects of data collection

Community Engagement

- We propose applying the principles of community engagement as a way to overcome the previously identified barriers to studying refugee populations and encourage an agenda leading to improved health outcomes within the refugee community.
 - Community engagement improves health promotion and facilitates health research²
 - Extends across a continuum in regards to community involvement

Continuum of Community Engagement with Bhutanese Refugees and Researcher Actions

Level	Actions
Outreach	Volunteer positions at a Bhutanese clinic and healthcare navigator for newly resettled refugees (2011, ongoing)
Consult	Key Informant interviews with a Bhutanese refugee and director of a local advocacy group, the medical director of a community clinic, case manager at resettlement agency (2013)
Involve	<p>Further, exploration of gaps in Bhutanese healthcare research and areas of need with Bhutanese refugee and director of a local advocacy group, the medical director of a community clinic, case manager at resettlement agency (2013-2014)</p> <p>Identification of potential collaborative partners through recommendations from advocacy group director (2015)</p>
Collaborate	DCP selected collaboration begins (study logistics confirmed through DCP collaboration) (2015)
Shared Leadership	Findings shared with DCP and dissemination of findings with other community leaders. Preliminary development of interventions aimed at improving health outcomes based on findings involving researchers and community members (ongoing)

Designated Community Partner (DCP)

- Study DCP was a former Bhutanese refugee who serves as an advocate for the Bhutanese community
- Enrolled in a baccalaureate nursing program, allowing him additional insight into various health concerns

Key Informant Interviews

- Conducted June - August, 2014
- Purpose was to gain a better understanding of health issues experienced among Bhutanese refugees
- Individual interviews with the following:
 - Director of BAO-P
 - Director of Health and Wellness of local resettlement agency
 - Physician responsible for providing primary care to a large volume of newly arrived refugees

Role of DCP

- Translation of all study documents
- Recruitment
- Screening for eligibility
- Interpretation during interviews
- Provided valuable insight into culturally specific factors that were not apparent to a non-community member
 - Study settings
 - Interview questions
 - Methods for participant remuneration

Lessons Learned

- Engaging the Bhutanese refugee community in Philadelphia was highly successful and provided necessary momentum for study development and implementation
- Community members were overwhelmingly receptive to study participation and expressed gratitude for the opportunity to express their views
- Community has expressed the desire to participate in health activities that we plan to develop using our study data

Next Steps

- Review of findings with key stakeholders
- Participation in newly developed health promotion activities
- Continued identification of potential collaborative partners
- We will continue to include a DCP for all subsequent research and interventions to ensure relevance and representation of Bhutanese refugees



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