


Community partnerships to improve health care access and wellness for Burmese refugees

Joan Jeung, MD, Asian Health Services Oakland
 Russell Jeung, PhD, Department of Asian American Studies, San Francisco State University
 Kwee Say, BS, Asian Health Services



Presenter Disclosures

Joan Jeung, MD; Russell Jeung, Ph.D.; Kwee Say

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Karen refugee children, Mae La Refugee Camp, Thailand

Zone B, Mae La, IRC Hostel August 2008



	Infant Mortality Rate (IMR)	Under-5 Child Mortality Rate (USMR)	Maternal Mortality Rate (MMR)	Lifetime Risk of Maternal Death (1 in XX)
Thailand	18	21	44	900
Burma (official)	76	106	360	75
IDPs in eastern conflict zones of Burma	91	221	1,000-1,200	12
Congo, D.R.	129	205	990	13

IMR: rate of deaths in children <1 year per 1,000 live births
 USMR: rate of deaths in children aged less than 5 years, per 1,000 live births
 MMR: ratio of deaths among women after 28 weeks gestation and before 6 weeks post-partum, per 100,000 live births

Source: Back Pack Health Worker Team (BPHWT), Chronic Emergency: Health and Human Rights in Eastern Burma, 9/2006

Background

- Since 2007, refugee resettlement into low income neighborhoods in east Oakland, CA
- Ethnic minorities and pro-democracy activists fleeing a brutal military junta
- At high risk for slipping through the cracks of the health and social service system



Collaboration for Health Fairs

Burma Refugee Family Network (BRFN)

- Help with needs assessment

Public Health Nursing (Kathy Ahoy, RN)

- networking/advocacy/mentoring

San Francisco State University

- Department of Asian American Studies

Part-time pediatrician (mel)

77 needs assessment surveys collected in two locations (spring 2009)

2009 Needs Assessment Results

Top Services Needed by Refugees

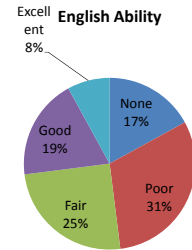
Service	% of refugees identifying service
Healthcare	59%
Job Training	56%
Adult Education/ESL	45%
Affordable Housing	44%
Children's Education	38%
Citizenship	37%

•75% report having a doctor, but respondents identify health services as the top service needed

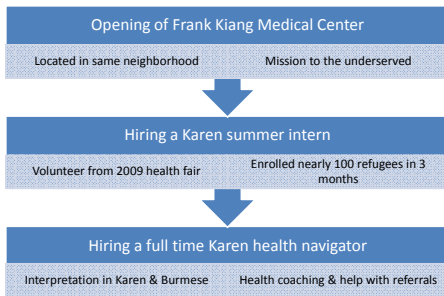
•46% report having a stress-related symptom that affects their ability to work or take care of themselves

Needs Assessment 2009

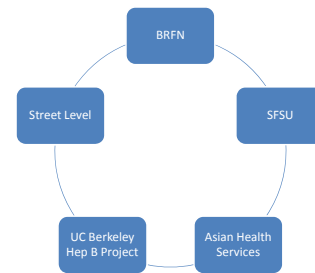
- **High poverty:** Almost half of the households receive less than \$1000/month
– Average household size is 4.27
- **High unemployment:** 40% unemployed
- **Low education:** 44% of have not completed high school, including 5% who have no formal education at all



ASIAN HEALTH SERVICES



Ongoing Collaboration



50 surveys collected at health fair/needs assessment event held in spring 2010

2009 vs. 2010

Top Service Needed	2009 Ranking	2010 Ranking
English classes	3	1
Job Training	2	2
Health Care	1	3
Immigration Issues	6	4
Affordable Housing	4	5
Children's Education	6	6
Government Benefits	8	7

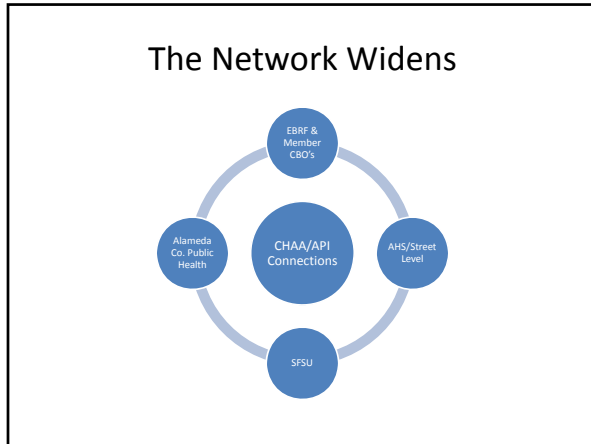
- Equal numbers of Karen and Karenni refugees in 2010; no Karenni in 2009
- In contrast to the 2009 assessment, more than half those surveyed in 2010 came in the last year
- Almost all respondents in 2010 were from Oakland, while over 40% lived outside Oakland in the 2009 assessment

Influx of Karenni Newcomers

- **Health Care**
 - More reported having a doctor
 - Almost half also report not having health insurance
 - Language barriers = top barrier

Nearly half had stress-related symptoms interfering with ability to work

English ability	<ul style="list-style-type: none"> • Poor/none: up 50% • Fairly/well: down 50%
Unemployment	<ul style="list-style-type: none"> • Doubled to 80%
Lower income	<ul style="list-style-type: none"> • More between \$1000-\$2000 per month
Education	<ul style="list-style-type: none"> • Less likely to have any formal education



Multicultural Health Fair

- Over 200 attendees/15 languages
- Health, dental & vision screening
- Vaccines
- Needs assessment surveys
- Wellness activities/workshops

Barriers to Health Care Access

Patients requiring follow-up for a positive screen

- 84/102 patients screened needed follow-up
- Largely had doctors in the county system, but health care needs not being met

	Insurance	Clinic speaks language?	Difficulty with travel?
Yes	37%	44%	26%
No	49%	37%	50%
No Answer	14%	19%	24%

Advocacy & Work in Progress

Health care needs: Advocacy

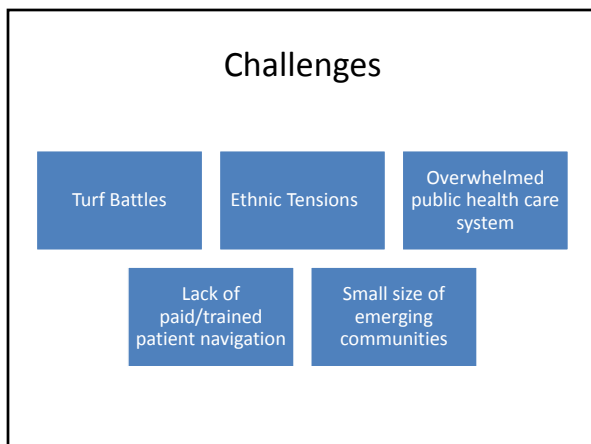
- Patient Navigation: Difficulty obtaining follow-up care
- Dental: AHS took many urgent patients from health fair
- Insurance: Workshop at next health fair
- Language : Advocacy with county for appropriate interpretation

English as a Second Language (ESL)

- Extensive advocacy with Oakland Unified School District
- Efforts to open alternative adult ESL programs

Networking/Partnership

- Community garden (CHAA/AHS)
- Bhutanese needs assessment
- Ongoing advocacy for refugee health services/language access/navigation



Lessons & Next Steps

Needs assessment as coalition building, not just information gathering

- Partnerships outlast the event
- API partnership: Integrating mental health/primary health care

Advocating for improved language access and patient navigation

- Possibility for interagency collaboration to serve smaller groups?
- New arrivals falling through the cracks

Next multi-cultural health fair

- Focus on educating participants of health care options
- Demonstrating need for patient navigation