Barriers to Healthcare for Myanmar Refugees in Grand Rapids, Michigan

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INTRODUCTION

- Since 1975, the US has accepted about 3 million refugees from around the world.[1] Of refugees to the US in 2013, 16,299 (23.3%) were from Myanmar.
- In 2014, Michigan accepted the 3rd largest number of refugees in the United States, and Myanmar is 2nd largest refugee populations among them.[2]
- Myanmar is located in South East Asia, has 14 states, and is bordered by Thailand, Laos, China, India and Bangladesh.
- The majority of refugees from Myanmar are from the Karen, Chin, Kachin, and Bamar ethnic groups. Most Karen refugees came from Thai refugee camps at the border of Myanmar and many Chin were from Malaysia refugee camps.
- Little is known about the challenges faced by refugees from Myanmar, we conducted survey to access the barriers of Healthcare for Myanmar Refugees.
- This study highlights the need to help Myanmar Refugees navigate health resources.

ABSTRACT

Background: Refugees face a variety of health challenges due to issues such as cultural differences and distrust of authoritative figures. While the United States accepts refugees from around the world, little is known about the challenges faced by refugees from Myanmar. The area around Grand Rapids, MI, is one of the locations where many Myanmar refugees are settled.

Methods: This cross-sectional study was conducted at four churches in 2014. Adults aged 18 and older were surveyed in English and two Myanmar languages (n=144). The instrument survey included sociodemographic variables and 15 questions on barriers to healthcare. Descriptive, chi-square, and generalized linear model analyses were performed.

Results: 59% of respondents had lived in the U.S. over 2 years, 61% were aged 18-34, and 33.3% were unemployed. The primary language was Chin (46.4%), with 6.7% speaking English. While 71.5% had health insurance, only 39.3% had a regular family doctor. Leading barriers to care were related to transportation and cost; those in the US over two years reported fewer barriers.

Conclusion: These outcomes indicate that length of stay is an important factor to consider when working to increase access to healthcare by Myanmar refugees. The findings will support local healthcare and social services in their planning to implement better services for new immigrants.
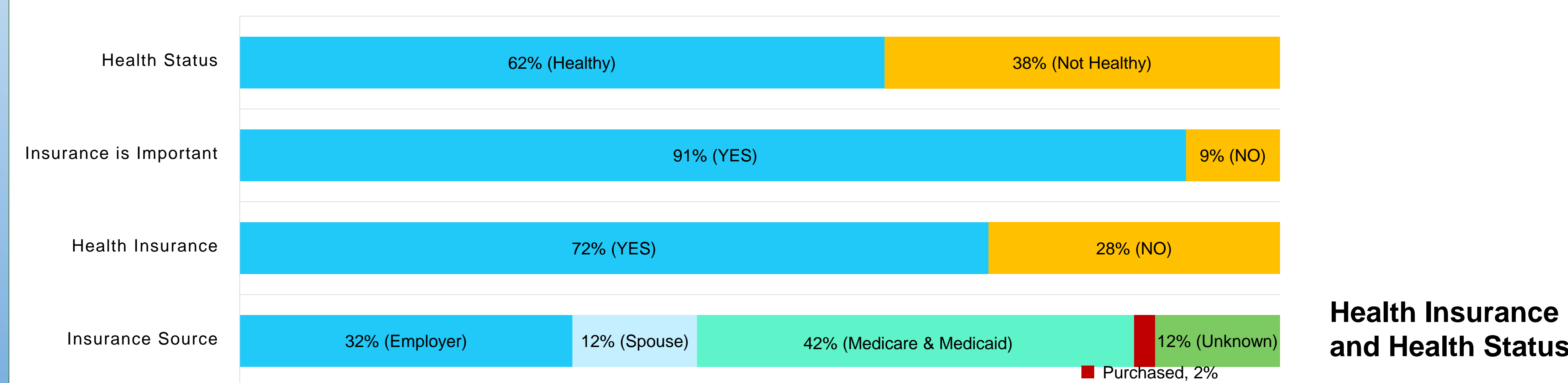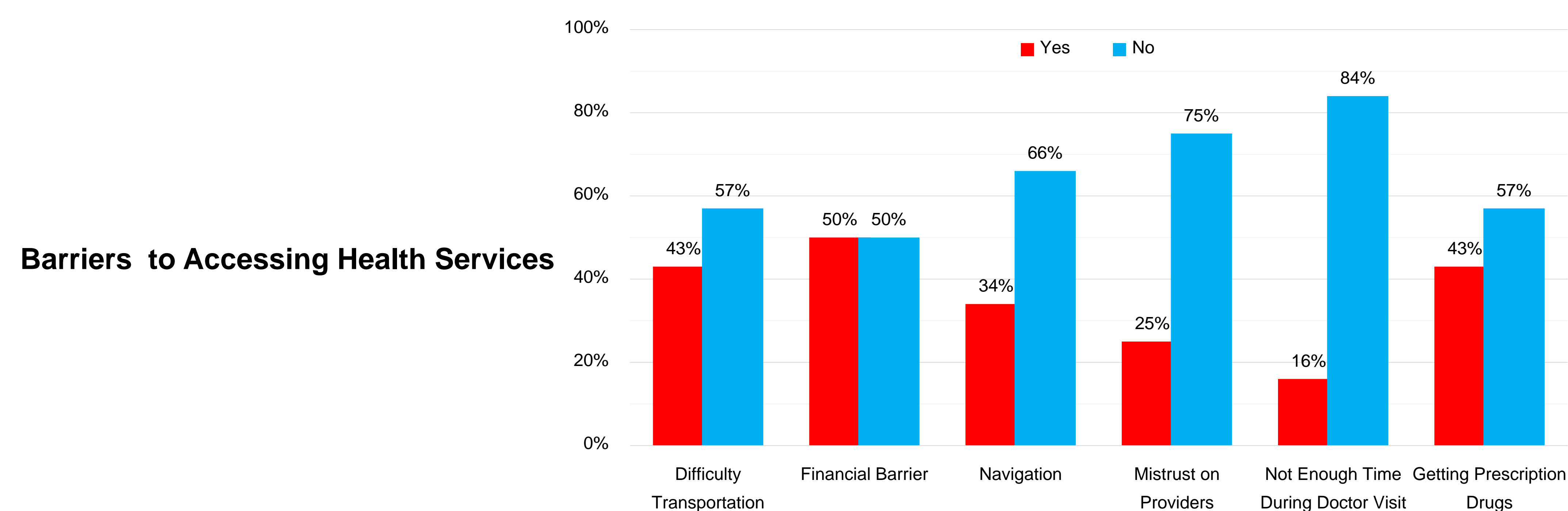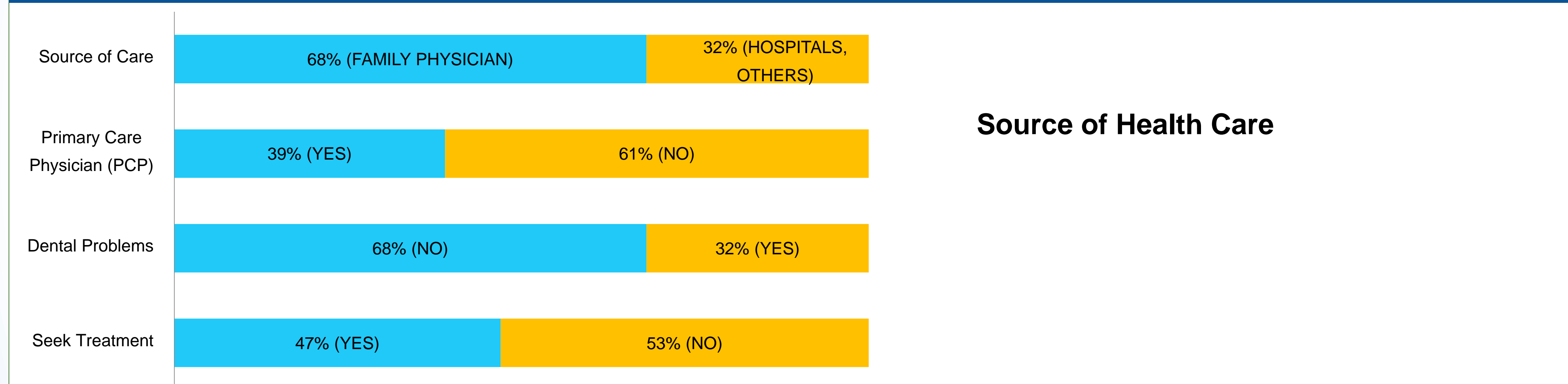
METHODS

Summarize Research Questions

1. From where do Myanmar refugees in Grand Rapids seek health care?
2. What is their understanding of the U.S. health care system?
3. What difficulties do they face in receiving health care?

Research Methods

- Cross-sectional observational study informed by local social service agencies
- Sample size: 142 participants
- Data collection period: August, 2014 to September, 2014
- Inclusion Criteria: Adult (over 18 years old) Myanmar Refugees who live in the Grand Rapids, MI area
- Survey questions developed from two previous refugee studies and an access to health care questionnaire [3,4]
- Survey available in three languages: English, Burmese and Karen
- Analysis: Descriptive analysis, Chi-square, Generalized Linear Model

RESULTS

Source of Health Care

Category	Value 1	Value 2
Source of Care	68% (FAMILY PHYSICIAN)	32% (HOSPITALS, OTHERS)
Primary Care Physician (PCP)	39% (YES)	61% (NO)
Dental Problems	68% (NO)	32% (YES)
Seek Treatment	47% (YES)	53% (NO)

Barriers to Accessing Health Services

Barrier	Yes	No
Difficulty Transportation	43%	57%
Financial Barrier	50%	50%
Navigation	34%	66%
Mistrust on Providers	25%	75%
Not Enough Time During Doctor Visit	16%	84%
Getting Prescription Drugs	43%	57%

Health Insurance and Health Status

Category		
Health Status	62% (Healthy)	38% (Not Healthy)
Insurance is Important	91% (YES)	9% (NO)
Health Insurance	72% (YES)	28% (NO)
Insurance Source	32% (Employer) — 12% (Spouse) — 42% (Medicare & Medicaid) — 12% (Unknown)	Purchased, 2%

CONCLUSIONS

- This study increases understanding of the health care access needs of Myanmar refugees.
- The barriers to care experienced by Myanmar refugees are inter-related, highlighting the importance of social service and advocacy organizations.
- The rate of unemployment in study population was 33.3% while Michigan State unemployment rate was 5.4%.
- Time spent living in the U.S reduces the likelihood of barriers to accessing care.
- While the majority of those with employment have insurance, there is a sizeable proportion without insurance. Therefore, employment alone should not be considered as a factor determining accessibility of health care.
- Further study is needed to better understand the gaps in health literacy in Myanmar refugees population.

Recommendations

- Provide resources for health education and preventive care through educational workshops and community outreach programs
- Improve language services provided (preferably the same gender as the patient)
- Promote the role of Affordable Care Act and assist the refugees in application process

Limitation

Convenience sample, Unequal ethnic distribution (Chin 46.4%), Low health literacy

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ACKNOWLEDGEMENTS

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