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Stakeholder Perceptions of Health Needs in Refugee Populations in the Greater Richmond Area

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Stakeholder perceptions of health needs in refugee populations in the Greater Richmond area

Ashley Koo, Matt Tessema, Tatiana Brown, Jay Lawson, BA, Dina Garcia, PhD, MPH

Background

- In 2016 the U.S. admitted around 85,000 refugees¹
- Under the Trump administration, the refugee limit in 2017 was 30,000 refugees¹
- Among refugees, there is a prevalence of chronic disease, oral health/dental care and mental health conditions
- There is a lack of oral health care infrastructure and difficulty accessing care for refugees.²

Aim

The aim of this study is to gain a greater understanding of stakeholder perceptions of the oral health and overall health needs of refugee populations in Virginia.

Methods

Design and recruitment:
- 3 semi-structured interviews were conducted with three stakeholders.

Data collection:
- Phone interviews lasted approximately 30 minutes to an hour each
- Participants answered initial screening questions, a demographic questionnaire and an interview guide that identified the experiences of stakeholders in the resettlement of refugees in VA.

Data analysis:
- Phone call interviews were audio recorded and transcribed.
- Transcripts were imported to MAXQDA 11 and each transcript was coded.
- These coded transcripts were analyzed to verify themes among the interviews.

Themes

Theme 1: Participants described a wide range of health needs present within the refugee population including chronic disease, oral health/dental care and mental health conditions

Theme 2: Participants reported health care system and geographical accessibility barriers such as limited patient-provider communication and lack of transport to medical/dental appointments.

Theme 3: Medical/dental care is sought at low cost/free clinics and emergency rooms due to lack of insurance coverage, especially for adults

“...I would say communication. Not only like in face-to-face communication, but a clinic’s ability and capacity to use interpretation of any single provider’s comfort and expertise in using interpretation...most health care phone lines are not family limited English proficient clients.”

“...And then in general, refugee clients are more likely to have certain health needs than the average population, not only in terms of mental health, but also nutrition, dental care, chronic disease management, unique like parasitic, different bacterial things.”

“I think everybody is affected across the board, but obviously children are more likely to have better outcomes after being in the U.S. because Medicaid insurance covers dental care for children. So, they can start that regular contract with a dentist and kind of keep it up into adulthood...parents have a harder time accessing similar care.”

Characteristics

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Conclusions

- The lack of dental coverage for adults is a significant barrier to dental care access in the refugee population
- Greater mental health interventions may be needed, as many refugees have experienced trauma and arrive with pre-existing diagnosis such as PTSD, schizophrenia and depression.
- Communication with health liaisons and education of the refugee population is critical to reduce emergency room visits and improve health care access.

Future Implications

- More interviews with stakeholders need to be conducted to verify these perceptions of health needs
- A community-wide intervention may be needed to improve refugees’ access to oral health care and mental health care.

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- Kalpulli Research Group members

References