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THE SOCIO-ECONOMIC AND POLICY BARRIERS TO REFUGEE HEALTH

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Background

In the past, the United States offered refugee status each year to more people than all other nations combined. The Trump administration has drastically reduced the maximum number of refugees that can enter the United States. Moreover, the United States government has imposed new security vetting procedures on refugees before they can be admitted into the country, which has greatly lengthened waiting times and left many refugees in dangerous situations for prolonged periods. In 2017, for the first time in modern history, the United States settled fewer refugees than the rest of the world.

Aim

This poster presents preliminary findings from an ongoing qualitative study to examine the social and structural factors that affect the health of refugees post-resettlement in the Richmond/Henrico area of Virginia.

Methods

DESIGN & RECRUITMENT

- Three semi-structured phone interviews were conducted with a convenience sample recruited from refugee-serving organizations in Richmond/Henrico area of Virginia.

DATA COLLECTION

- Interviews lasted on average 35 minutes
- Participants filled out a demographics questionnaire.

DATA ANALYSIS

- Interviews were digitally recorded and audio files were transcribed verbatim.
- Data were imported into MAXQDA 20 software and coded by four coders.

Refugees face considerable political, social, and economic barriers to self-sufficiency and social integration post-resettlement.

Themes

I. The U.S. political climate impacts attitudes towards newcomers.

- *Now, during the Trump administration there are states who said that they are not taking refugees anymore. So that is being respected. Refugees are not sent to those states. But Virginia is. Our governor has signed a statement that Virginia welcomes refugees.*

II. Limited options to employment opportunities impacts access to healthcare and overall health/wellbeing.

- *One of the key issues also in terms of work and culture and employment and self-sufficiency is that many of our refugees, for example, are highly skilled and with very, very good educational backgrounds. People from the Middle East are doctors, they are surgeons. They have technical expertise. But when they come here, we don't have a direct conversion of let's say their educational achievement in the country where they come from. Because of that, doctors in the Middle East will come here and stack boxes at Walmart. And so that's a very big mental health issue.*

III. Stress factors include the lack of access to affordable housing and social isolation.

- *Affordable housing in Richmond is a challenge for everyone across the board. For newcomers who don't have access to a credit rating and don't yet have documents like a Social Security card and things like that that are forthcoming, they just don't have them in hand when they first arrived, it's very hard for resettlement agencies to find apartments, apartment owners or companies that are willing to rent to refugees. So, there are just a handful of places that people start out in. They tend to be higher cost in terms of rent and utilities, which is really unfortunate. And then as soon as they can, they'll move to another place that's more affordable.*

Participant characteristics

Characteristics	%
Female	100%
Asian	33.3%
Native Hawaiian or Pacific Islander	66.7%
4 Year Degree	33.3%
Masters/Doctoral/Professional	66.7%
Public Sector	33.3%
Social Services	66.7%
	Mean (Range)
Age	44 (25-55)
Number of years in role	4.2 yrs (.5-8)

Conclusions

The themes identified in this research highlight numerous structural barriers to refugees looking to access health care. The barriers center around policy and social and economic integration such as the 90-day health screening that does not cover dental or mental health for adults and not having access to credit making it difficult to access housing and get employment. These are all broader systems that have an effect on access to healthcare.

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