

# Health Access and Perceptions of Newly Arrived Refugees in Philadelphia

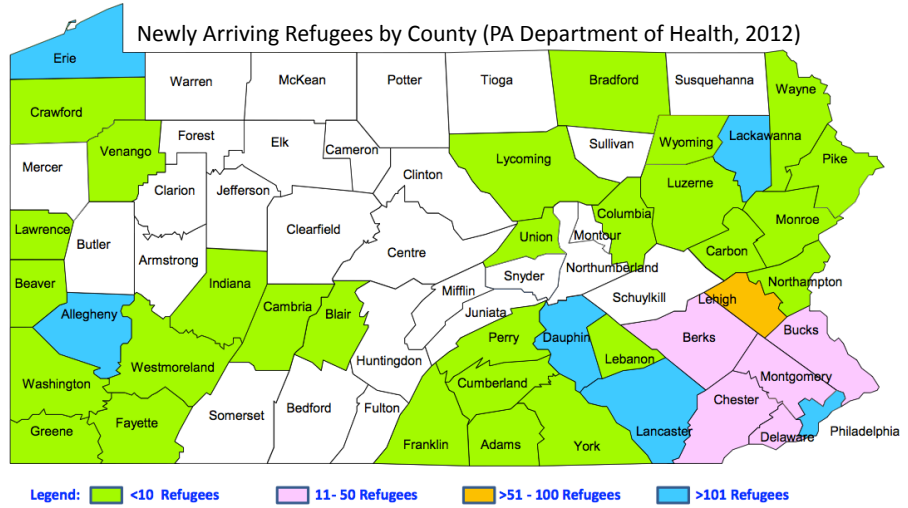
## OBJECTIVES

The objectives of this project are to:

- 1) gather feedback from recently arrived refugees in Philadelphia on their experience in accessing health care and services to inform resettlement agency practices in supporting access to care.
- 2) gather feedback from recently arrived refugees on their experience in utilizing health care and to inform clinic practices in providing accessible and culturally competent care.
- 3) collect information from PRHC clinics and resettlement agencies to understand health services provided for newly arrived refugees.

## METHODS

Interviews were conducted with a total of 83 participants, who comprised 5% of refugees who arrived in the last year to Philadelphia and were resettled and screened by a PRHC partner. In addition, information was gathered from PRHC resettlement agencies and clinics. Open-ended surveys were administered to the health coordinator of each PRHC resettlement agency. Telephone calls were placed to each PRHC clinic's scheduling system in order to determine the availability of language interpretation for callers.

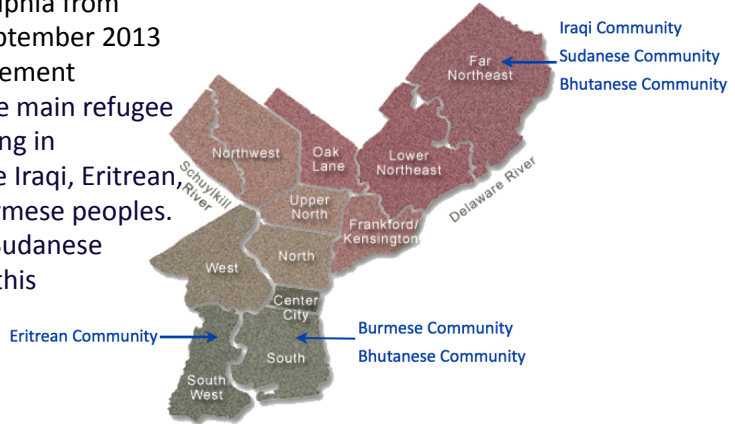


This project, undertaken by the Philadelphia Refugee Health Collaborative (PRHC), gives an opportunity to refugees to share their experiences with the health care system through qualitative interviews. The major themes that emerged during this project include: access to care, refugee health orientation, resettlement agency support, health care utilization, and health clinic support. Overall, PRHC's interviewed refugee population reported better access to health care than the PA population as a whole-- this was based on the 2011 Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS).

Approximately 5,793 refugees resettled in Philadelphia from January 2003 to September 2013 (PA Refugee Resettlement Program, 2013). The main refugee ethnic groups arriving in Philadelphia include Iraqi, Eritrean, Bhutanese, and Burmese peoples. These groups plus Sudanese refugees comprise this study's sample.

Clients and patients of all PRHC partners were represented in the sample. The in-depth interview questions focused on perceived health access, health services utilization, and support received from resettlement agency staff and health clinic staff. BRFSS questions on health access were also included in the interview.

The refugee health coordinators of each Philadelphia resettlement agency completed open-ended surveys about health services and health orientations. Telephone calls were made to each PRHC health clinic to determine the availability of language interpretation to callers seeking to schedule an appointment.



Interviewees by Clinic and Country of Origin

	JFMA	Nemours	PCPC	CHOP	Fairmount	Einstein	Einstein Peds	
Bhutanese	9	1	14	8	12	0	0	<b>44</b>
Iraqi	0	0	0	0	0	8	4	<b>12</b>
Burmese	4	2	3	2	0	0	0	<b>11</b>
Eritrean	0	0	3	2	0	0	0	<b>11</b>
Sudanese	2	2	2	1	0	2	2	<b>5</b>
	<b>15</b>	<b>5</b>	<b>22</b>	<b>13</b>	<b>12</b>	<b>10</b>	<b>6</b>	<b>83</b>

All interviewees arrived in Philadelphia within the past year. 52% of the study sample was male and 48% was female. The age range for participants was 4 months to 83 years old. 31% were under 18 years old and were not interviewed directly.

### Access to Care

The most often reported barrier to health care was the respondents' inability to schedule medical appointments. The health clinics' automated telephone system was perceived as a significant barrier. 77 interviewees had health insurance through Refugee Medical Assistance (RMA). 6 respondents, comprising 7% of the sample, lacked health coverage. All 6 uninsured interviewees reported that they were unable to see a doctor when they needed to in the past 12 months. Nearly 50% of the clients interviewed expressed mild to severe concern over what to do after their RMA ends and many believed health coverage would be unaffordable.

### Health Care Utilization

12% of the respondents reported that they have one person they think of as their personal doctor or health care provider; 77% reported that they have more than one person. 11% of respondents stated that they do not have a personal doctor or medical provider. All interviewees had a routine check up within the past year during their domestic screening.

### Resettlement Agency Support

Nearly all interviewees expressed appreciation for the health support services provided by their agency. Interviewees reported an average of 3 escorts per client to various medical appointments. Many respondents reported a wish for increased escorting to medical appointments. Many reported feeling dependent on their agency to schedule medical appointments. 75% of interviewees recalled little to no information from the refugee health orientation provided by the resettlement agencies.

### Health Clinic Care

Respondents overall reported feeling very pleased with their health clinics and doctors. Participants

were especially pleased with the care provided by pediatricians. Burmese and Bhutanese respondents reported especially positive perceptions of PRHC clinics. 3 respondents expressed complaints about the health care they received. Interviewees reported phone interpretation at medical appointments to be sufficient.

### Perceived Health Status

When asked to describe their health since coming to the U.S., 53 respondents reported that their health was better, 23 stated it was the same and 7 stated that their health worsened. The most commonly stated reasons for improvement in health status were the U.S. health care system, availability of fresh food, and a positive environment.

### Resettlement Agency Survey Data

When asked to rank the level of priority that health is for clients on a scale of 1 to 10, the average response was 8. The duration of health services provided by the agencies range from 3 to 8 months for all newly arriving refugees. All agencies provide assistance with scheduling appointments and escorting clients to appointments, as well as extra services for clients with special medical needs. Two agencies reported that all clients are given a discrete health orientation; the third agency reported that they include health information in the Reception and Placement orientation.

### Health Clinic Telephone Calls

Based on telephone calls placed to each PRHC clinic, 5 clinics provide language interpretation over the phone for callers seeking to schedule an appointment. 2 clinics do not provide language interpretation for callers. 1 clinic gave an unclear response-- if patients call the clinic social worker directly, a telephone interpreter may be available to the caller.