



Philadelphia Refugee Health Collaborative Networking Meeting

Health Care Utilization among Bhutanese Refugees in Philadelphia

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PURPOSE

- This study is examining health care utilization by Bhutanese refugees who have been resettled in Philadelphia.
- The purpose of this study is to learn more about key vulnerability factors that underlie the process of health services utilization, medical needs that influence help-seeking, and individuals' perception of health services in the United States.



METHODS

- Qualitative study using grounded theory methods
- Data are drawn from in-depth interviews conducted from April 2013 to August 2014.



- Bhutanese refugees between the ages of 18 and 65, who have been living in Philadelphia for at least 12 months, comprise the study population.



RESULTS

RESPONDENTS:

30 interviewees, 71 individuals encountered

Respondents	Formal Interviewees: 30 Encountered: 71
Length of time in U.S.	Shortest: 14 months Longest: 5 years
Age in years	Range: 18-57 Mean: 28
Gender	Male: 16 Female: 14
Religion	Buddhist: 5 Christian: 5 Hindu: 20
Resettlement	Philadelphia: 26 In-migrants: 4

SELECTED CODES:

1. Collective household health care navigation and access
2. Vulnerability differences across the community



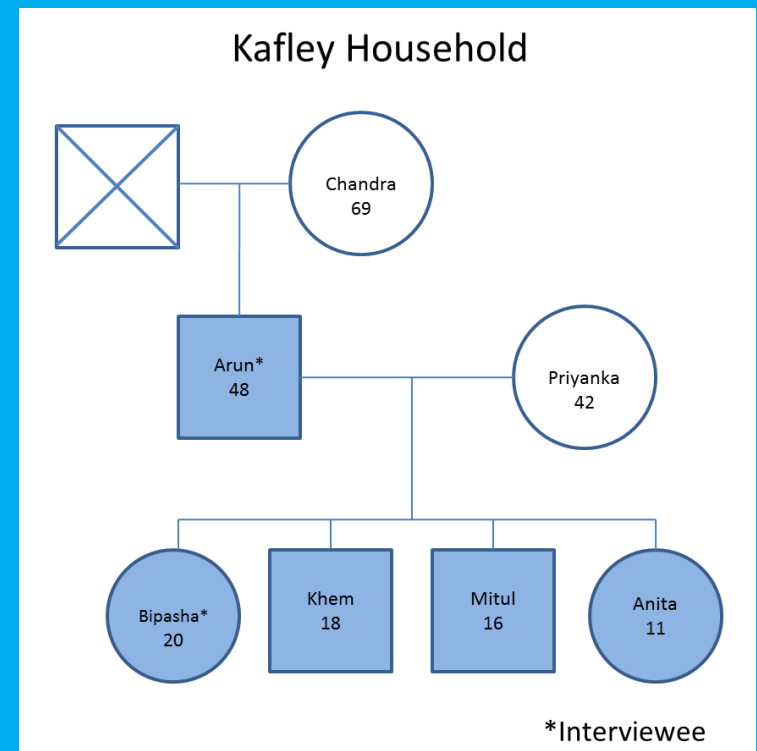
RESULTS

COLLECTIVE HOUSEHOLD HEALTH CARE NAVIGATION AND ACCESS

How many doctors have you seen
in the United States?

“I saw many many doctors. Too
many doctors...like heart doctor,
family doctor, seizure doctor, surgery
doctor...many doctors.”
(Josna, 22)

“Less than 20 but more than
10.” (Mahesh, 35)





RESULTS

VULNERABILITY DIFFERENCES

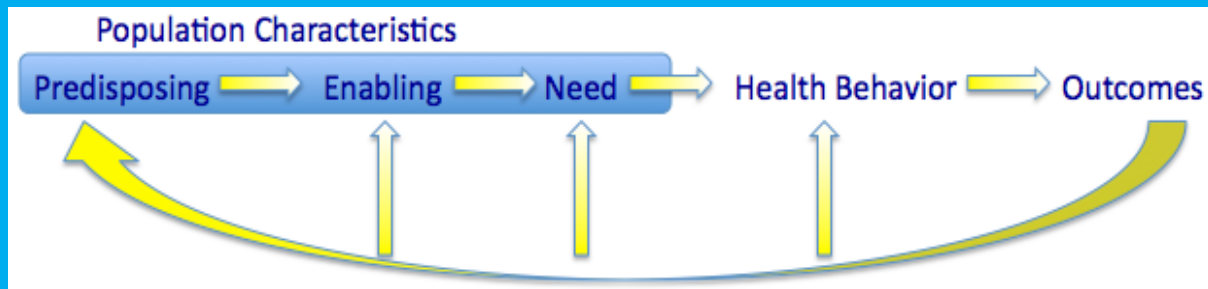
“My mom has SSI, but me and my brother and sister [in-law] applied for Obamacare. It’s too expensive.” (Mohini, 32)

“My parents [in-law] are old and they can’t speak English...here in US they can’t go anywhere by themselves. I don’t let them go to appointments or the pharmacy alone. They get lost.” (Archana, 28)



DISCUSSION

- The Gelberg-Andersen Behavioral Model serves as a theoretical lens in this study.



(Adapted from Gelberg, Andersen & Leake, 2000)

- Predisposing characteristics that exist prior to perception of “illness,” enabling resources, and need variables may act as significant barriers to obtaining health care.



Questions?

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