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PATHWAYS TO HEALTH IN NEW POPULATIONS

A COMMUNITY HEALTH ENDOWMENT FUNDED PROJECT



Lincoln Refugee Health Care Needs Assessment

Executive Summary



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LINCOLN REFUGEE HEALTH CARE NEEDS ASSESSMENT

EXECUTIVE SUMMARY

PURPOSE:

The Center for People in Need received a Community Health Endowment grant to learn more about:

- How refugees understand the health care system
- Refugee satisfaction with the health care system
- Major concerns regarding health care, including the costs of health care
- General concerns that impact the quality of refugee lives

COMMUNITY:

Lincoln is a primary refugee resettlement community with a substantial number of refugees settling in Lincoln every year for the past 10 years. According to the Federal Refugee Processing Center, in FY2016, 433 individual refugees were settled in Lincoln. In FY2017, 524 refugees were resettled from eight different countries, with over half being citizens of Iraq. A dramatic drop was experienced in the number of refugees resettled in FY2018, with only 55 refugees resettled in Lincoln.

METHODS:

Schmeeckle Research was contracted to conduct the needs assessment, using the following qualitative (with limitations in generalizing the results to entire refugee population) methods:

- **Four case studies of refugees** across different cultures to learn about their experiences from living in refugee camps to now living in Lincoln.
- **Four focus groups** from diverse backgrounds and countries to discuss their general concerns, health concerns, and experiences with health care.
- **Twelve key informant interviews** with refugee service and health care providers and volunteers to discuss their perceptions of refugees and health care concerns.

RESULTS:

1. HEALTH CARE COSTS IDENTIFIED AS A MAJOR CONCERN FOR REFUGEES

1A. Fears and Concerns High Related to Health Care Costs

Most refugees are ill-prepared to deal with the unexpected high costs of health care in the U.S. If refugees are not covered by Medicaid, they are often delaying or completely avoiding treatment because they cannot afford it. Access to Medicaid or health insurance was identified by key informants as a top barrier to health care for refugees.

"Health care in [the U.S.] is not easily accessible - and it is expensive." Key Informant

1B. Medicaid Coverage Drives Employment Decisions

"Above all other problems, health care drives decision-making."

Refugee

Medicaid was often mentioned as a necessity to allowing their families access to health care, and that without Medicaid coverage, they would not be able to afford health care. Refugees expressed concerns about losing health care coverage through Medicaid, and that thinking about medical coverage drives many of their decisions, especially employment decisions. This 'benefits cliff' results in the unemployment or underemployment of many refugees to ensure they maintain Medicaid coverage. The risk of losing Medicaid was also specified as a concern among families with children who are 19 and in high school or in college living at home.

"[It was] easy to make the decision to only work part-time over losing health benefits."

Refugee

2. UNDERSTANDING U.S. HEALTH CARE SYSTEM IS A CHALLENGE

2A. Refugees Face Many Challenges Moving to a New Country Including Understanding the Health Care System

- Refugees cited key differences between the U.S. health care system and systems in other countries as challenging. The primary difference was cost, with access to free or affordable health care being experienced in other countries. For those not covered by Medicaid, understanding how insurance works in the U.S. health care system was perceived as confusing and expensive.
- Refugees explained differences in how care was previously provided where appointments weren't required, and portrayed the challenges associated with long wait times required for medical appointments, especially for specialist appointments.

"If you are sick and go to the doctor you should be able to see a doctor without an appointment."

Refugee

"People don't access health care because they don't even know they can access health care."

Key Informant

- Moreover, key informants identified concerns with understanding the U.S. health care system as one of the top health concerns for refugees, resulting in a lack of access to care.

2B. Use of Emergency Rooms High as Refugees Can Receive Care Without an Appointment, Interpretation Readily Available, and Hospitals More Likely to Accommodate Payments

- Scheduling appointments presented a challenge that prohibited refugees from going to the doctor for many health care needs, and instead resulted in the use of emergency rooms. Other reasons refugees used emergency rooms were because they felt that it was more likely that an appropriate interpreter would be available, that Medicaid would be accepted, and that hospitals would be more likely to help with payments.
- Refugees described a lack of understanding preventative care and delaying seeking treatment until they are very sick, which also resulted in emergency room visits. This is especially problematic considering refugees experience chronic health conditions such as diabetes, high blood pressure, and heart problems. Key informants also identified knowledge about preventative care as one of the top barriers to health care for refugees.

2C. Refugees Express Lack of Trusting Relationships within Health Care System

- While refugees generally reported being treated with respect within the health care system, establishing trust with providers is challenging for some. Refugees described having trusting relationships with their previous doctors, which they do not always feel they have in the U.S. In some cases, being treated by physician assistants or nurse practitioners in the U.S. has resulted in mistrust in the health care system.

"I don't want to go to doctors. They are actually not doctors, it is only physician's [assistants]. I don't want to go because I don't want to be a rat and they mess around with me. They [have] given me wrong stuff. It has happened before."

Refugee

3. OTHER STRESSORS AFFECT REFUGEES' ABILITY TO ADAPT TO LIFE IN THE U.S.

3A. Transitioning from their Home Country to Refugee Camp to Life in the U.S. is Difficult

- Refugees experienced difficult living circumstances while living in refugee camps, including crowding, disease and other health issues. While relocating provided improvements in many areas, adjusting to living in the U.S. presented challenges as well. Adjusting to new foods, new laws, and new cultural norms creates stressors. Living in America is harder than many imagined it would be.

"It was really hard. Everything is hard for me, it wasn't like the camps."

Refugee

- Refugees also described being overwhelmed by the number of things they did not know, such as how to get medical care, how to register children for school, how to get transportation, and even simple things such as how to use the stove.

3B. Lack of Awareness of Cost of Living in U.S. Creates Stress for Refugees

- Refugees expressed a lack of awareness of the costs associated with living in the U.S. Some mentioned they wish they would have known how expensive everything was going to be, and that they would have to pay for health care. A lack of financial security was expressed, and it was shared that some people in their communities are choosing to return to their home countries because they cannot afford to stay in the U.S.

"Life here is difficult sometimes, in our country, over there, sometimes if you don't have money you can still have [a] home; you can visit doctors, things like that. Sometimes here if you don't have the money or don't have a job you can live on the streets."

Refugee

3C. Lack of Understanding Cultural Norms and Laws Present Stressors

- Many described how they didn't understand cultural norms and how U.S. laws work, which affected their access to health care, housing, ability to parent effectively, and credit. They also expressed an interest in maintaining their native culture and the challenges faced in doing so, especially as their children integrate into the U.S. through the school system.

3D. Challenging to Adapt to American Foods, but Access to Healthy Foods Better than in Refugee Camps

- Refugees discussed a lack of access to healthy food in the refugee camps, which lead to sickness, but most described having access to healthy foods in Lincoln, with access to specialty foods available through local markets. However, some refugees discussed challenges struggling with adapting to the American diet and accessing good food for their families, as they previously obtained fresh food directly from farmers. Overall, refugees understand the importance of eating fruits and vegetables.

4. REFUGEES IDENTIFIED POSITIVE ASPECTS OF HEALTH CARE IN THE U.S.

4A. Refugees Report General Satisfaction with Health Care Services

- While the language barrier presented challenges, most refugees reported satisfaction with the treatment they received from their health care providers. The cleanliness of hospitals and doctor's offices was specifically mentioned as a positive aspect.

"Here the medicine is good, they do a lot of research, devices to diagnose are better here."

Refugee

4B. Professional Health Care in U.S. Valued

- Refugees valued the professional nature of medicine in the U.S. and reported that treatment for major health conditions, such as cancer, was better in the U.S. because treatment is better and more advanced.

4C. Medical Homes Primarily include Bluestem Health and Health 360

- Most refugees were covered by Medicaid and reported using Bluestem and Health 360 for their regular health care needs; however, some are served by private providers as well. Clinic with a Heart was also utilized as a free health care option.

4D. Many Refugees had Dental Needs Addressed When They Arrived

- When first arriving, many refugees described receiving substantial dental work. The long-term continuation of treating dental needs was dependent upon Medicaid coverage, scheduling appointments, and getting time off work to make the appointment.

4E. Many Local Organizations Support Refugees

- Refugees specified several organizations that provided support to connect them with services and help them with their transition to the U.S. These organizations provided an orientation to the city, case management, home visits, transportation to appointments, help with Medicaid, help with establishing their first apartment, getting immunizations, connecting to a family doctor, and other services. The organizations identified included:
 - Bluestem Health
 - Catholic Social Services
 - Center for People in Need
 - Churches
 - Cultural Centers
 - Health 360
 - Lutheran Family Services

5. LANGUAGE IS THE INHIBITER OF ADAPTING AND PROVIDING OPPORTUNITIES THAT LEADS TO SELF-SUFFICIENCY

- Most health care providers offered interpretation services with most refugees reporting satisfaction; however, the quality of service varied with some expressing concerns about dialect differences and a preference for in-person interpretation. It was noted that it is difficult to communicate medical information.
- Key informants identified language barriers and the availability of interpretation services as top barriers to health care for refugees.

“Even if you speak English it is hard to understand medical information and information about medications.”

Refugee

“Sometimes I feel like they treat me very differently because of the language barrier and the skin [color]. Sometimes when I went to visit the doctor I have to wait for a long time and they don’t call us.”

Refugee

- The majority of refugees felt they were treated fairly when receiving health care services; however, some described being treated differently, both in the health care setting and in general, because of the language barrier.
- An additional language barrier is in refugees’ ability to find employment, which affects their self-sufficiency to support their families. It was described that some other countries that accept refugees allow 1-2 years to learn the language, but the U.S. expects refugees to learn the language much faster, which is challenging.

6. ADDRESSING MENTAL HEALTH ISSUES WITH REFUGEES IS COMPLEX

- Refugees are often recovering from traumatic past experiences, and those experiences stay with them. However, many refugees also described their resiliency. Despite going through these traumatic experiences, few reported using traditional U.S. mental health services. Some suggested they talk to others in their community or that they are unaware of the services, while others described the stigma around mental health treatment. While not heavily utilized, some did describe seeking mental health treatment to deal with the trauma.

“When you keep something inside you, like something very strong, it’s going to hurt you, it hurts your mind.”

Refugee

“Even after we come here, we are still thinking about what happened to us.”

Refugee

“When you are in the first line of fire and bombs [are going off] or someone is shooting [at] you from everywhere, after you survive that whatever comes in front of you, you think, ‘this is nothing’.”

Refugee

- Refugees reported an unawareness of mental health services and key informants suggested that mental health issues are not screened for and/or are being missed.
- Stigma was described as a barrier for receiving mental health care by refugees and key informants. Moreover, speaking through an interpreter about mental health adds an additional level of shame.
- Key informants identified mental health as one of the top health concerns for refugees. They described a lack of culturally appropriate mental health care where refugees are forced into the American culture of one-on-one therapy, which may not be an effective model. Refugees also suggested talking to others in their community as a preferred approach.

“It is a challenge to get the kind of mental health care specific to the needs of refugees and the trauma they face. It is really lacking in our community.”

Key Informant

RECOMMENDATIONS:

Since the grant was awarded, new refugees to the community have declined significantly as a result of policy changes at the federal level. However, the community has received thousands of refugees over the past 10-15 years and the information gathered from the assessment can be useful to the community. Based on the results of this assessment, the following are suggested recommendations for providers of services to refugees:

Costs and Insurance

- ⇒ Address the ‘benefits cliff’ so families can maintain Medicaid coverage without having to make a choice between employment and access to affordable health care for the family.
- ⇒ Ensure Medicaid eligibility to include children who are full-time students under the age of 26.

Language

- ⇒ Identify and provide access to interpreters for refugees that speak their specific language (i.e., appropriate dialect) for all health care visits.
- ⇒ Have available a bilingual hotline where a client can call and present an issue in their native language. The hotline could then help connect them to the right service and could also help make appointments and provide quality interpretation services.
- ⇒ Provide additional language supports that enhance ELL classes to encourage an accelerated language learning process.

Provider Services

- ⇒ Provide the opportunity to receive physical and mental health care from doctors who are from the same culture and speak the language.
- ⇒ Provide mental health screening and referrals for refugees.
- ⇒ Utilize evidence-based mental health models for refugees, such as community-based strategies.

Health Education

- ⇒ Provide in writing and verbally (in their native language) the options to health care and the costs, access hours, wait times and other options to all health care options in the community, including holistic options.
- ⇒ Develop a communication tool and/or education program (in their native language) that provides medical cost options (i.e., Medicaid, sliding fee, private insurance, payment structure) by medical provider (i.e., ER/hospital, FQHC clinics, private clinics, urgent care clinics, free clinics).

Empowerment and Awareness

- ⇒ Develop “Peer Support” groups for refugees to connect them with refugees from their country that have been in the U.S. for a longer time.
- ⇒ Offer initial and ongoing cultural immersion classes with interpreters of a broad range of topics that may include:
 - Understanding the health care system and the costs
 - The reality of living expenses
 - How to find employment
 - How to purchase a home
 - Understanding and addressing stress, trauma, depression and other mental health issues
 - Understanding U.S. laws
 - Parenting across cultures
 - Healthy living (preventative care)
 - Understanding financial systems (banking, credit cards)