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Barriers to health care access for Cache County refugees

Michael Hoggard
Utah State University

Julie Gast
Utah State University

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Michael Hoggard & Josh Blotter
Utah State University

Julie Gast
Faculty Mentor

I. Introduction

There are over 300 refugees resettled in Cache County, Utah (figure 2). Despite coming from different cultural and ethnic backgrounds, the Cache County refugee population shares similar circumstances in regards to access to health care:

(a) 96% of working adults are employed at the same job
(b) Refugees have access to the same social services
(c) None of the refugee populations speak English as a native language.

The purpose of this study is to understand key physical, structural and cultural barriers that prevent Cache Valley refugees from

(a) Utilizing work-provided health insurance or Medicaid when seeking medical treatment and
(b) Seeking necessary medical procedures.

II. Methods

Preliminary, qualitative data was collected through a series of guided, in-depth interviews from three different perspectives of barriers to health care:

1) Refugees (n=12)
2) Members of refugee resettlement and assistance agencies (n=2)
3) Health care providers with particular experience providing service to refugees (n=2)

III. Results

Interview results found that structural and physical barriers presented themselves as much greater concerns than cultural barriers (figure 1).

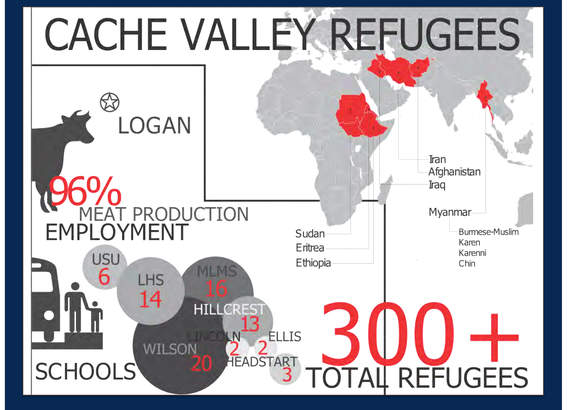
A key finding was the fundamental perception of the use of primary care and emergency services, such as 911, contributed to greater financial ramifications of refugees than were necessary.

The most prevalent barriers to health care access included: language barriers, the fear of missing work, and difficulty navigating a complex healthcare system and its corresponding insurance policies(figure 2).

Figure 1: Barriers to refugee access to health care

Physical	Structural	Cultural
Language Barriers • Lack of translational services, especially in primary care and private practice • Inability of family members to translate specific medical terms **Financial Ramifications** • Losing job • Debt from co-payments and excess services **Transportation** • Having a family member/friend who is able to take them, or access to a car.	**Missing Work** • Fear of repercussions • Lack of understanding company policies • Lack of management representation in management positions **Understanding insurance/health care system** • Coverage, cost, call-back with diagnostics **Difficulty of work** • Standing for long shifts, hand pain, fingernails falling off	**Minimal utilization of primary care** • Preventative care a novel concept **Understanding when to use 911** • Difficulty conveying only for emergencies, not every medical issue **Gender roles** • Masculinity • Difficulty having a male OB/GYN

Figure 2: Cache Valley Refugee Population



IV. Conclusions

Almost all of the assistance that refugees receive navigating the medical system comes from volunteer and resettlement agencies and from other members of the refugee community who are already settled in. This is beneficial, but can also perpetuate unnecessary practices, such as the excessive use of 911 services.

Many barriers could be easily resolved through straightforward, clearly-presented information, rather than the deluge of knowledge refugees receive upon arrival to the United States. “The problem may not be a lack of information, but that there is too much information.” This would hopefully increase the use of primary care, resolve concerns about missing work, and establish clearer expectations for refugees when receiving care and when filling and using prescriptions.

Michael Hoggard
Utah State University
michaeltimohoggard@gmail.com

Josh Blotter
Utah State University
joshua.blotter@aggiemail.usu.edu

UtahState University

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