Perceptions of Barriers to Healthcare among Afghan Refugees/ Special Immigrant Visa Holders, Resettlement Agency Affiliates and Healthcare workers in the Denver Area.



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Introduction

The United States has resettled over 76,000 Afghan Nationals since 2021 with over 2,000 settling in Colorado.

Refugees face numerous barriers to healthcare that exacerbate their already high burden of mental and physical health issues.

Resources, both material and personnel, for refugee health is limited. Therefore, efficient allocation of those resources is essential to provide the best possible care to the most people.

This study seeks to identify the barriers to healthcare for refugee populations as perceived by refugees, resettlement agencies and healthcare workers to better allocate those resources.

Sub-Groub Responses

Refugees:

- "Language makes everything harder appointments, prescriptions, understanding what the doctor is saying. It's frustrating and isolating."
- "I wanted to go the appointment, but I did not have enough car seats, so I could not go."

Refugee Resettlement Affiliates:

- "The resources available don't match the needs. Even when refugees want to seek care, they face so many systemic hurdles that it becomes discouraging."
- "Occasionally,...the healthcare worker will ask whoever the refugee comes with to interpret just because it's convenient... and that can cause like, a myriad of issues just because that person does not have the adequate training to deal with that issue."

Providers:

- "Even for English speakers, our system is hard to navigate. For refugees, who are new to everything here, it's like trying to solve a puzzle without the pieces."
- "There's a stigma attached to mental health in many refugee communities, and it creates a barrier to even starting the conversation."

Methods

We conducted a qualitative study using semi-structured interviews (n=15).

Respondents were selected using purposive sampling.

Interviews were conducted in the respondents' primary language with the help of a community navigator fluent in Pashto, Dari, and English.

Interviews were translated into English and analyzed using grounded theory, combining a priori and emergent coding to identify themes.

Results

5 theses were identified as the most pressing barriers to healthcare among the respondents.

- 1) Complexity of the U.S. Healthcare System
- 2) Financial/Logistical Constraints
- 3) Extended Wait Times for Care
- 4) Cultural Taboos and Standards of Care
- 5) Language and Communication Barriers

Each sub-group emphasized different aspects of these barriers.

Conclusions/Relevance

Each sub-group emphasized different aspects of the overarching barriers.

Refugees: Immediate Challenges

Resettlement Agency Affiliates: Structural Limitations

Healthcare providers: Lack of Cultural Competency

It is unclear if any misalignment of perceived barriers is a result of previous effective interventions or a less efficient allocation of resources.

References

Asgary R, Segar N. Barriers to health care access among refugee asylum seekers. J Health Care Poor Underserved. 2011 May;22(2):506-22. doi:10.1353/hpu.2011.0047. PMID: 21551930.

Baumann KJ, Adera T. Predictors of Interrupted Healthcare Coverage in a National Sample of US Refugees. J Racial Ethn Health Disparities. 2021 Sep 28. doi: 10.1007/s40615-021-01147-9. Epub ahead of print. PMID: 34585361.

Brewer SE, Scandlyn J. Engaging diverse community members to enhance analysis and interpretation: processing qualitative interview data. Fam Med Community Health. 2022 Feb;10(1):e001235. doi: 10.1136/fmch-2021-001235. PMID: 35210314; PMCID: PMC8883267
Cordes CC. Culturally responsive refugee and migrant health. Fam Syst Health. 2021 Dec;39(4):670-673. doi: 10.1037/sh0000669. PMID: 34914465.