Through community-based participatory research, problematic alcohol use was identified as a target for culturally-appropriate intervention.

**BACKGROUND:**

**Resettlement Demographics**
- 1,156,732 refugees globally
- 1 out of 46 Burmese are refugees
- 5,314 refugees resettled in Colorado
- 10 ethnic groups (ex. Chin, Karen & Karenni)

**Culture of Emergency vs. Preventative**
- Low access to care in Myanmar
- Healthcare experiences in refugee camps
- Limited time to assimilate into U.S
- Mistreatment @ work & unsafe conditions
- Lack of benefits & culturally-competent care
- 32% unable to access due to language

**Substance Use In Refugee Populations**
- Comorbidity with PTSD & mental health concerns
- Coping mechanism for traumatic experiences
- Lack of culturally-appropriate interventions
- Availability of alcohol in refugee camps

**METHODS:**
- Implementation with interpreters
- Small focus groups to determine design
- Implement 4 health literacy sessions
- Pre-/post- session surveys & interviews

**Survey & Interview:**
- 2 pre-surveys for basic knowledge & drinking habits
- 1 post-survey for program feedback
- 1 interview for community specific drivers

**PURPOSE & SIGNIFICANCE:**
- Continue partnership with community stakeholders
- Develop & implement a culturally appropriate health education program
- Social impact beyond addressing immediate adverse health effects
- Broaden scope of refugee health communication research

**FUTURE DIRECTIONS:**
- Intro night & targeted focus groups
- Pilot alcohol health literacy nights
- Data from surveys & interviews
- Dynamic adaptation
- Transition to incoming medical students

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