Enhancing the Quality of Healthcare Delivery in Refugee Communities with Photo Voice

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Overview

• Background- Neighborhood health Center of Lehigh Valley (NHCLV)
  – Our Refugee Medicine Program
• Our Quality Improvement Project with Burmese Refugees using Photovoice
• You Can Too
NHCLV

• NHCLV
  – Federally Qualified Health Center since 2013
  – Family Medicine Residency Training Site for Lehigh Valley Hospital
  – Family Medicine Primary Care-
    • Infant to Geriatric
    • Women's Medicine, Prenatal Care
    • Refugee Medicine Program
    • STD screening in conjunction with Allentown Health Bureau
    • Integrated mental health program
NHCLV-Refugee Medicine Program

• Since 2010
• Medical evaluations for arriving refugees
• Ongoing primary care services for refugee patients
• 153 evaluations since March 2011
NHCLV-Refugee Medicine Program
How can we improve cross cultural health care delivery?

• Awarded Mini-Grant by Pennsylvania Department of health.
  – Goal- improve quality of cross cultural health care delivery to our refugee patients.
Photovoice

• Photographic Technique that
  – Allows groups to reflect/state communities strengths and goals
  – Promote critical dialogue and knowledge through discussion and use of photographs
  – Reach policy makers
Photovoice - Methodology

Identify Community Issue or Concern

Recruit Participants

Introductory meeting with participants - Distribute cameras. Training. Photo Assignment.

Focus Group Discussions audiotaped and transcribed

Data Analysis and Naming of Themes

Forum for influential advocates
Action Plan and next steps

- Photovoice Workshop May 15 2013, Alexandria Lightfoot, UNC Chapel Hill
Photovoice- Our Experience

• Community Concern
  – Our patients face many barriers to accessing safe and affordable care.

• Burmese Refugee patients
  – 4 participants
    • One English/Burmese speaker
    • 2 Karen Speakers
    • 1 Karenni Speaker
Photovoice- Our Experience

• Introductory meeting with participants
  – Project explained with use of telephone interpreter
  – Disposable digital cameras ($25/each) distributed
  – Photo Assignment Given
  – Collection of Cameras for Printing of imaging prior to next meeting
Photovoice- Our Experience

• Focus Group Discussions
  – Audiotaped and Transcribed- 4 meetings
  – 4 refugees, 2 focus group moderators, 2 caseworkers
Photovoice- Our Experience

• Data Analysis and Naming of Themes
  – Naming of themes / Data Analysis
    • Weekly meetings between moderators, and transcriber
      – Focus group discussion analysis, theme naming
  • Final Meeting
    – Moderators, Transcriber, Caseworkers, final theme selection and photo selection
    – “Social Network”
    – “Language and Way finding”
    – “What is Health”
Photovoice-Data Analysis
Photovoice - Data Analysis

Session 2 quotes

1:42:30- at the pharmacy they don’t have interpreter, and they talk to you in English and you don’t understand. If they explain to us with action we might understand.

1:40:36- In the refugee camp we would get card with picture of sun rising or sun setting so we could understand when to take our pills.

1:27:00- How to go to elevator, How to go to lab, how to go to pharmacy, how to go to X ray, but everything is in English, we don’t know how to read. There is no symbol or sign.

1:16:50- I took this picture about the building that people live in need sun light. Some people have apartments with the room so small, no fresh air and no light. That is not good for health. That is why I took this picture. People need fresh air and light for health.
Photovoice- Data Analysis

Lina

A. Language....Way finding
   a. Telephone picture, S4, 32:30, S4, 27:55, S3, 1:11
   b. Hospital sign, S1, 1:03:30, S2, 1:27:00
   c. Pill Bottle, S2, 1:42:30
B. What is Health?
   a. Hla Shwe Taking Medicine S1, 101:00, S2, 42:13
   b. Fruit, S3, 56
   c. Beetle Nut, S4, 57:50, S3, 1:27
   d. Refrigerator contents, S3, 53
C. Social Network
   a. Map, S4, 37:00
   b. Sitting on Park Bench, S3, 23
   c. Out Apartment Window, S1, 1:43:10, S2, 1:16:50, S2, 1:00:43
   d. Phone,
Social Network

Here we have only 1 or 2 families to know each other and just visit, we don’t have a space to go around, and we don’t know people, and we don’t know where to go and walk around. My joint pain, my finger pain it is worse here than it was in the refugee camp, because we don’t know where to go, we only have one family or two families to visit each other. Where to go we don’t know, what to do we don’t know.

There is a difference in society, when we lived in camp we were very close to each other, we would talk to each other and eat, then after eating we’d be wandering around the village or around the jungle, maybe looking for a vegetable. Right now we stay in the apartment for days which brings problems, gaining weight, headaches, and depression. We need to teach the Burmese people how to relax, take a rest, and go to the park.

We live in apartments, we have to pay to live. It’s not like our country,... In our country you want to live, you go to the forest, you cut the wood, you cut the bamboo, and you build your own living place. Where we come from there are no windows, no partition, just a roof, open air, so you cook and the air just goes out.

I have never called because I won’t understand what he has to say, so I never use this myself. I just call the Karen people, some friends and we talk in our own language.
Language and Way Finding

If we are sick we don’t know how to make an appointment with the doctor. We don’t know our doctors phone number, and if we did know our doctors phone number when we call, we don’t know how to talk to our doctor.

How to go to elevator, How to go to lab, how to go to pharmacy, how to go to X ray, but everything is in English, we don’t know how to read. There is no symbol or sign.

I have a friend who was supposed to take one pill a day for one month but he took 3 pills a day instead. Somehow he didn’t understand the instructions.
What Is Health?

Many of my friends tell me they don’t take their medication for TB. They get their medication but never take it.

- Mostly refugees do not take the medicine especially for TB, they get the medicine and throw it away because they feel healthy.

When I came to the United States I had a lot of big problems, our people do not eat beef, chicken or pork, we eat vegetables and fish. When I came here this was a big problem. I tried to eat pork and beef but I got a stomach ache.

The betel nut can cause mouth cancer and stain your teeth. We had no choice, when we were in the mountain, everybody chewed betel nut and we had no candy or other things to chew so we did the same things that the ancestors had been doing. It is very addictive and we started doing this when we were little, it is very difficult to quit, we know it is not good but it is very difficult to quit.