

African Refugee and Immigrant Health Needs: Report From a Community-Based House Meeting Project

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What Is the Purpose of This Study?

- To obtain information from African refugees and immigrants about their health needs and barriers to health care.
- Lay the foundation for future work of the African Partnership for Health, a coalition of African community members, service providers, and researchers.

What Is the Problem?

- Since the 1990s, many African refugees arrived in the United States from war-torn countries. Additionally, many immigrants from Africa have come to the United States outside of an organized refugee resettlement program.
- African refugees and immigrants are an especially vulnerable group. Nearly every aspect of life in the United States—climate, dress, food, housing options, work, social networks, laws, and normative values—is dramatically different from life in Africa.
- Information about the health needs of Africans is lacking due to limited research on Africans living in the United States and the lack of census, county, state, and federal health data on African population groups.

What Are the Findings?

- Participants in house meetings described a number of sources of stress, including the disappointment Africans experienced upon arrival in the United States and the sadness and loneliness they felt, separated from networks of support left behind in Africa. Financial hardships, emotional consequences of trauma experienced in their home countries, and strains on family relationships were described.
- Although formal mental health services were recognized as a valuable resource by some, participants were more likely to describe their emotional challenges as “stress” rather than mental unwellness and were often reluctant to seek formal mental health services.
- Gaining access to health care was a major challenge. Concerns centered around three main areas: Knowing where to go for health care, the cost of care, and confusion about how the U.S. health care system works. Even when people had insurance, the cost of care was still a worry and many people turned to hospital emergency departments as their main source of care.
- Refugees and immigrants with varying language, literacy, and immigration status reported having difficulty understanding health providers and being understood by them.
- Doctors often seemed to have minimal knowledge about diseases that are common in Africa and seemed unaware of traditional health practices, values, or patients’ culturally influenced expectations regarding the doctor’s role. In several of the groups, experiences of poor communication were felt to cross over the line from a lack of understanding of Africans to racism and discrimination.

- Although interpreters are essential when the doctor and patient speak different languages, house meeting participants raised a number of concerns about interpreters.
- Although there were many concerns expressed about poor and discriminatory treatment, some participants suggested ways Africans can influence the way they are treated. These comments showed insight into communication and cultural adaptation as a “two-way street.”
- House meeting participants also talked about ways they coped with the challenges they faced, including spiritual faith, diet, exercise, and community support.

Who Should Care the Most?

- African leaders and community organizations.
- Policy and advocacy groups.
- Health care and service providers who work with Africans.

Recommendations for Action

- Develop education programs for African community members on topics such as how health care is organized in the United States, hospital billing procedures, scheduling appointments, and strategies for effective communication with health providers.
- Provide education for health providers about African culture, values, and their expectations about health care.
- Advocate for improvements in health services and at local government, state, and national levels to ensure that refugee and immigrant groups have access to high-quality and culturally responsive health care. Integration of mental health and primary health care, transparent billing procedures, improved training and certification of medical interpreters, and state and federal health system reform are examples.
- Provide opportunities for service providers, researchers, and community members to learn the skills and methods of community-based research; to establish the trust needed to work effectively together; and to build skills, leadership and social capital in the African community.