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A Health Assessment of Refugee Children
From
Former Yugoslovia in Tarrant County

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A Health Assessment Of Refugee Children From Former Yugoslovia In Tarrant County

Problem In Lieu Of Thesis

Presented to the School of Public Health

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For the Degree of

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By

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Introductory Summary

This study was conducted to provide an assessment of the health status and health care utilization of children from former Yugoslavia living in Tarrant County. Additionally an assessment of barriers and problems encountered by these families in obtaining health care for their children was presented. One hundred thirteen households of refugee families arriving in Tarrant County from 1998 through 2000 participated by answering a 79 item health information questionnaire. The results revealed that most of the refugee families had no regular health care provider to assure continuity of medical care. Lack of access to dental care and inappropriate utilization of hospital emergency facilities were also identified as problems. Insufficient understanding of health insurance issues and inability to access health information were additional problems. Addressing these problem areas by local and state health care agencies may help to improve health care delivery for these and future refugee children.

A Health Assessment of Refugee Children from Former Yugoslovia in Tarrant County

Introduction

Following the war in former Yugoslovia which began in the early 1990s, thousands of refugees were created through violent disruptions occurring in their homeland. Although the initial health status of the residents of the region was roughly equivalent to most West-European countries[1] the occurrence of trauma, displacement, and unsatisfactory living conditions impacted on the health of refugees.[2,3] Following resettlement in the United States the presence of cultural and language barriers presented potential restrictions to their access to essential health care.[4] The impact of these hardships generally has greatest affect on the children.[5]

This is a descriptive study assessing the sociodemographic characteristics, general health status, health care utilization, and access to healthcare among the children of recent immigrants from former Yugoslovia arriving in Tarrant County from 1998 through 2000. During this time 445 of the 1167 entering refugees were under 19 years of age. The refugee families underwent health screening at the Tarrant County Health Department Refugee Clinic (TCHDRC). The circumstances of civil war, domestic upheaval, and relocation to a foreign culture, language, and medical care system undoubtedly made a significant impact on the lives and well-being of these families.[6] This study was undertaken to obtain information on their health status and medical access problems in order to provide more effective health care for this vulnerable population.

Subjects and Methods

Health assessment information on recent (1998 to 2000) arrivals from former Yugoslovia collected in aggregate form from the TCHDRC records and collated by the State of Texas Refugee Health Division provided general health and sociodemographic background data on the study population.

A list of 152 Tarrant County households of former Yugoslovia immigrants containing children was obtained from three volunteer refugee organizations. These households were contacted by telephone. A total of one hundred thirteen households consisting of refugees from the regions of Bosnia, Croatia, Serbia, Macedonia and Kosovo agreed to participate in the survey. The senior female household member was selected as the primary respondent for the questionnaire in order to provide conformity and to obtain the most accurate source of information regarding child health.

The survey was conducted in either the Serbo-Croatian or Albanian language. The questionnaire contained questions on sociodemographic data (age, gender, education, family size, languages spoken, employment) health care and health behavior, dental and medical problems, clinic/emergency room visits, method of healthcare payment, health information sources, domestic violence, mental health, smoking, satisfaction with health care, and suggestions for improving services.

Results

The health of the refugee children on entry into Tarrant County was generally satisfactory although the TCHDRC referred 42% to medical clinics for various minor medical conditions including medical evaluations in 25% due to the presence of a

positive skin test for tuberculosis equal to or greater than 10mm. Six of the 445 recently arrived refugee children were treated for active tuberculosis infection. A similar prevalence of tuberculosis positive skin test reactors has been reported in recent refugees from Eastern Europe.[7] All of the children received appropriate immunizations at the TCHDRC to meet the state health department vaccination requirements.

Characteristics of the Households

The distribution of the study population by household characteristic is shown in Table 1. The median age of the mothers that responded was 35 years and in 3.5% of the families a single mother without a spouse was the head of the household. An examination of the education level of the mothers revealed that 33% had not completed 8th grade while 54% were high school or college graduates. Thirty-two percent of the mothers reported being unable to speak English. Full-time jobs were held by 61% of the mothers and 12% worked part time. The overall employment of these households was high with 53% having both the mother and father employed full time. This high percentage of dual-parent full employment impacts on the availability of parents to bring children to medical appointments and on the supervision and parenting quality of the households. The median number of children in the household was 2.4. The median age of the children was 8.5 years with over 35% of the children below 6 years of age. Cigarette smoking was reported in 68% of the households and 36% of households had two or more smokers. Domestic violence in the form of fear of being hit by a husband was reported in 3% and excessive alcohol consumption was reported in 2%.

Health Care

As noted in Table 2, eighty-eight percent of the children were reported to be insured by a form of private or public health insurance. Sixty-two percent of the families reported that their children had no regular provider (medical home) as their source of health care. Fifty-one percent of the refugee families reported their children had utilized a hospital emergency room at least once in the past year. Among children with a regular health provider, 9% used the ER more than once in the past year compared to 22% of children with no medical home. Among the major reasons for using a hospital emergency room for care, 49% responded that convenience was the primary reason, 35% utilized the emergency room because no other place at that time was open for care, and only 7% reported using the emergency room for acute medical emergencies. In Table 3 it can be seen that a refugee family without a regular health care provider is 2.1 times as likely to bring a child to a hospital emergency room excessively than a family with a regular provider. Hospitalization for one or more days in the previous year was reported in 2.8% of the children.

The mothers reported that the most significant medical problem with their children was dental illness (30%) followed by respiratory infections (17%) and allergies (16%). Excessive dental problems in former Yugoslavia refugees has also been observed at other refugee health care centers.[8,9] Twenty-six percent of the households reported that their children had not received dental care since arrival. The most prevalent reason for not being able to provide dental care for their children was inability to pay(73%). Four percent of the mothers reported that they were unable to get an appointment and 3%

reported that dental care was not needed by their children. Some parents reported that their children had been denied health care at least once(11.5%). The places reported to have denied care to their children were private hospital clinics (50%), public clinics (20%), and private physician clinics (10%). The reasons for being denied health care were not meeting registration and credential requirements (42%), inability to pay (17%), and late for the appointment or unable to obtain a translator in 8% each.

Health Information

Twenty-nine percent of the mothers reported that they had sought health care information concerning their children. The most frequent source of health care information was the physician's office (96%). Eighty-six percent of the mothers reported that they were satisfied with the information they received.

Satisfaction

Sixty-two percent of the mothers reported to be extremely or very satisfied with their children's medical care. Of the mothers dissatisfied with their children's medical care 83% had no regular medical care provider. In response to suggestions to improve health care a majority of the respondents (37%) expressed a need for more affordable medical and dental insurance. Twenty percent of the respondents sought simplification of insurance benefits, with more information and instructions on using health care plans and 18% expressed a need to decrease clinic waiting time.

Discussion

The mothers of refugee children from former Yugoslavia living in Tarrant Country reported many health care problems very similar to those among former

Yugoslovia refugee populations in other areas of the United States and abroad.[10,11,12,13] The large number of those reporting dental problems and difficulty in obtaining dental care is of concern. Also the difficulty in understanding health insurance coverage and its high cost for those not qualified for Medicaid or the Children's Health Insurance Program (CHIP) was common and has been also reported as a major problem among former Yugoslovia refugees in other areas in the United States.[14] The underutilization of regular medical providers (medical home) and inappropriate overutilization of hospital emergency rooms for primary care is also a problem which needs to be resolved. There is a general need for medical information and education on health maintenance and disease prevention including smoking cessation and well-care medical screening which has not been a part of their previous health care practices. This study identifies several unique and important health care problems and utilization practices of former Yugoslovia households in Tarrant County.

Conclusion

Although the general health of the former Yugoslovia refugee children in Tarrant County was good, there are some important areas in which health care resources can be improved for this vulnerable segment of the population. Establishing better access to regular health care providers (medical homes) to provide continuity of medical care, providing increased access to dental care, and creating more effective means of delivering health care information can help to maximize the health and well-being of these new inhabitants of the community.

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APPENDICES

APPENDIX A
TABLES

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Table – 1 Demographic characteristics of former Yugoslovia refugee households in Tarrant County 1998 –2000.	
	% of Sample (n = 113)
Mother's age y (Median = 35) 20 – 30 31 - 45	 12.0 88.0
English speaking	68.0
Education level of mother Non high school graduate High school graduate College graduate	 33.0 59.0 8.0
Male spouse present in household	96.5
Maternal employment Part time Full time	 12.0 61.0
Male spouse employment Full time	 88.5
Both mother and father employed	53.0
Number of children per family (Mean = 2.4)	
1 child	27.4
2-3 children	66.4
3 children or more	6.2
Age of children y (Median = 8.5) 0 – 6 years 6 – 18 years	 35.0 65.0
Smokers in household	68.0

Table 2. Health care characteristics of former Yugoslovia refugee children.	
	% of Sample (n = 271)
Insured by public or private insurance	88.0
Established health care provider (medical home)	38.0
Received dental care in past year	74.0
Hospitalized overnight in past year	2.8
Utilized emergency room in past year	51.0
Emergency room visits of children with established physician vs children with no established physician	
Emergency room use more than once in children with no established physician	22.0
Emergency room use more than once in children with established physician	9.2
Reasons of Emergency Room use	
Convenience	49.0
No other place open	35.0
Acute emergency	7.0
Significant medical problem reported by mother	
Dental	36.0
Respiratory	21.0
Allergies	12.0
Gastrointestinal	11.0
Ear infection	8.0
Accident	5.0
Denied medical care reported	11.5
Reason denied medical care	
Not meeting credentialing & registration requirement	42.0
Inability to pay	17.0
Late for appointment	8.0
No translator available	8.0
Requested health care information	29.0
Places where health care information provided	
Physician's Office	85.0
Public Health Department	8.0
Social services	6.0
Satisfied with health care provider	62.0

Table 3. Factors affecting excessive emergency room use among refugee families, with Odds Ratios (OR) and 95% Confidence Intervals (CI).		
	OR	95% CI
Lack of regular health care provider	2.11	.71, 6.30
Lack of maternal high school education	1.55	.52, 4.72
Three or more children in family	1.45	.55, 3.81
Non-English speaking mother	1.18	.42, 3.29
Inappropriate reason for emergency room visit	.40	.07, 2.37

APPENDIX B
JOURNAL COVER LETTER

November 19, 2001

Editor, Texas Medicine
401 W. 15th Street
Austin, TX 78701

Sir:

I am forwarding your office a manuscript for review and possible publication. The title of the manuscript is "*A Health Assessment of Refugee Children from Former Yugoslavia in Tarrant County.*" I believe it may provide Texas physicians and health care administrators an insight into the status and major health care barriers and problems of a segment of refugees that have recently arrived in Texas. Similar problems can be anticipated as new refugee groups continue to migrate to Texas from various troubled parts of the world.

In consideration of the Texas Medical Association taking action in reviewing and editing my submission, the author undersigned hereby transfers, assigns, or otherwise conveys all copyright ownership to the Texas Medical Association in the event that such work is published by the TMA.

This project was conducted in partial fulfillment of Master of Public Health degree requirements at the University of North Texas School of Public Health. I wish to acknowledge my faculty committee: Muriel Marshall, D.O., Dr.P.H., Antonio René, M.P.H., Ph.D. and Raghbir Sandhu, M.D., Dr.P.H.

Sincerely,

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APPENDIX C
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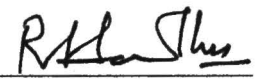
Raghbir Sandhu, M.D., Dr.P.H.	11-28-01	
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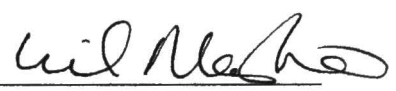
Muriel Marshall, D.O., Dr.P.H.	11-30-01	
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APPENDIX D
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GUIDELINES FOR TEXAS MEDICINE

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Include a mailing address and telephone number for each author.

An introductory summary of 100-150 words is required.

Text should be narrative with complete sentences, few abbreviations, and logical subheadings. For spelling and usage the editors follow "Dorland's Illustrated Medical Dictionary," 26th edition, and "Webster's Third New International Dictionary, Unabridged."

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Iverson C, Dan BB, Glitman P, et al: *The American Medical Association Manual of Style*, ed 9. Baltimore, Williams & Wilkins, 1998.

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