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A Health Needs Assessment of the Burmese community in Tampa, FL

Report prepared by:

Roberta D. Baer
Shani Davis
Amanda Hibbert
Natalie Hobbs
Tamara Looney
Kara McGinnis
Erlande Omisca
Lauren Pusateri-Woods

Department of Anthropology
University of South Florida
Tampa, Fl.

This report was prepared with and for the Tampa Burmese community

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Executive Summary

1. Methods: In the spring of 2011, a team from the USF Anthropology Department carried out a health needs assessment for the Tampa Bay Burmese Council (TBBC), in collaboration with Lutheran Services Florida. We interviewed 14 key informants—social service workers, health care providers, a religious leader, members of the TBBC leadership, and others with direct experience with refugee issues in the region. These key informants also were asked to review items to include in the interview schedule (see Appendix A) used with 44 members of the Burmese community. Additionally, a women's focus group was held which explored issues related to food, women's health, pregnancy, child birthing experiences, and children's issues.

2. Our data highlight the importance of at least a basic level of understanding by the health practitioner regarding the background, culture, and health beliefs and health knowledge of the Burmese community:
   - **Health knowledge & beliefs:**
     - The community believes weather changes can affect health.
     - Half of the community believed lack of harmony can cause illness.
     - 10 individuals believe spirits and demons affect illness, but 7 people do not think people will be affected by this in Tampa.
     - The majority of the community reported knowing about TB, Diabetes, HIV/AIDS, Cancer, Seasonal Influenza, and H1N1/Swine Flu. Interestingly, only 31% had heard of parasites.
       - Community members said they desired health education regarding general health, specific health issues affecting them, and the U.S. healthcare system.
     - The Burmese community is familiar with vaccines. 90% have no doubts about vaccines, but believe that vaccines do have side effects, and a third believe that vaccines can cause illness.
     - Burmese women would like to learn more women's health and gynecology visits.

- **Many of the refugees lived in the refugee camps for the majority of their life**
    - Knowledge of traditional plants and medicines seems to have been largely lost in the refugee camps, however, over half of the community continues to use medications from Burma.
        - A few families use Wonotsay, which has been reported to be lead based; however, the medicine, Asay mo, which is also discussed in literature as lead-based, is considered to be paprika by the Burmese community.
    - The Burmese became familiar with hospitals, western style medicine, and vaccinations in the camps.
        - The majority of the Burmese indicated that they prefer western medicine, but said that usually they do not understand the instructions.

3. The interviews, focus group, and key informant interviews highlighted major issues facing the Burmese community:
    - High frequency of headaches
    - Mental Health issues
        - Kayah individuals are more affected by mental health issues than all other ethnicities represented in the Tampa Burmese population; they report feeling isolated.
    - High frequency of dental issues—especially among children
        - Limited knowledge about oral health and care
        - Limited access to dental services
    - A dietary transition is occurring in the community especially among the children
        - Women reported that children eat "American" foods outside of their household.
        - Interviewers observed children eating candy bars and drinking sugary drinks.

- Participants were reluctant to talk about issues of drinking, drug use, spousal abuse, and divorce, which key informants told us were important issues for the community. Still, 36% believed that drinking is an issue among the men in the community. A few people indicated that drug use, spousal abuse, and divorce are occurring as well.
- Lack of transportation, which limits job opportunities.
- Language barrier and communication issues affect all dimensions of life
    - Affects the ability to find jobs
    - Language barrier especially apparent in the healthcare setting (few health care providers utilize interpreting services and little understanding of Burmese culture and health knowledge)
    - Want to know more about American culture and what is acceptable to do—especially in regards to child discipline
- Some refugee families cannot become self-sufficient in 8 months and have trouble re-signing up for services like Medicaid, and WIC
    - Not having Medicaid not only affects access to healthcare, but also affects access to birth control
- Lack of jobs (the language barrier reported to affect this)
    - Education levels did not affect employment rate or the type of jobs held

4. Recommendations
    - The majority of these refugees plan on staying in Tampa if they can find jobs; thus, long-term sustainable solutions to these issues are needed.
    - It is important to continue supporting and utilizing the knowledge existing in the community about farming and gardening.
    - Burmese leaders should talk to the Hñähñu migrants in Clearwater from Hidalgo, Mexico about that community's experiences building relationships in the larger Tampa Bay community.
    - The methodology of asking questions about sensitive subjects important; including adding statements that stress you are not looking for information

about specific individuals, and not asking them questions about themselves, but rather asking, “Do you know if anyone…?”

- More bilingual forms needed (this assumes literacy, and not everyone is literate).
- Currently, the Health Department receives the health information from the refugee’s health assessment in Thailand. This document might be helpful to share among the service providers.
- Put significant or relevant health information on a form that is written in the language of the refugee and in English (this assumes literacy, but not everyone is literate)
- Inform healthcare providers about Burmese culture and health beliefs; stress importance of asking about family, etc.

Introduction

The University of South Florida Anthropology graduate seminar, *Ethnicity and Health Care*, conducted a health needs assessment of Burmese refugees in Tampa during spring 2011. The seven graduate students in this class came from a variety of backgrounds, including anthropology, nursing, medical ethnics, religious studies, community development, engineering, and public health—thereby strengthening the report through their various discipline's perspectives. This project was created to fill the informational needs of the Burmese community as they form an ethnic community based organization (ECBO). Secondarily, it is hoped that this report will fill the informational needs of local organizations serving the Burmese refugee community. This project emphasizes the importance of the community's involvement in this research, and this report features their voices through direct quotations. At the beginning of the semester none of the students knew about the Burmese refugee community in Tampa, which is the second largest refugee community in the area. This opportunity opened the students' eyes to different communities that live in the Tampa Bay area as well as the challenges that these communities can face when accessing health care and other services. The following report contains an outline of the projects' methodology, major themes discovered from interviews and focus groups, and a discussion of the results and recommendations for the future.

Methods

We began by reviewing published reports about Burmese refugees living along the Thai-Burma border and in the United States. These included news articles, peer-reviewed literature, and other publications produced by refugee advocacy groups (Associated Press 2010; Barron et al. 2007; Bodeker et al. 2005; Cardozo et al. 2004; Dunford & Refugee Council USA; Indiana News Center 2010; Leighton et al. 2008; MacArthur et al. 2008; New York Department of Health 2010; The News Sentinel 2008-2010; New York Times 2007; NPR 2007; Swe & Ross 2010). These sources highlighted Burmese refugees' experiences of health and resettlement. The published reports helped to guide the creation of the interview guide and women's focus group guide.

The primary methods used for collecting data for this project are summarized below:

- Key Informant Interviews: We met with leaders of the Burmese community and representatives of local refugee support agencies at the beginning of this project. These initial meetings allowed us to become familiar with the Tampa Burmese community, the possible health issues that might exist within this community, and the resources of Tampa organizations supporting the refugees. These key informants were essential to the creation of the interview and focus group guides utilized in this project. Key informants from within the community provided us with specific advice on the best way to ask questions. For instance, instead of asking direct questions regarding sensitive subjects (e.g. Do you drink?), they suggested asking indirect questions like, "Do you know anyone who drinks?" These meetings also clarified the informational needs of the Burmese community as they work to create an ethnic-community based organization (ECBO); this was the major driving force for the kind of information collected and presented in this report. Additionally, the research team stayed in contact with various key informants throughout the project to discuss their perspectives and experiences regarding the major themes that arose from the interviews and focus group with the Burmese community.

  These key informants represent a variety of backgrounds and organizations including: leaders in the Burmese community, employees of organizations supporting refugees in the Tampa Bay area, health care providers, and a religious leader who works with the Burmese community. In total, 14 key informants participated in this research, and detailed notes were taken of these discussions. These notes were analyzed for themes and key concepts. The key informants were particularly helpful in contextualizing the experiences of the Burmese community within the larger Tampa Bay community—especially in regards to accessing services.

- Interviews with 23 Burmese Families: A total of 42 individuals from 23 different nuclear families participated in this research. This represents about 90% of the refugee families resettled by Lutheran Services, Fl. who lived in the area at the time of the research. The information shared by the Burmese families during these semi-structured interviews (Appendix A) helped us to understand the demographics, background, experiences, health issues, health beliefs, and health needs of the Burmese community. Over the course of the first several interviews, the interview guide was modified in order to make the questions more understandable—this included having the names of traditional Burmese medicines written in

Burmese script to facilitate communication (Appendix A). Each interview was conducted with one USF team member and one interpreter, at the apartment complexes where the Burmese live. On average each interview lasted about one hour in length. When possible, each adult man and woman in the family was interviewed separately, but a number of interviews occurred where everyone was in the same room while each person was interviewed. Additionally, due to the different ethnic languages spoken by those in the Burmese community, it was necessary at times to have other members of the household present during the interview so that they could interpret for the interpreter. Thus, up to three different languages were spoken during these interviews.

Mental Health can be a difficult and intangible concept to translate across cultures (Bodeker et al. 2005). In an effort to create as accurate a picture as possible, this project utilized both culturally derived aspects of mental health informed by the literature (Cardoza et al. 2004) and a multiple choice survey that provides a numerical mental health score for individuals. Version two of QualityMetric's SF-36™ health survey (Ware et al. 2001) that was modified for this project in an attempt to make it more understandable to the Burmese community. The original version of this survey consists of eight scales measuring physical and mental health. We chose to only include the scales focused on mental health (Table 1) in order to limit the length of the interviews, and to ensure that we gathered information that might provide insight into issues highlighted by key informants and the literature.

Table 1 Definitions and Interpretations for SF-36v2 Mental Health Survey

Scale Name	Abbrev.	Description	How to interpret the lowest possible score	How to interpret the highest possible score
General Health	GH	Measures the individual's evaluation of their general health on a scale of poor to excellent and in relation to others in the community.	A person evaluates their health as poor and believes it is likely to get worse	A person evaluates their personal health as excellent and is confident that this health will continue
Role-Emotional	RE	Measures how much emotional problems affect the individual's work or their other daily activities	The person has problems with work or other daily activities as a result of emotional problems	The person does not have problems with work or other daily activities
Social Functioning	SF	Measures how much physical & emotional problems interfere with the individual's normal social activities	Person experiences extreme and frequent interference with normal social activities due to physical and emotional problems	Person performs normal social activities without interference due to physical or emotional problems.
Vitality	VT	Measures the energy level of the individual	Person feels tired and worn out all the time	Person feels full of energy all the time
Mental Health	MH	Measures the frequency of an individual feeling nervous, depressed, peaceful, happy, and calm.	Person feels nervous and depressed all the time	Person feels peaceful, happy, & calm all the time

The multiple-choice questions for this survey were orally administered during the course of the interview. A number of questions were reworded after translation issues became apparent. This included replacing abstract ideas such as "emotional problems" with concrete concepts such as "feeling sad, bad, or anxious" in question 55. Some of the original questions contained English idioms, which did not translate well. For instance, question 56a originally contained the English idiom, "full of life", which was replaced "Did you feel satisfied about your life?". These scales consist of questions with multiple-choice answers (see questions 53 to 58 in Appendix A). In an attempt to ensure translatability of the questions, the multiple choice options were reduced from a five answer Likert scale, to three answer choices. These scales ultimately provide a numeric score for rating various dimensions of mental health. Scores were calculated by assigning each answer choice a numerical value and finding the mean (average) of these values. Additionally, in order to compare this data to preexisting data for the U.S. population, the scores were normalized. This means that the data was transformed so that a theoretical population would have a mean of 50 and a standard deviation of 10 (Ware et al. 2001). Thus, the data can be analyzed and interpreted by comparing the calculated mean to the normalized mean of 50. This survey provided scores so that the mental health of the

individuals within the Burmese community could be quantitatively evaluated, and compared to the qualitative non-health survey questions pertaining to mental health. Additionally, these scores allowed us to compare the Burmese population to the general U.S. population. And all results were analyzed for gender, ethnicity, age, years of education, and years in the US.

All responses were hand-recorded verbatim. We analyzed interview notes for key themes and the frequency key concepts were mentioned. When possible, a second reader also coded the data and inter-coder agreement was found. These themes and concepts are reported in the Results section below. Each family received bags of fruit as a thank you for the time that they spent with us.

- Women's Focus Group: The focus group provided an opportunity to explore issues of food, women's health, pregnancy, child birthing experiences, and children's issues with women in the Burmese community. The questions focused on changes that have occurred in the women's lives as they moved from Burma to the refugee camp to the United States. Nine women participated in the focus group, and two female interpreters were present. These women were either from the Karen or Chin ethnic groups. This meant the conversation occurred in four languages: English, Burmese, Karen, and Chin. The Chin women did not always understand what the Karen women said and vice versa so the translators also translated between the two ethnic groups so that the conversation could occur. The notes from the focus group were analyzed for themes and key concepts, and the results are reported in the results section. All of the women were given bags of fruit as a thank you.

Major themes from the key informants, interviews, and focus group are reported in the results sections. Consistency or discrepancies arising from the different data sources are noted where appropriate.

Results

Community Demographics

In the interviews, men and women were fairly equally represented. Nineteen respondents were male and 23 were female. The families interviewed represented three ethnicities (Chin

N= 11, Karen= 17 ; and Kayah N= 14) out of more than 135 ethnic groups found in Burma. Eighty-three percent (n=35) were under the age of 50.

Table 2 Ages of Interviewees

Age category	Percent
18-24	21%
25-34	38%
35-44	19%
45-54	12%
55-64	10%

A women's focus group was conducted to explore important and sensitive issues for women.

Table 3 Focus Group Demographics

Ethnicity:	**Chin**	**Karen**
	3	6
Marital Status:	**Married**	**Unmarried**
	7	2
Children:	**Yes**	**No**
	6	3
Ages 18-25	**Ages 32-39**	**Ages 50-57**
3	2	4

The religious practices of the refugees in Burma were largely Catholic/Christian (72%, n=28). Twenty-nine percent now practice a religion different from their religion in Burma and/or the refugee camp (Table 4). Religion is an important component of the daily lives of the Burmese families as many of them reported that prayer was a regular component of the day.

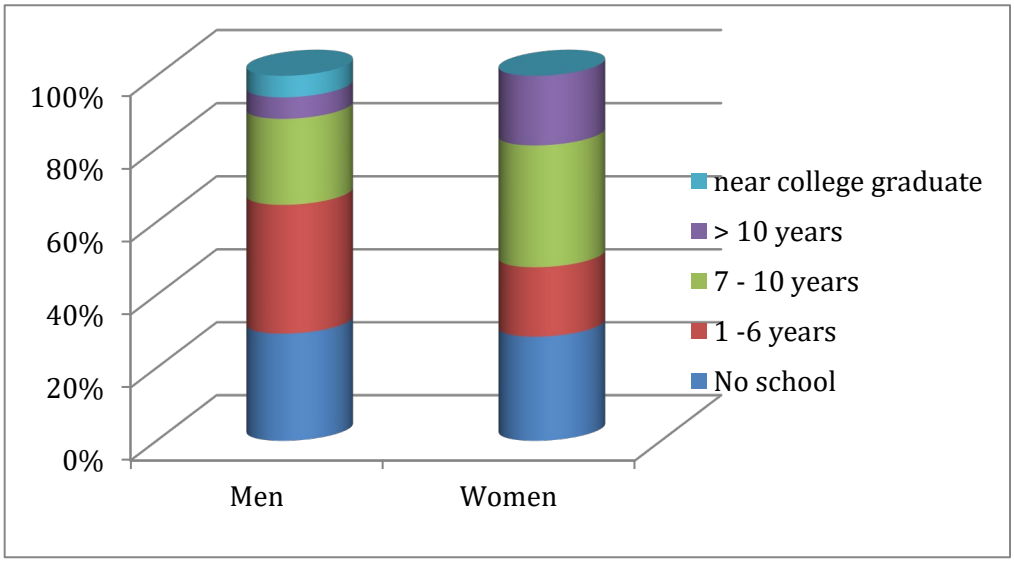
Table 4 Religious Practices of Burmese Community

Present religious practices of the participants from the Tampa Burmese Community	Percent	Previous religious practices of the study participants	Percent
Christian	54%	Christian	46%
Catholic	34%	Catholic	26%
Muslim	5%	Muslim	8%
Buddhist	7%	Buddhist	15%
		Village religion/other	5%

Families reported that monthly earnings ranged from $200 to over $800. One family reported earning nearly $1400 monthly, but most reported hourly rates indicating the transient nature of their jobs. Sixty-eight percent of the families had only one adult earning a salary. Twenty-seven percent of the families had multiple earners, and five percent of the families had no employment. Men reported having work and earning money for their families as a new and welcome change from the camps in Thailand and Malaysia where they were not allowed to work. In Tampa, the women in many families are also working outside the home, a non-traditional female role. Burmese families are generally large; on average the participants reported four or more children.

Ten participants had more than 10 years of formal education and included one person that was near college graduation before obtaining refugee status. Seventeen participants reported less than 10 years of education, and 11 had no formal education. Years of education, however, often did not translate into better work choices. Refugees worked in restaurants, bakeries, grocery stores, hotels, and in churches/ temples in capacities that require relatively no communication and are paid little more than minimum wage. Participants told us that language was a major barrier to finding jobs. Employment opportunities for non-English or Spanish speaking persons in Tampa are limited, and professional positions for persons with limited English language proficiency are virtually non-existent. Communication issues are a major issue for the Burmese and will be discussed at length later in this report.

Figure 1 Education of Interviewees



Built Environment

Interviewees indicated that refugee camps were a better choice than mistreatment from the Burmese government (e.g. forced labor, property destruction, physical abuse, and poverty). But the camps afforded little privacy and resources necessary for living. Compared to these circumstances, urban apartment living in Tampa was rated extremely favorably. The neighborhood was rated likable and safe and the prevailing opinion is that the quality of life since coming to the United States is significantly better. Several refugees, however, said that they didn't feel very safe at night when they are coming back from work. One husband said, "[My wife] is working at night and I worry because she comes back late. There are so many types of people out there."

Transportation in Tampa is an issue for this community, especially as many of the health facilities used were located 1-45 miles away. Few of the families have vehicles, and key informants told us that the community has trouble using local buses:

> **"Think about it. Those of us who have English as our first language and have lived here for a long time have trouble using the buses. The Burmese community really has trouble navigating the complex transportation system here."**

This transportation barrier can have serious implications for accessing services. For instance, the DCF Refugee Services program, CARIBE, offered English classes for the Burmese, but the location was too far from where the community was located. Very few individuals attended the classes, until service providers moved the classes closer to where community members live.

Heath Beliefs and Knowledge

General Health Beliefs

Many participants came to the refugee camp at a very young age or were born there, and have no recollection of the abusive practices of the Burmese government, or knowledge of the customary living practices before their families began life in the refugee camp. Nor was knowledge of traditional treatments for common ailments well known. In the refugee camp, these families had grown accustomed to seeking care at the refugee clinic and using medications such as Paracetamol (a form of Acetaminophen) and salves. One family discussed using sap from a special tree in the refugee camp mixed with limejuice treat 'sickness,' without mention of the specific ailment it manages. Tylenol has become well known in this community and is readily obtained and used to treat common complaints. Fifty-seven percent (N=24) said they still use medications from Burma, while 10% (N=4) indicated that they use medications from Thailand. Eighteen respondents still use Paracetamol for pain, headaches, and fever. When asked which medicines they preferred, the respondents overwhelmingly answered that they like western medicine, but several qualified their answer to say that they often do not understand the instructions or how it works. The Chin were the most familiar with and enthusiastic about US medicines. However, they were also the group most likely to use medicines from Burma.

We also explored knowledge of Burmese medicines and spices identified in the literature as being lead-based. "Tum shwe war" (New York State Health Department 2010) seems to be a form of mentholated topical cream similar to Vicks VapoRub (used by 67% or 27 individuals in this study). A few families indicated knowledge of "Wonotsay", which has been reported to be lead based (New York State Health Department 2010). However, the medicine, "Asay mo", which is also discussed in the literature as lead-based is considered to be paprika lit (New York State Health Department 2010). The Kayah had the most knowledge about these medicines.

The interviews also explored regarding illness causation beliefs. Forty eight percent (N-20) felt that lack of harmony between an individual and his/her environment could cause illness A larger number of respondents (n=23) focused on what happens to the body when the weather changes to quickly. Ten participants stated that abrupt changes in weather would result in illness/symptoms: headaches, nasal problems, fever (or "hot sweats"), coughing, and sleeping problems. Beliefs in the effects of weather on health were most prevalent among the Kayah.

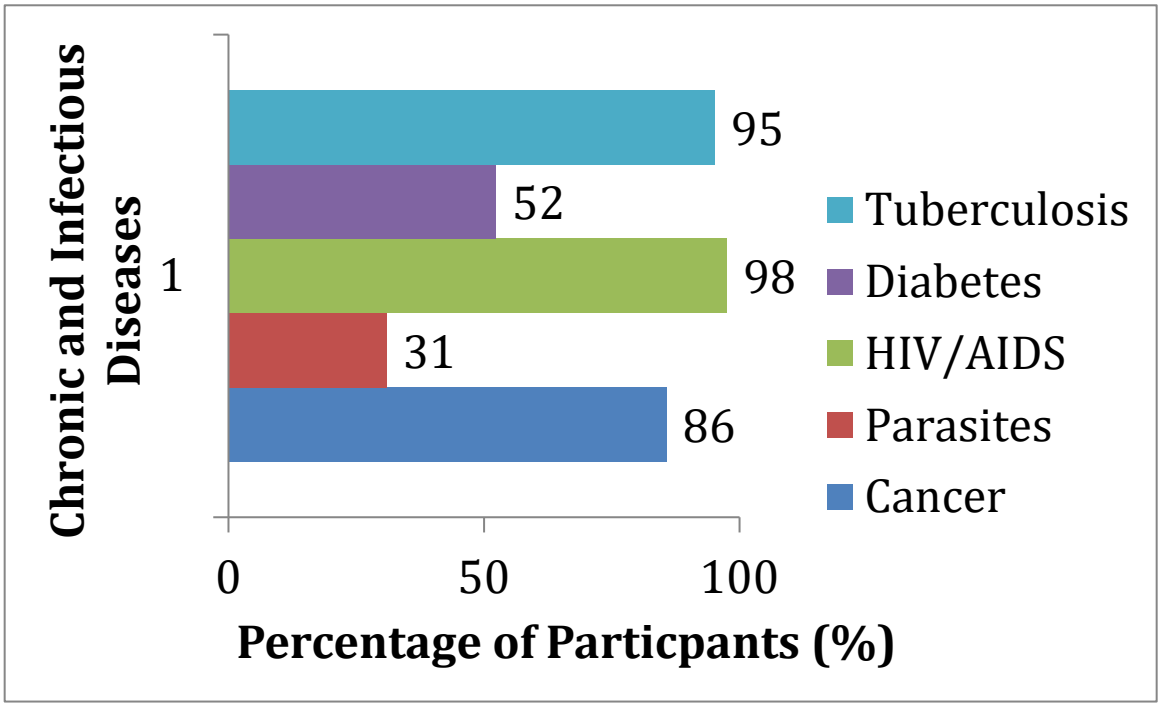
Twenty four percent (N=10) answered that spirits or demons could cause illness. These beliefs were strongest among the Chin and Kayah, and infrequent among the Karen. One 35 year old Chin man described an incident involving one of his nieces in Burma:

> **In Burma my niece was vomiting and very, very sick, but still strong…she was violent and waving her body, rolling on the floor and breaking things…We got a healer who burned the demon out of her by pressing hot coals on her toes.**

Nine respondents (21%) responded that spirits and demons exist, but do not cause illness. Forty-five percent (n=19) of the respondents stated that ghosts and demons do not exist and are not related to illness, while 4 participants (10%) did not know.

A majority of the participants they are knowledgeable of common infectious and chronic diseases (Figure 5). The majority of the Burmese did not know individuals who had these diseases or what problems were caused by the diseases.

Figure 2 Knowledge of Common Infectious and Chronic Diseases



With regard to who in the family is responsible for making treatment decisions when someone is sick, 37% (n=15) reported making health decisions together as a family unit, and 41% (n=17) make health related decisions individually. The remaining 22% relegate health related decision making to their significant other (usually to the male), or have not needed to consider decisions to seek health care.

Almost half of the respondents are not interested in learning more about general health issues at this time. However, about one fifth stated that they would be interested in learning more about general health issues, and four respondents expressed interest in learning about how to use parts of the US social system; *"Yes, about getting Medicaid"* (male). One pregnant couple (who have 3 children already) would like to know more about *"how to care for a baby,"* and a second couple (aged 26, 31) expressed *"I would like to learn how to have babies."* Both couples were Chin. Seven individuals had specific health care issues that they wanted to know more about: asthma, a child's problem, headaches and brain pain (2), skin problems, fatigue, bug

bites, and kidney problems. This represents a need for medical attention/education that is not being met in the Burmese population.

Vaccine knowledge and acceptance

Refugees receive multiple vaccines to be cleared for immigration. These vaccines are started before departure, but finished after arrival if necessary. Overall, the Burmese think positively about vaccines; 36 respondents believed that vaccines make health better. Ninety five percent of respondents feel that vaccines are good for everyone; *"It is necessary."* Vaccines are not a new concept for the majority of the refugees from Burma. Most participants learned about vaccines in Burma, Thailand, or the refugee camps, with almost one third commenting that they had known about them since they were younger. Only four individuals answered that they learned about vaccines in the US. Interestingly, these individuals included the only two Muslim participants and the youngest participant (age 18).

Respondents were evenly split regarding the belief that vaccines have side effects or not. Two Karen men (both over 40) commented that vaccines can cause side effects if people have allergies, indicating that there is some knowledge about how vaccines work from a biomedical point of view. Interestingly, 14% (n=6) felt that vaccines could prevent someone from having children. These were all women, although one man commented, *"Some people say that."* And about one third believe vaccines cause illness.

Ninety percent of individuals (n=38) do not have any doubts about vaccines for themselves or their families. These include the women who believe that vaccines can prevent someone from having children. The three respondents who do have doubts are all Kayah, Catholic, young (between 22 and 32), and have known about vaccines since living in the refugee camp. Two are a couple. They also commented that the vaccines that they get as adults are only the necessary ones, and that others had told them that vaccines can cause illness. Further research is warranted into why these individuals are doubtful, as this could potentially uncover attitudes towards adult vaccination in the Burmese community.

Two thirds of individuals had heard of the seasonal flu. . Of this group, only 7 knew that they had had a flu shot (and they would get it again), 16 did not believe they had had a flu shot, and

five were not sure, *"I had a bunch of vaccines but I don't know if the flu vaccine was included"* (male). Twenty had heard of Swine Flu. Only three knew that they had received the H1N1 vaccine, and six were confused as to the shots they had been given, *"I don't know if I've had this shot"* (female). Of note, two respondents commented that they called this the *"chicken flu,"* indicating that a closer exploration is needed into the types of influenzas with which this population is familiar.

Experiences of Health and Sickness

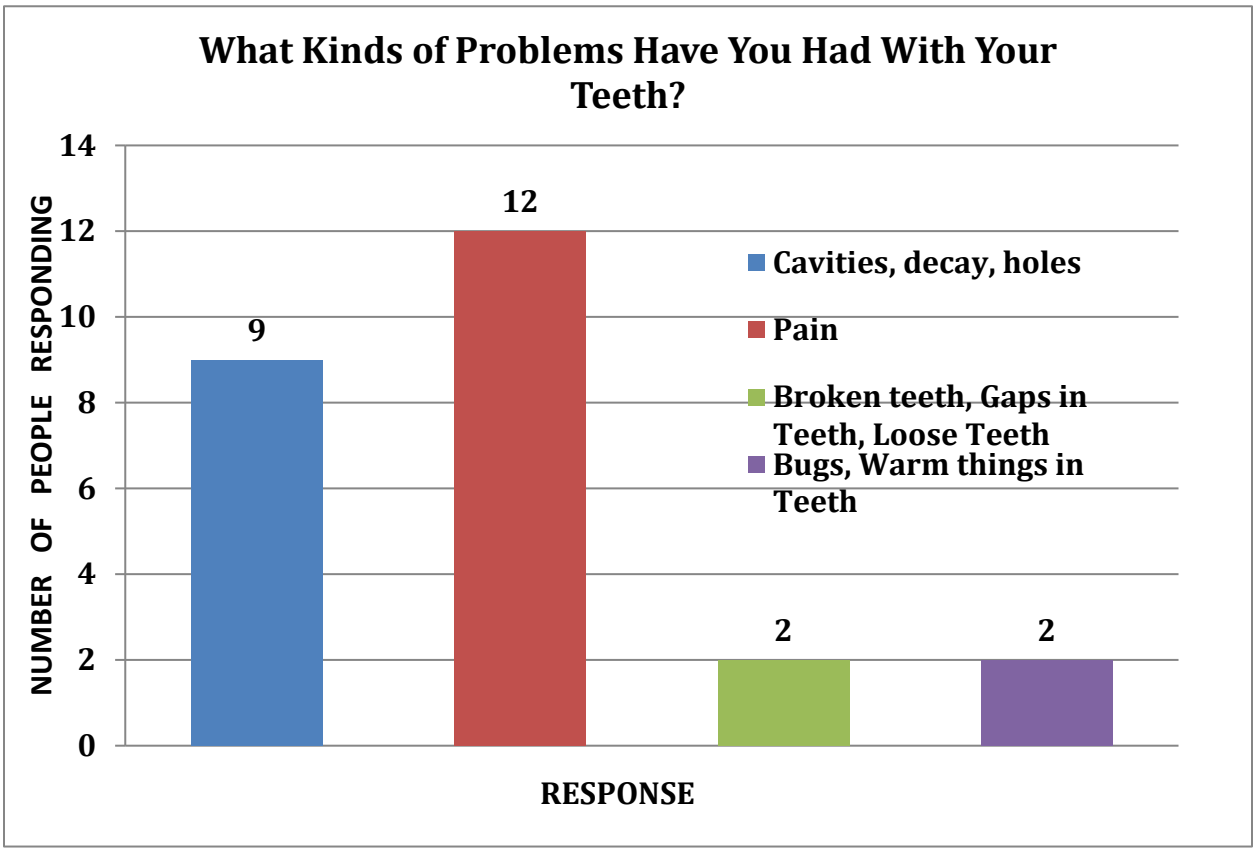
On the mental health survey, half of the Burmese community rated their general health either average or poor—with two people rating themselves at the lowest possible score. Many were frequently sick, experienced acute health issues; the unemployed also rated their health lower. "My health is sometimes good and sometimes bad so I picked the middle one." "I have weakness and health problems with my children. We are not good." A male rated his general health higher because he compares it to his health during his time in the camp: "Compared to others, I have been healthy since I've been in the refugee camp to now. I am healthy so this is the best answer for me." Another said, "I would rate myself at the best general health because life is very good, except for my skin, so I rated myself lower."

Thirty-seven percent (n=15) reported having no recurrent illness at all since living in Tampa. Others reported headaches, intermittent gastrointestinal complaints, and respiratory issues. Chronic conditions such as hypertension, mental illness, and thyroid conditions were also reported and are presently not being managed due to inability to pay for treatment, transportation issues, or reasons related to the language barrier.

<u>Dental Issues</u>

Sixty-two percent (n=26) of the participants said that they "had problems with their teeth" (Figure 3). Of those who said that they had problems with their teeth, 54% had been in the U.S. two years or longer, and 30% had been in the U.S. less than eight months. The highest rate of dental issues is found amongst the Kayah (75% of the Kayah individuals reported dental issues as opposed to 58% of the Chin and 56% of the Karen).

Figure 3 Dental Issues among the Burmese Community

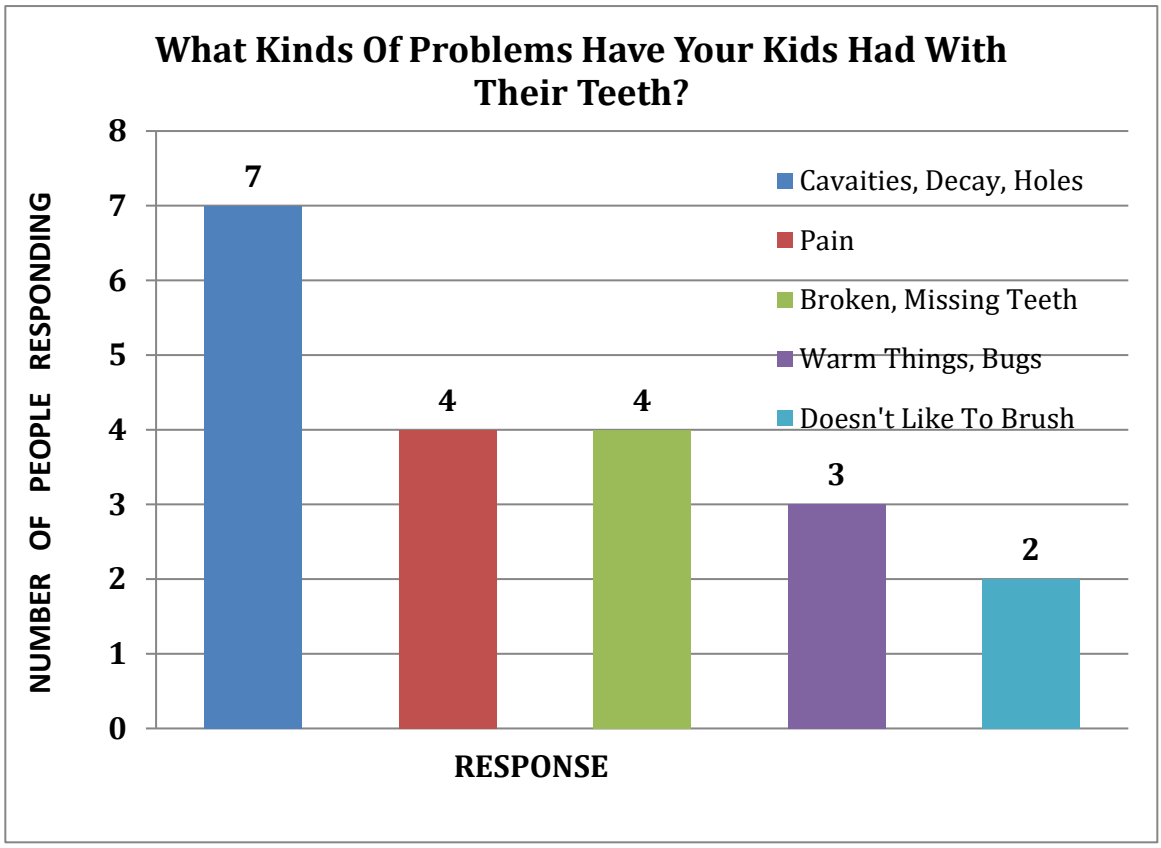


Actions taken to deal with the dental problem(s) were nothing/it is not bothering me (29%), took medicine or used a home remedy to treat the pain and/or problem (30%), and tried to make a dentist appointment (16%). Participants said that they had difficulty seeing the dentist because the dentist would not accept Medicaid, they could not be seen without an interpreter, and/or the caseworker would not make an appointment. Eight percent of adults interviewed reported that they started practicing oral hygiene.

The children of the Burmese refugees have an even higher rate of teeth issues at 66%. Fifty percent of the parents indicated that they had done nothing about their child's dental issues, and 20% said they attempted to make an appointment, but were unsuccessful. Only 10% were successful in taking their child to the dentist and getting the problem resolved. Five percent reported taking the child to the dentist and not getting the problem addressed (they were

referred to someone else or the doctor said the tooth would fall out on its own). Fifteen percent of the individuals started their children on an oral hygiene program.

Figure 4 DentalIssues among the Children of the Burmese Community



When asked why people have teeth problems, 46% did not know; 37% answered that people know, but don't practice oral hygiene or practice it well; and 27% stated it was "sweets and/or junk food." One individual said that he had "heard they were from using a baby bottle too much." It is important to note, that for those that answered they did not know why people had problems, more than half had been in the U.S. for two or more years indicating that dental health education has not reached this community.

The transition occurring in the diet of the Burmese diet appears to be significant—especially for the adolescents and may be a contributor to the high rate of dental problems observed throughout the community. This combined with not knowing much about dental hygiene results in serious dental problems. One key informant commented, "Dental is one of the

hardest services for the Burmese to access, which is a travesty because of the high rate of dental problems we see in this community. This really has serious future health implications for them."

The focus group discussion revealed the extent to which the diet of the Burmese has transitioned since entering the U.S.—most significantly for the children of the refugees. Many of these changes stem from changes of food availability. For instance once woman said, "In Burma you get vegetables by seasons, now here you can get vegetables the whole year." Another woman agreed pointing out that

> **"...in Burma if you wanted to eat vegetables you have to plant a garden, but we didn't have time to care for the vegetables because we took care of the rice all day...going to a grocery store [in the U.S.] and buying vegetables is easier."**

The women didn't feel that it was more expensive to buy foods in America, in fact they pointed out many of the "new" American foods that they had tried--tea, coffee, bread, and biscuits. These are all foods that existed in Burma, but they didn't have any money in Burma to buy them. In this sense, the women felt that food stamps opened the opportunity to eat anything. The women have tried other American foods such as pizza, hamburgers, and other foods they did not know the names of, but many of the women said they did not like these foods. One Karen woman said that "there is no best American food, but my children like the American food." They mentioned their children are especially fond American foods, especially hamburgers, fried chicken, pizza, candy, and fruit. The children also like drinking apple juice, grape juice, orange juice, and milk. The women specifically pointed out that they do not allow their children to drink sodas or eat candy, but that the children go out and buy these foods at restaurants, stores, or get them at friend's houses. Interestingly, while the Burmese feel that they can buy anything in comparison to Burma, key informants felt that they often can only afford processed foods and sugary juices, and that kids really like sugary things. Several interviewers observed young children consuming sugary snacks such as mini candy bars, donuts, and popsicles, and drinking large quantities of sugary juices and sodas such as Fanta.

Women's health and pregnancy

When the women participating in the focus group were asked what it was like to be pregnant in American, all of the focus group participants replied that they had not personally had a baby in

the U.S., but that they did know other women who had. They were familiar with giving birth in a hospital setting since those who had babies outside of Burma usually had them in a hospital setting. Furthermore, when one of the women compared her birthing experience in her house in Burma to her daughter's experience in the U.S., she said, "It is better in the U.S. in the hospital because you are given food, medication, and things like that." They knew of no problems with women's birthing experiences in U.S. hospitals except for the language barrier. They mentioned that the hospital sometimes used the phone-interpreter line, but that usually someone from the community came and interpreted for the woman (in one case the woman's husband, in another, her teen aged daughter).

The women were also asked about family planning. While the married 21 year old who did not have any children enthusiastically told us that she wants four children, the older married women felt the number they had (3-6) was good enough, and that they do not want to have anymore. Most of the women said that their husbands want them to use birth control, although one mentioned that while her husband wants more babies, she does not want any more children. Another woman noted that not all of the men like birth control. The women told us that in the refugee camp they used the pill everyday. Here, they often use injections for birth control, but if they cannot get the injection on time they have no choice but to use a condom. The major challenge they told us in regards to birth control is that if the family doesn't have Medicaid than it is difficult to access birth control.

Only the two Chin women present at the focus group had been to the gynecologist, because one of the community interpreters had specifically taken them to this type of doctor's appointment. As a result of the gynecology visit, the Chin women were somewhat familiar with mammograms and pap smears—although they confused their breasts being manually checked with a mammogram. The Chin women said that they were fine with the tests, but that the doctor being male made them really embarrassed and that they preferred a female doctor. In contrast, none of the Karen women were familiar with these tests. The questions we asked on this subject brought a lot of laughter in the group, but at the same time the women seemed genuinely interested in learning more about these tests and what they mean for women's health.

Mental Health

Rates for indicators of low mental health ranged from 18-68% (Table 5).

Table 5 Mental Health Indicators

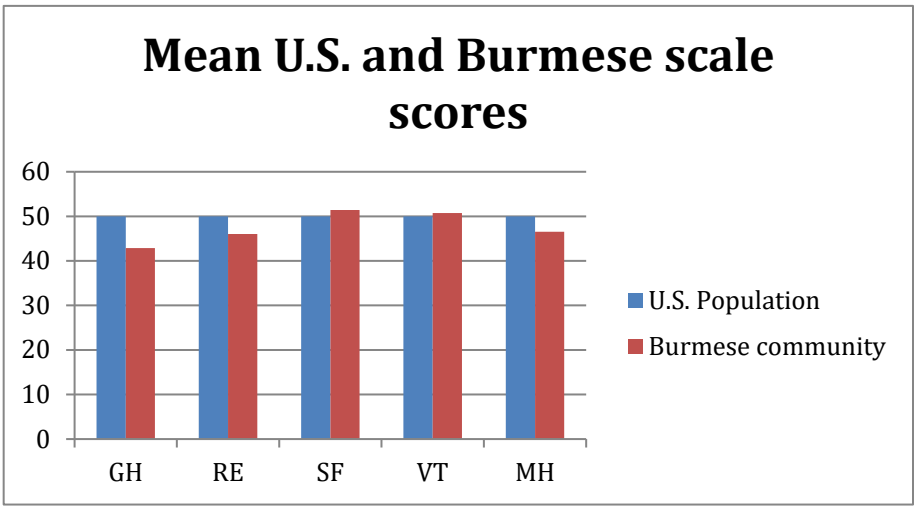
Mental Health Measure	% that indicated they experienced this	Notes regarding those who answered yes and about the measure
Interview questions: **Trouble Sleeping**	68%	58% were female; 54% had been in the U.S. for more than 2 years.
Headaches	60%	51% have headaches frequently
Feel that you are "thinking too much"	44%	The majority of individuals indicated they were thinking about their future and their children's future. Participants indicated a desire to send their children to college.
Feel "hot under the skin"	18%	This phrase is identified in the literature (Cardoza et al. 2004) as being a cultural expression of mental health, but interviewer observation indicated that this phraseology was not understood well.
Feel "numb"	41%	While 65% identified the numbness as a result of sitting too long in one position, 29% associated this feeling with "feeling bad".
SF-36 **Feel tired and worn (low vitality scores from the scale)**	43%	These scores for vitality may have been artificially high as several participants interpreted some of the questions as relating to thoughts about suicide so they dismissed the questions. One males observed, "In my culture, 'giving up' means to kill yourself. I don't even think about giving up. I am not that kind of person. It is possible that if the question had been reworded so that it translated more accurately, the percentage of Tampa Burmese with low vitality scores would have been higher.
Person feels nervous or depressed (average or below average Mental Health score from scale)	30%	
Person has problems with work or other daily activities (average or below average scores for Role-Emotional scales)	21%	
Person experiences interference with normal social activities due to physical and emotional problems (Average or below average scores for Social Functioning scales)	21%	Many of the Burmese observed that they like to socialize, but a number of the participants mentioned that they feel isolated. One woman said, "I always like to socialize, but sometimes when I am working around the apartment I feel tired and I can't get work done and I can't socialize."

Common problems were: worrying about jobs, family, safety, money, and their future, being too busy, or that it was "from the past with the Burmese army". Headaches were also mentioned when participants were asked about their health worries. Sixteen respondents indicated that they experienced headaches. More females than males expressed personal concern regarding her headaches saying;

> **"Sometimes I have pain in my bones and feels like I have pain in my head and in my brain. I don't know what kind of problem that is. I am worried about having cancer. People say it is the symptoms of cancer."**

The SF-36 mental health scale scores are most meaningful when cautiously compared to the U.S. population:

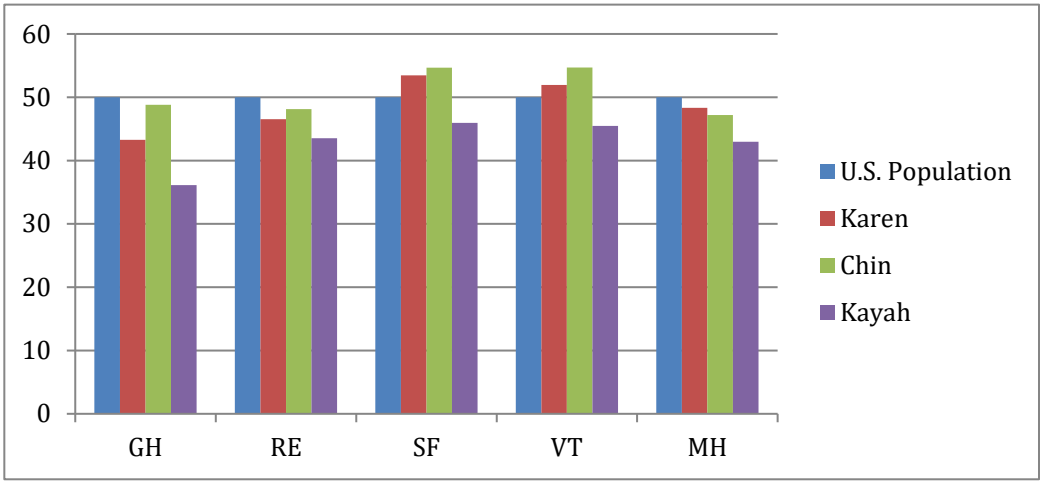
Figure 5 Mental Health Scores of the Burmese Community and the General U.S. Population



As the figure illustrates, the Social Functioning and Vitality scale mean scores of the Burmese are comparable to the U.S. population, however, the Burmese mean for General Health and Role-Emotional are below the 25th percentile in the U.S. comparison population—the majority of the Tampa Burmese community scored lower than 75 percent of the U.S. population. Additionally, the mean Burmese Mental Health score of 46.52 is only slightly higher than the U.S. 25th percentile mean score of 44.38. In other words, the mental health of the Tampa Burmese community is significantly lower than the general U.S. population—especially in regards to general health and emotional issues affecting an individual's ability to work or do other activities.

Disparities within the community were also identified. The Karen had the highest mean metal health score in the Burmese community, and the Kayah consistently scored lowest across all scales, meaning that their mental health indicators were the most serious. Additionally, a large percentage of Kayah said yes to the cultural indicators of low mental health--"thinking too much" and having headaches. Several of the Kayah mentioned that they feel isolated, and unlike the other ethnic groups, the Kayah live in three different locations around Tampa. Creating opportunities for community interaction may be an opportunity to address these issues.

Figure 6 US and Burmese Ethnic Mental Health Scores



Finally, females consistently rank lower than males for mental health indicators.

Substance abuse, spousal abuse, and divorce.

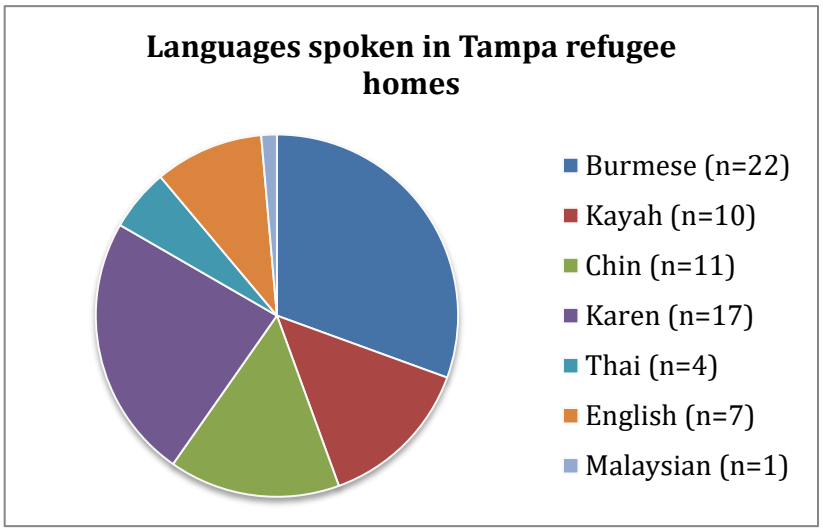
Key informants expressed concern about possible substance abuse, spousal abuse, and divorce within the refugee community in Tampa; we were also told that these subjects were not openly discussed among the Burmese. Questions regarding these sensitive topics stressed that we did not want to know any specific or personal information in the hopes that the participants would feel more comfortable sharing with us. Thirty six percent (15) said that they thought that drinking too much alcohol was a problem for the Tampa Burmese community, citing drunkenness and fighting as signs. "When they get drunk they don't know what they are saying. They all say whatever comes out of their mouths and they fight with each other." "[The people who it is a problem for] can't follow the rules." Sixty-four percent of respondents said drugs

wase not a problem. However, two Karen women indicated that drugs were a problem in the Burmese community, noting recent arrests.

Regarding spousal abuse, five people (12%, 4 of these were women) indicated that they had heard of women getting hit by their husbands; 10 said this might be a problem for some, but that they did not know. Those who did consider this as a problem for the community cited recent interference by the police as evidence of this problem—in addition to attributing the problem to "drinking too much." Divorce rates among the Burmese community in Tampa Bay appear low—only one respondent personally knew someone who was getting divorced, due to the husband "drinking too much." And one participant asked for information on how to get a divorce in the United States.

Communication Issues

Figure 7 Languages Spoken in the Homes of the Tampa Refugees.



English classes are being offered to expand the language skills in the community. One key informant observed:

> **"The classes are offered three days a week, three hours at a time. Many participants begin excited, but a couple months down the road they stop coming. They have so many things they have to figure out that English classes slip down on the list of priorities."**

The Burmese community has only a few adults who speak good English, and only one person who is certified in medical interpreting. There are high demands on those individuals who do have English skills; one of them said:

> **"Many times if I am at the hospital they will ask me to stay and interpret all day. I tell them I can't, but I give them my phone number, and I keep getting so many questions over the phone that I just go back to the hospital because I can't get anything [else] done anyway. I don't get paid by the hospital."**

The lack of English skills in the Burmese community affects every aspect of life. A church service was created especially for the Burmese. But there is currently no pastor available who speaks Burmese so the services are held with an English pastor whose words are translated into the different ethnic languages. It is even more challenging for minorities within the Burmese community. A Muslim Burmese family the only Burmese family at the Mosque; no one there speaks Burmese or has resources to offer translations.

Furthermore, even though the Burmese community is the second largest refugee community in the Tampa Bay area, key informants told us that there are few available health department forms written in Burmese:

> **"All the letters for follow up appointments and other directions are sent in English so [the Burmese] can't understand them. I fill out a lot of these letters and forms and we do have one in Burmese, but I don't know where to write the specific information…We need new documents available in Burmese and maybe documents that have both languages. All the decisions are made centrally in Tallahassee and then the documents are dispersed to the counties so the needs of the refugees get lost in the bureaucracy."**

This quote highlights an important point in that forms in languages other than English and/or bilingual forms should be designed in a way that they are usable both for the Burmese community and for the healthcare providers.

Communication also affects health care. With regard to the language barrier's effects on access and utilization of healthcare, a key informant observed:

> **"Communication is essential to healthcare. If communication isn't happening between the Burmese refugees and the doctors how can care actually happen? Patients need to be able to communicate what they have**

been experiencing. Healthcare providers need to be able to ask questions and to explain their diagnoses."

Furthermore, due to the rolling nature of Medicaid the person may not be insured from one day to another, and Medicaid has requirements that take a full grasp of language. One healthcare provider said:

"A Burmese woman came in wanting a pregnancy test. In order to get Medicaid coverage for pregnancy there has to be a positive test as an approved health care site. [The place I work] isn't an approved site because there is not a private bathroom. I had difficulties communicating this, and I wasn't sure why she was coming into the clinic. Does she want the pregnancy test so that she is covered by Medicaid? Is she having female issues? She had males from her family accompanying her, which further complicates things, because I don't know how much she can talk in front of them."

Other key informants said physicians often expect clients to come with their own interpreter—even telling them not to come if they do not have anyone to interpret for them. Phone translators are usually not used by healthcare providers, even though it is difficult to comply with the Emergency Medical Treatment and Active Labor Act as well as Title VI of the Civil Rights Act without ensuring that effective communication is provided for patients with limited English proficiency. The main reasons given by the key informants (including the healthcare providers) that physicians did not use the phone translator were because of cost and time, although many recognize that medically trained interpreters are the gold standard. It was also added that medical students often do not know much about these services, because their professors do not use or discuss the phone services. Medical students may be an important audience for refugee advocacy groups, such as the Refugee Task Force, to begin advocating for use of telephone Medical translation services. Florida health department system has a contract with telephone translation services, but the health departments do not provide adult primary care, dental, or other specialties such as orthopedics and gynecology, so the Burmese community must look elsewhere for much of their medical care.

Communication is more complex than purely language skills. One key informant who translates for the Burmese community told us that when the physician asks the Burmese questions, the person is often reticent to give the answer. One reason given for this reticence is that American physicians do not understand how the Burmese interact.

"For American doctors who are working with Burmese it is important for the doctor to talk to the patient and to ask about the family instead of just writing a script. This can make the difference between the Burmese client thinking that the doctor cares versus not caring."

Additionally, several key informants told us anecdotally about Burmese refugees who have arrived in the U.S. and been told that they have a health condition that they didn't know about before. "They often follow along with the prescription even though they don't really understand. They don't ask questions. They just do what they believe they must to enter the culture." One key informant noted that this may mean that the Burmese do not communicate with their physician even when they have questions about their health condition or if they experience side effects from the medications. She felt it is important for practitioners to be more thoughtful about discussing the possibilities of side effect to let the population know that they can talk to the physician if they experience any side effects.

However, another key informant observed, "Doctors don't have three hours to sit with the person to ascertain if they understand the treatment and their thoughts and concepts about health." In response to this issue, a healthcare provider recommended a list of information that would be helpful for healthcare professionals to know about the Burmese refugees: general family structure, social expectations and gender roles, norms, what a day in the life of the client is like, is there an occupation/what type of work is the person doing, intentions and expectations for childbearing, length of time in Tampa and if they are planning on staying in the area, diseases that tend to be in the community, what they were screened for when they come to the country, what their general diet is, and what format the population needs to receive instructions. Several key informants suggested that it might be helpful to package this information, as well as the information usually gathered in medical histories, in a document written in both Burmese and English. When the Burmese arrive in the U.S. they come with a health document written only in English from their health screening in Thailand. This is utilized by the Health Department, and is information that other organizations that provide services to refugees could access, but it does not appear that there is a system for this information sharing.

Another key informant pointed out that there are other resources to assist with communication in the healthcare setting. For instance, ISPEAK cards are available through the Tampa Bay Health Care Collaborative. These cards lists different ethnicities and languages written in each individual language so that the patient can point to their ethnicity/language so that the doctor can identify the language they speak for the purposes of finding an interpreter/using a language line. However, this resource is only helpful if the doctors use a language line or provide an interpreter. Additionally, these suggestions assume that the patient is literate. According to a key informant within the community, "literacy varies. Sometimes the wife is more literate, other times the husband is more literate. Often if the parents are not literate the kids will be able to read."

Finally, key informants mentioned the need for a few individuals within the community who can act as locators and communication lines if healthcare providers or the health department need to get in contact with anyone about suspicious results on medical tests or for service follow-up. One key informant mentioned,

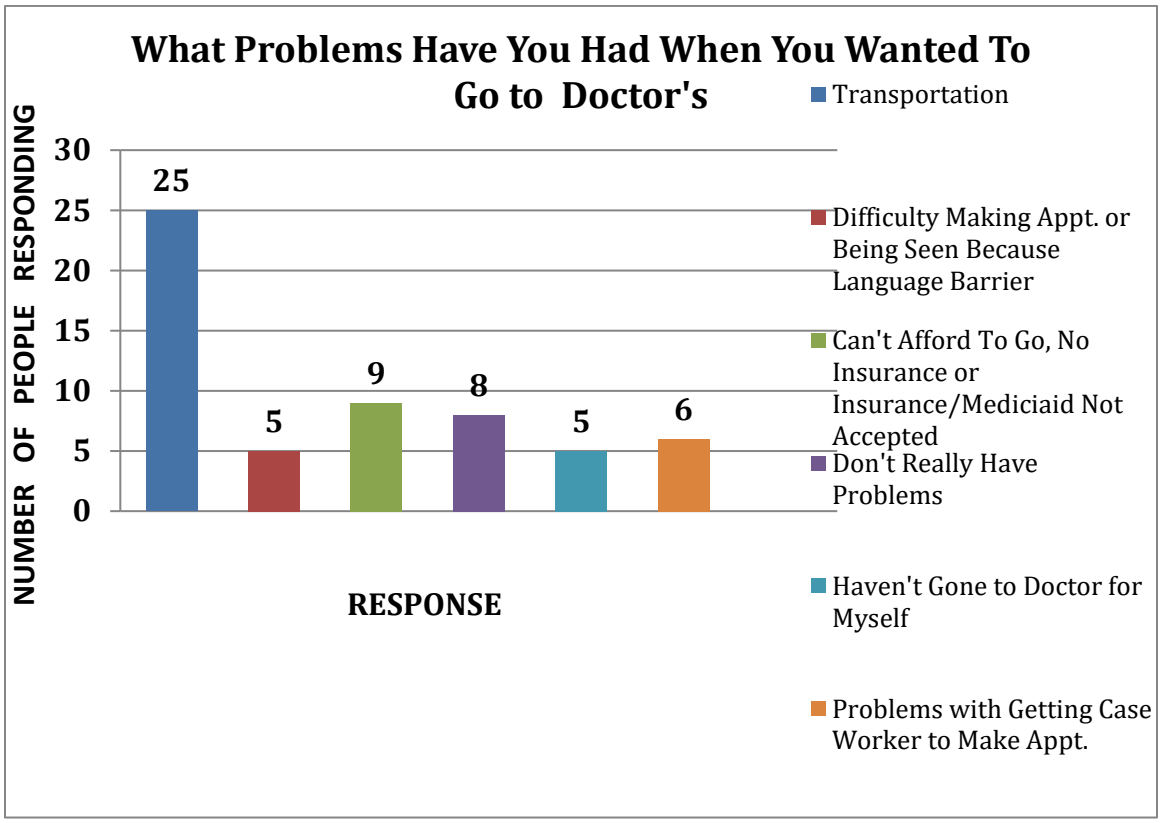
> **"I have become the 911 person for service organization. For example a school called me because a 13-year-old girl had an asthma attack, and the school couldn't get in contact with the parents. Another time, a school contacted me because a little boy couldn't eat because he had so many dental problems."**

The issue of communication is a complex and far-reaching problem. Several key informants observed that the only way to address these issues is to have an integrated approach, and as such, the Refugee Task Force in the Tampa Bay area is currently focusing on this issue.

Physicians' Offices

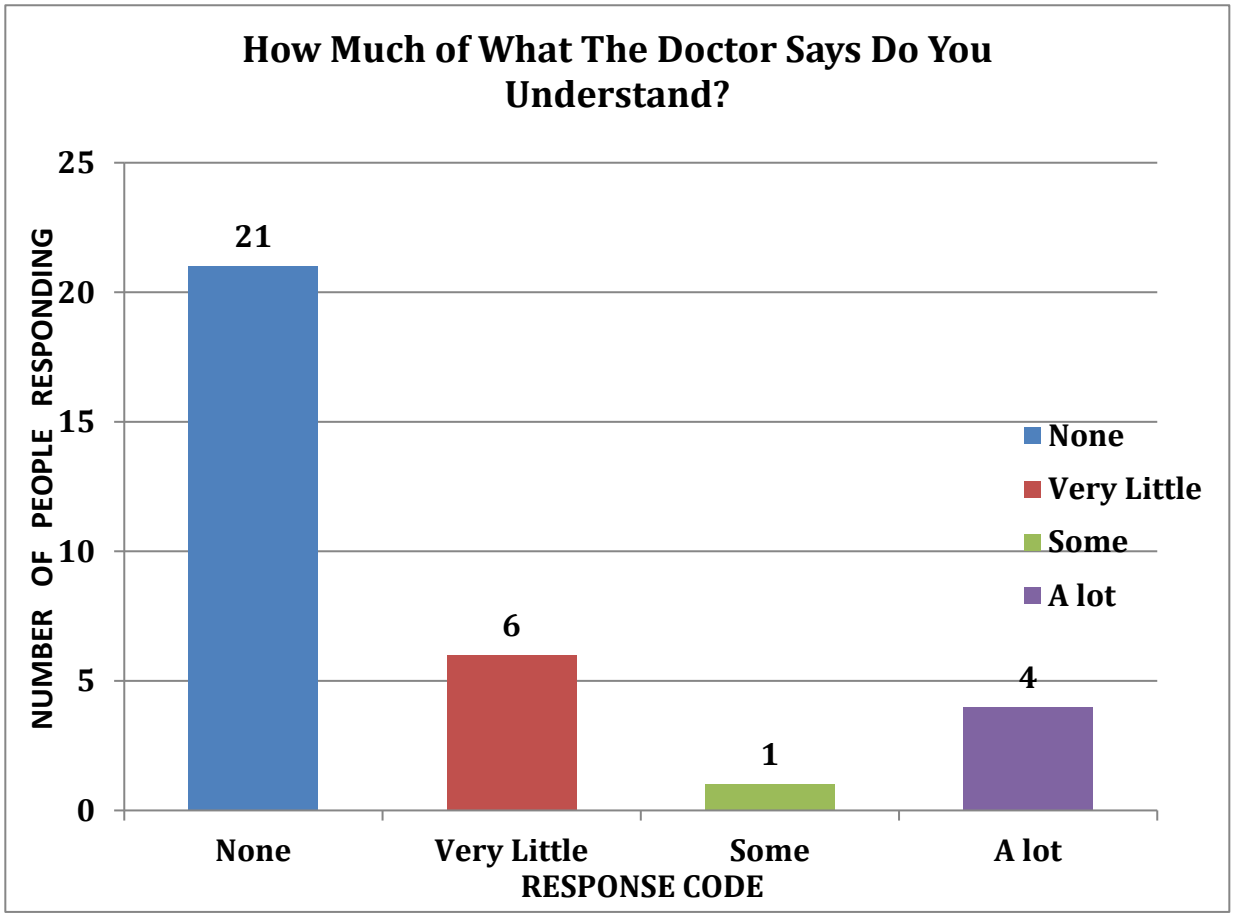
There are many other challenges for the Burmese in accessing health care.

Figure 8 Issues Accessing Physician Health Care



Once at the physician's office, participants cited language barriers, and difficulty completing the health forms. However, despite the challenges 68% of the Burmese liked their physician, but stipulated that they preferred the physician to be the same gender. When asked how much they understand at the office, 66% indicated that they do not understand at all without an interpreter, and even when there is an interpreter, it depends on the interpreter. Many who do not like going to the doctor without an interpreter said that they feel "dumb, confused, or nervous" without an interpreter. Forty percent of the participants said that when they went to the doctor without an interpreter, they were sent home, while 38% were able to use body language. However, in the end, 13% said they did not understand the directions for using the medicine.

Figure 9 Understandability of Physicians



Access to and experiences with programs and services

Other factors besides transportation limit refugee benefits and access to care. For instance, refugees receive travel loans that cover the expenses of their travels to the U.S., but they must pay these back. Table 6 provides the self-reported use of other government programs by the Tampa Burmese community.

Table 6 Percentage of community enrolled in programs and services

Program services	Percent of interview population that uses these services	Enrolled rate in service by length of stay in U.S.
Food Stamps	73%	Less than 8 mos--41 % had been in the 8 mos-2 years--28% Two or more years—31%
Medicaid	63%	Less than 8 mos.--48% 8 mos.-2 years—24% Two or more years--28 %
WIC	30%	
Nothing	10%	
Use a program, but gave no further detail	2%	

The enrollment/eligibility pattern depicted in the table above indicates that the Burmese have difficulty maintaining their eligibility for these programs after their first eight months of Medicaid, food stamps, and cash assistance; the enrollment rate for those living in the U.S. for 8months to 2 years is consistently the lowest. This finding is consistent with information shared by the key informants; theoretically, at the end of these eight months the families must be self-sufficient, but key informants told us that some families cannot achieve self-sufficiency in this amount of time. Additionally, Medicaid coverage can be affected if the family finds a job, because as one key informant observed, "you have to make next to nothing in order to be on Medicaid."

Forty five percent liked and/or found the programs helpful, 40% liked these programs, but they had problems with them, 32% had difficulty or could not apply for programs, and 10% had no problems. Table 7 outlines the major opinions the participants had about the services.

Table 7 Major Opinions Regarding Services and Programs

Opinions of government services they have used	%
Medicaid was "good, but too short"	23%
Programs are necessary/helped provide for families when there was no/little income	23%
Food stamps are not enough or not always enough to cover expenses	23%
"The programs are confusing"	15%
Experienced delays receiving program funding	12%
"My experiences with the services were different every time"	5%
Difficulty using Medicaid for Dental care	4%

Medicaid, itself, is problematic for the Burmese refugee community. Many practitioners in Tampa do not accept Medicaid—including three Burmese physicians who practice in the Tampa Bay area. Thus far, these Burmese physicians have not been substantially connected to the community in terms of healthcare; however, one of the physicians donated money to purchase a van to transport community members. As a result of the challenges associated with government-provided refugee services, local agencies are scrambling to fill the gap. One agency worker said, "Case management is not in my job description, but I have been doing that a lot lately. [My agency] is the type of organization where you do what is needed."

Schools, Children, and Discipline: Communication between Generations

Focus group participants reported that they are generally happy with their children's schools (which consist of Pizzo Elementary, King Middle, and Greco High schools). But they noted that their children become more American as they attend these schools, which causes tensions

within the family. "My children come home and they don't want to speak Chin, they only want to talk in English. I don't want them to forget how to speak their native language." "I tell my daughter 'we are Karen so talk to me in our own language.' She apologizes and talks to me in Karen." Another concern was children going to school wearing clothes such as short shorts and spaghetti-strap shirts that embarrass their mothers.

One of the biggest issues that the women feel they have faced since coming to the U.S. is disciplining their children. This was an issue brought up by the mothers themselves, and was the subject that all of the mothers talked most animatedly about during the course of the focus group. "Discipline here is different than it is in Burma. In Burma if a child doesn't listen you can hit them with a stick, but here the mothers are afraid the kids will call 9-1-1." "The children say, 'In America we are free. We can do everything we want."

> **"If the kids want something and we can't provide it, they go outside without permission and get it. We feel we need to discipline the kids so they will stay at home, but we are scared someone might call the police and complain about how we take care of our children."**

When asked what kinds of things the children wanted, the mothers replied that they want computers, TV games, TV channels, and to hang out with friends. Focus group participants said they feel they cannot change the discipline that their children grew up with, but not knowing if it is appropriate for the new country causes mothers a great deal of stress.

Concerns

Participants' biggest concern/worry about their spouse were concerns about their spouses general health, and concerns about employment and finances. Women worried about their husbands' employment more than the husbands worried about the wife's employment. One woman stated, "He worries about jobs, money, and paying rent." The 15 parents who were interviewed as part of this project stated that they did not have any major concerns regarding their children. Education was one of the greatest concerns for parents, as well as their children's safety at school and while playing outside. One parent said,

> **"I worry about their education and their future. I worry about their safety, especially after school ends because I am still at work. There is potential for danger or them getting in trouble with other kids."**

Parents say that they worry about the effects of the father's absence on the children while he searches for work, and several parents mentioned trepidation about the differences in child rearing between the United States and Burma.

> **"Shielding them from the culture of America. They have concerns that their children will lose respect for them if the ways of the American youth are adopted which are offensive to the Burmese culture."**

Five parents were concerned about their children's dental problems, while three parents expressed worry about breathing problems/asthma. Parents were concerned about their children becoming sick, and the language barrier hindering them from finding quality care. "I worry about what will happen if one of the kids becomes really sick and we can't communicate with the doctors and we don't have money to pay for the extra expenses." Unlike the concerns and worries expressed for their spouses and children, the majority of the participants did not express many concerns for themselves, however, 12 of the participants expressed worries about finances.

Differences in concerns were seen by ethnic group. The Kayah had concerns not noted in the other ethnic groups, particularly about safety and insomnia. The Karen had the fewest physical health concerns, and the Chin had the fewest worries about their children. However, the Chin did have a high level of concern about their children's dental issues.

If you did it again, would you come to the US?

Eighty-three percent of respondents say they would come to the US again, six would not come (although two say that is only because they are too old to travel now), and one is not sure. Those who would not come to the US again commented it is because of a lack of jobs, and one mother expressed concern about her children, *"No, there is not enough work and my children act differently here."* This contrasts with the 38% (n=16) who commented that they would come to the US again *because* of the opportunities for their families and children. *"Life is better here for my family."* Ten respondents also commented that they like the US or that they have individual opportunities in the US, and eight remarked on the freedom and safety offered in the US. Although most statements were positive, many other comments emphasized the importance of jobs when considering places to settle. *"Yes. I am happy here because it's better and safer for my family. I'm unhappy because I can't speak English and I don't have a job."*.

Future Plans

Tampa is well-received by the Burmese with 76% (n=32) planning to stay in Tampa, and no one saying that they have plans to leave. Of the 10 individuals who were not sure, six specifically said that staying in Tampa depended on the job situation. *"It depends on whether we find jobs here. If we don't find something by the end of the month, then we will consider moving."* Five additional respondents said they plan to stay in Tampa *because* they have jobs. *"As long as there's a job."* Tampa also received positive comments regarding the good weather that reminds people of home (n=12) and the services (n=2), with five individuals simply explaining, *"I like it."* If jobs can be secured, the Tampa Bay area may provide a popular location for immigrating Burmese, offering both good refugee services and a familiar climate. *"Yes, I like the weather. I have work so this is the best place."*

Information the Burmese community wants you to know

The final question asked if there was any additional information we should know regarding the general and health needs of the Burmese people in Tampa. Several strong themes emerged from their answers:

Table 16

Most commonly mentioned general and health needs:	Frequency Mentioned
Language & culture	50%
Interpreters & translation	45%
Jobs & job skills	50%
Medicaid & food stamps	30%
Transportation	45%

Participants felt that language was one of the most serious barriers the community faces, but interestingly several pointed out that language was not enough. They wanted to learn more about American culture, specifically "what is okay to do, and what is considered wrong." Participants specifically mentioned the hospital as a place where the language barrier is particularly strong and that interpreters are need. Several mentioned that they wanted classes to learn job skills, in the hopes of being able to find a job more easily. Those who mentioned

Medicaid and food stamps said that the Burmese need support after these benefits end, and that applying to these programs is hard. Other general and health needs mentioned less frequently include: not knowing others in the Burmese community and feeling isolated, and needing to know what to do in emergencies.

Discussion and Recommendations

Our data highlight the importance of at least a basic level of understanding by the health practitioner regarding the background, culture, and health beliefs and health knowledge. In summary, the questions on these topics revealed:

- Health knowledge and beliefs:
  - the community believes weather changes can affect health
  - Half of the community believed lack of harmony can cause illness
  - 10 individuals believe spirits and demons affect illness, but 7 people do not think people will be affected by this in Tampa
  - The majority of the community reported knowing about TB, Diabetes, HIV/AIDS, Cancer, Seasonal Influenza, and H1N1/Swine Flu. Interestingly, only 31% had heard of parasites
    - Community members said they desired health education regarding general health, specific health issues affecting them, and the U.S. healthcare system
      - The Burmese community is familiar with vaccines. 90% have no doubts about vaccines, but half believe that vaccines do have side effects and a third believe that vaccines can cause illness
      - Burmese women would like to learn more women's health and gynecology visits

- Many of the refugees lived in the refugee camps for the majority of their life
  - Knowledge of traditional plants and medicines seems to have been largely lost in the refugee camps, however, over half of the community continues to use medications from Burma
    - A few families use Wonotsay, which has been reported to be lead based; however, the medicine, Asay mo, which is also discussed in literature as lead-based, is considered to be paprika in the Burmese community
      - The Burmese became familiar with hospitals, western style medicine, and vaccinations in the camps
      - The majority of the Burmese indicated that they prefer western medicine, but said that usually they do not understand the instructions.

Major Issues

The interviews, focus group, and key informant interviews highlighted major issues facing the Burmese community:

1. High frequency of headaches
2. Mental Health issues

   Kayah individuals are more affected by mental health issues than all other ethnicities represented in the Tampa Burmese population; they report feeling isolated.

3. High frequency of dental issues—especially among children
   - Limited knowledge about oral health and care
   - Limited access to dental services
4. A dietary transition is occurring in the community especially among the children
   - Women reported that kids eat "American" foods outside of their household
   - Interviewers observed kids eating candy bars and drinking sugary drinks
5. Participants were reluctant to talk about issues of drinking, drug use, spousal abuse, and divorce, which key informants told us were big issues for the community. Still, 36% believed that drinking is an issue among the men in the community. A few people indicated that drug use, spousal abuse, and divorce are occurring as well.
6. Lack of transportation, which limits job opportunities.
7. Language barrier and communication issues affect all dimensions of life
   - Affects the ability to find jobs
   - Language barrier especially apparent in the healthcare setting (few health care providers utilize interpreting services & little understanding of Burmese culture and health knowledge)
   - Want to know more about American culture and what is acceptable to do—especially in regards to child discipline
8. Some refugee families cannot become self-sufficient in 8 months and have trouble re-signing up for services such as Medicaid, and WIC
   - Not having Medicaid not only affects access to healthcare, but also affects access to birth control
9. Lack of jobs (the language barrier reported to affect this)
   - Education levels did not affect employment rate or the type of jobs held

Recommendations

1. The majority of these refugees plan on staying in Tampa if they can find jobs, thus, long-term sustainable solutions to these issues are needed.

2. Continue supporting and utilizing the knowledge existing in the community about farming and gardening.

3. Burmese leaders should talk to the Hñähñu migrants in Clearwater from Hidalgo, Mexico about that community's experiences building relationships in the larger Tampa Bay community (see Appendix D).

4. Methodology of asking questions about sensitive subjects important; including adding statements that stress you are not looking for information about specific individuals, and not asking them questions about themselves, but rather asking, "Do you know if anyone…?" (For more discussion see Appendix E)

5. More bilingual forms needed (this assumes literacy, which not everyone is literate)

6. The Health Department receives the health information from the refugees health assessment in Thailand. This document might be helpful to share among the service providers.

7. Perhaps put significant or relevant health information on a form that is written in the language of the refugee and in English (this assumes literacy, which not everyone is literate)

8. Inform healthcare providers about Burmese culture and health beliefs; stress importance of asking about family, etc.

We are very grateful to the Burmese community for welcoming us into their homes. Many participants told us that they appreciated this project and the interest of people wanting to learn more about their culture and community. A number were interested in what we planned to do with the information. One man said, "I am hoping this news goes to lots of people and they will try to help. Burmese want to express or explain and can't."

References

Associated Press.
2010 Fort Wayne Burmese cautious after Suu Kyi release. Accessed December 23, 2010.

Barron, Sandy, John Okell, Saw Mayat Yin, Kenneth VanBik, Arthur Swain, Emma Larkin, Anna J. Allot, & Kirsten Ewers.
2007 Refugees from Burma Their Backgrounds and Refugee Experiences. Culture Profile No. 21. Washington, DC: Cultural Orientation Resource Center Center for Applied Linguistics.

Bodeker, Gerard, Cora Neumann, Priya Lall, & Zaw Min Oo.
2005 Traditional Medicine Use and Health worker Training in a Refugee Setting at the Thai-Burma Border. Journal of Refugee Studies, 18(1): 76-99.

Cardozo, Barbara Lopes, Leisel Talley, Ann Burton, & Carol Crawford.
2004 Karenni refugees living in Tha-Burmese border camps: traumatic experiences, mental health outcomes, and social functioning. Social Science & Medicine, 58:2637-2644.

Dunford, Jack, & Refugee Council USA.
2008 Observations of Karen Resettled in USA and the RCUSA Response to Jack Dunford's Report on Karen Resettlement. Accessed January 8, 2011 at www.tbbc.org/announcements/2008-07-karen-resettled-usa-observations.pdf

Indiana News Center. Assorted articles regarding Burmese Refugees in Fort Wayne Indiana. 2010 Accessed December 23, 2010 at http://www.indiananewscenter.com

Leighton, Gwyneth, Janelle Hazlett, & Suzanne Gamelin.
2008 Appendix D: Burmese Refugees. Accessed November 3, 2010 from http://www.kdheks.gov/olrh/download/GamelinHazlettLeighton_HPP%20Final%20Powerpoint.pdf

MacArthur, John R., Sandra Dudley, Holly Ann Williams.
2008 Chapter 4: Approaches to Facilitating Health Care Acceptance: A Case Example from Karenni Refugees. NAPA Bulletin 21: 56-69.

The News-Sentinel.
2008-2010 Various articles regarding Burmese in Fort Wayne. Accessed December 23, 2010 at http://www.news-sentinel.com

NPR.
2007 Burmese Refugees Find New Home in Indiana. Accessed Decmeber 23, 2010 at http://www.npr.org/templates/story/story.php?storyId=14841071.

New York Department of Health.
2010 Working with Refugees from Burma to Prevent Childhood Lead poisoning. Accessed December 3, 2010 at http://www.health.state.ny.us/environmental/lead/health_care_providers/working_with_refugees_from_burma.htm

The New York Times.
2007 Burmese in Fort Wayne, Indiana. Accessed December 23, 2010 at www.nytimes.com.

Schmidt, E. and M. Crummett.
2004 Heritage Re-created: Hidalguenses in the United States and mexico. In, Indigenous Mexican Migrants in the United States. Eds. J. Fox and G. Rivera-Salgado, 401-415. La Jolla, CA: Center for U.S. and Mexican Studies.

Swe Hlaing Min & Michael W. Ross.
2010 Refugees from Myanmar and their Health Care Needs in the U.S.: A Qualitative Study at a Refugee Resettlement Agency. International Journal of Migration, Health, and Social Care. 6(1): 15-25.

Ware, John E., Mark Kosinski, & James E. Dewey.
2001 How to Score Version 2 of the SF-36 Health Survey (Standard & Acute Forms). Third edition. Rhode Island: QualityMetric Incorporated.

Ware, John E., Mark Kosinski, & James E. Dewey.
1994 Physical and Mental Health Summary Scales: A User's Manual. Boston, MA: The Health Institute.

Appendix A

Interview Questions

No._____ **Interpreter**_____
Interviewer_____ **Date**_____

Thank you for meeting with me. I'm a student at the university and I'm helping the Burmese ECBO find out about the needs of the community here in Tampa. We hope the information will help the community get more services. I am not going to write down your name, so no one will know what you tell me. If there is a question you don't want to answer, that is ok. Will you help us?

1. What religion are you now?
2. When you were growing up, what religion were you?
3. What is the last year of school that you finished? (total years and where attended school)
4. What languages do you speak?
5. How old are you?
6. Who works in your family?
    a. Where do you each work?
    b. How much money do you each make?
7. How many children do you have?
    a. What are their ages?
    b. Where does the rest of your family and relatives live?
8. Where did you grow up?
    a. How was it?
    b. Why did you leave there?
    c. (Question for after they say they left Burma): How do you like the Burmese government? Do you have any experience with the government
    d. Were you or anyone you knew arrested?
9. Where did you go next?
    a. How was it?
    b. Why did you leave there?
    c. How long have you been in America?
    Where were you before Tampa?
    How was it?
    Why did you leave there?
    d. (Question for when they tell you about coming to Tampa) How long have you been in Tampa?
10. What is good and bad about Tampa?
11. What is the biggest change since coming to America?
12. What is the same about living in America and Burma/the refugee camp?
13. Tell me about yesterday. Tell me everything you did from when you woke up until you went to sleep.
    a. Probe for things that sound strange like missing meals.
14. Do you like the apartment where you live now? Do you like the neighborhood where you live now? Do you feel safe?

a. How do you feel about living with all the ethnic groups from Burma?

15. What kinds of illnesses do you get?
    a. What did you do about them in your village?
    b. What did you do about them in the refugee camp?
    c. What do you do about them in Tampa?
    d. When someone is sick, who should make the decision about what treatment they should get (probe—individual, family, etc.)
16. How are American medicines different from the medicines you used before you came here?
    a. Which do you like better?
    b. Why?
17. Could you please show me any plants that they or their family grow for medicine
    a. What is it and what is it used for?
18. Do you or anyone in your family use any other medicines from Burma?
    a. What is it and what is it used for?
    b. Are there any you can't get?
    c. Do you know the Burmese medicines, daw tway or daw kyin (wonotsay)? Or daw tway go mo dah? Or tum shwe war? Have you used them? For what kinds of problems?
    d. Do you know a spice called asay mo or mo he gamoo? Have you used it? For what?
19. If your body gets out of harmony can you get sick?
    a. Probe if needed: Can you explain more about this to me?

    Can changes in the weather make you get sick?
    b. Probe if needed: Can you explain more about this to me?
20. Do you believe in the spirits and demons that cause illness?
    a. Probe if needed: Can you explain more about this to me?
    b. What did you do about these problems in Burma/the refugee camp?
    c. What do you do about these problems in Tampa?
    d. Do you know someone who has had problems caused by demons or spirits?
    e. Do you know people in Tampa who treat illnesses caused by spirits and demons?
        How do they treat it?
21. What is your biggest concern/worry about your husband/wife?
22. What is your biggest concern/worry about your husband/wife's health?
23. What is your biggest concern/worry about your children?
24. What is your biggest concern/worry about your children's health?
25. What is your biggest concern/worry about yourself?
26. What is your biggest concern/worry about your health?
27. Have you heard of an illness called TB?
    a. Do you know of anyone who has it?
        What problems have they had?
    b. Do you know of anyone who is scared of getting it?
28. Have you heard of an illness called diabetes?
    a. Do you know of anyone who has it?
        What problems have they had?
    b. Do you know of anyone who is scared of getting it?

29. Have you heard of an illness called HIV/AIDS?
    a. Do you know of anyone who has it?
        What problems have they had?
    b. Do you know of anyone who is scared of getting it?
30. Do you know anyone who has had problems with parasites?
    a. What problems have they had?
31. Have you heard of an illness called cancer?
    a. Do you know of anyone who has it?
        What problems have they had?
32. Have you had any problems with your teeth?
    a. What kinds of problems have you had?
    b. What have you done about them?
    c. Have your children had any problems with their teeth?
    d. What kinds of problems?
    e. What have you done about them?
33. Why do you think people have problems with their teeth?
34. Have you continued getting any vaccines in America?
35. Do you think that getting vaccines helps make your health better?
36. When did you first learn about vaccines?

Please answer yes or no to the following questions:

37. Are vaccines good for everyone?
38. Do vaccines have side effects?
39. Can vaccines cause illness?
40. Can vaccines keep you from being able to have children?
41. Do you have doubts about vaccines for yourself or for people in your family?
42. Have you heard about the sickness called the seasonal flu?
    a. If YES: Have you had a vaccine for this?
    b. Would you get this vaccine again ?
43. Have you heard about a flu called H1N1 or Swine flu?
    a. If YES: Have you had a vaccine for this?

You can stop answering just yes or no.

44. What problems have had when you want to go the doctor in Tampa?
    a. If needed probe: transportation, language, if they know where to go, etc.
45. What problems have you had when you are at the doctor's office?
    a. Probe: Their feelings about taking off their clothes, urine samples, blood tests, etc.
    b. What do you like or not like about your doctor?
        Probe for gender
    c. How much do you understand what the doctor says?
    d. Have you ever been to the doctor without an interpreter?
        How did that feel?
        What happened?
46. Are there things that you don't like to tell or ask the doctor?

a. What kinds of things?

47. Do you ever have problems sleeping?
    a. Explain.
48. Do you ever have problems with headaches?
    a. Explain.
49. Do you ever feel like you are thinking too much?
    a. Could you tell me more?
50. Do you ever feel hot under the skin?
    a. Could you tell me more?
51. Do you ever feel numb?
    a. Could you tell me more?
52. In general, do you feel you are doing better/the same/worse than other people.
53. In general, would you say your health is:
    a. Excellent
    b. Very good
    c. Good
    d. Fair
    e. Poor
54. Why did you pick that answer?
55. <u>In the past 4 weeks have you…</u>
    a. Cut down on the amount of time you spent on work or other activities **<u>because</u>** of feeling sad, bad, or anxious. [Interviewer, make sure to emphasize the because]
        5.All of the time
        3.Some of the time
        1.None of the time
    b. Accomplished less than you would like **<u>because</u>** of feeling sad, bad, or anxious.
        5.All of the time
        3.Some of the time
        1.None of the time
    c. Did work or activities less carefully than usual **<u>because</u>** of feeling sad, bad, or anxious.
        5.All of the time
        3.Some of the time
        1.None of the time
    d. During the past 4 weeks, has your physical health or feeling sad, bad, or anxious interfered with your normal social activities with family, friends, neighbors, or groups?
        5. Extremely
        3 Moderately
        1.Not at all
56. How much of the time during the past 4 weeks…
    a. Did you feel satisfied about your life?
        5.All of the time
        3.Some of the time

1.None of the time

b. Have you been very nervous?
   5.All of the time
   3.Some of the time
   1.None of the time
c. Have you felt so sad that nothing could cheer you up?
   5.All of the time
   3.Some of the time
   1.None of the time
d. Have you felt calm and peaceful?
   5.All of the time
   3.Some of the time
   1.None of the time
e. Did you have the strength to do what you had to do?
   5.All of the time
   3.Some of the time
   1.None of the time
f. Have you felt very discouraged?
   5.All of the time
   3.Some of the time
   1.None of the time
g. Did you feel like you want to give up?
   5.All of the time
   3.Some of the time
   1.None of the time
h. Have you been happy?
   5.All of the time
   3.Some of the time
   1.None of the time
i. Did you feel tired?
   5.All of the time
   3.Some of the time
   1.None of the time

57. During the past 4 weeks, how much of the time has your physical health or feeling bad or sad or anxious interfered with your social activities (like visiting friends, relatives, etc.)?
   5.All of the time
   3.Some of the time
   1.None of the time
58. How TRUE or FALSE is each of the following statements for you?
   a. I seem to get sick a little easier than other people.
      5.Definitely true
      3.Don't know
      1.Definitely false
   b. I am as healthy as anybody I know.
      5.Definitely true
      3.Don't know

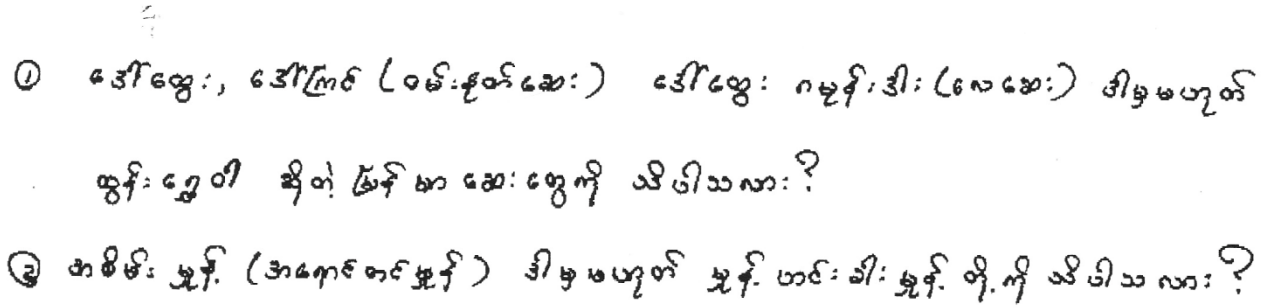
1.Definitely false

c. I expect my health to get worse.
   5.Definitely true
   3.Don't know
   1.Definitely false
d. My health is excellent.
   5.Definitely true
   3.Don't know
   1.Definitely false

59. I don't want to know who, just in general do you think drinking too much alcohol is a problem for the Burmese community in Tampa? Why?
    a. **(ONLY FOR THE WOMEN)** Does your husband drink a lot?
       i. How often does he drink?
       ii. Did he drink in Burma?
60. I don't want to know who, just in general do you think taking drugs is a problem for the Burmese community in Tampa? Why??
61. I don't want to know who, just in general do you think some women are getting hit by their husband in the Burmese community? Why?
62. I don't want to know who, just in general do you think some Burmese people in Tampa are getting divorced?
    a. What problems are they having?
63. Do you use any programs like Medicaid, food stamps, or WIC?
    a. What has been your experience with these programs?
       Probe for negative and positive experiences
64. Are there health issues that you would learn more about?
65. If you could do it over again, would you come to America? Why?
66. Do you plan to stay in Tampa? Why?
67. Is there anything else about the general and health needs of Burmese people in Tampa that we should know?

NOTES:

The written translation for questions 18c and 18d.



Appendix B

Women's Focus Group Guide

- What kind of food do you cook?
    - Can you find the food that you used in Burma in Tampa in Tampa?
  - What changes are there in what you eat since coming to America?
  - Where are you shopping?
  - Have you tasted American foods?
    - What kinds?
    - Do you like it? What? Why?

- What kind snacks do your children like?
- What kinds of drinks do they like?

- How is it for a woman to be pregnant in America?
  - What problems are there?
  - Have you used a midwife?
    - How was that experience?
  - Have you had a baby at a hospital?
    - How was that experience?
- I know that back home or in the village there were ladies who helped deliver babies, is there anyone here in Tampa like that?

- As a woman, once a year you go get a pap smear and a mammogram. What do you think about these kinds of tests?
  - Does it matter if the doctor is male or female?

- Do you plan on having more children?
  - If not, what kinds of birth control do you use?
  - What does your husband think about birth control?

- Do you think a condom is okay for you? How do you feel about that?

- What do you think of your children's school? Why?
- What do you think of your children's teachers? Why?

Appendix C

Red Flag Issues

During the course of the interviews, we noted a number of "red flag health issues". Red flag health issues are issues that were deemed serious enough to need immediate attention. These issues were reported to a local refugee services organization that has worked to connect the Burmese individuals to local services. These health issues are listed below:

A three year old with speaking, hearing, and possible developmental issues.
A possible case of post-partum depression.
Children being fed sweets & sugary drinks.
Reports of tooth decay, toothaches, & swollen gums for both Burmese adults & children. One child has broken teeth. Another family was told by a dentist to just let their child's teeth decayed teeth to fall out because they are baby teeth.
Skin rashes observed on a number of the Burmese adults & children.
A case of arthritis.
Headaches, migraines, and dizzy spells. One person is worried that these are symptoms of cancer as others have told this person that these are symptoms of such a diagnosis.
Several cases of hypertension.
An individual experiencing heart palpitations.
Kids bullied at school for not speaking English and for being "different".
An individual with symptoms of overactive thyroid disease and a goiter.
A woman received an abnormal female exam and declined to follow through with the referral as advised because of cost.
A case of Hepatitis.
Individuals interested in learning how to get a divorce in the U.S.

Appendix D

Resources for the Burmese Community

1. Access to low-cost health care and dental services

Key informants mentioned resources such as the Judeo Christian clinic, the Red Crescent Clinic of Tampa Bay, and the Bridge clinic at USF that could possibly help fill gaps in healthcare. Descriptions of these locations are below:

Clinic Name	Location	Description
Judeo-Christian Health clinic	Near Downtown Tampa	Provides healthcare services to Hillsborough county residents with household incomes that fall between 100% to 200% of the Federal Poverty Level; Provides adult and pediatric primary and selected specialty care; If a patient's needs exceed the clinic's capabilities, the patient is referred to an appropriate specialist and is seen at no charge.
Red Crescent Clinic of Tampa Bay	South border of Temple Terrace	Provides routine physical exams, general pediatric care, referrals for free screenings and reduced rate lab tests, and limited adult specialty care.
Bridge clinic at USF	On the USF Tampa campus	A student run clinic; Serves uninsured adults one night a week on Tuesday; It provides diagnostic and primary medical treatment, physical therapy, and social work services.

One challenge to finding dental health services for low income, Medicaid, or uninsured individuals within this community is that USF does not have a dental school. University of Florida, however, does have a dental school, which has an outpost in Pinellas County. Once a year they hold a marathon weekend where the dentists and dental students see a thousand patients for free or for a reduced rate. Suncoast Community Health Centers in Ruskin, Florida and federally qualified health centers (FQHCs) offer dental services on a sliding fee scale. One healthcare provider observed, "The mindset of dentists is just different. Dental insurance is different from health insurance, and many of them tend to be small business people…it is interesting that general health practitioners have not taken on more of the oral health issues, but I think lately they are trying to do more with oral health."

2. A possible model for a refugee community interacting with the larger Tampa Bay community

Dr. Ella Schmidt is an Associate Professor of Anthropology at the USF, and has worked for a number of years with the Hñähñu migrants in Clearwater. They are a community of migrants

from the state of Hidalgo in Mexico. Unofficial estimates of the populations in 2003 by Schmidt and Crummett (2004) placed the Hidalguenese community close to 10% of Clearwater's population (approximately 20,000 people) and began coming to the area in the mid-1980s. According to Dr. Schmidt, this community saw the need to organize early;

> **"They went door to door to tell people about the community, to tell them who they were, and that they were working here. They talked to a lot of agencies including the mayor's office and the police department. They invited some of these individuals to Hidalgo so that the representatives from the City of Clearwater and the Police department could understand where they [the Hñähñu migrants] come from. From this, an intercultural advocacy group was created. They were able to create this larger alliance with the community."**

This community has a history of organizing; many indigenous cultures throughout Mexico and other areas of Latin America have a history of communal citizenship. Communal citizenship refers to when an individual claims their citizenship rights through fulfilling their obligations to their community by contributing to public works and holding public offices. Since the Burmese do not have a tradition of organizing, it may be really helpful to have Burmese leaders talk to Hñähñu leaders in the Clearwater community

3. Job availability

The Burmese refugees have found finding jobs in Tampa challenging. Key informants noted the language barrier, transportation issues, and the bad economy. One pointed out, "Refugees tend to be resettled in places without any thought to what their past experiences are and what their work experience is. They are settled in the places where the [refugee] services are, which tend to be in urban areas." This is especially applicable to the Burmese community as many of these individuals are from farming communities. A number of individuals spoke wistfully of wanting to work outside and grow something. For instance, fruit was brought to the Burmese families who participated in the interviews and focus group to thank them for their time. When one woman discovered that some of the fruit was from some of the USF research team's own yards she said, "I know everything about gardening, planting, watering, and weeding, and picking. If you ever need help with your fruits trees I will be there."

The interviewers did not observe any potted plants at the Burmese families' apartments, and the apartment complexes they live at offer little space for gardening efforts. One key informant

mentioned that an Ethiopian pastor, who has land in Brandon had offered the Burmese space to plant gardens and raise fish. Over the course of this project, we were able to observe this project develop. Two different faith communities came together to support the space donated for gardening, chicken raising, and fish farming. The van donated to the community is currently being used to transport volunteers from the community to work on the garden, and an irrigation system has already been installed. An open house for this community garden for refugees was held 7 May 2011.

Already there are discussions of applying for grants that support microenterprises. A number of ideas have been brainstormed, including bringing in county extension employees to meet with Burmese who are knowledgeable about agriculture to have a discussion about the similarities and differences of growing crops in Florida and Burma. From our interviews, it appears that there is a large amount of agricultural knowledge within the Burmese community—especially the elder members of the community. This project will be stronger if these individuals are used to inform the development of the refugee community garden. According to Janet Blair, at the Florida Department of Children and Families, this model has been successful with a Vietnamese community in Pinellas County.

Appendix E

Methodology Insights

Due to the reticence to discuss certain subjects within the Burmese community, the methodology of asking questions appears very important. Drinking is one of these subjects not discussed. Four key informants told us about the heavy drinking they had observed among the men. One said, "It does exist in the community, a lot of immigrants drank heavily before coming to the U.S., and…it seems to be a coping mechanism that they have clutched hold of." Another key informant told us that someone had been arrested for riding their bicycle drunk. Yet another key informant told us "We went to talk to people about the alcohol and the people we talked to didn't want to come back to the [organization]." Other sensitive subjects mentioned included drug use, spousal abuse, and divorce. Interestingly, the key informants who only saw the Burmese community in a health clinic setting were surprised to hear about the drinking and drugs, saying: "The Burmese always answer their questions by saying that they don't do that stuff!"

In creating our interview guide we added statements to stress that we were not looking for specific information, so that the question read: "I don't want to know who, just in general, do you think drinking too much alcohol is a problem for the Burmese community in Tampa? Why?" Still, these questions did not provide us with much information. However, there were a few instances where the individuals being interviewed had good enough language skills that an interpreter did not need to be present. It was in these interviews—where no one else from the community was present—that we gathered the most information about sensitive subjects such as drinking, drug use, spousal abuse, and divorce.