

ABSTRACT

BACKGROUND: Since 1948, there has been ongoing civil war and strife within Burma, causing thousands of civilian deaths and millions to be displaced from their homes. Many have sought safety in unofficial refugee camps along the Thai-Burma border. These camps are rudimentary and lack basic necessities. From 2006-2016, it is estimated that 159,692 refugees from Burma left these camps and ultimately resettled in the United States, making refugees from Burma the largest group of refugees during that decade¹. Many of those seeking a new life found themselves resettling in Colorado. The refugee population in the Denver Metro area is the largest in all of Colorado. Refugees exposed to violence, either directly or indirectly, as many from Burma have been, are at increased risk of anxiety, depression, and substance use disorders^{2,3}. Refugees often struggle to navigate the complexities of the American healthcare system^{4,5}. The development of novel programs and partnerships to assist refugees in access and acquisition of healthcare is essential to build stronger communities.

OBJECTIVES: Establish a partnership with stakeholders in the refugee community, work in direct partnership with the community to identify health-related areas of concern, and develop a culturally appropriate intervention to address these areas of concern.

METHODS: The project was divided into three phases that utilized community-based participatory research (CBPR) principles. The first phase of the project was undertaken in 2014 and sought to establish a partnership with stakeholders in the refugee community. This included working with community organizations and leaders including refugee housing managers, members of the Aurora Police Department, The Spring Institute, healthcare navigators, healthcare providers, and youth from the refugee community themselves. Phase one also consisted of working in direct partnership with refugee youth and other stakeholders in the community to form a Youth Advisory Board (YAB), with the aim of identifying a health related area of concern within their community that they would like to address. This was achieved through informal focus groups and discussions with the Youth Advisory Board. The members of the YAB identified alcohol use as their paramount concern. With an identified concern and community partnerships established, phase 2 began. Phase 2 consisted of IRB approved structured qualitative interviews to better understand the effects of alcohol use on the community and to identify any possible interventions that may already exist. The qualitative interviews were transcribed and analyzed using immersion crystallization methodology. Multiple medical student coders individually analyzed each interview transcript and multiple themes emerged. Phase 3 is currently underway, with the aim of presenting the findings to the community, and generating a culturally appropriate intervention to address problematic alcohol use from the themes that were identified.

RESULTS: After Immersion Crystallization of the 10 interviews, several themes were generated. These themes include: problematic alcohol consumption spanning across all ages and ethnic groups, problematic alcohol use originating in the refugee camps, positive and negative influential roles of family and religion on consumptive practice,

impact of problematic alcohol use on unemployment and violence, knowledge deficit on the negative impact of alcohol on physical health and wellness, and the lack of access to a culturally appropriate intervention.

CONCLUSIONS: This project expands upon current literature regarding the impact of alcohol use within the community of refugees from Burma. The themes generated will be leveraged to create a culturally competent intervention to effectively address alcohol use in this community.