



EBENEZER HEALTHCARE ACCESS



Refugees and Immigrants' Health Needs Assessment in Montgomery County/Dayton/Ohio

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Abstract

The health need assessment on refugees and immigrants in Montgomery County is intended to understand and address the unique healthcare requirements of this underserved population. With the influx of refugees and immigrants into the county, there is a pressing need for tailored healthcare services to ensure equitable access and quality care delivery.

Montgomery County hosts many refugees, asylees, and asylum seekers from countries such as DR Congo, Honduras, Rwanda, Russia, Ukraine, Turkey, Ecuador, Burundi, Colombia, Guatemala, Uganda, Mexico, Haiti, etc. Between 2014 and 2019 the Montgomery County population decreased by 0.5 percent, while the immigrant population grew by 21.6 percent. Catholic Social Services of the Miami Valley resettles between 250 and 400 refugees a year. The Refugees and immigrant's population have numerous obstacles such as cultural, language and literacy barriers. Due to these barriers, navigating The US healthcare system is challenging for this population compared to the US born.

To conduct this study, a Quota sampling method was used. A sample of 220 participants who are 18 years old and above was sampled from a population of 1,100, which is a number of immigrants and refugees Ebenezer Healthcare Access was serving in March, 2024. This sample was divided into three subgroups based on the continent of the origin. 60% of the sample 134 participants are from sub-Saharan countries, 20% of the sample 44 participants are from Latin-America and the other 20% of the sample 44 participants are from European countries. Google form Questionnaires (A set of 47 questions) were used to collect data and Software like Microsoft Excel and Power BI were used to prepare, analyze and visualize data.

This report highlights key findings, challenges, and recommendations derived from a comprehensive assessment conducted to elucidate the health needs of refugees and immigrants in Montgomery County. The Analysis indicates that language barrier is a major issue in this

population, 94% of participants said that they need assistance from a medical interpreter during medical visits, 43% of participants said that they have missed at least one medical appointment due to lack of transportation, 54.3% of the participants said that they don't have a primary care provider, 40.2 % of participants has only Middle school education and 51.36 % of participants said that they are currently unemployed. The majority of the participants stated that the reason for not getting vaccines was due to personal reasons/choice.

Recommendations would be to Invest in interpreter services, multilingual healthcare materials, and language proficiency training for healthcare providers to facilitate effective communication with diverse populations. Provide cultural competency training for healthcare professionals to better understand and address the unique needs and preferences of refugee and immigrant patients.

Introduction

Montgomery County, a culturally diverse community, has witnessed a steady increase in refugee and immigrant populations in recent years. Political and economic instabilities, and wars in different countries all over the world have tremendously increased the number of immigrants and refugees entering the United States looking for a better life. Dayton is a welcoming city to immigrants and refugees, for this reason, refugees prefer to settle in Dayton. A high number of Refugees, and Immigrants from countries such as DR Congo, Rwanda, Honduras, Ukraine, in Montgomery County has a significant positive impact in Dayton Economy.

Between 2014 and 2019 the Montgomery County population decreased by 0.5 percent, while the immigrant population grew by 21.6 percent. Without growth in the immigrant population the total population in Montgomery County would have decreased even more, by 1.3 percent. In 2019 alone, immigrants in Montgomery County held \$ 562.4 million in spending power, and paid over \$144 million in federal taxes and over \$75 million in state and local taxes.” [New Americans in Montgomery County and the City of Dayton - New American Economy Research Fund](#) .

Although this population has a significant contribution to the economy of Dayton, these individuals often face numerous challenges, including language barriers, cultural disparities, and limited access to healthcare services. In this assessment, the results indicate that 212(85.14%) of the participants are not able to speak, read, and write English. 173(67.8%) of the participants, their highest level of education is Middle school and 51 (20%) of participants never went to school. Lack of education in this population makes it almost impossible to be able to navigate the health system in the US.

Organizations like Ebenezer Healthcare Access have made it their mission to serve this underserved community by filling the gap of language and cultural barriers in supporting this population to access healthcare regardless of their country of origin, language or education level. Ebenezer Healthcare Access is currently serving more than 1,400 immigrants and refugees. This assessment was conducted to identify existing gaps and formulate strategies for improvement.

This narrative report gives elaborated details on the purpose and the background of why this Health need Assessment was conducted, the research methodology; how we find the sample for this research, data collection process, data analysis, and insights and recommendations to help improve the healthcare services to this population.

Background

In 2022, Ebenezer Healthcare Access opened the door to the refugees and Immigrants who reside in Dayton, Ohio to fill in the gap that was in healthcare services in this population and address their unique challenges in navigating life in the US. Ebenezer Healthcare Access assists this population to get the Primary doctors, schedule medical appointments, provide translation assistance, and legal assistance. However, there were so many barriers around this population which showed the need to conduct more research on the health needs of refugees and immigrants to tailor the healthcare services to their needs.

Ebenezer Healthcare Access has partnered with Public Health Montgomery County, to design and conduct research (Health need assessment) on the health needs of refugees and immigrants in Montgomery County. The Health Need Assessment is a set of questions about the factors that affect healthcare access in this population such as Area of residence, education level, employment status, income level, health insurance, immigration status, English level, transportation, and knowledge about vaccines and modern medicine.

In 2023, the first phase of designing questions and the methodology that was used to gather the data was implemented by a team of four who have educational backgrounds in public health, Medicine and data analytics. In April 2024, the second phase was complicated, the sample of 249 participants for the research was selected from 1,100 clients of Ebenezer Healthcare Access. In May 2023, the last phase of collecting, analyzing data and the presentation of the findings was completed.

Methodology

The assessment employed a single methodology, qualitative interviews. A diverse sample of refugees, and immigrants participated in the study. Data collection methods included Google forms questionnaires administered in multiple languages. Statistical and thematic analyses were utilized to analyze the data and extract meaningful insights.

Sampling

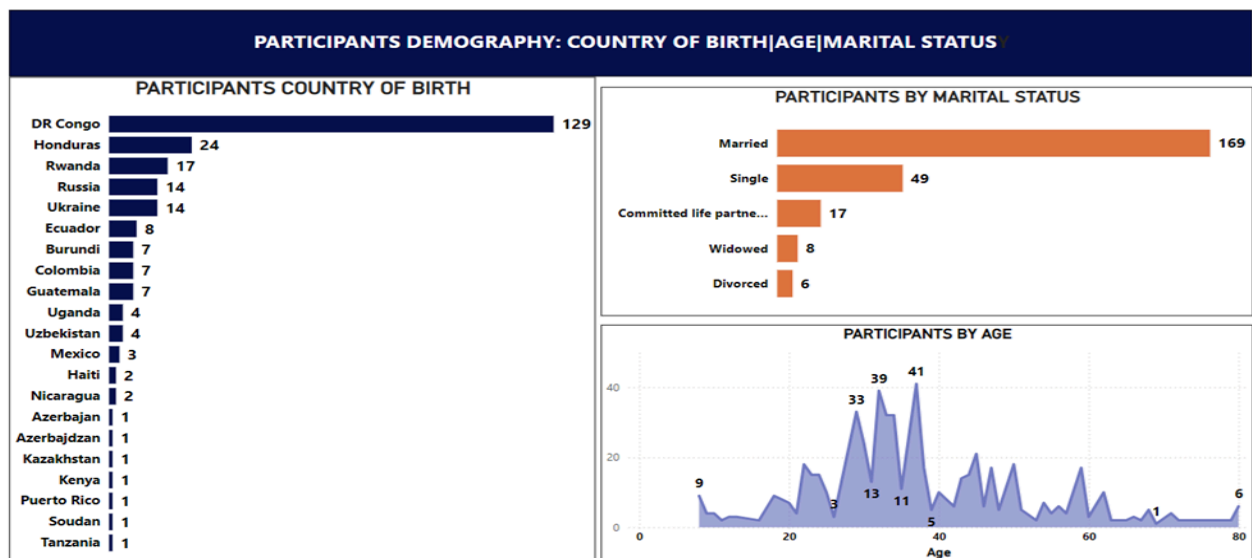
A Quota Sampling methodology was employed. A diverse sample of 249 refugees and immigrants who are 18 years old and above was sampled from 1,100 refugees and immigrants who reside in Montgomery County that Ebenezer Healthcare Access served by then to participate in this assessment. The sample was divided into three subgroups based on the

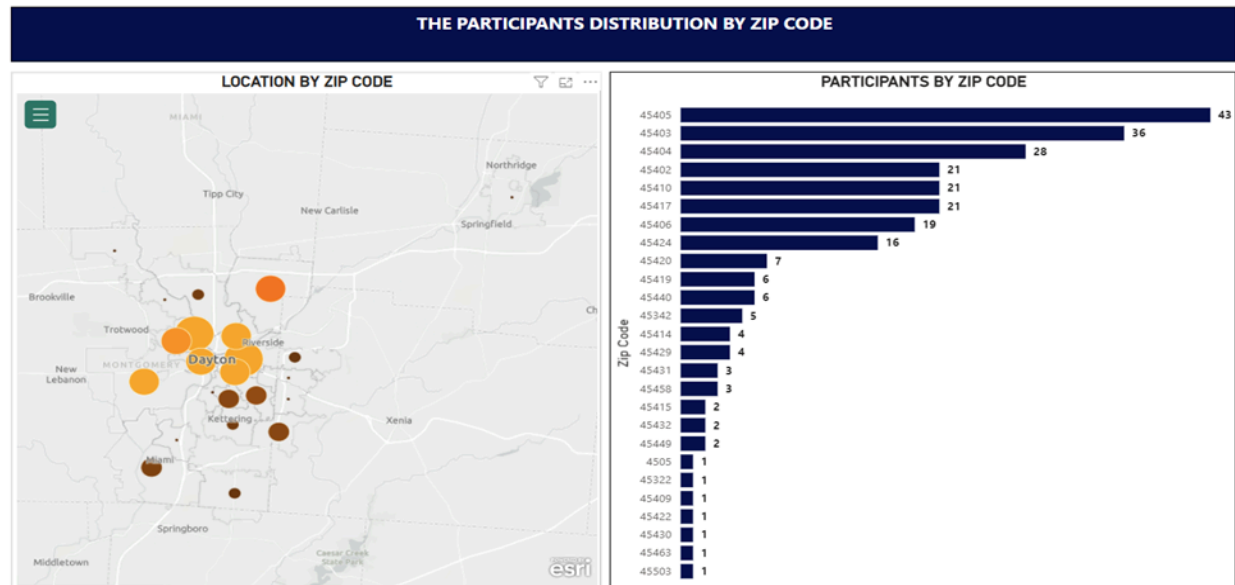
continent of origin: Sub-Saharan Africa, Latin-America and Europe. The majority of this population are from sub-Saharan Africa, with that 65% of the sample, 164 participants were from sub-Saharan countries such as DR Congo, Rwanda, Burundi, Tanzania, Uganda, etc. 15% of the sample, 35 participants were from European countries such as Ukraine, Russia, Turkey, etc., and the other 20% of the sample, 52 participants were from Latin- American countries such as Honduras, Mexico, Columbia, etc.

Table1. Sampling

Continet Of Origin	Number Of Participants
Sub-Saharan African	162(65%)
Latin-America	52(20%)
Europe	35(15%)
Sample Size	249

Sample overview





Visualizations above provide the overview of the participants of the health need assessment. The findings in this analysis will be reflections of health needs for these individuals

Data Collection

Google form questionnaires were used to collect data. To achieve the purpose of this assessment, which is gathering information on the refugees and immigrant's population to tailor the healthcare services based on their needs, A set of 47 questions were categorized in demographic, education level, employment, income level, healthcare access, English level, immigration status and transportation to the medical appointments. Google forms were in five different languages participants speak: Kinyarwanda, Spanish, Swahili, Russian, French and English.

<https://forms.gle/idHDKouKzezAGueM8> . The information shared was confidential, therefore the participants were assigned the codes to keep them anonymous.

These questions were asked in the form of interviews over the phone or in person. Ebenezer Healthcare Access 's community health workers conducted these interviews. The collected data was stored in a Microsoft Excel sheet.

Data preparation

The collected data was mostly qualitative, which is prone to typing errors, format issues (mix of uppercase and lowercase), duplicates, and missing data. In addition, the data that was collected in other languages other than English was translated to English. Microsoft Excel was used to remove duplicates and translate data to English. Power Bi/ Power query editor was used in data transformation, fixing formatting errors, filling missing data, adjusting data type, and appending five datasets into one accumulative dataset.

Data Analysis

Prescriptive analysis was used to identify the patterns and recommend the optimal causes of action. The patterns we were looking for in this analysis reflect the common issues in the refugee and immigrant's population which hinders these populations to have access to healthcare services. We used Power BI to tell a story through data analysis in the visualization.

Key Findings

Limited access to healthcare services emerged as a significant concern among refugees and immigrants in Montgomery County. Factors such as language barriers, lack of health insurance, and unfamiliarity with the healthcare system were cited as primary obstacles to accessing care.

Language and transportation barriers during medical visits

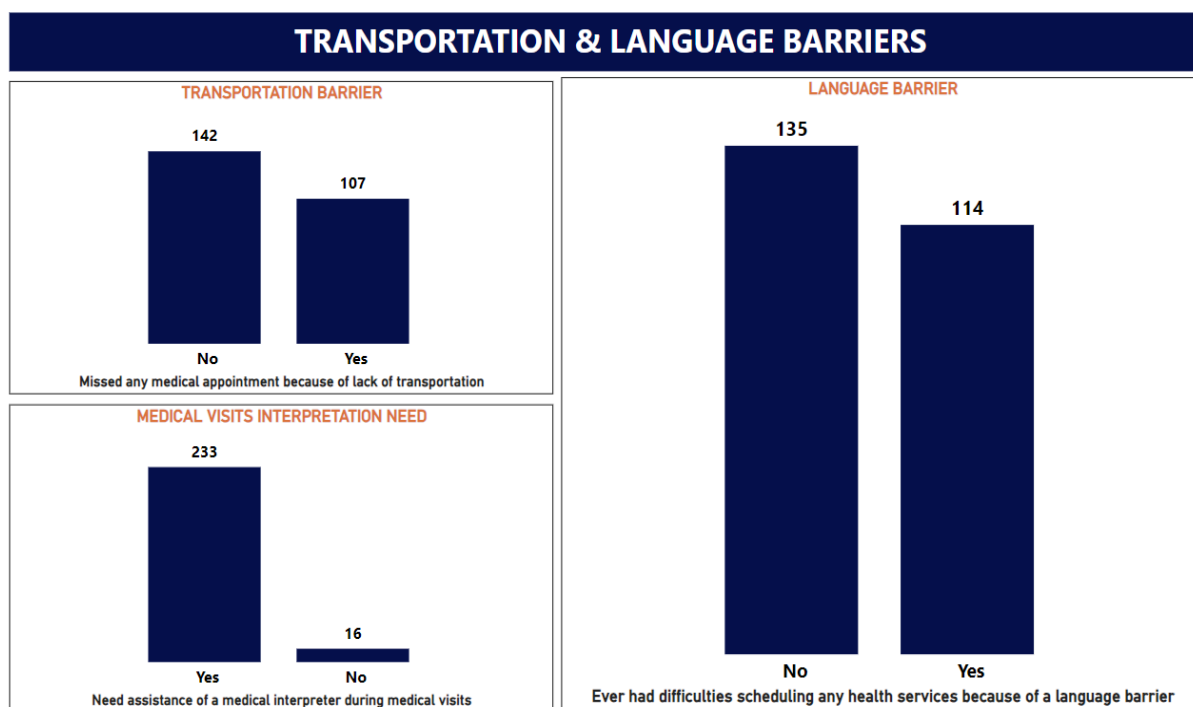


Fig1.

The need for an interpreter during medical visits is incredibly significant. 233 participants, which is 94% of the sample said that they need the interpreter during the medical visits to be able to communicate with the doctor and 114 of these participants which is 45% said that they have difficult scheduling medical appointments due to language barrier, and 107(42.9%) missed at least one medical appointment due to lack of transportation

Health Insurance barriers

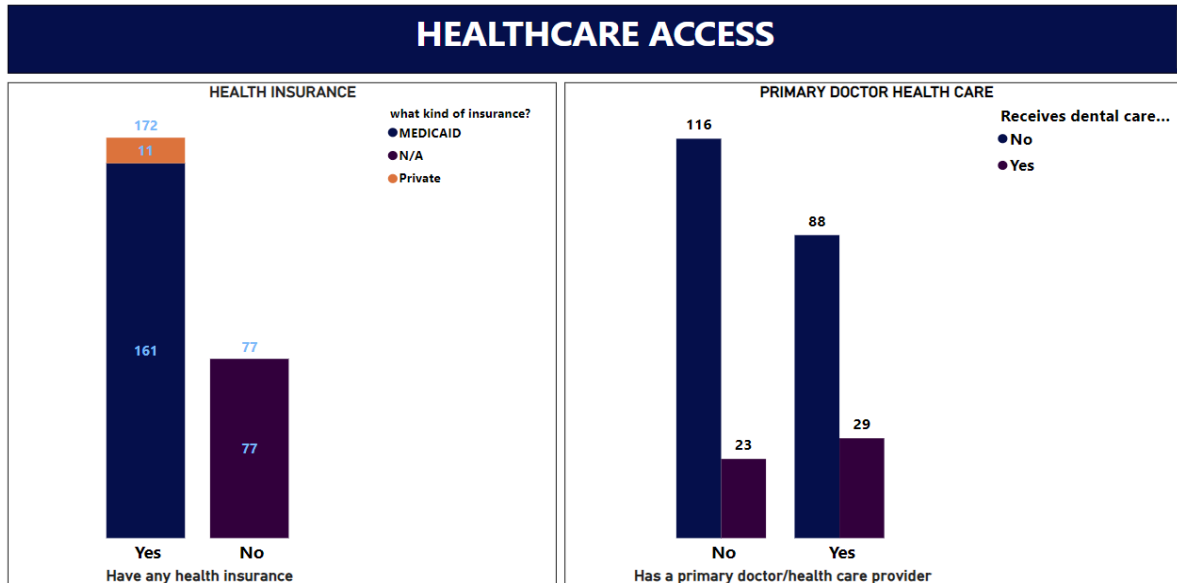
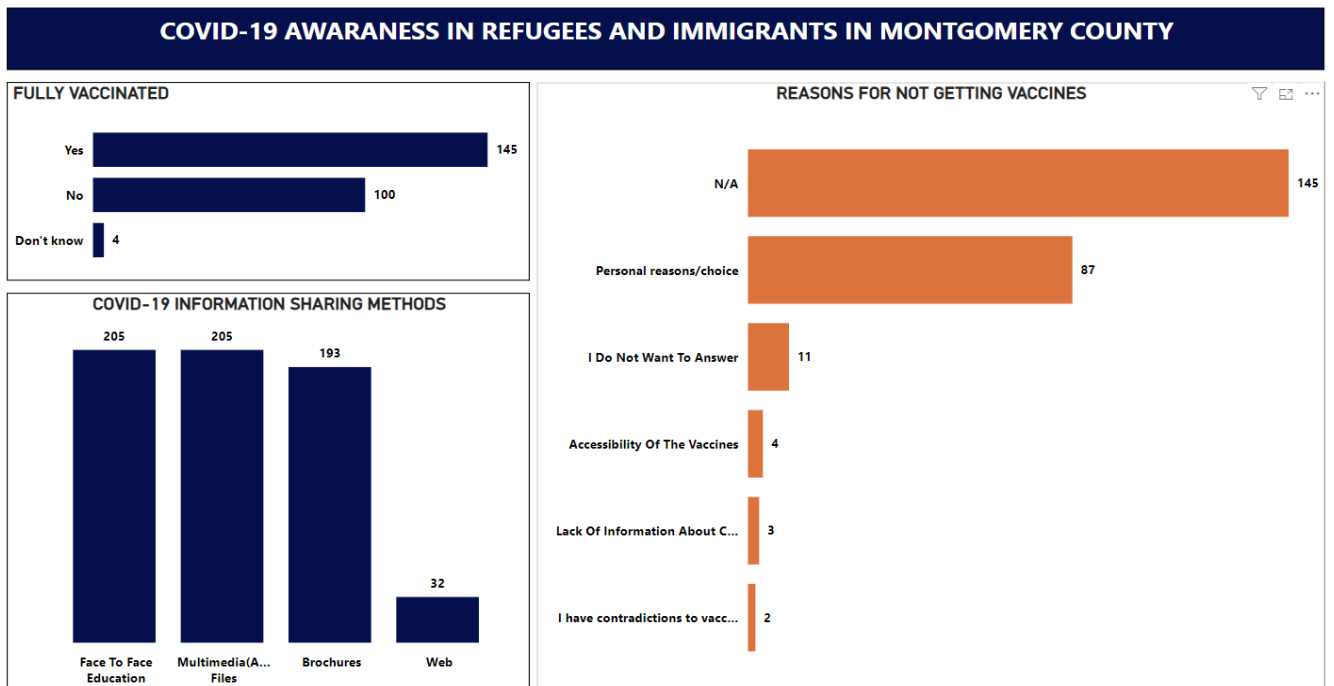


Fig2.

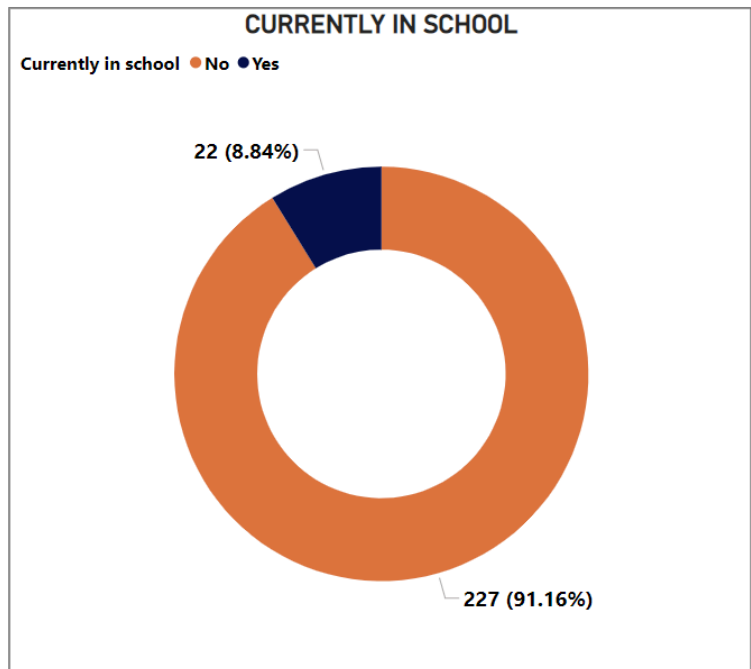
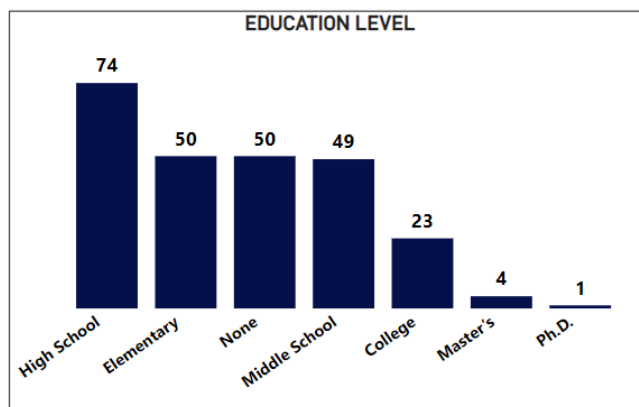
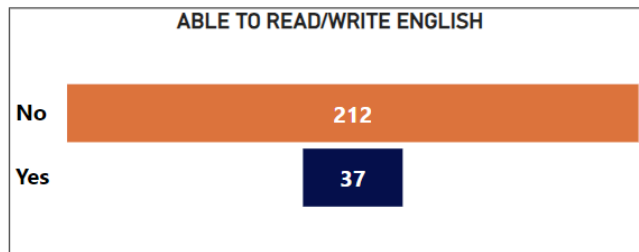
77 (30%) participants stated that they don't have any healthcare coverage, this is because they are not qualified for Medicaid due to "high income" which was not the range of Medicaid eligibility, but also not so high that they could afford private insurance. 139(56%) participants stated that they didn't have a family doctor at the time. Due to the limited number of patients doctors are allowed to take at a time, sometimes this population faces a challenge of getting family doctors.

Health Literacy/ Vaccines education

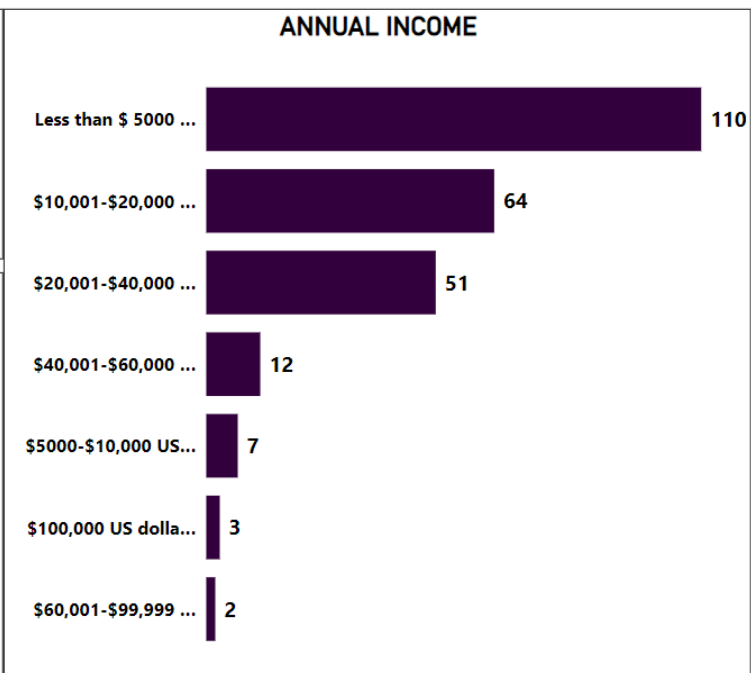
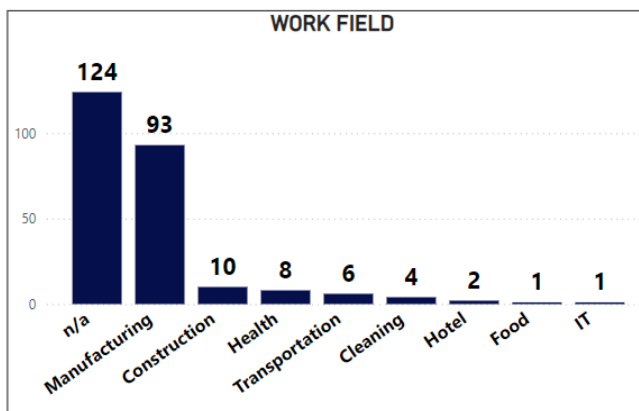
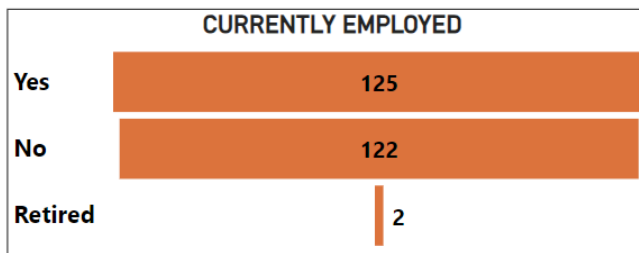


Employment and education level

EDUCATION LEVEL

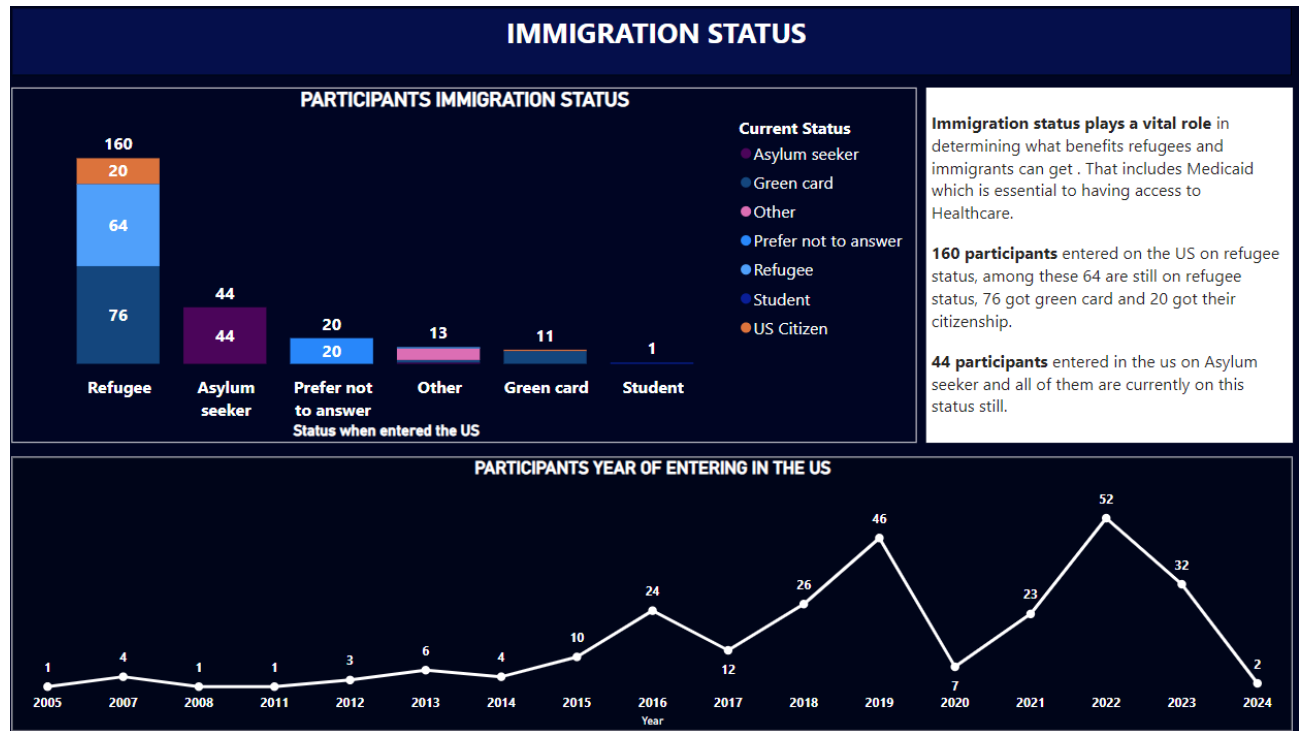


EMPLOYMENT & INCOME



149(59%) participants stated that their level of education is between None, and Middle school. 212(85%) don't read/speak and write fluently. This reflects on the areas of work this population is qualified for. 122(49%) are not employed and the 51% that is employed 74% work in Manufacturing and make between \$10,000-\$20,000 a year.

Immigration Status



Although there are many factors that affect this population to access all their health needs, immigration status is also among the many factors. The majority of this assessment participants entered the country between 2016-2023. 160(64%) entered the US on refugee status which among these, 76 got green cards, 64 are still on refugee status and only 20 percent got citizenship. The data shows that refugees have difficulties to change their immigration status, which might be illiteracy and not knowing how to access the resources out there for them.

Recommendations

1. Medicaid/ MCOs should have a hot line and contract with multilingual transportation companies to address medical visit transportation barriers. The study found out that **44.6 % of** immigrants and refugees **have transportation barrier**. This is because they don't own

their car, they don't know how to take or use Uber because it's expensive. The study recommends that the medical facilities or county should build capacity for the existing institutions that are already serving this population to also provide convenient transportation to their medical appointments.

2. Providers should train and equipped to meet the requirements of all 15 C.L.A.S standards. The study found out that **86.0%** of immigrants and refugees **NEED** interpreters (85.1% immigrants and refugees don't read/write English) when they go to a medical visit. The study recommends that **there should be more interpretation services**, to facilitates the immigrants and refugees to communicate with their healthcare providers.
3. Establish a staffing agency to partner with employers to train potential employees on required skills and US workplace cultural ethics. The study found out that **48.9 % of** immigrants and refugees **currently have no jobs**. This is because some of them have English language barrier (85.6 % cannot read/write English) or they have good skills BUT with foreign education. Therefore, the study recommends that there should be immigrants and refugees staffing agencies to connect them to local employers to explore and use the skills that these immigrants already have. On the other hand, refugees and immigrants with high skills should have a program to enhance their English language skills.
4.
4.RIM population should be encouraged to continue to attend ESL classes to learn English and American Culture. The study found out that **85.1% of** immigrants and refugees **cannot read and write English**. Therefore, the study recommends that immigrants and refugees' population should continue to attend ESL classes to learn English and American culture. In the meantime, local public institutions should have in place programs to support this specific population with interpretation and translation.
6. There should be campaign and education on the importance of getting COVID-19 vaccines and other vaccines. The study found out that **40.1 % of** immigrants and refugees are **not vaccinated**. The reasons given by immigrants and refugees are **personal reasons/choices**, Lack of information on COVID-19 vaccines, lack of access to vaccines, contradictory beliefs toward vaccines. The study recommends that there should be the vaccination awareness, sensitization and education on vaccines and its importance.

Conclusion

The health needs assessment underscores the importance of adopting a comprehensive and culturally responsive approach to address the healthcare needs of refugees and immigrants in Montgomery County. By implementing the recommendations outlined in this report and fostering collaboration among stakeholders, we can strive towards equitable healthcare access and improved health outcomes for all members of our diverse community.

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