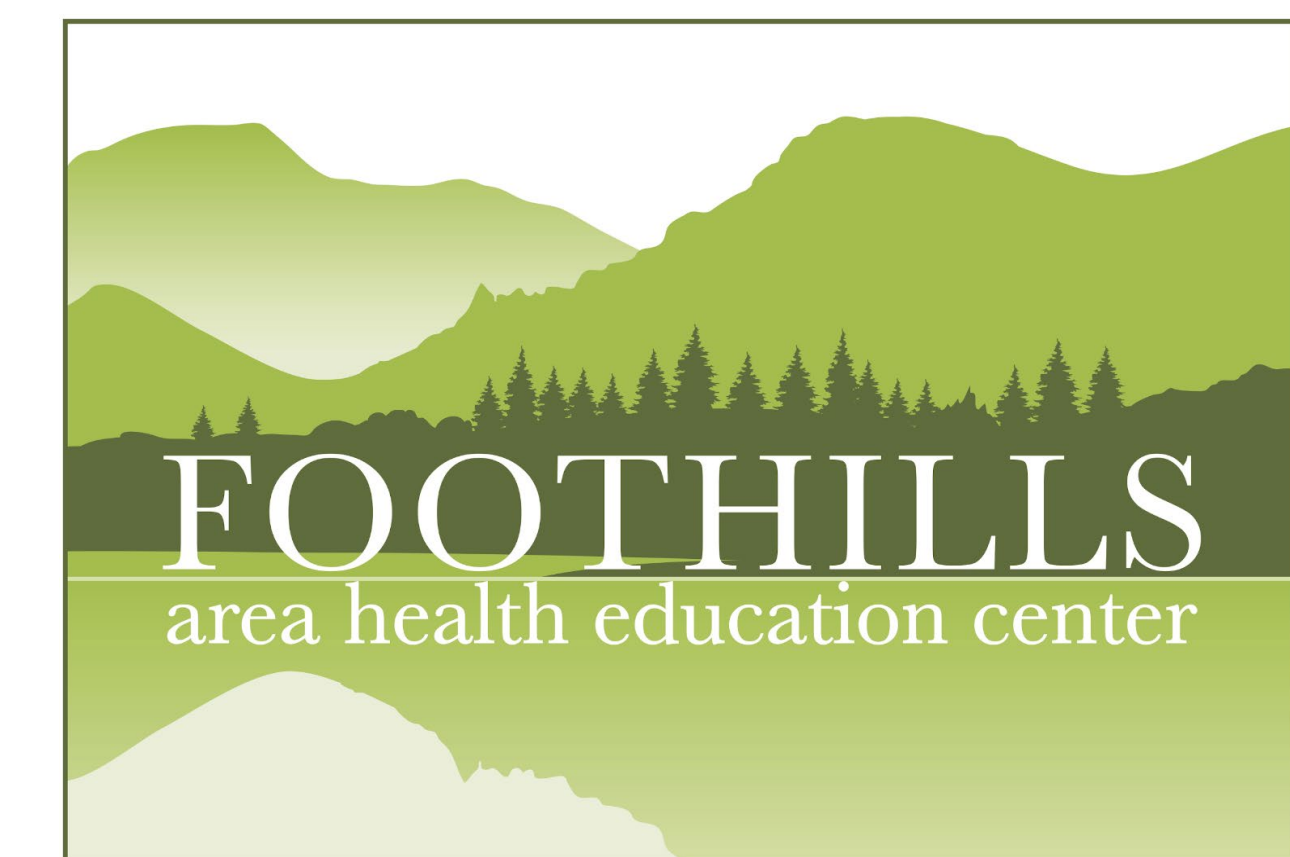




# Examining the Social Determinants of Health for New Immigrants in Clarkston, Georgia: A Phenomenological Case Series

Josie Ryder, Cameron Vicknair – Foothills AHEC Pathway to Med School  
Omari Hodge, MD; Louise Jones, PhD, M.Ed.



## Background/Introduction

- Grace Village Medical Clinic (GVMC) provides free medical services to underserved populations located in Clarkston, GA.<sup>1</sup>
- Immigrants and refugees face unique obstacles in accessing medical care.
  - Language barriers<sup>2-4</sup>
  - Cultural and religious differences<sup>3,5</sup>
  - Racism and mistrust<sup>3</sup>
  - Financial and logistical difficulties<sup>2,3,5</sup>
- Medical personnel at GVMC have noted lower utilization than expected by the local community.<sup>6</sup>
- The purpose of this study is to examine the influences in patients' lives affecting their likelihood of seeking care at GVMC.

## Clarkston, GA

- Clarkston is located just outside of downtown Atlanta and is one of the most ethnically diverse cities in the United States.<sup>7</sup>
- About half of Clarkston's population consists of recent immigrants and refugees.<sup>7</sup>

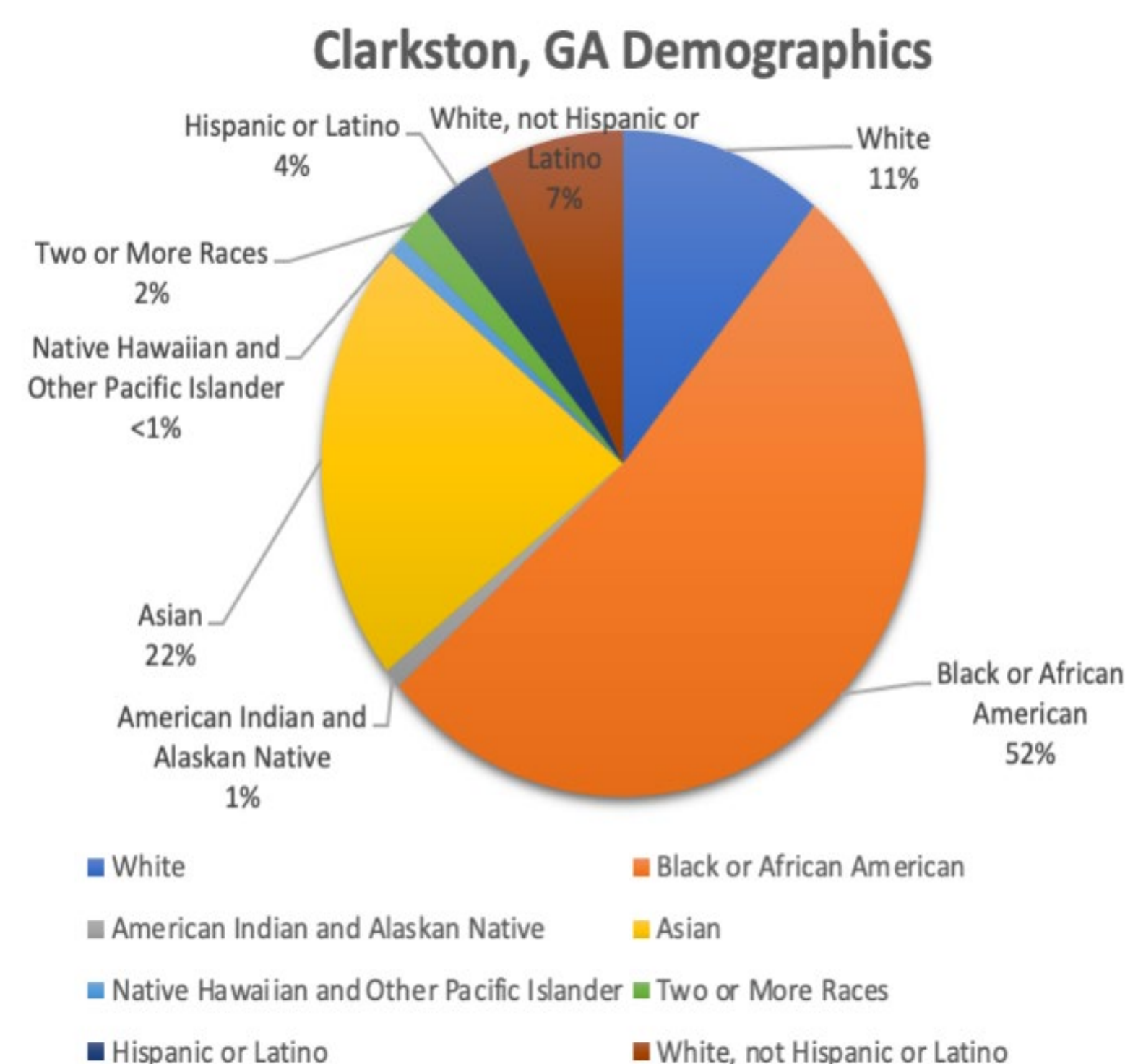
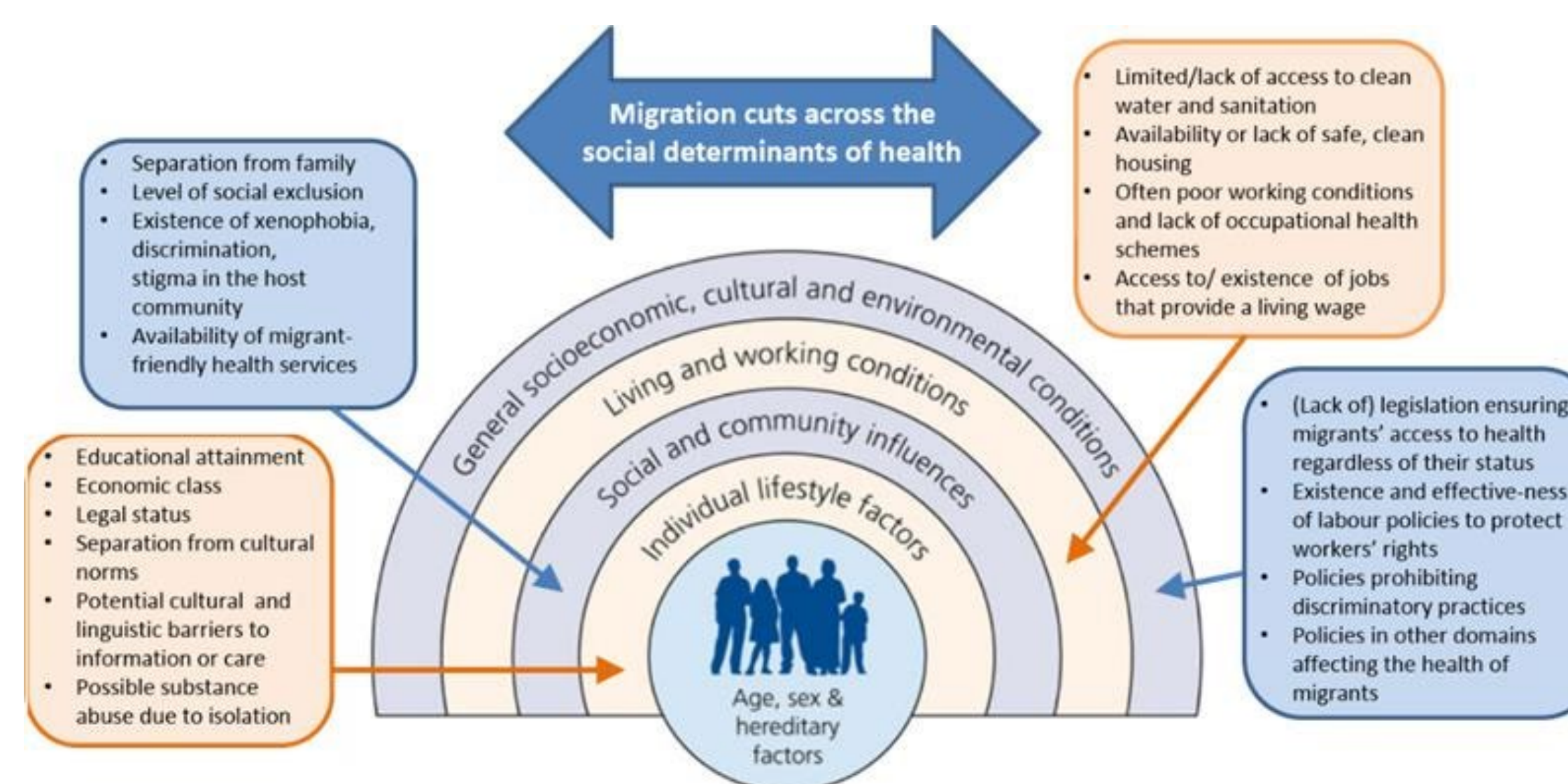


Figure 1. Graphical representation of the racial makeup of Clarkston, GA<sup>8</sup>

## Methodology/Measures

- Phenomenological evaluation of barriers to care was completed through semi-structured qualitative interviews with patients at GVMC prior to medical exams.
- Interview questions were developed in accordance with barriers to care present in the literature and the Social Determinants of Health (SDOH) framework.<sup>9</sup>



- To be eligible for the study, patients must have met the following criteria:
  - Be a patient at GVMC
  - Make 200% or less of the Federal Poverty Line
  - Be uninsured or underinsured
  - Not have an outside regular healthcare provider
- This study was exempted from IRB approval due to the limited number of interviews.
- Interviews were facilitated by translators as appropriate to ensure informed consent and accurate data collection.
- Interview audio was recorded and manually transcribed.
- Researchers coded the transcriptions individually using the SDOH framework and then coded to agreement.

## Results

- A total of 3 interviews were conducted.
  - One native-born Caucasian woman
  - An asylum seeking couple from Myanmar
  - One established immigrant man from Myanmar
- The participants communicated various barriers regarding health and medical care.
  - Mistrust and privacy concerns
  - Money and insurance issues
  - Bureaucratic delays
  - Language barriers
- Many communicated that they knew of GVMC through word of mouth, so lack of social networks may be an obstacle for new immigrants.

## Discussion

- Data quality
  - Potential loss of nuance due to language differences
  - Saturation not met leading to lack of thematic consistency
- Limitations
  - Short study time frame (4 weeks)
  - Small sample size (n=3)
  - Restricted interview time (<15 minutes)
  - No temporal data due to cross-sectional design
- Potential biases
  - Western view of medicine and health
  - Unconscious classism or elitism

## Research Recommendations

- Using a larger sample size so that thematic saturation is reached
- Longer interview times allowing for greater depth of exploration
- Greater diversity of national backgrounds of immigrants
- Various lengths of residency in the United States
- Longitudinal design analyzing integration of recent immigrants into the American healthcare system and society

## References

- Grace Village Medical Clinic. 2021; <https://www.gracevillagemedicalclinic.org/>.
- Alwan RM, Schumacher DJ, Cicek-Okay S, et al. Beliefs, perceptions, and behaviors impacting healthcare utilization of Syrian refugee children. *PLoS ONE*. 2020;15(8):1-16.
- Freeland C, Bodor S, Perera U, Cohen C. Barriers to Hepatitis B screening and prevention for African immigrant populations in the United States: A qualitative study. *Viruses* (1999-4915). 2020;12(3):305.
- Kumar R. Refugee articulations of health: A culture-centered exploration of Burmese refugees' resettlement in the United States. *Health Communication*. 2021;36(6):682-692.
- Ahad FB, Zick CD, Simonsen SE, Mukundente V, Davis FA, Digre K. Assessing the likelihood of having a regular health care provider among African American and African immigrant women. *Ethnicity & Disease*. 2019;29(2):253-260.
- Hodge O. In:2021.
- City of Clarkston. <https://www.clarkstonga.gov/about>.
- United States Census Bureau. QuickFacts: Clarkston city, Georgia. <https://www.census.gov/quickfacts/fact/table/clarkstoncitygeorgia/IPE120219>.
- International Organization for Migration. Social Determinants of Migrant Health. <https://www.iom.int/social-determinants-migrant-health>.



**"I mean I don't trust anybody. As a matter of fact, when I come here, before I get ready to come here, I get very anxious. But every time I arrive, everybody is just so nice and so pleasant."**