

# IN FOCUS: A SUMMARY OF THE ASIAN AMERICAN COMMUNITY GROUP REPORTS

## Burmese Community Needs Assessment Summary Report

### RESEARCH TEAM

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## BACKGROUND

In July 2007, the research team conducted one focus group with a group of Burmese community members. The purpose of the focus group was to identify and learn about the most important health issues affecting this community and their recommendations for improvements. Seven community members (four men and three women) participated in the focus group. In terms of participants' age distribution, one participant was in her 20s, two participants were in their 40s, three participants were in their 50s, and one participant was in her 60s. Almost all participants (six) identified themselves as Christian, while there was one who identified himself as Buddhist. Two participants had finished high school, one participant had an Associate's degree, three participants had a Bachelor's degree, and one participant had a Doctoral degree. Their occupations varied greatly: sales associate, caretaker, office manager, factory worker, associate scientist, and instructor. The majority of the participants (five) were married, one was single, and one was widowed. According to Burmese American group members, their community is relatively new compared to other Asian American groups, and they estimate about 200-300 Burmese Americans live in Montgomery County.

## 1 | HEALTH CONDITIONS

### a. General Health Issues

The Burmese group participants identified several health concerns for their community: al-

lergies, cancer, heart disease, and hypertension. Allergies appear to be a constant struggle for the community; the group mentioned that many people suffer them either seasonally or throughout the year. One person mentioned that they knew someone who had diabetes, and because the individual did not know she had the condition, her diabetes progressed to a severe state and she went into a diabetic coma. Heart disease was brought up in terms of ischemic heart disease and arrhythmias. Breast, cervical, lung, and gastric cancers were all types of cancers that were mentioned as concerns within the Burmese community. Out of those types, breast and lung cancers were the most common. One participant pointed out that hepatitis B was a concern for people in Burma, but not for those individuals who have immigrated to the United States. This is because there is screening for hepatitis B before immigrating to the United States. There is a problem with receiving proper immunizations for adults, but not for children because they need to get the vaccinations in order to attend school. Smoking is not a problem for the Burmese community in Montgomery County; one participant estimated that only 1% of the Burmese community smokes here.

### b. Mental Health Issues

Mental health did not seem to be as much of a concern compared to the other Asian American communities surveyed. They identified anxiety and stress as issues that their community deals with, but nothing further. Mental health is not a topic openly discussed within the community. In the event that someone has a mental health concern, he or she would likely not seek help from a mental health professional. Because the church is a central part of the Burmese community's life, a person would more likely seek help there.

### c. Vulnerable Groups

**Seniors:** Because the senior population within the Burmese community in Montgomery County is not very big, the community does not identify many health issues related to seniors. The group did identify one or two senior people in the community who are lonely, but did not offer any causes behind the loneliness or suggestions on how to improve the situation.

**Children and Adolescents:** The child/adolescent health concerns mentioned by the focus group participants include stress and high expectations. Teenage pregnancy is not an issue. The group also mentioned that people in this age group do drink and smoke tobacco; however, it is unclear to what extent this is a problem within the Burmese community.

**Women:** Osteoporosis and urinary tract infections were mentioned as health concerns within the female Burmese community. Breast cancer among this population seems to be diagnosed late, and its diagnosis is increasing among the younger generation. Some of the women mentioned that they avoid screenings, such as pap smears and bone density scans, because of the cost barrier. Domestic violence does not seem to be an issue in the Burmese com-

munity—they identified only one family that has endured domestic violence, but it has since separated. Family members and the church are sources of help and support if and when a family encounters domestic violence.

## 2 | HEALTH SERVICE UTILIZATION

### a. Access Barriers

The Burmese community identified several access barriers seen in other Asian communities surveyed, such as a language barrier, a transportation barrier, a lack of health insurance, the wait time for getting a doctor’s appointment, and unfamiliarity with the American health care system. The lack of readily available transportation appears to be a problem, because even if the individual can get a doctor’s appointment, he or she cannot make the appointment if there is no transportation. Those individuals who do not have health insurance find it difficult to pay for health services. The community is concerned that the long wait time to get an appointment or see the physician poses a barrier to health care. Sometimes an individual cannot see the doctor for a few days, and during that wait time, he or she goes to the local drug store to get over-the-counter medication. By the time he or she goes to the doctor, the individual is feeling better.

### b. Preventive Services

According to the focus group, only some of the Burmese community participates in screenings or preventive services frequently. Some of the community members mentioned that they simply do not know which screenings are available and when an appropriate time is to have them. Sometimes the appointment times for screenings or other health services are inconvenient for students and other people.

### c. Physician Preference

The group mentioned that they prefer to see a Burmese physician. A popular general practitioner from Virginia was mentioned, but no physician practicing in Montgomery County was identified.

## 3 | RECOMMENDATIONS

### a. Health Education

Many of the focus group participants mentioned that health education and an increased awareness/knowledge of general health conditions would be beneficial to their community. Because the community is relatively new in Montgomery County, there is no knowledge of how prevalent some health conditions are. With more information about chronic diseases and

other health concerns, the community can be better informed and prepared to address any health-related issues that arise.

### **b. Disseminating Health-related Information**

The group suggested that if the County or another organization provided health education for different types of chronic conditions, it should be delivered through the church. This is because the church is central in the community and also because people have busy schedules which prevent them from being able to attend these types of programs elsewhere. Besides the Burmese churches in Montgomery County, the group mentioned that the Burmese temples are also a good place to have health education programs. The religious organizations are also a good resource to disseminate health-related information because the Burmese community does not have a community television channel, newspaper, or other readily available media outlet. The most convenient time to hold these programs would be on the weekends because people are busy working during the weekdays. The group also suggested providing health education in both Burmese and English in order to reach a wider audience.

## **SUMMARY**

Because the Burmese community in Montgomery County is still relatively new, it is difficult to know the true prevalence of many health conditions in the community. Allergies, cancer, heart disease, and hypertension were some of the health concerns brought up by this group. In contrast to other surveyed Asian American communities who mentioned mental health as a top concern, the individuals of this Burmese community do not see mental health as a concern. According to the participants, some people do not access preventive services because they do not know which ones they need, when they need to get them, and how frequently. They recommend that the County work with the Burmese religious organizations, including churches and temples, to reach out to the community. They also suggest that the County provide culturally and linguistically appropriate health information and education. Improved access to health and preventive services would particularly benefit those individuals who lack health insurance.