

A Community Based Participatory Research Initiative: Addressing Alcohol Use in the Local Refugee Population from Burma

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Background

- Since 1948, there has been ongoing civil war and strife within the country of Burma, also known as Myanmar.
- Many have sought safety in unofficial refugee camps along the Thai-Burma border.
- It is estimated that 159,692 refugees from Burma have resettled in the United States
- Approximately 5,000 refugees from Burma currently live in Colorado¹
- 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}.
- This highlights the need to address substance use in this vulnerable population.

Project Aim

To create, implement, and evaluate a **culturally effective** and **sustainable intervention** targeted at reducing alcohol use in the refugee community from Burma residing in Denver and Aurora, Colorado.

Methods

Previous studies working with vulnerable populations on sensitive issues, such as alcohol use, have shown that a qualitative community based participatory approach is the most ethical and efficacious^{4,5}

The Core Principles of CBPR⁶

- Direct partnership with community stakeholders in all phases of the project
- Utilizes the strengths and resources of the community
- Mutual benefit
- Empowers the community to address social inequities
- Iterative and cyclical process

With the core principles of CBPR in mind the project was divided into 3 Phases:

Phase 1 : Identifying the Issue

- Formed Youth Advisory Board to identify alcohol use as a problem
- Collaborated with local community leaders and organizations to better understand cultural barriers
- Performed literature research review to gain holistic perspective on a global level

Phase 2 : Building Rapport and Intervention Mapping

- Hosted health nights, partnered in community events, and maximized transparency to build a trusted partnership
- Performed COMIRB-approved interviews with community members with emphasis on:
 - Oral interviews were conducted in semi-structured format with third party interpreters
 - Cultural barriers, scope/causes of alcohol use, and culturally effective methods of intervention
 - Health literacy, resources, and treatment options

Phase 3 : Intervention and Evaluation

- Six main themes identified after analysis using multiple student coders and Immersion Crystallization Methodology
- Present findings to YAB and community members
- Develop culturally-effective intervention and apply for COMIRB approval
- Apply Intervention and track efficacy



Health Education Nights

Results

Demographics of Interviews

- Average age: 38 years old
- Female:70%, Male: 30%
- Average time since resettlement: 7.75 years
- Religion: Buddhism 80%, Christian 20%

Theme 1

Drinking tends to occur at home and men are more likely to abuse alcohol

- Bars or other drinking establishments are less likely to be frequented because drinking habits were established in refugee camps where these types of establishments did not exist.

Theme 2

The origin of problematic alcohol use begins in the refugee camps

"....I used to drink a little, but I decided to quit no more 'cause I feel like my parent doesn't like it and so, like, I decided to take care of myself. ...my younger brother or sister, they will follow me so quitting is much better for them."

Theme 3

Family and religion are strong influential values among community members

- Family has a strong association with abstinence and consumption practices
- Motivations to abstain from or use alcohol include familial concerns and role modeling within the family

"Some people would drink 'til midnight and go to work at five o'clock in the morning. That's very not safe for the workplace. That happens for just not one family, it happens like too many families..."

Theme 4

The negative impact of alcohol on employment and violence in the home is paramount

Theme 5

Knowledge and understanding on alcohol's health impacts is lacking

"...because my husband drinking, I've been trying to research about health. I'm not an educated person, but then I just search and then ask and I finally found there is a place that you can go, it's a refugee's hospital-MCP-or something like that."

Theme 6

There is a lack of culturally appropriate interventions available to this community

- Challenge of navigating community resources in a foreign setting
- Language cited as major barrier to accessing available resources
- Community members felt that it was the sole responsibility of the individual to seek help for cessation

Conclusions

- Current lack of health research and resources specifically geared to the refugees from Burma
- Future intervention will:
 - rely on a strong foundation of trust within the community and be easily accessible
 - take into account that sub-populations within the community have different drivers for their alcohol use
 - include health literacy education without ignoring the importance of religion, family, and trauma.

Challenges and Limitations

- Intense time commitment of CBPR
- Language and literacy barriers
- Difficulties in gaining IRB approval due to sensitive nature of alcohol use and maintaining confidentiality
- Subjectivity of formative results
- Selection bias

Funding

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