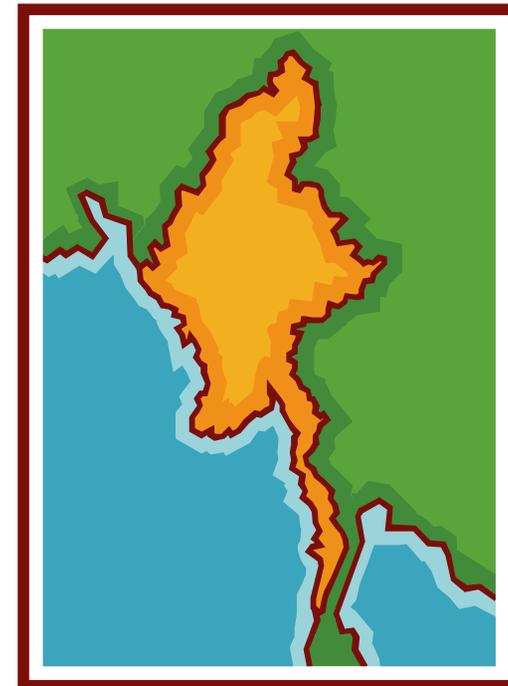


# People from Burma Living in Chapel Hill and Carrboro

**An Action-Oriented Community Diagnosis:**



## Summary of Findings



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL



Organized by a partnership of the UNC School of Public Health, the Orange County Health Department, and Lutheran Family Services in conjunction with the Forum Planning Committee.



There are over 250 refugees from Burma living in Chapel Hill and Carrboro, North Carolina. Though their living conditions have improved since leaving the refugee camps in Thailand, they face many challenges in their daily lives in Chapel Hill and Carrboro. From September 2006 to April 2007 a team of six UNC public health graduate students undertook a community research project with this population. The purpose of the research was to assess the strengths and

challenges of the community in order to recommend steps for planned change. This document is a brief summary of the findings. A more comprehensive version is available on line at:

<http://www.hsl.unc.edu/PHpapers/phpapers.cfm>

The results of their research can serve as a resource for community members and service providers to build on community strengths and to support and mobilize positive change in the community.



## Resources

### **Background Information on Burma:**

- <http://rangoon.usembassy.gov/wwwh-burma-a-way-forward.html>
- <http://www.state.gov/r/pa/scp/2006/72840.htm>
- <http://news.bbc.co.uk/2/hi/asia-pacific/6498029.stm>

### **Information on the Karen Ethnic Group:**

- [www.karen.org](http://www.karen.org)
- [www.karenemergency.org](http://www.karenemergency.org)
- [www.khrg.org](http://www.khrg.org)
- [www.freeburmarangers.org](http://www.freeburmarangers.org)

### **Background Information on Refugee Health:**

- [http://www3.baylor.edu/~Charles\\_Kemp/refugee\\_health\\_problems.htm](http://www3.baylor.edu/~Charles_Kemp/refugee_health_problems.htm)
- [www.globalhealth.gov\\_BurmeseRefugees-HLTHissues.pdf](http://www.globalhealth.gov_BurmeseRefugees-HLTHissues.pdf)

### **Refugee Resettlement Agencies:**

- Lutheran Family Services in the Carolinas:  
<http://www.lfscarolinas.org/>
- US Committee for Refugees and Immigrants:  
<http://www.refugees.org/>

### **Accessing Health Care:**

- Orange County Health Department  
<http://www.co.orange.nc.us/health/>
- UNC Health Care  
<http://www.unchealthcare.org/>



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The team conducted the community assessment from September 2006 to April 2007 with the help of two people who work with the community: Susan Clifford, Senior Public Health Educator at the Orange County Health Department, and Meaghan Tracy, Triangle Area Manager for Refugee and Immigration Services at Lutheran Family Services in the Carolinas. Throughout the project, the team studied various books and articles to learn about the community and its history, attended community events, held 2 youth focus groups, and interviewed 39 individuals – 16 service providers and 23 community members. Information from the interviews, focus groups and team observations were analyzed, and 12 themes were found.

The team of students recruited a small group of interested service providers and community members to help plan a community meeting where the results and potential action steps could be discussed openly. From the original 12 themes identified, this Community Forum Planning Committee selected four to be presented and discussed at the community meeting. The meeting was conducted in three languages – English, Burmese, and Karen – with the help of local community interpreters and headsets allowing for simultaneous translation. Team members led 4 small groups to discuss the selected themes and decide action steps (small tasks towards a bigger goal), and people at the meeting volunteered to carry out the action steps. The themes and action steps are found on the next pages.



***Adult Education* – Community members want to attend ESL classes to improve their English, but ESL class scheduling conflicts with work and family life.**

Many community members want to improve their English, but there are many barriers to accessing adult ESL classes. Barriers such as shift work, looking after the house and children and the distance to classes often make attending class impossible. Also, many adults from Burma arrive in the U.S. with little or no formal education, so attending ESL classes can be a new and strange experience.

***Action Steps***

- Create an informational sheet on ESL classes and services that will be translated into Burmese and Karen. This document would improve awareness of ESL services and classes within the community.
- Contact two apartment complexes and one employment agency to investigate the possibility of classes being conducted in a neighborhood and at a workplace, thus requiring little to no extra transportation.
- A non-English speaking community member offered his apartment as a location for ESL classes, and an English-speaking community member volunteered to liaise as an interpreter to investigate the possibility of classes at this location with Durham Technical College's ESL coordinator.

- **Language Barrier:** Family members are used as interpreters for each other in formal and informal settings, even though this sometimes creates uncomfortable situations.
- **Lack of Knowledge of Community:** Service providers want more knowledge about the community and its culture so they can more effectively respond to the community's needs.
- **Domestic Violence:** Though not often talked about directly, domestic violence is present in the community, impacting the well-being of the entire community.
- **Divisions within the community:** There is a lack of unity between ethnic groups, which hinders community cohesion.



The other eight themes are also important, though they were not discussed at the forum:

- **Education for Youth:** Due to the lack of tutoring outside of class time, families feel that children have trouble keeping up with their studies.
- **Acculturation:** Traditional parental roles are compromised by children acculturating more quickly than their parents into the American lifestyle.
- **Acculturation:** Adults feel anxious that youth are losing their ethnic identities because they adapt so quickly to American culture.
- **Institutional Literacy:** The high cost and unfamiliarity with health insurance leads to many community members, especially children, not being insured and not seeking health care.



***Community Organization – A lack of organization hinders the community's ability to help new arrivals, maintain culture, and improve the lives of community members.***

Organization within the community could create more efficient ways for community members to help one another and get what they need. It would also make it easier for service providers to work with the community. There are many ways that the people from Burma could organize. Other refugee communities, such as the one in New Bern, have provided a good example.

*Action Steps*

- Identify people and resources for the creation of a unified community.
- Create a list of community members to compile into a listserv.
- Create a community website.
- Call professors to find students to work with community members to build a website.
- Share list of community members amongst community members and service providers.
- Organize a town hall meeting with the whole community to try to involve more people.
- Consolidate existing informal phone lists to include all members of community.



***Health Knowledge*** – Lack of knowledge about U.S. health practices around personal and home care makes it difficult for community members to stay healthy and access the care they need.

Healthcare practices, including household sanitation and personal hygiene, vary widely across cultures. U.S. custom places a strong emphasis on the importance of clean living spaces and personal care in order to maintain a healthy lifestyle. Many of refugee camps in Thailand are overcrowded and do not have running water, and the way of life is extremely different from the U.S. Therefore, fully understanding these U.S. practices can be challenging for many of the newly resettled people from Burma.

#### *Action Steps*

- Form a small group composed of service providers from various agencies, co-sponsors, and community members to meet and brainstorm ways in which to present health information to community members.
- Contact the Health Coordinator for the Chapel Hill-Carrboro City Schools to gather information on health education.
- Confirm a space for a community garden at Frank Porter Graham Elementary School.
- Conduct a meeting at the Orange County Health Department to discuss changing the routine of health service provision for refugees.
- Have a sign-up sheet at the end of the forum for participants interested in working on the community garden or the small group mentioned above.



***Interpreter Services*** – The lack of interpreters for the Burmese and Karen languages in Chapel Hill/Carrboro prevents access to services and reduces their quality.

The team found that the language barrier was a big challenge to community members and service providers. It also made it difficult for the students to get to know the community, conduct interviews, organize the community meeting and conduct the community meeting.

#### *Action Steps*

- Organize and run a short professional training for interpreters. This would enhance the skills and abilities of the bi/multilingual community members in interpreting.
- Identify graduating students from advanced ESL classes and students at local universities as potential interpreters.
- Annually update the list of community members to connect potential interpreters with service providers.