



Background

- In the US there is a growing population of refugees.
- Refugees experience life-altering events and must adjust to a new lifestyle and culture, predisposing them to developing chronic disease.
- There is a higher incidence of conditions such as cardiovascular disease, obesity, chronic pain, as well as other psychological conditions.
- PA is an effective strategy for promoting psychological well-being, physical health, and reducing the risk for chronic diseases.
- Engaging in PA may help refugees cope with the stress and trauma they've experienced while addressing modifiable risk factors
- There are many barriers that make engaging in PA especially difficult for refugees.

Purpose

- Identify common barriers to PA across the literature
- Identify characteristics of successful community-based interventions
- Create a framework that can help physical therapists and other healthcare providers facilitate PA participation among refugees
- Find current gaps in the literature and suggest future research directions

Methods

Timeline: Jul 2018 - Feb 2019

Databases: Academic Search Premier, CINAHL, MEDline, Pubmed, Google Scholar

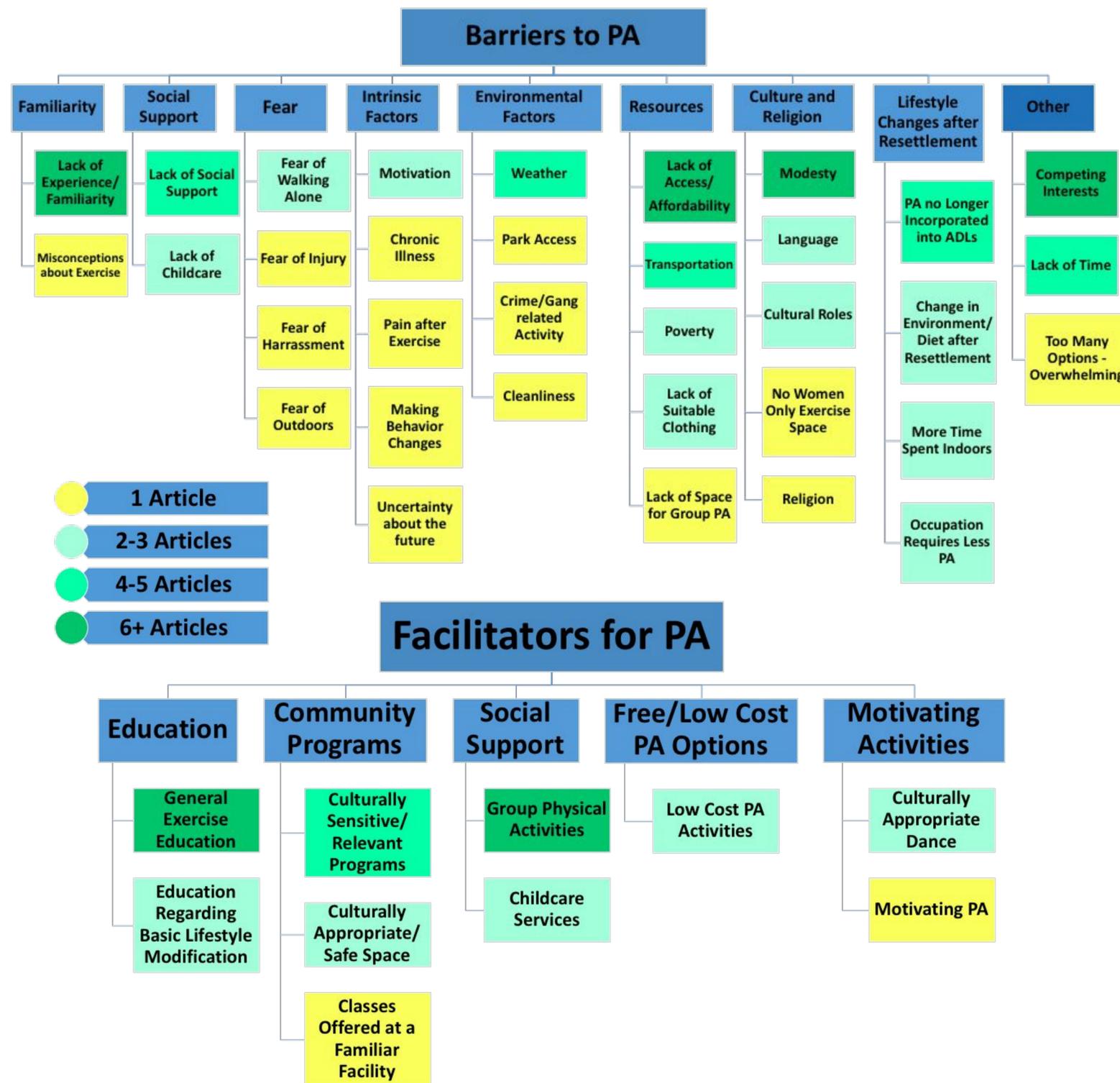
Search terms: Refugee, asylee, displaced people, evacuee, barriers, obstacles, restrictions, physical activity, exercise, physical therapy, recreation, quality of life, well-being, and general health

Articles identified: 37

Articles included in this narrative review: 25

Screening process: All articles were screened for relevance. Articles that did not specifically address PA or were not conducted in the US were excluded.

Results



Conclusions

Physical therapists are in a unique position for promoting healthy behaviors in their patients and community. They need to be aware of identified barriers and successful interventions in order to facilitate sustainable PA to improve refugees' quality of life.

A framework can be developed for supporting PA that can be used in creating interventions and community programs.

Further research needs to be done confirming these barriers and facilitators. From this, an assessment tool can be designed for programs to identify specific needs of the refugee population

References

1. D'Anna LH, Peong V, Sabado P, Valdez-Dadia A, Hansen MC, Canjura C, Hong M. Barriers to physical and mental health: Understanding the intersecting needs of Cambodian and Latino residents in urban communities. *Journal of Immigrant and Minority Health*. 2017. doi: <https://doi.org/10.1007/s10993-017-0677-2>.
2. Haith-Cooper M, Waskett C, Montague J, Horne M. Exercise and physical activity in asylum seekers in Northern England; using the theoretical domains framework to identify barriers and facilitators. *BMC Public Health*. 2018;18:762-773.
3. Meng HW, Sin K, Pye M, Chernenko A, Hagerly D, Al-Sarray A, & Kamimura A. Barriers and facilitators to healthy lifestyle among refugees resettled in the United States. *Diversity and Equality in Health and Care*. 2018;15(1):1-8.
4. Morris DM and Jenkins GR. Preparing physical and occupational therapists to be health promotion practitioners: a call for action. *Int J Environ Res Public Health*. 2018;15:392.
5. Murray KE, Ermias A, Lung A, Mohamed AS, Ellis BH, Linke S, Marcus BH. Culturally adapting a physical activity intervention for Somali women: the need for theory and innovation to promote equity. *Translational Behavioral Medicine*. 2017;7:6-15. <https://doi.org/10.1007/s13142-016-0436-2>