

Health Beliefs, Literacy and Education of Somalia Refugees

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Population of Focus

Our work with the East African Community Outreach (EACO) organization led us to address some of the health needs of a group of Somali refugees residing in Worcester, MA.

Background

From 1988-1991 outright civil war erupted in Somalia and many civilians suffered from violence and starvation. The war has lead millions of Somalis to flee to neighboring countries where they mostly survive in large refugee camps. The Somali refugee crisis has prompted resettlement programs to relocate Somali refugees to “3rd countries” including the United States.¹ Therefore, Somali refugees are faced with extensive acculturation issues when they arrive in the United States, all of which directly impact Somali mental and physical health.

Culture

The universal language in Somalia is Somali and the vast majority of the population is Sunni Moslem. Social security, welfare, and elderly-care institutions do not exist in Somalia and civil war has completely decimated the education system, causing the literacy rate for both men and women to be very low.¹ Men are head of household and primary providers for the family. Traditional Somali diet consists of organically farmed vegetables, corn, beans, rice, milk, meat, black and brown teas.^{1, 2} Traditional medical practices include fire-burning, herbal remedies, and prayer. Fire-burning involves heating a stick from a specific tree until it glows and applying it to the skin to cure illness.^{1, 2} Most Somalis are aware of some aspects of Western medicine but the concept of preventative medicine and prenatal care are not always familiar.³



Examples of traditional Somali food

Service Project Summary

On Saturday October 19, 2013, we held a workshop at the EACO office to discuss hypertension and diabetes with a group of Somali refugees. We chose to highlight these specific medical conditions due to the epidemiology data highlighted earlier and anecdotal reports from EACO leadership describing interest in these topics.

The workshop was attended by ten Somali refugees (eight women and two men), in addition to two EACO leaders who provided translation assistance. To begin the workshop, we prepared a short PowerPoint presentation on hypertension and diabetes. This presentation included a short description of each condition, signs and symptoms, risk factors, possible complications and treatment options. Throughout the presentation, we stressed that both hypertension and diabetes were manageable conditions. The majority of the presentation focused two main points:

- Lifestyle modifications that would improve overall health and could prevent or control hypertension and diabetes
- The importance of regular health care visits to establish a partnership with health care professionals to provide patients with the best possible care



Participants at the October 19th workshop



In addition to this presentation, we performed blood pressure checks and demonstrated the amount of sugar present in common beverages, such as Fanta orange soda. We provided workshop participants with low or no-calorie alternatives to regular soda in an effort to promote the lifestyle modifications previously discussed. Throughout the workshop, we interacted with participants to answer any questions that arose. We addressed many questions, including those concerning prescription medication, doctor visits and the heredity of these diseases. These questions were a valuable part of the workshop as they allowed for frank and open discussion to address the specific concerns of the refugees.

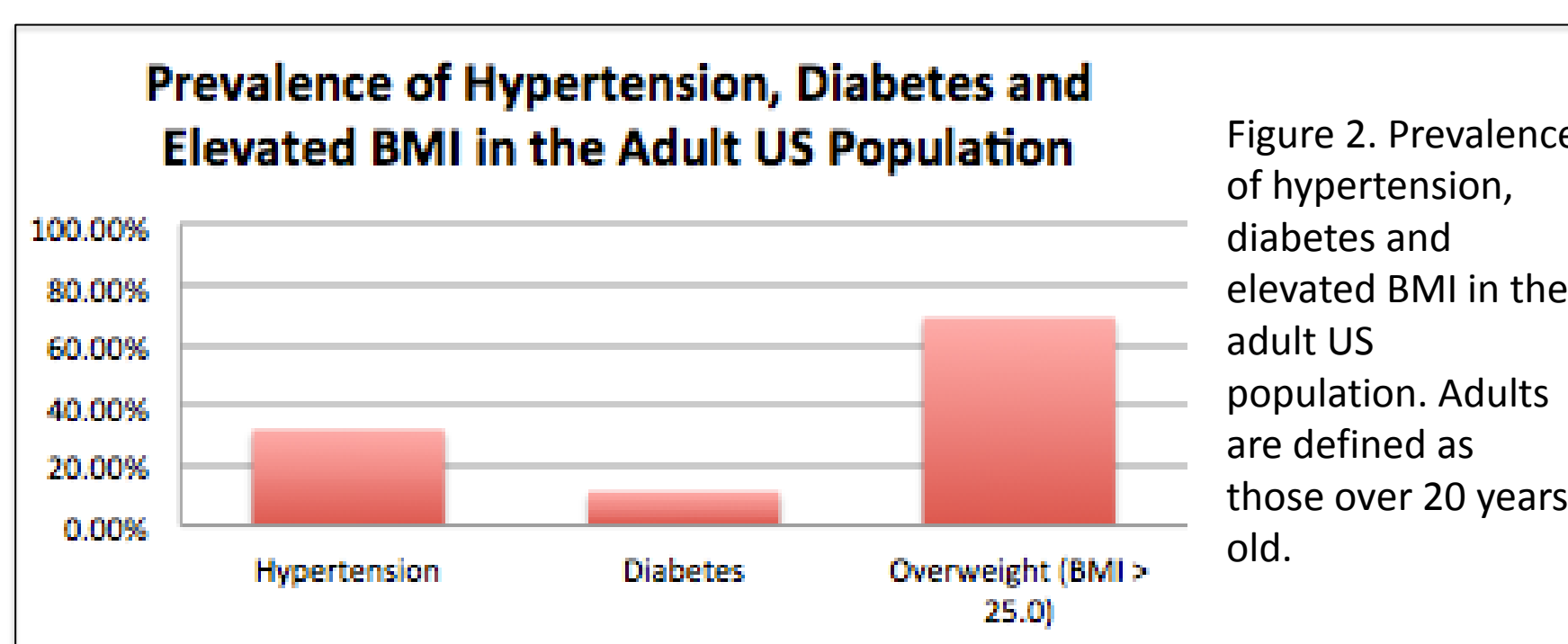


Figure 2. Prevalence of hypertension, diabetes and elevated BMI in the adult US population. Adults are defined as those over 20 years old.

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Interprofessional Network Description

In order to complete this service project, we, as medical and nursing students, worked closely with the community advocates who serve as the leadership of EACO.

Discussion of Lessons Learned

Below is a bulleted summary of the most important lessons we learned from this project.

- Understanding cultural differences to impact health care services and delivery
 - Having the providers address participants of the same gender
 - Learning about current nutrition practices to tailor recommendations to the specific population
- Presenting information to individuals with low literacy and to those who speak another language
 - Using simple language to explain complex medical conditions
 - Using imagery, where possible, to aid in understanding
 - Speaking for short amounts of time to allow for translation in between
 - Allowing for questions during the presentation to make clear any misunderstandings

The most important lesson learned was the value of community involvement and engagement in implementing successful medical education. We held this workshop at the request of EACO leadership because hypertension and diabetes were an important area of concern among this population.

Recommendations for Next Steps

The Somali refugee community would benefit from future workshops on health topics of interest to them. UMass Medical School would do well to serve as a continued resource for this community to further integrate these individuals into the health care system.

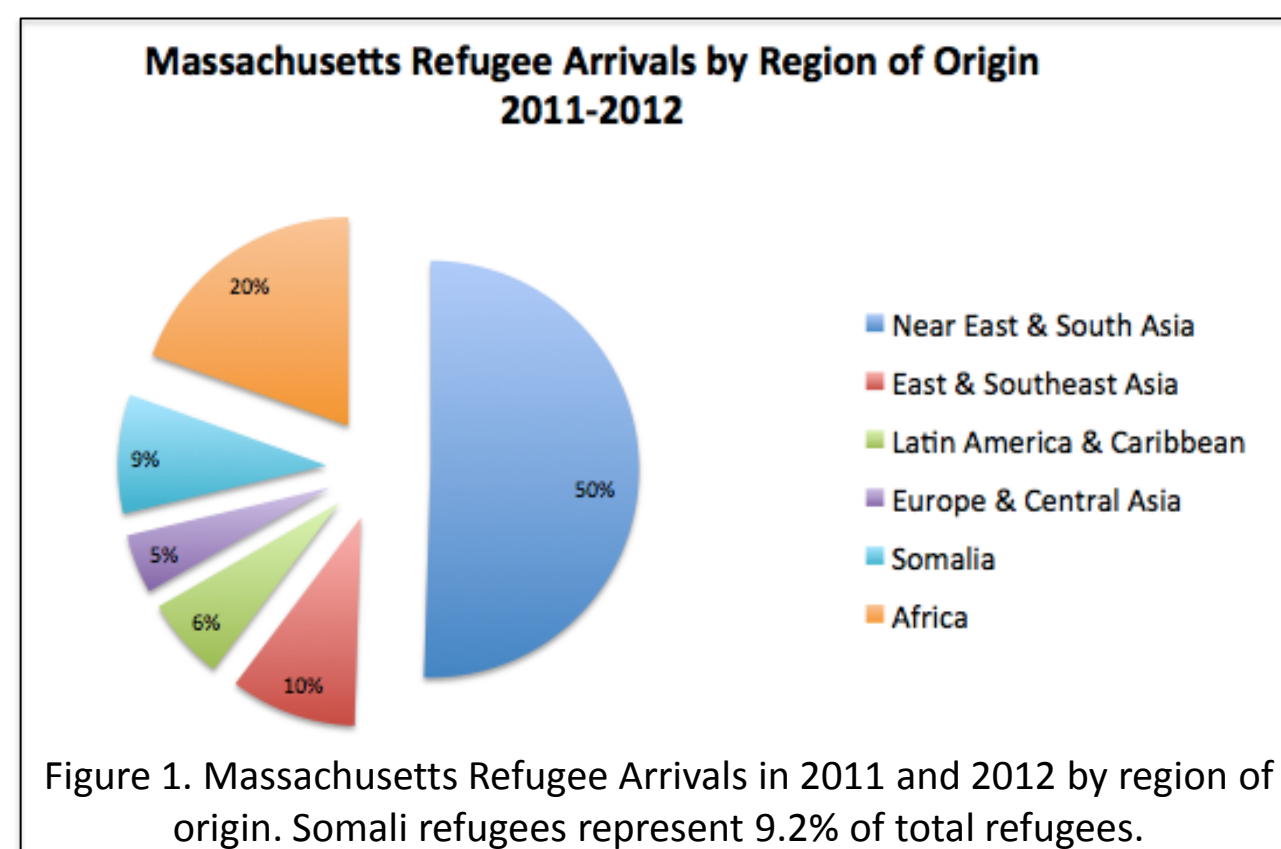


Figure 1. Massachusetts Refugee Arrivals in 2011 and 2012 by region of origin. Somali refugees represent 9.2% of total refugees.

Incidence, Prevalence, and Risk

The Massachusetts Department of Public Health Refugee and Immigrant Health Program estimates that during 2011 and 2012, 379 Somalia refugees entered Massachusetts, representing 9.2% of the total refugee population during that period⁶ (Figure 1). The health of the Somali refugee population in the United States has not been well studied. As immigrant and refugee groups live longer in the United States their risk profiles for disease begin to approximate those of the general population.⁷ Among American adults (those aged 20 and older), about 32% are affected by hypertension, 11.3% are affected by diabetes and over 69% are classified as overweight^{8, 9, 10} (Figure 2). Awareness and education on these common preventable diseases will be extremely important for the health of Somali refugees in the future.



We created these posters to summarize the information presented at the October 19th workshop. They were printed and hung at the EACO office

Acknowledgements

We would like to thank all those who hosted us throughout our two-week tour of Worcester:

- Monisha Sarin, MD and those at the Family Health Center of Worcester
 - Principal Steven Alzamora and the students and staff of the New Citizen Center
 - Lutheran Family Services; and
 - Our clerkship leaders Michael Godkin, PhD and Robin Klar, DNSC, RN
- We are especially grateful to Fatima Mohamed, Thidi Tshiguvo and the members of EACO for hosting us and continually educating us throughout this experience.