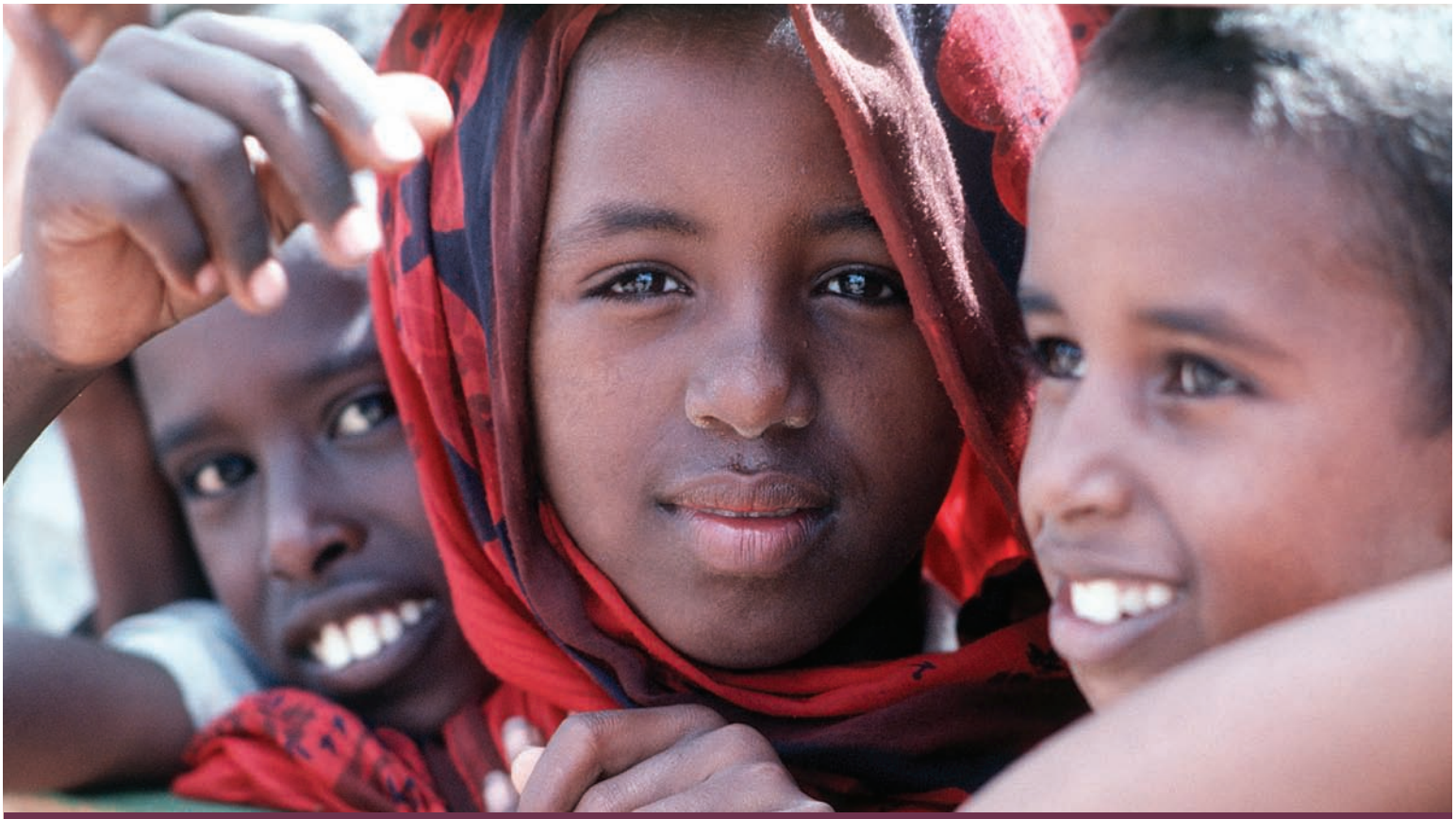

SOMALI COMMUNITY PROJECT

ACCESS AND UTILIZATION OF HEALTH CARE SERVICES FOR THE SOMALI POPULATION LIVING IN COLUMBUS, OHIO

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DEVELOPED WITH SUPPORT FROM
Columbus Public Health
Office of Minority Health

Columbus Public Health
Healthier, Safer People

City of Columbus
Michael B. Coleman, Mayor

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INTRODUCTION

Columbus, Ohio has the second largest Somali community in U.S., with an estimated 45,000 Somalis living in this area. The Somali community in Columbus has many health needs and access to health services is often complicated by language barriers and lack of health advocates.
Many have little or no formal education and minimal English skills, and thus are not aware of the services that may be available to them.

The Columbus Office of Minority Health created this student project to assess the access and utilization of health care services by the Somali population living in Columbus, Ohio to advise their work and the work of other health care providers serving Somali residents.

PROJECT PURPOSE

The purpose of this project was to identify the essential health needs of the Somali community residing in Columbus, Ohio and Franklin County, thus helping the Columbus Office of Minority Health find the best way to work with the Somali community to address health disparities. These include:

- Identifying essential health needs of Somali residents living in Columbus, Ohio and Franklin County, Ohio
- Helping the Columbus Office of Minority Health best work with the Somali community to address health disparities
- Implementing culturally, religiously appropriate health education, awareness and outreach programs that improve the Somali community participation in decision about their health care, seeking case and health knowledge and self advocacy.

METHODS

The project was completed in two phases. The first phase of the project was dedicated to interviewing the Somali organizations and who service the Somali community. The second phase consisted of interviewing members of the community. These were teachers, health educators, housewives, business people, students, older adults and younger adults. A series of questions were asked to the participants, and each participant discussed the health needs regarding services, capacity building and infrastructures.

A total of 54 participants were interviewed which consisted of both male and female, between the ages of 18 to 50. Overall, the result of each question discussed with the organizations and community groups is summarized here. A detailed list of their responses by question is included in the Appendix.

SERVICES

FORMS OF HEALTH COMMUNICATION AND APPROACHES

All organizations interviewed identified a need for health communication campaigns as a top priority; however, the language barrier is one of the health challenges that a majority of Somali population living Columbus Ohio experience. Therefore, most participants highlighted that health awareness, educational workshops and seminars from providers will increase the need for health communication among the Somali community. On the other hand, community participants expressed that oral orientations and audio /visual health education offered in public setting such as Somali restaurants, barber shops, grocery stores, mosques and community places is the best way to help the Somali population understand the importance of general health services. Community groups also mentioned that home visits and one-on-one discussion may develop relationships and improve trust between Somali communities and service providers.

Ultimately, all the groups identified a difficulty when attempting to conduct educational classes due to cultural and inter-generational differences, including the separation of the sexes (men/women). On the other hand, Somali organizations felt that using traditional language to older adults and modern language to youth works best.

TYPES OF PROGRAMS AND HEALTH EDUCATIONS NEEDS

All organizational participants emphasized that health promotion and disease prevention, particularly preventive HIV/AIDS, nutritional and physical activity programs for all ages as areas that could assist in reducing the health disparities among the Somali Community. For instance, the faith based organization participants expressed the idea that sexual health is an important program needed among Somalis, however; their participation based on clear evidence from Columbus department of health indicates that incidence of sexual health diseases is high in this community. In addition, the organizational respondents suggested that health care opportunities, college preparation programs and after school program could assist the Somali younger adults to achieve positive goals in schools. Moreover, the Community groups (educators) participants identified a need for informational programs and placed more emphasis on prevention (HIV/STDS) and curative medicine (chronic illness) such as diabetes, high blood pressure, cholesterols, hepatitis.

Somali youth respondents noted that alcohol and tobacco addiction services, job training and life skill training programs are highly needed programs among the Somali community. At the same time, they felt that younger adults did not have enough opportunities to participate in sports and social support. Moreover, the community participants expressed educational needs, such as stress, anger and grieving management to be important programs that the community can benefit from since most Somalis witnessed violence, and were forced to flee their country. Other needs which community groups (women) recognized, including parenthood/ pregnancy educational program and free health screening programs for women that motivate female adults to take better care of their health and well being. In addition, community member's emphasized the requirement of sanitation and hygiene programs in order for the community to manage their health effectively and efficiently.

Unmet mental health needs were identified by all groups as a major concern in the Somali communities. For example, community participants described that mental health and sexual health disease are not addressed in the Somali community due to high stigma associated with these diseases. Therefore, the need for culturally, religious based health educational programs is highly recommended. Community participants (teachers) suggested that public schools need to put great attention on Somali children with developmental disabilities because they believed that some Somali children are misdiagnosed during school screening due to language

barriers. As a result, they recommended cultural, relevant assessment and evaluation during school evaluation. Several teachers felt that having Somali mental health counseling in the school for Somali children made identifying their sick children easier. Moreover, parent participants acknowledged that parent support, early age treatment and therapy as a basic need for Somali children with developmental disabilities.

Although there is no Somali organization specifically addressing health services for children with developmental disabilities, Organizations participants mentioned that the need of training and educational classes in developmental disabilities for parents and care givers in order to take care their children better. Likewise, Somali older adults seemed more vulnerable to the mental health disorder due to the change in family dynamics and most of them experience isolation, depression, trauma, and different cultural needs that causes problem when getting health care services. Therefore, all participants agreed that there is a growing need for health services among older Somali adults (men/women) and it's crucial for health professionals to respect their beliefs and try developing a trusting relationship.

INTERPRETATION SERVICES AND BARRIERS

Somali Community groups emphasized language barrier to be a challenge in every domain in the Somali Community. For instance, participants indicated that having interpreters helps the community to understand questions that medical provider are asking them, but misunderstanding of their culture, religion and beliefs still continues to causes problems when getting health care services. In contrast, the organizations identified that uncertified interpreters is a major obstacle and may increase medical errors for Somalis. Therefore, it is necessary for interpreter agents to provide medical terminology and ethics training to their interpreters. Additionally, the organizational participants identified the need for cultural brokers; who are bilingual and bicultural, who also know the local community and have the flexibility to spend time with the families, conduct home visit and respond to emergencies.

SUPPORT RESOURCES AND COMMUNITY ENGAGEMENTS

Somali communities know less about the health care system in this country. Therefore, most community and organizational participants believed that local state, federal health grant funds are needed in order to address Somali health disparities. Also, community leaders and community member suggested that health education empowerment may reduce health issues among Somalis.

CAPACITY BUILDING

One of the major problems in the Somali community is the lack of collaboration and partnerships among the Somali organizations. For example, community participants expressed concerns about social and inter-organizational networks which allow Somali community organizations to work together to determine the best possible ways to address the health needs of their community. Most of the organizational respondents suggested that establishment of central organizations and unification of existing organizations will provide wide collaboration and resource sharing among them. Schools and universities need to collaborate in

the community. For instance, student participants reported that schools and universities need to provide internships, service training projects to prepare Somali student to reach career path employment

An establishment of safer neighborhoods is another important issue that Somali participants identified. For instance, Academic participants reported that living in a dangerous neighborhood or attending poor schools could be causing youth to develop emotional stress and frustration that may push them to take part in gang groups and violence. At same time, youth participants indicated that police and the justice system need to establish friendlier environments that motivate younger adults to resist crime. Also, rehabilitation centers run by Somali organizations is necessary for youth as religious participants emphasized that Somali rehabilitation centers teach younger adults about their cultural, religion and can also use this time to address community concerns.

Regarding assistance with grant writing, organizational participants claimed that grant proposals requirements are highly difficult to attain for those individuals that English is their second language. As the result, a need for health skills training and knowledge about funding sources and grant writing is important. After all, increasing cultural competency is another area that health professionals need. Community member participants felt strongly that cultural competency training that incorporates beliefs, practices, and cultural background were also necessary for the Somali community providers.

INFRASTRUCTURE

Regarding infrastructure, the lack of community health centers, and free health clinics in areas populated with Somalis are major issues. For instance, community participants indicated that providing more doctors' office, health clinics, hospitals in Somali communities and hiring Somali professional in medical office would make it easier for them to access health care services.

Additionally, poor transportation and financial problems cause many Somali individuals difficulties when trying to get to medical appointments. All participants identified the need for convenient public transportation, encouragement of using public health insurance transportation services and availability of free health insurance. Furthermore, all participants agreed that these barriers were in fact social and economic determinants of health. In addition, community participants believed that more fast food and convenience stores near public housing communities contribute to poor health. Instead of these unhealthy food options, building fitness facilities and grocery stores are necessary tools for healthy lifestyles.

STUDY LIMITATION

There are several limitations to this study. First, the samples size of 54 individuals may not represent the entire the Somali community. Therefore, using such a small sample size makes it difficult to generalize Somalis into one group without taking into account that Somalis have different health needs. Secondly, this project is based on opinions which were collected from community members as well as organizations. For to that reason, fewer Somalis participated because of mistrust between professional providers and the community. Finally, the Somali community in Columbus is lacking epidemiological data sufficiently broken down according to age and gender group.

RECOMMENDATIONS

1. Need for health communication campaigns using Somali educators
2. Need for basic health educational programs, health awareness , bilingual and bicultural interpreters that are able to interpret the language as well as the culture and beliefs
3. Outreach programs that inform Somali community about their availability of health services and how to access these services
4. Providing health training for all ages and hiring Somali health professionals in medical offices
5. Need for culture-specific and language-appropriate support for a range of individual and public health issues, including tuberculosis, STDs, HIV and AIDS
6. Promoting correct hygiene education to community through schools and community centers
7. Developing community engagement and identifying their health unique needs
8. Empowering organizational leadership and providing health seminars
9. Increase availability of mental health services in the Somali community
10. Need for health grand fund designed to address health disparities among the Somali community
11. Creating connection between government and Somali community
12. Creating Somali advocate for health in the community

CLOSING THOUGHTS

This project is intended to improve the health problems among Somalis in Columbus and will assist the Columbus Office of Minority Health to implement culturally appropriate programs that enhance health needs, knowledge and promote treatment, care and prevention services for the Somali community.

We thank those organizations and community members who gave their time and openly participated in this project.

SPECIAL THANKS

Somali Women's & Children's Alliance
Horn of Africa
United Somali Refugee Women
Somali Community Association of Ohio
Focus Learning Academy K-8
Somali Senior and Family Services
Somali Bantu Community Association of Columbus
Community Refugee and Immigration Services (C.R.I.S)
Masjid As-Salaamah Inc (Islamic House of Worship)
Social Worker and Family Counseling
Department of Job and Family Services
Columbus Public Health, Sexual Health Program
Majid Ibn Taymiya and Islamic Center
Westside Community Health Advisory Committee
Masjid Attaqwa Community Center

ABOUT THE OFFICE OF MINORITY HEALTH AT COLUMBUS PUBLIC HEALTH

The mission of the Columbus Office of Minority Health (COMH) is to provide leadership to reduce health inequities in minority communities of Columbus and its surrounding areas. We have an important role in activating efforts to educate citizens and professionals on imperative health care issues. Such roles are to improve minority community health at the community, family and individual levels and, to seek ways to increase capacity of community groups to establish health and well being priorities of those communities.

Additionally, the Columbus Office of Minority Health maintains active participation in health policy forums such as on social determinants of health, health plans, task forces, workgroups / committees. Our efforts are supported by the Minority Health Advisory Committee which is comprised of dedicated individuals from many of the minority communities we serve in Columbus. One of the local office priorities is the monitoring and reporting of health status information for various minority populations in our service area. Also, our local office works to recognize and support programs by providing technical assistance for program planning and evaluation.

APPENDIX

The following questions were those used to gather information from the Somali organizations and community members participating in the project. They are divided in the following categories:

SERVICES

1. FORMS OF HEALTH COMMUNICATION

ORGANIZATIONS: What form of health communication have you found to be most useful in helping the Somali community better understand how to and utilize health services?

- Workshops
- Group meeting
- Health seminars
- Phase to phase talking in different level group (men, women, youth)
- Health fair (flyers)
- Videos/DVD (hearing and seeing)
- Communities' media outlets/bullet board

COMMUNITY GROUP: What form of health communication is most useful in helping the Somali community better understand how to and utilize health services?

- One-on-one talking (direct talk)
- Home visits to establish relationship and trust
- Audio visual
- Health/awareness/education offered in public places, eg: restaurants, barber shops, grocery stores, mosques, community places
- Word of mouth (since most of the community are illiterate)
- Oral orientation (from health educated/ resettlement agents/health services providers

2. DIFFERENCE IN HEALTH COMMUNICATION APPROACHES

ORGANIZATIONS: What approaches have you used to communicate with older adults, men, women, the young, and risk groups? How effective is it?

- Separation of men and women
- Used traditional language with older adults
- Used modern language with youth
- Presentation (separate, men/women)
- Target specific age or gender group works best for older adult and women but not for younger adult

COMMUNITY GROUP: What are the differences in approaching older adults, men, women, and the young and high risk?

- Separation of the sexes (men/women)
- Cultural and inter-generational difference (all)
- Easy language and explained medical terminology (older adults)
- Confidentiality (high risk group)
- Moral support (high risk group)
- Separate gender orientation

3. TYPES OF PROGRAMMING

ORGANIZATIONS: What type of programs do you see as needed to address health care needs of the Somali population?

- General health education programs (all ages)
- Nutritional programs
- Preventive HIV/AIDS programs (younger adults and high risk groups)
- Physical activity programs
- Educational programs (DD children/parents)
- Family planning programs

COMMUNITY GROUP: What types of programs are needed to address health care needs of the Somali population?

- Informational program (preventive, curative medicine)
- Mental health programs
- Parent educational programs
- Alcohol/addiction services programs
- Women's health programs
- Women's educational programs
- Sanitation/hygiene programs

4. INTERPRETATION SERVICES & BARRIERS

ORGANIZATIONS: What barriers have you experienced in providing interpretation services to assist the Somali population with becoming aware of, accessing and utilizing healthcare services?

- Interpreters are not certified
- Lack of medical terminology
- Need to know ethics

COMMUNITY GROUP: How effective is interpretation is assisting the population in becoming aware of accessing and utilizing health care services?

- Services would be helpful if it is done professionally
- More harm than good by incompetent interpreters
- Very effective and important when it is done well

5. HEALTH EDUCATION NEEDS

ORGANIZATIONS: What types and forms of health education and health promotion initiatives do you see as needed for outreach to the Somali population (age, gender groups)?

- Sexual health (younger adults)
- Preventive/ongoing check ups/older adults
- Women's health/cancer screening
- Learning English (all ages)

COMMUNITY GROUP: What types and forms of health education and health promotion initiatives are needed, among which age, gender groups?

- Nutrition/diet (younger)
- Parenthood/pregnancy (younger adults)
- General medicine (older adults)
- Exercising (all ages)
- Tobacco cession programs
- Health education/diabetes, etc
- Stress management (women)
- Anger/grieving management (all age group)

6. YOUTH & YOUNG ADULT HEALTH EDUCATION

ORGANIZATIONS: Have you implemented programs to teach youth and younger adults to take better care of their health and well-being? What are the results?

- Yes, have implemented
- Health classes
- Nutritional classes
- ESL classes
- Teaching how/where they can get services
- Result (good and effective)

COMMUNITY GROUP: How do we motivate youth and young adults to take better care of their health and well –being?

- Social support
- Age appropriate health workshops/seminars
- Informational sessions
- Sports programs
- Empower community to take better care of themselves
- More financial help and educated people can motivate community
- After school programs (motivate younger children)
- Inform how to use health insurance, health services, and transportation

7. EDUCATION STYLE TO INCREASE MOTIVATION

ORGANIZATIONS: Given that health is a list of do's and don'ts, what type /style of education have you used to motivate people to take better control of their physical, mental and emotional health?

- Addressing basic health needs (health education, nutrition)
- Support behavioral, emotional health needs

COMMUNITY GROUP: Given that health is a list of do's and don'ts, what type/style of education motivate people to take batter control of their physical, mental, and emotional health?

- Community awareness programs
- Audio visual health education
- Holistic ways-starting from the known to the unknown
- Sports program/games, age group appropriate

8. SEXUAL HEALTH EDUCATION AMONG YOUTH & YOUNG ADULTS

ORGANIZATIONS: To what extent is your organization involved in promoting/ providing sexual health and HIV education for youth and young adults?

- Less involved due to taboo /stigma about sex and related issues

COMMUNITY GROUP: To what extent is sexual health and HIV education for youth and young adults needed?

- Greatly needed/very important
- Need cultural/traditional sex education
- Need to educate community leaders about sexual health
- Need to address preventively
- Need early detections
- Counseling/testing services are needed

9. ADDICTION SERVICES

ORGANIZATIONS: To what extent is your organization addressing addictions, including substance abuse, tobacco use and less widely addressed addiction such as gambling?

- Less
- Tobacco cessation is addressed/not effective

COMMUNITY GROUP: To what extent are services addressing addictions, including substance abuse, tobacco use and less widely addressed addiction such as gambling needed?

- Highly needed, especially for younger men and women
- Tobacco cessation, addiction service is greatly needed
- Is important if also addresses economic, social, and health problems

10. DEVELOPMENTAL DISABILITY SERVICES IN SCHOOLS

ORGANIZATIONS: To what extent is your organization promoting/providing service for children with developmental disabilities (DD) in public schools?

- Majority of organizations not providing any DD services (underfunded)

COMMUNITY GROUP: To what extent are services for children with developmental disabilities (DD) in public schools needed?

- Greatly
- Cultural/linguistic component (relevant) Assessment and evaluation including diagnostic is needed
- Testing DD children
- Empowering parents and parent support needed
- Mental awareness program
- Addressing stigma related to mental issues
- Screening is needed at younger age
- Treatment and therapy is effective in early age

11. PREVENTIVE HEALTHCARE

ORGANIZATIONS: Given that health care is treating symptoms, has your organization promoted/provided preventive health care in the Somali community? What are the results?

- Health education (directing healthy foods)
- Helping how to address basic health needs (getting health services, benefits, help with medical forms)

COMMUNITY GROUP: Given that healthcare is about treating symptoms, how do we promote preventive healthcare in the Somali community?

- Health education workshops
- Community cultural health workers

12. SUPPORT RESOURCES FOR ACHIEVING & MAINTAINING GOOD HEALTH

ORGANIZATIONS: What support resources do you see as needed to help the Somali community achieve and maintain good health?

- No money no work (funds)
- Health training
- Health volunteer
- Basic health educational books (culturally appropriate)
- Health seminars

COMMUNITY GROUP: What support resources are needed to help the Somali community achieve and maintain good health?

- Funds and training for Somali organization leaders
- Outreach programs
- Youth programs (sports)
- Strong Somali community organizations

13. ENGAGING THE COMMUNITY WITH DIALOGUE

ORGANIZATIONS: How do you participate in engaging the Somali community in dialogue about what really matters to the Somali community?

- Health workshops
- Engaging different Somali community leaders

COMMUNITY GROUP: How do we engage the Somali community in dialogue about what really matters to the Somali community?

- One-on-one focus group to map the needs and social economic status of Somali individuals
- Need to engage every level of community (men, women, youth, religious, older)
- Regular health discussions/from educators to non-educators
- Health seminars/workshops

CAPACITY BUILDING: WHAT IS BEING DONE TO INCREASED COLLABORATION AND COMMUNITY PARTNERSHIPS?

GENERAL

ORGANIZATIONS:

- Umbrella organizations
- Services division collaboration
- Unification of existing organizations

COMMUNITY GROUP:

- Need to increase organizational information and resource sharing

SCHOOLS AND UNIVERSITIES

ORGANIZATIONS:

- Health training for youth and high risk groups

COMMUNITY GROUP:

- Internships/service-learning projects
- Community outreach
- Encourage younger kids in school

POLICE AND JUSTICE SYSTEMS FOR NEIGHBORHOOD SAFETY

ORGANIZATIONS:

- Emergency response
- Rehabilitation centers run by Somali organizations

COMMUNITY GROUP:

- Established community safety concern
- More police patrol to prevent crime
- Community motivation against crime

SERVICES PROVIDERS AND COMMUNITY ORGANIZATIONS

ORGANIZATIONS:

- Quarterly higher health meetings (provides/ community organizations)

COMMUNITY GROUP:

- Educational meetings
- Training (teach organizations what services and coverage Somalis are eligible for)

ASSISTANCE WITH GRANT SEEKING FOR SOMALI COMMUNITY ORGANIZATIONS

ORGANIZATIONS:

- Health skills training and knowledge about funding and proposal writing

COMMUNITY GROUP:

- Structural organizations
- Patients/stakeholders

CULTURAL COMPETENCY TRAINING FOR PRACTICING HEALTH PROFESSIONALS

ORGANIZATIONS:

- Cultural competency training (support with adaption to new culture, successful bilingual people)

COMMUNITY GROUP:

- Program incorporating beliefs, practices and cultural background
- Hiring Somali health professional to educate services providers

INFRASTRUCTURE

WHAT IS THE LOCATION OF HEALTH SERVICES IN AREAS WHERE SOMALI POPULATION RESIDES? (DOCTOR OFFICE, HEALTH CLINICS, HOSPITALS, ETC.)

ORGANIZATIONS:

- Lack of health services (community center)
- Lack of health services access
- Somali health workers

COMMUNITY GROUP:

- Community mapping
- One-dollar cars
- Lack use of maps/GPS
- More doctor's offices, health clinics, hospitals where Somali people live
- Hiring Somali health professional in medical offices

WHAT ARE BARRIERS RELATED TO TRANSPORTATION?

ORGANIZATIONS:

- Financial problems
- No cars
- Schedule medical transportations
- Language (English) barriers

COMMUNITY GROUP:

- Insurance
- Poverty
- Appointments missed (rely on bus)

WHAT ARE THE BARRIERS TO PAY FOR SERVICES?

ORGANIZATIONS:

- Free health clinic
- Sliding fee clinic with income-based cost

COMMUNITY GROUP:

- Insurance (don't know what is covered and not)
- Poverty

WHAT ARE THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH?

ORGANIZATIONS:

- Lack of grocery stores
- Lack of health facilities (fitness)
- More fast foods/convenient stores/low income

COMMUNITY GROUP:

- Lower socioeconomic/poor health
- Project housing/poor hygiene/high lead/no clean water

WHAT IS IMPACT OF GOVERNMENT POLICY DECISIONS?

ORGANIZATIONS:

- Promote safe walking environment
- Lack of interpreter in medical offices

COMMUNITY GROUP:

- Preventive care is not covered well
- Professional doctors are not taking Medicaid/ Medicare
- No connection between government and Somali community

WHAT IS BEING DONE TO ATTRACT AND SUPPORT PEOPLE FROM THE SOMALI COMMUNITY TO WORK IN HEALTH PROFESSIONS?

ORGANIZATIONS:

- Outreach/awareness program that can help entire community
- Health career opportunities for younger and middle ages

COMMUNITY GROUP:

- Providing health education resources within community/organizations
- School-based knowledge scale, not based on age
- Children educational interest, not parent's interest