

2017 Community Health Needs Assessment Findings from a Focus Group with the Somali Community from Marshall, MN

In summer 2017, Southwest Health and Human Services (SWHHS) contracted with Wilder Research to conduct a community health needs assessment to identify the health needs and assets of prominent cultural groups in their 6-county region. Findings from this assessment will be used to inform the services provided by SWHHS and to help staff at SWHHS understand how to adjust or target their services to meet the health needs of these communities. For this study, Wilder Research conducted five focus groups with four cultural communities located in the Southwest region. Focus groups included individuals who are part of the American Indian (Lower Sioux), Hmong, Latino, and Somali communities in Southwest Minnesota.

The study was sponsored in part by the participating counties' grants from the Minnesota Department of Health's Statewide Health Improvement Partnership (SHIP), which aims to help Minnesotans live longer, healthier lives by reducing the burden of chronic disease. Additional funding from United Way of Southwest Minnesota made it possible to conduct a second focus group with Hmong residents. Community partners including the Lower Sioux Community Health staff, United Community Action Partnership, and individuals; Khou Lor, Tina Quinones, Samira Sheikh, and Kara Thul provided space and helped with recruitment for the focus groups.

Focus group participants were asked questions about their definition of health; what helps them to be healthy, and what makes it difficult to be healthy; as well as any suggestions they have for how SWHHS can support health in their community. They were also asked specific questions about physical activity, healthy eating, and tobacco use.

This report summarizes findings from a focus group conducted in Marshall, Minnesota with 15 individuals from the Somali community. Eight participants were female and seven were male. The age of participants ranged from mid-20s to mid-60s with the majority of participants over age 40.

Definition of health

Southwest Health and Human Services defines health and wellness as a state of complete physical, mental, and social well-being rather than merely the absence of sickness. Focus group participants were invited to share what being healthy means to them. Common responses included a combination of aspects of physical and mental health.

[Health] means I can do everything I need to do physically. I can walk, work, and play without pain. It also means your whole body is healthy not only some parts of your body but the whole body.

Being healthy mentally was described as being with friends and family and maintaining a job to support oneself and one's family. Participants also referred to economic health, which was described as being gainfully employed and earning enough money to pay for their expenses.

I can pay my rent, food, and phone bill, and support my family here and back home.

Primary health concerns

The greatest health concern for participants is a lack of health care professionals that speak Somali and understand Somali culture.

There is no single health professional from the Somali community in the Lyons County area. Many young people graduate from the University here, but they get better opportunities in the cities.

Additionally, there is a lack of clinics in the area that accept government health insurance, such as Medicaid, Medicare, and Medical Assistance.

I live in Marshall and the closest place that would accept my government health and dental insurance is one-hour drive away. There are clinics in town, but they don't accept my card.

Participants also talked about health concerns among elders in their community. Elders were described as often isolated, particularly those who are not working and it was noted that there is no facility they can use to be physically active during the winter months.

Barriers to health

The main challenges that make it difficult for people in the Somali community to be healthy include the long winter, access to healthy food, access to culturally competent health care and culturally trained health care professionals, and access to clinics that are in close proximity to their home.

Recent immigrants from Somalia are accustomed to warm weather year round. Participants mentioned that it is difficult to be physically active when it is cold outside because it is not appealing to go on walks. People do not leave the house as much in the winter and, as a result, are not as active.

We are used to warm weather all year long, but here in Minnesota it is cold six months of the year. It is difficult to get enough sun and vitamin D.

Most people in the Somali community eat Halal foods. Halal foods are that which adheres to Islamic law, as defined in the Koran. The Islamic form of slaughtering animals or poultry, dhabihah, involves a specific set of rules that are thought to ensure the health of the animal to be slaughtered. Unfortunately, many of these foods are processed and frozen for long periods of time. Frozen

and processed foods are often the most affordable products to buy at the grocery store.

We eat halal meats, which mostly comes frozen from Australia. It is possible that these meats have been frozen for months or even years. We don't have a lot of good food choices in Lyons County.

A lack of access to health care providers that speak Somali makes it difficult for community members, particularly elders, to receive the health care they need. When language is a barrier and individuals rely on translators, there is often miscommunication and physicians can miss important information regarding their patients' health.

Many of our community members, especially the elderly, rely on translators to communicate with health professionals. In that process, a lot gets lost in translation.

Additionally there is a shortage of clinics nearby, which means that people have to spend a significant amount of time transporting to and from clinics to receive health care services. It also requires access to transportation, which many people in the Somali community are lacking.

A lot of times, when I want to go to get my teeth cleaned, I have to wait longer than I would because the clinic is too far away. [It] requires a lot of my time to go and come back.

Lastly, the current political climate has caused stress and anxiety among members of the Somali community. Many people have family who live overseas and a proposed travel ban from President Donald Trump, barring Somalis from entering the United States has become a source of frustration and hardship among members of the Somali community.

The current president is trying to keep many of our families from reuniting. This causes a lot of anxiety and stress. My wife and children have been waiting for a visa to come join me for three years now and every other day, there is a news about banning immigrants and refugees from coming to the United States.

Resources and supports

Social networks were described as a primary resource and support for health among people in the Somali community. When seeking health-related information, people from the Somali community often turn to their friends and co-workers.

When referring to where they get emotional support, participants said that they often turn to religious leaders and their religious community. The mosque was mentioned as a reliable place to receive helpful information and emotional support.

The Somali is oral society and we share information about good clinics and good doctors. I also rely on my community and religious leaders for emotional support. We are Muslims and we believe that only things that God prescribe will happen. I attend the mosque regularly to get information and support.

Other resources and sources of support included community and social gatherings that are held at someone's home or elsewhere. At these gatherings people listen to music and hear storytelling from elders.

If people feel like they do not have access to the information they need they rely on technology and social media to access and share information. One participant said that if they need to they can always drive to Minneapolis to get more accurate information.

Physical activity

Participants said that many people in their community work in jobs that are physically demanding.

I work 8 hours a day at the Turkey plant and I am standing the whole time except my break time. I am also working with machines to process the meat and lift sometimes heavy meat.

Additionally, many people in the Somali community do not have cars and have to walk a lot to get to where they need to go.

In order to engage in more physical activity, participants said there is a need for a gender-specific fitness center

for women. It is also important that the fitness center is affordable, because they are often too expensive for people with low incomes.

Many Somali men and women will not exercise in a public gym because of religious observations. For example, I am a Muslim woman and I dress modestly, so I cannot go to the gym because there is no culturally appropriate sportswear for Muslim women. I don't want to take off my hijab in front of men that are not related to me. I would love to go to the YMCA and swim, but I cannot because there are men and I would be seen without my hijab.

Healthy eating

The availability and high cost of healthy foods make it difficult for people in the Somali community to maintain a healthy diet.

We live in kind of rural area with few food options. We do have the big stores and some little ones, but the options are not great.

Where you can find good quality healthy foods, the price is high. For a lot of our families, we are poor and try to buy bulk for cheap. We are always price conscious. Everyone I know is on limited budget and they are trying to make sure it lasts the whole month. Most of our families are large families and our incomes are low.

Participants said that people in their community lack education about nutrition. People are starting to learn about which foods can cause health issues.

In Somalia or in the refugee camps, we did not used to get abundance of food like we do here in the United States. However, we are now realizing a lot food can cause health issues too. The Somali community traditionally uses sugar, oil, and salt a lot and we have a lot of people developing diseases such high blood pressure, diabetes, and weight issues. In Africa, we used to walk everywhere and get enough exercise, but here we use cars everywhere we go, even if we have to visit our neighbors.

To support healthy eating in the Somali community, participants suggest that SWHHS provide education and training from culturally competent health professionals at schools and community centers. They also suggested targeting education at youth and providing healthy food and encouraging healthy eating at schools.

Use of tobacco and other substances

Tobacco use was not a concern among focus group participants. Additionally, when asked about the use of e-cigarettes or hookah, participants did not have experience seeing people using those types of tobacco products.

We have individuals who smoke, but we don't have community wide tobacco problem. Very few people smoke and even fewer chew tobacco.

Participants felt like people in their community have fewer problems with alcohol and drug addiction than other communities. Some participants attributed the low incidence of addiction to the guidance their community receives from religious leaders about how to be healthy.

Additional community concerns

Participants said that they would like to attend health-related workshops for their community where they can be educated about how to improve their health. They are currently unaware of available resources and would like to be connected.

Participants also would like social service agencies and other government agencies to hire people from their community.

[We need] more places to host internships so that Somali college graduates can get a job and stay in the city. Our young people are easily assimilated and have better opportunities for education, but they are fleeing the small town and going to the big cities where better paying jobs are available to them. It would be great if we can have social services and government agency to hire some people from the community.

Recommendations

Based on findings from this focus group, Southwest Health and Human Services might consider:

- Hiring Somali-speaking health care professionals and community health workers.
- Working with the Islamic Society of Marshall to provide health-related education and information.
- Negotiating with local service providers to accept government insurance.
- Working with community to create policy, systems, and environmental changes that make healthy choice the easy choice.
- Connecting existing resources/services to the community in a culturally appropriate manner.
- Partnering with local fitness centers to provide better access for Somali residents (e.g., create private workout spaces for women, offer discounts on gym memberships).

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Wilder Research

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451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700

www.wilderresearch.org



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For more information about this report, contact
Anna Bartholomay at Wilder Research 651-280-2701.
Author: Anna Bartholomay
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