

# MINUTES

## King County Somali Health Board

Tuesday, July 17, 2012

6:00 p.m. – 8:30 p.m.

### Hope Academic Enrichment Center

9421 18th Ave SW, Seattle, WA 98106

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#### 6:00 p.m. – 6:30 p.m.      Welcome and Introductions

**Attendees:** Mohamed Ali (Hope Academic Enrichment Center), Robin Pfohman (Public Health), Janet Cady (Neighborcare), Abbie Zahler (ICHS), Abdurahman Jama (EACC), Ahmed Ali (Pharmacist), Aisha Dahir (Harborview), Alanna Beebe (Public Health), Asma Bulale (Global to Local), Betsy Hubbard (Public Health – Immunizations), Bria Chakofsky-Lewy (Harborview), Carina Elsenboss (Public Health), Christine Wilson Owens (Ethnomed), Fardous Guled (nurse), Fouzia Mohamed (MSW student), Hibaq (nurse), Jayme Stuntz (Harborview), Jennifer Chi (Public Health – Healthcare Coalition), Kim Nguyen (WithinReach), Lindsey Vordestrasse (WithinReach), Mohamed Jama (Abubakr Islamic Center), Nasr Osma (Harborview Clinical Social Worker), Ruqia (RN), and Yetta Levine (Ethnomed).

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#### 6:30 p.m. – 7:00 p.m.      Project Background

- **PHSKC research study on views related to vaccination/immunizations and communication mechanisms in the King County Somali population.**
- **Key findings and common themes**
- **Recommendations**

Robin introduced the project. Mohamed presented on their research findings. An executive summary was available for attendees

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#### 7:00 p.m. – 7:30 p.m.      Share Experiences and Interests

- **Why did you come here today?**
- **Identify systems issues and concerns**

The following opportunities, issues and concerns were raised by the group:

#### Opportunities

- Establish a quarterly meeting schedule to address system and communication challenges that occur both in emergency situations and on a day-to-day basis.
  - Partner on health education and events, such as health fairs.
  - Explore opportunities to address concerns related to pharmaceuticals and building relationships with naturopathic medicine providers
  - Partner on applications for funding or grant opportunities
  - Represent the needs and voice of the Somali community
  - Establish a system of communication that can be leveraged in an emergency
  - Be a model for other sectors or county departments (possible future opportunities to partner across
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sectors such as transportation, housing and health care reform)

- One member suggested creating a logo and stamp for the Somali Health board that we could use when acting as in an advisory capacity or when communicating with members of the Somali community. "Somali Health Board Approved"!
- The Somali Health Board can be a place to bring information together about challenges, barriers and needed improvement to health services. Ethnomed would like to incorporate this into their cultural profiles. We can also use this as an opportunity to educate providers and national partners.
- Should share what we have learned before from other communities who have dealt with war and displacement (e.g. Cambodian immigrants and refugees). There may be some lessons learned we could benefit from.
- Be a respectful and collaborative healthcare system. Be a resource to the community and not coercive. Recognize that the systems are difficult to navigate.
- Mosques have family nights that are good opportunities to provide education to the community. Systems could potentially tour the mosques. (Abubakr)
- Vision of a county free of disparities: health, housing, transportation, etc.
- Empower Somali community members by getting them involved. Community remains voiceless unless mobilized.

## Issues & Concerns

### Outreach

- When doing outreach, we need to meet the Somali people where they are at. Cannot expect them to come to us. Should avoid bombarding them with information.
- mosques are a good place for outreach.
- Information spreads quickly through word-of-mouth. We need strategies to leverage this for health education.
- Need trained nurses with the cultural background in our community who can educate the Somali people about vaccines. Health care facilities should hire more Somali providers.
- The Cross Cultural Health Care Program would like to increase the number of Somali individuals who enroll in interpreter services, they offer a prep class to prepare individuals for the exam.
- Need to involve community members in program planning, from the beginning.
- Somali taxi drivers could help disseminate information in emergencies

### Education/Messaging

- Need to focus our efforts on particular topics, those that are big challenges for the community/providers.
  - Messaging to the Somali community should be simple, people will be more receptive.
  - Families and parents need more education and children are an important gateway. We should educate children at public schools and send information home with students so they can explain to their parents/families. We should also think about interviewing youth about health concerns.
  - Mothers need to be educated (especially non-English speakers) on health information and vaccines. Information should answer the question, "how does this affect me and my family?"
  - Need to educate providers and community about the history of the Somali community members experience with vaccinations and health testing (i.e. experience with vaccines going through immigration process).
  - There are issues with the quality of Somali translations. For example, often times there are no exact
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*translations for specific diseases.*

- *Need to educate community members on reproductive health and how this is handled in the US healthcare system. Particular concerns with C-sections and HIV and STI among East Africans.*
- *Need more education about preventative care- community members often wait until they are ill to seek care and end up in the ER.*

## *Vaccinations*

- *Parents need to know they can space vaccinations. There is a perception that people do not have a choice, that health care providers require it without explaining the options to the parents. Parents feel as if they do not have a choice and haven't been educated about their options.*
- *Need to have a frank discussion regarding vaccinations and autism as there continues to be concern in the community.*

## *Other*

- *Need to identify resources to support the community.*
- *Mental illness is a concern. Also there is a lack of understanding of the mental health system and stigma among community members if they access services. The civil war in Somalia and the stress of living in the US both contribute to mental illness here in King County. Some community members use prayer or sleep to deal with PTSD.*
- *Youth violence and the increasing number of young Somali men incarcerated.*
- *Substance abuse – alcohol and drugs*
- *Skin lightening creams and the high mercury content.*
- *Protection and services for the LEP communities during disasters. Need to share and understand limitations of government response and identify resources to support the Somali community during times of disaster/emergencies.*
- *Institutions should also hire Somali people. Interpreters are not the solution. We need people present in the health care system that understand the culture and the people.*

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## **7:30 p.m. – 8:00 p.m.                      Discuss Somali Health Board Concept**

- **Review draft goals and modify as needed**
- **Identify and prioritize areas of opportunity**
  - **Systems issues**
  - **Education**
  - **Collaboration**

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## **8:00 p.m. – 8:30 p.m.                      Next Steps**

- **Discuss meeting frequency and identify date for next meeting**
  - Robin suggested we meet quarterly, with potential for activities in between. Others agreed. Next meeting tentatively scheduled for October.
  - Mohamed Jama offered to have the next meeting at the Abubakr Islamic Center.
  - Neighborcare's new Rainier Beach medical clinic was also offered as a possible location.
  - Yetta Levine (Ethnomed) suggested that we set expectations about what we are committing to as members of the health board. (i.e. attend quarterly meetings, formalize membership, recruit appropriate members, articulate minimum hopes)

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- The Board should also be open for others to join in on meetings if they are interested without a formalized commitment to the group.
- **Agree on topic(s) for discussion**
  - Vaccines, immunizations, autism – Mohamed Ali thought this might be too big or controversial of a topic to start with at our next meeting.
  - Mental health
  - Diabetes
  - Hyper-tension
  - Framing health messaging
  - Need to pick something small to address and work together to accomplish it.
  - Why are Somalis missing health appointments? What kind of strategies can health systems use to get people to their appointments?
  - Health system issues: Address how the dominate culture health care system works. What has it been like for Somali people getting health care in King County? What do you want systems to know? We could collaborate and strategize how to fix issues. Bring up ideas on how to get more Somali's hired in the health sector.
  - **A decision was made to focus on health system issues for the next meeting.**
- **Identify other organizations and individuals to invite**
  - Need to consider what the needs of the group are to ensure that the right individuals are at the table.
  - Somali TV representative – Mohamed Ali will follow up.
  - Somali taxi drivers association
  - Need more diversity, more representation from the Somali community. We should do presentations at Mosques to recruit more members. Robin and Mohamed will follow-up on this.
  - Need representation from Valley and Highline
- **Other opportunities or announcements?**
  - *Global to Local is hosting a couple of health screening events; one in SeaTac at Matt Griffin YMCA on Aug 17th and another one in Tukwila at Showalter middle school on Aug. 24 and 25.*
  - *There was discussion about changing the name from a health board to a coalition. It was decided that we would keep health board for now but we could revisit this idea at the next meeting.*
  - *One person mentioned their interest in starting an association of young Somali educated individuals. They could also help at health fairs.*

## King County Somali Health Board

### Draft Goals

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- Create a forum to build relationships between health systems (e.g. hospitals, community health centers, Public Health), services (e.g. food banks, housing ) and Somali community and health leaders
- Identify key health conditions, concerns and questions
- Identify and address systems issues that impact access and the Somali experience of health care and treatment
- Provide opportunities for mutual education
- Formalize a mechanism to communicate key health and safety information to Somali residents in King County

Possible additions to edits/goals:

- Change: Formalize mechanisms to communicate key health and safety information to Somali residents in King County
- Do we want to identify that we only serve in King County or are we larger than that?
- Leverage members' ability to disseminate important information via multiple channels.
- Act as an advisory board to offer recommendations to health systems or government agencies to better serve Somali people in King County.