STRATEGIES TO ENHANCE COMMUNITY ENGAGEMENT

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Thursday, June 5, 2014
9:45am-10:45am
The Commons Hotel, Minneapolis
LEARNING OBJECTIVES

1. Acquire a basic understanding of foreign born populations

2. Learn how Culturally appropriate strategies can enhance community engagement effort for immigrant and refugee populations

3. Learn How QI tools can assist you in your community engagement efforts
AGENDA

I. Background report
II. Foreign Born population
III. Mental Health
   I. Barriers
   II. Solutions (How to teach?)
IV. Nutrition
V. QI Tools use to enhance Community Engagement Efforts
VI. Wrap up (15mn)
POPULATION IN MINNESOTA

• Minnesota’s population is 5,420,000 (2013 State demographic report)
• 7.2% of this population is foreign-born
• Federal, State, and Community Agencies estimate that Minnesota has the largest refugee populations in US
FOREIGN BORN POPULATION

• These populations are not homogeneous
• They come for more than 30 different countries around the world
• They have different
  o Languages
  o Cultures
  o Needs and Wants
Federal, State, and community agencies estimate that Minnesota has the largest refugee populations in the country
## MINNESOTA PRIMARY REFUGEE RESETTLEMENTS, 1972-2012

<table>
<thead>
<tr>
<th>Refugees</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hmong</td>
<td>22,024</td>
</tr>
<tr>
<td>Somali</td>
<td>19,071</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>15,065</td>
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<tr>
<td>Former Soviet</td>
<td>8,593</td>
</tr>
<tr>
<td>Ethiopian</td>
<td>5,644</td>
</tr>
<tr>
<td>Cambodian</td>
<td>4,988</td>
</tr>
<tr>
<td>Burmese</td>
<td>4,963</td>
</tr>
<tr>
<td>Liberian</td>
<td>4,004</td>
</tr>
<tr>
<td>Total (Include all others)</td>
<td>97,423</td>
</tr>
</tbody>
</table>
MENTAL HEALTH FIRST!
WHY MENTAL HEALTH

Refugees have complex social and emotional needs.

Many also have mental health issues as a result of their experiences...
THEIR EXPERIENCES

• Many form of tragedy
• Loss, grief, depression, persecution
• Trauma
  • Sustained in war
  • Living in refugee camps
• Resettlement process
IN ADDITION TO THOSE ISSUES....

They are in process of adapting to the new country-their resettlement process
MOST SUFFER FROM BARRIERS

• Language
• Religion
• Understanding the system
• Basic life skills in a new environment
SCREENING AND DIAGNOSIS:

What do refugees need for mental health?
SCREENING

- Recently the Minnesota department of Health (MDH) Refugee Health Program (RHP) called an expert group to advise the State for developing a Mental Health screening for newly arrived refugees.

- They have provided some tools for the assessing newly arrived refugees based on simple yes-or-no questions.
DIAGNOSIS

• The more common mental health diagnoses with refugees are
  o PTSD= Post-Traumatic Stress disorder
  o Major Depression
  o Generalized anxiety, panic attacks
  o Adjustment Disorder
  o Somatization (psychosomatic manifestations)
  o Multiple medical symptoms
WHAT SHOULD BE DONE?

Based on my studies using interpretative research we need to learn how to help the refugee change their attitudes about Mental Health.
PERCEPTION

- Open discussion with family and friends
- Try reducing shame about taking medicines
- Encourage sharing information with nurses and physicians
- How some therapies can replace medications
LEARNING

• First train our interpreters these basic health imperatives
• Provide multilingual/culturally sensitive materials
• Teach them how to navigate the health system of Minnesota
Refugees may not like to learn in the school environment.

Often they will learn in group meetings in their home:
- All family members can get together and
- With an interpreter, a nurse or a health educator may address them in comfort.

- Try slides, movies, stories, especially provider in their native language.

They may not trust written materials (even in their native language).
OTHER THINGS WE NEED TO TEACH

- Prevention is a major part of health system in U.S.
- Most refugees do not understand the meaning of Prevention. Annual exams, detection and reasoning or meaning of testing
- Though they may suffer with mental illnesses, they do not know that they can get help from health provider.
- They usually visit a doctor only when an emergency happens
- They are not familiar with health insurance (though they have it
NUTRITION ISSUES
What Usually Happens?

Traditional path of diet change

- Arrival
- Search for cultural food
- System Barriers
- Easy Access to cheap food
- Overconsumption of high fat & high sugar food
- Health Problems
Proportion of deaths due to diabetes in people under 60 years of age, 2013
PROBLEM STATEMENT

• The issues this program was having were
  • The challenges with participants’ recruitment
  • Poor client’s participation during implementation phase.

• AIM: Increase the Retention Rate of participant initially registered for The Diabetes Prevention Program by 80%

• The assumption is that the increase in participant retention rate will result in:
  • more motivation among participants
  • decrease in participant weight
  • increase in physical activity
WHAT IS QUALITY IMPROVEMENT?

The use of a deliberate and defined improvement process & the continuous and ongoing effort to achieve measurable improvements.....
QI Approach

1. Problem
2. Assess Current Condition
3. Define Possible Solutions
4. Conduct PDSAs
5. Success

Adapted from: Jean Vukoson’s Bright Futures Presentation
QI TOOLS USED

• The PDSA

• The five Whys and five Hows

• The Fishbone Diagram
PDSA can help you:

- **Identify root cause**
  - Versus jumping to the solution

- **Identify improvement**
  - Gather critical data to determine if an improvement occurred

- **Involve key staff**
  - Staff who do the work know the most about the process

- **Define the range of the issue**
  - Rather than working on multiple issues around the problem and getting overwhelmed
PDSA CYCLE

Plan
Identify the opportunity and plan for improvement, Identify Team, partners, stakeholders and develop plan

Do
Implement DPP, Collect data, document problem

Study
Data collected, Use 5whys & 5 Hows on week 3 to understand low attendance

Act
Continue to examine and re-examine our process
AFTER WEEK 4

Class average Attendance
5 WHYS

What it is?

• A question asking method

• Used to quickly determine the root cause of a problem
• We used the five whys and five How’s to investigate the reasons behind the poor attendance rate Less than 40%.
• The five whys was used with the brainstorming to develop more details of the root causes of the problem.
AFTER WEEK 4

Class average Attendance
To look more into the issue of participants attendance, find the root cause of the problem and possibly reexamine our aim statement.
Participation is decreasing
• Individuals' lack of knowledge of risk and prevention programs
• Low health literacy
• Language barriers
• Transportation

• Low reading and math literacy
• Low self-esteem
• DPP program structure: PA info presented only after week 4
• Lack of interest
- Broadening eligibility to include overweight individuals who might not be necessary pre-diabetic
- Frequent contact with participants
- Reshuffling of session order,
- Allow the participation of support buddy.

- Use of ethnically appropriate incentives
- Integrate supervised group physical activity sessions during weekly session
- Use of case managers or lifestyle coach chosen from the same ethnic group as the participant
WHAT CAN QI DO FOR ME?

Effectiveness, outcomes, customer satisfaction, employee morale, learning and knowledge

Mistakes, wastes, re-works, cycle time, frustration
REFERENCES


OUR CONTACT INFORMATION

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