



Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
Division of Global Populations and Infectious Disease Prevention

Facing the Challenges of Culture and Acculturation in Refugee Health

North American Refugee Health Conference

June 12, 2016

Introduction

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Agenda

- 11:05 Brainstorming
- 11:15 Brief presentations
- 11:30 Exercise: Somali oral health
- 11:45 Reporting out
- Conclusion

Brainstorming

What is acculturation?

How is it relevant, or not, for health and health care?

How can clinicians assess it?

Brief Presentations

- Qualitative Concepts and Approaches
 - Social and cultural capital
 - “Healthworlds” that shape expectations
- Quantitative Assessment
 - Questionnaires
 - Relevance for clinical practice
- Implications
 - Public health and outreach
 - Messaging and health education

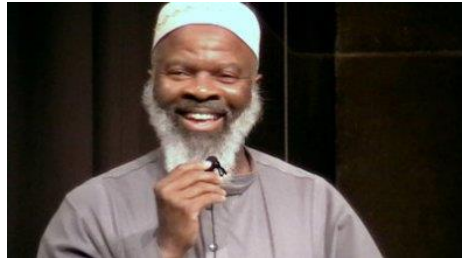
Qualitative

- Social capital
 - Network of mutually obligated kin, friend, ethnic, religious groups on whom one may draw for support and access to resources



More ...

- Cultural and symbolic capital: “authority”



More...

- “Healthworlds” and expectations
 - “complex and increasingly mixed sets of ideas, signs, linguistic conventions, and cultural traditions and practices within which people live and by which they orient themselves” (Cochrane 2006).



Quantitative Assessment

- **Psychological-Behavioral Acculturation Scale:**
 - 57-item questionnaire developed for **Vietnamese** migrants. “It was our goal to develop an acculturation measure that could be applicable to more than one cultural group and that also captured deeper psychological aspects of acculturation.”
 - Adapted for **Haitians, Somalis** as an 11-item form
 - Used in oral health research

More...

- **East Asian Acculturation Measure:**
 - 29-item measure
 - Modified to focus on four categories of acculturation strategies:
 - assimilation
 - integration
 - separation
 - marginalization

More...

- **Acculturation Rating Scale for Mexican Americans:**
 - 30-item measure based on EAAM
 - Boiled down to a 2-item version (!?!?)

More...

- **Bicultural Involvement Questionnaire:**
 - Developed for **Hispanic American** youth.
 - Recently adapted for African refugee women

Public Health Context

- Outcome-oriented initiatives/measures
 - Controlled diabetes: % with HbA1c <7
 - Treated latent TB infection: % completing therapy
 - Annual dental visit: % with ≥ 1 visit
- Increased utilization of bilingual, bicultural community health workers (CHWs)
 - Outreach and engagement

Messaging and Health Education

- Approach: CHWs learn key information
 - Give information
 - Give advice
 - Provide system navigation
- Approach: CHWs learn key information, ground messaging in community, draw on social capital, give information back to clinical team
 - Patient activation / Question formulation
 - Self-advocacy

Exercise

- Example from the Somali community
- Goal for this exercise:
 - Think about how you will need to approach planning and assessment from a sociocultural perspective
- Goal for the community health project:
 - Improve oral health prevention and personal hygiene practices

Guide Questions

- What are Somali **perceptions or expectations** of oral health care and hygiene practices in North America?
 - No link to medial care/insurance; not linked cognitively to overall health
 - Perceptions same despite lifestyle changes like drinking sugary drinks that might be perceived as 'safer';
 - Only need care for acute issues/pain.
 - Lack? Of knowledge of community svcs
 - Use of miswak sticks, incorporation into religious practices

Guide Questions

- What are Somali **experiences** with oral health and how may they have **changed** over the course of **migration**?
 - Getting care for pain only; extractions – could keep people from seeking care
 - COST\$\$ - prioritization of family needs; community norms/expectations in the US
 - Limited experience with preventive care, esp with dietary changes of newer generations/more acculturated
 - Khat chewing less avail in the US
 - Time in US/Year of arrival is relevant – cultural orientation now includes some oral health

Guide Questions

- How might oral health and hygiene practices fit into the **daily lives** of Somalis in North America?
 - Biomedical information from professionals in US may not fit into community's motivation/norms
 - Need to bring dental svcs to where people are during the day: mobile services
 - Differing beliefs on frequency of brushing that is needed
 - Often helps to

Guide Questions

- What else might you need to know about **Somali culture**?
 - Daily rituals like prayer, meals?
 - How does oral health fit in Somali culture?
 - Who is head of household or has the family role of protecting health?
 - To what extent is tob smoking and khat use prevalent in the community?
 - Gender issues
 - What are general hygiene practices?
 - How/who make food choices? Food content/Ramadan
 - What assumptions am I/we making?

Putting It Together

- Put it all together and pitch some ideas.
 - How do you gather information/needs assessment?
 - Find out how to adjust our ways of doing things/communicating in understandable, culturally responsive ways
 - Pay incentives, get community partners who want to help
 - Social, political leaders, community agencies, local mosque
 - Religious leaders and centers

Conclusions

- Social capital:
 - patient activation
- Religiosity:
 - pre-prayer ablution
- Complexity of cultural adaptation/innovation:
 - “I do the same thing...”

Wearing perfume and using the miswak on Fridays

Abu Huraira, may Allah be pleased with him, narrated that the Messenger of Allah, prayers and peace of Allah be upon him, has said, "Total ablution on Friday is obligatory on every adult male, using of miswak and applying some perfume, that is available."

[Reported by Muslim]





Somalis
have pretty
good oral
health
status!

