



Somali Bantu Community of San Diego

Health Needs Assessment

Health Needs Assessment Findings

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Introduction Background and Needs

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The Somali Bantu were enslaved in Somalia for over 400 years until the outbreak of the Somali civil war in 1991 forced them to flee to neighboring Kenya. For more than ten years, the Bantu lived in refugee camps where food, water and adequate shelter were scarce. In 2003, the United States government identified them as a particularly disadvantaged ethnic group and offered permanent resettlement in the United States.

According to EthnoMed, an organization dedicated to medical and cultural research on immigrant and refugee groups, most [Somali Bantu] adults had never attended school or been exposed to any aspect of modern living. EthnoMed noted that “as compared to the rest of the [refugees] it has been observed that [Somali Bantu] mothers do not seek medical care in good time and often brought their children for health assistance when they were already at a critical stage”. This lack of exposure to modern living has posed serious health implications for refugee families.

There are currently 486 Somali Bantu living in San Diego and over 12,000 throughout the United States. Somali Bantu are often mistaken as Somalis, and as a result, medical interpretation is erroneously provided in Somali instead of their native languages of Zigua or Maay Maay. Despite the unique, critical health needs of this population, no comprehensive health needs assessment has been conducted since their resettlement in the U.S.

The Somali Bantu Community of San Diego (SBCSD) was created by Somali Bantu residents to meet the needs of their vulnerable population.

Since the beginning of their resettlement in 2004, the IRC and Somali Bantu Community of San Diego have observed numerous risky behaviors, including poor nutritional and infant feeding practices, chronic illnesses, excessive anxiety, inadequate utilization of the health care system, and a lack of hygiene. For example, two Somali Bantu women refused to attend pre-natal health exams because of misconceptions about American hospitals and doctors. Both women ended up giving birth at home; one of them was completely alone. Compounding the dismal health situation, most Somali Bantu refugees are struggling to become literate and move beyond entry-level jobs at minimum wage without benefits.

The Somali Bantu Community of San Diego (SBCSD) was created by the Somali Bantu residents to meet the needs of their vulnerable community. The board and other key stakeholders identified the organization’s vision, mission, and goals through the initial planning process. The group identified three main areas of focus: access to health care, education, and employment. Since the SBCSD’s inception, the organization has successfully mobilized the community and made significant contributions through volunteer efforts. SBCSD reached a critical point of growth in 2006 which required additional resources and training in order to guide the organization through systematic growth and change.

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In order to improve the agency’s ability to fulfill its mission and deliver much needed services, SBCSD received \$25,000 from the Alliance Healthcare Foundation to strengthen the capacity of four key areas: fiscal accountability, board development, strategic planning, and resource development. SBCSD received a matching grant of \$25,000 from the California Endowment to cover general operating costs and a comprehensive health needs assessment on the Somali Bantu in San Diego.

de la Cruz and Associates was hired to lead the community health needs assessment. de la Cruz and Associates then subcontracted with the Institute for Public Health (IPH) at San Diego State University to provide training for community volunteers in focus group facilitation and data analysis, develop culturally appropriate tools, and analyze the data collected from the focus groups in collaboration with community volunteers. The following report details the results from the community health needs assessment.

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Methods

Participants

Participants for community focus groups were recruited by SBCSD board members and volunteers and IRC staff. Men, women and teens were recruited to participate in gender specific groups. Elementary school-aged boys and girls participated in one focus group.

Participants for key informant focus groups and structured interviews were recruited by SBCSD board members, IRC staff, de la Cruz and Associates staff, and IPH staff. Local social service and health care providers with expertise in working with the refugee community were invited to participate in one of two focus groups. A total of ten service providers participated in the focus groups. Participants in the focus groups included representatives from Horn of Africa, Ibarra Elementary School, Marshall Elementary School, Point Loma Nazarene University Nursing Department, International Rescue Committee, San Diego Police Department/East African Youth Organization, Alliance for African Assistance, International Rescue Committee, Catholic Charities, and San Diego Community College- Continuing Education Mid City. Providers with experience specifically with the Somali Bantu community were invited to participate in the individual interviews. Five individual phone interviews were conducted with representatives from SAY San Diego, La Maestra Clinic, Horace Mann, the San Diego Police Department, and the National Somali Bantu Project.

Comment [ODC3]: How many were interviewed/ focus grouped?

Materials

Focus group questions for community residents and providers and structured interview questions for providers were developed by IPH in collaboration with de la Cruz and Associates and the IRC. Focus group questionnaires for community residents were then reviewed by the SBCSD board members at several meetings to ensure cultural appropriateness and relevance and revised based on their recommendations. As a part of the review, board members were asked to respond to the questions as if they were participating in the focus group. Separate questionnaires were developed for older men, younger men, older women, younger women, teens, children, and providers. (Please see Appendix A for questionnaires).

Comment [ODC4]: We also tested them community members, didn't we?

Data Collection

Focus groups were conducted with community residents by Colleen Krause, Mallory Callahan, Amberly Middleton, Isha Mberwa, Hamadi Jumale, Abdi Ali, and Omar Abdi. SBCSD board members and volunteers were trained in focus group facilitation and

note-taking by the IPH prior to conducting the focus groups. After the initial focus groups were conducted, IPH staff met with facilitators to debrief on the focus group process.

For the focus groups with adults and teens, participants and facilitators were matched on gender. Men's groups were conducted in Maay maay or Kizigua. The women's groups and the elementary students' group were conducted in English with translation into Maay maay or Kizigua. Focus group notes from the men's group were translated into English by SBCSD board members and volunteers. Focus groups were completed with three groups of older men, one group of younger men, four groups of women, one group of teen girls, one group of teen boys and one group of children. The women's groups included both younger and older women. Olga de la Cruz of de la Cruz & Associates and Amy Pan conducted two focus groups and five structured phone interviews with social service and health care providers.

Comment [ODC5]: We should state that these individuals were trained in focus group facilitation, note taking, etc.,

Data Analysis

Focus group notes were collected from facilitators and compiled in Word by IPH staff. Unfortunately, focus group notes for teen boys were not submitted to IPH, thus, the results were not analyzed or reported. Results were grouped by age and gender. Answers to each question were separated and printed on individual slips of paper for analysis. In the men's focus groups, individual responses were recorded by the facilitators. In the women's focus groups, sometimes individual responses were recorded and sometimes group responses were recorded so numbers of responses may not be noted in the results section. SBCSD board members and volunteers met with IPH staff to assist with a categorical sort of the responses. After several hours of data analysis, the board and volunteers requested that IPH complete the analysis. Results were then sorted by IPH staff and categories for each question were provided to the board for review and clarification, if necessary.

Results:

General Health (includes issues related to accessing health care)

Access to Healthcare

Providers indicated that many people do not know that the Somali Bantu community is different culturally and linguistically from the Somali community. Interpretation is a major issue for service providers. Some providers have Somali staff, but not Somali Bantu staff. Providers who do not recognize the differences between the two groups frequently provide a Somali interpreter for their Bantu clients/patients. The Somali Bantu community primarily speaks Kizigua and Maay Maay. Some community members can speak Somali or Swahili. One provider noted that there is one good Maay Maay translator in Atlanta, GA.

Women and men in the focus groups also noted that language is a critical barrier to accessing services. Language issues were brought up frequently throughout the focus groups. Women reported difficulty communicating with their doctors and other providers. One woman noted "When I go to the doctor, I don't have a translator. He is just checking me, I say yes, yes, yes, and when he asks me, I don't understand." Women also reported that when there are interpreters available, they often do not speak Kizigua or Maay Maay. One woman stated "If I talk to the translator, I feel like he doesn't say the right thing to the doctor because he is explaining Somali." Another woman said, "If I go

to the doctor, I don't get any help. I don't understand English, I don't understand Somali." Some women reported taking their children with them to help with **translation**.

Literacy is another issue for the community. Providers noted that most Somali Bantu are illiterate. One provider stated, "memorization...is the way that people learned. ..Bantu culture is a spoken, oral history culture." Community members repeatedly brought up difficulties with following doctors' recommendations and prescriptions because of literacy issues. Many focus group participants noted that they had to call someone who could read, such as a child or friend, to help them decipher prescriptions as well as manage other tasks of daily living. One woman said "I don't know how to read. My children read and they explain to me." Another stated "I have to call someone who knows how to read for me. I don't know."

Additional barriers to accessing care identified by both community residents and providers included transportation, lack of insurance, and cultural factors. Several providers noted that community members believe in and use traditional healing practices, including the use of herbs, burns and spells. One provider noted that more than 10 people have tried to file police reports for having a spell cast on them.

Medications

Difficulties understanding prescriptions and over the counter medications were frequently mentioned in the focus groups. The majority of men reported that they understood the directions on prescriptions. Most of the women in the groups reported not understanding prescriptions or remembering how they were supposed to take medications or give medications to family members. Women reported calling someone who knew how to read to help them or asking their children to help them understand prescriptions. When asked about over the counter medications, most women did not know what to buy if a family member was sick. Five women noted that not knowing how to read kept them from buying over the counter medications. Men in the focus groups reported that they knew that could buy pain relievers, such as aspirin or Tylenol, at the store without a prescription.

Housing issues affecting health

Providers noted that many Somali Bantus live in conditions that could have an adverse effect on their health. For example, many people living in small apartments, living in apartments with cockroach and rat infestations, lead paint, and ventilation problems in older buildings. One participant stated "Landlords are abusing refugee tenants. Our clients don't know their rights and their standard of living is horrible."

Health Education

Focus group participants and providers indicated a need for community health education. Providers reported that they thought the community would benefit from education on the following:

- Basic hygiene and health education: providers repeatedly noted the lack of information in the Somali Bantu community related to hygiene and health education. Participants stated that an understanding of the "concept of healthcare doesn't exist" in the Bantu community and that many community members are "not aware of what's available in terms of health options." Several providers indicated a need to educate the community on illnesses that can be treated at home, when to go to the doctor, when to go to the emergency room or call 911. One provider noted that other providers should "not take things for

Comment [I6]: I'm not sure how they relate to each other because one is talking about children going to the doctor to provide translation and the other is talking about children going to the doctor because they are sick.

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granted because they [the Bantu community] are not westernized.” Another provider noted that many Somali Bantus “were not exposed to bathrooms, kitchens and Western culture” prior to their cultural orientation in the refugee camps. Other participants noted a need for education on hygiene such as “hand-washing, covering when you cough, using deodorant, and showering.” Other issues related to hygiene that need to be addressed include how to deal with cockroach and rat infestations.

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- Nutrition: Nutrition education should include “[decreasing] access to sugar and fast food, snack ideas, and [preparing] nutritious foods.” Several providers noted that they thought community members were eating too much processed food and sugar. One provider stated, “It’s a status now to be able to buy processed food. Being overweight in Africa means that you make a lot of money and that you are better off. They may not recognize the danger of their poor nutrition. In Africa they eat fish, organic gardening, now they have totally changed their diet to processed food. They will teach that to their children and create intergenerational nutrition problems.”

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- Accessing health services: Education on accessing health services should include “names that go with services, for example, dentist for teeth,” when to go to the doctor, when to go to the emergency room, when to call 911, an explanation of the healthcare system, and how to take care of illnesses at home.

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- How to use medications: Education on medications should include what are medications, when and how to use them, and how to buy and use over-the-counter medications.

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- Reproductive health: In general, participants reported a concern with reproductive health. One provider noted, “risky behavior, such as...us[ing] prostitutes, multiple sex partners...[and] women tend to get married young, have lots of children.”

- Prenatal care: Participants reported that women in the community may not go to the doctor until they are ready to deliver and that “women don’t understand prenatal care because they didn’t have it back home.” They also reported that some women are afraid to deliver in the hospital because they do not want a C-section. One participant noted that sometime women will not take prenatal vitamins because they believe that the vitamins will make the babies bigger and then the mother will have to have a C-section.

- Family planning for men and women: Providers indicated that many women in the community do not believe in using birth control because of religious and health issues and that they may use breast-feeding as birth control. One provider stated “having a child is the will of God. It’s not for you to say yes or no. You just do it. It’s sort of like a gift and you can’t fight it.” Another provider said “They are 100% against it. It can be grounds for divorce if a woman takes birth control. They feel it is a threat to their beliefs and religion.” Another provider noted that “focus[ing] on religion encouraging a two year gap between kids” may help more women accept using birth control. Other providers noted that men in the community need education on birth control too. Several providers noted

that both men and women in the community do not want to use condoms although it seems like the youth in the community are using condoms.

- o Early marriage and pregnancy: A few providers noted that teen pregnancy is a problem in the community because girls frequently get married when they are 15 or 16 years old.
- o Female circumcision (FC): One provider noted that FC may be one of the reasons why women in the community are afraid of delivering their babies in the hospital. He reported that he hears about women who either deliver at home or call 911 at the last minute and deliver in the ambulance. He said that there is no one in San Diego performing the procedure and that he has not heard of anyone in the community sending their children back to Africa. He believes this is because people are learning that Islam does not condone female circumcision. He also reported that women in the community are having health problems related to FC, such as menstrual problems and pain during intercourse.

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- Substance use/abuse (particularly for men): One provider reported that there was “excessive use of alcohol or other drugs such as khat and marijuana” among the men in the community.
- Diabetes: Many participants reported that diabetes was a concern for the community. One participant suggested education on causes and treatment for diabetes. Diabetes was noted as one of the most important health concerns for the elderly and men in the Somali Bantu community.
- High blood pressure/hypertension: High blood pressure was reported as one of the most important health concerns for the elderly and men in the community.
- Obesity: Obesity is becoming an issue in the community as more people adapt to a diet high in processed foods and sugar. Please see comments under nutrition.
- Smoking related illnesses: Several providers reported that they thought most men in the community smoke cigarettes. A couple of providers mentioned second-hand smoke as an issue for women and children.

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In the focus groups, participants were asked about specific medical conditions to gauge their knowledge and understanding of each condition. In general, there is a lack of knowledge of disease conditions and preventing and treating diseases. Many men and women reported not knowing what actions they could take to prevent disease and that they relied on their doctors to tell them what to do to stay healthy. Providers also noted that community members seemed to not know about prevention and to rely on health care providers to prevent or treat disease. Some community residents talked about using traditional healing practices to treat disease and changes in health since resettling in the US. Providers reported that mental health was an issue for the community, particularly related to post-traumatic stress and acculturative stress. One provider noted that depression and anxiety were prevalent in the community.

Dental health

Very few adult community residents reported having regular dental care. Ten men reported that they had never been to a dentist. Only two men reported going to the dentist every year. Eight men reported that they did not get dental care because they did not have insurance. Three reported that they were not willing to see a dentist. The

majority of women reported that they had never been to see a dentist. One woman noted that she had never gone, but she took her children. Other women also noted that they took their children to the dentist regularly. Four women had seen a dentist within the past two years. Three women stated that they did not go to the dentist because they did not have insurance.

Child health

Women in the focus groups reported taking their children to the doctor frequently. Nine women reported going to the doctor four to six times per year per child, three reported going eight to nine times per year per child, six reported going ten to fifteen times per year per child, and two reported going over twenty times per year per child. When men were asked about taking their children to the doctor, five said they only took them when they got sick, three said they took them every one to four weeks, three said every one to four months, and one said he took them all the time. Two men noted they had translation problems when they took their children to the doctor.

There was limited knowledge related to immunizations. Most men in the focus groups reported that children needed to be immunized when the school or doctor told them. Three women reported that children needed to be immunized at two months. Three women thought children needed to be immunized twice and two women thought children needed to be immunized once.

Asthma

In focus groups, fourteen men reported that asthma was related to difficulty with controlling breathing, four men identified symptoms and triggers and twenty men reported not knowing what asthma was. Causes of asthma reported by men included being in the cold and chemicals and poisons. Several men reported that only doctors know what cause asthma. The majority of men reported that going to a doctor was the way to treat or prevent asthma. Seven men reported that they didn't know how to treat or prevent asthma. Other treatments or methods of prevention included hippo fat (1), getting vaccinated (1), and keeping warm (2). Men in the community thought that the community needed to know causes of asthma (3) and prevention (2). Several men said that the community needs to know to go to the doctor for treatment. Some men thought that doctors should teach the community about asthma. Women in the focus groups reported that they did not know what caused asthma or how it could be prevented or treated. One woman noted that her granddaughter had something she placed over her mouth. Women noted that many people in the community seemed to have problems breathing and that the community needed education about asthma.

High Blood Pressure

Twenty-two men in focus groups thought that high blood pressure was a concern in the community. Thirteen men noted that they had high blood pressure or were concerned about high blood pressure. Thirteen men reported that they did not know what causes high blood pressure. Five men thought that thinking too much causes high blood pressure. Other causes for high blood pressure included lack of sleep (2) and getting upset too much (1). Nineteen men reported that going to a doctor or getting medication could prevent or treat high blood pressure. Prevention was the most common theme for community education. Three women reported that they had high blood pressure. Women reported that it was a concern in the community. Causes for high blood pressure included thinking too much (6), noise, including children being loud (5),

being sad (1), and being worried (1). One woman stated that high blood pressure could be treated by doing something relaxing such as going to the beach. Another woman noted that high blood pressure could be improved by eating less meat, napping without children in the house and thinking less. Other women reported that they did not know how high blood pressure could be prevented or treated. Women said that the community needed more education because it was prevalent in the community.

Diabetes

Most men in the focus groups did not know about diabetes. Six men reported that diabetes was related to sugar or sweets. Causes for diabetes included sugar or sweets (3), walking without shoes (1), thinking a lot (1), lack of sleep (1), and too much noise (1). Twelve men stated that diabetes could be prevented or treated by a doctor, three said only a doctor knows, four noted that they didn't know how to prevent or treat diabetes and four said not to eat sweets including fruit. Themes for community education included causes and prevention (3), going to a doctor (3), exercise (1), and not eating sweets (1). One woman reported having gestational diabetes. Several women reported that they don't have diabetes so they don't know what it is. One woman reported that pregnancy causes diabetes. Other women reported they did not know what caused diabetes. Women noted that diabetes could be prevented or treated by going to the doctor and getting medicine. They all reported wanting to learn more about diabetes.

Tuberculosis

Nineteen men in focus groups knew that tuberculosis was a disease. Five men reported that it causes coughing. Causes for tuberculosis included sleeping or eating with someone who is infected (6), lack of habit (4), smoking (4), and carrying heavy things (3). Eighteen noted that tuberculosis is treated or prevented by seeing a doctor. Three men reported that you don't share things with someone who is infected. Nine men stated that the community needed education on tuberculosis because it's a "killer" disease. Themes for community education included causes, prevention and treatment. Two women reported tuberculosis was related to your chest and coughing. Other women noted that they had heard of it, but did not know what it was. Causes for tuberculosis included getting it from a family member, sharing food or drink, and sleeping together. Women reported that if you have tuberculosis, you need to go to the doctor and take medicine. Most women thought the community needed more education on tuberculosis, particularly how to protect themselves.

Cancer

Eighteen men in focus groups stated that cancer is a deadly disease. Eight men thought that cancer was a concern for the community and ten thought it was not. Fourteen men reported that smoking could cause cancer. Other risks of smoking included heart disease (3), reduces health (2) and coughing (1). When asked about prostate cancer, most men said they did not have it. Seven men said they had never been screened and three didn't know if they had been screened. Men reported they could take medication (18), listen to their doctor (5) and decrease smoking (3) to reduce their risk of prostate cancer.

Most women did not know what cancer was. One woman said it was "someone who is coughing blood." Most women did not think it was a concern in the community. Women identified several risks of smoking including headaches, chest/lung problems, and teeth changing colors. When asked about breast cancer, most women reported that

they did not know what it was or how to do a self exam. All of the women who responded noted that they were screened for breast cancer by their doctors. They all noted that they thought the community needed more education on breast cancer. Most women reported that they did not know what cervical cancer is. Four women stated that they had been screened by their doctor and two said they were only screened when they were pregnant. Several other women said that they did not go for their screening. All of the respondents thought women in the community needed more education on cervical cancer and screening.

HIV/AIDS/STDs

The majority (20) of men in the focus groups reported that they didn't know if HIV/AIDS was a concern in the community. Six men reported that they thought it was a concern. Causes for HIV/AIDS reported by men included unsafe sex (7), sexual contact (6), and sharing sharp objects (6). Ten men reported that HIV/AIDS could only be prevented by their doctor and five men reported safer sex practices could prevent HIV/AIDS. The majority of men thought the community needed more education but did not have any suggestions of what information should be included.

Some women thought that HIV/AIDS was a concern in the community particularly because "we don't know how to protect ourselves." Causes for HIV/AIDS reported by women included sex, multiple partners, injections, mixing blood, getting cut, and using scissors. One woman noted that if she uses condoms, she will not get HIV. Another stated that she goes to her doctor for testing. Other women reported that they did not know how to prevent or treat HIV/AIDS. Women reported that the community should be taught that if you or your husband has multiple partners, you should use condoms; and how to protect themselves from getting infected. Several women noted that Muslims do not use condoms.

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The majority of men (22) either did not know or did not think STDs were a concern in the community. Only five men in focus groups reported that sex was a cause of STDs. Eight men reported STDs could be prevented or treated by not having sex. Eleven men stated that seeing a doctor could prevent or treat STDs. Sixteen men reported that the community needs to know about STDs and seven said that the community didn't know that they need to know about STDs. Two men suggested teaching the community about how to prevent STDs. Women in the focus groups reported that they did not know what STDs are and that they did not need to know about them. They stated that STDs could be prevented by being monogamous or using condoms.

Several women mentioned that there was little they could do if their husbands cheated on them and gave them an STD. Some women indicated difficulty getting their husbands to use condoms. One group of women was confused about STDs while another group clearly stated that there were concerns in the community. All of the respondents seemed to think that the community needed more education on STDs.

Reproductive Health

Ten men were asked about reproductive health in focus groups. Eight men reported that they did not know if birth control could prevent pregnancy. Two men reported that they thought birth control could prevent pregnancy. All of the men thought it was okay for their wives to be on birth control. Two men reported they would only feel comfortable talking to a doctor about family planning. Two men thought the community needed more information about pregnancy and family planning. All of the women who responded knew

what family planning was. All of the women who responded to a question on whether they were using birth control reported that they were not. When asked about condoms, women said they didn't want to use them. Common concerns about birth control included side effects of the shot and pill and wanting more information. Several women did not believe that birth control works. Other women said they thought it worked but only if you take the pill every day. Women reported feeling comfortable talking to their doctors about birth control if they are having problems. Women reported that it was important to see a doctor when you get pregnant for the child and mother's health. Women thought the community needed more education on breastfeeding, child health, and English. Women in the focus groups reported that they didn't know anything about menopause. Two women reported physical changes as a result of menopause.

Youth and reproductive health

The majority of men in focus groups thought that parents would be interested in learning how to talk to their children about puberty (29), sexuality (26), and preventing HIV and other sexually transmitted diseases (33). Women also reported that they thought parents would be interested in learning to talk to their children about puberty, sexuality, and preventing HIV and other sexually transmitted diseases. However, several women noted that people in the community may not feel comfortable talking to their children about sexuality. Women also noted that discussions with children about sexuality should be done by the same gender parent. Three teen girls reported talking to a female family member about puberty. All of the teen girls reported that they thought sexually transmitted diseases were a problem in the community.

Emotional Well-Being

Providers indicated that they believed that trauma was a significant issue in the Somali Bantu community. One provider described the plight of women in the camps: "The specter of rape for women is pretty awful. Women would leave the camps to get firewood and would live with the possibility of getting raped or seeing your friend be raped. This is the way they lived for years...This will be a huge problem for them. However, mental health issues are stigmatized in the community so many people will not admit that they are having problems. One provider stated "Watching your children get murdered in front of you or your wife raped in front of you. The Bantu won't admit it because saying you need help or mental health is a sign of weakness. You can't say I was raped because someone [will say] you brought it on."

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One provider said that in addition to experiences of trauma during the war, he thought the community was affected by a "culture of subjugation...[they were] living in a society where [they were] second class. What that does to your self-esteem...I think it's confusing for the Somali Bantu. Someone has always told them what to do. [They went] from slavery to total dependence [in refugee camps] to total independence...They now don't know what to do."

Bantu communities are also affected by violence once they are resettled in the US. A participant noted, "Violence [is another issue]...they live in rougher neighborhoods. They are beaten up at school and so they may resort to join gangs for their own protection.

Several providers noted that stress attributed to acculturation is also an issue in the community and that there were problems with domestic violence as well as cultural gaps between parents and children. One provider describes the disempowerment of the older people in the community...there is a "role reversal—the 10 year old speaks English and 50 year old can't. An immature young person takes on the job as parent. And the

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parent is told what to do.” In addition to the role reversal, the way children are disciplined in the US differs from how they are disciplined in Africa. Providers indicated that parents are afraid of Child Welfare Services especially because their children are threatening to report them. Another provider noted that domestic violence was, in his opinion, “the biggest issue” for the community. He stated “Back home it’s not a crime. [It was something] you resolved in the family.” He describes a reversal of gender roles in the home, which he believes contributes to incidents of domestic violence. “Women were dependent on men back home. Now they are empowered by the system. Women tend to be more flexible and smarter and are adapting to the new culture. Men are not willing to adapt.”

In the focus groups, participants were asked a series of questions about “emotional well-being” focusing on factors related to traumatic stress, anxiety and depression.

Women in the groups reported several activities that they participated in for relaxation such as exercise, spending time with or around their children, and sleeping. The majority of women in the focus groups reported having nightmares, particularly about experiences they had in Africa or about family members still in Africa. Most women reported sleeping 7 or more hours per night. The majority of women in the groups reported intrusive thoughts related to the war in Africa, family in Africa, and problems with life in the US such as financial difficulties and fears of CPS taking their children. Almost all of the women in the groups reported having headaches and body aches.

Men in the groups reported several activities for relaxation such as visiting friends, spending time with family, traveling out of state, reading the newspaper, and watching TV or sports. Sixteen men reported they slept 6 hours or less (three of the sixteen reported not sleeping at all) and nine men reported they slept 8 or more hours. All of the men in the groups reported having nightmares. The majority reported having intrusive thoughts, headaches and body aches.

All of the teenaged girls in the group reported having headaches and nightmares. Many of the younger children in the groups reported having stomachaches and nightmares of people being killed. Most children reported not feeling comfortable talking to their parents about problems although most children also reported that they talk to an adult at home or school about school problems. Most children reported that they did not feel safe at school.

Recommendations

Both community residents and providers reported a myriad of needs and recommendations for improving access to healthcare and the health of the community. There is a great deal of overlap in the needs and recommendations described by both groups. In general, both groups recommended increasing the number of culturally and linguistically appropriate staffing at health care facilities, providing culturally and linguistically appropriate education to the community, and providing employment assistance.

Culturally and linguistically appropriate health education: Community residents repeatedly stated a need for health education on a wide range of topics throughout the focus groups. When asked about various medical conditions, focus group participants frequently reported a lack of knowledge of the condition as well as the prevention and treatment of the condition. In general, participants indicated a heavy reliance on healthcare professionals for prevention and treatment of illnesses. Community education conducted in Maay maay and/or Kizigua focusing on prevention and treatment of chronic and infectious diseases and navigating the healthcare system is recommended.

Providers also recommended developing visual materials for community health education for illiterate and/or low-literacy populations.

Culturally and linguistically appropriate staffing: There is clearly a lack of culturally and linguistically appropriate services for the Somali Bantu community in San Diego. Community members and providers repeatedly voiced a need for Maay maay and Kizigua interpreters at healthcare and social service agencies. Many providers noted that sometimes they cannot find interpreters. One provider reported that “sometimes we have to translate into multiple languages if we can’t find the appropriate translators.” Another provider reported that in one case, they had to fly an interpreter in from another state. Many of the needs identified by providers focused on the lack of health care providers and educators from the community or who are familiar with the community. Providers recommended cultural competence training for existing staff at healthcare and social service agencies.

Many providers reported in focus groups that they believed most other providers did not recognize that the Somali and Somali Bantu communities have different cultures and languages. Providers stated that often clients were provided with Somali interpreters when they did not speak Somali. Providers also stated that many people may not be aware of the low-literacy rates in the Bantu community. Providers recommended that healthcare and social service agencies hire culturally and linguistically appropriate staff, and work with community liaisons to bridge between service providers and community residents. In addition, they recommended that healthcare and social service agencies work closely existing community organizations, such as SBCSD, because the community already trusts them and they understand how to navigate the healthcare system. Providers also recommended gender matching between the client and provider. However, in focus groups, the majority of community members indicated that the gender of their healthcare provider was not important to them.

Health insurance: Throughout the focus groups, community residents talked about the need for greater understanding of health insurance and more comprehensive coverage. Women in the focus groups had several questions about health insurance:

- How to use it
- What it covers
- How to fill in gaps in coverage
 - What to do if you can’t afford prescriptions
 - How to get coverage for other family members that they are caring for
- How to change doctors

When asked about accessing services, community residents often cited a lack of insurance as the reason why they did not seek medical or dental care. Community education on health insurance addressing the questions listed above is recommended.

English as a Second Language: Community members repeatedly noted a need for English as a Second Language (ESL) classes. Several providers also talked about ESL for the Somali Bantu community. One provider noted “ESL teachers don’t know how to teach literacy. They are assuming kids are literate in another language. It’s difficult with the Bantu kids because their oral skills are good, but they are not understanding concepts of written language.” Providers recommended additional assistance in ESL classes for Somali Bantu children such as one on one reading programs. In addition, providers noted a need for educating ESL teachers on how to teach literacy.

Employment Assistance: Community members and providers reported a need for employment assistance. Providers also reported that there was a lack of entry level jobs in San Diego. Providers consistently described the Bantus as hard workers. One provider stated “Most Bantus get a job within 8 months. They will take any job to take care of their families. They don’t have the same pride issues as Somalis. They will take low paying jobs and work overtime or work several jobs.” Providers reported that the

Bantus need more intensive employment programs that include assistance with the application process, resumes, transportation, and preparing for interviews.

Affordable housing: With median housing prices in the high \$400,000s and average rents approaching \$1250 per month, San Diego clearly lacks affordable housing options. Several providers expressed concern regarding the living conditions for their Bantu clients. One provider stated, “They have large families living in a small space. They have a lot of kids. A lot of times there are 10 people living in a two-bedroom apartment.” As previously reported, another provider noted that “Landlords are abusing refugee tenants...their standard of living is horrible.” It is beyond the scope of healthcare providers and most social service providers to change the current housing situation in San Diego. Thus, it is recommended that providers working with the community provide education for their clients on their rights as tenants as well as education on addressing environmental health concerns such as rats, cockroaches, and secondhand smoke.

Programs for children and youth: Providers indicated a need for afterschool programs for children and youth focusing on ESL and tutoring in other subjects, mentoring, and youth development. In terms of ESL, the greatest concern voiced by providers was teaching ESL teachers how to work with illiterate or low-literacy populations. Tutoring in other subjects was also recommended because children are often not getting homework assistance at home. Providers encouraged activities that would help get parents involved at school and that would expose children to college-aged and adult role models. Providers also recommended creating safe spaces for children afterschool, such as a Somali Bantu Community Center, where children could go to do their homework and families could go for activities.

Comment [ODC9]: In the focus groups with providers-- they said a lot about this topic. The young woman from IRC's school based program talked about children's learning abilities, literacy levels, etc.,

Summary

The health needs assessment addressed accessing health care and community knowledge related to a variety of diseases to assess how service providers could better serve the Somali Bantu community and to assess the health education needs of the community.

In general, there is a lack of knowledge of disease conditions and preventing and treating diseases in the Somali Bantu community. It is recommended that community health education focus on the following:

- Asthma
- Cancer, general
- Prostate cancer
- Breast cancer – screening
- Cervical cancer –screening
- Dental health
- Diabetes
- High blood pressure
- Immunizations for children/doctor visits for children
- Nutrition
- TB
- HIV/AIDS/STDs
- Reproductive health, including how to talk to children about reproductive health
- Mental health

Primary barriers to accessing health care included language and translation, literacy, lack of health insurance, transportation and cultural factors. Both providers and community residents identified a need for increased understanding of the Somali Bantu community by health care and social service providers in addition to linguistically appropriate interpreters and employment assistance. Providers emphasized a need for hiring staff from the community or working closely with cultural liaisons from the community.

Comment [ODC10]: Is there a recommendation section? I

Comment [ODC11]: I thought the interview with the guy from the national office provided excellent information for the summary. I don't see his information anywhere in the report.

Appendices

Appendix A – Tools

- Focus group questions for men
- Focus group questions for women
- Focus group questions for older children
- Focus group questions for younger children
- Focus group questions for key informants
- Interview questions for key informants

Appendix A

Needs Assessment Questions for Younger Men Somali Bantu Community

Introduction: Thank you for coming to talk with us today. We're going to ask you questions about general health concerns and specific illnesses as well as ways to make getting medical help easier in the community. There are no right or wrong answers. We're just trying to understand as much as we can about health needs in the community so we can develop programs that will help keep our community healthy. After we are done with the needs assessment, we will share the results with the community.

General Health – Health refers to one's overall state of being, including physical, mental and social well-being. Health can be influenced by human biology, environment, [lifestyle](#), and [healthcare services](#).

When was the last time you saw a doctor?
Why has it been so long? (if it's been over one year)

When was the last time you saw a dentist?
Why has it been so long? (if it's been over one year)

Do you know when to call the doctor for an appointment or when to call 911?

How often do your children go to the doctor?

How often do children need to be immunized?

Do you feel comfortable talking to your doctor?

Would you only feel comfortable seeing a doctor who is the same gender as you?

Do you have any health problems right now that you haven't seen a doctor about?

Do you know how to read the directions on medicines your doctors give you?

What medicines can you buy at the store if you or your children are sick?

How do you feel about your overall health?

What makes it difficult to get help when someone in your family is sick?

What would make getting help easier when someone in your family is sick?

What do you want doctors and other health care providers to know about the community to help them serve you better?

Asthma – Asthma is a disease that affects your airways (the tubes that carry air in and out of your lungs). If you have asthma, the inside walls of your airways are inflamed (swollen), which makes the airways very sensitive to things that you are allergic to. When the airways react, they get narrower, and less air is able to flow to your lungs. This causes reactions like wheezing (a whistling sound when you breathe), coughing, tightness in the chest, and trouble breathing, especially at night and in the early morning.

What is asthma?

What causes asthma?

How can it be prevented or treated?

Do a lot of people in the community have difficulty breathing?

What do you think the community needs to know about asthma?

High Blood Pressure – High blood pressure is when the blood that is carried from the heart to all parts of the body pushes against the walls of the arteries (vessels that carry the blood) with a lot of force. This is caused by the heart pumping the blood with excessive power and/or the blood vessels narrowing. Usually there are no symptoms of high blood pressure; a doctor is able to measure your blood pressure to determine if it is high. If [high blood pressure continues for a long time](#), your heart and arteries may not work as well as they should, and other parts of the body may also be affected.

Are there concerns in the community about high blood pressure?

What causes high blood pressure?

How can it be prevented or treated?

What do you think the community needs to know about high blood pressure?

Diabetes – Diabetes is a life-long disease that involves having high levels of sugar in the blood. Over time, having too much sugar in the blood can cause other problems such as damage to the [eyes](#) or [kidneys](#), and heart disease or stroke. Some common symptoms of diabetes include fatigue, thirst, weight loss, blurred vision and frequent urination, although many people with diabetes do not have any symptoms.

What is diabetes?

What causes diabetes?

How can it be prevented or treated?

What do you think the community needs to know about diabetes?

Tuberculosis – Tuberculosis (TB) is a disease caused by bacteria that is spread through the air from one person to another. The bacteria can be put into the air when a person with [TB disease](#) coughs or sneezes; people nearby may breathe in these bacteria and become infected. Usually TB attacks the lungs, but it can also affect other parts of the body. Symptoms of TB include a bad cough lasting for several weeks, pain in the chest, weight loss, weakness or fatigue, fever and chills, coughing up blood or mucus. However not everyone infected with TB bacteria becomes sick.

What is TB?

How do you get TB?

How can it be prevented or treated?

What do you think the community needs to know about tuberculosis?

Cancer – Cancer is a group of diseases that all have to do with cells (the very small units that make up the human body). Cancer occurs when cells in the body that are not normal begin to grow out of control. These cancer cells usually group or clump together to form tumors. The cancer cells can destroy the normal cells around the tumor and damage the body's healthy tissues, making a person very sick. Sometimes they also

move to other areas of the body, where they keep growing and form new tumors. There are many different types of cancer, which can affect nearly every part of the body. Some cancers can be cured, some are fatal, some that are not curable can still be treated well, and some patients can live for many years with the cancer.

What is cancer?

Do you believe your community is at risk for cancer?

What are the risks of smoking?

Prostate cancer: (From WebMD) The prostate is a male sex gland, about the size of a walnut. It produces a thick fluid that helps propel sperm through the urethra and out of the penis during sex. Prostate cancer cells do not follow normal patterns and grow uncontrollably and spread to other tissues. Prostate cancer is typically a very slow growing tumor, often causing no symptoms until advanced stages. Most men with prostate cancer die of other causes -- many without ever realizing that they have the disease. But once prostate cancer begins to grow more rapidly or spreads outside the prostate, it is dangerous. This aggressive type of prostate cancer can occur at any age. Although the disease tends to progress slowly, it is generally fatal if it spreads beyond the prostate gland itself. Symptoms of prostate cancer include:

- A need to urinate frequently, especially at night
- Difficulty starting urination
- Inability to urinate
- Weak or interrupted flow of urine (dribbling)
- Painful or burning urination
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the back, hips, or upper thighs

What do you do if you have problems with urinating, blood in urine or semen or pain in your back, hips or upper thighs?

When you go to the doctor, do you get screened for prostate cancer?

What can you do to reduce your risk of prostate cancer?

Reproductive Health -- -- Reproductive health refers to people being able to have a responsible, satisfying and safe sex life, the ability to reproduce, and the freedom to decide if, when and how often to reproduce. Included in this is the right to have access to appropriate health care services that enable women to safely go through pregnancy and childbirth.

What is family planning or birth control?

What are common concerns about family planning or birth control?

Do you think birth control can prevent pregnancy?

What is a vasectomy?

Do you think men in your community want to know more about vasectomies?

Is it okay for your wife to be on birth control?

Who do you feel comfortable talking to about family planning or birth control?
(Someone in the community? A doctor, nurse or health educator? Someone who is older or younger? A man or a woman?)

Why is it important for women to go to their doctor when they find out they are pregnant?

What do you think the community needs to know about pregnancy and family planning?

HIV/AIDS – HIV is a viral infection caused by the human immunodeficiency virus (HIV); this virus gradually destroys a person's immune system (the cells and organs in your body that help recognize and fight off foreign invaders like germs and infections). People who become infected with HIV may have no symptoms for many years, but their immune system gradually weakens, and they can easily contract many different diseases like cancer, skin infections, and tuberculosis. The most advanced stage of HIV infection is called AIDS, and most individuals infected with HIV will progress to AIDS if they are not treated. Any person can contract HIV through the exchange of bodily fluids, including blood and genital fluids, with another person who has HIV.

Are there concerns in the community about HIV/AIDS?

What causes HIV/AIDS?

How can it be prevented or treated?

What do you think the community needs to know about HIV/AIDS?

Other Sexually Transmitted Diseases – Sexually Transmitted Diseases (STDs) are infections/diseases that occur in a person's genital area. They are passed from person to person by sexual contact with someone who is infected with an STD. Many STDs have no symptoms but can still be passed onto other people. These infections may lead to serious complications, especially if they are not treated. Common STDs include: Chlamydia, gonorrhea, herpes, HPV, syphilis

Are there concerns in the community about sexually transmitted diseases?

What causes sexually transmitted diseases?

How can it be prevented or treated?

What do you think the community needs to know about sexually transmitted diseases?

Youth and Reproductive Health

Do you think parents would be interested in learning how to talk to their children about puberty?

Do you think parents would be interested in learning how to talk to their children about sexuality?

Do you think parents would be interested in learning how to talk to their children about preventing HIV and other sexually transmitted diseases?

Emotional Well-being – Emotional well-being is how we think, feel and act as we cope with life. It helps determine how we handle stress, relate to others and make choices. Everyone feels worried, anxious, sad or stressed sometimes, but sometimes these feelings do not go away and are severe enough to interfere with your daily life.

What do you do for enjoyment or relaxation?

How many hours do you sleep each night?

Do you feel rested when you wake up?

Do you ever have bad dreams?

Do you ever have thoughts come to your mind that you don't want to have that keep coming back?

How often do you get headaches?

How often do you feel body pain or aches (leg pain or back ache?).

How is your appetite?

Have you noticed any changes in your eating habits? (e.g., eating too much or too little)

How do you feel about your future here in the U.S?

What do you do when you have a lot of stress?

Is it common for people to have sadness that doesn't go away?

What do people do when they are sad and it doesn't go away?

What helps someone when they are sad?

Needs Assessment Questions for Older Men Somali Bantu Community

Introduction: Thank you for coming to talk with us today. We're going to ask you questions about general health concerns and specific illnesses as well as ways to make getting medical help easier in the community. There are no right or wrong answers. We're just trying to understand as much as we can about health needs in the community so we can develop programs that will help keep our community healthy. After we are done with the needs assessment, we will share the results with the community.

General Health – Health refers to one's overall state of being, including physical, mental and social well-being. Health can be influenced by human biology, environment, [lifestyle](#), and [healthcare services](#).

When was the last time you saw a doctor?
Why has it been so long? (if it's been over one year)

When was the last time you saw a dentist?
Why has it been so long? (if it's been over one year)

Do you know when to call the doctor for an appointment or when to call 911?

If you still have children living with you, how often do they go to the doctor?

How often do children need to be immunized?

Do you feel comfortable talking to your doctor?

Would you only feel comfortable seeing a doctor who is the same gender as you?

Do you have any health problems right now that you haven't seen a doctor about?

Do you know how to read the directions on medicines your doctors give you?

What medicines can you buy at the store if you or your children are sick?

How do you feel about your overall health?

What makes it difficult to get help when someone in your family is sick?

What would make getting help easier when someone in your family is sick?

What do you want doctors and other health care providers to know about the community to help them serve you better?

Asthma – Asthma is a disease that affects your airways (the tubes that carry air in and out of your lungs). If you have asthma, the inside walls of your airways are inflamed (swollen), which makes the airways very sensitive to things that you are allergic to. When the airways react, they get narrower, and less air is able to flow to your lungs. This causes reactions like wheezing (a whistling sound when you breathe), coughing, tightness in the chest, and trouble breathing, especially at night and in the early morning.

What is asthma?

What causes asthma?

How can it be prevented or treated?

Do a lot of people in the community have difficulty breathing?

What do you think the community needs to know about asthma?

High Blood Pressure – High blood pressure is when the blood that is carried from the heart to all parts of the body pushes against the walls of the arteries (vessels that carry the blood) with a lot of force. This is caused by the heart pumping the blood with excessive power and/or the blood vessels narrowing. Usually there are no symptoms of high blood pressure; a doctor is able to measure your blood pressure to determine if it is high. If [high blood pressure continues for a long time](#), your heart and arteries may not work as well as they should, and other parts of the body may also be affected.

Are there concerns in the community about high blood pressure?

What causes high blood pressure?

How can it be prevented or treated?

What do you think the community needs to know about high blood pressure?

Diabetes – Diabetes is a life-long disease that involves having high levels of sugar in the blood. Over time, having too much sugar in the blood can cause other problems such as damage to the [eyes](#) or [kidneys](#), and heart disease or stroke. Some common symptoms of diabetes include fatigue, thirst, weight loss, blurred vision and frequent urination, although many people with diabetes do not have any symptoms.

What is diabetes?

What causes diabetes?

How can it be prevented or treated?

What do you think the community needs to know about diabetes?

Tuberculosis – Tuberculosis (TB) is a disease caused by bacteria that is spread through the air from one person to another. The bacteria can be put into the air when a person with [TB disease](#) coughs or sneezes; people nearby may breathe in these bacteria and become infected. Usually TB attacks the lungs, but it can also affect other parts of the body. Symptoms of TB include a bad cough lasting for several weeks, pain in the chest, weight loss, weakness or fatigue, fever and chills, coughing up blood or mucus. However not everyone infected with TB bacteria becomes sick.

What is TB?

How do you get TB?

How can it be prevented or treated?

What do you think the community needs to know about tuberculosis?

Cancer – Cancer is a group of diseases that all have to do with cells (the very small units that make up the human body). Cancer occurs when cells in the body that are not normal begin to grow out of control. These cancer cells usually group or clump together to form tumors. The cancer cells can destroy the normal cells around the tumor and damage the body's healthy tissues, making a person very sick. Sometimes they also move to other areas of the body, where they keep growing and form new tumors. There are many different types of cancer, which can affect nearly every part of the body. Some cancers can be cured, some are fatal, some that are not curable can still be treated well, and some patients can live for many years with the cancer.

What is cancer?

Do you believe your community is at risk for cancer?

What are the risks of smoking?

Prostate cancer: (From WebMD) The prostate is a male sex gland, about the size of a walnut. It produces a thick fluid that helps propel sperm through the urethra and out of the penis during sex. Prostate cancer cells do not follow normal patterns and grow uncontrollably and spread to other tissues. Prostate cancer is typically a very slow growing tumor, often causing no symptoms until advanced stages. Most men with prostate cancer die of other causes -- many without ever realizing that they have the disease. But once prostate cancer begins to grow more rapidly or spreads outside the prostate, it is dangerous. This aggressive type of prostate cancer can occur at any age. Although the disease tends to progress slowly, it is generally fatal if it spreads beyond the prostate gland itself. Symptoms of prostate cancer include:

- A need to urinate frequently, especially at night
- Difficulty starting urination
- Inability to urinate
- Weak or interrupted flow of urine (dribbling)
- Painful or burning urination
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the back, hips, or upper thighs

What do you do if you have problems with urinating, blood in urine or semen or pain in your back, hips or upper thighs?

When you go to the doctor, do you get screened for prostate cancer?

What can you do to reduce your risk of prostate cancer?

HIV/AIDS – HIV is a viral infection caused by the human immunodeficiency virus (HIV); this virus gradually destroys a person's immune system (the cells and organs in your body that help recognize and fight off foreign invaders like germs and infections). People who become infected with HIV may have no symptoms for many years, but their immune system gradually weakens, and they can easily contract many different diseases like cancer, skin infections, and tuberculosis. The most advanced stage of HIV infection is called AIDS, and most individuals infected with HIV will progress to AIDS if they are not treated. Any person can contract HIV through the exchange of bodily fluids, including blood and genital fluids, with another person who has HIV.

Are there concerns in the community about HIV/AIDS?

What causes HIV/AIDS?

How can it be prevented or treated?

What do you think the community needs to know about HIV/AIDS?

Other Sexually Transmitted Diseases – Sexually Transmitted Diseases (STDs) are infections/diseases that occur in a person's genital area. They are passed from person to person by sexual contact with someone who is infected with an STD. Many STDs have no symptoms but can still be passed onto other people. These infections may lead to serious complications, especially if they are not treated. Common STDs include: Chlamydia, gonorrhea, herpes, HPV, syphilis

Are there concerns in the community about sexually transmitted diseases?

What causes sexually transmitted diseases?

How can it be prevented or treated?

What do you think the community needs to know about sexually transmitted diseases?

Youth and Reproductive Health

Do you think parents would be interested in learning how to talk to their children about puberty?

Do you think parents would be interested in learning how to talk to their children about sexuality?

Do you think parents would be interested in learning how to talk to their children about preventing HIV and other sexually transmitted diseases?

Emotional Well-being – Emotional well-being is how we think, feel and act as we cope with life. It helps determine how we handle stress, relate to others and make choices. Everyone feels worried, anxious, sad or stressed sometimes, but sometimes these feelings do not go away and are severe enough to interfere with your daily life.

What do you do for enjoyment or relaxation?

How many hours do you sleep each night?

Do you feel rested when you wake up?

Do you ever have bad dreams?

Do you ever have thoughts come to your mind that you don't want to have that keep coming back?

How often do you get headaches?

How often do you feel body pain or aches (leg pain or back ache?).

How is your appetite?

Have you noticed any changes in your eating habits? (e.g., eating too much or too little)

How do you feel about your future here in the U.S?

What do you do when you have a lot of stress?

Is it common for people to have sadness that doesn't go away?

What do people do when they are sad and it doesn't go away?

What helps someone when they are sad?

Needs Assessment Questions for Younger Women Somali Bantu Community

Introduction: Thank you for coming to talk with us today. We're going to ask you questions about general health concerns and specific illnesses as well as ways to make getting medical help easier in the community. There are no right or wrong answers. We're just trying to understand as much as we can about health needs in the community so we can develop programs that will help keep our community healthy. After we are done with the needs assessment, we will share the results with the community.

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When was the last time you saw a doctor?
Why has it been so long? (if it's been over one year)

When was the last time you saw a dentist?
Why has it been so long? (if it's been over one year)

Do you know when to call the doctor for an appointment or when to call 911?

How often do your children go to the doctor?

How often do children need to be immunized?

Do you feel comfortable talking to your doctor?

Would you only feel comfortable seeing a doctor who is the same gender as you?

Do you have any health problems right now that you haven't seen a doctor about?

Do you know how to read the directions on medicines your doctors give you?

What medicines can you buy at the store if you or your children are sick?

How do you feel about your overall health?

What makes it difficult to get help when someone in your family is sick?

What would make getting help easier when someone in your family is sick?

What do you want doctors and other health care providers to know about the community to help them serve you better?

Asthma – Asthma is a disease that affects your airways (the tubes that carry air in and out of your lungs). If you have asthma, the inside walls of your airways are inflamed (swollen), which makes the airways very sensitive to things that you are allergic to. When the airways react, they get narrower, and less air is able to flow to your lungs. This causes reactions like wheezing (a whistling sound when you breathe), coughing, tightness in the chest, and trouble breathing, especially at night and in the early morning.

What is asthma?

What causes asthma?

How can it be prevented or treated?

Do a lot of people in the community have difficulty breathing?

What do you think the community needs to know about asthma?

High Blood Pressure – High blood pressure is when the blood that is carried from the heart to all parts of the body pushes against the walls of the arteries (vessels that carry the blood) with a lot of force. This is caused by the heart pumping the blood with excessive power and/or the blood vessels narrowing. Usually there are no symptoms of high blood pressure; a doctor is able to measure your blood pressure to determine if it is high. If [high blood pressure continues for a long time](#), your heart and arteries may not work as well as they should, and other parts of the body may also be affected.

Are there concerns in the community about high blood pressure?

What causes high blood pressure?

How can it be prevented or treated?

What do you think the community needs to know about high blood pressure?

Diabetes – Diabetes is a life-long disease that involves having high levels of sugar in the blood. Over time, having too much sugar in the blood can cause other problems such as damage to the [eyes](#) or [kidneys](#), and heart disease or stroke. Some common symptoms of diabetes include fatigue, thirst, weight loss, blurred vision and frequent urination, although many people with diabetes do not have any symptoms.

What is diabetes?

What causes diabetes?

How can it be prevented or treated?

What do you think the community needs to know about diabetes?

Tuberculosis – Tuberculosis (TB) is a disease caused by bacteria that is spread through the air from one person to another. The bacteria can be put into the air when a person with [TB disease](#) coughs or sneezes; people nearby may breathe in these bacteria and become infected. Usually TB attacks the lungs, but it can also affect other parts of the body. Symptoms of TB include a bad cough lasting for several weeks, pain in the chest, weight loss, weakness or fatigue, fever and chills, coughing up blood or mucus. However not everyone infected with TB bacteria becomes sick.

What is TB?

How do you get TB?

How can it be prevented or treated?

What do you think the community needs to know about tuberculosis?

Cancer – Cancer is a group of diseases that all have to do with cells (the very small units that make up the human body). Cancer occurs when cells in the body that are not normal begin to grow out of control. These cancer cells usually group or clump together to form tumors. The cancer cells can destroy the normal cells around the tumor and damage the body's healthy tissues, making a person very sick. Sometimes they also move to other areas of the body, where they keep growing and form new tumors. There are many different types of cancer, which can affect nearly every part of the body. Some

cancers can be cured, some are fatal, some that are not curable can still be treated well, and some patients can live for many years with the cancer.

What is cancer?

Do you believe your community is at risk for cancer?

What are the risks of smoking?

Breast Cancer: (WEBMd) Each month, a woman's breasts go through temporary changes associated with menstruation, and a lump may form. While the vast majority of these growths are not cancerous, any lump should be examined immediately.

Lumps are most common in the lobules -- small sacs that produce milk -- or the ducts that carry milk to the nipple. But they occasionally start in other tissue. The two main categories of breast cancer are lobular and ductal carcinomas.

Breast cancer usually begins with the formation of a small, confined tumor. Some tumors are benign, meaning they do not invade other tissue; others are malignant, or cancerous. Malignant tumors have the potential to metastasize, or spread. Once such a tumor grows to a certain size, it is more likely to shed cells that spread to other parts of the body through the bloodstream and lymphatic system. Different types of breast cancer grow and spread at different rates; some take years to spread beyond the breast, while others move quickly.

What is breast cancer?

How can you screen yourself for breast cancer?

What do you do if you find a lump or anything unusual in your breast?

Do you get screened for breast cancer when you go to the doctor?

What do women in the community know about breast self exams, screening or breast cancer?

Cervical Cancer: (WEB MD) Cervical cancer occurs when abnormal cells on the cervix grow out of control. The cervix is the lower part of the uterus that opens into the vagina. Cervical cancer can often be cured when it's found early. It is usually found at a very early stage through a Pap test. Most cervical cancer is caused by a virus called [human papillomavirus](#), or HPV. You get HPV by having sex with someone who has it. There are many types of the HPV virus. Not all

types of HPV cause cervical cancer. Some of them cause [genital warts](#), but other types may not cause any symptoms.

You can have HPV for years and not know it. It stays in your body and can lead to cervical cancer years after you were infected. This is why it is important for you to have regular Pap tests. A Pap test can find changes in cervical cells before they turn into cancer. If you treat these cell changes, you may prevent cervical cancer. Symptoms include:

- Abnormal vaginal bleeding or a significant unexplained change in your [menstrual cycle](#).
- Bleeding when something comes in contact with the cervix, such as during sexual intercourse or insertion of a diaphragm.
- Pain during sexual intercourse.
- Abnormal vaginal discharge containing mucus that may be tinged with blood.

Symptoms that may occur when your cervical cancer has progressed include:

- [Anemia](#) because of abnormal vaginal bleeding.
- Ongoing pelvic, leg, or back pain.
- Urinary problems because of blockage of a kidney or [ureter](#).
- Leakage of urine or fecal content into the [vagina](#) because an abnormal opening ([fistula](#)) has developed between the vagina and the bladder or rectum.
- Weight loss.

What is cervical cancer?

Do you get screened for cervical cancer when you go to the doctor?

What do you think women in the community know about getting screened for cervical cancer?

Reproductive Health -- – Reproductive health refers to people being able to have a responsible, satisfying and safe sex life, the ability to reproduce, and the freedom to decide if, when and how often to reproduce. Included in this is the right to have access to appropriate health care services that enable women to safely go through pregnancy and childbirth.

What is family planning or birth control?

What are common concerns about family planning or birth control?

Do you think birth control can prevent pregnancy?

If you are having problems with your birth control, do you feel comfortable talking to your doctor and getting another form of birth control?

Who do you feel comfortable talking to about family planning or birth control? (Someone in the community? A doctor, nurse or health educator? Someone who is older or younger? A man or a woman?)

Why is it important for women to go to their doctor when they find out they are pregnant?

When you find out you are pregnant, when do you go to your doctor?

What do you think the community needs to know about pregnancy and family planning?

HIV/AIDS – HIV is a viral infection caused by the human immunodeficiency virus (HIV); this virus gradually destroys a person's immune system (the cells and organs in your body that help recognize and fight off foreign invaders like germs and infections). People who become infected with HIV may have no symptoms for many years, but their immune system gradually weakens, and they can easily contract many different diseases like cancer, skin infections, and tuberculosis. The most advanced stage of HIV infection is called AIDS, and most individuals infected with HIV will progress to AIDS if they are not treated. Any person can contract HIV through the exchange of bodily fluids, including blood and genital fluids, with another person who has HIV.

Are there concerns in the community about HIV/AIDS?

What causes HIV/AIDS?

How can it be prevented or treated?

What do you think the community needs to know about HIV/AIDS?

Other Sexually Transmitted Diseases – Sexually Transmitted Diseases (STDs) are infections/diseases that occur in a person's genital area. They are passed from person to person by sexual contact with someone who is infected with an STD. Many STDs have no symptoms but can still be passed onto other people. These infections may lead to serious complications, especially if they are not treated. Common STDs include: Chlamydia, gonorrhea, herpes, HPV, syphilis

Are there concerns in the community about sexually transmitted diseases?

What causes sexually transmitted diseases?

How can it be prevented or treated?

What do you think the community needs to know about sexually transmitted diseases?

Youth and Reproductive Health

Do you think parents would be interested in learning how to talk to their children about puberty?

Do you think parents would be interested in learning how to talk to their children about sexuality?

Do you think parents would be interested in learning how to talk to their children about preventing HIV and other sexually transmitted diseases?

Emotional Well-being – Emotional well-being is how we think, feel and act as we cope with life. It helps determine how we handle stress, relate to others and make choices. Everyone feels worried, anxious, sad or stressed sometimes, but sometimes these feelings do not go away and are severe enough to interfere with your daily life.

What do you do for enjoyment or relaxation?

How many hours do you sleep each night?

Do you feel rested when you wake up?

Do you ever have bad dreams?

Do you ever have thoughts come to your mind that you don't want to have that keep coming back?

How often do you get headaches?

How often do you feel body pain or aches (leg pain or back ache?).

How is your appetite?

Have you noticed any changes in your eating habits? (e.g., eating too much or too little)

How do you feel about your future here in the U.S?

What do you do when you have a lot of stress?

Is it common for people to have sadness that doesn't go away?

What do people do when they are sad and it doesn't go away?

What helps someone when they are sad?

Needs Assessment Questions for Older Women Somali Bantu Community

Introduction: Thank you for coming to talk with us today. We're going to ask you questions about general health concerns and specific illnesses as well as ways to make getting medical help easier in the community. There are no right or wrong answers. We're just trying to understand as much as we can about health needs in the community so we can develop programs that will help keep our community healthy. After we are done with the needs assessment, we will share the results with the community.

General Health – Health refers to one's overall state of being, including physical, mental and social well-being. Health can be influenced by human biology, environment, [lifestyle](#), and [healthcare services](#).

When was the last time you saw a doctor?
Why has it been so long? (if it's been over one year)

When was the last time you saw a dentist?
Why has it been so long? (if it's been over one year)

Do you know when to call the doctor for an appointment or when to call 911?

If you still have children living with you, how often do they go to the doctor?

How often do children need to be immunized?

Do you feel comfortable talking to your doctor?

Would you only feel comfortable seeing a doctor who is the same gender as you?

Do you have any health problems right now that you haven't seen a doctor about?

Do you know how to read the directions on medicines your doctors give you?

What medicines can you buy at the store if you or your children are sick?

How do you feel about your overall health?

What makes it difficult to get help when someone in your family is sick?

What would make getting help easier when someone in your family is sick?

What do you want doctors and other health care providers to know about the community to help them serve you better?

Asthma – Asthma is a disease that affects your airways (the tubes that carry air in and out of your lungs). If you have asthma, the inside walls of your airways are inflamed (swollen), which makes the airways very sensitive to things that you are allergic to. When the airways react, they get narrower, and less air is able to flow to your lungs. This causes reactions like wheezing (a whistling sound when you breathe), coughing, tightness in the chest, and trouble breathing, especially at night and in the early morning.

What is asthma?

What causes asthma?

How can it be prevented or treated?

Do a lot of people in the community have difficulty breathing?

What do you think the community needs to know about asthma?

High Blood Pressure – High blood pressure is when the blood that is carried from the heart to all parts of the body pushes against the walls of the arteries (vessels that carry the blood) with a lot of force. This is caused by the heart pumping the blood with excessive power and/or the blood vessels narrowing. Usually there are no symptoms of high blood pressure; a doctor is able to measure your blood pressure to determine if it is high. If [high blood pressure continues for a long time](#), your heart and arteries may not work as well as they should, and other parts of the body may also be affected.

Are there concerns in the community about high blood pressure?

What causes high blood pressure?

How can it be prevented or treated?

What do you think the community needs to know about high blood pressure?

Diabetes – Diabetes is a life-long disease that involves having high levels of sugar in the blood. Over time, having too much sugar in the blood can cause other problems such as damage to the [eyes](#) or [kidneys](#), and heart disease or stroke. Some common symptoms of diabetes include fatigue, thirst, weight loss, blurred vision and frequent urination, although many people with diabetes do not have any symptoms.

What is diabetes?

What causes diabetes?

How can it be prevented or treated?

What do you think the community needs to know about diabetes?

Tuberculosis – Tuberculosis (TB) is a disease caused by bacteria that is spread through the air from one person to another. The bacteria can be put into the air when a person with [TB disease](#) coughs or sneezes; people nearby may breathe in these bacteria and become infected. Usually TB attacks the lungs, but it can also affect other parts of the body. Symptoms of TB include a bad cough lasting for several weeks, pain in the chest, weight loss, weakness or fatigue, fever and chills, coughing up blood or mucus. However not everyone infected with TB bacteria becomes sick.

What is TB?

How do you get TB?

How can it be prevented or treated?

What do you think the community needs to know about tuberculosis?

Cancer – Cancer is a group of diseases that all have to do with cells (the very small units that make up the human body). Cancer occurs when cells in the body that are not normal begin to grow out of control. These cancer cells usually group or clump together to form tumors. The cancer cells can destroy the normal cells around the tumor and damage the body's healthy tissues, making a person very sick. Sometimes they also move to other areas of the body, where they keep growing and form new tumors. There are many different types of cancer, which can affect nearly every part of the body. Some cancers can be cured, some are fatal, some that are not curable can still be treated well, and some patients can live for many years with the cancer.

What is cancer?

Do you believe your community is at risk for cancer?

What are the risks of smoking?

Breast Cancer: (WEBMd) Each month, a woman's breasts go through temporary changes associated with menstruation, and a lump may form. While the vast majority of these growths are not cancerous, any lump should be examined immediately.

Lumps are most common in the lobules -- small sacs that produce milk -- or the ducts that carry milk to the nipple. But they occasionally start in other tissue. The two main categories of breast cancer are lobular and ductal carcinomas.

Breast cancer usually begins with the formation of a small, confined tumor. Some tumors are benign, meaning they do not invade other tissue; others are malignant, or cancerous. Malignant tumors have the potential to metastasize, or spread. Once such a tumor grows to a certain size, it is more likely to shed cells that spread to other parts of the body through the bloodstream and lymphatic system. Different types of breast cancer grow and spread at different rates; some take years to spread beyond the breast, while others move quickly.

What is breast cancer?

How can you screen yourself for breast cancer?

What do you do if you find a lump or anything unusual in your breast?

Do you get screened for breast cancer when you go to the doctor?

What do women in the community know about breast self exams, screening or breast cancer?

Cervical Cancer: (WEB MD) Cervical cancer occurs when abnormal cells on the cervix grow out of control. The cervix is the lower part of the uterus that opens into the vagina. Cervical cancer can often be cured when it's found early. It is usually found at a very early stage through a Pap test. Most cervical cancer is caused by a virus called [human papillomavirus](#), or HPV. You get HPV by having sex with someone who has it. There are many types of the HPV virus. Not all types of HPV cause cervical cancer. Some of them cause [genital warts](#), but other types may not cause any symptoms.

You can have HPV for years and not know it. It stays in your body and can lead to cervical cancer years after you were infected. This is why it is important for you to have regular Pap tests. A Pap test can find changes in cervical cells before they turn into cancer. If you treat these cell changes, you may prevent cervical cancer. Symptoms include:

- Abnormal vaginal bleeding or a significant unexplained change in your [menstrual cycle](#).
- Bleeding when something comes in contact with the cervix, such as during sexual intercourse or insertion of a diaphragm.
- Pain during sexual intercourse.
- Abnormal vaginal discharge containing mucus that may be tinged with blood.

Symptoms that may occur when your cervical cancer has progressed include:

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Do you think birth control can prevent pregnancy?

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What causes HIV/AIDS?

How can it be prevented or treated?

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What do you do for enjoyment or relaxation?

How many hours do you sleep each night?

Do you feel rested when you wake up?

Do you ever have bad dreams?

Do you ever have thoughts come to your mind that you don't want to have that keep coming back?

How often do you get headaches?

How often do you feel body pain or aches (leg pain or back ache?).

How is your appetite?

Have you noticed any changes in your eating habits? (e.g., eating too much or too little)

How do you feel about your future here in the U.S?

What do you do when you have a lot of stress?

Is it common for people to have sadness that doesn't go away?

What do people do when they are sad and it doesn't go away?

What helps someone when they are sad?

Focus Group Questions for Older Children

Emotional Well-being:

What do you do for fun or to relax?

Do you have a lot of friends?

What do you eat in a typical day?

Have you noticed any changes in your eating habits?

How often do you have stomachaches?

How often do you have headaches?

How many days a year do you miss school?

How many hours do you sleep each night?

Do you feel rested when you wake up?

Do you ever have bad dreams?

Do you ever have thoughts come to your mind that you don't want to have that keep coming back?

How often do you feel sad?

What do you do when you are feeling sad?

How often do you feel mad?

What do you do when you are feeling mad?

How often do you feel scared?

What do you do when you are feeling scared?

Safety/Violence

What do you do if someone is picking on you?

Do you feel safe at school?

If yes, what makes you feel safe at school?

If not, how come?

Do you feel safe in your neighborhood?

If yes, what makes you feel safe in your neighborhood?

If not, how come?

What would help you feel safer at school or in your neighborhood?

Drugs

What do you know about drugs or alcohol?

Do you think drugs or alcohol are a problem for kids in your school or neighborhood?

Do your friends use drugs or alcohol?

Are drugs or alcohol readily available for you and your friends?

Dating

Who can you talk to if you have questions about dating?

Do you feel comfortable talking to your parents about dating?

Do you agree with your parents rules/ ideas about dating?

If not, what do you do about it?

Puberty

Who do you talk to if you have questions about the changes in your body, for example, growing body hair, starting your menstrual cycle?

Do you feel comfortable talking to your parents about these changes in your body?

What would you like to know about the changes in your body?

Who would you like to give you this information?

STIs

Do you know what sexually transmitted diseases are?

Do you think sexually transmitted diseases are a concern for your community?

What causes sexually transmitted diseases?

How can they be prevented or treated?

Who can you talk to if you have questions about sexually transmitted diseases?

Focus Group Questions for Younger Children

Emotional Well-being:

What do you do for fun?

What do you eat in a typical day?

How often do you have stomachaches?

How often do you have headaches?

Do you feel rested when you wake up?

Do you ever have bad dreams?

Do you ever have thoughts come to your mind that you don't want to have that keep coming back?

How often do you feel sad?

What do you do when you are feeling sad?

How often do you feel mad?

What do you do when you are feeling mad?

How often do you feel scared?

What do you do when you are feeling scared?

Safety/Violence

What do you do if someone picks on you?

Do you feel safe at school?

If yes, what makes you feel safe at school?

If not, how come?

Do you feel safe in your neighborhood?

If yes, what makes you feel safe in your neighborhood?

If not, how come?

What would help you feel safer at school or in your neighborhood?

Drugs

What have you learned about drugs or alcohol?

Do you think drugs or alcohol are a problem for kids in your school or neighborhood?

Key Informant Questions

1. Job Title:

2. Agency:

3. Job Responsibilities:

4. Types of services:

5. Languages your agency offers services in:

Maay maay Somali
 Swahili Kizigua

6. How do you determine someone's native language if they don't speak English?

7. What is your agency's policy regarding providing interpreters?

8. Have you worked with the Somali Bantu community? If so, in what capacity?

9. What do you think service providers already know about the Somali Bantu community?

10. What do you think other service providers need to know about the Somali Bantu community to best serve them?

11. What do you think are the most important health concerns in the Somali Bantu community?

12. What do you think are the most important health concerns for women in the Somali Bantu community?

13. What do you think are the most important health concerns for men in the Somali Bantu community?

14. What do you think are the most important health concerns for the elderly in the Somali Bantu community?

15. What do you think are the most important health concerns for children in the Somali Bantu community?

16. Are there currently chronic diseases affecting the Somali Bantu community?

- 17. Are there currently mental health issues affecting the Somali Bantu community?**
- 18. Are there currently infectious diseases affecting the Somali Bantu community?**
- 19. Are there issues related to family planning or reproductive health affecting the Somali Bantu community?**
- 20. Do you think people in the Somali Bantu community are taking prescription medications correctly?**
- 21. How well do you think people in the Somali Bantu community understand directions for taking prescription medications?**
- 22. Do you think people in the Somali Bantu community use over the counter medications?**
- 23. Do you have or know of resources for specific conditions, such as diabetes, asthma or high blood pressure, that would be useful for the Somali Bantu community?**
- 24. Are there any health-related behaviors such as smoking, diet, exercise, that are affecting the health of the Somali Bantu community?**
- 25. What are some cultural practices that might serve as protective factors in the Somali Bantu community? OR What do members of the Bantu community do to stay healthy?**
- 26. What challenges do Somali Bantus face in accessing health services?**
- 27. What would help Somali Bantus access health services?**
- 28. What are barriers for Somali Bantus in accessing job training, education and/or other social services or resources?**
- 29. What are some of the challenges providers face in providing services to the Somali Bantu community?**
- 30. What would you recommend for addressing providers' challenges in serving the Somali Bantu community?**

31. What resources are available in assisting the Somali Bantu community in accessing services?

32. What resources are needed?

Focus Group Questions

Agency:

Job Responsibilities:

Types of services:

Languages your agency offers services in:

- | | | |
|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Amharic | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Dari | <input type="checkbox"/> Farsi |
| <input type="checkbox"/> French | <input type="checkbox"/> Khmer | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Maay maay | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Serbian/Croatian/Bosnian | <input type="checkbox"/> Somali | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Zigua |
| <input type="checkbox"/> Other, please specify _____ | | |

What is your agency's policy regarding providing interpreters?

Have you worked with the Somali Bantu community? If so, in what capacity?

Do you know the difference between Somalis, Somali Bantus and other East Africans?

What do you think service providers already know about the Somali Bantu community?

What do you think other service providers need to know about the Somali Bantu community to best serve them?

What questions do you think other service providers have about the Somali Bantu community?

What do you think are the most important health concerns for women in the Somali Bantu community?

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What do you think are the most important health concerns for the elderly in the Somali Bantu community?

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What are some cultural practices that might serve as protective factors in the Somali Bantu community? OR What do members of the Bantu community do to stay healthy?

What challenges do Somali Bantus face in accessing health services?

What are some of the challenges providers face in providing services to the Somali Bantu community?

What resources are available in assisting the Somali Bantu community in accessing health services?

What resources are needed?