DIVIDE BETWEEN SOMALI POPULATION AND CMMC: THE SOMALI PERSPECTIVE

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PROBLEM IDENTIFICATION

• According to the US census in 2010, 8.7% of the Lewiston population was black or African American [1]

• More recent estimates say that up to 14% of the population of Lewiston is composed of Somali refugees [2]

• At CMMC and the FMR, Somalis represent much less than 14% of the patient population, indicating that the Somali population is not necessarily getting the same level of healthcare as the rest of the population

• This project is an initial work to elucidate the divide from the Somali perspective in order to bridge the gap in healthcare access.
SOURCE OF INFORMATION

• Local Somali residents who are part of an organization called New Mainers Public Health Initiative were interviewed.

• The organization’s goal is to improve the healthcare of the Somali population

• Their views were compiled as a representative sampling of the Somali perspective on what happened with CMMC and are presented in the remainder of this powerpoint.
WHAT HAPPENED

• Most Somalis used to go to CMMC initially when it allowed local interpreters to accompany them
• There are currently around 50 Somali interpreters in the Lewiston area, but many of them are not sufficiently trained
• For one year, CMMC had a contract with one of the interpreter groups, but it was one of the badly trained ones, and CMMC ended the contract at the end of the year.
• CMMC tried a second interpreter group for a year, but this group was still run by the same people which the community knew but CMMC didn’t, and the issues continued
• CMMC switched to video interpreting and lost most of the Somali population
LIVE INTERPRETERS

• Benefits:
  • The interpreters not only interpreted for the patients at CMMC, but they also transported them to the appointments and helped them come prepared with their medications
  • Live interpreters are also part of the Somali community, so they have influence over the population and convinced people to go to St. Mary’s
  • There are different dialects of Somali, so the patients could make sure that they have an interpreter they understand

• Difficulties:
  • Not all interpreters are well trained in HIPAA
  • Some interpreters try to set the appointments to their own schedules instead of the patient’s schedule
DIFFICULTIES WITH THE VIDEO INTERPRETING SERVICES

- Cannot help with transportation to the hospital
- Only available in the patient room – not at check in or before the doctor comes
- Occasional technology issues
- Difference in dialect of Somali leading to difficulty in communication
OTHER BARRIER TO HEALTHCARE: CULTURAL COMPETENCY

• They feel that the providers could use some more training on cultural competency

• Staff could be more warm when greeting patients
  • Somali patients do not like to be asked “why are you here” when they first arrive for their appointment and would rather have an acknowledgement that they are there for their appointment.
  • They do appreciate when a physician starts off with an open ended question though.

• Appointments cannot be scheduled during prayer times

• Patients like to be asked if they prefer a male or female provider as many prefer same sex providers.
OTHER BARRIER: HEALTHCARE LITERACY

- Establishing care at CMMC is difficult with the new patient packet because of the language barrier.
- Healthcare literacy among the population is also not very high, so the packet is even more difficult to fill out.
- Children know more English, but they cannot translate for their parents when it comes to healthcare terms.
ISSUES WITH ST. MARY’S

- Long wait times for appointments, and many patients prefer care at CMMC.
- CMMC is better for certain aspects of healthcare, which are currently not easily accessible to Somali patients.
- St. Mary’s will often refer patients to CMMC, which then results in a loss of care because the patients do not come to CMMC.
- There are more primary care physicians at CMMC, which many Somalis prefer over nurse practitioners.
SUGGESTIONS FOR REESTABLISHING THE SOMALI COMMUNITY AT CMMC

• Try to be a little more culturally sensitive
• Bring back live interpreters, but have ongoing training to have more competent interpreters
• Speak with the Somali community to collaborate on a plan that would work for everyone
• Video interpreters alone are not enough
REFERENCES

1. http://www.census.gov/quickfacts/table/PST045215/2338740,23001#headnote-js-a