



**Providing Culturally-Appropriate  
Health Care in Minnesota**

# **SOMALI**



## **Culture Matters Discussion Guide**

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**Providing Culturally Appropriate Health Care  
in Minnesota**

**Somali Culture DVD Interview with Huda Farah**



Minnesota's Quality Improvement Organization

In partnership with:



## Table of Contents

Overview and Learning Objectives.....	3
Speaker: Huda Farah .....	4
Section 1 - Cultural Background.....	5
Section 2 - Role of Religion and Health Care Beliefs .....	6
Section 3 - Social Values .....	7
Section 4 - Decision Making.....	8
Section 5 - Health Care Considerations .....	9
Section 6 - Suggestions for Health Care Providers.....	10
Poster .....	11
Certificate for CEUs .....	12
Self Reflection Assessment Tool.....	13

**Note: Not all Somalis share the same cultural values portrayed on this DVD. It is important for health care providers to talk to their patients to discover the values that are important to them as individuals.**

## **Overview and Learning Objectives**

### **Using this guide:**

The Culture Matters Discussion Guide is designed to facilitate discussions after each section of the DVD. It is divided into six sections that correspond to the six sections of the DVD. Suggestions for implementing ideas are found after each discussion section.

### **Learning objectives:**

1. Assess your current understanding of the Somali culture.
2. Discuss the role of religion, traditional health care beliefs, social values, and family structure of the Somali population and the impact these factors have on health care.
3. Discuss ways to build trust with Somali patients.
4. Identify specific culturally sensitive practices that you can incorporate into your work with Somali patients.

### **Before viewing the DVD:**

1. Advertise continuing education sessions two weeks in advance. A poster to advertise the session is on page 11.
2. Provide each participant with a copy of the self reflection assessment tool on page 13. Encourage participants to complete the self reflection tool prior to the first session. This assessment is intended for self reflection only.
3. Provide each participant with the CEU certificate on page 12 upon completion of each 50 minute session.

### **After viewing each section:**

Discuss the questions in this discussion guide. Allow 5 to 10 minutes for discussions after each DVD video section. The DVD and Discussion Guide are designed to allow for viewing and discussion in half hour sessions, or the entire DVD can be viewed and discussed within two hours.

## Overview

### Culture Matters DVD

### Somali Culture



In 2008, Stratis Health produced the Culture Matters Somali DVD to increase awareness of the need for health care organizations to provide culturally-appropriate health care to the Somali community in Minnesota. The DVD provides information about the cultural background of the Somali community, its social values, the role of religion in health care beliefs, and decision making strategies related to health care considerations. It also includes suggestions for health care professionals in providing care to the Somali population.

Guest speaker Hudah Farah is trained in epidemiology and has worked in public health for the Minnesota Department of Health and Hennepin County. She is a national and local speaker on cross cultural health issues, health promotion, and health access for refugees and new immigrants to the US. Hudah also works in community health and currently serves as Director of the Somali Health Screening Project.

*Every visit is a cross cultural encounter...*

## Section 1

### Title: Cultural Background

Video: 12 minutes



If participants have not completed the self reflection assessment prior to arriving at the educational session, ask them to complete it before starting the DVD. The self reflection assessment is on page 13.

#### Discussion questions:

1. In what ways did the interview with Hudah Farah help you understand the culture of the Somali population?
2. Were there any aspects of the Somali cultural background that surprised you? If so, what were they?
3. Identify one piece of information from the cultural background section of the Somali DVD that you can use in your work setting.

#### Suggestions for implementation in your work setting

##### Name:

Ask your patients by what name they prefer to be addressed.

- The Somali social structure is based on clan groups through the father's lineage.
- Somali names have three parts. The first name is the given name, the second name is the name of the child's father, and the third name is the name of the child's paternal grandfather. All children in a family have the same second and third names.
- Women do not change their name with marriage. By maintaining their father's and grandfather's names, they maintain their affiliation with their clan.

##### Birth date:

Be careful that you have the correct chart for your patient.

- Many Somalis have the same last name.
- Many Somalis have the same birthdate, 01/01 plus the year. When Somali refugees come to the US, they are asked their birth date. Typically, they do not know the date or year. If a Somali states they are 20 years old, they are assigned a birth date of 01/01 plus the year.

##### Post traumatic stress disorder:

Be aware that many Somalis have stress disorders.

- Somalis do not typically speak of emotions. Many have lost family members.
- It is important to develop trust with Somali patients before speaking of mental health issues.

## Section 2

### Title: Role of Religion and Health Care Beliefs

Video: 14 minutes



#### Discussion questions:

1. What did you learn about the role of religion in the Somali population that you did not know before?
2. What surprised you about the health care beliefs of some Somalis?
3. How can nonverbal forms of communication, such as the “evil eye,” impact your ability to effectively deliver care to your Somali patients?

#### Suggestions for implementation in your work setting

#### Modesty:

It is important to keep the Somali patient’s body covered.

- Women cover all but the face, hands, and feet. Men cover the chest to the knees.

#### Religion:

Assess the importance of religion for Somali patients.

- The majority of Somalis are Moslem and practice the Islamic religion. If requested, provide opportunities and a location for prayer (at dawn, noon, mid-afternoon, sunset, and in the evening). Do not interrupt prayer; Somalis believe it is a time during which the divine is present.
- Ramadan is a religious season in which Moslems fast from sunup to sundown. Medication schedules may need to be adjusted.

#### Evil eye:

Recognize the patient’s beliefs.

- Try to include elements of traditional remedies along with modern medical approaches to the symptoms.

#### Food:

Evaluate the food needs of the patient.

- Foods can be either “hot foods” or “cold foods” depending upon the illness.
- Islam forbids pork, alcohol, or anything with pork or alcohol in it, including gelatin caps made of pork.

## Section 3

### Title: Social Values

Video: 4 minutes



#### Discussion questions:

1. What did you learn about the social values of the Somali population that you were not aware of before?
2. How can you assist Somali patients in their understanding of the importance of being on time for a scheduled appointment at your health care facility?
3. Identify ways that you can demonstrate respect for the Somali patients in your health care facility.

#### Suggestions for implementation in your work setting

#### Time:

Kindly communicate with patients why they need to be on time.

- Explain that if they arrive late, they may need to make a new appointment to be seen at another time.
- Consider establishing a walk-in clinic rather than setting appointment times.

#### Respect:

Show respect to your Somali patients.

- Somalis value giving gifts and providing food for friends.
- If offered a gift at work, explain that you are not allowed to accept a gift when working.
- In a social setting, show respect when offered food or drink by eating or drinking the food given to you.

## Section 4

### Title: Decision Making

Video: 6 minutes



#### Discussion questions:

1. In what ways are decisions made within the Somali culture?
2. Who is responsible in the Somali community for children's health issues?
3. How might your facility accommodate the spacing needs of large families and community members who come to your health care facility with a patient?

#### Suggestions for implementation in your work setting

#### Decision making:

Provide a room large enough to accommodate family and community members if health care decisions need to be made.

- Many community and family members may be present.
- Health care decisions usually involve the entire Somali family, with a male family member acting as the family spokesperson.
- The patient may want to talk to a relative in another country before making a final decision.

#### Family members:

Be aware that under Islamic law, a man may have as many as four wives if he can support them equally.

- Under Islamic law, a father is duty bound to support his family.
- One household may have many family members.
- Cousins are often referred to as "sister" or "brother," which may be confusing for staff.

## Section 5

### Title: Health Care Considerations

Video: 10 minutes



#### Discussion questions:

1. What did you learn about health care considerations for the Somali culture?
2. What surprised you about the health care considerations for the Somali culture?
3. What illnesses are common in this population?

#### Suggestions for implementation in your work setting

#### Prescriptions:

If you do not prescribe a medication to your patient, explain why not.

- Be aware that Somalis expect prescriptions for medications when they go to a clinic.
- Many Somalis believe that generic prescriptions are inferior and will ask for non generic prescriptions.

#### Respect:

Establish a relationship with the Somali family before care begins.

- Building respect and being receptive to the family's suggestions is essential.
- Provide information to familiarize Somali refugees with US health care practices.

#### Diseases:

Teach Somali patients about diet and exercise.

- In Somalia the major illness is malnutrition, with iron deficiency anemia, Vitamin A deficiency, and scurvy. At least 47 percent of recent Somali arrivals to this country are affected by one or more kinds of intestinal parasites.
- The HIV infection rate in 1997 was 0.25 percent, well below that of other African nations.
- In the US, Somalis have experienced an increase in chronic diseases including diabetes, obesity, arthritis, and hypertension due to poor diet and lack of exercise.

## Section 6

### Title: Suggestions for Health Care Providers

Video: 1 minute

#### Discussion questions:

1. What can you do to establish trust with your Somali patients?
2. How can you help your Somali patients navigate the health care system?
3. What are two ideas that you can implement in your work with Somali patients?

#### Suggestions for implementation in your work setting

#### Respect:

Create good relationships with Somali patients.

- Building respect is essential.
- Shaking hands with patients of the opposite sex is considered inappropriate.
- If feasible, provide a same sex provider for intimate exams.

#### Medical interpreter:

Determine if a patient needs an interpreter.

- When determining if patients need an interpreter or translated materials, rather than asking what language they speak at home, ask “In what language do you prefer to discuss your health with us?”
- If an interpreter is needed, use a trained medical interpreter if possible rather than a family member.
- Children should not be used as interpreters.
- The presence of family at a visit is desirable, but family members should not be used to interpret a conversation.



**Providing Culturally-Appropriate  
Health Care in Minnesota**

**Somali**



**Somali Culture DVD Interview with Huda Farah**

**When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**1 CEU for each 50 minutes of attendance**



Minnesota's Quality Improvement Organization

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***Providing Culturally-Appropriate  
Health Care in Minnesota***

## **Certificate of Participation**

### **Somali Culture DVD Interview with Huda Farah**

Health Care Facility: \_\_\_\_\_

Certifies that

Name of Attendee: \_\_\_\_\_

Participated in the Culture Matters Continuing Education Session and has earned

\_\_\_\_\_ Contact Hour(s)

(1 Contact Hour = 50 minutes of education)

\_\_\_\_\_  
Month          Day          Year

#### **Speaker**

Huda Farah is trained in epidemiology and has worked in public health for the Minnesota Department of Health and Hennepin County. She is a national and local speaker on cross cultural health issues, health promotion, and health access for refugees and new immigrants to the US. Huda also works in community health and currently serves as Director of the Somali Health Screening Project.

#### **Learning objectives**

1. Assess your current understanding of the Somali culture
2. Discuss the role of religion, traditional health care beliefs, social values, and family structure of Somalis and the impact these factors have on health care
3. Discuss ways of building trust with Somali patients
4. Identify specific culturally sensitive practices that you can incorporate into your work with Somali patients

**Culture Matters Reflection Assessment**  
*There are no right or wrong answers to this assessment.*

<b>Familiarity</b>	<b>Very familiar</b>	<b>familiar</b>	<b>Somewhat familiar</b>	<b>Not familiar</b>
1. How familiar are you with the proper way to address patients from the Somali community?				
2. How familiar are you with the health care beliefs of the Somali community?				
3. How familiar are you regarding the religious beliefs of the Somali community?				
4. How familiar are you regarding common illnesses/diseases of the Somali population?				
<b>Comfort</b>	<b>Very Comfortable</b>	<b>Comfortable</b>	<b>Somewhat Comfortable</b>	<b>Not Comfortable</b>
5. How comfortable are you when caring for Somali patients who speak limited English?				
6. How comfortable are you when caring for Somali patients who use religious healers or traditional remedies?				
7. How comfortable are you when caring for Somali patients who have large extended families present?				
<b>Awareness</b>	<b>Very Aware</b>	<b>Aware</b>	<b>Somewhat Aware</b>	<b>Not Aware</b>
8. How aware are you of your own cultural identity?				
9. How aware are you of stereotypes that you may have regarding other cultural groups?				
10. How aware are you of your own biases and prejudices?				