

Ethiopians in Minnesota

Increasing the cultural competence of health care providers serving diverse populations

In order to provide equitable and effective health care, clinicians need to be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, racial and ethnic minorities tend to receive lower quality health care than non-minorities even when access to insurance and income is accounted for. Failing to support and foster culturally competent health care for racial and ethnic minorities can increase costs for individuals and society through increased hospitalizations and complications.

According to the U.S. Census American Community Survey, in 2008, 137,012 Ethiopian immigrants and 30,000 U.S.-born citizens of Ethiopian descent lived in the U.S. However, representatives from the Ethiopian American community believe that number to be very low. Unofficial embassy estimates suggest numbers of Ethiopians to be 250,000 to 460,000, with an estimated 150,000 to 250,000 living in Washington, D.C., alone.



The Census shows 13,927 Ethiopians living in Minnesota, although local community leaders believe the population is much larger.^{1,2,3}

Social Structure. Ethiopia is located in northeast Africa on the Horn of Africa. It is one of the most populous countries in sub-Saharan Africa with more than 85 percent of the population living in rural areas. Large numbers of Ethiopians—primarily young, urban males—came to the U.S. after 1974 as refugees of war and famine and to join families already established in the U.S.

Ethiopia is a nation of many ethnic groups and religions with strong cultural similarities, but political and language differences. In Minnesota, the Oromo, Amhara, Anuak, and other ethnic groups from Ethiopia live and work together, although each group speaks its own language and relationships are often strained because of a long history of political differences. Most young Ethiopians in Minnesota speak English.



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

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Ethiopians tend to speak softly and politely. Bowing and offering a polite greeting using the formal title of Mr., Mrs., or Miss is appropriate when speaking to elders and authority figures. Hugging, kissing cheeks, and touching are acceptable forms of greeting among family and friends. Unlike most Americans and Europeans, Ethiopians do not have family names. The first name is the person's given name; the second name is the father's given name.

The Oromo Center in the Minneapolis Cedar-Riverside area is a meeting place where Oromo immigrants gather and discuss cultural and political topics. The local Horn Afrik Café has a weekly talk program on KFAI-FM radio, called "Voice of Ethiopia."

Diet. The Ethiopian diet includes various meats with different types of spicy sauces, peas, lentils, cabbage, and green beans—all eaten with injera, a pancake-like bread made of teff grain. Injera is a major food staple, and provides approximately two-thirds of the diet in Ethiopia. Teff contains high levels of calcium, phosphorous, iron, copper, aluminum, barium, and thiamine.

Ethiopians place high importance on eating and drinking moderately to stay healthy. Religion often dictates nutritional habits. Orthodox Christians do not eat meat, eggs, or dairy products on Wednesdays and Fridays, and fast on a number of occasions, including 55 days at Easter.

Religion. Nearly half of the population in Ethiopia is Muslim, and half Christian. Coptic Orthodox Christians account for most Christians. Christian churches in Minnesota that offer services for Ethiopian immigrants, include the Minnesota Ethiopian Evangelical Church in St. Paul, and the Bethany Lutheran Church and Ethiopian Orthodox Church in Minneapolis.

Medical Care. The health care system of Ethiopia is among the least developed in sub-Saharan Africa, with lack of access to basic health care facilities in rural areas. With widespread poverty, poor access to health services, poor nutrition, low education levels, and an increase in HIV infection rates, the 2009 life expectancy in Ethiopia of only 50.4 years is expected to decline. The median age in Ethiopia is currently 17.8 years.

Malnutrition and vaccine-preventable diseases, including tuberculosis, diphtheria, whooping cough, tetanus, polio, measles, hepatitis B, and cervical cancer are widespread

in Ethiopia. Common health issues for Ethiopian immigrants are infectious diseases, including HIV/AIDS, vitamin deficiency, anemia, and the long-term effects of malnutrition and physical and psychological trauma from war. Changes in lifestyle and diet for Ethiopians in the U.S. have brought Western diseases, such as diabetes Type 2, hypertension, and high cholesterol to this population.

A common belief among Ethiopians is that well being is based on a balance of spiritual, physical, social, and environmental forces. In addition, they place a high importance on cleanliness for staying healthy. Illness can be attributed to God, destiny, nature, demonic spirits, emotional stress, or a breach of social taboos or vows. Ethiopian medicine relies heavily on magical and supernatural beliefs, such as the belief that miscarriages are the result of demonic spirits. Ethiopians often use home-based therapies and herbal remedies, such as animal products, minerals, eucalyptus leaves, oil seeds, and spices to heal common ailments.

Mental illness and some physical illnesses, such as epilepsy, are commonly attributed to evil spirits—with the view that these types of illnesses are a stigma. Many families do not disclose information to the community about family members with such illnesses for fear of being shunned. Men and women generally avoid marrying into families with members who are mentally ill or have other disabilities, and they often resist psychiatric treatment for themselves and other family members.

When treating Ethiopian patients, providers are advised to be explicit about the importance of taking medications regularly and completing a full course of antibiotics. Explain the complications and outcomes associated with chronic diseases, such as diabetes and hypertension. Patients may question illnesses with no apparent symptoms. Patients should be reminded not to double or triple dose if they miss a medication. This is especially important because many Ethiopians frequently fast for religious reasons and may not take their medications during these times.

Family members usually attend to the needs of the sick. In this culture, they can often overindulge the patient—rather than encouraging self care and attempts at recovery. Providers are advised to encourage movement, rehabilitation, and self care to stimulate recovery from an illness or surgery.

Trust is important in the patient-provider relationship. Modesty is especially important to Ethiopian immigrants—

matching the gender of a patient with that of the provider and interpreter can address this issue. Some Ethiopian patients may fear surgery or the process of blood donation, and require additional information and reassurance.^{3,5,6}

■ End of Life. End of life in the Ethiopian community is marked by religious traditions, rituals, prayers, and gatherings. A religious person may be called to administer a sacrament to the patient. When a person dies, Ethiopian men may cry out loud and grow a beard as a sign of respect. Women often cry uncontrollably, tear their clothes, and beat their chests. Some women may wear black for at least a year and shave their heads or cut their hair very short.

Autopsy, organ donation, and cremation are generally unacceptable within this population.

Sources

¹U.S. Census, FactFinder 2, 2010, viewed January 20, 2012

²Migration Policy Institute, Beyond Regional Circularity: The Emergence of an Ethiopian Diaspora, viewed January 20, 2012

³The Washington Post, Washington's Little Ethiopia, viewed January 20, 2012

⁴Every Culture, <http://www.everyculture.com/multi/Du-Ha/Ethiopian-Americans.html#b>, viewed November 23, 2009

⁵Index Mundi, <http://www.indexmundi.com>, viewed January 02, 2012

⁶Ethiopia Atlas of Key Demographic and Health Indicators, 2005, viewed November 23, 2009.

Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to quickly build rapport and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community.

Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

WWW.CULTURECARECONNECTION.ORG

Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.



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